



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

GREY'S HOSPITAL

ANNUAL REPORT 2015-2016



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

FOREWORD

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



Greys Hospital continue to play a central role in the delivery of specialized and sub-specialized services in the Western area of KwaZulu-Natal and remains an institution of academic excellence through its key partnership with the University of KwaZulu-Natal faculty of Medicine and Health Sciences. During the year under review the Hospital faced significant challenges with respect to infrastructure constraints and escalating service pressure especially in ICU and Theatre, this Annual Report reflect the activities and achievements for the year 2015.

Service outputs for 2015 were as follows:

- In-patient separation 12705
- Out-patient headcount 120734
- Bed utilization rate 75%
- Number of operations 8568
- Average length of stay 10 days
- Expenditure per PDE R4.377

The key achievements during 2015 were:

- Commission of Neonatal ICU and Kangaroo Mother facility
- The Hospital achieved 91% in National Core Standards inspection by the office of Health Standards Compliance
- MEC Annual Service Excellence Awards, Best Performing Hospital National Core Standards
- South African National Blood Services Commitment Award
- First place for best performing Hospital in National Core Standard, awarded by UMgungundlovu Health District Service Excellence Award
- Launching of an international campaign known as the BEST CARE ALWAYS CAMPAIGN – aimed at reducing Hospital acquired infections
- Launching of the antibiotic stewardship campaign- aimed at responsible use of antimicrobial agents

One of the key challenges Grey's Hospital faces is the inadequate infrastructure for out-patient specialized clinic, obstetric High care and Theatre.

Notwithstanding the challenges of infrastructure constraints, shortage of staff and service pressure during the year under review, the Hospital continued to provide accessible quality care and this is due to the continued dedication and commitment of loyal staff. I wish to thank the staff for the highly value contribution they have made to the healthcare delivery in the KwaZulu-Natal and beyond.

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INTRODUCTION

Grey's Hospital is a 530 bedded hospital, but currently there are only 507 usable beds. It is situated at 201 Town Bush Road, Northern Park in Pietermaritzburg. Grey's Hospital provides 100% Tertiary services to its patients. We provide Tertiary Services to a population of 3.5 million in the Western area of KwaZulu –Natal, which includes the following districts: Umgungundlovu, Uthukela, Umzinyathi, Amajuba and Sisonke.

OUR VISION:

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

OUR MISSION:

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

CORE VALUES:

Human dignity, respect, holistic healthcare and caring ethos

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

Cost effectiveness and accountability

Open communication and consultation

GREY'S HOSPITAL SERVICE COMMITMENT CHARTER

1. ATTITUDE:

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

2. PERSONAL APPEARANCE:

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

3. COMMUNICATION:

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

4. COMMITMENT TO PATIENTS:

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

5. COMMITMENT TO CO-WORKERS:

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

6. CUSTOMER WAITING:

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

7. HALLWAY ETIQUETTE:

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

8. PRIVACY:

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

9. SAFETY AWARENESS:

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

10. SENSE OF OWNERSHIP:

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

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

<p><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 radiography
<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 & SUB-SPECIALITIES :</u></p> <p>GENERAL SURGERY :</p> <ul style="list-style-type: none"> • Hepatobiliary • Breast & Endocrine • Upper GIT • Colorectal • Trauma <p>Sub-Specialty in Surgery:</p> <ul style="list-style-type: none"> • ENT • Urology • Ophthalmology • Paediatric Surgery • Plastics & Reconstructive Surgery • Dental & Maxillo-facial 	<p><u>PAEDIATRIC OUTPATIENTS RUNS THE FOLLOWING GENERAL & SUBSPECIALTY CLINICS</u></p> <ul style="list-style-type: none"> • Asthma • Cardiology • Child Abuse • Endocrine • Foetal anomaly • General paediatrics • Haemophilia clinic • HIV clinic • Learning disorders • Neonatal • Neurology & neurodevelopment • Psychology • Renal <p>Ward follow up clinics</p> <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 	

GREY'S HOSPITAL

FACILITY INFORMATION REPORT 2015/2016

	Prov. Norms	Hospital Targets 2015/2016	AVERAGE	15-Apr	15-May	15-Jun	15-Jul	15-Aug	15-Sep	15-Oct	15-Nov	15-Dec	16-Jan	16-Feb	16-Mar
INDICATORS															
USABLE BEDS			505	476	476	505	505	505	505	505	505	505	505	505	505
INPATIENT DAYS	342139		10805	10358	10990	10905	11284	11242	11510	11756	10759	9845	10237	10431	10353
ADMISSIONS	N/A		861	782	865	917	967	944	902	892	949	566	874	862	811
DISCHARGES	N/A		871	860	849	910	975	848	925	973	896	657	793	900	860
INPATIENT DEATHS	N/A		56	61	52	57	67	62	65	43	53	65	57	49	41
TRANSFERS IN	N/A		263	209	262	279	251	278	317	248	225	284	294	259	251
TRANSFERS OUT	N/A		132	132	93	161	134	112	140	155	120	143	133	131	135
BED OCCUPANCY RATE	75%	84%	75%	73%	88.50%	72.50%	72%	72%	75%	88.40%	72.80%	70%	69.30%	72%	73%
AVERAGE LENGTH OF STAY	8.7	9.6 DAYS	10 DAYS	9 DAYS	9 DAYS	10 DAYS	10 DAYS	11 DAYS	10 DAYS	10 DAYS	10	10	10	10	10
BED TURNOVER RATE		2	2	2	2	2	2	2	2	2	2	2	2	2	2
DEATH RATE	5%	5%	5%	5.50%	4%	5%	5.50%	5.80%	5.80%	5%	5%	6.40%	4.70%	4.50%	4%
INTERWARD TRANSFERS	N/A		424	395	417	460	490	499	415	422	477	326	412	379	398
DAY PATIENTS	N/A		877	643	844	968	993	909	933	918	861	836	807	865	941
OPD HEADCOUNT	N/A		10062	9932	9808	10840	12065	9467	11300	10384	10856	8279	9050	9137	9616
CASUALTY HEADCOUNT	N/A		779	673	717	716	807	773	743	812	795	735	872	838	744
CAESERIAN SECTION RATE	71%	68%	71%	66%	74%	75%	75%	70.90%	71.60%	69%	70%	72%	69.30%	70%	66%
PATIENT DAY EQUIVALENT	N/A		14462	13669	14259	14518	15305	14398	15277	15947	15383	13699	13254	14188	13649
EXP. PER PDE	R 5 048	R 4,377	R 5 847	R 8 158	R 6 369	R 5 662	R 5 241	R 5 317	R 5 305	R 5 495	5881	R 5 927	R 5 338	R 5 767	R 5 702

COMMENTS ON INDICATORS 2015/2016

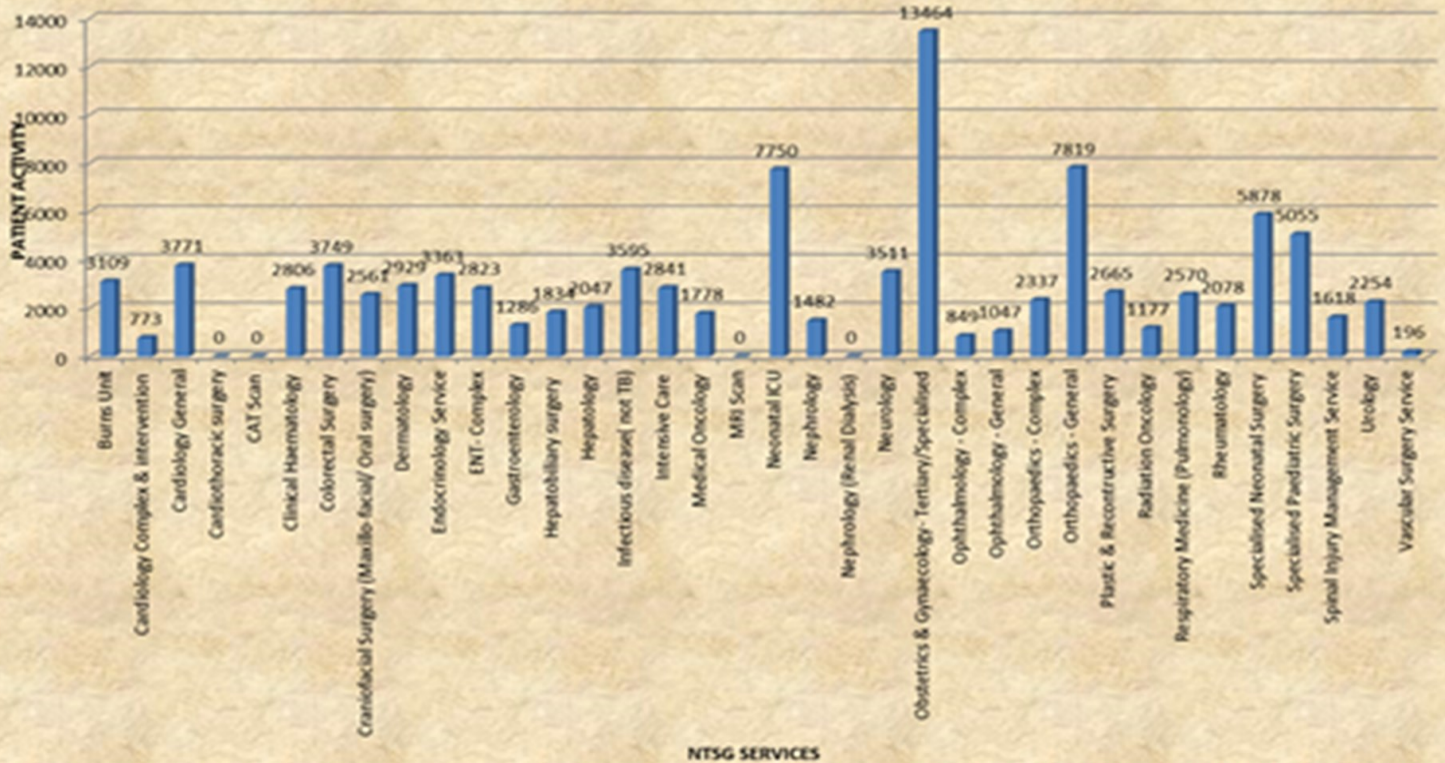
INDICATOR	TARGET	ACTUAL PERFORMANCE	COMMENTS
BED UTILISATION RATE	75%	75%	The institution will continue to maintain the positive results.
AVERAGE LENGTH OF STAY	9.6 DAYS	10 DAYS	Repatriation by EMRS, degree of illness of some patients (e.g. Orthopaedics, Medicine, Oncology and the ICUs), slow progress of case management rollout within the province, etc. The institution has implemented a monitoring and action tool to target disciplines that are high contributors to high ALOS; meetings with EMRS taking place, will motivate for more case managers
C/S RATE	68%	71%	Late referrals of complicated patients are the cause for high C/S rate; referring hospitals often refer cases that ultimately require C/S due to the nature of the mother or foetus's condition. The C/S being conducted are validated by specialists.

CLINICS REPORT 2014/2015

CLINICS	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTALS
MEDICINE	3130	3567	3035	3694	2775	3382	3359	3324	1862	2908	2877	3160	37073
SURGERY	2318	2161	2335	2619	2243	2513	2015	2360	1984	2029	2231	2240	27048
PAEDIATRICS	614	571	612	648	663	549	580	704	418	506	669	670	7204
OPHTHAL	724	752	848	909	707	833	973	881	537	672	773	708	9317
ORTHOAEDICS	857	795	986	1032	786	1032	929	1006	658	944	963	888	10876
GYNNAE	506	557	614	538	627	660	698	655	364	606	556	640	7021
ONCOLOGY	3101	2203	2410	2625	1827	2331	2348	1926	1633	1477	1642	1589	25112



NTSG INPATIENT DAYS: 2015/2016



NURSING COMPONENT

INTRODUCTION

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

ACHIEVEMENTS

HUMAN RESOURCES DEVELOPMENT AND TRAINING:

Staff completed training

- 19 Staff members have completed their Diploma in General Nursing
- 4 Staff members have completed their Certificate in Enrolled Nursing
- 25 Staff members have completed their Diploma in Post Basic Nursing

Number of Staff on training

- 10 Child nursing science
- 1 Operating nursing science
- 2 Emergency & Trauma course
- 11 Critical care
- 2 Advanced Midwifery
- 18 Midwifery
- 4 4 year course
- 29 2 year course

The development of Ward Preceptors to assist with clinical practice for students has been initiated. Training of the Preceptors has commenced.

REVITALISATION:

- The new NICU KMC unit was commissioned, staffing is still required.
- Renovations to ward C2 with a plan to continue the renovation programme for ward E1 and M1
- The completion of two seclusion rooms for patient protection in ward F2 and H1

QUALITY PROGRAMMES

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

QUALITY IMPROVEMENT:

- Audited by the District Office in July 2015 regarding the NCS
- Audited by the Office of Health Standards Compliance in February 2016 regarding the NCS
- Quarterly audits done by Nursing Management
- Quarterly IPC audits.
- Quarterly Waste Management Audits
- Monthly documentation audits
- Monthly Waiting Time Survey in OPD
- TB screenings for IN and OUT patients

- Participation in Quality training
- Ongoing development of new policies through the Nursing Policy Formulation Committee
- Improvement in the risk management reporting tool has been done. The action plans have been noted and improved on.
- Pressure ulcers are still a leading risk and a patient physical assessment tool has been introduced and is in the monitoring phase

VISIT BY THE SANC

- Accreditation of the facility for the Critical Care course run by King Edward VIII Campus
- Emergency Department, Maternity and the ICU's were visited
- Grey's Hospital is now awaiting the outcome of the visit.
- Orientation programmes and policies and procedures were scrutinized and found to be of a high standard. Current training objectives from the campuses required

REWARDING EXCELLENCE

1. Best Quality maintained ward

1st price: CCU & Cath Lab = 96%
 2nd price: B2 & M3 = 95%

2. Best IPC Maintained

Clinical Area

1CU : 100%
 M4 : 98%
 NICU : 97%

3. Most Public compliments

M4 : 152

4. Cleanest Clinical Area

M2 & M1 & ED : 100%
 2nd place: LW : 96%

5. Best Waste Management Award

POPD, CCU, CATH LAB, OOPD & GI UNIT : 100%
 M4 : 97%

CHALLENGES

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

FUTURE PLANS

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

CONCLUSION

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

Compiled by: Mrs KT McKenzie
Nursing Manager

FINANCE DEPARTMENT

Financial Overview

HOSPITAL STATISTICS 2015/2016 FINANCIAL YEAR

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1,000,000
BED OCCUPANCY RATE (BOR)	75%
AVERAGE LENGTH OF STAY	10
PATIENT DAY EQUIVALENT (PDE)	173 546
BUDGET	R975 288 000
EXPENDITURE	R988 031 706
RECOVERED INTER HOSPITAL DEBITS	R1 256 545.37
BAS PAYMENTS	R213 241 836
REVENUE COLLECTIONS	R12 606 748.92
WRITE OFFS	R99 902
DEBT SUSPENSE	R5 422 283.66
COST PER PATIENT PER DAY	R5 814.89

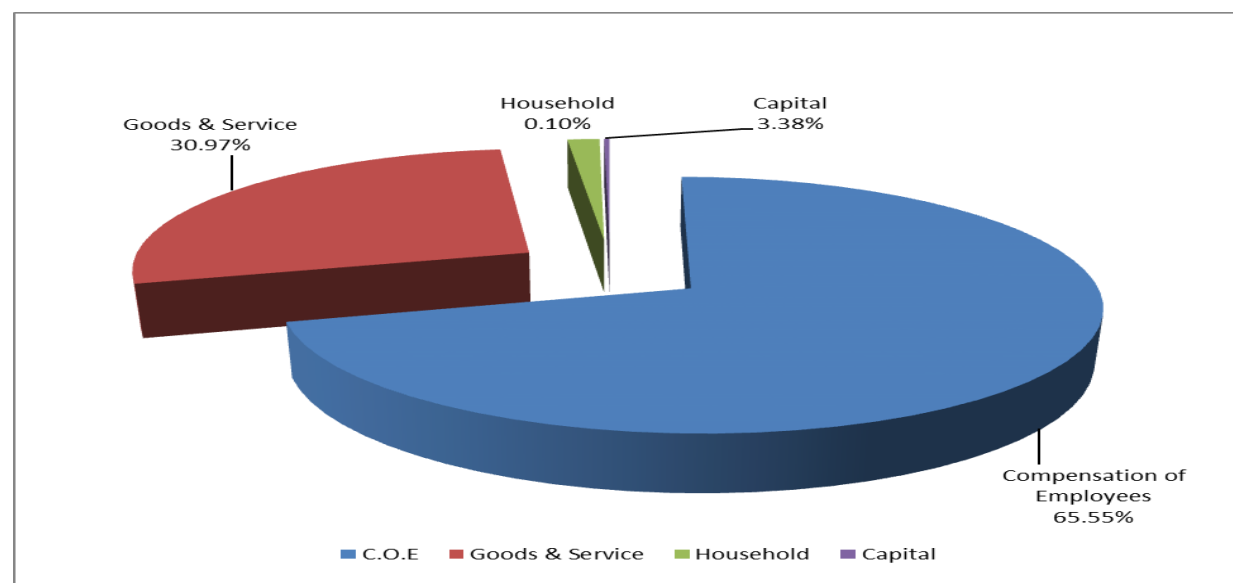
ACCRUALS/COMMITMENT CARRIED OVER 2016/2017	R20 454 277.13
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A Total allocation of R975 288 000 was received for the 2015/2016 financial year.

The allocation is summarized as follows in terms of funding:

HIV/AIDS	R5 181 000
VOTED	R447 259 000
REVIT GRANT	R10 331 000
NTSG	R512 517 000
TOTAL BUDGET	R975 288 000

GREY'S HOSPITAL BUDGET ALLOCATION FOR 2015/2016 FINANCIAL YEAR (PER STANDARD ITEM)



The expenditure trends for this financial year were as follows;

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE	% SPENT
PERSONNEL	R691 076 200	R716 024 296	(R24 948 096)	104%
GOODS & SERVICES	R210 675 000	R204 030 540	R6 644 460	97%
ARV DRUGS	R 407 800	R 373 396	R34 404	92%
MEDICINE	R 45 850 000	R 43 180 867	R2 669 133	94%
MAINTENANCE	R 10 331 000	R 8 789 676	R1 541 324	85%
MOTOR VEHICLE	R0	R 239 945	(R239 945)	
CAPITAL MEDICAL	R 1 140 000	R 123 703	R1 016 297	11%
CAPITAL OTHER	R 1 228 000	R 297 917	R930 083	24%
HOUSEHOLDS	R 14 580 000	R 14 971 366	(R391 366)	103%
TOTAL	R975 288 000	R988 031 706	(R12 743 706)	101%

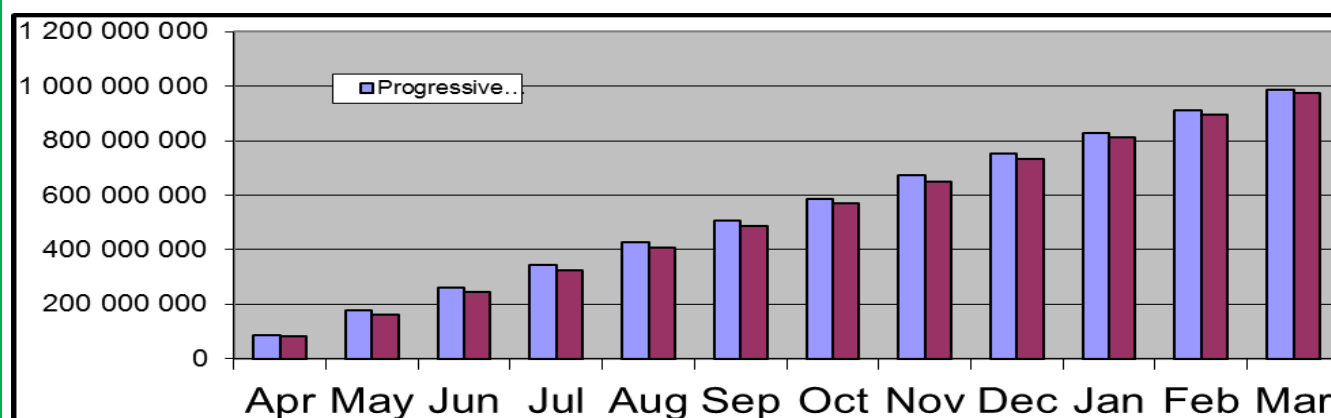
BUDGET VERSUS EXPENDITURE UNDER FUNDS – 1 APRIL 2015 TO 31 MARCH 2016

	ANNUAL BUDGET	EXPENDITURE	OVER/ UNDER	% SPENT
VOTED	R447 259 000	R477 433 222	(R30 174 222)	107%
HIV/AIDS	R 5 181 000	R 3 246 561	R1 934 439	63%
REVIT GRANT	R 10 331 000	R 8 789 675	R1 541 325	85%
NTSG	R512 517 000	R498 562 248	R13 954 752	97%
TOTAL	R975 288 000	R988 031 706	(R12 743 706)	101%

UNAVOIDABLE COST

SALARY INCREASE 7.5%	R10 000 000
TWO MEDICAL LEGAL CASE	R13 080 000
STATE ATTORNEY FEES	R 214 155
MOTOR VEHICLE – KZN 210913	R 239 945
QUALIFICATION BONUS	R 95 051
HOUSING ALLOWANCE	R 2 996 600
Total	R26 625 751

MONTHLY CASH FLOW PERFORMANCE IN THE 2015/16 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS - 2013/2014 TO 2015/2016

BUDGET VERSUS EXPENDITURE

	2013/14	2014/15	2015/16
BUDGET	R850 913 000	R895 352 000	R975 288 000
EXPENDITURE	R878 188 702	R958 792 276	R988 031 706
OVER/UNDER	-R27 275 702	-R63 440 273	-R12 743 706
%	3%	7%	1%

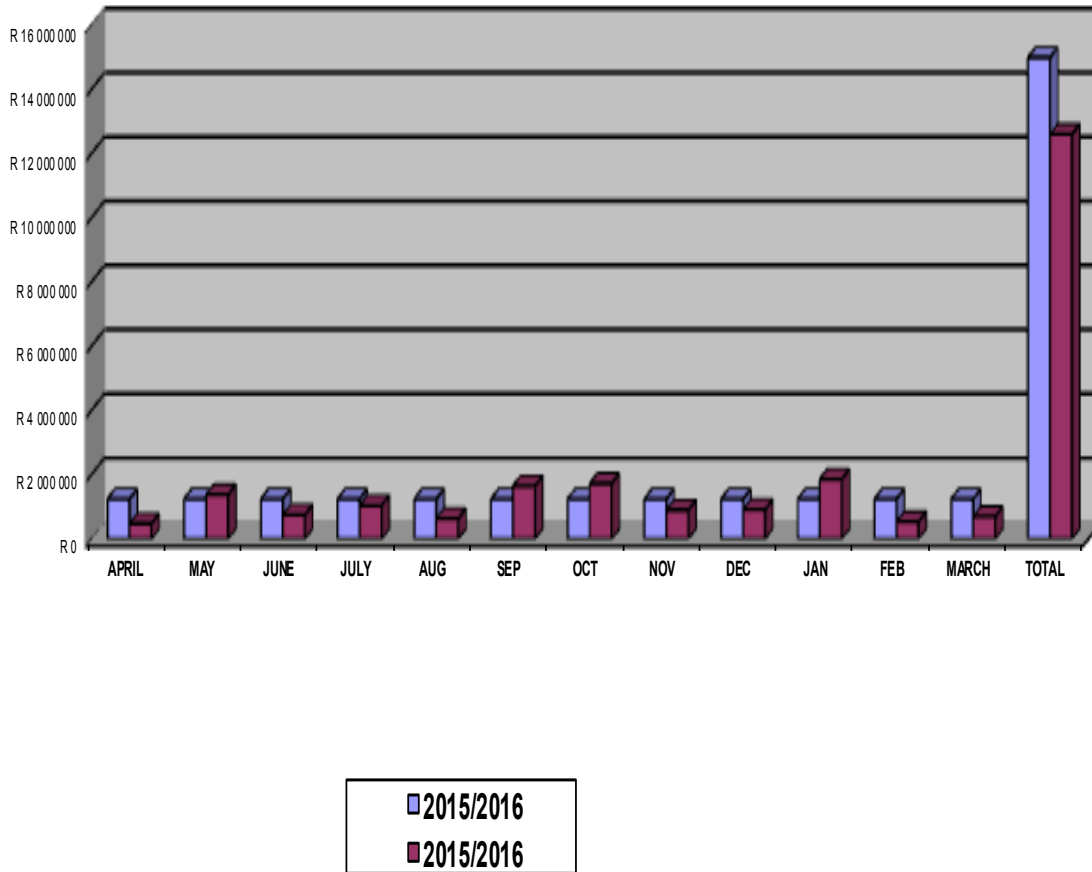
REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2013/2014 TO 2015/2016

