HLABISA HOSPITAL
QUARTERLY MORTALITY
AND MORBIDITY
REPORT

APRIL 2005 TO JUNE 2005

HLABISA PROVINCIAL HOSPITAL
PRIVATE BAG X5001
HLABISA 3937
TEL: 035 838 1003
FAX: 035 838 1117
1. Introduction
2. Outpatient statistics
3. Female medical ward
4. Male medical ward
5. Tuberculosis Ward
6. Female surgical ward
7. Male surgical ward
8. Paediatric ward
9. Maternity
10. High Dependency Unit
11. Therapy department
12. Social work
13. Dental department
14. Psychology department
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17. Conclusions
1. Introduction

This report is the second mortality and morbidity from Hlabisa hospital. Several things have been changed since the last report. Firstly we have included data on the number of patients taking antiretroviral therapy who were admitted to hospital, also more comprehensive psychology statistics are included.

Martin Dedicoat
Medical Manager

Acknowledgments to people involved in collecting the data presented here and providing patient care

1. Miss L Reiman Physiotherapy
2. Miss K Heine Occupational therapy
3. Mr D Gumede Physiotherapy
4. Dr M Kheswa Surgery
5. Dr B Manukuza Surgery
6. Dr K Govender Medicine
7. Dr D Knott HIV clinic
8. Dr R Duys Medicine
9. Dr K Miller Paediatrics
10. Dr S Dlamini High care unit / Antiretroviral therapy
11. Dr M Gounder Maternity
12. Dr Q Mbatha Maternity
13. Dr D Mbatha Outpatients
14. Dr D Sloane Tuberculosis
15. Ms A Moultrie Psychology
16. Mr P Gumede Social work
17. Mr N Buthelezi Facilities information officer
18. All ward clerks

Thanks must also go to Mrs Zungu, hospital manager for supporting the process.
2. Outpatient Statistics
Data for April to June 2005

A) Total number of outpatients seen in April 1714
   i. Total number of admissions in April 267  (16%)
B) Total number of outpatients seen in May 1385
   i. Total number of admissions in May 228  (17%)
C) Total number of outpatients seen in March 1432
   i. Total number of admissions in June 144  (10%)

Comments
Despite remaining busy OPD is running very efficiently due to the hard work of the nursing staff and improved coverage by all medical officers in the hospital.

3. Female Medical Ward
Data for April to June 2005

Number of beds 39
Total admissions 339
Total deaths 85
Death rate 25%
Mean length of stay 6.7 days
Bed occupancy 57%
Bed turn over rate 2.9
Estimated HIV associated morbidity 80%
Estimated HIV associated mortality 72%
Number of patients admitted on ARV’s 31

Morbidity profile
1. Gastroenteritis 60/339 (18%)
2. Pulmonary tuberculosis 40/339 (12%)
3. Diabetes mellitus 20/339 (6%)
4. Cryptococcal meningitis 16/339 (5%)
5. Meningitis 12/339 (3%)

Mortality profile
1. Gastroenteritis 18/85 (21%)
2. Pulmonary tuberculosis 16/85 (19%)
3. Pneumonia 11/85 (13%)
4. Meningitis 7/85 (8%)
5. HIV 7/85 (8%)
Comments.

The female ward remains very busy. There were 31 admissions of patients on ARV’s but this mainly reflected the fact that many of the patients starting ARV’s have very advanced immunosupression and are suffering with opportunistic infections at the time when they start ARV’s

4. Male Medical ward

Data for April to June 2005

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>28</td>
</tr>
<tr>
<td>Total admissions</td>
<td>276</td>
</tr>
<tr>
<td>Total deaths</td>
<td>63</td>
</tr>
<tr>
<td>Death rate</td>
<td>23%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>7.2 days</td>
</tr>
<tr>
<td>Bed occupancy</td>
<td>77%</td>
</tr>
<tr>
<td>Estimated HIV related morbidity</td>
<td>80%</td>
</tr>
<tr>
<td>Estimated HIV related mortality</td>
<td>80%</td>
</tr>
<tr>
<td>Number of patients admitted on ARV’s</td>
<td>6</td>
</tr>
</tbody>
</table>

Morbidity profile

1. Pulmonary tuberculosis 104/276 (38%)
2. Gastroenteritis 42/276 (15%)
3. Lower respiratory tract infection 16/276 (6%)
4. Stroke 9/276 (3%)
5. Heart failure 9/276 (3%)

Mortality profile

1. Tuberculosis 22/63 (35%)
2. HIV / AIDS 8/63 (13%)
3. Unknown 7/63 (11%)
4. Gastroenteritis 5/63 (8%)
5. Cryptococcal meningitis 4/63 (6%)

Comments.

