



# DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

## CORPORATE COMMUNICATION SERVICES

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## **DEMOCRATIC ALLIANCE "RESEARCH" INTO MAHATMA GANDHI MEMORIAL HOSPITAL**

The research by Democratic alliance at Mahatma Gandhi Memorial Hospital is questionable in terms of the period in which it was done. Last month there was a call from the office of the DA requesting to come to Mahatma Gandhi with the purpose of "greeting patients". A response was sent to say that a request of such a nature should be done through the office of the MEC. After that members of the DA did not come to the hospital. The allegations that appear in this report are not related to any research or a visit done by the DA at Mahatma Gandhi Hospital. 75% of the questions appearing in the document submitted are related to issues that date back as far as year 2000. However the responses will be given below.

### **1. THE HOSPITAL APPROACHED THE PROVINCIAL DEPARTMENT TO RAISE CONCERNS ABOUT POTENTIAL OUTBREAKS OF INFECTION**

**The reasons were:**

- Overcrowding of the Neonatal ward
- Shortage of staff
- Structural issues for example inadequate isolation facilities for babies.

### **2. ALLEGED 40 BABIES DYING IN 2003**

- This is still under investigation by the relevant task team appointed by the Superintendent General. The report is expected soon.



### **3. FEBRUARY 2000 MEC's VISIT TO MAHATMA GANDHI ON FACT FINDING MISSION**

- According to the verbal reports by managers who were present at that time, a response on the allegations was sent to the Provincial department of Health, but the particular patient quoted in the allegations does not bear a name (page 5, paragraph 8). Therefore we would request the honourable DA to
- Provide us with the name of that "woman". It must also be noted that records for year 2000 may not be easily retrievable since we were not fully computerized.

### **4. STORY OF NOMPUMELELO MFEKA YEAR 2004 SEPT.**

- All our orthopaedic patients are referred to Addington hospital. We do not have a regional orthopaedic service. The waiting times for these patients is quite long.
- Recently Addington has approached Mount Edgecombe hospital to assist in providing theatre facilities at Addington/Mahatma Gandhi to provide the surgeon. Patients are now operated in Mount Edgecombe once a week on Thursdays and it does make a difference on the waiting period for the patients.

### **5. SURPRISE VISIT BY THE PROVINCIAL MEC FOR HEALTH IN MAY 2005**

It is the prerogative of the MEC to pay regular as well as surprise visits to Hospitals. At that time there were allegations of deaths in Maternity which were investigated and special meetings held with the relevant families, and particular issues were addressed.

- Maternity Department has a high turnover of patients. It is true that it has a capacity of 10 delivery beds with an output of +- 11000 deliveries a year.
- There has only been one allegation of rudeness by the nurses in April 2005 in maternal death occurred. A special meeting with that particular family was held, where the mother of the late maternal patient alleged that one nurse was rude to her daughter but she was unable to identify who she was. However the hospital has strengthened training of all staff on Batho Pele and the patient rights.
- Even Mr. Alvin Brijilal (VOICE) has been taking rounds and bringing his own patients to the hospital as from July 2005 and he does recommend the hospital for improvement in the manner in which patients are handled by both nurses and Doctors.

## 6. LENGTHY QUEUES WITH FEW CHAIRS AND WHEELCHAIRS, LINEN CHANGED EVERY 3 TO 4 DAYS

- Our waiting times have dramatically improved from 5 hours and above in 2004 to 2-3 hours in total to date. This was a project initiated after the open day in February 2005 which was attended by + - 1000 residents and users of the hospital basically from Inanda, Phoenix, Kwa Mashu and Ntuzuma. Our quarterly surveys submitted to Province reflect this dramatic improvement in waiting times. We only have to accept the change and acknowledge it.
- There are enough wheelchairs and chairs available in OPD. No patients is denied his/her rights to sit down in OPD
- Linen is changed every day because we have a fully functional in-house laundry service. We have enough stock of linen in all wards. We also have linen stock enough for emergency periods and to handle all disasters.
- Mahatma Gandhi has had a negative image for quite a long time and the improvements seen not to be recognized by many people. However Mr. Brijilal still maintains that the improvement is noticeable. We may only urge him to state this publicly so that it can be captured by the media. We are very proud of the improvements we have as a team of health workers at Mahatma Gandhi
- If patients feel comfortable using their own linen, they are afforded that right as enshrined in the constitution. However the use of private linen must not be interpreted for the lack of hospital linen
- We have very competent and fully supervised cleaning service. There is no smell of urine in the toilets. I could appreciate if the date and time when urine was witnessed to be communicated to us as management or to be called to the scene during the time of the occurrence. We may not simply accept statements of generalization. We have cleaning supervisors that do daily rounds in wards and departments. We have monthly meetings with the owners of the cleaning services, which were not done in previous years to ensure that patients are treated in a clean and safe environment. It is possible that the previous smells of urine from the years past have not been forgotten. Over and above the cleaning supervisors, Matrons also take rounds in the wards everyday to ensure that patients are treated in a clean environment. Let us shift our minds from the negative pole to the positive

## **BEST PRACTICES IN THE HOSPITAL**

1. Obtained the **Chosasa pre accreditation status** in November 2004
2. Successfully sustained the **Baby Friendly status** by obtaining 100% in August 2005

### **3. 3. A BAROMETER OF PATIENTS' FEELINGS (INNOVATION)**

This is a model that seeks to track the patients' feelings about care from admission to discharge. It was initiated in June 2005 after a number of complaints related to care. It focuses on inpatients both adults and Peads. It has two phases.

#### **Phase one**

Summarized all the things that normally upset our patients and their relatives from the time they enter the gate, till the time of discharge. A total of 15 items were identified as having negative effect on the emotions of patients and their relatives from admission to discharge. After identifying them all, a system of addressing them was put in place for each of them.

#### **Phase two**

A tool known as barometer of patients feelings was developed and it seeks to track feelings of patients about care from admission date till discharge or death. Each patient is visited by the Batho Pele Officer allocated on the full time basis for each ward to speak directly to all admitted patients on alternate days of their stay in hospital. If there are concerns they are addressed immediately either by Batho Pele Officer or the Sister In charge of the ward. On the day of discharge of the patient a summary of his stay is done in order to check whether she/he is living the hospital as a happy patient.

#### **OUTCOME**

Complaints related to inpatient care from June 2005 till date have dropped by 65%. Most of the complaints that we have presently are related to out patient care where this model has not been extended due to shortage of human resources. Besides the Klebsiella outbreak generally the complaints have dropped even in the Obs and Gynea department where we had a lot of challenges over the years.

### **4. 4. IMPROVEMENT IN THE MANAGEMENT OF TB**

### **5. OBTAINED THE PHARMACY WEEK AWARD FOR 2004**

**END**

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