



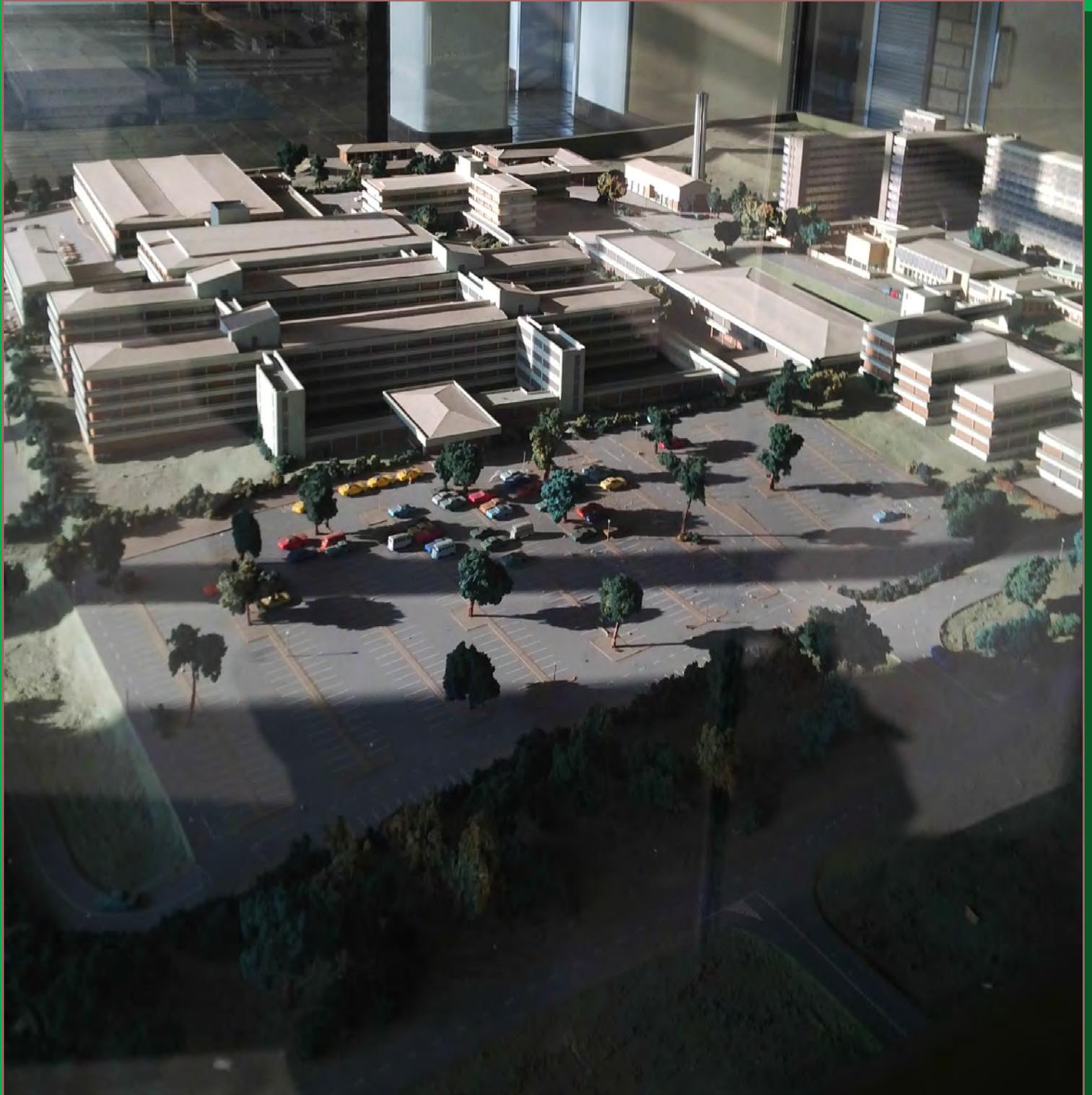
health

Department:
Health
PROVINCE OF KWAZULU-NATAL

GREY'S HOSPITAL

GREYPE-VINE NEWSLETTER

JUNE 2017



GREY'S HOSPITAL AND SR J. STEWART RECEIVED PRESTIGIOUS WARDS DURING MASEA ON 02 JUNE 2017



Grey's Hospital Management and Hospital Board members would like to congratulate Grey's Hospital for once again being awarded Best Performance and Achieving 3rd Position in the Category "National Core Standard— Central & Tertiary hospitals during KZN MEC's Annual Service Excellence Awards which was held on 02 June 2017 and to congratulate Sr J. Stewart for achieving Bronze Award in the category Best Public Servant of the year 2016/2017.

Top Picture:: Grey's Hospital Management receives Best Performance Award from KZN MEC: Dr S. Dhlomo and distinguished guests

Bottom Left Picture: Sr J. Stewart receives her Bonze Award from KZN MEC: Dr S. Dhlomo and HoH: Dr S. Mtshali.

SUNSMART SKIN CANCER AWARENESS

In January 2017, we observed Sun Smart awareness month and sent out pamphlets to all departments via email about heat stress, what to look for and how to prevent it. We also reminded staff to read the Occupational health and Safety Policy No.21 about heat stress. Staff that came down to the clinic were asked to read further literature about the effects of heat on one's body and how important it is to keep hydrated. The staff that were educated stated how much they learned about how to protect oneself from the heat. Below is one of the pamphlets that was sent to all departments.

Heat Stress



If possible, stay out of the sun.

Know the signs and symptoms of Heat Stress.



- Dizziness**
- Headache**
- Weakness**
- Rapid Heartbeat**
- Nausea**
- Cramps**
- Chest Pain**
- Labored Breathing**

Wear loose, breathable clothing such as cotton. If you must work in the sun, wear hats and use sun screen.



When the weather is hot, avoid caffeine

COOL DOWN, whenever possible



Maintain proper hydration. Drink small amounts of water frequently. Avoid feeling thirsty.



SEXUALLY TRANSMITTED INFECTIONS (STI)/ CONDOM WEEK

In February 2017, a health awareness promotion was held at CMCS and Kitchen departments. The topic was on sexually transmitted infections and condom usage. The promotional event was well attended.

Sr D Beeby introduced the topic and educated staff on sexually transmitted infections and the importance of condom usage. A demonstration on the correct application of the female and male condom was done. Informative posters were displayed. Staff members were given educational books, brochures and condoms to take home.

Personnel were very interactive with regards to questions and answers. The promotional information was also show cased on the informational board situated at the Occupational Health and Safety clinic.



