



**REPORT BY THE
COMMISSION OF INQUIRY
INTO HOSPITAL CARE
PRACTICES**

**Submitted to the Premier of Gauteng
The Honourable Mbhazima Shilowa**

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FOREWORD BY THE CHAIRPERSON

This report is presented at a time when there is such wide-spread negative reporting on the state of our health care, such that the work of thousands of dedicated health workers, whose morale is often undermined by the negative media coverage is often not appreciated. Although the report does reflect on negative aspects of health care in Gauteng, we have done so with the intention to assist in addressing the situation. In doing so, the Commission envisaged its goal to be constructive and took into consideration all the facts which were placed before us. It is important that the public out there and the media which is also responsible for disseminating information, do understand that undoubtedly there are problems in hospitals, but equally so there are good services provided by dedicated, committed health professionals and support staff. It will be necessary that we all exercise our responsibilities, so that whilst we criticize the negative impacts of provision of health services, we must equally speak about the positive aspects thereof. The Commission wishes to express its gratitude to all the dedicated health workers who often work under difficult circumstances, and to also say to those who do not see that it is their moral obligation to look after patients and save lives to wake up to the call. The Commission trusts that its investigation will achieve to further strengthen the hands of the health workers and the Provincial Health Department of Gauteng.

ACKNOWLEDGEMENT

The Commission wishes to extend its sincere gratitude to:

- 1 The patients and relatives of patients as well as the public in general, including the Provincial Department of Health who participated in the public hearing
- 2 The various concerned health workers in the Province who provided submissions on various topics relevant to the inquiry
- 3 The Superintendents and the staff of the
- 4 Chris Hani Baragwanath Hospital
- 5 Natalspruit Hospital
- 6 Pretoria Academic Hospital
- 7 Sebokeng Hospital, and
- 8 Tembisa Hospital
- 9 Members of both the printed and electronic media who informed the public on the Commission's work.

Without the contribution of each of the above role-players the Commission would not have been able to conclude its inquiry.

Lastly on behalf of the Commission, I would like to extend our gratitude and sincere appreciation to the Premier of Gauteng, Hon. Mbhazima Shilowa for appointing this Commission of Inquiry. It was a worthwhile experience for all of us to be involved in this enormous task.

Rantho Maria Mamodupi (Ms)

Date :

EXECUTIVE SUMMARY

The Commission of Inquiry into Hospital Care Practices was appointed on 28th July 1999 by the Premier of Gauteng to investigate the state of patient care and the causes behind poor patient care. The Commission was tasked to examine the state of patient care in the following hospitals:

- Chris Hani Baragwanath Hospital
- Pretoria Academic Hospital
- Sebokeng Hospital
- Natalspruit Hospital
- Tembisa Hospital

The Commission conducted its task by -

- visiting all five hospitals;
- collecting and collating complaints received by the hospitals and the Gauteng Department of Health;
- conducting independent investigations;
- calling on the relevant role-players in the hospitals to comment on the state of affairs by completing questionnaires; and
- hosting public hearings.

FINDINGS

The Commission found that the most complaints received from patients and other hospital users concentrated on -

- patients spending an inordinate amount of time waiting to see their health care providers;
- the general uncaring attitude of professional and support staff;
- the state of cleanliness of hospital facilities;
- the shortage of linen resulting in cancellation of surgical operations;
- patients using dirty linen;
- patients being requested to bring their own linen;
- the poor quality and the inadequate quantity of food received;
- the need for the family of the patients to take on the duty of providing basic care such as feeding and bathing, which ought to be provided by hospital staff;
- the fact that pharmaceuticals are not available after a particular time requiring patients to return the next day for their medicines;
- the poor state of security of both the person and his/her belongings, especially high security risk patient; and
- the poor state of communication at all the levels - between professional staff and the patients, as well as between hospital management and the patients.

