PERFORMANCE REVIEW:
CEZA HOSPITAL
DECEMBER 2002 – AUGUST 2005

TWO YEARS AND NINE MONTHS OF COMMITMENT TO QUALITY SERVICE DELIVERY AT CEZA DISTRICT HOSPITAL

"WHAT A JOURNEY THROUGH THICK AND THIN"

MRS M.T. ZULU

INTRODUCTION

I am so much thrilled and proud to report on Ceza/Thulasizwe Hospital Performance Review in respect of service delivery, between December 2002 and August 2005.

Ceza District Hospital is a level 1 hospital in the Zululand District (DC 26). Attached to it are 6 residential clinics, 2 Mobiles, a Gateway clinic and a Sub-campus. It was also having Thulasizwe TB Hospital as its outstation until 1st December 2004 when the hospital acquired its Hospital Manager.
The hospital renders about 85% of the package of services for a District Hospital due to inadequate human, material and financial resources.

Population Demographics

Ceza Hospital serves approximately 40353 populations. The area is predominantly of low socio-economic status.
People do their shopping at Ulundi, approximately 54 km and Vryheid about 90km. They pay about R25.00 single fare because of limited shops and Tuck Shops in the area.

Challenges

The area is deeply rural with no nearby industrial areas to offer employment. Otherwise male migrate to urban areas.
The unemployment and crime rates are high.
The area has a large number of school leavers, staying at home, as parents cannot afford further education. This causes the community members to resort to training as nurses and expects to be taken in by Ceza Hospital Nursing School. The school cannot meet all their needs as it is training for the entire district. This has caused a lot of dissatisfaction among the youth of Ceza.

Poverty level is high at Ceza. People survive mainly on farming. Some areas do have electricity and water, while others struggle for clean water supply and hence water –borne diseases are a major threat.
Ceza area is also highly affected by PTB, HIV/AIDS related diseases.
Revenue collection is ineffective due to fact that about 80% of our patients are unemployed.
Enhancement between December 2003 and August 2005.

The purpose of this review is to provide Ceza/Thulasizwe Hospital journey to quality service delivery from December 2002 to August 2005. The report will not only reflect on achievements, but on challenges as well

BACKGROUND

On the 2nd December 2002, Mrs M.T. Zulu assumed her duties as a Hospital manager at Ceza/Thulasizwe Hospital, having been offered a post as on the 1st November 2002. At the time, the hospital was in crisis, facing community marches as from 2001 with regard to Nurse Training.

This had caused service delivery interruptions, displacement of certain managers and staff and demoralization of personnel.

Mrs Zulu was orientated for a few hours and had to continue with the cash flow meeting scheduled for the 2nd December 2002. She had to figure out on her own. When approaching senior staff that had been there previously, they stated they did not know most of the things as they had not been involved in the past. It became a nightmare for the new Hospital Manager. Maintenance in the hospital was very poor, and it was during summer months, grassy etc, hence the clean up campaign on the 10th December 2002.

In January 2003, after a short vacation leave, it became clear where to start. The Hospital Advisory Board had been there and very much supportive.

Budget VS Expenditure

Budget allocation has been historic and inadequate.
In 2001-2003, authority for hospital to exercise its financial management had been revoked until September 2003. This left the hospital with unpaid debts since 2003 and these were paid from the 2003/2004 financial year causing a compromise of service delivery.

The hospital experienced an over expenditure on COE, equipment. Cost drivers were mainly HR's, medicine, vehicle maintenance, water and electricity, telephone, Hospital maintenance, blood and blood products, medical gases and catering for patients.
In 2004/2005 the Hospital was allocated **R37 390 000**, **R6 077 000** for Clinics, **R1 501 000** for Facilities Management and R4 999 000 for the Nursing School.

There has been an average annual change of about 4% in comparison with the actual 2005/2006 allocation. The actual allocation for 2005/2006 is
Ceza Hospital = R39 387 000
Clinics = R5 973 000 (0, 9% deficit)
Facilities Management = R1 806 000
Nursing School = R5 370 000
The expenditure trend over the past two years had been subjected to the following expenditure pressures:

- Filling of management and other critical posts.
- Impact of TB and HIV/Aids
- Performance of the Rand an International Markets and its influence on the cost of medical equipment and general inflation
- Supporting the policy of allocation contracts to SMME's, BEE's, WOE's and YOE's.
- The expenditure trend (both nominal and real terms) over the MTEF period also influenced by:
- The allocation of funds to the more appropriate levels of service
- An increase in number of patients requiring hospital treatment, due to HIV/Aids and its related diseases
- The improvement in conditions of service
- The re-commissioning of the hospital
- Inflation and The volatility of the exchange rate.

