



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

King Dinuzulu Hospital Complex

PO DORMERTON, 4015
75 DR RD Naidu, SYDENHAM, DURBAN

Tel: 031 242 6000: Fax: 031 2099586

thami.Chizama@kznhealth.gov.za

Ezakwa Dinuzulu

NEWS

July 2018

A TRIBUTE TO NURSES WORKING AT KING DINUZULU HOSPITAL COMPLEX

By Nirupa Misra, Pharmacy Manager:
Guest Speaker at the International Nurses
Day held on the 30 May 2018

Sawubona, Good morning, Namaste. In Hindi; Namaste means, the Divine in me, greets the Divine in you, because we are all Divine beings with one goal which is to care for our patient's health because: Health is a Human Right.

I am humbled to stand before you this morning to celebrate International Nurses Day, not as a guest speaker but as part of the KDHC family. When I received the call yesterday afternoon to say a few words at this prestigious function, I hesitated, just briefly; stating that I am not a guest but a part of the family. And then I thought, do we really need an outsider to celebrate the excellent work that each and every one of us do on a daily basis at KDHC. Who better than a member of the family, to be a Voice to lead, to praise and to motivate us to do better?



Sister Ntuli, Mdladla Shezi, Ngcobo

Nurses function in a healthcare setting as an integral part of the healthcare team with the patient at the center. Often you may hear someone say: I am just a nurse.... However there is no such thing as "JUST A NURSE" The nursing profession is central to the heart of healthcare, without nurses and everything that you do, healthcare simply could not function. Nurses are the frontline of care and play so many roles that it is impossible to encompass it all in just one job title:

Today, every speaker that you hear will reiterate the same message regarding the value of the nurse and I would also like to celebrate the Divine beings that I work with **BECAUSE YOU ARE NOT JUST A NURSE:**

MDR children's ward

You are not just a nurse....

You are a Caregiver – This includes those activities that assist patients physically and psychologically while preserving their dignity encompassing the physical, psychological, developmental, cultural and spiritual levels.

You are not just a nurse.....

You are a Communicator – As a communicator nurses identify patients' problems and then communicate these verbally or in writing to other members of the healthcare team.

You are not just a nurse....

You are a Teacher – As a teacher the nurse educates patients and their families on their diagnosis and teaches them how to manage their symptoms and explains treatment options. You educate patients on the signs and symptoms of disease process, medication and how to navigate the healthcare system, especially how to access care.

You are not just a nurse....

You are a Patient Advocate – In this role the nurse may represent the patients' needs and wishes to other healthcare professional, such as relaying the clients' wishes for information to the physician. They also assist patients in exercising their rights and help them speak up for themselves. Nurses act as ambassadors for patients.

You are not just a nurse....

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

2018 Nurses day commemoration



You are a Counselor – the nurse also helps patients to recognize and cope with stressful psychological or social problems, to develop, improved interpersonal relationships and to promote personal growth. This involves providing emotional, intellectual and psychological support.

You are not just a nurse....

You are a Change Agent – the nurse acts as a change agent when assisting patients to make modifications to their own behavior. Nurses also often act to make changes in a system such as clinical care, if it is not helping a patient return to health

You are not just a nurse....

You are a Manager – The nurse manages the nursing care of individuals, families, and communities. The nurse manager also delegates nursing activities to ancillary workers and other nurses and supervises and evaluates their performance.

You are not just a nurse.....

You are a friend - patients enter the hospital to be cared for by a nurse, but it is not just the physical care they receive that matters – the emotional support they receive from a nurse can make a world of difference.

You are not just a nurse....

You are a bridge builder – as the frontline of care, nurses hold a responsibility to provide the best possible care to their patients while embodying their healthcare organizations values and missions

So you can clearly see that:

**A NURSE IS.....NOT JUST A NURSE:
SHE / HE ARE SO MUCH MORE.**

Some of the attributes that I have noticed and admired about nurses is your empathy, flexibility, attention to detail, interpersonal skills, physical endurance and emotional stability.

However, in the current healthcare environment where we are experiencing, staff shortages and huge patient numbers we know it is very difficult for nurses to fulfil all these roles 100%.

