A STUDY TO ASSESS THE NEED FOR IMPLEMENTATION OF A QUALITY MANAGEMENT SYSTEM AT A KWA ZULU NATAL BASED ANTI-RETRO VIRAL CLINIC

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ABSTRACT

HIV/AIDS remains one of the world's most significant public health challenges, particularly in low- and middle-income countries. This is true for poor and vulnerable populations. As per World Health Organisation statistics, an estimated 2.5 million people were newly infected with the virus in 2012 with HIV signalled as the strongest risk factor for developing active TB disease. In 2012, approximately 430 000 deaths from tuberculosis occurred among people living with HIV. That is one quarter of the estimated 1.7 million deaths from HIV in that year. HIV, AIDS and Tuberculosis contribute significantly to the burden of disease faced by South Africans. The South African Department of Health has placed a strong commitment to ensuring that HIV /AIDS is adequately managed at community level with education and awareness programmes highlighting the urgent need for all citizens to conduct HIV Counselling and Testing and then to embark on ART initiation if required for treatment and control of their HIV infection. The focus of the health system's HIV, AIDS and TB programmes is to provide health services by taking advantage of the re-engineered primary healthcare (PHC) approach that is centred on communities and households. HIV, AIDS and TB services have become completely integrated with PHC services which has resulted in the development of Ante retroviral Clinics being established across all parts of the country with a core function of ARV initiation for the millions of South Africans affected by HIV.

One such clinic is the Prince Mshiyeni Memorial Hospital ARV clinic known as Vusithemba. Although supported in its health service delivery by its counterparts in the Ugu district of Kwa Zulu Natal, the Vusithemba ARV clinic is the largest clinic servicing the greater Umlazi community as the primary ARV roll out site. The clinic has a high patient load and is also the provider of HIV Counselling and Testing and ARV initiation and on-going adherence counselling. High levels of quality are thus required in order to reach operational efficiency and to meet and exceed the clinics goals and treatment objectives. The importance of properly established and managed quality control and quality assurance systems with quality documents for the achievement of the clinic’s objectives is integral to successful patient management.
A study was undertaken at the clinic to explore the need to implement a Quality Management System as a means of enhancing patient care, treatment outcomes and service delivery. For the purpose of this study, a qualitative research strategy was utilized through categorizing data which was non-numerical. Data was collected by administering a questionnaire to a randomly selected sample of thirty staff members employed at the clinic. Simple random probability sampling was chosen as the means of selecting staff members to be part of the sample.

In accordance with the research objectives, the findings of the study confirmed that there is no quality management system or method for quality assurance in place at the clinic. There is an absence of instructions and guidelines that are needed to guide the clinical management of patients. In addition, there are no treatment protocols and procedures which are present and updated regularly in order to ensure best practices in the industry are being followed. The data also demonstrated that no clear means of escalation of clinical queries exist to help resolve complicated clinical cases. There also exists no audit of clinical cases for the purposes of identifying and rectifying errors on the part of the staff. There is no training or refresher training programme in place at the ARV clinic. There is no system where corrective and preventive action can be implemented based on common error trends. The data reveals that a reward and recognition programme is lacking at the clinic with no means to motivate and incentivise top achievers and exceptional employees. There is currently no system where employee dissatisfaction can be communicated with the management team free of stigma, discrimination and victimisation. There is currently no means where patients can communicate their dissatisfaction or satisfaction with the clinic's service delivery mechanism.

Recommendations were suggested for the establishment of a quality management system to combat the findings that were revealed during the study. The implementation of a quality management system in the healthcare setting has proved to be beneficial in the clinical management of patients and will therefore benefit this ARV clinic.

Introduction

HIV and AIDS continue to bear the hardest brunt in the South African health communities with the Kwa Zulu Natal region heralded as the epicentre of the endemic. With continued challenges of poverty, co morbidities of TB infection with lack of education and awareness, the disease continues to increase in incidence. The South African Department of Health has strongly committed to alleviation of this health burden by initiating HIV testing drives and Ante- retroviral (ARV) initiation programmes across most state facilities. However, with the speed of implementation of these programmatic changes coupled with resources limited settings and a lack of skilled clinical staff, these programmes have encountered challenges. This study is aimed at assessing the need for implementation of a quality management system at a large Kwa Zulu Natal Ante retroviral clinic as a means to enhance service delivery, optimise clinical efficiency and ultimately promote better health outcomes in the affected communities.

South Africa has the largest ARV therapy programme in the world (www.doh.gov.za). An improved procurement process has seen a 50% decrease in the prices of ARV drugs (www.doh.gov.za). The HIV Counselling and Testing (HCT) campaign was launched in April 2010. By July 2012, almost 20-million people had been tested and were aware of their status. Millions were also screened for TB. HIV and TB are dangerous bedfellows. The co-infection rates of these two diseases exceed 70%, with TB being the most common
opportunistic infection in HIV-positive patients (www.doh.gov.za.). Through an increase in the number of anti-retroviral sites as well as an increase in the number of nurses certified to initiate ARV treatment, the number of people receiving ARV treatment has increased from 1.1-million in 2009 to 1.7-million currently. Prince Mshiyeni is a designated ARV site.

The Vusithemba clinic, which is an annexe of the PMMH, is the arm of the hospital that seeks to address the social and structural drivers of HIV/Aids, STD’s and TB. The clinic strives to prevent new infections, to sustain health and wellness and to protect human rights through providing care, support and access to justice for sufferers of these diseases.

**Definition**

The term quality management has a specific meaning within many business sectors. This specific definition, does not aim to assure ‘good quality’ by the more general definition, but rather to ensure that an organization or product is consistent. It therefore needs to have four main components: quality planning, quality control, quality assurance and quality improvement (www.chambers.com.au).