		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF
2013/14 BUDGET EXPEND OVERSPEND	R850 913 000 R878 188 702 (R27 275 702) 3%	141 421	144 387	R4 633.02	R13 710 348	R4 389 544
2014/15 BUDGET EXPEND OVERSPEND	R895 352 000 R958 792 276 -R63 440 276 7%	135 713	119 692	R5 459.78	R14 456 974	R2 692 790
2015/16 BUDGET EXPEND OVERSPEND % UNDER	R975 288 000 R988 031 706 -R12 743 706 1%	129 670	120 734	R5 814.89	R12 606 749	R99 902

REVENUE COLLECTIONS FINANCIAL YEARS 2013/14 TO 2015/16

MONTH	ACTUAL 2013/2014	ACTUAL 2014/2015	PROJ 2015/2016	ACTUAL 2015/2016
APRIL	R 478 762	R 950 668	R 1 250 000	R480 768.82
MAY	R 619 261	R 889 315	R 1 250 000	R1 381 048.29
JUNE	R 307 311	R 1 573 959	R 1 250 000	R752 120.71
JULY	R 870 510	R 1 101 967	R 1 250 000	R1 042 687.87
AUG	R 779 991	R 1 611 743	R 1 250 000	R638 756.12
SEP	R 348 925	R 871 069	R 1 250 000	R1 652 283.20
OCT	R 2 239 906	R 1 272 913	R 1 250 000	R1 730 326.85
NOV	R 1 160 662	R 557 290	R 1 250 000	R904 694.12
DEC	R 509 398	R 466 100	R 1 250 000	R919 111.79
JAN	R 646 880	R 1 261 558	R 1 250 000	R1 866 678.41
FEB	R 602 180	R 1 198 507	R 1 250 000	R537 334.15
MARCH	R 5 146 562	R 2 701 885	R 1 250 000	R700 938.59
TOTAL	R 13 710 348	R 14 456 974	R 15 000 000	R12 606 748.92

REVENUE PROJECTIONS VERSUS COLLECTIONS FINANCIAL YEAR 2015/2016



COMMENTS:

Challenges with regard to Compensation of Employees expenditure, we overspent by R24 million which is 4%. This can be attributed to the salary increase that was above the planned rate. This will continue to be a challenge even in the new financial year as the allocation is below the projected figure. Capital equipment only spent 11% because of the delay in the Head Office SCM processes in procuring the much needed equipment for Food Services.

Compiled by Mrs B.G.Anderson

Deputy Director: Finance & SCM.

MEDICAL MANAGEMENT

Medical and Allied Health Component **Major Achievements - 2015-2016**

The 2015-2016 Financial Year has been an exciting year of several accomplishments, challenges and some failures beyond our control and from which we have learnt. Most importantly, we continue to deliver a quality tertiary level of health services to our patients, who often rate us positively in the surveys that we conduct. Our component has been through many tough obstacles throughout the Financial Year, but which we have managed to overcome. Moreover, these experiences have galvanized our team of workers even further.

1. Oncology/ Radiotherapy

- ⇒ A new planning 16-slice wide-bore CT scanner for Oncology department was installed
- ⇒ Creation of office space/ boardroom for Oncology Dept.
- ⇒ Temporary allocation of 6 beds for our male oncology lodgers who come from far and wide to receive radiotherapy treatment.
- ⇒ Additional 4 beds secured at Umgeni hospital for oncology lodgers

2. Surgery:

- ⇒ New Holmium YAG Laser machine, flexible Cysto-urethro-fibre-scope and ureteroscope were procured for Urology
- ⇒ The elimination of private urology work through the acquisition of the above has curbed recurrent operational expenditure.
- ⇒ Close management and reduction in the procurement expensive surgical consumables (linear staplers, shears, etc.)
- ⇒ Radical reduction in the number of patient complaints relating to cancellations of theatre cases
- ⇒ Introduction of a new Elective Surgery Booking Information slip in our SOPD and other surgical disciplines to inform patients of essential elements related to the booking (serves close to a preadmissions information slip)
- ⇒ Finalization of a new MOU with THINK for ophthalmology patients which generates revenue for the hospital
- ⇒ Sustainability in the Urology department (from nil in 2013 to three in 2015 full time specialists appointed in 2015)
- ⇒ Thanks to the Theatre Users team and Dr. Rodseth, theatre “rebalancing” – from 6 slates, increased to 7 slate per day from 15 June 2015 despite severe resource constraints

3. Medicine:

- ⇒ Appointment of a new full-time Endocrinologist – 1 Oct 2015
- ⇒ Appointment of new HCU – Nephrology (Dr. Adeniyi) – 5 Oct 2015
- ⇒ Appointment of new HCD – Medicine (Dr. Lee) – 1 Dec 2015
- ⇒ Opened 2 dedicated Coronary Care Unit beds on 1/6/2015
- ⇒ Establishment of a temporary 24-hour/7 day a week Cath Lab since 1 July 2015
- ⇒ New dermatologist appointed on 10/10/15
- ⇒ New call rostering for specialists in Medicine to ensure optimal utilization of staff

4. Orthopaedics:

- ⇒ Appointed a HCU – Trauma (Dr. Smit) on July 2015
- ⇒ Achieved savings under our orthopaedic surgical implants budget
- ⇒ Maintained outreach programme despite staff constraints

5. Paediatrics:

- ⇒ Phase 2 (KMC unit) of project completed
- ⇒ Appointment of new HCD – Paediatrics (Dr. Morgan) – 1 Nov 2015

6. Emergency Dept.

- ⇒ Sustained clearance of backlog of RAF files with new sessional Medical Officer appointed and a policy and SOP to monitor the RAF administration process
- ⇒ Completed QIP on Lean thinking (to reduce waiting times, improve bed availability and repatriation processes) –improvements made on waiting times and repatriation times
- ⇒ Appointed 2 new sessional medical officers
- ⇒ Allocation of an ultrasound machine dedicated to E.D.

7. General:

- ⇒ Three new additional offices organised for our Allied Health staff
- ⇒ Centralization of and optimized clinician administration support service for clinician supervisors and managers
- ⇒ Launched a QIP on Hospital Acquired Infections in the 3 ICU's in Sep 2015 –application of Lean tools and techniques to reduce HAI rates by 31/3/2016. Significant reductions in HAIs noted since January 2016 onwards.
- ⇒ Pharmacy Department launched an Antibiotic Stewardship programme since April 2015
- ⇒ Medical Management/ Clinical Management together with Nursing Management scored 95.81% in the National Core Standards peer assessment (increased from 94.2% (2014) for the “M14” NCS audit tool (Clinical Management Group)

- ⇒ New Transfusion Accountability Guidelines rolled out, thus enabling Grey's Hospital to remain within its allocated blood and blood products budget. Major cost-awareness and rational use of blood utilization observed over the past year.
- ⇒ Introduction of an ALOS monitoring and reporting tool for the 3 highest-contributing departments (Pareto Principle)
- ⇒ Zero spend on Private Medical Services
- ⇒ Goods & Services cost drivers under Medical & Allied Component (1 April 2015 to 31 March 2016) mostly within budget. Inflated cost in first 6 months due to some accruals from 2014-2015.
- ⇒ Medical Manager designed and rolled out budget/procurement schedules for Catheters/Tubes (Cardiology), Optical Items and Hearing Aids, Baby & Special Foods, Orthopaedic Implants and Heart valves and pacemakers (Cardiology) in order to curb costs. This has been a significant cost-containment success, with most items coming in within budget
- ⇒ Social Work Department launched an oncology health awareness booklet for the province (with sponsorship of booklet prints by CANSA)
- ⇒ Medical Manager: Gold prize winner in the National Batho Pele Awards: "Best Public Service Leader of the Year" 2015
- ⇒ Medical Manager: Silver prize winner in Premier Service Excellence Awards "Best Public Service Leader of the Year" 2015
- ⇒ Medical Manager: Finalist in MEC Service Excellence Awards 2015 -"Best Public Service Leader of the Year"

Dr. L. Naidoo
Senior Manager – Medical Services

DEPARTMENT OF INTERNAL MEDICINE

PREAMBLE

The Metropolitan Head of Department of Internal Medicine, Dr F. Mahomed left April 2015. Shortly thereafter, Dr H. Dawood was appointed to act as Head of Department. A new Metropolitan Head of Department of Internal Medicine, Dr C. Lee was appointed 1 December 2015.

The Department as a whole assumed responsibility for the clinical training of the whole class of 5th year medical students. Co-ordination of the teaching and assessment of these students in the Department of Internal Medicine has been done by Dr S. Akerman of Endocrinology. It is a considerable additional workload.

The Department of Medicine is structured to provide tertiary care, with sub-departments for the medical sub-disciplines discussed below. This should be borne in mind when reading the report.

This structure is difficult to sustain with the current resource constraints plus a number of district hospitals referring directly to Grey's. This should also be borne in mind when reading the report.

1. CLINICAL SERVICES

Sub-disciplines with sub-specialists: Cardiology, Dermatology, Endocrinology, Gastroenterology, Haematology, Infectious Diseases, Nephrology, Neurology, Pulmonology, Rheumatology.

Sub-disciplines represented but without sub-specialists: Acute Medicine, Haematology, Outreach.

Intensive Care and High Care provided by an Intensive Care Unit serving the hospital as a whole.

Cardiology

In-patients: Average 13-14 in-patients. Management of the full range of cardiac problems. Specifically – valvular and congenital heart disease are investigated and presented to cardiothoracic surgeons at Inkosi Albert Luthuli Central Hospital (IALCH); a variety of arrhythmias receive pacemakers and/or undergo electro-physiological (EP) studies by a sessional EP trained cardiologist – 2 EP studies per month; cardiac pacemaker placement, about 8-10 per month; coronary artery disease can be investigated by coronary angiography and percutaneous interventions performed – about 40 cardiac catheterisations per month of which about two thirds are urgent.

Out-patients: There are weekly outpatient clinics for – cardiology in general (about 45 patients per cardiac clinic); device clinic (checking pacemakers etc); obstetric cardiac clinic.

Outreach: Hampered by no longer having a portable echocardiograph and as a result outreach visits to Madadeni Hospital stopped.

Dermatology

In-patients: Approximately 4 beds.

Outpatients: Daily Dermatology clinic with about a 5-10% increase in consultations compared with the previous year; Paediatric dermatology clinic, currently once a week, planned to three times a week; dermatology surgical slate in minor theatre weekly

Outreach: To King Edward VIII Hospital weekly for paediatric dermatology (supplements scarce paediatric dermatology skills in Durban). Planning stage to provide outreach dermatology services to Ladysmith, Newcastle, Madadeni, Lower Umfolozi, Stanger and Port Shepstone hospitals.

Endocrinology

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

Out-patients: A weekly Diabetic Clinic was started January 2016. Weekly Endocrine Clinic continues – about 5 new patients and 30 follow-up patients per clinic. Increased attention to maintaining the profile of patients at a tertiary level of care.

Outreach: Currently limited to telephonic support. Assistance was provided to Edendale Diabetic

Gastroenterology

In-patients:

Out-patients: Weekly GIT clinic.

Outreach: Telephonic support.

Haematology

In-patients: Highly variable number of in-patients at any one time. A large part of the service is investigation of cytopaenias and haematological malignancies before referral to Durban haematological services for therapy.

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

Outreach: Telephonic support and guidance.

Infectious Diseases

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

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

Out-patients: Weekly ID clinic

Outreach: Advanced clinical care (ACC) grant in collaboration with CAPRISA from PEPFAR through UKZN to provide outreach services in Area 2 has been instrumental in enabling an extension of outreach services to: Northdale Hospital - infectious diseases ward rounds (weekly): January 2014 and December 2015; Northdale HIV clinic (alternate week clinics): January 2016 – Present; Edendale CDC (monthly visits): since February 2016 – Present; Pietermaritzburg HIV Update - held on the 20 February 2016. Over 70 delegates from throughout KZN attended with positive feedback from attendees: Presentations (as part of ACC activities) - Renal disease and HIV, Opportunistic infections, virological failure, tuberculosis, pregnancy and HIV, drug induced liver injury and ART resistance. Districts covered :Ethekwini, UMgungundlovu, UMkhanyakude, Ilembe,Ugu, Amajuba.

Nephrology

In-patients: Variable, usually 20 plus in-patients. Length of stay usually 10-14 days. Many in-patients receive haemodialysis and peritoneal dialysis while in hospital. Acute dialysis of patients in ICU – 12-15 sessions per month. In-patients dialysed in isolation beds – about 7 per month. Patients initiated on dialysis (haemodialysis and peritoneal dialysis) – 20-40 per month. Initiation of peritoneal dialysis is done in co-operation with the Department of Surgery for abdominal placement of Tenckhoff catheters

Out-patients: Weekly Renal clinic with 35-40 patients; weekly Low Clearance clinic (patients with impaired renal function who are likely to require dialysis services in the near to medium-term future); weekly Peritoneal Dialysis clinic seeing 10-15 patients per clinic with a total of about 76 patients on the peritoneal dialysis programme of Grey's. Out-patient haemodialysis service provided daily in shifts which include night time and weekend shifts – about 100 patients receiving regular haemodialysis. These patients receive, on average, two dialysis sessions a week, each session 4-8 hours. In-total 500-600 dialysis sessions a week.

Renal Transplant Service: Deserves a separate heading. In- and out-patients are worked up for the Durban renal transplant programme. The rate of renal transplants is disappointingly slow – 1-2 per year – even though this is the most cost-effective method of treatment of end-stage renal failure.

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

Neurology

In-patients: Approximately 218.

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

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

Pulmonology

In-patients:

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

Outreach: Telephonic support.

Rheumatology

In-patients:

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

Outreach: Telephonic support.

Acute medicine

In-patients: 14 beds in Medical Admission Ward. Because of the continuous doctor presence, this service provides closer monitoring of patients than most of the other Internal Medicine general ward beds. The nursing staff-to-patient ration is still the same as in general wards.

Out-patients: Doctors in MAW assist Casualty/Emergency Medicine department with medical cases that arrive in Casualty for a variety of reasons. In-patients referred from out-lying hospitals for CT scans for medical reasons are also assessed by MAW staff or Neurology staff (depending on the nature of the problem).

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

Outreach

In-patients: None (see Outreach below)

Out-patients: None (see Outreach, below)

Outreach: Grey's staff – 6 scheduled monthly visits to referring hospitals (Dundee, Charles Johnson Memorial, Church of Scotland, Vryheid and Emmaus, Appelsbosch Hospitals). The visits include consultations on in- and out-patients, liaison with district hospital staff, in-service clinical training, facilitation of referrals and feedback of information. Patient consultation numbers vary greatly 3 – 20 per visit and the way in which the hospitals manage the visits differ from hospital to hospital. One physician does 5 of the scheduled visits per month, one medical officer does one scheduled visit per month to Appesbosch. Outreach performed at other hospitals in Area 2 from Edendale are nominally under the control of Grey's Outreach department and include monthly scheduled visits to Kokstad, Christ the King, Richmond and St Apollinaris (not every month for St Apollinaris).

2. ACHIEVEMENTS / MILESTONES / PUBLICATIONS

Cardiology

The cardiac catheterisation laboratory / facility changed from working office hours only to being a 24 hour service as from 1 July 2015. Two beds in the high care Coronary Care Unit, adjacent to the cardiac catheterisation facility, were officially dedicated to Cardiology. Joint monthly cardiac imaging meetings with Radiology were started. The cardiologists, a nursing sister and a clinical technologist from cardiology attended the SA Heart Association conference in Sun City in October 2015. Dr I. Sooswala, Cardiologist resigned in March 2016 and Dr K. Govender, Cardiologist and Head of Department will leave the department 30 April 2016 for a two year fellowship in electrophysiological studies in Canada. Medical Officer's decreased from three to two.

Dermatology

Head of Department, Dr Antoinette Chateau was awarded the Legendary Leader Award in December 2015 and completed a MMedSci in early 2016. Dr B. Singh (medical officer) registered with UKZN for a MMedSci and is collecting research data. Dr P. Makaula has registered for a MMedSci. Dr Chateau has publications from previous years, most recently 2013 and has contributed a chapter on Mycetoma (Clinical Infectious Disease – Schlossberg). Dr Jaikarun (Dermatologist) left the service August 2015 and was replaced by Dr Ntsele (Dermatologist) October 2015.

Endocrinology

There was no head of department for the year until Dr S. Akerman (Endocrinologist) assumed full-time service October 2015. A medical officer, Dr Biyela, was employed November 2016 but is not solely for Endocrinology. Participation in the IALCH Endocrinology Journal club was started as was a combined monthly Endocrinology Chemical pathology meeting. Endocrinology is also prominent in the multidisciplinary Transgender Clinic.

Gastroenterology

Haematology

Leadership role in the Blood Utilisation Committee and control of expenditure on blood products. The Haematology service is headed by a physician (Dr M. Bizaare) who is training in haematology. A significant part of the training takes place in Durban. During the absence of Dr Bizaare for training, the service is overseen by a medical officer.

Infectious Diseases

Infectious diseases trainee completed training and examinations in 2015 and remains as a consultant in Infectious Diseases in the department (Dr J. Mogamberry).

Case of the month – FIDSSA CPD January 2016; plus over 10 publications.

Conferences attended: Dr Dawood attended the Federation of Infectious Diseases of South Africa and ARESA meeting. Dr Mogamberry attended the South African AIDS conference.

Nephrology

In the initial part of the year there was no full-time nephrologist. Private sector nephrologists provided support and one physician in Nephrology training, on a Grey's post, spent two days a week receiving training in Durban. He achieved his exams but later left the department. A full-time nephrologist (Dr A. Adeniyi) was appointed in August 2015 as Head of Clinical Unit. This brought stability to the department and procedures such as renal biopsies have increased greatly.

Neurology

One consultant (Dr Abusadira) returned to Tunisia. Registrar number diminished to one. Joint meetings between Neurology and Radiology stopped because of shortage of staff. Two posters were presented at the Neurology Association of SA in April 2015. Neurologist Dr A. Naidoo completed an international EEG course. Head of department, Dr A. Moodley obtained the Fellowship of the European Board of Neurology in June 2015. Weekly EEG meetings continue.

Acute Medicine

Outreach

The Red Cross transport service lost the contract to provide transport. The appointed provider was unable to provide the transport and Red Cross therefore continued to provide transport on a month by month basis. The newly appointed provider subsequently withdrew after various challenges and Red Cross, at the end of the financial year, continues to provide transport on a month to month basis. This has caused uncertainty in the outreach service.

3. CHALLENGES

The challenges for all the sub-disciplines are similar – diminishing staff numbers, additional workload, especially in the form of undergraduate teaching, clinical workload that is continuing or increasing, non-procurement of most requested equipment.

Registrar numbers have diminished by about 30% at Grey's (from about 11 to 8) but this has also been at the expense of the registrar complement at Edendale Hospital.

Waiting periods for investigations, especially imaging have increased and contributed to difficulties reducing the length of stay.

Infection control in out-patient facilities and in in-patient facilities is of serious concern. The off-site location microbiology service is an inconvenience and hindrance.

Administrative support lacking in resources.

Cardiology services are especially threatened at present due to staff leaving.

Outreach services appear to be often considered as an extra work load on already diminished resources – the challenge is to change the perception to one that outreach recruits the co-operation of outlying health staff plus gives clinicians a first-hand experience of outlying health services and a needs profile of the catchment population.

The increasing restrictions on resources require a change of practice; the changes in practice that are required are, by and large, unwelcome and met with resistance. Sophisticated tertiary services can still be offered but to a reduced number of patients.

Compiled by : Dr K. Rasmussen

Head Internal Medicine

A. SERVICE DELIVERY

1. Clinics

⇒ **Grey's Hospital**

Sub-speciality clinics have been continued as part of ophthalmology service and have been conducted at Grey's since February 2011. These clinics consist of the following:

- (I) Retinal Clinic: Drs Burger and N Chetty
- (II) Uveitis Clinic on Mondays and is coordinated by Dr Dewar
- (III) Paediatric Ophthalmology and strabismus every Monday and is coordinated by Dr Laloo (from Edendale)
- (IV) Anterior segment coordinated by Dr Mathe
- (V) Glaucoma clinic coordinated by Dr Spooner
- (VI) Medical Retina on Friday mornings and is coordinated by Dr McKenzie.

I managed to secure a large sponsorship of equipment from ORBIS. This year the official hand-over took place.

⇒ **Northdale Hospital**

Full daily clinics since the beginning of 2013. We managed to employ a full-time MO in March 2015, and our reach from Grey's happens three times a week.

I secured a donation of an ophthalmic laser.

I secured a long-term loan of an operating microscope.

A second slit lamp is awaiting transport.

⇒ **Edendale clinics**

- (I) Retinal Clinic on Thursdays by Dr Chetty have been stopped
- (II) Uveitis Clinic on Fridays and is coordinated by Dr Dewar
- (III) Paediatric Ophthalmology every Tuesday and is coordinated by Dr Laloo.
- (IV) Medical Retina and cataract on Wednesdays and is coordinated by Dr McKenzie.
- (V) Anterior Segment clinics have been stopped

2. Theatre

Equipment status essentially unchanged.

Theatre times have increased to three days per week. Our theatre usage is good.

Theatre time is still inadequate for our patient requirements: We are still losing eyes due to lack of theatre time.

3. Wards

Bed status at Grey's unchanged and inadequate. We actually have fewer beds than doctors in ophthalmology (i.e.: less than one bed per doctor).

4. Outreach

Outreach program to Edendale Hospital by the specialists has been decreased (See Edendale Clinics).

Existing outreach is done at Dundee Hospital once a month. This has stopped over the last years due to registrar shortages.

Outreach at Northdale Hospital is progressing moderately well. Twice a week for surgery and twice for clinics. This outreach is often disrupted due to registrar shortages. As of 1 April they will be stopped altogether.

B. ACADEMIC AND TRAINING

1. Registrars

The Department of Ophthalmology at Grey's Hospital has currently one registrar. This is down from the usual four. We have no MOs despite three requests to the management.

2. Consultants

PMB Metropolitan Ophthalmology Services has 6 full time specialists and 5 part time consultants.

3. Individual Achievements

I have been asked to be examiner for the CMSA FCOphth(SA) Part 1b in May this year.