Milestones/Achievements

The hospital started to review its own Vision, Mission, Core values and strategic objectives and these were in line with those of the DOH. The Hospital Manager tabled her Service Commitment Charter and the members acting in Management Team. Various departments had also followed suit.

By the 1st September 2004 the Hospital had the full compliment after struggling to recruit the Medical Manager for about five times "Thanks to the young and energetic Dr Mokoena".
Thulasizwe Management structure was finalised and approved by the 29th June 2003 and two Managers were appointed by December 2004. the hospital started to function on its own right, though supported by Ceza Management until May 2005.

Maintenance of Hospital was a major challenge. There was no plan in place, poor supervision and co-operation, no workshop tools e.g. forks, spades. This was compounded by staff shortages.

Only three (3) Doctors (Full time) and one (1) sessional doctor were working at Ceza/Thulasizwe at the time. The other two (2) were "Cuban" specialists. Out of the full time doctors, only one (1) was GP – had been responsible for all surgical, orthopaedic, O&G patients. Waiting times were about three days, would cover the hospital 24/7 and this resulted in workload, and stress hence frustrations. By July 2005, the hospital had five (5) sessional doctors and three generalists' doctors.

Thanks to rural and scarce skills allowances, because one could advertise and re-advertise for Doctors posts without a single applicant. Today, Doctors and other scarce categories actually phone the hospital to enquire about the available vacancies.

There were none or non-viable institutional committees at the time, but at present various committees are up and running.

Very important/critical units e.g. Pharmacy, rehab etc. were run by Chief ASO's but we have seen a tremendous improvement.
Recruitment and selection strategy has been revisited and effectively implemented though there are still challenges from the rurality .factor of the hospital.
There was also a remarkable exposure of programmes e.g. Trauma Core, PMTCT, VCT, KMC, Baby Friendly Initiative, OH & Safety service, EAP, Gateway Clinic, to maintain but a few.

There have also been numerous latest Developments at Ceza Hospital.

- Hospital Logo
- Hospital Newsletter **(Cez'emtoti)**.
- Information Booklet **(Umthombo Wolwazi)**.
- Service Commitment Charters.
- Patient Information Document.

Quality Improvement Initiatives.

- Implementation of strategic plans, operational plans, costed plans, QI Plans as well as project plans.
- Institutional Committees: e.g. Cash flow, Procurement, OH & Safety, Quality Improvement, Policies & Procedure, Complaints/Compliments, IHRD, Accommodation, Health Care Technology, etc.

- Client satisfaction surveys are done.
- Complaints/Compliments procedures are implemented.
- Patients waiting times had been reduced from three days to the average of 1- 3 hours for Doctor services in OPD, 0-30 minutes in Patient Admin and Pharmacy.
- Average length of stay has been reduced from 11 days to 8, 4 days due to rurality of the hospital.
- Bed occupancy rate has been improved from 42% - 60%

The hospital has also successfully appointed its **key** structures e.g. PRO, Hospital Manager's Secretary, FIO, Data Capturer, Quality Facilitator, Artisan Superintendent.
Skills Development is implemented as per Workplace Skills Plan.

Nurse Training

Central selection for nurse training in the District started in December 2002 as per policy. The community in their march on the 1st of July 2003 still demanded the 1st group taken from the central selection (group 7/2003) to be taken out of the hospital. It was unsuccessful. This group of 29 students got a 100% passes along which were distinctions.
There have been other remarkable achievements at the Sub-campus e.g. bridging course 1st year pass rate from 24% - 81% and 2nd year from 44%--81% during this review period.
The school has also acquired 2 Park homes used as classrooms and as upgraded about 50% of its buildings.

