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case study

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Kimberley Hospital Complex

A model of health service excellence through innovation

Introduction

Public service delivery institutions like public hospitals, home affairs departments, police stations, and courts are the face of government for the vast majority of people in any country. It is at this level that people's perceptions are determined of whether government is delivering a better life for all. But it is also at this level where improvement and change is especially difficult, and for a variety of reasons. These include the lack of delegation to institutional managers, the inability to attract staff with the skills to manage institutions, the lack of essential information, and inadequate funding,

Over the last few years, government has prioritised the improvement of public service institutions as part of the overall public service transformation agenda. A number of measures have been introduced to enhance the functioning of institutions, including greater delegation of responsibility, enhanced pay levels for managers, the introduction of information systems, and general capacity building. However, much more still needs to be done.

The Centre for Public Service Innovation (CPSI) has also identified institutions as a key area of focus, which is why it added the category 'Innovative Service Delivery Institution' to its Innovations Award programme in 2004.
One of the winners of this category was the Kimberley Hospital Complex (KHC) in the Northern Cape Province. The KHC project has received a number of other awards, including a platinum award in 2003 from the Impumelelo Innovations Award Trust, as well as the Northern Cape Premier's Excellence Award for two years running.

This case study looks at the achievements of the Kimberley Hospital Complex in transforming both service delivery arrangements and internal processes through the application of innovation and good management practice. This was done within the constraints of the existing frameworks that govern the institution. The study highlights the steps taken by the KHC in this process and identifies those factors that were central to the revitalisation of the institution. It will also address some challenges to maintaining the impetus for change in the face of broader regulatory issues.

The case study will also highlight those characteristics that allow the KHC to continue changing and improving. In this way, useful lessons for other hospitals in South Africa are clarified, as well as important lessons for the thousands of other service delivery institutions across government.

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CPSI

The Revitalisation Process

The Kimberley Hospital Complex (KHC) is located in Kimberley in the Northern Cape Province, and consists of Kimberley General Hospital, West End Psychiatric and TB Hospital (incorporated in 1997), and Kimberley Hospital Rehabilitation Centre (incorporated in 2001). The original Kimberley Hospital dates back to the discovery of diamonds in the late 1800s, and has in recent years experienced many problems in the delivery of quality health services to the Northern Cape, the largest province in South Africa, but the least populated. A significant contributory factor was the pre-1994 provincial demarcation, where the hospital was part of the former Western Cape Province. This resulted in the absence of secondary and tertiary health services.

Against this background, the new provincial department of health undertook to improve the provision of health services in the province. For this reason, the KHC embarked on a conscious effort to improve the quality of services at all levels. Its starting point was a *focus on more effective management*. In 1999 a new Chief Executive Officer, who was also a general manager, was appointed. There were other changes in the management team as well and, with a clear mandate from the provincial department of health, there was a concerted push to revitalise health services in the province with the KHC as the model.

During 2000, the CEO and senior management went on a study tour to Oxford Radcliffe Hospital in the United Kingdom to identify best practices in hospital management, and this visit resulted in a customised programme on re-engineering. The overall aim was to develop 'a centre for health service excellence'. The reasoning was that improved service delivery and quality of care would be brought about with an improvement in the motivation and working conditions of all staff, and it follows that a key component of the whole revitalisation process has been to shift attitudes and increase motivation among staff.

At the core of the turnabout has been a management style that has involved an *extensive consultation process with staff at all levels*, different units as well as unions, to determine priorities and problems. Detailed strategic planning workshops were held, with a focus on creating a vision for the future, establishing an evidence-based quality health service, and enhancing capacity among managers. The emphasis has been on streamlining processes, the development of clear procedural guidelines, and the introduction of an ongoing system of monitoring and evaluation, to identify and respond to problems. Quality assurance measures and clear disciplinary procedures were also established.

Crucial to the turnabout in service delivery has been the *attention to financial management* of hospital resources. This has involved a rigorous process of financial forecasting, the introduction of strict budget controls and early warning systems, the use of conditional grants to finance priority projects, as well as cutting back significantly on financial mismanagement, (which, although it led to initial clashes with staff unions, has subsequently produced significant savings). In these ways the KHC has been able to fund the acquiring of much-needed medical equipment and the appointment of specialist staff (as described below), in the face of a shrinking allocation from government.

