



SOUTH AFRICAN  
HEALTH MANAGERS  
SPEAK OUT

LESSONS FOR  
INNOVATIVE HEALTH MANAGEMENT  
IN THE PUBLIC SECTOR, 2011



JANE DOHERTY AND LUCY GILSON



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INNOVATIVE HEALTH MANAGEMENT  
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2011



**OTFP**

Oliver Tambo Fellowship Programme



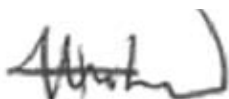
# Foreword

The Department of Health is taking decisive action to strengthen the South African health system to address the multiple health challenges facing our population. Re-engineering primary health care and other efforts to strengthen the public health system are critical in themselves, as well as providing the foundation for the development of national health insurance (NHI). The development of a comprehensive human resource policy is vital to all other efforts. These new policy directions provide the guiding frameworks for all who work within the public health system and outline the vision and goals that should drive our actions. They are supported passionately by the Minister of Health. However, bringing the vision alive will require leaders and managers who have the drive, commitment and entrepreneurial spirit to translate it into real changes on the ground.

The Celebrating Innovative Health Management conference held in June 2011 clearly showed that we already have such health leaders in all corners of our health system. We have leaders who can deliver service excellence, bring the vision of NHI alive and help our country achieve its Millennium Development Goals. At the conference we also heard about important experiences of innovation and improvement within the system – some generated entirely within the system, and some stimulated by partners from outside it. The Department of Health acknowledges and values all those who are working to make a difference to the health of our population.

However, our health system needs to do more, as indicated by the recent assessment of management competency within the public health sector by the Development Bank of Southern Africa. We need to spread leadership across the health system. We need to spread the lessons of the experiences discussed. The conference was an important step in developing a peer network of South African health managers and provided a stimulus for the informal sharing of experience that is necessary in spreading innovation. The Department of Health invites other managers to become part of this network. We also invite our academic and non-government partners to continue to support and enable this form of learning, in addition to the formal managerial training they offer. This will complement the other steps we are taking to strengthen health leadership and management in South Africa and develop the country's readiness for NHI at all levels. As I said in my address to the conference, *"whatever we do must be nationally enabling and locally empowering"*.

This report consolidates key lessons from the conference in an accessible format, for use by managers across the system – even those who were not able to be present. I commend it to you.



Ms Malebona Precious Matsoso  
Director General, National Department of Health



# Preface

Leadership and management are vital elements of every health system – they represent the core of what the World Health Organisation has termed ‘health system governance.’

There are clearly leadership and management challenges within the South African health system. In his 2011 budget speech, the Minister of Health, Dr Aaron Motsoaledi, discussing the planned National Health Insurance system, suggested that *“the public health care system is bedevilled by very poor management leading to poor quality of care ...”*

Yet, at the same time, there are also examples of positive leadership and highly innovative approaches to management. These include experiences of individual change management, system improvement approaches and management and leadership support.

In June 2010 a conference entitled *Innovative Health Management in the Public Sector* was held in Cape Town under the banner of the Oliver Tambo Fellowship Programme at the University of Cape Town. Attended by around 140 managers and other delegates, and addressed by the Director General of the National Department of Health amongst other health system leaders, the conference provided a platform for sharing experience and dialogue among those engaged in, and supporting, health system leadership in South Africa.

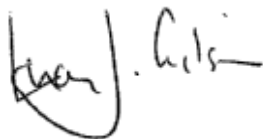
The conference aims were to:

- recognise the importance and value of health leadership and management;
- discuss innovative experiences from which individual managers can learn; and
- draw wider lessons on how to support sustained and effective leadership and management.

The broad themes of the conference were:

- effective change management;
- system improvement; and
- management and leadership support.

This report attempts to capture the lessons and advice shared at the conference, both to celebrate achievements thus far and spark innovative leadership practice within other parts of the health system.



Lucy Gilson  
Convenor, Oliver Tambo Fellowship Programme

## Acknowledgments

Thanks must go to all the presenters at the conference for sharing their experiences so openly and to the audiences who participated in discussions so actively.

The conference organisers are also grateful to Prof. Marian Jacobs (Dean, Faculty of Health Sciences, University of Cape Town), Ms. Malebona Matsoso (Director General, National Department of Health) and Mr. Ivan Pillay (Deputy Commissioner, South African Revenue Service), as well as Prof. Craig Househam (Superintendent General, Western Cape Department of Health) and Dr. Joey Cupido (Deputy Director General, Western Cape Department of Health), for addressing various sessions of the conference and showing their support for innovation in health management in the public sector. Dr. Paul Nkurinziza (City of Cape Town), Ms. Nomsa Mmope (North West Department of Health) and Dr. Carol Marshall (National Department of Health) made important concluding remarks at the end of the conference.

Finally, thanks to the:

- chairs of the parallel sessions: Zameer Brey, Normal Faull, Leslie London, Thulani Masilela, Reno Morar, Anthony Reed, Krish Vallabjee and Virginia Zweigenthal;
- rapporteurs, whose summaries of sessions were used in compiling this report: Judith Daire, Ermin Erasmus, Maylene Shung King, Uta Lehmann, Marsha Orgill and Hamadziripi Tamukamoyo;
- conference organising committee: Lucy Gilson, Bruce Macdonald and Reno Morar;
- conference administration support: Deirdre Raubenheimer and Fatima Saban (UCT Conference Management Centre) and Suzanne Machutchon (Oliver Tambo Fellowship Programme, UCT).

