

## THE GREYPE-VINE

Grey's Hospital Pietermaritzburg

May 2007 www.kznhealth.gov.za/greyshospital.htm



The staff of The Grey's Hospital Crèche is still as busy as ever, looking after the staff member's children.

**Editor**: Alison Guise-Brown Pager 515 Members: Mrs. A Chetty Pager 200

Mrs. Y Thambiran. X-ray 3019

Miss K Deepnarain 3308 Miss N Cele 3045

A comment was passed, after we produced the last edition of The Greype-Vine, that it would be nice if it could contain more pictures. So I walked around the hospital to see if I could find anything worth taking a photo of. The children playing happily at The Crèche caught my attention and they all proved to be keen subjects, so they get to be on the front cover.

Mother's Day was on 13<sup>th</sup> May and Father's day is coming up soon, so we would like to wish all the moms and dads out there a special day and we hope you were spoilt, just a bit, by your children.

We have not given up on the idea of a Grey's Hospital Recipe Book and appeal to **ALL** staff to send us a copy of their favourite recipes. They can be in either English or isi-zulu, and you can write them out and give a copy to any of The Greype-Vine Committee members or send them to <a href="mailto:ctd.greys@kznhealth.gov.za">ctd.greys@kznhealth.gov.za</a> or look under the address book for 'Clinical Training Department'. The updated History of Grey's Brochure that the Hospital Management was hoping to have completed and printed in time for the 150<sup>th</sup> celebrations is still being worked on. Hopefully it will be finished soon and will include articles in relation to the transformation of the Hospital over the last 21 years. It will be well worth reading once it is published and I urge all interested parties to obtain a copy.

"I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to be able to throw some things back."

## Polio Campaign 2007

<u>Polio</u> is an illness that causes sudden weakness / lameness of the limbs and sometimes death in children. The polio virus can be passed easily from one person to another. The polio virus affects mostly children below 5 years. Prevent polio by having your child immunized at your nearest clinic or hospital.

**First round:** 5 to 13 May 2007 Polio drops and measles vaccines.

Target Age for Polio Drops- Birth to 5 Years.

Target Age for measles Vaccination [injection]

9 months – 5 Years – Measles Vaccine

Children above 5 years are part of the non target group but will be vaccinated on request of a parent /guardian.

Second round: 9 to 17 June 2007

Polio drops Vaccine only.

Target Age Group: Birth - 5 Years

Children above 5 years are part of the non target group but will be



vaccinated on request of a parent /guardian Note: A child should be accompanied by an adult. Immunisation Card should also be carried. If there is no Immunisation Card the child can still get help.

Sr MP Nzimande and PICU staff during the immunisation campaign.

### **Health Promotions Workshop**

Some staff from the Campus attended the recent Health Promotions Workshop, held by staff from the departments of Clinical Psychology, Social Work, Dietetics, Physiotherapy and Occupational Therapy. They found it superbly organised and very beneficial. I am sure that other staff members who attended also enjoyed the two sessions.

There are two more workshops when you can attend. They are: 14<sup>th</sup> and 28<sup>th</sup> May and 11<sup>th</sup> and 25<sup>th</sup> June. Booking is essential, so if you wish to attend please contact Lekha Chirkoot on 3135.

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## Gonna be a Bear.

In this life I am a woman.

In my next life, I'd like to come back as a bear. When you're a bear, you get to hibernate. You do nothing but sleep for 6 months. *I could deal with that.* 

Before you hibernate you're supposed to eat yourself stupid. *I could deal with that too*.

When you are a girl bear, you birth your children (who are the size of walnuts) while you're sleeping and wake to partially grown cute cuddly cubs. *I could definitely deal with that*.

If you're mama bear, everyone knows you mean business. You swat anyone who bothers your cubs. If your cubs get out of line, you swat them too. *I could deal with that*.

If you're a bear, your mate expects you to wake up growling. He expects that that you will have hairy legs and excess body fat.

