Brewelskloof Hospital

Annual Report 2006/2007

Department of Health – Western Cape

ACKNOWLEDGEMENTS

1. Contributions from Occupational Therapy, Social Work, Physiotherapy and Nursing departments

2. Charlton Cornelius, Information Officer Brewelskloof Hospital

3. Fred Gehring, Deputy Director: Hospital Secretary

4. Dr Lizette Phillips, Senior Medical Superintendent, Brewelskloof Hospital

Brewelskloof Hospital

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Brewelskloof Hospital

1. VISION

The current departemental vision of the Western Cape is:

"Better Care for Better Health, all Day, Everyday!"

The long-term vision for the Department of Health is *"Equal access to quality health care"* which is encapsulated in the Healthcare 2010 strategy.

2. MISSION

Our mission is to improve the health of people in the Western Cape and beyond, by ensuring the provision of a balanced health care system, in partnership with stakeholders, within the context of optimal socio-economic development.

3. BACKGROUND

Brewelskloof Hospital is widely known as a TB hospital that allows for the admission of TB patients from the Cape Winelands East and Overberg districts.

It presently has 206 beds for TB patients and 15 beds for the Case Verification ward of the SATVI project (research done by the University of Cape Town).

Brewelskloof Hospital functions within the parameters of the National and Provincial Tuberculosis Control Programme. The TB Outreach service is provided to 23 district clinics and Correctional Services in the Cape Winelands East and Overberg districts. Medical Officers of the hospital visit these clinics on a monthly basis to assist with problematic diagnostic and therapeutic cases.

Patients are hospitalised for long periods (2–5 months). Occupational Therapy presents programmes during which patients are equipped with life skills. The hospital's Social Work department presents regular alcohol and drug rehabilitation programmes in association with Toevlug Rehabilitation Centre and provides the necessary support to patients with social problems.

A Respiratory clinic, conducted by pulmonologists of the Lung Institute at UCT (University of Cape Town), is held on a fortnightly basis at Brewelskloof Hospital. Once a quarter, thoracic surgeons from Groote Schuur Hospital in Cape Town also run a cardio-thoracic clinic.

An extended Radiology service is provided to clinics of the surrounding towns.

Brewelskloof Hospital provides schooling for long-term paediatric patients. An average of 10 pupils is taught at any one time by one school teacher.
Brewelscourt, the nurse's home, is used for accommodation of health personnel, as well as staff members of the Region that undergo training in Worcester.

The hospital plays an important role in creating awareness of TB and training nurses and medical staff by means of symposia.

Brewelskloof also plays an important role in the general maintenance of the Breede Valley Sub-district clinics. Goods and services are also supplied to the clinics of the Breede Valley Sub-district. Staff of the hospital's workshop is tasked to maintain the equipment and buildings of the hospital as well as the clinics mentioned above. The workshop is also responsible for the wheelchair repairs of the region.

Alcohol & Drug information session by Social Worker

4. ADMISSION CRITERIA

Admission criteria include all TB patients who:

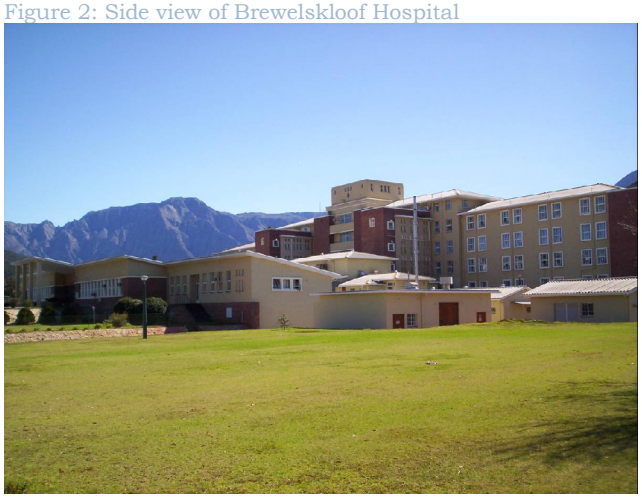
- are too weak or debilitated to be discharged from the district hospital after having been stabilised.
- are non adherent to TB medication for a variety of reasons, mostly as a result of drug and alcohol abuse.
- need streptomycin injections for treatment, but live too far from a clinic or in an area where mobile clinics only visit once a month.
- are multi-drug resistant (MDR) and are therefore hospitalised for the intensive phase of four months.
- experience serious side-effects from TB treatment

5. OVERVIEW

The hospital grounds covers an area of ±175 000m². The main building consists of an Administration block (which includes the theatre, radiography and administrative offices) as well as a Ward block, which has 4 levels.
The ward block consists of:

- Ground floor (Children's ward, Foodservice unit, Physiotherapy and SATVI case verification ward)
- 1st Floor (Male ward)
- 2nd Floor (Female ward)
- 3rd Floor (Ward B2 – decanting ward for Eben Dönges Hospital patients)
- 4th Floor (Auditorium, Occupational Therapy and Social Work Departments)
- The basement area of the Main Block houses the Pharmacy, Laundry, Supply Chain Unit and Workshops.

Figure 2: Side view of Brewelskloof Hospital



Other institutions, which are housed on the Brewelskloof Hospital grounds, are:

- The SATVI Project – housed in the old Boiler House, ground floor (Children ward-West) as well as the Medical Superintendent's house (house no 1)
- Brewelscourt (Block 1) - Nurses Home, lecture rooms of the HRD Regional office, as well as the Breede Valley Sub-district office
- Boland/Overberg Regional Office (Block 2)
- Boland Hospice - housed in the old Laboratory buildings
- Brewelskloof Hospital School (house no 2)

6. ACHIEVEMENTS

The following highlights were achieved during the past year:

- **Occupational Health and Safety (OH&S)**
  A Functional OH&S committee was established. The OH&S policy and Emergency evacuation/disaster plan was implemented with ongoing evaluations and reviews. Training on OH&S and infection control also occurred.

- **Pharmacy**
  The pharmacy was relocated to a larger venue.

- **Filling of critical vacant posts**
  The appointment of Ward clerks were greatly appreciated by doctors and nursing staff.

