HEALTH
KwaZulu-Natal

GREY'S HOSPITAL ANNUAL REPORT 2008/09

Fighting Diseases, fighting Poverty, Giving Hope
Silwa Nezifo, Silwa Nobubha, Sinika Ithemba

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INTRODUCTION

Grey's Hospital is a 530 bedded hospital, but currently we have only 490 usable beds. It is situated at Town Bush Road, Chase Valley in Pietermaritzburg. Grey's Hospital provides two levels of health care services to its patients namely, 20% Regional Services and 80% Tertiary Services. We provide Regional Health Services to 1 million population within Umgungundlovu District and Tertiary Services to a population of 3.5 million in the Western area of KwaZulu -Natal.

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

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

CORE VALUES

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

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

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

8. PRIVACY:
- We are committed to the protection of our fellow employee's, as well as customer's rights to personal and informational privacy. We completely understand that we have the

responsibility to ensure that all communications and records inclusive of demographic, clinical and financial information, be treated and maintained confidential.

- We are committed to the value of providing care and communication in an environment that respects privacy.
- We will be considerate in all interactions as well as in the provision of care at all times and under all circumstances with the highest regard for a customer's personal privacy and dignity.
- We expect from ourselves and other employees, behaviour that represents the expressed value in honouring 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 familiarise 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:

➢ Surgical/Trauma	➢ E.N.T
➢ Radiotherapy and Oncology	➢ Internal medicine
➢ Dental & Maxillo-facial	➢ Pharmaceutical Services
➢ Paediatrics	➢ Radiology
➢ Plastic Surgery	➢ Orthopaedics
➢ Physiotherapy	➢ Neurology
➢ Obstetrics & Gynaecology	➢ Occupational Therapy
➢ Laboratory Services	➢ Ophthalmology
➢ Dietetics Department	➢ Anaesthetics & Pain Management
➢ Speech and Audiology	➢ Urology
➢ Social Work Services	➢ Clinical Psychology
➢ Accident & Emergency Services	

Due to the severe budgetary constraint, no expansion of tertiary services occurred in 2008 and we had more challenges than achievements.

ACHIEVEMENTS

1. ONCOLOGY AND PEADIATRICS LODGER MOTHER

The main achievement for 2008 was the completion of Oncology lodger and Peadiatric lodger mother facility. This facility is offering accommodation to 60 mothers who are taking care of their sick babies admitted in the Hospital and 20 Oncology patients (cancer patients) on treatment and staying far away from the hospital.

2. SOCIAL EVENTS

Grey's Hospital Events Management, Sport and Recreation teams have managed to organize several health and social events to promote healthy life style to staff members and local communities in 2008. The following are the Social events organized by Sport and Recreation Committee:

- Family Fun Day took place on the 19th April 2008 at Midmar Dam. Activities in this event were the fishing competition, sack race, balloon busting etc. children participated in all activities. The event was attended by staff, community members and children.

- The Fun Run took place on 28 June 2008. The 5km run started outside Grey's Hospital college and the Runners enjoyed the picturesque route through Town Hill Hospital which ended at Carter High School Grounds. The Runners of all age groups including children in Prams had a great time.

- Dinner and Dance took place on the 30th August 2008. Staff and their families were entertained with music and dance the night away.

- Soccer Tournament took place on the 09 November 2008 at Carter high school grounds. The event involves all Grey's Hospital Department.

Health Events Organized by Events Management Committee:

- Lifestyle Diseases and Health Awareness
- Celebral Palsy Awareness
- Child protection week
- Youth Health Day
- Cancer Awareness day
- Staff Wellness Day
- Open Quality Day

3. *CHALLENGES*

1. Finance:

For this financial year (2008/09) Grey's Hospital requested a budget of 411 632 791, but received an allocation R371 119 000, this resulted in over expenditure of R49746 411. These results in ability to sustain establish services and support developing services

2. Lifts

This year we have many incidences with our lifts that are 25 years old. Daily use of these lifts by patients, staff and visitors did constitute a safety hazard. On numerous occasion patients, staff and visitors got stuck on the lifts and got help from our staff. The upgrade of these lifts has been on our 5 years multi year plan as priority umber one. Fortunately the projects of upgrading the lifts is on track.

3. Recruitment and Retention of Staff
Despite the implementation of the OSD, the recruitment and retention of staff, and in particular nursing staff has not improved

HOSPITAL PERFOMANCE

OVERVIEW OF THE HOSPITAL													
DESCRIPTION	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**TOTAL**
Useable Beds	494	494	494	494	494	494	494	494	494	494	494	494	
Inpatient Days	10975	10575	10071	10618	9780	9800	10196	10361	8545	8660	9789	10723	**120093**
Total Admissions	1063	1011	1029	1095	1038	1097	1152	1051	999	1032	1165	993	**12725**
Total Discharges	971	804	756	902	904	898	1005	863	876	787	898	962	**10626**
Total Deaths	61	51	56	64	55	56	71	64	76	55	51	59	**719**
Transfers In	150	135	133	131	138	134	151	116	143	107	203	116	**1657**
Transfers Out	82	69	51	54	25	31	40	31	28	42	54	67	**574**
Day Patients	452	472	487	518	443	379	456	434	598	621	519	519	**5898**
Casualty Headcount	664	632	643	569	674	581	664	631	592	622	636	643	**7551**
Total OPD Headcount	15788	16727	15612	15411	18057	16178	21688	17547	10092	13544	16100	17602	**194346**
Sick Bay For Staff	431	422	420	634	609	631	523	356	353	554	571	659	**6163**
Total Operations	615	589	631	695	627	661	723	619	533	587	670	716	**7666**
Caesarian Section	136	95	88	100	96	112	103	99	113	98	96	91	**1227**

THE HUMAN RESOURCES DEPARTMENT REPORT 2008/09

Human Resource Development & Planning

EMPLOYMENT PROFILE AT GREY'S: 2008

	Occupations	Male				Female				Total	People with Disability				Age group		
Code	Occupational categories	A	C	I	W	A	C	I	W		A	C	I	W	<35	35-55	>55
1	Managers	6	0	1	0	8	4	7	5	31	0	0	0	0	2	26	3
2	Professionals	15	3	27	28	10	2	17	21	123	0	0	0	0	43	62	18
3	Technicians and Trade Workers	91	8	25	12	394	51	110	87	778	0	0	0	0	465	270	43
4	Community and Personal Service Workers	49	1	5	1	319	21	31	20	447	0	0	0	0	254	180	13
5	Clerical and Administrative workers	19	2	20	2	59	11	28	14	155	2	0	2	1	70	79	6
6	Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Machine Operators and Drivers	14	2	3	0	1	0	0	0	20	0	0	0	0	4	14	2
8	Labourers	92	0	1	2	244	17	9	16	381	0	0	0	0	71	246	64
TOTAL		286	16	82	45	1035	106	202	163	1935	2	0	2	1	909	877	149

HUMAN RESOURCE DEVELOPMENT PROGRAMMES

ABET

50 employees are currently enrolled in the Abet programme; 5 learners (for the first time since the programme was implemented at Grey's hospital) wrote National Examinations and have completed level 4.

MATRIC

41 employees are currently doing Matric and will be writing examinations in June 2009.

COMPUTER TRAINING

366 employees were trained on computer skills

EPMDS/PMDS

All Intermediate Review Committees in the institution (constituted in terms of the EPMDS policy) sat and validated the performance rating scores of employees on salary levels 1 to 12. The Moderating Committee also sat and moderated performance rating scores of SMS members. 510 employees on salary levels 1 to 12 qualified for pay progression and 26 SMS members qualified for same.

INTERNSHIP AND EXPERIENTIAL TRAINING IN ADMINISTRATION SUPPORT

15 learners from different educational institutional were enrolled for experiential training and 6 for internship.

ATTENDANCE OF SHORT COURSES, WORKSHOPS, CONFERENCES AND CONGRESSES

96 professionals and 22 Administrative workers including managers attended short courses in 2008.

ORIENTATION & INDUCTION

32 newly appointed and transferred employees attended the Orientation & Induction programme conducted by the Human Resource Development component.

LABOUR RELATIONS

The Labour Relations component at Grey's Hospital continued to assist the Department of Social Welfare in the facilitation of 32 Social Grant fraud charges of Grey's Hospital employees during this period. In order to assist Head Office in the speedy finalization of these cases the H.R. Assistant Manager: Mrs. Robertson was appointed as the Presiding Officer, with an officer from a neighboring Institution being appointed as the Investigating Officer. The cases were dealt with in 3 days. An additional 81 cases of Grey's employees being involved in Social Grant frauds have subsequently been received in February 2009 and a request made by the Forensic Investigator of the Special Investigations Unit for this office to facilitate their availability to be interviewed. The SIU will take the process further.

A circular was received from the Manager: Head Office: Labour Relations regarding new procedures to follow in the implementation of Abscondment's. This has resulted in a few teething problems being encountered especially when a staff member rotates from day duty to night duty or a student who moves between the nursing college and wards. It is imperative that there is no break in communication between our office and the source office if the staff member returns to work, in order to avoid termination of services being implemented on Persal in terms of the new policy. This is currently being addressed to find resolution.

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

	TOTAL	FINALISED	O/STANDING
DISCIPLINE	51	37	14
GRIEVANCES	18	12	6 *
ABSCONDMENTS	62	61 #	1
GRAND TOTALS	**131**	110	**21**

* There has been one dispute which regards Nursing OSD and involves National intervention.

\# Of the cases reported there were 59 cases which were aborted prior to services being terminated because the employee returned to work.

There continues to be a grave shortage of Investigating and Presiding Officers at our disposal to deal with our formal cases, and there are insufficient funds to train members of staff at Grey's Hospital to carry out this function. This does lead to frustration and delays in finalizing our cases. The willing few that are available to assist Grey's do so in addition to their normal busy schedules. In view of the aforementioned the District Office has now stepped in and offered funded training through the CCMA to a limited number of officials in the Umgungundlovu Area. This will be taking place during the month of March 2009.

HIGHLIGHTS AND CHALLENGES

HUMAN RESOURCE PRACTICES

HIGHLIGHTS

1. The Human Resource Practices was audited by the Auditors from Provincial Treasury and the following commendation was forthcoming from the Auditor who was in charge of the team.
   "The team from KZN Provincial Treasury (Internal Audit Unit) that was conducting an audit on HRM - Appointments and Termination would like to thank and appreciate the team from Grey's Hospital for the following:

1. The co-operation and good working relationship during the period of audit.
2. The professionalism displayed by HR staff when handling queries raised by the Internal Audit Team.
3. An adequate filing system observed during the period of review.

   Your Institution has been rated as one of the best for this assignment that was conducted in different Institutions.

   Keep up the good work."

   We are happy to report that the audit was successfully conducted.

2. An internal Audit Team was appointed by the District Manager to conduct an audit of the Occupational Specific Dispensation for Nursing for all Institutions in the District. Mr. G.H. Stoffels from this Institution was appointed to head up Task Team 1. Mr. S.P. Zuma from this Institution was also selected as member of Task Team 2. Together with members from other Institutions we were able to conduct the audit on 12 Institutions that fall under this District.
   The audit was successfully completed and a report was submitted to the District Manager.

APPOINTMENTS

3. Recruitment figures for the scarce categories this past year was as follows;
   Medical Personnel: 68
   Nursing Personnel: 42

CHALLENGES

Terminations

1. Retention of scarce category personnel was also a challenge during the past financial.
   The figures are as follows of officials who left our Organization during the past financial year.

   Medical Personnel: 38
   Nursing Personnel: 28

2. The past financial year we have lost many of our Human Resource Officials to other Departments as we are not able to offer them a better salary package. This has impacted on the service that we are able to render as component, because as soon as we have completed training them they are recruited by other Departments that offer better salary packages.

3. This Institution also experienced a challenge in recruiting non-scarce categories of personnel due to the Moratorium that has been put in place, preventing us from filling such posts.

PUBLIC RELATIONS DEPARTMENT REPORT BY: MR J Z MNTUNGWA 2008-09

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

ACHIEVEMENTS IN 2008:

Complaints and Compliments:

Grey's Hospital received 424 comment slips for the whole year 2008.
Complaints and suggestions=179
Compliments =245
The above statistical information shows the commitment of Grey's Hospital staff members in improving service delivery. We received many compliments than complaints.

Media:

Media Enquiries with negative publicity received in 2008 =16
Media Positive Articles in 2008 = 14
We have still maintained our positive image although we have received more negative publicity than positive publicity.

Health Events, Sports and Recreation:

Grey's Hospital Events Management team worked hard in 2008 to ensure that all selected health, sports and recreation events are being celebrated in our hospital to promote health life style and positive image despite of the financial constraints facing the institution. From public relations perspective, we would like thank all events management members for their contribution to establish and maintain the hospital positive image or reputation. In 2009 this team will continue to do its good work.

Signage:

In 2008, we managed to update the hospital Signage before it was written in English only but now it is in Zulu and English.

Donations:

Thanking East Coast Radio, N3TC Duduza and other private companies in 2008 for their donations to paediatric wards during Christmas and Easter holidays.

CHALLENGES in 2008:

The main challenges were:

Media:

- To minimize the media negative publicity about hospital,
- To make our workforce or employees understand or know on how it is dangerous to give inaccurate information about the hospital to press and electronic media,
- To come up with the strategy to deal with the anonymous employees who are always give information about the incidents, problems that occur or happen in our hospital to press or electronic media.

