



HEALTH
KwaZulu-Natal

GREY'S HOSPITAL ANNUAL REPORT 2007/8



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

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

WE PROMISE TO:-

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

Signed by:

DR K NAIDU
Hospital Manager

DR K. B BILENGE
Medical Manager

MRS P. M BROWN
Nursing Manager

MS Z. K BUTHELEZI
Finance Manager

MR H S K HLONGWA
Human Resource Manager

MR R Z MKONGWA
System Manager

VISION

The provision of optimal tertiary health level of care, to the people of the western half of KwaZulu-Natal

MISSION

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

CORE VALUES

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

EXECUTIVE MANAGEMENT



Back Row from Left to Right

Mr R. Z Mkongwa, (Systems Manager), Dr K. Naidu (Hospital Manager),
Dr K. B Bilenge (Medical Manager), Mr H. S. K Hlongwa (Human Resource Manager)

Front Row from Left to Right

Mrs P. M Brown (Nursing Manager), Ms Z. K Buthelezi (Finance Manager)

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Due to severe Budgetary constraints, the year under review proved to be a year of consolidation rather than the expansion of new tertiary services.

ACHIEVEMENTS

1. ONCOLOGY & RADIOTHERAPY DEPARTMENT

The Oncology & Radiotherapy Department officially opened on the 29th May 2007.

2. COHSASA ACCREDITATION

Grey's Hospital was accredited by the Council for Health Services Accreditation in Southern Africa (COHSASA) for a period of 2 years from 18.07.07 to 17.07.09. This achievement of full (100%) accreditation and Quality Day was celebrated on the 05th October 2007.

3. BABY FRIENDLY HOSPITAL INITIATIVE STATUS :

Grey's Hospital was awarded the Baby Friendly Hospital Status by the National Department of Health. This award recognizes our contribution and efforts to promote and sustain exclusive breast feeding. We celebrated this award on the 25/01/08.

4. PARK HOMES

Although the setting up of Park homes in Grey's Hospital in (Oct 2007) may not be aesthetically pleasing, it has to a large extent addressed the shortage of office accommodation for our Clinical Specialists.

5. HEALTH PROMOTING HOSPITALS

In recognition of our contribution and dedication to Health promotion, The World Health Organization awarded Grey's Hospital a membership certificate for the period 2005-2008.

6. SERVICE EXCELLENCE

The high standards of service delivery at Grey's Hospital has been used as a benchmark Provincially and Nationally by the following institutions to mention a few viz. Kokstad Hospital; Newcastle Hospital; Vryheid Hospital; Ladysmith Hospital; Appelsbosh Hospital; Lower Umfolozi Hospital; Dr. George Mukhari Hospital.

CHALLENGES

1. FINANCE

For this financial year Grey's Hospital requested a budget of R 348 million but only received an allocation of R 307 million. This resulted in an over expenditure of R56 million due to being under budgeted.

2. ITEMISED BILLING SYSTEM

The lack of an itemized billing system has resulted in the loss of thousands of rands of potential revenue collection.

3. COST CENTRE ACCOUNTING SYSTEM

There has been no progress of the roll out of the Cost Centre Accounting System at Grey's Hospital. However, we have been informed that the Great Plains Cost Centre Accounting System (software programme) will be installed in April 2008.

4. RECRUITMENT & RETENTION OF STAFF

Despite the implementation of the Occupational Specific Dispensation in November 2007, the intention of recruiting and retaining nursing staff has not yet seen a significant influx of nurses to Grey's Hospital.

The recruitment of the other scarce skills category of clinical specialists to the Public Health sector remains a challenge.

5. PUBLIC SECTOR STRIKE

Grey's Hospital underwent trying and testing times during the Public Sector strike in June 2007. Health Service Delivery was affected but due to our harmonious working relationship with Organized Labour, the extent of the adverse impact was lessened.

6. INFORMATION TECHNOLOGY

Despite being designated as a tertiary hospital, we still find ourselves without a software information system which will increase the efficiency of hospital performance and decrease our dependency on human resource.

7. HEALTH MANAGEMENT INFORMATION SYSTEM

The continued lack of an Integrated Health Management Information System places constraints on decision making as the data is not easily accessible and standardized.

8. ADVERSE EVENTS MONITORING

The importance of risk management and developing early warning systems to mitigate adverse events.

CONCLUSION

I would like to thank my Executive Management team, the Hospital Board members, staff and organized labour for all their support, advice and encouragement throughout the year. Your dedication and commitment to service delivery has ensured that we maintain high standards of care to our patients.

C.E.O
Dr K. Naidu

MESSAGE FROM THE NURSING MANAGER

The difficulty in recruiting Registered Nurses continues.

We continue to send staff on post basic courses.

The implementation of the Occupational Salary Dispensation caused great unhappiness and dissatisfaction, however, Registered Nurses in the Speciality Units gained tremendously. Issues have been discussed at National Level via the Nurse Manager's Forum and we are awaiting feedback.

We have been able to attract a few Registered Nurses from the Private Sector but not as many as anticipated.

Various Institutions continue to benchmark with Nursing Departments, e.g., Milk Kitchen and with the Quality Manager.

All Northdale Student Nurse Posts have been transferred to Grey's and the challenge we are faced with is insufficient accommodation especially for male nurses.

MRS P M BROWN
NURSING MANAGER

MESSAGE FROM THE SYSTEMS MANAGER

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

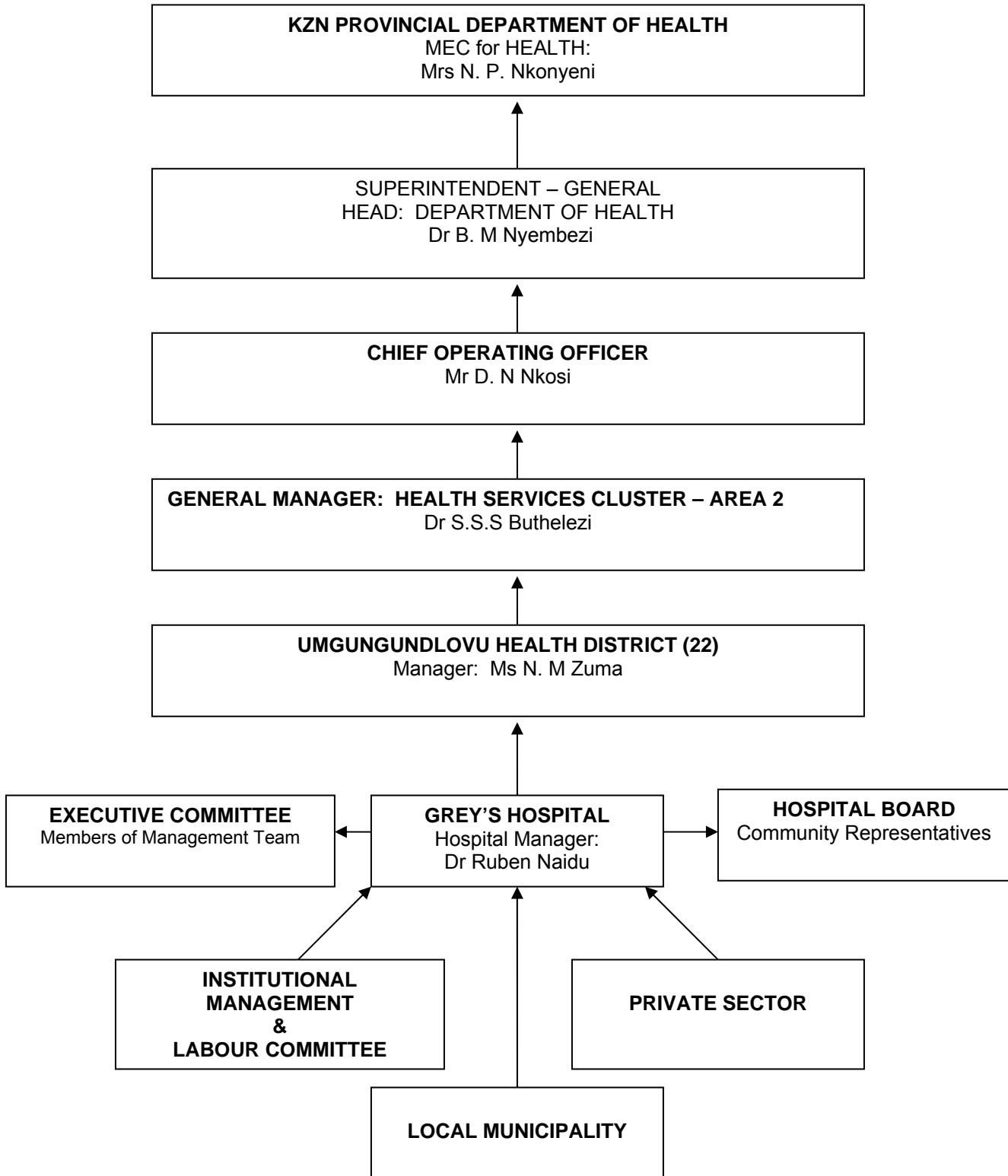
Parking of private and staff vehicles within the boundaries of Grey's Hospital are at owner's risk, nevertheless, safety of all vehicles is of great concern to the management. In view of this we propose to separate visitors parking from staff parking, that is by fencing off a couple of parking bays for use solely and exclusively by visitors only within the precincts of Grey's Hospital. As soon as that proposal is supported by all and sundry at our prospective Strategic planning in the 16 and 17 April 2008 respectively, the plan would be implemented in due course.

VISITING HOURS

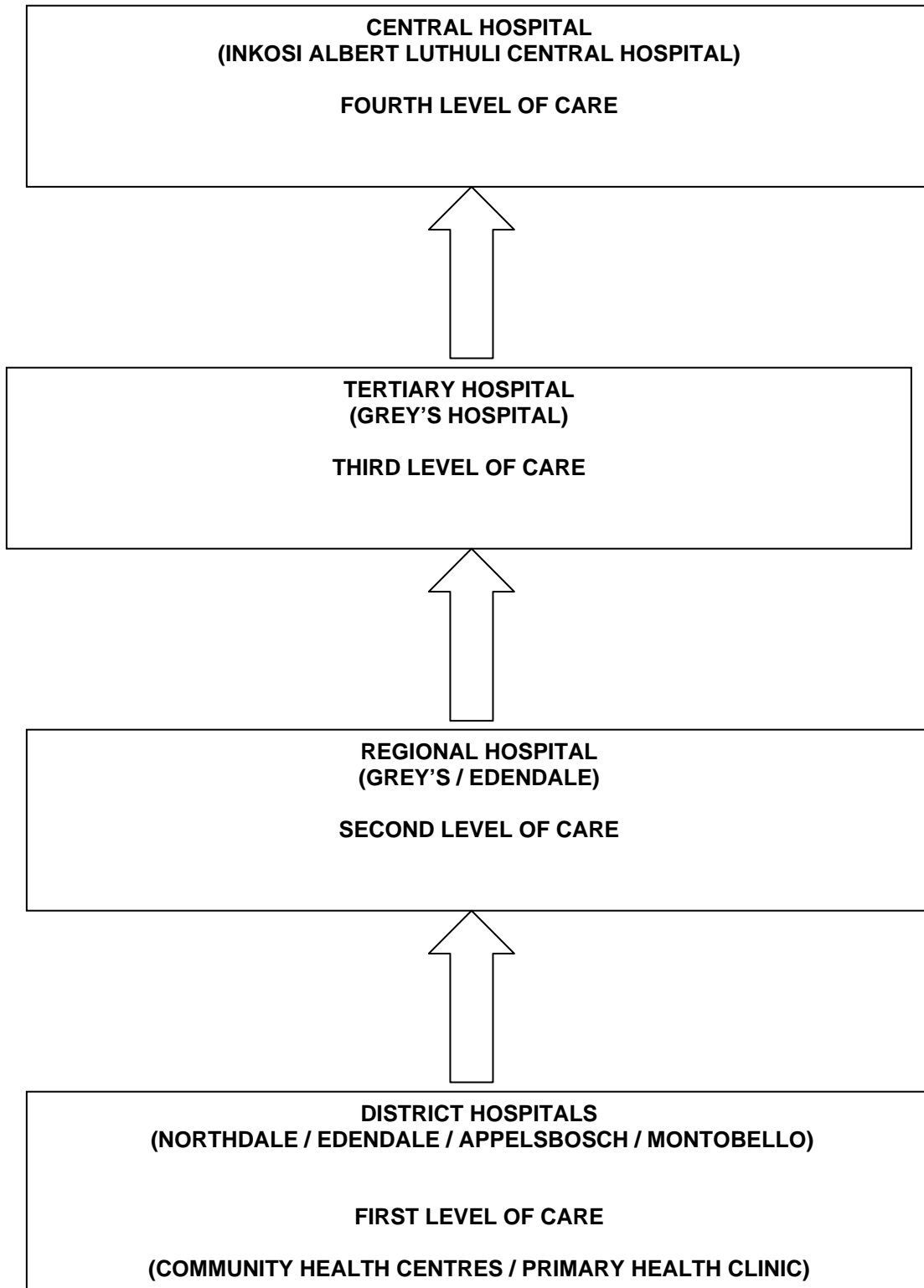
AFTERNOON 15h00 TO 16h00
EVENING 19h00 TO 19h30

Systems Manager
Mr R. Z Mkongwa

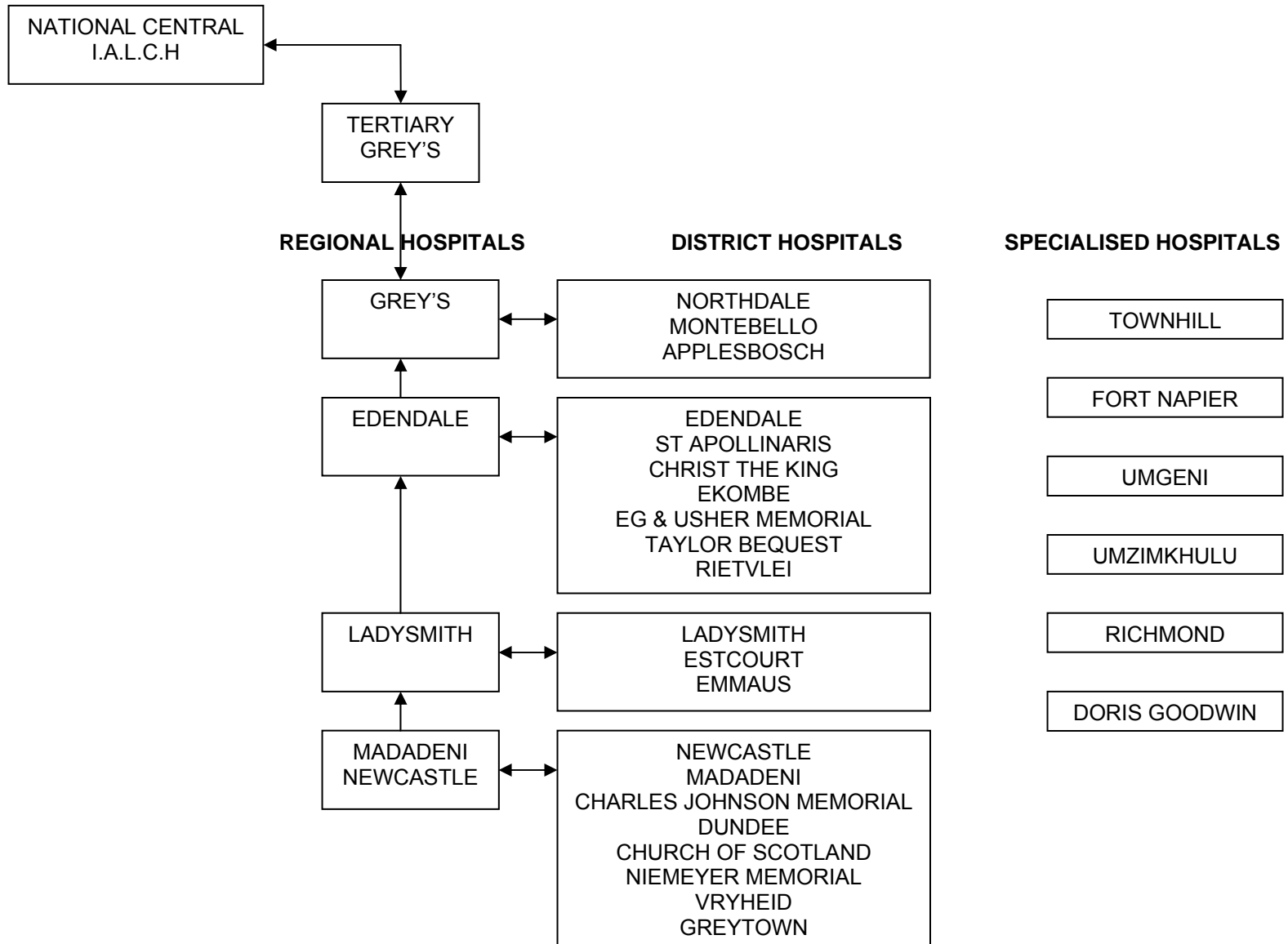
STAKEHOLDERS INVOLVED IN GOVERNANCE OF GREY'S HOSPITAL



PROVINCIAL PATIENT UPWARD REFERRAL PATTERN



**A REFERRAL PATTERN FOR REGIONAL AND TERTIARY CARE SERVICES
FOR THE WESTERN HALF OF THE PROVINCE (AREA 2)**



PROVINCIAL POLICY ON THE SUPPLY OF CHRONIC MEDICINES

Please note that you will no longer be able to collect your repeat medication at this hospital. You will be referred to your nearest district hospital or clinic. If you are currently on a repeat card you will be able to collect medicines at this hospital until your next appointment.

To avoid delays, please ensure that the doctor fills in your referral letter before you come to collect medication from the pharmacy.

PLEASE NOTE:

The referral letter must be kept in your file. The white copy of the referral letter will be returned to you after the Pharmacist has checked it. You will be required to present this document to the hospital or clinic you have been referred to.

Thanking you

By order: The KZN Department of Health

UMGOMO WOMNYANGO WEZEMPILO WESIFUNDAZWE SAKWASULU-NATALI WOKUDLULISELWA KWEZIGULI EZIBHEDLELA KANYE NAMAKLINIKI UKULULEKWA KWEMITHI

Niyaziswe ukuthi angeke nisakwazi ukulanda imithi yenu yanyanga zonke kulesi sibhedlela. Nizothunyelwa kwezinye izibhedlela noma emitholampilo eseduze nalapho niklala khona.

Uma ubuvele usuqalile ukulanda imithi lapha esibhedlela uzoqhubeka kuze kube kushaya ilanga lokuthi ubone udokotela. Uma usubona udokotela mucele akugcwalisele amafomu noma incwadi ezokwenze ukuthi ukwazi ukukoleka imithi yakho kwesinyw isibhedlela noma umtholampilo oseduze nawe. Ukuze ungabambezeli, futhi isikhathi sakho singachitheki, cela udokotela akugcwalisele ifomu, ngaphambi kokuba uze ekhemini.

QAPHELISISA LOKHU:

Lamafomu kemele uwagcine efayelini lakho. Iphepha elimhlophe uzobuyiselwa lona. Uzofike ubatshengise lona esibhedlela noma emtholampilo wakho, ukuze ukwazi ukuthola imithi.

