



# HISTORICAL BACKGROUND

## WHERE ARE WE NOW?

**Inside Matters**



**FRONT VIEW OF NKONJENI HOSPITAL**

\* Historical Background

\* Patient Care

\* Strategic Direction

\* Official Launch of Batho Pele

\* Staff Development

The Nkonjeni Mission Hospital was founded by the Norwegian Missionary, Sister Martha Palm in 1925. The exact date cannot be determined with certainty, but there are grounds for assuming that the Hospital was founded in the very beginning of October 1925.

The first little Hospital was registered by the authorities as Nkonjeni Native Mission Hospital. Later the name has been changed several times: Nkonjeni Mission Hospital, Nkonjeni Lutheran Mission Hospital, and at last to only Nkonjeni Hospital.

The first Hospital building contained not more than 3 rooms, the first room was divided into the Admission room, the Dispensary, and the Kitchen. The second room was for In-Patients, whilst the third smallest room was used by Sister Martha Palma. Water supply was through the pipes that were put on the ground from the valley, and up to the pump that was driven by a windmill. In 1947 Sister Martha Palm left Nkonjeni Hospital for good, and went back to Norway, leaving the Hospital in good hands of few Sisters that she had managed to recruit, amongst them there was Sister Kari Ostveit, who became a Head Matron from 1947-1954.

The Training School started with the enrollment of 12 nurses. Nurse Evelyn Masango was one of the first 12 qualified nurses from Nkonjeni Training School.

In 1952 Dr Christofer Hafstad arrived in South Africa. He started working in Mc. Cord Zulu Hospital and transferred to Nkonjeni Hospital at the end of the same year. The Hospital got its first X-Ray Machine in 1955. Prior to this patients that needed to be X-Rayed had to travel all the way to Eshowe.

In 1957 the Hospital Chapel was built, followed by a new TB ward in May 1958. From 1958 to date the Hospital has developed in size as well as the services provided.

### Hospital Manager

## WHERE DO WE COME FROM ?

- 1) Relationships amongst individuals and departments ravaged by the effects of the year 2000 Labour unrest.
- 2) Governance structures not fully operational e.g.
  - \*No I.M.L.C. Meetings
  - \*No Advisory Board Meetings
  - \*No Extended Management Meetings
  - \*No Clinical Protocols
- 3) Physical Facilities (Wards and other departments in a very poor state)
- 4) No Management training.

- 1) Relationships improved, team work is now the order of the day.
- 2) Strategic Plan formulated with inputs from all staff, Organized Labour and Advisory Board Members.
- 3) Stepwise process of giving a face lift to Physical Facilities started, our main pride being the new Male Ward almost similar to (Inkosi Albert Luthuli Wards)
- 4) I.M.L.C, Advisory Board, Management Meeting fully operational,
- 5) All Top Management posts filled i.e.
  - \*Medical Manager - Dr. Shoba,
  - \*Nursing Manager - Mrs. Mbatha
  - \*H.R. Manager - Mr. Mazibuko
  - \*Finance & Systems Manager - Mr. Mngomezulu
- 6) Clinical Protocols available recently obtained 1st price for exhibition on DC 26 Quality Day



**Mrs W.L. Ndlovu  
Hospital Manager**

### MY DREAM

- \*To be the best rural District Hospital within KZN.
- \*To achieve full Accreditation by March 2006.

### MY PILLARS OF STRENGTH (SUPPORT)

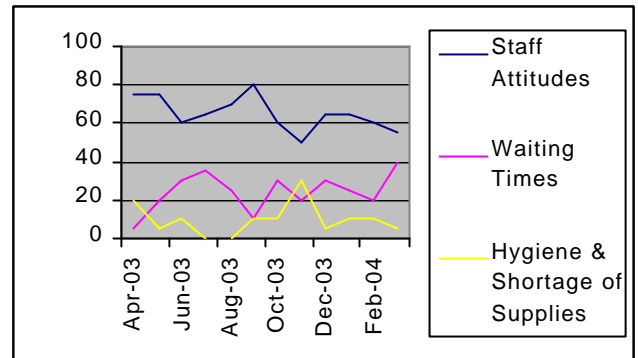
- \*Strong Management Team
- \*Supportive I.M.L.C.
- \*Supportive Advisory Board
- \*Supportive Staff
- \*My Family

## COMPLAINTS HOW HAVE WE IMPROVED PATIENTS ' PERCEPTION

Since we believe that any organization in a modern democracy can only survive if it is acceptable to the public ,we then appointed a Public Relations Officer, Miss MN Ntshangase. As a Public Relations Officer she will employ all means of modern communication to achieve an effective two- way flow of information between this organization and internal and external publics.

