



The Greype-Vine Grey's Hospital

Pietermaritzburg
November 2010

www.kznhealth.gov.za/greyshospital.htm



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Pager 515
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Unfortunately, despite much strength and determination to fight her illness, Cheryl Arango passed away on 13th September. Cheryl was a much loved member of Grey's staff who was well known for her cheerfulness and willingness to help and teach others. Her knack of 'saying it like it was' will be missed by all her knew and worked with her.

As from 1st November 2010, Mrs. KT Mckenzie has been appointed as Acting Nursing Service Manager and is presently steering the 'nursing component of Grey's.' She will continue to do so until the new Nursing Service Manager arrives. I am sure I speak for everyone when I say we give her our full support in her new role.

Instead of the annual Best Decorated Ward for Christmas competition, we have decided to ask staff to bring toys, old clothes and non-perishable food stuffs to work. On 17th December, staff from the Clinical Department can be contacted on extension 3529, to collect these donations and the Ward/Department that has collected the most for charity will win the chocolate cake sponsored by **Chatters Coffee Shop**. The charity that the members of the Greype-Vine committee selected to receive these goodies is Tabitha Ministries. So come on everyone, look through those cupboards and find all those clothes and toys you no longer need. The people in the Sweetwaters valley will be extremely grateful.

Sr P Nursoo, Operational Manager from Ward B2, recently won the Post Newspaper's curry competition for the PMB area, hosted at The Blind and Deaf society. She goes to the ICC next month where competitors from Gauteng and KZN will be taking part. Sr Nursoo is a bit of a dark horse; last year she won the SA line dancing competition as a newcomer.



Sr Nursoo's winning curry recipe can be found later in the magazine.

We'd like to wish all staff at Grey's a happy and safe festive season and may 2011 meet all their hopes and expectations.

Happy Retirement to Mrs. Pam Brown.

Mrs. Brown was born and raised in Pietermaritzburg. She started her nursing career in 1969 at The Coronation Hospital in the 'Transvaal', completing what was then a three and a half year course to become a registered nurse. She then came back to Pietermaritzburg and worked at 'The Old Grey's' in the coloured outpatient department for 3 months. She did her midwifery training at Mc Cords Hospital in Durban and then worked at R K Khan Hospital for nearly 4 years in their medical, surgical and gynae wards. She was promoted to an SPN within her first year of working there. Northdale Hospital was due to be opened in 1974 and Mrs. De Goede, from head office, was tasked to recruit staff for the new hospital. One of the people she chose was Mrs. Brown. The first patients were transferred from Grey's to Northdale and Mrs. Brown, who was in-charge of A Ward, took the female surgical and gynae patients.

Until 1979, Mrs. Brown rotated through a variety of wards as well as the Matron's Office. She then left Northdale Hospital to run East Street Clinic, and also looked after Richmond and Underberg Clinics, which she visited weekly. In 1982 Mrs. Brown was appointed as the Matron of East Street Clinic, which had grown to the extent that 5 doctors worked there.

In 1984 she was appointed as the Deputy Nurse Manager of Northdale Hospital and in 1994 became the Acting Nurse Manager. In November 1995, Mrs. Brown was appointed as the 'Medical Matron' at Grey's Hospital and in 2003 became our Assistant Nursing Manager for surgery. In February 2006 she was promoted to Nursing Manager, a position she held until her retirement at the end of October.



Mrs. Dlomo, Mrs. T Manson, Mrs. KT Mckenzie, Mrs. P Brown, Mrs. NG Mathebula and Mrs. M Fletcher-Campbell.

As can be seen for her resume, Mrs. Brown has a wealth of experience and knowledge, from which Grey's has benefited, however of more importance was her love and care for her patients, her desire to do things properly and her no-nonsense approach to her job. A lady through and through she gave her all to Grey's and we the staff and the patients have benefited from her guidance and commitment.

We wish her well in her retirement.

Farewell Senior Sister Gwen Mackintosh.

A year ago Sister Mackintosh threatened to resign and then changed her mind. This year however she stuck to her guns and has decided to leave the rat race behind, put her feet up and have some Gwen time.



Mrs. Dlomo, Sister Mackintosh and Mrs. Brown.

A farewell was organized for her and on Wednesday 27th October her friends and colleagues met in the VIP tea lounge to say thank you and goodbye.

