



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

GREY'S HOSPITAL  
HOSPITAL MANAGEMENT  
Private Bag X 9001  
PIETERMARITZBURG 3200  
Townbush Road, Chase Valley,  
PIETERMARITZBURG, 3201

# GREY'S HOSPITAL ANNUAL REPORT 2010/2011



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## **INTRODUCTION**

Grey's Hospital is a 530 bedded hospital, but currently there are only 490 usable beds. It is situated at Town Bush Road, Chase Valley in Pietermaritzburg. Grey's Hospital provides two levels of health care services to its patients namely, 20% Regional Services and 80% Tertiary Services. We provide Regional Health Services to 1 million population within Umgungundlovu District and Tertiary Services to a population of 3.5 million in the Western area of KwaZulu –Natal, which includes the following districts: Umgungundlovu, Uthugela, Umzinyathi, Amajuba and Sisonke.

This annual report will include summaries of the main activities held during 2010 /2011: Reports from the following departments will be included:

- ◆ Data Management
- ◆ Public Relations Office
- ◆ Human Resource Department
- ◆ Nursing management
- ◆ Obstetrics and Gynaecology
- ◆ Maintenance Department
- ◆ Internal Medicine
- ◆ Orthopaedic Department
- ◆ Ophthalmology Department
- ◆ Accident and Emergency Unit
- ◆ Speech and Audiology Department
- ◆ Oncology Department
- ◆ Endocrinology Department
- ◆ Cardiology Department
- ◆ Surgery Department
- ◆ Radiology Department
- ◆ Urology Department
- ◆ Clinical Psychology
- ◆ Social Work Department
- ◆ Nursing Campus
- ◆ Dietetics
- ◆ Quality Management

# GREYS HOSPITAL VISION & MISSION

## **OUR VISION:**

The provision of optimal tertiary level of health care, to the population of the western area of KwaZulu-Natal.

## **OUR MISSION:**

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

## **CORE VALUES:**

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

## **GREY'S HOSPITAL SERVICE COMMITMENT CHARTER**

### **1. ATTITUDE:**

- We are committed to provide the highest quality of service and meeting our customers' needs with the utmost care and courtesy.

### **2. PERSONAL APPEARANCE:**

- We will present ourselves in a professional manner. Always smiling and greeting patients, visitors and employees. We will follow our respective departmental dress code policies to reflect our respect for our customers. We will wear our employee badge at all times to facilitate communication and allow for easy identification of staff and designation, thus promoting our corporate identity.

### **3. COMMUNICATION:**

- We will communicate with others in a positive and understandable manner, making use of translators and interpreters where possible in an attempt to bridge any language barrier. We will listen attentively to our customers whether they are patients, family members or colleagues in order to fully understand their needs. We will pay close attention to both our verbal and non-verbal communication.
- We will identify ourselves when answering the telephone, provide the correct information or requested number and get the caller's permission before transferring their call. We will answer all calls as quickly as possible.
- We will take initiative to express concerns and suggestions to the respective persons to benefit both the customers and the team as a whole.

### **4. COMMITMENT TO PATIENTS:**

- We will acknowledge patient's questions and concerns immediately. We will always address the patient by their name and will introduce ourselves by name and position.
- We will strive to treat the patient with respect and dignity while making their need first priority. We will provide a pleasant environment to promote healing, keeping a holistic perspective and provide continuity of patient care by handing over to co-workers before change of shift.
- We will assist patients and visitors who have disabilities and special needs.

**5. COMMITMENT TO CO-WORKERS:**

- We will welcome all new employees to Greys Hospital in an attempt to make their adjustment as a team player as pleasant as possible.
- We will demonstrate strong work ethic by showing that we care enough about ourselves, our job and our co-workers by being on time and lending a helping hand whenever possible. We will treat our co-workers as professionals deserving courtesy, honesty, respect and cooperation in the same manner, as we would expect to be treated.

**6. CUSTOMER WAITING:**

- We will acknowledge the patient or families that are waiting, by checking in on them periodically, according to department policies. We will offer an apology if the wait is longer than anticipated, always thanking the customer for waiting.
- We will strive to provide our customers with a prompt service, always keeping them informed of delays and making them comfortable while they wait.

**7. HALLWAY ETIQUETTE:**

- We will extend courtesy and professionalism to patients, visitors and colleagues in the hallways. We will make eye contact and friendly greet visitors, patients and co-workers. We will never be too busy or involved in what we are doing to overlook a visitor needing help. We will assist any person who is lost by walking customers to where they need to be.
- We will strive to place clear directions and easy to follow signs in our hallways to assist our customers to reach their respective departments without difficulty.
- We will continually strive to exceed the expectations of others as we pass through the halls.

**8. PRIVACY:**

- We are committed to the protection of our fellow employee's, as well as customer's rights to personal and informational privacy. We completely understand that we have the responsibility to ensure that all communications and records inclusive of demographic, clinical and financial information, be treated and maintained confidential.
- We are committed to the value of providing care and communication in an environment that respects privacy.
- We will be considerate in all interactions as well as in the provision of care at all times and under all circumstances with the highest regard for a customer's personal privacy and dignity.
- We expect from ourselves and other employees, behaviour that represents the expressed value in honoring and protecting everyone's right for privacy and personal safety.

**9. SAFETY AWARENESS:**

- We will complete all health and safety in-services, as well as familiarize ourselves with our respective departmental safety policies and procedures to ensure an accident free environment.
- If we observe any unsafe condition or safety hazard, we will correct it if possible or report it to the appropriate person immediately.
- We understand the importance of reporting all accidents or incidents promptly.

**10. SENSE OF OWNERSHIP:**

- We will accept all the rights and responsibilities of being part of the hospital team by living the hospital vision, mission and core values, thus strengthening our corporate identity. We will be an example to others, taking pride in our work and providing an excellent customer service.

- We will strive at all times to keep the people and property of the hospital at high regard, also taking the necessary responsibility for our individual work areas.
- We will create a sense of ownership towards our profession, taking pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves.

**Grey's Hospital is rendering the following services on referral basis only, except for emergency and trauma cases:**

<p><b><u>ORTHOPAEDIC AND SUB-SPECIALITIES</u></b></p> <ul style="list-style-type: none"> <li>• General Orthopaedics</li> <li>• Hand Unit</li> <li>• Spinal Unit</li> <li>• Arthroplasty Services</li> <li>• Tumour, Sepsis &amp; Reconstruction</li> <li>• Paediatric Orthopaedics</li> </ul>	<p><b><u>DEPARTMENT OF RADIOLOGY</u></b></p> <ul style="list-style-type: none"> <li>• General x-rays</li> <li>• Theatre radiography and Mobile Units</li> <li>• Fluoroscopy / Screening</li> <li>• CT Scans</li> <li>• MRI Scans</li> <li>• Mammography / Breast Imaging</li> <li>• Ultrasound</li> <li>• Interventional Radiology</li> <li>• Cardiac Catheterisation Laboratory radiography</li> </ul>
<p><b><u>DEPARTMENT OF INTERNAL MEDICINE</u></b></p> <ul style="list-style-type: none"> <li>• Neurology</li> <li>• Cardiology</li> <li>• Infectious Diseases</li> <li>• Pulmonology</li> <li>• Nephrology</li> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Rheumatology</li> <li>• Dermatology</li> </ul>	<p><b><u>OBSTETRICS AND GYNAECOLOGY</u></b></p> <ul style="list-style-type: none"> <li>• High Risk Obstetrics</li> <li>• Feto Maternal Medicine</li> <li>• Onocology</li> <li>• Uro Gynae / Pelvic Floor Dysfunction</li> <li>• Gynae Endocrine / Reproductive</li> </ul>
<p><b><u>SURGERY &amp; SUB-SPECIALITIES :</u></b></p> <p><b>GENERAL SURGERY :</b></p> <ul style="list-style-type: none"> <li>• Hepatobiliary</li> <li>• Breast &amp; Endocrine</li> <li>• Upper GIT</li> <li>• Colorectal</li> <li>• Trauma</li> </ul> <p>Sub Specialty in Surgery:</p> <ul style="list-style-type: none"> <li>• ENT</li> <li>• Urology</li> <li>• Ophthalmology</li> <li>• Paediatric Surgery</li> <li>• Plastics &amp; Reconstructive Surgery</li> <li>• Dental &amp; Maxillo-facial</li> </ul>	<p><b><u>PAEDIATRIC OUTPATIENTS RUNS THE FOLLOWING GENERAL &amp; SUBSPECIALTY CLINICS</u></b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Cardiology</li> <li>• Child Abuse</li> <li>• Endocrine</li> <li>• Foetal anomaly</li> <li>• General paediatrics</li> <li>• Haemophilia clinic</li> <li>• HIV clinic</li> <li>• Learning disorders</li> <li>• Neonatal</li> <li>• Neurology &amp; neurodevelopment</li> <li>• Psychology</li> <li>• Renal</li> </ul> <p>Ward follow up clinics NB Dermatology, Surgery &amp; orthopaedics all run a paediatric clinic within their specialty</p>
OCCUPATIONAL THERAPY	SPEECH AND AUDIOLOGY
SOCIAL WORK SERVICES	PHYSIOTHERAPY
LABORATORY SERVICES	ACCIDENT & EMERGENCY SERVICES
DIETETICS DEPARTMENT	CLINICAL PSYCHOLOGY
PHARMACEUTICAL SERVICES	ANAESTHETICS & PAIN MANAGEMENT
<p><b><u>RADIO THERAPY AND ONCOLOGY:</u></b></p> <ul style="list-style-type: none"> <li>• New Breast &amp; Cervical Cancer</li> <li>• New Head &amp; Neck Cancer</li> <li>• New GIT &amp; Uro Cancer</li> <li>• New General Cancer</li> </ul> <p>Chemotherapy suite</p> <p><b><u>RADIO THERAPY SECTION:</u></b></p> <ol style="list-style-type: none"> <li>1. Simulator</li> <li>2. Planner</li> <li>3. Linear accelerator</li> <li>4. Brachytherapy</li> <li>5. Mould Room</li> </ol>	

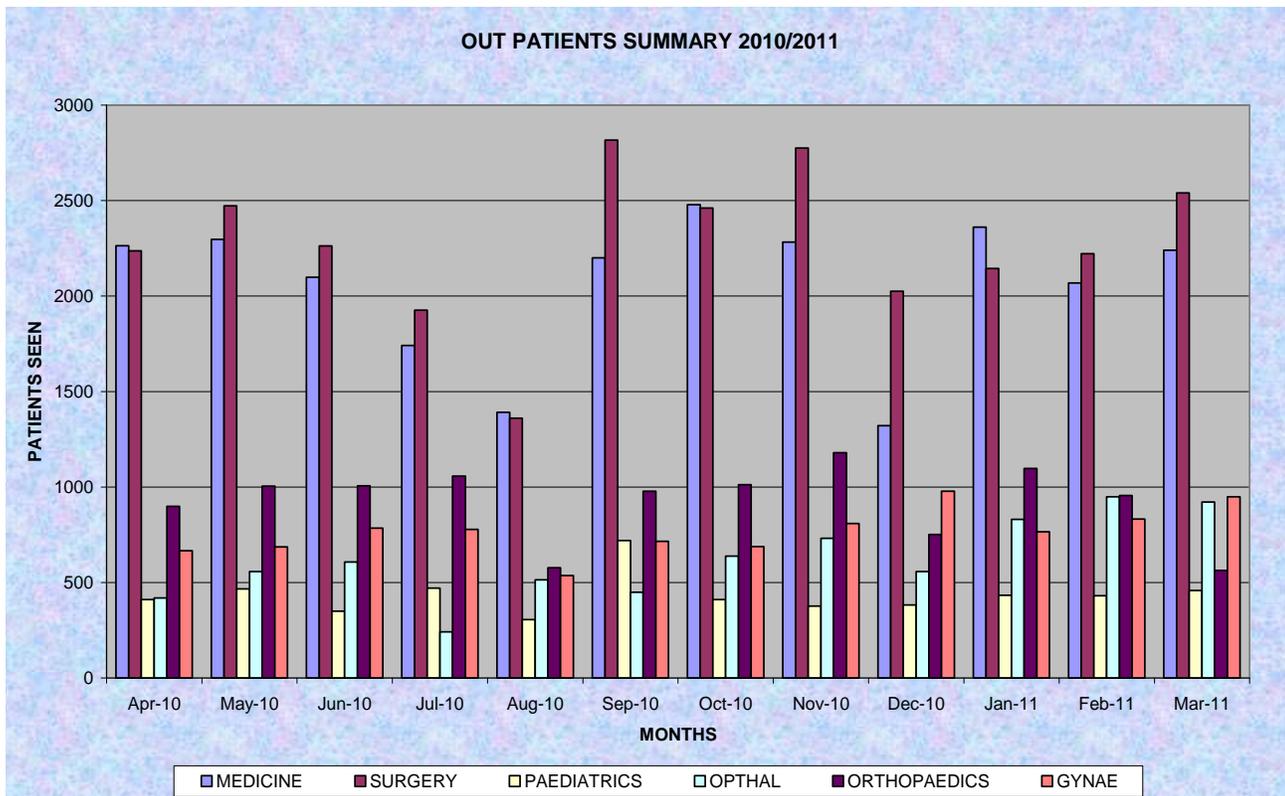
**HOSPITAL PERFORMANCE**

**DATA MANAGEMENT DEPARTMENT**

**STATISTICS**

**EFFICIENCY INDICATOR 2010/2011  
APRIL 2010 - APRIL 2011**

EFFICIENCY INDICATOR 2010/2011	ACHIEVEMENTS	TARGET	GAP	ACTION PLAN TO ADDRESS GAPS
Utilization Rate	76.0%	82%	6	
Length Of Stay (Days)	10.2	8	2.2	Due to stretcher case patients staying long. EMRS to assist in transporting patients to their respective institutions
Patient Day Equivalent	195177			
Caesarean Section rate	67.9%	35	32.9	Due to the load of operations being referred because of lack of equipment from district levels
Fatality Rate	4.8%	6	NIL	
Surgical Fatality Rate	2.5%			
OPD Headcount	201539			
Separations	12646			
Expenditure per PDE	R2966.52			



**STATISTICS REPORT 2010/2011**

	<b>Apr-10</b>	<b>May-10</b>	<b>Jun-10</b>	<b>Jul-10</b>	<b>Aug-10</b>	<b>Sep-10</b>	<b>Oct-10</b>	<b>Nov-10</b>	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>
USABLE BEDS	513	513	513	513	507	507	507	507	507	507	507	507
INPATIENT DAYS	10542	10545	10775	11111	9632	9778	10752	11768	11190	10348	9326	12231
ADMISSIONS	894	860	982	1019	741	1052	999	1353	1175	1400	1326	1504
DISCHARGES	888	874	931	952	791	737	841	854	781	912	898	1205
DEATHS	68	43	55	39	58	48	51	55	53	60	52	42
TRANSFERS IN	89	104	116	129	83	118	122	186	231	214	202	213
TRANSFERS OUT	61	89	78	110	81	95	140	148	197	92	138	129
BED OCCUPANCY RATE	76%	73.30%	77.10%	77%	67%	70%	80%	86%	79%	71%	71%	85%
AVERAGE LENGTH OF STAY	10.3	10.4	10.1	10.2	10	13.1	11	11	11	10	6	9
BED TURNOVER RATE	2.2	2.2	2.2	2.4	2	2	2	3	3	3	3	2
DEATH RATE	7.60%	5%	5.60%	3.80%	7.80%	4%	4%	5%	5%	5%	3%	2%
INTERWARD TRANSFERS	427	568	400	530	549	414	450	790	670	1040	972	1040
DAY PATIENTS	505	486	513	529	321	533	534	455	455	566	489	750
OPD HEACOUNT	19429	17665	17279	18713	13540	16532	18631	16247	15725	16456	16192	15130
CASUALTY HEADCOUNT	644	492	492	635	579	628	610	619	696	618	588	702
CAESERIAN SECTION	67.20%	64.90%	64.20%	69%	70%	69%	67%	71%	76%	66%	63%	68%

Public Relations Office is situated in the Outpatients Patients Department next to Almoners Office. Public Relations Department is responsible for establishing and maintaining a positive image of the hospital through various public relations activities. It is also responsible for promoting upward and downward communication within the hospital in establishing mutual understanding between the management and the employees.