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## Note on the compilation of this report

This report is addressed primarily to senior and mid-level managers working in the public sector.

The lessons contained in this report are based on what was discussed at the conference, rather than drawn from management manuals. On the one hand, therefore, the lessons are not necessarily comprehensive but, on the other, they reflect the collective wisdom of some of the health service managers and external management experts who have implemented real change in South Africa. The lessons are grouped into the pre-dominant themes that emerged from the conference.

All the lessons are drawn from points made in the formal presentations and the ensuing discussions. Presenters' slides, rapporteur summaries, comments on the conference evaluation forms and the authors' notes were used as source material. These are not referenced when condensing general lessons from a range of discussions; presentations are only referenced when referring to specific information.

The main text is arranged into themes which can either be read in sequence or glanced at as they catch the eye of the reader. 'Bubbles' with information and quotes appear alongside the main text to illustrate the text further. Some presentations are quoted in more depth in shaded boxes that take up the whole page if they provided evidence to substantiate their claims, described how they achieved their aims in some detail and/or could be aggregated under a clear theme. The report tries to represent presentations accurately: any inaccuracies are inadvertent and the responsibility of the report's authors.

The electronic version of this report and the original presentations from the conference may be accessed from <http://heu-uct.org.za/courses/degrees-and-diplomas/postgraduate-diploma-in-health-management/>



# MESSAGES FOR POLICY-MAKERS

At the end of the conference, participants were asked to write down on an evaluation form one key message they would like the Minister of Health to hear from the conference. Many of these messages are also pertinent to other policy-makers and senior managers in the Department of Health. A summarised list is presented below:

- Prioritise leadership and management development as a key element of health systems strengthening
- Provide strong political support for this strategy whilst avoiding political interference in the appointment of managers and execution of their duties
- Develop a recruitment strategy that appoints appropriately skilled and committed managers to appropriate positions
- Recognise that improving physical infrastructure and the quality of services is part of a successful retention strategy, especially in under-served areas
- Build and affirm managers' good values whilst challenging those who exhibit inappropriate values
- Prioritise leadership and management training across the Department of Health and at all levels
- As part of this, develop mechanisms to mentor managers within the workplace
- Remove unnecessary bureaucratic obstacles that impede dynamic health systems management, decentralise authority for decision-making and reduce management fragmentation: create an enabling environment for managers
- Adopt a systemic approach to health systems transformation that includes experimenting with new management practices
- As part of this, create the space for managers to deal proactively with health systems challenges and work on medium- and long-term systems development rather than simply reacting to daily crises
- Explore team work and the creative use of information in developing interventions and assessing progress in an iterative cycle of change
- Strengthen the accountability of managers within a supportive environment that allows some mistakes to be made as part of the process of innovation
- Develop a strategy and mechanisms for managers around the country to share best practices and experience on an ongoing basis
- Create a platform for managers to express their views to senior provincial and national policy-makers
- Recognise, value and celebrate the achievements of managers



## Table of Contents

Foreword .....	i
Preface .....	iii
Acknowledgments.....	iv
Note on the compilation of this report .....	v
Messages for Policy-Makers .....	vii

### Lessons

Change IS possible .....	1
Starting the change process.....	1
Becoming an effective leader and change agent.....	5
Building the capacity of management teams .....	7
Putting values at the heart of the health system.....	7
Motivating your management team to participate in change.....	9
Using data to lead change .....	10
Making interventions sustainable.....	10
Providing external support for leaders .....	12
Peer support for managers .....	14
Addressing systemic issues .....	15

### Case Studies

Re-Designing Health Systems Improves Health Indicators .....	3
Addressing Hospital Inefficiency using the Lean Methodology .....	4
Developing Human Resources for Rural Areas using a Values-Based Approach.....	8
Using Data to Improve Theatre Efficiency: Interventions by Theatre Staff in the Western Cape .....	11
Using External Experts to Support Quality Improvement .....	13
Transforming Values and Systems: the Experience of the South African Revenue Service (SARS).....	16
Epilogue: Messages for training and research organizations.....	17
References .....	19

## Change **IS** possible

*"Health outcomes can be improved through simple innovations"*  
(presentation by Hloli Ngidi, KwaZulu-Natal Department of Health)

Despite the many problems facing our health system, innovations that are currently occurring in South Africa show that change **IS** possible.

Managers often feel disempowered by the shortage of resources that they confront and may not look for ways to improve quality and efficiency. However, several innovations have relied on existing resources by using these resources more effectively, sorting out faulty processes and building capacity. Managers **CAN** make a difference!

## Starting the change process

**Be clear about your vision and objectives.** Build an implementation team that shares this vision. Focus interventions on meeting these objectives otherwise they will lose direction.

**Identify the 'implementation gap.'** Get a good understanding of where there are shortfalls in the quality or efficiency of services. You need to 'go and see' these problems for yourself by visiting the frontline of the health service you manage. Measuring the size of the problem is important for assessing future progress.

*"Understand your systems, then fix the flaw within the system"*  
(conference participant)

**Understand the 'root causes.'** Invest time in finding out the underlying causes of problems otherwise it will be difficult to really have an impact. Listen carefully to what your staff have to say as they have considerable insight into operational issues.

