

# Benedictine Hospital Caring with Compassion 2004















#### History of Benedictine hospital

The history of Benedictine hospital goes way back to 1926 when the Benedictines founded Nongoma. They started a mission east of Nongoma-Vryheid road, about 1 kilometre North of the Nongoma village. In 1935, the station was moved to a new and much larger property west of the main road.

Over the next 40 years Nongoma became by far the biggest mission institute in Zululand and the mission hospital was at the centre of the whole complex. It was officially started in 1937. It had developed into one of the largest mission hospitals in the country thanks to the efforts of the Benedictine sisters of Tutzing. They devoted themselves mainly to the care of the sick. In 1938 they opened a maternity wing, further sections were added in the course of time: a general hospital, a children's ward, a TB patient ward and finally a training school for nurses.

African Benedictine sisters better known as Twasana sisters came to Nongoma in 1940 to assist the Tutzing sisters in their apostolate. They started a mission east of Nongoma-Vryheid road, about 1 kilometre North of the Nongoma village. In 1935, the mission was moved to a new and much larger property west of the main road. Over the next 40 years Nongoma became by far the biggest mission institute in Zululand and the mission hospital was at the centre of the whole complex.

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It was due to the efforts of Fr. Ignatius Jutz that the Benedictines were able to run the hospital. He was the superior of the mission from 1947 to 1960 and the hospital secretary from 1947 to 1967. He devoted himself to the improvement of the health service. In June 1976 the hospital was handed over to the Government. And all the above-mentioned brothers were withdrawn from the hospital when it became a government institution.







#### **BENEDICTINE TODAY**

#### REPORT BY THE HOSPITAL MANAGER



MRS ZSI NDWANDWE

Since November 2001 I really feel like I have been nurturing a well growing and developing child. As much as it is our responsibility to make sure that we provide optimal health status to all persons it has been a rewarding challenge.

I must begin by thanking all the staff of Benedictine Hospital for their collective and individual contribution as well as commitment. A lot of work has been done, many achievements have been accomplished and certainly many lives have saved.

Although there are still many challenges ahead we must congratulate and acknowledge profound good work that has been achieved by this institution.

Given the limited resources we have been able to launch the ARV programme, Clinical Psychologist services, Baby Friendly (Breast feeding programme), Health and Human Rights and upgrading of physical facilities, those being the few highlights for the year.

On the human resources related issues statistics are as follows:

- 1. Under appointments Rate:
  - **❖** Scarce category = 5,48 %
  - **❖** Medical Personnel = 1,9 %
  - **❖** Disability = 0,6 %
- 2.Under Attrition Rate statistics show:
  - **Resignation = 3.96 %**
  - $\bullet$  Death = 0,95 %
  - **❖** Retirements = 1,67 %
- 3. **Promotion** = 3,7 %
- 4. Vacancy Rate = 36,5 %
- 5. Disciplinary cases = 0,83 %

#### **HRD WORKSHOPS**

Senior management and middle management as well as staff members were enrolled in the following workshops







| MANAGEMENT                        | FEMALE | MALE |
|-----------------------------------|--------|------|
| Level 5-12 T.Q.M, Risk            | 25     | 13   |
| management,                       |        |      |
| Public Speaking                   |        |      |
| and Strategic                     |        |      |
| Planning                          |        |      |
| <b>Lvel 2-3</b> Performance,      | 21     | 9    |
| Attitude_and time                 |        |      |
| management                        |        |      |
| HIIV/AIDS                         |        |      |
| Computer Literacy                 | 16     | 9    |
| Basic Life Support                | 2      | 4    |
| <b>Level 4</b> Basic Management & | 20     | 10   |
| administration                    |        |      |
| - Performance attitude            |        |      |
| -Customer care                    |        |      |
| - HIV/AIDS                        |        |      |
| Pre level 1 ABET                  | 7      | 5    |
| Level 1                           | 11     | 4    |
| Level 2                           | 12     | 7    |
| Level 3                           | 10     | 4    |
|                                   |        |      |

As much as we are striving to adhere to the Batho Pele principles there had been a few hick ups, to mention a few we received 7 complaints which were resolved within the hospital.

