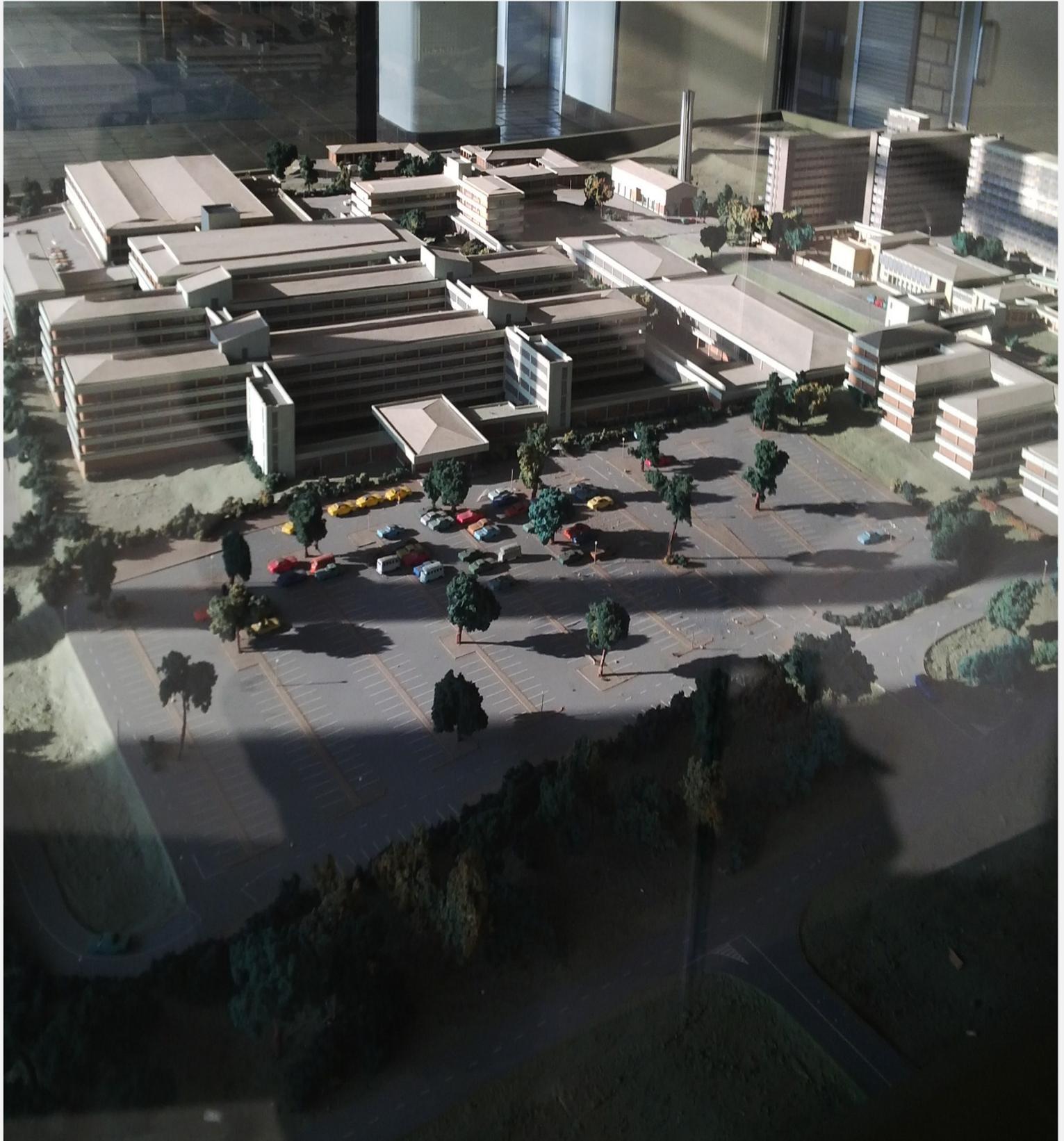




KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

GREY'S HOSPITAL ANNUAL REPORT 2021/2022



KwaZulu-Natal Department of Health



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FOREWORD

Message from Dr KB Bilenge
Chief Executive Officer
Grey's Hospital



The COVID 19 pandemic at Grey's Hospital and around the world brought changes, fear, new ways of leaving, working, socializing and many losses. Looking back on this year of the pandemic at Greys Hospital, I will remember the happy challenges that ultimately sharpened our focus and unify us. In the face of a global pandemic our Nurses, Doctors, General Orderlies, Admin, Allied, Maintenance staff hold up their sleeves, bonded together and met daily obstacles with creativity, bravely and resolves challenges.

We as Grey's Hospital fulfilled our mission which is "committed to service excellence through sustainable and coordinated levels of care, by establishing partnerships with our communities and through ensuring innovative and cost effective use of all available resources".

We achieved remarkable goals and continue forging critical future plans in spite of COVID 19 Pandemic. Healthcare is about people those who selflessly and heroically deliver it in the face of adversity and those who show steadfast support at Grey's Hospital in return of highest level compassionate clinical care.

I thank everyone for their patience and faith during this unprecedented time. I assure you, we remain committed to fulfilling the Western of KZN community healthcare needs now and in the future, it is always driven by our patient's first ethics.

"You don't need to be a genius or a visionary, or even a college graduate for that matter, to be successful. You just need framework and a dream."

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INTRODUCTION

Grey's Hospital is a 530 bedded hospital, but currently there are only 505 usable beds. It is situated at 201 Town Bush Road, Northern Park in Pietermaritzburg. Grey's Hospital provides 100% Tertiary services to its patients. We provide Tertiary Services to a population of 3.5 million in the Western area of KwaZulu – Natal, which includes the following districts: UMgungundlovu, UThukela, UMzinyathi, Amajuba and Harry Gwala.

OUR VISION:

The provision of optimal tertiary level of health care, to the population of the western area of KwaZulu-Natal.

OUR MISSION:

We the staff of Grey's Hospital are committed to service excellence through sustainable and coordinated levels of care, by establishing partnership without communities, and through ensuring innovative and cost effective use of all available resources.

CORE VALUES:

Human dignity, respect, holistic healthcare and caring ethos

Innovativeness, courage to meet challenges, to learn and to change

Cost effectiveness and accountability

Open communication and consultation

GREY'S HOSPITAL SERVICE COMMITMENT CHARTER

1. ATTITUDE:

We are committed to provide the highest quality of service and meeting our customers' needs with the utmost care and courtesy.

2. PERSONAL APPEARANCE:

We will present ourselves in a professional manner. Always smiling and greeting patients, visitors and employees. We will follow our respective departmental dress code policies to reflect our respect for our customers. We will wear our employee badge at all times to facilitate communication and allow for easy identification of staff and designation, thus promoting our corporate identity.

3. COMMUNICATION:

We will communicate with others in a positive and understandable manner, making use of translators and interpreters where possible in an attempt to bridge any language barrier. We will listen attentively to our customers whether they are patients, family members or colleagues in order to fully understand their needs. We will pay close attention to both our verbal and non-verbal communication. We will identify ourselves when answering the telephone, provide the correct information or requested number and get the caller's permission before transferring their call. We will answer all calls as quickly as possible. We will take initiative to express concerns and suggestions to the respective persons to benefit both the customers and the team as a whole.

4. COMMITMENT TO PATIENTS:

We will acknowledge patient's questions and concerns immediately. We will always address the patient by their name and will introduce ourselves by name and position. We will strive to treat the patient with respect and dignity while making their need first priority. We will provide a pleasant environment to promote healing, keeping a holistic perspective and provide continuity of patient care by handing over to co-workers before change of shift. We will assist patients and visitors who have disabilities and special needs.

5. COMMITMENT TO CO-WORKERS:

We will welcome all new employees to Greys Hospital in an attempt to make their adjustment as a team player as pleasant as possible. We will demonstrate strong work ethic by showing that we care enough about ourselves, our job and our co-workers by being on time and lending a helping hand whenever possible. We will treat our co-workers as professionals deserving courtesy, honesty, respect and cooperation in the same manner, as we would expect to be treated.

6. CUSTOMER WAITING:

We will acknowledge the patient or families that are waiting, by checking in on them periodically, according to department policies. We will offer an apology if the wait is longer than anticipated, always thanking the customer for waiting. We will strive to provide our customers with a prompt service, always keeping them informed of delays and making them comfortable while they wait.

7. HALLWAY ETIQUETTE:

We will extend courtesy and professionalism to patients, visitors and colleagues in the hallways. We will make eye contact and friendly greet visitors, patients and co-workers. We will never be too busy or involved in what we are doing to overlook a visitor needing help. We will assist any person who is lost by walking customers to where they need to be. We will strive to place clear directions and easy to follow signs in our hallways to assist our customers to reach their respective departments without difficulty. We will continually strive to exceed the expectations of others as we pass through the halls.



8. PRIVACY:

We are committed to the protection of our fellow employee's, as well as customer's rights to personal and informational privacy. We completely understand that we have the responsibility to ensure that all communications and records inclusive of demographic, clinical and financial information, be treated and maintained confidential. We are committed to the value of providing care and communication in an environment that respects privacy. We will be considerate in all interactions as well as in the provision of care at all times and under all circumstances with the highest regard for a customer's personal privacy and dignity. We expect from ourselves and other employees, behaviour that represents the expressed value in honoring and protecting everyone's right for privacy and personal safety.

9. SAFETY AWARENESS:

We will complete all health and safety in-services, as well as familiarize ourselves with our respective departmental safety policies and procedures to ensure an accident free environment. If we observe any unsafe condition or safety hazard, we will correct it if possible or report it to the appropriate person immediately. We understand the importance of reporting all accidents or incidents promptly.

10. SENSE OF OWNERSHIP:

We will accept all the rights and responsibilities of being part of the hospital team by living the hospital vision, mission and core values, thus strengthening our corporate identity. We will be an example to others, taking pride in our work and providing an excellent customer service. We will strive at all times to keep the people and property of the hospital at high regard, also taking the necessary responsibility for our individual work areas. We will create a sense of ownership towards our profession, taking pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves.



GREY'S HOSPITAL IS RENDERING THE FOLLOWING SERVICES ON REFERRAL BASIS ONLY, EXCEPT FOR EMERGENCY AND TRAUMA CASES:

<p><u>ORTHOPAEDIC AND SUB-SPECIALITIES</u></p> <ul style="list-style-type: none"> • General Orthopaedics • Hand Unit • Spinal Unit • Arthroplasty Services • Tumour, Sepsis & Reconstruction • Paediatric Orthopaedics 	<p><u>DEPARTMENT OF RADIOLOGY</u></p> <ul style="list-style-type: none"> • General x-rays • Theatre radiography and Mobile Units • Fluoroscopy / Screening • CT Scans • MRI Scans • Mammography / Breast Imaging • Ultrasound • Interventional Radiology • Cardiac Catheterisation Laboratory <p>radiography</p>
<p><u>DEPARTMENT OF INTERNAL MEDICINE</u></p> <ul style="list-style-type: none"> • Neurology • Cardiology • Infectious Diseases • Pulmonology • Nephrology • Endocrinology • Gastroenterology • Rheumatology • Dermatology • Clinical Haematology 	<p><u>OBSTETRICS AND GYNAECOLOGY</u></p> <ul style="list-style-type: none"> • High Risk Obstetrics • Feto□Maternal Medicine • Oncology • Uro□Gynae / Pelvic Floor Dysfunction • Gynae□Endocrine / Reproductive
<p><u>SURGERY & SUB-SPECIALITIES :</u></p> <p>GENERAL SURGERY :</p> <ul style="list-style-type: none"> • Hepatobiliary • Breast & Endocrine • Upper GIT • Colorectal • Trauma <p>Sub□Specialty in Surgery:</p> <ul style="list-style-type: none"> • ENT • Urology • Ophthalmology • Paediatric Surgery • Plastics & Reconstructive Surgery • Dental & Maxillo-facial 	<p><u>PAEDIATRIC OUTPATIENTS RUNS THE FOLLOWING GENERAL & SUBSPECIALTY CLINICS</u></p> <ul style="list-style-type: none"> • Asthma • Cardiology • Endocrine • General Paediatrics • Genetics • Haematology • Haemophilia • Infectious Diseases • Learning and Behavioural disorders • Neonatal • Neurology and neurodevelopment • Oncology • Renal/Gastrointestinal/Rheumatology <p>NB Dermatology, Surgery & orthopaedics all run a paediatric clinic within their specialty</p>
<p>OCCUPATIONAL THERAPY</p>	<p>SPEECH AND AUDIOLOGY</p>
<p>SOCIAL WORK SERVICES</p>	<p>PHYSIOTHERAPY</p>
<p>LABORATORY SERVICES</p>	<p>ACCIDENT & EMERGENCY SERVICES</p>
<p>DIETETICS DEPARTMENT</p>	<p>CLINICAL PSYCHOLOGY</p>
<p>PHARMACEUTICAL SERVICES</p>	<p>ANAESTHETICS & PAIN MANAGEMENT</p>
<p><u>RADIODTHERAPY AND ONCOLOGY:</u></p> <ul style="list-style-type: none"> • New Breast & Cervical Cancer • New Head & Neck Cancer • New GIT & Uro Cancer • New General Cancer <p>Chemotherapy suite</p> <p><u>RADIODTHERAPY SECTION:</u></p> <ol style="list-style-type: none"> 1. Simulator 2. Planner 3. Linear accelerator 4. Brachytherapy 5. Mould Room 	

EFFICIENCY INDICATORS

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Average length of stay - total	9.2	9.8	8.8	10	9.7	9.5	8.2	9.3	9	9.2	8.9	8.2
Inpatient (usable) bed utilization rate	66.8	74.3	67.7	60.8	68.8	65.7	65.5	68	60	63.6	66.1	75

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Admissions - Total	778	920	794	577	712	734	807	834	624	835	846	908

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Inpatient discharges - total	929	944	959	689	853	836	993	899	802	825	935	1271

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Inpatient transfers in - Total	281	299	256	288	289	237	263	252	222	280	259	291
Inpatient transfers out - total	143	168	197	167	150	177	189	184	183	186	171	175

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Inpatient death 0-28 days	3	10	5	5	7	1	7	10	4	5	1	18
Inpatient death under 1 year total	9	12	8	11	8	3	9	16	4	5	4	21
Inpatient death under 5 years total	14	14	10	16	13	6	15	19	7	5	4	24

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Death in facility 0-6 days - Neonatal	1	4	1	1	3	0	2	3	1	3	1	5
Death in facility 29 days to 11 months - Neonatal	0	0	0	4	1	0	1	2	0	0	1	1
Death in facility 12 - 59 months	5	2	2	5	5	3	6	3	3	0	0	3
Death in Facility 7- 28 days - Neonatal	2	5	3	4	4	0	5	4	3	2	0	11

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Inpatient deaths - total	51	60	43	90	92	58	55	46	47	59	49	71

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Inpatient days - total	9851	10977	9955	8981	10207	9685	10093	10026	8904	9437	9844	11933

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Day patient - total	1015	1108	1088	898	929	1001	130	1060	822	862	833	1030

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
OPD headcount - sum	7776	9102	8455	7161	8635	8953	9056	9582	6403	8895	8902	11289

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
OPD headcount referred new	1194	1488	1404	1141	1342	1495	1361	1519	957	1230	1230	1755

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Maternal death in facility	0	1	0	1	2	0	1	2	1	2	1	4
Delivery by caesarean section	88	98	97	69	99	109	88	87	104	99	97	100
Still birth in facility	8	11	9	10	13	11	12	10	10	8	5	6
Live birth in facility	120	127	123	86	125	127	102	103	134	115	123	117
Live birth under 2500g in facility	47	47	50	25	57	51	45	37	41	46	45	41

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Patient Day Equivalent	13166	14795	13508	12017	13776	13403	13400	13996	11625	13085	13442	16467

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Expenditure per PDE	7605.7	7996.2	8439.5	9319.2	8450	10075	8812.4	8815.9	9894.1	9589.7	8542.5	6508.9

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Pneumonia death under 5 years	1	2	1	0	1	0	0	2	0	0	0	0
Severe acute malnutrition death under 5 years	1	0	0	0	0	0	0	0	0	0	0	1
Severe acute malnutrition inpatient under 5 years	1	0	0	0	0	0	0	0	3	0	0	1
Diarrhoea death under 5 years	0	0	0	2	0	0	0	0	0	0	0	0

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Theatre cases total	656	705	627	528	587	643	682	680	548	609	697	703

dataname	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
Screen for TB symptoms under 5 years	57	39	178	76	80	190	135	141	132	70	81	126
Screen for TB symptoms 5 years and older	1250	2764	6561	6174	5591	7399	7701	7344	7010	7199	7036	8500

Prepared by Ms S. Arends

Monitoring & Evaluation Manager

FINANCE ANNUAL REPORT 2021/2022

HOSPITAL STATISTICS 2021/2022 FINANCIAL YEAR

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1 000,000
BED OCCUPANCY RATE (BOR)	67%
AVERAGE LENGTH OF STAY	9.2
PATIENT DAY EQUAVLENT (PDE)	R 9 264
BUDGET	R1 388 173 000
EXPENDITURE	R1 341 280 972
REVENUE COLLECTIONS	R 13 126 862
WRITE OFFS	R 213 789
DEBT ACCOUNT	R 3 468 281

ACCRUALS & COMMITMENTS	R41 750 416
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SUMMARISED BUDGET AND EXPENDITURE UNDER DIFFERENT PROGRAMME:

	BUDGET	EXPENDITURE
EQUITABLE SHARE	R 830 969 000	R 822 327 293
NTSG	R 480 157 000	R 494 661 688
HIV/AIDS	R 6 130 000	R 6 068 169
REVIT GRANT	R 2 735 000	R 2 156 851
COVID 19/RESPONSE	R 13 525 000	R 31 422 784
STATUTORY HR	R 28 905 000	R 30 366 389

SUMMARISED AS PER ECONOMIC CLASSIFICATION

	BUDGET	EXPENDITURE
COMPENSATION OF EMPLOYEES	R 1 022 451 000	R 1 042 581 824
GOODS & SERVICES	R 329 274 000	R 305 328 497
HOUSEHOLD	R 900 000	R 1 605 172
MACHINERY & EQUIPMENT	R 9 371 000	R 8 424 649

Prepared by Mrs BG Anderson

Deputy Director Finance

INTRODUCTION

The year 2021 Grey's Hospital observed a decline in COVID 19 positivity rate both for public and staff members, the priority shifted back to our day to day provision of Quality Tertiary Nursing services, reviving all the meetings/committees/audits and activities which were restricted during the pandemic. The Nursing division is looking forward to fully celebrate the International Nurses' day which will involve the Provincial, District and Institutional levels. This report outlines the achievements, challenges and future plans.

