



GREY'S HOSPITAL ANNUAL REPORT 2022/2023



About this report

This annual report outlines Grey's hospital efficiency, operational and financial performance from the 01 April 2022 to 31 March 2023. Grey's hospital is an established Tertiary level hospital with 530 commissioned beds of which 512 beds are usable. The hospital is situated at 201 Townbush road, Northern Park, Pietermaritzburg. The hospital was built in 1981 including a 9 floor nurses home and a 6 floor doctors quarters.

We offer 100% tertiary level services to the western area of Kwa-Zulu- Natal province, which includes the following districts, uMgungundlovu, Uthukela, UMzinyathi, Amajuba and Harry Gwala.

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Report from the Chief Executive Officer

It is with great pleasure and a sense of profound responsibility that I welcome you to the annual report for Grey's Tertiary Hospital for the fiscal year 2022/23. As the Chief Executive Officer of this esteemed institution, I am honored to present to you our achievements, challenges, and the roadmap for the future.

The past year has been a testament to the unwavering commitment and dedication of our entire healthcare team. In the face of unprecedented challenges brought about by a global pandemic and fiscal constraints, our hospital stood strong, delivering exceptional care to our patients while adapting swiftly to the evolving healthcare landscape.

One of our primary objectives has always been to provide accessible, high-quality healthcare services to our catchment population. In 2022/23, we continued to invest in cutting-edge medical technologies and advanced treatment modalities. Our investment in state-of-the-art equipment, coupled with the continuous professional development of our clinical and support staff, ensures that we remain at the forefront of medical innovation.

Our commitment to patient-centered care has never been stronger. We take pride in the compassionate care provided by our healthcare professionals, who go above and beyond to ensure the well-being of every patient who walks through our doors. We are dedicated to upholding the highest standards of safety, quality, and ethics in everything we do.

In addition to our clinical excellence, we have also made strides with our clinical outreach and in-reach programmes in an attempt to improve access and the quality of clinical care in the health system value chain. These programmes aim to bridge the gap between healthcare providers and underserved communities by bringing specialized clinical services close to where they live. By expanding our clinical outreach programme, we hope to ensure that everyone has access to high-quality clinical care, regardless of their location or socioeconomic status.

I also take this opportunity to welcome new members of the Hospital Executive Management Team, newly appointed Clinical Heads of departments and units, managers of various units, and all other operational staff. We are thrilled to have such a talented and dedicated group joining our team. Your expertise and contributions will undoubtedly strengthen our hospital and enhance the quality of care we provide to our patients. Together, we will continue to strive for excellence in healthcare delivery and make a positive impact on the lives of those we serve.

As we reflect on the accomplishments of the past year, we are keenly aware that challenges persist. The healthcare landscape is ever-evolving, and we are committed to staying agile, responsive, and forward-thinking. Our strategic initiatives for the coming year include sustaining our services, strengthening our partnerships with other healthcare providers at various levels of care, including the private sector, and enhancing our research and education programmes. We have prioritized the implementation of the eHealth system. This system will streamline our processes, improve patient care coordination, and enhance data security. This system will also improve the efficiency and accuracy of patient data management, allowing for seamless communication and collaboration among healthcare professionals. Additionally, we will be focusing on expanding our telemedicine capabilities to ensure accessible and convenient healthcare services for all patients, especially those in remote areas.

Improving surgical theatre operations remains high on our agenda. We are continuously exploring innovative solutions and strategies to enhance efficiencies and productivity in the operating theatre. Our goal is to optimize resource utilization, minimize waiting times, streamline workflow protocols, and ensure seamless coordination among healthcare professionals involved in surgical procedures.

Compliance with norms and standards and achieving certification by the Office of Health Standards Compliance is a key priority for us. We strive to meet and exceed all necessary standards and regulations to ensure safety and the highest quality of care for our patients. Additionally, we will regularly conduct audits and evaluations to identify areas for improvement and implement quality improvement interventions.

Improving patient experience of care is also a crucial aspect of our commitment. We prioritize effective communication, empathy, and respect in all interactions with our patients. By actively seeking feedback and implementing patient-centered initiatives, we aim to continuously enhance the overall satisfaction and well-being of those under our care.

None of this would be possible without the support of our dedicated staff, the trust of our patients, the collaboration of our partners, and the guidance of our hospital board. I extend my heartfelt gratitude to each one of you for being an integral part of our journey.

In closing, as we navigate the path ahead, I am filled with optimism and determination. Together, we will continue to make a meaningful impact on the health and well-being of our citizens. I invite you to explore this annual report, which provides a comprehensive overview of our accomplishments and vision for the future.

Thank you for entrusting us with your healthcare needs and for joining us on this remarkable journey of healing and progress.

Sincerely

Mr Brain Shezi

HOSPITAL BOARD

The Grey's hospital board comprises of five (5) independent non-executive members. The board members are elected for a term of up to three years in office and may be re-elected to serve. The board is directly accountable to MEC.

The Hospital Board members for 2022/2023:

Mr MT Mkhize (Chairperson)

Mr M Mlambo (Secretary)

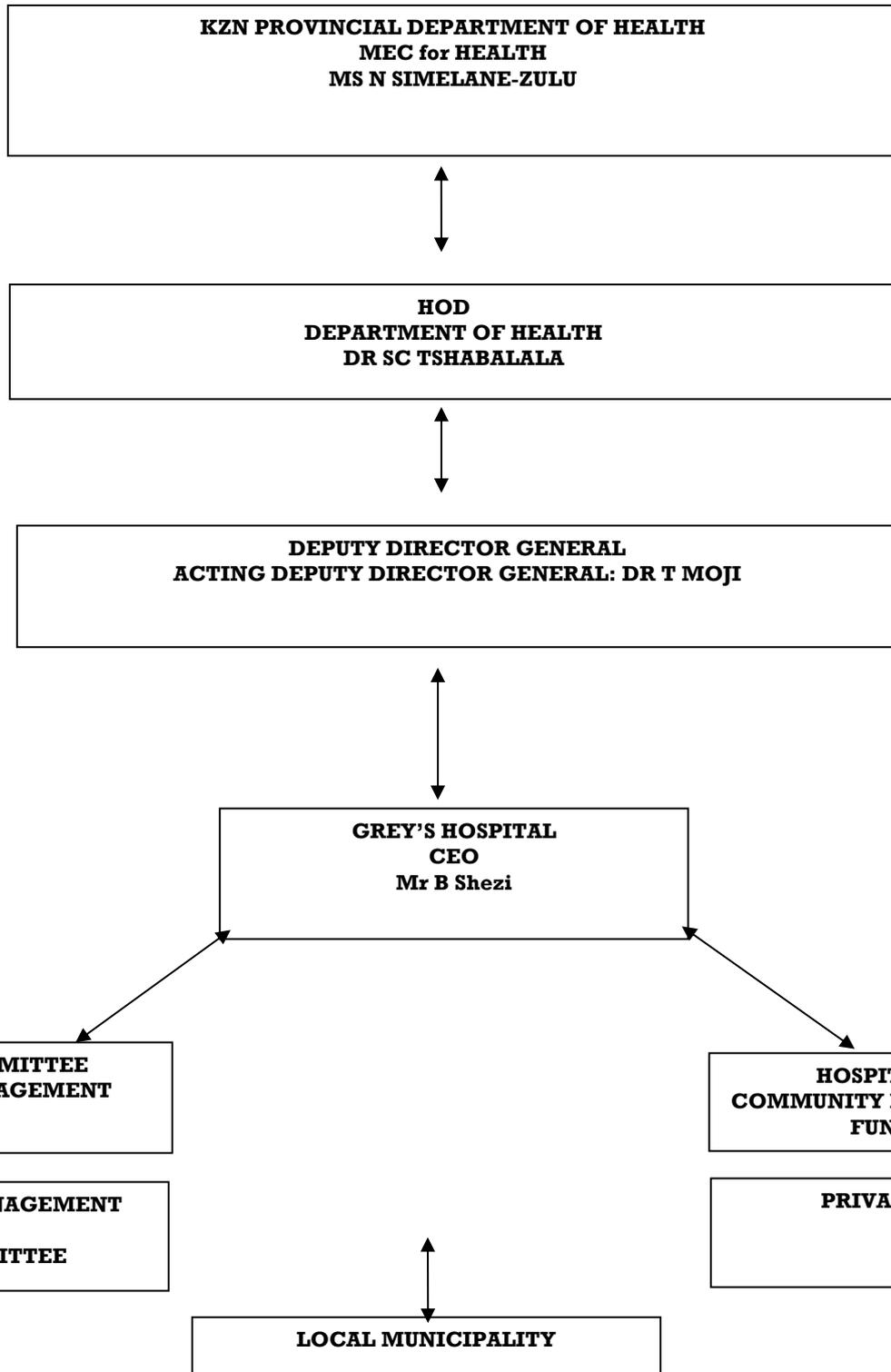
Ms TC Khumalo (Treasurer)

Mr MH Majazi

Mr BP Mzimela

Mr S Sibisi

Organizational Structure



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

Rights Charter:

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

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

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.

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 and who have special needs.

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.

CUSTOMER WAITING:

We will acknowledge the patient or families that are waiting, by checking 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.

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 hallway.

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, behavior that represents the expressed value in honoring and protecting everyone's right for privacy and personal safety.

SAFETY AWARENES:

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.

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.



People First

GREY'S HOSPITAL

PACKAGE OF SERVICES

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

Hospital Efficiency Report

Average Length of Stay

9.1 days



In-patient bed utilisation rate

72.5%



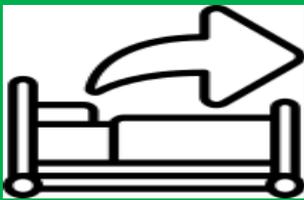
Total Patient Admissions

10678



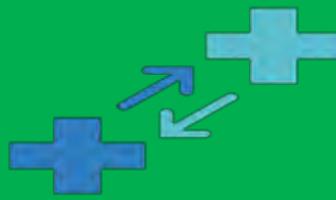
Total Patient Discharges

11996



Patient Transfer In

3489



In-patient Deaths

691



Total Day patients

12489



Total Outpatient Seen

105447



In-patient Days

129228



Live Births

1349



Total Delivery by Casarian Section

1102

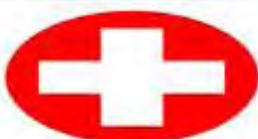


Total Number of Theatre Cases
8556



Emergency Department presentations

8806



Total Maternal Death

13



Radiology test

47708



Statement of Priorities

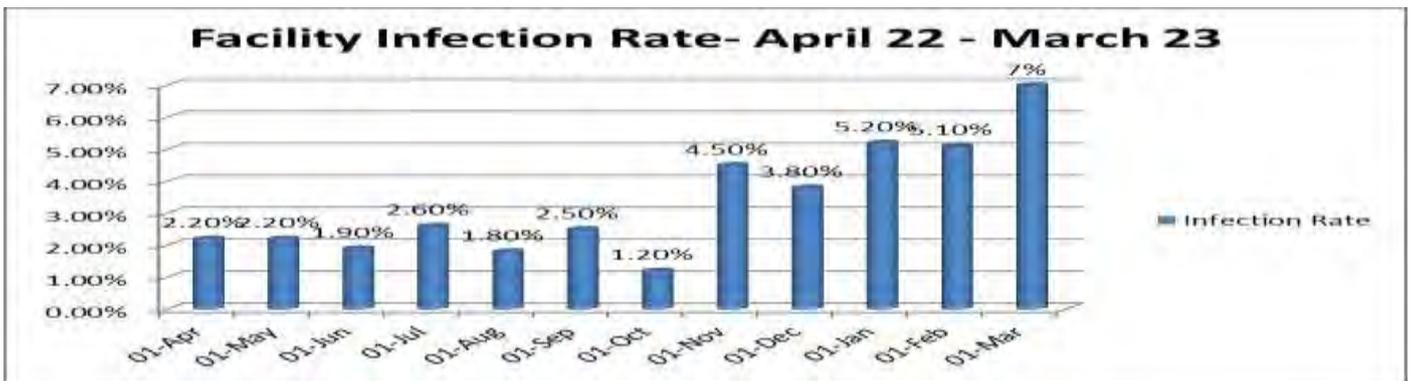
Key Performance Indicators:

Grey's hospital operations were significantly impacted by the Covid-19 pandemic, resulting in a huge surge in the demand for acute Covid-19 services. This financial year saw the opening up of services post the Covid-19 pandemic. Ward B1 (Adult Orthopaedic service) was closed for seventeen days in the month of September 2022 due to renovation.

Quality and Safety Care

Key Performance measure	2022-2023 Result
Infection prevention and Control	

Hospital acquired infection rates per month for 2022/2023. Notably, there was an increase in infections from November 2022 to March 2023, contributing factor for increase in infection rates is due to the inclusion of all organisms been counted over and above the ESCAKE as the numerator.

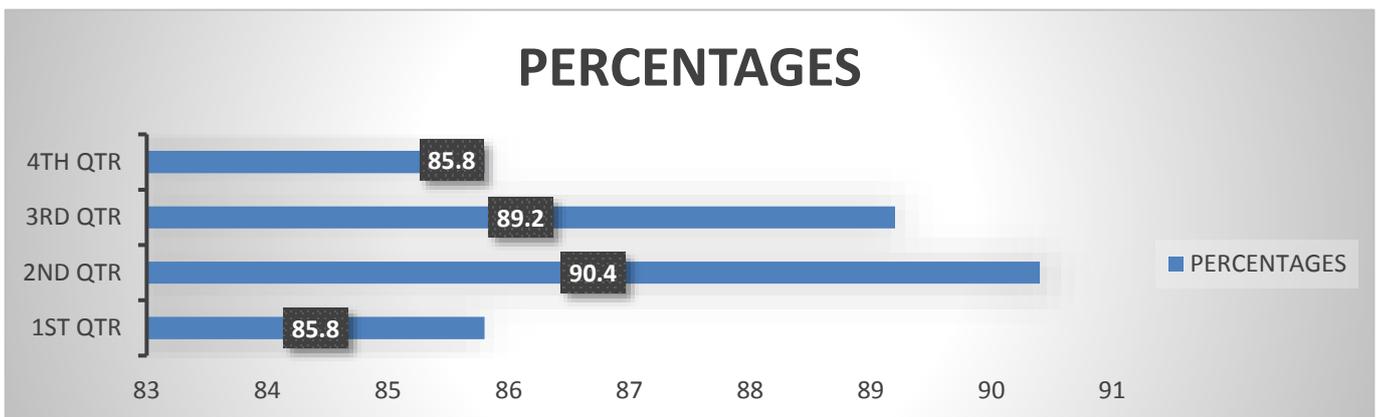


Total number of reported hospital acquired infections per stream is shown below, with Bloodstream associated infections as the leading infection.