**ACHIEVEMENTS IN 2010:**

**COMPLAINTS AND COMPLIMENTS:**

It is a great moment for public relations office to share the complaints and compliments statistical report with Grey's Hospital Employees, and other stakeholders to identify gaps and room for improvement. From January 2010 to December 2010, public relations office received 155 complaints and 202 compliments in total 357 comment slips were received in that period. As usual we received many compliments more than the number of complaints but we are still lacking in various departments. The suggestions and views of frustrations received by our customers (patients) reflect that there is a gap in staff attitude, poor caring/negligence and long waiting times are some of the challenges we are facing in our institution. Hospital executive management, heads of departments, supervisors and many staff members have put in great effort to try and improve and maintain service delivery, to minimize the number of complaints received. We will continue to maintain our good reputation and image of this institution.

During 2011 our main focus in the institution will be to improve service delivery and minimize poor staff attitude, long waiting time and poor service/negligence.

The below table indicates the number of complaints and types complaints received in each month:

**YEAR: 2010**

Month	Staff Attitude	Poor Service	Waiting time	Hospitality	File Missing	Suggestions	Lack of Communication	Cleanliness	Media	Maintenance
JAN	Nil	2	1	Nil	Nil	Nil	1	1	1	Nil
FEB	2	2	4	6	Nil	1	Nil	Nil	3	1
MAR	5	3	4	1	1	1	1	Nil	Nil	Nil
APR	3	3	3	Nil	Nil	4	1	3	Nil	Nil
MAY	2	Nil	2	Nil	2	3	1	Nil	Nil	Nil
JUNE	4	2	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil
JULY	1	4	2	Nil	3	1	Nil	Nil	Nil	Nil
AUG	3	Nil	4	Nil	Nil	3	Nil	Nil	Nil	Nil
SEPT	3	12	1	Nil	3	Nil	Nil	Nil	1	1
OCT	3	2	4	Nil	Nil	1	Nil	Nil	Nil	1
NOV	7	5	1	2	Nil	3	Nil	Nil	Nil	2
DEC	Nil	2	1	1	1	Nil	1	1	Nil	Nil
<b>TOTAL</b>	<b>33</b>	<b>37</b>	<b>29</b>	<b>10</b>	<b>10</b>	<b>16</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>

**HEALTH EVENTS, SPORTS AND RECREATION:**

Grey's Hospital Events Management team worked hard in 2010 to ensure that all selected health, sports and recreation events were celebrated in our hospital to promote a healthy life style and a positive self image. Despite the severe financial constraints we managed to celebrate various activities and hold successful functions. From a public relations perspective, we would like thank all events management members for their valuable contribution to establish and maintain the hospital's positive image and reputation. In 2011 this team will continue to do its good work.

**SIGNAGE:**

Our plan for 2011 is to continue updating the signage throughout the hospital based on the availability of funds.

**DONATIONS:**

A huge thank you to East Coast Radio, N3TC Duduza and other private companies for the generous donations to the paediatric wards during the Christmas and Easter holidays.

**CHALLENGES IN 2010:**

**MEDIA:**

- The medias negative publicity about hospital,
- A lack of education on behalf of the staff concerning the channels of communication to the media
- Anonymous employees who use the incorrect channels of communication to report incidents and negative problems identified in the institution.

**OFFICE SPACE AND PR ASSISTANT:**

Office of the Public Relations is too small which makes things difficult for the PRO to do his work freely and the unavailability of PR assistants is also a challenge.

**Financial Overview**

**HOSPITAL STATISTICS 2010/2011 FINANCIAL YEAR**

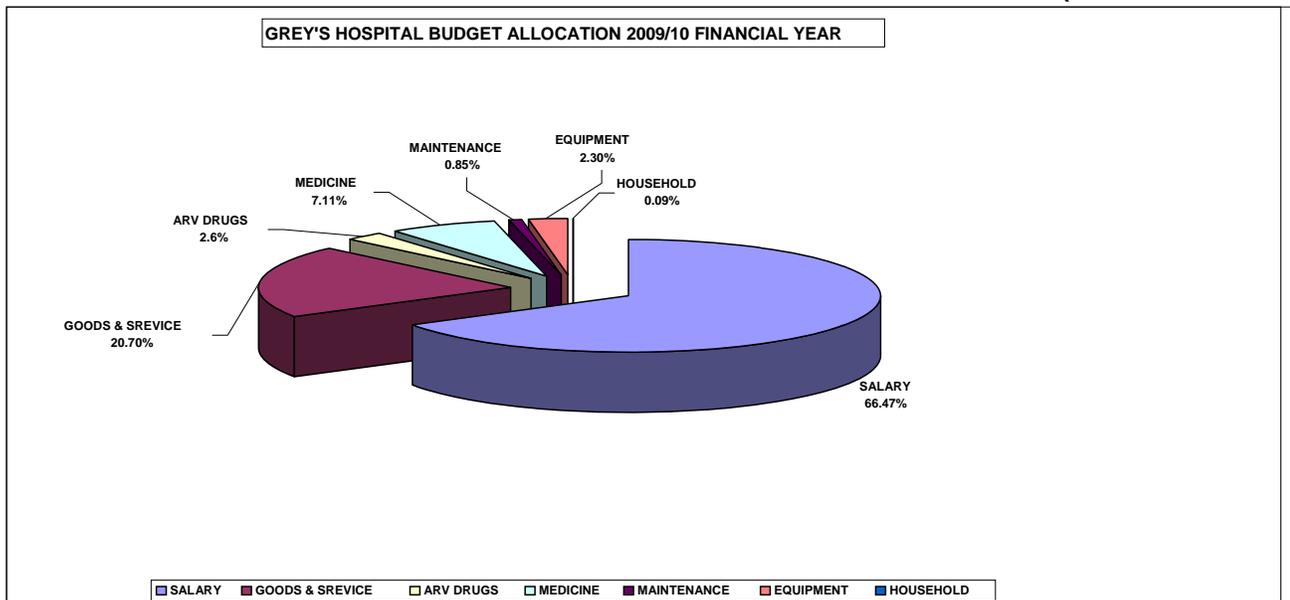
<b>POPULATION (TERTIARY)</b>	<b>3,500,000</b>
<b>POPULATION (GENERAL)</b>	<b>1,000,000</b>
<b>BED OCCUPANCY RATE (BOE)</b>	<b>77%</b>
<b>AVERAGE LENGTH OF STAY</b>	<b>10 DAY'S</b>
<b>PATIENT DAY EQUAVLENT (PDE)</b>	<b>193,222</b>
<b>BUDGET</b>	<b>R583,992,000</b>
<b>EXPENDITURE</b>	<b>R573,197,954</b>
<b>RECOVERED INTER HOSPITAL DEBITS</b>	<b>R6 565 660.99</b>
<b>REVENUE COLLECTIONS</b>	<b>R5 284 820.00</b>
<b>WRITE OFFS</b>	<b>R538 437.00</b>
<b>COST PER PATIENT PER DAY</b>	<b>R2,966.52</b>

<b>CARRY OVER 2010/2011 FINANCIAL YEAR</b>	<b>R810,687.63</b>
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The amount of R 656,118.000 is allocated for the financial year 2011/12.  
The allocation is summarised as follows:

HIV/AIDS	R 5, 757, 000
VOTED	R 111, 446, 000
NTSG	R 538, 915, 000
<b>TOTAL BUDGET</b>	<b>R656, 118, 000</b>

**GREY'S HOSPITAL BUDGET ALLOCATION FOR 2011/2011 FINANCIAL YEAR (PER STANDARD ITEM)**

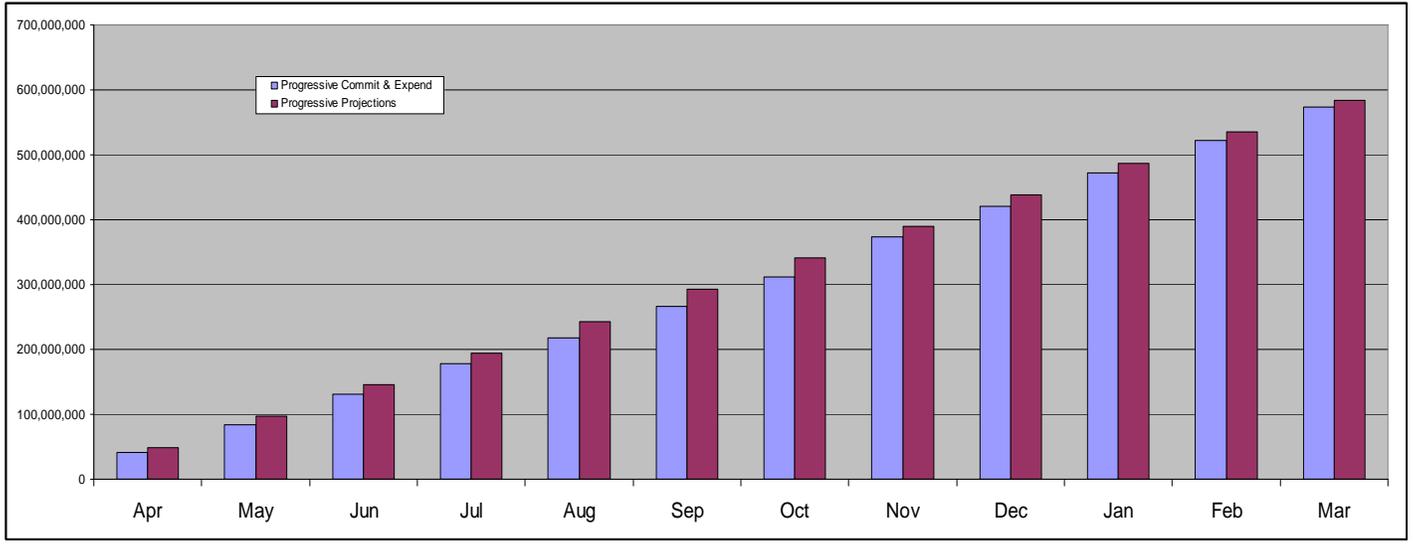


The expenditure trends for this financial year under review were as follows:

STANDARD ITEMS	BUDGET	ACTUAL	VARIANCE
PERSONNEL	R399,711,000	R397,770,430	R1,940,570
GOODS & SERVICES	R120,994,000	R114,425,951	R6,568,049
ARV	R3,500,000	R3,499,323	R677
MEDICINE	R49,417,000	R43,855,382	R5,561,618
MAINTENANCE	R4,000,000	R6,041,415	<b>-R2,041,415</b>

CAPITAL	R5,350,000	R4,244,056	R1,105,944
HOUSEHOLDS	R1,020,000	R3,116,134	-R2,096,134
<b>TOTAL</b>	<b>R583,992,000</b>	<b>R572,952,691</b>	<b>R11,039,309</b>

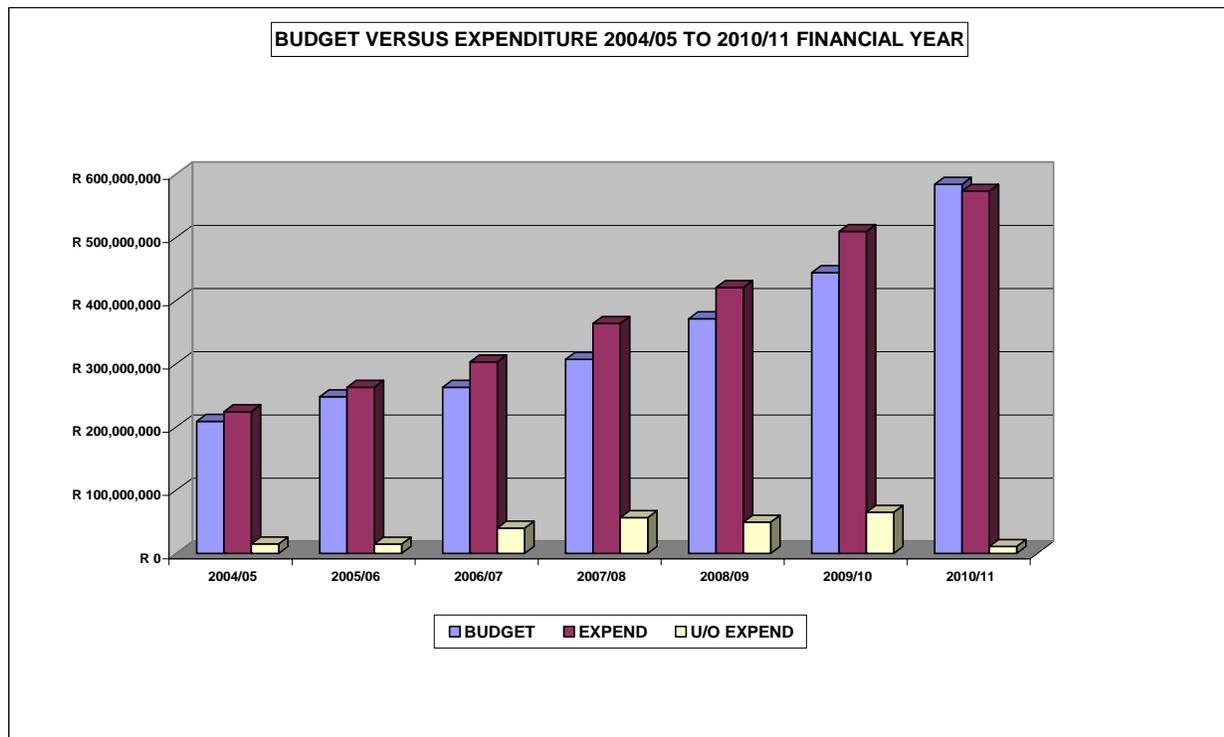
**MONTHLY CASH FLOW PERFORMANCE IN THE 2010/11 FINANCIAL YEAR**



**FINANCIAL HIGHLIGHTS – 2004/2005 TO 2010/2011**

**BUDGET VERSUS EXPENDITURE**

<u>ITEM</u>	<u>2004/05</u>	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>	<u>2008/09</u>	<u>2009/10</u>	<u>2010/11</u>
<b>BUDGET</b>	<b>R209,073,000</b>	<b>R247,763,000</b>	<b>R262,757,000</b>	<b>R307,137,000</b>	<b>R371,119,000</b>	<b>R444,188,000</b>	<b>R583,992,000</b>
<b>EXPEND</b>	<b>R224,321,163</b>	<b>R262,743,169</b>	<b>R303,030,498</b>	<b>R363,903,742</b>	<b>R420,865,411</b>	<b>R509,439,048</b>	<b>R573,197,954</b>
<b>OVER EXP</b>	<b>R15,248,163</b>	<b>R14,980,169</b>	<b>R40,273,498</b>	<b>R56,766,742</b>	<b>R49,746,411</b>	<b>R65,251,048</b>	<b>R11,039,309</b>
<b>% OVER</b>	<b>7.30%</b>	<b>6.05%</b>	<b>15.32%</b>	<b>18.48%</b>	<b>13.40%</b>	<b>14.69%</b>	<b>1.89%</b>



