



HEALTH
KwaZulu-Natal



ANNUAL REPORT GREY'S HOSPITAL 01.04.06 - 31.03.07



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**GREY'S HOSPITAL
PLEDGE TO THE KWAZULU-NATAL DEPARTMENT OF HEALTH**

We pledge our commitment to the achievement of optimal health status for all persons of the Province of KwaZulu-Natal, including meeting the strategic objectives of the KwaZulu-Natal Department of Health, within our scope of clinical practice, i.e. the provision of Regional and Tertiary services.

WE PROMISE TO:-

- ❖ Deliver on the KZN Department of Health's strategic health priorities, by providing optimal regional and tertiary care at all times, within available resources
- ❖ Support the Department in meeting the health needs of the catchment population
- ❖ Live the spirit of a caring ethos and to implement the principles of Batho Pele
- ❖ Provide good governance and effective leadership

Signed by:

DR K NAIDU
Hospital Manager

DR K. B BILENGE
Medical Manager

MRS P. M BROWN
Nursing Manager

MS Z. K BUTHELEZI
Finance Manager

MR H S K HLONGWA
Human Resource Manager

MR R Z MKONGWA
System Manager

VISION

The provision of optimal tertiary health level of care, to the people of the western half of KwaZulu-Natal

MISSION

We the staff of Grey's Hospital are committed to service excellence through sustainable and coordinated levels of care, by establishing partnerships with our communities, and through ensuring innovative and cost effective use of all available resources.

CORE VALUES

- Human dignity, respect, holistic healthcare & a caring ethos
- Innovativeness, courage to meet challenges, to learn and to change
- Cost effectiveness and accountability
- Open communication and consultation



MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

DR K. NAIDU

In the year under review, Grey's Hospital made tremendous progress in consolidating and expanding tertiary services. However, this was achieved with great difficulty due to limited resources, both financial and human. The following achievements occurred during the financial year 2006-2007.

NEW SERVICES, FACILITIES AND HIGH TECH EQUIPMENT

MAMMOGRAPHY UNIT

- A Mammography Unit for the screening of breast cancer was installed in April 2006

ADDITIONAL INTENSIVE CARE UNIT BEDS

- An additional 5 bedded Intensive Care Unit was completed in July 2006.
- However, this has not been commissioned due to the delay in the procurement of ICU equipment. A further challenge in commissioning these beds is the acute shortage of qualified ICU trained nurses.

INFORMATION TECHNOLOGY

- In January 2006, the University of Kwazulu-Natal and Grey's Hospital jointly had the official launch of the Hospital University Local Area Network (LAN) which is situated in the new medical library. This facility will enhance training and research for both undergraduate and postgraduate students.
- The hospital has computer work stations in all wards so that Grey's Hospital's Website and the KZN Department of Health Intranet is now accessible.

ONCOLOGY & RADIOTHERAPY DEPARTMENT

- A state of the art equipment, viz the Linear Accelerator used for providing radiotherapy to cancer patients was commissioned in May 2006.
- The acquisition of this equipment was a tremendous boost for the Department in that currently the overwhelming majority of cancer patients from the western half of the province can receive their Radiotherapy at Grey's Hospital and no longer need to be referred to Durban.

ISOLATION WARD

- Completion of renovations to the ante-natal clinic to serve as an Isolation Ward for the management of highly infectious diseases was achieved in October 2006.

LODGER FACILITIES FOR ONCOLOGY PATIENTS AND BORDER MOTHERS

- A 80 bed lodger unit for oncology patients and border mothers is presently under construction and is due for completion in February 2008. The commissioning of this unit will free up acute beds currently occupied by oncology patients and border mothers requiring lodger facilities.

PARKHOMES

- In view of the acute shortage of office accommodation for our Clinical Specialists, park-homes were ordered in October 2006 and are expected to be delivered in July 2007.

EVENTS

a) OPEN DAY

A successful Open Day which was hosted jointly by the Hospital Board and Grey's Hospital was held on 29 June 2006.

b) QUALITY DAY

At the Quality Day held on 22 November 2006, quality improvement projects were both presented and displayed in our search for excellence in service delivery.

c) ACCREDITATION PROCESS

An external survey for the accreditation of Grey's Hospital was conducted by the Council for Health Services Accreditation in Southern Africa (COHSASA) in February 2006. The COHSASA Technical Committee sat in August 2006 and we were granted a Focus Survey in March 2007. We are confident that we will achieve full (100%) accreditation.

CHALLENGES

- The consolidation and expansion of tertiary services at Grey's Hospital depends on the following:
 - The requisite infrastructure
 - The necessary human resources, e.g nursing and medical personnel amongst others
 - A fair and equitable share of the budget for tertiary services

CONCLUSION

I would like to thank my Executive Management team, the Hospital Board members, staff and organized labour for all their support, advice and encouragement throughout the year. Your dedication and commitment to service delivery has ensured that we maintain high standards of care to our patients

C.E.O
Dr K. Naidu



EXECUTIVE MANAGEMENT

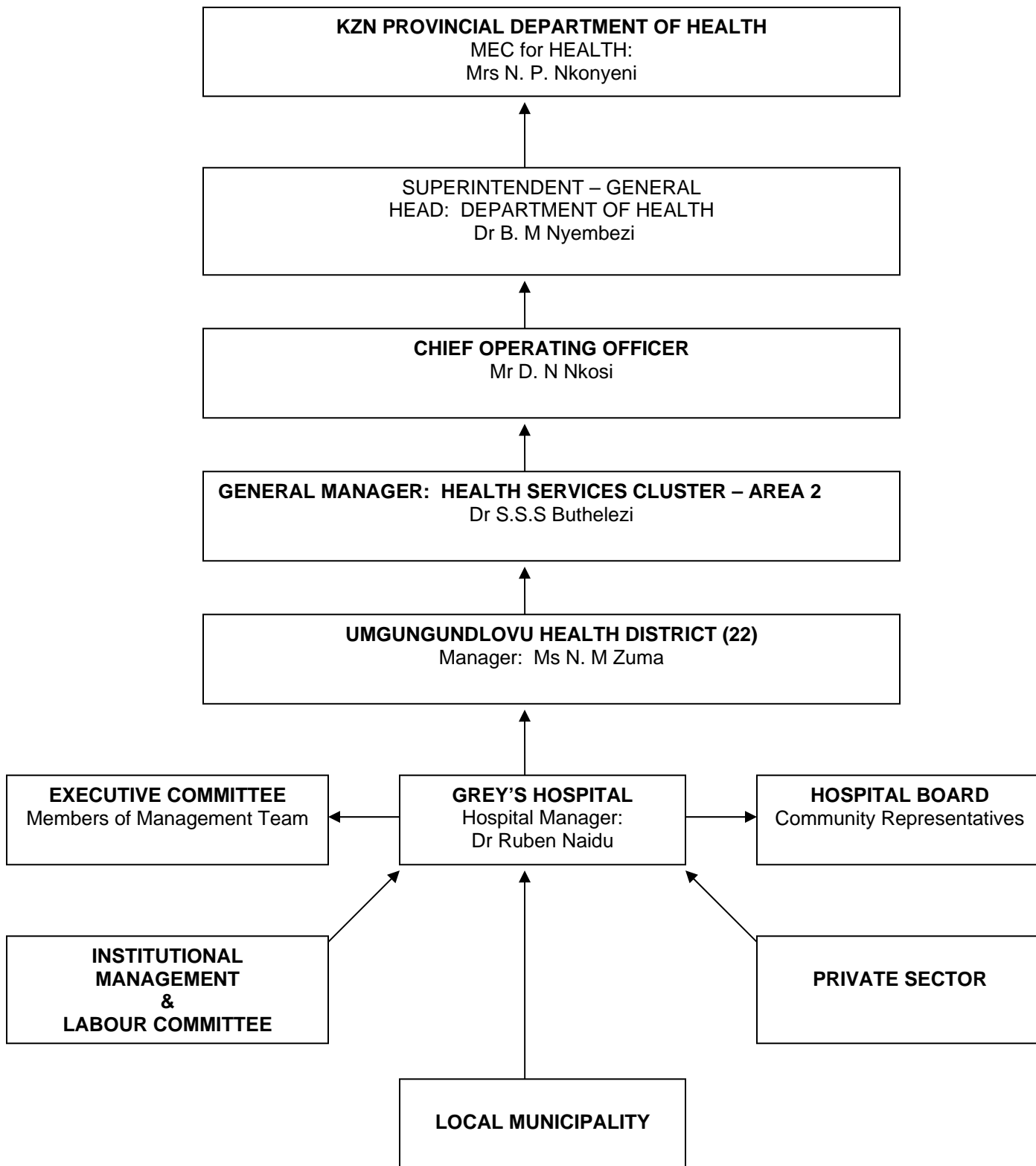
Back Row from Left to Right

Mr R. Z Mkongwa, (Systems Manager), Dr K. Naidu (Hospital Manager),
Dr K. B Bilenge (Medical Manager), Mr H. S. K Hlongwa (Human Resource Manager)

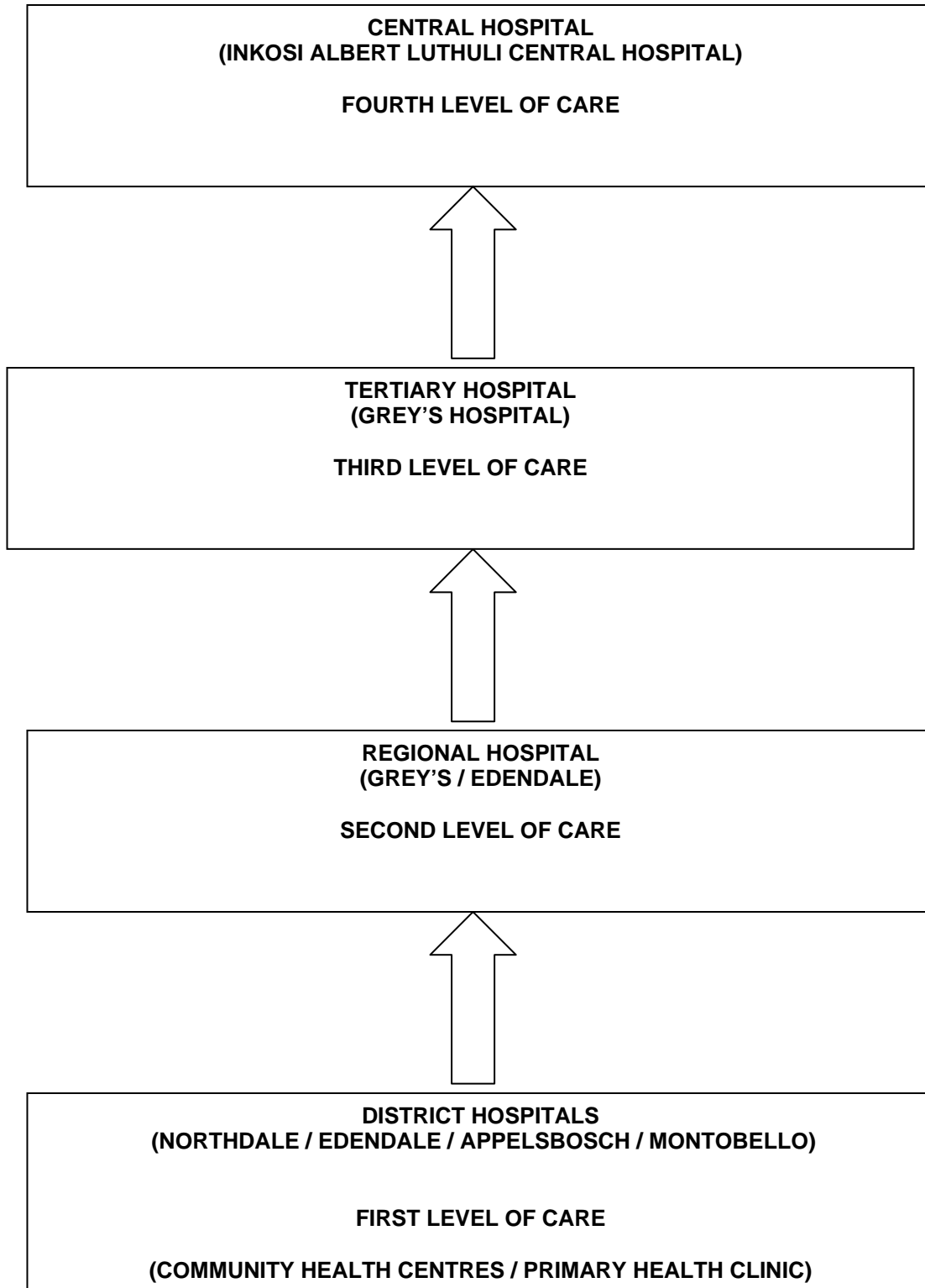
Front Row from Left to Right

Mrs P. M Brown (Nursing Manager), Ms Z. K Buthelezi (Finance Manager)

