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ISSUE 7 NEWSLETTER

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Special points of interest:

- **Identity document**
- **Pension card**
- **Medical aid card next of kin contact details**
- **Referral letter**
- **Under 18 must be accompanied by parent .**
- **all patient are requested to pay fees on admission.**
- **Visiting hours**
- **12H00 14H00**
- **17H00—19H00**

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King George V Hospital management has embarked on HIV Counseling and Testing campaign (HCT). The management has encouraged all staff members to know their status as they deal with patients who are suffering from various diseases.

HCT launch at King George V will help staff members to know their status and get help and medication quicker.

Nurses who look after patients tend to forget about their own health and it is very important to sensitive them that HCT applies to all and we have to utilize this service. Dr. K. Naidu CEO, reminded staff members that KGV is specializing in MDR/XDR TB which

means that Doctors and Nurses are at risk of exposure to TB if they do not adhere to Infection Control Policies.

A recent research report says Tuberculosis's and HIV AIDS are twins because if your immune system is compromised or low, you are at risk of being infected with opportunistic infections which could lead to death

Unfortunately we also have the world's worst TB epidemic with the incidence of HIV/TB co infection rates over 70% with growing epidemic of MDR/XDR TB in South Africa. About 0.1% of the popula-

tion gets TB infection every year. In order to successfully curb HIV and save lives of those infected, South Africa has to succeed in controlling both HIV&TB epidemics. All HIV positive infants to be on treatment regardless of CD4 count. Pregnant

women and those co infected with TB with CD<350 to be commenced on treatment.

HIV pregnant women with CD>350 to start dual therapy at 14/52 as part of the PMTCT of the HIV programme. We must mobilise testing for HIV through mass National HCT campaign. All patient with MDR/XDR TB to be commenced on treatment regardless of CD4count. The goal of this campaign is to test 15 million South Africans and more than double the number of patients on ARV to 1.5m by June 2010.

T.B Day



accelerate action". The theme was chosen against the background of the fact that tuberculosis is still taking the lives of some 4500 people every day, despite massive efforts across the world to control it. The aim is to focus on individuals around the world who have found new ways to stop TB and can serve as an inspiration to others. The idea is to recognize people who have introduced a variety of innovations in a variety of settings.

Every year TB Control Programme implements a number of activities to Commemorate World TB Day. The organization of this year's celebration was different in the sense that Implementing Partners (IPs) and relevant stakeholders were involved right from the planning stage. This ensured a hitch free and very successful event. Some of the areas focused on include branding and increased demand for TB information, products and services.

The state government responded with the signing of a new project document as an indication of its renewed commitment. Activities lasted for a whole week beginning on the 24th March with activities across the state and culminating in the grand finale on the 8th of April 2010.

Tuberculosis remains a major disease of public health importance in South Africa. It is now multicultural, just as HIV/AIDS and malaria. TB has been declared a global and national emergency and is one of the leading causes of death among people living with HIV particularly youths between the ages of 15-35 years. Hence, the disease has serious socio-economic implications. World Tuberculosis Day, which falls on March 24 each year, commemorates the day in 1882 when Dr Robert Koch as-

tounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus. World TB Day (WTBD) is an annual event that

provides an opportunity to reflect on programme performance and raise awareness on TB with the hope of reaching policy makers and community members as well as encouraging donors to invest in TB control. It also emphasises the need for strengthened commitment.

This year's theme is **"innovation"** and the slogan is **"on move against TB, innovate to**



REVITALISATION PROJECT

King George V Hospital is an existing facility in the eThekweni Metropolitan Area. Prior to the

Commencement of the revitalization of the project it had 901 beds. 771 on site TB beds (129 were

housed elsewhere) and 130 psychiatric beds.

There is a shortage of primary health care clinics in the Region. The provision of additional district

hospital beds will ensure admission of patients at the appropriate level of care

The project will provide:

- A TB hospital with 400 beds
- A district hospital with 400 beds
- A Psychiatric hospital with 130 beds
- A closed Psychiatric unit with 30 beds

This provision is aligned to the strategic plan for health care delivery in the eThekweni Metropolitan Area.

It will strengthen District health service, and ensure treatment at the appropriate level of care. In addition it will strengthen the referral network and reduce the workload on the Regional Hospital. (King Edward VIII)

The TB beds are reduced, in line with the expectation of improved efficiency of the DOT system. Provisions are made for the treatment of Multi Drug Resistant (MDR) and Extreme Drug Resistant (XDR) strains of TB.

It improves the referral network of psychiatric care and improves access to psychiatric care. Key objectives met by this initiative:

- Provision of additional district hospital beds in the Region
- Improved TB care in the Province and strengthen support of Provincial TB hospitals
- Provision of equitable health care facilities • Provision of a referral hospital for acute psychiatry for the Durban Metropolitan area.