4. Examinations

- (I) Our last registrar will be writing her finals this year
- (II) One medical officer at Edendale is being trained for the Intermediates but she will be leaving in April 2016
- (III) The pass rate for the finals for our registrars in PMB is still a perfect 100%.

5. Teaching Program

The following non-clinical teaching program occurs every week:

- (I) Primary Tutorial
- (II) Intermediate Tutorial
- (III) Finals tutorial
- (IV) Diploma tutorial
- (V) Neuro-ophthalmology tutorial
- (VI) Flourescein meeting
- (VII) Journal club

6. Area 2 Business Plan

A full business plan has been submitted. Most noticeable changes include the referral pattern change. I am still awaiting feedback.

7. Presentations and Publications

None this year

C. RESEARCH

- ⇒ 2 MMed dissertations are in progress for the Registrars that are or were in the department.

D. ADMINISTRATIVE AND INFRASTRUCTURE

Staff

Registrars in the Department:

- ⇒ Dr L. Ndlovu

Consultants

- ⇒ Dr C. Kruse
- ⇒ Dr C. Dewar
- ⇒ Dr N. Chetty
- ⇒ Dr N. Mathe (Leaves end March 2016)

Part-time Consultants :

- ⇒ Dr M. Harrison
- ⇒ Dr R. Spooner
- ⇒ Dr A. Burger
- ⇒ Dr S. McKenzie

Compile by Dr C. Kruse

Department of Ophthalmology

ORGAN TRANSPLANT

INTRODUCTION

- This report presents information on renal transplant activity between January 2015- January 2016 at Greys Hospital.
- When patients are diagnosed with end stage renal disease, the patient's medical and social history are evaluated and a decision is made, whether patient is suitable to be placed on the transplant waiting list.
- The transplant decision is made after the patient's condition has been discussed with the Nephrologist, Surgeon, Transplant Coordinator, Social Worker, Psychologist and nephrology Nurse before being placed on the waiting list.
- The minimum requirement for a patient to qualify for kidney transplant are as follows: Patients should be diagnosed with ESKD, Patient should not have any other systemic diseases or infections (e.g. Cardiac problems, Hepatitis B&C etc.), and has to be below 60 years of age.

ACHIEVEMENTS

- 2 renal patients were successfully transplanted in 2015.
- 17 people signed up as organ donors in August 2015, during our organ donor month awareness which was held at the Midlands Mall.
- There are 7 renal patients who have found compatible living donors and are currently undergoing transplant workup process.

CHALLENGES

- Great demand of organ donation because of limited resources.
- Patients die while on the transplant list because of shortage of organ donors.
- Doctors do not refer potential donors, therefore there is no time for family counselling.
- Cultural and religious beliefs has a great impact in obtaining organ donors.
- Cost effectiveness, meaning that only those with highest chances of living are afforded renal treatment resulting in some patients to be excluded from the treatment.
- Long waiting period of patients waiting to be transplanted at IALCH because of the scarcity of transplant surgeons.

PIETERMARITZBURG METROPOLITAN DEPARTMENT OF SURGERY

The Department of General Surgery had a difficult year- largely due to staffing issues relating to no Registrars coming into training and staff leaving due to lack of advancement in positions because of the same. These issues are ongoing into the current year.

Other departments, such as Radiology and Anaesthetics have had the same issues which has impacted on surgery.

PROGRESS AND ACHIEVEMENTS

ACADEMIC ACHIEVEMENTS

The following candidates were successful in examinations:

Fellowship in Trauma and Critical Care
Dr W Bekker

Fellowship in Hepatobiliary and Upper GI Surgery
Dr M Govender

FCS(SA) Final
Dr V Manchev
Dr N Moodley
Dr F Jolayemi

FCS(SA) Intermediate
Dr Steenkamp
Dr HAW Palmer
Dr T Mbambo
Dr M Scriba

FCS(SA) Primary
Dr Q Ngcobo
Dr V Soldati
Dr L Khumalo

Accolades

Dr M Mjoli attained his MMed

Professor D Clark was made Associate Professor at Witwatersrand University, Department of Surgery.

Dr Michelle Smith was awarded the prize for "PMB Surgical Registrar of the year" and the Ghimention Award of Surgical Excellence

Dr H Wain was awarded the prize for "most promising surgical doctor"

BASIC TRAUMA SURGICAL SKILLS COURSE

The Basic Trauma Surgical Skills Course (BTSS) was developed by Dr G Oosthuizen to equip junior surgical MOs and Registrars to handle basic trauma operations in their early training years. He acquired full funding from Johnson and Johnson and ran 2 courses in 2015. Doctors from all over South Africa attended this hands on animal laboratory day. The course has now been nationalized under the auspice of the Trauma Society of South Africa.

BASIC SURGICAL SKILLS COURSE

The Basic Surgical Skills Course is essential for doctor applying for Surgical Training. It comprises 3 days of hands on learning of suture techniques under supervision. It is also available and advisable for any junior doctors wanting to enter a surgical discipline or who will be working in a surgical environment. Until 2014, this course was only available in Durban.

Two very successful and sought after courses were run last year under the direction of Dr V Govindasamy, and 3 are planned for the upcoming year.

ATLS® ADVANCED SURGICAL LIFE SUPPORT

ATLS® is a highly acclaimed course for all doctors working with trauma patients. It is an international course and is taught in 123 countries. Pietermaritzburg has been accredited by the American College of Surgeons to conduct this course, and 2 three day courses were run last year for about 40 candidates. Mediclinic hosted the venue. ATLS was introduced to Pietermaritzburg by 2 instructors/directors (Drs Čačala and Oosthuizen) some years ago, and now boasts the most directors and instructors of ATLS® per capita in South Africa. It is a course that claims to, and delivers on, the candidate becoming "a better doctor in 3 days".

Dr Čačala has been made the vice chair for ATLS® in KZN.

TAKING PIETERMARITZBURG SURGERY ABROAD

Drs Čačala and Oosthuizen were invited to Orebro Hospital in Sweden to instruct a hands-on animal laboratory Trauma course in March 2015 and again in March 2016.

Conferences and workshops were attended in various countries to further the education and expertise of the Pmb Surgical Department. Presentations were made by Pmb surgeons in many places. This was done at the attendees own expense due to no CME funding.

ONGOING SURGICAL AND TRAUMA DATABASE REGISTRY

The implementation of this surgical decision support system was achieved through the vigilant effort of Dr Laing and ongoing input from Dr J Bruce, Dr G Oosthuizen and Dr R Deonarain. All Grey's surgical admissions are electronic, along with procedures and discharges. This has meant accurate assessment of our surgical throughput as well as morbidity and mortality statistics. The Nursing Managers are now an integral part of the weekly M and M meetings, in a collaborative effort to improve patient management. Data capture is now available for research as well as analysis.

PIETERMARITZBURG CANCER FORUM

Dr Čačala, along with a private oncologist and pathologist developed and continued to run the Pmb Cancer Forum. This carries CME points and 2 Forums were held in the past year for an audience of up to 50 at each session. The forum covers different cancers at each meeting and is multidisciplinary.

PRESENTATIONS

Several doctors in the department presented at local conferences and meeting. Dr Oosthuizen as President of the Trauma Society of South Africa co-ordinated the Trauma Update 2015 which was held in Durban. He chaired sessions and presented along with other Pmb surgeons; Dr Bekker, Bruce and Clarke. The monthly meetings for SAGES in Durban were attended by the Colorectal and Upper GI surgeons, who also presented at the same. At the ASSA (Association of Surgeons of South Africa) meeting and the BIGOSA (Breast Interest Group of Southern Africa) annual meeting, Dr Čačala presented breast topics and research done in Pietermaritzburg.

PUBLICATIONS

Many journal publications came from the Department of Surgery and several chapters in prominent medical books were done by the Pmb surgical doctors. Some, although not all, publications are listed below:

1: Kong VY, Jeetoo D, Naidoo LC, Oosthuizen GV, Clarke DL. Isolated free intra-abdominal fluid on CT in blunt trauma: The continued diagnostic dilemma.

Chin J Traumatol. 2015 Dec 1;18(6):357-9. PubMed PMID: 26917028.

2: Madsen AS, Laing GL, Bruce JL, Oosthuizen GV, Clarke DL. An audit of penetrating neck injuries in a South African trauma service. Injury. 2016

Jan;47(1):64-9. doi: 10.1016/j.injury.2015.07.032. Epub 2015 Jul 29. PubMed PMID: 26264880.

3: Manchev V, Bruce JL, Oosthuizen GV, Laing GL, Clarke DL. The incidence, spectrum and outcome of paediatric trauma managed by the Pietermaritzburg

Metropolitan Trauma Service. Ann R Coll Surg Engl. 2015 May;97(4):274-8. doi:

10.1308/003588414X14055925061595. PubMed PMID: 26263934; PubMed Central PMCID: PMC4473864.

4: Kong VY, Oosthuizen GV, Clarke DL. The spectrum of injuries resulting from posterior abdominal stab wounds: a South African experience. Ann R Coll Surg

Engl. 2015 May;97(4):269-73. doi: 10.1308/003588415X14181254789204. PubMed PMID: 26263933; PubMed Central PMCID: PMC4473863.

5: Kong VY, Oosthuizen GV, Clarke DL. Selective conservatism in the management of thoracic trauma remains appropriate in the 21st century. Ann R Coll Surg Engl.

2015 Apr;97(3):224-8. doi: 10.1308/003588414X14055925061559. PubMed PMID:

26263809; PubMed Central PMCID: PMC4474017.

6: Kong V, Khan Z, Cacala S, Oosthuizen G, Clarke D. Retained weapon injuries: experience from a civilian metropolitan trauma service in South Africa. Eur J

Trauma Emerg Surg. 2015 Apr;41(2):161-6. doi: 10.1007/s00068-014-0405-8. Epub

2014 May 1. PubMed PMID: 26038260.2014 May 1. PubMed PMID: 26038260.

- 7: Kong VY, Oosthuizen GV, Clarke DL.** The selective conservative management of small traumatic pneumothoraces following stab injuries is safe: experience from a high-volume trauma service in South Africa. *Eur J Trauma Emerg Surg.* 2015 Feb;41(1):75-9. doi: 10.1007/s00068-014-0426-3. Epub 2014 Jun 21. PubMed PMID: 26038169.
- 8: Kong V, Oosthuizen G, Sartorius B, Clarke D.** Selective non-operative management of stab wounds to the posterior abdomen is safe: the Pietermaritzburg experience. *Injury.* 2015 Sep;46(9):1753-8. doi: 10.1016/j.injury.2015.01.004. Epub 2015 Jan 15. PubMed PMID: 25816706.
- 9: Kong VY, Oosthuizen GV, Sartorius B, Keene CM, Clarke DL.** Correlation between ATLS training and junior doctors' anatomical knowledge of intercostal chest drain insertion. *J Surg Educ.* 2015 Jul-Aug;72(4):600-5. doi: 10.1016/j.jsurg.2015.01.022. Epub 2015 Mar 23. PubMed PMID: 25814320.
- 10: Kong VY, Sartorius B, Oosthuizen GV, Clarke DL.** Prophylactic antibiotics for tube thoracostomy may not be appropriate in the developing world setting. *Injury.* 2015 May;46(5):814-6. doi: 10.1016/j.injury.2015.01.030. Epub 2015 Jan 22. PubMed PMID: 25669963.
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DOCTORS FROM ABROAD

Dr Jonas Stromberg, a Swedish surgeon, voluntarily worked in Trauma for 6 months. This ongoing relationship with Swedish surgery is advantageous for sharing of skills and knowledge. He covered many gaps in the call roster to allow continuation of service; including 9 acute calls as a Medical Officer in December 2015!

Dr Hayaki Uchino a prominent surgeon and critical care specialist from Japan worked voluntarily in Trauma for 2 months. Previously he spent a year in Pietermaritzburg. His exemplary work ethic and demeanor is an encouragement to junior staff.

Previously the Medical Officer complement has been boosted with UK doctors, but due the moratorium, this avenue is no longer available to surgery to fill posts with enthusiastic hard working foreigners.

TEACHING COMMITMENTS

The responsibility of Registrar and Medical Officer training is paramount to all specialists, and 2015 saw this continuing commitment to education of the staff.

The reduction in the Registrar intake, by the KZN Department of Health, has severely damaged the kudos of the Surgical Department and has set back the Pmb Surgical Department in much it has strived to achieve in recent years.

At Intern level, the Department of Surgery has been deemed by interns to be one of the most organized and educational rotation in their training.

Pietermaritzburg Surgery is now teaching the entire 5th year medical student block in Surgery. Up to 20 students are rotated through General Surgery every 3 weeks. Dr L Ferndale has headed the teaching commitment and lectures, notes, evaluations and exam questions are being given by most of the Consultant Surgeons in the Department.

PERSONAL ACHEIVEMENTS

Dr Figueirido and Dr Ngobese were wed.

Dr Ngobese delivered baby Amelia and Dr Wall had baby Elijah.

FAILURES AND DISAPPOINTMENTS

STAFFING

The Surgical department had a difficult year with staffing at an all-time low due to the cuts in Registrar training and no increase in the numbers of Medical Officers.

Of the 20 N numbers for Registrars in Pietermaritzburg- only 6 posts are currently filled.

This resulted in cuts to the acute roster where either Edendale or Grey's had to close for Acute intake, as doctors were doing the maximal hours on acutes / overtime category.

The Medical Officers applying for Registrar posts are despondent with the waits to progression in their careers and some have resigned and moved to Provinces where Registrar posts and advancements are possible.

Some of the Medical Officers filling their vacated posts are of a lower caliber as better doctors are reluctant to join KZN Health due to poor advancement possibilities. Surgery has slowly filled posts to enable service delivery to continue.

The strain on a couple of junior staff has resulted in extended periods off for stress related conditions.

Due to lack of infrastructure, Surgery has been unable to fill the post for a Vascular surgeon. Vascular acutes are being performed by the General Surgeons. Vascular Surgery is a Tertiary Hospital requirement.

THEATRE ACCESS AND SLATES

In 2015, access to Operating Theatre at Greys was severely compromised with the loss of operating slates due to lack of nursing staff and budget constraints.

The waiting times for emergency, urgent and cancer surgery is excessively long and unacceptable in terms of good patient management. This has lowered the morale amongst surgeons as they cannot perform the best for their patients. At the end of the year, slates were back to normal levels but with nurses away on courses and high sick absentee days, hours are lost with nurses taking lunch breaks and no cover available.

ICU

Access to ICU and High Care is still a challenge due to resource constraints. In early 2015 the ICU opened up more beds which assisted more critically ill patients that can be treated there, which lessened the burden on the wards trying to manage these patients in a suboptimal environment. However the full ICU bed inventory is only half opened due to staffing levels. Cases are still cancelled whilst awaiting post-operative ICU beds.

LABORATORY SERVICES

No **frozen section** capability due to lack of a cryostat machine has meant more extensive and morbid procedures are necessary. This also impacts on teaching Registrars how to do "best standard of care" procedures- for example: Sentinel Node Biopsy. Frozen section done off site are lengthy and time wasting so not efficient use of theatre time.

Lack of and poor **Laboratory on site** services has meant delay to treatment and surgery for patients.

NUCLEAR MEDICINE SERVICES

There is no Nuclear Medicine available at Grey's, despite its Tertiary designation. This means patients cannot be managed appropriately. An example is sentinel node biopsies which require lymphoscintigraphy on the day of surgery. There is no gamma probe as well, so this surgery cannot be offered by any surgical discipline at Grey's Hospital.

Patients needing bone scans, sestimiby scans, thyroid scans and radioactive iodine need to be sent to Durban which compromises their treatment.

SURGICAL OUTPATIENTS

The SOPD facility has been discussed extensively over the past years; regarding the lack of patient privacy, inadequate number of areas for patient consultation and examination etc. Management are aware of this issue, but due to budget constraints no plans have been implemented for improvement.

The Staff have made some furniture rearrangements to try and improve the number of patients that can be seen at one time by the medical staff. However this is not a satisfactory or sustainable solution.

CONCLUSION

The Department of Surgery despite many setbacks is a strong and energetic team. It will continue to strive to be the best surgical service in the country.

Compiled by Dr SR Čačala
HCU Department General Surgery.

GREY'S HOSPITAL DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

The Department of O&G continues to ensure good service delivery in Women's health, both within the hospital and in the District. We have also seen the development of tertiary services and subspecialties within the department and this process is on going. However with this have come added responsibilities and frustrations such as creation of new posts, recruitment of and acquisition of new staff, procurement of new equipment and sourcing of funding for department and community projects.

Encouraging Developments

Consultants:

The Department of Obstetrics and Gynaecology current has 5 consultants

Dr MJ Titus – Head: Clinical Department

Dr TD Naidoo – Head : Clinical Unit

Dr P Israel – Medical Specialist

Dr BS Makhathini – Medical Specialist

Dr RC Pillay – Medical Specialist

Dr Amod also does sessions in the department during which she runs the Fetal Assessment Clinic.

Drs Moran and Singh continue as our part-time consultants doing after hour calls and weekends.

Dr M Moodley serves as a sessional consultant in the Gynae Oncology Unit

Medical Officers:

There is currently six Medical Officers in the Department

Registrars:

Currently the department has 13 registrars.

Interns:

Currently there are 36 interns and they rotate through Grey's, Edendale and Northdale Hospitals. Esmoe training is conducted on a weekly basis

Under graduate Students:

The department participates fully in the under graduate training programme of the N R M Medical School. We receive a group of 5^h years, on average 40 students every six weeks and they rotate through Grey's and Edendale. These students have their mid block and end of block assessments done at Grey's. Our staffs are also involved in lecturing and examining 4th and final year students at medical school.

Quality Improvement

The department embarked on a series of quality improvement programmes in keeping with the Grey's hospital ethos on Quality Improvement.

Outreach Programme:

The outreach programme is developing very well with the appointment of Dr NF Moran. Training is provided and problems that are identified are investigated and necessary steps are taken to resolve them. All 5 districts in Area 2 have been visited and plans are in place to set up an outreach programme for each district hospital in the area as well as for community health centres.

Consultants conduct outreach visits to Greytown Hospital – staffing permitting. Dr Naidoo has been conducting visits to Appelsbosch hospital on a monthly basis. Dr Pillay has given outreach teaching to Northdale Hospital on Cardiocograph interpretation. Consultants are always available for telephonic support to the Hospitals that refer to Greys Hospital.

PERINATAL MEETINGS

Dr Titus attends all the perinatal meetings throughout Area 2

NORTHDALE HOSPITAL

The Department of Obstetrics and Gynaecology, Grey's Hospital supports the Department of Obstetrics and Gynaecology in Northdale.

INTERACTIVE SYMPOSIUM ON PERINATAL CARE

The Department hosted an Interactive Symposium on Perinatal Care at the Golden Horse Conference Centre in Pietermaritzburg on the 17th March 2016

The speakers were:

Prof J Moodley -Chairperson of the CCEMD
Mrs NM Zuma-Mkhonza –District Manager Umgungundlovu
Dr T Kerry
Dr CS Batchelder District Office Umgungundlovu
Mrs K Makhathini
Dr N Moran –Provincial Obstetrician and Gynaecologist
Dr D Bishop – PMB Department of Anaesthetics
Dr P Israel
Dr BS Makhathini
Dr RC Pillay

TARGET AUDIENCE:

- Interns, Medical officers, Registrars
- Specialists in the public and private sector
- District specialists, GPs
- Nurses, midwives and family planning practitioners
- Administrative staff: Hospitals, District and Head Office

One hundred and forty seven people attended a very successful symposium

2015/ 2016 has been a challenging year for us in the department, with a lot of added responsibilities and frustrations. We have been promised equipment and upgrading of our facilities, but this has not been forthcoming. We have also seen the department grow with the development of tertiary services and subspecialties with limited resources. This process is on going. We hope to expand further in 2016/2017 with new staff and the new facilities as promised by management. We also hope to rotate our registrars through Newcastle and Ladysmith Hospitals

COMPILED BY

DR TD NAIDOO

HEAD: CLINICAL UNIT

OBSTETRICS AND GYNAECOLOGY

GREY'S HOSPITAL

DR MJ TITUS

HEAD: CLINICAL DEPARTMENT

PIETERMARITZBURG METROPOLITAN HOSPITALS COMPLEX

OBSTETRICS AND GYNAECOLOGY

GREY'S HOSPITAL

EMERGENCY DEPARTMENT

Staffing

Doctors

Clinical Manager ED – (x1)	<u>Dr JH Ramnath</u> <i>Assistant Medical manager</i> <i>overtime in ED</i> <i>office hours</i>	<i>Functions as</i> <i>Performs commuted</i> <i>Not available in ED during</i>
Emergency Medicine specialist – nil	Vacant recently advertised	Post cur-
Medical officers: Permanent – (x2)	<u>Dr ES Marais</u> <i>as “Head of Department”</i> <i>2 in ED during office hours</i> <u>Dr M Assadi</u> <i>officer Grade 3 in ED during office hours</i>	<i>Functions</i> <i>Medical officer Grade</i> <i>Medical</i>
Medical officers – (x1) – Only overtime in ED	<u>Dr E Hernandez</u> <i>gy Medical officer</i> <i>overtime in ED</i> <i>office hours</i>	<i>Pulmonolo-</i> <i>gy</i> <i>Performs commuted</i> <i>Not available in ED during</i>
Sessional Medical officers – (x4) – Overtime sessions only	Dr V Dywili Kleinbooi Dr S Visagie	Dr S Dr V Mkhize

Nursing

Operational Manager – (x1)	Sr JH Jones
Registered Nurses – (x19) <i>*Diploma in Critical care and Emergency medicine – Netcare</i> <i>**Diploma Training in progress</i> <i>*^Completed diploma Jan 2016</i> <i>***Degree in Emergency medicine in progress</i>	Sr SI Jackson *
	Sr K Francis *
	Sr EL Harrimohun *
	Sr S Shaik *
	Sr AL Zondi *
	Sr MA Mbatha *^
	Sr NV Petersen *^
	Sr V Manilal **
	Sr NI Zondi
	Sr J Price
	Sr R Mohamed
	Sr SA Chesterton
	Mr M Nyide ***
	Sr EN Sibiya
	Sr SP Xulu
	Mr X Mthembu
	Sr WS Oldham
Mr XP Didi	
Sr D Mckean (Part time)	
Community Service Sister – (x1)	Sr TP Sibiya
Enrolled Nursing Assistants – (x3)	NF Biyela
	TG Zuma
	NN Ngubane

Challenges

Staffing

No Emergency Medicine Specialist despite advertising of post

Clinical manager not available in ED to fulfill clinical/managerial duties

Functions as Assistant medical manager during office hours

Only 2 permanent medical officers on duty in ED for clinical work

Organogram x 6 MO's

One functioning as Head of Department/manager in addition to clinical duties

Due to above, extremely difficult to allow/take leave

Due to financial constraints and freezing of posts, no possibility of increasing number of permanent medical officers in ED

Equipment and Infrastructure

Due to limited and decreased budget, unlikely that ED will be able to obtain the requested new and u graded equipment required for a Tertiary level Emergency Department.

Vital Equipment needed

Replacement ECG Machine

Alternative Communication System, other than Telephone e.g. Radio or Cell Phone Dedicated to Emergencies.

Patient Trauma Stretchers instead of beds

All of the above and multiple other factors have a severely negative impact on the development of Greys Emergency Department as an accredited and recognized DipEC and FCEM training facility within the Pietermaritzburg Metropole.

Achievements

Recruited 3 Registered nurses back to Greys ED

Two Registered Nurses completed Netcare Diploma in critical care and emergency medicine in January 2016. Total of 8 Registered Nurses now qualified with another currently enrolled for this Diploma.