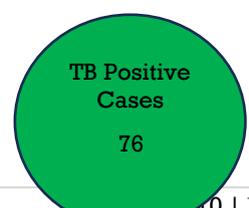
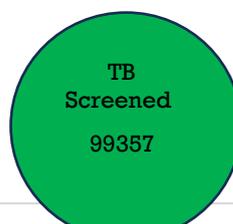
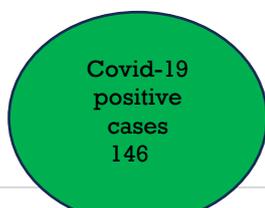
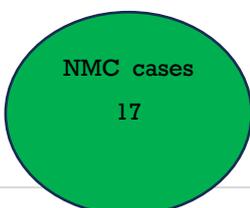
- Bloodstream associated infections -----163 overall
- Urine associated infections-----140 overall
- Respiratory associated infections----- 134 overall
- Wound associated infections-----123 overall

Quarterly & Annual Environmental Audit results:

The table below shows the facilities performance for 2022/23 cleanliness audits.



NOTIFIABLE MEDICAL CONDITIONS:



Key Performance measure	2022-2023 Result
Quality Assurance	

Ideal Hospital Realization and Maintenance Framework

Norms and Standards inspection for the past 2022/23 financial year due to the unavailability of Tertiary Norms and Standards tools. The institution has however been actively involved in contributing towards the final version of the Tertiary Norms and Standards Inspection tools. Grey's hospital conducted an Ideal hospital status determination inspection in August 2022 we achieved a facility average of 98.95%, Overall Grading: Unsatisfactory and Non-compliant status.

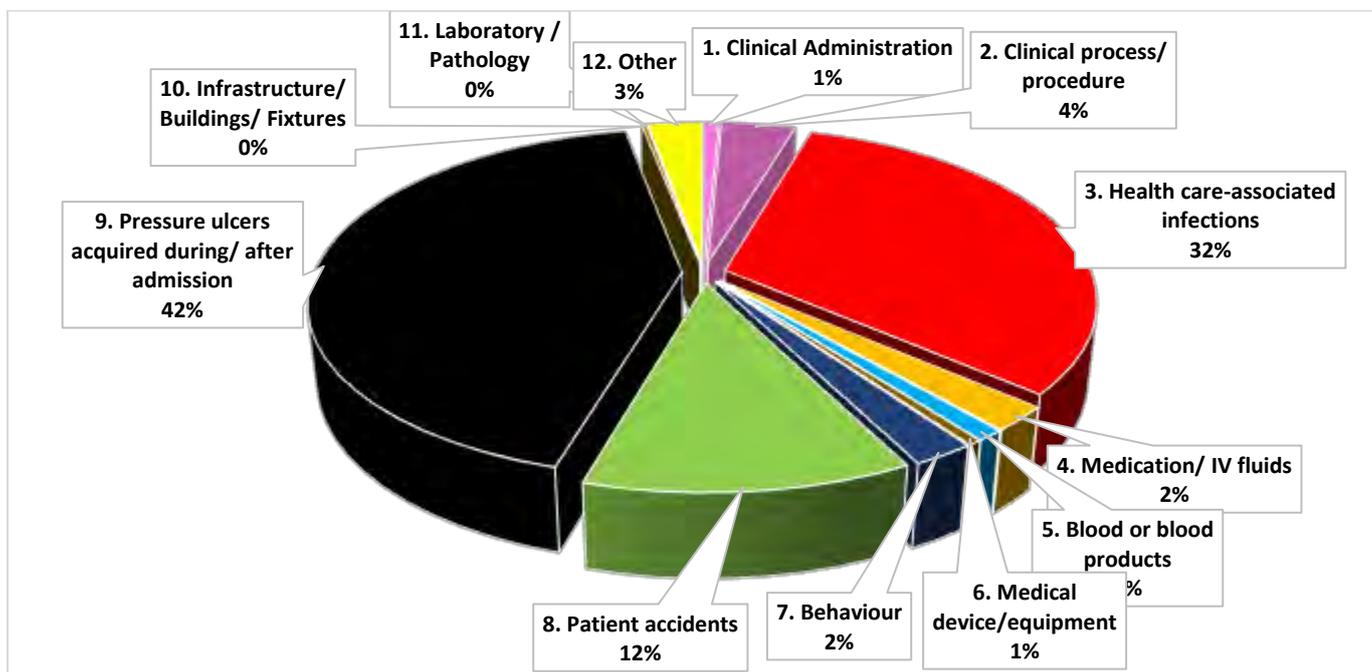
Ideal Health Facility – Hospital Facility Report	
Non-negotiable Vital (NNV)	99.91%
Vital (V)	99.15%
Essential (E)	98.68%
Important (I)	N/A
Average	98.95%
Overall Grading	Unsatisfactory
Compliance Status	Non-compliant

Functional Area	Performance	Functional Area	Performance
A&E	99.4%	Laundry	89.3%
Help Desk	100%	Maternity Wards	99.7%
Audiology	99.5%	Medical records	100%
CEO	100%	Medical Wards	99.3
Cleaning Services	99.3%	Mortuary	98.7%
Clinical Manger	100%	OHS	100%
CSSD	93.5%	Outpatient Dept.	97.4%
Functional Area	Performance	Functional Area	Performance
Dietetics	100%	Operating theatre	99.3%
Health Care Waste Management	90.5%	OT Occupational therapy	99.9%
Health Technology	97.8%	Paediatric Wards	99.8%
Health Care Quality	100%	Pharmacy	99.9%
High Care -CCU	99.9%	Physiotherapy	95.8%
Human Resources	90.4%	Podiatry	99.4%
Infrastructure	95.3%	Security services	98.4%
Intensive Care	99.3%	Speech Therapy	98.9%
IPC	100%	Stores	99.6%
Isolation - IPC	99.3%	Surgical Wards	99.5%
Laboratory	98.9%	Transport	99.0%

The non-compliance of two Non-negotiable Vital measures, namely; Informed consent and non-compliance of availability of certain items on the Emergency trolleys led to our facility unsatisfactory and non-compliant status.

Patient Safety Incidents (PSI) Management:

A total of 393 patient safety incidents were reported for the 2022/2023 financial year. One of the leading reported PSI's is pressure ulcers, both the development of pressure ulcers which develop at Grey's (in-house) and those that develop outside of Grey's hospital (external).



Patient experience of Care (PEC):

A Patient Experience of Care survey (PEC) was conducted in August 2022 with the set out objectives as per National Department of Health:

Indicator	Facility Result	NDoH Target
Access to Care	91.9%	100%
Availability of Medicines	94.5%	95%
Cleanliness	89.3%	65%
Patient Safety	90.3%	74%
Values and Attitude	79.6	74%
Waiting Times	71.7%	74%
Overall Performance	86.2%	80%

Waiting time at the facility remains within the acceptable four hours waiting times, but due to patients arrive at the facility at 04h00 am via patient transportation from outlining feeder facilities, increase in the waiting times for services is unavoidable.

Clinical Governance:

Grey's hospital has twenty-three (23) fully functional governance committees in place. We have 98 active Management SOP's/Policies and fourteen (14) Medical Management SOP/Policy active.

Servicing and maintenance of equipment:

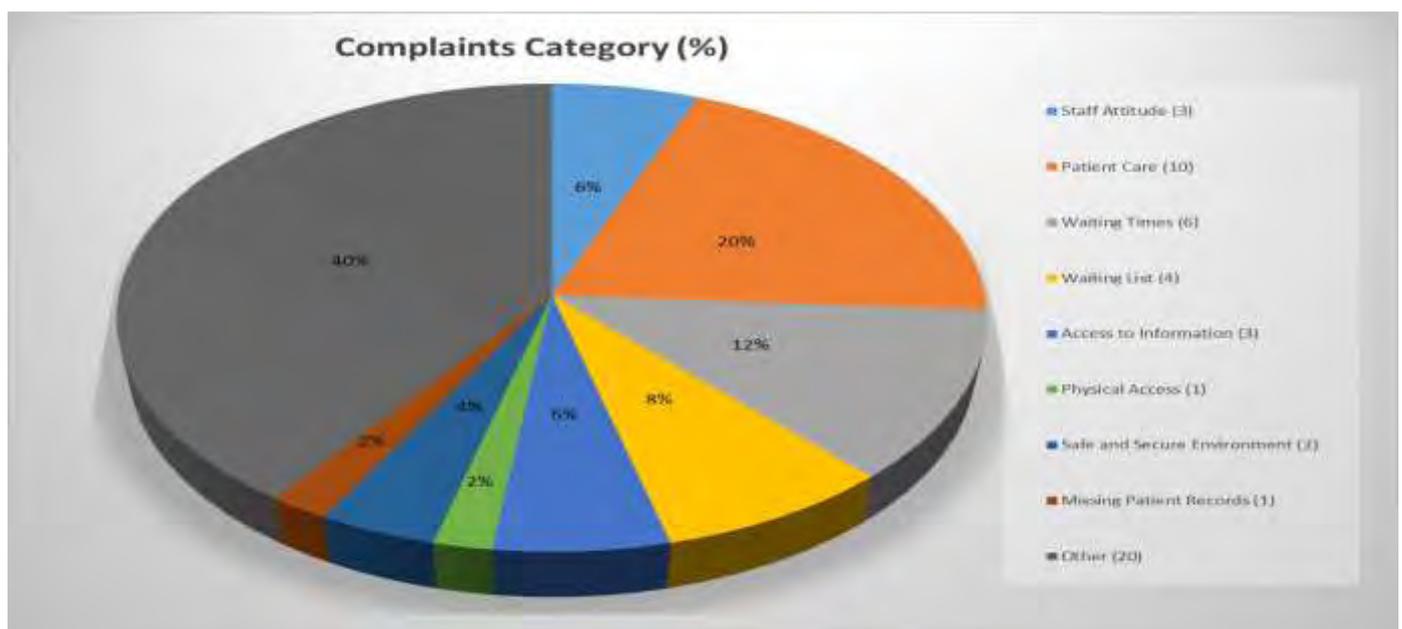
Over the last financial year, the Health Technology Services Department has repaired 991 items and serviced 84. Equipment pool is coordinating and sending items for repair and servicing; a weekly report is submitted on the maintenance and servicing of Major and Minor equipment. All lifesaving equipment is serviced on site e.g. defibrillators

Key Performance measure	2022-2023 Result
Complaints Management	

All complaints received through emails, suggestion boxes, media houses, call Centre, are addressed and resolved within working days. All complaints are logged onto the Ideal Complaints and Compliments Monitoring software

CATEGORY	NO. OF COMPLAINTS
OTHER MEDIA QUERY x2, LACK OF COMMUNICATION x7, DELAY TO START CANCER TREATMENT x1 POSTPONEMENT OF OPERATIONx2, CONTINUITY OF CAREx5, NEGLIGENT AND WALK-IN PATIENTx1, PATIENT BILLx1, OPERATION POSTPONEDx1	20
PATIENT CARE	10
WAITING TIMES	06
WAITING LIST	04
STAFF ATTITUDE	03
ACCESS TO INFORMATION	03
SAFE AND SECURE ENVIRONMENT	02
PHYSICAL ACCESS	01
MISSING OF PATIENT RECORDS	01
TOTAL	50

Key Performance measure	2022-2023 Result
Complaints Management	



BATHO PELE PROGRAMME:The Batho Pele Audit was conducted in September 2022. We audited 30 Wards, 8 Clinics and 11 Departments. Maternity Wards are 100% compliant in the implementation of Batho Pele and the General Wards are at 60% compliance.

HUMAN RESOURCE REPORT

This report comprises achievements and challenges that confronted, and somehow, still confront the human resource management Department on daily, weekly, monthly and quarterly basis. The report is structured in terms of

Part A: Human Resource Planning, Development and EPMDS,

Part B: Human Resource Practices,

Part C: Labour Relations and

Part D: Employee Health and Wellness Management.

Part A: Human Resource Planning, Development and EPMDS

The HR Plan and HRIP was completed and submitted by due date and the Institutional EE Consultative Forum remains functional. The Institution awarded 8 bursaries to in-service employees, 130 employees attended various training and development initiatives during 2022/2023 in line with the approved WSP. Artisan training plan has been rolled out for Tradesman Aids and Handyman. One handyman was offered an opportunity to get his trade test. The Management Training Programme was rolled out for 2022-2023 period. 1 doctor was trained on IsiZulu for non-Zulu speaking officials and 3 in-service nursing staff were trained on RPL Nurse Training.

The moratorium on the filling of non-exempted posts was lifted per HRM Circular No. 28 of 2023, and subsequently the ratification procedures and processes were suspended. A total of 99 employees on Covid-19 contracts were given permanent posts which assisted in reducing the vacancy rate. 95% of the 2021/2022 and 2022/2023 EPMDS documents were received by HR Planning, Development and EPMDS Office, and were captured on the Office Database and Persal by the due date. All Staff qualifying for Grade Progression have been paid. The Office is able to recover 98% of the debts from in-service staff.

Vacancy rate for non-clinical staff is still a challenge due to budgetary constraints. Achieving the 2% target for the employment of people with disabilities is still a huge challenge for the institution considering budgetary constraints. Training and development for staff is also constrained by limited budget.

Part B: Human Resource Practices

The mandate of Human Resource Practices is to ensure that all vacant posts are filled timeously with professional and skilled personal that would enable the Department of Health to achieve its vision of Better Health for all South Africans. To this end, Human Resource Practices was able to fill posts in the following employee categories during the 2022/23 financial year:

RANK/POST	QUANTITY
Medical Personnel	44
Allied Health Personnel	6
Nursing Personnel	22
Head: Clinical Department (O & G Appointed)	1
Deputy Director: Facilities Management	1
Senior Manager: Medical Services	1
Clinical Programme Coordinator	1
Head: Clinical Unit (O & G)	1
Head: Clinical Unit (Gastroenterology)	1
Laundry Manager	1
Head: Clinical Unit (Ophthalmology)	1
Head: Clinical Department (Internal Medicine)	1
Head Clinical Unit (Orthopaedics)	1
TOTAL	82

The recruitment and retention of scarce category personnel remains a huge challenge. The moratorium also placed a huge challenge on the timeous filling of posts. Absenteeism rates still remain a challenge. Office and storage place remains a challenge for this Sub-Component due to infrastructure challenges.

