



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

GREY'S HOSPITAL
HOSPITAL MANAGEMENT
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GREY'S HOSPITAL ANNUAL REPORT 2013/2014



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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 2013/2014: 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
- ◆ Urology Department
- ◆ Orthopaedics Department
- ◆ Anaesthesia, Critical Care & Pain Management
- ◆ Pietermaritzburg Metropolitan Surgery Department
- ◆ Internal Medicine
- ◆ Radiology Department
- ◆ Clinical Psychology
- ◆ Social Work Department
- ◆ Nursing Campus

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 communities, and through ensuring innovative and cost effective use of all available resources.

CORE VALUES:

- Human dignity, respect, holistic healthcare and caring ethos
- Innovativeness, courage to meet challenges, to learn and to change
- Cost effectiveness and accountability
- Open communication and consultation

GREY'S HOSPITAL SERVICE COMMITMENT CHARTER

1. ATTITUDE:

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

2. PERSONAL APPEARANCE:

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

3. COMMUNICATION:

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

4. COMMITMENT TO PATIENTS:

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

5. COMMITMENT TO CO-WORKERS:

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

6. CUSTOMER WAITING:

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

7. HALLWAY ETIQUETTE:

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

8. PRIVACY:

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

9. SAFETY AWARENESS:

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

10. SENSE OF OWNERSHIP:

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

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

<p><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-SPECIALITIES :</u> <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

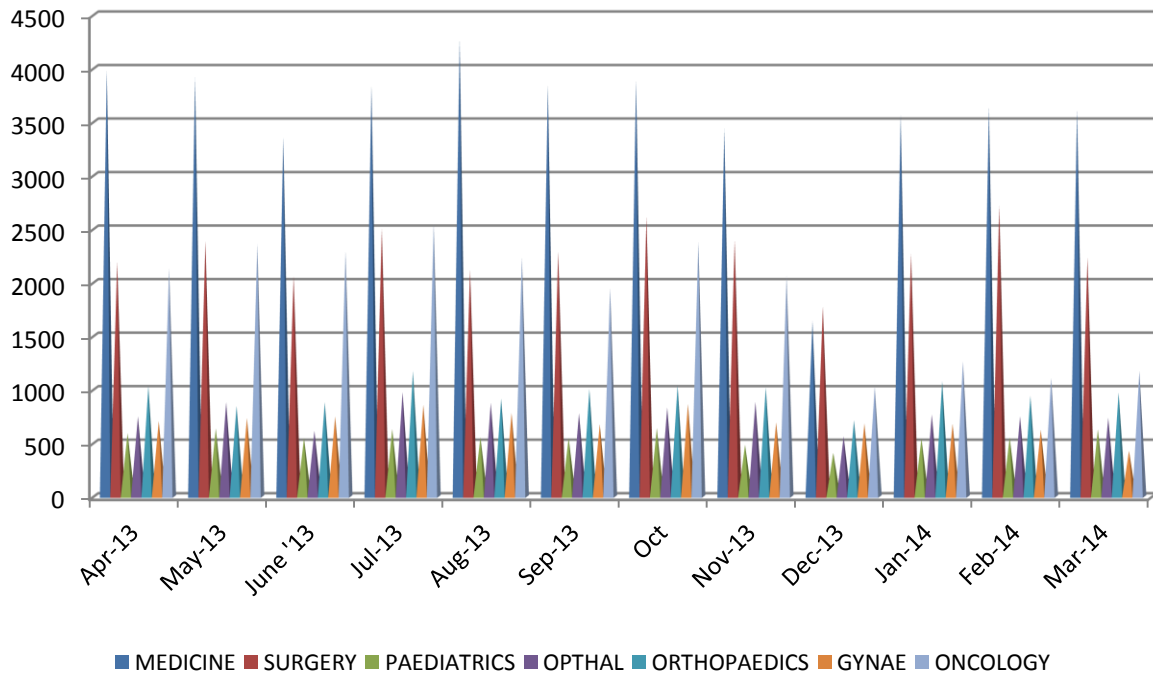
STATISTICS REPORT 2013/2014

	<u>April</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEPT</u>	<u>OCT</u>	<u>NOV</u>	<u>Dec</u>	<u>14-Jan</u>	<u>14-Feb</u>	<u>Mar-14</u>	<u>TOT/AVG</u>
USABLE BEDS	502	502	502	502	502	502	502	502	502	502	502	502	502
INPATIENT DAYS	11012	12861	13293	12301	12372	11679	12152	11946	9267	11023	11553	11962	141421
ADMISSIONS	990	1152	1306	1091	1129	935	1168	1072	641	930	760	939	12113
DISCHARGES	884	970	1031	879	978	821	1043	970	647	749	757	876	10605
DEATHS	42	60	77	59	60	40	52	54	31	50	65	76	666
TRANSFERS IN	58	90	99	166	255	189	203	140	171	189	138	248	1946
TRANSFERS OUT	50	97	84	167	203	154	218	233	120	172	153	194	1845
BOR	73%	83%	88%	79%	80%	86%	82%	79%	60%	70%	82%	77%	78%
ALOS	11	11	11	11	10	11	9	10	11	12	10	11	11
B T R	2	2	2	2	3	3	2	2.5	2	2	2	2	2.2
DEATH RATE	4%	5%	5%	5%	4%	4%	4%	5%	4%	5%	6.40%	5%	5%
INTERWARD TRANSFERS	905	917	1051	973	1014	517	508	409	265	448	377	345	7729
DAY PATIENTS	721	761	731	785	712	815	805	817	588	635	615	716	8701
OPD HEADCOUNT	15271	17793	14625	12326	13540	10045	11669	10042	9276	9832	10170	9798	144387
CASUALTY HEADCOUNT	731	767	728	785	712	515	802	817	810	834	750	855	9106
CAESERIAN SECTION RATE	68%	76%	74%	66%	71%	73%	71%	69%	73%	66%	64%	65%	70%
PDE	16102	18792	18168	16409	16885	15027	16041	15068	12538	14300	14943	15228	189501

CLINICS REPORT 2013/2014

CLINICS	Apr-13	May-13	June '13	Jul-13	Aug-13	Sep-13	Oct	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTALS
MEDICINE	3986	3917	3359	3840	4277	3846	3889	3440	1640	3572	3647	3620	43033
SURGERY	2194	2387	2061	2503	2119	2288	2618	2397	1776	2268	2718	2234	20343
PAEDIATRICS	593	637	547	631	555	548	640	484	409	543	553	629	6769
OPHTHAL	750	881	614	975	875	779	832	885	563	766	750	737	9407
ORTHOPAEDICS	1034	846	881	1173	916	1005	1040	1020	712	1078	940	972	11617
GYNAE	705	733	749	857	781	675	865	693	683	680	625	428	8474
ONCOLOGY	2133	2359	2292	2552	2237	1948	2379	2062	1027	1261	1108	1173	22531

OUT PATIENTS CLINICS STATISTICS 2013/2014



PUBLIC RELATIONS DEPARTMENT ANNUAL REPORT 2013/2014

COMPLAINTS RECEIVED PER QUARTER IN 2013:

GREY'S HOSPITAL	1 st QUARTER			2 nd QUARTER			3 rd QUARTER			4 th QUARTER			TOTAL PER CATEGORY
	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	
Continuity of Care	0	5	2	0	1	4	4	1	1	0	0	0	18
Waiting times	0	3	0	0	1	0	0	0	0	0	0	0	4
Access to information for patients	1	0	0	0	1	1	2	1	0	1	0	1	8
Cleanliness/Maintenance	0	0	0	3	0	1	0	0	0	0	0	0	4
Respect & Dignity	4	3	4	3	1	2	1	3	0	1	3	3	28
Shortage of Disabled Parking	0	0	0	0	0	1	0	0	0	0	1	0	2
Medical Records	0	0	0	0	0	0	2	0	0	1	0	0	3
Postponement of operations	1	0	0	2	0	0	1	1	2	0	1	2	10
Patient care	1	0	0	0	1	2	3	5	1	2	3	1	19
Food Services	0	0	0	0	0	0	0	0	0	1	0	0	1
Safe and secure environment	0	0	0	0	0	0	0	1	0	1	0	0	2
Clinical Efficiency Management	0	0	0	0	0	0	1	0	0	0	1	0	2
Clinical Management of priority health conditions	0	0	0	0	0	0	0	2	0	0	0	0	2
Pt undergoing high risk procedures are protected	0	0	0	0	0	0	0	1	0	1	0	0	2
TOTAL	7	11	6	8	5	11	14	15	4	8	9	7	105

**COMPLIMENT STATISTICAL REPORT 2013
FROM QUARTER 1 – QUARTER 4**

1 st QUARTER			TOTAL	2 nd QUARTER			TOTAL	3 rd QUARTER			TOTAL	4 th QUARTER			TOTAL	OVERALL
APR	MAY	JUN	80	JULY	AUG	SEPT	81	OCT	NOV	DEC	125	JAN	FEB	MAR	188	474
29	34	20		21	18	42		33	41	51		20	32	66		

SIGNAGE:

We are planning to update internal signage in 2014 and it will be written in both languages isiZulu and English.

CHALLENGES IN 2014:

- 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.

HEALTH AWARENESS/EVENTS:

In 2013 Events Management Committee Team, Greys Hospital Management, Hospital Board Members, and all Grey's Hospital staff members successfully organized and celebrate the below health awareness/events:

Health Events celebrated in 2013

DATE OF EVENT	NAME OF EVENT/ SEMINAR/ WORKSHOP/ CONFERENCE	PURPOSE OF EVENT/ SEMINAR/ WORKSHOP/ CONFERENCE	WHERE HELD (VENUE)	TARGET AUDIENCE/ PARTICIPANTS/ ATTENDEES
12.04.2013	Long service award ceremony	To acknowledge and appreciate the contribution to service delivery, loyalty, and commitment of employees who have reached 20 and 30 years of service at Grey's Hospital.	Recreational Hall	Staff
03.05.2013	Career Open Day	To promote health services and to inform learners about career opportunities in health sector.	Recreational Hall	Public, learners and educators
27-31.05.2013	Child Protection week	Promote children safety	Outpatient Department	Staff and Patients
06.06.2013	Nurses Day	To thank and appreciate nurses for their hard work and dedication to their work	Recreational Hall	Nurses
11.07.2013	Mental Health Awareness	Promote Mental Health	Outpatient Department	Patients and staff
18.07.2013	Mandela Day	Celebrate Mandela birthday	Outpatient Department	Staff and patients
02-08.09.2013	Pharmacy Week	To raise awareness about different diseases/illnesses and the correct use of medicines.	Pharmacy department	Patients and Staff
16.10.2013	Global Handwash	Promote the important of hand	Recreational Hall	Patients, Staff and

	Day	washing and hygen.		Public
17.10.2013	Sarcoma Awareness	to raise awareness of sarcoma and thereby improve early identification and referral of patients with Osteosarcoma.	Recreational Hall	Patients and Public
29.10.2013	Cath lab Opening By MEC	To officially open the cardiac Cath lab.	Cardiac Cath lab	Staff
01.11.2013	Quality Day and Awards Ceremony	To award and thank employees for their hard work and commitment to service delivery	Recreational Hall	Staff
14.11.2013	Worlds Diabetes Day	To raise awareness about Diabetic disease	POPD	Patients
15.11.2013	Resuscitation week	Promote the importance of Resuscitation	Outpatient Department	Staff, Patients and Visitors
21.11.2013	Healthy staff day	Promote healthy food	Recreational Hall	staff
21.11.2013	Eastcoast radio Toy story	To donate various toys for the kids.	Ward	Patients
14.03.2013	Kidney Day	To educate the young generation about chronic kidney disease, how to prevent it through healthy life style, symptoms of kidney disease	Russel High	Learners
08.05.2013	Blanket give away	To donate blankets to the patients	Outpatient department	Patients
29.05.2013	Child Protection Week	Promote child satey	Odlameni primary school	Learners and Educators

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.

In 2014 Grey's Hospital will continue promoting healthy lifestyles in line with the department of health calendar year.

Introduction

The nursing component strives to provide the highest standard of patient care by promoting professional practice and upholding dignity and respect for human life. The report will outline the achievements, challenges and the future plans for the coming years.

Achievements: **Staff training and development**

1. Staff have been sent to attend different short courses and seminars.
2. Staff on training:-
 - Child Nursing Science X06
 - Orthopaedic Nursing Science X03
 - Operating Theatre Nursing Science X03
 - Ophthalmology X01
 - Critical Care X07
 - Advanced Midwifery X01 + X4 doing Decentralized programme with UKZN
 - Midwifery X11
 - 4 year course X14
 - 2 year course X27
 - 1 year course X01

Trauma Course

It is still a challenge as nurses are currently paying for themselves, they are enrolling through NEDCARE. Meetings have been held with King Edward Campus and have promised that it will commence in September 2014 awaiting documents from SANC. There is a great demand for Trauma nurses.

Mother Baby Friendly Hospital Initiative (MBFHI)

- The hospital still sustains the MBFHI status which will contribute in the reduction of infant mortality and morbidity.
- MBFHI training is ongoing.

Sexual Reproductive Health Care

- A new method of family planning called Implanon NXT which is a subdermal contraceptive implant has been introduced to our clients and the uptake is quite good.
- One Registered Nurse was trained as a champion in IUCD insertion.

Renovation of the wards

The following wards were renovated i.e. Major repairs were done, nurse call system was installed as well as painting

- Ward D1:
- In Ward C1 & C2 only the nurse call system was installed

Quality Audits

These are done on quarterly basis using different tools. The aim is to maintain the standard of care provided to the patients.

SANC Visits

As the facility was visited by SANC on the 28 November 2012 an official report was received in 2013 by the institution confirming that the institution has met the SANC requirement to be a clinical facility for the students.

Nurses Day

It was held on the 6th June 2013. The theme was ***"It is our right to care"*** it was a success, well attended and the guest speaker was very motivational

Rewarding Excellence

On Quality Day held on the 1st November 2013. The following wards/ departments were awarded for excellence:-

1. **Best maintained ward**
 - 1st price : M3 = 88%
 - 2nd price: Labour ward = 86%
2. **Best maintained emergency trolley**
 - B2 : 100%
3. **Best IPC maintained**
 - Ward : Renal Unit : 98%
4. **Most public compliments : M4**
5. **Cleanest Clinical Area**
 - 1st prize = CCU 100%
 - 2nd prize = M4 96%
6. **Highest NCS score**
 - IPC = 100%
 - Paediatrics = 98%

Staff were awarded certificates, trophies and gifts.

Opening of the new ICU

The new ICU was completed in October 2013 and the occupation was taken on the 18th March 2014. At this point 6 physical beds have been opened. This will increase exponentially as we receive the new beds. At this point it is still a surgical unit but as we increase our bed state medical patients will be incorporated and it will become a multidisciplinary unit. Some of the equipment for 21 beds have been received but still awaiting the rest of the NSI orders to arrive.

New NICU

40 bedded unit is under construction. It will comprise of 20 high care beds, 10 ICU beds and 10 Kangaroo Mother care beds.

Improving patient safety and care

Negative incidents e.g. patients developing ulcers is still a concern but measures are in place to prevent the occurrence.