#### **EXISTING COMMITTEES**

Executive management, Extended management, Cash Flow, Budget, Quotations evaluation/Award, Clinical meetings, IMLC, Hospital Advisory Board, PTC Drug, Ethical, Infection Control, Health and Safety, Disaster Management, Quality Improvement /Steering, Security, Clinical Audit, Organising, Board Survey, Food Flow, Accident, Batho Pele, Complaints and Health and Human Rights Committee.

#### **HIGH LIGHTS**

- **❖** Physical access Signage and access for the physically challenged
- **&** Curtains and Curtain Screen
- **❖** Telemedicine Site
- **&** Equipment Pool
- COHSASA Accreditation {recognition of progress pre accreditation intermediate level }
- **❖** New furniture in the clinics
- \* New Mobile Clinic vehicles and 4 new bakkies to support services.

Despite of significant challenges the transformation has been in line with the provincial objectives and the Batho Pele principles.



#### **BENEDICTINE TODAY**

#### MRS ZSI NDWANDWE

#### **HOSPITAL MANGER**



#### DR MM MAKHANYA



**MEDICAL MANAGER** 

#### MR PZ NGCOBO



FINANCE AND SYSTEMS MANGER

#### MRS NJ MABASO



**NURSING MANAGER** 

#### MRS PS MCHUNU: DEPUTY



SADLY THE HR MANAGER MR MZ KHUMALO IS STILL MISSING SINCE MARCH





#### VISION

To provide desirable health status to the people of Nongoma catchments areas and the hospital's neighboring areas.

**Mission** To provide a sustainable, coordinated, integrated, comprehensive and compassionate health services based on the <u>Batho Pele</u> principles through the district health system

**Services offered by institution:** Casualty Dept/Trauma, Dental Facilities, General Medical, General Surgical, High Care, Infectious Cases, Intensive Care, Maternity, Medical Laboratory Services, Neo-Natal Intensive Care, Theatres, Orthopedic, Psychiatric, Specialist Services available, Tuberculosis, X-ray

Category: DISTRICT HOSPITAL

#### **CORE VALUES**

- > Trust built on truth integrity and understanding.
- > Open communication, transparency and consultation.

Commitment to performance value driven service, courage to learn, change and innovate.

#### Service commitment charter

- PROMOTE DUTY CONSCIOUSNESS
- ➤ IMPROVE ON COURTESY
- PROMOTE OPENNES AND TRANSPARENCY
- > IMPROVE COMMUNICATION INTERNALLY AND EXTERNALLY
- UTILIZE RESOURCES ECONOMICALLY
- ➤ PROMOTE TEAM SPIRIT AND GROUP MORAL AMONGST STAFF MEMBERS
- > CHANGE ATTITUDE AND APPROACH TO CLIENTS AND COLLEGUES
- ➤ HANDLE AND DEAL WITH COMPLAINTS
- > PROMOTE STAFF DEVELOPMENT AND CONDUCT HEALTH EDUCATION TO THE COMMUNITY

#### **OBJECTIVES**

- > TO PROVIDE SAFE, EFFICIENT, HIGH QUALITY DISTRICT HOSPITAL SERVICES TO THE PUBLIC.
- > TO PROVIDE SUPPORT TO PRIMARY HEALTH CARE SERVICES FALLING WITRHIN BENEDICTYINE HOSPITAL PROGRAMME.
- > TO DISSEMINATE HEALTH INFORMATION TO THER PUBLIC IN ORDER TO PREVENT ILLNESS AND DISEASES.

- > TO DEVELOP AN INTEGRATED COMPREHENSIVE HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT ASSISTANCE PROGRAMMES FOR ALL EMPLOYEES.
- > TO PROMOTE A CULTURE OF GOOD GOVERNANCE AND ACCOUNTABILITY.





#### **OPERATING THEATRE**



## THEATRE STAFF WITYH UNIT MANGER MRS F MSWELI

We provide the comprehensive hostile surgical care to all customers undergoing any type of operation, by maintaining a high standard of tursing care, pre- intra and post- operatively by preventing medico- legal risks

Having adequate knowledge and adhering to professionalism, and ensuring that all personnel work under harmonious, safe conditions and within available resources for benefit of the staff and customers accomplish this.

This is hindered this month by the fact that there are no anesthetists. We only do extreme emergencies. Other cases are transferred to neighboring hospitals.