And as family members we can admit that it is very difficult to sometimes place other people first when we are not happy with our own house. But it is important in any family to communicate and talk about our issues so that we can resolve them amicably and still stay together.

So every year since 1965, the 12th of May is celebrated as International Nurses Day - a day to celebrate the phenomenal work done by nurses. So today, I would like to say Thank you..... Thank you to all the nurses that work at KDHC, and in the healthcare sector in South Africa and globally for being part of our team. For being A voice to lead AND shout out loud that Health is a Human right.

So let us promise to put aside our differences, to work together and find solutions to our challenges, to make KDHC one of the leading healthcare facilities that thrive on respect, empathy, love, forgiveness and teamwork. Let's identify the strength in each other and use it to prop each other's weaknesses and together take KDHC forward.

Together we can. I am because you are.....THANK YOU FOR BEING A NURSE

References: Kristina Ericksen; Rasmussen College School of Nursing



2018 Nurses day commemoration



CEO's update

CEO'S REPORT 27/06/2018

Hospital Revitalization Programme:-

TB Complex scheduled for completion – March 2022

Psychiatry Phase 2B scheduled for completion – March 2022.

Hospital Finance:-

Refer to Finance report.

Events:-

International Nurses Day celebrated on 30/05/2018.

Staffing:

Critical shortage of medical, nursing, paramedical and non-clinical staff remains.

Long laborious process on the ratification to fill posts.

KZN DOH – 15 % of Medical Officer posts and 30% of Specialist posts vacant.

Facility Operational Plan 19-20/06/2018:-

Currently being finalized.

Staff Residence:-

The court case was set down for the 20th April 2018 for the illegal tenants to show cause as to why they should not be evicted.

MASEA Awards:-

KDHC received two awards – Gold award for POPD and special recognition award to the Pharmacy Manager : Mrs N. Misra.

Community Demands:

Residents from the informal settlement approached the PRO demanding the following:-

That the outsourced companies viz Sodexo (Catering), KKS (Security), Khabelikhulu (Gardens & Grounds) and Tower City (Cleaning) employ people from the local community .

The KZN DOH (KDHC) give people from the local community first preference with respect to staff recruitment.



CEO DR. K. NAIDU

DR K. NAIDU

C.E.O.

Nelson Mandela Day 2018

Nelson Mandela day , Kind Dinuzulu staff members ,decided to embarked on cleaning our facility, painting, In-service to patients.



Dr. Ruben Naidu-C.E.O. donated school books to King George Primary school, to enhance the knowledge of our inpatients MDR TB children who attend school within the premise's.



MEET OUR QUALITY MANAGER MS. T. KUBEKA

My name is Thabisile Kubeka, I will be working as Quality Assurance Co-coordinator for KDCH. I am so enthusiastic about joining a team of KDCH and looking forward to working together. My Office is in Ground Floor next to FIO's Office, ext. 6128. Everyone is invited to stop by and meet me personally and professionally on work related issues.

I have worked at the Department of Health for three decades, Qualified in General Nursing (Midwifery, Community; Psychiatry, Education, Administration) and Critical Care Nursing. I have just moved to KDCH from Mseleni Hospital under UMkhanyakude Health District.



I was thrilled to be offered this post and am looking forward to the opportunity of building great new personal and professional relationships. I came to join the KDCH Team to serve customers both internally and externally, as I understand that customers are powerful sources available and need to be remembered all the time. Without customers we do not exist, so we have got to understand who they are and what their needs are in order to deliver relevant services to them.

Colleagues; we need to conform to Best Practices using Clinical guidelines and Protocols to assist in our provision of Quality care. We need to advocate for Patients' Rights, Batho Pele Principles and minimize waiting times for services.

We should always welcome Suggestions, Complaints and Compliments, through monitoring clients' perceptions through their responses, in order to improve our service quality and provisions. Provision of safe environment for health care delivery through risk assessment and mitigation should be our priority. We should always strive to comply with Patient Safety Incidents management.

I am here to help achieve a number of goals, through teamwork; making sure that we achieve them through delivery of extraordinary quality service to our customers, I am open to your ideas on how we can achieve the goals of the DOH. I also would like to understand "what is your work related goals"?