**REVENUE COLLECTIONS, PATIENT STATS, WRITE OFFS & PATIENT COST PER DAY FINANCIAL YEARS  
2003/2004 TO 2009/2010**

		<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>
<u>2003/04 BUDGET</u>	<u>R222, 249,000</u>	<u>128,312</u>	<u>127,878</u>	<u>R1, 399.40</u>	<u>R6, 108,823</u>	<u>R820, 307</u>
<u>EXP</u>	<u>R239, 210,499</u>					
<u>O/SPENT</u>	<u>R16, 969,740</u>					
<u>%OVER</u>	<u>7.64%</u>					
<u>2004/05 BUDGET</u>	<u>R209, 073,000</u>	<u>126,559</u>	<u>139,714</u>	<u>R1, 295.68</u>	<u>R5, 191,294</u>	<u>R1, 231,767</u>
<u>EXP</u>	<u>R224, 321,163</u>					
<u>O/SPENT</u>	<u>R15, 248,163</u>					
<u>%OVER</u>	<u>7.30%</u>					
<u>2005/06 BUDGET</u>	<u>R247, 763,000</u>	<u>119,383</u>	<u>178,493</u>	<u>R1, 468.82</u>	<u>R6, 080,368</u>	<u>R814, 781</u>
<u>EXP</u>	<u>R262, 743,169</u>					
<u>O/SPENT</u>	<u>R14, 980,169</u>					
<u>%OVER</u>	<u>6.05%</u>					
<u>2006/07 BUDGET</u>	<u>R262, 757,000</u>	<u>126,587</u>	<u>181,449</u>	<u>R1, 620.32</u>	<u>R4, 735,305</u>	<u>R775, 317</u>
<u>EXP</u>	<u>R303, 113,559</u>					
<u>O/SPENT</u>	<u>R40, 356,559</u>					
<u>%OVER</u>	<u>15.36%</u>					
<u>2007/08 BUDGET</u>	<u>R307, 137,000</u>	<u>126,955</u>	<u>196,857</u>	<u>R1, 899.54</u>	<u>R4, 982,363</u>	<u>R596, 022</u>
<u>EXP</u>	<u>R363, 903,742</u>					
<u>O/SPENT</u>	<u>R56, 766,742</u>					
<u>%OVER</u>	<u>18.48%</u>					
<u>2008/09 BUDGET</u>	<u>R371, 119,000</u>	<u>119,313</u>	<u>192,812</u>	<u>R2, 2292.49</u>	<u>R6482, 776</u>	<u>R333, 114</u>
<u>EXP</u>	<u>R420, 864,411</u>					
<u>O/SPENT</u>	<u>R49, 746,411</u>					
<u>% OVER</u>	<u>13.40%</u>					
<u>2009/10 BUDGET</u>	<u>R444, 188,000</u>	<u>124,281</u>	<u>206,824</u>	<u>R2, 636,.54</u>	<u>R5, 363,330</u>	<u>R347, 847</u>
<u>EXPEND</u>	<u>R509, 439,048,</u>					
<u>O/SPENT</u>	<u>R65, 251,048</u>					
<u>% OVER</u>	<u>14.69%</u>					
<u>2010/11 BUDGET</u>	<u>R583, 992,000</u>	<u>127,998</u>	<u>201,539</u>	<u>R2, 966.52</u>	<u>R5, 284,820</u>	<u>R538, 437</u>
<u>EXPEND</u>	<u>R573, 197,954</u>					
<u>U/SPENT</u>	<u>R11, 039,309</u>					
<u>% UNDER</u>	<u>1.89%</u>					

**UNFORSEEN EXPENSES**

In the 2010/11 Financial Year the following unforeseen expenditure was incurred.

ITEM	AMOUNT
MEDICAL LEGAL CASE	R2,500,000
SALARY INCREASE	R8,118,544
STRIKE ACTION	R1,145,012
REPAIR TO 4 GDE MACHINES IN CCU	R387,600
2 <sup>nd</sup> PHASE MEDICAL OSD	R4,345,070
<b>TOTAL</b>	<b>R16,496,226</b>

In this Department there was a lot that was achieved and at the same time there were certain challenges that faced us during the last financial year. A few examples that could be cited here are as follows:-  
Moratorium on the filling of vacant posts,  
Unavailability of Skills Development Budget for the non-clinical staff/workforce which resulted in this Institution not being able to subject its non-clinical employees to different appropriate courses, workshops etc,  
Implementation of Occupational Specific Dispensation in respect of Allied Professional Health Workers in that most of staff expressed their concerns regarding the way it was implemented. In fact it caused a lot of frustration, dissatisfaction among staff and de-motivated as well created some divisions,  
The non filling of the C.E.O and Engineer posts for this Institution (most critical posts). For the C.E.O post the two successful applicants declined the offer. For Engineer post we requested Head Office to upgrade the level of this post at least to 11 from it being 10 because of the size of this Institution. In fact we had tried to advertise this post for 3 times but could not get even a single applicant because of its low level. Hence we requested Head Office to upgrade the level of the post but we were never successful in our request. Non implementation of the upgrading of the level i.r.o. the Human Resource Officers from level 4 to L5 which had been finished 2 years ago by the O.E.S at Head Office citing lack of funds as the reason by the C.F.O.

Among the objectives that we achieved were the following:-  
Most of the critical vacant posts we requested were filled eventually,  
With HPDTG this Institution was able to train and develop Professional Health workers to various work related workshops/courses,  
Were able to deal and reduce the number of grievances, and  
Certain posts were upgraded which motivated certain employees.

Below my footnote are there goals and some hindrances that were achieved or encountered by each Divisions under HRM Department from the 3 Assistant Managers from the 3 different Components. We will continue to pursue the vision and mission of Department of Health even in this financial year. We must be optimistic. Also what was not achieved last financial year will be pursued further this financial year-2011/12.

## **HUMAN RESOURCE PRACTICES**

### **HIGHLIGHTS**

The Recruitment and Retention of Personnel remains a challenge for us as Department, However we were able to recruit and appoint 266 officials in the past financial year. Of this number in-service Personnel were promoted to higher posts and there was also an intake of Learner nurses (Bursary Holders) in January and July to undertake the 4yr and 2yr course. In the month of January 2011 we had Registrars completing the 4yr programme and qualifying to become Specialist.

### **CHALLENGES**

The effective retention of staff is still a challenge to us, and this is evident by the fact that we had 154 Exits for this financial year, which equates to 50% of the total number of officials appointed for this period. The introduction of the OSD thus far has not assisted us in this area as we had hoped and thus the challenge remains for us to find ways as a Department to retain staff. The moratorium and freezing of posts has also impacted negatively on our targets to have all the posts filled as indicated on the operational plans of all Departments.

### **LABOUR RELATIONS**

The Labour Relations component at Grey's Hospital once again assisted the Department of Social Welfare in the facilitation of 19 Social Grant fraud charges of Grey's Hospital employees during this period. In order to assist Head Office in the speedy finalization of these cases the H.R. Assistant Manager: Mrs. Robertson was appointed as the Presiding Officer, and the Senior Human Resources Practitioner: Mrs. Dimba was

appointed as the Investigating Officer resulting in eighteen (18) sanctions of final warnings and one (1) sanction of a final warning and suspension without emoluments for 1month.

Subsequently an additional 24 cases and then a further 13 cases of Grey's employees being involved in Social Grant frauds were reported and the individuals were charged with misconduct by this office and the Disciplinary Hearings took place under the same conditions as previously carried out and mentioned above.

The following cases have been dealt with in each category as listed below:-

	<b>TOTAL</b>	<b>FINALISED</b>	<b>O/STANDING</b>
DISCIPLINE	33	21	12
GRIEVANCES	62	35	27 *
ABSCONDMENTS	31	30	01#
<b>GRAND TOTALS</b>	<b>126</b>	<b>86</b>	<b>40</b>

\* There have been 8 disputes taken up by Head Office.

# There were 28 cases which were aborted prior to services being terminated because the employees returned to work. These then either were referred to EAP or followed the disciplinary route and they were either formally charged with misconduct or informally given a letter of warning or final warning depending on each individual case. Leave without pay was recovered in all instances to instill the principle of "no work=no pay". There was 1 employee whose services were terminated on the grounds of Abscondment.

Notwithstanding the scarcity of the availability of Investigating and Presiding Officers due to their normal work load and commitments there are a dedicated few who are willing, and in a position, to carry out this function. This has resulted in keeping any backlog to a bare minimum and their dedication is sincerely appreciated by Grey's Hospital.

The national strike took place during August 2010 and LWOP was recovered from the participating employees as a result of strict adherence to the instruction given by District and Head Office to monitor and record absences of staff.

### **HUMAN RESOURCE DEVELOPMENT & PLANNING**

NO.	OBJECTIVE	ACHIEVED	CHALLENGES
1.	EPMDS	<ul style="list-style-type: none"> <li>- Captured the received documents on persal</li> <li>- Assistant Checked the received documents and signed</li> <li>- Corrected the lines of communication with nursing in terms of submission of documents</li> <li>- Pay progression was paid in time for employees who submitted in time</li> </ul>	<ul style="list-style-type: none"> <li>- Some of the Supervisors fail to meet the deadlines and need to be reminded about the outstanding documents</li> </ul>
2.	ESTABLISHMENT	<ul style="list-style-type: none"> <li>- Was able to fill some Critical Clinical posts</li> </ul>	<ul style="list-style-type: none"> <li>- Moratorium was put on the filling Posts</li> <li>- Delay on re-creation of abolished posts</li> </ul>
3.	WSP	<ul style="list-style-type: none"> <li>- Managed to submitted on the agreed date</li> </ul>	<ul style="list-style-type: none"> <li>- No proper training was given on Pivot Table</li> </ul>

4.	CO-ORDINATION OF TRAINING	- Managed to train staff through HPTD Grant	- There was no Skills Development Budget - Late submission of applications for Courses - Late submission of invoices and proof of payments for re-imburement - Bank Entity Forms were not completed timeously by the relevant stakeholders
5.	ABET	- Learners wrote Exams some of them moved to the next levels and one completed Level 4 and qualified for GET Certificate from the Department of Education	- There is no Class room allocated to ABET as a result Grey's cannot be registered as a Centre - Pass rate was poor
6.	MATRIC	- 7 students registered and 4 completed and qualified for Senior Certificate	- ICESA is too expensive need to be changed was awaiting for students to complete
7.	EXPERIENTAL TRAINING	- Offered Experiential Training to Students from DUT and FET 3 of them were offered Permanent Job	- Office space
8.	HR CONNECT	- Submitted the completed forms to District Office and to the employees who transferred out and seconded to other Hospitals	- Proper training was not given as a result most of the forms were incorrectly filled

2010 was indeed a great year – celebrated as **International Year of the Nurse**.

As a centre of academic excellence, we remain accountable to the Community we serve for the quality of nursing education offered.

### **STUDENT INTAKES**

#### **MONTH OF INTAKE COURSE NO. OF LEARNERS**

April 2010:R68342

July 2010:R42545

October 2010:R217523

January2011:R42529

March 2011:R25425

### **GRADUATION**

The combined Graduation was held at the Olympia Hall- Royal Agricultural Show Grounds Pietermaritzburg. This event was successfully coordinated and hosted by the Kwazulu Natal College of Nursing in conjunction with Grey's Campus.

#### ***09<sup>th</sup> September 2010***

79 Graduands from R425 Programme

#### ***10<sup>th</sup> September 2010***

33 Graduands from the R683 Programme

60 Graduands from the R2175 Programme

### **AWARDS CEREMONY**

15 Awards were presented to students for outstanding performance on Quality Day held on 09.11.2010.

### **COMMUNITY SERVICE PLACEMENTS**

July 201041 Community Nurse Practitioners

January 201145 Community Nurse Practitioners

The above community nurse practitioners' commenced Community Service at their allocated institutions.

### **BEREAVEMENT**

Three students passed away during the period 2010/2011.

*MAY THEIR SOULS REST IN PEACE!*

### **DEVELOPMENTS IN NURSING EDUCATION**

The July2010, October 2010 and January 2011 intakes are bursary holders according to HRM Circular No. 68 of 2010

### **STUDENT ACTIVITIES**

Therapeutic and refreshing Cultural Days were held by G1/09 on the 11<sup>th</sup> March 2010 and G1/2010 on the 23<sup>rd</sup> February 2011.

### **ACKNOWLEDGEMENT**

I take this opportunity to thank all members of the multi-disciplinary team involved in student development at the various stages of learning for their dedication and commitment in achieving yet another successful year of nurse training.

May we foster and exemplify our caring and supportive attitudes amongst the future leaders of the Nursing Profession.

## MAINTENANCE DEPARTMENT ANNUAL REPORT

The maintenance department has engaged in various projects during 2010. We are currently busy installing a new hot well and pump station for the Boiler house.

Projects:

- ◆ Installed a new dryer unit for medical air.
- ◆ Installed new high pressure compressor for the starting of the two main emergency generators.
- ◆ We had all our transformers tested, and leaks repaired.
- ◆ Kept up with day-to-day breakdowns and maintenance.
- ◆ Had all the emergency generators and UPS units serviced.
- ◆ Various staff were sent for training.
- ◆ Had a passage area, resealed and water proofed.

The grounds and institution were kept in a neat and tidy condition. We continued servicing and cleaning re-heat boxes (air conditioning) throughout the hospital. We replaced obsolete split air conditioning units in the institution. We continued replacing damaged vinyl floors in the Theatres and passages. We continued replacing obsolete or faulty Rada water temperature units throughout the wards.

Re-cored two emergency generator radiators and replaced. We installed two new UPS units for the Theatres and the I.C.U. We continued replacing rotten sections of the water and steam pipe reticulation lines. We continued replacing, obsolete, rusted and jammed steam and water valves. Installed two new medical air compressors and service them. We repaired all urgent breakdowns such as burst water pipes, boilers, blocked main sewerage and storm water drains. We created four new examination rooms for Orthopaedics Clinic; dry walling alterations.

We continued changing obsolete water mixers in the Nurses Home ablutions, and main Kitchen. We created two new offices in the Dermatology Clinic; dry walling alterations. We installed new drainage cone and piping from Theatre roof to CSSD basement area thereby eradicated massive rain leaks in that area. We assisted Regional Office with repairs and maintenance. We serviced Theatre operating tables. Replaced faulty and broken steam traps, and repaired many steam leaks. Repairs to Theatres 7,8 & 9 took place during the year. Air conditioning systems were serviced.

Installation of new Hepa filters took place. Complete clean out of air handling units and new fan motors were installed. The under cover ramp entrance was tarred. Monitoring of all contractors, such as Gardens, Waste removal and delivery of Boiler fuel etc. was conducted through out the year. Started and continuing to repaint the whole of Casualty areas, clinics etc with broken white paint colour to brighten the area.

We installed the first section of new boundary fencing according to new facilities specifications. Major repairs were done to a burst hot water chlorifiers in the Nurses Home, Main Kitchen and Maternity chlorifiers rooms.

2010 saw many challenges concerning the implementation of quality initiatives at Grey's Hospital, but this did not stop us from pursuing and initiating various programs.

## **1. NATIONAL QUALITY INITIATIVES**

Grey' Hospital continues to strive for outstanding quality care by participating in quality initiatives.

The National Health Act, 61 of 2003 emphasized the need for improving quality in health services in South Africa. This brought about the need to develop The Office of Standards Compliance as well as an Inspectorate of Health Establishments within each province. The function of these components is expected to advise facilities on issues of health standards, revising and setting standards, monitoring compliance, reporting non-compliance, and advising on strategies to improve quality.