Below is an extract from what Sr Caroline Stillwell had to say about her; *It was with great trepidation that I first started working in Ward H1. Statements of 'she's strict, she's difficult, a spitfire,' were floating in my brain as I shakily stepped forward into my new professional home- Ward H1, and now all I can think is how grateful I am that I got the opportunity to work in that ward. A ward that was run by Sister Mackintosh, who is indeed a spitfire, due to her boundless energy, wicked sense of humour and heart of gold. Her love of life shines through in her work. If you were willing to learn, Sr Mackintosh was ready to teach. All you had to do was ask. She was always fair, knew exactly what to do in all situations and liked things in their place and done by the book. A lady in every way. Sister Mac, it has been a privilege and honour to work with you. I wish you well in your new life and retirement.*

BREAST CANCER AWARENESS CAMPAIGN

October being 'Breast Cancer awareness month', the Grey's Oncology Department organised and embarked on a successful cancer walk from

the Midlands Mall to Grey's Hospital premises, where a comprehensive programme took place on the 22nd of October 2010.



This campaign was aimed at creating an awareness of the types of cancers that the Grey's Oncology Department manages, and to educate the community about the importance of early detection of cancer, hence the theme "Early Detection, Better Chance for Cure." More than 300 people participated in the walk from Midlands Mall to Grey's Hospital, where many people were



screened for different kinds of cancers. These screening procedures were provided by The Umgugundlovu District in collaboration with the Grey's Hospital Staff, Zoe Life and



other non profit organisations. On the same day that screening was provided at Grey's Hospital, it was also occurring at the Midlands Mall and included pap smears, breast examinations, blood sugar and blood pressure testing as well as HIV counseling and testing. The comprehensive programme that was held at the Grey's Recreational Hall provided the community with extensive education on the signs and symptoms of the different kinds of cancers. Information brochures about cancer and services available to the community were distributed. This very successful campaign was supported and sponsored by a number of businesses and communities including Food Town Super Save Supermarket, Parklane Superspar, Bling Shaneeza Kadir, Balfour Car wash, Coo-ee soft drinks, Roche Pharmaceuticals, Tecmed Africa, Ariksha's Garden decorators and other non profit organizations like Howick Community Church, Wesley Methodist Church, Moments in Time, Reach for Recovery, Hospice, Cansa, CHOC, and Virgin Active.

Comrades Marathon Association has donated 20 blankets and Exclusive Books has given 200 books to our Oncology Department. Hirsch has donated 4 blankets and supplied the water for the refreshment stand that the walkers gratefully used during the walk. ABSA has donated a garden umbrella and Boxer Superstore gave a R1000 voucher which was used to buy food and refreshments for the community that attended our awareness day. All flowers and décor was supplied by Woolworths.

In a nutshell:

Since its official opening in 2006, the Grey's Oncology Department has provided cancer treatment to patients from the Western part of KZN.

The department operates on a referral system and only patients with positive histology are seen. All patients with different types of cancers are provided with services such as combined clinics, follow up clinics, Chemotherapy, Brachytherapy and Radiotherapy.

[The mission of the Greys Oncology Department is to promote holistic oncological services to cancer patients in association with other medical](#)

[disciplines.](#)



[Some of the Oncology Department staff who were involved in organizing 'The walk.'](#)



**Mrs. L.P. Chonco
Manager: Oncology
Department**

Heritage day.26th August 2010

Thursday 26th August was heritage day and staff were encouraged to come to work in traditional clothes. X-ray staff joined in the fun and some lovely colourful

fashions were seen.



IMPORTANT INFORMATION FOR YOU ABOUT “THE DEBT REVIEW PROCESS”.

Lots of us have taken advantage of various Banks and Stores offering us credit. However, when one uses all the credit on offer, we end up not being able to pay all our accounts each month. This causes us to start to panic, to wonder where we will get money from for food and/or transport. We start getting phone calls from the stores and banks asking when we are going to pay the amounts due, then they start getting unpleasant about outstanding debts, and threaten ‘to hand you over’, and eventually they may get a garnishing order put on your salary, or place you under Administration for the monies you owe them.

It seems to be never-ending, and very embarrassing, especially when they arrive at your home to re-possess the new furniture or TV or fridge you bought from them a few months ago. Often we go to loan sharks thinking this will help, but it only makes matters worse!

So, what can we do about this horrible situation we find ourselves in???

There is HOPE, and there is A SOLUTION for your Debt problems
READ on and I will explain more.

The Process is called “Debt Counselling”.

