

MANGUZI HOSPITAL NEWSLETTER

JULY -SEPTEMBER 2014

CEO'S CORNER



As we pass the halfway mark into 2014/15 financial year, I thank everybody for hard-work and stamina discharged in the first quarter. Similarly, the last half of the year will need the same dedication and devotion if we are to continue adding smiles into our customers.

Fortunately, there have been many who have helped by their words and deeds. Unfortunately, with so many contributors, this brief column will necessarily omit many of them and my affection for them.

My heroes have always been the people who serve others and work hard to make a difference in their communities. Today, I'm privileged to work alongside PHC corps, enabling us to increase the PHC headcount from 29583 per month to a monthly average of 32481, and have also amazingly done well to sustain 100% weekly visit

I've seen this same selfless commitment across many hospital sections at every level, from finance and HR looking for new ways to reduce costs, create good jobs and invest in the future.

Martin Luther King said: "Everybody can be great because everybody can serve." We all have it within our power to touch people's lives, to work toward a stronger community, and to build a healthier nation.

In closing, we welcome the new personnel who have joined our workforce. Together, we hope to move our hospital into new pinnacles in the health care delivery.

I thank you.

Dr.S.B.Vumase

Inside

- ⇒ *Breast feeding campaign*
- ⇒ *Biggest looser*
- ⇒ *Pharmacy week*
- ⇒ *New M & E*
- ⇒ *Female ward opening prayer*
- ⇒ *Home affairs office*

BREAST FEEDING CAMPAIGN



RADIO INTERVIEW

The world Breastfeeding week is celebrated on 1- 7 August every year to encourage breastfeeding and improve the health of mothers and babies around the world.

The community service dietician was delegated to conduct a campaign aiming at raising awareness in protecting, promoting and supporting breastfeeding. The primary target groups included postpartum mothers with infants and young children up to 2 years sampled from the maternity unit and the community respectively.

The main build up activity was a media release organised by the Public Relation Officer, where the communi-

ty service dietician was interviewed in Matupaland Radio station at Jozini to create awareness of the breastfeeding week and the planned activities for Manguzi Hospital.

A social mobilization march successfully took place on the 7th of August 2014. Pamphlets were handed

out at postnatal wards and Manguzi hospital catchment area by an ambulatory team led by the dieticians which included medical officers, therapists, nurses, community caregivers (CCGs) and boxer super city workers, who all support breastfeeding.

“promoting exclusive breastfeeding. We will continue to provide technical support and advocate for multi-sectorial actions on improving the latter.” says the supervising dietician.

“it is imaginable to question the importance of protecting, supporting and promoting exclusive breastfeeding” says the supervisor dietician



BIGGEST LOSER PRICE GIVING

Biggest loser campaign is run for Manguzi Hospital staff. It is a 12 weeks challenge, whose aim is to raise awareness about healthy lifestyle and encourage healthy lifestyles changes for health care workers.

The biggest loser June –August was a great success and assisted participants to make healthy lifestyle changes. There was an increased awareness, interest in healthy living and obtaining a healthy weight each time the biggest loser challenge is run. The programme will be run again to improve health of Manguzi Hospital staff.



June—August biggest loser

PHARMACY WEEK

Pharmacy Department had a Pharmacy week where by they were educating clients on the use of antibiotics, the theme for this year was "use antibiotics wisely". The national pharmacy week was from 1 to 8 September 2014. The focus was on the theme "Rational use of medicines and Antimicrobial Resistance (AMR)". The patients were advised to take responsibility to avoid resorting to antibiotics for a common cold which will increase the risk of AMR which means patient will develop resistance against the antibiotic when they really need them.. Clients were given the opportunity to ask questions, the questions that were asked are as follows:

Q. You are advising us to keep medicines in the fridge, what should I do if I don't have a fridge at home?

A. The antibiotics that require fridge storage are suspensions for pediatrics. It is stable at room temperature for 7days after reconstitution and 14days at a refrigerator after reconstitution. The antibiotic course is 5 or 7days and by this time the child would have finished the course. For insulin, keep the insulin at room temperature or in a cool place away form direct sun and away from the fire place

Q.As I am taking chronic medicines every month, is it advisable to take it concurrently with complementary medicines?

