



HEALTH
KwaZulu-Natal

Fighting Disease
Fighting Poverty
Giving Hope

EDENDALE HOSPITAL

Eden Daily
NEWSLETTER

**Save Lives. Make Health Facili-
ties Serve the People**

Issue 16

October—December 2009,



**MERRY
CHRISTMAS**



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**CHIEF EXECUTIVE
OFFICER'S OFFICE
MRS ZSI
NDWANDWE**



OVERVIEW OF MY 100 DAYS IN OFFICE

I have accepted my role as CEO of Edendale Hospital with great humility. I have a passion for quality patient care and I have no doubt in my mind that I have joined the winning team indeed.

Together we will endeavor to change the patient experience for the better. Team work and team effectiveness are the pillars of service delivery.

Let us therefore join hands and form a change effect and turn Edendale Hospital around. We all need to agree that it cannot be business as usual.

I appreciate the support I have received from the Hospital Board. Let us all embrace the vision of Edendale "Efficient, Dedicated Health Services"

I would like to share with you how my journey has been over the 100 days in Office:

I had to hit the ground running because of the ARV Roll-Out Crisis

The warm reception I received from management and staff left a positive and lasting impression about Edendale Hospital.

As the new CEO I had to do the situational analysis for the hospital. I have acknowledged that much as there are strengths, there are huge challenges and the hospital requires a turn around strategy. It is obvious that most components work in silos and there is poor or little communication between these components. Our main focus will be around the 10 point plan of the Department of Health

Achievements:

We've worked as a team to achieve the following:- Clearing of the back log in the ARV Roll-out ; Opening of the new ARV Pharmacy – funded by Broadreach; Provision of perimeter fence for Teen and HAART Clinic; Expansion of waiting area in CDC Clinic; Improving the aesthetic environment of the hospital including the ground floor; Disaster drill in preparation for the 2010 World Cup was held on the 18th November 2009; Relocation of Social Work Department is in progress as well as relocation of Budget and Expenditure Control Office; Plans to provide on site Blood Bank Services; Improvement of Laboratory Services; Rationalization of services at the Gateway Clinic; Downscaling of Stationery, Soap and Cleaning and Hardware Stores; Plans to upgrade Psychiatric Ward; Plans to provide Medical Gas Points in B Ward; Improve effectiveness of the Cash Flow Committee and MTEC; Successful hosting of the Open Day and Long Service Awards; Installation of ABSA ATM is in progress

10 Point Plan Priorities

Provision Of Strategic Leadership And The Creation Of A Social Compact For Better Health Outcomes

Implementation Of The National Health Insurance

Improve The Quality Of Health Services

Overhauling The Health Care System And Improve Its Management

Improvement Of Human Resources

Revitalization Of Infrastructure

Accelerated Implementation Of The HIV And Aids Strategic Plan And The Increased Focus On Tb And Other Communicable Diseases

Mass Mobilization For Better Health For The Population

Review Drug Policy

Strengthen Research & Development

We are also committed to accelerate the Flagship Project which has been initiated by the Premier of KZN Province. We have been selected as one of the 12 hospitals to pioneer the MEC's "make me look like a Hospital project".

Challenges:

Budgetary Constraints, Moratorium on the filling of Posts, Laundry Services, No adherence to Referral Patterns, Bed Shortage especially in Medical Wards

Current and Planned Major Projects:

Contractor on Site for the upgrading of Air-Conditioning, Site handover for the upgrading of Lifts took place in September 2009 – Contractor awaiting parts from Overseas. Rehabilitation of HAARTC Clinic that was damaged by Fire – tender phase, to be funded by EGPAF. Upgrading of Psychiatric Ward ,Repair of Leaking Pipes, Resurfacing of Internal Roads, Upgrading of Drainage System in Mortuary, Hospital Revitalization Project – there will be a stand alone Regional Hospital and an agreement has been reached with regards to number of beds, 560 District Hospital Beds, 595 Regional Hospital eds and 107 Step Down Beds at Kwahlengabantu. Electronic programme for Computing of ARV Patient Information is in the pipeline. I am truly honoured and privileged to serve the Community of Edendale Hospital and its catchments area. I would like to take this opportunity to wish the Hospital Board Members a Joyous Christmas and a Prosperous New Year.

