

STATEMENT BY THE MEC FOR HEALTH FOLLOWING HIS VISIT TO PRINCE MSHIYENI MEMORIAL HOSPITAL

09 March 2010

This is an extra-ordinary visit in that in our, the Head of Department (Dr Sibongile Zungu and I) busy schedules we found it important that we both come and visit the hospital. It is also extra-ordinary that I would invite the Chief Financial Officer (Mr. Ndoda Biyela), the Acting Chief Operations Officer (Dr Lindiwe Simelane), Senior Officials from DENOSA and NEHAWU and the Manager in my Office, Ms Nonhlanhla Makhanya, to come with us in this visit.

The frustrations and problems at this hospital have featured prominently in the media and through public engagements. I have also been in the hospital to see and witness these glaring problems myself without informing the Hospital CEO. The problems have been so glaring that I briefed the Premier on my visit to the point that he shared my worry and urgency in curbing the situation.

There are four main areas that are a highlight of the problems. These are mainly around; the Antiretroviral clinic, Pharmacy, Maternity and the Mortuary.

- (i) ***Antiretroviral clinic:*** it was shocking to hear that patients are chased away after 12 o'clock. I find this unacceptable given the catchments area serviced by the hospital and our goal to keep patients on Antiretroviral (ARV) therapy. I'm glad to announce that this anomaly has since changed.
- (ii) ***Pharmacy:*** the stories of long queues and patients 'toyi-toyi' have been the feature of the hospitals pharmacy. I have also been told that the Manager has frequently disrupted all measures being put in place by the District. We are happy to announce that the problem had been going on for some time and has asked the District to give support. The situation has improved and patients are getting their medications on time without having to wait for days.
- (iii) ***Maternity:*** the management of patients awaiting delivery is unacceptable especially when they are not examined as regularly as necessary. The hospital carries a large delivery load of around 1200 deliveries per month. We are aware that the majority of cases brought before the South African Nursing Council (SANC) of negligence of nurses are in labour and maternity wards. I found it surprising that our nurses do not use partograms, which the World Health Organisation describes as a "*widely used in under-resourced settings as a simple and affordable tool to monitor labour*". In our quest to lower maternal morbidity and mortality in the country, KwaZulu-Natal should be at the

forefront. Our delivery numbers are a sum total of four provinces (Western Cape, Limpopo, Mpumalanga and Northern Cape)

- (iv) **Mortuary:** the story of the disappearance of a baby from the mortuary is astounding. The manner in which the whole matter was handled is a cause for concern. I have returned a report sent to me by the Management of the hospital as there were 'holes' that I found and asked them to give me a full report by the end of the week.

Health services are the most visible part of any development in a country, both to users and the general public. People come to hospitals because they are in need of health care and it is unacceptable that we deny our people their basic right. Increasing attention needs to be paid to clinical excellence in service provision as a basis for good health outcomes. Clinical excellence depends on behavioural changes of health professionals and penalize non-compliant behaviour needs to be implemented.

Leadership and governance involves ensuring that the policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

“The main area of concern, for me as a clinician, is that there are gaps in the clinical continuum of care. This would have seen to it that the body was correctly stored as the family had brought the body in the belief that experts would advise accordingly. I am deeply touched by the situation in our maternity ward and would like that solutions are found as a matter of urgency” said the Head of Department, **Dr Sibongile Zungu**.

Our explicit aim is to make health care more responsive and patient-centred. This highlights an important dimension of quality as a function of the extent to which the needs and expectations of patients are met.

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