news

”American radio broadcaster Paul Harvey: If ‘pro’ is the opposite of ‘con’, what is the opposite of ‘progress’?

Taming TB in a new space

FACE-LIFT: King Dinuzulu Hospital has been completely overhauled, much to the delight of its staff members and patients

PHOTOS: KHAYA NGWENYA

State-of-the-art facilities help doctors and nurses keep their critically ill patients happy and healthy

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There's an almost tangible sense of pride and professionalism coming from the team running the accident and emergency ward in the 400-bed district hospital in the middle of Durban's King Dinuzulu Hospital Complex, which was officially opened during a ceremony last month.

Doctor Roshan Maharaj, matron Busisiwe Dladla and operations manager Thabo Mathenjwa were all on duty when the hospital, which is part of the city's old King George V TB hospital, opened its doors to patients for the first time on January 1 2012.

The trio heads up a team of 48 staff, split into two shifts, which runs the 16-bed casualty ward that handles between 450 and 500 patients a month. The team assesses and stabilises the patients before they are either discharged or admitted to one of the paperless district hospital's 14 other wards.

The district hospital serves as a sort of catchment for about 750 000 residents, although patients from as far as Pietermaritzburg and Estcourt were receiving treatment there this week.

"We opened the place, it's been rewarding for us. There are challenges in terms of patient load and supplies but the facilities are excellent," says Mathenjwa, a 15-year nursing veteran who previously worked in the trauma unit at the city's King Edward VIII Hospital.

Maharaj agrees, saying: "There are challenges, but the facilities here are far superior to those at any similar hospital in Durban or its surrounds.

"It's new, it's clean and there is quality, new equipment. We work very hard as a team to ensure we deliver quality care to our patients."

The district hospital was built from scratch as part of a 15-year revitalisation programme for King George V Hospital, which first opened in 1939 as a whites-only TB facility.

Black patients were treated in a separate hospital in Point. The white hospital expanded after World War 2 because of a shortage of TB beds for returning war veterans.

In 1956, the two merged to create the King George V Hospital, and black and white patients were treated in separate wards.

Opened by Zulu King Goodwill Zwelithini last month, the King Dinuzulu Hospital Complex consists of the district hospital, a 320-bed multiple drug-resistant (MDR) and extremely drug-resistant (XDR) TB hospital, an 80-bed TB spinal and thoracic unit, a 130-bed psychiatric hospital and a dental clinic run in conjunction with the University of KwaZulu-Natal Medical School.

Stretching almost 2km and employing 1 600 staff members – from doctors to security guards – parts of the state-of-the-art complex were still under construction when City Press visited this week.

Some delays were caused by the liquidation of a contractor, with construction expected to be completed by the end of the year.

Workers were still busy with the new TB outpatient section and psychiatric wards, and landscaping crews were laying strips of lawn along the perimeter fence separating the sprawling complex from the neighbourhood of Asherville.

Since 2009, the project, which now falls under the presidential infrastructure coordinating commission, has created about 1 400 construction jobs as part of the expanded public works programme.

Landscaping contractor Eric Ngubane from Bhambhayi in Inanda has been on site with his 30-member crew since last month.

Their job started last month, and next month they will move on to another project, which is likely to be another hospital.

Ngubane says: "The work is good. The money is not that bad. The cost of living is high and there are 13 people living at home, but we are working."

Staff members in the new TB hospital are upbeat about the new environment.

"The wards are new, clean, well ventilated and much safer and more hygienic to work in," says Sister Radiyyah Khan, who works in the male TB unit.

The layout makes Khan and fellow staff in the 32-bed male TB ward feel more secure.

They need the reassurance – they deal with potentially fatal MDR and XDR TB, which is spread by particles that can hang in the air for two hours after a single cough from an infected person who is not on treatment.

Patients arrive at the hospital critically ill and are nursed for up to six months, depending on their condition and rate of recovery.

Khan says: "There's effective air-conditioning and great ventilation, so we feel much safer. The old ward was dirty, equipment was old and toilets and bathrooms were awful because they were so old. This is a much more conducive environment for nurses and patients."