Part C: Labour Relations

The IMLC is functional and effective throughout the 2022/2023 fiscal season. Finalized Labour Relations cases are more than the outstanding cases. The majority of grievance cases were resolved amicably within prescribed timeframe. Dispute cases were managed efficiently. The NEHAWU March strike action was effectively managed with all relevant and required statistics submitted to both the District and Head Offices. Abscondment cases were managed efficiently as managers are aware that such cases must be reported promptly. Labour Relations training was conducted quarterly as required.

This office is struggling to find suitable investigating officers and presiding officers to assist with cases which makes it difficult to finalize them within prescribed timeframes. The Labour Relations Office is struggling to fill one (1) Human Resource Officer post additional to one (1) Assistant Director: Labour Relations and one (1) Human Resource Practitioner posts that are filled.

Part D: Employee Health and Wellness Management.

The component facilitated the Men's Event in July 2022 that focused on mental health with the assistance of the Department of Psychology. We had a Women's Day in August and we would like to thank the department of Social Work for making it possible to have this event. In September 2022, we had our annual Wellness Day and in October 2022, we had a District Tournament and Greys Hospital Soccer Team won, defeating 14 institutions. This component is fully reliant on sponsorships to host healthy life style events and therefore can be challenging.

We continue to experience problems with SANCA and FAMSA as most employees who are referred there are unable to complete the programme due to financial constraints.

The outbreak of the Covid-19 pandemic disrupted our Work and Play activities and subsequently some workshops had to be cancelled, but with the easing of the lockdown restrictions we have now resumed most of these activities.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety department continues its commitment to promoting and sustaining a safe and healthy workplace for all employees. We currently have twenty-four (24) active policies, with two (2) standards, two plans and one Internal Disaster plan in place.

Our Care at a glance:

Number of staff consultations: **6065**-inclusive of in-service training, orientation and Immunisation

Number of staff consulted by OH Medical Practitioner: **2480**

Number of staff screened for TB: **1703**

Baseline Medical Surveillance: **116**

Exit Surveillance: **14**

Number of Occupational Disease: **28**

Number of Needle stick injury: **42**

Number of IOD's: **16**

Number of BFS: **15**

Number of Family planning: **201**

Number of Hep B Immunisations: **149**

Number of Flu Vaccinations given: **150**

Number of Tetanus Toxoid giver: **49**

Number of staff screened for Covid-19:**416**

Number of staff tested positive for Covid-19:**87**

Health Awareness Program: **674**

Training of Fire Drill: **3**

Fire Inspection: **10**

Number of Health and Safety Audits conducted: **333**

A facility external Risk assessment was done in January 2023 and identified two major issues, namely, ergonomics-some chairs at the facility are not designed for long term use and secondly, Indoor air quality-some departments do not have windows and the facility has central air-condition and therefore cannot be controlled by individual departments.

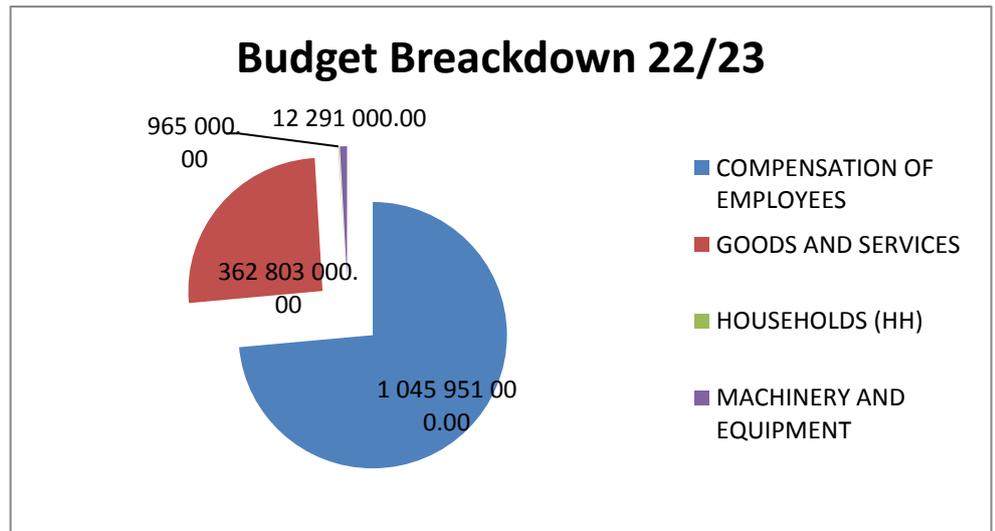
FINANCIAL REPORT

A total allocation of R1'422'000'000.00 was received for the 2022/23 financial year

The allocation is summarized as follows in terms of funding:

Row Labels	Budget Breakdown 22/23
COMPENSATION OF EMPLOYEES	1 045 951 000.00
GOODS AND SERVICES	362 803 000.00
HOUSEHOLD (HH)	965 000.00
MACHINERY AND EQUIPMENT	12 291 000.00
GRAND TOTAL	1 422 010 000.00

Row Labels	Budget Breakdown 22/23
COMPREHENSIVE HIV/AIDS COMPONENT	5 343 000
COVID-19 RESPONSE FUNDS	12 277 000.00
DISTRICT HEALTH COMPONENT	3 267 000.00
HEALTH FACILITY REVIT GRANT	4 800 000.00
NATIONAL TERTIARY SERVICES GRANT	509 428 000.00
STATUTORY HUMAN RESOURCES COMP	46 505 000.00
VOTED FUNDS	840 390 000.00
GRAND TOTAL	1 422 010 000.00



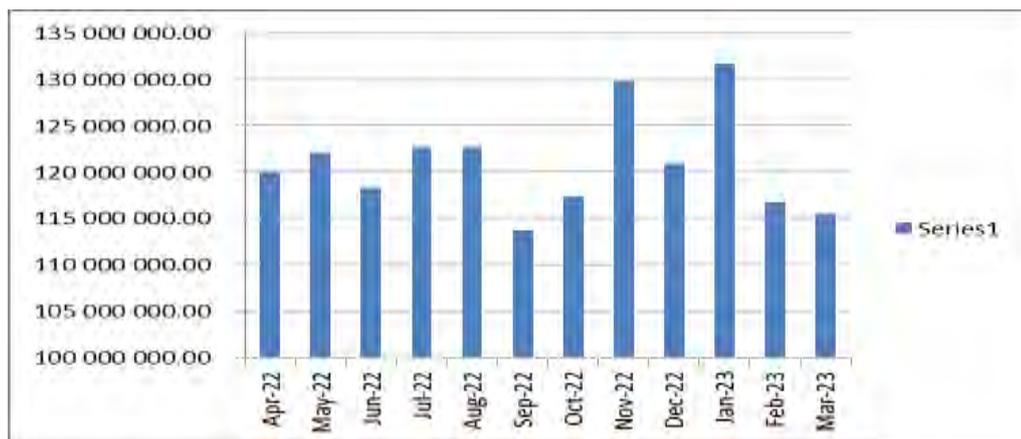
Budget Expenditure as at 31 March 2023

Row Labels	Budget	Expenditure	% Spent
COMPREHENSIVE HIV/AIDS COMPONENT	5 343 000.00	6 191 612.01	115.88%
COVID-19 RESPONSE FUNDS	12 277 000.00	14 886 266.00	121.25%
DISTRICT HEALTH COMPONENT	3 267 000.00	7 769 414.72	237.81%
HEALTH FACILITY REVIT GRANT	4 800 000.00	4 002 967.01	83.40%
NATIONAL TERTIARY SERVICES GRANT	509 428 000.00	500 681 447.72	98.28%
STATUTORY HUMAN RESOURCES COMP	46 505 000.00	48 235 006.30	103.72%
VOTED FUNDS	840 390 000.00	869 578 156.51	103.47%
Grand Total	1 422 010 000.00	1 451 344 870.27	102.06%

Budget Expenditure as at 31 March 2023

Row Labels	Budget Breakdown 22/23	Expenditure	% Spent
COMPENSATION OF EMPLOYEES	1 045 951 000.00	1 053 188 708.38	100.69%
GOODS AND SERVICES	362 803 000.00	388 882 166.23	107.19%
HOUSEHOLD (HH)	965 000.00	2 285 179.75	236.81%
MACHINERY AND EQUIPMENT	12 291 000.00	6 914 122.59	56.25%
GRAND TOTAL	1 422 010 000.00	1 451 270 176.95	102.06%

Monthly Cash Flow Performance in the 2022/2023



Financial Statistics

BUDGET ALLOCATION 2022/23	R1 422 010 000
EXPENDITURE AS AT THE 31ST OF MARCH 2023	R1 451 344 870
AVAILABLE BUDGET AS AT THE 31ST OF MARCH 2023	-R 29 334 870
NO OF PAYMENTS PROCESSED FOR 2022/23	3713
GREYS HOSPITAL TOP 10 COST DRIVERS 2022/23 EXP	R260 356 000.00
INV MED:SURGICAL/MEDICAL SUPPLS	R46 090 000.00
MEDICAL LAB NHLS	R44 000 000.00
INV MEDI:OTHER MEDICINE	R38 000 000.00
P/P:ELECTRICITY	R33 218 000.00
INV MED:BLOOD-PRODUCT&PLA	R30 000 000.00
INV MED:SURGICAL,IMPLNT PROSTHSS	R20 000 000.00
INV F&G:FUEL, OIL & LUBRICANTS	R14 055 000.00
A&S/O NUTRITION SER:PATIENTS	R13 982 000.00
ASSISTIVE DEVICE,MED&ALLIED EQU	R10 991 000.00
INV MED:RENAL DIALYSIS	R10 020 000.00

FINANCIAL REPORT

NURSING DIVISION	2022-2023

Grey's hospital nursing department takes pride in the provision of high standards of nursing care by providing nursing care guidelines to all nursing departments. We continue building a culture of nursing excellence in the areas of clinical practice, professional growth and lifelong learning. The nursing division provides nursing staffing over the thirty-five wards/units and the clinics.

Nursing Division personnel	
Nurse Manager	1
Assistant Nurse Manager	10
Operational Managers	30
Professional Nurses	532
Community Service	11
Enrolled nurses	150
Enrolled Nursing Assistant	128

One of our top priorities is patient safety and the nursing division actively participates in the following facility audits: Quality Nursing Audit, Infection Prevention and Control audit, Waste Management Audits and the Ideal Hospital Inspection. These audits and inspections assist us with early detection and promotes early intervention.

An updated Nursing Procedural Manual was published in January 2023 and distributed to all nursing departments with the aim of communicating expectations and standards to staff, setting guidelines for operations and improvement and streamlining procedures. There is a fully functional Nursing Risk committee in place to

There is a fully formal functional Administration and Education committee which provides a clinical governance platform to discuss issues of Nursing Education and practice to acquaint managers of the developments in the nursing education and practice.

The formal scheduled monthly orientation and induction program is practiced at Grey's Hospital where newly appointed staff are inducted to the routine quality of care practices within the facility. The Orientation and induction session is followed by the Obstructive Structural Clinical Examination (OSCE), to enhance quality and correct care given to all patients at Grey's Hospital, a total of 64 nurses have successfully completed the OSCE.

Grey's hospital Neonatal Care service was bench marked for best practices by Ladysmith hospital and Grey's hospital in-serviced eight (8) nursing personal from Ladysmith in the Neonatal Intensive care unit.

Grey's Hospital nursing division participated fully in the specialty short course program which was provided by King Edward Campus to assist in breaching the gap of non-training of specialty courses by KwaZulu-Natal college of Nursing (KZN CN). A total of 14 nurses benefited from this gesture, X04 Trauma Nurses, X04 ICU nurses, X04 Theatre Nurses and X02 Child care nurses.

The hospital is also active in conducting Ethics and Professional audits to promote ethics and professionalism culture within the hospital, and more than 90% of nursing units excel in this audits.

The 2022/2023 financial year saw the introduction and implementation of inventory bin cards into the wards and departments with the aim of having a reference of stock, provide proper records of stock and prevent wasteful expenditure. Nursing division participated in the external Disaster drill that took place on the

Quality Nursing Audit results 22/23

Quality Nursing Audit results 22/23	
Quarter 1	83.60%
Quarter 2	84.30%
Quarter 3	84.40%
Quarter 4	89.50%

Grey's Nursing College is preparing to submit relevant documents to meet the requirements for accreditation by South African Nursing Council (SANC) and Council of Higher Education (CHE) to offer New Nursing Qualifications. Grey's Campus remains focused and committed in producing competent Nurses and Accoucheurs, who are able to work independently in the clinical health care settings and some with minimal support from the experienced Professional Nurses.

Developments in Nursing Education

New Nursing Qualification

Curriculum Development of some programmes are still in progress and there is no programme that has yet been accredited by both statutory bodies SANC and CHE respectively.

Accreditation visit by South African Nursing Council and Council of Higher Education is underway, therefore we need to be in readiness for auditing visit by regulatory bodies.

Task teams were developed to fast track the development of the policies, guidelines and micro curricula for the following undergraduate and post graduate programmes to be offered by a Nursing Education Institution (KwaZulu-Natal College of Nursing).

Basic Programmes

1. Diploma in Nursing (R171) (368 credits) L6 is in the fourth year of implementation and the first cohort has completed the course, awaiting to write professional entrance examination in May 2023.
2. Certificate in Nursing (120 credits) L5 is awaiting accreditation by SANC & CHE
3. Advanced Diploma in Midwifery (R1497) (120 credits) L7 is accredited by SANC & partially accredited by CHE

Post Graduate Programme

1. Post Graduate Diploma in Mental Health (120 credits) is accredited by SANC, awaiting accreditation by CHE
2. Bachelor Degree in Nursing (480 credits) is awaiting accreditation by SANC & CHE
3. Post Graduate Diploma in Critical Care Nursing - Adult (120 credits) is accredited by SANC, awaiting accreditation by CHE
4. Post Graduate Diploma in Primary Care (120 credits) is awaiting accreditation by SANC & CHE
5. Post Graduate Diploma in Midwifery (120 credits) is awaiting accreditation by SANC & CHE
6. Post Graduate Diploma in Nephrology Nursing (120 credits) is awaiting accreditation by SANC & CHE
7. Post Graduate Diploma in Perioperative Nursing (120 credits) is awaiting accreditation by SANC & CHE
8. Post Graduate Diploma in Orthopaedic Nursing (120 credits) is awaiting accreditation by SANC & CHE
9. Post Graduate Diploma ophthalmology (120 credits) is awaiting accreditation by SANC & CHE
10. Post Graduate Diploma in Child Nursing (120 credits) is awaiting accreditation by SANC & CHE
11. Post Graduate Diploma in Trauma and Emergency Nursing (120 credits) is awaiting accreditation by SANC & CHE
12. Post Graduate Diploma in Oncology and Palliative Care, curriculum development and other accompanying documents to be submitted soon once finalized for accreditation by SANC & CHE.