Sr Beeby educating staff on sexually transmitted infections and the importance of condom usage



Personnel were given educational books, brochures and condoms to take home

PREGNANCY WEEK FEBRUARY

Pregnancy week promotional event was held at the Antenatal Clinic on 14 February 2017 . Mothers were encouraged to attend the clinic as the service ensures good outcomes for both mother and baby. Nomusa, the HIV counselor informed mothers about the importance of testing during pregnancy, drug adherence, infant feeding and the importance of practicing safe sex during the period of pregnancy. The Physiotherapist informed mothers about the benefits about pelvic floor exercises. The Dietician informed mothers about the importance of maintaining a well balanced diet during pregnancy. Sr Seethal discussed in detail all available methods of contraceptive that are accessible to mothers after pregnancy. Infant and young child feeding was discussed by Sr. Ramjan, she discussed the fact that breast feeding is preferred where possible. Sr. Ramjan discussed the risks and hazards of not breastfeeding. Mothers who were accompanied by partners and siblings were given gifts as part of the health promotional event. Entertainment was provided by Labour Ward Operational manager Sr Sibiya and staff . Sr Galliers thanked all who attended and the participants for making this event a success.



Mothers and their partners received gifts during Pregnancy Week.



A mother who was accompanied by her partner receives a gift from Sr Gumede of ANC.

WORLD KIDNEY DAY

Social worker: Mrs F Harmse put up a World Kidney Day Display at the Out-Patient's Department signifying World Kidney Day. On the 3 March 2017 ,an outreach programme was done at the Out-Patient's department (MOPD Clinic) to educate the patients and the public about Kidney disease and how to prevent it. Social auxiliary work student: N. Madlala assisted with the translation of the education into Zulu. There were pamphlets in English and Zulu available for the patients, the public and staff of Grey's hospital to read and to take home. Staff members from the Social Work Department, The Psychology Department and the Renal Multi-disciplinary team rendered their support to World Kidney Day.



Mrs F Harmse standing in front of the Kidney Awareness display.



Ms Nompilo Madlala reads message from the Kidney posters



From Left: Dr Rampersad and Ms Thembi Kheswa presenting during kidney awareness

WORLD TUBERCULOSIS DAY

The Occupational Health clinic compiled a display featuring information on tuberculosis and stationed the display at the Outpatients department. The display was filled with relevant literature to ensure that staff gain knowledge regarding the topic. Relevant pamphlets were also made available for staff members to take home to aid in educating family members as well. The occupational health and safety department made arrangements to visit the Human Resources department where Sr. S Mowchan conducted a TB questionnaire. Depending on the outcome of the questionnaire appropriate health education was given to the staff and they were referred accordingly to the Occupational health clinic. Staff were very appreciative of the service rendered to them on that day as many mentioned that it is actually difficult for them to leave their work stations.



HEALTH FACT

Colds are not caused by being wet or cold. They are caused by viruses, that have nothing to do with cold temperatures, people are more inclined to spend time together indoors, thereby more easily transmitting the virus from one person to another.-Health24

AVERAGE LENGTH OF STAY (ALOS) REDUCTION INITIATIVE

Hospital stays cost the health care system billions of Rands per year. In today's value based care environment, hospitals are under increasing pressure to avoid patient harm and maintain quality while also lowering costs. It is important to monitor the length of stay in the hospital as this is an indicator of the efficiency of our institution.

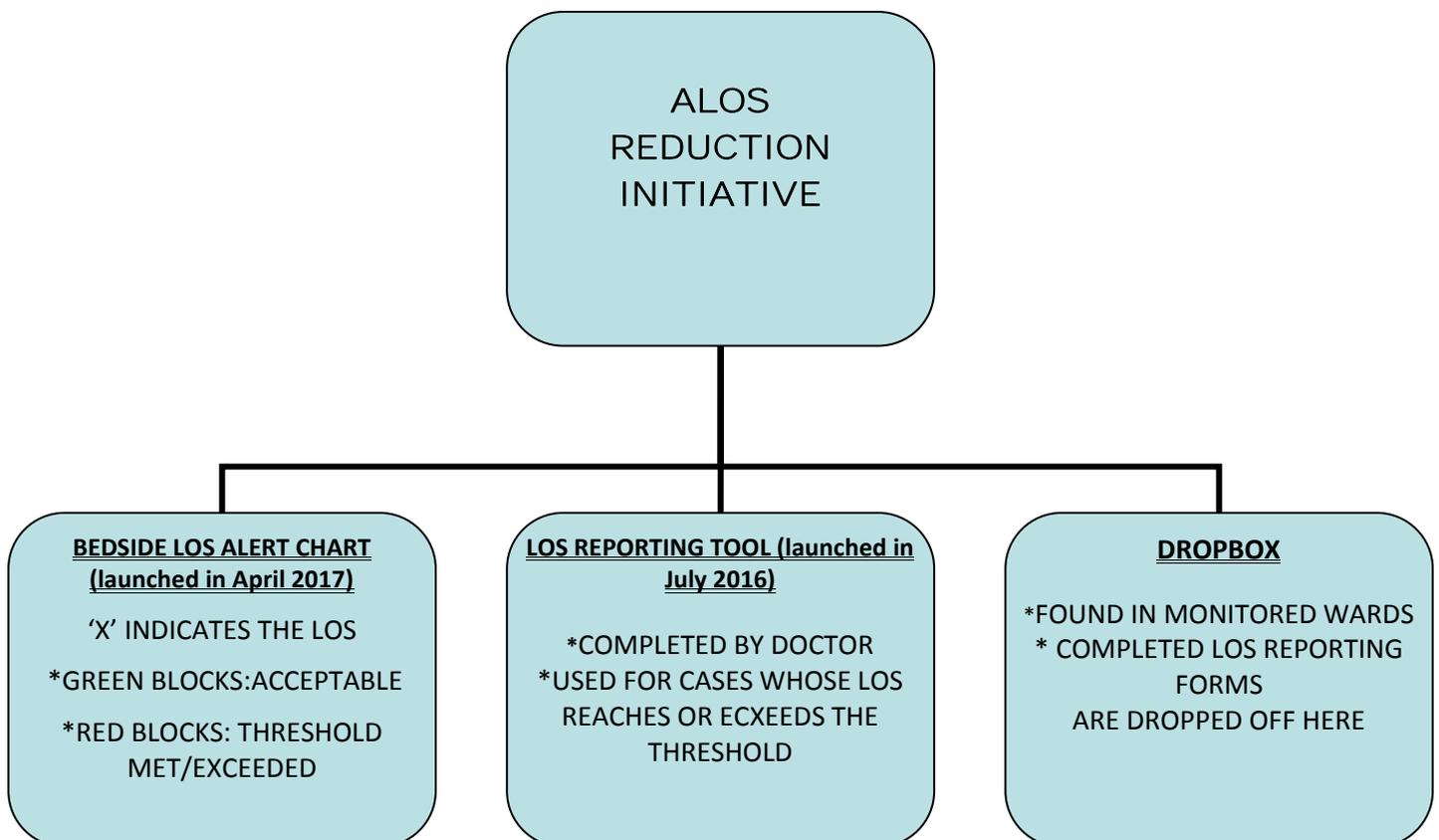
A shorter stay will, ceteris paribus, reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. A longer length of stay increases the risk of a hospital-acquired condition, which harm patients and contribute to an even longer and costlier stay.

