

KZN HEALTH MEC PLEASED WITH REPAIRS TO KING EDWARD VIII HOSPITAL THEATRE DAMAGED BY STORM



WE ARE immensely pleased to announce that the much-awaited repairs to the theatre block at King Edward Hospital have been completed. Many will remember that this 83 year-old hospital is among those healthcare facilities that bore the brunt of the freak storm, “Hurricane Sifiso,” which occurred in October 2017.

As a Department, we would like to start by acknowledging the support rendered to the institution by our Infrastructure Development Unit; in collaboration with the Department of Public Works, to ensure that all damage created by the storm was attended to timeously.

Their efforts have afforded King Edward VIII Hospital the opportunity to improve services and patient care with state-of-the-art facilities in these areas.

We would also like to thank our dedicated staff for their hard work, and patients for their flexibility and willingness to travel and be treated from other

hospitals while our theatre was under repairs.

Hurricane Sifiso, which also affected other hospitals, and other parts of the province, caused extensive damage to the roof, interior, hospital equipment, and the following sections of the theatre at King Edward VIII (The eighth) Hospital:

- S Block theatres
- N Block list
- Stoma Therapy
- Medical Physics
- Roof of S Block (Surgical Wards)
- Maternity (post-natal ward O1)
- I Block Lifts
- S Block Lifts

Apart from completing repairs to the theatre block, the following other parts of the hospital have since been repaired:

- N Block lifts
- I Block lifts
- Surgical Wards

The repairs were officially completed on 28 June 2019, having started at the beginning of 2018. They cost R58,6 million for theatre equipment, and R110,7 million for the theatre and surgical unit –which collectively amounts to about R169 million.

The various disciplines using the theatre for major operations at S Block are:

- o Obstetrics & Gynaecology
- o Orthopaedics (both paediatrics and adult)

- o Maxillo Facial
- o Ear, Nose and Throat (ENT), and
- o General Surgery.

Damage to the S Block Theatre had a negative impact on the hospital's normal functioning, as the hospital was forced to move patients to other hospitals for certain operations. It also resulted in a backlog of Surgical, Orthopaedic, Maxillo-Facial; and Ear, Nose, and Throat theatre cases.

While the theatre was damaged, Emergency theatre services had to be performed at Casualty Operating Theatres (COT). In addition to emergency cases done in COT, there were maxillo-facial and ENT cases had to be done at St Aidan's

Elective orthopaedic cases had to be done at Inkosi Albert Central Hospital (IALCH).

It must be noted that the above patients were still admitted at King Edward; they would get transferred for operation then brought back to KEH. Staff members followed the service and moved with patients. Some surgical cases were admitted directly at St Aidan's Hospital,

where two wards were allocated to King Edward.

This was both a financial and logistical inconvenience as, in addition to the traveling, we had to compensate staff if the travelling was more than what they travelled to King Edward. Some staff members were transported on a daily basis by hospital transport as they had to take some theatre

consumables from King Edward to other hospitals. We thank them all, as well as organised labour, for bearing with us during this inconvenience.

Completion of these repairs means we now have a brand-new, all-inclusive and modern theatre, which is far cry from the previous old theatres, which were in a poor state, with

outdated equipment prior to the damage. The 8 new theatre rooms that are now fully-functional, with a new recovery room. So, we have increased capacity from 6 recovery rooms that were not compliant with National Core Standards, to 7 that are now fully compliant.

In addition to these latest repairs, a number of other Infrastructure Development

projects are still underway at KEVIIIH. These are:

- Maternity (Labour Ward, post-natal), and Nursery which are both scheduled for completion in June 2020;
- Psychology, and Physiotherapy, scheduled for completion in August 2019; and Radiology, which is still in the planning phase.



WALK-IN PATIENTS

We wish to also take this opportunity to address the challenge that King Edward VIII Hospital is a tertiary level hospital, which means it has specialists who are equipped with the qualifications, skills and experience to deal with complicated and sensitive medical cases. But, because we can't turn patients away, we end up dealing with walk-in and non-referred patients who do not use Primary Health Care facilities closer to them.

Admitted patients that fall within this category take up bed space that would otherwise be used for tertiary level patients.

These patients end up causing congestion at the hospital's outpatients department. Our message to fellow compatriots, therefore, is that King Edward VIII Hospital is a referral centre; and we encourage them to use their local health facilities (clinics and PHCs), and only come to King Edward VIII Hospital when referred by their local facility.