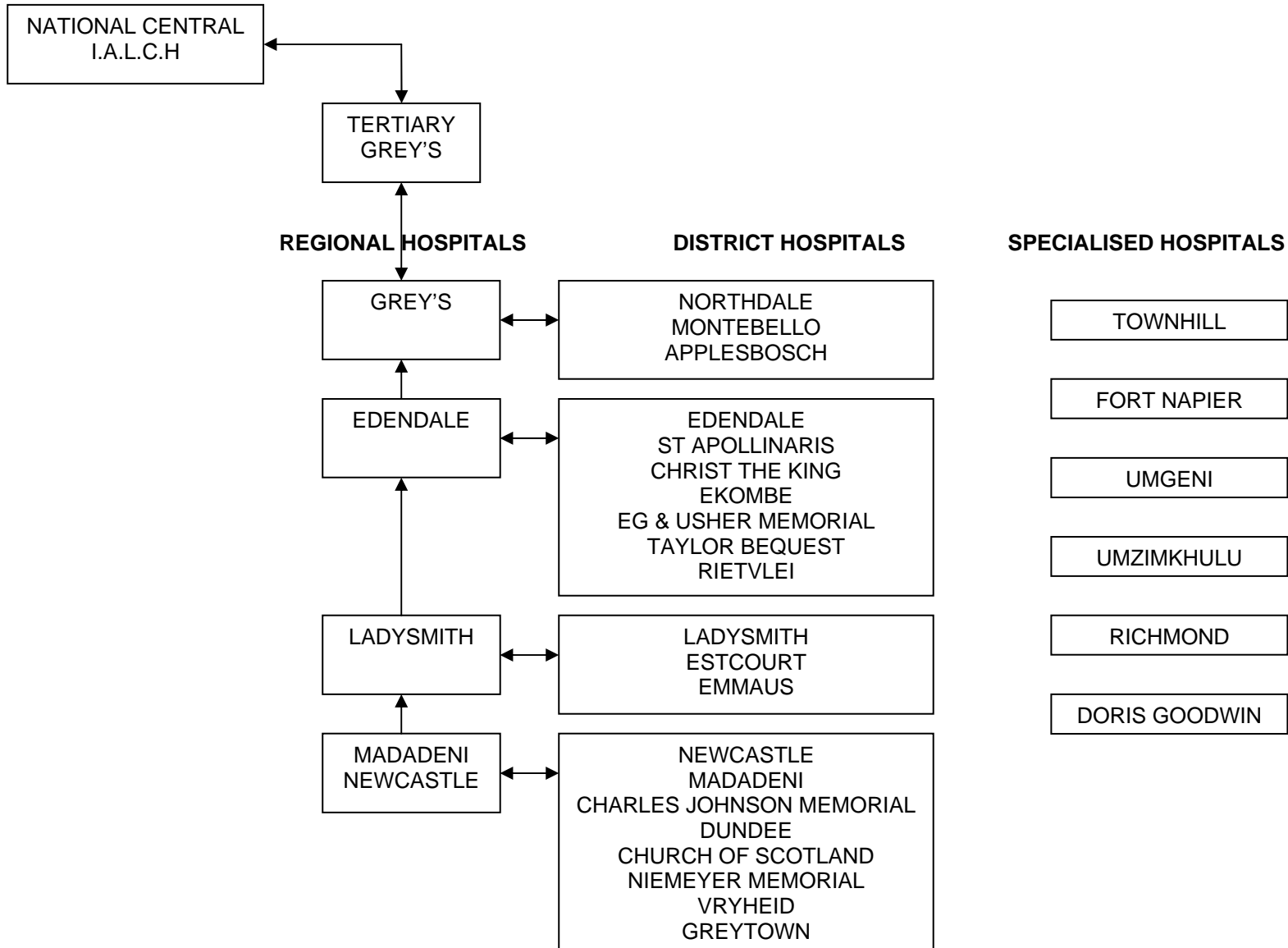
STAKEHOLDERS INVOLVED IN GOVERNANCE OF GREY'S HOSPITAL



PROVINCIAL PATIENT UPWARD REFERRAL PATTERN



**A REFERRAL PATTERN FOR REGIONAL AND TERTIARY CARE SERVICES
FOR THE WESTERN HALF OF THE PROVINCE (AREA 2)**



PROVINCIAL POLICY ON THE SUPPLY OF CHRONIC MEDICINES

Please note that you will no longer be able to collect your repeat medication at this hospital. You will be referred to your nearest district hospital or clinic. If you are currently on a repeat card you will be able to collect medicines at this hospital until your next appointment.

To avoid delays, please ensure that the doctor fills in your referral letter before you come to collect medication from the pharmacy.

PLEASE NOTE:

The referral letter must be kept in your file. The white copy of the referral letter will be returned to you after the Pharmacist has checked it. You will be required to present this document to the hospital or clinic you have been referred to.

Thanking you

By order: The KZN Department of Health

**UMGOMO WOMNYANGO WEZEMPILO WESIFUNDAZWE SAKWASULU-NATALI WOKUDLULISELWA
KWEZIGULI EZIBHEDLELA KANYE NAMAKLINIKI
UKULULEKWA KWEMITHI**

Niyaziswe ukuthi angeke nisakwazi ukulanda imithi yenu yanyanga zonke kulesi sibhedlela. Nizothunyelwa kwezinye izibhedlela noma emitholampilo eseduze nalapho niklala khona.

Uma ubuvele usuqalile ukulanda imithi lapha esibhedlela uzoqhubeka kuze kube kushaya ilanga lokuthi ubone udokotela. Uma usubona udokotela mucele akugcwalisele amafomu noma incwadi ezokwenze ukuthi ukwazi ukukoleka imithi yakho kwesinyw isibhedlela noma umtholampilo oseduze nawe. Ukuze ungabambezeli, futhi isikhathi sakho singachitheki, cela udokotela akugcwalisele ifomu, ngaphambi kokuba uze ekhemini.

QAPHELISISA LOKHU

Lamafomu kemele uwagcine efayelini lakho. Iphepha elimhlophe uzobuyiselwa lona. Uzofike ubatshengise lona esibhedlela noma emtholampilo wakho, ukuze ukwazi ukuthola imithi.

Siyabonga

Isinqumo somnyango Wezempilo waKwaZulu-Natali

GREY'S HOSPITAL OFFERS THE FOLLOWING PACKAGE OF HEALTH SERVICES

GENERAL SURGERY & SURGICAL SUB-DISCIPLINES

- Plastic & Reconstructive surgery
- Paediatric surgery
- Maxillo-Facial surgery
- Oesophageal surgery
- Ophthalmology
- ENT
- Urology
- Thoracic Surgery Clinic

OBSTETRICS AND GYNAECOLOGY

PAEDIATRICS

- Genetic Counselling Services
- Neonatology

GENERAL MEDICINE & MEDICAL SUB-DISCIPLINES

- Neurology
- Cardiology – Catheterization Laboratory
- Haematology
- Gastro-Enterology
- Endocrinology
- Rheumatology
- Respiratory Medicine – Pulmonary Function Laboratory
- Nephrology / Renal Dialysis Unit
- Infectious Diseases – Isolation Ward

ORTHOPAEDICS

ONCOLOGY & RADIOTHERAPY

OCCUPATIONAL HEALTH

CLINICAL SUPPORT SERVICES

- Anaesthetics
- ICU (Adults, Paediatric and Neonatal)
- High Care
- Theatres
- Radiology & Diagnostics (MRI Scan, CT Scan, Neuro-angiosuite, Mammography Unit)

GENERAL SUPPORT SERVICES

- Laboratory including Pathology services

SUPPLEMENTARY SERVICES

- Social Work
- Psychology
- Dietetics
- Physiotherapy
- Occupational Therapy
- Speech and Audiology
- Pharmacy
- Radiology
- Oncology

MESSAGE FROM THE HUMAN RESOURCES MANAGER



The leave sub-component was established to deal exclusively with leave thus fast tracking leave applications and balances.

Four hundred and forty three(443) posts were advertised with an annual value of R67 million rand.

PILIR was started with effect from 01-11-2006.

A comprehensive orientation and induction programme for the Institution was put in place.

In 2006 we had an enrolment of 42 ABET learners, making the largest number in the Umngungundlovu District.

Matric enrolment in 2006 was 41, also the largest number in this District. The Institution incurred an expense of R95 095.00 from the Skills Development Budget.

Thirty seven (37) Computer certificates were issued to all staff members who successfully completed the computer training.

Roll out of EPMS and training of staff took place in November 2006 and early 2007. Managers and Supervisors were trained on the system and the system is being implemented.

Twenty six (26) disciplinary cases were received of which 16 have been finalized.

Fifty (50) grievances were received of which 49 have been resolved. And Thirteen (13) abscondment hearings which resulted in 13 dismissals.

NB: HR had a high turnover rate due to some employees getting better paying position elsewhere. That on its own had a negative impact on the work production because we had to train new employees joining the Department.

OCCUPATIONAL CATEGORY	AFRICANS		COLOUREDS		INDIANS		WHITES	
	Female	Male	Female	Male	Female	Male	Female	Male
MANAGERS	3	5	4	0	1	4	6	1
PROFESSORIALS	133	23	30	3	99	46	100	31
TECHNICIANS & TRADES WORKERS	2	4	0	3	0	1		10
COMMUNITY & PERSONALS SERVICES WORKERS	673	111	33	6	87	12	23	1
CLERICAL & ADMIN WORKERS	62	19	14	2	27	20	17	2
MACHINERY OPERATORS & DRIVERS	2	18	1	2	0	2		
LABOURERS	244	90	8	1	10	3	21	3
TOTALS	1119	270	90	17	224	88	167	48
GRAND TOTAL	2023							

Human Resources Manager
Mr H.S.K. Hlongwa

MESSAGE FROM THE NURSING MANAGER



The past year has been a difficult and challenging one in terms of the retaining and recruiting of skilled Professional Nurses.

We experience an exodus of Registered Nurses on a monthly basis.