Malusi Shibe (24) from Umlazi, who is in his fourth month of treatment for MDR TB, agrees, saying: "This is much cleaner. It's brighter. The other ward was old and dirty. This is much better. There's even DStv. The only thing you can tell them is that the food is too little."

FRESH START: One of the wards at King Dinuzulu Hospital, which has undergone a major revamp

Memories of a different Dinuzulu

Driving into Durban's King Dinuzulu Hospital Complex this week, it was almost unrecognisable as the King George V Hospital in which I spent three months being treated for pulmonary TB in 1987.

Stanley Copley Drive, which leads to the hospital on the border of Durban's Sydenham and Asherville suburbs, has been renamed RD Naidu Drive after a local community and sports activist.

The old single boom and gatehouse are gone, replaced by a four-lane, multiboom entrance that leads into the hospital complex.

The complex was officially renamed last month by King Goodwill Zwelithini, the great-great-grandson of King Dinuzulu.

Like the King Dinuzulu Hospital today, in 1987, King George V Hospital was the province's main TB treatment facility, and patients were referred there from clinics around Durban as well as from other major urban centres.

That's where the resemblance ends.

The hospital then consisted of a multi-storey building housing the dental ward and a series of World War 2-era wards spread out over its grounds, which covered nearly 2km.

White patients were housed in the sparsely populated D Ward, connected to the rest of the bungalow-style hospital wards by walkways linking the various buildings.

> *I roomed with a disillusioned police riot unit member who smoked massive amounts of dagga*

Patients lived two to a room and the population in the ward did not go above 10 or 12 people in my entire time there.

For most of my time, I roomed with a disillusioned police riot unit member who smoked massive amounts of dagga to ward off the depression caused by being dumped by his fiancée.

Our meals – three courses at lunch and dinner – were eaten in the segregated facility but were cooked in the main kitchen.

The hospital's grounds were massive and the 900-odd beds were centralised, so a massive wooded area, full of monkeys, surrounded the hospital buildings, which even then were showing signs of deterioration.

Adjacent to D Ward, where, thanks to a starch and protein-rich diet I regained the more than 12kg I shed in less than two months of being infected, was F Ward, the psychiatric facility. This was another whites-only part of the hospital.

Above the administration area was the hospital's black section. While my time at King George V predated the massive spike in TB cases that came with the HIV pandemic, the black section was full and patients there slept on mattresses.

The patient:nurse ratio was far higher in this part of the hospital and the patients' sickness was way more visible.

My most harrowing memory of the hospital is, on the night of my admission, seeing two orderlies turn a stretcher with a corpse strapped to it on its axis to get it through a double door in the passageway leading to what I later learnt was the morgue.

My best is leaving after three months instead of the anticipated six, sick and tired of the daily injections in my gluteus maximus and a regimen of 13 pills a day.

Paddy Harper

OPINION

How we built it

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The impact of health infrastructure on our daily lives is so significant that President Jacob Zuma dedicated a full stream of work to the build programme as part of the Presidential Infrastructure Coordinating Commission (Picc).

There are 18 strategic integrated projects, known as SIPs, which monitor progress and help to integrate infrastructure projects across the country.

Health facility construction is organised in SIP 12 and focuses on speeding up the building of new hospitals and revitalising the state of clinics, healthcare centres and hospitals across the country.

Phase 1 of the Picc build programme in SIP 12 includes opening 122 nursing colleges and building five new megahospitals.

In preparation for the National Health Insurance scheme, 11 pilot sites are being prepared.

Phase 2 will address the introduction of capital expenditure to prepare the public healthcare system to meet the requirements of the scheme.

Picc's National Infrastructure Plan is based on an assessment of the spatial needs of people across the country: Recognising where people live; what areas of the country are not yet served with electricity, sanitation, water and telecommunications; where potential new economic development and industrialisation could be stimulated; and contributing to smarter spatial planning in future.

The results of a recent audit commissioned by the department of health on the state of the country's public health facilities will help us allocate more resources to prioritise the most underserved areas, with a sharper focus on remote areas.

This audit will also strengthen our work on operations and maintenance of all state assets, such as water, housing, sanitation and electricity.

Dr Shaker, who has a PhD in engineering, works with Picc and is adviser to the minister of health