



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

GREY'S HOSPITAL
HOSPITAL MANAGEMENT
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GREY'S HOSPITAL ANNUAL REPORT 2012/2013



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INTRODUCTION

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

This annual report will include summaries of the main activities held during 2012/2013: Reports from the following departments will be included:

- ◆ Data Management
- ◆ Public Relations Office
- ◆ Systems Component
- ◆ Maintenance Department
- ◆ Finance Department
- ◆ Human Resource Department
- ◆ Nursing management
- ◆ Maxillo Facial & Oral Surgery
- ◆ Infection Control
- ◆ Physiotherapy Department
- ◆ Neurology Department
- ◆ Orthopaedics Department
- ◆ Anaesthesia, Critical Care & Pain Management
- ◆ Pietermaritzburg Metropolitan Surgery Department
- ◆ Obstetrics and Gynaecology
- ◆ Internal Medicine
- ◆ Occupational Health and Safety
- ◆ Oncology Department
- ◆ Radiology Department
- ◆ Clinical Psychology
- ◆ Social Work Department
- ◆ Nursing Campus
- ◆ Dietetics

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 out 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 • Onocology • Uro-Gynae / Pelvic Floor Dysfunction • Gynae-Endocrine / Reproductive
<p><u>SURGERY & SUB-SPECIALTIES :</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 NB Dermatology, Surgery & orthopaedics all run a paediatric clinic within their specialty</p>
<p>OCCUPATIONAL THERAPY</p>	<p>SPEECH AND AUDIOLOGY</p>
<p>SOCIAL WORK SERVICES</p>	<p>PHYSIOTHERAPY</p>
<p>LABORATORY SERVICES</p>	<p>ACCIDENT & EMERGENCY SERVICES</p>
<p>DIETETICS DEPARTMENT</p>	<p>CLINICAL PSYCHOLOGY</p>
<p>PHARMACEUTICAL SERVICES</p>	<p>ANAESTHETICS & PAIN MANAGEMENT</p>
<p><u>RADIOTHERAPY AND ONCOLOGY:</u></p> <ul style="list-style-type: none"> • New Breast & Cervical Cancer • New Head & Neck Cancer • New GIT & Uro Cancer • New General Cancer <p>Chemotherapy suite</p> <p><u>RADIOTHERAPY SECTION:</u></p> <ol style="list-style-type: none"> 1. Simulator 2. Planner 3. Linear accelerator 4. Brachytherapy 5. Mould Room 	

HOSPITAL PERFORMANCE

DATA MANAGEMENT DEPARTMENT STATISTICS

GREY'S HOSPITAL

STATISTICS REPORT 2012/2013

	APR	MAY	JUN	JUL	AUG	SEP	OCT	Nov	Dec	Jan	Feb	MAR	Total/A VG
USABLE BEDS	507	507	507	507	507	507	507	507	507	507	507	507	507
INPATIENT DAYS	10370	11752	11540	9899	12414	11456	13562	11813	10309	11497	11458	11495	137565
ADMISSIONS	1261	1225	1400	1550	1289	1085	1216	1260	921	1175	1032	1056	14470
DISCHARGES	871	978	883	1002	950	787	866	979	821	821	814	814	10586
DEATHS	48	53	55	50	67	50	51	51	38	37	40	56	596
TRANSFERS IN	120	105	74	88	98	145	101	72	80	63	69	77	1092
TRANSFERS OUT	57	84	69	107	98	78	147	105	73	68	61	54	1001
BED OCCUPANY RATE	75%	83%	81%	82%	88%	78%	87%	79%	70%	74%	77%	74%	79%
AVG LENGTH OF STAY	11	11	11	10	12	13	13	11	11	12	12	12	11.5833
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	5	3.7
INTERWARD TRANSFERS	958	1064	807	1075	867	1067	776	808	720	838	878	840	10698
DAY PATIENTS	727	467	366	433	519	593	468	582	445	640	766	659	6665
OPD HEADCOUNT	14496	15298	13408	16278	15927	15769	15241	17245	12745	16533	13137	16789	182866
CASUALTY HEADCOUNT	730	593	496	663	754	676	703	676	822	835	636	745	8329
CAESERIAN SECTION	69%	77%	74%	69%	76%	69%	73%	79%	77%	75%	77%	64%	73%

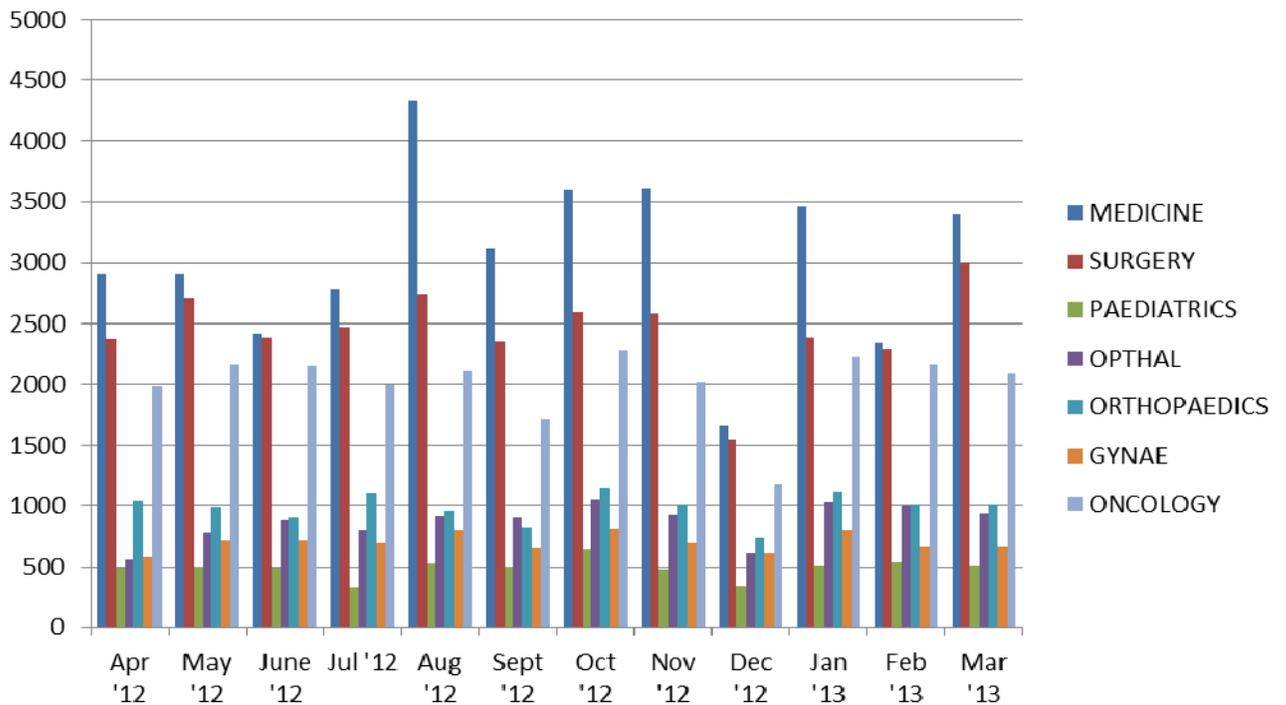
CLINICS REPORT 2012/2013

CLINICS	Apr '12	May '12	June '12	Jul '12	Aug '12	Sept '12	Oct '12	Nov '12	Dec '12	Jan '13	Feb '13	Mar '13	TOTALS
MEDICINE	2908	2908	2421	2775	4324	3119	3597	3611	1655	3455	2347	3391	36511
SURGERY	2374	2711	2385	2476	2733	2356	2594	2582	1550	2390	2294	3002	29447
PAEDIATRICS	494	495	491	335	528	495	645	480	339	507	544	512	5865
OPHAL	566	779	887	797	913	904	1047	919	615	1034	1002	934	10397
ORTHOPAEDICS	1044	986	906	1103	951	813	1143	1012	741	1110	1012	1007	11828
GYNNAE	587	718	725	697	798	655	810	704	612	800	672	672	8450
ONCOLOGY	1985	2163	2156	1998	2109	1709	2279	2016	1181	2233	2161	2086	24076

EFFICIENCY INDICATORS APR 2012 - Mar 2013

EFFICIENCY INDICATORS APR 2012 - Mar 2013	ACHIEVEMENTS	TARGET	GAPS	ACTION PLAN TO ADDRESS GAPS
Utilisation Rate	79.0%	75%		
Length Of Stay(Days)	12 Days	8 days	4	Delays in the repatriation of stretcher patients
Patient Day Equivalent	198520			
Caesarian Section rate	73.0%	50%		Lack of equipment from referring institutions
Fatality Rate	3.7%			
Surgical Fatality Rate	3.0%			
OPD Headcount	182866			
Separations	12183			
Exp. Per PDE	R 3 827.00			

OUTPATIENT STATISTICS 2012/2013



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 2012:

COMPLAINTS AND COMPLIMENTS:

It is a great pleasure for public relations office to share complaints and compliments statistical report with Grey's Hospital Employees, and other stakeholders to identify gaps and room for improvement. From January 2012 to December 2012, the hospital received 174 complaints and 437 compliments in total 534 comment slips received in that period. This report reflected that Hospital is still doing well because of the number of compliments received.

After complaints analysis we discovered that our clients are not happy with the non-functioning of hospital lifts, postponement of theatre operations, quantity and quality of food, attitude of staff including poor caring/negligence and long waiting time for theatre operations. Despite all that, hospital executive management, heads of departments, supervisors and staff members had to put in their strong muscle to improve service delivery.

We will continue to maintain our good reputation and improve service delivery in line with the principles of Batho Pele.

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

YEAR: 2012

COMPLAINTS RECEIVED

Month	Waiting Time	Staff Attitude	Poor Service	Cleanliness and maintenance	Hospitality	Suggestions	Media Enquiry	Postponement of operation	Advocacy	Total
Jan	2	3	2	4	2	2	Nil		1	15
Feb	2	3	2	4	1	1	Nil	1	Nil	13
March	2	5	1	2	3	7	Nil		Nil	20
April	6	2	2	2	4	2	Nil		Nil	18
May	3	4	1	1	Nil	3	Nil		Nil	11
June	2	3	nil	1	3	2	1	1	Nil	13
July	Nil	5	nil	1	11	3	Nil		1	20
Aug	1	7	3	Nil	Nil	Nil	2	2	Nil	15
Sept	6	4	2	Nil	2	4	Nil		Nil	18
Oct	2	2	Nil	Nil	9	Nil	Nil		Nil	13
Nov	Nil	4	Nil	Nil	1	3	Nil	1	Nil	9
Dec	Nil	1	Nil	Nil	1	nil	Nil	1	Nil	3
Total	26	43	15	15	35	29	3	6	2	174

COMPLIMENTS RECEIVED IN 2012

MONTHS	NUMBER OF COMPLIMENT
JAN	17
FEB	48
MARCH	36
APRIL	21
MAY	56
JUNE	36
JULY	46
AUG	41
SEPT	34
OCT	46
NOV	34
DEC	22
TOTAL	437

HEALTH EVENTS:

In 2012 Events Management Committee Team, Greys Hospital Management, Hospital Board Members, and all Grey's Hospital staff members successfully organized and celebrate 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 2012

DATE OF EVENT	NAME OF EVENT/ SEMINAR/ WORKSHOP/ CONFERENCE	PURPOSE OF EVENT/ SEMINAR/ WORKSHOP/ CONFERENCE	WHERE HELD (VENUE)	TARGET AUDIENCE/ PARTICIPANTS/ ATTENDEES
14.02.2012	Reproductive health, pregnancy awareness	To strengthen family planning services, mobilize community on the availability of free contraceptive advice, education and issuing	Outpatient department	Teenagers, adults, staff, patients, community
01.03.2012	TB Awareness	Create awareness about TB symptoms	Outpatient and inpatient	Patient and Staff
26.04.2012	Service Excellent Awards	To motivate and recognize staff for their hard work	Recreational Hall	Staff
17.05.2012	Nurses Day	To recognize the nurses	VIP Lounge	Nurses
01.06.2012	Stomatherapy Day	To create awareness about stomatherapy	Recreational Hall	Patients and staff
01.06.2012	Child Protection and child health week	Promote children safety	Outpatient	Staff and patients
16.07.2012	Mental Health	Educate about rights of mental patients	Outpatient department	Patients and Staff
18.07.2012	Mandela Day	Celebrate Mandela birthday	OPD and other departments	Patients and Staff
07.08.2012	Women's Health & Breast feeding	Promote breast feeding	Antenatal department	Patients and staff
13.08.2012	Breast Cancer Awareness	Educate about symptoms of cancer and early detection	Outpatient Department	Staff and Patients
25.08.2012	Fun Walk/Run	To promote healthy lifestyle	Grey's and Townhill sports grounds	Staff and relatives
08.09.2012	Pharmacy Week	Promote pharmacy and services	Pharmacy Department	Patients and staff
06.09.2012	Career Open Day	To promote health services and to inform learners about career opportunities in health sector.	Recreational Hall	Public, learners and educators
28.09.2012	Healthy Staff Day	To promote healthy life styles	Recreational Hall	Staff
01.10.2012	Nutrition Week	Promote healthy food	Occupational	Patients and staff

			Therapy and outpatient department	
15-18.10.12	Infection Control Day	Promote hand washing, environmental hygiene/cough etiquette, waste disposal and communicable diseases & rabies	OPD and SOPD	Staff, Visitors, and Patients
09.11.2012	Quality Day	To award and thank employees for their hard work and commitment to service delivery	Recreational Hall	Staff
25.11.2012	16 days of activism	To educate about women and child abuse	Outpatient department	Patients, NGO's, staff. police
01.12.2012	World Aids Day	Create aids awareness	Outpatient department	Patients and staff

In 2013 Grey's Hospital will continue to promote healthy lifestyles in line with the department of health calendar year.

