

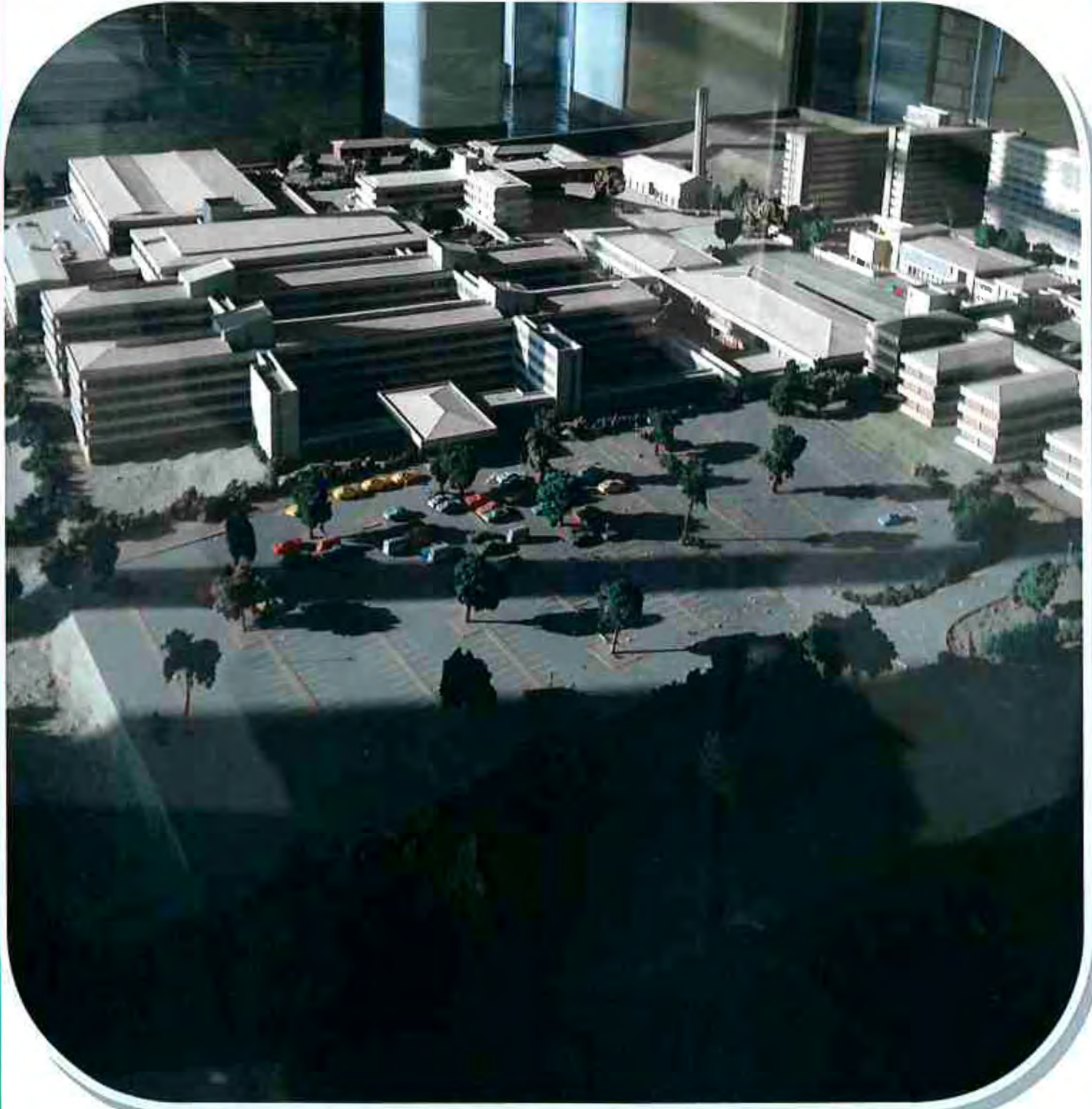


**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# GREY'S HOSPITAL

## ANNUAL REPORT 2017-2018



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE



## FOREWORD

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



It is with great pleasure that I present you the Annual Report for Grey's Hospital for the 2017/18 Financial Year. I hope you will find this report both informative and interesting and that it will give you a greater understanding of the work undertaken by our Organization. It is my pleasure to introduce this year again the Activity and Achievements of Grey's Hospital.

Grey's Hospital has the mission ***"We the staff of Grey's Hospital are committed to service excellence through sustainable and coordinated levels of care, by establishing partnerships with our Communities, and through ensuring innovative and cost effective use of all available resources"***

The Mandate given by patients to us is to improve the quality of their lives, it is therefore for these patients that we exist. 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 and morbidity
- ⇒ 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.

2017/2018 Annual Report provides an overview of progress and achievements in the financial year under review.

### SERVICE OUTPUT:

♦ In-patient days	- 10265
♦ Out-patient headcount	- 9516
♦ Bed Utilization Rate	- 72%
♦ Average length of stay	- 9.3 days
♦ Expenditure per PDE	- R6645

### KEY ACHIEVEMENTS 2017/18

- Grey's Hospital Infection Prevention and Control Team won 1<sup>st</sup> Price in the KZN Province for the most participants during the Hand Hygiene Relay Competition which was held on the 5th May 2017. Grey's hospital managed to secure a total of 1028 participants during the relay.
- Patient Administration Department has introduced patients labels for all inpatients. This enables the healthcare provider to label the patients documents without having to physically write out the information.
- Grey's hospital implemented a recycling program which included the introduction of recycle bins in the wards/units and the introduction of recycle bins for the public areas. The wards /units recycle bins are for three waste streams, namely; office paper, plastic bottles and small boxes. The public recycle bins are for cans and plastic only. Because of the initiatives, campaigns and personnel participation, Grey's hospital significantly reduced the number of all healthcare risk waste units especially the red lined waste receptacles, resulting in less waste landing up at landfill
- Scoops were procured and distributed throughout the facility to provide non-mobile patients with the needed equipment to assist evacuation. The scoops are wall mounted to save space and are easily accessible
- Offices were built for the Oncology Department.
- Sr J. Stewart (Operational Manager of ICU) achieved The Bronze Award during the Premier Service Excellent Award in the category Best Public Servant of the year 2016/2017.
- Ms Nikki James (Grey's Hospital Case Manager) received third prize in Case Manager of the Year Award in the Public Sector at the 3<sup>rd</sup> Annual Case Manger Conference.
- Grey's Hospital achieved a Silver award at the MEC Service Excellence Awards for National Core Standards category
- Grey's Hospital achieved 1<sup>st</sup> Position for National Core Standards at the District Service Excellence Awards

Finally, I would like to thank the Hospital Board and all Greys employees for their ongoing support and assistance. 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.

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## **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 without 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</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>• FetoMaternal Medicine</li> <li>• Oncology</li> <li>• UroGynae / Pelvic Floor Dysfunction</li> <li>• GynaeEndocrine / Reproductive</li> </ul>
<p><b><u>SURGERY &amp; SUB-SPECIALITIES :</u></b></p> <p><b><u>GENERAL SURGERY :</u></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>
<b><u>OCCUPATIONAL THERAPY</u></b>	<b><u>SPEECH AND AUDIOLOGY</u></b>
<b><u>SOCIAL WORK SERVICES</u></b>	<b><u>PHYSIOTHERAPY</u></b>
<b><u>LABORATORY SERVICES</u></b>	<b><u>ACCIDENT &amp; EMERGENCY SERVICES</u></b>
<b><u>DIETETICS DEPARTMENT</u></b>	<b><u>CLINICAL PSYCHOLOGY</u></b>
<b><u>PHARMACEUTICAL SERVICES</u></b>	<b><u>ANAESTHETICS &amp; PAIN MANAGEMENT</u></b>
<p><b><u>RADIO THERAPY 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>RADIO THERAPY 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 REPORT 2017/2018**  
**EFFICIENCY INDICATORS**

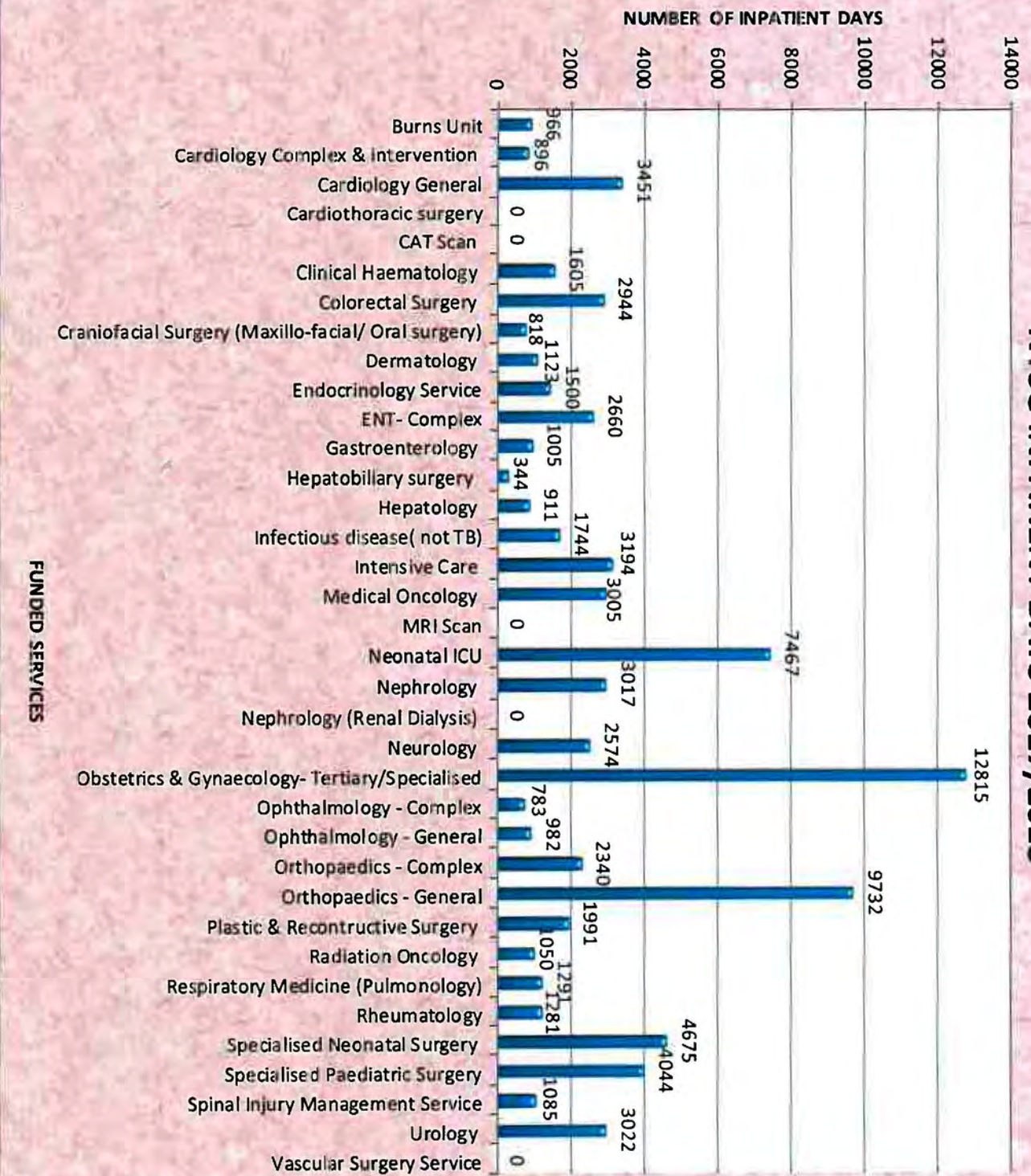
		Prov. Norms (Annual)	Hospital Targets 2017/2018	AVERAGE	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	18-Jan	18-Feb	18-Mar
			8													
<b>INDICATORS</b>																
COMMISSIONED BEDS				530	530	530	530	530	530	530	530	530	530	530	530	530
USABLE BEDS				505	505	505	505	505	505	505	505	505	505	505	505	505
INPATIENT DAYS	342139			10202	9468	10651	10735	10359	11350	9987	10260	10413	9105	10014	9897	10182
ADMISSIONS	N/A			855	750	873	744	926	814	733	973	876	792	939	972	870
DISCHARGES	N/A			884	800	967	869	831	725	931	948	895	934	837	916	952
INPATIENT DEATHS	N/A			49	57	50	43	47	56	38	58	50	58	45	42	38
TRANSFERS IN	N/A			272	246	255	256	269	233	198	315	293	279	326	297	291
TRANSFERS OUT	N/A			142	114	159	144	158	114	131	159	152	119	131	157	161
BED OCCUPANCY RATE	79%	79%		72%	71%	70.00%	73%	72.60%	73%	66%	73%	75.90%	64.50%	71%	77%	71%
AVERAGE LENGTH OF STAY	9.4 DAYS	9.4 DAYS		9.3 DAYS	10 DAYS	9 DAYS	9.8 DAYS	10 DAYS	8.5 DAYS	9 DAYS	8.8 DAYS	9.5 DAYS	8.2 Days	10 DAYS	8.9 DAYS	10 DAYS
BED TURNOVER RATE		2		2	2	2.3	2	2	3	2.2	2.3	2.2	2.2	2	2.2	2
DEATH RATE	5%	5%		4.30%	5.70%	4%	4%	3.90%	5.20%	4.10%	4.50%	4.30%	5.40%	3.50%	3.30%	3.27%
INTERWARD TRANSFERS	N/A			448	356	453	506	409	453	394	441	446	449	647	429	397
DAY PATIENTS	N/A			998	861	914	887	1007	984	992	1121	1090	995	1120	1036	973
OPD HEADCOUNT	261768			9516	9789	9336	9736	9392	10379	8471	9855	10687	7424	9197	9536	10114
CASUALTY HEAD-COUNT	N/A			742	775	800	669	700	705	728	721	783	725	783	690	825
CAESERIAN SECTION RATE	71%	71%		71%	71%	73%	63.70%	71%	67%	70%	75%	73%	83%	69%	67.70%	68.81%
PATIENT DAY EQUIVALENT	N/A			13456	13805	13763	13980	13490	14810	12811	13545	13975	11580	13079	13076	13553
EXP. PER PDE	R 3,77	R 4,377		R 6 679	R 5 776	R 6 218	R 6 582	R 6 944	R 5 992	R 6 851	R 6 737	R 6 481	R 7 295	R 7 362	R 7 006	R 6 901

**CLINICS REPORT 2017/2018**

CLINICS	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	TOTALS
MEDICINE	1225	963	1338	1257	1375	2517	2807	3282	1393	2571	2643	3124	24495
SURGERY	1958	2385	2472	2314	2876	2177	2331	2476	1823	2336	2189	2047	27384
PAEDIATRICS	728	625	547	419	692	503	920	545	305	411	543	554	6792
OPHTHAL	569	699	768	700	769	652	730	729	488	624	575	671	7974
ORTHOPAEDICS	526	554	799	696	768	612	882	869	462	838	836	837	8679
GYNAE	443	635	578	628	595	755	554	728	555	697	784	696	7648
ONCOLOGY	2128	2279	2574	1832	1592	1255	1631	2058	1706	1720	1957	2253	22985



# NTSG INPATIENT DAYS 2017/2018





**HOSPITAL STATISTICS 2017/2018 FINANCIAL YEAR**

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1 000,000
BED OCCUPANCY RATE (BOR)	72%
AVERAGE LENGTH OF STAY	9.3 Days
PATIENT DAY EQUIVALENT (PDE)	162 971
BUDGET	R1 104 664 000
EXPENDITURE	R1 097 836 923
BAS PAYMENTS	R 264 942 922
REVENUE COLLECTIONS	R 18 586 164
WRITE OFFS	R 10 786 464
DEBT SUSPENSE	R 2 482 987
COST PER PATIENT PER DAY	R 6 736

<b>CARRY OVER 2017/2018 FINANCIAL YEAR</b>	<b>R25 608 498</b>
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Total allocation of **R1 104 664 000** was received for the **2017/2018** financial year.

