



HEALTH
KwaZulu-Natal

ANNUAL REPORT 2009/2010

HILLCREST HOSPITAL



ANNUAL REPORT

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	3
1. INTRODUCTION	3
2. BACKGROUND: VISION, MISSION & CORE VALUES	4
: Level & Packages of Health care	
: Integration of institution into the DHS	
: Governance	
3. PRIORITIES FOR 2009/10	5
4. INSTITUTION'S PERFORMANCE 2009/10	6
4.1 CONTRIBUTIONS AND PERFORMANCE – MDG'S	6
4.2 PERFORMANCE I.R.T DISTRICT HEALTH PLAN TARGETS	7
I. Administration – Performance review programme	
Human Resources	
Supply chain Management	
Efficiency indicators	
II. Strategic health programme	
III. Priority Health Programme	
4.3 SPECIAL PROGRAMME – PERFORMANCE	9
I. Institution's image rebuilding programme	
II. Community development programme	
III. Quality Management and improvement	
IV. Other e.g. Institution events	
4.4 SPECIAL PROJECTS AND PERFORMANCE	11
I. 2010 readiness	
II. Service transformation	
III. Other	
4.5 FINANCIAL REPORT	12
BUDGET MANAGEMENT & EXPENDITURE CONTROL	
5. CONCLUSION	17

Annual report 2009/10

Acknowledgement

The performance of Hillcrest Hospital to adhere to the National, Provincial, district, institutional strategies and targets is through the “*team work spirit*” displayed by employees. On that note, I would like to thank the following individuals for their dedication and contribution in producing this report:

Hospital EXCO Members **Mrs. B. Mtshali: CEO**
Mrs. PB. Mgobozi: Nursing Manager
Mr. S. Cotchobos: Finance & Systems
Mrs. EF. Jansen: Pharmacy Manager
Ms. VB. Ngcobo: HR Manager (EX)
Dr. S. Khalid: Principal Medical Officer

Programmers: **Mrs. J. Mgiba: Quality Assurance Manager**
Mrs. P. September: Infection Control Practitioner
Ms. Mphande: Occupational Health & Safety Manager
Mrs. R. Singh: EAP & Wellness Practitioner
Ms. G. Gumede: HIV & TB Committee Chairperson
Mrs. S. Thusi: Health Promotion co-ordinator

Hospital board Members **Mr. P. Evernett: Chairperson**
Mr. D. Quin: Member
Mr. Konikrammer: Member
Prof. Mickel: Member
Mr. M. Mthiyane: Late

The final thank you goes to all staff members of Hillcrest Hospital especially the Operational Nurse Managers and Mrs. R. Khuzwayo (System) for their dedication and support.

EXECUTIVE SUMMARY

The year 2009/2010 has come a long way and has brought a lot of challenges in relation to service delivery. Despite all difficulties, the ultimate goal of Hillcrest Hospital is to deliver high quality care to our clients/customers.

Despite the financial challenges the department faces and high expectation of quality care by the Health care services users, Hillcrest staff is committed in providing them with the best service.

Our endless commitment supported innovation and pulling together to ensure that our clients are still offered best services with available resources.

To produce a quality service does not mean more money but is about “***doing the right thing right, right away***” so that our patient care is safe, legal, accessible courteous, efficient and cost effective.

1. INTRODUCTION

Hillcrest Hospital provide long term chronic care and a limited outpatient chronic care, though we have a limited number of service consideration has been taken to comply with National and Provincial strategic objectives as well as District priorities.

We will do everything in our power to achieve these objectives with available resources despite the present financial constraints.

Hospital staff has also heeded the call by the National Health Minister on the following priorities:

- Patient safety and security

- Quality assurance.

2. BACK GROUND

I. VISION

Giving the best Quality Health care through commitments and Dedication

MISSION

To provide a co -Ordinated sustainable, comprehensive health care service in partnership with all stakeholders through.

