

# JONGA

— magazine

ISSUE 18

EQUALITY

#HIV PREVENTION

EQUALITY

#HIV PREVENTION

**WORLD  
AIDS DAY**

#HIVprevention

Living the  
values of the  
**Leadership  
Behaviours  
Charter**

Clinically Caring  
for Survivors  
**of Sexual  
Offences**



29



**6**

**Before You Start Your Day**  
Ask Yourself

**How do I stack up?**

Whistle values are not visible, behaviours are. Our leadership behaviours have been defined and are captured in our leadership behaviours charter. Let your team be your accountability partner.

- ARE YOU MOTIVATED?
- DO YOU COMMUNICATE?
- DO YOU LISTEN?
- ARE YOU ACCOUNTABLE?
- ARE YOU RESPONSIVE?

**QUOTE OF THE DAY**

"When you're busy, before you start work, before you start work, before you start work, before you start work, before you start work."

**4**

# S T R E T H E R O S

# 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)

**Feature Article:** Clinically Caring for Survivors of Sexual Offences

**Regular**

- Minister's Message 2
- HOD's Message 3

**INCREASING WELLNESS**  
Substance Sobriety Celebrated At Stikland 8

**PREVENTATIVE MEASURES**  
Emphasizing Men's Health 12

**PROVINCIAL STRAEGIC GOAL 3:**  
Hospitals Celebrate World Prematurity Day 14  
Workplace Breastfeeding 15

**IMPROVING PATIENT EXPERIENCE**  
Upgrades To Neonatal Unit 16  
New Psychiatric Unit In Cape Winelands 18

**COLLABORATION**  
Life-Saving Cardiac Surgery For 50 Children 20  
Reaching Out To Communities 20

**REWARDING EXCELLENCE**  
Nurses Celebrated 21

**STAFF**  
60 Km Relay To Celebrate 60 Years 27  
World Aids Day 28

Join us **Western Cape Government Health\***  
 follow us **@WestCapeHealth**

**Disclaimer:** Western Cape Government: Health Communication Directorate has copyright on all intellectual property and artwork in the Jonga Magazine. All content in the Jonga magazine adheres to the copyright law. Stock images supplied by Pexels

# Minister's Message

## Happy 2017



**T**he Festive Season, albeit a happy time, always brings its own set of challenges to a Department which renders a health service. On the one hand, it provides an opportunity for many people to take a much-needed break with family and loved ones. Against this background, thousands of healthcare workers are at the front line of service delivery during the busiest time of the year.

The influx of holiday-makers to the province means greater activity on the roads, on our beaches leading to a number of emergency cases. Unfortunately, this time also means there are more cases of alcohol and substance abuse in our communities, which inevitably places great strain on our services.

It is for that reason that I would like to convey my heart-felt gratitude to those who sacrificed time away from their loved ones, to serve at our facilities during the busiest and most stressful time period.

2017 has begun and our aim is to continue preaching the message of wellness to our communities. Studies have shown that physical inactivity and unhealthy eating are considered major risk factors for a number of adverse health outcomes including obesity, diabetes, hypertension and other cardio vascular diseases.

Hence it is imperative for us to take the message of wellness to communities, in an aim to move away from the treating of diseases and illnesses to creating a health culture of prevention.

As the health budget decreases over the next couple of years, it means that we no longer can continue with business as usual. We will need to be creative in reducing the burden on our health facilities and central to this strategy is the promotion of wellness.

That is why the Provincial Strategic Goals places emphasis on the promotion of wellness in communities as our mandate towards 2030. This is the motivation behind the introduction of Western Cape on Wellness (WoW) which targets school going children, community members and government employees.

With non-communicable diseases (NCDS) accounting for 40% of deaths in South Africa, we need to lead by example and change our approach to food and exercise.

It all starts with us. I wish you all a very productive, healthy and successful 2017.



# Message from the HOD

## VALUES IN ACTION



May 2017 turn out to be the best year for you and your family.

Now that we're a few weeks into the new year, it is good to look ahead.

2017 is the year to focus on our approach where we put the patient at the centre of every aspect of our work.

Whilst we cannot do everything for every patient, we can be kind, listen well and communicate better. Patients and families want to feel noticed and listened to. Be the (identifiable) professional or official any patient can turn to. To maintain the priority of patient focus requires increased individual, team and system resilience and may require that we remain somewhat "outside" our emotions at times.

Meeting quality standards will also be a critical focus, ensuring the consistent delivery of quality care to each patient. Above all, we should all continuously remind ourselves WHY we do what we do. We are here to add public value, to make a difference in people's lives; to do the greatest good for the greatest number, creating the greatest value for all, leveraging our available resources (our Pledge).

The process initiated by the Management and Efficiencies Alignment Project (MEAP) will continue this year, helping us to find new ways to accomplish the desired results through improved efficiencies and alignment. We will keep you informed as the process unfolds.

Please know that my thoughts and prayers are with you throughout this year. Also be certain of my unwavering support for staff safety - we simply must insist that communities respect our women and men in frontline services.

Whilst values are not visible, behaviours are. Our leadership behaviours have been defined and are captured in our leadership behaviours charter.

I am excited to enter the new year with all of you, the community at large and our partners - I wish you an exciting and fulfilling 2017.

# Our Pledge

Our binding philosophy is that we aim to do the **GREATEST GOOD** for the **GREATEST NUMBER** creating the **GREATEST VALUE** for all, leveraging our available resources. In our decisions we will always consider the vulnerable and favour their plight.

In our engagements, we will relate to one another through **KINDNESS** and respect, living the **VALUES** in the departmental **LEADERSHIP** behaviour charter. We will protect our safe meeting space and nurture open debate and the exchange of ideas. We will **ENCOURAGE** a journey of personal awareness in ourselves and others. We will encourage and **CELEBRATE** positive growth and individual contributions. We will inspire others and portray the meaningfulness of our work.

We recognise that we need to **ROLE-MODEL** the leadership we wish to see and take responsibility to lead others on the same journey. Our ultimate focus is to be the best for the public we serve.

# Before You Start Your Day

Ask Yourself

## How do I stack up?

*Whilst values are not visible, behaviours are. Our leadership behaviours have been defined and are captured in our leadership behaviours charter. Let your team be your accountability partner.*

AM I  
INNOVATIVE?



AM I  
CARING?



DO I ACT  
WITH  
INTEGRITY



AM I  
COMPETENT?



AM I  
RESPONSIVE?



AM I  
ACCOUNTABLE?



### QUOTE OF THE DAY

“Before you act, **listen**.  
Before you react, **think**.  
Before you spend, **earn**.  
Before you criticize, **wait**.  
Before you pray, **forgive**.  
Before you quit, **try**.”

- Ernest Hemingway

AM I  
RESPECTFUL?



# Clinically Caring for Survivors of Sexual Offences

**F**or any person, rape or sexual assault is a traumatic experience and the Department of Health wants to help you on the road to physical, medical and emotional recovery.

We speak to Dr Mariaane Tiemensma, a Clinical Forensic Practitioner who heads up the Clinical Forensic Unit (CFU) at Victoria Hospital for survivors of rape, who has been the driving force behind improving forensic services at Victoria Hospital across the province to get a better understanding of the services offered and how they help survivors of rape.

## Which services are rendered at the Clinical Forensic Unit?

Clinical Forensic Medicine is a specialised branch of medicine, where one works in close relationship with role players such as the South African Police, Justice Department (courts) and Social Services.

## Services rendered at the unit include:

- Medico-legal assistance, examination and treatment of survivors (of all ages) of sexual offences (rape and sexual assault)
- Medical examination of children

according to the Child Care Act, e.g. children to be placed in places of temporary safety/institutions

- Examination of persons before entering rehabilitation centres
- Court assessments (mental and age assessments)
- Collection of DNA reference samples (perpetrators, relatives) etc.

## What does the “medico-legal management” of a survivor of sexual offences entail?

The management of a survivor will in each case depend on the circumstances and the time interval since the alleged incident took place.

If a survivor is seen at a dedicated/ designated healthcare facility, all these services are provided free of charge irrespective of whether a case is opened with the police or not.

In a “fresh” case, or case seen within 72 hours after an alleged incident, the person will arrive at the unit, after which the following will take place:

- Containment counselling by a trained Rape Crisis counsellor
- Interview by the attending doctor or sexual assault nurse examiner (medical history, history about the circumstances surrounding the alleged incident)
- Medical tests: HIV, RPR (syphilis), pregnancy, tests for sexually transmitted diseases if indicated
- Medical examination and evidence collection from the body (general – look for injuries, anogenital examination – injuries, collect evidence, including clothing in some instances)
- Provision of post-exposure prophylaxis, based on test results, against pregnancy, HIV, STDs
- Treatment or referral for treatment of any other injuries
- Offered a bath, comfort pack
- Follow-up visits are arranged at 1 week, 6 weeks and 3 months

(to repeat medical tests)

Where a case is only seen 72 hours after the alleged incident, the same procedure is followed. However, evidence cannot be collected anymore.