SIGNAGE:

In 2012 we manage to update external hospital signage and it 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. We are also planning to update internal signage as well in 2013.

DONATIONS:

A huge thank you to East Coast Radio, N3TC Duduza for the generous donations to the paediatric wards during the Christmas and Easter holidays in 2012 and other private companies like Capitec Bank, Virgin Active for sponsoring hospital fun run

CHALLENGES IN 2012:

- Non-functioning of OPD and Nurses home lifts
- 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”

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 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 internal environment. This resulted in a great improvement as they are now cleaners.
- 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.

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.

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.

OCCUPATIONAL HEALTH AND SAFETY

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

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.

1. HUMAN RESOURCES

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

- Chief Engineer
- Waste Management Officer/ Environmental Health Practitioner
- Artisan Electrician
- Artisan Plumber
- Drivers (x2)
- Reprographic Officer
- General Orderlies (x4)

1.2 Training and development of staff

Department	Course attended	No of staff trained
Security, Mortuary, Transport,	Customer Care training	10
CMCS	Quality Improvement Training	48
Security	Computer Literacy	01
Security	Quality Improvement Training	01
Security	Health & Safety	01
Security	C & D Grading	12
Linen Room	Computer Literacy	03
Linen Room	Health & Safety	03
Linen Room	Fire Marshall	01
Transport	Customer Care Training	02

2. FLEET MANAGEMENT

2.1 The following four new vehicles were received:

- KZN 210195 Renault Sandero
- KZN 210249 VW Polo Vivo
- KZN 210253 VW Polo Vivo
- KZN 210166 VW Verga

- The following three vehicles that were BOSed in 2010/11 were removed from the site. (KZN 27460 Mazda 323, KZN 27632 Mazda, KZN 27656 Ford Ikon).

3. CATERING SERVICES

3.1 The following equipment was procured and delivered

- Steam Oven
- Potato Peeling machine
- Vegetable cutting machine
- Weighing scale
- Refurbishment of ward serving trolleys (x10)
- Porridge bowls (400)
- Cups & saucers (300)
- Side plates (200)
- Plates (400)
- Desert spoons (500)
- Table spoons (500)

3.2 Challenges:

- Delays in the repairs to food hoist
- Delays in painting of the department
- Delays in the installation of CCTV cameras
- Lighting needs to be upgraded
- Walk in freezers overfreezing
- Absence of change room facility for staff

4. LINEN ROOM

- Budget was made available to meet with minimum stock requirements. Linen stock of about R1.2m, (Bed spreads, blankets, bed sheets, pillow cases, pillows)
- Basic equipment for the department was procured (sewing machine, floor stripping machine, fridge, and 3x Domestic irons)

4.1 Challenges:

- The washing machines are very old and thus get repaired on several occasions.
- 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

5. SECURITY SERVICES

5.1 Achievements

- Revamping of the Security Office has been started. The department was painted and the vinyl flooring was replaced.

5.2 Challenges

- The process for the installation of CCTV Cameras in high risk had to be redone and the specification was sent to Head Office for advertising as the estimated cost is beyond the Institution's SCM Delegation.
- 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

6. FACILITY INFORMATION OFFICE

6.1 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.

7. MAIN REGISTRY

Achievements / Equipment received

- Franking machine heavy duty
- Laminating machine heavy duty
- Binding machine (comb binder)

8. TELECOMMUNICATIONS

8.1 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.

Due to the ever increasing costs regarding telephone expenditure we had to disconnect 12 extensions and disconnected 7 private telephone lines which resulted in a cost saving approximately R1700.00 per month.

The Cell saver from Vox Orion and Telkom for the current financial year is R140235.41. Head Office allocated us R1million for the telephone budget but to

date we have spent R1039885.38 which shows we desperately need to cut down on the telephone budget. Please note that we installed 17 network points and 3 new server units. We received 12 new computers and 6 printers. We received 12 Ipads and 11 laptops from Department of Informatics. We compiled a report for new infrastructure, cabling and network points for the Meditech programme rollout and this was send to Head Office for approval in December 2012 unfortunately there is no budget available in this financial year. All computer users must be aware that their passwords needs to be changed after every 35 days and the procedure guidelines to do this is available on the intranet.

8.2 Challenges:

- Escalating costs for telephone usage due to the increased number of telephone extensions required to cater for the expansion of services.
- PABX equipment needs to be upgraded, contract with service provider no longer valid. A request was sent to Mr. Chimanzi's office

9 CMCS

9.1 Achievements

- A total of 20 single disc industrial type, floor stripping machines were procured and delivered.
- The Bid documents for 20 vacuum cleaners still to be finalised.

10. MAINTENANCE DEPARTMENT

The grounds and Institution were kept in a neat and tidy condition. All serviceable equipment was serviced as per procedure manual. Continued servicing and cleaning of re-heat boxes for the air conditioning in various departments. Continued replacing obsolete and faulty water temperature control units in wards and departments. Replaced corroded, leaking and obsolete sections of water and steam reticulation lines. Replaced obsolete water and steam valves. Monitored all contractors. Test run all emergency generators and UPS units once a week on load and recorded. Replaced perimeter fence from Carter High School to Grey's main gate. Installed new air dryer machine in the main plant room for medical air. Serviced boiler no. 1, changed boiler tubes and had inspected by Government Engineer. Did dry wall partitioning for additional offices in various areas. Installed new access control units in various areas. Assisted Path Lab move out and into a Park home in Montgomery Drive Parking Area. Managed to fill the Engineers post on the 1st May 2013.

Changed all obsolete sluice machine control units over to new PLC controllers. Swimming pool equipment has been completely overhauled and the pool fibre glassed. The Physiotherapy pool has been overhauled and fiber glassed. Some obsolete chlorifiers have been removed, replaced with new systems in

various areas. All old street lighting have been changed to new LED lights. Staff been sent on training courses. Staff meetings held in workshops, including Occupational Health & Safety meetings. Tried our best to attend to all break downs and maintenance even though severely short staffed. Had all cooling towers re-conditioned, bearings, covers etc. Various areas were re-painted, including roads. New down pipes put in, to replace obsolete down pipes between Nurses Home and Campus. Continued replacing obsolete cooling coils in various air handling units for the air conditioning.

Continued installing variable speed drives for electric motors. Maintained and repaired all cold rooms and freezer rooms in the main kitchen. Had four main chiller units serviced for the air conditioning. Replaced damaged vinyl flooring in various areas. Replaced burst steam bellows and repaired many steam leaks. Serviced and maintained all autoclaves. Maintained the buildings. Assisted by moving furniture, for meetings and office relocations etc.

WHAT WERE THE PLANNED PROJECTS, EXPERIENCED CHALLENGES AND REASONS NOT FINALIZING THEM?

- a) Serious shortage of staff.
- b) Head office taken control of projects and budget, although a good idea - slowing projects down.
- c) SCM taken over most of the contractor calling to site meetings, a lot of incorrect companies been invited to site meetings causing processes to be re-advertised again. This is mainly due to new SCM staff, that just need training in this field.
- d) New equipment requested get turned down. Equipment required to speed up work processes and to make work easier.
- e) Sick leave, absenteeism by staff due to stress.
- f) Overtime for maintenance cut completely.

HOSPITAL STATISTICS 2012/2013 FINANCIAL YEAR

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1,000,000
BED OCCUPANCY RATE (BOR)	79%
AVERAGE LENGTH OF STAY	12 Days
PATIENT DAY EQUIVALENT (PDE)	203 832
BUDGET	R793 306 000
EXPENDITURE	R779 871 387
RECOVERED INTER HOSPITAL DEBITS	R7 608 061.46
BAS PAYMENTS	R194 542 478.87
DELAY IN PATIENT REPATRIATION (Inc in R7 608 061.46)	R2 101 403.38
REVENUE COLLECTIONS	R9 772 596.33
WRITE OFFS	R3 262 524.70
DEBT SUSPENSE	R2 688 365.13
COST PER PATIENT PER DAY	R3 848.63

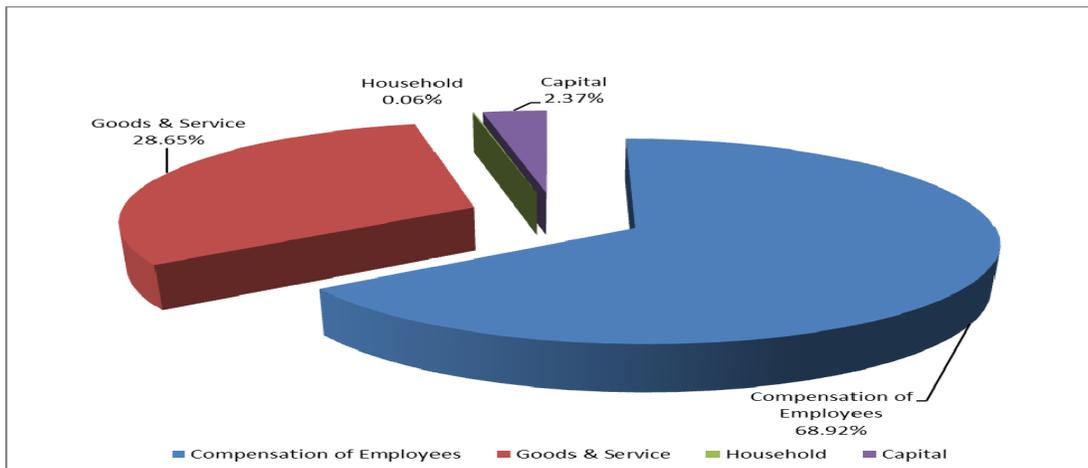
CARRY OVER 2012/2013 FINANCIAL YEAR	R28 540 109.44
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A Total allocation of R842 490 000 is received for the 2013/2014 financial year.

The allocation is summarized as follows in terms of funding:

HIV/AIDS	R 3 495 000
VOTED	R338 341 000
NTSG	R500 654 000
TOTAL BUDGET	R842 490 000

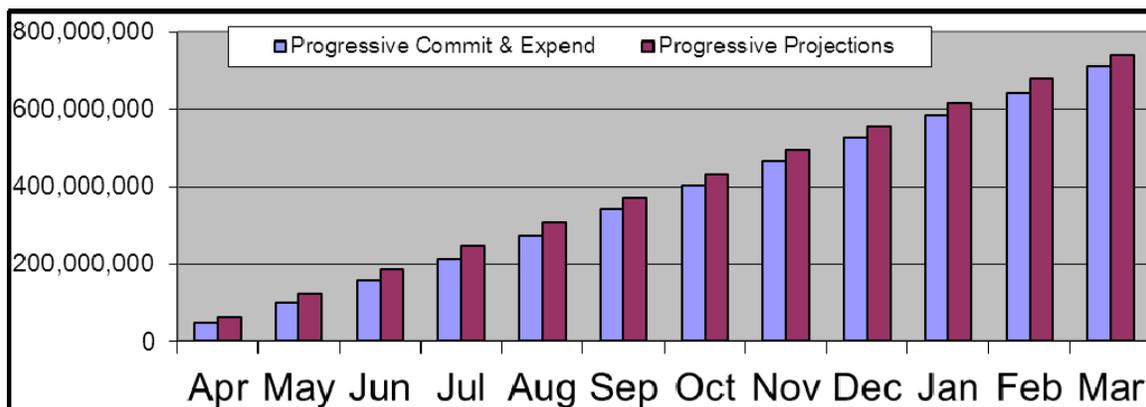
**GREY'S HOSPITAL PROPOSED BUDGET ALLOCATION FOR 2013/2014 FINANCIAL YEAR
(PER STANDARD ITEM)**



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

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE	% SPENT
PERSONNEL	R534 581 000	R534 502 494	R78 506	99.99%
GOODS & SERVICES	R141 093 000	R164 244 155	-R23 151 155	116.41%
ARV DRUGS	R1 107 000	R1 123 422	-R16 422	101.48%
MEDICINE	R66 967 000	R45 126 810	R21 840 190	67.39%
QIP	R3 960 000	R2 526 904	R1 433 096	63.81%
MAINTENANCE	R15 704 000	R15 695 050	R8 950	99.94%
CAPITAL	R20 314 000	R15 850 633	R4 463 367	78.02%
HOUSEHOLDS	R580 000	R801 919	-R221 919	138.26%
TOTAL	R784 306 000	R779 871 387	R4 434 613	99.43%

MONTHLY CASH FLOW PERFORMANCE IN THE 2012/13 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2006/2007 TO 2012/2013

BUDGET VERSUS EXPENDITURE

	2008/09	2009/10	2010/11	2011/12	2012/13
BUDGET	R371, 119,000	R444, 188,000	R583, 992,000	R739 227 000	R784 306 000
EXPEND	R420, 865,411	R509, 439,048	R573, 197,954	R711 460 746	R779 871 387
OVER/UNDER EXP	R49, 746,411	R65, 251,048	R11, 039,309	R21 991 978	R4 434 613
% OVER/UNDER	13.40%	14.69%	1.89%	2.99%	0.57%

REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2008/2009 TO 2012/2013

		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF
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
2011/12 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
2012/13 BUDGET EXPEND U/SPENT % UNDER	R784 306 000 R779 871 387 R4 434 613 0.57%	141 106	184 590	R3 848.63	R9 772 596.33	R3 262 524.70

ACHIEVEMENTS

Greys Hospital Refurbished 2nd Floor Administration Block Furniture & Equipment
Funds Allocated by Facilities Management

HUMAN RESOURCE DEVELOPMENT AND PLANNING

1. EPMDS

ACHIEVED

- Captured the received documents on Persal
- Assistant Checked the received documents and signed
- Pay progression was paid in time for employees who submitted in time
- Processed the Grade Progressions for qualifying staff
- IRCs checked and signed the documents
- Processed the documents for SMS staff, submitted to District for Moderating committee
- approved and HRD is implementing payments accordingly

CHALLENGES

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

ACHIEVED

Was able to fill some of the posts Clinical & Non-Clinical posts

CHALLENGE

Most of the Posts were abolished

3. WSP

ACHIEVED

Managed to submit the WSP on the agreed date

CHALLENGE

Delay on signing of the hard copy by the IHRD Committee.