*"Manage by walking about"*  
(address by Dr. Joey Cupido, Deputy Director General, Western Cape Department of Health)

**Develop a task team.** Organise relevant staff into a team that has the mandate to implement changes over time. Make sure each member has a clear role and set of tasks and that they report back regularly. Provide your team with support as well as room to make some mistakes so that they are not afraid to be innovative.



**Identify opportunities for ‘small wins’ that can act as entry points for change.** Make sure that ‘small wins’ contribute to your over-arching goal and leverage wider change.

**Decide how to measure progress.** From the outset, decide on indicators that measure change. Start off by measuring the ‘base-line’ situation.

Interventions that successfully reduced waiting times at hospital pharmacies found that the root causes were:

- patient files were not managed well;
- there was poor communication with patients;
- tasks were not allocated efficiently between staff or sequenced well, leading to bottlenecks;
- staff walked enormous distances each day because of the lay-out of the pharmacy and inefficient work flows;
- doctors did not write prescriptions properly;
- unnecessary medicines were prescribed; and
- there were space shortages and too few windows for receiving files (presentations by Zameer Brey, Saadiq Kariem and Martha Mavundla).

## RE-DESIGNING HEALTH SYSTEMS IMPROVES HEALTH INDICATORS

### HIV/AIDS

- A quality improvement intervention in KwaZulu-Natal to address PMTCT measures had a clearly positive impact on a number of indicators and also improved the quality of data used by the health information system (presentation by Hloli Ngidi, KwaZulu-Natal Department of Health).
- A quality improvement intervention in five provinces significantly improved HIV-related services with respect to accessibility, effectiveness and efficiency. Staff motivation was also improved (presentation by Tina Maartens, USAID Health Care Improvement Project, URC SA).
- A district-based strategy in the Free State led to revitalization of the HIV counseling and testing programme, with the result that the number of individuals enrolled on the programme increased substantially (presentation by Yolisa Tsibolane, Free State Department of Health).

### Maternal, newborn and child health

- A leadership and management intervention for maternal, newborn and child health in three provinces led to improved indicators for maternal health (presentation by Anna Voce and Hugh Philpott, University of KwaZulu-Natal).
- System-wide interventions during 'the diarrhea season' in Cape Town reduced the number of diarrhea cases, the number of diarrhea cases with dehydration, the number of hospital admissions and the in-hospital mortality rate (presentation by James Claasen and Virginia de Azevedo of the Metro District Health System, Western Cape Department of Health and the Khayelitsha sub-district of the City of Cape Town respectively).

## ADDRESSING HOSPITAL INEFFICIENCY USING THE LEAN METHODOLOGY:

The Lean Project ran during 2010 and 2011 across South Africa (presentations from the Lean Institute Africa by Norman Faull, Anton Grutter, Chipu Mupure and Zameer Brey). It supported 54 projects at 18 hospitals across South Africa. These sites were identified by the National and Provincial Departments of Health. Projects were initiated through facilitated workshops that applied a specific methodology for addressing the root causes of problems through visiting the affected units and identifying 'corrective actions' to improve processes. Some examples from the projects are reported below.

Dr. C.N. Phatudi Hospital, Limpopo Province (presentation by Sarah Mabitsela, CEO)

INTERVENTION	OUTCOME
Reducing time patients wait to get their files at the Outpatient Department	Arranged for reception team to start working earlier and improved flow of patients to desk. Some reduction in time noted.
Reducing missing patient files	Searched racks and sorted files. Developed a plan to continue sorting to remove duplicates, merge systems and reduce missing files. Some improvement noted.
Reducing time patients spend attending hospital ARV clinic	Patients get to pharmacy one hour faster and leave pharmacy 75 min earlier. Clinic deals with patient load by mid-day rather than 6 p.m. ARV dispensing now rolled out to external clinics.

Kalafong Hospital, Gauteng (presentation by Lancelot Phalatsi, CEO)

INTERVENTION	OUTCOME
Improving theatre utilisation and reducing cancellations: a failed experiment in 2010	There was no reduction in the number of minutes spent per major orthopaedic operation due to weaknesses in project leadership, external factors such as inefficiencies in feeder departments, insufficient buy-in from stakeholders, the negative impact of staff turnover and rotation, and failure to advocate and sustain the approach or monitor and evaluate.
Improving pharmacy waiting times: a success story in 2011	Learning from the experience in theatre, average waiting time was reduced from almost 6 hours to 1hr20min. This was due to buy-in from the entire pharmacy staff. The pharmacy manager took ownership of the project and provided leadership and there was strong advocacy for change, as well as continuous monitoring and evaluation.

Newcastle Provincial Hospital, Gauteng (presentation by Martha Mavundla, CEO)

INTERVENTION	OUTCOME
Reducing waiting times in the pharmacy by 25%	The average waiting time dropped from 120min to 20min. Pharmacy queues were dealt with by 2 p.m. The number of 'next day' boxes declined as patients were now prepared to wait for their medicine rather than collect it the next day: this meant that there were fewer forgotten boxes that had to be unpacked.
Reducing missing files by 25%	The presenter did not report on this.
Increasing theatre utilization by 10%	The time patients had to wait for elective surgery decreased.

