

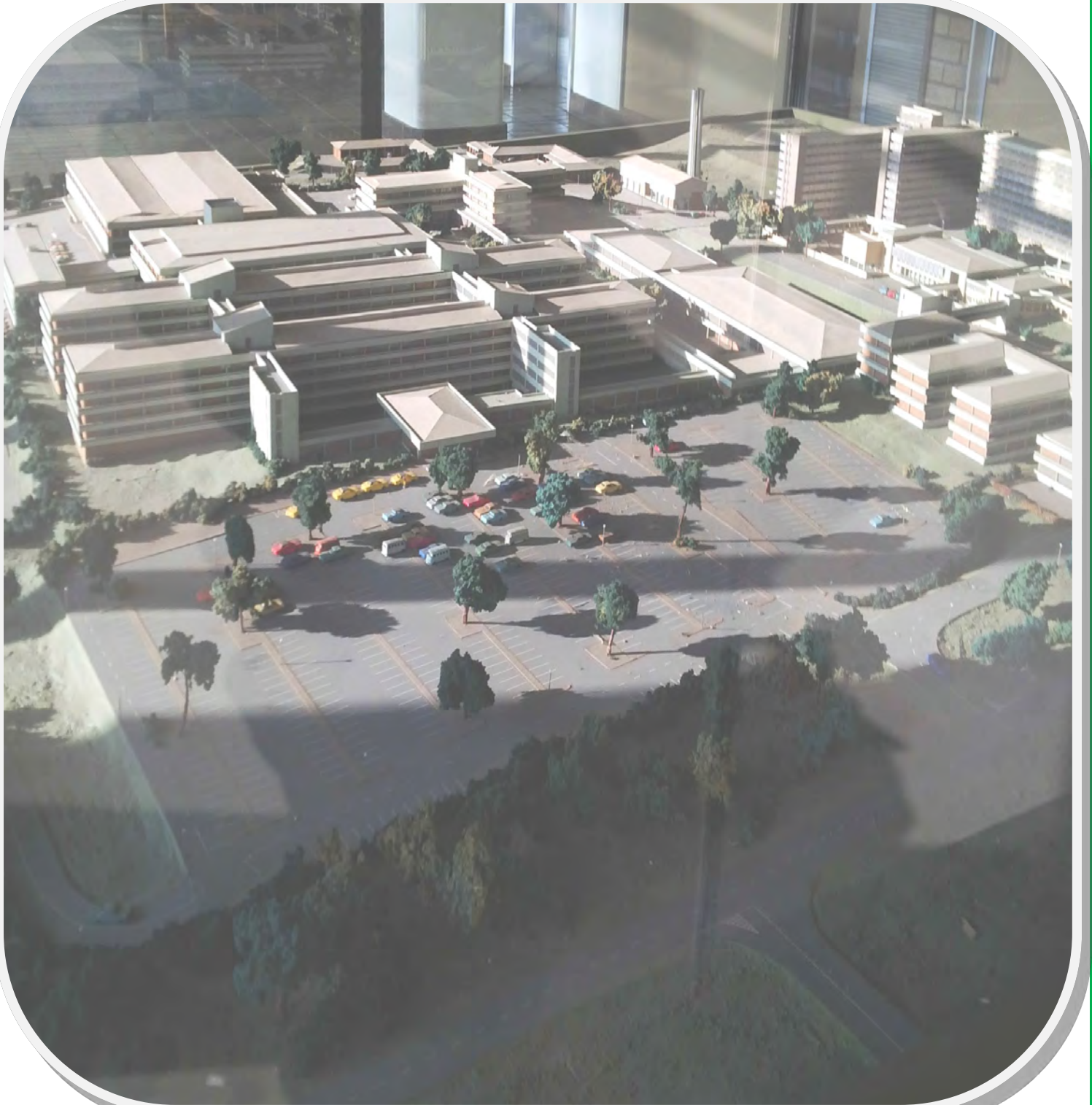


**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# GREY'S HOSPITAL

## ANNUAL REPORT 2016-2017



*FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE*

## **FOREWORD**

**Message from Dr KB Bilenge  
Chief Executive Officer  
Grey's Hospital**



It gives me great pleasure to present the 2016/17 Annual report for Grey's Hospital. Our mission statement states that " We the staff of Grey's Hospital are committed to service excellence through sustainable and coordinated levels of care, by establishing partnerships with communities, and through ensuring innovative and cost effective use of all available resources" and in presenting this report I believe that Grey's Hospital did indeed strive to live its mission in the year 2016/17. I want to acknowledge the commitment and support of all staff and particularly my colleagues in Executive Management. All of whom gives off their time and expertise to achieve our goals. In 2016 the Hospital commenced the delivery of our 3 year Strategic Planning 2016 to 2019 with the following goals:

- ◆ Improve compliance in National Core Standards
- ◆ Improve Hospital Efficiencies
- ◆ Reduce maternal / mortality
- ◆ Improve financial systems towards a clean audit
- ◆ Continue to develop the Hospital Infrastructure

These 5 goals will continue to be the guiding light for the Executive Management until 2019.

2016/2017 Annual report provides an overview of progress and achievements in the financial year under review.

### **SERVICE OUTPUT:**

- In-patient separation            12277
- Out-patient headcount        119661
- Bed utilization rate            73%
- Number of operations        8675
- Average length of stay        10 days
- Expenditure per PDE         R6011

### **KEY ACHIEVEMENTS DURING 2016 / 2017**

- \* National Core Standards Inspection—scored 91%
- \* Commissioned new Catherization Laboratory (Cath lab)
- \* Opening of 13 bedded Paediatric Haematology Oncology Unit in Ward A1 for Paediatric patients with cancer and blood disorders
- \* Best Performance—3rd Position in MEC's Annual Service Excellence Awards 2017
- \* Premier Service Excellent Wards- Grey's Hospital Achieved 3rd Place Nationally for National Core Standards
- \* Diamond Arrow—2016—KZN Provincial Survey—Leaders and Achievers 1st Prize
- \* Refurbish of Ward M1, Ward C2, Ward F2, Ward E1
- \* Official opening of the Neonatal Intensive Care Unit on 17 March 2016
- \* Official Handing-Over of Eye Clinic Machine by ORBIS on 27 January 2016
- \* Additional Psychology offices opened in February 2016
- \* Two Seclusion rooms opened in 2016
- \* Electroencephalography (EEG) equipment has been established in the Neurology Ward D1
- \* Grey's Hospital was awarded Silver at the MEC Service Excellence Awards 2016 for National Core Standards

The emphasis on Governance in Health Care continues to increase in 2017 and I am happy to say that Grey's Corporate structure is still fit for the purpose and on annual basis we are able to demonstrate our compliance to Best Practice when requested.

Financial year 2016/17 was again challenging, particularly on the staffing front but services have improved and Grey's Hospital is proving responses to the need of its patients in the western half of Kwa Zulu Natal.

Finally, I would also like to thank the Hospital Board for their ongoing support and assistance to the Hospital. I look forward to continue working with the Extended Management and staff over the coming years to ensure that Grey's Hospital continues to provide high quality care to our patients in keeping with our tradition and long history.

## TABLE OF CONTENTS

INTRODUCTION, VISION & MISSION, SERVICE COMMITMENT CHARTER	1.3
SERVICES RENDERED	4
DATA MANAGEMENT STATISTICS	5-7
NURSING COMPONENT	8-9
FINANCE DEPARTMENT	10-13
<b>INTERNAL MEDICINE</b>	14-17
ORGAN TRANSPLANT	18
<b>DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY</b>	19-20
UROLOGY DEPARTMENT	21-22
ORTHOPAEDIC DEPARTMENT	23
DEPARTMENT OF RADIOLOGY	24-25
CLINICAL PSYCHOLOGY DEPARTMENT	26
SOCIAL WORK DEPARTMENT	27-28
SPEECH THERAPY AND AUDIOLOGY	29- 31
DIETETICS DEPARTMENT	32 - 33
OCCUPATIONAL THERAPY DEPARTMENT	34 - 35
<b>OCCUPATIONAL HEALTH &amp; SAFETY</b>	36- 44
<b>NURSING CAMPUS</b>	45-48
<b>HUMAN RESOURCES</b>	49-51
<b>SYSTEMS COMPONENT</b>	52-60
<b>PUBLIC RELATIONS DEPARTMENT</b>	61-65
<b>QUALITY ASSURANCE</b>	66-70
<b>PLEDGE</b>	71

## **INTRODUCTION**

Grey's Hospital is a 530 bedded hospital, but currently there are only 505 usable beds. It is situated at 201 Town Bush Road, Northern Park in Pietermaritzburg. Grey's Hospital provides 100% Tertiary services to its patients. We provide Tertiary Services to a population of 3.5 million in the Western area of KwaZulu –Natal, which includes the following districts: Umgungundlovu, Uthukela, Umzinyathi, Amajuba and Harry Gwala.

## **OUR VISION:**

The provision of optimal tertiary level of health care, to the population of the western area of KwaZulu-Natal.

## **OUR MISSION:**

We the staff of Grey's Hospital are committed to service excellence through sustainable and coordinated levels of care, by establishing partnership with communities, and through ensuring innovative and cost effective use of all available resources.

## **CORE VALUES:**

Human dignity, respect, holistic healthcare and caring ethos

Innovativeness, courage to meet challenges, to learn and to change

Cost effectiveness and accountability

Open communication and consultation

## **GREY'S HOSPITAL SERVICE COMMITMENT CHARTER**

### **1. ATTITUDE:**

We are committed to provide the highest quality of service and meeting our customers' needs with the utmost care and courtesy.

### **2. PERSONAL APPEARANCE:**

We will present ourselves in a professional manner. Always smiling and greeting patients, visitors and employees. We will follow our respective departmental dress code policies to reflect our respect for our customers. We will wear our employee badge at all times to facilitate communication and allow for easy identification of staff and designation, thus promoting our corporate identity.

### **3. COMMUNICATION:**

We will communicate with others in a positive and understandable manner, making use of translators and interpreters where possible in an attempt to bridge any language barrier. We will listen attentively to our customers whether they are patients, family members or colleagues in order to fully understand their needs. We will pay close attention to both our verbal and non-verbal communication. We will identify ourselves when answering the telephone, provide the correct information or requested number and get the caller's permission before transferring their call. We will answer all calls as quickly as possible. We will take initiative to express concerns and suggestions to the respective persons to benefit both the customers and the team as a whole.

### **4. COMMITMENT TO PATIENTS:**

We will acknowledge patient's questions and concerns immediately. We will always address the patient by their name and will introduce ourselves by name and position. We will strive to treat the patient with respect and dignity while making their need first priority. We will provide a pleasant environment to promote healing, keeping a holistic perspective and provide continuity of patient care by handing over to co-workers before change of shift. We will assist patients and visitors who have disabilities and special needs.

### **5. COMMITMENT TO CO-WORKERS:**

We will welcome all new employees to Greys Hospital in an attempt to make their adjustment as a team player as pleasant as possible. We will demonstrate strong work ethic by showing that we care enough about ourselves, our job and our co-workers by being on time and lending a helping hand whenever possible. We will treat our co-workers as professionals deserving courtesy, honesty, respect and cooperation in the same manner, as we would expect to be treated.

### **6. CUSTOMER WAITING:**

We will acknowledge the patient or families that are waiting, by checking in on them periodically, according to department policies. We will offer an apology if the wait is longer than anticipated, always thanking the customer for waiting. We will strive to provide our customers with a prompt service, always keeping them informed of delays and making them comfortable while they wait.

### **7. HALLWAY ETIQUETTE:**

We will extend courtesy and professionalism to patients, visitors and colleagues in the hallways. We will make eye contact and friendly greet visitors, patients and co-workers. We will never be too busy or involved in what we are doing to overlook a visitor needing help. We will assist any person who is lost by walking customers to where they need to be. We will strive to place clear directions and easy to follow signs in our hallways to assist our customers to reach their respective departments without difficulty. We will continually strive to exceed the expectations of others as we pass through the halls.

**8. PRIVACY:**

We are committed to the protection of our fellow employee's, as well as customer's rights to personal and informational privacy. We completely understand that we have the responsibility to ensure that all communications and records inclusive of demographic, clinical and financial information, be treated and maintained confidential. We are committed to the value of providing care and communication in an environment that respects privacy. We will be considerate in all interactions as well as in the provision of care at all times and under all circumstances with the highest regard for a customer's **personal privacy and dignity**. We expect from ourselves and other employees, behaviour that represents the expressed value in honoring and protecting everyone's right for privacy and personal safety.

**9. SAFETY AWARENESS:**

We will complete all health and safety in-services, as well as familiarize ourselves with our respective departmental safety policies and procedures to ensure an accident free environment. If we observe any unsafe condition or safety hazard, we will correct it if possible or report it to the appropriate person immediately. We understand the importance of reporting all accidents or incidents promptly.

**10. SENSE OF OWNERSHIP:**

We will accept all the rights and responsibilities of being part of the hospital team by living the hospital vision, mission and core values, thus strengthening our corporate identity. We will be an example to others, taking pride in our work and providing an excellent customer service. We will strive at all times to keep the people and property of the hospital at high regard, also taking the necessary responsibility for our individual work areas. We will create a sense of ownership towards our profession, taking pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves.

**GREY'S HOSPITAL IS RENDERING THE FOLLOWING SERVICES ON REFERRAL BASIS ONLY, EXCEPT FOR EMERGENCY AND TRAUMA CASES:**

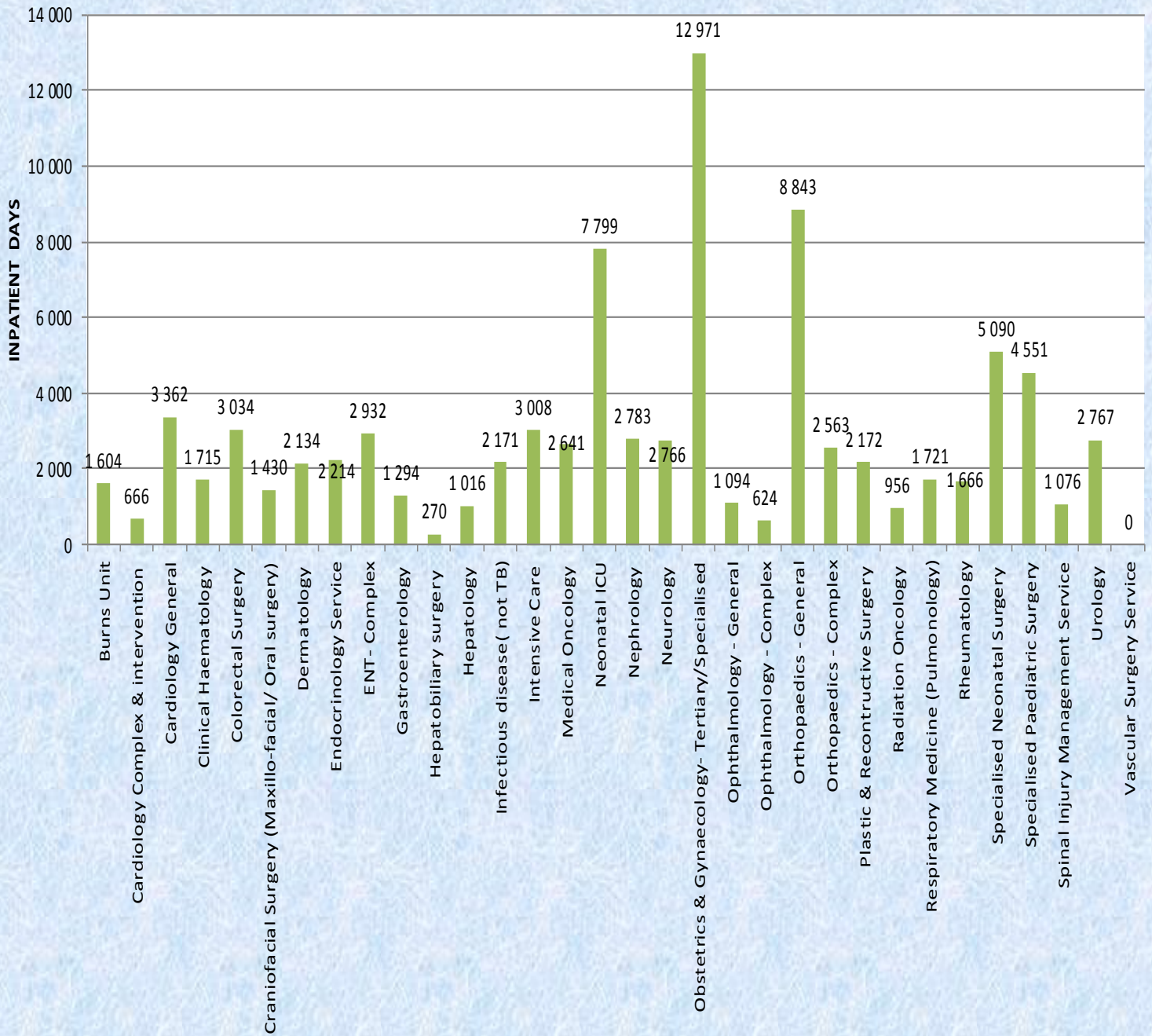
<p><b><u>ORTHOPAEDIC AND SUB-SPECIALITIES</u></b></p> <ul style="list-style-type: none"> <li>• General Orthopaedics</li> <li>• Hand Unit</li> <li>• Spinal Unit</li> <li>• Arthroplasty Services</li> <li>• Tumour, Sepsis &amp; Reconstruction</li> <li>• Paediatric Orthopaedics</li> </ul>	<p><b><u>DEPARTMENT OF RADIOLOGY</u></b></p> <ul style="list-style-type: none"> <li>• General x-rays</li> <li>• Theatre radiography and Mobile Units</li> <li>• Fluoroscopy / Screening</li> <li>• CT Scans</li> <li>• MRI Scans</li> <li>• Mammography / Breast Imaging</li> <li>• Ultrasound</li> <li>• Interventional Radiology</li> <li>• Cardiac Catheterisation Laboratory radiography</li> </ul>
<p><b><u>DEPARTMENT OF INTERNAL MEDICINE</u></b></p> <ul style="list-style-type: none"> <li>• Neurology</li> <li>• Cardiology</li> <li>• Infectious Diseases</li> <li>• Pulmonology</li> <li>• Nephrology</li> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Rheumatology</li> <li>• Dermatology</li> <li>• Clinical Haematology</li> </ul>	<p><b><u>OBSTETRICS AND GYNAECOLOGY</u></b></p> <ul style="list-style-type: none"> <li>• High Risk Obstetrics</li> <li>• Feto-Maternal Medicine</li> <li>• Oncology</li> <li>• Uro-Gynae / Pelvic Floor Dysfunction</li> <li>• Gynae-Endocrine / Reproductive</li> </ul>
<p><b><u>SURGERY &amp; SUB-SPECIALITIES :</u></b></p> <p><b>GENERAL SURGERY :</b></p> <ul style="list-style-type: none"> <li>• Hepatobiliary</li> <li>• Breast &amp; Endocrine</li> <li>• Upper GIT</li> <li>• Colorectal</li> <li>• Trauma</li> </ul> <p>Sub-Specialty in Surgery:</p> <ul style="list-style-type: none"> <li>• ENT</li> <li>• Urology</li> <li>• Ophthalmology</li> <li>• Paediatric Surgery</li> <li>• Plastics &amp; Reconstructive Surgery</li> <li>• Dental &amp; Maxillo-facial</li> </ul>	<p><b><u>PAEDIATRIC OUTPATIENTS RUNS THE FOLLOWING GENERAL &amp; SUBSPECIALTY CLINICS</u></b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Cardiology</li> <li>• Child Abuse</li> <li>• Endocrine</li> <li>• Foetal anomaly</li> <li>• General paediatrics</li> <li>• Haemophilia clinic</li> <li>• HIV clinic</li> <li>• Learning disorders</li> <li>• Neonatal</li> <li>• Neurology &amp; neurodevelopment</li> <li>• Psychology</li> <li>• Renal</li> </ul> <p>Ward follow up clinics</p> <p>NB Dermatology, Surgery &amp; orthopaedics all run a paediatric clinic within their specialty</p>
<p>OCCUPATIONAL THERAPY</p>	<p>SPEECH AND AUDIOLOGY</p>
<p>SOCIAL WORK SERVICES</p>	<p>PHYSIOTHERAPY</p>
<p>LABORATORY SERVICES</p>	<p>ACCIDENT &amp; EMERGENCY SERVICES</p>
<p>DIETETICS DEPARTMENT</p>	<p>CLINICAL PSYCHOLOGY</p>
<p>PHARMACEUTICAL SERVICES</p>	<p>ANAESTHETICS &amp; PAIN MANAGEMENT</p>
<p><b><u>RADIOTHERAPY AND ONCOLOGY:</u></b></p> <ul style="list-style-type: none"> <li>• New Breast &amp; Cervical Cancer</li> <li>• New Head &amp; Neck Cancer</li> <li>• New GIT &amp; Uro Cancer</li> <li>• New General Cancer</li> </ul> <p>Chemotherapy suite</p> <p><b><u>RADIOTHERAPY SECTION:</u></b></p> <ol style="list-style-type: none"> <li>1. Simulator</li> <li>2. Planner</li> <li>3. Linear accelerator</li> <li>4. Brachytherapy</li> <li>5. Mould Room</li> </ol>	

