

National Department of Health

HEALTH FACILITY DEFINITIONS

November 2006

PURPOSE:

1. The purposes of this document are:
 - To present, for discussion, a coherent set of definitions of health facilities;
 - To recommend that, once discussed and amended if necessary, the amended definitions should be used throughout the health sector.

SUMMARY

2. The definitions in this document include all public and private health care facilities although some additional sub-categories may be needed to distinguish certain private facilities. The main reasons for categorising every health facility according to a set of standard definitions are:
 - To facilitate planning and reporting, particularly in the public sector;
 - To ensure that valid comparisons can be made between facilities, districts and provinces, as well as between public and private facilities;
 - To provide a rational basis for any regulations regarding patient safety, and to ensure that they can be applied in public and private facilities.
3. The first section of the document deals with identification of the problem, the statutory framework and the reasons for having a set of standard definitions. The next section deals with the principles used in developing the definitions. The definitions themselves are divided into two parts.
4. **Part A** gives definitions of other characteristics:
 - The ownership of the facility;
 - Who can use it;
 - Whether it provides general or only specialized health services;
 - Whether ambulatory or inpatient care are provided, or both;
 - What level of care is provided; and
 - The volume of services provided.
5. **Part B** of the definitions deals with
 - Different types of facilities providing largely ambulatory care;
 - Different types of hospitals;
 - Different types of facilities providing sub-acute services.
6. **Annexure 1** is a list of specialities classified as level 3 services. **Annexure 2** is relevant only to public facilities. It gives the budget programme structure as published by National Treasury and links the definitions in Part A of the document with that budget programme structure. **Annexure 3** provides four examples of categorisation of a facility.

BACKGROUND AND PRINCIPLES

7. Currently there are no standard of definitions or terminology with respect to all health facilities. This causes confusion and makes it very difficult to compare like with like. To ensure a common understanding amongst planners at all levels and to facilitate consistent reporting and comparisons between facilities, districts and provinces, it is important that standard definitions are accepted and used across the whole health sector. The definitions in this document include all public health facilities. Private sector facilities all fit within these categories but some additional sub-categories may be needed.

The statutory framework

8. Section 35 of the National Health Act (Act 61 of 2003) states:

“The Minister may by regulation-

(a) classify all health establishments into such categories as may be appropriate, based on-

(i) their role and function within the national health system;

(ii) the size and location of the communities they serve;

(iii) the nature and level of health services they are able to provide;

(iv) their geographical location and demographic reach;

(v) the need to structure the delivery of health services in accordance with national norms and standards within an integrated and co-ordinated national framework;

(vi) in the case of private health establishments, whether or not the establishment is for profit or not”

9. The Health Act applies to all parts of the health system and it is essential that the definitions are inclusive of the whole system. Any classification and definition of health establishments/facilities should take into account the planning, regulation, monitoring and evaluation needs in relation to these facilities.

Reasons for definitions

10. The first reason for having standard definitions is to facilitate planning and reporting and to enable managers at facility, district, provincial and national levels to compare performance and challenges between individual or groups of similar facilities.
11. Safety of patients and the quality of care in different facilities is of increasing concern. In time, regulations may be developed that will specify the types of facilities in which certain interventions or procedures may, under normal circumstances, be planned or performed.

12. Standard definitions will also enable all stakeholders to see how the great diversity of health facilities all relate to each other within a single logical framework. This will promote coherence and understanding of the single national health system in South Africa.
13. Currently there are a number of different definitions for similar facilities circulating in various documents with differing degrees of use and acceptance. There are also wide variations in what similar facilities are called such as step down units, day hospitals, midwife obstetric units, clinics, health centres, community health centres, community hospitals, a private clinic (meaning a hospital) and a surgery (meaning a GP consulting room).

