



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

GREY'S HOSPITAL
HOSPITAL MANAGEMENT
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GREY'S HOSPITAL ANNUAL REPORT 2011/2012



TABLE OF CONTENTS

INTRODUCTION, VISOIN & MISSION, SERVICE COMMITMENT CHARTER	3-6
NON CLINICAL REPORTS	
DATA MANAGEMENT STATISTICS	8-9
PUBLIC RELATIONS DEPARTMENT	10-12
SYSTEMS COMPONENT	13-16
MAINTENANCE DEPARTMENT	17
FINANCE DEPARTMENT	18-21
HUMAN RESOURCES DEPARTMENT	22-24
NURSING CAMPUS	25-27
QUALITY INITIATIVES	28-31
CLINICAL REPORTS	
INTERNAL MEDICINE	32-33
OBSTETRICS AND GYNAECOLOGY	34-37
OPHTHALMOLOGY DEPARTMENT	38-40
PAEDIATRIC DEPARTMENT	41-43
ONCOLOGY DEPARTMENT	44-45
UROLOGY DEPARTMENT	46-51
RADIOLOGY DEPARTMENT	52-54
CLINICAL PSYCHOLOGY	55
SOCIAL WORK DEPARTMENT	56-57
DIETETICS DEPARTMENT	58-59
NURSING DIVISION	60-63
OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT	64-65
PLEDGE	66-67

INTRODUCTION

Grey's Hospital is a 530 bedded hospital, but currently there are only 509 usable beds. It is situated at Town Bush Road, Chase Valley in Pietermaritzburg. Grey's Hospital provides two levels of health care services to its patients namely, 20% Regional Services and 80% Tertiary Services. We provide Regional Health Services to 1 million population within Umgungundlovu District and Tertiary Services to a population of 3.5 million in the Western area of KwaZulu –Natal, which includes the following districts: Umgungundlovu, Uthugela, Umzinyathi, Amajuba and Sisonke.

This annual report will include summaries of the main activities held during 2011/2012: Reports from the following departments will be included:

- ◆ Data Management
- ◆ Public Relations Office
- ◆ Systems Component
- ◆ Maintenance Department
- ◆ Finance Department
- ◆ Human Resource Department
- ◆ Nursing management
- ◆ Obstetrics and Gynaecology
- ◆ Internal Medicine
- ◆ Ophthalmology Department
- ◆ Paediatrics Department
- ◆ Occupational Health and Safety
- ◆ Oncology Department
- ◆ Radiology Department
- ◆ Urology Department
- ◆ Clinical Psychology
- ◆ Social Work Department
- ◆ Nursing Campus
- ◆ Dietetics
- ◆ Quality Management

GREYS HOSPITAL VISION & MISSION

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 our 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

1. ATTITUDE:

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

2. PERSONAL APPEARANCE:

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

3. COMMUNICATION:

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

4. COMMITMENT TO PATIENTS:

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

5. COMMITMENT TO CO-WORKERS:

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

6. CUSTOMER WAITING:

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

7. HALLWAY ETIQUETTE:

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

8. PRIVACY:

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

9. SAFETY AWARENESS:

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

10. SENSE OF OWNERSHIP:

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

Grey's Hospital is rendering the following services on referral basis only, except for emergency and trauma cases:

<p><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 	<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- Endrocrine / Reproductive
<p><u>SURGERY & SUB-SPECIALITIES :</u></p> <p><u>GENERAL SURGERY :</u></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>RADIODTHERAPY 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>RADIODTHERAPY SECTION:</u></p> <ol style="list-style-type: none"> 1. Simulator 2. Planner 3. Linear accelerator 4. Brachytherapy 5. Mould Room 	

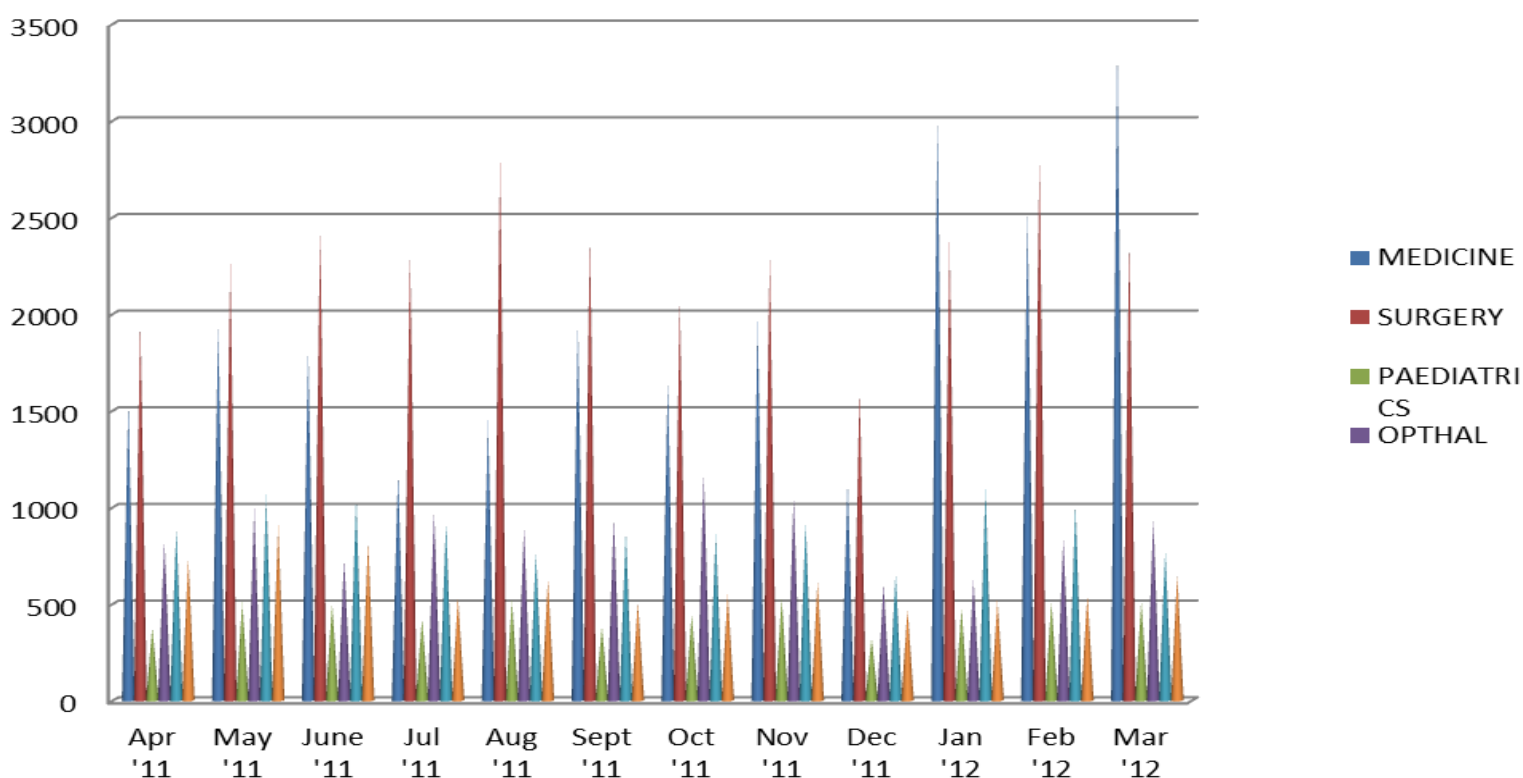
HOSPITAL PERFORMANCE

DATA MANAGEMENT DEPARTMENT STATISTICS

EFFICIENCY INDICATORS APR 2011 - Mar 2012

EFFICIENCY INDICATORS APR 2011 - Mar 2012	ACHIEVEMENTS	TARGET	GAPS	ACTION PLAN TO ADDRESS GAPS
Utilisation Rate	79.0%	80%	1	
Length Of Stay(Days)	11 Days	8 days	3	Due to stretcher case patients staying long. EMRS to assist in transporting patients to their respective institutions
Patient Day Equivalent	195755			
Caeserian Section rate	69.0%	35%		Due to the load of operations being referred because of lack of equipment from district levels
Fatality Rate	3.6%	5%		
Surgical Fatality Rate	2.9%			
OPD Headcount	186117			
Separations	12671			
Exp. Per PDE	R 2 929.00			

CLINICS STATISTICS 2011/2012



STATISTICS REPORT 2011/2012

	APR	MAY	JUN	JUL	AUG	SEP	OCT	Nov	Dec	Jan	Feb	MAR	Total/AVG
USABLE BEDS	507	507	507	507	507	507	507	507	507	507	507	507	507
INPATIENT DAYS	10775	11422	11622	11596	11378	11964	11641	11485	9914	10147	10178	11594	133716
ADMISSIONS	1331	1653	1325	1484	1164	1222	1080	1228	981	1152	1035	1113	14768
DISCHARGES	922	1017	896	1099	942	879	842	955	878	767	818	957	10972
DEATHS	42	47	46	64	35	49	40	34	50	51	48	49	555
TRANSFERS IN	162	271	160	183	122	162	81	123	24	123	106	84	1601
TRANSFERS OUT	127	234	112	99	95	101	62	59	71	85	40	59	1144
BED OCCUPANY RATE	85%	76%	78%	82%	80%	85%	83%	82%	68%	69%	75%	80%	79%
AVG LENGTH OF STAY	11	10	11	11	11	12	12	11	10	11	11	11	11
BED TURNOVER RATE	2	3	2	2	2	2	2	2	2	2	2	2	2.1
DEATH RATE	4	3	3	4	2	4	3	3	5	4	4	4	3.6
INTERWARD TRANSFERS	958	1064	807	1075	867	1067	776	808	720	838	878	727	10585
DAY PATIENTS	727	467	366	433	519	593	468	582	445	640	766	510	6516
OPD HEADCOUNT	14625	16248	16677	14164	15455	16591	16864	14843	13578	16582	15419	15071	186117
CASUALTY HEADCOUNT	627	617	553	491	562	528	644	547	678	748	553	605	7153
CAESERIAN SECTION	68%	71%	68%	66%	70%	72%	69%	70%	57%	73%	71%	74%	69%

PUBLIC RELATIONS DEPARTMENT ANNUAL REPORT

Public Relations Office is situated in the Outpatients Patients Department next to Almoners Office. Public Relations Department is responsible for establishing and maintaining a positive image of the hospital through various public relations activities. It is also responsible for promoting upward and downward communication within the hospital in establishing mutual understanding between the management and the employees.

ACHIEVEMENTS IN 2011:

COMPLAINTS AND COMPLIMENTS:

It is a great moment for public relations office to share the complaints and compliments statistical report with Grey's Hospital Employees, and other stakeholders to identify gaps and room for improvement. From January 2011 to December 2011, public relations office received 203 complaints and 331 compliments in total 534 comment slips received in that period. We received many compliments. After complaints analysis we discovered that our clients are not happy with the non-functioning of hospital lifts, postponement of theatre operations, attitude of staff including poor caring/negligence and long waiting time for their files especial in patient admin. Despite all that, hospital executive management, heads of departments, supervisors and many staff members had to put in their strong muscle to improve service delivery. We will continue to maintain our good reputation and image of this institution.

The existence of any organisation depends on how organisation manages the clients' suggestions, frustrations, expectations and complaints. Complaints should be regarded as a room for improvement not as a negative action from clients.

The below tables indicate complaints, compliments and types complaints received in each month:

YEAR: 2011

Month	Staff Attitude	Poor Service	Waiting time	Hospitality	Administration	Suggestions	Advocacy	Cleanlines s/Maintenance	Media	Total
Jan	None	2	3	2	1	1	1	1	1	11
Feb	2	3	4	None	1	None	None	None	1	11
March	2	5	7	1	4	2	None	None	2	23
April	4	3	8	2	4	7	None	1	None	29
May	5	4	5	4	2	14	2	None	None	36
June	1	1	3	4	None	3	None	15	None	27
July	5	None	1	1	3	2	1	1	1	15
Aug	2	1	7	3	None	None	None	1	None	14
Sept	6	1	2	None	None	None	None	1	None	10
Oct	1	2	None	None	None	2	1	1	None	7
Nov	3	4	None	2	2	1	2	1	None	15
Dec	1	1	1	1	None	None	None	None	None	4
Total	32	27	41	20	17	32	8	22	5	203

MONTHS	NUMBER OF COMPLIMENT
JAN	9
FEB	31
MARCH	42
APRIL	33
MAY	18
JUNE	22
JULY	24
AUG	30
SEPT	27
OCT	32
NOV	40
DEC	23
TOTAL	331

HEALTH EVENTS, SPORTS AND RECREATION:

In 2011 Events Management Committee Team, Greys Hospital Management, Hospital Board Members, and all Grey's Hospital staff members successfully organized all identified health events, sports and recreation activities to promote health in line with the department of health calendar, despite financial constrains facing our hospital. It was not going to be possible without the support from hospital management, staff members, hospital board members and cooperation displayed by events management team.