- Upholding the right and dignity of patients and staff
- Providing a unique, holistic quality care
- Maintaining a healthy and safe environment
- Continuing community involvement
- Implementation of Batho Pele principles
- Support and innovation with integrated and motivation with integrated and sustainable resources

II. CORE VALUES

- Team work
- Openness and transparency
- Integrity
- Compassion
- Innovation
- Respect and Courtesy

III. LEVEL AND PACKAGES OF HEALTH CARE

Hillcrest provides specialized long-term chronic care for in patient and a limited out-patient chronic care service. Patients are admitted through referral from hospitals around KZN.

In-patient services include:

Nursing and Medical care

Physiotherapy therapy

Occupational therapy

Speech therapy

Social work

IV. INTEGRATION OF INSTITUTION INTO DHS.

The hospital does not provide Primary health care but is committed in providing quality care. A Quality Assurance Manager was appointed and is the driving seat of the quality care vehicle. Patients are referred to RK Khan for further diagnosis and management. Unfortunately the hospital is unable to provide other health packages to the needs of the community.

V. Governance

The Hospital board is in place and functional, meets quarterly and takes rounds within the hospital premises in terms of the environment and new developments. Another role of the board is to do fundraising for the hospital and also to manages such funds. The challenge is that sometimes members do not form a quorum and as such meetings are postponed. Sadly last year we lost one member through death, presently there are 4 members and we are in the process of recruiting more.

3. PRIORITIES FOR 2010/10

SUMMARY OF ACHIEVEMENTS AND CHALLENGES

ACHIEVEMENTS

Renovation of D ward

Kitchen in E ward

Retiling of B ward basin area, dressing room, kitchen and sluice room area

Elbow operated hand washing facility in all clinical areas

Upgrading of old building into offices for finance and systems

Demarcation of HR desks for privacy purposes

Colour coding of wards, still in progress

Functional isolation room

Waste storage areas

Ablution facilities for laundry staff to prevent contamination

CHALLENGES

Unable to discharge patients back to the community or family after rehabilitation. Reasons being often patients have no families, relatives, some have relatives but unable to care for them and also there is no strong home base care structures within many communities, hence long stay of patients at Hillcrest Hospital.

Unavailability of a fully equipped rehabilitation unit in terms of equipment and Personnel.

Out-patient department inadequate space to hold the volume of the current patient load. Infrastructure layout does not serve the purpose of the OPD function as expected

No space for proper occupational (Staff) clinic as the function is performed using OPD resources.

Renovation of ablution facilities to suit the needs of patients which is very costly in relation to budget constraints.

Absence of a District hospital/ CHC in the Outer West results in influx patients requiring casualty, maternity and general medical services.

Directional signages are not available leading to poor access to the hospital. Department of transport unable to put signage because the hospital does not provide 24hrs service.

4. INSTITUTIONAL PERFORMANCE 2009/10

4.1 CONTRIBUTION AND PERFORMANCE – MDG

Combating HIV/AIDS – The institution is providing counseling and health education to staff and patients. Those that tested positive are referred to Don Mckenzie for initiation of treatment. Thereafter Hillcrest continues with management of these patients and monthly collection of their medication.

Condom distribution – Condoms are distributed throughout the hospital. During the world AIDS day education on the usage of condoms and distribution was done n khabazela high school and spar supermarket.

TB – In service education on management of TB is done through

In-service education programme. The occupational clinic monitors staff on TB treatment. Staff members that are diagnosed with TB their family members are referred to their local clinics.

4.2 PERFORMANCE I.R.T. DISTRICT HEALTH PLAN TARGETS

ADMINISTRATION

Performance review programme – all employees have signed their performance agreement with their supervisors and assessed accordingly. The gaps that have been identified did assist in developing the in service training schedule and the work skills plan.

HUMAN RESOURCES

The total number of employees is 271, as per verification against persal record-

Nursing personnel	148
Medical personnel	4
Para-medical	6
Support staff	113
Vacancy rate is	49%

Employment equity – The hospital has not achieved the required percentage on the employment of physically challenged, as there are only 2 African males.