“Lullama”, a Nursing Agency, provides nursing staff on request to Grey’s. This assists staff during critical shortages.

The following posts have been filled:

Assistant Nurse Manager – Theatre & CSSD
Assistant Nurse Manager – Surgical Wards
Infection Control Manager
Occupational Health & Safety Manager
Quality Manager

Staffing:

Oncology Department staffed with Professional Nurses and Enrolled Nurses. 9 beds made available for ill Oncology patients.

Ward M5 opened as a Lodger facility for patients receiving Chemotherapy.

Chief Professional Nurse and Senior Professional Nurse posts have been advertised in order to attract staff.

The four year contract Students are allocated by KZN College on completion. Unfortunately the institutions do not receive the number of students who were trained, as they are distributed throughout District 22.

We continue to send staff to conferences and seminars.

Attendance at post basic courses to support tertiary services continues to be a high priority.

**Nursing Manager
Mrs P. M Brown**

MESSAGE FROM THE FINANCE MANAGER



No one who achieves success does so without acknowledging the help of others. The wise and confident acknowledge this help with gratitude. On behalf of the Finance department I wish to express my appreciation to all staff for their dedication and contribution and overwhelming support.

Looking ahead we are looking to delivering value customer services and we will remain attuned to the needs and expectations with innovative idea's and to this end, we will involve all stakeholders with our financial strength, prudent management approach to update or enhance all managers of matters that are related to finance.

Greatness is more than potential, it is the execution of that potential beyond the raw talent. With appropriate training, discipline, inspiration and the drive for excellence great things can be achieved. We are optimistic that we will achieve an improved performance in 2007/2008.

Financial Overview

The amount of R 293,936,000 is allocated for the financial year 2007/08, which constituted an increase of 11.86% compared to the budget allocation of 2006/2007. The allocation is summarised as follows:

FINANCIAL YEAR	2006/2007	2007/2008
PERSONNEL	R153, 153,000	R191,129, 000
GOODS & SERVICES	R72,603,000	R61,350,000
MEDICINE	R24,710,000	R27,911,000
MAINTENANCE	R4,600,000	R5,235,000
CAPITAL	R6,300,000	R6,996,000
TRANSFERS	R1,391,000	R1,410,000
TOTAL BUDGET	R262,757,000	R294,031,000

GREY'S HOSPITAL BUDGET ALLOCATION FOR 2007/2008 FINANCIAL YEAR (PER PROGRAMME)

PROG	TOTAL	OBJECTIVES	COMPENS. OF EMPLOYEES	GOODS & SERVICES	HOUSE HOLDS	CAPITAL
2	R957,000	OTHER COMM. SERVICES	R954,000	R3,000		
	R7,306,000	HIV/AIDS:ARV	R6,349,000	R4,459,000		
TOTAL PROG 2	R7,306,000		R2,844,000	R4,462,000		
4	R71,106,000	GENERAL HOSP	R51,362,000	R17,401,000	R435,000	R1,908,000
	R8,468,000	HLTH PROF TRAIN		R8,468,000		
TOTAL PROG 4	R79,574,000		R51,362,000	R25,869,000	R435,000	R1,908,000
5	R188,656,000	TERTARY HOSP	R132,944,000	R49,649,000	R975,000	R5,088,000
	R11,531,000	HLTH PROF TRAIN		R11,531,000		
TOTAL PROG 5	R200,187,000		R132,944,000	R61,180,000	R975,000	R5,088,000
6	R4,134,000	TRAIN-INTERNS	R4,043,000	R91,000		
	R95,000	TRAIN-SKILLS DEV		R95,000		
TOTAL PROG 6	R4,229,000		R4,043,000	R186,000		
8		GEN HOSP SERVICES		R2,735,000		
TOTAL	R2,735,000			R2,735,000		

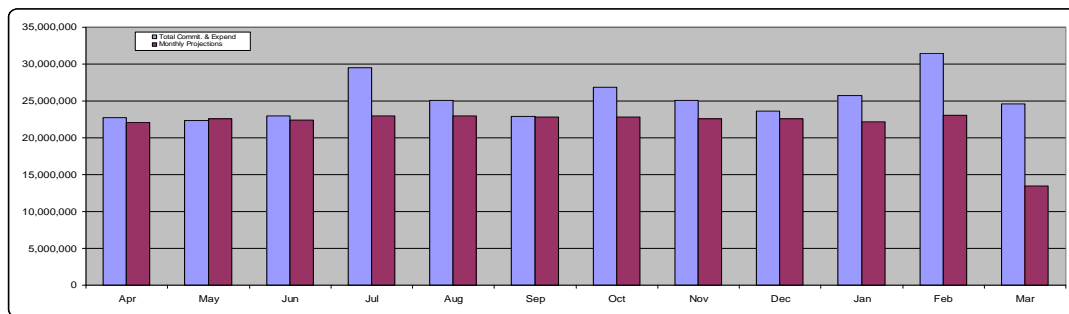
PROG 8						
GRAND TOTAL	R294,031,000		R191,284,000	R94,432,000	R1,410,000	R6,996,000

The expenditure trends for this financial year under review were as follows:

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE
PERSONNEL	R153,153,000	R184,006,200	(R30,853,200)_
GOODS & SERVICES	R72,603,000	R77,794,116	(R5,191,116)
MEDICINE	R24,710,000	R30,273,585	(R5,563,585)
MAINTENANCE	R4,600,000	R5,880,511	(R1,280,511)
CAPITAL	R6,300,000	R4,470,433	R1,829,567
TRANSFERS	R1,391,000	R605,653	R785,347
TOTAL	R262,757,000	R303,030,498	(R40,273,498)

The over expenditure of R40, 273,498 (15.32%) is merely due to development and expansion of Tertiary Services.

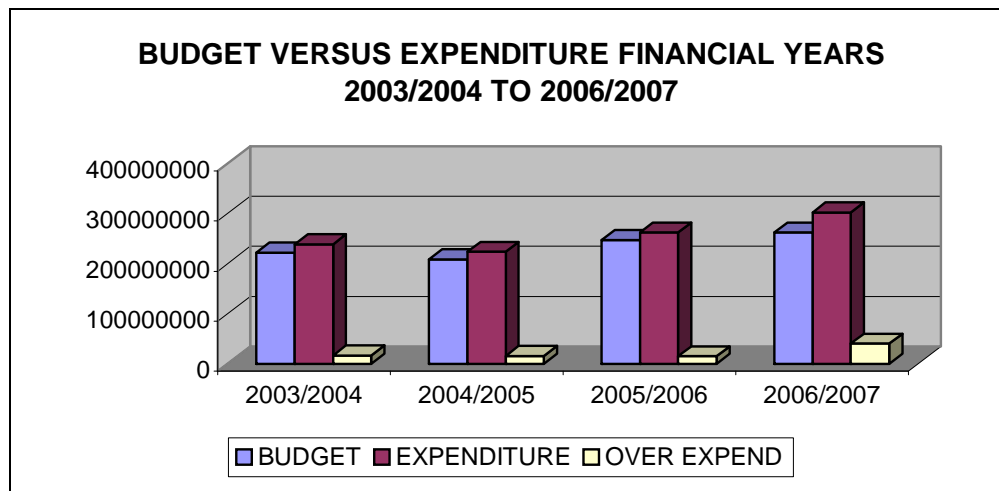
MONTHLY CASH FLOW PERFORMANCE IN THE 2006/7 FINANCIAL YEAR



FINANCIAL HIGHLIGHTS – 2003/2004 TO 2006/2007

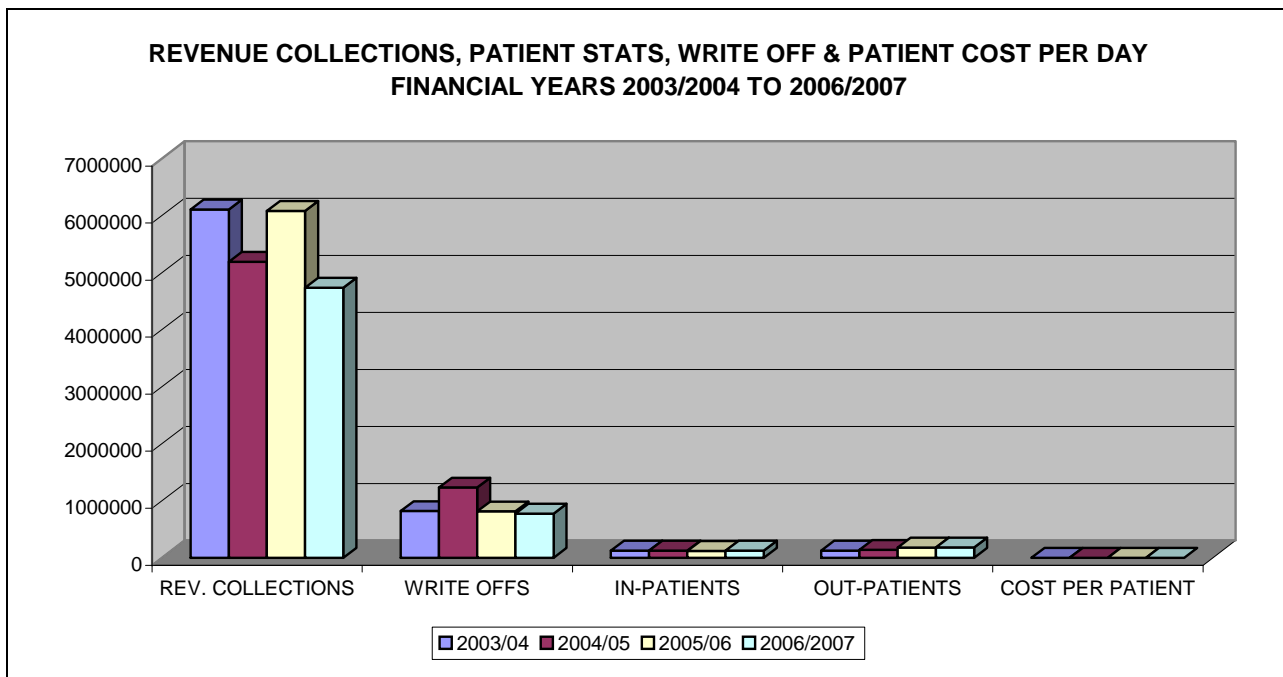
BUDGET VERSUS EXPENDITURE

ITEM	2003/04	2004/05	2005/06	2006/07
BUDGET	R222,249,000	R209,073,000	R247,763,000	R262,757,000
EXPENDITURE	R239,210,499	R224,321,163	R262,743,169	R303,030,498
OVER EXP	R16,969,740	R15,248,163	R14,980,169	R40,273,498
% OVER	7.64%	7.30%	6.05%	15.32%



REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS 2003/2004 TO 2006/2007

		<u>IN-PAT DAY'S</u>	<u>OPD H/COUNT</u>	<u>COST PER PAT DAY</u>	<u>REVENUE COLLECTION</u>	<u>WRITE OFF</u>
2003/04		<u>128.312</u>	<u>127.878</u>	<u>R1.399.40</u>	<u>R6.108.823</u>	<u>R820.307</u>
BUDGET	<u>R222.249.000</u>					
EXP	<u>R239.210.499</u>					
O/SPENT	<u>R16.969.740</u>					
%OVER	<u>7.64%</u>					
2004/05		<u>126.559</u>	<u>139.714</u>	<u>R1.295.68</u>	<u>R5.191.294</u>	<u>R1.231.767</u>
BUDGET	<u>R209.073.000</u>					
EXP	<u>R224.321.163</u>					
O/SPENT	<u>R15.248.163</u>					
%OVER	<u>7.30%</u>					
2005/06		<u>119.383</u>	<u>178.493</u>	<u>R1.468.82</u>	<u>R6.080.368</u>	<u>R814.781</u>
BUDGET	<u>R247.763.000</u>					
EXP	<u>R262.743.169</u>					
O/SPENT	<u>R14.980.169</u>					
%OVER	<u>6.05%</u>					
2006/07		<u>126.587</u>	<u>181.449</u>	<u>R1.620.32</u>	<u>R4.735.305</u>	<u>R775.317</u>
BUDGET	<u>R262.757.000</u>					
EXP	<u>R303.113.559</u>					
O/SPENT	<u>R40.356.559</u>					
%OVER	<u>15.36%</u>					
2007/08						
BUDGET	<u>R293.031.000</u>					
EXP						
O/SPENT						
%OVER						



“WE ARE BUILT TO CONQUER ENVIRONMENT, SOLVE PROBLEMS, ACHIEVE GOALS AND WE FIND NO REAL SATISFACTION OR HAPPINESS IN LIFE WITHOUT OBSTACLES TO CONQUER AND GOALS TO ACHIEVE”

Maxwell Maltz

**Finance Manager
Ms Z. K Buthelezi**

MESSAGE FROM THE SYSTEMS MANAGER



Grey's Hospital Management is committed to the promotion of a safe and conducive environment by ensuring a meaningful contribution to the fight against the theft of vehicles within the parameters of the hospital.