In fact, while the hospital complex was R29m overspent in 1999, by the following year it had converted this into a surplus. What is more, this was achieved despite a decline in provincial budget allocation over the past few years: from 33% in 1998-9 to 29% in 2003-4, and was accompanied by an increase in the quantity and an improvement in the nature of the health care provided by the KHC.

At the same time, the *information technology systems have been substantially* upgraded, with the addition of a health informatics department, in order to facilitate communication and speed up service delivery. In addition, technology is being used in creative ways, with laboratory results being made available online, and the use of telemedicine facilities to reach outlying rural areas. The aim is to replace the often cumbersome and inefficient 'paper trail' of written files with electronic records, which can more easily be shared between different units and even service providers.
A system is also being introduced to track patients as

they move through the hospital system, in order to identify bottlenecks and speed up efficient patient care. In addition the informatics department provides regular and detailed information regarding the functioning of all aspects of the hospital, making it possible for senior managers to be kept up to date, so that problems can be addressed quickly.

Changes have not been restricted to major and potentially expensive transformation. The attitude of management and staff towards finding better ways of doing their work has allowed the institution to introduce changes such as better trolleys for general assistants. These small but significant changes reinforce the culture of continuous improvement and enhance the commitment of all staff.

Clearly, a major focus of transformation effort was the overhauling of management systems. This was not done in isolation but involved the inputs of both international partners (who have provided ongoing expertise and training in hospital systems management), as well as extensive consultations with all levels of staff, so that they continually provide and are given feedback on what is needed to enhance health services. Some of the far-reaching results of this process are outlined below.

Achievements in re-engineering hospital services

The KHC has developed an innovative and refreshing approach to the delivery of public health services. Transformation of the hospital complex and its services has been multi-faceted and ongoing, and embraces an impressive range of initiatives and outcomes.

Starting at the most practical level, a key issue to address was the deteriorating physical conditions and staff morale common in most public hospital services. As such, *the physical environment of the KHC was dramatically transformed*. The appearance of the buildings and wards has improved: newly painted walls (a project that involved all staff, including the CEO, who donned overalls over a weekend to help with the task); newly acquired clothing (which has done away with the humiliating open-backed gowns of most hospitals); fresh bed linen and clean, colourful curtains; clear signposting of services and posters outlining the patients' rights charter; very few queues; and no overcrowding of wards.

A central feature of the revitalisation process has been the commitment by hospital management to the *acquisition and nurturing of quality staff*. The management style combines an undertaking to enhance working conditions for all levels of staff with the requirement of high standards of excellence in service delivery. For this reason, part of the initial consultation with staff aimed to identify what would improve the staff's ability to deliver excellent services, and then set about attending to as many of their concerns as possible.

Many initiatives have been introduced for staff, including regular team-building workshops; the upgrading of staff qualifications and redeployment where necessary; an Employee Assistance Programme, which incorporates a comprehensive HIV/AIDS policy; and a staff Wellness Centre. This new facility, which was recently opened by the national Minister of Health, aims to support hospital employees at all levels in their ability to maximise their job performance, by providing professional, confidential services and referrals to address a wide range of emotional and mental well-being issues, including financial, nutritional, rehabilitation and medication services.

The attention to staffing issues has clearly been successful, as reflected in the high morale across *all categories of hospital staff*, who speak with enthusiasm and energy about the hospital and its services and convey a sense of optimism and commitment unusual for employees of public facilities. They commented particularly on the positive working climate, the openness and fairness of management, the opportunities for career development, and their sense of pride in being part of the process - 'it is now a privilege to work here; previously it was a shame', according to a male nurse who has been employed at the hospital for 15 years.

Further evidence of the *success of staff recruitment and retention* is reflected in the fact that there have been no vacancies for medical doctors at the hospital for a number of years, nor were there any unfilled nursing posts in 2003, a remarkable situation in the context of chronic and extensive vacancies across public health facilities, nationally. In addition, the total number of doctors employed by the KHC has grown from 33 in 2000 to 138 in 2003, and the number of specialists from 2 in 2000 to 16 in 2003 – again, no mean achievement given the remoteness of Kimberley.

