HEALTH
KwaZulu-Natal

GREY'S HOSPITAL ANNUAL REPORT 2009/10

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INTRODUCTION

.
Grey's Hospital is a 530 bedded hospital, but currently there are 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, which includes the following districts: Umgungundlovu, Uthugela, Umzinyathi, Amajuba and Sisonke.

As in previous years, the 2009 annual report include summaries of the main findings from various clinical departments, including the non clinical departments like Finance and Human Resources. In addition, the data management department provides us with the hospital indicators such as hospital indicator activity, hospital efficiency indicator, hospital quality indicators

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 honoring and protecting everyone's right for privacy and personal safety.

9. SAFETY AWARENESS:

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

10. SENSE OF OWNERSHIP:

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

Services provided by Grey's Hospital

<table>
<tr>
<td>Orthopaedic and Sub-Specialities
• General Orthopaedics
• Hand Unit
• Spinal Unit
• Arthroplasty Services
• Tumour, Sepsis & Reconstruction
• Paediatric Orthopaedics</td>
<td>Department of Radiology
• General x-rays
• Theatre radiography and Mobile Units
• Fluoroscopy / Screening
• CT Scans
• MRI Scans
• Mammography / Breast Imaging
• Ultrasound
• Interventional Radiology
• Cardiac Catheterisation Laboratory radiography</td>
</tr>
<tr>
<td>Department of Internal Medicine
• Neurology
• Cardiology
• Infectious Diseases
• Pulmonology
• Nephrology
• Endocrinology
• Gastroenterology
• Rheumatology
• Dermatology</td>
<td>Obstetrics and Gynaecology
• High Risk Obstetrics
• Feto-Maternal Medicine
• Onocology
• Uro-Gynae / Pelvic Floor Dysfunction
• Gynae-Endrocrine / Reproductive Medicine</td>
</tr>
<tr>
<td>Surgery & Sub-specialties :
General Surgery :
• Hepatobiliary
• Breast & Endocrine
• Upper GIT
• Colorectal
• Trauma
Sub-Specialty in Surgery:
• ENT
• Urology
• Ophthalmology
• Paediatric Surgery
• Plastics & Reconstructive Surgery
• Dental & Maxillo-facial</td>
<td>Paediatric outpatients runs the following general & subspecialty clinics
• Asthma
• Cardiology
• Child Abuse
• Endocrine
• Foetal anomaly
• General paediatrics
• Haemophilia clinic
• HIV clinic
• Learning disorders
• Neonatal
• Neurology & neurodevelopment
• Psychology
• Renal
Ward follow up clinics
NB Dermatology, Surgery & orthopaedics all run a paediatric clinic within their specialty</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Speech and Audiology</td>
</tr>
<tr>
<td></td>
<td>Social Work Services</td>
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<tr>
<td>Physiotherapy</td>
<td></td>
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<tr>
<td>Laboratory Services</td>
<td>Accident & Emergency Services</td>
</tr>
<tr>
<td>Dietetics Department</td>
<td>Clinical Psychology</td>
</tr>
<tr>
<td>Pharmaceutical Services</td>
<td>Anaesthetics & Pain Management</td>
</tr>
<tr>
<td>Radiotherapy and Oncology:
• New Breast & Cervical Cancer
• New Head & Neck Cancer
• New GIT & Uro Cancer
• New General Cancer
Chemotherapy suite
Radiotherapy section:</td>
<td></td>
</tr>
</table>

1. Simulator 2. Planner 3. Linear accelerator 4. Brachytherapy 5. Mould Room	

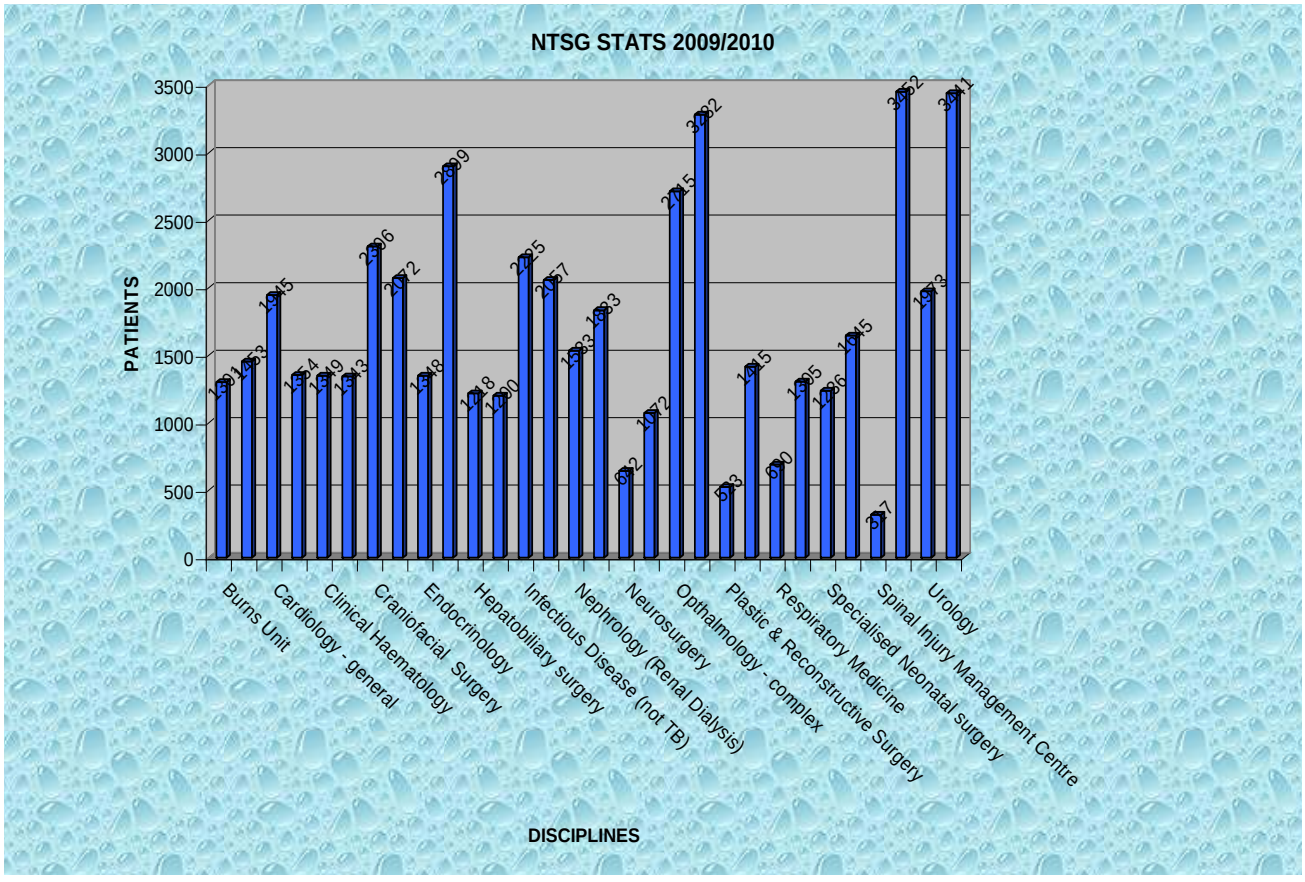
Due to the severe budgetary constraint, no expansion of tertiary services occurred in 2008 and we had more challenges than achievements.

HOSPITAL PERFOMANCE

DATA MANAGEMENT DEPARTMENT
STATISTICS

EFFICIENCY INDICATOR 2009/2010
APRIL 2009 - APRIL 2010

EFFICIENCY INDICATOR 2009/2010	ACHIEVEMENTS	TARGET	GAP	ACTION PLAN TO ADDRESS GAPS
Utilization Rate	77.0%	82%	5	
Length Of Stay (Days)	10	8	2	Due to stretcher case patients staying long. EMRS to assist in transporting patients to their respective institutions
Patient Day Equivalent	193222			
Caesarean Section rate	62.0%	35	27	Due to the load of operations being referred because of lack of equipment from district levels
Fatality Rate	5.5%	6	NIL	
Surgical Fatality Rate	2.5%			
OPD Headcount	206824			
Separations	11249			
Exp. Per PDE	R 2,045.00			



STATISTICS ANNUAL REPORT 2009 / 2010

	APRIL	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	JAN '10	FEB '10	MAR '10	TO
BEDS	470	506	506	506	506	506	506	506	506	506	513	513	
T DAYS	10529	10529	9459	10294	10248	10813	11038	10221	10408	10965	9400	10377	124
NS	875	922	833	922	896	913	920	988	748	837	783	914	10
GES	864	872	868	774	841	841	908	926	966	804	942	917	10
	56	64	61	59	52	55	54	44	56	46	42	39	
RS IN	85	47	76	69	99	89	99	84	82	114	52	66	
RS OUT	36	36	51	62	58	74	61	67	57	81	61	82	
UPANCY	70.80%	76%	68%	72%	74.2%	77.7%	77%	73.4%	73%	72%	73%	79%	
GHTHY OF	10	10 . 8	9.7	11	10.2	11.2	11	10	10	10	9.9	10	
OVER	2.1	2 . 1	2.1	2	2.3	2.1	2.2	2.2	2.3	2	2.4	2.2	
RATE	5.7%	6 .9 %	7.3%	6.3%	5.5%	6%	5.9%	3.8%	7.5%	5.50%	5%	4%	5.
RD RS	321	360	431	436	440	805	506	480	473	450	441	534	5
ENT	498	498	466	521	532	498	584	439	341	416	498	417	5
OCOUNT	19195	19195	14272	16751	17152	17026	17225	16895	16133	18327	17894	16759	206
Y NT	632	632	586	527	539	641	587	665	648	615	584	660	7
N	62%	68.70%	64.70%	69.30%	65.80%	57%	58%	60.70%	64.20%	63.60%	57.70%	61.70%	62.

PUBLIC RELATIONS DEPARTMENT ANNUAL REPORT

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 2009:

Complaints and Compliments:
Grey's Hospital received 497 comment slips for the whole year 2009.
Complaints and suggestions =197
Compliments = 300
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 2009=15
Media Positive Articles in 2009 = 6
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 2009 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 2010 this team will continue to do its good work.

Signage:
In 2009, we managed to update the Outpatient Signage before it was written in English only but now it is in Zulu and English and we will continue updating the signage throughout the hospital depending on the availability of funds.

Donations:
Thanking East Coast Radio, N3TC Duduza and other private companies in 2009 for their donations to paediatric wards during Christmas and Easter holidays.

CHALLENGES in 2009:

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 to assist in his absence for example attending meetings, workshop or even in annual vacation leave.

FINANCE DEPARTMENT ANNUAL REPORT

Financial Overview

HOSPITAL STATSTATICS 2009/2010 FINANCIAL YEAR

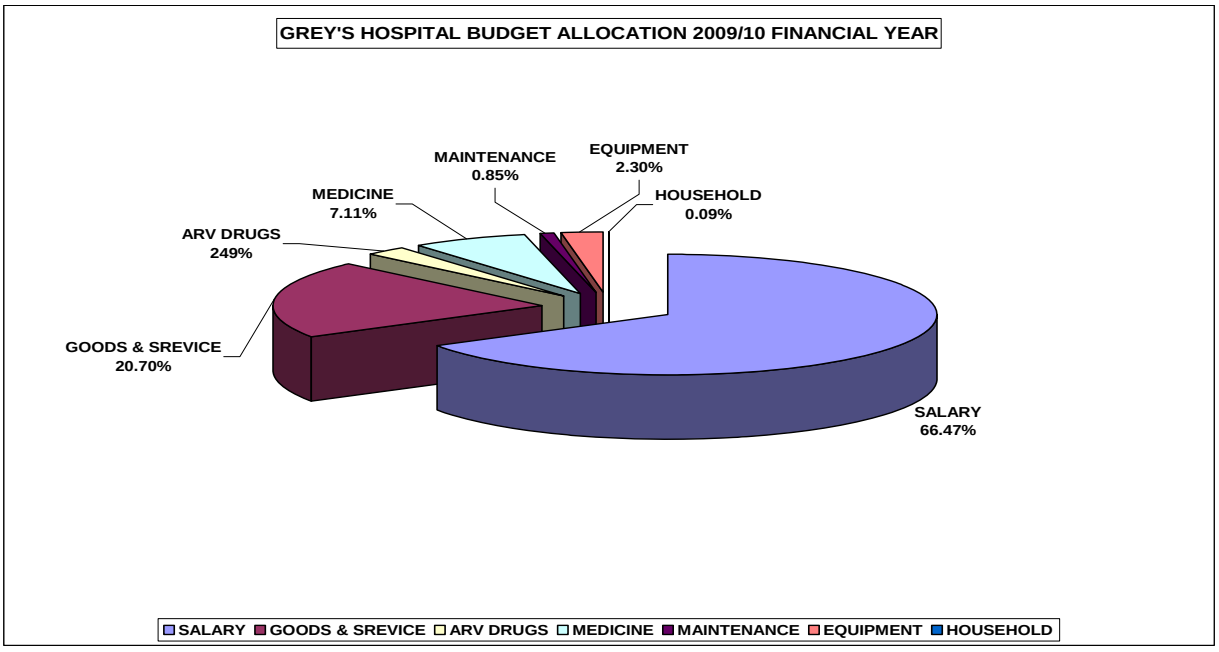
POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1,000,000
BED OCCUPANCY RATE (BOE)	77%
AVERAGE LENGTH OF STAY	10 DAY'S
PATIENT DAY EQUAVLENT (PDE)	193,322
RECOVERED INTER HOSPITAL DEBITS	R4,228,394.58
REVENUE COLLECTIONS	R5,363,330.00
WRITE OFFS	R347,847.00
COST PER PATIENT PER DAY	R2,636.54

CARRY OVER 2009/2010 FINANCIAL YEAR	**R241,651.35**

The amount of R 443,068,000 was allocated for the financial year 2009/10, which constituted an increase of 19.38% (R71, 949,000) compared to the budget allocation of 2008/2009. The allocation is summarized as follows:

FINANCIAL YEAR	2008/2009	2009/2010
PERSONNEL	R241,449,000	R295,245,000
GOODS & SERVICES	R 76,683,500	R 90,835,000
MEDICINE	R 33,889,000	R 42,634,000
MAINTENANCE	R 3,542,000	R 3,756,000
CAPITAL	R 14,340,000	R 10,200,000
TRANSFERS	R 1,215,000	R 398,000
TOTAL BUDGET	**R371,119,000**	**R443,068,000**