Health Events celebrated in 2011

DATE OF EVENT	NAME OF EVENT/ SEMINAR/ WORKSHOP/ CONFERENCE	PURPOSE OF EVENT/ SEMINAR/ WORKSHOP/ CONFERENCE	WHERE HELD (VENUE)	TARGET AUDIENCE/ PARTICIPANTS/ ATTENDEES
11.02.11	Reproductive health, preganancy awareness	To strenghen family planing services, mobilze community on the availability of free contraceptive advice, educaton and issuing	Outpatient deparment	Teenagers, adults, staff, patients, community
04.02.11	World Cancer Day	Educate about the cancer warning signs	Outpatient	Patients, staff, NGOs, community
01.03.11	TB Awareness	Create awareness about TB symptoms	Outpatients and inpatients	Patients and Staff
01.04.11	World Health Day	Promote health lifestyles	Outpatient department	Patients and Staff
03.05.11	Child Protection	To promote child protection	Outpatient Department	Patients and staff
01.07.11	Mental Health	Educate about rights of mental patients	Outpatient department	Patients and Staff
01.08.11	Breast feeding	Promote breast feeding	Antenatal department	Patients
01.09.11	Pharmacy Week	Promote pharmacy and services	Pharmacy Department	Patients
16.09.11	Long Service Award	To award long service certificates to employees	Recreationa Hall	Staff
01.10.11	Nurtition Week	Promote healthy food	Occupational Therapy and outpatient department	Pateints and staff
17.10.11	Breast Cancer Awareness	Educate about symptoms of cancer and early ditectio	Outpatient department	Patients and staff
09.11.11	Quality Day	To award and thank employees for their hard work and commitment to service delivery	Recreational Hall	Staff
25.11.11	16 days of activism	To educate about women and child abuse	Outpatient department	Patients, NGO's, staff. police
01.12.11	World Aids Day	Create aids awareness	Outpatient department	Patients and staff

In 2012 Grey's Hospital will continue to promote healthy lifestyles in line with the department of health calendar year.

SIGNAGE:

Our plan for 2012 is to ensure that hospital signage (internal and external) is written in both languages isiZulu and English. We will also continue to check and rectify all incorrect translations from English to isiZulu and isiZulu spelling errors in our hospital signage.

DONATIONS:

A huge thank you to East Coast Radio, N3TC Duduza and other private companies for the generous donations to the paediatric wards during the Christmas and Easter holidays in 2011 and 2012

CHALLENGES IN 2011:

- Non-functioning of OPD and Nurses home lifts
- Long waiting time especial in some departments like Outpatients Department

OFFICE SPACE AND PR ASSISTANT:

Office of the Public Relations is too small which makes things difficult for the PRO to do his work freely and the unavailability of PR assistants is also a challenge.

“SECRET OF SUCCESS IS CO- OPERATION, RESPECT, TEAMWORK AND SUPPORT”

1. HUMAN RESOURCES

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

- Laundry Manager
- Transport Officer
- Artisan Plumber
- Artisan Fitter
- General Orderlies (5)
- Linen Orderlies (10)

1.2 Training and development of staff

Department	Course attended	No of staff trained
Maintenance	Specification Drawing (ZNT 55 G Contract)	02
Maintenance	Hyster Driving	02
Maintenance	First aid Training	01
Maintenance	Occ Health & Safety representative	01
Security	Quality Improvement	02
Security	Occ Health & Safety	01
Security	Fire arm & Competency	01
Linen Room	Hyster Driving	09
Linen Room	First aid Training	01
Linen Room	Quality Improvement	01
Systems management	Project Management	01

2. MANAGEMENT OF FACILITIES

2.1 The following Wards & Departments were painted:

- Ward E2 (completed)
- Ward H2 (completed)
- Ward B2 (kitchen , completed)
- Ward G2 (toilets & bathrooms)
- Ward M1 (Nurses station & ICU area)
- OPD (EEG Office, Waiting area, & 6 toilets)
- Casualty toilets x2
- Admitting: passage to POP Clinic
- POP Clinic including POP Pharmacy passage
- HTS toilets
- MRI (rear section)
- Road Marking traffic
- Theatre passages (x3)
- CSSD Passage
- DQ Burnt Room

2.2. Removed collapsible ceiling and replaced with suspended ceiling in the following areas:

- ✓ Physiotherapy Pool
 - ✓ MRI
 - ✓ Passage outside CSSD
 - ✓ X- Ray passages
 - ✓ H1 ablution facility facilities
 - ✓ CSD Passage
 - ✓ Ward E-2
 - ✓ Ward E-1
- Replaced vinyl flooring in the following areas:
 - ✓ ICU
 - ✓ Theatres
 - ✓ Pharmacy
 - ✓ Wards H1 and H2
- Renovations to Ward H2
 - Replaced new gutters and downpipes in Doctors Quarters and other various areas.
 - Installed new electric controlled screen in Recreation Hall
 - Removed old condensate tank and replaced with new one in Main Plant room.
 - Installed variable speed drives for large electric motors in plant Rooms
 - Removed old street lighting and replaced with new LED fittings
 - Annual cleaning of both HFO storage tanks and rehabilitated the area.
 - Installed new storm water drainage outside Physio
 - Installed new complete stations at Boiler House.
 - Replaced Main Line into Boiler House.
 - Replaced Boiler stack aircraft warning lights with LED luminaires.
 - Installed new Nurse Call System in Ward H1.
 - Removed damaged water piping from Renal Plant Room to the Renal Unit and replaced with new.
 - Replaced obsolete, rusted and jammed steam and water valves.
 - Replaced water and steam reticulation lines.
 - Annual servicing of Theatre operating tables.
 - In addition to special projects as mentioned above routine servicing , repairs and maintenance of buildings, plant and equipment was carried as per the Maintenance Business Plan.

2.3. Challenges:

- Filling of Maintenance Artisan Posts poses a challenge due to competition with Private Sector. Some of the Artisan posts were advertised but could not be filled as suitable candidates could not be recruited.
- There was a delay in the completion of Maintenance Projects that were beyond the institutions SCM Delegation as reliance was with H/O in terms of advertisement of tenders.
- Some of the planned projects could not be completed due to inadequate competency in relation to the drawing of technical specifications especially on the mechanical trade
- Constant break downs of the boilers due to aging and mechanical insufficiencies
- Delays in the filling of the post for the engineer
- High rate of theft of equipment in Plant Rooms
- Passenger lifts in Patient care areas as well as residences are broken and due for replacement.

3. FLEET MANAGEMENT

3.1 The following two new vehicles were received:

- KZN 29818Toyota Avanza
- KZN 29849Toyota Hi-Lux

Challenges:

- The following three vehicles that were BOSed in 2010/11 have not yet been removed from the site thus holding up parking space for official vehicles. (KZN 27460 Mazda 323, KZN 27632 Mazda Bantam, KZN 27656 Ford Ikon).

4. CATERING SERVICES

4.1 The following equipment was procured and delivered:

- Dishwashing machine
- Ward Serving Trollies (x10)
- Tilting Pans (x2)
- Hyster

4.2 Challenges:

- Delays in the repairs to food hoist
- Delays in the installation of CCTV cameras
- Frequent breakdowns of steam
- Absence of change room facility for staff

5. LINEN ROOM

- Budget was made available to meet with minimum stock requirements

Challenges:

- The breakdown of the Dundee Laundry created an overload to Cato Manor Laundry and thus delays in turnaround times which compromised service delivery
- Despite the overload created by Dundee Laundry, there were frequent breakdowns on the machinery for Cato Manor Laundry
- Central Provincial Store did not have some stock and this thus prolonged the replenishment process as the service had to be outsourced to private suppliers as it was difficult to supply as per specifications
- Washing machines are very

6. INFORMATION TECHNOLOGY

6.1 Equipment replacement

- 235 new computers were installed to replace old computers that were rented with Safika
- 56 new computers were installed in Out Patients Clinics for the X-Ray Pacs Programme.
- 132 new network points were installed in the entire hospital

Challenges:

- Most of the Wards do not have printers installed, and the process to install new printers was put on hold as Head office is conducting an audit on the printing facilities/ requirements at institutions.
- Additional Computers, labelling printers and network points will be required for the implementation of Medi-Tech

7. SECURITY SERVICES

- Motivation with specification for installation of CCTV Cameras in high risk areas was sent to Head Office for tender processing.
- Replacement of perimeter fencing(Head Office-IDT).

Challenges:

- Delay in the finalization of the award of tender for the provision of Security services(Head Office SCM delegation)
- High rate of theft of Hospital property.
- Revamping of Security Department.

8. FACILITY INFORMATION OFFICE

Achievements

- Training of Ward Clerks in data collection and submission.
- Training of midnight staff in filling of data collection tools.
- In-Service training to nursing staff in statistical reporting.

9. MAIN REGISTRY

Challenges:

- Delays in receiving procured machines, due to SCM Processes (laminating machines and binding machines) .
- One staff member is on a long term in capacity leave thus creating a shortage in a Department.

10. TELECOMMUNICATIONS

Achievements

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

Challenges:

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

11. CLEANING OF GARDENS AND GROUNDS

- A new Contractor (Sinekiziwe Construction) was awarded a three(3) year tender contract to provide cleaning and proper maintenance of grounds. The Contract is terminating on the 30th of September 2014.

MAINTENANCE DEPARTMENT ANNUAL REPORT

The maintenance department has engaged in various projects during 2011.

PROJECTS:

- A new stainless steel water line was installed to the fire hydrant in Casualty parking. Continued servicing and cleaning re-heat boxes for the air conditioning in various departments. Replaced damaged vinyl flooring in various areas and departments. Continued replacing obsolete and faulty water temperature control units in wards and departments. Replaced corroded and leaking sections of the water and steam reticulation lines. Replaced, obsolete, rusted and jammed steam and water valves. Installed two new air compressors for the air condition pneumatic air in main plant room. Serviced Theatre operating tables. Replaced faulty and broken steam traps. Repaired many steam leaks.
- Installed 2nd new high pressure compressor for the starting of the two main emergency generators. Keep up with day-to-day breakdowns. Had numerous areas, old collapsible ceilings removed and replaced with new ceilings. The grounds and institution were kept in a neat and tidy condition. The UPS units were serviced. Monitored all contractors, such as waste removal and delivery of Boiler fuel etc. Test run all emergency generators on load and monitored once a week all readings recorded. Continued repairs to burst hot water chlorifiers, paperwork in to replace with new.
- New gutters and down pipes put in to replace obsolete ones in Doctors Quarters and other various areas. Repaired all urgent breakdowns such as burst water pipes, boilers, blocked sewer and storm water drains. Maintained and repaired all cold room and freezer rooms in the main Kitchen. Had a new electric controlled screen installed on the stage of the Recreation hall. Removed old condensate tank and replaced with new one in the main plant room. Started installing variable speed drives for large electric motors in plant rooms. Installed new cooling coils in various air handling units for the air conditioning.
- In the process of removing all old street lighting and replacing with new LED fittings. Cleaned out both HFO storage tanks completely, and rehabilitated the area. Installed new medical air compressor in Theatre air conditioning plant room. Rejuvenated Casualty electric doors and installed new mechanisms. Installed new storm water drainage system outside Physiotherapy. Installed complete new main stations at the Boiler House. Replaced main water line into Boiler House with new. Various staff sent to training courses. Replace Boiler stack aircraft warning lights with LED luminaires. Installation of complete new nurse call system in ward H1. Removed old obsolete water piping from Renal plant to the Renal unit and replaced with new.

Financial Overview

HOSPITAL STATISTICS 2011/2012 FINANCIAL YEAR

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1,000,000
BED OCCUPANCY RATE (BOR)	77%
AVERAGE LENGTH OF STAY	10 DAY'S
PATIENT DAY EQUAVLENT (PDE)	195,782
BUDGET	R733,407,000
EXPENDITURE	R711,415,023
RECOVERED INTER HOSPITAL DEBITS	R8,240,171
BAS PAYMENTS	R175,812,936
DELAY IN PATIENT REPATRATION (Included in R8,240,171)	R1,171,578
REVENUE COLLECTIONS	R7,769,786
WRITE OFFS	R471,920
DEBT SUSPENSE	R1,026,274
COST PER PATIENT PER DAY	R3,633.98

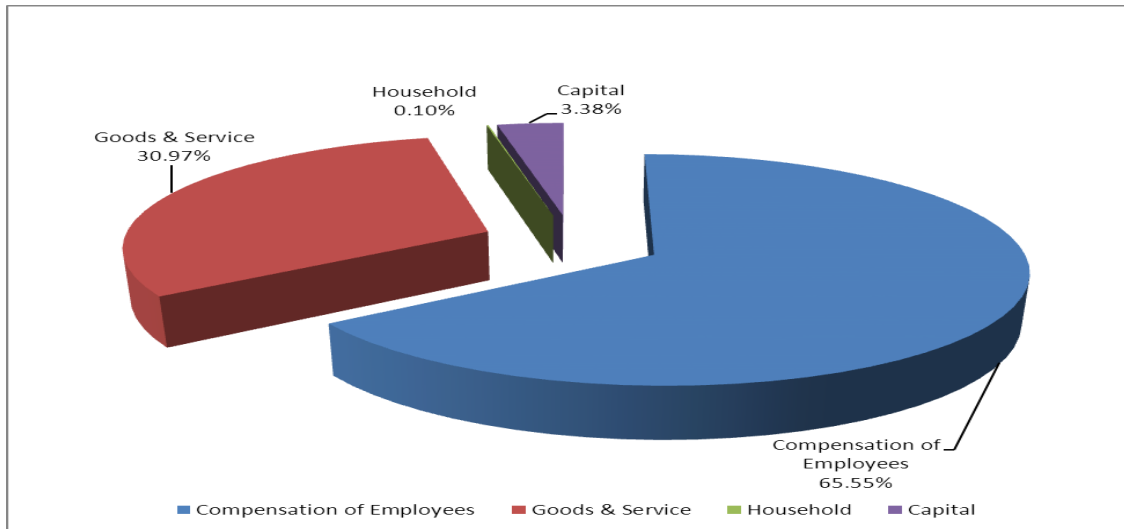
OUSTANDING PAYMENTS CARRIED OVER FROM 2011/2012 FINANCIAL YEAR	R147, 994
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The amount of **R779,711,000** is requested for the financial year 2012/13.

