

# JONGA

magazine

ISSUE 17

**IC<sup>2</sup>AIR<sup>2</sup>**  
Awards 2016

**No Health  
Without  
Mental Health**

**Substance abuse  
amongst expectant  
mothers**



# JONGA

The Western Cape Government Health is proud to bring you an exciting **NEW ISSUE** of the Jonga Magazine. Tell us what you think about this publication or send us stories or articles you'd like to see featured in the next edition. Email to the editor: [emerantia.cupido@westerncape.gov.za](mailto:emerantia.cupido@westerncape.gov.za)

## Contents

### Message To Staff

Minister's Message **3**  
From The Desk Of The HOD **4**

### Feature

Protect our Health Workers **6-7**

### Increasing Wellness

There is No Health without Mental Health **5**

### Preventative Measures

Rheumatic Heart Disease **8-9**  
Pay Extra Attention to Dental Health **11**

### \*PSG3 (Provincial Strategic Goal 3)

First 1000 Days Plus Project at KMPSS **14**

### PSG3

Substance abuse amongst expectant mothers **16**

### Rewarding Excellence

Pharmacist of the Year **24**

### Staff

Protection of Whistle Blowers **26**

### IC<sup>2</sup>AIR<sup>2</sup>

Awards 2016 **28**



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10



8



16



12



27



# Service Achievements 2015/2016

**14 150 180**  
Primary Health Care (PHC) contacts



**1.0%**  
Mother to child HIV transmission rate



**7 684**  
Performed cataract surgery operations



**203 565**  
Patients on ART



**89 942**  
Children under 1 Immunised



**68.9%**  
ART clients remained in care after 12 months



**82.3 %**  
New TB client treatment success rate



**520 113**  
Emergency cases were attended to by EMS



**AUDIT**  
The Department maintained its 12 year track record for an unqualified audit



**91 153**  
Babies delivered



**536 182**  
Patients admitted to acute hospitals



**10 748**  
Post mortem examinations



## Minister's Message

The values of Innovation; Caring; Competence; Accountability; Integrity; Responsiveness and Respect are shared integral values between the Western Cape Government and our staff.

I continue to be in awe of the dedicated work of all our staff in the Department. Each and every person is integral to providing the level of quality service the people of the Western Cape have come to expect from the Department.

Of course, providing health care services at the coalface of service delivery, within communities, is not always an easy task.

Crime is a social ill that affects all of us irrespective of who we are and where we come from. We continue to grapple with its affects spilling into our facilities and frustrates our efforts to provide care within communities.

It is also a social ill no one person or organisation can resolve on their own - no matter how great their efforts. However, a whole-society approach can make a difference.

To keep our health care workers safe, we continue to enlist the help of everyone within our broader society.

The Department recently embarked on a new campaign, Operation Khuseleka, a sustained community engagement campaign, characterised by regular engagement with stakeholders within the communities we serve.

Criminals don't exist out there far removed and away from us. They live within our communities and walk our streets.

Working hand in hand with our strategic role players such as SAPS, health committees, hospital boards, community police forums, business and civil society organisations, we can create safe working conditions for all our staff.

We have already started reaping positive outcomes from these interactions. Through these engagements we have been able to obtain and supply our teams with real-time information and intelligence about the situation on the ground in all areas.

Caring for our carers continues to be a major focus area for us. The Department will continue to run extensive internal programmes to support our staff. This includes counselling services, support for medical injuries, active 24/7 management support and increased internal communication to keep staff informed.

By working together, we can continue to provide quality care that makes a difference to the people of the Western Cape.



## HOD's Message

2016 is rushing towards its conclusion. This year is memorable for various reasons: the municipal election results that changed the political landscape; the many uncertainties in our economy with zero economic growth, the threat of junk status.

In the Health Sector the comments on the NHI White Paper closed on 31 May 2016; and ultimately the amazing Olympic results through people such as Wayde van Niekerk and Caster Semenya.

At Departmental level we achieved a clean financial and people management audit, as well as the 12th consecutive unqualified audit, a country first in Health. We had major staff safety challenges and embarked upon Operation Khuseleka, which saw TEXCO members and the Minister marching to demonstrate our commitment to staff safety and a call on communities to protect our staff. The maximum shift duration for junior doctors was reduced from 30 hours to 24 hours.

We furthermore defined, and started to move on our transformation agenda, using as launchpad our four priorities we identified during the Annual Indaba.

Our staff remain central to all of this, the women and men who individually and collectively are the most important investment and transformation lever towards resilience.

Today I would like to focus on recognizing the character, compassion and contributions of our staff. You are helping us to define and display

our brand, as encapsulated in our Leadership Behaviours Charter. Thank you for staying true to the call and commitment of maximizing health, experience and good governance.

I wish to recognise every staff member who assisted us in achieving clean audits for financial and supply chain management, for people management and for receiving an unqualified audit for our predetermined objectives. This achievement is a proud moment for all of us.

On 8 September 2016, the Premier hosted the second annual Service Excellence Awards. Health received 33% of all the awards and 80% of the gold awards. The Department received Gold as the best ethics department, the best Batho Pele Team (HIV/TB and Home based care), Best frontline employee (Gold: Nazier Meyer, Silver – Steven Parenzee) and best Citizen-centric employee (Gold – Marlene Tiemensema and silver – Anci Francis). These are brilliant achievements and a testimony of the amazing staff in our system. Thanks also to all who took the trouble to get the nominations in. You are making us proud.

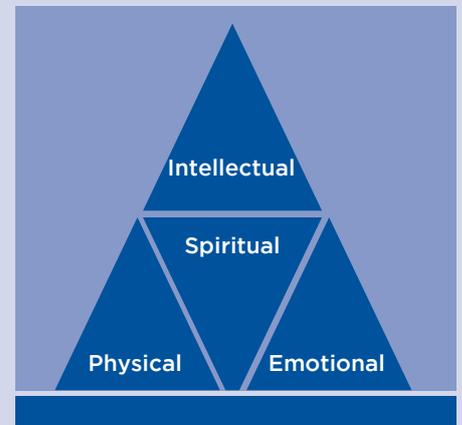
Today I would like to recognize the character and compassion of a special staff member in a rural setting. The galvanizing role he plays from what has traditionally been considered a junior category of staff in our system. He lives up to the principle that leadership does not need big titles. He lives up to the principle of being true to yourself and your values, of taking charge of one's work experience by being compassionate and passionate about what one does.

Malcolm Mall is responsible for maintenance at Piketberg Hospital for the past 10 years. Apart from doing an amazing job, you would find him visible and present with a watchful eye on patient needs as he has made it his mission to show we care. He has a particular concern for mental health

patients and has a calming effect through his caring approach. During any visit to the hospital you would notice Malcolm in the work shop, in the wards, guiding patients when they get lost, he does whatever is required to make the hospital a healing place.

There are many "Malcolms" in our service; "Malcolms" who are both the oil and the glue, who display the face of our system, who define our brand.

Being a Malcolm in the work place requires every person to take care of themselves. What can I do to prepare myself as a balanced and resilient person in the work place? The following diagram is a helpful tool to set personal goals for each of the triangles. What are your goals for each of your physical, intellectual, emotional (relational) and spiritual well-being parts (PIES)? Challenge yourself, see yourself grow. We need you to be the best you can be.



I wish to take this opportunity to recognize each and every staff member for their contributions during 2016, for helping us build an organization where we care about each other and our patients, where we ultimately maximize health value for our communities. They are dependent on us.

May you have a rejuvenating and spiritually enriching break over the festive season and may you return renewed in 2017. There is much to be done!

## Stikland Hospital's Family Information Day Sheds Light On Mental Health

The Male Acute Units of Stikland Hospital recently hosted a Family Information Day to raise awareness regarding mental illness. According to Mariam Maarman, social worker at Stikland Hospital, the annual event aimed to educate families, caregivers and community members regarding mental health in order to diminish the stigma associated with mental illness.

Known as the 'stepchildren' of society, mental healthcare clients are often abandoned by family members. With existing group home facilities fully occupied, each with long waiting lists of their own, there are less

available resources to take in these individuals.

"Many individuals who have a mental illness are often discriminated against, marginalised and abandoned by their family members or caregivers because of the stigma surrounding mental conditions," says Maarman.

Various individuals were given an opportunity to discuss matters relating to mental health, this included the South African Police Services, represented by Lieutenant Colonel Fienie Nimb, Communications officer at SAPS in Bellville, who advised guests on how and when to make use of the SAPS with regard to issues

relating to mental illness.

Participants were encouraged to participate in open discussions and utilised the opportunity to ask questions, clarify myths and aired challenges they experienced.