- ? Complaints procedure is in place.
- ? Suggestion boxes used by both internal and external publics.
- ? Patients satisfaction surveys done at regular intervals.

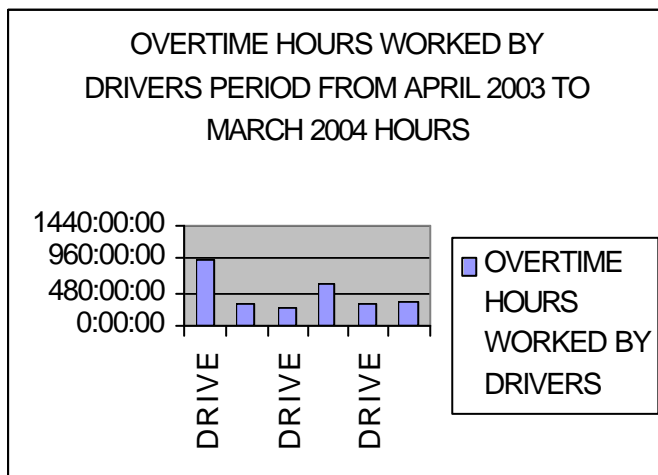
- ? Batho Pele was launched
- ? Complaints analyzed in terms of attitudes, waiting times and hygiene & Shortage of Supplies.



## KEEPING YOU INFORMED

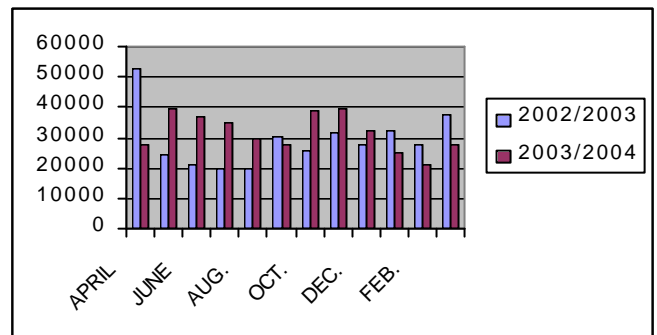
### HOW HAVE WE MONITORED COST DRIVERS?

- ? Overtime worked per driver
- ? Kilometres travelled by each vehicle.
- ? Fuel consumption per vehicle.
- ? Repair costs per vehicle.



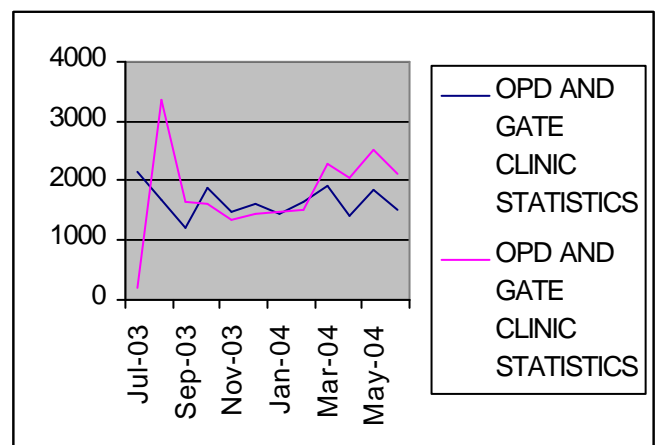
### REVENUE COLLECTION

- ? There was a slight improvement in the year 2003/2004 compared to 2002/2003



### HOW HAVE WE DECREASED OPD WORKLOAD?

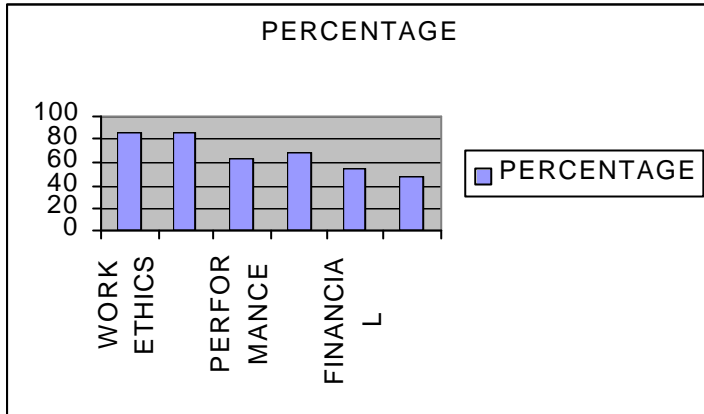
- ? In the absence of an established Gateway Clinic we managed to identify a space where the gateway clinic could be conducted as from July 2003 to date as a result OPD workload has decreased as well as patients waiting times.



