



The Greype-Vine Grey's Hospital Pietermaritzburg

February 2007

www.kznhealth.gov.za/greyshospital.htm



Several senior nursing posts were filled recently and we would like to introduce the staff appointed to these posts:

Senior Sister M Naidoo (OPD), Mr D Naidoo (Quality Assurance), Senior Sr S Govender (D1), Mr CJ Marion (G1), Senior Sr ST Sithole (MAW), Senior Sr S Naidoo (E1), Mr A Ramauthar (Student Allocation) and Senior Sr N A Hani (CPN Matron's Office).

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	Miss N Cele	3045
	Ms N Gasa	PRO 3684

2007 has arrived and brought with it lots of new faces, plenty of hot weather and some promised changes in the hospital. We would like to welcome all the new staff members to the hospital; we hope you enjoy your time with us and that you learn a great deal while you are working here.

We would also like to wish all staff who have left to go to other hospitals, good luck with their new ventures.

One of the promised changes in the hospital are that Head Office Informatics Department has done an audit of all computers at Grey's and are organising that those older than 2004 (H04....) will be replaced. Exciting! (especially if you are one of the people with an old computer,) **but** as yet we do not know when it will happen.

The CPN and SPN posts advertised last year have been filled and most of the staff appointed have commenced work in their new posts. It's always nice to see familiar faces returning to Grey's. It just goes to show that the grass isn't always greener on the other side.

The COHSASA focus survey takes place on 6th and 7th March. I feel sure that all our hard work and dedication will be rewarded with a positive result. On behalf of management, thank you to everyone who has been involved and who has given of their time and effort to ensure that Grey's once again receives full accreditation status.

**We don't change the message,
the message changes us**

Best Decorated Ward Competition.



On 13th December 2006 staff from the Clinical Department visited the wards and various departments in the hospital to judge the Best Decorated Ward/Department. The winning ward was Nathan Ward followed by Ward G2 and Physio. Congratulations to all staff members who took part and helped to make their area look more festive.

Nathan Ward staff won a chocolate cake sponsored by **Chatters Coffee Shop.**

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New SPNs, CPNs and Unit Managers.

We would like to congratulate staff who have been appointed/promoted to SPN, CPN and Unit Manager Posts. Our new Unit Managers are:

- D1 Senior Sister S Govender
- E1 Senior Sister S Naidoo
- G1 Mr. CJ Marion
- MAW Senior Sister ST Sithole
- OPD Senior Sister M Naidoo

Mr D Naidoo has been promoted to become the Quality Assurance Manager, Mr. A Ramouthar is responsible for Student Allocations and Senior Sr NA Hani is a CPN in Matron's Office.

Matron TC Sihya left us at the end of January, as she went on transfer to Inkosi Albert Luthuli Hospital. We wish her luck in her new job.

Remember the future comes one day at a time.

Oncology Ward News.

Sister R Trigg and Sister ZP Kwela have recently completed a part-time Oncology Course through Howard College at the Durban University of KwaZulu Natal, Durban Campus.

The course lasted two years and entailed them traveling to Durban every second week to attend lectures.

On completion of the course they received a certificate in Oncological Conditions and Palliative Care. It was hard work but very enjoyable and worth while. Congratulations!

Midmar Mile:

On Sunday 11th February 2007 I lined up with about 1700 other swimmers, in my event, to do the Midmar Mile. This being my 11th swim I was quietly confident of having a good swim in a reasonable time.

For my last 5 swims I have worn a red cap, which means I was seeded to swim with the best swimmers, starting between 3 and 12 minutes ahead of those considered to be slower than us. This year, when completing the entry form, we were not asked if we had swum before or what our previous best time was, so I took it for granted that they would look up the information in their records, see that I could swim and once again put me with the 'red caps.' Imagine my disgust when I received an e-mail to say my entry form had been received and that I was swimming with the 'white caps'. (The slowest swimmers.) Serves me right for being arrogant!

I trained fairly hard, 3-4 times a week, regularly swimming about 1500m during each training session. What I forgot however is that there is a huge difference between the 'waves' in a swimming pool and those out on the dam.

