

Chapter IV

Accreditation of Service Points

OVERVIEW

In order to expand access to comprehensive care and treatment for HIV and AIDS, it will be necessary to involve large numbers of health care facilities of various sizes and capabilities throughout the country. The engine that will power this undertaking is a plan to strengthen the ability of the public health system to effectively screen, monitor and care for HIV-positive patients, and to certify service points that are eligible to provide ARVs. A service point is a defined geographical area that has the capacity to meet the requirements of accreditation through a single hospital or clinic or through the aggregated facilities and their support services (e.g. laboratories, referral systems, transport, VCT, etc.) within a defined catchment area. In other words, it is a single point or a grouping of health facilities, which combined meet the accreditation criteria, and which could include NGOs, private clinics or corporations. This accreditation process, while taking into account many aspects of the service point, is intended to specifically assess the readiness of the service point and its staff to provide HIV care, including ARVs, and its ability to expand these services. As such, it is not a substitute for, nor is it intended to replace, existing and more comprehensive hospital and clinic accreditation procedures. However, it is anticipated that strengthening of all aspects of HIV care will strengthen overall health infrastructure and services.

The strengthening and accreditation process must be rigorous, to ensure quality HIV and AIDS care, but must at the same time be flexible enough to account for differences in facilities' baseline size, organisation, available personnel, and infrastructure. The Service Point Assessment and Accreditation Guide (Annex IV) is the tool that will be used to initially assess service points, and to reassess them every two or three years thereafter. While the minimum accreditation criteria may seem stringent at first, they largely coincide with current standard operating procedures and practices at public health care facilities in South Africa. After the initial assessment, a service point-specific strengthening plan, based on identified short-, intermediate-, and long-term needs, will be written in

collaboration with the service point. Some facilities will not immediately be able to meet the accreditation criteria. In these cases, appropriate resources should be deployed to meet the target of establishing at least one service point in every health district by the end of the first year of the programme.

APPROACH

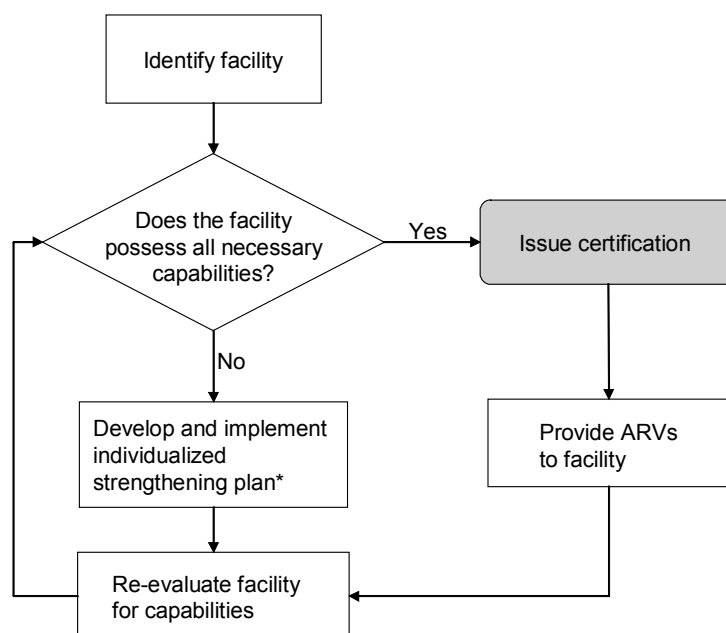
Selection of Service Points and the Strengthening Process

The provinces will be responsible for identifying the projected numbers and locations of service points for programme implementation, within the context of the principle of ensuring equitable access to comprehensive HIV and AIDS care and treatment at the provincial and district levels. These must be approved by the MEC for Health in each province.

During the initiation of the plan, the Strategic Management Team (SMT) (see *Chapter XV, Programme Management*) will supervise the service point assessments and the subsequent strengthening and accreditation process. The SMT will use its discretion in determining whether to work with any third parties to support the assessment and accreditation process in order to expedite implementation.

The strengthening and accreditation process is outlined in Figure 4.1. It is designed to start ARV provision as soon as possible at service points meeting, or close to meeting, accreditation criteria, while at the same time strengthening the remaining service points that have been assessed but have not been accredited.

Figure 4.1: Preparing Facilities For Accreditation



* Includes recruiting and training HCWs, obtaining equipment and improving overall facilities

Source: Team proposal

Service point assessments will be performed during visits by a national team including at least one clinical expert (clinician or senior nurse) and one administrator with project management experience. This team will assist the provincial team in writing a service point-specific strengthening plan immediately after the assessment. This strengthening plan will be the main tool in preparing service points for providing ARVs. It will also assign responsibility for each implementation step and develop a timeline.

It is important to assess and, where needed, strengthen service points sufficiently far in advance to ensure that they can meet the goals of the HIV and AIDS care and treatment plan in a timely manner. This advance preparation is particularly important for service points needing recruitment of additional personnel and/or construction work to expand their facilities. It is important to note that the assessment and strengthening efforts are not restricted to the hospital or clinic setting, but encompass the full continuum of care. For example, an analysis of available VCT and home-based care (HBC) services within the service point area must be undertaken and a plan drawn up for increasing the number (or

effectiveness) of these services if necessary. These activities will require coordination with various sections of the DoH, community leaders and NGOs.

The strengthening plan and subsequent deployment of appropriate resources are intended to enable a service point to meet the accreditation requirements summarised below and described in greater detail in Annex IV.2. The strengthening plan will provide detailed strategies to meet the requirements. The plan will encourage maximum integration with, and improvement of, existing healthcare resources. In addition, a service point should have flexibility to tailor the way it proposes to meet a specific requirement in a manner that reflects the service point's needs and characteristics.