### What should a person do after he/she has been raped or sexually assaulted?

Ideally, a person or caregiver should go to the nearest police station to report the case. The local police station should then contact the specialised unit of the police (FCS unit) who deals with these cases. A detective of the relevant FCS unit will come to the police station to take statements and to bring the survivor to the relevant forensic unit/Thuthuzela centre according to the drainage area for further management and evidence collection. Sometimes persons are also referred from day hospitals/clinics/private GPs. A person is usually attended to according to where the alleged incident occurred, and not necessarily where he/she resides.

It is important not to bath/wash/shower/change clothing after an incident because evidence may be destroyed. Do not eat/drink/brush teeth if there was any oral penetration. Bring clothing/linen/towels which may contain bodily fluid/biological evidence along in

order to collect these as evidence. If the survivor has a strong urge to urinate, avoid wiping the vulva (private parts) to avoid loss of evidence.

### What if the person does not wish to lay a charge with the police?

A person does not forfeit their right to treatment and medical tests after alleged rape or sexual assault because they do not want to lay a charge. It is important to explain to the survivor the importance of undergoing a medical examination and evidence collection because evidence can only be collected in the first 72 hours. A person should then go to their closest day hospital/clinic, or the relevant forensic unit in their area.

### Where are the forensic units/Thuthuzela centres?

There are four centres in the bigger Cape Town area – situated at Karl Bremer Hospital, Khayelitsha Hospital, Mitchells Plain/Heideveld and Victoria Hospital. We also have one in Atlantis at Wesfleur Hospital. Patients are seen according to the drainage areas served by these units. The forensic unit at Victoria Hospital attends to cases from 22 police stations’ drainage areas (Simonstown, Grassy Park, Sea Point and Milnerton).

## THUTHUZELA: SUPPORTING SURVIVORS OF RAPE AND DOMESTIC VIOLENCE

**THUTHUZELA** is a safe medical support centre for individuals who have been raped, sexually assaulted or who are victims of domestic violence.

**KHAYELITSHA HOSPITAL - 021 360 4570**

**OPEN: 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR**

### THUTHUZELA CENTRES CONTACT NUMBERS

Karl Bremer Hospital	- 021 918 1321
Mitchells Plain Hospital	- 021 377 4300
Heideveld CHC	- 021 699 0474
Victoria Hospital	- 021 799 1235
Wesfleur Hospital	- 021 0100 421
Worcester Hospital	- 023 348 1294
George Hospital	- 044 873 4858

**POLICE - 10111**  
**AMBULANCE - 10177**

**AT THUTHUZELA YOU WILL GET HELP:** Counselling • Medical Examination • Medical treatment to prevent HIV, pregnancy, and sexually transmitted infections (STIs) • A police officer will come to Thuthuzela to take your statement IF you want to open a case.  
• Referral will be done for long term counselling to the Rape Crisis Centre or Nonceba Family Counselling .

# Substance Sobriety Celebrated at Stikland

**M**aintaining sobriety can pose a massive challenge to individuals recovering from an addiction. Recognising milestones along the journey to recovery is key to motivating individuals to maintain their sobriety.

In commemoration of World Mental Health Day, Stikland Hospital hosted a Family Day in October last year, for clients of the Addiction Services Units to celebrate their sobriety and the 10 year anniversary of the facility's Opioid Detoxification Unit.

According to Charles Barnardo, CEO of Stikland Hospital, establishing these units dedicated to substance addiction has benefited many families in the Western Cape. "Stikland Hospital's Addiction

Services include an alcohol rehabilitation service, which focuses on supporting clients and equipping them with the necessary skills and knowledge that are essential to preventing a relapse. The Opioid Detoxification Unit provides medical detoxification from opioids like heroin and assists in preparing patients for the rehabilitation program that they attend after discharge from Stikland Hospital," he says.

"Substance abuse has a far-reaching detrimental effect with no exclusivity toward one particular

group of people. Therefore, the treatment plans offered at the Addiction Service Units are open to all members of the public, not only those with a mental illness," Bernado said.

Echoing these sentiments, Dr Lize Weich, Head of Addiction Services at Stikland Hospital, explains that the majority of mentally ill patients admitted to Western Cape psychiatric facilities have a substance abuse problem, with the top three substances including cannabis, tik or methamphetamine and alcohol.

"Patients with a mental illness may use substances to medicate symptoms associated with a mental illness; while other patients develop substance induced psychiatric disorders. Substance use disorders and mental illness interact and exacerbate each other and it is thus important to address both problems in an integrated manner," she says.

Weich explains that the Alcohol Rehabilitation Unit admits between 6 - 8 clients weekly, averaging an admission rate of approximately 260 clients per annum. "The Alcohol Rehabilitation service is open to individuals between the ages of 18 - 65. Interested participants are required to voluntarily admit themselves to the four week programme. There is a waiting time

of approximately 3 - 5 weeks, but this is dependent on cancellations.

"There is no complicated referral procedure, persons interested in the programme can simply phone the Unit," explains Weich.

Stikland Hospital also offers an inpatient admission of approximately 7 days for heroin detoxification through its Opioid Detoxification Unit. It is important to realise that opioid detoxification is only a first step before the real work of rehabilitation begins. Referrals to the opioid detoxification unit are made by registered substance rehabilitation programs.

"The Opioid detoxification unit admits between 10 - 12 clients on a weekly basis, averaging approximately 360 client admissions per year. Prior to being admitted to this unit, all clients are provided with psycho-education around the detoxification process and upon discharge, they are expected to join a rehabilitation centre that will assist in maintaining a drug free lifestyle.

"Both Units are overseen by a multi-disciplinary team consisting of a psychiatrist (with a special interest in addiction psychiatry), social worker, occupational therapist, psychologist, medical officer and nursing staff," explains Weich.

## Alcohol Rehabilitation Unit:

Clients who are interested in making use of the services available at the Alcohol Rehabilitation Unit are requested to make contact with the Unit via email: [Slh.Ward13@westerncape.gov.za](mailto:Slh.Ward13@westerncape.gov.za) or by contacting 021 940 4496 or 021 940 4429.

## Opioid Substitution Therapy (OST) Clinic:

The OST Clinic is an outpatient clinic that takes place at Stikland Hospital on a Monday morning from 8am. Only clients who have been referred by a social worker and general practitioner are able to make use of the services available at the clinic.



## Spotlight on Down Syndrome

“It is very important to realise that children with Down syndrome are born with their own unique talents, abilities, thoughts and interests. It is up to the parents and caregivers to see that these are developed to the fullest. People with Down syndrome benefit from and prosper in a loving caring family environment,” says Dr Arnold Engelbrecht, Paediatrician at Worcester Hospital.

The Paediatric Down Syndrome Clinic at the Worcester Hospital was established in 2009 to address the needs of children with Down syndrome, with an emphasis on wellness. The clinic takes place every three months on a Friday morning. All children with Down syndrome are welcome to make use of the services available at the clinic.

“Our services are in accordance with international standards, we assist



with referrals for early intervention services and offer support to patients and their families.

“The clinic previously received a Service Excellence award from the Down Syndrome Association of the Western Cape and has successfully partnered with The Department of Medical Genetics from the University of Stellenbosch and Tygerberg

Hospital, who conduct regular outreach excursions to the clinic,” explains Engelbrecht.

Appointments for this clinic can be made at Worcester Hospital Outpatients Department via telephone: 023 348 1172. For more information please contact Dr Arnold Engelbrecht or Nurse Sharon Zinkfontein via 023 348 6444.

## Tygerberg Hospital beacon of hope for the hearing impaired.

Cochlear implantation is now firmly established as a highly effective treatment option in the rehabilitation of children and adults with severe to profound hearing loss and represents the single most important advance in the management of hearing impairment as it is the only technology which is able to restore function to a sensory organ.

Several other benefits beyond improved hearing, include enhanced quality of life, social integration, educational and vocational opportunities. Tygerberg Hospital's Cochlear Implant Unit recently celebrated 30 years since the first cochlear

implant took place at the hospital.

The first multichannel cochlear implant was done on 4 November 1986 at Tygerberg Hospital and since then, over 660 adults and children have received cochlear implants. Historically, development of spoken language by children born deaf has been influenced by the technology of the time. Unlike many other congenital or early onset disabilities, infants with hearing loss have the prospect of outcomes potentially matching those of their hearing peers provided the hearing loss is identified early and intervention is initiated when they are 6 months old. Through past experiences we

now know that children who were born deaf achieve the best results if they receive bilateral cochlear implants before two years of age.