Challenges

- High staff turnover
- Difficulty in recruiting Speciality nurses
- Shortage of Ward Clerks and General Orderlies
- Shortage of nurses
- Decreasing number of students impacting on service delivery
- High absenteeism - staff on pilir

Future Plans

- To increase the number of staff sent to do critical care. This will start in September
- Expecting to have post basic students to be allocated to Grey's as a Clinical Facility for Orthopaedics, Theatre, Paediatrics. Meetings have been held with King Edward Campus
- Reduction of absenteeism
- To strengthen the measures of dealing with poor nursing care.
- To develop and equip all registered nurses to run their wards efficiently

Conclusion

There are still a lot of improvements/ changes that needs to be implemented to ensure quality care to our patients.

1. HUMAN RESOURCES

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

- Assistant Manager: Systems Management
- Mortuary Support Officer
- Mortuary Assistant
- Reprographic Operator
- Food Service Orderly x1
- Food Service Aid x3
- Linen Orderly x1

1.2 Training and development of staff

Department	Course attended	No of staff trained
	Customer Care training	
	Quality Improvement Training	
Systems Management	•Leadership for Women in Management	01
	•Mentoring for growth	01
Security	Quality Improvement Training	
Security	Health & Safety	
Main Registry	•Records Management course	02
Linen Room	•Computer Literacy	03
Linen Room	•Health & Safety	01
	•First Aid	
Linen Room	•Fire Marshall	06
	•Hyster operating	
Transport	Customer Care Training	
Food Services	•ND: Catering Management	01
	•Office Practice	01
	•In-service training on Feed Tube, Labelling and statistics	01

1.3 Staff on Temporary/ Long Term Incapacity Leave

Department	Temporary Incapacity Leave	Long Term Incapacity Leave
Food services	03	01
Security	02	01
Linen Room	03	01
Telecommunications	01	
Main Registry	01	

1.4 FLEET MANAGEMENT

- One new vehicle was received :KZN 210509 Toyota Hi- Lux
- The following six vehicles are due for BOS: KZN 27900 Toyota Condor, KZN 27899 Toyota Condor, KZN 27459 Mazda 323, KZN 27461 Mazda 323, KZN 27948 Corsa Lite, KZN 27567 Ford Ikon.

2. CATERING SERVICES

2.1 The following equipment was procured and delivered

- Vegetable cutting machine
- Refurbishment of ward serving trolleys (x10)
- Liquidiser x1

2.2 Challenges:

- Delays in the repairs to food hoist
- Delays in the installation of CCTV cameras
- Absence of change room facility for staff
- Conveyor Belt needs replacement
- Procurement of basic equipment as per the Procurement Plan

2.3 Achievements

- Painting of the department
- Upgrading of lighting
- Security Officer allocated for day shift
- Improved system on the cleaning of windows
- Repairs to over - freezing walk in freezers

3. 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, dressing towels, wrappers OT, Pyjamas for patients etc)
- Basic equipment for the department was procured :
(Vacuum cleaner, fridge domestic, hydro-boil installation, industrial sewing machine, book case and filing cabinet, double bucket cleaning system, industrial flat roll ironer)

3.1 Challenges

- The washing machines are very old and thus get repaired on several occasions.
- The breakdown of Cato Manor Laundry created 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
- Outstanding basic equipment still to be procured as per Procurement Plan.

4. SECURITY SERVICES

4.1 Achievements

- Revamping of the Security Office has been started. The department was painted and the vinyl flooring was replaced.
- Improvement on the parking system and it is progressing
- Additional parking for the disabled was provided

4.2 Challenges

- Delay in the filling of the post for Chief Security Officer
- The process for the installation of CCTV Cameras in high risk areas 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)
- Unavailability of uniform from CPS on yearly basis creates a problem
- The lay out of the hospital is complex and thus requires additional security (Private) to be appointed for manning the hospital corridors and Wards.
- Installation of blinds for the Security department included on the Procurement Plan

5. MEDICAL LIBRARY

5.1 Challenges

- Delays in the finalisation of SCM process on the procurement of books.
- Finalization of the Provincial Tender process for the supply of electronic journals had to be cancelled due to omissions by the prospective Service Provider.
- The hospital link to UpToDate is down and in the process of being addressed.
- Sabinet: there is still a conflict between the user ID and password for SA ePublications and the Gazzettes. Sabinet is still addressing.
- Amlib: the system is currently very slow, SITA is looking at alternatives to improve the system.

6. MAIN REGISTRY

6.1 Achievements / Equipment received

- Replacement of photo copying machine

7. TELECOMMUNICATIONS

7.1 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.

7.2 Challenges:

- Escalating costs for telephone usage due to the increased number of telephone extensions required to cater for the expansion of services.
- PABX equipment needs to be upgraded, contract with service provider expired some time ago and is currently on a month to month basis. A request was sent to IT Department for upgrading of the system, awaiting finalization of the Tendering process.

8. IT EQUIPMENT

The following equipment was received:

- Computers x15
- Laptops x6
- Ipad x2
- Data Projectors x2
- Printers x5
- 143 network points at a cost of R2.1m were installed

9. CMCS

9.1 Achievements

- A total of 60 double bucket mopping system were procured and delivered.
- The Bid documents for 20 vacuum cleaners still to be finalised.

10. MORTUARY

10.1 Equipment procured:

- Photocopying machine

10.2 Planned projects

- Painting of the department and installation of burglar gate
- Procurement of fridge for the office

11. WASTE MANAGEMENT

11.1 Achievements

- Training of staff (nursing / non nursing) on HCRW.
- Currently conducting physical checks in Wards
- Removed masks that were stacked in Oncology
- Removed glass bottle feeds from CSSD
- Installation of signage in HCRW central storage area (clinical)

11.2 Challenges

- Shortage of dedicated hysters for waste collection result in provision of inefficient service
- No designated staff for waste collection
- Delays in the renovation of General Waste area due to lack of funds.

FINANCE DEPARTMENT ANNUAL REPORT 2013/2014

HOSPITAL STATISTICS 2013/2014 FINANCIAL YEAR

POPULATION (TERTIARY)	3 500 000
BED OCCUPANCY RATE (BOR)	78%
AVERAGE LENGTH OF STAY	11 DAYS
PATIENT DAY EQUIVALENT (PDE)	189 501
BUDGET	R857 912 000
EXPENDITURE	R878 669 457
RECOVERED INTER HOSPITAL DEBITS	R7 838 119
BAS PAYMENTS	R230 080 651
REVENUE COLLECTIONS	R13 710 349.49
WRITE OFFS	R4 389 544
DEBT SUSPENSE	R4 620 094
COST PER PATIENT PER DAY	R5 008.02

OUTSTANDING ACCRUALS	R 6 124 648.43
OUTSTANDING COMMITMENTS	R11 723 358.17
CARRY OVER 2013/2014 FINANCIAL YEAR	R17 848 006.60

A total allocation of R868 330 000 is allocated for the financial year 2014/2015.

HIV/AIDS and Maintenance budget not been received as yet

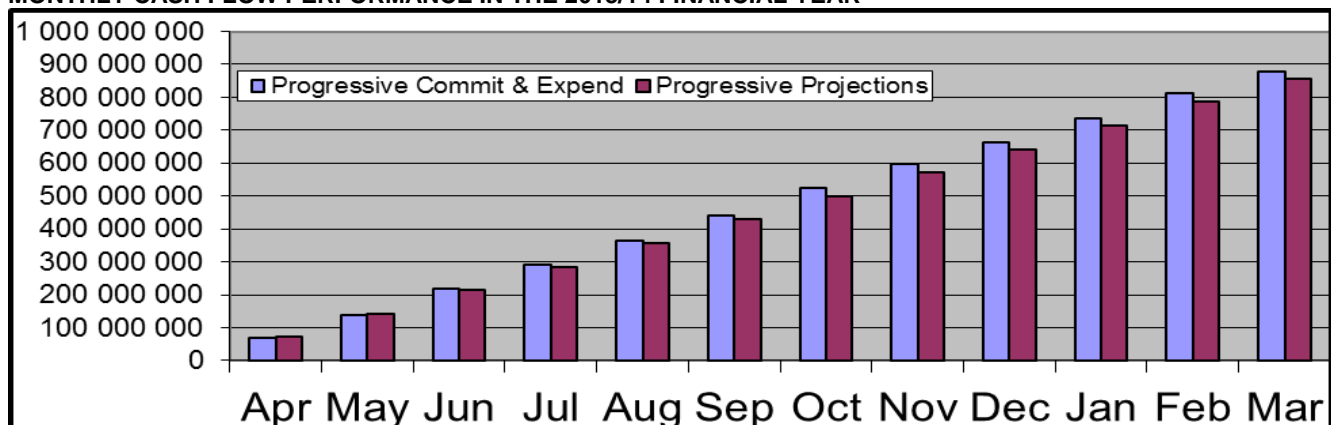
The allocation is summarized as follows in terms of funding:

VOTED	R344 581 000
NTSG	R523 749 000
TOTAL BUDGET	R868 330 000

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

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE	%OVER/ UNDER
PERSONNEL	R588 678 000	R609 827 177	-R21 149 177	4%
GOODS & SERVICES	R230 959 000	R231 313 426	-R354 426	0.15%
ARV DRUGS	R971 000	R423 407	R547 593	56%
MAINTENANCE	R10 200 000	R10 862 194	-R662 194	6%
CAPITAL	R26 183 000	R27 886 024	-R1 703 024	7%
HOUSEHOLDS	R921 000	R1 093 898	-R172 899	19%
TOTAL	R857 912 000	R881 406 126	-R23 494 126	3%

MONTHLY CASH FLOW PERFORMANCE IN THE 2013/14 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2009/2010 TO 2013/2014

BUDGET VERSUS EXPENDITURE

	2009/10	2010/11	2011/12	2012/13	2013/14
BUDGET	R444, 188,000	R583, 992,000	R739 227 000	R784 306 000	R857 912 000
EXPEND	R509, 439,048	R573, 197,954	R711 460 746	R779 871 387	R881 406 126
OVER/UNDER EXP	R65, 251,048	R11, 039,309	R21 991 978	R4 434 613	-R23 494 126
% OVER/UNDER	14.69%	1.89%	2.99%	0.57%	3%

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
2013/14 BUDGET EXPEND U/SPENT % UNDER	R857 912 000 R881 406 126 -R23 494 126 3%	34 093	30 141	R5 008.02	R12 118 375	R4 389 544

LABOUR RELATIONS

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

	TOTAL	FINALISED	O/STANDING
MISCONDUCT: FORMAL	12	6	6
INFORMAL	38	35	3
GRIEVANCES	19	14	5
ABSCONDMENTS	10	10	0
GRAND TOTALS	79	65	14

There have been 7 Disputes consisting of 4 Conciliations and 3 Arbitrations which have been dealt with by this office.

The biggest challenge faced by this office this past year has been defending our matters at Arbitration level. Head Office took a decision to hand over this task only to Grey's and Edendale Hospitals. It has been daunting to say the least as the employees have the privilege of utilizing the services of Advocates employed by their Unions in front of the Commissioners at the Arbitrations. It must be noted that this Institution does not have legally qualified staff in the Labour Relations component.

There were 10 Abscondment cases reported this past year. It is encouraging to note that these have dramatically reduced which can only be ascribed to the fact that there is a zero tolerance stance taken towards this type of behaviour. The message is out, due to this office carrying out Workshops in the Departments/Wards that their services will be terminated, on persal, when the due processes are followed, which has serious ramifications for the employee concerned. The onus is then on them to prove to Head Office afterwards that it is worth retaining their services should they wish to be re-employed by the Institution. Their chance of success of this process has proved to be very minimal.

Workshops on the Discipline, Grievance and Abscondment procedures continue to be carried out in all the Departments that respond to the circular sent out at the beginning of the year affording them this facility. It is the Departments that respond who benefit from this exercise as they, the Supervisors and Managers, are then equipped to be able to handle their cases with fairness, and timeously. They are also then made aware of which types 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 as soon as possible. This is 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 to the Department by unauthorized absence is getting out there.

Whilst this has diminished the grievances somewhat, there are still instances where employees regard their application for TIL approval as their right. When the Health Risk Manager: Thandile does not advise their application, for whatever legitimate reason and monies have to be recovered, they lodge a grievance.

The scarcity of the availability of Investigating and Presiding Officers continues to pose a severe challenge due to their normal work load and commitment. There are a dedicated few who are willing, and in a position, to carry out this function and this contributes to keeping any backlog to a manageable minimum. The dedication of these Officers is sincerely appreciated by Grey's Hospital.

In reciprocation the Human Resources Manager: Mr Hlongwa and the Assistant Manager: Mrs Robertson continue 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

**Yes. Doing
your job
is part
of your
job.**

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 DEVELOPMENT AND PLANNING

1. EPMDS

ACHIEVED

Captured the received documents on Persal and on the database

Assistants checked the received documents and signed

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

Implemented the Grade Progressions for qualifying staff

Intermediate Review committee (IRC) checked and signed the documents

Processed the documents for SMS staff, submitted to District for Moderating Committee,



CHALLENGES

The Supervisors fail to meet the deadlines and need to be reminded about the outstanding documents

Supervisors do not attach the motivations for the score that is above average.

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

2. ESTABLISHMENT

ACHIEVED

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



CHALLENGE

Most of the posts were abolished

3. WORKPLACE SKILLS PLANS (WSP) AND BUSINESS PLAN

ACHIEVED

Managed to submit the WSP on the agreed date that was the 13th of December 2013



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 & NTSG



CHALLENGE

Most of the applications were disapproved therefore the budget was not exhausted (NTSG)

Late submission of applications for Courses.

Applicants do not submit Annexure B (Report Back Form)

5. AET

ACHIEVED

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



Stationery is not received in time from procurement.

6. EXPERIENTIAL TRAINING

ACHIEVED

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



Office space.

8. INTERNSHIP PROGRAMME

ACHIEVED

3 Post Graduates were offered internship in Food Services and Revenue Department



The recruitment is done at District Level

HUMAN RESOURCE PRACTICES

ACHIEVEMENTS

In 2013 this Office together with Organizational Efficiency services from Head Office was commissioned by the Head Of Department to attend to the restructuring of the Greys Organizational Structure as the the current structure was outdated and not aligned to that of a Tertiary Hospital and the expansion of services that have taken place over the years. Mr. G. Stoffels (Representing Greys Hospital) together with Mrs. Mary-ann Naidoo (Representing Organizational Services) worked tirelessly on this project engaging with all Department Heads regarding their needs. We happy to announce that the project is now in the close out phase and that a Organizational Structure that speaks to the current mandate of Greys Hospital as a Tertiary Institution has now been developed and will be forwarded up the line for Approval by the MEC.

One of the mandates of Human Resource Practices is to ensure that all posts are filled with a mix of professional and skilled Personal that would help the Department of Health in achieving its vision of Better Health for all South Africans. To this end Human Resource Practices was able to recruit the following Health Professionals in the 2013/2014 financial year.

Medical Personnel:63

Allied Health Personnel: 21

Nursing Personnel: 60

Human Resource practices were successful in recruiting an additional Human Resource Officer (Supervisor). This will strengthen the services offered by this Component.