The allocation is summarized as follows in terms of funding:

HIV/AIDS	R 5,757,000
VOTED	R245,020,000
NTSG	R528,934,000
TOTAL BUDGET	R779,711,000

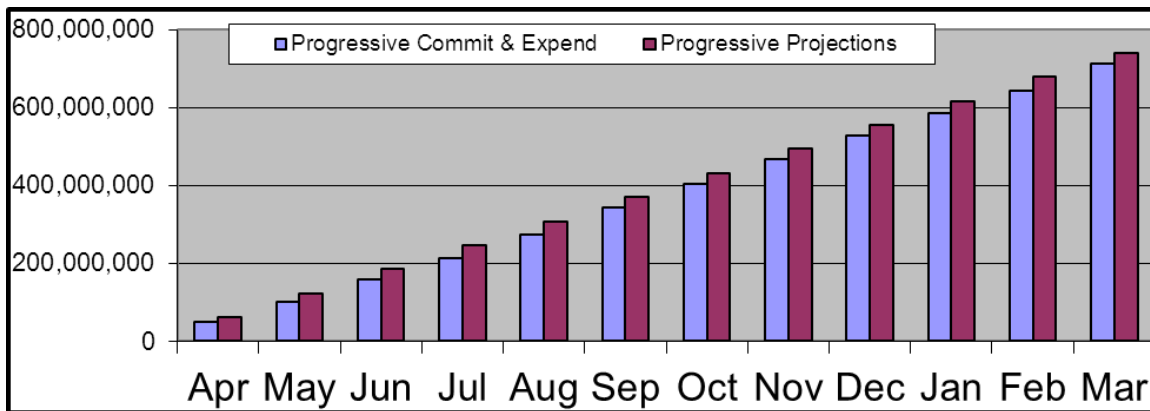
**GREY'S HOSPITAL PROPOSED BUDGET ALLOCATION FOR 2012/2013 FINANCIAL YEAR
(PER STANDARD ITEM)**



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

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE
PERSONNEL	R483 843 000	R483 294 227	R548 772
GOODS & SERVICES	R161 635 000	R156 751 085	R4 883 915
MEDICINE	R51 545 000	R43,235,092	R8 309 908
MAINTENANCE	R14 800 000	R14 267 720	R532 280
CAPITAL	R30 563 000	R11 818 298	R18 744 702
HOUSEHOLDS	R498 000	R508 227	-R10 227
TOTAL	R733 407 000	R711 415 022	R21 991 978

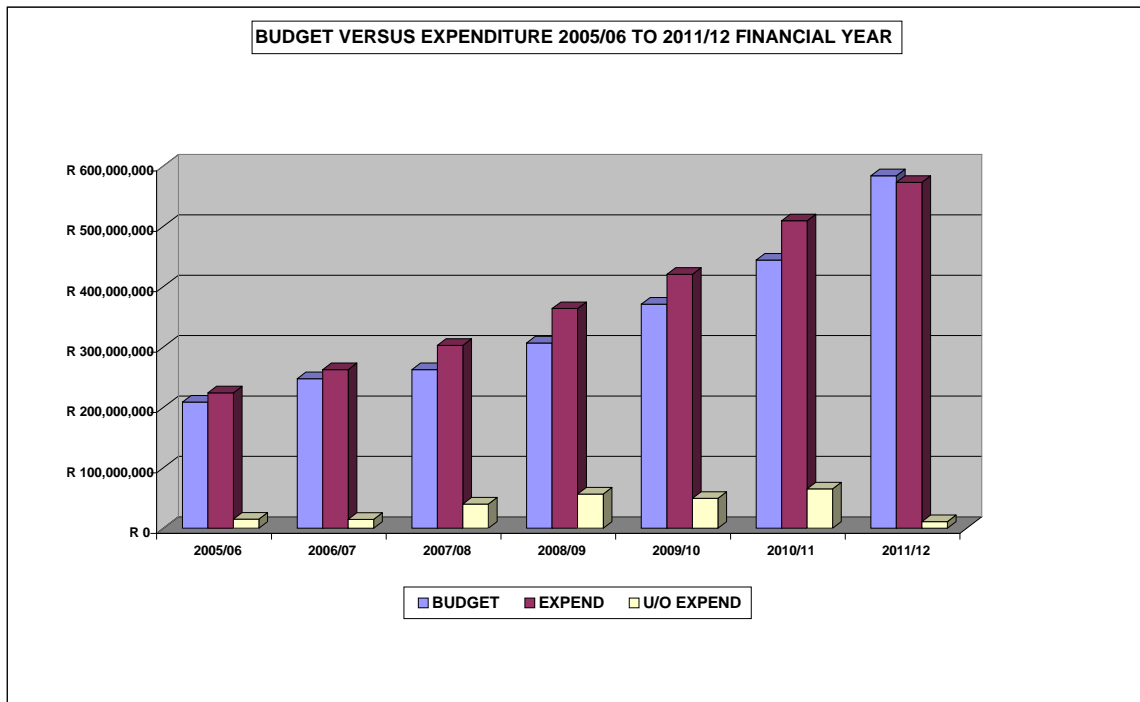
MONTHLY CASH FLOW PERFORMANCE IN THE 2011/12 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2007/08 TO 2011/2012

BUDGET VERSUS EXPENDITURE

ITEM	2007/08	2008/09	2009/10	2010/11	2011/12
BUDGET	R307,137,000	R371,119,000	R444,188,000	R583,992,000	R739 227 000
EXPEND	R363,903,742	R420,865,411	R509,439,048	R573,197,954	R711 460 746
OVER/UNDER EXP	R56,766,742	R49,746,411	R65,251,048	R11,039,309	R21 991 978
% OVER/UNDER	18.48%	13.40%	14.69%	1.89%	2.99%



REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2007/08 TO 2011/2012

		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF
2007/08 BUDGET EXP O/SPENT %OVER	R307, 137,000 R363, 903,742 R56, 766,742 18.48%	126,955	196,857	R1, 899.54	R4, 982,363	R596, 022
2008/09 BUDGET EXP O/SPENT % OVER	R371, 119,000 R420, 864,411 R49, 746,411 13.40%	119,313	192,812	R2, 2292.49	R6482, 776	R333, 114
2009/10 BUDGET EXPEND O/SPENT % OVER	R444, 188,000 R509, 439,048, R65, 251,048 14.69%	124,281	206,824	R2, 636,.54	R5, 363,330	R347, 847

2010/11 BUDGET EXPEND U/SPENT % UNDER	R583, 992,000 R573, 197,954 R11, 039,309 1.89%	127,998	201,539	R2, 966.52	R5, 284,820	R538, 437
201/12 BUDGET EXPEND U/SPENT % UNDER	R733 407 000 R711 415 022 R21 991 978 2.99%	133,743	186,117	R3 633.98	R7 769 786	R471 920

UNFORSEEN EXPENSES

In the 2011/12 Financial Year the following unforeseen expenditure was incurred.

ITEM	AMOUNT
SALARY INCREASE	R6,593,219
OSD FOR MIDWIFERY STAFF	R1,900,000
TOTAL	R8,493,219

HUMAN RESOURCES DEPARTMENT ANNUAL REPORT

In this Department there was a lot that was achieved and at the same time there were certain challenges that faced us during the last financial year. A few examples that could be cited here are as follows:-

HUMAN RESOURCE DEVELOPMENT & PLANNING

NO.	OBJECTIVE	ACHIEVED	CHALLENGES
1.	EPMDS	<ul style="list-style-type: none"> - Captured the received documents on Persal - Assistant Checked the received documents and signed - Corrected the lines of communication with nursing in terms of submission of documents - Pay progression was paid in time for employees who submitted in time - Paid Grade Progressions for qualifying staff - IRCs checked and signed the documents 	<ul style="list-style-type: none"> - Some of the Supervisors fail to meet the deadlines and need to be reminded about the outstanding documents - Supervisors over score employees and do not attach the motivations
2.	ESTABLISHMENT	<ul style="list-style-type: none"> - Was able to fill some Clinical posts 	<ul style="list-style-type: none"> - Most of the Posts were abolished - Delay on re-creation of abolished posts
3.	WSP	<ul style="list-style-type: none"> - Managed to submitted on the agreed date 	<ul style="list-style-type: none"> - No proper training was given on Pivot Table
4.	CO-ORDINATION OF TRAINING	<ul style="list-style-type: none"> - Managed to train staff through General Staff Training Budget & Skills Development 	<ul style="list-style-type: none"> - General Staff Training Budget & Skills Development was received late in September - Late submission of applications for Courses - Late submission of invoices and proof of payments for reimbursement - Bank Entity Forms were not completed timeously by the relevant stakeholders
5.	ABET	<ul style="list-style-type: none"> - Learners wrote Exams some of them moved to the next levels and Level 4 learners are writing Exams in June 2012 	<ul style="list-style-type: none"> - There were no Class Rooms allocated to ABET as a result Grey's will only register as Centre in 2012

		- Found a Permanent Classrooms, converted the Compound	- Pass rate was poor
6.	EXPERIENTAL TRAINING	- Offered Experiential Training to Students from DUT and FET 1 of them were offered Permanent Job	- Office space
7.	HR CONNECT	- The forms were re printed and outstanding forms were sent to Head Office.	- Proper training was not given as a result most of the forms were incorrectly filled
8.	INTERNSHIP PROGRAMM	- 4 Post Graduate were offered internship and 2 got permanent job inside the Hospital and 1 got from Zululand District	- The recruitment is done at District Level

LABOUR RELATIONS

The Labour Relations component at Grey's Hospital once again assisted the Department of Social Welfare in the facilitation of 38 Social Grant fraud charges of Grey's Hospital employees during this period. In order to assist Head Office in the speedy finalization of these cases the identified employees were charged with misconduct and given sanctions of final written warnings.

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

	TOTAL	FINALISED	OUTSTANDING
MISCONDUCT	71	25	46
GRIEVANCES	24	10	20
ABSCONDMENTS	40	37	3
GRAND TOTALS	135	72	59

There have been 10 Disputes (Conciliation/Arbitration) taken up by Head Office.

There were 33 Abscondment cases which were aborted prior to services being terminated because the employees returned to work. These employees were then either referred to EAP or the disciplinary route was followed and they were either formally charged with misconduct or informally given a letter of warning or final warning depending on the merits of each individual case. There was 1 employee whose services were terminated on the grounds of Abscondment. Leave without pay was recovered in all instances to instill the principle of "no work= no pay".

Notwithstanding the scarcity of the availability of Investigating and Presiding Officers, due to their normal work load and commitments, there are a dedicated few who are willing, and in a position to carry out this function. This has resulted in keeping any backlog to a manageable minimum and their dedication is sincerely appreciated by Grey's Hospital.

In reciprocation the Human Resources Manager: Mr Hlongwa and the Assistant Manager: Mrs Robertson are being requested on a regular basis to preside, both locally

and within other districts, and the Senior H.R. Practitioner: Mrs Dimba as an Investigating Officer.

The COSATU strike took place on the 7th March 2012 resulting in 52 employees having to have LWOP recovered as a result of strict adherence to the instruction given by District and Head Office to monitor and record absences of staff.

Workshops throughout Grey's Hospital continue to be held by the Staff Relations Component in various Departments which is trusted assists Managers and Supervisors to deal with their cases as expediently and competently as possible.

HUMAN RESOURCE PRACTICES

RETAINING A COMPETENT AND PRODUCTIVE PUBLIC SECTOR WORKFORCE

The future and success of Organizations will not be determined by a Company's financial wealth or its Technological capabilities but by how the Company manages its Human Capital. Valuing Human resources as the most critical component to organizational success requires organizations to understand how to get the best out of People. It further requires that Human Resource Practitioners understand that people are different and different generations require different approaches.