Due to the congested site conditions, and in order to expedite the total project, a number of separate contracts were created and commenced concurrently to efficiently complete the project in the shortest time. The status of the project is described as:

a) Completed

- New Psychiatric closed unit
- Dental facility
- TB Multi storey facility
- Bulk earthworks Phases A & B
- Reroute services A
- Reroute services B
- New kitchen / Dining room
- Star Wards
- Upgrade psychiatric facilities. Phase 1

b) Under Construction

Reroute Services: Phase B

- Level 1 hospital
- Covered walkways Phase 1
- Landscaping Phase 1
- Installation of hardware for Hospital Information/Management System
- Enabling works at Wentworth and temporary admin facilities at KGV

c) Construction To Be Completed On

- Level 1 Hospital
- Covered Walkways: Phase 1
- Landscaping: Phase 1
- Enabling work at Wentworth Hospital and temporary admin facilities at KGV
- Installation of Hardware for HIS

d) To Commence Construction In 2008 / 2009 Financial Year

- Bulk earthworks Phase C
- TB Surgical Wards & Mortuary
- New TB complex
- TB Admin
- Crèche

- Upgrade Psychiatric Closed Unit
- Psychiatric Upgrade: Phase 2
- Covered Walk Ways: Phase 2
- AC to Multi storey building

e) Enabling Work

As King George V is a fully functional TB and Psychiatric hospital it has been necessary to decant patients and services to other sites to allow for the demolition of existing buildings. This has affected the surgical services of the hospital which will be decanted to Wentworth Hospital as well as the Administrative Department and stores which are to be housed in Park homes at King George V hospital. Most of the work will be funded in the 2007 - 2008 financial year, however due to the nature of the enabling work and the services to be provided, funds will be required in the 2008 - 2009 financial year to complete the work and for unexpected emergency work. The following facilities are being prepared at Wentworth Hospital to accommodate services and patients from King George V hospital.

- Ward A 1

- Wards B 1 and B3
- ICU facilities with 6 beds
- X-Ray
- OPD with 6 consulting rooms
- Admissions with cashier
- Waiting area internal and external
- Patient toilets
- Staff restroom / kitchen / toilets • Pharmacy
- Theatre unit
- CSSD
- Therapy section

The above has proved to be a major task with delays experienced with emerging contractors)- «It is planned to complete the work and decant the patients early in the 2008 - 09 financial year to prevent delays with the awarding of the bulk earthwork C contract. The entire King George V hospital project is due for completion in January 2011

2.2 CONSTRUCTION PROGRAMME FOR THE ENTIRE PROJECT

HIV/AIDS DAY

We are committed to collective responsibility to address HIV and AIDS as the greatest development challenge in Africa, a continent carrying 25 percent of the global disease burden of HIV and AIDS, yet forming only 10 percent of the world's population.

We declare this to be a historic moment, in which political and religious leaders will work together with renewed commitment to overcome the HIV pandemic and reverse the current situation.

Recalling the 2001 Abuja Declaration on Health, through the stewardship of religious institutions and political leaders, we commit to overcoming all forms of inequality and taking decisive leadership in advocating for the achievement of HIV and AIDS related MDGs by 2015, through the following actions:

1. We shall intensify our focus on mobilising our communities to overcome the consequences of stigma, lack of awareness and knowledge, and shall increase care and support for people infected and affected by HIV and AIDS, including vulnerable children.
 2. We shall mobilise health professionals and community health workers to develop long-term strategies for community-based initiatives against HIV and AIDS.
1. As a Pan African initiative of religious and political

leaders, eminent persons and civil society, we shall mobilise partnerships with local and international stake-



Nursing manager Mrs. N.F. Ngubane

holders so as to engage in effective and sustainable interventions.

We shall provide space for dialogue between leaders and vulnerable people, including youth and people living with HIV and AIDS, so as to learn from each other and devise new solutions to address the challenges of HIV and AIDS on the continent.

- 1.
2. Given the fact that all causes of conflicts in Africa cannot equal the tragedy of HIV and AIDS, we request that our governments declare

1. Given that HIV and AIDS is not only a health and moral problem, we hereby resolve to address the vulnerability of

African men and women using all available cultural resources.

2. We shall facilitate the strengthening of families and social structures to withstand the impact of the HIV pandemic, by working with governments, the international community, other stakeholders and civil society

We affirm the role of religious, political and cultural institutions in encouraging young and vulnerable people to take charge of their sexual and reproductive health.

We shall listen and dialogue with our communities, particularly those vulnerable to HIV and AIDS, and commit ourselves to speaking openly about the pandemic.

We resolve not to lose this opportunity to bridge the gap between medical and spiritual approaches to the pandemic.