Quality Planning describes how an organisation will achieve its quality objectives. It describes the quality objectives and specifies the quality assurance and control activities to be performed in day-to-day company operations (www.chambers.com.au).

Quality control is a process by which entities review the quality of all factors involved in production. This approach places an emphasis on three aspects:

- Controls, such as job management, defined and well managed processes, performance integrity criteria and record identification
- Competence, such as knowledge, skills, experience, and qualifications
- Soft elements, such as personnel, integrity, confidence, organizational culture, motivation, team spirit, and quality relationships.

Quality assurance (QA) refers to the engineering activities implemented in a quality system for a product or service to be fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error prevention (www.chambers.com.au).

Quality Improvement is defined as a measure of indicators that provide a quantitative basis for clinicians, organizations, and planners aiming to achieve improvement in care and the processes by which patient care are provided. Quality of care can be defined as ‘the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge and can be divided into different dimensions according to the aspects of care being assessed (www.intqhc.oxfordjournals.org).

The quality policy can be used for improvements in the clinical service delivery, provided that it is consistent with the department’s vision and strategy and that it permits quality objectives that are understood by staff. A quality policy should demonstrate management’s commitment to quality and the provision of adequate resources for the achievement of objectives. In addition, it helps to promote a commitment to quality throughout the hospital.
including satisfaction of the needs and expectations of patients and other stakeholders (Brink, HIL2001, and 14-18).

**Target population**

Cant et al. (2003: 47) define a population as the total group of people from whom the information is needed. In this study the target population will comprise the clinic staff. This population was selected so as to establish the following:

- Whether staff members are adequately trained to carry out the clinic’s objectives
- Whether staff implements the necessary standard operating procedures
- Whether clients of the clinic are satisfied with the service delivery at this clinic

The sample size will be approximately 30 respondents.

**Limitations of the study**

A limitation of the study was that participants were drawn from only one division of the clinic, namely the ARV division. This implies that only the staff compliment of the ARV clinic was sampled as part of this research. As such, the results obtained may not be reflective of the hospital as a whole.

**STATEMENT OF FINDINGS AND ANALYSIS OF DATA**

**Introduction**

In this chapter, findings are presented, followed by analysis of the data. Tables and graphs are used to present the findings.

**Findings and analysis**

In order to better define the study population a few demographical statistics were requested from the clinic staff. The researcher asked for the gender of each respondent. The gender dispersion at the clinic revealed an overwhelming majority of female over male as is the norm in most Departments of health clinics within the public sector. There was an overwhelming majority of females to males in the ratio of 2:1. This gender distribution pertains to the respondents interviewed.
Figure 4.1.1 Gender Distribution

In order to classify the respondents into different age categories, the age of all respondent was requested. Respondents were asked to complete which age category that they would be classified into. Options include age groups between 20-25 years, 26-30 years, 31-35 years, 36-40 years, 41-45 years, and 46 to 50 years. The age distribution among clinic responders who were all clinic employees shows a range from 20-50 years of age, with clinic staff employees categorised into all age groups. 33% of respondents were between 31-35 years of age, 33% were between 36-40 years of age, 17% were in the 26-30 year age group, 7% of the respondents were between 41-45 years of age, 7% were in the 46-50 year age group. The minority of respondents, being merely 3%, were in the youngest age category of 20-25 years of age.

Figure 4.1.2 Age distribution

Clinic responders were asked to provide their qualifications in order to ascertain the background of all employees who worked at the clinic. This was an open ended question and varied responses of job descriptions were received.

20% of respondents were counsellors. Counsellors in the health care setting are tasked with the role and responsibility of pre and post-test counselling, on-going counselling, secondary risk reduction counselling, comfort counselling and post-traumatic stress disorder counselling as their core functions in the ARV clinic setting. They have a post matric diploma in counselling. In addition at the ARV clinic, Counsellors are also designated all adherence to ARV counselling with the patients and/or their treatment supporters and their families.

20% of respondents were nurses. Nurses based at ARV clinics of the Department of Health are Registered Nurses with the South African Nursing Council. They have a post graduate degree in Nursing Sciences. Nurses are responsible for the baseline clinical assessment of the patient. They are also integral in obtaining the medical and surgical histories from patients to better assist the medical doctor with treatment decisions.

20% of the responding clinic staff were Health Care Workers. Health care workers have a matric level of education. These employees are utilised in conjunction with nurses to track down non-compliant patients who failed to present themselves for their ARV follow up appointments or failed to return to the clinic for further management and care.
A further 17% of respondents were Lay Counsellors. These lay counsellors also have a matric level of education. They were provided with on site and in the field training and development relating to community education of HIV and AIDS. They are tasked with community mobilization projects ensuring HIV education and awareness occurs in the rural communities surrounding the ARV clinics. They also work very closely with the clinic counsellors.

Administrators constituted 17% of the sampled population. Their core function was to complete all administrative related responsibilities at the clinic. This will include booking patient appointments, preparation of patient files, generating patient reminders for adherence visits and general reception duties as well.

The medical doctors form the minority proportion of the clinic employees at 6% only. Medical doctors at this clinic have a medical degree and are registered with the Health Professions Council of South Africa (HPCSA). They are responsible ultimately for the clinical management of patients in conjunction with the nursing staff.

Figure 4.1.3. Qualifications among clinic staff members

Question four, as part of the demographics, explored duration of employment of the respondents within the health care sector. Clinic employees were asked to state the duration of their employment within the health sector which is graphically represented below. This question was included to assess the level of employee experience within the public health sector.

33% of respondents were employed for between 16-20 years by the Department of Health. A further 33% were employed for a period of 12-15 years. 17% of respondents were employed for a period of 6-11 years. 7% of employees were employed for a period of 21-25 years and a further 7% of respondents were employed for approximately 26-30 years. A Minority of respondents, approximately 3% were in the employ of the Department of Health for a mere 0-5 years only.