YUP. Gonna be a bear.

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

# Let's all work together.







On Thursday 26<sup>th</sup> April, after residing in their office for 6 months, the staff of the Clinical Department became tired of not knowing if the sun was shining or not, because their windows were so dirty. Because they are not afraid of hard work they brought their aprons and cloths on duty and they started to clean. Windows, floors, furniture, nothing was left untouched and guess what! The sun is shining outside. (It looks like our Hospital and Medical Managers are not scared of a bit of hard work either, as they were seen mopping the floor outside x-ray during the strike. Good for them!)

## Student Cards to be issued by The South African Nursing Council.

SANC will shortly be sending out Student Cards for all learners who are registered or enrolled with them, to follow a programme at an approved Nursing Education Institution. Students must sign their cards in the space provided and carry them with them at all times, but particularly when in a clinical situation. The student card will serve as proof that the learner is registered/enrolled with the Nursing Council and that he/she is following an accredited course at an accredited nursing education institution. This will give the student confidence that, on successful completion of the course, his/her training will be recognized by the Nursing Council. The cards will also serve to alert a learner who does not receive a card that he/she may be training at an institution that is <u>not</u> accredited by the Nursing Council.

## Noah's Ark.

Everything I need to know I learned from Noah's Ark.

- 1. Don't miss the boat.
- 2. Remember that we are all in the same boat.
- 3. Plan ahead. It wasn't raining when Noah built the Ark.
- 4. Stay fit. When you are 60 years old, someone may ask you to do something really big.
- 5. Don't listen to critics, just get on with the job that needs to be done.
- 6. Build your future on high ground.
- 7. For safety sake, travel in pairs.
- 8. Speed isn't always an advantage. The snails were on board with the cheetahs.
- 9. When you're stressed float a while.
- 10. Remember the Ark was built by amateurs, the Titanic by professionals.



## **Book Review. Angels and Demons by Dan Brown.**

If you have read the *Da Vinci Code* and enjoyed it I recommend *Angels and Demons* by the same author. This is an intriguing and fact-packed story and in my opinion, the more exciting of the two books. Once started I could not put it down and read it from cover to cover one Saturday.

### **Gwen McIntosh**



## Light Of Learning Trophy.

Mr. C J Marion, Unit Manager Ward G1, was recently awarded the *Group 7/88 Light of Learning Trophy* by Group 7/03, who voted him to be the best teaching sister in the hospital.

"I've learned that I still have a lot to learn."

## A Reminder from Hospital Security.

The enclosed parking area near The Campus is available as a more secure venue for staff to park their vehicles. A 'remote' can be obtained from Security, which will open the gate, for a small deposit of R50. When staff leave the hospital employ they can return their remote and their money will be refunded.

## Department of Medicine: Family Health Clinic 2006.

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.

2006 has been a challenging year for the clinic with a few highlights and a few setbacks in terms of resources.

## **Highlights**

- In May the clinic welcomed Dr Halima Dawood, as
   Principal Specialist: Infectious diseases who has proved invaluable with her wealth of expertise.
- Dr. Hernanadez started an outreach programme to Appelsbosch on a monthly basis and will continue to do so. Dr Bizaare started an outreach programme to

- Northdale Hospital fulfilling our goal to support district level rollout sites.
- The pharmacy got their long awaited premises, facilitating prompt access to medication and decreasing patient waiting time
- On 1st December the clinic hosted a successful World AIDS Day event and the message focused on self-awareness of HIV status.



Family Health Clinic Staff.