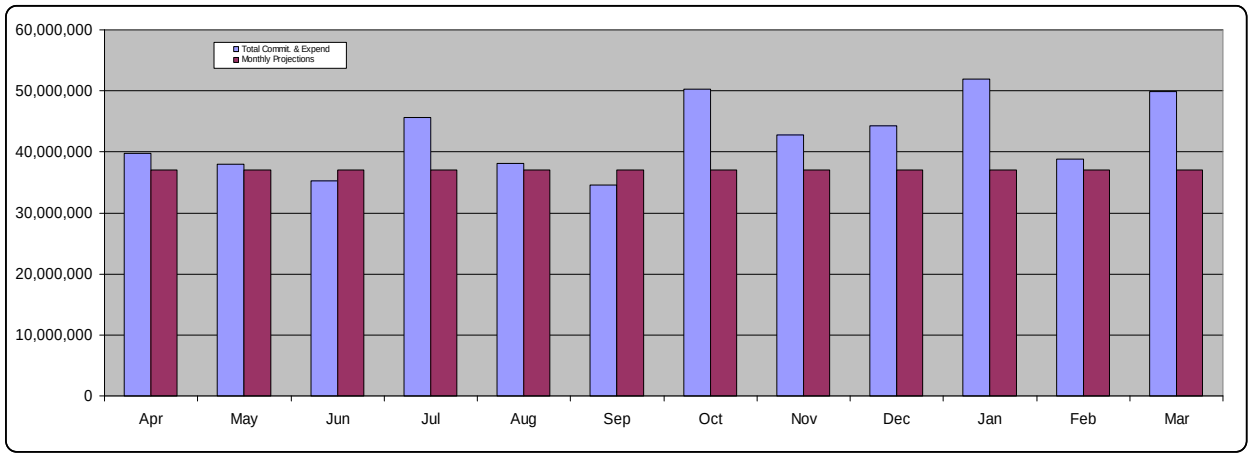
GREY'S HOSPITAL BUDGET ALLOCATION FOR 2009/2010 FINANCIAL YEAR (PER STANDARD ITEM)



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

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE
PERSONNEL	R295,245,000	R335,637,872	-R40,392,872
GOODS & SERVICES	R 90,835,000	R117,294,145	-R26,459,145
MEDICINE	R 42,634,000	R 40,704,036	R 1,929,964
MAINTENANCE	R 3,756,000	R 6,176,737	-R 2,420,737
CAPITAL	R 10,200,000	R 6,316,451	R 3,883,549
HOUSEHOLDS	R 398,000	R 3,309,807	-R 2,911,807
TOTAL	**R443,068,000**	**R509,439,048**	**R 66,371,048**

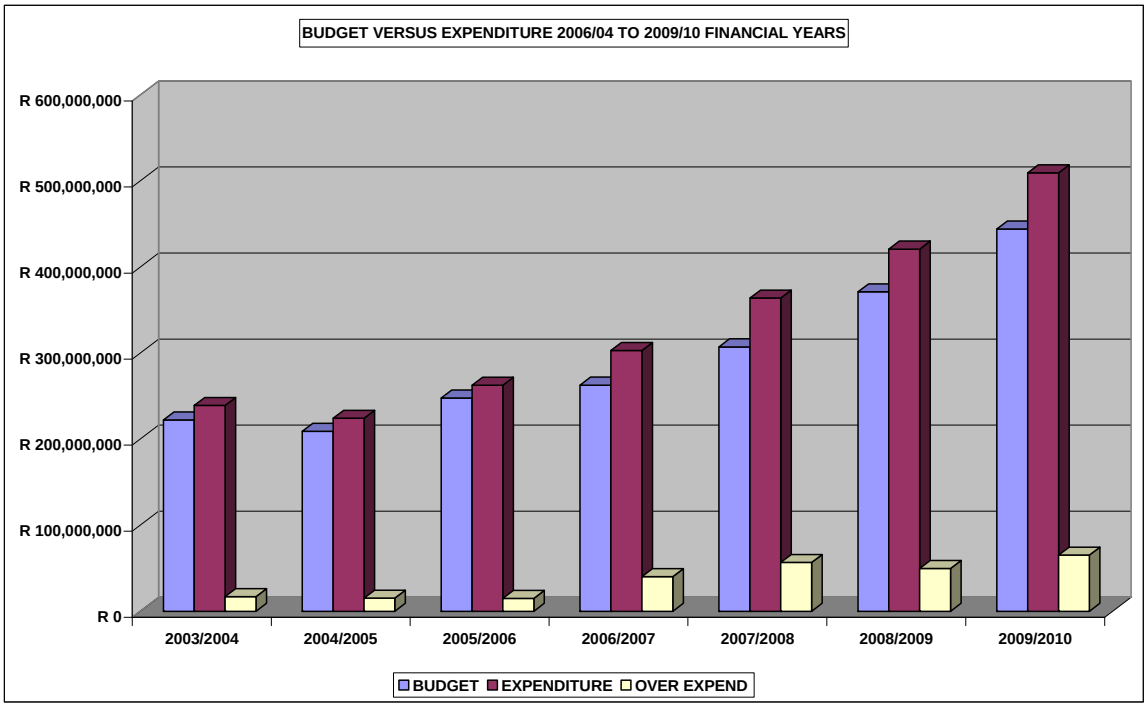
MONTHLY CASH FLOW PERFORMANCE IN THE 2009/10 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2003/2004 TO 2009/2010

BUDGET VERSUS EXPENDITURE

ITEM	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
BUDGET	R222,249,000	R209,073,000	R247,763,000	R262,757,000	R307,137,000	R371,119,000	R444,188,000
EXPEND	R239,210,499	R224,321,163	R262,743,169	R303,030,498	R363,903,742	R420,865,411	R509,439,048
OVER EXP	R16,969,740	R15,248,163	R14,980,169	R40,273,498	R56,766,742	R49,746,411	R65,251,048
% OVER	7.64%	7.30%	6.05%	15.32%	18.48%	13.40%	14.69%



REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2003/2004 TO 2009/2010

		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 %OVER	R209, 073,000 R224, 321,163 R15, 248,163 7.30%	126,559	139,714	R1, 295.68	R5, 191,294	R1, 231,767
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	126,955	196,857	R1, 899.54	R4, 982,363	R596, 022

	R56, 766,742 18.48%					
2008/09 BUDGET EXP O/SPENT % OVER	**R371, 119,000 R420, 864,411 R49, 746,411 13.40%**	**119,313**	**192,812**	**R2, 2292.49**	**R6482, 776**	**R333, 114**
2009/10 BUDGET EXPEND O/SPENT % OVER	**R444, 188,000 R509, 439,048, R65, 251,048 14.69%**	**124,281**	**206,824**	**R2, 636,.54**	**R5, 363,330**	**R347, 847**

CHALLENGES

In the 2009/10 Financial Year the following challenges were experienced and this was beyond the Management control**.**

ITEM	**AMOUNT**
JUNE 2009 BUDGET WAS REDUCED BY 7.5%	R 9,862,000
SEPTEMBER 2009 FURTHER REDUCTION (FISCAL ADJUSTMENT PLA	R 1,693,000
GENERAL SALARY INCREASE (JULY 09 TO MARCH 10)	R33,268,590
MEDICAL LEGAL CLAIM (JULY 2009)	R 1,900,000
MEDICAL LEGAL CLAIM (SEPTEMBER 2009)	R 1,008,000
DOCTORS OSD (JAN TO MARCH)±R21,900,000 RECEIVED R18,3 Million SHORTFALL	R 3,600,000
SALARY SETTLEMENT CLAIM (SEPTEMBER 2009)	R 804,309
TOTAL	**R52,135,899**

I read some very interesting news letter from NuSeason, before putting this financial report. The author who happens to be our former Budget Manager Mr Mposula said **"Never ignore or deny Budget Reduction."**

As we will be receiving our new year Budget Allocation, I urge everyone to revisit their procurement plan and prioritize this us in making sure that our spending is inline with our budget allocation. The cost containment plan still applies in this financial year.

Finance Department would like to thank everyone who has contributed positively in trying to curb- over expenditure.

My sincere appreciation goes to all the Staff in the Finance Component, thank you for your hard work and dedication.

"***Leadership is not a one day thing. It is a constant commitment to excellence a habit a daily practice" – unknown***

HUMAN RESOURCES DEPARTMENT ANNUAL REPORT

The previous financial year had many challenges attached to it e.g. Moratorium on the filling of non clinical posts, inadequate budget, moratorium on training and development of staff as well as on the purchase of computers or replacements, staff turnover rate was high, recruitment and retention of Professional staff. Appointment of Investigating and Presiding Officers which resulted in the procrastination of misconduct and disciplinary cases finalization etc. In spite of all these problems we managed to accomplish the following responsibilities.

We were able to invent new strategies to deal with the sick leave abusers in the sense that we identified them first. Once identified, call them into a special meeting that would be chaired by the Acting CEO - Dr KB Bilenge with a view to find out where their problems were. Some improved their behaviour, some were medically boarded. It was only those that were genuinely sick that remained sick.

Overall the general performance of Human Resource Management Department was above average.

I wish to commend all the Human Resource employees for their contributions toward service delivery in this Institution. I also would like to thank Executive Management for their continued support. Lastly I thank all employees in this Hospital that
co-operated with us. I am aware that the HR Department is not liked by all employees since, among other things it does is to adhere to the policies, procedures, processes etc. Sometimes we are referred to as beaurocrats.

Finally, one needs to be positive in thinking. We hope to improve the standard and quality of our service delivery this year (2010-2011)

LABOUR RELATIONS

The Labour Relations component at Grey's Hospital continued to assist the Department of Social Welfare in the facilitation of an additional 5 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, and the Senior Human Resources Practitioner: Mrs. Dimba being appointed as the Investigating Officer and was finalized in one day.
An additional 19 cases of Grey's employees being involved in Social Grant frauds were received in April 2010 and the individuals have been charged with misconduct by this office and given their Notices to appear at their hearing on 20th or 22nd April 2010. These hearings will be held by the Assistant Manager and the Snr. H.R. Practitioner again. Prior to this a request was made by the Forensic Investigator of the Special Investigations Unit for this office to facilitate the availability of 35 employees to be interviewed in preparation for the Criminal case.

As a result of the change in the abscondment procedure, teething problems were experienced when a staff member rotates from day duty to night duty, or a student moves between the nursing college and wards. The issues were addressed through consultation and guidance between this office and the various Departments concerned and the problem has diminished considerably. It was highlighted that it is imperative that there is no break in communication between our office and the source office if the staff member returns to work.
The following cases have been dealt with in each category as listed below:-

	TOTAL	FINALISED	O/STANDING
DISCIPLINE	64	51	13
GRIEVANCES	34	21	13 *
ABSCONDMENTS	67	67	0 #
GRAND TOTALS	**165**	139	**26**

* There have been two disputes taken up by Head Office.
\# There were 58 cases which were aborted prior to services being terminated because the employees returned to work. These then followed the disciplinary route and they were either formally charged with misconduct or given a letter of warning or final warning. Leave without pay was recovered in all instances. There were 9 employees whose services were terminated on the grounds of Abscondment.

To ensure that Grey's Hospital has a pool of trained individuals to assist at other Institutions a Certificated training course was presented by Incorporated Labour Solutions through the Skills Development office. The trained candidates are willing to assist other Institutions but are not keen to investigate or preside for Grey's cases due to them working with the individuals being investigated. Notwithstanding this the exercise of training has definitely made it easier to secure the services of Investigating and Presiding Officers from other Institutions in this District as we are in a better position to reciprocate.
In addition to the aforementioned the District Office also offered funded training through the CCMA to a limited number of officials in the Umgungundlovu Area which was held during the month of March 2009 and has proved to be of great benefit to those that attended.

HUMAN RESOURCE DEVELOPMENT/ PLANNING

Kindly find the trained employees in 2009 below:

Name of the courses	Number of attendees
Investigating Officer	20
Health and Safety	20
Supervisory	20
Responsibility Management	1
Mechanical draughting	1
Firearm Training	3
Quality Management	2
Disaster and emergency	3
Strategic Procurement	1
Managing poor performance and capacity	1
Engineering science	2
Abet learners	14
Matric	7 - all completed and passed
Interns	2 completed the 12 months fixed period
Bursaries	2 completed
MIP	6
M&E	2
Minute Taking	2
Customer Care	4
Experiential training	2 completed the 18 months period

HUMAN RESOURCES PRACTICES

HIGHLIGHTS AND CHALLENGES

IMPLEMENTATION OF THE ACCUPATIONAL SPECIFIC DISPENSATIONS FOR OCCUPATIONS: MEDICAL OFFICER, MEDICAL SPECIALIST, DENTAL SPECIALIST, DENTIST, PHARMACIST, PHARMACIST ASSISTANT AND EMS.

The roll out of the above took place centrally at Head Office. This Component was requested to second three of our Personnel from this Office who were part of a Task Team that was tasked with the responsibility of ensuring that the above was finalized before the end of November 2009. Together with the members from other Institutions the OSD for medical personnel was implemented within the time frames. Thus ensuring that Governments mandate for better health for all was fulfilled in this regard as Medical Personnel did not have to revert to downing tools again.

RECRUITMENT
Nursing. Medical and the Allied Health workers have been classified under the scarce skills category as the demand for these workers for exceeds the availability of those in the market. As the Component that is responsible for the Recruitment and Selection processes in this Institution it is imperative that we act as efficiently and speedily in order to fill vacancies from the scarcity that exists. In our Endeavour to support Departmental Heads we were able to recruit the following numbers in the occupations mentioned above.

Nursing: 71 New Recruits
Medical: 50 New Recruits
Allied Health Workers: 25 New Recruits

Although we have been successful in recruiting the scarce skills personnel we are however still faced with the challenge of retaining this group, as the market is continuously evolving in terms of more opportunities being offered to this category of staff. The result of this is that we have seen 52 personnel exiting the service in the past financial year.

However we are recruiting more officials than those leaving the service.

The component itself has not experienced a huge number of Personnel leaving thus ensuring that there is continuity in the services being provided.