This hospital is therefore advancing its plans to operate as a fully-fledged tertiary/central institution, and is thereby in the process of developing those services. We look forward to giving our patients of King Edward VIII Hospital an improved experience and level of care at our new theatre.



THE SIGNIFICANCE OF MEN'S MONTH AND INTERNATIONAL MANDELA DAY



South Africa is fortunate that during the month of July, when we celebrate Men's Month, we also have our own international icon Dr Nelson Rolihlahla Mandela to celebrate and look up to on his birthday, 18 July.

Here we are referring to a man who had noble values; a man who picked up a spear when he realised that the rulers of his land were oppressing his people. This is a man who cared, loved, suffered and eventually ruled with compassion and forgiveness in his heart.

Our men then have no option but to emulate this global icon, our revered Madiba.

As a Province, when reflecting on the essence of manhood; we have to accept that our part of the world is leading in the wrong race, where KZN is number one in HIV and AIDS infections; has the largest burden of TB cases; and also features prominently in the gender-based violence, including the sexual assault of women and children. We have to change that, and men have a task to lead the struggle against these social

ills.

In this month of July we should remind our menfolk what Pope John Paul II reflected upon as our responsibility, when he said:

'When freedom does not have a purpose, when it does not wish to know anything about the rule of law engraved in the hearts of men and women, when it does not listen to the voice of conscience, it turns against humanity and society.'

To put things right we need real men who care for, nurture, protect and love women, children and the

elderly. It starts with being actively involved in family planning to avoid unplanned and unwanted pregnancy; supporting your wife or girlfriend when pregnant – going all the way with her when she is attending antenatal care; and being there when she is giving birth as well as shouldering parental responsibilities.

In this we need to be reminded of what Oliver Tambo said at the concluding session of the Conference of the Women's Section of the ANC, in Luanda in 1981, when he said:

'It remains true that the burden that women carry is seldom recognised. Their silent fortitude as they toil under the weight of manmade hardships often passes unnoticed and unsung.'

Our Province therefore needs men who serve as mentors and role models for the youth by not involving themselves in anti-social activities like battering women; having multiple sexual partners; having sex with young girls and abusing alcohol and drugs.

We need men to encourage each other to go for circumcision; to visit health facilities for health screenings. Men should know that clinics are not just for pregnant women and children and that you only go to the hospital when you are injured. Men rather need to embrace

the fact that knowing one's HIV status is crucial if we all aim to live long and healthier.

During Men's Month and beyond, men should appreciate that living well is not just limited to having means of affording but also entails taking care of ones' body through partaking in physical activities and adopting healthy lifestyles.

We thus say in commemoration of the birth and passing of Dr Nelson Mandela, our revolutionary, let us live by his wisdom, which he imparted as follows:

'For to be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others.'

**LET REAL
MEN RISE.**

**TAKE ACTION. INSPIRE CHANGE,
MAKE EVERY DAY A MANDELA DAY.**



REDEPLOYMENT OF RK KHAN HOSPITAL CEO

Following adverse developments and recent incidents at RK Khan Hospital over the past year, senior management of the Department - together with KZN Health MEC Ms Nomagugu Simelane-Zulu - visited the hospital on Monday, where a decision was taken to redeploy the CEO of the hospital, Dr Prakash Subban, effective from 09 July 2019.

This follows a protracted investigation and directives which were in the past given to hospital management to remedy these challenges, but were not acted upon.

Ms Nqobile Mkhwanazi, CEO of Queen Nandi Memorial Hospital at Empangeni, will move to RK Khan Hospital temporarily on Monday (15 July 2019). She will lead a multi-disciplinary team that will conduct an investigative diagnosis and develop a Turnaround Plan for the hospital.

Dr Subban will now move to assist with the management of St Aidan's Hospital, which provides specialised urology

and renal services, among others.

This new project team at RK Khan Hospital, with various expertise in the field of health services management, has been organised into five work streams, which are:

- General Hospital Administration
- Clinical Services
- Supply Chain Management
- Patient Flows and Work process in Outpatient

Departments

- Infrastructure Maintenance
- Quality Assurance, Infection Prevention and Control

RK Khan Hospital serves the population of Chatsworth and surrounding areas, including communities in the Inner and Outer West. The facility is a referral hospital for St Mary's Hospital and KwaDabeka Clinic, and its boundaries stretch from Yellowood Park to Richmond.