While parking of private and staff vehicles within the boundaries of Grey's Hospital is at owners risk, nevertheless, the safety of all vehicles is of great concern to Management. In view of this, we propose to introduce staff vehicle and visitors vehicle entry and exit card system, which might act as a deterrent, over and above our internal control systems. However, budgetary constraints remain our main hurdle to clear.

VISITING HOURS

AFTERNOON 15h00 TO 16h00
EVENING 19h00 TO 19h30

**Systems Manager
Mr R. Z Mkongwa**

ANAESTHETICS

Anaesthesia in Pietermaritzburg has undergone radical change over the past year as it realigns itself with the tertiary needs of the hospital and accepts its pivotal role in the development of an integrated service delivery model within the Pietermaritzburg metropole and the whole of Western KwaZulu Natal.

HIGHLIGHTS OF THE YEAR:

- ❖ Reopening of all registrar posts
- ❖ Creation of four new registrar posts
- ❖ Acceptance of full training status for anaesthesia
- ❖ Employment of a full time intensive care specialist
- ❖ Preparation of accreditation for full teaching status for ICU
- ❖ Creation of a closed ICU system
- ❖ Employment of Principal Specialist in Charge of Outreach
- ❖ Employment of Senior specialist in charge of neonatal anaesthesia and training
- ❖ Development of a benchmark 2 month intern training system
- ❖ 100% success rate in DA examinations
- ❖ Commencement of a Part 1 teaching program
- ❖ Development of a support system to Northdale hospital enabling 24 hour anaesthetic cover at Northdale.

OPERATIONAL OVERVIEW:

1. Service Delivery:
 - The anaesthetic department is able to confidently provide anaesthesia for all surgical specialties within the Metropole.
 - Significant reduction in the frequency with which no ICU beds are available when needed for appropriate cases
2. Training and Development
 - Registrars are receiving regular higher level teaching for the primary examination.
 - The Diploma in Anaesthesia program has been formalized and structured to allow for nine months of teaching for all candidates for both March and September exams. The department continues to enjoy an excellent success rate. This training program is key to the recruitment and retention of anaesthetic staff.
 - A more formalized introductory course for beginner medical officers has been initiated
 - The two month teaching system being developed for anaesthetic interns is being copied by hospitals country wide as anaesthesia tries to reverse the alarming increase in anaesthetic mortality being seen in district hospitals.
3. Outreach
 - An inreach program has been developed with anaesthetic doctors from the periphery coming into Grey's and Edendale for skills development
 - Visits to peripheral hospitals are being conducted with increasing frequency and are moving beyond service provision to active training and facility and equipment evaluation.
 - The department was instrumental in bringing a province wide forum of Anaesthetic Specialists to lay a road map for anaesthetic service delivery throughout the Kwa Zulu Natal
4. Audit and Quality improvement:
 - We have initiated a formalized system of chart and audit review which is yielding good results in terms of improvement in standards. Protocols are under constant review and have been made available for distribution to other hospitals and centers

FUTURE PLANS

- ❖ A Dutch specialist in Acute and Chronic Pain, Dr Paul Borgdorff will be joining the anaesthetic department. We will use Dr Borgdorff to develop our pain clinic and a Day Surgery unit.
- ❖ Development of anaesthetic capacity in the periphery. Several hospitals, particularly in the AmaJuba district have been able to expand surgical services, but do not have anaesthetic support.
- ❖ Streamline Support System for District/Regional Hospitals
- ❖ We need to open the new five bedded ICU with advanced equipment. Plans for the full 21 bedded ICU at Grey's must be completed.
- ❖ A fuller ICU audit and mortality review system must be established
- ❖ Strengthen Teaching/Research
- ❖ Theatre efficiency must be improved with a high proportion of on time starts and minimal turn over time between cases. The way forward on this revolves around team building and adequate implementation of preoperative work up protocols to ensure no delays on the day of surgery.
- ❖ The ICU accreditation is expected to be completed by April 2007. The department must then initiate the process of employing an ICU trainee and develop from Intensive Care Services aggressively from there

CONCLUSION:

The Anaesthetic Service is crucial to the development of the surgical services in Pietermaritzburg. Through hard work of all involved in the department we have been able to keep pace with the development of surgical services. This must be consolidated and the department prepared for further expansion and subspecialisation as Grey's hospital develops. A tertiary structure can only function if the surrounding support structures, regional and district health services are working well. The department must actively support and develop outreach services to facilitate this.

**Chief Specialist – Anaesthesia, Intensive Care and Pain Management
Dr Zane Farina**

PAEDIATRICS

The Paediatrics Department has seen several new developments as well as continued to consolidate the regional / tertiary services that we have started to offer. Dr KL Naidoo has left to join the Paediatric team at King Edward VIII Hospital in Durban, in August 2006. I, Dr BL Dhada, have replaced him as head of Paediatrics at Grey's Hospital in June 2006.

Dr Naidoo's move left a large gap in the ARV services in PMB, but this role was excellently fulfilled by Dr Dimitri Van den Linden – a Belgian Paediatrician with a passion for treating all children but specifically those with HIV disease. His main area of interest is starting ARVs in infants and he has published an article in a well respected international medical journal –PIDJ April 2007. He has brought a sense of urgency and drive into the department and will be a great loss when he goes back to Belgium in July 2007.

Also joining the team in January 2007 was Dr Tintin Win as a senior Paediatrician running the general ward. She has an interest in neurology and has been a welcome addition to the pool. Our registrar and medical officer training programs have also been increased this year but we are still looking for more staff to strengthen the service and allow us to continue to offer more services to the children of Area 2.

Successes include:

1. Establishing the "Home Tracheostomy Program" by PICU staff, the first of its kind in the public sector in KZN.
2. Several academic presentations in International forums and partnerships with leading international research institutions – Canada, Indonesia, Uganda, USA, UK.
3. Ongoing outreach to district hospitals through the Red Cross Society Air Mercy Services – "Flying Doctors" (and driving).
4. Hosting of Paediatric Advanced Life Support (PALS) courses for the entire district.
5. Completed 5 clinical audits and ongoing quality improvement activities – especially CHIP (an audit tool for improving care) and contributing to the "Saving children 2005" report.

Among our greatest challenges are the:

1. Continuing to put children on an equal footing with adults when it comes to resource allocation and use.
2. Ongoing skilled staff shortage in critical areas – medical and nursing – Neonatal, Paediatric intensive care and General and sub-specialty Paediatrics.
3. Slow and cumbersome procurement process
4. Inadequate budget allocation for tertiary service commissioning and sustainability.

For these reasons and more, I have decided to speak up for our children at every forum in the hospital and outside – to highlight the needs, get your support in the community and successfully implement the plans we have put together, under the guidance of Dr NH McKerrow. I would like to end by thanking all staff in the Paediatric department, as well as all other departments in the hospital community at Grey's Hospital for their commitment in striving to improve the care of all the children in our area.

Head of Department
Dr BL Dhada

SURGERY

The Department of Surgery is currently in a phase of rapid evolution. From services provided to Grey's Hospital and to its drainage area it is now expanded to the Metropolis and to the western half of the province. A well established outreach programme is actively supporting the peripheral hospitals in their struggle to maintain professional surgical standards.

In situ, the department of General Surgery at Grey's Hospital is introducing specialized surgical services attached to the various surgical firms.

Firm 1	:	Biliopancreatic Pathology
Firm 2	:	Breast, Endocrine, Soft tissue and Thoracic Pathologies
Firm 3	:	Colorectal, Vascular Pathology
Firm 4	:	Upper GIT, Remains a general surgery firm
Paediatric	:	Deals with all the Paediatric Surgical problems
Trauma		
Outreach		

A very busy endoscopic unit is in place and serving very specialized procedures for the western half of the province and the metropolis.

Other surgical specialties that are in place are:

- ❖ Urology
- ❖ Plastics & Burns
- ❖ ENT
- ❖ Ophthalmology
- ❖ Maxillo-Facial

We have an established postgraduate training programme. Presently eight registrars are distributed between Edendale / Grey's Complex. Some of them have passed the following:

- ❖ FCS (Part A) Dr Devar, Dr Mthethwa, Dr Allorto, Dr Laing, Dr Deonarain
- ❖ FCS (Part B) Drs Chinnery, Dr Sikhosana, Dr Singh, Dr Latchmanan, Dr Tudor, Dr Mjoli, Dr Mangray
- ❖ Final Dr Islam (qualified as a consultant)

The other Registrars will be attempting Part A & B in August/September 2007.

The focus of the department of Surgery is dual:

- 1st : Quality service delivery based on the Principles of Batho Pele
- 2nd : Quality teaching and training for undergraduate and postgraduate students / registrars

**Chief Specialist
Mr F Ghimenton**

UROLOGY

The Department of Urology has achieved the following recently:

- ❖ The department participates in a grand ward round that has been credited with CPD points.
- ❖ Morbidity and mortality meetings, as well as x-ray meetings are conducted on a regular basis;
- ❖ New part time consultant who is looking after Paediatric Urology;
- ❖ The local slate has been established in order to decrease the load from the formal slate;
- ❖ We have acquired Urodynamics to render better services to our patients;
- ❖ Laser lithotripsy is hired on a monthly basis allowing us to treat stone patients without being invasive;
- ❖ Paediatric/Urology slate every 2nd week at Edendale Hospital;
- ❖ Academic Meeting every Thursday that has been accredited with CDP Points;
- ❖ Urology/Oncology Clinic once every 2nd week;
- ❖ Expansion of Urology/Gynaecology services;
- ❖ Endo-urological meeting once a month that is accredited with CPD points;
- ❖ Laparoscopic training unit under development;
- ❖ Accreditation as a training urological unit is underway

**Principal Specialist
Dr M.C. Conradie**

OBSTETRICS & GYNAECOLOGY

The department of Obstetrics and Gynaecology provides essentially a tertiary service for the western half of KwaZulu-Natal which covers approximately twenty four hospitals.

Only high-risk patients are managed in the Obstetric department and a few cases from Northdale Hospital because of the lack of capacity at Northdale Hospital.