Siyabonga

Isinqumo somnyango Wezempilo waKwaZulu-Natali

GREY'S HOSPITAL OFFERS THE FOLLOWING PACKAGE OF HEALTH SERVICES

GENERAL SURGERY & SURGICAL SUB-DISCIPLINES

- Plastic & Reconstructive surgery
- Paediatric surgery
- Maxillo-Facial surgery
- Oesophageal surgery
- Ophthalmology
- ENT
- Urology
- Thoracic Surgery Clinic

OBSTETRICS AND GYNAECOLOGY

PAEDIATRICS

- Genetic Counselling Services
- Neonatology

GENERAL MEDICINE & MEDICAL SUB-DISCIPLINES

- Neurology
- Cardiology – Catheterization Laboratory
- Haematology
- Gastro-Enterology
- Endocrinology
- Rheumatology
- Respiratory Medicine – Pulmonary Function Laboratory
- Nephrology / Renal Dialysis Unit
- Infectious Diseases – Isolation Ward

ORTHOPAEDICS

ONCOLOGY & RADIOTHERAPY

OCCUPATIONAL HEALTH

CLINICAL SUPPORT SERVICES

- Anaesthetics
- ICU (Adults, Paediatric and Neonatal)
- High Care
- Theatres
- Radiology & Diagnostics (MRI Scan, CT Scan, Neuro-angiosuite, Mammography Unit)

GENERAL SUPPORT SERVICES

- Laboratory including Pathology services

SUPPLEMENTARY SERVICES

- Social Work
- Psychology
- Dietetics
- Physiotherapy
- Occupational Therapy
- Speech and Audiology
- Pharmacy
- Radiology
- Oncology

THE HUMAN RESOURCES DEPARTMENT
ANNUAL REPORT INPUTS

HIGHLIGHTS AND CHALLENGES

1. HUMAN RESOURCE PRACTICES

IMPLEMENTATION OF OCCUPATIONAL SPECIFIC DISPENSATIONS FOR OCCUPATIONS PROFESSIONAL NURSE, STAFF NURSE AND NURSING ASSISTANT IN PUBLIC SERVICE.

The remuneration policy processes and systems of any organization must be dynamic to adapt to continuously changing circumstances. In this regard, the South African Public Service is no exception. Recent studies have shown that the current remuneration framework impacts negatively on the states ability in attracting and retaining sufficient numbers of employees with the required competencies in certain occupations, and to motivate such employees, with the view to improve service delivery.

This required a change in the States policies toward remuneration, and culminated in an agreement with organized labour (PSCBC 1 of 2007) for the introduction of new salary scales per identified occupation to attract and retain employees after conclusion of agreements in the sectoral councils of the PSCBC.

The deadline dates for the rolling out of the above was as follows:

Phase 1(Translation of all Nursing Personnel to OSD): 30 November 2007

Phase 2(Recalculation of Salaries based on Experience): 31 January 2007

The following represents the number of cases this component had to deal with. This Component successfully translated all these personnel within the deadline dates thus resulting in a smooth transition to OSD.

OCCUPATIONAL CATEGORY	TOTAL FILLED POSTS
MANAGER NURSING	1
D.M.: NURSING	1
A.M.: NURSING	10
PROF. NURSE(PN,SPN,CPN)	271
STAFF NURSES	197
NURSING ASSISTANT	154
CAMPUS PRINCIPAL	1
DEPUTY CAMPUS PRINCIPAL	1
SUBJECT HEAD	5
TUTOR	29
TOTAL	674

Management of Sick leave

Since the introduction of the new management of sick leave (Pillir) there has been a moderate decrease in the abuse of sick leave, but this should improve as soon as all problems relating to implementation have been overcome.

Appointments and Terminations

This Institution was able to recruit 357 personnel in this financial year but on the other hand there have also been a number of 86 Personnel moving on looking for greener pastures. Therefore the issue of developing an attractive retention policy still remains a challenge not only for this Institution but for the Department as a whole.

Mr GH Stoffels
Assistant Manager: Human Resource Practices

2. STAFF RELATIONS

Due to the excessive abuse of sick leave within the Department of Health, a Health Risk Manager: Thandile was appointed to deal with all the Temporary Incapacity Leave (TIL) rather than have the Institution being burdened with this mammoth task without the necessary resources.

In an attempt to ensure that every single employee was made aware of the new policy (PILIR), and thus curb the abuse, a presentation was formatted for the Quality Improvement Programme, after which, training was given in Workshops for every category of staff at Grey's Hospital.

This office assisted the Department of Social Welfare in the facilitation of 29 Social Grant Fraud charges.

There has been the following amount of cases dealt with in each category as listed below:-

	TOTAL	FINALISED	O/STANDING
DISCIPLINE	29	19	10
GRIEVANCES	28	23	5
ABSCONDMENTS	13	13	0
GRAND TOTALS	70	55	15

There is a grave shortage of Investigating and Presiding Officers at our disposal to deal with our formal cases, and there are insufficient funds to train members of staff at Grey's to carry out this function which does lead to frustration in finalizing the cases. What is heartening however is the willingness of the few that are available to assist Grey's.

Mrs EMR Robertson
Assistant Manager: Staff Relations

3. PEOPLE DEVELOPMENT & PLANNING

3.1 ABET PROGRAMME

40 employees were enrolled in the ABET Programme in 2007. The aim of the programme is to improve literacy of employees thereby consequently improve employee performance. The programme is also inline with the provisions of the South African Constitution, Skills Development Act 97 of 1998, White Paper on Public Service Training and Education of 1998, Adult Basic Education and Training Act 52 of 2000 and other related legislation. The programme caters for people who have qualifications below STD 8/ grade 10. Grey's hospital has the largest number of ABET learners in the whole Umgungundlovu District.

3.2 MATRIC

45 employees were enrolled for Matric through ICESA College in 2007 and 22 passed Matric at the end of 2007. This is one of the nationally prioritized programmes aimed at developing employees on NQF levels 1 to 4.

3.3 COMPUTER TRAINING

67 employees were trained on computer skills and 151 certificates have been issued to all employees who successfully completed the training 2007. Problems related to staff's non-attendance of scheduled training were dealt with thereby avoiding fruitless expenditure. Also the additional service provider Sizwe Africa has contributed a great deal in curbing a computer training backlog.

3.4 THE NEW EPMDS POLICY

The new provincial policy on Employee Performance Management and Development System for employees on salary levels 1 to 12 was approved with effect from 01 April 2007. Managers and/ or supervisors at Grey's hospital were given training on the implementation of the policy. The Intermediate Review committees per occupational groups have also been constituted in preparation for the annual performance assessments at

the end of March 2008. The managers and/ or supervisors at Grey's hospital have shown great co-operation and commitment in the implementation of the policy.

3.5 THE HEALTH PROFESSIONALS TRAINING AND DEVELOPMENT GRANT AND THE SKILLS BUDGET

The topping-up of the Skills Development Budget with the Health Professionals Training and Development Grant assisted a great deal in increasing the number of employees trained in 2007. The purpose of the grant is to support provinces to fund costs associated with training of health professionals and to support and strengthen undergraduate and post graduate teaching and training processes in health facilities.

It is a known fact that from previous years that the Skills Development Budget has always been not adequate to cover all training costs in the institutions. 57 professionals and 81 employees from other different occupational categories were trained in 2007.

3.6 EMPLOYMENT PROFILE AT GREY'S: 2007

Code	Occupations	Male				Female				Total	People with Disability				Age group		
		A	C	I	W	A	C	I	W		A	C	I	W	<35	35-55	>55
1	Managers	7	0	4	0	7	4	6	7	35	0	0	0	0	4	28	3
2	Professionals	24	3	3	35	13	4	9	1	468	0	0	0	0	195	235	38
3	Technicians and Trade Workers	3	3	1	11	3	0	0	0	21	0	0	0	0	0	15	6
4	Community and Personal Service Workers	10	6	1	1	57	3	7	3	833	0	0	0	0	592	227	14
5	Clerical and Administrative workers	23	2	2	2	61	4	2	1	191	2	0	2	1	81	75	35
7	Machine Operators and Drivers	16	2	2	0	3	1	0	0	24	0	0	0	0	8	12	4
8	Labourers	92	1	3	3	24	1	9	2	395	0	0	0	0	76	258	61
TOTAL		270	17	8	52	10	1	2	1	1967	2	0	2	1	956	850	161

3.7 CHALLENGES FACING THE PEOPLE DEVELOPMENT & PLANNING SECTION

- The delay in the allocation of the Skills Development Budget interferes with planned training. This usually results in failure to implement all training priorities as would be reflected on the Workplace Skills Plan of the institution.
- There are no clear guidelines from Head Office about the role of the Institutional Human Resource Development Committee and the District HRD Committee in the administration of the HPT grant.

Miss PNF Mbatha
Assistant Manager: People Development & Planning

Financial Overview

The amount of R 293,936,000 is allocated for the financial year 2007/08, which constituted an increase of 11.86% compared to the budget allocation of 2006/2007. The allocation is summarized as follows:

FINANCIAL YEAR	2006/2007	2007/2008
PERSONNEL	R153, 153,000	R191, 129, 000
GOODS & SERVICES	R72,603,000	R61,350,000
MEDICINE	R24,710,000	R27,911,000
MAINTENANCE	R4,600,000	R5,235,000
CAPITAL	R6,300,000	R6,996,000
TRANSFERS	R1,391,000	R1,410,000
TOTAL BUDGET	R262,757,000	R294,031,000

GREY'S HOSPITAL BUDGET ALLOCATION FOR 2007/8 FINANCIAL YEAR (PER PROGRAMME)

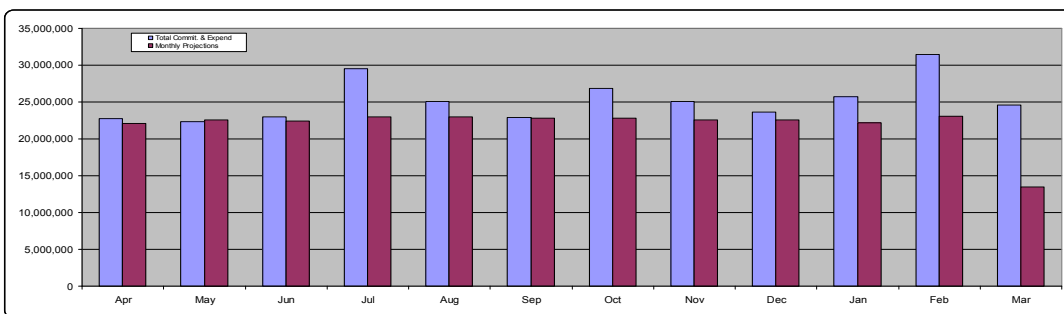
PROG	TOTAL	OBJECTIVES	COMPENS. OF EMPLOYEES	GOODS & SERVICES	HOUSE HOLDS	CAPITAL
2	R957,000	OTHER COMM. SERVICES	R954,000	R3,000		
	R7,306,000	HIV/AIDS:ARV	R6,349,000	R4,459,000		
TOTAL PROG 2	R7,306,000		R2,844,000	R4,462,000		
4	R71,106,000	GENERAL HOSP	R51,362,000	R17,401,000	R435,000	R1,908,000
	R8,468,000	HLTH PROF TRAIN		R8,468,000		
TOTAL PROG 4	R79,574,000		R51,362,000	R25,869,000	R435,000	R1,908,000
5	R188,656,000	TERTARY HOSP	R132,944,000	R49,649,000	R975,000	R5,088,000
	R11,531,000	HLTH PROF TRAIN		R11,531,000		
TOTAL PROG 5	R200,187,000		R132,944,000	R61,180,000	R975,000	R5,088,000
6	R4,134,000	TRAIN-INTERNS	R4,043,000	R91,000		
	R95,000	TRAIN-SKILLS DEV		R95,000		
TOTAL PROG 6	R4,229,000		R4,043,000	R186,000		
8		GEN HOSP SERVICES		R2,735,000		
TOTAL PROG 8	R2,735,000			R2,735,000		
GRAND TOTAL	R294,031,000		R191,284,000	R94,432,000	R1,410,000	R6,996,000

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

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE
PERSONNEL	R153,153,000	R184,006,200	(R30,853,200)
GOODS & SERVICES	R72,603,000	R77,794,116	(R5,191,116)
MEDICINE	R24,710,000	R30,273,585	(R5,563,585)
MAINTENANCE	R4,600,000	R5,880,511	(R1,280,511)
CAPITAL	R6,300,000	R4,470,433	R1,829,567
TRANSFERS	R1,391,000	R605,653	R785,347
TOTAL	R262,757,000	R303,030,498	(R40,273,498)

The over expenditure of R40,273,498 (15.32%) is merely due to development and expansion of Tertiary Services.

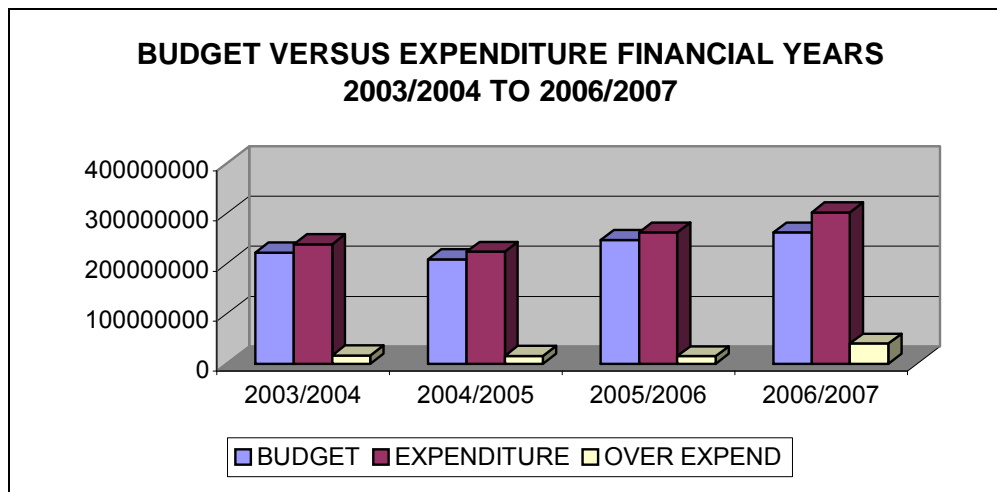
MONTHLY CASH FLOW PERFORMANCE IN THE 2006/7 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2003/2004 TO 2006/2007

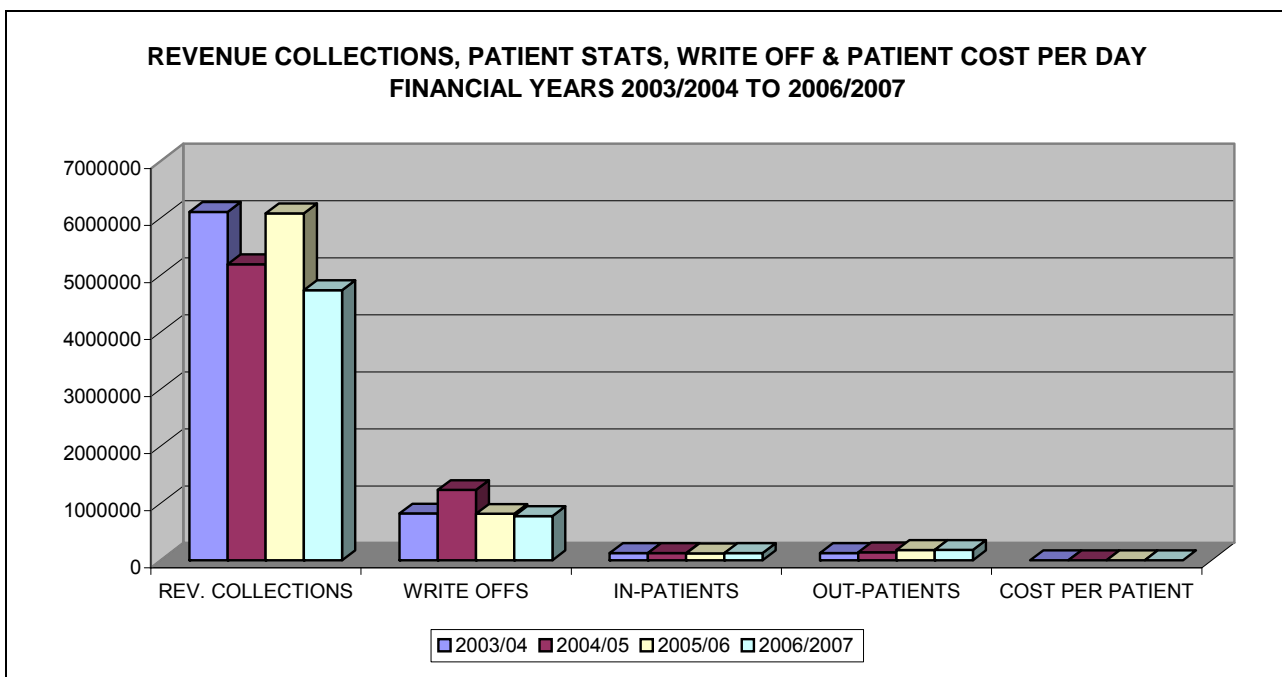
BUDGET VERSUS EXPENDITURE

ITEM	2003/04	2004/05	2005/06	2006/07
BUDGET	R222,249,000	R209,073,000	R247,763,000	R262,757,000
EXPENDITURE	R239,210,499	R224,321,163	R262,743,169	R303,030,498
OVER EXP	R16,969,740	R15,248,163	R14,980,169	R40,273,498
% OVER	7.64%	7.30%	6.05%	15.32%



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

		IN-PAT DAY'S	OPD H/COUNT	COST PER PAT DAY	REVENUE COLLECTION	WRITE OFF
2003/04		<u>128,312</u>	<u>127,878</u>	<u>R1,399.40</u>	<u>R6,108,823</u>	<u>R820,307</u>
BUDGET	<u>R222,249,000</u>					
EXP	<u>R239,210,499</u>					
O/SPENT	<u>R16,969,740</u>					
%OVER	<u>7.64%</u>					
2004/05		<u>126,559</u>	<u>139,714</u>	<u>R1,295.68</u>	<u>R5,191,294</u>	<u>R1,231,767</u>
BUDGET	<u>R209,073,000</u>					
EXP	<u>R224,321,163</u>					
O/SPENT	<u>R15,248,163</u>					
%OVER	<u>7.30%</u>					
2005/06		<u>119,383</u>	<u>178,493</u>	<u>R1,468.82</u>	<u>R6,080,368</u>	<u>R814,781</u>
BUDGET	<u>R247,763,000</u>					
EXP	<u>R262,743,169</u>					
O/SPENT	<u>R14,980,169</u>					
%OVER	<u>6.05%</u>					
2006/07		<u>126,587</u>	<u>181,449</u>	<u>R1,620.32</u>	<u>R4,735,305</u>	<u>R775,317</u>
BUDGET	<u>R262,757,000</u>					
EXP	<u>R303,113,559</u>					
O/SPENT	<u>R40,356,559</u>					
%OVER	<u>15.36%</u>					
2007/08						
BUDGET	<u>R293,031,000</u>					
EXP						
O/SPENT						
%OVER						



“WE ARE BUILT TO CONQUER ENVIRONMENT, SOLVE PROBLEMS, ACHIEVE GOALS AND WE FIND NO REAL SATISFACTION OR HAPPINESS IN LIFE WITHOUT OBSTACLES TO CONQUER AND GOALS TO ACHIEVE”

Maxwell Maltz

**Finance Manager
Ms Z. K Buthelezi**

ANAESTHETICS

The Pietermaritzburg Metropolitan Department of Anaesthesia, Critical Care and Pain Management have made tremendous progress over the last year. The issues around Critical Care are dealt with in a separate report by Dr von Rahden.