# PAEDIATRIC WARD UNIT MANAGER: MRS TS DLAMINI



This is divided into two departments and they are the surgical side and the medical side. The surgical side has got two sections and that is the surgical and burns, whereas the medical side has got five sections. The first section being the high care, where we admit our critically ill patients. The second being the general and this is where we admit patients with chest problems and other conditions like glomerulonephritis and other illnesses. In section three we admit people with infections such as measles or chicken pox.

Mothers are not allowed to stay with their children

while in hospital except those who are breast-feeding and those who are seriously ill. We have the best staff that enjoys their job; unity amongst the staff of the pediatric ward is the best remedies that make our patients recover quickly.

#### **MATERNITY WARD**

Our maternity ward is to achieve high quality standards of nursing care, which we render to our customers. The maternal ward is divided into four; this is the antenatal ward, the labor ward, the postnatal ward and the nursery.

We don't have enough staff due to resignations and other things. We encourage the staff to attend the workshops in order to develop themselves, and also to update them about the new things. We as maternity staff hope that god one day will help us to have enough staff to render the quality our customers deserve.



UNIT MANAGER: MS SG BUTHELEZI





#### FEMALE SURGICAL AND FEMALE ORTHOPAEDIC UNIT



**AREA MANAGER:** MRS RS NZUZA UNIT MANAGER: MRS GJ JIYANE

The surgical staff shall endeavor to provide the bet nursing care to surgical and orthopedic patients, by using possible and available resources, ensuring competent staff by staff development and providing health education to patients and community. The wards shall be kept as a safe environment for the staff and patients.

Our main objectives are to ensure the best standard of nursing care to all patients equally at all times by using available resources. To promote wound and bone healing by providing good nutrition and

controlling cross infections. We provide a safe practical atmosphere, which will suit all categories of the staff. To give health education to patients and relatives for preventive and promotive health. Quality improvement principles adhere to, throughout the whole year. Great improvement makes, short and long terms met. Scientific nursing process method has been practiced and implemented. It is advantageous since team spirits promotes and more, individual personalized care is rendered.

#### FOOD SERVICE





We serve +- 300 patients on a daily basis, we also provide for patients on special diet, according to their conditions. The kitchen is

always kept at a very clean state to prevent any sort of contamination of food. The kitchen staff is sreened periodically and we keep records. In-service educations are conducted periodically for updating the staff with the current information. Workshops are also attended by staff with which they come back and report to other staff members. Our staff members are qualified as they have received training and have certificates. Our patients have five meals a day to ensure that they are properly fed on a daily basis. We have meetings once a month with the unit managers, hospital manager and the catering company. We do our best to keep our patients happy.





#### **GYNAECOLOGY UNIT**

This is the unit which deals with the maintaining and promoting wellness of the flowers of each and every nation, the woman.



In this unit we strive to always render excellent high quality of gynaelogical services. We aim to create lifelong and lasting relationships with our customers, thereby turning them into our

clients. This we hope to achieve through mutual respect, incorporating all the principles of batho pele and the patient's rights charter. Our vision is to render optimal health to all individuals. We also wish to have a fully-fledged unit within the next five years. We also wish to have all the required and needed equipment in the unit.

#### UNIT MANAGER: MRS ALN ZULU **Obstacles**

At the present moment the obstacles are as follows:

❖ Physical structure of the unit which limits space as well

In patient gynaecological services

- Wellness programmes post miscarriege
- Emergency management of ectopic pregnancy
- Post surgery management
- Treatment of ill health in early pregnancy
- Pelvic Cancer treatment

#### **PSYCHIATRY CLINIC**

Ordering of items to be used during clinic. Mondays:

Selecting and inter viewing first and follow up clients.

Home based care



UNIT MANAGER: MRS TP ZWANE

Tuesdays: Psychiatry clinic day - Interviews and assessment of

Visit by the psychiatrist

Referring clients to appropriate resources

Giving of health education

Wednesdays: Home based care and domiciliary care

Ordering of surgical sundries

Assist clients

Psychiatric day Thursdays: Fridays: Administrative

#### **Our Vision**

To promote optimal holistic mental care to our community.





#### EMPILWENI CLINIC (HIV/AIDS UNIT)

-Vision: our vision is to provide optimal health to people of Nongoma, using available resources to lead people towards HIV/AIDS free generation.