This data ensured that the participants of this research possessed adequate experience and exposure to the Public Health Sector thereby allowing them to make informed comments and to express opinions that were based on experience. This in turn, enhances the reliability of the research findings.
Figure 4.1.4 Period of employment in the health sector

Question Five was aimed at assessing the employees’ period of employment at the ARV clinic where the research was conducted. The clinic employees were asked to state the duration of their employment at the health care facility which is graphically represented below. These responses were then collated and clustered into employment periods as graphically represented below. No employees were employed at the clinic for a period exceeding 15 years. Approximately 33% of respondents were employed for between 0-5 years, 33% were employed for between 6-10 years and a final 33% were employed for between 11-15 years.

These sample characteristics revealed that the respondents that were sampled had significant experience at the clinic in order to comment on the clinics systems and processes utilised at the clinic. They were also knowledgeable about the clinic practises in order to suggest new procedures and processes that could be implemented.

Figure 4.1.5 Period of employment in the health care facility

From question 6-20, respondents were asked to tick or cross responses which best reflected their answers to the questions posed. The Likert Scale was utilised and hence the response categories included strongly agree, agree, do not know, disagree and strongly disagree.
Question 6 was aimed at assessing employees trust, openness, confidence and assertiveness as characteristics that are developed at the clinic. There were no respondents in the strongly agree and agree sections. 53% of clinic respondents strongly disagreed with the statement. 13% disagreed and 34 % did not know if the response was true or not. The responses reveal that according to employees who work at the clinic where the study was conducted; there is a lack of openness, trust and confidence as characteristics that are developed at the clinic. In addition assertiveness was also a characteristic not cultivated within the clinic.

Figure 4.1.6 demonstrating response of employees trust, openness, confidence and assertiveness that are developed at the clinic.

Question seven assessed clinic respondents on the need for the clinic to have instructions and guidelines in place in order to guide the clinical management of patients and to improve patient care. All respondents replied as strongly agreed. 100 % of all clinic respondents recognised the need for a set of instructions and guidelines to be in place at the clinic in order to drive best practises in their clinical management of patients.

Figure 4.1.7 Instructions and regulations are necessary to guide and improve our care of patients
Question 8 explored the concepts of security, conformity and predictability in the workplace. In this question clinic responders had to assess to what degree they felt that security, conformity and predictability was present in the clinic setting. 40% of respondents replied as do not know. 30% of respondents strongly disagreed with the statement and a further 30% replied as disagreed with the statement as well.

This implies that clinic employees were of the opinion that security, conformity and predictability did not exit at the clinic or that they were unaware of its existence at the clinic.

**Figure 4.1.8 Security, conformity and predictability define our work**

Question 9 explored the following statement “Treatment protocols and procedures are regularly discussed at staff meetings”. This statement was aimed to assess whether respondents were aware of any treatment protocols and procedures that were in place at the clinic and also to assess if these were discussed regularly as part of training updates by the management team in order to ensure that clinic staff were equipped with current information to make informed clinical decisions regarding the clinical management of patients.

Half of the respondents (50%) strongly disagreed with the statement, 30% disagreed with the statement and 20% were uncertain of the response. This data reveals that 80% of respondents felt that the treatment protocols were not discussed at staff meetings.

**Figure 4.1.9 Treatment protocols and procedures are regularly discussed at staff meetings**

Responses to Question 10 are represented graphically in the figure below and were in response to the statement: “Treatment protocols and procedures are consistently being revised
and improved in order to ensure best practices in the clinical management of patients”. This was a follow up question to question 9 above. There were no responses in the strongly agreed and agreed categories. 66% of respondents strongly disagreed with the statement with 17% who disagreed with the statement and a further 17% did not know. The data gained from this question reveals that the majority of clinic responders agreed in tandem that the treatment protocols and procedures are not being revised and improved to ensure best practices in the clinical management of patients.

Figure 4.1.10 Treatment protocols and procedures are consistently being revised and improved in order to ensure best practices in the clinical management of patients

Question 11 explored the reasons for goal setting to improve service delivery. This question looked at service delivery within the clinic and focused specifically on competition, achievement and productivity as part of goal setting as a tool to increase service delivery at the clinic. The majority of respondents, 37% strongly disagreed with the statement, 33% disagreed with the statement and 30% of respondents did not know. As such, the majority of respondent’s cumulatively disagreed that competition, achievement and productivity are tools that are being used to improve service delivery at the clinic.

Figure 4.1.11 Competition, achievement and productivity are part of goal setting to improve service delivery in the clinic

Question 12 looked at the statement: “Dissatisfaction is communicated without fear of victimisation”—all respondents disagreed with this statement with 57% strongly disagreeing and a further 43% disagreeing. This response overwhelmingly suggests that clinic employees are not freely able to express their dissatisfaction with varied aspects of the clinic and their
work responsibilities. There is also a strong sense of fear to express any dissatisfaction implying the possibility of victimisation at the clinic.

Figure 4.1.12 Dissatisfaction is communicated without fear of victimisation

Question 13 was “The management consults staff before any decisions are taken”. This question explored if a consultative decision making process was in place at the clinic. As per the responses to the question it is evident that the clinic staff is not consulted during the decision making process. 67% of respondents strongly disagreed with the statement, 23 % of respondents disagreed with the statement and 10 % reported they were uncertain. There were no responses in the agree and strongly agree categories.