Another core function of this Component is to ensure that the Pension benefits of Officials that are exiting the service due to retirement are paid timeously to them in order to avoid them suffering any financial hardship. To this end this Office processed 22 retirements in this financial year and all benefits were paid timeously to the employees.



CHALLENGE

The retention of scarce skilled personnel still remains a challenge. There is still a shortage of Nursing Personnel and allied Health Personnel. Due to this shortage it impacts on the overtime budget as Personnel have to be called in to cover the shortages.

High rate of absenteeism still remains a challenge.

The office space for Human Resource practices is not sufficient.

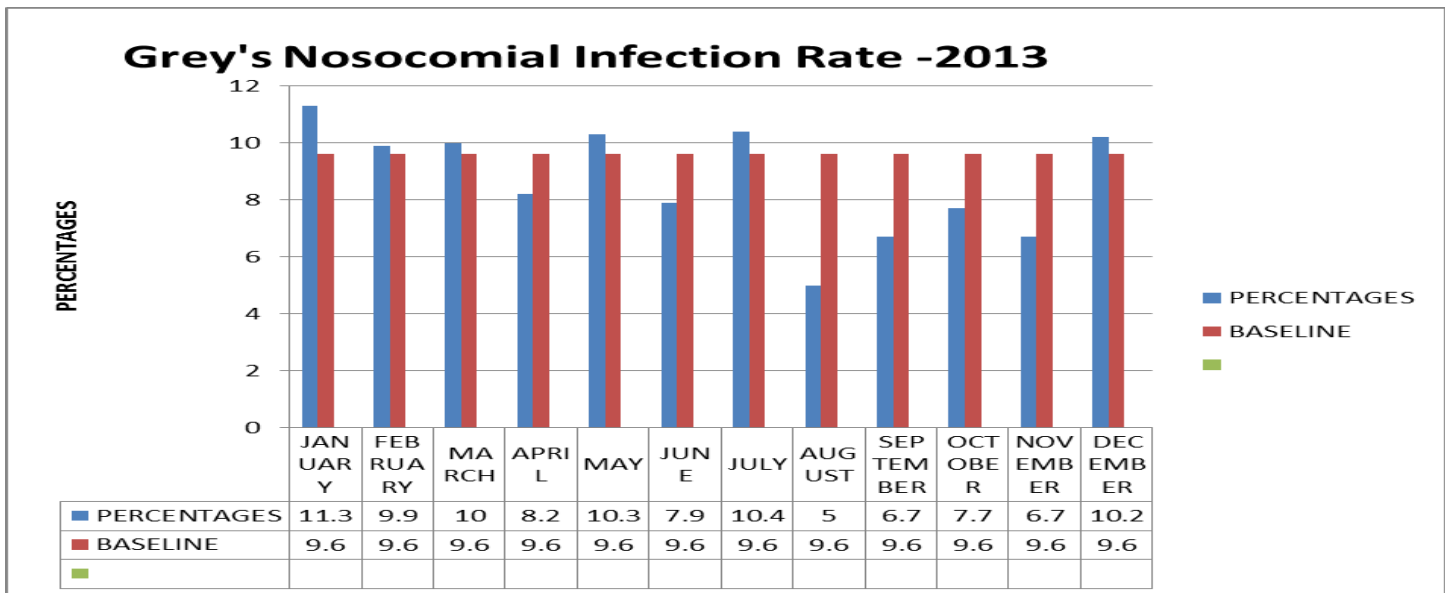
ABBREVIATIONS USED IN THIS REPORT

H.C.U.	HEALTH CARE USER
HCRW	HEALTH CARE RISK WASTE
CVC.	CENTRAL VENOUS CATHETER
H.C.P.	HEALTH CARE PROVIDER
PAN RESISTANT	RESISTANT TO ALL ABOS
TR	TOTAL RESISTANT TO FIRST 12 ABOS
MRSA	METHICILLIN RESISTANT STAPH AUREUS
ICU	Intensive Care Unit

1. STATISTICS

Hospital Baseline for 2013: 9.6%
New baseline for 2014: 8.6%

- Baseline calculated from all the Hospital Nosocomial Incident rates from January to December then divided by 12 to give the new percentage for 2014.
- 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. 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.

INFECTION CONTROL DAY WAS HELD ON THE 16 OCTOBER 2013 TO CELEBRATE GLOBAL HAND WASHING DAY.

The Theme of the Day was BEAT DA BUGZ



A GROUP OF 4 SCHOOLS WERE INVITED TO ATTEND THIS DAY WITH US HOWEVER ONLY ONE SCHOOL RESPONDED

3. AUDIT:

Environmental audits were done monthly during the year.
Institutional Annual Audit was done in October 2013. The results were positively satisfactory in the wards.

4. RODENT & PEST CONTROL:

During May/June 2013, the pest control was taken over by the IPC Department.

There have been no complaints about any sightings of cockroaches and rodents during 2013.
Wards and departments have been sending pest monitoring tools to the IPC department on the last Wednesday of the month for analysis. However staff was encouraged to submit forms for any sightings also during the month.

5. HEALTH CARE RISK WASTE:

Segregation of waste is still a challenge.

6. LINEN

During 2013 most wards have not been issued with towels. Have been using linen to dry patients.

7. EPI / COMMUNICABLE DISEASES:

Faxed reports sent to the CDC at District every Thursday. An electronic copy sent every Monday morning to compare with the weekly report.

ACHIEVEMENTS

- Infection Control Department obtained 100% in an unannounced visit conducted by the Office of Standard Compliance conducted in June 2013.
- Stainless Steel Passage Bins throughout the Hospital placed at strategic places.
- Baby changing stations erected in selected patient bathrooms.

CHALLENGES

- Pedal bins not strong enough. Lids and the pedals seem to always break and cannot be fixed. The bins tend to dent easily. Therefore when you visit the wards you will find bins without lids. For infection control this is not acceptable because the waste is exposed.
- Shortages of cleaning materials resulting in a negative effect on the cleanliness of the wards.
- Intermittent shortages of Paper towels throughout the year.
- Staff unsure on the cleaning of the blood spill. This however proves that the staff are not reading their IPC Policies.
- Kleenex Towel Holders old and rusted in some departments.
- The completion of the Central Venous Catheters (CVP) forms is still a challenge. Some doctors and nursing staff are failing to fill in the forms for the insertion. Currently we are having very high rates of CVP infections and it is difficult to track and trace where or who inserted the line and under what conditions was it inserted.
- Departments with an infection rate above their baseline are not all submitting their action plans to the IPC Department timeously.
- Theatre Staff including the doctors walking in the passages with Protective clothing on e.g. :
 1. Disposable theatre boots are worn in the passages by both doctors and nursing staff.
 2. Doctors have masks hanging from their chins.
 3. Some doctors wear the disposable theatre gowns when going to the wards from theatre.

ACTION PLANS

<u>PROBLEM</u>	<u>ACTION</u>	<u>RESPONSIBILITY</u>
1. Poor quality pedal bins	Research to be done for stronger pedal bins.	Mrs. Green / Head Office
2. Shortages of cleaning materials	Mrs. Green to inform the stores department	Stores / CPS
3. Rusted Kleenex holders	To procure new holders	IPC
4. Waste Segregation	In-service	IPC / OM
5. CVP Forms	Inform relevant staff	IPC
6. Action plans	Remind wards	IPC / OM
7. Laundry Department	Supervisor to follow up on maintenance	Laundry Manager
8. In-correct use of PPE's	Staff education	IPC / OT Manager

NURSING CAMPUS ANNUAL REPORT 2013/2014

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 Kwa-zulu Natal.

This Campus takes great pride in the strong tradition of educational excellence and 2013 has been another challenging year in our pursuit to achieve such excellence.

Student Intakes for 2013-2014

Month	Year Programme	No. of learners commenced training
JUNE	2013	R68339
July	2013	R42550
January	2014	R42532

Graduation

The combined Graduation was held on 11th and 12th September 2013 at the Olympia Hall- Royal Agricultural Show Grounds Pietermaritzburg.

11th September 2013

75 Graduates from Grey's Campus in the R425 Programme

- Mr. Goge Lindokuhle, Mabida Mduduzi, VAN Whye Renay, Zwane Mirriam graduated CUM LAUDE
- 50 Graduates achieved distinctions in Psychiatric Nursing Science
- Graduates achieved distinctions in Midwifery Nursing Science
- 12 Graduates achieved distinctions in Community Nursing Science

12th September 2013

- 33 Graduates from the R683 Programme;
- Graduates passed with Honors
- 78 Graduates from the R2175 Programme;
- 27 Graduates passed with Honors
- 14 Graduates from the R254 Programme:

Achievements

Grey's Campus Learners again in 2013 achieved the following accolades at the Kwa-zulu Natal College of Nursing Graduation ceremony in the following programs:

1. R425- Diploma in Nursing(General, Psychiatric and Community) and Midwifery
Mirriam Khethukuthula Zwane - Top Achiever in the KZN Province
2. R2175-Course Leading to Enrolment as a Nurse
Miss Gladys Thandiwe Myeza - 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 1 November 2013

2012 LIGHT OF LEARNING TROPHY

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

MERIT AWARD

For the Student Nurse of the Year 2012-2013
Amresan Govender

MATRON'S PRIZE For Leadership

Clifford Mjoli

SENIOR MEDICAL STAFF PRIZE

For the highest aggregate in Clinical Assessments throughout training
Loganathan Chetty

Dr WILLIAM J O'BRIEN PRIZE

For the highest aggregate in Theory Examinations throughout training
Mirrian Khathukuthula Zwane

GROUP 1/86 TROPHY

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

DAVID CANNING MEMORIAL TROPHY

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

G11/2009 TROPHY

Awarded to the student who receives the highest mark in the Midwifery Diploma in both theory and clinical
Sebenzile Victoria Ndlovu
Patricia Phumzile Nomathamsanqa Ntoyi

DR. RUBEN NAIDU TROPHY

Awarded to the Student who receives the highest marks in Ethos and Professional Practice and Unit Management
Miriam Khethukuthula Zwane

MAVIS NASH TROPHY

For devotion to duty
Amresan Govender

BLAIR-TURTON TROPHY

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

GROUP 4/75 AWARD

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

GROUP 1/88 FELLOWSHIP AWARD

For the Bridging Course Student of the Year 2012-2013
Mfundo Boyce Hadebe

ENROLLED NURSE AWARD

ROBERT WEBB MEMORIAL TROPHY

For the Enrolled Nurse of the Year 2012-2013
Senzo Charles Sokhela

HENRIETTA STOCKDALE FLOATING TROPHY

For the Senior Student Nurse who presents the best professional image for the year 2012-2013
Hewit Pillay

Dr R.E. STEVENSON AWARD

For perseverance and achievement
Mbuyiselwa Johnson Shandu

ACADEMIC AWARDS

TOP ACHIEVER: for the student with the Highest mark in the Kwazulu Natal College of Nursing R425 – Diploma in General Nursing (General, Psychiatric and Community) and Midwifery:

Miriam Khethukuthula Zwane

R2175- Course Leading to Enrolment as a nurse

Gladys Thandiwe Myeza

TOP ACHIEVER: for the student who achieved the highest aggregate in theory examination during:

FIRST YEAR:

Cynthia Lindiwe Dlamini

SECOND YEAR

Nahshonn Rashkumar

THIRD YEAR

Thembelihle Hlongwane

SPECIAL AWARD

For the student who had 100% attendance throughout training
Mbuyiselwa Johnson Shandu

Community Service Placements

The following learners who successfully completed training commenced Community Service:

July 2013/44 Community Nurse Practitioners

January 2014/33 Community Nurse Practitioners

They were placed at various institutions throughout the Kwa-zulu 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, Greys Campus will take the last R425 Program in January 2015, the last R254 in January 2015 and the last R683 program in June 2015. 24 members of staff at Grey's Campus are doing their Master's Degree in preparation for the changes and 3 will be graduating this year. If everything goes according to the plan proposed by management of Kwa-zulu Natal College of nursing, Greys Campus will be taking the first group to do Bachelor's Degree in Nursing in January 2016.

Student Activities

G7/2012 held an exciting and enlightening Cultural Day in August 2013 and Group 1/2013 in March 2014

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!

Review of activities for Department of Internal Medicine, Greys and Edendale Hospitals, PMB

A. Programme:

- No undergraduate teaching in 2013, but extensive planning for 2014: PMB will do the full 5th year undergraduate teaching in Internal Medicine
- Postgraduate teaching: 20 registrars specializing in Internal Medicine and subspecialty training in Neurology, Cardiology, Nephrology and Clinical Haematology
- MMed programme: the majority of our registrars have started substantial work on their research projects [14/20] One has submitted for publication and is awaiting acceptance.
- Outreach to Madadeni: Cardiology, Renal and Neurology. New CT Scan machine, new ECHO service and start of the Peritoneal dialysis programme

B. Events

- FCP exams in PMB: Dr Dawood, Dr KT Naidoo have arranged this, with support from the rest new firm system at Edendale Hospital
- Cardiology: Feb 2014: First Electrophysiological study and ablation in PMB ever
- Feb 2014: Accreditation for training Clinical Cardiology Technologists granted from HPCSA

C. Academic passes

- Dr Madani passed FCP Part 2
- Drs Thusi, Nyombolo, Nonkala passed part 1
- Dr Gafoor, Mia passed Cardiology exams
- Dr Abusidira Passed Neurology exams
- Dr A Moodley: PhD completed in Oct 2013
- Dr Y Ramkillawan Case report in International Journal of ID
- Dr N Ahmed: passed his exams for independent practice

D. New staff

- Dr Padayachee ID MO
- Dr D Govender Cardiology Medical officer
- Dr N Rampersad: Renal Medical Officer
- Dr Chinasamy Renal subspecialist trainee
- Pulmonology MO: Dr Hernandez
- Dr N Naidoo: new Neurology consultant
- Dr A Chateau Head of Dermatology
- Dr Bizaare: Clinical Haematology trainee
- Dr J Ramnath promoted to Head of A&E at Greys
- [Dr A Ramkillawan: Intensive Care training and Dr N Buthelezi: GIT Training]

E. New Equipment

- Cath Lab
- ultrasound machine

F. Plans for 2014

- 5th year medical undergraduate teaching in Internal Medicine
- Infectious Diseases training [Dr Dawood and Dr J Mogambery]
- HPCSA inspection of the registrar programme
- loss of 2 medical registrar posts [Edendale lost 1 post and Greys lost one post through consolidation of GIT and Endocrine]

The Department of Clinical Psychology continues to strive for excellence in providing cost-effective and quality patient care. Staff shortages and lack of space remain relentless challenges which significantly affect our ability to provide optimal tertiary patient services.

In addition to providing general psychological services to patients at Grey's Hospital, the Department of Clinical Psychology has also created and maintained some areas of specialization with regard to chronic pain, laryngectomy, oncology, paediatric endocrine, paediatric oncology, sarcoma patients and 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 involved in MDT meetings for intersex, sarcoma, paediatric, laryngectomy, tracheostomy and renal patients.

Our department 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. In addition, Clinical Psychology plays an integral role in the Renal Outreach to Madadeni Hospital.