Staff Nurse	- 2 posts
Nursing Assistants	- 1 post
Food Service	- 4 posts
Artisan Aid	- 1 post
Artisan	- 2 posts
Driver	- 1 post
Admin Officer (Info)	- 1 post
BAS Clerk	- 1 post
Sen. Admin Clerk	- 4 posts
Physiotherapist	- 1 post
Occupational Therapist	- 1 post
Ward Clerk	- 2 posts

- **Foodservice Unit**
  The new plate serving system, which includes a conveyor belt for the food to be plated, was implemented.

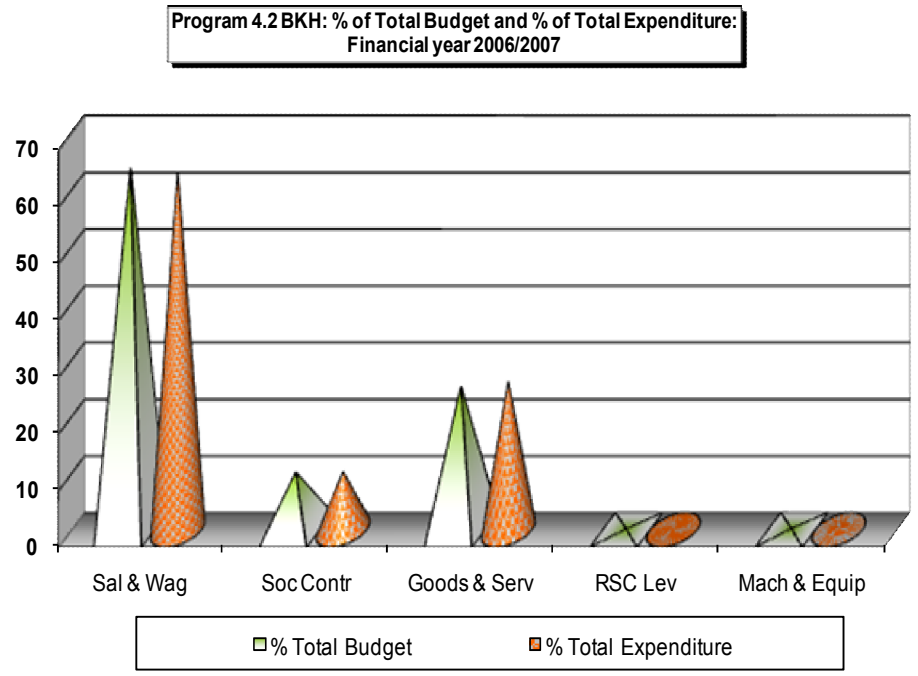
- **TB Awareness**
  - The Doctors TB Update was held at Fairy Glen Game Reserve on 29 September 2006 and a MDR Workshop was held on 21 February 2007 at the Worcester Gholf Club.
  - During February 2006, Brewelskloof Hospital had its first visit from lung specialists from Holland. The academic programme for the visit also includes presentations of complex TB patients by BKH medical staff. It is planned that they will visit Brewelskloof Hospital annually as part of their visit to UCT Lung Institute.

7. BUDGET

Total Budget allocated	Total Expenditure
R 22 067 000.00	*R 22 006 022.85*
Revenue target allocated	**Revenue generated**
R 129 000	R 175 723.11

8. BUDGET PER STANDARD ITEM: PROGRAM 4.2

Standard Item	Budget allocated	% of Total budget	Expenditure	% of Expenditure
Salary and wages	R 14 107 000.00	63.93%	R 13 910 760.18	63.04%
Social Contributions	R 2 255 000.00	10.22%	R 2 256 854.64	10.23%
Goods & Services	R 5 612 000.00	25.43%	R 5 764 414.72	26.12%
RSC levies	R 38 000.00	0.17%	R 9 093.23	0.04%
Machinery and equipment	R 55 000.00	0.25%	R 64 900.08	0.29%



9. PERSONNEL

9.1 POSTS

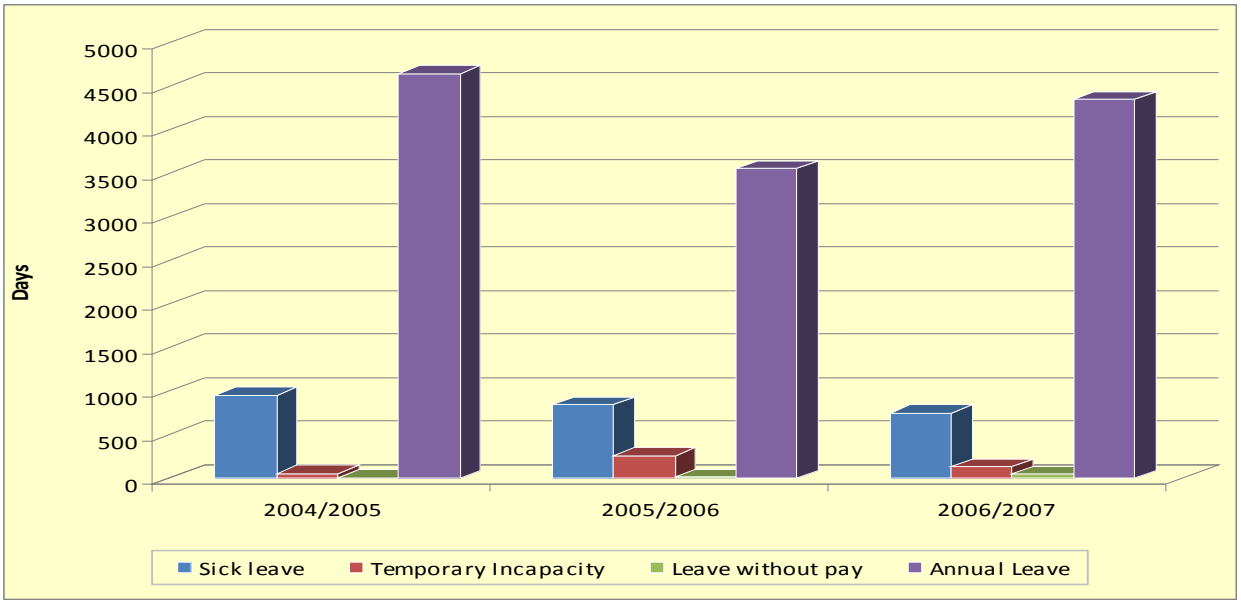
The total number of personnel on the Brewelskloof Hospital establishment as at 31 March 2007 is as follows:

1 April 2006 – 31 March 2007

	Establishment	Filled	Vacant
Management	1	1	0
Medical	3	3	0
Nursing	83	80	3
Administration	14	14	0
Allied Health Sciences	5	5	0
Maintenance & Anciliary	52	51	1
TOTAL	**158**	**154**	**4**

9.2 ABSENTEEISM PROFILE

	2004/2005	2005/2006	2006/2007
Sick Leave	959	847	757
Temporary Incapacity	64	269	137
Leave without pay (LWOP)	13	18	50
Annual Leave	4650	3560	4358

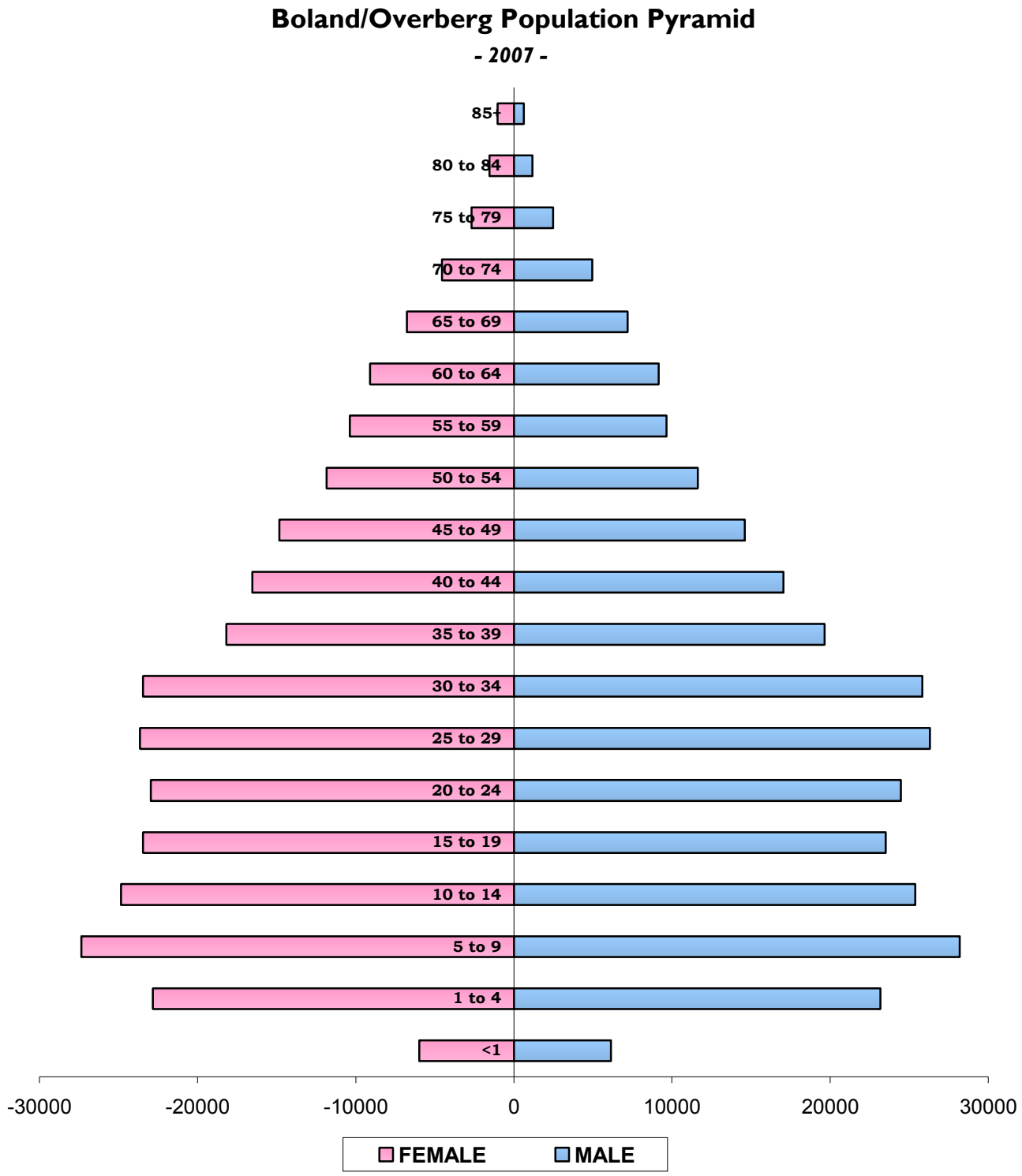


The reason for the dramatic increase in Leave without Pay is due to planned authorised leave.

10. POPULATION 2007

The drainage population for Brewelskloof Hospital is 553 274, which are the same as Boland/Overberg region population. The population is based on Census 2001 and STATS SA's 2005 mid-year estimates projected at 2% growth rate.

AGE	BOLAND/OVERBERG REGION		
	FEMALE	MALE	TOTAL
<1	5978	6154	**12132**
1 to 4	22820	23177	**45996**
5 to 9	27359	28208	**55566**
10 to 14	24853	25402	**50255**
15 to 19	23448	23527	**46975**
20 to 24	22964	24475	**47439**
25 to 29	23648	26318	**49966**
30 to 34	23456	25839	**49294**
35 to 39	18183	19653	**37837**
40 to 44	16547	17056	**33602**
45 to 49	14844	14609	**29453**
50 to 54	11845	11634	**23479**
55 to 59	10386	9659	**20046**
60 to 64	9092	9158	**18250**
65 to 69	6779	7188	**13966**
70 to 74	4545	4957	**9502**
75 to 79	2678	2480	**5157**
80 to 84	1539	1173	**2712**
85+	1019	628	**1647**
GRAND TOTAL	**271 981**	**281 293**	**553 274**