To this end the Human Resource Practices Component has ensured that posts that are vacated are filled timeously and with the most suitable candidates. Evidence of this is that within the past year 106 posts were advertised by this Component and 90% of these were successfully filled.

In order to ensure that the service being provided by this Component is of a high level, this Component successfully moved away from staff touching all aspects of HR to a system of Specialization. This has now resulted in staff being highly trained and expertise in a specific field.

This Component processed 223 appointments thus ensuring that there is continuous provision of service provided. The Pensions team processed 155 withdrawals from pension fund and ensured timeous payment of benefits.

CHALLENGES

The recruitment of scarce skilled personnel is still a challenge however this Institution is addressing this issue on an ongoing basis.

Absenteeism is also a challenge for this Institution as this component deals with a large number of leave forms to be captured. The Amount of sick leave taken by staff is very high as this is evident by the large number of TIL applications being dealt with by the team administering leave.

The number of staff allocated to the Practices Component is not sufficient to deal with amount of work being processed by this Component. We wait in anticipation for the implementation of the revised structure.

Therefore in conclusion Human resource planning or workforce planning is fundamental to establishing effective human resource strategies and asserting the importance of human resources for the overall direction of an organization. Recruitment should thus not be seen as the filling of

Jobs, but as a continuous investment in a high quality workforce capable of accomplishing the Organizations mission now and in the future.

The energy and excitement of a nursing career is built on a strong educational foundation as well as an understanding of vulnerabilities and the human condition. Here at Grey's Campus that excitement is felt every day!

Our students experience nursing through learning in active classroom settings, in a simulation laboratory, and in clinical areas throughout the various disciplines taught in nursing science in the province of Kwazulu Natal.

This Campus takes great pride in the strong tradition of educational excellence and 2011 has been another challenging year in our pursuit to achieve such excellence.

STUDENT INTAKES FOR 2011-2012

Month	Year	Programme	No. of learners commenced training
April	2011	R683	43
July	2011	R425	32
October	2011	R2175	62
January	2012	R425	23
February	2012	R2175	48
March	2012	R254	46

Graduation

The combined Graduation was held on 14th and 15th September 2011 at the Olympia Hall- Royal Agricultural Show Grounds Pietermaritzburg. Grey's Campus successfully hosted this event.

14th September 2011**84 Graduands from Grey's Campus in the R425 Programme**

Miss A Naidoo and Miss P.B. Nzimande graduated CUM LAUDE

34 Graduands achieved distinctions in Psychiatric Nursing Science

10 Graduands achieved distinctions in General Nursing Science

17 Graduands achieved distinctions in Midwifery Nursing Science

2 Graduands achieved distinctions in Community Nursing Science

15th September 2011

44 Graduands from the R683 Programme;

26 Graduands passed with Honours

56 Graduands from the R2175 Programme;

16 Graduands passed with Honours

Achievements

Grey's Campus Learners achieved the following accolades at the Kwazulu Natal College of Nursing Graduation ceremony in the following programmes:

1. R425- Diploma in Nursing(General, Psychiatric and Community) and Midwifery
-Miss Andrea Naidoo- Top Achiever in the KZN Province
-Miss. P.B. Nzimande - 3rd in the KZN Province
2. R254 – Diploma in Midwifery
-Ms. P.G. Gwamanda
Top Achiever in the SANC examination written by the learners of Kwazulu Natal College of Nursing
3. R2175-Course Leading to Enrolment as a Nurse
-Ms. S.T. Ndlovu
Top Achiever in the SANC examination written by the learners of Kwazulu Natal College of Nursing.

The title of “Top Achiever” is awarded to the learner with the highest marks throughout training in both the theory and practical portions of examinations written.

The above learners have really made us proud!
Congratulations and well done.

Awards Ceremony

16 Awards were presented to students for outstanding performance on Quality Day held on 30.11.2011.

Community Service Placements

The following learners who successfully completed training commenced Community Service:

July 201136 Community Nurse Practitioners
January 201225 Community Nurse Practitioners

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

Bereavement

Four students passed away this year.
MAY THEIR SOULS REST IN PEACE!

Developments in Nursing Education

The South African Nursing Council has issued a notice informing us of the extension to June 2013 for the last intake of Legacy Nursing Qualification. Grey's Campus staff has submitted input in regard of the SANC regulations in respect of the new qualifications for nurse training programmes.

Student Activities

G7/2010 held an exciting and enlightening Cultural Day on the 24th August 2011.

Acknowledgement

Thank you to all members of the dedicated multi-disciplinary team involved in student development at the various stages of learning. Your devotion to duty and commitment to developing our learners into responsible, caring members of society is always appreciated.

May we continue to strive for excellence in Nursing Education!

1. NATIONAL QUALITY INITIATIVES

With the advent of the implementation of the National Health Insurance over a period of 14 years, starting with pilots from April 2012 in 10 selected districts including uMgungundlovu District. The first phase, which occurs in the first five years of the rollout, involves policy and legislative reform, strengthening of the health systems and improving the service delivery platform.

To implement NHI effectively requires improvements in the manner in which the public health system operates by ensuring that:

- a) Quality health services are delivered in the public sector
- b) The health system is responsive to the legitimate expectations of the population through the reduction in maternal and child mortality rates
- c) Combating the burden of diseases such as HIV & AIDS and TB
- d) Strengthening health systems effectiveness in the first five years strengthening of the health system in preparation for the full roll out of NHI will focus on improving the following areas:

- a) Management of health facilities and health districts
- b) Quality improvement
- c) Infrastructure development
- d) Medical equipment and supplies
- e) Human Resources planning and development
- f) Information management and system support
- g) Establishment of the NHI Fund

In order to address the above issues and engage in readiness for the NHI Grey' Hospital is participating in the National Core Standards for Health Institutions in South Africa in accordance with The Office of Standards Compliance as directed.

During 2011 the following National Core Standards Audits took place:

May 2011 Peer Review AuditResult: **Non Compliant B**
August 2011 Peer Review AuditResult: **Non Compliant A**
October 2011 National Department / Peer ReviewResult: **Non Compliant A**

The overall score is still non – compliant, as there are vital areas that have gaps that need to be addressed.

All wards and departments are to continue working on the program and to submit monthly reports.

2. DISTRICT QUALITY INITIATIVES

The institution was represented at all QA district meetings by the institutions quality assurance manager covering and participating in all meetings, quality initiatives and institutional peer reviews.

3. HOSPITAL QUALITY INITIATIVES

There were many hospital initiatives engaged during 2011 that were aimed at improving patient care. Projects to high light a few included the:

- Hlanzeka Grey's Cleaning Project
- Policy Committee (revived)
- Resuscitation Committee (revived)
- Departmental Peer Review Audits
- The procurement of new cleaning equipment
- The procurement of new equipment in wards and departments
- Rewarding Excellence Initiative of staff in the wards
- The awarding of a new garden contract
- The revamping of the wards including replacing the call system

There were many challenges experienced during the year but there were many positive initiatives achieved. We look forward to continue improving the quality and services in the institution.

4. QUALITY AUDITS

Nursing Documentation Audits and Quality Audits and The National Six Priority Area Audits were conducted during the year.

5. QUALITY IMPROVEMENT PRESENTATIONS

There were a total of 23 new Quality Improvement programs presented in 2011, with an improvement of 7 programs from the previous year.

No.	PRESENTATION	DEPARTMENT / WARD
1	Prevention of Intravenous Associated Infections	Ward E1
2	Control of Cutlery in the Wards	Ward M3
3	Decreasing the number of Nosocomial Urinary Tract infections	Ward H2
4	Procurement of Enteral Feeds	Dietetics
5	Leaking Abdominal Dressings	ICU
6	CT Waiting Time for Radiological Reports	Radiology
7	Back Pain in the Nursing Staff at Grey's Hospital	Physiotherapy
8	Pharmacy Query Forms	Pharmacy
9	Improving the Hospital Diets and supplements provided by the Hospital Kitchen	Dietetics
10	Utilization of Tertiary Level Psychology Management	Psychology
11	Staff Health Awareness: Nutrition Program	Dietetics
12	Urinary Tract infections	Ward H1
13	Entering of Signatures on the Medication prescription chart	Ward F2
14	Improving Service Delivery in the Antenatal Clinic	Antenatal Clinic
15	Non Compliance with appointment management in terms of appointments not kept	Psychology
16	Collection of Midstream Urine	Ward M1
17	Ultrasound Outreach Program	Radiology: Ultrasound
18	Incorrect Use of the Fluid balance Chart in the paediatric unit	Ward A1

19	Safety and storage of Formalin in Casualty	Casualty
20	Late coming in the Ward	Ward F1
21	Improving Access to fabrication of Pressure garments & regular monitoring of Systems	Occupational Therapy
22	the Impact of a mop on IPC in the labour ward theatre	Labour Ward OT
23	Improving Treatment Adherence in CDC Clinic	CDC

6. QUALITY IMPROVEMENT TRAINING

Quality Improvement Presentations took place on the 10th May 2011 and 28th September 2011 post the Quality Improvement Training and all the above mentioned programs were presented.

2011QI Training took place in June & October 2011, a total number of 49 + 39 = 88 staff members were trained, representing all staff categories.

7. STAFF SATISFACTION SURVEYS

The Staff Satisfaction Survey was conducted in January 2011 – The report was completed and presented to the Executive Management.

8. CLIENT SATISFACTION SURVEY

Client Satisfaction was conducted monthly as per set questionnaire according to the six priority areas. The results were analyzed on a monthly basis and actioned accordingly.

There were many improvements made from the findings of the outcomes of the surveys.

The Hlanseka Grey's initiative was initiated in response to the dirty public areas. A waiting time QI Program was initiated in the Radiology Department to identify the gaps in the waiting in the departments.

9. QUALITY DAY

An exciting and vibrant Quality Day took place on the 31st November 2011 with the theme of the Day was Rewarding Excellence and HIV Aids. The event was honoured with an International Guest Speaker.

The activities of the day included Quality Improvement presentations by the Dietetics Department; HCT – CDC Clinic and a moving speech by the international guest speaker Sister Prathiba Patel who was visiting South Africa for the COP 17 Summit. The day was enjoyed by all who attended.

10. EVENTS PLANNING AND HEALTH PROMOTING HOSPITAL INITIATIVES

The events committee put together an interesting Health Events calendar for the institution for 2011.

All the events were celebrated according to the structured program.

Some of the events to highlight which were of a huge success were the Long Service Awards; Quality Day; an exciting and vibrant Staff Healthy day; World Aids Day and many other successful health days.

CONCLUSION

We look forward to improving the quality status in the institution during the New Year and striving to obtain certification with the National Core Standards.

Grey's Hospital will continue to strive to provide and maintain a high standard of Quality Care Services.

Internal medicine have provided the following subspecialty services: Cardiology, Pulmonology, Nephrology, Rheumatology, Endocrinology, Infectious Diseases, Dermatology, Gastroenterology, Neurology, General Medicine, Outreach, CCU and Medical Admissions ward.

Our specialized services have included inpatient and outpatient care in these subspecialties and special services like dialysis [peritoneal and haemodialysis], gastroscopy, colonoscopy, bronchoscopy, coronary angiography, ECHOCardiography, coronary stents, pacemakers insertion, EEG, Lung function tests, Podiatry and outreach visits to the whole of Area 2 KZN.

The Dept of Internal medicine has also conducted 4th year medical student teaching and portfolio exams. We also have a full 4 year programme for training specialists in Internal Medicine. We have approximately 20 medical Registrars in this programme. They have to complete a Part 1, Part 2 exam and do a mini-thesis. Our success rate is the same as UKZN.

We also have subspecialty training in Nephrology, Neurology and Cardiology. The Neurology training is run as a full programme in PMB, whilst the other 2 are shared training programmes with UKZN.

The Cardiology service has grown tremendously, under the guidance of Prof DP Naidoo and Dr K Shein, Dr Gafoor and Dr Mugabi. The clinic numbers have been cut by 50% and the waiting time also by 50%. The angiography service is much busier than before and now includes stent insertion. Pacemaker insertion is also done in Grey' Hospital. Cardiology also does Exercise stress tests, ECG's and assists with Paediatric ECHO's.

The Nephrology service has also grown considerably. Haemodialysis and peritoneal dialysis programmes have been established and hospitals , like Madadeni Hospital, have even sent nurses to Greys Hospital for training in Peritoneal dialysis. Nephrology intends to expand the dialysis service to the whole of Area 2. They also do subspecialty training in Nephrology and nephrology teaching to Medical Registrars.

Our General Medicine consultants also cover Endocrinology [Dr N Sewgoolam] and Haematology [Dr S Sewgoolam].

Most of our specialties have only 1 consultant running the specialty and this places a large burden on them. They have no-one to cover them when they have to take ordinary or sick leave or go to conferences.

Dr B Thembela left early 2011. Dr H Dawood took over as Acting Chief Specialist and then Dr F Mahomed started in the post on 1 October 2011.

Our new Medical Officers included Dr Moodley, Dr Ramnath and Dr Andux. Our new specialists included Dr N Sewgoolam, Dr Y Govender and Dr B Cullis.