4. CO-ORDINATION OF TRAINING

ACHIEVED

Managed to train staff through Skills Development Budget & Quality Improvement Programme Funds.

CHALLENGE

Did not receive General Staff Training Budget.
Late submission of applications for Courses
Late submission of application for courses.
Applicants do not submit Annexure B (Report Back Form)

5. ABET

ACHIEVED

Learners wrote Exams and passed as it is now there are no more Level 1 & 2
there is only Level 3 & 4

CHALLENGE

Stationery is not received in time from procurement.

6. EXPERIENTAL TRAINING

ACHIEVED

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

CHALLENGE

Office space

7. INTERNSHIP PROGRAME

ACHIEVED

2 Post Graduates were offered internship in Finance & HR

CHALLENGE

The recruitment is done at District Level

LABOUR RELATIONS

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

	TOTAL	FINALIZED	OUTSTANDING
MISCONDUCT	23	14	9
GRIEVANCES	27	4	23
ABSCONDMENTS	8	8	0
GRAND TOTALS	58	26	32

There have been 17 Disputes (7 Conciliations / 10 Arbitration) dealt with this past year by Head Office.

There were 8 Abscondment cases reported this past year which is dramatically lower than the last reporting period and this can only be ascribed to the fact that there is a zero tolerance taken towards this type of behaviour. The message is out that their services will be terminated when the due processes are followed. The onus is then on them to prove afterwards that it is worth retaining their services and that they should be re-employed by the Institution.

Workshops on the Discipline, Grievance and Abscondment procedures continue to be carried out in all the Departments that respond to the circular sent out each year affording them this facility. It is the Departments that respond who benefit from this exercise as they the Supervisors and Managers are then able to handle their cases fairly and timeously. They are also then aware of which type of cases need to be addressed by the Labour Relations component and these are then sent on to be dealt with in a more formal manner.

The principle of “no work= no pay” needs to be actioned by the Managers/Supervisors by ensuring that the leave forms are submitted to the Human Resources Department and it would seem that the message that this is not a punitive measure but a recovery of monies owed by unauthorized absence is getting out there and this in turn has diminished the grievances in this regard.

The scarcity of the availability of Investigating and Presiding Officers continues to pose a challenge due to their normal work load and commitments, but 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, on an ongoing basis, continuing to preside at Institutions both locally and within other districts.

In an attempt to curb fruitless expenditure and ghost employees a circular has been issued that all Registers will be controlled by Managers and ad hoc audits will be carried out by the Human Resources Department ensuring that absences notated in the Registers will be verified with leave forms submitted to H.R.

A Staff Questionnaire Survey continues to be evaluated and addressed in an attempt to lift the moral of the staff of Grey’s Hospital and in so doing provide the best possible service to our customers- our patients.

HUMAN RESOURCE PRACTICES

HIGHLIGHTS AND CHALLENGES

The Pensions section Headed by Mrs. Chandulal within the Human Resource Practices Component at Greys was recognized by the Government Pensions Administration Agency when they were given a letter of commendation commending us on good performance in respect of the management of pensions administration. This commendation emanated from the fact that a large percentage of pension documents sent from this Office were submitted within the time frames and without errors. Thus proofing that the quality of the documents submitted from this Office is of a high standard.

This commendation was received from a National level which has inspired and motivated the Employees to produce and maintain this high standard of work on continuous bases.

This Office in partnership with Government Pensions Administration Agency successfully arranged and set up Pension workshops for Greys Hospital Employees on the new benefits with effect 1 April 2012. 300 Greys Hospital Employees attended these workshops and the feedback we received was very positive and the Employees were satisfied with the knowledge and feedback gained.

The Provisioning Section headed by Mrs. A. Bothma within in Human Resource Practices component Greys Hospital conducted a Head count in August 2012. This exercise was carried out on the entire establishment of Greys Hospital and the results were that no ghost employees were found. This proved that the control measures that have been put in place are effective when appointments are actioned on Persal. The next Headcount exercise is scheduled for April 2013. In conjunction with this exercise the Section liaised with Persal CONTROL and arranged for the creation of additional paypoints and the appointments of Paymasters. Due to the creation of these additional Paypoints there is more stringent control measures in the management of employees per paypoint.

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

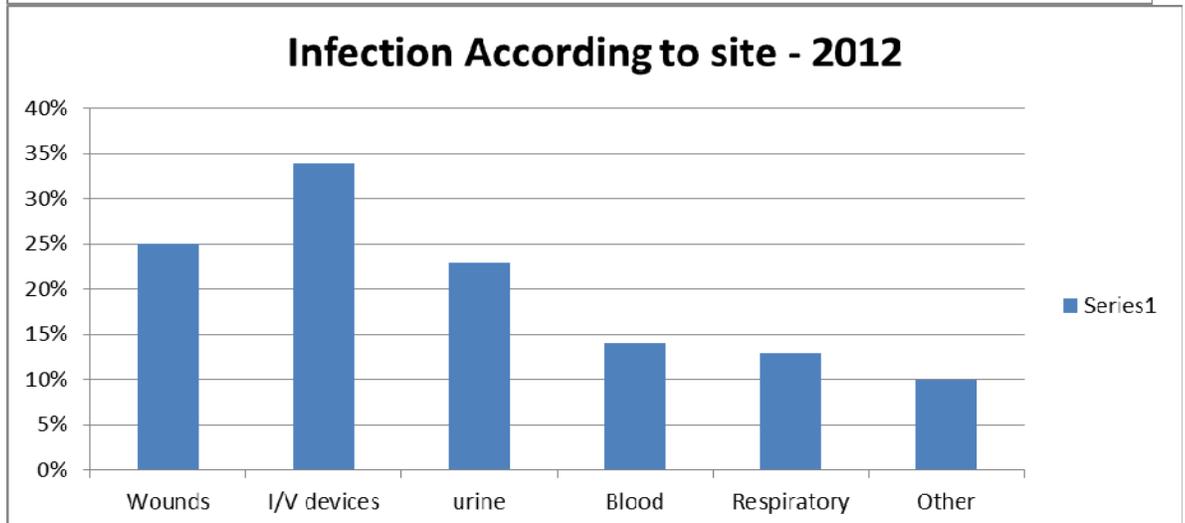
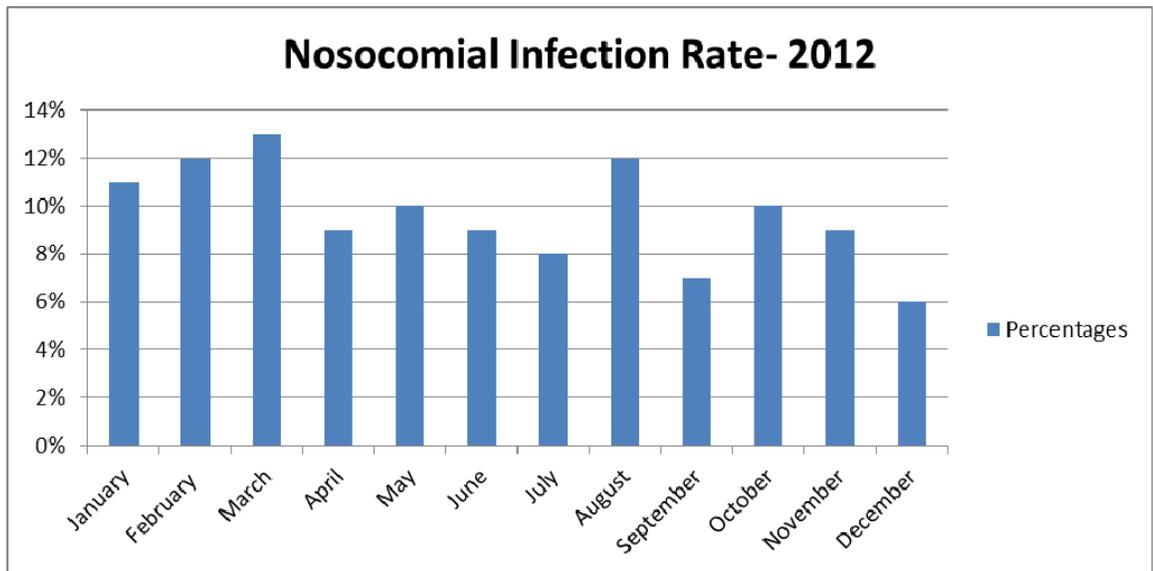
Jobs, but as a continuous investment in a high quality workforce capable of accomplishing the Organizations mission now and in the future.

1. STATISTICS

Nosocomial Incidence Rate: 11.3% in 2012

Hospital Baseline for 2013: 9.6%

- Baseline calculated from all the Hospital Nosocomial Incident rates from January to December then divided by 12 to give the new percentage for 2013.
- Laboratory based Surveillances done every Monday and followed up in the wards.
- Monthly reports distributed to all wards and the doctors of the months infection rates.
- Wards submit action plans if their infection rates exceed their baseline.
- A comprehensive report is sent to the Nursing Manager and the CEO.



2. RESISTANT ORGANISMS

- Increase in MRSA in the year 2012 mainly in the Paediatric departments and the Burns Units
- Total resistant Acinetobacter still a problem in the ICU department.
- There has been Pan Resistant Pseudomonas x 3 during the year.

3. HEALTH PROMOTION TO HCP/ INSERVICE TRAININGS

- In-service training Programs available in all the wards /departments.
- Had months when in-service was not done either because of no / poor attendance.
- Records kept in the IPC department of all in-service done.
- Programs have been flexible according to any problem that arose for that month, to be addressed.
- A workshop on Infection Control and Environmental Hygiene was held for the cleaners and the housekeepers. The workshop was held over a period of 5 days from 08h00-16h00.
- Certificates were given on completion of the workshop.

4. AUDIT:

Environmental audits were done monthly and then quarterly during the year. Institutional Annual Audit was done in October 2012. The results were positively satisfactory in the wards. However the Systems departments had:

- No in-service programmes done pertaining to them.
- The areas were dusty.
- Hand washing not done appropriately

5. RODENT & PEST CONTROL:

There has been a marked decrease in the sightings of cockroaches and rodents since August 2012.

Wards and departments have been sending pest monitoring tools to the IPC department on the last Wednesday of the month for analysis and then for submission to the Maintenance department. However staff was encouraged to submit forms for any sightings also during the month.

6. HEALTH CARE RISK WASTE:

Have been encountering problems with shortages of sharps containers. Disposable buckets from Compass Waste Services have been ordered to compliment the Daniels Sharps containers.

7. EPI / COMMUNICABLE DISEASES:

AFP – 6

Malaria - 1

Measles – 3

Tetanus – 1

Organophosphate Poisoning - 2

- The T.B. Department was taken over by the CDC department mid-year to be under one umbrella for statistical purposes. Stats kept in CDC.
- EPI workshop was held at Grey's on the 11th December 2012

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 2012-2013

Month	Year	Programme	No. of learners commenced training
April	2012	R68346	
July	2012	R42533	
January	2013	G1.13R42536	
January	2013	E1.13R217535	

January 2013 saw the first double intake of learners for the Diploma in Nursing (General, Psychiatric and Community) and Midwifery and the Course Leading to Enrolment as a Nurse.

This is due to the change in intake months by the South African Nursing Council. ie January and June. Examinations are now going to be in May and November .

35 Learners from the Bloemfontein commenced the R2175 programme.

Graduation

The combined Graduation was held on 9th and 12th October 2012 at the Olympia Hall- Royal Agricultural Show Grounds Pietermaritzburg.

