

JONGGA

magazine

ISSUE 16

Wellness in Wupperthal

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A Silent
Killer

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join EMS?



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Minister's Message



Minister Nomafrench Mbombo

This year marks the 40th anniversary of the 1976 Soweto uprisings.

The uprising of 1976 was born out of a deep seated need to realise an equal and non-racialized society that responds to the needs of individuals and communities and that which promotes opportunities for all people.

Today, we have come a long way towards achieving that dream. However, 40 years on, there is still work to be done so as to achieve a truly equal society.

Socio-economic inequality is still a feature of our society, the consequences of which are disproportionate across society.

The health sector also continues to struggle under this strain, a consequence which cannot be solved outside of collaborative efforts between government and all sectors of society.

This is why the passing of the Western Cape Health Facility Boards and Committees Bill by the Western Cape Legislature in June of this year is a victory for all communities throughout the province.

It presents an opportunity for the Department to build stronger connections with our clients so that we may all cohesively work towards enhancing access to healthcare for all.

The passing of the Bill, following over a year's worth of preparation, will enhance community representation, overall participation and diversity within the governance of our health system.

The new legislation will continue to recognise traditional facility boards at primary healthcare facilities but also demand community participation and representation at local clinics and community health care centres.

We cannot build a health system which promotes the rights of our citizens and secures their wellbeing if our clients continue to be nothing more than passive recipients of healthcare services.

By increasingly creating an enabling environment for public participation, we provide a platform where the public's ideas, values and interest can be taken into account and allow for a truly responsive public service.

By working together with communities we can -

- Better identify challenges and opportunities for creating better services;
- Create a better understanding of the contextual situation of our clients;
- Build closer connections with communities that function as a supportive network; and
- Increase mutual understanding.

Once the Bill is fully implemented, I hope communities and facilities will seize this new opportunity and work closer together as partners in the provision of healthcare.



HOD's Message



Dr Beth Engelbrecht

The White Paper on National Health Insurance (NHI) was published in December 2015, inviting comments by 31 May 2016. The White Paper outlines a strategy towards universal health coverage to a predetermined range of services for all, and also providing financial protection. It indicates fundamental restructuring of the health system. A National Health Fund will be established to administer the health insurance fund and to purchase services across the country.

What follows is a high level extract of the WCG response to the White Paper.

1. We support the objectives of universal health coverage and the premise that everyone should be insured for health care, with

demonstrable improved health outcomes, but believe that there are alternative and more affordable ways of attaining these objectives than proposed in the White Paper.

2. The current legislative framework sufficiently provides for the implementation of the NHI through provinces, negating the need for constitutional and other legislative changes.
3. Additional NHI funding generated through national revenue, as is foreseen in the financing component of the NHI, will assist the province to strengthen its district management teams and further improve access and coverage in geographic, service range and quality care terms.
4. The problem statement expressed in the White Paper recognises important challenges faced by South Africa:
 - a) A disproportionately high quadruple burden of disease with the greatest impact on the most vulnerable sections of the population.
 - b) 8.3% of the SA GDP is spent on health yet there is a 4,5 fold higher spend per capita per annum in the private sector compared to public health sector. The Private sector is of the most expensive in the World.
5. Despite the above, the problem statement in the White Paper omits to mention the social determinants of health, the lack of strong leadership and

management and the inadequate levels of accountability and governance arrangements at many levels of the health service platform.

6. The risk of not accurately defining the problem that needs to be addressed is that the proposed interventions could be misdirected. Pouring resources into dysfunctional, inefficient systems would be wasteful and ineffective.

SERVICE & SYSTEM IMPLICATIONS

7. The WCGH has a track record over the past 20 years of being competently managed. This is evidenced in many ways, amongst others:
8. Unqualified audits for 11 years in a row, a testimony of good governance systems in finances, procurement, people, and information.
9. In terms of outcomes, we have low, and frequently the lowest, mortality and morbidity rates of any of the nine provinces, for e.g. the perinatal mortality rate, the infant mortality rate, the under 5 mortality rate, the maternal mortality rate, the diarrheal disease mortality rate in under 5's and the vertical transmission rate of HIV from mother to baby.
10. The proposals contained in the White Paper poses a risk to this health system by eroding what is working well. In particular, the following proposals pose a risk:

11. Central Hospitals (rendering a major portion of level 2 services in the province, and are critical for a coherent health system, for health sciences student training and for clinical governance) are proposedly to be nationalized. This will result in fragmentation of the delivery system, the academic platform, accountability and clinical governance. Nearly 60% of Central Hospital budgets are made up of equitable share, which may not be nationalized.
12. Under the NHI, healthcare service providers will be contracted and paid directly from a national structure (the NHI Fund). This proposal will ostensibly bypass existing and competent provincial health departments and district health management teams. Direct contracting from the NHI fund will fragment the health delivery system and care continuum, negatively affecting health outcomes, accountability, and clinical governance.

The current legislative provisions are sufficiently enabling: The non-repealed sections of the Health Act, 1977, obliges Provinces to “coordinate” hospital and personal health services. It cannot perform this role if it has no meaningful role in purchasing services from service providers. The Constitution provides the province with concurrent legislative authority for health services, further enabled through the NHS, Act 61 of 2003. The Intergovernmental Relationship

Framework Act, Act 13 of 2005, provides for intergovernmental rations across spheres of Government.

PROPOSAL:

The WCGH proposes to contract with the NHI as a single entity for the Western Cape community and contract with public and private service providers in a coordinated manner to provide a coherent health service to the population of the province. This alternative model will meet the objectives of the NHI as well as retain the advantage of a well functioning service and delivery system through a single authority, with local decision-making and accountability.

Implementation across provinces should be non-uniform, recognising system and governance capability.

The WCGH remains the firm intermediary between the envisaged NHI fund and the service providers (public and private) who are contracted in the Western Cape Province; the WCGH takes responsibility for contracting with providers and managing such contracts; funds should flow from the NHI Fund to provinces and then from provinces to providers.

Comments are welcomed to beth.engelbrecht@westerncape.gov.za

Compliments from Parliament

Friday 19 February 2016 was met with great excitement by Nursing Manager Helen Human who attended the opening of the Provincial Parliament on behalf of her team at Alan Blyth Hospital. Alan Blyth Hospital made headlines when Jack Lewis, founder of Community Media Trust, wrote an article in the Daily Maverick commenting on the excellent service received by one of his farmworkers. The praise did not go unnoticed and Premier Helen Zille invited a senior officer from Alan Blyth to attend the opening. “It was a great privilege to attend the opening on behalf of the Kannaland team”, said Ms Human.

Premier Helen Zille said: “It is my pleasure today to welcome Helen Human, Manager of the Alan Blyth hospital in Ladismith. The quality of rural healthcare in many parts of the country remains a major risk for patients. But Helen and her staff are showing that it is possible to achieve a world-class rural health facility in the poorest circumstances. Many people labour unseen in their daily commitment to serve all the citizens of our province, and we rarely get to hear about them. In the case of the Alan Blyth Hospital.

Years ago Alan Blyth was a run-down facility that was rarely frequented by a doctor. Today it is a well-maintained institution, with doctors regularly on duty, a full time radiographer and caring staff who run efficient patient management systems. In a time of limited resources and great demand for our services, Helen and her team are showing how genuinely caring about patient well-being can make an immense difference.

See article on pg.9.



A Rural Hospital Setting

HIGH STANDARDS

The Alan Blyth Hospital in Ladismith sets an example for the public health system. If all hospitals were like this, we could implement National Health Insurance tomorrow.

I live on a smallholding in Vanwyksdorp, one of the smallest villages in the Klein Karoo with a population of under 1,000. We fall under Kannaland, the poorest municipality in the Western Cape, population 25,000 most of whom live in the towns of Ladismith, Zoar and Calitzdorp. Vast empty stretches of land, mostly game farms, stretch between us and Ladismith.

Alan Blyth Hospital in Ladismith is named after a doctor born in the town who studied medicine at UCT in the 1930s, and became superintendent of the Ladismith Provincial Hospital, holding the post from 1940 to 1993. He was renowned, as the SA Medical Journal wrote in his obituary ten years later in 2003, for the “principled practice of medicine”.

In the early years Dr Blyth used to do circuit visits in this vast area on horseback. When I arrived in the area some years back, the once proud reputation of the hospital was suffering. Often there were no doctors on duty. Only one of the

private doctors in town was on call. Staff were unmotivated. There were medicine shortages, and the hospital had a reputation for the wrong medicine being prescribed. At least this was the impression that farm workers had of the Alan Blyth Hospital. Farm workers were reluctant to go there, as they saw it as a place where they did not get better.

This past Friday, Omar, who lives on our farm, developed excruciating back pain, so bad he could not move or stand. By Sunday it had gotten worse, and we realised we had to seek help. We drove through to Alan Blyth Hospital, 44 kilometres away on a road that has probably not improved much since Dr Blyth’s days. At the hospital we found friendly staff who quickly opened a patient folder. After a short wait of no more than 30 minutes, the doctor on duty made a preliminary diagnosis of a slipped disk or muscle strain and booked Omar to stay overnight as injectable pain control medication

was needed. The doctor looked to me like a new graduate, probably doing his community service year. But in the past there would not have been a doctor in attendance on a Sunday. Omar related to me his experience of his 24 hour stay in the ward. The staff were very efficient. He especially noted how well the handover between shifts was conducted with an hour overlap in which all notes relating to patients’ status and treatment were properly relayed to the incoming shift.