The Department of Clinical Psychology also aims to make a meaningful contribution to improving patient care at Grey's Hospital with our involvement in research. The department is a member of the Grey's Hospital Pain Research Committee (GPRC). One MMed study (co-supervised by Clinical Psychology) has been successfully completed under the auspices of this group. Two additional MMed studies commenced with the GPRC is currently co-supervised by Clinical Psychology. The purpose of these studies is to 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 held in POPD, and Orthopaedics with specific reference to osteosarcoma patients. Research findings from the GPRC and the paediatric endocrine research collaborations have been presented at international conferences and/or published.

The Department of Clinical Psychology 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 Pain Clinic, 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 (Otilia Brown) three clinical psychologists (Paula van Rooyen, David Blackbeard and Thembi Kheswa) and a community service clinical psychologist (Mary Rogers). Ms Rogers commenced her community service at Grey's Hospital in January 2014.

We would like to thank the staff at Grey's Hospital for their continued support. We remain motivated and committed to maintaining service excellence and upholding standards of care.

ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT DEPARTMENT ANNUAL REPORT 2013/2014

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.

Every member of the department has worked hard and 2013 can be summarized as a highly successful year. Some individuals deserve special mention and they are highlighted in bold in the following report.

The highlight of 2013 was the successful filling of a number of Head Clinical Unit posts in key areas of the metropole. **Dr David Bishop** and **Dr Rob Wise** were appointed at Edendale, to the HCU (Anaesthesia) and the HCU (ICU) respectively. **Dr Reitze Rodseth** was appointed to the HCU (Anaesthesia) at Grey's Hospital. Coupled with the earlier appointment of **Dr Dela Maiwald** as Clinical Manager for Anaesthesia at Northdale Hospital this brings appropriate leadership and management structure to the anaesthetic services at each hospital in the metropole.

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 2013. 4 of our registrars (**Dr D Potgeiter**, **Dr G Horsten**, **Dr H Buley** and **Dr I al Turki**) completed the Primary examination for the Anaesthesia fellowship.

Dr G Horsten received The Janssen Research foundation medal (The overall medal for the examination), The Abbot Medal (Excellent results in the Pharmacology section of the examination) and the Glaxo Smith Kline Medal. (Excellence in the Physiology section) for his performance in this examination.

Dr Colin Mitchell passed his Part 2 Examination.

Dr Chantal Rajah deserves a special mention for her contribution to the Intern Training program. She has been joined in this endeavor by **Dr Mariette Grobbelaar** and **Dr Landy Taylor** and the program is moving from strength to strength.

SUBCOMPONENTS:

Registrar program:

The department has ten registrar posts but once again funding issues have reduced the pool of available registrars. For 2014 the department will only have seven registrars.

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:

Although the HCU outreach post remains abolished, funding was secured from **AURUM** via African Health Placements to appoint a coordinating secretary. **Ms. Zama Mlotshwa** was appointed to this post in August 2013, and this appointment has already yielded results in terms of a higher frequency of successful outreach visits by the Medical Officers thanks to more effective planning.

Inreach:

Slots and a training program for Community Service Doctors have been established at both Grey's and Edendale hospitals. In 2013 this was once again undersubscribed due to the difficulty in freeing district hospital doctors for inreach training. Another successful **Midlands Perioperative Refresher Course** was held in October. For 2014 due to changing in the Human Resources Development (HRD) structures and funding in KZN health this refresher course has been taken over in its entirety by Natalia HRD. We are hopeful of a successful course and then the regular "export" of this course to training sites around KZN.

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 Anaesthesia 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:

There have been significant developments in the Critical Care division during 2013 and 2014. The Critical Care division manages the Intensive Care Unit at Grey's Hospital and the 2R ICU at Edendale Hospital, and provides supportive care to the sickest

patients in the hospital. There are always more patients requiring beds than can be accommodated, and thus both units work under considerable pressure.

At Grey's Hospital the long-awaited construction of the enlarged 21-bed facility has finally been completed, and the facility was handed over to the Hospital in mid-March 2014. The ICU has moved "lock stock and barrel" from the old cramped 6-bed unit adjacent to the Theatres into the new large unit on 18 March 2014. The Operational Manager of the Unit, **Sister Jenny Stewart**, did an immense amount of work during the construction process, meeting frequently with engineers and builders to ensure appropriate building quality, and ordering a whole range of new equipment to properly equip the new facility, and oversaw the moving process. At the time of writing of this report, the functional capacity of the Unit is still 6 beds, but as new beds, equipment and nursing staff become available a progressive expansion of bed capacity is planned. **Dr Carolyn Lee** is the Clinical Head of the Unit and will oversee this expansion and maintain the high clinical standards of the Unit.

At Edendale Hospital, **Dr Robert Wise** was appointed Head Clinical Unit of the 2R Intensive Care Unit in September 2013, and has made great advances in improving the quality of clinical care, teaching and administration in the Unit. The contribution of the Lead Medical Officers for 2013, **Dr James Urry** (January to June) and **Dr Marcelle Jagga** (July to December) in the day-to-day management of the Unit is gratefully acknowledged. **Dr Rob Barnes** is the Lead Medical Officer for January to June 2014.

Dr Arisha Ramkillawan has been working in the Department since January 2013 as a Subspecialist Trainee in Critical Care, and was joined in July by **Dr Colin Mitchell**. **Dr Rishan Deonarain** finished his training time in February 2013, and continued for some months to assist with calls in the Metropolitan Critical Care system, but has now returned full-time to General Surgery. **Dr Nikki Allorto**, while based in the Department of Surgery, also continued her Subspecialist Training in Critical Care during 2013; while she has now returned to managing the Burns Unit at Edendale Hospital, she continues to do calls in the Metropolitan Critical Care system, and has made a vast contribution by authoring the database software that is used to track critically ill patients in the Metropolitan Critical Care system. **Dr Grant Laing** worked in the Critical Care system for 6 months while completing his subspecialization in Trauma Surgery, and as from 1 January 2014 has taken over Dr Allorto's role as a third Subspecialist Trainee in Critical Care. **Dr Wanda Bekker** also worked in the Department from October 2013 to March 2014 to complete the critical care component of her Trauma Surgery subspecialization. We thank them for all their hard work overseeing patient management in both ICUs over the last year.

Rotating short-term Medical Officers and Registrars from a variety of clinical departments continue to provide most of the "hands-on" medical care, but it is gratifying that the need for permanent Medical Officer posts in the Critical Care system has been recognized, with two Medical Officer posts for Critical Care having recently been approved at each of the hospitals; we hope that this number will progressively grow to allow further expansion of both Units.

Nursing staff are absolutely essential to the running of Critical Care services – without attentive caring nursing there is no Intensive Care! We are therefore very grateful for the ongoing dedicated service provided by our teams of nurses at both Units. **Sr Jenny Stewart** continues to lead the team at Grey's Hospital ICU. At Edendale Hospital we thank **Sr Mathebula** for her years of dedicated service as Operational Manager of 2R ICU, and wish **Sr Shireen Singh** well as she takes over this position from 1 May 2014.

The Units continue to place a high priority on education of nursing staff, junior medical staff and Subspecialist Trainees. The Units are expected to be involved in an increasing number of research projects over the coming year, including the multi-site 30DOS study that is being driven by **Dr Robert Wise**.

The aim of the Critical Care service for 2014 is to continue the established tradition of excellent clinical education and active patient care to ensure the best possible outcomes for the sickest patients in the health system.

Chronic pain clinic and the Acute Pain Service

The acute post-operative pain project as well as the chronic pain clinic continued to deliver a service of high quality. We presented a poster with the title of Chronic Pain Perception and Cultural Experience at an International Congress. We submitted a paper to a peer-reviewed journal which was accepted for publication. The title of the paper is Chronic Pain Perception and Cultural Experience. A research group with the Clinical Psychology team is being developed and we have high hopes for the future of this area.

Edendale Hospital

During 2013, Edendale Hospital underwent a number of changes which have significantly changed the landscape of both Anaesthesia and Critical Care. The first of these changes saw **Dr Usha Singh** resign at the end of February 2013, accepting a post at Addington Hospital in Durban as Head of Anaesthetics. Dr Singh was head of Edendale Anaesthetics from the beginning of 2012 and made significant contributions to the anaesthetic department during her time here, most notably in the area of theatre efficiency and throughput. She will continue to be involved with the Pietermaritzburg Complex through the Durban program and her continued involvement in the Diploma of Anaesthesia program.

One of the major steps forward which occurred in 2013 was the creation of a separate Head Clinical Unit for the Critical Care Department. In previous years the Critical Care Unit has been overseen by the Head of the Anaesthetic Department. The creation of this post which calls specifically for a subspecialist in Critical Care was the result of many years of work by **Drs Farina and von Rahden**, as well as Edendale Management. Critical Care is an extremely busy department and the recognition of the need for a separate head who will exclusively manage the critical care domain within the context of the Metropolitan Department is a major positive gain.

For the majority of the year, both the Anaesthetic and Critical Care units were without Head Clinical Units (HCU). In August 2013 **Dr David Bishop** was appointed as the HCU of the Anaesthetic Department, and in September 2013 **Dr Robert Wise** was appointed as the HCU of the Critical Care Department. It is hoped that with permanent appointees in these posts the department will be able to make significant strides forward. The newly established Critical Care academic program is testament to the creation and filling of this new post.

One of the other highlights of the year was finally getting the VIE (which supplies oxygen) at Edendale replaced with a much larger version. Having been plagued with multiple oxygen failures over the years at Edendale this is a notable move forward with respect to safety at Edendale Hospital. Subsequent to this there has not been a single incident related to global oxygen failure. Major equipment in the form of anaesthetic machines, a second ultrasound machine, a blood gas analyser and airway equipment also arrived in 2013 which was due in large part to work done by **Dr Rene Groenewald**. Issues with supply of sundries continued to plague the department due to issues which relate to DOH functioning.

Renovations in theatre led to the creation of an induction and procedure room in the West Wing, with equipment being moved to a newly built room in the preoperative area. The induction room now houses the technical equipment such as the blood gas analyser, the ultrasound machines and the thromboelastogram. This development will allow the streamlining of procedures such as nerve blocks, a secure facility for technical equipment and an educational area for training. Much of this was due to the work put in by **Dr Groenewald** and subsequently by **Dr Plank** in overseeing the equipment in that room. With improvements in staffing and equipment, it is hoped that we will continue to be able to meet the service need whilst growing the educational and training aspects of Edendale Anaesthetics and Critical Care in 2014.

Northdale hospital

The key to a successful service delivery within a district hospital is to facilitate those services as outlined in the package of care and to refer the more complex cases on to the appropriate institution. A district hospital thus has a very important triaging function. The needs of the community also need to be analyzed to be able to identify areas where service delivery expansion is needed. All this needs to be supported on all levels of higher management.

In the past year, Northdale Hospital's Anaesthesia service has stabilized within its place in the hospital organogram resulting in an increase of emergency work done here in the surgical and orthopaedic disciplines. It has become clear from data analysis that more elective orthopaedic theatre time is needed and more after-hours emergency theatre time is needed for general surgery, to satisfy the community needs.

For the dental services we have implemented a system of screening that is functioning well to ensure that extractions under general anaesthetic are done and this system has resulted in no "on the day of surgery" cancellations. It is also run on the day case principles that have resulted in reduction of length of stay in hospital and resultant savings to the hospital.

Ophthalmology has managed to clear its long waiting list.

The expansion of service is curtailed by the current organogram approved by district office. It is under review as its implementation will have major impact on service delivery that will put extra strain on regional and tertiary services. We are awaiting a possible amendment in the status of the hospital.

DEGREES AWARDED IN 2013

- MMed **Dr R Wise**: Opinions of patients at a local teaching hospital in KZN on physician-industry relations.
- M.Med **Dr Leigh Solomon**: Intraoperative cell salvage in South Africa: Feasible, beneficial and economical.
- MSc**Dr R Rodseth**: Intraoperative hemodynamic predictors of early postoperative troponin elevation and death.
- PhDDr **R Rodseth**: B-type natriuretic peptide in perioperative risk stratification.

Prizes and awards

- **Dr Leigh Solomon**: Best poster at the South African Society of Anaesthesiologists Congress, Port Elizabeth, March 2013.
- **Dr R Rodseth**: Best oral presentation, College of Health Sciences Research Symposium, UKZN.
- **Dr Rob Wise** Mary Weston Fund, College of Health Sciences, UKZN.

Presentations

1. D Bishop

- Autonomic dysfunction in the burn patient. 15th Congress of the South African Burn Society. Durban, South Africa. Sept 2013.
- Too sick for anaesthesia? South African Society of Anaesthesiologist Perioperative Refresher Course. Pietermaritzburg, South Africa. Jul 2013.

2. R Rodseth

- Myocardial injury after noncardiac surgery and the MANAGE trial. South African Society of Anaesthesiologist Perioperative Refresher Course. Pietermaritzburg, South Africa. Jul 2013.
- Bad paediatric research. Paediatric Anaesthetic Congress of South Africa, Durban, South Africa. Nov 2013.
- How to write a research protocol. Paediatric Anaesthetic Congress of South Africa, Durban, South Africa. Nov 2013.
- Dedicate burns ICUs in South Africa: Con. 15th Congress of the South African Burn Society. Durban, South Africa. Sept 2013.

3. R Wise

- Doctors and the Medical Industry. 5th All Africa Anaesthesia Congress, Cairo, Egypt, April 2013
- Colloids vs Crystalloids. South African Society of Anaesthesiologist Perioperative Refresher Course. Pietermaritzburg, South Africa. Jul 2013.
- Fluids: Past, present and the future. 5th All Africa Anaesthesia Congress, Cairo, Egypt, April 2013
- Stepping from the lab to the bedside: The Glycocalyx. 5th All Africa Anaesthesia Congress, Cairo, Egypt, April 2013
- Data collection in Africa. 5th All Africa Anaesthesia Congress, Cairo, Egypt, April 2013
- Predicting Acute Kidney Injury in ICU. 11th World Federation of Societies of Intensive and Critical Care Medicine Congress, Durban, South Africa, August 2013

4. Z Farina

- Findings of the NCCEMD in the Last Two Triennia. South African Society Of Anaesthesiologists Congress, Port Elizabeth, South Africa. March 2013.
- The paediatric difficult airway – the use of a guidewire. Paediatric Anaesthetic Congress of South Africa, Durban, South Africa. Nov 2013.