Registrars from Grey's Hospital are rotated through Northdale Hospital labour ward to provide an Obstetric service and to screen patients that need to be transferred to Grey's labour ward for further management. Registrars also provide intern supervision in the Northdale labour ward.

The department provides tertiary consultative services in:-

- ❖ Gynaecological Oncology
- ❖ Reproductive medicine and endocrinology which is done jointly with an endocrinologist on a weekly basis
- ❖ Urogynaecology clinic
- ❖ Fetal anomaly Clinic together with the Paediatric department
- ❖ The Antenatal Clinic has been divided into the following: Mondays: **Diabetic clinic**; Tuesdays: **Pre-Eclampsia Clinic**; Thursdays: **Medical disorders in pregnancy**.
- ❖ Colposcopy Clinic
- ❖ General Gynaecology

The department has full teaching status and there are four Registrars in training.

In cooperation with the department of Health's Outreach Programme, a service is provided to the rural hospitals with the help of the Red Cross Flying Doctor Service.

**Chief Specialist
Dr MJ Titus**

MEDICINE

The Department of Internal Medicine has made further strides in 2006 and more exciting developments are expected in 2007.

Positive Developments:

Consultants:

Dr Sanjay Maharaj joined the Department in February 2006 as our Principal Cardiologist. He has rapidly brought organisation and team spirit to the Department which was previously managing thanks to the support of part time physicians and cardiologists seconded from the Medical School. Dr Halima Dawood joined the Department as Principal Specialist in Infectious Diseases at the beginning of May 2006. She has rapidly settled in to a very constructive role in the Department and the hospital and brings with her expertise and experience in research and ethics as well as her wide knowledge and experience in Infectious Diseases. We look forward to a long and productive relationship with her. In the middle of the year, Dr Ayesha Motala joined the Neurology Department as a full time specialist. Dr Devan Gounder joined the Department at Edendale Hospital in September 2006. He passed his exam in Medicine at the medical school shortly before that. Dr Gounder proved a huge benefit to Medicine at Edendale, rapidly bringing discipline and efficiency to patient management in 5B1. Dr Faz Mahomed came to Pietermaritzburg from Cape Town in November 2006 to develop the Endocrinology service in his capacity as Principal Endocrinologist. He has rapidly made a big impression on the Department and on the hospital. He brings great organisational skills with him. Dr Rob Caldwell was appointed as Principal Specialist for Outreach Services to take up his post at the beginning of 2007.

Medical Officers and Registrars:

We appointed a number of registrars at the beginning of 2006 and had 12 registrars in the program for the bulk of the year. This enabled the registrars to spend more time on their studies and not to be so bogged down in service commitments. However, we still do not have enough registrars to allocate one to each subspecialty. We will try to address this deficiency in 2007 and beyond. Dr Rasmussen passed the first part of his exams in 2006. Dr Moodley has acquired accreditation to train 3 neurology registrars in Pietermaritzburg.

The registrars are the "prima donna's" of the Department, but the Medical Officers, full time and part time, are the backbone of the Department. Without singling out anybody for special mention, they all need to be complemented on their continued hard work and dedicated service.

Com Servs and Interns:

Community service doctors are becoming a luxury for urban centres now. KZN had its allocation cut in 2007 and in 2008 there will be a country-wide shortage prior to things starting to rectify themselves again in 2008. However, we cannot depend on Comservs to support our services. We appreciate very much the contribution of the Comservs who did work in the Department in 2006.

A major challenge with the interns in 2006 was the reduction in the maximum after hours contribution of the interns. We will be challenged in the years to come to provide our interns with adequate training in emergencies with the continued reduction in their working time. We may have to adopt simulation as a means of providing adequate training. The number of interns is currently increasing year on year. We hope this will improve patient care and intern learning.

Students:

Our full participation in the undergraduate training program from the NRM Medical School continued in 2006. Large groups of up to 9 students at a time were with us for up to 8 weeks rotations. The students were with us for four days of each week, providing a better learning experience. Dr Lee, Dr Naidoo and Dr Michowicz put a lot of time and trouble into organising the student experience.

We nearly always have elective medical students from other medical schools in the department, as well as "work experience" learners from our local schools. All these young people stimulate us and in this way enhance the quality of patient care.

Tertiary Services:

An arrangement was entered into with National Renal Care to provide dialysis at Ladysmith Private Hospital for state patients from the interior of the province on chronic haemodialysis. This program has been a success, but there has been a long delay in implementing a Service Level Agreement to formalize the arrangement. Once this is in place it is hoped to spread the service to all the remote areas of the province. Dr Dawood has enhanced the Infectious Diseases service, and we now have a full time endocrinologist on site who is developing the Diabetic service and the Endocrinology service, both inpatient and outpatient. Our Haematology service still consists only of a monthly Haemophilia Clinic in Greys Hospital, run by the sisters in outpatients. A post for a clinical haematologist will be advertised early in 2007. The Cardiology service has expanded greatly since Dr Maharaj took up his post. He has tamed the Cardiac Clinic and developed the service being provided in the Cardiac Cath Lab. The ongoing lack of a "balloon pump" to transport critically ill patients to the surgeons in Durban is frustrating development.

Exchange Programs:

Dr Wilson's exchange program with Boston continues to be a great success, but the Memorandum of Understanding with the Infectious Diseases Unit at Ottawa Hospital remains bogged down in red tape at Head Office. It is hoped that this initiative will take off in 2007. Efforts will be made in 2007 to start to develop exchange partnerships in Africa.

Research:

More and more research is under way at Edendale Hospital in the Department of Medicine. This includes research on tuberculosis and traditional remedies. Some research has started at Greys Hospital, mainly thanks to Dr Dawood's interest, but more needs to be done. Most Heads of Units are too busy with service work and developing their departments to spend time on research at the moment. We need to find ways to correct this deficiency, and to involve our trainees in research as part of their training.

Information Technology:

The Department's website is a subsidiary of the Greys Hospital website but can be accessed from the Intranet and from the Internet at: <http://www.kznhealth.gov.za/medicine.htm>

Direct access to this site for our secretary has been promised by Head Office. Once we have this we will be able to keep it well up to date. Greys Hospital now has computer work stations in all wards, making the website more available, but Edendale still needs to acquire these facilities.

Negative Developments:

Outreach Program:

Our Outreach Program remained weak during the year. This was due to a lack of co-ordination. This will be addressed in 2007 once Dr R Caldwell takes up his post as full time co-ordinator of the Outreach Services.

General Medicine:

The Medical School and the Management at King Edward Hospital have taken the bull by the horns in creating two Chief Specialist posts and two Principal Specialist posts in General Medicine at King Edward. It is hoped that these will be filled in 2007 and that general medicine will again become an exciting career option for our specialist graduates.

2006 proved a year of unprecedented development for the Pietermaritzburg Department of Internal Medicine. Goals for **2007** include consolidating the Outreach Service (the "Interactive Program"), consolidating all our subspecialty services, and the creation of a Haematology service. It is hoped to expand research and to foster co-operation with other Departments of Medicine in other parts of the world.

Chief Physician
Dr FJ Muller FRCPC, FCP (SA), FRCP (London)

ORTHOPAEDIC SURGERY

1. Overall successful recruitment/retention of staff
2. Creation of 5 more Registrar Posts
3. Waiting Times for Surgery (Acute Trauma and Infection) kept within the target range 0 – 7 Days. This achievement owed to the development of Orthopaedics at Northdale Hospital with appointment of Dr Turino.
4. Further strengthening of sub-specialities:
 - a) Spine – Dr Ramlakan (Spinal Surgeon) appointed from 1st August 2006 and this has greatly improved treatment for Spinal patient as we now have 2 Spinal Surgeons.
 - b) Hand Surgery – running well
5. Strengthening of Outreach Service around Amajuba District with recruitment of and support of a Principal Orthopaedic Surgeon – Dr Siddique

OPERATIONAL OVERVIEW:

1. Service Delivery:

Overall good service delivery and this is enabled by:

 - a) Support of Outreach especially priority District – Amajuba and re-establishment of Orthopaedic Service at Northdale
 - b) Establishment of Hand Surgery Unit with over 100 Cases done that should otherwise have referred previously to Durban
 - c) Establishment of Spinal Surgery Service and also well over 100 cases between the 2 Spinal Surgeons
 - d) Integrated Monthly Morbidity/Mortality Meetings for all Hospital in the PMBurg Metropolitan Complex
2. Academic/Teaching Programme:

The Academic/Teaching Programme reviewed/strengthened and streamlined to accommodate all categories of staff:

 - a) Registrar Teaching/Development – only One Orthopaedic Specialist was successful in passing the Specialist Examination in Kwazulu-Natal and it is pleasing that the Doctor is based in the Pietermaritzburg Hospital Complex – Dr Tzvetanov
 - b) Interns/Medical Officer Teaching Programme has been developed to complement the main Friday Teaching Programme. This programme entails audits of our daily acute cases, implementation of Departmental Policies/Procedures and Presentation of Topics by Doctors targeting mainly Interns and Junior Staff.

CHALLENGES AHEAD:

- Further development of Spine & Hand Units
- Maintain/improve Orthopaedic Service Delivery
- Maintain Orthopaedic Service accessibility to Northdale Hospital because failure will have/ripple effects on Greys Hospital.
- Streamline Support System for District/Regional Hospitals
- Strengthen/Implement Quality critical control measures
- Strengthen/Research Activity/Publications from the Department
- Improve excellent/good satisfaction rating by patients through the Survey
- Improve efficiency in Theatre Utilisation to further accelerate access to operative treatment and development of Tertiary Services
- Lobby for more budget allocation for Implants because there is capacity to provide more Tertiary Services if more resources can be allocated e.g patients requiring Arthroplasty have the Surgery done quicker than in the eThekweni District

CONCLUSION:

The Orthopaedic Department will continue in its endeavour to accelerate service delivery and monitor/minimize risks to the satisfaction of patients.

Chief Specialist & Metropolitan Head
Dr M E Senoge

OPHTHALMOLOGY

Dr E Uys resigned the Full Time Senior Specialist post in Vitreo-Retinal surgery. However we are fortunate that he will continue to do sessions in this field. We all wish him good luck in his venture into private practice.

Dr N Chetty and Dr C Dewar were appointed as registrars we welcome them to our PMB Complex. Dr G Ladner has been transferred for a year as part of the registrar program to Durban. Dr A Burger has returned having spent the last year as a registrar in Durban.

The Ophthalmology clinic continues to be extremely busy and the number of patients requiring surgery increasing daily. Unfortunately with limited theatre time the waiting list for all procedures is growing at an alarming rate.

The Out Reach cataract surgery program at Dundee Hospital is working well, we hope to go there once a month. Other sites for Out Reach surgical programs have been identified but have to wait for the necessary equipment to be purchased by the Department of Health.

New equipment has been requested however we are awaiting its arrival. Once some of the new surgical instrumentation has arrived, Dr M Harrison will be ready to embark on the new concept of corneal endothelial surgery.

The Continuing Medical Education program is fully operational, having weekly Tutorials for Part 1 FCS, Neuro-Ophthalmology, Neuro-Radiology and Clinical Topics. Consultants and Registrars attend weekly academic teaching at IALCH Durban.

The aim this year is to have a dedicated day for cataract surgery so as to do away with the long waiting list. Once the new microscope has been installed the existing microscope needs to be set up in the OPD theatre so as to enable day surgery to expand decreasing the requirement for beds which are at a premium.