**GREY'S HOSPITAL STATISTICS ANNUAL REPORT: 2016/2017**

**EFFICIENCY INDICATORS**

	Prov. Norms	Hospital Targets 2016/2017	AVERAGE	16-Apr	16-May	16-Jun	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	Mar-17
<b>INDICATORS</b>															
USABLE BEDS				505	505	505	494	494	505	484	484	484	505	505	505
INPATIENT DAYS	342139		10571	10542	11151	10567	11303	11559	10877	11239	11063	7751	9691	10264	10846
ADMISSIONS	N/A		856	868	945	842	893	953	865	893	913	553	812	927	805
DISCHARGES	N/A		839	912	847	818	900	933	936	884	897	601	697	741	897
INPATIENT DEATHS	N/A		56	40	41	59	58	60	55	60	49	46	71	68	66
TRANSFERS IN	N/A		238	243	258	287	291	259	160	234	226	150	224	216	306
TRANSFERS OUT	N/A		128	96	105	138	114	76	140	145	150	138	126	149	164
BED OCCUPANCY RATE	75%	84%	73%	71%	74.00%	76.50%	79.90%	81%	77%	74.90%	77%	53%	66%	73%	72%
AVERAGE LENGTH OF STAY	8.7	9.6 DAYS	10 DAYS	10 DAYS	9 DAYS	10 DAYS	11 DAYS	11 DAYS	10 DAYS	10 DAYS	11 DAYS	10 DAYS	11 DAYS	10 DAYS	11 DAYS
BED TURNOVER RATE		2	2	2	2	2	2	2	2	2	2	2	2	2	2
DEATH RATE	5%	5%	5.00%	4.60%	4%	5%	4.90%	5%	5%	5%	4.10%	6.70%	6.80%	5%	5%
INTERWARD TRANSFERS	N/A		428	439	423	426	504	540	402	420	446	199	426	409	507
DAY PATIENTS	N/A		921	942	970	789	934	963	747	1169	981	837	827	975	
OPD HEADCOUNT	N/A		9972	9789	10698	10443	10124	8892	11529	10351	10979	6828	9055	10218	10755
CASUALTY HEADCOUNT	N/A		800	775	748	665	741	757	790	793	747	947	877	832	938
CAESERIAN SECTION RATE	71%	68%	72%	71%	68%	81%	77.40%	75%	67.50%	69%	73.50%	73%	70%	68%	71%
PATIENT DAY EQUIVALENT	N/A		14056	13805	14717	14048	14678	14523	14720	14689	14722	10858	13815	13670	14431
EXP. PER PDE	R 5,048	R 4,377	R 6,011	R 5,776	R 5,939	R 6,076	R 5,525	R 6,558	R 5,879.00	R 6,299	R 6,269	R 10,616	R 6,245	R 6,110	R 5,441

# NTSG PATIENT ACTIVITY: 2016/2017





## GREY'S HOSPITAL CLINICS STATISTICS

CLINICS	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
MEDICINE	3187	2695	2943	3054	2967	2947	3071	3224	1495	2733	2929	2962	34207
SURGERY	2137	2550	2538	2286	2506	2679	2500	2834	2029	2235	2180	2495	28969
PAEDIAT- RICS	602	630	598	564	482	591	661	671	382	541	605	761	7088
OPHTHAL	745	785	923	679	857	821	825	902	524	322	675	706	8764
ORTHOPAE- DICS	777	932	890	836	983	902	890	1012	596	1142	866	915	10741
GYNAE	626	619	664	629	630	544	593	558	422	613	551	575	7024
ONCOLOGY	1959	2146	2191	2302	2524	1087	2081	2079	1583	1469	2172	2341	23934

# **NURSING COMPONENT ANNUAL REPORT 2016/2017**

## **INTRODUCTION**

The Nursing component vision is to provide quality patient care of the highest standard at all times. Our achievements, challenges and future plans are outlined in this report.

## **ACHIEVEMENTS**

### **HUMAN RESOURCES DEVELOPMENT AND TRAINING:**

#### **1. Staff completed training**

- 12 Staff members have completed their Diploma in General Nursing
- 25 Staff members have completed their Diploma in Post Basic Nursing

#### **2. Number of Staff on training**

- 2 Child nursing science
- 5 Operating nursing science
- 0 Emergency & Trauma course
- 4 Critical care
- 2 Advanced Midwifery
- 4 Midwifery
- 5 4 year course
- 25 2 year course

Each Ward has identified Preceptors to assist with clinical practice for students. Training of the Preceptors has continued.

### **REVITALISATION:**

- Renovations to ward E1 were completed in October 2016 and Ward M1 was completed in January 2017.

### **QUALITY PROGRAMMES**

- The hospital sustained its MBFHI status and training is ongoing.
- ESMOE, ETAT and HBB projects initiated and are in the implementation phase.
- EPI is being monitored to ensure an improvement in the immunization campaign
- PMTCT, TB Screening and pregnancy testing have improved.

### **QUALITY IMPROVEMENT:**

- Audited by the District Office in July 2016 regarding the NCS, our high mark was maintained

- Audited by the Office of Health Standards Compliance in February 2016 regarding the NCS
- Quarterly Quality audits done by the Nursing Division ensures standards are being sustained
- Quarterly IPC audits and Quarterly Waste Management Audits have been conducted
- Monthly documentation audits are being conducted in all nursing areas and are monitored by Nursing Management.
- Risk Management in the nursing division is being monitored on a monthly basis
- Monthly Waiting Time Survey is being conducted in OPD
- TB screenings for IN and OUT patients continues on a monthly basis
- The Nursing Process documents have been standardized throughout the province and implementation commenced in January 2017.
- A monthly checklist for Operational Managers has been piloted at Grey's as well as a daily inspection tool for Assistant Nurse Managers.

### **SANC Accreditation Status**

- Accreditation of the facility for the Critical Care course and the Trauma course run by King Edward VIII Campus has been awarded.
- Accreditation of the facility for the Trauma course run by Edendale Campus has also been awarded.

### **CHALLENGES**

- Staff shortage due to high resignation turnover and the complicated system to fill posts.
- The moratorium on the freezing of posts was a problem at a managers level within the nursing component.
- Change in Student Nurse Allocation due to the decrease in student numbers and the change in commencement dates of the courses has severely affected Service Delivery.
- Shortage of bed availability which affects access.
- No security personnel stationed outside Paediatric and Maternity wards.
- Absenteeism rate remains the greatest challenge, specifically for Professional Nurses.

### **FUTURE PLANS**

- Expecting King Edward Hospital to utilise Grey's Hospital more as a clinical facility.
- Reduction in absenteeism.
- Reduce staff exits.
- Improve staff development to ensure more effective and efficient patient care.

### **CONCLUSION**

There were many positive initiatives and a few challenges in the Nursing component during this time frame, staff continue to provide consistent, quality patient care to the best of their ability. If there were more posts available this would ultimately improve service delivery.

---

MRS K T MCKENZIE  
NURSING MANAGER

# FINANCE MANAGER ANNUAL REPORT FOR THE FINANCIAL YEAR 2016/17

## HOSPITAL STATISTICS 2016/17 FINANCIAL YEAR

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1,000,000
BED OCCUPANCY RATE (BOR)	73%
AVERAGE LENGTH OF STAY	10 Days
PATIENT DAY EQUVALENT (PDE)	176 668
BUDGET	R1 067 319 000
EXPENDITURE	R1 063 388 447
RECOVERED INTER HOSPITAL DEBITS	R1 303 901.23
BAS PAYMENTS	R247 478 275
REVENUE COLLECTIONS	R13 628 350
WRITE OFFS	R2 478 971
DEBT SUSPENSE	R4 749 877.08
COST PER PATIENT PER DAY	R6 019.13

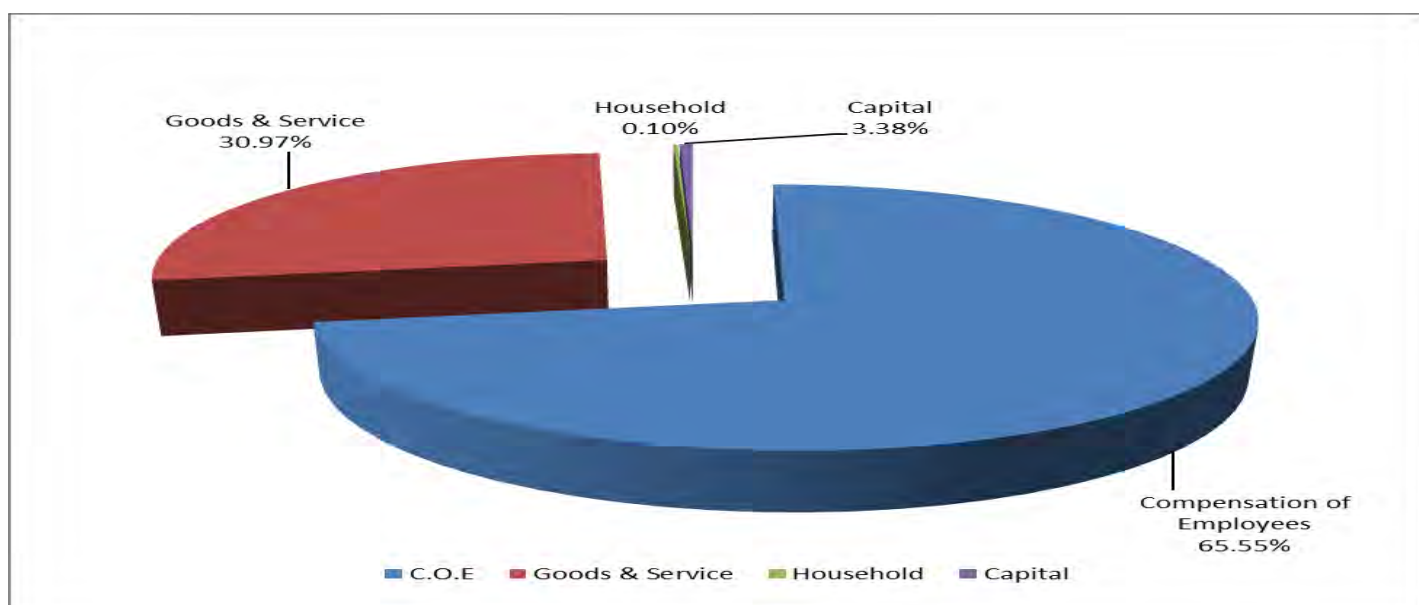
EXPENSE CARRIED OVER TO 2017/18 FINANCIAL YEAR	R21 366 713.08
--	----------------

An amount of **R1 067 319 000** was received for the 2016/17 financial year.

The allocation is summarized as follows:

NATION TERTIARY SERVICE GRANT(NTSG)	R558 402 000
VOTED	R497 483 000
REVIT GRANT	R 6 904 000
HIV/AIDS	R 4 530 000
TOTAL BUDGET	R1 067 319 000

**GREY'S HOSPITAL BUDGET ALLOCATION FOR 2016/2017 FINANCIAL YEAR  
(PER STANDARD ITEM)**



**THE EXPENDITURE TRENDS FOR FINANCIAL YEAR WERE AS FOLLOWS:**

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE	% SPENT
PERSONNEL	R772 294 000	R776 325 503	R4 031 513	100.52%
GOODS & SERVICES	R211 966 000	R189 175 045	R22 790 955	89.25%
LAB NHLS	R 30 000 000	R 37 473 354	-R7 473 354	124.91%
ARV DRUGS	R 526 000	R 470 299	R 55 701	89.41%
MEDICINE	R 38 190 000	R 36 380 265	R1 809 735	95.26%
MAINTENANCE	R 6 904 000	R 11 662 340	-R4 758 340	168.92%
HOUSEHOLDS	R 1 800 000	R 2 734 105	-R 934 105	151.89%
CAPITAL MEDICAL	R 4 343 000	R 8 656 019	-R4 313 019	199.31%
CAPITAL OTHER	R 1 296 000	R 511 517	R 784 483	39.47%
<b>TOTAL</b>	<b>R1 067 319 000</b>	<b>R1 063 388 447</b>	<b>R3 930 553</b>	<b>99.63%</b>

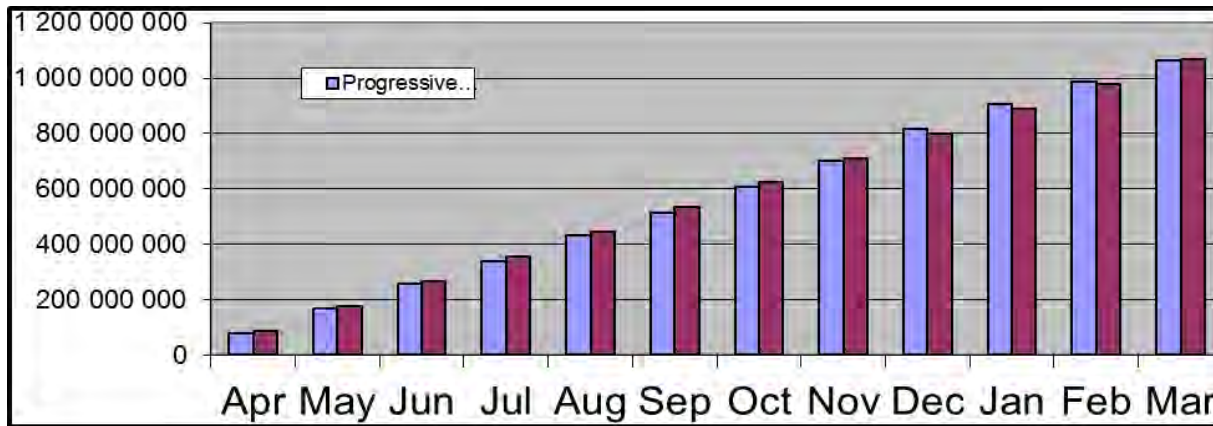
**BUDGET VERSUS EXPENDITURE UNDER FUNDS – 1 APRIL 2016 TO 31 MARCH 2017**

	ANNUAL BUDGET	EXPENDITURE	OVER/ UNDER	% SPENT
NTSG	R558 402 000	R558 402 000	R0	100%
VOTED	R497 483 000	R489 611 355	R7 871 645	98.42%
REVIT GRANT	R 6 904 000	R 11 690 658	-R4 786 658	169.33%
HIV/AIDS	R 4 530 000	R 3 684 064	R 845 936	81.33%
<b>TOTAL</b>	<b>R1 067 319 000</b>	<b>R1 063 388 077</b>	<b>R3 930 923</b>	<b>99.63%</b>

**ADDITIONAL COST**

1* MAMMOGRAPHY UNIT	R6 207 000
2* Medical Legal Cases	R 990 741
PAY PROGRESSION 1.5%	R3 000 000
<b>TOTAL</b>	<b>R10 197 741</b>

**MONTHLY CASH FLOW PERFORMANCE IN THE 2016/17 FINANCIAL YEAR**



**FINANCIAL HIGHLIGHTS – 2014/15 TO 2016/17**  
**BUDGET VERSUS EXPENDITURE**

**FINANCIAL HIGHLIGHTS – 2014/15 TO 2016/17**

**BUDGET VERSUS EXPENDITURE**

	2014/15	2015/16	2016/17
BUDGET	R895 352 000	R975 288 000	R1 067 319 000
EXPENDITURE	R958 792 276	R988 031 706	R1 063 388 447
<b>OVER/UNDER</b>	<b>-R63 440 273</b>	<b>-R12 743 706</b>	R3 930 553
<b>% OVER/UNDER</b>	<b>7%</b>	<b>1%</b>	0.37%

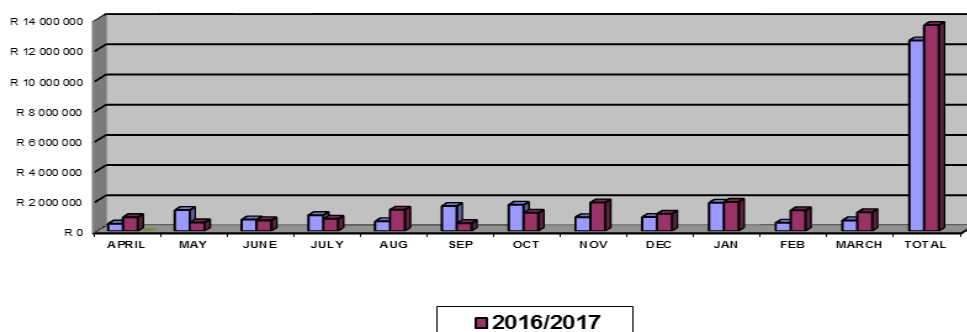
REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2014/15 TO 2016/17

		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF
2014/15 BUDGET EXPENDI- TURE O/SPENT % UNDER	R895 352 000 R958 792 276 <b>-R63 440 276 (7%)</b>	135 713	119 692	R5 459.78	R14 456 974	R2 692 790
2015/16 BUDGET EXPENDI- TURE O/SPENT % UNDER	R975 288 000 R988 031 706 <b>-R12 743 706 (1%)</b>	129 670	120 734	R5 814.89	R12 606 749	R99 902
2016/17 BUDGET EXPEND U/SPENT % UNDER	R1 067 319 000 R1 063 388 447 R3 930 553 (0.37%)	136 748	119 761	R6 019.13	R13 628 350	R2 478 971

REVENUE COLLECTIONS FINANCIAL YEARS 2014/15 TO 2016/17

MONTH	ACTUAL 2014/2015	ACTUAL 2015/2016	PROJ 2016/2017	ACTUAL 2016/2017
APRIL	R 950 668	R480 768.82	R 1 250 000	R909 767
MAY	R 889 315	R1 381 048.29	R 1 250 000	R562 351
JUNE	R 1 573 959	R752 120.71	R 1 250 000	R701 478
JULY	R 1 101 967	R1 042 687.87	R 1 250 000	R808 175
AUGUST	R 1 611 743	R638 756.12	R 1 250 000	R1 397 425
SEPTEMBER	R 871 069	R1 652 283.20	R 1 250 000	R515 143
OCTOBER	R 1 272 913	R1 730 326.85	R 1 250 000	R1 201 138
NOVEMBER	R 557 290	R904 694.12	R 1 250 000	R1 879 896
DECEMBER	R 466 100	R919 111.79	R 1 250 000	R1 136 387
JANUARY	R 1 261 558	R1 866 678.41	R 1 250 000	R1 919 530
FEBRUARY	R 1 198 507	R537 334.15	R 1 250 000	R1 364 721
MARCH	R 2 701 885	R700 938.59	R 1 250 000	R1 232 340
TOTAL	<b>R 14 456 974</b>	<b>R12 606 748</b>	<b>R 15 000 000</b>	<b>R13 628 350</b>

REVENUE PROJECTIONS VERSUS COLLECTIONS FINANCIAL YEAR 2016/2017



## **DEPARTMENT OF INTERNAL MEDICINE ANNUAL REPORT 2016/2017**

### **PREAMBLE**

The Metropolitan Head of Department of Internal Medicine, Dr C. Lee, has been in the position for just short of 18 months. The following figures represent the medical staff in the Departments of Internal Medicine, Neurology and Dermatology since 1 April 2015 (there may be minor inaccuracies in the numbers):

	1 April 2015	1 April 2016	1 April 2017
Head Clinical Dept	1	1	1
Head Clinical Unit	8	7	7
Specialist	9.6	9.6	8.6
Specialists in training (registrars)	11*	9*	6#
Medical officers	15.6	15.6	11.6
Supernumerary MOs	1	1	1
<b>TOTAL</b>	<b>44.2</b>	<b>42.2</b>	<b>35.2</b>

\* Registrars were also deployed to Edendale Hospital. The figure given is roughly the numbers of registrars working at Grey's Hospital (including Neurology); it is not the registrar total for the Pietermaritzburg metropolitan Department of Internal Medicine.

# Internal Medicine and Neurology registrar total for PMB metropole.

Internal Medicine teaching and clinical examination for all 5th year medical students of UKZN is done by the Pietermaritzburg Metropolitan Department of Internal Medicine.

Specialist training in Internal Medicine continues but in reduced numbers.

### **1. CLINICAL SERVICES**

- ⇒ Sub-disciplines with sub-specialists:  
Cardiology, Dermatology, Endocrinology, Gastroenterology, Haematology, Infectious Diseases, Nephrology, Neurology, Pulmonology, Rheumatology.
- ⇒ Sub-disciplines represented but without sub-specialists:  
Acute Medicine, Haematology, Outreach.
- ⇒ Intensive Care and High Care:  
Provided by an Intensive Care Unit serving the hospital as a whole.
- ⇒ Important sub-specialities not present:  
Geriatrics
  
- ⇒ Cardiology

There has been no full-time qualified cardiologist since 30 April 2015. The service continues with a Specialist Physician who has completed 4 years of Cardiology training who is assisted by three qualified sessional cardiologists.