PUBLICATIONS IN 2013

Totals:

Papers in peer reviewed journals:	12
Letters to the editor:	1
Abstracts and posters:	6
National Guidelines	2

PAPERS IN PEER REVIEWED JOURNALS (12)

1. But it's just a spinal': Combating increasing rates of maternal death related to spinal anaesthesia. **Farina Z**, Rout S. South Afr J Anaesth Analg. 2013; 103(2):81-82.
2. An unusual case of ST elevation. **Gordon K, Wise R**, South Afr J Anaesth Analg 2013; 19(5):270-273.
3. Chronic pain perception and cultural experience. **Pillay T, van Zyl HA**, Blackbeard D. Procedia Social and Behavioral Sciences. 2013
4. Reducing Mortality in Acute Kidney Injury Patients: Systematic Review and International Web Based Survey. Landoni G, Székely A, Comis M, **Rodseth RN**, et al. Journal of Cardiothoracic and Vascular Anaesthesia. 2013; 27(6):1384-98.
5. Relationship between intraoperative mean arterial pressure and clinical outcomes after noncardiac surgery: towards an empirical definition of hypotension. Walsh M, Devereaux PJ, Garg AX, Kurtz A, Turan A, **Rodseth RN**, Cywinski J, Thabane K, Sessler DI. Anesthesiology. 2013; 119(3):507-15
6. Postoperative B-type natriuretic peptide for prediction of major cardiac events in patients undergoing noncardiac surgery – systematic review and individual patient meta-analysis. **Rodseth RN**, Biccard BM, Chu R, Buse GA, Thabane L, Bakhai A, Bolliger D, Cagini L, Cahill TJ, Cardinale D, Chong CP, Cnotliwy M, Di Somma S, Fahrner R, Lim WK, Mahla E, Manach YL, Manikandan R, Pyun WB, Rajagopalan S, Radović M, Schutt RC, Sessler DI, Suttie S, Vanniyasingam T, Waliszek M, Devereaux PJ. Anesthesiology. 2013; 119(2):270-83.
7. What evidence is there for intra-operative predictors of perioperative cardiac outcomes? A systematic review. Biccard BM, **Rodseth RN**. Perioperative Medicine. 2012; 2(1):14.

8. Intraoperative cell salvage in South Africa: Feasible, beneficial and economical. **Solomon L, von Rahden RP**, Allorto N. South Afr Med J 2013;103(10):754-757.
9. Maternal and fetal outcomes of HIV-infected and non-infected pregnant women admitted to two intensive care units in Pietermaritzburg, South Africa. Ngene NC, Moodley J, **von Rahden RP**, Paruk F, Onyia CO, van der Linde S. South Afr Med J 2013; 103(8):543-548.
10. Paramedic rapid sequence induction (RSI) in a South African emergency medical service: A retrospective observational study. Gunning M, Perkins Z, Crilly J, **von Rahden RP**. South Afr Med J 2013; 103(9):632-637.
11. The opinion of patients at a local South Africa teaching hospital on physician – industry relations. **Wise R, Rodseth RN**. South Afr J Anaesth Analg. 2013; 19(3):160-163
12. Varying models of intra-abdominal hypertension and their effect on renal function in a porcine model. **Wise R, Rodseth R**, De Laet I, Luis L, Correa-Martin L, Garcia M, Castellanos G, Malbrain M. Critical Care 2013, 17(Suppl 2):P419.

LETTERS TO THE EDITOR (1)

1. Landoni G, Conte M, Székely A, Comis M, Pasero D, Pasin L, Mucchetti M, Paternoster G, Del Sarto PA, **Rodseth RN**. Rely: summarizing randomized evidence with clinically relevant outcomes performed in the perioperative period; J Cardiothorac Vas Anesth. 2013 Jun;27(3):e29-30.

POSTERS (6)

1. Intraoperative cell salvage in South Africa: Feasible, beneficial and economical. **Solomon L**, Allorto N, **Wise R, von Rahden RP**. South African Society of Anaesthesiologists Congress, Port Elizabeth, March 2013.
2. Predicting the occurrence of a major adverse cardiac event within 30 days of a patient's noncardiac vascular surgery: An individual patient-data meta-analysis. T. Vanniyasingam, Thabane L, **Rodseth RN**, Lurati-Buse GA, Bolliger D. CIHR Drug Safety and Effectiveness Cross-Disciplinary Training Symposium. April 2013.
3. The prognostic value of preoperative and postoperative B-type natriuretic peptides (BNP and NT proBNP) in patients having noncardiac surgery; systematic review and individual patient data meta-analysis. **Rodseth RN**, Biccard BM, Chu R, Lurati Buse GA, Thabane L, et al. McMaster Health Sciences Research Plenary, Hamilton, Canada. May 2013.
4. The prognostic value of preoperative and postoperative B-type natriuretic peptides (BNP and NT proBNP) in patients having noncardiac surgery; systematic review and individual patient data meta-analysis. **Rodseth RN**, Biccard BM, Chu R, Lurati Buse GA, Thabane L, et al. Department of Clinical Epidemiology & Biostatistics Research Day, Hamilton, Canada. March 2013.
5. Predicting the occurrence of a major adverse cardiac event within 30 days of a patient's noncardiac vascular surgery: An individual patient-data meta-analysis. T. Vanniyasingam, Thabane L, **Rodseth RN**, Lurati-Buse GA, Bolliger D. National Student Conference of the Canadian Society for Epidemiology and Biostatistics. June 2013.
6. Varying models of intra-abdominal hypertension and their effect on renal function in a porcine model. **Wise R, Rodseth RN**, De Laet I, Luis L, Correa-Martin L, Garcia M, Castellanos G, Malbrain M. 33rd International Symposium of Intensive Care and Emergency Medicine, Brussels, Belgium. March 2013.

NATIONAL GUIDELINES (2)

1. PPH Alert NCCEMD – **Dr Z Farina** contributory author
2. Caesarean Section Guideline NDOH2013 – Anaesthesia Chapter **Dr Z Farina** and Prof C Rout

EXAMINATIONS:

Dr Z Farina has acted as external examiner to the University of Pretoria in there MMed Anaesthesia final exams. **Dr Farina** also convened the FCA 2 examination in Durban in September 2013. **Dr Richard von Rahden** and Dr Rob Wise were examiners for the Part 1 examinations of the Anaesthesia Fellowship. **Dr Jonathan Handley** and **Dr Guy Henderson** also acted as examiners for the DA(SA) exam.

A. SERVICE DELIVERY

1. Clinics

1) Grey's Hospital

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

- a) Retinal Clinic on Tuesday afternoons where Dr Chetty has joined Dr Uys.
- b) Uveitis Clinic on Mondays and is coordinated by Dr Dewar
- c) Paediatric Ophthalmology every Monday and is coordinated by Dr Laloo and Dr Cullen from Edendale
- d) Medical Retina on Friday mornings and is coordinated by Dr McKenzie.

2) Northdale Hospital

No change but we hope to start clinics.

3) Edendale clinics

- a) Retinal Clinic on Thursday afternoons by Dr Chetty
- b) Uveitis Clinic on Friday and is coordinated by Dr Dewar
- c) Paediatric Ophthalmology every Tuesday and is coordinated by Dr Laloo and Dr Cullen.
- d) Medical Retina on Wednesdays and is coordinated by Dr McKenzie.

2. Theatre

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

3. Wards

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

4. Outreach

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

B. ACADEMIC AND TRAINING

1. Registrars

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

2. Consultants

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

3. Individual Achievements

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

4. Examinations

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

5. Teaching Program

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

6. Area 2 Business Plan

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

7. Presentations and Publications

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

C. RESEARCH

1. 3 MMed dissertations are being planned for the Registrars in the department.
2. An application has been awarded for a research network to be installed in the department by UKZN.
3. An application has been awarded for a teaching and recording slitlamp to be installed in the department by UKZN.
4. Dr Kruse is enrolled to do his PhD at UKZN but is currently on hold.

D. ADMINISTRATIVE AND INFRASTRUCTURE

1. Staff

Registrars in the Department:

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

Consultants

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

Sessional Consultants :

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

RADIOLOGY DEPARTMENT ANNUAL REPORT 2013/2014

The expansion in clinical services which has occurred over the past few years has resulted in a corresponding increase in demand for imaging, particularly in CT and Mammography.

	X-RAY	CT	U/SOUND	MRI	CATH LAB	MAMMO	TOTAL
2011	31916	6576	7938	1620	492	2957	51499
2012	41453	8787	7382	1705	548	4326	64201
2013	42792	9016	7250	1765	555	5469	66847

This is as a result of increasing patient numbers, and also increasing reliance on imaging for clinical decision making. Not reflected in the numbers is the increasing percentage of complex and time-consuming imaging procedures resulting from the expansion in subspecialist clinical services.

STAFFING

Greys currently has 5 fulltime consultants (HCD, HCU, 2 X Specialist Gd 1, and 1 contractual appointment). Two new appointments have been made within the last year (Dr Durand and Dr Craib). According to the DOH Strategic Framework for the modernisation of tertiary services, with our current service load, Greys should have 8 production level Radiology consultants, so we are moving closer to this goal. It has taken many years to attract and retain this team, all of whom maintain high clinical and ethical standards, and all of whom work in excess of the number of hours they are contracted for.

We owe this largely to the tireless efforts of the previous HCD, Dr Aisne Stoker, who has over many years built up a department that high quality recent graduates, including those with internationally recognized subspecialist qualifications, now see as a viable career alternative to the private sector.

Although the consultant staffing situation has improved over the last year, consultants are still required to cover several areas simultaneously, and their productivity is hampered by the shortage of PACS reporting workstations.

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 of our radiography posts are still occupied by other staff categories in other departments. We have appealed to Hospital management to restore these posts to us, but this remains unresolved. Radiographers work the maximum amount of overtime permitted, and there is no capacity to compensate for illness or other unscheduled absence.

We currently have only 2 ultrasonographers. A further 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.

Radiological nursing services would benefit from the allocation of a supervisory level post, particularly given the specific skill set required by the Interventional Unit. 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.

SERVICE PROVISION: TOWARDS A METROPOLITAN SERVICE

It has for several years been the intention of the Department to move towards the provision of a metropolitan service. At consultant level we are within a few appointments of the required critical mass. We had hoped to be able to start providing a comprehensive Metropolitan service from Jan 2014. Like most departments, much of our frontline service is provided by registrars.

The registrar numbers required for various levels of service are as follows:

Requirement for adequate service at Greys (Requested for Jan 2014 intake, but no budget)	8
Daytime rotation to Edendale and assistance with Edendale after hours calls	10
Consistent after hours cover at Edendale and daytime rotation to Northdale	12

The registrar numbers we have are as follows:

Registrar numbers Jan 2013	6
Registrar numbers Jan 2014	5
Expected registrar numbers July 2014	4

Therefore, instead of building up the service, we are now forced to reduce the service. From July 2014 we will cut several routine lists that we do not have the staffing to run, with some of our services (CT, Screening, and outpatient ultrasound) running for only 3 or 4 days per week. These will be reintroduced when we have the registrar and/or medical officer numbers to run them.

ACADEMIC ACTIVITIES, TRAINING AND OTHER ACHIEVEMENTS

There is a comprehensive academic program for registrar training coordinated by Drs Vicci Du Plessis, Miranda Durand and Matthew Goodier. Several registrars will be undertaking the Part 1 and Part 2 exams during 2014. Sadly, the training capacity that has taken 10 years to build up is underutilized. The PMB Metropolitan Area has the capacity to train 12 registrars, but our registrar posts have been cut from 6 to 5, and will drop to 4 in July 2014. Training opportunities for registrars are wasted, because consultants often have to work on their own in areas that have invaluable training potential, such as Mammography, MRI and Interventional Radiology. This is in the context of a country that has a severe shortage of radiologists. In Area 2 of KZN, for example, the ratio of fulltime radiologists to public sector patients is approximately 2 per million. (Compared to, for example, 47 per million in the UK NHS, where they are complaining that it should be 80 per million). During 2013, two medical officers, Dr Gerhard Greyling and Dr Clare Surridge, passed their FCRAD Part 1 exams. Due to the registrar cuts neither were able to obtain a registrar post in KZN. Both have subsequently been offered registrar posts in other provinces that are more than happy to benefit from our training program, by absorbing skilled staff that we are not able to find posts for.

Greys Hospital is accredited as a training site for student radiographers and has all the elements necessary to provide good all-round practical training. Several radiography students have been allocated to Greys and Edendale for 2014. Two radiographers completed the postgraduate mammography course during 2013 and another 2 are currently in training.

Radiography was promoted as a career at Greys Hospital Open Day in May 2013. Scholars from Russell High School spent a week here in the July school holidays and radiographers went to Russell High School for Careers Day in December 2013. World Radiography day was celebrated on 8/11/2013. Our staff had put in considerable effort preparing to mark the occasion suitably, but the Departmental events had to be cancelled due to a Mock Disaster which took place at short notice on the same day. Radiology received a trophy for one of the best performing units in the hospital (National Core Standards) at Quality Day. 8 radiographers and 3 doctors attended the SORSA/ISRRT congress in August 2013. Congress funding for other Radiology congresses has essentially been removed by current treasury regulations.

THE CRISIS IN ANTENATAL IMAGING

There is currently a crisis in antenatal imaging. Factors leading to this are:

- Under-resourcing of the DUT department entrusted with training ultra-sonographers has led to the supply of newly qualified ultra-sonographers not meeting the demand in the province.
- Changes in MPS indemnity regulations effectively removed antenatal scanning from the scope of practice of Diagnostic Radiologists from October 2013.
- For many years there has been an informal arrangement whereby general diagnostic radiographers with varying degrees of experience but no formal ultrasound qualification, did antenatal scans at peripheral hospitals. However HPCSA regulations clearly state that Diagnostic Radiographers may not perform ultrasound unless they have obtained an additional HPCSA approved qualification in ultrasound. This regulation has recently been re-emphasized, particularly in view of the changing medico-legal environment and uncertainty over whether or not State Indemnity would cover staff working outside their scope of practice.
- Northdale has been designated a district hospital and therefore has no obligation to accept referrals from other district hospitals. Already, the ultrasonographer at Northdale performs more than double the number of scans per day than she can reasonably be expected to do, so there is no spare capacity.
- Greys has only 2 ultra-sonographers, with a 2-3 month waiting list for outpatient scans and no capacity to take on additional scans from the periphery.
- While antenatal scanning does fall within the syllabus of O and G registrars, they are equally short-staffed and cannot be expected to provide scanning for the entire Area 2.

EQUIPMENT

Imaging-related equipment items received during the year were:

Radiology:

1. CR readers (outstanding from 2011/12, commissioned 4/9/13
2. 1 PACS workstation (outstanding from 2012/13 - 2 were requested.)

Cardiology:

3. Cardiac cath lab replaced and commissioned 21/6/13

The CR reader acquisition has brought plain film imaging into the PACS system. This is of great benefit to patients and clinicians because X-Ray images and reports can now be accessed on networked computers in outpatients and wards. There is also a

cost benefit because films no longer need to be routinely printed. There is a need for additional computer access points in wards, but we hope to resolve this soon. The Department of Health is to be commended for its foresight in making PACS-based imaging a reality at Greys Hospital. It is hoped that in years to come we will be able to roll out this system to Edendale and other hospitals as well.

The lifespan of imaging equipment is predictable. It is possible to plan the procurement cycle so as to replace a high cost item every 2nd or 3rd year, in order to avoid the situation of several high-cost items needing replacement at the same time. (For example: 2011 Angio Unit replacement; 2013 2nd CT acquisition, 2015 MRI replacement, 2017 1st CT replacement).