In addition to improving patient safety and lowering cost, reducing length of stay can release capacity in the system (including beds and staff time) and improve the outputs of the institution, enabling the hospital to serve more patients. Shorter length of stay has been correlated with a higher risk of readmissions, however, improvement efforts, such as developing pathways of care that include the inpatient care process, the discharge care process and establishing an estimated date of discharge as early as possible, show that these risks can be mitigated as a multidisciplinary team seek the optimal length of stay for maximizing quality and minimizing costs.

The **Grey's Hospital ALOS (Average Length of Stay) Reduction initiative** was commenced on 27 July 2016 with preliminary activities being undertaken in some wards under the guidance of Dr.L. Naidoo (Medical Manager) and Mr. M.Zondo (M&E manager previously relieving Mr Gwele, current M&E Manager). The ALOS reduction initiative was then reinforced and officially launched on the 01 April 2017 with a full spectrum of tools. The team currently leading this initiative includes: Mr T Gwele (M&E Manager) and Ms NC James (Case Manager).

The wards that are being monitored are B1, B2, D1, F1, H1, H2 and M3 as these wards have high-utilization patients, responsible for long stays in the hospital (Departments of Orthopaedics, Medicine and Oncology). The team, by means of data collection, will also be able to identify issues contributing mostly to the increased patient length of stay in order for these to be addressed.

The following diagram illustrated the tools used in the ALOS Reduction Initiative



- ⇒ The Bedside LOS Alert Chart, alerts staff of the LOS of patients and when the reporting threshold is reached or has being exceeded.
- ⇒ LOS Reporting Forms are collected daily by Case Manager's office personnel.
- ⇒ The Case Manager assesses and comments on the reasons given by the doctor for the prolonged LOS and forwarded back to the HOD for a response and action to be taken.
- ⇒ Combined data collected is being assessed quarterly by the team.
- ⇒ Issues that contribute to the prolonged stay in hospital are then addressed.

The following table illustrates the LOS threshold for reporting for each of the high-ALOS-driving departments (identified using Pareto analysis):

DEPARTMENT	THRESHOLD FOR REPORTING
ORTHOPEDIC WARDS	≥ 10 DAYS
MEDICAL WARDS	≥ 9 DAYS
ONCOLOGY WARD	≥ 8 DAYS

Our aim is to progressively reduce the overall average length of stay in the hospital to a target of **7.6 days** in order to improve hospital efficiency. Length of stay reduction requires multidisciplinary team cooperation in order to enhance discharge care coordination and therefore we look forward to your buy-in and cooperation.



Case Manager Ms N James (centre) showing the ALOS tools.



Display at the bedside as a reminder for personnel.

INTRODUCTION OF INPATIENT LABELS

Patient Administration Department has introduced patients labels for all inpatients, except maternity department as they are awaiting a printer. The labels bear all of the patient's personal details and should be affixed to all inpatient documents. This enables the healthcare provider to label the patients documents without having to physically write out the information. It is neat and legible for all to read at a glance and saves the healthcare provider valuable time.

The program that prints the labels was designed as a stand-alone program as there is no electronic patient database to attach to. This will change once Meditech is installed at Grey's. Currently, a set of 18 labels is printed for each inpatient upon admission. Should a ward require more labels, the patient information can be sent to the Admitting Office for a new set to be printed.



The above is a sample of the inpatient label /sticker

INTERNATIONAL CHILDHOOD CANCER DAY

In collaboration with CHOC SA the Social Work Department commemorated the International Childhood Cancer Day on 15 February 2017. As a sign of hope, CHOC wrapped up some trees at both the front Casualty and back Montgomery entrance with blue and gold ribbons.



The above posters were placed in some waiting areas during the International Childhood Cancer Day

HEAMOPHILIA DAY 20 APRIL 2017

The theme for the day was **Red Tie Challenge**, and **red ribbons** and T-shirts. The health promotional event was held in the Outpatient department.

The attendance was amazing from the hospital staff and the patients.

What is Haemophilia

Haemophilia is a bleeding disorder in which the blood doesn't clot normally, it is a genetic disorder that impairs the body's ability to make clots (a process which is needed to stop bleeding). It affects males, meaning males only have one copy of the genes of the X CHROMOSOME, whereas females have 2 copies. Thus males can have the disease like haemophilia if they inherit an affected X Chromosome that has a mutation in either the factor VIII or factor IX.

We as health care workers need to educate our families and friends about the signs and symptoms of haemophilia namely: **pain in the joints, excessive bleeding from cuts, injuries, after surgery or dental work that does not stop bleeding. Blood in the stool from bleeding in the intestine or stomach, blood in urine from bleeding in the kidneys or bladder, heavy or prolonged periods, internal bleeding, nosebleed without a known cause and pain, swelling or tightness in joints.**

We would like to thank the following people: Sr Hemmerer for opening in prayer, Sr P Nkomonde for giving us a speech on raising haemophilia awareness, a speech from Dr A Carr who is currently managing our patients who are haemophilic and the department of physio who is helping in reducing and preventing muscular and joint problems in patients with haemophilia. Warm gratitude is extended to Glo cosmetics for the goodies they provided for the event, and CANSA for the support and P Cebisa the social work.



Organizers with children and parents attended the haemophilia health awareness

EASTER CELEBRATIONS AT GREY'S HOSPITAL

This year's Easter bunnies came in the form of Grey's hospital personnel, springing from all corners of the facility to share easter eggs with our small population at Grey's hospital. We would like to extend a heartfelt thank you to all who took the time out to donate and share in putting a smile on the faces of the young ones.