Principles used in proposed definitions

14. The principles on which the facility definitions are based are as follows:
 - Definitions should be simple and straightforward and should be as inclusive as possible
 - What the general public or even the health department calls a facility does not determine its classification. For example, in some small hospitals surgery under general anaesthesia is no longer done. They function as Community Health Centres, but are still called hospitals. Popular nomenclature is analogous to trade names and efforts should be made to increase the use of the correct “generic name”.
 - Classification is based on the full time services rendered at the facility by professional staff paid from the budget of the facility. Temporary higher level services provided on a sessional or outreach basis will not change the classification of a facility even where this involves significant investment in buildings and equipment.
 - Each classification is based on a minimum level of full time service that distinguishes it from lower level services. These levels relate to the skills required to deliver the service, not the title of the professional delivering the service.
 - The volume of service activity does not determine the classification of a facility. It is however important to record activity (normally via the DHIS) as this will enable, for example, busy clinics to be compared with other busy clinics, and small hospitals with other small hospitals.

DEFINITIONS

15. When describing or comparing a health facility, the category of facility is important. However, a number of other contextual characteristics are also

relevant, such as whether it is a public or private facility. Standard definitions of such other characteristics of context are therefore given before the definitions of the different categories of health facilities.

PART A: DEFINITIONS OF CHARACTERISTICS OF CONTEXT

These definitions apply to health services in all cases. That is services that involve patient contact for diagnosis and treatment provided by health professionals, and not necessarily support services such as catering, laundry, estate management, power generation, logistics, information systems, security etc. which are not core business and can be and are routinely subcontracted out to external providers.

A.1. Type of Ownership:

A1.1 Public

A unit delivering health services where the service provider is a government department. It is the employer of the staff providing the service that determines ownership – so government employees providing services in donated or leased properties, or in hospitals under public private partnership arrangements are still public services.

A1.2 Private

A unit delivering health services where the staff delivering the service is employed by any organisation that is not a part of government. This may be for profit or not-for-profit.

A1.2.1 Private for profit

A unit where the staff delivering health services is employed by a sole trader, partnership or registered business and the cost of services are recovered from fees for service.

A1.2.2 Private not-for-profit

A unit where the staff delivering health services is employed by a charitable institute or other organisation registered under Section 21 of the Companies Act, or a unit where the staff delivering health services is employed by a sole trader, partnership or registered business and the cost of services are subsidised.

A1.3 Joint venture

A unit delivering health services where public and private sector employees are used jointly for the provision of services.

A.2. Access (restricted or unrestricted)

A2.1 Subsidised unit

A unit delivering health services that is open to the general public. An open unit can be public or private but access must not be restricted,. The cost of services are subsidised by government or donor.

A2.2 Restricted unit

A unit delivering health services that is open only to a particular group of people. This will usually involve a community for whom subsidised or free services are provided (e.g. mines, SANDF, correctional services), or a contractual relationship to provide services to a particular group (physiotherapist in a sports club).

A2.3 Unsubsidised Unit

A private facility where the cost of services to the user is not subsidised.

A.3. Range of services (General or Specialised)

A3.1 General

A unit delivering a range of services, usually related to an expected package, and within the scope of service of the health practitioners providing the services.

A3.2 Specialised

A unit delivering a particular type of service relating to a particular patient group, disease or treatment.

A.4. Levels of care (minimum threshold values) (one facility may provide several of these services)

(Note: These minimum threshold values do not imply or require the inclusion of the full target package described in “A Comprehensive Primary Health Care Package for South Africa, National Department of Health, September 2001”)

A4.1 Ambulatory Care

(non-admitted care – consultations, interventions, tests)

A4.1.1 Primary Health Care

A set of prescribed services, generally falling within the skill base of a professional nurse, technician, mid level worker, counsellor, community health worker, midwife and emergency medical

practitioner. These services may be first point of contact or for follow-up care

A4.1.2 Referred Outpatient Care

Services provided by and requiring the skills of a general medical practitioner, a medical specialist or an allied health professional to which patients are referred, usually by appointment, for more specialised opinions or care. These will include referrals to general medical or surgical etc outpatients as well as referrals to specialist clinics. They will also include referrals within a primary health care facility with or without appointment where these professionals deliver outreach services and/or where they provide services from private rooms or “surgeries”.