The Office of Standards Compliance developed the National Core Standards for Health Institutions in South Africa.

Its main purpose is to:

- Develop a common definition of quality care which should be found in all health establishments which should guide the public; managers and all levels of staff.
- Establish a benchmark against which health establishments can be assessed, gaps identified and strengths appraised
- Provide for the national certification of compliance of health establishments with mandatory standards.

In November 2010 Grey's Hospital conducted its first baseline assessment which was a fruitful exercise. We were visited by the National Department of Health: Quality Assurance Section in December 2010 to assess and observe the current practice in the institution in terms of policies; assessment reviews and the compliance with hospital improvement plans.

We will continue to work on the implementation of the National Core Standards with a goal of achieving full certification.

## **2. DISTRICT QUALITY INITIATIVES**

The institution was represented at a district level by the institutions quality assurance manager covering and meeting the expectation of all quality initiatives.

## **3. QUALITY AUDITS**

***Nursing Documentation audits:*** A total of 37 Documents were audited during 2010. The documentation audit tool was updated and reviewed. We will try and increase the total number of audits in 2011.

***Quality Audits:*** Various audits were conducted using the six priority fast track audit tool as well as the hospital quality tool.

The annual QA Audit took place in October 2010; 37 managers participated in the audit and 48 Departments were audited.

The exercise was very beneficial and we anticipate increasing the number of audits in 2011.

## **4. QUALITY IMPROVEMENT PRESENTATIONS**

There were a total of 16 new Quality Improvement Programs presented in 2010. viz.

1. Nursing Staff Participation in Documentation Audits: ICU
2. Nursing Records / Charts : B1
3. Nosocomial Infections: B2
4. Pain scoring : C2
5. Non Compliance Register: D2
6. Admissions and Discharges: E1

7. Catheter Care: F2
8. Mopping and Cleaning of the Ward: G1
9. Discharge planning: MAW
10. Student Leave Records: Nursing Campus
11. Outreach Programme : Speech & Audio
12. Screening Case Referrals: Radiology
13. Cerebral Palsy Clinic: Occupation Therapy (OT)
14. Patient Preparation for CT Scan: Radiology
15. Ultrasound Requests : Radiology
16. Abscondment Process : HR Labour

## **5. QUALITY IMPROVEMENT TRAINING**

Quality Improvement training took place in October 2010, a total number of 56 staff members were trained, representing all staff categories.

## **6. STAFF SATISFACTION AND CLIENT SATISFACTION SURVEYS**

Staff Satisfaction Survey – The report for 2009 was completed and presented in June 2010.  
Client Satisfaction annual survey was conducted in November 2010

## **7. QUALITY DAY**

An exciting and vibrant Quality Day took place on the 9<sup>th</sup> November 2010.

## **8. EVENTS PLANNING AND HEALTH PROMOTING HOSPITAL INITIATIVES**

The events committee put together an interesting Health Events calendar for the institution. Some of the events that were of a great success were the Breast Cancer Awareness Walk which took place in October 2010; The Staff Healthy Day and The Open Day / Quality Day which took place in November 2010.

We look forward to an exciting year of Quality Improvement in 2011.

In conclusion Grey's Hospital will continue to strive to provide and maintain a high standard of Quality Care Services.

It gives me great pleasure to submit a brief overview of Casualty Greys Hospital with a view to highlighting the role of Casualty in the Hospital as well as to the general public.

The Casualty is open to patients on a 24/7/365 basis.

It is manned by two permanently appointed doctors, Dr LC Pillay (CMO / HOD) and Dr Wilson (PMO). We also employ the services of seven part-time sessional doctors to ensure that the casualty is permanently serviced.

Our experienced nursing staff is overseen by Sister Jones.

Casualty at Greys hospital is functioning at Tertiary level. This means that we deal with patients who are usually referred from other hospitals or fulfill the criteria that has been designed to accommodate the morbidly ill patient:

These include:

**ORTHOPAEDICS:**

1. Severe open fractures, where the wound is more than 1cm
2. Mangled extremities
3. Polytrauma
4. Paralysis/paraplegia with suspected spinal cord injury
5. Gunshot to limbs with evidence of neurovascular injury

**ADULT SURGERY:**

1. Polytrauma
2. Complex blunt or penetrating trauma
3. Over 30% soft tissue injuries
4. Head injuries with reduced level of consciousness (GCS 4-13)
5. Abdominal Aortic aneurysm
6. Active upper or lower gastrointestinal bleeding
7. Operative management of acute abdomen
8. Foreign body in the trachea or oesophagus
9. Penetrating eye injuries

**PAEDIATRIC:**

1. All neonatal surgical emergencies
2. Acute abdomen/peritonitis
3. Acute scrotum
4. Sexual abuse less than 14years of age

**OBSTETRIC:**

1. Eclampsia
2. Ruptured uterus
3. Abruptio placentae

**MEDICAL:**

1. Known Ischaemic Heart Disease with prolonged chest pain ( > 30minutes )
2. Complicated Myocardial Infarction
3. Diabetic coma
4. Complicated drug overdose

Although these criteria are in place we are often faced with the challenges of individuals who do not adhere to the policy and just turn up at Casualty without appropriate referral or with patients who can easily be managed at district level.

**We do not turn these patients away.**

We assess them and then redirect them to appropriate facilities for health care. It is often that abuse is hurled at us if we redirect the patients but the general community needs to be fully aware that these problems may be appropriately managed at district level. It is often a difficult task for one doctor to take on the problems that are inappropriately referred when the district hospitals have many more appointed doctors to deal with the problems that fall out of our referral criteria. We have thus also received our share of unfounded bad press. Despite the doctor's strike last year, Casualty remained open without any disruptions.

This has been a difficult year in Casualty:

When Dr Wilson transferred across to the department of Obstetrics and Gynaecology , we received Dr John Badibake from Northdale Hospital in his place.

Dr John was a man of great integrity and a hard working individual who always treated his patients with kindness and respect and displayed excellent clinical skills.

Unfortunately due to a sudden illness Dr Badibake sadly passed away in March 2011.

It has left us with a huge void to fill and his presence and expertise will be sorely missed. I would also, on behalf of all the members of staff at Casualty and at Greys Hospital like to extend our heart-felt condolences to Dr Badibake's family and pray for God's richest blessings on them during this period of mourning.

It is with sadness that we also lost two of our staff members last year. Our condolences go out to the families of Zanele Ndlovu (ENA) and Elena Maphumulo (Porter) on their losses suffered.

We have also had to say our goodbyes to Jemima Hlomuka, who after many years of service retired at the end of March 2011. May I take this opportunity to wish her well in her retirement and to wish her good health in her years ahead.

It was also a pleasure to welcome Dr Wilson back to Casualty after a two month stint in Obstetrics and Gynaecology. We also welcome our two new sessional doctors, Dr Miya and Dr Shah to our team.

Two Registered Nurses and one of the doctors in Casualty attended the Emergency Update Course in Durban and this has helped to improve their knowledge and skills which can be directly utilized in our department.

We look forward to a positive year and continue to commit ourselves to providing the best care possible for our patients.

**BACKGROUND**

Cardiology services at Grey's Hospital were commenced in 2005 as per Department of Health plan to provide a tertiary level service for KZN area 2. The service was supported by weekly visiting IALCH cardiologist for a year, thereafter run by a full time cardiologist for another 2 years. When the full time cardiologist left in 2008, the cardiology services were severely compromised and all referrals to IALCH for intervention and surgery were temporarily halted. In April 2009, I was recruited as Head of the cardiology at Greys Hospital to reestablish the tertiary cardiology service at Grey's and reinstate surgical referrals. The essential cardiology services were restored in the year 2009-2010 despite great challenges. The department moved forwards in the year 2010-2011 and our first percutaneous coronary intervention (PCI) was performed in May 2010 with great technical support and commitment of Dr RK Naidoo, senior interventional cardiologist from IALCH and continued support from Prof. DP Naidoo, Dr. B Thembela, Dr. B Bilenge, Dr A Pearce.

**CLINICAL SERVICES**

The workload in cardiology is still rising steeply and revolves around six main areas of service: **the acute admission ward, the cardiology wards, non-invasive laboratory, echocardiography laboratory and cardiac catheterization theatre and the cardiology consultative service.** The consultative service covering all in-patients of Grey's Hospital in the other disciplines, in particular, casualty, surgical ICU, labour ward high care, and all regional and district hospitals in Health Regions area 2 remains busy throughout the year (see table below for breakdown of the workload for the year 2010). This is due to the high prevalence of cardiovascular diseases in our region, the rising event rate coupled with an awareness of the community in utilizing the cardiology service. Therefore, the Department of Health needs to expedite the transformation of cardiology services in line with its goals and the forthcoming implementation of NHI.

Despite the overwhelming workload, about 15-20 cases per month are currently fully worked up and submitted for cardiac surgery or intervention which includes complex PCIs and electrophysiology study at Inkosi Albert Luthuli Central Hospital.

**Percutaneous coronary intervention (PCI)** has been performed since May 2010 for non-complex cases at 5-8 cases per month. There have been long delays in updating the cardiac catheterization theatre and echocardiography imaging system, with the result that transoesophageal echocardiography (TEE), full cardiac studies, and electrophysiology study (EPS) are still not available in our institution as well nuclear cardiac scintigraphy (MIBI scan).

The slowness in transforming the cardiology services at Grey's Hospital and its draining area, area 2 health region, has left several areas still needing urgent redress in order to provide a truly tertiary level of care. These chronic problems are bed shortage for in-patients, especially CCU beds, and overcrowding at cardiac clinic along with inadequate facility such as space, equipment, lack of a computerized system for patient records; inappropriate referrals (cardiology outreach); incomplete investigations and unfinished work-up of cases. Add to this a tertiary service cannot be provided without a dedicated CCU, with back-up for catheterization theatre and for implementation of after-hour acute cardiac care service. All these are long overdue.

**WORK ACCOMPLISHED FOR JAN – DEC 2010**

<b>Outpatient clinic</b>	<b>Total 3467</b>
New Consultations	483
Follow – up	2984
Pacemaker clinic	262
<b>In-patients</b>	<b>Total 1211</b>
MAW (Cardiac)	586

Ward D1 (Cardiac)	478
CCU (Cardiac)	147
<b>Invasive Procedures</b>	<b>Total 393</b>
Coronary angiograms	31
Coronaryangiogram+left ventriculograms	226
Aortograms	12
Temporary Pacemakers(TPM)	41
Permanent Pacemakers(PPM)	35
Percutaneous Coronary Intervention	27 ( May –Dec)
Valve screening	5
Intraaortic Balloon pump(IABP)	2
Other procedures (pacing leads or generator change)	13
<b>Non-invasive Procedures</b>	
ECG's	8257
Exercise stress tests	272
Holter's monitoring	43
Head-up-tilt test	3
<b>Echocardiography Laboratory</b>	2740
Adult Echo (Jan-June 2009)	2048
Paediatric Echo (Jan-June 2009)	692

## STAFFING

Thanks to all staff for their unwavering commitment, especially to the following members:

**Audrey Ram-Pillay** was appointed as senior ECG technician. She is still working tirelessly while waiting to fill the ECG technician post. Audrey, we congratulate for your promotion and, appreciate your hard working.

**Ms Sharon Padayachee**, cardiac technologist, worked hard during technologist shortage in the cardiac catheterization theatre and non-invasive laboratory until the new technologist joined the unit in January 2011.

Sister Tracey Scannell completed the critical care training and resumed her duty in September 2010

Sister NC Khumalo joined the unit in June 2010. Welcome!

**Sisters in-charge and their teams** of CCU, MAW, Ward D1 and Cardiac clinic contributed a lot to care of cardiac patients and during implementing the PCI facility, in particular, cardiac catheterization theatre operational manager and her team despite being understaffed and being done on weekends.

## STAFF MOVEMENT

### Specialists

Dr S Maharaj and Dr D Gounden, part-time specialists, left when their contracts were expired in Aug 2010. (later substituted by full time specialist- Dr Kavashree Govender in Feb 2011)

### **PMO/MOs**

Dr. O Beretto, principal medical officer was appointed against the post of outgoing Dr. Amima Sundas in April 2010, and Dr. T M Shange, medical officer, joined the unit from July 2010 to 31-03-2011.

### **MEDICAL REGISTRARS**

Dr. R Draper (Jan-Apr 2010)  
Dr. Y Govender (Apr-June 2010)  
Dr. M Bzaree (Apr-June 2010)  
Dr. T Moletsoane (Jul-Sep 2010)  
Dr. T Singh Oct-Dec 2010)

### **EQUIPMENTS AND FACILITIES**

Despite Cardiology Fax and Email facility has been available since June 2009 to facilitate direct consultations and referrals, it is still underutilized. Insufficient computers and out-dated computer system are partly to be blamed.

Selection of supplier for new echocardiography imaging system will be done in near future. But intraaortic balloon pump acquisition has been delayed by the state tender process. Fluoroscopic machine and monitoring system in the cardiac catheterization theatre acquisition is in progress with slow pace.

Dedicated cardiac intensive and acute care beds, tertiary and general cardiology beds have not been materialized yet. All these requirements need to be expedited immediately for safe and efficient service delivery.

### **ACADEMIC ACTIVITIES**

Our postgraduate training programme in cardiology subspecialisation commenced in October 2009 in collaboration with Inkosi Albert Luthuli Central Hospital is ongoing. In addition the teaching of medical registrars is being accomplished in the department in conjunction with internal medicine programme. Cardiology also contributes 2 tutorials per week for fourth year medical students.

Our weekly cardiology journal club on Friday morning was commenced along side with subspecialty training programme. Currently, angiogram and echocardiography meetings are taking place on Wednesday and Friday afternoon, respectively. Cardiology and cardiothoracic combined meeting is held on Tuesday evening at IALCH. Cardiology-radiology CT coronary angiogram meeting takes place monthly since October 2010.

### **CONGRESS, WORKSHOP ATTENDANCE**

Emerging Market Interventional Cardiology, Rome, Jul 2010: Dr Shein  
South African Heart Association (SAHA) annual congress at Sun City, Aug 2010: Dr. Shein and Dr. Gafoor, Sister Monyakane, Cardiographer Maphanga  
CRT training workshop at Medtronic Education Centre, Nov 2010: Dr. Shein, Dr. Gafoor, clinical technologist S Padayachee  
Merging Medical and Mechanical meeting at Mount Grace, Nov 2010: Dr. Shein, Dr. Gafoor and Dr. Mia  
Cardioxyl investigator meetings in George 2010: Dr. Shein  
Rapid Exchange Forum in Johannesburg 2010: Operational manager at cardiac catheterization theatre Sr A Monyakane, and its nursing staff L Khumalo, NC Khumalo, Cardiographer Maphanga, clinical technologist Z Kunene, S Padayachee

### **OUTREACH AND RESEARCH**

With the overwhelming clinical workload and shortage of staff, our cardiology research and outreach activity is still on a smaller scale.

## **CONCLUSION**

The vision for the cardiology department at Greys is to provide a comprehensive facility that serves the whole of area 2. During the year 2009-10, there is some achievement in revitalizing the cardiology services. In the year of this report, upgraded the cardiac catheterization theatre service to include PCI but this service cannot continue safely because of the slow progress in upgrading equipment and facilities at Grey's cardiology. The services at Grey's Cardiology are far behind the technology in modern cardiology. We are still long way to achieving our vision of tertiary level services. We are begging for basic services.

I wish to thank again to the few committed staff members who have given off their best to maintain our current service delivery.