The KwaZulu-Natal College of Nursing (KZNCN) has proposed that Grey's Campus shall offer the following courses:

1. Diploma in Nursing (R171) (368 credits)
2. Advanced Diploma in Midwifery (120 credits)
3. Post Graduate Diploma in Nephrology Nursing (120 credits)
4. Post Graduate Diploma in Critical Care Nursing - Adult (120 credits)

STUDENT MATTERS

The 2022/2023 year has been yet another year of continued endeavors to embrace the changes in Nursing Education and Training thus embarking on implementation of new nursing qualifications.

The following statistics reflect the students' performance in October/November 2022 Final Examination.

Pass rate – R425

Group 1/2019 – had 99% pass rate in the psychiatric nursing module and one student to repeat the whole module.

Pass rate – R171

G1/2020 – 3rd year second semester – had 100% pass rate.

Group 1/2021 – 2nd year second semester - had 99% pass rate and one student's module assessment was nullified due to cheating. Group 1/2022 – 1st year second semester - had 94% pass rate and one student to repeat the core module and two students are carrying the different fundamental module respectively.

Student Completed 2022/2023

Month	Year	Programme	Total number
December	2022	R425	15
December	2022	R171	27
Total			42

COMMUNITY SERVICE – R425

17 students wrote their final examination in October/November 2022 and 15 commenced Community Service on the 1st January 2023.

One student commenced Community Service in January 2023 and one student failed to meet minimum requirements for entry into the examination for the Psychiatric Nursing Science module.

PROFESSIONAL ENTRANCE EXAMINATION – R171

The campus had the completion of the first cohort (Group 1/2020) of the programme, who are at home since the 1st January 2023, awaiting to write Professional Entry Examination on the 12th May 2023.

Total number of students in Legacy Nursing Qualifications as 31st March 2023

R171 - (3 year Diploma in Nursing)	74
Total	74

Student Intakes 2023

Month	Year	Programme	Total number
January	2023	R171 (three years)	29
Total			29

2020/2021 ANNUAL GRADUATION CEREMONY

On the 20th September 2022, thirty-three (33) of 69 nurses graduated in the R425 – Diploma in Nursing (General, Psychiatric and Community) and Midwifery, eleven of 20 students graduated in the R683 – Bridging Course leading to Registration as a General Nurse from Nkandla Sub-Campus. On the 21st September 2022: eighteen of 43 students graduated in the R880 – Diploma in Psychiatry and 1 student graduated posthumously
2 students graduated in the R254 – Diploma in Midwifery.

STUDENT ATTRITION

Terminations

GROUP	STUDENT NO.	PROGRAMME
1/2019	11546	R425 (4 th year – 2 nd semester)
1/2020	200528	R171 (3 rd year – 2 nd semester)
1/2021	210506	R171 (1 st year – 1 st semester)
1/2023	2305015	R171 (1 st year – 1 st semester)

Establishment as 31st January 2023

Campus Principal	: 1
Vice Campus Principal	: 1
Head of Departments	: 5
Lecturers	: 19
Clinical Lecturers	: 3
Registrar	: 1
Administrative Clerks	: 2
General Orderlies	: 4
Total	

BUDGET VERSUS EXPENDITURE: 1 APRIL 2022 TO 03rd APRIL 2023

Item	Amount Allocated 22/23	Total Expenditure	Total Expenditure %	Available Budget
TOTAL	R 26 071 000	R 27 113 954.12	100.76%	R -208 900.17

Internal Medicine Report	2022-2023

COVID-19 no longer dominated the year, wards and out-patient services returned to normal, as did training of both post-graduates and under-graduates. Mask wearing changed from compulsory to voluntary. Dr M Bizaare was appointed Head of Department in January 2023. Resignations of HCU Cardiology (Dec 2022) and Rheumatology (January 2023) has put strain on the department and we also have dwindling registrar numbers. Internal medicine bed allocation is ninety-nine beds and eleven dialysis beds. We have fourteen fully functional sub-speciality clinics operating each week. The services are currently operating with three specialists, twelve sub-specialists and sixteen Registrars or Medical Officers (averaged). Fractions of staff members may denote the following: (a) part-time employees, and / or (b) employees who perform some of their duties at other health facilities, for example, Inkosi Albert Luthuli, and / or (c) posts that were only filled for part of the year.

Despite a number of registrars passing in 2022 and exiting the programme in KZN, only one (1) was appointed in January 2023 and assigned to the Durban rotation.

The Pietermaritzburg complex only has 5 registrars currently with no hope/indication of replacements. Two registrars completed in PMB and were not replaced. This does not bode well for the province as a whole, as doctors seek appointments in other provinces, and we lose potential specialists. Two medicine registrars completed their 4-year training period and final examinations and graduated as physicians in November 2022 and one remained at Grey's on a medical officer post to the Cardiology team. An HCU Gastroenterology, Dr N. Myeni, was appointed on 15 September 2022. Dr S Bikita obtained his subspecialist exams in Cardiology and has been holding the fort in cardiology. HCU Rheumatology resigned 31 Jan 2023, general specialist managed Rheumatology service thereafter.

Commitments to undergraduate training and hosting of exams have continued: Previously enforced COVID restrictions were lifted entirely in 2022, with the return to normal bedside tutorials and teaching. The Pietermaritzburg Health Metropolitan is responsible for the entire 5th year medical student training programme, approximately 50 students rotate between Grey's and Harry Gwala Regional Hospital Departments of Internal Medicine at a time. Despite the Nephrology department being the most well-staffed unit within Internal medicine (2 specialists and 4 medical officers, the unit is still under-resourced relative to the burden of disease in the province. Factors contributing are insufficient space for haemodialysis and peritoneal dialysis and aging Haemodialysis machines (14 dialysis machines but 11 are functional). Staffing constraints and a lack of flight services have made outreach difficult.

Commitments to undergraduate training and hosting of exams have continued: Previously enforced COVID restrictions were lifted entirely in 2022, with the return to normal bedside tutorials and teaching. The Pietermaritzburg Health Metropolitan is responsible for the entire 5th year medical student training programme, approximately 50 students rotate between Grey's and Harry Gwala Regional Hospital Departments of Internal Medicine at a time. Dermatology HCU, Dr A Chateau has published international and local articles in the last year.

Neurophysiology Report	2022-2023

The Department of Neurology continues to provide a comprehensive neurophysiology service to Area 2. The routine EEG's, long term epilepsy monitoring, NCS/EMG/Evoked potentials have been continuously performed well and ensured required infection control. We have successfully provided Clinical Practice Learning training for DUT Clinical Technology students. We have successfully obtained a new updated EEG Machine for our unit. We are in the process of upgrading the NCS/EMG Machine.

Kidney Transplant Report	2022-2023

The Transplant team comprises of a Nephrologist, Renal Surgeon, Nephrology nurse, dietician, Social worker, Psychologist and a Transplant Coordinator. Transplant program has been resumed at IALCH. One patient is for transplant in July 2023.

PATIENTS ON TRANSPLANT LIST:

Accepted	Worked Up-Compatible	Active	Inactive	Transplanted	Dies
0/90	5	54	52	0	16

OBSTETRICS AND GYNECOLOGY	2022-2023

The Obstetric and Gynaecology (O & G) department strives to ensure optimal tertiary care in women's health. We strive to provide quality care to women throughout their different stages of life. Prof TD Naidoo has been appointed Head of Clinical Department (HCD) of Obstetrics and Gynaecology, Dr P Israel has joined the O & G team as the newly appointed Head of Clinical Unit (HCU).

The following specialized services are offered to the western half of Kwazulu Natal:

- High Risk Obstetrics
- Maternal-fetal medicine
- Gynae-oncology
- Urogynaecology
- Endocrine/Reproductive medicine

We take pride in providing high quality training to undergraduate students, intern doctors and registrars. Three doctors have completed their registrar training in Pietermaritzburg and have successfully completed their Fellowship in Obstetrics and Gynaecology in 2022. We currently have 3 of our specialists enrolled in subspecialty training, Dr S Naicker commenced subspecialty training in Urogynaecology in May 2022, Dr NV Tsibiyane commenced subspecialty training in Feto-maternal medicine in July 2022. And Dr B Goldman recently embarked on subspecialty training Gynae-oncology as of January 2023. Despite the Covid pandemic having been put to rest, the aftermath is still ongoing, unfortunately the elective gynaecological surgical services still has long waiting lists and patients have long waiting times. Without increasing theatre availability, the waiting times will remain a challenge. To add further insult, in March 2023 our services were interrupted during the protest action. Our department continues to grow and expand in order to serve our community. We have had an excellent year in terms of academic achievements and are very proud of our staff, Dr Mbuyisa, Dr Mdlalose and Dr Ngatiane completed their registrar training in Pietermaritzburg and have successfully completed their Fellowship in Obstetrics and Gynaecology in 2022 and Dr S Foolchand (HCU - maternal-fetal medicine) has completed her training in fetal therapy.

Currently infrastructural restraints, theater time and staffing restraints remain the major obstacles hampering further expansion.

Publications:

We continue to add knowledge to the O & G field by facilitating multiple publications.

1. S.S. Mbuyisa, T.L. Khumalo, B.S. Makhathini, J. Moodley. Prevalence of abnormal vault cytology after hysterectomy for cervical intraepithelial neoplasia, Pietermaritzburg. South African family practice. 2022; 64(1)
2. V. Govender, T.D. Naidoo, S. Foolchand. The pre-eclampsia, growth restriction and ductus venosus doppler (GRADED) study. International journal of gynecology and obstetrics. 2022; 161:106-113

3. D.M. Deelchand, T.D. Naidoo. Indications for late preterm birth, and factors associated with short term maternal and neonatal outcomes at a tertiary care institution. African health sciences.2022; 11:686-694
4. L.S. Ngatiane, T.D. Naidoo. Obesity in pregnancy in a resource -constrained setting: complications and cost implications - a retrospective cross-sectional study. International journal of gynaecology and obstetrics. 2023; 161: 485-490ning Gynae-oncology as of January 2023.

ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT	2022-2023

2022/2023 has been about realigning the Health Service from the acute COVID response, and getting back to a normal footing. The end result of the pandemic has been similar across the country, with enormous surgical backlogs. Refocusing staff and retraining staff who were appointed during the COVID crisis has been important. An increased allocation of nursing staff to theatre coupled with an adjustment of the weekend allocations, it has been possible to run 8 operating slates on most weekdays since October 2022.

Although the total number of surgical cases done by Grey’s hospital has only increased by about 10%, the total amount of operating time has gone up considerably. This reflects the ability to do more complex cases as appropriate for a tertiary hospital. Unfortunately the recovery in theatre time has been less marked as Harry Gwala Regional Hospital due to extensive renovations being required to the electrical system. Grey’s has been able to help by offering the ophthalmic theatre and an ICU cubicle to allow many cataract cases from HGRH to be performed at Grey’s. Northdale hospital has recently managed to reliably open three daily theatres again, and numbers are increasing.

An important role for the Pietermaritzburg department is to take in the large number of very enthusiastic young doctors and train them in the essential skills of anaesthesia and critical care. These subjects are not well covered in medical school, internship and community service periods as the skills of primary care are acquired.

Twenty-five Medical Officers joined PMB Metro during the 2022/23 year. To maintain this training output it is essential that a regular supply of specialists join the department. The only new specialist appointed has been Dr Ndumiso Kheswa, after completing his registrar time he re-joined the department in a specialist role at Harry Gwala Hospital on 1st January 2023. In addition Dr Jon Marc Tomlinson and Dr Matt O’Neill re-joined at Harry Gwala on Department of Health sessions and Dr Tando Mtubu on UKZN academic sessions.

The Department also helped train external doctors: x4 from Emergency Medicine, x1 from UK Anaesthesia Reg, x10 from Surgery, x5 from Orthopaedics, x4 from O&G. The department did well in training people up to take registrar posts and eight (8) PMB doctors obtained registrar posts during the course of the year.

Sixteen (16) doctors passed their Diploma in Anaesthesia (2022 1st Semester=3, 2022 2nd Semester=8, 2023 1st Semester=5)

Twelve (12) doctors passed their Primary examinations in Anaesthesia (2022 1st Semester=2, 2022 2nd Semester=6, 2023 1st Semester=4)

INTENSIVE CARE UNIT	2022-2023

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 the unit is managed by Head Clinical Unit and Subspecialist Intensivist: Dr A Ramkillawan and Nursing Operational Manager Mr M Pule. The ICU has a nominal capacity of 11 beds, based on nurse staffing and equipment availability. This surges at times to 12 beds for the major oncology slate on Tuesdays often leading to a bed occupancy consistently exceeding 90%.

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.

Medical staffing remains challenging. A success has been the reestablishment of subspecialty training with both Dr Michelle Smith and Dr Nqobile Ndadane being formally accepted onto the critical care training program from Grey’s posts. Specialist training will require rotation of these doctors to external units, to see many of the procedures/conditions that are not performed in PMB. Due to the very low output of specialists from the KZN registrar program it has not been possible to recruit

replacement “production” specialists.

In the period 1 April 2022 to 31 March 2023 the ICU received 1435 patient referrals, of which 261 were elective and 1174 emergency referrals. 462 (32% of these patient were admitted). Of the refusals 22 were judged to be too sick to benefit from ICU care, and 124 were judged to be well enough to be managed in the ward. 52 patients died before they could be admitted. The ICU mortality for those admitted was 22% (101 patients) which reflects a standard outcomes for this group of patients

Outreach 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. The lockdown for COVID had restricted travel and Zoom outreach support was initiated. The AMS transport service had also drawn to an end, limiting the ability to support remote hospitals. Dr Farina completed a course in leadership for Global Surgery run by the University of Cape Town. The project for this course was to extend non-obstetric theatre services to District hospitals in Grey’s drainage area. The highlights of this project was the proof that there are sufficient Medical Officers employed to provide service at District hospitals. Those hospitals who have been fully engaged in in-reach and outreach efforts have been able to maintain general anaesthetic services.