The bed linen was changed regularly and the mattresses wiped down and disinfected. The floors and other surfaces were regularly disinfected. Clearly whoever was in charge had made sure the cleaning staff understood the important medical role they play in preventing patients contracting new infections in hospitals – which could easily include super bugs like multi drug resistant tuberculosis.

Community-based Services for Rural Communities

Western Cape Government Health's Rural Districts have shifted their focus of services rendered at community level to align with the Department of Health's wellness initiatives.

The Western Cape government has re-aligned its community-based services to deliver quality care to the people of the Western Cape in rural communities.

Western Cape Government Health's Rural Districts have shifted their focus of services rendered at community level to align with the Department of Health's wellness initiatives.

Community care workers, now known as community health workers (CHW), were previously only tasked with supporting the members of the community through regular (often daily) home visits. Their focus was on giving adherence support, health promotion, prevention and home-based care.

Community health workers now form part of Home- and Community-based Care (HCBC) services, which promote good health and the prevention of ill health by rendering quality home-based healthcare. **There is also now a range of other services focusing on increasing wellness, such as:**

Promotion of wellness and health:

CHW will conduct door-to-door visits during which they will educate members of the family on various health topics.

Health screening and referral where needed to the nearest Primary Healthcare (PHC) facility:

During their door-to-door visits, the CHW offers education on preventative services on a range of issues such as TB, diarrhoea, diabetes, and if needed, will make the necessary referral to the nearest primary health facility for further management.

Self-management of chronic diseases:

Clients with diagnosed chronic conditions will be assisted by the CHW in terms of information as well as lifestyle changes. This includes education on how and when to take the medication, as well as how clients can better their health by giving advice on healthy living and healthy eating.

Empowering relatives/families/friends to look after clients who require care:

Where in the past the main focus of the community care worker was to take care of the ill, he or she will now train the primary caregiver on how to care for the client in their own homes.

Follow-up of known clients referred from the PHC facility:

The CHW will do follow-up visits when the facility provides them with the clients who have compromised functional status requiring supported self-care, treatment adherence and support needs, and end-of-life care needs, whom the CHWs need to assist. It is here that they will also take up the opportunity to advise clients on how to improve their wellness and how to live healthy.

The CHW will screen clients at houses and crèches and will visit clients at least once a year using a screening tool, concentrating on:

- Child health – reviewing the immunisation status and making referrals to have the scheduled immunisations received at the primary healthcare facility, as well as growth monitoring, infant feeding, HIV-exposed infant or child, developmental screening,

oral health, danger signs.

- Women's health – family planning advice, healthy pregnancy and safe delivery education, Pap smear education, breast examination education.
- HIV/AIDS, Tuberculosis, STI screening.
- Chronic disease education.
- Men's health advice and medical male circumcision mobilisation.
- Mental health – signs and symptoms of depression, substance abuse, self-inflicted harm, etc.

Where needed, the CHW will educate and refer the client for further evaluation and treatment to the nearest health facility/clinic.

Several community health workers have been appointed and are currently trained in the different rural districts.

Overberg District: 249
Cape Winelands District: 369
Eden District: 404
West Coast District: 318
Central Karoo District: 77

Home- and Community-based Care (HCBC) services in the Metro District

The Metro District works within municipal wards and has re-aligned the current services in line with municipal ward boundaries. Non-profit Organisations(NPO) will now take responsibility for the health of the community in its designated area. Each NPO is linked to a Primary Health Care (PHC) facility for support and joint planning of outreach campaigns.

Wellness in Wupperthal

A communications officer tells the tale of her (perilous) journey following a healthbus team.

For people living in towns and cities, getting to health services is an easy feat, much like going to the supermarket.

People living in rural communities however, often have limited or no immediate access to public health services due to vast distances they have to travel because of the lack of public transport facilities.

This is where mobile health services of the Western Cape Government Health play an important role in providing health care to those who are unable to access it. Mobile health services are a common sight in

rural districts. A health practitioner usually visits rural villages every 6 weeks issuing chronic medication, administering immunisations for babies and children and doing regular health check-ups on chronic patients and the elderly.

In the most rural parts of the Western Cape, the journeys to reach these communities are often not paved at all. Although, this does not discourage Sr Viljoen and her trusted mobile unit as she travels on different routes in the Wupperthal area on a weekly basis.

Getting to Wupperthal can be a

challenge in itself. It certainly is not for the faint hearted. The road from Clanwilliam to Wupperthal starts out with a steep climb and winding turns. For the first few kilometres the neatly maintained paved road bears no testament of what's to come. The picturesque views of the Cederberg Mountains definitely make up for the twists and turns of the route. When the 21 kilometres of the Pakhuis Pass are behind you, you find the turn off to Wupperthal on your right. This is where the real adventure begins. The paved road is quickly left behind as the red dust of the dirt road serves



as a clear indicator that the journey is about to get interesting. This dirt road is not ideal for drivers and vehicles that are not accustomed to steep hills and turns that require steady manoeuvring and no fear of heights by the driver.

As you make your way to the Wupperthal satellite clinic, you may find Sr Viljoen and assistant as well as two community health workers waiting. The mobile unit is packed and ready for today's route from Heiveld to Heuningvlei.

The first stop is a settlement of three or four houses. As you stop at the first house, you are welcomed by the residents who have clearly been expecting them. Blood pressure and other vital signs are measured while I explore the surroundings, including a water stream separating some of the houses at the settlement. Sr Viljoen indicates that we are moving on.

Again we stop and the community health workers take off to one of the houses to check on an elderly patient. It's a very cold winter's morning and a kind hearted resident brings us some hot sweet potato to taste. "It's Heuningvlei's (patats). They are so sweet that you can just cook them up in water, no seasoning necessary."

On the road again, we wonder how

many people are seen on this route every six weeks. At our next stop we find some more chronic patients and one young mother with a 2 month old baby. She asks if Sr. Viljoen can administer her baby's immunisation shots (Road to health booklet in hand).

Sr Viljoen tells us that they serve about 50 to 70 patients on this particular route, mostly chronic patients treated for high blood pressure and some for diabetes.

Our next stop brings us to two houses. From the one house an old lady, assisted by her daughter, appears a bit disorientated, but soon realises it's the health service visiting and after having her vitals checked, she slowly walks back to her house. We wonder how old she is, and on enquiry no one is really sure.

All around us the signs of good rain in the past week is visible: streams of water, arum lilies standing proudly in some places and water puddles appearing more frequently in the two-track road. We reach a dam of water and for a moment we wonder where the road went. As Sr Viljoen steers the mobile unit before us through the water, we realise that the 20 metre dam of water is the road and we watch with bated breath as

the bakkie's chassis is submerged in water. We also cross the water with caution and when we finally drive on dry land again, the sense of relief is tangible.

We arrive safely at Heuningvlei, the biggest settlement of houses on the route. Sr Viljoen already had a few patients lining up to see her and the community health workers set off to visit some of the less mobile patients. The patients are grateful for the health services and thank the sister for her visit as they leave the mobile unit. It's almost noon when we leave them to continue with their patients. They will remain at Heuningvlei till about three o'clock and then return to Wupperthal.

As we drive back to Clanwilliam and reach the paved road again, I realise how easily we take access to health care for granted. Where I live, I have access to a pharmacy, private day hospital and several consulting rooms of medical specialists within short walking distance from my house. I pass these facilities daily to get to work, without noticing how easy it is for me to access health services compared to the residents of Heiveld and Heuningvlei.



Hypertension: A Silent Killer

“Uncontrolled hypertension can lead to a heart attack, stroke, kidney failure and damage to eyesight. If left uncontrolled”

Hypertension is known as the silent killer since most people do not have any symptoms. In some cases hypertension causes symptoms such as headache, shortness of breath, dizziness, chest pain, palpitations of the heart and nose bleeds. The only way to find out what your blood pressure is, is to measure it using acceptable measuring devices.

Uncontrolled hypertension can lead to a heart attack, stroke, kidney failure and damage to eyesight. If left uncontrolled, hypertension can lead to a heart attack, an enlargement of the heart and eventually heart failure. Blood vessels may develop weak spots due to high pressure, making them more likely to clog and burst. The pressure in the arteries can also cause blood to leak out into the brain. This can cause a stroke.

According to the Heart and Stroke Foundation SA about 130 heart attacks and 240 strokes occur daily in South Africa. This means that 10 people will suffer a stroke and five people will have a heart attack every hour.

Worldwide approximately 4 in 10 adults older than 25 years have hypertension. This means that nearly 1 billion people have hypertension. It is estimated that only 50% of these people are aware of their condition and of these only half take action to control their blood pressure.

In South Africa 1 in 3 adults have hypertension. This makes South Africa one of the countries with the highest

rates of hypertension worldwide.

In the Western Cape Province approximately 1200 new cases of hypertension are diagnosed monthly.

The Western Cape Government Department of Health (WCDoh) encourages communities to take part in activities that increase fitness and healthy living/eating habits.

Making small changes for big health benefits: Here are some healthy living tips that you can use to improve your health.

1 Eating a healthy balanced diet:

Reduce your salt intake to no more than 1 teaspoon (5g) of salt a day. Reduce the salt added to your food during cooking and at the table. Make use of fresh and dried herbs, spices, garlic or lemon juice to add flavour to your food, without adding extra salt or salty seasoning. Foods like packet soups, stock cubes, gravies, cheese, many breakfast cereals, breads, salty snacks, processed meats and fast foods are very high in salt, so should be used sparingly.

