

Thulasizwe Hospital Private bag x 206 Ceza 3866 Tel: 0358320195/0003 Fax: 0358320061

Email: present.mtshali@kznhealth.gov.za

#### VISION

OUR VISION IS TO PROVIDE OPTIMAL HEALTH STATUS TO ALL PERSONS IN CEZA AREA OF DC 26.

#### **MISSION**

THE HOSPITAL STAFF COMMITS ITSELF TO REN-**DER QUALITY HOSPITAL AND PRIMARY** HEALTH CARE SERVICES, WHICH ARE CUS-TOMER ORIENTATED, SUSTAINABLE, CO-ORDINATED THRUOGH COMPREHENSIVE MULTI-DISCIPLINARY APPROACH APPLYING THE BATHO PELE PRINCIPLES WITHIN THE **AVAILABLE RESOURCES** 

#### **CORE VALUES**

- **DEDICATION**
- **COMMITMENT TO PERFORMANCE**
- TRUST
- INTERGRITY
- COURAGE TO LEARN, CHANGE AND IN-NOVATE
- TRANSPARANCY
- CONSULTATION

In all our dealings with you, we will ensure that we adhere to the following Batho Pele principles:

- Consultation
- Service Standards
- Access
- Courtesy
- Information
- **Openness and transparency**
- Redress
- Value for money
- **Encouraging innovation and rewarding** excellence
- Leadership and strategic direction
- Customer impact.

Visiting hours.

Monday to Friday 10hoo-11hoo 14h00-15h00

Saturday to Sunday 10h00-17h00 And also the same on Public holidays

# We promise to adhere to the following service standards.

#### When treated our health facility you will?

Be treated with respect and your confidentially will be maintained

Be assisted to the best of our ability Be provided with necessary care, treatment and support in line with your needs?

Be assisted with directions to the department that you seek with your signage

Be referred to the appropriate level of care according to your condition

#### You will be provide with the following service?

Voluntary counseling and PM TCT X-ray services Mobile service TB Outreach visits Outpatient services/PHC / Emergency Service ARV roll out Social Worker Treatment of TB

## We fully subscribe to the Patient Right Charter and as customer you therefore has the right to:

A healthy and safe environment Participate I decision making? Access to health care Knowledge of ones health Insurance or medical aid scheme Choice of health service Be treated by a named health care provide? Confidentiality & privacy Informed consent Refusal of treatment A second opinion Continuity of care Complaint about health services

### When you contact us by telephone or write to us, we shall:

Answer the phone by fifth ring and respond to your question positively

Acknowledge your letter within five days of receiving it Provide you with a contact name of the person dealing with your letter

Advise you with can expect a reply?

Provide you with contact details of a person to whom your letter has been referred to Also follow up on the issue raised by you until it is finally resolved to your satisfaction



**THULASIZWE** 

**HOSPITAL** 

# **THULASIZWE INFORMATION BROCHURE**



Thulasizwe T.B MDR Hospital

Tel: 035 832 0003 ext 6007