## **ENDOCRINOLOGY DEPARTMENT ANNUAL REPORT**

The Department of Endocrinology was developed actively from 2007. Our staff has grown to the following: 1 Principal Specialist, 1 PMO, 1 Medical registrar and 1 part-timer. Our endeavors included the following areas:

### **1. TO ENHANCE THE SERVICE IN DEPT ENDOCRINOLOGY - GREYS HOSPITAL**

- ◆ Our part-time Family Physicians contribute much to the running of the service. Dr N Naidoo has joined us and Dr R Mohan has left to pursue academic studies
- ◆ PMO post in Endocrinology and Diabetes : The PMO, Dr N Sewgoolam has settled in and
- ◆ Does clinical work, as well as assists with the management of the Diabetes and Endocrine clinics
- ◆ She has passed her Part 1 FCP (SA) in September 2008 > Dr Sewgoolam is on maternity leave and Dr Avila has replaced her, for now.
- ◆ The Podiatrist, Andile Mchiza, assists greatly in the Diabetes clinic and is now an established feature in the Diabetes service. She has her own office and equipment. She is the only podiatrist in the public sector in area 2
- ◆ We have a diabetes nurse educator, Sr Naidoo who assists all disciplines at Greys and helps greatly with the organization of the Diabetes service. We are blessed to have them.

### **2. TO DEVELOP THE TERTIARY SERVICE**

Developed a programme for rotating registrar: an in-house programme, clinical teaching and end-of-block assessment implemented in 2008.

Participated in the General Medicine Registrar Teaching programme and General Medicine clinical service at Grey's Hospital

### **3. TO PROMOTE METROPOLITAN SERVICES**

Outreach to Greytown Hospital-once a month.

### **4. QUALITY IMPROVEMENT**

Post clinic results review: by Dr Mohan/ Avila: results are reviewed and abnormal results are acted upon. This is now well established

### **5. OTHER:**

The department of Endocrinology also participates in the editorship of the South African Journal of Diabetes and Vascular Disease and in the running of the Higher Diploma in Medicine Examination for the College of Medicine.

**OUTREACH REPORT: AREA 2 - INTERNAL MEDICINE 2010/11**

**1. ROSTER**

The roster is attached: visits Tuesdays and Thursdays, occasionally Fridays.

**2. RED CROSS AMS**

Excellent transporting by AMS remains the key to the Outreach programme. Nissan X-Trail exchanged for a Quantum which takes more passengers but is less comfortable. Our driver, Mr Meshach Nehemiah, is used to the maximum.

**3. HOSPITAL COVERAGE**

Most of 18 District Hospitals are regularly visited by a designated consultant or PMO. Bad weather re flying as usual caused a few cancellations.

**4. PERSONAL VISITS**

Twice-weekly ward-rounds at Edendale Hospital. Rounds at Northdale sadly ended in mid-year owing to a dispute with Family Medicine. This needs to be remedied. 4<sup>th</sup> year teaching and examining. 8 district hospitals remain regularly "under my wing": too many for flexibility. Monthly KZNPTC meeting. Overall: 72 hospital visits other than EDH/Northdale.

**5. ELECTIVE STUDENTS & REGISTRARS**

Medical students (from SA, pleasing to note, and abroad); MGH and Columbia residents regularly accompany the visiting consultant: mutually beneficial.

**6. CONSULTANTS / PMOS**

Several consultants and a few PMO'S are appropriately involved in our programme enthusiastically. Some have yet to contribute.

**7. PERITONEAL DIALYSIS**

Dr Brett Cullis, visiting UK renal physician, joined RIC on visits to Area 2 hospitals in an attempt to establish acute peritoneal dialysis in suitable hospitals.

**8. CONGRESS**

The next Grey's Medicine Seminar (JMMS2) was postponed until 2011 because of the World Cup: fortunately, as the public sector strike would have interfered.

**9. PHARMACO-THERAPEUTIC COMMITTEES**

District & KZN PTC'S were regularly attended, the latter monthly.

**10. CEU ACTIVITIES**

There was a glitch with the department's continuation as an accreditation site for 2010, but it is likely that CPD points can be claimed by MOs for teaching session attendance during Outreach visits to peripheral hospitals.

**11. TELEHEALTH**

Maintenance of Grey's Lecture Theatre by Internal Medicine ceased during 2010 and Grey's management was formally advised that responsibility was reverting to it. Telebroadcasts were regularly attempted, but have suffered greatly through lack of technical support.

**12. PUBLIC SECTOR STRIKE**

This affected Outreach visits occasionally, but had a far more damaging effect on peripheral hospitals themselves.

## PMB DEPARTMENT OF INTERNAL MEDICINE OUTREACH: AREA 2

### Schedule 2010 updated Oct 2010

Physician	Hospital/Activity	When	Fly/Drive
Dr RI Caldwell	COSH (Tugela Ferry)	2 <sup>nd</sup> Tuesday each month	D(AMS)
Dr RI Caldwell	CJM Hospital	3 <sup>rd</sup> Tuesday each month	Fly
Dr RI Caldwell	Vryheid Hospital	4 <sup>th</sup> Tuesday each month	Fly
Dr RI Caldwell	<u>Dundee Hospital</u>	1 <sup>st</sup> Tuesday each month	Fly
Dr RI Caldwell	Emmaus Hospital	4 <sup>th</sup> Friday each month	D(AMS)
Dr RI Caldwell	Estcourt Hospital	3 <sup>rd</sup> Thursday each month	D(self)
Dr RI Caldwell	Rietvlei Hospital	4 <sup>th</sup> Thursday each month	Fly
Dr N Collinge	Madadeni Hospital / Renal Unit	3 <sup>rd</sup> Thursday every month	Fly
Dr E Hernandez	Appelsbosch Hospital	3 <sup>rd</sup> Friday each month	D(AMS)
Dr F Mahomed	Greytown Hospital	2 <sup>nd</sup> Thursday each month	D(self)
Dr A Michowicz & Rh Reg	Town Hill Hospital	Alternate Weds pm	D(self)
Dr K Rasmussen	EG & Usher Hospital (Kokstad)	3 <sup>rd</sup> Thursday each month	Fly
Dr D Wilson	St Appolinaris Hospital	1 <sup>st</sup> Tuesday each month	D(AMS)
Dr B Thembela	CTK Hospital	1 <sup>st</sup> Tuesday each month	D(AMS)

### NOTES

- Dr H Dawood visits different hospitals to give Infectious Diseases input.
- Since about mid-2010, Northdale Hospital has made it impossible for meaningful visits to continue, so that currently it receives no Internal Medicine outreach (previously from Drs Y Mahomed and Caldwell). This is of particular concern because a large group of Int Med interns are seconded to Family Medicine at Northdale for 2 months out of their 4-month Internal Medicine block.
- Dr Avila no longer visits Montebello Hospital.
- Dr Adeyemi has left Internal Medicine for family Medicine.
- Dr Brett Cullis, visiting UK renal physician, has joined RIC on visits to Dundee, CJM, Newcastle, Madadeni, COSH, Emmaus, EG & Usher, Rietvlei, CTK and Estcourt Hospitals in an attempt to establish acute peritoneal dialysis in suitable hospitals.

### DEPARTMENT OF DERMATOLOGY ANNUAL REPORT 2010/11

#### GENERAL:

The department of dermatology treats between 480-538 patients per month, providing comprehensive and holistic care within area 2.

#### STAFF:

There are 2 specialist dermatologists, Dr Chateau who started in January 2010 and Dr Jaikuran in January 2011.

Dr Raghavjee is part-time medical officer who started the clinic some 21 years ago.

Dr Morale is currently a full time medical officer since March 2011.

Sr Van Rooyen is the sister in charge, ensuring the smooth, efficient running of the clinic with the help of nurse Ngobese.

#### SERVICES:

There are 5 specialist clinics per week.

A paediatric dermatology clinic was started in April 2010.

**ACCOMPLISHMENTS:**

As late as February 2011, four doctors occupied 2 rooms, with no privacy for our patients. We are extremely grateful that management approved our expansion, providing us with an additional 2 rooms.

**LIMITATIONS**

Lack of equipment and furniture for the new extension but I do believe that this too will be accomplished. We do not have computers, printers, stationary for the effective running of the service.

**FUTURE PLANS:**

Dr Chateau will be abroad reading for a subspecialty in Paediatric dermatology with the aim of expanding this service in the future.

Outreached or tele-dermatology in the near future.

We have applied to HPCSA for accreditation to train registrars in the near future.

**OBSTETRICS AND GYNAECOLOGY DEPARTMENT  
ANNUAL REPORT**

WELCOME TO THE DEPARTMENT OF OBSTETRICS & GYNAECOLOGY



**DR M. J TITUS:**  
CHIEF SPECIALIST & METROPOLITAN HEAD: PMB HOSPITALS COMPLEX



**DR T. D NAIDOO**  
HEAD OF CLINICAL UNIT



**DR R. R GREEN-THOMPSON**  
SPECIALIST GRADE 2



**DR E.F. ORIE**  
SPECIALIST GRADE 1



**DR NF MORAN**  
HEAD OF CLINIC UNIT: OUTREACH

The Department of O&G continues to ensure good service delivery in Women's health, both within the hospital and in the District. We have also seen the development of tertiary services and subspecialties within department and this process is on going. However with this have come added responsibilities and frustrations such as creation of new posts, recruitment of and acquisition of new staff, procurement of new equipment and sourcing of funding for department and community projects.

**ENCOURAGING DEVELOPMENTS  
CONSULTANTS:**

Dr NF Moran has been appointed as the Principal Specialist: Outreach and is currently busy implementing a successful outreach programme

Dr EF Orié has been appointed as Specialist Grade 1

Dr RR Green-Thompson is now a registered subspecialty trainee in Maternal and Fetal Medicine in UKZN.

Dr TD Naidoo has established the Uro-Gynae and Pelvic Floor Dysfunction Unit. He has also attempted to Introduce Advanced Endoscopy to the department, but with limited success due to lack of equipment and operating time.

Dr TD Naidoo spent six weeks at the world renowned Addis Abba Fistula Training hospital in Ethiopia.

Dr TR Moodley continues his service to the department by doing weekly sessions during which he runs a Colposcopy clinic. He also does after hour calls for the department.

Dr Kearney does sessions in the Antenatal Clinic on a Thursday.

Dr Amod also does sessions in the department during which she runs the combined Gynae Oncology clinic.

Drs Singh and Buthelezi continue as our part-time consultants doing after hour calls and weekends.

#### **MEDICAL OFFICERS:**

Dr s Ngcobo and Tsibiyane has been appointed as Medical Officers

#### **REGISTRARS:**

Currently the department has 16 registrars. Dr EF Orie successfully completed his FCOG part two exam in March 2009. Dr Uzoho has successfully written his part 2 exams and had been invited to the oral examination

Dr Daef has joined the department as a supernumerary registrar for four (4) years.

#### **INTERNS:**

Currently there are 36 interns and they rotate through Grey's, Edendale and Northdale Hospitals.

#### **UNDER GRADUATE STUDENTS:**

The department participates fully in the under graduate training programme of the N R M Medical School.

We receive a group of 24, 4<sup>th</sup> years every six weeks and they rotate through Grey's and Edendale. These students have their mid block and end of block assessments done at Grey's. Our staff are also involved in lecturing and examining 4<sup>th</sup> and final year students at medical school.

#### **QUALITY IMPROVEMENT**

The department embarked on a series of quality improvement programmes in keeping with the Grey's hospital ethos on Quality Improvement.

#### **OUTREACH PROGRAMME:**

The outreach programme is developing very well with the appointment of Dr NF Moran. Training is provided and problems that are identified are investigated and necessary steps are taken to resolve them. All 5 districts in Area 2 have been visited and plans are in place to set up an outreach programme for each district hospital in the area as well as for community health centres.

Dr Green-Thompson has been conducting outreach visits to Greytown Hospital – staffing permitting. Dr Naidoo has been conduction visits to Appelsbosch hospital on a monthly basis.

**2011** has been a challenging year for us in the department, with a lot of added responsibilities and frustrations. We have been promised equipment and upgrading of our facilities, but this has not been forthcoming. We have also seen the department grow with the development of tertiary services and subspecialties with limited resources. This process is on going. We hope to expand further in 2011 with new staff and the new facilities promised by management. We also hope to rotate our registrars through Newcastle and Ladysmith Hospitals



**Dr TD Naidoo**  
**Principal Specialist/Head of Department**



**DR MJ TITUS**  
**CHIEF SPECIALIST AND METROPOLITAN HEAD**

## **A. SERVICE DELIVERY**

### **1. CLINICS**

➤ Grey's Hospital

Four new sub-specialty clinics have been implemented as part of ophthalmology service and have been conducted at Grey's since February 2011. These clinics consist of the following:

- I. Retinal Clinic on Tuesday afternoons where Dr Chetty has joined Dr Uys.
- II. Oculoplastic and Orbital Clinic on Tuesday morning and is coordinated by Dr Kruse
- III. Uveitis Clinic on Mondays and is coordinated by Dr Dewar
- IV. Paediatric Ophthalmology every second Monday and is coordinated by Dr Laloo.
- V. Medical Retina on Friday mornings and is coordinated by Dr McKenzie.

➤ Northdale Hospital

No change but we hope to start clinics soon.

➤ Edendale clinics

- I. Retinal Clinic on Monday afternoons by Dr Chetty
- II. Oculoplastic and Orbital Clinic on Thursday morning and is coordinated by Dr Kruse
- III. Uveitis Clinic on Friday and is coordinated by Dr Dewar
- IV. Paediatric Ophthalmology every Tuesday and is coordinated by Dr Laloo.
- V. Medical Retina on Wednesdays and is coordinated by Dr McKenzie.

### **2. THEATRE**

- Equipment status unchanged
- An additional theatre list was created: Every Monday instead of every second Monday. We also now have a Wednesday every 6<sup>th</sup> week.

### **3. WARDS**

- Bed status at Grey's unchanged and inadequate.

### **4. OUTREACH**

- Outreach program to Edendale Hospital by the specialists is a new activity (See Edendale Clinics).
- Existing outreach is done at Dundee and MGH.
- We are planning outreach to Northdale Hospital in the future.

## **B. ACADEMIC AND TRAINING**

### **1. REGISTRARS**

The Department of Ophthalmology at Grey's Hospital has currently 3 registrars. From July 2011 there will hopefully be another registrar added.

### **2. CONSULTANTS**

PMB Metropolitan Ophthalmology Services increased the number of consultant during the aforementioned period to 3 full time consultants and 3 part time consultants.

### **3. INDIVIDUAL ACHIEVEMENTS**

Drs Dewar and Chetty have successfully completed their registrar training and have been appointed as full time consultants

### **4. EXAMINATIONS**

- No registrar wrote examinations during this period.
- Drs M. Khan, N. Pupuma and A Paulson all passed their FCOphth(SA) Part 1 examinations in March 2011.

**5. TEACHING PROGRAM**

- A new curriculum has been implemented in the Department, as prescribed by the College of Ophthalmology of South Africa. The primary examination has been changed and an intermediate examination has been added.

**6. AREA 2 BUSINESS PLAN**

Dr Sewlal has requested a full business plan for ophthalmology Area 2 by the middle of 2011.

**7. PRESENTATIONS AND PUBLICATIONS**

Dr Kruse was invited as sole speaker at the Alcon Beginner Phaco cataract surgery wetlab in May 2011.

The following doctors presented posters at the annual OSSA meeting in PE: Dr C. Dewar, Dr V. Govender

**C. RESEARCH**

1. 3 MMed dissertations are being planned for the Registrars in the department
2. An application has been submitted for a research network to be installed in the department by UKZN
3. Dr Kruse is enrolled to do his PhD at UKZN.