Despite financial constraints, the Department remains committed to improving the quality of care at RK Khan Hospital as well as all other health facilities across the province.

UNDERSTANDING SUICIDE AND HOW YOU CAN HELP



July is Mental Health Awareness Month, and one of the most pressing mental health concerns is suicide.

The World Health Organisation (WHO) recognizes suicide as a public health priority. According to WHO, every year close to 800 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families and communities. Suicide has long lasting effects on the people left behind and is the second leading cause of death among 15–29-year olds globally in 2016.

What is suicide?

Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder, especially depression, and neurological disorders, cancer and HIV infection. In addition to mental disorders, suicide may be caused by difficulties to deal with life stresses such as financial problems, relationship break-ups, divorce or chronic

pain and illness.

Suicide warning signs include:

- Talking about suicide: Any talk about suicide, dying, or self-harm
- Seeking out dangerous means: Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
- No hope for the future: Feelings of helplessness, hopelessness, and being trapped a belief that things will never get better or change.
- Saying goodbye: Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
- Withdrawing from others: Withdrawing from friends and

family. Increasing social isolation. Desire to be left alone.

- Self-destructive behaviour: Increased alcohol or drug use, reckless driving, unsafe sex.

These signals are even more dangerous if the person has a mood disorder such as depression or bipolar disorder, suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide.

Talking to a friend or family member about their suicidal thoughts and feelings can be extremely difficult for anyone so giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and negative feelings, and may prevent a suicide attempt.

WHAT IS PERSON-CENTRED CARE AND WHY IS IT IMPORTANT?



Person-centred care is a way of thinking and doing things in a way that regards healthcare users as equal partners in planning, developing and monitoring healthcare provision to ensure that it meets their needs. This means putting people and their families at the centre of decisions to get the best health outcomes.

Person-centred care goes beyond giving people whatever they want or providing information, but also considers their desires, values, family situations, social circumstances and lifestyles.

Being compassionate, thinking about things from the person's point of view and being respectful are all important. This might be shown through sharing healthcare decisions with patients and helping them manage their health. It is as much about the way professionals and patients think about care and their relationships as the actual

services available.

In KwaZulu-Natal there is an increasing demand for health services whilst there are limited resources. People are living longer and may often have many health conditions as they age. It has been found that person-centred care can help to improve people's health and reduce the burden on health services, so policy is emphasising strengthening the voice of patients and moving away from a paternalistic model where professionals 'do things to' people.

The department believes people centred care is one of its seven core pillars. This philosophy is also built into Norms and Standards, monitored continuously.

In order to be more person-centred, health service employees need to know what is most important to people. Words such as 'co-production' and 'co-design' have been used to describe involving people

in developing services and assessing their quality.

This partnership-based approach to healthcare provision can occur on a one-to-one basis, where individual people take part in decisions about their health and care; or on a collective group basis whereby the public or patient groups are involved in decisions about the design and delivery of services.

The underlying philosophy is the same: it is about doing things with people, rather than to them. There is no one definition of person-centred care. People might also use terms such as patient-centred, family-centred, user-centred, individualised or personalised. Regardless of the terms used, a lot of research has looked into what matters to patients and how to provide person-centred care to make sure that they have a good experience.

There are many different aspects of person-centred care, including:

- Respecting people's values and putting them at the centre of care,
- Taking into account people's preferences and expressed needs,
- Co-ordinating and integrating care,
- Working together to make sure there is good communication, information-sharing and education,
- Making sure people are physically comfortable and safe,
- Providing emotional support,
- Involving family and friends,
- Making sure there is continuity between and within services,
- And making sure people have access to appropriate care when they need it!

Person-centred care is a

high priority

Making sure that people are involved in and central to their care is now recognised as a key component of developing high quality healthcare. There is much work to be done to help health services be more person-centred and this has become more of a priority over the past decade.

This is because it is hoped that putting people at the centre of their care will:

- Improve the quality of the services available,
- Help people get the care they need when they need it,
- Help people be more active in looking after themselves, and
- Reduce some of the pressure on health services

Source:
<https://healthinnovationnetwork.com>

IS SOCIAL MEDIA PUTTING YOU OR YOUR CHILD

UNDER PRESSURE



Social media can have a great impact in building social and business relations with like-minded people. Social networks like Facebook, Twitter, Instagram and Google Hangout are among the popular social media apps that have the ability to instantly connect people all over the world.