One of the strategies to attract specialist staff to fill previously vacant posts has been the provision of funds to *procure state-of-the-art specialised medical equipment*. This was borne out of the realisation that for professionals, choice of employer is partly dependent on the availability of appropriate equipment for conducting their work effectively. The hospital is now able 'to provide a world-class health service' to an increasing number of patients, who would otherwise not have had access to such services, or would have had to travel to neighbouring provinces. Given the poverty levels and isolation of many parts of the province, this has made a significant contribution to the quality of health services for communities.

Another positive development has been the *introduction of private beds* for those patients who have medical aid or who can afford to pay for services. This was combined with an agreement that allows private doctors to refer their patients to the hospital. This initiative generates significant additional funds for the hospital, with a monthly income of over R1 million currently. The success of this venture is also reflected in the growing numbers of patients making use of these facilities, with admissions growing from about 100 in April 2002 to around 600 in May 2004.
An interesting feature of this service is that the quality of the general wards is in fact such that there is no visible distinction between the physical facilities in the 26 private wards and those in the public units. This is important in ensuring that non-paying indigent patients are given the same level of professional care as paying patients.

An improvement of which staff are especially proud has been the *reduction in waiting time for patients at the hospital*, so that the average waiting time in the Accident and Emergency Unit is now down to about 15 minutes, again a significant achievement compared to the service in many public health facilities around the country. These reduced waiting times translate into more patients seen by doctors, as well as greater client satisfaction. Recent monitoring identified a waiting time bottleneck at the central hospital pharmacy. As a result, a satellite pharmacy to serve the specialist wards has just been opened, which will streamline patient movements through the hospital and also reduce waiting time for medication.

Another core component of the improved functioning of the hospital is the implementation of *monitoring and evaluation processes* at all levels. The detailed documentation and sharing of relevant information, as well as the quality assurance measures, regular customer satisfaction surveys, and evaluations by the provincial DoH provide ongoing feedback regarding the extent to which the KHC is meeting its goal of providing excellence in service delivery, and allows too for rapid responses by management to any problems.

The constant performance appraisal system of all staff not only provides regular feedback, but also allows for recognition in the form of monthly awards to staff, as well as a gala CEO Annual Awards event, which is externally sponsored. While the focus is on recognising and rewarding good performance, there is also no shirking from clamping down on disciplinary problems – so that 'even doctors who transgress have been dismissed'.

A further feature of the revitalisation process of the KHC as a provincial public hospital has been the *development of a number of significant partnerships* with other government structures and the private sector, to enhance its health care delivery. The Oxford Radcliff Hospital's twinning programme contributes significantly to the sharing of expertise, initially at managerial level mainly, but increasingly also in relation to clinical services. The International Men's Health Clinic provides a weekly service for men's health issues from the hospital. There are additional

partnerships that allow private doctors to use the private beds in the hospital; a reciprocal arrangement with the Free State Academic Health Complex to bring about rationalisation of services for geographically isolated areas; an increase in the extent and frequency of clinic outreach services through the Red Cross Outreach flying service; as well as collaboration with a number of NGOs to provide HIV/AIDS, cancer and other services.

A wide range of *ongoing innovations and improvements* attest to the dynamic nature of the revitalisation process. Some recent developments include the establishment of a new dental clinic, and the appointment of a chief dentist, so that the hospital is now able to offer maxillo-facial surgery and other tertiary-level services. In the field of occupational health, training of specialised staff is underway to allow the hospital to provide services to the Asbestos Relief Fund, as well as to expand services to the private sector in other areas of occupational health, another potential source of revenue generation for the KHC.

The hospital has recently been accredited as an antiretroviral treatment site for HIV/AIDS, and has appointed an infectious diseases specialist in this regard. The breast-feeding lodge, which accommodates around 20 mothers and their premature or intensive care babies, has initiated a range of skills training options, including sewing and gardening. Two isolation wards in the Intensive Care Unit have been opened; the hospital provides library services for both adults and children; braille controls have been introduced into some lifts; an internet kiosk for patients is about to be opened; and the hospital also has its own radio station. Increased security has led to both patients and staff feeling secure in the hospital complex and a marked reduction in theft of hospital equipment and personal possessions – 'I feel safer here than in my own home' said a general hospital worker, in service for the past 12 years.