**D. ADMINISTRATIVE AND INFRASTRUCTURE**

**1. STAFF**

Registrars in the Department:

1. Dr V. Govender
2. Dr V. Dullabh
3. Dr T. Jogi

Consultants

1. Dr C. Kruse
2. Dr C. Dewar
3. Dr N. Chetty

Sessional Consultants :

1. Dr M. Harrison
2. Dr E. Uys
3. Dr R. Spooner
4. Dr S. McKenzie

## ORTHOPAEDICS DEPARTMENT ANNUAL REPORT

### **OPERATION REVIEW:**

1. Funding for the Head: Clinical Unit has been secured and the post will be advertised and filled and thus Tumours, Sepsis and Reconstruction will be strengthened.
2. Spinal Surgery Service has been re-established and services are being rendered at both Edendale and Greys Hospitals.
3. Teaching Programme has been streamlined with pleasing outcomes as follows:

<b>RESULTS / OUTCOME FOR SEPTEMBER 2010 / MARCH 2011 - COLLEGE OF MEDICINE ORTHOPAEDIC EXAMINATIONS</b>				
	<b>No. of Candidates</b>	<b>Pass</b>	<b>Percentage Pass</b>	<b>Comments</b>
Diploma	2	2	100 %	The 2 Candidates from PMB were the 1 <sup>st</sup> and 2 <sup>nd</sup> in terms of highest mark in the country
Primaries	2	1	50 %	
Intermediate	1	1	100 %	PMB Candidate obtained highest mark in the country
Final	2	2	100 %	

4. Outreach Programme – The Outreaching Programme is running with 2 Visits per month – alternate weeks. Plans for further improvement with weekly visits are in the process with Dr Livan Turino having resumed alternate weekly visits.  
Vryheid Outreach – Re-established with Madadeni Hospital Staff each Monday (Outpatient / inpatient and minor Operating being done)
5. Recruitment / Retention has been successful with 100 % occupancy for Medical Officers and only 14 % vacancy for Consultants

### **CHALLENGES:**

1. Recruitment / retention remains a problem for outlying hospitals resulting in dysfunctional referral pattern and morbidity for patients.
2. Outreach will be strengthened with the creation of Outreach Clinical Heads for all disciplines by the Province

**STAFFING:**

- 1 vacant Senior Specialist post since 01/02/2011
- 1x vacant Principal Medical Officer
- 1x Chief radiotherapist post vacant and already advertised
- 2xCommunity service radiotherapists started on 01/01/10 – Mr. A .Budhram  
--Miss. S. Govender

**WELCOME:**

Senior Specialist: Dr L Marais September 2010

Registrar from KEH: DR Wilson February 2011

**FAREWELL:**

Dr L Marais resigned in February 2011 will be doing session on Tuesdays and Thursdays

Mr. P Mazibuko Senior Radiotherapist transferred on promotion to Addington Hospital 01 October 2011Mrs.

M Mbhele resigned to pursue lecturing at DUT 28 February 2011

**EQUIPMENT ACQUISITION**

- 1x laryngoscope
- 1 X-ray markers for 329mm applicators
- Radiotherapy No entry signage has been installed
- Repairing of blinds in the Department
- Fixation tube for colpostat segment
- 1 x scanning Diode detector for photons

**PENDING STOCK ACQUISITIONS- Requisitions already submitted**

- Gynae. bed (brachytherapy couch) still pending still with HTU
- 1x pregnant Staff radiation dosimeter
- New weight & height scale
- Laryngoscope
- Glucometer
- 2x Staff lockers (3 compartment)
- 2x water Dispensers

**FUTURE ACQUISITIONS**

- Additional Calculation license for the treatment planner
- Dedicated planning CT scanner
- Electron Monte Carlo planning software
- 2<sup>nd</sup> Linear Accelerator
- Exactrac
- C-Arm for brachytherapy
- Improved security system in the Department
- Mobile suction machine with plug point

**EVENTS AND TEAM BUILDING**

- Cancer Awareness Programmes (week) August 2010–Poster Display
- Breast Cancer awareness Walk & Programme
- In House sports day—Team building
- Team building – Cultural day – 23 September 2010
- Christmas Dinner –Golden horse 15 December 2010
- Christmas celebration with cancer patients on 22 December 2010

- Employee of the year 2010: Sister L Daniels
- Participated in staff Wellness Day in October 2010
- The Department participated in CANSA relay by Maritzburg Boys College in August 2010

#### Community & NPO Relations

- The department managed to attract more disciplines for the holistic treatment of cancer Including 'LOOK GOOD FEEL BETTER" NPO which will support all Cancer patients that currently on treatment  
This Non Profit Organization will be hosting monthly workshops during this current year
- CANSA is still providing support and weekly visits in the department

#### TRAINING AND SKILLS DEVELOPMENT

- ISSRT congress attended by –Mrs. J Buys in March 2011
- Mr. W. Naidoo attended a Stereo tactic & Radio surgery Workshop in Cape town—July/August 2010
- 3<sup>rd</sup> year Radiotherapy students perform their practical in the Department started in January 2011
- Mr. N Mdletshe attended SAAPMB Physics Congress at Cape Town, in September 2010

#### SERVICE DELIVERY

- Radiotherapy department numbers of patients for radiotherapy from 40-55 on 1 linear accelerator.
- Initiated strontium eye applicator Radiotherapy treatment
- The department is preparing to start IMRT
- Children are still referred to Inkosi Albert Luthuli Hospital because of insufficient treatment facilities /f funds at Greys.
- Number of new patients seen in the clinics has increased from 70 to 80 patients per week
- The lodger facility for Oncology patients only has 20 beds that are allocated for Oncology Lodger patients the rest of 60 beds are allocated to lodger mothers.
- Chemotherapy services – the number of patients receiving chemotherapy is still 25-30 and the maximum of 5 chemotherapy patients receive treatment in the ward M3
- The Department has applied for WHO/IAEA TLD audit in 2011
- The Department has applied for CPD points accreditation for 2011 academic meetings
- Morbidity/mortality meetings will be starting in May 2011

2010 was a landmark year for the PMB Metropolitan Surgical Department in that it had to withstand the departure of its inspirational leader, Dr Fernando Ghimenton. Other challenges that persisted were inadequate infrastructure and equipment.

Despite these factors the department remains strong with an ethos of providing excellent care with constant self evaluation and teamwork.

**Achievements:**

1. Our undergraduate, intern and postgraduate training programs were well executed with enthusiastic involvement from all levels of staff. The following candidates were successful in examinations:

❖ FCS Final

- Nikki Allorto
- Monde Mjoli

❖ FCS Intermediate

- Kriban Reddy
- Siegi Rabe
- Ashish Dasrath

❖ FCS Primary

- Sanele Madziba
- Babalwa Nondela
- Faraj Benamro

2. Accolades

- ❖ Ashish Dasrath was awarded the prize for “PMB Surgical Registrar of the year” and the Ghimenton Award of Surgical Excellence
- ❖ Nomcebo Shangase was awarded the prize for “most promising surgical registrar”

3. New Specialists

- ❖ Dr Neshalan Latchmanan – A multi-talented surgeon who is training in lower gastrointestinal surgery and responsible for the colorectal surgery firm at Grey’s hospital. His computer skills and technical mind has been instrumental in establishing several electronic databases within our department
- ❖ Dr Nikki Allorto – A feisty young lady with passion for Burn Care and ensuring that patients are properly managed at all stages of care.
- ❖ Dr Monde Mjoli – A gifted “natural” surgeon who is based in the HPB and upper gastrointestinal firm. He was awarded the prestigious SASES scholarship in 2010 and is currently training in laparoscopic colorectal surgery in the Netherlands for three months
- ❖ Dr Morgie Govender – An experienced young surgeon we enticed to join us from Ngwelezane hospital to work in the HPB and upper gastrointestinal firm. She is a dedicated doctor with an “academic mindset” and excellent clinical and operative skill that will benefit patients and the department.

4. Presentations at Congresses

- ❖ Dr Neshalan Latchmanan attended the Colo-extreme National Colorectal Congress where he presented a topic and was actively involved in discussions on management of colorectal disease
- ❖ Dr Monde Mjoli presented a poster at SAGES
- ❖ Dr Damian Clarke presented and organized several presentations for SRS congress
- ❖ Sister Heather Bowren presented a topic at the SAGINS congress as part of SAGES and was award first prize.

## Failures and Disappointments

### 1. Dr Fernando Ghimenton Vacating the Chief Specialist Post

Dr Ghimenton has been the metropolitan head of surgery for five years. His gentle, soft-spoken demeanour beguiles his strength of character and determination that has seen him slowly unveil his vision of the ideal surgical department. He is unlike the traditional surgeon in that he allows all who associate with him to be themselves while performing to the best of their ability and this attitude now permeates through the entire Pietermaritzburg department of surgery. His travels have taken him all over the world and this has given him a unique perspective enabling him to find innovative solutions to many perplexing problems we find in the South African health system. Most importantly, despite working at the forefront of thoracic surgical innovation in America he remains humble and driven by the need to offer his patients the best possible care, no matter the challenges. He has been a father-figure and mentor to many of us and therefore the department now functions as a collective not driven by self fulfillment but achieving a common goal. I know that Fernando at this stage of his career does not place a high value on personal accolades and recognition but he has left a legacy in Pietermaritzburg and we salute his contribution to our personal development and establishment of a self-sustaining department. Luckily for Pietermaritzburg he has taken on a new role as the head of paediatric surgery and he is now tasked with dedicating all his energy to the "little ones" so they too can fully benefit from his tremendous knowledge and skill.

2. Dr Rishan Deonarain resigning from the surgical department to specialize in critical care. We wish him well on this endeavor and hope he maintains a close relationship with the department of surgery

## CONCLUSION

The department of Surgery will continue to thrive. We hope that 2011 allows the department to overcome obstacles in procuring necessary equipment and concrete plans are made at improving outpatient facilities at Grey's hospital and revitalization of Edendale hospital.

## **A. SERVICE DELIVERY**

### **1. CLINICS**

#### ➤ Grey's Hospital

Four new sub-speciality clinics have been implemented as part of urology service and have been conducted at Grey's for the passed year. These clinics consist of the following:

- I. Female urology clinic on Monday afternoon and is coordinated by Dr K Mahmood
- II. Paediatric urology on Monday morning and is coordinated by Dr Pretorius
- III. Endourology on Thursdays and is coordinated by Dr M Conradie
- IV. Uro-oncology on Wednesday and is coordinated by Dr M Alsharif

#### ➤ Northdale Hospital

General urology clinics started at Northdale Hospital from 26 April 2010 and have been running successful for the past year. This clinic is conducted from one of the general surgical specialist clinics and will be open for general urological problems at the Hospital on every Monday. Surgical beds are shared with the general surgeons. On average of 25 – 30 patients are seen on every Monday at the clinic. In addition to the clinics there is also 24 hour ward cover.

#### ➤ Edendale clinics

Urology clinics at Edendale hospital, was implemented on second week of August 2010 and weekly on every Wednesday. These extra clinics were made possible by the expansion of the Department in terms of manpower which has been always a restriction in expanding clinical services.

### **2. THEATRE**

- Improvement in the theatre structure in the Department of Urology includes the following:
  - I. Dedicated laparoscopic week once a month – 5 -6 lists depending on availability at Grey's Hospital.
  - II. Laser lithotripsy list once a month – 2 lists on Wednesday
- Additional theatre lists were created at Northdale and Edendale Hospital during later part of 2010. Northdale theatre on every second Wednesday and Edendale theatre on every second Wednesday. The theatre lists are currently reserved for general urology that can be performed at a regional hospital level.
- In order to maintain tertiary urology service, the acquisition of endo-urological equipment was success, which are the following:
  - I. Flexible ureteroscope and laser lithotripsy service agreement
  - II. Laparoscopic stack as a loan set free of charge

### **3. WARDS**

- Bed status at Grey's unchanged.
- Ten urology beds envisaged at Edendale Hospital and at Northdale we are currently sharing beds with the general surgeons.

### **4. OUTREACH**

2. Outreach program to most secondary hospitals and district hospitals on going depending on the need and manpower. These hospitals include:
  - 1) Ladysmith
  - 2) Dundee
  - 3) Madadeni
  - 4) Vryheid

- 5) Church of Scotland
- 6) Appelsbosch
- 7) St Apollinaris
- 8) Christ the King
- 9) Emmaus

We are currently implementing a rotation of registrars to aforementioned hospitals to make provision for services and training of MO and nursing staff in the area 2 Hospitals.

### **3. ACADEMIC AND TRAINING**

#### **8. REGISTRARS**

The Department of Urology at Grey's Hospital has currently 7 registrars which can be divided as follows:

- i. SA Urology registrars
  - Dr J Urry
  - Dr T Nkuebe
- ii. Supernumerary registrars – Dr A Kahie
  - Dr S Balogun
  - Dr A Elsaket
  - Dr A Tawila
- iii. Public Health Department - Dr Z Jogiat

From July 2011 there will be two additional SA registrars joining the PMB Urology Department with the possibility of expanding a full service to Edendale Hospital with a permanent consultant.

#### **9. CONSULTANTS**

PMB Metropolitan Urology Services increased the number of consultant during the aforementioned period to 3 full time consultants and 2 part time consultants. In addition to these permanent staff members, we also have consultants that rotate from time to time from the Durban campus for teaching purposes. These consultants are:

- 1) Dr MC Conradie
- 2) Dr M Alsharef
- 3) Dr P Pretorius
- 4) Dr D Smart
- 5) Dr A Dada

#### **10. INDIVIDUAL ACHIEVEMENTS**

Dr MC Conradie was awarded the Karl Storz Golden Scope award for the best junior Urologist for the period 2009-2010 by the SA Urology Association.

Dr T Nkuebe has been playing an instrumental role in launching the MMC program in KZN. Dr M Alsharef has passed his final Urology Fellowship examination, registered as specialist Urologist and has been appointed as consultant in the Department of Urology.

Dr S Balogun recently attended the Basic Surgical Skills Course hosted by the Surgical Department at UKZN and was chosen as the over all best candidate for the course.

#### **11. EXAMINATIONS**

4. The following Registrars have passed their urology examinations successful as part of their training:

- I. **Dr J Urry** : Passed F.C.S part 1A – May 2010
- II. **Dr M Alsharef**: Passed F.C.Urol. – October 2010
- III. **Dr S Balogun**: Passed MRCS Ed Part A
- IV. **Dr A Alsaket**: Passed FCS part 1A – October 2010
- V. **Dr P Pretorius** : Passed F.C.Urol. – May 2010

5. Dr T Nkuebe, Dr A Kahie and Dr A Walid wrote their F.C.S. part 1 A and MRCS Ed part A respectively in April 2011 and are awaiting the results.

## **12. TEACHING PROGRAMME**

6. A new curriculum has been implemented in the Department, as prescribed by the College of Urologist of South Africa and are currently being followed. This curriculum will be followed on a two-year rotation basis in an attempt to conform the training of Urologist in KZN.

## **13. UROLOGY GUIDELINES**

Guidelines in Urology are being drafted by the Department of Urology at Grey's Hospital and will be implemented throughout the KZN training hospitals as guidelines in service delivery as well as reference in training of new urologists.

## **14. PUBLICATIONS**

Following publications for the year 2009/2010:

“Advantages of en bloc ligation during laparoscopic extirpative renal surgery” published in the Journal of Endourology September 2009, MC Conradie

Following publications have been accepted for publication:

“Spino-reno fistula due to gunshot injury”, BJRad, Dr M Alsharif

“The management of renal colic”, 3<sup>rd</sup> edition of Smith's Textbook of Endourology”, Dr MC Conradie

## **15. UROLOGY WORKSHOPS**

The SA Endourology Society workshop was performed in conjunction with the biennial SAUA congress at Grey's Hospital November 2010. This workshop was extremely well received and more than 60 urologists from all over SA participated. We also had the honor of having visiting surgeons from USA and Germany to join us. For the first time in the state sector in KZN, brachytherapy was successfully performed for a patient with prostate cancer.