So at 08h30 I stood in miserable weather on the banks of Midmar Dam, waiting for the red, blue, green and yellow cap swimmers to start off at intervals for the far side of the Dam. The wind was blowing and it had started to drizzle, so much so that we couldn't see the finish as it was shrouded in mist. At about 08h45 we waded into the brown water, which thankfully was warmer than

the weather, and were sent on our way by the starting gun. So much for being fit and ready. Within 20 strokes I had swallowed about a litre of water. The dam was very choppy and each time I tried to take a breath all I got was a mouthful of water. Eventually I worked out that most of the waves were coming from my right side and so if I wanted to breathe I must turn my head to the left only, but one moment I was up on top of the wave and the next I was down a trough. Lifting my arms out of the water over the waves was nigh impossible as I kept on hitting the waves with each stroke. I tried back stroke but the water just washed over my face without giving me a chance to breath, next I tried breaststroke but each time I lifted my face out the water I got another a mouthful. And we do this for fun! Eventually the finish ramp became visible and my tired arms and legs carried me up the slipway to the timekeepers. I was thankful for my white cap and the lack of expectations it brought with it. My time was the slowest it has ever been and all the other swimmers climbing out of the dam with me were in the same boat. Imagine starting with a red cap and finishing with those wearing white. At least this way I was where I belonged.
Next year... who knows.

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TRIBUTE: - LATE DEENA TAYOB

Deena Tayob commenced duties at the old Grey's Hospital on 5th May 1981. He started his duties in the Admitting Department, was later transferred to the Revenue Department and finally to the Stores Department.

In the Stores Department. he was the supervisor of the hardware and haberdashery department. With his knowledge and experience Deena could work in any section of stores .viz. stationery, surgical, soap and cleaning, data control, receipt section and he had also assisted in the buying dept.

Deena served the department with great dedication and loyalty. He was always willing to assist. Nothing was too difficult for him. He never said that he could not do something or that it was not part of his job description. He accepted a challenge and built good relationships with

staff from other hospitals and external stores e.g. C.P.S. Whenever we needed supplies from other hospitals we'd just tell Deena and consider it done.

Deena will be greatly missed, not only by the stores staff but by the staff of the entire hospital. It is as if a link has broken off a strong chain.

Thank you Deena for your assistance in helping to put the patients at Grey's first. We will always be proud of you.

Good bye Deena, we will miss you.

Polly Pillay.

A caring nature will win the day.

On 24th December 2006 Sister Viv Hardman was sitting in her car waiting for her daughter to finish her shopping, when she heard on the radio the report about the SA Road link bus accident that had occurred close to the Midlands Mall. Despite being on her Day Off, Viv asked her daughter to bring her to Grey's to see if there was anything she could do to help. She assisted in the X-ray department ensuring that the patients were as comfortable as possible and that all equipment needed by the doctors and radiographers was available. She also made sure that the injured received much needed psychological support.

When asked about it Sr. Hardman played the whole situation down, as if anyone else would have done the same thing.

To a really dedicated nurse, Viv we thank you and commend you on your support and commitment to Grey's and your patients.

An elderly gentleman had serious hearing problems for a number of years. He went to the doctor, and the doctor fitted him with a set of hearing aids that permitted him to hear 100%. The elderly gentleman returned to the doctor a month later. The doctor said, "Your hearing is perfect. Your family must be really pleased that you can hear again."

The gentleman replied, "Oh, I haven't told my family yet. I just sit around and listen to their conversations. I've changed my will three times!"

Ron McFarlane.

Mr. R. D McFarlane was appointed on 1st February 1963 as a Clerk in the Supplies Department at old Grey's Hospital.

He worked in many departments during his working career and his input contributed significantly with regard to service delivery. Mr. McFarlane served as a member of a number of Committees where his suggestions and ideas impacted positively on the hospital. Furthermore he played an important role in the preparations for Accreditation, Quality Day and The Premier's Service Excellence Awards, which benefited Grey's Hospital to a great extent. His talent for photography earned him the appointment as the official photographer for our institution. His best memories are of the Grey's Hospital Gardens when flowers used to be supplied to the wards and departments, of Christmas Lunch Functions and Grey's Social Club events. He has served Grey's Hospital for a total of 43 years and was a very loyal and dedicated staff member who gave of his best at all times.