"These initiatives aim to educate family members of mental healthcare users that access to community living, plays a pivotal role in the development and wellbeing of all mental health clients. The correct medication, support and therapy has enabled many individuals with a mental health condition to live fulfilled and active lives in their communities," concludes Maarman.

## There is No Health without Mental Health

Sharon Potjies (51) knows all too well what can happen when you try to forget dramatic events without seeking treatment to work through them.

Our Eden District placed renewed emphasis on mental health during the month of July.

Mental health statistics for the Eden district dating from 2011 to 2014 has shown that mood disorders and substance abuse are amongst the two highest ranked disorders for which treatment was received. Socio-economic factors such as unemployment and lack of education are among the main contributing factors for the development of mental health disorders. Mental health is a shared burden, as it not only affects the individual, but also their family and the broader community. People often don't understand what such a person is going through and are unable to assist them.

Mood disorders such as depression and anxiety are the two main disorders diagnosed in patients in Eden and are most often viewed

as normal stresses of life, but it is when you are unable to cope with these pressures and when it interferes with your normal daily activities that it is a sign that you should seek help.

"My childhood was horrendous. I was the second eldest of 10 children. Both my parents drank heavily and my father was abusive towards my mother. While taking care of my younger siblings when my mom was too drunk to do it herself, I also had to deal with sexual abuse by my father. As a 9-year-old I had to grow up fast and take over some of my mother's household chores as she was unable to perform them while drunk. I had to make bread, ground coffee, and numerous other chores. I left home when I was 14, trying to escape this nightmare. I had no-one to talk to and did not know of the services and treatments available. Later I also started drinking to cope with my situation and was very short-tempered when my children were young. I stopped drinking in 2002. Although I stopped drinking, I still could not sleep at night. I went to my local clinic thinking something physically was amiss, but after consultation and referral to a psychiatrist, it was

established that I had depressive mood disorder. This was also the first time I spoke to someone about my past. I have been on treatment since 2006, and although I still have my off days, they are few and far between. I have only appreciation for all the health staff that have crossed my path and helped me on this journey of healing. I know of many people in my community with similar symptoms that self-medicate or abuse substances to cope. To them I want to say there is help. Go to your nearest clinic, talk to someone," she said.

Help is available from a wide variety of professionals, including counsellors, nursing practitioners, social workers, occupational therapists, psychologists, general practitioners and psychiatrists. Primary Healthcare offers mental health services, where they identify, diagnose and treat common mental health conditions and organise the referral of complicated mental health problems to more appropriate levels of mental healthcare.

\*Not her real name. Identity withheld.

# Protect our Health Workers

**T**he Western Cape Government Health (WCGH) hosted a walk in August to mark the launch of Operation Khuseleka, a staff safety initiative.

Operation Khuseleka (to protect) enlists the co-operation of broader society to help keep health workers safe. No individual or group can guarantee the safety of health workers, but a whole-society approach can make a difference. Through the joint walk held in August health workers, community members, hospital management, EMS staff, officials, professional bodies and education partners illustrated the unity with which they jointly wish to face this challenge.

MEC of Health in the Province, Dr Nomafrench Mbombo commented on the day: "Everyone – individuals, government, professional bodies, organized labour, political and civic leaders, the media and communities – has a role to play to protect our health services. Increasingly we see alarm being raised by health workers themselves about violence or ill treatment. It is time for the whole society to realize that the safety of communities is inextricably linked to the safety of health workers. Whether it is attacks against EMS workers, unsafe working hours or whether

it involves some other ill treatment, we must unite to protect our health services".

"We are very aware of the personal and safety risks to our staff and thus we wish to show our solidarity with them today; we are committed to safe hours and to make their environment as safe as possible," said Dr Beth Engelbrecht, Head of Department. "Staff safety recently emerged in the internal Staff Satisfaction Survey as the number one concern for health staff. The Department is paying close attention to this issue".

Previously the Department reported attacks were more likely to be linked to gang activity, whereas updated stats show an increase in the number of robberies and assault with a weapon. The Department views this as an extremely serious matter and a number of measures have been implemented. It has extensive ongoing engagements with the South African Police Service, Community Police Forums, the Department of Community Safety and various other organisations. They supply our teams with real-time information and intelligence about the situation on the ground in all areas. This arrangement remains in place and EMS teams have the option to call for assistance or may opt to wait for a situation to be normalised prior to entering an area. Patients are informed that the response will

be delayed due to safety concerns.

This may affect their response times, causing life-saving services to be delayed. Improved technology on the ambulances includes consoles which contain tracking devices and other security features. The addition of this technology has assisted crews quicker in emergency situations. Ten successful arrests have also been made this year, due to the technology and help from the community.

The Department also runs an extensive internal programme of support of its health workers. That includes counselling services, support for medical injuries, active 24/7 management support and increased internal communication to keep staff informed.

A number of further engagements have resulted in the Department widening its response and the expansion of its community engagement. The Department, through more direct involvement of DOCS, will be broadening its links with community policing forums and community safety forums. It wishes to engage more pro-actively in communities to try and spread the message that health workers must be respected. The main message is that health workers are impartial servants of the people that need to have the space and protection to perform their duties.



## Operation KHUSELEKA

The Western Cape Government Health cares about the safety of staff and patients and we are constantly looking for ways to minimize risk to them. To this end, we are engaging all our stakeholders to keep our health workers safe.



### Did you know?

Western Cape Government Health provides health services to a population of 6 245 836 of which 4 671 844 (74.8 %) are uninsured.

520 113



patients transported, of which 47 % were priority 1



### 42 EMS Related incidents in 2016

Threatening Behaviour	20
Stoning of Ambulances	7
Assaults	3
Staff Robbed	12



10 Arrests  
4 cases pending



Reduce continuous working hours of medical interns from 30 to 24-hour shifts

\*As of August 2016

The safety of health workers contributes to the safety of the community at large. We encourage our clients and the community to join us in this fight to keep our health workers safe while they provide healthcare to the sick.



## Children's Hospital Trust Donates Transport Ventilator

In July the Children's Hospital Trust made a very generous donation of a transport ventilator worth well over R723 000,00 to the paediatric flying squad, a division of Western Cape Government Health Emergency Medical Services (EMS).

Western Cape Minister of Health, Dr Nomafrench Mbombo said that, "Working together with all sectors of society, we can help forge a stronger health system that continues to provide quality healthcare to the most vulnerable members of our communities. We are delighted by the Children's Hospital Trust's donation which will guarantee we are able to provide critical emergency care to young children."

The aim of the project is to ensure the safe and effective emergency transport of critically ill babies and children under the age of 13. From 1 November 2015 to 31 January 2016, 289 transfers were performed by just one vehicle within the flying squad's

fleet. Reducing pediatric and neonatal deaths is a very high priority for the Province. Critically ill children and babies often require transportation by EMS whether from home to hospital or between medical facilities and this would not be possible without the specialized equipment such as a transport ventilator so kindly donated by the Children's Hospital Trust.

"Approximately 31 children are transferred to the Red Cross Children's Hospital each month. Eighteen of these children are ventilated. This new equipment will benefit at least 216 children a year, who are some of the sickest and most unstable patients to visit the hospital. We are very excited to see the new ventilators rolled out in the paediatric flying squad ambulance, contributing to the safe and effective emergency transportation of critically ill babies and children," says CEO for the Children's Hospital Trust, Louise Driver.



## Rheumatic Heart Disease

**T**he Department believes that primary prevention is key to maintaining good health.

In creating awareness about specific health conditions and how to prevent them, the WCGH will contribute significantly to the wellbeing and health of the citizens of the Western Cape.

The focus in September was on Rheumatic Heart Disease (RHD), which is a preventable disease using simple, proven and inexpensive antibiotics. The primary prevention consists of treating sore throat in a timely and effective manner. Early diagnosis and appropriate treatment with antibiotics provide an opportunity for prevention, yet RHD (and this is where the Department's concern stems from) continues to affect and kill millions of children, adolescents and young adults in the developing world.