"Wishing you and your loved ones a blessed and joyous Christmas and a prosperous new year"

MEDICAL DEPARTMENT

Edendale Hospital is currently experiencing a variety of challenges. We are currently faced with ever increasing patient numbers, a fiscal budget reduction of R18,5 million and a moratorium on filling of posts. Despite all of these restrictions, staff members still strive to provide a high level of patient care and service delivery. As management we assist wherever possible in order to optimise care. Some of these interventions are mentioned below:



**MEDICAL MANAGER
DR. S BHIMSAN**

Re-introduction of blood bank into the institution:

An underutilised area of the outpatients department is in the process of being renovated in order to accommodate the blood bank back into the institution SANBS is currently situated in Loop Street which results in life threatening delays with regards to the acquisition of blood and blood products.

As blood is a major cost driver, it will also cut down costs that are directly attributable to having to transport blood to the institution. It will also cut down on unnecessary ordering of blood and reduction of the after hours levies charged on blood.

Successful management of the ARV crisis:

- Edendale Hospital has emerged triumphant out of the crisis that was born in June 2009, We have successfully initiated 866 patients since June 2009 on ARV's at Edendale Hospital alone, With the assistance of primary healthcare clinics and Doris Goodwin TB Hospital, the waiting list of 2410 has been cleared, We have employed various levels of staff including doctors, pharmacists, nurses and a dietician. These include members from the private sector who assist us on a sessional basis. Assistance was given from our 2 partners ; EGPAF & Broadreach, One of our great successes is the opening of a new ARV pharmacy in October 2009 which has adequate space for both patients and staff. This was done in partnership with Broadreach, We have extended the waiting area in our CDC clinic and plans have been approved for a formal waiting area to be erected, A container is going to be procured by the district office to assist us in providing an adequate area for patient files.

Engagement of NHLS in an effort to improve services:

- We have actively engaged the NHLS management in order to improve the lab services at Edendale as we have been experiencing problems with turnaround times of blood and other laboratory results, We have undertaken to have regular meetings with all the relevant stakeholders, Training is organised for the doctors and nurses, The NHLS have also undertaken to temporarily displace the existing lab manager in an effort to improve the services.

Proposed upgrading and reopening of the psychiatric ward:

- The psychiatric ward was closed in April 2007, Subsequent to this period, the psychiatric patients are held in the general medical wards for the 72hour waiting period as per the Mental Health Act., In the ward they are looked after by interns, a principal medical officer and a visiting consultant from Town Hill, Plans and budget have been obtained for the upgrading of the psychiatric ward

We are currently awaiting a bill of quantity I wish to take this opportunity to thank all members of staff for their dedication and support. May you have a Merry Christmas and a joyous New Year.

Opening B ward as an acute medical admissions ward:

- At present we have no pre-admission ward where patients can be housed whilst awaiting a bed, Plans are underway to convert B ward into an acute admissions ward so that patients awaiting admission may be afforded the right to privacy, treatment and care during their wait, Considering our medical wards are often full to capacity this will ease the congestion currently experienced in outpatient departments and improve the overall patient experience.

NURSING DEPARTMENT

Effective communication is the key to improving service delivery as “**Knowledge is Power**” The Nursing Division has embarked on Departmental monthly meetings. Each Assistant Nursing Manager will conduct monthly meetings with all categories of staff. The agenda will have quality patient issues, policies monitoring and evaluation infection control guidelines.

Implementation of quality programs to redress shortfalls. This communication strategy will improve service delivery and create team spirit amongst nurses. The doctors are also participating in monthly meetings with nursing staff to discuss operational problem and embarking on clinical auditing.

PRE-ADMISSION WARD

Shortage of beds for the admission of patients especially medical patients has resulted in the institution providing a pre-admission ward in one of the medical wards. Medical out-patients will no longer keep patients whilst waiting for a bed in Medical Department.

Patients will be admitted in a comfortable bed in B Ward until a bed is available in any of the Medical Department. B ward has been partitioned, is in process of installation of oxygen and suction before being fully utilized. Shortage of beds to admit patients is a problem for all institution including Private Hospital. I cannot wait to see our community treated with care and dignity in an environment conducive to recovery.