**Above** Patient Phumzile Tisile had a bilateral implantation after she became completely deaf when she contracted TB.

# Immunisation in the Winelands

In the rural areas, many parents work on farms, which means that they leave early and return late, children are often left with an elderly relative or neighbour, or even an older sibling. These factors make it difficult for parents to ensure that their children remain fully immunised and have all the other necessary health checks.

The Department of Health strongly advises mothers to protect their children from infectious diseases by getting them vaccinated from birth to when they are 12 years old. Vaccination is free of charge at all health facilities.

That is also why the Department embarks on regular in-community outreaches to ensure that children are immunised, de-wormed, receive Vitamin A and nutritional status evaluation. Although these campaigns are very hard work they have brought some very special moments in the Cape Winelands. One of the highlights of the Winelands campaign was an after

hour initiative that the staff at the Nduli Clinic outside Ceres started. They campaigned between 18h00 and 20h00 two evenings a week to ensure that working parents could bring their children for check-ups.

This was a resounding success, so much so that Sr Megan Williams, Operational Manager at Nduli has decided to continue this approach for future programmes.

One of the campaigning team members said, “Whenever I go into the community, I am always struck by the very difficult circumstances in which many of our clients live, children so often do not have the most basic of needs, things that our children have probably never even thought of not having, like shoes! It is so easy to forget the reality of living in poverty.”

**Right:** 1. Ms Megan Williams, Operational Manager at Nduli at one of their evening outreaches 2. Best friends forever! 3. Roenell Balie, FBS co-ordinator at CWDO managed to convince this little toddler that she wouldn't hurt her.



# Centenarian Celebrated

Sweets in moderation, black coffee, daily exercise, water when you are thirsty and small portions is 100-year-old Anna Hendricks's recipe for good health.

Anna, a patient at Prince Albert Clinic, only has praise for the staff. “The staff has always been good to me, they even deliver my medication to my home,” she said. Hendricks is proud of the fact that she still walks, with the aid of her walking stick, and is able to tend to her own hygiene.

She currently lives with her only surviving child of 5, Katrina. Clinic staff celebrated the big day with her in October with cake and tea. Her family includes 12 grandchildren, 15 great-grandchildren and 8 great-great-grandchildren.



**Above:** Mrs Anna Hendricks is still full of energy and enjoys a good laugh. With her is Nursing Assistant Esmeralda Skaarnek.



## Surprise Birth at Montagu CDC

**B**abies don't have an arrival time. When they are ready to be born, there is no stopping them, even if you are not ready. This is what happened to a young mother who gave birth at Montagu CDC in December 4 weeks prior to her due date, when she was actually being rushed to the Montagu Hospital.

Mommy and baby couldn't wait anymore and the staff at the CDC who rarely deal with birthing emergencies, delivered this little one safely. "Helping to deliver a new life into the world remains a miraculous and special experience. None of us could sleep that night, the excitement of the day was simply too much for us!" These were the words of Sr Riëtta Heyns the

Operational Manager of Montagu CDC after she and her staff unexpectedly delivered a 1.7kg baby at the facility.

Ms. Jocelyn Visser works on a nearby farm and as her baby was only due in 3 - 4 week's time everyone was a little surprised when Jocelyn suddenly started experiencing sharp closely timed labour pains.

The farmer's wife reacted immediately and after getting Jocelyn into the bakkie drove quickly, the plan being that she get Jocelyn to Montagu Hospital. But even the best laid plans go awry and this baby girl decided that the time was right.

They hardly made it to the CDC

which was the closest place that could offer help. Sr Heyns and her team barely had time to make mom more comfortable before baby made her announcement. After this quick delivery staff took Mom and baby into the clinic's emergency room to make sure that both were healthy, whereafter they were taken to Montagu Hospital where they stayed in the kangaroo Mother Unit until baby was ready to go home.

This kind of emergency, although fairly rare, is proof that our primary health care staff are well trained and prepared to manage the variety of emergencies that each day can bring! All clinics are equipped with an emergency room and basic life support equipment to ensure that they can help if necessary.

## Wash Your Hands Before You Touch or Feed Your Baby





## Emphasizing Men's Health

Men, in general are not too fond of visiting their health care facility unless they are ill, but the Department is committed to making health services more accessible to all.

In an effort to give men an opportunity to have their health checked, Drakenstein's TC Newman CDC together with other partners held a morning of "Men Only" with an increased focus on men.

The staff concentrated on general wellness, HIV and Prevention of illness and offered the following services: HIV Testing, TB/STI Screening, Information sessions and distribution of pamphlets on various health issues, distribution of Condoms, screening for prostate and lung cancers, blood sugar and pressure testing and Medical Male Circumcisions (MMC). To remind patients that sound mental health is as important as good physical health, neck and shoulder massages were on offer.

The men were eager to address their health and after screening, 37 clients underwent HIV testing, 45 had cancer related tests, 27 had their blood sugar and pressure evaluated and ten men opted to undergo a MMC.

The Movember moustache competition was the highlight of the day, the only entrance requirement being a thick, well-groomed moustache and an optional beard.

## Health Personnel Wellness First

Wellness week in the Overberg district offered health staff the opportunity to have someone else give them health advice and also provided them with vital information regarding their wellness.

### The services offered by GEMS and ICAS included:

- Blood Pressure Testing
- Cholesterol Testing
- Body Mass Index (BMI)
- HIV Testing and Counselling
- Stress and Healthy Lifestyle Advice
- Neck and shoulder massage

One staff member, who is in her mid-twenties, mentioned that without the wellness week she would not have known that she has high cholesterol. She said that it came as quite a surprise as she is not overweight. The wellness week which aimed to reach all the health employees in the Overberg was only the start of making staff wellness a top priority.





Photo: High school girls waiting on HIV health education by the Desmond Tutu HIV Foundation team.

## R81 Million Prevention Project

R81 million has been granted by the Global Fund to help the fight against TB, HIV and teenage pregnancy amongst women and girls in the Klipfontein and Mitchells Plain substructure for the next three years.

This initiative targets young women between the ages 19 - 24 years. It will deliver a package of care centred on an evidence-based approach that goes beyond the health sector by addressing the drivers that increase young women's risk to HIV including poverty, gender inequality and poor education. The project will also provide a basket of services including -self-empowerment coaching, parenting and caregiver programmes, and a combination of socio-economic incentives aimed at HIV prevention

approaches.

The project will also aid the Department to further its ongoing prevention programmes for adolescents and youth in and out of school, which ultimately assists in reducing the prevalence of young females aged between 10 and 24 years from contracting HIV and Aids and Tuberculosis (TB). It will also help to implement an education plan for the prevention of teenage pregnancy through life skills, sexual and reproductive health education, HIV counselling and testing.

Facilities within the Mitchells Plain and Klipfontein Sub-district areas have tailored their services to better meet the needs of young women visiting their facilities. The Desmond

Tutu HIV Foundation has come on-board to assist the Department in making the project a success.

Through community-based workers, the Department will offer life skills training over 12 months that will better equip young women for the rigors of adulthood. Participants will be incentivised and will also be awarded the opportunity to earn rewards for continual participation in the project.

The overall strategic goal is to reduce HIV infections in adolescents within the Mitchells Plain and Klipfontein area by at least 50 percent using a combination of prevention approaches.

**Ensure the best start** for the brightest future for your child

### Visit The First 1000 Days Website!

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 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.

<https://www.westerncape.gov.za/first-1000-days/>



# Hospitals Celebrate World Prematurity Day

**P**rematurity Day is celebrated world-wide on 17 November annually. Preterm birth, also known as premature birth, is the birth of a baby at less than 37 weeks gestational age. A normal pregnancy lasts 40 weeks. It can be explained as the readiness of your body for birth before full-term pregnancy. These babies are known as preemies. They generally weigh less than 2 500 grams

A raised awareness of prematurity is important to remind us all and society at large that although these infants may have the smallest individual footprints, their collective footprint are 13 -20% of all annual births. Optimising their outcomes require well-trained and dedicated medical staff, involved mothers (and families) and appropriate resources.

In acknowledge of our little patients several hospitals made special moments for these little miracles in their care.

At **Groote Schuur Hospital** with the help of the Newborns the hospital's

paediatric unit received donations of two phototherapy lights and its 10 tiny patients' mothers received a very generous preemie hamper. A live lunchtime concert on the lawn followed soon afterwards with a special guest appearance by jazz artist Hilton Schilder who was born 18 years ago as a preemie baby at Groote Schuur.

**Tygerberg Hospital** At Tygerberg Children's Hospital the Breakfast team from KFM 94.5, led by Ryan O'Connor, broadcasted messages of hope and support from one of our kangaroo mother care wards to parents and communities across the Cape Peninsula.

