A national drive by the National Department of Health to improve the quality of health care through the National Core Standards calls on leadership in the health sector to facilitate initiative and change in practice. The legal context of the National Core Standards for the health sector is the National Health Act, 61 of 2003, which promotes good quality health services, healthcare standards, and ratifies the Office of Standards Compliance. Therefore, the purpose is to set a benchmark for quality of care, and to provide a framework for the national accreditation of health establishments.

Quality assurance is gaining in relevance with the implementation of the National Core Standards. A greater importance is also being attached to clinical governance.

Quality of health care defined

The National Core Standards are seen as a basis for quality. Quality of care is about getting the best results possible, within the available resources. The World Health Organization’s definition of “quality of care” is the level of attainment of health systems’ intrinsic goals for health improvement and responsiveness to the legitimate expectations of the population. The patient’s experience is gaining prominence in shaping the health system’s approach to quality.

National Core Standards

The National Core Standards are structured in seven cross-cutting domains (see Figure 1), and defined as “areas where quality or safety might be at risk”. The first three domains, namely patient rights; safety, clinical governance and care; and clinical support services; represent the core business of the health system of delivering quality healthcare to users or patients. The remaining domains, public health; leadership and corporate governance; operational management; and facilities and infrastructure; are the support systems for healthcare delivery. Internal clients (staff) are key in achieving these standards.

The six fast-track, priorities inter-relationships with the National Core Standards are:

- Patient rights
- Patient safety, clinical governance and care
- Clinical support services
- Public health
- Leadership and corporate governance
- Operational management
- Facilities and infrastructure

The six fast-track priorities inter-relationships with the National Core Standards are:

- Patient rights
  1. Values and attitudes
  2. Waiting times
  3. Cleanliness
- Patient safety, clinical governance and care
  4. Patient safety
  5. Infection prevention and control
- Clinical support service
  6. Availability of medicines and supplies

The patient safety, clinical governance and care domain covers the management and processes of effective and quality clinical care and ethical practice; the reduction of unintended harm to healthcare users, or patients in identified contexts of clinical risk; and the management of adverse events, including healthcare-associated infections; to support any affected patient or member of staff, and to prevent occurrence or recurrence.

An extract of this domain is reflected in Table I.

Evidence-based practice

These core standards call for evidence-based practice. Sacket et al describe evidence-based practice as the use of current best evidence integrating individual clinical expertise with the best available external evidence from systematic research. Evidence-based practice is a holistic approach to health care, that places the patient at its centre, and is more than research alone, but includes...
clinical expertise with the best available external evidence arising from systematic research.

Evidence-based practice requires health practitioners to return to basics. A study on the fundamental aspects of nursing care found that a 5 P hourly patient round improves patient outcomes.

The 5 P hourly patient round observes:
- Pyrexia and pulse
- Potty or pan, pain
- Pulmonary toilet or breathing
- Physical comfort.

Clinical audit

A clinical audit aims to address the quality of health care of all patients and clients. Healthcare management is charged with implementing high-quality care. One of the clinical audit tools that can be utilised to assess quality of care is an evaluation of the critical points in postoperative care, as documented in the standard care plans. The clinical audit of randomly selected postoperative patient files can be used with great success, when teaching nursing students the importance of postoperative care. When students discover the errors, learning is enhanced.

The feedback from postgraduate management students, who carried out postoperative audits in a pilot study at Paarl Hospital, is an example of the impact that a clinical audit can have on the learning experiences of students. The students gained knowledge about the concept of evidence-based care, developed an understanding of postoperative clinical audit, and applied evidence-based nursing to postoperative nursing care. The students used the information to analyse the components of the nursing care plan, combine the elements of evidence-based practice, and evaluate the controversy around evidence-based nursing. They also judged the clinical audit against the proposed core standards.

Conclusion

To meet the essence of the National Core Standards, clinical audit is invaluable in ensuring a change in practice. This will require supervision and mentoring; surveillance; paying greater attention to patient opinion, as reflected in surveys and client feedback; performance management; system goals; and process change.

Health leadership should bring quality to life through campaigning for quality assurance; meaningful engagement with quality assurance, a daily consciousness of quality; setting quality assurance at the centre of management meetings; and continued commitment to quality of care.

References available on request.

Glossary

<table>
<thead>
<tr>
<th>Adverse events</th>
<th>An unexpected or unintended occurrence involving death, or serious physical or psychological injury, or the risk thereof, rather than that caused by the patient's underlying disease process, that results in death, disability, or prolonged or repeated stay or contact with the health facility.</th>
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<tbody>
<tr>
<td>Clinical audit</td>
<td>A formal, clinically led initiative that systematically analyses clinical care against explicit set standards and criteria. Ultimately, a clinical audit seeks to improve the quality and outcome of patient care.</td>
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<td>Clinical audit governance</td>
<td>Initiatives to ensure that health facilities have a framework in place to support continuous improvement in the quality of care. This includes having structures, processes, policies, and procedures to safeguard patient care and promote a health facility culture that encourages personnel to report any concerns they may have, or offer suggestions for improvement.</td>
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<tr>
<td>Evidence-based nursing practice</td>
<td>Use of current best evidence, integrating individual clinical expertise with the best available external evidence arising from systematic research.</td>
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<td>Health facility</td>
<td>Any hospital, health centre or clinic that is recognised and licensed by the Health Department to provide healthcare services.</td>
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<tr>
<td>Standards</td>
<td>A quality or measure serving as a basis on or principle to which others should conform, or by which others are judged.</td>
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