ADVERSE INCIDENT REPORTING

Safety and security of clients is amongst the issues which were highlighted by National Minister in his speech on the 20th November 2009 in Durban. The nurses are the important role players in the implementation of Protocols and Policies to ensure prevention of medico legal risks to patients.

For any adverse incident occurring in each ward/unit the Manager concerned will embark on the analysis of that adverse incident and gaps identified will be attended to. Prevention, pro-activeness, supervision and implementation of protocol/policies will lead to reduction of adverse incidents. Patients rights must be respected at all times, by Health Care Workers.

Reduction in litigation is important as there are budgeting constraints.



**NURSING MANAGER
MRS. J.D. SHANGE**

I hereby wish to thank all categories of nursing staff together with support from Clinical Orderlies and Ward Clerks for the Team work and call out of duty.

I wish you “A Merry Christmas and a Prosperous New Year”. May God Bless You All!

SYSTEMS DEPARTMENT

Sekuphinde kwaba isikhathi sika Khisimusi. IHoveri lomphathi wezeMisebenzi (Systems) lithatha lelithuba ukunifisela nonke uKhisimuzi omuhle noNcibijane omuhle.

Unyaka kade umude unezinselelo zaho kodwa esiphumelele ukubhekana nawo noma bekungelula. Abanye bethu basishi-yile emhlabeni nabanye bethu abekho emsebenzini bay-agula. Kunamanye amalunga ethu agulela emsebenzini. Ngithanda ukubonga bonke labo baSebenzi abasebenza nabantu abagulayo ngoba ngiyazi kahle kamhlophe ukuthi yinina enibambe umsebenzi wabo lapho sekubonakala ukuthi ayingangabo uma umsebenzi usudlangile.

Unyaka ozayo uzoba nezinselelo ezinqala kakhulu kulomkhakha wethu kwazise ukuthi kuzoba namalunga ethu asebhathu uMhlalaphansi kusukela ekuqaleni kukaMasingana (January). Lokho kuthatha kwawo uMhlalaphansi kusho ukuthi thina emkhakheni wethu sizobe sipaqua sizama ukuvala izikhala zabo ngamalunga ethu asekhone emsebenzini kwazise ukuthi emkhakheni wabaSebenzi bakwaSystems uHulumeni usamise umgomo wokuthi zingavalwa izikhala ezishiywe ngabanye bethu abawushiyile lomhlaba kanye nabanye bethu abathole amadlelo aluhlaza kweminye imiNyango kaHulumeni nalabo asebethathu uMhlalaphansi.

Ukuninekela ngalesimo makunganithusi kodwa nikubuke njengento yokuniqwashisa ngesimo esibhekene naso. Lesisimo sibangwa ukwentuleka kwezimali kuHulumeni ezi-bangelwa isimo somnotho esingesihle esikhungethe wonke umhlaba. Okuningi nani ni-yaye nikubone emaphephandaben nomabonakude benu okwenza umnotho wethu ufadalale.

HUMAN RESOURCE DEPARTMENT

Once again the time to give, cherish and celebrate has come. The time for togetherness focusing on the future with positive mind has come. This short interval prepares us for smooth transition to 2010. This transition is what make Christmas festive season special.

For the past two years, great changes are affecting Human Resource. The challenge we face is to be ahead with understanding of the remunerative policy changes simply known as introduction of OSD. Whilst Human Resource was at the helm of grappling with implementation of OSD for Nursing, challenges of doing better work with OSD for the Medical and Pharmacist can not be over emphasis.



SYSTEMS MANAGER

Mr. S. KUBHEKA



HR Manager

Mr. Z.H. Mthethwa

Through all of the above I wish to thank Human Resources staff for their unwavering commitment towards implementation of the afore mention tool, to thank Manager's and supervisor who have supported Human Resource office in getting necessary documentation regarding various Human Resource responsibilities. Last but not least my gratitude goes to all the Edendale Hospital employees who has supported us through perseverance whilst attending to their matters. I will be failing in my duties if I do not thank our Social Partners (unions) without them our working relationship will become an unfurnished business.