Enjoy a variety of fruits and vegetables, and aim to have at least 5 servings a day.

Choose whole grain and high fibre foods.

Limit unhealthy saturated and trans fats, found in fatty and processed meats, chicken skin, full-cream dairy products, butter, ghee, cream and hard cheeses, commercially baked goods such as pies, pastries, biscuits and crackers, fast foods and deep-fried

potato/slap chips.

Eat healthier unsaturated fats such as sunflower / canola / olive oil, soft tub margarines, peanut butter, nuts and seeds, avocado or fish.

Try to include fatty fish (sardines, pilchards, salmon, mackerel) at least twice a week.

Eat small, regular meals.

2 Doing more physical activity:

Increasing your level of physical activity does not mean having to join a gym or a sports group! There are lots of physical activities that are free, healthy and could be fun! For example, walking with your family and/or dog, dancing at home, avoiding lifts and taking the stairs instead, swimming and, gardening.

Aim for at least 30 minutes of moderate (e.g. fast walking) to vigorous (e.g. jogging) activity at least 4-5 days per week. You can accumulate those 30 minutes in bits of 10 minutes throughout the day. Or 150 minutes (2 and a half hours) per week in order to reduce your risk of a number of chronic diseases, such as high blood pressure, high cholesterol and type 2 diabetes.

If you would like to achieve a higher level of fitness, or would like to lose weight, then more physical activity is needed to achieve these goals, aiming for 300 minutes (5 hours) per week.

3 Avoiding harmful alcohol use:

Try to avoid using alcohol, and if you drink alcohol, limit it to no more than 1



drink a day for women and 2 drinks a day for men.

4 Stopping tobacco use and exposure to tobacco products.

5 Managing stress and striving for a good night's sleep.

6 Have your blood pressure and glucose levels checked at least once a year and more often if you have a family history of chronic diseases such as hypertension and diabetes.

Treatment of Hypertension

If Hypertension is detected early it is possible to minimize the risk of heart attack, heart failure, stroke and kidney failure. Individuals who already have hypertension can manage their condition by:
Adopting the healthy behaviours listed above.
Monitoring blood pressure at home if feasible.
Go for regular check-ups at a health facility.
Regularly taking any prescribed medications for lowering blood pressure.

More information on Hypertension

Visit the health facility in your area.
Heart and Stroke Foundation South Africa (<http://www.heartfoundation.co.za>) Health Line: 0860 1 HEART (0860 1 43278) or heart@heartfoundation.co.za.
wow@westerncape.gov.za

New Wheelchair Training Piloted In Western Cape

The publication of wheelchair guidelines and a series of Wheelchair Service Training Packages (WSTP) by the World Health Organisation (WHO) has been a turning point in raising awareness and improving access to appropriate wheelchairs globally. In response to a lack of qualified trainers, a WHO Wheelchair Service Training of Trainers Package is now being developed in order to increase their impact.

The Leadership, Management, and Governance (LMG) Project is coordinating the development of the package, with funding from United States Agency for International Development (USAID). The second pilot took place from the 6 till 10 June 2016 at the Western Cape Rehabilitation Centre in Cape Town.

Jenny Hendry, CEO of the Western Cape Rehabilitation Centre, says that there is no 'one

size fits all' approach to providing a wheelchair and that incorrect prescription of a wheelchair has a detrimental impact on the wellbeing of the wheelchair user. "Incorrect allocation of a wheelchair causes great discomfort, inhibited mobility, pressure sores and poor posture.

It is essential that health professionals prescribing mobility devices, such as wheelchairs, are knowledgeable and trained in order to ensure that the wheelchair user has long-term health and functional independence," says Hendry.

According to event organiser, Margaret Lamiell, Project Specialist with the LMG Project, the event aimed to further empower individuals who have undergone the WSTP training and who possess significant experience in wheelchair services, to become trainers of the WSTP modules in their respective regions and communities.



22 individuals representing 16 different countries around the world are attending the WHO Wheelchair Service Training of Trainers Package seminar which will take place from the 6th till the 10th of June 2016 at the Western Cape Rehabilitation Centre in Cape Town.



Oncology Youth Booth

The idea is to give young adults a comfortable area in which to relax and be entertained while they are undergoing treatment at the hospital.

Cancer is a difficult battle to overcome and is even more challenging when you are a child, adolescent or young adult. Cancer patients are usually split into two groups: children and adults. This is because the needs of children vary greatly.

Often isolated within the medical setting, adolescents and young adults with cancer face unique challenges.

'Teenagers in paediatric units struggle with crying babies and an environment which does not recognise their need to have some autonomy. Other adolescents and young adults in adult units are equally vulnerable to alienation in services that are not set up to deal with their psychosocial needs,' said Prof. Alan Davidson, Head of Haematology and Oncology at Red Cross War Memorial Children's Hospital.

Ari's Cancer Foundation, inspired by Ariana Jansen who sadly lost her battle to cancer on 1 May 2011 at the

age of 24, designed and developed a youth booth specifically aimed at the needs of adolescents and young adults to not only keep them busy while receiving treatment, but comfortable and entertained too. The booth was officially launched at the Red Cross War Memorial Children's Hospital in May 2016.

The first of its kind in Africa, the R70 000 Adolescent and Young Adult (AYA) Youth Booth is a safe haven for adolescent and young adult patients - it provides a comfortable workspace and recreational area for patients to relax and be entertained in, while they are undergoing treatment at the hospital. It is a space they can call their own and to which they can escape from their condition for some time, while within the hospital setting.

The Youth Booth is mobile and can be moved around the ward to where it is needed.

The relaxation pod has a tablet embedded into it that drops down.

Patients will be able to use it to play games, browse the internet and stay connected on social media. There is also a work station with a computer so that they can work on homework or projects if necessary, and there is plenty of shelf space for books and magazines. The booth can be used by more than one patient at a time.

'The idea is to give young adults a comfortable area to relax and be entertained while they are undergoing treatment at the hospital. This area is also designed to inspire the type of colourful and positive energy that we hope to give to the young adults, rather than a typical scenario where they tend to be consumed with the negative thoughts of the treatment,' said Alan Jansen from the Ari's Cancer Foundation.

Ari's Cancer Foundation aims to set up similar AYA Youth Booths in Oncology Units around South Africa.

Spectacles for Kids

This is easier said than done! The children needed to be identified, their eyes tested, frames and lenses fitted and then spectacles delivered.

The Cape Winelands District has a good relationship with many of the benevolent societies that fall within its borders. However, one relationship in the town of Paarl continues to bear fruit of extra high quality!

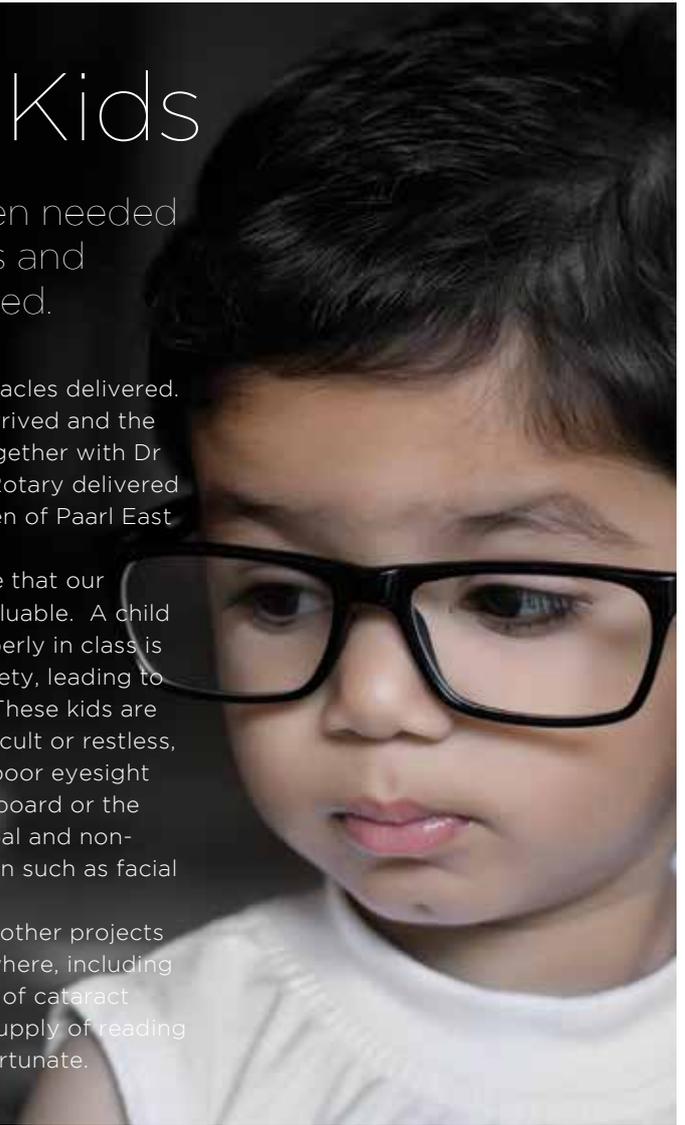
The relationship between the Drakenstein team and the Paarl Rotary Club was grown from the annual Rotary Health Day. The members felt that they would like to make a tangible difference in the lives of their community members. After consultation with a health team in the area and considering their own organisations projects in promoting vision, it was decided to donate spectacles to 100 children on the waiting list.