Office Space and PR assistant:

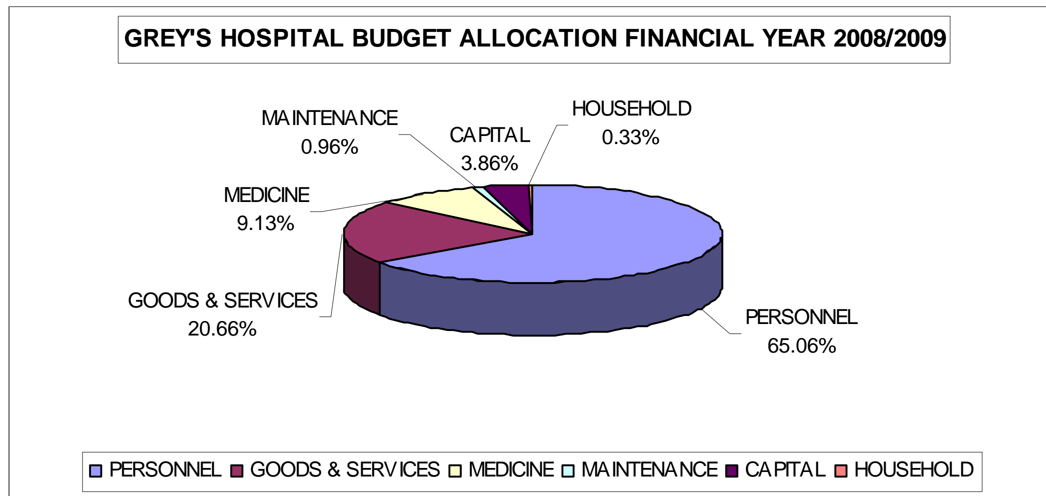
Office of the Public Relations is too small which makes things difficult for the PRO to do his work freely and to have PR assistant or intern to assist in his absence for example attending meetings, workshop or even in annual vacation leave.

FINANCIAL REPORT BY: Mrs ANDERSON

The amount of R 371,119,000 is allocated for the financial year 2008/09, which constituted an increase of 20.83% (R63, 982,000) compared to the budget allocation of 2007/2008. The allocation is summarised as follows:

FINANCIAL YEAR	2007/2008	2008/2009
PERSONNEL	R197,188,000	R241,449,000
GOODS & SERVICES	R66,870,000	R76,683,500
MEDICINE	R28,835,000	R33,889,000
MAINTENANCE	R6,042,000	R3,542,000
CAPITAL	R6,678,000	R14,340,000
TRANSFERS	R1,524,000	R1,215,000
TOTAL BUDGET	**R307,137,000**	**R371,119,000**

GREY'S HOSPITAL BUDGET ALLOCATION FOR 2008/2009 FINANCIAL YEAR (PER STANDARD ITEM)

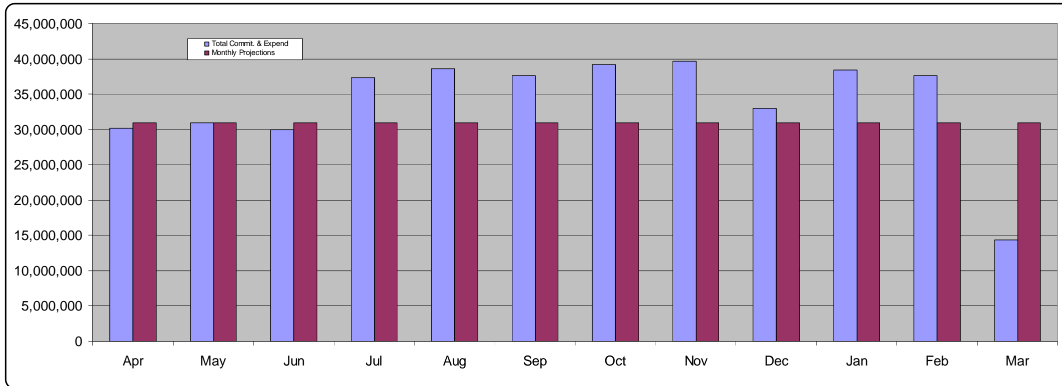


The expenditure trends for this financial year under review were as follows:

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE
PERSONNEL	R241,449,000	R271,557,459	-R330,108,459
GOODS & SERVICES	R76,683,500	R108,469,322	-R31,785,822
MEDICINE	R33,889,000	R31,534,765	-R2,354,235
MAINTENANCE	R3,542,000	R5,806,627	-R2,264,627
CAPITAL	R14,340,000	R3,118,938	R11,221,062
HOUSEHOLDS	R1,215,500	R378,300	R837,200
RESOURCE CENTRE		R5,809,000	R0
TOTAL	**R371,119,000**	**R430,509,278**	**-R49,746,411**

The over expenditure of R49, 746,411 (13.40%) is merely due to development and expansion of Tertiary Services.

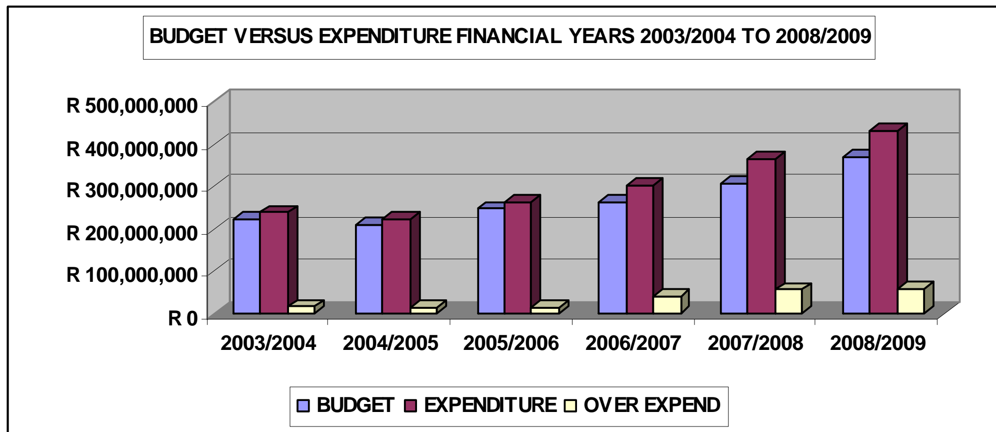
MONTHLY CASH FLOW PERFORMAMCE IN THE 2008/09 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2003/2004 TO 2008/2009

BUDGET VERSUS EXPENDITURE

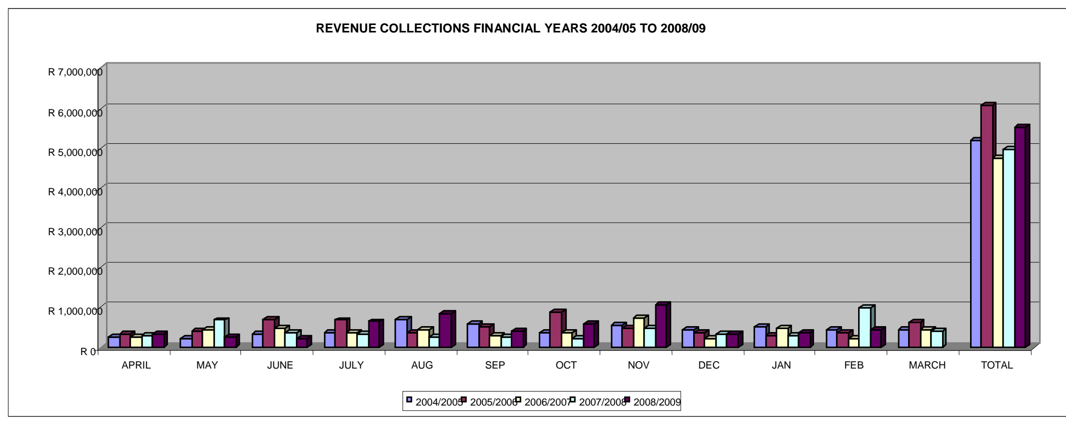
ITEM	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
BUDGET	R222, 249,000	R209, 073,000	R247, 763,000	R262, 757,000	R307, 137,000	R371, 119,000
EXPENDITURE	R239, 210,499	R224, 321,163	R262, 743,169	R303, 030,498	R363, 903,742	R420, 865,411
OVER EXP	R16, 969,740	R15, 248,163	R14, 980,169	R40, 273,498	R56, 766,742	R49, 746,411
% OVER	7.64%	7.30%	6.05%	15.32%	18.48%	13.40%



REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2003/2004 TO 2006/2007

		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF
2003/04 BUDGET EXP O/SPENT %OVER	 R222, 249,000 R239, 210,499 R16, 969,740 7.64%	128,312	127,878	R1, 399.40	R6, 108,823	R820, 307
2004/05 BUDGET EXP O/SPENT	 R209, 073,000 R224, 321,163 R15, 248,163	126,559	139,714	R1,295.68	R5,191,294	R1,231,767

%OVER	7.30%					
2005/06 BUDGET EXP O/SPENT %OVER	 R247, 763,000 R262, 743,169 R14, 980,169 6.05%	119,383	178,493	R1,468.82	R6,080,368	R814,781
2006/07 BUDGET EXP O/SPENT %OVER	 R262, 757,000 R303, 113,559 R40,356,559 15.36%	126,587	181,449	R1,620.32	R4,735,305	R775,317
2007/08 BUDGET EXP O/SPENT %OVER	 R307,137,000 R363,903,742 R56,766,742 18.48%	126,955	196,857	R1,899.54	R4,982,363	R596,022
2008/09 BUDGET EXP	R371,119,000 R420,746,4118 R49,746,411 13.40%	119,313	192,812	R2,2292.49	R6482,776	R333,114



CHALLENGES

Public Service is now facing greater challenges than ever before.
Financial constraints on spending and on the other hand demand for more services and a call for greater accountability.
We must acknowledge the greater demand to spend for diverse needs, but we must control our appetite to what will be to our best interest, spending within our needs and not our wants. As Minister of Finance Dr Z Mkhize said in his budget speech *"You can not spend the budget you do not have full stop"*.
For the first time in a decade, the 2008 third quarter GDP growth rate was measured at 0.2% and is likely to be negative in the fourth quarter
'THE COMMON FEATURE OF ALL ORGANISATIONS IS THAT THE RESOURCES AVAILABLE ARE NEVER SUFFICIENT TO PERMIT THE ACHIEVEMENT OF EVERY DESIRABLE AIM…. THERE IS ALWAYS A BUDGET CONSTRAINT"

On behalf of the Finance department I wish to express my appreciation to all staff for their dedication and contribution and overwhelming support.

Looking ahead we are looking to delivering value customer services and we will remain attuned to the needs and expectations with innovative idea's and to this end, we will involve all stakeholders with our financial strength, prudent management approach to update or enhance all managers of matters that are related to finance. *We are optimistic that we will achieve an improved performance in 2009/2010 in spite the financial constraints experienced by the department.*

ANAESTHETICS REPORT BY: DR. ZANE FARINA 2008/09

The Pietermaritzburg Metropolitan Department of Anaesthesia, Critical Care and Pain Management has had a difficult year in keeping the momentum going of the last couple of years due to the financial constraints on the Department of Health, and the ongoing effects of the moratorium on employment enacted during 2008. The issues around Critical Care are dealt with in a separate report by Dr von Rahden.

The central focus of the department is attracting quality doctors by ensuring career development. 15 members of the department were awarded the Diploma in Anaesthesia by the Colleges of Medicine of South Africa in 2008. Dr Leah Reid received the SASA John Couper Medal for the best Candidate in the year. 2 of our registrars completed the Primary examination for the Anaesthesia fellowship. Dr Reitze Rodseth, one of our first registrars appointed with the resumption of Anaesthesia training in 2005, successfully completed his final examination in Durban in September 2008. He will remain in Durban further honing his skills, but it is hoped to recruit him back to Pietermaritzburg.

This success has come from the teaching contributions from the members of the Consultant staff. In particular one must mention the efforts of **Dr Richard von Rahden** in the teaching of particularly the Part 1. **Dr Jonathan Handley** the Principal Specialist at Edendale Hospital has taken a major role in the DA training along with **Dr Jane Erskine**.

The department started off 2008 very well with the recruitment of many junior doctors. However with the moratorium on appointments as the natural attrition occurred we were unable to recruit replacements. Accordingly by the end of the year the department was very short of junior doctors. This has carried over into 2009 with vacant entry grade posts for the first time since 2005. Recruitment of specialists remains a problem, with the entry grade salary being completely non competitive. **Dr Jo-Anne Madurai** was recruited to Edendale hospital, but withdue to the non-competitive salary was lost to private within a few months. **Dr Natalie Hendricks** was appointed into a Senior Specialist Post administered by the Department of Paediatrics to facilitate the development of the Paediatric ICU, and to provide some "protected Paediatric Anaesthetic Time"

Subcomponents:

Registrar program: A total of ten registrar posts have been created and filled. High quality candidates have been accepted and the program is flourishing. There are currently two applicants for each vacant post. In cooperation with the department of Paediatrics one anaesthetic registrar is rotated for three months through the Neonatal ICU. This is a unique feature of the Grey's registrar program and is producing registrars with considerable neonatal and paediatric anaesthetic capability.

Intern Training: This has been under the leadership of **Dr Jenny King**, who has taken the new two month intern program and developed it to a stage where a basic competency in simple anaesthesia is achieved by the majority of interns. The intern training has received a strong vote of approval from the HPCSA and is regarded as a benchmark nationally. We hope to see the impact of this training appearing in the standards of care at district hospitals in the near future.