Dr N Zimase left the Dept to work at Edendale and Dr Mohan also left [the Diabetes Clinic].

Dr Collinge took over the Head of Clinical Unit: Nephrology post. Dr Rasmussen took over the Head of Clinical Unit: Outreach.

Our plans for 2012-2013 include: expansion of Peritoneal Dialysis to Area 2, an ECHO service for regional hospitals, acquiring a Haematology specialist for Grey's, running the Higher Diploma Internal Medicine exam for the College of Medicine, improving the

telemedicine facility in First Floor LT Greys, continuing all the programmes mentioned above and establishing a new organogram for posts in the Department of Internal Medicine.

**OBSTETRICS AND GYNAECOLOGY DEPARTMENT
ANNUAL REPORT**

WELCOME TO THE DEPARTMENT OF OBSTETRICS & GYNAECOLOGY



DR M. J TITUS:
HEAD OF CLINICAL DEPARTMENT & METROPOLITAN HEAD: PMB HOSPITALS COMPLEX



DR T. D NAIDOO
HEAD OF CLINICAL UNIT



DR R. R GREEN-THOMPSON
SPECIALIST GRADE 2



DR E.F. ORIE
SPECIALIST GRADE 1

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:

Dr EF Orie has been appointed as Specialist Grade 1 The Gynae Oncology-Clinic has been established and is run by Dr Orie.

Dr RR Green-Thompson is now a registered subspecialty trainee in Maternal and Fetal Medicine in UKZN.

Dr TD Naidoo has established the Uro-Gynae and Pelvic Floor Dysfunction Unit. He has also attempted to introduce Advanced Endoscopy to the department, but with limited success due to lack of equipment and operating time.

Dr TD Naidoo attended a Laparoscopic Workshop in India.

Dr TR Moodley continues his service to the department by doing weekly sessions during which he runs a colposcopy clinic. He also does after hour calls for the department.

Dr Kearney does sessions in the Antenatal Clinic on a Thursday.

Dr Amod also does sessions in the department during which she runs the combined Gynae Oncology clinic.

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

Medical Officers:

Dr Andux-Ugarte has transferred to Internal Medicine.

Registrars:

Currently the department has 16 registrars. Dr EF Orie successfully completed his FCOG part two exam in March 2009. Dr Uzoho has successfully written his part 2 exams and had been invited to the oral examination

Dr Daef has joined the department as a supernumerary registrar for four (4) years.

Interns:

Currently there are 36 interns and they rotate through Grey's, Edendale and Northdale Hospitals.

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 24, 4th years 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 staff 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.

Dr Green-Thompson has been conducting outreach visits to Greytown Hospital – staffing permitting. Dr Naidoo has been conducting visits to Appelsbosch hospital on a monthly basis.

PERINATAL MEETINGS

Dr Titus attends all the perinatal meetings throughout Area 2

2012 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 2012 with new staff and the new facilities promised by management. We also hope to rotate our registrars through Newcastle and Ladysmith Hospitals



Dr TD Naidoo
Principal Specialist/Head of Department



DR MJ TITUS
CHIEF SPECIALIST AND METROPOLITAN HEAD

A. SERVICE DELIVERY

1. Clinics

•Grey's Hospital

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

- I. Retinal Clinic on Tuesday afternoons where Dr Chetty has joined Dr Uys.
- II. Uveitis Clinic on Mondays and is coordinated by Dr Dewar
- III. Paediatric Ophthalmology every Monday and is coordinated by Dr Laloo and Dr Cullen from Edendale
- IV. Medical Retina on Friday mornings and is coordinated by Dr McKenzie.

•Northdale Hospital

No change but we hope to start clinics.

•Edendale clinics

- I. Retinal Clinic on Thursday afternoons by Dr Chetty
- II. Uveitis Clinic on Friday and is coordinated by Dr Dewar
- III. Paediatric Ophthalmology every Tuesday and is coordinated by Dr Laloo and Dr Cullen.
- IV. Medical Retina on Wednesdays and is coordinated by Dr McKenzie.

2. Theatre

- Equipment status unchanged
- Theatre times have been unchanged but theatre usage is good.
- Theatre time is vastly inadequate for our requirements.

3. Wards

- Bed status at Grey's unchanged and inadequate, especially with regards to paediatric ophthalmology.

4. Outreach

- Outreach program to Edendale Hospital by the specialists has been increased (See Edendale Clinics). Edendale specialists are doing clinics and theatre at Grey's.
- Existing outreach is done at Dundee Hospital.
- Outreach planning at Northdale Hospital is progressing poorly.

B. ACADEMIC AND TRAINING

1. Registrars

The Department of Ophthalmology at Grey's Hospital has currently 4 registrars.

2. Consultants

PMB Metropolitan Ophthalmology Services still only has 3 full time consultants and 4 part time consultants.

3. Individual Achievements

I have been asked to be examiner and the convenor of the examinations for the Dip Opth in March/May this year. Drs Laloo and Spooner have been asked to be examiners too.

4. Examinations

- One registrar will be writing her finals this month.
- Three medical officers at Edendale were being trained for the Dip Opth.

5. Teaching Program

A new curriculum has been implemented in the Department, as prescribed by the College of Ophthalmology of South Africa. The primary examination has been changed and an intermediate examination has been added.

6. Area 2 Business Plan

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

7. Presentations and Publications

The following doctors presented posters at the annual OSSA meeting in Sandton: Dr T. Jogi

C. RESEARCH

- 1.3 MMed dissertations are being planned for the Registrars in the department.
2. An application has been awarded for a research network to be installed in the department by UKZN.
3. An application has been awarded for a teaching and recording slit lamp to be installed in the department by UKZN.
4. Dr Kruse is enrolled to do his PhD at UKZN but is currently on hold.

D. ADMINISTRATIVE AND INFRASTRUCTURE

1. Staff

Registrars in the Department:

1. Dr V. Govender
2. Dr V. Dullabh
3. Dr T. Jogi
4. Dr N. Pupuma

Consultants

1. Dr C. Kruse
2. Dr C. Dewar
3. Dr N. Chetty

Sessional Consultants :

1. Dr M. Harrison
2. Dr E. Uys
3. Dr R. Spooner
4. Dr S. McKenzie

Achievements:

Clinical services within Grey's – in and out-pt

1. In-patient services: We have managed to consolidate our in-patient services to TWO Tertiary care wards with 52 beds in total. NICU and PICU services continue. This has allowed increased access with overall patient admissions increasing.
2. Attempts to attract sub-specialists from within SA to PMB have been unsuccessful. We failed to fill our Infectious Disease post after offering the job to a SA candidate. Tertiary development remains problematic.
3. We have also had turnover of junior and senior staff –

The annual Medical Officer number changes continue to fluctuate.

We had 4 of our registrars returning as seniors with exams in January 2012 to complete their training time; Dr Bisseru, Dimitriades, Maharaj & Marais. We hope to retain them as consultants in the next year.

Dr Thembi Mazwi (Paediatrician in E1) left us in 2011 to Private practice, Dr Zama Duze (Paediatrician Ward E1) joined us in 2011 and then transferred to Empangeni in January 2012, Dr Hans Vilhelmsson (Paediatric Neurologist) joined us in December 2011 from Sweden. Dr Yugashnee Naidoo joined us in July 2011, completed her training as a consultant and has been promoted in January 2012.

I would also like to acknowledge and thank the consultants currently running and supporting the wards at Grey's – Dr Nicolette Calitz with Dr Mark Patrick in A1, Dr Mary Morgan in PICU, Dr Graham Ducasse in the NICU, Dr Sue Harris in POPD, and myself with Dr Shuaib Kauchali in E1.

The work of our nursing colleagues cannot go unmentioned, a big thank you to Operational managers and their teams! Sr Nathoo in A1, Sr Martin-Lewis in PICU, Sr Umichand in NICU, Sr Comely in POPD and Sr Naidoo in E1.

4. Outreach services to District hospitals in Area 2 have continued with the AMS Red Cross "Flying Doctors" program.
5. Regional hospital outreach support in sub-specialties has also been increased with Dr Morgan visiting Edendale weekly for critical care, Dr Ducasse visiting Newcastle and Dr Bhoola (EDH) visiting Ladysmith twice a month for neonatology and Dr Vilhelmsson visiting Newcastle monthly for Neurology.
6. We have increased outreach to Grey's from IALCH sub-specialists, with visits from Prof Bhimma (Nephrology), Dr E Hoosen and A Nzimela (Cardiology), Dr R Govender (Neurology) and Dr Y Goga and B Neethling (Haematology).

Training and research activities

1. All our training activities have continued in both the undergraduate and post-graduate programs for students, interns, medical officers and registrars.
2. Disappointment around the status and rights accorded to teaching staff by UKZN and DoH continues
3. Research activities among registrars has improved with the MMed component of training now mandatory for all disciplines in the country.

Child Health programmes in Grey's, PMB, KZN

1. Priority programs of the department have received variable attention and full implementation remains problematic.
2. These include – neonatal and paediatric care, record-keeping, accurate statistics (DHIS & PPIP, Child PIP), targeting main causes of child mortality – HIV/AIDS, TB, Severe Malnutrition, Pneumonia and Diarrheal diseases and outreach activities.

Participation in broader activities AND Partnerships with Universities, NGOs, various service providers, other centers etc

1. This year has seen even more participation with National and Provincial plans – National Health Insurance readiness, and now announced as a pilot site, District Clinical Specialist Team discussions, attempting to implement National Ministerial committee (NaPeMMCo, CoMMiC, NCCEMD) recommendations.
2. Ongoing visiting doctors from Belgium / UK.
3. Successful Paediatric Equipment Committee acquisition of much needed equipment for children's wards in the province, orders to the value of R75 million.
4. Striving for improved quality of care – with reduction in in-hospital mortality rates in the paediatric wards.

Failures, Obstacles, Frustrations and/or disappointments for the year include:

1. Supply chain management process remains a major obstacle to improved efficiency.
2. Revamping of Area 2 Tertiary referral Neonatal Intensive Care Unit (NICU) for neonatal medical and surgical services – this has been on our business plans for ~~four~~ ~~five~~ six years now but remains unachieved. This time due to SCM processes in the province. This would improve our bed capacity and bring us in line with infection control policies for NICU. Not entirely sure when this will be solved.
3. Nursing staff shortages remain the “Achilles heel” of any further expansion.

CONCLUSION:

What next – within Grey's

1. NICU revamp remains as our top priority for 2009 ~~10-11~~ 12. (..and waiting!)
2. Tertiary service development at Grey's with more specialists, sub-specialists, more ICU beds, developing sub-specialist training in some sub-specialties – neonatology, critical care.
3. Using the NHI as an opportunity to improve the quality of care we provide and contribute meaningfully to the success of the national plan of universal coverage, social solidarity, and equitable access to a minimum package of care in Grey's Paediatrics, as an NHI pilot site.

Keep "screaming" for the children and thank you!

ONCOLOGY DEPARTMENT ANNUAL REPORT

STAFFING:

- 1 vacant Senior Specialist post since 01/02/2011
- 1x vacant Principal Medical Officer
- 1x radiotherapist post to be filled by June 2012
- 2x radiotherapist posts are to be advertised after being abolished in 2012/2013
- 1x physicist post to be advertised after being abolished in 2012/2013
- 1x Community service radiotherapists started on 01/01/12 – Miss A Kadir

Welcome- - New Radiotherapy Manager -- Mrs M Mbhele
2x Registrars to rotate at Greys - Dr S Kunene
Dr Zwane
Ms T Mbili, oncology clerk

Farewell -- Dr L Marais resigned from doing session in 31/12/2011.
Mrs P Chonco resigned and went to Auditor General 31/12/2011
Dr Asmal moved to IALHC as a part of Registrar rotation 15/01/2012
Dr Wilson moved back to IALHC as a part of Registrar rotation 15/01/2012
Comm servs (A Budram and Ms S Govender) finished their training 31/12/2011
Ms A Blaylock retired 30/11/2011.
Ms T Mshengu, the oncology clerk
Sr B Nel, oncology sister

EQUIPMENT ACQUISITION

- New weighing scale.
- Extra shelving for ENT masks in the Simulator

PENDING STOCK ACQUISITIONS- Requisitions already submitted

- Gynae. bed (brachytherapy couch)
- 1x pregnant Staff radiation dosimeter
- New weight & height scale
- Couch top for treatment machines
- 2x Staff lockers (3 compartment)
- 2x water Dispensers
- Mobile suction machine and oxygen points

FUTURE ACQUISITIONS

- Additional Calculation license for the treatment planner
- Dedicated planning Large bore CT scanner
- Electron Monte Carlo planning software
- 2nd Linear Accelerator with RapidArc
- Exactrac
- C-Arm for brachytherapy
- Improved security system in the Department
- More patients beds
- Paedriatic Ward.
- Polaroid camera
- Stereo statics

EVENTS AND TEAM BUILDING

- Cancer Awareness Programmes (week) August 2010–Poster Display
- Team building – Cultural day – 23 September 2011
- Christmas Dinner –RJs 15 December 2011
- Christmas celebration with cancer patients on 22 December 2011
- Participated in staff Wellness Day in October 2011
- The Department participated in CANSA relay by Maritzburg Boys College in March 2012

Community & NPO Relations

- The department managed to attract more disciplines for the holistic treatment of cancer
Including ‘LOOK GOOD FEEL BETTER” NPO, which supports all Cancer patients that currently on treatment. This Non-Profit Organization will be hosting monthly workshops during this current year
- CANSA is still providing support
- CHOC is still providing support

TRAINING AND SKILLS DEVELOPMENT

- 3rd year Radiotherapy students perform their practical in the Department started in January 2011
- Mr. N Mdletshe, Mrs. P Chonco and Sr L Daniels attended SASMO/SASCRO Congress at SunCity, in 24/08/2011
- Mr. FM Nyawose and Mr D Mbuthuma attended the Radiation Protection Training in Johannesburg on Febr 2012

SERVICE DELIVERY

- Radiotherapy department numbers of patients for radiotherapy from 40-55 on 1 linear accelerator per day.
- Children are still referred to Inkosi Albert Luthuli Hospital because of insufficient treatment facilities /an f fund at Greys but Department is looking in having the dedicated ward.
- Number of new patients seen in the clinics has increased from 70 to 80patients per week
- The lodger facility for Oncology patients only has 20 beds that are allocated for Oncology Lodger patients the rest of 60 beds are allocated to lodger mothers.
- Chemotherapy services – the number of patients receiving chemotherapy is still 25-30 and the maximum of 5chemotherapy patients receive treatment in the ward M3
- The Department participated in WHO/IAEA TLD audit in 2011 and the results were excellent.
- The Department receives the CPD accreditation for 2011 year.
- Morbidity/mortality meetings are in progress.