In short, you speak to a Debt Counsellor about your situation.

They ask you how much of your salary you need each month for food, school fees, transport, medical expenses, rent, etc. Then they work out what you are left with after your living expenses. They will then discuss all your accounts and loans and make a list of those. Everything is then entered on the computer – usually in your presence – and you will be registered with the Credit Bureau as being under Debt Review and you will get a client number.

The money that is left from your salary – after living expenses – is then deducted each month from your Bank Account and is distributed amongst the shops and banks you owe money to by a ‘Pay Distribution Agency’ (or PDA for short) on your behalf. All your bank debit orders are stopped. All your creditors (usually the Head Office) are informed that you are now under Debt Review, and are given your Credit Bureau client number.

The whole process can be done in about an hour, if you have all the correct documentation with you when you speak to the Debt Counsellor.

You may need to fax Debit Order Cancellations to the banks or stores Head Office, or take them to the bank yourself.

How do you organise to see a Debt Counsellor?

You can call me on ext. 3472, page me on Pager 472, or sms me on my Cell: 0847461327 (with your name) and I will arrange for the Debt Counsellor to see you.

Or call me and I will give you their contact details.

Because we have had some problems with some Debt Counsellors in the past, the Dept of Health got together with the Dept of Economic Affairs and screened the Debt Counsellors and their PDA's to select an approved few whom we can refer you to.

At present I have a good working relationship with Joanne and Boetie from DT Debt Counselling in Ladysmith and they are seeing staff in my office most Wednesdays, but we can also ask Debt Remedy to see you.

What do you need to bring with you when you see the Debt Counsellor?

A copy of your ID Document

A copy of your Marriage certificate if you have an ante-nuptial agreement. If you are married in Community of Property, both you and your husband HAVE to sign for Debt Review together.

Your current account statements from all the banks and stores.

3 months bank statements from the internet or from your bank.

Your payslip.

If you get different amounts of overtime each month you will need to bring 6 months payslips.

You will need to know what you spend on transport and food each month.

Are you already under Administration or Garnishing Order?

No problem, the Debt Counsellors will get their lawyers to have those rescinded (for a separate fee) and process your application for Debt Review so that the creditors cannot take your assets away from you once the Administration/ Garnishing order has been cancelled.

You will need to bring a copy of the Administration or Garnishing Order with you PLUS a copy of the pay distribution so that the creditors can be informed.

What costs are involved?

Each month the PDA takes a percentage of the total amount deducted from your Bank account.

Part of the first month's deduction is used to pay the Debt Counsellor.

R850 and up for the rescinding of the Administration or Garnishing Order payable separately to the lawyer doing the work.

What happens to your Credit Record?

While you are under Debt Review you will not be able to obtain any more credit as it will show at the Credit Bureau that you are under Debt Review.

You may, however, still sign a lease to rent property.

Once you have completed your time under Debt Review the Debt Counsellors will inform the Credit Bureau and get your name cleared for you, so you will have a clean record again.

An important thing to remember here is that the Debt is your problem and you are the one who owes money to shops and banks.

By applying for Debt Review and seeing the Debt Counsellor you are taking responsibility for your problem and trying to help yourself, which looks good on your credit record!

It is a good idea to change your bank account before you apply for Debt Review – remember to collect the form from HR before you go to the new bank so your salary can be paid into your new bank account.

Why? Because your Debit orders will immediately go unpaid once your old bank account is closed, which means you will not have the hassle of Debit Orders having to be returned each month due to 'insufficient funds' (each one then costs you more money).

Should you have any questions about this article please call me! You no longer have to be hiding your head in shame and avoiding calls on your cellphone or at work!!

NB: Anyone who is currently dealing with YDH please contact Sally URGENTLY so that we can arrange a transfer to another Debt Counsellor for you.

Sally Chesterton.

Employee Assistance Practitioner and Nurse Counsellor.



Self examination for Testicular Cancer

Just as women are encouraged to perform monthly self-examination of their breasts, men are encouraged to perform monthly examinations of their testes to detect testicular cancer early and increase their chances of survival.

Testicular cancer (cancer of the testes) is the most common form of cancer in males between the ages of 15 and 34. Although the cause of testicular cancer is not known, it most commonly affects younger men, and having an undescended testicle (cryptorchidism) or other congenital abnormalities of the testicle can increase the risk of developing this tumor. Testicular cancer also is more common in white men than in African men. Fortunately, testicular cancer has a very high probability of cure when diagnosed and treated in its early stages.