A. ACHIEVEMENTS

1. HUMAN RESOURCES DEVELOPMENT AND TRAINING:

⇒ Training of Nurses

The last legacy group, R425 (4 year diploma course) is completing on the 31/12/2022 and the course will be phased out. The new 3 year diploma course (R171) has 3 groups at Grey's Campus:

Group 01/2020, Group 01/2021 and Group 01/2022. The student accompaniment at clinical level was a learning curve for both Educators and ward Nurse practitioners related to the change in curriculum, approach, objectives and placements.

The General Nursing Course (Diploma in Nursing) R171 will produce the first group of Professional Nurses by the end of 2022. The SANC requirement stipulates that they will write the SANC Board examination in order to acquire licensure to practice.

The SANC is embarking on piloting CPD system roll out plan, priority will be given to Midwifery, to strengthen competencies, to reduce maternal and neonatal mortality rates and this will be implemented in a phased manner. One district will be chosen as a pilot from each Province; however Grey's Nursing division have elected to conduct a pilot project in order to be ready for the SANC. Northdale and Townhill hospitals have done a pilot project in 2018 – 2019.

Post graduate programs (Specialties) all phased out, the last group intake was in 2019 and the institution is patiently waiting for the courses to be re commenced in order to capacitate the wards and departments and to efficiently and effectively meet the Tertiary Nursing services level of care to our patients.

⇒ Number of Staff on training

Nil

2. QUALITY PROGRAMMES

- ESMOE, ETAT and HBB projects have been implemented.
- The hospital sustained its MBFHI status and training is ongoing.
- EPI is being monitored to ensure an improvement in the immunization campaign
- PMTCT, TB Screening and pregnancy testing have improved.
- Ideal Hospital Initiative has been conducted in preparation for the Norms and Standards
- Grey's Hospital was nominated as a COVID 19 vaccination site and the Nursing division formed a major part of the team for implementation with lots of compliments from the community at large.
- Quality Day was celebrated in November 2021 whereby the Nursing staff was appreciated and awarded for service excellence.

3. QUALITY IMPROVEMENT:

- The 'Ethics and Professionalism in Nursing' provincial programme is going well under the guidance of Mrs GZ Mvelase. The committee meets on a quarterly basis and monthly ethics and professionalism in nursing audits are conducted using the new Provincial Nursing audit tool. Provincial reports are submitted to the District Ethics and Professionalism Champion. White Wednesdays are being practiced. Reciting of the Nurses Pledge is done throughout the nursing component every Wednesday. The development of a memorial garden has been done, which was used to celebrate Nurses Day on the 12th May.
- Monthly documentation audits are being conducted in all nursing areas and are monitored by Nursing Management which proves that the standardized Provincial nursing records have been implemented well.
- Risk Management in the nursing division is being monitored on a monthly basis
- Monthly Waiting Time Survey is being conducted in OPD.
- The IPC / Quality / Waste Management audits were recommenced in November and identified gaps redressed.

B. CHALLENGES

- Staff shortages due to the moratorium has worsened every year and is becoming critical, the Pandemic has allowed for more than 100 nurses to be employed on a 6 month contract to help us with the crisis we are all facing. The resignation rate and the cumbersome system to fill posts is severely hampering nursing care.
- Not enough security personnel stationed outside Paediatric and Maternity wards is still an issue.
- Absenteeism is a concern; this may be due to burnout and staff (Enrolled Nurses & Enrolled Nursing Auxiliaries) shortages in each ward/department, who have now got less than 50 % of their establishment.

C. CONCLUSION

Staff continues to provide consistent, quality patient care to the best of their ability despite the challenges.



Prepared by Mrs TB Mathonsi

Acting Manager-Nursing Services

INTRODUCTION

I begin my introduction with a question that seeks an obvious answer” Why is human resource management so important to every business? Human Resource Management is a critically important component of an organization or institution that is particular about human resource planning, human resource development, performance management and development system, human resource practices, management of labour relations and employee health and wellness programme.

The human resource management services should be rendered in a manner that ensures every employee of the institution is pleased with their work experience. This then means that the component will have to do quite a lot to help employees receive quality human resource management services that make their jobs worth their while and deposits joy in their hearts.

This report covers achievements and challenges that confronted and somewhat still confronting human resource management component on daily, weekly, monthly and quarterly basis. The features Part A: Human Resource Planning, Development and EPMDS, Part B: Human Resource Practices, Part C: Labour Relations and Part D: Employee Wellness Management.

PART A: HUMAN RESOURCE PLANNING, DEVELOPMENT AND EPMDS

The Human Resource Planning, Development and EPMDS Office is managed by **Ms NV Zuma** who is the Assistant Director: HR Planning, Development and EPMDS.

ACHIEVEMENTS

This office was able to capture 80% PMDS documents that were received from the Managers for 01.04.2021 to 31.03.2022. The capturing of documents for the current cycle is in progress. The PMDS audit cases that were identified for staff debt has been finalized and the amounts are being recovered from the employees’ salaries. This office accommodated Interns from DUT and placed them in different components. There is also one Staff Nurse who completed the internship programme. Two Learners from WIL programme were placed and the other got the permanent post.

The employees attended courses that were coordinated by the Provincial office. Most of the grade progression cases of employees who qualify this year have been finalized and the employees have been paid. Four employees attended the Compulsory Induction Programme and they completed their 5 days session. The orientation programme has been done as per schedule for the whole year and the attendance is good.

CHALLENGES

There are employees who were incorrectly granted pay progression. Most of these employees’ files are from the other provinces/ bureaus. Their service records are still not amended. The office is understaffed as one HRO is dealing with a high number of files that is plus or minus 700. The staff is overworked and the mistakes are likely to happen. One HRO was transferred out due her personal circumstances and therefore the post is still vacant.

The cabinets are broken and the files are renewed however torn. The HRO are using the old worn-out chairs. The NSI was done long ago. The wall shelves are not covered and the office looks so dirty and unprofessional. The kitchen in HRD does not have cupboard and there is only one for the sink. The skills budget is centralized and/ or is not enough to cover all the costs for the hospital training needs. There was also a delay in submitting the PMDS documents because the Managers had to correct the mistakes. The HRO’s have challenges when Persal is offline because it’s the season of capturing the documents. There is also a new template for the HR Plan and it’s difficult to figure out the type of information that is needed and it’s a very long documents. The Junior Managers have not completed the skills audit form. Head Office has given a list that does not have Persal numbers to make it easy to identify the employees who have not complied on Persal.

PART B: HUMAN RESOURCE PRACTICES

The Human Resource Practices is led by **Mr GH Stoffels** who is the Assistant Director: Human Resource Practices.

ACHIEVEMENTS

This office was able to ensure that all terminations was actioned timeously on Persal and withdrawal of the fund processes were was captured on Pension Case Management System timeously. A total of 77 employees exited the Department through Resignation, Retirements and Death cases. In doing so this office ensured that the employees did not experience financial hardships. This office further ensured that all Debt s are identified and completed on the Debt clearance forms. Any outstanding debts identified was recovered from Pension/Leave benefits. All exit interviews are being captured on the exit interview system.

This office was able to ensure that all leave taken was captured timeously in all four quarters. Bearing in mind that this office receives an average of 400 leave forms on a weekly basis which adds up to an average of 1600 leave forms a month. Greys Hospital establishment has a total of 2100 employees which means that every employee is taking one day leave a month. This is seen as an achievement bearing in mind that three HROs are allocated to capture all leave and one HR Supervisor to check and verify.

Leave Certification was submitted to Head Office in all four quarters. All exited Employees leave files are audited from date of appointment to date of termination thus ensuring that leave payouts are done accurately. Daily leave capturing stats are submitted timeously on a monthly basis to Head Office. All leave files were audited and leave balances finalized and forwarded to the Manager of the various Components. 656 Temporary Leave applications for 2021/22 were processed and submitted timeously to the Health Risk Manager for assessment and outcomes once received were actioned timeously.

CHALLENGES

In some instances exit cases are not reported timeously by Managers of the Component to Human Resource Section which causes delays in terminating the employees of the Persal system resulting in overpayment of salaries. Tax clearance requests are not received from Head office due to backlogs by Head Office or staff being on leave. Exit cases as a result of Deceased employees cannot be captured timeously due to delays in submission of outstanding Pension Forms. In some instances with deceased cases there is conflict amongst family members with the completion of Pension forms resulting in late capturing of Pension on the PCM system. There are challenges with the PCM system and Persal system when there is down time which means exits are not actioned timeously and Pension cases cannot be captured timeously by the HRO and verified by the supervisor.

When the Persal System is offline this creates a challenge in ensuring that the targets for daily Capturing are achieved. This in turn creates a backlog which puts pressure on the Human Resource Officers who have to ensure that all leave must be captured within the month and quarter. A further Challenge is also the fact there is no Records Officers due to the moratorium which causes the Human Resource Officers to be taken away from the Core function because they have to draw files and file leave forms on their own. Late submission, incorrect submission of supporting documents and the incorrect completion of leave forms by employees and managers is also a challenge which leads to delays in reaching our targets.



PART C: LABOUR RELATIONS

Our Labour Relations Office is spearheaded by **Mrs NC Cele** who is the Assistant Director: Labour Relations.

ACHIEVEMENTS

Our IMLC remained functional and effective throughout the 2021/2022 fiscal season. Finalized Labour Relations cases are more than the outstanding cases. The majority of grievance cases were resolved amicably within prescribed timeframe. Dispute cases were managed efficiently as Labour Relations Office had become proficient in dealing with such cases. No strike incidents were reported during the period. Abscondment cases were managed efficiently as managers are aware that such cases must be reported promptly. Labour Relations training was conducted quarterly as required.

CHALLENGES

This office is struggling to find suitable investigating officers and presiding officers to assist with our cases which makes it difficult to finalize them within prescribed timeframes. The Labour Relations Office is struggling to fill 1 Senior Human Resource Practitioner post additional to 1 Assistant Director: Labour Relations and 1 Human Resource Officer posts that are filled.

PART D: EMPLOYEE WELLNESS MANAGEMENT

The Employee Wellness Management Office is headed by **Mr N Madlala** who is the Employee Wellness Practitioner/ EAP Practitioner.

ACHIEVEMENTS

We formed partnership with Alcoholic Anonymous (AA) who having their meetings in the hospital in a bid to assist those employees affected by substance abuse. This has helped in decreasing the number of staff who undergo rehabilitation. This intervention is also aimed providing aftercare support after rehabilitation. A psychosocial team continues to support staff through workshops, debriefing and individual counselling. This team comprises of the Employee Health and Wellness, Psychology and Social Work Components/Departments. Also, were able to offer orientation workshops for clinical staff on a monthly basis. We had a successful soccer and netball tournament which was sponsored by a private company.

The abridged employee wellness management statistics cover the following cases:

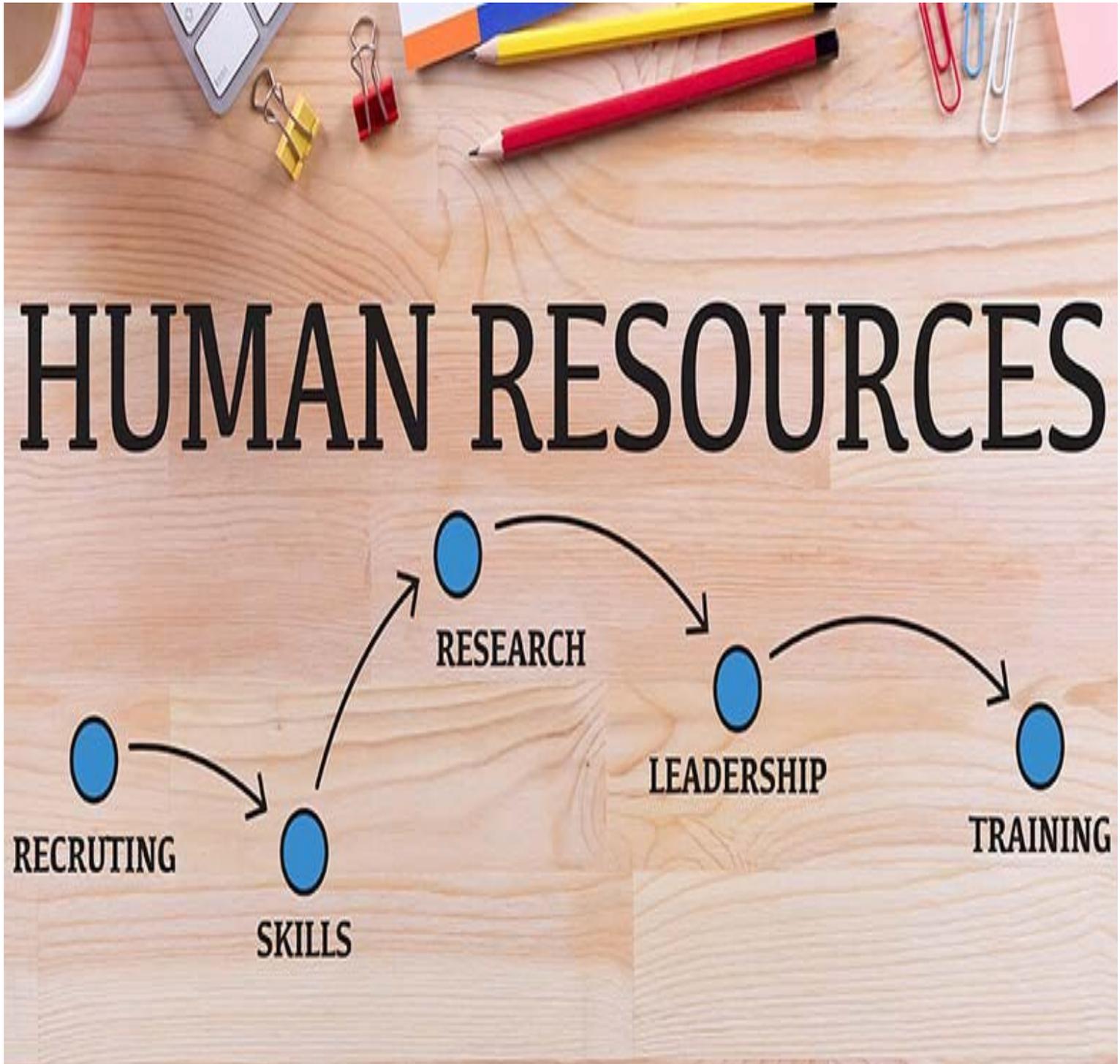
Wellness Programme	Quantity
Counselling	180
Referral to SANCA and Rehabilitation Centres	32
Referral for Debt Review/Counselling	41
Referral for Gambling	1
Mental Health Day	30
Total	284

CHALLENGES

The programme does not have a budget and this has affected us a lot. We continue to experience problems with SANCA and FAMSA as most employees who are referred there are unable to complete the programme due to financial constraints. Maybe we may have to consider sponsoring these employees from our own budget so that they can complete the programme without any hindrances. The outbreak of the Covid-19 pandemic disrupted our Work and Play activities and subsequently some workshops had to be cancelled, but with the easing of the lockdown restrictions we have now resumed most of these activities.

Prepared by Mr **MR JM KHUMALO**

DEPUTY DIRECTOR: HRM



BACKGROUND

Grey's Campus remains focused and committed in producing competent Nursing Practitioners, Midwives and Accoucheurs, who are able to work independently in the clinical health care settings and some with minimal support from the experienced Professional Nurses.