The central focus of the department is attracting quality doctors by insuring career development. 12 members were awarded the Diploma in Anaesthesia by the Colleges of Medicine of South Africa in 2007. Four of our registrars have fully completed the Primary examination for the Anaesthesia fellowship; two further registrars have obtained portions of this examination.

This success has come from the teaching contribution from the members of the Consultant staff. Of particular note are the contributions from the new appointments. Dr Jane Erskine joined the department in January 1st 2007 and is teaching extensively for the DA, beginners Medical Officers and Interns. Dr Richard von Rahden joined the department in March 2007, initially at Edendale and then in the Grey's ICU post from April 2007. His skill in the ICU teaching and the FCA Part 1 have left a lasting impression than our registrars. Dr Paul Borgdorff joined the department in March 2007. His teaching program at all levels revolving around pain has been a great success.

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 at least two applicants for each vacant post. In cooperation with the department of Paediatrics one anaesthetic registrar is rotated for three months through the Neonatal ICU. This is a unique feature of the Grey's registrar program and is producing registrars with considerable neonatal and paediatric anaesthetic capacity. The Health Profession Council has upgraded Grey's to full training status. However the limitations of not having Cardiac, Vascular and Neurosurgery in the PMB, necessitates the rotation of registrar of Durban.

OUTREACH: The number of Hospitals visited has expanded in 2007. The ground work has been laid for rapid development in 2008, with each peripheral hospital being assigned to a particular consultant and Epidemiological and Human Resource data starting to come in facilitating decision making.

INREACH: Community Service Doctors have been coming from the periphery to receive anaesthetic training in the metropole. This has not been utilized full capacity due to the shortages of doctors in the district hospitals, restricting the numbers available.

INTERTRAINING: This has been under the leadership of Dr Jenny King, who has taken the new two month intern program and developed it to a stage where a basic competency in simple Anaesthesia is achieved by the majority of the interns. It is hoped this will favourably impact in the skills and abilities of future Community Service Doctors in the periphery. The intern model developed is now being applied in many centres around the country, and Dr Jenny King was asked to write about her experience in the Continuing Medical Education journal of the South African Medical Association (CME Journal).

CHRONIC PAIN CLINIC: Dr Paul Borgdorff has taken this clinic to a new level. With his interest in interventional pain management two lists per week were established to deal with Chronic Pain blocks. Additionally Dr Borgdorff traveled nationally to demonstrate the skills involved in pain blocks. A radiofrequency generator has been purchased for use with these blocks.

ACUTE PAIN SERVICE: Dr Borgdorff has piloted a pain management service, initially in the Orthopaedic wards. As with all successful pain management program this was spearheaded by nursing and the contribution of Sr Lily Thomas and Mr D Naidoo are especially noteworthy. After successful piloting in the Orthopaedic wards the program is in the process of being expanded into the other wards. Dr Borgdorff also published an article on pain in the CME journal. An elective student from Aberdeen Ms Katie Stewart did extensive data collection for the Pain Service and this will also be published.

NORTHDALÉ HOSPITAL: The key of the successful functioning of all tertiary service is appropriate running district services. Accordingly the department has put a lot of effort raising the standard of Anaesthesia and facilitating development of the service at Northdale Hospital. Dr Raghajvee and Dr Taylor have made big contributions in this regard.

MORTALITY AND MORBIDITY MEETINGS: Quality improvements are only possible with measurement. In 2007 we were able to initiate weekly M and M Meetings with reports on the statistics of the previous week's case and discussion of all adverse events. Under the leadership of Dr R von Rahden this has been highly successful.

ACADEMIC MEETINGS: The department of Anaesthesia meeting on Friday morning from 7:30 to 9:00 has continued throughout the year, and has made a great contribution towards the knowledge level of the department. In addition regular Chart Review meetings and Audit report form part of the Friday meeting. The local Society of Anaesthesiologist meetings on the first Monday of each month and the Journal club meeting in the last Wednesday of the month are coordinated from department.

DIPLOMA IN ANAESTHESIA PROGRAM: Dr J Handley, Principal specialist at Edendale now heads this program. He is ably assisted by Dr Erskine and Dr J King. The Registrars contribute regularly. Dr Erskine has become an accredited DA examiner for the College.

FELLOWSHIP OF COLLEGE OF ANAESTHESIA PROGRAM: At this stage teaching is focused on the Primary examination. This is lead by Dr R von Rahden, with contribution from Dr Farina and Dr Erskine and those registrars who have completed Part 1. Dr Farina has been accredited as an examiner for Final Examination of the FCA.

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

ORGANIZATION: Ms Tracey Goldstone was a shining light in organizing the department and coordinating leave and academic activities. Dr King has been very active in the daily allocations of doctors in the department and Dr Taylor has ably managed the thankless task of the monthly call roster. The department has published a unified manual for all aspects of the Metropolitan service. This was edited by Dr Farina with extensive help from Dr Taylor. In addition a set of Basic Anaesthetic notes for beginner doctors have been compiled and further revised. These are utilized by the interns and by the new medical officers. Dr Jane Erskine has also compiled "starter packs" for every new doctor who joined the department. These contain every form required by the doctors and institutions in how to fill them in and where they are to be taken for signature and processing.

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

PUBLIC/PRIVATE PARTNERSHIP: A good relationship is maintained with the Private Anaesthesiology in the area with many of them contribution to sectional work. Dr Robert Buley provides after-hours cover at Grey's Hospital. Dr Mike Redfern participates in the Pain Clinic. Dr Roger Natrass provides after-hours cover and a morning week in the ICU at Edendale, along with a very popular teaching program. Dr P Bennett contributes a morning to Anaesthesia at Edendale hospital. Good relationships are retained with Pharmaceutical and Medical Equipment Trade. Through these relationships the department has successfully hosted two large meetings. A perioperative Refresher Course was organized in the 6th October targeting nursing and medical staff involved in the perioperative process. Dr Paul Borgdorff also organized a Radiofrequency Workshop at Grey's hospital for pain Specialists from the country.

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 officer. The main rate limiting step to service delivery remains the shortage of nursing personnel.

2008 PLANS: Dr Borgdorff will be returning to Holland, but the department hopes to recruit another pain specialist. Dr C Velasquez and Dr D Raghajvee will continue with the development of the acute pain service. Dr Joanne Madurai, who has recently completed specializing in Anaesthesia, will join the department in January. This brings further paediatric anaesthetic skills to Pietermaritzburg. The department will actively participate in the Trauma expansion programs of the Department of Surgery. In addition it is hoped to revitalize Edendale Hospital surgery and to increase the complicity of the cases being performed there. This will include expansion of Paesiatric surgical and ENT workload at Edendale. A Second Senior Specialist in Paediatric and Neonatal Anaesthesia- Dr N Hendricks will be appointed, with a focus on assisting in Paediatric ICU. It is hoped that we will be able to commence Diploma in Theatre Technique and Diploma in ICU Management for the nursing g staff in 2008. A Perioperative Pain Management Course will be held in October. Ms Tracey Goldstone ha received a well deserved promotion and will unfortunately leave the department. It is hoped to quickly recruit another dynamic secretary.

Dr Zane Farina
Chief Specialist – Anaesthesia

Intensive Care Unit

Unit Manager: Sr Jenny Stewart

Goals and standards

The Grey's Hospital Intensive Care Unit (Grey's ICU) aims to provide world-class tertiary-level Intensive Care to critically ill patients from within Grey's Hospital, and from Area 2 of KwaZulu-Natal.

We recognize that skilled dedicated nursing care is the cornerstone of Intensive Care, and continue to insist on a one-nurse-to-one-patient ratio for patients with life-threatening illnesses who require mechanical ventilation, dialysis, or complex haemodynamic management. This ratio is an internationally recognized minimum standard for these "Intensive Care" patients. A one-nurse-to-two-patient ratio is applied for so-called "High Care" patients – those requiring close monitoring and haemodynamic stabilization, but not requiring ventilation or dialysis. Grey's ICU accommodates both "Intensive Care" and "High Care" patients as patient demands requires and as nursing staff considerations permit.

The term "Critical Care" refers to the care of patients with life-threatening illnesses in Intensive Care and High Care units. Patients with imminently life-threatening illnesses are said to be "critically ill".

Grey's ICU aims to accommodate a broad spectrum of patients with severe surgical, medical and obstetric/gynaecological illnesses. For logistic reasons, Grey's ICU usually focuses on caring for patients weighing more than twenty kilograms. Grey's ICU works in parallel with the separate Neonatal ICU, Paediatric ICU and Coronary Care Unit which each accommodate specific populations of critically ill patients in Grey's Hospital.

Patient load

In the calendar year 2007, Grey's ICU admitted 424 critically ill patients.

Nursing staff

In 2007, Grey's ICU operated with an average of only 20 full-time nursing staff, supplemented by 3 part-time nursing staff. Grey's ICU nurses operated an internal rotation system to accommodate night duty, study leave and maternity leave.

Grey's ICU operated with an average of only 8 "ICU-qualified" nursing staff (those having completed formal Diplomas in Critical Care Nursing Science) but usually managed to have at least one of these members on duty on every shift. The remainder of the staff are "ICU-experienced" Professional and Staff Nurses, who have worked in Grey's ICU, or in other Critical Care facilities, for a protracted period of time, and thus have achieved a high degree of practical competence. Unfortunately, six of these "ICU-experienced" staff members left, or were transferred out of, Grey's ICU during 2007. These staff members have not been replaced, which has placed significant strain on the remaining staff.

This unreplaced attrition of experienced staff has also resulted in a decrease in the number of patients which can be accommodated in Grey's ICU. Although the physical capacity of Grey's ICU is six beds, we believe that the maintenance of the accepted nurse-to-patient ratios is vital to avoid suboptimal care. The decline in nursing staff numbers thus led to a decline in Grey's ICU's average functional capacity over the course of 2007 from five patients to four patients: a twenty percent reduction in capacity.

Over the course of 2007, several staff members were promoted to Senior and Chief Professional nurse grades.

Many staff members were also involved in academic activities. **Sr Jenny Stewart** and **Sr Lyn Gilbert** commenced their studies towards the Diploma in Health Science Management at the University of KwaZulu-Natal in January 2007, and will complete their courses in 2008. **Sr Xaba** successfully completed her one year Diploma in Health Science Management with Northwest University. Special recognition must go to **Sr Saroj Pillay** who successfully completed her one year Diploma in Health Science Management at Northwest University with a Cum Laude pass – and achieved the **highest marks in the country!** **Sr J Hitchcock** and **Sr Debbie Whelan** completed their Diplomas in Critical Care Nursing Science. **Sr Zuma** commenced her studies for the Diploma in Critical Care Nursing Science in September 2007. **Staff Nurse Nellie Zondo** commenced the Bridging Course to become a Professional Nurse in September 2007. Many nursing staff members also completed basic computer skills courses in 2007.

Nursing staff from the Unit are active members of various committees which benefit the Hospital as a whole. **Sr Jenny Stewart** serves on the Equipment Committee and Infection Control Committee. **Sr Saroj Pillay** is a member of the Ethics Committee. **Sr Lyn Gilbert** is Grey's ICU's Occupational Health and Safety Committee representative.

Grey's ICU's nursing staffs also devotes considerable time every day to the maintenance of the Blood Gas Analyzers, keeping these delicate and temperamental machines serviceable. These machines perform blood gas analyses for most of the Hospital; more than forty percent of blood gas analyses performed is for patients from outside Grey's ICU. The ease with which reliable blood gas results can be obtained in Grey's Hospital is thus largely due to the hard work of the Grey's ICU nursing staff!

The extreme dedication of the Unit Manager, **Sr Jenny Stewart**, to tirelessly co-ordinating all these aspects of the management of Grey's ICU requires a special mention.

Medical Staff

The continuous 24-hour presence of in-unit medical staff is another internationally accepted norm for Intensive Care Units, and such a system was introduced to Grey's ICU in January 2007. Grey's ICU was recognized by the Health Professions Council as an appropriate training facility for Registrars from the various clinical disciplines that require their trainee specialists to be trained in the fundamentals of Critical Care. Registrars from Anaesthesia and various surgical disciplines currently rotate through Grey's ICU for periods of three months, gaining experience in Critical Care, and providing the required continuous on-site medical coverage. It is hoped that this system has gone some way to relieve some of the stress experienced by the nursing staff.

Dr Tom Singh, director of Grey's ICU since 2006, left in March 2007 to take up a position at King Edward Hospital, and was replaced in April 2007 by another Subspecialist Intensivist, **Dr Richard von Rahden**, previously from Chris Hani Baragwanath Hospital in Gauteng. During the year, Grey's ICU was additionally accredited by the Health Professions Council of South Africa as a venue for Subspecialist training in Critical Care, and **Dr Carolyn Lee**, a specialist physician, joined as Grey's ICU's first Subspecialisation trainee in September 2007.

Grey's ICU operates as a "closed" unit, meaning that the overall day-to-day medical management of patients admitted to Grey's ICU is directed by a dedicated Specialist for the duration of that patient's stay in Grey's ICU, with input from, and co-operation with, the referring clinicians. This focused system has been shown in numerous international studies to result in improved patient outcomes. A small team of four specialists, **Dr Zane Farina** (Head of the Department of Anaesthesia), **Dr Richard von Rahden**, **Dr Damian Clarke** (from the Department of Surgery) and **Dr Carolyn Lee** direct patient management in the Unit. These four doctors are also involved in teaching Critical Care techniques to the Registrars and nursing staff working in the Unit, and also assist regularly with patient management at the 2R ICU at Edendale Hospital. A programme of protocol development is underway.

The Unit is admirably supported by a dedicated team of Dietitians, Physiotherapists and other professionals, each of which play a vital role in improving patient outcomes. The frequent assistance of the nursing staff from the Renal Unit is also appreciated; Grey's ICU is working hard to improve in-house competency in dialysis techniques to lessen our demands on the Renal Unit staff.

The Grey's ICU ethos emphasizes practical teaching for all levels of nursing and medical staff as an important part of its overall function. Some teaching of interns and medical students is also conducted.

Challenges for the future

We believe that Grey's Hospital requires more Critical Care beds, as the limited total number of beds available in Grey's ICU, the Coronary Care Unit, Neonatal ICU and the Paediatric ICU is frequently inadequate to meet the demands of the hospital, let alone the needs of Area 2. Most urgently, a greater number of High Care beds to accommodate high-risk postoperative patients are required. For this reason, plans had been made to expand the physical capacity of Grey's ICU in 2007. A new additional 5-bed facility with all the necessary services, situated next to the Laboratory, was completed, and plans were drawn up for a 21-bed facility.

Unfortunately, this planned expansion did not prove possible, largely due to the decline in the numbers of qualified nursing staff. Furthermore, significant delays have been experienced in obtaining vital medical equipment necessary to equip the newly constructed 5-bed facility; until these issues are addressed this new 5-bed facility cannot be used.

Even without expansion of capacity, certain critical equipment issues need to be addressed if Grey's ICU is to continue to function acceptably as a tertiary referral Intensive Care Unit. Cardiac output monitoring devices and advanced transport ventilators are seen as fundamental tools in international Intensive Care Units and the procurement of such devices for Grey's ICU is a matter of urgency. The existing ventilators in Grey's ICU are nearing the end of their service lives, and now lag far behind international minimum standards.

Despite these challenges, the Intensive Care Unit at Grey's Hospital has a dedicated and very hard-working team of medical, nursing and Para-medical professionals, who will continue to do their utmost to extend compassionate world-class care to the sickest patients in the hospital.

Dr RP von Rahden
Director: Grey's ICU

THE MAINTENANCE DEPARTMENT **ANNUAL REPORT 2007/8**

We produced and installed a new boiler burner on boiler NO: 2 and n new medical air compressors were installed. We upgraded the last two vacuum pumps in the main plant room for casualty/OPD areas.

Numerous alterations within the institution were done:

- Creation of the doctor on call room in Maternity.
- Installed two new electric auto doors at the two main entrance of the Hospital.
- Started to install new ceiling in the Hospital, this year we did the Maternity entrance are and Ward C2 ablution area.
- Various staff was sent for training and filling most of the vacant posts according to our organogram.

We installed the sleeving of Telkom cables and IT cables to the park homes and successfully had the Main Stores Roof resealed. We had the emergency generators and the UPS (Uninterrupted Power Supply unit) serviced. All the transformers serviced and all the electrical panels were checked with infrared inspections.

We started concreting the street lighting poles in, to re-enforce and strengthen them; the grounds and Institution were kept in a neat and tidy condition.

We also serviced the following:

- North block electrical sub-station switchgear.
- All re-heat boxes (air conditioning) in Ward E1 and E2.

We installed the following

- New Interceptor unit for swimming pool.
- Ventilation and extraction fans on electrical chillers main supply panels.
- Various split air conditioning unit in Institution.

We kept up with day to day breakdowns and maintenance.

PAEDIATRICS

The PMB Metro Paediatric Department has had a busy year, with many feeling drained and exhilarated at the same time.

Achievements:

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

1. In-patient services: Expanded with the commissioning of ward A1 in August 2007 – 14 beds, adolescent-friendly (up to 16 years), focusing on sub-speciality development – 6 beds for cardiology. Ward unit managers Dr M Patrick and Sr Nathoo. The ward is also being developed as a model ward for introduction of the planned Paediatric Experiential Learning Site (PELS) IN 2008/9.
2. Paediatric Patient Records System implementation – done in 2007. This has been a direct response to the data from “Saving children” reports from Child PIP data on mortality audits. One record-keeping system targeting the five main causes of death in children with the aim of improving the care children receive in the public health care system at hospital level.
3. We have also incorporated Paediatric services at Northdale Hospital back into the Metro department in January 2008. This process has had “teething problems” but seems to have been welcomed by most staff at Northdale.
4. New staff acquisitions in January 2008:
 - a) Dr Meera Chhagan – Post: Principal Specialist Paediatric HIV & Infectious Diseases. She is a Paediatrician and Epidemiologist with vast experience in Paediatric HIV Care, Nutrition and other key areas. Obviously an area in KZN that requires as much knowledge and skills as possible. Dr Chhagan comes from Durban and also brings much needed expertise in the research arena.
 - b) Dr Shuaib Kauchali – Post: Senior Specialist Child Health & Research. He is a Paediatrician and Epidemiologist, also with pedigree in areas of Child Health and Research. His expertise will be used to improve systems in hospital for patient-care and boost the research arena. He also comes to us from Durban, and has been a welcome addition to our team.
5. The launch of the second edition of the “Child Health Resource Package – CheRP” in CD-ROM format has also been a huge success this year. This resource comprises a multitude of tools to assist HCWs care for children well. Included are international, national, provincial and local clinical care guidelines, quality assurance tools and clinical record-keeping tools. The CD, initially intended for local use – every district hospital was given free CDs, has been circulated widely on request of users with even international child care practitioners requesting copies. All who contribute should be proud. Special thanks to Mark Patrick, Cindy Stephen and James Urry for expertly compiling the CD.

Training and research activities

1. Our training program for undergraduate and post-graduate students continues. We had a 100% success in the DCH (3/3) and FC Paeds Part 1 Exam (2/2), despite some hiccups in the training program last year, following on the public sector strike.
2. Research has now become a mandatory part of post-graduate registrar training. Our capacity to support this has improved but stills needs attention.
3. Research output has centered on the CHIP program – with several abstracts and presentations done in local and international forums.
4. Intern numbers have increased this year (30-35 per block) and we continue to offer our intern training program in Paediatrics.