Training and development – Total number of personnel that underwent training through IHRN is 49. 36 from Nursing and medical and 19 support staff.

Absenteeism rate – Is 3.6% through sick leave and General Orderlies and Enrolled Nursing assistant being the most affected.

In the following department there is a challenge in staff complement:

Physiotherapy – sessional Physiotherapy for 10Hrs a week and community service personnel and Physio assistants.

Occupational Therapy – No full time employee – only community service.

Pharmacy – Senior Pharmacist on contract.

Finance & systems – skeleton staff result in violation of the relevant prescript, particularly SCM.

Human Resources – No Human Resource Manager or Chief HR Officer.

Supply Chain Management

The relevant committees that govern the operational of the Supply chain Management are in place and functional.

Awarding of tenders is as follows:-

Youth	10.8%
Women	22%
Co-ops	9.9%
Disabled	10%

Efficiency indicators

Average length of stay	long term
Bed utilization rate	95%
Expenditure per PDE	R1.600
OPD Head counts	3,904

II. STRATEGIC HEALTH PROGRAMME

HIV/AIDS Although the hospital is not an accredited site for ART, testing and counselling is done for staff and patients and also supervise and monitor those clients that are on such treatment.

The total number of clients tested is 75, 35 tested positive and 13 are on treatment. Health education also done at Khabazela high school. During the world Aids day, condoms and pamphlets were distributed to our local shopping centres and Caltex garage.

TB Health education and awareness on Management of TB is going through in-service training. Staff members on TB treatment are managed through the occupational health clinic. Staff are also diagnosed the medical surveillance examinations.

III. PRIORITY HEALTH PROGRAMMES

Chronic Diseases The hospital provides a limited out-patient chronic service due to infrastructure and HR challenges. The total head count for OPD Most of the in-patients are chronically ill, hypertension and diabetes mellitus being the most common diseases. Patients are referred to RK Khan for any complication or emergencies. Cholesterol and HBAIC test once a year to diabetes and hypertensive patients.

Rehabilitation This programme is running smoothly although staff establishment is a challenge. Patients have been subjected to a range of activities according to their functionality. In Occupational therapy the following programmes are done:- beading, sewing, fabric painting, knitting and weaving. Physiotherapy also has a range of exercises that are being done; some patients have been discharged back into the community after successful rehabilitation. The rehab teams also assist the patients to sell their products, and the income they receive they are able to purchase more material and personal belongings e.g. toiletries.

Healthy lifestyle The institution is working towards accreditation of health promoting hospital. There is a staff gym where employees are encouraged to do exercise, walks during lunch time and after hours especially those residing in the staff residences. Other staff members enrolled into the biggest loser competition.

4.3 SPECIAL PROGRAMME – PERFORMANCE

Institution's image rebuilding programme Services provided are displayed at the entrance of the Hospital; photos of Hospital Management Team are also displayed at the entrance and main Notice board. Complaints

mechanism are in place and placed at strategic points. Redress is done within the normal timelines. There is an acting PRO who works well with all clients.

- I. **Community development programme** The hospital donated clothing to Khayalothando a Non governmental organisation in Bothas hill. It is run by retired people including nurses and headed by Mrs. Dawn Lappan. It assists the Thousand Hill community in various ways, feeding, abet classes, Clinic services. Children are mostly HIV positive under the care of grandmothers. Clothing is collected by the staff on Voluntary basis.

II. Quality Management and Improvement

The quality assurance Team is in place and functional, This is headed by the Quality Assurance Manager in partnership with Infection Prevention and control Manager and Occupational Health Managers. The hospital is compliant in all the standards. Peer review and self assessments are conducted. The quality day was celebrated and was a success. The Hospital entered the departmental service excellent awards and won a Bronze. We have learnt a lot from this exercise, gaps that were identified were acted upon. Teams conduct quarterly improvement projects within their components and are shared during Quality assurance meetings.