2021/2022 was also hectic and with some challenges as the college was implementing one of the programmes (R.171) for conservative three years and at the same time preparing to submit relevant documents to meet the requirements for accreditation by South African Nursing Council (SANC) and Council of Higher Education (CHE) to offer some of the new nursing qualifications.

An unprecedented airstrike of Covid -19 Pandemic which resulted to National Lockdown in different stages as its restrictions affected the nursing education and training of programmes offered. The year was salvaged through embarking on adjusted academic year program which met all professional body requirements for the students to be promoted to the next level of education and training and others to complete the course and commenced community service as nursing Practitioners.

New Developments in Nursing Education

New Nursing Qualification

The following programmes are envisaged to be offered by KwaZulu-Natal College of Nursing (KZNCN) once they all accredited by South African Nursing Council and Council of Higher Education.

Under - Graduate Diploma Programmes

1. Diploma in nursing (R.171) (368 credits) L6
2. Certificate in Nursing (R. 169) (120 credits) L5

Advanced Diploma in Midwifery (R.1497) (120 credits) L7

Currently, only the first programme that has been accredited and education and training is in progress, has three consecutive yearly intakes since 2020 and this year will be also our first output hopefully they are going to perform well the wait for licensure examination with SANC.

Post - Graduate Diploma Programmes (R. 635) L8

1. Diploma in Mental Health (120 credits)
2. Critical Care Nursing Science (120 credits)
3. Primary Care (120 credits)
4. Midwifery (120 credits)
5. Nephrology Nursing Science (120 credits)
6. Perioperative Nursing Science (120 credits)
7. Child Care Nursing (120 credits)
8. Orthopaedic Nursing Science (120 credits)
9. Ophthalmology Nursing (120 credits)
10. Oncology Nursing Science (120 credits)
11. Emergency Nursing (120 credits)

The first six of R.635 programme has been submitted to SANC for accreditation, awaiting responses. The relevant task teams were developed to fast track the development of the curricular, policies and micro curricula for the rest of post graduate programmes to be offered by a Nursing Education Institution (KwaZulu-Natal College of Nursing).

The Grey's Campus shall offer the following courses as mandated by KZNCN:

1. Diploma in nursing R.171 (368 credits)
2. Advanced Diploma in Midwifery R. 1497 (120 credits)
3. Critical Care Nursing Science – Adult R. 635 (120 credits)
4. Oncology Nursing Science (120 credits)

STUDENT MATTERS

The 2020/2021 has been yet another year of continued endeavours to embrace the changes in Nursing Education and training embarking on remote modalities for teaching and learning of students in various programmes.

The following statistics reflect the students' performance on the previous year.

Pass rate – R.425

Group 1/2018, final year second semester November/December 2021 Examination, we had 100% pass rate.

Group 1/2019, third year second semester November/December 2021 Examination, we had 100% pass rate.

Pass rate – R.171

Group 1/2020, second year second semester November/December 2021 Assessment, we had 100% pass rate. Two students are carrying one module respectively from first semester.

Group 1/2021, first year second semester second semester November/December 2021 Assessment, we had 100% pass rate. One student is carrying one module from first semester.

Pass rate – R.880

Group 6/2019, direct entry, November 2021 Final Examination, we had 100% pass.

Total number of students of legacy and new nursing qualifications as 31st March 2021

R. 425 - 4 year Diploma in Nursing (General, Psychiatric & Community) and Midwifery)	18
R. 880 - (Diploma in Psychiatric Nursing)	01 Direct entry
R. 171 - (3 year Diploma in Nursing)	75
Total	94

Student Intakes 2022

Month	Programme	Total number
January	R.171 (3years)	25 - one resigned in February 2022
January	R.171	01 -Transferred in from PMMC & joined 3 rd year group.
Total		25

Student Completed 2020/2021

Month	Year	Programme	Total number
December	2021	R.425	30
January	2022	R.880	01
Total			31

COMMUNITY SERVICE

Thirty students commenced Community Service on the 1st of January 2022.

2020 ANNUAL GRADUATION CEREMONY

Due to COVID-19 pandemic and the President pronounced the National Lockdown Regulations, Nurse's graduation ceremony was not held last year and deferred to the time when the restrictions are uplifted but the College certificates were awarded.

Hopefully, graduation will be physically held in September 2022 and awaiting logistics to unfold.

STUDENT ATTRITION

Terminations

One (1) student resigned and was terminated – R.171 (three year programme).

CLINICAL EDUCATION AND TRAINING UNITS (CETU)

The CETU in the clinical facilities where students are placed for clinical exposure that is work integrated learning is in place and manned by clinical professional nurses for support, mentoring and guidance.

STAFF MATTERS

Establishment as 31st January 2020

Campus Principal	1
Vice Campus Principal	1
Head of Departments	4
Lecturers	19
Clinical Lecturers	2
Registrar	1
Administrative Clerks	2
General Orderlies	4
Total	34

Staff developments

They have attended various meetings to upgrade the knowledge and skills. Task teams were developed to manage the various processes of new qualifications implementation.

New appointment

Nil

Retirement

Two (2)

Resignation

Nil

Staff Achievements:

Mrs. T.D. Makhetha obtained Masters of Health Science in Nursing at Durban University of Technology.

Acknowledgement

Grey's Campus would like to extend the word of appreciation to all the stakeholders involved in Nursing Education and Training for the support given even in this challenging time to maintain the vision and mission status of the nursing campus. The academia and support staff efforts was recognized and appreciated for a quality nursing education and training strategies applied to produced safe and competent nursing practitioners.

Submitted by **Mrs. B.E. Shezi**
Campus Principal



INTERNAL MEDICINE ANNUAL REPORT 2021/2022

GENERAL

Internal Medicine may be roughly defined as non-surgical medical treatment of adults. Two issues dominate the year of this report: Covid-19 and financial constraints. Figures provided in this report are generally averaged for the year.

COVID-19

The treatment of Covid-19 in adults is primarily the responsibility of Internal Medicine, but Internal Medicine could not alone deal with the workload of Covid-19, because of both the number of cases and the severity of disease. The effects of the Covid-19 pandemic were extremely disruptive to the provision of health care in general, but no more so than to Internal Medicine.

Prior to Covid-19 Internal Medicine at Grey's had 97 beds and busy out-patient clinics every day. To illustrate the disruption to normal services, at one point non-Covid medical beds were reduced to 27 beds, with additional beds scattered in other parts of the hospital.

Out-patient clinic numbers were drastically reduced to minimise the risk of Covid-19 cross-infection and consequently waiting times for appointments for non-Covid health problems increased considerably.

Medical wards were altered by the addition of partitions to allow segregation of sub-groups of Covid patients:

Cases: Cases were isolated from other patients. Persons under investigation (PUIs). Persons in quarantine.

A brief review of Covid-19 patient records for a period in September and October was done (Dr M. Govind). With these figures, it should be borne in mind that cases of Covid at Grey's were generally the severe cases, referred from other hospitals to Grey's.

Covid-19 cases for two weeks Sept – Oct 2021		
Covid-19 Vaccination status	Cases	Died
Vaccinated	5	0
Unvaccinated	34	5
Unrecorded	5	3
Total	44	8

Table 1: Covid-19 Statistics

Source: Grey's Hospital, Infection Prevention and Control.

YEAR	MONTH	CASES	CASES	DEATHS due to Covid-19	DEATHS	
2020	Mar	6		0		
	Apr	9		0		
	May	3		0		
	Jun	28		2		
	Jul	105		29		
	Aug	48		25		
	Sep	20		4		
	Oct	9		1		
	Nov	11		1		
				1 st "wave" 236		62
	Dec	119		25		
2021	Jan	191		75		
	Feb	39		17		
	Mar	13		5		
	Apr	4		2		
	May	12		3		
				2 nd "wave" 378		127
	Jun	31		4		
	Jul	152		41		
	Aug	165		54		
	Sep	54		20		
	Oct	9		4		
	Nov	4		1		
				3 rd "wave" 415		124
2022	Jan	67		13		
	Feb	37		4		
	M	24		4		
			4 th "wave" 279		26	
			1308		339	

FINANCIAL CONSTRAINTS

The effects of inflation and reduced budget affect all aspects of the service and are widely known. Although of extreme importance to all departments and all aspects of the service – staffing, equipment, medication, maintenance etc - the financial problems are not the focus of this report and are therefore not discussed in any detail here. Due to the financial problems, replacement of leaving staff has been extremely limited, although funding from National Department of Health has allowed the recruitment of a Head: Clinical Department to replace Dr C. Lee (see below).

STAFF MOVEMENTS

The Head of Medicine for Grey's and the catchment area of Grey's (Dr Carolyn Lee, Head Clinical Department) resigned for personal reasons at the end of October 2021. Acting in place of Dr Lee has been Dr Maresce Bizaare (Haematologist). A replacement head has been found and will be employed using funds for Tertiary Care from National Department of Health (see below).

Apart from the appointment of a Head: Clinical Department, the last medical staff employed were two medical officers on 1 November 2021.

MEDICAL SUB-SPECIALITIES

The following table gives an outline of the components of the department and their staffing, and serves also to give an indication of the structure of the Department and the relative sizes of the sub-components.

Fractions of staff members denote part-time employees or employees who perform some of their duties at other health facilities, namely Inkosi Albert Luthuli Hospital.

Interns are not included in the table.

Table 2: Department of Internal Medicine, Grey's Hospital 2021 - 2022

(Figures averaged)

Sub-speciality	Sub-specialists	Specialists	Registrars or Medical Officers (averaged)	Out-patient clinics per week
Nephrology	1	1	4	2
Cardiology	1.6	0.2	2	1
Pulmonology	1	0	1	1
Gastro-enterology		1.2	1	2
Endocrinology	1	1	1	3
Haematology	1	0	1	1
Infectious Diseases	1	0	1	1
Rheumatology	1	0	1	1
General Medicine	1*	2	1	0
Acute Medicine	Covered by all		1	0
	8	5.4	14	

* Pulmonologist – working in General Medicine.

TRAINING

Undergraduate:

The 5th academic year of medical students continued to be done at Grey's but student presence in wards was severely curtailed by Covid-19 restrictions. Tutorials were changed to on-line and clinical examinations were modified to minimize Covid-19 risks. Changes to routine changed several times, adding confusion and uncertainty to the already disrupted schedule, but teaching and assessments still went ahead. 5th year students (average per 6 week training block):

25 at Grey's Hospital

25 at Harry Gwala Regional Hospital

Postgraduate:

Trainee specialists (i.e. registrars) training was disrupted by Covid-19, but to a lesser extent than for Undergraduates. Registrar numbers fluctuate with staff movements. Figures below are roughly averaged for the year:

Medicine 7

Neurology 5 (although at any one time, one to two were seconded to IALCH)

Dermatology 0 or 1

Academic Programme, which also provides formal in-service medical training.

Day	Time	Activity	
Mondays	8 - 9	Sub-specialist Zoom meeting, hosted by UKZN, Durban	
Tuesdays	8 - 9	Journal Club: review of recent medical literature	
Wednesdays	7:30 – 8:30	Registrar tutorial (medical officer attendance optional)	
Thursdays	8 - 9	Infectious Disease journal club Nephrology journal club	
Fridays	8 - 9	Mortality and Morbidity meeting	

Informal training takes place continuously e.g. during ward rounds, clinics etc:

NOTABLE EVENTS

1. Lung function testing equipment arrived and functioning, except for gas diffusion studies.
2. New EEG (electro-encephalogram) equipment received to replace old equipment.
3. Increased Reverse Osmosis capacity for Haemodialysis for kidney failure.
4. Rheumatology Service expanded greatly, following appointment of Rheumatologist Dr Sarika Deosaran in February 2021.

MORE CHALLENGES

Many challenges remain. Two that stand out and have not been mentioned above are:

a. **Nephrology and Cardiology services still under severe pressure.** There is enough health need in the population to collapse all services, but some services, by virtue of the severity and urgency of their typical problems, experience particularly intense pressure. Nephrology and Cardiology are two such services – life threatening, urgent conditions are common in these disciplines, which places staff in these disciplines in especially stressful situations. Interventions in these situations are costly, labour intensive, emotionally and politically charged. While trying to deal with these pressures, other disciplines should not be overlooked.

b. **Outpatient clinic space insufficient:** A number of medical sub-disciplines are very out-patient orientated. Unfortunately, space to accommodate more out-patient clinics is not available and there is no foreseeable way to remedy this without significant new expenditure.

Prepared by Dr K. Rasmussen
Head Clinical Unit



“I serve, we care, team learns, children win!”

The Paediatrics and Child Health Department at Grey’s (“GH Paeds”) has in the last year managed to grow in several areas. This growth is due to the resilience and commitment of staff still striving to do their best in difficult current circumstances – COVID-19 pandemic with increased workloads, personal illness & family risks, moratorium, corruption, staff shortages, budget constraints, riots, financial crunch with no salary increases, difficult work conditions.

Despite this we have managed the following achievements in 2021-22 in addition to maintaining a functional service delivery platform for children with tertiary healthcare needs:

1. Delivered on 3⁰ service mandate by completing the training of sub-specialists in Paediatric Oncology (Dr K Coopasamy) & Neurology (Dr N Voxeka). This brings the number of units at GH with a Paediatric sub-specialist to five (Neonatology, Critical Care, Infectious Diseases, Oncology & Neurology) of the six major disciplines. These services can now begin the next steps in tertiary service development at Grey’s and in the catchment population.
2. We have also started training our next sub-specialist in the sixth discipline (Paediatric Cardiology – Dr A Vather) in July 2021. This will be completed in 2024 and ensures the sustainability of this service.
3. Our Neonatology service has also been partially accredited as a sub-specialist training site and in March 2022 we have begun training our next neonatologist (Dr Y Kannigan) for this busy unit. This training will also be completed in 2024.
4. Our Paediatric Infectious Diseases (PID) Unit was also partially accredited as a sub-specialist training site with the training PID “fellow” spending time on rotation in PMB.

All sub-specialist development (training & service delivery) is done in conjunction with our colleagues in Durban (Inkosi Albert Luthuli Central Hospital & King Edward VIII Hospital). This forms part of our “One service, many sites” philosophy and our partnerships are growing well.

What is important to highlight is that recruitment of qualified or experienced sub-specialist into Pietermaritzburg (PMB) from other sites has proved extremely difficult, and we believe it is for the following reasons:

- a) The sub-speciality cadre on OSD has not been accessed in KZN. This remuneration category is available in other provinces and offers an advantage to them.
- b) Working in a newly developing tertiary site that is smaller with very limited resources (only potential on organogram for 1 or 2 other sub-specialists and a challenging environment) as compared to more established sites in the SA is daunting. It takes a special resilience or vested interest (living with family in PMB, KZN) for individuals to take-on.
- c) Most newly qualified sub-specialists go into private practice (Human Resource for Health 2030 SA documents 10 times the number of sub-specialists in private vs public sector in SA). They do not want to “struggle” to practise what they have learnt in a limited resource setting.
- d) Working in a smaller city like PMB is less attractive than other larger cities

As a result, we have committed to a strategy of training staff from within our ranks who have showed their commitment by working with us for a significant time period. This is proving to be a fruitful retention strategy as team members see commitment to their personal development as well as service delivery.

5. Our academic program (interns, MOs & Registrars) & UKZN student teaching activities have continued on the ZOOM platform and in some areas is back to the clinical floor. Staff development continued with several registrars and medical officers completing their training time and/or CMSA examinations successfully.
6. Teamwork & Camaraderie: Several colleagues have had negative experiences this year – illness, injury, loss, stress & burnout. The rest of the team were supportive, picking up the workload and help individuals during these difficult times. We were able to retain most of our staff, with some moving to new opportunities.



7. Infrastructure: we were able to upgrade our Paediatric Infectious Diseases (PID) Unit in ward E1 over the last 2 years to provide a safe area for children to be screened and treated for COVID and minimising the risk to staff, patients and caregivers. This unit will continue to grow as we look to consolidate in-patient care for tertiary / difficult PID cases. In addition, our other Paeds ward (A1) was renovated as part of the hospital plan in 2021.

The following were the main objectives were NOT achieved:

1. Failed to increase intensive care level beds in both the Neonatal & Paediatric ICUs. (i.e. failed to eliminate “no bed available” for eligible ICU level paediatric patients.)

Access to ICU beds has been identified at National & provincial priorities through mortality audit programs like the Perinatal & Child healthcare Problem Identification Programs (PPIP & Child PIP). At Grey’s we have measured “access data” more closely since 2018. This data shows us that patients eligible for an ICU level bed were only able to access one between 40 to 67% of the time. Our unit bed occupancy rates are consistently above 90%, with bed requests being triaged daily. Bed numbers in these two units have not been increased in the last 15 years as tertiary services including surgery for children have developed. This situation remains untenable. It can be solved or alleviated by increasing ICU level bed capacity with nursing and medical staffing increases as infrastructure and equipment are already available. Budget constraints have prevented progressive realisation of this life-saving service.