Child Health programmes in Grey's, PMB, KZN

1. Neonatal Experiential Learning Site (NELS) – has been successfully started, with Sr R Davidge as the co-coordinator.
2. Outreach program has been re-vamped and continues our collaboration with RED CROSS AMS (“Flying Doctors”) with up to twenty visits a month to regional and district hospitals in Area 2.
3. Third edition of “Step-by-step ARV manual” is complete and sent out for printing
4. Currently working on Paediatric TB Guidelines and implementation plans with National (University of Stellenbosch) and local stakeholders (UKZN, District TB Committee, etc).
5. Working on project to assist in the management of “Compassion Fatigue in Paediatric practice” with UKZN Dept of Psychology.

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

1. Regional Paediatricians Forum
2. Child Health Problem Identification Program (Child PIP - Nationally and locally). See www.chip.org.za.
3. “Saving mothers, babies and children” committees nationally
4. Looking at the formation of an organization similar to the “Friends of the Children’s Hospital Foundation” at Red Cross Children’s Hospital in W Cape.
5. Partnerships with Harvard University in the USA – doctors will be starting to visit us from April – May 2008.
6. Ongoing visiting doctors from Belgium / UK / soon from Canada as well.

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

1. 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 three years now but remains unachieved. This would improve our bed capacity and bring us in line with infection control policies for NICU.
2. Lodger Mothers Facilities – these have been in construction for too long, with several delays. The person/s responsible for the delay need to be held accountable as the delays has had impact on other priority projects in our department.
3. Teaching venues – our training and teaching load in terms of number of people have increased significantly, as a result venues for training have been difficult to share among all disciplines. This needs to be addressed
4. Ability to recruit sub-specialists – this has been difficult to achieve for several reasons. Once recruited, retention is again difficult especially if we are not able to provide people with appropriate functional offices and proper working systems (e.g. computers, reliable networks and servers)
5. Current services and expansion of tertiary service being under-budgeted at Grey’s Hospital – this is a major frustration to all concerned as it hinders us from going ahead as planned. Best use of limited resources seems NOT to be a priority. Coupled with the cumbersome supply chain management system ensures that service delivery is hindered.

CONCLUSION:

What next – within Grey’s

1. Another new appointment:

- a) Dr Natalie Hendricks starts on 1 April 2008 – Post: Senior specialist Paediatric Anaesthesia. Dr Hendricks is an anaesthetist whose skills and knowledge will be shared between the staff in the PICU, NICU, Paeds Surgery and Paeds Anaesthesia. We hope to improve the overall care children receive through the pre-, intra- and post-operative periods and transfer some of the knowledge and skills between the disciplines involved.
2. NICU revamp should be THE TOP PRIORITY for Grey’s Hospital. It certainly is our top priority.

I would like to end by singing the praises of all members of staff in the Paediatric department for your sterling efforts in difficult and frustrating circumstances and still managing to produce quality work. We will always have mishaps and mistakes but must balance them with the many lessons and successes. Keep “screaming” for the children and thank you!

Dr BL Dhada
Head of Department Paeds

SURGERY

In the past year, the department of surgery at Greys hospital has been enormously strengthened enabling us to restructure our vision for the future. We are now looking at establishing a true metropolitan complex with incorporation of Northdale hospital in this complex. We will also endeavour to give all institutions in the complex specialized functions enabling them to be valued in their own right and seen on an equal footing. This will further enable expansion of tertiary services at Greys.

All changes in the department have been truly encouraging and fueled us with optimism for the future.

Changes in Human Resources

1. Consultants

Mr Alam Quazi was appointed the principal specialist for outreach in April 2007. He has invested tremendous effort into making the surgical outreach more effective in an attempt to up skill district hospital doctors leading to better patient care. His main emphasis has been Northdale hospital and he has overcome numerous obstacles.

Mr George Oosthuizen joined the department of surgery in July 2007 and has contributed tremendously to the expansion of the trauma service. He also was instrumental in assisting to restructure daily operations and contributed greatly to teaching of the registrars and interns. He has relocated to Edendale hospital from 2008 as the Head of Department but will remain an integral part of our department.

Dr Shaz Çaçala joined the department in October 2007 as the principal breast and endocrine surgeon. She is our only female surgeon and therefore has added a much needed new dimension to our department. The breast and endocrine service in Area 2 has been instilled with new life with her taking charge and in the process a service with true metropolitan integration and functioning following standardized protocols has been created. She has also taken on the role of intern trainer and teacher at Greys hospital.

2. Registrars and Medical Officers

The departments' commitment to postgraduate training remains second to none. We have continued our successful well-established academic program.

Dr Islam completed his FCS final in April 2007 and was the first specialist surgeon to be trained completely in Pietermaritzburg. He is now working at Edendale hospital as a specialist surgeon. Also, in the past year Dr Devar, Dr Latchmanan, Dr Mangray, and Dr Deonarain have completed their FCS part 1B and Dr Laing, Allorto and Ally have completed their FCS part 1A. The medical officers bring a wealth of experience and stability to the department and their dedication throughout the past year has allowed the registrars to achieve such academic success.

The new registrars that have joined in the past year have been Dr Mogabe, Dr Dasrath and Dr Ally. They have shown excellent application and dedication so far. Dr P Zwanepoel unfortunately left the department for personal reasons to continue his training at Tygerberg hospital. His enthusiasm and precocious abilities have been missed.

Special Events

1. Laparoscopic Workshop

The minimally invasive workshop was once again a great success. It was achieved to the combined efforts on theatre nursing staff, private and public specialists and a few sponsors. The tradition of this workshop will continue every year on the first Thursday of October in the Main Theatre of Grey's Hospital and all interested specialists can attend. We also had the pleasure on Endo-urology being added to the case mix and Dr Conradie demonstrated why Greys hospital is blessed to have him working here.

This year the workshop was graced by the attendance of Dr Damon Bizos who impressed all with his excellent ability to teach and his profound surgical technique. We will endeavour to make him an annual guest.

Conclusion

The future of the department of surgery at Greys looks even more promising. In the next year we aim to fill paediatric surgery, vascular surgery and hepato-biliary sub-specialist posts and thereby consolidate the current service and offer new tertiary services. We also plan to enforce levels of care for specific pathology to a greater degree enabling Greys to function purely as a tertiary center of excellence.

OBSTETRICS & GYNAECOLOGY

Over the past two years the Department of O&G has made great strides in terms of ensuring outstanding service delivery in Women's health, both within the hospital and in the District. The new management team together with the existing staff has been instrumental in ensuring this. 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. We have also successfully carried out a number of quality improvement programmes in 2007.

Encouraging Developments

Consultants:

Dr GM Solomon joined the department as a consultant at the end of 2005. He has been largely responsible for the running of the Gynaecology ward. He has also shown a keen interest in Gynae Endocrine and has been instrumental in the establishment of a Gynae Endocrine clinic at Grey's Hospital.

Dr RR Green-Thompson was appointed as Senior specialist in 2005 and has been largely responsible for the running of the obstetrics wards. He has also established a niche for himself in foetal medicine and is currently involved in developing the Foetal Medicine Unit at Grey's hospital.

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 Parkes also does sessions in the department twice a week during which he runs the Foetal Abnormality Clinic and teaches registrars ultra sound. His contribution in this regard is invaluable to the department.

Dr Amod who left us last year 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.

Dr N Patel has been appointed as a consultant in the Department and will be joining us, from Australia in January 2008. He has a wealth of experience in Endoscopic surgery and will no doubt be an asset to the Department.

Medical Officers:

Currently only our PMO and CMO 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. However we have appointed two new doctors to MO posts for 2008.

Registrars:

Our registrar posts increased in 2006 from six to fourteen in 2007 and this together with Grey's Department of O & G being accorded full teaching status was a major achievement for the Department. The number of posts has further increased to a total of twenty two in the PM Berg complex.

Unfortunately we are unable to fill all of these posts at present. We currently have eight registrars on our establishment, with one having left the programme in July and one having transferred to Pretoria in August. Of these eight registrars, four have already obtained their FCOG part 1 and four will be writing in March next year.

Three more registrars will be joining us in the New Year. The registrars currently rotate through Grey's and Edendale hospitals. The oncology rotation is done through Durban. We will be introducing the Family planning and Community rotations next year. Hopefully with increasing numbers we will be able to rotate some of our registrars through other hospitals in area 2. We also successfully ran two registrar OSCES with feedback in 2007.

Interns:

In 2007 our intern numbers increased to 25 from 18 in 2006. We continue to rotate our interns through Grey's, Edendale and Northdale Hospitals. The experience gained by interns at Northdale seems to be invaluable but we are faced with problems in terms of proper supervision of interns at this site. Next year we will see the intern numbers increase once again.

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 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 2007, in keeping with the Grey's hospital ethos on Quality Improvement.

A HIV symposium was organized and hosted by the department in February. We had around 400 delegates attend from all over the province. All felt that the symposium was a great success. The department also ran in service training programmes on the Partogram and CTG'S. Both medical and nursing staff attending was given a pre-test and a post-test, the results of which revealed an improvement in knowledge and skills on the two topics concerned. In August we successfully hosted a laparoscopic workshop. Industry was kind enough to sponsor and provide equipment for the workshop and we had two experienced Endoscopic surgeons from Durban run the workshop. This also proved to be a great success with delegates attending from Durban and Port Shepstone.

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 2008. We have included some of our senior MO's and hope that the programme will get off the ground.

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. The PMO post also remains vacant as we did not have any suitable applicants.

2007 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 2008 with new staff and the new facilities promised by management. The Department will also be involved in the running of Northdale Hospital's Department of Obstetrics and Gynaecology, as agreed by all the Metropolitan Heads. We also hope to rotate our registrars through Newcastle and Ladysmith Hospitals. Further Symposia and Quality improvement programmes are planned for 2008 and we also intend publishing a hand book of Guidelines for Obstetrics and Gynaecology.

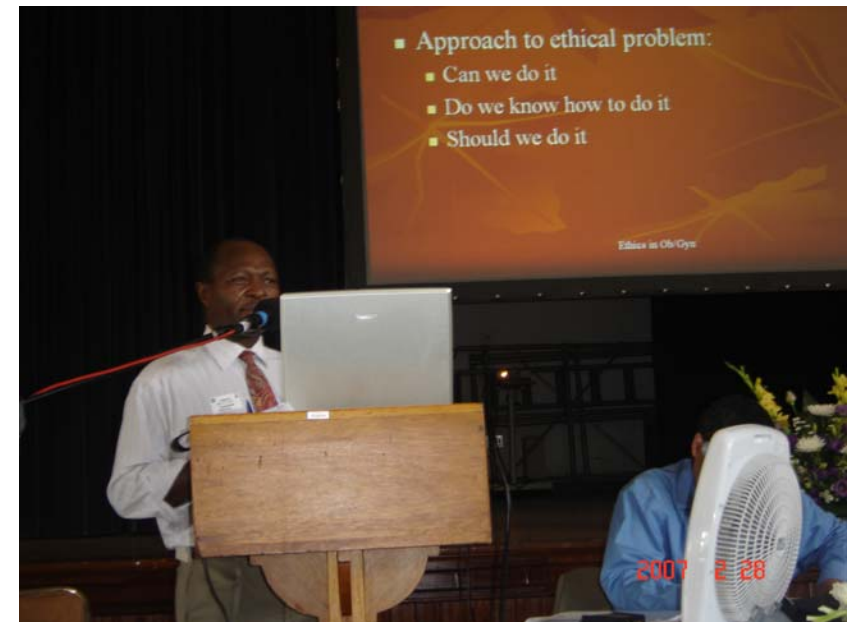
Good bye, totsians.....

Dr Solomon will be leaving the department, for greener pastures at the end of 2007.

We thank him for his contribution to the department over the last year and wish him well in his new endeavours.

Dr TD Naidoo
Principal Specialist/Head of Department

HIV IN O&G SYMPOSIUM
28 FEBRUARY 2007



LAPAROSCOPIC WORKSHOP
17 AUGUST 2007



Uro-gynae and Pelvic floor Dysfunction:

REPORTS OF SUBSPECIALTIES

Services

The Uro-Gynae and Pelvic Floor Dysfunction Unit has been established and is running well. We are currently seeing a large number of patients with referrals from all over area two and from private as well.

Two of our Gynae outpatient's sisters have been trained in Uro-dynamic testing and are currently running this service at Grey's. We also have a member of our physiotherapy department specializing in pelvic floor rehabilitation. Our patients are taken through group sessions on pelvic floor exercises and many of them have reported marked improvements in quality of life following these exercises. We also hope to introduce biofeedback with these exercise programmes in the long term.

We are having good success with our patients thus far, although one must stress that this is short term.

Surgery

At the moment we are experiencing difficulties with our surgical cases because we need to order our tapes on an emergency basis for each patient. This should no longer be a problem once these become stock items.

The fact the Gynaecology slates are restricted to half day slates impacts on our waiting time. Currently our uro-gynae/ pelvic floor cases are booked into March.

The delay in obtaining equipment timeously also impacts negatively on service delivery.

Academics and Research

Registrars are attached to the clinic and are taught by the consultant. They are also involved in surgical procedures as well.

A series of data forms have been devised and systems for data collection implemented. Thus we will be able to audit and publish data from our unit.

TD Naidoo

Uro-Gynae and Pelvic Floor Dysfunction Unit

Reproductive Endocrine Clinic

Endocrine disorders form a major part of women's health issues, affecting the pre-pubertal, pubertal, reproductive, peri- and post-menopausal age groups.

Services

We have established a dedicated Gynae Endocrine clinic which is conducted on Tuesday afternoons and involves a multidisciplinary team consisting of a gynaecologist and a physician, and when necessary a clinical psychologist and social worker. We are currently seeing a number of patients with referrals from area two. Adolescent gynae endocrine, Polycystic Ovarian Disease and infertility seem to feature commonly.

Surgery

Many of these patients don't warrant surgery, as the mainstay of treatment is medical. However if surgery is indicated it is usually endoscopic, ie. laparoscopy and hysteroscopy in the case of infertility and PCOS. Those patients requiring major reconstructive surgery are usually referred to IALCH.

Academics and Research

Registrars are attached to the clinic and are thought by the consultant. They are also involved in surgical procedures as well.

Currently no research is being carried out but data is being collected and the potential for future research exist.

Foetal Anomaly 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 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.

Research

Systems for data collection has been implemented this year. This will be undertaken in the new year 2008.

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.

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

Training

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

Dr Green-Thompson
Senior Specialist: Foetal Anomaly Clinic

OBSTETRICS & GYNAECOLOGY MANAGEMENT



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



DR T. D NAIDOO
PRINCIPAL SPECIALIST &
SPECIALIST



DR R. R GREEN-THOMPSON
HEAD OF DEPARTMENT



DR G. M SOLOMON
SENIOR SPECIALIST

Department of Internal Medicine

Annual Report **2007**

2007 proved to be a year of consolidation rather than exciting new developments, largely due to a budgetary shortfall at Greys Hospital

Positive Developments

Consultants:

Dr Devan Gounder took up a post as Senior Cardiologist at Greys Hospital early in the year. This meant that the sterling work he was doing in General Medicine at Edendale Hospital came to an end, but he has brought his characteristic dedication and hard work to the Cardiology Unit at Greys Hospital and so helped to consolidate that service.

Dr Carolyn Lee left Pulmonology to take up a post as Senior Specialist in Intensive Care under the Anaesthetics Department. Although she has been lost to the establishment of the Department of Medicine she continues to provide support and training for our junior doctors.

Dr Neil Collinge joined us as Senior Nephrologist from New Mexico in the USA. Dr Collinge brought a welcome enhanced capacity to the Department while our current specialist, Dr Siddique,

finished his training. Dr Siddique is now qualified and registered as nephrologists following his successful (first) attempt at the examination in this field in October of 2007. Dr Rob Caldwell joined the Department as Outreach Physician in January 2007 and has established the Interactive Program as an important and efficient component of the activities of the Department. Not only does every hospital get a monthly visit from a physician, but “road shows” have been successfully staged in Cardiology and Neurology at peripheral sites. Dr Caldwell has built up an excellent rapport with the staff at peripheral hospitals and with the Red Cross who provide the transport for these visits.

Registrars and MOs:

Our capacity to train specialists continues to expand. Dr Rasmussen was instrumental in persuading the Department of Medicine and the Dean’s Office at the NRM School of Medicine that it was appropriate for registrars in medicine to complete their training at the Pietermaritzburg site. Most of our registrars are now opting for this option, rather than “half-half” between Pietermaritzburg and Durban. It is hoped that we will be able to deploy our registrars for limited “elective” rotations in Durban, and perhaps offshore, and that we will be able to attract trainees from Durban and other training programs to spend time training with us here in Pietermaritzburg. We appointed 16 registrars at the beginning of 2007 and during the year were awarded an extra 4 training numbers by the HPCSA. In 2008 we are planning to train our full complement of 20 registrars. Several of our registrars were successful in the Part I examination in 2007. Dr Rasmussen attempted the Part II but he was not successful. He has our full support for his second attempt in March 2008. Dr Gafoor, who started his training with us in 2004, and moved to Durban in 2006, passed his Part II examination on the first attempt in October 2007. We congratulate him on this success. We look forward to the changes in the registrar training program, particularly the implementation of a research component in the program, with some trepidation, but also excitement at the enhancement of standards that we hope it will bring in its wake. PMOs were appointed in Endocrinology (Dr N Sewgoolam) and Gastro-enterology (Dr Ahmed). Dr Abraham was appointed as an SMO in Cardiology. Our Medical Officer staff in all three hospitals continued to provide the Department with a reliable and valuable service. We could not serve our patients without them.

Medical School:

We congratulate Professor Richard Hift on his appointment to the Chair of Medicine at the Nelson R Mandela School of Medicine. His father provided the same medical school with many years of service as a consultant in the early years of its existence. Professor Hift has brought welcome cohesion and co-ordination to the Department of Medicine at the medical school. Our subspecialty consultants continue to interact on a weekly basis with their counterparts in the medical school on academic and service matters. Now that we are “independent” of the Durban training site for registrar training we are very much aware of the danger of our programs “drifting apart”. All efforts will be made to maintain co-operation and interaction.

Undergraduates:

We continue to train groups of undergraduate students at Edendale Hospital and Greys Hospital as part of the pre-final year clinical medicine program. Dr KT Naidoo, Dr Lee, and Dr Michowicz are to be commended on the work they have put into this program. “Our” students have generally acquitted themselves well in their end-of-block assessments. It is hoped that we will be able to bring the assessments back to Pietermaritzburg in the near future.

Secretaries:

The Medical School appointed a secretary at Greys Hospital in early 2007. The incumbent resigned after a few months and was replaced by Ms Nonhlanhla Hlophe who is now settling into the job following a confinement. We hope that she will prove to be the nucleus of further development of representation of the medical school in our midst. Funding has been obtained from friendly colleagues and institutions in Canada for the implementation of a Research Office and a Postgraduate Training Office at Greys Hospital. It is hoped that these “seed” programs will also take off in 2008. Offices were built for them at the end of 2007.

Research:

The Department of Medicine at Edendale Hospital is stretched to capacity with research projects too numerous to mention here. A suitable infrastructure has been developed, but a better physical facility in the form of a building will be most welcome. The need for registrars to perform research if they are to get remission of university fees is enhancing the need to develop research and research ethics capacity at Greys. We hope that we will be up to this challenge which we will take on with the other academic departments in the metropole.

Service:

Service Level Agreements have finally been signed with two private companies providing chronic haemodialysis in Ladysmith and Newcastle in the interior of the province. This will enable us to use the services of these companies to dialyse state patients who emanate from these parts of the province "on site". It is hoped that this will be the start of further Public Private Partnerships in dialysis treatment for chronic patients.