A. SERVICE DELIVERY

1. Clinics

➤ Grey's Hospital

Four new sub-speciality clinics have been implemented as part of urology service and have been conducted at Grey's for the past two years. These clinics consist of the following:

- I. Female urology clinic on Thursday mornings and is coordinated by Dr S Maharajh
- II. Paediatric urology on Monday morning and is coordinated by Dr Pretorius
- III. Endourology on Thursdays and is coordinated by Dr M Conradie
- IV. Uro-oncology on Wednesday and is coordinated by Dr D Smart

➤ Northdale Hospital

General urology clinics started at Northdale Hospital from April 2010 and have been running successful for the past two years. This clinic is conducted from one of the general surgical specialist clinics and will be open for general urological problems at the Hospital on every Monday. Surgical beds are shared with the general surgeons. On average of 30-35 patients are seen on every Monday at the clinic. In addition to the clinics there is also 24 hour ward cover. Dr S Maharajh is coordinating the clinic and urological service at Northdale Hospital.

➤ Edendale Hospital

Urology service at Edendale hospital has been established since August 2010. Currently Edendale Hospital is staffed by one consultant and 3 registrars and have a full urology service with weekly clinics and 2 days a week theatre. Dr M Alsharef is currently the clinical head of the urology service at Edendale. The general urology clinic is on every Thursday. There is one full day theatre every Monday and every second Wednesday a full theatre list.

2. Theatre

➤ Improvement in the theatre structure in the Department of Urology includes the following:

- I. Dedicated laparoscopic week once a month – 5 -6 lists depending on availability at Grey's Hospital.
- II. Laser lithotripsy list once a month -2 lists on Tuesday
-2 lists on Wednesday

➤ Additional theatre lists at Edendale Hospital coordinated by Dr M Alsharef (Monday) and Dr S Maharajh (Wednesday). The theatre lists are currently reserved for general urology that can be performed at a regional hospital level.

➤ In order to maintain tertiary urology service, the acquisition of endo-urological equipment/service was success, which are the following:

- I. Flexible ureteroscope and laser lithotripsy service agreement (contract is currently in the midst of negotiations).
- II. Laparoscopic stack as a loan set free of charge (awaiting our own stack depended on a successful procurement process)

3. Wards

- Bed status at Grey's unchanged at 22 adult beds and 2 pediatric beds.
- Ten urology beds envisaged at Edendale Hospital and at Northdale we are currently sharing beds with the general surgeons.

4. Outreach

- Outreach program to most secondary hospitals and district hospitals on going depending on the need and manpower. These hospitals include:
 - 1) Ladysmith
 - 2) Dundee
 - 3) Madadeni
 - 4) Vryheid
 - 5) Church of Scotland
 - 6) Appelsbosch
 - 7) St Apollinaris
 - 8) Christ the King
 - 9) Emmaus

Hospital	Surgeon/Medical Manager	Cell phone Number
1.Madadani*	Dr. Naidoo irenenaidoo@tiscali.co.za	082 871 1746
2.Vryheid	Dr. Caballero Franciso.caballero@kznhealth.gov.za	082 777 7049
3.Dundee	Dr. Hugoossens NO MAIL	072 506 5880 Fax no.- 034 2123245
4.Ladysmith*	Dr. Nasendi Dr. Nkosi (urologist) nkosi2_ukwt25@yahoo.com	079 420 1546 082 560 5793
5.Emmaus*	Dr. Patrick Kankolong thethepat@gmail.com	072 277 9687
6.Escourt*	Dr. Raman Helal1965@yahoo.com	072 719 7855
7.Greytown	NO SURGEON	
8.Church Of Scotland*	Dr. Vandermeva theomarina@umvoti.co.za	084 548 3147
9.Montebello	Dr. Zimu Jabulani.zimu@kznhealth.gov.za	033 506 7007
10.Appelsbosch*	Dr. Lopez (medical manager) Gustavo.lopez@kznhealth.gov.za	032 294 8054
11.Northdale*	Dr. Gengon & Dr. M. Quazi Daniel.gengan@kznhealth.gov.za	082 550 6074

12.Edendale*	Dr. Q. Oosthuism	076 487 5998
13.St. Apollinaris	NO SURGEON	
14.Christ the King	Dr. Ngwenya	082 831 5278
15.Charles Johnson Memorial	Dr. Ntuli tokzin@discoverymail.co.za	084 556 6982
16.Taylor Bequest	Dr. Ntshobane (Medical Manager) lizontshobane@gmail.com	072 724 2987

We are currently implementing a rotation of registrars to aforementioned hospitals to make provision for services and training of MO and nursing staff in the area 2 Hospitals.

B. ACADEMIC AND TRAINING

1. Registrars

The Department of Urology at Grey's Hospital has currently 9 registrars which can be divided as follows:

- i. SA Urology registrars - Dr J Urry
 - Dr T Nkuebe
 - Dr H Le Roux
 - Dr T Mthembu
 - Dr L Booyens
 - Dr N Motala
- ii. Supernumerary registrars – Dr A Kahie
 - Dr A Elsaket
 - Dr A Tawila

From January 2012 there was two additional registrars employed at PMB Urology Department and one new consultant.

2. Consultants

PMB Metropolitan Urology Services increased the number of consultant during the aforementioned period to 4 full time consultants and 2 part time consultants. In addition to these permanent staff members, we also have consultants that rotate from time to time from the Durban campus for teaching purposes. These consultants are:

- 1) Dr MC Conradie
- 2) Dr M Alsharif
- 3) Dr P Pretorius
- 4) Dr D Smart
- 5) Dr A Dada
- 6) Dr S Maharajh

3. Individual Achievements

Dr S Maharajh completed the Fellowship of the College of Urology Final Examination and obtained the Lionel B Goldsmidht Award in Urology.

Dr MC Conradie was the co – author of the Third edition of the Smith’s Textbook of Urology.

Dr MC Conradie managed to secure the bid to host and organize the WCE bid for South Africa 2016, in Japan.

Appointed the National Laparoscopic Proctor for Johnson and Johnson Endo-Division.

Dr M Alsharif successfully completed his Masters in Medicine Degree.

Dr N Motala successfully completed the Basic Surgical Skills Course.

Dr L Booyens successfully completed the Basics Surgical Skills Course

Dr Kkuebe completed the FCS Part 1 examination

4. Examinations

➤ The following Registrars have passed their urology examinations successful as part of their training:

- I. **Dr J Urry** : Passed F.C.S part 1 – May 2010 and part 2 – September 2010
- II. **Dr M Alsharif**: Passed F.C.Urol. – October 2010
- III. **Dr A Alsaket**: Passed FCS part 1 – October 2010
- IV. **Dr Nkuebe** : Passed FCS part 1-

5. Teaching Programme

➤ A new curriculum has been implemented in the Department, as prescribed by the College of Urologist of South Africa and are currently being followed. This curriculum will be followed on a two-year rotation basis in an attempt to conform the training of Urologist in KZN.

6. Urology Guidelines

Guidelines in Urology by the Department of Urology at Grey’s Hospital is implemented and undergoing constant review.

7. Publications

Following publications for the year 2011/12:

“The management of renal colic” , 3rd edition of Smith’s Textbook of Endourology” , Dr MC Conradie

8. Urology workshops

No specific urology workshops were performed at Grey’s Hospital other than our monthly laparoscopic week.

C. RESEARCH

As part of improving on teaching and service delivery, we have taken a very active stance, in terms of research and are currently busy with numerous clinical trials. Each medical officer is participating in one or more of the following clinical studies:

1. Anatomical variations of the renal hilum during laparoscopic renal surgery
2. Congenital mega prepuce – surgical technique and outcome of prepare
3. Implantation of laser lithotripsy in the financially constraint public service environment
4. Laparoscopic nephrectomy training model comparison
5. Review of renal trauma
6. Evaluating the World Wide Web for collaboration in training in endourology
7. Re-look at the incidence of supravescical obstruction in neonates with posterior urethral valves
8. Renal function evaluation pre and post dis-obstruction of the urinary tract in congenital PUJ obstruction
9. Waiting list quality of life deterioration in BPH patients
10. Urethral stricture recurrence comparison in supervised self dilatation
11. Laparoscopic week; skills improvement with the intervention of the laparoscopic simulator
12. Laparoscopic treatment of urolithiasis
13. What determines less invasive surgery of urolithiasis?
14. PSA screening in the rural community in Africa – a multinational approach
15. Determining factors in nadir renal function post relief of obstruction
16. The incidence of local spread to the SV in patients with low risk prostate cancer patients
17. Free testosterone as a predictor of aggressiveness of prostate cancer patients in Kwa Zulu Natal
18. The IVU utility in urology in the era of CT scan
19. Assessing the usefulness of renal artery angiogram in pre-operative workup in patients with PUJ obstruction
20. Demographic analysis of the distribution, incidence and cause of UDT in Kwa Zulu Natal
21. Evaluating the Tara clamp for the provincial circumcision plan
22. Assessment of the aggressiveness of prostate cancer in different ethnic groups
23. Relationship between metabolic syndrome and prostate cancer stage in SA
24. Instrumentation ergonomics and patient positioning in laparoscopic urological surgery
25. Feasibility of a cost effective disposable uroflow meter in the rural community

All of the above topics are currently ongoing.

D. EQUIPMENT AND INFRASTRUCTURE

We continue with the ongoing challenges of procuring equipment for the Urology Department.

These include:

Laparoscopic Stack

Laser Lithotripsy and Flexible Ureteroscope

In addition to the above the shortage and demands include paediatric equipment and adult endourology equipment.

We were successful with the purchase of an Ultrasound machine for the clinic

E. MALE MEDICAL CIRCUMCISION PROGRAM

The Department of Urology is fully supporting the KZN Department of Health initiative with camps at Edendale Hospital. We are also providing support for SATWA (NGO) in providing circumcisions in Northern Kwa – Zulu Natal.

F. STAFF and HUMAN RESOURCES

1. Training facilities

The department has recently installed a laparoscopic training dry-lab with two laparoscopic trainers which are used for dry lab training by the registrars and other doctors to gain experience with laparoscopy.

2. Staff

Registrars in the Department:

1. Dr J Urry
2. Dr T Nkuebe
3. Dr H Le Roux
4. Dr T Mthembu
5. Dr L Booyens
6. Dr N Motala

Supernumerary registrars:

1. Dr A Kahie
2. Dr A Elsaket
3. Dr A Tawila

Medical Officers

1. Dr K Mahmood
2. Dr Z Jogiat

Consultants

Dr MC Conradie - HOD
Dr M Alsharif
Dr P Pretorius
Dr S Maharajh
Dr D Smart – part time
Dr AK Dada – part time

ACADEMIC ACTIVITIES AND HEALTH PROFESSIONS TRAINING AND DEVELOPMENT

An intensive and comprehensive Academic program has been created and successfully implemented in the Radiology Department over the past several years. The program for 2012 has been modified by Dr Vicci du Plessis, consultant radiologist. Registrars and Medical Officers are assigned projects for the academic year. These include weekly power point presentations on selected topics as well as two-weekly Journal Club meetings. These presentations have been of a particularly high standard, and are directed towards the acquisition of knowledge as well as preparation for the Part 1 and Part 2 F.C.Rad (Diag) examinations. In addition, combined and alternate presentations on appropriate topics of mutual interest are held in conjunction with the Surgical and Neurology departments. Using the teleconferencing facilities in the Seminar room in the Greys Radiology department, Physics and some Anatomy lectures for Part 1 are transmitted from Inkosi Albert Luthuli Hospital to the relevant Radiology registrars and MO's in Pietermaritzburg, most of whom have also attended an intensive 1 week Physics course which is held bi-annually at the University of the Free State.