<u>Staff</u> <u>Counselors</u>

services rendered: we have voluntary counseling and testing, whereby people are counseled, tested and referred to appropriate services, like support groups.

-prevention of mother to child transmission: all pregnant women are offered group education and individual counseling, and testing. Those who are positive, are referred to the screening clinic for screening.

Wellness clinic: we offer ongoing counseling to those who have a CD4 cell count above 200, and are physically well. **Currently we have 153 patients on ARV treatment**.



Unit Manager MRS.B I ZULU we do blood investigations to monitor effectiveness of treatment, we also have monthly meetings to monitor progress of the ARV programme.

Working with volunteers from NGO's around Nongoma is effective, as they collect and submit reports monthly to sub district HIV/AIDS co ordination.

-Support services: <u>Sibambisene</u> support groups for people infected and affected by HIV. **Masiphile** support group for negative people.

Training: training for health care workers is arranged. HBC COURSES IN CONJUNCTION WITH district and Provincial offices.

We would like to provide efficient care by ensuring adherence of treatment until there is an increase of CD4 counts and a decrease of viral load to an undetectable level.





#### X- RAY DEPARTMENT

This department is divided into two sections namely the ultrasound dept and the x-ray dept. there are two x-ray rooms, one in OPD, where we do a lot of out patients and the second one is on the first floor, just opposite the female surgical ward. This is where we do our in patients and orthopaedic cases.



#### MS FB Ngema

We also have portable x- ray machines, used for critically ill patients housed in both ICU and the male medical ward. The ultra sound dept is found in the maternity ward, next to the labour ward. The services we render are: the x- rays in which we specialize in examinations of the human body internally such as the kidneys, uterus and bladders. The ultra sound: this being the most popular, used by gynaecologist for their different functions and abdominal ultrasound.

#### **CHALLENGES**

The absence of well designed and fully furnished X-Ray department in OPD is our biggest challenge since everything is done in the OPD corridor. Nevertheless this department strives for perfection and excellence.

On the last note a huge thank you to all X-ray staff members. I really do appreciate all your hard work and your patience. I am fully aware of the dedication in your service and believe you me it does not go unnoticed.

## MALE SURGICAL UNIT MANAGER: MR TP MASONDO



In the male surgical, there are good women and men, who are committed to their hard work of service and delivery. The ward

is divided into four sections, the clean section for cleaning wounds, the septic section for septic wounds, the high care section for the critically ill patients and the orthopaedic patients.

Our mission is to enhance the quality health care service that is sustainable, co coordinated, integrated and comprehensive at all levels, based on the primary

health care approached through the district health systems.

Our objectives are to ensure the best standard of nursing care to all the patients equally at all times by using available resources. We promote wound and bone healing by providing good nutrition, and by controlling cross infection.





To provide a safe practical learning atmosphere which will suite all categories of the staff To give health education to patients and relatives for preventive and promotive health To create an opportunity for the staff development

#### SERVICES RENDERED

Every Tuesday we run the orthopaedic clinic. We see  $\pm 110$  patients in this clinic. On the second Tuesday of the month the

Orthopaedic specialist visits the clinic where he sees  $\pm$  350 patients. On the second Wednesday of the month the specialist identifies which patients qualifies for surgery.

#### **Intensive Care Unit**

Is a general ICU, which caters for patients with all conditions except highly infectious conditions. This unit renders the following services:



UNIT MANAGER: MRS F KHUMALO

- Emergency medical and surgical resuscitations
- ❖ Medical, surgical and obstetrical intensive care to critically ill patients within the available resources and current provincial health care policies and medical and nursing legislation.

This unit is well equipped with resuscitation equipment. There is a little of intensive monitoring done because there is no ICU doctor.

that is available for 24 hours for effective smooth running of the unit.

We treat each patient holistically ensuring the maintenance of client's rights, comfort, dignity and safety

#### **RESIDENTIAL CLINIC**

#### PHILOSOPHY OF THE UNIT:-

Let the oil of knowledge and love always ensure that your lamp burns bright so that we have healthy, happy families and nation

Mrs. RZ Dube: Unit Manager







#### What do we offer?

- In this unit we are dealing with antenatal as well as family planning clients.
- We are always committed to providing adequate high quality care to a pregnant woman by ensuring that the woman is health from the period she falls pregnant till she is due for deliver
- This done through effective health education programmes and comprehensive PHC Based antenatal services and medical assistance to referral cases from our satellite clinics.