In-patients: Average 10 with a high turnover.

Out-patients: Weekly outpatient clinics – general cardiology (about 25 patients per cardiac clinic); device clinic (checking pacemakers etc); obstetric cardiac clinic.

⇒ Outreach: Occasional

Dermatology: Two Dermatologists.

In-patients: Approximately 4 beds.

Outpatients: Daily Dermatology clinic; dermatology surgical slate in minor theatre weekly

⇒ Endocrinology: One Endocrinologist.

In-patients: Approximately 5 beds. Includes dynamic diagnostic studies.

Out-patients: Weekly Endocrine Clinic and Diabetic Clinics. Follow up patients seen at informal clinics in the wards on two days a week. Monthly Paediatric Endocrinology Clinic and multidisciplinary Transgender Clinic.

Outreach: Currently limited to telephonic support



⇒ Gastroenterology: One Gastroenterologist.

In-patients: 7 - 8

Out-patients: Weekly GIT clinic.

Outreach: Telephonic support.

⇒ Haematology: One Haematologist in training.

In-patients: Average 5 – 6 in-patients. A large part of the service is investigation of cytopaenias and haematological malignancies before referral to Durban haematological services for therapy.

Out-patients: Weekly Haematology clinic and monthly Haemophilia clinic.

Outreach: Telephonic support and guidance.

⇒ Infectious Diseases: One Infectious Diseases specialist.

A large proportion of the workload of this department consists of consultations.

In-patients: Referred patients for in-patient care, service limited by staffing – one medical officer. Monthly antibiotic ward rounds involving Infectious Diseases, Microbiology and Pharmacy were started during the year and are continuing. Isolation facilities available but inconveniently situated in Antenatal clinic. **Weekly** infectious disease journal club.

Out-patients: Weekly ID clinic

Outreach: Caprisa, Vulindlela.

Nephrology: One nephrologist.

In-patients: 15 - 20 in-patients. Length of stay usually 10-14 days. Many in-patients receive haemodialysis and peritoneal dialysis while in hospital. Acute dialysis of patients in ICU – 12-15 sessions per month. Patients initiated on dialysis (haemodialysis and peritoneal dialysis) – 20-40 per month. Initiation of peritoneal dialysis is done in co-operation with the Department of Surgery for abdominal placement of Tenckhoff catheters.

Out-patients: Weekly Renal clinic with 35 patients; weekly Low Clearance clinic (patients with impaired renal function who are likely to require dialysis services in the near to medium-term future; weekly Peritoneal Dialysis clinic seeing 10-15 patients per clinic with a total of about 76 patients on the peritoneal dialysis programme of Grey's. Out-patient haemodialysis service provided daily in shifts which include night time and weekend shifts – about 100 patients receiving regular haemodialysis. These patients receive, on average, two dialysis sessions a week, each session 4-8 hours. In-total 500-600 dialysis sessions a week.

Renal Transplant Service: Present about 10 patients fully worked up for assessment each month. Average acceptance rate about 2 – 3 out of those presented but total transplants done at IALCH about 3 – 4 per year.

Outreach: Preparation for peritoneal dialysis services in Madadeni and Ladysmith Hospitals have been started but services not yet started.

Neurology: Three Neurologists.

In-patients: Approximately 10.

Out-patients: Weekly Neurology clinic; weekly Epilepsy clinic; combined Neurology and Ophthalmology for weekly Neuro-Ophthalmology clinic.

Outreach: Neuro-ophthalmology service provided to IALCH. Intermittent outreach visits to Madadeni Hospital

⇒ Pulmonology: One Pulmonologist.

In-patients:

Out-patients: Weekly Pulmonology clinic. Lung function testing provided, excluding diffusion testing.

Outreach: Telephonic support.

⇒ Rheumatology: One 5/8ths Rheumatologist (but resigned 30 April 2017).

In-patients:

Out-patients: Weekly new patient Rheumatology Clinic and weekly follow-up Rheumatology Clinic.

Outreach: Telephonic support.

⇒ Acute medicine: One General Physician.

In-patients: 14 beds in Medical Admission Ward. Because of the continuous doctor presence, this service is able to provide augmented care and monitoring for 3 beds. The nursing staff-to-patient ration is still the same as in general wards.

Out-patients: Doctors in MAW assist Casualty/Emergency Medicine department with medical cases that arrive in Casualty.

In-patients referred from out-lying hospitals for CT scans have increased dramatically because of persistent problems with the CT machine at Edendale Hospital.

Outreach: Off-site outreach is not a function of Acute Medicine. Telephonic referrals from external sources constitute a large portion of the workload of Acute Medicine.

⇒ Outreach:

One General Physician with Departmental duties that reduce the time available for Outreach.

In-patients: None (see Outreach below)

Out-patients: None (see Outreach, below)

Outreach: Grey's staff – monthly visits to Dundee, Charles Johnson Memorial, Church of Scotland, Vryheid and Emmaus, Appelsbosch Hospitals.

## 2. ACHIEVEMENTS / MILESTONES / PUBLICATIONS

⇒ Internal Specialist training

Three registrars completed their specialist examinations of the College of Medicine. MMed requirements are still outstanding for two registrars before they can complete final registration as specialist physicians.

⇒ Cardiology

The cardiac catheterization laboratory / facility reverted from 24/7 working hours to office hours only. Two beds in the high care Coronary Care Unit, adjacent to the cardiac catheterization facility, were officially dedicated to Cardiology.

⇒ Dermatology

Two experienced medical officers obtained Dermatology specialist training posts in Durban and have not been replaced.

⇒ Endocrinology

Non-tertiary care component has been reduced and follow-up of tertiary patients has been improved by means of informal ward clinics.

⇒ Gastroenterology

Full-time medical officer replaced by a rotating medical officer or registrar.

⇒ Haematology

Blood product expenditure has remained within budget.

⇒ Infectious Diseases

One of the two Infectious Diseases specialists in the Department (Dr Jade Mogamberg) transferred to Ngwelezane Hospital for personal reasons.

⇒ Nephrology

The Nephrology service is extremely busy for two main reasons – increased demand for renal services and minimal capacity to dialyze in outlying centers. The development of renal dialysis services in outlying centers is slow and halting, its political significance remains high, so the renal service in Grey's Hospital will continue to require a large proportion of staff and resources because little of this service can be provided in other centers.

⇒ Neurology

Dr Anand Moodley has been co-opted on to the National Pharmaceutical and Treatment Committee for medicines relevant to Neurology, with a monthly commitment to meetings in Pretoria.

⇒ Pulmonology

Service continues.

⇒ Rheumatology

While the Rheumatology service was largely unchanged for 2016 – 2017, the service will not be able to continue as a tertiary service without a Rheumatologist.

After hours admissions have been limited because after-hours medical officer / registrar cover has been reduced from two on duty to only one on duty. There has been a marginal increase in intern numbers allowing two interns to be on duty at all times. The risk of complex medical emergencies requiring the immediate attention of experience medical staff is of concern. Simultaneous medical emergencies have occurred on several occasions.

#### Outreach

Transport provided by Red Cross Air Mercy Service remains, for more than a year, on a month to month contract. The support vehicle is ageing, experienced staff are leaving and the stability of the service is in jeopardy.

### 3. CHALLENGES

- 3.1 The challenges for all the sub-disciplines are similar – diminishing staff numbers, additional workload, especially in the form of undergraduate teaching, a clinical workload demand that is un-diminished.
- 3.2 All medical staff categories have diminished significantly.
- 3.3 There is no prospect of developing Geriatrics at present.
- 3.4 Equipment procurement and replacement is minimal.
- 3.5 Increased administrative demands take up a great deal of staff time.
- 3.6 Disciplinary processes are cumbersome and time consuming.
- 3.7 Tertiary services provided by sub-specialists were vulnerable due to the small numbers of sub-specialists in each sub discipline (in many cases, only one sub-specialist). The situation has deteriorated and tertiary care in a number of disciplines is edging closer to Regional level care – most notably Rheumatology.

# THE RENAL TRANSPLANT ANNUAL REPORT 2016-2017

## INTRODUCTION

- This report pertains the information on renal transplant between January 2016 – January 2017 at Greys hospital
- Patients who get accepted on the programme, are those who are transplantable
- The outcome of each renal Failure patient treatment is decided upon by the renal team at IALCH.
- The maximum waiting period for transplantation is 6months -2years depending on the health status of both the donor and the recipient.

## ACHIEVEMENTS

- 4 renal patients successful transplanted in 2016:
  - 2 patients received kidneys from related donors
  - 2 patients received from the cadaveric donor
- People signing up as organ donors have increased dramatically following the awareness drives.
- There are 6 patients whose transplant workups are almost done and awaiting transplant dates from IALCH.
- Every month donors are brought by their relatives for counseling ,which shows much improvement as far organ donation is concern.

## CHALLENGES

- Patients dies while awaiting transplant date , because of limited resources.
- Poor referral system by the trauma doctors.
- Families decline patients because of less knowledge with regards to organ transplantation.

## HIGHLIGHTS OF THE OUTREACHES



Left picture: Awareness drive held at the **PRESBYTERIAN CHURCH** and bottom right picture: Awareness drive at : Hutchinson ground( healthy lifestyle – Amanzimtoti )



## **OBSTETRICS AND GYNAECOLOGY ANNUAL REPORT DEPARTMENT 2016/2017**

The Department of Obstetrics and Gynaecology has undergone many changes in the past year which have impacted on both our service delivery and academic responsibilities.

### ◇ **Staff notices**

It was with great pride that we congratulated Drs Mlonzi and Ngcobo, two of our registrars on passing the Part II Fellowship examinations in 2016. We are also pleased about their decision to continue providing their services in the PMB complex, both having taken up posts at Edendale Hospital. We wish them well in their future endeavours.

We welcomed **Dr R Pather** to the department as **Head Clinical Unit: Outreach**. He has managed to revive the Outreach programme that was left without a permanent specialist since the retirement of Dr Batchelder. Dr Pather provides outreach to hospitals and clinics in and around the district, flying as far afield as Newcastle Hospital to perform elective Gynaecology slates on a regular basis. His presence in our referral hospitals has facilitated the process of feedback and through his skills development and educational input we are better able to capacitate staff in some very remote institutions.

Dr BS Makhathini began his sub-specialty studies in Gynae-oncology as a part-time student of the University of Pretoria. We wish him well in his studies.

In 2016 we bade farewell to Dr RC Pillay who resigned from her Specialist post. Her departure has left the Gynaecology service without a permanent consultant; however the remaining consultants do provide supervision in this area.

Doctors P.Israel, RC Pillay, G Daef and BP Monji were awarded their MMed degrees through UKZN. Doctors Israel and Monji's research was published in the South African Journal of Obstetrics and Gynaecology.

Dr MJ Titus continues to provide an invaluable service to the department as Chief Metropolitan Head. Despite his many responsibilities outside of Grey's Hospital, he still avails himself for both postgraduate and undergraduate training and service delivery.

Drs Tsibiyane and Lubelwana joined the department as medical officers after completing their registrar training, bringing the number of full-time medical officers to seven.

### ◇ **Teaching**

#### ESMOE : Essential Skills in Management of Obstetric Emergencies

All interns rotating through Obstetrics receive training in ESMOE which includes practical and theoretical modules on management of the commonly seen Obstetric emergencies. These lectures are given by specialists from the complex on a Wednesday morning and attendance is compulsory.

#### ◇ Undergraduate teaching

Despite the loss of one consultant at Grey's the complex has continued to teach students and administer exams. This places a strain on an already reduced number of specialist staff. Every six weeks we receive a new group of approximately 25 students per block who require bedside tutorials, weekly lectures and intake supervision. Setting exam questions and examining students also places a further demand on the limited staff. We rely on sessional staff appointed by UKZN to assist with examinations and student teaching at Northdale Hospital.

#### ◇ Postgraduate training

After a period of roughly 18 months without a registrar intake, we finally did receive registrars in PMB. The training programme continues to face challenges as registrars are juggling their service delivery commitments with academic pursuits. Attendance at journal clubs and case presentations is frequently poor as registrars are unable to leave their busy work stations to attend academic meetings.

#### ◇ Conferences, Workshops and Symposiums

The Department successfully hosted "An Interactive Symposium on Peripartum Care" in March 2016. We had over 250 delegates present on the day.

A paper entitled "Genital tract Fistula and Perineal Injuries: An audit of patients presenting to a Tertiary centre in KwaZulu-Natal South Africa" was presented by Dr TD Naidoo at the RCOG World Congress 2017 at CTICC, Cape Town in March. This research involved all those patients that presented to our Fistula Clinic at Greys Hospital since 2008.

#### ◇ Equipment

Currently we do not have permanent access to an outpatient hysteroscopy machine, despite several requests being made. However through outside assistance from a private company we do offer this service periodically. Registrars are thus able to learn the skill of performing outpatient hysteroscopy on a regular basis.

Our labour ward ultrasound machine has recently received a transvaginal probe which was long overdue as the ability to perform transvaginal scan after hours was lacking in our department. Once the relevant software is installed we will be able to make full use of this piece of equipment.

Although we run an Urogynaecology clinic, our Urodynamic studies machine has been out of order for an appreciable amount of time and thus we are unable to provide the complete work-up for patients in whom this is indicated.

#### ◇ Clinics

Through increasing the number of colposcopy clinics we run we have managed to shorten our waiting times to within 6 weeks.

The Fetal Assessment clinic is in need of a more spacious venue as the current room is far too small to accommodate all the staff involved as well as the of a genetic counselor as this post has not been filled since our previous counselor resigned and was not replaced.

The high-risk ANC and Gynae clinics are largely MO-led with input from consultants when needed. This is also due to a shortage of specialists to personally cover all the necessary clinical areas.

The Endocrine and Urogynae clinics are running well although we face challenges of long waiting lists for those requiring surgery.

The shortage of nursing staff (especially after hours) continues to impact on the quality of care provided. In a tertiary hospital that receives a high load of patients with serious medical and obstetric complications it is of concern that we are not able to provide adequate nursing care due to staff constraints. This is of particular importance in our high care ward where the need for constant observation of patients is critical and any omissions or delays may result in deterioration of a patient's condition.

We await the construction of a new high care area for the unit as the current 4-bedded cubicle is grossly inadequate for the high number of seriously ill patients we receive. Furthermore our staff needs training in high care nursing. Currently when the high care is full our patients are being accommodated in the labour ward which is not an ideal place for monitoring.

Patient's partner.: We do not offer the services

#### Conclusion

Despite shortages of staff and equipment we continue to strive towards providing quality care in Woman's Health .

## UROLOGY DEPARTMENT ANNUAL REPORT 2016/2017

### STAFFING

The following doctors are currently working in the department of Urology at Greys Hospital.

- Dr R. Sathiram (Head clinical unit)
- Dr RJ. Urry (Consultant)
- Dr K. Mahmood ( Medical officer)
- Dr L.P. Frittella (Medical Officer)
- Dr Z. Jogiati (Medical Officer)
- Dr A.K Dada (Sessional consultant)
- Dr M. Conradie (Sessional consultant)
- Dr D. Smart (Sessional consultant)

Since January 2017, Dr Nkuebe has also been working at Greys hospital.

Dr H. Le Roux vacated his full time post as a medical specialist in urology to commence work in private practice. We wish him all the best for the future.

The full time post vacated by Dr Le Roux and the sessional post vacated by Dr Bugwandeem have not yet been filled.

### ACADEMICS

- Department of Urology at Greys hospital is now responsible for the training of the undergraduate medical students. Training of the undergraduate students were moved from Durban to Pietermaritzberg during the course of the year. 5<sup>th</sup> year students normally come to Greys hospital 3 times per week where they are taught the basics of urology theory as well as examination and management of urological patients.
- The postgraduate registrar training program has also been moved to Greys hospital during the course of the year. Both the South African and supernumerary registrars were transferred to Greys hospital. Registrars receive both theoretical and practical training aiming at preparing them for their final exit examinations. In addition they are also trained to perform surgical procedures.
- Registrars are also supervised for their MMed projects.
- An academic presentation is held every Monday. Registrars and medical officers prepare present topics at this meeting.
- A journal club is held every 2<sup>nd</sup> Thursday afternoon.
- A combined urology-radiology meeting is held every month.
- A country wide webinar is held every Friday morning.
- HPCSA accreditation for training was performed last year. Training at Greys hospital was given full accreditation.
- Dr R.J Urry completed his 6 month training in London and returned to South Africa in May 2016 to recommence work at Greys Hospital.

### TRAINING

- A lecture was delivered to the department of physiotherapy and occupational therapy, by Dr Sathiram about management of patients with lower urinary tract abnormalities.
- A lecture was delivered to the department of Urology and Oncology by Dr Mackenzie on prostate brachytherapy.
- A lecture was delivered to the oncologists and urologists on PET imaging in prostate cancer.

### OUTREACH

- A clinic and theatre slate is held every 3 months at Emmaus hospital.
- A clinic and theatre slate is performed every 2<sup>nd</sup> Monday at Madadeni Hospital.
- A clinic is held every Thursday at Edendale hospital.

### DAILY ACTIVITIES

#### **Monday**

Academic meeting, Ward round, general urology clinic at Greys hospital, teaching of medical students.

#### **Tuesday**

Ward round, full day theatre slate, Teaching of medical students

#### **Wednesday**

Ward round, combined urology oncology clinic, DSD clinic every 3<sup>rd</sup> month.

## **Thursday**

Ward round, general urology clinic at Greys Hospital, General urology clinic at Edendale Hospital, teaching of medical students, academic activity. Morbidity and mortality meetings are held once a month.

## **Friday**

Academic meeting, ward round, half day local slate, half day general anaesthetic slate.

Ward rounds are conducted on Saturdays and Sundays by the on call team.

After hours cover is provided for Greys Hospital from 16:00 until 08:00 on weekdays and from 08:00 until 08:00 the next morning on weekends and public holidays. In addition to providing cover to Greys hospital the entire western half of the province is covered. Patients are discussed telephonically with the team on call and if necessary the patient is transferred to Greys hospital for treatment.

## **CHALLENGES**

- The department of urology is facing a shortage of consultants. There are currently 2 full time consultants and 3 sessional consultants employed at Greys. There is a full time consultant and specialist post that is vacant.
- Greys urology is also facing difficulties of a long waiting list for surgical procedures. At present patients are being booked for elective surgery in 2020. The situation has been further worsened because Greys has lost a full day theatre slate at Greys hospital and a full day theatre slate at Edendale hospital due to lack of anaesthetic staff. Adding to the problem is that there is a lack of regional and district level work that is being performed at other hospitals.

## **CONCLUSION**

We hope that the forthcoming year will provide us with greater resources to enable to provide a more timeous service to our patients who are awaiting surgery. However even with the limited resources that we have, we aim to provide medical care in line with internationally accepted care.



## **ORTHOPAEDICS DEPARTMENT ANNUAL REPORT 2016/2017**

This has been a challenging period in many respects – continued failure to fill vacant posts and lack of Registrar Intake (0 %) for the whole of KZN. The 2015/2016 challenges are still with us and have now been exacerbated by continued lack of filling of vacant posts

1. *Uncertainty of Orthopaedic Services in Northdale Hospital:*

This issue has been addressed yearly for the last 4 years but still no finality on the future existence of Orthopaedics in Northdale Hospital.

2. *Lack of Funding for Registrars:*

Orthopaedics was allocated 5 Registrars (4 x PMB and 1 x Ngwelezane Hospital) but the Registrar Steering Committee refused to allocate Registrars on the basis that Department of Orthopaedics in Durban has lost its Accreditation for Registrar Training. This decision was taken despite me communicating with the Committee Chairperson that PMB has Full Accreditation to take the 4 x Registrars. The result of this decision has been aggravation of Staff Shortage threatening to collapse After-Hour Service and lack of utilization of training capacity that exists in PMB.

3. *Outreach:*

This vital component of services is under threat due to staffing challenges. The services has already been withdrawn to 6 District Hospitals with only 2 Regional Hospitals (Madadeni and Ladysmith) being supported currently because their collapse will have huge impact on PMB.

4. *Staff Retention / Appointment of New Specialists:*

The Department is currently sitting with 8 x Registrars who qualified as Specialists but cannot be employed due to moratorium on filling of posts. Two of them have since moved to Groote Schuur (Drs Duma and Mkhize) as they have been offered Specialists Posts. The sad issue concerning these Doctors is that they are locals and have been trained and developed in PMB. Dr Duma and I met in COSH in 2006 during my Outreach Visits and I recruited him to train in Orthopaedics, to be lost to the Western Cape.