Boland/Overberg Population Pyramid
- 2007 -
85+
80 to 84
75 to 79
70 to 74
65 to 69
60 to 64
55 to 59
50 to 54
45 to 49
40 to 44
35 to 39
30 to 34
25 to 29
20 to 24
15 to 19
10 to 14
5 to 9
1 to 4
<1
-30000
-20000
-10000
0
10000
20000
30000
FEMALE
MALE

11. SERVICE DELIVERY

1 April 2006 – 31 March 2007

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Admissions	53	61	55	66	68	47	52	60	42	58	54	53	**669**
RHT's	0	1	5	4	2	1	2	0	1	0	3	0	**19**
Abscond	0	0	0	1	1	0	1	0	1	0	2	0	**6**
Respiratory Outpatients Seen	1	5	3	3	4	5	5	7	No respiratory clinics scheduled for Dec & Jan		15	4	**52**
Inpatients referred to respiratory clinic	10	10	2	1	13	5	2	7			9	2	**61**
Total Respiratory Clinic Patients	***11***	***15***	***5***	***4***	***17***	***10***	***7***	***14***	***0***	***0***	***24***	***6***	**113**
School (number of pupils)	9	8	8	10	10	10	14	18	School Holiday	17	17	15	**136**
X-Ray	302	350	307	326	325	286	345	352	162	284	326	319	**3684**
Ultrasound	Service started in Aug '06				18	30	29	33	26	31	26	26	**219**

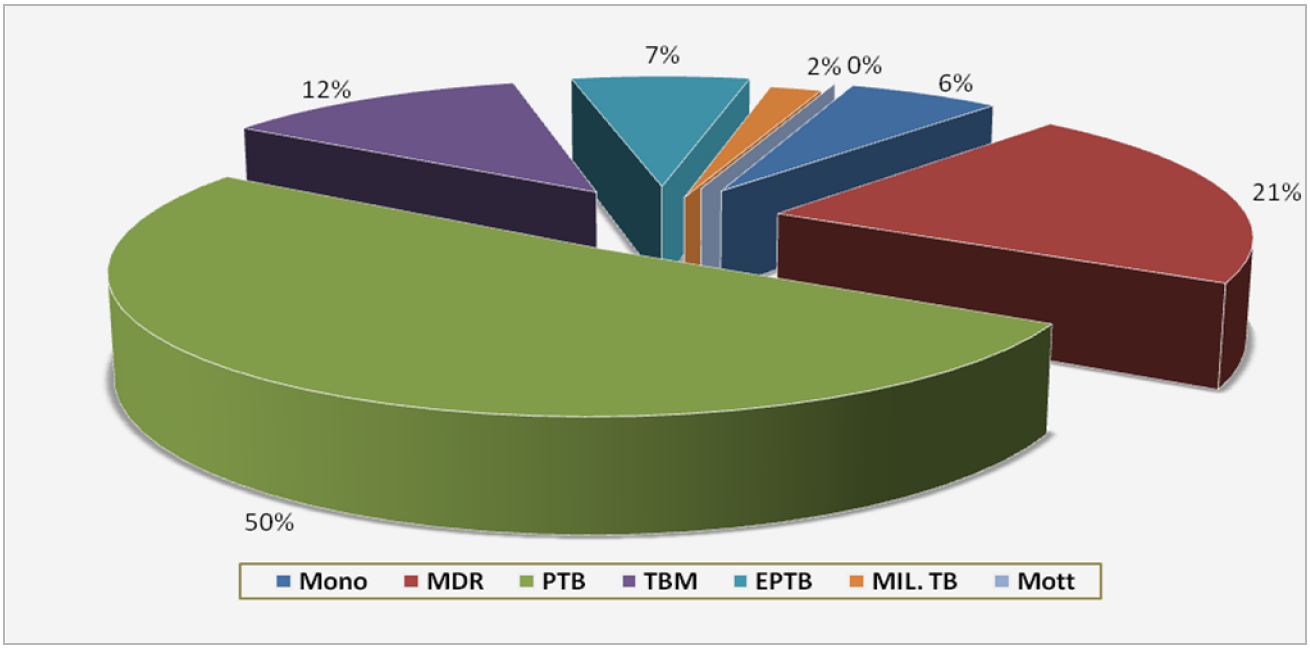
The low Abscondment rate can be attributed to the TB Adherence Counselling Project

PATIENT DIAGNOSES

1 April 2006 – 31 March 2007

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mono	3	4	4	13	15	15	15	15	9	10	9	10
MDR	32	37	38	38	42	37	39	37	28	26	38	41
PTB	103	102	89	89	90	86	75	84	72	83	73	74
TBM	19	21	22	20	19	22	24	24	24	22	21	12
EPTB	9	7	9	13	16	16	10	14	10	14	12	15
MIL. TB	5	5	5	3	4	4	3	1	2	5	6	4
MOTT	0	0	1	0	1	1	0	0	0	0	0	0
TOTAL	***171***	***176***	***168***	***176***	***187***	***181***	***166***	***175***	***145***	***160***	***159***	***156***

% Patients Diagnosed: *Apr'06 – Mar '07*



- ***Mono:*** *Monoresistant i.e. Patient resistant to one type of TB medication*
- ***MDR:*** *Multi-drug resistant i.e. Patient is resistant to Rifampicin & INH*
- ***PTB:*** *Pulmonary Tuberculosis*
- ***TBM:*** *Tuberculosis Meningitis*
- ***EPTB:*** *Extra pulmonary TB i.e. other sites in the body e.g. abdomen*
- ***MIL.TB:*** *Miliary TB i.e. spread of TB throughout the body*
- ***MOTT:*** *Other mycobacteria than Mycobacteria Tuberculosis*