The male medical ward despite being kept very clean and not being overcrowded due to hard work of the staff remains in a state of poor repair.
5. Tuberculosis ward

Data for April 2005 to June 2005

1. Total number of beds 62
2. Number of male beds 26
3. Number of female beds 36
4. Bed Occupancy Rate 28%
5. Number of admissions 145
6. Number of deaths 40
7. Number of in-patient days 1602
8. Death rate as % of admissions 28%
9. Average length of stay 12.6 days
10. Mean bed turnover rate per month 0.78
11. Estimated HIV related morbidity 80%
12. Estimated HIV related mortality 80%
13. Number of patients admitted on ARV’s 7

Morbidity profile

1. Pulmonary tuberculosis 97/145 (67%)
2. HIV / AIDS 22/145 (15%)
3. TB site unspecified 12/145 (8%)
4. Pneumonia 6/145 (4%)
5. Tuberculosis MDR 6/145 (4%)

Mortality Profile

1. Pulmonary tuberculosis 22/40 (55%)
2. HIV / AIDS 12/40 (30%)
3. Tuberculosis unspecified site 10/40 (25%)
4. Pneumonia 3/40 (7.5%)
5. Tuberculosis meningitis 2/40 (5%)

Comments

The TB ward runs very efficiently. There is a problem with re-treatment patients being admitted for streptomycin therapy as they are unable to get this in clinic or are unable to travel to clinic every day for their injection. It is hoped that ARV’s will impact on TB cure rates, we are trying to test and initiate ARV treatment on as many dual infected individuals as possible.
6. Female surgical ward

Data for April to June 2005

- Number of beds: 14
- Total admissions: 208
- Total deaths: 3
- Death rate: 3%
- Average length of stay: 5.1 days
- Bed occupancy: 67%
- Bed turn over rate: 5
- Estimated HIV associated admissions: 40%

Morbidity profile

1. Incomplete abortion: 55/208 (26%)
2. Trauma: 28/208 (14%)
3. Abscess: 17/208 (8%)
4. Cellulitis: 14/208 (7%)
5. Snakebite: 12/224 (5%)

Mortality Profile

1. Sepsis: 2/3 (66%)
2. Unknown: 1/3 (33%)

Comments

The female surgical and gynaecology ward is currently housed in one bay of the female medical ward. The staff are working under very cramped conditions and the rapid bed turn over is a testament to their hard work. It is hard to comment of facilities and equipment as the ward is temporary.
7. Male surgical ward

Data for April to June 2005

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>27</td>
</tr>
<tr>
<td>Total admissions</td>
<td>158</td>
</tr>
<tr>
<td>Total deaths</td>
<td>6</td>
</tr>
<tr>
<td>Death rate</td>
<td>4%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>6 days</td>
</tr>
<tr>
<td>Bed occupancy</td>
<td>29%</td>
</tr>
<tr>
<td>Estimated HIV related admissions</td>
<td>0%</td>
</tr>
</tbody>
</table>

Morbidity profile

1. Trauma 66/158 (42%)
2. Abscess 22/158 (14%)
3. Snakebite 11/158 (7%)

Mortality profile

1. Cancer 3/6 (50%)
2. Trauma 1/6 (17%)
3. GI Bleed 1/6 (17%)
4. Gangrene of limb 1/6 (17%)

Comments

The recording of admissions and diagnosis has improved on the male surgical ward but there is still some room for improvement.