Policy and procedure committee in place and functional.

Incentives are given in a form of certificates to the best employee of the month based on individual and team performance.

Monitoring of adverse health events and conducting Clinical audits. Staff, client and waiting time service are also conducted.

Others – Institutional events

Valentines Day celebration – two teams were debating for and against the use of condoms.

Heart week – Dr. Balmukhun gave a talk on heart diseases, walk to the mall and distribution of pamphlets.

Nurse Day – A speaker was invited from SANC to address the nurses – topic was Nurses for a change, highlights were on Nursing strategies.

16 days of activism – also a walk with Managers carried on placards around the mall,

International women's day – a prayer was done praying around issues of substance abuse, rape and abuse of women and children, women in leadership. A poem was read which was written by a staff member.

Biggest loser competition – a weight loss project that started in March 2009 to December 10. 22 members enrolled. The winner that lost more kilos was awarded a prize.

4.4 Special projects and Performance

2010 readiness – The Disaster committee is in place and functional. The Disaster plan was also developed. Telephone contact numbers for Management, key personnel, Disaster committee members and Nursing personnel has been drawn, for easy contact during emergencies. A list of local retired nurses has also been compiled with their contact numbers. A 15 bedded ward has also been prepared for step down from acute hospitals. Very few employees on leave during the world cup period.

Service Transformation

Due to the increase of the number of out-patients referred for chronic medication, clinic hours have been extended to include Mondays.

Participation in Khanya Africa project with 6 members who are champions.

Other

Working towards being a Health promoting Hospital.

Social worker also doing community services at care line one day per week

4.5 Financial report/ Budget Management & Expenditure control.

FINANCIAL PERFORMANCE 2009/2010



STATEMENT FROM MR COTCHOBOS (MR C) FINANCE & SYSTEMS MANAGER

I am extremely pleased to be able to report that the financial year ended 31 March 2010, which has been somewhat challenging year for the institution as a whole. In financial terms this institution had to meet the target of remaining within its operational allocation. This performance in particular is commendable.

Hillcrest will continue in its success in meeting the financial challenges and improving the delivering of patient care.

Clearly this could not have been achieved without the efforts all staff and outside organizations, I would like to place on record of our **“Thanks & Appreciation”** for their hard work.

Let us keep up to our dreams and let **“our Dreams be greater than our Memories”**. We shall all strive **“to make a difference because if we do not make a difference, we will not matter”** yet, the human purpose is to make a difference.

PERFORMANCE AGAINST FINANCIAL TARGETS

Delivering against the key targets is essential in supporting the Provincial & District Strategic Objectives which have been challenging in terms of cost opposed to quality

DUTY	TARGET	PERFORMANCE
Remain within operational budget allocation	R7, 799k	R7, 728k
Companies paid within 30 days	100%	100%
Awarding tenders to target group 10% ^s	1 Woman	R792K 22.4%
	2 Co-Operatives	R275K 9.9%
	3 Disable	R 99K 3.5%
	4 Youths	R309K 10.8%

Indicators	2009/2010	2008/2009
Input		
Expenditure on Hospital Staff as a % of total Hospital Expenditure	82%	74%
Expenditure on drugs for Hospital as a % of total Hospital Expenditure	2%	2%
Expenditure on Goods & Services as a % of total Hospital Expenditure	6%	7%
Expenditure on Operational as a % of total Hospital Expenditure	17%	18%
Efficiency		
Average length of stay	LONGTERM	LONGTERM
Bed occupancy	95%	95%
Average cost per patient per day	1,296	709
Bed turn over	8	14
Total in-patient days	57,367	60,195
Total Out-patient Headcount	3,904	3,417
Admissions	36	39

FINANCIAL HIGHLIGHTS 2009/2010

1. The budget allocation for 2009/2010 was R 33,192m as opposed to R31, 666m in 2008/2009. This represents a 5% increase in the allocation. The total expenditure for the same period was R44, 966m which is an increase of 7.2% of financial year 2008/2009.