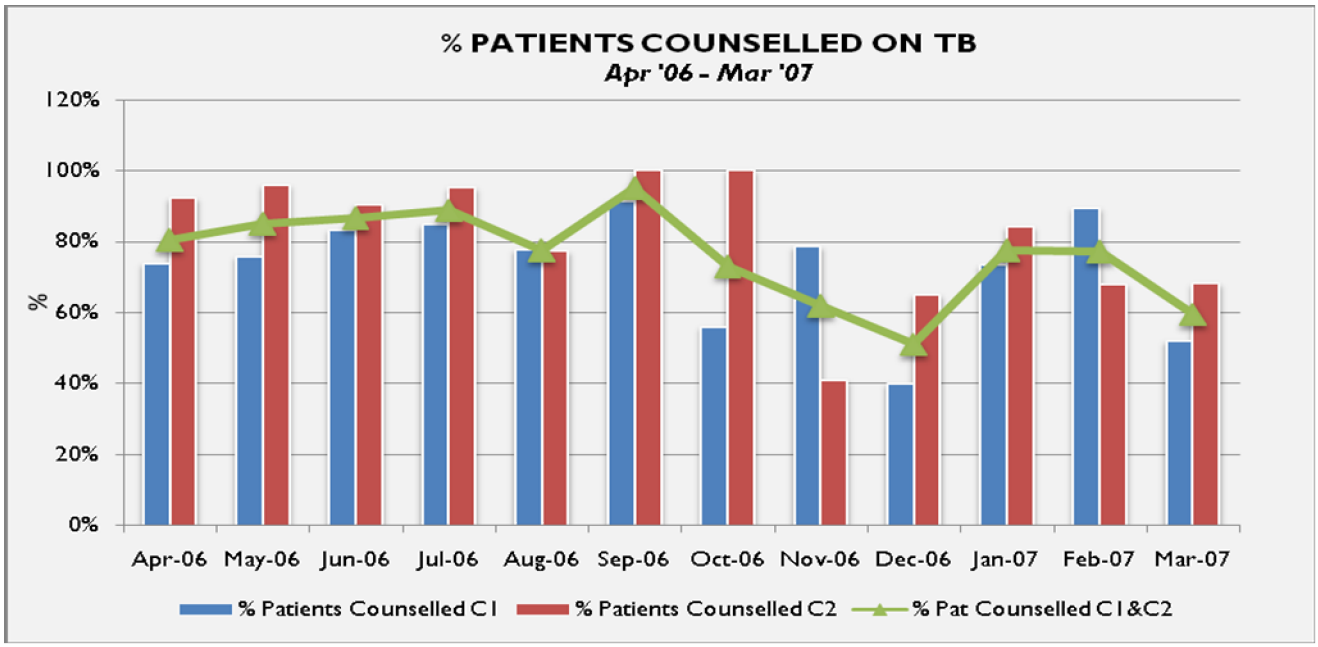
PATIENTS COUNSELLED ON TUBERCULOSIS

1 April 2006 – 31 March 2007

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Admissions Male adult ward	23	29	24	33	36	23	25	28	25	30	19	25	541
Counselled Male adult ward	17	22	20	28	28	21	14	22	10	22	17	13	406
% Counselled Male adult ward	***74%***	***76%***	***83%***	***85%***	***78%***	***91%***	***56%***	***79%***	***40%***	***73%***	***89%***	***52%***	***75%***

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Admissions Female adult ward	13	25	21	21	22	19	16	22	20	19	25	22	404
Counselled Female adult ward	12	24	19	20	17	19	16	9	13	16	17	15	333
% Counselled Female adult ward	***92%***	***96%***	***90%***	***95%***	***77%***	***100%***	***100%***	***41%***	***65%***	***84%***	***68%***	***68%***	***82%***

	Apr	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Total*
Total Adm. Adult wards	*36*	*54*	*45*	*54*	*58*	*42*	*41*	*50*	*45*	*49*	*44*	*47*	*945*
Total Counselled Adult wards	*29*	*46*	*39*	*48*	*45*	*40*	*30*	*31*	*23*	*38*	*34*	*28*	*739*
% Counselled Adult wards	***81%***	***85%***	***87%***	***89%***	***78%***	***95%***	***73%***	***62%***	***51%***	***78%***	***77%***	***60%***	***78%***



Reasons for patients not counselled:

- *Patients too sick*
- *Died within month of admission*
- *Mental confusion e.g. TBM, HIV encephalopathy*
- *Staff shortage*
- *Language barrier*

TB/HIV CO-INFECTION
1 April 2006 – 31 March 2007

	TB	HIV	% HIV Patients
Male	899	230	***26%***
Female	560	236	***42%***
Pediatric	561	43	***8%***
TOTAL	***2 020***	***509***	***25%***

Patients access ARV medication through the ARV-team at Eben Dönges Hospital. Evaluations on patients are done fortnightly during ward rounds. Brewelskloof Hospital will apply to be accredited as an ARV site in 2007.

12. DOCTORS OUTREACH TO DISTRICT TB CLINICS

CONSULTATIONS
1 April 2006 – 31 March 2007

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TB	107	105	128	107	109	116	182	144	115	137	160	131	**1541**
MDR	17	38	24	9	19	27	21	29	13	24	38	32	**291**
Mono	1	4	2	9	4	3	4	3	0	9	4	7	**50**
Diagnostic Problem	20	24	53	19	27	29	18	9	26	18	36	26	**305**
CXR interpretation	234	255	208	296	297	348	409	282	310	287	231	414	**3571**
Disability Grants	16	16	18	6	19	25	17	10	8	12	23	19	**189**
Grand Total	**395**	**442**	**433**	**446**	**476**	**548**	**651**	**477**	**472**	**487**	**492**	**629**	**5948**

13. HOSPITAL PERFORMANCE

1 April 2006 – 31 March 2007

	Q1	Q2	Q3	Q4	Year Total
Deaths	11	17	17	4	49
Transfers Out	17	7	8	0	32
Inpatient Days	15 659	17 003	16 047	15 229	63 938
Useable Beds	206	206	206	206	206
OPD Headcounts	1 009	981	896	953	3 839
Separations	***192***	***179***	***196***	***154***	***721***
Patient Day Equivalent (PDE)	***15 995***	***17 330***	***16 346***	***15 547***	***65 218***
Average Length of Stay (ALOS)	***81.6 days***	***95.0 days***	***81.9 days***	***98.9 days***	***88.7 days***
Bed Utilisation Rate (BOR)	***84.5%***	***91.7%***	***86.6%***	***82.1%***	***85.0%***
Case Fatality Rate	***5.7%***	***9.5%***	***8.7%***	***2.6%***	***6.8%***