Weekly Anatomy spot tests using the new College examination format and answer sheets, as well as two-weekly written Physics tests are given to the junior Radiology registrars and Medical Officers.

For the senior registrars an Academic Program has been formulated covering the required syllabus: they are given two-weekly written tests in preparation for their examinations. On a daily basis "Differential Diagnosis" tests and "Interesting Case of the Day" sessions are held. Two-weekly Interdepartmental meetings and case presentations are also held in conjunction with the Paediatrics, Orthopaedics, Urology and Oncology Departments. In addition, weekly meetings are held at the Private Radiologists' rooms where current topics of interest as well as recent congresses attended are discussed in detail.

Two registrars passed the Part I FC Rad (Diag) College examinations in September 2011, and two medical officers passed in March 2012. The format for this examination has been modified according to the new requirements of the Colleges of Medicine of South Africa.

At the RSSA Multidetector CT Congress in Johannesburg in June 2011, posters were submitted by three radiology staff members: the one by Dr Vicci du Plessis, consultant radiologist was awarded the 1st prize of R15,000-00. Dr du Plessis also completed her M Med thesis, and in addition was one of fifteen newly-qualified radiologists world-wide to be selected by the Radiological Society of North America to attend the "Introduction to Research for Young Academics" program at the RSNA congress in Chicago in December 2011.

Funding from the Health Profession Training and Development grant was equally distributed amongst the radiographers and nursing staff in the Radiology Department. Courses attended included those on Basic Life Support, Hospital Management, Ethics, Radiographic Image, Radiation Safety, Trauma / Forensic, QA Conflict and Imaging and the FRSA Cardio Vascular Heart Congress. Mammography Training has become compulsory for radiographers performing mammographic examinations. With appropriate funding from Head Office 3 radiographers completed the required course at the Durban University of Technology during 2011. A number of radiographers from outlying Hospitals have observed MRI and CT scanning at Greys Hospital as part of the requirements for their B-Tech Degrees. Ultrasound Training has also been given to several radiographers from outlying Hospitals.

At the time of writing this report there is uncertainty over whether funds will be available for the 2012/13 financial year, despite the obvious importance of training and development, and the fact that CPD activities are a compulsory HPCSA requirement.

STAFFING

The recruitment and retention of radiology consultants remains a challenge, and will depend partly on our ability to provide a suitable post structure going forward. We have 4 radiologists, including the previous Head of Department who has always carried a full clinical workload in addition to her academic and administrative responsibilities. According to the DOH Strategic Framework for the modernisation of tertiary services, with our current service load, before any thoughts of NHS-driven expansion, Greys should have 8 production level Radiology consultants. 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. The flawed OSD process for paramedical staff has not helped. Radiological nursing services would benefit from the allocation of a supervisory level post, particularly given the specific skill set required by the Interventional Unit.

SERVICE PROVISION

Greys Hospital provides Radiological Imaging Service across the spectrum of modalities including Ultrasound, Mammography, Interventional Radiology, CT and MRI. Reporting services via Tele-radiology are provided to Ladysmith Hospital. Daily duty rosters ensure that consultant cover is available in the various radiology sub- departments. This is made possible by the willingness of the limited number of full-time consultants, including the H.O.D, to cover several service areas simultaneously, and the assistance of a retired private sector consultant on a sessional basis.

In ultrasound the number of scan requests, particularly in obstetrics, is increasing beyond our capacity, particularly since the resignation of one of our already overstretched ultrasonographers.

There is a significant and steadily increasing waiting time for CT and MR scans because of the excessive number of requests for these examinations, the shortage of experienced radiographers and radiologists, and equipment limitations (discussed below).

There is a trend towards imaging requests where the way in which the examination might contribute to patient management likely to achieve a positive outcome is unclear. There is also a trend towards relying on advanced imaging modalities in situations where clinical judgement and plain films would previously have been considered adequate. This is sometimes compounded by a poor appreciation of the long-term risk of high dose radiation, and perhaps understandable difficulty in objectively weighing up the relative risk of delayed diagnosis in the acute phase, against the risk of future malignancy that might occur several decades into the future. High dose radiation should where possible be avoided in younger patients unless there is a definite risk of clinically important occult pathology, and the decision to irradiate a young patient should be made at senior level.

A recent inspection by the Radiation Control Board from Durban demonstrated compliance with all the radiological equipment. This has been possible through the continual quality assurance tests carried out by the radiographers and equipment technicians.

RADIOLOGICAL EQUIPMENT AND DIGITAL RADIOGRAPHY

The core components of the RIS and PACS system have been functioning well for over a year, with CT and MRI images and reports available digitally both at workstations in the X-Ray department and at 46 networked workstations in clinical areas. This has dramatically

increased efficiency in these modalities and represents a considerable saving in time and cost. It also makes it logistically possible for consultants to check a larger percentage of reports than before. We are approaching a situation where hard copies of CT and MRI images will not routinely need to be printed. Some of our ultrasound machines are now linked to the system. The availability of high-level I.T. personnel with extensive experience and expertise specific to the system (currently done via a technical support agreement) is obviously vital to keep the system functioning.

Greys is unique in having the complex and data-intense modalities of CT and MRI available on PACS, while not yet being able to acquire and present ordinary plain films in this way. Funding for CR readers (the piece of equipment to acquire ordinary X-Ray images digitally rather than via the cumbersome and outdated film processing system) was approved in 2010 following a lengthy process. The tender process and a subsequent frivolous appeal were finalized in November 2011. Since then Head Office have been working on granting final authorization to proceed with purchase and installation, but we have been unable to ascertain when this process might be completed.

Our existing plain film processors were installed in 1997 and 2001 and regularly break down. In March 2012 we came very close to a situation of not being able to provide a plain film service, with only one processor working and casualty X-Rays closed for several days. Large capacity processors suitable for a hospital the size of Greys are no longer manufactured as the technology is outdated, and spares availability is no longer guaranteed. It is entirely predictable that they will at some stage break down irreparably, at which point Greys will not be able to provide a plain film X-ray service. The same applies to mammography which is also dependent on plain film processing until such time as CR readers are installed. Fortunately Pietermaritzburg is an NHS pilot site so if this occurs the responsible management structures may be able to access the much-trumpeted NHI synergies with the private sector in order to have plain films and mammograms done.

Through the Equipment budget allocated to Greys Hospital in 2012 several items costing less than the maximum allowed amount of R200 000-00 were purchased. These included two basic entry level colour Doppler ultrasound units and a portable x-ray unit. The selection of this equipment was limited by the available funding. Unfortunately equipment more appropriate for a Tertiary Level Hospital could not have been acquired without going through the lengthy CSCM procedures.

Specific items which will require attention in the short to medium term future are:

1. CR Reader acquisition (should have been finalised during 2011)
2. Replacement of angiography unit which is beyond the end of its technical support.
When it fails the vascular interventional service will cease.
3. MRI upgrade or replacement. The current machine reaches end of its technical support at the end of 2012. A proposal for an upgrade to extend its life to 2016 was submitted to Head Office last year but not processed further.
4. Panorex unit. The current unit is past the end of its technical support.
5. 2nd CT scanner to alleviate unacceptable and increasing waiting times.

When a new Head of Department is appointed he or she will no doubt be keen to take up the reins in the complex and often frustrating struggle to acquire the equipment we need to provide an acceptable service.

DEPARTMENT OF CLINICAL PSYCHOLOGY ANNUAL REPORT

A number of objectives were set and achieved during this past year. Our department has grown and exciting new ventures and possibilities continue to present themselves. Our challenges of staffing and spacing however persist and remain a limitation with regard to providing specialized services that befit the tertiary context.

The Department of Clinical Psychology successfully reviewed departmental policies and procedures, patient contracts, general assessment interviews and daily work allocation. We have been successful in creating and maintaining some areas of specialization such as providing group interventions to chronic pain patients, laryngectomy patients and oncology patients as well as parent training groups in the POPD. We are also continuously involved in conducting psychological assessments for renal patients and tracheostomy patients and were involved in offering trauma work following the strikes at our hospital in 2011. Of special mention is the fact that we secured a number of psychological assessment tools that will improve the assessment services that we offer.

We have continued to actively participate in and arrange health promotion events. Of particular note for us was our involvement in arranging the Healthy Staff Day Event, Child Protection Week and Mental Health Month. All the events were successful and were well received by the participants and organizing committees.

Our department also featured a CPD accredited professional training programme for psychology staff. This training is multidisciplinary in nature and consists of a number of different presenters from various medical specialities and psychiatric disciplines. We are indebted to all the presenters for sharing their expertise with us. The multidisciplinary training has not only strengthened ties with the departments involved but has also enriched our professional development as a clinical department. Furthermore, we have participated in multi-disciplinary training with some of the departments in Allied Health which has provided us with the opportunity to share psychological knowledge with interested individuals.

The Clinical Psychology Department currently consists of one principal clinical psychologist (Ottilia Brown) two senior clinical psychologists (David Blackbeard and Paula van Rooyen) and an entry-level psychologist (Thembi Kheswa). David joined the Clinical Psychology Department in May 2011 and Thembi joined us in September 2011. Ottilia joined the department in February 2012 as the new Manager for Clinical Psychology. Unfortunately Shantal Singh, the former manager of the department, left Grey's Hospital in November 2011 and is now in fulltime private practice. Her pioneering works in the department are appreciated and recognized. We wish her well in her career and all future endeavours.

We look forward to providing excellent psychological services in the new financial year and expanding our services and commencing research. We remain appreciative of the support we receive from the staff at Grey's.

SOCIAL WORK DEPARTMENT ANNUAL REPORT

STAFFING:

- ❖ We currently have four social workers:
 - Lekha C. Chirkoot Social Work Supervisor
 - Diane Mariah-Singh Social Work Supervisor
 - Phindi Cebisa Senior Social Worker
 - Hlengiwe Jili ARV Social Worker:
- We welcomed a new social worker, Phindi Cebisa to our team in Sept 2011.
- ❖ The two psycho-social counselors are:
 - Nonhlanhla Ntuli
 - Lindiwe Maphanga

They have embarked in training in Social Auxiliary Work this year.

CHALLENGES

- ❖ High staff turnover has been a major problem over the past year. Four Social Workers' posts were vacated, of which two have yet to be filled.
- ❖ Additional posts and Office space are seriously required in terms of meeting increasing demands with regard to tertiary services.

ACHIEVEMENTS:

1. SERVICES:

Although staff turnover has had a significant impact on service delivery, the Social Work Department has maintained services to the following areas: Obstetrics & Gynae, Paediatrics, CDC Clinic, Renal Unit, Medical Wards and clinics, Oncology, Surgical & Orthopaedic Wards and clinics, and EAP services to staff members. This has been possible through the dedication and willingness of staff members to carry the increased workload and provide relief to various areas.

2. STAFF DEVELOPMENT & TRAINING PROGRAMMES:

Monthly In-service training programmes, & Supplementary Academic training, as Well as two-monthly Training programmes by the manager have ensured that our staff members are updated in terms of development of new skills, knowledge and competencies.

3. PROJECTS:

- ❖ Addressing Social needs of people living with HIV
- ❖ Multi-disciplinary Management of Foetal Anomaly cases
- ❖ Multi-disciplinary Management of Tracheostomy
- ❖ Multi-disciplinary Management of Laryngectomy
- ❖ Student training

4. **HEALTH AWARENESS PROGRAMMES INVOLVED IN:**

- Child Protection week
- Mental Health Awareness Month
- Healthy Staff Day
- 16 Days of Activism of No Violence against Women and Children
- International Social Work Day

5. **COMMUNITY NETWORKING:**

- ❖ Social Work Department has have been involved in various networking initiatives with various stakeholders, such as Local Victim Empowerment Forum, Community Workers Forum, etc.
- ❖ CHOC and Reach for a Dream and other community organisations have sponsored various much needed items for our patients for special events where possible.
- ❖ Patients are referred to community organizations regularly for follow-up services.

We look forward to the year ahead with the hope and determination that we will have increased staffing and the ability to develop more programmes and services.

DIETETICS DEPARTMENT ANNUAL REPORT

The Dietetics department continued to strive to maintain and improve service delivery commitments and to ensure that the nutritional needs of patients are addressed at acceptable levels.