The Butterfly Crafters knitted purple blankets in aid of World Prematurity day. Seen in the photograph are crafters, mothers with their premature babies and the staff of the Neonatal ward.

**Helderberg Hospital** held a Knit-A-Long Event for World Preemie Day. The activities included knitting socks

and beanies for the babies as a small gesture to the affected families. The number of births at Helderberg Hospital from January to October 2016 was 2 444, and 302 of those babies were born under 2 500g.

It is important to attain early prenatal care, in order to prevent preterm labour and enjoy a peaceful pregnancy. Prenatal care is essential for all pregnant women and is easily attainable at Western Cape Government Health facilities.

To reduce one's risk, it is best to get tested and to understand one's body and act fast. It is important to recognise the signs of early labour. These include early contractions (every 10 minutes or more), cramps (starting at the back and moving to the front) as well as the leakage of fluids.

By improving one's lifestyle, through exercise and a healthy diet, this may help overcome the risk of pre-term labour.



Photo: Healthcare workers caring for premature babies.

# Workplace Breastfeeding

**T**he role of nutrition in the first 1000 days of life (from conception, through pregnancy and up to a child's second birthday) cannot be disputed. Evidence shows that breastfeeding lays the foundation for good growth and development of children while also benefiting mothers and contributing positively to families and broader communities.

Exclusive breastfeeding (feeding only breastmilk and no other fluids, including water, tea, juice and solid foods) is recommended for the first six months of life and is estimated to be the most effective measure to save infants from morbidity and mortality in low-income settings.

Breastfeeding should however, not stop at 6 months as children continue to gain from sustained breastfeeding. We encourage mothers to exclusively breastfeed from birth to 6 months followed by the introduction of appropriate complementary foods and continued breastfeeding for two years and beyond.

Returning to work has been shown to be associated with a

shorter duration of breastfeeding, and intention to work full time is significantly associated with lower rates of breastfeeding initiation and shorter duration. We should therefore focus our resources to support women in the workplace to continue breastfeeding.

Maternity leave in government service is capped at 4 months which poses a challenge for the recommended 6 months of exclusive breastfeeding. Other identified barriers include a lack of flexibility for milk expression in the work schedule, lack of facilities to pump and store breast milk, concerns about support from employers and colleagues, and real or perceived low milk supply.

The Department of Health has therefore developed a Breastfeeding Policy which details the rights of women in the workplace relating to maternity protection.

In response to this policy, a breastfeeding room has been established in the Health Programmes Directorate at Provincial Office to support continued breastfeeding.

This space enables women who return to work after giving birth to continue expressing breast milk in comfort, giving them a calm and relaxed space and privacy, as well as space to store the breast milk.

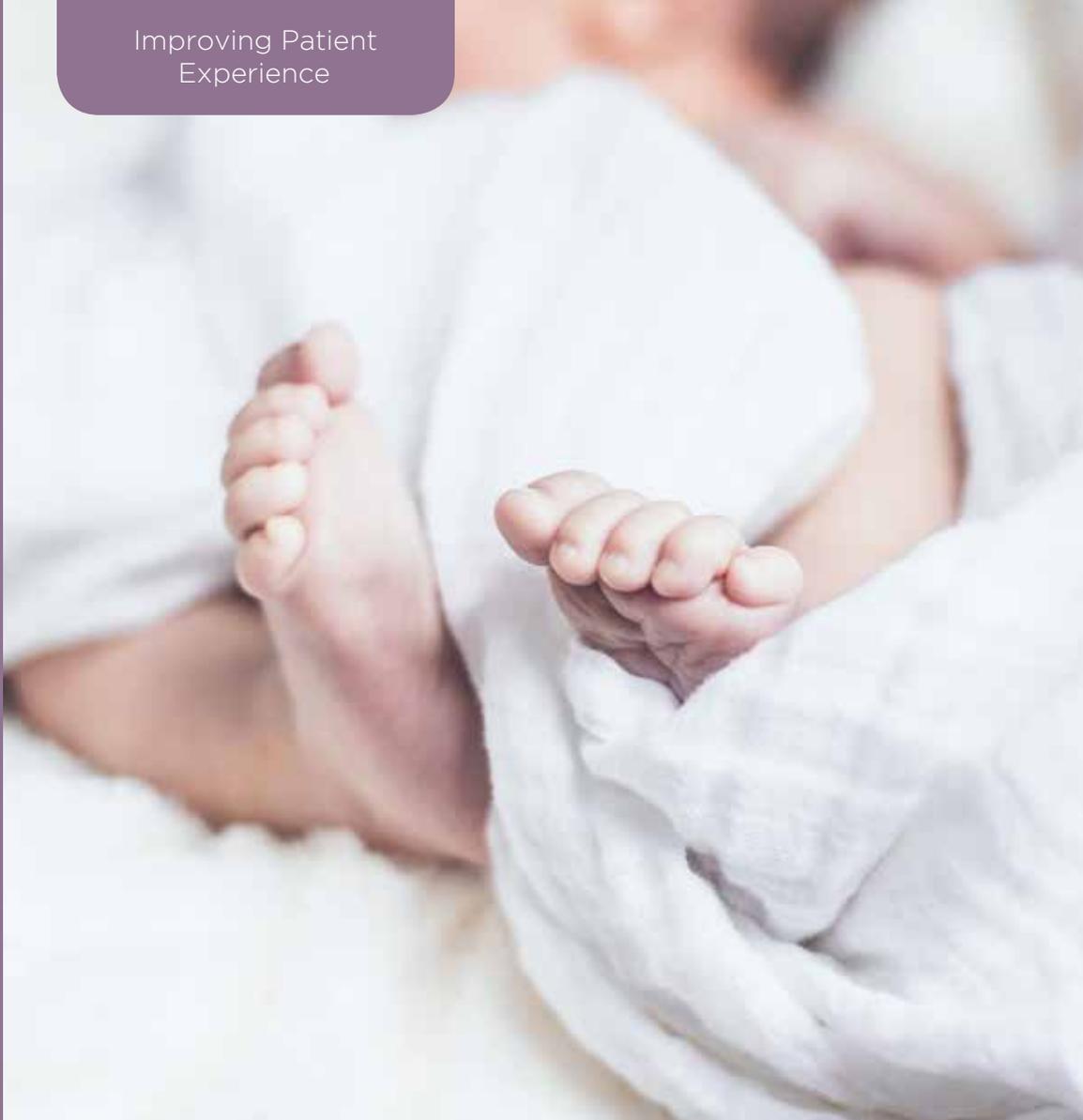
The room is situated on the first floor in Norton Rose House and is furnished with comfortable chairs, a small fridge, microwave for sterilizing equipment and a table.

**We would like to encourage all health facilities to identify and equip a dedicated space with comfortable chairs, power outlet, fridge, table and microwave (for microwave sterilization of equipment) to enable the enactment of the breastfeeding policy and support the protection of breastfeeding in the workplace.**

**For more information or support to establish a Breastfeeding Room where you work, please contact Nicolette Henney (021 483 8664 or [Nicolette.Henney@westerncape.gov.za](mailto:Nicolette.Henney@westerncape.gov.za))**



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



## Upgrades to Neonatal Unit

**G**roote Schuur Hospital will be expanding and upgrading its Neonatal Unit after receiving more than R40 million funding support from the Children's Hospital Trust and the Western Cape Government.

The Groote Schuur Hospital Neonatal Unit was built during the early 1970s and has space-, technology- and equipment challenges. Housing 75 neonatal beds, the unit is overcrowded and has only one quarter of the amount of space it should have for the number of patients cared for.

Through the Children's Hospital Trust – which advances child healthcare through the Red Cross Children's Hospital – a benevolent UK-based South African donor has stepped forward to fund the renovation in memory of his maternal grandparents, Jack and Ruby Abelsohn. Jack Abelsohn was the first senior resident anaesthetist to be appointed at Groote Schuur

after it was officially opened in 1938. He remained associated with the hospital throughout his life, continuing to work there as a consultant until his untimely passing in 1979. It is therefore fitting that the upgraded Neonatal Unit should bear his name. The Trust has fundraised R40 million for the project, while Western Cape Government has contributed R5 million.

Chief Executive Officer at Groote Schuur Hospital and Chairperson of the Newborns Groote Schuur Trust Board, Dr Bhavna Patel, said: 'The Newborns Groote Schuur Trust secured a R5-million contribution towards phase one of this project from the Department of Health, but would not have been able to proceed with the upgrading of the Neonatal Unit without the full support of the Children's Hospital Trust. Working together in this way and investing in the care provided to prematurely born babies, we can ensure that all our tiny patients get the best possible start in life.'