This is easier said than done! The children needed to be identified, their eyes tested, frames and lenses

fitted and then spectacles delivered. Finally the big day arrived and the Drakenstein team together with Dr Pietie van Aarde of Rotary delivered glasses to the children of Paarl East and surrounds.

Few people realise that our eyesight is hugely valuable. A child who cannot see properly in class is often bored and fidgety, leading to disruptions in class. These kids are often labelled as difficult or restless, when in fact due to poor eyesight they cannot see the board or the finer nuances of verbal and non-verbal communication such as facial expression.

Rotary runs a few other projects in the area and elsewhere, including the financial support of cataract operations and the supply of reading glasses to the less fortunate.



Restores Eyesight

"It is a common age-related condition. Because everybody will develop a cataract if they live long enough, there will always be a great need for cataract removal surgery,"

Worcester Hospital successfully performed 873 cataract operations during the 2015 / 2016 financial year, a remarkable 60 more operations than the previous year.

According to Dr Marius Van Dyk, Ophthalmologist at Worcester Hospital, cataract surgery is a specialised minimal invasive surgery, which causes little or no discomfort to the patient. "Well over 90% of operations are successful in restoring useful vision, with a low complication rate. We

have seen many patients, who have undergone this surgery, regain their dignity and independence," he says.

Dr Van Dyk explains that a cataract is a clouding of the eye's natural lens, which lies behind the iris and the pupil, resulting in blurred or dull vision. "It is a common age-related condition. Because everybody will develop a cataract if they live long enough, there will always be a great need for cataract removal surgery," he says.



Practice What You Preach

One Dietician's Journey of Motherhood and Exclusive Breastfeeding

Since I started working as a dietician, the Baby-Friendly Hospital Initiative (BFHI), now known as Mother-Baby-Friendly Initiative (MBFI), has been an integral part of my day-to-day work. As the only dietician for the Theewaterskloof subdistrict, I had to work hand in hand with Caledon Hospital and Grabouw Maternity Obstetrics Unit to get them MBFI accredited and to maintain that accreditation needs a concerted commitment from each and every staff member.

I am an only child and I was born at Caledon Hospital. Although exclusive breastfeeding was not advocated back then, my mother says that I did not want anything besides breast milk for the first few months. As I grew older, I had a fascination with food and how food impacts on one's health. I also really had a passion for helping people. The most natural and logical decision for me was to become a dietician; I studied Dietetics at Stellenbosch University and started working as a dietician in 2010.

As a dietician, I am an ambassador for breastfeeding and I often had to motivate new mothers to keep on trying to breastfeed until they are successful. I read all the books and had all the theoretical knowledge of how to latch the baby, how to express milk and how to successfully exclusively breastfeed. Although I often sympathised with new mothers, I really could not understand why they experienced this 'easy and natural thing' as something painful and difficult. That all changed on 21 October 2015, when my beautiful baby boy was born and when I would for the first time have to practice what I preached.

Since my husband and I are both healthcare professionals, we always knew that we wanted to breastfeed our baby because of all the benefits



for both the mother and baby. The first two weeks of breastfeeding was excruciating. I knew breastfeeding would not be easy but I did not fully comprehend how difficult it would be. Although I followed everything according to the books I have read and studied, I still experienced sore and bruised nipples. I expressed to make latching easier and always made sure that baby and I were in the correct positions but it was still painful. As the tears rolled down my cheeks, in those first few weeks, I just kept thinking about all the benefits the breast milk was giving my baby. We definitely reaped the benefits. I have a healthy baby, I had less bleeding postpartum and I enjoyed the weight-loss benefits of breastfeeding too.

Soon I had to start thinking about how I would maintain exclusive breastfeeding when I returned to

work. Approximately two months before returning to work, I started expressing breast milk into freezer bags. The date and amount was written on each bag and placed in my bank store (freezer). This however coincided with the festive season and all my visiting family members were shocked to see me expressing and freezing the breast milk. They thought it was extremely weird but once I explained the reasons for doing it, they became very excited at the innovative idea.

When I returned to work, I continued to enjoy the benefits of exclusive breastfeeding because the nanny was feeding my baby my breast milk. My career also benefited because now I find it easier to relate to my patients and I am able to motivate new mothers with practical advice from my personal experience.

Nutrition: First 1000 days & Beyond

The First 1000 Days of a baby's life is important, it is just as important to continue to enhance your baby's well-being by feeding him/her the correct balanced nutritional diet at his/her recommended age. For more information they should speak to a nutritional expert or healthcare advisor.

0 - 6 months



Your baby needs only breastmilk for the first six months of life.

6 - 12 months



At 6 months continue breastfeeding and start spoon feeding your child healthy soft family foods. Start with one food and slowly increase the variety.

1 - 2 Years



At 1 year your child can eat family healthy food from his or her own plate. Remember to continue to be actively involved in your child's meal times.

3 - 4 Years



Offer foods with different colours, textures and flavours to encourage your toddler to eat. Make mealtimes fun!

5 - 6 Years



Provide healthy snacks and offer them between meals. Limit high fat, sugar and salt snacks.

6 - 7 Years



Pack a healthy balanced lunchbox and snacks for school. Do not forget the clean safe water.

*Healthy foods: a balanced meal which includes a variety of food as well as fresh food.

FIRST
1000 days
 Right Start. Bright Future.

On your marks... GO!

Move for Health day was on 10 May and promotes physical activity.

An increasing number of people, including children, are following an unhealthy diet and are not physically active. As a result, more and more people are suffering from chronic diseases of lifestyle.

The Western Cape Department of Health serves close to 75% of the population; a third of which suffers from chronic diseases. Healthy living, eating and physical activity are considered major contributors to combat adverse health outcomes including obesity, diabetes, hypertension and other cardiovascular diseases. Patients need to take responsibility for their own health and actively start changing lifestyle habits.

An example of such a patient is 54-year-old Magdalena Buis from Herbedtsdale who is half the size she was two years ago. Buis is a chronic patient who suffered from many ailments including pain in her one leg. 'I weighed 120 kg but still felt that my diet was normal.' Buis used to eat a lot of bread with little or no fruit and vegetables, tons of sugar in her coffee and tea, soft drinks and a lot of salt. Her portion sizes were too large and she did not do any physical activity. 'I had my blood pressure taken during my doctor's appointment in 2014 and it was high. The doctor referred me to the dietician at Mossel Bay Hospital. This is where my journey to 62kg started.'

Buis, with the support of her husband, changed her lifestyle. She followed the eating programme designed by the dietician and exercised daily. Her husband even made weights for her and created a course in the backyard. 'He has been very supportive; something I am so grateful for,' said Buis. Not only has Buis lost and maintained the weight but her healthy eating habits have



rubbed off on her grandchildren too. 'They will ask me to make broccoli for them, can you believe it?!' Buis would like to thank her dietician, Esther Swanepoel, who walked this long and sometimes difficult journey with her as well as Dr Kleynhans and other health staff who crossed her path during this time.

So often people think that healthy eating and physical activity is expensive. This is not true. There are many ways that people can eat healthier and exercise with what they have at their disposal to better their health.

Exercise

- Walking is a good form of exercise and you do not need any special equipment.
- It is ideal for people of all ages and fitness levels.
- It can help reduce: blood pressure, risk of heart disease, stroke and diabetes.
- Walking is also good for your mood.

Healthy eating

- Drink water instead of soft drinks.
- Eat less sugar.
- Eat less fat and avoid fried foods.
- Add less salt to your food.
- Eat more fruits and vegetables per day.

To promote a healthy lifestyle movement, Western Cape Government (WCG) launched the WoW! initiative in 2015. Through WoW! WCG actively advocated and activated increased health-related physical activity, healthier eating and a healthy weight in order to prevent and reduce the burden of chronic non-communicable diseases (NCDs) such as hypertension and diabetes.

'WoW! is a jewel in Western Cape Government's disease prevention strategy. With it, we have been able to bring together 35 partners from government, the NGO sector, private sector and community-based organisations, all with one goal in mind - preaching the message of wellness. Moving forward,

How to help those living with burns

According to the World Health Organization, more than 300 000 people die from fire-related burn injuries annually.

In South Africa, burns are the third most common cause of accidental deaths amongst children under 14 years, exceeded only by motor vehicle accidents and drowning.

During National Burns Awareness Week in May, the hospital encouraged the public to help defeat the social stigma attached to children living with burns.

Burn injuries happen in seconds but may have a lifelong impact on victims. It is one of the most common and devastating forms of trauma and has the potential to cause death, lifelong scarring, disfigurement, dysfunction and disability – often resulting in prolonged hospitalisation, stigma and rejection.

'According to the World Health Organization, more than 300 000 people die from fire-related burn injuries annually. Every year, the hospital treats about 3 500 children for burns. Most at risk are children under the age of 6 with about 50% of

these children falling below the age of 2,' said the Western Cape Minister of Health, Dr Nomafrench Mbombo.

'For all these children, once treatment at the hospital is complete, the process of recovery continues at home. These children have fears and worries that can be made worse especially by someone who does not understand their burns or the trauma they have undergone. As communities, it is important that we show stronger support to burn victims and their families,' added the Minister.

Most burn victims are deeply traumatised and struggle to return to society – often being seen and treated differently, which can cause social isolation.

Everyday interaction with friends, participation in activities and plans for the future may feel more challenging after a burn injury.