9th October 2012

65 Graduates from Grey's Campus in the R425 Programme

Ms. T.Y. Mlambo, Ms. F.P. Thabede and Miss N.P.D Zulu graduated CUM LAUDE

16 Graduates achieved distinctions in Psychiatric Nursing Science

18 Graduates achieved distinctions in General Nursing Science

6 Graduates achieved distinctions in Midwifery Nursing Science

10 Graduates achieved distinctions in Community Nursing Science

10th October 2012

59 Graduates from the R683 Programme;

13 Graduates passed with Honours

25 Graduates from the R2175 Programme;
11 Graduates passed with Honours

20 Graduates from the R254 Programme:

Achievements

Grey's Campus Learners again in 2012 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 Nokwanda Precious Duenna ZULU- Top Achiever in the KZN Province(with learner from Madadeni Campus)

- 2.R2175-Course Leading to Enrolement as a Nurse
-Miss Praxedise Yoliswa NZIMANDE Top Achiever in the SANC examination written by the learners of Kwazulu Natal College of Nursing.

- 3.R683- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
Mr. Richard Sanele ZUMA 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

The following Awards were presented to recipients for outstanding performance on Quality Day held on 09.11.2012:

2012 LIGHT OF LEARNING TROPHY

For the Professional Nurse/Operational Manager who displays the best teaching skills in the clinical situation
Operational Manager L.K. Scott

MERIT AWARD

For the Student Nurse of the Year 2011-2012
Jeremia Thabani VILAKAZI

MATRON'S PRIZE For Leadership

Jeremia Thabani VILAKAZI

SENIOR MEDICAL STAFF PRIZE

For the highest aggregate in Clinical Assessments throughout training
Faieza RAMPEAR

Dr. WILLIAM J O'BRIEN PRIZE

For the highest aggregate in Theory Examinations throughout training
Nokwanda Precious Duenna ZULU

GROUP 1/86 TROPHY

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

DAVID CANNING MEMORIAL TROPHY

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

G11/2009 TROPHY

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

DR. RUBEN NAIDU TROPHY

Awarded to the Student who receives the highest marks in Ethos and
Professional Practice and Unit Management
Kwanele Goodright NDWALANE

MAVIS NASH TROPHY

For devotion to duty
Templeton Thamsanqa NOLUTSHUNGU

BLAIR-TURTON TROPHY

For the Student Nurse who obtained the highest aggregate in Clinical
Assessments in the Second Year
Cebo DUBE
Hewitt PILLAY

GROUP 4/75 AWARD

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

GROUP 1/88 FELLOWSHIP AWARD

For the Bridging Course Student of the Year 2011-2012
Hayley Jean WOODLEY

ENROLLED NURSE AWARD

ROBERT WEBB MEMORIAL TROPHY
For the Enrolled Nurse of the Year 2011-2012
Nosihle Precious CHILIZA

HENRIETTA STOCKDALE FLOATING TROPHY

For the Senior Student Nurse who presents the best professional image for the year 2011-2012

Clifford Zelule MJOLI

Dr. R.E. STEVENSON AWARD

For perseverance and achievement

Mbuso DLAMINI

Lindiwe Nokuthula MNYANDU

Community Service Placements

The following learners who successfully completed training commenced Community Service:

July 201239 Community Nurse Practitioners

January 201332 Community Nurse Practitioners

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

Developments in Nursing Education

Following the notice from the South African Nursing Council informing us of the extension to June 2015 for the last intake of Legacy Nursing Qualification, 24 staff at Grey's Campus are doing their Master's Degree in preparation for the changes.

Student Activities

G1/2012 held an exciting and enlightening Cultural Day on the 22nd August 2012.

Retirement

Mrs. N.G. Mathebula retired as Campus Principal on 31.10.2012.

She loyally served the Department of Health for 43 years and leaves behind a legacy of nurturing learner nurses into future leaders of the country.

She is wished a blessed and fruitful retirement.

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!

STAFFING:

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

Welcome- - New Radiothepy 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
- Stereostatics

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.

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 will not be getting medical students in 2013, due to the changeover in curriculum at UKZN and we will then get 5th year medical students in 2014.

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. They are training to be medical specialists and will complete all their training here in Pietermaritzburg.

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. Dr Mugabi is the new Head of Clinical Unit of Cardiology.. The angiography service 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. We have a new ECHO machine and a new trans-oesophageal ECHO service. Dr Gafoor has now passed his Cardiology specialist examinations. We are expecting a new cardiac catheterization laboratory to be installed at Greys Hospital in 2013. An ECHO service has been established at both Edendale Hospital and Madadeni Hospital.

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. Madadeni Hospital staff have performed peritoneal dialysis on their first few patients and should be commended for this historic step.

Nephrology also does subspecialty training in Nephrology and nephrology teaching to Medical Registrars

Dermatology : This is one of our busiest services. We aim to get equipment like PUVA and a hyfrecator. Dr Chateau has returned from her overseas training in Paediatric Dermatology

Haematology: Trainee employed [Dr M Bizaare]. We plan for blood utilization analysis that will help with cost reduction. A broad plan for a Leukemia unit will be addressed in 2013

Endocrinology: we aim to employ a part-time sessional consultant, with a teaching component

Neurology: Dr N Naidoo has passed his Neurology specialist examinations

Edendale Hospital has started a new Firm system to improve the quality of care. This has required great effort and collaboration and the staff at EDH deserve praise for their efforts.

A number of new consultants have started at EDH: Dr S Abraham, Dr P Vather, Dr S Pillay, Dr J Mogambery and Dr R Draper. We wish them well with their careers.

Our plans for 2012-2013 include: expansion of Peritoneal Dialysis in Area 2, consolidating the Firm system at Edendale, consolidating the outreach service of Cardiology, Nephrology, Neurology and General Medicine, installing the new Catheterization Laboratory at Greys and continuing all the programmes mentioned above.

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 ongoing. 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 1The 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 Laproscopic 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 18 registrars. Dr SO Muruya and Dr NC Ngene successfully completed their FCOG part two exam

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

NORTHDALÉ HOSPITAL

The Department of Obstetrics and Gynaecology, Grey's Hospital has taken over the running of the Obstetrics and Gynaecology Department of Northdale as of the 1st January 2013. Specialist staff has been appointed and staff will rotate between the hospitals to ensure optimal service delivery.

2012/ 2013 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 ongoing. 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

Our department has grown tremendously with regard to increased involvement in specialised services offered at Grey's Hospital. Our challenges of staffing and spacing however persist and remain a limitation with regard to the provision of optimal patient services.

The Department of Clinical Psychology constantly reviews 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, laryngectomy, and paediatric endocrine patients as well as parent training groups in the POPD. We are continuously involved in conducting psychological assessments for renal and tracheostomy patients and assessing the suitability of patients for sterilisation, and in addition are now involved in MDT meetings for intersex, sarcoma, neurological, paediatric and renal patients.

The Department of Clinical Psychology also plays an active role in the organisation and implementation of health promotion events at Grey's Hospital. This year we were involved in arranging the Healthy Staff Day, Child Protection Week, Mental Health Month and the 16 Days of Activism. All the events were successful and were well received by the participants, organising committees and hospital management.

With regard to research, the Department of Clinical Psychology and the Pain Clinic (Department of Anaesthetics) have formed the Grey's Pain Research Collaboration (GPRC). There is currently one MMed study under way under the auspices of this group and the GPRC look forward to commencing further studies that will enhance the management of patients attending the Pain Clinic. Research collaborations have also been formed with Paediatrics with specific reference to the Endocrine Support Group and the Parent Training Group held in POPD. Clinical Psychology staff members have successfully published in accredited journals and presented at the International Congress of Psychology held in Cape Town in July 2012.

The Clinical Psychology Department compiles a CPD accredited multidisciplinary professional training programme for the clinical psychology staff every year. We have also attended and presented at the Allied Health Academic Meetings at Grey's Hospital and participated in the World Mental Health Day Symposium at Town Hill Hospital. In addition, Clinical Psychology staff attended CPD activities to enhance intervention skills and participated in context specific trainings held at Grey's Hospital. One of our staff members, in conjunction with the Paediatrics Department, presented at the Pietermaritzburg Psychology Forum (PPF) this year. The presentation was well received.

The Clinical Psychology Department currently consists of one principal clinical psychologist (Ottilia Brown) two senior clinical psychologists (David Blackbeard and Paula van Rooyen), an entry-level psychologist (Thembi Kheswa) and a community service clinical psychologist (Darryn Haug). Ms Haug commenced her community service at Grey's Hospital in July 2012.

We look forward to providing excellent psychological services in the new financial year. We also hope to expand services however this will be dependent on available resources. We would like to thank the staff at Grey's Hospital for their continued support.

ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT DEPARTMENT ANNUAL REPORT 2012/2013

The Pietermaritzburg Metropolitan Department of Anaesthesia, Critical Care and Pain Management has grown from strength to strength in the preceding years. Although this report is written for the Grey's Hospital Annual Report, the Metropolitan nature of the anaesthetic service and the contribution to the Metropolitan service from Edendale and Northdale hospitals must be fully acknowledged. This department only functions as a complete unit.

We remain committed to our central focus of attracting quality doctors by ensuring career development. **13** members of the department were awarded the Diploma in Anaesthesia by the Colleges of Medicine of South Africa in 2012. 5 of our registrars (**Dr M Gunning Dr Thivian Pillay Dr Leigh Solomon Dr Kate Gordon and Dr Pete Slabber**) completed the Primary examination for the Anaesthesia fellowship. 2 of our doctors completed their Part 2 Examination and entered onto the specialist register (**Dr Mariette Grobbelaar and Dr Carel Cairns**). **Dr Robert Wise** was successful in passing the subspecialist Certificate in Critical Care.

The department's contribution to training also needs to be seen in those members of the department who pass other examinations whilst under the umbrella of anaesthesia: **Dr Amy Carr** passed the Part 1 examination of the College of Paediatricians, and **Dr Samantha Adams** passed the Diploma in Primary and Emergency Care. Additionally multiple surgical and orthopaedic registrars receive valuable ICU input into their Intermediate examinations.

Central to the expansion and development of the Department have been the increasing leadership role taken on by some of the younger members of the specialist cadre. **Dr David Bishop** has been acting in the role of Head Clinical Unit in Anaesthesia at Grey's for two years, and has progressively developed the service and obtained the assistance of the nursing and surgical teams in improving the standards in theatre considerably. Great progress has been made towards the improving the on time starts in theatre and the effective utilization of the emergency board. Similar progress has been made at Edendale, where the appointment of **Dr Usha Singh** as Head Clinical Unit in January 2012 has seen a 20% increase throughput of cases. **Dr Dela Maiwald** has taken over the role of Clinical Manager at Northdale and has already made a major impact in terms of the running of theatres and services there.

These improvements do not occur in isolation and the team has pulled together to achieve this. However certain members do stand out and deserve particular mention. **Dr R von Rahden** continues to lead in the ICU and, with **Dr Carolyn Lee**, has been responsible for a combined service extracting every last available resource out of the limited numbers of beds available to the team. **Dr H van Zyl** has joined **Dr von Rahden** in coordinating the Part 1 teaching program which continues to produce good results. **Dr Guy Henderson** has been instrumental in improving and developing the DA program.

Dr Chantal Rajah deserves a special mention for her contribution to the Intern Training program and in the last HPCSA inspection the PMB anaesthetic program received a "**10/10**" comment from the inspectors.

Subcomponents:

Registrar program: The department has ten registrar posts but for the second half of the year and into 2013 has only nine registrars. This has been due to the national shortage of anaesthetic registrars, and emphasizes the need to continue with the junior doctor training programs to feed

the pool of available registrars. The quality of the registrar program has been reflected by the success of two of our former registrars Dr Colin Mitchell in being selected as “UKZN Anaesthesia Registrar of the Year” and Dr Lisa Ryan having being selected as “UKZN Part 2 Candidate of the Year” for 2012. Dr Ryan has joined PMB in 2013 as a specialist and we are hoping to see the return of Dr Mitchell in April for the last portion of his registrar time.

Intern Training: This has been under the leadership of **Dr Chantal Rajah**, and has continued to go from strength to strength. We remain a benchmark for training and there is a demonstrable improvement in standard of care at our district hospitals.

Outreach: With the improving staffing situation in Pietermaritzburg Outreach has progressed enormously. **Dr Becky Manning** has been able to take a leading role in this and a total of **71** outreach visits were made to the various district hospitals in Area 2 of KZN. The ESMOE obstetric Anaesthesia module was rolled out and training conducted with multiple doctors. The posters and protocols have been placed on the walls of every district hospital in Area 2. Imitation is the greatest form of flattery and the PMB Outreach formula and documentation have been adopted by other departments.

The Critical Care section has also been involved in Outreach to Regional Hospitals, and **Dr Rob Wise** went to Newcastle/Madadeni and **Dr Carolyn Lee** to Richards Bay as part of this program.

Inreach: Slots and a training program for Community Service Doctors have been established at both Grey’s and Edendale hospitals. In 2012 this has mainly been used to provide training for a large number of foreign doctors working at peripheral hospitals who have been required by the HPCSA to complete 2 weeks of anaesthesia training. Unfortunately the numbers of peripheral doctors who can be freed up for training in Pietermaritzburg is always limited by the numbers of staff at District hospitals. Another successful **Midlands Perioperative Refresher Course** was held in October.