Most cases of testicular cancer are found by men themselves. The symptoms of testicular cancer include:

- a painless lump or swelling in a testicle
- pain or discomfort in a testicle or in the scrotum
- any enlargement of a testicle or change in the way it feels
- a feeling of heaviness in the scrotum
- a dull ache in the lower abdomen, back, or groin
- a sudden collection of fluid in the scrotum

Performing monthly testicular self-exams is recommended for all males after reaching puberty. The best time to perform the self-exam is during or after a bath or shower, when the skin of the scrotum is relaxed. To perform the exam, men should examine each testicle separately by rolling it gently between the thumb and fingers. They should look and feel for hard lumps or masses or changes in size, shape, or consistency of the testes.

While the previously described signs and symptoms may occur with testicular cancer, they may also be caused by several benign conditions of the testes. Men should always visit their doctor if they note changes in their testicular self-exam, have doubts about their testicular self-exam, or have any of the symptoms testicular cancer.

Event Summary: Healthy Staff Day

Grey's Hospital Event's Committee celebrated Healthy Staff Day on 1 October 2010 and received an excellent turnout and response from our staff. People often talk about "healthy stuff" but we are less inclined to talk about healthy staff. In light of the challenges faced by our staff during the national public service strike and the ongoing pressures at work, there was no doubt that the message of health promotion was well received by attendees. We were proud to host the event for a third successive year.

The event was again a dynamic combination of health stalls on display, featuring information from a multi-disciplinary team on health techniques and the opportunity to have health treatments from alternate healers.

Jo-Anne Stevens o' Connor (PADCA) highlighted the social challenges that face our elderly community. October 1st was celebrated internationally as a health promotion event honouring the elderly. Sr. Nursoo and a dance company she is affiliated to, called "Step Right School of Dance" completed vibrant dances that also enabled staff to learn interesting fitness techniques.

Staff were given the opportunity to interact with nursing staff, human resource staff, allied health professionals, reflexologists, aromatherapists, relaxation/meditation therapist, have basic medical screens (blood/glucose; blood pressure, cholesterol and HIV testing), have eye screening, receive financial and body fitness advice at information tables, and have beauty care. The event featured a healthy partnership between public health care and private company funders.

There were lucky prize draws and each of the following candidates is congratulated for winning R100 Woolworths Shopping Vouchers:

D. Bokaba (Radiography Department); F. Buthelezi (Clinician's Support); L. Mnyandu (Nursing Department); T. Nair (Oncology Department);

N.V Ndlovu (Radiology Department). There were 3 additional vouchers this year, namely a reflexology voucher; beauty care voucher and beauty products from Justine and these were won respectively by Lindsay Everson (Dietetics Department), J. Buys (Oncology Department) and E.X. Sibiya (Embo. Clinic). Shopping vouchers and air-time vouchers were also awarded to staff via lucky prize draws that the debt counsellors co-ordinated. All the winners are congratulated and the private companies are thanked for their generous sponsorships.

Everyone who contributed and participated in the event is thanked for making the event successful. It is hoped that all participants will proactively maintain healthy lifestyles and that together we build a united workforce in our public sector that is committed to health promotion for our staff and patients.



Shantal Singh
H.O.D of Clinical Psychology
Grey's Hospital

Campus News:

The campus would like to welcome **Mrs. Eve Jacobs** into their fold. Mrs. Jacobs trained at Grey's and was in Group 7/99, studying the four year course. She then worked as a registered nurse in Ward H2 for a year on day duty, spent some time working in the oncology dept, x-ray and CT scan and also Ortho clinic before transferring to Town Hill Hospital. She transferred back to us on 1st October and we wish her a long and happy stay.

Sr Alison Beggs from the Clinical Department is now Mrs. Leo Quayle. She got married on 23rd October and after a stunning 10 day honeymoon spent in and around the game reserves of Northern Kwazulu Natal she is now back at work.

Whydo people order double cheeseburgers, large fries, and a diet coke.