The Outreach Service ("Interactive Program") under Dr Rob Caldwell has expanded and consolidated in 2007. We now have what must be one of the best such services in the country. Dr Caldwell has further plans to develop and consolidate the service in 2008.

Collaboration:

Our efforts of complete a Memorandum of Understanding for the enhancement of service, training and research, with Ottawa Hospital Division of Infectious Diseases is still "in the pipeline" at Head Office but there are encouraging signs that we may be able to finalise it this year. We have had visits to the Department from Dr Gary Garber and Dr Anne Mc Carthy, both Infectious Diseases Specialists at the Ottawa Hospital, during the year.

Dr Nessly Basgoz of the Massachusetts General Hospital in Boston visited Edendale Hospital during the year as well. She is part of the ongoing collaboration between Edendale Hospital Department of Medicine and the Department of Medicine at the Massachusetts General in research and training.

We hope to expand contacts of this nature in years to come.

---oOo---

Negative Developments**Service:**

A dramatic budget shortfall for the 2007/2008 financial year for Greys Hospital prevented the expansion of current services (e.g. Cardiology), and the establishment of new services (e.g. Haematology and Dermatology) in 2007. The strike in the public service in June 2007 also seems to have been a drain on state resources because of all the services that had to be outsourced. Representations are being made in appropriate quarters to have the budget for Greys Hospital expanded to a realistic amount in 2008/2009 so that appropriate steps can be taken to implement the above services and further consolidate those already in existence.

At Edendale Hospital the absence of an established Department of Family Medicine and the decline of the Department of Psychiatry have placed additional burdens on the Department of Medicine at that hospital. The Management at Edendale Hospital has committed themselves to addressing these shortcomings in the coming financial year. The appointment of Dr Hargovan as Head of Accident and Emergency at Edendale Hospital is a very welcome development in this regard.

Regional Services:

It proved difficult to find new general physicians in 2007 as in previous years. Dr Shoba has joined the Department of Medicine at Ladysmith Hospital as a specialist, complementing the service already being provided by Principal Physician Dr Khan. Attempts to recruit a physician at Madadeni Hospital continued to be fruitless. We have recently heard that a Tunisian physician will be joining the staff at Madadeni Hospital early in 2008. Dr Wilson and Dr Michowicz continue to struggle on as the only full time physicians at Edendale Hospital.

We need to convince our trainees that a career in General Medicine is an appropriate one. There still seems to be a reluctance to regard this as an exciting career option by new specialist graduates. Community Service for graduating specialists also needs to be considered as an option to plug the gaps in the provision of general specialty services in more remote areas.

---oOo---

2008 holds promise to be an exciting year in the further development of the Pietermaritzburg Department of Internal Medicine. Particularly encouraging was the high degree of competition for the vacant registrar posts which were advertised in September 2007 for occupation in January 2008. We had 32 applicants for 11 vacancies, and nearly all applicants proved to be of an exceptional standard. This bodes well for the specialty of internal medicine in the Province of KwaZulu-Natal in the coming century.

Dr FJ Muller FRCP
Chief Physician

INTERNAL MEDICINE
OUTREACH:

1. Roster

The new coordinated roster, drawn up by Dr McKERROW to avoid major specialty overlap, was easily implemented: most of our visits are on Tues and Thursdays.

2. Red Cross AMS

The transporting organized and provided so proficiently by AMS is the key to the success of the Outreach programme. Flying more direct with the new roster and access to a second plane. Nissan X-Trail dedicated to Grey's is invaluable.

3. Hospital Coverage

Most of approx. 18 District Hospitals regularly visited, usually by a designated consultant. The strike and bad weather re flying caused a few cancellations.

4. Personal Visits

Twice-weekly ward-rounds at Edendale Hospital, 4th year teaching. 4 district hospitals regularly "under my wing": probably one too many for flexibility. Have visited each district hospital at least twice (once for Ladysmith & Estcourt, but they have an attached specialist physician). Overall: 58 trips to visit 66 hospitals.

5. Elective Students etc

Medical students (mostly from abroad) and MGH residents rotating through EDH frequently accompanied the visiting consultant: mutually beneficial.

6. Consultants

Most consultants are appropriately involved in our programme, some extremely enthusiastically. A small minority has yet to contribute.

7. Registrars

Occasionally accompanied visit, especially with sub-specialty or seminar. More planned for 2008. The MAW registrar does a small fortnightly clinic at Town Hill.

8. Seminars

2 successful ones at Madadeni: Cardiology & Neurology. 1 abortive attempt at Northdale Hospital & 1 cancellation in advance at Grey's. Popular idea for the future, only at distant venues: Newcastle, Kokstad, Ladysmith: possibly 2 subspecialties in same Saturday seminar.

9. Pharmaceutical Committees

Am on committees of District & KZN PTCs: relevant to Outreach.

10. CEU Activities

Extraordinarily, Outreach teaching has not been accepted as a valid CME activity. The department plans to become an accreditation site to overcome this.

11. Telehealth

Am chairman of new PMB Telehealth Committee and its working subgroup: should have considerable relevance to Outreach programme.

12. RuDASA Congress

Plenary session speaker at 2007 congress at Badplaas on Area 2 Outreach.

13. RHI Tracey Hudson

Invaluable re recruitment of doctors. She accompanied on a couple of visits.

14. Uganda

Slow progress at possible registrar exchange programme.

Dr RI Caldwell

ORTHOPAEDIC SURGERY
HIGHLIGHTS OF THE YEAR

1. **STRENGTHENING OF THE HAND UNIT – GREYS:**
Recognition of the Hand Unit in Pietermaritzburg by the Orthopaedic Department in KZN with Registrars from Durban rotating to Pietermaritzburg for their Hand Surgery Rotation
2. **STRENGTHENING OF THE OUTREACH PROGRAM:**
With regular visit (Consultations – OPD/Inpatients) and performance of Surgery – in Ladysmith Provincial Hospital
3. 67 % vacancy of the Principal Specialists following 2 Resignations at Greys and one at Edendale Hospital due to delays in implementation of OSD for Doctors
4. Collapse of the Spinal Unit as a result of the Two Principal Specialists in charge of Spine

OPERATIONAL OVERVIEW

1. **Service Delivery:**
Overall success in maintaining the level of service with regard to waiting time for Acute Orthopaedic Emergency and this has been enabled by the creation of Emergency Theatre starting at 08h00. There have been hiccups with temporary cancellation of service at Northdale Hospital but this fortunately has been resolved and thus the overall General Orthopaedic Service has been maintained.
2. **Strengthening of the Hand Unit:**
With allocation of 4 Registrars and the access of patients to treatment (outpatient, inpatient and surgery) has been tremendously improved
 - a) Waiting times < 4 hours
 - b) Hand Presentations every Tuesday by Hand Registrars and attended by Physiotherapist and Occupational Therapist
3. **Collapse of the Spinal Unit:**
This has been a major setback for the Department and has been precipitated by resignations of the two Spinal Surgeons – failed OSD implementation last year.
N.B.: The plan now has been to build/create capacity/skill for Pietermaritzburg Hospital Complex by Training/Developing Doctors from Pietermaritzburg – Dr Mgele has been sent to King George Spinal Unit as from 31.03.2008 to develop skill/competency, on his return after 3 months, Dr Tsvetanov from Edendale Hospital would be sent for 3 months to develop skill/competency for Edendale Hospital.
4. **Strength Outreach Program:**
The Ladysmith Outreach Programme has been strengthened with almost monthly visits for:
 - Consultations (Outpatients/Wards)
 - Performing Surgery – 4 major operations performed to date

CHALLENGES:

1. **Attraction/retention of staff:**
Orthopaedic Departments in KZN is experiencing unique challenges as compared to other Specialities. Orthopaedic vacancies affect mainly Senior Staff (Principal Specialists) as opposed to other Specialities in General. Out of a total of about 14 Principal Specialists in the Province, only 3 are filled – 11 Posts are vacant. This has serious implications for both service-delivery and Teaching/Development of Specialist Training
2. **Formation of Spinal Unit** especially in the light of high vacancies for Senior Posts and resignations of 2 Spinal Surgeons due to problems of remuneration.
3. **Outreach Programmes:**
Inadequate Budget Allocation to compensate Doctors for Travel Cost remains a major challenge.

DR M E SENOGE
CHIEF SPECIALIST &
METROPOLITAN HEAD
DEPT.OF ORTHOPAEDIC SURGERY

DEPARTMENT OF CARDIOLOGY
Annual Report 2007

2007 was year with mixed feeling for the Department of Cardiology. We had resignation of Adarsh Ramessur – Clinical Technologist, Miss. Sibiya – ECG Technician and Miss. H. Ngcobo the Cath Lab Assistant but we brought on board specialized skills in the form of Nargesis Barman – Clinical Technologist, Dr. Adrian Pearce – Cardiologist, Dr. Devon Gounder – Senior Specialist, Sharon Padayachee – Junior Technologist and Mrs. A. Ram-Pillay – ECG Technician. Sister Monyakane has been seconded to do the Intensive Care Course which should be over in 2008; we look forward to welcoming her back.

Despite all efforts to start Dr. Gounder in a training post, after one year in Cardiology he opted out and wished to remain a General Physician in the Department of General Medicine. He is currently concentrating on his own private practice. We wish him well and hope he will excel in his disciplines.

Despite endeavors for the past two years to start Angioplasties at Grey's Hospital the Management and Department of Health's answers have been "There is no Money" This is sad as currently we are fooling our selves and the patients into believing that an Interventional Cardiac Service is available in the form of a Catheterization Laboratory. We should re-think our position on this for the future; I do not foresee any further funds being allocated to this service.

The waiting list for patients for Cardiac Surgery continues to lengthen and we at Grey's who have the equipment and the Doctors in the form of Cardiologists and Cardiac Surgeons waiting to start a much needed service in the Midlands, refuse to commission this service with the answer again, "No Funds".

I hope this position changes in the new financial year. We should note that this service has started in the private sector and the race started long after Grey's Hospital Catheterization Laboratory was commissioned.

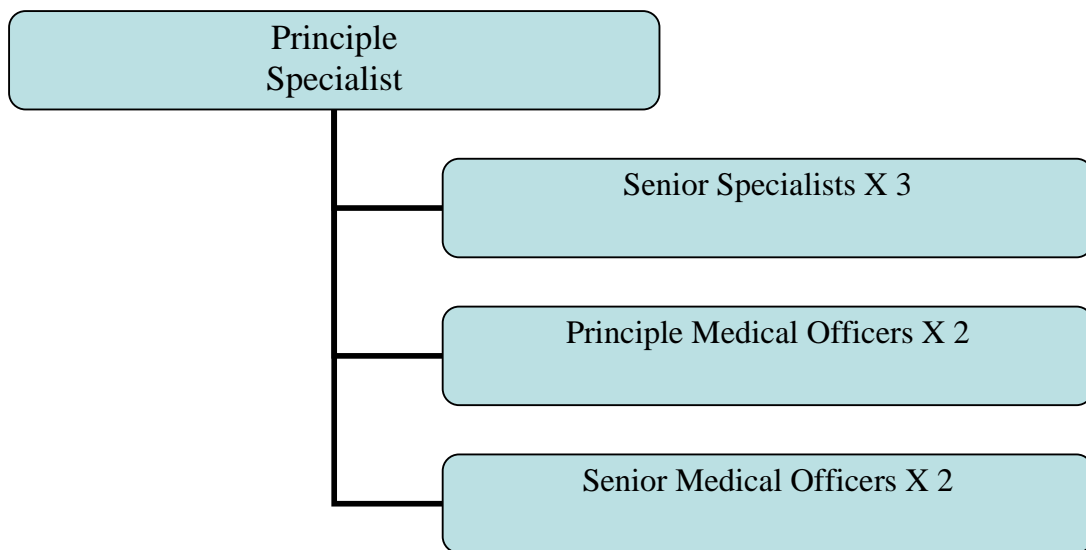
We are in a situation where very quickly the skills from the Public Sector could leave and seek better financial rewards as well as superior working conditions.

Staffing is always an issue and unsatisfactory; once again the answer has been "No Funds".

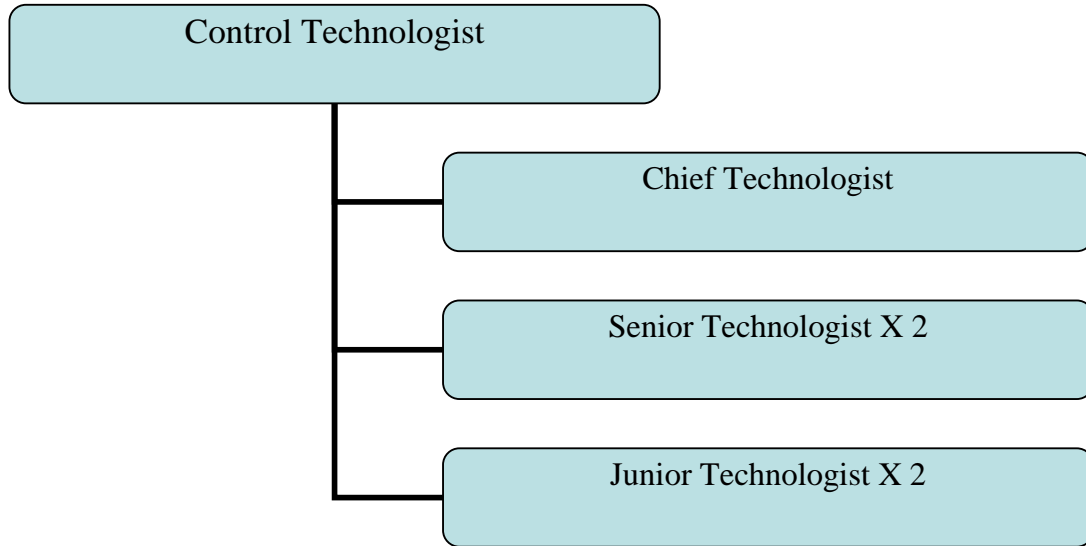
We need the following staff structure to run a proper service regarded as a Tertiary Organization.

Organograms

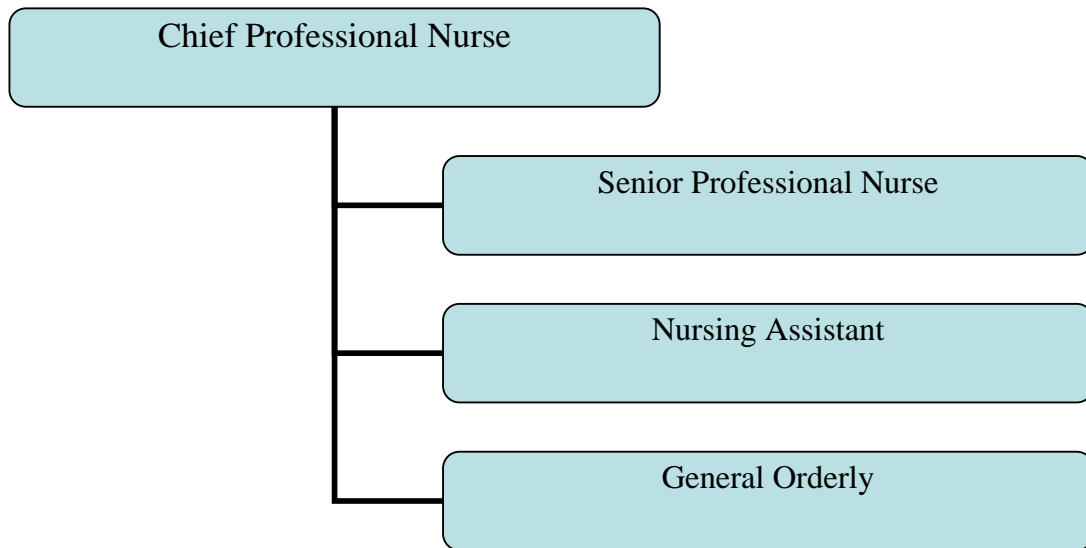
Medical Staff:



Technologists:



Catheterization Laboratory Staff:



Stats for the year are as follows:

<u>Cardiac Clinic:</u>	New Patients	474
	Follow-up Patients	2 188
<u>Echocardiograms:</u>	Adult	1 477
	Paediatric	410
<u>Exercise Stress Tests:</u>		1 291
<u>Hotler Monitoring:</u>		42
<u>Pacemaker Clinic:</u>		500
<u>E.C.G's:</u>	Grey's Patients	3 017
	Outpatients.	1 071
<u>Cardiac Ward – D1:</u>	Cardiac Patients	679
<u>Cath Lab:</u>	Diagnostic:	267
	Pacemakers:	84
	Intra-Aortic Balloon Pump	7
<u>Patients referred for:</u>	Coronary Surgery:	121
	Valve Surgery:	67
	PCI:	75

The Department of Cardiology is also actively participating in the Teaching program for the 4th year Medical Students; we also participate in the Registrar post graduate teaching. We started an outreach program with Dr. R. Caldwell and the 1st successful Cardiology update was done at Madedeni Hospital, a further meeting was scheduled at Northdale Hospital. The Department also contributed to the Fifth Cardiology Update and the Department of Medicine Update in presenting talks on Cardiac Emergencies.

For the future and the New Year, to ensure services are maintained at a high standard we need to do the following;

1. Ensure we have more funding for staff and services.
2. Department of Cardiology at Inkhosi Albert Luthuli Central Hospital to rotate a new registrar at Grey's Hospital to ensure continuation of service work as it there responsibility as well as ours.
3. Private-Public partnership in the Midlands for both Cardiology and Cardio-Thoracic surgery.

Finally, I think if a political will is there to succeed, then everything will follow, namely funding for a service for the people.

Dr. S.U. Maharaj.
Principle Specialist

RENAL DEPARTMENT

This year the Renal Department celebrated 30 years of Haemodialysis at Grey's Hospital.

The Renal Department is tasked with providing chronic and acute renal care for a vast area and several million people. It has been doing this with few machines and even fewer staff. The department is extraordinarily busy. We operate a chronic dialysis service and serve as a lifeline for many patients. Ideally, the intention of chronic dialysis in South Africa is to serve as bridge to transplant. In reality, the vast majority of patients will never get a transplant because of the profound shortage of organs available for cadaveric transplant and cultural issues regarding living donor donation. One of our patients was transplanted successfully in 2007.

In addition to chronic dialysis, we have a busy inpatient and acute dialysis service. Juggling the need of our chronic patients and those of the acute patients is tricky and ensuring that all of them get the degree of care they need is a constant challenge. We also have two renal clinics a week and pride ourselves on keeping our waiting time to be seen in the clinic as short as possible.

The renal department faces many challenges. We currently have an excessive rate of dialyzing patients via catheters, especially temporary catheters. The time from initiation on dialysis to presentation for admission to the chronic dialysis/transplant is far too long. Furthermore, the department is ill equipped for current patient levels, and with the incidence renal disease expected to continue to grow over the next few decades; we are poorly prepared for the future. Our current dialysis machinery is old and unreliable.

This has been a year of incredible transition within the Renal Department. Most of these have been in the personnel area. At the beginning of 2007 the renal department lacked a full time physician in staff. Dr I P Naiker and Dr Mohammed Siddique were covering part time. In February 2007 a new full-time nephrologist, Neil Collinge, started and has been tasked with reforming the department. Dr Siddique qualified as a Nephrologist in October 2007 and started working as full time staff at the beginning of December. Dr Naiker continues in his part-time position and his knowledge, standing and experience in the South African Nephrology Community are invaluable and appreciated. We have increasing the number of nurses available for call shifts.