CME programs: The night time continuing medical education programs have been replaced with two anaesthetic CME days on weekends in June and October, and one ICU CME day in April. These occurred successfully. Coupled with a journal club evening all CME points required for a specialist anaesthesiologist by HPCSA regulations can be acquired in Pietermaritzburg.

Other Departments: The training anaesthesia can provide is recognized in other departments. **Surgery, Orthopaedics** and now **Obstetrics and Gynaecology** all send registrars for ICU training. **Family Medicine** also requires four months of training in Anesthesia and we have had multiple trainees through our ranks. **Emergency Medicine** requires their registrars to have three months of anaesthesia followed by three months of critical care and the several of these registrars have passed successfully through our program.

Critical Care: **Dr R von Rahden** and **Dr C Lee** have been responsible for taking this service to new heights. A total of three trainees have been subspecializing in ICU through the system. Dr Robert Wise, who completed in July 2012 and passed his exams, Dr Rishan Deonarain and Dr Nikki Allorto from Surgery. Dr Wise’s subspecialty trainee post was filled by Dr Arisha Ramkilliwan from Internal Medicine on the 1st January 2013, emphasizing the multidisciplinary nature of the ICU team in Pietermaritzburg. The Lead MO system at Edendale has been very successful in developing leadership potential amongst our doctors with Dr Nicola Vickery filling the role admirably from January to June 2012, and Dr Lowellen Clarke from July to December 2012. Dr James Urry from Urology has taken on this challenging role for the first half of 2013, and we look forward to good developments.

The department has taken on the equipment issues seriously and by becoming involved in the administrative processes, and specifications ICU ventilators were successfully purchased not only to equip Pietermaritzburg, but also to equip ICU's across the province.

Building of the long planned 21 bed Unit in the old laboratory area is progressing well, and it is hoped to move into this area and expand ICU services in the second half of 2013.

Chronic pain clinic and the Acute Pain Service: **Dr H van Zyl** has continued to develop these areas. In addition to provide a good service, cooperation with the department of Psychology has seen the establishment of a research group focusing on pain, and a number of MMeds will be emanating from this program.

Northdale Hospital: The key to the successful functioning of a tertiary service is appropriately running district services. After Dr Gcanga left at the end of 2011, Northdale services were mildly erratic. **Dr D Maiwald** stepped up to the plate and took over a leading role and was appointed as full time Clinical Northdale hospital from October 2012. Northdale is already functioning at its highest level in many years and we are looking forward to developing services there in 2013.

Fellowship of College of Anaesthesia program: At this stage the teaching is focused on the Primary examination. This is lead by **Dr H van Zyl**, with contributions from **Dr Farina** and **Dr von Rahden** and those registrars who have completed Part 1.

Research: The new emphasis on Research and the MMed has enlivened Pietermaritzburg. Several productive research groupings have formed, including the Rural Acute Care Collaboration with the surgeons, an ICU research Collaboration group with Durban, headed by **Dr R Wise**, and a Pain Collaboration team between **Dr H van Zyl**, **Ms Ottilia Brown** and **Dr G Blackbeard** from Psychology.

Publications: **Dr R Wise** had a commentary on the 6S trial published in the NEJM. He also published in the South African Journal of Anaesthesia and Analgesia (SAJAA) on the patient's perspective of Physician-Industry relationship. **Dr Wise** also published on Frusemide in the South African Journal of Critical Care, and with **Dr N Allorto** in the same journal on ICU databases. **Dr Z Farina** in collaboration with **Prof Chris Rout** compiled the anaesthetic section of the 2008/2010 confidential enquiry report into anaesthetic mortality. This, with a commentary, was published by SAJAA.

Physical Expansion: Grey's opened additional offices for consultants in the admin block, and this has immediately improved administrative processes and work in anaesthesia. A section of Park Home 3 for the surgeons has been secured, and new equipment for a simulation centre is in the process of being installed. The Grey's seminar room has been remodeled. Edendale was also able to open up new offices for consultants and the seminar room received a welcome coat of paint.

Examinations: **Dr Z Farina** has acted as external examiner to the University of Pretoria in there MMed Anaesthesia final exams. **Dr Richard von Rahden** was an examiner for the Part examinations of the Fellowship. **Dr Usha Singh** has retained a key role in the Diploma of Anaesthesia system via the College of Medicine of South Africa. **Dr Jonathan Handley** and **Dr Guy Henderson** also acted as examiners for this exam.

Other Items: **Dr Z Farina** has been appointed as a Deputy Head of the University Department of Anaesthesia. This has come with a provincial responsibility for Clinical Services. **Dr R von Rahden** has continued as an **APLS** and **ATLS** instructor. **Dr R von Rahden, Dr Z Farina** and **Dr R Wise** presented at the 2012 National SASA conference. **Dr M Dunham** presented a poster on the implementation of the WHO surgical checklist. **Dr R Wise** presented at the 2012 National Critical Care Conference at Sun City and won the best poster prize. **Dr N Allorto** also presented a poster at the same conference. He was also an invited speaker to the Western Cape SASA CME meeting. **Dr H van Zyl** was an invited speaker at the PIRA congress in Johannesburg, and also chaired an educational session.

Dr Z Farina was a SASA invited speaker to the Zimbabwe Anaesthetic conference in October 2012 and presented on Maternal Mortality, Guidelines and Checklists and ICU Sedation.

Dr von Rahden, Dr Farina, Dr Lee and **Dr Wise** all participated in CSIR lead processes to achieve national standards in architectural design of Critical Care Units and Theatres.

2013 plans: It is hoped to fill the Head Clinical Unit posts at Grey' and Edendale during 2013. This will hopefully be coupled with a Head Clinical Unit post to look at the Outreach aspect and development of all the hospitals draining into the Pietermaritzburg area. By facilitating the performance of all the drainage hospitals it is hoped that a complete tertiary service can be established in Pietermaritzburg. This will also entail pushing for the Tertiary expansion of Grey's hospital. The department remains committed to establishing a full medical school teaching program progressively in Pietermaritzburg. This is in keeping with the National Minister's of Health Vision of expanding the output from all medical Schools in South Africa.

MAXILLO FACIAL & ORAL SURGERY DEPARTMENT ANNUAL REPORT 2012/2013

YEAR 2012	Theatre cases	Theatre cases	Theatre cases	CLINICS	CLINICS	CLINICAL CASES
MONTH	TRAUMA	PATHOLOGY	ORTHOGNATHICS	NEW CASES	Review of patients, Admissions, ward management, discharges	COMMUNITY OUTREACH @NDH
JANUARY	23	24		47	130	
FEBRUARY	31	9		57	198	33
MARCH	19	17		54	210	36
APRIL	12	10		41	231	26
MAY	16	27		50	238	27
JUNE	17	16		52	230	39
JULY	19	17	1	37	285	37
AUGUST	21	25		53	280	44
SEPTEMBER	25	38		58	387	50
OCTOBER	21	67		119	528	52
NOVEMBER	38	23		36	286	72
DECEMBER	19	2		25	181	25
TOTAL	261	275	1	629	3174	560

PS: CONSULTATION TELEPHONIC CALLS RECIEVD MONTHLY FROM VARIOUS HOSPITALS

DR. AS SINGH AND DR. Y.CHUNDEREDEEP +- 100 TO 160/ MONTH

Cases done in theatre range from 1hr. to 10hrs.

The department has also started a community outreach programme at Northdale Hospital which has thus far been a success, in conjunction with the staff at the dental department at NDH.

The department will be restricting in terms of staffing in 2013.

We will be employing one full time general dentist and one full time bursary student, in 2013.

The department has strategic plans to begin a cleft lip and palate clinic in 2013, extending services to Mdadeni. We will also be involved with skills development and training general dentists to do orthodontic work.

STAFFING AND SERVICE PROVISION

Greys Hospital provides Radiological Imaging Service across the spectrum of modalities including Plain films, Ultrasound, Mammography, Interventional Radiology, CT and MRI, as well as radiography services to the cardiac cath lab. Optimal service provision is often hampered by equipment and staffing issues. Consultant cover is available to MRI, mammography and interventional radiology. Only partial cover is available in CT and screening, and very limited cover is available in ultrasound and plain film reporting. The small number of full-time consultants must cover several service areas simultaneously, resulting in patchy cover and suboptimal registrar supervision.

We have only 3 full-time consultant radiologists, including Dr Stoker who is on a contractual post requiring annual re-motivation and approval. If this approval is withheld we will have to cut back our service and training accordingly. According to the DOH Strategic Framework for the modernisation of tertiary services, with our current service load, before any thoughts of expansion of services, Greys should have 8 production level Radiology consultants. The recruitment and retention of radiology consultants remains a challenge, and will depend not only on our ability to provide a suitable post structure, with funded posts immediately available when we are able to identify and attract suitable applicants, but also on our ability to provide modern and functioning equipment for them to work with.

Dr Hassan Lameen left to take up a post at EDH. Dr Vicci du Plessis resigned her full time post to take up a sessional appointment. Dr Praniel Bennimahadeo left to take up a registrar post in Durban. Dr Sukari Vlok will be leaving in April to take up a registrar post at Tygerberg. Dr Aisne Stoker's contractual appointment was renewed for a further period of one year. Dr Matthew Goodier was appointed as a consultant. Three grade 1 medical officers were appointed at Greys and Edendale.

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. Several radiography posts are still occupied by other staff categories, and we hope that HR will in due course be able to resolve this to free up these posts for potential radiography applicants. We currently have only 2 ultrasonographers. We have identified a suitable South-African qualified applicant willing to take up our 3rd vacant post, but she is a Swaziland national and the Department of Health has not approved her registration due to the current policy of blocking recruitment from developing countries. Another factor contributing to long waiting times in ultrasound is the fact that the ultrasonographers spend a significant percentage of their time performing nursing and clerical duties, in addition to scanning patients and generating reports. Additional mid-level nursing / general orderly / clerical staff in this area, capable of assisting patients on and off beds, entering patient details and so forth would enable a faster throughput of patients.

The nursing component of the Radiology Department continues to increase in complexity and skill levels required, particularly in Interventional Radiology, where the nursing sister not only manages the administrative aspects of the unit, but also assists in a wide range of theatre procedures requiring specific knowledge and skills. Most tertiary units have a full-time scrub-sister in addition to the unit management function. Radiological nursing services would benefit from the allocation of a supervisory level post, particularly given the specific skill set required by the Interventional Unit.

RADIOLOGICAL EQUIPMENT AND DIGITAL RADIOGRAPHY

We can only provide a service if we have the necessary equipment to do so. Specific priorities are:

1. CR Reader acquisition. The failure of DOH management structures to finalise this process (tender award and appeal finalised in Nov 2011) places our plain film imaging service at risk. During January several hundred outpatients had to be rebooked and some inpatients waited several days for X-Rays because we could not do their plain X-Rays, due to failure of outdated processors.
 2. Replacement of Angiography unit. Interventional radiology including critical embolisation procedures and dialysis permcath placement, angiograms (vascular surgery), pain clinic (anaesthetics) and ERCPs (hepatobiliary surgery) are now dependant on a single outdated unit and these services will cease when it fails.
 3. MRI upgrade or replacement. The current machine reached end of its routine technical support at the end of 2012. A proposal for an upgrade to extend its life to 2016 was submitted to Head Office in 2011 but not processed further. The MRI scanner has reached a point in its life where we can expect more down time and technical problems. It is the only unit serving Western KZN.
 4. A 2nd CT scanner. Waiting times for outpatient CT appointments are now 2-3 months, and for inpatients up to 2 weeks. The waiting time for oncology planning and staging scans is also approximately 2 months. Greys is unlikely to meet national core standards until this is resolved.
 5. Panorex unit. The current unit is past the end of its technical support.
- Equipment items received during the year were: 1 low/midrange ultrasound unit (not really suitable for our tertiary service requirements but the best we could do) and 1 portable X-Ray unit.

ACADEMIC ACTIVITIES AND HEALTH PROFESSIONS TRAINING AND DEVELOPMENT

Registrar training continued as per the previous report, with a comprehensive academic program coordinated by Dr Vicci Du Plessis, more recently assisted by Dr Matthew Goodier. Dr Stoker's on-going contribution to registrar training is essential. In the past year Dr James Stutterheim, Dr Sucari Vlok and Dr Damon Jeetoo passed the Part 1 exams of the College of Radiology. We currently have 6 registrars, all of whom have passed their part 1 exams on the first attempt. No funding was available for essential CPD congress attendance, so registrars and consultants again had to meet these costs themselves.

Greys Hospital is accredited as a training site for student radiographers and has all the elements necessary to provide good all-round practical training. Previously we have had 1st, 2nd and 3rd year students, but we only have one 2nd year student allocated to the department for 2013, which is a worrying trend for future PMB student numbers. Two radiographers will complete the postgraduate mammography course in April 2013.

RADIOGRAPHY AND MAMMOGRAPHY

Radiography celebrated World Radiography Day on 8th November 2012 by hosting a fashion show – staff modelled items created from waste material generated from the department and a Poster display competition. The garments and posters were displayed at Quality Day on 9 November 2012 and the exhibit won first prize.