5. *Protected Registrar Study Time:*

Registrars are entitled to 20 % of their normal allocated working time for Studying – this will soon become an issue and when it happens, it has implications for Accreditation of Orthopaedics in PMB.

SUBMITTED BY : *DR M E SENOGÉ*

*MBChB, FCS (SA), ORTH.*

*HEAD: CLINICAL DEPARTMENT &*

*METROPOLITAN HEAD*

*DEPT. OF ORTHOPAEDIC SURGERY*

*PMB METROPOLITAN COMPLEX*

## **RADIOLOGY DEPARTMENT ANNUAL REPORT: 2016/2017**

### **STAFFING**

It has taken over 10 years to attract and retain an optimal balance of consultants, registrars and medical offices to provide sustainable service provision and training. Constant refreshing through replacement of turnover junior staff is a critical ingredient of the system, but this is unfortunately not recognized by the decision-makers. Due to the post moratorium we currently have six vacant, frozen medical officer posts in the Metropole, as well as various clerical, radiographer and sessional specialist posts. This has a severe effect on service provision and future training.

Greys has been able to attract and retain a dedicated team of consultants, all of whom have subspecialist interests. This is the result of structures and systems put in place over many years. Pull factors from the private sector are no longer as significant to staff retention as previously, because the salary differential between public and private has narrowed. Push factors, for example non-functioning equipment and non-replacement of support staff, are now the most significant cause of staff leaving. All three consultants at Edendale have left in the first four months of 2017. We will not be able to replace them anytime soon, even if funded posts become available, because KZN has effectively stopped training radiologists.

The recruitment and retention of sufficient radiographers, particularly those capable of running the more specialised modalities such as CT, MRI and Ultrasound remains a challenge. It is critical to have posts available at times when we are able to attract applicants. We lost 2 highly trained MRI radiographers during the year, one for career progression reasons and the other due to bureaucratic issues related to her appointment. Replacements are being trained, but this takes time.

Our nursing component was reduced last year and we therefore no longer have the capacity to run full interventional lists when a nurse is on leave. Nursing services in Radiology would benefit from the allocation of a supervisory level post. Additional mid-level nursing / general orderly staff in ultrasound would enable a faster throughput of patients.

### **EQUIPMENT**

A new system for approval of repairs was implemented by HTS during the year, eliminating several unnecessary steps in the process. This increased efficiency had a positive effect on turnaround time for repairs. Unfortunately the Head Office approval for the new system only extended to 31 March, so the system has regressed to previous levels of delay while we await clarification on the way forward.

Maintenance contracts are essential to keep larger radiological equipment items working. Maintenance has to be performed by authorised vendors who can supply spares and appropriate expertise at short notice. If maintenance contracts are not put in place timeously, the DOH has to fund repairs as they occur, and approval of repairs is often delayed, in addition to usually costing more. Greys Hospital management has a proactive approach in finalizing renewal contracts for critical items. Contracts for CT, MRI, Mammography, Cath Lab, and PACS are in place, which is why these services continue to function. There is still no maintenance contract for the CT scanner at Edendale, which is why it was out of order for over 4 months of the year, why eventual repair cost double what the maintenance contract for the year would have cost, and why all the EDH consultants have left for more functional pastures.

We have been able to procure several important equipment items during the year, including a digital mammography unit, 2 ultrasound units and a long-length CR imaging system. All of these were procured through NTSG processes after failure of other pathways. Some of our older basic ultrasound units have been re-allocated to clinical areas in various disciplines where there is a need.

Centralized procurement processes via HTS/CSCM remain problematic. None of the critical items on the 2014/15 or 2015/16 procurement plans for Radiology were procured. It is rumored that a mobile X-Ray unit could be procured from the 2016/17 procurement plan once certain administrative delays at CSCM are resolved. Critical equipment needs are:

MRI replacement. The machine reaches its revised end of factory support for spares in December 2017. This means that the vendor can no longer guarantee spares availability. We are already experiencing increasing down time and technical problems, which is causing increasing waiting times. If a component fails and a spare is not available, the sole MRI service for Areas 2 and 3 will end.

Multiplanar fluoroscopy / DSA unit replacement. After several years of non-procurement via the HTS route, replacement is now being attempted via the Greys NTSG route. Specs have been drawn up with input from successful procurement processes in other provinces and submitted for approval. All that is required is that these need to be approved and advertised by the responsible components, preferably before the exchange rate deteriorates again, but we have been unable to determine when, or if, this will be done. All processes within the Greys delegation have been completed. We no longer do bronchial embolisations because the imaging quality on the existing 20 year old machine is too poor, so this service is no longer available. When the machine fails, other interventional procedures, pain clinic interventions and ERCPs will all be consigned to history.

Panorex unit. The current 1983 unit has been condemned and the service stopped 2 years ago in 2015.

### **SERVICE PROVISION**

The new mammography unit installation has had a huge positive impact on breast cancer management in Areas 2 and 3. The digital technology is far more efficient and accurate than the previous outdated analogue technology, and enables a much faster patient throughput, in addition to significant saving on film printing costs. We have been able to almost double the number of patients that we do, now averaging 16-20 patients per day. The waiting time for mammograms on patients with suspected cancer in our referral area has been reduced from 6 month to 3 weeks. Patients requiring biopsies have these procedures done immediately, eliminating repeat visits and diagnostic delays.

Greys continues to provide the full package of Radiology services expected of a tertiary institution, but staff cuts and equipment issues have resulted in decreased capacity and longer waiting times in several other areas. CT and fluoroscopy lists have been reduced to 4 and 3 lists per week respectively due to staff shortages, and several other services are at risk of equipment-related failure, notably MRI and interventional services.

The after-hours service has been partially destroyed by the non-replacement of critical turnover MO posts. We no longer have the staffing to provide full cover at both Greys and EDH. Critically injured patients must be transferred to Greys for imaging on approximately 15 nights per month, where they then face further delays because the workload overwhelms the remaining staff. This places unnecessary stress on clinical departments and EMRS, delays treatment, and endangers patient's lives. All of this could be avoided by filling the previously funded MO posts which were performing these duties prior to the moratorium.

We remain dependent on radiographer overtime in order to provide after hours plain film and CT services 7 days per week, and this will continue until such time as the radiography establishment catches up with the service demand. The service has been jeopardized on several occasions due to delays in obtaining approval to allow radiographers to work overtime.

#### **MEDICOLEGAL RISKS**

Legal liability costs come directly off the DOH budget and therefore impact directly on staffing, equipment, and ultimately our capacity to provide patient care. Specific risks in Radiology are:

1. We do not have enough staff to maintain a reliable after-hours service across the Metropole.
2. We do interventional procedures on an outdated machine with failing image quality that cannot save images to PACS. If there is an accusation of diagnostic or treatment error, we will have no image records to refer to.
3. We have long waiting lists in CT, MRI and mammography. Patients with known malignancies often wait several months for imaging and treatment, with easily demonstrable adverse outcomes.
4. We do not have enough nursing staff to ensure that sedated and unstable patients are always properly monitored.

We no longer have the MRI capacity to expedite medicolegal scans. These are now done on routine outpatient lists, with the same 4-5 month waiting time as semi-urgent clinical cases.

#### **ACADEMIC ACTIVITIES, TRAINING AND OTHER ACHIEVEMENTS**

Pietermaritzburg has the capacity to accommodate 8 radiology registrars at present, with expansion to 10 in 2018 if required. 100% of the radiology registrars appointed at Greys since 2008 have qualified as specialists. Greys has retained full HPCSA accreditation for Radiology specialist training, and the Greys training system is recognized as one of the premier programs nationally. The steering committee therefore decided to have no intakes for Radiology in 2017, following the provincial micro-intake of 2016.

As a result of this, 6 experienced Medical Officers who had all passed the Radiology Part 1 exam (which is a minimum shortlisting requirement for registrar posts) left to take up registrar posts in other provinces during the year. This represents a loss of 2 years of effort in recruiting and training high quality candidates who could have become the next generation of Radiology specialists in KZN, but who are now lost to other provinces. Recovery of this category of staff, so critical to future training and service provision, remains blocked by the post moratorium.

Greys Hospital is accredited by the HPCSA as a training site for student radiographers and student radiographers and has all the elements necessary to provide good all-round practical training. Students rotate through both Greys and Edendale Hospitals. Two Radiographers completed post graduate certificates in CT and Mammography, and several other staff members are currently studying towards various qualifications.

Greys radiographers hosted the SORSA (Society of Radiographers of South Africa) KZN branch seminar in Pietermaritzburg on 30 July 2016, with good attendance and very positive feedback received. The department achieved 96.62% and a 2<sup>nd</sup> place award at Quality Day for the National Core Standards audit, and also a 3<sup>rd</sup> place award for Waste Management, which should give us some useful insights into the likely direction of service provision and training over the forthcoming year.

We remain committed to providing the best service possible despite the numerous challenges confronting the department.

SUBMITTED BY: DR DENEYS REITZ

HEAD CLINICAL DEPARTMENT

DIAGNOSTIC RADIOLOGY, PIETERMARITZBURG

## **CLINICAL PSYCHOLOGY DEPARTMENT ANNUAL REPORT 2016/2017**

The Clinical Psychology Department staff compliment consists of one principal clinical psychologist (Otilia Brown) and three clinical psychologists (David Blackbeard, Thembi Kheswa and Delysia Pillay). We focused on maintaining established services in the financial year 2016/17. In addition to the general psychological services provided to in- and outpatients at Grey's Hospital, we have maintained the following areas of specialization: chronic pain, laryngectomy, paediatric endocrine, paediatric oncology, paediatric tracheostomy, renal, Disorders of Sex Development (DSD), osteosarcoma, and POPD LDC. Clinical Psychology is involved in assessing and reporting on renal patients at the monthly renal meetings held at IALCH. Our department also participates in MDT meetings for disorders of sex development, paediatric oncology, paediatric endocrine, laryngectomy, paediatric tracheostomy and renal patients. The department plays a role in organising and implementing support groups for paediatric endocrine patients, conducts parent training groups in the POPD and psychoeducational groups for Pain Clinic. In an endeavour to provide cost effective psychological services and manage the departmental resource constraints, psycho-educational support groups for renal patients have been established in this financial year. Clinical Psychology participates in the paediatric endocrine, paediatric tracheostomy and DSD clinics.

Clinical Psychology is actively involved in the organisation and implementation of health promotion events at Grey's Hospital. This year we were involved in arranging the Child Protection Week, Mental Illness and Disability Month and the 16 Days of Activism. We also assisted with World Kidney Day and participated in Kidney Awareness Week. Many of these events included a community outreach component and the Mental Illness and Disability Month event included training for Allied Health facilitated by an invited speaker from Fort Napier Hospital. All the events were successful and were well received by the participants, organising committees and hospital management. In addition, Clinical Psychology participated in the Grey's Hospital Open Day which aims to provide high school learners with exposure to career opportunities in the public sector, and Healthy Staff Day which is aimed specifically at promoting wellness amongst our staff.

The Department of Clinical Psychology offers two CPD accredited programmes. One of these programmes offer a multidisciplinary professional training programme for the clinical psychology staff. The second programme comprises case discussions held in the department on a monthly basis. Staff members also conducted training for Dietetics, Physiotherapy, Social Work and Occupational Therapy as part of these departments' CPD programmes.

Despite the heavy clinical load and staffing constraints, the Department of Clinical Psychology continues to conduct research that will have a tangible impact on patient care. The department is a member of the Grey's Hospital Pain Research Committee (GPRC) and one of our staff members serves as the secretariat for this committee. Research collaborations with Paediatrics with specific reference to the Endocrine service in POPD, and Orthopaedics with specific reference to osteosarcoma patients have been maintained. A research protocol for a paediatric endocrine research project has been approved by the Biomedical Research Ethics Committee at UKZN and one article for the osteosarcoma research has been published, a second accepted and a third submitted for publication. The department also serves on the Umgungundlovu Health Ethics Review Board (UHERB).

Our challenges mainly include infrastructure and staff constraints. The relocation of the department remains a pivotal requirement as we are currently situated in a high volume, high noise level area with limited confidentiality. However, we remain committed to providing quality patient care and we look forward to the continued support of our colleagues across all departments.

SUBMITTED BY: Ms **Otilia Brown**

**HOD of Clinical Psychology**

## **SOCIAL WORK DEPARTMENT ANNUAL REPORT 2016/2017**

### **ACHIEVEMENTS:**

#### **1. Uyini umdlavuza? What is cancer? Oncology booklets Project:**

This significant project was implemented in collaboration with Oncology and Allied Health teams at Grey's Hospital and the Cancer Association of South Africa (CANSA). The project had a two-fold approach:

**The development of the "Uyini umdlavuza? What is cancer?" booklet** was completed in 2015 and published in 2016. The booklets, which are available in isiZulu and English, display relevant information in simpler, pictorial and user-friendly format that increase patients' understanding of cancer and its treatment. This results in improved patient compliance and early detection of problems. CANSA's sponsorship of 3000 colour booklets is acknowledged.

**A successful public launch** held on 10 May 2016 at Grey's Hospital, was well attended by the Deputy Director General, Dr Mndaweni, CEO's, managers and healthcare professionals from health institutions throughout KZN, community care givers and oncology patients. The District Chaplain, Reverend Bhengu provided enlightening words of prayer and a candle lighting ceremony for cancer survivors, followed by music from the combined choir from Grey's Hospital and Town Hill Hospital. All presenters had provided informative presentations. The patient, Jabulani Hlongwane had given a moving account of his cancer journey, shortly before his demise. NGO's such as CANSA, CHOC and Hospice provided exhibition stands and health screening. Booklets are available on the Intranet and Department of Health KZN website: [www.kznhealth.gov.za](http://www.kznhealth.gov.za).

#### **2. Internal Research Day:**

The Health Research and Knowledge Management Unit of the Department of Health hosted an Internal Research Day at Natalia on 10 October 2016. Lekha Chirkoot was selected to present her dissertation on Discharge Planning in a tertiary hospital in KwaZulu-Natal: Views of the multidisciplinary team, to a health care workers and managers from several KZN Health institutions. It was an enriching experience to be exposed to pertinent research from multi-disciplinary health care practitioners.

#### **3. Posts and service delivery**

Sphelele M. Ngongo, a social worker who joined our dedicated team in April 2016, provides Social Work services to Orthopaedic and Surgical wards and clinics. His arrival enabled the rotation of two social workers. Hlengiwe Jili moved from Ortho & Surgery to Paediatrics. Phindi Cebisa, who had been appointed as Social Work Supervisor Grade 1 the previous year, moved from Paediatrics to Adults and Paediatric Oncology and was able to assume her supervisory duties.

#### **4. Patient care:**

Our Social Service professionals provide psychosocial assessments, various forms of counseling and advocate on behalf of patients to ensure their needs are addressed. We facilitate contact between the patient, family, hospital and community resources in terms of discharge planning and the continuity of care. We are a significant part of several specialist multidisciplinary team programmes such as: Management of Foetal Anomaly Patients, MDT Palliative Care programme, Chronic Renal Failure Programme, Management of Intersex Patients, Paediatric Tracheostomy Homecare Programme and Paediatric Diabetic MDT Programmes, among others.

#### **5. Group work:**

The Oncology Support Group and PICU Lodger Mothers Support Group have continued to run twice per month and provide patients and caregivers with emotional support and coping skills in terms of living with life threatening conditions.

#### **6. Community Networking:**

Social Workers participate in projects and meetings at an inter-sectoral level; e.g. The Department is represented at the Local Victim Empowerment Forum which facilitates inter-sectorial collaboration in diverse victim support interventions.

The UMgungundlovu District Health Forum is hosting the Social Workers 2017 Conference to be held on 26 May 2017 at Grey's Hospital. The Social Work Dept. of Grey's Hospital is actively involved in the planning and organization of this event.

#### **7. Offices & Infrastructure:**

Although congested, creative space solutions were sought: the creation of an office at the old gym, a kitchenette from a partitioned office and storage space at the mortuary for archiving files.

#### **8. Staff Development & Training:**

In order to broaden knowledge and skills, social service professionals attended 14 In-service training programmes, Allied Health Academic training, departmental meetings and held two team-building sessions. Student placements were provided to two Social Auxiliary Work Students and a learnership to a high school learner.

#### **9. Quality Management:**

Policies, plans and documentation and clinical audits are in place to ensure a good standard of service delivery. For the first time, Social Work Department presented awards in respect of Employee Rewards & Recognition at the Quality Day event in November 2016. Three framed certificates and trophies were awarded to the following staff in these categories:

Creative Problem Solver: Phindi Cebisa

Most Commendable team player: Freda Harmse

Outstanding Service: Futhi Mkhize

**10. Health Awareness Programmes: In and outreach programmes:**

There was active involvement in at least 17 health promotion programmes between April 2016 and March 2017, that were conducted internally or within various communities, such as: Child Protection Week, Career Open Day, Burns Awareness Week, National Youth Day, National Epilepsy Day, Mental Health Awareness Month, Kidney Awareness Week, World Hospice and Palliative Care Day and International Day for Older persons. Some of the highlights were: Celebration of Women in the Workplace to commemorate National Women's Month, Breast Cancer Awareness, SANCA Drug Awareness Campaign at a school in Hopewell and the 16 Days of Activism of No Violence against women and children.

**CHALLENGES & PLANS TO ADDRESS THEM:**

Posts are frozen due to the moratorium.

No funding for training courses has an impact on skills development.

Office space is still very limited, although there have been improvements.

Motivations were submitted in terms of posts, offices and skills development funds.

SUBMITTED BY: **Ms Lekha Chirkoot**

**Social Work HOD**

# **SPEECH THERAPY AND AUDIOLOGY ANNUAL REPORT 2016/2017**

## **1. GENERAL OVERVIEW**

It has been a busy and productive year for the Speech Therapy and Audiology department. It has also been one of great sadness as our HOD Yugeshiree Naidoo resigned at the end of 2016. She has been part of the department for many years and has made a significant impact on the development and the structuring of this department. She will be dearly missed by all members of staff. We have been able to maintain good quality service to all patients even with decreased members of staff. All the therapists have taken up extra work to assist with the smooth running of the department until the AD post can be filled.

## **2. STAFFING**

<b>POST</b>	<b>NO. FILLED</b>
AD SPEECH THERAPY -AUDIOLOGY	Frozen
CHIEF supervisory AUDIOLOGIST	1
CHIEF supervisory SPEECH THERAPIST	1
PRODUCTION LEVEL AUDIO	2x full time
PRODUCTION LEVEL AUDIO	1x 5/8ths post
PRODUCTION LEVEL SPEECH	3
GENERAL ORDERLY	1
<b>TOTAL</b>	9

## **3. NEW EQUIPMENT AND RESOURCES**

Speech Therapy is delighted with the arrival of the first ever Speech Therapy tender document which was launched at the end of March 2017. This will allow for the procurement of more specified communication devices for patients as well as standardized testing equipment. Procurement of patient consumables include speaking valves hearing aids. Annual calibration of audiology equipment has been conducted. A new headlight for visualising ears and stomas has also been acquired.

## **4. SERVICES AND SERVICE ISSUES**

### **4.1. Speech Therapy**

All services throughout this year have been maintained with a good standard of care.

#### **4.1.1 In-patient services include:**

4.1.1.1 Screening, assessment and treatment of paediatric and adult patients with communication and swallowing difficulties within the wards

4.1.1.2. MDT Paediatric ward rounds conducted on a weekly basis.

4.1.1.3. Kangaroo Mother Care (KMC) group on a weekly basis in neonatal unit with occupational therapy.

#### **4.1.2. Out-Patient Services Include the following:**

4.1.2.1 . Weekly Neonatal and Neurodevelopmental screening clinic.

4.1.2.2. Videoflouroscopy- modified barium swallow (MBS) clinic once a week, in conjunction with radiology.

4.1.2.3. Paediatric Trache Home care Program, (MDT consists of Paediatrician's, Nursing staff, OT, SLT, Dietician, Social work and Psychology.

4.1.2.4. Monthly Laryngectomy – Trache support group (MDT consists of Speech Therapy, Psychology, Social work, Trache sister).

4.1.2.5. Assessment and fitting of laryngectomy speaking valves and electrolarynxes.

4.1.3. Training:

4.1.3.1 Speech Therapy has conducted in-service training of ward staff and other staff members about what speech therapy is and our roles in different disorders, for example adult and paediatric dysphagia. A workshop on Autism Spectrum Disorder for Speech Therapists and Occupational Therapists was conducted for community service officers and therapists at within our areas of the province. Lectures were given to dieticians on feeding aversions as well as lectures to teachers on how to identify learning difficulties in the classroom and what processes they can go through to assist the learners. Dietetics students were also educated on the role of speech therapists when managing dysphagia patients. Lectures were also given to primary health care clinic nurses about speech therapy and red flags to look out for so that appropriate referrals can be made. School students who require work experience as well as University students who need to do observations and practicals have attended at Grey's. Two of our staff members were privileged to attend the "Little Steps" training course on working with premature infants in the NICU. One of our therapists has attended the Bobath Neurodevelopmental Training course (8 weeks).