Regarding the important issue of *sustainability*, the KHC re-engineering project has strong and close support from the provincial department of health (DoH). There is also clearly buy-in from senior structures within the hospital system, so that commitment seems secure. Despite severe constraints, the complex has also been able to bring about significant savings financially, which has freed up funds for allocation to priority areas. Furthermore, it has entered into a range of partnerships that contribute to financial and other support for the project. The recent change in the position of CEO was carefully planned, so that momentum was not lost. In fact, given that the previous CEO is now Deputy Director General in the provincial DoH, and that the two meet on a daily basis, the sustainability of the KHC project seems assured.

As the revitalisation of the KHC was initially intended to serve as a model for the rest of the province, the *extent to which the turnabout here has been replicated elsewhere* is a measure of its effectiveness and best practice status. In this regard, aspects of the initiative are already being implemented elsewhere, with two new model community health centres having been built, a new psychiatric hospital under construction, the appointment of district managers, and the implementation of financial management systems provincially. Moreover, the KHC is increasingly playing a major role in improving health services in the province. Thus the six nodal hospitals currently report to the KHC CEO, and each senior manager in the KHC has 'adopted' one of these hospitals, to assist with the transformation of its services. The emergency medical services now also report directly to the KHC CEO.

Other provinces have also begun to introduce aspects of the decentralised management format, and the KHC regularly provides support in the induction of senior staff to the new systems. Moreover, the KHC developed the pilot for the costing of health care nationally, with a uniform patient fee system, which will serve as a national blueprint. Delegations from other African countries have visited the KHC to learn from its model. Thus the KHC model is clearly one that could and surely should be replicated.

Finally, a *measure of the overall success* of the revitalisation of KHC is the fact that the five-year goals identified in its strategic plan were achieved in

only three years, which has necessitated the setting of new goals. Other indicators of the effectiveness of the project can be gauged through the impacts on the quality of life and employment options of the KHC clients, as reflected, for example, in improved treatment rates for TB, a reduction in teenage pregnancies, an increase in infant immunisation, and education and skills training for young mothers. Procurement policies of the KHC also focus on providing jobs for local and previously disadvantaged enterprises.

Challenges and lessons

KHC provides an exciting example of how a government facility can be transformed to deliver high-quality health care to all its citizens. Given that all public service agencies have been tasked with transformation toward improved service delivery, and that this has in most instances proved to be a difficult or even daunting task, the identification of key ingredients in the revitalisation of the KHC, as well as a close consideration of challenges encountered in its implementation, is extremely important.

A central question to be addressed in understanding the restructuring process is *what it was that facilitated and sustained the changes at the KHC*. The revitalisation of hospital services has been recognised as a national priority in health service delivery, but has not easily been translated into effective turnabouts in many other provincial hospitals. Senior staff at the KHC would argue that it was the political will at provincial level and the strong commitment of senior management that ignited the process. So, on the one hand there was a clear political mandate from the provincial DoH to transform services, while on the other hand a new management team – one that was passionate about change - had been put in place at KHC. The appointment of a new CEO, who had not a medical but a management background, was also instrumental in changing the hospital ethos.

As is the case in many successful development initiatives, the new leader brought dedication, zeal and charismatic energy to the task. However, unlike some other projects, where there is a fall-off of momentum when such a leader leaves, at the KHC *succession issues* were carefully considered. Thus the new CEO who took over in the last year had worked closely together with the outgoing manager, who is now the DDG in the provincial health department. They continue to meet regularly, which allows for continuity of the model, as well as strategic planning for expanding the model throughout the province. This type of ongoing collaboration between political and delivery structures remains a cornerstone of the success of the revitalisation process.