Outreach: This program is slow to develop due to the pressures of maintaining an inadequately resourced tertiary hospital, but expansion should be achievable in 2009.

Inreach: Slots and a training program for Community Service Doctors have been established at both Grey's and Edendale hospitals. This is intended to bring doctors in from the peripheral hospitals to receive anaesthetic training in the metropole. This teaching capacity is still inadequately utilized by the district hospitals due to reluctance on the part of Medical Managers to free up staff for training

Chronic pain clinic: Dr Paul Borgdorff returned to Holland early in 2008. Much effort led to the recruitment of **Dr Riaan van Zyl** from Groote Schuur Hospital. However in the post freezing that occurred during last year, and the subsequent uncertainty that this created for Dr van Zyl, we were only able to appoint Dr van Zyl on 1st February 2009. During this period of time Dr Rebecca Manning did a sterling job in keeping the Pain Clinic going and maintaining the improvements that Dr Borgdorff had begun. This has given Dr van Zyl an excellent foundation on which to build.

Acute Pain Service: This was initiated by **Dr Paul Borgdorff** and has been progressing well. After Dr Borgdorff left **Dr Carey Velasquez**, **Sr Lily Thomas** and **Mr D. Naidoo** have done well in maintaining and expanding this service.

Northdale Hospital: The key to the successful functioning of a tertiary service is appropriately running district services. Accordingly the department has put a lot of effort into raising the standard of anaesthesia and facilitating development of the service at Northdale Hospital. **Dr D Raghajvee** and **Dr L Taylor** have made big contributions in this regard.

Mortality and Morbidity meetings: Our weekly meetings directed by **Dr R von Rahden** have been highly successful.

Academic Meetings: The department of anaesthesia meeting on a Friday morning from 7:30 to 9 has continued throughout the year, and has made a great contribution toward the knowledge level of the department. In addition regular Chart Review meetings and Audit reports form part of the Friday morning meeting. The local Society of Anaesthesiologist meetings on the first Monday of each month and the Journal club meetings on the last Wednesday of the month are coordinated from the department.

Diploma in Anaesthesia program: Dr J Handley, Principal Specialist at Edendale now heads this program. He is ably assisted by **Dr Erskine** and **Dr J King**. The registrars contribute regularly. **Dr Erskine** has become an accredited DA examiner for the College.

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

Obstetric Anaesthesia: The standard continues to rise, but unfortunately the planned epidural service has failed to materialize due to nursing constraints. It is hoped this will develop in 2008. **Dr Farina** has been involved in the National Committee for the Confidential Enquiry into Maternal Deaths (NCCEMD)

Organisation: Ms Tracey Goldstone was promoted to a head office post, but the Department of Anaesthesia was very lucky in initially recruiting a superb temporary secretary **Ms Taryn Hiralall** and then an excellent permanent Secretary **Ms Collette Govender**. **Dr D King** has been very active in the daily allocations of doctors in the department and **Dr L Taylor** has ably managed the thankless task of the monthly call roster.

Theatre Efficiency: Ongoing attempts are being made to improve theatre turnover and on time starts. Unfortunately this remains a problem. The proportion of major cases cancelled for no ICU bed has gone down markedly with the improvement in ICU services.

Public/Private Partnerships: A good relationship is maintained with the Private Anaesthesiologists in the area with many of them contributing to sessional work. **Dr Robert Buley** provides after-hours cover at Grey's hospital. **Dr Mike Redfern** participates in the Pain Clinic. **Dr Roger Nattrass** provides after-hours cover and a morning a week in the ICU at Edendale, along with a very popular teaching program. **Dr P Bennett** contributes a morning to anaesthesia at Edendale hospital. **Dr Jo-**

Anne Madurai has continued to do occasional sessional work in paediatrics. Good relationships are retained with the Pharmaceutical and Medical Equipment Trade. Through these relationships the department successfully hosted a **Perioperative Pain Management Course** in February 2008 and the **4th Midlands Perioperative Refresher Course** on the 11th October 2008 targeting nursing and medical staff involved in the perioperative process.

Challenges: The ongoing problem with equipment and disposable procurement continue to plague the department. In addition recruitment and retention of junior specialist staff remains a challenge whilst the salary scales are the same as that of medical officers. The main rate limiting step to service delivery remains the shortage of nursing personnel. In addition to these "usual" challenges the moratorium on appointment of staff during the second half of 2008, dealt a body blow to the department of anaesthesia.

Fulfillment of 2008 plans: The difficulties around recruitment have been noted. This impaired the planned Pain expansion, and the planned Paediatric Anaesthesia expansion. Dr Natalie Hendricks has done well in her post, however the closure of Paediatric ICU consequent on the moratorium on appointment of staff has undone much of that work. Revitalisation of Edendale Surgery has certainly occurred and we have seen much progress in that regard.

2009 plans: It is hoped that ongoing recruitment efforts by the Department of Paediatrics and the Department of Anaesthesia will see the Paediatric ICU reopened. In addition it is hoped that there will expansion of the pain protocol into the paediatric wards. Equipment issues remain a major concern, and this has become more acute as with the failure to upgrade or replace equipment in 2008, we are now sitting with a backlog to catch up in addition to the normal cycle of replacement, and the needs of any expansion. Given the unlikelihood of any further funding becoming available the department is unlikely to make any expansion in 2009, but rather to attempt to recover and stabilize and put ourselves on to a footing to recommence progress in 2010.

CRITICAL CARE COMPONENT OF PMDACCPM REPORT BY: DR RP VON RAHDEN 2008/09

The year 2008 was productive for the Critical Care component of the PMDACCPM, and witnessed consolidation and strengthening of services. It was, however, not possible to significantly expand services due to constraints on nursing and medical staffing, as well as limitation of funds for replacement or expansion of equipment.

The Critical Care component of the PMDACCPM is responsible for the the surgical Intensive Care Unit at Grey's Hospital as well as for the multidisciplinary 2R ICU and 2F High Care at Edendale Hospital.

Grey's Hospital ICU continues to run well under the excellent nursing direction of **Sr Jenny Stewart**. Due to progressive natural attrition of nursing staff over the year, as well as progressive wear-and-tear on essential equipment items such as ventilators, monitors and infusion pumps (most of which are now overdue for replacement) there has been an effective decline in the number of functional beds available to adult patients, from six at the beginning of 2008 to five (of which only four can now accommodate ventilated patients) by March 2009. However, those patients admitted to the unit still receive nursing care of world-class standard. Four rotating registrars from Anaesthetic and Surgical Disciplines provide 24-hour on-site medical management, and are in turn directed by a core consultant body consisting of **Dr Zane Farina, Dr Carolyn Lee, Dr Richard von Rahden** from the PMDACCPM**,** and **Dr Damian Clarke** from the Department of Surgery. The unit continues to function as a "closed co-operative" academic Intensive Care Unit, and strives to render care to critically ill patients that is in line with current international recommendations, as far as resources permit. It must be mentioned that the age of our current ventilators, and the absence of cardiac output monitoring equipment, is now beginning to compromise our ability to meet international medical care standards, but we endeavour to make up for this by diligent clinical examination and frequent Registrar and Consultant assessment of patients. Teaching of Registrars and nursing staff in critical care remains a high priority of the consultant staff, and we endeavour to ensure that all rotating Registrars leave the unit with a good grounding in critical care principles. A weekly lecture for nursing staff has been in place since January of 2009, and Registrars have a weekly formal presentation, supplemented by twice-daily consultant wardrounds and frequent ad-hoc teaching sessions. We are grateful for the ongoing daily support we receive from the Dietetics and Physiotherapy Departments, the Radiology Department, the Division of Nephrology, and from **Dr Summayya Haffejee** of the NHLS.

In February of 2009 the need for Intensive Care facilities for Paediatric Surgical patients at Grey's Hospital led to the opening of two beds in the Surgical ICU for these patients as an interim measure until the Department of Paediatrics is able to re-open the Paediatric Intensive Care Unit. Nursing care for these children is provided by PICU Nursing Sisters, with on-site medical care directed by the ICU Consultant on call and the rotating ICU Registrar, supplemented by consultative visits from consultants of the Department of Paediatrics. This temporary arrangement is still in a growth phase and development phase, but is facilitating the care of critically ill perioperative children.

At Edendale Hospital it has been possible to strengthen the critical care service somewhat over the course of the year. While it is still not possible (for staffing reasons) to have as much consultant input as at Grey's Hospital, it has now been possible to provide a daily consultant ward-round, with input from Dr Lee, Dr Farina, Dr von Rahden and **Dr Roger Nattrass**, as well as from **Dr Jonathan Handley** (Head of Anaesthesia at Edendale) and **Dr Gill Reay** (Chief Medical Officer). **Dr Nosisi Mzoneli**'s untiring support of the unit is especially appreciated, as is Dr Handley's excellent statistical analysis work. In order to improve consistency of care we have attempted to use a small

pool of medical officers who work regularly in the unit. For some months in 2008, a "closed" medical officer pool was possible, but this had to be suspended because of staff shortage. However, we remain extremely grateful to certain doctors who took on special duties for some months in the ICU to keep the system working – **Dr Pam Scheepers, Dr Benjamin Greatorex, Dr Cathy Hanauer** and **Dr Thomas Theron.** We are also blessed with a highly co-operative relationship with the Department of Surgery (under **Mr George Oosthuizen**) and with the Department of Medicine at Edendale Hospital (**Dr Doug Wilson, Dr Keith Rasmussen**). Rotating Medical Registrars spend now spend one month in the Unit, and we hope that this will assist them in their training. As at Grey's, the intention is to create a "closed co-operative" unit, rendering excellent medical care to critically ill surgical, obstetric and medical patients, with ICU staff working closely with referring clinicians, but maintaining consistent internal patient management protocols. We are also grateful for support from Edendale Nursing management, and we thank the nursing staff members who work extremely hard under arduous and resource-limited conditions. It is generally possible to care for 3 patients in the 2F High Care facility, and for 4 to 6 ventilated patients in the 2R ICU. We hope to strengthen protocols, develop regular interdepartmental wardrounds, and to develop medical staffing to make a regular ICU MO team possible once more.

Challenges for the future affecting both institutions are numerous. No expansion is possible until more nursing staff can be incorporated into the staff establishments, as nursing care is the cornerstone of critical care. Equipment deficiencies at both hospitals are resulting in patient compromise, and the lack of a cardiac output monitor of any type at either hospital significantly impairs the care of patients with complex haemodynamic failure. Haemodialysis facilities at both hospitals need to be developed: peritoneal dialysis is being used with great success at Edendale on a regular basis, but cannot be used in most surgical patients; at Grey's the need to develop more in-house dialysis capability is necessary to relieve the load on the overworked Division of Nephrology. Frequent interhospital transfers are required because of bed shortages at both institutions, and need for dialysis of patients from Edendale; such transfers are always hazardous for critically ill patients, and also place a considerable load on EMRS. Development of capacity at both ICU's would help reduce the number of transfers required.

For the coming year we hope that time will be available to develop protocols that will ease day-to-day patient management. We hope to improve relationships with all referring clinicians, and to develop patient tracking systems that will facilitate patient follow-up and statistical analysis. We hope that funds will be made available to expand our nursing complement (and hence our bed number) and upgrade our equipment. Dr Carolyn Lee is nearing the end of her Fellowship in Critical Care, and we wish her well for her upcoming exams. Finally, throughout the coming year, we will continue to focus on offering the best possible care to our critically ill patients.

THE MAINTAINANCE DEPARTMENT REPORT 2008/09

Maintenance department has managed to do a lot of important things in 2008 and this department will continue to finalize unfinished work in 2009.
Some of the important things done by maintenance department are as follows:

- We procured and install a new boiler burner on boiler No. 1 and we had two new air compressors installed for starting up the two generators in the main plant room.
- We have done numerous alterations within the institution, such as in the G.I. unit and ENT. We continued installing new ceilings in the hospital, such as Ward G2 ablutions and the passageway at the escalators ground floor. We have done structural alterations for a new induction room and assessment rooms at labour ward and successfully resealed many leaking flat roofs, such as oncology entrance, third floor outside theatre lifts, path labs and others.
- The south block electrical sub-station switchgear was completely serviced and kept up with day-to-day breakdown s and maintenance. We completed the new Mother Lodger units and handed over.
- Service and cleaned re-heat boxes (air conditioning) in various wards and installed various split air conditioning units in the institution and maintain them.
- We continued concreting PLC control circuit was invented for the bedpan washing machines, which will save Grey's Hospital many thousands of rands.
- We also resealed the South and North, Maternity and Theatre lift shaft roofs, awaiting the arrival of our eight new lift and change the swimming pool over to newchemicals, removing dangerous chloride and HTH. The chemicals are safer and cheaper.
- Maintenance serviced all emergency generators and UPS system(uninterrupted power supply units)
- The ground and institution were kept in a neat and tidy condition and we installed all the IT cables and Telkom cables and lines into the Park Homes.
- We replaced and repairs numerous vinyl floor in the theatre and installed new carpets in the Campus lecture theatre.

PAEDIATRIC DEPARTMENT REPORT BY: DR. BL DHADA 2008/09

The PMB Metro Paediatric Department has had an extremely difficult year, especially following the moratorium on the filling of posts and the critical budget constraints that the DoH has had to endure.

Achievements:

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

1. In-patient services: Keeping this running with severe staff attrition at improved capacity, with the exception of PICU closure in November 2008. This however, has allowed us to open a further 14 beds in A1 – fully commissioned with the net effect of ironically increasing our bed capacity closer to our allocation (8 beds in PICU closed, 14 opened in A1 = 6 more beds)

2. Outreach services to District hospitals in Area 2 have continued with the AMS Red Cross "Flying Doctors" program, and the NELS program gaining in stature.