Ron McFarlane thanks the Management and staff for all their support and friendship during his long stay at Grey's Hospital.

We, the Management and staff wish Mr. McFarlane a happy retirement and may the Lord keep him in good health.

Telecommunications Department
Mr Kooben Govender

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This month's competition is two SUDOKU puzzles. One is mild and one is medium. Please submit your entries to Sr. A Guise-Brown at The Nursing Campus before 24th March 2007 and the first correct answer drawn, will win a chocolate cake supplied by **Chatters Coffee Shop**.

	2				5		6	
4			7			1		
		5		8				9
			2				9	
7								8
	1				6			
8				1		3		
		4			3			5
	6		4				2	

Medium.

2	3						6	9
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4	8						3	5

NEW HI JACKING STRATEGY AS DISTRIBUTED BY THE AA

Be aware of the new hi-jacking scheme. Here's how it works: You walk across the parking lot, unlock your car and get inside.

Then you lock all your doors, start the engine and shift into REVERSE and you look into the rearview mirror to back out of your parking space when you notice a piece of paper stuck to the middle of the rear window.

So, you switch off the car or shift the gears into PARK, unlock your doors and jump out of your car to remove that paper (or whatever it is) that is obstructing your view...

When you reach the back of the car that is when the hi-jackers appear out of no where, jump into your car and take off! The door was unlocked, your keys were in the ignition, maybe the engine was running, (ladies would have probably left their handbag, with their purse, cellphone etc; in the car) and they practically mow you down as they speed off in your car.

**BEWARE OF THIS NEW SCHEME THAT IS NOW BEING
USED!!!**

Should this happen to you, just drive away and remove the piece of paper that is stuck to your window later....and be thankful that you read this article.

Remember ladies, a purse contains all identification, and you certainly do NOT want anyone getting your home address. They already have your keys!

Tom Odaniell, AA

We were promised an article about The Duzi Canoe Marathon but unfortunately it hasn't materialized. We are not sure if the author is still paddling or if he met Len Jenkins's Duzi crocodile. Maybe next year! This is where the saying 'Up the creek without a paddle,' comes to mind.

New Lodger Mother accommodation.

Have you walked along the corridor towards the dining hall recently and looked out the window towards the kitchen below? If you have, you'll have noticed that there is building in progress. A quick discussion with Mr. Thomas revealed that some time in the not too distant future, Grey's will have new Oncology and lodger mothers wards that will accommodate 71 people/patients. The wards will be built on the patch of land mentioned and will also extend into a part of the kitchen, that is not fully utilised.

Recognising Child Abuse.

Speak out against abuse



**Preventing crimes against
children is everybody's
business.**

Child abuse refers to the maltreatment of children that results in harm or potential risk of harm to a child, usually of a physical, sexual or emotional nature.

The primary responsibility for a child rests with his/her parents or guardians. There are times when they fail in that responsibility and intervention by the state becomes necessary.

Physical Abuse: Single or repeated episodes of intentional injury. E.g. burning, beating, whipping, punching, drowning, kicking or biting.

Usually affects the infant or preschool child.

Also referred to as the Battered Child Syndrome.

How to recognize Physical Abuse:

Bruises, welts and resultant scars.
Cuts, abrasions, lacerations in inappropriate places.
Burns, especially cigarette burns
Bite marks
Black eyes
Injuries to bones
Internal injuries

Behaviour and Emotional Signs.

Mistrust of adults
Extremes of behaviour (excessive aggression or withdrawn)
The child is noticeably suspicious of the environment.
Attention seeking (in the absence of the abuser.)

Sexual Abuse.

May be of a contact or non-contact nature.
Contact Behaviour. Fondling the child's breasts, genital area, buttocks, penetration of the vagina, rectum or anus, or oral-genital contact.
Non-contact behaviour. Exposure, masturbation by the adult in front of the child, showing a child pornographic material.

How to recognize Sexual Abuse.