Figure 4.1.13 The management consults staff before any decisions are taken

Training and refresher training was the focus of question 14. This question assessed if training was conducted at the clinic and if so was it done on a regular basis. The majority of respondents strongly disagreed with the statement with 47% of responses stating so. 30 % of clinic responders disagreed and 23 % reported that did not know. This demonstrated that the majority of employees who participated in the research study (77 %) agreed that no training and refresher training was conducted regularly at the clinic.
Figure 4.1.14 Training and refresher training is conducted regularly at the clinic

Question 15 assessed if: “Latest treatment protocols and procedures are readily available for easy reference”. This question was included to assess if the clinic staff have access to treatment protocols and procedures which have been updated to include latest developments. Having these in place will ensure that patients are managed optimally and staff can have a source of reference to manage complicated patients. 50% of clinic responders strongly disagreed with this statement. 33% of respondents disagreed with this statement. 27% of clinic staff did not know and replied as uncertain. The majority of clinic employees in this research study (83%) revealed that there are in fact no latest treatment protocols and procedures readily available for ease of use at the clinic.

Figure 4.1.15 Latest treatment protocols and procedures are readily available for easy reference

Question 16 queried if “Escalation of queries relating to the clinical care and treatment of patients is free of red tape”. This was an assessment to verify the procedures to be followed should difficulties and or complications arise during the treatment of patients. In this case the staff was questioned as to how this would be managed and if the escalation to a higher authority would be easy and free of red tape in order to source the best clinical care and treatment for the clinics patients. 40% of clinic respondents strongly disagree with the statement, 33% disagreed and 27% of clinic responders did not know. For this question it can be concluded that 73% of the study population in fact agreed that escalation of clinical queries was a complicated procedure.
Figure 4.1.16 Escalation of queries relating to the clinical care and treatment of patients is free of red tape

Question 17 stated the following: “An audit of error rates is frequently conducted”.

The clinic staff was asked to respond once again as per the 5 categories as graphically represented below. No responses were received in the strongly agree, agree and disagree category. 17% of responders were uncertain and responded as don’t know. The majority of respondents (83%) replied and strongly disagreed with the statement implying that there is in fact no audit of error rate that is frequently conducted at the clinic.

Figure 4.1 17 An audit of error rates is frequently conducted

Question 18 asked if: “A reward and recognition programme for staff has been established”. This question was focused on assessing whether employees at the clinic were aware of the existence of any incentive based motivation programmes for rewarding good performers at the clinic, i.e.) : if employees were in fact rewarded for exceptional performance and recognised for outstanding achievement. All respondents strongly disagreed with this statement.
Questions 19 explored the controversial statement: “Poor performers are often victimised. All respondents agreed with the statement with 67% responding as strongly agree and 23% agreed with the statement. No responses were received in any other category.

Question 20 asked if: “Patients are satisfied with the service delivery and patient care provided at this clinic. This question explored the concept of service delivery and patient care at the clinic and the staff’s opinion of whether patients are satisfied with the type of service they received at the clinic. 50% of clinic responders strongly disagreed with the statement, 13% disagreed with the statement and 37% responded as did not know. As such, based on their responses, 63% of the study population implied that patients are not satisfied with service delivery and patient care at this clinic.
Figure 4.1.20. Patients are satisfied with the service delivery and patient care provided at this clinic

The final question asked: In your opinion, what steps should be taken to improve service delivery and patient satisfaction at this clinic. This was an open ended question reflecting clinic responders’ opinions for improvement of services at the clinic. A selection of 10 responses is tabulated below.

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<tbody>
<tr>
<td>1</td>
<td>More staff are required to handle the busy clinic</td>
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<tr>
<td>2</td>
<td>The queues are very long at the clinic – a better administrative system should be used to book patients accordingly</td>
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<tr>
<td>3</td>
<td>There should be a suggestion box for patients to vent their complaints</td>
</tr>
<tr>
<td>4</td>
<td>There should be a suggestion box for staff to vent their complaints</td>
</tr>
<tr>
<td>5</td>
<td>Staff salaries should be readjusted and increased in line with the amount of patients seen for the day</td>
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<tr>
<td>6</td>
<td>We need to have staff meetings to discuss our issues</td>
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<tr>
<td>7</td>
<td>We require more training on new developments in the field of HIV</td>
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<tr>
<td>8</td>
<td>We should get a chance to attend conferences and meetings that are HIV related</td>
</tr>
<tr>
<td>9</td>
<td>Staff should be rewarded for working well by getting a half day off a month</td>
</tr>
<tr>
<td>10</td>
<td>We do not have references or guidelines at the clinic. Our work will be enhanced if we</td>
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</table>
Table 4.1.21 clinic responders’ opinions for improvement of services at the clinic

**DISCUSSION OF FINDINGS AND LINKING TO LITERATURE REVIEW**

**Introduction**

This chapter will discuss the findings that have been outlined in the previous chapter. The findings will be linked with the literature reviewed in order to make certain recommendations which was an objective of this study. Recommendations that are to be made to the clinic and possible areas for future research, related to this study, will be identified and proposed. This chapter will also indicate the extent to which the objectives of the study were achieved.

**Findings from the study and link to literature review**

The research findings identified a few important themes that require further attention on the part of management of the clinic. These emergent themes were derived from the data collected and analysed through the administration of the questionnaire. The data revealed that the clinic currently lacks a training programme, consistent and standardised treatment protocols and procedures, a reward and recognition system, a communication mechanism for both clinic employees and clinic patrons to voice dissatisfaction, and an audit plan for identifying error trends to inform clinical error correction and clinical error prevention.

These findings are critical elements of a clinical quality management system thus illustrating the need for a plan of such a nature to be implemented at the clinic. The benefits that would be derived through the implementation of a clinical quality management plan would include the ffg:

- Increase consistency and standardisation across clinical management of patients
- Provide an up to date training programme for all staff categories
- Improve employee understanding of clinical procedures and treatment protocols
- Improve understanding of the clinic processes
- Improve communication between staff and management
- Increase clinical productivity of staff members
- Improve staff morale

The 2012 UNAIDS Report on the Global Aids Epidemic estimated that in 2007 there were 33 million people living with HIV with approximately 22 million of these in Sub Saharan Africa. (UNAIDS 2012) In South Africa, AIDS has become the leading cause of death as cited in a Medical Research Council Report in 2009 accounting for approximately 40% of deaths in the 15-49 age groups and by the end of 2013 it was estimated that 5, 6 Million South Africans will be HIV positive (National HIV Survey: 2003).