What to do in case of a burn:

- Should anyone sustain a burn injury involving flames, the victim should stop, drop and roll to put out the flames.
- Do not touch electrical injury victims before removed from the current – use a stick or non-conductor to avoid rescuer injury or death.
- The heat from a fire, hot water or electrical burn will continue to burn the tissue long after the offending contact is removed. It is essential to stop the burning by keeping the burnt body part under cold running tap water for 20 minutes. Do not use ice or ice water; it can cause frostbite because the skin is already damaged. The wound must be covered with clingwrap or a clean sheet and medical assistance sought.
- Cool a minor burn to help soothe the pain. Hold the burned area under cool (not cold) running water for 10 to 15 minutes or until the pain eases.
- Do not apply butter or any oil-based product to a burn injury – the oil can trap the heat and make the burn deeper over time.



Vaccinate! It is FREE!

The health services are there to help you stay healthy. Our staff would like you to know how to take care of yourself and your family.

What does health mean to you? Is it always feeling well? Does it mean that you can work or go to school? Does it mean that you will live a long and comfortable life, with no aches and pains?

Health means different things to different people, some people rarely become ill, while others never seem to be well! There are however a handful of illnesses that we can completely prevent! And what's more prevention is free. All you need to do is make sure that your children are vaccinated.

As parents it is our job to ensure that our children grow up with the best possible opportunities that we can offer. Taking care of your children's health and ensuring that your family makes healthy choices is part of ensuring that they live a long and fruitful life.

Vaccinations are free of charge at all clinics which offer protection against dangerous illnesses.

The Western Cape Government Department of Health offers different vaccinations at various stages of your child's life. Some are given at birth, before you even leave the birth unit, others are given when you visit the clinic for you and your baby's check-ups. The Department also visits schools to administer vaccinations in Grades, 1, 4 and 7. Vaccinations can prevent your child from contracting illnesses such as Pneumonia, which is a leading cause of death in children less than five years of age.

Some vaccinations, such as Tetanus and Human Papilloma Virus (HPV), protect your child as they become adults. The Tetanus vaccination

is administered several times and protects your child against Lock Jaw. Lock jaw is a painful infection which causes death in about 40% of those that contract infections. Tetanus is caused by an injury from rusty dirty metal, such as stepping into a nail.

HPV is a viral infection that if contracted can cause Cervical Cancer, which is one of the leading causes of preventable death in South Africa.

Any parent would like to do the best for their child, vaccinating your child, ensures that he/she is protected from several life threatening illnesses.

Other illnesses that parents can protect their children from are diseases of lifestyle. Children do what they see their parents doing! So if you exercise, eat healthy and maintain a healthy body weight, your children are more likely to continue to do the same when they are grown up.

Visiting your clinic as suggested by the nurse is the best way to ensure that your child has all his/her vaccinations.

Prevention is free! Being healthy is a gift, remaining healthy is your responsibility. The Department encourages you to make sure that your children are vaccinated, that you and your partner live a healthy lifestyle that includes exercise, a balanced diet of fruit, vegetables and lean meats. It is better for your children if you do not smoke and alcohol should be reserved for special occasions and only taken in moderation. Your good habits will rub off on your children; in that way we can build a nation of strong, healthy adults.

DID YOU KNOW?

1. Did you know that you can protect your children into adulthood by vaccinating them?
2. When all the children in a community are vaccinated, there is less chance of any of them becoming ill.
3. Diabetes TYPE II is often caused by being overweight and not exercising.
4. Hypertension (High blood pressure) causes strokes and heart attacks, even if you are in the early stages of High Blood Pressure, you can avoid the illness by changing your lifestyle.
5. By making sure that you always practice safe sex you can avoid contracting HIV.
6. HIV can be passed on to babies during birthing. If you are HIV Positive, you must start taking ARV's early during your pregnancy to stop your baby from being HIV+ at birth.

HPV Update

Human Papillomavirus Immunisation



Did you know?

The HPV Campaign was **rolled out in 2014.**
 1st Round:
 10 March-11 April.
 2nd Round:
 29 September-31 October



2015

HPV Campaign

1st Round:
 23 February-20 March.
 2nd Round:
 11 August-4 September.



2016

HPV Campaign

1st Round:
 16 February-11 March.
 2nd Round: *Still to Come.
 10 August-6 September.



42 168

girls in total were enrolled in grade 4 >9/<9 (special need schools, girls born in 2004).



44 427

girls in total were enrolled.

1 505 (3%)

failed the year & was previously immunised.



41 957

girls in total were enrolled.

1 266 (3%)

failed the year & was previously immunised.

13% no consent



38 487

girls in total were vaccinated during the 2 rounds (91%).

15% no consent



34 165

girls in total were vaccinated during the 2 rounds (82%).

15% no consent



32 870

girls in total were vaccinated during the 1st round (78%).



1082

Schools covered. (this figure varies as some schools might not have grade 4 girls enrolled during the specific year.)



1128

Schools covered. (this figure varies as some schools might not have grade 4 girls enrolled during the specific year.)



1007

Schools covered. (this figure varies as some schools might not have grade 4 girls enrolled during the specific year.)



WORLD HAND HYGIENE DAY

Every year hospital-related infections kill 16 million patients. Germs or bugs are microscopic and cannot be seen with the naked eye.

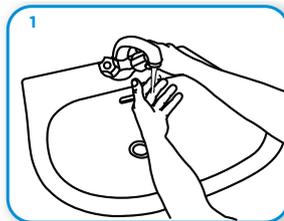
Tygerberg Hospital: On 5 May 2016 over 300 people (including healthcare workers, doctors, nurses, hospital management, ancillary-, domestic- and housekeeping staff, technicians, emergency medical staff, students, and administrative staff, participated in the World Hand Hygiene relay. They formed a human chain by lining

up from the Surgical Outpatients Department on the 5th floor to the D5 Surgical Ward. All participants passed on a hand hygiene baton and demonstrated a moment of hand hygiene prior to and after handling of the baton.

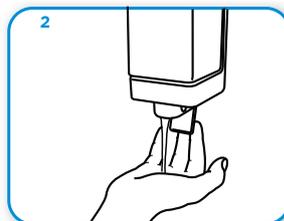
Besides the abovementioned activities, all wards as well as individuals were encouraged to create

hand hygiene posters, with the best judged posters winning a variety of sponsored hamper prizes.

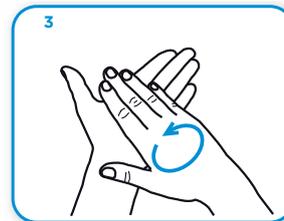
Every year hospital-related infections kill 16 million patients. Germs or bugs are microscopic and cannot be seen with the naked eye. Hands are the most common vehicle of transmission of germs (bugs) in the community and in hospitals.



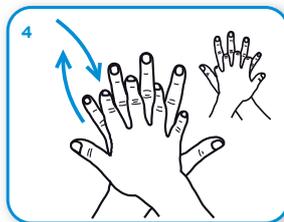
1 Wet hands with water



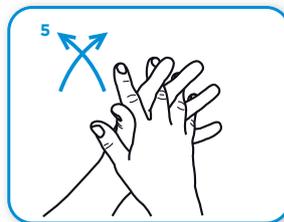
2 Apply enough soap to cover all hand surfaces



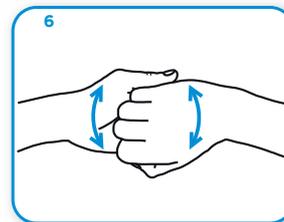
3 Rub hands palm to palm



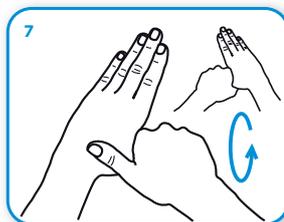
4 Right palm over left dorsum with interlaced fingers and vice versa



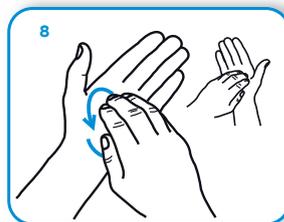
5 Palm to palm with fingers interlaced



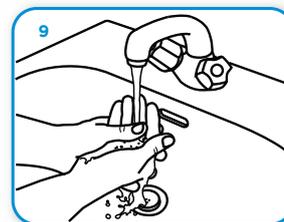
6 Backs of fingers to opposing palms with fingers interlocked



7 Rotational rubbing of left thumb clasped in right palm and vice versa



8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



9 Rinse hands with water

#SaveLives #Safehands

Portable Water Bags To Promote Hand Hygiene

Hand washing as a regular hygiene routine can play a significant role in the prevention of disease. One major element needed for clean hands is clean water. A need for this was identified by Western Cape Government Health at especially crèches where lots of unwashed little hands are ready to spread unwanted illnesses such as diarrhoea and flu. This is how the portable water bag was born. The design is very similar to that of a portable shower but has a tap at the bottom. These user-friendly bags are durable, light and well designed and does not take up a lot of space, can be used outside the classroom, used for drinking water in most rural areas, saves water and water can be reused for watering gardens and used on field trips and outings. The water also heats up when hung in the sun for extended periods making it ideal for cold hands in the winter. Health promoters visited crèches to promote good hand hygiene and demonstrated the optimal use of these bags.

Remember to wash your hands before and after you prepare food, use the bathroom, change your baby's nappy and feed your children. You should also remember to wash your hand palms, in between your fingers and your wrists.

Happy hand washing!