## **Operational Overview**

 Weekly Multidisciplinary meetings are held 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.
- Once monthly meetings, with all stakeholders in the District
   ARV rollout is held to co-ordinate services in the district.
- The Paediatric service has successfully been integrated into the adult clinic with Dr Bizaare attending to mothers of patients seen by the paediatricians, as well as the adolescents that are transitioning to the adult clinic
- In August, the clinic welcomed Drs Medina and Andux from the department of Obstetrics and Gynaecology to help in the Prevention of Mother to Child Transmission (PMTCT) Programme. They currently see patients once weekly and although the uptake of these services is slow, we do anticipate it will increase. To date 14 mothers have been initiated on HAART.
- For 2006, a total of 602 patients were initiated on
   Antiretrovirals, which equates to approximately 50 patients per month.
   In addition, 305 patients were down referred to their local district hospital for continuation of their antiretrovirals.
   Approximately 80-100 patients access the clinic daily.
   Approximately 10 patients are transferred in weekly from other sites for consults.

## **Challenges/Prospects**

 Staff retention is poor; in the last quarter of the year we said farewell to Sisters Chetty and Nkabini (both highly

- trained ARV personnel). Their presence will be missed. In addition, our data capturer left the clinic and this caused some distress.
- ☐ There is an ineffective monitoring and evaluation of treatment outcomes and adverse events (No National monitoring system in place).
- □ In 2007, we intend supporting other rollout sites by means of outreach programmes.
- We propose to develop and participate in research activities as the need and the capacity arises.
- Another challenge is striving to be a tertiary level center while still trying to allow equitable access to Antiretrovirals to people in our district.

## Family Health Clinic staff.

HRD NEWS

Congratulations to Senior Sr R Davidge on her appointment as the new Assistant Nursing Manager Clinical co-coordinator, to Sr. XNT Mtunzi as the Occupational Health and Safety Manager and Mrs KM Magubane as the Infection Control Practitioner. We have also just heard that Senior Sister TP Mncibi and Senior Sister TB Mathonsi are our new Assistant Nursing Managers for theatre and surgery. Congratulations!

Human Resource Practices has seen a few changes since the beginning of the year. We bade farewell to the following staff:

- Sharon Mahabeer
- Morganie Naidoo
- Thobile Sibisi
- Olivia Anthony

We wish them all the success and everything of the best in their new ventures.

Human Resource Practices would like to welcome the following staff:

- Ms L Mtanti (records officer)
- Ms SL Cele
- Ms NN Cele
- Ms V Sewram
- Ms NJ Malinga
- Mr MZ Goba
- Ms NC Zondi

We hope their stay with us is enjoyable and a learning experience!!

It should be noted that pay-points have been changed and therefore, payslips should be collected from the relevant paymasters:

\* Student and pupil nurses - Nurses home

\* Nursing staff - Nursing management

\* Finance - Ms K Gokul

\* Systems - Mr N Bancroft

\* Medical & Clinical, Community Service - HR

### I.R.P.5.

By now all IRP5's should have been collected from HRD. If you have not collected yours please come and so do as soon as possible.

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Human Resource practices would like to wish staff members writing exams in the first semester GOOD LUCK!!!!!

## CONGRATULATIONS TO SPHELELE ZUMA ON OBTAINING HIS BBA!!

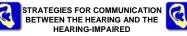
## South African National Blood Service Clinic.

SANBS will be holding a blood donor clinic in the OPD Foyer on Tuesday 26<sup>th</sup> June from 12h00-16h00. We urge all staff that are able to, to donate blood.

We make a Living by what we get, We make a Life by what we give.

## lfamily Planning Glinic

Occupational Health Clinic is pleased to inform you that they are now offering a Family Planning Service to Grey's Hospital Staff. This service will be available from 4<sup>th</sup> June 2007 in The Occupational Health Clinic on Monday-Thursday (14h00-15h30.) If you already have a Family Planning card please bring it with you.







IF YOU ARE A HEARING PERSON AND YOU HAVE TO COMMUNICATE WITH A DEAF PERSON, THE FOLLOWING TIPS MAY HELP

The strategies for communication with HOH (hard-of-hearing) persons and with profoundly/totally deaf persons are different.

### COMMUNICATING WITH THE HARD-OF-HEARING

### 1. POSITIONING:

- Be sure the light, whether natural or artificial, falls on your face.