#### **FAMILY PLANNING**

- =We are also engaged in promotion of happy, healthy families through well-planed pregnancies.
- We are always striving for excellence towards achieving highest percentages in client satisfaction through application of Bathopele principles and being advocate to those who have health problems.
- We also ensure that there is equality and non –discrimination in our unit.
  - The following are slogans of our unit that briefly describe our services:
  - I) "BE A HEALTHY WOMAN SO THAT YOU CAN GIVE BIRTH TO A HEALTHY BABY
  - II) WHO WILL CONSTITUTE TO A HEALTHY NATION"
  - III) "PLAN FOR YOUR FAMILY SO THAT YOUR FAMILY CAN PLAN FOR YOUR FUTURE"

#### **OUR VISION (UNIT)**

- We are looking forward to having a new, well structured department in future (next 5 years) that will have necessary cubicle to maintain client's privacy and overall client satisfaction as our priority.
- We are also hoping to have adequate facilities, well skilled and specialized medical and nursing staff.

#### **OBSTACLES**

- -Structure of our unit is not suitable for the services we provide i.e most of the services are provided in the passage which is too cold and hot (during weather variations), including client congestion.
- Staff shortage is also a major problem, both medical and nursing, which constitutes to staff demotivation.

#### MY VISION

- -My vision is to have a well structured unit with adequate, well skilled motivated and innovative personnel that will constitute to 100% client satisfaction rate .
- I also hope to have my staff being trained and up to date with advanced technological development .

 I' m also looking forward to achieve an Aids – free generation through the best programmes which are already operational i.e VCT and PMTCT.





#### <u>OTHER UNITS</u>





**PHARMACYMANAGER: MS PN NHLEKO** 

laundry services

#### PHYSIOTHERAPY UNIT



### **LINEN BANK**





## **OTHER PROJECTS**

### **GARDENING**



### **Ladies soccer team**



#### HEALTH AND HUMAN RIGHTS LAUNCH

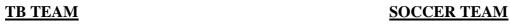






Best TB management over 1000 caseload 2003/2004













**COMPUTER TRAINING** 

**ADMIN TRANSPORT** 









## **FINANCIAL REPORT**

#### INCOME STATEMENT FROM 01 APRIL 2004 – 30 NOVEMBER 2004

## REVENUE

| Sale of goods and services    | R 758 819. 76 |
|-------------------------------|---------------|
| Sale, Serap, Waste goods      | R 8615.35     |
| Fines, Penalties and Forfeits | R 800.00      |
| Rev. Financial Assets         | R167 016. 09  |
| Total Receipts                | R935 251.20   |

#### **EXPENDITURE REPORT 2004/2005**

| Standard Item      | Allocation       | Expenditure      | Variance         |
|--------------------|------------------|------------------|------------------|
| Salaries           | R 67 001 000. 00 | R 45 236 757. 57 | R 21 809 242 43  |
| Goods and Services | R 16 033 000. 00 | R 15 304 602. 00 | R 332 967. 00    |
| Machinery          | R 1 450 000.00   | R 628 668. 00    | R 82 332. 00     |
| Equipment          |                  |                  |                  |
| Transfer and       | R 10 000.00      | R 331 361 .00    | R - 321 361.00   |
| Subsidies          |                  |                  |                  |
| Total              | R84 533 000. 00  | R61 501 388. 00  | R 22 642 181 .00 |





## **PHOTO GALLERY**



PHARMACY STAFF



**DENTAL CLINIC STAFF** 



**COMMUNITY INVOLVEMENT** 



MR. E NSELE: THE ONLY MALE ASSISTANT NURSING MANAGER

#### LAY'KONA PRIMARY SCHOOL







FEMALE MEDICAL STAFF AND 'MANAGER: MRS KV DLAMINI







PUBLIC RELATIONS OFFICER MISS SL MHLABA



FACILITY INFORMATION OFFICER MR. IP BUTHELEZI



QUALITY ASSURANCE: CO-ORDINATOR MRS TN NKWANYANA

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#### **Benedictine Hospital**

With compliments: Public Relations Office