3. New staff acquisitions in January 2009:

a) Dr Lerusha Naidoo – Post: Specialist: Paediatrics (with neonatal focus). She has joined us after completing her paediatric training in Durban, but has returned home to PMB. Lerusha started as a medical officer and registrar in the PMB complex. She intends to follow the neonatology sub-speciality in the near future. Her arrival means that the neonatal team can consolidate the metropolitan service.

Training and research activities

1. All our training activities have continued and for the first time in a long time, we were able to attract more applicants than posts for the registrar program.
2. The "struggle" for a teaching platform with UKZN – Medical School seems to be heading in the right direction. But still needs to be finalized with the JHE agreement now again in dispute.
3. Exam success has continued, but some of our staff was unlucky this time.
4. Research activities have continued and a few staff members have excelled in this area. This can be seen when our website is up and running in the second quarter of 2009.

Child Health programmes in Grey's, PMB, KZN

1. Neonatal Experiential Learning Site (NELS) – continues to gain in stature, needs to expand desperately
2. Childhood TB Guidelines and implementation plans are now at advanced stages, with implementation imminent.
3. Development of KwaZulu-Natal In- and Out-patient (Paediatric and Neonatal) Health Information System (KiDz System)

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

1. Regional Paediatricians Forum
2. Child Health Problem Identification Program (Child PIP - Nationally and locally). See www.chip.org.za.
3. "Saving mothers, babies and children" committees nationally
4. "THOKOMALA NATHI" – non-profit organization similar to the "Friends of the Children's Hospital Foundation" at Red Cross Children's Hospital in W Cape has been formed and is looking to move forward this year

5. Partnerships with Harvard University in the USA –has commenced with three visitors to date.
6. Ongoing visiting doctors from Belgium / UK / soon from Canada as well.

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

1. Forced closure of Paediatric ICU due to inability to appoint staff and as a way of retaining the staff we have. This has had an immeasurable negative effect on the services available to children in Area 2.
2. Budgetary constraints and the lack of effective leadership to negotiate our way out of this situation.
3. Revamping of Area 2 Tertiary referral Neonatal Intensive Care Unit (NICU) for neonatal medical and surgical services – this has been on our business plans for four years now but remains unachieved. This would improve our bed capacity and bring us in line with infection control policies for NICU.
4. Lodger Mothers Facilities – these have been in construction for too long, with several delays. Has been officially opened in January 2009 but to date are awaiting occupation as contractors sort out the "snag list".
5. Ability to recruit any doctors – this has been a major problem this year, following on the moratorium of filling posts due to the financial crisis within the DoH. Retention issues remain.
6. Current services and expansion of tertiary service being under-budgeted at Grey's Hospital – this is a major frustration to all concerned as it hinders us from going ahead as planned. Best use of limited resources seems NOT to be a priority. Coupled with the cumbersome supply chain management system ensures that service delivery is hindered. THIS HAS NOT CHAGNED BUT SEEMS TO HAVE INTENSIFIED.
7. We have been in the press several times this year and most seems to be bad press. Much of this is due to the total lack of understanding of the conditions under which we function and that there are limits to everything. But we strive to always do the best we can with what we have and I believe still make a difference for many of the children who need our help.

CONCLUSION:

What next – within Grey's

1. Hoping to re-open PICU as soon as possible. This is totally dependent on the recruitment and retention of medical personnel, who happen to be a really scarce commodity at the moment. We are competing with other provinces, other countries and have several on our own team seemingly against us as well.
2. NICU revamp should be THE TOP PRIORITY for Grey's Hospital. It certainly is our top priority and remains so for 2009.
3. Expansion of the "experiential learning" concept to Paediatrics and Maternity is planned, as well as making NELS bigger. Improving our outreach cover would make absolute sense in an environment where tertiary service development looks to have been halted.

In conclusion I would only hope that the following year is less discouraging and stressful and that we are able to see the silver lining around the dark clouds. Keep "screaming" for the children and thank you!

PIETERMARITZBURG DEPARTMENT OF INTERNAL MEDICINE REPORT BY: DR. FJ MULLER FRCPC 2008/09

2008 has not been a good year for the world, but for the Pietermaritzburg Department of Internal Medicine it has been a good year on the whole, though there may have been room for improvement in some respects. Expansion and consolidation of tertiary services have been curtailed by budgetary constraints, but since we have had a good run of expansion of services on an annual basis for the last 6 or 7 years, a pause for consolidation may not be such a bad thing.

Positive developments in the year 2008 will be itemized (in no particular order):

1) **Training Centre and Assistant:** Funding from the Ottawa Hospital Division of Infectious Diseases enabled us to employ a full time Training Assistant, Khanyi Maseko, and to equip an office for her and her supervisor, Lorenza Cowling. It has proved a worthwhile investment of the Department's discretionary funds.

2) **Dialysis Project:** The Public Private Partnership whereby National Renal Care (Ladysmith) and B Braun Avitum (Newcastle) dialyse state patients in their private facilities has been continued in 2008. The contract now runs to the end of 2010. We hope to expand the service to other small towns in the near future.

3) **Lethal Communicable Diseases:** Although we have not had a proven case of a lethal communicable disease in our jurisdiction in 2008, we have revitalized the District of Umgungundlovu Committee set up to deal with this problem.

4) **CAPT Network:** Funded from Canada, the Canada Africa Prevention Trials (CAPT) Network is now established in its Pietermaritzburg site. It has an office and a Research Co-ordinator, Noleen Loubser. This unit is already developing its capacity to support and expand research in the PMB Metro Complex, and is available to support any research related to HIV.

5) **MOU:** The Memorandum of Understanding (MOU) with Ottawa Hospital Division of Infectious Diseases was finalised in 2008. It forms the groundwork for ongoing collaboration in teaching and research with the Ottawa Hospital Internal Medicine Department.

6) **Registrar Training 24:** The HPCSA gave permission for us to train a maximum of 24 registrars in our program in Pietermaritzburg. We elected not to exercise this option at the end of 2008 because of the budgetary crisis. We appointed registrars at the end of 2008 to bring our total to 20. We have one supernumerary registrar from Sudan, funded by her government, Waheeba Madani. Three of our registrars passed their part one in 2008, they being Shambu Maharajh, Shinu Abraham, and Soma Pillay (from private practice). Roull Jaikarun and Keith Rasmussen were successful in their final examinations in 2008. We congratulate all these people on their success. Their prowess reflects on the whole Department. "KT" Naidoo, Faz Mahomed, Halima Dawood and Keith Rasmussen deserve credit for supervising the Registrar Program.

7) **EDH consultants:** The employment of Bongani Thembela and Keith Rasmussen into Senior Specialist posts at Edendale means that Edendale Hospital Department of Medicine has three full time consultants in medicine, and a Chief Medical Officer (Andrzej Michowicz) for the first time in many years. It has greatly boosted the capacity of the Department of Medicine at the hospital. Dr Doug Wilson deserves credit for creating the atmosphere at the hospital where consultants feel comfortable working there full time.

8) **Rep to PPTC:** Rob Caldwell is now representing the interests of prescribers in Area 2 in the Provincial Pharmaceutical Coding Committee. He was appointed to this position by due

process. He has had a fruitful relationship with the Committee, and we would like to think that he has helped some of the academics in the Committee to keep their feet on the ground.

9) **Undergraduate Program:** Our undergraduate teaching program for 4th year medical students from the Nelson R Mandela School of Medicine in Durban continues. Chuma Jozi is now responsible for this program in Pietermaritzburg and maintains the necessary liaison with the medical school. "Our" students score just as well as the "Durban" ones in their exams.

10) **Visiting Students:** We get a steady stream of medical students performing elective rotations from medical schools in South Africa and in the developed world, notably Canada and the UK. It would be nice to see more such undergraduates from Africa and also our own undergraduates need to be given the opportunity to embark on elective rotations in other countries.

11) **Dialysis machines:** After literally years of trying we eventually got 4 new haemodialysis machines from Supply Chain Management at Head Office. Much of the pressure in the Dialysis Unit has been relieved by these new acquisitions.

12) **BMD Project:** The arrangement we have with the Osteoporosis Clinic at St Anne's Hospital whereby they provide us with an excellent BMD service for our state patients at a price discount is continuing fruitfully. We are very grateful to them for the excellent service they continue to provide for our patients.

13) **Metolazone:** Metolazone is a very useful diuretic which used to be available in South Africa but was deregistered some years ago. We managed to acquire an "emergency stock" via a Section 21 licence from the Medicines Control Council to keep a stock of it for worthy patients. Many patients have been saved by the use of this drug.

14) **Core Talk:** Core talk enables Adela can der Walt, our secretary to send bulk SMSs form her computer. It is relatively inexpensive and is being funded by our departmental discretionary funds. It has hugely boosted our capacity to inform people timeously about meetings and other commitments.

15) **MGH Columbia:** Medical Residents from Massachusetts General Hospital and Columbia University are rotating through the Edendale Hospital Department of Medicine. This brings fame to the Department of Medicine at Edendale Hospital. We feel it would bring fortune as well if some of our registrars were able to rotate to hospitals in the USA. Plans are afoot to facilitate this.

We encountered **problems** aplenty if 2008 as well. Some of the more difficult ones that we are doing our best to address in 2009 include the absence of a substantial Dermatology Service and the consolidation of the Cardiology and Nephrology Services. We would also like to see some of our registrars making elective rotation trips outside of our province. All these issues are receiving our attention.

ORTHOPAEDIC DEPARTMENT REPORT BY: DR.M E SENOGE– 2008/09

OVERVIEW OF ORTHOPAEDIC DEPARTMENT SERVICE IN THE PIETERMARITZBURG HOSPITAL COMPLEX

The Orthopaedic Service has over the last 4-5 years, shown tremendous growth not only in size but in the overall Service Delivery, Training and Development of Medical Staff.

We have been successful:

1. In integrating all the Orthopaedic Hospitals in the Metropol with weekly combined Registrar/Intern and Medical Officer Teaching Programs and monthly Mortality and Morbidity for all Hospitals.

2. We have also succeeded in building and sustaining the Public and Private Sector Partnership with almost all Private Orthopaedic Specialists playing a meaningful role in both Service Delivery, Teaching and Development of Staff.

3. We have gradually developed specialized services:

   a) Hand Unit – This unit is the only one of its kind in KZN and has Registrar in Training (x3) and offers:

i)6 month Comprehensive Rotation Teaching Program

ii) offers both a Referral Clinic for Consultation twice weekly – One clinic each for Edendale and Greys Hospital

iii) offers operating theatre twice a week – Monday at Edendale and Wednesdays at Greys.

iv) Combined Orthopaedic and Plastic Hand Clinic for complex problems once a month

v)Consultation from Durban Metropol for Complex Hand problems

vi) Highly Specialized Surgery for Paralytic Disorders – Brachial Plexus and Complex Regional Nerve Injuries

vii) Registrars from Durban have the opportunity to rotate to Pietermaritzburg for exposure in Hands.

   b) Spinal Unit – We provided a good Spinal Unit but with the Departure of 2 Spinal Surgeons, the service collapsed completely. The Unit has since been restarted after a young Consultant with potential was identified and sent for training in Spine. He had since returned (July 2008) and thus the Service is up and running again.

4.Outreach Program:

The success of the Outreach Program relies on:

a) Availability of skilled/competent staff from Regional and Tertiary Institutions visiting Outlying Hospitals.

b)Facilities and resources in the Outlying Hospitals.

c)Motivation of staff in Outlying Hospitals.

The Pietermaritzburg Metropol has only 3 Full-Time Consultants (Chief Specialist and Senior Specialist x 2). All Principal Specialists Post x 3 are vacant and thus this hampers our ability to run an effective Outreach Program. We strongly believe making access for Orthopaedic Service available to the community at large, but lack of Senior Staff for Supervision and Teaching severely hampers our efforts.

Despite these constraints, we do support Madadeni Hospital on a monthly basis where 30 patients are seen per Clinic through the AMS – Red Cross. The plan is to increase the visits to twice a month to offer surgical services with improved staffing

CHALLENGES:

Despite our successes with service delivery, comprehensive Teaching Programe for Registrars, Medical Officers and Interns, there are challenges to be overcome:

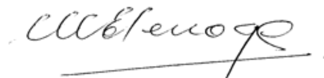
1. Recruitment/Retention of Senior Staff who are vital for improving the quality care (Supervision) and Teaching. We are unable to train more Specialists because of lack of Senior Staff for Supervision. The HPCSA Regulations is 2 Trainees per Consultant.

2. Spinal Service – the service requires Surgeons with Specialized skill and thus unless the overall working conditions improve (Salaries and working environment) we will not be able to retain the Spinal Consultant.

3.Inadequate funding for health care.

The introduction of the OSD this year for Health Professions may help alleviate some of the problems facing Senior Staff in Orthopaedics – Orthopaedics is a lucrative Speciality both in Private and overseas and that is why with current salaries, all our Principal Specialists in Pietermaritzburg are vacant and last year despite advertising the posts, not a single applicant applied.

4. Anaesthetic Services – Anaesthetic Department is crucial in rendering Surgical Services. There is severe shortage of Anaesthetic Doctors and these further constraints Orthopaedic Department – Surgeons are trained to operate and if they cannot, this further adds to frustration and unbearable working conditions. Thus Anaesthetic Department needs to be looked after and provided with resources that it requires.