I am genuinely looking forward to having the opportunity to meet each and every one of you as I settle; and start contributing my part to efforts you are making in delivering quality patient care. We have started on the working document "Operational Plan" with some of the sections. I must say I am enthusiastically excited on the Quality Improvement Projects we will be working on together in the near future.

Thanks to everyone for being so welcoming I look forward to working with all of you.

TB DAY Commemoration 2018



Mr. Khathi from AVBOB donated books and photocopying machine to King Dinuzulu Primary School.



Ototoxicity

Ototoxicity is defined as toxicity to the ear or in other words impairment in a persons ability to hear normally. (Deafness)

Hearing loss can be mild, moderate, severe or profound.

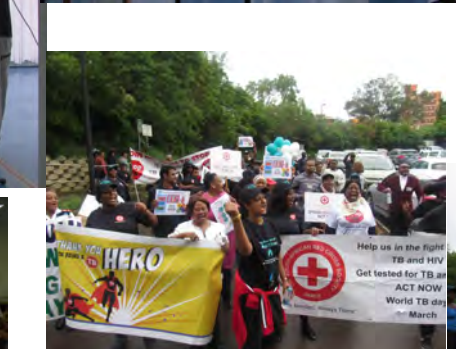
With Mild hearing loss a person can function normally but with a profound hearing loss a person will be severely disabled and unable to communicate

Hearing loss can be congenital (at birth) , or due to acquired factors..

Acquired factors are

Loud noise – working with heavy machinery , listening to loud music Physical trauma, Chronic ear infections. Drug Related – Exposure to certain chemicals – like in TB

In the context of TB – the injections used in the TB program - Kanamycin/ Amikacin can are used for were regard- and there has get severe



cause permanent hearing loss. These drugs period of 6 months .In the past the injections ed as crucial to curing a patient with MDR TB been no substitute. At least 25% of patients hearing loss on these injectable.

With the release of new drugs like Bedaquiline (since 2015) the SA TB program has been pro-active in trying to find a replacement for the injectable to prevent ototoxicity. Any patient with MDR TB & Hearing loss is now being offered the new drug Bedaquiline . Of the 20000 MDRS in the world , South Africa has started more than 10000 patients on Bedaquiline.

It is therefore important to test MDR patients hearing before treatment and regularly while on treatment to detect any sign of Ototoxicity or hearing loss so that the injections can be stopped and they can be given the new medicines. The hope is that hearing loss can then be prevented. For those that already have significant hearing loss they should be assessed for hearing aids.

We cannot as yet replace injectable with Bedaquiline in all patients but there is hope that this will happen in the future so that no MDR will have to face the risk of Ototoxicity in the future

Thank You



Umduduzi Palliative Care Launch

ESTABLISHMENT OF AN EDUCATION AND STIMULATION CENTRE FOR CHILDREN WITH DRUG RESISTANT TUBERCULOSIS: ADDING *LIFE* INTO THE DAY OF A CHILD WITH DRUG RESISTANT TUBERCULOSISAND NOT JUST A DAY INTO THEIR LIVES

Misra Nirupa1, Singh Nalini1, Naidu Kantharuben1, Govender Thiloshini1, Maharaj Shamin1, Mtanzeli Gloria1, Sunkari Babu1, Master Iqbal, Van Der Merwe Mari2: Presented at the International Children's Palliative Care Conference, 30 May – 2 June 2018

Prolonged hospitalization is required to treat children with drug-resistant tuberculosis (DR TB). This is a traumatic experience as they are separated from their families, friends and familiar routine of home and school activities. Children need an environment that stimulates, educates and encourages them in order to improve treatment outcomes and quality of life. Partnerships with artists from the community, private sector, faith based organizations, NGOs and pharmaceutical companies ensured that this was achieved with the opening of "*Ekhaya Lethu*" at KDHC.

