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Health
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Free State Province

Adjudication prioritisation

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	Adjudication score (Max)	criteria weight	Total score for criteria
1: Contribute to equitable distribution of health services in the Free State Province.	45	2	90
2. Promote balanced distribution of hospital types in planned areas	25	2	50
3: Service (s) demand	25	1	25
4: Promote high quality services which are accessible, cost effective and safe	25	1	25
5: Bed-to population ratios and public-to- private bed ratios in establishments feeder areas and in the surrounding health district, region and province	30	5	150
6: Promote of advance persons or categories of persons designated in terms of Employment Equity (Act 55 of 1998)	5	2	10
7: Contribution towards National/Provincial priorities	15	1	15
8: Demonstration of availability of human resources and training of health personnel	25	1	25
9. Financial sustainability	10	1	10
	205		400

Criteria	Sub criteria	Sub criteria score	Sub criteria weight	Adjudication score	criteria weight	Total acore for criteria	Explanatory notes on sub criteria score	Adjudication note
2. Promote balanced distribution of hospital types in planned areas	2.1 An appropriate mix of public and private health care services.	1	5	5			5= private beds < 20%, 4 = private beds < 25% 3=private beds < 30%, 2= private beds <35%, 1= private beds < 40%, 0 private beds > 40%	**Provincial target ratio public private per province/district (current 70:30**
	2.2 Promote optimal use of spare capacity in provincial health establishment	2	5	10			5= Total public & private beds per hospital type < provincial norm 4= total public & private in the district < provincial norm 3= total public & private beds in sub-district < provincial norm 0= total public & private beds in subdistrict > provincial norm	**-Type of beds applied for must address population need as informed by DOH facilities plan as informed by the service transformation plan.**
	2.3 Promote the appropriate or optimal mix of beds distribution.	1	5	5			5= Facility type in geographic area according DOH health plan 3= Facility type lacking in the district, 0= sufficient facility type in the district	**Fair distribution of the proposed facility in relation to existing same hospital group or another hospital (public/Private). - Envisaged facility at the area where there is need for more facilities according to the DOH plan, applicant must score maximum point of 5**
	2.4 Fair distribution of the proposed facility in relation to existing same hospital group or another hospital.	1	5	5			5= 100 km or more, 4= 60-99km, 3=20-60km, 2=15-20 km, 1= 10-15km, 0= Less than 10 km	**Distance of the envisaged facility from the existing facility - closer will score less point**
				25	2	50		
3: Service (s) demand	3.1 Burden of disease (epidemiological) & demographic characteristics of the population to be served	2	5	10			5= applied service gap exist in distirct 3= Applied service gap exist in province 0= No service gap for applied service	**Comparison of current type beds against bed utilization.-Applicant will be tested against current epidemiological studies)**
	3.2 Current beds and the utilization of beds in the catchment population.	2	5	10			5= Average Bed utilisation rate of exisiting public & private facilities > 80%, 3= Average BUR of existing public & private facilities 10-80%, 0= Average BUR in public & private facilities <70%	**-Bed utilization of lower than 80% at both existing public and private facilities will score 0**
	3.3 Morbidity and mortality plan of the population in the catchment area	1	5	5			5= applied services will assist in reduction of national priority mortality rates 3= Applied services will assist in reduction of local identified priority mortality rates 0= applied services will not decrease mortality rates	**Application must also address mortality and morbidity rate in the catchment area**
				25	1	25		
4: Promote high quality services which are accessible, cost effective and safe	4.1 Service delivery values	2	5	10			5= Distric admission rate >50% less than provincial norm 4= District admission rate >20% less than provincial norm 3= district admission rate < provincial norm 2= district admission rate less than 10% higher than provincial norm 0= district admission are > 10% higher than provincial norm	**Clinical Governance Plan:**
	4.2 Is there a clinical governance plan	1	5	5			5= comprehensive plan including trends analysis, patient saefty management and	**-Is there a mechanism to look into facilities:**

Hospital beds -Free state

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			Current		Planned approved/recom		Total projected	
	PROVINCIAL NORMS	**Curren prov Status**	**Private**	**Public**	**Private**	**Public**	**Private**	**Public**
% Insured Population	19%	***2 881 704***	***544 642***	***2 337 062***	***544 642***	***2 337 062***	***544 642***	***2 337 062***
BEDS PER 1000 population	2.3	2.5	4.0	2.1	1.9	0.0	5.8	2.1
		7 093	2 160	4 933	1 013	0	3 173	4 933
Acute beds		5 769	1 731	4 038	909	0	2 640	4 038
Subacute beds		77	77	0	104	0	181	0
Mental beds		1 043	283	760	0	0	283	760
TB Beds		135	0	135	0	0	0	135
Other specialised		20	20	0	0	0	20	0
Hospice		0	0	0	0	0	0	0
Rehabilitation beds			49	0	0	0	49	0