Specific priorities are:

1. A 2nd CT scanner. Waiting times for outpatient CT appointments are now 2-3 months, and for inpatients up to 2 weeks. The CT scanner at Greys already does almost as many scans as the other 3 CT scanners in Area 2 combined. If a 2nd scanner is acquired we will ring-fence time for Oncology planning scans to eliminate this as a cause in delaying treatment.
2. Tertiary level ultrasound machines. Greys Radiology Department currently has only 1 high-spec ultrasound unit appropriate for tertiary imaging. Pathology is missed because we must use machines that simply do not have the resolution required to correctly identify and diagnose it, particularly in Breast imaging and Antenatal imaging.
3. MRI 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 now reached a point in its life where we are, as predicted, experiencing increasing down time and technical problems. The upgrade is now pointless and replacement will be required within the next year or two. It is the only unit serving Western KZN.
4. Angiography unit replacement. Required for Interventional radiology including embolisation procedures and dialysis permcath placement, angiograms, pain clinic (anaesthetics) and ERCPs (hepatobiliary surgery).
5. Several smaller items including Panorex unit (The current unit is past the end of its technical support and has been on the replacement list for several years), RIS-PACS reporting workstations and long-view PACS cassettes.

The recent drop in exchange rates means that outstanding equipment items requested in the 2012/13 and 2013/14 financial years will now cost 25%.more, and this trend seems likely to continue. At the end of the day we can only provide a service if we have the necessary equipment to do so.

It is hoped that next year will see an improvement in budget allocation which hopefully will resolve at least some of our equipment and staffing constraints, and permit us to provide the service that our patients and clinical colleagues should be receiving.

The Department of Urology, Greys Hospital, is a tertiary referral centre for urology patients in regions 2 and 3 in KwaZulu-Natal. The department is based at Greys Hospital, but has offered outreach services at Edendale and Northdale hospitals. The department is also an accredited training department for registrars.

The 2013/2014 year has been a difficult year for the department, with the loss of a number of our staff and increasing demand on our clinical services. The objective of the department over the first three months of 2014 has thus been to consolidate and rebuild.

Staff

Three consultants have resigned, and four registrars have either completed their training or left the department. Unfortunately, no registrars were allocated to Urology for the 2014 year and no new medical officer posts have been approved.

Consultants

Dr Marius Conradie was the Head of Department from 2006 until November 2013. He resigned to continue his career in private practice. We wish him the best of luck, and are very grateful to have access to his surgical skills as he has stayed on as a sessional consultant.

Dr Suhani Maharajh was employed as a Urology Specialist at Edendale Hospital, and rotated between Edendale and Greys Hospitals. She has taken a post at Inkosi Albert Luthuli Central Hospital. We wish her the best of luck in her new post, and will miss her knowledge and clinical skill.

Dr Santosh Bugwandin was employed as a Urology Specialist at Greys Hospital. He has resigned to continue his career in private practice. We are grateful that he has continued as a sessional consultant, and is looking after paediatric urology with enthusiasm and skill.

Dr Dave Smart and Dr AK Dada have remained as sessional consultants and we appreciate their long-standing commitment to the department.

Dr James Urry joined as a consultant in August 2013 after becoming the first registrar to complete his training and achieve his fellowship from the Pietermaritzburg registrar program. He is currently the acting Head of Department after the resignation of Dr Conradie.

Interviews for the vacant consultant post at Edendale Hospital have taken place in March 2014, and we are optimistic that this post will soon be filled.

Registrars

Dr Urry left the registrar pool after completing his training and joining as a consultant.

Dr Laurene Booyens resigned from her registrar post, and has enrolled for an MBA. We wish her the best of luck for this exciting change in her career path.

Dr Aideed Kahie completed his training as a supernumerary registrar, and has returned to Kenya. Dr Ali Elsaket has completed his training as a supernumerary registrar.

Dr Justin Howlett joined the department as a registrar in January 2013 after spending two years as a surgical registrar. Dr Hugo Le Roux and Dr Tesliso Nkuebe are the other registrars in the department, along with Dr Walid Tawila, a supernumerary registrar.

Medical Officers

Dr Khalid Mahmood is a clinical manager who is the longest standing member of the department. He has anchored the department for more than 10 years, and we are grateful for his knowledge, experience and surgical skill.

Dr Zaheer Jogiat is a medical officer who is also a long standing member of the department and who has been an important member of the outreach team.

Interns

One surgical intern rotates through the department at all times. We thank all interns over the last year for their service.

CLINICAL SERVICES

Clinical services have been improved by implementation of a firm-based system in January 2014. The department is divided into green and blue firms. This has resulted in an improved efficiency and optimisation of continuity of care.

Urology Clinics

The Department of Urology offers a number of general and specialised urology clinics. The clinics are supported by a team of skilled and experienced nursing staff, supervised by Sr Manikum and Sr Frank. The nursing team does an excellent job of keeping the clinic running efficiently and smoothly.

• General Urology clinics:

Northdale Hospital ¹	Monday	08h00 – 12h00	SOPD	Dr Jogiat
Greys Hospital	Monday	09h00 – 13h00	Urology Clinic	Dr Urry and Green Firm
Greys Hospital	Thursday	09h00 – 13h00	Urology Clinic	Dr Mahmood and Blue Firm
Edendale Hospital	Thursday	08h00 – 13h00	Special Clinic	Dr Urry

• General Paediatric Urology clinic:

Greys Hospital	Monday	09h00 – 11h00	Urology Clinic	Dr Bugwandin
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• Multi-Disciplinary Combined Paediatric Surgery-Urology clinic:

Greys Hospital	Tuesday	09h00 – 11h00	SOPD	Dr Bugwandin and Dr Mangray (paediatric surgery)
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• Multi-Disciplinary Combined Urology-Oncology clinic:

Greys Hospital	Wednesday	09h00 – 12h00	Oncology Clinic	Dr Smart and Dr Cassimjee (oncology)
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• Endo-Urology clinic:

Greys Hospital	Alternating Thursdays	10h00 – 12h00	Urology Clinic	Dr Conradie
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• Multi-Disciplinary Combined Intersex clinic:

Greys Hospital	Last Wednesday of every 2 nd month	12h00 – 15h00	GOPD	Dr Urry, Dr Čačala (surgery), Dr Mahomed (endocrine), Dr Naidoo (O&G)
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The first Multi-Disciplinary Combined Paediatric Surgery –Urology clinic was held on 1 March 2014. This was a major achievement for both departments and an important step towards improved care for children with urological problems. Patients can be booked at this clinic after discussion with one of the paediatric surgery or urology consultants.

The general urology clinic at Northdale Hospital has been a successful outreach project that has improved the care of urology patients at Northdale Hospital, and decreased the burden of referral on patients at the Greys Hospital urology clinics. Unfortunately, this clinic will be suspended from 31 March 2014 due to insufficient staff to maintain the outreach service. We hope to re-instate it as soon as possible.

THEATRE

The urology theatre team has continued to do an excellent job over the last year, sometimes under trying circumstances. Under Sr Jackson's supervision at Greys Hospital, the theatre has been well run and stocked, allowing for a good tertiary level theatre service to be run at Greys. A regional level theatre service has been run at Edendale Hospital, also very successfully.

¹ Unfortunately, due to the loss of staff, the outreach to Northdale Hospital has been cut back, and the clinic at Northdale has been suspended until more staff can be appointed.

- Theatre slates

Edendale Hospital ²	Monday	07h45 – 16h30
Greys Hospital Green Firm	Tuesday	07h45 – 16h30
Greys Hospital Blue Firm	Wednesday	07h45 – 16h30
Edendale Hospital ²	Alternating Wednesdays	07h45 – 16h30
Greys Hospital Green / Blue Firm	Friday	09h00 – 13h00
Greys Hospital Local Slate	Friday	08h00 – 12h00

Unfortunately, the theatre service at Edendale Hospital will be suspended from 31 March 2014 until a consultant and medical officer can be appointed at Edendale Hospital.

Theatre Equipment

Two camera systems were acquired by Greys Hospital during the 2013/2014 year. These were allocated to the Gynecology and Surgery departments, leaving the Urology department without a camera system for the last seven years. This situation is very challenging, as approximately 60-70% of the work done by the urology department is endoscopic or laparoscopic, requiring a camera system. We now have to borrow the camera system from one of the other departments, and have had to cancel or postpone theatre cases on the odd occasion when the other systems have been in use. Obtaining a dedicated urology camera system is a priority for the department for the 2014/2015 year.

The laser lithotripsy service has continued very successfully, with the department acquiring a flexible ureteroscope in 2013. This has been used in combination with the holmium laser provided by Mobile Medical Solutions. The department has motivated for the purchase of a laser, and this will hopefully be acquired during the 2014/2015 year.

Future plans include replacement of some of the cystoscopy instruments, and motivation to purchase an Ultrasonic Lithoclast and TURiS prostate resection system.

Wards

Ward G1 is the dedicated Urology ward at Greys Hospital. There are 20 Urology beds in this ward, as well as 7 non-urology beds. The ward team is led by Mr Marion, who along with his nursing team, takes good care of the urology inpatients. There are also 2 paediatric urology beds in F1 at Greys Hospital and 6 potential urology beds in G ward at Edendale Hospital.

Planned for the next year is to set up an “Augmented Ward” for post-operative care of urology patients who need more than general ward care, but who are not able to go to the HCU.

Emergencies

The department has continued to be the referral centre for emergencies for area 2 and 3, which are managed at Greys Hospital via casualty. We thank the casualty team for their hard work on the urology patients over the last year.

Outreach

Outreach at Edendale and Northdale hospitals has been well established. Outreach to other hospitals in the district has not taken place. Unfortunately, apart from continuing the outreach clinic at Edendale Hospital, all outreach services have been suspended until more staff can be appointed.

Audit and Review

Morbidity and mortality review takes place once a month on a Thursday afternoon. All morbidities and mortalities are presented and discussed, and an action plan put in place.

Training

At present, the department has 4 registrars, including one supernumerary registrar. This has decreased from a total of 9 registrars in 2012.

Academic Teaching Program

There is an active teaching program in place to prepare registrars for their final fellowship examinations. In 2014, an upgraded teaching program was implemented, which consists of:

² Unfortunately, due to the loss of staff, the theatre service at Edendale hospital has been suspended until a specialist and medical officer can be appointed there.

1 st and 3 rd Thursday	14h00 – 15h00	X-ray meeting	Surgical Seminar Room, Parkhome 3	Dr Urry, Dr Conradie, Dr Stoker (radiology)
2 nd Thursday	14h00 – 15h00	Journal Club	Surgical Seminar Room, Parkhome 3	Dr Urry
4 th Thursday	14h00 – 15h00	M&M meeting	Surgical Seminar Room, Parkhome 3	Dr Urry
Every Thursday	15h00 – 16h00	Group teaching according to program	Surgical Seminar Room, Parkhome 3	Dr Urry
Every Thursday	16h00 – 17h00	OSCE, written practice	Surgical Seminar Room, Parkhome 3	Dr Urry

The group teaching is performed by the registrars to each other. PowerPoint presentations have been replaced by a whiteboard, and discussion and group contribution is encouraged. Two small topics are presented every Thursday.

Surgical Training

Every theatre slate is supervised by the consultant of the firm operating. Registrars are supervised and taught on a case-by-case basis.

There is currently not a structured surgical training program, but this is planned for the next year.

Examinations

- Dr Urry achieved his FC Urol(SA) final examinations in May 2013.
- Dr Elsaket has completed his FCS(SA) primary and intermediate examinations, and will be writing his FC Urol(SA) final examinations in 2014/2015.
- Dr Le Roux has completed his FCS(SA) primary and intermediate examinations, and will be writing his FC Urol(SA) final examinations in 2015.
- Dr Howlett has completed his FCS(SA) primary and intermediate examinations, and will be writing his FC Urol(SA) final examinations in 2015/2016.
- Dr Nkuebe achieved his FCS(SA) intermediate examinations in May 2013, and will be writing his FC Urol(SA) final examinations in 2015.
- Dr Tawila sat for his FCS(SA) Intermediate examinations in March 2014.

Research

Publications

There were no publications by the department in 2013/2014.

Research Projects in Progress

- The incidence, spectrum and outcomes of bladder injuries within the Pietermaritzburg Metropolitan Trauma Service.
- Septic shock is a potentially fatal complication of routine laser lithotripsy.
- Presentation of Prostate Cancer at a regional hospital in KwaZulu-Natal.
- Injuries sustained by passengers travelling on the back of light delivery vehicles.
- Case series of renal aspergillosis.
- Surgical technique for laparoscopic Boari flap.
- Optimal management of spinal cord compression in metastatic prostate cancer.

Conclusion

2013 has been a challenging year for the Department of Urology particularly due to the loss of three consultants and four registrars. The focus of the department has been to maintain the tertiary service at Greys Hospital and to rebuild and consolidate. Going forward, the priorities will be to create new registrar and medical officer posts and recruit doctors to fill these posts, as well as filling vacant specialist posts, and appointing a head of department. Acquiring urgently needed equipment such as a laser and camera stack will also be a priority. Once these goals have been achieved, focus can shift to developing capacity at district and regional referral centres.

AN OVERVIEW

Staffing:

We have a motivated and dedicated team consisting of two supervisors, four social workers and two psycho-social counselors. Staffing is insufficient to meet the needs of the patients within a tertiary hospital.

New areas of service:

Social Work Services have expanded to Paediatric Oncology & Haematology; and Osteosarcoma.

Staff Development:

In-service training programme held within Social Work Department and monthly Allied Health Academic Trainings have ensured that social service professionals updated their skills and knowledge on a regular basis. We were awarded 68 CPD points from SACSSP for seventeen training programs held during 2013-2014.

Community Networking:

Social Workers attended meetings with community stakeholders, such as PMB Hate Crime Team and Human Trafficking, Local Victim Empowerment Forum and Community Worker's Forum.

EAP:

Hlengiwe Jili completed EAP training in November 2013. Lekha Chirkoot and Hlengiwe Jili are providing EAP services to staff members at Grey's Hospital on a voluntary basis although their core functions take priority.

Achievements:

- ❖ Nonhlanhla Ntuli and Lindiwe Maphanga had graduated as social auxiliary workers in Sept 2013. Congratulations!
- ❖ Lekha Chirkoot completed her Masters' Degree in Social Work at UKZN (Research). Dissertation topic: Discharge planning in a tertiary hospital in KwaZulu-Natal: Views of multidisciplinary team members.
- ❖ Student Training: 5 social work students and 3 social auxiliary work students received practical training between April 2013 to March 2014 at the Social Work Department, of which one social work student and one social auxiliary work student are currently completing their placements. Students were exposed to several social work methods including casework, groupwork, community work, and administration.
- ❖ For the first time we had an admin assistant. Thobile Bhengu, a public management intern, provided valuable assistance with administrative tasks such as reception duties, photocopying and faxing, for 7 months.

Challenges:

Social workers' offices are currently very congested and the department needs to expand in terms of sufficient offices and other facilities. Additional posts are urgently required in order to expand tertiary services. It is essential to employ a full time EAP practitioner to address psycho-social issues of employees.