School Health Promotion Week



Health promoting schools week is celebrated annually from 9-13 May and this year, the West Coast District visited Vredendal Noord Primary to promote healthy lifestyles amongst learners and staff of the school. Grades 3 - 7 learners attended sessions where dietician, Stefne van Schalkwyk, and child health Coordinator, Hildegard van Rhyne, discussed healthy nutrition habits and demonstrated correct hand washing. The School Health Wellness Mobile was also stationed at the school

during the week where 1st grade learners were screened by the school health nurse. While the focus of school health programs is usually on learners, the focus of this event leaned more towards the teachers who, after-all, sets an example to their students in health and living healthy. With this in mind the teachers of Vredendal Noord Primary School had the opportunity to have their vitals checked and received a little pampering and a few gifts.

The health of our future leaders School Health week was from 9 - 13 May and the focus was on school health and the wonderful work done by health staff to improve the health of learners. By assessing the health of learners we are able to address health problems early on. The integrated school health programme forms part of the National Health Plan as well as the Millennium Developmental Goals.

Sr Rhoda Irving from the Eden District visited Craggs Primary School as part of the programme.



Improving Health Infrastructure



Emergency Centre and Paediatric Ward for the community of Atlantis. On Tuesday, 17 May 2016, the Western Cape Minister of Health, Dr Nomafrench Mbombo, officially opened a new 24-hour Emergency Centre (EC) and Paediatric Ward to the value of R27 million at Wesfleur Hospital in Atlantis.



The newly opened Symphony Way Community Day Centre (CDC) comes as a welcome addition to our service offering with the drastically increasing Delft population. The new facility represents an investment of close to R50 million in the health of our people in Delft. It is serviced by a staff complement of 58 staff members and uses modern technology, including digital X-ray and e-reception, which creates an easy flow of operations around the clinic. It is also equipped with a modern appointment system which assists with patient flow and the reduction of waiting times at the clinic.



Nomzamo Community Day Centre (CDC) is providing much needed relief to the fast growing Nomzamo, Asanda and Lwandle areas in the Strand. This population is primarily dependent on the public healthcare services for their health needs. The Western Cape Minister of Health, Dr Nomafrench Mbombo, officially opened this new CDC on Tuesday 21 June 2016, which will help ease the health burden in the Helderberg area.



Khayelitsha Hospital PACS/RIS went live in April with its new Radiology Information System (RIS) which replaces the paper request from the traditional book for bookings and drives the Radiology workflow, which creates a paperless environment. RIS manages the operational and administrative functions. It follows the patient from front desk (admissions), to the referring doctor, to Radiology and then back to the doctor. In addition, it also feeds the billing component. Picture Archiving and Communication Systems (PACS) is for image viewing, manipulation, Radiologist or Sonographer reporting and distribution of reports. PACS receives medical images from X-ray machines, stores these images and makes them available for doctors to view on any computer across the network.

“Building a **BETTER** healthcare system **TOGETHER!**”



Knysna Hospital has enjoyed numerous upgrades to the delight of the staff and the community. One will hardly recognise the hospital from the N2 should your visit have been more than four years ago. The old Emergency Centre (EC) was replaced by a state-of-the-art unit in 2014. It was upgraded from a 4-bed unit to a 14-bed unit, with dedicated service areas. The new 160 m² surface area addition consists of a 3-cot rehydration unit, a 4-bed nebulisation unit, a 2-bed resuscitations unit, a 5-bed major ward and a 4-bed overnight/minors ward. The separate triage and 3-room consultations area front room, as well as the isolation room and safety observation room, fracture unit and decontamination unit, is a vast improvement over the previous 1-room approach.



Current and future clients of Sedgefield Clinic can look forward to a larger facility as the construction of the additional six consultation rooms is nearing the end of completion. The new prefabricated building adjacent to the clinic, which will be joined to the older building via a roof structure, also boasts a tea room (a first for staff), sluice room, storage room, reception, waiting area and two toilets – one for use by disabled patients. The building, funded by the National Health Insurance (NHI) project, should be completed within the next two months. The new construction will allow for better patient flow and the new fence for better security.



The Cape Winelands district is very excited that the building projects for Wolseley and PA Hamlet Clinics are underway, to add to the excitement is the long awaited Stellenbosch Hospital Emergency Centre upgrade that is currently underway. The R34-million Emergency Centre (referred to as EC, but our community refers to the area as Casualty/Ongevalle), is already underway with phase 1 of the project almost at completion.



The Western Cape's first "green" clinic is expected to have been completed in Beaufort West in February 2017. This R23,5 million facility was commissioned by the Department of Transport and Public Works for the provincial Department of Health. It will render the full range of primary health care services when it opens its doors to the public next year. "Working and living in ways that respect our environment and which promote our health and well-being is a significant part of the Western Cape Government's vision for the people of this province. We aim to make the province the leading green economic hub on the African continent. This new facility exemplifies the green building principles that will achieve this vision," said Western Cape Minister of Health Dr Nomafrrench Mbombo.

Emergency Medical Services

If you are ever involved in an accident, are seriously injured or need medical attention, chances are you will be assisted by Western Cape Health Emergency Medical Services (EMS).

If you are ever involved in an accident, are seriously injured or need medical attention, chances are you will be assisted by Western Cape Health Emergency Medical Services (EMS).

What can you expect from EMS?

EMS teams are usually the first medical professionals you will come into contact with should you be injured or fall ill unexpectedly. They offer a reliable, 24-hour emergency medical response and pre-hospital care service, as well as medical assistance at the scene and transport to the nearest health care facility for further treatment, if necessary. EMS is divided into four core components:

Ambulance Operations

Each ambulance is fully equipped with the appropriate medical equipment and medication, plus two stretchers. Skilled medical practitioners work in teams of two per ambulance and provide quality care based on their training. Levels of care within EMS are divided into Basic Life Support (BLS), Intermediate Life Support (ILS) and Advanced Life Support (ALS / Paramedic). EMS operates over 250 ambulances throughout the province.

Emergency Communications

The 6 Emergency Communications Centers (ECCs) throughout the province are staffed by trained call takers and dispatchers who ensure that the calls made in an emergency are correctly prioritized and that the closest ambulance offering the correct level of care is dispatched to the incident.

ECCs are located in the districts of Cape Town, Cape Winelands, West Coast, Overberg, Eden and Central Karoo. Emergency Communications also operates a Major Incident



Command Vehicle (METRO 4) which operates as a mobile communications and command centre in the event of a disaster or major incident.

Rescue

EMS rescue technicians provide both technical and medical care on the scene of a rescue operation. These operations may vary from motor vehicle accidents requiring patients to be mechanically extricated with the "Jaws of Life", through to mountain rescues where patients need to be airlifted or carried to safety. Each rescue vehicle is fully equipped with power tools and hiking equipment and there are 46 rescue vehicles operating in our province, including Rescue 6 (EMS Rescue Crane) which can remove heavy equipment (such as trucks) from scenes, providing access to patients for the EMS staff.

HealthNET

HealthNET (Health Non-Emergency Transport) provides transport for non

emergency patients between home and facilities, or between multiple facilities. Patients are booked using an online system that ensures that seats are allocated equitably and no patients can be overbooked. Bookings can only be made through a provincial health care facility (hospital/clinic) and patients receive a reference number and date of collection. There are 90 HealthNET vehicles operating in the Western Cape.

Aeromedical Operations

The Red Cross Air Mercy Services (AMS) also helps our EMS team by providing a rotary and fixed wing air ambulance network in the province. Currently, EMS operates 2 helicopters and one fixed wing aeroplane (through AMS). Authorisation for these operations is given by the EMS Command Medical Officer in order to ensure appropriate utilisation of these resources.

Contacting EMS

For emergency medical care, phone the National Medical Emergency Number 10177, and an ambulance will be sent out from one of several ECCs in the Western Cape. If you are dialling from a cellphone, you can dial 112.

Dialling 10177: When you call for assistance, please provide the following information:

- The location (address) of the incident/accident or potential patient. Provide landmarks where possible..
- The nature of the medical problem/ incident. Speak clearly and calmly to the call taker and ensure that it is an actual medical emergency as the inappropriate use of EMS resources could lead to the prolonged suffering or death of someone else.
- Give a contact person's name and cell phone number to the call taker.
- Ensure that the telephone line is available until the ambulance arrives.

Career in EMS

If you'd like to become a paramedic or a volunteer for EMS, here is what you need to do:

Become a volunteer

Volunteers are an important part of the service as they complement EMS operations. Here you will get first-hand experience in becoming an emergency practitioner.

There are volunteer groups in towns throughout the Western Cape. These groups can be contacted through EMS stations in all six districts, where you would have to contact the applicable district/division of EMS and ask for the co-ordinator of the volunteer programme. You are required to be registered with the Health Professions Council of South Africa at the level of Basic Ambulance Attendant (BAA) as a minimum requirement, and also need to have a Code C1 license with Professional Driving Permit in order to apply.

How do I become a paramedic?

Western Cape Government paramedics are trained at the Western Cape College of Emergency Care in Bellville (on the Tygerberg Hospital premises). but there are other private- and government-subsidised institutions that provide Basic Life Support, Intermediate Life Support (ILS) and Advanced Life

Support certificate courses.

For more information, you can visit the Cape Peninsula University of Technology websites. www.cput.ac.za

How do I become a rescue technician?

The minimum requirement to become a rescue technician is an ILS qualification. If you are a Western Cape Government employee, you can complete the basic rescue technician course at the Western Cape College of Emergency Care in Bellville.