OPHTHALMOLOGY REPORT BY: DR RB SPOONER 2008/09

Dr C Dewar,DrR Cronje has been with us at Greys since 1st January 2008 as registers. Dr V Govender has been transferred to Durban for a year as part of the registrar program . Dr G C Ladner obtained the FCS part 11and we all congratulate him on this achievement. He has been appointed as Senior Consultant in the Ophthalmology Department Dr A Burger is doing a fellowship in Essex in the UK.

Dr M Harrison & Dr E Uys continue to do sessions and we are extremely grateful to both of them for their support.

We have commenced an Orbital Clinic and see cases from all over KZN.

The Ophthalmology clinic continues to be extremely busy and the number of patients requiring surgery is increasing daily. Unfortunately with limited theatre time the waiting list for all procedures is growing at an alarming rate. No change in the theatre time has been possible since last year. We still do not have the microscope and the present one is faulty, our Visual Field analyzer is also not working properly.

The Out Reach cataract surgery program at Dundee Hospital is working well, we are doing cataract surgery twice a month. Other sites for Out Reach surgical programs have been identified but are still waiting for the necessary equipment to be purchased by the Department of Health.

New equipment has been requested however we are still awaiting its arrival. The never ending issue of no finances severely hampers our work and patient care is compromised due to cases in theatre have to be cancelled.

The Continuing Medical Education program is fully operational, having weekly Tutorials for Part 1 FCS, Neuro-Ophthalmology, Neuro-Radiology and Clinical Topics. Consultants and Registrars attend weekly academic teaching at IALCH Durban.

We are still aiming for a dedicated day cataract surgery facility so as to do away with the long waiting lists. Once the new microscope has been installed the existing microscope needs to be set up in the OPD theatre so as to enable day surgery to expand decreasing the requirement for beds which are at a premium.

The clinic also needs to be expanded, as the present the facility is far too small for the needs of the Eye clinic.

A very big thanks to Sister J Williams, Nurse C Nzimande and Staff Nurse R Ngcobo for their hard work and dedication as they often have to run busy clinics,answer telephone calls,do all the administration single handed.

ACCIDENT AND EMERGENCY UNIT (casualty) REPORT BY: L C PILLAY 2008/9

It gives me great pleasure to submit a brief overview of Casualty Greys Hospital with a view to highlighting the role of Casualty in the Hospital as well as to the general public.
The Casualty is open to patients on a 24/7/365 basis.
It is manned by two permanently appointed doctors, Dr LC Pillay (CMO / HOD) and Dr Wilson (PMO). We also employ the services of seven part-time sessional doctors to ensure that the casualty is permanently serviced.
Our experienced nursing staff is overseen by Sister Jones.
Casualty at Greys hospital is functioning at Tertiary level. This means that we deal with patients who are usually referred from other hospitals or fulfill the criteria that has been designed to accommodate the morbidly ill patient:
These include:

Orthopaedics:
1. Severe open fractures, where the wound is more than 1cm
2. Mangled extremities
3. Polytrauma
4. Paralysis/paraplegia with suspected spinal cord injury
5. Gunshot to limbs with evidence of neurovascular injury

Adult Surgery:
1. Polytrauma
2. Complex blunt or penetrating trauma
3. Over 30% soft tissue injuries
4. Head injuries with reduced level of consciousness (GCS 4-13)
5. Abdominal Aortic aneurysm
6. Active upper or lower gastrointestinal bleeding
7. Operative management of acute abdomen
8. Foreign body in the trachea or oesophagus
9. Penetrating eye injuries

Paediatric:
1. All neonatal surgical emergencies
2. Acute abdomen/peritonitis
3. Acute scrotum
4. Sexual abuse less than 14years of age

Obstetric:
1. Eclampsia
2. Ruptured uterus
3. Abruptio placentae

Medical:
1. Known Ischaemic Heart Disease with prolonged chest pain (> 30minutes)
2. Complicated Myocardial Infarction
3. Diabetic coma
4. Complicated drug overdose

Although these criteria are in place we are often faced with the challenges of individuals who do not adhere to the policy and just turn up at Casualty without appropriate referral or with patients who can easily be managed at district level.
We do not turn these patients away.

We assess them and then redirect them to appropriate facilities for health care. It is often that abuse is hurled at us if we redirect the patients but the general community needs to be fully aware that these problems may be appropriately managed at district level. It is often a difficult task for one doctor to take on the problems that are inappropriately referred when the district hospitals have many more appointed doctors to deal with the problems that fall out of our referral criteria. We have thus also received our share of unfounded bad press.

Despite the challenges we are faced with on a daily basis we are backed up by relevant specialties for definitive care of the patient.
Ultimately we strive to uphold the first principle of the Hippocratic Oath: DO NO HARM

As I have been newly appointed as the Head of Department, I have been left to address critical issues that affect us on a daily basis: ie. Staff shortages , lack of equipment , quality assurance strategies.
My sincerest thanks goes out to Dr Wilson who ran the department alone for almost the entire 2008.
On a positive note I have embarked on a coalition program with the Emergency medical rescue services and have become an active player in the development of the new Emergency Clinical Technician program which will see their first batch of students qualify in May 2009. To these students as well as the coordinators of this program , I extend my full support.
We have also implemented an active teaching program for the nursing students rotating through casualty in the form of bedside clinical assessments, tutorials, practical assessments and tests.
This has been an enriching experience for all concerned and aims to strengthen the knowledge basis of our nursing students who will soon progress to professional nurses. After all Knowledge is Power...
I have been invited to join the Ethics Committee and look forward to dealing with the myriad of ethical dilemmas that we are faced with on a daily basis and impact greatly on patients outcome. Dr Muller is the experienced chairperson who will guide me in the ethics forums.

We envisage attending the Emergency Medicine Symposium in November 2009 in Cape Town with valuable skills to enrich our development as doctors in the field of Emergency Medicine.

Finally , there is a saying that holds firm: Experience is the greatest teacher… We thus hope that the our experiences assist us in becoming better doctors, always bearing in mind that the patient always comes first. I look forward to a team approach from all members of the casualty staff as well as the various departments we deal with, ultimately ensuring efficient patient outcome.
Thank you to each and every individual who strives to make this department a place of healing and helping.

OCCUPATIONAL THERAPY DEPARTMENT REPORT BY: ANGELA CHETTY 2008/09

The Occupational therapy department has been a lively buzz this year , with rehabilitation services, remedial programmes, paediatric assessment and treatments, splinting, pressure garment fabrication, wheelchair/ assistive device assessments and issues, and functional/ medico-legal assessments. An increase of tertiary services, and specialist clinics has meant an increase in specialist occupational therapy services. We welcomed a new community service therapist and a senior occupational therapist to the group. We also sadly waved goodbye to a few staff members. Teaching and training demands increased in this year for both staff, and university students.

HIGHLIGHTS:

- Dedicated paediatric services by a specialist trained OT.
- Good support to the hand clinic by a dedicated therapist.
- Support to district hospitals by meetings, mentoring and in-service.
- Community outreach to Balgowan clinic, Emuseni old age home, Sunny side old age home, H.S. Ebrahim school.
- Training and practical examinations of final year university students.
- Regional networking with other institutions.
- Successful cerebral palsy clinic
- Hosting and participating in various events: international day of the disabled, cerebral palsy workshop, Christmas event for children, and staff wellness day.

CHALLENGES:

- Rapid turnover of staff and lack of incentives to retain staff for longer periods.
- Inability to sustain established services, and support developing services due to lack of resources.

We look forward to a better year of overcoming obstacles and providing quality services.

PHYSIOTHERAPY REPORT BY: MRS H SHANAHAN

Patient load and staffing

Grey's Physiotherapists delivered over 36000 patient treatments in 2008. Currently there are 5 Physiotherapists, 1 Physiotherapy Assistant and 2 ASO's providing physiotherapy services to Grey's Hospital. A community service Physiotherapist is no longer allocated to Grey's.

One elective student from UKZN completed her placement at Grey's. A student from Arnhem Nijmegen, the Netherlands, did her 3 month internship with our department.

Facilities and services

The Hydrotherapy Pool continues to be extensively utilised, and is a valuable resource at Grey's. Structured classes are held twice per day.

The Back and Exercise Classes follow pool sessions on Tuesdays and Thursdays. Various aspects of mental and physical health which are important in the management of chronic pain are discussed. The demographics and outcome measures from these classes are audited, and used for ongoing development. Space restrictions, as well as the need for provision of close supervision, restrict the size of these classes.

Knee Classes continue to be held once a week to follow-up knee arthroplasty, as well as focus on exercise programmes for other knee conditions.

The Paediatric physiotherapist is doing Neonatal neurodevelopmental screening at the Neonatal clinic, and will also be attending the Neurodevelopmental delay clinic at POPD .
A physiotherapist has been allocated to Plastics, covering both in and out patients.

Continuing Education
Journal club meetings, which are accredited by UKZN, are held monthly.
The Physiotherapy department, in conjunction with the SASP, planned and hosted a two day Paediatric Critical Care course. It was well attended by both public and private practitioners who work with neonates and paediatrics.
The Physiotherapy department also hosted a two day Aquatic Therapists course, attended mainly by private practitioners.

Challenges
The main challenge facing us in 2009 is maintenance of services with reduced staff numbers. It is difficult to recruit and retain staff as public health salaries are not competitive with the private sector, and with budgetary restraints and delays in implementing OSD this is not going to change in the near future.

ONCOLOGY DEPARTMENT REPORT 2008/09

STAFFING:

- 1x Principal Clinical oncologist (HOD)appointed on the 1st February 2009
- 1 vacant Senior Clinical Oncologist post
- 1x vacant Principal Medical Officer
- 1Senior Medical Officer employed on 1st February 2009-Dr Vawda
- 1x Registrar post occcupied by Dr S Abrahams effective from 2008
- 1x Chief radiotherapist post occupied by Mr A Mbuthuma effective from 1st February 2009
- 1 x newly apponted Radiotherapist from 1st March 2009-Mr P Mazibuko
- 1xCommunity service radiotherapists started on 01/01/09 – Ms N Ismail
- Farewell – –Dr B Lester (HOD)Principal Clinical Oncologist – 30 November 2008
  -Dr R Ahmed (Senior Clinical Oncologist -31 December 2008
  --Dr D Wilson (Principal Medical Officer) -15th January 2009
  --Mr M Nyawose (Comm.Service Radiotherapist)-31 December 2008
- The department managed to attract more disciplines for the holistic treatment of cancer viz CHOC(Reach for A Dream) & Moments in time to assist patients with emotional support and transpotation to and from the Department Respectively
- The psychology department also attends the combined clinics on a regular basis to provide psychological support to cancer patients.
- The Dietetics department also has sessions in the department for 3 hours a week and provides continuous support on all dietry related patient problems.

- EQUIPMENT ACQUISITION

- S- overlay Head & Neck Support
- 2 xPatient's stretchers acquired
- Silverman head & neck support delivered
- Fletcher Type titanium applicator set x3 -September 2008
- Alloy cabinet delivered and operational
- Patients drip stands delivered

- 2 xPatient's stretchers acquired
- 2 Portable suction units delivered
- Rectal retractors x2 delivered
- 4 dressing trolleys delivered
- Stainless steel autoclave compatable applicator boxes acquired
- TV & DVD Player was donated to the Chemotherapy unit by Hosptal board

PENDING STOCK ACQUISITIONS

- Defibrillator still awaiting delivery
- Dosimeters for pregnant personnel
- Gynae bed still pending
- Fixation tube for colpostat segment
- X-ray marker for 320mm applicators
- Laser alignment tool (phantom)
- Diode detector for electrons
- Head& shoulder masks

EVENTS AND TEAM BUILDING

- Cancer Awareness Programmes (week) August 2008
- Team building – sports Day – September 2008
- Christmas Party – December 2008
- Valentines Tea – 14 February 2009

TRAINING AND SKILLS DEVELOPMENT

- Sacro/Sasmo Congress FEBRUARY 2009– Attendees: Mr N Mdletshe, Mrs P Chonco, Mrs J Buys, Mrs V Trigg, Mrs M Mbhele, Mrs K Khumalo, Mrs K Khwela. Ms L Daniels
- Site visit to GrooteSchuur & Tygerberg Oncology Department in February 2009-Mrs P Chonco & Mr N Mdletshe
- Radiotherapist Training at Inkosi Albert Luthuli Hospital for Head & neck Radiotherapy treatment 2008
- Aria upgrade & training -in September 2008
- Patient Care support for Terminal ill patients (Presentation)by Hospice-Mrs Maureen Snowden
- Enrolled for Matric – Miss Sindy Ncalane (General Orderly)
- Assessment by HPCSA in July 2008 for student training – still awaiting feedback from HPCSA

SERVICE DELIVERY

- Radiotherapy department have increased numbers of patients for radiotherapy from 40-50 on 1 linear accelerator.
- Initially we started doing gynae patients and palliative patients only but now the scope has extended to doing breast cancer patients effective from December 2007 we have started treating Head & Neck Radical radiotherapy patients from September 2008.
- children are still referred to Inkosi Albert Luthuli Hospital because of insufficient treatment facilities/funds at Greys.