SYSTEMS MANAGER REPORT

Grey's Hospital Management is committed to the promotion of a safe and conducive environment by ensuring a meaningful contribution to fight against the theft of vehicles within the parameters of the hospital

While parking of private and staff vehicles within the boundaries of Grey's Hospital is at owner's risk, nevertheless the safety of all vehicles is of great concern to Management. In view of this, we propose to introduce the separation of staff parking from visitor's parking within the premises of the hospital. However, budgetary constrains remain our main hurdle to clear.

VISITING HOURS:

Afternoon: 15 H00 to 16H00

Evening: 19H00 to 19H30

With more and more emphasis placed on HIV/AIDS the demand to provide better services to the public had been discussed in many meetings. With the assistance from a Non Governmental Organization (AGPAF) we were able to receive one phlebotomist and two HCT counselors. Medication compliancy has improved after the allocation of one counselor to the CDC pharmacy. Pill count and a second counseling are now provided in the pharmacy. This initiative has been of massive benefit to our clients and pharmacy personnel.

NEW CLINICS THAT WERE COMMISSIONED

1. Orthopeadic clinic introduced their new clinic called TSR (Tumor, Sepsis and Reconstruction). Currently it is functioning every Tuesday along with two other ortho clinics. i.e. Hand clinic and General Ortho clinic unit 1 on the same day.

2. Neurology has developed as the need for more specialized clinics were identified. This led to the opening of the epileptic clinic. Epileptic clinic follows Rheumatology clinic twice a month every Wednesday. Headache clinic and Botox clinic were also initiated by the neurologist Dr Moodley. They are functioning on a Wednesday. Headache clinic has been put on hold as we lost one of our medical doctors.

3. Paediatric clinic has commenced their Haemophilia clinic which takes place every 3rd Thursday of the month. Also seen on Thursday are the ward A1 follow ups. Genetic clinic has been discontinued and is now at King Edward Hospital.

4. Adult Haemophilia was commissioned in December 2009 and is now operational once a month on a Tuesday afternoon.

5. Greys Hospital had employed their first permanent full time dermatologist. Their 4 day clinic was converted to a 5 day clinic. This had made a massive difference to the patients waiting times for clinic booking.

6. The new PH Monometry machine was introduced in April last year in the G.I.Unit. Staff was trained and it is now fully utilized. The only other hospital performing this test is Inkosi Albert Luthuli.

2. ONCOLOGY WARD

In May 2009 ward M3 was opened as a dedicated Oncology Ward with 12 beds. This put paid to the Oncology patients being bedded all over the hospital, and the Lodger Facility houses 20 beds of Oncology Lodgers.

3. 2010 WORLD CUP PREPAREDNESS

VHF Training has been conducted for the Province commencing in October 2009. The Institutions that have attended include:- Grey's, Northdale, Edendale, Appelsbosch, Addington, Mahatma Ghandi, St Annes and Mediclinic.

4. BABY FRIENDLY HOSPITAL INITIATIVE (BFHI)

Lactation Management Training was conducted for 6 weeks from August 2009 and more than 100 employees, all categories of nurses attended

Mrs. Ramnund has been chosen to go on the Integrated PMTCT Training which included INFANT AND YOUNG CHILD FEEDING AND MATERNAL NUTRITION. She will attend an Assessors Course which will enable her to do Provincial and International BFHI Assessments.

5. CHALLENGES

The Challenges in the Nursing Departments have mainly been the shortage of Nursing Staff and the shortage of equipment.

ANAESTHETICS DEPARTMENT ANNUAL REPORT

The Pietermaritzburg Metropolitan Department of Anaesthesia, Critical Care and Pain Management went through a difficult year with the ongoing moratorium on employment which always disproportionally affects Anaesthesia due to our high turnover of junior doctors seeking training in the Diploma of Anaesthesia.

We remain committed to our central focus of attracting quality doctors by ensuring career development. 11 members of the department were awarded the Diploma in Anaesthesia by the Colleges of Medicine of South Africa in 2008. **Dr A Capek** received the **SASA John Couper Medal** for the best Candidate in the year. 1 of our current registrars (**Dr G Fowler**) completed the Primary examination for the Anaesthesia fellowship and was awarded the **Hymie Samson Medal** for 2009. 3 of our ex PMB Trainees **Dr P Fourie** (March 2009) **Dr M Mudely** and **Dr K Mitchell** (Sep 2009) have also passed the Primary.

4 former members of the department who have been working in Durban have also passed the final FCA examination **Dr J Keshav**, **Dr M Morford** (March 2009) and **Dr O Cassimjee**, **Dr D Bishop** (September 2009). We have been lucky enough to receive Dr Bishop back for post exam subspecialties training in Paediatric Anaesthesia as of January 2010. Additionally another 4 former PMB Anaesthesia trainees received their specialty examinations at other university in South Africa.

The crowning examination achievement of the PMB department was the passing of our first Critical Care Subspecialist **Dr C Lee**.

This success has come from the teaching contributions from the members of the Consultant staff. In particular one must mention the efforts of **Dr R von Rahden** in the teaching of particularly the Part 1. **Dr H van Zyl** has taken on the critical role of coordinating the Part 1 teaching program which goes from Strength to Strength. **Dr J Handley** Specialist at Edendale Hospital has taken a major role in the DA training along with **Dr J Erskine**.

The department started off 2009 reasonably with the recruitment of junior doctors. However with the moratorium on appointments as the natural attrition occurred we were unable to recruit replacements. The moratorium on nursing posts as well meant that the staff shortage was not felt as much as it could have been, until the start of 2010 when the lack of a trained middle grade has seriously affected our ability to train the next generation of anesthetists. Recruitment of specialists remains a problem, with the entry grade salary being completely non competitive.

These salary issues came to a head with the doctors' strike in 2009. The department was able to keep emergency services going, but the severe impact of this strike on Doctors moral will be felt for many years.

In addition 2009 was tumultuous year in terms of staffing with **Dr J Erskine** leaving for private practice, **Dr J Handley** "semi retiring" and reducing to a 5/8s post to concentrate on his array of interests outside medicine and **Dr D Raghavjee** resigning his fulltime post to work overseas and in sessions. In addition to this we had the junior staffing issues alluded to above, and were plagued by a run of ill health and impairment. However the department has emerged from this with a new focus on its core areas and is looking forward to strong development.

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. Due to the staffing shortages we were not able to sustain the NICU rotation. However we have been reaping the reward of the previous NICU rotations with some very skilled doctors in the handling of small babies and every effort will be made to reintroduce this rotation.

Intern Training: This has been under the leadership of **Dr J King**, but **Dr L Taylor** has returned from Maternity leave to take a major role here. Dr Taylor will take the role on exclusively after Dr King's final retirement in November 2010. We remain a benchmark for training and there is a demonstrable improvement in standard of care at our district hospitals.

Outreach: This program always suffers during staff shortages and so most activities have been confined to in reach.

In reach: Slots and a training program for Community Service Doctors have been established at both Grey's and Edendale hospitals. In 2009 this has mainly been used to provide training for a large number of foreign doctors working at peripheral hospitals who have been required by the HPCSA to complete 2 weeks of Anaesthesia training. This does not increase capacity in Anaesthesia at rural hospitals, but help to sustain district services.

Other Departments: The training Anaesthesia can provide is recognized in other departments. **Surgery, Orthopaedics** and now **Obstetrics and Gynaecology** all send registrars for ICU training. **Family Medicine** also requires four month training in Anesthesia and we have had one such trainee through our ranks. **Emergency Medicine** requires their registrars to have three months of anaesthesia followed by three months of critical care and the first of these registrars is with us currently.

Critical Care: Dr R von Rahden and **Dr C Lee** have been responsible for taking this service to new heights. Regular consultant rounds now occur at Edendale hospital as well as Edendale hospital and there is regular ICU training of all doctors. The Registrars from Surgery, Orthopaedics and anaesthesia who have been doing training in the ICU have been joined by an Obstetric registrar and this has also allowed ICU registrar input at Edendale. Having two well functioning ICUs with coordinated patient transfer where required for specialized services such as dialysis at Grey's has improved Critical Care delivery in the metropole. The full ICU consultant team of **Dr R von Rahden Dr C Lee Dr Z Farina** and **Dr D Clark** from surgery needs to be congratulated on their hard work

Equipment and staff remain the two major challenges to the ICU unit. This has also lead to an inability to take on the multidisciplinary ICU role which is so obviously required. However there will be a significant drive in 2010/2011 to allow this to occur.

Chronic pain clinic: Dr H van Zyl has restructured this clinic and introduced many quality control measures which have improved standards. An improvement in facilitating the collection of chronic pain medication from district hospitals has also occurred. The loss of Dr J Ruben from Durban has meant that this is currently the only full time functioning pain clinic in the province.

Acute Pain Service: Dr H van Zyl has continued to develop this area and we have slowly begun expansion of the service through the hospital. Data from the initiation of the acute pain service has been submitted by a former registrar towards completion of a MMed degree, and hopefully this service will form the basis of many of our Mmed programs in anaesthesia, especially focusing on quality improvement issues.

Northdale Hospital: The key to the successful functioning of a tertiary service is appropriately running district services. **Dr N Gcanga** has been appointed as full time Chief Medical Officer at Northdale hospital from July 2009. Unfortunately in late February 2010 she went off on Maternity leave so we are somewhat rudderless at present. However much effort is being put in by **Dr D King** to help maintain the service and expansion will recommence in the near future.

Mortality and Morbidity meetings: This has been extended to Edendale successfully under **Dr Z Farina** The weekly Grey's meetings directed by **Dr R von Rahden** continue to be highly successful. A uniform statistical reporting system is being utilized and Day and Night reports of activities enable a much tighter overview on activities

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 have been moved to the second 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, Specialist at Edendale has been providing the majority of the teaching. However it has become evident that teaching needs to be expanded and in particular concentrated on a single prolonged tutorial session. This is both to enable the full syllabus to be imparted, but also to lessen the service delivery impact of having multiple doctors off attending tutorials. The more ambitious teaching program on each day also ensures that in reach doctors coming from the periphery find the travel worthwhile. Registrar contribution will also be increased as this also improves there examination skills and assists in passing their program. This new program has been a team development between **Dr Z Farina, Dr G Reay, Dr C Mitchell, Dr P Gokul, Dr M Gunning** and **Dr J Handley**. **Dr J Erskine** continues to contribute as part of her sessional work.

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

Obstetric Anaesthesia: Staffing issues once again have lessened our ability to provide an epidural service. However many of these have been addressed and our numbers of epidurals are steadily rising. **Dr Farina** has been involved in the National Committee for the Confidential Enquiry into Maternal Deaths (NCCEMD) and

additionally is the National SASA representative on the Essential Steps in Managing Obstetric Emergencies program.

Organization: Ms Collette Govender has come into her on in the secretarial role. Daily doctor allocations are now down by **Dr N Hendricks** and the flexibility of having this role centralized on her has enabled the department to weather the storm of staff shortages. A close relationship between **Dr Hendricks**, **Dr L Taylor** doing rosters for Grey's and Northdale, **Dr D Plank** doing rosters for Edendale and **Dr G Reay** doing daily allocations at Edendale has minimized the service delivery impact of the staff shortages.

Theatre Efficiency: This has improved steadily since the end of 2009 and uniform progress continues to be made. This will hopefully continue into 2011.

Public/Private Partnerships: A good relationship is maintained with the Private Anaesthesiologist in the area with many of them contributing to sessional work. **Dr R Buley** provides after-hours cover at Grey's hospital. **Dr M Redfern** participates in the Pain Clinic. **Dr R 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 J Erskine** has taken up sessions providing after hour covers at Grey's and Edendale and providing tutorials for the DA. **Dr D Raghavjee** has sessions for after hours work and to provide ophthalmic anaesthesia services at Northdale. Good relationships are retained with the Pharmaceutical and Medical Equipment Trade. Through these relationships the department successfully hosted the **5th Midlands Perioperative Refresher Course** on the 10th October 2009 targeting nursing and medical staff involved in the Perioperative process. A major achievement was holding the **National Critical Care Refresher Course** for the Critical Care Society of South Africa on 28th and 29th November 2009. This was a Stirling effort by **Dr von Rahden** and **Dr Lee** and was one of the most successful refresher courses held by the CCSSA.

Other Honours: **Dr Z Farina** has acted as external examiner to the University of Pretoria in there MMed Anaesthesia final exams. **Dr R von Rahden** and **Dr N Hendricks** have continued in their **APLS** instructor roles, and Dr von Rahden has also achieved instructor status in **ATLS**. **Dr R von Rahden**, **Dr Z Farina** and **Dr D Bishop** have all presented at both the 2009 and 2010 National SASA conferences

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. With the new administration appointed to Health in 2009 and the positive spin-offs of improved management the department is looking forward to great strides forward in 2009/2010.

2010 plans: We will appoint a new Critical Care Trainee in July 2010, and hopefully at last see expansion of ICU services at Grey's and the formation of a multidisciplinary ICU. With the return of Dr Lee from Maternity leave it will be possible to create a 2nd trainee post and this will then facilitate a first class metropolitan critical care service.

Outreach expansion for all aspects will occur and will include outreach to High Care and ICU units in the Area 2.

A focus anaesthesia will be on the preoperative assessment and "tightening the loop" in terms of patients who require optimization before theatre. The indicator to be watched will be the cancellations on the day of surgery. We will also continue to expand our acute pain program and hopefully see introductions of the program into Edendale hospital.

PAEDIATRIC DEPARTMENT ANNUAL REPORT

The PMB Metro Paediatric Department main problem in 2009 was staffing.

Achievements:

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

1. In-patient services: The PICU was re-opened in June 2009 after negotiations with staff and some improvements in staff numbers. I would like to thank our junior staff for their support in this process. Without them we would have had to delay the opening even longer. They worked under extreme stress and long hours without financial reward.

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

3. New consultant staff acquisitions in October 2009:

a) Dr Mary Morgan – Post: Senior Specialist: Paediatric Intensive Care. She comes to us from Gauteng, having worked as Chris Hani Baragwanath Hospital after completing her Intensive care training. We wish her well during her stay with us. She has already started making a significant contribution to the department.

Training and research activities

1. All our training activities have continued in both the undergraduate and post-graduate programs for students, interns, medical officers and registrars.
2. The formation of the PMB UKZN Campus Board – Medical Faculty has been a forward step in this area.
3. Research activities continue at a slow pace for most.