The Pain team hand over some goodies to children during Easter Celebration

The Revenue team brought smile to children during Easter Celebration at Grey's Hospital



ORGAN DONATION AWARENESS (JANUARY-APRIL 2017)

- ◆ Presbyterian Church Pastor invited Grey's transplant Coordinator, Mrs ZM Koloane, to create awareness on renal disease, organ donation and transplant during the Passover Service which was held at Qoqisizwe High School on the 15 April 2017.
- ◆ Grey's Transplant Coordinator was also invited by the Organ Donor Foundation to host an awareness at a Lifestyle expo on the 27 April 2017. Lifestyle expo organizers provided a stand for Grey's whereby persons could sign up as organ donors. Organ donor awareness was also held at Hutchinson Ground in Amanzimtoti Durban on the 27 April 2017.
- ◆ A big thank you to the Grey's Renal team, Freda Harmse (Social Worker), Thembi Kheswa (Clinical Psychologist) and Daphne Mpinga (Nephrology Sister) who were part of the awareness team.



Mrs Z Koloane, Grey's Transplant Coordinator at the awareness drive at Presbyterian Church.



From Left: Zibuyile Koloane (Transplant Co ordinator), Daphne Mpinga (Nephrology Sister) ,and Freda Harmse (Social Worker) at Hutchinson Grounds-Amanzimtoti (Durban)

Six people signed up as organ donors at the Lifestyle Expo. 100% of persons who signed up as organ donors are Caucasians. "Other races are still less motivated with regards to becoming organ donors" stated Mrs Z Kloane.

“GREENING GREY’S”

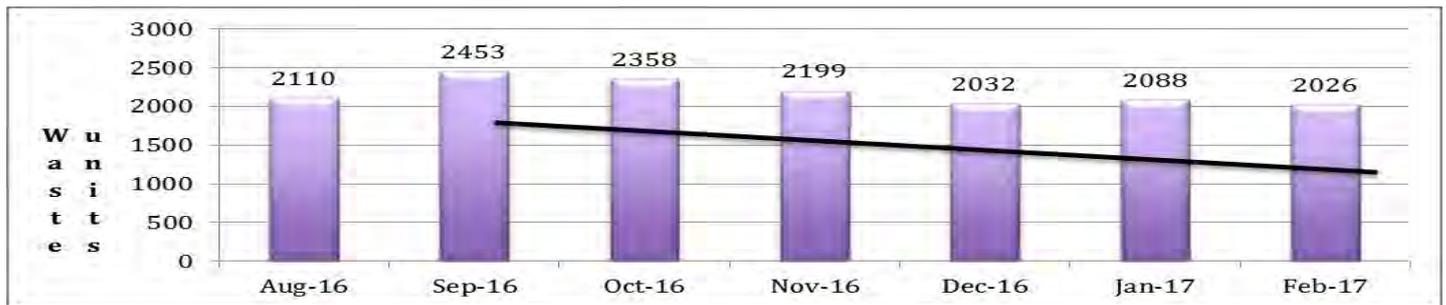
It is very encouraging to witness the progress we as a facility is making with regards to the “Greening Grey’s” project which was an initiative to reduce environmental harm and our carbon footprint.

To further create wide spread awareness of the initiatives implemented to reduce our carbon footprint, administrative personnel have joined up as “greeners”. Their invaluable participation and contribution is highly appreciated.

Such comradeship amongst personnel is truly amazing and encouraging.

Because of the initiatives, campaigns and personnel participation, Grey’s hospital significantly reduced the number of all healthcare risk waste units especially the red lined waste receptacles, resulting in less waste landing up at landfills.

Number of red lined bins only per month



Grey’s hospital implemented a recycling program which included the introduction of recycle bins in the wards/units and the introduction of recycle bins for the public areas. The wards /units recycle bins are for three waste streams, namely; office paper, plastic bottles and small boxes. The public recycle bins are for cans and plastic only.



Public recycling bins

BATTERY COLLECTION CAMPAIGN

As part of the “Greening Grey’s” initiative, Waste management kindly requests you to **return all types of batteries** to the Maintenance department for proper disposal. The battery can be in any state, even damaged.

The improper disposal of batteries represents high contamination risks for soil, water and air, as internal gases can cause the battery to bulge and leak and therefore we would like to dispose of the batteries in a correct environmentally friendly manner.

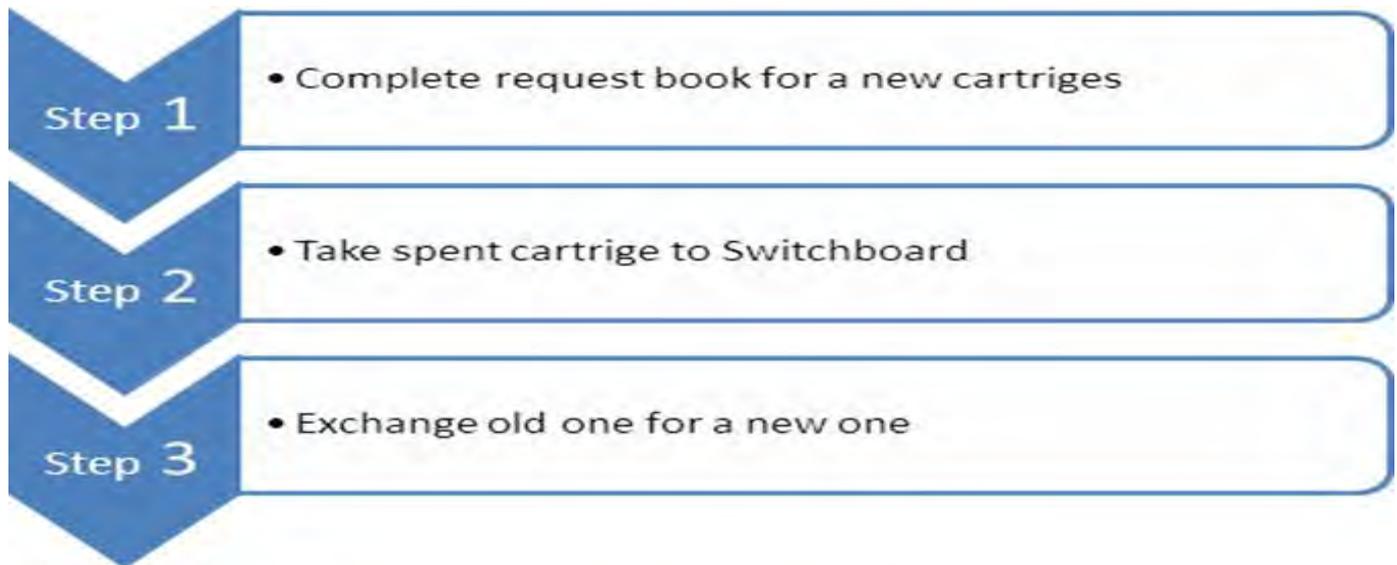
Submitted By: Mrs F Makhaye



Cartridge disposal process

As part of the “Greening Grey’s” initiative, this information serves to provide you with the process to follow regarding the disposal of toner cartridges and drums.