The Commission made further findings on a number of factors that impact negatively on

SECTION	MAJOR RECOMMENDATIONS
* Facilities	<p>The Department should :</p> <ul style="list-style-type: none"> ▪ Make a special short-term effort to secure funds for equipment ▪ Standardise equipment as far as possible ▪ Establish an equipment data base to monitor use ▪ Allow hospitals to tender for use of private sector equipment to secure better prices <p>Hospitals should :</p> <ul style="list-style-type: none"> ▪ Appoint dedicated staff to manage small item equipment ▪ Do regular audits on serviceability and utilisation of equipment ▪ Train personnel on use of sensitive and expensive equipment ▪ Consider pooling equipment by area ▪ Explore public/private sector sharing of equipment ▪ Have on-site maintenance personnel at all hospitals ▪ Purchase services from private sectors where PWD cannot meet deadlines ▪ Make PWD responsible for monitoring and pro-actively managing maintenance
PATIENT WAITING TIMES	<p>Department and hospitals should :</p> <ul style="list-style-type: none"> ▪ Install computerised patient record system or efficient manual filing system ▪ Align number of high-care beds with demand and establish database on high-care beds ▪ Display Patients Charter and numbers/addresses for complaints in visible places
SHORTAGES OF LINEN	<p>The Department should :</p> <ul style="list-style-type: none"> ▪ Do an Organisation & Work Study investigation on laundry management ▪ Investigate outsourcing laundry services <p>Hospitals and laundries should :</p> <ul style="list-style-type: none"> ▪ Employ laundry inventory control staff at ward level ▪ Give theatre linen priority to avoid cancelling of operations ▪ Strengthen security by clearly marking linen ▪ Have laundry technicians readily available, if possible on site
DISPENSARY-RELATED PROBLEMS	<p>The Department and hospital should :</p> <ul style="list-style-type: none"> ▪ Recruit pharmacists and pharmacy assistants ▪ Train more pharmacy assistants ▪ Initiate the review of pharmacists' salaries ▪ Install appropriate IT in pharmacies ▪ Install effective security systems in medicine storage areas ▪ Do research on the effectiveness of various pharmacy systems to ensure patients get same-day service ▪ Implement formal inventory control in all pharmacies and do drug audits in wards ▪ Designate staff to ensure stock rotation and avoid expired medication in wards ▪ Review the physical set-up surroundings of pharmacies

SECTION	MAJOR RECOMMENDATIONS
CATERING AND FOOD SERVICE	<p>The Department and hospitals should :</p> <ul style="list-style-type: none"> ▪ Monitor adherence to dietary guidelines ▪ Institute better control over food supplies and prepared food ▪ Take strict disciplinary action against staff stealing supplies or patients' food
<p>MANAGEMENT</p> <p>* Responsibility of managers and supervisors</p> <p>* Access to policy and regulations</p> <p>* Assessment of staff performance</p> <p>* Filling of vacant posts</p> <p>* Hours of attendance</p>	<p>The Department should :</p> <ul style="list-style-type: none"> ▪ Prioritise revising hospital structure and delegating executive powers to hospital managers using a "fresh approach ... outside conventional public service blueprints" <p>Hospitals should :</p> <ul style="list-style-type: none"> ▪ Do regular updates of duty sheets and revise job descriptions ▪ Step up supervision of junior supervisory and non-supervisory staff, especially in nursing <p>The Department should :</p> <ul style="list-style-type: none"> ▪ Conduct a survey of training needs of supervisors and managers ▪ Develop appropriate training materials ▪ Redevelop procedure manuals on user-friendly lines <p>Hospitals should :</p> <ul style="list-style-type: none"> ▪ Develop effective distribution systems for policy documents and regulations ▪ Long-term solutions depend on organisation redesign for hospitals, looking at spans of supervision (see above) <p>Hospitals should, in the interim :</p> <ul style="list-style-type: none"> ▪ See that all role-players work systematically to eliminate assessment backlogs <p>The Department should :</p> <ul style="list-style-type: none"> ▪ Provide hospitals with a policy and procedural framework on post-filling and organise necessary training <p>The Department and hospitals should :</p> <ul style="list-style-type: none"> ▪ Tighten control immediately and institute discipline to ensure adherence to hours of work <p>Inform unions and staff of the above in a "non-autocratic and positive manner"</p>
<p>MANAGEMENT (CTD)</p> <p>* Leave</p> <p>* Overtime</p> <p>* Labour relations</p>	<p>The Department and hospitals should</p> <ul style="list-style-type: none"> ▪ Tackle problem of excessive use of sick leave through various morale-building initiatives and should communicate both the budget problems and the plan to restructure services clearly to all staff ▪ Monitor sick leave patterns of individuals <p>Hospitals should :</p> <ul style="list-style-type: none"> ▪ Reward staff performing unpaid overtime with time off, when possible, and through recognition during assessment of performance <p>The Department should :</p>