One Registered nurse enrolled for Degree in Emergency Medicine

Emergency Department achieved a 93% compliance rate during the OHSC Core standards audit which was conducted in February 2016. This is a great improvement from the previous score of 85% in 2014 and also higher than the 91% overall score for Greys Hospital.

Obtained

Wall mounted Diagnostic Sets at each bedside.

Electronic Patient Scale with height measurement

Plan for 2016/17

Development of an academic Emergency Medicine Department

Employ an Emergency Medicine Specialist

Gain Recognition and Accreditation of Greys ED as a DipEC and FCEM training centre

Improve quality of Service Delivery in Emergency Medicine

Increase number of fulltime Medical Officers according to Organogram

Improve credentials of fulltime Medical Officers (DipEC, ACLS,ATLS,PALS and ICD10 courses)

All fulltime Medical Officers trained to use Ultrasound machine in ED setting

Continued Diploma in Critical care and Emergency medicine training for Registered nurses – aim to get all staff qualified.

Improve relevant equipment and infrastructure in Emergency Department

Transport Ventilator upgrade, Beds changed to trauma trolleys, Point of care, video laryngoscope system, radio base set and handsets for disaster management.

Compiled by Dr ES Marais – ED Head of Department

DEPARTMENT OF UROLOGY

Grey's hospital offers regional services to the Umgungundlovu district which has an approximate population on 1 million. Tertiary services are 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 our drainage area (Durban, Eastern Cape) The department of urology at Greys Hospital, in addition to providing tertiary care to patients, also provides district and regional level care to patients, due to the fact that, with the exception of Edendale, there were 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 Greys hospital.

Staffing

- Dr R Sathiram joined department of Urology as Head Clinical Unit on 1 April 2015.
- Dr H.E Le Roux who had worked as a registrar in the Department of Urology completed his training in May 2015; he then joined the department as a medical officer from July 2015 till September 2015 for 3 months. He then joined the department as a medical specialist from October 2015.
- Dr K. Singh (Durban Registrar) rotated with the department during the months of August 2015 till November 2015. This formed part of his specialization training, exposing him to a different population of patients and different pathologies to that which he encountered in his training in Durban. This also strengthened ties between the Pietermaritzburg and Durban departments for both clinical and training purposes.
- Dr Howlett exited the department to begin work in Department of Urology in Groote Schuur Hospital. We wish him well in his new position.
- Dr H.E Le Roux was successful in his final exit urology exams and graduated as a specialist urologist in May 2015.
- Dr Howlett was successful in his final exit urology exams and graduated as a specialist in October 2015.
- Dr S.B Bugwandin, who worked as a sessional doctor in the department exited the department at the end of March 2016. We wish him well on his future endeavors.
- As at March 2016 the urology department is made up of the following staff members:

Dr R Sathiram – Head Clinical Unit

○ Dr R.J Urry – Specialist Urologist

○ Dr H.E Le Roux – Specialist Urologist

○ Dr K. Mahmood – Medical Officer (Dr Mahmood is one of the longest standing members of the department and is an excellent surgeon and clinician. He provides us with valuable clinical and surgical skill)

○ Dr Z. Jogiati – Medical Officer.

○ Dr L.P. Frittella – Medical Officer

○ Dr. A.K. Dada – Specialist urologist, sessional staff (Dr Dada is a long practicing urologist and provides us with very valuable clinical and surgical experience)

○ Dr D. Smart – Specialist Urologist (sessional Staff)

○ Dr M. Conradie – Specialist Urologist, sessional staff (Dr Conradie is a long practicing urologist and provides us with very valuable clinical and surgical experience. In addition he is an excellent and world renowned laparoscopic surgeon who we often call upon to perform difficult cases with)

An intern that rotates through urology for a period of 2 weeks at a time. We thank the interns for their hard work in the department and hope that it has been beneficial for them to rotate through the department and that they have gained beneficial urological skills.

Daily activities

Monday: Academic ward round, clinic, academic meeting.

Tuesday: Full day theater slate, paediatric urology clinic combined with the paediatric surgeons.

Wednesday: Full day theater slate, combined oncology clinic.

Thursday: Clinic, academic meeting.

Friday: Half day general slate and half day local slate.

Equipment

During the past year the urology department has received the following equipment:

Flexible cystoscope – allows staff to perform a cystoscopy, check cystoscopy, removal of stents without a general anaesthetic.

Flexible ureteroscope – allows to perform upper ureter work including fragmenting of stones in the ureter and kidney, and biopsies and management of tumours in the ureter and the kidney.

Laser lithotripter – allows staff to fragment stones and incise tissue.

Paediatric all in one scope – allows us to perform diagnostic procedures and to treat certain urological condition in children and infants.

We are currently in the process of procuring an ultrasonic lithotripter and an all in one bipolar/monopolar electrosurgical all in one unit.

Outreach

During the past year the department of urology has successfully held 4 outreach days to Emmaus Hospital. During each of these days paediatric day cases were performed including orchidopexies and medically indicated circumcisions. In total 51 procedures were performed. These patients would have normally waited for more than a year for their procedures. By performing outreach, the procedures were done earlier, as a whole we were provided with extra theater time, and patients and their caregivers did not have to travel as far as they would normally have done, thus saving them both time and reducing their expenditure. This outreach also provided us with a valuable opportunity of meeting staff at the referral hospitals and of performing teaching. In addition to operation and outpatient clinic and inpatient ward round was conducted.

Attempts were also made to start an outreach program at Ladysmith Provincial Hospital, which would include a monthly theater slate and a clinic. However a urologist was then employed at Ladysmith, which alleviated the need for this outreach program.

Education and Academic Achievements

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.

Staff are also encouraged to attend conferences and undergo regular clinical training.

Regular inter-departmental meetings are held: such as radiology meetings, oncology meetings.

Training workshops: This year we have held the following training workshops:

Prostate brachytherapy workshop

Bipolar prostate resection

Medical student and registrar training:

Greys Hospital being an academic hospital, is therefore is 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 Greys Hospital:

Dr Le Roux

Dr Howlett

Dr Singh

In addition there are supernumerary registrars that are receiving their training at Greys Hospital. They include:

Dr M. Salem

Dr. S Jermy

Dr A. Elsaket

Dr A. Maher

The following doctors were successful in passing their exams during the previous year

Dr Le Roux passed his final exit examination in May 2015 and qualified as a specialist urologist.

Dr Howlett passed his final exit examination in October 2015 and qualified as a specialist urologist.

Dr El Saket passed his final exit examination in October 2015 and qualified as a specialist urologist.

We congratulate all graduates and wish them well in their future endeavors.

Dr R.J Urry spent 6 months in the UK studying towards a fellowship in laparoscopic and robotic urological surgery.

Urology training of registrars place in the following way:

Supervision and assessment of registrar management of patients in the ward and the clinics and during procedures as well a formal structured academic program.

Department of Urology at Greys hospital also hosted the final college of medicine urology exit examination in October 2015. This was the first time that the examination had been held at Pietermaritzburg. The exam was a resounding success and the co-ordination and planning was praised by the college of medicine.

In addition to registrars, the University of Kwa Zulu Natal has begun to rotate medical student to Urology in PMB for the first time. Since we had not taught medical students previously, we had to formulate a syllabus, a teaching program and create a set of lecture notes for these students. In addition exam questions have to be set at the end of each block to assess student performance.

Publications

The following articles by Department of Urology staff were published:

Prostate Cancer at a regional hospital in South Africa: are we only seeing the tip of the iceberg. (South African Journal of Surgery)

The incidence, spectrum and outcome of traumatic bladder injuries with the Pietermaritzburg Metropolitan Trauma service. (Injury)

The last year has been a challenging year for all departments within the department of health: dealing with staff shortages, theater cuts, and long waiting lists. However in spite of all this the department of urology has still managed to offer an efficient service to our patients. We are continually striving to offer patients first world treatment options, as evidenced by being one of the first public hospitals in the country to offer laparoscopic cystectomies to patients. We have also created a system where there is no delay in the management of urgent and life threatening conditions, such as malignancies and infections. Our outreach programs ensure that the waiting list for elective surgery curtailed.

We have formulated new plans for the next year that we hope will reduce our waiting list even further and ensure more efficient service delivery from primary health care to tertiary level care.

DEPARTMENT OF ORTHOPÆDICS

Highlights:

2015/2016 has both successes and challenges of the 2014/2015. The successes included:

1. Successful recruitment of HCU for Madadeni Hospital after many years of no Specialist in the Hospital. This has helped with Orthopaedic Service in the Region and boosted moral in the Department.
2. The Department has also continued to make its presence felt in the country with many presentations by staff (Consultants and Registrars) at Congresses and Workshops and many Publications.
3. There was also individual achievements with Dr Len Marais and Dr Nando Ferreira completing their PHD's.
4. Deepening of Tertiary Services with the establishment of Trauma Unit headed by Dr Smit and development of Foot and Ankle Unit headed by Dr Reddy.

The challenges faced in the previous financial year included:

1. Uncertainty with the status of Orthopaedics in Northdale. We were informed that the decision has been taken for Orthopaedics to continue to render Regional Services and the Department was asked to provide the list of requirements for Regional Service. Even though the required resources have not been provided, certainty regarding Orthopaedics, has calmed the staff to a certain degree as there was a lot of uncertainty among staff.
2. Funding for Registrar Training:
The cut in funding for Registrars has resulted in the reduction of Registrar number from 17 to 6 and if it was not for the 2 Supernumerary from Libya, and an extra Registrar funded by Mpumalanga, the service would have virtually collapsed.
3. Procurement of Essential Equipment:
The challenges with funding and tendering for equipment, has put a tremendous strain on the effective rendering of services, not only in Greys but also in the whole metropol including Outlying Regional Hospitals (eg. Traction Tables and Image Intensifiers – arms) frequently breaking down and taking awful long time to replace.
4. Outreach:
The severe shortage of Registrars has also affected the Outreach Services – A Registrar used to spend 2 days per week in Madadeni helping with basic surgical procedures – this was beneficial for patients, to inform in terms of surgical skill and the Department as a whole as it cut unnecessary transportation costs. Unfortunately the Registrar allocation for Outreach has to be stopped due to staff shortages (17 → 6)
5. Retention of Senior Staff:
Lack of funding for Promotional Posts for Skilled Staff has started to impact the Department – Dr N Ferreira who was home-grown had to leave to take a HCU Post in Cape Town. Very soon we will be losing some of the skilled Surgeons due to lack of Personal Progression.
6. Fifth Year Student Allocation to the Pietermaritzburg Hospital Complex without Human Resources is further adding to the strain.
7. Protected Registrar Time:
The Registrars needs to be allocated 20 % of their normal working time as protected learning for their exams and research and thus less staff will be available for service necessitating reduction in clinical numbers.

Way Forward:

Unless funding improves:

1. Posts restructuring will be undertaken with conversion of Specialist Posts to Medical Officers to maintain service and provide for 20 % protected Registrar Time.
2. Outpatient Bookings will have to be reduced for the Clinic to be managed by a Consultant and a Registrar or a Medical Officer.

**PIETERMARITZBURG METROPOLITAN DEPARTMENT OF ANAESTHESIA, CRITICAL CARE AND PAIN
MANAGEMENT**

Preamble:

2015 was a difficult year for the Department of Health with ongoing cuts especially noticeable in the registrar training program. The Department of Anaesthesia, Critical Care and Pain Management has done a superb job in pulling together and rationalizing resources in order to ensure minimal impacts on service delivery. We have been lucky enough to retain a number of our DA graduates in our "Pre Registrar" program which has been aimed at developing individuals who show promise, in order to optimize success during registrar training.

Examination Successes:

Diploma in Anaesthesia:

March 2015	September 2015
K Acheaw	T Mandebvu
F Thejane	G Jones
N Nunkoo	M Pretorius
E Harknett	M Ramburuth
T Mtubu	L Dicks
S Davids	T Jeggo
A Sallie	M Nicholson
	S Gangen

Fellowship College of Anaesthesiologists Part 1:

March 2015	September 2015
	L Geldenhuys

Fellowship College of Anaesthesiologists Part 2:

March 2015	September 2015
Thivian Pillay	Garth Horsten (Medal Candidate)
Leigh Solomon	Danielle Potgeiter
	Pete Slabber
	Kate Gordon

Critical Care Fellowship:

March 2015	September 2015
	Arisha Ramkilliwan

Degrees Awarded:

Candidate	Degree	Thesis	Supervisor
Dr M Gunning	MMed	Paramedic rapid sequence induction (RSI) in a South African emer-	Dr R von Rahden
Dr TK Pillay	MMed	The influence of culture on chronic pain: A collective review of	Dr HA Van Zyl
Dr K Gordon	MMed	Analysis of referrals and triage patterns in a South African Metro-	Dr N Allorto/Dr R Wise
Dr GA Horsten	MMed	The development of a scoring tool for the measurement of performance in managing hypotension and intra-operative cardiac arrest	Dr R Wise
Dr D Joubert	MMed	Overestimation of the prognostic utility of biomarkers such as BNP	Dr R Rodseth
Dr D Simmers	MMed	The use of pre-operative B-type natriuretic peptide as a predictor of atrial fibrillation after thoracic surgery: systematic review and me-	Dr R Rodseth

Grey's Hospital Anaesthesia

During 2015 the department continued to support theatre despite fluctuations in medical staff and a significant reduction in registrar numbers. We have continued to work toward establishing an outpatient anaesthetic service and started a bi-weekly minor OT service for paediatric orthopaedics. Work to reclaim Theatre 10 started and it is hoped that this theatre will return to use in 2016. The year saw **Dr Lisa Ryan, Dr Dale Simmers and Dr Riaan van Zyl** leave followed by the subsequent employment (1 January 2016) of Dr Garth Horsten, Dr Danielle Joubert, and Dr Pieter Slabber.

It was also a year that saw the final retirement of Dr Jenny King, the doctor who gave DA training in Pietermaritzburg international renown. We wish Jenny a long and comfortable retirement.

We have continued to build on our multi-level anaesthetic training programs with modifications and improvements being made to the Diploma in Anaesthesia and the Part I training program. On the research front the MANAGE trial enters its third year and the PARITY trial was started in conjunction with the Orthopaedic department.

Prizes and awards

Dr M Nontshe - Health Employee Appreciation Award – Grey's Hospital

Grey's Hospital ICU

In March 2016 the ICU completed two years of occupancy of the new facility. Over the last year the outstanding beds and monitoring systems were delivered, and many remaining logistic challenges were settled. The Intensive Care Unit now admits critically ill adult patients from all disciplines.

The Nursing component of the Intensive Care Unit has been augmented, and it is now generally possible to admit nine ventilated patients simultaneously. Further capacity increases will, as always, depend on the availability of nursing staff. A high proportion of the nurses currently working in Grey's ICU are in the early stages of their careers, and in general they have done extremely well in the challenging critical care environment. Sister **Jenny Stewart** and her senior nursing team have maintained very high standards of patient care, reflected in the winning of several awards, and good marks on National Core Standards audits.

There have been some changes in the medical component: **Dr Carolyn Lee**, after many years managing the logistics of the Unit, has moved to become Head Clinical Department of the Department of Internal Medicine. **Dr Arisha Ramkillawan** completed her subspecialist examinations in critical care in late 2015, and is taking over the role filled by Dr Lee, assisted by **Dr Samantha Green** who, as permanent medical officer in the unit, is now taking charge of many of the Infection Control and quality assurance programmes in the Unit. **Ms Thembelihle Ndaba** continues to provide excellent Clinical Technology services to the Unit, and assists with blood gas analyzers and other equipment across the hospital. **Dr Marsha Ramburuth** has been the Lead Medical Officer for the first six months of 2016, and has helped direct and coordinate the rotating medical officers from various disciplines that provide 24-hour medical supervision in the Unit. We continue to get outstanding support from the dieticians, physiotherapists and other allied medical professionals that work in the unit.

In an era of shrinking budgets, the ICU is attempting to increase efficiency. We are more obviously incorporating Best Care Always procedures into our daily protocols, and are trying to streamline administrative procedures. The current medical and nursing staffing work hard every day to cope with the patient load, but we are attempting to progressively train nurses in Basic Life Support, senior nurses in Advanced Life Support, and provide a teaching programme to medical officers to enhance their ability to appropriately manage critically ill patients more efficiently, and yet allow more time for the human contact and hands-on support that patients need to recover from major illnesses. Further priorities for 2016 include improving stress management and support programmes for staff working in the ICU, and expanding daily cooperative interaction with all disciplines that refer patients to the ICU.

Grey's Pain Clinic

Dr Riaan van Zyl departed to take the Head Clinical Unit job at Worcester hospital in the Western Cape. Whilst this is an honor both to Dr van Zyl and to the department, it was a sad event for all those involved in the Pain Clinic. A moving farewell was held attended by many members of other departments, and by patients from the clinic.

Dr Carel Cairns and **Dr Carey Velasquez** have jointly agreed to take on the responsibilities of the pain clinic. There will naturally be some changes but we expect that the good work initially started by Dr Paul Borgdorff and so ably built on by Dr van Zyl will continue.

Edendale Anaesthesia

This continues to develop as a highly effective service delivery unit under the leadership of **Dr David Bishop**. It is also the central component for the DA training strategy of the Metropolitan Service as it provides the high volume case load that is needed to develop and instill confidence in junior doctors.

2015 saw a focus on the obstetric services with the development of protocols to allow effective and safe anaesthesia. This forms the basis for a research unit focused on attaining cost effective and safe Obstetric Anaesthesia for South Africa.

Edendale ICU

Edendale ICU has had a good year in 2015 under the dynamic leadership of **Dr Rob Wise**. The cost savings engendered by the Blood Accountability project have been returned to the unit in the form of much needed warm bodies to advance the excellent service quality.

The “Saving Blood, Saving Lives” project has recently come under the spotlight having received 2 national awards in the 2015 CPSI Public Sector Innovation Awards (runner-up in the category “Best Innovative Service Delivery Institution”) and the 2015 National Batho Pele Service Excellence Awards (winner of the category “Best Implemented Project”). Currently, it is also included in the Saving Mothers Campaign, a joint cooperation between the Department of Health and the South African National Blood Services aimed at reducing maternal morbidity and mortality.

“Saving blood, Saving Lives” is an innovative, yet simple strategy to improve responsible and appropriate use of blood products and as a result, reduce the number of blood products used, making more blood available where it is needed and reducing expenditure at the same time. This project is necessary in South Africa because blood is a scarce and very expensive resource, but more importantly, it is lifesaving. Without it, patients suffer and some do not survive, and unfortunately, it is apparent that throughout the world, blood product utilization and accountability needs to improve.

At the core of this project is a simple innovation called the accountability form, which guides healthcare workers in their decision making process, and enables simple ongoing audit of blood usage which helps promote education and behavioural/ practice changes.

In addition, the project has enabled the values of transparency, leadership, communication, feedback, accountability, improved patient access to blood products, patient impact and care, and value for money. The success of the project is also attributed to the strategies employed to help change behaviour, making it easy for healthcare workers to make the right choices and act with a responsible and considered approach.

After months of planning and preparation, the project was launched at Edendale Hospital in April 2014. The effect was immediate, and within the first 12 months, the hospital had saved over 1800 units of blood (a reduction of 25%), with over R6 million saved. In addition, laboratory workload decreased enabling faster processing times of emergency blood requests. Now in its second year, the project has improved on its achievements and is on track to save over 2500 units of blood and over R7 million in this financial year. No difference in hospital mortality has been seen, in keeping with the latest scientific research on the subject. All of this has been achieved at no extra cost – the project operates without a budget. Importantly, however, it relies on the hospital working together as a team, an active and enthusiastic Hospital Transfusion Committee, and a supportive and encouraging management team.

Several hospitals have expressed an interest in the project with some of them replicating the strategy. In the future, we hope that other hospitals around the country will adopt the same or similar system to help solve our national blood shortage crisis, and in so doing, make more blood available to remote areas – saving blood, saving lives, and saving money to spend on improving the care of our patients in our beautiful country.

Dr Nivisha Parag joined as a newly qualified specialist in Emergency Medicine to develop her interest in critical care. The strength of her work can be judged by her being awarded an “S” Training number to complete her sub-specialization in critical care. She has brought much needed ultrasound skills into the ICU department and has facilitated the growth of many doctors in this skill.

Awards for Edendale ICU:

High Care received 2 certificates:

1. 1 for IPC

1 for Quality Care

2R ICU received 4 trophies and 4 certificates:

1. 1st prize for being BEST UNIT FOR IPC in being consistent in having >80 % for audits done throughout the year.
2. A trophy and certificate for Service Excellence for QUALITY MANAGEMENT.
3. A trophy and certificate for Service Excellence for the BEST WARD.
4. A trophy and certificate for Service Excellence to the operational manager (Shireen Singh) for the BEST RUN WARD.
5. A certificate and trophy for BEST CLINICIAN at EDH (Nivisha Parag)
6. A trophy and certificate for service excellence (for Rob Wise) for the BEST QUALITY IMPROVEMENT PROJECT

A certificate for Rob Wise for Service Excellence to Edendale Hospital and the Department of Health for the BEST IMPLEMENTED PROJECT OF THE YEAR 2015

Northdale Anaesthesia

Providing effective theatre services in a district hospital model is very difficult. The multiskilled doctors that this relies on do not exist in South Africa. An effective partnership has developed which allows Northdale Hospital to develop theatre services. This means that the case number accomplished at Northdale hospital exceeds any other district hospital in KZN, and in fact exceeds 5 of the designated regional hospitals in KZN.

This exceptional performance can be attributed to the full time Clinical Manager **Dr Dela Maiwald**, and **Dr Christine Pretorius** who is now also based full time at Northdale hospital. The other 4 employed doctors form part of the rotating team developing and maintaining service and training throughout the metropole.