A total of 25 district hospital doctors have come in for in-reach training: x2 CTK, X1 Newcastle, x9 Escourt, x4 COSH, X1 Kokstad, x2 Vryheid, x2 St Apollinaris, x2 Madadeni, x2 Emmaus.

PMBACCPM Publication List

Peer Reviewed Publications (19)

1. **Bishop DG**, Fernandes NL, Dyer RA, Sumikura H, Okada H, Suga Y, Shen F, Xu Z, Liu Z, Vasco M, George RB, Guasch E. Global issues in obstetric anaesthesia: perspectives from South Africa, Japan, China, Latin America and North America. *Int J Obstet Anesth.* 2023 May;54:103648. doi: 10.1016/j.ijoa.2023.103648. Epub 2023 Feb 27. PMID: 36930996.
2. George L. Anesi, Stella M. Savarimuthu, **Jonathan Invernizzi**, **Robyn Hyman**, **Arisha Ramkillawan**, **Creaghan Edey**, Robert D. Wise, **Michelle T.D. Smith**. ICU Mortality Across Prepandemic and Pandemic Cohorts in a Resource-Limited Setting: A Critical Care Resiliency Analysis From South Africa. *CHEST Critical Care.* 2023
3. Pillay, P., **Smith, M.T.D.**, Bruce, J.L. et al. The Efficacy of VAMMFT Compared to "Bogota Bag" in Achieving Sheath Closure Following Temporary Abdominal Closure at Index Laparotomy for Trauma. *World J Surg* 47, 1436–1441 (2023).
4. **Uys F, O'Neill M, Farina Z, Belford J**. Case Report. *S Afr Med J.* 2023 Feb 1;113(2):57-60. doi: 10.7196/SAMJ.2023.v113i2.16832. PMID: 36757073.
5. Pillay, P., **Smith, M.T.D.**, Bruce, J.L. et al. The Efficacy of VAMMFT Compared to "Bogota Bag" in Achieving Sheath Closure Following Temporary Abdominal Closure at Index Laparotomy for Trauma. *World J Surg* 47, 1436–1441 (2023).
6. Mabaso, N., **Smith, M.**, & Allorto, N. (2023). An observational cross-sectional study to assess teaching, knowledge and resource availability to provide surgical burn care by surgical trainees in hospitals in KwaZulu- Natal, South Africa. *South African Journal of Surgery*, 61(1), 116-124.
7. Moran NF, **Bishop DG**, Fawcus S, Morris E, Shakur-Still H, Devall AJ, Gallos ID, Widmer M, Oladapo OT, Coomarasamy A, Hofmeyr GJ. Tranexamic acid at cesarean delivery: drug-error deaths. *Eur J Obstet Gynecol Reprod Biol.* 2022 Dec;279:195-198. doi: 10.1016/j.ejogrb.2022.09.016. Epub 2022 Oct 21. PMID: 36280525.
8. Ramtohul VB; Cronjé L; Chellan CL; **Tomlinson JM; Hendricks N**; Rodseth R. A prospective, multicentre, observational, cross-sectional study of the prevalence of blood transfusion associated with caesarean section in KwaZulu-Natal, South Africa, *Southern African Journal of Anaesthesia and Analgesia* 2022/11/01 227235286 doi: 10.36303/SAJAA.2022.28.6.2844 <https://doi.org/10.36303/SAJAA.2022.28.6.2844>
9. Allorto, N, & **Bishop, DG**. (2022). Burn-injured patients - the preferably unheard. *South African Journal of Surgery*, 60(4), 225-226. <https://dx.doi.org/10.17159/2078-5151/SAJS3977>
10. **DG Bishop**; DN Lucas If it isn't written down, then it didn't happen: documentation in obstetric anaesthesia *South Afr J Anaesth Analg.* 2022;28(4):124-130; Published Online:1 Sep 2022 <https://doi.org/10.36303/SAJAA.2022.28.4.2845> https://hdl.handle.net/10520/ejc-medsajaa_v28_n4_a1
11. APORG Caesarean Delivery Haemorrhage Group (2022) (**Member DG Bishop**) Identifying interventions to reduce peripartum haemorrhage associated with caesarean delivery in Africa: A Delphi consensus study. *PLOS Glob Public Health* 2(8): e0000455. <https://doi.org/10.1371/journal.pgph.0000455>
12. van Dyk D, Dyer RA, **Bishop DG**. Spinal hypotension in obstetrics: Context-sensitive prevention and management. *Best Pract Res Clin Anaesthesiol.* 2022 May;36(1):69-82. doi: 10.1016/j.bpa.2022.04.001. Epub 2022 Apr 12. PMID: 35659961.
13. **Rangai K, Ramkillawan A, Smith MTD**. The impact of government- and institution-implemented COVID-19 control measures on tertiary- and regional- level intensive care units in Pietermaritzburg, KwaZulu-Natal Province, South Africa. *SAJCC.* May 2022. 38(1):33-38. DOI: 10.7196/SAJCC.2022.v38i1.515
14. **Smith, M.T.D.**, Bruce, J.L. & Clarke, D.L. Using Machine Learning to Establish Predictors of Mortality in Patients Undergoing Laparotomy for Emergency General Surgical Conditions. *World J Surg* 46, 339–346 (2022). <https://doi.org/10.1007/s00268-021-06360-5>

15. O’Conor M, Ferreira N, **Smith M**, Webster P, Venter RG, Marais LC. High burnout among the South African orthopaedic community: a cross-sectional study. SA Orthopaedic Journal. 2022. Pg 132-134.
16. **TEMLETT, L; BISHOP, D G**; MORAN, N. Safe caesarean sections in South Africa: Is internship training sufficient?. South African Journal of Obstetrics and Gynaecology, [S.l.], v. 28, n. 1, p. 4, may. 2022. ISSN 2305-8862. Available at: <<http://www.sajog.org.za/index.php/SAJOG/article/view/1647>>. Date accessed: 25 May. 2023. doi:10.7196/sajog.1647.
17. **Bishop DG**, Le Roux SPDP. Troubleshooting obstetric spinal anaesthesia at district hospital level. S Afr Fam Pract. 2022;64(1), a5529. <https://doi.org/10.4102/safp>. v64i1.5529
18. Laat F, Stanford SER, Lucas DN, Andrade J, Careless J, Russell R, **Bishop D**, Lo Q, Bogod D. Prevention and management of intra-operative pain during caesarean section under neuraxial anaesthesia: a technical and interpersonal approach. Anaesthesia. 2022 May;77(5):588-597. doi: 10.1111/anae.15717. Epub 2022 Mar 24. PMID: 35325933; PMCID: PMC931113
19. White SM, Shelton CL, Gelb AW, Lawson C, McGain F, Muret J, Sherman JD; representing the World Federation of Societies of Anaesthesiologists Global Working Group on Environmental Sustainability in Anaesthesia. **Farina Z, (SA representative)** Principles of environmentally-sustainable anaesthesia: a global consensus statement from the World Federation of Societies of Anaesthesiologists. Anaesthesia. 2022 Feb;77(2):201-212. doi: 10.1111/anae.15598. Epub 2021 Nov 1. PMID: 34724710; PMCID: PMC9298028.

The main challenges to ongoing service delivery at all levels remains the completely inadequate production of specialists from the KZN registrar program. With less than 10 new registrars entering the program per year, the production rate is no longer adequate to staff the central hospitals, and the number of available specialists for Grey’s and Harry Gwala is drastically reduced.

The lack of specialists will eventually cause a scale back in the DA production rate which will then impact back on the surgical service rate at all service levels.

The tremendous work performed by the long term staff of the entire Pietermaritzburg metropolitan Department of Anaesthesia Critical Care and Pain Clinic is acknowledged. Under adverse conditions they continued to provide clinical service, training and research.

RADIOLOGY	2022-2023

The Radiology Department at Grey’s Hospital is still able to provide services for most of the diagnostic Imaging modalities, but there are challenges due to staffing and equipment issues. Waiting times for some services have increased due to inadequate staffing and increased patient load. Due to vacant radiology consultant post, support for outline hospitals has been significantly limited. The danger of future service collapse due to equipment failure has been highlighted extensively, particularly PACS and plain films. Replacing ailing equipment is still a challenge. No progress has been made to replace any of the equipment that has reached end of life in the last financial year. Some of the equipment like the PACS system and the Bucky x-ray units are so long pass its end of life that catastrophically failure is eminent.

The following equipment is still in satisfactory condition:

Equipment	Year of procurement
MRI	2019
CT scan	2019
Multiplanar fluoroscopy	2019
General fluoroscopy	2020
Panoral X-ray	2020
Ultrasound units	2016 - 2020
Digital mammography	2016

The following equipment is either under-capacity for service load or at high risk of failure:

Equipment	Year of procurement
PACS	2010
Radiology reporting stations	2010
CR readers	2013
3 Bucky units	1997, 2003, 2004
Mobile X-ray units	Oldest 1995
Mobile C-arms	2009 - 2013
Cardiac cath. lab	2013

In addition, most of the equipment do not have SLA's in place with only the Cardiac Cath. Lab and the MRI scanner having SLA's (expiring in 2024 and 2027 respectively). This causes delays in repairing of equipment which in return affects the service delivery and increase waiting times.

Staffing remains an area of major concern with several critical posts still vacant in the department.

- Dr Muller who was in a MO post awaiting a consultant post have been recruited to the private sector and have resigned end May 2022. Her position has been filled with a junior MO.
- Dr Mlambo who was in a consultant position have been recruited to the private sector and have resigned at the end of September 2022. We were unable to fill this post as yet due to lack of applicants for the position.
- Dr Gengan who was in a MO post in our department for 20 years have retired at the end of February 2023. The post was filled with a junior MO.· No new registrars were appointed to Greys in the last financial year.
- Mrs Wood Radiography Manager who was in our department for 31 years has retired at the end of February 2023.
- Radiographers have resigned or transferred out of our department in the last year and 4 of these posts have been filled.
- Diagnostic community service radiographers has transferred out of our department at the end of December 2022 and 2 diagnostic community service radiographers were allocated at Greys Hospital in January 2023 but only 1 reported for duty.

A new chief ultra sonographer and joined our department on the 1st of March 2023. The ultrasound services however still remains under significant strain due to the patient load and the vacant ultra sonographer and community service ultra sonographer posts. The moratorium for filling of clerical staff is still in place. The 3 vacant clerical posts were not filled.

The following staff categories are severely understaffed:

Specialist post (2/3 post vacant), HCU (2/3 post vacant) and Registrars (3/8 post vacant)

X-Ray clerks (3/10 posts vacant), Radiographers and Ultrasonographers (19/45 posts vacant)

DD Radiography (1 post vacant), Medical Officers (0/6 posts vacant).

Casualty X-ray remains closed because we do not have enough clerical staff and radiographers to operate it. After hours emergency delays occur because of the inadequate radiography establishment.

Our core of dedicated consultants continues to provide comprehensive training across all sub-disciplines. Greys remains fully accredited by HPCSA for training. One Grey's registrar entered the FCRAD Part 2 exams, and passed her exams (Dr N Mahlati) in November 2022. No registrar post was allocated for PMB complex in the last financial year. 2 Radiographers completed the Mammography course 2022 and 1 radiographer is busy with a Master's Degree in Radiography.

Overall, the burden of cancer incidence and mortality is escalating significantly globally. Statistics published by the International Agency for Research on Cancer project a 47% increase in new cancer cases worldwide from 19,3 million in 2020 to 28.4 million in 2040. This translates to a 95% and 67% increase in new cancer cases in low and medium HDI (human development index) countries respectively. These figures highlight the prominence that cancer is assuming in the worldwide healthcare arena. In line with this, Oncology has been a priority area for the South African Department of Health for the past five years.

Greys Hospital has one of only three Oncology Departments in KwaZulu-Natal. It is responsible for the provision of care for all cancer patients in the hinterland of the province – a population approaching four million. The Oncology Department provides clinical oncology services on an in- and out-patient basis, including new patient assessments; follow-up of patients after definitive treatment; provision of systemic therapy (including chemotherapy, endocrine therapy and targeted therapy); radiation therapy (2-D, 3D-conformal and VMAT), brachytherapy and Palliative Medicine. Our management is centred around multi-disciplinary teams and holistic care.

There are many goals, which were not achievable given the current fiscal constraints, however service delivery within the department remains of a high standard and is rendered skilfully, compassionately and with hard work.

The work output for the department attests to the fulfilment of its key mandate – assessment, management and follow-up of cancer patients referred to Grey's Hospital. During the 2022/23 financial year, the Oncology Department saw a high volume of patients.

The numbers of **new patients** were:

- Clinic patients: 1218
- Chemotherapy: 628
- Radiotherapy: 1353
- Brachytherapy: 58
- Total: 3 257

The total number of patients attended to in the Grey's Hospital Oncology Department during the 2022/23 financial year was:

- Clinic patients: 10 327
- Chemotherapy: 4 844
- Radiotherapy: 9 098
- Brachytherapy: 128
- Total: 24 397

Two of the three registrars in the department passed their FC Rad Onc Part I examinations. Our registrar cohort also studied for and obtained a Certificate in Palliative Care for Oncologist in Africa via the University of Cape Town. In parallel with this, two of our medical officers were awarded their diplomas in Palliative Medicine (also through the University of Cape Town). Currently, the department has several doctors who are well-qualified in palliative care, augmenting our services and significantly contributing to the quality of our care.

A team comprising a medical physicist, two treatment planning radiotherapists and one consultant, successfully completed the advanced treatment planning Top to Toe course and this has benefited the department significantly in improvement in and implementation of advanced treatment planning techniques, especially in the modality of volumetric arc therapy (which is one of the modalities the TrueBeam linear accelerator (LINAC) provides). Our 3rd appointed treatment planner successfully completed the 2D to 3D treatment planning course.

The HPCSA accreditation process was successfully completed for the Radiotherapy student training programme (Greys Hospital is one of the sites for practical training, which is offered in conjunction with the Durban University of Technology). Additionally, the Greys Hospital's registrar programme accreditation status was changed from conditional to full accreditation.