SECTION	MAJOR RECOMMENDATIONS
<p>* Grievance and disputes</p>	<ul style="list-style-type: none"> ▪ Utilise labour relations experts if needed to conclude recognition agreements with unions, detailing a code for shop stewards ▪ Evaluate labour relations training, repeat courses and make them obligatory for supervisors and managers ▪ Facilities are shop steward training through external trainers and in consultation with unions <p>Hospital managers should :</p> <ul style="list-style-type: none"> ▪ Communicate regularly with unions to gain understanding of the practical problems of institutions ▪ Be more willing to heed union requests for meetings <p>Hospitals should :</p> <ul style="list-style-type: none"> ▪ Maintain low grievance levels by enhanced internal communication and willingness to resolve issues at an early stage
<p>* Misconduct</p>	<p>The Department and hospital should :</p> <ul style="list-style-type: none"> ▪ Examine reasons for the delay in processing misconduct cases, the failure by hospital managers to use disciplinary measures open to them and tendency to "inundate" the Department with misconduct cases.

SECTION	MAJOR RECOMMENDATIONS
ORIENTATION AND IN-SERVICE TRAINING	The Department should : <ul style="list-style-type: none"> ▪ Look into unmet training needs of various categories of staff ▪ Adopt an incremental approach to meeting needs, starting with general orientation and progressing to specific material ▪ Give priority to investigating away to increase the training capacity at hospitals
* Assessing staff morale	The Department should : <ul style="list-style-type: none"> ▪ Oversee a province-wide initiative to raise staff morale, if possible using human resource management consultants to devise a cogent series of practical interventions at hospital level
* Staff shortages	The Provincial Government should : <ul style="list-style-type: none"> ▪ Freeze non-critical administration posts outside hospitals - in the Health Department or elsewhere in the Province - to free funds to fill a predetermined number of key posts in hospitals
* Foreign-trained doctors	The Department should : <ul style="list-style-type: none"> ▪ Interact with national Departments of Health & Home Affairs to address frustrations regarding registration & work/residence permits
* Ethical conduct	The Department should : <ul style="list-style-type: none"> ▪ Conduct an awareness campaign on ethical conduct ▪ Facilitate training and education for health workers, highlighting the impact of unacceptable behaviour on services
* HR Staff Support Function	Hospitals should : <ul style="list-style-type: none"> ▪ Make greater strategic use of the information and expertise in personnel units to position themselves in terms of staff-related problems Departments should : <ul style="list-style-type: none"> ▪ Monitor the training needs of hospital personnel components in the light of their critical support function in relation to line managers
* National Decisions	<p>Thorough research should be conducted on the impact of new policies or policy amendments on hospital budgets and infrastructure to allow the national Cabinet and provincial Executive to make informed decisions</p> <p>The matter of unfunded agreements in the Public Service Bargaining Council should be taken up with the Department of Public Service & Administration and the national Mandating Committee</p>

SECTION I: INTRODUCTION

1 BACKGROUND

1.1 PREVIOUS COMMISSION OF INQUIRY

A Commission of Inquiry into Hospital Care Practices (hereinafter referred to as “the previous Commission”) was appointed in terms of the Provincial Commissions Act, No 1 of 1997 on 5 May 1999 (See Annexure A). The purpose of this initiative was to investigate the state of patient care in all the Gauteng provincial hospitals. The deadline for finalisation of the previous Commission’s work was 9 July 1999.