A goal of a 75% AV fistula rate has been set and with vigilance is achievable. The Department of Surgery has very kindly agreed to place the fistulae for us and as their experience grows so should their success rate. New protocols have been written to bring the department in line with national dialysis standards. We have urgently requested new dialysis machines to facilitate a growing dialysis population and improve the delivery of current services.

Training of the dialysis nursing staff has been identified as a priority and monies are being made available to send them to training seminars. This should help us in many ways as they will be up-to-date regarding current dialysis and ESRD care standards.

Plans have been made for the development of ambulatory peritoneal dialysis services at Grey's Hospital. Several rooms in the dialysis suit have been identified for possible transition into a CAPD clinic. The benefits of CAPD capability at Grey's are enormous.

We continue to provide outreach to regional hospitals in our area. Dr Collinge travels to Madadeni and Newcastle hospitals monthly and Dr Siddique will be similarly rounding at other regional hospitals soon. A major goal of ours is to train the staff at regional hospitals to start providing acute peritoneal dialysis and believe this will result in a significant savings in lives and resources.

All the staff in the Renal Unit noted with great sadness the passing of our friend and colleague, Sr Mary Thompson. She is missed. Her wonderful sense of humour, her smile and her deep caring of her patients will be remembered forever.

Neil Collinge
MD

OPHTHAMOLOGY

Annual Report 2007

Dr N Chetty has been with us at Greys since 1st January 2008 as a registrar. Dr C V Dewar has been transferred to Durban for a year as part of the registrar program. Dr G C Ladner has returned having spent 2007 as a registrar in Durban and at present is working at Greys, he is sitting for the Final FCS in March 2008 and we wish him the best of luck. Dr A Burger is still with us and is at Edendale at present, having passed the Final FCS in September 2007, congratulations to him. Dr M Harrison & Dr E Uys continue to do sessions and we are extremely grateful to both of them for their support.

We have acquired an Ocular Computerized Tomography which enables us to examine the layers of the retina which is a great help in managing retinal problems.

The Ophthalmology clinic continues to be extremely busy and the number of patients requiring surgery increasing daily. Unfortunately with limited theatre time the waiting list for all procedures is growing at an alarming rate. No change in the theatre time has been possible since last year. The Out Reach cataract surgery program at Dundee Hospital is working well. We are doing cataract surgery once a month. Other sites for Out Reach surgical programs have been identified but are still waiting for the necessary equipment to be purchased by the Department of Health. New equipment has been requested however we are still awaiting its arrival.

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

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

The clinic also needs to be expanded, as the present situation is far too small.

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

R B Spooner.
Principal Ophthalmologist Greys Hospital.

ACCIDENT AND EMERGENCY UNIT (casualty) ANNUAL REPORT 2007/8

Grey's Hospital Accident and Emergency Unit is a tertiary level unit servicing the Pietermaritzburg Metropole. Our primary function is to receive and stabilize patients with life-threatening or limb-threatening conditions that cannot be managed at district or regional level hospitals, directly from the emergency medical services. The Unit consists of two permanent A&E doctors, viz. Dr R.D. Shah (Chief Medical Officer/HOD) and Dr D. Wilson (Principal Medical Officer). Senior Sister J.H. Jones heads up a very competent and experienced team of nursing staff and auxiliary staff.

As a tertiary level unit, we do not see walk-in patients or patients that are referred from General Practitioners or Primary Health Clinics. However, a system of triage and assessment has been devised whereby all walk-in patients are triaged by an A&E sister, assessed by an A&E doctor and are redirected to the appropriate health care facility.

Highlights:

- Improved working relationships with EMRS and private emergency services in the PMB area.
- Improved referral patterns from GPs and clinics in the PMB region.
- The Department was one of the few in the hospital that functioned at full capacity during the disruptive strike action.
- Approval of new equipment for the unit, namely, trauma trolleys, ECG machine, NIBP machine, pulse oximeter and defibrillator.
- Dr Shah attended a conference in Cape Town entitled Emergency Medicine in the Developing World.
- Dr Shah attended a workshop on Ultrasound in the Emergency Department.

- The Department donated space to the ENT clinic and the Department of Medicine for expansion whilst still running at maximum capacity.
- The A&E doctors and nursing staff were granted permission to wear scrubs.

Challenges:

- Awaiting the arrival of the approved new equipment.
- Trying to maintain high standards of service delivery with budgetary and staff constraints.
- Trying to train and develop staff with limited resources.
- Trying to implement and maintain a tertiary level service.
- Trying to address the ongoing problem of other departments in the hospital using our unit as their proverbial 'dumping ground'.

Conclusion:

I would like to thank the Nursing Staff, Auxiliary Staff and Doctors working in the unit for their dedication and hard work throughout the year. May the challenges that lie ahead be the accomplishments of the future.

Chief Medical Officer
Dr R D Shah

OCCUPATIONAL THERAPY

Occupational therapy at Greys has done well this year, despite the challenges we had to face together with other departments during this financial year.

With the appointment of a Chief Paediatric Occupational therapist who is both trained in sensory integration and Neuro – developmental techniques, we are proud to provide a specialist paediatric service.

Plans to provide dedicated services to other departments e.g. orthopaedics, plastics, neurology are on hold due to lack of funding and staff. However this may be a reality in the new financial year.

We were also able to fill a senior therapy post and a manager post in Occupational therapy. For the first time in OT history at Greys we have a team of experienced senior staff!

We also acquired a community service occupational therapist this year that provides well appreciated outreach to H S Ebrahim School, Emuseni and Sunny Side Old Age Homes, as well as Balgowan clinic together with the rest of the rehab community service therapists.

The acquisition of senior staff has allowed us to provide quality services to our clients with outcome based therapy, advice to outlying hospitals and training for junior staff and students. We have hosted elective students from various universities in the country and we have conducted examinations for final year students in our institution together with the academic staff from UKZN. Our staff was able to attend various courses through the year which has improved the knowledge and skill of our therapists. We organized and hosted International Day of the Disabled at Greys and took part in various other information sharing events.

Networking with other hospitals occur on a monthly basis in the form of a regional meeting to share challenges, achievements and provide in- service in order to improve service delivery.

The Cerebral palsy clinic and Hand clinic were both well serviced, with an impact being made on both clinics by therapists. The excellent teaching nature of the Hand Clinic headed by Mr. Senoge has helped to improve the knowledge and skill of our attending therapists.

We were once again able to host a successful year- end event for the cerebral palsy clinic with the kind donations from various organizations due to the community partnerships we have made. A great thank you, to all the community members who assist us during the year in our endeavours to provide quality services for our clients.

We were also able to host a successful work shop for cerebral palsy mothers in the management of their children. This has empowered the mothers to take charge of their own care and to determine their needs from the health system by requesting other workshops, educating the community on cerebral palsy, being part a greater support system e.g. cerebral palsy organization, etc.

Good service was also given to the plastics, orthopaedic, paediatric and medical clinics despite staffing issues in the way of pressure garments, splints, medico-legal and functional assessments, paediatric assessments and functional therapy.

We look forward to a better year where we can achieve our goals of recruiting and employing more staff, purchasing much needed equipment and furniture, completing renovations and improving

clinical service by means of more guidelines, quality improvement initiatives, training and peer review.

Angela Chetty
Occupational therapy manager

PHYSIOTHERAPY

The past year has seen improvements in post structures, and further development and consolidation of services. Although the post establishment has improved vastly, staff numbers have maintained a status quo.

A community service Physiotherapist was again allocated to Greys in 2007, and provides a Physiotherapy service to Sobantu Clinic, Balgowan Clinic, Sunnyside Old Age Home and the CP Association's CP clinic in Edendale.

Four elective students from the Universities of Cape Town and Kwa-Zulu-Natal have completed their elective placements at Grey's.

The Hydrotherapy Pool continues to be extensively utilised, and is a valuable resource at Grey's. The 2006 CSO joined the staff as an entry grade physiotherapist and has developed structured classes which provide means of improving treatment outcomes and monitoring progress.

The Back Classes have continued to grow. Further development of these classes includes invitations to guest speakers, which have been well received by the patients. Various aspects of mental and physical health which are important in the management of chronic pain are discussed. The demographics and outcome measures from these classes are audited, and used for ongoing development. Space restrictions, as well as the need for provision of close supervision, restrict the size of these classes.

Knee Classes are held once a week to follow-up knee arthroplasty, as well as focus on exercise programmes for other knee conditions. A pre-Arthroplasty clinic is planned.

A physiotherapist with a special interest in Paediatrics has joined our staff, and is developing the paediatric physiotherapy service to include Neonatal neurodevelopmental screening and a Baby clinic.

A physiotherapist continues to be involved in the Hand Clinic. When staffing allows, a physiotherapist will be allocated to Plastics and Hands, covering both in and out patients.

Further plans include Physiotherapy involvement in the Pelvic Floor Dysfunction, Diabetic, Rheumatology and Dizziness clinics.

Physiotherapist
Mrs H. Shanahan

ONCOLOGY DEPARTMENT **ANNUAL REPORT INPUT**

STAFFING:

- 1 Senior Radiation Oncologist employed on the 1st November 2007
- 1 Medical Officer employed on 1st September 2007
- 2 Registrars posts created and filled by Dr Cassimjee and Dr Stopforth.
- 2 Chief Radiotherapists employed viz
Mr K Khumalo – started on 01/11/07
Mrs M Mbhele – started on 01/12/07
- 1 Junior Diagnostic Radiographer started on 01/09/07 – Mrs Jill Buys
- 2 Community service radiotherapists started on 01/01/08 – Mr P Mazibuko, Mr M Nyawose
- 1 Administration Clerk – started on 01/01/07- Ms T Mshengu
- 1 Staff Nurse – Ndlovu stationed in the radiotherapy section effective from February 2008
- Farewell – Miss Karen Wessels – Senior Radiotherapist 01/05/07
Miss N Govender – Chief Radiographer 31/07/07
Miss A Kanniappen – Chief Radiographer 31/07/07
- Contract worker – Mrs N Ndlovu is now permanently employed as a general orderly.
- The department managed to attract more disciplines for the holistic treatment of cancer viz social worker department. Mrs L Chirkoot started to have sessions with the Oncology patients at least 6hrs a week in the department and other days on referral – to provide social services to the oncology patients.

- The psychology department also attends the combined clinics on a regular basis to provide psychological support to cancer patients.
- The Dietetics department also has sessions in the department for 3 hours a week and provides continuous support on all dietary related patient problems.

EQUIPMENT ACQUISITIONS

- Flat table top for planning CT – has been bought – May 2007
- Survey meter has been acquired and delivered in January 2008
- Waterbath for making masks – bought and delivered in June 2007
- Hot wire cutter purchased.
- Patients easy move slides – purchased August 2007
- Computers installed in December 2007
- Tattoo verification kit purchased – July 2007
- Alloy cabinet – purchased awaiting delivery and installation
- Patients drip stands purchased for chemotherapy x10
- 2 Portable suction units purchased
- Rectal retractors x2 purchased
- 4 dressing trolleys purchased

PENDING STOCK ACQUISITIONS

- Patient's stretchers and chairs
- Defibrillator
- Silverman head rests for Head and Neck cancer treatment
- S-Overaly for Head and Neck
- Titanium Applicator set x3
- Dosimeters for pregnant personnel
- Stainless steel – surgical rectangular receivers
- Gynae bed

EVENTS AND TEAM BUILDING

- Opening ceremony for department – May 2007
- Cancer Awareness Programmes (week) August 2007
- COHSASA Accreditation Celebration
- Team building – Heritage Day – September 2007
- Christmas Party – December 2007 New Year's Party – January 2008
- Team Building Braai – March 2008
- Valentines Tea – 14 February 2008
- CANSA display and support week – October 2007

TRAINING AND SKILLS DEVELOPMENT

- Sacro/Sasmo Congress April 2007– Attendees: N Mdletshe, A Kanniappen, K Wessels, A Blaylock, N Govender, S Auchincloss, P Chonco
- Eclipse Application Training – January 2007 for 1 week overseas (Switzerland) attended by A Kanniappen
- Eclipse Management Course – attended by Mr N Mdletshe – 1 week February 2007 (Switzerland)
- Radiotherapist Training at Inkosi Albert Luthuli Hospital and Parklands Hospital for 5 days – January 2007.
- In house quality assurance training by private trainer (Parklands Hospital)
- Computer Course training (Introduction to PC) – Mrs P Chonco (Assistant Manager), T Mshengu(Administration Clerk), S Ntshiza (Clinical Orderly)
- Enrolled for Matric – Miss Sindy Ncalane (General Orderly)
- IMRT Training – Dr Lester and Mr Mdletshe – February 2008 (France)
- In July 2007 – applied for accreditation for student radiotherapists training – still awaiting feedback from HPCSA

SERVICE DELIVERY

- Radiotherapy department have increased numbers of patients for radiotherapy from 30-40 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.
- The Head and Neck Cancer patients, children are still referred to Inkosi Albert Luthuli Hospital because of insufficient treatment facilities/funds at Greys.

- In February 2007 we started brachytherapy treatment for Gynae patients. The numbers have increased from 5-10 patients a week.
- Number of new patients seen in the clinics has increased from 40-70 patients per week from period November 2007 to date.
- The number of lodger patients have increased and M5 beds have been increased from 17-23 which is still not adequate but we are still awaiting the official opening of the proper lodger ward.
- The number of beds allocated to sick Oncology patients has not changed.
- Chemotherapy services – the number of patients receiving chemotherapy has increased in a period from January 2007 to date increased from (20-30 patients) per day.

Department of Endocrinology **2007 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 3 part-timers.

Our endeavors included the following areas:

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

- Enhance file records

Proforma: a new diabetes clinic proforma was designed and implemented

Results flow sheet was designed

Endocrine file: a lovely yellow file was designed and will be implemented in 2008

-Develop PMO posts in Endocrinology and Diabetes: 1 PMO post was advertised and filled.

-A Podiatrist has joined Grey's hospital and assists greatly in the Diabetes Clinic

- We have diabetes nurse educators, who are volunteers from the private sector

We have arranged a Diabetes course for our Clinic Nursing Sister

-We have established an adolescent transition clinic, with close collaboration with the Paediatricians. [Dr Sewgoolam and Dr Dada]

-We have an active support network for the gestational diabetes clinic

-We hosted World Diabetes Day on Nov 14 [Dr Mohan]

2] To Develop the Tertiary Service

-Developed a programme for rotating registrar: an in-house programme, clinical

Teaching and end-of-block assessment [myself and Dr Sewgoolam] To be implemented in 2008.

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

- We managed the Wednesday Grey's Hospital Grand Round

-Developed academic link to UKZN: not easy. We went to the Endocrine Journal Clubs at IALH

3] To promote Metropolitan Services

-Outreach Northdale and Edendale: intern lectures-basic Endocrinology

-Outreach to Rietvlei Hospital-once a month.

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

-Doctors: We ran a programme for primary care doctors

[State] and for the SAMA GP conference

And for the Obs and Gynae Dept

- We did an assessment of the Diabetes Clinic at Edendale and corrective measures should be implemented in 2008

4] Quality Improvement

-Clinical Audits Dr Mohan, Sewgoolam and myself did audits on HbA1c in the metropole and assessed the efficacy of lectures given to primary healthcare doctors

-Implement ICD10: Laminated forms in the clinic were available. Implementation needs attention in 2008

-Post clinic results review: by Dr Mohan: results are reviewed and abnormal results are acted upon

Dept of Endocrinology staff

Dr F Mahomed Principal Specialist

Dr N Sewgoolam Principal Medical Officer

Rotating Medical registrar

Dr R Mohan Part-time Medical Officer

Dr S Diez Part-time Physician

Dr N Naidoo Part-time Family Med Physician

M Mofokeng part-time Podiatrist

Department of Neurology
Annual report

General:

As from 01/01/2007, the Department of Neurology has been providing a 24 hour service with registrars being on first call and consultant cover provided by Drs Moodley and Motala. We did experience teething problems initially but the service is now running smoothly. No longer are Neurology registrars required to do General Medicine calls.

Consultants:

Dr Ayesha Motala applied for the Senior Specialist post advertised by the Department and was appointed in June 2007.

Medical Officers and Registrars:

Dr Nicola Browning left the Department in June 2007 for greener pastures in Saudi Arabia. Drs Ansuya Naidoo and Irshaad Siddi Ganie were successful at the Neurology interviews for registrar posts in Neurology. They commenced training in July 2007. Dr Neil Naidoo joined the Department as Medical Officer as from August 2007. The training program now includes teaching ward rounds, journal club on Mondays, Neuro-ophthalmology seminars on alternate Tuesdays, Neurology Forum on Wednesdays, Neuro-radiology meetings on alternate Thursdays, seminars and problem rounds at IALCH on Fridays. Dr A Bhanjan passed the FCN part 1 exam in March last year and is planning on sitting for the final exam in September 2008.

EEG Department:

2 laptops and a monitor were stolen from the EEG Department on 2 separate occasions. Unfortunately, internal investigations by Greys Security have been fruitless. This has been a major setback to the running of the EEG Department. Ms Nontokozo Hlatshwayo was appointed as Clinical Technologist in the EEG Department and she will achieve her BTEch degree with a dissertation completed in the department.

Neurology Clinic:

Arrangements have been made for the transfer of the Neurology Clinic to MOPD as from January 2008 to accommodate the increase in staff and clinic workload.

The Future:

Neurology rotations for registrars from Psychiatry and General Medicine are planned for 2008.

Dr AA Moodley
Consultant Neurologist

RADIOLOGY DEPARTMENT
ANNUAL REPORT

ACADEMIC

A National Curriculum covering the syllabus for Part II F.C.Rad (Diag) SA has been formulated by Head of Radiology Departments in South Africa. This curriculum consists of a 4 year modular course. The Radiology registrars and medical officers at Grey's and Edendale Hospital have embarked on this programme, and are currently rostered to present selected topic on a weekly basis.

The junior registrars attended a series of lectures on Physics and Anatomy for Part I F.C.Rad (Diag) SA during the part of 2007.

The senior registrars each spent two weeks at the Mammography Department at Addington Hospital with a radiologist whose particular interest is Mammography, and then a one month election period at Tygerberg and Red Cross Hospital, including 2 weeks' Neurology and 2 weeks' Paediatric Radiology.

In February 2008 the senior registrars attended a Breast Seminar in Cape Town conducted by Prof Lazlo Tabar, a world renowned expert in Mammography, who conducts these courses in different centres throughout the world.

A number of interdisciplinary Radiological meetings are conducted weekly. Registrars and Medical officers also attend meetings and tutorials with private radiologists in Pietermaritzburg where interesting cases are presented and discussion follow. In addition the senior registrar attends weekly early morning tutorials at Nkosi Albert Luthuli Hospital conducted by a private radiologist there.

Three Radiology medical officers commenced duty in January 2008 and currently attending lectures for Part I FC Rad (Diag) SA, either via teleconferencing from KEH or by personal attendance at the lectures in Durban.

A Society of Radiographers South Africa (SORSA) seminar was hosted by the radiographers at Grey's Hospital in October 2007. There was an excellent attendance with a 120 delegates from KwaZulu Natal. Various interesting speakers presented a range of topics.

The World Radiography Day was celebrated with activities and events from 5th – 9th November 2007. Posters and case studies were on display in the department. There were visits by staff and crèche and school children, and fruit packs were distributed to patients.

Two Radiographers completed their B Tech Diplomas in Radiography in December 2007, and four further radiographers are currently studying towards similar Diplomas.

Two Ultrasonographers attended the Advanced Obstetrics and Gynaecology Seminar in Cape Town in November 2007, and the Cardiac Catheter Laboratory radiographer attended the Cardiac Congress in Pretoria in November 2007.