## Becoming an effective leader and change agent

**Build political support to back up your vision.** Do this by approaching key individuals with influence and persuading them of the purpose and benefits of an intervention. People in formal leadership positions within your organisation, the community or elsewhere in government are relevant, as are charismatic people who act informally as ‘opinion leaders.’

**Get buy-in from staff implementing the intervention.** Take time to explain the purpose of a management intervention to implementing staff so they have a shared understanding of it. Get their inputs on how to improve its design and implementation.

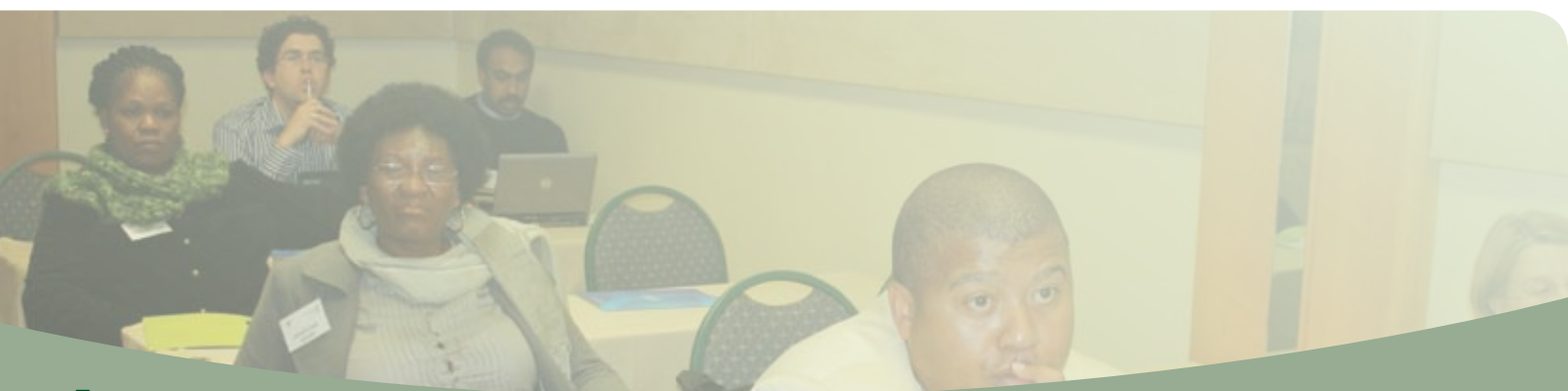
**Build an excellent implementation team.** Develop the leadership skills of team members as well as their technical competence. Make sure they have a clear sense of purpose and roles are well differentiated. Encourage people to think for themselves: create a ‘thinking environment’ (presentation by Trisha Lord, Braveheart Consulting).

**Improve communication and integration.** Promote engagement between different levels and programmes. Meet often. Change your own personal communication style, moving away from memos to personal interaction. Listen to others and value their inputs.

**Be visible, engaged and supportive.** Work closely with your management team but lead actively and from the front. Trust and respect your team members. Ensure they have sufficient resources to do their jobs. Sometimes additional resources are available from external agencies but at other times this means re-prioritising existing resources.

**Scrutinise your own behaviour, skills and role.** Develop a strong sense of purpose and be willing to take criticism. Work with those who criticise, not just those who give you support.

**Take a systems approach.** Remember that the health system is complex and its different elements all interact with one another. Make the system work ‘smarter’ not ‘harder.’



**Ensure that implementation happens.** Monitor progress and re-design interventions in an iterative process on the basis of experience. Use crises as an opportunity to learn. Think through how to make interventions sustainable and put processes in place that encourage continuous improvement.

**Demonstrate ‘small wins.’** Publicise ‘small wins’ as this will help to keep the momentum for change strong.

**Be brave.** This is a requirement of leadership! Sometimes you will face resistance from your staff and other stakeholders. Be prepared to take action, even if it is unpopular.

#### Participatory management versus ‘command and control’:

Many successful interventions rely on building enough support and some degree of consensus amongst a wide range of stakeholders and staff so that change becomes a collective effort: *“You cannot do it alone, no matter how clever you are”* (conference participant). This requires active and careful strategic management. However, in some cases managers need to be decisive and ensure that change happens, even in the face of resistance (presentation by Johanna More, CEO, Chris Hani Baragwanath Academic Hospital, Gauteng): *“Rock the boat if you have to, but keep your course”* (conference participant). Preferably, this should be a tactic used sparingly within a wider consensus-building strategy.

## Building the capacity of management teams

Rely on **teamwork** and ensure that teams are multi-disciplinary. Work with these teams to achieve collective ownership of interventions. Develop **management guidelines** and tools. Ensure staff understand the norms and standards they must achieve and that they acquire the necessary skills. Involve staff in analyzing **data** so they develop an in-depth understanding of the problem and are able to measure progress. Providing **mentorship** is fundamental. This is most useful when it is on-site and targeted to specific work challenges. Role-model leadership and positive behaviour – this **'apprenticeship approach'** is about learning and progressing together. Encourage staff to **learn from experience** and from their peers.

Working in teams means that individual capacity builds organisational capacity. It also allows resources to be shared and achieves continuity between facilities and programmes.

"Lead by example" (conference participant)

## Putting values at the heart of the health system

Successful transformation does not only involve developing the capacity of staff and improving the way the health system functions. It also involves building a culture of performance and developing positive values such as a commitment to service and accountability, a sense of compassion and resilience. Developing a values-based culture makes it possible to execute plans and change services in a fundamental way: otherwise, *'culture will eat strategy for breakfast!'* (conference participant).