The allocation is summarized as follows in terms of funding:

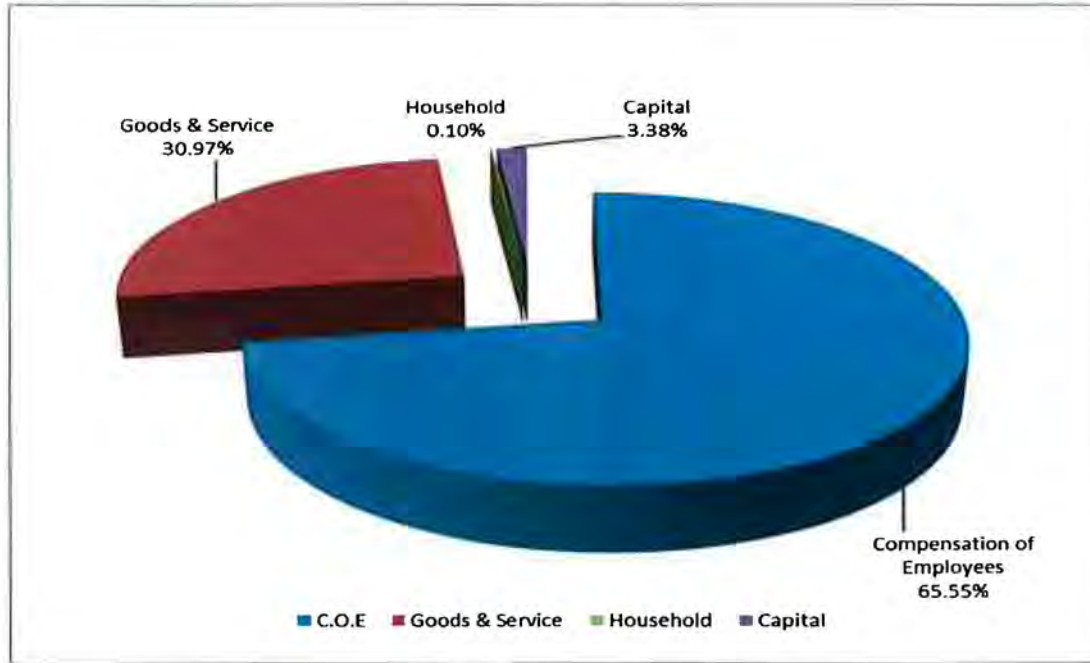
EQUITABLE SHARE	R 702 028 000
NTSG	R 395 200 000
HIV/AIDS	R 4 724 000
REVIT GRANT	R 2 712 000
<b>TOTAL BUDGET</b>	<b>R1 104 664 000</b>

The allocation is summarized as follows in terms of Standard items:

COMPENSATION OF EMPLOYEES	R 801 776 000
GOODS & SERVICES	R 283 307 000
HOUSEHOLD	R 1 500 000
CAPITAL	R 18 081 000
<b>TOTAL</b>	<b>R1 104 664 000</b>



**GREY'S HOSPITAL BUDGET ALLOCATION FOR 2017/2018 FINANCIAL YEAR  
(PER STANDARD ITEM)**



The expenditure trends for this financial year under review were as follows:

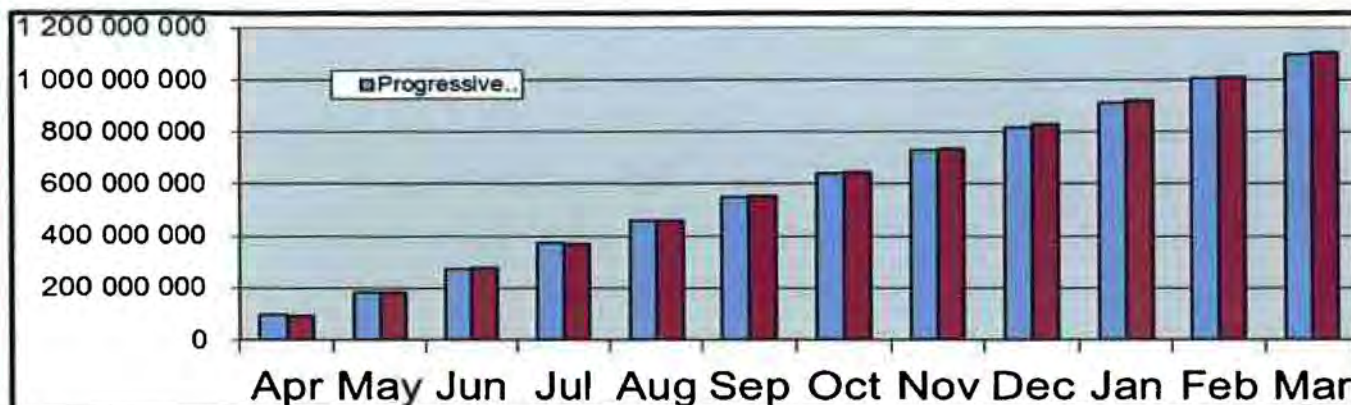
STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE	% SPENT
PERSONNEL	R801 776 000	R797 683 638	R4 092 362	99.49%
GOODS & SERVICES	R195 568 000	R203 884 746	(R8 316 746)	104.25%
LAB NHLS	R 40 642 000	R 37 499 295	R 3 142 705	92.27%
ARV DRUGS	R 577 000	R 520 409	R 56 591	90.19%
MEDICINE	R 42 040 000	R 32 966 676	R 9 073 324	78.42%
MAINTENANCE	R 4 480 000	R 7 474 502	(R2 994 502)	166.84%
HOUSEHOLDS	R 1 500 000	R 2 092 608	(R 592 608)	139.51%
CAPITAL MEDICAL NTSG	R 15 000 000	R 14 738 956	R 261 044	98.26%
CAPITAL MEDICAL EQUIT SHARE	R 1 632 000	R 849 851	R 782 149	52.07%
CAPITAL OTHER	R 1 449 000	R 126 242	R 1 322 758	8.71%
<b>TOTAL</b>	<b>R1 104 664 000</b>	<b>R1 097 836 923</b>	<b>R6 827 077</b>	<b>99.38%</b>



# BUDGET VERSUS EXPENDITURE UNDER FUNDS – 1 APRIL 2017 TO 31 MARCH 2018

	ANNUAL BUDGET	EXPENDITURE	OVER/UNDER	% SPENT
EQUITABLE SHARE	R 702 028 000	R 692 928 351	R9 099 649	99%
NTSG	R 395 200 000	R 394 345 146	R 854 854	99.78%
REVIT GRANT	R 2 712 000	R 5 444 285	(R2 732 285)	201%
HIV/AIDS	R 4 724 000	R 5 119 141	(R 395 141)	108%
<b>TOTAL</b>	<b>R1 104 664 000</b>	<b>R1 097 836 923</b>	<b>R6 827 077</b>	<b>99.38%</b>

## MONTHLY CASH FLOW PERFORMANCE IN THE 2017/18 FINANCIAL YEAR



## FINANCIAL HIGHLIGHTS – 2015/2017 TO 2017/2018

### BUDGET VERSUS EXPENDITURE

	2015/16	2016/17	2017/18
BUDGET	R975 288 000	R1 067 319 000	R1 104 664 000
EXPEND	R988 031 706	R1 063 388 447	R1 097 836 923
OVER/UNDER EXP	(R 12 743 706)	R 3 930 553	R 6 827 077
% OVER/UNDER	1%	0.37%	99.38%



**REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2015/2016 TO 2017/2018**

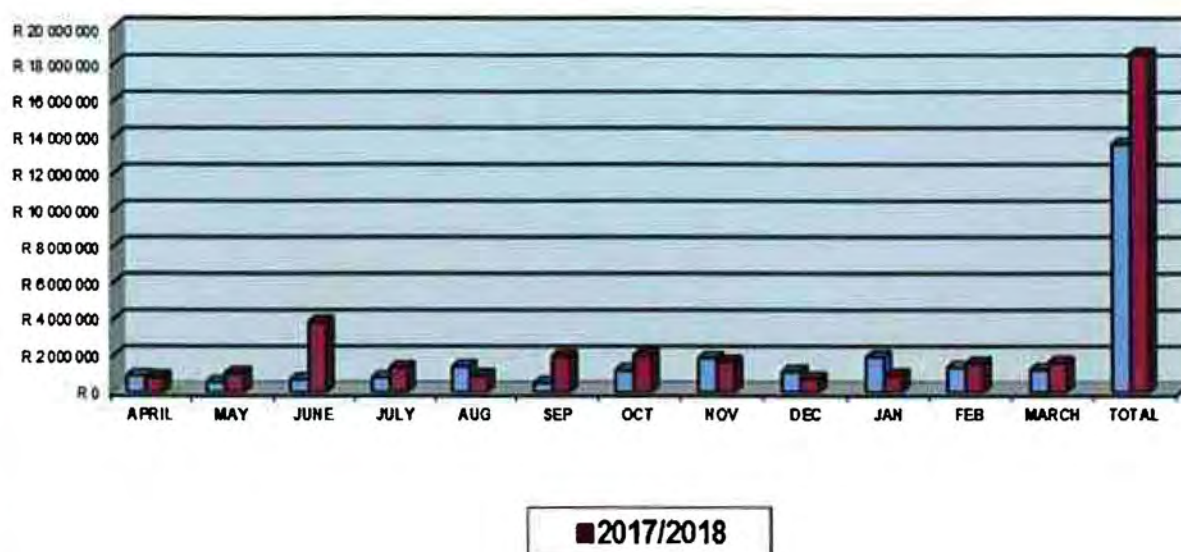
		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF	
2015/16 BUDGET EXPEND O/SPENT % UNDER	R975 288 000 R988 031 706 <b>-R12 743 706</b> <b>1%</b>	129 670	120 734	R5 815	R12 606 749	R99 902	
2016/17 BUDGET EXPEND U/SPENT % UNDER	R1 067 319 000 R1 063 388 447 R3 930 553 0.37%	136 748	119 761	R6 019	R13 628 350	R2 478 971	
2017/18 BUDGET EXPEND U/SPENT % UNDER	R1 104 664 000 R1 097 836 923 R 6 827 077 0.62%	121 827	123 432	R6 736	R18 586 164	R10 786 464	

**REVENUE COLLECTIONS FINANCIAL YEARS 2015/16 TO 2017/18**

MONTH	ACTUAL 2015/2016	ACTUAL 2016/2017	PROJECTION 2017/2018	ACTUAL 2017/2018
APRIL	R 480 769	R 909 767	R 1 250 000	R 823 108
MAY	R 1 381 048	R 562 351	R 1 250 000	R 1 040 182
JUNE	R 752 121	R 701 478	R 1 250 000	R 3 859 161
JULY	R 1 042 688	R 808 175	R 1 250 000	R 1 359 974
AUGUST	R 638 756	R 1 397 425	R 1 250 000	R 931 024
SEPTEMBER	R 1 652 283	R 515 143	R 1 250 000	R 1 980 464
OCTOBER	R 1 730 327	R 1 201 138	R 1 250 000	R 2 020 104
NOVEMBER	R 904 694	R 1 879 896	R 1 250 000	R 1 669 991
DECEMBER	R 919 112	R 1 136 387	R 1 250 000	R 738 115
JANUARY	R 1 866 678	R 1 919 530	R 1 250 000	R 935 320
FEBRUARY	R 537 334	R 1 364 721	R 1 250 000	R 1 592 905
MARCH	R 700 939	R 1 232 340	R 1 250 000	R 1 635 816
<b>TOTAL</b>	<b>R12 606 748</b>	<b>R13 628 350</b>	<b>R 15 000 000</b>	<b>R18 586 164</b>



## REVENUE PROJECTIONS VERSUS COLLECTIONS FINANCIAL YEAR 2017/2018



## HUMAN RESOURCES MANAGER ANNUAL REPORT 2017 /2018

### ANNUAL REPORT INPUTS: LABOUR RELATIONS

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

	TOTAL	FINALIZED	OUTSTANDING
FORMAL MISCONDUCT	26	18	8
INFORMAL	30	29	1
GRIEVANCES	55	36	19
ABSCONDMENTS	16	15	1
GRAND TOTAL	127	98	29

#### ACHIEVED

As Labour relations I will say we have managed to ensure that our finalized cases are more than the outstanding cases, as we are encouraged to finalize our cases timeously.

#### CHALLENGES

The challenges that I will make reference to here, will be the fact that we are struggling to find investigating officers and presiding officers to assist with our cases, which makes it challenging to finalize all our cases timeously according to the prescribed time frame.

### HUMAN RESOURCE DEVELOPMENT AND PLANNING

#### ACHIEVED

- The HRM policy training is still on going.
- In serve Learners who were placed at Greys got into the internship programme.
- Employment Equity Forum is fully functionally.
- 3 Permanent employees were awarded bursaries.

#### CHALLENGES

- Skills budget is still centralized at Head Office level. The training that was organized by Head Office only focused on Managers/ Supervisors.
- The Moratorium on filling of posts poses a challenge in many different ways and affects service delivery.
- Some employees refused to enter into a performance agreement with their supervisors due to different reasons.

### HUMAN RESOURCE PRACTICES

#### ACHIEVEMENTS

- In terms of Practices there is no stand out achievement that can be outlined other than the fact that all daily tasks were carried out satisfactorily.

#### CHALLENGES

- The Challenges within Practices is with the Shortage of staff, in that the posts reflected on the current Staff Establishment are not sufficient and current employees are not able to successfully carry out all tasks effectively and efficiently. Having a structure that has insufficient positions does not help as it appears as HR is adequately resourced
- The other challenge is that development for Staff is not happening due to the lack and centralization of the Skills development budget.

### EMPLOYEE WELLNESS PROGRAMME (EWP)

#### ACHIEVED

- **WORK AND PLAY** - We have introduced aerobics classes which take place twice a week, although attendance is still low. We have also established a sports and recreation committee in the hospital. We have also introduced a ballroom dance class.
- **Wellness Day:** It was held in September 2017 but there was a shortage of sponsorships and also staff attendance was low.  
**Men / Women's Forum:** The men's forum committee is up and running. Women's forum established and is fully functional. The event held for woman's day last year was very successful and staff attended in numbers.

#### CHALLENGES

- The EAP office does not have access to the intranet/internet. This has been the going on 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.



## **NURSING DIVISION ANNUAL REPORT 2017/2018**

### **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:**

##### **Staff completed training**

13 Staff members have completed their Diploma in General Nursing, 2 from the 4 year course and 11 from the Bridging Course.

14 Staff members have completed their Diploma in a Post Basic Nursing Course, 2 for Advanced Midwifery, 4 for Critical Care, 5 for Operating Nursing Science, 2 for Child Nursing Science and 1 for Orthopaedics.

##### **Number of Staff on training**

- 1 Child nursing science
- 2 Operating nursing science
- 2 Emergency & Trauma course
- 7 Critical care
- 6 Advanced Midwifery
- 18 Midwifery
- 3 4 year course
- 21 2 year bridging course

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

#### **QUALITY PROGRAMMES**

- The hospital sustained its MBFHI status and training is ongoing.
- ESMOE, ETAT and HBB projects have been implemented.
- 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 September 2017 regarding the NCS, our high mark was maintained
- Quarterly Quality audits done by the Nursing Division ensures standards are being sustained
- Quarterly IPC audits and Quarterly Waste Management Audits have been conducted and remedial sessions offered to those wards requiring assistance
- The Nursing Process documents have been standardized throughout the province and implementation commenced in January 2017. This programme has been implemented with good results for record keeping.
- Monthly documentation audits are being conducted in all nursing areas and are monitored by Nursing Management which proves that the standardized nursing records has been implemented well.
- Risk Management in the nursing division is being monitored on a monthly basis
- Monthly Waiting Time Survey is being conducted in OPD
- Several Provincial Nursing policies have been released from the Director Nursing Services which have assisted us to guide the nursing division.