A4.1.3 Day Care

Treatment, observation or assessment that requires an extended stay, usually beyond the treatment or consultation as an outpatient, but of less than 1 day. Day case patients do not get counted in the midnight bed count.

A4.2 Inpatient care

Patients are admitted to hospital for at least one night for diagnosis, investigation or treatment.

A4.2.1 Level 1 care

Services which are within the skill base of a general medical practitioner and do not require the intervention of a specialist. Includes simple surgery requiring a general anaesthetic.

A4.2.2 Level 2 care (secondary)

Services which at some time during the intervention are beyond the normal scope of a generalist and required the input of a registered specialist.

A4.2.3 Level 3 care (tertiary)

Services which at some time during the intervention are beyond the normal scope of a specialist and required the input of a registered sub-specialist.

A4.3 Acute, sub-acute and chronic care

A4.3.1 Acute Care

Care of conditions that may change within a few hours or days and that require prompt investigation, diagnosis and treatment.

A4.3.2 Step down or sub acute Care

Inpatient care that follows or forms the latter part of an acute episode in which the patient has been investigated, diagnosed, is in a stable condition and has a treatment plan but requires ongoing inpatient nursing or rehabilitation care for less than 90 days.

A4.3.3 Chronic care

Long term inpatient care and or treatment of patients relating to chronic conditions that require extended care of over 90 days.

PART B: CATEGORIES OF FACILITIES

B.1 Facilities providing predominantly ambulatory care

(Note: The reference to packages or ranges of services does not require or imply delivery of the full target package described in “A Comprehensive Primary health Care Package for South Africa, National Department of Health, September 2001”)

B1.1 Health Post

A health post is a room in a house or other structure in a community from which a range of elementary PHC services are provided.

B1.2 Mobile

A mobile clinic is a temporary service from which a range of PHC services are provided and where a mobile unit/bus/car provides the resources for the service. This service is provided on fixed routes and at a number of points which are visited on a regular basis. Some visiting points may involve the use of a room in a building, but the resources (equipment, stocks) are provided from the mobile when the service is available and are not maintained at the visiting point.

B1.3 Satellite Clinic

A facility that is a fixed building where one or more rooms are permanently equipped and from which a range of PHC services are provided. It is open for up to 8 hours per day and less than 4 days per week.

B1.4 Clinic

An appropriately permanently equipped facility at which a range of Primary Health Care services are provided. It is open at **least** 8 hours a day at least 4 days a week.

B1.5 Community Day Centre

A facility which is **not** open 24 hours a day, 7 days a week, but at which a broad range of Primary Health Care services are provided. It also offers accident & emergency but **not** midwifery services or surgery under general anaesthesia.

B1.6 Community Health Centre

A facility which is open 24 hours a day, 7 days a week, at which a broad range of Primary Health Care services are provided. It also offers accident & emergency and midwifery services, but not surgery under general anaesthesia.

B1.7 Specialised health centre

A facility that provides specialised care to particular groups of patients, usually for less than 24 hours at a time. There are many possibilities for such units, but the most common are Obstetric Units (open 24 hours and providing midwifery services) and Renal Dialysis Units.

B1.8 Independent Consulting rooms

A facility that is not part of a hospital or clinic and is used by one or more independent practitioners to see ambulatory patients for consultation, examination, investigation and treatment.

B1.8.1 General Practitioner consulting rooms

A facility where one or more professionals registered as medical practitioners and who are not registered as specialists deliver health services.

B1.8.2 Specialist consulting rooms

A facility where one or more professionals registered as medical specialists or sub-specialists deliver health services

B1.8.3 Registered Practitioner consulting rooms

A facility where one or more professionals registered in any of the allied health professions deliver health services.

B1.8.4 Traditional Health Practitioner consulting rooms

A facility where one or more professionals registered as traditional health practitioners deliver health services.

B.2. Facilities providing Inpatient services

B2.1 Level 1 Hospital

A facility at which a range of outpatient and inpatient services are offered, mostly within the scope of general medical practitioners. It has a functional operating theatre in which operations are performed regularly under general anaesthesia.