By changing the way people do things, it is possible to change the way they think. This changes the way they do things in future.

But how can managers change the culture of an organisation? To some extent values can be shifted through role modelling or workshops with staff in which the mission and objectives of the institution are debated, as well as the implications for how staff engage with one another and with patients, for example. For values to change, it is essential to have a common goal. But, more often than not, the culture of an organisation only shifts once the first steps in a change process have been taken. People begin to buy-in to a new way of doing things once the benefits become apparent.

Health professionals and managers who elect to work in rural settings can become important 'trend-setters' in their facilities and communities, demonstrating the values that underpin health care that is efficient and of good quality.

This is not a smooth process so this shift has to occur within an enabling environment that provides positive incentives for behavioural change, including acknowledgment for achievements. Staff must feel involved in the process of change and that they are valued by their managers. Give staff frequent feedback and support, otherwise they will revert to old practices.

## DEVELOPING HUMAN RESOURCES FOR RURAL AREAS USING A VALUES-BASED APPROACH

### **The case of Hlabisa Hospital in KwaZulu-Natal**

Over the past 10 years, the number of doctors at this hospital has risen from 2 to 22 (presentation by Mmabatho Kekana, Medical Manager). Strategies that contributed to this transformation are:

- developing a vision for the hospital that was communicated to everybody;
- actively recruiting doctors, especially following community service, and benefiting from a bursary scheme run by a nearby hospital as beneficiaries tended to return to work in the area;
- ensuring that posts were unfrozen and adverts were placed so that staff could be appointed immediately once they became available;
- providing good accommodation for doctors and nurses;
- negotiating a performance agreement with doctors, based on the hospital's vision;
- as far as possible, placing doctors in work areas that they enjoyed – *“people perform better if they do what they love;”*
- ensuring that doctors are able to do post-graduate diplomas at other facilities to further their training (as well as arranging accreditation for Hlabisa Hospital for one course) – *“It is unfair to just take and take from people but then give nothing in return;”*
- instituting daily, half-hour morning meetings that ensure everyone is at work and that everyone is aware of progress and problems (*“a seated walkabout!”*);
- strengthening primary health care services to alleviate the burden on the hospital by:
  - improving communication between the hospital and clinics by organising joint meetings which both doctors and nurses attend;
  - implementing a triage system at the hospital to re-direct patients to clinics;
  - allocating a doctor to visit each clinic on a set rotation to deal with complex cases; and
  - arranging that clinic nurses can phone a doctor at any time if they need help – *“If your systems are in place, patient care will not be compromised.”*

### **Other initiatives**

Rural retention also rests on recruiting the right students into universities. Initiatives are emerging that identify and fund rural students who are committed to returning to rural practice after graduation (presentation by Ntsiki Sondzaba and Ian Couper, Centre for Rural Health, Wits University). It is essential to mentor these students academically and socially during their training, as well as to reinforce their relationships with their home districts through structured rural placements. Bursary schemes need to be aligned to human resource plans for needy districts, other incentives for rural practice and career pathways for rural professionals (presentation by Andrew Crichton, Director of Health Professions Training and Development, Eastern Cape Department of Health). Crucially, human resource managers need to be sensitive to the needs of staff and accept that these needs change over the course of an individual's career.

More broadly, it is important to see human resource development and management as part of systems development – rather than simply a support and administrative function. Human resource managers need to move beyond simply sticking to rules and regulations to taking a systems approach and becoming much more strategic in fulfilling their roles.

## Motivating your management team to participate in change

Many managerial staff are stressed, demotivated, disempowered and even traumatized. As a result, they may demonstrate little interest in new interventions and there may be a breakdown in communication and trust. Lack of cooperation and inaction follow.

Finding ways to motivate, inspire and enable staff is key to success in turning inefficient and poor quality service around. It is especially difficult when it is only possible to make small, incremental service improvements as it is difficult for staff to see the fruits of their efforts. However, some successful strategies include:

- Again, involve people in teams.
- Again, provide ongoing mentorship and support.
- Develop a 'buddy system' so that people can get advice in times of trouble.
- Have regular team meetings and listen attentively.
- Establish a sense of urgency.
- Focus on measuring data rather than blaming individuals.
- Set targets jointly.
- Find out what staff are good at and build on their strengths – develop their self-esteem and confidence.
- Give feedback and recognition – this helps to re-awaken values that people have lost because their efforts have been ignored.
- Try out staff's suggestions for improving services and give them increased responsibility. Work with and through people.
- Demonstrate small wins along the way to maintain enthusiasm.
- Address burnout in staff: sometimes this can be done individually but sometimes it requires a facilitated intervention with the whole team.

An intervention in the Eastern Cape dealt with five groups of managers at sub-district, district and provincial levels (presentations by Tim Wilson, Tanya Jacobs, Nobahle Ndabula and Nozipiwo Gysman).

Facilitating discussion and reflection, the intervention helped participants manage their stress, re-discover their work passion and energise management teams.

*"We learned not to let the context paralyse us,"* said one manager who had been part of a stress management intervention in the Eastern Cape.