We hereby conclude that we shall hold each other accountable to these commitments. We shall do everything within our means and power to end stigma, denial and discrimination related to HIV and AIDS, to ensure our people live in safety and health, and to assist in achieving the MDGs through an inter-faith approach. We are committed to enabling the people of Africa to live lives of dignity.

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

DR. K. NAIDU

We are almost six months into the new financial year and this has been an eventful period.

We witnessed our country's successful hosting of the FIFA 2010 World cup and fortunately KGVH was not called upon to provide any assistance.

In our Endeavour's to reduce the burden of HIV/AIDS, the National Minister of Health, Dr A. Motsoaledi launched the HIV Counseling and Testing (HCT) Campaign in April 2010. The institutional HCT Campaign which took place on the 09/06/2010 was well organized and attended.

The first delivery of the District Level 1 Hospital is scheduled for the 20/10/2010. Of concern is that the Hospital Oganogram and Post Establishment for District Level 1 Hospital have not yet been approved. This constraint will regrettably delay the commissioning of the new hospital.

The Public Sector Workers strike which commenced on the 10/08/2010 presented huge challenges in the management of this Institution. Services with respect to patient care were severely disrupted. Post strike debriefing sessions revealed that staff were also traumatized as a result of incidents of intimidation and in some cases that of assault. With the strike behind us now, we need to focus on the priorities and challenges ahead.

We will be celebrating National Heritage Day on the 29/09/2010 and we should use this opportunity to consolidate our working relationships.

Remember, "When a team of dedicated individuals make a commitment to act as one, the sky's the limit".



Meet our hospital Board Members



Prof D. Nzimakwe



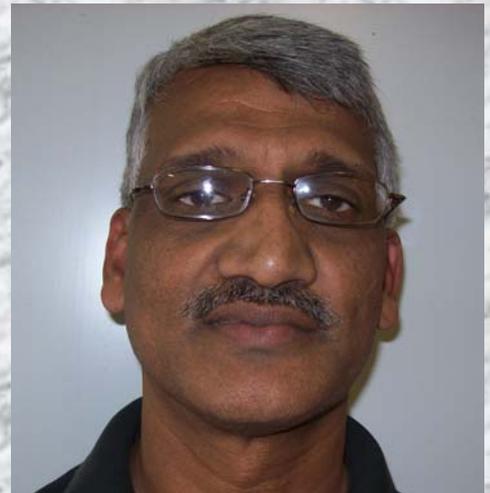
Advocate Sewlal



Mr. P. Ram



Mr. M. Ngcobo



Mr. A Ramlochan



Mr. V.T. Kwani



Dr. S. Ramdial

Whats On

Good relationship with Italian Cooperation has benefited our in patients; they have received lots of donations from the organization. The Italian Cooperation has made it possible for our patients at King George V Hospital to be in a homely environment while admitted. Patients have a full access to DSTV while sitting on lazy boy couch relaxing watching a 107cm Sony Bravia TV in all wards, during their leisure time. They play table soccer, table tennis, pool table, board games and Sony Play Stations. These donations were made under the leadership of Dr Vincenzo Ragone.



Heritage Day Celebration

On the 29 September 2010 King George V Hospital held their heritage day celebration aimed at promoting unity in diversity.

King George celebrates what we inherited from our forefathers, foremothers and even from God. We celebrate heritage day as Rainbow nation with, different cultures, different customs, different traditions, pray in different language, but this heritage day allows us to be one nation. What then is this heritage day? Angazi nami.

Yingabe
ukuthi

Sanibonani

Namaster

Molweni

Dumelang

Goiemore
Good morning
Dimatsheroni
Absheni Lot-
shani

Thobela etc

Is it all about the special food we have prepared for this day, isitambu, umngqushu, samp, samoosa, Roti and bryani?

Is it's about what we are wearing, Imvunulo, Isishweshwe, Sarie, Thali around our neck?

Its all about the life lived by our forefathers and foremother?

The beauty of our mountains, valleys and hills even the Big 5 in our land Africa.

Is it what we got from the educators at school who al-

lowed his hair to be grey so that you would learn that E is equal to MC squared?

Ladies and Gentlemen: I have no answers for these questions but one thing I know is that, this is a important day to be proud of, made by our government to be a meaningful public holiday to all South Africans. Let us understand our heritage day and remember it.

Celebration



Deputy Mayor Mr. L. Naidoo
Ethekwini Metro



Indian Dancers



Guest speaker Mr. N. Xala & Mrs



Nursing Manager
Mrs N.F. Ngubane
& T. Jule



EXCO Members & Guests



Hospital Choir



Senza njena uma sidlala



TITUS AND Dumisani



Wobhasobha uma sekufike insizwa



Yagiya intombi madoda Hhawu. Thobile umlenze phezulu



Washa! Joyce eybhikla



Thami (PRO) & Lindeni

Psych Dept



Inkiyankiya kumanzi phansi



Dlala ma 10 -10 Shabangu