Printer cartridge waste is defined by legislation as **hazardous**, so every effort must be made to re-use or recycle these units before disposing of them in a correct manner. Follow the steps outlined below for safe disposal of cartridges and toners.



The cartridges drums are then collected from Grey’s hospital by a service provider on a monthly basis, where they are recycled and remanufactured.

Submitted By: Mr E Mhize

“Together we can make our world a better place”.

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS –MRSA

What Is MRSA?

Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body. It's tougher to treat than most strains of staphylococcus aureus or staph because it's resistant to some commonly used antibiotics (methicillin, amoxicillin, penicillin). Because it's hard to treat, MRSA is sometimes called a "super bug." But it is treatable.

Who are at risk to getting MRSA?

MRSA is a contagious bacterial infection that spreads through direct skin to skin contact or by touching contaminated surfaces, however **MRSA** can also move through air. Patients with open wounds, invasive devices, and weakened immune systems are at greater risk of hospital acquired infection. The rest of the respiratory tract, intravenous catheters, and the urinary tract are also potential sites for infection.

Where can the bug be found?

MRSA can survive on surfaces and fabrics, including curtains and uniforms worn by healthcare providers. Complete surface sanitation is necessary to eliminate MRSA.

What are some of the things that Healthcare providers can do to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare workers:

- Clean their hands with soap and water or an alcohol-based hand sanitizer before and after caring for every patient.
- Carefully clean patient rooms and medical equipment.
- Use **Contact Precautions** when caring for patients with MRSA.

Contact Precautions means:

- ⇒ Healthcare providers will put on gloves and wear a gown/apron over their clothing while taking care of patients with MRSA.
- ⇒ Visitors must also be asked to wear a gown/apron and gloves and face mask
- ⇒ When leaving the room, healthcare providers and visitors remove their gown/apron and gloves and clean their hands
- ⇒ Patients are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the cafeteria. They may go to other areas of the hospital for treatments and tests.

Can friends and family get MRSA when they visit ?

The chance of getting MRSA while visiting a patient with MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Visitors to wear a gown/apron and gloves and face mask

DISASTER MANAGEMENT

Patient scoops

In the event of an evacuation, non-mobile patients will require assistance. It was noted during the mock fire drills that Grey's hospital was not adequately equipped to assist non-mobile patients in the event stairs had to be taken to evacuate the patients.

Scoops were then procured and distributed throughout the facility to provide non-mobile patients with the needed equipment to assist evacuation.

The scoops were wall mounted to save space and are easily accessible. These scoops are situated in Casualty, Labour Ward, Radiology, Theatre and Ward B1.

Mock Fire Drills are a form of teaching staff the safest and quickest technique of evacuating patients during an emergency situation. Remembering at all times **Safety First!!!!** . Following the following process to book for a mock fire drill:

No:	Action	Responsible Person
1.	Book Mock Fire Drill with Safety Officer:	Ward/ Department requiring the Drill
2.	Pre planning meeting : Where, Background, Date and Time of Mock Drill, Action Cards, Scenario, Evacuation, Equipment needed and Assessors are discussed	OHS
3.	Sourcing of Internal or External Assessors	OHS
4.	Prepare for Mock Fire drill and source equipment	Ward/Department
5.	Mock Fire Drill is conducted	Ward/ Department and OHS
6.	Post debriefing Meeting ,where feedback of the drill is discussed with the CEO	OHS book the meeting. Ward/ Department participates in meeting
7.	Report with remedial action to be written	OHS



Wall mounted scoops

DISASTER MANAGEMENT

Introduction of Chemical Spill kits

The Occupational Health and Safety office introduced the spill kits in areas where hazardous materials are routinely used i.e. renal ward, Oncology wards,

The spill kits are located where individuals can quickly gain access to items needed in the event of a spill. The spill kits contains the following items for your protection:

- Absorbents
- Mask
- Gloves
- Waste disposal collection bag
- Floor sweep

If a chemical spill should occur, a quick response with a stocked chemical spill kit will help minimize potential harm to personnel. The absorbents within the spill kit safely and effectively soak up chemical spills. While the goggles and gloves protect cleaners from chemical related injuries. Spill kits are located in Ward D2, A1, M3, POPD and Oncology.

Spill Kit is your first defense against spills in the workplace



Spill kit accessories

STAFF INTERVIEW AND THEIR RESPONSES

QUESTION: “WHY HAVE YOU STAYED WITH GREY’S”?? HOSPITAL DESPITE ALL THE CHALLENGES?



Ms C. M. Stilwell

“ I started at Grey’s in 1994, I always say I started in a really good year, I look at Grey’s Hospital, like one would a butterfly, she metamorphoses herself constantly; like a bottle of wine Grey’s gets better and better with age, as with wine, some years are good and others, not so good. I feel privileged

to have been a part of her life since 1994. There is no doubt that working at Grey’s Hospital has changed me as a person. I started at Grey’s as a “Privileged white person” that grew up in the apartheid era, knowing only what I had been taught at school, I was thrown into this melting pot of cultures, where I was molded and taught the true meaning of life value and culture. It was a melting pot even then, but as the years have gone by, our Grey’s Hospital melting pot has become richer and more vibrant. To be a part of this Grey’s Hospital culture is a blessing and a privilege”.



Mr V. Deonundhan

“ I commenced duty as Pharmacy Manager at Grey’s Hospital in December 2003.

I stayed at Grey’s Hospital as I enjoy the working environment, work commitment and structure at Grey’s Hospital despite Human Resource and financial challenges.

Managers are held accountable for their departments and service delivery and passion to be the best (though at times it is stressful and demanding) set Grey’s Hospital apart from other Public Hospitals.

I enjoy my working relationships with colleagues, and with the support and close working relationships we share (in the interest of patients and compliance with standards), Grey’s Hospital is highly recommended. “



Ms L Chirkoot

"I have vivid memories of my awarding and memorable journey over the past 17 years since I have been employed at Grey's Hospital: I have grown professionally and personally, from social worker to HOD, having been exposed to rich experiences, a variety of opportunities, training and development as a social worker, EAP Practitioner, QI trainer, and in Management, leadership and research. I have found it interesting to develop Social Work services of a special-

ised nature within a Tertiary health care institution. It has always felt special to make a difference in our patients' lives. Our workplace culture has been great. We are blessed to enjoy a sense of camaraderie and supportive relationships with healthcare and other employees from all depts., including an amazing Social Work team, Allied Health, and multidisciplinary team. Management has recognized our value and been supportive of our work and projects. "



Sr A Guise-Brown

" I commenced my student nurse training at Grey's in January 1981 studying the 3 years course to become a registered nurse, went to Addington Hospital for a year in 1984 to do Midwifery and returned to Grey's in 1985. In 1989 I left Grey's for 6 months to work at a Private Laboratory but when the laboratory that I worked for amalgamated with another laboratory and they now had too much staff, being the last person employed, I was retrenched.