Speech Therapy Patient Stats for 2016/2017 are as follows:

<b>Month</b>	<b>In Patients</b>		<b>Outpatients</b>	
	**Units of time	Head count	**Units of time	Head Count
April	571	190	256	121
May	518	189	247	156
June	584	207	202	91
July	590	223	264	90
August	603	207	319	150
September	490	264	294	126
October	583	249	263	157
November	671	226	230	101
December	448	160	103	44
January	403	159	212	95
February	446	190	158	68
March	446	186	119	57
<b>Totals</b>	<b>6353</b>	<b>2450</b>	<b>2667</b>	<b>1256</b>

\*\* One unit is equivalent to 15 minutes

**4.2 Audiology:**

- Audiology clinics remain efficient and effective.
- Diagnostic audiology service: Otosopic, Middle ear Analysis, Air Conduction, Bone Conduction, Speech Testing.
- Objective audiology assessments:  
Otoacoustic emissions testing, a quick screening tool to determine cochlea sensory integrity



- ABR and ASSR: Objective assessment of hearing is performed for patients who are unable to do behavioural tests. It is done using the GSI Audera System which looks how the CNS responds to various auditory stimuli at different intensities.
- Neonatal screening: NICU babies who cannot be assessed in the ward are booked to come in as outpatients. Currently all children attending the Neonatal follow-up Clinic (NNC) have a hearing screening after seeing the doctor.
- Hearing aid Clinic: More streamline and focused. We have separated the clinics into Pediatrics, School Age, and Adults, to address each population who have their own specific needs. All patients being followed up to ensure appropriate use and care of the hearing aids.
- Earmold modification, repair and retubing services.  
E1, A1 and M2 ward screening is happening on a regular basis. In-services to the MDT are carried out in these wards regularly.  
Training and capacity development:
- University Students: 181 trained
- Scholars: 6 exposed to the profession
- Workshops, in service training to Other (professionals or non professionals): 247 trained
- Workshops and training to Speech Therapist / Audiologists: 102 trained
- Health promotion activities: 6 activities which included Healthy Staff Day.

**5. Challenges faced in 2016-2017:**

1. Space is as always a challenge. We have to carefully and cooperatively share patient treatment areas.
2. HOD resignation.
3. Audiology services are split between the occupational health building and the rehab area.
4. General Orderlies have to take care of increasing portering, cleaning and messengering as services offered and staffing increase
5. The lack of a relevant post establishment is a huge problem and makes the retention and recruitment of staff increasingly difficult.
6. The lack of speech therapists at base hospitals have made it difficult to down refer patients properly as there are no therapists to continue therapy.

**Stock Statistics**

	<b>Number of patients on the waiting list</b>	<b>Number Ordered</b>	<b>Number of Issued / fitted</b>
Hearing aids	0	71	64
Provox speaking valves	0	23	16

SUBMITTED BY **Moosa Meeran (Audiology) AND Hannah Pool (Speech Therapy)**

## **DIETETICS DEPARTMENT ANNUAL REPORT 2016-2017**

This last reporting period has been quite eventful for the Dietetics department as we encountered many challenges along the way. Service excellence remains the main ethos for the department. Our staffing numbers have remained constant at 9 Dietitians: 1 Manager, 2 Chiefs, 6 Dietitians and 1 General Orderly. We now have a dedicated admin assistant since October 2016. Her arrival has been a welcome break for the department

On average a total of 1800 – 1900 patients receive nutrition support and or education per month. Of which 62% are adult patients and 38% paediatrics. The main focus continues to be on inpatients (83%). Whilst outpatients (17%) are seen at intervals at Greys and are being actively referred to the base hospital for monthly follow up.

### **NATIONAL PN DATA TOOL:**

In South Africa, to date, there is no database for patients who require parenteral nutrition that can be used to guide the choice of bags required for intravenous nutrition for patients who are unable / partially able to use the gastrointestinal tract.

In Kwa Zulu Natal, Grey's Hospital was identified as 1 of 3 pilot sites for the National Parenteral Nutrition (PN) Data collection. This included collecting daily statistics that was populated into spreadsheets for monthly submission to head office and national office. This exercise rested mostly with Dietetics and Pharmacy and a years' worth of statistics has been submitted. The results and outcomes of the study have not been released as yet as we await feedback from National Office.

### **STUDENT/SCHOLAR /VOLUNTEER EXPERIENTIAL EXPOSURE:**

For this last year, we have hosted 27,3<sup>rd</sup> year Dietetics students from UKZN PMB campus for a day. These students were taken on a ward round between ICU and the adult and paediatric wards for exposure into clinical nutrition and observing the role of a Dietitian within a MDT setting.

A 3rd year Dietetic student from University of Pretoria was hosted for a week experiential exposure and one scholar for the day.

In addition we have had 3 volunteer Dietitians come at different times to gain experience and for mentorship training.

### **ENTERAL FEEDS BUDGET AS REGULATED BY THE RT 9 2014-2017:**

An amount of R2million rand was allocated for Baby and Special feeds budget. This money is used for the purchase of enteral feeds, supplements, baby feeds / formula and administration sets. In addition we continue to receive supplements from the District Office on a quarterly basis at no cost to Grey's Hospital. With the judicious and stringent control systems that have been put into place, we have been able to closely monitor purchases and consumption of the said products. Slow and fast moving stock items have been identified thereby ensuring the best most cost effective nutrition care is offered to the patients attending Grey's Hospital. We have also linked up with other facilities/ hospitals to swap our soon to expire stock with later expiring stock for the same value and number of units. This has resulted in our wastage being reduced to a negligible amount. For this financial year due to the accounting system closing earlier (8<sup>th</sup> March 2017) than was expected (15<sup>th</sup> March 2017), R1.6million rand of the allocated R2million rand budget was utilized.

### **STAFF DEVELOPMENT AND TRAINING:**

- Continue to provide CPD accredited academic meetings for allied health staff and extended invitation to Edendale, Northdale and Umgeni hospital Dietitians.
- One staff member has registered for her Master's in Dietetics with Pretoria University.
- Inservice Training and Continuing education for staff: Attendance to ALLSA congress (Ms Naidoo, CPT), CNE Stellenbosch correspond dance study (Ms Everson), Roche Diabetes Training (3 staff members), Parenteral Nutrition training (4 staff members, B Braun), Abbott CME (4 staff members), Nutrition Congress (Mrs Lachman)
- 3 day course hosted by the office of the Premier. Mentorship for Growth for women Managers (Mrs Lachman)

### **MAJOR ACCOMPLISHMENTS:**

- Remained well within monthly budget for enteral feeds. Kept track of NSI's requested and received. Stricter control measures relating to accepting stock that has less than 6 months expiry dates have been applied and stock protection letters obtained from companies.

#### **20% UNDERSPEND ON THE ALLOCATED BUDGET.**

Actively involved in compiling and reviewing the RT 9 enteral feed specifications for the next term 2017-2019 together with Prince Mshiyeni and King Edward hospital for the province.

- Together with anaesthetics department have formalized the Greys ICU Aspiration and enteral feeding regime.
- Coordinated meetings between Pharmacy, Anaesthetics, Surgery, Medicine and Dietetics to address deficiencies with parenteral nutrition 3 chamber bag tenders. Compiled motivations and submitted to pharmacy, Finance Manager and Nutrition Directorate for guidance and support.
- Successful Health Promotion events celebrated: Career Open Day, Burns awareness week, Kidney awareness week, Trust a Dietitian Week, Breastfeeding week, Staff Health Awareness, National Nutrition Week, Obesity week, World Diabetes day.
- Managing stock levels on a weekly basis and making contingency plans for low stock levels/soon to arrive stock

- In reach /Outreach activities: Hosted Paediatric in reach workshop in September and a Renal master's presentation in November 2016
- Data Collection for the National PN Pilot study February 2016 – February 2017.
- Staff satisfaction survey is complete. Results are pending

Audits: Documentation audit x 1

SAM clinical audits x 12

Renal Diet audit x 2

Organized and coordinated the calibration of the hospital Seca scales  $\pm$  19 scales.

**MAJOR CHALLENGES:**

1. Dealing with Finance manager's decision to stop signing off on Fresenius Kabi TPN bags and being compelled to utilize the HP 2014 LVP tender for 3 chamber bags despite it being incomplete in nutritional composition.
2. Unavailability of IV micronutrients at Grey's to supplement the 3 chamber PN bags.
3. Since 22 nd August 2016 patients on IV nutrition support have been on 3 chamber bags with macro nutrients only i.e. >100 days of no micronutrients for patients on PN
4. Due to budget constraints was unable Cooling system for the nutrition container is pending. Feeds are being housed in offices in Dietetics. Awaiting quote from company for presentation to management
5. Challenges with SCM processes that lead to delays in processing orders and receiving stock
6. Companies running out of stock of items that are routinely used and making contingency plans for patients
7. Still no dedicated Dietitian appointed to ICU and NICU. These units are currently being shared between 2 staff members each who also carry an additional clinical load in other wards.

**PLANS FOR UPCOMING YEAR AHEAD:**

- Strengthen support for base hospitals to acquire specialised feeds for patients down referred to base hospitals
- Plan for 2 In reach Workshops: Paediatrics (September 2017) and Parenteral Nutrition (May 2017)
- Continue to support CPD accredited programmes to assist staff in acquiring compulsory CEU's
- Work on a rewards and recognition programme for staff.
- Relook at a label programme for Tube feeds and supplements
- Strengthen support to the Diet Kitchen with respect to the special diets and working closely with the Food service Dietitian.

SUBMITTED BY: Mrs R. Lachman

AD: Dietetic Manager

Head Of Department

## **OCCUPATIONAL THERAPY ANNUAL REPORT**

The OT department has once again achieved a high level of performance during this year purely due to the team work, dedication and support demonstrated by all members of staff.

This department has achieved and surpassed expectations on all goals set for the year.

### **CLINICAL SERVICES:**

- Inpatient and outpatient services to all specialties as needed.
- Dedicated services to paediatrics, orthopaedics, and plastics.
- Support to all other specialties as staffing allows.
- Assessments and reports for medico- legals, WCA, RAF and insurances
- Outreach services to all referral hospitals.

### **NON – CLINICAL SERVICE:**

- Wheelchair repair and maintenance programme for Greys
- Feeding programme for the ppt patients

### **STAFFING:**

- 2 production therapists – paediatrics
- 2 production therapists - adult
- 1 chief therapist - adult
- 1 AD - HOD and acting chief for paediatrics

Additional staffing is required to optimally support all specialties (medicine, oncology, neuro, etc.), ICUs and the impending UKZN student training at our facility.

### **PROFESSIONAL DEVELOPMENT:**

This year we hosted 3 successful and relevant workshops:

1. Interactive autism workshop
2. Fundamentals of Functional Assessments
3. Medico-legal workshop

We also conducted an outreach teaching programme open to all hospitals with 10 CPD events.

#### ***Achievements in CPD***

1. One staff member completed a certified course in Lymphoedema. Well done, Camille Govender.
2. One staff member completed a certified course in Neurodevelopmental Techniques. Well done, Lisa Smit.
3. Two staff members (Camille Govender and Prashika Ghela) completed the 2nd module in the Pain series.
4. One staff member (Angela Chetty) completed her Masters in Occupational Therapy with distinction. She worked on an acute package of care in Occupational therapy at all levels of care and the necessary equipment needed.
5. One staff member (Lisa Smit) is currently concluding her Masters in OT.

For the 2017 -2018 year we have an accredited in service programme and are currently planning relevant workshops for the year.

### **STUDENT TRAINING**

- Lectures for UKZN occupational therapy students
- University students on electives
- scholars for orientation to profession
- Nursing lectures for Nursing college

### **OCCUPATIONAL THERAPY FORUM ACTIVITIES:**

Greys has contributed to both provincial and National health services by ensuring representation and active participation in the both the occupational therapy forums. Achievements for 2016 included chairing the National OT meeting in Johannesburg, contributions to the Framework for Disability and Rehabilitation, coordination of the national WISN tool for OT, and on a provincial level the development and maintenance of the paediatric interest group, mental health interest group and vocational interest group. Greys staff continue to participate and impart valuable knowledge to all ongoing projects in the rehabilitation and disability programme at head office.

### **OTHER:**

1. The wheelchair repair and maintenance programme for 2016 reported that 109 wheelchairs were serviced bi annually and maintained within the hospital ensuring the life span, and safety of the wheelchairs and saving the hospital significant cost. Well done to Ms Ghela and her maintenance team who work with dedication throughout the year.
2. We participated in 4 multidisciplinary team building initiatives in 2016 which strengthened team work, and improved networking and morale within the rehabilitation departments.
3. We participated in various events within the year: staff wellness, career day, etc.
4. We network with both the rehabilitation directorate, education department and various NGOs to ensure effective referrals and access to resources for all of our patients. Of special mention is the donation of wheelchairs from the Latter Day Saints who have also trained one of our therapists in seating.
5. We have also coordinated a feeding programme for all outpatients, which is in its 5<sup>th</sup> successful year where each outpatient receives a minimum of one sandwich a day. This project has created a partnership with citizens of the surrounding community, Ward 25, staff at Greys, and churches around PMB to ensure that every day is covered. We are blessed to be part of a greater caring community.
6. The department also congratulates Marie Watson on becoming a mum to a gorgeous baby boy this January.

### **2017/2018**

The OT department would like to focus on quality care, good monitoring systems and effective referral pathways to ensure a successful year ahead. Staffing is critical to quality care and we hope to improve on our staffing within the next year.

SUBMITTED BY : Angela Chetty

## OCCUPATIONAL HEALTH AND SAFETY ANNUAL REPORT 2016/2017

<b>FACILITY:</b>	<b>GREY'S HOSPITAL</b>
<b>PERIOD:</b>	<b>April 2016 – March 2017</b>
<b>COMPILED BY:</b>	<b>Ms C M Stilwell</b>
<b>PORTFOLIO:</b>	<b>Occupational Health and Safety Manager</b>
<b>SIGNATURE:</b>	
<b>DATE:</b>	<b>31/03/2017</b>
<b>ENDORSED BY:</b>	<b>Dr N Pillay</b>
<b>PORTFOLIO:</b>	<b>HR Manager</b>

### **INTRODUCTION**

The Occupational Health and Safety Department offers comprehensive care for staff, whilst they are at work. The services provided include:

Acute care for minor to moderate Injuries on duty, with progress and final care given. The department also assists the staff members with the necessary legal documents required for Human Resource department.

Needle stick Injuries and Body fluid splashes receive acute care, treatment and follow up, for a year post exposure. The care includes Post exposure treatment, counselling, blood taking, follow up bloods, continued treatment, follow up of the Source's status and assistance with the Injury on duty forms.

Care to ill staff, whilst at work. Where staff are triaged, consulted and treated. Chronic patients are seen on a monthly basis for screening. HIV exposed staff are also monitored and treated accordingly.

Immunizations of Hepatitis B, Tetanus Toxoid and the Influenza vaccine during the autumn months are given and recorded.

Base line Medical Surveillances are performed on all new employees. Periodical Surveillances are then conducted every two years on all employees. Exit Surveillances are conducted on any employee leaving Greys. TB Surveillances are conducted on any employee that answers yes in the TB questionnaire (TBQ). Every employee that is triaged and consulted in this department is asked the TBQ. Screenings of hazardous Biological agents are also conducted, when required.

This department offers follow up family planning to employees and is involved in several orientation programs. We offer in service lectures on a monthly basis regarding related Health and Safety issues.

Quarterly Occupational Health and Safety meetings are held. One with health and Safety Representatives and one with the Executive management, where Health and Safety issues are discussed.

Internal and External Audits are conducted quarterly, where OHS is able to evaluate the performance to maintain high standards.

District meetings are attended every quarter. Staff are expected to attend District and Provincial meetings/ workshops to maintain a high standard of care.

**GREY'S HOSPITAL OHS STATS REPORT**

	QUARTER 1				QUARTER 2				QUARTER 3				QUARTER 4				Grand Total
	APR	MAY	JUN	TOTAL	JUL	AUG	SEP	TOTAL	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	TOTAL	
Needle Stick Injuries	7	8	6	21	3	2	5	10	2	5	2	9	9	3	10	22	62
OPEP	8	8	6	22	3	2	5	10	2	5	2	9	9	3	10	22	63
IOD	5	2	2	9	1	2	5	8	1	1	1	3	4	1	4	9	29
Occ Disease	1	0	0	1	0	1	1	2	1	2	0	3	0	1	1	2	8
Hep B immuniz	7	40	10	57	39	44	27	110	9	2	7	18	60	57	55	172	357
B/Medical	6	8	12	26	6	10	11	27	16	3	0	19	5	6	12	34	106
P/Medical	0	0	1	1	0	1	1	2	9	0	0	9	0	1	3	4	14
Exec/ Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exit Medical	0	0	0	0	0	2	0	2	1	0	0	1	0	0	3	3	6
DOTS	1	0	0	1	0	1	1	2	1	2	0	3	0	1	1	2	8
HCT	8	8	6	22	3	2	5	10	2	5	2	9	9	3	10	22	63
NEW HIV	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
TB Surveillance	34	2	2	38	17	33	100	150	25	2	1	28	1	5	3	9	225
NEW TB CLIENTS	1	0	0	1	0	1	1	2	1	2	0	3	0	1	1	2	8
New MDR	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	2
FLUE VAC	13	186	38	237	53	0	0	53	0	0	0	0	0	0	0	0	290
DEATHS	2	0	0	2	0	0	0	0	0	0	0	0	1	0	0	1	3
Total Consultations	275	512	316	1103	372	424	750	1546	395	362	320	1077	434	553	515	1502	5228

**1. Occupational Diseases for the period April 2016-March 2017**

Occupational health had 8 documented Occupational diseases. All were notified, given initial treatment and referred when necessary. All exposed staff members and co – workers were adequately screened when possible.

**2. How many diseases not related to Occupational Health**

710 staff members with chronic medical problems were attended to, counselled, and appropriately treated. These clients come in regularly for monitoring and medication. Chronic medical conditions include hypertension, diabetes, asthma, COPD, coronary artery disease and retroviral disease.