  (Don't stand with the sun to your back or in front of a window. Even a night, room lights will reflect in the window pane, causing glare for the lip reader.)
- If you are aware that the hard of hearing person has a better ear, stand or sit on that side.
- Avoid background noise to the extent possible

- 2. METHOD:
  1. GETTHE PERSON'S ATTENTION BEFORE YOU START TALKING. You may have to touch the person lightly to attract attention. Face him directly while speaking.
  2. Speak as clearly as possible in a natural way and at a moderate pace. DON'T SHOUT. Shouting often results in distortion of speech and it displays a negative visual signal to your listener. Don't drop your voice at the end of the sentence.
  3. IF THE PERSON DOES NOT UNDERSTAND WHAT YOU SAID, REPHRASE IT.
- When changing the subject, indicate the new subject with a word or two or a phrase. You may ask the person if he understood then proceed with topic clues and perhaps gestures if the subject being discussed is visible and within range of sight.

- DO NOT OBSCURE YOUR MOUTH WITH YOUR HANDS. Do not chew and do not smoke while talking.
- Facial expressions are important dues to the hard of hearing person. Feelings are more often expressed by non-verbal communication than through words.



- Never talk about a hard of hearing person in his presence. Talk to them not about them.
- Treat hard of hearing people with respect and help build their confidence.

If an interpreter (Sign Language or oral) is available and the deaf person prefers interpreted communication, go for it. The following tips are for the case in which no interpreter is available.

- If both persons are fluent in sign language use it. Have patience for the slower pace of communication
- Lots of paper and pens/pencils are useful.
- If both people can type quickly a computer or typewriter may be
- Sometimes the deaf person's lip-reading ability is adequate for the circumstances, and in that case you need only to speak a bit slower and open your lips somewhat wider.





Grey's Hospital

Speech Therapy & Audiology Department



## Grey's Hospital officially opens its state of the art Oncology and Radiotherapy Department.

Head of Department, Dr Busi Nyembezi, officially opened the Grey's Hospital Oncology and Radiotherapy Department on 29 May 2007 at 09h00. This department houses the state of the art Linear Accelerator, Brachytherapy Unit and Acuity Imaging Simulator System valued at R35 million funded by the Department of Health. This modern unit will provide the full range of radiotherapy treatments to cancer patients in the Western half of the Province. Professor Ammo Jordaan, the Head of Radiation Oncology KwaZulu-Natal, says "This will give us the equipment base to offer our patients the full range of external beam and brachytherapy

radiation treatments. Our equipment choice was based on a very rigorous selection process that involved multi-disciplinary teams from across the province."



Professor A Jordaan and Dr B Nyembezi.

"We wanted the very best equipment to meet our needs, some level of future-proofing so that we do not buy machines that are antiques within two to three years, and value for money as well. The machine is at the cutting edge of what radiotherapy has to offer and we are looking forward to working closely with Varian to expand the possibilities still further."

As part of the hospital's future development efforts, Image Guided Radiotherapy which enables more precise tumor targeting through better imaging and automatic patient repositioning on a daily basis with respiratory gating enabling clinicians more time for treatment beam delivery in sync with the patient's normal breathing pattern will be offered later in the year. The centre will also be expanding its treatment programme to Intensity Modulated

Radiotherapy (IMRT), a more precise form of radiotherapy that enables clinicians to increase doses while reducing exposure to healthy surrounding tissue.

Through its new equipment acquisition, Grey's Hospital will be at the leading edge of relatively fast treatment in which doctors use advanced imaging capability to more precisely place radiation sources within tumors.

The Varian equipment is supported and maintained by three highly-trained factory technicians from the KwaZulu-Natal based company TECMED AFRICA.

## Child Protection Week.

The last week of May marked Child Protection Week. To show our solidarity with children Grey's Hospital marked Child Protection Week with a programme held on the 30th May 2007 in the outpatient department.