A. No, you can only take the medicines that are prescribed by your Doctor. It is not advisable to take conventional medicines together with traditional medicines as traditional medicines have not been tested for safety, efficacy, quality and interactions with other drugs. If uncertain, you can talk to your Doctor or Pharmacist or other health care professionals before taking any traditional/ complementary medicines with other medicines prescribed by your Doctor.

Q.Is Panado an antibiotic?

A. No, Panado is for pain and fever. It is taken only when necessary for pain and fever, if you don't feel any pains you don't take it.

Q. Why is it important to finish the course of antibiotics?

A The bacteria that you are killing will develop resistance against that antibiotic if you do not finish the course of your antibiotics and that antibiotic won't help you if you really need it when you have a bacterial infection again.



INTERACTION WITH PATIENTS, DURING THE PHARMACY WEEK

MANGUZI STROKE UNIT

Manguzi Hospital, like most district hospitals in South Africa, is seeing an increasing number of acute stroke cases per month. These stroke cases require careful management, both in the acute and sub-acute/chronic stages. It is a teamwork approach- the full multi-disciplinary team of health care professionals, the patient and the relatives need to be involved from day one: coordination and communication is key to minimizing the inevitable disability and promoting as much return to function as is possible on a case-by-case basis.

The coordination and case management becomes difficult if patients are scattered within the ward. Limiting of adverse events as a result of 'stroke units' with designated multi-disciplinary teams have been demonstrated in low resource settings, the only additional cost driver being bed-stay (de Villiers, Kalula & Birch 2009, de Villiers *et al.* 2011).

Manguzi hospital staff decided to try and improve their management of acute stroke patients by designating 5-bedded room within the female ward to nurse acute strokes. This room has been equipped with a neuro-rehab plinth and a variety of neuro rehab

blocks, wedges and balls. The stroke room is fortunately directly opposite our new disability-accessible toilet and shower, making functional rehabilitation a whole lot easier.

Relatives are encouraged to meet the rehab team as of their first visit, so that education and discharge planning is incremental and not done at the last minute. There are educational pamphlets in isiZulu regarding the management of strokes at home, and hypertensive dietary guide-

lines available in the room. Nursing staff are encouraged to position patients correctly from an early stage, and also assist in feeding activities with input from occupational, speech therapists and dieticians. Discharge protocols are in place to ensure that discharges

are timeous and that the relevant needs have been addressed.

The unit has really made a huge difference to the way we are able to manage acute strokes, and the new female ward unit's accessibility also assists us in addressing basic ADL function effectively.



Education and discharge planning starts from day one with patient, relatives



The unit is equipped with a neuro-rehab plinth, a storage locker, and a variety of neuro rehab blocks, balls and wedges.

INJABULO KUVULWA IWODI ELISHA LABESIFAZANE

On the 19 August there was an opening prayer for the new female ward. The prayer was a huge success with different speeches and prayer from the management encouraging the staff to maintain the standard of quality care to our customers. This ward has beds and caters for all different conditions.