The clinic also needs to be expanded as the present situation is far too small.

A very big thanks to Sister J Williams and Nurse C Nzimande for their hard work as they often have to run busy clinics, answer telephone calls, do all the administration single handed, as no clerical staff is available.

Principal Ophthalmologist
Dr R B Spooner

DIETETICS DEPARTMENT

The Dietetics Department at Grey's Hospital has continued to engage and meet the challenging demands of the unit. The New Year was greeted with the appointment of the long awaited ARV Dietitian to the Family Health Clinic and with this nutrition service was reinitiated to the clinic. Comprehensive needs assessment was conducted with the staff at the clinic and the needs were addressed by means of in service training to the staff in matters relating to nutrition service delivery. This service was short lived as the Dietitian then resigned at the end of September 2005. In November the ARV post was filled with a transfer Dietitian from another hospital.

In December 2006 the second ARV Dietitian post was advertised and at the same time our Senior Dietitian resigned to enter the field of private practice. This added a further strain to the department. The staff component has decreased to 2 Clinical Dietitian and 2 ARV Dietitian's. The department still awaits the final staff establishment and hopefully this will be finalised sometime in 2007.

For the year we successfully trained five Post Graduate Dietetic Interns from the University of KZN. These students all excelled in their academic achievement for the clinical lecture block. At present they have been placed in outlying areas for the Community Service Year.

In service training and continuing education has remained a priority within the department, with most staff attending computer courses, workshops, seminars and training from the Human Resource component. In addition two staff members have completed the QI training course and have successfully completed and presented their initiatives.

The clinics that are currently supported by this department include: Antenatal, Diabetic, Paediatric Diabetic, Paediatric Liver, and Family Health. In addition we have also become actively involved with the newly initiated Home Tracheostomy Programme that runs from the Paediatric ICU unit. We still continue to see all other outpatients on an appointment basis with a referral from a doctor and or other Health Professional. Total number of patients seen: **24768 patients over a 12 month period**. This equates to a total of **2064 patients per month**. Our patient numbers from the last report has increased by 580 i.e. a 3.3% increase in our patient numbers for the same period.

Health Promotion continues to feature prominently within the department. The following Health Days were celebrated for the last reporting period: Pregnancy Awareness Week, Breastfeeding week, Diabetes Awareness, World Aids Day, National Nutrition Week and World Food Day. These were celebrated with informal talks to patient and staff, posters, handouts, nutrition information stands and prizes. In addition we were active in the Health Promotion Programme facilitated by the Psychology Department for staff.

Despite the evident shortage of both professional and support staff, the department remains hopeful that there will be some relief as soon as the post establishments are finalised. With this we will be better able to target the specific tertiary requirements of the hospital and provide the necessary nutrition service to the specialist departments that have already been commissioned.

**Dietician
Mrs R Lachman**

OCCUPATIONAL THERAPY

The mission of the occupational therapy department is to provide optimum specialist remedial and rehabilitative services to both our inpatients and outpatients .

ACHIEVEMENTS:

- Motivation and filling of a general orderly post
- Recruitment and filling of a junior occupational therapy post in January 2007 after it being vacant for 1 year.
- Community work in Sobantu and Arthur Blaxwell school for the Blind by community service therapists in 2006.
- A successful cerebral palsy clinic with significant fund raising to host a Christmas party and give each child a meal and a generous present .
- A team orientated hand clinic incorporating OT , physio and orthopaedic doctors.
- An approved post establishment for OT , finally after many years of motivation.
- Attendance at various continuing education courses to improve skill.

CHALLENGES:

- Lack of senior posts for provision of specialist services and management.
- Lack of therapists to provide optimum outpatient and inpatient services.
- Lack of support staff
- Medical boarding of a support staff member (SASO) with no replacement to date.
- Non allocation of community service therapists for 2007 – reducing impact on the community and hospital.
- Delay in renovations

STUDENTS

We have had students from UKZN complete their elective placements and practical physical blocks here at Greys.

External examinations for 6 students were also conducted in 2007.

GENERAL:

The staff contributed to the various hospital initiatives held over the year eg. Health promotion, child abuse campaign, OT week, quality improvement training, etc. Lectures were also given to the nursing staff and community sectors.

**Occupational Therapist
Mrs A Chetty**

PHYSIOTHERAPY

The past year has seen improvements in post structures, and further development and consolidation of services. Although the post establishment has improved vastly, staff numbers have maintained a status quo.

A community service Physiotherapist was again allocated to Greys in 2007, and provides a Physiotherapy service to Sobantu Clinic, Balgowan Clinic, Sunnyside Old Age Home and the CP Association's CP clinic in Edendale.

Four elective students from the Universities of Cape Town and Kwa-Zulu-Natal have completed their elective placements at Grey's.

The Hydrotherapy Pool continues to be extensively utilised, and is a valuable resource at Grey's. The 2006 CSO joined the staff as an entry grade physiotherapist and has developed structured classes which provide means of improving treatment outcomes and monitoring progress.

The Back Classes have continued to grow. Further development of these classes includes invitations to guest speakers, which have been well received by the patients. Various aspects of mental and physical health which are important in the management of chronic pain are discussed. The demographics and outcome measures from these classes are audited, and used for ongoing development. Space restrictions, as well as the need for provision of close supervision, restrict the size of these classes. Knee Classes are held once a week to follow-up knee arthroplasty, as well as focus on exercise programmes for other knee conditions. A pre-Arthroplasty clinic is planned.

A physiotherapist with a special interest in Paediatrics has joined our staff, and is developing the paediatric physiotherapy service to include Neonatal neurodevelopmental screening and a Baby clinic.

A physiotherapist continues to be involved in the Hand Clinic. When staffing allows, a physiotherapist will be allocated to Plastics and Hands, covering both in and out patients.

Further plans include Physiotherapy involvement in the Pelvic Floor Dysfunction, Diabetic, Rheumatology and Dizziness clinics.

**Physiotherapist
Mrs H. Shanahan**

RADIOLOGY DEPARTMENT

GENERAL

MRI SCANNER

A new head coil was acquired to provide improved MR imaging of the brain. Dr A Moodley, Principal Neurologist, is currently conducting a research programme on MR diffusion of the optic nerves in cryptococcal induced vision loss.

CT SCANNER

In order to facilitate the reporting of CT scans from Ladysmith Hospital, an additional workstation was acquired for the CT scanner at Greys Hospital. The Ladysmith CT images can now be transmitted electronically to Greys Hospital for reporting.

ULTRASOUND

The foetal anomaly clinic is well established with referrals from a wide catchment area in KwaZulu Natal.

MAMMOGRAPHY

The mammography service was instituted in April 2006. As ultrasound is an integral part of mammography, an ultrasound unit was acquired for the Mammography Department. This unit is also available for trans-vaginal scanning by the OBGYN department.

INTERVENTIONAL RADIOLOGY

Introduced by the Principal Radiologist in January 2005, this service has expanded to include biopsies and abscess drainage under ultrasound or CT guidance, arterial embolisations, percutaneous endovascular foreign body retrieval, insertion of dialysis permanent catheters including those via translumbar and transhepatic routes, and biliary and ureteric stenting.

X-RAY

The Silvery Recovery Units recently purchased have significantly improved the efficiency and Health and Safety aspects in the darkrooms.

SURGERY AND ANAESTHETICS

ERCP's are performed weekly in the Radiology department by the Surgery department, and a Pain Clinic has been instituted by the Anaesthetist department using the screening facilities in the Radiology Department

ACADEMIC

Five radiographers are currently studying towards their Bachelor of Technology (Diagnostic) degree, and one radiographer has registered for her Masters degree in Diagnostic Radiography.

The 24th International Radiological Congress hosted in Cape Town in September 2006 was attended by a number of radiographers and radiologists from Greys Hospital.

The Society of Radiographers of South Africa (KZN Branch) Seminar was hosted by the Greys Hospital radiographers in August 2006, with 90 delegates attending the function.

Through the Diagnostic and Training Ultrasound Centre Greys Hospital, affiliated with the Jefferson Ultrasound Research and Education Institute Philadelphia, Pennsylvania, USA, a course in Ultrasound was conducted by the Chief Radiologist for the radiographers and doctors from KwaZulu Natal during 2006.

Other congresses attended by individual ultrasonographers and radiologists include:

South African Society of O & G - Female Imaging

Neurology Association of South Africa - International Congress

Royal College of Radiology, London - Seminar on Vascular Imaging and Intervention

South African Heart Congress

One of the radiology registrars has had two articles published, one in the South African Medical Journal, and one in the SA Journal of Radiology, and another article was recently submitted to the South African Journal of Radiology.

Two additional Radiology registrar posts were assigned to the Radiology Department in January 2007, bringing the total number of registrars to six. In September 2006 two registrars passed Part I F.C. Rad (Diag) SA.

In January 2007 a National “Think-tank” was held at Tygerberg Hospital in the Cape where Heads of all the Radiological departments in South Africa met to establish a National Radiology Training Programme, using Telemedicine as a medium of instruction. This event was endorsed by the College of Radiology as a constructive initiative to optimise co-operation and collaboration between the training centres in Radiology around the country. A pilot project was then instituted, and four lectures from South African experts in their fields in Radiology were video-conferenced to all the other venues in the country. The plan is for this to be an ongoing process. Discussions then focussed on establishing a National Registrar Forum for Radiology as well a National Radiological Digital Library. These activities were sponsored and strongly supported by the representatives from the Radiological Society of South Africa who attended the meeting.

Radiography Manager
Mrs D Wood

Chief Radiologist
Dr A F Stoker

DEPARTMENT OF RADIATION ONCOLOGY

This year we had our official opening ceremony. Dr B.M Nyembezi officially opened the department on the 29th May 2007.

The department employed a Medical physicist in November 2006. We have been able to expand our services and are now offering radiotherapy to patients with our linear accelerator.

We are still awaiting further equipment before we will be able to treat patients with radiotherapy to the head and neck and breast region.

We have opened our brachytherapy unit and are treating between 6- 8 cancer of the cervix patients weekly with this high tech equipment.

We have established Combined Clinics for a multidisciplinary approach

Monday: Clinic 1- Combined Breast Clinic with the surgeons

Clinic 2- Combined Gynae Clinic with the Gynae department

Tuesday: Combined Head and Neck clinic with the ENT surgeons

Two registrar posts have been approved by the HPCSA (Health Professions Council of South Africa) for one year of training. The registrars will have to complete their four years in Durban

Recruitment of a Specialist Radiation Oncologist and Radiotherapists has become a priority due to a shortage.

Principal Specialist
Dr B Lester

SPEECH THERAPY & AUDIOLOGY

STAFFING:

1x Full time Junior Audiologist

1X Sessional (20hrs) Speech Therapist – Audiologist

1X General Orderly (half time - shared with Dietetics)

We Are very grateful to have the support of two community service officer's.

1X Community Service Audiologist

1X Community Service Speech Therapist

NEW EQUIPMENT:

1. Earmold repair kit.

2. Otoacoustic Emissions machine – for the assessment of hearing in the paediatric population and “difficult to test population”.

SERVICES AND SERVICE ISSUES:

Speech Therapy:

1. Paediatric and Adult, in and out-patient service.
2. CP Clinic (Wednesday morning).
3. Learning Disability Service, attempting to keep to a minimal due to insufficient staffing.