### **SANC ACCREDITATION STATUS**

- Accreditation of the new courses starting in 2019 / 2020 has been commenced. Documents for the 3 year diploma for Grey's Campus have been done.
- Documents for Ophthalmology, Trauma and Advanced Midwifery for Edendale Campus has been completed.
- Documents for the Critical Care Course, Advanced Midwifery, Operating Theatre Nursing Science, Child Nursing Science, Orthopaedics and the Trauma course at King Edward VIII Campus has been done.

### **CHALLENGES**

- Staff shortage due to the moratorium, the resignation rate and the complicated system to fill posts is severely hampering nursing care.
- Not enough 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.



***"NURSES VOICE TO LEAD: HEALTH IS A HUMAN RIGHT"***

Grey's Campus remains focused and committed in producing competent nurses, who are able to work independently in the clinical nursing setting and some with minimal support from the experienced professional nurses.

2016/2017 was very hectic and with some challenges as the college was preparing to submit relevant documents for accreditation by South African Nursing Council (SANC) and Council of Higher Education to offer the new nursing qualifications.

**New Developments in Nursing Education**

Task teams were developed to fast track the curriculum development, policy formulation.

The following basic and post-basic programmes to be offered by a Nursing Education Institution which meet the minimum requirements stipulated by the above mentioned authority bodies.

- **Basic Programmes**

1. Bachelor's Degree (480 credits)
2. Diploma (360 credits)

- **Post Graduate Programmes**

1. Psychiatric Nursing Science (120 credits)
2. Child Nursing Science (120 credits)
3. Critical Care Nursing Science (120 credits)
4. Emergency Nursing Science (120 credits)
5. Family Health Nursing Science (120 credits)
6. Forensic Nursing Science (120 credits)
7. Midwifery and Neonatal Nursing Science (120 credits)
8. Nephrology Nursing Science (120 credits)
9. Ophthalmic Nursing Science (120 credits)
10. Orthopaedic Nursing Science (120 credits)
11. Perioperative Nursing Science (120 credits)
12. Palliative and Oncology Nursing Science (120 credits)

2017/2018 has been yet another year of continued endeavours to embrace the changes in Nursing Education and the following statistics reflect the performance embarked on the previous year.

**Student Intakes 2017/2018**

Month	Year	Programme	Total number
June	2017	R254 (one year)	28
January	2018	R254 (one year)	28
January	2018	R425 (four years)	37
January	2018	R683 (two years)	0
Total			93

**Student Completed 2017/2018**

Month	Year	Programme	Total number
June	2017	R425 (four years)	25
December	2017	R425 (four years)	27
December	2017	R254 (one year)	09
May	2017	R683 (two years)	09
December	2017	R683 (two years)	24
Total			94

**2017 NURSE'S GRADUATION CEREMONY**

On 12<sup>th</sup> and 13<sup>th</sup> October 2017, KZNCN conducted a Graduation Ceremonies which was held at the Royal Agricultural Show-ground Hall in Pietermaritzburg.

On the 12<sup>th</sup> (Thursday) graduands from two programmes were graduated.

**R425 (Diploma in Nursing (General, Psychiatric and Community) and Midwifery).**

A total number of 61 graduands graduated.

Ms. N. Govender, Group 1/2013 was one of KZNCN TOP ACHIEVERS.

Ms. N. Govender and Ms. A.L. Ngcobo, Group 1/2013 both obtained CUM LAUDE.

**R254 (Diploma in Midwifery Nursing Science).**

A total number of 33 graduands graduated.

Ms. P. Lunyawana-Magadla, Group M 6/2016 was one of KZNCN TOP ACHIEVERS.

On the 13<sup>th</sup> (Friday) graduands from the programme below were graduated.

**R683 (Diploma in Nursing, Bridging Course leading to registration as a General Nurse).**

A total number of 12 graduands graduated.

The Grey's Hospital Choir graced the ceremony with suitable songs for the occasion.

Their performance was highly appreciated though they were given short time to practise..

**Community Service Placements**

The following Community Nurse Practitioners successfully completed nursing education and training and have been placed in various health care institutions in KwaZulu-Natal Province to embark on Community Service as SANC requirement for a period of 12 months.

July 2017	25
January 2018	27



## **Student matters**

### **Total number of students as 31 march 2018**

R 425 (4 year Diploma in Nursing):	164
R 254 (Diploma in Midwifery):	56
R 683 (Bridging Course to Professional Nurse):	52
Total	272

### **Pass rate**

May and June 2017 examinations and Supplementary Examinations, we had 100% pass.

October and November 2017 examinations and Supplementary Examinations, we had 97% pass.

### **Attrition**

7 students were excluded from education and training of four year programme and one from midwifery programme due to various reasons but the common one is personal related issues.

### **Activities**

The students celebrated the sport and recreation day in September 2017.

They also embarked on different educational projects according to their level of education

## **Staff Matters**

### **Establishment as 31 March 2018**

Campus Principal:	1
Deputy Principal:	1
Head of Departments:	5
Lecturers:	25
Clinical Lecturers	3
Registrar:	1
Administration clerk:	2
Household cleaners:	4
Total	42

### **Staff developments**

They have attended various meetings such as workshops, seminars and in-service educations

### **New appointment**

None

### **Retirement**

None

### **Staff Achievements**

The below mentioned lecturers have obtained Master's Degree in Nursing Education/Community respectively.

Mrs. M. Naidoo

Mrs. T.R. Khoza

The below mentioned lecturer has obtained Master's Degree in Nursing Education.

Ms. L.P. Nomvalo

### **Acknowledgement**

Grey's Campus would like to thank all the stakeholders involved in Nursing Education for the support to maintain the vision and mission status of the nursing campus thus the personnel provide quality nursing education and training of students and produce safe and competent nurse practitioners.

## DEPARTMENT OF INTERNAL MEDICINE ANNUAL REPORT 2017/2018

### PREAMBLE

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	1 April 2018
Head Clinical Dept	1	1	1	1
Head Clinical Unit	8	8	8	7
Specialists*	7.6	6.6	5	4
Subspecialist trainees	2 Cardio	2 Cardio	2 Cardio	2 Cardio 1 Nephro
Registrars**	11	9	7	8
Medical Officers*	15.6	15.6	11.6	13
Supernumerary Reg	1 Neuro	1 Neuro	1 Neuro	1 Neuro

\* Specialist and Medical Officer totals include Internal Medicine subspecialists, Dermatology and Neurology

\*\*Registrar total in PMB across Greys and Edendale Hospital (Internal Medicine and Neurology)

### 1. CLINICAL SERVICES

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

#### Cardiology

R Lutchman was appointed as Head Clinical Unit in March 2018. A new subspecialty trainee Dr N Hassen has also joined the department. The department is still very dependent on support from sessional cardiology staffing.

In-patients: Average 10 with a high turnover.

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

Outreach: Difficult in the last year but new plans are in place for the coming year to provide support to regional hospitals.

#### Dermatology: Two Dermatologists.

In-patients: Approximately 4 beds.

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

Outreach: Dr Chateau runs a paediatric dermatology clinic at KEH.

#### 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 and occasional visits to regional level hospitals



**Gastroenterology:** No gastroenterologist is currently employed. A general physician, Dr O. Nonkala runs the medical aspects of the GIT department supported by IALCH subspecialty consultation. The Greys Department of Surgery have also assisted by performing endoscopies on medical patients requiring these procedures. Their assistance has been invaluable in keeping the service going while staff recruitment efforts continue..

In-patients: 7 - 8

Out-patients: Weekly GIT clinic.

Outreach: Telephonic support.

**Haematology:** One Haematologist.

In-patients: Average 5 – 6 in-patients. A large part of the service is investigation of cytopenias 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. A nephrology subspecialist trainee, Dr M Thusi was appointed in October 2017.

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 Edendale, Madadeni and Ladysmith Hospitals have been started but services not yet started.

**Neurology:** Dr A. Naidoo was appointed as HCU in March 2018. She is supported by one full time specialist and two medical officers.

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: 5-6 patients

Out-patients: Weekly Pulmonology clinic. Lung function testing provided, excluding diffusion testing. The equipment in the lung function lab is outdated and is due for replacement.

Outreach: Telephonic support.



**Rheumatology:** No rheumatologist employed. The service is managed by Dr K. Rasmussen who is supported IALCH subspecialists.

In-patients: Only emergencies

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

Outreach: Telephonic support.

**Acute medicine:** This service is run by Dr O. Nonkala.

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 visits.

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

## **2. ACHIEVEMENTS**

#### **Specialist training**

The department successfully hosted one leg of the clinical exams of the FCP Part II exam in May 2017. Co-convenors Dr S. Pillay and Dr S. Akerman were supported by staff at both Greys and Edendale Hospital and did an excellent job.

Three previous registrars successfully passed the FCP Part II exams in 2017 – Dr T Mogamberg, Dr N Boti-Mshemla, and Dr O Nonkala.

One Neurology registrar, Dr C. Wells successfully completed her time and passed the CMSA exams in 2017.

#### **Subspecialist training**

Dr Y. Govender and Dr R. Lutchman both successfully completed the cardiology subspecialty program in 2017.

## **3. CHALLENGES**

- 3.1 Tertiary services provided by sub-specialists are vulnerable due to the small numbers of sub-specialists in each sub-discipline (in many cases, only one sub-specialist). Services such as rheumatology and gastroenterology continue to run with advisory support from IALCH subspecialty departments. Efforts to attract applicants from the private sector or larger centers have been unsuccessful and are mirrored by similar problems in Durban.
- 3.2 The challenges for all the sub-disciplines are similar – diminishing staff numbers, additional clinical, administrative and teaching. All medical staff categories have diminished compared to 3 years ago.
- 3.3 There is no prospect of developing Geriatrics at present.



## **INTENSIVE CARE UNIT ANNUAL REPORT 2017-2018**

Grey's Hospital Adult Intensive Care Unit is a Tertiary-level Intensive Care Unit (ICU) which provides care for critically ill adult patients referred from all clinical disciplines except adult cardiology.

### **MANAGEMENT:**

Nursing Operational Manager: Sr J Stewart

Nursing Preceptor: Sr S Govender

Head Clinical Unit and Subspecialist Intensivist: Dr RP von Rahden

Subspecialist Intensivist: Dr A Ramkillawan

Medical Officer: Dr S Green

### **CAPACITY**

The ICU has a nominal capacity of 11 beds, based on nurse staffing and equipment availability. Typically 9-10 ventilated patients are accommodated at any time.

Nursing staffing is the most important determinant of functional capacity, as each critically ill patient should be looked after by a dedicated nurse (1:1 nurse: patient ratio) in order to provide detailed care to these patients who have multiple concurrent problems and are entirely dependent on nursing and medical staff for their safety. Grey's Hospital nursing management has managed to supply a sufficient number of nurses to maintain this ratio, but many of the nurses working in the ICU are in the early stages of their careers. Critically ill patients are very challenging to manage for even experienced staff. Thus, in this year Sr S Govender was appointed as preceptor to assist with targeted education and support of nursing staff in order to build their skills and capacity.

Medical staffing remains challenging. Two Specialists appointed in the Unit (Dr N Parag and Dr N vanZylSmit) moved to other job opportunities during the year, and thus coverage of the Specialist call roster required support from the Department of Anaesthesia. We also thank the ongoing support from Anaesthesia, General Surgery, Orthopaedics and O&G, who collectively contribute rotating medical officers and registrars to provide 24/7 onsite medical care to ICU patients. Seven Medical Officers are required to provide adequate full-time medical coverage, and the rotating medical officers are critically needed to supplement the three Medical Officers who are employed by the ICU.

### **ACHIEVEMENTS**

The ICU maintained its functional capacity throughout the year, despite recurrent staff and equipment shortages and challenges. In 2017 the ICU received 1207 requests for patient admission, and admitted 628 of these requests. The majority of the requests and referrals were for emergency patients (987 requests, 513 of which were suitable for admission), but a significant number of elective surgical patients were also accommodated (220 referrals, 115 admissions). Of the 628 admissions, 525 were discharged alive. The average length of patient stay was 5 days, with a median of 2 days. An extremely high standard of nursing care was maintained throughout for all patients. Medical management is ultimately supervised by the Subspecialist management team, who aim to achieve levels of medical care and support that meet international critical care society guidelines.

## PIETERMARITZBURG METROPOLITAN DEPARTMENT OF ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT ANNUAL REPORT 2017/2018

2017 was a difficult time with staffing with a progressive shortage of doctors. However the ratification process improved and a good number of staff were employed on the 1<sup>st</sup> January 2018. These staff were trained up in the early portion of the year and progressively more lists and a more comprehensive service has been introduced.

The following doctors joined PMB Metro during the year:

March to July 2017	July to December 2017	January to March 2018
Dr L Myeza	Dr O Adeyemi	Dr M Moloi ( <i>registrar</i> )
Dr K Goodwin	Dr F Baba	Dr A Clark
	Dr N Solomons	Dr S Essa
	Dr S Khubeka ( <i>ICU/Medicine MO</i> )	Dr G Ferreira
	Dr G Lombard	Dr J le Roux
	Dr K Maharaj	Dr A Levey
	Dr N Mashuga	Dr A Ooko
	Dr CJ Pieterse	Dr S Seevnrain
	Dr K Venter	Dr A Theron
		Dr N van Staden
		Dr V van Niekerk

The Department also helped train the following external doctors

- ◊ Dr N Ndadane (Emergency Medicine)
- ◊ Dr M Mnguni (Emergency Medicine)
- ◊ Dr A Al Mansoori (Emergency Medicine)
- ◊ Dr A Sadanand (Family Medicine)
- ◊ Dr L Malale (Emergency Medicine)

The department did well in training people up to take registrar posts and the following PMB doctors obtained registrar posts during the course of the year:

- ◊ Dr Allison Sallie – PMB
- ◊ Dr B Merrifield – PMB
- ◊ Dr JM Tomlinson – Durban
- ◊ Dr S Khan – Durban
- ◊ Dr J Krynauw – Durban
- ◊ Dr L Temlett – Durban
- ◊ Dr T Mandebvu – Johannesburg
- ◊ Dr S Gangen - Bloemfontein



## Examination Results

The following doctors passed their Diploma in Anaesthesia:

### 2017 1st semester

Gcobani Cakwebe  
Carissa Chetty  
Rebecca Cooper  
Judith Hlatywayo  
Zizile Ntlanti  
Karusha Rangai  
Vimbai Tembo

### 2017 2nd semester

Catherine Fidler  
Brett Hosking  
Mohahmed Kathrada  
Thembi Langa  
Nate Naidoo

### 2018 1st semester

Adam Carpenter  
Ayanda Dlungwane  
Kris Goodwin  
Adushan Govender  
Lethiwe Myeza  
Nicole Solomons

The following doctors passed their primary examinations in Anaesthesia

- \* Dr T Mtubu (Physics July 2017 – completing the examination)
- \* Dr B Merrifield (complete pass July 2017)
- \* Dr A Buthelezi (complete pass January 2018)
- \* Dr JM Tomlinson (complete pass January 2018)
- \* Dr A Sallie (Pharmacology and Physiology January 2018)

The following completed specialist training

- \* Dr M Nontshe (ex PMB Registrar)
- \* Dr O Swart (ex PMB Registrar)
- \* Dr Arshad Sadar (ex PMB Registrar)
- \* Dr Ibrahim al Turki (ex PMB Registrar)
- \* Dr Leresse Pillay (ex PMB MO)
- \* Dr Caroline Robertson (ex PMB MO)
- \* Dr Rubaix Visser (ex PMB MO)