The previous Commission’s terms of reference were as follows:

- “(a) To investigate whether any official of the Provincial Department of Health contravened the provisions of any Act, regulation or relevant policy in the performance of their duties and functions with regard to the provision of health care to patients and handling of other persons at provincial hospitals.*
- (b) To investigate whether any official/person employed at any provincial hospital contravened any provisions of any Act, regulation or relevant policy with regard to the performance of their duties in the handling of patients at any provincial hospital.*
- (c) To investigate whether patients at any provincial hospital are treated with required standard of service in line with the applicable legislation, regulation or relevant policy.*
- (d) To investigate the causes and extent of the poor treatment of patients and customers at provincial hospitals.*
- (e) To determine whether any official of the Provincial Administration and/or persons employed at hospitals have been negligent or indolent in the treatment and handling of patients at provincial hospitals and/ or have committed any act(s) of misconduct in terms of the applicable legislation.*
- (f) To determine managerial responsibility and accountability for the findings.*
- (g) To make findings and recommendations on the above matters and if the Commission is unable to make any finding on any such matters, it shall record that fact.”*

The previous Commission, in accordance with the proclamation, submitted an interim report to the Premier on 9 July 1999 (Annexure B). It also sought approval for an extension of time to continue its work in order to adequately fulfil the broad brief it had been given.

1.2 APPOINTMENT OF A NEW COMMISSION

The second Commission of Inquiry into Hospital Care Practices (hereinafter referred to as "the Commission") was subsequently appointed (in effect re-appointed) in terms of the Provincial Commissions Act, No 1 of 1997 on 28 July 1999 (See Annexure C).

1.3 THE PURPOSE OF APPOINTMENT

The purpose of the second Commission was to investigate the state of patient care in five Gauteng provincial hospitals, as set out in the Commission's terms of reference. The deadline set for the Commission's work was 24 September 1999.

1.4 THE TERMS OF REFERENCE

The terms of reference of the Commission were as follows:

- " 1 to investigate and make findings regarding the nature of patient complaints regarding poor quality of service at Provincial Hospitals;
 2 To investigate and make findings regarding the causes behind incidents of, or patterns in poor treatment of patients; and
 3 to make recommendations in the light of the findings made in terms of 1 and 2 above."

1.5 SCOPE OF INQUIRY

In terms of the proclamation, the following hospitals were to be the focus of the investigation:

- Chris Hani Baragwanath Hospital;
- Natalspruit Hospital;
- Pretoria Academic Hospital;
- Sebokeng Hospital; and
- Tembisa Hospital.

1.6 CONSTITUTION OF COMMISSION

The Commission comprised the same members as the previous Commission, namely:

- | | |
|-----------------------------|---|
| ▪ Ms Maria Rantho | Chairperson (Public Service Commissioner) |
| ▪ Mr Jerry Vilakazi | Member (Public Service Commissioner) |
| ▪ Prof. Soromini Kalichurum | Member (President of the HPCSA) |
| ▪ Ms Catherine Makwakwa | Member (Director: National Health Department) |
| ▪ Dr Fazel Randera | Member (Medical Doctor) |
| ▪ Adv Niel de Villiers | Member (Advocate) |

Ms Makwakwa subsequently resigned due to pressure of work.

In addition:

- Mr R A Manoko (Attorney) was appointed as the investigating officer.
- Mrs L Fourie (Assistant Director in the Gauteng Department of Health) was designated as the Commission's secretary.

1.7 RESOURCES AVAILABLE TO THE COMMISSION

The Commissioners and the investigating officer were appointed by the Premier on the understanding that none of them would be employed on a full-time basis.

The Commission further sought the assistance of two other public servants from the Public Service Commission to help with investigations. They were:

- Mr Eugène du Pré (Director in the Office of the Public Service Commission)
- Mr Bruno Luthuli (Deputy Director in the Office of the Public Service Commission)

Mr Patrick Mbatsana, who did translations and general administrative work and ran the Commission's office, was also seconded to the Commission from the Gauteng Department of Health.

Other officers from the Public Service Commission who assisted with the drawing up and processing of questionnaires were:

- Mr Theuns Kirsten
- Mr Attie le Roux
- Mr Themba Dindi
- Ms Thandi Mngomezulu

Mr Daniel Matlala of the Commission provided personal secretarial services to the Chairperson.

The Department's Directorate for Health Promotion and Communications provided technical assistance related to public communication.