- Number of new patients seen in the clinics has not changed 70patients per week due to staff constraints from November 2008- February 2009.
- The number of beds allocated to sick Oncology patients has not changed but M3 is being prepared to be a dedicated Oncology Ward
- The lodger facility for both Mothers ad Oncology patients has been opened on the 28tth January 2009 only 20 beds are allocated for Oncology Lodger patients the rest of 60 beds is allocated to lodger mothers.
- Chemotherapy services – the number of patients receiving chemotherapy his still 25-30 patients a day due to a venue constraint
- We have started treating eye cancer lesions with Sr-90 eye applicator
- We made a breakthrough by treating the patient with Graves disease with Radiotherapy
- Participated on the IAEA/WHO TLD audit in February 2009 and still waiting for the results.

DEPARTMENT OF ENDOCRINOLOGY REPORT BY: DR F MAHOMED 2008/09

The Department of Endocrinology was developed actively in 2007 .

Our staff has grown to the following: 1 Principal Specialist, 1 PMO , 1 Medical registrar and 2 part-timers.

Our endeavors included the following areas:

1] To enhance the service in Dept Endocrinology - Greys Hospital

-Enhance file records

Proforma : The new diabetes clinic proforma was implemented and is proving to be very useful

-Develop PMO posts in Endocrinology and Diabetes : The PMO, Dr N Sewgoolam has settled in and

Does clinical work, as well as assists with the management of the Diabetes and Endocrine clinics She supervises the medical registrar and the teaching programme in the unit. She has passed Her Part 1 FCP(SA) in September 2008

-The Podiatrist assists greatly in the Diabetes clinic and is now an established feature in the Diabetes service. She has her own office and equipment

- We have diabetes nurse educators, Sr Naidoo and Sr Jasson, who assist all disciplines at Greys

-The adolescent transition clinic didn't survive 2008. Too many other work commitments by the medical staff led to its demise. It has been absorbed into the Paediatric / Adult Diabetes clinics as indicated

-we lost the Dietician lectures in the Diabetes clinic, due to understaffing in the Dietetics dept.

2] To Develop the Tertiary Service

-Developed a programme for rotating registrar: an in-house programme, clinical teaching and end-of-block assessment implemented in 2008.

-Participated in the General Medicine Registrar Teaching programme and General Medicine clinical service at Grey's Hospital

-Developed academic link to UKZN: not easy. The trail has gone cold, in this respect. This will be attended to again in 2009

-HOD Endocrinology was asked to also take on the HOD Internal Medicine at Grey's in July 2008,
With all the additional administrative load that comes with it.

3] To promote Metropolitan Services

-Outreach to Greytown Hospital-once a month.

-Education programmes – Nurses: Dr Mohan ran a very successful programme

4] Quality Improvement

-Clinical Audits Dr Mohan, Sewgoolam and myself did audits on HbA1c in the metropole[follow-up] and Results Review

-Implement ICD10: Laminated forms in the clinic were available. Implementation needs attention in 2009

-Post clinic results review: by Dr Mohan : results are reviewed and abnormal results are acted upon.
This is now well established

<u>Dept of Endocrinology</u>
Dr F Mahomed Principal Specialist
Dr N Sewgoolam Principal Medical Officer
Rotating Medical registrar
Dr R Mohan Part-time Medical Officer
Dr N Naidoo Part-time Family Med Physician
M Mofokeng part-time Podiatrist

DEPARTMENT OF NEUROLOGY REPORT BY: DR AA MOODELY 2008/09

General:
The Department of Neurology continues to provide a 24 hour service. The departments of Medicine and Psychiatry have included Neurology in their training programs and registrars have commenced rotating through Neurology on a 1-3 months rotation since January 2008. IALCH neurology registrars have also been rotating through Grey's hospital for 2 months at a time as part of an exchange program.

Consultants:
Dr Ayesha Motala relocated to Cape Town and was replaced by Dr Izak Burger, who commenced working in July 2008. Dr A Moodley did a 3 months Fellowship in Neuro-ophthalmology at the Vancouver General Hospital in Canada. A Neuro-ophthalmology clinic is run fortnightly at the Eye clinic with Dr R Spooner, head of Ophthalmology.

Medical Officers and Registrars:
Dr A Bhanjan passed the final exam in Neurology in October 2008. Drs I Siddi Ganie and A Naidoo passed the FCN part 1 exams in March and September respectively.

EEG Department:
The 2 laptops stolen from the EEG Department were replaced by funds obtained from the CAPT Network, due largely to the efforts of Dr J Muller, to whom we are most grateful. Security at the Department is an ongoing problem and has been temporarily resolved with an electronic locking system. The problems of flooding, noise artifact and poor security necessitates relocation of the EEG Department away from outpatients.

Neurology Clinic/Epilepsy Clinic
The Neurology clinic has been relocated to MOPD but shortage of consultation rooms is still a problem. The Epilepsy Clinic cannot be accommodated at Grey's Hospital due to lack of clinic space.

The Future:
Plans are being made to hold the Epilepsy Clinic at Town Hill Hospital. Encouraging support has been provided by Dr Howard King. Mrs Pillay from Epilepsy SA has also assured support of this venture. The EEG machine based at Town Hill hospital will be run by Grey's Neurophysiology Dept.

RADIOLOGY DEPARTMENT REPORT BY: MRS WOOD, DR D REITZ AND DR A STOKER 2008/9

ACADEMIC

An intensive academic training programme has been created in the Radiology department for the Radiology registrars, involving daily intra- and inter-departmental meetings as well as lectures, presentations and journal clubs. In addition, Radiology registrars and medical officers attend meetings and tutorials with a private Radiologist in Pietermaritzburg where interesting case presentations and discussions take place.
The senior registrars travel to Durban four days of the week leaving at 05h00 to attend tutorials conducted by a private Radiologist at Inkosi Albert Luthuli Central Hospital.
Regular rotation of registrars and medical officers occurs between Greys and Edendale Hospitals.
The Radiology registrars who are bound by the new regulations to write M.Med. theses have submitted their initial protocols to the relevant authorities at UKZN Medical School.
One registrar passed Part I F.C.Rad.(Diag) SA in September 2008, and further candidates are currently writing the Part 1 and Part 2 F.C.Rad. (Diag) SA exams.
A pre-exam course for Radiology registrars where approaches to examination questions were presented by several South African Radiology HODs, was held in Cape Town in September 2008, and was attended by all the registrars and some of the medical officers from Greys.
There have been a number of congresses organized by the Radiological Society of SA during the year, including Paediatric workshops in Johannesburg and Cape Town, Head and Neck imaging in Cape Town and more recently the 1st RSSA and ICIS Teaching Course in Cancer Imaging in Cape Town.
Greys Radiology Department, together with Universitas Hospital in Bloemfontein and Tygerberg Hospital in Cape Town, have been selected to host Visiting International Professors from the Radiological Society of North America later this year. The two visiting professors due to spend several days each at Greys Hospital are respectively experts in Musculoskeletal Imaging and Paediatric Neuroradiology.
A number of Radiology medical officers from the Greys/Edendale complex have been accepted into registrar posts in other centres in SA including Tygerberg, Cape Town, Bloemfontein, Pretoria and Johannesburg over the past few years.

SERVICE PROVISION

New modalities have been instituted including Coronary Artery CT. A four day course was conducted by an applications expert from Siemens and a protocol has been formulated for the Cardiology department for the selection and preparation of patients for coronary artery CT.
Breast MRI examinations have continued with increasing experience and competence of the Radiologists.
The Mammography department has expanded its services, with over 80 imaging-guided biopsies having been performed during the year with a positive carcinoma diagnosis rate of approximately 35%. Greys Hospital is currently the only Radiology Department in KZN offering non-vascular interventional procedures.
The Chief Radiologist has attended a number of training sessions in Musculoskeletal ultrasound with a recognized international expert, and will be expanding the Musculoskeletal ultrasound service in the near future.

EQUIPMENT

Several years of continuous effort and repeated motivations by the Chief Radiologist have eventually resulted in the acquisition of a State-of-the-Art Ultrasound unit for the Ultrasound department due to be delivered shortly. This reduces the ultrasound equipment deficit to a further 2 mid-range machines necessary to provide an acceptable level of diagnostic accuracy and service continuity as our older machines deteriorate and fail.

A new Toshiba multi-slice CT scanner is currently being installed at Edendale Hospital, again after several years of repeated motivation. This will enhance the capacity of Edendale to function as the regional trauma centre.
Dose Area Product (DAP) meters were installed on all the fluoroscopy units as required by the Radiation Control Directorate. This records the amount of radiation received by the patient undergoing fluoroscopy examinations.
The Chief Radiologist has been extensively involved in meetings regarding Radiological equipment acquisition in the Province and with the Revitalisation project for KZN.

OUTREACH PROGRAMME

Personal visits to outlying hospitals in Area 2 have been conducted by the Chief Radiologist, and audits have been performed on staffing, equipment and educational needs. Problems identified at the various hospitals are currently being investigated and remedied.
The Ultrasound Outreach Programme is being run concurrently with Mrs A Cooke who compiles detailed reports on Ultrasound equipment, facilities, staffing and educational needs of all the hospitals in Area 2. The intention is to institute Ultrasound workshops at selected outlying hospitals in the near future where lectures will be given by Mrs Cooke to the radiographers and interested doctors followed by hands-on training sessions.

RADIOGRAPHY

Several Radiographers were able to attend the 15th International Society of Radiographers and Radiological Technologists World Congress in April 2008. This was the first time the congress was ever held in Africa and over 1250 delegates from 49 countries were in attendance.
Three radiographers attended the Cardiac Congress held at the Wild Coast in November 2008.
An active in-service training programme for radiographers is ongoing with lectures given monthly by various invited speakers. Radiographic technique and pathology lectures are also presented monthly by internal radiographic staff.
Two radiographers are currently studying towards their Bachelor of Technology degrees and two have enrolled this year for their Masters Degrees.
The Radiation Control Directorate has introduced the compulsory requirement of a post-graduate qualification for radiographers undertaking mammography exam-inations. The two radiographers working in the Mammography department are currently studying towards this and will complete the course in June 2009.
An Area 2 KZN Radiographers Forum was established in May 2008 where matters of common interest are discussed. The Radiography Manager from Greys Hospital was elected as secretary for the forum.
Greys Hospital continues to provide clinical training to student radiographers despite there being no Clinical Tutor post. A second year student from Pretoria University spent two weeks gaining clinical experience during December 2008.
Great concern has been expressed by the Durban private Radiology practices regarding the dire shortage of Radiologists and radiographers in KZN and the need for adequate training of radiographers and ultrasonographers. A meeting to this effect was held at Durban University of Technology towards the end of 2008.

STAFFING

The shortage of Radiology consultants and experienced Radiographers continues to limit optimal service provision. It is hoped that the ongoing crisis in Radiology training at the Durban Hospitals affiliated to UKZN will not have any effect on the capacity of Greys Hospital to appoint new Radiology registrars when current incumbents complete their training.

DIGITAL RADIOGRAPHY

The global trend is towards the introduction of digital radiography where hard copy films are replaced by digital on-screen images. In preparation for this, the Chief Radiologist and Radiography

Manager visited a number of installations with various vendors at a number of private institutions in KZN. Other provinces in the country are likewise moving towards digital radiographic solutions.

DEPARTMENT OF UROLOGY REPORT BY: DR CONRADIE 2008/09

A. SERVICE DELIVERY

1. Clinics

Four new sub-speciality clinics implemented as part of urology service and they are:

1. Female Urology (Monday and Thursday)
2. Paediatric Urology (Monday)
3. Endourology (Thursday)
4. Uro-oncology (Thursday)

Two pelvic floor / perineum examination beds were acquired. One was donated and the other was purchased by Grey's Hospital.
Procedure room was created in the general urology clinic for the purpose of minor procedures, prostate biopsies and ultrasound investigations.
Clinics in Edendale hospital, to be implemented once the manpower problem is addressed. We envisage having one general urology clinic in each hospital very week. This must run concurrently with the addition of two new medical officers, two registrars and one senior specialist post.

2. Theatre

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

Dedicated endourology list every Wednesday at Grey's Hospital.
Paediatric urology theatre list every second Tuesday at Edendale hospital.

In order to maintain tertiary urology service, the acquisition of endo-urological equipment has to be implemented, which are the following:

Flexible ureteroscope – approved and ordered, but not yet arrived.
Harmonic dissector – approved and ordered but not yet arrived.
Service contract with Spectramedic for ESWL service.
Approved in principle, of the purchase of ESWL machine that would be installed at Grey's Hospital.

3. Wards

Bed status at Grey's unchanged.
Ten Paediatric urology beds created and shared with Paediatric surgeons at Edendale Hospital.

4. Outreach

Outreach program to most secondary hospitals and district hospitals on going.

B. ACADEMIC AND TRAINING

1. Accreditation

We are currently, in the process of obtaining full accreditation as a training institution, with two new registrar posts and 1 senior specialist post.

2. Individual Achievements

Dr MC Conradie nominated as the junior urologist of the year at the Biannual SA Urology Association meeting.

3. Examinations

The following Medical Officers have passed their urology examinations successful as part of their training:

Dr J Urry : Passed F.C.S part 1A
Dr D Naidoo: Passed F.C.S part 1A

Dr J Urry and Dr D Naidoo were successful in applying for a registrar post at the PMB Department of Urology.

4. Teaching Programme

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

5. Urology Guidelines

Guidelines in Urology are being drafted by the Department of Urology at Grey's Hospital and will be implemented throughout the KZN training hospitals as guidelines in service delivery as well as reference in training of new urologists.

Basic Surgical Skills Course

Both Dr D Naidoo and Dr J Urry finished the basic surgical skills course successfully.

Endourology development

Negotiations between the South African Urologists and the World Endo urology Society were successful and the South African Society of Endourology has been established and is being chaired by the Grey's Hospital Urology Department.