Papers in peer reviewed journals (30)

1. The influence of culture on chronic pain: A collective review of local and international literature. **TK Pillay, HA van Zyl, DR Blackbeard**. Journal of Psychiatry 2015;18:2.
2. "What knob is this?"- Intensive care unit ventilation for the non-intensivist. **RP von Rahden**. 2015;21(1)48:51.
3. Obstetric airway management. **Bishop D**. SAJAA; 21(1):40-42
4. Anaesthesia and caesarean safety. D Nel, **Z Farina**. O&G Forum 2015(25):23-28.
5. Oxytocin – ensuring appropriate use and balancing efficacy with safety. **Farina Z**, Fawcus S. SAMJ 2015; 10(4)271-274.
6. Case study: lessons from a laryngeal abscess. **Wise R**, Skinner G. SAJAA 2015; 21(4):119-121.
7. Atrial myxoma-related embolism resulting in acute limb ischaemia in a critical care patient. Knight M, Wise RD. S Afr J Crit Care 2015;31(2):62-63.
8. Incidence and prognosis of intra-abdominal hypertension and abdominal compartment syndrome in severely burned patients: Pilot study and review of the literature. **Robert Wise**, Jimmy Jacobs, Sylvain Pilate, Ann Jacobs, Yannick Peeters, Stefanie Vandervelden, Niels Van Regenmortel, Inneke De laet, Karen Schoonheydt, Hilde Dits, Manu L.N.G. Malbrain. Anaesthesiology Intensive Therapy 2015;47(5): 29-43.
9. Awareness and knowledge of intra-abdominal hypertension and abdominal compartment syndrome: results of an international survey. **Robert Wise**, Derek J. Roberts, Stefanie Vandervelden, Dieter Debergh, Jan J. De Waele, Inneke De laet, Andrew W. Kirkpatrick, Bart L. De Keulenaer, Manu L.N.G. Malbrain for the World Society of the Abdominal Compartment Syndrome Clinical Trials Working Group. Anaesthesiology Intensive Therapy 2015;47(1):14-29
10. An overview on fluid resuscitation and resuscitation endpoints in burns: Past, present and future. Part 1 — historical background, resuscitation fluid and adjunctive treatment. Yannick Peeters, Stefanie Vandervelden, **Robert Wise**, Manu L.N.G. Malbrain. Anaesthesiology Intensive Therapy 2015;47(5):175-183.
11. An overview on fluid resuscitation and resuscitation endpoints in burns: Past, present and future. Part 2 — avoiding complications by using the right endpoints with a new personalized protocolized approach. Yannick Peeters, Marnix Lebeer, **Robert Wise**, Manu L.N.G. Malbrain. Anaesthesiology Intensive Therapy 2015;47(5):184-195.
12. Development and evaluation of an integrated electronic data management system in a South African metropolitan critical care service. Allorto NL, **Wise RD**. South Afr J Anaesth Analg 2015;21(6)31-35.
13. Fluid resuscitation in burns. Malbrain MLNG, Peeters Y, **Wise, R**. ICU Management. 2015(3): 132-136.
14. Analysis of referrals and triage patterns in a South Africa metropolitan adult intensive care service. **Gordon K, Allorto N, Wise R**. SAMJ. 2015;105(6):491-495.
15. Effect of printed educational materials on primary care physician knowledge, behaviour, and patient outcomes: A systematic review. Grudniewicz A, Kelly R, **Rodseth R**, Hamid J, Rudoler D, Straus SE. Implementation Science. In press.
16. Comparison of hydroxyethyl starch colloids vs. crystalloids for early resuscitation of patients undergoing scheduled or elective surgery - A systematic review and meta-analysis. **Raiman M, Mitchell CG, Biccard BM, Rodseth RN**. Eur J Anaesthesiol. In press.
17. A PreOperative Score to predict PostOperative Mortality (POSPOM): Derivation and Validation. Le Manach Yannick, Collins G, **Rodseth R**, Le Bihan-Benjamin C, **Biccard B**, Riou B, Devereaux PJ, Landis P. Anesthesiology. In press.
18. Subclinical hypoperfusion in trauma patients: systematic review and meta-analysis. Grey B, Oosthuizen G, **Rodseth RN**. South African Orthopaedic Journal. 2015; 14(4):22-30.
19. Pre-treatment serum lactate dehydrogenase and alkaline phosphatase as predictors of metastases in patients with high-grade extremity osteosarcoma. Marais LC, Bertie J, **Rodseth R**, Sartorius B, Ferreira N. Journal of Bone Oncology. 2015; 4: 80-84.
20. Prophylactic antibiotic regimens in tumour surgery (PARITY): a pilot multicentre randomised controlled trial. Ghert M, Bhandari M, Evaniew N, Schneider P, et al. Bone Joint Res. 2015; 4(9):154-62.
21. Preoperative B-type natriuretic peptides in patients undergoing noncardiac surgery. A cumulative meta-analysis. **Ryan L, Rajah C, Simmers D, Potgieter D, Rodseth RN**. South Afr J Anaesth Analg. 2015; 21(4):96-106.
22. N-terminal pro B-type Natriuretic Peptides' prognostic utility is overestimated in meta-analyses using study specific optimal diagnostic thresholds. **Potgieter D, Simmers D, Ryan L, Biccard BM**, Lurati-Buse GA, Cardinale DM, Chong CPW, Cnotliwy M, Farzi SI, Jankovic RJ, Lim KW, Mahla E, Manikandan R, Oscarsson A, Phy MP, Rajagopalan S, Van Gaal WJ, Waliszek M, **Rodseth RN**. Anesthesiology. 2015 Aug; 123(2):264-271.

23. The development of a scoring tool for the measurement of intern doctor performance in managing hypotension and intra-operative collapse during spinal anaesthesia for caesarean section on a patient simulator. **Horsten G, Rodseth RN, Ramroop S, Wise R.** South Afr J Anaesth Analg. 2015; 1(1):1-7.
24. Vasoconstrictor clays in burn surgery and its impact on outcomes: systematic review and meta-analysis. **Allorto NL, Bishop DG, Rodseth RN.** Burns. 2015; 41(6):1140-6.
25. Prognostic capabilities of coronary computed tomographic angiography before non-cardiac surgery: prospective cohort study. Sheth T, Chan M, Butler C, Chow B, Tandon V, Nagele P, Mitha A, Mrkobrada M, Szczeklik W, Faridah Y, **Biccard B**, Stewart LK, Heels-Ansdell D, Devereaux PJ; Coronary Computed Tomographic Angiography and Vascular Events in Noncardiac Surgery Patients Cohort Evaluation Study Investigators. BMJ. 2015; 350:h1907
26. The appropriateness of preoperative blood testing: a retrospective evaluation and cost analysis. **Buley H, Bishop DG, Rodseth RN.** SAMJ. 2015; 105(6):487-490.
27. The South African Surgical Outcomes Study: a 7 day prospective observational cohort study. **Bruce M Biccard**, Thandinkosi E Madiba, Rupert M Pearse, Pete Alexandris, Dhaneshwar Rohanlal Bhagwandass, Ken D Boffard, GA Buga, Estie Cloete, Andre Coetzee, Larissa Cronje, A Daffala, Bart Johannes Diedericks, Roelof Stephanus du Toit, Tonya Marianne Esterhuizen, Cate Fourie, **P Dean Gopalan**, Franco Guidozzi, Russell William Hewson, Andreas Hoefl, Ivan Joubert, D Kahn, Michael Klipin, Hyla-Louise Kluyts, Zach Koto, BG Lindeque, Aina Christina Lundgren, R Machezano, LR Mathivha, TR Mokoena, S Monokoane, Rui Moreno, David Francis Morrell, Busisiwe Mrara, M Nthle, Eduard E Oosthuizen, Sats S Pillay, Jan P Pretorius, Arthur Rantloane, Andrew Rhodes, Guy Richards, **Reitze Rodseth**, Motshedisi Sebitloane, Martin Smith, Sandra Spijkerman, Maryke Geertruida Louise Spruyt, Justiaan Swanevelder, Haynes van der Merwe, Brian Leigh Warren, Paul Hendrik Wessels, on behalf of the South African Surgical Outcomes Study (SASOS) investigators. S Afr Med J 2015; 105(6)465-475.
28. The South African Surgical Outcomes Study: a 7 day prospective observational cohort study: provisional results. **Bruce M Biccard**, Thandinkosi E Madiba, Rupert M Pearse, Pete Alexandris, Dhaneshwar Rohanlal Bhagwandass, Ken D Boffard, GA Buga, Estie Cloete, Andre Coetzee, Larissa Cronje, A Daffala, Bart Johannes Diedericks, Roelof Stephanus du Toit, Tonya Marianne Esterhuizen, Cate Fourie, **P Dean Gopalan**, Franco Guidozzi, Russell William Hewson, Andreas Hoefl, Ivan Joubert, D Kahn, Michael Klipin, Hyla-Louise Kluyts, Zach Koto, BG Lindeque, Aina Christina Lundgren, R Machezano, LR Mathivha, TR Mokoena, S Monokoane, Rui Moreno, David Francis Morrell, Busisiwe Mrara, M Nthle, Eduard E Oosthuizen, Sats S Pillay, Jan P Pretorius, Arthur Rantloane, Andrew Rhodes, Guy Richards, **Reitze Rodseth**, Motshedisi Sebitloane, Martin Smith, Sandra Spijkerman, Maryke Geertruida Louise Spruyt, Justiaan Swanevelder, Haynes van der Merwe, Brian Leigh Warren, Paul Hendrik Wessels, on behalf of the South African Surgical Outcomes Study (SASOS) investigators. South Afr J Anaesth Analg 2015;21(1):72-74.
29. The use of pre-operative B-type natriuretic peptide as a predictor of atrial fibrillation after thoracic surgery: systematic review and meta-analysis. **Simmers D, Potgieter D, Ryan R, Fahrner R, Rodseth RN.** J Cardiothorac Vasc Anesth. 2015; 29(2):389-95.
30. Severe blunt thoracic trauma: differences between adults and children. Skinner DL, Den Hollander D, Laing GL, **Rodseth RN**, Muckart DJJ. SAMJ. 2015; 105(1):47-51. Blunt cardiac injury in critically ill trauma patients – a single centre experience. Skinner DL, Laing GL, **Ryan L, Rodseth RN**, Muckat DJJ. Injury. 2015; 46(1):66-70

Compiled by Dr Zane Farina

Chief Specialist – Anaesthesia

RADIOLOGY DEPARTMENT

Radiology services are dependent on equipment and staffing. Equipment must be maintained and adequate for the service required, and staff must be sufficient in number and appropriately skilled for their jobs.

STAFFING

Greys has 4 full-time consultants, and Edendale has 3. Several of our consultants have subspecialist skills, and Greys is therefore able to provide services in several subspecialist fields including cardiac imaging (Dr Durand), musculoskeletal imaging (Dr Goodier) and interventional radiology (Dr Reitz) that are not generally available elsewhere in the KZN public sector. During the year Dr V du Plessis resigned from her sessional consultant post. Her contribution to teaching and MMed supervision will be missed. Dr J Stutterheim moved to the Eastern Cape for family reasons after a stint doing CT reporting for Ladysmith Hospital.

Our registrar component was cut from 6 to at one point only 1. A small intake was approved in July 2015 and we currently have 3 registrars. There has been some turnover in medical officer posts, which is expected and normal for a training institution. The reduced registrar intakes have however resulted in several of our more experienced medical officers moving to other provinces, and their skills have therefore been lost to KZN. The non-approval of requests to fill posts (apparently no medical posts are actually frozen) has resulted in us being unable to cover the after hours call roster at either Edendale or Greys. Greys management and HR under the leadership of Dr Bilenge and Mr Hlongwa have been proactive in assisting us to rectify this situation, which is greatly appreciated. We expect that after-hours services at Greys will normalise by June.

The recruitment and retention of sufficient radiographers, particularly those capable of running the more specialised modalities such as CT, MRI and Ultrasound remains a challenge. Ten radiographers, including some of our most experienced staff members left during the year for various reasons, including retirement and family commitments. We said farewell to Inky Sikhosana, Kerryn Francis, Sheryl Lynn de Beer, Nosipho Nzimande, Garcia Andrews, Joezette Snyman, Hanneke van der Merwe, Yvette Ferreira, Deniel Naidoo, and Mehnaaz Nazeer.

A critical service problem arose due to the freezing of these vacated posts, culminating in our inability to staff several services. We were eventually able to gain permission to re-fill most of our posts. Recruitment has been a slow process, but we are making progress with filling posts and most services have now been re-introduced. We welcome S Mahomed, N Mohai, R Motsoeneng, and M Maselwane and T Lindi to the department, and congratulate N Lutchmana, B Onyeabo, and G Simango on their promotions to chief radiographer.

The underlying establishment however remains inadequate with no increase in establishment numbers over the past 10 years in spite of a massive increase in service volume. For the foreseeable future we expect to be dependant on paid overtime to maintain our after-hours Radiography service.

In the clerical component, 2 posts vacated by the retirement of Margaret Mbanjwa and the transfer of Phumlani Ndlovu remain frozen. As a result, we do not have enough clerical staff to process patents in Casualty X-ray, and this service has been closed since January 2016. It is often not appreciated that some non-clinical posts are just as critical to service provision as clinical posts. Doctors and radiographers cannot function effectively without the clerical and general staff who every day transport patients, clean departments, answer telephones, assist patients, issue folders and enter data into our computerised systems. Radiology management greatly appreciates the contribution of these staff members. It is hoped that our 2 critical clerical posts will be unfrozen in due course.

In the nursing component, Sr H Singh was allocated to Radiology to replace Sr B Langa who left last year, but Sister Nxumalo has now left to pursue her midwifery training and has not been replaced. The nursing component is now insufficient to provide safe cover across the subdepartments, and our ability to accommodate urgent interventional procedures outside of standard lists is impaired. When nursing staff go on leave, there is no capacity to provide cover, and several interventional procedures have been delayed or cancelled as a result.

Radiological nursing requires specific skills, particularly in interventional radiology. Nursing services in Radiology would benefit from the allocation of a supervisory level post. Additional mid-level nursing / general orderly staff in ultrasound, capable of assisting patients on and off beds and managing patient flow would enable a faster throughput of patients.

EQUIPMENT

We have this year experienced long delays in equipment repairs, largely due to the centralisation of the approval process and budget issues. As equipment ages, the amount of downtime, and the cost of repairs increases. Procurement cycles should be planned so as to replace a high cost item every 2nd or 3rd year, in order to avoid the situation of several high-cost items needing replacement at the same time. Unfortunately budget issues and procurement decisions are leading to exactly this situation.

Current critical equipment needs are:

1. Tertiary level ultrasound machines. Greys Radiology Department currently has only 1 high-spec ultrasound unit appropriate for tertiary imaging. Pathology is missed because we must use machines that do not have the resolution required, particularly in Breast imaging and Antenatal imaging.
2. Multiplanar fluoroscopy / DSA unit replacement. Interventional procedures, angiograms, pain clinic (anaesthetics) and ERCPs (hepatobiliary surgery) depend on a 19 year old unit which has poor image quality and is becoming increasingly difficult to keep running.
3. Panorex unit. The current unit, installed in 1983, could no longer be repaired and the unit was condemned. The service thus ceased in April 2015.

4. Long-view PACS cassettes for Orthopaedics. The service has stopped because we can no longer maintain the last outdated analogue processor.
5. A 2nd Diagnostic CT scanner. The CT scanner at Greys does almost as many scans as the other 3 CT scanners in Area 2 combined. In view of the unacceptable waiting times for scans, the Greys Health Technology Committee agreed that a 2nd Diagnostic CT scanner should be high priority for the hospital for the 2014/15 year. This need still exists.
6. MRI replacement. The machine reached its technological “end of life” in December 2015. The vendor can no longer guarantee spares availability. We are experiencing increasing down time and technical problems. Inpatient MRIs are prioritized, but waiting times for elective outpatient MRIs are increasing.
7. Digital Mammography unit and/or mammography reporting monitor.

None of the critical items on the 2014/15 or 2015/16 approved lists for Radiology were procured. We were allocated a few entry level basic colour doppler ultrasound units during the year. These are inadequate for most tertiary imaging, but we have to make do with them until better quality machines are procured. If we are allocated appropriate high-end units next year, we will be in a position to re-deploy one or more basic units to district level facilities that currently have no machines.

Maintenance contracts are essential to keep radiological equipment working. If maintenance contracts are not put in place timeously, the DOH has to fund repairs as they occur, and there are often long delays in obtaining approval for repairs, with resultant compromise of patient care

Greys Hospital management and supporting Head Office structures are commended for their pro-active approach in finalizing the renewal contracts for CT, MRI, Mammography, Cath Lab, PACS and CR Readers at Greys. The glaring omission is the CT scanner at Edendale, which still does not have a maintenance contract despite the efforts of Edendale management. This has resulted in long delays with repairs, and several adverse clinical events as a result of having to transfer unstable patients for imaging.

SERVICE PROVISION

The centralisation of our patient administration of all sub-departments except Ultrasound has improved efficiency. There was a steady increase in procedure numbers for several years until 2014, but there has been a decrease in 2015 as a result of service cuts necessitated by frozen doctor, radiographer and clerical posts. Waiting lists have increased accordingly. We have during the last months of the year made progress in filling posts and re-opening services. We remain hopeful that we will be able to get back to full service provision during 2016.

MEDICOLEGAL RISKS

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

1. We do not have enough staff to maintain a reliable after-hours service across the Metropole.
2. We do tertiary level ultrasound scans with machines that do not have adequate resolution for the purpose. If we are sued for missing a breast malignancy or an antenatal abnormality on ultrasound done with the currently available aging basic color Doppler machines, it will not be defensible.
3. We do interventional procedures on a machine with failing image quality that cannot save images to PACS, because it is out dated. If there is an accusation of diagnostic or treatment error, we will have no image records to refer to. Likewise, the c-arms which are utilized for imaging in the theatres do not have connectivity to PACS, so there is no radiological record of procedures.
4. We have long waiting lists in CT, MRI and mammography. Patients with known malignancies often wait several months for imaging and treatment, with easily demonstrable adverse outcomes.
5. We do not have enough nursing staff to ensure that sedated and unstable patients are always properly monitored.

The cost to the DOH of providing equipment and staffing necessary to correct these risks would be a fraction of the cost of even one of the many dozens of large claims currently being processed by the legal system.

ACADEMIC ACTIVITIES, TRAINING AND OTHER ACHIEVEMENTS

100% of registrars appointed at Greys since 2008 have qualified as specialists, and 80% have been retained in the public sector. Sadly, our training capacity remains vastly underutilized. The high pass rate is the result of a comprehensive academic program and careful selection of registrars at Greys.

The DOH cannot be expected to fund registrar posts in departments that do not produce a satisfactory specialist conversion rate. This is why the KZN DOH recently made the decision to increase the registrar post minimum requirement to the Radiology Part 1 exam, following the example of the larger teaching departments in other provinces. Unless there is regression from this decision, we can expect that the poor overall provincial pass rate of recent years will improve to the same level as that obtained by Greys and other provinces.

Greys Hospital is accredited by the HPCSA as a training site for student radiographers and has all the elements necessary for good all-round practical training. Students rotate through both Greys and Edendale Hospitals.

Several radiographers achieved postgraduate qualifications - C Makinga – Certificate in MRI (Distinction), N Bidi - B.Tech (Bloemfontein) and B Onyeabo – B.Tech (Durban).

The department achieved 99.76% for the National Core Standards audit conducted on 12 August 2015 and 96.62% for the unannounced audit by OHSC on 10 February 2016. It seems that the auditors did not give a very high weighting to the 4 month wait for urgent equipment repairs, closed OPD/Casualty X-Ray service, 6 month waiting time for CT appointments or absence of adequate ultrasound equipment. The issues flagged for correction, which apparently prevented us from scoring 100% were: 1 chest x-ray that took 2 weeks to be reported against the standard of 1 week (we don't do routine CXR reporting) and no film digitizer available (all our images are already digital).

The department received the following awards at Quality Day on 13/11/15

- 2nd place award for National Core Standards Audit Score
- 1st place award for Best IPC non-clinical department
- 1st place award for the Cleanest non clinical department

World Radiography Day was celebrated in November 2015. A successful departmental team-building exercise was held and greatly enjoyed by all those who attended.

DEPARTMENT OF CLINICAL PSYCHOLOGY

The Department of Clinical Psychology continues to maintain service excellence, despite severe resource constraints. We provide general psychological services to in- and outpatients at Grey's Hospital. In addition we have maintained the following areas of specialization: chronic pain, laryngectomy, paediatric endocrine, paediatric oncology, paediatric tracheostomy, renal, Disorders of Sex Development (DSD), osteosarcoma, and POPD LDC. Clinical Psychology is a key role player with regard to assessing and reporting on renal patients at the monthly renal meetings held at IALCH. In addition our department is involved in MDT meetings for disorders of sex development, paediatric oncology, paediatric endocrine, laryngectomy, paediatric tracheostomy and renal patients. The department is also involved in organising and implementing support groups for paediatric endocrine patients, conducts parent training groups in the POPD and psychoeducational groups for Pain Clinic. Clinical Psychology participates in the paediatric endocrine, paediatric tracheostomy and DSD clinics.

The Department of Clinical Psychology has played a significant role in contributing to the development and amendment of policies to ensure the effective management of patients presenting with psychiatric symptoms at Grey's Hospital. The department represents Grey's Hospital on the Umgungundlovu Mental Health and Substance Abuse Forum.

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

The Department of Clinical Psychology compiles a CPD accredited multidisciplinary professional training programme for the clinical psychology staff every year. The case discussions held in the department on a monthly basis are also CPD accredited. Staff members also attended the Neuropsychiatry Symposium and the Mental Health Symposium at Townhill Hospital and provided training to Occupational Therapy and Allied Health on Psychological Management of Chronic Pain.

The Department of Clinical Psychology maintains an active research role as we strive to improve patient care through research. The department is a member of the Grey's Hospital Pain Research Committee (GPRC) and one of our staff members serves as the secretariat for this committee. Research collaborations with Paediatrics with specific reference to the Endocrine service in POPD, and Orthopaedics with specific reference to osteosarcoma patients have been maintained. Research protocols for a paediatric endocrine research project and an osteosarcoma research project have been approved by the Biomedical Research Ethics Committee at UKZN and an article for the osteosarcoma research has been submitted for publication. The department also serves on the Umgungundlovu Health Ethics Review Board (UHERB).

The Clinical Psychology Department currently consists of one principal clinical psychologist (Otilia Brown) and three clinical psychologists (David Blackbeard, Thembi Kheswa and Delysia Pillay). Staff member Paula van Rooyen terminated her services with Grey's Hospital in September 2015. We are grateful for her dedication in establishing and maintaining various specialist services at Grey's Hospital. New staff member, Delysia Pillay joined our department in December 2015. For the period June 2014 to present, a community service clinical psychologist, Michael Pitchford has been completing his community service in the department.

Clinical Psychology operates under severe infrastructure and staff constraints. The department recently obtained two new offices which has alleviated the space pressure to some degree and has mediated scheduling issues. However, the relocation of the department as part of a long term plan is still necessary as we are currently situated in a high volume, high noise level area with limited confidentiality.

Despite these challenges, the Clinical Psychology Department is looking forward to another year of providing excellent patient care. We would like to thank all those who support us in achieving our goals.

Compiled by Otilia Brown

H.O.D of Clinical Psychology

SOCIAL WORK DEPARTMENT

Overview

It has been a constructive but demanding year. Having a small staff complement of just six social workers and two psychosocial counsellors, it was a significant loss when one of our social work supervisors had resigned in July 2015. All staff members were helpful in taking on additional areas to meet goals and targets.

Achievements:

Uyini umdlavuza? What is cancer? Oncology booklets Project:

The Uyini umdlavuza? What is cancer? Oncology booklets were designed to equip patients' with greater insight, understanding and coping skills in terms of living with cancer. It displayed more pictorial information in simpler and user-friendly format and is available in basic isiZulu and English. It targets patients diagnosed with cancer from lower literacy groups, cancer survivors, families, caregivers and health care workers. These booklets seek to strengthen patient education, improve patient compliance to treatment and will have long-term impact on quality patient care. It accompanies counselling and education provided by health care workers. It has been a collaborative effort of Social Work Dept., Oncology and Allied Health team at Grey's Hospital and the non-governmental organisation, Cancer Association of South Africa (CANSA). This project was initiated in October 2014 by Social work (Diane Mariah-Singh) and Physiotherapy (Elisabeth Raymakers) Departments. Although both had left the public service by July 2015, they remained on the task team. The project was coordinated by Lekha Chirkoot from the Social Work Department, with assistance from Phindi Cebisa, the task team, CANSA and DOH Department of Chronic Diseases, Geriatrics and Eye Care. The booklet was piloted among patients admitted at our Oncology ward, who provided relevant input in June 2015. The language level was revised both by Kathy Arbuckle from the Adult Education Department at UKZN Pietermaritzburg campus, and Registered Nurse B. Potgieter from ward M3 in July 2015. The booklet was translated into isiZulu by Nonkululeko Mvemve, admin assistant Allied Health and Phindi Cebisa, social worker, with the purpose of eliminating medical jargon. The booklet was presented at the annual SASMO Congress in Cape Town in August 2015 by Elisabeth Raymakers and was enthusiastically received by approximately 130 health care practitioners from the public and private sector across South Africa, who expressed willingness to have the booklet translated into other South African languages. It was further edited and approved by the Department of Corporate Communications at the KZN Department of Health (November 2015). Zamo Mntungwa, our PRO had arranged for the booklets to be available on the Intranet and Department of Health KZN website: www.kznhealth.gov.za. The launch of the booklets was planned to be held on 10 May 2016, whereby managers, health care workers from base hospitals throughout KZN and Oncology patients of Grey's Hospital would attend and the booklets would be unveiled.