Current projects and groups include:

- ✚ Support Group for Oncology Patients
- ✚ Support Group for First time mothers
- ✚ Grand parity group
- ✚ Lodger mothers support group
- ✚ Multi-disciplinary Management of Tracheostomy
- ✚ Multi-disciplinary Management of Osteosarcoma
- ✚ Multi-disciplinary Management of Chronic renal failure

Health Awareness Programmes and community outreach programmes: The Social Work Department was involved in the following programmes over the past year:

- ❖ Child Protection Week: Awareness programmes were held at POPD, Paediatric wards, lodger mothers' facility and a school in Swayimani, Wartburg between 27-31 May 2013.
- ❖ Youth Day & Mental Health month: Educational talks and pamphlets were provided during community visits to Service Products, Oribi, Buxton house Protective workshop, Joseph Baynes Child and Youth Care Centre and SOS Child and Youth Care Centre, Grange, Pietermaritzburg in July 2013.
- ❖ 16 Days of Activism Programmes on No Violence against women and children were held from 25 November to 10 December 2013 at GOPD and OPD.
 - ❖ Career Open Day: Display on posters and pamphlets (3 May 2013)
 - ❖ Healthy Staff Day: Display on posters and pamphlets (22 November 2013)
 - ❖ World Kidney Day: Display on posters and pamphlets in the medical library and OPD; and article in Greype-Vine (14 March 2014)
 - ❖ Community outreach to Madadeni Hospital on a monthly basis: Kidney Awareness Program with Renal Patients.

Thank you to our Social Work team, multi-disciplinary team and Management for creative problem-solving, resilience and striving to meet our goals. We look forward to a productive and successful year ahead.

Staffing

Currently there are 8 Physiotherapists and 2 Snr ASO's providing physiotherapy services to Grey's Hospital. During the first 6 months of 2013, 2 physiotherapists left and 2 physiotherapists joined the staff. The community service therapist left Grey's Hospital in December 2013 and there was no community service Physiotherapist allocated to Grey's Hospital for 2014.

Some Highlights:

- One of our full-time staff completed her Masters in Physiotherapy investigating the need and scope for Cardiac Rehabilitation. Another full-time staff member has registered for an MBA degree.
- As a result of the 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 have been inadequate until now. Patients are regularly attending the classes being offered twice a week.
- Grey's Tracheostomy Home Care Service held two workshops this year, one for adult care and the other for paediatric care. Physiotherapists present a session at each of these workshops.
- Two Physiotherapists attended QI training and completed a QIP on the need for a Spinal Support Group. This has resulted in QASA leading a fortnightly support group for patients with spinal cord injuries, and a register of all spinal cord injury patients is kept to ensure continuation of treatment and monitor outcomes.
- The Physiotherapy Department hosted a Spinal Cord Workshop run by SASCA. This was initiated by Dr. Puddu, and organized by physiotherapy in conjunction with the Occupational Therapy Department. It was well attended by Rehabilitation and Nursing staff from Grey's and outlying hospitals.
- The Hemophilia Team from King Edward Hospital, in conjunction with Nova Nordisk Medical Drug Company, ran a morning workshop on Haemophilia and its management. This was hosted in the Physiotherapy Department, and attended by Nursing staff, Physiotherapists and Occupational Therapists from Grey's Hospital and surrounding Hospitals.
- The Physiotherapy Department organized a weekend training course on MAP (the Upper Quarter) for Physiotherapists in the both the State and Private Sector. This was organized in co-operation with SASP.
- The Physiotherapy department is also providing the venue for the Orthopaedic-driven Sarcoma Multidisciplinary Team. A successful workshop was arranged to raise awareness among Health care staff and educators. The sarcoma multi-disciplinary team continues to meet regularly and a register of patients being treated for Osteosarcoma is being compiled to monitor continuation of care and follow-up.
- A staff wellness program has been launched in the physiotherapy department. Staff have been encouraged to use the equipment such as treadmills and cycles to achieve their fitness goals and help with weight-loss. Talks by the dietetics department were also arranged for staff to get advice on correct eating habits and diet.. Staff members use the facilities between 12 and 2 pm daily.
- Back week was in September 2013. Posters were displayed in OPD and ergonomic advice was circulated to HR, transport and workshop.
- Heart awareness month is also observed in September. Multi-disciplinary talks were presented to patients at an event organized by Physiotherapy.
- Two elective students (from UKZN and UCT) completed their placements at Grey's.

Continuing Education

- Funding was available to assist staff with the costs of post graduate short courses. Staff attended the following courses: Treatment of the Surgical and Cardiac Patient in ICU, Dry needling, and a course in Paediatric Chest Conditions.
- 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. Many outside speakers were invited and they imparted information and gave insight into the respective specialities. These talks were opened to include the MDT at Grey's and other institutions.

Challenges

Inability to recruit and retain staff continues to be a problem. This impacts on our ability to sustain services and to develop support to new clinical services.

1. STAFFING:

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

2. NEW EQUIPMENT & resources:

- Annual Calibration of all audio equipment
- 2x new audioboosts installed
- Auricular hearing aid system installed. This is used to accurately fit hearing aids and verify their performance.
- New GSI Audioscreener for the objective hearing screening of newborns and infants.

3. SERVICES AND SERVICE ISSUES:

3.1 Speech Therapy:

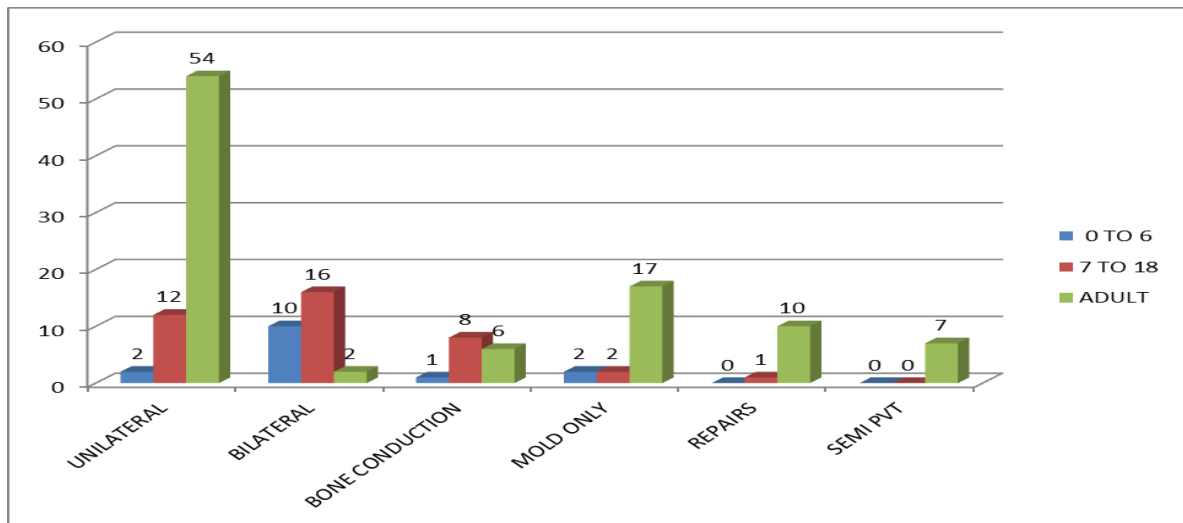
1. Paediatric and Adult, in and out-patient service.
2. Cerebral palsy Clinic.
3. Weekly Neonatal and Neurodevelopmental screening clinic.
4. Joint venture with ENT department fitting laryngectomy patients with Provox speaking valves. Only such service in Area 2 in KZN.
5. Videoflurosocopy /MBS service run in conjunction with the Radiology department – is the only such service in KZN.
6. Initiation of PEG clinic- Joint venture with Paediatric surgery, Department of Paediatrics, Dietetics and Speech Therapy.
7. Paediatric Trache Home care Clinic, (MDT consists of Paediatrician's, Nursing, OT, SLT, Dietician, Social work and Psychology. Only such service in Area 2.
8. Monthly Laryngectomy – Trache support group (MDT consists of Speech Therapy, Dietician, Psychology, Social work, Trache sister and ENT).
9. Assessment and fitting of trache speaking valves.
10. MDT Paediatric ward rounds conducted on a weekly basis for in-patients.

3.2 Audiology:

1. We are attempting to streamline the work and become more coordinated with the division of work into clinics and the allocation of a responsible person to each clinic, including Otoelectrophysiology clinic, behavioral clinic and Rehabilitative clinic.
2. Hearing aid clinics split into children and adults. This allows us to focus on each population's individual needs. We also have a system in place to allow parents of children with hearing loss to meet and interact.
3. A new clinic was set up for children with hearing loss that are in mainstream school. This is the school aged clinic. This was done to address their unique hearing as well as psychosocial needs. Hi Hopes and Social Work have joined the team to support us for the end of year session where we do a group session with all the children.

- Audiology has joined the Neonatal Clinic screening team where all children attending the clinic have a hearing screening.

Hearing aids ordered for 2013



- Ear mold modification, repair and re-tubing.
- 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.
- 1 slot for unsedated ABR per week
- 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.
- Tinnitus retraining therapy.

5. Training and capacity development:

Staff attended the following courses in 2013:

- Tracheoesophageal Voice restoration post -laryngectomy
- NDT CP one week intro course
- Paed dysphagia course
- Consumer protection act
- Monthly Grey's Rehab academic meeting
- Pediatric hearing aid fittings.

6. Outreach 2013 – Training and development:

- In Speech Therapy 3 final year students did their mid year practical at Grey's and 10 scholars observed for the day.
- We participated in the hospital staff wellness day in 2013.
- SLT-Aud from Greys were involved in 2 career days at schools in the area.
- We lectured the nurses doing their PHC training on identifying and referring speech and hearing problems.
- We conducted an accessibility training workshop hosted by the district office, and attended by 2 reps from each hospital in area 2.
- We provided a CPD accredited Workshop on paediatric dysphagia for speech therapists in Area 2 to assist with the difficulties that they are having in this area. This was very well received and will be presented again in 2014.

7. Audiology ran a CPD accredited 2 day practical workshop for district 2 and the local schools for the hearing impaired on testing hearing in children 7 months to 4 years.
8. Area 2 audiology meetings conducted in December and February. Meetings were chaired by Greys Hospital Audiology and attendees where representatives from all hospitals in area 2. These meetings are designed to streamline and standardize audiology services. Further it aims to provide a forum to discuss challenges. It also gives a platform to launch new initiatives e.g. area-2 hearing screening database.
9. Four Audiology final year Wits students did their mid-year practical in our department. Six scholars interested in studying audiology came in for a day of observation.

7. CHALLENGES FACED IN 2013:

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 waste too much time doing basic admin duties like answering phones and taking messages, etc. 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.

8. STATISTICS

8.1. Hearing Aids:

Number of patients on the waiting list	Number of Hearing Aids Ordered	Number of Hearing Aids Issued
0	92	116

- No hearing aids were issued to Greys by the district office for 2013.

8.2. Provox Speaking valves:

16 Provox Speaking valves were fitted to patients in 2013

8.3. Patient statistics:

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

SPEECH STATS 2013

MONTH	1st attend	Follow Up	In Patient	Out Patient	TOTAL	< 5 yrs	MBS
JAN	184	617	427	374	801	155	7
FEB	197	681	377	501	878	131	8
MAR	179	573	307	447	752	89	10
APR	229	638	351	516	867	182	7
MAY	264	535	312	487	799	125	7
JUN	264	535	312	487	799	125	7
JUL	161	712	336	537	873	130	5
AUG	122	727	433	416	849	221	8
SEP	158	961	713	406	1119	331	10
OCT	165	913	643	435	1078	382	5
NOV	111	702	455	358	813	217	5
DEC	107	626	516	217	733	211	2
	2141	8220	5182	5181	10361	2299	81

AUDIOLOGY STATS 2013

MONTH	1st Attend	Follow up	In Patient	Out Patient	TOTAL	< 5 yrs	ABR/OAE	Hearing aid Issues
JAN	263	257	48	472	520	131	186	7
FEB	267	244	73	438	511	164	195	11
MAR	254	201	41	414	455	153	135	9
APR	236	214	82	368	450	129	190	15
MAY	239	202	28	404	444	112	115	5
JUN	254	283	46	491	537	189	218	18
JUL	260	207	50	380	467	131	132	10
AUG	254	137	38	353	391	141	138	7
SEP	226	138	64	300	364	98	156	4
OCT	274	151	38	387	425	136	170	7
NOV	282	166	62	386	448	149	206	18
DEC	105	114	7	212	219	65	82	5
	2914	2314	577	4605	5231	1598	1923	116

Introduction:

It has been both an exciting and challenging year for the Department of Orthopaedics. We have achieved success in terms of the recruitment and retention of staff. Most of our posts are currently filled and the development of tertiary services and sub-specialities are progressing well.

Successes during year under review:

- The Department of Orthopaedic Currently offer the following tertiary Orthopaedic services: Hand, peripheral nerve and brachial plexus surgery, Shoulder and elbow surgery, Paediatric Orthopaedic, Tumour and Sepsis surgery, Limb Reconstruction surgery, Arthroplasty and arthroscopy, Spinal Surgery and Complex orthopaedic trauma
- New clinical services:
 - ✚ Orthopaedic Acute Care Ward – 6 Acute care beds designated in B1 to cater for spinal cases, post-operative and other high-risk patients as a result of the shortage of high care beds.
 - ✚ Metabolic bone clinic – Run by paediatric orthopaedics
 - ✚ Outreach – Regular theatre lists , run by our department, have been instituted at both Ladysmith and Madadeni Hospitals.
- Health care provider training and education:
 - ✚ **Sarcoma Awareness Day:**
Arranged by Grey's Sarcoma Multidisciplinary Team. In excess of 100 health care providers from all several districts, including Ethikweni, Uthukela, Umzinyathi, Sisonke, Umgundlovu, Uthungula (Lower Umfolozi, Ngwelezane, Nkandla and Eshowe Hospitals) attended the event. The day-long program included lectures from all members of the MDT covering topics ranging from the biology and management of sarcomas to the social and psychological aspects of the disease. The event was well received and good feedback was received from the delegates.
 - ✚ **The Spinal Cord injury day:**
Held on 29 and 30 November 2013. It was hosted by the Spinal Unit, Occupational and Physiotherapy departments in the Physiotherapy gym at Greys Hospital. The course was aimed at nurses and therapists working with spinal cord injury patients. The speakers were Dr Francois Theron (Chairperson South African Spinal Cord Association), Melanie Skeen (physiotherapist), Wendy Mann (occupational therapist), Willem Stiglingh (Psychologist & sexual therapist) and Dr Virginia Wilson. All speakers were from the private sector and based in Pretoria. Fifty four people attended the course from local and base referral hospitals. Some attended from as far as Phoenix Rehab Centre, Ngwelezane and Manguzi Hospitals. There were 21 Physios, 22 OTs and 10 nurses. The course was very well received and feedback was positive.
- Academic achievements:
 - ✚ Examinations: The department had an excellent year, achieving a 100% pass rate in the FCS (Ortho) finals exams (3 candidates), as well as a 80% success in the primary and intermediate exams.
 - ✚ Publications: Eight scientific articles and five expert opinions emanating from the department were published in peer reviewed journals
 - ✚ Congress presentation: The department was well represented at several national and international congresses with 8 posters, 5 paper presentations and 3 instructional course lecturers.