As described in the previous section, the hospital management has identified a number of *core factors in the success of the project*. First, there was the initial improving of infrastructure at every level in the hospital, from the upgrading of the condition of wards, to the provision of improved laundry and cleaning facilities and the acquisition of state-of-the-art medical equipment. This process continues as resources are made available and new needs identified. Second, the recognising and rewarding of staff performance remains a central goal of management, based as it is on the rationale that if employees are motivated through improved work conditions, they will deliver better services to hospital clients.

This *process of staff motivation and retention* continually throws up new challenges. Given the remoteness of the Northern Cape and its distance from the metropolitan hubs of the country, the extent to which staff have been attracted to and retained by the KHC is impressive. This has in large measure been the result of creative approaches to addressing the needs of staff. Thus, community placement medical officers have been offered incentives to continue their work at the hospital, and 40 school leavers from the province are being sponsored to complete their training at the Free State Medical School. In addition, the loss of nursing staff recently to highly paid jobs overseas (a phenomenon not unique to this province) resulted in a degree of demotivation and overload among remaining nurses. In response, the province has increased the number of positions in nurses training colleges, and the KHC has appointed around 600 auxiliary nurses to relieve some of the burden of existing nurses, as well as offering them the opportunity to train professionally.

In the light of such issues, it is clear that a major consideration for the KHC has been *how to sustain the momentum* achieved in initiating the project. The danger of stagnation, and even complacency, in response to the dramatic changes that have occurred is a danger that hospital and provincial management take seriously. What is required at present seems to be a balancing of growth with consolidation. Thus, while new developments continue (for example, the recent opening of the Wellness Centre for staff, and the satellite pharmacy), a phase of stabilisation will increase opportunities for providing support in the transformation of services throughout other provincial health facilities. This will in turn throw up new challenges, as what has worked for the KHC will not necessarily be appropriate in other contexts. Psychiatric and rehabilitation services, for example, will need to attend to different imperatives, given their emphasis on providing long-term residential care.

Another issue is the size of the province in relation to the provision of health services. The big distances and thinly scattered population mean that there are many areas where the number of people does not justify the building of health care centres. This flies in the face of the intention to provide health services from fixed facilities for all citizens of the province. Also, the burden of disease is increasing in the province, with the spread of HIV/AIDS, TB, malnutrition and other poverty-related diseases, so that there is a *constant battle to meet health needs effectively and equitably.* This is exacerbated by the constraints that result from the health rate of inflation being higher than general inflation, and the trend to transfer government spending from secondary and tertiary health services to primary health care.

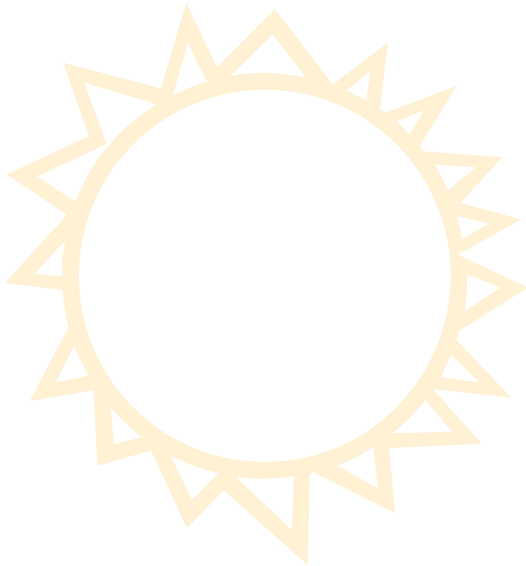
Conclusion

The innovative and effective manner in which the Kimberley Hospital Complex has managed to transform its services is heartening evidence of what can be achieved in public health service provision. Its ability to respond creatively to new challenges, to consolidate what has been achieved, and expand the model in the province bodes well for the future of the revitalisation process. Hopefully this case study also provides valuable indicators as to how innovation involves not only the development of new ideas, but also the openness and commitment to continually respond to evolving circumstances. The wide-ranging impact of management's investment in its staff, its most important asset, is also a key feature of the innovative organisational transformation that this model demonstrates.

case study

Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
CEO	Chief Executive Officer
DDG	Deputy Director-General
DoH	Department of Health
HIV	Human Immunodeficiency Virus
KHC	Kimberley Hospital Complex
TB	Tuberculosis



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