AWARD WINNERS 2010



MERIT AWARD

For the Student Nurse of the Year 2009-2010
Thandekile Doris KHANYEZI

MATRON'S PRIZE For Leadership

Alfred Mbongeni ZONDI

SENIOR MEDICAL STAFF PRIZE

For the highest aggregate in Clinical Assessments throughout training
AM Zondi
Varsha MANNILAL

Dr. WILLIAM J O'BRIEN PRIZE

For the highest aggregate in Theory Examinations throughout training
Shashi KHANDRAM

GROUP 1/86 TROPHY

For the best Student Nurse who has shown the best all round performance in Psychiatric Nursing
Varsha MANNILAL

DAVID CANNING MEMORIAL TROPHY

Awarded to the 4th year student who receives the highest mark in Midwifery theory and clinical
Nokuthula Alice ZONDI

DR. RUBEN NAIDU TROPHY

Awarded to the Student who receives the highest marks in Ethos and Professional Practice and Unit Management
Shashi KHANDRAM



GROUP 4/75 AWARD

For the Junior Nurse who obtained the



V Mannilal



S Khandram

BLAIR-TURTON TROPHY

For the Student Nurse who obtained the highest aggregate in Clinical Assessments in the Second Year
Kwanele Goodright NDWALANE
Nokwanda ZULU



Precious

highest aggregate in the Clinical Assessments
Thabani Eric MHLONGO



GROUP 1/88 FELLOWSHIP AWARD

For the Bridging Course Student of the Year 2009-2010
Thandekile Doris KHANYEZI

MAVIS NASH TROPHY

For devotion to duty
Thandekile Doris KHANYEZI

ENROLLED NURSE AWARD

ROBERT WEBB MEMORIAL TROPHY
For the Enrolled Nurse of the Year 2009-2010
Nontobeko Precious MKHULISE



HENRIETTA STOCKDALE FLOATING TROPHY

For the Senior Student Nurse who presents the best professional image for the year 2009-2010
Blessing Sibusiso KHUMALO



Dr. R.E. STEVENSON AWARD

For perseverance and achievement
Siyabonga Patience NDAWONDE

HEALTH CHRISTIAN FELLOWSHIP TROPHY

For Devotion to Christianity
Bhekithemba NGCOBO



Thanks from Sr Gwen Mackintosh.

Having spent the last 2 years counting down the months, weeks and lastly days, I still find it hard to realise that my retirement day has come and gone. My daughter now calls me her O.A.P. It was a strange feeling walking out of H1 on Friday 29th October knowing that it was somebody else's ward. I then handed in my passes for the undercover parking and security; I no longer belong at Grey's, and drove through the gates feeling like an alien.

I had not done Midwifery and always felt that my nursing training was incomplete. Eleven months after starting work at Grey's I became a student midwife. It was a shock to the system to find myself at the age of 44 back in the classroom. My eldest son was also in his matric year at school so home life was not as tranquil as it could have been.

Flea Lowe, the midwifery tutor, used to tell me that I only needed 51% to pass, and I remember her saying; 'you only have to remember half of what we teach you.' Put like that it didn't seem so impossible and her inspiration and encouragement certainly kept me going. I will always be grateful to Grey's Hospital and Mrs. Gee for enabling me to attain my dream.

Looking back over the years I think of the annual Grey Cells concerts, the Victorian Fayre and more recently the 150 year celebrations. We worked hard but what fun we had.

One event stands out in my mind. When my daughter Karen was badly injured in a car accident the sympathy, prayers, encouragement and support I received from all categories of Grey's staff was phenomenal. Even when I took her home I was getting offers to help look after her. So many names come to mind, too many to mention. I felt like I belonged to a big caring family and this certainly went a long way in helping me to cope.

I am enjoying my retirement so far and always seem to have lots to do, however the New Year will probably find me looking for a part time job. I am not ready to stagnate yet, and boy, do I miss the company. I would like to say a big thank you to the Grey's staff for the most generous gift voucher that I was given. It

was very unexpected and I am overwhelmed to say the least.

I wish you all a safe and happy Festive Season and Peace and Prosperity for 2011.

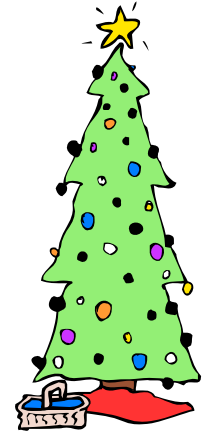
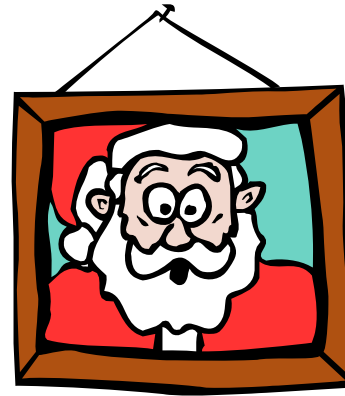
Gwen Mackintosh.