Data Dictionary (Indicators)

Indicator	***Numerator***	***Denominator***	***Factor***
Separations	*Day patients + Discharges + Deaths + Transfers Out*		
Patient day equivalent	*Inpatient days + 1/2 Day patients + 1/3 Outpatients + 1/3 Trauma*		
Useable bed utilization rate	*Inpatient days + 1/2 Day patients*	*Useable Beds X Number of days*	***100***
Average length of stay	*Inpatient days + 1/2 Day patients*	*Separations*	
Case fatality rate	***Deaths***	***Separations***	

14. SUPPORT SERVICES

14.1 PHARMACY

1 April 2006 – 31 March 2007

	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Vacolitres	126	279	190	260	187	221	412	510	628	520	378	410	**4 121**
Schedule 6	49	81	72	61	53	71	93	104	201	240	196	145	**1 366**
To take out discharge prescriptions	57	57	68	114	168	196	196	203	460	364	468	698	**3 049**
To take out discharge items	189	297	319	337	463	482	559	521	1 152	928	1 023	1 536	**7 806**
Inpatients Prescriptions	454	454	512	918	1 023	1 268	1 920	1 756	1 496	989	817	1 025	**12 632**
Inpatients Items	1 025	1 107	1 229	1 987	2 065	2 150	2 641	2 741	1 923	1 569	1 356	1 456	**21 249**
Bulk Stock items (Vacolitres excluded)	1 230	7 197	9 750	14 954	13 135	17 032	23 248	36 320	37 784	35 140	50 610	64 121	**310 521**
Outpatient prescriptions dispensed/prepared, but not issued directly to patients	902	902	1 016	1 312	1 681	2 110	3 210	2 183	1 980	1 626	1 450	1 268	**19 640**
Outpatient items dispensed/prepared, but not issued directly to patients	1 876	2 405	2 436	2 690	2 945	3 125	5 245	4 370	3 735	2 978	2 762	2 500	**37 067**
Outpatient prescriptions prepared for old age homes, etc.	133	145	134	225	211	318	680	588	490	230	217	236	**3 607**
Outpatient items prepared for old age homes	495	635	617	698	624	725	1 624	842	613	315	298	351	**7 837**

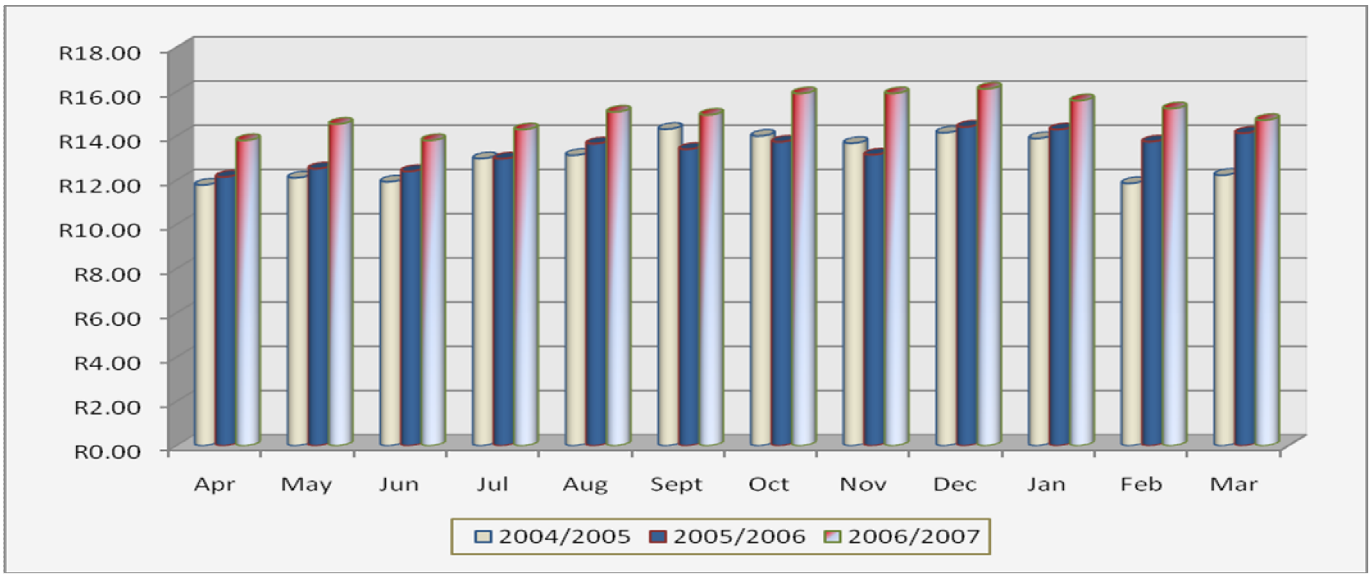
Brewelskloof Hospital also supply TB medication to the Boland/Overberg Region (including MDR medication). This is funded by Programme 2.

14.2 FOODSERVICE UNIT

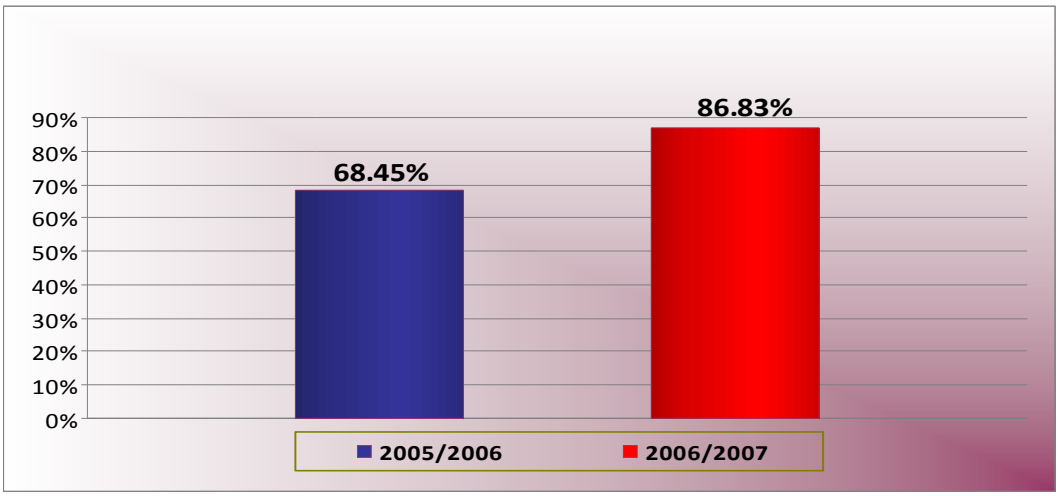
PATIENT FEEDING COST (Cost per patient day: Norm – R15 per day)