Child Health programmes in Grey's, PMB, KZN

1. Neonatal Experiential Learning Site (NELS) – unable to expand due to funding constraints.
2. Childhood TB Guidelines training of medical staff in the district is ongoing with over 100 doctors trained and implementation has commenced in Grey's and Northdale. This has been slower at Edendale.
3. The new Paediatric "WARD ADMISSION REGISTER" is being rolled out not only in PMB but soon in SA as it has been accepted by the National MoH.

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

1. Child Health Problem Identification Program (Child PIP - Nationally and locally). See www.chip.org.za. This continues to grow.
2. "Saving mothers, babies and children" committees nationally
3. "THOKOMALA NATHI" – non-profit organization has been registered and initial phase has commenced.
4. Ongoing visiting doctors from Belgium / UK / Canada.
5. Lodger Mothers Facilities – is finally operational, with beds also accommodating lodger oncology patients.

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

1. Budgetary "mishandling" has continued to lead to constraints and has affected service delivery negatively.
2. Revamping of Area 2 Tertiary referral Neonatal Intensive Care Unit (NICU) for neonatal medical and surgical services – this has been on our business plans for ~~four~~ five years now but remains unachieved. This would improve our bed capacity and bring us in line with infection control policies for NICU.
3. Nursing staff shortages have not abated.
4. Current services and expansion of tertiary service remains "in limbo" due to budget and nursing and medical staff numbers. Equipment and slow SCM process have not helped.

CONCLUSION:

What next – within Grey's

1. NICU revamp should be THE TOP PRIORITY for Grey's Hospital. It certainly is our top priority and remains so for 200~~9~~ 10. (..and waiting!)

2. 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 in this the 2010 World Cup year, I hope that all the resources that were “siphoned off” to return and we are able to concentrate on Health Infrastructure in KZN. Keep “screaming” for the children and thank you!

OBSTETRICS AND GYNAECOLOGY DEPARTMENT
ANNUAL REPORT

WELCOME TO THE DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

DR M. J TITUS:
CHIEF SPECIALIST & METROPOLITAN HEAD: PMB HOSPITALS COMPLEX

DR T. D NAIDOO
PRINCIPAL SPECIALIST&
HEAD OF DEPARTMENT

DR R. R GREEN-THOMPSON
SENIOR SPECIALIST

The Department of O&G continues to ensure good service delivery in Women's health, both within the hospital and in the District. We have also seen the development of tertiary services and subspecialties within the department and this process is on going. However with this have come added responsibilities and frustrations such as creation of new posts, recruitment of and acquisition of new staff, procurement of new equipment and sourcing of funding for department and community projects.

Secretary

Mrs. Janie Erasmus was appointed as the new secretary from 01st February 2009

Encouraging Developments

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

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

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

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

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

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

Medical Officers:
Currently only our PMO posts are filled. It is always difficult to fill entry level MO and SMO posts, especially when doctors are able to get registrar posts or go overseas following their

community service.

Registrars:
Currently the department has 15 registrars. Dr EF Orie successfully completed his FCOG part two exam in March 2009. Drs Foolchand, Govender and Maseloane have been successful in the written papers in March 2010 and are eagerly waiting there clinicals.

Interns:
Currently there are 34 interns and they rotate through Grey's, Edendale and Northdale Hospitals.

Under graduate Students:
The department participates fully in the under graduate training programme of the N R M Medical School. We receive a group of 24, 4th years every six weeks and they rotate through Grey's and Edendale**.** These students have their mid block and end of block assessments done at Grey's.Our staff is also involved in lecturing and examining 4th and final year students at medical school.

Quality Improvement
The department embarked on a series of quality improvement programmes in keeping with the Grey's hospital ethos on Quality Improvement.

.**Negative Developments**
Outreach Programme:
We have been unable to get our Outreach programme off the ground due to lack of staff. However Dr Titus has been trying to visit the major centres such as Ladysmith and Newcastle. We have put a programme together for 2010. We have included some of our senior MO's and hope that the programme will get off the ground.

Dr Green-Thompson has been conducting outreach visits to Greytown Hospital – staffing permitting. Our registrars are also currently rotation through Greytown Hospital and Registrars have and will continue to accompany consultants on other outreach visits.

Vacant Posts:
We have been unable to fill our Principle specialist- outreach post as yet. The senior specialist post vacated by Dr Amod also needs to be filled.

2009 has been a challenging year for us in the department, with a lot of added responsibilities and frustrations. We have been promised equipment and upgrading of our facilities, but this has not been forthcoming. We have also seen the department grow with the development of tertiary services and subspecialties with limited resources. This process is on going. We hope to expand further in 2010 with new staff and the new facilities promised by management. We also hope to rotate our registrars through Newcastle and Ladysmith Hospitals

Metropolitan / Area 2 Activities
A laparoscopic workshop was held to enhance the skills of the medical staff. The staff found the workshop beneficial.

REPORTS OF SUBSPECIALTIES

Uro-gynae and Pelvic floor Dysfunction:

Urogynaecology clinic is well-established and serving Area 2. Extra theatre time is required though.

TD Naidoo
Uro-Gynae and Pelvic Floor Dysfunction Unit

Maternal Foetal Medicine

FOETAL CLINIC
The foetal anomaly clinic has consolidated services as well as expanded services. Academic teaching – especially postgraduate - has been expanded.

Services
The clinic is conducted on a Wednesday afternoon from this year. An ideal of 2 to 3 patients per 2 hour clinic were planned for. We currently see between 4 to 5 patients per clinic.

The multidisciplinary team comprises 2 obstetricians (one experienced in foetal medicine, 1 undergoing training), a Neonatologist and 2 experienced Sonographers. We did have a support group being established for our patients but this is highly dependant on the psychology department's staffing. Currently, their staffing is insufficient to support the clinic. The social work department provides valuable support where needed (via Ms Diane Mariah Singh.

The services rendered are screening, diagnostic and therapeutic in nature.

Academic
A structured training program for the departmental registrars with an attendant logbook has been compiled. Registrars are currently being trained at least 6 times per month. This is at 2 dedicated registrar training clinics on alternate Tuesday afternoons and at the weekly Foetal Anomaly Clinics.

The obstetric consultants and the Sonographers have been to an ultrasound congress – hosted by ISUOG – International Society for Ultrasound in Obstetrics and Gynaecology - which was highly valuable. Scan program is currently attempting accreditation for this scan, in particular the Nucenal Trans

Research
Systems for data collection have been implemented this year. This will be undertaken in the New Year 2008. Research is being undertaken as from 2009.

Equipment & Facilities
The department has applied for a level 3 ultrasound machine which is capable of adequately delivering the foetal medicine services required. After a long process from the end of 2006, we have recently been informed that the department of health does not have the funds to secure this machine this year. Hopefully this major setback will not repeat next year. The funding problem has persisted but we will persevere in attempting to attain this machine.

We are also wishing to find a permanent 'home' for our clinic in our antenatal clinic with adequate facilities for scanning and counseling.

Training
As stated above the staff has attended a congress on advanced ultrasound. Further workshops and congresses will be attended to ensure that the clinical staff is kept up to date with regards to their skills.

High-Risk Obstetrics

Services
A specified Induction Bay and Admission Room have been built (in Labour Ward). These will be commissioned as from the 1st April 2009. These will improve patient movement and management within the hospital's High-Risk Obstetrics Unit.

Equipment
We have been trying to update our fifteen (15) year old Ultrasound machine in our Labour Ward, with no success. A machine with colour Doppler and a transvaginal probe is urgently needed. The department will attempt this year to obtain the machine hopefully, budget permitting this year!

MAINTENANCE DEPARTMENT ANNUAL REPORT

Despite the financial constraints facing our hospital, Maintenance Department was able to do the following in 2009:

- Had Boiler no. 1 & Boiler no. 2 three yearly government inspections done, We continue installing new ceilings in the hospital, such as at the large Montgomery entrance and ward H1, where the ablutions ceilings collapsed. We had all the pressure vessels and transformers tested. Kept up with day-to-day breakdowns and maintenance. Had all the emergency generators and UPS units serviced. Continued concreting the street lighting poles in – to reinforce and strengthen them. Various staff members were sent for training.

- The grounds and institution were kept in a neat and tidy condition. Continued servicing and cleaning re-heat boxes (air conditioning) in hospital. Replaced obsolete split air conditioning units in the institution. We started replacing damaged vinyl floors in the Theatres and passages. Continued replacing obsolete or faulty Rada water temperature units throughout the wards.

- Eight lifts have been upgraded for the physically challenged, (almost complete).The new fire alarm system has been completed, just waiting for the operating manuals. Continued replacing rotten sections of the water and steam pipe reticulation lines. Continued replacing, obsolete, rusted and jammed steam and water valves. Continued to try maintain obsolete nurse call system throughout the institution (a new nurse call system is required)

- Repaired all urgent breakdowns such as burst water pipes, boilers, blocked main sewerage and storm water drains. Removed four obsolete autoclaves for the Pathology laboratory, to created more space. Started changing obsolete water mixers in the Nurse home ablutions, and main Kitchen. Disconnected and removed one obsolete dish washing machine.

1. Done building alterations, and flooring for Edendale Hospital, due to staff shortages at the institution. Assisted Regional Office with repairs and maintenance. Serviced Theatre operating tables. Replaced faulty and broken steam traps, and repaired many steam leaks. Purified all main diesel holding tanks. Replaced all Theatre, main filters and had particle counts done. Monitored all contractors, such as Gardens, Waste removal and delivery of Boiler fuel etc. Done various structural alterations.

OUTREACH REPORT: AREA 2 - INTERNAL MEDICINE 2009

1.Roster
The roster is attached: most visits are on Tues and Thursdays, some on Fridays.

2.Red Cross AMS
Excellent transporting by AMS remains the key to the Outreach programme. The Nissan X-Trail and its driver, Mr Meshach Nehemiah, are used to the maximum: indeed a 2nd vehicle and driver is being budgeted for.

3.Hospital Coverage
Most of 18 District Hospitals regularly visited, usually by a designated consultant or PMO. Bad weather re flying as usual caused a few cancellations.

4.Personal Visits
Twice-weekly ward-rounds at Edendale Hospital, weekly problem/teaching rounds at Northdale, 4th year teaching. 8 district hospitals regularly "under my wing": too many for flexibility. Monthly KZN PTC meeting. Overall: 62 hospital visits other than EDH/Northdale. Tenure extended by 2 years from 30 June 2009.

5.Elective Students etc
Medical students (mostly from abroad) and MGH and Columbia residents still regularly accompany the visiting consultant: mutually beneficial.

6. Consultants / PMOs
As in 2008, most consultants and a few PMOs are appropriately involved in our programme, some extremely enthusiastically. A minority yet to contribute.

7.Registrars
The Rheumatology registrar does the fortnightly clinic at Town Hill but it is exclusively foreign doctors who accompany the Outreach visits.

8. Congress
The inaugural Jim Muller Medicine Seminar (JMMS) took place at Grey's in September 2009. The theme was HIV / Infectious Diseases. Each subspecialty provided a speaker, and there were 2 international speakers. Some 75 delegates attended: a small but viable start. There was enthusiastic pharmaceutical support and sufficient financial profit to "seed" the next mini-congress.

9.Pharmaceutical Committees
District & KZN PTCs were regularly attended.

10.CEU Activities
The department is now an accreditation site, so that CPD points can be allocated for attendance at our seminars, and for teaching session attendance by MOs during Outreach visits to peripheral hospitals.

11.Telehealth
The upgrade and maintenance of Grey's Lecture Theatre by Internal Medicine Dept. has kept video-conferencing viable – just. However, funding for this will dry up during 2010, including payment of salaries for trainee assistant etc. Grey's management has been formally advised that responsibility will revert to it.

12.Doctors' Strike
Whilst this did not affect Outreach visits at all, its impact on relationships within the department was, predictably, tragic.

ORTHOPAEDICS DEPARTMENT ANNUAL REPORT

INTRODUCTION:

2009/2010 has been characterized by up and downs-recruitment/development of a Spinal consultant and the re-establishment of the Spinal Surgery Service and subsequent closure of the service due to departure of the Consultant which is an unfortunate story that has became the hallmark of problems confronting healthcare in general –failure to attract and retain skilled staff.

OPERATIONAL REVIEW:

- Well-established and functional Hand Unit- the only one in KZN and with referrals from all other 3 areas including Private Sector, Eastern Cape and Free Staff and parts of Lesotho.

- Recruitment of a motivated and energetic Senior Consultant- Dr L Marias with the establishment of a Tumour and infection Unit-the only one in KZN and referrals from other areas-already the unit has a huge backlog indicating the need for this type of service.

- Re-establishment of the Spinal Surgery Unit –Dr Mwesigwa has been sent to King George V Hospital (Spinal Unit) for development so that the Spinal Service can be re-established by May/June 2010.

- General Orthopaedics –relatively good service delivery in General Orthopaedics, Trauma and Elective Surgery (Paediatrics, Arthroplasty).

- Teaching programme –this has been streamlined for both interns, Registrars and recently 4th Year Medical Students.

- Outreach Programme-support for Outreach remains a priority and the programme is up and running especially for Madadeni Hospital.

Despite the overall success in Orthopaedic Service Delivery and Teaching, there still remains challenges :

1. Recruitment/Retention of experience/skilled senior staff.
2. Budgetary constraints hampering:
    a) Procurement of vital required equipment
    b) Advertising and filling of vital posts –Head of the Unit at Edendale Hospital. The Post has been vacant for almost 3 years now.
3. Research output remains a major challenge –lack of senior staff and work overload.
4. Operating Theatre time remains a problem resulting in increased average length of stay and frustrations among Surgeons.
5. Outreach - Support of Outreach still requires much support but this remains a problem when senior posts are frozen making it difficult for the Metropol to function and thus no capacity to support Outreach.
6. Referral Pattern- this has become dysfunctional due to lack of skilled staff in the Outlying Hospitals.

CONCLUSION:

The introduction of OSD and the unfreezing of some of the Senior Posts will hopefully stem the tide for the exodus of Senior Staff back to the Public Sector.