*"Reward success and accept failure when it occurs after maximal effort and the best intentions"* (address by Prof. Craig Househam, Superintendent General, Western Cape Department of Health and winner of the Top Performing Government Leader award for 2010)

Improving the efficiency and quality of the health system also leads to improvements in staff morale.

Create a 'safe space' for discussion without fear of reprisal.

*"People around us are capable of giving solutions to some problems we create or experience"*  
(conference participant)

## Using data to lead change

Analysis of data helps to identify the nature of the problem in the specific local context. Including local health personnel in data analysis develops their capacity and builds strong teams. Monitoring data makes it possible to measure whether an intervention achieved its desired effect and whether there are any unintended consequences. All these reasons mean that data – and health information systems – are a crucial part of effective change management.

It is important to provide feedback to staff on their performance as soon as possible: visual representation of information is very effective. Indeed, managers should encourage the analysis and use of data at the point of data collection as this motivates staff. Bottom-up learning is very important, especially to create repeated cycles of review and adjustment.

Following benchmarking of international prices, revision of the pharmaceutical tendering process increased competition and brought the prices paid by the South African public sector for ARVs down to amongst the lowest in the world, from a level that was higher than most low- and middle-income countries (presentation by Anban Pillay, Chief Director, National Department of Health).

## Making interventions sustainable

It is easier to introduce an intervention than to sustain its impact over time, especially if there is a high staff turnover. The following precautions can improve sustainability:

- Ensure that there is sufficient support from senior managers as well as staff buy-in.
- Provide effective leadership and support.
- Build partnerships between different stakeholders, learn from their advice and create synergies across different levels and programmes.
- Apply non-threatening approaches to change.
- Demonstrate progress by measuring it. Invest in research.
- Ensure that continuous improvement is 'hard-wired' into the system by creating mechanisms (such as committees or teams) and routine processes (such as regular audit) that monitor and prompt change.
- Develop approaches that can be replicated in other programmes and settings.

In Cape Town, two innovations - one in an emergency services control centre and the other in an emergency theatre - used electronic displays to show staff how they were progressing in 'real time.' This had a noticeable effect on their performance (presentations by Shaheem de Vries (Western Cape METRO EMS) and Felipe Montoya (Groote Schuur Hospital)).

*"Change is a process"*  
(conference participant)

Some innovations have floundered because managers were not able to find a successful way of engaging with clinical staff and get their buy-in for change. Sometimes this is because of different perspectives: managers worry about the system, clinicians worry about their patients. Sometimes there are personality conflicts. Finding ways for managers and clinicians to work together effectively is a key part of achieving clinical accountability and building sustainability.

## USING DATA TO IMPROVE THEATRE EFFICIENCY: INTERVENTIONS BY THEATRE STAFF IN THE WESTERN CAPE

INTERVENTION	OBJECTIVES	ACTIONS	CONSEQUENCES
The development of a triage system, complemented by the use of an electronic notice board, for emergency surgical cases at Groote Schuur Hospital (Felipe Montoya, Groote Schuur Hospital)	<ul style="list-style-type: none"> <li>to improve the allocation of emergency theatre time</li> <li>to classify cases correctly according to their surgical urgency</li> <li>to diminish the inappropriate use of emergency theatre time for non-emergency cases</li> <li>to diminish the inappropriate use of ICU beds</li> </ul>	<ul style="list-style-type: none"> <li>Surgical cases were classified according to their urgency</li> <li>This classification was displayed on an electronic notice board using colour codes</li> <li>A high care facility was introduced for patients who were not sufficiently ill to admit to ICU</li> </ul>	<ul style="list-style-type: none"> <li>The electronic triage system was “<i>enthusiastically embraced</i>” by nursing staff and anaesthetists</li> <li>Surgeons had a generally positive attitude to the new classification system but there were some problems with compliance which have been reduced by the visual display</li> </ul>
A system to increase theatre productivity by monitoring theatre starting times in the Western Cape (Anthony Reed, Western Cape Department of Health)	<ul style="list-style-type: none"> <li>to reduce wasted theatre time due to late starts (arising from surgeons arriving late, delays in pre-operative preparation, delays in getting patients to theatre, unwell patients etc.)</li> </ul>	<ul style="list-style-type: none"> <li>There was active scrutiny of daily theatre starting times</li> <li>Late starting times were made known</li> <li>The causes of late starts were analysed</li> </ul>	<ul style="list-style-type: none"> <li>Bottle-necks were identified</li> <li>Peer review and pressure will hopefully lead to further change</li> </ul>
Adaptation and implementation of the WHO surgical safety checklist at Groote Schuur Hospital (Peter Gordon, Groote Schuur Hospital)	<ul style="list-style-type: none"> <li>to minimize avoidable problems and complications before, during and after surgery</li> <li>to improve communication in the surgical team to promote cohesion and efficiency</li> <li>to foster inter-disciplinary cooperation</li> </ul>	<ul style="list-style-type: none"> <li>WHO's surgical safety checklist was adapted and implemented</li> <li>Surgeons and scrub nurses were requested to complete the checklist for each case entering theatre</li> </ul>	<ul style="list-style-type: none"> <li>The checklist is now completed for most cases although continuing audit is needed</li> <li>Patient safety has improved regarding antibiotic prophylaxis, reduced wrong-side operations and preparing for potential risks</li> <li>The Department of Health in the Western Cape has instructed all hospitals to use the checklist</li> </ul>