Chief Executive Officer of the Children's Hospital Trust, Louise Driver, said: 'Globally, nearly three million new born babies die each year. In the Western Cape, the Red Cross Children's Hospital works very closely with the Groote Schuur Neonatal Unit to ensure that neonatal babies are given the best chance of survival. The Trust works through the Red Cross Children's Hospital to advance health care across the continent. By strengthening facilities such as the Groote Schuur Neonatal Unit, we can alleviate the demand on the Red Cross Children's Hospital.'

The renovation of the Groote Schuur Neonatal Unit will improve neonatal healthcare across the province, preventing neonatal infections, increasing space in the unit, improving efficiency and workflow, and providing an environment that is conducive to the physical and emotional health of babies, parents and staff.

# 125 Years Of Quality Mental Health Care

Valkenberg Hospital was established as the first psychiatric hospital in the Western Cape, laying the foundation for the delivery of quality mental health care in the province. 125 years on and the facility continues to positively contribute towards the development of psychiatry in the 21<sup>st</sup> century.

“Valkenberg Hospital has been instrumental in assisting the Western Cape Government Health achieve its mandate of continuously improving and promoting mental health care services in the province. As one of the oldest facilities of its kind in South Africa, Valkenberg Hospital can effortlessly stand as a model institution for similar mental health facilities in the country,” said Minister Nomafrench Mbombo.

When Valkenberg was opened in 1891 treatment was limited to keeping the patient safely in the asylum, mainly as a means to protect the public. The hospital

grew rapidly and at one stage comprised of more than 200 beds.

According to Carol Dean, Chief Executive Officer of Valkenberg Hospital, mental health care has dramatically changed since then and now supports the de-institutionalisation of mental health clients and reintegrating them into supportive and accepting communities, thus providing a much more holistic patient experience.

Dean says that the success of the facility couldn't have been possible without the staff. “Staff, who choose to work in psychiatry, are committed and passionate about this unique area of medicine.

However, it is a difficult context in which to work, the clinical presentation of patients has changed significantly over the years, making this area of profession challenging for staff. Yet in spite of this and difficulties such as limited resources and staff

shortages, our employees remain resilient and focused on providing ‘patient-centred care’,” says Dean.

As of 1 April 2016, the facility comprised of 360 beds, including 145 beds in the Forensics Unit and 215 for acute admissions. Upon completion of the revitalisation project, the current Forensic Unit bed capacity of 145 will increase to 205. This will see the Assessment Unit's bed numbers increase to 45 from 20 beds, the High Secure Unit will increase to 50 beds, the Medium Secure Unit to 65 beds, the Low Secure Unit to 25 beds and the Chronic Ward will now house 20 beds.

The Acute division will comprise of 12 psychiatric Intensive Care beds, 40 High Care Unit beds, 68 acute beds, 44 post-acute beds, 24 medium stay Psychosocial Rehabilitation beds, 12 short stay Psychosocial Rehabilitation beds and 15 Therapeutic Unit beds.



**Photo:** Western Cape Minister of Health, Dr Nomafrench Mbombo together with members from the mental health fraternity officially opened the facility's newly refurbished historic Main Administration Building as part of the facility's 125th anniversary celebrations.

## Vanguard CHC's New Waiting Area

The Vanguard Community Health Centre (CHC) will officially be utilising their new waiting area in 2017 which will accommodate approximately 500 clients seeking healthcare needs.

Clients who have been given appointments, walk-ins and those waiting for treatment at the Emergency Unit will be able to access the waiting area. This area will be more controlled for safety and security purposes and alleviates congestion in the facility which ultimately aids in a more effective patient flow process.

The current waiting area is not able to accommodate the patient load which is 700 to 1000 patients per day. Clients waiting to access the services had to stand due to space constraints in the current waiting area. The new waiting area will be able to accommodate the additional patient over flow to make patient centred care more comfortable for the community.



## New Psychiatric Unit In Cape Winelands

The Cape Winelands District is now home to a fully functional Psychiatric Unit, which is the first of its kind for the region. The newly constructed unit, located at Paarl Hospital, was officially inaugurated by the Western Cape Minister of Health, Dr Nomafrench Mbombo today.

“In order to sustain dignity in mental health, one of the key legislative imperatives of the Western Cape Government Health, Healthcare 2030: The Road to Wellness, mandates the cultivation and promotion of high standards of care and best practice in the delivery of mental health services,

“The new Psychiatric Unit is a prime example of the Department’s efforts to improve access and service delivery for mental healthcare users in the Cape Winelands District,” says Mbombo.

Valued at approximately R35 million, the modern Psychiatric Unit boasts 30 beds, 17 male and 13 female, with an Outpatient Department, four consulting

rooms, 3 seclusion rooms and a number of service areas.

“The Unit also makes provision to care for mental health clients with infectious diseases, living and rehabilitation areas as well as recreational divisions such as courtyards and verandas. The Unit will also have a staff compliment of 36, including 3 Specialists, 2 Medical Officers and 26 Nursing staff,” highlights Dr Breslau Kruger, Chief Executive Officer at Paarl Hospital.

Charl Prinsloo, Head of Psychiatry at Paarl Hospital, says the new Psychiatric Unit will enable the psychiatric team to assist more patients, especially in the Outpatient Department.

“On average our Psychiatric Outpatient Department tends to approximately 74 mental health clients per month. The new Psychiatric Unit features a larger Outpatient Department, this would facilitate our team in assisting more patients – we are optimistically thinking of doubling our current tally,” advises Prinsloo.

# 100 Years Of Quality Maternal Service



“For 100 years, devotion and care have played a pivotal role in the success of Mowbray Maternity Hospital. Over the years, communities have greatly benefitted from the quality maternal and neonatal health care and services offered at this specialist facility. I am forever grateful to have delivered my eldest son, Paul Maree, at the facility more than 30 years ago,” stated Western Cape Premier Helen Zille.

Zille delivered the keynote address at Mowbray Maternity Hospital’s Thanksgiving Service in December 2016. The event was in honour of the facility’s centennial anniversary. Homage was paid to the remarkable work conducted at the facility and the team who makes it all possible. “Our flagship, Mowbray Maternity Hospital, is a prime example of

this. Over the century, this facility has greatly assisted the Western Cape Government in achieving high standards of maternal and infant care. We salute you and commend you for your dedication and sacrifices,” says Zille.

Echoing the same sentiments, Western Cape Minister of Health, Dr Nomafrench Mbombo highlighted that maternal and infant service in the province has over the years become more patient – centered. “A woman’s health is essential to the good health of her infant. It has therefore become vital that our previous ‘physician centered medical system’ be replaced by patient-centered care, which revolves around the needs of the patient. “Mowbray Maternity Hospital recently opened a Stillbirth Room, which provides a private and comfortable environment for

patients, who require induction of labour or delivery of a stillborn baby. The facility has also opened a Special Care Unit, allowing for high risk postnatal patients to be monitored more closely outside of the labour ward setting. These are great examples of patient – centred care,” says Mbombo.

Currently, the facility has 132 obstetric beds and 73 neonatal beds. Apart from the local primary service drainage areas, the facility also provides obstetric and neonatal clinical support to five other Midwife Obstetric Units (MOU) namely: False Bay, Guguletu, Hanover Park, Mitchells Plain and Retreat.

Established in 1916, Mowbray Maternity Hospital is the largest dedicated maternity hospital in South Africa and continues to be at the forefront of improving maternal and neonatal services offered in the Western Cape.

Between January and October 2016, Western Cape public healthcare facilities delivered 76 029 babies – 8 715 of those births took place at Mowbray Maternity Hospital. “Overall, more than 99% of babies born at Mowbray Maternity Hospital survive. Approximately 820 babies are born at our facility on a monthly basis. The majority of these babies are full term and healthy at birth. Approximately 15% are born prematurely,” explains Janine Joemat, CEO of Mowbray Maternity Hospital.

**Above Left:** Western Cape Premier Helen Zille took time to visit the mothers in the postnatal department at Mowbray Maternity Hospital. From Left: New mother Siphokazi Mahlelo joined by Premier Zille and Dezerie Sanders, Operational Manager: Nursing at Mowbray Maternity Hospital, was one of the mothers who received a care package courtesy of the hospital.

## Life-saving Cardiac Surgery for 50 Children

Eleven-year-old Dale Martiens, from Delft, is able to run, exercise and live a relatively normal life after undergoing cardiac surgery at the Red Cross War Memorial Children's Hospital in November 2016.

Apart from a large hole between the pumping chambers of his heart, he had severe narrowing of the arteries to his lungs. This resulted in lack of oxygen, causing blueness and poor effort tolerance, which hindered him from walking easily or exercising. Without corrective surgery (a Tetralogy of Fallot), he had a vastly reduced life-expectancy.