Accreditation Requirements

The following criteria summarise the conditions necessary at a service point to ensure high quality comprehensive HIV and AIDS care and treatment.

1. Presence of a service point project manager, who will supervise programme conduct and expansion. Where practical and effective, a project manager may supervise programme conduct and expansion for more than one service point.
2. Availability of a trained care team on-site with representation of all relevant professions (clinicians, nurses, and counsellors), easy access to trained laboratory, pharmacy and nutritional staff, and links to NGOs and other service providers. The care team should consist of sufficient staff in appropriate ratios to manage the projected number of patients.
3. Implementation and maintenance of current standards of care as provided by the National Treatment Policy Guidelines.
4. Access to care 24-hours a day at the service point, or in the direct vicinity, with coverage relationships explicit to both facility staff and patients.
5. A staff recruitment, training and skills development plan in place for health care workers responsible for HIV and AIDS care and treatment (including volunteers and lay counsellors) based on initial needs and projected long-term patient numbers.
6. Appropriate numbers of consultation, treatment and counselling rooms should be available to assure patient confidentiality, based on projected patient numbers.

7. Access to appropriate laboratory services, which have appropriate equipment, trained operators, and an effective maintenance plan, overseen by the NHLS. Adequate specimen preparation protocols should be in place for service points accessing laboratory services outside their own facilities.
8. Secure and adequate pharmacy storage, and sufficient cold-chain capacity, appropriate to handle Schedule 5 drugs. (See Chapter VIII, *Drug Distribution*.)
9. Adherence to drug dispensing Standard Operating Procedures (SOPs) for OI prophylaxis and treatment, and ARVs.
10. Access to patient nutritional status assessment and nutritional support.
11. Existing links with on-site and/or proximal VCT centres, antenatal clinics, FP clinics, TB clinics, STI clinics, TB/HIV demonstration districts, and any other patient referral facilities, to ensure that HIV-positive patients are formally referred to the accredited service point.
12. A PMTCT programme in place for service points providing antenatal care and a referral system in place for sites without antenatal care facilities.
13. Formal referral systems and links with other operations within the service point (in-patient wards, other clinics, support units) and outside expertise (secondary/tertiary care facilities and sub-specialties, including neurology, ENT, ophthalmology, oncology, pulmonary and infectious diseases).
14. Referral systems and linkages with community resources (NGOs, CBOs, HBC, faith-based organisations, PLWHA groups, traditional health practitioners, community leaders, industry, and other support organisations) that complete the continuum of medical care and support services.
15. Linkages in place with support organisations and NGOs to ensure continuous care and support in the home and community, including support groups, adherence support, educational activities, bereavement counselling and family support.
16. A system in place to track patients/treatments.
17. A system in place to maintain medical records and to transmit core data to a central data collection point.

18. A system in place to ensure that durable equipment is appropriately inventoried and service and maintenance agreements are in place. Where equipment is needed, the service point shall have a plan for procuring and installing the equipment.
19. 24-hours post-exposure prophylaxis (PEP) access, according to the latest national guidelines.
20. A plan for channelling into the care system HIV-positive blood donors, patients treated with PEP, and prison populations identified as HIV-positive.
21. Established links with the provincial HIV and AIDS Unit to coordinate briefing of local officials and to streamline input from local advisory committees.
22. Identification of technical assistance needs in administrative and various other technical areas, including medical training.
23. Participation in IEC activities, in particular by enlisting resources to help educate patients, families and communities about the basics of HIV and AIDS care and treatment, the role that ARV treatment can play, and the difficulties inherent in lifelong treatment for affected individuals and their families.

The Accreditation Process

The minimum service point accreditation criteria must be rigorous enough to ensure quality HIV and AIDS care, including ARV management, while remaining flexible enough to allow for creativity and initiative in addressing service point specific baseline conditions. Additional financial and technical resources will be deployed to service points in resource-constrained or underserved areas in order to assist them in meeting the minimum criteria for accreditation. A project manager will be designated to participate in the writing of the service point strengthening plan and take responsibility for the plan's implementation and supervision. The result of a service point going through this process will be to improve the capacity and quality of other services offered at a service point, not just its capacity and quality for HIV and AIDS care and treatment. The accreditation process will be repeated every two or three years to ensure continuing quality of care as the programme expands.

ADMINISTRATIVE STRUCTURE

Responsibility for the accreditation process lies with the national Strategic Management Team (SMT). Initially, for the first few months, accreditation will be done directly from the national Department of Health by teams commissioned by the SMT. After this period, provincial accreditation groups will be formed and will carry out accreditation and strengthening activities under standards set by the national Department. Over time this activity will form part of the general quality assessments in the public health sector.

The issues the SMT will want to see addressed in an accreditation application will include:

- Quality – Does the service point have a treatment system in place that will ensure quality health care for HIV and AIDS patients?
- Quantity – Is the point ready and willing to treat an agreed upon number of HIV-positive individuals upon certification, and to increase the patient load as the staff gains experience and the facility is upgraded as need be?
- Accountability – Are protocols and procedures in place to ensure that funds, equipment, and medicines are properly used and accounted for?
- Successful implementation of the service point strengthening plan, if necessary, after deployment of adequate resources

If a point is deemed by the accreditation team not to have yet met the accreditation criteria, an appeal may be submitted to the SMT. The SMT will be responsible for determining next steps.

PROGRAMME ASSESSMENT

The programme's success will be measured by the number of service points accredited within designated timeframes, and progress against the principle of offering equitable access to a comprehensive continuum of services. For example, by the end of the first year of the programme, a minimum of one site should be in place per health district, and multiple points in some districts with large AIDS populations. Assessment will also consider population size when targets are created.