2. Failed to access any unfunded medical posts on the organogram to consolidate current services, this includes medical officer and Head Clinical Unit posts.

This is especially relevant as the province has recently decreased registrar post numbers in the last year. This has resulted in vacated contract posts not being replaced while service delivery has remained unchanged. This area has been identified as a root cause for patient safety incidents. While funded posts are filled, several leave categories (vacation, sick, exams, family responsibility, maternity) are affected without clinical cover. This reflects a funded establishment that is insufficient to meet HR policies.

3. Failure of the Information Technology (IT) services at GH.

Maintenance and replacement of old (>10 years) / obsolete desktop computers, non-functional printers and disconnected network connections at ward level is dysfunctional. Patient level activities like discharge summaries are delayed or done manually; checking of results is done on doctor’s cell-phones using their own data to keep the system working. IT tools should be adding efficiency but at present hinder service delivery. Another example that indicates wasteful expenditure is the “Computers on wheels (COWS)” that have been procured, delivered to wards and remain non-functional.

In the next section, we have included summary reports from three of our units. This will give a closer look at each of these units.

Neonatal Unit (NICU): Prepared by Dr T Martin (Head Clinical Unit - Neonatology)

Annual Review 2021/2022

Grey’s NICU had a total of 654 admissions. Of the 654 admissions 72% were babies born at Grey’s while 28% were out born deliveries referred for a tertiary level of neonatal care. The admission diagnosis for most of the inborn admissions was prematurity with respiratory distress syndrome and these babies were mainly in the weight category of between 1000g to 2499g. The admission diagnosis for most of the outborn admissions was congenital disorders and these babies were mainly in the weight category of above 2500g.

There were 60 deaths in the NICU during the year, with an in-house mortality rate of 9.2%. The neonatal mortality rate (NMR) decreased to 41 per 1000 live births.

276 requests for NICU beds were received for the year. Of those requests 117 (42%) were accepted. 85% of the time the reason for not accepting was due to no bed availability.

Top achievements for the NICU during 2021/22:

Decrease in neonatal mortality to the lowest annual rate for the decade

HPCSA approval to perform 6 months neonatal sub-speciality training

Currently 5 MMed’s, research articles being supervised/performed from NICU data with the aim of publishing all.



LOW POINTS/ OBJECTIVES NOT ACHIEVED DURING 2021/22:

- Staffing shortages - ill health of operational manager
 - death of 1 professional nurses
 - loss of experienced nurses
 - decreased number of registrars
- NICU access – no improvement in percentage of babies accepted.

STRATEGIC FOCUS AREAS FOR 2022 -2023

1. Moratorium of staffing to be lifted
2. Further reduce neonatal mortality by focus on sepsis reduction and relook at provincial policies on managing under 1000g babies
3. Improve NICU access by opening 3 ICU beds (staffing/BUR/ALOS)
4. Set up and Implementation of foetal maternal/neonatal palliative care programme
5. Apply for full HPCSA accreditation for neonatal subspecialty training
6. Revise treatment guidelines and protocols with updated literature reviews

PAEDIATRIC HAEMATOLOGY / ONCOLOGY UNIT: PREPARED BY DR COOPASAMY (PAEDIATRIC ONCOLOGIST)

Last year was eventful for Grey's Department of Paediatric Haematology and Oncology. Our only specialist in the discipline, Dr Coopasamy successfully completed the Paediatric Oncology exams, making her one of the first two Paediatric Oncologists trained in a KZN post. There are now only three Paediatric Oncologists in KZN (one in the private sector, one at IALCH & one at Grey's). The unit has secured donor funding to develop a play area for children, remodel a friendlier Haematology / Oncology ward and clinic in POPD. Also in partnership with "Reach for a dream" secured a last wish for a "princess themed" birthday party for one of terminally ill patients just before we lost her.

The unit has had 506 inpatient admissions with our NPO CHOC assisting with 317 admissions for some of our children. The outpatient clinic has seen in excess of 6000 outpatient visits to both the Haematology and Oncology clinic in 2021. We have managed to keep our healthcare associated infection rate well below international oncology unit target rate.

The unit with Dr Coopasamy's drive has also been actively involved in partnership projects with St Jude's Children's Cancer and Research Hospital in Tennessee in the USA. This includes participation in a QIP to improve procedural pain in collaboration with 5 other countries, completing a cancer-related Infectious diseases short course aimed at addressing hospital acquired infection rates and the SA National DoH sanctioned "St Judes Pediatric Oncology Facility Integrated Local Evaluation Tool or PrOFiLE. This is a full evaluation resource of health-system delivery. PrOFiLE helps care teams and institutions define an improvement strategy to increase childhood cancer survival." She together with our PID specialist, Dr Naby is also part of a national working group developing a "Febrile Neutropenia" guideline for children. This is a common chemotherapy related complication.

Other activities the unit has embarked on include: raising awareness for the early warning signs of childhood cancer in local media publications to coincide with International Childhood Cancer Awareness Day 2021, including our 1st annual Childhood Cancer Awareness program held in POPD. The unit has assisted with the updating of the average length of stay (ALOS) monitoring policy. Collaborations with IALCH have been improved with weekly in-reach visits by Dr Carr (Senior Haem Onc MO) and Dr Coopasamy to the Paediatric Haematology Oncology clinic in Durban. MDT meetings have been re-commenced with Paediatric Surgery, Radiology and Radiation Oncology at Grey's.

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KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA



KwaZulu-Natal Department of Health



KZN Department of Health



kznhealth



@kznhealth

**GROWING
KWAZULU-NATAL
TOGETHER**

Top 5 achievements

- Sub-specialist services delivered, working more closely with IALCH.
- PICU partition for COVID ICU beds, this facilitated safe COVID care.
- National critical care collaboration which led to contribution to COVID-19 MIS-C guidelines and discussion of difficult cases nationally and currently working on research output.

Objectives not achieved

- PICU bed access NOT improved (Complaints from referring sites) due to inadequate nursing and medical staff: Only 60% of eligible ICU bed requests met, with more child M&M

STRATEGIC FOCUS AREAS FOR 2022-2023

1. **Strengthen Health system effectiveness**

- a) PICU renovations to assist non-COVID & COVID clinical care capacity & improve Infection Prevention & Control (IPC) practices as part of SEPSIS reduction strategy
 - Get PICU onto GH ward renovation plan or Mx support for changes
 - Permanent partition between cubicle 3 & 4, including corridor.
 - Upgrade UPS for cubicle 1 (on Maintenance Plan 2022)
 - Add gas (O₂ & suction) points in cubicle 1 (on Maintenance Plan 2022)
 - Fix roof leaks cubicle 1 & 2
 - Replace outdated elbow taps
 - Explore converting bathroom into storage space
- b) Improved IT infrastructure & support
 - Train staff and get COWS operational

2. **Reduce burden of disease**

- a) Reduce child M&M
 - Improve access to PICU level bed by increasing from 6 to 10 beds (need more nurses and doctors to achieve this)
 - SEPSIS reduction strategy in PICU through “Best Care Always” bundle care implementation
- b) Review patient profile: ICD 10 database
- c) Review surgical cases: workload, morbidity and mortality

3. **Universal health care coverage**

- Continued OUTREACH support – PICU sub-specialty to HGRH

4. Strengthen human resources for health

- Fund HCU post
- Fund medical officers and nursing posts

5. Improve quality of care

- Paediatric Dashboard: to implement as per KZN plan, identify facilitators & barriers, trouble-shoot and plan solutions
- Patient safety / IPC: SEPSIS reduction strategy

Finally, looking forward to the next year has been helpful following the two years of COVID-19. After “COVID-fatigue” there is a sense of renewal among the teams as we prepare for the “POST COVID” era and re-establish our plans. What we need to focus on is what is within our control and keep advocating for the needs of the children we serve. Teamwork remains the key!

Prepared by Dr BL Dhada
Head Clinical Unit



RADIOLOGY DEPARTMENT ANNUAL REPORT 2021 - 2022

SERVICE PROVISION

Radiology department at Greys Hospital is still able to provide services across the full range of diagnostic Imaging modalities, but there are challenges due to staffing and equipment issues. Waiting times for some services have increased due to inadequate staffing and increased patient load. The danger of future service collapse due to equipment failure has been highlighted extensively, particularly PACS and plain films.

EQUIPMENT

Replacing ailing equipment is still a challenge. Although considerable progress has been made in 2019 and 2020 but some of our equipment are reaching end of life especially the bucky x-ray units.

Below is the status of our equipment.

The following equipment is still in satisfactory condition:

Equipment	Year of procurement
MRI	2019
CT scan	2019
Multiplanar fluoroscopy	2019
General fluoroscopy	2020
Panoral X-ray	2020
Ultrasound units	2016 - 2020
Digital mammography	2016

The following equipment is either under-capacity for service load or at high risk of failure:

Equipment	Year of procurement
PACS	2010
3 Bucky units	1997, 2003, 2004
Mobile X-ray units	Oldest 1995
Mobile C-arms	2009 - 2013
Cardiac cath. lab	2013



The above critical equipment remains un-replaced over the years. One of the bucky x-ray units in the main department has reached its end of life and the other 2 bucky x-ray units are nearing their end of life. Therefore the plain film services are at the verge of failure.

The PACS servers and software are over 10 years old, no longer supported and at high risk of failure.

In addition, all of our equipment are not on SLA with an exception of general fluoroscopy unit which is still under warranty (warranty expires November 2022). This causes delays in repairing of equipment which in return affects the service delivery and increase waiting times.

STAFFING

Moratorium for filling of clerical staff is still in place. The 3 vacant clerical posts were not filled.

8 radiographers and 4 medical officers were appointed to replace the exits. Dr Muller finished her registrar time and was given a medical officer post while waiting for a consultant post. The head of clinical department, Dr Reitz resigned in October 2021 and Dr Memela was appointed as a new head of clinical department in March 2022.

2 diagnostic community service radiographers and 1 community service ultrasonographer were allocated at Greys Hospital in January 2022.

Current staffing:

The following staff categories are severely understaffed:

X-Ray clerks (3/10 posts vacant), Radiographers and Ultrasonographers (18/45 posts vacant)

The status of other post categories (some moderately understaffed) is as follows:

DD Radiography (1 post vacant). HCU (1/3 posts vacant), Specialist (1/3 posts vacant) and Medical Officers (0/6 posts vacant).

Casualty X-ray remains closed because we do not have enough clerical staff and radiographers to operate it. After hours emergency delays occur because of the inadequate radiography establishment.

Filling of critical funded posts still a challenge due to the withholding of permission to deviate from race and gender preference policies, even when there are less applicants than posts and moratorium which was put in place at the end of 2021.

The chief ultrasonographer post was advertised several times with no success of getting the required equity target. This put Ultrasound services at a disadvantage.

ACADEMIC ACTIVITIES, TRAINING AND OTHER ACHIEVEMENTS

Our core of dedicated consultants continues to provide comprehensive training across all sub-disciplines. Greys remains fully accredited by HPCSA for training. One Greys registrar entered the FCRAD Part 2 exams, and passed her exams (Dr L Muller).

Only 1 registrar post was allocated for PMB complex in the last financial year. Low intake of registrars put radiology services at risk and if we do not produce enough specialists, we are not going to have a functional public sector Radiology service in KZN in the future.

COVID-19

We were able to avoid staff cluster outbreaks during the third and fourth waves, but several individual staff members were affected. No staff in the department succumbed to COVID-19 in the last financial year.

Prepared by Dr Mamokete Memela

HCD Radiology

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UROLOGY DEPARTMENT ANNUAL REPORT 2021 - 2022

Grey's hospital offers regional services to the Umgungundlovu district which has an approximate population on 1 million. Tertiary services are offered to the Western half of KwaZulu-Natal - this includes 5 health districts with a total population of 3.5 million. In addition we regularly see patients outside our drainage area (Durban, Eastern Cape) The department of urology at Greys Hospital, in addition to providing tertiary care to patients, also provides district and regional level care to patients, due to the fact that, with the exception of Edendale, there were no other hospitals with a functioning urology department.

As a result the department is tasked with providing care for patients, far beyond that available with the current staff and resources. However the department has still managed to provide efficient care for patients seeking medical care at Greys hospital.

Staffing

Greys Urology department is currently staffed with:

- 1 head clinical unit
 - Dr R Sathiram.
- 3 sessional consultants
 - Dr A.K Dada
- 3 medical officers
 - Dr K. Mahmood
 - Dr Z. Jogiat
 - Dr S.N Quvane
- 3 registrars
 - Dr Sadhwani
 - Dr P. Afolayan (rotating from Durban)
 - Dr S Mbatha (rotating from Durban)
- 1 Edendale medical officer
 - Dr T. Nkuebe

Staff changes

The department has lost the following staff:

- Dr M. Conradie worked at Greys Hospital as a sessional consultant. Dr Conradie is a world renowned laparoscopic surgeon and both the staff and the patients of Greys Hospital benefitted greatly from his expertise. He has relocated and has therefore left Greys Hospital. The department wishes him well on his future endeavours.
- Dr H.E. Le Roux worked at Greys Hospital as a sessional consultant. Dr Le Roux has left the employ of Greys Hospital in January 2022. The department wishes him well on his future endeavours
- Dr Sadhwani rotated through the Durban complex as part of his training for the months of April 2021 Dr Johannes is rotating through the Durban training complex from January 2022 until December 2022 as part of his training.
- Dr Johannes is rotating through the Durban training complex from January 2022 until December 2022 as part of his training.
- Dr Frittella has completed his training and has exited the registrar training. The department wishes him well on his future endeavours

During their rotations in the other centres Drs Sadhwani and Johannes have been exposed to different pathologies and management styles and this has increased their knowledge and clinical exposure.

Greys urology department is facing extreme staff shortages, especially consultant wise. There is currently only 1 consultant employed in the hospital. Although we have advertised consultant posts, we have not been able to fill them because of the overall shortages of specialist urologists in the country. There is currently only 1 urologist servicing most of the Western half of the province in addition to other patients who regularly come to us from Durban and other areas that are not in our drainage area.

We do however have the expertise of 3 very experienced staff members in the department, Dr Mahmood, Dr Dada whose wealth of experience is beneficial to all staff members.

Daily activities

Monday

- Academic ward round
- Clinic
- Academic meeting
- Teaching medical students
- Prostate clinic

Tuesday

- Full day theater slate
- Ward round
- Teaching medical students
- Admission clinic at Edendale
- Academic meeting

Wednesday

- Full day theater slate at Edendale Hospital
- Combined uro-oncology clinic
- DSD clinic
- Casualty theater
- Admission clinic at Greys Hospital

Thursday

- Clinic at Greys
- Academic meeting
- Medical student training
- Clinic at Edendale
- Prostate biopsy

Friday

- o Full day general slate
- o Half day local slate.
- o Academic meeting

- In addition to this we do tele-medicine clinics and ward rounds to Madadeni Hospital up to 3 times per week.

Equipment

- We have repaired our ureteroscopes during the last year. The ureteroscope is important for the management of patients with upper tract stones or tumours.
- We have repaired our flexible cystoscope. This is used in the assessment and follow up of patients with a wide variety of urological conditions including urethral strictures and bladder cancer.
- The laser machine was serviced during the course of the year.
- We are currently awaiting repair of the video stack for the flexible cystoscopy unit.
- We have acquired 3 sets of endocavity and abdominal guides which will allow us to perform prostate biopsies, nephrostomy insertion and biopsy of abdominal masses.

Outreach

- A clinic is held every week at Edendale Hospital. Approximately 80 patients are seen every clinic.
- A full day theater slate is held every Wednesday at Edendale Hospital. This theater slate has brought down our waiting times for patients awaiting orchidopexies and hydrocoeles. Previously the waiting times for these patients were 8 years, however now these patients are being booked within a year. We are currently trying to diversify the number of patients that we are performing at Edendale Hospital in order to be able to assist more patients.
- A pre-admission clinic is held every Tuesday at Edendale hospital.
- In addition to this advice and management plans are offered to the medical officer working at Edendale on the non-clinic days.
- Tele-medicine ward rounds and clinics are held every week with Madadeni Hospital.

Education and Academic Achievements

- **Continuous medical education:** An important part of clinical governance and improved service delivery is the need to continually assess the service that we provide for any deficiencies and to aim to improve them. This takes the form of continual assessment of adverse events, and regular inpatient and outpatient file audits. We also conduct weekly academic ward rounds with senior urologists in order to discuss complicated cases. In addition, we are constantly identifying areas of quality improvement and acting upon these.
- Monthly morbidity and mortality meetings are held as part of clinical governance in order to ensure that we provide the safest patient care.
- Clinical audits are held every 2 months in order to ensure that the department follows best clinical practice. From the clinical audit we have identified key areas in the management of stones within our department. We have now created a stone protocol sheet to ensure that stone care is standardized.
- In order to provide ongoing high quality and current medical care to patients, we have a weekly academic program aimed at consultants, registrars and medical officers to keep our staff up to date with the current international trends.
- A weekly journal club is being held.
- Dr Sathiram, Dr Patel (Durban) and Dr Zietsman (Ngwelezane) gives weekly tutorials to the registrars. Registrars from KZN as well as those from other provinces are welcome to attend.

