

NHN Quality Improvement Charter

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Confidential



Table of Contents

1.	Background – Current State.....	3
2.	Aims.....	3
2.1.	Priority 1 – Learning	4
2.2.	Priority 2 – Improvement.....	4
3.	Scope of Application.....	4
4.	Guiding Principles.....	5
5.	Stakeholders.....	5
6.	Custodianship.....	6
7.	Timeframes	6
8.	Monitoring, Evaluation, and Reporting	6
9.	Review.....	7
10.	Effective Date.....	7
11.	Undertaking by Charter Signatories	7



1. Background – Current State

The NHN Group has a diverse membership which includes many sub-speciality and general hospitals with varied challenges and needs. The organisation wishes to support all members of all types in their pursuit of excellence in patient care

Several NHN hospitals have been named as top performers in public reports by Discovery Health. These hospitals are potential points of leverage for NHN; their care systems offer important opportunities for learning and improvement for the whole Group.

When it comes to funder contracting, NHN has historically been disadvantaged by the small size of member hospitals and of sub-groups relative to the three major private hospital groups.

NHN's smaller size does have advantages, however, including greater local control, less bureaucracy and therefore the ability to implement change more rapidly.

NHN has been working diligently to develop its quality framework, which includes an active Quality Improvement Program. The intention is to use this Program to put the quality strategy into operation - to "catalyse quality and spread excellence."

NHN has so far hosted two quality improvement workshops, attended by the NHN CEO (Chief Executive Officer) and Executives, and by members of NHN member hospital management teams. The aim of the workshops is to share scientific quality improvement methods and equip the teams with tools to achieve better outcomes, enabling NHN hospitals to be South Africa's Leaders in Hospital Quality.

2. Aims

The road to better quality begins with a shared vision for the Group, guided by NHN's strategic objectives and operational priorities, and serving the best interests of patients receiving care in NHN hospitals.

In the context of care quality improvement, NHN has the following aims:

1. Achieving better quality of care and better health outcomes for patients, and
2. Securing competitive advantage for NHN members in the private hospital marketplace.



In the context of NHN's Quality Improvement Program and this Charter, two operational priorities are proposed.

2.1. Priority 1 – Learning

The first objective will enable NHN leaders, their management and clinical teams to gain greater awareness ("line of sight") of what is happening within complex hospital systems of care. This objective is linked to hospital performance in key areas such as patient safety, patient experience and preventable readmissions, using a combination of data from multiple sources, including payment and clinical operations, together with purposeful visits by management staff to the frontline of care.

2.2. Priority 2 – Improvement

The second objective is to enable hospital management teams to reorganise different systems and processes of care to achieve specific, defined, quality outcomes, using Quality Improvement (QI) methods.

3. Scope of Application

This Charter is intended to support and facilitate the achievement of high-quality care and the best possible health outcomes for patients cared for in NHN hospitals. The Quality Charter does not replace or supplement existing South African legislation. Should there be any conflict between this Charter and the Constitution of the Republic of South Africa, the National Health Act, and/or any other relevant Statute(s), then the provisions of such legislation shall naturally continue to apply. The clause containing such conflict will be removed from this Charter.

Participation in this Charter shall be voluntary. However, by signing the Charter, the signatories undertake to adhere to the principles and duties contained herein at all times.



4. Guiding Principles

NHN is committed to providing high-quality care to all patients, through quality services accessed at all our hospitals, guided by the following core principles:

	Theme	Guiding Principle
1	Patient-Centred Care	Place the patient at the center of all healthcare decisions and ensure their needs, values, and preferences are considered.
2	Equity and Accessibility	Ensure equal access to high-quality care for all individuals, regardless of their socioeconomic status, race, gender, or other characteristics.
3	Evidence-Based Practice	Ensure healthcare decisions and interventions are guided by the best available scientific evidence.
4	Safety and Risk Management	Commit to implementing strategies to enhance patient safety, prevent errors, and minimise risks in the care setting.
5	Collaboration and Teamwork	Promote effective communication and collaboration among healthcare professionals, patients, and other stakeholders to optimise care delivery.
6	Efficiency and Resource Optimization	Strive to achieve optimal use of resources, including time, personnel, and finances, to improve the overall efficiency of healthcare delivery.
7	Continuous Improvement	Foster a culture of continuous learning, assessment, and improvement of the quality of care provided to our patients, using data and feedback to identify areas for enhancement.
8	Data and Health Information Technology	Leverage technology, such as electronic health records and telehealth, to enhance care coordination, information sharing, decision-making, and continuous learning.

5. Stakeholders

Quality improvement is a “team sport.” Participants in NHN Group’s quality initiatives including projects, workshops, and workshop series, ideally will include representation from the following stakeholders, who shall be signatories to this Charter:

1. The Board of Directors of the NHN Group;
2. The Executive Management of the NHN Group;
3. Senior hospital leaders, such as the hospital’s General Manager (as sponsor);
4. Nursing Managers;
5. Quality Improvement Managers;
6. Doctors;
7. Pharmacists;
8. Data Specialists; and
9. Administrative and other support staff



6. Custodianship

The Board of Directors of NHN shall be the custodian of the Charter and shall be responsible for updating the Charter periodically, following a consultative process with the other signatories of the Charter.

7. Timeframes

This Charter signifies the intention of NHN members to engage in structured quality improvement projects and processes. The extent of participation in these activities and the achievement of the learning objective (Objective 1) can be measured. Hospital management teams who work on improvement priorities are capacitated, and can therefore gain the ability to apply these methods and tools to other challenges in the hospital environment.

Success in the achievement of the improvement objective (Objective 2) can also be measured, though this may depend on the intensity of effort. If successful, clinical processes and outcomes in the chosen care pathways are expected to improve over time, typically over a period of 18 months – 2 years.

Defined metrics can be applied to quantifiably track progress toward goals, with risk-adjusted measurement applied for purposes of benchmarking and/or making comparisons between hospitals.

8. Monitoring, Evaluation, and Reporting

Monitoring of specific quality improvement initiatives should take place over an 18-month to 3-year period, during which regular reporting will take place – at least quarterly.

The measurement system should be used to assess participation (Objective 1), improvement (changes in tracked process and outcome measures), and achievement (aims are met and/or benchmarks attained). These measures, together with adherence to the Guiding Principles, define quality standards across the NHN Group.

Reports at each quarter will be made available to each QI project lead to share with their management teams.



9. Review

The Charter will be reviewed at least once every two (2) years.

10. Effective Date

The Effective Date of this Charter is 2023.

11. Undertaking by Charter Signatories

We, the Signatories to the NHN Quality Improvement Charter, hereby commit ourselves and our respective healthcare facilities to honour our duties encapsulated within this Charter, and to consistently strive to do all within our powers to progressively improve the quality of care at NHN hospitals, to the benefit of our patients and broader South African society.

Signed on this the _____ day of _____ 20____

Chief Executive Officer

Chairman: Board of Directors



ANNEXURE: LIST OF SIGNATORIES