Mammography was privileged to be nominated by the community to receive an Indondo Award in the category Best Health Care Management Program for 2012. The award was presented at the prestigious 4th Inheritors Annual Community Achievement Awards Ceremony on Thursday 2 August 2012 at the Pietermaritzburg City Hall. The awards are “designed to allow ordinary

people to evaluate and assess general performance and service delivery efforts at a public and societal level to nominate ordinary people who are local unsung heroes / heroines doing extraordinary things and not expecting compensation” (Ref: www.indondoawards.co.za).

Mammography was one of the departments in the hospital that received the most compliments for the year 2012.

General:

The Department of Neurology continues to provide a comprehensive neurological service to Area 2. The rotation of registrars from the Departments of Psychiatry and Medicine has continued uninterrupted and the benefit of this rotation has been realized in the respective college exams. The department has had a full-time secretary but this has not worked effectively.

Consultants:

Prof Bill has joined the department on a sessional basis. Dr Ansuya Naidoo attended an epilepsy surgery workshop at Cleveland Clinic, USA and is in the process of setting up epilepsy surgery monitoring at Greys Hospital and IALCH.

Medical Officers and Registrars:

Dr Neil Naidoo passed his final exam in Neurology in October 2012. Dr Kassen was transferred from IALCH to continue her training at Greys Hospital. Dr Amy Jongeling from Columbia University did an elective in the department in November 2012.

EEG Department:

Miss N Hlatshwayo and Miss N Devparsad attended the CNSSA congress in JHB. EEG meetings have commenced at the EEG department on Thursday mornings. Video EEG monitoring has commenced and we have been able to obtain very good results. Dr Oladele from Nigeria did a 2 week elective in the EEG department.

Outpatient Clinics

The Epilepsy and Botulinum clinics have been moved to MOPD on a Monday and are running very efficiently. The Neuro-ophthalmology clinic has been rescheduled for Wednesday s at the eye clinic.

The Future:

Installation of video EEG in ward D1 is being planned and requires more hardware. Additional equipment has been requested. Combined neuro-psychiatric clinics and meetings are planned for Town Hill hospital and will commence shortly. Outreach to Newcastle hospital has recommenced.



Staffing:

- ❖ We currently have a competent and dynamic team comprising the following:
 - Lekha C. Chirkoot: Social Work HOD
 - ❖ Diane Mariah-Singh: Social Work Supervisor
 - ❖ Futhi Mkhize: Social Work Supervisor
 - ❖ Phindi Cebisa: Senior Social Worker
 - ❖ Freda Harmse: Senior Social Worker
 - ❖ Hlengiwe Jili: ARV Social Worker
 - ❖ Nonhlanhla Ntuli: psycho-social counselor
 - ❖ Lindiwe Maphanga: psycho-social counselor
- ❖ The two psycho-social counselors have recently completed their training in Social Auxiliary Work. Well done!
- ❖ We are in the process of motivating for more posts to address the growing demands of tertiary health services, as the current staff complement is very inadequate.

Achievements:

1. Service Delivery:

In addition to maintaining service delivery both at an in-patient and out-patient level in respect of large clinical areas such as Paediatrics, Orthopaedics, Surgery, Medicine, Renal, Obstetrics & Gynae, and ARV Clinic, Social Work Services have expanded to new areas such as:

- ❖ Intersex Clinic & Foetal Anomaly Clinics
- ❖ Laryngectomy patients
- ❖ Oncology

2. Current Projects include:

- ❖ Support Group for Oncology Patients
- ❖ Addressing Social needs of people living with HIV in Sobantu
- ❖ Multi-disciplinary Management of Foetal Anomaly cases
- ❖ Multi-disciplinary Management of Paediatric Tracheostomy Home care Programme
- ❖ Multi-disciplinary Management of Osteosarcoma
- ❖ Student training: 3 Social Work students and 5 Social Auxiliary Work students were trained in 2012

3. Health Awareness Programmes:

Social Work Department was involved in providing display stands and awareness programmes in terms of the following events:

- International Social Work Day was celebrated in March 2012.
- Career Open Day in Oct 2012: exhibition stand was displayed
- Mental Health Awareness Month in July 2012 (two UKZN Social Work students worked together with Clinical Psychology Dept to produce a great programme).
- Healthy Staff Day: Social Work Department provided an interesting display stand.

- 16 Days of Activism of No Violence against Women and Children: two programmes were held at OPD and GOPD. Members of the SAPS, Esther House and other community organisations participated in these successful events.
- Child Protection week: Social Work Department coordinated a highly effective outreach programme that targeted one area in the community with high rates of child abuse, focusing on a Child Protection Event at a school, including learners, educators, parents, community members and officials from various organisations, such as Child Welfare, FCS, Child Advocacy Centre and Childline.



4. **Staff Development & training programmes:**

Our staff members have updated their skills, knowledge and competencies through regular attendance of various in house In-service training programmes, training by the manager programme, Individual and Peer Supervision and Documentation Audits. We were successful in obtaining CPD accreditation and 51 CPD points from SACSSP. Two team-building exercises were held, that proved to be both successful and fun.

5. **Community Networking:**



- ❖ Networking occurs on a regular basis throughout the year with various stakeholders, such as Local Victim Empowerment Forum, Community Workers Forum meetings, PMB Hate Crime Team and Human Trafficking, etc.
- ❖ We appreciate the generous gestures of material support from organisations that have provided items for our patients where possible. E.g. knitted clothes and toys sponsored by CHOC in winter, hampers from Assist, etc.
- ❖ Patients are referred to community organizations regularly for follow-up services.

6. **New Developments:**

- ❖ We welcomed two social workers to our team last year: Freda Harmse and Futhi Mkhize.
- Hlengiwe Jili gave birth to a lovely baby boy in February 2013.

7. **Challenges**

- ❖ Office space and inadequate facilities such as lack of sufficient social workers' offices, a group work room and boardroom have had a huge impact on service delivery.
- ❖ Abolished and other posts are urgently required in order to expand tertiary services.
- ❖ Funding for attending external training courses is required.

8. **Plans for 2013:**

- ❖ Development of offices. Posts to be created and filled.
- ❖ Development of services in Paeds Oncology & Haematology, among other areas.

I extend my appreciation to our Social Work team, members of the multi-disciplinary team and Management for the great effort, perseverance, support and dedication towards Quality Health Care. We embrace the year ahead with a spirit of hope and determination, as we strive towards new goals and service excellence.

Patient load and staffing

Grey's Physiotherapists delivered over 28560 patient treatments (with over 17350 patient contacts) in 2012. Currently there are 6 Physiotherapists, a community service Physiotherapist and 2 ASO's providing physiotherapy services to Grey's Hospital. During 2012 and the first 2 months of 2013 4 physiotherapists and one Physiotherapy assistant left, and 3 physiotherapists joined the staff.

Some Highlights:

- One elective student from UKZN completed her placement at Grey's.
- A group of five students from UKZN utilised Grey's Hospital for the research component of their final years' study: 'The short term effects of hydrotherapy on pain and quality of life in osteoarthritis of the knee'.
- One of our full-time staff completed the research component of her Masters in Physiotherapy investigating the need and scope for Cardiac Rehabilitation.
- As a result of your post-graduate studies and the research, the Physiotherapy department is now offering Cardiac Rehabilitation as a new service. This has been an aim of the department for many years, but staffing and skills were inadequate until now.
- Grey's Tracheostomy Home Care Service held two workshops this year, one for adult care and the other for paediatric care. Physiotherapists presented a session at each of these workshops.
- Two Physiotherapists attended QI training and completed a QIP.
- HTU purchased physiotherapy equipment for some of the provinces hospitals. We received HTU treadmills, TENS and Short Wave Diathermy. Grey's Hospital purchased replacement recumbent and upright cycles and a combination IF / US.
- Developed services further with Pain Clinic. In addition to continuing TP injections on a Friday, TENS treatments were started on selected patients, and the Pain team had training on Graded Motor Imagery from a Durban-based physiotherapist who has a special interest in chronic pain management. The physiotherapists used initiative and made mirror boxes for us in the department.
- The Physiotherapy department is the venue for the Orthopaedic (multidisciplinary) Metabolic Bone Clinic, which has had two clinic days so far, with increasing numbers of patients attending from a wide area.
- The Physiotherapy department is also providing the venue for the Orthopaedic-driven Sarcoma Multidisciplinary Team. If funding and sponsorship can be sourced, the Support group will be able to continue its meetings.

- The department has taken on the somewhat onerous task of ordering, storing and issuing compression stockings. The learning curve has been a little slow, but the system is improving.

Continuing Education

- No funding was available to assist staff with the costs of post graduate short courses, but the Grey's Physiotherapy Journal club was accredited as a CPD meeting, which assisted in obtaining the required CEU's, as well as on-going education.
- A two day Paediatric Aqua Course was scheduled and the organization well underway when we were informed that the long awaited refurbishment of the pool was due to start, and the course had to be cancelled. The Pool room ceiling was finally repaired.

Challenges

Inability to recruit and retain senior staff continues to be a problem. The structure of OSD has been of no help in this regard and has, in fact, entrenched poor job prospects for junior staff and discourages experienced therapists from joining the public health service. This impacts on our ability to sustain services and develop support to new clinical services.

The year 2012, was definitely by far the most challenging year and am certain that we were all quite happy to see it go by.

Our Achievements:

1. Statistics 2012

Total No. of Adults seen	14553
Total No. Of Paediatrics seen	7389
Total no. of patients on TTO's	674
Total cost of feeds and supplements used	R1 843 662.11

2. Enteral feeds and supplements. Sip feeds have been extended to include a renal and a diabetic supplement.
3. Embarked on a research study with Mr Ferndale to assess the nutritional status of patients admitted for foregut surgery.
4. Infant And Young Child Feeding (IYCF): Coordinated 3 sets of one day training for staff at Grey's.

Attendance Statistics:

The following table shows the no of ward staff per ward who were trained in 2012.

Date	Total No attended	Wards in attendance
23 May	7 completed day	F1, 2x A1, PICU, E1, 1x M2
	<i>2 partially trained</i>	<i>1x M2, 1x M1</i>
15 August	4 completed day	F1, 2x PICU, A1
	<i>2 partially trained</i>	<i>E1, F1</i>
21 November	3 completed day	M2, A1, F1
	<i>1 partially trained</i>	<i>PICU</i>

5. Actively involved in the Malnutrition programme both at institutional and district level and as part of the MDT at Grey's. Assisted with the training of Doctors for the district.
6. Involved with MBFHI training
7. Together with the Occupational Therapy department we successfully completed our second year with the Life skills programme that targets the parents and caregivers of the Home Care Trachea Programme.
8. Was involved and contributed towards the success of 2 Trachea workshops that was held at Grey's for the benefit of the entire province.

9. Continued Professional Development: Grey's Supplementary Academic Meetings 2012. A total of 30 Allied Health staff members registered for the programme. A maximum of 22 CPD points was approved for accreditation. This programme runs across 7 of the Allied Health Disciplines at Grey's Hospital. Staff members have attended the Little Steps course, CNE symposium and Nutrition Congress.
10. 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 and wards.
11. 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 2012. During the week of Christmas the Dietitians sponsored Christmas hats for all inpatients (adult and paediatric). This gesture put many smiles onto many faces, including staff who also wanted their own hats.
12. Breastfeeding week was celebrated in the first week of August and the department ran nutrition programmes, as well as competitions for the children in the paediatric wards. Children were presented with gifts for the effort they put into participating in the competition.
13. During Nutrition Week the department changed the focus from patient to creating staff awareness around the newly launched South African Food Based Dietary Guidelines. Nutrition information was disseminated electronically over a period of 2 weeks to staff throughout the hospital. This initiative was extremely well received and it has increased the numbers of staff attending our outpatient service.
14. The Dietetics department hosted a successful stand at the Staff Health Awareness Day on the 28th September 2012. The theme for the Dietetics stand was "Hidden fats, sugars and salts". Ms Moolenschot did a formal presentation on "Facts and Fad Diets"
15. "Christmas Cheer to patients 2012" This project is in its second year running. The purpose 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 purchase Christmas hats for all inpatients. This included both adults and children. In total we distributed 400 hats. Once again this festive gesture was well received by all and I am sure that we will continue to do similar projects in the future.
16. Involved with severe malnutrition MDT meetings and compiling of regular audits and reports. Part of the team that represents the hospital at District level. A further 6 staff from Grey's have attended the 4 day training that was held last year in November. One Dietitian and five nursing sisters from the paediatric wards were trained.
17. Continued with the On Call Roster for weekends and Public Holidays to assist with TPN and enteral feeds telephonically, thereby minimising unnecessary feeding delays.
18. Reinitiated Dietetic services at the Paediatric Diabetic Clinic on a weekly basis. Programmes are being developed and run for patients attending this clinic.
19. Assisted the Nutrition Directorate with Community Service Dietitian orientation for the province.
20. Sat on the District evaluating committee for Bursaries for DC22.
21. Involved with the Adult Laryngectomy group and contributed to the workshop that was held.
22. Conducted monthly kitchen audits and the outcomes are tabled at Diet Committee and Catering meetings. Where possible the recommendations from the report have been taken into consideration and applied.
23. Working on a cleft palate protocol for the hospital to improve nutrition service delivery to these patients without compromising their nutritional status and overall health.