Fifty children have received life-saving cardiac surgery and a new lease on life, thanks to a partnership between the Walter Sisulu Paediatric Cardiac Foundation (WSPCF), the Vodacom Foundation and the Red Cross War Memorial Children's Hospital. The stakeholders hope to continue this collaboration into 2017

Although there are several factors that contribute to the length of the waiting list and the estimated waiting period, the partnership has had a significant impact. Patients waiting for cardiac surgery have decreased from over 200 to a constant of nearly 120 (with an approximate 5 month waiting period).



**Above:** Eleven-year-old Dale Martiens is one of the 50 children who have received life-saving surgery thanks to the partnership between Red Cross War Memorial Children's Hospital and the Walter Sisulu Paediatric Cardiac Foundation.

## Reaching out to Communities

The Northern Tygerberg Substructure brought healthcare to informal settlements in the area last year to provide communities with more access to services that are not always able to get to clinics.

The target area included Fisantekraal, Klipheuwel, Bloekombos and Wallace and focused on providing services to the old and young which included the following:

- HIV testing
- NCDs screening (diabetes, hypertension)
- Polio drops
- Vitamin A and deworming
- Nutrition and lifestyle choices and education
- Eye testing (done by Rotarians)
- Hand wash techniques
- Cervical screening

Large volumes of the community attended to make use of these free services especially women in Wallacedene who took the opportunity to have cervical smears and children who had missed out on some of their immunisations. Clients also had their eyes tested and some were referred for further testing.

## Heaps of fun in Nelspoort

Mental Health and World Disability Day was celebrated with lots of fun and included participants from the Nelspoort Hospital, community members with disabilities and the elderly.

This annual event which was held in the community hall, included sports and celebrations and was hosted by the Association for Persons with Disabilities (APD) of Beaufort West and the Health Department. The day also provided an opportunity to improve integration in the community.

Participants walked through the neighborhood to involve the community and to create awareness. Sack races, dancing, spoon run, board games like dominoes, fingerboard and bowling were only a few of the many activities offered. The day concluded with an awards ceremony and a certificate presentation for each participant.

## Nurses Celebrated



Sister Jane Booth, Paediatric Nursing Specialist at Red Cross War Memorial Children's Hospital, is no stranger to being awarded for her amazing work with the Breatheasy Programme and was recently awarded the 2016 Nurse of the Year at the Hospital's eighth annual Nursing Excellence Awards in recognition of her outstanding service to the hospital, and in particular her contribution to the ground-breaking programme.

The hospital's Nursing Excellence Awards ceremony recognises the excellent service rendered by the nursing staff during the year. This year's award ceremony had 16 of the best candidates or nominees chosen by their colleagues within their respective areas of expertise.

The prestigious award is bestowed upon an exceptional individual who lives up to the nurses' pledge and the values of the nursing profession - having a caring, empathetic and positive attitude;

advocating for patients and their families; demonstrates leadership by motivating others and earning the respect of their peers; and behaves in a professional manner. Someone who continually pursues excellence in nursing, has delivered positive outcomes in the face of adversity or has performed above the expectations of their role, plays an important role as part of the multi-disciplinary healthcare team and supports and participates in reaching the objectives of the nursing department and the hospital.

Booth was a founding member of the *Breatheasy* Programme started at Red Cross War Memorial Children's Hospital in 1989 and has worked tirelessly over the years to improve care for these children. She has influenced practice in South Africa as well as globally by sharing this model of care.

The *Breatheasy* Programme assists parents/caregivers to look after their technology-dependent children at home. (These patients require

technology to prevent death or further disability and a technically-skilled carer to look after them). The multi-disciplinary programme, a nurse-led initiative coordinated by Booth, trains parents to take over the care for their technology-dependent children from the medical team at the hospital; empowering them to take care of their children at home.

The programme also improves the child's quality of life, their developmental needs and prevents the psycho-social complications of long-term hospitalisation. They feel safe and secure growing up within their families, integrated into their own communities and eventually will be able to contribute to society at large. What makes this programme unique is that the parents (families) have to take complete responsibility for the care of their children at home, because as yet there are no paediatric home-based carers in the community.

Booth and the Breatheasy Programme were included in a Health Innovators Booklet from the Bertha Centre for Social Innovation and as a result the Breatheasy Programme was one of only two health innovations from South Africa that was featured as part of a BBC series showcasing health innovations across Africa in April 2015. The series focused on how these health innovations in Africa is making a difference to the lives of patients, their families and communities. To watch the inset visit [www.bbc.in/1IFIUVF](http://www.bbc.in/1IFIUVF)

She was also awarded the Critical Care Society of Southern Africa's President's Nursing Award, the highest accolade awarded by the Society, in August 2015

**Above Left:** Sister Jane Booth, Paediatric Nursing Specialist at Red Cross War Memorial Children's Hospital,

# GSH wins 3 CPSI Public Sector Innovation Awards



Photo: Groote Schuur Hospital award winners at the ceremony.

The Centre for Public Service Innovation (CPSI) is a government component in the portfolio of the Minister for Public Service and Administration. It was established to identify, support and nurture innovation in the public service, with a view to improve service delivery. The CPSI seeks to celebrate the successes of individuals, teams and departments in the quest for a more effective, efficient and accountable government.

The annual Public Sector Innovation Awards promote and encourage best practices in public sector innovation and celebrate the successes of individuals and teams at all spheres of government. The programme also serves as a tool for expanding innovation and encouraging others to innovate for improved service delivery.

**Groote Schuur Hospital won the following awards:**

## ENERGY-SAVING PROJECT

The award was given in recognition of the continued savings that have been achieved in the fields of water and coal saving.

The Groote Schuur Engineering Department has over the last five years managed to drop the coal consumption of the hospital by 46% and the water consumption by a little over 60%, from 740 million litres in 2010 to 320 million litres in 2015.

This has been achieved through the implementation of basic Engineering Practice which allows ease of maintenance and quick response to failures and/or break downs. Staff are given direct responsibility for the function and maintenance of

plant and equipment within their relative sections. This environment has created a sense of ownership among the staff as well as a subtle competitive drive.

## FLOW-MANAGEMENT PROJECT

This innovation is aimed at addressing the congestion in the Emergency Unit with delayed transfer of patients from the Emergency Unit to the wards.

### Goals of the project:

- decrease the discharge process time,
- address the flow system with any bottlenecks there might be in the system.

These goals require multidisciplinary teams from areas working together to improve the methodology to get patients discharged more efficiently.

## WASTE-MANAGEMENT INITIATIVE

A huge proportion of waste is generated annually at the hospital. Recyclable waste was not being actively managed.

### Goals of the project:

- introducing recycle bins and improvement of waste management,
- creating a polystyrene-free hospital.

These goals have been achieved by educating staff about waste separation and by using no polystyrene goods at the hospital.

**Thank you for going above and beyond the call of duty...**

# Global Green and Health Hospital (GGHH) Network Unites the Global Health Community with Africa



**T**he International Hospital Federation's (IHF) 40th World Hospital Congress (WHC) took place at Durban's International Convention Centre from the 31st of October to the 3rd of November 2016. It was the first of its kind on the African continent. The IHF members gathered on the congress theme; "Addressing the Challenge of Patient-centered Care and Safety". This theme was within the scope of the overall GGHH objective of encouraging best practices, therefore the opportunity to host a

GGHH side event alongside the WHC was taken full advantage of.

The side event "Global Green and Healthy Health Systems" brought together hospital leaders from Africa as well as other leading international health care experts to share approaches to low-carbon, sustainable health care ideas and systems. More than 100 IHF delegates registered for the GGHH side event. These delegates included all the chief executive officers from 30 hospitals in the KwaZulu-Natal province, 26 from the Western Cape

and 30 spread across the remaining seven provinces in the country.

Through this forum multidisciplinary exchange of knowledge, expertise and experiences were facilitated, together with dialogue on best practices in leadership in hospital and healthcare management and delivery of services. Each discussion focused on thematic areas that reflected the goals that the sustainability champions had adopted. The themes were spread across leadership, waste, water pharmaceuticals and energy. Mr. Denton Smith, a GGHH Sustainability champion and who heads the Engineering department at Groote Schuur Hospital said, "Since we initiated the changes to the infrastructure of the boiler house and the steam lines we have managed to effect a saving in the hospital coal consumption of 46%. This has reduced our environmental footprint remarkably."

Inkosi Albert Luthuli Central Hospital (IALCH) was picked for the hospital tour during the congress.

This is an 846 bed hospital, serving the needs of 3.7 million people. The hospital's presentation featured their case study of good environmental health practices to save energy and water and reduce the amount of chemicals used in cleaning. Overall the visit to IALCH was a fantastic way to end a successful week of GGHH involvement at the conference. This event encouraged members with a new born feeling of commitment and honour to their oath to first do no harm.

