

Editor's note

Service delivery, in general, is currently one of the most prominent national issues. It has attracted intense debate among politicians, and continues to cause public unrest and discontent. In relation to health, a recent snap poll¹ amongst healthcare professionals, drawn from the private sector and national and provincial government, indicates that government is expected to play a leading role in setting uniform national health-sector quality standards, and in facilitating healthcare integration. The survey documented that 77% of sector representatives believed that government has a leading role to play in setting healthcare standards and creating an enabling environment for healthcare services integration. Selected findings of the survey include:¹

- Sixty-six per cent of respondents believe that healthcare delivery comprises quality healthcare, cost-effectiveness and supply chain integration.
- Quality healthcare facilities was seen, by 51% of respondents, to include professional and caring staff; by 20%, to focus on effective prevention and control of infection in a facility; by 15%, as shorter waiting times; and, by 12%, as being greater access to medicines and supplies.
- Impediments to patient throughput were seen as lack of community facilities (51%), inefficient screening and admission facilities (29%), ineffective referral and transfer processes (15%) and inefficient discharge facilities (5%).
- Only 3% of respondents felt that medical aid schemes should lead the task of healthcare integration, with 8% believing it should be led by health facilities.

Whilst on the topic of healthcare quality standards, the Safe Care initiative was launched in March 2011 in Cape Town by The Council for Health Service Accreditation of Southern Africa (COHSASA). The following statement is made on the

initiative's website: "COHSASA, together with the Joint Commission International of the United States and the PharmAccess Foundation in the Netherlands, is part of this international initiative which spans three continents. These organisations are combining their skills, experience, tools and expertise to assist healthcare facilities in resource-restricted environments improve service delivery".²

Since CPD is seen as an integral and contributory part of healthcare quality standards, the most crucial supporters of the *SAJCN*, the authors and reviewers, will be pleased to know that, in accordance with Health Professions Council of South Africa (HPCSA) regulations, authors, co-authors and reviewers can now earn the following number of CEUs by participating in the Level 2 *SAJCN* learning activities:

- First authors: 15 CEUs;
- Co-author: five CEUs;
- Reviewers: three CEUs;
- *SAJCN* CPD activity: three CEUs per CPD activity.

Undoubtedly, improvements in and new approaches to achieving better healthcare quality standards will create the environment in which healthcare professionals can excel in meeting their main, if not single, goal, namely evidence-based practice.

Prof Demetre Labadarios

Editor-in-chief

SAJCN

References

1. Hlophe S. Quality standards in the South African healthcare sector can be improved despite challenges [homepage on the Internet]. c2011 [cited 2011 May 15]. Available at <http://www.kpmg.com/ZA/en/IssuesAndInsights/ArticlesPublications/General-Industries-Publications/Pages/Quality-standards-in-South-African-healthcare-sector.aspx>.
2. Whittaker S. Safe Care: basic health care standards initiative [homepage on the Internet]. c2011 [cited 2011 May 15]. Available at <http://www.cohsasa.com>.