Volunteer programme contacts

- Western Division (Pinelands) 021 508 4546
- Northern Division (Tygerberg) 021 938 6816
- Eastern Division (Gugulethu) 021 361 5832
- Southern Division (Lentegeur) 021 374 2316
- West Coast 022 433 8853
- Central Karoo 023 414 4489
- Overberg 028 212 2574
- Cape Winelands 023 346 6030
- Eden 044 802 2517



Tele-Interpreting

Did you know that due to a communication breakdown between patients and healthcare workers, a tele-interpreting service, Folio InterTel, is in place at Western Cape Government Health?

Patients now can be served in languages of their choice, whether it be South African or foreign languages, at any of the Western Cape Government Health facilities.

How does this work?

If you are consulting with a patient who cannot speak English, or who expresses himself or herself poorly in English, you need to determine what language they speak and call an interpreter. Arrange for a speaker phone; make sure both you and the

patient are sitting close to the speaker. If you are using a dual-handset phone or two phones joined on one line with a splitter, you will give the patient one handset, and take the other one for yourself.

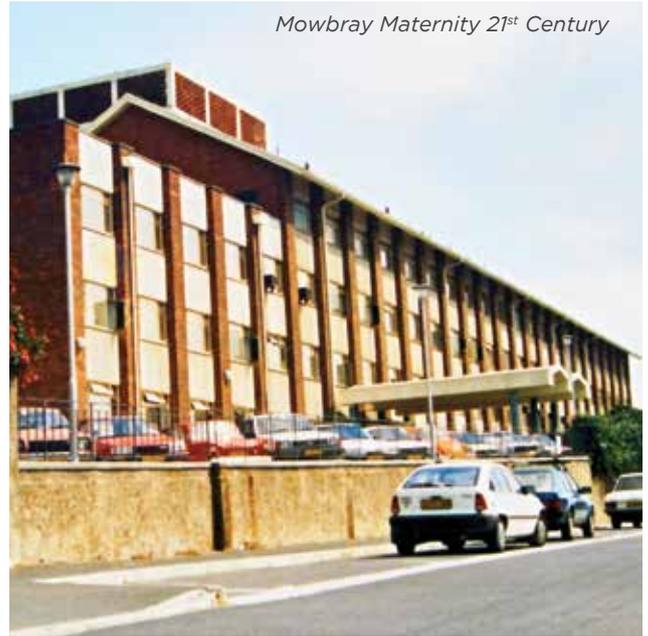
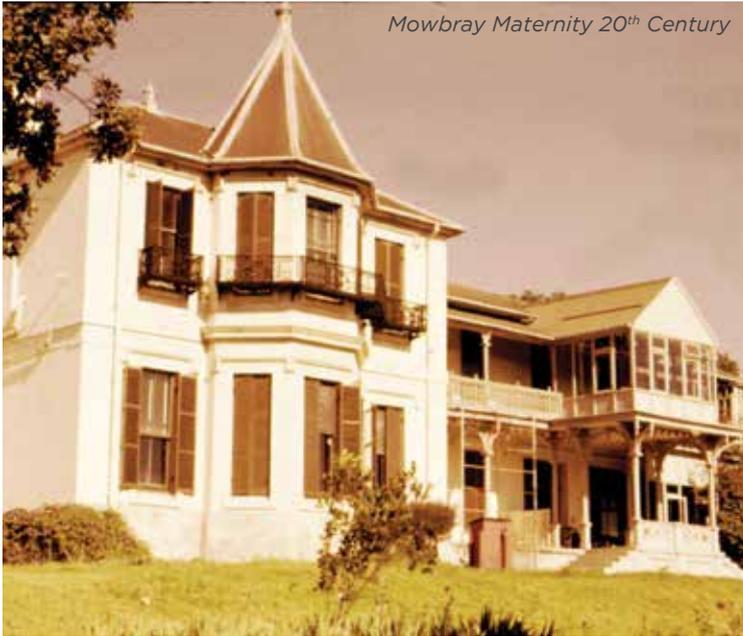
Do I pay for the service?

The service is absolutely free! Western Cape Government Health is liable for the service costs. Your facility only pays the Telkom bills for making the calls.



How to make arrangements?

Call and arrange for the interpreting service with the Language Unit of the Communications Directorate at Western Cape Government Health or call Folio InterTel directly. Here are the numbers: Language Unit: Ms Fikiswa Magqashela at 021 483 5516 or Folio InterTel: Ms Lauri King at 021 426 2727. Folio will give your facility a specific number that will be used for future requests.



Mowbray Maternity Hospital, **Turns 100!**

A Centenary Of Dedicated Maternal And Neonatal Service In The Western Cape

Mowbray Maternity Hospital, the largest dedicated maternity hospital in South Africa, officially opened its doors in 1916. In the lead up to the actual centenary anniversary date in December, the facility officially launched its '9 month' centennial countdown in March, which symbolises the length of normal pregnancy.

Arranged by the hospital's Health Facility Board, the occasion provided the opportunity to pay tribute to the history and heritage of the remarkable facility and acknowledge the enormous contribution it makes to maternal services offered to mothers and their new-born infants in the Western Cape.

Speaking at the function, Western Cape Minister of Health, Dr Nomafrench Mbombo commended the facility for unceasingly providing quality maternal services to the residents of the province throughout

the years. "It is a key priority for the Western Cape Government Health to continuously deliver quality maternal and infant health care. Our flagship, Mowbray Maternity Hospital, has greatly assisted the Department in achieving and maintaining this objective - we take this time to thank you for your sacrifices and dedication.

According to Dr Malikah Van Der Schyff, Chairperson of the Health Facility Board of Mowbray Maternity Hospital, the specialist offering of maternal and neonatal service has contributed to the success of the hospital. "Over the 100 years of Mowbray Maternity Hospital's existence, it has been able to refine and continuously develop its core competencies to effectively benefit a growing and disadvantaged community. This dedicated approach has played a pivotal role in the success of the institution and assisted in reducing maternal mortality and

morbidity - a global priority for both private and public health facilities," says Van Der Schyff.

Echoing these sentiments, Janine Joemat, Chief Executive Officer of Mowbray Maternity Hospital says that although the facility operates under immense service pressures, especially given the rise in the need for specialised services for pregnant females, it has continued to serve the community by providing quality healthcare.

Joemat highlights that the unique legacy of Mowbray Maternity Hospital is thanks to the dedicated and committed staff. "Peninsula Maternity Hospital (PMH) closed its doors on the 12 of January 1992, after serving the community of District Six for more than 70 years. The facility amalgamated with Mowbray Maternity Hospital on 13 January 1992.

"This meant that many of the staff from PMH joined the personnel of Mowbray Maternity Hospital.



Mr De Bruyn, Ms Jacobs and Mr Hartog walk out to start a better life.

Reading Corner Donation

A partnership between the SA Taxi Foundation and iRead Africa ensured a donation of 200 new children's books in all three of the official provincial languages – Afrikaans, English and Xhosa.

A donation of books to spruce up the mobile library at Red Cross War Memorial Children's Hospital was well received.

The mobile library was launched in 2010 and relies on donations to keep it going.

A partnership between the SA Taxi Foundation and iRead Africa ensured a donation of 200 new children's books in all three of the official provincial languages – Afrikaans, English and Xhosa.

The mobile library, managed by

the Friends of the Children's Hospital Association (FOCHA), enables patients and their families to make use of the books on offer. Volunteers from FOCHA also utilise these books during their play volunteering sessions in the wards where they read aloud to patients to promote early literacy skills.

FOCHA is a voluntary support organisation to the Red Cross War Memorial Children's Hospital that depends solely on the support of the community and believes that

physical and emotional healing, work simultaneously. Their main intention is to relieve the patient's boredom and to help make their stay in hospital a bit easier.

'We were attracted by iRead Africa's proposal to us for this project because we believe that education is the single most powerful transformational agent,' says SA Taxi Foundation Director, Kalnisha Singh. 'However, education is impossible without literacy.'

* *The Cape Winelands District Office's Book Awareness Drive*

The Cape Winelands District Health Office hosts a monthly project to raise awareness on various projects. In April, the HRM team raised awareness around the value of books and reading. Since 23 April is World Book Day, colleagues were encouraged to donate children's books. As a further incentive, the names of staff who donated were entered in a lucky draw. The person whose name was drawn could choose which pre- or primary school the books would be donated to. Dr

Colette Gunst, Family Physician, chose Brandwacht Primary.

Dr Gunst and her family live in the area and are familiar with the school and the challenges that the children and their families in the area experience. She said to the children: "When I am having a difficult day, I always look forward to getting home and reading. Reading a book can take you anywhere, you can be a princess in a faraway land or a knight on a shiny black horse! Books help you see a world far bigger than

Brandwacht, even if Brandwacht is the most beautiful town in the world."

They are hoping to be able to open the library to other small schools in the area, so that many children can benefit from it. In his thank you, Mr Gallie, the school principal stated: "Thank you very much to the staff of the Cape Winelands. You must remember that this gift will not only benefit the children who are in this school, but also those who come after them."

The Joint Project a success at Groote Schuur

The Joint Project funds a single theatre day in a state hospital allowing for four joint surgeries in theatre. The three patients who benefited are all younger than 50 and have lived limited lives for some years now.

Three patients, who have been waiting for a hip replacement for more than three years, were able to walk out of Groote Schuur Hospital on crutches into their new lives. The joint surgeries were made possible by way of the intervention of The Joint Project – a variety of private sector partners that joined forces to address the state’s waiting list for joint replacements.

The Joint Project funds a single theatre day in a state hospital allowing for four joint surgeries in theatre. The three patients who benefited are all younger than 50 and have lived limited lives for some years now.