'Ukhisimusi Omuhle Nonyaka Omusha Ogcwele izibusiso Kini Nonke.'

PUBLIC RELATIONS OFFICE

Here comes the end of the year 2009 and a lot has been achieved at Edendale Hospital! The hospital staff is like a family to me. I really feel a sense of belonging, passion & enthusiasm to help our people because we always work as a team. Yes we sometimes make mistakes, but we learn from them.

The service at Edendale Hospital is efficient and effective at all times, the Management and the staff are doing an excellent job performing their daily duties. The evidence of this is in the compliments that we received on a monthly basis in our Suggestion Boxes.

On a daily basis we attend to plus minus 1800 patients in our Outpatients Departments. Please find the following indicators Jan to Nov 2009:

Beds	865
Inpatients	223740
Outpatients	414540
Admissions	41724
Births	7061
Operations	10356

The above statistics show the good work performed by the committed employees of Edendale.

The referral pattern is still a challenge to all sections as our clients believe in us, and would all like to be attended to by us. The clients never doubt our good service- the building is old but the service inside is amazing!

During 2009, we received 97% compliments and 3% complaints monthly. This really shows that we live up to our vision which says "Efficient, Dedicated, Health Services" (this comes from the abbreviation of EDH).

I wish to thank Edendale Hospital Management and Staff for the commitment shown in excellent service delivery. I would also like to thank Edendale community and surroundings for believing in us. I want to ensure you that this is your hospital, we are here for you and we would love to see rate of infectious disease decreasing, please read our health information handouts and attend health awareness campaigns and visit your nearest clinic for more information.

2010 will be an exciting year for all South Africans, with the Soccer World Cup & many other events. Edendale Hospital would like to assure the public that we are ready and prepared to meet the challenges!

I wish you all a blessed Christmas and a happy new year full of life and hope. Love you all



**Samke Mncube
Public Relations Officer**

We are hoping to improve the staff attitudes- we should all be proud of our hospital! We conduct Batho Pele training every Wednesday and have appointed Batho Pele Ambassadors in each section or unit. We are hoping to achieve a lot in order to make Edendale Hospital a garden- giving hope, fighting disease, and serving our people. The Client Satisfaction surveys conducted indicate that patient care is always our first priority. The infrastructure is still a challenge which is beyond our control as an institution, but we have to make the most of it.

I wish you all a blessed Christmas and a happy new year full of life and hope . Love you all

I strongly recommend that any dissatisfaction in service given should be reported immediately to the Hospital Seniors or to the PRO's office. Shortfalls in service delivery that have been identified are acted upon immediately. We want all our clients to feel the sense of belonging to us, as we belong to them.

Many of the people in high ranks in the KZN Provincial Department of Health are the product of Edendale Hospital: an excellent training ground. Yes, we are the best!

Dental Health Month: September 2009 Orphan and Vulnerable Children in the Edendale area



Some of the happy children after they have received their toothbrushes in the Slangsprit

the community in the Edendale area. Arrangements were made by Mrs. U. Ramlall and Mrs. Agnes Mkhize of Thandanani Association, to meet the orphan and vulnerable children with their caregivers at central points in the Edendale area. The reason for targeting these children was because many come from child headed households and are not exposed to health promotion activities. There was also a need identified by Mrs. Ramlall and Mrs. Mkhize to screen and refer those children in need of dental treatment. For many of them it was the first time that they had had a dental examination. This was very successful as most of the kids targeted did attend the screenings and educational section. The community health workers in each of the areas targeted also played an important role in ensuring that the message of my visit was passed along. Besides the children attending, most of

the care givers also attended.

The areas visited were Willowfountain, Dambuza, Pata A & B, Sinathing, Slangsprit, Caluza and Esigodini. Dental Health education was given to each group. Dental assessments were done and referral letters were issued to those children that required treatment. 666 children were seen and 48 were referred.

Toothbrushes were given to all children as well as care-givers. The care-givers were also screened I was assisted by Agnes Mkhize & Phumlani Dlamini, development facilitators for Thandanani who had organized the visits and also assisted me with transport and translation. A big thank you to both of them for their support.