Urology workshops

Urology workshops at Grey's Hospital as a training platform for private Urologists and Registrars have been planned for 2010 Biannual SA Urology Association.

Continued Medical Education

Currently Dr M.C.Conradie is enrolled for M Med in Urology at Nelson R Mandela School of Medicine.

C. RESEARCH

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

Laparoscopic Nephrectomy – vascular sequelae
Comparison in stone clearance between ESWL, PCN, RIRS and laparoscopic pyelolithotomy
A screening for prostate Ca in rural KZN
Outcome of hypospadias repair with various techniques.
Greenlight laser prostatectomy
Seminal vesicle sparing radical prostatectomy

D. ADMINISTRATIVE AND INFRASTRUCTURE

Dr J Urry and Dr D Naidoo were successful in applying for a registrar post at the PMB Department of Urology.
In addition to the above, one junior / senior specialist post will be filled from the same date.

New equipment acquired for the department of urology, includes the following:

Flexible cystoscopy for theatre complex at Grey's Hospital

New clinic envisaged for 2008 / 2009 with increased space for examination area as well as procedure room where small procedures and cystoscopies can be performed.

The request for cubicle separation in the Urology clinic has unfortunately not been met, with the result of inappropriate or inadequate privacy for patients.

Theatre equipment that was ordered but not approved due to financial constrains is the laparoscopic video stack needed for all endourological procedures. Since Endourology makes out 75% of all Urological procedures, it is absolutely mandatory for this laparoscopic stack to be acquired and will be on the priority list for the next financial year.

On the recommendation of Natalia, a new ESWL machine will also be acquired during the year 2008 / 2009 and installed in the Grey's Hospital Theatre Complex.

SPEECH THERAPY & AUDIOLOGY REPORT BY: YUGESHIREE 2008/09

STAFFING:
1x Full time Speech Therapy – Audiology Manager
1X Full time Senior Audiologist
1X Full Time Senior Speech Therapist
1X General Orderly
1X Community Service Audiologist – Completing community service 30 December 2008.
1X Community Service Speech Therapist - Completing community service 30 December 2008.

NEW EQUIPMENT:
1X Diagnostic Middle Ear Analyser with the test capabilities of conducting diagnostic Tympanometry, acoustic reflex threshold and decay measurements, Eustachian tube function testing (both intact and perforated eardrums), acoustic reflex latency testing, acoustic reflex latency testing and Multiple frequency Tympanometry (250Hz to 2000Hz).
1X Diagnostic Otoelectophysiological Assessment System. This will assist in detecting hearing loss in babies and other difficult to test populations.
X1 Provox Speaking Valve Kit, Including speaking valves, brushes and user manuals, and Provox speaking valves for issue to patients. Used for comprehensive management following complete laryngectomy.

SERVICES AND SERVICE ISSUES:
Speech Therapy:
1. Paediatric and Adult, in and out-patient service.
2. CP Clinic.
3. Joint venture with ENT department fitting laryngectomy patients with Provox speaking valves.
4. Videoflurosocopy service run in conjunction with the Radiology dept.
5. Paediatric Home based trache care Clinic. (Team consists of Paediatrician's, Nursing, OT, SLT, Dietician, social work and psychology.
6. In-service training for support staff on translation issues including theory, practice and ethics.
7. Aural rehabilitation clinic for the hearing impaired children.
8. Staff have had advanced training in Dysphagia management and fitting of speaking valves in laryngectomy patients.

Audiology:
1. Diagnostic Audiology service: Otoscopic, Middle ear Analysis, Air Conduction, Bone Conduction, Speech Testing.
2. Otoacoustic Emissions testing, which is a quick screening tool to determine cochlea sensory integrity.
3. Hearing aid Clinic: Hearing aid selection, earmold impression taking, hearing aid programming, patient education.
4. Ear mold modification, repair and re-tubing.
5. Limited ABR clinic, one day a week. To being a comprehensive service in 2009.
6. Tinnitus retraining therapy.
7. Aural rehabilitation clinic is a new initiative started by our community service Audiologist and Speech Therapist- 5 children on the program at present. This clinic runs on a Tuesday and there has already been positive feedback from the parents regarding progress noted.

Activities:
1. Aural rehab parents day.
2. Deaf awareness presentation to patients.
3. Deaf Awareness week – hearing screening for staff and their children.
4. CPD accredited presentations with the rehab team of Grey's.
5. Staff have had advanced training in vestibular assessment and rehabilitation.

Outreach:
Community Service Therapists conduct outreach at the following places biweekly week:

1. HS Ebrahim School
2. Sunnyside park Old age home.
3. Balgowan community clinic
4. Emuseni Old age home.

CHALLENGES:

1. Space is as always a challenge. We have to carefully and cooperatively share patient treatment areas, and we have one office for 5 therapists. But make it work and it adds to the unique flavour of our department.
2. Staff retention is historically a problem. Large caseloads and poor salaries is the usual reason for staff leaving. Once we have funded chief posts, I imagine retaining staff will be easier.
3. Outreach Project: Requires audiological equipment to take to service sites. We have motivated for this through the district office.

DEPARTMENT OF CLINICAL PSYCHOLOGY REPORT BY: SHANTAL SINGH 2008/09

The last year has been both challenging and rewarding for the Department of Clinical Psychology. Departmental policies and procedures, patient contracts, specialized assessments and daily work allocation have been reviewed as per our annual objectives.

We have continued to play an active role in co-ordinating and participating in health promotion initiatives. As members of the Events Committee at the hospital we have assisted with the co-ordination of the events for the International Child Protection Week (26 May to 1 June 2008); Lifestyle Diseases and Health Awareness for patients (23 April 2008); and co-ordinated a public-private partnership event (31 October 2008) focused on addressing staff health issues from a multi-disciplinary perspective.

We have continued with group therapy intervention which was initiated two years ago and currently provide psychological pain management groups and oncology groups. We have also completed emergency trauma group intervention with staff members and provided supportive intervention to staff upon request.

We continue to be invested in training and have been involved in several presentations to both staff and patients. This includes presentations on coping with psychological stressors, psychological health promotion, child abuse and neglect, women abuse and parent/infant intervention. We have again attended in-service training with Nephrology, Radiography; Obstetrics and Gynaecology; Oncology and Radiotherapy, Endocrinology and Diabetes, ENT and Paediatric Psychiatry. The training was excellent and we are grateful to these departments for continuing to be invested in assisting us develop and specialize our psychological service and for providing training to accommodate our annual change of community service clinical psychologists.

The clinical psychology department currently consists of a senior clinical psychologist, an entry-level psychologist (Nkosikhona Colvelle) and a community service psychologist who changes annually. In July 2008 Jacqui de Mare completed her community service in the department and in April 2009 Elsje Baumann will complete her term of employment. We are sorry to lose both staff members in the hospital sector but did not have posts to retain their services on a permanent basis. We are hoping to expand the department to offer specialist intervention and are hoping that in the new financial year more staff can be employed.

From both a professional and personal perspective it has been wonderful to receive support from staff and we are hopeful that this will continue in the months to come. It has also been rewarding that

departments have given us feedback about services rendered and have addressed their psychology queries with us. We will continue to strive to maintain service excellence and look forward to the challenges of the New Year.

SOCIAL WORK DEPARTMENT REOPORT BY: LEKHA CHIRKOOT 2008/9

Staffing:

- We have four social workers:
  - Lekha ChirkootAssistant Social Work Manager
  - Diane Mariah-SinghPrincipal Worker:
  - Phindile MshenguSenior Social Worker
  - Mathuli MbhamaliARV Social Worker:
- The two psycho-social counselors are:
  - Nonhlanhla Ntuli
  - Lindiwe Maphanga.
- We look forward to employing two more social workers this year. Staffing has been a challenge as our current staff is inadequate to meet the Patient Care needs and develop services in other areas.

Services:

The Social Work Department has developed services in the following areas thus far:

1. **Renal Unit:**
   - Renal Assessments, Counselling and Education for patients in terms of suitability for the Chronic Renal Programme.
2. **Obstetrics & Gynae:**
   - Sterilisation Assessments for mentally ill/retarded patients
   - T.O.P. Assessments
   - Support group for Teen mothers (Diane & Lindiwe)
   - Bereavement Counselling
3. **Paediatrics:**
   - Management of Paediatrics cases, Child Abuse, Tracheostomy care, Bereavement Counselling
   - Support Group for Lodger mothers, NICU
4. **ARV Social Work:**
   - ARV Psycho-social Assessments
   - Disclosure & Partner Counselling, Adherence Counselling
   - Financial assistance
   - Ms Mbhamali is currently on maternity leave until mid-June 2009 after delivering her second bouncing baby boy. We do not have full-time ARV Social work services currently and attend to complex cases only in her absence.
5. **Other:**
   - Medical Wards and clinics
   - Oncology
   - Surgical & orthopaedic Wards and clinics
   - EAP services to staff.

6. **Youth Empowerment Forum:**

   - A major achievement for the past financial year has been the establishment of the Youth Empowerment Forum – a network of 15 non-governmental organisations and govt. depts. who meet to address issues around teenage pregnancy in a holistic and multifaceted manner.
   - The forum is developing a parenting skills booklet with the aim of empowering parents to be able to address sexuality issues with their children.

- Out of this initiative, the Teenage Pregnancy Task Team was developed with the aim of raising the issue of teenage pregnancy on the public and govt. agenda so that resources are channeled to addressing this issue.

7. **Health Awareness programmes**
   Social workers been involved in the following programmes:
   - Child Protection week
   - 16 Days of Activism of No Violence against Women and Children
   - Teen Sexual Awareness Day
   - Healthy Staff Day

8. **Community Networking**:

Our networking with various organizations, e.g. Childline, PADCA, etc. occurs on an on-going basis.

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

In-service training programmes, and other training programmes have ensured that our skills and knowledge remain updated.

NURSING CAMPUS REPORT BY: MRS N G MATHEBULA

It is indeed a great pleasure to reflect on the events of the past year at the Campus. As a centre of academic excellence, we are committed to the continued pursuit of teaching to produce nurse practitioners that have knowledge and competence that depicts the image of the profession.

Student Intakes

April2008:R68347
July2008:R42546
September2008: R217518
January 2009:R42547
February2009:R217533

Graduation

The combined Graduation was held at the Durban Exhibition Centre.

11th September 2008

75 Graduands from R425 Programme

12th September 2008

58 Graudands from the R683 Programme
57 Graduands from the R2175 Programme

Awards Ceremony

13 Awards were presented to students for outstanding performance on Quality Day held on 07.11.2008.

Community Service Placements

January 200842 students
July 200830 students
The above students commenced Community Service at their allocated institutions.

Bereavement

We lost two Bridging Course students during this period. MAY THEIR SOULS REST IN PEACE.

Developments in Nursing Education

In accordance with the provisions of the Nursing Act, 2005 (Act 33 of 2005), the legacy qualifications will be replaced by the new qualifications with effect from 2011:

- National Certificate -Auxiliary Nursing
- National Diploma - Nursing
- Bachelor of Nursing - Staff Nurse
- Masters Certificate - 16 Electives
- Master of Nursing
- PHD Nursing

Student Activities

The Grey's Campus SRC organized and hosted a Youth Day Commemoration on the 16th June 2008. This was a great success.
G7/2007 held a Cultural Day on the 21st August 2008 and demonstrated valuable talent.
The students held a Valentines Ball on February 14th 2009 and welcomed new students.
G1/2008 held a Cultural Day on 4th March 2009. The emphases being transcultural nursing in order to meet the needs of the client in a diverse society.

Achievements

Congratulations to Campus Staff members who completed their studies successfully.
Mrs. S. Chandramohan passed her B. Cur (Nursing Admin & Education) obtaining 19 distinctions out of 20 modules.
Our students were among the highest achievers in the KZNCN Examinations with the highest marks achieved in:

- Fundamental Nursing Science
- Community Nursing Science I
- Social Science I
- General Nursing Science I
- Social Science III
- Ethos & Professional Practice (Ex NCN)
- 4th Year Clinical Examination

The dedication, commitment and team spirit of the Campus staff as well as the multidisciplinary team members of student accompaniment have not gone unnoticed. You are doing a great job indeed.

Conclusion

Thank you all for your hard work and support in 2008. May we continue to strive to empower our neophytes to produce work of a very high standard as they move towards personal and professional development for the benefit of service delivery.

FOOD SERVICE DEPARTMENT REPORT BY: MR V NDABA – 2008\9

Foodservice operation is currently outsource to private caterers i.e. KKS. Recently awarded catering contract for the next three years and Foodservice manager's main function is to monitor the service render by KKS. Service Level agreement dictates terms of the contract that bind both parties concerned.

Achievements:

- Catering contract was successful renewed with KKS.
- More kitchen staff members are enrolling with ABET and Matric.

- Successful reduced the number of complains related to catering.
- Kitchen staff were provided with new uniforms (photo attached)
- Provide enough quality plates as oppose to " paper plates"

Challenges:

- Food trolleys are "too old"
- The entire kitchen maintenance.
- The dishwasher problem has remained chronic.
- Constantly breakdown of conveyor belt.
- Training of staff by accredited service provider.