OPHTHALMOLOGY DEPARTMENT ANNUALREPORT

There were a number of changes during the 2009/2010 year. The most significant of these was the retirement of Dr RB Spooner as Head of Department. He was the architect of the Ophthalmology Department at Greys Hospital. He created an academic department and established tertiary services within our Region. He is sorely missed by all his colleagues and the patients but he may start working here on a sessional basis later in the year. A highlight for the Department was the two registrars that passed their final exams, Dr N Chetty and Dr R Cronje. Dr Cronje was seconded to our Department from Durban and spent the majority of his Registrar time working in Pietermaritzburg. There is a third Registrar, Dr C Dewar who is currently writing her final exams and has been invited for the viva. We wish her all the best with the oral exam. The Ophthalmology Department intends to remain on the forefront of developments in eye care. A corneal cross linking machine has been donated to the Department by the private sector and will contribute towards our efforts in the prevention of blindness. We are also currently working with the Endocrinology Department at Greys to establishment a Diabetic Retinopathy Screening Programme for Area 2. There was also a change in the referral pattern of patients and currently we are seeing an increasing number of district patients. I have been informed that the intention is to centralize services. We look forward to being able to employ two of the registrars as consultants when their rotations finish at the end of 2010. There was also sadness as we learnt of the death of the son of Ms C Nzimande. She is an ENA in the Eye clinic at Greys Hospital and a valuable member of staff. Our thoughts are with her during this difficult time. We look forward to welcoming back Dr S MacKenzie following her maternity leave and the appointment of a new Head of Department. I believe the Ophthalmology Department will continue to provide an essential service to the population in our area and to train specialists that will excel in their field.

ACCIDENT AND EMERGENCY UNIT (CASUALTY) ANNUAL REPORT

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**

Achievements n the past year:
We embarked on a series of Trauma Lectures during the period of **May – June 2009:**
These lectures were delivered by Mr D Clarke (Trauma Specialist) and Dr LC Pillay
We covered a series of topics including:

1. Abdominal Trauma
2. Chest Trauma
3. Head Trauma
4. Vascular injuries
5. an overview of polytrauma cases including X-rays and CT scan discussions

These lectures were aimed at nursing personnel from student level to Professional Nurses and highlighted the approach to the traumatized patient with a view to improving our skills and knowledge. It was well attended and feedback we received was excellent.
The aim is to continue with these updates on a yearly basis to keep our knowledge refreshed.
In **July 2009** a few members of our staff attended the emergency /Trauma update with the theme being "**are you ready for 2010** – Sports injuries, Electrolyte imbalances and Myocarditis were some of the topics covered.
In **September 2009** we successfully managed a mass disaster involving prisoners being repatriated. A special thanks goes out to every member of Grey's Hospital staff including the porters and cleaners for contributing to the success of this mass disaster. It was pleasing to note that were no fatalities following this incident. Also in **September** an exam was conducted with some members of Casualty concerning Readiness for World Cup 2010.

In **October** we were once again in the spotlight as we bore the brunt of a mock mass disaster which was assessed by members of COHSASA. It is pleasing to note once again we passed with flying Colours, though we did come short in terms of shortage of Equipment and staff.
In **October** a few sisters from Casualty attended a course on how to deal with Hazardous waste and Materials. The highlights of our year was the opportunity that four members of our staff, Dr LC Pillay, Dr Wilson, Sister J Jones and Sister P. Capes, were afforded when we attended the Emergency Medicine International Conference in **November 2009** in Cape Town. This was a most enriching experience where we were exposed to delegates from all over the worked who shared their perspective on their management of Mass Disasters. We were certainly enriched and we have begun to introduce some of the strategies learnt at the conference to improve our patients' care and outcomes. A special thanks must be extended to Dr Richard von Rhaden, Mrs. Glynnis Smith and the finance team and hospital management for making this experience a possibility.
We have begun 2010 with the same eagerness and enthusiasm as last year with the huge emphasis being placed on the World Cup 2010. Readiness and preparation programs have been commenced as Grey's Accident and Emergency Unit has been identified as the facility for the red code spill over's and for the management of green and yellow coded patients. As there are no World Cup games in Pietermaritzburg, our focus has been centered around the fan parks in the city. Dr Wilson and two sisters from Casualty will be attending the Emergency Update course in **May** at Inkosi Albert Luthuli Hospital; this endevour being sponsored by the state.
Dr LC Pillay will be attending the ACLS course later this year.
I am pleased to note the various opportunities we are being offered to improve our skills and subsequently optimize patient management, are being utilized by our staff and this positive reinforcement and academic environment has boosted the morale' of the staff in Casualty.
On a sad note, our deepest sympathies and condolences are extended to the family of Mrs. Zanele Ndlovu, a nurse from Casualty, on her untimely passing away in April 2010 after a brief illness.

We extend our congratulations to Sister J. Price on the birth of her daughter in February 2010
Once of our sessional Doctors, Dr V. Juby is due to give birth in June 2010 and we would like to wish her and her family well.

Finally, there is a saying that holds firm: **Experience is the greatest teacher**…We thus hope our experience assist us in becoming better doctors and nurses, always bearing in mind that the patient 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. We look forward to a peaceful and entertaining World Cup in June this year I urge all South Africans to get behind our team, and who knows, with positive thinking we might be celebrating as the World Champions.

OCCUPATIONAL THERAPY DEPARTMENT ANNUAL REPORT

A challenging yet productive year, Occupational therapy continued to support all in and outpatient services in the hospital. Rehabilitation and remedial programmes, splinting, pressure garment fabrication, assistive device fabrication with issue, wheelchair assessment with issue, functional, educational and medico-legal assessments all formed the framework of our core business. Well done to our remaining therapists who did not buckle under the stress of service delivery and continue to maintain services this year. We said goodbye to two therapists last year and welcomed a new community service therapist and a junior occupational therapist this year. We wish them a long and fruitful stay with us. We were able to provide dedicated services to paediatrics, orthopaedics and plastics this year and hope to expand our service delivery with the recruitment of new staff. Teaching, training and supervision increased last year with students from UKZN and other universities who chose Greys as a training centre for their acute physical blocks.

HIGHLIGHTS:

- Streamlining paediatrics with an efficient referral system in and out of the district for long term therapy.
- Providing community outreach to Balgowan, Mpopomeni, Eastwood and Oribi by community service therapists.
- Teaching and supervision of UKZN Occupational therapy students and Hand Masters students at Greys.
- Final external examinations for UKZN students.
- Initiation of block therapy for neurodevelopmental disability in children.
- Sponsorship by Mrs. Jammine via Benylin Cough Syrup of much needed equipment to the Occupational therapy department.
- Sponsorship of 4 wheelchairs by Rotary.
- Networking with all referral health institutions.
- Provision of in -service and assistance for all referral institutions.
- One therapist completed her Neurodevelopmental therapy course which improves effectiveness of Paediatric service.
- 3 Therapists trained in Quality Improvement.
- All therapists met their CPD requirements by attending ethics and subject specific training.
- Participation in health events: staff wellness, child protection week, cerebral palsy day, health awareness rallies by district.
- Dedicated service to plastic, hand, trachea, cerebral palsy and neurodevelopmental clinics.

CHALLENGES:

- Inability to recruit and retain senior staff.
- Inability to sustain established services, and support developing services due to lack of resources.

We look forward to a more productive and interactive year within our institution and with our referral hospitals in order to improve support, expertise, efficiency and effectiveness of our service.

SPEECH THERAPY - AUDIOLOGY DEPARTMENT ANNUAL REPORT

1. STAFFING:

POST	NO. FILLED
MANAGER	1
ASSISTANT MANAGER	0
CHIEF AUDIO/SPEECH	0
SENIOR AUDIO	1(2/3RD POST)
SENIOR SPEECH	1
JUNIOR AUDIO	1
COM SERVE AUDIO	1
COM SERVE SPEECH	1
GENERAL ORDERLY	1
TOTAL	7

2. NEW EQUIPMENT:

Only one piece of equipment or therapy material was ordered in 2009, due to the financial crisis, (an examination bed with elevating headrest). The bed was received in 2010. We only ordered and received consumables which were essential to the maintaining of services – including:-

Foam ear tips for ABR	Gold Tiptrode + Cable
Otostops	Skin Pure – skin Prep gel
Electrode paste	

3. SERVICES AND SERVICE ISSUES:

3.1 Speech Therapy:

1. Paediatric and Adult, in and out-patient service.
2. CP Clinic.
3. Joint venture with ENT department fitting laryngectomy patients with Provox speaking valves.
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. Monthly Laryngectomy support group established.

3.2 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 – lacking nursing support which would allow us to conduct a clinic on more days in the week, and thus reduce the waiting list.
6. Tinnitus retraining therapy.
7. Aural rehabilitation clinic- 12 Children have passed through the programme since inception. Four of these children have successfully been placed at relevant schools and discharged to school therapists. 6 Children attend regular sessions. 2 have absconded.
8. VEMP and EcochG capabilities established.

4. Activities:

1. Aural rehab parents day.
2. Aural rehab Christmas party
3. Deaf awareness presentation to patients.
4. Official opening of the ABR unit.
5. Deaf Awareness week – hearing screening for staff working in noisy areas of the hospital, as well as presentations to patients and staff on hearing protection.

6. CPD accredited presentations with the rehab team of Grey's.
7. One formal Quality improvement program was conducted from 2008 to date: Improving early intervention services for paediatrics.

5. Training and capacity development:

Staff attended the following courses in 2009:

- Adult dysphagia management
- Multidisciplinary approach in the management of ADHD in children.
- Tracheostomy + ventilator dependent populations- management of communication and swallowing.
- Vestibular assessment and management
- ABR /ASSR workshop
- 3part treatment plan 4 muscle based oral motor therapy.

6. Outreach:

Community Service Therapists provide services along with an Occupational therapist and a Physiotherapist at the following venues, once a week. They go on outreach 3x a week from 12:00 to 4:00.

1. Balgowan community clinic
2. Emuseni Old age home.
3. Mpophumeni Clinic
4. East Street Clinic
5.

7. CHALLENGES FACED IN 2009:

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. Awaiting finalization of the post structure and permission to fill 1 chief Audiology post and 1 chief speech therapy post.
3. Outreach Project: Requires audiological equipment to take to service sites. We have motivated for this through the district office. Unsuccessful to date. Will re-motivate in 2010.

8. STATISTICS

8.1. Hearing Aids:

Number of patients on the waiting list	Number of Hearing Aids Ordered	Number of Hearing Aids Issued
121 as of end December 2009 / 30 added in 2009	110 ordered in 2009	103 issued in 2008

- **69 hearing aids were donated to the patients of Grey's hospital by the district office – these went a long way in decreasing the waiting list.**

8.2. Provox Speaking valves:

9 *Provox Speaking valves* were fitted to patients in 2009.

8.3. Patient statistics:

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

knowledgment of Gerald Runganathan in the compilation of this report.

APPENDIX A

AUDIOLOGY STATS: 2009				
	1ST ATTENDANCE	**FOLLOW UP**	**<5 YEARS**	**TOTAL**
JAN	141	146	59	287
FEB	147	151	31	298
MAR	171	209	88	380
APR	135	188	64	366
MAY	178	229	125	523
JUN	231	185	113	520
JUL	259	323	159	582
AUG	214	2691	166	475
SEP	239	182	79	421
OCT	76	282	64	365
NOV	134	256	126	390
DEC	109	121	83	230
TOTAL	**2034**	**4963**	**1157**	**4837**

APPENDIX B

SPEECH THERAPY STATS: 2009				
	1ST ATTENDANCE	**FOLLOW UP**	**<5 YEARS**	**TOTAL PATIENTS**
JAN	124	286	182	349
FEB	61	177	101	257
MAR	129	288	168	417
APR	74	262	89	379
MAY	77	280	116	444
JUN	111	227	52	420
JUL	86	338	42	524
AUG	120	276	42	448
SEP	126	224	64	461
OCT	76	282	42	389
NOV	125	248	67	389
DEC	67	119	35	186
TOTAL	**1176**	**3007**	**1000**	**4663**

ONCOLOGY DEPARTMENT ANNUAL REPORT

STAFFING:

- 1x registrar appointed in January 2010- Dr Asmal
- 1 vacant Senior Specialist post
- 1x vacant Principal Medical Officer
- 2x medical officers transferred to the Department in 01/02/2010
- 1x medical officer transferred to the department in 01/03/2010
- 1Senior Medical Officer employed on 1 September 2009
- 1x Chief radiotherapist post vacant and already advertised
- 1 x Radiotherapist transfer from Polokwane effective from 1 November 2009
- 2xCommunity service radiotherapists started on 01/01/10 – Mr T Nair
  --Mr W Naidoo

  Welcome- -Registrars from IALCH --DR Kisten August 2009(Registrar)
  ---Dr Frere August 2009 (Registrar)
- Farewell – Dr Vawda – 30 March 2009
  - Dr Frere registrar -30 October 2009
  --Mr K Khumalo Chief radiotherapist- 30 November 2009
  - Dr Dent & Dr Abrahams rotation in IALCH

  transfers from other departments (01/03/2010)--Dr Ismail (Medical Officer)
  -Dr Naicker (Medical Officer)
  -- Dr Badriperasd(Medical Officer)

- 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 transportation to and from the Department Respectively.
- CANSA is still providing support and weekly visits in the department
- The Howick community church has applied formally to be recognized as part of support services for the Department and the application is still being processed

EQUIPMENT ACQUISITION

- 1x pregnant Staff radiation dosimeter
- 1 x Xray markers for 329mm applicators
- Radiotherapy No entry signage has been installed
- Repairing of blinds in the Department
- 1x Defibrillator
- Head & Shoulder masks
- Fixation tube for colpostat segment
- 1 x Laser alignment tool
- 1 x Diode detector for electrons

PENDING STOCK ACQUISITIONS- Requisitions already submitted

- Gynae bed still pending still with HTU
- 1x pregnant Staff radiation dosimeter
- Head masks
- Laryngoscope
- Glucometer

FUTURE ACQUISITIONS

- Additional Calculation license for the treatment planner
- Dedicated planning CT scanner
- 2nd Linear Accelerator
- Exactrac
- C-Arm for brachytherapy
- Improved security system in the Department

EVENTS AND TEAM BUILDING

- Cancer Awareness Programmes (week) August 2009 –Poster Display
- In House sports day—Team building
- Team building – Valentines tea– 12 February 2010

- Team Building Braai –---- January 2010
- Participated in staff Wellness Day in 2009

TRAINING AND SKILLS DEVELOPMENT

- Bathopele Workshop-attendees - Mrs. M Mbhele ----–Chief radiotherapist
  - Miss T Mshengu --Admin. Clerk
- Quality Improvement workshop---Attendees - Mr P Mazibuko
  - Mr K Khumalo
- Radiation Protection Course --- Attendees - Mr P Mazibuko
  - Mr K Khumalo
- Supervisors support workshop Attendees - Miss S Green

- Radiotherapy department Accreditation for students rotation approval by HPCSA in 2009

SERVICE DELIVERY

- Radiotherapy department 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 February 2009 and since then no ENT patients are referred to IALCH.
- The department has started to treat neuro patients with radiotherapy
- 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 oncology ward M3 was officially opened in May 2009 with 1 cubicle designated for male lodger patients
- The lodger facility for Oncology patients only has 20 beds that are allocated for Oncology Lodger patients the rest of 60 beds are allocated to lodger mothers.
- Chemotherapy services – the number of patients receiving chemotherapy his still 25-30 and the maximum of 5chemotherapy patients receive treatment in the ward M3
- Participated on the IAEA/WHO TLD audit in April 2009 to check compliance in our radiation dose coutput and the results were positive
- The Department has once again been granted approval for CPD points for 2010 academic meetings by UKZN Durban

ENDOCRINOLOGY DEPARTMENT ANNUAL REPORT

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

- Our part-time Family Physicians contribute much to the running of the service.
- PMO post 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 who assists all disciplines at Greys

2] To Develop the Tertiary Service

- Developed a programme for rotating registrar: an in-house programme, clinical teaching and end-of-block assessment.
- Participated in the General Medicine Registrar Teaching programme and General Medicine clinical service at Grey's Hospital
- HOD Endocrinology was asked to also take on the HOD Internal Medicine at Grey's in April 2010, with all the additional administrative load that comes with it.