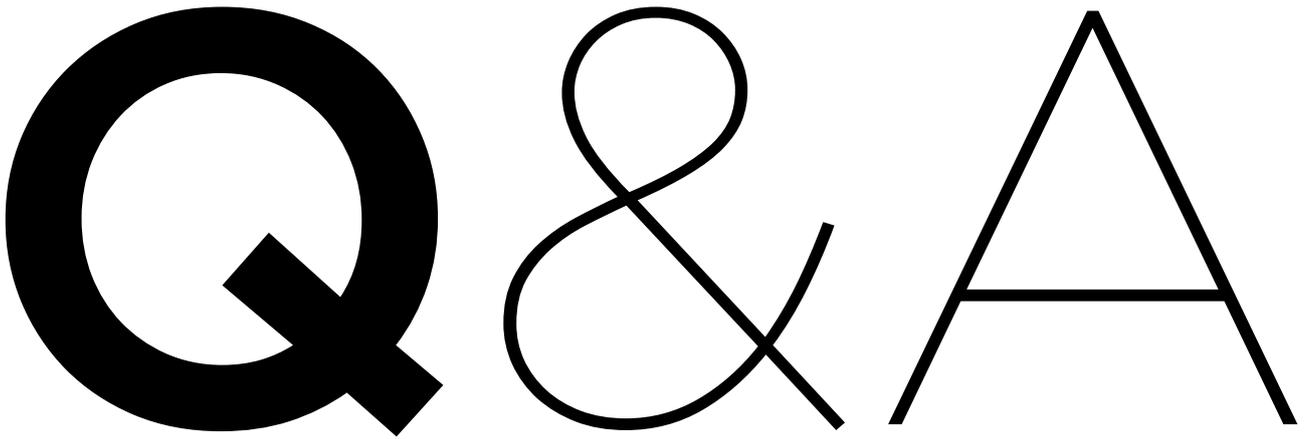
RHD accounts for the greatest cardiovascular related loss of disability-adjusted life years among 10-14-year-olds and continues to represent a major public health challenge in sub-Saharan Africa.

In the Western Cape, RHD is prevalent in school children and is between 12-20 per thousand, which is as much as 2%.

Acute rheumatic fever (ARF) is a serious illness which occurs mainly in children between the ages of 5 and 15 and results in Rheumatic Heart Disease (RHD) in up to 3% of untreated cases. Rheumatic fever is an inflammatory disease that follows a strep infection. It can affect many tissues, especially the heart, joints, skin, or brain. The infection may cause heart damage, particularly scarring of the heart valves. This forces the heart to work harder than usual to pump blood. The damage may resolve itself, or it may be permanent, eventually causing heart

failure. Heart-related complications of rheumatic fever may develop months or even years after the initial strep infection.

In SA and many developing countries, RHD is the leading cause of acquired heart disease in children and young adults. Together, ARF & RHD affect about 33 million people worldwide, 2.4 million of whom are children between five and fourteen years old. ARF is an illness which thrives in poverty-stricken and developing countries especially in overcrowded, low-income areas, where housing conditions, nutrition, sanitation and health services are inadequate. After attacks of untreated ARF, chronic heart valve damage (RHD) may develop. This results in heart failure, atrial fibrillation and stroke and often, open-heart surgery is necessary to repair or replace heart valves.



### What are the causes?

Rheumatic fever is the consequence of an earlier infection of the throat by a specific organism, streptococcus which has been left untreated. ARF generally manifests around 3-6 weeks following the strep infection, which occurs mostly in children between the ages of 3-15 years. Current estimates show that approximately 18% of all throat infections are caused by strep. This infection is infectious, and is especially prevalent in areas of poverty given overcrowding, etc. Given the lack of access to care, many patients are thus not given penicillin and it is in a percentage of these persons that RF occurs.

### What are the symptoms of rheumatic fever?

The symptoms of rheumatic fever usually start about 1 to 5 weeks after your child has been infected with the Streptococcus bacteria. The following are the most common symptoms of rheumatic fever. However, each child may experience symptoms differently.

### Symptoms may include:

- Joint inflammation. This includes swelling, tenderness, and redness over multiple joints. The joints affected are usually the larger joints in the knees or ankles. The inflammation “moves” from one joint to another over several days.
- Small nodules or hard, round bumps under the skin.
- A change in your child’s muscle control and movements. This is usually noted by a change in your child’s handwriting and may also include unusual, jerky movements. May also have inappropriate behaviour associated with this.
- A pink rash with large, round, circular edges may be seen on the trunk of the body or arms and legs. The rash may come and go. It is often described as “snake-like” in appearance.
- Fever
- Weight loss
- Fatigue
- Chest pain or heart palpitations
- Shortness of breath
- Stomach pains

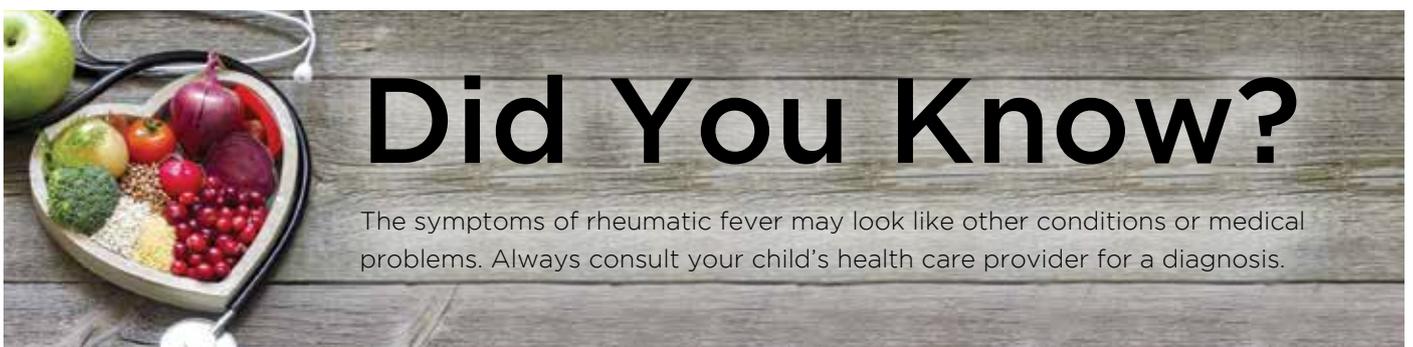
### How can it be prevented?

Antibiotics can prevent streptococcal infection from developing into Rheumatic fever. Any child with a persistent sore throat should have a throat culture to check for strep infection. Penicillin or another antibiotic will usually prevent strep throat from developing into rheumatic fever.

### Treatment options

Treatment is symptomatic in both ARF and RHD and there is no cure for the disease once it is established. Penicillin is the only ameliorating factor. These include heart failure medicines for those in heart failure, anti-coagulants for those in an abnormal rhythm or having had a stroke and surgery in those needing intervention.

If heart damage from rheumatic fever is identified in childhood or young adulthood, daily antibiotics may be required until the age of 25 or 30, to help prevent recurrence of rheumatic fever and avoid the development of infective bacterial endocarditis, an infection of the heart valves or lining of the heart. Additional treatment will depend on the type of heart damage.



## Did You Know?

The symptoms of rheumatic fever may look like other conditions or medical problems. Always consult your child’s health care provider for a diagnosis.



# World Spinal Cord Injury Day

Preventing Spinal Cord Injuries is Crucial in Reducing Disabilities

**T**he 5th of September has officially been declared World Spinal Cord Injury (SCI) Day, by the International Spinal Cord Injury Society (ISCoS) and is fully supported by the Southern African Spinal Cord Association (SASCA) who is an affiliated society of ISCoS.

The day aims to inform the public about methods to prevent spinal cord injuries, but also to promote an inclusive social setting for persons with disabilities.

In support of the day, the Western Cape Rehabilitation Centre's Peer Counsellors visited schools in the Mitchells Plain, Khayelitsha and Nyanga communities to inform scholars about how to prevent spinal cord injuries,

but also to raise awareness concerning persons with disabilities.

According to Ernst Scriba, Principal Medical Officer at the Western Cape Rehabilitation Centre and Vice-Chairman of SASCA, the 2016 World SCI Day theme, 'Prevention is Cure' aimed to promote methods to prevent it in an attempt to reduce the disability rate. "Spinal cord injuries disrupt signals between your brain and body; this not only causes paralysis, but also has a long-term impact on physical and mental health. The only way to avoid this type of injury is to inform the public on how to prevent it," highlights Scriba.

According to the World Health Organization (WHO) most of the spinal cord injury (SCI) cases world-wide are

due to traumatic causes such as road traffic crashes, falls and violence and are thus preventable.

Scriba highlights that preventative methods are multiple and can include wearing a seatbelt and not operating a cellphone when in a motor vehicle and ensuring that children are properly and carefully restrained in a car seat or booster seat when commuting.

"Other broad measures to prevent a SCI include avoiding falls; attempt to refrain from participating in violent happenings and to continuously practice caution when participating in sport activities. Always wear protective gear when participating in sports and inspect water depth before diving," advises Scriba.

## National Oral Health Month: Pay Extra Attention to Dental Health



September was National Oral Health Month, a time to pay extra attention to your dental routine, particularly as two of the world's most common health problems affect the mouth – cavities and gum disease. Your teeth are one of the few body parts that can't repair themselves, so teaching your child

proper oral care at a young age is an investment in his or her health.