Audiology:

1. We are very excited that the ENT service is up and running again, as we are in many ways co-dependent.
2. Diagnostic Audiology service: Otoscopy, Tympanometry, Ipsi-lateral reflexes, Air Conduction, Bone Conduction, Speech.
3. Hearing aid Clinic: Hearing aid selection, earmold impression taking, hearing aid programming, patient education.
4. Limited ABR clinic. The ABR equipment is kindly on loan to us 1 day a week, from the Neurology Department, testing 6 / 7 patients per day.
5. Tinnitus retraining therapy.

ACTIVITIES AND PROJECTS:

1. Staff has been trained in earmold modification i.e. reshaping, increasing vent sizes, and replacing tubing. We have started offering this service to the patients. In the past these earmold repairs had to be done by the hearing aid company's in Johannesburg, leading to increased costs to the hospital and long delays in service delivery.
2. Working with the ENT department on developing a protocol for beginning the full utilization of otoacoustic emissions (OAE's) at Grey's Hospital. To be fully functional by 08/2007.
3. Have a therapist specially trained (by 08/2007), in treatment of patients with tracheostomy's, as a specialist Tracheostomy unit is starting at Grey's.
4. Submitted NSI's and Specifications for an Auditory Brainstem response machine, a diagnostic Tympanometer and a Software package which will facilitate communication for those patients for whom oral communication is not an option.
5. Have Speech Staff trained by staff at KEH in treating laryngectomy patients who have been fitted with Provox valves (by 08/2007).
6. Involvement in multidisciplinary patient information talk in the initiation of the Down syndrome support group, and child protection week, and disability week.
7. Working on starting an accredited Journal club in conjunction with OT, PT, and Dietetics.
8. Have developed clinical guidelines for most of the major categories of assessment and treatment at Grey's. This is a work in progress.
9. Have reviewed all Speech Therapy and Audiology policies, and created a few new ones as the departmental status has changed since the inception of the original policies.
10. Participation in documentation audits, as well as the review of the efficacy of the audit system.
11. With regard to speech therapy once staffing levels improve, we would like to develop a more coordinated intensive and coordinated service to the children with delayed speech and language, the adult dysphagia population, infants with feeding problems, laryngectomy's, hearing impaired children, CVA patients and Traumatic Brain Injuries.
12. With regard to Audiology once staffing levels improve, we would like to offer a more coordinated and intensive service to dizzy patients, patients with tinnitus and patients requiring Aural rehabilitation.

CHALLENGES:

1. Insufficient staffing makes the delivery of current services and participation in the development of new services very difficult. The specialist departments within the hospital are becoming fully operational, and more and more specialist clinics and services are developing. The effect being that their demands and requirements of us is increasing and we are unable to meet the demand. For example the Specialist Trachea unit/service should ideally have a dedicated therapist, which we can not provide at present. In addition, without a manager to drive the service, making any sustainable and profound changes within the department is difficult. The hospital has approved the funding for a Speech Therapy- Audiology manager, 1 senior Audiologist, and 1 Senior Speech Therapist, we look forward to having these advertised and filled.
2. Experienced staff is required as there are numerous services within a Tertiary hospital setting that required specialist skills and training, e.g. treating laryngectomy patients, treatment of tracheostomy patients, dysphagia treatment, electrophysiological testing and interpretation, etc.

Yugeshiree Naidoo
Speech Therapist - Audiologist

CLINICAL PSYCHOLOGY

In the last year the Department of Clinical Psychology has emerged from its conception as a professional department to feeling confident to take the first steps of specialization. Departmental policies and procedures, patient contracts, specialized assessments and daily work allocation have been reviewed.

We have played an active role in facilitating group intervention with children and parents during the International Child Protection Week (29 May to 2 June 2006) and we have completed group therapy with diabetic children and adolescents from July to September 2006. We have also completed emergency trauma group intervention with staff members and have co-ordinated a multi-disciplinary staff health promotion programme targeting positive lifestyle changes.

We strongly advocate that training encourages growth and have been involved in several presentations to both staff and patients. This includes presentations on coping with psychological stressors; psychological health promotion; abuse and neglect of children and women; and behavioural change in diabetic patients. We have also attended in-service training with Nephrology, Radiography; Obstetrics and Gynaecology; Oncology and Radiotherapy; Orthopaedics; and Neurology. The training was excellent and we are grateful to these departments for their dynamic engagement in strengthening our clinical objectives.

Unfortunately we have continued to experience staff shortages and are hopeful that this will improve in the new financial year. We are thankful to the Community Service Psychologist and part-time psychologist, who despite escalating workloads have served the hospital with dedication. In the last year departmental statistics have tripled and the expansion of services in the hospital has meant that there is greater pressure placed on psychological services.

We will soon be receiving our standardized assessments and would like to further develop our play therapy room. We have contacted some departments to develop specialist psychological intervention and have suggested that training of medical staff, grand ward rounds and psychological group therapy intervention would help to develop the services further.

The support and encouragement we have received from staff has been enriching both professionally and personally. We hope that we can continue to grow as a department and provide the hospital with an efficient psychological service dedicated to service excellence.

Shantal Singh
Senior Clinical Psychologist

SOCIAL WORK

With Tertiary services at Grey's Hospital having expanded, this has resulted in a significant increase in the number of patients being referred to the Social Work Department, who have presented with a wide spectrum of social problems. Inadequate community resources, staff shortages, high staff turnover, and heavy caseloads have been some of the challenges we have faced. Despite such challenges, addressing psycho-social needs, referrals to appropriate resources and enhancing the social functioning of patients has been our primary focus, both at the wards and out-patient clinics.

In addition, the Social Work Department has been involved in the following areas:

- ❖ The Social Worker is an integral part of the multi-disciplinary team in all clinical areas. We have commenced with specialized assessments such as ARV Assessments, Sterilisation Assessments for mentally ill/retarded patients, T.O.P. Assessments and Renal Assessments for patients in terms of eligibility for the Chronic Renal Programme. New areas such as renal and organ transplants are being explored.
- ❖ We have arranged various Health Awareness programmes for patients and staff, commemorating events such as Child Protection week, 16 Days of Activism of No Violence against Women and Children, etc. We are actively involved in the Events Management Committee, which has assisted with these functions.
- ❖ Staff Wellness is important to us. EAP counseling is provided. In addition, we have been involved in the Health Promotion Project for staff held by the Rehab team in 2006 & 2007.
- ❖ Other projects include Casual Day, which is a fund-raising project for disabled persons and organizations. In 2006, we raised R1540.00; bringing the total funds raised for the Disabled since 2002 to R5980.00. (well supported by the staff)
- ❖ We have engaged in Community Networking with various organizations, such as Reach for a Dream Foundation, Hospice and PADCA.
- ❖ In-service training programmes have ensured that we remain updated on new developments in the field.
- ❖ Quality Improvement programmes have been initiated such as a Database on Home-based care, to assist in discharge-planning of patients.

- We presently have two social workers:
- Lekha Chirkoot: Assistant Manager of Social Work
 - Phindile Mshengu: Senior Social worker
- We are currently addressing the staffing issue and are in the process of filling two additional posts: ARV Social Worker and Principal Social Worker

We would be able to provide a more comprehensive service once staffing has improved.

Assistant Manager: Social Work
Lekha Chirkoot

NURSING CAMPUS

Grey's Campus of the Kwazulu Natal College of Nursing is affiliated with the University of Kwazulu Natal and University of Zululand.

We offer the following courses.

1. Diploma in nursing g(General; Psychiatric and Community) and Midwifery (R425)
2. Bridging course of enrolled nurses leading to Registration as a nurse (R683)
3. Enrolled nursing courses (R2175).

STUDENT INTAKES

- April 2006 - 46 students commenced training in the R683 programme
- July 2006 - 50 students commenced training in the R425 programme
- September 2006 – 30 commenced training in the R2175 programme
- January 2007 – 50 students commenced training in the R425 programme
- February 2007 – 30 students commenced training in the R2175 programme

GRADUATION

- 170 students graduated from the R425, R683, and R2175 programmes at the KZN CN graduation ceremony held on the 10th October 2006 at ICC-Durban

PROMOTIONS

The following nursing campus Subject Head's were appointment with effect from 1st April 2006.

- Mrs S.T. Makhathini – general Nursing science
- Ms B. Stakes – Fundamental Nursing Science; Anatomy & Physiology.
- Mrs M. Subhan – Community Nursing Science.
- Mrs S. Mahadeo - Midwifery.
- Ms N. Royan – Psychiatric Nursing and Social Sciences.

NEW APPOINTMENTS

The campus would like to welcome the following staff:

1. Mrs S. Mahadeo
2. Mrs N.L. Cetywayo
3. Mrs R.S.M Magrimo
4. Ms S. Janaent
5. Mrs B.A. Majola
6. Mr A Naidoo
7. Ms A.N. Ntshiza
8. Mrs S. Pillay
9. Mrs N.B. Mthethwa
10. Mrs V. Sewkarran
11. Mrs U.R. Sooruth
12. Mrs S. Chandramohan
13. Mr M. Dlamini.

We wish them a long and enjoyable stay at Grey's Campus.

We bade farewell to the following:

MS T.M. Sinqotho was transferred to Edendale Campus as Subject head FNS & A+P

MRS M. Wiles resigned with effects from 30.06.2006

Mrs N.C. Manyoni transferred to Natalia in December 2006 on Promotion.

Their contribution at the Campus is highly appreciated & we wish them well in the future

ACHIEVEMENTS

We have a computer room which is fully furnished with 10 computers which are gainfully utilized by all tutors.

The Audio visual centre is almost complete to facilitate effective teaching of counselling skills to students during HIV and AIDS workshops & Psychiatric modules.

CHALLENGES

Tutors share offices which is not an ideal situation because they also do remedial education and counselling for students.

DEATHS

During this period we lost two students and may their souls rest in peace

CONCLUSION

Campus staff is continuing to maintain an environment which is conducive to learning in an effort to produce caring and competent practitioners who will be able to make a difference for the benefit of the clients of the health care services.

Thank you to all categories of staff members who assisted our students to meet both the theoretical and clinical requirements so that we can achieve our goal of Quality Nursing Education for Quality Nursing Care.

Mrs Mathebula
Campus Principal

DEPARTMENT OF MEDICINE: FAMILY HEALTH CLINIC

The mission of the clinic is to deliver holistic HIV/AIDS related care to all who access the clinic by developing a multi-disciplinary team to address all the needs of our health care users. Our goal is to participate in clinical support and outreach programs to institutions referring to Grey's Hospital. The vision is to be a center of excellence and set the standard in ARV management in the uMgungundlovu District.

2006 has been a challenging year for the clinic with a few highlights and a few setbacks in terms of resources.

Highlights

- ❑ In May the clinic welcomed Dr Halima Dawood, as Principal Specialist: Infectious diseases who has proved invaluable with her wealth of expertise.
- ❑ Dr. Hernandez started an outreach programme to Appelsbosch on a monthly basis and will continue to do so. Dr Bizaare started an outreach programme to Northdale Hospital fulfilling our goal to support district level rollout sites.
- ❑ The pharmacy got their long awaited premises, facilitating prompt access to medication and decreasing patient waiting time.
- ❑ On 1st December the clinic hosted a successful World AIDS Day event and the message focused on self-awareness of HIV status.