	2009/2010	2008/2009	CHANGE
	R'000	R'000	R'000
Appropriation			
Personnel	25,197	22,249	2,948
Operational	7,995	9,417	(1,422)
Total Appropriation	33,192	31,666	1,526
Expenditure			
	44,966	41,933	3,033
Personnel Expenditure	37,162	33,684	3,478
Operational Expenditure	7,804	8,249	(445)
Overheads Expenditure	3,877	3,651	226
Goods & Services Expenditure	2,782	3,467	(685)
Drugs Expenditure	950	891	59
Equipment Expenditure	5	142	(137)
Households Expenditure	69	98	(29)
Miscellaneous Expenditure	0	0	0
Variance	(11,774)	(10,267)	(1,507)

1.2 PERSONNEL

The allocation increased by R2, 948m to R25, 197m and the expenditure increased by R3, 478m to R37, 162m

This item exceeded its budget allocation

1.3 OPERATIONAL ALLOCATION

The amount allocated to this item was decreased by R1, 422m to R7, 995m

The expenditure for the operational activities were controlled by the various manager ensuring that the institution remain within the target set by the Executive Management team of the institution.

1.3.1 OVERHEAD SERVICES

The cost associated with this item was beyond management control, as general price increase given by various Regulating Authority.

The expenditure increased by R266k to R3, 877m

1.3.2 GOODS & SERVICES

The expenditure decreased by R685k to R2, 782 comparing that to last financial year 2008/2009 R3, 467m Although certain items exceeded its allocation but remained within the standard item

TOP 10 COST DRIVERS (STORES ITEMS) – NOT OVERHEADS

DESCRIPTION	2009/2010 R 000	2008/2009 R 000	CHANGE
Maintenance	1,006	981	(25)
Medicine	953	891	(62)
Surgical/Medical supplies	390	653	263
Uniforms & Protective Clothing	266	165	(101)
Wash/cleaning detergents	196	117	(79)
Disposable nappies	155	108	(47)
Linen	147	0	(147)
Toiletries	136	233	97
Stationery	122	98	(24)
Baby&Special feeds	96	96	0

1.3.3 DRUGS

The expenditure increases by R 59k to R950k compare to last financial year R891k but remained within its budget allocation.

1.3.4 EQUIPMENT

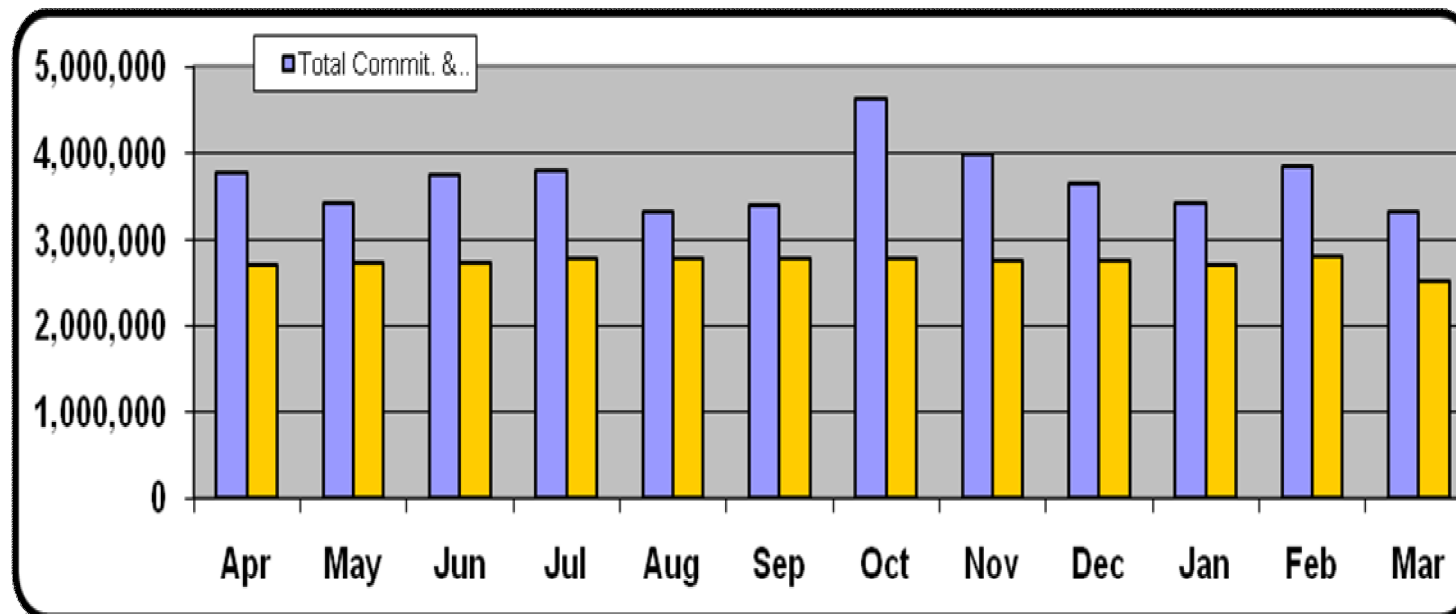
The expenditure for this item decreased by R137k to R5k and this is mainly due to the delays within the SCM processes