### Take extra care by following these easy oral health tips:

- Brush your teeth last thing at night and at least one other time during the day using a soft-bristled toothbrush and fluoride toothpaste. Fluoride helps strengthen tooth enamel making it more resistant to decay.
- Use dental floss or interdental brushes to clean between your teeth and remove food particles that get caught.
- If you are using mouthwash, don't use it directly after brushing as it will rinse away the fluoride from the toothpaste.
- Quit smoking to help reduce the chances of tooth staining, gum disease, tooth loss and mouth cancer.
- Change your toothbrush every two to three months or sooner if it becomes worn, as it will not clean teeth properly.
- A balanced diet that is rich in vitamins, minerals and fresh fruit and vegetables can help prevent gum disease.
- Avoid snacking – try to only have sugary foods and drinks at mealtimes, reducing the time your teeth come under attack.
- Visit your dentist regularly – your dentist will detect and prevent any problem before it becomes hazardous for you.

## Eye Care Centre in Vredendal

“The gift of sight is often undervalued until it becomes a serious burden to see,” said

Sr Elizma Anthonissen, ophthalmic nurse specialist at the newly opened Eye Care Centre at Vredendal Hospital. The centre brings much needed relief to patients who previously had to wait for years before they could get an appointment at the various tertiary institutions for eye care services.

Since the centre became operational various conditions have been identified amongst patients, with cataracts being the most common disease. Other conditions documented include glaucoma, diabetic retinopathy, refractive errors and childhood blindness. Anthonissen who runs the centre says that the difference eye care services make to a patient's quality of life is remarkable. Anthonissen visits clinics in the Matzikama and Cederberg

Sub-Districts on a regular basis for consultations with referred eye care patients. “The need for this service is overwhelming and I could not have predicted that clinic visits will be fully booked months in advance.”

The surgical theatre had its first cataract surgeries in July 2016 when six patients were treated. Dr Junet van der Merwe performed the surgery and the test run provided much needed information to create a standard operating procedure for future cataract surgeries.

The Eye care service will continue at both primary health care and facility level and the centre staff hope to shorten the waiting list at tertiary institutions by treating patients from the Matzikama and Cederberg Sub-Districts locally.

Construction of the new Eye Care Centre was completed in February 2016 and operations commenced in March 2016. The clinic is staffed by a trained Ophthalmic Nurse Specialist, and since July 2016 Dr Junet van

der Merwe, an ophthalmologist in the private sector visits the centre once a month for specialised consultations, surgeries and surgical follow-ups. From March to August 2016 the centre has already had 1095 consultations of which 869 are new patients seen and 226 are follow-ups.

The new Eye Care Centre at Vredendal Hospital was officially opened by Dr Keith Cloete, Deputy Director General: Chief of Operations, Western Cape Government Health, on Friday, 28 October 2016.



## Referral Criteria of the First Satellite Breast Clinic at Mitchells Plain Hospital

The Mitchells Plain District Hospital's Breast Clinic was established in May 2014 as the first satellite clinic and outreach project of the Groote Schuur Hospital Breast Clinic (GSHBC). Patients with referrals from other healthcare institutions within the Mitchells Plain drainage area now have direct access to the facility, which ultimately lightens the load in alleviating the patient load at the tertiary hospital.

The breast clinic operates every Monday morning from 08:00 to 12:00, and staff members assist 15 patients per week via a referral and booking system. Services available at the clinic includes a free mammogram in partnership with the Pink Drive.

The aim of the satellite breast clinic is to provide immediate diagnostic evaluation of patients with a suspicious breast lump by providing an easily available, same day and triple assessment service to patients presenting with signs or symptoms of possible breast cancer. The breast clinic service at GSH is mirrored at the MPH Breast Clinic, except when clients are required to attend the GSH Oncology Unit. Cancer patients residing in Mitchells Plain who require surgery are referred back to hospital for further and continued care.

The clinic sees patients who have a clinical suspicion of breast cancer, which means any patient older than 30 with a palpable breast lump, spontaneous nipple discharge, skin retraction or ulceration, or any other clinical features that raise the suspicion of breast cancer.



**i** For referrals or bookings, contact can be made with the Mitchells Plain Hospital Breast Clinic team on 021 377 4333 or 021 377 4832/4833, or email [galima.fish@westerncape.gov.za](mailto:galima.fish@westerncape.gov.za).



## Cervical Cancer Awareness

Cervical cancer can often be successfully treated when it is detected early enough by means of a pap smear.

The Western Cape Government Health advocates for early detection to ensure the best possible outcomes. In South Africa cervical cancer is the second most common form of cancer amongst our women with 1 in 42 women who get cervical cancer.

Most cervical cancer is caused by a virus called Human Papillomavirus or HPV. You can get HPV by having sexual contact with someone who has it. There are many types of the HPV virus. Not all types of HPV cause cervical cancer. Some of them cause genital warts, but other types may not cause any symptoms.

That is why the Department wants to remind women why it is so important to have regular pap smears.

To detect cervical cancer a pap smear screening is done, to check for changes in the cells of a woman's cervix. The test is able to identify any abnormalities or infections that may be found in the cells. The advantages of going for regular pap smear check ups is that the earlier the disease is detected, the quicker the treatment may be implemented.

All women 30 years and above should be tested for cervical cancer. The Western Cape Department of Health offers 3 free pap smears to all women during her life time.



# Health should be a **family priority.**

*Vaccinate your children to build strong healthy adults. Don't forget to take care of your own health!*

**W**hat 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.

It is a parents' job to ensure that their children grow up with the best possible opportunities available. Taking care

of your children's health and ensuring that they make healthy choices is part of ensuring that they live a long and fruitful life.

Vaccinations are free of charge at all clinics; Vaccinations protect against dangerous illnesses.

Some **vaccinations** are given at birth, while others are given at routine scheduled visits. Vaccinations such as Tetanus and Human Papilloma Virus (HPV), protect children as they become adults.

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 they are protected from several life threatening illnesses.

Children do what they see their parents are 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.

Prevention is free! Being healthy is a gift, remaining healthy is your choice. Western Cape Government Health encourages you to make sure that your children are vaccinated, that you and your partner live a healthy lifestyle that includes exercise and a balanced diet. Your good habits will teach your children good habits; in that way we can build a nation of strong, healthy adults.



# First 1000 Days Plus Project at KMPSS



*'Mental Health Risk Assessment Plus Project' at the Mitchells Plain Maternity Obstetric Unit (MOU) for pregnant women and teenagers.*



The Klipfontein and Mitchells Plain Substructure launched the 'First 1 000 Days Mental Health Risk Assessment Plus Project' at the Mitchells Plain Maternity Obstetric Unit (MOU) for pregnant women and teenagers.

This project is a risk assessment screening tool for pregnant women and teenagers who are at risk of developing mental related problems during pregnancy. The women are assessed during four-week group sessions and home visits by a network of healthcare specialists and trained community health workers.

Since the launch of the pilot in June 2016, six (6) screening sessions have taken place with 246 women attending the Mitchells Plain MOU for prenatal check-ups.

By the fourth screening session, a total of 78 women had been identified

as being at risk for mental health-related issues, with 24 women referred to other governmental institutions for further care and assistance. The main factors identified from the study impacting these women and their mental and emotional stability, is related to the stress of being a teenage mother, single parenting, uninvolved fathers, HIV positive women, anxiety and depression, high-risk and a history of difficult pregnancies, abortions, miscarriages, substance abuse before and during pregnancy, nutritional concerns, medical concerns and poor housing or environmental conditions.

There are several programmes and activities in place at the Mitchells Plain Hospital and the Substructure's Primary Healthcare facilities to address the health needs of pregnant women, mothers and their babies.

The two priority gaps identified in

the current mother and child mental health services in Mitchells Plain are the mental health of pregnant women, and mothers with children who are under two years old, and the late identification of developmental delays in children that has an impact on the child's ability to thrive at school.

The intervention and four-week programme for these identified "at risk" women, aims to provide emotional support, relevant health education, and parenting skills that will enhance understanding of childhood development, including ways to stimulate development and encourage bonding between the mother and child.

The second step is to make referrals to other appropriate services within health, as well as other institutions or sectors such as Social Development.

# Well Baby Competition: First 1000 Days

*'Mental Health Risk Assessment Plus Project' at the Mitchells Plain Maternity Obstetric Unit (MOU) for pregnant women and teenagers.*

Cape Winelands District takes the nutrition, stimulation and care of their babies very seriously. They are keen First 1000 Days promoters. Two events were held in the district to promote and encourage moms to look after their own and their baby's health to improve health and wellness outcomes for her child.