3] To promote Metropolitan Services

- Outreach to Greytown Hospital-once a month.

4] Quality Improvement

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

NEUROLOGY DEPARTMENT ANNUAL REPORT

GENERAL:
The Department of Neurology continues to provide a comprehensive neurological service to Area 2. The rotation of registrars from the Departments of Psychiatry and Medicine has continued uninterrupted and the benefit of this rotation has been realized in the respective college exams. The lack of a full time secretary for Neurology is an ongoing dilemma.

CONSULTANTS:
Drs I Burger and A Bhanjan left the Department early in the year for lucrative careers in the private sector. Dr Burger relocated to Cape Town and Dr Bhanjan has joined Dr C Wolpe at Entabeni Hospital. Dr Y Yacoob joined the Department as Senior Specialist in December.

MEDICAL OFFICERS AND REGISTRARS:
Dr I Siddi Ganie passed the final exam in Neurology in October 2009 and Dr N Naidoo passed the Part 1 FCN exam in March 2009. Dr F Abusadira joined the Department as Medical Officer in July 2009. He was previously attached as supernumerary for 4yrs at the Department of Neurology, IALCH. His experience is well appreciated.

EEG DEPARTMENT:
Despite the new security at the EEG Department, another laptop has been stolen. We are now using one computer for 2 mobile machines. The outpatient department seems to be most vulnerable over weekends when the robberies have occurred.
Miss N Hlatswayo graduated with the BTech degree early last year and Miss N Devparsad joined the Department as Clinical Technologist in May 2009.

OUTPATIENT CLINICS
The Epilepsy Clinic was not a success at Town Hill clinic due to poor patient attendance and was therefore relocated to MOPD at Greys Hospital on Wednesday afternoons. The Botulinum Clinic was also moved from the Tuesday slot to the third Wednesday of the month.

THE FUTURE:
2 new machines have been motivated for (EEG and EMG). Greater emphasis will be placed on research and publications in the forthcoming year.

CARDIOLOGY DEPARTMENT ANNUAL REPORT

Background

Cardiology services at Grey's Hospital were commenced in 2005 as per Department of Health plan to provide a tertiary level service there. Initially the service was supported by weekly cardiologist visits from IALCH and a full time cardiologist was appointed in 2006. From 2006 to 2008, it was run by one cardiologist, one Specialist Registrar (SR), one Rotating Medical Registrar, one PMO, one SMO, and two part-time cardiologists.

A crisis was precipitated when the full time cardiologist left the service at the beginning of 2008 and the cardiology services were severely compromised. The quality of referrals to cardiothoracic surgery dropped and all referrals to IALCH for intervention and surgery were halted. In April 2009, I was recruited as Head of the cardiology at Greys Hospital to reestablish the tertiary cardiology service at Grey's and reinitiate surgical referrals.

Despite great challenges in the year 2009-2010, the Cardiology services moved forward in certain areas with the tremendous support from Prof. DP Naidoo, Head of Cardiology at Nelson Mandela School of Medicine and IALCH, Dr. FJ Muller and his successor Dr. B Thembela, Metropolitan Head of Medicine and Dr. B Bilenge, Greys CEO.

Clinical services

The workload in cardiology covers the **acute admission ward, the cardiology wards, non-invasive laboratory, echocardiography laboratory and cardiac catheterization theatre** (see table below for breakdown of the workload for the year 2009). In addition to this the **cardiology consultative service** covers all in-patients of Grey's Hospital in the other disciplines, in particular, casualty, surgical ICU, labour ward high care, and all regional and district hospitals in Health Regions area 2. This is a tremendous workload being accomplished by only a few staff members. The Department of Health needs to seriously reconsider the structure of the cardiology establishment in relation to the other disciplines and the adequacy of cardiac care provided to the community.

Despite the overwhelming workload, about 10 cases per month are currently fully worked up and submitted for cardiac surgery or intervention at Inkosi Albert Luthuli hospital.

Percutaneous coronary intervention (PCI) has been approved in principle and the budget is now available to begin these procedures at our institution in the near future. Currently, Transoesophageal echocardiography (TEE), full cardiac studies, PCI, electrophysiology study (EPS), nuclear cardiac syntigraphy (MIBI scan) are **not available** in our institution.

These challenges, coupled with the bed shortage for in-patients and overcrowding at cardiac clinic along with non-computerized system of patient record, inappropriate referrals, incomplete investigations and unfinished work-up of cases are areas that need to be urgently addressed if we are to provide a truly tertiary level of care.

Work accomplished for Jan – Dec 2009

Outpatient clinic	**Total 3170**
New Consultations	2720
Follow – up	450
Pacemaker clinic	Not available
In-patients	**Total 1160**
MAW	530
Ward D1	408
CCU	113
Ward H1 (Jan-Nov 2009)	53
Ward H2 (Jan-Nov 2009)	56
Invasive Procedures	**Total 351**
Coronary angiograms	43

Coronaryangiogram+left ventriculograms	211
Aortograms	20
Temporary Pacemakers	36
Permanent Pacemakers	33
Valve screening	1
Intraaortic Balloon pump	2
Other procedures	6
Non-invasive Laboratory	
ECG's	3758
Exercise stress tests (Jan-June 2009)	124
Holter's monitoring (Jan-June 2009)	28
Head-up-tilt test (Jan-June 2009)	1
Echocardiography Laboratory	
Adult Echo (Jan-June 2009)	2018
Paediatric Echo (Jan-June 2009)	357
Transoesophageal (Jan-June 2009)	1

Staffing
ECG technician, **Audrey Ram-Pillay**, has been working tiredlessly during illness and after early retirement of her colleague, Mrs. Cheryl Aranjo. Audrey, we appreciate your effort and for Cheryl, we wish you good quality of life with your family.

Ms Padayachee Sheron, cardiac technologist, worked alone in the cardiac catheterization theatre and non-invasive laboratory until June 2009 while technologist in-charge was on leave. Thanks Sheron for your great job.

Sisters Tracey Scannell and Venda, cardiac catheterization theatre nurses, left to IALCH for critical care course in August 2009. We have tried hard to cope with the cardiac catheterization theatre schedule for a few weeks until Sister Khumalo was assigned to there.

Sister's in-charge and their teams of CCU, MAW, Ward D1 as well as Wards H1, H2, and Cardiac clinic contributed a lot to care of cardiac patients despite being understaffed. As do the **cardiology registars** who worked alone for months. Thanks to all of you.

Staff movement
Senior specialist, Dr. Ashokumar and cardiologist, Dr. S Maharaj, have taken up full –time private practice in May and July 2009, respectively. Wish you success in the new practice.

Specialist registrars, Dr. H Mia and S Gafoor, joined the department in October and cardiology sub-specialty training programme was commenced. Welcome both of you to cardiology.

Principal medical officer from cardiology, Dr. Amima Sundas, obtained fellowship of colleges of physician and promoted to specialist physician in January 2010. Well done Amina.

New medical officers will join the cardiology in April and May. Welcome!

Equipments and Facilities
With some limitations, we will obtain a consignment of pacemaker generators, stents and their accessories. We continue to provide pacemakers and will commence percutaneous coronary intervention (PCI) in near future. Cardiology Fax and Email facility has been available since June 2009 to facilitate direct consultations and referrals.

Due to the budgetary constraint, there is still no progress in acquisition of equipments and facilities. Apart from 2 new ECG machines available in March, the new echocardiograp[hy imaging system and intraaortic balloon pump acquisition have been delayed by the state tender process. This needs to be expedited immediately.

Fluoscopic machine and monitoring system in the cardiac catheterization theatre will expire in December 2010. We requested the department of health to allocate budget to replace those to continue providing services.

Dedicated cardiac intensive and acute care beds, tertiary and general cardiology beds have not been materialized yet.

Blood gas machine is also necessary in the cardiac catheterization theatre for full cardiac studies.

Academic activities
The postgraduate training programme in **cardiology subspecialisation** formally commenced in October 2009 in collaboration with Inkosi Albert Luthuli Central Hospital. In addition the **teaching of medical registrars** is being accomplished in the department in conjunction with internal medicine programme. Cardiology also contributes 2 tutorials per week for fourth year medical students.

Our weekly cardiology journal club on Friday morning was commenced along side with subspeciality training programme. Currently, angiogram and echocardiography meetings are taking place on Wednesday and Friday afternoon, respectively. Cardiology and cardiothoracic combined meeting is held on Tuesday evening at IALCH.

Cardiology PMO, **Dr. Sundas**, passed the FCP part 2 examination in October 2009. Congratulation!

Congress, workshop attendance

Dr. Shein and Dr. Mia attended the South African Heart Association annual congress at Sun City, Oct 2009.

Dr. Shein attended the advanced ECG workshop in Feb 2010, Johannesburg.

Dr Shein and Dr. Gafoor attended the South African Society of Cardiac Intervention (SASCI) workshop in March 2010, Cape Town.

Dr. Shein attended the APPRAISE 2 and ACT 5 investigator meetings in Apr 2009 and Apr 2010, Cape Town.

Outreach and Research
With the overwhelming clinical workload and shortage of staff, our cardiology outreach activity is still being maintained , but on a smaller scale at Northdale Hospital, and the department is involved in CPD updates at the Pietermaritzburg annual medicine update symposium (September 2009).

Conclusion
The vision for the cardiology department at Greys is to provide a comprehensive facility that serves the whole of area 2. The current equipment and staff complement is not much different to the staffing at the time the service was initiated in 2003. During the year 2009-10, there is some achievement in revitalizing the cardiology services. The snail pace of development in human resource, equipments, and facilities at Grey's cardiology places the services at Greys far behind the technology in modern cardiology. In addition to this, rising number of cardiovascular cases in the developing world, we are still long way to achieving our vision of tertiary level services.

But I wish to thank the few committed staff members who have given off their best to maintain our current service delivery.

INFECTIOUS DISEASES ANNUAL REPORT

During the period 1 January 2009 to 31 July 2009, the infectious diseases unit was without a designated specialist as Dr H Dawood was away on sabbatical leave. The service was managed by the specialist in other sub-specialties until the arrival of Dr H Dawood on 1 August 2009.

STAFF

There has been no additional staff recruitment to the service and the expansion of the service is limited to in-patient management provided by the specialist and registrar. As mentioned in the 2007 report, a second specialist either in infectious diseases or an internist will greatly assist the extension of the services of infectious diseases and outreach within the area. The appointment of such an individual remains elusive due to budgetary constraints.
In the same light the need to employ an infection control officer to steer the infection control programme in the hospital has not been approved.

The in- patient management of patients is constantly hindered by the lack of a medical officer in the unit on continuous basis and hence the service is dependent on a registrar. The out-patient service development has experienced similar constraints.

OUTREACH PROGRAMME

The programme is constrained by the lack of staff. Hence a limited programme to targeted hospitals was provided as directed by the outreach physician. It is anticipated that with the support required for Doris Goodwin hospital in 2010 minimal outreach to other hospitals will be possible.

SERVICES

In August 2009, the swine flu outbreak illustrated the deficiencies in the hospital system to manage a potential air-borne outbreak of infectious diseases. Access to the isolation ward is still not possible as it is placed in the antenatal clinic.

INFECTION CONTROL/PREVENTION

The poor ventilation and lack infection prevention for tuberculosis in a number of areas in the hospital (CDC, MAW and ward H2) has still not been optimally addressed.

ANTI-RETROVIRAL TREATMENT PROGRAMME

It is anticipated that the release of the 2010 antiretroviral treatment guidelines will make newer drugs with less toxicities available and this will result in a decrease in the toxicities associated with antiretroviral therapies. Furthermore, the new guidelines will increase access to anti-retroviral therapy by ensuring that anti-retroviral therapy initiation is not limited to anti-retroviral treatment clinics only.

RESEARCH/AUDITS

The GERMS- SA enhanced surveillance under the auspices of The National Institute of Communicable diseases in Johannesburg has expanded. A new surveillance project looking at severe acute respiratory illness and rotavirus prevalence at Edendale hospital was started in 2008. In addition we have become members of the enhanced viral watch surveillance that looks at influenza virus surveillance. In 2010, a case controlled study looking at pneumococcal serotypes nested within the GERMS-SA project will begin in the pediatric services. Mr I Naidoo has replaced SPN U Chetty as the surveillance officer for the complex.