Businesses use social media for business purposes, to advertise their products and services and may also create a convenient way to make their products and services easily accessible to their users. Although social media makes life easier for those who use it, it can also have a negative effect on the well-being of its users. One of greatest negative impacts of social media is social pressure and depression.

People sometimes forget that some of what they see on

social media is superficial, and that not everything is as it seems. Many pictures and status updates may be fabricated and misleading. It can therefore become easy to fall into the trap of comparing one's life with what they see on social media and become dissatisfied with their own progress or achievements in life. Comparison can then breed a feeling of being insecure and inadequate. Others can feel jealous, depressed, or may even be suicidal about their own life if it is not as "perfect" as those that they see on social media.

Social media and teenagers: How to help

What can parents do to help kids build a safe and reasonable relationship with

social media before they're out on their own?

Dr Donna Wick, US-based founder of Mind-to-Mind Parenting, says keeping teens from falling into the social media trap is more complicated than it sounds. "It's not about taking the phone away or having a single conversation." She says, "Parents need to be diligent about making sure kids are getting a dose of reality and need to model healthy behaviours."

Take social media seriously.

Don't underestimate the role social media plays in the lives of teenagers, warns Dr. Wick. "The power of a visual image is so strong. It's disorienting." Many teens, she says, never knew a world where social media didn't exist, and for them the things that happen online—slights, break-ups, likes, or negative comments—are very real. When you talk about social media make sure you're really listening and be careful not to dismiss or minimize your teen's experiences.

Encourage them to think outside the (crop) box. When you talk to your child about social media, encourage her to explore it in a more critical way. A great way to start is to try asking her what she thinks has been cropped or edited out of her friends' "perfect" pictures and why. That can lead to larger questions. Do you think your friends are really the people they appear to be online? Are you? What's the purpose of posting a photo? What is it about getting "likes" that feels good? Does looking at social media affect your mood?

Model a healthy response to

failure. "Kids have to get the message that it is okay to fail," says Dr Wick. "And not only that it's okay to fail, but that showing it is okay, too." If parents hide their own failures, kids are less likely to be okay with anything less than success. "When things don't work out as you'd planned or a project goes awry, show your child how to accept it with grace," she adds. "Let kids know that failure is part of how we learn to succeed, that it's nothing to be ashamed of and let them see you pick yourself up and try again."

Praise (and show) effort. "Effort is something to be proud of," says Dr. Wick. "It can't be said enough." Parents should let kids know that showing their work is something to be praised, not hidden. When your child has worked hard on something, praise her efforts no matter what the outcome. It's also helpful to examine how comfortable you are showing your own efforts, especially those that don't end in success. Being proud and open about your own work sets a powerful example for your child.

Go on a "social holiday." If you're worried that your child is getting too wrapped up in social media, try taking a social holiday. "This means everyone," says Dr. Wick. If you're asking your child to take a break, practice what you preach and pledge to stay off media as well. It can be every bit as hard for parents to unplug as kids."

Trust people, not pictures. Finally, don't rely on social media to let you know how your child is really doing. She may post smiling selfies all day long, but if she seems unhappy or sounds unhappy

on the phone, don't let it go. Make sure she knows it's safe to talk to you by encouraging her to share her feelings and supporting her when she does. Reassure her that you're not disappointed, and let her know you're proud of her for reaching out. "I'm so glad you called. It sounds like you're feeling really overwhelmed, I'm here and I love you. Let's talk this through together." –

Additional information sourced from www.childmind.org



HOW TO QUIT SMOKING

Cigarette smoking harms nearly every organ of the body. Just one cigarette a day carries greater risk of heart disease, lung cancer, stomach cancer, stroke, reproduction and fertility. According to the World Health Organization (WHO), Tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.

There are immediate and long-term health benefits of quitting for all smokers.