TC Newman CDC in Paarl launched a Well Baby Competition. The objective of the competition was to ensure that babies in the community were all up to date with their vaccinations and that care givers understood the importance of clinic

visits in the overall health of the child.

The entrance requirements were simple, your child had to be fully immunised to enter! By the closing date, 10 August, 58 babies and toddlers had been entered into the competition. The winner was decided by lucky draw at a Well Baby and Women event held on 20 August at TC Newman.

The Winner, Mrs Rene Hendricks and her 13 month old daughter, Drew was delighted to be honoured with the first place prize! The family won a professional Photo Shoot sponsored by Lizelle Krige Photography, and also walked away with beauty treatments, a visit to the hairdresser and a number of gift vouchers.

Other stars of the day were 2nd and 3rd placed moms and their babies, Adrienne Abrahams and 15 month old Aahlia and Marshall Aleaxander with Chelton.

Much to the delight of the older kids (and Dads), the guest speaker was Springbok Rugby player, Cornal Hendricks who praised his own parents for their commitment to his education and upbringing in difficult surroundings.

The Well-Baby Competition will become an annual event to encourage parents to look after their children's health.





# Substance abuse amongst expecting mothers

## a growing concern

*Substance abuse disorders are extremely high in the Western Cape with smoking (tobacco), ethanol (alcohol) and methamphetamine (tik) being the top*

**W**ith an estimated 102 000 births expected in the Western Cape for the 2016 / 2017 financial year, the Western Cape Government Health is taking a stance in encouraging mothers to exercise caution during their pregnancy, especially from substances which may harm the development of their baby.

To assist mothers, the provincial Departments of Health and Social Development, recently launched the 'First 1000 Days' project. This campaign focuses on raising awareness of the crucial First 1000 days of a child's life.

"The initiative is a holistic programme promoting the well-being of mothers and their babies, as well as the healthy development of infants in communities across the province," says Western Cape Minister of Health, Dr Nomafrench Mbombo.

Although the province has the lowest perinatal mortality rate (a fetal death (stillbirth) or an early neonatal death), infant mortality rate (death of a child under the age of one year), under 5 mortality rate and maternal mortality rate in South Africa, substance abuse during pregnancy is still prevalent amongst expecting mothers.

"Substance abuse disorders are extremely high in the Western Cape with smoking (tobacco), ethanol (alcohol) and methamphetamine (tik) being the top three substances used by expecting mothers. Alcohol and methamphetamine being the most prevalent amongst mothers who haven't attended antenatal programmes, which is essential for all expecting mothers to attend during their pregnancy" says Mbombo.

In 2011, the leading cause of death in children under the age of five years was neonatal, with prematurity being

the leading cause. This was followed by pneumonia, diarrhoea and injuries.

With more than 10 000 deliveries annually, Mowbray Maternity Hospital, the largest dedicated maternity hospital in South Africa, reports that more women with complicated pregnancies and other health conditions, such as hypertension (high blood pressure), Tuberculosis (TB) and HIV/AIDS are referred to the facility.

The facility also reported that the incidence of substance use in pregnant women has increased almost threefold over the past five years with methamphetamine (tik) being the drug of choice.

Other Regional Hospital's including Worcester and George, who respectively have approximately 3 000 births annually, listed smoking (tobacco) as the number one maternal substance use.



# The Cape Medical Depot Quality Control Laboratory

The new Quality Control Laboratory (QC Lab), which is one of two in the country, was relocated from the Cape Peninsula University of Technology (CPUT) premises in 2014 to the Cape Medical Depot (CMD) based at 16 Chiappini Street, Cape Town. After extensive renovations, which were completed in August 2016, the QC Lab is officially operational and more spacious to house the technicians and instruments they use to ensure that the medication issued to our clients from the suppliers is of good quality.

## What is the purpose of the QC Lab?

The QC Lab ensures that quality control is maintained on a variety of pharmaceuticals supplied to the Cape Medical Depot and other government institutions.

## What type of institutions do you do quality testing for?

The laboratory does quality testing for the Cape Medical Depot Pre-Pack Unit, Cape Medical Depot Warehouse, the ARV Depot, and tender samples are done for Pharmacy Services, hospitals and clinics, the Eastern Cape Pre-Pack Unit and Stripform Packaging.

## What types of pharmaceutical products are tested at the laboratory and how long does the testing process take?

The laboratory has two technicians testing various types of medication samples from tablets and capsules, injections, liquids, creams and ointments, and patient-ready packets daily. Depending on the standard of the product and the testing method used, it could take up to five hours per sample in order to test the quality and quantity of the medication.

## A few examples of unacceptable samples tested

- Application programming interface (API) content outside acceptable levels
- Appearance of samples unacceptable (i.e. liquids discoloured and tablets with fungus growing on it)
- Registration numbers of package inserts and products not matching
- Quantities of tablets in containers incorrect
- Sample containers without batch numbers or expiry dates
- Incorrect pharmaceuticals inside containers
- Patient ready packets not complying with USP Reference Standards
- Tablets not disintegrating properly

## What types of instruments are used for quality control testing?

- The laboratory technicians use up to six (6) instruments when establishing quality control tests of medication.
- The Humidity Chamber is used for quality control testing on patient-ready packets, by determining the water vapour permeability of the packets over two weeks at 23 degrees and 75% relative humidity.
- The second instrument is a High Pressure Liquid Chromatography, which is used for qualitative and quantitative analysis of APIs in pharmaceutical products.
- A UV/Visible Spectrophotometer is used for the identification and concentration determination of APIs in various pharmaceutical products.
- A Dissolution Bath is used to determine how effective the in vitro properties of the APIs in tablets and capsules are, and
- The Infrared Spectrophotometer is an instrument used for the identification analysis of APIs in various pharmaceutical products.
- The final instrument is an Analytical Balance, which is used to determine the uniformity of mass of various pharmaceutical products and accurate weighing.

# Women of Worth Campaign

The Department kicked off its second annual Women of Worth campaign in August with various community activations and media activities. Even though the Department sees and provides women's health services to more than 1.5 million women in the Western Cape we believe there are more selfless women out there we need to reach.

Therefore the Department has intensified its efforts to remind women of various free health services available to them and to encourage them to make use of those services. Women have numerous roles to play within their family set-up, leaving them with little or no time for themselves and are often the first to neglect their health. Their responsibilities sometimes do not enable them to go to health facilities, and thus important symptoms of preventable illness and disease could be missed.

"Women's Month should not just be limited to ceremonial

celebrations which sometimes do little to improve the lives of women in our communities. While we are celebrating the role of women in building families, communities and countries, we ought to pay much attention to their health needs which are often neglected" said the Western Cape Health Minister, Dr Nomafrench Mbombo.

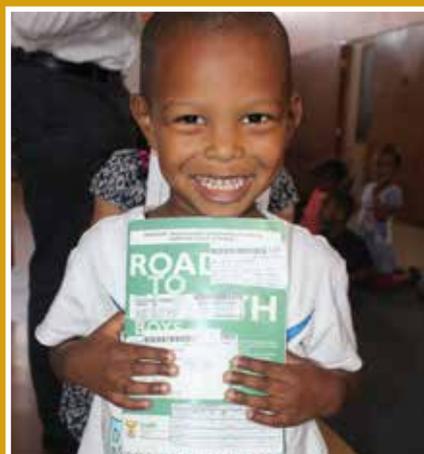
## Free Women's health services available at our facilities include:

- Family planning services
- Antenatal care
- Postnatal care
- Pap smears
- Breast examinations
- Services for survivors of rape and sexual assault
- Termination of pregnancy
- Chronic disease management
- Counselling on a range of issues relating to women's mental and physical health

It takes a healthy woman to raise a nation!



## Supplementary Immunisation Campaign: 31 Oct-18 Nov





# First Patients Welcomed into New ICU

**T**hree-week-old Sha-annoor Abul, from Darling, was the very first patient welcomed to the new medical wing of the Paediatric Intensive Care Unit (PICU) at Red Cross War Memorial Children's Hospital after ICU staff started moving patients from the old ICU into the new wing on 17 August 2016.

Construction on the state-of-the-art facility began in October 2015 and is expected to be completed by the end of 2017, but phase one of the building project, the medical wing, was completed in July 2016.

Currently the 22-bed PICU at the hospital is the largest ICU for children in Africa. It provides emergency care

for critically ill or injured children from within the Western Cape, the rest of South Africa and the African continent. The demand is driven by the increases in surgery requirements and escalations in detection of serious illnesses. In essence, the demands on this unit are higher than its capacity to deliver.