Two vacant radiotherapy posts, one vacant medical physicist post as well as a vacant medical officer post were successfully filled. Further additions to the Oncology Department's workforce were two enrolled nurses (due to the absorption of contract Covid staff) and two general orderlies. This increase in staffing complement has significantly improved the efficiency of clinics, portering and the cleanliness of the department.

Standard Operational Procedures for all aspects of radiotherapy planning, treatment delivery and quality assurance have been updated and significantly expanded and are in the process of being reviewed and ratified by the Quality Assurance Committee. Thereafter, we will conduct an internal audit of departmental QA practice in accordance with IAEA criteria. In line with this the National Department of Health was contacted to ascertain if there are norms and standards for the delivery of cytotoxic agents in public sector health. There are none. Accordingly, the South African Oncology Consortium (SAOC) accreditation criteria were

sourced and the process of ensuring compliance with these has been commenced – hopefully, this will be completed during the next financial year.

Unacceptably long waiting times to radiotherapy have been a challenge in the Oncology Department and this is primarily related to insufficient linear accelerator access for the population that Grey’s Hospital serves. Conservatively speaking, the department should have a minimum of two linear accelerators. Currently, there is only one functional linear accelerator in the department, Budget was finally allocated for the LINAC in March 2023. The current backlog of patients awaiting treatment is 320 and the average waiting time to treatment is 388 days. In the interim, waiting times, far in excess of acceptable norms of approximately eight weeks remain the status quo. Several options exist to circumvent this challenge:

- shift-work on the LINAC
- the use of a linear accelerator in the Durban-based Oncology Department
- public-private partnership (for use of a LINAC only)
- Re-evaluation of selective treatment of patients remains a possibility as well.

Delayed referrals to Grey’s Hospital of cancer patients is a concern, this relates to many factors, but the ones which can be remedied include slow turn-around and follow-up of biopsy results and poor access to staging investigations, mainly imaging. Radiology services are insufficient for the needs of Area 2 resulting in delays to staging investigations and hence referrals. Additional clinic space is also required to attend to the large volume of patients referred to the department with gynecological malignancies. The waiting list into the new patient clinic for these malignancies is three months long, which needs to be addressed, however, apart from the lack of clinic space, most of these patients require radiotherapy – which is a scarce resource as evidenced by the long delay to radiotherapy. As was mentioned earlier, the number of cancers diagnosed globally is anticipated to double over the next twenty years. In accordance with this, planning should be in place to accommodate the anticipated increased demand for services. A motivation to consider expansion in the medium-term has been sent to both hospital management and head office. Administrative and clerical services remain a challenge.

UROLOGY SERVICE	2022-2023

Urology Tertiary service is offered to the Western half of KwaZulu-Natal - this includes 5 health districts with a total population of 3.5 million. In addition we regularly see patients outside out drainage area (Durban, Eastern Cape). The department of urology at Grey’s Hospital also provides district and regional level care to patients, due to the fact that, with the exception of Harry Gwala hospital, there are no other hospitals with a functioning urology department. As a result the department is tasked with providing care for patients, far beyond that available with the current staff and resources. However the department has still managed to provide efficient care for patients seeking medical care at Grey’s hospital with one head clinical unit, one consultant, one sessional consultant, three medical officers, three registrars, one HGPH medical officer.

The department has had the following staff changes:

- Dr Sadhwani has completed his training and was successful in his exams and is now a consultant within the department.
- Dr M. Conradie who was employed as a sessional consultant has left the department.
- During the course of a year registrars who are training to become specialists rotate between Durban and Pietermaritzburg as part of their training.

Training comprises of academic ward round, clinic, academic meeting, teaching medical students, .We run a admission clinic at Harry Gwala hospital with a prostate biopsies and minor slate at Harry Gwala. We have a full day theatre slate at Grey’s and Harry Gwala hospital and a casualty theatre. We run a DSD clinic, a combined uro-oncology clinic, and clinic at Grey’s and clinic at Harry Gwala hospital. In addition to this we do tele-medicine clinics and ward rounds to Madadeni Hospital up to 3 times per week.

The urology department have repaired our ureteroscope during the last year. The ureteroscope is important for the management of patients with upper tract stones or tumours. We have procured a mobile camera, disposable scope and monitor unit for use in casualty and the wards. We have received a new nephroscope. Due to shortages of funds, we still do not have a urodynamics or uroflow machine.

☑ Approximately 70- 80 patients are seen every clinic at Harry Gwala hospital

☑ A full day theater slate at Harr Gwala hospital has brought down our waiting times for patients awaiting orchidopexies and hydrocoeles.

Continuous medical education: An important part of clinical governance and improved service delivery is the need to continually assess the service that we provide for any deficiencies and to aim to improve them. This takes the form of

continual assessment of adverse events, and regular inpatient and outpatient file audits. We also conduct weekly academic ward rounds with senior urologists in order to discuss complicated cases. In addition, we are constantly identifying areas of quality improvement and acting upon these.

- In order to provide ongoing high quality and current medical care to patients, we have a weekly academic program aimed at consultants, registrars and medical officers to keep our staff up to date with the current international trends
- A weekly journal club is being held
- A weekly seminar is presented
- Dr Sathiram, Dr Patel (Durban) and Dr Zietsman (Ngwelezane) gives weekly tutorials to the registrars. Registrars from KZN as well as those from other provinces are welcome to attend.
- Regular inter-departmental meetings are held: such as radiology meetings, oncology meetings.
- A countrywide teleconferenced meeting is held every week.
- Due to the COVID pandemic all meetings were cancelled and as a result most CPD lectures and activities are being performed online.

Medical student and Registrar training:

Grey’s hospital being an academic hospital, is therefore responsible for the training of medical specialists and medical students in the field of urology. During the past year, the following registrars have undergone part of their training at Grey’s Hospital: Dr Msibi, Dr Tanaka, Dr Sadhwani, Dr Munoo, Dr Afoloyan, Dr Mbatha. In addition, there were supernumerary registrars that are receiving their training at Greys Hospital. They include Dr I. Adam (Sudan). Medical students receive all their urology training at Grey’s Hospital for their entire undergraduate program. The students normally spend 3 days in urology. They are taught urological emergencies, cancers, infections and other common urological conditions. We are very pleased to announce that Drs. Afoloyan, Sadhwani and Maher have completed their CMSA and MMed exams. In addition, Dr Frittella has completed his MMed.

Grey’s hospital is actively involved in the training of supernumerary registrars from other countries. The training of foreign registrars is very important for both countries and we are able to provide valuable training for specialists who will then be able to take their new expertise to their countries and build up the services. This cements good relations between the different countries. SAUA held their biennial urology congress in September 2022. All of our registrars and medical officers presented at the congress. Ongoing dry lab laparoscopic training is occurring at Grey’s Hospital. Dr Sathiram regularly examines students that sitting for their final urology exams.

Publications and academic achievements:

Dr Sadhwani, Afoloyan, Du Plessis had articles published.

Although COVID crisis is over we are still feeling the after effects of it. We have had decreased operating time as we were not able to run a full complement of theater slates due to many staff contracting COVID and being unable to come to work; as well as staff being re-routed to work in other COVID areas. As a result of this our waiting list for elective surgery has grown considerably longer. Although we have gone back to functioning at the same level as pre-covid, we are still dealing with the after effects of it as there are many patients who are presenting with missed theater and clinic dates as well as untreated diseases that that progressed as the patient could not access treatment. We have however resumed full capacity work. In person registrar training and medical student training has resumed. One of our main concerns is that we do not have sufficient theater time to timeously operate on all our patients. Therefore our waiting lists for surgery is very long. Nevertheless we do prioritize surgery for malignancies, and surgery that is organ and life preserving, stone and transplant surgery. However the waiting list for elective surgery is very long. Grey’s urology also faces the challenge of incorrect referrals. As there is no other urologist in the Western half of the province, urology services that would have been offered at district and provincial levels are not being performed at the respective centers and are being referred to Grey’s instead.

Although Grey’s urology department is experiencing a staff shortage, and we are managing district to tertiary level care patients, we are still able to provide patients with care in line with international guidelines. We hope that the following year will see us able to continue our levels of service, as well as see an improvement in the staffing and equipment situation at Grey’s.

PAEDIATRICS AND CHILD HEALTH	2022-2023

The last financial year heralded the “post-COVID” era. Paediatric services returned to pre-COVID levels in most disciplines. By November 2022 updated COVID care guidelines for children were released in KZN and “normalised” care. The major focus of the year was the introduction and implementation of the ‘Essential Package of Care (EPoC)’ for Paediatrics and Child Health in the

province and follows on the Neonatal EPoC started in 2019. This includes the Paediatric Dashboard, a monitoring and evaluation tool for the EPoC. With lessons learned and experiences shared by the neonatal team, this project has started to take shape by the end of the year. Ward teams have mostly embraced and understood the process. Experienced nursing Operational Managers (Srs Nathoo, Naidoo, Martin-Lewis & Mariemuthu) assisted by the Paediatric matron (Mrs Mhlongo) and our Quality Assurance Manager (Mrs Quayle) have been key to success in this stage. In the second year we hope to get all relevant stakeholders to play their part. The entire team appreciated the facility support visit by Prof McKerrow in March 2023, which provided important information-sharing, necessary leadership, and implementation guidance. We will use his report to direct the next phase of implementation.

The medical team continue to provide access to quality tertiary care for children in all the sub-specialties: neonatology, critical care & pulmonology, paediatric infectious diseases, haematology & oncology, neurology, cardiology and tertiary general Paediatrics for other sub-specialties (endocrinology, nephrology, clinical genetics, gastroenterology and others.) Their commitment continues even with many new and junior team members joining through-out the year. Several have joined us to participate in our academic program and to gain experience caring for children as they rotate through the three hospitals in the Pietermaritzburg Paediatric Department. They have also participated in the EPoC implementation, measuring the quality of care through audits in unit meetings. While posts have remained filled, a significant risk was uncovered due to sick and special leave. This has been a challenge on the day-to-day activities with no “wobble room” left to mitigate absenteeism effects on the clinical floor. Specialists’ time is taken up covering junior staff responsibilities and jeopardising expansion of clinical care, training and governance activities. Difficulties with the IT network, hardware and software have made daily care more difficult.

Unfortunately, access to ICU facilities for newborns and children remain a challenge as budget constraints prevent the hospital from increasing nursing and medical staff numbers with organogram approved posts still unfunded. All sub-speciality services remain at risk with only one sub-specialist per service. Therefore, retention strategies have to be prioritised, including funding HCU posts. Recruitment for junior staff has seen a phenomenal increase in applicants with over 60 applicants for our last medical officer post in 2022. A major risk is a further reduction in registrar numbers as more successfully exit our training program (5 of 10 exit in 2023). If not replaced in the next intake, this will severely impact on clinical care.

Optimal paediatric bed use was promoted with support and consolidation of the in-patient neurosurgical service for children. This was following review of needs with Regional Hospital Paediatric departments in our catchment area. The temporary decline in bed use remains unexplained post-COVID. Speculative reasons include a robust and functioning district hospital outreach support program for clinical care, therefore fewer patients need to be referred in to Grey’s. With sub-speciality outreach to regional hospitals restarting in 2023, we hope to see increased appropriate bed utilization. A final risk that is important to highlight is budget constraints preventing the replacement and renewal of aging equipment.

We were happy to welcome Ms Pamela Mathebula to our department as personal assistant to Dr Morgan (HCD) in July 2022.

Neonatal Unit (NICU)

Grey’s NICU had a total of 622 admissions. Of the 622 admissions, 420 (68%) were babies born at Grey’s while 202 (32%) were out born deliveries referred for a tertiary level of neonatal care. There were 1548 deliveries at Grey’s and of these 27% required admission to the neonatal intensive care unit, the remaining babies were looked after in the post-natal ward. The most common admission diagnosis for inborn babies was prematurity with respiratory distress syndrome followed by congenital disorders. The out born babies were referred in for mainly investigation and management of major congenital disorders. These were most often not diagnosed in the antenatal period.

These figures followed the trends from the previous two years. There were 72 deaths in the NICU during the year, with an in-house mortality rate of 11,6% up from 9.2% in 2022. The neonatal mortality rate (NMR) increased from 41 per 1000 live births in 2022 to 46 per 1000 live births in 2023. The main final cause of death was prematurity related followed by congenital disorders and infection. A larger percentage of inborn babies died compared to previous years. 304 requests for NICU beds were received for the year of those requests, 150 (49%) were accepted. This was a slight improvement to the 39% that were accepted in 2022. Thirteen babies (10%) died in our referral hospitals because of no tertiary bed being available.

Top achievements for the NICU during 2022/23:

- Access to tertiary level care improved by 10%
- Neonatal sub speciality training – 1 year complete
- HAI infection rates decreased resulting in decreased number of deaths due to infection as the primary cause.

Low points/ objectives not achieved during 2022/23:

- KMC unit remained closed due to no staffing.
- Audit scores for neonatal dashboard low. This was mainly due to shortage of medical officers and so audits not completed.

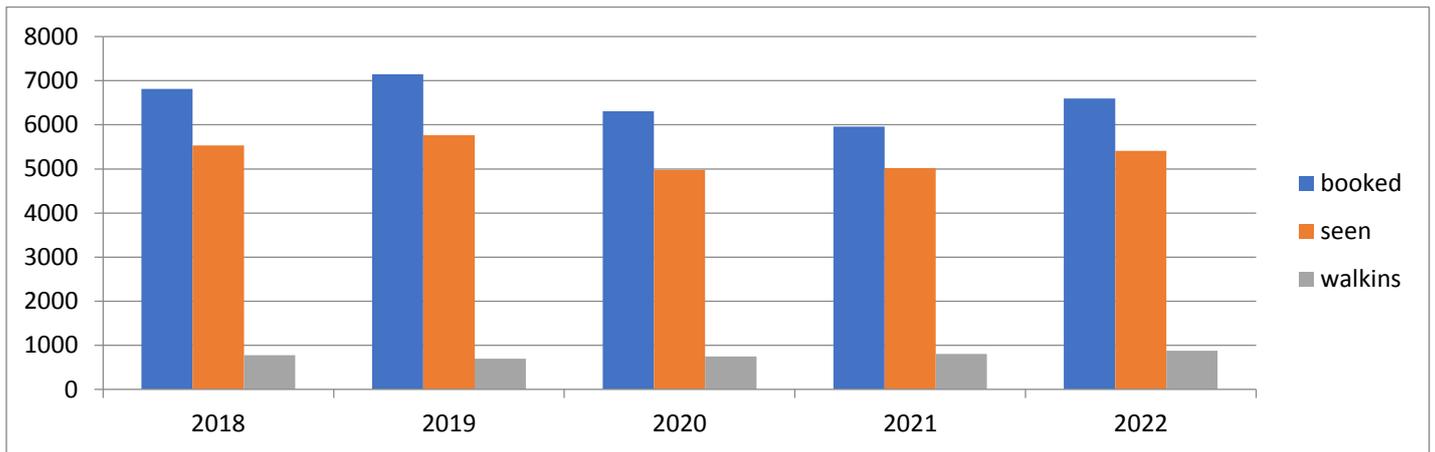
Neonatal mortality increased by 5 per 1000 live births. There was an increase in inborn deaths related to prematurity.