### Common challenges:

- a lengthy process of consultation before it was possible to introduce the interventions
- the lack of baseline data against which to measure change
- resistance to change from powerful interest groups
- the ramifications of change for other parts of the health system

### Common factors accounting for success:

- champions that were passionate, capable and respected
- relatively simple interventions that did not require significant additional resources
- positive impacts that materialized quickly and are demonstrable
- interventions that could easily up-scaled to other settings

## Providing external support for leaders

Many times it is possible for an internal team to solve a problem but sometimes external experts are needed - from NGOs, international agencies, universities and private consultancies. The value of experts from outside the public sector is that they **specialize** in specific aspects of health systems analysis and transformation, change management and monitoring. They bring new **frameworks and tools** to help managers understand and address their problems, plotting the processes characteristic of service delivery and identifying below-standard activities or bottlenecks that affect efficiency. They also help to **broker discussions** between different parties and individuals who do not feel comfortable with one another or who historically have worked in silos. Providing a 'safe place' to speak out is important in getting to the core of problems and generating innovative solutions. External experts provide **mentorship** during the change process and negotiate away obstacles to change. They can do all this because they are not side-tracked by the everyday operational tasks that managers are burdened with.

An external consultant helped improve the efficiency of the Cape Town emergency control centre because he could think 'outside the box' whereas the control centre staff had become accustomed to outdated processes (presentation by Shaheem de Vries, Western Cape METRO EMS). This resulted in faster response rates to ambulance call-outs.

However, the use of external support raises questions about the sustainability of an intervention once the external experts leave. Managers should develop a sustainability plan from the start, including:

- identifying a champion to lead the project from within government;
- ensuring that government staff feel ownership of the project;
- coordinating the different partners and ensuring their actions are aligned to government priorities;
- ensuring that external experts work alongside their departmental equivalents; and
- integrating project teams into existing government structures at the end of the project so that they can continue to drive change.

## USING EXTERNAL EXPERTS TO SUPPORT QUALITY IMPROVEMENT

**The 20 000+ Partnership** involves the KwaZulu-Natal Department of Health, the University of KwaZulu-Natal, the Institute for Health Care Improvement and three districts in the province (presentation by Hloli Ngidi, KwaZulu-Natal Department of Health). It aims to support the implementation of PMTCT measures through health systems strengthening and quality improvement. It is being implemented at 15 hospitals and over 200 clinics over a period of five years. The project relies on existing public sector staff who are drawn into multi-disciplinary teams and makes use of routine information systems.

The USAID-funded **University Research Company** is active in five out of nine provinces and engaged in three projects, namely, the Health Care Improvement Project, the National TB Project and the HIV Counselling and Testing Project (presentation by Tina Maartens, USAID Health Care Improvement Project, URC SA). These projects focus on PMTCT services, basic health care provision for HIV and TB and antiretroviral therapy, mainly at primary health care level. Using quality improvement teams that include health service personnel, they improved the evidence base for treatment protocols, conducted training and offered on-site mentoring of staff. The projects also strengthened support services, built institutional capacity, improved motivation and strengthened the integration of programmes and linkages between different levels of care.

## Peer support for managers

Implementing change and improving the quality of health services is a continuous process that builds on learning from prior successes and mistakes. Formal and informal networks can encourage ongoing learning and motivate managers to sustain and improve their efforts. These networks are useful for specific health service interventions as well as ongoing collegial support – the mentoring of leaders! They are a feature of several successful initiatives.

Networks are at their most useful when they are multi-disciplinary and extend across programmes and levels of the health system. They can include face-to-face interaction as well as online interaction and benefit greatly when they are accompanied by the sharing of open-source learning materials.

*Best Care Always* is a collaborative national quality improvement campaign that has established learning networks of hospitals to share and reflect on experiences, identify common challenges and opportunities that members can work on together, as well as to motivate and support one another (presentation by Dena van den Bergh, Best Care Always).

In consultation with alumni, the *Oliver Tambo Fellowship Programme* is developing 'a community of practice' that will serve a similar purpose for health service managers (presentations by Ermin Erasmus (Oliver Tambo Fellowship Programme) and Zenia Barnard (University of Johannesburg)).

*"There is an enormous amount of wisdom among us and collectively listening to each other we can correct the system and improve service delivery"* (conference participant)

*"It's also about sharing the stories of innovative ways to manage change, improve the system and develop ideas for sustaining leadership development over time"* (presentation by Prof. Marian Jacobs, Dean of Health Sciences Faculty, University of Cape Town)

*"Ultimately we hope to contribute to the development of health managers who will support one another in the pursuit of excellence in management in South Africa"* (presentation by Prof. Lucy Gilson, Convenor of Oliver Tambo Fellowship Programme)

## Addressing systemic issues

While existing management innovations show that individual managers can make a difference, this is only up to a point. One cannot blame managers for all the ills of the system. Neither can one simply train managers and expect them to change the system on their own. There needs to be a well-functioning and supportive health system (presentations from the University of KwaZulu-Natal by Jennifer Reddy, Anna Voce and Hugh Philpott). Strengthening primary health care is a vital part of this strategy. Authority also needs to be delegated to appropriate levels, fragmentation through management 'silos' reduced and bureaucratic 'red tape' minimised.