Dr S Maharaj was awarded a CAPTN Network mentorship award for his study (Risk factors and therapeutic options following nucleoside reverse transcriptase inhibitor (NRTI) associated hyperlactatemia and lactic acidosis syndrome) and has completed his data collection for his research dissertation and it is anticipated that he will write his dissertation in the coming year.

LACK OF RESOURCES

The same problems exist that were present in 2007: lack of administrative support to the specialist working in the unit. Simple requests like stationery, scanning, printing of patient summaries, photocopying, furniture, access to patient investigation results etc makes running an optimum service difficult.

Conclusion

The infectious diseases service was sub-optimal during the year and further development of the unit and the subsequent services is dependent on the employment of new staff, namely an additional specialist and an infection control officer.

INTENSIVE CARE UNIT (ICU) ANNUAL REPORT

The ICU provides intensive nursing and medical care to critically ill adult patients, predominantly those referred by the various surgical departments as well as obstetric and gynaecological patients. Critically ill patients are those who have such severe illness that they are at imminent risk of dying. These patients usually have had complete failure of one or more organ systems and require extremely detailed minute-by-minute nursing and medical care if they are to survive. Nursing care – usually in a ratio of one patient per one nurse – is key to improving these patients' chances of recovery. The biggest problem that the ICU has experienced in the last year has been the ongoing shortage of skilled nursing staff. It was possible to recruit some nursing staff during this year, but their numbers were balanced by attrition, with several skilled nurses retiring or moving elsewhere to further their careers. Nursing of critically ill patients is very demanding, requiring constant attention to detail as well as much physical work. It can also be extremely emotionally draining, as a proportion of these severely ill patients do not survive despite all efforts made. It is therefore not easy to recruit new staff, so we are grateful for the new staff who have joined us in the last year, as well as for the ongoing superb service offered by our remaining long-term staff-members. While the ICU continues to offer care of a very high standard to the patients admitted to it, it has not been possible to expand the number of patients that can be admitted due to the shortage of staff. The nursing staff shortage is the primary restriction on our capacity; at present it is typically possible to look after only four to five patients at a time. A tertiary hospital the size of Grey's should normally have at least three times this capacity. The new five-bed-capacity extension to the ICU remains unused due to the nursing staff shortage as well as equipment shortage.

Equipment is becoming a major problem in our current financial situation. Our newest mechanical ventilators – key equipment for the treatment of most critically ill patients – will be ten years old in August 2010; they have greatly exceeded their expected service lives, and are, from a technological point of view, obsolete. That they are still working is a tribute to diligent equipment care by the ICU staff, but breakdowns are occurring with increased frequency due to the machines' advanced age. Automated infusion pumps – also key equipment – are also in short supply due to long repair and maintenance delays. The ICU still has no cardiac output monitor, and is deficient in several other devices that are regarded by world authorities as essential for optimal management of critically ill patients in 2010. The potential negative impact of these equipment deficiencies on patient outcomes should not be underestimated.

Round-the-clock medical care of the patients in the ICU continues to be managed by a rotating pool of Registrars (doctors training as specialists in several fields) directed by four regular ICU Specialists: Dr Zane Farina, Dr Carolyn Lee and Dr Richard von Rahden from the Department of Anaesthesia, and Dr Damian Clark from the Department of Surgery. Dr Lee, a specialist physician, successfully completed her sub-specialist training in Critical Care medicine in October 2009 and we congratulate her on this achievement. Medical care of critically ill patients is frequently extremely challenging, often requiring the resolution of multiple conflicting problems. There are also always more patients requiring ICU beds than can be accommodated, which means that ICU specialists are frequently forced to make very difficult decisions as to which patients will benefit most from the scarce ICU resource. The need to make these types of decisions is extremely emotionally draining for all the staff involved.

In the early months of 2009 the ICU provided facilities for the care of up to two paediatric surgical patients during the time that the Department of Paediatrics had been forced to close the Paediatric Intensive Care Unit (PICU) due to shortage of medical staff. PICU nursing staff joined the ICU team temporarily to care for these patients. Medical direction of these patients was taken over by the ICU specialist team. Fortunately it became possible for the Department of Paediatrics to reopen the PICU in mid 2009. The interlude proved to be a good opportunity to strengthen co-operative relationships between ICU and PICU.

The ICU continues to be a place of hard work, where excellent patient care is the highest priority. Nursing and medical staff continue to work extremely hard in a demanding field. There are real threats looming for the ICU – unless nursing numbers can be improved and obsolete and worn-out equipment can be replaced it may prove impossible to continue to run an acceptable ICU service for critically ill patients beyond the end of 2010. For now nursing and medical staff will continue to work to our utmost limits to look after the sickest-of-sick patients entrusted to our care.

RADIOLOGY DEPARTMENT ANNUAL REPORT 2009/10

ACADEMIC

The highlight of the 2009 Academic year was the visit to Greys Radiology department by two International Visiting Professors from the Radiological Society of North America, one an expert in Musculoskeletal Imaging and the other a Paediatric Neuroradiologist. Greys Hospital was one of three Radiology departments in South Africa chosen to host the visiting professors. Each visitor spent several days in the department prior to and following the South African Radiology Congress held in JHB in August 2009. Intensive programs were compiled by the Chief Radiologist and included lectures, "Board review" cases for the registrars, and review of Greys problem Radiology cases. Registrars as well as Radiologists from both private and public sectors in Durban and Pietermaritzburg were invited as also were clinicians from other disciplines at Greys Hospital. The American visitors enjoyed not only the academic environment but also social and sight-seeing events.
An intensive academic program has been instituted and maintained in the Greys Radiology Department for Radiology registrars and medical officers, 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 private Radiologists in Pietermaritzburg and Durban. One registrar and two medical officers passed the Part I exams, and 2 registrars passed the Part 11 exams of the FC Rad (Diag) SA in September 2009. We have maintained a 100% pass rate in the Part 11 exams since Greys began training registrars.
A number of Radiology medical officers from the Greys/Edendale complex have also been accepted into registrar posts in other centres in SA over the past few years. A Principal Radiologist has been appointed as the new Academic Head of Department at the UKZN. It is hoped that this will revitalize the previously moribund training situation in Durban, and improve academic co-operation between the 2 departments.
Several registrars and radiographers were able to attend congresses this year, including the "MRI Update in Sports Medicine" in Cape Town conducted by a world-renowned Musculoskeletal Radiologist, and an ENT Workshop, also in Cape Town. Unfortunately congress attendance is often limited by funding constraints.

SERVICE PROVISION

Grey's continues to provide imaging services across the spectrum of modalities, including MRI, CT, Ultrasound, Mammography and Interventional Radiography. We provide teleradiology reporting services to other hospitals in area 2 where possible, although this is often limited by administrative and IT issues.
The Chief Radiologist has attended a number of training sessions in Musculoskeletal ultrasound with a recognized international expert, and is currently expanding the Musculoskeletal ultrasound service at Greys Hospital. Mrs Alison Cooke is the only person in Area 2 performing and teaching high level fetal anomaly scanning. She, an Obstetrician and a Paediatrician conduct weekly foetal anomaly clinics with referrals from all over Area 2. This forms a vital component of Tertiary antenatal services.
Our current major service limitation is CT, where the number of requests continues to increase beyond our capacity to perform the scans within a reasonable time frame. This is compounded by the shortage of experienced radiographers, vacant clerical and general orderly posts, and examination requests where the anticipated contribution of the scan to patient management is unclear. This situation would be significantly improved if more work stations were available for more than one radiologist to view and report on images at one time.

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, an essential pre-requisite for a Tertiary institution. This unit is used for every type of ultrasound exam-ination including general abdominal, OBGYN, small parts, vascular and musculoskeletal. This new unit has reduced the ultrasound equipment deficit to 2 mid-range machines which are desperately needed to provide an acceptable level of diagnostic accuracy.

STAFFING

We have motivated repeatedly for permission to fill 2 vacant general orderly posts and 1 vacant clerical post, as well as several vacant radiographer posts, without success. This threatens the ability of the department to provide essential services and process patients, as well as negatively affecting cleanliness and infection control issues. It remains difficult to attract and retain experienced radio-
graphers. It is hoped that the perpetually delayed OSD for radiographers and other paramedical staff will soon be finalised.
Nursing services in the Radiology Department are becoming increasingly complex. The Interventional Unit in particular is critically dependant on efficient nursing management, and unit-specific clinical skills. The Nursing post structure in the Radiology department does not currently include a Radiology nursing services manager, and this is something we would like to correct in the future.

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. The Ultrasound Outreach Programme is being run concurrently by Mrs A Cooke, Assistant Manager Ultrasound, who has compiled detailed reports on all aspects of the ultrasound services in the hospitals in Area 2, and continuously up-dates these following her visits. She has been conducting Ultrasound workshops at several outlying hospitals where the greatest need has been identified.

These workshops include lectures and hands-on training. To date Emmaus, Greytown, Newcastle and Rietvlei have been selected to be included in the program. In addition, radiographers and doctors from the surrounding hospitals also attend these workshops. For example at Greytown, delegates from Appelsbosch, Montobello and Church of Scotland have attended. At Newcastle there have been delegates from Vryheid, Madadeni and Usher Memorial, and at Rietvlei delegates from Kokstad, Underberg, Christ the King and St Appolonaris. Not only does this program promote improved patient care, but it also assists in professional development as well as CPD points for the health professionals, which at best are extremely difficult to obtain in the peripheral institutions.

RADIOGRAPHY

Greys Hospital hosted a Society of Radiographers of South Africa (KZN) Seminar in October 2009. The event was highly successful with a record attendance of over 230 delegates.

Two radiographers completed their Bachelor of Technology Degrees in 2009. One radiographer is currently studying her B-Tech Degree through Tshwane University of Technology and one his Masters Degree at Durban University of Technology. The Postgraduate qualification in Mammography was completed by the two radiographers working in the mammography department in September 2009The Cardiac Cath Lab Radiographer attended the Medtronic Rapid Exchange Forum in Johannesburg and two radiographers attended a Radiation Safety Course in Durban. As a result they are recognized as Radiation Safety Officers for a period of 3 years.

An active in-service training programme and technique lectures are ongoing ensuring com-pliance with CPD requirements set by HPCSA for radiographers

Clinical training is provided to the student radiographers from the Durban University of Tech-nology as part of their rotation through the PMB Complex.

The Area 2 KZN Radiographers Forum continues to function successfully with meetings held quarterly at Greys Hospital.

In May 2009 the Radiography Manager from Raleigh Firkin Hospital Swaziland visited the department as a benchmarking exercise in preparation for their COHSASA accreditation.

DIGITAL RADIOGRAPHY

In 2007 The National Department of Health during investigations into the modernization of Tertiary Health services decided that Digital Radiography would be implemented in South Africa. At that stage this information was communicated to all Radiography department managers in Kwa Zulu Natal by the managers of the Health Technology Services and Infrastructure Development and Clinical Support.

Digital Radiography consists of PACS (Picture Archiving and Communication System) and RIS (Radiology Information System) and has already been installed at the Steve Biko Memorial Hospital in Pretoria, Tygerberg and Red Cross Hospitals in the Cape and Universitas Hospital in Bloemfontein, as well as in many of the private Radiology practices in South Africa.

In any hospital, as soon as networking and standard computers are available throughout the hospital, any radiological investigation undertaken using digital equipment is instantaneously transmitted electronically to the referring clinicians resulting in faster clinical decision making, de-creased waiting times, reduced hospital stay and superior patient care. Cost benefit analyses have shown significant financial benefits to the hospitals where digital radiography has been installed.

As a central centre of excellence, Greys Hospital Radiology department has been identified as a Pilot site, a Data Recovery Site and a Nodal Training Site for the peripheral revitalization hospitals where old outdated X-ray units are currently being replaced with digital equipment. At Greys Hospital, already the screening, CT and MRI units are digital, and so with some additional funding to convert the current analogue plain X-rays into a digital format, Digital Radiography could become a reality.

It is hoped that the necessary permission will be obtained from Head Office to start imple-menting Digital Radiography at Greys Hospital in the manner that has been proposed.

DEPARTMENT OF UROLOGY ANNUAL REPORT

A. SERVICE DELIVERY

1. Clinics

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

  I. Female uro-gynaecology clinic on Friday
  II. Paediatric urology on Monday
  III. Endourology Thursday
  IV. Uro-oncology Wednesday and is coordinated by Dr A Goad

- Northdale Hospital
  General urology clinics started at Northdale Hospital from 26 April 2010. This clinic will be part of the surgical specialist clinics and will be open for general urological problems at the Hospital on every Monday.

- Edendale clinics
  Urology clinics at Edendale hospital, to be implemented 5 May 2010 and will run every Wednesday. These extra clinics were made possible by the expansion of the Department in terms of manpower which has been always a restriction in expanding clinical services. The new intake allowed for the valuable addition of one new registrar in Urology (started January 2010) as well as four new supernumerary registrars (started March 2010).

2. Theatre

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

  I. Dedicated endourology list every Wednesday at Grey's Hospital.
  II. Laser lithotripsy list once a month

- Additional theatre lists will be opened at Northdale and Edendale Hospital during later part of 2010 depending and the availability of resources.

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

  I. Flexible ureteroscope and laser lithotripsy service agreement
  II. Laparoscopic stack in the pipeline

3. Wards

- Bed status at Grey's unchanged.
- Ten urology beds envisaged at Edendale Hospital and five at Northdale.

4. Outreach

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

B. ACADEMIC AND TRAINING

1. Accreditation

Grey's Hospital does not have independent accreditation. PMB Urology Department and Durban Urology Department therefore formed a merger to form one Urology Department of KZN to provide a full accredited training Unit part of UKZN.

2. Individual Achievements

Dr MC Conradie's research on Laparoscopic Nephrectomy was chosen as one of the Congress Highlights at the December 2008 World Congress of Endourology in China and the manuscript was published in the September 2010 issue of Journal of Endourology.

3. Examinations

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

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

- Dr J Urry and Dr D Naidoo wrote their F.C.S. part 1 B in March 2010 and are awaiting the results.

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.