AIM

The aim of this poster is to showcase the **POWER OF PARTNERSHIPS** to need for palliative care to be incorporated into the continuum of care for a child with drug resistant tuberculosis a call was made for collaborative partnerships to improve the lives of children admitted to hospital with DR TB. The response was phenomenal with hours given to transform a clinical environment into an education and stimulation center that added life into the day of a child admitted for up to six months with DR TB.

The motivation:

Madiba's statement: "**Knowledge is the most powerful weapon to change the world**" resulted in an interactive wall mural that tells the story of DR TB to improve knowledge and adherence of children, healthcare workers and caregivers and encourages them to become ambassadors for DR TB. A structured programme to stimulate and educate the children was rolled out.



Wall of Knowledge



Homework Time



Play Time



Pregnancy Education Week– Sponsored by Bio-Oil.

Women who suspect they may be pregnant should schedule a visit to their healthcare provider to begin prenatal care. Prenatal visits to a healthcare provider include a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, healthcare providers may also do blood tests and imaging tests, such as ultrasound exams. These visits also include discussions about the mother's health, the baby's health, and any questions about the pregnancy.

Preconception and prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy. The six weeks postnatal check provides the opportunity to review the mother and the baby's progress since the birth.



It is my responsibility to:

Preconception

- know my HIV and TB status and that of my partner before planning pregnancy
- plan pregnancies before 35 years of age to decrease the risk of foetal abnormalities
- abstain and delay sexual activity and other risky behaviors (multiple partners/drugs/alcohol abuse) as a young person
- use contraception in addition to the use of condoms
- always use condoms correctly and consistently when having sex even during pregnancy
- eat healthy and exercise regularly
- stop drinking any alcohol, smoking or taking illicit drugs to prevent foetal abnormalities
- stop self medication /taking any medication not prescribed by the healthcare provider
- take and adhere to prescribed medication
- take folic acid together with my contraceptive method to prevent foetal abnormalities (three months before planning pregnancy)
- be aware of my health status and medical condition before planning pregnancy
- visit the nearest healthcare facility when not feeling well
- if HIV positive and pregnant, take and adhere to antiretroviral (ARV) treatment, in order to stay healthy and to prevent infecting the child with HIV

Antenatal

- visit the nearest healthcare facility as soon as I miss the first period
- get tested for HIV as soon as we know that we are pregnant
- ensure support for my partner during pregnancy and thereafter care for the child
- always use condoms correctly and consistently when having sex even during pregnancy



- eat a healthy well balanced diet and exercise regularly while pregnant
- rest adequately while pregnant
- stop drinking any alcohol, smoking or taking illicit drugs to prevent foetal abnormalities
- stop self medication / taking any medication not prescribed by the healthcare provider
- wear loose clothes and low heel shoes during pregnancy
- take folic acid, iron or calcium supplements while pregnancy
- stop eating soil during pregnancy
- check the well being of my unborn baby by counting movements, baby kicks, etc.
- visit the nearest healthcare facility when not feeling well



Hand washing Campaign 2018



Hand hygiene is a major issue in infection control. It is considered to be the most important infection preventing measures.



Many infections are spreading by direct contacts. To prevent contamination, good hand washing techniques must be practiced. Hand washing is also the least expensive measure to prevent transmission of nosocomial infections. Hand washing is just one important way of avoiding transmission of organisms present on the hands. Hand hygiene is a well researched subject. It is stated to be an important route of transmitting infection (DOH 2001a cited in Dougherty, L. et al 2004). Survey shows that hand washing is not carried out to the high standards desired (Taylor 1978a cited in Dougherty, L. et al 2004).



Every healthcare professional is aware that they should wash their hands before and after contact with a patient. Observation shows that this happens less often than it should. Hands can easily get contaminated during any activity and contact; therefore hands should be decontaminated before undertaking any activity. The purpose of hand washing is to remove dirt and reduce the amount of bacteria present on the hands (Reybrouck, 1986; Ayliffe 1992 cited in Meers, P. et al 1997). Hands like the rest of the skin, carries two types of microbiological flora. Resident organisms survive deeply on the skin and aren't easily removable.