Physical Signs.

Sexually transmitted diseases.
Vaginal and penile infections.
Foul-smelling discharge
Blood, pain and itching in the genital area
Tearing in the genital area
Difficulty in walking for no apparent reason.

Behavioural and Emotional Signs.

Strong negative feelings such as anger, depression, anxiety and guilt.
Aggressive behaviour towards other children, objects or animals.
Disturbed eating patterns.
Bedwetting or soiling

Hurting themselves
Sexually acting out behaviours
Serious changes in school attendance or performance
Sexual knowledge inappropriate to child's age-this may manifest in play with toys or other children.

Emotional Abuse.

This type of abuse has two components: physical neglect and psychological assault. Psychological abuse includes verbal lashings, degrading the child or subjecting the child to constant insults, threats and fears. Includes locking the child in a small space or tying the child in a way that confines movement.

How to recognize Emotional Abuse.

Physical signs (in case of extreme neglect.)

Skin sores
Lack of personal hygiene
Unkempt appearance
Kwashiorkor (Malnutrition.)
Behavioural and Emotional Signs.
Extremes of behaviour (excessively withdrawn/disruptive)
Role confusion
Attention seeking
Inability to make or keep friends
Failure to cope at school
Low self esteem

Neglect.

Occurs when the parent or guardian does not care for the child properly. It means depriving the child of the essential care that is required for normal growth and development, such as clothing, food, shelter, medical or educational needs. This is only applicable to the extent that the parents/guardians have the means and are not doing their best to satisfy the needs of the child.

All children who are suspected of being abused, that are brought to a hospital must be interviewed by a Social Worker. Under no circumstances is a child to be turned away.

What to do if you suspect that a child is being abused or neglected:

1. If you suspect that a child is being abused in the community you should contact either one of the following institutions:
 - ❖ Child Welfare: 033-3428971
 - ❖ Department of Social Welfare 033-3928600
 - ❖ Childline number 0800 05 55 55 (toll-free)
 - ❖ Lifeline & Rape Crisis: 033-3944444
 - ❖ FCS/CPU: 033-387 9500
 - ❖ Social Work Department, Grey's Hospital: 033-897 3136/897 3139 (Lekha Chirkoot/Phindile Mshengu)
2. It is important to report a case of abuse even if you only suspect it. You are acting in good faith, with the child's best interests in mind.
3. Be supportive. Show that you care.
4. Listen to the child and believe what they say.
5. Go with the child to get help at any of the above institutions or a doctor, clinic, or the nearest S.A.P.S.

Children have the right to safety, to be protected from harm, and to be taken seriously.

You can make a difference!

Lekha Chirkoot

Good friends are like stars.....You don't always see them, but you know they are always there."

South African Nursing Council Registration fees for 2007 are due to be paid by 31st March 2007. If you have not received a reminder from SANC you must still pay or you will be struck off the role and will not be able to continue working.

The fee structure for 2007 is as follows.

Registered Nurse/Midwife	R213:00
Enrolled Nurse/Midwife	R159:00
Nursing Auxillary	R139:00

Direct payments may be made into First National Bank Account Number 51421186193. Branch number 251445 but remember you must write your SANC Reference number on your deposit slip or they will not know who deposited the money.

Immediately you receive your receipt it must be taken to Matron's Office so a copy can be kept on your file.

Endocrinology Unit.

Endocrinology looks after patients with hormonal problems. Most of our patients have diabetes whilst the rest have an assortment of problems, like thyroid disease, growth disorders, osteoporosis, pituitary disease and diseases of the sex hormones.

We have a diabetes clinic and an Endocrinology Clinic at Grey's Hospital.

We have started a Diabetes education programme for nursing staff, attended by staff from Grey's, Edendale and Northdale Hospitals.

We will develop some contacts with the local clinics, as well. Please free to contact us, if you have any queries.

Dr F Mahommed.

Diabetes Education Programme for 2007 includes;

• Nutrition Assessment	09.03.07
• Hypoglycaemia	23.03.07
• Complementary therapies	11.05.07
• Physical Activity	25.05.07
• Self Management	01.06.07

- Blood glucose lowering medicines 08.06.07
- Insulin 15.06.07
- Dietary education 20.07.07
- Nutritional needs in T1 & T2 diabetes 27.07.07

All lectures will take place in The Grey's Lecture Theatre from 2-4pm.