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Childhood Obesity

Obesity is defined as a disease condition where there is an accumulation of excess fat in the body which is detrimental to health. Approximately 45 million children of school going age around the world are obese and about 3% of these children are under five years of age. In South Africa, the prevalence of overweight and obesity amongst 15 year old males is 19.4% and 9.1% respectively. Among females in this age group figures are higher as 25.5% are overweight and 29.4% are obese. Primary school children aged 6-13 years have presented with obesity rates of 2.4% in boys and 4.8% in girls.

Many factors contribute to obesity, namely; genetics, race, ethnicity and socioeconomic status. Research has shown that a decrease in energy expenditure, without a corresponding decrease in energy consumption is a large contributing factor to obesity. Moreover, it was established that the rise in childhood obesity is largely due to a reduction in physical education and extra sport at schools; an increase in the readily available supply of snacks and carbonated beverages in schools; the rising growth of fast food stores and the increase in highly processed convenience foods.



Consequences of obesity

- Physiological consequences: Insulin resistance, type II diabetes mellitus, high blood pressure, dyslipidaemia, cardiovascular disease, respiratory ailments, sleep apnoea, osteoarthritis, certain cancers.

- Psychosocial consequences: depression, social isolation, low self esteem, eating disorders
- In addition obesity also places greater financial burdens amongst society as it incurs health costs as a result of increased ill health.

Importance of Good Nutrition

Children need good nutrition to cope with the mental and physical challenges that face them at school. If Children are given a more substantial lunch at school, they are less likely to consume high energy, high fat snack foods when they get home. The following are healthy ideas for school lunches:

- Brown bread sandwiches cut into quarters so they are easier to eat.
- Fillings: cheese, peanut butter, tuna, boiled egg, scrambled egg, baked beans or leftover meat cuts from supper. These are high in protein and important for growth and repair of cells and tissues.
- Vegetables: lettuce, tomatoes, cucumber can be added to the fillings so they can increase their vegetable intake. You can also cut up carrot or cucumber sticks as an extra.
- Fruit pieces: can be cut up into small pieces and put into a little lunch box so it is easier to eat.
- Extras: bran muffins are healthier options than cakes and biscuits. Homemade popcorn is healthier than commercial chips and popcorn. Avoid giving children money to buy from the tuck shop as there is no control as to what they purchase. Rather buy chips or chocolates from the Supermarket and treat them once a week. This is more affordable and allows control of intake.
- Beverages: 100% fruit juice and dairy products such as milk and yoghurt are healthier options. Avoid carbonated cool drinks and cordials as these are very high in sugar and energy. If children are overweight, water is the best option. Fill a bottle of water, leave it in the fridge overnight and pack it with the lunch.
- Making the lunch: mornings can be very rushed, so it is a wise idea to make the lunch the night before and keep it in an airtight container in the fridge. Include the children in making their lunch so it becomes exciting and they are motivated to eat what they have made.

Important tips to promote healthy lifestyles in children

- Healthy eating is important to reduce childhood obesity; however, this has to be in conjunction with exercise. Exercising at least 30 minutes a day is of utmost importance. This can be in the form of light walking, riding a bicycle, physical education or extra sport at school, playing in the garden or dancing. This is important in order to expend the energy consumed.
- Children should be reminded that breakfast is the most important meal of the day as children who skip breakfast are more likely to binge on high fat energy dense foods.
- Small frequent meals are recommended as children have small tummies. This also prevents them from starving themselves and then eating too much at one meal.
- Avoid: processed foods such as viennas and polony as these are high in fat.
- Take away foods should be eaten occasionally as a treat and not habitually, as these are high in fat. Homemade meals are more affordable, nutritious and lower in fat.
- Snacking in front of the television should not be encouraged as children are sedentary and not using the energy consumed.

Diet and physical activity play a significant role in reducing childhood obesity. Therefore parents, caregivers and educators should be actively involved in promoting good nutrition amongst young children. Nutrition education and physical activity should also be vigorously promoted in schools in order to ensure optimal health and nutrition for the growing youth.

Complied By S Sooliman & R Ramphal

Dietetic Interns 2010 Grey's Dietetics Department

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Why is it that doctors call what they do 'practice'?