Mrs. Ramlall examining one of the children in the Willowfountain area.

School Health Week Report 8 – 23 October 2009



Learners listening and participating in activities during school health week

School Health week is celebrated twice a year in March and October. This year oral health piggy backed on this week to celebrate Dental health month as well.

School Health Week (12 – 16 October) proved to be extremely challenging and tiring due to the nature of the busy programme formulated for this period. The distances travelled, the off road terrain and the inclement weather made the week even more challenging. These challenges were outweighed by the responses and feedback received from both stakeholders and the communities that were visited.

The areas visited during this period were Vulindlela, Edendale, Embo, Mid-Illoulu, Eston & Pietermaritzburg.

Mrs. Usha Ramlall, Oral Hygienist, was assisted by the School Health Team, in each



Mrs U. Ramlall (Edendale - Dental) & Mrs Z. Mtshali (EHP) at Ngoloshini Primary in the Umkhangabathini area speaking to the

sub district, to conduct dental assessments on learners, grade 1 – 7, at schools that were visited. Referral letters were issued to learners that required dental treatment. Oral health education was given to learners and educators. Advice was given to vendors about healthy alternatives to sweets and chips and practical advice was given to learners and teachers on how to prevent dental complications. The Health Promotion concept was reinforced in all schools that were visited for the three weeks. School tuck-shops were inspected and advice given to vendors at the schools about safe practices to be used when handling food. Vendors and tuck shop assistants were encouraged them not to sell cheap sweets, chips, alcohol and cigarettes. 14 schools were visited during this period.

3142 learners were screened for dental problems. 398 learners were referred for dental treatment. Thank you to the school health teams from Vulindlela, Umkhangabathini, Edendale and Pietermaritzburg for their support.

EDENDALE HOSPITAL – DISASTER MANAGEMENT DRILL

1. SUMMARY OVERVIEW OF THE EXERCISE

Edendale Hospital conducted a Disaster Management Drill Exercise in anticipation of any Major Incident and the upcoming 2010 World Cup Event. The exercise was held on the 18-11-2009

2. THE SCENARIO

∴ An emergency call was received by CEO from EMRS at about 1015hrs stating that there was a stampede at the nearby Qokololo Stadium and this information was immediately dispatched to a Chief Medical Practitioner, Dr Hargovan and of also of the extent of multiple injuries and casualties to be dispatched to Edendale Hospital. The following was to be expected:

- 12 Red Codes ----- P1 Actual --- 15
- 30 Yellow Codes ----- P2 --- 32
- 40 Green Codes ----- P3 --- 39

3. SOME POSITIVES WHICH WERE NOTED

- ▲ The means of activating the plan was that the siren was to be used, but in view of the volume being not loud enough, loud hailer were also used. This immediately reinforced that we need an appropriate PA System for communication. All role players gathered at the front of the hospital where they were addressed by the CEO. Action Cards were distributed and staff dispersed to implement these. The Medical doctor's tea room was the designated JOC room. JOC members were active in their support and communication with Dr.Hargovan, as the coordinator and EMRS and all internal and external role players.
- ▲ The Patient Admin staff were very prompt and well prepared with the patient files and identification tags. In the process of planning and revising our major incident plan, we have devised a new coding system as well. Accurate records were kept and patient's movement monitored.
- ▲ The Medical and Nursing Personnel were ready and waiting for the casualties to arrive. Most were attired with protective clothing and had name tags. Some of the nurses brought in from other departments did not have their protective clothing – lack of communication which we will address. The Medical team led by Mr. Oosthuizen and the nursing team led by Sr.Nduli worked very well and interacted and supported each other. It was amazing to see the camaraderie and goodwill that was present. As the treatment and resuscitation of the red codes progressed, we immediately started to see our areas of shortfall.
- ▲ Radiology was prompt and we had the benefit of bedside ultrasound in the Resus area. The X-Ray unit in SOPD was operational and a BSU was also available but not requested. 5 lead aprons were also available.
- ▲ Blood Bank clerk was present and operational and transport ready to go to Blood Bank.
- ▲ The Bed Status was updated and communicated by Mrs. Shange. The sister hospitals were informed to be on alert by JOC.
- ▲ The theatre staff were ready and responded well for the two emergency laparoscopies that were sent to them. The ICU was on standby and was able to accommodate these two patients and no further beds were available. This was communicated to JOC. Dr. Oosthuzen reported that they were under pressure in terms of the red codes and immediate arrangements were made with EMRS – Mr. Majola-- for the transfer of five red codes and two yellow codes to Greys after stabilizing the patients
- ▲ In terms of the Yellow and Green Codes, there was no significant problem in their clinical management as there was enough Medical and Nursing support. The Social workers did a good job in the counseling of these patients and their relatives.