## Prizes and awards

The ICU teleconference initiative with Madadeni hospital, conducted in conjunction with the department of Internal Medicine, obtained a MASEA award

Grey's Hospital Anaesthesia took the Interdepartmental Quiz Trophy 2018-05-04

Peer Reviewed Publications (36)

1. Bessissow A, Agzarian J, Shargall Y, Srinathan S, Neary J, Tandon V, Finley C, Healey JS, Conen D, **Rodseth R**, Pettit S, Dechert W, Regalado O, Ramasundarahettige C, Alshalash S, Devereaux PJ. Colchicine for Prevention of Perioperative Atrial Fibrillation in patients undergoing lung resection surgery: a pilot randomized controlled study. *Eur J Cardiothorac Surg*. 2018 May 1;53(5):945-951. doi: 10.1093/ejcts/ezx422. PubMed PMID: 29237033.
2. **M Nontshe, S Khan, T Mandebvu, B Merrifield & RN Rodseth** (2018) Sample-size determination and adherence in randomised controlled trials published in anaesthetic journals, *Southern African Journal of Anaesthesia and Analgesia*, 24:2, 40-46, DOI: 10.1080/22201181.2018.1439602
3. Duceppe, Emmanuelle; Yusuf, Shazzid; Tandon, Vikas; **Rodseth, Reitze**; Biccard, Bruce; Xavier, Denis; Szczeklik, Wojciech; Meyhoff, Christian; Franzosi, Maria Grazia; Vincent, Jessica; K. Srinathan, Sadeesh; Parlow, Joel; Magloire, Patrick; Neary, John; Rao, Mangala; K. Chaudhry, Navneet; Mayosi, Bongani; de Nadal, Miriam; Popova, Ekaterine; Devereaux, P.J.. (2018). Design of a Randomized Placebo-Controlled Trial to Assess Dabigatran and Omeprazole in Patients with Myocardial Injury after Noncardiac Surgery (MANAGE). *Canadian Journal of Cardiology*. 34. 10.1016/j.cjca.2018.01.020.
4. **Robert Wise, David Bishop, Gavin Joynt & Reitze Rodseth** (2018) Perioperative ARDS and lung injury: for anaesthesia and beyond, *Southern African Journal of Anaesthesia and Analgesia*, 24:2, 32-39, DOI: 10.1080/22201181.2018.1449463
5. Sessler DI, Meyhoff CS, Zimmerman NM, Mao G, Leslie K, Vásquez SM, Balaji P, Alvarez-Garcia J, Cavalcanti AB, Parlow JL, Rahate PV, Seeberger MD, Gossetti B, Walker SA, Premchand RK, Dahl RM, Duceppe E, **Rodseth R**, Botto F, Devereaux P.J. Period-dependent Associations between Hypotension during and for Four Days after Noncardiac Surgery and a Composite of Myocardial Infarction and Death: A Substudy of the POISE-2 Trial. *Anesthesiology*. 2018 Feb;128(2):317-327. doi: 10.1097/ALN.0000000000001985. PubMed PMID: 29189290.



6. Abbott TEF, Ahmad T, Phull MK, Fowler AJ, Hewson R, Biccadd BM, Chew MS, Gillies M, Pearse RM; International Surgical Outcomes Study (ISOS) group. The surgical safety checklist and patient outcomes after surgery: a prospective observational cohort study, systematic review and meta-analysis. *Br J Anaesth*. 2018 Jan;120(1):146-155. doi: 10.1016/j.bja.2017.08.002. Epub 2017 Nov 23. PubMed PMID: 29397122.
7. Kinsella SM, Carvalho B, Dyer RA, Fernando R, McDonnell N, Mercier FJ, Palanisamy A, Sia ATH, Van de Velde M, Vercueil A; **Bishop, DGB**: Consensus Statement Collaborators. International consensus statement on the management of hypotension with vasopressors during caesarean section under spinal anaesthesia. *Anaesthesia*. 2018 Jan;73(1):71-92. doi: 10.1111/anae.14080. Epub 2017 Nov 1. PubMed PMID: 29090733.
8. Outcomes 30 days after ICU admission: the 30DOS study. **Robert Wise**, Kim De Vasconcellos, David Skinner, **Reitze Rodseth**, et. Al. *Southern African Journal of Anaesthesia and Analgesia*. 2017/11/2
9. Correlation between different methods of intra-abdominal pressure monitoring in varying intra-abdominal hypertension models. **RD Wise, RN Rodseth**, L Correa-Martin, FM Sanchez Margallo, P Becker, G Castellanos, MLNG Malbrain. 2017. *Southern African Journal of Critical Care*.
10. Critical care admission of South African (SA) surgical patients: Results of the SA Surgical Outcomes Study. David Lee Skinner, Kim de Vasconcellos, **Robert Wise**, et al. 2017. *SAMJ*.
11. Strategies for intravenous fluid resuscitation in trauma patients. **Robert Wise**, Michael Faurie, Manu LNG Malbrain, Eric Hodgson. 2017. *World journal of surgery*.
12. Obstetric spinal hypotension: Preoperative risk factors and the development of a preliminary risk score—the PRAM score. **DG Bishop, C Cairns, M Grobbelaar, RN Rodseth**. 2017. *SAMJ*.
13. Preoperative predictors of thrombocytopenia in Caesarean delivery: is routine platelet count testing necessary? **Lulama Nkomentaba, David G Bishop, Reitze N Rodseth**. 2017. *SAJAA*.
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34. Point-of-care gastrointestinal and urinary tract sonography in daily evaluation of gastrointestinal dysfunction in critically ill patients (GUTS Protocol) **AA Perez-Calatayud, R Carrillo-Esper, ED Anica-Malagon, JC Briones-Garduño, E Arch-Tirado, R Wise, MLNG Malbrain** *Anaesthesiol Intensive Ther* 2018;50(1):40-48. DOI: 10.5603/AIT.a2017.0073
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#### Letters to the editor (1)

1. **Rodseth RN, Wise R, Bishop D**. Polluting the well. *SAJAA*; 23(6):5

#### Outreach

This is a very important component of the department's drive to bring quality theatre services to the Western Half of kwaZulu Natal. Some 100 visits to various hospital were conducted by Medical Officers, Registrars and specialists from the Department. A very important initiative was the roll out of the SAFE C/S campaign and raising the quality of anaesthesia delivered. This is an ongoing effort.



## **STAFFING**

The Radiography establishment has remained the same for over 12 years, despite a huge increase in service expectations over the same period. We do not have sufficient radiographers to cover all roster allocations. Theatre radiography is limited, plain film services often have long waiting times, and year after year we depend on maximum permitted overtime to cover the after-hours service. The service has been jeopardized on several occasions due to delays in obtaining approval to allow radiographers to work overtime. In addition to losing 4 previously funded radiography posts for various reasons over the past few years, the process of filling vacant funded posts (currently 5) has become increasingly difficult. Two recent appointment recommendations were blocked by Head Office HR components. Inconsistent OSD implementation has resulted in the situation where different hospitals in the Province pay Ultrasound radiographers on different salary scales. The effect of this is that our staff are leaving for other hospitals, and it is difficult to attract applicants for vacant ultrasound posts. Because of these HR issues, outpatient X-Ray services remain closed and ultrasound services are at risk of collapse. It is hoped that the new Organogram, arising out of the process commenced in 2012, will shortly be finalized and may offer some relief.

Constant turnover of junior MO posts, and an optimal balance of MO vs registrar posts, is essential to the success of the training system. Medical staffing at Greys during the year has been reasonable, largely because several registrars were transferred from Durban to PMB last year. This is a temporary situation, and we will need to fill some of our vacant MO posts during 2018, as registrars approach the end of their training time. The workload at Greys has been impacted by delays of many months waiting for EDH to fill vacated MO posts, a problem that recurs year after year, every time normal expected turnover occurs. As a direct result of this, there is regularly no on-call medical officer at Edendale, with the result that emergency patients have to be transported to Greys for imaging. This places unnecessary stress on clinical departments and EMRS, delays treatment, and endangers patient's lives. Greys staff have been supplementing the EDH call roster where possible, but this is not sustainable. All of this could be avoided by filling funded MO posts immediately when vacancies occur, rather than after 6 months of motivating and pleading to be allowed to maintain services.

We are fortunate to have a dedicated team of consultants, all of whom have subspecialist interests. KZN has however reduced trainee posts to about 20% of the level required to sustain the specialty, and retention of existing consultants is therefore critical. The combination of expertise, dedication, and interest in teaching that sustains the Greys system has taken many years to build up, and will not easily be replaced if it is lost.

There is a misconception over what constitutes a critical post. Doctors and radiographers cannot function efficiently if there are insufficient support staff to transport patients from wards, maintain a hygienic work environment, receive patients at reception, answer the telephone, arrange bookings, type reports, enter patients into the PACs system, and perform the many other behind-the-scenes tasks that keep the service functioning. Admin clerks and general orderlies are just as important as clinical staff. Currently we have 2 vacant admin clerk posts, and these vacancies impact directly on our ability to maintain satisfactory services. If radiographers and ultrasonographers continually have to interrupt their work to answer telephones and process bookings, they process less patients per day, which translates into longer waiting times. We will again request permission to fill these posts during the next financial year. Our nursing component was reduced some years ago, so we do not have the capacity to run full interventional lists when a nurse is on leave. Additional mid-level nursing and general orderly staff in ultrasound would enable a faster throughput of patients.

Our high service and training standards are only possible because of the quality and dedication of our staff, across all employment categories, built up over many years. If we do not have the budget, establishment, and HR policies and support necessary to attract, employ, train, and retain the skills that we need to maintain current services and future training, the system will eventually collapse.

## **EQUIPMENT AND INFRASTRUCTURE**

We are experiencing increasing technical problems and down time in MRI, including 3 periods of interrupted service in excess of a week and several shorter interruptions in the first 3 months of 2018. This is because *our MRI scanner is 13 years old*. There are 4 installed MRI scanners in coastal regions, with a 5<sup>th</sup> planned for the new Pixley Ka Seme Regional hospital, but only a single, post end-of-life scanner serving the entire western half of the province. We have been motivating for replacement for several years. It reached the end of its factory support for spares in December 2017. This means that the vendor can no longer guarantee spares availability. If a component fails and a spare is not available, the MRI service for Areas 2 and 3 will end, until the machine is replaced, which could take many months. We have updated and submitted MRI specifications, with a view to establishing a provincial period tender. Hopefully this process will be expedited before yet another completely predictable and entirely preventable service failure.

Greys needs 2 diagnostic CT scanners if we hope to reduce waiting times and consistently maintain Metropolitan emergency services. Our single 64 slice CT scanner is 14 years old and increasingly unreliable, with regular down time. We attempt to use the 16 slice Oncology scanner for emergencies when the main scanner is down, but this is not a sustainable arrangement. In addition to disrupting Oncology services, the room design is not able to deliver the patient throughput required of a diagnostic service, the scanner environment is not safe for critically ill patients, and the image quality is not adequate for tertiary diagnostic requirements.

Centralized procurement and maintenance processes via provincial structures have previously been problematic, but recent changes appear to be having a positive effect. The principle of establishing provincial period tenders for major equipment items is strongly supported. This will enable us to correct equipment-related service failures much faster than has been the case in the past. Greys staff are prepared to assist with these processes whenever required, for example if a need to include end-user experience or clinical service delivery expertise in the equipment planning process is identified.

We have been trying to get approval to replace a non-functioning probe on one of our existing high-end ultrasound units for over 6 months. None of the critical items on the 2014/15 or 2015/16 or 2016/17 procurement plans for Radiology were procured. We were able to procure 1 portable X-Ray unit and 1 ultrasound machine in 2017/18, and assisted in facilitating procurement and adaptation of 2 machines for other departments. We have re-purposed a storage area into a new ultrasound room for MSK and foetal anomaly scanning, offering patients a greater degree of privacy during these procedures. We are moving towards a single ultrasound management strategy for the hospital and have established a system of re-allocating older ultrasound units to clinical areas in various disciplines where there is a need.



We commenced the annual motivation process to replace our 1996 vintage Multiplanar fluoroscopy /DSA unit in 2011. The procurement process is eventually underway, with a provincial tender currently approaching finalisation, and procurement scheduled for 2018/19. Likewise, we commenced annual requests for replacement of our 1985 vintage Panorex unit (condemned in 2015) many years ago. This process is currently also underway, and we hope to finalise procurement during the first half of the 2018/19 year.

The digital mammography unit installation last year continues to have a huge positive impact on breast cancer management in Areas 2 and 3. We have been able to almost double our patient throughput, and virtually eliminate waiting lists. Patients requiring biopsies have these procedures done immediately, eliminating repeat visits and diagnostic delays.

Service Level Agreements with properly accredited service providers are essential to keep larger Radiological equipment items working, as evidenced by lengthy service failures that have occurred elsewhere in the absence of SLAs. Greys Hospital management previously implemented SLAs for all critical imaging equipment, and we ensured that the planning processes for renewal were completed well before expiry of the contracts, which is why our services have continued to function.

The PACS SLA expired in July 2017. We initiated the planning processes for renewal 4 months in advance of this, but we were not allowed to renew it because a process of centralising provincial SLAs was being undertaken, which took longer than expected to finalise. As a result of this interruption to essential preventative maintenance we had several episodes of system failure, the longest lasting almost 2 weeks and bringing almost all imaging at Greys to a halt. For several months we lived with the risk of complete loss of all imaging done at Greys in the last 7 years. We were very lucky to get away with this. Relying on luck is not generally recommended as a management strategy in Health Care. We are grateful for the assistance of Head Office I.T. components, who assisted us by expediting the re-purposing of older un-utilised server components to keep the system functioning during this difficult period. Fortunately the SLA process was eventually finalised in April 2018. The critical server components have subsequently been replaced, and other vital hardware and software issues will be attended to in the new financial year. In the longer term, the move to provincial SLAs is commendable, and should lead to cost savings and greater efficiency, as long as these are arranged efficiently and implemented immediately on expiry of the previous contract, rather than 9 months later.

An additional challenge relates to the inadequate general infrastructure maintenance budget available to Greys Hospital. We have had several floods in the Radiology department due to maintenance issues in the interfloor above the department. This occurs at least once a year. Most recently we managed to pour several kiloliters of water from a burst pipe on top of the MRI and CT scanners. Both services were interrupted for several weeks. Once again, we were extraordinarily lucky to avoid a multi-million rand repair bill. Damage due to negligence is not covered by SLAs. Miraculously the CT repair costs were moderate (it could easily have been the tube at R1.6Million), and the MRI service provider (Philips) kindly agreed to cover the considerable cost of MRI repair despite having no legal obligation to do so. It is only a question of time before we have a much more expensive event.

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

Greys has the capacity to train 10 Radiology registrars, and it will be possible to expand this to 12 if required. Much depends on whether the Durban component is able to regain HPCSA accreditation in time for the 2019 intake. The Greys training program remains fully accredited and 100% of the Radiology registrars appointed at Greys since 2008 have qualified as specialists. Despite this, Provincial training intakes have been limited for several years. In 2012/13 there were 36 filled Radiology registrar posts in KZN. Today, there are only 8 Radiology registrars in training in the entire province, with 2 exits expected this year. We have appointed only 1 new radiology registrar in KZN in the past 2 years. The long-term implications of this are worrying.

Three Medical Officers passed their Part 1 exams during the year. Of these, 2 left for posts in other provinces because of the limitation in 2018 KZN registrar posts. The previous year, 6 MOs who passed the Part 1 exam all left for other provinces, because there was no 2017 Radiology registrar intake. This represents a loss of skills and future potential that KZN cannot afford. Dr Sanele Mncube is congratulated on passing his FC Rad Part 2 exams this year. In view of the very limited specialist output that the training system will produce for at least the next 5 years, it becomes critical to approve posts to retain the small number of high quality graduates that we are able to produce.