The R100 million-plus expansion and upgrade of the PICU at the hospital was made possible by collaboration between the Children's Hospital Trust and the Western Cape Government Health. The Western Cape Government will contribute R30 million toward the ICU as well as a further contribution towards equipment.

The 22-bed facility will increase to 39 bed spaces, and will include an urgently needed 10-bed High Care Neonatal Unit, as well as 8 isolation cubicles. The High Care Unit and the isolation cubicles will ensure optimal treatment through better infection control, which is critical in ICU

The expansion and upgrade will also create more comfortable and supportive spaces for parents as well as breastfeeding mothers. Currently, family members have no privacy or space between life-saving equipment as they sit vigil at their child's bedside. Increased space will also mean that staff, who work very long hours saving lives in tough conditions, will have adequate support facilities.

# Red Cross Celebrates Six Decades of Paediatric Excellence

*This special celebration is an opportunity for rejoicing and thanksgiving*



A big cake depicting the past six decades was cut in celebration of Red Cross War Memorial Children's Hospital's 60th year of existence, symbolising the start of the hospital's 60th Anniversary celebrations. The hospital opened its doors in 1956 thanks to an incredibly supportive and generous community.

The hospital is a far cry from its humble beginnings 60 years ago. Throughout the decades, the hospital has expanded its facilities and services to meet the growing needs of an ever-changing healthcare system.



Red Cross War Memorial Children's Hospital's history and firsts in South African Paediatric Healthcare:

- 1959 – the first open-heart surgery on a child
- 1964 – the first hospital to separate conjoined twins
- 1968 – the first renal transplant on a child
- 1969 – the first children's cancer service
- 1971 – the first Paediatric Poison Information Service
- 1978 – the establishment of the first Child Accident Prevention Foundation (ChildSafe)
- 1979 – the first Paediatric Neurosurgery Department
- 1981 – the first lumbosacral selective rhizotomy for spasticity
- 1984 – the first dedicated Paediatric Trauma Unit
- 1990 – the first child heart transplant
- 1991 – the first and only paediatric liver transplant programme
- 1997 – the first double transplant on a child (liver and kidney)
- 2001 – the first autologous epithelial autograft on a burn patient
- 2002 – the first living related liver transplant
- 2002 – the first 'bench surgery' for bilateral kidney tumours in a child
- 2011 – the first and only Surgical Skills Training Centre
- 2011 – the first Paediatric Burns Unit
- 2013 – first paediatric Clinical Research Centre in a children's hospital in South Africa (Centre for Childhood Infectious Diseases)

# Infrastructure

## Update: Two new Clinics and a New EC Underway in the Cape Winelands



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 also currently underway.

The R34-million Emergency Centre is already underway with phase 1 of the project almost at completion. The project will take place in three phases so that services can continue as normally as possible. During the first phase the contractors are preparing the current Outpatients Department (OPD) so that the EC can move there during the second phase of the project. This will mean that the current OPD will serve as home for the EC and OPD areas during phase two.

During phase two, the EC will be upgraded to accommodate a modern and efficient EC. This forms the largest part of the project. Phase two should take between 12 to 18 months to complete.

Phase three comprises of the move to the new EC, the finishing off of external areas and the upgrading of

the current OPD. The whole project should be completed by the end of 2017.

The two new clinics in the Witzenberg area have enjoyed far more community interest, simply because the current clinics have become too small for the growing communities of Wolseley and PA Hamlet.

The clinics will be built at a cost of R31 million and R25 million respectively and will offer a full range of primary healthcare services. The clinic in PA Hamlet will make use of similar green principles to the clinic being built in Beaufort-Wes and is a pilot project in the area.

In an effort to include the community in the excitement of the building projects, community engagements were held in both towns. A good turnout of community members were received at both venues. Furthermore the guests were very interested in how their clinic would look and whether or not there would be more services than those already offered.

## Riviersonderend Clinic gets a facelift (Our Ideal Clinic)

Riviersonderend Clinic recently received renovations and repairs which has transformed the clinic into an almost brand-new facility. The renovations, which also included an upgrade of the EMS station at the clinic, were sorely needed as the community's needs increased. The renovations included a larger waiting room for patients, a new records room, and a new TB consultation room and sputum booth as well as an upgraded staff room. A new fence and access gates were also installed to improve security at the facility.

The community members of Riviersonderend now refer to it as the 'new' clinic, which shows how vast the improvements to the clinic are.

The additional space at the clinic will also be helpful when outreach services are offered as the clinic often becomes crowded on these days.



# New Temporary Mfuleni (CDC)

The new temporary Mfuleni Community Day Centre (CDC) is a model of sustainable design for temporary buildings. The structure comprises of modular components that can be assembled in different configurations, moved, refitted and re-used. The Western Cape Minister of Health, Dr Nomafrench Mbombo, officially opened the temporary Mfuleni CDC at the end of July 2016.

The Western Cape Government and the City of Cape Town collaborated on the design and implementation of the project so that it meets a number

of shared goals. The new facility is expected to be a catalyst for broader municipal upgrading plans for the immediate area.

The temporary CDC includes 63 shipping containers converted for use as consulting rooms and for other clinical and support functions. The facility boasts a fully fitted dental surgery, a pharmacy, as well as specialist treatment areas for acute conditions and for women and child healthcare. Half of the containers come from the Du Noon Temporary CDC, where the Department first applied this innovative temporary solution.

The establishment of the temporary Mfuleni Community Day Centre alleviates service pressures for staff and management, and will improve patient experience. The old clinic had been experiencing high volumes of patients and space constraints.

The construction of the interim facility, as well as the planned community health centre, is in line with the WCG Health strategy of improving infrastructure. It is envisaged that the provision of the full package of care will lead to greater client satisfaction.





# 2020 Challenge Awards- Western Cape Government Health

**T**he Global Green and Healthy Hospital (GGHH) initiative launched the 2020 Health Care Climate Challenge (HCCC) to mobilize health care institutions around the globe to reduce their enormous environmental footprint and protect public health from climate change.

Our climate is changing at epidemic proportions and our lives are at risk due to this. A recent study by a renowned medical journal – The Lancet – in 2012, revealed that climate change is the biggest global health threat in the 21st century because it will affect the determinants of life which is food, air, water and land.

In fact the World Health Organization (WHO) estimates 150,000 deaths annually due to climate change with 85% of these deaths in young children. The paradox is that health care institutions whose mandate is to “first do no harm” is contributing

significantly to climate change impacts through its addiction to fossil fuel energy, the products and technologies it deploys and buildings it constructs and operates.

All of these factors have made health care a significant source of pollution around the world, and therefore an unintentional contributor to trends that undermine public health. In South Africa, the Western Cape Government and Netcare Limited are the two health care institutions who have committed to the Health Care Climate Challenge.

At the Conference, HCWH issued the First Annual 2020 Challenge Climate Champion Awards to 15 Challenge participants from 5 continents for their achievements in carbon mitigation, climate resiliency, and climate leadership. From health systems in Taiwan preparing for the impacts of climate change; to systems in the US making major strides in energy from

renewable sources such as wind, solar, geothermal, and biomass; to the Western Cape Government in South Africa, where major work has been undertaken to phase out all the coal fired boilers and the installation of smart metering has commenced, the 2020 Challenge Climate Champion award winners for 2015 are made up of leaders from the global health sector at the forefront of the movement towards low-carbon health care.

The Western Cape Government Health was awarded SILVER for the Health Care Climate Champion Award for Climate Leadership for its role in educating staff and the public while promoting policies to protect public health from climate change. This was a huge achievement as we can now see the Western Cape Government Health uniquely positioned to play a leadership role through its actions to address the climate change problem.

# Wash Your Hands Before You Touch or Feed Your Baby



Stop the spread of diarrhoea.



## National Pharmacist of the Year

The Department announces with great pride that one of our very own, Ms Caroline (Carrie) de Beer, a pharmacist working at Kleinvlei, won the National Pharmacist of the Year: Institutional Public Sector Award at the 2016 South African Pharmacy Council National - Pioneer Pharmacy (Professional and Facility) Awards, that was held on the 22 October at the Durban ICC.

Caroline's experience in clinical studies, retail and institutional pharmacy represents a unique combination of skills to strengthen a comprehensive health service delivery at Kleinvlei CDC. By establishing a multidisciplinary team approach, there is a convergence towards quality care provision. Her active involvement with the Health Committee and Community Based Carers expanded her vision to facilitate equitable care provision to the Kleinvlei community. She aims to be consistent, hardworking, motivated and equally comfortable when working with different cadres of health workers. Her friendly, adaptable and dependable personality creates a foundation for innovation in the facility.

Her passionate nature about and belief in sharing knowledge and training of staff in the pharmacy facility, combined with her excellent health service delivery makes her worthy of this nomination and ultimately the recipient of this award.