Given the above statistics it is estimated that the HIV prevalence rates and number of people living with AIDS will increase substantially in the absence of an HIV prevention modality. As such, provincial and regional ARV clinics will have large numbers of patients presenting
for HIV related treatment. This would necessitate the need for good technical and operational systems to handle the quality and quantity of HIV related tasks that clinics will be faced with. The majority of services provided at the provincial and regional ARV clinics include HIV Counselling and Testing and ARV provision. Due to a reduction in the cost of ARV’s, the possibility to import generic drugs and the pressure applied from many sectors including the Treatment Action Campaign(TAC), the government has committed itself to introduce ARV treatment programmes and Prevention of Mother to Child Transmission Programmes. (Barret et al, 2007:821-824)

Evidence Based medicine (EBM) is the explicit, conscientious and judicious use of current best practise in decision making with regard to the care of the individual patient (Kruger, 2003:201). The practise of EBM is the combination of the individuals clinical expertise with the best available external clinical evidence that has been gained from systemic research. The Cochrane collaboration centres introduced this trend in the 1980’s. This international network of centres conducts meta-analysis of outcomes of medical procedures and therapies in order to develop EBM guideline of “best practise”. Such guidelines apply to clinical effectiveness for practitioners and to healthcare systems.

In recent times there has been an increase in emphasis on introducing quality management systems into healthcare. This is driven by informed patients who have access to the sources of information and treatment modalities as well as political commitment to patient centred health care provision.

Quality Management in the context of the healthcare environment encompasses the following concepts:

Quality Management: consists of a multi-disciplinary approach that integrates quality of care and financing systems and implies a continuous effort of all members of an organisation to satisfy the needs and expectations of patients and clients.

Quality Assurance: consists of a commitment to examine various aspects of an organisation or set of procedures whereby outcomes of care may be improved.

Quality of Care Development: is a progressive development of an organisation and implementation of measures that improve quality continuously in relation to specific targets (Pelser, 2004: 215-274)

Quality of health care is the degree of excellence of health care activities in relation to the present level of knowledge and technological development. The concept of quality of care encompasses the following:

- Participation of all role players in the process eg health professional, patients, institutional managers, policy makers and community stakeholders.
- Measuring quality of care through specific indicators that evaluate structure, process and outcomes at all level of the health care system (Pelser, 2004: 215-274)

Critical component in measuring quality in the healthcare environment include the following:

- Information systems—to collect, assess and aggregate data in relation to outcome
- Patient satisfaction—this is to ensure that patients receive expected treatment so that health care resources are adequately utilized with minimum outcomes generated.
- Cost effectiveness—this is done in accordance with clinic statistics to ensure accountability of sufficient resources to enhance efficiency (Pelser, 2004: 215-274)
A quality management system has a range of quality assurance tools which are at present being introduced into the health systems. These include therapeutic guidelines, algorithms, chronic disease management and evidence based medicines.

**Training**

In response to the question of whether clinic staff was adequately trained to carry out daily objectives the following information was gained. As per the job descriptions it appears that only 14 of the 30 staff have received tertiary education. These staff members are the nurses, counsellors and doctors.

A lay counsellor is a term coined by the Department of Health for individuals with little or no tertiary qualification. They are often community based volunteers who are provided minimal education to function in the clinical environment and to conduct basic field work and counselling so as to track and trace non-compliant patient for medication. As per the responses it is evident that very little training and development is conducted on a regular basis for the team of lay counsellors.

Literature suggests staff development refers to the processes, programs and activities through which every organization develops, enhances and improves the skills, competencies and overall performance of its employees and workers. Encouraging employees to acquire new or advanced skills, knowledge, and viewpoints, by providing learning and training facilities the provision of avenues where such new ideas can be applied. (http://www.businessdictionary.com) Training courses are ways of improving the effectiveness of an organization’s staff compliment. The benefits of a training programme are varied and include the ffg:

- Improved productivity and adherence to quality standards.
- Employees develop skill sets that allow them to undertake a greater variety of work.
- Improved ability to implement and realize specific goals
- Increased ability to respond effectively to change (http://www.businessdictionary.com)

Productivity usually increases when an organization implements training courses. A training strategy involves the systematic training and improvement of people within the organisation so that they can achieve their objectives. Training strategies vary according to requirements but important components include:

- Objectives
- Team building
- Team development
- Leadership development
- Coaching

Training can be of any kind relevant to the work or responsibilities of the individual, and can be delivered by any appropriate method as below:
On-the-job learning
Mentoring schemes
In-house training
Individual study

(http://hiring.co.uk)

Daft (2009:79) states that training and development of staff is a key component to a successful organisation. He further states that:

- Lack of growth harbours frustration and heralds demotivation of employees
- Growth and development is the basis of motivation
- Training and development of staff is important for succession planning
- A highly trained and developed employee creates high competency for his/her job.

Training, education and development are all important in the organisation. Training is often used to describe interventions that are short term and focus on skills acquisition, whereas development is often viewed as a longer term intervention that focuses on tapping the potential of individuals (Amos et al., 2008:324).

Communication

In response to communication between staff and management, it was unanimously agreed that the poor communication mechanisms that currently exist, hinder open, clear and transparent communication at the clinic. In addition, communication regarding complaints and grievances were prevented due to the fear of victimisation.

Managers who wish to retain staff start by communicating clear expectations to the employee. They share their views of what constitutes success for the organisation and for the employee in relation to the expected deliverables and the expected levels of performance. These managers provide frequent feedback and make the employee feel valued. When an employee completes an exchange with a manager, the employee must feel empowered, enabled, and confident in their ability to get the job done.