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Hooray for GREY'S HOSPITAL!!

As you should all be aware by now the new Policy On Incapacity Leave and ILL Health Retirement (PILIR) document is in full use and we **no longer use the old Z1 Leave Form** but **now use the new Z1(a) Leave Form** which makes no provision for Temporary Incapacity Leave!

WHY? - Through the years there has been an unbelievable abuse of sick leave which impacts negatively on productivity resulting in, not only a tremendous strain being placed on the staff left to "carry the load", but at great cost to the Administration.

Despite Management being aware of some unscrupulous Private Medical Practitioners aiding and abetting our staff in this practice, the Medical Certificates had to be accepted at face value if the time frames were adhered to when presenting them to the Supervisor.

SOLUTION - A decision was taken by the Minister for Public Service and Administration, with the approval of Cabinet, to utilise independent Health Risk Management companies who have external multi skilled professionals to manage our temporary and/or permanent incapacity as well as our ill health retirements, and this has the support of the Unions.

Question:- Why do we say "Hooray for Grey's Hospital??"

Answer:- There are Institutions of more or less the size of our Institution who have since 1st November 2006 submitted to the Health Risk Manager: Thandile, 300 odd applications for Incapacity and Grey's have a total of 8 cases to date!

Why you may ask? Because as soon as Managers had been workshopped in September/October on the procedures to follow, your

Human Resource: Labour Relations offices set up workshops, prior to the policy coming into effect, to enable all staff to attend and learn about this new policy and as a result the sick leave figures have dropped dramatically.

THANK YOU!

Liz Durandt

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GREY'S HOSPITAL

STAFF HEALTH PROMOTION PROGRAMME

There is an old adage which advocates that one has to care for the carer. Yet this is seldom adhered to within the public sector. Limited resources are usually the inhibiting factor but it is proposed that within that context, provision can still be made to empower staff to maintain healthy lifestyles. The failure to achieve this may lead to burnout, apathy and clinical errors, which could place patients in a potentially unstable environment. It is important for us to aspire to be the best that we can be. Life should be seen as a challenge, littered with the obstacles of uncertainty but rich with opportunities of growth.

The departments of Clinical Psychology, Social Work, Dietetics, Physiotherapy and Occupational Therapy therefore initiated an intervention programme focused on promoting healthy lifestyles among staff members. The programme encompasses dynamic and interactive presentations and group therapy sessions focused on coping strategies and maintenance factors to encourage sustainability. Topics covered by presenters include stress management and coping with lifestyle challenges, maintaining a balanced eating plan, utilizing appropriate physical exercise to improve/maintain healthy physique, and effective utilization of physical space and engaging in constructive daily schedules.

Two groups attended the programme last year and provided excellent feedback, which we have utilized to further develop the

programme. Three groups will be completed this year and we are hoping to have a better attendance this year than last year. A circular with the dates has been distributed. If you have not seen the circular or have queries, please feel free to contact me.

I hope to see you at the group sessions and believe that if you can become an advocate of the philosophy “pay it forward” then together we can encourage healthy lifestyle changes in the lives of our loved ones and enrich our community.

Shantal Singh
Senior Clinical Psychologist
Tel: (033) 8973135; pager 137

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We would like to congratulate Princess Magcaba on her appointment as The Grey's Cost Accountant. Princess started working at Grey's in August 2004 as a housekeeper in the nurses' home. In April 2005 she was appointed to the position of Ward Clerk in Nathan Ward and in January 2007 she became our Cost Accountant. Congratulations and well done! Staff Office/HRD assures me that Staff Computer Training is ongoing. Head Office will identify all staff needing or requesting computer training from the Skills Audit form that we were asked to complete, and they will then coordinate the training for the hospital.
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10 Best Ways to successfully manage your type two Diabetes.