1.3.5 HOUSEHOLD

The expenditure decreased by 29k to 69k compare to last financial year R98k but remained within its budget allocation.

CASH FLOW PERFORMANCE

The Hospital has not been able to remain within its monthly cash flow. This is mainly due to the shortfall in the budget allocation on Compensation Of Employees The month of October was high on two accounts 1, wages back pay 2, payment of bonus are high during this month compare to other months



REVENUE

STATEMENT OF RECEIPTS

DESCRIPTION	2009/2010	2008/2009	CHANGE
MARK ESTAB: DWELLINGS	R17,500	R18,000	R500
MARK ESTAB: NON-RES BUILDING		R1,130	R1,130
SERV REND: BOARDING SERV - STAFF	R273,000	R283,621	R10,621
SERV REND: COURSE FEES	R4,125	R2,738	R1,388
PATIENT FEES		R55,667	R55,667
PATIENT ACCOUNTS - CHARGED	R188,806	R213,295	R24,489
PATIENT ACCOUNTS - NOT CHARGED	R10,919	R12,617	R1,698
SERV REND: CREMATION/ MORTUARY FS	R1,232	R1,294	R62
RENTAL: PARKING COVERED&OPEN	R8,060	R10,920	R2,860
REIMBURSEMENT OF GOODS ISSUED	R3,249	R3,134	R115
SALES: SCRAP	R257	R7,400	R 47,143
SALES: KITCHEN REFUSE		R326	R326
REV: FA:REC:PRIV SEC:DOMESTIC SER	R2,662	R1,517	R1,145
REV: FA: REC OF PREV YEAR'S EXP	R48,544	R9,662	R 38,882
TOTAL	R558,354	R 615,395	R57,041

CONCLUSION.

Although there were some challenges in 2009/10 but the hospital has managed to achieve positive achievements. It will also continue to do so with the available resources with the help of the District Management. The areas of concern are the expansion of out-patient department and correct staffing in some departments

“THESE ARE FORMATIVE TIMES, WHERE INSTITUTION ARE DESIGNED, ESTABLISHED, TESTED AND MADE TO WORK. WHAT IS DONE IN THE FIRST YEAR OF A NEW SOCIETY LAYS THE FRAMEWORK FOR THE FUTURE , IDENTIFIES THE POSSIBLE , LIMITS THE UNDERSIRABLE AND DEFINES THE VALUE AND ETHOS BY WHICH WE SEEK TO LIVE AND GROW”

WILMOT JAMES

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