B2.2 Level 2 Hospital

A facility that provides care requiring the intervention of specialists as well as general medical practitioner services. A hospital providing a single specialist service would be classified as a specialised level 2 hospital. A general level 2 hospital should provide and be staffed permanently in the following 6 basic specialties of surgery, medicine, orthopaedics, paediatrics, obstetrics and gynaecology and psychiatry, **plus** diagnostic radiology and anaesthetics.

B2.3 Level 3 Hospital

A facility that provides specialist and sub-specialist care as defined for level 3 services. A specialised level 3 hospital will only have one or two specialties from groups 1, 2 or 3 represented (e.g. cardiology and respiratory medicine plus associated anaesthetics and diagnostic facilities). A general level 3 hospital will have sub specialty representation in **at least** 50% of the range of the Group 1 specialties listed in annexure 1.

In the public sector, level 3 hospitals are defined as Tertiary 1 (Provincial Tertiary) or Tertiary 2 (National Referral) or Tertiary 3 (Central Referral) hospitals depending on the range of specialities provided.

B2.4 Specialised Hospitals

There are wide a range of possible specialties that could be focused in a hospital, the two most common being TB and Psychiatry, but they also include spinal injuries, maternity, heart, infectious diseases and so on. These units may also provide either acute, sub acute or chronic care or all of those levels of care

B.3. Units providing sub acute (also called step down) services

These provide in-patient care for patients who no longer require acute intervention and can be cared for mostly by professional nurses or allied professions (i.e. they are clinically stable, have a final diagnosis, treatment plan and prescribed medication). They will not generally have been discharged from hospital except where their care can be better managed in a specialist unit as described below.

B3.1 Convalescent unit

These cater for patients who need ongoing treatment requiring supervision in hospital or are recovering from surgery or are in need of respite care.. Such a unit will be permanently staffed by professional nurses and these units will normally be in hospitals.

B3.2 Rehabilitation unit:

These cater for patients who require physical or psychiatric rehabilitation or respite care. They will be staffed either by professions allied to medicine (physical rehab) or specialist nurses (psychiatric rehab). These specialised units may be on or off hospital site. Patients may be discharged from hospital into off site units.

B3.3 Hospice unit

These cater for terminally ill patients requiring palliative care or respite care..They will be staffed by allied professions and specialist nurses. These specialised units may be on or off hospital site. Patients may be discharged from hospital into off site units.

B3.4 Transit units.

These units cater for patients who are awaiting treatment from a hospital but do not require admission, or patients awaiting transfer to a higher level hospital for diagnosis but not currently requiring admission. They may also cater for patients who have been discharged from hospital but for social reasons cannot go home.

ANNEXURE 1

Table 1. Specialties classified as Level 3 services

Group 1 Specialties	Group 2 Specialties	Group 3 Specialties
Burns		
	Cardiology: Echocardiography, Ultrasound, Electrocardiography, Stress testing, ECH Holter pacemaker follow up, Cath lab, Electrophysiology ablation	Cardiology: Cardioverter defibrillator & LV assist devices unit
	Cardiothoracic Surgery	Cardiothoracic Surgery: Heart and lung transplant unit
	Clinical Immunology	
		Clinical Pharmacology
	Craniofacial Surgery	
Critical Care & ICU		
Dermatology		
Diagnostic Radiology: Multi-slice CT scan, Flouroscopy, Mammography, Colour Doppler US, Interventional radiology, Angiography.	Diagnostic Radiology: MRI, Interventional Neuroradiology,	Diagnostic Radiology: PET scan, Cardiac imaging
Ear Nose & Throat: General surgery	Ear Nose & Throat: Specialised services	Ear Nose & Throat: Skull base surgery, Cochlear implant
	Endocrinology	
Gastroenterology		
General Medicine: Angiography, AT scan, coronary care, Echocardiography, Stress ECG, Endoscopy, Proctoscopy, Sigmoidoscopy, Colonoscopy, Genetic nurse & counselling, Oncology palliation and basic care		
General Surgery: Complex and high acuity care		General Surgery: Liver and pancreatic resections, TME
	Geriatrics: Specialised geriatrics	
	Haematology	Haematology: Bone marrow transplant
		Hepatology: Specialist liver unit, Liver transplant
	Human Genetics	
Infectious Diseases: Tertiary Infectious Diseases Service, Pathology Services, Infection Control, Dietician, Counselling Services, Social Worker	Infectious Diseases: Clinical research	Infectious Diseases: National Institute for Communicable diseases
	Medical & Radiation Oncology	Medical & Radiation Oncology: National Oncology Referral Centre: Bone Marrow Transplant, IMRT, Intraoperative Radiation, Stereotactic Radiation, PET Scan planning; laminar flow, cryopreservation, stem cell harvesting, T-cell depletion facilities