EQUIPMENT

The Radiology Department at Grey's Hospital is fortunate in having some state of the art equipment including the 64 slice CT scanner and the 1.5Tesla MRI scanner.

A new screening unit was installed in June 2007 after a four year delay occasioned by innumerable problems with the procurement process.

However, as a tertiary institution the Ultrasound equipment is sub-optimal, and whereas IALCH has 4 top of the range ultrasound unit, Grey's Hospital has none. Motivations for the appropriate ultrasound units are underway.

Silver recovery units were preciously installed in the main and casualty department. Already the silver harvests have amounted to R13 266. 96, and soon the purchase price for the unit will have been recovered.

QUALITY CONTROL

During the COHSASA Accreditation process the Radiology department obtained a score of 98%. The comment by the surveyor stated: "Excellent service of tertiary academic standards. Expertise and skills readily available".

The recent Radiation Board inspection, conducted every three years, commended staff on their conscientious efforts in carrying out quality assurance tests. However they commented on the lack of registration of theatre staff as radiation workers.

New rules for radiation projection have come into effect, including the need for DAP (Dose Area Product) meters to be fitted to screening units in order to monitor radiation exposure to patients. In addition, all mammography radiographers in future are compelled to have a post graduate qualification in mammography. Appropriate arrangements for this have been made.

RADIOGRAPHY STAFF

Retention of staff still presents a major problem. Three Assistant Manager Posts were filled recently. A number of junior posts as well as two Chief Radiographer posts still remain vacant.

OUTREACH

The Chief Radiologist has visited all the Radiology Departments and Medical Managers in Area 2, and has conducted an audit on staff, equipment and training needs. An Ultrasound Outreach Program has been instituted. The Assistant Manager Ultrasound has accompanied the Chief Radiologist on all the visits. She has compiled comprehensive reports on all aspects of each ultrasound service, and all the deficiencies will be addressed during the coming year.

Dr A F Stoker
Chief Radiologist
Mrs D Wood
Radiology Manager

DEPARTMENT OF UROLOGY

A. SERVICE DELIVERY

I. Clinics

- Four new sub-specialty clinics implemented as part of urology service and they are:
 - ✓ Female Urology (Monday and Thursday)
 - ✓ Paediatric Urology (Monday)
 - ✓ Endourology (Thursday)
 - ✓ Uro-oncology (Thursday)
- Two pelvic floor/ perineum examination beds were acquired. One was donated and the other was purchased by Grey's Hospital.
- Procedure room was created in the general urology clinic for the purpose of minor procedures, prostate biopsies and ultrasound investigations.
- In addition to this, we still require a formal procedure room which will be better equipped and allow for minor endoluminal (cystoscopy) Procedures to be performed.
- Clinics in Edendale and Northdale Hospitals, to be implemented once the manpower problem is addressed. We envisage having one general urology clinic in each hospital very weak. This must run concurrently with the addition of two new medical officers, two registrars and one senior specialist post.

II. Theatre

- Improvement in the theatre structure in the Department of Urology includes the following:
 - ✓ Dedicated endourology list every Wednesday at Grey's Hospital
 - ✓ Paediatric urology theatre list every second Tuesday at Edendale hospital.
- In order to maintain tertiary urology service, the acquisition of endourological equipment has to be implemented, which are the following:
 - ✓ Flexible ureteroscope – approved and ordered, but not yet arrived.
 - ✓ Harmonic dissector – approved and ordered but not yet arrived.
 - ✓ Service contract with Spectramedic for ESWL service.
 - ✓ Approved in principle, of the purchase of ESWL machine that would be installed at Grey's Hospital.
- Expanding possible theatre list in Edendale and Northdale Hospital as soon as the manpower improvements are met.

B. ACADEMIC AND TRAINING

I. Accreditation

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

II. Individual Achievements

Discovery prize for the best presented paper was awarded to Dr M.C. Conradie, at the South African Urology Association Congress in Cape Town.

III. Examinations

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

Dr M Kent	: Passed F.C.S Part 1B
Dr E Esterhuizen	: Passed F.C.S Part 1A
Dr Z Jogiat	: Passed F.C.S Part 1A

Dr M Kent was successful in applying for a registrar post at the Durban Department of Urology and has left the department at the end of December 2007.

I. Teaching Programme

A new curriculum has been implemented in the Department as prescribed by the Collage of Urology South Africa and is currently being in an attempt to conform the training of Urologist in KZN.

II. 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 hospital as guidelines in service delivery as well as reference in training of new urologists.

III. Basic Surgical Skills Course

Dr Z Jogiat finished the basic surgical skills course on the 5th to 7th February 2008 and Dr J Urry, is signed up for the May 2008 course.

IV. Endourology Development

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

V. Urology Workshop

Urology workshop hosted at Grey's Hospital as a training platform for private Urologists and Registrars have been held in 2007/8 and including the following:

- Advanced Laparoscopic Surgery in Urology, held in October 2007
- Greenlight laser prostatectomy, held in February 2008
- Laser Lithotripsy, held in May 2007 and March 2008
- Endourology workshop planned for August 2008

VI. Continued Medical Education

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

C. RESEACH

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

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

D. ADMINISTRATIVE AND INFRASTRUCTURE

- Dr Deon Naidoo, one new Medical Officer, joined the department from the 1st March 2008.
- Dr J Urry's appointment as a Junior Medical Officer.
- Two new registrar posts in the department of urology are expected to be created and available from 1st July 2008.
- In addition to the above, one junior/ senior specialist post will be filled from the same date.
- New equipment required for the department of urology, includes following:
 - Two examination beds for the Urology Clinic
 - One new computer installed in Head Of Department's office

➤ Flexible cystoscopy for the theatre complex at Grey's Hospital

- New clinic envisaged for 2008/9 with increased space for examination area as well as procedure room where small procedures and cystoscopies can be performed.
- The request for cubicle separation in the Urology clinic has unfortunately not been met, with the result of inappropriate or inadequate privacy for patients.
- The equipment that was ordered but not approved due to financial constraints is the laparoscopic video stack needed for all endourology procedures. Since Endourology makes out 75% of all Urological procedures, it is absolutely mandatory for this laparoscopic stack to be acquired and will be on the priority list for the next financial year.
- New equipment approved and ordered but not yet purchased/ arrived are:
 - ❖ Harmonic scalpel
 - ❖ Flexible ureteroscope
- On the recommendation of Natalia, a new ESWL machine will also be acquired during the year 2008/9 and installed in the Grey's Hospital Theatre Complex.

Dr M. C. Conradie
Department of Urology

SPEECH THERAPY & AUDIOLOGY

STAFFING:

1x Full time Speech Therapy – Audiology Manager
1X Full time Senior Audiologist
1X Full Time Senior Speech Therapist
1X General Orderly

We are very grateful to have the support of two community service officer's.

1X Community Service Audiologist
1X Community Service Speech Therapist

NEW EQUIPMENT:

1X Diagnostic Middle Ear Analyzer with the test capabilities of conducting diagnostic Tympanometry, acoustic reflex threshold and decay measurements, Eustachian tube function testing (both intact and perforated eardrums), acoustic reflex latency testing, acoustic reflex latency testing and Multiple frequency Tympanometry (250Hz to 2000Hz).

SERVICES AND SERVICE ISSUES:

Speech Therapy:

1. Paediatric and Adult, in and out-patient service.
2. CP Clinic (Wednesday morning).
3. Outreach by the CSO's at Balgowan Clinic, Sobantu Clinic, H.S. Ebrahim School, Emuseni, and Sunnyside Home.

Audiology:

1. Diagnostic Audiology service: Otoscopic, Middle ear Analysis, Air Conduction, Bone Conduction, Speech.
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. The ABR equipment is kindly on loan to us 1 day a week, from the Neurology Department, testing 6 patients per day.
6. Tinnitus retraining therapy.
7. Aural rehabilitation clinic is a new initiative started by our community service Audiologist and Speech Therapist- 5 children on the program at present. This clinic runs on a Tuesday and there has already been positive feedback from the parents regarding progress noted.
8. The Audiology department issued 73 hearing aids in the 2007/2008 financial year. Of those 18 were donated to our patients by the district office. We have strict criteria to ensure that the budget is well spent. Children are given precedence due to the long term implications on speech, language and learning abilities. There are at present 92 patients on the hearing aid waiting list, and adults are waiting approximately one year to receive a hearing aid.

ACTIVITIES AND PROJECTS:

1. Staff has been trained in the use of the Otoacoustic emission machine, the diagnostic tympanometer and the new hearing aids on the tender.
2. With the support of our new Senior Speech Therapist (Marika Van Deventer) who is dedicated to paediatrics, and Dr Dhada (Paediatrics), we have begun developing a more intensive and coordinated service to the in and out-patient children with delayed speech and language, infants with feeding problems, and hearing impaired children.
3. With the support of Dr Stoker and the Radiology team, we are trying to formalize a Videofluoroscopy service (Modified Barium Swallow Studies- MBSS), which will allow us to determine the nature of a swallow condition in the cases where the clinical swallow evaluation is inconclusive. Patients are already being assessed by the Radiology – Speech Therapy team. This is a work in progress.
4. Aural rehabilitation clinic is a new initiative started by our community service Audiologist and Speech Therapist. 5 hearing impaired children are on the program at present. The goal is to intervene with these children as early as possible, fit them with hearing aids and train them in making sense of the sounds that they are now hearing, maximize their use of their residual hearing, and ultimately lessen the impact of the hearing loss on their cognitive and linguistic abilities and school performance. This clinic runs on a Tuesday and there has already been positive feedback from the parents.
5. We were unsuccessful in having a therapist specially trained (by 08/2007), in treatment of patients with tracheostomy's, due to financial constraints. This will be revisited in the 2008/2009 financial year.
6. Having Speech Staff trained by staff at KEH in treating laryngectomy patients who have been fitted with Provox valves (by 08/2007), was also unsuccessful. A training date has not as yet been allocated to us by King Edward Speech Therapy department. To continue motivating for this in 2008.
7. We have a CPD accredited Journal club in conjunction with OT, PT, and Dietetics.
8. We have developed clinical guidelines for most of the major categories of assessment and treatment at Grey's. This is an ongoing project.
9. Have reviewed all Speech Therapy and Audiology policies, and created a few new ones as the departmental status has changed since the inception of the original policies.
10. We have initiated a monthly staff meeting, where we discuss common issues, as well as conduct case presentations, journal article presentations and in-service training.

CHALLENGES:

1. We have had 2 staff members resign in the last 3 months, and as staffing levels drop again, our ability to sustain the newly developed services becomes more difficult.
2. We need to advertise more senior posts, to be able to retain staff as well as to attract experienced staff. There are numerous services within a Tertiary hospital setting that requires specialist skills and training, e.g. treating laryngectomy patients, treatment of tracheostomy patients, videofluoroscopy, dysphagia treatment, electrophysiological testing and interpretation, etc.
3. The ABR ordered for the department has been transferred to head office for tender as it is valued at more than R200 000 – 00. When it will be purchased is unknown. The demand for ABR testing for the paediatric population is huge as we are the only site in the western half of the province offering the service. The earliest booking we are able to offer patients as of 26.03.2008 is 12 January 2009. This has a huge impact on our ability to offer early intervention to potentially deaf children and the delay has serious negative implications for speech language development and learning.

Yugeshiree Naidoo
Manager
Speech Therapy - Audiology

Department of Clinical Psychology

This last year has been both challenging and rewarding for the Department of Clinical Psychology. The public service strike, electrical load shedding, escalating costs and budgetary constraints have been difficult to deal with. However, I believe that we have shown growth and development as a unit and are proud of our efforts to maintain service delivery.

As per our annual procedure, departmental policies and procedures, patient contracts, specialized assessments and daily work allocation have been reviewed.

We have continued to play an active role in co-coordinating and participating in health promotion initiatives. As members of the Events Committee at the hospital we have assisted with the co-ordination of the events for the International Child Protection Week (29 May to 2 June 2007) and that of Lifestyle Diseases and Aged Health Awareness (September 2007).

We have continued with group therapy intervention which was initiated last year and have expanded our services to include psychological pain management groups, therapy with diabetic adolescents, and have recently initiated oncology groups. We have also completed emergency trauma group intervention with staff members and have co-coordinated a multi-disciplinary staff health promotion programme targeting positive lifestyle changes.

We continue to be invested in training and have been involved in several presentations to both staff and patients. This includes presentations on coping with psychological stressors, psychological health promotion, motivation and communication and coping with a grief reaction to a patient's death. We have attended in-service training with Nephrology, Radiography; Obstetrics and Gynaecology; Oncology and Radiotherapy, Endocrinology and Diabetes and ENT. The training was excellent and we are grateful to these departments for continuing to be invested in assisting us develop and specialize our psychological service.

We have had some relief to our staff shortages when Nkosikhona Colville joined our service in September 2007. Our part-time psychologist, Robyn Ackron, resigned last year in order to start her family. She had a beautiful baby boy in December 2007. We were sad to have lost her as a staff member and are grateful for the excellent service she provided despite escalating workloads. We wish her and her family well in their new life adventure.

The continued support and encouragement we have received from staff has been enriching both professionally and personally. We hope that we can continue to grow as a department and provide the hospital with an efficient psychological service dedicated to service excellence.

Shantal Singh
Senior Clinical Psychologist

SOCIAL WORK

ANNUAL REPORT: SOCIAL WORK DEPARTMENT: 2007/2008

Staffing:

- ❖ Since May 2007, we have had two social workers who have joined the department, the ARV Social Worker, Mathuli Mbhamali and the Principal Worker, Diane Mariah-Singh.
- ❖ We have four social workers in total, and although it has improved, it is still inadequate to meet the needs of this hospital.
- ❖ The two psycho-social counselors, Nonhlanhla Ntuli and Lindiwe Maphanga, have also been allocated to the Social Work Department.

Services:

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

- 1. Lekha Chirkoot, Assistant Social Work Manager:**
 - Renal Assessments for patients in terms of suitability for the Chronic Renal Programme.
 - Medical Wards & Oncology
 - EAP services to staff.
- 2. Diane Mariah-Singh, Principal Worker:**
 - Sterilisation Assessments for mentally ill/retarded patients
 - T.O.P. Assessments
 - Support group for Teen mothers (Diane & Lindiwe)
 - Youth Empowerment Meetings with Community Organisations
 - Teen Sexual Awareness Day (in conjunction with O & G.)
 - Bereavement Counselling
- 3. Phindile Mshengu, Senior Social Worker**
 - Paediatrics cases, Child Abuse, Tracheostomy care,
 - Support Group for Lodger mothers
 - Bereavement Counselling in Paediatrics
- 4. Mathuli Mbhamali, ARV Social Worker:**

- ARV Psycho-social Assessments,
 - Disclosure & Partner Counselling, Adherence Counselling
 - Financial assistance
- 5. Psycho-social Counsellors:**
- Lindiwe: Supportive Counselling with teenage mothers in O & G.
 - Nonhlanhla: Supportive Counselling in Paediatric Clinic & wards.
- ❖ **Health Awareness programmes**
Social workers been involved in the following programmes:
- Child Protection week,
 - 16 Days of Activism of No Violence against Women and Children,
 - Teen Sexual Awareness Day
 - World AIDS Day
- ❖ Other projects include Casual Day, which is a fund-raising project for disabled persons and organizations. In 2007, staff contributed to R1540.00.
- ❖ **Community Networking:** We have continued with networking with various organizations, such as Childline, Lifeline, Hospice and PADCA.
- ❖ **In-service training programmes** and other Staff Development programmes have ensured that we remain updated on new developments in the field.

Lekha Chirkoot
Assistant Social Work Manager

NURSING CAMPUS

Grey's Campus staff continues to strive for excellence in Nursing Education by maintaining an environment which is conducive to learning in order to produce caring and competent Nurse Practitioners.

Student Intakes

01.04.2007:	R683	48
01.07.2007:	R425	48
01.09.2007:	R2175	37
01.01.2008:	R425	48
01.02.2008:	R2175	30

Graduation

The combined graduation ceremony was held at the Durban City Hall.

September 2007

80 students graduated from the R425 programme

October 2007

40 Students graduated from the R683 programme

46 Students graduated from the R2175 programme

Awards Ceremony

15 Students received awards for outstanding performance at the Accreditation Celebration.

Staff Movement

- Miss N.P. Tshezi – Support Services Officer was transferred on promotion to the Department of Housing in December 2007
- Mrs. E.Z. Gumede also transferred to the University of Kwazulu Natal in January 2008.

New Appointments

- Mrs. M. Naidoo joined the Campus in October 2007 as a Lecturer
- Mrs. T.E. Mtshali joined the Campus in December 2007 as a Lecturer
- Miss L. Gazi transferred to the Campus from Grey's Hospital on the 4th February 2008. She is the new Support Services Officer at the Campus
- We wish them a long and happy stay at the Campus.

Bereavement

We lost 2 students during this period, 1 from the Bridging course and the other from the 4 year programme.

May they rest in peace!

Achievements

- We received a total of 10 new computers and printers which we distributed to staff. They are now able to plan more adequately for lecture purposes.

Conclusion

It is great to be part of the Grey's family and Campus staff remains grateful for the support that never ends.

We thank all categories of staff that have made it possible for students to meet their training requirements.

Mrs. N.G. Mathebula
Campus Principal

FOODSERVICE DEPARTMENT **ANNUAL REPORT – 2007/8**

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

HUMAN RESOURCES MATTERS

Catering Company has 40 staff member that include project manager, catering managers, assistant managers, store man, cooks and foodservice aid. About 70 staff members belong to the hospital that includes Foodservice manager, supervisors, orderlies and foodservice aids. We are constantly striving for service excellent by employing ward hostesses to deliver food to different wards and also make tea for patients.

Last year two of our staff members went on pension and one staff member passed away due to illness. This year we anticipate three staff members to go on pension. Most of those employees going on pension, the average years, spend working at grey's hospital ranges from 25 to 30 years and above. We can proudly state that, their contributions are significant to the service delivery.

COMPLAINTS AND COMPLIMENT

As a department that prepares, cook and serve food we received complaints and compliments regularly. With regards to complaints, we assess the nature of the complaint by contacting relevant stakeholders and try to establish the root causes. We also establish the seriousness of the complaints and respond accordingly. Some of the complaints are beyond our control to mention, haalal food or kosher food, unfortunate our operations does not permit us to serve this type of food.

In terms of quality improvement, we used complaints to measure our performance and also identify those area requires attention. We also conduct patients' meal survey on quarterly, which serves as basis for menu revision. We endeavor for service excellence by constant engaging with relevant stake holders.

INFECTION CONTROL

February 2008, Mrs. L. Liebenberg (Senior Technical Advisor- Infection control) visited various departments in the hospital to identify those non compliant areas. In her report she identify areas requires attention in the kitchen that includes staff change rooms and swirl room. She further recommended drastic measures to be taken in addressing all non compliant areas in the kitchen. Timeframe allocated to implement all the recommendations was one month.

Mr. D Naidoo (QIP) and Mrs. Magubane (IC) work very close with the kitchen to achieve desired compliant. Within two week, collectively we were equal to task and we can proudly state that our department comply with foodservice infection control standards. Mrs. L. Liebenberg was so impressed with the kitchen and this is supported by her second reports.

HEALTH & SAFETY

From uniforms standpoint, staff were provided with safety shoes. All fire extinguishers, fire blankets are functioning very well. Trainings related to health and safety is conducted regular. All the equipments that imposed risk to staff were reported to maintenance. For the record we only had one minor incident and it was reported to Mr. Mthunzi (Health & Safety Manager). Health & Safety audits are conducted monthly by kitchen representative.