I came back to Grey's in July 1989 and have been here ever since. I believe that Grey's is still one of the best Government Hospital's in KZN because; Hospital management, under trying circumstances are doing the best they can for both their staff and the patients. I work with a nice group of people who all have the same objectives and passion for their job.

Before I left school I was undecided as to whether I wanted to study to be a nurse or a teacher. Because I couldn't decide which subjects to study at varsity I decided to do my nursing training. I enjoy teaching and working at Grey's with student nurses where I am able to fulfil that passion. I have found that the registrars and consultants at a training hospital are keen to teach and so nursing staff are able to benefit from their willingness to teach. Because we are a Tertiary level hospital, we have unusual diagnoses at Grey's that you don't necessarily see in other hospitals.

The ratio of trained staff to patients is better in government hospitals. The remuneration, leave and other benefits are better in government hospitals. In a government hospital patients are given the best care possible despite their financial situation. "



Sr Lynn Wilson,

“I have been nursing at Grey’s Hospital for over 28 years. For the first 12 years, I worked continuously on night duty, mostly surgical, then I worked for the next 16 years in ICU and I am now working in Renal Unit where I hope to be for the next five years at least.

Why am I still here.....great question! Nursing has been my number one calling, - my life in a nutshell. My mother trained at Grey’s Hospital way back in the day, and nursed all her life and always said I was not nursing material. She always felt that academic’s did not a nurse make! So, when she went to Salisbury to nurse her dying father for three months, I took this opportunity to apply for nursing and was accepted and started training before she came home. I was able to work with her in Chiredzi. I have never regretted my decision to become a nurse as I really love my job, love helping people and working hard to please people I work for and with.

I also find nursing dynamic ,because there is always something new to learn or a new skill to become au fait with. Nursing is hard, rewarding and has plenty of challenges, I am honoured to have served at Grey’s Hospital all these years. I must say, before I had children I did work in the private sector as a Phlebotomist but I found it extremely boring and returned as soon as I could to Grey’s Hospital .My work at Grey’s has kept me alive and the anecdote – *“that the grass is greener on the other side”, is definitely NOT true.*”



Sr KP Lushozi

“I, Sr Lushozi K.P. came to Grey’s Hospital on the 1 July 1994 as a student nurse in training; I’ve been at Grey’s for 23 years. My journey as a nurse at Grey’s Hospital has been a fulfilling and satisfying one. This institution has awarded me with great opportunities, I am grateful for the exposure, skills and experience gained over the years.

I have grown tremendously, both as an individual and professionally. I’ve been fortunate to work in an institution that afforded me with good mentorship skills, good role models and exemplary managers who always encourage and motivate staff to do what is best for the organization and for the patients. Grey’s Hospital afforded me the opportunity to spread my wings and find myself and my passion which is medical service. Grey’s is the best place to be regardless of the challenges we face on a daily basis , we always maintain a good spirit. I’m proud to be called a” Grey’s baby”.



Mrs EA Walhausen

"I am the supervisor at the Nurses home and Doctors Quarters. I have been at Grey's Hospital since November 1984.

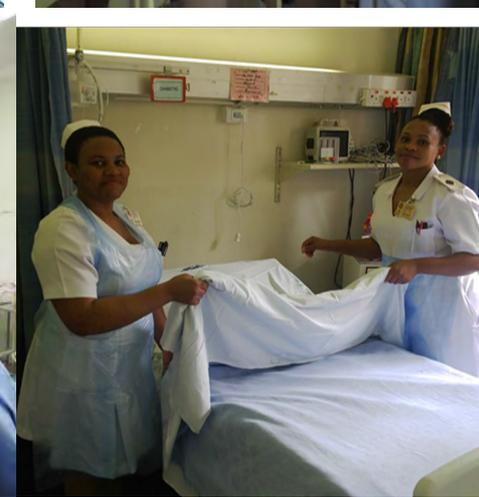
The reason why I stayed at Grey's Hospital for so long is quite simple. There has always been a sense of professionalism at this facility which I find lacking at other healthcare facilities. I feel proud to be part of that professional culture. The position I hold at Grey's has always remained an interesting challenge, each day brings along a new set of challenges and my work day has never been a dull day. Maintaining a safe environment for our future generation of professionals has kept me focused. I am fortunate enough to have gained very useful experience and valuable skills through my journey at Grey's Hospital.

I have seen Grey's develop over the years maintaining the high standards it set out with from the very beginning.
"

"WE DON'T LEARN SAFETY BY ACCIDENT"



"WE DON'T LEARN SAFETY BY ACCIDENT"



GLOBAL HANDWASHING RELAY – FIGHT ANTIBIOTIC RESISTANCE - IT'S IN YOUR HANDS

As part of a major global effort to improve hand hygiene in health care, the World Health Organisation (WHO) SAVE LIVES: Clean Your Hands annual global campaign was launched in 2009. Grey's hospital personnel eagerly participated in the Hand sanitizing Relay that took place on the 05 May 2017 in support of the initiative. The theme for this year's relay is "FIGHT ANTIBIOTIC RESISTANCE - IT'S IN YOUR HANDS".

The relay began at security department and ended at Emergency department over a total of one and a half hours. A hand sanitizer was used as the baton which went from hands to hands and each staff member got the chance to demonstrate their hand sanitizing technique.

"The relay was a huge success, and it is times like these that we see unity amongst the staff of Grey's hospital, and which reflects our commitment towards preventing and reducing health care associated infection through hand washing" said Infection Prevention and Control Manager Mrs. J Green

"We managed to secure a total of 1028 participants and we were honored to have amongst us, District Manager Mrs Khumalo "said Mrs Green. She extended her appreciation and warm gratitude to her Infection Control Team, towards the queue marshals that assisted with the relay and all Grey's hospital participants. She stated that we exceed her initial expectations. Grey's hospital will be entering the relay competition that is held by WHO. Prize giving will be held in June at IALH.



PROMOTING HEALTHY LIFESTYLE (7TH OF MAY 2017)



From Left: Mr M. Zungu, Department of Health DDG for NHI and Mrs B.G. Anderson Grey's Hospital Finance Manager

Seen in the Deloitte Challenge which took place on the 7th of May 2017 were Mrs B.G.Anderson, Grey's Finance Manager and Mr M.Zungu the Department of Health KZN DDG responsible for NHI.

