

# "Quality Champion" carries forward his mission

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Jan Pienaar is what we at COHSASA like to call a "Quality Champion". It means he knows what quality improvement in health is about, he knows how to implement it and he has been successful at it.

Take the history of his own quality improvement journey: he oversaw six successive COHSASA accreditation awards for the Anglo American Coal Highveld Hospital in eMalahleni (Witbank) as well as the hospital's four satellite clinics. This journey started in 1997 and will continue until November 2018 making these institutions among the "most accredited" COHSASA facilities ever! So Pienaar is very serious and experienced when it comes to quality improvement in health care.

On the accreditation process itself, Pienaar believes that staff resistance issue is a real challenge. "People do not understand why it is important to invest in quality improvement initiatives. They don't seem to understand that the costs of not doing it are so much higher.

"In the beginning many of the staff felt it was just so much paper and add-on to an already busy day. Paper means nothing unless it has an impact on the patient. But soon staff began to realise that they have to do the work anyway, and to do it right first time in the best possible manner saves time in the end.



*Jan Pienaar with COHSASA CEO, Jacqui Stewart, look at ways of working together to move the quality mission forward.*

"I have always said and I will always say that if we did not have the COHSASA programme at Anglo American Coal Highveld Hospital and its clinics, they would have been closed long ago."

Jan separated from Anglo American by mutual agreement as Regional Manager: Medical (Chief Medical Officer) at the end of December 2015 to pursue the e-health product – theHealthSource (tHS), which he and his team had developed and maintained for the last nine years for Anglo American and its stakeholders, as a business. Anglo American and those same stakeholders now remain long term clients of the new business.

tHS is a single patient electronic record system which has additional features to ensure the care pathway of a patient is maximally efficient from both a clinical and administrative perspective. tHS has been a major factor in Anglo American's continued successes in meeting COHSASA's stringent standards.

In a country like South Africa where patient care often flounders because patients cannot get transport to clinics or to fetch medicine, it is a system which makes so much sense that it is, in modern vernacular, "a no-brainer". Which makes it all the more mysterious why authorities are not queuing at the door to sign up. Perhaps, says Pienaar with weary cynicism, "there might be advantages for some in carrying on with inefficiencies."

## **Cost are contained**

Using tHS system, he maintains, ensures a "longitudinal health benefit": the costs of treating patients are contained; duplication of medical procedures is avoided; waste is drastically reduced; time is used to best advantage and appropriate resources are made available timeously. A concrete example: a medicine prescribed at hospital via the electronic record system can be dispensed in the town closest to the patient, thus avoiding expensive transport costs. And there are millions of similar cost-cutting, time-saving, clinical efficiency permutations.

"There is an accurate linking of all medical transactions to the single patient record. If a patient is travelling from A to B and he needs the records of Doctor Y to be made available to Dr Z, they are easily accessed from this system and the risks of

clinical cross-wiring is reduced. In the same way, patients can also access X-rays – even the most complex and dense DICOM images can be accessed via a simple 3G connection through cutting edge image reduction techniques.”

Data from theHealthSource is hosted in a centrally hosted database and patients control access to their own records via a permissions’ restriction system. TheHealthSource is a live system so it shows patients moving through facilities in real time. There is a colour-coded triage system to manage waiting times and thus monitor queues. Another feature is that staff clock into the system so it is easy to monitor their arrival and departure times.

“Nurses used to arrive at 9.30am – now they start at 8am!

“I think this system - with its built in indicators – would provide instant and substantial proof – or otherwise – of compliance against standards and improved health outcomes. The data is research quality. Just for starters, it delivers accurate and quality patient records to avoid the blight of duplication!

“theHealthSource provides operational benefits which are both generic and sectional. For example, where the system has been used we have found that it saves costs, reduces medico-legal risks and enhances professional competence because clinicians have more information at their disposal. It actually becomes a clinical guidance tool. It is ICD10 code driven to create a standardised process.”

## Facilitating the change

Pienaar and his team has created a programme which measures compliance against the new National Core Standards developed by the Office of Health Standards Compliance. This is the new arm of Government that aims to regulate health quality in the public sector.

“I believe we have a tool here that can facilitate the change we need in South Africa to ensure that health care in the public sector improves. This tool, coupled with the COHSASA standards and quality improvement programme would be an effective agent for change.”

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