

MEET THE HOSPITAL'S NEW ACTING CEO

September 21st 2009 EG and Usher Memorial Hospital received a new acting CEO from St Appollinaris Hospital. Mrs Ntombifikile Thekiso took over from the retired Ms N Mate and promised to continue where Ms Mate left off. She emphasized the good work done by Ms Mate and she stressed that whatever she is doing and still going to do emanates from the good work by Ms Mate. Already there are visible changes like the extended clinic hours by

hospital Gateway and Kokstad clinic. All these clinic are opening at 7h00 am till 7h00pm.

The hospital board led by chairperson Cllr Mhlongo has also welcomed the new CEO and they promised their full support for her. They also emphasized that they hope to have a good working relationship with the CEO.

Having managed the successful hospital like St Appollinaris Mrs Thekiso understand the challenges that are fac-

ing the hospital like staff shortage, budget constraints however she has made clear that all the abovementioned will not compromise service delivery.

Mrs Thekiso is carrying a load of experience in management having worked as a CEO for St Appollinaris for seven years. Before that she worked at Taylor Bequest Hospital as a Matron. She is currently doing a Masters in Public Health.



Acting Hospital Manager Mrs N.C. Thekiso

HOSPITAL EXTENDED SERVICES BENEFITS THE COMMUNITY

The efforts of the Ms Mate and Hospital management, Mrs Zikolo has paid dividends when the hospital opened its doors to allow the Home Affairs to operate inside the hospital. The hospital is situated next to I-ward.

The Home Affairs Office is opening at 7h30 and close at 15h30 in the afternoon. The following services are done:- Birth registrations, Death registrations. The office is managed by the young energetic lady called Lerato Mapela. She is always willing to help anyone coming to her office. Asking one of the staff members she said " We as a hospital and community needs this service because it solve the road to Health Cards fraud."



Ms Lerato Mapela.(Home Affairs Office)

MEET THE STORES DEPARTMENT FOR THE HOSPITAL

The stores Department is one of the core department of this hospital. Just imagine if stores were functioning well or they not getting necessary support the whole hospital can collapse. The stores department is responsible to ensure that all stock needed is available. It is also responsible for issuing of stock, advertising tenders, receiving quotations, stock taking and many more. Our stores department is situated at the end of wards department (next to J-ward). This department is headed by Mr Mbongeleni Hamilton Kunene. Mr Kunene is employed as a Senior Finance Management Officer and is also in charge for stores. The supply officers are responsible to carry out all the mentioned stores responsibilities while Mr Kunene has to oversee that all this functions are done in line with PFMA and departmental procurement procedures. “ It is not an easy job because I have monitor all the stock available and receive reports from supply officers and respond to them. I am also responsible for other finance department to see that Finance and Systems Manager is getting support” he said.

Mr Kunene joined stores from Murchison and has more than 15 years working for Health Department in KZN. All the Supply Officers are always busy ensuring stock is available and all stores staff, **“THUMBS UP FOR GOOD WORK”**

THE FACES BEHIND STORES DEPARTMENT



Mr H.M. Kunene(Senior Finance Management Officer and stores in charge)



Mrs E.T. Sabela(Supply Officer)



Mr A.J. Cook(Supply Officer)



Ms PD Masikane(Supply Officer)



Mrs EP Lecheko (Supply Officer)



Mr Z. Shushu (Supply Officer)



Ms N. Mkhize(Finance Intern)



Mr C . Ferris (G.O.)

From time to time as a Supervisor I am called to mediate between a member of the public and one or more staff. The mediation sometimes results in a form of mental shoes. Many times I have found that the complaint is that can not properly resolved, but with each understanding where other is coming from, frustration and tempers can be moderated. Sure we would all like an environment where a prescription can be handed in and less than 2 minutes later you are walking out with your prescription, no queues, no constraints, staff shortages and an overwhelming need, staff are going to work under trying conditions, patients are going to get agitated and frustrated and tempers are going to flare.

What is a solution? I don't know! But this I do know, when we begin to see our patients as people with blood and bones and flesh, not just as numbers, conditions(Diabetic, hypertensive, epileptic etc) or as cases(C-Section, appendicitis

case, mental case etc) we form an attitude that is more tolerant, and Batho Pele becomes an outworking from within rather than a program to be adhered to.

When we track a persons movements from the time they enter the hospital to the point they leave, we can begin to understand frustration levels building up. I can't talk for other places but I am sure similar scenarios exist in many places. You have to find someone that can direct you to the correct starting point, where you can join the line. From there you are directed to move to the next block on the game board.

Next move , Next queue

line, so it goes on, endless delays, some valid, some not, but by the time you are nearing the end of the game your temper is on a short tether and staff become the focus of it. This in turn sets up defensive mechanisms of retaliation either verbally, sometimes physically, many times " I

will ignore you"etc and spiral continues. Why? Because we have not placed in the shoes of patients and thought of what they have to go through up to the point of contact with us, we have not humanized them but systemized them. They in turn have little or not understanding of pressures of numbers, workloads and stresses, burn out syndromes, lack of resources at every turn and the continual resentment directed at the staff due to real or perceived inefficiencies.

My mom always used to say that I cannot think or live for someone else, but I have a choice as to how I behave and react. What has been of relevance to me is that as I have removed blinkers and placed myself in other persons shoes, and as various other role players and have done the same, that focus seems to shift from problem towards potential solution from "what can you do for me?" towards " How can I assist you"? An suddenly the sun shines through the dark clouds of despair and frustration. Does that mean we always have a fairy tail ending? Not at all , but at least the need for anti-ulcer medication, analgesics and antidepressants is held at bay for another few hours.

While on the subject of Batho Pele , how many employees are seen through the lenses of "persal numbers" or " Everyone has the same problem?" or " every one is complaining about this and they should realize we cannot do anything about it?" If we are honest with our selves, and especially those delivering service to employees, and those in management positions, it is too easy to get into this frame of mind.

Next time your frustration/temper levels are on the rise, do some mental gymnastics, change, shoes, and determine what would your reaction be when confronted you're your department/ institution/program/or sometimes your own service delivery patterns. Yes there will be many time that you cannot effect a meaningful change, but you may mitigate a re-occurrence of unpleasant scenarios. (**By Shawn Bull, Pharmacy Manager**)

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DEDICATED TEAM FROM USHER MEMORIAL HOSPITAL LED BY SR SWAARTBOOI (CRISIS CENTRE MANAGER)

MR SERVICE DELIVERY VISIT KRAANSDRAAI

GREATER KOKSTAD MUNICIPALITY, HOME AFFAIRS, SOCIAL DEVELOPMENT, USHER MEMORIAL, SASSA VISITED KRAANSDRAAI ON THE 04TH OF NOVEMBER 2009. 1DS, GRANTS, BIRTH CERTIFICATES, VCT AND MOBILE SERVICES WERE DONE. THE COMMUNITY BENEFITED ON THE DAY ESPECIALLY WITH AIDS AND HEALTH SERVICES BECAUSE THEY ARE SCARCE IN THAT PLACE.



CLLR KHUTSHWA HELPING PEOPLE TO GET AIDS



OLD HORSE CAN STILL GALLOP! MATRON MIYA WAS TAKING BP AND OTHER VITAL SIGNS FROM THE PATIENT.