4. SHORTFALLS HIGHLIGHTED

- ▲ The Security personnel were not present and this led to not cordoning the entrance and keeping the passage ways clear. As a result normal flow of patients continued and this impacted on all concerned. Relatives entered the SOPD and areas of Resus and this could have been avoided if security was present.
- ▲ The Porters were present BUT there was a shortage of stretchers for transport of these patients to CT scan and theatres.
- ▲ The lifts were not operating optimally – 2 to 3 had broken down and the staff lift could not cope. This is a major concern
- ▲ As the numbers of red codes increased, monitoring equipment was not readily available and had to be shared. Funds are urgently needed to address this.
- ▲ There is a dire shortage of stretchers as well.
- ▲ The Laboratory Services were supposed to support the team with a blood gas analyzer; a technician and a messenger for transport the specimens and retrieving results. Unfortunately there was a no show on their part.
- ▲ The need for extra sharps containers was discussed at our planning BUT there are logistics that the stores is trying to overcome so that in future they will be in a position to have these containers available. Further, Stores was not fully in the know how, that in a major incident, one does not ask for requisition forms etc. This has now been addressed by Mrs. Baird.

- ▲ An important aspect which we anticipated was that the infrastructure – resus area is not optimal – the flow of patients was not unidirectional, as a result there was bottle necking in the corridors of SOPD. A huge problem until such time we have a new infrastructure.
- ▲ Lifts were again a problem to go to X-Rays and Ortho Clinic.
- ▲ An unexpected problem arose as we suddenly had to accommodate the yellow codes via the same entrance as the greens because the ambulance bus was too long to enter our normal ambulance bay which was the designated point of entry for the yellow codes.

6. CONCLUSION

At the end of the drill, a feed-back session was chaired by Mrs. Ndwandwe in the boardroom. Most of the shortcomings were highlighted by EMRS and the observers from Grey's and Northdale Hospitals.

At the same time there were more positives that came out of this exercise and this was acknowledged by all. Mr. Kenny scored us 7 out of 10. This was a fair reflection and Mr. Oosthuizen and I would be aiming to improve on this by having regular major incident planning meetings.

The CEO commended the Nursing College, EMRS, all staff and clinicians and all personnel that participated.

Presented by:

Dr.P.H.Hargovan

HOD—Emergency Medicine

ALL THE ACTION IN PICTURES



Cooperation in practice as we see all components working together towards achieving one goal, which is patient care at its best. If we keep this type of dedication, this will then lead to more lives being saved as a result of working together .





EDENDALE HOSPITAL DOOR TO DOOR HIV & AIDS CAMPAIGN

03 DECEMBER 2009

"I am responsible, we are responsible,
South Africa is taking responsibility"



EDH CEO Mrs. ZSI Ndwandwe leading by example our door to door campaign

EDH PRO Mrs. S. Mncube and District HIV Coordinator Mrs. Lindiwe Msimang



Mrs. ZSI Ndwandwe, Mrs. Zinhle Thabethe , Sister Shange ARV Coordinator, Traditional Healers speaking to Sibongamandla Junior primary Principal

Pastor Dube, Reverend Mkhize and Umsunduzi Mayor CLLR. Zanele Hlatshwayo

The door to door campaign was a success. Edendale Hospital Staff, Community Health Workers, Traditional Healers trained on HIV & AIDS and TB,, NGO's, Religious Leaders, Community Leaders and Metropolitan worked together to make it a success. The hospital appreciate your support. schools were visited and education given to school and they were plans drafted after identifying needs to go back to those schools to provide students testing on HIV & AIDS. This will enable us to have a an AIDS free generation. In Zulu we say "Zibanjwa zisemaphuphu". Our District is leading with high rate of HIV infection because of that we have seen a need to strengthen community outreach programmes to maximize VCT (Voluntary, Counseling and Testing) within the community at large and to ensure early detection of HIV & AIDS.