Our Challenges:

1. Vacant posts were abolished before we were able to recruit and select candidates.
2. Despite the number of Dietitians we have, we were not always able to meet the demands of new specialist clinics to the full extent required.
3. Due to delays with the procurement process, there was a resultant delay of delivery of feeds
4. Increased demands placed on the department with respect to Malnutrition and IYCF and the accompanying programmes.
5. Statistical data submitted does not always correlate with DHIS data.
6. Obtaining translators to assist with consults is problematic. We have now linked up with the wards to assist.
7. Therapeutic diet orders are manually generated which is time consuming and not very productive for clinical time.
8. Aligning the therapeutic diets to the specifications and cycle menus remains a challenge. This was further compromised as for a long time we were without a Food Service Dietitian.
9. No administrative support staff to assist with administrative responsibilities. Current clinical staff shares this responsibility. Not ideal as this uses clinical time.

Plans for 2013:

1. Electronic data capturing and processing of orders.
2. Intensive training sessions for doctors and nurses with respect to enteral feeds
3. Reviewing our services to oncology
4. Developing educational tools for Paediatric Diabetics for use at the clinic and perhaps to take home as well.
5. Academic programme that is CPD accredited
6. Finalise the Institutional management of severe to acute malnutrition policy
7. Detailed breakdown and analysis of nutrition data to assist with profiling patient care.
8. In service training and continued development of staff
9. On-going monitoring and supervision of Procurement of enteral feeds and supplements w.r.t, systems, staffing, facilities, procedures
10. Improved relationships and networking with all relevant role-players w.r.t nutrition data collection
11. Finalise the cleft palate protocol
12. Together with Anaesthetics department, to develop a protocol for Enteral Nutrition and Supplemental Parenteral Nutrition

ANNUAL REPORT 2012

1. STAFFING:

POST	NO. FILLED
MANAGER	1
CHIEF supervisory AUDIO	1
PRODUCTION LEVEL AUDIO	1 full time
PRODUCTION LEVEL AUDIO	5/8ths post
PRODUCTION LEVEL SPEECH	3
GENERAL ORDERLY	1
TOTAL	8

2. NEW EQUIPMENT & resources:

- Annual Calibration of all audio equipment
- We also received a range of consumables and accessories that allowed us to conduct an uninterrupted service.
- External probe for use with OAE screener, makes the screening of children easier.
- Laminator for protecting therapy material
- x2 paediatric stethoscopes for cervical auscultation- adding to the dysphagia test battery.
- set of Z-vibe oromotor tools to improve the treatment of dysarthria and dysphagia.
- Bar fridge for food in different consistencies and ice for dysphagia and dysarthria assessment and management.
- board maker software for the creation of treatment stimuli
- 1 audiobooth –uninstalled as a site has not as yet been identified.
- PACs installed in Speech Therapy

3. SERVICES AND SERVICE ISSUES:

3.1 Speech Therapy:

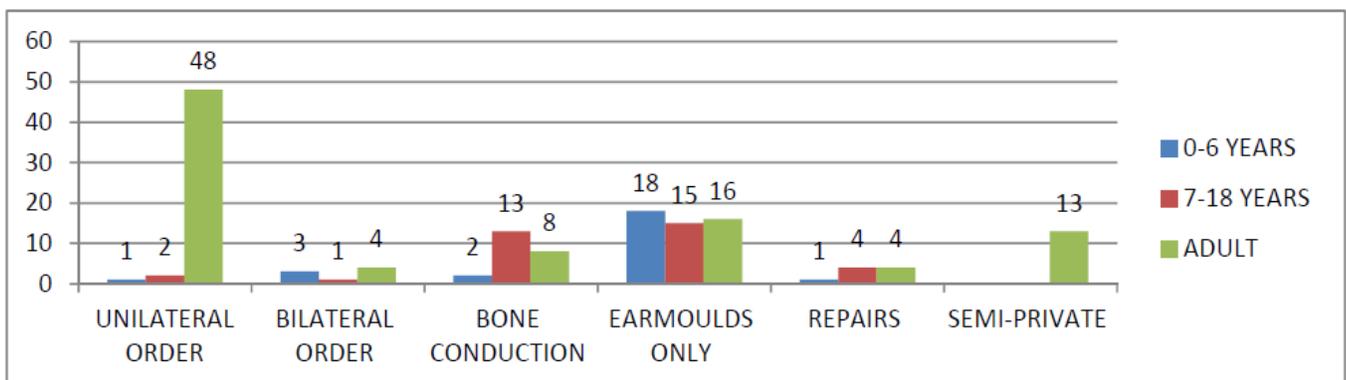
1. Paediatric and Adult, in and out-patient service.
2. CP Clinic.
3. Joint venture with ENT department fitting laryngectomy patients with Provox speaking valves. Only such service in KZN.
4. Videoflurosocopy service run in conjunction with the Radiology dept – is the only such service in KZN.

5. Paediatric Trache Home care Clinic, (Team consists of Paediatrician's, Nursing, OT, SLT, Dietician, Social work and Psychology. Only such service in Area 2.
6. Monthly Laryngectomy – Trache support group.
7. Presentations to professional staff on the various sub-specialities, doctors, nurses and rehab staff.
8. Assessment and fitting of trache speaking valves.
9. MDT Meetings to improve patient care and services, conducted on an Adhoc basis.

3.2 Audiology:

1. Work has been streamlined and become more coordinated with the division of work into clinics and the allocation of a responsible person to each clinic.
2. Diagnostic Audiology service: Otoscopy, Middle ear Analysis, Air Conduction, Bone Conduction, Speech Testing.
3. Otoacoustic Emissions testing, which is a quick screening tool to determine cochlea sensory integrity.
4. Hearing aid Clinic: More streamlined and focused. All patients being followed up to ensure appropriate use and care of the hearing aids. The numbers of bone-conduction hearing aids ordered for adult patients have increased significantly with the increase in cases of unresolved otitis media

Hearing aids ordered for 2012



5. Ear mold modification, repair and re-tubing.
6. Sedated ABR clinic, one day a week – lacking nursing support and adequate Audiology staff, which would allow us to conduct a clinic on more days in the week.
7. 1 slot for unsedated ABR per week
8. High-risk Hearing screening: An audiologist is dedicated to inpatient paed hearing screening, Wards A1 and E1. The Audiologist is allocated to attend the relevant ward

rounds and to conduct the follow-up, documentation, and continuity of care for these patients. Screening for NICU and F1 is conducted by doctor referral. There has been positive developments as a result of this new initiative.

9. Tinnitus retraining therapy.
10. VEMP and EcochG capabilities established.

5. Training and capacity development:

Staff attended the following courses in 2012:

- a. Tracheoesophageal Voice restoration post -laryngectomy
- b. NDT CP one week intro course
- c. Paed dysphagia course
- d. Consumer protection act
- e. Monthly Grey's Rehab academic meeting

6. Outreach:

1. No outreach treatment /assessment was conducted in 2012 as we had no COS's and our staff complement is too small to allow for outreach without compromising on inpatient care.
2. 3 final year students did their mid yr prac at Grey's. 10 Scholars came in for a day of observation
3. One staff wellness day was conducted in 2012.
4. SLT-Aud from Greys were involved in 2 career days at schools in the area.
5. We conducted hearing screening practical training with school health nurses.
6. We advised on equipment needs for school health nurses.
7. We lectured the nurses doing their PHC training on identifying and referring speech and hearing problems.
8. We assessed and advised on the work related assistive devices needed by hearing impaired staff.

7. CHALLENGES FACED IN 2012:

1. Space is as always a challenge. We have to carefully and cooperatively share patient treatment areas.
2. Trained Interpreters would improve the quality of care.
3. With the increase in services offered and staffing, the need for an admin clerk is paramount. Professional staff are wasting too much time having to do basic admin duties. This time could be spent on patient care.

4. With the increase in services offered and staffing, the need for more General Orderlies to take care of portering, cleaning and messengering is essential.
5. The lack of a relevant post establishment is a huge problem and makes the retention and recruitment of staff increasingly difficult.
6. Over referral /dependence on Grey's by the therapists at the base hospitals. Both from Speech Therapy and Audiology we are receiving many cases that should have been managed at the base hospital, but due to the COS's lacking experience and needing mentoring and support, the patients are being referred to Grey's. For 2013 we have proposed to District office that the CSO's come for training to Grey's on a rotational basis, to gain experience and confidence in what they are doing. We hope that we will be taken up on this offer, as this will allow us to improve the quality of care across Area 2.
7. There are still a few doctors starting oral feeds on dysphagia patients without the go ahead from speech therapy, which is a dangerous practice and not the protocol. We have ongoing meetings to address this matter.

8. STATISTICS

8.1. Hearing Aids:

Number of patients on the waiting list	Number of Hearing Aids Ordered	Number of Hearing Aids Issued
0	103	132

- **No hearing aids were issued to Greys by the district office for 2012.**

8.2. Provox Speaking valves:

13 *Provox Speaking valves* were fitted to patients in 2012

8.4. Patient statistics:

See appendix A for Audiology statistics and Appendix B for Speech Therapy statistics.

SPEECH STATS 2012

MONTH	1st Attendance	Follow Up	In patient	Out patient	Total	< 5 yrs	MBS
JAN	86	377	257	203	463	36	0
FEB	72	429	285	213	487	151	12
MAR	65	560	264	344	625	162	24
APR	89	402	194	281	491	83	13
MAY	135	393	285	243	528	202	12
JUN	101	380	230	247	480	95	14
JUL	80	359	211	228	439	79	32
AUG	110	348	234	224	458	51	28
SEP	129	310	189	250	439	76	20
OCT	100	296	155	241	396	36	4
NOV	144	365	204	305	509	43	6
DEC	98	327	243	182	425	86	5
TOTAL	1209	4546	2751	2961	5740	1100	170

AUDIOLOGY STATS 2012

MONTH	FIRST ATTENDANCE	FOLLOW UP	IN PATIENT	OUT PATIENT	TOTAL	< 5 YRS	ABR/OAE
JAN	218	175	61	333	360	111	137
FEB	162	252	55	363	414	126	156
MAR	297	114	6	405	411	89	103
APR	249	135	4	380	384	103	128
MAY	244	146	13	377	390	95	113
JUN	309	220	10	519	529	129	111
JUL	284	277	58	511	561	128	152
AUG	350	270	80	542	620	125	165
SEP	274	194	42	426	468	110	132
OCT	311	332	37	612	643	138	177
NOV	344	219	53	510	563	132	153
DEC	139	140	23	256	279	70	93
	3181	2474	442	5234	5622	1356	1620

ORTHOPAEDICS ANNUAL REPORT 2012/2013

INTRODUCTION:

The Department has grown steadily in terms of Consultants – home grown and output in terms of results in all categories (Diploma, Primary, Intermediate and Final Specialist Examinations).

There are though teething problems with regards to procurement of equipment – the process is too long and takes years in some cases (procurement of Image Intensifiers) and this has serious consequences for service delivery operational review.

1. Tumour, Sepsis and Reconstruction Unit fully functional and remains the only unit in KZN with references from all other regions including Eastern Cape.
2. Home-grown Spinal Specialist developed and unit up and running thus no need for Registrars to rotate to Durban – King George V Hospital any longer and patients access to spinal treatment significantly improved.
3. Academic Output has been pleasing with:

a) Examination Results:

COLLEGE OF MEDICINE ORTHOPAEDIC EXAMINATIONS									
				RESULTS / OUTCOME FOR MARCH 2012 / SEPTEMBER 2012					
	March 2011 / September 2011			March 2012			September 2012		
	No. of Candidates	Pass	Percent age Pass	No. of Candidates	Pass	Percent age Pass	No. of Candidates	Pass	Percent age Pass
Diploma	2	2	100 %	2	2	100 %			100 %
Primaries	2	1	50 %				3	3	100 %
Intermediate	1	1	100 %	2	2	100 %	5	4	90 %
Final	2	2	100 %	2	1	50 %	1	1	100 %

b) Research Output / Med Programmes / Projects:

- Ferreira N, Marais LC. Pin tract sepsis: incidence with the use of circular fixators in a limb reconstruction unit. *SA Orthop J* 2012;11(1):10-18.
- Ferreira N, Marais LC. Chronic knee dislocation treated with a Taylor Spatial Frame: a case report. *SA Orthop J* 2012;11(2):61-64.

- Ferreira N, Marais LC. Prevention and management of external fixator pin tract sepsis. Accepted for publication *Strat Traum Limb Recon* 2012;7:67-72. DOI:10.1007/s11751-012-0139-2
- Ferreira N, Marais LC. Osteosarcoma: stage at presentation to a tumour unit in South Africa. *S Afr Med J* 2012;102(8):673-676. DOI:10.7196/SAMJ.5835
- Ferreira N, Mare PH, Marais LC. Circular external fixator application for midshaft tibial fractures: Surgical technique. *SA Orthop J* 2012;11(4):39-42.
- Thompson D, Smit R, Ghimenton F, Mahomva O, Annamalai M. Neonatal compartment syndrome of the forearm. *SA Orthop J* 2012;11(2):39-42.
- Ferreira N. Expert Opinion on published article: Early fracture stabilization in the presence of subclinical hypoperfusion. *SA Orthop J* 2012;11(4):69.

c) Outreach Programme:

This has been strengthened with the appointment of a co-ordinator Dr P Thompson and the number of hospital visits have been extended to Escourt, Emmaus, Montebello, COSH and Greytown.