QUALITY IMPROVEMENT TRAINING 2010

Training took place this year from 26-28 October 2010 in the Nurses Recreation Hall, consisting of a one day training session for each of the two groups – 31 staff members on day one and 25 on day two.

A section of the training deals with a case scenario, used by the trainees for the compilation of a Quality Improvement Programme. These programmes are then presented on day three.

A little fun is also added into the programme with icebreakers through out the day, ensuring staff participation and encouraging and building staff relationships.

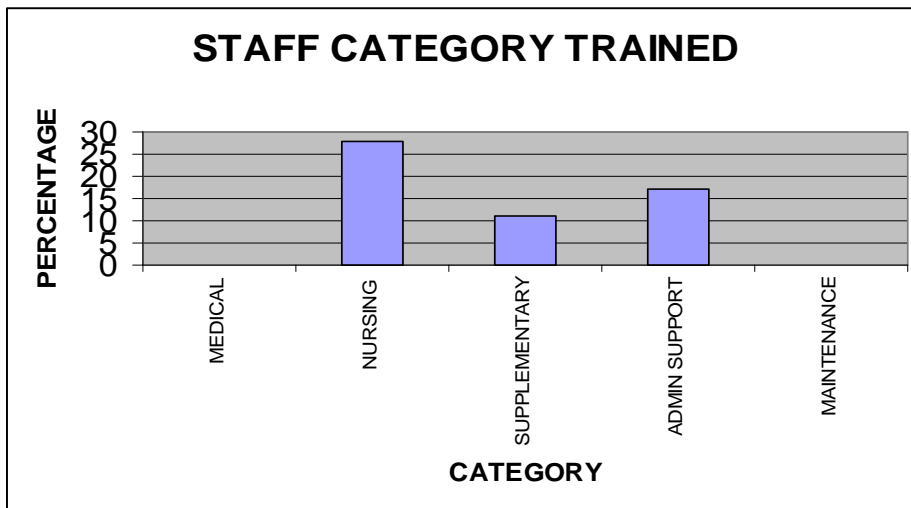
To complete the training, the attendees are required to compile a QIP in their respective departments within a three month period and to present these programmes to the QI trainers.

Certificates of training are issued annually to the staff members who satisfy the QI training requirements as mentioned above.

Staff members interested in attending training sessions in 2011 should contact Mrs Wood, Ext 3208 or Mrs Thambiran Ext 3226.



Radiographers celebrating World Radiography Day on 8 November 2010.



UPDATE ON DIGITAL RADIOGRAPHY INSTALLATION AT GREYS HOSPITAL

Some years ago the National Department of Health, during an investigation into the Modernization of Tertiary Services, made the decision that Digital Radiography would be implemented throughout South Africa over a

period of time.

Through the Revitalisation Programme in KwaZulu Natal, Digital Radiography is currently being installed at several revitalization hospitals in KZN.

In order to ensure the success of this project, there were a number of essential requirements including a Pilot Site where, by utilizing the aid of experienced radiologists and radiographers, this entire new technology could be introduced, implemented, assessed, monitored, modified where necessary and ultimately expanded into the rest of the Province. Data Recovery Sites were essential in order to ensure that radiological

information on patients was not lost and where copies of all the patients' information could be stored. With their close proximity to each other SITA and Greys were considered appropriate Data Recovery sites. A Nodal Training site was also required.

Because the Radiology Department at Greys Hospital met all these criteria the decision was made that Digital Radiography should be introduced at Greys Hospital, but on a limited scale because of budget constraints.

To date, the RIS (Radiology Information System) and PACS (Picture Archiving and Communication System) have been installed in the Radiology department. This means that Radiologists can access all the CT and MRI scans on patients on the Radiologists' workstations in the department as well as screening images and some ultrasound images. Reports are generated on the system. At this stage plain x-rays are still being produced on film, but the intention is to convert all plain x-rays to digital images in the near future.

The available budget was limited, and additional networking points were installed at selected sites throughout Greys Hospital. Early in December the PACS and RIS software will be installed onto available computers in the hospital in order for referring doctors to have immediate access to all Radiological images and reports. This facility will eliminate the delays associated with accessing hard copies, and will allow immediate viewing of images and reports, and where necessary, immediate telephonic consultation with radiologists. Diagnosis of patients' pathology will be expedited, patients' hospital stay will be reduced, and patient care will be significantly improved.

Training for users of the RIS and PACS system in the rest of Greys Hospital will be started in December 2010.