8. Paediatric Unit

Nursery

Data for April to June 2005

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cots</td>
<td>10</td>
</tr>
<tr>
<td>Total admissions</td>
<td>81</td>
</tr>
<tr>
<td>Total deaths</td>
<td>13</td>
</tr>
<tr>
<td>Death rate</td>
<td>14%</td>
</tr>
<tr>
<td>Mean length of stay</td>
<td>4.2 days</td>
</tr>
<tr>
<td>Bed turn over rate</td>
<td>2.7</td>
</tr>
<tr>
<td>Bed occupancy</td>
<td>37%</td>
</tr>
</tbody>
</table>
Morbidity Profile

1. Prematurity 32/81 (40%)
2. Born before arrival 12/81 (15%)
3. Merconium aspiration 8/81 (10%)
4. Low Apgar score 8/81 (10%)
5. Jaundice 4/81 (5%)

Mortality Profile

1. Prematurity 5/13 (38%)
2. Pneumonia 1/13 (8%)
3. Jaundice 1/13 (8%)
4. Merconium aspiration 1/13 (8%)
5. Unknown 2/13 (16%)

Paediatric Ward

Data for April to June 2005

Number of beds (38 cots / 10 beds) 48
Total admissions 395
Total deaths 38
Death rate 10%
Average length of stay 3.9 days
Bed occupancy 35%
Bed turn over 2.7
Estimated HIV associated admissions 40%

Morbidity profile
1. Gastroenteritis 98/395 (25%)
2. LRTI 86/395 (22%)
3. PTB 24/395 (6%)
4. Protein energy malnutrition 21/395 (5%)
5. Poisoning 13/395 (3%)

Mortality Profile
1. Gastroenteritis 12/38 (32%)
2. Pneumonia 10/38 (26%)
3. Protein energy malnutrition 4/38 (10%)
4. Tuberculosis 1/38 (3%)
5. Enema syndrome 1/38 (3%)
Estimated HIV / AIDS associated deaths 20/27 (74%)

Comments.

A concerted effort has been made to identify children with HIV and help them access the ARV programme. Also steps have been taken to improve the management of protein energy malnutrition.

9. Maternity Unit

Data for April to June 2005

Number of beds 73
Total admissions 1026
Total deaths on unit 0 (Several pregnant women died on HDU)
Mean length of stay 4 days
Bed occupancy 62%
Bed turn over rate 4.7

Selected indicators (full list available in PPIP2 files)
(Data for April to June 2005)

1. Deliveries 820
2. PNMR 40.2/1000
3. C-section rate 20.6%
4. Positive syphilis serology 2.4%
5. Mothers aged <18 12%
6. Born out of hospital / clinic 2.7%
7. HIV infected mothers 27.6%

Comments
The majority of maternity data is collected and reviewed separately in the perinatal review meetings. Data presented here reflect ward activity.

10. High Dependency Unit

Data for April to June 2005

Number of Beds 5
Total admissions 63 (children 16 (25%))
Total deaths 21
Death rate 21/63 (33%)
Mean length of stay 3.2 days
Bed occupancy 44%
Bed turn over 4.2 per month
Estimated HIV associated admissions 25%
Number of patients admitted on ARV’s 1

Morbidity Profile

1. Pneumonia 12/63 (19%)
2. Trauma 6/63 (10%)
3. Fits 4/63 (6%)
4. Snakebite 3/63 (5%)
5. Meningitis 3/63 (5%)

Mortality Profile

1. Pneumonia 4/21 (19%)
2. Tuberculosis 2/21 (10%)
3. CCF 2/21 (10%)
4. Renal failure 2/21 (10%)
5. Meningitis 2/21 (10%)

Comments

HDU is currently operating under extremely difficult conditions. Since the start of building work and the demolition of the old HDU patients have been accommodated in a bay at the end of post natal ward. Conditions are very cramped and the all staff, especially the nursing staff are doing a remarkable job to keep going and provide a quality service.

11. Therapy Department

Occupational therapy

Number of Inpatients and Outpatients Treated (Excluding PHC clinic patients)

<table>
<thead>
<tr>
<th>Month</th>
<th>Inpatients</th>
<th>Outpatients (Including PHC)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>49</td>
<td>83</td>
<td>132</td>
</tr>
<tr>
<td>May</td>
<td>26</td>
<td>71</td>
<td>97</td>
</tr>
<tr>
<td>June</td>
<td>16</td>
<td>51</td>
<td>66</td>
</tr>
</tbody>
</table>

1. Total number of patients seen 295
2. Total number of sessions performed 306
3. Number of clinic visits performed 11
4. Number of patients seen in clinics 130 (43%)
1. Total number of new patients seen: 464
2. Total number of sessions performed: 563
3. Number of clinic visits: 13
4. Number of patients seen at clinic: 162