Financial year 2004/2005 to 2006/2007

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
04/05	R11.79	R12.11	R11.93	R12.98	R13.13	R14.31	R14.00	R13.67	R14.15	R13.89	R11.86	R12.23
05/06	R12.15	R12.52	R12.40	R12.97	R13.65	R13.40	R13.73	R13.15	R14.41	R14.29	R13.74	R14.13
06/07	R13.80	R14.54	R13.80	R14.29	R15.09	R14.95	R15.92	R15.92	R16.13	R15.60	R15.24	R14.71



FOOD SERVICE MONITORING



Over and above Brewelskloof Hospital patients, the Foodservice unit also supply meals to the SATVI CV ward, Ward B2 (EDH decanting ward) and Boland Hospice. Costs of meals supplied as mentioned above are reimbursed to Brewelskloof hospital.

14.3 OCCUPATIONAL THERAPY (OT)

The Occupational Therapy department was faced with many challenges during 2006/2007, mainly due to the vacant Occupational Therapist post. The OT assistant had to manage the department for most of this period.

During the 2006/2007 financial year 320 patients were seen at the Occupational Therapy unit. The department played a very active role in the rehabilitation of its patients and presented programs like life & social skills, arts & crafts, TB support groups, alcohol & drug groups, skills development groups, etc.

These programs include the following activities:

- Sports days
- Indigenous Games
- Maintaining of a vegetable garden
- Colouring competitions
- Alcohol and drug information sessions
- Video sessions
- Work and creative groups
- Car washing to raise funds for patients' identification documents

In addition the department organized social events in which the patients took actively part.
These events were:

- Valentines day ball
- Summer Dance
- Christmas Play

On the 1st of February 2007 a new Occupational Therapist was appointed. A comprehensive rehabilitation program for all patients at the hospital was established with the assistance of key role players.

14.4 PHYSIOTHERAPY DEPARTMENT

This report covers the period from September 2006 to March 2007, as the physiotherapy post was vacant from June – August 2006 (the physiotherapy service cover was provided by the physiotherapist at WCHC40). Physiotherapy service is delivered to patients (adult and paediatric) of Brewelskloof Hospital by means of diagnostic and therapeutic treatment techniques. The Physiotherapy department's goal is to make use of curative, promotive, preventative and rehabilitative programs in the treatment of TB patients.

Some of the highlights for the reporting period were:

- Received exercise equipment (dumbbell-weights, clinical theraband)
- First approved budget for Assistive Devices and/or wheelchairs
- Beginning of Paediatric stimulation – and development groups according to a newly designed protocol – these groups were very successful

Physiotherapy data shows that out of the 1 057 treatments during the past seven months, 761of these treatments were TB patients in Brewelskloof Hospital. The remaining 30% were treatments of patients at ward B2 (EDH), De Doorns- and Touwsrivier clinic.

14.5 SOCIAL WORK DEPARTMENT

During the past year the social work department was challenged with an ever-growing workload. This department worked in close relationship with the different governmental and non-governmental departments in order to address and assist in patient matters. A social service was rendered to the adult male and female wards as well as the pediatric ward of the hospital. The focus was on the assistance of patients and their families to adapt to and co-operate during the patients' lengthy stay in hospital. This involved intense counseling sessions with patients and their families in order to assess and address their social issues. Regular follow-up sessions with the patient and their families were imperative.

During the past year 2 510 interviews took place. An average of 1 113 contacts per month were made regarding patient matters.

Some of the assistance included the following:

- 24 patients acquired identity documents and 3 registrations of births were done
- 111 patients were helped to attain social grants
- 249 could still draw their social grants whilst in hospital. Minimal inconvenience was therefore posed to the families concerned
- 8 homeless patients were placed in a shelter and one in alternative care
- 26 patients were referred for follow-up home based care services and one was placed in Bram Care Centre
- 5 children were discharged into foster care because their family circumstances did not improve during their hospital stay
- One child was placed in a children's home

This department also co-coordinated an alcohol and drug rehabilitation program throughout the year. Brewelskloof Hospital medical and occupational departments, as well as the local Toevlug Rehabilitation Centre were actively involved in presenting this program to our patients.

Figure 1: Alcohol & Drug Rehabilitation program

During the school holidays the department had life skills sessions with the school children of the paediatric ward.

The department's TB talks at the local community radio station and Toevlug Rehabilitation Centre continued throughout the year.

15. NURSING SERVICES

Various successes were achieved throughout the year despite the challenges that were faced.

15.1 HRM

One of the main challenges was the restriction placed on the filling of posts due to budget constraints. An increase in the acuity level of the patients was also observed. These two factors played a major role in providing a holistic patient care.

During the 2006/2007 financial year the following categories of nurses left the service:

- 2 Professional nurses
- 2 Staff nurses
- 1 Nursing assistant

The following staff members joined Brewelskloof Hospital:

1 Staff nurse
1 Nursing assistant

1 Nursing assistant successfully completed her training (PEN II) and was appointed as a Staff nurse.

Due to the heavy administrative workload ward clerks were appointed. Only one ward clerk could be appointed initially due to budget constraints. It was decided to utilize the services of an Intern (Medical Secretary) for an 18 month period until the necessary funding was available. These two clerks were placed in the adult wards.

The absenteeism rate of the Nursing Department managed to decrease significantly during this period.

Team building sessions were held with the nursing staff at Brandvlei Correctional Services.