- Staff are also encouraged to attend conferences and undergo regular clinical training.
- Regular inter-departmental meetings are held: such as radiology meetings, oncology meetings.
- A countrywide teleconferenced meeting is held every week.
- Due to the COVID pandemic all meetings were cancelled and as a result most CPD lectures and activities are being performed online.

Medical student and registrar training:

- Greys Hospital being an academic hospital, is therefore responsible for the training of medical specialists and medical students in the field of urology.
- During the past year, the following registrars have undergone part of their training at Greys Hospital:
 - ◊ Dr Afolayan
 - ◊ Dr Sadhwani
 - ◊ Dr Mbatha
 - ◊ Dr Frittella

In addition there were supernumerary registrars that are receiving their training at Greys Hospital. They include:

- ◊ Dr A. Maher (Botswana)
- ◊ Dr Jermy (Libya)

During the year that has passed the following doctors completed their CMSA examinations:

- Dr Jermy
- Dr Maher
- Dr Frittella

The following doctors also completed their MMeds:

- Dr Jermy
- Dr Maher
- Dr Sadhwani

Medical students receive all their training at Greys Hospital for their entire undergraduate program. The students normally spend 3 days in urology. They are taught urological emergencies, cancers, infections and other common urological conditions.

The department has a long history of training foreign registrars. The training of foreign registrars is very important for both countries and we are able to provide valuable training for specialists who will then be able to take their new expertise to their countries and build up the services.

This cements good relations between the different countries.

The SAUA congress was due to be held in 2021. However due to the COVID pandemic, this event was cancelled and therefore none of our registrars were able to present any posters or topics at this forum.

Ongoing dry lab laparoscopic training is occurring.

Dr Sathiram has been involved in the examination of national CMSA candidates for both exams that were held during the year.

Publications and Academic achievements

- Dr Mbatha and Msibi presented at the national academi

Due to the COVID pandemic we have faced many challenges. Some of these include:

- Decreased inpatient beds as we have had to convert many of our general wards to COVID wards. We faced a severe bed shortage and were not able to admit many patients that needed treatment and investigation and we managed them as out patients or admitted them at other hospitals.
- Decreased operating time as we were not able to run a full complement of theater slates due to many staff contracting COVID and being unable to come to work; as well as staff being re-routed to work in other COVID areas. As a result of this our waiting list for elective surgery has grown considerably longer.
- Staff from all departments have had to assist with the COVID response that including treating inpatients, swabbing patients and screening patients.
- Staff had to undergo vaccine training.
- Many staff members have lost family members to the COVID pandemic. We offer them our deepest condolences and the strength to face this difficult time.
- The COVID pandemic has been very taxing on health care workers. In addition to the constant anxiety of treating COVID patients and witnessing the demise of many of our colleagues, many staff members have had to stay away from family members for fear of infecting their loved ones.

All staff members have received the COVID vaccine.

Although Greys urology is experiencing a staff shortage, and we are managing district to tertiary level care patients, we are still able to provide patients with care in line with international guidelines. We hope that the following year will see us able to continue our levels of service, as well as see an improvement in the staffing and equipment situation at Greys.

Prepared by Dr S. Sathiram

Head Clinical Unit



INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2021- 2022

The Infection Prevention and Control (IPC) Department has been manned by 2 staff members - 1 Manager and 1 professional nurse for the 2021/2022 financial year. Due to the Human resource deficit, it has been a very challenging year for the IPC department to meet the needs demand of the facility.

Best Care Always (BCA) auditing was re-commenced in 2021 as it was previously halted due to the Covid-19 precautions. The audits were conducted in 2 of the 4 quarters.

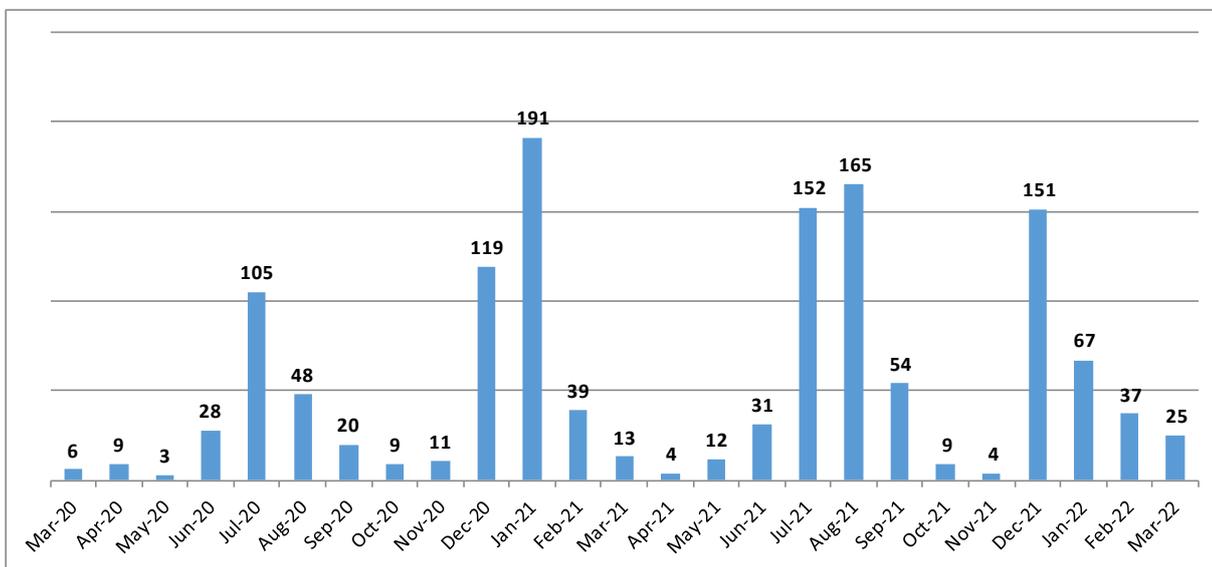
During the 21/22 financial year, there has been a noticeable decline in the total number of Hospital Acquired Infection rates within the facility. The monthly overall percentages calculated for the past annum inclusive of a reduction of 0.90% sets the target for 22/23 financial year at 3.3% and the 21/22 target was 6.2%. We had a total of 641 hospital acquired infections throughout the facility as depicted below.

Hospital acquired infections are a major cause of mortality and morbidity in a facility and therefore, the IPC office monitors the infections very closely and always look at strategies to reduce the infections.

Covid-19 report

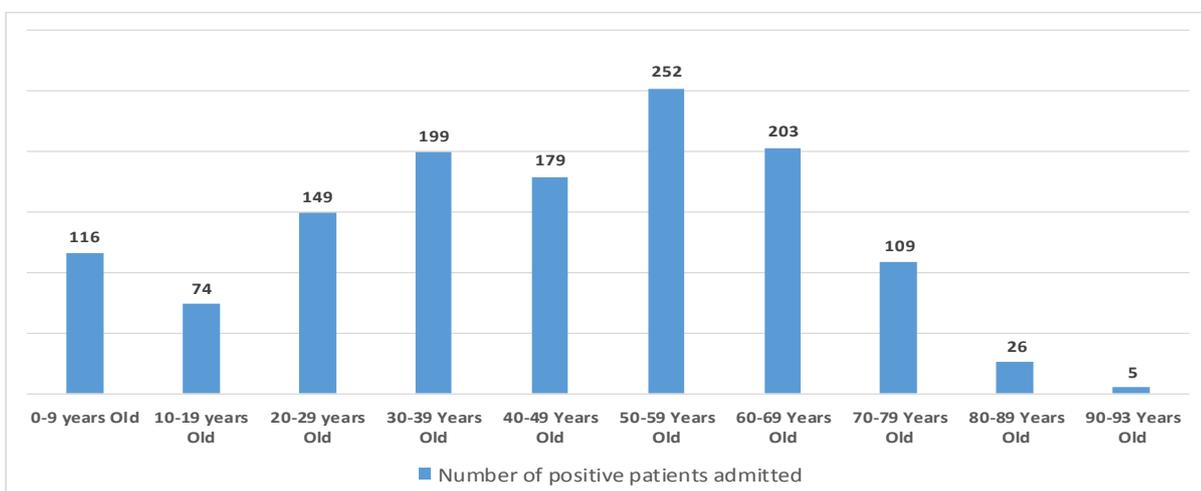
Daily monitoring of COVID -19 cases with daily reports sent to Management and District Office done by the IPC office. Grey's hospital has admitted a total of 1213 Covid-19 positive cases from March 2020 to 31 March 2022. Due to the decrease in Covid-19 admissions in the last quarter, Grey's hospital has reverted to full normal services.

Total number of Covid-19 positive admission (March 2020-31 March 2022)



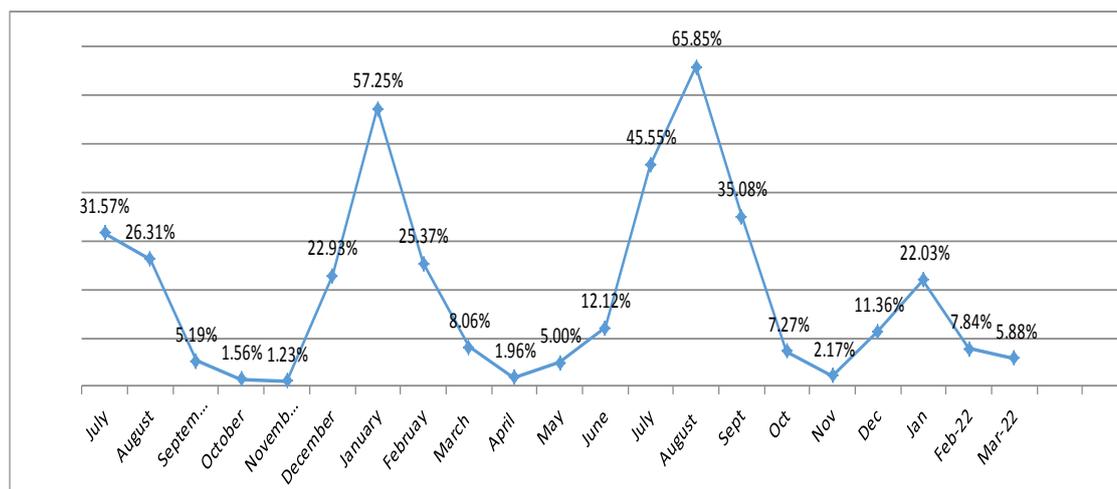
Covid-19 Positive cases admitted in 10 year Age segments -Reporting period March 2020-March 2022

Leading Covid-19 positive cases admitted to Grey's hospital was the 50-59 year age group.



Covid-19 death positivity rates for the reporting period March 2020-31 March 2022

The graph below displays the Covid-19 death positivity rate for the past 4 waves. The peak being during the second wave at 65.85% in August 2021.



OVERALL FACILITY INFECTIONS VERSUS TOTAL ADMISSIONS FOR THE PAST YEAR:

SERVICE 2021	# infections	# admissions	Infection rate	Baseline Infection rate 2021	Goal Rate for 2022	# inpatient days	Infections per 1000 pt days	Baseline Infx per 1000 pt days 2021	Goal infections per 1000 pt days for 2022
Medical	69	3204	2.153558	2.1	2	21427	3.220236	3.2	3
Surgical	127	3983	3.188551	3.2	3	28512	4.454265	4.4	4.2
Paediatrics	104	3036	3.42556	3.4	3.2	14460	7.192254	7.2	6.8
Urology	6	249	2.409639	2.4	2.3	2071	2.897151	2.9	2.7
Orthopaedics	41	1294	3.16847	3.1	2.9	15303	2.679213	2.7	2.6
O&G	30	4552	0.659051	0.7	0.7	15703	1.910463	1.9	1.8
ICU (Surg)	124	681	18.20852	18.2	16.4	3931	31.54414	31.5	28.3
CCU	3	163	1.840491	1.8	1.7	843	3.558719	3.5	3.3
PICU	56	272	20.58824	20.6	18.5	2069	27.06622	27.1	24.4
NICU	81	611	13.25696	13.2	11.9	8106	9.992598	10	9
TOTAL	641	18045	3.552231	3.5	3.3	112425	5.701579	5.7	5.4

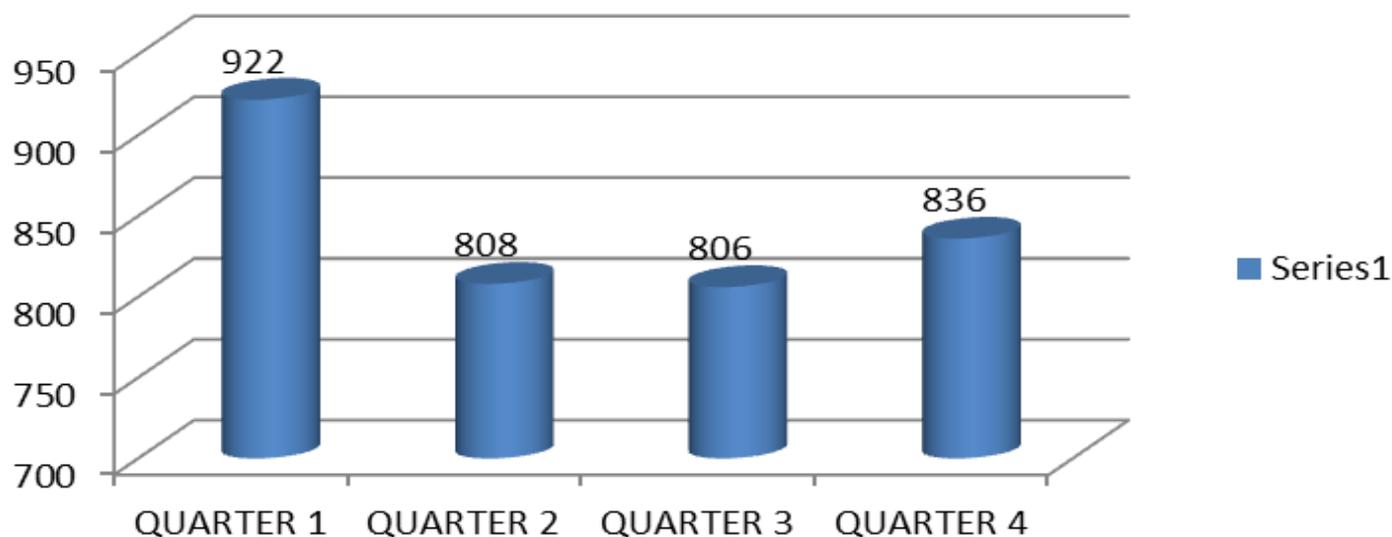
The following are hospital acquired infection sites that are mandatory to reporting:

- Bloodstream associated infections
- Respiratory associated infections
- Urine associated infections
- Wound associated infections

WEEKLY LABORATORY RESULTS:

On a weekly basis, the microbiologist sends all Grey's hospital tests/specimens sent for M&C (microscopy and culture). We have recorded a total of 3372 results in the last financial year which are individually followed up in the wards by the IPC team. The graph below shows figures per quarter.