Managerial roles have in recent years been amended to include:

- Planning which refers to defining the organisation goals and developing a strategy to achieve them
- Organising which involves process influencing the structure of the organisation
- Leading which addresses the people issues entailing directing and co-ordinating employees, motivating them, communication and dealing with conflict
- Controlling which includes those activities that ensure that the organisation is kept on track in its aim to achieve its long term goals. It includes monitoring and performance assessment against a set of objectives and taking corrective measure where necessary (Robbins et al., 2004:4).
Henry Mintzberg, in Robbins et al (2004:5), concluded that managers perform interrelated roles that focus on three main areas:

- Interpersonal roles comprises figurehead role, liaison role and leader role
- Information roles comprises monitor role, dissemination role and spokesperson role
- Decisional roles comprising entrepreneur role, disturbance handler role, resource allocator role and negotiator role

**Treatment protocols and procedures**

The majority of respondents stated that very few methods are consistently used to improve their work and help them gain an advantage. Clinic staff members stated that security, conformity and predictability were not defining features of their work and the clinic. The team also acknowledged that competition, achievement and productivity are not part of goal setting to improve performance in the workplace. The staff also disagreed that latest guidelines are available for easy reference. In addition the majority of respondents revealed that the corrections of errors are not easily conducted. The clinic also does not have the latest clinical guidelines and treatment protocols and procedures for easy reference.

The clinical team also commented that escalation of queries governing clinical care and treatment was a complicated procedure and access to help regarding specialist advice was hard to come by. The data also suggested that no error trend analysis is done which implies clinical errors are not rectified which may result in costly legal consequences. The clinic also does not utilise Standard Operating Procedures (SOP). A SOP is a set of written instructions that document a routine or repetitive activity. SOPs describe both technical and administrative operational elements of an organization that would be managed under a Quality Assurance Plan and under an organization's Quality Management Plan (http://www.epa.gov). The development and use of SOPs containing treatment protocols and procedures is an integral part of a successful quality system. It provides individuals with the information to perform a job properly and facilitates consistency in the quality and integrity of a product or end-result through consistent implementation of a process or procedure within the organization. SOPs can also be used as a part of a personnel training program, since they should provide detailed work instructions.

**Reward and recognition**

All staff responded that no reward programme was in place at the clinic. The benefits of a reward and recognition incentive programme have been proven to be advantageous to an organisation. The reward programme should encompass the following components:

- Identification of company or group goals that the reward program will support
- Identification of the desired employee performance or behaviors that will reinforce the company's goals
- Determination of key measurements of the performance or behavior, based on the individual or group's previous achievements

32
• Determination of appropriate rewards
• Communication of program to employees

(http://www.businessdictionary.com). Employee reward systems refer to programs set up by a company to reward performance and motivate employees on an individual and/or a group level.

Rewarding employees for outstanding job performance encourages them to improve their productivity and quality of work. Employee recognition programs, if properly constructed, are invaluable tools for communicating not only goals, job expectations, and performance standards, but also values such as organizational commitment, employee responsibility, and teamwork. Employee reward programs can make employees feel more satisfied with their work because they know they are making a positive contribution to a high-performance organization where everyone matters. Employee reward and recognition programs are one method of motivating employees to change work habits and key behaviors to benefit an organization. The keys to developing a reward program are as follows:

• Identification of company or group goals that the reward program will support
• Identification of the desired employee performance or behaviors that will reinforce the company's goals
• Determination of key measurements of the performance or behavior, based on the individual or group's previous achievements
• Determination of appropriate rewards
• Communication of program to employees

There are a number of different types of reward programs aimed at both individual and team performance. Recognition can take a variety of forms. These may include:

• Variable Pay or pay-for-performance is a compensation program in which a portion of a person's pay is considered as his reward or bonus.
• Bonus programs usually reward individual accomplishment and are frequently used in sales organizations to encourage salespersons to generate additional business or higher profits.
• Profit Sharing refers to the strategy of creating a pool of monies to be disbursed to employees by taking a stated percentage of a company's profits.
• Stock Options have become an increasingly popular method in recent years of rewarding middle management and other employees in both mature companies and start-ups.
• Group Recognition awards: Structured programs can include regular recognition events such as banquets or breakfasts, employee of the month or year recognition, an annual report or yearbook which features the accomplishments of employees, and department or company recognition boards.

Traditionally in the health care sector of the Department of Health, there have been no reward and recognition programme that have been used to acknowledge successful employees. However, effective employee recognition and reward programs can directly impact the satisfaction of physicians and employees. Results of effective recognition include increased patient and client satisfaction; reduced employee turnover; higher emphasis on delivering
value and service and achieving performance targets. Employee recognition is the process of reinforcing desired behaviors, and recognizing individuals and teams in a timely and effective way, for their exceptional contributions. Reward and recognition programs are designed to reward results and behaviors from individuals and teams. (http://www.inc.com).