## Nursing Staff Clinical Excellence

Tygerberg Hospital hosted the 27<sup>th</sup> Hartman Ceremony Awards in October last year to recognize the excellent services rendered by the Nursing staff during the year.

The ceremony was named after Miss Maria Hartman, the first Chief Matron of Tygerberg Hospital. After her retirement, an annual award presentation was established to commemorate her immense contribution to professional nursing services.

Nursing staff of the hospital play a determining role in:

1. Providing excellent quality nursing care at tertiary level,
2. The management of the hospital,
3. The clinical accompaniment of Nursing, Medical, Supplementary and Professional students,
4. The development of Clinical Nursing in specialized areas, and
5. Promoting the goals of the Nursing profession as a whole.

**i** Candidates were selected according to strict clinical criteria and three winners (Professional Nurse, Enrolled Nurse, and Enrolled Nursing Auxiliary) were announced from each Nursing Module.

## Mitchells Plain CHC wins at CPSI Public Sector Innovation Award

The Mitchells Plain Community Health Centre (CHC) is reaping the rewards after successfully implementing a Chronic Disease Management Highway system in the facility. The facility received a First Runner-up national award in the Innovative Enhancements of Internal Systems of Government category from the Centre for Public Service Innovation (CPSI).

The Mitchells Plain CHC provides a healthcare service to approximately 36 000 patients per month, of which more than 20 000 are clients who access their Chronic Club services. The facility implemented three steps to manage their chronic clientele, which reduced waiting times at the facility drastically from an entire day to 2 hours.

In order to reduce the long patient waiting time, the Mitchells Plain CHC team implemented a single service point for Chronic Club Clients and constructed additional filing space. They instilled

community and staff ownership of the facility by launching the “Proudly Mitchells Plain Campaign”, which brings various stakeholders together to motivate community members and staff to take pride in their facility.

A SMS client communication system was established for the collection of medication and appointments, and to develop and launch an information-based website for the facility as well as an overall communication plan.

This system is a work in progress and the team are looking for ways to make patient-centred care even more effective and efficient.



## HATS OFF TO THE 2016 OVERBERG LONG SERVICE AWARDS RECIPIENTS

‘I was there when the grass was planted at Hermanus Hospital shortly after it opened in 1974 and I am still there today,’ recounts Ms K Williams who was the sole 40-year, long service award recipient in the Overberg for 2016. She further adds that if it was up to her she would never leave because Hermanus Hospital is not just the place she works at; it is her home away from home.

Although Ms Williams admits it was not always easy, especially when the hospital expanded, patients increased, management changed and practices changed; she laughs and says that those were the best times because it forced her to grow as an employee and as a person.

Ms Williams’ story is one of many that were told on the lovely November day in 2016. Even though the staff members were from different facilities and had different job descriptions, all of them exhibited the same dedication. It was their smiles and laughter that made the 2016 Overberg District Long Service Awards Ceremony a roaring success.



## Living the Values of The Leadership Behaviours Charter



Photo: The Food Services team at Swartland Hospital

who attended the event, were all in agreement on the persons honoured for the specific values, indicating that they truly display those values and are considered ambassadors for that particular value.

### Recipients of the value awards:

- **Innovation:** Dr C Prins
- **Caring:** Mr H Siegelaar
- **Competence:** Food services team comprising of Ms A van Breda, Ms EL Rudolph, Ms E Jaars, Mrs SJ Louw, Mrs LC Moses, Mrs MF Julies, Ms F Durandt
- **Accountability:** Dr J Brownbridge
- **Integrity:** Sr S van Schalkwyk
- **Responsiveness:** Ms N Titus
- **Respect:** Ms T Kawa

**W**hen the leadership Behaviours Charter was introduced in the Department, staff in the West Coast District reacted positively to it, stating that this was 'n practical and usable document that could really add value to the workplace. Staff, including management teams of facilities and sub-districts, was challenged by the District Director, Mrs Carine Bester to come up with ways to actively live the seven values embodied

by the charter. The management team of Swartland Hospital responded to this challenge with a Staff Appreciation Awards Event recognising staff who display the 7 values of the Leadership Behaviours Charter. They also used the opportunity to recognise staff with 10 years' service in the department and a few staff members who reached individual academic achievements. What was evident during the awards event was that the staff members,

The Hospital's management team plans to continue with these awards on an annual basis, given the success of this first event. They also challenged other facilities in the West Coast District to reward their staff members for integrating the values into their daily working environment.

## Folio InterTel Online Competition's West Coast Winners

**T**he West Coast District has noted a higher influx and migration of seasonal workers due to the nature of its economic activities, especially in the farming sector. This phenomenon creates a unique set of challenges for the district's health services, including the need for interpreting services at primary health care facilities.

The Folio Online telephonic interpreting service is therefore a necessity in facilities with a variety of languages spoken amongst patients. In order to promote the use of the interpretation service, Folio Online recently launched a competition in the West Coast District with 11 participating PHC Facilities that was monitored on a monthly basis on the number and variety of calls made to use the service. The competition ran for 3 months and Malmesbury CDC

in the Swartland Sub-District won the first month's competition. For the first month, the facility received a speaker phone and paper shredder and the second month's prize was a supply of coffee, tea and other supplies for staff. The last month of the competition was won by Lutzville Clinic in the Matzikama sub-district and they received a bread toaster and paper shredder to use in their facility.



InterTel is a telephonic interpreting service presented by Folio-online that makes it possible for all health personnel who need to care for a patient who speaks a different language to access an interpreter in real time, simply by placing a telephone call.

The service offers over 70 languages and is very simple to use. Although the system has been in use since 2013, use of the system has been sporadic and limited to those people who make use of it habitually.

Caring for our patients in their own language personifies our organisation's values. It shows that we care, demonstrates our competency, proves our accountability and integrity, above all it most definitely showcases respect and responsiveness.



## The “Voice” of Mossel Bay Hospital

The friendly voice that greets you when you get through to the telephone operator at Mossel Bay Hospital is that of 33-year-old Clinton Petersen. His energetic personality and great sense of humour will leave you smiling long after you have left the hospital.

Clinton enjoys his work which is evident in his interaction with his colleagues and the clients. He has been the “voice” of Mossel Bay Hospital for more than 10 years; something he is proud of.

Life has not always been easy for him. A diving accident on 1 January 2004 left him paralysed from the neck down, with only limited use of his right arm and hand.

Although a difficult road for him, Clinton has accepted the new direction his life had taken. “You either accept or reject the situation. Rejection just adds to your stress and is a silent killer. I have learned to accept my limited physical capabilities,” said Clinton. His motto is: “My disappointment is God’s appointment.”

He is passionate about rugby and works part-time for SA Rugby as Boksmart Trainer for their safety programme, which is about head, neck and spinal cord injuries. He is also a World Rugby Educator who offers courses to referees in the area on behalf of World Rugby.

People with disabilities face many challenges, one of which is the perception other people have of them. “I can’t stand other people’s pity,” said Clinton, who lives life to the fullest despite his disability. “People also often assume that people with physical disabilities are mentally disabled as well.” The International Day of People with disabilities, an annual event, was celebrated on 3 December 2016.

The theme for this year’s International Day was *“Achieving 17 Goals for the*

### *Future We Want”.*

The annual theme provides a frame for considering how people with disability are excluded from society by promoting the removal of all types of barriers; including those relating to the physical environment, information and communications technology (ICT), or attitudinal barriers. This has been occurring since 1992 when the General Assembly proclaimed 3 December as the International Day of Disabled Persons.



## New Head of Nursing For Red Cross

Red Cross War Memorial Children’s Hospital was delighted to welcome Mitzi Franken as their new Nursing Manager last year.

Franken joined the hospital from Mowbray Maternity Hospital where she worked as Assistant Manager: Neonatology for six years.

Having first started her career at Tygerberg Hospital in 1991, after qualifying as a Registered Professional Nurse at the then Otto du Plessis Nursing College, Franken has worked her way up the career ladder. After three years at Tygerberg Hospital, she worked in midwifery and neonatal nursing care at the Nkhoma Hospital in Malawi before moving to Karl Bremer Hospital where she was instrumental in the establishment of the first 30-bed Kangaroo Mother Care Unit.

She chose a career in nursing after regularly being told the story of her birth – her father had to drive more than 300 kilometres to get her mother to the hospital after she decided to come four weeks earlier than her due date and after her mother was advised not to have another child. She also happened to be born on 12 May, sharing a birthday with Florence Nightingale. So ever since she was a little girl she wanted to become a nurse – only years later she would realise that the imprint of these stories must have played a big role in her choice of career.

Throughout her career she has realised that every life counts and has actively been involved in teaching and training staff to care for vulnerable babies – it required behavioural change, but she can proudly look back and say that she played a role in the transformation in care for babies.