Patient care:

Our Social Service professionals are involved in facilitating contact between the patient, family, hospital and community to achieve optimum social functioning, advocate for required services and developing appropriate discharge plans. Services have expanded to all clinical areas. Social Service professionals continue to be an integral part of several multidisciplinary team programmes such as: Palliative Care for MDT, Chronic Renal Failure Programme, MDT Management of Intersex Patients, MDT Management of Foetal Anomaly Patients, Paediatric Tracheostomy Homecare Programme and Paediatric Diabetic MDT Programmes.

Groupwork:

PICU Lodger Mothers Support Group has been running on a fortnightly basis. It has been found to be effective in providing mothers and caregivers with support and strengthening coping skills in terms of caring for children with serious conditions.

Community Networking:

Social Workers attend community meetings such as the Local Victim Empowerment Forum and UMgungundlovu District Health Social Workers forum which provide platforms to address challenges, offer training and engage in networking with significant stakeholders.

Staff Development & Training:

Over the past year, social service professionals attended 13 CPD accredited Social Work In-service training programmes, monthly Allied Health Academic training, monthly meetings and held two team-building sessions. The placement of a social work student from Sweden was an interesting experience.

Quality Management:

At the Quality Day event in November 2015, the Social Work team was pleased to receive two trophies for the Unsung Heroes Award from Dr L. Naidoo, Senior Manager: Medical Services and a third trophy for achieving 100% in the Environmental Hygiene Audit.

Health Awareness Programmes: In and outreach programmes:

There was involvement in at least 16 health promotion and social awareness programmes between March 2015 to December 2015, some of which included: Child Protection Week, Hospital Career Open Day, World No Tobacco Day, Burns Awareness Week, National Youth Day, National Epilepsy Day, Mental Health Awareness Month, National Women's Month, Kidney Awareness Week, World Hospice and Palliative Care Day, International Day for Older persons, 16 Days of Activism-No Violence & International Day of Disabled. Both internal programmes and community outreach programmes were conducted in various communities.

Challenges:

The following challenges were experienced:

There were delays in filling the vacated and other posts due to the moratorium.

Funding for courses is required timeously in order to secure bookings.

Office space has been very congested. Some staff members shared offices.

Plans to address these challenges:

Motivations were submitted in terms of posts, offices and skills development funds. Meetings were held with relevant departments.

It is largely dependent on the budget. Additional storage space was sought in other offices and departments within the hospital.

SPEECH THERAPY AND AUDIOLOGY

1. **STAFFING:**

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

2. **NEW EQUIPMENT & RESOURCES:**

Procurement of patient consumables including speaking valves, brushes, hearing aids. 4 Typist chairs and annual calibration of audiology equipment.

3. **SERVICES OFFERED AND SERVICE ISSUES:**

3.1 **SPEECH THERAPY:**

1. Paediatric and Adult, in and out-patient service.
2. Weekly Neonatal and Neurodevelopmental screening clinic.
3. Videofluoroscopy- modified barium swallow (MBS) clinic once a week, in conjunction with radiology.
4. Paediatric Trache Home care Program, (MDT consists of Paediatrician's, Nursing, OT, SLT, Dietician, Social work and Psychology).
5. Monthly Laryngectomy – Trache support group (MDT consists of Speech Therapy, Psychology, Social work, Trache sister).
6. Assessment and fitting of laryngectomy speaking valves and electrolarynxes.
7. MDT Paediatric ward rounds conducted on a weekly basis for in-patients.
8. In-service training of ward staff and other staff members about speech therapy and our roles in different populations.
9. KMC group on a weekly basis in neonatal unit with OT.

3.2 **AUDIOLOGY:**

1. Work has been streamlined and become more coordinated with the division of work into clinics and the allocation of a responsible person to each clinic.
2. Diagnostic Audiology service: Otoscopic, Middle ear Analysis, Air Conduction, Bone Conduction, Speech Testing.
3. Otoacoustic Emissions testing, which is a quick screening tool to determine cochlea sensory integrity.
4. ABR-ASSR: - Objective assessment of hearing is performed for patients who are unable to do behavioural tests. It is done using the GSI Audera System which looks how the CNS responds to various auditory stimuli at different intensities.
5. Neonatal screening: Currently all children attending the Neonatal follow-up Clinic (NNC) have a hearing screening after seeing the doctor. Our equipment specific for NICU is currently not working and the ward screening has been put on hold until we can get new equipment. Currently at discharge, NICU babies are booked to come in as outpatients.
6. Hearing aid Clinic: More streamline and focused. We have separated the clinics into Pediatrics, School Age, and Adults, to address each population who have their own specific needs. All patients being followed up to ensure appropriate use and care of the hearing aids.
7. Earmold modification, repair and retubing services.
8. E1 and A1 ward screening is happening on a regular basis. In-services to the MDT are carried out in these wards regularly.

4. **TRAINING AND CAPACITY DEVELOPMENT:**

- * There were 32 Speech therapy / Audiology students that were accommodated in 2015
- * 7 different In-service training's to Greys hospital staff was conducted by speech therapy and audiology in 2015.
- * 5 successful CPD accredited workshops were conducted in 2015, targeting speech therapists and audiologists in our drainage area.
- * The department participated in the Greys Hospital healthy staff day.

5. CHALLENGES FACED IN 2015:

1. Space is as always a challenge. We have to carefully and cooperatively time-share patient treatment areas.
2. No Admin clerk leads to unnecessary bottlenecks in the service.
3. With services split between the occupational health building and the rehab area, as well as increase in services offered and staffing, the need for more General Orderlies to take care of portering, cleaning and messengering is escalating.
4. The lack of a relevant post establishment is a problem and makes service development, the retention and recruitment of staff increasingly difficult.

6. STATISTICS

	Number of patients on the waiting list	Number Ordered	Number of Issued / fitted
Hearing aids	0	38	59
Provox speaking valves	0	20	8
Electro larynx	0	3	2

Compiled by Yugeshiree Naidoo
Manager: Speech Therapy—Audiology

DIETETICS DEPARTMENT

The department of Dietetics continues to strive for service excellence in providing quality Dietetic services to the tertiary patients we serve. We are currently 9 Dietitians: 1 Manager, 2 Chief's, 6 Dietitians and 1 General Orderly. Since January 2016, we are now supported by an administrative intern who services the department for 2 days per week. Further expansion relating to tertiary services is restricted due to staffing constraints. Moving beyond the numbers that we currently see would require additional staff to provide the service.

On average a total of 1873 patients receive nutrition support and or education per month and in total 22476 patients were seen during this reporting period. Our main focus has always been on inpatients as most outpatients are seen at intervals at Greys and monthly follow ups occur at their base hospital. Of recent a steady increase in outpatient numbers despite our staffing numbers remaining the same.

MONTHLY DISTRIBUTION OF PATIENTS TREATED 2015-2016

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
Outpa-tients	138	145	143	150	163	184	157	209	99	137	204	189	
Outpa-tient	116	123	117	159	138	108	134	69	38	63	115	132	
Nutrition Talks at clinics-Pts	20	71	4	62	114	60	126	68	0	0	115	0	
Inpatient	832	845	1076	980	1061	891	867	957	920	886	961	903	
Inpatient	674	660	689	649	640	739	667	558	512	495	572	572	GRAND TOTAL
	1780	1844	2029	2000	2116	1982	1951	1861	1569	1581	1967		22476/yr

Figure 1

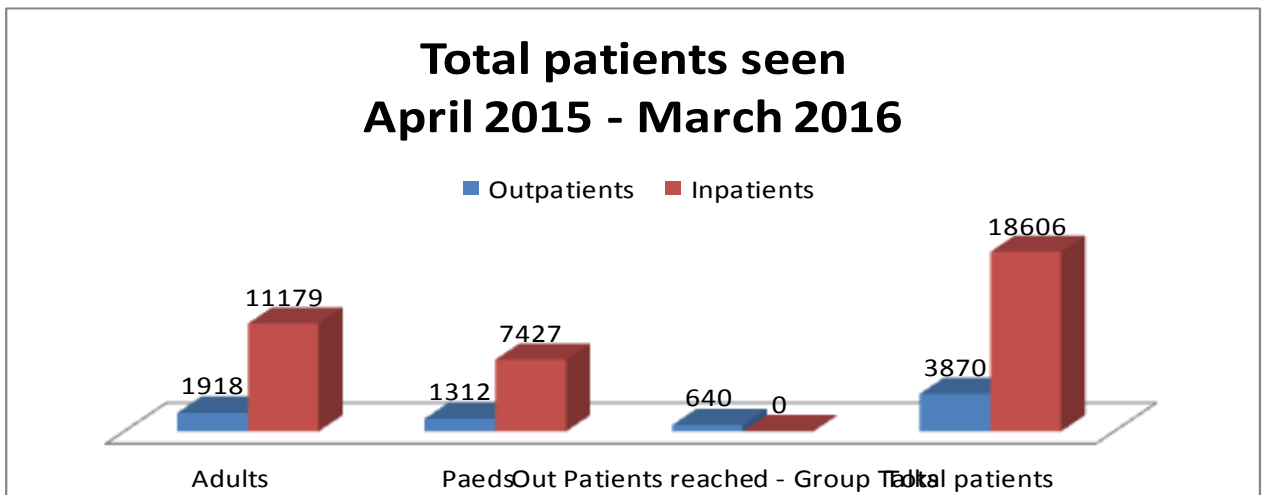
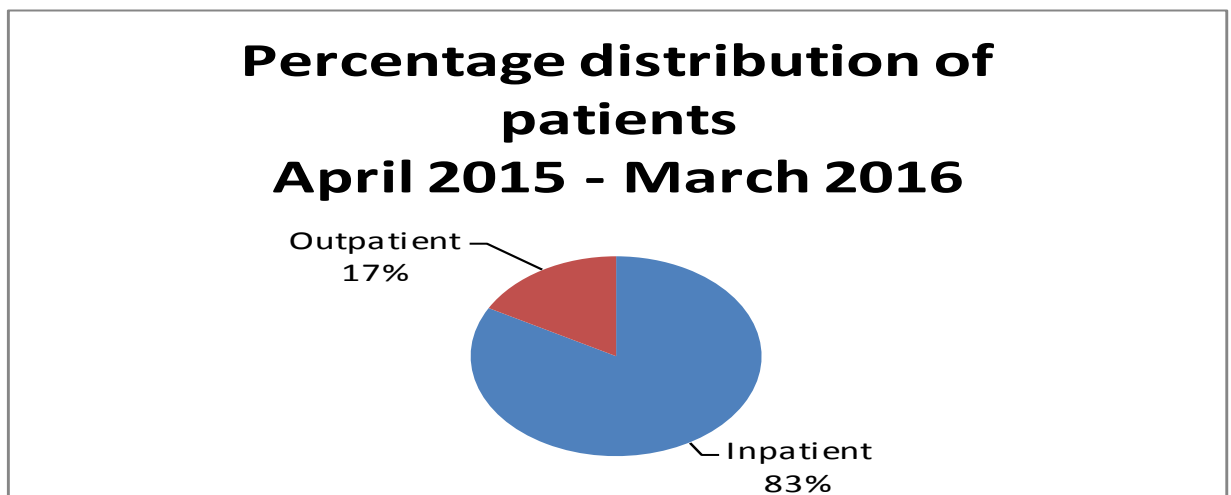


Figure 2



In addition to the inpatient Dietetic services provided to Medicine, Paediatrics, and Surgery, we also service the following speciality areas: Tracheostomy programme/clinic for both adults and paediatrics, Paediatric diabetic clinic, Pain clinic, Lodger Mum's, cardiac rehab clinic (run by Physiotherapy), PEG clinic (MDT clinic with Allied Health departments), Cerebral Palsy, Renal Clinic, CAPD clinic, Paediatric oncology and Haematology unit, Antenatal clinic and Oncology clinic. Regular nutrition education, screening, assessment and support are provided at these clinics on a weekly and monthly basis by Dietitians allocated to these areas. Dietetics received an annual budget of R2million rand for enteral feeds and supplements. Through the innovative and lean thinking management skills of our senior medical manager, Dr L Naidoo, who developed a tool that schedules expenditure for the year, we were successfully able to remain within budget. With this tool we were able to further develop systems and tools to assist with procurement, monitoring and reevaluation of current expenditure. With the accounting system closing earlier (8th March 2016) than was expected (15th March 2016) we have recorded an 18% underspend. Apart from this allocation, we continue to receive nutrition support by means of nutrition supplements from the district office to address and meet the nutritional needs of malnourished patients who attend our outpatient clinic. The cost for these supplements is borne by the district nutrition services and is at no cost to the hospital.

With this assistance from district, we were able to expand our inpatient nutrition supplements from the hospital allocation to ready to drink options which is sterile, prepackaged food for special medical purposes, in serving size packaging, for adults and children. Almost all our feeds are either ready to drink or ready to use thus improving the nutritional quality, safety, standards, shelf life to expiry dates, and decreasing our overall costs relating to incorrect handling, dilutions, storage and wastage.

Achievements for this reporting period:

- Published an article "Understanding Dieting" in the Diabetes and Vascular Disease Journal, November 2015.
- Celebrated the following Health Calendar events: Obesity week, Breastfeeding week, career Open Day, Nutrition Week, Pregnancy week, Diabetes day, Renal Day. This was facilitated by Ms Naidoo (Chief Dietitian).
- Facilitated experiential exposure for scholars
- Mrs Adams presented a lecture at Tatham Art Gallery to teachers on Nutrition in Paediatric Diabetic patients
- Ms Martens presented a Healthy Eating talk to the grade 11 pupils at Carter High School for the renal day celebrations.
- Nutrition education talks continue at clinics and to staff at ward level
- CPD accredited academic meetings to support learning for staff and assist with compulsory CEU's for continued registration to practice with HPCSA. This programme has been extended to Dietetic staff at Edendale, Northdale and Umgeni hospital respectively
- Hosted and /initiated Nutrition Renal workshops for Dietitians and this was extended to dietitians within the district, Area 2 and the province respectively.
- Visited the Total Parenteral Nutrition All in One plant in Gauteng. An opportunity to view and experience first-hand the techniques and systems involved with compounding TPN bags and the strict measures for ensuring safety, infection control, nutritional adequacy and completeness of the bags for patient care in line with international guidelines and support.
- Outreach Activities: Networked with Dietetics departments in the metropolitan area to support Dietetic activities and for planning/monitoring services. Inreach activities: 3 successful workshops were hosted for Dietitians in Area 2.
 - Paediatric/Neonatal Nutrition workshop
 - Adult Surgical Nutrition workshop
 - Renal Nutrition workshop: sponsored
- 2 SAM Training sessions facilitated and coordinated by Dr Callitz and Dietetics staff. Target audience: nursing staff
- 2 intern doctor presentations in NICU for breastfeeding and KMC
- Participated in the staffing norms workshop and made contributions to the documents for National office

Accepted and mentored a volunteer Dietitian since January 2016

Challenges:

- Due to staffing constraints we are limited to further expand the service to meet Tertiary demands.
- Although the bed status for the NICU is 25 currently, Dietetic service to this unit remains largely on a referral basis. Parenteral Nutrition and enterally fed patients are prioritized. On average a **maximum of 6** patients /day can be seen by the existing Dietitian allocated to this ward, as she is also responsible for 3 other wards. We are unable to screen patients or to see all patients in the NICU due to staffing constraints, clinical demands of the other allocated wards and time constraints. Only 24 % of the Dietetic needs of the unit are being met. This equates to we urgently require 2 Full time Dietitians (new posts) to manage existing services without any further expansion beyond the 25 beds alone.
- No designated full time Dietitian post dedicated to main ICU. Current staff (2) is servicing the unit together with other clinical duties. Expansion beyond the current number of beds (12) will require an additional Dietitian to be appointed.
- Supporting the referral/base hospitals with specialist feeds for patients leaving our facility

- Meeting the increasing demands for service delivery to outpatients referred to Dietetics
- Lack of full time administrative clerk to assist with admin duties. This would relieve current staff to focus more on clinical duties thereby increasing their efficiency relating to patient care.

Absence of a coordinated electronic health information system means that a lot of clinical time is spent on administrative tasks.

Plans for Upcoming Year Ahead:

- * Strengthen referral system and monitoring of patients to base hospitals
- * Plan for 3 Inreach Workshops: Medicine, Paediatrics and Parenteral Nutrition
- * Strengthen the current CPD programme to include more focused Nutrition topics
- * Strengthen system for Clinical and documentation Audits
- * Strengthen support and training for staff
- * Conduct staff and client Satisfaction survey to improve on current service.

Compiled by Mrs R. Lachman

AD: Dietetic Manager

Head Of Department

INFECTION PREVENTION AND CONTROL DEPARTMENT

⇒ **HAI QIP:**

- Started a HAI QIP in mid- 2015 headed by Dr L Naidoo for the ICU departments due to the high rate of infections in these areas.
- This group comprises of Dr L Naidoo (Medical Manager) ,Ms S Arends (QA Manager), Mrs J. Green (IPC Manager), and the Operational managers from ICU (OM Steward), NICU (OM Umichand) PICU (OM Martin Lewis).
- The team meets quarterly to discuss the progress of the project.

⇒ **HAND WASHING RELAY:**

- Grey's Hospital took part in the 2015 WHO Hand washing Campaign
- Obtained 2nd price at a prize giving ceremony held at (IALCH) Albert Luthuli Hospital for the 2nd highest staff members that entered the relay.
- Relay was well supported by staff of all categories including Exco members.
- Dr Dawood and Dr Mogamberg assisted tremendously to make the day a huge success.

⇒ **PEER REVIEW AUDITS:**

- These are conducted on a quarterly basis
- All IPC members from each ward/department form the task team to conduct these audits.
- These audits help to prepare us for the District Peer Review audits.
- Annual audit conducted in October of each year.
- Percentage obtained in 2015 was 82.5%

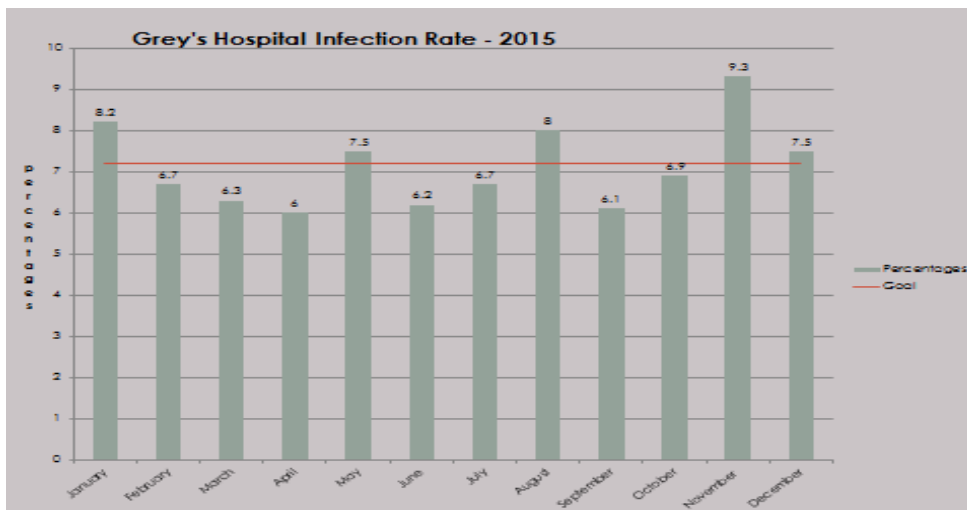
Hand washing Campaigns done throughout the year which is inclusive of the non clinical areas



Hand Washing Drive 2015 Maintenance Department, CMCS, Radiology etc.

Goal infection rate for 2015 was 7.2% (based on decrease of 10% from 2014 rate).

The graph reflecting the stance of the hospital in 2015



ANNUAL INFECTION DATA FROM JANUARY 2015 - DECEMBER 2015

Per Site

- Nosocomial Infection rates calculated according to different sites:

i.e.

- Blood
- Respiratory
- Other
- Wound
- Urine



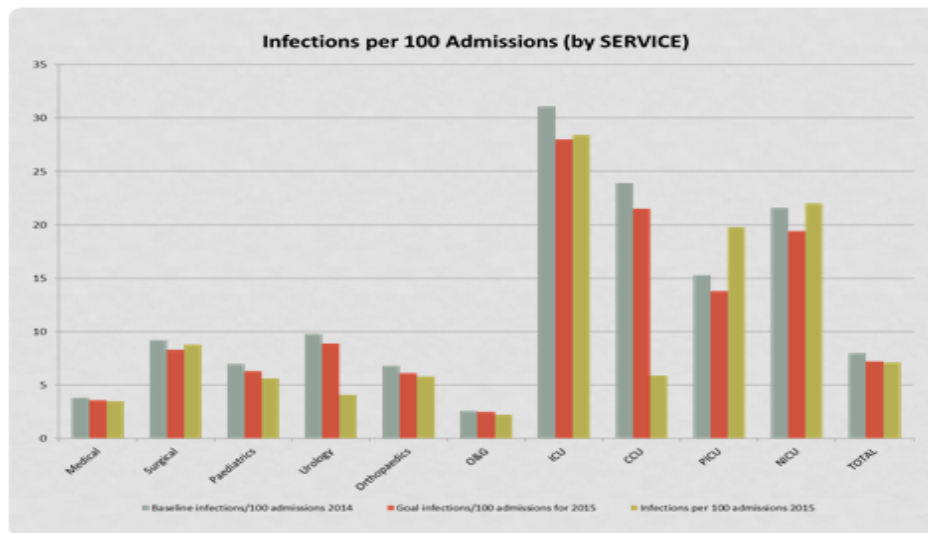
Per Service / Domain

- Nosocomial Infection rates calculated according to different services:

i.e.

- Medical
- Surgical
- Orthopedics
- Pediatrics
- Urology
- 4 ICU's

Graph reflecting the infections for the Sites for the year 2015



⇒ **CHALLENGES:**

- Audits reflect that hand washing is still a challenge
- Fluctuating high rates of Nosocomial infections in the ICU's
- Staff attitudes mainly the doctors with regards to the wearing of PPE in the passages.
- Intermittent shortages of cleaning materials necessary for the compliance to IPC practices
- Still having a poor attendance at IPC in-service trainings
- Notification of TB patients – No TB team any more.
- Wards are notifying their own patients. Having challenges
- Not having Scanning, Faxing and photocopying in the office which will make the running of this department more efficient.

⇒ **PLANS TO OVERCOME CHALLENGES:**

- OM's to conduct hand washing audits at least quarterly in their departments
- Continue with the HAI QIP and address the problems promptly
- Do regular follow up checks at the stores department to monitor their cleaning materials
- Engage with the ANM's prior to the in-service trainings and send out emails to the wards reminding them.
- Address the challenged of the wards with regards to the TB Notifications



GOALS FOR 2016

- Grey's overall Nosocomial infection rate for 2015 = 7.1%

Total number of nosocomial infections for 2015

÷

Total number of hospital admissions for 2015

- **Goal** infection rate for 2016 is 6.8% (based on decrease of 5% from 2015 rate).
- In general, goals are set at 10% reduction, if rate $\geq 10\%$, and 5% reduction, if rate $< 10\%$

- Do regular ward visits and on the spot in-service trainings
- Assist the wards with their challenges regarding IPC
- Do more Hand washing audits
- Hand sanitizing brackets to be erected outside every ward and department, including the entrances to the building.
- Plastic pedal bins to be placed in all ward/department kitchens

JENNIFER GREEN

INFECTION CONTROL MANAGER

INFECTION CONTROL DEPARTMENT

OCCUPATIONAL THERAPY DEPARTMENT

The OT department has had a very productive year and have made an impact on clinical , academic and outreach services in the province. We continue to be a service of excellence due to the hard work and dedication of all of the staff of the department.