The Outreach to Christ the King has been resumed with once a month visit for Consultation. Currently not possible for any surgery to be performed.

CHALLENGES:

1. Recruitment / retention of staff in the periphery remains a problem with serious impact on:
 - a) Quality of care and thus increased morbidity and thus possible litigations
 - b) Renders the referral pattern dysfunctional as patients will always move to areas where services are provided even though it is not according to the established referral pattern e.g the burden placed on Madadeni Hospital by patients from Area 3 (Vryheid) and part of Mpumulanga and Lesotho.
 - c) Lack of a Doctor allocated to Orthopaedics at some hospitals hamper development and skills transfer to the institution to be self-reliant.
 - d) Lack of Outreach Clinical Head Post for Orthopaedics
2. Slow procurement procedures for equipment hamper more work being done closer to patients location.

PIETERMARITZBURG METROPOLITAN DEPARTMENT OF SURGERY

The department remained very productive during 2012.

Staffing at all levels was the main challenge

Other challenges that persisted were inadequate infrastructure and equipment.

Despite these factors the department remains strong with an ethos of providing excellent care with constant self evaluation and teamwork.

PROGRESS AND ACHIEVEMENTS

ACADEMIC ACHIEVEMENTS

. The following candidates were successful in examinations:

- ❖ FCS Final
 - ▶ Dr Denzel Mogabe
 - ▶ Dr Llewellyn Pillay
 - ▶ Dr John Bruce
- ❖ FCS Intermediate
 - ▶ Dr Thembisile Mbebe
 - ▶ Dr Andrew Viljoen
 - ▶ Dr Bianca Van Den Berg
 - ▶ Dr Sanele Madziba
 - ▶ Dr Faraj Benamro
 - ▶ Dr Neil Moodley
 - ▶ Dr Justin Howlett
- ❖ FCS Primary
 - ▶ Dr Shelley Wall
 - ▶ Dr Nadia Karrim
 - ▶ Dr Aboobaker Benamro
 - ▶ Dr Simon De Jager
 - ▶ Dr Mwenda
 - ▶ Dr Nathire
- ❖ MMed and Vascular Subspecialty
 - ▶ Dr Jahangirul Islam

Accolades

- ❖ Thembisile Mbebe was awarded the prize for “PMB Surgical Registrar of the year” and the Ghimenton Award of Surgical Excellence
- ❖ Christophe Kalenga was awarded the prize for “most promising surgical doctor”

NEW SPECIALIST SURGEONS

- ❖ Dr Denzel Mogabe – passed his Surgical Finals and took a post at EDENDALE in Trauma. He has now moved to Johannesburg (Jan 2013) to take a Trauma Fellow post

- ❖ Dr Jahangirul Islam – joined in October 2012 as a vascular surgeon. He will be responsible for developing a vascular service. At present he is concentrating on emergency conditions and investigation of vascular patients. The main constraints to further development are a lack of operative time and infrastructure to establish a vascular clinic.
- ❖ Dr Lewellyn Pillay – joined the department of surgery in November 2012 as a specialist surgeon. He will mainly be allocated to Outreach at Northdale hospital in the long term
- ❖ Dr John Bruce – on passing his Fellowship has joined the Trauma team and is instrumental in the ongoing Surgical Electronic Database -Admission to Discharge
- ❖ Wanda Bekker – was recruited for Trauma at EDH in 2012 (started work 2013)

TEACHING COMMITMENTS

The ongoing education of Undergraduates from UKZN has been well executed with enthusiastic involvement of staff at all levels. The responsibility of Registrar and Medical Officer training is paramount to all specialists, and 2012 saw this continuing commitment to education of the Staff. At Intern level, the Dept of Surgery has been deemed the most organized and educational run in their training. Fellowship posts have been filled for Trauma (Laing), Upper GI (Govender) and Colorectal Surgery (Mjoli).

GREYS LAPAROSCOPIC WORKSHOP

The annual laparoscopic workshop in 2012 was a tremendous success. We were graced with the presence of two of South Africa's leading laparoscopic surgeons Prof Heine Van der Walt and Danie Folscher, chairman of SASES. The Greys nursing staff in theatre must be commended for their excellent organisational skills and efficiency preoperatively, intraoperatively and postoperatively. The upper GI specialists were also crucial to ensure this workshop succeeded as the *theme was Upper GI diseases* and Dr Ferndale and Govender recruited ideal cases for the day.

ADDITIONAL GI LAPAROSCOPIC SLATES

In order to kick start the lower gastrointestinal laparoscopic service and boost the skills of selected specialists we commenced laparoscopic gastrointestinal surgery on Saturdays with recruitment of nursing and anaesthetic staff specifically for this purpose. This endeavor was solely due to the efforts of Dr Monde Mjoli and it performed beyond expectations with new skills imparted and learned. There was exposure for registrars and nurses to new techniques and improved their understanding of laparoscopic surgery.

BIOGSA

Dr Čačala attended the inaugural meeting to establish a Breast Interest Group of Southern Africa. This was attended by about 30 surgeons, oncologists and radiologists who are enthusiastic to improve the breast health care in the country- and hopefully , in time, get Breast Surgery recognised as a subspecialty in South Africa (as it is in other countries)

TRAUMA REGISTRY

A computerized Trauma Data Registry was established by Dr Laing – This has been implemented at both EDH and Grey's Hospitals and has revolutionized accurate data capture in our service and Area 2 KZN. This has enabled publications with accurate statistics and outcomes, as well as improved Morbidity and Mortality meetings. The later which is essential for improvement bin patient management

SURGICAL DECISION SUPPORT SYSTEM

The implementation of surgical decision support system was achieved through the vigilant effort of Dr Laing. All Grey's Surgical admissions are now electronic, along with procedures and discharges. This has meant accurate assessment of our surgical throughput as well as M and M. Data capture is now available for research as well as statistical analysis.

PIETERMARITZBURG CANCER FORUM

Dr Čačala, along with a private oncologist and pathologist have startyed a PMB cancer Forum . This carries CME points and 3 Forums were held last year with attendance by over 60 doctors from the area. This covers different cancers at each meeting and is multidisciplinary. Forums for 2013 have already been organized.

DOCTORS FROM ABROAD

The Surgical Dept is continuing to attract European Medical Officers who wish to participate and learn in our health care system. They have integrated well into our workforce and support the surgical dept vision. See attached PDF file

CONFERENCE PRESENTATIONS BY DOCTORS FROM THE DEPT OF SURGERY

SURGICAL RESEARCH SOCIETY

Cost of RTA's Dr Parkinson
Pattern of injury from RTA's Dr Parkinson
Burden of RTA's to Edendale Dr Parkinson
Gender based violence at Edendale Dr Figudero
Cost of appendicitis Dr Kong
Urban vs Rural outcomes of appendicitis Dr Kong
Implementation of trauma registry Dr Laing

BIGOSA

Ethnic characteristics in Breast Cancer Dr Čačala

WORLD CONGRESS OF SURGERY

Stab backs at Edendale Dr Kong

PUBLIC HEALTH CONGRESS

Cost of appendicitis Dr Kong
Urban vs Rural appendicitis Dr Kong

PAN AFRICAN ASSOCIATION OF CHRISTIAN SURGEONS CONFERENCE (KENYA)

Melanoma- current management Dr Čačala
Liver injuries Dr Oosthuizen
Penetrating Neck Injuries Dr Oosthuizen

SAGES

Stenting in Oesophageal cancer Dr Govender
Laparoscopic management Dr Mjoli

COLOWILD

CRC Dr Mjoli

SAGINS

Caustic Injury Sister Heather Bowren
Gastric Conditions Sister Roz Jones – second prize

CONFERENCES AND WORKSHOPS ATTENDED BY DOCTORS FROM DEPT OF SURGERY

SAGES

Dr Lucien Ferndale, Dr Neshalan Latchmanan, Dr M Govender, Dr V Govindasamy,
Dr M Mjoli

COLOWILD

Dr Mjoli, Dr V Govindasamy

ADVANCED LAPAROSCOPIC WORKSHOP –Austria

Dr Lucien Ferndale

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC

Dr Čačala

PUBLICATIONS FROM DEPT OF SURGERY

Haemobilia following Blunt Abdo Trauma

Laing GL, **Clarke DL**, Ferndale L, Reitz D, Manchev V.

S Afr J Surg. 2012 Nov 12;50(4):136-7. doi: 10.7196/sajs.1442.

Laparotomy for Blunt Abdo trauma in a Civilian Trauma Service

Howes N, Walker T, Allorto NL, Oosthuizen GV, **Clarke DL**.

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OCCUPATIONAL HEALTH AND SAFETY 2012/2013

ABBREVIATIONS USED IN THIS REPORT

OHSA-OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993
COIDA-COMPENSATION OF OCCUPATIONAL INJURIES AND DISEASE ACT120 OF 1993
IOD-INJURY ON DUTY
OHS-OCCUPATIONAL HEALTH SERVICE
OHN-OCCUPATIONAL HEALTH NURSE
OHMP-OCCUPATIONAL HEALTH MEDICAL PRACTITIONER
S/O-SAFETY OFFICER
OHSM-OCCUPATIONAL HEALTH AND SAFETY MANAGER
DOHC-DISTRICT OCCUPATIONAL HEALTH COORDINATOR
H/S-HEALTH AND SAFETY
OPEP-OCCUPATIONAL POST EXPOSURE PROPHYLAXIS
PPE-PRESONAL PROTECTIVE EQUIPMENT
OHC-OCCUPATIONAL HEALTH CLINIC
NSI-NEEDLESTICK INJURY
HCS-HAZARDOUS CHEMICAL SUBSTANCES
HBA-HAZARDOUS BIOLOGICAL AGENTS

1. RISK ASSESSMENT

1.1 A health risk assessment was conducted at the institution on the 21st-25th May 2012 by external auditors.

1.2 The report was received and a meeting was held with all stakeholders to discuss the report and the necessary action to be taken.

2. TRAININGS

The following trainings for this year were done by an accredited company:

Health and safety representatives trained-29

First aiders' trained-12

Fire Marshall's trained-7

Tow tractor drivers' trained-20

3. STATISTICS

JANUARY2012- DECEMBER 2012	Total numbers
NEEDLE STICK INJURIES	81
OPEP	81
IOD	35
OCC DISEASE	1
HEPATITIS B IMMUNIZATION	1140
BASELINE MEDICAL	151
PERIODICAL MEDICAL	16
EXECUTIVE MEDICAL	0

EXIT MEDICAL	4
DOTS	0
HCT	190
NEW HIV	11
NEW TB	3
NEW MDR	0
FLUE VACCINE	296
DEATHS	9
CONSULTATIONS	3047

4. IN-SERVICE TRAININGS

The following in-service topics were done on a monthly basis:

Risk management
 Electrical safety
 Post exposure prophylaxis
 HCT testing and counselling
 Safety Precautions
 Medical surveillance
 Tuberculosis

5. MEETINGS ATTENDED

District occupational health and safety meetings
 Head office occupational health and safety meetings
 Waste management meeting
 Risk management meetings
 Infection control meetings
 Management meetings
 Resuscitation committee meetings
 Quality improvement meetings

6. Audits

Two peer review audits have conducted by the District and Edendale hospital. Action plans have been submitted to the district. Two internal audits have also been conducted and the results sent to the district office. A total number of four audits have been conducted for the year excluding the national core standards. Monthly checklists are done in each unit/department.

7. PPE

Personal Protective equipment was supplied to most employees however still awaiting more supplies.

8. Organisational profile

Greys have a staff compliment of 2001 employees.

9. Programmes

The following programmes are offered to all employees:

Medical surveillance programme
HIV/AIDS in the workplace
Family planning
Immunizations
Primary health care
Induction and orientation
In-service training programmes

10. QUALITY IMPROVEMENT

Currently working on a needle stick injury quality improvement plan due to a high incidence of needle stick injuries.

11. Orientation and induction

Currently on-going as new employees are employed and also contractors come arrive on site.

12. ACHIEVEMENTS

The environmental health risk assessment audit by an external accredited company was done.

Trainings of the following were done and the numbers are as follows:

Occupational health and safety representatives-29
First aiders-12
Tow truck drivers-20
Fire marshalls-7

13. Challenges

Equipment is a challenge as there were no funds available and this hinders work production.

Nursing staff do not have the qualifications in occupational health.

Medical surveillance still a huge challenge as staff did not have baseline surveillance and there is a huge backlog.

Trained staff not being in possession of a dispensing licence poses as a challenge in absence of doctor.

Increase in HIV is challenging as increase in workload

14. Recommendations

Trained staff to be released to train in occupational health.

To train a registered nurse for dispensing licence nurse so to be able to dispense.

To get necessary equipment so as to deliver quality care.

Increase staffing to catch up with medical surveillance and to alleviate workload.

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
Hospital Manager

MRS C.N. SOSIBO
Nursing Manager

MRS BG ANDERSON
Finance Manager

MR H S K HLONGWA
Human Resource Manager

MS N.P. NJOKWE
Systems Manager