Group 1 Specialties (cont)	Group 2 Specialties (cont)	Group 3 Specialties (cont)
Mental Health : Old-age psychiatry; Forensic psychiatry; Substance abuse; Liaison psychiatry; Eating disorders; Inpatient psychotherapy; Social psychiatry; Acute psychotic (complicated); Acute non-psychotic (complicated)		
Neonatology: Neonatal intensive care unit		
Nephrology		Nephrology: Pancreas-kidney / Liver-kidney transplant
	Neurology	
	Neurosurgery	
	Nuclear Medicine	Nuclear Medicine: PET or gamma-PET
Obstetrics & Gynaecology: Foetal / maternal medicine	Obstetrics & Gynaecology: Oncology, Urogynaecology, Reproductive medicine	
Ophthalmology	Ophthalmology: Specialised	Ophthalmology: Super-specialised
Orthopaedics: Sub-specialty orthopaedics	Orthopaedics: Orthopaedic oncology	
Paediatrics: Specialist paediatric medicine and surgery services Paediatric ICU	Paediatrics: Paediatric cardiology, endocrinology, gastroenterology, haematology & oncology, nephrology, neurology, respiratory medicine & allergology,	Paediatrics: Organ transplant, epilepsy surgery, craniofacial surgery, high cost / complexity medical interventions, metabolic laboratory, bone marrow transplant, complex neuromuscular neurodegenerative & metabolic patients, video telemetry, intercranial mapping, DEXA scans, paediatric rheumatology, interleukin levels, joint replacements.
Plastic & Reconstructive Surgery: General	Plastic & Reconstructive Surgery: Specialised	
Rehabilitation Centre	Rehabilitation Centre: Audiology, spinal injuries and stroke units.	
	Renal Transplant	
Respiratory Medicine		Respiratory Medicine: Lung volume reduction, lung transplant
	Rheumatology	
Trauma		
Urology: General	Urology: Specialised	
Vascular Surgery: General	Vascular Surgery: Specialised	

**ANNEXURE 2:
Links to provincial budget structure**

The Provincial budget structure for 2006/2007 remains unchanged and is shown on the following page as published by National Treasury:

The budget structure uses titles for hospital types that are still in use but are inappropriate in the broader context of the entire national health system and the National Health Act. For the sake of clarity the following relationships between the definitions and the budget programme descriptions are provided.

The recording of costs of facilities in sub-programme 2.1 to 2.8 is problematic because they are often managed on the basis of cost centres. Thus some clinics costs, particularly gateway clinics, may be covered by a district hospital from which the staff and funding is provided. MOU's may be recorded as clinics or community health centres or other community facilities. Health posts and mobile clinics may also be recorded as other community services or as part of another cost centre.

However, for planning and regulatory objectives the following relationships hold.