According to Amos et al (2008:324) the benefits of employee recognition include the following:

- Increased employee motivation and satisfaction whilst at work
- Reinforces desired behaviors and values
- Increases staff retention and decreases staff turnover
- Increased loyalty of staff
- Motivates high performance
- Builds a culture of recognition and builds positivity
- Supports cultural change
- Become an employer of choice
- Supports organizational missions and values
- Decreased sick leave and absenteeism

The general criteria for an acceptably good reward and recognition programme include:

- Support organizational goals and values
- Sincere and Simple
- Meaningful and fair
- Adaptable yet controllable
- Relevant, and reward value
- Timely and transparent

The South African Healthcare environment is undergoing immense change necessitating reforms regarding employee management and patient satisfaction. The benefits of an employee reward and recognition programme will include the following:

- Higher employee job satisfaction
- Stronger organisational commitment
- Valued staff who are team players
- Increased emotion support from co-workers
- Workgroup cohesion
- Improved teamwork
- Quality patient care/outcomes

In order to guide the reward and recognition programme, it is imperative that there is a strong commitment from leadership as dedicated leadership is essential during this time of change. Change is easier when staff is motivated, engaged, and believe in the organisational change occurring. Reward and recognition is a tool that leaders should use to engage, motivate, and inspire their staff. Organisational managers need to support and encourage leaders to
recognise their staff. Research has demonstrated the importance of recognition programs and the benefits that they have for staff, and organisations – Healthcare needs to get on board and develop more effective recognition programs. (www.joannabriggs.org)

Individual recognition, even for those in higher positions, is one of the most influential factors governing employee engagement. Employees need to feel empowered to make decisions and be involved in overall organizational decision-making. Better communication and clearly defined organizational goals are essential components in order to succeed. Recognizing employees for making a difference increases engagement, which is important in employee satisfaction and commitment, leading to better patient satisfaction, and ultimately, improved organisational performance. (www.mcfrecognition.com)

Service delivery

The majority of the respondents agreed that patients are not satisfied with service delivery given the long waiting hours and the queues that they have to endure in order to get their treatment. These comments were shared in the final question of the questionnaire which was an open ended question aimed exploring staff members comments and suggestions to improve service delivery.

Attention must be given to ensuring that this facility provides a comprehensive range of services irrespective of patient numbers and or resource capacity. General comments were received pertaining to quality of services, functionality of services, human resources, physical infrastructure, and medicine and supply delivery. Team work has the potential of exponentially empowering an organization as every member compliments the other and this in turn creates a synergy of purpose. Creating and managing effective teams is a challenge worth taking on as the benefits of synergy are a great reward.

With relevance to health service delivery in the healthcare industry -Batho Pele, a Sesotho word, which means “People First”, is an initiative that was launched in 1997 to transform the Public Service at all levels. Batho Pele was launched because democratic South Africa inherited a Public Service that was not people-friendly and lacked the skills and attitudes to meet the developmental challenges facing the country. Batho Pele is an approach to get public servants committed to serving people and to find ways to improve service delivery. This approach also requires the involvement of the public in holding the Public Service accountable for the quality of service provided. Batho Pele is also about moving the Public Service from a rules-bound approach that hinders the delivery of services to an approach that encourages innovation and is results driven. In other words instead of looking for reasons why government cannot do something, they have to find better ways to deliver what people need. The Batho Pele belief set has been summarised by this slogan: “We belong, we care, and we serve.” Batho Pele aims to ensure that all public servants put people first, and adhere to the following overarching framework:

- We belong: we are part of the Public Service and should work together and respect fellow colleagues
- We care: caring for the public we serve – our customers
- We serve: all citizens will get good service from public servants.

Batho Pele is based on the following eight principles:
• Consultation: citizens should be consulted about their needs
• Standards: all citizens should know what service to expect
• Redress: all citizens should be offered an apology and solution when standards are not met
• Access: all citizens should have equal access to services
• Courtesy: all citizens should be treated courteously
• Information: all citizens are entitled to full, accurate information
• Openness and transparency: all citizens should know how decisions are made and departments are run
• Value for money: all services provided should offer value for money

(http://www.etu.org.za/toolbox/docs/govern/bathopele.html)

The Department of Health has from time immemorial been plagued by challenges affecting service delivery at its clinics. These challenges include the recruitment and retention of trained health personnel in rural and other under serviced areas, ensuring that all people have access to affordable health care, national medical insurance system, and restricting profits on medicines. Other challenges that have been found are:

• Inability to recruit and retain health professionals
• Poor access to facilities due to poor road infrastructure
• Diseases of poverty such as HIV and AIDS and TB as well as STI are prevalent
• Poor health literacy
• Poor nutritional status thus high vulnerability
• Poor absorptive capacity for resources allocated
• Poor spending of resources

The Department of Health has focused largely on increasing access to health care especially for those who did not have access in rural and other under-served areas of the country and in recent times the current focuses have been on accelerating quality health service delivery.

The key priorities from Department of Health for accelerating quality mechanism in its facilities have been:

• Reorganisation of certain support services
• Legislative reform
• Improving quality of care
• Revitalisation of hospital services
• Speeding up delivery of an essential package of services through the district health system
• Decreasing morbidity and mortality rates through strategic interventions
• Improving resource mobilisation and the management of resources without neglecting the attainment of equity in resource allocation
• Improving human resource development and management
• Improving communication and consultation within the health system and between the health system and the communities
• Strengthening co-operation with partners internationally.
For each of these priority areas the DOH has developed a strategy and programme of action.

The DOH is striving to:

- Build on the achievements, in improving access to care and advancing equity
- Deal decisively with the HIV and AIDS epidemic and its impact on the family, education, economy, workplace and the broader society.
- Improve the functioning of hospitals and clinics ([www.doh.gov.za](http://www.doh.gov.za))

**Findings from the primary and secondary research**

Table 5.4.1 highlights the findings from both the primary and the secondary research.