1. Knowledge -Learn about diabetes. Knowledge is power.
2. Glucose self monitoring - The optimal goal for type II diabetes is 7mmol/l

3. Check Blood Pressure regularly - The goal for diabetes is a blood pressure of 130/80mmHg.
4. Check blood cholesterol regularly -The optimal goal for diabetes is a LDL of < 2.6mmol/l.
5. Take good care of your feet. Always report any red spots, cuts, blisters or swelling to your doctor.
6. Regularly check your eyes for any sign of deterioration.
7. Follow a healthy eating plan. Eat low G.I. (Glycaemic Index) foods.
8. Exercise.- 15-20 minutes brisk walking per day.
9. Take your medicines as prescribed by your doctor at the right time of each day. Be compliant and renew your script timeously.
10. Self-motivate yourself to be passionate, powerful and perseverant with all of the above.

Dr C Mohan.

ABC Motivation for management of Type 2 Diabetes.

- A. Ask about Diabetes. Knowledge is power.
- B. Boost your compliance threshold.
- C. Coping skills need to be acquired.
- D. Determination for good glucose control, not denial of the condition.
- E. Empower yourself.
- F. Family involvement is important.
- G. Good control is crucial.
- H. Happily eat healthy foods.
- I. Increase your capacity to co-operate with a good plan.
- J. Joy when optimal levels are reached.
- K. Keep a regular record of your blood glucose levels.
- L. Lighten your pill burden by eating correctly.
- M. Motivate yourself daily.
- N. Never give up.
- O. Obsession with control is not good.
- P. Persevere. Promote yourself, be proactive to get optimal levels of blood glucose control.

- Q. Quest for good control is essential.
- R. Re-educate, reassess yourself regularly.
- S. Strive to avoid all complications.
- T. Try and try again.
- U. U are very important.
- V. Voice your anxieties.
- W. Willpower is essential.
- X. XXX when you win.
- Y. Yearly checkups must be done.
- Z. Zest and zeal is necessary.

Dr C Mohan. Diabetic Services. Grey's Hospital.

Rehab News.

Dietetics, Occupational Therapy, Physiotherapy and Speech and Audiology have some changes to their staffing. We said farewell to two longstanding staff members whose skills and presence are going to be missed at Grey's – Sharon Gregerson has opened a private practice in Pietermaritzburg, and Rodele Royappen has moved to a practice in Johannesburg.

Ruwaida Jogiat joined the Dietetics Department in November 2006, and Carissa Rajah joined in mid-February 2007. Both Dietitians will be actively involved with the Family Health Clinic, as well as out-patients. Welcome to the Department.

2006 Community Service Officers (CSO's) Yashna Bhagwan, Kiera Brough and Gerald Rukanathan have joined Grey's as full time Physiotherapist, Occupational Therapist and Audiologist, respectively. CSO's Cally Preiss (OT) and Aneesa Osman (Speech Therapist) left at the end of 2006. The CSO's contribution to their departments was valuable and appreciated by all their colleagues, so their decision to join Grey's staff was welcomed by their colleagues.

2007 has brought a new CSO Audiologist, Physiotherapist and Speech Therapist. All three have already become appreciated members of our Rehab team. Unfortunately Occupational Therapy was not allocated a CSO this year, leaving the two OT's struggling to cope with the continually increasing workload and demands of tertiary health care.

The CSO's are expected to spend 40% of their time doing outreach. The programme includes visits to Sunnyside (indigent unit) and Emuseni Old Age Homes, the CP Association's CP clinic, and Sobantu and Balgowan Clinics. The CSO's from other hospitals in the district do outreach to different clinics. We are hoping to have a list of the finalized clinic timetable soon, so that suitable patients can be followed up at a clinic close to their homes.

The Physiotherapy Dept introduced Back and Knee classes during 2006. These are proving to be popular with the patients and effective in managing chronic pain conditions. For the first time, the Hydrotherapy Pool sessions have been structured and part of the pool sessions are now a directed exercise class. This should improve treatment follow-up, progression and outcomes. There are plans to introduce a shoulder class.

We look forward to a productive year, with the hope of filling more posts and being able to provide additional services.

Heidi Shanahan.