Our Achievements:

1. Maintained our staff numbers at 7 and employed an additional staff member to assist with the Monitoring and procurement of enteral feeds and supplements. We have a total number of 8 Dietitians at Grey's.
2. Together with the Occupational Therapy department we successfully completed our first year with the Life skills programme that targets the parents and caregivers of the Home Care Trachea Programme. This has been a resounding success and we will continue with this programme to empower the parents.
3. We trained 6 Post Graduate Interns last year
4. For the first time our training was supported by a Dietetic Tutor who was employed by the University of Kwa Zulu Natal, but based at Grey's Hospital. This provided much needed relief and support to the training Dietitians
5. Supported the Nutrition Directorate at Head office with clinical inputs for specifications for enteral feeds/ supplements and Total Parenteral Nutrition. Sat on the advisory evaluation committee for enteral feeds.
6. Grey's Supplementary Academic Meetings 2011. 36 staff members registered for the programme. A maximum of 22 CPD points was approved for accreditation. This is an annual event to assist Health Professional staff in acquiring some of the compulsory CPD points for annual registration with the Health Professions Council. This programme runs across 7 of the Allied Health Disciplines at Grey's Hospital
7. Developed, reviewed and revised the various monitoring systems for the procurement, receiving, storage, distribution and returns of enteral feeds and supplements.
8. We have rolled out with sip feeds and at this point in time we have just one in circulation i.e. Deovolente. This product has been well received by our inpatients.
9. In-service and Nutrition Education and support continues to be delivered on a weekly basis at the various clinics at outpatients including the lodger mother's facility. In-service training and support is provided on a monthly basis to all wards and staff as required.
10. Nutrition Events: The last year was a bumper year with respect to highlighting significant nutrition events. Our focus remained both staff and patients in all areas and departments within the hospital. Of specific note were our contributions towards the following health events: Antenatal week, Diabetes Week, Cancer Awareness Week, Breastfeeding Week, Nutrition Week, World Aids Day, Staff Wellness Day, Lodger mother Nutrition Education Programme and Christmas Cheer to Patients and Staff 2011.
11. The Dietetics department hosted a stand at the Staff Health Awareness Day on the 23rd September 2011. Staff members of Greys Hospital were invited to get their weights and heights measured in order to calculate their Body Mass Index (BMI). This was then used to determine their nutritional status according to the six BMI categories: Underweight, Normal Weight, Overweight, Obese Class 1, Obese Class 2, Obese Class 3). Objectives of this awareness day were to aid staff members in improving their nutritional status by increasing awareness of the importance of good nutrition and maintaining a healthy weight. Staff members were also provided with the opportunity to consult a Dietician for on-going monitoring and advice. This initiative has been turned into a Quality Improvement Programme which is being monitored on an annual basis to identify trends regarding improvements or changes in staff BMI's.
12. One of our newest projects is the "Christmas Cheer to patients and Staff in 2011"

This project was solely to put a smile and to create a festive mood to the patients who were still in hospital for Christmas. Dietetic staff contributed funds which were used to bake biscuits (for diabetic and non-diabetic patients), purchase tokens (for tube fed and parenteral fed patients who were unable to eat) and make Christmas cards for all the patients, wards and departments. In total we distributed these gifts to about 500 recipients. This festive gesture was well received by all and I am sure that we will continue to do similar projects in the future.

13. Commenced Infant and Young Child Feeding (IYCF) training programme for staff. The target audience was mostly paediatric and neonatal staff, but the training was opened for anyone interested in learning. Actively involved in formulating the IYCF policy for the hospital.
14. Accepted responsibility to Chair the BFHI committee meetings.
15. Involved with severe malnutrition MDT meetings and compiling of regular audits and reports. Part of the team that represents the hospital at District level.
16. Developed an On Call Roster for weekends and Public Holidays to assist with feeds telephonically, thereby minimising unnecessary feeding delays.
17. Trainings attended:
 - QI Training: 90% of staff have been trained and have presented their QIP's
 - Maternal Nutrition
 - Immuno Nutrition
 - SASPEN Congress
 - INP Symposium

Our Challenges:

1. Clinical specialised services are evolving and this places extreme demands on the department. Despite having one of the largest departments in the province, we still find ourselves short of hands to assist with all that needs to happen in a day's work. Patient profiles have also changed and we often need to do research before we can treat patients.
2. We do hope to roll out with 2 more sip feeds this year i.e. A clear Liquid sip feed for pre and post-operative nutrition management and a diabetic / renal sip feed. Watch this space
3. Catering Tender Document and the specifications relating to the Therapeutic Diets and supplements/ snacks. This remains extremely challenging as we are not supported by a Food Service Dietitian and the implementation thereof is not being supervised. Although we do conduct weekly audits, problems with deviations in the menu still exist.
4. No administrative support staff to assist with administrative responsibilities. Current clinical staff share this responsibility. Not ideal as this uses clinical time.

Plans for 2012:

1. Roll out with additional Ready to Use Sip Feeds as specified above.
2. To host Information Days within the hospital on Enteral Feeds and Supplements
3. In service training and continued development of staff
4. On-going monitoring and supervision of Procurement of enteral feeds and supplements w.r.t, systems, staffing, facilities, procedures
5. Nutritional Status Research with Mr Ferndale. An audit of the nutritional status of all patients admitted to the foregut surgery unit at Greys Hospital over a 6month period.
6. Improved relationships and networking with all relevant role-players w.r.t nutrition data collection

NURSING DIVISION ANNUAL REPORT

Nursing component aims at providing quality patient care accessible to all clients. This would be achieved by sharing, implementing our vision and taking into consideration our philosophy and striving to reach service excellence.

ACHIEVEMENTS

Staff training and development

- Staff have been sent on various courses for training and development.
- Tracheostomy Care training is ongoing

PROGRAMMES/ PROJECTS TO IMPROVE CLEANLINESS IN THE HOSPITAL

- Have engaged in Hlanzeka Grey's Part 1 where the new employed cleaners were distributed throughout to all areas that were of special concern.
- A meeting was held in December after the October audits i.e. National Core Standards with the General Assistants, General orderlies and Housekeepers as we felt that cleaning was not up to standard .
- In January 2012 audits were done in the wards/ departments concentrating more on the cleanliness of the internal environment.
- In February 2012 rotation of General Cleaners/ Orderlies was implemented and it contributed positively although there was a lot of resistance. Supervision of cleaners has improved.

PEER REVIEW

- This had a great impact on the service as the departments/ wards managed to improve the standards and were able to share their best practices.
- Wards/ departments continue to be audited.

NURSING AUDITS

- Documentation audits are being done.
- Infection Prevention Control, Occupational Health and Quality Audits are being done.

OUTREACH PROGRAMME

- Team from CDC which includes Counselors and nurses have managed to improve on the accessibility of HCT programme.
- Team have targeted areas outside the hospital. They have visited informal settlements, taxi ranks, tertiary institutions etc. They were able to get clients.
- The institution has been allocated target of 11000. Currently at 65%.

IMPROVING PATIENTS SAFETY AND CARE

- Negative incidents are monitored, actions taken to prevent reoccurrences.
- Implementation of policies and procedures.

EQUIPMENT

- A lot of equipment (medical) has been procured and received by different wards and departments
- Furniture i.e. chairs has also been received.
- Beds replacement: the process has been started but still to order more beds.

RENOVATION OF WARDS AND INSTALLATION OF BELL SYSTEM

- H2, H1 AND B1 have been renovated and bell system installed.
- Security system in Paediatrics and Maternity wards have been installed.

INSTALLATION OF TELEVISION SETS

- Television and DVD set has been donated by the Rotary Club for a cubicle that accommodates children in F2.
- 2 Television sets were donated for the Lodger Mother Facility.

EMPLOYMENT OF WARD CLERKS

- X9 Ward Clerks were employed.

NATIONAL CORE STANDARDS

- Hospital was audited but non-compliant.

REWARDING SERVICE EXCELLENCE

- Spur is sponsoring the best employee of the month. They are giving them vouchers of R60.00 to spend at Spur.
- This started in January 2012.
- Together with the vouchers staff are given certificates from Nursing Management.

POLICIES AND PROCEDURES

- Committee has been developed and fully functional.
- Policies are up to date, distributed and implemented.

CHALLENGES

Human resources

- Shortage of nurses is still a big challenge and it compromises patient care.
- High staff turnover.
- Difficulty in recruiting Specialty nurses.
- Absenteeism which contributes negatively to the budget as it increases overtime.
- OSD issues.

NEGATIVE INCIDENTS

- Patients developing pressure sores whilst in our care.
- Medication errors e.g. drugs missing, mal administration of medicines.
- Expiry of pharmaceuticals.

RENOVATIONS OF THE WARDS

- Ablution facilities needs to be upgraded i.e. painting, putting shower heads etc.
- Wards needs to be painted.
- Bell system not available in other wards.
- Maintenance problems.

NEGATIVE STAFF ATTITUDES

- Still receiving complaints from patients, relative's regarding negative staff attitudes which impacts negatively on patient care.

LINEN

There is still a shortage of linen.

OTHER CHALLENGES

- Poor ventilation in other wards/ departments.
- Lifts are occasionally not working, causes a problem in the transportation of patients.
- Some computers are not cabled and have no intranet.
- M3 does not have a computer.
- HCT team urgently needs gazebos and chairs as they are doing outreach programme
- No proper waste bins for the corridors.
- Pests are sometimes sighted in certain areas.
- Ward Clerks are not yet adequate. Some of the wards/ departments are not covered.

OCCUPATIONAL HEALTH AND SAFETY

- The clinic is fully functional.
- Training programme is ongoing.
- Needle stick injuries are still experienced and numbers are increasing.

FUTURE PLANS

- Decrease the number of negative incidents.
- Increase uptake of HCT.
- Monitor and decrease absenteeism.
- Concentrate on the prevention of bedsores.
- “Back to Basics”** concentrate more on basic nursing care.
- Staff motivation.

CONCLUSION

There is still a lot of improvement to be done to achieve excellence and to meet the set standards.

OCCUPATIONAL HEALTH AND SAFETY

TB MANAGEMENT

- Grey's Hospital has a partially functional Occupational Health clinic. Partially because with regards to Management for TB for staff, employees are screened at the clinic for TB, investigations done and then referred out to 333 Church Street TB Clinic for further management.

This is partly because the hospital is not fully equipped to have a TB clinic on site due to ventilation issues.

An arrangement was made with the TB clinic for staff medication to be delivered at the Occupational Health clinic so that staff members do not have to miss work and sign leave in order to collect medication from the clinic.

MEDICAL SURVEILLANCE

- Baseline medical examinations for staff were commenced. Since a lot of staff had never had these done at the time of their employment, there is therefore a huge backlog.

This backlog is addressed by doing baseline medicals for staff that present themselves at the Occupational Health Clinic for different reasons and also communicated in meetings that staff can phone the Clinic to make an appointment for their medicals.

A request was also sent out to Human resource department by the clinic for the HRD to send a list of newly employed staff to the clinic so that we do baseline medicals for staff as they enter the establishment, we however have not been receiving these lists from the HRD

HIV/AIDS IN THE WORKPLACE

- This service for staff is available and staff that require this service make contact with the Occupational Health Clinic.

The Occupational Health Clinic ensures that confidentiality is maintained at all times

HCT is offered for staff and the only problem that we encounter is that staff sometimes have to go all the way to the main hospital to be counseled yet it would be more private and confidential if everything is done at the Occupational Health Clinic.

The Occupational Health Clinic also participates in the Department of Health's HCT and TB screening campaign.

RISK MANAGEMENT

- In-service training on Risk management for all employees was scheduled and conducted for all staff as it imperative that all wards and departments conduct risk assessments in their departments so that they are aware of potential safety risks in their departments and therefore make sure that control measures are in place.

IMMUNIZATIONS

- All high risk areas such as laundry staff, student nurses, doctors, boiler house staff, immuno compromised staff etc and other newly employed staff have been identified and immunized with vaccines such as hepatitis B, tetanus, Flu depending on the need and assessment; however there are areas which still need targeting.

OCCUPATIONAL HEALTH AND SAFETY TRAINING PROGRAMME

- The Occupational Health department has an in-service training programme that has topics based on the staff health and safety needs, e.g. post exposure prophylaxis, risk management, HIV/AIDS, HCT, Use of personal protective equipment, Hazardous chemical substances and electrical safety

FAMILY PLANNING

- The Occupational Health Clinic offer a family planning service to all staff. Only staff that already have been commenced on family planning are seen. This means that an employee has to start at the local clinic to be commenced on contraceptives and then followed up at the Occupational Health Clinic, when they have a card.

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

ACHIEVEMENTS

Grey's Hospital was one of the institution chosen to pilot the "Make me look like a hospital project" which is part of the National Core Standard for Health Establishments in South Africa initiative. We achieved 80% in the baseline survey and we will continue to improve service delivery

CHALLENGES

There under spending on the Capital Equipment was due to limited financial delegation, all the big capital equipment was sent to SCM Head Office for procurement did not materialized.

Grey's Hospital still manage by acting Hospital manager since 2008.

The shortage of Nursing Staff needs to be highlighted especially in intensive care and theatre which led to the decrease of theatre list to the minimum.

Despite the implementation of the OSD, the recruitment and retention of clinical staff still a challenge.

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

SIGNED BY: _____
DR K.B. BILENGE
Acting Hospital Manager

MRS C.N. SOSIBO
Nursing Manager

MRS BG ANDERSON
Finance Manager

MR H S K HLONGWA
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MS N.P. NJOKWE
Systems Manager