## **7. RESEARCH**

➤ As part of improving on teaching and service delivery, we have taken a very active stance, in terms of research and are currently busy with numerous clinical trials. Each medical officer is participating in one or more of the following clinical studies:

4. Anatomical variations of the renal hilum during laparoscopic renal surgery
5. Congenital megaprepuce – surgical technique and outcome of prepare
6. Implantation of laser lithotripsy in the financially constraint public service environment
7. Laparoscopic nephrectomy training model comparison
8. Review of renal trauma
9. Evaluating the World Wide Web for collaboration in training in endourology
10. Re-look at the incidence of supravescical obstruction in neonates with posterior urethral valves
11. Renal function evaluation pre and post disobstruction of the urinary tract in congenital PUJ obstruction
12. Waiting list quality of life deterioration in BPH patients
13. Urethral stricture recurrence comparison in supervised self dilatation
14. Laparoscopic week; skills improvement with the intervention of the laparoscopic simulator
15. Laparoscopic treatment of urolithiasis
16. What determines less invasive surgery of urolithiasis?
17. PSA screening in the rural community in Africa – a multinational approach
18. Determining factors in nadir renal function post relief of obstruction
19. The incidence of local spread to the SV in patients with low risk prostate cancer patients
20. Free testosterone as a predictor of aggressiveness of prostate cancer patients in Kwa Zulu Natal
21. The IVU utility in urology in the era of CT scan
22. Assessing the usefulness of renal artery angiogram in pre-operative workup in patients with PUJ obstruction
23. Demographic analysis of the distribution, incidence and cause of UDT in Kwa Zulu Natal
24. Evaluating the Tara clamp for the provincial circumcision plan
25. Assessment of the aggressiveness of prostate cancer in different ethnic groups

26. Relationship between metabolic syndrome and prostate cancer stage in SA
27. Instrumentation ergonomics and patient positioning in laparoscopic urological surgery
28. Feasibility of a cost effective disposable uroflow meter in the rural community

## **8. ADMINISTRATIVE AND INFRASTRUCTURE**

### **1. TRAINING FACILITIES**

The department has recently installed a laparoscopic training dry-lab with two laparoscopic trainers which are used for dry lab training by the registrars and other doctors to gain experience with laparoscopy.

### **2. STAFF**

Registrars in the Department:

4. Dr J Urry
5. Dr T Nkuebe

Supernumerary registrars:

1. Dr A Kahie
2. Dr A Elsaket
3. Dr A Tawila
4. Dr S Balogun

Medical Officers

1. Dr K Mahmood
2. Dr Z Jogiat

Consultants

Dr MC Conradie - HOD

Dr M Alsharif

Dr P Pretorius

Dr D Smart – part time

Dr AK Dada – part time

## **DIGITAL RADIOGRAPHY**

It is with great pride that we can confirm that Digital Radiography has now been successfully implemented at Greys Hospital. Because of budget constraints, additional networking points which allow access to the Kodak Carestream PACS/RIS could only be installed at selected key sites. This means that not every single office in Greys Hospital has this facility available. However, the software has also been installed on PCs in consultants' offices. The final installation in selected theatres is now also complete. There has been some limitation in accessing the images in several of the wards due to dysfunctional web servers, but these are currently being repaired.

Applications training has been given to consultants and registrars in all the departments by the Tecmed Applications Specialist.

CT and MR images have been available for some months on PACS. There was initially difficulty in linking the Tecmed screening unit to the system, but this has now been successfully resolved. As regards ultrasound images, only ultrasound units with DICOM compatibility can be linked, and at this stage only the Toshiba Aplio ultrasound unit is DICOM compatible, and so the images from this unit can now be sent to PACS. Any ultrasound studies performed on our old units cannot.

As a result of the readily available PACS (Picture Archiving and Communications System) at Greys Hospital, the referring clinicians now have immediate access to the Radiological examinations, the delays associated with accessing hard copies have been eliminated, and where necessary, immediate telephonic consultation with radiologists is possible. Thus the diagnosis of patients' pathology has been expedited, and patient care has, and will continue to be improved.

To date unfortunately there have been major delays at Central Supply Chain Management regarding the acquisition of the CR readers for main x-ray and casualty x-ray. Funding was initially approved in 2010. Once these readers are acquired, plain X-rays will also be available on the system. The number of films that will be printed will then be reduced to only those that are considered essential by the referring clinicians.

The Radiology Information System (RIS) where all radiology patient details, examinations performed and reports generated are stored in electronic format and available to clinicians, is one of the few fully functional systems in a Government Hospital in South Africa. This in itself is a significant achievement, accomplished by the Tecmed Applications and IT Specialists in conjunction with overseas experts from Genoa, Scotland and Dubai.

The reason for the PACS/RIS installation at Greys Hospital was that in order to ensure the successful implementation of Digital Radiography in the Revitalization hospitals in KwaZulu Natal, there were a number of essential pre-requisites including a "Pilot Site" where, by utilizing the aid of experienced radiologists and radiographers, this entire new technology could be introduced, implemented, assessed, monitored, modified where necessary and ultimately expanded into the rest of the Province. "Data Recovery Sites" were essential in order to ensure that radiological information on patients in KZN was not lost and where copies of all the patients' information could be stored. With their close proximity to each other SITA and Greys were considered appropriate Data Recovery Sites. A "Nodal Training Site" was also required at Greys Hospital.

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

## **ACADEMIC**

The two junior Radiology registrars who wrote Part 1 F.C.Rad (Diag) including Physics and Anatomy in March 2011 were successful in their examinations.

Physics and some Anatomy lectures for Part I F.C Rad (Diag) SA have been successfully transmitted via teleconferencing from Inkosi Albert Luthuli Hospital to the relevant Radiology registrars at Greys Hospital. One registrar who passed Part 11 F.C.Rad (Diag) in October 2010 is the only KZN radiology registrar to have successfully passed the final examinations as well as completing her M.Med thesis..

An intensive academic training program is on-going in the Radiology department including daily intra- and inter-departmental meetings, lectures, presentations and journal clubs and anatomy spot tests. In addition registrars and medical officers attend meetings and tutorials with private radiologists in Pietermaritzburg and Durban

The Principal Specialist and one registrar attended the Gastro- Intestinal Radiology Course in Cape Town from 7 – 9 August 2010. One specialist attended a course entitled " MRI in Practice", in Johannesburg from 11 – 14 November 2010. Three specialists and one registrar attended the SORSA RSSA Imaging Congress at the ICC in Durban 4 – 6 March 2011. Two specialists attended a Clinical Audit Workshop in Pretoria from 24 – 25 March 2011

## **RADIOGRAPHY**

Greys Hospital hosted a Society of Radiographers of South Africa (KZN) Seminar in October 2010. The event was highly successful with a record attendance of over 220 delegates.

Two radiographers are currently studying their B-Tech Degrees. Three radiographers, funded by Head Office, will complete the Mammography course in September 2011.

Three radiographers attended a course in Johannesburg, MRI in Practice, from 11 – 14 November 2010.

The SORSA RSSA Imaging Congress at the ICC in Durban 4 – 6 March 2011 was attended by 8 radiographers and a Nursing Sister from Radiology.

An active in-service training programme and technique lectures are ongoing ensuring compliance with CPD requirements set by HPCSA for radiographers.

Clinical training is provided to the student radiographers from the Durban University of Technology as part of their rotations through the PMB Complex.

The Area 2 KZN Radiographers Forum continues to function successfully with meetings held quarterly at Greys Hospital.

It remains difficult to retain and attract radiographers which negatively affects the provision of radiographic services. The long-awaited and ultimately disappointing OSD implementation for Allied Health Workers, with minimal increases for most, and some radiographers in fact now taking home less than they did pre-OSD, has not helped.

## **HEALTH PROFESSIONS TRAINING AND DEVELOPMENT**

The available Health Professions Training and Development Grant funding was equally distributed among the various domains at Greys Hospital. The Radiology department ensured equitable distribution of the funding to radiographers, radiologists and nursing staff. The remaining funds from the Radiology budget were used to buy textbooks. The hope is that a larger allocation from the HPTDG will be issued to Greys Hospital in the future.

## **RADIOLOGICAL EQUIPMENT**

The quality and efficiency of any Radiological Department relies heavily on Radiological equipment , which is extremely expensive. Service level agreements are likewise very costly. Acquisition of Radiological equipment is an on-going problem, not only as regards funding but more specifically as regards the long and tedious process involved in procuring the required items. Often there are appeals by unsuccessful tenderers, and often there are major delays at the Central Supply Chain Management.

## **SERVICE PROVISION**

Imaging services across the spectrum of modalities is provided, including MRI, CT, Ultrasound, mammography and interventional radiology. Teleradiology reporting services are provided to Ladysmith Hospital and Edendale Hospital.

In CT the number of requests continues to increase beyond our capacity to perform the scans in a reasonable time frame. This is compounded by the shortage of experienced radiographers and examination requests where the anticipated contribution of the scan to patient management is unclear. In ultrasound the number of obstetric scan requests is also increasing beyond our capacity. It is hoped that the new ultrasound machine obtained by the department of OBGYN will alleviate this, as the OBGYN registrars will no doubt be keen to exercise their skills in this essential component of their training.

## **OUTREACH PROGRAMME**

An ultrasound Outreach Programme was conducted by the Assistant Manager Ultrasound who not only compiled lectures and notes for radiographers and doctors in a number of Outlying Hospitals, but also gave the attendees hands-on training and personally performed ultrasound examinations on problem patients. This programme not only promoted improved patient care but also assisted in professional development and the granting of CPD points to the relevant radiographers and doctors.

## SPEECH THERAPY - AUDIOLOGY DEPARTMENT ANNUAL REPORT

### 1. STAFFING:

POST	NO. FILLED
MANAGER	1
CHIEF AUDIO	1
SENIOR AUDIO	1(2/3 <sup>RD</sup> POST)
SENIOR SPEECH	1
COM SERVE AUDIO	1
COM SERVE SPEECH	1
GENERAL ORDERLY	1
<b>TOTAL</b>	<b>7</b>

### 2. NEW EQUIPMENT:

Only piece of equipment or therapy material was procured for Audiology in 2010 – a standard pulse oximeter. The diagnostic audiometer with VRA capabilities was ordered but not procured. Hopefully will be procured in 2011 to replace the 15yr old audiometer and for the additional test capabilities. We ordered and received consumables and patient prosthetics which were essential to the maintaining of services – including:-

Earmold drill bits x 1 set
Skin Pure – skin Prep gel
Provox speaking valves
“speak e-zee trache speaking valves

### 3. SERVICES AND SERVICE ISSUES:

#### 3.1 SPEECH THERAPY:

1. Paediatric and Adult, in and out-patient service.
2. CP Clinic.
3. Joint venture with ENT department fitting laryngectomy patients with Provox speaking valves.
4. Videoflurosocopy service run in conjunction with the Radiology dept – is the only such service in Area 2. Under great demand.
5. Paediatric Home based trache care Clinic, (Team consists of Paediatrician's, Nursing, OT, SLT, Dietician, Social work and Psychology.
6. Monthly Laryngectomy support group ongoing.
7. Presentations to professional staff on the various sub-specialties, doctors, nurses and rehab staff.
8. Assessment and fitting of trache speaking valves.

#### 3.2 AUDIOLOGY:

1. Diagnostic Audiology service: Otosopic, Middle ear Analysis, Air Conduction, Bone Conduction, Speech Testing.
2. Otoacoustic Emissions testing, which is a quick screening tool to determine cochlea sensory integrity.

3. Hearing aid Clinic: Hearing aid selection, earmold impression taking, hearing aid programming, patient education.
4. Ear mold modification, repair and re-tubing.
5. Limited ABR clinic, one day a week – lacking nursing support which would allow us to conduct a clinic on more days in the week, and thus reduce the waiting list.
6. Tinnitus retraining therapy.
7. Aural rehabilitation clinic- The paediatric aural-rehabilitation clinic has been discontinued due to the fantastic support from Hi-Hopes. They now provide ECI, home-based care and early school placement services. This has made the provision of early hearing services more efficient. In its place we are in the process of establishing an early childhood intervention clinic and support group for parents with children who have been diagnosed with hearing loss. This is dependant on staff retention.
8. VEMP and EcochG capabilities established.

#### **4. ACTIVITIES:**

1. Deaf Awareness week events were driven by the community service officers in the department. A highly effective initiative which focused on “early Identification of Hearing loss”.
2. CPD accredited presentations with the rehab team of Grey’s.

#### **5. TRAINING AND CAPACITY DEVELOPMENT:**

Staff attended the following courses in 2010:

- Adult dysphagia management
- Advanced Tracheostomy + ventilator dependent populations- management of communication and swallowing.

#### **6. OUTREACH:**

Community Service Therapists provide services along with an Occupational therapist and a Physiotherapist at the following venues, once a week. They go on outreach 3x a week from 12:00 to 4:00.

9. Balgowan community clinic
10. Umgeni Hospital
11. Mpophomeni clinic
12. Eastwood clinic
13. Oribi Clinic

#### **7. CHALLENGES FACED IN 2010:**

1. Space is as always a challenge. We have to carefully and cooperatively share patient treatment areas, and we have one office for 7 therapists. As services and patient volumes increase –it is becoming increasingly difficult to coordinate space for treatment. We have recently converted a 1x2.5 m store room into a therapy room.
2. Space and equipment for a dedicated paediatric assessment room is lacking. This space is required to setup and support a dedicated paediatric ENT clinic, which is in demand.
3. Space as well as computer access for report writing is challenging.
4. PACS access to review modified barium swallows needs to be installed, will facilitate report writing.

5. Trained Interpreters allocated to the department would improve the quality of care.
6. Ward staff compliance to dysphagia guidelines is poor.
7. Staff retention and recruitment is historically a problem. The procedure for filling posts is long and arduous and potential staff has usually accepted other jobs by the time we get back to them. Large caseloads, poor salaries and no room for career pathing is the usual reason for staff leaving. Once we have funded chief posts and assistant manager posts, I imagine retaining staff will be easier. Finalization of a suitable post structure and funding
8. Outreach Project: Requires audiological equipment to take to service sites. We have motivated for this through the district office for the last 4 years. Unsuccessful to date. Will re-motivate in 2011.
9. Equipment to facilitate pediatric hearing services on par with international standards has not yet been approved by Hospital Finance. To enable us to work in a more scientific and evidence based way we need two vital things.
  1. Visual Reinforcement Audiometry Kit
  2. Hearing aid analysis equipment with speech mapping capability- GSI Audioscan
 The addition of this equipment will allow our department to lead the way in the provision of pediatric hearing services in Area 2.

## **8. STATISTICS**

### **8.1. HEARING AIDS:**

<b>Number of patients on the waiting list</b>	<b>Number of Hearing Aids Ordered</b>	<b>Number of Hearing Aids Issued</b>
121 as of end December 2009 / 30 added in 2009	66 ordered in 2010	124 issued in 2010

- **Based on motivations to the rehab coordinator at the district office 20 hearing aids were donated to the patients of Grey's hospital by the district office – these went a long way in decreasing the waiting list.**

### **8.2. PROVOX SPEAKING VALVES:**

10 *Provox Speaking valves* were fitted to patients in 2010.

### **8.3. TRACHE VALVES:**

3 *trache valves* were fitted to patients in 2010.

### **8.4. PATIENT STATISTICS:**

See appendix A for Audiology statistics and Appendix B for Speech Therapy statistics.