Mrs Anderson stated that her participation in the race is driven by the desire to promote healthy lifestyle. "Our MEC Dr Dhlomo is the living example of that and all we need to do is to also encourage our staff to also practice a healthy lifestyle." states Mrs Anderson.

Mrs. Anderson says her work is very stressful, so the only way to cope with the stress is to run at least twice a week and register for two marathons a month. She also wants to encourage the staff to participate in the aerobics that are provided free of charge by GEMS at Grey's hospital on Thursdays.

She provided some tips to maintain a healthy lifestyle:

- Drink lots of water
- Exercise
- Get enough sleep
- Eat more fruits and vegetables
- Meditate.

BURNS PREVENTION AND AWARENES: MAY 2015

“PROMOTING HEALTH”

For the Burns Awareness Week, the Social Work Department (social worker: Freda Harmse and social auxiliary work student: Nompilo Madlala) coordinated an Outreach at Emaswazini Location Community Centre (The One Stop Development Centre) on 12 May 2017. We invited members from the community to be part of the Outreach Programme. Despite very cold and rainy weather about thirty people attended the outreach.

Overall we provided information on Burns Prevention, Major Factors contributing towards Burns Injuries and also discussed the most Vulnerable Groups: Children under the age of 5 years etc.

We explained about the Risks of Illegal Connections and how you can save a life by reporting illegal connections.

As a team we educated the community about Parenting Skills and Supervision of Children. The attendees also received pamphlets, and booklets from the Outreach Team.

The social worker and the student provided the attendees at Emaswazini Centre with refreshments and coffee.

We also put up a Display in the Outpatients Department of Grey's Hospital.

Freda Harmse and (Admin intern) Esther also did a Burns Awareness Programme at Ward F1. We interacted with the mothers and patients from the Burn ward.

A Mobile Visionary Display Box was made for this project to provide the audience with a direct message to prevent Burns: “Remember to blow the candle out before you go to bed.”



Second from left: Senior Social Worker Mrs Freda Harmse with community members who attended the Burns outreach at Emaswazing Location Community Centre

What is Blood Pressure?

Your heart pumps blood. Blood pressure is the force of blood against your vessels as it circulates. This force is necessary to make the blood flow and to deliver nutrients and oxygen throughout the body. **High** blood pressure means there is too much pressure in your blood vessels. This can damage your blood vessel and cause health problems. Anyone can develop high blood pressure, but it becomes more common as you get older. If your blood pressure is not controlled, you have increased risk of: Strokes, Heart attacks, heart failure, dementia, eye problems, erectile dysfunction and kidney disease. Know your numbers:

Blood pressure is measured with two sets of numbers

Systolic (Top number)

Diastolic (Bottom number)

Systolic pressure occurs when your heart contracts, pushing the blood out to the vessels

Diastolic pressure occurs when your heart relaxes and fills up with blood.

“Green Card” : 120/80 or a little below that - Low Risk

“Yellow Card” : 121-139/ 80-89 -Moderate Risk Monitor your blood pressure.

“Red Card” : anything from and above 140/90 –High Risk Seek professional health care

Causes of high blood pressure

- ***Causes you can control***

Unhealthy diet, smoking, excessive alcohol, obesity, stress and kidney disease.

- ***Causes you cannot control***

Age and family history

How do I prevent high blood pressure?

- Be physically active for 30- 60 minutes a day
- Eat a healthy diet
- Do not add salt to your diet
- Eat a lower salt diet
- Aim to reduce to a healthy weight
- Manage your stress
- Limit your alcohol intake
- **Do not smoke!!!!**

AEROBICS CLASSES AT GREY'S HOSPITAL

Many people make a resolution to lose weight, exercise regularly and live a healthy life, but as the months go by, the resolution is soon forgotten. Especially with winter coming up, the resolution soon disappears altogether.

Grey's hospital is offering aerobics classes to help you regain your shape. Here are some commonly asked questions and answers.

What time does the aerobics class begin?

15h00-16h00 **Employees are advised to be on site 10mins fore the starting time**

Where does it take place?

Grey's recreation Hall (The Rec Hall)

What should I wear?

Please wear proper gym gear (sneakers and comfortable clothing – not jeans)

Who are the instructors?

The classes are facilitated by GEMS medical scheme instructors

Who are allowed to attend this aerobics classes?

All Grey's hospital employees

What are the additional benefits of attending these classes

Besides from getting fit, **Gems members will get fitness points if each time they attend, and after attending a few sessions they receive a hamper from GEMS as an incentive.**

Do I have to sign up for the classes?

You don't have to per-register for the classes and you don't have to pay anything.

Please note: All employees is given two hours per week (free) to participate in wellness activities such as this one. Bleep tests are done on site.

A bleep test is a fitness test also known as a pacer test. it is used by fitness trainers where you are given different tasks to complete that are in line with your weight and height, such as push ups and running, so that you know where you stand in terms of weight and suggestions are made to the types of excises that you must focus on based on your VO₂ max (maximum oxygen uptake).



be-

MAIN REGISTRY DEPARTMENT EXPOSE

A place like Main Registry is considered the 'Heart' of Grey's Hospital -such an important component to the well-being of Grey's.

Without the heart, the body cannot function, thus no department can function without Main Registry.

Main Registry is comprised of :Mrs. Ivy Mshengu – Head of Division ,two Registry Clerks and Five Messengers.

The core function of Registry is to provide a service to all the Departments at Grey's hospital i.e.

Dispatching official Mail

Safe keeping of Records

Keeping Registers e.g. - Registers of Incoming Registered/Certified Mail

Register of Items dispatched via Registry

Register of Parcels received

Register of Files opened

Register of Files closed

Register of files destroyed

Registry is also responsible for Laminating, binding and photocopying of official documents.

Post is also collected from the Post Office, sorted and distributed/dispatched to various departments in the Institution.

Only filing systems approved by the Department of Archives is used to allocate Files and Reference numbers.

Documents are stored in the Archives for many years and a list are compiled that can be identified for termination which is then send to Provincial Department of Health. Provincial department will come to Registry to assess and confirm the termination of files before files get destroyed . A certificate is then issued after termination of files.

Staff at Grey's Registry Department:

Mr. Sphelele Zuma – July 2016

Miss. Nomusa Dladla - August 2002

Miss. Monica Mazibuko – July 2002

Mrs. Busisiwe Dube – July 2006

Mr. Siphon Ngubane – July 2014

Mrs. Pam Meintjies – October 1992

Mr. Nkululeko Mpofu – October 2007

Well Done Main Registry! We appreciate the work you do to ensure Grey's operates optimally.