Taking you through the ward:

The ward is big and spacious, it is divided into 2 sections with their nursing stations. There is:

1. Ablution block including one for disabled.
2. Procedure room that is well equipped
3. Treatment room
4. Waste area which is safe
5. 4 medical wards with 6 beds each
6. 1 seclusion room
7. 1 mental healthcare users ward
8. 1 isolation room with 6 beds and have its own toilet and shower inside
9. 2 Linen and equipment room
10. Visitors waiting area and day visitors room
11. Receptionist/ward clerk office
12. Well spacious kitchen
13. 2 Surgical ward with 6 beds each
14. 1 Gynae ward with 6 beds
15. 1 Orthopedic ward with 6 orthopedic beds
16. 2 TB ward 3 single rooms 2 sluice rooms
17. Another ablution block
18. Procedure room
19. 5 offices (area manager, operational, doctors and council room.
20. 2 staff room with toilets



NEW FEMALE WARD OPENING PRAYER

Outside the ward there is cough room and a courtyard



Photo album during opening prayer



Isibhedlela saseManguzi nolwesihlanu kusukela ngeke sisisafana ngehora lesishiyagalolunye nakuqala, ngikhuluma nje kuze kube ihora leshumi isibhedlela sesi nehovisi naye.

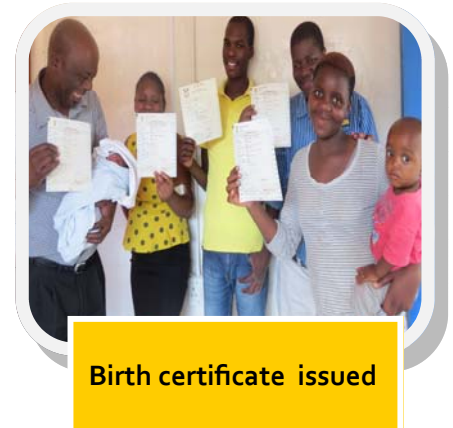
Lomnyango wezasekhaya (Home Affairs). Leli Abomnyango wezempilo Kanye hhovisi lizosiza kakhulu nomnyango wezasekhaya omama abatetile, abahlobo bazimisele ukuthi bethu abashonelwe abadinga ngokuhamba kwesikhathi ukwenza izitifiketi Kanye leli hhovisi lisebenze noma imuphi umuntu afisa izinsuku ezinhlanu evikini ukuthi ihhovisi lomnyango wezasekhaya limsize Kwabafuna ukwenza izitifiketi zezingane bangaphatha lokhu okulandelayo:

Lena ngenye yemizamo eyenziwe abaphathi besibhedlela ukuze kusheshe kusizakala amakhasimende abo.

Leli hhovisi lizosebenza Kwabafuna ukwenza ngolwesithathu Kanye izitifiketi zokushona,

bangaphatha lokhu okulandelayo:

1. I copy kamazisi kamufi Kanye neyelunga lomndeni
2. I form elisayinwe udokotela (1663)



MEET THE NEW M & E MANAGER

Who is Ms B P Shabalala?

I am a mother of one daughter, member of my small family, Christian. I am a lady from deep rural area (ophondweni-eNgwavuma). I am a hard worker, dedicated and passionate about my work.

2. When did you start working for the Department of Health?

Way back in 1993

3. What do you like about your job?

Its dynamic, broadens your thinking, provide insight on the performance of the institution, and being able to advocate for my customers.

4. What would be your message of encouragement to colleagues?

To thank them for the effort that they have put tirelessly to serve our Manguzi community and neighbouring countries. I will also encourage them to do things correct the first time. Do what you would love done unto you, whatsoever a man soweth a man shall reap, therefore be passionate about your work because God has chose you amongst others.

Strive to make a difference where you are.

5. Where do you see yourself in the next five years?
As a District M&E or Deputy Nursing Service Manager.



Manguzi Hospital M & E Manager:
Ms.B.P.Shabalala

For any complaint, suggestion and compliments, please contact the Public Relations Officer Mrs. Silungile N.Mthembu on:

*035 5920 150 ext 222
060 501 7260*

Silungile.mthembu@kznhealth.gov.za

Visit us on www.kznhealth.gov.za

**CTOP IS NOW DONE AT
MANGUZI HOSPITAL**

PHOTO ALBUM

GEPF INFO SESSION



Dr. Joris's farewell



Hand washing drive



At the women's day event



Goodies for kids



Trophy parade



Zuma's farewell