CLINICAL SERVICES:

- Inpatient and outpatient services to all specialties as needed.
- Dedicated services to paediatrics, orthopaedics, and plastics.
- Support to all other specialties as staffing allows.

Outreach services to all district referral hospitals.

STAFFING:

4 production therapists

1 chief therapist

1 HOD

Additional staffing is required to optimally support all specialties, ICUs and the impending UKZN student training at our facility.

PROFESSIONAL DEVELOPMENT:

A successful professional development programme is in place for occupational therapy and we were able to train and impart skills and knowledge to many therapists over the past year. We hosted 15 CPD events and 3 workshops for the year.

We have again, accredited a programme for 2016-2017 year and our focus will be on specialist clinical areas. We will also be focusing on documentation, medicolegal concerns and good functional report writing.

Two staff members are currently enrolled in their Masters programme and we wish them well.

STUDENT TRAINING

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

OCCUPATIONAL THERAPY FORUM ACTIVITIES:

We are proud to have the chairpersons of the Provincial and the National OT forum at Greys Hospital, who are both active in their contribution to both provincial and national issues. Of note were contributions to the National Core Standards, WISN, the Framework for Disability and Rehabilitation, Assistive Device Electronic Systems, Wheelchair and consumables tender. The OTs were also part of a task team that planned and implemented the first Disability Summit for KZN and coordinated the final stage of the OTT training for the province. The Provincial Chairperson also heads a Mental Health interest group, Vocational Interest Group, Paediatric interest group and ensures an effective professional development programme. She is also responsible for the Orientation and Induction of the community service therapists placed in KZN. Well done to Mrs Marie Watson on this achievement.

QUALITY IMPROVEMENT PROJECTS:

1. Effective utilization of work assessment tools
2. Paediatric Home Programmes
3. Clinical guidelines.

OTHER:

- The wheelchair and maintenance programme has had another successful year. We have definitely achieved an improvement in cost containment, acquisition of additional chairs and ensured safe patient chairs. A big thank you to the maintenance department for their dedication to the yearly programme and Ms Ghela for coordinating the programme.
- We participated in 4 effective multidisciplinary team building initiatives during the year to improve team work, morale and strengthen relationships. OT planned and implemented one of them.
- Medicolegal work has increased significantly and we are in the process of upskilling and imparting knowledge to other districts and therapists to decrease the workload on Greys Hospital. This is a collaborative effort with the Legal department, Paediatric department and OT department.

- We participated in various events in the year including staff wellness, career day and various other events.
- We network effectively with many NGOs and GOs to provide an effective referral and support system for our patients.
- We also network effectively with the Rehab directorate to ensure effective support for our programmes and alignment with provincial health goals.

2016/2017

Strengthening clinical services by improving on clinical outcomes , more focused care and quality monitoring of services are key priorities this year. Staffing is critical to an improved service and we hope to improve on the ability to be able to fill at least one post.

We look forward to a new and challenging year with renewed energy.

Compiled by Angela Chetty
Occupational Manager

OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT

Introduction:

The Occupational Health and Safety Clinic offer's comprehensive care for staff, whilst they are at work. The services provided include immediate care for Injury on duty, Needle Stick and Body fluid splash injuries. Base line, Periodical, Exit and Executive Surveillances are done routinely as per the Occupational Health and Safety Act 85 of 1993. Sick Staff employed at this establishment, are also seen routinely. Immunizations of Hepatitis B, Tetanus Toxoid, Influenza Vaccine are offered by appointment. A follow up Family planning service, is offered for the female staff. Orientation of New Staff and In-service trainings are conducted accordingly. Health risk assessments and Mock Fire Drills are also conducted.

Clinic Services

The services include immediate, follow up and final care for minor Injuries on duty, this also entails working closely with Human Resource Department to submit the necessary documents. Immediate care including post exposure prophylaxis for Needle stick injuries and body fluid splashes, Follow up and management of the Sources results, follow up bloods up to a year post injury.

Care to ill staff, whilst at work. We also see a large amount of staff for chronic medication. We run an ARV Clinic for HIV exposed staff, where they are seen and counseled respectively. We offer Immunizations of Hepatitis B, tetanus toxoid and the Influenza Vaccine during the autumn months.

Base Line Medical Surveillances are performed on all new employees. Periodical Surveillances are then conducted every two years on all employees. Exit Surveillances on any employee's leaving Greys. We offer Tuberculosis (TB) screening to any staff member or groups of staff members who have been exposed to untreated TB. Screenings for hazardous Biological agents are also conducted, when required.

We offer follow up family planning to staff and are involved in several orientation programs conducted monthly. We also offer In-service on a monthly basis regarding related Health and Safety issues. We coordinate Occupational health and Safety meetings every quarter. One, with Safety Representatives and the second with Executive management, where Health and Safety issues are discussed.

We conduct and coordinate Internal and external audits every quarter, where we are able to evaluate our performance to maintain high standards.

District meetings are attended to every quarter. Staff are also expected to attend District and Provisional workshops to maintain a high level of care.

Below is a table indicating the number of staff seen in this clinic.

Needle Stick Injuries/Body fluid Splashes	68
Occupational Post exposure prophylaxis	68
Injury on Duty	26
Occupational Disease	4
Hep B immunization	666
Base line/Medical Surveillance	104
Periodical/Medical Surveillance	11
Executive/ Medical Surveillance	0
Exit Medical Surveillance	8
HCT (HIV Counseling and Testing)	69
New HIV positive patients	19
TB Surveillance	456
New TB Clients	4
Flu Vac	498
Deaths	8
Total patients seen in this clinic	5196

2. Achievements/ Milestones

During our external audit, performed by our peers from Northdale and Edendale Hospitals we received 98%.

We received 100% during our Peer review for National Core Standards and on the 10 of February 2016 received 100% from the Office of Health Standards compliance for National Core Standards during an unplanned visit.

We run mock fire drills with a pre and post meeting to evaluate and asses, each ward's compliance.

Challenges:

During this last year, our challenges were lack of Staff resources. There are many expectations to meet the Occupational health and Safety needs for each staff member. Our lack of resources makes it difficult to maintain a high level of care for all staff.

Due to the lack of some basic equipment, we rely on other departments for assistance. There by making it challenging to care for the staff

All medical surveillances files are filed and locked away and their relevant data is captured for statistics purposes. However, this is time consuming, we would benefit from having a data capture to alleviate some of the admin back log. We would also benefit from having the correct computer software to aid this process and make it more stream lined.

Compiled By Sr C M Stilwell

Occupational Health and Safety – Greys Hospital

NURSING CAMPUS

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

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

2015/2016 has been yet another year of hard work as we prepare for changes in Nursing Education and I take this opportunity to reflect on the past year.

Student Intakes for 2015-2016

Month	Year	Programme	No. of learners commenced training
January	2015	R425	39
July	2015	R425	40
January	2016	R254	40

Grey’s Campus did not have an intake of the 4 year course in January 2016.

We will not be taking a group in July 2016 as well.

2015 NURSES GRADUATION CEREMONY

On 14th and 16th October 2015 Grey’s Campus nurses graduated at the KZNCN Graduation ceremonies held at the Royal Show-ground. On the 14th a total of 62 nurses graduated from the R425 four year program.

Ms. S.Z. Sokhela G7.11 graduated as the **TOP ACHIEVER** in the Kwazulu Natal Province.

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

On the 16th 38 nurses graduated from the Bridging course (R683).

Mr. M.S.S. Ngcobo graduated as the **TOP ACHIEVER** in the Kwazulu Natal Province.

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

30 Learners graduated from the R2175 course leading to enrolment as a Nurse.

These learners were from the Free State Province and we were honored to have the Free State College of Nursing staff share these great moments with us.

44 Learners graduated from the R254 program- Diploma in Midwifery

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

The Grey’s Hospital Choir put on a great performance

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

AWARD CEREMONY 2015

The above event was hosted with Grey’s Hospital Quality Day on 13th November 2015.

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

2014 LIGHT OF LEARNING TROPHY

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

Operational Manager: J. Naidoo

MERIT AWARD

For the Student Nurse of the Year 2014-2015

Pravesh LAKSHUMAN

MATRONS PRIZE For Leadership

Luvuyo MDLULI

SENIOR MEDICAL STAFF PRIZE

For the highest aggregate in Clinical Assessments throughout training

Naushad RAMDASS

Dr. WILLIAM J O'BRIEN PRIZE

For the highest aggregate in Theory Examinations throughout training

Sinegugu Zamahlobo SOKHELA

GROUP 1/86 TROPHY

For the Student Nurse who has shown the best all round performance in Psychiatric Nursing

Naushad RAMDASS

DAVID CANNING MEMORIAL TROPHY

Awarded to the 4th year student who receives the highest mark in Midwifery theory and clinical

Sinegugu Zamahlobo SOKHELA

DR. RUBEN NAIDU TROPHY (R683 PROGRAMME)

Awarded to the Student who receives the highest marks in Ethos and Professional Practice and Unit Management in the R683 programme

Mbongeni Sandile Simon NGCOBO

MAVIS NASH TROPHY

For devotion to duty

Siaan Wilam OLDHAM

BLAIR-TURTON TROPHY

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

Thandeka Beauty MDLADLA

Zinhle Bongwiwe MHLONGO

GROUP 4/75 AWARD

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

Zuziwe Octavia NGALEKA

GROUP 1/88 FELLOWSHIP AWARD

For the Bridging Course Student of the Year 2014-2015

Heshika SINGH

ENROLLED NURSE AWARD

ROBERT WEBB MEMORIAL TROPHY

For the Enrolled Nurse of the Year 2014-2015

Edith Puleng LETSWARA

HENRIETTA STOCKDALE FLOATING TROPHY

For the Senior Student Nurse who presents the best professional image for the year 2014-2015

Nomthandazo Michel SHATA

Dr. R.E. STEVENSON AWARD

For perseverance and achievement (voted by Lecturers)

Bandile Montgomery MEMELA

NEERMALA NAICKER MEMORIAL AWARD

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

Sinegugu Zamahlobo SOKHELA

G11/2009 TROPHY

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

Pumza DANISA

ACADEMIC AWARDS : 2015- GREY'S CAMPUS

TOP ACHIEVER: For the Student with the Highest Marks in Grey's Campus:

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

Sinegugu Zamahlobo SOKHELA

R2175 – Course Leading to Enrolment as a Nurse

Mosekami Annah MMUTSI

R683- Bridging Course for Enrolled Nurses leading to registration as a General Nurse

Mbongeni Sandile Simon NGCOBO

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

FIRST YEAR

Zarina Claudia MADHOO

SECOND YEAR

Nadia GOVENDER

THIRD YEAR

Cynthia Lindiwe DLAMINI

SPECIAL AWARD

For a student who had 100% attendance in 4 years

Mr. E.S. Miya

Miss N.F. Ngwane

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

Community Service Placements

The following learners who successfully completed training commenced Community Service:

July 2015 31 Community Nurse Practitioners

January 2016 9 Community Nurse Practitioners

They were placed at various institutions throughout the Kwazulu Natal Province.

Developments in Nursing Education

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

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

The end date for enrolment is January 2018.

The end date for qualification is December 2023.

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

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

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

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

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

The course leading to enrolment as a nurse- R2175

The course leading to enrolment as a nursing auxiliary- R2176

Grey's Campus will not be taking a group of (R683 Bridging Course for Enrolled Nurses) learners in June 2016

Student Activities

G7/2014 had Cultural Day in August 2015

G1/2015 held Cultural Day in March 2016

Learners used song, dance and sketches to display their understanding of our multi-cultured society.

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

They were able to interact and educate the general public on various health issues.

Well done, never stop sharing knowledge!

RETIREMENT

Ms. N. Royan- H.O.D. Psychiatry & Social Sciences retired on 30.10.2015

Mrs. T.E. Mtshali – Lecturer PND2 retired on 31.12.2015

We wish them a happy and restful retirement and thank them for their valuable contribution in educating nurses.

ACKNOWLEDGEMENT

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

Compiled by Mrs. J.D. Mzila
Acting Campus Principal

HUMAN RESOURCES DEPARTMENT

ANNUAL REPORT INPUTS: LABOUR RELATIONS

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

	TOTAL	FINALISED	O/STANDING
MISCONDUCT: FORMAL	10	1	9
INFORMAL	15	15	0
GRIEVANCES	36	19	15
ABSCONDMENTS	9	9	0
GRAND TOTALS	60	44	24

ACHIEVED

Reduction on Abscondment and Misconduct Cases

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

Disputes are finalized after a long period

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

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

Mrs N Dimba: Labour Relations

HUMAN RESOURCE DEVELOPMENT AND PLANNING

1. EPMDS

ACHIEVED

Captured the received documents on Persal and on the database

Assistants checked the received documents and signed.

Pay progression was paid in time for employees who submitted in time

Implemented the Grade Progressions for qualifying staff

Intermediate Review committee (IRC) assessed and signed the documents

Processed the documents for SMS and Head Clinical Unit &HC Manager, submitted to District Office Moderating Committee,

CHALLENGES

Some Line Managers fail to meet the deadlines and need to be reminded about the outstanding documents.

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

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

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

HRM Circular 50/2013 must be adhered to

Employees are refusing to accept the change of score by the Intermediate Review Committee

2. ESTABLISHMENT

ACHIEVED

Was unable to fill some of the posts Clinical & Non-Clinical posts. There was a placement of moratorium on the filling of posts

CHALLENGES

Most of the posts were abolished

3. WORKPLACE SKILLS PLANS (WSP) AND BUSINESS PLAN

ACHIEVED

Managed to submit the WSP on the agreed date that was the 15th of December 2015

CHALLENGES

Non implementation of WSP since the budget is now centralized.

4. CO-ORDINATION OF TRAINING

ACHIEVED

25 Employees obtained sponsors from different Service Providers. Only funding for one employee was approved.

CHALLENGES

No Skills and NTSG Budget allocated to the Institution

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

Late submission of applications for Courses.

Applicants do not submit Annexure C (Report Back Form)

5. AET

ACHIEVED

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

CHALLENGES

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

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

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

6. EXPERIENTIAL TRAINING

ACHIEVED

Offered Experiential Training to Students from DUT and FET & ICESA some of them were offered Permanent Jobs.

CHALLENGES

Office space and spare computers.

Not all learners were paid the stipend but Premiers Office is still currently in process with the verification

8. INTERNSHIP PROGRAMME

ACHIEVED

Nil

No Intern was placed in 2015/2016.

The recruitment is done at District Level.

Office space

SYSTEMS COMPONENT

1. HUMAN RESOURCES

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

Assistant Manager: Systems Management

Chief Security Officer

Transport Management Officer

Artisan Electrician

General Orderlies x5

Food Service Orderly x4

Food Service Aids x2

Tradesman Aid: Electrical x3

Tradesman Aid: Plumbing x2

Tradesman Aid: Mechanical x1

Tradesman Aid: Painter x1

1.2 Training and development of staff

Department	Course attended	No of staff trained
Maintenance	Induction Training in Public Service (CPI)	10
Systems Management		0
Security		
Main Registry	<ul style="list-style-type: none"> Records Management course 	01
Linen Room	<ul style="list-style-type: none"> Hand washing techniques 	24
	<ul style="list-style-type: none"> Personal Protective Equipment 	18
Transport	0	0
Food Services	0	0

1.3 Staff on Temporary/ Long Term Incapacity Leave

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

Department	Temporary Incapacity	Long Term Incapacity Leave
Food services	07	01
Security	0	01
Linen Room	08	02
Telecommunications	03	0
Main Registry	0	0
Systems Management	01	0

2. FLEET MANAGEMENT

One new vehicle was received :KZN 210913, Mahindra Scorpio

2.1 Challenges

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

Vehicle	Registration:	Make & Model	Year Purchased	Age (years)
27678		Toyota Hilux	2000	15
27160		Toyota Hi Ace	2004	12
27899		Toyota Condor	2004	12
27900		Toyota Condor	2004	12
28158		Ford Ranger	2005	11
28213		Ford Ikon	2005	11
28214		Ford Ikon	2005	11
28473		Isuzu Bus	2006	10
28474		Isuzu Bus	2006	10

2.3 Achievements

There were no vehicle accidents during the reporting period

3. CATERING SERVICES

3.1 The following equipment was procured and delivered

Steam oven, kombi, 20 pans

Dish drying machine

3.2 Challenges:

Extractor fans need upgrading

Peeling paint due to humidity

Food serving trolley are broken and not compliant to NCS requirements

3. Achievements

Construction of change rooms for staff

Contract for servicing of cold rooms and freezers was put in place

Tiles and stainless steel plating was installed beneath steam pots area

Burglar guards were installed for the Main Kitchen and Dining Hall area

4. LINEN ROOM

4.1 Achievements

Budget was made available to meet with minimum stock requirements. Linen stock was procured from Head office centralize

budget (Bed spreads, blankets baby, bed sheets, pillow cases, pillows, wrappers OT, Pyjamas for patients etc, laundry bags, draw sheets) Basic equipment procured: 1x fridge for staff use, 1x tumble dryer, 1 sluicing machine.

Introduction of night shift increased production and eliminated backlogs

Maintenance contract for servicing of machines was put in place

4.2 Challenges

The breakdown of Cato Manor Laundry created delays in turnaround times which compromised service delivery

Increased linen turn over in comparison to the previous years

Five staff members on light duty impacts on the availability of manpower

Outstanding basic equipment still to be procured as per Procurement Plan.

Environmental control i.e air conditioning and extractor fans, still a challenge.

5. Security Service

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

5.1 Achievements

Revamping of the Security Office. The department was painted and the vinyl flooring was replaced.

Improvement on the allocation of parking and it is progressive

Finalization of the three (3) year Tender contract and award of the New Security Services Provider, Sharks Protection Services, which started on the 1st December 2014.

Post of Chief Security Officer was filled

Uniform for all Security personnel was procured

The process for the installation of CCTV cameras in high risk areas was initiated and is in progress

The registration of the institution with PSIRA as a Security Provider was started and is in progress.

Security department scored 93% on National Core Standards

41 Security Cases were reported for investigation, two (02) arrests were made by SAPS, six Internal hearing and sanctions imposed.

5.2 Challenges

The lay out of the hospital is complex and thus requires additional security (Private) to be appointed for manning the hospital corridors and Wards.

Installation of blinds for the Security department was included on the Procurement Plan

Delay in the appointment of Principal Security Officer due to moratorium

6. MEDICAL LIBRARY

Medical Library collection: Non Fiction Medical Books (short loan, reference and open shelf), Journals, Newspapers.

Library Facilities: Photocopying, Printing, Internet access, Inter-Library loans, computer LAN.

6.1 Achievements

60 New books were procured

6.2 Challenges

Only 60 books out of 300 were procured due to Budget Limitations

No current medical journals

Most of the books are old and outdated

7. MAIN REGISTRY

7.1 Achievements / Equipment received

Photo copier machine (multi function)

Achieved 100% on NCS

Document archiving : New files opened for all hospital management meetings (Exco, Hospital Board, Extended Management,

Risk Management, Cashflow, Quality Management, Assets and Losses, Infection Control, Safety and Security), Hospital Newsletter and Management Policies.

7.2 Challenges

Staff shortage – due to one staff member that was medically boarded in December 2015 and has not been replaced.

8 TELECOMMUNICATIONS

8.1 Achievements

Control measures were put in place to monitor telephone usage and reduce telephone expenditure.

Monthly telephone expenditure reports analyzed at the Cash-flow meetings.

8.2 Challenges:

Escalating costs for telephone usage due to the increased number of telephone extensions required to cater for the expansion of services.

PABX equipment needs to be upgraded, contract with Service Provider expired some time ago and is currently on a month to month basis. Motivation for upgrading of equipment was sent to Head Office , still awaiting approval.

9. IT EQUIPMENT

The following equipment was received:

Computers x 8

Laptops x 0

Ipad x 0

Data Projectors x 2

Printers x 4

No network points were installed awaiting for Head Office to approve.

10 Cleaning and housekeeping services

10.1 Achievements / Equipment procured

- Amalgamation of housekeeping and cleaning services to fall under one Component
- 70% of Wards were stripped and is on going
- Intensive cleaning of Doctors Quarters
- Introduction of cleaning check lists in all Wards and for public toilets
- Equipment procured : heavy duty vacuum cleaners x2

10.2 Challenges

No post for the supervision of cleaning and housekeeping service

Housekeepers to be equipped with supervisory skills

Vacancy rate is high due to moratorium (Housekeepers and General Orderlies)

11. MORTUARY

11.2 Achievements

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

11 MORTUARY

11.2 Achievements

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

11.3 Challenges

Mortuary trolleys need refurbishment

Department is due for re- painting

Strengthen security – installation of burglar guards in the department

12. SERVICE CONTRACTS

12.1 Provision of Security

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

12.2 Cleaning of Buildings

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

12.3 Maintenance of Gardens and grounds

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

13 MAINTENANCE

13.1 Achievements

The following Maintenance Projects were completed:

- Created offices at Administration building.
- Created offices at Medical Records.
- Replaced metal ceiling panels with cement fibre boards in the following areas:
Dieticians, Physiotherapy, Ward C2, Ward F2, Ultrasound, Medical board 1st Floor Admin block
- Converted old Oncology to offices for X-Ray department.
- Revamped board room of Oncology department.
- Painted wards C2 & F2
- 50% of OPD (clinics) area painted.
- Installed dry wall partitioning at ward D1.
- Painted most of CSSD.
- Painted Workshop Stores Offices.
- Road marking of:
 - Montgomery parking area
 - Maternity parking area
 - Admin building
 - 70% of OPD parking area
- Replaced basement exit wooden doors with steel doors and frames – NWB & SWB.
- Replaced two fire escape doors with mechanisms at Pharmacy.
- Refurbished perimeter fence at Path Lab.
- Entered into maintenance service contract for autoclaves at Theatre and CSSD.
- Instrument washers – maintenance contract initiated.
- 3 year statutory inspection done on Boiler no. 1
- Sections of steam pipes replaced in hospital.
- Two calorifiers at Nurses home were refurbished.
- Air volume boxes cleaned out at ward H1, E1, F1, D1, D2 & Social workers office.
- Chillers x 4 serviced.
- Steam bellows changed at Main plant room & Theatre basement – enhancing steam supply.