Table 2: Rationalisation of budget programmes with definitional categories

Sub Programme	Budget Programme Name	Facility definition name
2.2	Community Health Clinics	Clinics, gateway and satellite clinics, mobiles and health posts
2.3	Community Health Centres	Community health centres, community day centres and MOU's
2.9	District Hospitals	Level 1 hospitals
4.1	General (Regional) Hospitals	Level 2 hospitals
4.2	Tuberculosis Hospitals	TB Hospitals
4.3	Psychiatric / Mental Hospitals	Psychiatric Hospitals
4.4	Sub acute, step down and chronic medical hospitals	Sub acute units
4.6	Other Specialised Hospitals	Specialised hospitals
5.1	Central hospitals	Level 3 (tertiary 2 - National Referral and tertiary 3 – Central Referral)
5.2	Provincial tertiary	Level 3 (tertiary 1)

Table 3: Budget programme structure published by National Treasury

*The following programme structure is regulated for provincial **Health** departments:*

Programme	Sub-programme
1. Administration	1.1. Office of the MEC 1.2. Management
2. District Health Services	2.1. District Management 2.2. Community Health Clinics 2.3. Community Health Centres 2.4. Community-based Services 2.5. Other Community Services 2.6. HIV/Aids 2.7. Nutrition 2.8. Coroner Services 2.9. District Hospitals
3. Emergency Medical Services	3.1. Emergency Transport 3.2. Planned Patient Transport
4. Provincial Hospital Services	4.1. General (Regional) Hospitals 4.2. Tuberculosis Hospitals 4.3. Psychiatric/Mental Hospitals 4.4. Sub-acute, Step down and Chronic Medical Hospitals 4.5. Dental Training Hospitals 4.6. Other Specialised Hospitals
5. Central Hospital Services	5.1. Central Hospital Services 5.2. Provincial Tertiary Hospital Services
6. Health Sciences and Training	6.1. Nurse Training Colleges 6.2. EMS Training Colleges 6.3. Bursaries 6.4. Primary Health Care Training 6.5. Training Other
7. Health Care Support Services (Only in provinces where functions are centralised)	7.1. Laundries 7.2. Engineering 7.3. Forensic Services 7.4. Orthotic and Prosthetic Services 7.5. Medicine Trading Account
8. Health Facilities Management	8.1. Community Health Facilities 8.2. Emergency Medical Rescue Services 8.3. District Hospital Services 8.4. Provincial Hospital Services 8.5. Central Hospital Services 8.6. Other Facilities

**ANNEXURE 3:
Examples of description and categorization of four facilities**

	Example 1	Example 2	Example 3	Example 4
DESCRIPTION				
Province	EC	EC	Gauteng	Gauteng
District	Amathole	Amathole	Johannesburg	
Sub-district	Nkonkobe	Nkonkobe		
Facility Name	Msobombu Clinic	Dr Fivaz Surgery	Sandton Clinic	Sterkfontein Hospital
Facility ID as on DHIS				
Type of ownership (public/private/NGO/joint)	Public	Private	Private	Public
Access: open or closed	Open	Open	Open	Open
Range of services: general or specialized	General	General	General	Specialized
Ambulatory or Inpatients or both	Ambulatory	Ambulatory	Both	Inpatients
Usual level of care provided to: - ambulatory pts - inpatients	PHC	PHC	Specialist OP Level 2	Level 2
Usual volume of Services: - outpatients p.m. - inpatient beds	6000	500	1000 200	400
CATEGORY				
Facility category: as per definitions	Clinic	GP Consulting	Level 2 Gen. Hospital	Specialized Hospital
Category code				

2,3 Definitions required for Diversity

In South Africa, health facilities cater for a wide range of situations. These variations include:

- **Ownership:** Public, not-for-profit and private sector facilities
- **Geography:** Sparsely populated areas of the Northern Cape and the densely populated metropolitan areas.
- **Service profiles:** Primary care service which are doctor-centred in the Western Cape and those that are nurse-centred in most parts of South Africa. Uncomplicated maternity services which are done out of hospitals in the metropolitan area of Cape Town and parts of Johannesburg compared to most of the rest of the country where they are mainly done in hospitals and occasionally in clinics.

Scope and scale: Ranging from small specialised facilities (e.g. private midwife practice) to large facilities providing a wide range of complex services (e.g. sophisticated level 3 hospitals)

The purpose of these definitions in the first instance is to be inclusive of all public sector facilities so as to classify them uniformly for more standardised planning, monitoring and evaluation, and to also offer a framework which is compatible with the regulation and planning and monitoring and evaluation of the entire health system.