The SAPC National Pioneer Pharmacy Awards event celebrates and recognises pharmacy professionals and facilities from the community, public/private institutional, industry, academic and other sectors, who are leading the way in the provision of quality pharmaceutical services.

# CMA Winners

We wish to congratulate the 2016 Cecilia Makiwane Nursing Award nominees and winners. All are winners at the Department for their incredible dedication and hard work.



**Winner:** V. van Heerden (New Somerset Hospital)



**1st Runner Up:** B. Koul (Grabouw CDC)



**2nd Runner Up:** P. Visagie (Vredenburg Hospital)

## Red Cross Case Manager Recognised as SA's Best



Helen van As, Case Manager at Red Cross War Memorial Children's Hospital, was recently named the 2016 National Public Sector Case Manager of the Year.

The award is presented to a Case Manager within the public sector who is judged to have demonstrated excellence in their profession, has made a positive impact on patients, possesses a passion for service to patients, provides leadership in their organisation and creatively solves problems and addresses barriers to patient care.

Case Management is made up of nursing professionals who, by their nature and vocation, are nurturers and caregivers. Few of them contemplate the difference they make to their patients and employers, but this prestigious award recognises the work that Van As and her team do at the hospital.

## Tygerberg Hospital Won 1<sup>st</sup> Prize at Annual Sagins Congress

Nursing staff from different private as well as public hospitals across the country represent their hospitals annually at the South African Gastrointestinal Nurses Society Congress (SAGINS).

First timer to this conference, Sister Ashlene Hill, acting supervisor of Tygerberg Hospital's busy Gastroenterology Unit, recently attended the annual SAGINS Congress in Pretoria along with two enrolled nurses from her department. Hill was initially approached by the organisers of the event to do a presentation at the congress. Her presentation was based on a case study on proximal oesophageal strictures and she identified three patients from the clinic who were perfect for this case study.





# Protection of the Whistle Blowers!

**A** **whistle blower** is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within a public or private organization.

In South Africa, an employee who blows the whistle on suspicion of fraud, corruption and theft will be protected by the [Protected Disclosures Act - No 26 of 2000 \(PDA\)](#) if the disclosure is a protected disclosure as set out in this Act.

A disclosure will be considered protected if the Employee made it in [good faith](#) and in accordance with the [reporting procedures](#) prescribed

by the Department. Such employees will be protected from any form of occupational detriment resulting from their protected disclosure.

Furthermore, should any employee come forward in person to report acts of fraud, theft and corruption, they will be afforded the opportunity to do so confidentially and for their identities to be kept [confidential](#) by the person to whom they are reporting.

This opportunity to remain [anonymous](#) will also be afforded to all departmental governance structures, consultants, contractors and service providers (and their employees) to the Department.

All information received as part of a protected disclosure will be treated as [confidential](#) and the information associated with such a report will only be discussed with those persons who have a legitimate right to such information.

This process of maintaining confidentiality also ensures that the reputation of the individual(s) against whom allegations are made, is protected from unnecessary [reputational damage](#) should it be found that there is no substance to the allegation or if the suspected perpetrator is cleared of the alleged conduct.

Allegations of Fraud, Theft & Corruption Reported to Provincial Forensic Services for Investigations in 2016/17

Sources from where allegation received from:		Qtr1	Qtr2	Qtr3	Qtr4	Total
West Cape Department of Health		3				3
National Anti-Corruption Hotline		9				9
Presidential Hotline		-				-
Whistle Blower		2				2
<b>Total</b>		14				14
Status of FPS Investigation	Prior Year	Qtr1	Qtr2	Qtr3	Qtr4	Total
Investigation finalised and closed	8	9				17
Investigation in progress	14	5				19
<b>Total</b>	22	14	0	0	0	36

## A Letter From a Satisfied Patient

Letter

Thank You Letter: Medical Team Tygerberg Hospital

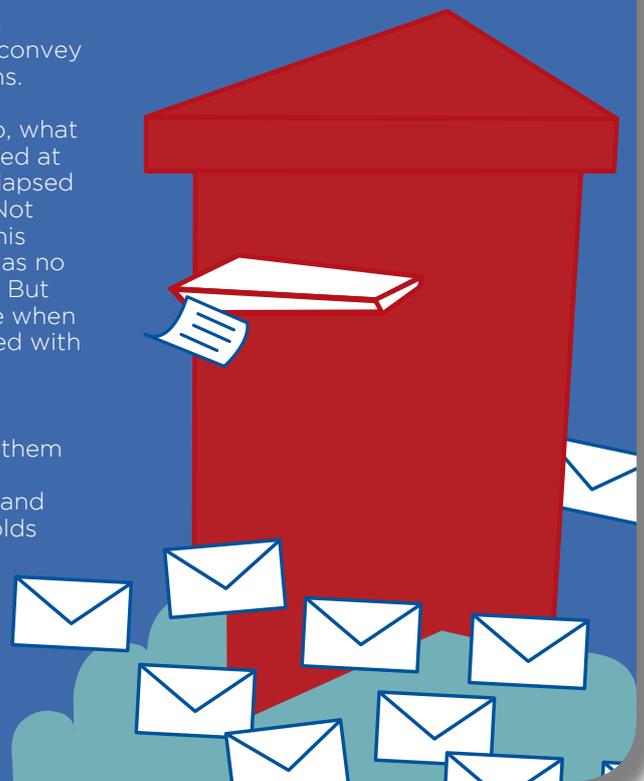
I would hereby like to express my deepest gratitude for treatment received, 31ST August 2016, when my husband, William Steyn, was treated at Tygerberg Hospital. Please convey this gratitude to all the nurses and doctors for their actions.

My husband's health deteriorated in recent months due to, what is suspected, a faulty heart valve. He was medically boarded at the end of 2014 after being declared unfit to work. He collapsed several times and sometimes didn't recognise his family. Not knowing what to do, we felt hopeless due to the impact his deteriorated health has had on him and on us as a family, as no one seemed to understand what we were going through. But the doctors and nurses gave me some hope for the future when they picked up that something was wrong and they started with medical treatment.

Thank you for the way you take the time to listen to your patients. Although it does not seem important, you treat them with dignity as well as the caring way you look after your patients. Our family has been through very difficult times and after the last visit is feeling positive for what the future holds again.

Thank you to the doctors and nurses who continue to uphold the Hippocratic Oath.

Regards,  
Winnie (& William Steyn)



## E-Mail Etiquette 101

For many of us, e-mails are an important part of our work days. Here are five etiquette rules to keep in mind when you use e-mails at work:

### Think before you ink

The Internet (and e-mail) never forgets and when you write in foul or derogative language it might have unpleasant consequences. Even if you delete an e-mail from your 'Sent Items', the person(s) who receive it will still have a copy and the server you are connected to will also store an archived copy of that e-mail. The golden rule thus is to never write and send anything when you are angry or emotional and to always read your message before you hit the 'Send' button.

### It's not personal, it's business

Keep all work e-mails professional and relevant to your company's operations. Cute photos of animals, inspirational poems and anecdotes

are not considered professional e-mail correspondence.

### Take a second look

Before you send an e-mail, double-check the following:

- Are all the intended recipients included and those who do not need to be copied removed?
- Are all the dates mentioned in your e-mail correct?
- Are there any obvious spelling or grammar mistakes that need correction?

### Get to the point

Try not to discuss more than one topic per e-mail. Also, indicate clearly in your e-mail subject line what you are communicating, e.g. 'Dates of scheduled meetings'. And if you are discussing dates for meetings, do not use the same e-mail to discuss issues not relevant to the meeting. Although, try not to flood your colleagues' mailboxes with too many e-mails.

### Respond respectfully

Respond in a timely manner. If the person requires an immediate answer, respond as soon as possible. If you do not have a clear answer to an enquiry, respond to the e-mail by saying that you do not have an answer but will get back to the person as soon as possible, so that the sender knows you are not ignoring the message. If the sender requires a response to the e-mail, indicate it clearly and give a (realistic) deadline by when the recipient should provide feedback.