These bacteria can survive the application of an antiseptic. They are generally not linked to hospital infections. The resident flora of healthy hands is unlikely to cause infections, though this could vary among immunocompromised patients. Transient organisms can be transferred by direct contact. They reside on the surface of the skin. Transient are organisms that can be viral, bacterial, and fungal. Most of the transient flora is readily removed by good hand washing techniques and when antiseptics are used. The technique of hand washing should be carried out properly to ensure all areas are adequately decontaminated. To achieve fully clean hands, these steps should be followed (Taylor 1978b; Phillips 1989 cited in Dougherty, L. et al 2004):

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- Roll up sleeves, remove rings and watches
- Use continuously running water
- Use liquid soap
- Place hands appropriately to avoid contaminating arms
- Avoid splashing clothing and the floor
- Rub hands together vigorously
- Use friction on all surfaces
- Rinse hands thoroughly with hand held down
- Dry hands completely.

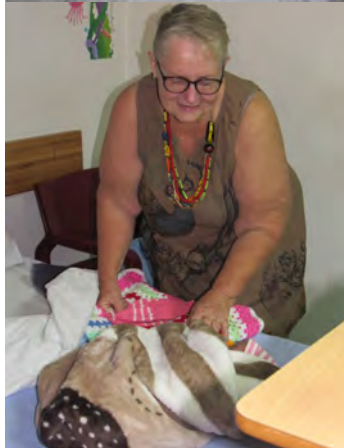
Beanies and Blankets for Babies group



In 2013 a request for help for moms and babies born in King Dinuzulu Hospital appeared in the Berea Mail. To help out a small group of mainly retired women got together to knit, crochet and sew items for new born babies. They soon realized that they needed more people to help out so that more babies could receive gifts of blankets, jackets, beanies, booties etc. The group started to grow and so Beanies and Blankets for Babies was formed.



Since then the group has expanded but as it is completely informal there is no record of the numbers of women and some men who help out. Three wool shops in the Durban area have containers where the baby items can be dropped off. Others from as far away as New Zealand, Australia, England, Northern Ireland and Scotland regularly send parcels of things they have made. Some people who do not knit have bought wool but mostly it is the knitters themselves who buy the wool and fabric needed.



The group tries to visit at least once a week to hand out gifts. On special days such as Christmas, Easter, Heritage and Mandela Day there is always a delivery of baby items as well as gifts of toiletries for the mothers. In 2017 1,802 babies received gifts from this group.

If a mother has lost a baby, she is given a handmade sympathy card, a crochet heart and some hand cream. This is so that she does not feel left out when she sees others getting gifts and it is hoped the little card and heart bring her some comfort.



Founding member, Dr Snoeks Desmond says that one reason people have been so generous and given so willingly of their time and skill is because this group hands gifts directly to mothers so everyone knows the gifts reach those they are made for. The group hopes that by receiving a gift, each mother feels special and knows that her baby is welcomed into the world by kind strangers.



Staff in Wards E and D and in the Labour Ward have been very supportive and group members are always greeted with smiles.

Follow the group on their FB page: [Beanies and Blankets for Babies](#)

To day we talk about Medial liaison at KDHC

Title: Media Enquiry Policy

Policy no: PRO 2014

Policy statement

- a. The management and the public relations officer will be present during media interviews.
- b. Media interviews will be carried out responsibly, factually and within the protocols of the Cooperate Communication.
- C. Patient Rights will be respected during such interviews.

Objectives

To enhance the prestige of King Dinuzulu Hospital Complex by projecting a positive image of the Institution

To provide information about the hospital, to external and internal customers stake holders.

To establish good working relationship with the media also minimizing negative coverage.

Procedure

1. When media enquiry is received the Public Relations Officer will inform the Management and Cooperate Communications department.
2. The particulars of the journalist must be obtained e.g. name, address, company etc.
3. All Questions should be written forwarded to the Public Relations Officer including dead line, date, time and a copy will be sent to Cooperate Communications Dept.
4. An approval will be issued by Cooperate Communication for allowing media representatives to interview or to take photographs of patients.
5. Concern form shall be obtained for photographs below or above 21yrs.

Patient Rights should be protected at all time.

Mr. Thami Chizama

Public Relations Officer



Mr. Thami Chizama
Reporter/photographer