**Yugeshiree Naidoo**

**Manager**

**Speech Therapy – Audiology**

Every year has always been reviewed with trepidation and excitement by the Clinical Psychology department. It is wonderful to welcome a New Year with the hope that one's department will grow professionally but there is also the accompanying anxiety of being able to achieve service delivery. This last year has similarly presented those challenges for us.

As part of our annual objectives we have reviewed departmental policies and procedures, patient contracts, specialized assessments and daily work allocation. We have been successful in creating and maintaining some areas of specialization but are hopeful that this will be expanded further when staffing improves. In the last year we completed psychotherapy group intervention with chronic pain patients and with patients receiving oncology treatment.

We have continued to actively participate and arrange health promotion events and complete training for staff. Of particular note for us was our involvement in arranging the Healthy Staff Day Event which has become an annual event. In addition, we were proud to be involved in events focusing on Child Protection and Mental Health. All the events were successful and were well received by the participants and organizing committees.

We have also continued to arranged continuous professional training for psychology staff and have participated in multi-disciplinary training with allied health. We are indebted to all the presenters for sharing their expertise with us and believe that it has strengthened our professional growth as a clinical department.

Clinical psychology has again presented training topics to Allied Health and Radiography and is grateful for being accessed for input in this regard. We have also completed several interventions with nursing staff in terms of focusing on health promotion techniques. It has been a wonderful opportunity to challenge the myths around psychology and to make the service accessible.

The clinical psychology department currently consists of two senior clinical psychologists (Shantal Singh and Paula van Rooyen) and an entry-level psychologist (Nkosikhona Colvelle). Paula joined the department in August 2010 but unfortunately has shifted into a reduced hours post since November 2010. We are grateful that she has joined the team. Mr. Colvelle will unfortunately be transferring to Town Hill Hospital in May 2011. He has been in our department since September 2007. We are sorry to be losing his service but wish him well in his career pathing and future endeavours.

We remain hopeful that we will be able to expand our service in the new financial year and as always thank all staff for their continued support.

## **SOCIAL WORK DEPARTMENT ANNUAL REPORT**

### **STAFFING:**

- ❖ We have five social workers:
  - Lekha Chirkoot Social Work Manager
  - Diane Mariah-Singh Social Work Supervisor
  - Ncamo Msimang Social Work Supervisor
  - Cyril Majola Senior Social Worker
  - Hlengiwe Jili ARV Social Worker:
- ❖ The two psycho-social counselors are:
  - Nonhlanhla Ntuli
  - Lindiwe Maphanga.
- ❖ Student social worker: Nozipho Nduli

### **SERVICES:**

The Social Work Department has developed services in the following areas:

1. Obstetrics & Gynae
2. Paediatrics
3. CDC Clinic
4. Renal Unit
5. Medical Wards and clinics
6. Oncology
7. Surgical & orthopaedic Wards and clinics
8. EAP services to staff members.

### **PROJECTS:**

- ❖ Long term care of patients
- ❖ Multi-disciplinary Approach to the management of Foetal Abnormality cases

### **GROUPS:**

- ❖ Teenage Mothers' Support group
- ❖ Workshop for HIV & adolescents

### **HEALTH AWARENESS PROGRAMMES INVOLVED IN:**

- Mental Health Awareness Month
- Child Protection week
- 16 Days of Activism of No Violence against Women and Children
- Healthy Staff Day

### **COMMUNITY NETWORKING:**

- ❖ We enjoy good rapport with various community organizations and attend Pietermaritzburg Health Forum, Local Victim Empowerment Forum, Community Workers Forum, Youth Empowerment forum.
- ❖ Patients are referred to community organizations regularly for follow-up services.

### **STAFF DEVELOPMENT & TRAINING PROGRAMMES:**

Regular In-service training programmes, Supervision, & Documentation Audits have provided our staff members with opportunities to improve and to develop new skills.

### **NEW DEVELOPMENTS:**

- New social workers employed: Ncamo Msimang, Cyril Majola and, Ms Jili joined our team between Oct 2010 and May 2011.
- ❖ Social workers transferred to other institutions: Mathuli Mbhamali & Nonhlanhla Gcumisa attained higher positions. We wish them success in their new endeavours.
- ❖ Diane Mariah-Singh gave birth to a lovely baby girl, Ariana Singh in Sept 2010.

### **PLANS FOR THE YEAR AHEAD:**

- ❖ We will be filling the post vacated by Mrs Gcumisa.
- ❖ We look forward to developing more projects in terms of HIV/AIDS, Increasing life expectancy & Reducing Maternal and Child Mortality.

## **DIETETICS DEPARTMENT ANNUAL REPORT**

The Dietetics department continued to take on a lot of strain to keep service delivery commitments and to ensure that the nutritional needs of patients were addressed at acceptable levels.

### **OUR ACHIEVEMENTS:**

1. Developed the paediatric nutrition guidelines for the CHERP programme in Paediatrics( Feeding the Healthy child, Breastmilk Substitutes), with the assistance of Dr Goenka
2. CSSD, milk preparation unit has been accredited for the safe and hygienic preparation of powdered infant feeds. This unit has been awarded with the R918 certificate. This process was very long and intensive, but the reward was worth it.
3. Appointed a Principal Dietitian in August 2010 and two staff members were promoted to Senior Dietitian
4. Flash heating equipment was finally obtained and distributed to all the paediatric and neonatal units.
5. Provincial Nutrition Directorate audit was conducted in December 2010
6. Successfully trained 4 Post Graduate Dietetic Interns
7. Grey's Supplementary Academic Meetings 2010. 27 staff members registered for the programme. A maximum of 20 CPD points were awarded to staff for attendance. This is an annual event to assist Health Professional staff in acquiring some of the compulsory CPD points for annual registration with the Health Professions Council.
8. All enteral fed inpatients are fed using a closed system with Ready to use feeds. The only exceptions are those requiring specialised infant feeds and renal feeds which are not available in a Ready To Use mixture.
9. In-service Nutrition Education to lodger mothers has been introduced on a weekly basis at the lodger facility. Topics have been identified and the programme is available in the paediatric wards for the year. We hope to continue this service indefinitely depending on the staff numbers.
10. As part of the trachea homecare programme the multi disciplinary team have initiated a Life Skills Programme for the caregivers who attend the clinic on a monthly basis.
11. Nutrition Health Education Talks are rendered weekly at the various clinics at outpatients
12. Trainings attended:
  - IYCF training: 1 Dietitian trained
  - Severe malnutrition: 2 Dietitians
  - Growth Monitoring and new Road to Health Booklet training: 6 Dietitians
  - Nutrition CME March 2011: 3 Dietitians

### **OUR CHALLENGES:**

1. High turnover of staff – 2 staff members resigned and one staff member transferred to another institution. We have 3 vacant posts.
2. Inpatient nutrition clinical loads are increasing at an alarming rate. Current staff numbers are inadequate to cope with these numbers. On average 2500 patients are seen individually by the Department on a monthly basis.
3. The rollout of Ready To Use sip feeds was put on hold once again due to financial constraints
4. Catering Tender Document and the specifications relating to the Therapeutic Diets and supplements/ snacks
5. Collection and collation of statistics from the various programme areas relating to DHIS remains problematic
6. No administrative support staff to assist with administrative responsibilities. Current clinical staff share this responsibility. Not ideal as this uses clinical time.
7. Lack of accountability and responsibility for the implementation of the WHO ten steps for the management of Severe Malnutrition
8. In house procurement of enteral feeds and supplements

## **PLANS FOR 2011:**

1. Roll out with the Ready To Use Sip Feeds
2. Together with the Multidisciplinary team, to work closely in improving our management of paediatric patients with severe malnutrition. To align ourselves with the Provincial Guidelines (WHO 10 steps) on the Management of Severe Malnutrition in keeping with the tertiary service requirements and patient profile at Grey's Hospital.
3. To host Information Days within the hospital on Enteral Feeds and Supplements
4. In service training and continued development of staff
5. Procurement of enteral feeds and supplements w.r.t, systems, staffing, facilities, procedures
6. Dietetic Tutor programme for the Post Graduate Dietetic Interns
7. Improved relationships and networking with all relevant role-players w.r.t nutrition data collection

Nursing component aims at providing quality patient care accessible to all clients. This would be achieved by sharing implementing our vision taking into consideration our philosophy and striving to reach service excellence.

### **ACHIEVEMENTS**

#### **PEER REVIEW**

- This is conducted on monthly basis by nursing management to improve service delivery and share best practices from different wards.
- Wards, departments are visited and audited using the following tools: Infection Prevention and Control, Quality monitoring, documentation and Health and Safety tools.
- On completion of the visits the wards /departments that have performed to the best will be awarded and support will be given to those haven't done well.

#### **BABY FRIENDLY HOSPITAL INITIATIVE (BFHI)**

- The hospital has been able to maintain the BFHI status thus contributing to the reduction of infant mortality and morbidity.
- Ongoing BFHI training will be sustained.

#### **STAFF TRAINING AND DEVELOPMENT**

- Full time admitting clerk for the O & G department has been placed from Monday to Friday to streamline patient care.
- Staff attended training, symposiums and conferences e.g . Vesico Vaginal Fistulae training in Hamlin Fistula Hospital in Adis Abbaba Ethiopia for 6 weeks.
- Theatre had Gynaecological workshop in August and also Urology workshop in November 2010, and were both successful.

#### **OTHER DEVELOPMENTS**

- Orthopaedic clinic was reconstructed and has now 4 consulting rooms available.
- Nathan (ward F2) a cubicle was converted to a 6 bedded ward for surgical paediatrics.
- Contingency plans for nurseries in ward M1 and ward M2 are in the process of being set up which will accommodate neonates that are overflows from the metro pole of Pietermaritzburg who are admitted to the NICU.
- Ward M5 is currently being renovated so that Ward M2 (Postnatal) will be relocated to M5 in order for the reconstruction of the new Neonatal Intensive Care Unit in Ward M2 is commenced.
- Medical Admission Ward has commissioned 2 High Care beds to prevent premature transfers out of patients in CCU.
- Equipment in the Maternity High Care department has been acquired for vigilant monitoring of patients ie. Multi parameter monitors and Infusion pumps.

#### **HIGHLIGHTS**

- Grey's Hospital has been commended on their nursing uniform as it portrays professionalism. 2 Professional Nurses were invited to attend Nursing Summit by Minister of Health to motivate other nurses on the dress code.

#### **CHALLENGES**

- ✓ High staff turnover
- ✓ Difficulty in recruiting specialty nurses.
- ✓ Shortage of ward clerks and general orderlies.
- ✓ High influx of patients resulting in the shortage of beds.

## **FUTURE PLANS**

### **OUTREACH PROGRAMMES**

- ✓ This will assist in increasing the number of clients accessing counseling and testing for HIV & AIDS resulting in the reduction of mortality and morbidity rate.
- ✓ Teams will be targeting areas outside the hospital to improve access on HCT programme.
- ✓ Motivation for HIV & AIDS Coordinator has been done to strengthen and facilitate the service.

### **IMPROVING PATIENTS SAFETY AND CARE**

- ✓ Ensuring a safe therapeutic environment by strictly monitoring negative incidents, implementation of policies and procedures improving environmental hygiene.
- ✓ Essential management of obstetrical emergencies.
- ✓ ESMOE training to be commenced in order to improve on the knowledge and skills of staff so that emergencies are effectively and efficiently managed, contributing to the reduction in maternal mortality.
- ✓ Strengthening sexual and reproductive health care by increasing the number of staff to be trained.

## **INFECTION PREVENTION AND CONTROL**

### **CHALLENGES:**

1. No proper waste bins for the corridors.
2. Pest Control Management.
3. Shortage of patient's linen.

### **ACHIEVEMENTS:**

1. Infection control workshop held on 9<sup>th</sup> October 2010 for Area 2& 3 which was successful.
2. Improvement of waste holding area : Drainage system put in place  
: Floors have been repaired.  
: Hand washing facility has been installed
3. Few new linen purchased in August ( Patient's gowns and theatre linen)

### TB MANAGEMENT

- Grey's Hospital has a partially functional Occupational Health clinic. Partially because with regards to Management for TB for staff, employees are screened at the clinic for TB, investigations done and then referred out to 333 Church Street TB Clinic for further management.

This is partly because the hospital is not fully equipped to have a TB clinic on site due to ventilation issues.

An arrangement was made with the TB clinic for staff medication to be delivered at the Occupational Health clinic so that staff members do not have to miss work and sign leave in order to collect medication from the clinic.

### MEDICAL SURVEILLANCE

- Baseline medical examinations for staff were commenced. Since a lot of staff had never had these done at the time of their employment, there is therefore a huge backlog.

This backlog is addressed by doing baseline medicals for staff that present themselves at the Occupational Health Clinic for different reasons and also communicated in meetings that staff can phone the Clinic to make an appointment for their medicals.

A request was also sent out to Human resource department by the clinic for the HRD to send a list of newly employed staff to the clinic so that we do baseline medicals for staff as they enter the establishment, we however have not been receiving these lists from the HRD

### HIV/AIDS IN THE WORKPLACE

- This service for staff is available and staff that require this service make contact with the Occupational Health Clinic.

The Occupational Health Clinic ensures that confidentiality is maintained at all times

HCT is offered for staff and the only problem that we encounter is that staff sometimes have to go all the way to the main hospital to be counseled yet it would be more private and confidential if everything is done at the Occupational Health Clinic.

The Occupational Health Clinic also participates in the Department of Health's HCT and TB screening campaign.

### RISK MANAGEMENT

- In-service training on Risk management for all employees was scheduled and conducted for all staff as it imperative that all wards and departments conduct risk assessments in their departments so that they are aware of potential safety risks in their departments and therefore make sure that control measures are in place.

### IMMUNIZATIONS

- All high risk areas such as laundry staff, student nurses, doctors, boiler house staff, immuno compromised staff etc and other newly employed staff have been identified and immunized with vaccines such as hepatitis B, tetanus, Flu depending on the need and assessment; however there are areas which still need targeting.

## OCCUPATIONAL HEALTH AND SAFETY TRAINING PROGRAMME

- The Occupational Health department has an in-service training programme that has topics based on the staff health and safety needs, e.g. post exposure prophylaxis, risk management, HIV/AIDS, HCT, Use of personal protective equipment, Hazardous chemical substances and electrical safety

### FAMILY PLANNING

- The Occupational Health Clinic offer a family planning service to all staff. Only staff that already have been commenced on family planning are seen. This means that an employee has to start at the local clinic to be commenced on contraceptives and then followed up at the Occupational Health Clinic, when they have a card.

**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

**ACHIEVEMENTS**

Grey's Hospital was one of the institution chosen to pilot the "Make me look like a hospital project" which is part of the National Core Standard for Health Establishments in South Africa initiative. We achieved 80% in the baseline survey and we will continue to improve service delivery

**CHALLENGES**

Under budgeting of the hospital is still a major challenge as we still need to deliver the same services. In 2009 and part of 2010, Grey's Hospital did not have a full time Hospital Manager, the hospital has been run by the Acting Hospital Manager for 15 months. The shortage of Nursing Staff needs to be highlighted especially in intensive care and theatre which led to the decrease of theatre list to the minimum. Despite the implementation of the OSD, the recruitment and retention of staff, and in particular nursing staff has not improved. The doctor's strike which took place in 2009 and also a huge impact on service delivery.

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

SIGNED BY:

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DR K.B. BILENGE  
Acting Hospital Manager

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MRS C.N. SOSIBO  
Nursing Manager

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MR H S K HLONGWA  
Human Resource Manager

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MRS BG ANDERSON  
Finance Manager

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MS N.P. NJOKWE  
Systems Manager