Greys Hospital is accredited by the HPCSA as a training site for student radiographers and ultrasonography students, and has all the elements necessary to provide good all-round practical training. Students rotate through both Greys and Edendale Hospitals. One radiographer passed her post-grad Mammography qualification and one passed his MMedSc. Several staff members including Admin clerks are studying towards various qualifications, including B Tech Rad, Mammography post graduate certificate, MMEDSc, MRI and Business Admin qualifications.

#### **FUTURE CHALLENGES**

Our challenge is to focus on, and where possible resolve, the issues that threaten the sustainability of public sector Radiology services in KZN. The challenges facing various clinical services are clear indications of what can happen if we ignore the warning signs of impending collapse year after year.

If Radiology collapses, the effect will be more widespread, because it will have a knock-on effect on *all* the major clinical departments. The critical ingredients needed to sustain the system are equipment and staffing, but having either without the other still results in a failed system. Both need attention.



Efficient maintenance systems and scheduled replacement of ageing items before crisis point are critical requirements. But it is not just a case of deploying equipment based on an idealized view of how the system should look from above. There is no point in installing expensive items at sites that do not have the staffing capacity to maximize patient throughput, while at the same time starving sites that have existing expertise and proven service capability.

Staffing includes not only making posts available for immediate service needs, but also planning for the future. We need to stop continually losing our future potential to other provinces and the private sector because of issues around filling posts, and we need to train enough staff to maintain the future of the service. It is not just a case of how many registrar posts – this requires an appreciation and support of all the underlying building blocks that lead to successful training output and staff retention.

In 2018/19 we will continue to provide the best service possible with the staffing and equipment resources that are available to us. We remain optimistic that provincial management will support us in our efforts to maintain and improve service provision.

## **KIDNEY TRANSPLANT ANNUAL REPORT 2017/18**

The Transplant Program at Greys is managed by the Multi-disciplinary team, this provides holistic care to patients who are accepted on the Renal Transplant program consistently throughout the different phases of transplant process. The team comprises of Nephrologist, Renal Surgeon, Nephrology Nurses, Dietician, Social Worker, Psychologist and a Transplant Coordinator. The main role of the Transplant Coordinator is to liaise with the Recipient's families, Transplant team, donor (Living donor) and the recipient.

### **THE NUMBER OF PATIENTS ON TRANSPLANT LIST**

ACCEPTED	WORKED UP	ACTIVE	INACTIVE	TRANSPLANTED	DIED
128	12	107	21	4	25

### **ACHIEVEMENTS**

- ⇒ An Audit checklist tool has been developed to monitor the referral system on the cadaveric donors in ICU'S, Trauma Units and Emergency Departments.
- ⇒ 3 monthly in - service training between Greys and EDH has been designed to assist and enhance the ICU Intensivists, Surgeons, and ED (HCU) in the identification, referral and procurement of potential donors.
- ⇒ 12 patients who have compatible donors and whose Transplant Workup is almost complete.
- ⇒ Monthly In service training is rendered during induction of newly appointed Nursing Staff at Greys Hospital to aid in the identification of potential donors in the wards.
- ⇒ More awareness drive on Organ donation around Area 2 is created.

### **OBSTACLES/CHALLENGES**

- ⇒ Limited resources are still the number one challenge in area 2.
- ⇒ Less people signing up as organ donors due to cultural /religious background
- ⇒ Families decline patients who are perfect candidates for organ donation because of various reasons.
- ⇒ Poor recognition, identification and referral of potential donors by the Medical/Clinical Staff Working in the Trauma and ICU Units.
- ⇒ Patient's condition deteriorates while awaiting kidney transplant because of delayed work-up process.



### **HIGHLIGHTS OF THE OUTREACHES**

Left Picture: Ms Z.M. Koloane (Transplant Coordinator at Presbyterian Church during Passover at Qoqisizwe high School

Middle Picture: Ms Z.M. Koloane with Clinical and Medical department at Greys Seminar Room

Right picture: Ms Z.M Koloane at EThekweni Hospital with Organ Donor Foundation (ODF) volunteers



### HIGHLIGHTS:

1. Certainty of Orthopaedic Services in Northdale:

The Orthopaedic Services has been under threat of closure for a number of years despite the acknowledgement by all concerned with regard to the role it played in rolling out Orthopaedic Services in our area. Fortunately with the arrival of Dr Moji, a final solution has been reached – Northdale Orthopaedic Services is here to stay. The secondment of a Specialist – Dr T Naidoo from Edendale Hospital to Northdale Hospital, has been one of the welcome news for 2017/2018.

2. The Appointment of 5 Specialists (2 for Edendale Hospital and 3 for Greys Hospital) has been a welcome relief that helped avert blank days on our Duty Roster for both Hospitals.

### CHALLENGES:

1. Precarious Finance of the Department with its attendance consequences:

Vacancies that cannot be filled despite repeated motivations – Medical Officers, Registrars and Specialists

2. Outreach:

⇒ Inadequate staffing has resulted in severe curtailment of our Outreach to many District Hospitals

⇒ Equipment in Madadeni Hospital (C-arm and basic fracture sets) also poses severe challenges resulting in inefficient theatre utilization

**N.B :** *Madadeni Hospital has relatively abundant theatre time that if utilized optimally can significantly improve Orthopaedic care and reduce theatre waiting time*

⇒ Poor retention of Specialists in Ladysmith Hospital. Currently Ladysmith has no Orthopaedic Specialists and this exerts enormous pressure on PMB

3. Air Mercy Services (AMS):

⇒ There has been reduction in the number of trips by Red Cross due to lack of contract between Red Cross and KZN-DOH resulting in Pilots leaving because of month to month contract and job insecurity that emanated from the lack of a 5 year contract.

### WAY FORWARD:

1. Filling of vacant posts on the approved organogram that has been frozen

2. Creation of more Medical Officer Posts to lessen dependency on Registrars for service

3. Strengthen Outreach by providing funding for efficient outreach

## AUDIOLOGY ANNUAL REPORT 2017-2018

### 1. STAFFING:

Post	Establishment	Posts Filled	Posts Vacant/Frozen (Awaiting approval from Head Office)
AD SPEECH THERAPY - AUDIOLOGY	1	0	1
CHIEF supervisory AUDIOLOGIST	1	1	0
PRODUCTION LEVEL AUDIOLOGIST	3	2	1
GENERAL ORDERLY	1	1	0
<b>TOTAL</b>	<b>6</b>	<b>4</b>	<b>2</b>

### 2. NEW EQUIPMENT & RESOURCES:

Equipment calibrations and repairs undertaken on audiological equipment. No new equipment was obtained.

### 3. GENERAL

It has become difficult to maintain an efficient and effective audiology service due to staff shortages.

#### Current services offered:

- Diagnostic audiology service: Otoscopy, middle ear analysis, air conduction, bone conduction, speech audiometry and special testing.
  - Objective audiology assessments (otoelectrophysiology):
    - Otoacoustic emissions: 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 conventional diagnostic hearing tests.
    - E1, A1 and M2 ward screening has been reduced to referral basis only due to insufficient staff. In-services to the MDT in the wards have been cancelled until we have more staff.
    - Neonatal screening: NICU babies who cannot be assessed in the ward are booked to come in as outpatients. Currently we are still able to see all children attending the Neonatal follow-up Clinic (NNC) for a hearing screening after seeing the doctor.
    - Hearing aid clinic: We have separate clinics for Pediatrics, School Age, and Adults, to address each population who have their own specific needs. All patients are followed up to ensure appropriate use and care of the hearing aids.
  - Earmold modification, repair and retubing services.
  - Training and capacity development:
    - University Students: 109 trained (Audiology and Medical Students)
    - Scholars: 2 exposed to the profession
    - Workshops, in service training to Other (professionals or non-professionals): 80 trained
    - CPD accredited workshops and training: 115 professionals trained
- Health promotion activities: 2 activities.



#### **4. CHALLENGES FACED IN 2017-2018:**

Space is as always a challenge. We have to carefully and cooperatively share patient treatment areas.

Freezing of posts following resignations. HOD and Production level audiology posts remain unfilled. We await news from head office regarding this.

Audiology services are split between the Occupational health building and the 2<sup>nd</sup> floor Rehab area. Many patients struggle to get to the booths due to age and ill health. A golf cart service provides help to some. Much time and efficiency is lost having to move patients up and down between the main hospital and the occupational health building.

Staff morale is low due to non-filling of posts and threats of redeploying General Orderlies to somewhere else in the hospital.

#### **5. STATISTICS**

	<b>Number of patients on the waiting list</b>	<b>Number Ordered</b>	<b>Number of Issued / fitted</b>
Hearing aids	0	61	71 *

*\*(some hearing aids carried were over from previous year's stock)*

## **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 and 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 the 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.



Below is a table summarizing the Overall Greys Hospital Occupational Health Clinic services rendered for the period (April 2017-March 2018).

UMGUNGUNDLOVU HEALTH DISTRICT - OCCUPATIONAL HEALTH

INSTITUTION: Greys

DATE: 01/04/2017 – 31/03/2018

REPORTING OFFICER: Sr S Mowchan

	QUARTER 1				QUARTER 2				QUARTER 3				QUARTER 4				
	AP R	MAY	JUN	TO-TAL	JUL	AUG	SEP T	TO-TAL	OCT	NO V	DE C	TO-TAL	JAN	FEB	MAR	TO-TAL	Grand Total
Needle Stick Injuries	3	7	6	16	6	2	2	10	4	6	5	15	8	3	6	17	58
OPEP	3	7	6	16	6	2	2	10	4	6	5	15	8	3	6	17	58
IOD	2	3	1	6	4	0	2	6	4	0	3	7	1	2	0	3	22
Occ Disease	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Hep B Immuniz	14	6	10	30	9	13	6	28	35	67	24	126	53	45	40	138	322
B/Medical	6	9	8	23	7	5	9	21	30	15	1	46	5	13	7	25	115
P/Medical	12	0	1	13	1	1	0	2	1	0	0	1	0	0	4	4	20
Exec/ Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exit Medical	0	1	1	2	0	1	1	2	0	0	0	0	0	0	0	0	4
DOTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCT	3	7	6	16	6	2	2	10	4	6	5	15	8	3	6	17	58
NEW HIV	0	0	0	0	1	1	1	3	1	0	0	1	1	1	0	2	6
TB Surveillance	1	3	3	7	2	4	2	8	2	2	0	4	0	1	2	3	19
NEW TB CLIENTS	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
New MDR	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
FLUE VAC	100	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	100
DEATHS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Total Consultations	170	274	161	605	203	358	706	1267	476	503	287	1266	401	329	452	1182	4320



## **Occupational Diseases for the period April 2017-March 2018**

Occupational health had 2 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.

### **How many diseases not related to Occupational Health**

583 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.

### **Medical Surveillance**

Total number of staff seen for Preparation surveillance: 137

Total number of staff for baseline medical surveillance: 115

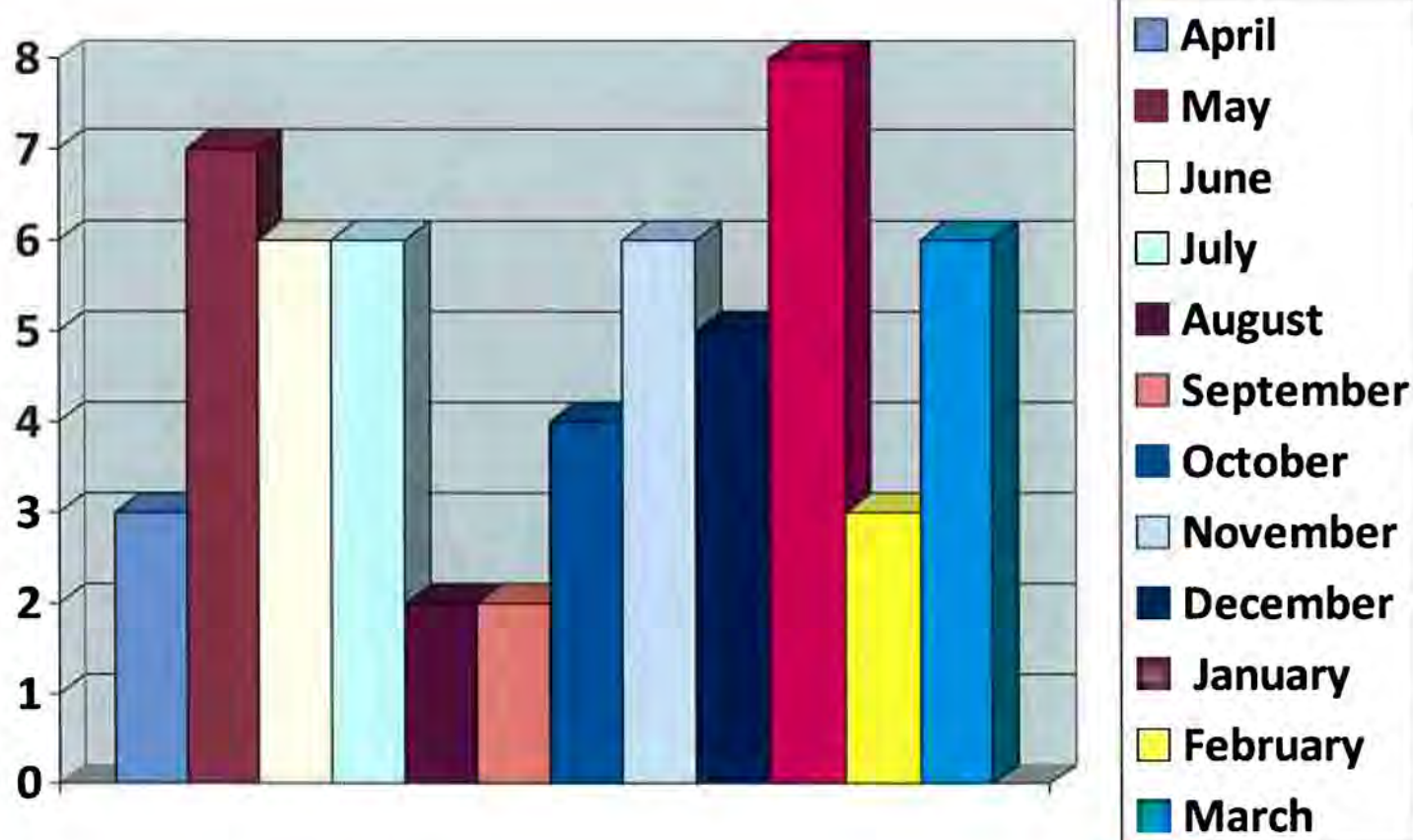
Total number of staff for Periodic medical surveillance: 20

Total number of staff seen for Exit medical surveillance: 4

### **Needle stick Injuries and blood fluid splashes**

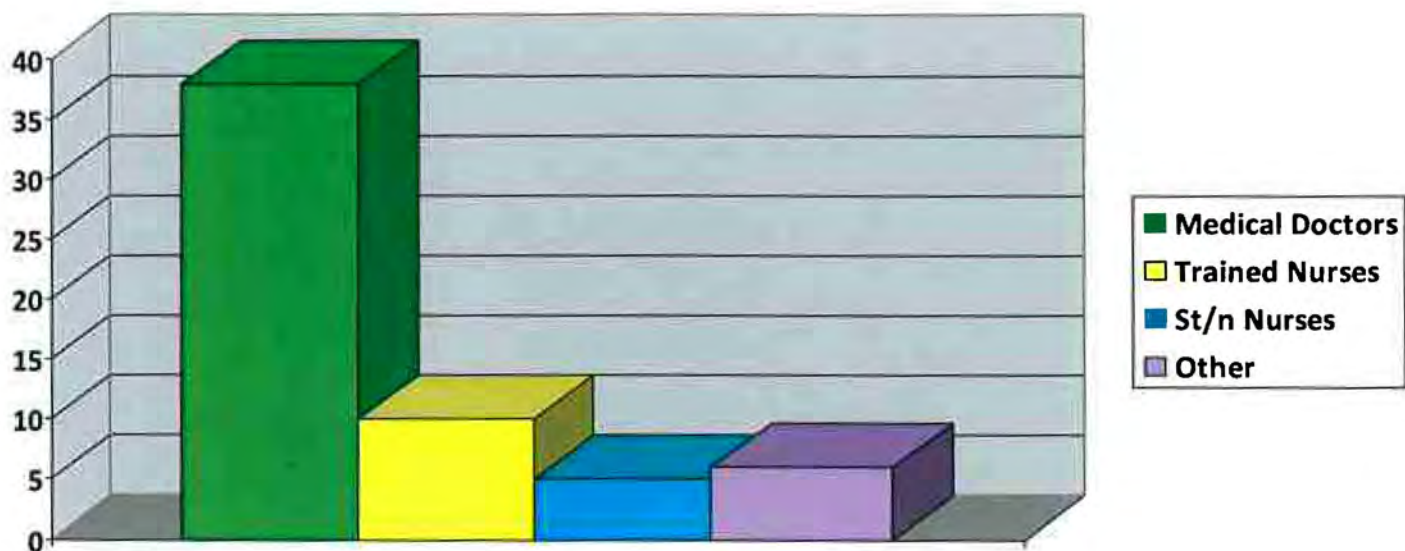
All health care workers who sustain a Needle Stick Injury (NSI) or Body Fluid Splash (BFS) receive their initial Post Exposure Prophylaxis (PEP), continued treatment, follow up care and management up to a year post exposure, depending on the type of source. The HCW is exposed to an efficient system, 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. Medical Intern orientation is carried out annually.