# IC<sup>2</sup>AIR<sup>2</sup> Awards Winners 2016

## METRO & GENSES

### Best Performance - Caring ( Metro)

**Silver CDC/CHC small**  
Ruyterwacht Community Day Centre

**Silver CDC/CHC large**  
Du Noon Community Day Centre

**Gold CDC/CHC**  
Delft Community Health Centre

**Silver DH**  
Metro TB Hospital

**Silver DH - GENSES**  
New Somerset Hospital

**Gold DH**  
Eerste River District Hospital

### Best Performance- Competence

**Silver CDC/CHC small**  
Green Point Community Day Centre

**Silver CDC/CHC large**  
Du Noon Community Day Centre

**Gold CDC/CHC**  
Delft Community Health Centre

**Silver DH**  
Metro TB Hospital

**Silver DH**  
New Somerset Hospital

**Gold DH**  
Karl Bremer District Hospital

### Best Performance- Accountability

**Silver CDC/CHC small**  
Ruyterwacht Community Day Centre

**Silver CDC/CHC large**  
Green Point Community Day Centre

**Gold CDC/CHC**  
Du Noon Community Day Centre

**Silver DH**  
Delft Community Health Centre

**Silver DH - GENSES**  
Robbie Nurock Community Day Centre

**Gold DH**  
New Somerset Hospital

**Silver DH**  
Khayelitsha District Hospital

### Best Performance - Integrity

**Silver CDC/CHC small**  
Ruyterwacht Community Day Centre

**Silver CDC/CHC large**  
Vanguard Community Health Centre

**Gold CDC/CHC**  
Delft Community Health Centre

**Silver DH**

False Bay District Hospital

**Silver DH - GENSES**  
Valkenberg Psychiatric Hospital

**Gold DH**  
Eerste River District Hospital

### Best Performance - Responsiveness

**Silver CDC/CHC small**  
Ruyterwacht Community Day Centre

**Silver CDC/CHC large**  
Vanguard Community Health Centre

**Gold CDC/CHC**  
Robbie Nurock Community Day Centre

**Silver DH**  
Mitchell's Plain Community Health Centre

**Silver DH - GENSES**  
False Bay District Hospital

**Gold DH**  
Valkenberg Psychiatric Hospital

**Silver DH**  
Khayelitsha District Hospital

### Best Performance - Respect

**Silver CDC/CHC small**  
Ruyterwacht Community Day Centre

**Silver CDC/CHC large**  
Du Noon Community Day Centre

**Gold CDC/CHC**  
Robbie Nurock Community Day Centre

**Silver DH**  
Metro TB Hospital

**Silver DH - GENSES**  
New Somerset Hospital

**Gold DH**  
Khayelitsha District Hospital

## RURAL

### Best Performance- Caring

**Silver CDC**  
Mbekweni Community Day Centre

**Gold CDC**  
Worcester Community Day Centre

**Silver DH**  
Swellendam District Hospital

**Gold DH**  
Hermanus District Hospital

### Best Performance- Competence

**Silver CDC**  
Empilisweni Community Day Centre

**Gold CDC**  
Worcester Community Day Centre

**Silver DH**

Alan Blyth District Hospital

**Gold DH**  
Hermanus District Hospital

### Best Performance- Accountability

**Silver CDC**  
Mbekweni Community Day Centre

**Gold CDC**  
Grabouw Community Day Centre

**Silver DH**  
Wellington Community Day Centre

**Silver DH - GENSES**  
Alan Blyth District Hospital

**Gold DH**  
Swellendam District Hospital

**Silver DH**  
Beaufort West District Hospital

### Best Performance- Integrity

**Silver CDC**  
TC Newman Community Day Centre

**Gold CDC**  
Worcester Community Day Centre

**Silver DH**  
Swellendam District Hospital

**Gold DH**  
Hermanus District Hospital

### Best Performance - Responsiveness

**Silver CDC**  
Beaufort West Community Day Centre

**Gold CDC**  
Grabouw Community Day Centre

**Silver DH**  
Swellendam District Hospital

**Gold DH**  
Beaufort West District Hospital

### Best Performance - Respect

**Silver CDC**  
Hermanus Community Day Centre

**Gold CDC**  
Wellington Community Day Centre

**Silver DH**  
Alan Blyth District Hospital

**Gold DH**  
Brewskloof District Hospital

**Silver DH**  
Ceres District Hospital

**Gold DH**  
Mossel Bay District Hospital

# A Few Winners at the Awards



## MOST IMPROVED - FACILITY

Metro & GENSES

- Silver CDC/CHC small**

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- Mfuleni Community Day Centre

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- Silver CDC/CHC large**

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- Kraaifontein Community Health Centre

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- Gold CDC/CHC**

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- Kleinvele Community Health Centre

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- Silver DH**

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- False Bay District Hospital

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- Silver DH - GENSES**

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- Valkenberg Psychiatric Hospital

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- Gold DH**

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- Karl Bremer District Hospital



### Compassionate Worker Helps Mental Health Patients

Taking care of mental health patients can be challenging for even the best trained health practitioners. But in Piketberg, one person has made it his mission to show compassion and care to mental health patients, even though he is the maintenance worker at the facility.

Mr Malcolm Wall has worked at Radie Kotzé Hospital in Piketberg for more than ten years and is an excellent example of someone who goes beyond his normal job description.

Malcolm says that the facility's staff mostly consists of women and when they need assistance to handle patients, he is there to help them. He is fortunate to have the natural ability to calm excited mental health patients. "I take the patients for walks on the hospital grounds, especially at times when they get anxious and need to calm down." He believes that the patients can be calmed by conversing on their level and works with the patients under the supervision of a medical practitioner respecting the patient's treatment plans suggested by the medical officer.

Malcolm says that he doesn't mind doing more than what his job expects, since he enjoys helping people. Malcolm is an inspiration in the West Coast District and we commend his commitment in going the extra mile, especially for mental health patients.



### Charlotte Stemmet - Rural Nurse of the Year

'This award does not belong to me; it goes to each mobile nurse that dedicates their time and efforts to the health of people in far flung places.'

This is exactly the kind of attitude that assured Sr Charlotte Stemmet's award as the Rural Nurse of the Year 2016. The award is granted by the Rural Nurses' Association of South Africa (RuNurSA) which is affiliated to RuDASA, the Rural Doctors' Association of South Africa.

According to Dr Guin Lourens, chairperson of RuNurSA: 'The award is presented to a rural nurse, working in rural health care, who is judged by the RuNurSA Committee to have made a significant contribution towards rural health in the previous year. The nature of the contribution is not strictly defined given the great variety of work and activities of rural nurses.'

This prestigious accolade was bestowed in recognition of the work that Sr Stemmet and her colleague, staff nurse Christine Marcus, do in the farming areas of the Breede Valley in the Cape Winelands.

The patients situated in what is known as the Bossievel route, are far from towns and depend on the mobile clinics for Primary Healthcare services. Come rain, shine, wind, snow or sleet, Sister Stemmet and Marcus pack their mobile clinic, a flask of coffee and set off to the gravel roads that surround the farms.

## Professionally Attired

**W**alk into any service based business and one of the first things you will notice is the staff, how they conduct themselves, how they dress and how they speak to you, their client.

Consider how the cashier at your favourite supermarket greets you and ask whether or not you need plastic bags or the receptionist at your doctor's office probably greets you by name and smiles. These are expected behaviours, and when it does not happen, our experience is not as pleasing as it should be. Perhaps you have even been in the position where someone assisted you, but did not behave in the manner you thought

appropriate - do you remember how you felt?

In an effort to answer the question, how would our patients like us to dress and behave; Bloemfontein University's Faculty of Health Sciences asked 500 patients what their preferences were regarding the dress code, conduct and resources used by doctors during consultations in the public healthcare sector.

The following was found:  
 Patients preferred Doctors to wear formal attire: For Females this included a Neat Blouse (77.9%)  
 Smart Slacks or Straight-cut Jeans (62.5%)  
 Flat shoes (56.3%)  
 For the males, the response was very

similar except that patients seemed less lenient with regard to trousers, 66.8% of the responded preferred neat or smart trousers over jeans.

Patients do not condone eating and drinking by doctors during consultations, however, work related calls were acceptable.

In conclusion, the results show that our patients prefer to be seen in a formal, professional consulting environment. And that this environment is largely determined by the behaviour and professional attire of our staff.

Please have a look at the full article: [www.tandfonline.com/ojfp](http://www.tandfonline.com/ojfp)  
 South African Family Practice, 2016  
 Volume 58 Number 3 (May/June)  
 SAAFP Congress edition; Page 51.

Ensure the best start

for the brightest future for your child

## Visit The Newly Launched First 1000 Days Website!

Dear Colleagues

It is with much excitement that the Western Cape Government announces that the **First 1000 Days** website has gone live recently.

This project is a collaboration between the Departments of Health and Social Development. Ensuring that we create a society that gives the best start to a babies future.

Visit the website to access the website where you will find loads of resources to assist you with the first 1000 days of your baby's life, from conception to two years.

Start  
caring  
for your  
child  
before  
birth



[www.westerncape.gov.za/first-1000-days](http://www.westerncape.gov.za/first-1000-days)

FIRST  
**1000** days  
Right Start. Bright Future.

## 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.