This campaign was supported financially by Metropolitan and we received donations from the following organizations Gift of the givers, Supersave and Willowton Oil.

Indaba ixoxwa ngezithombe.....



Lighting of the candles

**EDH CEO- MRS ZANELE NDWANDWE, UMSUNDUZI MAYOR
CLLR. ZANELE HLATSHWAYO; HEALTH DISTRICT HIV CO-ORDINATOR MRS LINDIWE MSIMANG, PASTOR VUSI DUBE &**



ON BEHALF OF EDENDALE HOSPITAL Mr. J MALINGA RECEIVING A DONATION FROM Mr. FAROOK MOOSAS—WILLOWTON OIL



Mrs. J.D. Shange Nursing manager, Mrs. H. Baird Finance Manager and Mr.. Z. Gasa Chairman of Support Group

Traditional Healers present on the day

CDC Staff and Aids Counselors

GENERAL MEETING 09 DECEMBER 2009

Left to right: Dr. Bhimsan Medical Manager, Mrs. ZSI Ndwandwe Hospital Manager and Mrs. Shange Nursing Manager



Staff members listening attentively during the meeting



Make Me Look Like a Hospital

presented by Mrs Ndwandwe which is self explanatory. She stated that the aim of the project is to refine and scale up the detailed plan on improvement of services, including infection prevention and control plans, and direct its immediate implementation. 12 hospitals have been identified for the pioneering of this programme. MEC's priorities: managing by walk-about, General appearance and maintenance, signage, medicines, basic equipment, basic supplies, morbidity and mortality – clinical care, communication devices access to services, availability of drugs and emergency blood, attitudes of staff and waiting times. Strategies were explained in the phased approach, First phase – quick wins – we must be able to turn around within 100 days, provincial Task Team. Roles are institution, District and Champions.

Feedback held with the Minister of health

by Dr S. Bhimsan. She stated that it provides the foundation and broad framework for planning and decision-making for the 5 year planning cycle. This will ultimately inform the 5 year strategic goals and objectives which will be translated into supportive interventions with the greatest potential to reform/turn around health service delivery in line with the NHS 10 Point Plan requirements and with due consideration of the departmental funding envelope.

Strategic goals and objectives will inform the development of the Annual Performance Plan which will be operationalised in Programme and District Health Plans.

YEAR END PARTY



The supplementary departments (Pharmacy, Radiography, Dental, Occupational Therapy, Speech & Hearing, Social Work and Physiotherapy) managers & deputy managers together with the Medical Manager had their annual End of Year party to celebrate having successfully come to this point in the year. Present were Mr Sbu Halimana, Mr Patrick Simfukwe, Mr Enoch Nkalakatha, Mrs Jenni Smith, Mrs Usha Ramlall, Mrs Tasha Pilling, Miss Thanushya Pillaye and Dr Bhimsan. The other managers were not able to attend. Plans are afoot to make a contribution to charity for December 2010 & other departments are challenged to make a similar effort."



16 DAYS OF ACTIVISM ON NO VIOLENCE AGAINST WOMEN AND CHILDREN



Edendale Hospital held its campaign from 25 to 27 November 2009. The campaign was a success and we had approximately 430 people visiting our stand. Eight people that are affected were identified and now they are our clients at Crisis Centre. Our table was kept at our main entrance with displays for the whole duration of the campaign.



PRIMARY EYE CARE

Umgungundlovu Health District in collaboration with ICEE (International Centre for Eye Education) conducted training on Primary Eye Care FORM 08/12/2009 TO 11/12/2009 AT Assessment Centre 35 Gandhi road, Northdale.

On Friday 11/12/2009 practical theory were conducted at Edendale Hospital. The Target Group for this training were Professional Nurses from various Clinics and Hospitals. There two Nurse Educators from Edendale Nursing College.