*"Acknowledge the impact of continuous change on the stability of the health system and consider capacity when changes are envisaged"*  
(address by Prof. Craig Househam, Superintendent General, Western Cape Department of Health)

*"Our government cannot provide or do all of this [service delivery] alone. We need to pull our weight and assist as much as we can, as we are the government"*  
(conference participant)

*"You are managing so many national initiatives and keeping up with global priorities ... So you will really have to manage the whole system! – and under pressures mostly beyond your control! ... so we are celebrating health managers!"* (presentation by Prof. Marian Jacobs, Dean of Health Sciences Faculty, University of Cape Town)

Policy-makers and senior managers need to be supportive of managers working lower down in the system and attend to staffing, infrastructural and equipment needs. Finding the balance between systemic change and management transformation is key.

At Chris Hani Baragwanath Hospital, systemic problems were addressed by:

- reducing nursing shortages by going on an active recruiting drive in the community, including making use of the media;
- reducing clerical staff shortages by promoting cleaners who had adequate qualifications (this also had the effect of improving their motivation);
- arranging for the Department of Labour to supply new cleaners, to relieve the hospital of the burden of recruitment;
- repairing and replacing equipment, and using some of the new clerical staff as asset controllers so that equipment was maintained; and
- shifting primary care patients back to local clinics through a triage system supported by dedicated patient transport (presentation by Johanna More, CEO, Chris Hani Baragwanath Academic Hospital).

## TRANSFORMING VALUES AND SYSTEMS: THE EXPERIENCE OF THE SOUTH AFRICAN REVENUE SERVICE (SARS)

Before 1994, non-compliance in paying tax was seen as acceptable. Since then, SARS has transformed itself into a well-respected and efficient organization that has been able to improve tax compliance dramatically.

According to the Deputy Commissioner, Mr. Ivan Pillay, SARS was able to transform itself successfully because it:

- was 'vision led and values driven' – this gave it a sense of higher purpose;
- recruited staff for their values to ensure they were aligned to the organization;
- jealously guarded its reputation through strong governance, zero tolerance of corruption and consistent efforts to build integrity;
- in the early years, used high-profile campaigns and enforcement actions to turn around the public's perceptions and compliance;
- in later years, followed this with more systemic approaches to nurturing 'willing participation' in taxation and 'fiscal citizenship' (including education and increased responsiveness to customers);
- internally, moved from 'management by instruction' to a systems approach;
- created a climate of stability that was enabling and allowed mistakes as part of the learning process;
- decentralized decision-making to the correct levels and reduced fragmentation;
- made individuals accountable;
- cut down on meetings and encouraged individuals to make their own decisions;
- acknowledged all individuals who performed well;
- used data and information to inform decisions;
- fixed existing systems first before introducing major new changes (i.e. established a functional 'space' before attempting fundamental transformation);
- ensured that processes were working efficiently before introducing new technology;
- divided tasks so that repetitive work could be standardized, exceptions could be actively managed and other tasks could be subjected to continuous quality improvement;
- actively pursued affirmative action whilst retaining knowledgeable staff from the previous regime, often in an advisory capacity;
- built a strong internal team at the same time as employing external consultants; and, consequently,
- developed the capacity to perform required tasks efficiently (presentation by Ivan Pillay, Deputy Commissioner, SARS).

In this it was enabled not only by strong internal leadership but also by the fact that there was no political interference, there was stability because the same person was Minister for a decade and, importantly, SARS was exempted from some of the regulations governing the average government department (especially with respect to salaries and certain conditions of work).

Particular challenges were getting national buy-in to SARS's approach, attaining a critical mass of competent staff and sustaining efforts to transform over a long period.

# Epilogue: Messages for training and research organizations

The conference clearly demonstrated that a wealth of practical knowledge about management and leadership exists in South Africa. It also suggests a number of lessons for those based in health system training and research organisations who seek to support health leadership development.

First, there is clear value in partnership and collaboration between health managers and those engaged in health system research and training, and each brings different perspectives and knowledge.

Second, to value and learn from the tacit and practical knowledge of managers, training and research organizations could, for example:

- provide space for managers to reflect on their experience;
- offer frameworks and ideas to guide reflection, and identify other examples against which to test and compare South African experience;
- invite experienced managers to take on learning facilitation roles within existing training programmes.

Third, researchers must broaden their horizons in terms of the research questions addressed and the research strategies used. In particular, they can work more closely with health system managers – for example, by supporting and being involved in action research in workplaces. This form of research also provides opportunities for mutual reflection and learning.

Fourth, trainers must develop a wider and more coherent range of leadership development opportunities that support the professional development of managers across their careers. Certificated and non-certificated training programmes are needed, of longer and shorter duration, but all allowing some combination of knowledge sharing and application in practice. Some of these learning opportunities



should also focus on the learning-through-doing that is most effective for the development of leadership practice. Apprenticeships and secondments, for example, represent innovative approaches to learning, and will require collaboration between more experienced managers and training organizations.

Fifth, training and research organisations can use their convening power in a range of additional ways to support knowledge generation about leadership and management – supporting and enabling opportunities for dialogue and experience sharing, which draw out the tacit knowledge of managers and provide opportunities to test and refine it; supporting the preparation of written reports of experience which can then be shared more widely; getting engaged in peer networks of support and sharing with our managerial colleagues, perhaps involving mentoring.

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<http://heu-uct.org.za/courses/degrees-and-diplomas/postgraduate-diploma-in-health-management/>





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