Operational Overview

- Weekly Multidisciplinary meetings are held to co-ordinate and strengthen services provided to our patients.
- In addition, a weekly journal club is held and has proved invaluable in strengthening clinical foundations.
- Once monthly meetings, with all stakeholders in the District ARV rollout is held to co-ordinate services in the district.
- The Paediatric service has successfully been integrated into the adult clinic with Dr Bizaare attending to mothers of patients seen by the paediatricians, as well as the adolescents that are transitioning to the adult clinic.
- In August, the clinic welcomed Drs Medina and Andux from the department of Obstetrics and Gynaecology to help in the Prevention of Mother to Child Transmission (PMTCT) Programme. They currently see patients once weekly and although the uptake of these services is slow, we do anticipate it will increase. To date (end of 2006) 14 mothers have been initiated on HAART.
- For 2006, a total of 602 patients were initiated on Antiretrovirals, which equates to approximately 50 patients per month. In addition, 305 patients were down referred to their local district hospital for continuation of their antiretrovirals. Approximately 80-100 patients access the clinic daily. Approximately 10 patients are transferred in weekly from other sites for consults. As of 31 December 2006, 1900 adults and 190 children were initiated on Antiretrovirals.

Challenges/Prospects

- Our current facility lacks consulting rooms for medical and Para medical personnel. The counselors still have to share cramped quarters. Plans are in the pipeline to renovate the premises to provide additional consulting rooms.
- Additional staff is required, namely a ward clerk and data capturer. In addition, a counselor solely dedicated to improve adherence and follow up defaulters is required. An NGO (EGPAF) has offered to help with staffing requirements
- Staff retention is poor; in the last quarter of the year we said farewell to Sisters Chetty and Nkabini (both highly trained ARV personnel). Their presence will be missed. In addition, our data capturer left the clinic and this caused some distress. Perhaps we need to look at incentive packages as a way of retaining our highly skilled staff. Entry-level posts are just not attractive and we compete with NGO's and the private sector.
- Lack of a functioning and sustainable IT system, impairs efficient functioning. Once again EGPAF has promised support in this area. (viz data capturer, IT software and training).
- There is an ineffective monitoring and evaluation of treatment outcomes and adverse events (No National monitoring system in place).
- In 2007, we intend supporting other rollout sites by means of outreach programmes.
- We propose to develop and participate in research activities as the need and the capacity arises.
- Another challenge is striving to be a tertiary level center while still trying to allow equitable access to Antiretrovirals to people in our district.

In Conclusion, despite the many achievements, the optimal functioning of this service is limited by the lack of human and physical resources.

Dr Bizaare



Family Health Clinic staff

ETHICS COMMITTEE

The committee was established in 2003 because of the requirements of the Provincial and National Departments of Health, and because of the COHSASA criteria for accreditation.

The main purpose of the committee is to create a forum in the hospital for the discussion of ethical issues as they relate to the function of the institution and its relationship to the community that it serves.

These basic functions of the committee are working well. The committee has recently been strengthened by the presence of Dr Jo Titus, Chief Specialist in Obstetrics and Gynaecology, who has a higher qualification in Ethics. The committee is working towards expanding its role and becoming a fully functional research ethics committee.

The committee is still meeting six times per year and organising four lectures per year on ethical topics. These meetings have been moved to midday to facilitate attendance by a wider audience. In addition the Ethics Lectures/Seminars from Durban are being teleconferenced to the Grey's lecture theatre.

Anyone who has a contribution to make to the Ethics Committee, or wants to have a topic discussed or reviewed by the committee, is invited to make a submission in writing to Mrs Adela van der Walt, Secretary to Dr Muller in the Department of Medicine.

The committee has also considered several issues brought to its attention by members of the Grey's community, including the ethics of managing institutionalised, impaired patients, the management of the very low birth weight neonates and issues of confidentiality and the appropriate care for terminally ill patients. The committee would like to encourage the Grey's community to refer further ethical dilemmas.

The committee is also introducing a system whereby ethical problems that have been encountered and resolved without the committee are reported in a standard format to the committee. This will help give guidance with regard to the problems that health care workers are experiencing and guide the committee in the choosing the appropriate content for seminars and lectures.

**Committee Member
Dr Z Farina**

EMPLOYEE ASSISTANCE PROGRAMME (E.A.P)

The Employee Assistance Programme continues to function well, with new EAP Practitioners being trained as others leave Grey's.

We see an average of 16 staff members per month, and are dealing with more financial/ debt related problems this year.

I expect the call for financial advice and problem resolution to be the most common problem for this year (2007), especially with the implementation of the new Credit Regulation Act.

Supervisors are making more referrals to EAP Practitioners for Disciplinary matters.

We have seen fewer staff with Alcohol-related problems this year, which is a good sign.

Referrals to our own KZNPA Health Department and Community-based NGO resources continue.

We hope that we will be able to continue delivering a high standard of assistance to fellow employees.

Acting EAP Co-ordinator,
Sally Chesterton

QUALITY INITIATIVES AND ACHIEVEMENTS 2006 / 2007.

There have been several quality initiatives undertaken by Grey's Hospital in the past 12 months namely:

- COHSASA Accreditation Process
- World Health Organisation Quality Initiatives – HPH / PATH
- District Quality Initiatives – Minimum Standards Survey
 - Bathe Pele Survey
 - Patient's Rights Survey
 - Norms and Standards Survey
- Documentation and Clinical Auditing programmes
- Quality Improvement Training
- Development of Quality Improvement Programmes in all service elements

Due to the increasing interest in improving the quality of services the province has provided the institutions with a Quality Manager post. Grey's Hospital filled this post in February 2007 when Mr Deena Naidoo was appointed to this position.

COHSASA ACCREDITATION PROCESS.

Grey's Hospital underwent an external survey with COHSASA in February 2006, four external surveyors came to the institution to assess the standards of care. They were at the hospital for five days and all service elements were assessed. In August 2006 the institution was awarded an overall percentage of 94% with all service elements achieving the minimum requirement of 80%. This meant that Grey's was awarded a Focus Survey which would need to be done within 6 months to achieve a full accreditation status.

One of the main deficits found was the system regarding illegible signatures. A new system was devised which worked very well but it involved changing provincial documents. Communication has taken place with Head Office and a pilot study was conducted by them with 5 other provincial hospitals. The amendments to the documents were accepted by these institutions and Head Office is in the process of changing the provincial documents. This quality initiative will impact favourably on the whole province.

In March 2007 the focus survey took place and the Chief Surveyor from COHSASA, Dr Giel Van Sckalkwyk, conducted the survey. The results of the survey are due in July 2007 and a favourable result is expected.

WORLD HEALTH ORGANISATION QUALITY INITIATIVES.

The PATH Project for this period has been suspended until further instructions from the WHO and the SA coordinator.

The Health Promotion in Hospitals project has been ongoing and quality indicators were reassessed in 2006. Action plans for the five standards have been drawn up and areas which are partially or non compliant are being addressed. Head Office have scheduled inspections to assess the 14 hospitals involved in the project.

Dr Ruben Naidu initiated the Events Committee in August 2006 to ensure that health promoting activities are coordinated appropriately. A business plan was drawn up and certain health promoting events were prioritised. In 2006 Quality Day, World Aids Day and the World Disabled day were coordinated. In 2007 The Measles and Polio Campaign and Child Protection Week have been coordinated so far.

QUALITY IMPROVEMENT

Quality of care is a systematic process for closing the gap between actual performance and the desirable outcomes. Quality is a multifaceted and multidimensional concept and involves technical competence, access to service, amenities available, interpersonal relationships and continuity, efficiency and safety of care provided. Quality Improvement programmes are developed and incorporated into the Hospital's routine management functions.

According to the Quality Assurance Unit at Head Office at least two QI programmes per service element are required per year of which one must include health promoting activities. The purpose of developing QI programmes is to ensure quality patient care is rendered by a multidisciplinary team approach.

QI programmes provide a method of how to solve problems which occur in a systematic way and in so doing, ensure that the best possible care is provided.

All wards and departments are participating in QI programmes and this has become a continual process.

Some of the quality improvement programmes developed in 2006 have had an impact on service delivery. To name just a few the Surgical Service element has developed health promotion brochures for patients having Cataract Surgery, Tracheotomy Care and Wiring of Fractured Mandibles. The Casualty department designed a programme on pain management; the Theatre Department designed a programme on cancellation of theatre cases.

Another initiative is the combined effort of the Supplementary Services, namely Clinical Psychology, Social Work, Dietetics, Occupational Therapy and Physiotherapy to develop a quality improvement programme for staff to improve staff well being and working relationships. The courses conducted have been very beneficial to the staff.

The Health Education form designed by members of the Hospital Quality Improvement Committee has been implemented as a quality initiative to ensure that health promotion given to patients is documented. This form has had an effect on patient care and also ensures continuity of care.

Another quality initiative has been to include risk management feedback as part of the agenda of the Hospital Quality Improvement Committee. Feedback is received from Infection Control, Health and Safety, Complaints and Compliments, Labour Relations, Finance, Adverse Events and Negative Incidents. This ensures that appropriate policies and protocols are reinforced in the hopes that risks are minimised.

QUALITY IMPROVEMENT TRAINING.

Grey's Hospital is continuing to have two Quality Improvement Training sessions per year. The staff are eager to attend the training sessions and have produced some wonderful quality improvement programmes once trained. The quality improvement training programme developed by Dr David Nzanira is still being used with some modifications and updating has been done by the trainers.

QUALITY DAY

Quality Day was celebrated on 22nd November 2006. Invited guests were Department of Health special guests, other hospitals in KZN, community members and Grey's Hospital staff. Joan Maher from Head Office was the guest speaker. Quality improvement programmes were displayed in the form of posters as well as presentations. Certificates were issued to the staff who attended the Quality Improvement Training Programmes. The requirements for receiving the certificates were that a QI programme must have been implemented in the trainees department following the training received. 3 QI programmes were presented at Quality Day:

- Late coming in the medical wards by Mrs. Dlomo
- Adherence with ARV Treatment by SR. Chetty
- Multi-disciplinary health promotion programme for staff well being.

DISTRICT QUALITY INITIATIVES

The province has embarked on certain quality initiatives which are controlled by the District Quality Managers. The Minimum standards survey is done on a quarterly basis and three new surveys have now been included, namely: - Bathe Pele, Patient's Rights and Norms and Standards Surveys.

The purpose of these surveys is to ensure quality care is rendered to patients and to some extent to allow benchmarking between the various institutions to provide continuity of care.

Grey's Hospital has been partnered with Edendale Hospital, Embo Clinic, Doris Goodwin Hospital, Bruntville Clinic, Appelsbosch Hospital and Northdale Hospital. Action plans have been drawn up to address the partially and non compliant areas.

Another District quality initiative has been the Waiting and Service Time Survey which was conducted in February 2006. This survey will assist with access to care and will hopefully reduce the waiting time experienced by the patients.

BENCHMARKING FOR OTHER INSTITUTIONS.

Grey's hospital has provided a benchmarking service for other institutions to assist them in their quality initiatives. The institutions have come to benchmark for the COHSASA Accreditation Process, the Minimum Standards Survey, initiating new services such as a Viral Haemorrhagic Fever Unit, to implement new provincial protocols such as the milk room and also to orientate newly appointed staff to their roles and functions in their new posts eg Quality Managers and Assistant Nursing Managers. Institutions that have come for benchmarking in 2006/7 are:- Madadeni Hospital, Vryheid Hospital, Northdale Hospital, Umgeni Hospital, Appelsbosch Hospital, Port Shepstone Hospital, G J Crookes and Montobello.

In conclusion, Grey's is striving to remain a corner stone for Quality Improvement for provincial institutions and to maintain a high quality of service through maintaining standards and endeavouring to improve quality care.

Human Beings make mistakes because the systems, programmes and processes they work with are poorly designed