POPD: 2 x permanent MOs (1 fulltime, 1 sessional), 1 x paediatrician, 3 x registered nurses, 2 x ENs, 1 x EN

14 clinics: 4x subspecialists at Greys (NN, Neuro, ID, Oncology), Outreach visits (renal, cardiology)

Goals: From survive à thrive, Transform lives, 6 Fs (Function, family, fitness, friends, fun, future)

Stats review – Number of patients through POPD



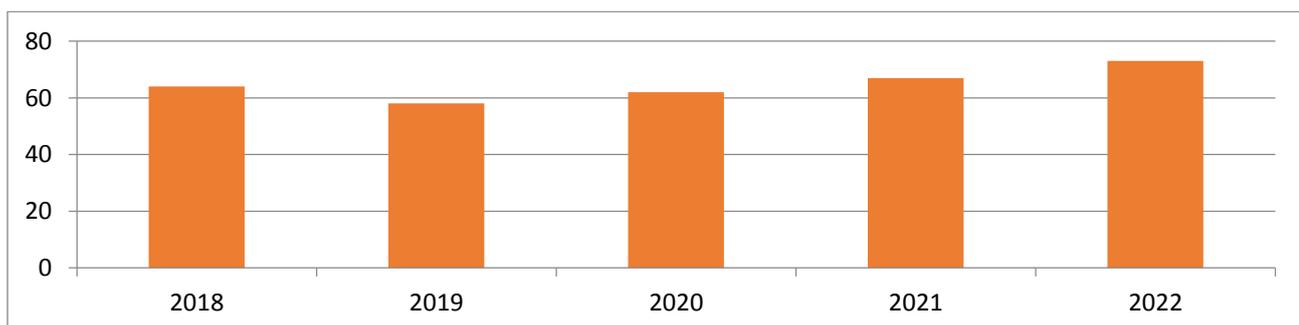
2022 Breakdown per individual clinic

	Booked	Seen	%	2021 %
Cardiac Clinic	998	755	76%	90%
Asthma Clinic	159	112	70%	66%
Neonatal Clinic	422	346	82%	68%
Renal, Liver, Rheum	454	394	87%	86%
Learning Disability	351	244	70%	74%
Neurology Clinic	1067	828	78%	81%
Oncology	595	581	98%	98%
Haematology	694	605	87%	90%
Endocrine	716	744	104%	94%
General	183	124	68%	70%
Behaviour d/o	339	271	80%	67%
Infectious diseases	109	80	73%	73%
Genetics	199	125	63%	67%
Neurosurgery	313	203	65%	80%
Total	6599	5412	82%	84%

Walk ins for 2022 – 874 (Average 73 per month)

- .. 44% meds (n=397)
- .. 56% patients seen (n=486) (SASSA, sedation and clinical review)
- .. Process for walk ins has been discussed at Strat and is being addressed
- .. Trend indicates an increasing number over the years.

AVERAGE Walk-ins per month



Paediatric Haematology Oncology 2022 year in review:

Over the past year our unit has had 291 ward admissions with 248 patients treated as day patients in the ward corridor clinic. We have seen 171 patients in Haemophilia clinic, 589 patients in Oncology clinic and 446 patients in Haematology clinic. We have a busy outpatient service with multiple procedures being performed including intra-thecal chemotherapy, bone marrows and the administration of sedation for children undergoing radiotherapy. Some challenges to our service include but not limited to: Insufficient staff for patient numbers; burnout in the unit; venous access more challenging with no dedicated paediatric phlebotomist; few chemotherapy administration chairs (“chemo-chairs”); insufficient nursing staff for outpatient clinics; Ideally need a daily outpatient chemo service - currently just have 1 day; Outpatient chemo given in ward - burden to ward nursing staff and capacity; Delayed turnaround time of bloodwork; and only 1 isolation cubicle in the ward.

How are we improving our service: We have formed partnerships and are hopeful to get more “chemo-chairs” in POPD to enable multiple simultaneous chemotherapy administration, insertion of ports for the smaller children; weekly FBC checks at base hospitals; acute ITPs managed at regional hospitals in consultation; training of family members to administer factor especially bigger children to “self –cannulate” ports; we have liaised with lab for a dedicated porter to transport samples timeously; and plan to continue to create a supportive work environment with approachable leaders.

Some of our achievements this past year (2022-23):

Partnerships/Collaborations:

- Secured funding with NGO to improve playground and ward infrastructure for Paediatric Oncology, Successfully initiated and maintained a QIP in procedural pain in inpatients, Represented Grey’s Hospital and the Oncology unit on an international platform in Memphis (USA) and presented data on “Comfort Promise QIP” to 173 global alliance members of St Jude’s Hospital (USA). Participated in an international “PROFILE workshop” led by the St Jude’s team, to identify healthcare and infrastructure issues in Paediatric Haematology and Oncology at National level and work has commenced in certain priority projects
- Development of a national guideline for “Febrile Neutropenia”; a common complication of chemotherapy responsible for long length of stay in hospital - in the voting stages of the guideline development. Successfully completed training on Antimicrobial Stewardship (AMS) and Infection Prevention and Control (IPC) through St Jude’s Childrens’ Cancer Hospital
- Successful interdepartmental work relationships, Brainstorming the adolescent Paediatric Haematology service- watch this space.... Successfully securing of Arsenic trioxide in a patient with therapy related APLM (Leukaemia) with the hopes of getting this drug passed at national PTC level. All caregivers of patients reported being 100% satisfied that the health care providers have done the best they can to reduce child’s pain experience with promising results from the QIP on procedural pain. Plans to expand “Comfort Promise QIP” at an institutional level to improve procedural pain in all paediatric patients. ‘One service, many sites’ philosophy with IALCH team to improve Oncology care in the province. Successful annual awareness days in POPD: Haemophilia Day, 2nd annual Childhood Cancer Awareness Day. Participation with case discussion in local MDTs and international tumour boards with the aim to improve patient outcomes - St Jude’s Sub-Saharan Africa (SSA) tumour board, international retinoblastoma tumour board, neuroblastoma network, Paed neuro-oncological tumour board. Successful matched sibling transplant in Fanconi Anaemia together with Red Cross Childrens’ Hospital. Low infection rates in the unit as compared with international rates in other Paediatric Haematology Oncology units.

The NICU strives to be a centre of excellence by focusing on improvement in areas where gaps have been identified and building on our strengths. We will use an “open minded out of the box” approach wherever possible to try to address areas where resources continue to limit quality of care. In 2023 our focus will shift to data collection, collaboration, communication, and passion. By “telling and sharing who we are and what we need” we aim to move forward, closer to reaching our goals.

SOCIAL WORK SERVICE	2022-2023

The Social Work Department has had an eventful and constructive year, having achieved most of our objectives despite some challenges beyond our control. We are committed to making a difference in the lives of our patients and teams. The Social Work team comprises of 8 efficient and proactive social service professionals, including 6 social workers & 2 social auxiliary workers. Two social workers received correct appointment and grade progressions: Futhi Mkhize (Social Work Supervisor Grade 1) and Freda Harmse (Social Worker Grade 3). A successful team building event was held in March 2023 with our team. More social workers posts are required within a tertiary hospital.

The Social Work team provided effective psychosocial interventions in respect of patients and families from all wards and clinics. We prioritized the needs of vulnerable groups, always taking into account the best interests of children, empowering and protecting the rights of people with disabilities, women and older persons.

Our social service professionals have played a valuable role in terms of service delivery within multidisciplinary teams and

integrated programmes such as The Chronic Renal Programme, Tracheostomy Homecare, Paeds Diabetic Programmes, Foetal anomaly, DSD/Intersex Clinic, Oncology, Paeds Neurology and Medico-legal services, to name a few. Discharge planning forms a significant part of our work. Referrals are made to community organisations to ensure continuity of care, as most patients return to the base hospitals closer to their homes. The Oncology Support Group is an open group providing education, counseling and support to patients receiving treatment for cancer. The group resumed in the latter part of 2022 and is held on a fortnightly basis.

As Social Work was not provided with Norms and standards and IDEAL Hospital inspection tools at a National level, the UMGungundlovu Health Social Workers’ Forum had developed their own tools and criteria which was submitted to OHSC. We are compliant with the criteria. All Systems and processes are in place such as the Policies, Operational Procurement, Continuing Education, Risk Management plans and Disaster. Meetings, supervision and health and safety audits are held monthly, Clinical documentation audits and Peer Supervision are conducted on a quarterly basis. Social Work is represented at all relevant meetings, e.g. Ethics, Q.I, etc. A QI project is being conducted in conjunction with a church group to arrange lunch for Oncology lodgers from another institution who come for treatment without lunch on during week days.

Social service professionals attended 8 sessions of the In-service training programme that was CPD accredited with 2.5 points per session (20 points were obtained, which met the annual criteria of the SA Council for Social Professionals). Two trainings were postponed due to the strike in March 2023 and major IT issues within the institution. Other trainings are attended. E.g. Ethics Forum and Allied Health trainings. Student placements: 3 Social Work Students (3rd & 4th year) undertook placements, training and were evaluated in July & December 2022.

Despite a lack of a budget for events, the Social Work team was resourceful in conducting 20 events both independently and in conjunction with other departments within the hospital and community that provided patient education on health and social aspects. These events included: Child Protection Week, Burns Awareness Week, Drug Awareness & Youth Month, National Epilepsy Day, Alzheimer’s Awareness, Mental Illness & Disability Month, World Environment Day, World Kidney Day & Kidney Awareness Week, Mental Health month, Cancer Awareness, World Hospice and Palliative Care Day, International Day for Older persons, International Day for People with Disabilities, International Childhood Cancer Day, World Diabetes Day, Women’s Month and 16 Days of Activism on No Violence against Women & Children, among others.

The Social service office space is inadequate, the filing and storage space is congested, space is currently being utilized in the Mortuary and other offices. Motivation and requests have been done for refurbishments and procurement of relevant items such as the printer, filing cabinets, hydro-boil, etc. Good progress and achievements were made on all tasks, and challenges were addressed as best as possible. Sincere gratitude goes to our committed Social Work team and to dear colleagues for your exceptional contributions and great teamwork.

OCCUPATIONAL THERAPY	2022-2023

The Occupational therapy department has been able to see an improvement in service provision for this financial year. Due to the moratorium being lifted this year, we are finally able to fill some of the posts within the hospital. We are pleased to announce the establishment of the new Medicolegal service that has been established within the hospital to achieve the aim of developing a Cerebral Palsy center of excellence as mandated by Head Office. We were able to employ a chief pediatric OT, 2 production therapists and a Case Manager (AD OT) for the department under this banner. The Case Manager will manage and co-ordinate CP services for both Grey’s and PMBATC as one center of excellence. The aim is to improve and enhance paediatric services as well as manage all referred medicolegal cases. A training programme has been established to improve skills for this service. Equipment has also been procured to meet the needs of the service.

The department continues to provide in and outpatient services. There is an increased demand for medico-legal assessments and reports. Continued outreach and training to all referral hospitals with CSOs. We continue maintaining the Wheelchair repair and maintenance programme for Grey’s. The department comprises of x1 OTT,x4 production therapists, x2 chief therapist, x1 AD – medicolegal case manager and x1 AD - HOD.

We have a dedicated training programme open to the district and CSOs. We hosted 2 successful workshops last year and continue to plan for training this year. We currently have 3 staff members completing their master’s programme in OT. Ms P. Ghela completed her Masters and implemented the findings within the department. We train final year students in rotations of 6 weeks from UKZN as per MOA. We want to see an improvement in posts for this financial year, so that services to all specialties can be embraced optimally. We look forward to a better year.

CLINICAL PSYCHOLOGY	2022-2023

The Clinical Psychology Department at Grey's Hospital continues to be committed to delivering high-quality patient care and ensuring a dedicated and efficient team to meet the mental health needs of patients in the 2022/23 year.

The Clinical Psychology Department strives to enhance patient engagement through various initiatives. The department offers services to both inpatients and outpatients in general and specialized areas. Within the specialized areas, (*including chronic pain, disorders/differences of sexual development, employee assistance programme, medico-legal cases related to paediatric cerebral palsy, paediatric endocrinology, paediatric learning disorders, paediatric neurology, paediatric oncology, paediatric tracheostomy, and renal disorders*), dedicated clinical psychologists work to implement tailored treatment plans to meet specific needs. The clinical psychologists are active in multi-disciplinary team consultations and collaborate in patient management aimed at providing comprehensive and holistic care.

The department was active in in- and out-reach programmes and activities having visited several organisations presenting interactive programmes for skills and awareness. In terms of in-reach, a number of informational displays were put up in the Grey's Hospital outpatient department and presentations were done to the various clinics and wards in the hospital. Outreach visits included Lifeline Pietermaritzburg (05 July 2022 in collaboration with Social Work), Rosewood Estate (12 July 2022 in collaboration with Social Work), Alexandra Road Library (01 Sept 2022) and Sunnyside Park Home (23 Sept 2022). The department staff also completed support group workshops with the South African Depression and Anxiety Group (SADAG). In addition to clinical activities, Clinical Psychology was involved in several research collaborations leading to co-authored publication outputs in peer-reviewed journals. These included the *International Journal of Dermatology* and reviewing a submission for the *SA Journal of Psychiatry*. The department continued to encourage ongoing professional development through a departmental Case Discussion Programme as well as attendance at various workshops, conferences, and other training opportunities.

The department welcomed Ms. Cassidy-Mae Shaw in the role of Principal Clinical Psychologist towards the end of the 2022/23 year. The department thanks Ms. Delysia Pillay for her time managing the department in an acting role. Increased staff capacity is certain to have a positive impact on patient waiting times and improved service delivery in the 2023/24 year. The demand for mental health services continues to rise and the department will continue to work towards having a full staff cohort.