Morbidity profile
Inpatients
1. Orthopaedics: 35%
2. Neurology: 29%
3. Respiratory: 17%
4. Snakebite: 5%
Outpatients
1. Cerebral palsy: 19%
2. Orthopaedics: 18%
3. Arthritis: 10%
4. Back pain: 7%
5. Rehabilitation: 6%

Comments
The therapy department is working under very difficult conditions. Due to construction work it is currently situated in one section of the tuberculosis ward this is far from ideal. The department currently has a physiotherapist acting as manager, a community service physiotherapist and a community service occupational therapist. Currently six outside clinics are being visited. A wide range of patients are being seen and dedicated clinics are planned for certain conditions. Constraints of space and equipment restrict some of the activities of the department but new facilities will be available hopefully by the end of the year and equipment has been ordered.

12. Social Work Department

Comments
Our social worker has been sick for large parts of the last three months therefore no statistics are presented.

13. Dental Department

Comments
The dental department is currently not operational since the resignation of the dental therapist. We hope to renovate and re equip the department.
14. Psychology Department

Data for April to June 2005

### Outpatient Sessions

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>22</td>
<td>14</td>
<td>19</td>
<td>55</td>
<td>18.3</td>
</tr>
<tr>
<td>Repeats</td>
<td>29</td>
<td>23</td>
<td>13</td>
<td>65</td>
<td>21.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td><strong>37</strong></td>
<td><strong>32</strong></td>
<td><strong>120</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

### Inpatient Sessions

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td>Repeats</td>
<td>3</td>
<td>23</td>
<td>13</td>
<td>39</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>31</strong></td>
<td><strong>24</strong></td>
<td><strong>65</strong></td>
<td><strong>21.6</strong></td>
</tr>
</tbody>
</table>

### Hospital Sessions (Outpatient plus Inpatient Sessions)

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>29</td>
<td>23</td>
<td>30</td>
<td>82</td>
<td>27.3</td>
</tr>
<tr>
<td>Repeats</td>
<td>32</td>
<td>46</td>
<td>26</td>
<td>104</td>
<td>34.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>69</strong></td>
<td><strong>56</strong></td>
<td><strong>186</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

### Clinic Sessions and Clinic Visits

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>6</td>
<td>14</td>
<td>17</td>
<td>37</td>
<td>12.3</td>
</tr>
<tr>
<td>Repeats</td>
<td>4</td>
<td>23</td>
<td>21</td>
<td>48</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>37</strong></td>
<td><strong>38</strong></td>
<td><strong>85</strong></td>
<td><strong>28.3</strong></td>
</tr>
<tr>
<td>Clinic Visits*</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>23</td>
<td>7.6</td>
</tr>
<tr>
<td>% Sessions Done In Clinics</td>
<td><strong>14</strong></td>
<td><strong>35</strong></td>
<td><strong>40</strong></td>
<td><strong>31</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Frequently 2 clinics are visited on one day.

### SUMMARY

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total New Clients Seen</td>
<td>36</td>
<td>37</td>
<td>47</td>
<td>120</td>
<td>40</td>
</tr>
<tr>
<td>Total Repeat Clients Seen</td>
<td>35</td>
<td>69</td>
<td>47</td>
<td>151</td>
<td>50.3</td>
</tr>
<tr>
<td>Total Sessions Performed</td>
<td><strong>71</strong></td>
<td><strong>106</strong></td>
<td><strong>94</strong></td>
<td><strong>271</strong></td>
<td><strong>90.3</strong></td>
</tr>
<tr>
<td>Average no. of Daily Sessions</td>
<td>4.4</td>
<td>6.2</td>
<td>5</td>
<td><strong>5.2</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Diagnosis Profile – 10 Most Frequent Diagnoses

(Only 1 Diagnosis Counted Per Session)