Health Indicators

- Maternal Mortality rate = 0.3%
- Under-five mortality rate = 0, 01%
- Infant mortality rate = 0, 5%
- Peri-natal mortality rate = 9/1000
- Still-birth rate = 0, 02%
- Peri-operative mortality rate = 0, 01%
- Un-natural causes = 0, 02%
- EPI = 95%

TB indicators

- Sputum turns around times=24hrs for hospital and 48hrs for clinics.
- Cure rate for primary infection =90%
- MDR rate = 0, 01%
- Defaulter rate =10%
- Loss rate = 5%
- Nutritional indicators = 2, 2%
- HIV prevalence & incidence =90%
- PMTCT =65%
- ARV rollout = 20%
- Rabies = 0%
- Malaria = 0%

Average cost of patient per day

- For in-patients for each level = R374.00
- For out-patients for each level = R74.31

PHC Services

In addition to the six residential clinics, the hospital started a Gateway Clinic in September 2004 to reduce the burden of self referrals to OPD since there is no clinic for people around the hospital. A second Mobile vehicle was acquired to increase access to PHC for Ceza Community.
There is no clinic rendering a 24hr service but only an open door service.
Ceza clinics are short staffed and the entire PHC structure needs review.
The hospital has not been able to provide MO services to clinics. With the new recruit of Doctors, two clinics have been visited for situational analysis, hoping that MO services will be started soon.

Therapeutic services are accessed weekly by the community at clinics.

Facilities Management

The hospital has face lifted about 60% of the facilities for the past two years. The maintenance plan and the QI Plans are being implemented. The hospital has successfully installed cupboards in OPD and Pharmacy as well as Vinyl flooring for both departments.
The hospital has also successfully eradicated 39 risky trees on buildings by August 2005.
Procurement has been done for the following:

- Exterior painting of three vendor houses, security gatehouse and male staff residence.
- Interior painting of wards, Repair roof and Flooring of the Kitchen and the dining Hall.
- For ablution systems in wards.
- Improving directional signage for the hospital and clinic routes.
- The contractor is on site installing an intercom system.
- The hospital appreciated a vigorous move by our Facilities Management Directorate, with regard to capital projects e.g.

  - Upgrading of laundry services.
  - Installation of new pots in the kitchen.
  - Electrification of the boilers.
  - Upgrading of Theatre and laboratory being attended to.
  - New OPD put on tender.
  - Upgrading of our Chapel following a natural disaster.
  - Site handover for upgrading of the Paediatric ward was done on the 18th August 2005.

On-line Projects

- Official opening of Sizana clinic in August 2005.
- Official opening of Idlebe clinic. Date to be confirmed with the MEC of Health.
- Long service awards would be held in October 2005.

Outsourcing of Non –core functions

The hospital has successfully outsourced the following hotel functions:

- Catering Services.
- Security Services
- Cleaning of the grounds

Challenges with regard to Facilities Management

Systems structure not finalised and the hospital cannot effectively implement its maintenance problem due to absence of skilled maintenance staff e.g. Artisan electrician, Plumber, Foreman etc.
Very old structures earmarked for demolition since 2003.
Very old structures that poorly respond to face lifting. Some pose a threat to patients and staff lives.
Inadequate physical facilities despite expansion of services.

Challenges with regard to recruitment and retention strategies

Disadvantages of a deep rural hospital e.g.

- No big shops, banking facilities, model C schools etc.
- A very poor road infrastructure with resultant in adequate transport facilities etc.
- Inadequate accommodation for scarce skills.
- Attrition rate.
- Deaths fro various diseases
- Moratorium.
- Poor recreational facilities.

Other Challenges

Limited resource allocation.

Strengths

Despite the challenges that the hospital faced it was encouraging to observe the following strengths:

- A supportive management team.
- Dedicated and committed staff.
- Supportive Hospital Board.
- Supportive District Office and District Hospitals.
- Support from Head Office.
- Support from the local community structures. e.g. Amakhosi and Izinduna.

Learning Experiences

We learnt a lot during our journey. To name but a few, we learnt the following:

- Recognition, respect for and Valuing of staff and good human relations among staff was crucial.
- Involvement of staff is very important.
- Capacity building for staff is also very important.
- We've also learnt that involvement of community structures is also crucial in -Service delivery improvement initiatives.
- It was also pleasing to learn that it was imperative to be a **LEARNING ORGANIZATION!!**