With a wealth of experience in paediatric healthcare and as the Chairlady of the South African Kangaroo Mother Care Foundation, Franken is a great asset to the hospital.



## 60 KM Relay To Celebrate 60 Years

**A**s part of Red Cross War Memorial Children's Hospital's 60th anniversary celebrations, staff and other stakeholders participated in a 60 km relay walk/run on 17 November 2016.

The 60 km relay started at 06:00, with team members taking turns walking or running laps along the track around the Rondebosch Common, up until 18:00 or until their team reached the 60 km mark.

To complete 60 km, a team had to complete 23 laps of about 2,6 km each around the Rondebosch Common.

Twenty-nine teams participated and as such illustrated the teamwork that has gone into and continues to go into running the Hospital.

The Department of Anaesthesia finished in first place with a time of 05:43:15, followed closely by the Department of Paediatric Surgery with a time of 05:48:22.

**Photo:** Relay 1: The starter's gun was fired at 06:00 to mark the start of the 60 km relay.



## HOD (Dr Engelbrecht) and entourage visited Elsie's River CHC

On 7 October 2016, the Head of Department, Dr Beth Engelbrecht, and her Senior Executive Team visited the Maternity and Obstetric Unit of Elsie's River Community Health Centre (CHC) to assess the state of current services rendered at the facility in response to the requirements of the Millennium Development Goals towards Health Care 2030.

This visit was the Department's commitment to the First 1 000 days project which aims at preventing infant mortality and improving maternal health. During the session, the WCG Emergency Services team was given an opportunity to showcase their sophisticated and baby friendly emergency vehicle used to transport the sick neonates from PHC to tertiary healthcare.



## How to Manage Pesky Marketing Calls

You first register on the website <https://www.nationaloptout.co.za/>. Follow the steps as indicated on the website.

Then, when a marketing company phone you, you immediately request to ask them a question first. They are required to agree to your request and you then ask them: 'Is the company you represent a member of the Direct Marketing Association of Southern Africa?'

If the person answers yes: reply by saying: 'I am registered on the National Opt-out database, so therefore you are not allowed to call me. Please remove my details from your database and provide me with your company's registration details so that I can report this call to the DMA.' Usually the caller will then end the conversation.

If the person answers No: reply by saying: 'The National Consumer Protection Act requires marketing companies to be registered with the DMA in order to operate their business. Please remove my details from your database and provide me with your company's registration details so that I can report this call to the National Consumer Protection Agency.' Usually the caller will then end the conversation.

# WORLD AIDS DAY

**F**ighting the spread of HIV/AIDS remains a top priority for the Western Cape Government Health (WCGH) as it remains committed to achieving an AIDS-free generation by 2030.

Leading up to, and on, World AIDS Day, various health institutions both public and private, joined hands and supported the SANAC's "Hands Up for HIV prevention" drive.

Health MEC in the Western Cape, Dr Nomafrench Mbombo joined this drive by talking to people in Cape Town about their important role in joining this AIDS prevention fight. She said: "in spite of the past successes in the Western Cape we remain particularly concerned by the high rate of new HIV infections amongst women and girls between 19 and 24. With the help of the Global Fund grant, we want to tackle this problem in "hot spot" areas with the greatest need".

According to The Prevention Gap Report, UNAIDS 2016, in Eastern and Southern Africa there are 4500 new infections per week amongst young women in the age group 15 - 24 years and this is double the new infections amongst men in the same

age bracket.

The WCGH received a Global Fund for a grant (almost R300 million). Implementation commenced in April 2016 and it was officially launched in October 2016 to be rolled out in the Klipfontein Sub-District. The initiative, themed Women of Worth, is an ambitious programme, targeting young women between ages 19 - 24 years.

It will deliver a package of care based on an evidence-based approach that goes beyond the health sector by addressing the drivers that increase young women's risk to HIV including poverty, gender inequality and poor education. The initiative will provide a basket of services including self-empowerment coaching, parenting and caregiver programmes, and a combination of socio-economic incentives aimed at HIV prevention approaches.

The project will aid the Department to further its ongoing prevention programmes for adolescents and youth in and out of school, which ultimately assists in reducing the prevalence of young females aged between 10 and 24 years from contracting HIV/AIDS and

Tuberculosis (TB). It will also help to implement an education plan for the prevention of teenage pregnancy through life skills, sexual and reproductive health education, HIV counselling and testing.

As at September 2016, the WCGH has had a number of successes in its fight against prevention in the general population, including the following:

- 216 269 people on anti-retroviral treatment (ART)
- 0.8% mother to child transmission rate
- 70% of clients (31 141) on ART retained after 12 months
- 683 742 clients for HIV tested
- 60 384 537 male condoms and 1 625 718 female condoms distributed
- 80.1% TB success rate
- 1 782 851 Clients 5 years and older screened for TB

Visit the Western Cape Government Health Facebook page and type in #HIVprevention to see all the contributions from facilities in the province who joined hands in the ongoing fight towards an AIDS-free generation.





## Provincial Forensic Service's (PFS) Mandate

Provincial Forensic Services (PFS) is responsible to ensure the prevention, detection and investigation of economic offences within or against the Western Cape Government (WCG).

**The Provincial Cabinet has mandated PFS to investigate all matters involving the following:**

- Common and/or statutory law economic offences (such as theft, fraud and corruption), and
- Alleged misconduct and irregularities

- which cause, or can possibly cause, actual or potential financial loss for WCG; or
- which will/could have an adverse effect on the effective and efficient operation of the WCG.
- Allegations against the head of a department, following a request from the relevant provincial Minister and after consulting the Premier.

**PFS is also required to do the following:**

- Refer non-compliance transgressions by officials back

to the relevant department, where there is no prima facie evidence of fraud, theft or corruption.

- Report any matter to the South African Police Service (SAPS), where there are prima facie indications of a criminal offence, after consulting the relevant head of department

Finally it should be noted that only the Public Protector may investigate allegations against a member of the Executive in the national and provincial spheres of government.

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	3			12
Presidential Hotline	-	-			-
Whistle Blower	2	1			3
Total	14	4			18
Status of FPS Investigation	Qtr1	Qtr2	Qtr3	Qtr4	Total
Brought Forward from 15/16	22				22
New Cases	14	4			18
Closed Cases	(17)	(5)			(22)
Investigation still in progress	19	(1)	-	-	18



# Health Language Unit

It is provincial policy that all documentation be printed and communicated in all three official languages i.e. English, Afrikaans and IsiXhosa.

## What about South African Sign Language and foreign languages?

- To meet the medical needs for all Western Cape communities, the Department put in place a tele-interpreting service to accommodate all Western Cape citizens.

## What is tele-interpreting?

- Tele-interpreting is a telephone interpreting service that helps health workers and patients who do not share a common language. It takes place in the consecutive mode. All that is needed is a speaker phone. The company Folio provides the telephone interpreting service for the Department of Health. Each language is given a unique code and there will be a specific telephone

number created to utilise for requests.

## How to access tele-interpreting service?

- Liaise with the Department of Health's Language Unit to arrange a Folio account for your facility. Folio will provide a specific telephone number for your facility. Your facility will then dial Folio directly for any language related request; put in your unique language code on the voice prompts. Your request will then be attended to.

## Who is liable for costs?

- The Department of Health: Head Office is accountable for the actual service.

- Telephone calls are the liability of the concerned facility.

## How do the Deaf community, Psychiatric Facilities and Rehabilitation Centre utilise the service?

- Call in, and arrangements will be made for an onsite South African Sign Language interpreter for the following sectors:
  - i) Deaf community
  - ii) Onsite interpreter for psychiatric cases
- Tele-interpreting and onsite interpreting for Rehabilitation Centre
- What is required from facilities is to give the service provider ample time to schedule request accordingly.

The Liaison Language Services Unit was established in the Directorate Communications of the Department since December 2005. This service is available to all health officials for the translation of official documentation. Contact person: Ms Fikiswa Magqashela Telephone: (021) 483 5516 or E-mail: Fikiswa.Magqashela@westerncape.gov.za, should you require any translations done into Afrikaans



FOLIO  
**InterTel**

T +27 (0) 21 426 2727

E lauri.king@folio-online.co.za

[www.folio-online.co.za](http://www.folio-online.co.za)

Follow us on Facebook & Twitter



## Overcoming the language barrier

Folio InterTel, the first instant telephone interpreting service in Africa. With a simple phone call, InterTel offers professional medical interpreting in up to 37 languages, including 26 African languages and 11 European and Asian languages.

In a medical emergency, effective communication can make the difference between life and death.

Folio InterTel is your solution when a patient cannot explain their symptoms or medical background because of language differences.

## 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.