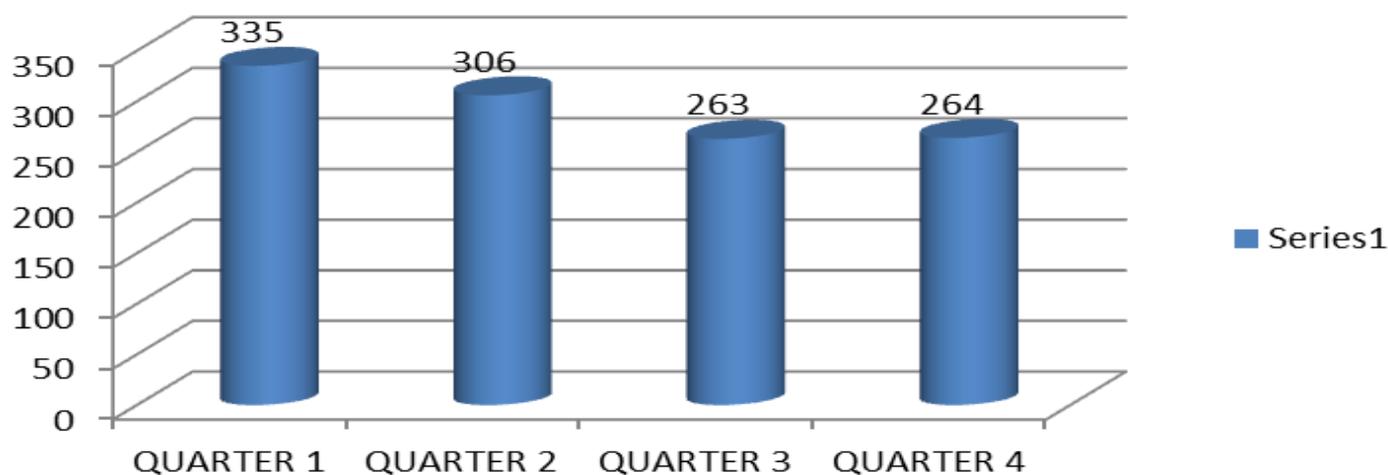
LABORATORY RESULTS ANALYSED FOR 2021 /2022 FINANCIAL YEAR



DAILY FACILITY ALERTS:

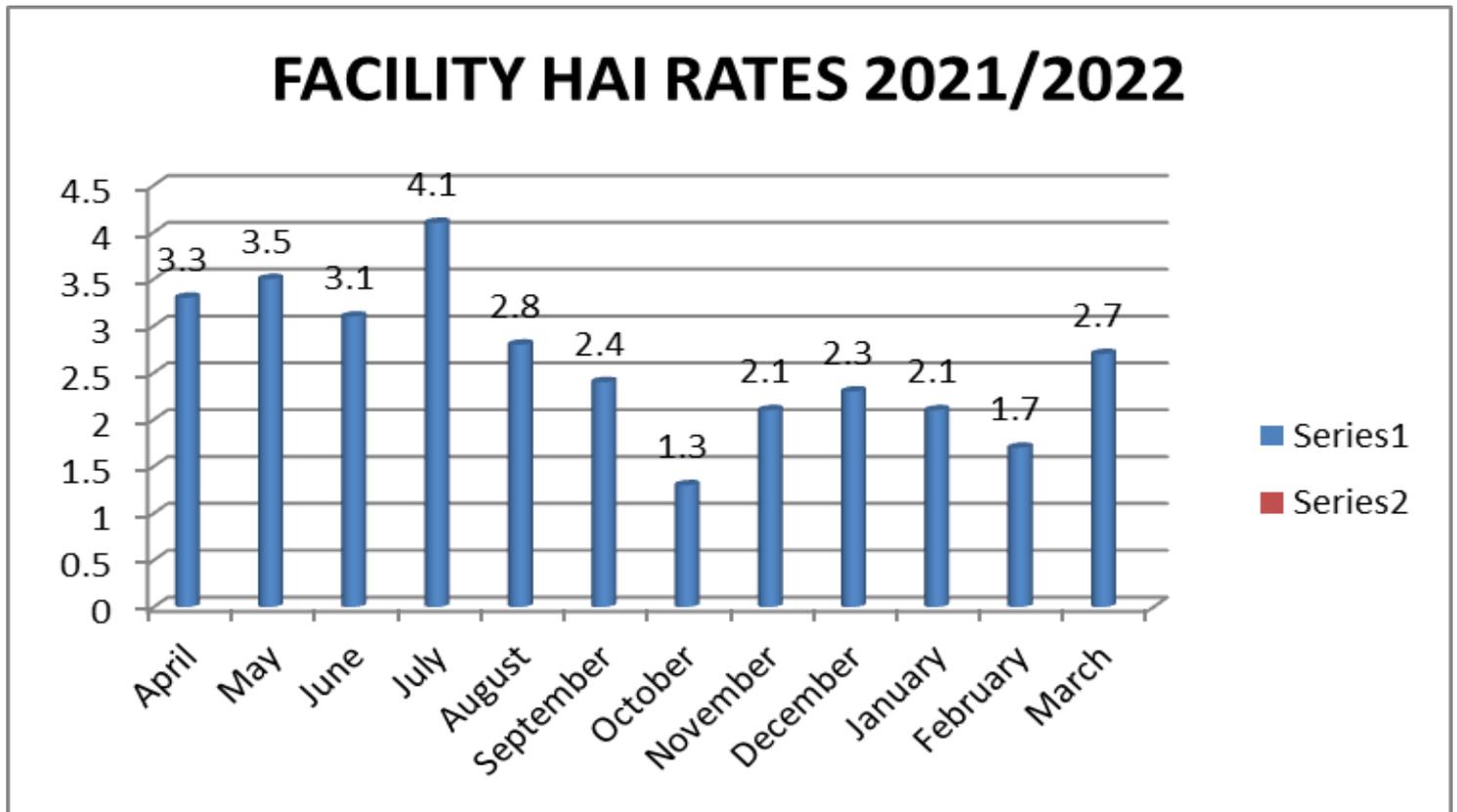
Every day we receive facility alerts from the microbiologist of specimens that are ESBL (Extended Spectrum Betalactamase) and needing monitoring. Below is the total numbers we received per quarter.

DAILY FACILITY ALERTS PER QUARTER FOR THE FINANCIAL YEAR 2021-2022



MONTHLY HAI RATE FOR THE FACILITY:

Below is the facilities overall Hospital acquired infection rates per month 2021/2022. The facility did not exceed the target of 6.2%.



The IPC office continues to take robust prevention strategies to reduce the rate of hospital acquired infections at the facility:

- Best Care Always audits
- WHO Hand hygiene audit monitoring (200 moments per ward per quarter)
- Hand washing campaign every year
- 5 moments of Instrument hygiene
- Performing quarterly environmental audits
- Monthly in-service training for clinical and non-clinical personnel
- HAI Surveillance

ANNUAL ENVIRONMENTAL AUDIT:

In November 2021 the IPC department together with the members from the IPC team conducted an annual environmental audit. Cleanliness within the facility has been identified as a major challenge. Pass mark for audit was 80%.

- * 45 Areas were audited.
- * 26 Clinical – 22 passed & 4 failed
- * 19 Non clinical – 12 passed, 7 failed

TOTAL OVERALL PERFORMANCE – 83.9%

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HAND HYGIENE CAMPAIGN 2021:

The Hand Hygiene campaign is celebrated every year on 5th May. The IPC department together with the HAICU committee plans a major event each year. Due to the continuing Covid-19 restrictions, the IPC department has been campaigning on a smaller scale by visiting clinical and non-clinical areas individually and promoting hand hygiene within the facility.



NOTIFIABLE MEDICAL CONDITIONS:

The facility reported a total of 77 cases for 2021/2022 inclusive of TB but excluding COVID positive cases
Hepatitis A =1, Congenital Syphilis =4, AFP =1, ARF =1, Bilharzia =1, TB =69

TB SCREENING:

A total of 75834 clients/patients were screened at the facility in the last financial year. Patient Screening takes place at all service points at the facility.

Prepared by: Mrs JG Green

Infection Prevention and Control Manager

SOCIAL WORK DEPARTMENT ANNUAL REPORT: April 2021 to March 2022

During this past year that was both productive and challenging, we must first acknowledge our progress and embrace our challenges:

ACHIEVEMENTS:

1.1. Posts and changes in the Social Work team:

The Social Work Supervisor Grade 1 post that was vacated in April 2021 still needs to be filled. Lekha Chirkoot was appointed as Social Work Manager in April 2021, having joined DOH in 1990 and been a supervisor since 2006. There was a cross transfer of 2 social workers: Ntandokazi Gcabashe transferred to Dept. of Social Development in Estcourt and we welcomed Silindile Zungu from the same office, on 1st February 2022.

1.2 Patient care services:

Despite staff shortages and the COVID-19 challenges, service delivery continues to all wards, clinics and in respect of multidisciplinary team programmes, e.g. Chronic Renal Failure Programme, Tracheostomy Homecare & Paeds Diabetic Programmes, Foetal Anomaly, DSD/Intersex Clinic, Oncology, Paeds Neurology and Medico-legal services, among others. Social Work Services are provided to patients with health conditions, social issues and from vulnerable groups, in order to strengthen psychosocial well-being and to contribute towards holistic healthcare. We share collaborative relationships with community stakeholders, who are supportive towards our patients, e.g. Dept. of Social Development, NGO's, Faith-based organisations.

1.3 Group work:

- Seven sessions were conducted in terms of the Psychosocial Support to Build Resilience during COVID-19 with +80 health care professionals by Lekha Chirkoot and Freda Harmse (Social Work Dept.) and Njabulo Madlala (EAP). Delysia Pillay (Clinical Psychology Dept.) was part of panel discussions.
- Although the Oncology Support Group and PICU Caregiver Support groups were put on hold due to COVID-19, numerous patients were provided with psychoeducation, counselling and support on an individual basis.

1.4. Clinical Governance, Quality Management & Performance Management :

- Social Work completed the National Core Standards and IDEAL Hospital audit tools, however there were several inappropriate criteria. The tool of UMgungundlovu Health Social Workers' Forum was submitted to OHSC.
- Systems and documents are updated including the Operational plan, Procurement, Risk Management plans and Disaster Management (participation in drill), Performance Management, Policies, among others. Supervision is conducted regularly; Peer Supervision and Clinical and Documentation audits are conducted on a quarterly basis to ensure a high standard of patient care and record-keeping. Monthly Health & Safety audits are done by our Health & Safety representative, Ms. Nonhlanhla Ntuli.

1.5. Staff Development & Training:

- Social service professionals attended 10 sessions of the In-service training programme that was CPD accredited with 20 points for the year.
- Social Work provided training on Ethics in Healthcare at various platforms: the Ethics Forum, Allied Health and Obstets and Gynae Dept.

1.6. Health Awareness Programmes: In and outreach programmes:

- The Social Work team both independently and jointly with other departments successfully conducted at least 20 events within the hospital and community that provided staff, patients and their families with education and coping skills. These events included: World Social Work Day, Child Protection Week, Reproductive Health & Pregnancy Awareness, Burns Awareness Week, Drug Awareness & Youth Month, National Epilepsy Day, Mental Illness & Disability Month, World Environment Day, World Kidney Day & Kidney Awareness Week, Mental Health month, Cancer Awareness, World Hospice and Palliative Care Day, International Day for Older persons, International Day for People with Disabilities, International Childhood Cancer Day, World Diabetes Day, International Women's Day and 16 Days of Activism on No Violence against Women & Children. Although Community outreach programmes were reduced due to COVID-19, there were some events held at schools and NGO's.
- A pamphlet was developed on **Coping with Grief** in English & isiZulu in special remembrance of loved ones lost and to aid with the healing process.

2.Challenges & Plans to address them:

- 2.1. The moratorium led to a delay in the filling of the Social Work Supervisor Grade 1 post, exposing social workers to an additional work load, fatigue and stress. **Plan:** To motivate to fill the post.
- 2.2. Filing and storage space is congested. **Plan:** Space is currently being utilized in the Mortuary and other offices.
- 2.3. No progress on refurbishments and procurement of relevant items due to budget constraints. **Plan:** To do motivations and requests where possible.

Thank you to our dedicated team and to all colleagues for your steadfast commitment during these trying times. Keep safe & God bless.

Prepared by Ms Lekha C. Chirkoot,
Social Work Manager

The Social Work team at Health Promotion Events at OPD:

Below Left: 16 Days of Activism of No Violence against Women & Children- Dec 2021

Below Right: World Social Work Day- 15 March 2022



The Clinical Psychology department currently consists of the acting Principal Clinical Psychologist (Delysia Pillay) and three Clinical Psychologists (David Blackbeard, Luyanda Mathe and Tumelo Mashaba). Grey's hospital has not been allocated a community service Psychologist since 2018. During the year 2021/2022, the department focused on maintaining established services and quality of care, supporting Grey's staffs mental health during the covid-19 pandemic and promoting mental health awareness and advocacy.

At Grey's hospital, the Psychologists provide individual intervention to Grey's inpatients and outpatients. The Psychologists also provide outpatient group services such as support, skills and psychoeducational groups. All in- and outpatients are seen according to the department's classified 'general' and 'specialist' areas. The following areas of specialisation are serviced by a respective Psychologist: chronic pain, disorders (differences) of sexual development, employee assistance programme, medico-legal (paediatric cerebral palsy), and paediatric endocrine, paediatric learning disorders, paediatric neurology, paediatric oncology, paediatric tracheostomy and renal disorders. Clinical Psychology is also involved in multidisciplinary team consultation and patient management which aims to provide holistic patient care.

The Clinical Psychology department is actively involved in the organisation and roll-out of health promotion events. This year the department promoted mental health awareness through the following health events: child protection week, mental illness and disability month, national attention deficit and hyperactivity day, world alzheimer's day, mental health awareness month, world diabetes day and world kidney day. The events are characterised by in- and out-reach events such as psychoeducational talks and presentations to staff, patients and the general public. Resources are also created to support the event, such as posters for display and pamphlets and other items for distribution. All the events were successfully delivered by the organising teams and were well received by the identified groups.

The Clinical Psychology department also encourages research, development and training. Despite a heavy clinical load and resource challenges, the Psychologists are actively involved in research. In the department, there are 2 Psychologists with an interest to begin a PhD and 1 Psychologist who successfully published an article in the International journal of qualitative studies on health and well-being; "Chronic pain and the masculine identity: life-world interviews with men at a South African pain clinic". Congratulations to Dr David Blackbeard for this academic achievement! The department continues to have research affiliations with the Grey's pain services committee and UKZN. In the areas of development and training, the department organises 2 CPD accredited programmes. The first is training and development through online and in-person events and the second is case discussions. The Psychologists are also invited to speak at other Department programmes. Grey's hospital also permits students to gain exposure to professional practice and the Psychology Department hosted 2 honours Psychology students for work experience and mentorship during the 2021/2022 period.

The ongoing challenges include infrastructure and staff constraints. The covid-19 pandemic also had a significant impact on mental health, increasing the demand for psychological services. Despite these challenges, the department remains committed to providing quality patient care through efficient and effective interventions, promoting mental health and clinical governance. The Clinical Psychology department is represented at the hospital's allied health professionals, ethics committee, events committee, extended management, policy committee, psychosocial support for Grey's staff committee and the hospital's quality improvement.

The department would like to thank its patients for their trust in the service and the Grey's staff for their continued support. The Clinical Psychology team remain motivated and committed to maintaining service excellence, upholding standards of care and advocating for mental health and psychological well-being.

Prepared by Ms Delysia Pillay

Acting Principal Clinical Psychologist



STAFFING

In 2017, the HPCSA stipulated the staffing requirements for accreditation of the Oncology Department to train registrars. These were met over the ensuing year. Concurrent with the acquisition of a second linear accelerator, additional radiotherapists were needed to staff the machine and assist with performing additional radiotherapy planning work associated with the increased patient numbers this resulted in, including planning CT scans and dosimetry. The organogram was expanded in 2020/21 and additional radiotherapists recruited into the posts created – some over the past financial year. Unfortunately, subsequent to this, three radiotherapists and one medical physicist have resigned. Due to the current moratorium imposed on filling vacated posts, we have been unable to recruit replacements.

The department performed sub-optimally in infection control audits, in 2019/20 and 2020/21. This was primarily due to under-staffing by general orderlies. The shortage of this category of staff also created challenges with patient movement between wards and the department. Several motivations for additional general orderlies was rewarded by the allocation of an additional 3 general orderlies. This has significantly contributed to improved cleanliness in the department as well as less logistical issues with intra-hospital patient transfer.

For the first time since 2018, the department has four full-time Oncology specialists. Dr Cassimjee rejoined the department at the end of February 2021 and Dr Farag Omar (our first graduating registrar from Greys Hospital) joined in September 2021. This has significantly relieved the pressure felt by the other two specialists, who ran the department significantly short of consultant cover for 18 months.

Nursing and clerical support continue to be insufficient. The department has been fortunate to receive nursing relief from Covid contract nurses outside of significant Covid work in the hospital. However, this is temporary and without these nurses the department faces significant challenges with service delivery. The moratorium on employing enrolled nursing assistants and enrolled nurses, which has been in place for several years has further compounded this shortage. Despite the Oncology Department expanding over the past 5 years, clerical support has not expanded in parallel. This too, is a function of the long-standing moratorium on non-exempt posts and is a massive challenge, which thus far has not been surmountable despite several motivations to address it

EQUIPMENT AND INFRASTRUCTURE

The new linear accelerator, commissioned for use in October 2020 is functioning well. It is a technologically advanced and has afforded the staff to learn new treatment techniques and improved treatment efficacy and safety for patients. As is to be expected when new technology is phased in, teething problems were experienced which initially resulted in slow patient turn-around. However, with ongoing training, the identification of inefficiencies and mastering of the various processes surrounding planning and treatment, treatment efficiency has improved significantly. This learning opportunity has improved staff morale and intersectional communication.

For a period, the Oncology Department had two fully-functioning linear accelerators. This enabled us to work through the backlog of patients requiring radiotherapy. Over the past financial year, the original linear accelerator, which was more than 15 years-old (life=span of 10-15 years) experienced several periods of down-time, which created challenges with bookings. The repair of the linear accelerator was costly and, because of its age, the vendor declined to provide a service level agreement (SLA). The machine was last operational in November 2021 and has since been condemned. The Department was fortunate, as the Department of Health has prioritized replacement of the unit and after several motivations, funding has been sourced to pay for it in the 2022/23 financial year. Specifications were submitted to head office in the 2021/22 financial year and it is hoped that a new linear accelerator will be installed in the next financial year. In the interim, the waiting list to radiotherapy treatment continues to grow. There is still an unmet demand for Oncology services, which continue to grow. The Oncology Department has primarily expanded inwards, as external expansions require planning and are costly. The original waiting area was converted into two additional clinics and an undercover area outside the department was enclosed to create a new waiting area. This was further refurbished, but remains too small to accommodate all Oncology patients. The clinics, too are small and only one is able to accommodate a stretcher bed.