Through the additional funding, The Joint Project also allows surgeons-in-training the exposure to joint surgeries. Surgeons-in-training need to do at least 40 joint surgeries towards their surgery qualification.

To date, because of the lack of state funding for these surgeries, the surgeons-in-training are also behind schedule. In this manner, The Joint Project also addresses the challenge of qualifying doctors for medical practice.

The three patients selected to undergo joint surgery were Mr Casper Hartog, Ms Anthea Jacobs and Mr Deon de Bruyn. Mr De Bruyn from Lakeside has suffered from a hip deformity since childhood, and the painful onset of arthritis in his twenties. He travels by train every day from his flat in Lakeside to his place of employment as a security guard in Ndabeni. Pain is a part of his daily life, taking batches of painkillers thrice a day. Since the beginning of this year, he uses a walking stick to support his gait, and to help him get on the train. The bilateral hip replacement – meaning both hips

were replaced – will relieve him of years of debilitating pain and within three months Mr De Bruyn will be able to have a normal life, even taking up a sport. The surgery will change his life.

The Joint Project is facilitated by Spear Health, recently established by former Western Cape Minister of Health, Theuns Botha, to source funding in the private sector for vulnerable state patients who fall outside of government’s budget net. The partners joining hands for The Joint Project are the Western Cape Department of Health, Groote Schuur Hospital, the Joint Care Trust, Johnson & Johnson and Drs Schnetler, Corbett & Partners.

Groote Schuur Hospital thanks these companies for coming on board to help improve the quality of life for these patients and the others that will also benefit from this initiative.



Mr De Bruyn, Ms Jacobs and Mr Hartog walk out to start a better life.

One-Stop Shop for Chronic Patients at **Mitchells Plain CHC**

Mitchells Plain Community Health Centre (CHC) scooped up the Winner of the Day award at this year's Innovation Summit for showcasing the outcomes of their innovation plan, which they initially presented at the first Innovation Summit in 2015. The innovation plan, which was implemented in January 2015, showcased the successful reduction of waiting times and patient-flow improvements for patients collecting their chronic medication, called the 'Back-to-Back' (B2B) system.

In order to run an effective B2B system, the facility had to understand the unique demands of

Chronic Disease Management (CDM), the differences between acute and chronic healthcare, how to maintain the integrity of the acute and chronic health care systems, and how they could allow each system to operate relatively independently with minimal overlapping, as well as incorporating the main role of the Pharmacy Department in the system.

With the pre-existing situation, there was a blurred distinction between acute and chronic services. The Chronic Club imposed a cut-off of 90 patients a day, this meant that the majority of patients spilled over to OPD, which led to a high script rejection rate, poor staff control

and poor adherence. There was a huge challenge for Pharmacy to fill all prescriptions from OPD (chronic and acute) and Chronic Club (the 90 chronic admissions). Staff became frustrated, waiting times were extremely prolonged for patients and pharmacy staff, and the facility had very unhappy patients.



Lotus River Implements A Successful **Chronic Wound Care Treatment Plan**

Lotus River Community Day Centre (CDC) received an Innovation Summit Award in the CDC/CHC small category for implementing an effective Chronic Wound Care Treatment (CWC) system in the facility.

When the project started in April 2014, the Lotus River CDC staff found themselves treating a large number of patients with chronic ulcers who had no monitoring plan. To set a plan of action in place, the facility requested on-site basic training around wound care dressings. The pharmaceutical representative (Ulce-3) gave training to the staff on wounds and three-layer compression. The treatment of wounds was initially done on a daily basis in the patients general 'Dressing Room', with no objective record apart from a few notes. There was no continuity of plan, no register kept, very little assessment of patients were done, and there no holistic approach taken when treating patients.

The first step of the innovative

CWC plan is to take photographic records with the permission of each patient, in order to visually see improvements as the patient's treatment progressed. Each patient is monitored over a period of six months to maintain wound healing. Continuity-of-care visits are conducted at the facility's Wound Care Clinic every Friday, where a thorough assessment of the patient is done by either a staff nurse or doctor, and co-morbidities are optimised and managed rigorously.

The patient numbers increased rapidly, and the facility realised that not all patients required three-layer compression dressings. A need for care of other chronic wounds was then identified.

In order to maintain the standard and quality of care at Lotus River's CWC, management identified a champion with supporting staff and sent them on the necessary wound care and dermatology short courses. An electronic booking system was put in place, required inventory

and stationery were ordered, and a standardised system initiated for the assessment of the treatment of patients, from the first assessment to further follow-up visits.



For more insight, keep your eyes peeled for the limited edition **Innovation Summit Booklet.**



BE WATER WISE!

Fresh water is a scarce resource in the Western Cape as rainfall is highly variable from year to year. We all have a part to play in conserving as much valuable water as possible.

HOW YOU CAN SAVE WATER:

1. Install a low-flow shower head and tap aerators on all taps.
2. Flush toilets only when necessary.
3. Install a multi-flush or dual-flush mechanism in the toilet. A multi-flush device allows the user to choose exactly how much water goes to waste when pressing the handle. A dual-flush device has a short flush button for liquids and a longer flush button for solids.
4. Plant water-wise indigenous plants.
5. Water gardens only in early morning or the evening and only when necessary.
6. Install garden drip irrigation on flower beds and sprayers on lawns.
7. Collect rainwater for re-using on the garden or washing the car.
8. Use a broom instead of a hosepipe when cleaning driveways or patios.
9. Insulate hot water pipes so that not too much water is wasted when waiting for water to get hot.
10. Cover your swimming pool to reduce water evaporation.



What to do if Fraud is suspected?

The Department's policy is to report all matters of a criminal nature to the South African Police Service (SAPS) regardless of the amount involved. All employees share the responsibility to fight fraud, corruption and theft regardless of their rank or position. Furthermore, any employee in a position of authority who fails to report any offence as stipulated in the Prevention and Combating of Corrupt Activities Act (PCCA) will be reported to the SAPS. The employee concerned will also be subjected to a disciplinary proceeding with a recommendation for dismissal.

The following methods of reporting are available to all employees:

1. Report to management: Suspected or known incidences of fraud, theft or corruption can be reported to an employee's supervisor, the head of the Internal Control Unit or to the Accounting Officer (AO). They intern will notify the PFS and provide all relevant information regarding the reporting of the incident.
2. **Report directly to the Provincial Forensic Services (PFS):** Every employee has the right to report suspected or known incidences of fraud, theft or corruption directly to PFS, without fear of victimisation, through one of the following mechanisms:
 - Telephonically - 021 483 0901
 - Personally meeting with PFS representatives - 9 Riebeek Street, 4th Floor, Atterbury House, Cape Town
 - E-mail correspondence - tipp.off@westerncape.gov.za
 - Postal correspondence - Private Bag 659, Cape Town, 8000
3. **National Anti-Corruption Hotline:** Externally managed hotline available all year around 24 hours a day. Callers are not required to provide their names or contact particulars. - 0800 701 701.

Allegations of fraud, theft & corruption reported to Provincial Forensic services for investigations in 2015/16					
Sources from where allegation received from:	Qtr1	Qtr2	Qtr3	Qtr4	
West Cape Department of Health	1	4	36	4	
National Anti-Corruption Hotline	2	2	6	4	
Presidential Hotline	2				
Whistle Blower	4	7	1	3	
Total	9	13	10	11	
Status of FPS Investigation	14/15 Carried Forward	Qtr1	Qtr2	Qtr3	Qtr4
Investigation finalised and closed	11	7	7	6	6
Investigation in progress	4	2	6	4	5
Total	15	9	13	10	11

International Nurses Day!



Depicting the various roles of nursing, Lentegur Hospital hosted a Nurses Parade in honour of International Nurses Day. The parade included new and experienced nurses in colourful character specific attire.



Identified as the backbone of the health system, nurses play an integral role in providing quality care to all patients. To show their gratitude, Mowbray Maternity Hospital recently hosted an intimate high tea for the nursing staff of the facility.



As always, International Nurses Day is a very special day at Groote Schuur Hospital. It is the day that Groote Schuur Hospital celebrates the 1 500 nurses that work at the hospital. Each nurse gets celebrated by receiving a small gift and we have a programme for day and night staff to say thank you for the excellent service that nurses provide to our patients.



Sister Vyjayanthimala van Heerden Clinical Nurse Educator and Professional Nurse at Somerset Hospital is required to teach and provide guidance to nurses at the hospital. As a result she regularly reads up on medical information to continuously improve patient care and practice.



International Nurses day which marks the anniversary of the birth of Florence Nightingale, the pioneer of modern nursing is celebrated annually on the 12th of May around the globe. Countries around the world commemorate this day reflecting on the work done by nurses in improving health services and delivering quality health care.

Thank
You
Nurses!

We Salute You!

THE VALUES:



Innovation

To be open to new ideas and develop creative solutions to challenges in a resourceful way



Caring

To care for those we serve and work with.



Competence

The ability and capacity to do the job we were employed to do.



Accountability

We take responsibility.



Integrity

To be honest and do the right thing.



Responsiveness

To serve the needs of our citizens and employees.



Respect

To be respectful to those we serve and work with.

THE VISION:



Internal Vision

We are committed to the provision of
“Access to Person-Centred Quality Care”



External Vision

Open opportunity for all.



Better Together

The Western Cape Government has a duty to provide opportunities.
Citizens have the responsibility to make use of them.



Western Cape
Government

Health

BETTER TOGETHER.