The graph below indicates the amount of Needle Stick Injuries per Month from April 2017 – March 2018

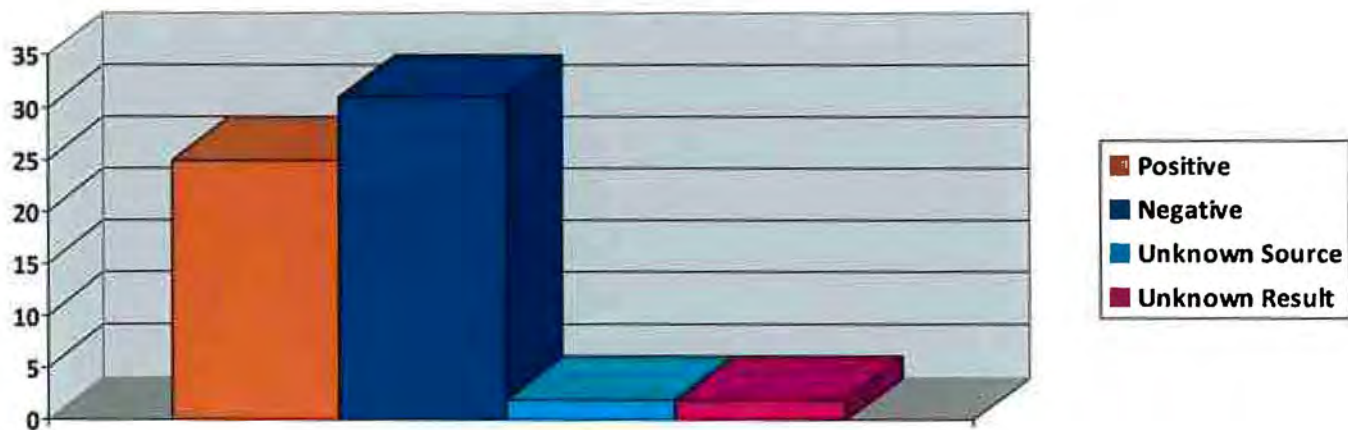




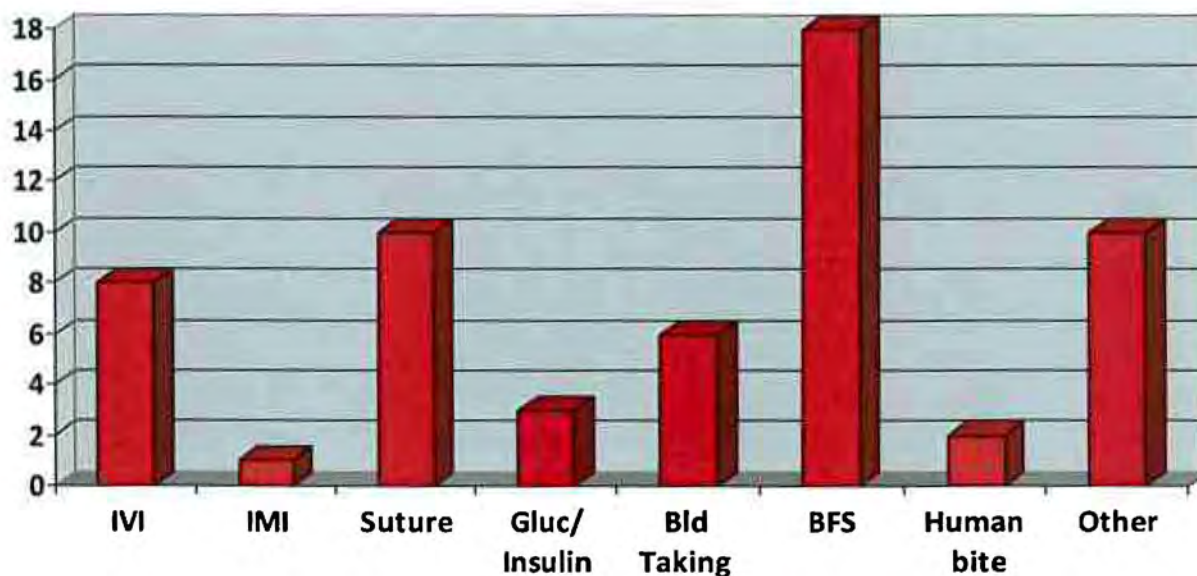
The graph below indicates the amount of Needle Stick Injuries per Month from April 2017 – March 2018



This graph indicates the sources HIV status from April 2017 – March 2018

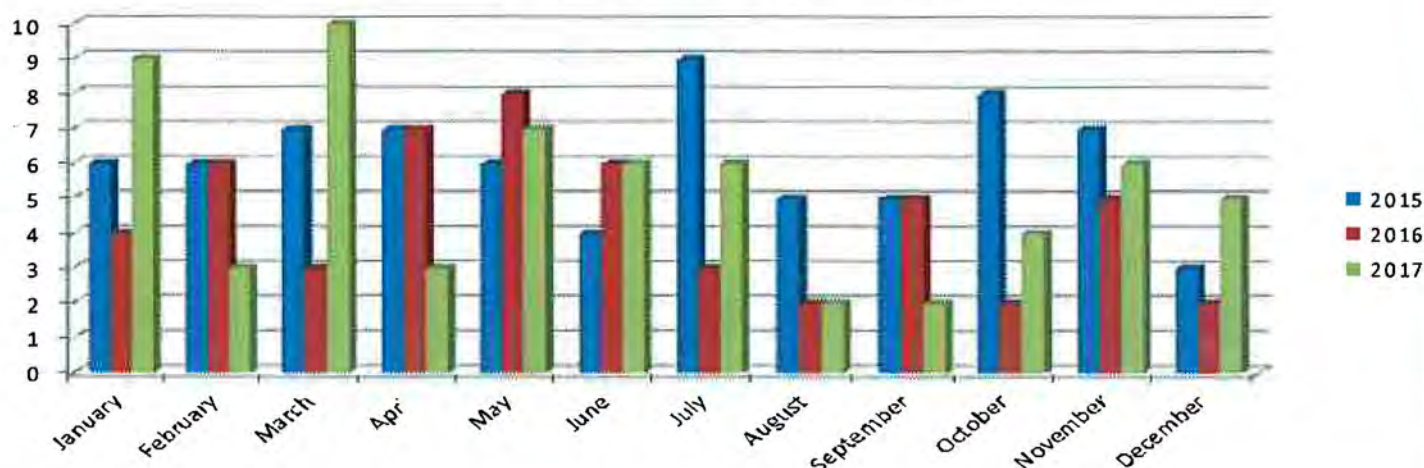


This graph indicates the types of NSI and BFS from April 2017– March 2018



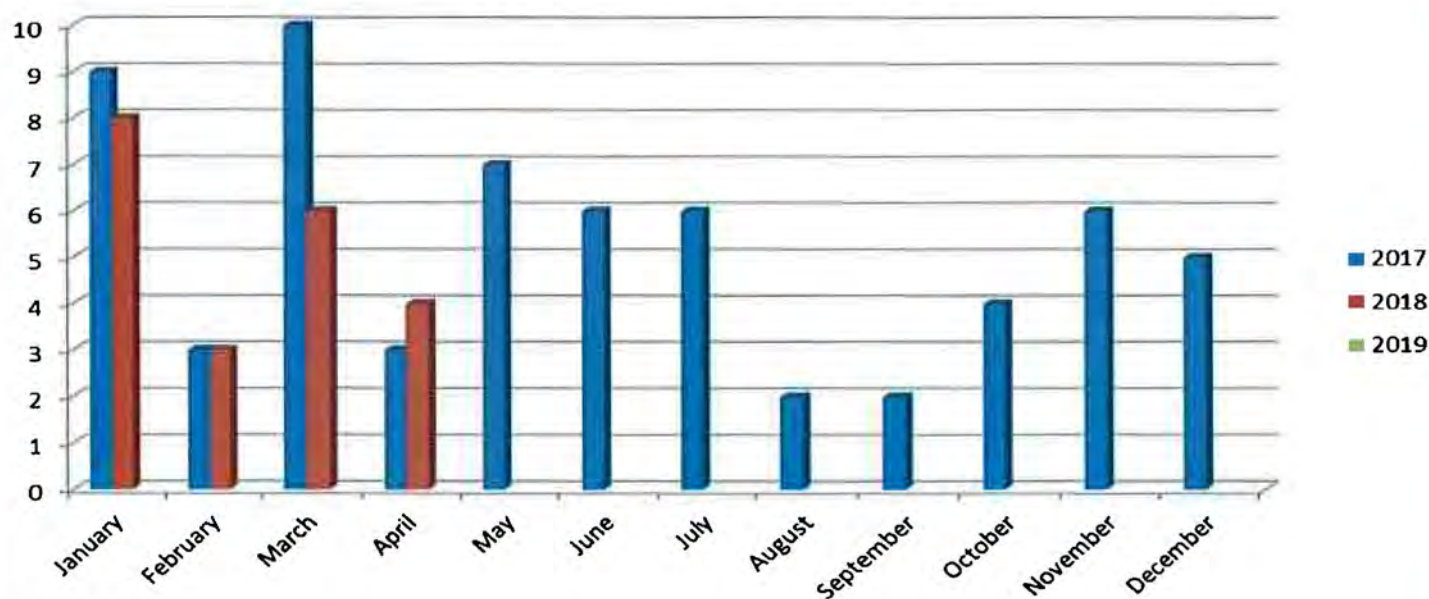
This graph indicates the trend of Needle stick injuries and Body fluid splashes through three years, 2015, 2016, 2017

### NEEDLE STICK INJURIES



This graph indicates the trend of Needle stick injuries and Body fluid splashes through three years, 2017, 2018, 2019

### NEEDLE STICK INJURIES



### Injuries on duty

A total number of 22 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.



## **Hepatitis B Immunization**

Month	April	May	June	1 <sup>st</sup> Qrt	July	Aug	Se p	2 <sup>nd</sup> Qrt	Oct	Nov	Dec	3 <sup>rd</sup> Qrt	Jan	Feb	Mar	4 <sup>th</sup> Qrt	Grand Total
Hep B im- munization	14	6	10	30	9	13	6	28	35	67	24	126	53	45	40	138	322

Total number of staff given hepatitis immunization: **322**. 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

### **TB in the work place**

No of Employees screened for TB using the TB Questionnaire: **339**

No of Employees sent for further testing of TB (TB Surveillance): **28**

No of Employees seen for clinical TB, notified and treated: **2**

### **HIV AIDS programme**

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

### **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. We saw approximately **241** staff members.

Month	Topic	No. attended
April 2017	Prevention of Hepatitis B and Viral Infections –Policy 4	23
May 2017	Chemical handling – Policy 24	16
June 2017	TB in the work place – Policy 10	21
July 2017	Slip, Trips and Falls	6
August 2017	Medical Surveillance – Policy 20	12
September 2017	Disaster Management	40
October 2017	Needle Stick Injuries – Policy 12	39
January 2018	Injury on Duty – Policy 3	9
February 2018	Needle Stick Injury – Policy 12	12
March 2018	Fire Safety and Emergency evacuation	63

### **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 **193** employees from April 2017 – March 2018 attended.

### **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 total number of staff seen for Awareness programs is: **606**

Month	Topic
April 2017	World Malaria day
May 2017	World hypertension day/ World No Tobacco day
June 2017	SANCA Drug awareness week/ International day against drug abuse.
July 2017	International Mandela day/ World Hepatitis day
August 2017	Cancer care week/ National Women's day
September 2017	Healthy staff day
October 2017	National Nutrition week/ World stroke week
November 2017	World Diabetes day
December 2017	World Aids day
January 2018	Sun smart skin cancer awareness
February 2018	STI/Condom week
March 2018	World glaucoma week

### **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 2017, it was held on Friday 22/09/2017. **444** staff members attended. 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. We endeavour to keep this day exciting for the staff.

### **Safety**

55 Mock fire drills were conducted from April 2017– March 2018.

Mock fire drills need to be conducted every 6 months in clinical areas and annually in nonclinical areas to comply with legislation and National core standards.

The Fire Inspector conducted **4** inspections this year. Areas covered include:

Maintenance, Maternity block, Library, Transport/ EMRS.

Reports were submitted to the relevant Heads of department and the Executive committee.

Safety Inspections conducted are: **180**

Formal Health Risk Assessments conducted: **1**

### **Achievements**

OHS received 100% for our 4<sup>th</sup> quarter External Audit which was performed by Doris Goodwin, Umgeni and Edendale Hospital Occupational health staff. Achieved 100% for the National Core standard peer review audit. We conducted 55 Mock Fire drills and have consistently achieved the quota set out by the annual program. An External Formal health risk assessment was conducted in October 2017. Achieved training for 2 First aiders, 2 Fire Marshals and Hyster drivers.

### **Challenges**

During this last year, this department noted, 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 improved 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.



We have general ENT clinics on Monday, Tuesday, Thursday and Friday. On Wednesdays there is theatre as well as ENT oncology clinic. We have seen 4803 patients in our clinic, of those 408 went to theatre (165 elective, 150 semi elective and 93 emergencies).

We also go on outreach to Madedeni hospital on alternative Tuesdays, there we do theatre cases and have a clinic. We had one in reach weekend, sponsored by NGO's to try and alleviate our elective theatre waiting times.

We have been very blessed with staff. The past year we lost two medical officers, one retired and one passed primary exams and got accepted into a registrar training program, both were replaced and fitted in very well, both of them has also gone on to pass exams.

We have lost a sessional doctor that we have not been able to replace yet, and this is putting some strain on the department.

Our biggest challenge is the lack of theatre time; we are doing very little elective work, even the elective work is limited to only the short cases to leave time for airway and cancer patients. The other major constraint is access to ICU and PICU; we have patients admitted for weeks waiting for beds.

Our biggest achievements would be our successful staff, expanding our outreach program to alternative weeks and doing the groundwork to start a bone anchored hearing aid/ middle ear implant program this year.