There are insufficient consulting rooms and the chemotherapy suite is currently at capacity. Staff and patient ablution facilities are severely limited and ventilation insufficient for the number of people in the department. The department will need to expand, not only to accommodate the current patient (and staff) ;pad, but also in line with projected increases anticipated in future cancer incidence and prevalence. A motivation to expand the Oncology Department at Greys Hospital has been escalated to the Department of Health.

The procurement of a new brachytherapy unit was finally achieved at the beginning of 2022. The original brachytherapy unit, was 15 years old and many of the components were obsolete. The old unit stopped working in November 2021 and there were no replacement parts to resurrect it. The new unit has been operational since March 2022 and the department is working through the backlog of patients with gynaecological malignancies who require this treatment.

SERVICE PROVISION

The Oncology Department provides both medical and radiation oncology services on an in- and out-patient basis. We treat all solid malignancies and a few haematological malignancies, primarily lymphoma. In addition, we also treat some benign conditions such as keloids and condylomata. A dedicated palliative care clinic was set-up in 2020 and continues to devise supportive care plans to patients, which can be continued in the communities where these patients reside.

Over the past financial year, the department has provided the following services:

- 1362 new cancer patients were seen in the clinics
- 11219 follow-u patients were seen in the clinics
- There were 5635 chemotherapy administrations
- 1965 CT scans were done
- 990 new patients received radiotherapy
- 12987 fractions of radiotherapy were administered

RADIOTHERAPY AND ONCOLOGY:

- New Breast & Cervical Cancer
- New Head & Neck Cancer
- New GIT & Uro Cancer
- New General Cancer
- Chemotherapy suite

RADIOTHERAPY SECTION:

1. Simulator
2. Planner
3. Linear accelerator
4. Brachytherapy
5. Mould Room

The above needs to change as follows:

DEPARTMENT OF CLINICAL ONCOLOGY

New patient clinics (run in conjunction with multidisciplinary teams):

- ⇒ GIT malignancies
- ⇒ Gynaecological cancers
- ⇒ Breast cancer
- ⇒ Head and Neck and CNS cancers
- ⇒ Paediatric tumours
- ⇒ Urological malignancies
- ⇒ General (includes sarcomas, lung, thyroid and some lymphomas)

Other clinics

- Follow-up patients
- Palliative care
- Radiotherapy patients

Chemotherapy suite (for the administration of iv chemotherapy, supportive drugs and biologicals)

Radiotherapy

- Planning CT scanner
- Dosimetric/Planning unit
- External Beam Radiotherapy with 3DCT, VMAT and IMRT capability
- Brachytherapy service

ACADEMIC TRAINING

The Greys Hospital Oncology Department has provisional accreditation for the training of Oncology registrars. An application made for full, unconditional accreditation has been made to the HPCSA and a favorable outcome is expected. Four training posts are allocated to the department, of which, three have been filled. There is an active training programme in the department, aimed at preparing the registrars for their CMSA examinations, but attended by all the doctors in the department, where possible. Two of the registrars have passed their Part I FC Rad Onc examination and all three are engaged in Med research. The radiotherapists and medical physicists also have an academic programme.

Three doctors in the department received diplomas in palliative care and an additional doctor enrolled to do the same course through UCT at the beginning of 2022. One of our doctors is studying towards obtaining a Masters in palliative care. We continue to collaborate with the MLCCP (Multi-National Lung Cancer Control Programme) group from the School of Public Health at UKZN and support their research at the Greys Hospital site. Additionally, Greys Hospital Oncology is part of the (South African Breast Cancer and HIV Outcomes) SABCHO group study, which has resulted in several peer-reviewed publications. Finally, in addition to brachytherapy training provided to all relevant departmental staff, some radiotherapists and medical physicists were afforded an opportunity to participate in the Access to Care radiotherapy course (done monthly, after-hours) offered by UCT. This proved to be invaluable in upskilling staff, who ordinarily aren't provided with training in 3-D conformal and volumetric arc radiotherapy planning.

FUTURE CHALLENGES

EXPANSION REQUIRED: The shrinking budget of the Department of Health notwithstanding, it is apparent that the demand for Oncology services continues to grow. An article, based on the collated global cancer statistics collected by the International Agency for Research on Cancer states that: "the global cancer burden is expected to be 28.4 million cases in 2040, a 47% rise from 2020, with a larger increase in #transitioning (64% to 95%) versus ^transitioned (32% to 56%) countries due to demographic changes, although this may be further exacerbated by increasing risk factors associated with globalization and a growing economy. Efforts to build a sustainable infrastructure for the dissemination of cancer prevention measures and provision of cancer care in transitioning countries is critical for global cancer control."¹ To cater for the current and future requirements for Oncology care for the districts that Greys Hospital serves, due consideration needs to be given to physically expanding the Oncology Department.

VACANT POSTS: As has been alluded to earlier in this report, there are several critical staffing shortages in the Oncology Department. These include clerks and nursing staff (primarily ENs and ENAs). At this time, with one of the linear accelerators not functioning, we have sufficient radiotherapists. However, once the new linear accelerator is installed, the vacant radiotherapy posts will need to be filled to staff the machine. Insufficient clerical supports results in challenges which are self-explanatory.

INFORMATION TECHNOLOGY :

The internet band width at Greys Hospital is insufficient to support meetings via the Microsoft Teams platform and provides an unstable connection via Zoom. This creates challenges for the attendance of meetings, especially Provincial or at a National level. It also limits academic activities within the department. We eagerly anticipate the roll-out of eHealth, which is essential for healthcare in the 21st century, however the current network will not support this venture. Another challenge encountered with respect to internet connectivity is the fact that our SmartConnect system, which allows a technician to diagnose linear accelerator malfunction off-site, virtually can't be activated. For it to work, a connection with a minimum of 30 megabits/second is required. The current speed is in the region of 1mb/s. With this technology, machine downtime could be minimised and repair costs could be limited.

LODGING CAPACITY:

With only one linear accelerator operational, there is sufficient capacity between the lodger ward at Greys Hospital and Umgeni step-down facility to house patients unable to travel daily for periods of up to 7 weeks for treatment. However, once two linear accelerators are functional, there will no longer be parity between the number of beds available and the number required. A suggestion has been made that use may be made of beds at the Richmond TB Hospital for this purpose. This, as well as alternate options will need to be explored before a second linear accelerator is commissioned for use in the department.

SPACE

Late presentation of patients

A large proportion of patients presenting to the Oncology Department present with locally advanced or metastatic cancer. Since the survival rate of cancer is inversely correlated with the stage of presentation, it is self-evident that every effort should be made to diagnose cancer early. A massive collaborative effort is required between tertiary Oncology services, district and regional levels of care, public health services, NPOs actively involved in cancer via the KwaZulu-Natal Department of Health to:

- Educate the public about healthy lifestyles, signs and symptoms of cancer, destigmatise cancer and the importance of screening for cancer
- Initiate cancer screening programmes
- Strengthen and streamline referral pathways to Oncology centres
- Ensure a coordinated effort toward a common end-point ie prevention and early diagnosis and treatment of cancer to prevent duplication of services.
-

If the aforementioned can be achieved, there will be a substantial increase in return on healthcare investment and patients will ultimately have longer survival benefit of their Oncological treatment as well as a better quality of life.

Prepared by Dr L. Stopforth

Head Clinical Unit

<u>Top 5 achievements</u>	<u>How did it positively impact on service delivery?</u>
<p>1. Running 2 staff based clinics in the hospital</p>	<p>A. The Occupational Health Clinic: for acutely ill staff, Injuries on duty, Needle-stick Injuries/Body fluid splashes, Medical Surveillances, Immunisation and Family planning. Staff productivity enhanced.</p> <p>B. The Staff Flu Clinic: performed COVID-19 tests to staff presenting with suspicious symptoms, resulting in prompt isolation to mitigate against spread within the hospital and reduce absenteeism. Enhanced staff productivity.</p>
<p>2. Assessment of Vulnerable Employees</p>	<p>Staff at risk for COVID-19 and working in high risk areas identified and placed in less risky environment.</p>
<p>3. Quarterly Risk Assessments done</p>	<p>Prevented safety risks to the staff and the public.</p>
<p>4. Submission of daily COVID statistics to the hospital and district</p>	<p>Tracked trends and worked with IPC and JOC team to prevent spreading of COVID-19. Interventions probably prevented spread of COVID-19 and reduced absenteeism rate.</p>
<p>5. Improved baseline medical surveillances</p>	<p>Provides opportunity to diagnose new illnesses and to manage them for better productivity.</p>

Objectives not achieved (List the top 5 objectives that were not achieved)	How did it impact on service delivery?	Challenges / Contributing factors (Why was objective not achieved?)
1. No fire drills completed	Impact not immediately quantifiable.	1. Lockdown regulations. 2. No safety Officer.
2. External Health Risk Assessment not done	Impact not immediately quantifiable.	Supply chain processes.
3. Poor submission of Monthly Health and Safety audits	Safety of staff and patients could be compromised.	1. No Safety Officer. 2. Lack of motivation from some Safety Representatives.
4. Contractors not submitting Vicarious Liability forms	Possible impact on Safety of staff, patients and visitors.	No enforcement at SCM and Maintenance.

Prepared by Dr B. Mkhize

Occupational Health & Wellness



SECURITY SERVICES:

Human Resources

Title	Number of post filled	Vacant
Security officer	10	05
Chief Security officer	01	00

Achievement

- Negative incidences reported to security were all attended to.
- Installation of CCTV Surveillance Cameras.
- Installation of Alarm system.
- Installation of turnstile gate at Nurses Home.
- Timeous provision of uniform and PPE.

Challenges

- Some critical areas are still not covered due to insufficient staff.

LAUNDRY SERVICES:

Human Resources

Title	Number of post filled	Vacant
Launderer	05	02
Linen Orderly	11	02
Sewing Orderly	01	02
Laundry manager	00	01

Achievements

- Timeous provision of uniform and PPE
- Procurement of One (01) Industrial Laundry Machine
- Procurement of window and screening curtains for patients' wards

Challenges

- The moratorium on the filling of vacant posts.
- Outworn linen trollies.

WASTE MANAGEMENT:

Human Resources

Title	Number of post filled	Vacant
Environmental health practitioner grade 1	01	00

Achievements

- General waste removal contract in place.
- General waste recycling contract in place.
- Well maintained central waste storage area.
- Procurement of 174 Pedal bins for clinical areas.
- Procurement of 500 units of infectious and general waste identification bin labels to be put on top of pedal bins in the patient areas.
- Timeous provision of uniform and PPE for waste collectors

FOOD SERVICES:

Human Resources

Title	Number of post filled	Vacant
Food service manager	01	00
Food service supervisor	01	02
Food service aid supervisor	15	05
Food service aid	15	09

Achievements

- Painting of kitchen interior walls.
- Installation of CCTV surveillance cameras.

Challenges

- Budget constraints hence no equipment was procured (Washing machine; Steam pot and tilting pan)

CLEANING & HOUSEKEEPING:

Human Resources

Title	Number of post filled	Vacant
CLEANING:		
General foreman	01	01
Cleaners	48	26
General Orderly	103	05
Senior General Orderly	17	00
Hospital Orderly	12	03
Porter	05	04
Covid contracted personnel	36	00
HOUSEKEEPING:		
Household Aid Supervisor	05	01

Achievements

- Recruitment of Covid – 19 staff = 36 personnel
- Timeous provision of uniform and PPE

Challenges

- Vacancy rate is high due to moratorium.
- Procurement of poor quality cleaning material impacting on stripping of floors not being done adequately.
- Pending outsourcing of company to clean hospital windows as they are visibly dirty.

PATIENT ADMINISTRATION & MEDICAL RECORDS:

Human Resources

Title	Number of post filled	Vacant
Patient Administration		
AD: SYSTEMS	01	00
Support management officer	01	00
Administrative Clerk	16	03
Medical Records		
Support management officer	01	00
Administrative Clerk	02	00
Registry clerk	00	02

Achievements

- Maternity and baby records were separated from normal filing and filed on new filing cabinets
- Improved revenue collection
- Continuous registration new cases on electronic patient registration system.
- Continuous disposal of inpatient and outpatient records as per schedule

Challenges

- Shortage of space for filling for Maternity and baby records as they have to be kept for 21 years
- Staff shortage impacting on waiting times.

LIBRARY SERVICES

Human Services

Title	Number of post filled	Vacant
Librarian	01	00
Library assistant	01	00

Achievements

- Received 100% of new books

Challenges

- No promotional material and banner to promote the Library services due to budget constraints.

TRANSPORT:

Human Resources

Title	Number of post filled	Vacant
Administration clerk supervisor	01	00
Drivers	07	05

Achievements

- Received two new vehicles
5 seater sedans
- Provision of uniform.

Challenges

- Insufficient staff to cover all shifts.
- Delays for services and repairs bookings from appointed agent.

MORTUARY:

Human Resources

Title	Number of post filled	Vacant
Administration clerk	01	00
Mortuary services assistant	01	00

Achievements

- Installation of sixteen (16) mortuary shelving.

Challenges

- Insufficient staff to cover 24 hour shift.

CRECHE SERVICES

Human Resources

Title	Number of post filled	Vacant
Household Aid Supervisor	04	00

Achievements

- Registration of Creche with Municipality, received Certificate of Acceptability.

Challenges

- Partitioning for sick bay room.

MAIN REGISTRY SERVICES

Human Resources

Title	Number of post filled	Vacant
Registry clerk supervisor	00	01
Registry clerks	02	00
Photocopier operator	01	00

Achievements

- Procurement of cleaning hoover.

Challenges

- Replacement of photocopier machine.
- Insufficient staff.

SWITCHBOARD

Human Resources

Title	Number of post filled	Vacant
Switchboard operator	07	02
Principal Telecom operator	00	01

Achievements

- Monthly telephone expenditure reports analyzed at Cash flow meetings.

Challenges

- Shortage of staff due to moratorium.
- Require 32 inch screen for visual impact staff.

MAINTENANCE:

Human Resources

Title	Number of post filled	Vacant
Administration clerk	01	01
Chief Artisan	01	00
Artisan Foreman Grade A	02	01
Artisan Foreman Grade B	02	01
Artisan Production Grade A	03	04
Artisan Production Grade B	03	01
Boiler operator	01	00
Handyman	11	02
Tradesman aid	12	04

Achievements

The following Maintenance items were completed:

Services:

- Monthly:
 - Central Air conditioning System
 - Lifts
 - Renal Osmosis Machines
 - Washing Machines, Tumble Driers & Press Machine
 - Fire Detection Service
- Quarterly:
 - Autoclaves
 - Chillers

- Annually:
 - ◊ Boilers
 - ◊ Instrument washers
 - ◊ Particle Count & revalidation of Bio Hazard Bench
 - ◊ Cooling Towers
 - ◊ Compressors (Pneumatic & Medical Air)
 - ◊ Generators
 - ◊ UPS & Batteries
 - ◊ Transformers
 - ◊ Sampling of Transformer oil
 - ◊ Hysters
 - ◊ Fire Fighting Equipment
 - ◊ Public Address System

- **Projects**

- Replace Master Pact air circuit breakers & cradles 1 600 AMP at Main Plant Room - SUB 1 and SUB 2 (4 x Breakers). Replace fused circuit breakers with ACB in the Kitchen sub station
- Upgrade of ablution facilities of 3rd floor Admin building
- Mortuary Shelving
- Convert 2 x toilets at Recreation Hall to toilets for disabled persons.
- Renovation of Ward A1. Painting
- Renovation of Ward A1. Plumbing
- Renovation of Ward A1. Metal Tray Ceilings & Lights
- Replacement of Renal Osmosis unit for dialysis purposes
- Borehole water to be piped to Kitchen and Laundry
- Painting of Kitchen
- Replacement of underground Diesel Tanks - DQ 2 500L

One project not completed – Contractor could not obtain all the stock (Due to COVID – STOCK NEEDS TO BE IMPORTED) to complete project in the bookyear 2021/2022.

- Upgrade of LV Sub-station at Kitchen sub-station

Prepared by Ms M. Dlamini

AD: Systems

A. SERVICE DELIVERY

1. Clinics

• Grey's Hospital

- ⇒ Sub-speciality clinics have been continued as part of ophthalmology service and have been conducted at Grey's since February 2011. These clinics consist of the following:
- ⇒ Retinal Clinic: Drs Burger and N Chetty
- ⇒ Uveitis Clinic on Mondays has been discontinued due to consultant shortage.
- ⇒ Paediatric Ophthalmology and strabismus every Monday has been discontinued due to consultant shortage.
- ⇒ Anterior segment has been discontinued due to consultant shortage. V. Glaucoma clinic has been discontinued due to consultant shortage.
- ⇒ Medical Retina on Friday mornings has been discontinued due to consultant shortage.