Challenges:

- Staffing: Shortage of the relevant senior posts makes retention of staff difficult, which may result in a reduction in our ability to deliver tertiary services. Shortage of medical specialist and medical officers remain a problem specifically in terms of service specifically in under- or yet to be developed units and the delivering an adequate outreach service. Absence of a dedicated admin support officer remains a major obstacle. Nursing staff for Acute Care ward has been discussed at various forums and remain a critical issue.
- Theatre time: As indicated by the rising numbers of patients on our waiting lists the lack of theatre time curtails our ability to deliver the necessary treatment promptly.
- Referral pattern: It is not possible for us to meet our tertiary mandate within the prescribed referral pattern.
- Equipment and consumables: The ongoing problems with the supply of the necessary medical equipment and consumables represent a major obstacle in delivering a safe, acceptable and efficient service.
- Infrastructure: The department of orthopaedics does not have an adequate venue for daily morning meeting. Many employees do not have any office space which is prohibiting them from performing their duties adequately.

Outlook:

The department hopes to improve on the delivery of tertiary services within our area by retaining specialists who have completed their training and by recruiting specialists from elsewhere. We aim to improve the delivery of regional services by recruiting/retaining specialists to work at the major regional hospitals in our area.

Conclusion:

Despite the many challenges faced, the department of orthopaedics has grown in stature during the period in question and we would like to thank the hospital management for their support and assistance in this regard. We would also like to thank all other clinical and allied health departments for the excellent services rendered to our patients.

PIETERMARITZBURG METROPOLITAN DEPARTMENT OF SURGERY

The department remained very productive during 2013.

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:

❖ Fellowship in Trauma Surgery and Critical Care

▶ Dr Grant Laing

❖ FCS Final

▶ Dr A Dasrath

▶ Dr N Shangase

❖ FCS Intermediate

▶ Dr S Machaea

▶ Dr V Manchev

▶ Dr M Mwenda

▶ Dr S Wall

❖ FCS Primary

▶ Dr F Figueiredo (Gold Prize)

▶ Dr N Majola

▶ Dr V Manchev

▶ Dr M Scriba

▶ Dr M Smith

Accolades

❖ Dr Mattias Scriba was awarded the prize for "PMB Surgical Registrar of the year" and the Ghimenton Award of Surgical Excellence

❖ Dr Fred Figueiredo was awarded the prize for "most promising surgical doctor"

❖ PMB Surgical complex placed 1st, 2nd and 3rd at the annual SA Research symposium. First prize went to Dr M Govender.

NEW SPECIALIST SURGEONS

❖ Dr N Shangase – passed her Surgical Finals and took a post at EDENDALE in Trauma.

❖ Dr John Bruce – ran the Trauma team at Grey's and is instrumental in the ongoing Surgical Electronic Database -Admission to Discharge

❖ Dr Wanda Bekker – was recruited for Trauma and is completing her Trauma and Critical Care Fellowship.

❖ Dr Vimesh Nair joined Grey's, as of January 2014 doing the HPB and Upper GI fellowship

❖

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 to paramount to all specialists, and 2013 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 (Bekker and Bruce), Upper GI (Nair) and Colorectal Surgery (Latchmanan)

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 in patient management. Many of the Registrars are writing their M Meds and papers for publication based on the information on the registry.

SURGICAL DATABASE REGISTRY

The implementation of surgical decision support system was achieved through the vigilant effort of Dr Laing and ongoing input from Dr J Bruce. 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 are running the 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 2014 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.

ATLS COURSE

Pmb continues to run an annual ATLS course at Grey's Hospital, manned largely by Pmb instructors. This course is very popular as close to home for many and "makes a better doctor in 3 days". Pmb has one of the largest compliments of instructors in the country.

PUBLICATIONS

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

Surgical outreach in rural South Africa: are we managing to impart surgical skills?

1 S Afr Med J. 2013 Jul 29;104(1):57-60. doi: 10.7196/samj.7252. ... Clarke DL, Aldous C.

The introduction of an acute physiological support service for surgical patients is an effective error reduction strategy

Int J Surg. 2013;11(9):989-92. doi: 10.1016/j.ijssu.2013.06.003. Epub 2013 Jun 21 Clarke DL, Kong VY, Naidoo LC, Furlong H, Aldous C

The design, construction and implementation of a computerised trauma registry in a developing South African metropolitan trauma service

2014 Jan;45(1):3-8. doi: 10.1016/j.injury.2013.05.013. Epub 2013 Jul 2. ... Laing GL, Bruce JL, Aldous C, Clarke DL.

Quantifying the disparity in outcome between urban and rural ...

S Afr Med J. 2013 Jul 29;103(10):742-5. doi: 10.7196/samj.7109. Kong VY, Van der Linde S, Aldous C, Handley JJ, Clarke DL.

Introducing video-assisted thoracoscopy for trauma into a South African township hospital

1. World J Surg. 2013 Jul;37(7):1652-5. doi: 10.1007/s00268-013-2026-5. ... Oosthuizen GV, Clarke DL, Laing GL, Bruce J, Kong VY, Van Staden N, Muckart DJ

A concept paper: using the outcomes of common surgical conditions as quality metrics to benchmark district surgical services in South Africa as part of a systematic quality improvement programme

S Afr J Surg. 2013 Jul 31;51(3):84-6. doi: 10.7196/sajs.1476. ... Clarke DL, Kong VY, Handley J, Aldous C

Road traffic crashes in South Africa: the burden of injury to a regional trauma centre

S Afr Med J. 2013 Sep 30;103(11):850-2. doi: 10.7196/samj.6914. ... Parkinson F, Kent S, Aldous C, Oosthuizen G, Clarke D.

The hospital cost of road traffic accidents at a South African trauma centre: a micro-costing study

10.1016/j.injury.2013.04.007. Epub 2013 Jun 2. ... Parkinson F, Kent SJ, Aldous C, Oosthuizen G, Clarke D

Laparoscopic splenectomy for immune thrombocytopenic purpura.

S Afr J Surg. 2013 May 3;51(2):54-6. doi: 10.7196/sajs.1325. ... Ferndale L, Naidoo M, Bhaila SH, Thomson SR, Bassa F

Using a structured morbidity and mortality meeting to understand the contribution of human error to adverse surgical events in a South African regional hospital.

S Afr J Surg. 2013 Oct 22;51(4):122-6. doi: 10.7196/sajs.1537 Clarke DL, Furlong H, Laing GL, Aldous C, Thomson SR

The cost effectiveness of early management of acute appendicitis underlies the importance of curative surgical services to a primary healthcare programme

Ann R Coll Surg Engl. 2013 May;95(4):280-4. doi: 10.1308/ 003588413X13511609958415. Kong V, Aldous C, Handley J, Clarke D

FAILURES AND DISAPPOINTMENTS

RESIGNATIONS

- ▶Dr Z Khan moved to Joburg to join the HPB and Upper GI Fellowship programme
- ▶Dr B van den Berg moved to Port Shepstone
- ▶Dr Moloi resigned for personal reasons
- ▶Dr Nondela moved to Cape Town

THEATRE ACCESS AND SLATES

Access to OT at Greys remains challenge for acute cases and trauma with resource constraints

Excessively long waiting lists have ensued due to insufficient number of Surgical slates- resulting in delay to cancer and urgent surgery

ICU

Access to ICU and High Care is still a challenge due to resource constraints which means cancellation of cases and inappropriate level of care for acute patients wards

LABORATORY SERVICES

No **frozen section** capability due to lack of cryostat machine has meant more extensive and morbid procedures are being done (which may be to the patients detriment, as well as inability to teach Registrars how to do standard of care procedures- such as Sentinel Node Biopsy)

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

SURGICAL OUTPATIENTS

The SOPD facility has been long discussed re lack of patient privacy, inadequate number of areas for patient consultation and examination etc. Management has been aware of this problem for years, but still no plans have been implemented for improvement.

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

BED AVAILABILITY

There is a daily struggle to find beds for both acute and elective patients

CONCLUSION

The Department of Surgery will continue to thrive. We hope that 2014 allows the department to overcome obstacles in procuring necessary equipment and concrete plans are made at improving outpatient facilities at Grey's hospital and revitalization of Edendale hospital.

QUALITY ASSURANCE ANNUAL REPORT 2013/2014

QUALITY INITIATIVES AND ACHIEVEMENTS

1. NATIONAL QUALITY INITIATIVES:

1.1. SELF ASSESSMENT:

- Grey's Hospital is striving towards compliance with the National Core Standard's requirements.
- Our aim is the certification of the Institution with the Office of Health Standard Compliance.
- In order to know the level of compliance of the Institution, Grey's embarked on a self-assessment audit in March 2013.
- The results are as follows;

Overall Performance Outcome	87%
------------------------------------	------------

Non-Compliance Cut-Off Levels	Overall Score
Extreme Measure (X): Overall score < 100% will result in "Non-Compliance"	X = 83%
Vital Measures (V): Overall score < 90% will result in "Non-Compliance"	V = 87%
Essential Measures (E): Overall score < 80% will result in "Non-Compliance"	E = 88%
Developmental Measures (D): Overall score < 60% will result in "Non-Compliance"	D = 90%

Priority Area	SCORE
Availability of medicines and supplies	91%
Cleanliness	85%
Improve patient safety and security	82%
Infection prevention and control	84%
Positive and caring attitudes	98%
Waiting times	85%

Domain	Score
1 Patients' Rights	91%
2 Patient Safety / Clinical Governance / Clinical Care	85%
3 Clinical Support Services	85%
4 Public Health	94%
5 Leadership and Corporate Governance	100%
6 Operational Management	90%
7 Facilities and Infrastructure	84%

1.2. EXTERNAL ASSESSMENT:

- On the 22nd July 2013, Grey's Hospital had an unannounced visit by the Office of Health Standards Compliance.
- The results are as follows;

Overall Performance	Outcome	82%
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Non-Compliance Cut-Off Levels	Overall Score
Extreme Measure (X): Overall score < 100% will result in "Non-Compliance"	X = 87%
Vital Measures (V): Overall score < 90% will result in "Non-Compliance"	V = 81%
Essential Measures (E): Overall score < 80% will result in "Non-Compliance"	E = 81%
Developmental Measures (D): Overall score < 60% will result in "Non-Compliance"	D = 83%

Priority Area	Score
Availability of medicines and supplies	82%
Cleanliness	69%
Improve patient safety and security	85%
Infection prevention and control	82%
Positive and caring attitudes	90%
Waiting times	83%

Domain	Score
1 Patients' Rights	83%
2 Patient Safety / Clinical Governance / Clinical Care	94%
3 Clinical Support Services	80%
4 Public Health	78%
5 Leadership and Corporate Governance	87%
6 Operational Management	82%
7 Facilities and Infrastructure	69%

- The Office of Health Standard Compliance commended Greys Hospital on its performance in the audit, especially being an unannounced visit.
- Those areas that were found to be non-compliant are being assisted towards achieving full compliance in future audits through the formulation and implementation of Quality Improvement Programs.
- The institution is represented at the District QA meetings by the institutions Quality Assurance Manager.
- There is active involvement in District Office Peer Reviews and all Quality initiatives that were undertaken.

3. HOSPITAL QUALITY INITIATIVES:

- There are numerous Hospital initiatives and projects that were undertaken in 2013.
- These were aimed at improving the quality of patient care delivered at Greys Hospital.
- Some are listed as per below:
 - ✓The procurement of new equipment for wards and departments
 - ✓The revamping of wards
 - ✓The replacement of the patient call bell system
 - ✓Commissioning of the Cath Lab
 - ✓Picture Archiving and Communication System and Radiology Information System commencement
 - ✓The revamping of the lifts
 - ✓The completion of the 21 bedded Intensive Care unit
 - ✓Construction on the 30 bedded Neonatal Intensive Care Unit
 - ✓Hospital Health Information committee (revived)
 - ✓Complaints and Compliments committee (revived)
- Despite the many challenges experienced during the year, there were also many achievements and much progress made.
- We remain committed to maintaining a high standard of quality at Greys Hospital.

4. Quality Audits:

The following audits are been maintained:

- Quality audits
- The Six Key Priority Areas audit
- Nursing documentation Audit

5. Quality Improvement Presentation

- There was a total of 8 new Quality Improvement Programs presented in 2013 as tabled below:

No.	Presentation	Department/Ward
1.	Availability of Beds	Accident & Emergency
2.	Waste Disposal	Radiology
3.	Helping Greys Go Green	M.2
4.	Implementation of a Spinal Support Group	Physiotherapy
5.	Nutritional Knowledge of Paediatric Interns	Dietetics
6.	Hearing Screening Follow-up Attendance	Audiology
7.	Neurodevelopmental Screening Clinic	Speech Therapy
8.	Management and Empowering of Grand Multiparty Patients	Social Work

6. Quality Improvement Training:

- Greys Hospital Quality Improvement Training took place on 28, 29, 30 August 2014.
- A total number of 41 staff members were trained, representing all staff categories.

7. Staff Satisfaction Survey:

- The staff satisfaction Survey was conducted in August 2013.
- The completed report has been presented to the Executive Management Committee.

8. Client Satisfaction Survey:

- In-patient and Out-patient Client Satisfaction Surveys are conducted monthly as per a questionnaire in accordance to the Six Priority Areas.
- The results are analyzed and actioned accordingly.
- The following are some of the initiatives made to improve on the Six Priority areas.
 - ✓ Cleanliness spot check audits were initiated in the Non-clinical areas to improve on cleanliness.
 - ✓ Pharmacy opened an extra patient service hatch to improve on waiting times.
 - ✓ Patient administration instituted a fast track queue to improve on waiting times.
 - ✓ New and improved signage erected throughout the institution to improve on patient safety.
 - ✓ Designated parking for the disabled persons were provided to improve on patient safety.

9. Quality Day:

- Greys Hospital celebrated Quality day on the 01 November 2013.
- The theme of the day was "Save a life", which was in keeping with International CPR Week.
- The day was filled with a sense of accomplishment and good cheer, as many were recognized for their contribution towards maintaining the high standard of quality at Greys Hospital.
- The event was honored by the attendance by members of the Hospital Board, Executive Management and our guest speaker, Mrs PB Mgobozi.
- Greys Campus Awards Presentation added to the celebration of the day.
- Educational displays provided by staff of the various departments further enhanced the success of the day.

10. EVENTS PLANNING AND HEALTH PROMOTING HOSPITAL INITIATIVES:

The Events Committee ensured the Health Calendar Events were celebrated and Promoted throughout the year.

Event highlights for 2013:

- ✓ Open Day
- ✓ Long Service Awards
- ✓ Global Hand Washing Day
- ✓ Quality Day
- ✓ Healthy Staff Day
- ✓ 16 Days of Activism-No violence against women and children
- ✓ World Aids Day

11. Conclusion:

We embrace the New Year with our resolve to improve quality and productivity by ensuring that we;

- ✓ Do the right thing right, right away,
- ✓ Promote and sustain high quality standards,
- ✓ Remove barriers between departments, enabling all to work as a team,
- ✓ Take pride in our work,
- ✓ Obtain Certification together from the Office of Health Standard Compliance.

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.

SIGNED BY:

DR K.B. BILENGE
Hospital Manager

DR L. NAIDOO
Medical 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

Mr J.Z. Mntungwa
Public Relations Officer