MAIN REGISTRY PERSONNEL



Left : Mrs P Meintjies, Ms N Dladla, Ms M Mazibuko ,Mr S Ngubane, Mrs I Mshengu ,Mr S Zuma, Mrs B Dube

GENERIC MANAGEMENT TRAINING

Grey's hospital management arranged with the School of MIG and Prof. Fields (UKZN), a management development training . Mr C Madondo conducted the first session on the 04th May 2017 in the Lecture Theatre. And a second session on the 25 May 2017. The sessions were well attended by personnel in managerial and supervisory positions.

The training is aimed at enhancing personal and managerial effectiveness, enabling participants to gain the skills needed for career enhancement, while helping the institution improve efficiency, reduce risk and realize the institution mission and vision.

The sessions comprised of two main components, namely, ‘

The **first Part** :Management Model and the Management Task Model – PLOC

The **second Part** :Problem Solving, and Responsible Management.

“The training was very informative and empowering “said Mrs. Dlomo (ANM)

The workshop was intended for all personnel in managerial, assistant directors/directors, supervisors positions. This includes but is not limited to clinical HCUs, clinical HCDs, clinical/Allied HODs and Managers, Assistant Directors, OM's, ANM's, etc.



Assistant Directors/Directors, Supervisors, Clinical/Allied HODs, Managers, Operational Managers and Assistant Nursing Managers etc. attended the workshop



BODY MASS INDEX (BMI)

The body mass index (BMI) is used to determine an adult's weight in relation to their height. This information is used to determine if the adult is underweight, normal weight or overweight. The BMI is obtained by dividing weight in kilograms by the height in meters squared.

$$BMI (kg/m^2) = \frac{Weight(kg)}{(Height)^2 m}$$

Example how to calculate a patients BMI:

A male weighing 70 kg and height of 1.78m. His BMI would be:

$$\frac{70 \text{ kg (weight in kilograms)}}{1.78 \times 1.78 \text{ (height in meters squared)}} = 22 \text{ kg/m}^2 = \text{Normal Weight (refer to table)}$$

1.78 x 1.78 (height in meters squared)

BMI Classification (Garrow, James & Ralph 2000, Centre for Disease Control and Prevention, 2011)

Body Mass Index (kg/m²) for Adults	Classification
< 18.5	Underweight
18.5 – 24.9	Normal Weight
>25	Overweight
> 30	Obese

The BMI may be used as a quick practical screening tool:

- At clinics
- On admission at hospital
- At pharmacy for medication doses
- Determine risk for surgical /medical procedures
- Monitoring weight
- Monitoring potential health risks and patient progress

BMI has a relatively high correlation with estimates of body fatness and a low correlation with stature. The BMI is both a convenient and reliable indicator of obesity. In an ideal setting BMI used in conjunction with waist circumference, skinfold thickness, mid upper arm circumference, waist to hip ratio and frame size would give a more relevant and accurate picture of a patient's nutritional status.

Combining the BMI with the waist circumference may be used as a means to assess increased risk in adults for heart disease, stroke, type 2 diabetes and premature death.

In most situations, people having a high BMI have a large amount of total body fat. However, the BMI does have some limitations and in some instances is not a reliable indicator of total body fat.

For example: BMI overestimates total body fat in persons who are very muscular or who have clinically evident oedema, and it underestimates body fat in persons who have lost muscle mass (the frail and the elderly).

As a result the BMI is not appropriate for body builders, professional athletes, pregnant women and individuals who are shorter than 150cm or taller than 190cm.

Definitive measurements of total body fat content require using techniques that are expensive and / or not readily available to most clinicians. It is for these reasons of the ease in measuring weight and height, the BMI is used frequently as a surrogate approach and is recommended as a practical approach for assessing body fat in a clinical setting.

For a more detailed breakdown and assessment of your nutritional status, you may contact the Dietetics Department for an appointment with the Dietitian.

Compiled by: Mrs Lachman, AD Dietetics - Manager & Head of Department

Reference:

Robert Lee and David Nieman (2010). Nutritional Assessment, 5th Edition, p175-179

Mary Width, Tonia Reinhard (2009). The Clinical Dietitian's Essential Pocket Guide, p12-13

Post Graduate Diploma In Dietetics Formula Book (2012). UKZN PMB

GREY'S HOSPITAL MODEL DISPLAY

Does anyone know who constructed this display of Grey's Hospital? The display can be found at the entrance of the Administration block. If you have any information or details pertaining to the display, please contact Mr Z Mntungwa (PRO).



HELLOS



Keshnie Moses-Personnel Assistant to Paediatric department



Candice Williams-Personal Assistant to Medicine Department

IN LOVING MEMORY



SR N. NGCOBO (ICU)
23 DECEMBER 2016



SR. J PRICE (CASUALTY)
05 JANUARY 2017



Mrs Beatrice Nurse Mkhize
08 May 2017



ENA M. RYAN (THEATRE)
05 MARCH 2017



SR. N.E. SIBIYA (CASUALTY)
21 MARCH 2017



SR. XULU NM (WARD E1)



DUMISANI KENETH MTHALANE (Kitchen)
April 2017

RETIREMENTS

January

Kloka S M - Professional Nurse

March

Vilakazi P T - General Orderly

Dhlamini M N - General Orderly

April

Zikakala B P - Professional Nurse

Guy J L M - Professional Nurse

Galliers M J - Professional Nurse

FAREWELL

MTHEMBU		food service aid	kitchen
DR MITCHELL	C	med specialist	medical
MNCUBE	ZV	GENERAL ORDERLY	SYSTEMS
MOODLEY	M	MEDICAL SPECIALIST	MEDICAL
JACOBS	T	PROF NURSE	NURSING
SWANEPOEL	C	PHYSIOTHERAPY	PHYSIOTHERAPY
MAHOMED	Y	MEDICAL SPECIALIST	MEDICAL
MPANGASE	FI	STAFF NURSE	NURSING
BIYELA	NC	MEDICAL OFFICER	MEDICAL
THUSI	M	RESIGNATION	MEDICAL
MADONSELA	PP	REGISTRAR	MEDICAL
NDLOVU	NKL	ENROLLED NURSE	NURSING
MAHLASE	BTC	FOOD SERVICE AID	KITCHEN
BLOMEYER	M	MEDICAL OFFICER	MEDICAL
SINGH	D	CLINICAL TECH	CLINICAL TECHNOLOGIST

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⇒ MS R. ROBERTS	- EDITOR
⇒ MS T. LEBON	- EDITOR
⇒ SR S.J. JACKSON	- EDITOR
⇒ SR C.M. STILWELL	- EDITOR
⇒ MR S. NORMAN	- EDITOR



Ms N. Ndlela
PR– In-Service
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