Employees of the Consumer Council assisted with the completion of patient questionnaires. Lastly, the Commission was assisted by Messrs Patrick Ndaba and Frans Mashishi in their capacity as drivers.

1.8 DEFINITION OF TERMS USED

- PHC - Primary Health Care
- ICU - Intensive Care Unit
- OPD - Out-patient Department
- Academic Hospitals - These are associated with universities and offer care at a variety of levels. They are frequently also Central Hospitals and have been designated by Government to provide teaching, research and services.
- Central Hospitals – These are invariably also academic hospitals. They combine primary care by generalist doctors, secondary care by specialists and tertiary care by sub-specialists.
- Regional Hospitals – These provide primary care by generalists and secondary care by specialist medical practitioners.
- District Hospitals – These provide primary or level one care by medical officers and nurses only.
- Department - Gauteng Department of Health
- National Department - National Department of Health

1.9 GAUTENG HEALTH DEPARTMENT IN PERSPECTIVE

Prior to 1994 there was no single provincial department of health that serviced the entire population. The Gauteng Department of Health was formed after the first democratic elections of 1994. It committed itself from the outset to the principles of equity and universal access to care, in so doing setting significant transformation targets.

Statistics SA puts the population of Gauteng at 7.2 million, 97% of which is urbanised. The Department provides health care to about 7.6 million residents of the surrounding provinces of the North West, Mpumalanga and the Northern Province. Gauteng's health services also attract many thousands of people from other parts of the African continent.

The Province is serviced by 28 hospitals, four of which are central hospitals, namely Johannesburg, GaRankuwa, Pretoria Academic and Chris Hani Baragwanath. Associated with the central hospitals are Kalafong, Helen Joseph and Coronation hospitals.

The total number of staff employed by the five hospitals which form the focus of this inquiry is approximately 13 159.

The distribution of staff by occupational category is reflected in the following table:

Table 1: Staff at the five hospitals covered by the Inquiry

	Chris Hani Baragwanath	Natalspruit	Pretoria Academic	Sebokeng	Tembisa
Management	19	5	40	4	6
Medical	564	99	394	57	87
Nursing	2081	726	1183	589	591
Allied	223	47	313	33	35
Admin	451	164	415	126	215
Support	1687	534	1354	568	550
Total	5025	1575	3699	1377	1484

The Department consumes R5.6 billion of the Province's 1999/2000 budget of almost R15.7 billion. This represents 35.7% of the overall provincial allocation. A total of R3.3 billion of the health budget is allocated to personnel expenditure, restricting funds available for other essential items.

1.10 PREVIOUS INVESTIGATIONS

It is important to note that other investigations into aspects of service provision were also initiated by the Provincial Government. The results of two of these are contained in the Mokoena and Natalspruit Audit Reports.

2 METHODOLOGY

The Commission approached its task by means of the following processes:

- Commissioners undertook visits to all five hospitals, where they conducted *in loco* inspections and interviews with various stakeholders. At these meetings the following groups were encouraged to make submissions to the Commission:

- Hospital senior management
- Nursing management
- Medical Advisory Committees
- Heads of departments
- Hospital doctors (interns and registrars)
- Trade unions
- Patients
- Relatives of patients
- Other groups, such as pharmacists, physiotherapists, dieticians and occupational therapists.

- Hospitals were furthermore requested to provide the Commission with their complaints records.
- The Investigating Officer and his team conducted further investigations and interviews. They followed up issues identified by the Commission during its visits and requested additional submissions.
- The Commission required the completion of questionnaires by superintendents, senior managers, heads of personnel offices, training units/officers, labour relations units/officers, members of non-supervisory staff, officially recognised trade union representatives and patients (See Annexure D).
- Advertisements were placed in major newspapers, inviting submissions from patients and relatives. Posters and pamphlets conveying the same message in a variety of languages were displayed in the five hospitals (See Annexure E). To make the process as inclusive as possible, the Consumer Council was commissioned to assist patients in completing questionnaires.
- Public hearings were also facilitated through the above advertising and publicity campaign which encouraged patients, relatives, the public and staff members to participate.