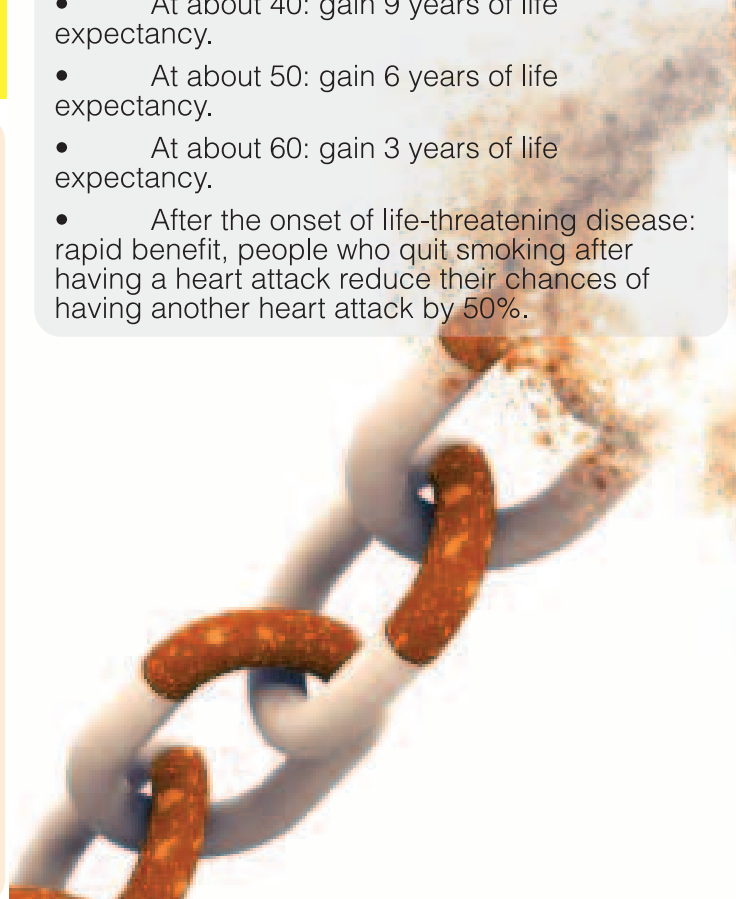
Beneficial health changes that take place:

- Within 20 minutes, your heart rate and blood pressure drop.
- 12 hours, the carbon monoxide level in your blood drops to normal.
- 2-12 weeks, your circulation improves and your lung function increases.
- 1-9 months, coughing and shortness of breath decrease.
- 1 year, your risk of coronary heart disease is about half that of a smoker's.
- 5 years, your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.
- 10 years, your risk of lung cancer falls to about half that of a smoker and your risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
- 15 years, the risk of coronary heart disease is that of a nonsmoker's.

People of all ages who have already developed smoking-related health problems can still benefit from quitting.

Benefits in comparison with those who continued:

- At about 30: gain almost 10 years of life expectancy.
- At about 40: gain 9 years of life expectancy.
- At about 50: gain 6 years of life expectancy.
- At about 60: gain 3 years of life expectancy.
- After the onset of life-threatening disease: rapid benefit, people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50%.



10 USEFUL TIPS TO HELP YOU QUIT SMOKING

- Decide on a date to quit smoking and do it.
- Throw away all reminders of smoking: cigarette packets, ashtrays, lighters. Drink lots of water – it will help flush the nicotine from your body.
- Become more active – exercise i.e. walk, jog.
- Change your routine. Avoid smokers and things that make you want to smoke for the first couple of days.
- Tell your family and friends that you are trying to quit so that they can offer you support.
- You may experience some dizziness, headaches or coughing once you have stopped smoking. This is normal and should improve after a day or two and disappear within 14 days.
- The first 2 to 3 days are the most difficult, after that it gets easier. Your cravings will reduce and eventually disappear.
- If you are worried about gaining weight, eat at regular times during the day. Snack on fruit between meals. Take time for exercise. Not all ex-smokers gain weight.
- Do not use a crisis or special occasion as an excuse for “just one” cigarette. One cigarette leads to another and another.

Source: who.int

WORLD HEPATITIS DAY

World Hepatitis Day, observed on July 28 every year, aims to raise global awareness of hepatitis, encourage prevention, diagnosis and treatment.

Hepatitis affects hundreds of millions of people worldwide, causing acute and chronic disease and killing close to 1.4 million people every year. World Hepatitis Day is one of eight official global public health campaigns marked by the World Health Organization (WHO). This year's theme is “Invest in eliminating hepatitis”.

How can you contract it?