- HFO fuel tanks cleaned.
- Blowdown lines were replaced on Boiler no. 1 & 2 to enhance boiler efficiency.
- Vacuum pumps x 10 serviced.
- Replaced condensate pipes between NWB and SWB plant rooms.
- Renal Osmosis machine is serviced according to maintenance contract.
- Controls serviced of central air conditioning system.
- Nurse call systems replaced at ward C2 & F2.
- Refurbishment of generator radiator at Maternity and South Ward Block.
- Replacement of UPS at Labour Ward, Theatre and ICU.
- Serviced MV (11 000 volt) breakers.
- Protection relay tests on MV network done.
- Transformer oil samples tested.
- Replaced battery chargers in 12 x sub-stations.
- Annual generator servicing done.
Annual servicing of UPS done.
- Test run all emergency generators and UPS units once a week on load and recorded.
- All the ISOLLOCKS were tested weekly and recorded.
- Serviced cold rooms and freezers according to contract.
- Entered 1 year contract for servicing of domestic air conditioners.
- Replaced access control at Ward A1
- Installed 11kV check meter in main sub-station.
- Replaced domestic air conditioner at Assets, Equipment, CDC clinics, Labour ward, Anaesthetic seminar room and Park home 7.
- Installed boom gates at Montgomery and Town Bush entrances.
- Serviced KONE & Schindler Lifts.
- Serviced pneumatic and medical air compressors.
- Domestic hot water pipes replace in parking lot at Doctors Quarters.
- Upgraded side wards into Seclusion rooms in ward H1 & F2.
- Upgrading of change rooms for Kitchen staff.
- Installed concrete staircase from Park homes to Hellipad.
- Installed tiles and stainless steel plating beneath steam pots in Main Kitchen.
- A section of waste skip area was slabbed behind Doctors Quarters.
- Vinyl flooring replaced in:
 - * Theatre ± 93m²
 - * Doctors Quarters ±54m²
 - * Ward E1 ± 30m²

- * ANC ±30m²
- * Office behind Home affairs ±30m²
- * CSSD ±25m²
- * Passages ±90m²
- * OPD ±40m²
- * Old gym ±20m²
- Replaced 10 toilet pans, wash hand basins and porcelain cisterns at Nursing Campus.
- Replaced 10 wash hand basins at OPD.
- Replaced 13 wall hung toilet pans with normal floor mounted toilet pans at ward M4.
- Broken window panes replaced throughout the Institution.
- Serviced water header tanks x 18.
- Serviced firefighting equipment.
- Replaced storm damaged gutters at Workshop building, EMS and Transport.
- Re-upholstered 20 visitor chairs.
- Replaced air conditioners at ward D2, Oncology, Transport, Campus, EAP office at Recreation Hall.
- Replaced curtain rails in Campus, Creche, SWB, D2 and CCU.
- Upgraded light fittings and scrub room taps (medical mixers) at Theatre 10.
- Kangeroo Mother Care (KMC) completed by DOW.

compiled by Miss N.P. Njokwe
Hospital Systems Manger

PUBLIC RELATIONS DEPARTMENT

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

⇒ **COMPLAINTS STATISTICAL REPORT FROM Q1 – Q4 (2015 -2016)**

GREY'S HOSPITAL	1 st QUARTER			2 nd QUARTER			3 rd QUARTER			4 th QUARTER			TOTAL PER CATEGORY
	APR 2015	MAY 2015	JUN 2015	JULY 2015	AUG 2015	SEPT 2015	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	
Continuity of Care	0	03	0	01	1	0	2	0	01	01	01	01	11
Waiting times	01	0	1	0	1	1	0	0	0	01	02	01	08
Access to information for patients	0	0	0	0	0	0	0	0	0	0	0	01	0
Cleanliness	0	0	0	01	0	0	0	01	0	0	0	0	02
Respect & Dignity	02	0	02	02	1	0	2	0	0	05	01	01	16
Lack of Communication	0	0	0	0	0	0	0	0	0	0	0	0	01
Medical Records	0	0	0	0	2	0	0	0	0	0	0	0	02
Postponement of operations	02	0	0	01	2	4	2	06	0	0	01	0	18
Patient care	0	02	2	01	1	2	2	1	01	01	0	01	14
Food Services	0	1	0	0	0	0	0	0	0	0	0	0	01
Safe and secure environment	01	0	0	01	0	0	0	1	0	0	02	0	05
Maintenance	0	0	1	0	0	2	0	0	01	0	0	0	04
Media Query	0	0	0	3	0	0	1	1	01	01	02	0	09
Unavailability of Medication	0	0	0	1	0	1	1	1	0	0	0	0	04
Unavailability of bed	0	0	0	0	0	0	0	0	0	0	01	0	01
TOTAL	06	06	06	11	08	10	10	11	04	09	10	05	96

MONTH	NUMBER OF COMPLIMENTS
APRIL 2015	45
MAY 2015	57
JUNE 2015	30
JULY 2015	70
AUGUST 2015	85
SEPTEMBER 2015	109
OCTOBER 2015	72
NOVEMBER 2015	97
DECEMBER 2015	47
JANUARY 2016	88
FEBRUARY 2016	147
MARCH 2016	86
TOTAL	933

Grey's Hospital has successfully celebrated all health awareness/events and outreach programmes planned for 2015 although financial constraint was a challenge. The below table indicates all events celebrated in 2015

OUTREACH HEALTH AWARENESS EVENTS/PROGRAMMES CELEBRATED IN 2015

NAME OF OUTREACH HEALTH AWARENESS/EVENT	VENUE	PURPOSE	DATE
◇ World No Tobacco Day	At Amandleziwe High School in Bulwer	Encourage young people to not start smoking due to health risks posed	28 May 2015
◇ National Youth Day	A children's home in PMB was visited	Awareness programme focusing on drug abuse, pregnancy, peer pressure, youth day and changes since democracy	26 June 2015
◇ Mental Health Month	Outreach to Greytown - an old aged home and a children's home were visited	Mental Health across the Lifespan- Training for allied health staff	July 2015
◇ International Mandela Day	eSigodini Clinic & eSigodini Primary School were visited	Provided health education on mental health and drug abuse	29 July 2015
◇ Organ Donor Awareness	Midlands Mall	Stall at the mall promoting organ donation and Signing up members of the public for organ donation	3 September 2015
◇ World No Tobacco Day Poster Competition:	Emandleziwe high School	Educate learners about smoking	4 September 2015
◇ Combined Renal / Pharmacy Week	Visited Grange Clinic	Education to staff and patients about a range of renal related topics	8 September 2015
◇ International Childhood Cancer Day	Woodlands, East Boom & Mpophomeni Clinics were visited	Raise awareness on childhood cancer and distribution of information leaflets	12, 23 and 27 February 2015
◇ Childhood Cancer Awareness Month & World Hospice And Palliative Care Day	Grey's POPD and Impilwenhle Clinic	Raise awareness about childhood cancer	16 & 22 September 2015

HEALTH AWARENESS/EVENTS CELEBRATED INTERNAL IN 2015

NAME OF HEALTH AWARENESS/EVENT	VENUE	PURPOSE	DATE
⇒ International Epilepsy Day	Social Work Department and POPD	Raising awareness on children living with epilepsy	11 February 2015
⇒ STI / Condom Week	Occupational Health and Safety	Raise awareness on sexually transmitted infections and condom usage	11 February 2015
⇒ Cancer Shavathon	Held at Montgomery entrance	Raise funds for cancer patients	25 February 2015
⇒ World Kidney Day	Poster and pamphlet display in OPD	Raise funds for Durban Kidney Foundation	12 March 2015
⇒ World Haemophilia Day	OPD		17 April 2015
⇒ Burns Awareness Week	OPD		4 to 13 May 2015
⇒ Hand Sanitizing Relay	Grey's Hospital	Raise awareness on the importance of hand washing	05 May 2015
⇒ International Nurses Day	A prayer was held in the chapel	Recognition of the critical contribution of nurses to the healthcare system	12 May 2015
⇒ Child Protection Week	POPD, OPD, Paediatric wards and Lodger Mothers facility	Awareness campaigns held in POPD, OPD, Paediatric wards and Lodger Mothers facility	27 May to 2 June 2015
⇒ Career Open Day	Recreational Hall		31 July 2015
⇒ Market Day	Grey's Hospital	Raise funds and awareness for the Quad-Para Association KZN, Organization that provides counselling, support and reintegration services	3 September 2015
⇒ Healthy Staff Day	Recreational Hall		18 September 2015
⇒ Nutrition Week	Presentations at ANC Clinic, Oncology Clinic and Cardiac Clinic	Promote Healthy Eating in the workplace	9 to 15 October 2015
⇒ Fun Run/Walk	Grey's Hospital and Townhill Hospital	Promoting healthy living amongst staff	24 October 2015
⇒ World Radiography Day	Recreational Hall	Recognizing the efforts of radiographers and creating awareness around radiography, promote teamwork	6 November 2015
⇒ Quality Day	Recreational Hall	Celebrate and Recognize all staff who have gone an extra mile in improving service delivery	14 November 2015
⇒ Diwali Celebration	Out Patient	Recognition of Indian Culture	9 November 2015
⇒ 16 Days Of Activism	Lodger Mothers	To educate people about woman and children abuse.	25 November 2015
⇒ Diabetes Day	Outpatient Grey's Hospital		07 November 2015
⇒ World Aids Day	Outpatient Grey's Hospital	To educate people and create awareness about HIV and Aids.	01 December 2015
⇒ School Age Hearing Aid Clinic: End Of Year Function	Speech Audio Department		December 2015

QUALITY ASSURANCE

NATIONAL QUALITY INITIATIVES:

Greys hospital is striving towards compliance with regards to the National Core Standards requirements and certification of the institution. Various assessments have taken place to ensure compliance with the National Core Standards requirements

OHSC Assessment - Conducted in July 2013

External Peer Assessment - Conducted in June 2014

External Peer Assessment - Conducted in August 2015

OHSC Assessment -Conducted in February 2016

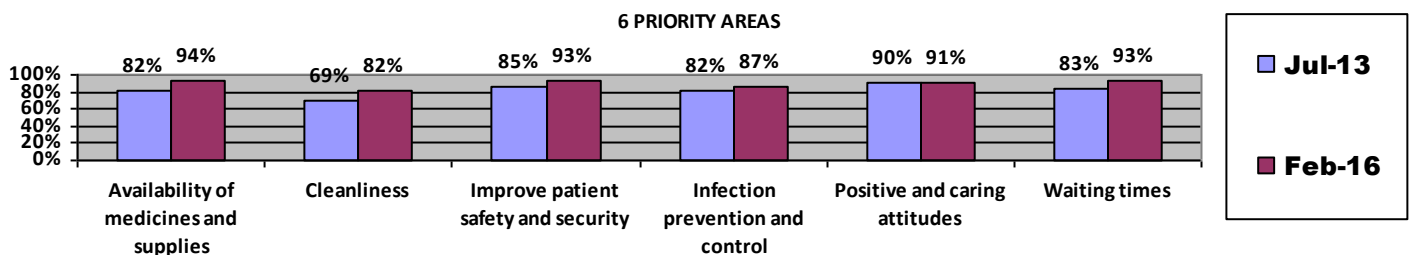
The **Office of Health Standards and Compliance** conducted an unannounced visit at Grey's Hospital on the 10 February 2016 .Results as follows:

Overall Performance	Outcome	91%
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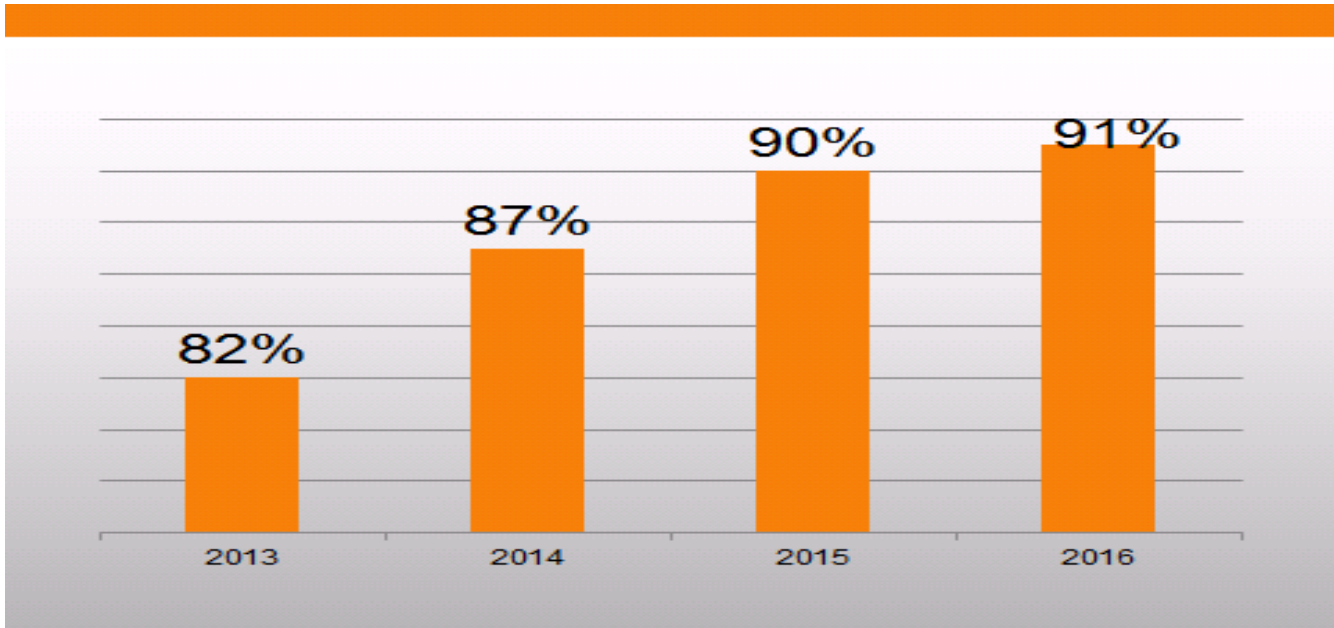
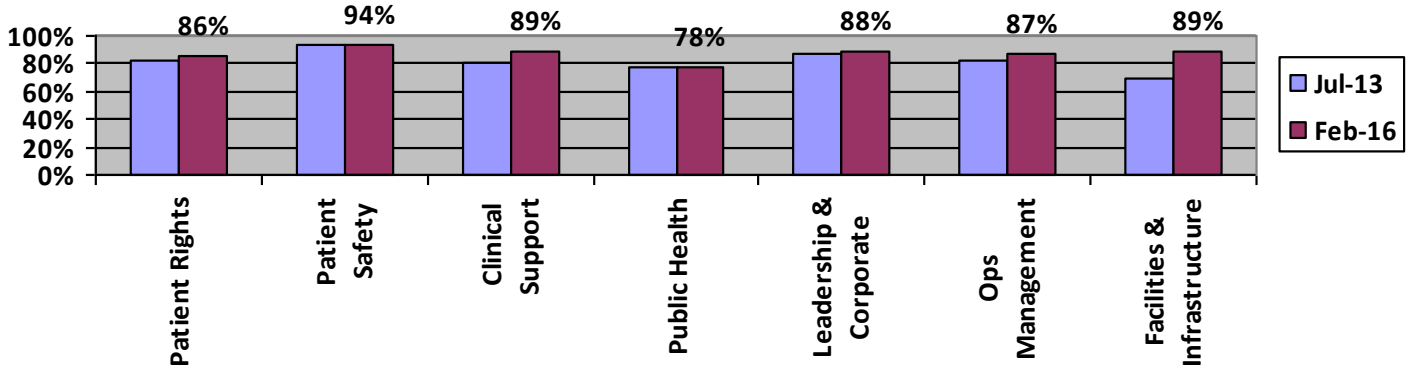
Non-Compliance Cut-Off Levels	Overall Score
Extreme Measure (X): Overall score < 100% will result in "Non-Compliance"	X = 95%
Vital Measures (V): Overall score < 90% will result in "Non-Compliance"	V = 88%
Essential Measures (E): Overall score < 80% will result in "Non-Compliance"	E = 88%
Developmental Measures (D): Overall score < 60% will result in "Non-Compliance"	D = 80%

Priority Area	Score
Availability of medicines and supplies	94%
Cleanliness	82%
Improve patient safety and security	93%
Infection prevention and control	87%
Positive and caring attitudes	91%
Waiting times	93%

Domain	Score
1 Patients' Rights	86%
2 Patient Safety / Clinical Governance / Clinical Care	94%
3 Clinical Support Services	89%
4 Public Health	78%
5 Leadership and Corporate Governance	88%
6 Operational Management	87%
7 Facilities and Infrastructure	89%



7 DOMAINS



For our efforts we were awarded:



Grey's hospital won the silver award for achievement in National Core Standards at the MEC Annual Service Excellence awards in May 2015



DR L NAIDOO RECEIVED SILVER AWARD FOR BEST PUBLIC SERVICE LEADER OF THE YEAR AT THE PREMIER SERVICE EXCELLENCE AWARDS ON 16 JULY 2015



Won 1st Place for Best Performing Hospital in National Core Standards at the District Service Excellence Awards June 2015



Dr L Naidoo won Gold award for Best Public Service Leader of the Year at the 3RD Annual National Batho Pele Excellence Awards on the 13 November 2015.

INITIATIVES TO IMPROVE OVERALL PERFORMANCE OF THE 6 PRIORITY AREAS

Priority 1: STAFF ATTITUDE

- Batho Pele training conducted bi-annually
- Quality Improvement Training conducted yearly
- Grey's hospital introduced a **Patient Information Brochure** that is handed to all patients on admission to a ward.

Priority 2: WAITING TIMES.

- Departmental staff are to intermittently announce waiting times
- Customer Care Service assistants introduced to assist with patient traffic in the Outpatient Department

Priority 3: PATIENT SAFETY

- Rotation of security personnel
- Bomb Threat Training by Bomb Squad SAPS
- Mock fire drills
- Installation of a "Disaster Board" in every ward and department that will display action cards, disaster plan etc.
- Quarterly Quality Nursing Audits



BOMB SQUAD TRAINING



MOCK EMERGENCY FIRE DRILLS

Priority 4: INFECTION PREVENTION AND CONTROL

- Formulation of contact posters i.e. droplet precaution, airborne precaution posters
- Introduction of the “Best Care Always Bundles” initiative in the Intensive Care Units
- Introduction of the “Your 5 Moments of Instrument Hygiene”
- Procure hand sanitizers to be installed outside all wards and departments
- Standardized Hand Washing Poster initiated

Priority 5: CLEANLINESS

- Random Spot Cleanliness audits
- Public Toilet renovation in the Out-patient department

Priority 6: ACCESS TO MEDICATION AND SUPPLIES

Help desk introduced at Pharmacy where patients scripts are screened before given to dispensary

PHARMACY HELP DESK



5. Waiting Time Report

Annual Waiting times Survey was conducted in August 2015

Many initiatives introduced:

- A newly developed **Bed Status Report** is sent out **daily** to the whole hospital in order to optimise bed usage
- The introduction of the **Inter ward transfer form** that was distributed to all patient care areas and wards to promote continuity of patient care between wards and departments
- **Security measures** were undertaken to safeguard our patients, personnel, family and visitors:
- Voice prompted, 1800kg **elevators (lifts)** installed at the Outpatient Department
- Infection Prevention and Control undertook a **Hand Washing relay**
- Pharmacy department introduced the **Medication Side Effects Booklet**
- Pharmacy Department introduced the **Take Home medication and Ward stock Totes.**
- Opening of **Neonatal Intensive Care Unit (NICU)**
- The **refurbishment of Medical 27 bedded ward (D1) and ward F2,**
- The introduction of the **quick reference guide** regarding the actions to take in the event of a bomb threat or fire. The reference guides are placed at the telephones.

Quality Improvement Training:

Grey's Hospital Quality Improvement Training was conducted on the 21, 22, 23 October

2015. A total of 40 personnel were trained.

X 7 Quality Managers from other facilities attended the training for

Benchmarking purposes

Quality Audits:

The following audits are been maintained:

- Quality audits
- Nursing documentation Audit
- Random spot cleanliness audit
- Waste Management Audit
- Infection Prevention and Control audit

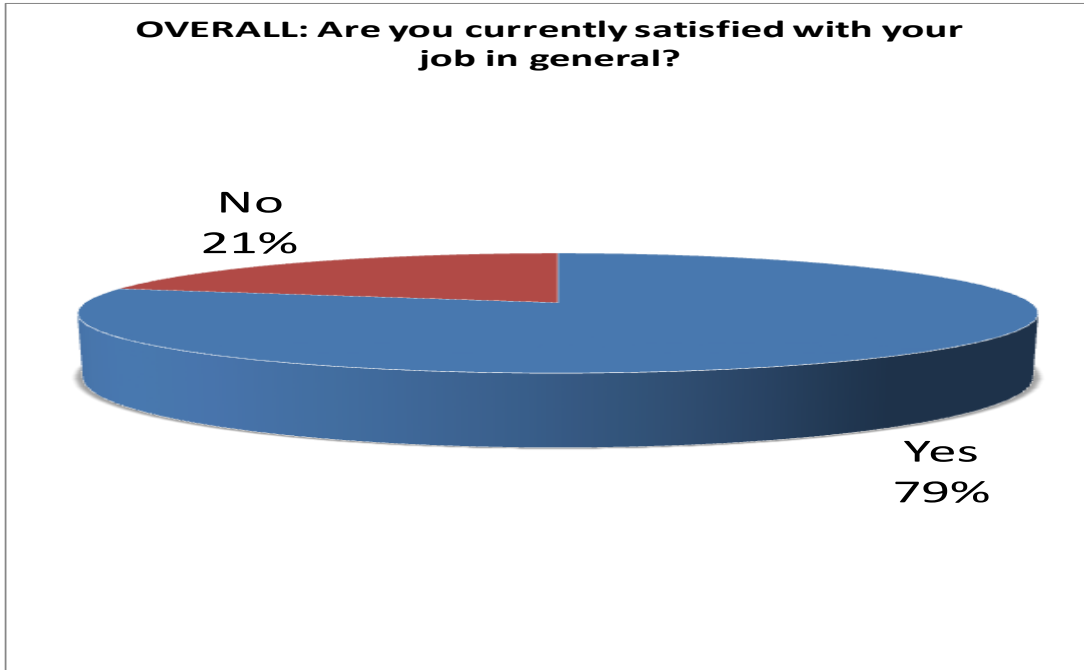
Quality Improvement Programmes

Listed below are 16 of the many Quality Improvement Programs implemented at Grey's hospital

No.	Presentation	Department/Ward
1.	Waiting time for Renal Patients	POPD
2.	Diversional Therapy for Chronic Pain Patients	Pain Clinic
3.	Basic Life Support Certification	Emergency Department
4.	A narrow Escape	Occupational Health and Safety
5.	Disposal of Linen	Management
6.	Attendance Register	Ward F1
7.	Asses Control	Supply Chain Management
9.	Knowledge of Health care staff on Gastronomy/percutaneous Endoscopic Gas- tronomy (PEG) feeding and care	Dietetics
10.	Doing Drugs the right way	Ward D2
11.	Patient Admitting Records	Patient Admin
12.	Postnatal care plan	Ward M1
13.	Adult Work Assessments	Occupational Health and Safety
14.	Pain Management	Ward M4
15.	Prevention of intravenous associated Infections	Ward A1
16.	Standard Assessments	Speech Therapy

Staff Satisfaction Survey

The Staff Satisfaction Survey was conducted by the HR Department October 2015



Quality Day:

Grey's Hospital celebrated Quality Day and Awards Ceremony on the 13 November 2015 at the Recreational Hall. The theme of the day was "Celebrating 16 Decades of Service Excellence" in keeping with Grey's Hospital turning 160 years old. We were honored by the presence of our previous leaders namely Sr Scott, Dr Nuidu, Mr Mike Thomas, members of the hospital board and many more.

Our former leaders were commended for setting the standards by which we imitate to this day. The event showcased Grey's hospital, how we have embraced modern technology, procured new equipment, implemented quality improvement initiatives, to ensure superior service delivery.

A special tribute to Dr B Bilenge was made.

Greys Campus Awards Presentation added to the celebration of the day.

Conclusion:

Quality remains the core of all projects, programmes, initiatives and therefore should never be compromised.

- ◇ Do the right thing right, right away,
- ◇ Promote and sustain high quality standards,
- ◇ Take pride in our work,
- ◇ Obtain Certification together from the Office of Health Standard Compliance.

Compiled By:

Ms S. Arends

Quality Assurance Manager

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

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

WE PROMISE TO:-

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

SIGNED BY:

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

.....
DR L. NAIDOO
Medical Manager

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

.....
MRS BG ANDERSON
Finance Manager

.....
MR H S K HLONGWA
Human Resource Manager

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

.....
Mr J.Z. Mntungwa
Public Relations Officer



health

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