

## **Catherine Booth Hospital**

#### **HOSPITAL PROFILE**

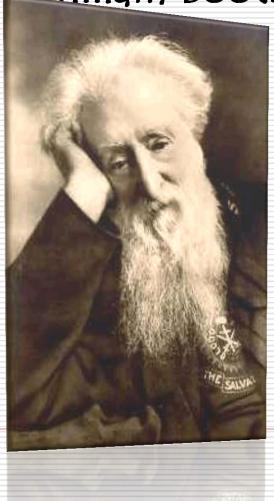


#### HOSPITAL HISTORY

- □ The founder of the hospital was the Salvation Army missionary, William Booth who came from across the river on wagons in 1912.
- He named the clinic after his wife, Catherine Booth.
- They erected a clinic on the church site, which was donated by a community member; after which developed to a hospital.

# Founder of the Salvation Army

William Booth & Catherine Booth





# **Hospital Before Renovations**



# **Hospital after Renovations**



#### Introduction

- Catherine Booth Hospital (CBH), also known as Salveshe is a 170 bedded District Hospital situated at KwaKhoza area, Amatikulu under Umlalazi Municipality at UThungulu District.
- CBH is serving a population of 181607 and it is located in ward 15.
- Previously CBH mothered 6 provincial clinics, 1 municipal clinic and 1 CHC. After the decanting process, 4 clinics and a CHC automatically fell under ILembe District. This process lowered the bed occupancy rate.
- □ Presently CBH mothers 3 Provincial and 1 Mobile clinic: servicing a population of 8194, Ensingweni Clinic servicing a population of 19683 in Wards 19 & 20, Mvutshini Clinic servicing a population of 11902 in Wards 16 & 17, Gingindlovu Clinic servicing a population of 9658 in Ward 18 and the Mobile unit visits all wards.

## CONTINUATION...

- Though wards 6 and 20 do not have provincial clinics, but they are serviced by hospital and mobile clinics.
- The number of schools under our catchment area are 48 (33 Primary & 15 High Schools).
- Outsourced services: Food Service, Cleaning and Security Services are partly outsourced.
- The hospital was ear-marked to house MDR-TB cases. The Ward was set up in 2007 as a temporal structure with 13 beds.
- □ In 2011 the new MDR-TB Unit which comprises of 40 beds (20 males & 20 females) was opened by Deputy President, Kgalima Mothlante.
- The hospital is operating on a 24hour basis, with some services available between 7:00 and 16:00.
- Currently there are 5 wards (Male, Female, Paediatric, Maternity & TB-MDR). There are minimum staff residences, park homes housing other services and offices, Operating Theatre, stores, laundry, Pharmacy storage, OPD and Admin block structure.

## NEW MDR TB 40 BED UNIT



- □ To cater for UThungulu District MDR TB cases
- 20 males and 20 females beds.

# DURING THE CONSTRUCTION OF MDR-TB UNIT









#### SERVICES PROVIDED

- Inpatient
- Outpatient: initiation of treatment, Rehabilitation & Social Services, Outreach (home injections) including defaulter tracing, part of monitoring the service within the District, Information Management, Audiology and HCT.
- ☐ Pharmacy, MMC and Public relations.

### CHALLENGES

- Transport shortage to run outreach services (home injections & tracing) still remains.
- Shortage of PHC facilities at Obanjeni area in Ward 20 as well as Ward 6 is a challenge because patients have to travel long distances to the hospital and clinics which could be the main cause for defaulting of treatment and other essential mother and child services.
- Staff turn over especially PNs and specialized personnel are due to limited accommodation for staff.
- Unavailability of isolated facilities pose a huge problem in terms of seclusion of patients with special needs.

## RECOMMENDATIONS

- Accommodation for clinical staff to serve as a retention strategy.
- Attend to staff attitudes, develop QIP's to assist staff, motivational strategies and team building.
- Motivate for the Revitalization of facilities, especially VIP toilets, OPD, MDR-TB, isolation rooms, medical wards; i.e. Female, Male and Paediatric units, Pharmacy, lodgers area, staff residences, Staff Wellness Centre, Hall/ Chapel, Tuck-shop and Day Care Centre.