DIETETICS DEPARTMENT REPORT BY: MRS R LACHMAN 2008-2009:

This last reporting year has been anything but dull. Lots and lots of changes happened and these mostly revolved around staff movement. We started of the year with full steam and spirit with 6 Dietitians in total and by the end of this reporting period; we had 3 resignations either to greener pastures or to attend to family responsibilities and 1 Dietitian transferred out of Grey's. In this time we were able to successfully appoint a Dietitian, Senior Dietitian and finally the long awaited Dietetic Manager was appointed. This brings a sum total of 4 Dietitians. With the exodus of staff, outpatient's service has been greatly reduced to accommodate for these changes with us cutting back on service delivery to clinics. Currently we have an outpatient clinic just once a week for all patients requiring nutrition intervention. The Family health Clinic is now serviced twice a week as opposed to daily. Dietetics is one of the scarce skilled professions, and with this brings greater challenges with recruiting and retaining staff. Coupled to this we have the problems relating to poor salaries, and the huge financial crises that the department is in. Perhaps with the dawn of the new financial year, some hope and spirit will return.

Nevertheless, we continued to provide the best services within our available resources to ensure that inpatient care was not compromised. Catering at the hospital has been a huge concern, with the Department of Health changing and awarding the catering tender sometime last year. With this came many battles and unhappy cries from all involved with catering, including patients. This area is constantly changing especially with the financial crisis and with this comes further changes.
I am happy to report that despite all that has happened, patients have had no battles with receiving their enteral feeds and TPN. No costs were spared in this regard. We still managed to provide optimal therapeutic nutrition throughout this time.

In-service training and ongoing education still continued in the department. A lecture on Growth Monitoring was presented to the Nurses College at Grey's. We hosted our second Journal Club in the form of academic meetings for the year. This was well supported and well attended by the Allied Health Professionals. This will be a standing event on our calendar as long as there is a need. Staff also attended various workshops, seminars and professional meetings through the year to ensure that their professional development requirements were being met.
The highlight for 2008 was my staff's active involvement as part of the organising committee for the annual KZN Integrated Nutrition Programme Symposium. This symposium was hosted for Dietitians working within the province in both public and private sector. Lots of hard work and extra time was put into planning, organising and conducting the event. This event was CPD accredited for Dietitians and the event was broken into two components i.e. the actual event with scientific presentations by various academics and a Journal article component to be completed post the event and submitted for CEU's. This event was a resounding success and the best organised since the inception of the Symposium many years ago.

Once again we successfully trained 6 Post Graduate Interns during this time, and they are now all

completing their compulsory community service. Unfortunately not at Grey's! These interns were instrumental in assisting with the celebration of the nutrition related health days in the hospital, and provided entertainment especially around Breastfeeding Week in August 2008. Many hampers were put together and distributed to the mums during the presentations. We also assisted with the Cerebral Palsy workshop, Staff Wellness Day and the Cerebral Palsy Christmas Party.

Despite our staff shortages we have managed to treat a total number of: **26 023 patients over a 12 month period.** This equates to a total of **2169 patients per month.** This is an increase from the last reporting period by 216. Despite the bleak picture regarding staff shortages especially since December last year, we have still managed to reach out to as many patients as was possible.

Our greatest challenge for the new reporting period will be recruiting and retaining staff and to reopen services that had to be reduced at the beginning of 2009. To this end we can only remain optimistic that changes will occur and that we will rise to the occasion to do our best.

DEPARTMENT OF MEDICINE: FAMILY HEALTH CLINIC 2008

The mission of the clinic is to deliver holistic HIV/AIDS related care to all who access the clinic by developing a multi-disciplinary team to address all the needs of our health care users. Our goal is to participate in clinical support and outreach programs to institutions referring to Grey's Hospital. The vision is to be a center of excellence and set the standard in ARV management in the uMgungundlovu District.
2008 has been a particularly challenging year for the clinic but that has not dampened the spirit of those working in the clinic.

Highlights

- Dr. Hernandez continued his outreach programme to Appelsbosch on a monthly basis, while Dr Bizaare continued to support Northdale Hospital. Dr Dawood traveled to other district hospitals in the province on a monthly basis thus fulfilling our goal to support district level rollout sites.
- The clinic welcomed the appointment of Dr Chhagan to head up the paediatric services in the district.
- The clinic is slowly being recognized for the wealth of research opportunities it provides. Dr Hernandez had research from the clinic published and Dr Armstrong (part time session doctor) was granted approval to work on a potentially ground breaking study.

Operational Overview

- Bi-monthly Multidisciplinary meetings have continued and help to co-ordinate and strengthen services provided to our patients.
- In addition, a weekly journal club is held and has proved invaluable in strengthening clinical foundations.
- Bi-monthly meetings, with all stakeholders in the District ARV rollout are held to co-ordinate services in the district.
- Various doctors from the department of Obstetrics and Gynaecology have continued to help in the Prevention of Mother to Child Transmission (PMTCT) Programme. In 2008, 79 mothers have been initiated on HAART, compared to the 14 in 2006 and 44 in 2007.
- For 2008, a total of 481 patients were initiated on antiretroviral therapy, which equates to approximately 40 patients per month.
  In addition, 546 patients (vs. 429 in 2007) were down referred to their local district hospital for continuation of their treatment.

Approximately 70-85 patients access the clinic daily.
Approximately 12 patients are transferred in weekly from other sites for consults.
As of 31 December 2008, 2819 adults and 263 children were initiated on antiretroviral therapy.
In addition, there were 13 recorded mortalities in the clinic.

Challenges/Prospects

- Dr Halima Dawood, head of Infectious disease at Greys Hospital left in July 2008 to continue her studies in the United States. She will be away for 1 year and her presence was sorely missed.
- The staff turnover has been particularly high this year and we have lost many experienced staff including Sr Mjwara (head of nursing staff at the clinic). This has placed as additional burden on the remaining staff and this also implies that attention needs to be placed on training new additions to the clinic.
- Exposure to potentially lethal infectious diseases continues to be a major challenge in the clinic. Early in 2008, the clinic had a XDR-TB scare and this just highlighted some of the inadequacies in the clinic namely the lack of effective ventilation and cramped waiting-room space for the patients. A meeting was held to address the space shortages and interim measures put in place to minimize the risk to staff and patients alike. Thus far, no permanent solution has materialized.
- Budget constraints have meant that much needed nutritional support to our adult patients had to be withdrawn.
- Our expectations for an additional drug to our armament of antiretrovirals have also been dashed due to lack of financial resources.

In Conclusion, there were many challenges that were faced but on the whole the clinic has pulled through a difficult year to continue providing patients with the best possible care.

ETHICS COMMITTEE REPORT BY: DR J MULLER 2008/9

The Greys Hospital Ethics Committee is now in its 6th year of existence.

The Committee now holds 8 Meetings every year. There are 4 Ethics Forum Meetings every year. The core membership of the Committee has not changed, and we are enrolling new members from the staff at Greys Hospital and still privileged to have the services of volunteers with special skills and insights from the community (our legal counsel Ms Hebblethwaite, and our philosopher and ethics guru, Ms Stobie). We have recently been joined by Dr Marius Conradie of the Department of Urology. Earlier in the year we were joined by Dr Damian Clarke of the Department of Surgery. The Committee has largely abandoned the struggle to find appropriate representation from the community.

The Portfolio system adopted last year has enabled the Committee to be more productive. A very good document on Consent has been developed and it is hoped that this document will be made more widely available in the near future. Risk Management has also received some attention from the Committee during the year, though without the production of any very useful documents.

The Committee's 2 Ethics Suggestions Boxes in the hospital have not produced the sorts of enquires from the community that the Committee was hoping for. Any documents deposited in the boxes have addressed service related issues. There have only been a handful of submissions and they have generally been in the form of complaints with the occasional one offering compliments for services rendered. These have been forwarded appropriately to other authorities in the hospital. The Committee has received no submissions about genuine ethical issues from the public out there. The Committee is still deciding how to respond to this state of affairs, which is clearly unsatisfactory.

The Committee has also developed a form that can be filled by members of hospital staff who have been involved in ethical issues in their practice. These have not been utilised by hospital staff.

The Ethics Forum presentations have continued to be a success.
7 November 2007 – **Risk Management** – Dr Muller
12 March 2008 – **Consent** – Ms Hebblethwaite, Dr Harris, Dr Erskine
14 May 2008 – **Termination of Pregnancy** – Dr Green-Thompson, Prof Bredenkamp
17 September 2008 – **Ethical Problems in ICU** – Dr Lee, Dr Clarke
The presentation on Risk Management played to a half-full Lecture Theatre, but those on Consent, on Termination of Pregnancy and on ICU Care were enthusiastically supported with the Lecture Theatre overflowing on each occasion.

The Committee is working hard on developing a capacity for Research Ethics Review in the Pietermaritzburg Complex. It is envisaged that this will be available to all of Area 2, and perhaps the whole province in due course. Arrangements have now reached the stage where we are on the brink of appointing a Research Co-ordinator at Greys Hospital with funds donated from Canada by the Canada Africa Prevention Trials Network (CAPTN). Interviews are completed. One of the tasks of the Research Co-ordinator is to set up a Research Ethics Review Committee and the proper capacity to support it at Greys Hospital. This will be confined to Level 1 research proposals to begin with. The Committee will apply for accreditation to the National Research Ethics Council. There is likely to be an explosion of clinical research with the new requirement for JHE members and registrars to be involved in research. It is very important for us to have the capacity to do the necessary research ethics screening and monitoring here in Pietermaritzburg.

The Committee confronted its first real crisis in March 2008 when there was a request for retrospective research ethics review of an audit which the Anaesthetics Department wished to present at a national meeting. As the Chairman was absent at a meeting in Gauteng, Ms Hebblethwaite kindly and expertly dealt with the crisis. Approval for the study was granted, but only after prolonged debate

and deliberation. As a result of this crisis, the Committee lost two of its most valuable members, who resigned. One of them has since rejoined the Committee. We hope to be able to persuade the other one to rejoin in due course. The Committee learned some valuable lessons from this crisis, most importantly the imperative of consulting with and informing broadly to ***any*** parties who may be involved before embarking on a study. Ms Hebblethwaite is thanked for her sacrifice of time and energy in dealing with it.

In 2009 the Committee faces the loss of its founding Chairman, Dr Muller, who is retiring during the course of the year. It also faces that loss of Ms Stobie, its philosophy consultant who has obtained employment in Europe. We are sure the Committee will make wise choices in replacing these pivotal people.

The Committee would still like to see more inputs from the hospital community and the community that the hospital serves.

QUALITY INITIATIVES AND ACHIEVEMENTS BY: D NAIDOO FOR 2008/2009

Grey's Hospital continues with Quality initiatives namely:

- **HPH** – Health Promotion hospital
- **District Quality Initiatives** : - Minimum Standard Survey
  : - Batho Pele Survey
  : - Patients Right Survey
  : - Norms and Standards Survey
  : - Infection Control Survey
- **Documentation Auditing**
- **Presentation of QIP's**

The new integrated tool was used for the 1st time in 2008 –Greys was surveyed by Townhill Hospital on 07August 2008 and on 11April 2008, Greys surveyed Richmond Hospital.
We scored 94% overall.

H.P.H

- Greys was designated as 1 of 5 Mentor Hospitals for H.P.H Institutions continue to benchmark
- With us for this project e.g. Escourt was taught all 5 standards.
  The standard leaders gained enormously.
- Our H.P.H project was assessed by officers from Head Office and District Office. The survey went on well and we were complemented on a job well done.

The events Committee continued to ensure that health promotion activities are co-ordinated and provided despite financial restraints. A business plan was drawn up by the committee and certain health promoting events were prioritized. The Committee worked extremely hard and produced outstanding events for both patients and staff.

QUALITY DAY

1. Quality day was celebrated on the 7 November 2008.Various institutions from District 22 as well as the other districts, attended the event. It was a huge success with much information shared. Mrs. Lorraine Hebbethwaite from Legal Services was the guest speaker. Quality improvement

programmes were displayed from all service elements in the form of Posters. Certificates were issued to staff that successfully completed their quality improvement training.

2. Institutions that attended included: Dundee,Abblesbosch,Umgeni,Escourt,Edendale,Northdale,Fort Napier, Port Shepstone,Townhill,Montobello,Bruntville,Kwadabekha and Imbalenhle.
3. The two Quality Improvement Projects presented were Teenage Sexual Awareness and Pain Management. Both were outstanding projects.

QUALITY IMPROVEMENT TRAINING

Although the Quality Trainers were committed to training in 2008.The financial constraints of the institution forced the team to cancel training. The staff remain eager to attend and we promise to provide training in the new financial year.

WAITING TIMES AND SERVICE TIME SURVEY

- The WTSTS was conducted on 26-27 November 2008. 31 Volunteers participated in the survey. The survey commenced at 05h00 on the 26th and continued until 05h00 on the 27th November 2008. Data was captured by the Hospital's F.I.O. and submitted to District Office.

SPORT AND RECREATION

- Greys Sports and Recreation Committee was established in 2008 to promote staff wellness amongst employees.

- The Committee held several Health Promotion events that included: Family Fun Day,
    - Crèche Fun Run,
    - Dinner and Dance
    - Soccer Tournament
    - Hospital Fun Run.

- The participation of staff members have increased with each event. The New Year promises to be more exciting.

In Conclusion, providing Quality Care and maintaining standards is the priority of Greys hospital. No institution is perfect, but with every fall we learn and grow.

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

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

WE PROMISE TO:-

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

Signed by:_________________

DR K.B. BILENGE
Acting Hospital Manager

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MRS P. M BROWN
Nursing Manager

____
MRS BG ANDERSON
Finance Manager

____
MR H S K HLONGWA
Human Resource Manager

____
MR R Z MKONGWA
Systems Manager