**3. Medical Surveillance**

Total number of staff seen for Preparation surveillance: **105**

Total number of staff for baseline medical surveillance: **106**

Total number of staff for Periodic medical surveillance: **14**

Total number of staff seen for Exit medical surveillance: **6**

#### 4. Staff deaths between the periods April 2016-March 2017.

Total Number: 3

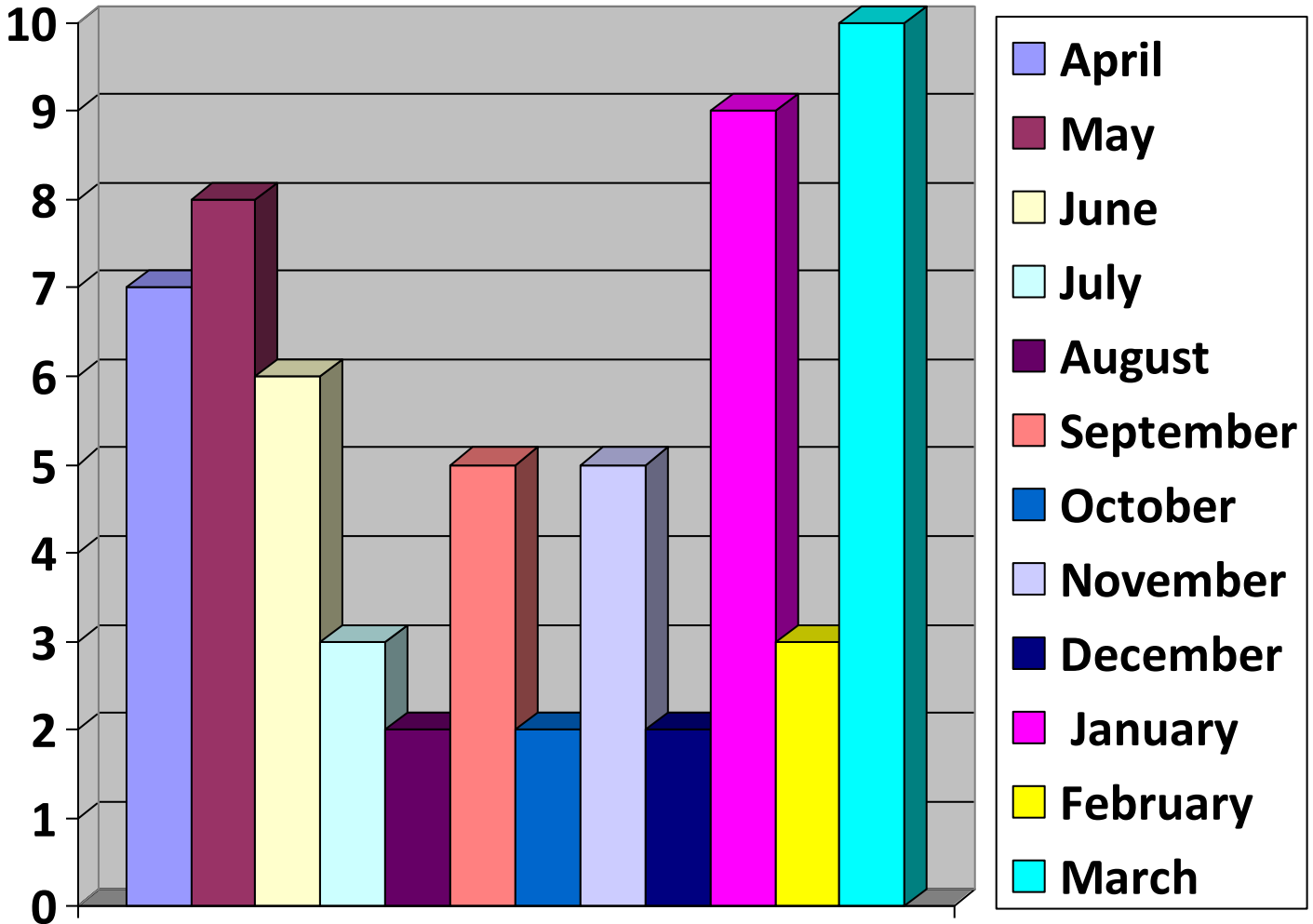
Natural Deaths: 3

Trauma: 0

Occupational Related: 0

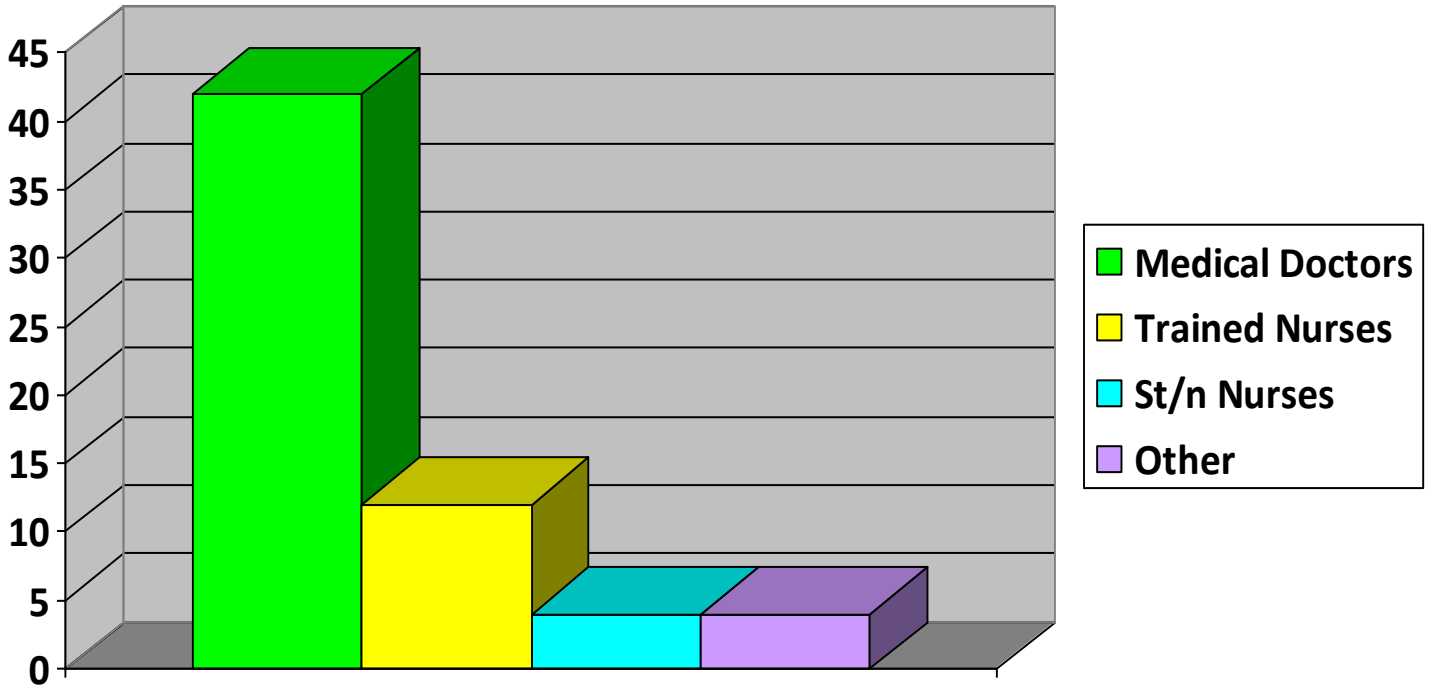
#### 5. Needle stick Injuries and blood fluid splashes

The graph below indicates the amount of Needle Stick Injuries per Month from April 2016 – March 2017

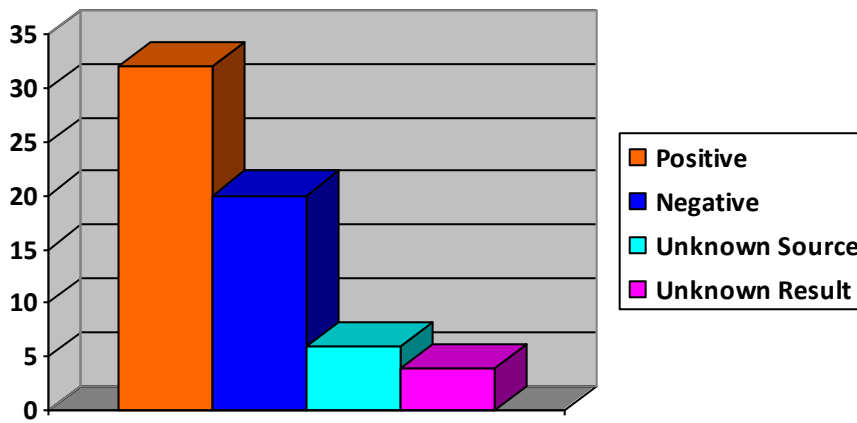


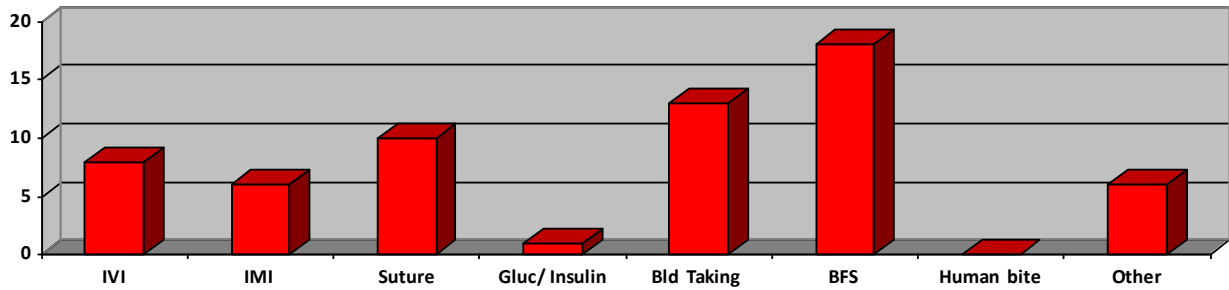


The graph indicates the types of health Care workers sustaining NSI/BFS from April 2016 – March 2017

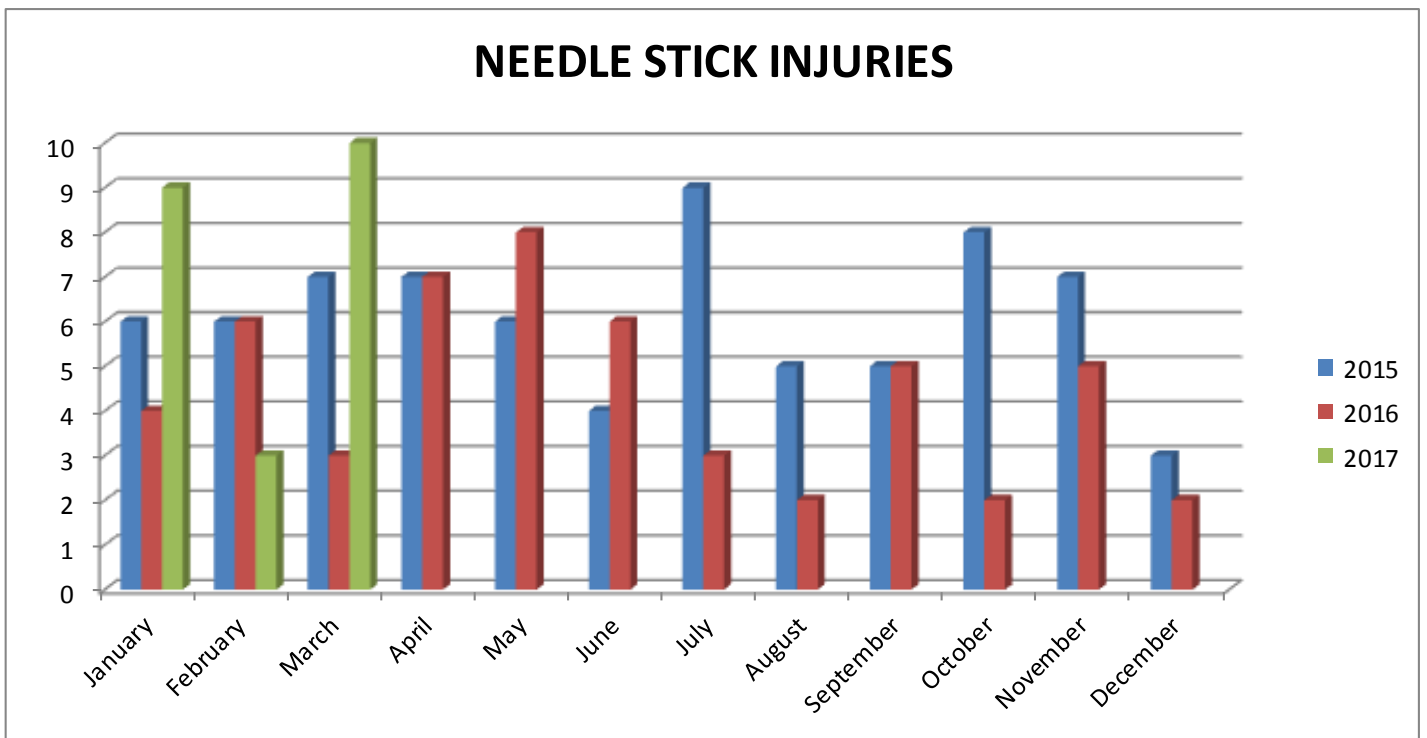


This graph indicates the sources HIV status from April 2016 – March 2017





This graph indicates the trend of Needle stick injuries and Body fluid splashes through three years, 2015, 2016, 2017



All health care workers who sustain a Needle Stick Injury (NSI) or Body Fluid Splash (BFS) receive their initial Post Exposure Prophylaxis (PEP), continued treatment, follow up care and management up to a year post exposure, depending on the type of source. The HCW is exposed to an efficient system, to ensure optimum treatment, counselling, documentation and remedial actions to correct behaviour. Regular lectures to both clinical and non-clinical staff are conducted with invitations to all staff members. In-tern orientation is carried out annually.

## 6. Injuries on duty

A total number of **28** reported injuries on duty were seen in the OHC. All employees completed their IOD documents and OHC submitted these documents to Human resource department, within the stipulated time. All were minor cases, no loss of limbs or fatalities reported

## 7. Hepatitis B Immunisation

Month	Apr il	Ma y	Jun e	1 <sup>st</sup> Qrt	Ju- ly	Au g	Se p	2 <sup>nd</sup> Qrt	Oct	No v	De c	3 <sup>rd</sup> Qrt	Jan	Fe b	Mar	4 <sup>th</sup> Qrt	Gran d To- tal
Hep B immun- ization	7	40	10	57	39	44	27	110	9	2	7	18	60	57	55	172	357

Total number of staff given hepatitis immunization: **357**. All staff were given an immunization card on the day of their last dose, with a reminder of their 5<sup>th</sup> year booster date. On the **28/07/2017**, Occupational Health held a **World Hepatitis day** and encouraged all staff to come down for their immunization. A total of **29** staff members participated and completed all three doses.

## TB in the work place

No of Employees screened for TB using the TB Questionnaire: **313**

No of Employees sent for further testing of TB (TB Surveillance): **225**

No of Employees seen for clinical TB, notified and treated: **8**

## 9. HIV AIDS programme

A total of **202** staff member are seen, treated and counselled in the clinic.

## 10. In- service Training

The In- service program runs every month for both Clinical and Nonclinical staff. We align it to the Policies to comply with Audit rules and regulations. This last year the program has very little interest from employees. We have aligned the days and times to be more suitable, but our numbers of attending employees is very low. We have commenced two different programs now, one for Clinical and one for nonclinical staff. We saw approximately **221** staff members.

Month	Topic	No. attended
April 2016	Safe Moving and Handling	0
May 2016	Chemical handling - OHS Policy 24	40
June 2016	TB in the work place – OHS Policy 10	17
July 2016	Slips, trips and falls	12
August 2016	Medical Surveillance – OHS Policy 20	8
September 2016	Disaster management	11
October 2016	Needle stick Injuries – OHS Policy 12	12
January 2017	Incident Reporting – OHS Policy 2	46
February 2017	Needle stick Injuries – Policy 12	29
March 2017	Fire Safety and emergency evacuation	46

## **11. Orientation and Induction**

The occupational health and safety team conduct monthly, quarterly and sometimes annual orientation programs throughout the year for both clinical and non-clinical staff. A total of **248** employees from April 2016 – March 2017 attended.

## **12. Awareness and health education Programs held:**

During the course of the year Occupational Health and Safety (OHS) held monthly awareness programs over and above our In-service program. Awareness programs are related to the Health Calendar, where specific diseases are explained in detail. We tried to keep the diseases we profiled, specific to common staff related illnesses and occupational health and safety legislation. Staffs were provided information about diet, health care and support. The initial response was slow, but staff has been encouraged by the effort made by the Occupational Health and Safety department. Specific areas and departments were targeted where we are able to explain, educate and answer questions in a conducive environment. The total number of staff seen for Awareness programs is: **635**.

Month	Topic
April 2016	Global/ African Vaccination Week
May 2016	World Hypertension Day
June 2016	National Epilepsy week
July 2016	International Mandela Day
August 2016	African traditional Medicine Week
September 2016	Healthy staff day
October 2016	National nutrition week
November 2016	World Diabetes day
December 2016	World Aids day
January 2017	Sun smart skin cancer Awareness
February 2017	World cancer day/ Sexually transmitted Infections and condom day
March 2017	TB Awareness month

### **13. Health and Wellness day**

In September, the Occupational health and safety department combined with Employees assistance practitioner (EAP) hold a Healthy staff day. In September 2016, it was held on Friday 23/09/2016. **398** staff members attended. Although the number is slightly elevated compared to the previous years, the overall feeling is that staff are apathetic. This day involves the staff to participate in healthy life styles in a fun and interactive way. Lucky draw prizes, free consultations e.g. eye tests and free gifts offer motivation for attendance. Employees are encouraged to wear traditional clothing to include our Heritage day celebrations. OHC and EAP have run this event for three years. Each year, we endeavor to keep it fresh and exciting for the staff.

## **14. Safety**

9 Mock fire drills were conducted from April 2016 – March 2017.

Mock fire drills need to be conducted every 6 months to comply with legislation.

Departments that have participated are: Wards M2, M4, B1, ANC, CCU, Rehab, Nurses Home and Radiology Department.

The Fire Inspector conducted **11** inspections this year. Areas covered include:

Kitchen, Library, Stores, Nurses home, Nursing Campus, Doctors Quarters, Recreational hall, Admin block, radiology department, Main registry and Rehab Department. Reports were submitted to the relevant Heads of department and the Executive committee.

Safety Inspections conducted are: **195**

Internal Health Risk Assessments conducted: **2**.

## **15. Achievements**

OHS received 98% for our 4<sup>th</sup> quarter External Audit which were performed by Northdale and Edendale Hospital occupational health staff.. Due to increased staff participation, the Awareness program turnout has increased to 635 staff members. The Health and Wellness day is an important aspect of the OHS proactive programs for staff health and wellness, where every available resource and time is spent preparing for this day during the month of September. The number of staff attending this year has broken previous records. This department however, endeavours to keep this event fresh and exciting.

## **16. Challenges**

During this last year, this department noted, poor attendance for all In -service lectures. Email reminders were sent out on the day of the in service; however, the department still had suboptimal attendance. Separation of Clinical and Nonclinical staff during In-Service training will hopefully, improve the turn out in the year to come. Reluctance of Health and Safety Representatives to hand in Regulatory check lists in timeously, or at all. Continued education during health and Safety meetings quarterly still results in a poor turn out. Urging of Operational managers and ANM's to assist has I proved the turn out slightly. The number of Base Line and Periodic Medical Surveillances conducted for this year remain minimal. Added assistance from Human Resource department would increase this percentage and allow the employees to undergo the surveillance timeously. An added benefit would be the employment of an Occupational health nurse, who would conduct surveillances and therefore increase our number.

Submitted by: Ms C M Stilwell  
Occupational Health and Safety Manager  
and Dr N Pillay - OHMP

## **GREY'S CAMPUS ANNUAL REPORT 2016/2017**

### **“Nurses: A Force for Change – A vital resource for health”**

Grey's Campus remains focused and committed in ensuring that student nurses are well informed, advised, encouraged and supported to deliver better work and to become a vital resource for health to the communities we serve.

2016/2017 has been yet another year of hard work as we prepare for changes in Nursing Education and I take this opportunity to reflect on the past year.

#### **STUDENT INTAKES FOR 2016-2017**

<b>Month training</b>	<b>Year</b>	<b>Program</b>	<b>No. of learners commenced</b>
July	2016	R425	0
January	2017	R254	30
January	2017	R425	40
January	2017	R683	30

#### **2016 NURSES GRADUATION CEREMONY**

On 12<sup>th</sup> and 14<sup>th</sup> October 2016 Grey's Campus nurses graduated at the KZNCN Graduation ceremonies held at the Royal Show-ground.

On the 12<sup>th</sup> a total of 34 nurses graduated from the R425 four year program.

Ms. C.L. Dlamini G7.12 graduated as the **TOP ACHIEVER** at Grey's Campus.

We are honored by her dedication and achievement. She is indeed an inspiration to all learners.

On the 14<sup>th</sup> a total of 21 nurses graduated from the R254 program – Diploma in Midwifery.

Ms. L. Mzomba graduated as the **TOP ACHIEVER** at Grey's Campus.

Ms. Mzomba has made us so proud and is a great example of achievement through hard work.

26 Learners graduated from the R683 program - Bridging Course leading to registration as a General Nurse.

It was a great celebration of achievements and realization of dreams.

The Grey's Hospital Choir put on a great performance.

Thank you to all the choir members for the hours of practice they put in the shortest time and to the Grey's Campus staff for their work over the graduation days.

#### **AWARD CEREMONY 2016**

**The above event was hosted with Grey's Hospital Quality Day on 25 November 2016.**

**The following awardees were presented with framed certificates and prizes as a token of our appreciation for their hard work.**

##### **2015 LIGHT OF LEARNING TROPHY**

For the Operational Manager who displays the best teaching skills in the clinical situation

Operational Manager: J. Naidoo

##### **MERIT AWARD**

For the Student Nurse of the Year 2015-2016

Mthokozisi MYEZA

**MATRON'S PRIZE For Leadership**  
Mthokozisi MYEZA

**SENIOR MEDICAL STAFF PRIZE**  
For the highest aggregate in Clinical Assessments throughout training  
**Thembelihle Ayanda NGUBANE**

**Dr. WILLIAM J O'BRIEN PRIZE**  
For the highest aggregate in Theory Examinations throughout training  
Cynthia Lindiwe DLAMINI

**GROUP 1/86 TROPHY**  
For the Student Nurse who has shown the best all round performance in Psychiatric Nursing  
**Zameka Priscilla MJOLI**

**DAVID CANNING MEMORIAL TROPHY**

Awarded to the 4<sup>th</sup> year student who receives the highest mark in Midwifery theory and clinical  
**Nonkululeko NGUBANE**

**DR. RUBEN NAIDU TROPHY (R683 PROGRAMME)**

Awarded to the Student who receives the highest marks in the R683 programme  
**Busisiwe Mary Jane MZOBE**

**MAVIS NASH TROPHY**

For devotion to duty

**Nergeshree PILLAY**

**BLAIR-TURTON TROPHY**

For the Student Nurse who obtained the highest aggregate in Clinical Assessments in the Second Year

**Thulani Joseph MADONDO**

**GROUP 4/75 AWARD**

For the Junior Nurse who obtained the highest aggregate in the Clinical Assessments

**Nikita ADAM**

**GROUP 1/88 FELLOWSHIP AWARD**

For the Bridging Course Student of the Year 2015-2016

**Felix Bongani DLAMINI**

**HENRIETTA STOCKDALE FLOATING TROPHY**

For the Senior Student Nurse who presents the best professional image for the year 2015-2016

**Terisha GOVENDER**

**NEERMALA NAICKER MEMORIAL AWARD**

For the student who received the highest mark in Ethos & Professional Practice in the R425 Programme

**Zameka Priscilla MJOLI**



### **G11/2009 TROPHY**

Awarded to the student who receives the highest mark in the Midwifery Diploma in both theory and clinical

**Lulama MZOMBA**

### **ACADEMIC AWARDS: 2016- GREY'S CAMPUS**

**TOP ACHIEVER: For the Student who achieved the highest aggregate in theory examination during:**

#### **FIRST YEAR**

**Ntshebele Jaquelina MASHISHI**

#### **SECOND YEAR**

**Princess Noluthando ZONDI**

**Terisha GOVENDER**

#### **THIRD YEAR**

**Nadia GOVENDER**

**This event was a huge success and appreciation is conveyed to all staff of the Campus who made this possible.**

### **COMMUNITY SERVICE PLACEMENTS**

**The following learners who successfully completed training commenced Community Service:**

**July 2016**                      25 Community Nurse Practitioners

**January 2017**                34 Community Nurse Practitioners

They were placed at various institutions throughout the KwaZulu-Natal Province.