Hepatitis B and D virus are

transmitted via unprotected sexual relations (including oral sex and penetration, whether vaginal or anal), the sharing of contaminated syringes, blood and infected biological liquids. Hepatitis B may be picked up from your infected mother during birth. Hepatitis C virus is transmitted via blood-borne contacts (the sharing of contaminated syringes, blood transfusions, infected re-usable tattoo needles and non-sterilized body piercing instruments). At birth, infected mothers may pass on hepatitis C to their new-born approximately 5 % of the time. Hepatitis A and hepatitis E virus are primarily transmitted via the faecal

-oral route (i.e. from the anus to the mouth – for example when hands are not washed after a bowel movement), by human contact, by uncooked foods (shellfish, fruits and vegetables) and by contaminated water.

This is one of the reasons why the risk for hepatitis A and E is greater in developing countries since the water is often contaminated with faecal matter or effluent, thereby contaminating everything it comes in contact with. Hepatitis A is frequently responsible for outbreaks in homosexual communities or in men having sex with men.

Crucial Ways to Prevent Hepatitis

- Good sanitation systems
- Clean tap water
- Implementing basic hygiene, such as washing one's hands after using the Toilet, after changing a nappy and before preparing food
- Not preparing food if you have hepatitis A
- Vaccinations are available to protect against hepatitis A infection.
- Notifying staff and parents if your child has hepatitis A and attends a crèche or school, so that preventive steps can be taken.



HEALTH INVENTIONS THAT CHANGED THE WORLD: THE HEARING AID



The first electronic hearing aids were constructed after the invention of the telephone and microphone in the 1870s and 1880s. The technology within the telephone increased how acoustic signal could be altered. Telephones were able to control the loudness, frequency, and distortion of sounds. These abilities were used in the

creation of the hearing aid.

The first electric hearing aid, called the Akouphone, was created by Miller Reese Hutchison in 1898. It used a carbon transmitter, so that the hearing aid could be portable. The carbon transmitter was used to amplify sound by taking a weak signal and using electric current to make it a

strong signal. These electronic hearing aids could eventually be shrunk into purses and other accessories.

Source: Mills, Mara - Hearing Aids and the History of Electronics Miniaturization

CODE OF CONDUCT: PERSONAL CONDUCT & PRIVATE INTERESTS

When a person is employed as a Public Servant, such an appointment carries a very special meaning. It clearly implies that such an employee sells his/her labour to the State and will be remunerated from taxes collected from the community at large. This then means that the employee shall provide the community with the best possible service in a professional and dedicated manner.

It is imperative that we, as Public Servants, conduct ourselves in a professional, respectable, responsible and accountable manner.

During official duties an official should dress and behave in a manner that enhances the reputation of the Public Service.

The Government and the public expect a high level of professionalism from public servants. Professionalism means punctuality, initiative, dedication, skill and quality in providing service.

Dress should, at all times, be neat and behavior respectable.

An employee should be responsible in terms of the use of alcoholic beverages or any other substances with an intoxicating effect are concerned.

Employees should never be under the influence of alcohol or any other intoxicants whilst on duty.

This will not only cause embarrassment to the Public Service but also adversely influence their ability to render a service and how they will interact with the public. Behavior of this kind is regarded as misconduct and the employee is liable to be charged as such in these circumstances.

An employee shall not, without prior written approval of the Accounting Officer, obtain or accept any gifts, benefits or items from any person during the performance of duties.

The Policy on acceptance of Gifts, Donations and Sponsorships must always be adhered to.

An employee must not use or disclose any official information for personal gain or the gain of others.

Employees who in their official duties come into contact with sensitive, confidential or secret information may not disclose this information without the necessary authority to do so. Information may not be made available or utilized for personal gain or the gain of others or to support a personal vendetta against others.

It is important to understand that transparency does not mean indiscriminately providing or disclosing information.

An employee must not, without prior approval, undertake Remunerative Work outside his/her official duties or utilize State resources for such work.

Employees are expected to place their undivided attention, time and skills at the disposal of the State. The nature and demands of the job in the Public Service are such that the interests of both the Public Service and the community may not be prejudiced.

It is mandatory to obtain prior approval to perform Remunerative Work outside official duties; this is outlined in the Public Service Regulations, 2016, Chapter 2.

Furthermore, no employee can conduct business or be a member/Director/Owner of any company conducting business with the State or Organ of State.

GALLERY

CUBAN MEDICAL STUDENTS WELCOMING - ETHEKWINI DISTRICT





health

Department:
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PROVINCE OF KWAZULU-NATAL

COMPILED BY:

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