# STAFF DEVELOPMENT

## MANAGEMENT TRAINING

? We arranged for Management Staff to attend a few management trainings in 2003/2004.



## STRATEGIC DIRECTION

The Strategic Plan was presented on the 12th of May 2003 by the Hospital Manager, Mrs WL Ndlovu. The theme of the event was Rising to The Challenges of Change.

### QUALITY IMPROVEMENT PROCESS 2003/2004

- ? Planning
- ? Setting Standards
- ? Communicating Standards

### QUALITY IMPROVEMENT PROCESS 2002/2003

- ? "Unstructured work processes without a Strategic Plan"

### STRATEGIC PLAN FORMULATED AND COMMUNICATED

- ? All Stakeholders involved i.e. Head Office, District Office, Advisory Board and Local

Operational Plans were linked to Strategic Plan formulated and presented by Heads of different sections.

If you have an input or a story that you would like to be published in the next issue, you are requested to submit your articles to Ms MN Ntshangase at her office or alternatively contact her on extension 2224

### NEWSFLASH !!!!

**A LONG SERVICE AWARD CEREMONY WILL BE HELD SOON. DETAILS TO FOLLOW IN THE NEXT ISSUE OF THE NEWSLETTER.**

## SKILLS DEVELOPMENT

### TRAINING

- ? We have also developed our staff. A Skills Development Training was conducted in 2003/ 2004.
- ? Skills development is very important since it is a training that uplifts the level of skills in the quality of work in the workplace and work can be of best standard. Our staff are now more skilled than before.

## 10 BEST TIPS FOR SUCCESS

- ? Control your destiny, or someone else will.
- ? **Face reality as it is, not as it was or as you wish it were.**
- ? Don't manage, lead.
- ? **Be candid with everyone.**
- ? Change before you have to.
- ? **If you don't have a competitive advantage, don't compete.**
- ? Don't believe everything you read.
- ? **Nothing is impossible to a willing heart.**
- ? Fear is nothing, faith is everything.
- ? **Behind every success there's a sacrifice.**

Source: Reader's Digest

### A LESSON FROM A TREE

- ? **In Today's Complex World It Pays To Branch Out.**

**EVENTS !!  
EVENTS!!  
EVENTS !!**



**Nkonjeni Staff embracing the official Launch of Batho-Pele**

## LAUNCHING OF BATHO PELE

From left: Mr Malimela, Guest Speaker, Mrs Ndwandwe, Hospital Manager St Francis, Mrs PR Zondo Hospital Manager St Mary's, Ms TS Nyawo Hospital Manager Bethesda.



Strategic Plan was launched and Nkonjeni Hospital Strategic Team deserves a special thanks for coming together to deliberate on the future direction of the Hospital.

From left: Mrs WL Ndlovu, Hospital Manager Nkonjeni Hospital and Mrs SM Zungu, Deputy Director General.



From left: Mrs N. Mbatha, Nkonjeni Hospital Nursing School Principal, Mrs JS Mbatha, Nkonjeni Hospital Nursing Manager on the Launch of Strategic Plan



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Private Bag X 509  
MAHLABATHINI  
3865

Phone: 035 873 0013  
Fax: 035 873 0031  
Email: h020194@dohho.kzntl.  
gov.za

UNITED FOR A COMMON  
GOAL.

We're on the Web:  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

### ***NKONJENI HOSPITAL MISSION STATEMENT***

*“To render excellent high quality care in a safe and conducive environment by:*

***Providing** Comprehensive Health Care based on the Primary Health Care approach through a highly motivated empowered work force, **Ensuring** the participation of the community that we serve and our staff by continuously assessing and meeting their needs within the available resources, **Respecting** at all times Patients’ Rights and Human Dignity”.*

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## **Winning Story From A Rural Health Worker**

I was doing research at Mbilane, which is in rural area falling under Tribal Leader. I was studying Primary Health Care. I was entering the homesteads to talk the people and ask about their problems. I also had to look and study their way of living.

In one of the homesteads, I requested to see their toilet because my intention was to teach them about the VIP toilets. The toilet was built up with corrugated iron and wood sheets. The toilet seat was closed. Inside the toilet itself was a big three-legged pot, legs pushed

down into the ground and the lid was put upside down. Inside the pot there were number of valuables e.g. ID documents, money, Birth Certificates for children.

The old lady said they keep these valuables there because thieves have never, and will never, go to the toilet during a housebreak, but will go into the house. She said they had been successfully practicing this method of a “pot in a toilet” for more than 15 years now.

It was an interesting research. I gave them Health Education on diseases due to pollution

and the importance of having VIP toilet– in reality!

**Ms. Themba Dlomo**

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