### **Developments in Nursing Education**

The following South African Nursing Council circulars issued in 2014/2015 remain in place:

**CIRCULAR NO 11/2014** - Extension of offering education and training programme leading to registration as a nurse (General, psychiatric and community) and midwife as follows:

The end date for enrolment is January 2018.

The end date for qualification is December 2023.

**CIRCULAR 12 /2014-** Extension to offer post basic qualification including bridging course for enrolled nurses leading to registration as a general nurse or psychiatric nurse as follows

The end date for enrolment of R254- course leading to registration as a midwife – 30 June 2015

The end date of enrolment for Bridging course (R683) is 1 January 2017

The end date for Bridging course qualification is 31 December 2020.

**CIRCULAR NO. 13/2014-** training programmes that will be no longer offered after 30 June 2015.

The course leading to enrolment as a nurse- R2175

The course leading to enrolment as a nursing auxiliary- R2176

### **Student Activities**

None as we did not have R425 intake in 2016.

Learners embarked on various projects in their training during this year.

### **Reports on Quality Day**

### **New appointment**

Mrs. B.E. Shezi – Campus Principal – commenced her duties on 01.01.2017.

Mrs. N. Magutshwa – Lecturer – commenced her duties on 01.07.2016.

Mrs. T.D. Makhetha – Clinical Lecturer – commenced her duties on 01.07.2016.

All welcomed and wished a happy stayed at Grey's Campus.

### **Retirement**

Ms. R. Moodley – Psych & Soc lecturer retired on 30.11.2016.

We wish her a happy and restful retirement and thanked her for her valuable contribution in educating nurses.

### **Achievements**

The following lecturer's obtained their Master's Degree in Nursing Education.

- Mrs. H.P. Mngomezulu
- Mrs. P. Maharaj
- Mrs. A. Ramanand
- Mrs. T.O. Zondi

### **Acknowledgement**

Grey's Campus would like to thank all stakeholders involved in Nursing Education for their support that has allowed us to carry out our vision and mission to provide quality nursing education and produce safe and competent nurse practitioners.

Submitted by: Mrs. B.E. Shezi  
Campus Principal

## **HUMAN RESOURCES DEPARTMENT GREY'S HOSPITAL 2016 /2017**

### ⇒ **LABOUR RELATIONS**

The following cases have been dealt with in each category as listed below:-

	<b>TOTAL</b>	<b>FINALIZED</b>	<b>OUTSTANDING</b>
<b>FORMAL MISCONDUCT</b>	16	10	6
<b>INFORMAL</b>	11	8	3
<b>GRIEVANCES</b>	37	31	6
<b>ABSCONDMENTS</b>	8	0	0
<b>GRAND TOTAL</b>	72	49	15

### **ACHIEVED**

Reduction in Abscondment and Misconduct Cases

### **CHALLENGES**

Defending matters at Arbitration Level - no legally qualified staff in Labour Relations Department

Disputes are finalised after a long period Grievances lodged due to Thandile not advising the employees TIL application- (Health Risk Manager takes a long time to respond)

The scarcity of Investigating and Presiding Officers - cases take long to finalize.

**COMPILED BY ASSISTANT DIRECTOR: MRS NC DIMBA**

### ⇒ **HUMAN RESOURCE DEVELOPMENT AND PLANNING**

#### 1. **EPMDS**

### **ACHIEVED**

Captured the received documents on Persal and on database

HR Officers checked that the received documents are signed. The office is still in a process of checking that the KRA and GAF's correlate in all the EPMDS documents.

Pay progression was implemented for all employees who submitted in time

Implemented the Grade Progressions for qualifying staff

Intermediate Review committee (IRC) assessed and signed the documents

Processed the documents for SMS and Head Clinical Unit &Head Clinical Department, submitted to

District Office Moderating Committee,

### **CHALLENGES**

Some Line Managers fail to meet the deadlines and need to be reminded about the outstanding documents. E.g. employees who are on maternity leave and long sick leave

The Performance Development Plan part was not completed. This office was not in compliant with the National Core standard in terms of EPMDS.

The date of next review was not written in the job description

Supervisors & Managers do not attach the motivations for the score that is above/ below average.

HRM Circular 50/2013 (guidelines on how to provide motivation for KRA's and GAF's that are scored below/ above average) was not adhered to

Some files of employees who were scored above average were not approved by Head Office.

## **2. ESTABLISHMENT**

### **ACHIEVED**

Nil

### **CHALLENGES**

The institution was unable to fill the posts (Clinical & Non clinical posts) Head Office placed moratorium on the filling of posts. The organizational structure is still not approved by Head Office.

## **3. WORKPLACE SKILLS PLANS (WSP) AND BUSINESS PLAN**

### **ACHIEVED**

Managed to submit the WSP on the agreed date that was the 15<sup>th</sup> of December 2016

### **CHALLENGES**

Non implementation of WSP since the budget is now centralized.

## **4. CO-ORDINATION OF TRAINING**

### **ACHIEVED**

Employees from Medicine and Nursing got sponsors from different Service Providers. Only applications for attendance on duty were approved by Head Office in the last previous cycle or year.

Some employees who are level 1-3 were sent for Agricultural courses that was coordinated by Head Office

### **CHALLENGES**

No Skills and NTSG Budget allocated to the Institution

Most of the applications were disapproved by Head Office due to budget constraints

Late submission of applications for courses more especially the applications to attend training/courses / symposium/ congress outside RSA.

Applicants who attend training do not submit Annexure C (Report Back Form)

## **5. AET**

### **ACHIEVED**

Learners wrote exams and passed some learning areas. All learners are on AET level 4

### **CHALLENGES**

No tutor allocated to Greys Hospital, therefore learners have to be transported to and from Head Office.

Time constraints as classes start at 14h00 and end at 16h00. Learners are still required to return to work and perform their duties until 18h00, sometimes Drivers are not available at 16h00 delaying time to return to work and causing staff to leave after 18h00 and no transport to get home.

The introduction of AET level 5 is still delayed by the Department of Education

## **6. EXPERIENTIAL TRAINING**

### **ACHIEVED**

Offered Experiential Training to Students from FET Colleges, Durban University of Technology, Mangosuthu University of Technology and ICESA.

Most Learners got the permanent appointment.

### **CHALLENGES**

Office space and spare computers.

Rotation period of Learners was not consistent due to office space in Administration and Supply Chain Management.

There were challenges in terms of paying the stipend, not all learners were paid the stipend by Premier's Office and SETA.

## **7. INTERNSHIP PROGRAMME**

### **ACHIEVED**

2 Nurses Interns completed their internship programme in March 2016.

### **CHALLENGES**

The recruitment is done at District Level.

The office space is always a challenge

**COMPILED BY MS NV ZUMA ASSISTANT DIRECTOR: HRD AND PLANNING**

## **8. HUMAN RESOURCE PRACTICES**

### **ACHIEVEMENTS**

The mandate of Human Resource Practices is to ensure that all vacant posts are filled timeously with professional and skilled personnel that would enable the Department of Health in achieving its vision of Better Health for all South Africans. To this end Human Resource Practices was able to recruit the following Health Professionals in the 2017/18 financial year.

**Medical Personnel**                                **237**

**Allied Health Personnel**                        **122**

**Nursing Personnel:**                                **884**

### **CHALLENGES**

The recruitment and retention of scarce category personnel still remains a huge challenge. The moratorium also placed a huge challenge on the timeous filling of posts. The rumours regarding the safety of employee's pensions also resulted in a high exodus of health care professionals as employees were afraid of losing their savings and opted to resign due to this uncertainty.

High absenteeism rates still remain a challenge.

Office and storage place remains a challenge for this Component due to shortage of infrastructure.

**COMPILED BY ASSISTANT DIRECTOR MR G STOFFELS**

## **EMPLOYEE WELLNESS PROGRAMME (EWP)**

### **ACHIEVED**

**WORK AND PLAY** - We have introduced aerobics classes which take place twice a week. We have also established a sports and recreation committee in the hospital. We have also introduced a ballroom dance class.

**Wellness Day:** During the reporting period we had our annual wellness day which was well attended. We also had three financial literacy workshops.

**Men's Forum:** The men's forum committee is up and running. We are also in the process of establishing the women's forum.

### **CHALLENGES**

The EAP office does not have access to the intranet/internet. This has been the case since February 2015.

Our soccer team does not have a sports ground. This means that we have to travel to other hospitals to play league games.

The Employee Wellness Programme does not have a budget.

**COMPILED BY EMPLOYEE ASSISTANT PRACTITIONER: MR N MADLALA**

# SYSTEMS COMPONENT ANNUAL REPORT 2016/20117

## **1. HUMAN RESOURCES**

### 1.1 The following Critical Posts were filled for the efficient functioning of the component:

- Food Service Orderly x2
- Food Service Aids x2
- Linen Orderly x3

### 1.2. Vacant Posts

- Messenger x1
- General Orderly x14
- Food Service Aid x2
- Food service Orderly x3
- Linen Orderly x1
- Sewing Orderly x1
- Housekeeper x5
- Driver x1
- Transport Officer x1
- Principal Security Officer x2
- Chief Artisan x1
- Artisan Foreman x2
- Artisan Bricklayer x1
- Handyman fitter x2
- Handyman Electrician x1
- Handyman Bricklayer x1
- Tradesman aid painter x1

### 1.3. TRAINING AND DEVELOPMENT OF STAFF

<u>Department</u>	<u>Course attended</u>	<u>No of staff trained</u>
Maintenance	o Writing skills	01
	o Pre-Assessment for Trade test.	06
Security	0	0
Systems Management	• Effective Management Principles	01
Main Registry	0	0
Linen Room	• Waste Segregation	12
	• Completion of soiled linen lists for Cato Manor	03
Transport	0	0
Mortuary	0	0
Medical Library Services	0	0
Telecommunications	0	0
IT	0	0
Food Services	Financial Literacy	3
Residence	0	0
Creche	0	0
Cleaning and house-keeping	Cleaning in service training workshop	12
Patient Admin	Batho Pele Training	04
	Sign Language training	04
	Effective management principles training	01
Medical Records	Records and document management workshops.	02

#### 1.4. Staff on Temporary/ Long Term Incapacity Leave

Tool for monitoring absenteeism was introduced and is in place to monitor absenteeism.

Department	Temporary Incapacity Leave	Long Term Incapacity Leave
Food services	1	3
Security	0	0
Linen Room	2	0
Telecommunications	0	0
Main Registry	0	0
Systems Management	0	0
Cleaning and Housekeeping	0	0
Residence	0	0
Transport	0	0
Patient Admin	0	0
Medical Records	0	0
Maintenance	02	02

## 2. FLEET MANAGEMENT

### 2.1 Achievements

- There were no vehicle accidents during the reporting period

### 2.2 Challenges

- The aging fleet as the following vehicles are more than 10 years in operation and therefore subject to frequent break-downs:

Vehicle KZN-	Registration:	Make & Model	Year Purchased	Age (years)
27678		Toyota Hilux	2000	16
27160		Toyota Hi Ace	2004	13
27899		Toyota Condor	2004	13
27900		Toyota Condor	2004	13
28158		Ford Ranger	2005	12
28213		Ford Ikon	2005	12
28214		Ford Ikon	2005	12
28473		Isuzu Bus	2006	11
28474		Isuzu Bus	2006	11



### **3. CATERING SERVICES**

#### **3.1 The following equipment was procured and delivered:**

- 1x electric steam pots
- 5x food trollies

#### **3.2 Challenges**

- Extractor fans need upgrading done
- Peeling paint due to humidity – done
- Food serving trolley are broken and not compliant to NCS requirements still in process

#### **3.3. Achievements**

- 3Extractor fan fixed
- Contract for servicing of cold rooms and freezers was put in place
- Painting of ceiling was done

### **4. LINEN ROOM**

#### **4.1. Achievements**

- Budget was made available to meet with minimum stock requirements. Linen stock was procured from Head office centralised budget (Bed spreads, blankets baby, bed sheets, pillow cases, pillows, wrappers OT, Pyjamas for patients etc, laundry bags, draw sheets)
- Basic equipment procured:
- Continuation of night shift increased production and eliminated backlogs
- Maintenance contract for servicing of machines was put in place
- Basic equipment procured:
- Roller towel dispensers were placed in all the chutes to facilitate hand-washing.
- Shelves were installed in most chutes to provide storage for Gloves and soap.
- Rubber stamps purchased for stamping of new linen.

#### **4.2 Challenges**

- The breakdown of Cato Manor Laundry created delays in turnaround times which compromised service delivery
- Increased linen turn over in comparison to the previous years
- Five staff members on light duty impacts on the availability of manpower
- Outstanding basic equipment still to be procured as per Procurement Plan.
- Environmental control i.e air conditioning is still a challenge.
- Posts not filled:
- Principal Linen Orderly x 1.
- Linen Orderly x 1
- General Orderly x 1

## 5. SECURITY SERVICES

**The manning of the Security component is shared between 17 in-house officers and 26 Private Security officers.**

### 5.1 Achievements

- Improvement on the allocation of parking and it is progressive
- Finalization of the three (3) year Tender contract and award of the New Security Service
- Provider, Sharks Protection Services, which started on the 1<sup>st</sup> December 2014.
- Post of Chief Security Officer was filled
- Uniform for all Security personnel was procured
- The registration of the institution with PSIRA as a Security Provider has been finalised
- Security department scored 93% on National Core Standards
- Security Cases are reported to Exco on monthly basis
- Office blinds were installed in three offices
- New fridge procured.

### 5.2 Challenges

- The lay out of the hospital is complex and thus requires additional security (Private) to be appointed for manning the hospital corridors and Wards.
- Delay in the replacement of Principal Security Officer posts (x3), due to moratorium
- Inadequate number of Private Security staff.
- Delay in the painting and marking of Casualty carpark, due to shortage of material and staff.

## 6. MEDICAL LIBRARY

Medical Library collection: Non Fiction Medical Books (short loan, reference and open shelf), Journals, Newspapers.  
Library Facilities: Photocopying, Printing, Internet access, Inter-Library loans, computer LAN.

### 6.1 Achievements

- 60 New books were procured
- 16 New International Journals are available on the intranet (RESORCE SHARING)

### 6.2 Challenges

- Only 60 books out of 150 were procured due to Budget Limitations
- No current medical journals
- Most of the books are old and outdated
- No barcode (membership & Books)
- Shelves needs to fixed
- Staff shortage – new library assistant post need to be created
- Long overdue servicing of security gate due to financial constraints

## **7. MAIN REGISTRY**

### **7.1 Achievements / Equipment received**

- Document archiving : New files opened for all hospital management meetings (Exco, Hospital Board, Extended Management, Risk Management, Cashflow, Quality Management, Assets and Losses, Infection Control, Safety and Security), Hospital Newsletter and Management Policies.

### **7.2 Challenges**

- Staff shortage – x2 staff members resigned and posts cannot be filled due to moratorium.

## **8. TELECOMMUNICATIONS**

### **8.1 Achievements**

- Control measures were put in place to monitor telephone usage and reduce telephone expenditure.
- Monthly telephone expenditure reports analysed at the Cash-flow meetings.

### **8.2 Challenges:**

- Escalating costs for telephone usage due to the increased number of telephone extensions required to cater for the expansion of services.
- PABX equipment is overdue for upgrading, contract with Service Provider expired some time ago and is currently on a month to month basis. Motivation for upgrading of equipment was sent to Head Office , still awaiting approval.

## **9. IT EQUIPMENT**

### **9.1 Achievements**

**The following equipment was received:**

- Two condemned laptops for doctors in Orthopaedics were replaced by new ones.
- 43 Computers and two printers were donated by MTN for Grey's Nursing College.

### **9.2 Challenges**

- 9Almost all our IT equipment are aging.
- Delay in the finalisation of 42 network points requests sent to Head office.
- DCX fails to provide backup for equipment sent for repairs.
- 12 equipment condemned, not replaced yet by IT Head Office.
- New IT equipment orders are piling up
- No of crashing PC motherboards and power suppliers is increasing, because of power cuts and age.

## **10 CLEANING AND HOUSEKEEPING**

### **10.1 Achievements / Equipment procured**

- Amalgamation of housekeeping and cleaning services to fall under one Component
- 80% of Wards were stripped and is on going
- Intensive cleaning of Doctors Quarters
- Introduction of cleaning check lists in all Wards and for public toilets
- Equipment procured : heavy duty vacuum cleaners x 2

## 10.2 Challenges

- No posts available for the supervision of cleaning and housekeeping service
- Housekeepers to be equipped with supervisory skills
- Vacancy rate is high due to moratorium (Housekeepers and General Orderlies)

## 11 MORTUARY

### 11.2 Achievements

- Procurement of PPE (staff freezer jackets) in compliance to NCS requirements
- Strengthened security – installed burglar guards in the department

### 11.3 Challenges

- Mortuary trolleys need refurbishment
- Department is due for re- painting

## 12 SERVICE CONTRACTS

### 12.1 Provision of Security

- The three year contract is in Place. Sharks Protection Services was appointed in December 2014, valid until 30 November 2017.

### 12.2 Cleaning of Buildings

- The Contract expired in March 2015 and is still on a month to month basis. Service Provider – Xolisisizwe Projects.

### 12.3 Maintenance of Gardens and grounds

- Contract expired in March 2015 and is on month to month basis. Service Provider – Hakala Construction.

### 12.4 Tuckshop Lease agreement

- An interim arrangement was made with the Hospital Catering Service Provider ( Medi Rest) to extend service to cater for the tuckshop, while still waiting for the finalization of the Three Year Tender by the Dept. of Public Works.

## 13 MAINTENANCE

### 13.1 Achievements

The following Maintenance Projects were completed:

#### Monthly Services:

- Central Air conditioning System
- Lifts
- Washing Machines & Tumble Driers

#### **Quarterly Services :**

- Autoclaves
- Chillers

#### **Annual Services:**

- Firefighting Equipment
- Domestic Air con systems in Hospital.
- Extractor Fans – Main Kitchen
- Medical Air Compressors
- Refrigeration equipment
- UPS
- Electronic Boom Gates
- Generators
- Boilers

## **Projects**

- Removed old nurse-call system, metal tray ceilings and paint of ward C2, E1, M2..
- Replace all cracked & broken windows in Hospital.
- Statutory Inspection on Boiler no. 2
- Install two new calorifiers at Nurses Home
- Replaced 22m of stainless steel piping and fittings on hot water supply at Doctors Quarters.
- Remove & replace all damaged gutters & downpipes on the Transport dept. building.
- Remove obsolete steam & condensation steam piping, supply & install new steam condensation pipeline from Maternity to Doctors Quarters to Nurses Home and to Boiler House.
- Supply & install 10 basins, taps, low level toilet pans and cisterns at Nursing Campus.
- Install patient stretcher storage area at OPD waiting area.
- Removal of old autoclave plating at CSSD milk kitchen and replace with dry walling on both clean and dirty side with access door. Replace vinyl flooring and paint.
- Create two offices and kitchen at Social Works Department.
- Install new sewer line from Path Lab to existing sewer line in North Ward Block.
- Refurbish and commission Doctors Quarters & Nurses Home access gates with electronic access control systems.
- Install office blinds at Security Department.
- Create new offices for HRD department at Dining Hall area.
- Renovate MAW toilet facilities.
- Install trellis doors at Mortuary and Dining Hall entrance from Nurses Campus.
- Replace all curtain rails in all the wards in North Ward Block.
- Install new counters at OPD admitting area – remove bars and install Perspex partitioning.
- Convert two toilets to showers (Female & Male) at the public ablutions at OPD.
- Install a rolling metal shutter trellis door at Pharmacy.