Dr A F Stoker
Chief Radiologist
PMB Metropolitan Complex

**Why didn't Noah
swat those two
mosquitoes?**



Diabetic Education of District Nurses.

A programme for Diabetic Education and awareness was conducted by the Department of Diabetes and Endocrinology between March and October 2010.

Different topics covering various aspects of Diabetic Care were presented by Dr N Naidoo, Dr C Mohan, Sister J Naidoo and Dr F Mohamed. In addition the Department of Dietetics, a biokineticist, as well as a podiatrist gave their input on diet, exercise and foot care.

16 registered nurses qualified for attendance certificates which were handed out at a function on 19th November. On going programmes are being planned for 2011. An electronic study is being prepared presently. Nurses interested in furthering Diabetic Education may contact Sister J Naidoo on pager 855.

Dr C Mohan.

**Why is the time of day with the slowest traffic
called rush hour?**



New Operational Managers.

The staff at Grey's would like to congratulate the following staff on their promotion to Operational manager; Sr Y Umichand NICU, and Sr J Naidoo Ward M2, Sr V Maharaj OPD, Mr. B Zondi Ward H1



150 years celebration of Indians in South Africa.

On 16th November 2010 the staff of Grey's Hospital organized a commemoration event to celebrate 150 years of Indians in South Africa. Exactly 150 years ago the first indentured Indian labourers arrived at Durban harbour on the SS Truro in 1860. Indentured labourers were brought to South Africa by the British colonists because the local people refused to work on the sugar cane farms. But this was not the first arrival of Indians in South Africa. The Dutch Colonists brought Indians as slaves to the Cape Colony as early as 1658. They have now been assimilated into the white, coloured and black race. Indentured labour laws were very harsh. There was no medical care and some died of cholera and other treatable diseases.

When the tenure of indentured labour was completed the Indian population began working on the railways, mines and some forms of agriculture. From cane cutters to professionals like doctors, lawyers and accountants they built schools, religious and cultural buildings like temples and halls and established themselves as businessmen. Many Indians went back to India and some came as free passengers to look for greener pastures. On 16th November the editor of the Natal Witness wrote that 'The Indian Community offers some of the best examples of philanthropy and what it means to be community spirited.'

A four part series by Tharma Devchand on 'What we love about Indian Culture in South Africa' was published in The Natal Witness. Some quotes from people in South Africa include; "We love the colour it adds to the Rainbow nation."

'How all Western and everyday ways are abandoned during traditional functions.'

"They never forget their heritage."

"They greet elders as Aunty and Uncle even though they are not related." Perhaps the most famous Indian in South Africa who came to work as an elite lawyer, MK Gandhi, influenced the politics in South Africa and India.

When he was thrown out the train on the Pietermaritzburg platform, he conceived the concept of non-violence, democracy and racial tolerance known as satyagraha. His teachings have greatly contributed to peaceful change in South Africa.

Dr C Mohan.



Russian Curry Chicken. (Sr Nursoo's winning recipe.)

Ingredients:

1 kg chicken pieces	1 tablespoon mixed curry powder
2 tablespoons chilli powder	150g butter
1 large onion	2 large tomatoes
½ cup parsley	½ cup thyme
250mls sour cream	1 ½ tablespoons ginger and garlic mix.

Method:

1. Marinate the chicken pieces with the garlic and ginger and chilli powder
2. Fry the chicken in butter until cooked and remove from heat and keep warm.

3. To the remaining butter add onions and fry until caramelized and done.
4. Add tomatoes and cook until mushy.
5. Add sour cream and finally the cooked chicken.
6. Simmer for a few minutes only, on a low heat and serve on a bed of rice.

New 'Paeds' Matron



Miss Edista Gumede started at Grey's as the matron in-charge of paediatrics on 1st November 2010. She did her general nursing training and midwifery at St Mary's Hospital in Mariannhill and then went to work at St Apolinaris Hospital. From there she was seconded to King Edward Hospital to do Child Nursing Science and later did the B. Curr through UNISA. She worked as a matron at St Apolinaris for about 18 months before moving to Northdale where she was in the matron's office for 5 years. We welcome her to Grey's and wish her well.

Why is lemon juice made with artificial flavor, and dishwashing liquid made with real lemons?



East Coast Radio visited the children's wards on 25th November to hand out toys. The children were really excited by the visit and we thank them for their generosity.



Chatters

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