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- Established Data collection on DHIS web based reasonable data since October 2017
- Delays in admin processing due to Court case
  - Fine tune selection criteria

Licensing and accreditation

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- Regulatory requirements
  - Private hospitals
  - EMS stations and vehicles
  - (Dialysis units)
- Mental health Act

- Accreditation demands
  - NHC recommendations
    - Safe CS sites & delivery hubs
    - CTOP
  - Statutory accreditation
  - Quality accreditation

Identified Problems

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- Double standards and vague definitions
- Patient safety demands
- Facility and beds definitions and classification poor and not universal
- Pressure on accreditation of facilities and ability to provide services based on safety and available capacity
- OHSC only responsible to issue norms compliance certification
- Current only focus on private facilities
  - Work left to an advisory committee
- Many facilities not included
- Lack of skilled inspectors
- Poor licensing criteria

Regulatory similarities

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- Required to issues licences
- Regulations specify committees
- Need to accept, review and inspect new facilities
- Need to review and inspect existing facilities for relicensing
- Monitor compliance with licensing conditions
- Investigate complaints directed against facility

Accreditation / Safety pressures

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- NHC recommendations to accredit facilities based on compliance with providing safe caesarean sections
- Procedural regulations relating to the Office of Health standards compliance inspections with compliance of national core standards

Some current problems

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- Exclusion of state facilities relating to compliance, safety & capacity to provide a service in line with national hospital regulations
- Categories of facilities excluded from licensing processes
  - Facilities that provide service without inpatient beds
  - Dialysis units
  - Nursing homes & old age homes providing inpatient care under nursing supervision
- Clinical safety and governance
- Provincial hospitals act refer to
  - Only hospitals
  - Delegation of responsibilities to an official in the department of health
  - penalties for non-compliance that include a fine and or imprisonment

Work loads & demands

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Licensing demand

- Hospitals Public 32
- Hospitals Private Lic. 29
- Hospitals Priv. (aprvd) 10
- EMS stations 134
- Mental rehab (unlic.) 67
- Mental rehab (lic) ??
- Frail care 42
- New facility applications 21

Accreditation demand

- Safe CS sites
- Home delivery units/ MOU
- National core standards compliance
- Monitor Intern training sites

Provincial Health Licensing & Accreditation authority

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- Provide a single administrative authority responsible for
  - Processing and inspections of new facility requests with the aim to issue a site licence based on compliance with need, and minimum safety standards
  - Organise and coordinate activities of regulatory prescribed advisory committees
  - Routine and unscheduled inspections to monitor compliance with infrastructure and operational safety standards
  - Renewal of operational licenses
  - Responsible for all site and operational licensing processes irrespective of the regulatory source
  - Accreditation inspections whenever needed.

Provincial Health Licensing & Accreditation authority

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Licence & accreditation inspections and applications

- New applications
  - Register, Process and evaluate new applications
  - Coordinate evaluation processes
  - Issuing site licences based on safety evaluations
- Operational licensing
  - Re-evaluate operators License /accreditation applications
  - Manage compliance deviations

Quality compliance monitoring & support

- Facility quality compliance
  - Monitor OHSC self assessment processes
  - Assess quality improvement activities
  - Monitor annual return compliance
  - Coordinate training/support on quality assessments
- PHC quality compliance

Strategic key points

- Establish an Licensing and accreditation authority for provincial health
  - Applicable to all health facilities
  - Establish well trained inspectors for licensing & Accreditation
  - Accredit/ Licence according capacity and safety compliance
  - Monitor, train and support facilities
  - Coordinate and direct advisory committees
  - Review and advise on supportive regulatory framework
  - Advice on standardisation of classification and definitions
- Link clinical governance and quality framework with authority

Comments Proposed HMI Plan

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- Standardised National Licensing regime
  - Province limited to implementation of the model
- Mandatory Monitor & reporting framework
  - Provincial monitor for National oversight
- Preference to new and innovative models of care
  - Intrinsic incentive in licensing criteria
  - Preference to underserviced areas
- OHSC responsible for Licensing
- Published processes for transparency