## **14 Patient Admin**

### **14.1 Achievements**

- Contract in place for upliftment and destruction of old records (contract awarded to Extensive Waste Management Services)
- 100% achieved in National Core Standard Audit.
- Refurbishment of counters and glass partitioning completed.
- New cash register procured [ new fee to be programmed]

### **14.2 Challenges**

- In need of a new P.A System
- The department is in need of re-painting
- In need of patient information system
- In need of additional shelving and steel cabinets for file retention(babies-up to 21 years old)
- Need to convert managers office into new admission office due to space constraints in the waiting room
- The department needs stripping of floors
- Awaiting upliftment of moratorium in order to fill night shift general orderly post

## 15. Medical Records

### 15.1 Achievements

- Medical Records was used by Department in benchmarking exercise.
- Training of Ward Clerks and Clinician Support clerks i.r.o assembling of In-Patient Records, requesting of files and routing of in-patient records. (Nursing Policy 36, Management Policy 53 & Management Policy 70)
- In Service training with Unit Managers.
- Contract in place for uplifting and destroying of old patient Records.- contract awarded to **Extensive Waste Management Services**.

### 15.2 Challenges

- New office furniture needed
- More filing space required for housing Maternity and Paeds files. (To be kept for 21years).
- Ceiling board in the archives area needs replacement
- Inadequate lighting in filing area.
- Revamp of Reception area, floors need to be stripped, walls need painting.

## 16 Residence (Nurses Home and DQ)

### 16.1 Achievements

- Access control system to Residence has been installed

### 16.2 Challenges

- Buildings are very old and need urgent renovations
- Minor maintenance to ablution facilities (Nurses Home and DQ) to be done in-house
- Departmental Housing Policy is outdated and due for review
- Internal Housing policies need to be developed
- Domestic Equipment ( washing/ drying machines, fridges, microwaves) could not be replaced due to Budget constraints.

**Report compiled by: Ms. N.P. Njokwe**

**Hospital Systems Manger**

## PUBLIC RELATIONS DEPARTMENT ANNUAL REPORT 2016/2017

Public Relations Office is situated in the Outpatient Department. The main responsibility for this office is to provide an effective two way communication service in ensuring a mutual understanding between the hospital and its target audiences (Internal and External target publics), to provide communications function and advise management on strategic communication matters.

### COMPLAINTS STATISTICAL ANNUAL REPORT

GREY'S HOSPITAL	1 <sup>st</sup> QUARTER			2 <sup>nd</sup> QUARTER			3 <sup>rd</sup> QUARTER			4 <sup>th</sup> QUARTER			TOTAL PER CATEGORY
	APR 2016	MAY 2016	JUN 2016	JULY 2016	AUG 2016	SEPT 2016	OCT 2016	NOV 2016	DEC 2016	JAN 2017	FEB 2017	MAR 2017	
Continuity of Care	0		02	0	02	02	0	0	0	0	0	0	06
Waiting times	05	01	02	02	0	0	0	01	01	0	01	03	17
Access to information for patients	0	02	0	0	0	0	0	0	0	0	0	0	02
Cleanliness	0	0	0	0	01	0	0	01	0	0	0	0	02
Respect & Dignity	03	02	0	01	0	01	0	0	0	02	03	01	13
Lack of Communication	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	0
Postponement of operations	01	01	01	01	01	0	01	01	0	03	03	04	17
Patient care	0	0	0	0	0	0	0	0	0	0	0	0	0
Food Services	0	0	0	0	01	0	0	0	0	0	0	0	01
Safe and secure environment	01	0	0	0	0	0	0	0	02	0	0	0	03
Maintenance	0	0	0	0	0	0	03	0	0	0	01	0	04
Media Query	0	0	0	0	02	01	01	0	0	0	02	01	07
Unavailability of Medication	0	0	0	0	0	0	0	0	0	0	0	0	0
Unavailability of bed	0	0	0	0	0	0	0	0	0	0	0	0	0
Poor service/caring	01	0	02	07	02	03	0	01	01	04	03	03	27
Emergency care	0	0	0	0	01	0	0	0	01	0	0	0	02

# COMPLAINTS STATS REPORT CONTINUES

GREY'S HOSPITAL	1 <sup>st</sup> QUARTER			2 <sup>nd</sup> QUARTER			3 <sup>rd</sup> QUARTER			4 <sup>th</sup> QUARTER			TOTAL PER CATEGORY
	APR 2016	MAY 2016	JUN 2016	JULY 2016	AUG 2016	SEPT 2016	OCT 2016	NOV 2016	DEC 2016	JAN 2017	FEB 2017	MAR 2017	
Shortage of staff	0	0	0	0	0	0	0	0	0	0	02	0	02
Physical access 0	0	0	0	0	0	01	0	0	0	0	0	0	01
Collection of medication	0	0	0	0	0	0	0	0	0	01	01	01	03
<b>TOTAL</b>	<b>11</b>	<b>06</b>	<b>07</b>	<b>11</b>	<b>10</b>	<b>08</b>	<b>05</b>	<b>04</b>	<b>05</b>	<b>10</b>	<b>16</b>	<b>13</b>	<b>107</b>





⇒ **COMPLIMENTS STATISTICAL REPORT 2016/2017**

<b>MONTH</b>	<b>NUMBER OF COMPLIMENTS</b>
APRIL 2016	75
MAY 2016	110
JUNE 2016	75
JULY 2016	60
AUGUST 2016	59
SEPTEMBER 2016	71
OCTOBER 2016	117
NOVEMBER 2016	63
DECEMBER 2016	51
JANUARY 2017	64
FEBRUARY 2017	119
MARCH 2017	112
<b>TOTAL</b>	<b>976</b>

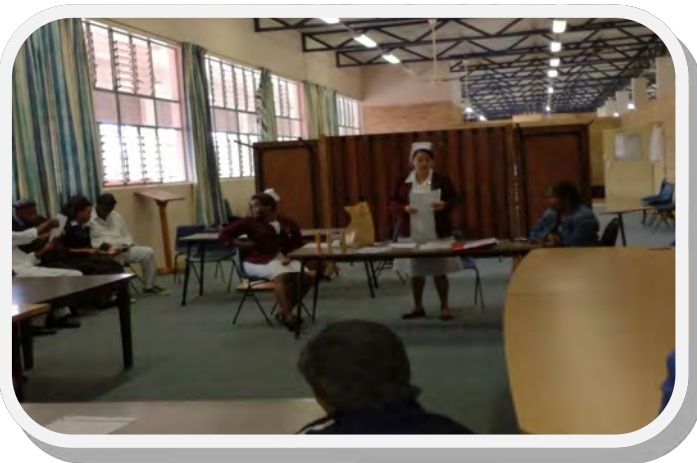
Grey's Hospital has successfully celebrated all health awareness/events and outreach programmes planned for 2016 although financial constraint was a challenge. The below table indicates all events celebrated in 2016

## GREYS HOSPITAL HEALTH AWARENESS /EVENTS/OUTREACH CELEBRATED IN 2016

NAME OF OUTREACH HEALTH AWARENESS/EVENT	VENUE	PURPOSE	DATE
◇ Haemophilia	OPD OUTPATIENT	Need to educate families and friends about Haemophilia	15 April 2016
◇ Renal and organ transplant	East boom	To educate people about the renal disease	20 April 2016
◇ Career open day	Rec hall	To give grade 9/12 a better understanding careers in the hospital	06 May 2016
◇ Child protection week	Lodger mothers	To educate mothers on how to protect their children and look after them and give them love.	27 .2. June 2016
◇ Hands off campaign	Montgomery	Saving water	11 May 2016
◇ Burns week outreach	Nicro	Create awareness about burns	06 May 2016
◇ Launch of oncology booklet	Rec hall	Education to staff and patients about cancer	10 May 2016
⇒ International nurses day	Rec hall	Celebration of nurses day	27 May 2016
◇ Long service	Rec hall	To celebrate employees who have reached 20 , 30 and 40 years of service	3 June 2016
◇ Social worker and audio dept outreach	Ashburton	Promote healthy awareness i.e. Healthy hearing etc.	21 June 2016
◇ Drug awareness	Umlulama high school	To enlighten and create awareness to learners about negative effect of the social ills in	20,26 June 2016
◇ National epilepsy week	POPD	Create awareness about epilepsy	20,24 June 2016
◇ Mentally illness month	Dundee adult centre , SAPS community service centre	To raise awareness among patients, the community and staff about intellectual disability	1, 28 July 2016
◇ National mandela day	Childrens wards (A1 and F1)	Celebrating mandela day	18 July 2016
◇ Greening Grey's	Rec hall	We going green	25 August 2016
◇ National woman's day	Rec hall	Celebrating woman's work	30 August 2016
◇ Healthy staff day/heritage	Rec hall	Celebrating healthy staff and heritage	23 September 2016
◇ Pharmacy week	Emseni ikhaya labadala	Educate the elderly on the use of medication and safety	05 September 2016
◇ Tracheostomy	Rec hall	Create awareness about Tracheostomy	20 October 2016

## HEALTH AWARENESS/EVENTS CELEBRATED IN 2016/2017

NAME OF HEALTH AWARENESS/EVENT	VENUE	PURPOSE	DATE
⇒ Quality day	Rec hall	Recognition of staff who did well through out the year	25 November 2016
⇒ Sunsmart skin cancer	Occupational Health and Safety	Teach staff to prevent heat stress	2 January 2017
⇒ STI / Condom Week	Occupational Health and Safety	Raise awareness on sexually transmitted infections and condom usage	10,16 February 2017
⇒ International childhood Cancer	OPD	Raise awareness on international childhood cancer	15 February 2017
⇒ Pregnancy week	ANC	Encourage pregnant mothers to attend clinic regularly	14,16 February 2016
⇒ World Kidney Day	Poster and pamphlet display in OPD	Educate and create a kidney awareness	14 March 2017
⇒ World TB month	Occupational Health and Safety	Create awareness on TB	24 March 2017
⇒ World Haemophilia Day	OPD	Need to educate families and friends about Haemophilia	20 April 2017
⇒ Hand Relay	Grey's Hospital	Raise awareness on the importance of hand washing	05 May 2017
⇒ Burns Awareness Week	OPD		12 May 2017
⇒ Hypertension day	Occupational Health and Safety	To educate people to be aware about the blood pressure	17 May 2017



# **QUALITY ASSURANCE ANNUAL REPORT**

## **NATIONAL CORE STANDARDS ACCREDITATION:**

Grey’s hospital is continuously striving towards compliance with National Core Standards requirements and certification and accreditation of the institution. Various assessments have taken place to ensure compliance with the National Core Standards requirements:

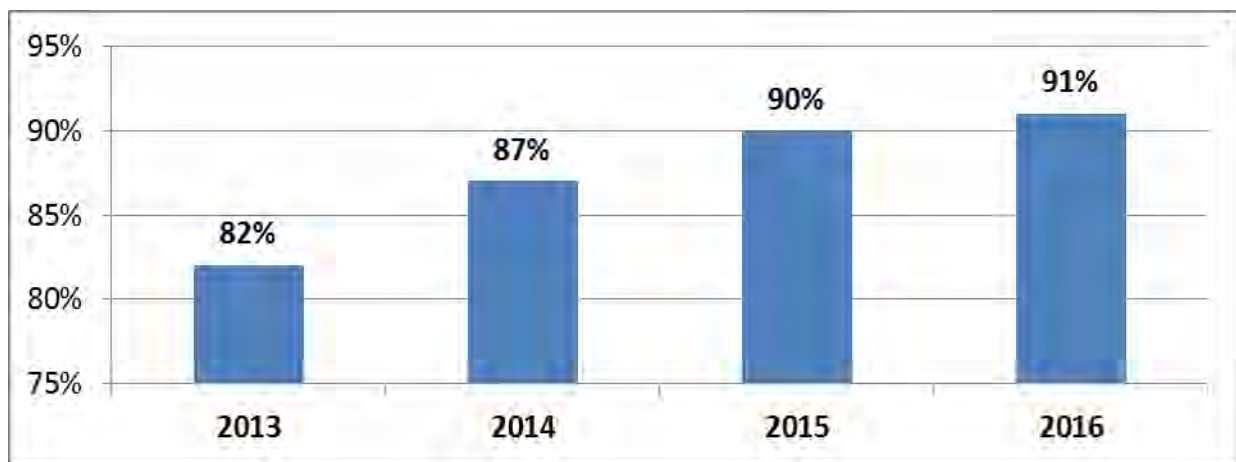
**OHSC Assessment** - 10 February 2016

**Per Assessment** - 21 September 2016

Grey’s hospital performed exceptionally well in all 7 domains with the highest being patient safety/clinical governance and clinical care at 96% and the lowest being Public health with 84%.

Grey’s hospital also achieved compliance to all 6 priority areas.

### **National Core Standards overall performance 2013-2016:**



### **NATIONAL CORE STANDARDS PEER ASSESSMENT SEPTEMBER 2016**

**Overall Performance Outcome 91%**

#### **Non-Compliance Cut-Off Levels**

#### **Actual Overall Score**

Extreme Measure (**X**): Overall score < 100% will result in “Non-Compliance” X = 94%

Vital Measures (**V**): Overall score < 90% will result in “Non-Compliance” V = 88%

Essential Measures (**E**): Overall score < 80% will result in “Non-Compliance” E = 91%

Developmental Measures (**D**): Overall score < 60% will result in “Non-Compliance” D = 89%

<b>Domain</b>	<b>Score</b>
<b>1 Patients Rights</b>	91%
<b>2 Patient Safety / Clinical Governance / Clinical Care</b>	96%
<b>3 Clinical Support Services</b>	89%
<b>4 Public Health</b>	84%
<b>5 Leadership and Corporate Governance</b>	87%
<b>6 Operational Management</b>	85%
<b>7 Facilities and Infrastructure</b>	92%

<b>Priority Area</b>	<b>Score</b>
<b>Availability of medicines and supplies</b>	91%
<b>Cleanliness</b>	91%
<b>Improve patient safety and security</b>	92%
<b>Infection prevention and control</b>	92%
<b>Positive and caring attitudes</b>	96%
<b>Waiting times</b>	97%

### **Patient Satisfaction survey:**

A total of 100 patients (50 in-patients and 50 out-patients) are interviewed monthly to obtain views, expectations, suggestions, compliments and complaints about service delivery at Grey's Hospital. The National tool is used to conduct this survey.

The 2015/2016 patient satisfaction survey reflects positive results, with Priority area one - Positive and caring attitude by staff being the highest at 98% and waiting times being the lowest at 82%. It has been difficult to satisfy the client and reduce waiting and service times partially due to poor adherence to the referral pathway.

Positive results can be attributed to:

- Providing professional interpreter services when required
- Monitoring progress against goals set by the hospital for continuous improvement of the patient experience
- Pharmacy help desk (screening done on all prescription charts)
- Customer service assistance (assist with queue marshalling)
- Efficient complaint addresses system and resolution.
- Batho Pele training
- Individual ownership

## 2016 Client Satisfaction Survey Results

Priority Area	Score
1. Positive and caring attitude	98%
2. Waiting times	82%
3. Safety and security	95%
4. Cleanliness	98%
5. Infection Prevention and control	95%
6. Availability of basic medicines and supplies	95%

### Risk Management:

There were a total of 536 health care incidents reported for 2016. There is evidence of both positive trends and areas of continued challenges. Patient care related incidents showed an improved trend from 12 reported incidents in January 2016 to half by July 2016.

Majority of the incidents are linked to root causes in one of the following:

- Lack of adherence to policy and procedure
- Lack of communication
- Human factors

Medication errors, patient falls and incidence of hospital acquired pressure ulcers being the areas that remain a challenge, but there has been a number of actions undertaken to improve patient safety. Identifying and implementing best practices for prevention has been key to the reduction of adverse health incidents.

- Improved reporting system was introduced which included centralizing reporting of incidents to the Office of the CEO and an expanded list of reporting disciplines
- Stricter control measures introduced by Pharmacy department has reduced the number of medication related incidents
- Feedback sessions at committee meetings have provided a level of transparency and a culture of awareness
- Multicomponent interventions to prevent falls
- Care bundle interventions (Best Care Always) checklists to reduce infections
- Introduction of the Skin integrity form ( encourages accurate skin inspection)
- Training on incident reporting has encouraged voluntary reporting

There is evidence of reduced incidents reported towards the year end mainly due to the implementation of strategies mentioned above and the continued efforts of personnel to maintain patient safety at Grey's hospital.

### Training:

The office of Quality assurance introduced training on PLAN-DO-CHECK-ACT (PDCA) quality improvement cycle for the first time in August 2016. The training was first met with apprehension but resulted in total participation after the training. The cycle ensures Grey's hospital is kept up to date with current quality improvements methodologies.

A total of 48 personnel were trained in the PDCA cycle. The following Quality Improvement programmes have been initiated post training:

No.	Presentation	Department/Ward
1.	<b>ENVIRONMENTAL HYGIENE</b>	Infection Prevention and Control
2.	increasing the number of patients being screened for TB	Ward G1
3.	Firefighting equipment in the OPD	OPD
4.	Effective use of the nursing care plan	Ward A1
5.	Improving Compliance to Pharmacy policy on expiry medication	Ward D2
6.	Improving the dysphagia assessment form	Speech Therapy
7.	Reducing incidence of Peritoneal dialysis infections	Ward H1

### **Quality Audits for improved performance:**

Amalgamating National Core Standards requirements into the Quality Nursing audit resulted in an effective means for improvement. Performance has improved over the last 4 quarters and is being maintained with the Quality audits being conducted quarterly.

The focus of the audit is on the following indicators: Administration, notice boards, general area, patient areas, toilets and dress code.

Compliance has been achieved throughout the quarters with an average of 84%, with administration and notice boards being our strongest points and dress code being our weakest point.

### **Clinical Competence**

Grey's management is continually looking for ways to improve clinical care.

- Grey's hospital is a registered Basic Life Support centre, allowing on-site accredited BLS training
- In-house BLS training was introduced to speed up the process of education
- The Red flag team was introduced to regularly audit the emergency trolleys and personnel and have been instrumental in the upkeep and maintenance of the trolleys.
- Continued emphases are made on the use of early warning sign for care of the deteriorating patient and prevention of in-hospital cardiac arrest.
- Ongoing Orientation and induction is conducted for newly appointees.

### **"Greening Grey's" initiative**

Grey's Hospital became a member of the **Global Green Health Hospitals (GGHH) international** initiative in May 2016 in an attempt to reduce the facilities carbon footprint. An awareness day was held in August 2016 to sensitize personnel on Grey's hospital "greening" initiatives and commitment to reducing the facilities carbon footprint.

Through **control of electricity usage** in Grey's Hospital generally and more specifically in the Doctor's Quarters, electrical consumption (per kWh) has decreased by over 220 000 kWh between January and June 2016. Grey's hospital additional electrical initiatives and campaigns have proved to be projecting positive results.

In order to **reduce waste generation** and consumption of natural resources, a range of initiatives form part of Grey's Hospital new waste management strategy. Results show that there is a drastic reduction in the number of **all infectious waste streams**, from 3005 units in September to 2442 units in December 2016. There has also been a decrease in the number of **red lined receptacles**, from 2453 units in September to 2032 in December 2016.

A recycling programme has been introduced to the facility, with the provision of recycle bins for tins and plastics which has shown to curb unnecessary expenditure on excessive and inappropriate waste disposal.

**GREY'S HOSPITAL**  
**PLEDGE TO THE KWAZULU-NATAL DEPARTMENT OF HEALTH**

We pledge our commitment to the achievement of optimal health status for all persons of the Province of KwaZulu-Natal, including meeting the strategic objectives of the KwaZulu-Natal Department of Health, within our scope of clinical practice, i.e. the provision of Regional and Tertiary services.

**WE PROMISE TO:-**

- ⇒ Deliver on the KZN Department of Health's strategic health priorities, by providing optimal regional and tertiary care at all times, within available resources
- ⇒ Support the Department in meeting the health needs of the catchment population
- ⇒ Live the spirit of a caring ethos and to implement the principles of Batho Pele
- ⇒ Provide good governance and effective leadership

**SIGNED BY:**

.....  
DR K.B. BILENGE  
Hospital Manager

.....  
DR L. NAIDOO  
Medical Manager

.....  
MRS K.T. MCKENZIE  
Nursing Manager

.....  
MRS BG ANDERSON  
Finance Manager

.....  
N.P. NJOKWE  
Systems Manager

.....  
MR J.Z. MNTUNGWA  
Public Relations Officer





**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## CONTACT DETAILS

### Physical Address:

201 Town Bush Road

Northern Park

Pietermaritzburg

3201

### TELEPHONE

033 – 897 3321

### FAX NUMBER:

033– 897 3398

Email: [zamo.mntungwa@kznhealth.gov.za](mailto:zamo.mntungwa@kznhealth.gov.za)

### Postal Address:

Private Bag X9001

Pietermaritzburg

3200