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Hospital regulations require a wheelchair for patients being discharged. However, while working as a student nurse, I found one elderly gentleman--already dressed and sitting on the bed, with a suitcase at his feet, who insisted he didn't need my help to leave the hospital. After a chat about rules being rules, he reluctantly let me wheel him to the elevator. On the way down I asked him if his wife was meeting him.

"I don't know, he said. "She's still upstairs in the bathroom, changing out of her hospital gown."

Life is short, break the rules, forgive quickly, kiss slowly, love truly, laugh uncontrollably and never regret being the person that you are.

Recently the Campus ran a short story competition for the nurses where they were asked to write a story about HIV/AIDS. Their story may have been an account of how the disease has affected them personally or of how it has affected their community or their patients in hospital. The response was pleasing and the three winners received gifts for their efforts.

1 st NN Mtimkulu Centre	Prize from Bookworld Cascades Shopping
2 nd KP Khomo	Prize from NCI Brokers
3 rd ZP Ngcobo	Prize from Omega Pharmacy

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*To the staff of the Human Resources Department,
I would like to inform you that I have officially resigned from Grey's, today being my last day.
I would like to take this opportunity to thank you all for your continued kindness and support over the years.
You have definitely contributed in making my stay at Grey's a memorable one. It is your dedicated hard work that makes this hospital operational.
May God bless you and your families with good health, success and all the happiness you deserve and lots more.
A special thanks to Anita and Mr Inerjeeth for all the assistance they have given me.
Thank you again.
Adarsh Ramessur*

Good friends are like stars.... You don't always see them but you know they are always there.



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Through The Nurse's Eyes.

Through the nurses eyes I begin to cry. A person lives as long as he experiences his life as having meaning and value and as long as he has something to live for. As soon as meaning, value and hope vanish from a person's experience, he begins to stop living, he begins to die.

What does a man come to have for all his hard work and for the striving of his heart with which he is working hard to restore hope in the lost souls. All his days his occupation means pain and vexation, also during the night his heart just does not lie down. What a powerful disease has dawned upon mankind. A disease with an intention of destruction and death to the very essence of life.

I begin to live a cure seeking life, doing so half out of despair. I have long-perplexing questions regarding the reason or purpose for life, if a virus such as HIV takes lives throughout all generations of mankind. AIDS, do not be proud for you are the thief of life, the cloud of darkness and the killer of hope. The best data we have is exactly where I predict the destination of mankind to be. People do not loose the bond of humanity. HIV and AIDS and the physical ills it generates, contributes to a vast number of hospital cases and deaths each year. It can spread across seas and oceans, from continent to continent; it has neither boundaries nor discriminations of race and gender. It is attacking all generations and destroying mankind's future, his mere existence.

I see tears of pain and sorrow rolling down the face of a mother reaching out to touch a soul, a soul that has gone to waste. With questions that remain unanswered as to where she has gone wrong in raising her child, with the burning need to take on all the burdens of all the pain and sorrow. "Dear God" she cries, "Why me? Is this my punishment?" She raises her head and opens her eyes, only to see millions of other mothers in the same pain and sorrow. Together they pray "Lord, let your will be done."

Children wonder the street trying to find their next meal. Their innocence is lost for their souls are heavily burdened with problems too heavy for a simple mind to solve. The word father/mother has no meaning for it died years ago and all that they can hear is, "brother/sister help me!"

In our communities, loud sounds of beating drums are heard and large crowds seem only to find that the sounds are sounds of sorrow. Death has no more meaning, it's become the norm with the people questioning when is it my turn? Music once heard in the villages of great jubilation has now turned into howls of pain.

Through the nurses eyes I begin to cry, feeling weak and powerless for a patient looks into my eyes hoping to be cured. Have I failed them as I watch them die? I will help them, still I die. Death do not be proud.

Lincoln Van Der Plank.

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SIGNS TO LIVE BY.

- * A clean conscience
- * makes a soft pillow.
~~~~~
- \* Do your best
- \* and then sleep in peace.  
~~~~~
- * He who angers you, controls you!
~~~~~
- \* He who is good at making excuses
- \* is seldom good for anything else.