CATERING COST

Money paid for catering service rendered to the Grey's Hospital for the 07\08 financial year

MONTHS	AMOUNT PAID
APRIL-07	R418 752,32
MAY-07	R502 104,36
JUNE-07	R559 931,97
JULY-07	R512 101,45
AUGUST-07	R536 952,06
SEPTEMBER-07	R645 517,51
OCTOBER-07	R454 893,11
NOVEMBER-07	R588 154,00
DECEMBER-07	R490 744, 22
JANUARY-08	R579 837,49
FEBRUARY-08	R636 819,67
MARCH-08	-
TOTAL	R5 925 807,80

Please note that March invoice is still outstanding

DIETETICS DEPARTMENT **ANNUAL REPORT 2007/8**

The year 2008 is definitely set to be a very promising year. In January our staff compliment increased to six Dieticians. The additional staff have been allocated predominantly at the CDC clinic, outpatients and maternity. This has been a long awaited welcome to the team and their spirit and innovative ideas are being displayed in the projects that have been launched by the department.

Two projects are currently underway in the department. The first being 'Project Save a Seed' This project was launched towards the end of last year, to address household food security in the homes of our patients. Staff have been encouraged to donate seeds from used vegetable and fruit and or pre packaged seeds into the green containers that have been strategically positioned in the various departments and wards. These seeds are then packed and distributed to our patients who are on our supplement TTO programme and or if patient's household food security is threatened or not at the desirable level.

The second project that was launched in February 2008 is 'Grey's Diabetic Support Group'. This group is run by the Dietetics Department and is a means of including fun topics and current

information on diabetes, in a relaxed environment. Although this was initially intended for the patients treated at Grey's, we have now seen the need to extend it to our staff as well.

We still anxiously await our finalised staff establishment for the department. And once finalised, hopefully we will be able to advertise, and appoint additional members of staff to assist with service delivery. A second Principal Dietitian post was successfully advertised and filled in 2007. To date we have 2 Principal Dietitians, 1 Dietitian (transfer from Northdale Hospital), 3 ARV Dietitians (transfer from E.G. Usher Memorial and Mosveld) and a General Orderly.

For the year 2007, we successfully trained 2 Post Graduate Dietetic Interns from the University of KwaZulu Natal. For the current year, 2008 we have accepted 6 Post Graduate Dietetic Interns. These interns will complete a 12 week clinical module at Grey's.

Once again in service and continuing education has remained a priority within the department with staff attending various workshops, seminars and training sessions. Last year saw the initiation of our very own Journal Club, 'Grey's Supplementary Academic Meetings'. The team consists of the following departments: Dietetics, Speech and Audiology, Occupational Therapy, Physiotherapy, Social Work and Clinical Psychology. Monthly continuous professional development activities have been accredited and last year we acquired 12 points. For 2008, we have managed to accredit further activities for an additional 13 points.

Health promotion also remains quite high on our activity list and for the last year we successfully celebrated the following National Health days: Pregnancy Week, Breastfeeding Week, Diabetes Day, and National Nutrition Week. Comprehensive programmes were planned on identified days which covered various topics with entertainment. These programmes were well supported by patients and staff.

Various clinics within the facility continue to benefit from our Dietetic Service and these include: Antenatal, Diabetic, Paediatric Diabetic, Family Health, Cerebral Palsy and Tracheostomy clinic. Outpatients continue to be seen on an appointment basis; however, exceptions are made for those who need to be seen on the day of referral.

The total number of patients seen for this reporting period: **23 434 patients over a 12 month period**. This equates to a total of **1953 patients per month**.

We are very hopeful that the new financial year will bring with it lots of hope and relief to a department that consistently strives to deliver quality services despite extenuating circumstances and lack of resources.

Mrs. Lachman
Head of Department Dietetics

Department of Medicine: Family Health Clinic 2007

The mission of the clinic is to deliver holistic HIV/AIDS related care to all who access the clinic by developing a multi-disciplinary team to address all the needs of our health care users. Our goal is to participate in clinical support and outreach programs to institutions referring to Grey's Hospital. The vision is to be a center of excellence and set the standard in ARV management in the uMgungundlovu District.

2007 has been a challenging year for the clinic with a few highlights and a few setbacks in terms of resources.

Highlights

- ❑ Dr. Hernanadez continued his outreach programme to Appelsbosch on a monthly basis, while Dr Bizaare continued to support Northdale Hospital. Dr Dawood traveled to other district hospitals in the province on a monthly basis thus fulfilling our goal to support district level rollout sites.
- ❑ On 30th November, the clinic hosted a successful World AIDS Day event and the message focused on *Keeping the Promise*

- ❑ In 2007 the clinic welcomed 2 chief professional nurses and 2 additional senior professional nurses.
- ❑ The district provided some much needed and appreciated nutritional support to our patients.
- ❑ A full time social worker was employed and her help has been invaluable.

Operational Overview

- ❑ Weekly Multidisciplinary meetings have continued and help to co-ordinate and strengthen services provided to our patients.
- ❑ In addition, a weekly journal club is held and has proved invaluable in strengthening clinical foundations.
- ❑ Bi-monthly meetings, with all stakeholders in the District ARV rollout are held to co-ordinate services in the district.
- ❑ Drs Medina and Andux from the department of Obstetrics and Gynaecology still continue to help in the Prevention of Mother to Child Transmission (PMTCT) Programme. In 2007, 44 mothers have been initiated on HAART, compared to the 14 in 2006
- ❑ For 2007, a total of 438 patients were initiated on antiretroviral therapy, which equates to approximately 37 patients per month.
In addition, 429 patients were down referred to their local district hospital for continuation of their treatment.
Approximately 80-100 patients access the clinic daily.
Approximately 12 patients are transferred in weekly from other sites for consults.
As of 31 December 2007, 2338 adults and 226 children were initiated on antiretroviral therapy.

Challenges/Prospects

- ❑ Our current facility lacks consulting rooms for medical and paramedical personnel. The counselors still have to share cramped counseling rooms. Plans to renovate the premises to provide additional consulting rooms have ground to a disappointing halt.
- ❑ Additional staff is required, namely a counselor solely dedicated to improve adherence and follow up defaulters is required.
- ❑ Lack of a functioning and sustainable IT system, impairs efficient functioning. EGPAF has provided support in this area. (via data capturer, IT software and training)
- ❑ There is an ineffective monitoring and evaluation of treatment outcomes and adverse events (No National monitoring system in place).
- ❑ The provision of a tertiary level service remains a challenge when equitable access to antiretroviral treatment is not freely available in the district.

The pediatric services at the CDC were left without support intermittently in 2007. With the appointment of the principal specialist in pediatric ID in 2008 this service should grow further.

In Conclusion, despite the many achievements, the optimal functioning of this service is limited by the lack of human and physical resources.



Family Health Clinic staff

INFECTIOUS DISEASES **ANNUAL REPORT**

The service role of the specialist in the infectious diseases is to provide specialist support to the CDC clinic, and to provide infectious disease services and outreach to sites in area 2.

The Communicable Diseases Clinic (CDC: Greys Hospital)

The scope of the CDC clinic is to provide tertiary level support for the Umgungundlovu district and the Western part of KwaZulu Natal. This mission is constantly tested by the staff of the hospital who continuously attempt to refer patients who do not fit this profile for initiation of HAART at the Greys CDC clinic. All patients with complications to highly active antiretroviral therapy (HAART) and with other co-morbid illnesses prior to starting antiretroviral therapy should be discussed and referred for further management to the staff of CDC.

To date the much need and urgently required renovations to the clinic has not been initiated. This poses a serious infection control risk to both patients and staff. It remains a challenge to transfer/down refer patients to district level for the management of HIV infection. Currently most antiretroviral therapy rollout sites are overloaded and severely resource constrained.

The pediatric services at the CDC were left without support intermittently in 2007. With the appointment of the principal specialist in pediatric ID in 2008 this service should grow further.

The PMTC-HAART programme has become an established service at the CDC clinic and we wish to thank the department of obstetric and gynaecology for their ongoing support in this programme.

Infectious Disease services

The appointment of the microbiologist late in 2007: Dr S Haffajee is certainly a highlight in the calendar of the ID unit.

The in patient management of patients is constantly hindered by the lack of a dedicated registrar/ medical officer in the unit on continuous basis. The registrar in general medicine has intermittently assisted with the management of in patients H2.

Staffing in Infectious Diseases

There has been no progress in the appointment of new staff to the services as this has been constrained by the lack of funding

Continuous Professional Development

The weekly infectious disease journal club is held at the CDC clinic every Friday.

Conferences attended: Dr Dawood attended the Federation of Infectious Diseases of South Africa meeting in Cape Town in October 2007. The South Africa AIDS conference in Durban was attended by Dr H Dawood and Dr Hernandez. Dr Hernandez presented a poster reporting the validation of the Acutrend ® lactometer.

Outreach

Outreach by the Unit continued in 2007: Dr Hernandez provides support to Appelbosch hospital. Dr Bizaare provides outreach to Northdale hospital CDC. Dr Dawood has provided outreach to The Church of Scotland, Charles Johnson Memorial, Dundee and Emmaus hospital on a rotational basis.

Research/Audits

The study looking at HLA profiles in Indian South Africans with HIV has enrolled 8 patients this year.

The GERMS- SA enhanced surveillance under the auspices of The National Institute of Communicable diseases in Johannesburg has commenced. SPN U Chetty was employed as the surveillance officer for the complex.

Dr Bizaare has published a case report in the International journal of Infectious Diseases in collaboration with Dr A Moodley, Department of Neurology.

Lack of resources

The lack of resources in terms of administrative support continued in 2007 until we were finally rescued by the appointment of a data capturer sponsored by the Elizabeth Glazier Foundation (EGPAF). A second specialist either in infectious diseases or internist will greatly assist in the extension of the services in infectious diseases or 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 year was also marked by a severe shortage of trained nursing staff supporting the ARV clinic. The constant change in nursing staff in the clinic has resulted in sub-optimum care at certain times in the clinic.

There is a further lack of administrative support to the specialist working in the unit. Simple requests like stationery, scanning, printing of patient summaries, photocopying etc is a mission at the institution.

Conclusion

The arrival of the Microbiologist certainly has strengthened the infectious diseases services at Greys hospital and bodes well for the future in terms of strengthening the current services available. The 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. The functioning of the CDC clinic is dependent on the availability of a fixed complement of staff on a continuous basis and adequate facilities.

Dr H Dawood
Principal Specialist: Infectious Diseases

ETHICS COMMITTEE

The committee was established in 2003 because of the requirements of the Provincial and National Departments of Health, and because of the COHSASA criteria for accreditation.

The main purpose of the committee is to create a forum in the hospital for the discussion of ethical issues as they relate to the function of the institution and its relationship to the community that it serves.

These basic functions of the committee are working well. The committee has recently been strengthened by the presence of Dr Jo Titus, Chief Specialist in Obstetrics and Gynaecology, who has a higher qualification in Ethics. The committee is working towards expanding its role and becoming a fully functional research ethics committee.

The committee is still meeting six times per year and organising four lectures per year on ethical topics. These meetings have been moved to midday to facilitate attendance by a wider audience. In addition the Ethics Lectures/Seminars from Durban are being teleconferenced to the Grey's lecture theatre.

Anyone who has a contribution to make to the Ethics Committee, or wants to have a topic discussed or reviewed by the committee, is invited to make a submission in writing to Mrs Adela van der Walt, Secretary to Dr Muller in the Department of Medicine.

The committee has also considered several issues brought to its attention by members of the Grey's community, including the ethics of managing institutionalized, impaired patients, the management of the very low birth weight neonates and issues of confidentiality and the appropriate care for terminally ill patients. The committee would like to encourage the Grey's community to refer further ethical dilemmas.

The committee is also introducing a system whereby ethical problems that have been encountered and resolved without the committee are reported in a standard format to the committee. This will help give guidance with regard to the problems that health care workers are experiencing and guide the committee in the choosing the appropriate content for seminars and lectures.

Committee Member
Dr Z Farina

EMPLOYEE ASSISTANCE PROGRAMME (E.A.P)

The Employee Assistance Programme continues to function well, with new EAP Practitioners being trained as others leave Grey's.

We see an average of 16 staff members per month, and are dealing with more financial/ debt related problems this year.

I expect the call for financial advice and problem resolution to be the most common problem for this year (2007), especially with the implementation of the new Credit Regulation Act.

Supervisors are making more referrals to EAP Practitioners for Disciplinary matters.

We have seen fewer staff with Alcohol-related problems this year, which is a good sign.

Referrals to our own KZNPA Health Department and Community-based NGO resources continue.

We hope that we will be able to continue delivering a high standard of assistance to fellow employees.

Acting EAP Co-ordinator,
Sally Chesterton

QUALITY INITIATIVES AND ACHIEVEMENTS 2007/8

There have been several quality initiatives undertaken by Grey's Hospital in the past 12 months namely:

- COHSASA Accreditation Process
- World Health Organization Quality Initiatives – HPH / PATH
- District Quality Initiatives – Minimum Standards Survey

Bathe Pele Survey
Patient's Rights Survey
Norms and Standards Survey

- Documentation and Clinical Auditing programmes
- Quality Improvement Training
- Development of Quality Improvement Programmes in all service elements

Due to the increasing interest in improving the quality of services the province has provided the institutions with a Quality Manager post. Grey's Hospital filled this post in February 2007 when Mr Deena Naidoo was appointed to this position.

COHSASA ACCREDITATION PROCESS.

Grey's Hospital underwent an external survey with COHSASA in February 2006, four external surveyors came to the institution to assess the standards of care. They were at the hospital for five days and all service elements were assessed. In August 2006 the institution was awarded an overall percentage of 94% with all service elements achieving the minimum requirement of 80%. This meant that Grey's was awarded a Focus Survey which would need to be done within 6 months to achieve a full accreditation status.

One of the main deficits found was the system regarding illegible signatures. A new system was devised which worked very well but it involved changing provincial documents. Communication has taken place with Head Office and a pilot study was conducted by them with 5 other provincial hospitals. The amendments to the documents were accepted by these institutions and Head Office is in the process of changing the provincial documents. This quality initiative will impact favourably on the whole province.

In March 2007 the focus survey took place and the Chief Surveyor from COHSASA, Dr Giel Van Sckalkwyk, conducted the survey. The results of the survey are due in July 2007 and a favourable result is expected.

WORLD HEALTH ORGANISATION QUALITY INITIATIVES.

The PATH Project for this period has been suspended until further instructions from the WHO and the SA coordinator.

The Health Promotion in Hospitals project has been ongoing and quality indicators were reassessed in 2006. Action plans for the five standards have been drawn up and areas which are partially or non compliant are being addressed. Head Office have scheduled inspections to assess the 14 hospitals involved in the project.

Dr Ruben Naidu initiated the Events Committee in August 2006 to ensure that health promoting activities are coordinated appropriately. A business plan was drawn up and certain health promoting events were prioritised. In 2006 Quality Day, World Aids Day and the World Disabled day were coordinated. In 2007 The Measles and Polio Campaign and Child Protection Week have been coordinated so far.

QUALITY IMPROVEMENT

Quality of care is a systematic process for closing the gap between actual performance and the desirable outcomes. Quality is a multifaceted and multidimensional concept and involves technical competence, access to service, amenities available, interpersonal relationships and continuity, efficiency and safety of care provided. Quality Improvement programmes are developed and incorporated into the Hospital's routine management functions.

According to the Quality Assurance Unit at Head Office at least two QI programmes per service element are required per year of which one must include health promoting activities. The purpose of developing QI programmes is to ensure quality patient care is rendered by a multidisciplinary team approach.

QI programmes provide a method of how to solve problems which occur in a systematic way and in so doing, ensure that the best possible care is provided. All wards and departments are participating in QI programmes and this has become a continual process.

Some of the quality improvement programmes developed in 2006 have had an impact on service delivery. To name just a few the Surgical Service element has developed health promotion brochures for patients having Cataract Surgery, Tracheotomy Care and Wiring of

Fractured Mandibles. The Casualty department designed a programme on pain management; the Theatre Department designed a programme on cancellation of theatre cases.

Another initiative is the combined effort of the Supplementary Services, namely Clinical Psychology, Social Work, Dietetics, Occupational Therapy and Physiotherapy to develop a quality improvement programme for staff to improve staff well being and working relationships. The courses conducted have been very beneficial to the staff.

The Health Education form designed by members of the Hospital Quality Improvement Committee has been implemented as a quality initiative to ensure that health promotion given to patients is documented. This form has had an effect on patient care and also ensures continuity of care.

Another quality initiative has been to include risk management feedback as part of the agenda of the Hospital Quality Improvement Committee. Feedback is received from Infection Control, Health and Safety, Complaints and Compliments, Labour Relations, Finance, Adverse Events and Negative Incidents. This ensures that appropriate policies and protocols are reinforced in the hopes that risks are minimized.

QUALITY IMPROVEMENT TRAINING.

Grey's Hospital is continuing to have two Quality Improvement Training sessions per year. The staff are eager to attend the training sessions and have produced some wonderful quality improvement programmes once trained. The quality improvement training programme developed by Dr David Nzanira is still being used with some modifications and updating has been done by the trainers.

QUALITY DAY

Quality Day was celebrated on 22nd November 2006. Invited guests were Department of Health special guests, other hospitals in KZN, community members and Grey's Hospital staff. Joan Maher from Head Office was the guest speaker. Quality improvement programmes were displayed in the form of posters as well as presentations. Certificates were issued to the staff who attended the Quality Improvement Training Programmes. The requirements for receiving the certificates were that a QI programme must have been implemented in the trainees department following the training received. 3 QI programmes were presented at Quality Day:

- Late coming in the medical wards by Mrs. Dlomo
- Adherence with ARV Treatment by SR. Chetty
- Multi-disciplinary health promotion programme for staff well being.

DISTRICT QUALITY INITIATIVES

The province has embarked on certain quality initiatives which are controlled by the District Quality Managers. The Minimum standards survey is done on a quarterly basis and three new surveys have now been included, namely: - Bathe Pele, Patient's Rights and Norms and Standards Surveys.

The purpose of these surveys is to ensure quality care is rendered to patients and to some extent to allow benchmarking between the various institutions to provide continuity of care.

Grey's Hospital has been partnered with Edendale Hospital, Embo Clinic, Doris Goodwin Hospital, Bruntville Clinic, Appelsbosch Hospital and Northdale Hospital. Action plans have been drawn up to address the partially and non compliant areas.

Another District quality initiative has been the Waiting and Service Time Survey which was conducted in February 2006. This survey will assist with access to care and will hopefully reduce the waiting time experienced by the patients.

BENCHMARKING FOR OTHER INSTITUTIONS.

Grey's hospital has provided a benchmarking service for other institutions to assist them in their quality initiatives. The institutions have come to benchmark for the COHSASA Accreditation Process, the Minimum Standards Survey, initiating new services such as a Viral Haemorrhagic Fever Unit, to implement new provincial protocols such as the milk room and also to orientate newly appointed staff to their roles and functions in their new posts e.g. Quality Managers and Assistant Nursing Managers. Institutions that have come for benchmarking in 2006/7 are:-

Madadeni Hospital, Vryheid Hospital, Northdale Hospital, Umgeni Hospital, Appelsbosch Hospital, Port Shepstone Hospital, G J Crookes and Montobello.

In conclusion, Grey's is striving to remain a corner stone for Quality Improvement for provincial institutions and to maintain a high quality of service through maintaining standards and endeavouring to improve quality care.

Human Beings make mistakes because the systems, programmes and processes they work
with
Are poorly designed