The programme was co-ordinated by Social Work and Psychology and the theme was

## Strengthening the family ties.

The programme commenced with the opening and welcome by hospital management and the following topics were discussed:

- Caring for the sick child by Sister Maharaj
- The role of Family Violence, Child Abuse and Sexual Offences (FCS) in child protection by Inspector Denis
- Developmental delay in abused children by Rehab team
- Key note address by Ms Zimu from Department of Welfare and Population Development
- It was an enjoyable programme that made us appreciate the dependency of children on informed caregivers.

  Tomorrow (31st May), psychology had a colouring and drawing competition for children in the wards. If

caregivers take good care of their children we can guarantee a stable future and a better world.

### Children's Bill of Rights and Responsibilities

- Children have the right to be taken seriously and the responsibility to listen to others
- Children have the right to quality medical care and the responsibility to take care of themselves.
- Children have the right to be loved and protected from harm and the responsibility to show others love and caring
- Children have the right to get special care for special needs and the responsibility to be the best persons they can be.



- Children have the right to be well fed and the responsibility to not waste food.
- Children have the right to a safe and comfortable home and the responsibility to keep it neat and clean.
- Children have the right to a good education and the responsibility to study and respect their teachers.
- Children have the right to make mistakes and the responsibility to learn from their mistakes.

Last editions competition was won by Senior Sister *G* McIntosh from Ward Hl. She completed the two SUDOKU puzzles correctly and won herself a Chocolate Cake sponsored by Chatters Coffee Shop.



In this month's competition we ask you to tell us who are the people in this photograph. Answers can be sent to Sr A. Guise-Brown in The Campus before 30<sup>th</sup> June 2007 and the first correct answer drawn will win a Chocolate Cake sponsored by Chatters Coffee Shop.

## What is a pap smear?

A pap smear is a quick, painless test used to detect early cell changes in the neck of the womb, which may later progress to cancer. Cancer does not develop suddenly in the cells. There is a gradual change from normal, through various levels of abnormality, through pre-cancer and eventually to cancer. This whole process can take many years.

The pap smear detects these along-the-way changes and indicates how far along that road a women has traveled. Treatment can be given at an early stage and so prevent the later development of true cancer.

## How is a pap smear done?

An instrument is placed into the vagina and cells are scraped off the surface of the cervix with a wooden spatula. The cells are put onto a glass slide which is then sent to the laboratory for examination under a microscope. Should abnormal cells be detected, the client will be referred for treatment to prevent development of cancer of the cervix.

## Who can get cervical cancer?

Any women who are sexually active can get cervical cancer.

## Points to remember

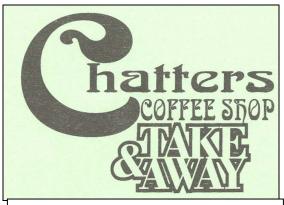
- Mutual one-partner relationships reduce the risk of cervical cancer.
- Use barrier contraception during sexual intercourse either a male or female condom
- See your Doctor or your Primary Health Care Nurse if you have any unusual symptoms such as bleeding after intercourse or an excessive or offensive vaginal discharge.

## When to go for a pap test

- Pap tests will be available to all women from the age of thirty years, at intervals of ten years (provided no smear has been taken within the previous five years).
- A total of three free pap smears will be taken in a women's life time.
- Pap smears will be taken from all pregnant women, 30 years and older, and will be followed up with a repeat

## Where to go for a pap smear

Pap smears will be taken in all Department of Health Services, or enquire at any clinic where the service is provided.



Telephone 033-8973274 or phone us on extension 3274 and we will have your order ready for you to collect.

## **Business hours:**

Monday – Friday 07h00 – 17h00 Saturday and Sunday

08h00 - 16h00

Look out for our popular lunch-time specials

## NEW LODGER MOTHERS ACCOMMODATION.



15<sup>th</sup> May 2007. Building has started.



31<sup>st</sup> May 2007. The building is progressing nicely. We will keep you updated.