• Northdale Hospital

Full daily clinics since the beginning of 2013. We only have one MO left because the other was taken for Covid purposes. Surgical outreach from Grey's has been stopped since the start of Covid and is yet to restart. I managed to secure a large sponsorship of equipment from Life Hospital to the value of R2 million. The microscope and laser were donated to Northdale Hospital.

• Edendale clinics

- I. Retinal Clinic on Thursdays has been discontinued due to consultant shortage. Uveitis Clinic on Fridays has been discontinued due to consultant shortage.
- II. Paediatric Ophthalmology every Tuesday has been discontinued due to consultant shortage.
- III. Medical Retina and cataract on Wednesdays has been discontinued due to consultant shortage.
- IV. Anterior Segment clinics has been discontinued due to consultant shortage.

2. Theatre

- ◆ Equipment status essentially unchanged.
- ◆ Theatre times have decreased from 2½ days to only 2 days per week. Our theatre usage is good.
- ◆ Theatre time is still inadequate for our patient requirements: We are still losing eyes due to lack of theatre time, especially retinal work.

3. Wards

- Bed status at Grey's unchanged and inadequate. We have 8 adult beds and only 2 paediatric beds.

4. Outreach

- ◆ Outreach program to Edendale Hospital by the specialists has been stopped (See Edendale Clinics).
- ◆ Existing surgical outreach is done at Dundee Hospital once a month.
- ◆ Surgical outreach at Northdale Hospital has stopped (see Northdale Theatre)

B. ACADEMIC AND TRAINING

1. Registrars

The Department of Ophthalmology at Grey's Hospital currently has three registrars and two MOs.

2. Consultants

PMB Metropolitan Ophthalmology Services previously had 7 full time specialists and 5 part time consultants. This has been reduced to one consultant and 4 sessional doctors.

3. Individual Achievements

I have been asked to be convenor for the CMSA FCOphth(SA) Part 2 in Feb 2022.

I have been asked to be Head examiner for the CMSA FCOphth(SA) Part 2 "community ophthalmology" section for the next three years.

I have been asked to be the head examiner for the CMSA FCOphth(SA) Part 1 "Physiology" section for the next three years.

I have been asked to be examiner in the CMSA FCOphth(SA) Part 1 "Optics" section for the next three years.

4. EXAMINATIONS

- One registrar will be writing her finals this year

5. Teaching Program

- ◆ The following teaching program occurs every week:
- ◆ Primary/ Intermediate/Final Tutorial
- ◆ Academic Ward Round
- ◆ Academic day in Durban

6. Business Plan

A full business plan has been submitted.

7. Presentations and Publications

None this year



C. RESEARCH

1. 4 MMed dissertations are in progress for the Registrars that are or were in the department.

D. ADMINISTRATIVE AND INFRASTRUCTURE

1. Staff

Registrars in the Department:

- ⇒ Dr F Abdoola
- ⇒ M. Madibane
- ⇒ Dr L. Shelembe

MOs:

- ⇒ Dr N. Narainswami
- ⇒ Dr P. Mncube

Consultants

- ⇒ Dr T. Jogi

Part-time Consultants :

- ⇒ Dr M. Harrison
- ⇒ Dr N. Chetty
- ⇒ Dr A. Burger

Prepared by Dr C. Kruse

Head Clinical Unit



QUALITY ASSURANCE ANNUAL REPORT 2021 - 2022

Grey's hospital is continuously striving towards achieving compliance with National audits with the goal of obtaining accreditation for the institution. The Quality Assurance office was unfortunately not able to conduct a Norms and Standards inspection for the past financial year due to the unavailability of tertiary Norms and Standards tools. The institution did however participate in doing a Regional Norms and Standards internal audit however there was no platform available to capture the data and obtain a result.

Ideal Hospital Realization Framework:

Grey's hospital conducted an Ideal hospital status determination inspection in April 2022. The survey has not been captured and a facility performance has not been determined as the website is being upgraded and is currently closed for capturing. Below is the Greys hospital Ideal hospital status determination results for the inspection conducted in January 2021, the facility achieved a Silver status of 95.68%.

Status	Silver: 95.68%
Vital Score	98.17%
Essential Score	95.07%
Important Score	96.29%

Functional Area	Performance	Functional Area	Performance
Systems Management	94%	Social Work	97%
Executive Management	84%	Eye health	98%
Accident & Emergency	99%	Podiatry	100%
Obstetrics	99%	Audiology	95%
Medical Wards	98%	Rehabilitation and Palliative care	98%
Surgical wards	99%	Radiology	98%
Pediatric	99%	Pharmacy	96%
Maternity wards	99%	Intensive care unit	99%
Nursery	99%	Food services	97%
Theatre	97%	CSSD	100%
Acute	98%	Laundry service	97%
Chronic	97%	Mortuary	99%
Oral Health service	98%	Supply chain management	89%
Physiotherapy	97%	Financial management	97%
Occupational Therapy	96%	Infrastructure	59%
Dietetics	97%	Human Resource management	91%
Speech Therapy	96%	Administration/reception area	98%



Patient Safety Incidents (PSI) Management:

A total Of 459 patient safety incidents were reported for the 2021/2022 financial year.

PSI's SAC 1 reported = 04

PSI's SAC 2 reported = 408

PSI's SAC 3 reported = 47

One of the leading reported PSI's is the reporting of pressure ulcers, and it has been noted that more than half of the PSI's reported as pressure ulcers were identified to have been present on admission from home or from outlying facilities. There is evidence of both positive trends and areas of continued challenges.

Majority of the incidents are linked to root causes in one of the following:

- Lack of adherence to policy and procedure
- Lack of communication
- Human error
- Comorbidities
- Disease process

Medication errors, patient falls, and incidence of hospital acquired pressure ulcers being the areas that remain a challenge. There have been several actions undertaken to improve patient safety. Identifying and implementing best practises for prevention has been key to the reduction of adverse health incidents.

- Patient Safety Incidents reporting system which included centralizing reporting of incidents to the Office of the CEO
- Feedback sessions at Risk committee meetings have provided a level of transparency and a culture of awareness
- Multicomponent interventions to prevent falls
- Care bundle interventions (Best Care Always) checklists to reduce infections
- Training on Patient Safety Incident has encouraged voluntary reporting

Patient experience of Care (PEC):

A Patient Experience of Care survey (PEC) was conducted in August 2021 with the objectives as per National Department of Health:

- Identifying problem areas that require focused intervention
- Resolving potential problems timeously
- Identifying matters that require a better explanation to patients
- Reducing variation in health services by following standard treatment guidelines and efficient use of resources
- Guiding continuous education for all staff members
- Strengthening consultative processes with patients and involvement in their health care

Out-patient survey results

Indicator	Facility Result	NDoH Target
Access to Care	45.0%	100%
Availability of Medicines	96.7%	95%
Cleanliness	94.3%	74%
Patient Safety	82.2%	65.0%
Values and Attitude	76.5%	74.0%
Waiting Times	73.9%	74.0%
Overall Performance	78.1%	80.0%



Clinical Governance:

COVID-19 hampered our ability as an institution to carry out our normal administrative, clinical and training schedules. Meetings, audits, inspections and training internally as well as with our peers were affected as we ensured the safety of our patients and staff following COVID protocols. Wherever possible internal and external meetings and training sessions were continued virtually using the TEAMS or Zoom platforms. Internal audits were recommenced in the November 2021 and we are preparing for peer inspection later in 2022. Our risk registers for Nursing, Human resources, Finance and the Systems component are in place. We have 92 current Management policies and standard operating procedures in use, and nineteen (19) Covid-19 policies and standard operating procedures.

Grey's hospital has 23 fully functional Committees relating to Clinical Governance, all committees have Terms of Reference in place as well as appointment letters.

Training – 184 staff members attended training over the last year.

Professional License registration is monitored by Human resource.

Facility improvements:

A new parking lot was constructed below the Emergency department for use by staff and the public to assist in alleviating parking shortages and improve access to the facility. One of the paediatric wards, Ward A1 was refurbished and an additional waiting area was built for our out-patient Oncology service providing a well ventilated, heated area away from the passing traffic of other hospital staff and patients thus protecting the health of this vulnerable population.

Servicing and maintenance of equipment:

Over the last financial year, the Health Technology Services Department has repaired 803 items and serviced 17.

Equipment pool is coordinating and sending items for repair and servicing; a weekly report is generated. All lifesaving equipment is serviced on site e.g. defibrillators

Occupational Health and Safety COVID-19 staff surveillance and monitoring:

The Occupational Health and Safety Department has performed admirably during COVID-19 screening, monitoring and supporting staff for and with COVID-19. The table below reflects the number and categories of staff who tested positive for COVID-19 during the last financial year.

Month	No. of staff positive	Total swabbed for the year: 2196
April 2021	0	
May 2021	0	<u>Categories of staff positive</u>
June 2021	12	Doctors 96
July 2021	39	Nurses 160
August 2021	80	Health Prof. 38
September 2021	8	Support staff 104
October 2021	0	Deaths 0
November 2021	3	Total 398
December 2021	217	
January 2022	28	
February 2022	6	
March 2022	5	
Total	398	



Grey's Hospital Vaccination Site:

The Grey's Hospital Vaccination site was originally located in the Nurses Recreation Hall and opened on 17th May 2021. A team of 146 nurses, administrative staff and doctors have been trained and registered by the Clinical Teaching Department on the EVDS system. A total of 33824 vaccinations were administered between May 2021 – March 2022.

In mid-December 2021 the vaccination site relocated to a smaller site, a “flu clinic” located outside the Emergency and Outpatient departments. From March 2022 the vaccination site has been restructured to operate with a limited number of staff and is servicing the in-patient and outpatients of Grey's Hospital and staff members.

Achievements of the vaccination site have been:

- Vaccine distribution to Townhill Hospital, Fort Napier Hospital, Royal Show Grounds vaccination site and East Boom Community Health Clinic.
- All adverse events were reported and resolved.
- No complications or deaths.
- Many compliments were received from the public on the high standard of service received at the vaccination site.

Recognition and Reward of staff

Traditionally Grey's hosts an annual Quality Day and Long Service award ceremony where the facility acknowledges the effort, quality services, outstanding programs, low infection rates etc. and good work of the employees, on the 2nd of December 2021, we hosted a much shorter and smaller event with 70 staff members attending in order to accommodate COVID precautions. The theme was “**Sustaining Quality in times of Crises**”. Crises can be defined as “any event or period that will lead, or may lead, to an unstable and dangerous situation affecting an individual, group, or all of society” or “negative changes in the human or environmental affairs, especially when they occur abruptly, with little or no warning”. In the last 21 months as a hospital we have endured the crisis of the Pandemic as well as the July 2021 KZN riots. Through both crises the staff at Grey's Hospital have pulled together to ensure that patient services continued to be rendered. A Power Point presentation was displayed at the ceremony to reflect on how Grey's has performed so well and maintained many standards during the crises of 2021 and 2022. Staff members from each component who have given outstanding service to Grey's through this time as well as staff members who have completed forty years of service to Grey's Hospital were acknowledged and thanked.

Prepared by Mrs. A Quayle
Quality Manager



PUBLIC RELATIONS/COMMUNICATION ANNUAL REPORT 2021/2022

Public Relations Office is situated at OPD. The responsibility of this office is to provide an effective two way communication service in ensuring a mutual understanding between the hospital and its various stakeholders and advise management on strategic communications matters. PRO's report will reflect number of complaints and compliments received in 2021 and health awareness events celebrated.

COMMON COMPLAINTS RECEIVED IN 2021 = 49

The below table indicates the number of complaints received in 2021 per category.

CATEGORY	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUNE 2021	JUL 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021	TOTAL PER CATEGORY
Patient Care	00	01	02	00	01	00	01	00	00	01	00	00	06
Waiting Times	00	00	00	00	02	00	00	00	02	01	01	02	08
Hygiene and Cleanliness	00	00	00	00	00	00	00	00	00	00	00	01	01
Staff Attitude/Respect & Dignity	00	00	01	02	00	01	01	01	01	02	00	00	09
Media Query	00	00	00	00	00	01	00	00	00	00	00	00	01
Delay of Operation/Treatment	00	00	00	00	01	01	00	00	00	00	00	00	02
Continuity of Care	01	00	00	00	00	00	00	00	00	00	00	00	01
Availability of Hot Water	00	00	00	00	00	00	00	00	00	02	00	00	02
Availability of Medicine	01	00	00	00	00	00	00	00	01	00	00	00	02
Maintenance	00	00	00	00	01	00	00	00	00	00	00	00	01
Patient Misdiagnosis	00	00	00	00	00	00	00	00	00	00	01	00	01
Long Term EEG	00	00	00	01	00	00	00	00	00	00	00	00	01
Lack of Communication	00	00	00	00	00	00	00	00	00	00	00	00	00
Acted Against Patient's Will	00	01	00	00	00	00	00	00	00	00	00	00	01
Operation Conducted	00	00	01	00	00	00	00	00	00	00	00	00	01
Unavailability of CT Scan/X-ray	00	00	00	01	00	00	00	00	00	00	00	00	01
Medical Equipment	01	00	00	00	00	01	00	01	00	00	00	00	03

Urgent Appointment	00	01	00	00	00	00	00	00	00	00	00	00	01
Missing of Patient Property	00	00	01	00	00	00	01	01	00	00	00	00	03
Safe and Secure Environment	00	00	00	00	00	00	01	00	00	00	00	00	01
Other	00	00	00	00	00	00	00	00	00	00	01	00	01
TOTAL	03	03	05	04	05	04	04	04	05	06	03	03	49

COMPLIMENTS RECEIVED IN 2021 = 401

The below table indicates the ward and department received many compliments from January - December 2021

DEPARTMENT/WARD	NO. COMPLIMENTS
WARD F1	106
WARD M2	64
LABOUR WARD	55
WARD M1	20
WARD A2	16
ANTENATAL (ANC) AND WARD A1	15
WARD A2	14
WARD M4	13
WARD D1	08
WARD B1; WARD C2; WARD F2; OPD AND WARD G2	06
ONCOLOGY	05
WARD E2	04
WARD G1	03
WARD B2, CASUALTY AND WARD M3	02
ENT, ICU, SOCIAL WORK, ORTHOPAEDIC, CEO'S OFFICE, MEDICAL, EACH RECEIVED ONE COMPLIMET	01
TOTAL	401

HEALTH AWARENESS CELEBRATED IN 2021/2022

The below table indicates the health awareness , special events celebrated successfully in 2021:

ACTIVITIES	DATES
1. National Epilepsy Week	10—15 February 2021
2. International Childhood Cancer Day	15 February 2021
3. One Year Commemoration of Covid-19	05 March 2021
4. International Women's Day	08 March 2021
5. World Kidney Day	08 March 2021
6. Psychosocial Support Awareness	10—24 March 2021
7. International Social Work Day	15 March 2021
8. Burns Awareness Week and Month	06—12 May 2021
9. Nurses Day	12 May 2021
10. Mental Illness and Disability Awareness	19 May 2021
11. Child Protection Week	31 May—7 June 2021
12. World Environment Day	05 June 2021
13. National Youth Month	June 2021
14. Mental Illness and Disability	02 July 2021
15. National Women's Day	August 2021
16. Grey's Vaccination Site Visit	20—25 August 2021
17. Alzheimer's Diseases	1 September 2021
18. Kidney Awareness Day	6—10 September 2021
19. Attention Deficit and Hyperactivity Disorder	21 September 2021
20. Childhood Cancer Awareness	23 September 2021
21. International Week For Older Persons	1—8 October 2021
22. Mental Health Awareness	27—28 October 2021
23. 16 Days of Activism	25 November—10 December 2021
24. Quality Day Celebration	02 December 2021
25. Long Service Awards	07 December 2021

Prepared by Mr. J.Z. Mntungwa

Public Relations Officer



GREY'S HOSPITAL
PLEDGE TO THE KWAZULU-NATAL DEPARTMENT OF HEALTH

We pledge our commitment to the achievement of optimal health status for all persons of the Province of KwaZulu-Natal, including meeting the strategic objectives of the KwaZulu-Natal Department of Health, within our scope of clinical practice, i.e. the provision of Regional and Tertiary services.

WE PROMISE TO:-

- ⇒ Deliver on the KZN Department of Health's strategic health priorities, by providing optimal regional and tertiary care at all times, within available resources
- ⇒ Support the Department in meeting the health needs of the catchment population
- ⇒ Live the spirit of a caring ethos and to implement the principles of Batho Pele
- ⇒ Provide good governance and effective leadership

SIGNED BY:

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DR K.B. BILENGE
Chief Executive Officer

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DR NMT GUMEDE
Senior Manager -Medical Services

.....
MR F.S. MATIBELA
Manager - Nursing Services

.....
MRS BG ANDERSON
Deputy Director: Finance

.....
MR P. MKHIZE
Deputy Director - Facilities Management

.....
MR J.M. KHUMALO
Deputy Director - Human Resources

.....
MR J.Z. MNTUNGWA
Public Relations Officer