15.2 HRD

Various learning opportunities were created to ensure staff development.

Employees were registered at ABET enabling them to complete their senior certificate. One nursing assistant bridged to a staff nurse and a Food service aid qualified as a nursing assistant. One staff nurse is currently busy with his second year bridging course to qualify as a professional nurse.

3 Employees managed to complete their ATTIC training to become counsellors.

15.3 EQUIPMENT

An ECG monitor was purchased to assist in the treatment of the more acutely ill patient. A sonar machine was also acquired. This decreased the number of nurses having to accompany patients to other hospitals and resulted in more time being spent in the wards. New curtains were also purchased for all the wards.

15.4 INFECTION CONTROL

The infection control plan was developed to ensure proper infection control measures at Brewelskloof Hospital. Prof S. Mehtar, an Infectious Disease expert, from the University of Stellenbosch visited the hospital to assess the current infection control measures and gave the necessary advice. The Infection Control Plan is in process of being finalized.

15.5 GENERAL

Various organisations donated items to the patients, especially the children during the year. A fashion show and a concert were also held by the children of the Paediatric ward to raise funds for the decorations in the ward. This was organised by the two teenagers from the community who do voluntary work at the hospital. Religious organisations also continued with their outreach to the patients.

16. HEALTH FACILITY BOARD

During the 2006/07 financial year the new Health Facility Board was appointed by the MEC for Health in the Western Cape.

Back left to right: Mr.S Bergh, Dr. L Phillips, Ms. S Rubain, Mrs. R van Rooyen, Mr. T Voight
Front left to right: Mrs. M Geweld, Mrs. S Surtie & Ms D Oliphant

The new chairperson elected by the Board was Mrs. S Surtie and the vice-chairperson elected was Mrs. M Geweldt (both previously employed at Brewelskloof Hospital).

One of the highlights of the year was the Mother's transport project initiated by the Board. This project arranged transport and overnight facilities for mothers (from outside Worcester) to visit their children in hospital.

17. LABORATORY SERVICES

BUDGET	EXPENDITURE	OVER SPEND
R 350 000.00	R 358 635.53	R 8 635.53

Top 10 Test requested during the Year 2006 – 2007

1. Micro TB Misc Flour
2. Bactec MGIT bottle
3. R/M culture TB
4. Creatinine – automated
5. Hb only
6. ALT
7. Bilirubin (direct + total)
8. AST
9. Platelet
10. WBC Only

The reason for the over-expenditure was the impact of the high TB/HIV co-infection and the implementation of the TB/HIV/STI integration and woman wellness programme.

18. STRATEGIC OBJECTIVES FOR 2007/2008

18.1 CORE OBJECTIVES

IMPROVEMENT OF INFECTION CONTROL (IC)

- Development and Implementation of IC plan – MTEF period
- Training of staff on Infection Control and Occupational Health & Safety

IMPROVEMENT OF MDR TB MANAGEMENT

- Restructuring of the MDR unit
- Implementing the electronic register (M&E)
- Restructuring the MDR TB Outreach to the region

HUMAN RESOURCE MANAGEMENT

- Filling of critical vacant posts according to agreed FPMI numbers
- Review of the communication strategy
- Change management

HUMAN RESOURCE DEVELOPMENT

- Workplace Skills Plan to include the following urgent training needs:
  - Acute nursing care
  - TB/HIV training
  - MDR TB training
  - TB Patient empowerment
  - ATTIC training
  - Supervisor skills
  - Infection control
  - OHSA
  - Project Management
  - Computer skills
  - Written communication
  - Presentation skills
  - Client care
  - Change management
  - Organize Nurses TB Symposium

QUALITY OF CARE

- Improvement of client care – focusing on admissions and porter services
- Nursing Care
- Patient Transport - Overberg
- Client Satisfaction Survey
- Skills Audit
- Minimize adverse events

ACCREDITATION OF BKH AS ARV SITE

- Accreditation visit by National Department of Health

18.2 SUPPORT OBJECTIVES

- **INFORMATION MANAGEMENT**
  - Improvement of data flow
  - IT Maintenance plan
  - M&E
- **RECORD MANAGEMENT**
  - Listing and disposal of old records
  - Prepare Archive and Registry
- **RECEPTION AREA**
  - Relocation of reception area
  - Renovation of public toilet facilities
- **SUPPLY CHAIN UNIT**
  - Emergency exit/fire escape in stores
- **MAINTENANCE SUPPORT**
  - Establish stock room in ward C1
  - Clinics - Breede Valley Sub-district
- **MAINTENANCE SCHEDULE**
  - Fire escape on 4th floor
  - Theatre
  - 4th floor facilities (wheelchair friendly)
  - Nurses Home
  - Grounds Restroom

19. CONCLUSION

Once again this financial year has been another productive and successful year at the Brewelskloof Hospital. The aim to provide a cost effective and quality Tuberculosis service has been met, with the hospital remaining within budget whilst achieving most of its goals and objectives for 2006/07.

Highlights were the Foodservice Unit being awarded the first place in the Boland Overberg Region and fourth in the Western Cape during the annual monitoring and evaluation of provincial hospitals in the Western Cape; the establishment of an Infection Control plan, the focus on improvement of Occupational Health and Safety (OHS) at the hospital with the appointment of Occupational Health and Safety committee, OHS training and emergency drills being executed.

The workshop at Brewelskloof hospital assumed responsibility for the maintenance and support of all clinics in the Breede Valley sub district with the provincialization of the Primary Health Care Service. This would not have been possible without the commitment of the relevant staff at Brewelskloof Hospital.

The Staff Satisfaction survey done reflects a high level of staff satisfaction among the staff at the hospital. Team building efforts were met with great enthusiasm among the staff who participated.

Despite a very full programme, Brewelskloof hospital continued to place a high emphasis on TB awareness and training with the organization of the successful TB Update for doctors in September 2006 and MDR TB workshop in February 2007. This is in addition to the TB talks on Valley FM, at schools and Toevlug Rehabilitation Centre during the year.

The hospital is very grateful for the involvement of the community as demonstrated by visits and/or donations by churches, women and school groups and other charitable organizations.