**DEPARTMENTAL ACHIEVEMENTS:**

**BEST CARE ALWAYS BUNDLES:**

Rolled out to all the wards and departments that initiates any of the bundles.  
Quarterly audits done to monitor the compliance rates of the wards  
40 Files are audited from 4 wards who audit each other

**HAND WASHING RELAY:**

Grey's Hospital took part in the 2017 WHO Hand washing Campaign  
Obtained 1st price at a prize giving ceremony held at (IALCH ) Albert Luthuli Hospital for the most staff members that have sanitized their hands during the relay.  
Relay was well supported by staff of all categories including Exco members.  
Dr Dawood assisted tremendously to make the day a huge success.

**PEER REVIEW AUDITS:**

These audits were reverted back to monthly basis  
Formulated a task team to conduct the monthly audits.  
ANM involvement with the audits by conducting follow up visits to their areas – remedial action  
These audits assist with maintaining the hospital hygiene.  
Annual audit conducted in October of each year. The entire facility is audited



*Audit Task Team for 2017*

**OUTREACH AT FOREST HILL PRIMARY SCHOOL OCTOBER 2017**



Bottom Left Picture: IPC team performing the Hand Wash Dance

Top Left and Right Pictures: Pupils shown how to make tippy taps

Bottom Right: hand wash Pledge





## The graph showing the downward trend of the infection rates in 2017



### CHALLENGES FACED IN 2017:

- IPC in- services poorly attended
- Poor state of cleanliness of the passages
- Wards failing IPC audits
- Hand wash audits not done regularly
- Non- compliance of some doctors with the wearing of PPE in the corridors

### PLANS TO OVERCOME CHALLENGES:

- OM's to conduct hand washing audits monthly in their departments
- Engage with the ANM's prior to the in-service trainings and send out emails to the wards reminding them.
- ANM follow up on monthly environmental audits in their areas
- Engage with Systems Management with regards to the cleaning of the wards and passages

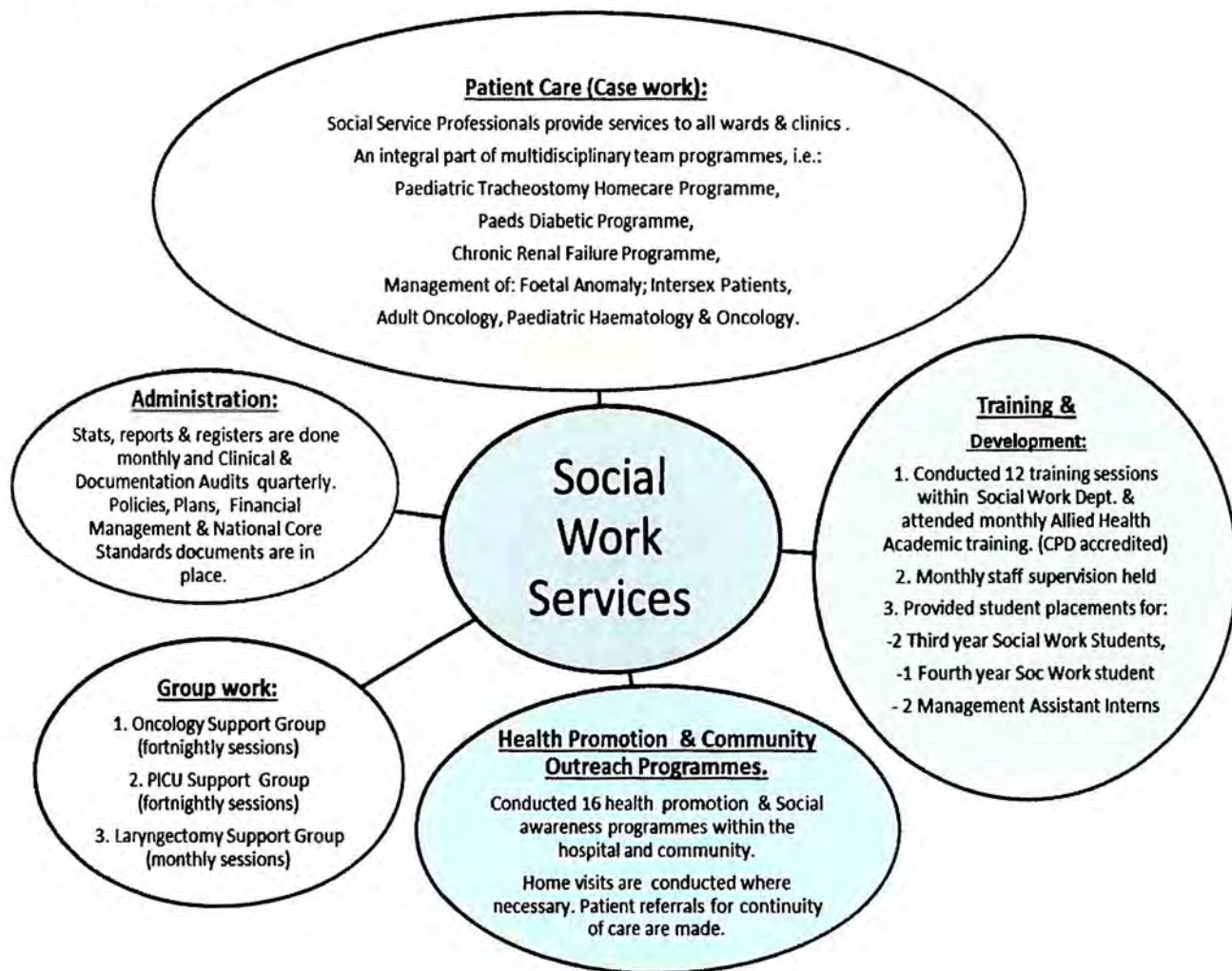
### GOALS FOR 2018

- Do more in-services with the doctors by attending their morning meetings
- Do regular ward visits and on the spot in-service trainings
- Assist the wards with their challenges regarding IPC
- Do more Hand washing audits
- Continue with BCA Quarterly audits
- Encourage the reduction of infection rates in the wards by at least 5%

## **SOCIAL WORK DEPARTMENT ANNUAL REPORT 2017/2018**

### **Achievements & Highlights:**

#### **Package of services & programmes:**



### ***Social Work Conference:***

***26 May 2017***

***at the Recreation Hall, Grey's Hospital***



## **Social Work Conference, 26 May 2017**

As a member of the UMgungundlovu Health Social Workers' Forum, the Social Work Dept. of Grey's Hospital was actively involved in the planning and organization of the DOH Social Work Conference, the first after 20 years. The event was well attended by + 280 social service professionals in KZN, from provincial DOH, Department of Correctional Services, Justice, Department of Social Development, UKZN and other TVET institutions and several NGO's, e.g. Hospice, CANSA, Child Welfare, Mental Health Society, FAMSA, among others.

Evaluation of the event: The event was an overall success. Social workers benefitted from 6 informative presentations (CPD accredited) and the opportunity to build collaborative relationships. The SACSSP Council was present to address concerns. Challenges included: Budget, time and lack of access to venue for people with disabilities.

### **Quality Management:**

Social Work Department complied with all criteria in terms of the NCS. In terms of Employee Rewards & Recognition, certificates and trophies were awarded to social service professionals that provided a high standard of performance in the following categories at the Quality Day event in November 2017:

Creative Problem Solver: Hlengiwe Jili

Most Commendable team player: Lindiwe Maphanga

Outstanding Service: Sphelele M. Ngcongco

### **Community Networking:**

Provincial and UMgungundlovu District Health Forum meetings are attended regularly.

Social service professionals and psychologists facilitated 4 group presentations with indigent people at Christian Social Services.

### **Health Awareness Programmes: In and outreach Programmes:**

There was active involvement in at least 16 health promotion programmes that were conducted within the hospital and various communities, such as: Child Protection Week, Burns Awareness Week at Emaswazini Location, National Epilepsy Day, Mental Health Awareness Month, World Hospice and Palliative Care Day, Youth Awareness Campaign at a Thornville school, International Day for Older persons and World Social Work Day. Kidney Disease and Organ Donation outreach events with the Renal MDT were at Madadeni Hospital, Amanzimtoti Life Style Expo, Sizabantwana Project, ESKOM, and Liberty Midlands Mall. Some of the highlights were:

**Launch of the Women's Forum of Grey's Hospital** and commemoration of Women's day event that was well-attended by female staff members and Nomsa Mayeni from Diversity Management. The event included display stands, informative presentations on: Gender-based Violence, Diversity, Mental Health & Women & Women moving forward and items such as Line Dancing, Pilates & lucky draw prizes.

**16 Days of Activism-no violence against women & children event** was jointly coordinated by the Women's & Men's Forum to raise awareness on and encourage all people to take action against gender-based violence. Male and female staff members received empowering presentations from vibrant presenters. Attractive display stands with information on social issues and health lifestyles were available.

### **Challenges & Plans to address them:**

Lack of funding for courses, office space and the moratorium on the filling of posts have had an impact on service delivery. Staff members utilized personal funds for health promotion projects and training.

Continued service delivery with cost-effective measures in place, are provided by a small but dedicated team of six social workers and two social auxiliary workers. Motivations were submitted in terms of posts, offices and skills development funds.

**1. HUMAN RESOURCES**

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

- None - Maintenance
- Systems - None

**1.2 Training and development of staff**

Department	Course attended	No of staff trained
Maintenance	o Fire Fighting	1
	o First Aid	1
Systems Management	None	
Security	None	
Main Registry	None	
Linen Room	None	
Transport	None	
Mortuary	None	
Patient Admin	Sign Language	1
	MediTech	6
Medical Records	MediTech	1
Medical Library Services	None	
Telecommunications	None	
IT	Medi Tech	1
Food Services	First Aid Training	1
Residence	None	
Crèche	None	
Cleaning and housekeeping	None	



### 1.3 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	5	1
Security	0	0
Linen Room	2	0
Telecommunications	1	0
Main Registry	0	0
Systems Management	0	0
Cleaning and Housekeeping		
Residence	0	0
Transport	0	0
Patient Admin	0	0
Medical Records	0	0
Maintenance	2	1

## 2. FLEET MANAGEMENT

### 2.1 Achievements

- There were no vehicle accidents during this reporting period
- Received one new vehicle [KZN 211220, Toyota Etios].
- One staff member received bursary to study Public Management in January 2018.

### 2.2 Challenges

- The aging fleet as the following vehicles are more than 10 years in operation and therefore subject to frequent breakdowns:
- Unable to replace retired staff due to moratorium.

Vehicle KZN-	Registration:	Make & Model	Year Purchased	Age (years)
27678		Toyota Hilux	2000	18
27160		Toyota Hi Ace	2004	14
27899		Toyota Condor	2004	14
27900		Toyota Condor	2004	14
28158		Ford Ranger	2005	12
28213		Ford Ikon	2005	13
28214		Ford Ikon	2005	13
28473		Isuzu Bus	2006	12
28474		Isuzu Bus	2006	12

### **3. CATERING SERVICES**

#### **HUMAN RESOURCES**

Posts Filled = 0

Vacant Posts : Foodservice Orderly = 2

Foodservice Aid = 3

Foodservice Supervisor= 1

#### **TRAINING & DEVELOPMENT**

First Aid Training X 01 person

#### **ACIEVEMENT/EQUIPMENT PROCURED**

10X Meal Carts / Food Trollies

50 Staff Steel Lockers

1 x Industrial wet & Dry Vacuum Cleaner

2x Floor Scrubbers

#### **CHALLENGES**

1. There is no service contract in place for Kitchen Equipment.
2. Leaking ceiling / roof both in the kitchen and the Dining Hall
3. Food Hoist was fixed and only worked for a short period of time.

### **4. LINEN ROOM**

#### **4.1 Human Resources**

- ⇒ No posts were filled
- ⇒ Vacant Posts: 1 x Principal Linen Orderly, 2 x Linen Orderlies, 1 x General Orderly
- ⇒ Training: only one staff member was trained externally – Mr Dladla, Course = "Radio Production"

#### **4.2 Achievements:**

A. New stock procured included:

- 2974 Bath Towels,
- 500 Blankets,
- 1000 Dressing Gowns,
- 700 Surgeons Gowns,
- 2000 Patients Theatre Gowns,
- 1500 Child night gowns,
- 750 Infant Night Gowns,
- 500 Child Theatre Gowns,
- 1000 pyjama Trousers.

B. The Sewing Machines were serviced twice during the year.

C. A contract for the servicing of the industrial washing machines was put in place.

D. 100% score achieved in NHI Peer Review



#### **4.2 Challenges:**

- a. Machine breakdowns from time to time increased turnaround times for soiled linen.
- b. Shortages of certain PPE such as Doctors theatre vests presented challenges.
- c. Space constraints to securely store new linen remain a challenge.
- d. Staff shortages present a challenge to supervision and service delivery.
- e. Five staff members on light duty impacts on the availability of manpower
- f. Outstanding basic equipment still to be procured as per Procurement Plan.
- g. Environmental control i.e air conditioning is still a challenge.

### **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 Services Provider, Sharks Protection Services, which ends 31 May 2018
- 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 was started and is in progress.
- Security department scored 93% on National Core Standards

#### **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.
- Installation of blinds for the Security department was included on the Procurement Plan
- Delay in the appointment of Principal Security Officer due to moratorium

### **6. MEDICAL LIBRARY**

#### **6.1 Achievements**

- o New books were procured
- o New online medical journals are now available on the intranet
- o We have 62 new e-books titles available
- o Barcodes were procured

## Challenges

- o Shelves need to be fixed
- o we have inadequate storage space
- o There is no photocopy machine
- o Book budget is now centralized , it is becoming more challenging to procure new books due to dragging tender processes
- o Security detector gate needs to be serviced

## 7. MAIN REGISTRY

### Achievements

- 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.
- Contract in place for new photo copy machine, contract with Samsung

### Challenges

- Staff shortages- x2 staff resigned and x2 retired, posts not filled due to moratorium.
- Inadequate space in filing area as the need for space grows.
- Cleaning equipment- no vacuum machine to clean carpet in main reception area.



## **8. PATIENT ADMINISTRATION**

### **Achievements**

- 100% achieved in 2017/2018 National Core Standards Audit
- Contract in place for servicing of Cash registers- contract with TOWA
- Limpopo Province was received on a benchmarking exercise iro systems in place at Greys Patient Admin.
- Meditech training for Supervisors and core team was concluded.

### **Challenges**

- A new PA System is needed
- Additional shelving and filing space is needed
- Need to convert office space into admission and discharge office.
- Vacancies need to be filled as we await upliftment of moratorium.

## **9. MEDICAL RECORDS**

### **Achievements**

- 100% National Core standards Audit
- Benchmarking with Limpopo Province
- Meditech Training for supervisor and staff

### **Challenges**

- Revamp and painting of reception and main office areas
- Inadequate lighting in filing area
- Filing space and shelving needed for housing of Maternity and baby records ( to be kept for 21yrs)
- Replace ceiling boards in department ( loose and risky)

## **10. TELECOMMUNICATIONS**

### **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.

### **Challenges:**

- Escalating costs for telephone usage due to the increased number of telephone extensions required to cater for the expansion of services.
- PABX equipment needs to be upgraded, 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.
- New head sets needed for operators.

## **11. IT EQUIPMENT**

### **Achievements**

- Our server's storage capacity was boosted by additional 6TB external hard drive.
- 42 Network points installed in various sections.
- EAP office has been connected to DOH network.
- DOH Teleconferencing equipment installed and activated at Main Boardroom.
- Office desk and Chair for super user office procured.

### **Challenges**

The Hospital has the following IT equipment condemned, and IT Head Office is failing to replace. 09 CPU (Computer towers)

04 Lexmark printers X466 and 01 Lexmark X650

28 Computer Monitors

3 Data Projector

1 Laptop

4 Network 3com switch.

- New IT equipment orders are piling up.
- All our IT Equipment are aging.
- Number of crashing pc power suppliers, Hard drives, monitors and Motherboards is increasing because power cuts and age.
- DCX fails to provide backup for equipment sent for repairs.