Despite significant achievements, the department continues to face space constraints being situated in the outpatient department having to manage noise outside the psychology offices as well as some department members having satellite offices on different levels of the hospital. The department staff strive to take every measure to work within these constraints to ensure that patient care is not disrupted. The Clinical Psychology Department at Grey's Hospital managed to maintain a consistent level of patient care and achieved a milestone in terms of staffing filling the post of Principal Clinical Psychologist. While challenges remain, the department plans to remain committed to addressing relevant issues and delivering exceptional mental health care for patients requiring psychological services.

FACILITIES MANAGEMENT	2022-2023

Grey's hospital Facilities Management is the department in the hospital responsible for supporting clinical and non-clinical units.

The department is made out of eight components:

- 1.1 Maintenance and infrastructure
- 1.2 Patient Administration (including Mortuary Services)
- 1.3 Auxiliary Services:
 - a. cleaning services
 - b. pottering services
 - c. Telecommunications
 - d. laundry services
 - e. transport services
- 1.4 Security services
- 1.5 Food Services
- 1.6 Information Technology
- 1.7 Safety
- 1.8 Waste management

The department's objectives are:

Ensure that all technical, medical and engineering services are provided

Ensure that security, catering, grounds cleaning and outsourced maintenance contracts are well managed.

Ensure that mortuary services and patients records administration is well managed.

Ensure provisioning and management of all auxiliary services within the institution.

Ensure provisioning and management of information services, safety and waste management

Our achievements:

Maintenance Business Plan for the institution was formulated and implemented.

Nonmedical equipment and plants are being serviced in accordance with drawn-up specifications and scopes and maintenance plan

Electrical power, water and sewerage systems are kept functional and adequate.

All emergency repairs are conducted on time to ensure that service delivery is not compromised.

Infrastructure backup services are adequate, fully serviced and on high alert

There has not been an adverse incidents involving poor handling of waste during this period.

The department has managed to properly separate infected waste from our normal medical and dry waste. Waste has been collected by service provider as regulated

The department has managed to maintain reasonable waiting time for new and repeat patients by ensuring that patient file's are issued speedily

Laundry has managed to get most of their machines functional. This has enabled the department to ensure that dirty linen that requires sluicing is done and dried and ready for collection by regional laundry. The department also ensured that most of washing machines are functional which then allowed the hospital to was some of the linen onsite thus preventing unwanted interruptions to service, particularly in theatre

Telephone system has been kept reliable in ensuring that internal and external routine communication is maintained at all times.

Registry was functioning optimally. The section was able to provide services as required which include making copies,Mail (collecting, sorting & distributing it), Faxing, Franking, etc.

With regards to transport services, the department managed to keep hospital fleet running and adequate for the use of facility officials. State vehicles are serviced when required.

Constraints:

Some operational plants, machinery and equipment could not be serviced on time as scheduled in the business plan. This was due to some delays in procurement processes. There has been an ongoing challenge with central cooling system which grossly affected the functioning of hospital main theaters especially theatres 7 & 8. Firstly there was an issue with chillers that were constantly breaking, and then cooling towers which are aging also gave some challenges. When that was resolved, the issue of hipe fillers came into play. These were eventually changed and the HVAC system functioned

There was a challenge of maintenance budget that had rapidly depleted especially category A (day-to-day and Emergency repairs). There are areas that are still not covered by CCTV cameras such as corridors and passengers. There is also a challenge of shortage of security personnel to cover all identified vulnerable areas.Availability and effective functioning of health information system has been somehow a challenge. Although the system is functional, there has been minimal activities that really enhances service delivery. Although local laundry managed to provide linen as required from hospital laundry services, but there were numerous challenges in ensuring that it is always adequate. This was due to the fact that washing of linen is centralized at Cato Manor Regional Laundry who at times is unable to cope with hospital's demands.

There are ongoing budgetary constraints, like all other sections, particularly with regards to maintenance budget. This is largely due to fact that the hospital was grossly under budgeted and that it always difficult to predict and project emergency breakdowns.

HOSPITAL EVENTS REPORT	2022-2023

Grey's hospital events planning committee is fully functional and is responsible for the overall development and management of events taking place at the facility.Beow is the events that took place for the 2022/23 year:

- Staff Health and Wellness Day - 30 September 2022
- Quality Day Celebration and Long Service Ceremony 09 December 2023
- Strategic Planning – 06 April 2022

We are continuously establishing and maintaining links and good relationship with various stakeholders. The below are some organizations that we have a good relationship with them:

- B. Braun Medical (PTY) Limited, Boston Scientific and We-Evolve (PTY) Ltd, Light A Sparke, Smile Foundation, South African Orthopaedic Association
- N3Toll and Partners etc.

We had the following health outreach campaigns:

- Prestbury Primary School and Harry Gwala Hospital were visited during the Renal outreach campaign on 23 February 2022
- Springhaven Primary School was visited when the school was hosting School Career Open Day on 07 September 2022
- Life Line and Rosewood Retirement Estate were visited during the Mental illness and Psychosocial disability outreach on 05 and 12 July 2022
- Sunnyside Park Home, PADCA staff members were visited during the Alzheimer's Disease awareness outreach on 19 September 2022
- Alexandra Road Public Library visited during the ADHD outreach on 01 September 2022

The women's Forum

The Grey's hospital Women's Forum (launched in 2017) has continued to make great progress this year. A pleasant and caring team spirit has developed among members from various disciplines, with a shared purpose of supporting, networking, educating and empowering women in the workplace. Although there are challenges such as the small membership, limited assistance and lack of funding, the group is dynamic and successful in achieving its goals, conducting events and holding regular meetings. Events are targeted at smaller target group and realistic goals.

Events: The forum has commemorated two significant events during 2022-2023:

Women's Day:

The theme: "Reset, Rejuvenate and Resilience," in line with the national theme of "Women's Socio-Economic Rights and empowerment: Building Back better for Women's Resilience."

The forum organized a Women's Day function at the Recreation Hall on 25th August 2022. Approximately 75 female staff members from several departments including Nursing, Medical, Allied Health, HR, Systems and other departments attended the event. Attendees looked lovely in their traditional attires. The programme director was Mrs Gumede, prayer was led by Mrs. Ntshingila and the opening done by Mrs Mhlongo. Three informative presentations were delivered on Holistic Wellness by Dr Sathiram, Women's Health by Dr Foolchand and Strengthening Resilience by Lekha Chirkoot. Fun activities, raffle and lucky draws were done by Sister Masembe with lovely prizes won. Delicious refreshments were enjoyed by all.

16 Days of Activism-no violence against Gender based violence:

In honour of the 16 Days campaign, The Women's Forum held an Awareness Event at OPD. The event targeted patients & employees, with informative presentations by Smangele Bhengu, Lindiwe Maphanga & Nonhlanhla Jali (members) on Gender Based Violence and Moving towards Peace in our society. Pamphlets were provided.

Media Relations:

Grey's hospital received only 2 Media Queries which we responded to within the time frame. Annual Report and Newsletters were compiled and distributed to Hospital Board Members, staff members and uploaded to intranet and hospital webpage as part of cascading accurate information to our various stakeholders and to establish a mutual understanding between the hospital and its various stakeholders. Data base for private organizations or companies has been developed and appreciated.

Batho Pele Programme

Batho Pele Ambassadors for each ward and department has been appointed and the list of BP ambassadors has been updated. Batho Pele and Patient's Rights Posters were distributed to all wards and departments as per our plan. Batho Pele Audit was conducted from 19 – 23 September 2022. We audited 30 Wards, 8 Clinics and 11 Departments. The results of the audit were presented to Hospital Quality Improvement Plan Meeting in November 2022. Maternity Wards are 100% compliance in the implementation of Batho Pele and General Wards are at 60% compliance but we are working hard to ensure that they are at 100% before the end of 2023. BP Trainings will be conducted if the need arises and we will continue to meet quarterly.

ACHIEVEMENTS:

Grey's hospital Complaints Resolution rate is 100% .Batho Pele training and BP Audit were conducted.The three top wards who received many compliments were awarded with certificates during the quality day celebration.

CHALLENGES:

The Public relations officer does not have a PR assistant who will continue providing PR services in the absence of the Public relations officer. It is always a challenge to rely on the PR Interns personnel because they come and go.the facilities camera has been broken but we are in the process of procuring a new one. We will continue providing communication services, customer care training in line with Batho Pele Principles, address patients complaints, establish and maintain positive image of the hospital.

AWARDS AND ADECALATES	2022-2023

O&G Department

Dr Mdlalose received the award for the best performing registrar 2022 - UKZN Department of O & G.

Dr S Madikane received the award for best collegial registrar 2022 - UKZN Department of O & G.

Dr S Foolchand (HCU - maternal-fetal medicine) has completed her training in fetal therapy.

Urology department

UKZN Department won both the urology prizes at the SAUA congress in 2022. Dr P. Afoloyan and Dr M. Du Plessis both won the prizes. Both these doctors had been working at Greys Hospital Department of Urology.



UKZN has had 4 registrars qualifying as urologists within the last year. Drs Maher, Sadhwani, Afoloyan and Osman qualified as urologists. All of these doctors have done some of their training at Greys Hospital.

Social Work Department

Employee reward and recognition awards: Every year, 3 awards and trophies are presented to different social service professionals with a high level of performance and service delivery. At the Quality Day Event on the 9th December 2022, the following staff received well-deserved awards in these categories: Nonhlanhla Ntuli-Creative Problem-Solver, Futhi Mkhize- Commendable team player & Smangele Bhengu-Outstanding Performance.

Nursing Department

Nursing component at Grey's hospital excelled in the 2022 quality awards with following awards won by nursing departments and individuals:

Award description	Winner (Department/Individual)
1. Outstanding contribution award women's forum	Ms N.E. Gumede (Ortho and Surgical Matron)
2. Paediatric award – awarded to a nurse who is sensitive to client needs and prioritizing service delivery, respect seniors and has a positive influence to her peers.	ENA B Madlala from Lodger Facility

3. Innovation & Impact Award	Sister Ruth Masembe
4. Surgical Award: This Surgical Nurse is exceptionally dedicated to her work and is always willing to go the extra mile for her patients and colleagues. She had taken no sick leave for the past two years. She is always punctual for duty and is willing and available to cover departmental shortage due to unforeseen circumstances. She willingly steps up to perform management duties when the operational manager is not on duty or when delegated to.	PROFESSIONAL NURSE N. R. ZONDI from F2
5. Medical Award: This Operational Manger has stepped up during very challenging nursing times and has adapted herself and her team to meet the challenge of COVID 19. For almost two years she and her team were stationed outside the ward, working in a confined space and having to wear full PPE for all their clinical nursing duties. Never once did she complain about the strenuous circumstances. She led from the coal face, knowledgeable about COVID, encouraging her staff and giving them the emotional and psychological support they needed.	Operational Manager KP Lushozi

6. Maternity Award: She is very reliable and a committed person, very flexible knowledgeable and willingly relieves operational managers in the Maternity Units. She manages her work very efficiently and effectively. She mentors junior midwives and Midwifery students, her absenteeism record is exemplary. It is a pleasure to have her in the Maternity Unit.	Professional Nurse S Jeffry
7. Theatre Award: She is knowledgeable and skilled about her department and is a role model to her colleagues. She uses her own experience to maintain a high standard of patient care. She maintains her professional growth and ethical standards at all times knowing her scope of practice. She has displayed good communication skills with her patients and colleagues.	Professional Nurse MT MABASO from Cath -Lab
8. Critical Care Award: This award is given to an Operational Manger who unwavering provide support to the Critical care nursing component management duties that she always accepts and executes effectively, respectfully and professionally under extremely challenging situations without complaint. She is recognized for her willingness to assist whenever the need arises and for grasping the experience/opportunity to be developed as an Assistant Manager Nursing-Critical care component which she is displaying.	OM NP Mweli from CCU
9. Best Quality Maintained Wards/departments/units: This award is given to the ward/department that has maintained the highest Quality Nursing audit scores throughout the year	First place - M3 - 93%
10. Best waste management award	First place - M3 100%
11. Most Compliments received award	First place M3 - 188 compliments

Medical Component:

AWARD CATEGORY / NAME	CRITERIA / GUIDELINES	WINNERS
INDIVIDUAL AWARDS		
Medical and Allied Health Employee Appreciation Award	This is an individual award for a person who goes out of one's way to help boost morale and create a positive, inclusive work environment and to assist a patients/visitors; The person has made exceptional accomplishments and demonstrated behaviors that are aligned to the mission, vision and values of Grey's Hospital	Dr BJ Mkhize
Lean Thinking Champion of the Year	Lean thinking, adopted from the Toyota Manufacturing process, is a contemporary management philosophy which aims to get rid of waste and enhance value-adding activities by doing more with less. In recognition of the movement towards Lean thinking, this award is bestowed upon an employee at Grey's hospital who has displayed quality thinking and exhibits the practice of Lean.	Dr T Martin & NICU team
Medical Manager's Award for Excellence in Quality	This is an individual award for a person with enthusiasm shown towards enhancing quality in the hospital; She actively participates without hesitation in cross-cutting projects and tasks with the sole aim of improving quality, introducing new ideas and practices to improve quality service delivery. She is always obliging, goes beyond her scope of work/duties, and sees herself as part of a team as opposed to working in a silo.	Dr H Dawood
TEAM/ GROUP/ UNIT/ DEPARTMENT AWARDS		
Medical and Allied Health Unsung Heroes Award	This award recognizes a team or department that consistently exceeds expectations without fanfare and/or is a quiet but reliable high performing presence at Grey's Hospital and/or in the public eye.	Mr OZ Dlomo
Medical and Allied Health Excellence in Patient Care Award	This award recognizes a team/ department that has made significant strides in providing unsurpassed patient-centered care, by delivering care based on what patients need most. The number of patients treated per time period in light of resource constraints, absence of negligence cases or negative incidents, positive outcomes of treatment, empathy and patient-centeredness is taken into account.	Ophthalmology Department
MEDICAL MANAGEMENT APPRECIATION REWARDS (ALL INDIVIDUAL AWARDS)		
Administrative Support Services Officer Of The Year Award	There is usually one pen-pusher, keen and enthusiastic officer that is always obliging and selfless in her duties, even if it means working across multiple departments.	Mr B Mthethwa

GREY'S HOSPITAL
PLEDGE TO THE KWA-ZULU-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 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.