<table>
<thead>
<tr>
<th>Primary Research</th>
<th>Secondary Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no quality management system or method for quality assurance in place at the clinic.</td>
<td>Literature findings have highlighted the importance of the implementation of a quality management system in enhancing an organisations business processes and outcomes.</td>
</tr>
<tr>
<td>There is an absence of instructions and guidelines present at the clinic to guide clinical management of patients. In addition there are no treatment protocols and procedures which are present and updated regularly to ensure best practises in the industry are being followed. The data also demonstrated that no clear means of escalation of clinical queries exist to further resolve complicated clinical cases. No audit of clinical cases occurs where errors can be picked up and rectified</td>
<td>The development and use of SOPs containing treatment protocols and procedures is an integral part of a successful quality system. It provides individuals with the information to perform a job properly and facilitates consistency in the quality and integrity of a product or end-result through consistent implementation of a process or procedure within the organization. SOPs can also be used as a part of a personnel training program, since they should provide detailed work instructions</td>
</tr>
<tr>
<td>There is no training or refresher training programme in place at the ARV clinic. There is no system where corrective and preventive action can be implemented based on common error trends</td>
<td>Literature suggests staff development refers to the processes, programs and activities through which every organization develops, enhances and improves the skills, competencies and overall performance of its employees and workers. Encouraging employees to acquire new or advanced skills, knowledge, and viewpoints, by providing learning and training facilities, and avenues where such new ideas can be applied</td>
</tr>
<tr>
<td>The data reveals that a reward and recognition clinic is lacking at the clinic with no means to motivate and incentivise top achievers and exceptional employees</td>
<td>Rewarding employees for outstanding job performance encourages them to improve their productivity and quality of work. Employee recognition programs, if properly</td>
</tr>
</tbody>
</table>

37
constructed, are invaluable tools for communicating not only goals, job expectations, and performance standards, but also values such as organizational commitment, employee responsibility, and teamwork.

<table>
<thead>
<tr>
<th>There is currently no system where employee dissatisfaction can be communicated with the management team free of stigma, discrimination and victimisation.</th>
<th>Managers who retain staff start by communicating clear expectations to the employee. They share their picture of what constitutes success for the employee in both the expected deliverables and job performance. These managers provide frequent feedback and make the employee feel valued. When an employee completes an exchange with a manager who retains staff, he or she feels empowered, enabled, and confident in their ability to get the job done. This encourages clear, transparent, consistent means of communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is currently no means where patients can communicate their dissatisfaction or satisfaction with the clinics service delivery mechanism</td>
<td>Batho Pele is an approach to get public servants committed to serving people and to find ways to improve service delivery. This approach also requires the involvement of the public in holding the Public Service accountable for the quality of service provided.</td>
</tr>
</tbody>
</table>

**Recommendations**

- A quality management system should be implemented at the clinic.

- It is important to implement a simple reward and recognition programme at the clinic to ensure that staffs are made to feel valuable.

- Patients should also have an opportunity to share their complaints or grievances—a suggestion box should be implemented at the clinic.

- All new staff should undergo an orientation programme which should include competency-based training. A competency checklist must be completed by both the new staff member and the site-designated training mentor. Orientation to clinic-specific and other relevant policies and procedures must occur. Training must be documented, signed, and filed in the study Regulatory binder.

- A compilation of guidelines and standard operating procedures should be developed encompassing all the clinical processes. This should be reviewed annually or updated on an ad hoc basis.
• Appointing a dedicated staff member to take on the Quality Assurance function. This will ensure that all errors are checked in real time.

• Error tracking logs should be implemented by the Quality Assurance Officer.

• Corrective and preventative action should be implemented by the Quality Assurance Officer.

• Opportunities should be created to ensure more transparent engagement of management and staff at the clinic.

• Setting up of a computerised data management system is encouraged for ease of data assimilation.

• Staff meetings should be held on a regular basis and attendance at these meetings must be compulsory.

• Clinical updates should be undertaken with the entire team to ensure that relevant and appropriate updates are brought to the attention of all staff for implementation during the clinical management of patients.

Scope for future research

This study aimed at evaluating the need to implement a Quality Management System at a Kwa Zulu Natal based Anti-retro Viral Clinic situated within a regional department of health hospital.

The following areas are suggested for future research:

• Research should be conducted with all staff members across all other clinics of the hospital.
• The actual outcome of the quality management system should be evaluated after implementation to assess the benefit of the system
• A monitoring and evaluation audit should be undertaken periodically to assess the recurring clinical issues with concomitant corrective and preventative action taken to reduce clinical errors and enhance the clinics overall performance.

Benefits of the research to the ARV clinic

• The above recommendations would help the ARV clinic to implement a Quality Management System with a designated quality management plan.
• An implemented Quality management system will provide the clinic with both technical and administrative operational elements thereby ensuring the efficiency of the clinic is enhanced.
• A quality management plan will also facilitate change in the roles and responsibilities of the employees for effective communication, teamwork, creativity and collective participation.
• The quality management plan with its varied components will also assist to change the mind-set of the health workers towards becoming a well-performing workforce that are responsive to the health needs of the community that they work in and assist in the attainment of efficient outcomes within the ARV domain of healthcare.
• A quality management plan will assist the clinic to fulfil its mandate of ensuring adequate provision of quality health care to the Umlazi Community at large.

Conclusion

The chapter provided a discussion of the research findings and based on these findings, certain recommendations were made to the clinic management for implementation. Results Based Management (RBM) is an approach to project/programme management based on clearly defined results, and the methodologies and tools to measure and achieve them. RBM supports better performance and greater accountability by applying a clear, logical framework to plan, manage and measure an intervention with a focus on the results needed to be achieved. Monitoring and evaluation (M&E) is a critical part of RBM. It forms the basis for clear and accurate reporting on the results achieved by an intervention. The researcher will be available to assist the clinic management with the implementation of the research recommendations.

NOTE:

This paper is extracted and compiled from the MBA dissertation submitted by the principal author in partial fulfilment of the Degree of Business Administration in 2013, to the Regent Business School, Durban, South Africa.

The dissertation was supervised by external supervisor Panday, S.

The manuscript was edited and compiled by Professor Anis Mahomed Karodia for purposes of this Journal article.

The entire bibliography of the study is cited and the references used for this article is cited in the full bibliography.

In the event that a copy of the full dissertation is required by the reader, you are requested to Email your request stating reasons for the use of the dissertation to: akarodia@regent.ac.za

BIBLIOGRAPHY