## **12. CLEANING AND HOUSEKEEPING**

### **Achievements / Equipment procured**

- Amalgamation of housekeeping and cleaning services to fall under one Component
- 80% of Wards were stripped and is on going
- Introduction of cleaning check lists in all Wards and for public toilets
- Equipment procured : heavy duty vacuum cleaners x2

### **Challenges**

- No post 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)

## **13. MORTUARY**

### **Achievements**

Procurement of PPE (staff freezer jackets) in compliance to NCS requirements

Strengthened security – installed burglar guards in the department

### **Challenges**

- Mortuary in need of individual cold storage facility for corpses as per NCS requirements.
- Department in need of painting.
- Additional full time staff required to function on a twenty four hour service.



## **14. SERVICE CONTRACTS**

### **Provision of Security**

A three year contract was in Place.

Sharks Protection Services was appointed in December 2014 and expired on the 30 November 2017.

The contract was extended to the 31 May 2018 as we await the appointment of a new service provider.

### **Cleaning of Buildings**

The current Contractor is TOWER CITY.

### **Maintenance of Gardens and grounds**

Service Provider – Hakala Construction.

### **Tuckshop Lease agreement**

A new tenant is in place for the next three years.

New tables, chairs and fittings were procured.

## **15. MAINTENANCE**

### **Achievements**

The following Maintenance items were completed:

#### **Services:**

##### **Monthly:**

- ◆ Central Air conditioning System
- ◆ Lifts
- ◆ Renal Osmosis Machines
- ◆ Washing Machines, Tumble Driers & Press Machine
- ◆ Fire Detection Service

##### **Quarterly:**

- ◆ Autoclaves
- ◆ Chillers

##### **Annually:**

- ◆ Boilers
- ◆ Instrument washers
- ◆ Particle Count & revalidation of Bio Hazard Bench
- ◆ Cooling Towers
- ◆ Compressors ( Pneumatic & Medical Air)
- ◆ Generators
- ◆ UPS & Batteries
- ◆ Refrigerators (Kitchen, Mortuary & Pharmacy)
- ◆ Infrared Scanning
- ◆ Transformers
- ◆ Sampling of Transformer oil
- ◆ Diesel Cleaning in main diesel tanks and day tanks

- ♦ Hysters
- ♦ Fire Fighting Equipment
- ♦ Boom gates
- ♦ Battery chargers.
- ♦ Public Address System
- ♦ Dishwashing Machine
- ♦ Electronic Access Control Gate

#### **Projects**

- ♦ Install stainless steel soap dispensers, hand paper towel holders and toilet paper holders in public toilets.
- ♦ Install dry wall for two offices at Oncology Department
- ♦ Replace food hoist in Main Kitchen
- ♦ Upgrade of extraction system at Mother Lodge
- ♦ Upgrading Nurses Home & Doctors Quarters. 8<sup>th</sup> & 9<sup>th</sup> Floor Completed. (Infrastructure Project)
- ♦ Supply and install elbow taps on existing basins as indicated

### **16. Residence (Nurses Home and DQ)**

#### **Achievements:**

Access control system to Residence has been installed

#### **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



## PUBLIC RELATIONS DEPARTMENT ANNUAL REPORT 2017/2018

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. It deals mainly with clients complaints and coordinate hospital health awareness/events and special occasions.

### COMMON COMPLAINTS RECEIVED IN 2017

GREY'S HOSPITAL														
CATEGORY	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JUL 2017	AUG 2017	SEPT 2017	OCT 2017	NOV 2017	DEC 2017		TOTAL PER CATEGORY
Postponement of Operation	02	03	04	–	01	02	02	06	01	02	04	01		28
Patient Care	04	03	03	02	–	–	–	02	02	02	–	01		19
Staff Attitude	02	03	01	–	03	01	03	02	02	02	–	–		19
Waiting time	–	01	03	03	01	01	–	01	–	01	03	–		14
Continuity of Care	–	–	–	–	02	02	–	–	02	01	–	–		07
Media Query	–	02	01	–	01	–	01	–	01	–	–	01		07

### COMPLIMENTS

MONTH	NUMBER OF COMPLIMENTS
JANUARY 2017	61
FEBRUARY 2017	113
MARCH 2017	112
APRIL 2017	64
MAY 2017	104
JUNE 2017	142
JULY 2017	82
AUGUST 2017	98
SEPTEMBER 2017	98
OCTOBER 2017	102
NOVEMBER 2017	55
DECEMBER 2017	66
<b>TOTAL</b>	<b>1097</b>

**Grey's Hospital has successfully celebrated all health awareness/events and outreach programmes planned for 2017 although financial constraint was a challenge. The below table indicates all events celebrated in 2017**



## GREYS HOSPITAL HEALTH AWARENESS /EVENTS/OUTREACH CELEBRATED IN 2017

NAME OF OUTREACH HEALTH AWARENESS/EVENT	PURPOSE	DATE
◊ Sunsmart Skin Cancer	To educate staff about heat stress	27 January 2017
◊ Organ Donation Awareness	To educate people about the renal disease, organ donation and transplant	15—27 April 2017
◊ Sexual Transmitted Infections (STI) Condom Week	To educate staff on sexually transmitted infections and the importance of condom usage	10-16 Feb 2017
◊ Pregnancy Week	To encourage mothers to attend clinic during pregnancy	14—16 Feb 2017
◊ International Child Cancer Day	To commemorate the childhood cancer day	15 Feb 2017
◊ World Kidney Day	To educate patients and public about kidney disease	03 March 2017
◊ World TB Day	To Create awareness about TB	24 March 2017
◊ Hemophilia Day	To educate families, & friends about signs and symptoms of hemophilia	20 April 2017
◊ Global Hand washing Relay	To improve hand hygiene in health care.	05 May 2017
◊ Burns Prevention Awareness	To provide information on burns prevention	06—12 May 2017
◊ World Hypertension Day	Create awareness about hypertension	17 May 2017
◊ Child Protection Week	To promote child protection in our house holds	27 May—02 June 2017
◊ National Youth Awareness Month	To raise awareness on drugs or substance abuse by youth	22 June 2017
◊ Mental illness and disability awareness month	To create awareness on prevention of mental illness	01 –28 July 2017
◊ World Hepatitis Awareness Day	To provide information regarding hepatitis	28 July 2017
◊ World Breastfeeding Awareness week	To promote breastfeeding	02 August 2017
◊ Women's Day/Month	Celebrate women's day in style	16 August 2017
◊ Giving out of Sanitary Pads to Local high schools	To hand over the packs of sanitary pads to the need local high schools	25 August 2017
◊ Organ Transplant and Renal Outreach	To educate about importance of organ transplant	15 September 2017
◊ Healthy Staff Day and Heritage	To educate staff on the different life style diseases and how to prevent them by reducing stress , eating correctly	22 September 2017
◊ Older Persons Awareness	Prevention against older persons abuse	05 October 2017
◊ Paediatric Palliative Care Awareness	To create awareness about palliative care and to inform parents about wonders of palliative care.	09—13 October 2017
◊ Diwal Celebration	To celebrate Diwali with staff members	12 October 2017
◊ IPC Hand Wash Outreach	To commemorate the Global Hand Washing Day	20 October 2017
◊ Smile and Feel Good Day	To deliver a programme of inspiration, care, health education, and positive emotional experience for patients	31 October 2017
◊ World Radiography	To celebrate radiography day with all staff members	08 October 2017
◊ Paediatric Diabetes Awareness	To spread and promote awareness of child diabetes	16 November 2017
◊ 16 Days of Activism—No violence	To raise awareness on violence against women and children	17 Nov– 10 Dec 2017
◊ World Premature Day	To raise awareness on issues surrounding preterm babies	17 Nov 2017
◊ World Aids Day	To celebrate and remember fellow citizens died of HIV and Aids	01 Dec 2017
◊ Quality Day and Long Service Awards Ceremony	To recognize excellent work done by employees	07 Dec 2017
◊ KZN Health Portfolio Committee Oversight Visit	To assess the status of Oncology services at Greys	23 June 2017
◊ National Standing Committee on Appropriations oversight visit	To assess the progress on rollout of health infrastructure and NHI in Umgungundlovu	14 September 2017



## QUALITY ASSURANCE ANNUAL REPORT 2017/2018

### NATIONAL CORE STANDARDS ACCREDITATION:

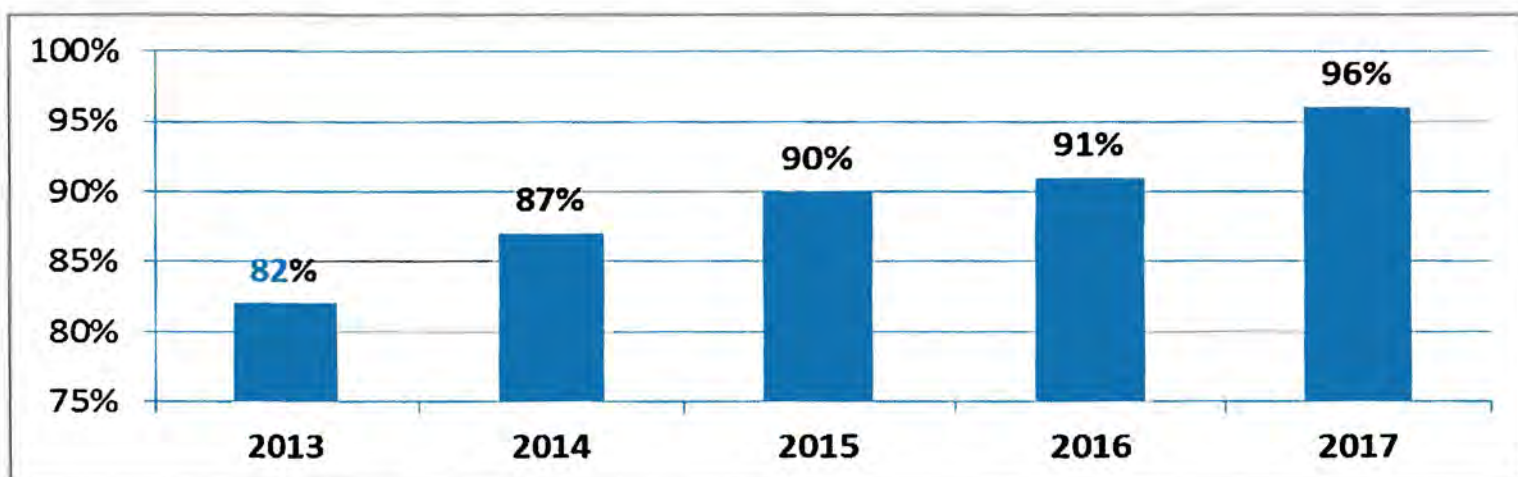
Grey's hospital is continuously striving towards achieving National Core Standards compliance with the goal of obtaining accreditation for the institution. Various assessments have taken place to ensure compliance with the National Core Standards requirements:

**DHSC Assessment** - February 2016

**Peer Assessment** - September 2017

Grey's hospital performed exceptionally well in all 7 domains with the highest being **Domain 4: Public Health** achieving 100% and the lowest being **Domain 6: Operational Management** achieving 93%. Grey's achieved compliance in all the six (6) Priority Areas, achieving scores above 90% for all the priority areas.

#### Grey's Hospital National Core Standards Overall performance 2013-2017:



### NATIONAL CORE STANDARDS PEER ASSESSMENT SEPTEMBER 2017

<b>Overall Performance</b>	<b>Outcome</b>	<b>96%</b>
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<b>Non-Compliance Cut-Off Levels</b>	<b>Actual Overall Score</b>
Extreme Measure (X): Overall score < 100% will result in "Non-Compliance"	X = 100%
Vital Measures (V): Overall score < 90% will result in "Non-Compliance"	V = 96%
Essential Measures (E): Overall score < 80% will result in "Non-Compliance"	E = 96%
Developmental Measures (D): Overall score < 60% will result in "Non-Compliance"	D = 94%

<b>Domain</b>	<b>Score</b>
<b>1 Patients Rights</b>	98%
<b>2 Patient Safety / Clinical Governance / Clinical Care</b>	98%
<b>3 Clinical Support Services</b>	97%
<b>4 Public Health</b>	100%
<b>5 Leadership and Corporate Governance</b>	95%
<b>6 Operational Management</b>	93%
<b>7 Facilities and Infrastructure</b>	96%



Priority Area	Score
Availability of medicines and supplies	100%
Cleanliness	95%
Improve patient safety and security	97%
Infection prevention and control	95%
Positive and caring attitudes	98%
Waiting times	100%

### **Patient Experience of Care Survey:**

A Patient Experience of Care survey was conducted in February 2018 with the objectives as per National Department of Health:

- Identifying problem areas that require focused intervention
- Resolving potential problems timeously
- Identifying matters that require a better explanation to patients
- Reducing variation in health services by creating a standard platform that could also ensure the efficient use of resources
- Guiding continuous education for all staff members

Strengthening consultative processes with patients and their involvement in health care

A total of one hundred and fifty (150) outpatients and one hundred (100) discharged in-patients were interviewed to obtain views, expectations, suggestions, compliments and complaints about service delivery at Grey's Hospital. The National Department of Health survey tool was used to conduct this survey.

The Patient Experience of Care survey reflects positive results for both the in-patient and Out-patients departments.

### **Overall Performance:**

Out-patient department achieved 93% overall performance score.

In-patient achieved an overall performance score of 93%

Both in and out patient overall performances are well above the National Department of Health set targets. With Positive and Caring attitudes of staff, Infection Control and Cleanliness taking the lead and Waiting times and Food Service being the lower performing areas.

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 marshaling)

Efficient complaint addresses system and resolution.

Batho Pele training

Individual ownership

### **Risk Management:**

There were a total of 569 Patient Safety incidents reported for 2017/2018. There is evidence of both positive trends and areas of continued challenges. *There is evidence of reduced cases reported towards the latter part of the year mainly due to the implementation of strategies mentioned below and the continued efforts of personnel to maintain patient safety at Grey's hospital.*

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 error

Comorbidities

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



Improved reporting system was introduced which included centralizing reporting of incidents to the Office of the CE 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 Risk 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 Patient Safety Incident has encouraged voluntary reporting

No.	Name of QIP	Department/Ward
2.	Diversional Therapy for Chronic Pain Patients	Pain Clinic
4.	A Narrow Escape	Occupational Health and Safety
5.	Disposal of Linen	Management
6.	Attendance Register	Ward F1
7.	Asses Control	Supply Chain Management
14.	Pain Management	Ward M4
15.	Prevention of intravenous associated Infections	Ward A1
16.	Standard Assessments	Speech Therapy

#### **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, 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 is conducted to speed up the process of education

Regularly audits on the Emergency trolleys 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.

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

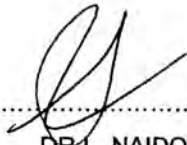
We pledge our commitment to the achievement of optimal health status for all persons of the Province of KwaZulu-Natal, including meeting the strategic objectives of the KwaZulu-Natal Department of Health, within our scope of clinical practice, i.e. the provision of Regional and Tertiary services.

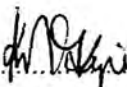
**WE PROMISE TO:-**

- ⇒ 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:

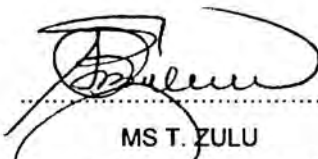
  
.....  
DR K.B. BILENGE  
Chief Executive Officer

  
.....  
DR L. NAIDOO  
Senior Manager -Medical Services

  
.....  
MRS K.T. MCKENZIE  
Manager - Nursing Services

  
.....  
MRS BG ANDERSON  
Deputy Director: Finance

  
.....  
MR S. NORMAN  
Acting - Deputy Director - Systems

  
.....  
MS T. ZULU  
Deputy Director - Human Resources

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





**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

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