6. Publications

Following publications for the year 2009/2010:
"Advantages of en bloc ligation during laparoscopic extirpative renal surgery" published in the Journal of Endourology September 2009, MC Conradie

7. Urology workshops

Endourology workshops are performed on regular basis at Grey's Hospital:

- Laparoscopy
- Laser lithotripsy

C. <u>RESEARCH</u>

- 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:

I. Laparoscopic Nephrectomy – vascular sequelae
II. Comparison in stone clearance between ESWL, PCN, RIRS and laparoscopic pyelolithotomy
III. A screening for prostate Ca in rural KZN
IV. Laparoscopic week: an initiative to entrench minimal access surgery in Africa
V. Waiting list/period: impact on quality of life and urinary functional deterioration
VI. Cryptorchid testis

D. <u>ADMINISTRATIVE AND INFRASTRUCTURE</u>

- Registrars in the Department:
  1. Dr J Urry
  2. Dr D Naidoo
  3. Dr T Nkuebe

- Supernumerary registrars:
  1. Dr A Kahie
  2. Dr M Aldaef
  3. Dr A Tawila
  4. Dr A Krim

- New clinic envisaged for 2010 with increased space for examination area as well as procedure room where small procedures and cystoscopies can be performed.

- One new Urology Consultant will start at Grey's Hospital June 2010.

DEPARTMENT OF CLINICAL PSYCHOLOGY REPORT BY: SHANTAL SINGH 2009/10

The last year has continued a process of development 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 endeavoured to create specialized areas but staffing constraints have been a significant challenge again this year.

We have been successful in arranging health promotion events, completing training for staff and arranging group therapy intervention with patients experiencing chronic pain and support groups for parents who have children with chronic illnesses. We have been involved in the following health events: Child protection (27 May); Laryngectomy workshops (24/08/09; 28/09/09; 20/10/09); Cerebral Palsy awareness (26/08/09); and Healthy Staff Day (18/09/09). All the events were successful and were well received by the participants and organizing committees.

We have actively participated in training programmes relating to General principles in medical assessments (Dr. Mahomed); Radiographic/ Diagnostic assessments (Mrs. Woods & team); Medical assessment and management of renal patients (Ginger Nel); Medical assessment & management of oncology patients (Mrs. Chonco); Speech & Audiology intervention (Yugesh Naidoo); Medical assessment & management of obstetrics and Gynaecology patients (Dr. Titus); Paediatric assessment and management of patients (Dr. Harris); and the World Health Symposium held at Town Hill Hospital. We are indebted to all the presenters for sharing their expertise with us and believe that it has strengthened our professional growth as a clinical department.

Clinical psychology has also presented training topics to Allied Health and Radiography and is grateful for being accessed for input in this regard. We are particularly proud of creating a parent/infant information booklet focused on creating secure attachments at an early age. The booklet focuses on health promotion techniques and therefore is a further attempt to shift psychology at the hospital to a proactive domain.

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 April 2009 Elsje Baumann completed her term of employment and in May 2010 Lenna Brindley-Richards will complete her community service placement. 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.

It has been wonderful to continue to receive support from staff and we are committed to providing professional and efficient psychological intervention. We look forward to the challenges of the New Year.

SOCIAL WORK DEPARTMENT ANNUAL REPORT

Staffing:

- We have four social workers:
  - Lekha ChirkootAssistant Social Work Manager
  - Diane Mariah-SinghPrincipal Social Worker
  - Phindile Mshengu Senior Social Worker (cross transferred to Ladysmith Hospital in January 2010)
  - Nonhlanhla Gcumisa Senior Social Worker (cross transferred to Grey's Hospital in January 2010)
  - Mathuli MbhamaliARV Social Worker
- The two psycho-social counselors are:
  - Nonhlanhla Ntuli
  - Lindiwe Maphanga.
- Due to budgetary constraints we have been unable to employ more staff since 2007. This has seriously affected our ability to meet the growing demand for social work services and specialized medical social work services.

Services:

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

1. Renal Unit:

- Renal Assessments, Counseling and Education for patients in terms of suitability for the Chronic Renal Programme.

2. Obstetrics & Gynae:

- Sterilization assessments for mentally ill/challenged patients, T.O.P. assessments, bereavement counseling, counseling for patients and/or families diagnosed with foetal abnormalities
- Support group for pregnant teenagers

3. Paediatrics:

- Management of paediatrics cases, child abuse, Tracheostomy care, children with special needs, bereavement Counseling
- Support group for lodger mothers (NICU)

4. ARV Social Work:

- ARV psycho-social assessments
- Disclosure & partner counseling / Adherence counseling
- Financial assistance
- Home visits

5. Other:

- Medical wards and clinics
- Oncology
- Surgical & orthopedic wards and clinics
- EAP services to staff

6. Youth Empowerment Forum:

- The Youth Empowerment Forum – a network of 15 non-governmental organizations and govt. depts. who meet to address issues around teenage pregnancy in a holistic and multifaceted manner – has continued to be coordinated by our department.
- The Forum has developed a parenting skills booklet with the aim of empowering parents to be able to address sexuality issues with their children. This booklet has been translated into IsiZULU and is widely used by Forum members in workshops and groups. The content of the booklet has been used to publish a series of parenting articles within a local newspaper Learn with Echo so as to have the information widely available to parents.

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
- Healthy Staff Day

8. **Community Networking**:

Our networking with various organizations, e.g. Childline, Community Workers' Forum, Local Victim Empowerment Forum, Pmb Health Forum, SASSA etc. continues in order to establish and maintain good working relationships with outside resources and advocate for patients. Once such endeavor has been with regards to the application and processing of certain grants. Although this process is managed completely by South African Social Service Agency and is not a function of our department, much effort has been focused on advocating for streamlining the process for patients' applications for disability grants and for the criteria for care dependency grants to be broadened to include childhood diabetes. This has resulted in training for many doctors with regards to the medical history required for such grants. Negotiations in this regards continues.

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

In-service and other training programmes have continued to be a priority to ensure a high standard of social work practice.

The Year Ahead:

It is hoped that the new budget will allow an expansion of the Social Work Department both in terms of human resources (more social workers and a clerk) and physical environment that is suitable to our needs (for example adequate facilities to facilitate group work programmes). With these needs fulfilled, we look forward to being able to provide more comprehensive tertiary social work services to both in and out patients.

NURSING CAMPUS ANNUAL REPORT 2010

Our Campus is committed to providing Quality Nursing Education, to improve the quality of care and patient outcomes. We believe as Health care professionals in the fore front of health care delivery, the nurse practitioners must be equipped with the necessary skills to make a difference in the health of the people they serve.

Student Intakes
April:R68344
July:R42547
September:R217523
NovemberR25442
JanuaryR42545
FebruaryR217537

Graduation
The combined Graduation was held at the Durban City Hall.

15th September 2009
69 Graduands from R425 Programme

16th September 2009
27 Graudands from the R683 Programme
56 Graduands from the R2175 Programme

Awards Ceremony
15 Awards were presented to students for outstanding performance on the 3rd December 2009, since academic excellence remains high on our activity list

Community Service Placements
July 200945 Community Nurse Practitioners
January 201045 Community Nurse Practitioners

The above community nurse practitioners 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
The Bursary system proposal for students has been placed on hold until further notice.

Student Activities
The Grey's Campus SRC held a Valentines Dance on the 26th September 2009 to welcome G1/2009 to the Grey's family. This was a great success.

Cultural Day was celebrated on 4th March 2009- G1/2009 and G7/2008- 26th August 2009 depicting cultural diversity. Both these events were highly successful with learners displaying their valuable talent.

Achievements
- Anatomy & Physiology II90%
- Community Nursing Science I87%
- OSCE I96%
- Community Nursing Science II89%
- Social Science III93%
- 3rd Year Clinical Examination100%
- Psych Clinical Examination100%
- Psych Paper I – June 200986%
- Psych Paper I – November 200993%

We strived to make 2009 a year of achievement, not only in relation to student exam results but more importantly in relation to the professional quality of the students by maintaining professional standards as good role models.

Acknowledgement
Let me take this opportunity to thank the multi-disciplinary team members of student accompaniment for their dedication and support, as amongst these neophytes are great leaders of the future of Nursing Profession.

DIETETICS DEPARTMENT ANNUAL REPORT

The Dietetics department has had an extremely difficult year and was under a lot of strain to keep service delivery commitments and to ensure that the nutritional needs of patients were addressed at acceptable levels.

Challenges:

1. High turnover of staff
2. Moratorium on all posts
3. Extreme staff shortages due to constraints as a result of the moratorium, staff being on vacation and or sick leave simultaneously, and vacant posts
4. Reduction of services to deal with the crisis of no staff
5. Financial constraints within the Department of Health impacted on our choice of enteral products used, the amount and types of supplements issued to both in and outpatient.
6. The rollout of Ready To Use sip feeds had to be put on hold due to financial constraints
7. Improving the milk kitchen facility at the CSSD unit to acceptable standards of compliance for the preparation of Powdered Infant Formula Feeds. This would lead to a R918 certificate of compliance.
8. Catering Tender Document and the specifications relating to the Therapeutic Diets and supplements/ snacks
9. Collection and collation of statistics from the various programme areas relating to DHIS

Achievements:

Despite the crisis in the department, we were still able to achieve the following:

1. Actively assisted and contributed to the KZN INP Dietitian Symposium 2009. The focus was on sports Nutrition and Public Health. This event was attended by approximately 200 delegates
2. Grey's Supplementary Academic Meetings 2009
3. Rolled out with Ready to Use Infant feeds in October 2009 in Nursery and the Paediatric Wards. This was extended to include the maternity wards in February – March 2010
4. As a result, reduced the number of Powdered Infant Feeds being prepared at CSSD on a daily basis.
5. Celebrated the following Health Days: Diabetes, Breastfeeding, Pregnancy week, World health Day, Nutrition Week
6. Joined the District Severe Malnutrition working group
7. Together with the Paediatric Department and Nursing, we have established a Severe Malnutrition Working group at Grey's, to address the management of severe malnutrition within our facility
8. Training and development needs have been addressed through in house training and or outside organisations
9. Post Graduate Training: we trained 5 Dietetic Interns this past year.
10. At the beginning of 2010, we reopened services to the entire hospital. Our staff complement grew to 7 Dietitians
11. Improved system in place for patient referrals to other hospitals and follow up.
12. Improved networking between the PMB Complex Hospital Dietitians
13. New / improved services:
    - Cardiac Clinic is now serviced on a weekly basis
    - Weight Management Support Group for staff on a weekly basis
    - Family Health Clinic (CDC) is now visited daily
    - Antenatal Clinic – weekly
    - Diabetic clinic – weekly
    - Trachea clinic – monthly

Plans for 2010:

1. Roll out with the Ready To Use Sip Feeds
2. Together with the Paediatric Matron to move with achieving compliance and R918 certification for the preparation of Milk Feeds in CSSD
3. Together with the Multidisciplinary team, to work closely in improving our management of paediatric patients with severe malnutrition. To align ourselves with the Provincial Guidelines (WHO 10 steps) on the Management of Severe Malnutrition in keeping with the tertiary service requirements and patient profile at Grey's Hospital.
4. To host Information Days within the hospital on Enteral Feeds and Supplements
5. In service training and continued development of staff
6. To reinitiate a weekly service to the Oncology clinic.

QUALITY INITIATIVES AND ACHIEVEMENTS ANNUAL REPORT

Grey' Hospital continues to strive for outstanding quality care by participating in quality initiatives namely:

1. NATIONAL QUALITY INITIATIVES

Grey's Hospital was one of two Hospitals in the district that was chosen by the MEC to pilot the national initiative of the Core Standards for Health Establishments in South Africa. The exercise was successful and the institution gained 81% in the baseline survey that was conducted in January 2010. The Hospital continues to be engaged in the project and all departments are striving to maintain and improve services on a daily basis.

2. DISTRICT QUALITY INITIATIVES

The institution participated in Quality Control Monitoring and evaluation surveys using the Integrated Quality Tool which includes:

- Norms and Standards
- Patients Rights
- Minimum Standards (Hotel Services)
- Batho Pele

During the surveys we obtained 82% overall score. Grey's Hospital participated in peer review and was part of the audit teams which audited Edendale Hospital; Northdale Hospital and Townhill Hospital.

3. QUALITY AUDITS

Nursing Documentation audits continue to place on a monthly basis.
Quality Assurance Audits were reintroduced in October 2009; this exercise was a pilot study and will be strengthened in 2010.
Clinical audits were performed in some departments but there is room to strengthen this initiative by all clinical departments.
Morbidity and Mortality meetings are being conducted on a regular basis in all Clinical Departments.

4. QUALITY IMPROVEMENT PRESENTATIONS

New QIP'S have been produced in all departments and presented at Nursing Quality Improvement meetings and Hospital Quality Improvement Meetings on a monthly basis.
New quality initiatives are been undertaken on a regular basis.

5. QUALITY IMPROVEMENT TRAINING

The dedicated quality improvement trainers were committed to increase awareness and improve knowledge on quality methodology. For the year 2009, 63 staff members from different staff categories were trained. The total number of staff trained in the institution is 322. QI Training for 2010 is scheduled to take place in May and September 2010.

6. STAFF SATISFACTION AND CLIENT SATISFACTION SURVEYS

Staff and Client satisfaction surveys were conducted in November 2009.
1364 data sheets were captured for the staff satisfaction survey; this was an excellent response to the survey and a good representation could be established concerning staff satisfaction.

7. QUALITY DAY

Quality day is scheduled to take place on the 9th November 2010.

8. EVENTS PLANNING AND HEALTH PROMOTING HOSPITAL INTIATIVES

The events committee has coordinated a comprehensive events program for 2010 to address both staff and patient related health issues.

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

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

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

WE PROMISE TO:-

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

ACHIEVEMENTS

Grey's Hospital was one of the institution chosen in the project "Make me look like a hospital" to pilot the National Core Standard for Health Establishment and we achieved 80% in the baseline survey and we continue to strive to improve service delivery

CHALLENGES

Under budgeting of the hospital is still a major challenge as we still need to deliver the same services.
In 2009 and part of 2010, Grey's Hospital did not have a full time Hospital Manager, the hospital has been run by the Acting Hospital Manager for 15 months.
The shortage of Nursing Staff needs to be highlighted especially in intensive care and theatre which led to the decrease of theatre list to the minimum.
Despite the implementation of the OSD, the recruitment and retention of staff, and in particular nursing staff has not improved
The doctor's strike which took place in 2009 had a huge impact on service delivery.

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

Signed by: _____

DR K.B. BILENGE
Acting Hospital Manager

_____ _____

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