<table>
<thead>
<tr>
<th>Psychiatric Diagnosis</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Schizophrenia</td>
<td>15</td>
<td>25</td>
<td>23</td>
<td><strong>63</strong></td>
<td>21</td>
</tr>
<tr>
<td>2 Adjustment Disorder</td>
<td>19</td>
<td>15</td>
<td>10</td>
<td><strong>44</strong></td>
<td>14.6</td>
</tr>
<tr>
<td>3 Mental Retardation &amp; Developmental Dxs</td>
<td>6</td>
<td>15</td>
<td>11</td>
<td><strong>32</strong></td>
<td>10.6</td>
</tr>
<tr>
<td>4 Assault (incl. Sexual Assault)</td>
<td>12</td>
<td>7</td>
<td>3</td>
<td><strong>22</strong></td>
<td>7.3</td>
</tr>
<tr>
<td>5 Psychiatric Symptoms due to GMC*</td>
<td>5</td>
<td>5</td>
<td>11</td>
<td><strong>21</strong></td>
<td>7</td>
</tr>
<tr>
<td>6 Complicated Bereavement</td>
<td>4</td>
<td>9</td>
<td>3</td>
<td><strong>16</strong></td>
<td>5.3</td>
</tr>
<tr>
<td>7 No Current Psychiatric Diagnosis</td>
<td>2</td>
<td>6</td>
<td>7</td>
<td><strong>15</strong></td>
<td>5</td>
</tr>
<tr>
<td>8 Major Depressive Disorder</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td><strong>9</strong></td>
<td>3</td>
</tr>
<tr>
<td>8 Attempted Suicide</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td><strong>9</strong></td>
<td>3</td>
</tr>
<tr>
<td>10 Postpartum Psychiatric Symptoms</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td><strong>5</strong></td>
<td>1.6</td>
</tr>
<tr>
<td>10 Psychiatric Sxs due to Substance Use/Abuse</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td><strong>5</strong></td>
<td>1.6</td>
</tr>
<tr>
<td>10 Psychiatric Diagnosis Unclear</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td><strong>5</strong></td>
<td>1.6</td>
</tr>
<tr>
<td>10 Schizoaffective Disorder</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td><strong>5</strong></td>
<td>1.6</td>
</tr>
</tbody>
</table>

*This includes epilepsy and a variety of other general medical conditions, including the sequelae of AIDS.

**Comments**

The psychology department has been very busy during the last 3 months as reflected in the excellent statistics above. Psychology services are vital to our hospital allowing us to offer a comprehensive package of treatment to patients for both their physical and mental health.

**15. Antiretroviral Therapy and HIV/AIDS Department**

Antiretroviral data for 2005, patients on therapy at the end on June 2005.

Patients currently on therapy
- Males: 97
- Females: 267
- Regimen 1a: 271
- Regimen 1b: 93

Children on therapy: 25 Total: 389

**Number of adult patients taking antiretroviral therapy admitted to hospital**

- Total admissions April to June 2005: 45
- Admissions by ward:
  - Female ward: 31
  - Male ward: 6
  - TB ward: 7
Average length of stay 8.3 days
Number of deaths 6 (13%)
Admissions felt to be directly related to ARV’s 3/45 (7%)

Morbidity profile

1. General debility due to HIV 10/45 (22%)
2. Pulmonary tuberculosis 9/45 (20%)
3. Pneumonia 7/45 (16%)
4. Gastroenteritis 5/45 (11%)

Mortality profile

1. AIDS (cause of death due to no specific opportunistic infection) 5/6
2. Pneumonia 1/6

Comments

The data above reflect the activity of the HIV / AIDS department to some extent. The ARV clinic known as “Philanjalo” is growing daily. Often over 90 patients a day are seen for various reasons. The facilities are small and cramped but will hopefully improve when the current construction is finished. The clinic is in the process of expanding out to the peripheral clinics which will allow greater and easier access of the population to HIV / AIDS services. Although there were a number of patients on ARV’s admitted to the hospital this was not due in most cases to the drugs themselves but to the fact that many of our patients starting ARV’s are also suffering with opportunistic infections. Hopefully people will start to come forward earlier for treatment and this problem will decrease.

16. Theatre (April to June 2005)

1. Number of operations performed 266
2. Number of emergencies 117 (44%)
3. Number of cesarean sections 161 (61%)
4. Number of deaths in theatre 0

17. Conclusions

There are still many problems with the data presented here but things are improving with more accurate and complete recording of statistics by the ward staff. The ARV clinic is becoming very busy often seeing more patients per day than are seen in OPD. It is going to be very important that we start providing ARV’s in the primary health care clinics as soon as possible to overcome this problem and to ensure that our ARV service continues to expand.

Martin Dedicoat (Medical Manager)