Collaborations between the theatre department and the Cincinnati Children’s Hospital Colorectal Division resulted in 24 successful complex surgeries taking place during Cape Town Colorectal Week.

This partnership is committed to spreading knowledge and expertise regarding colorectal operations internationally. It resulted in 70 delegates from 22 countries being trained in this specific field at the hospital between April 22 and 25.

“The need for this training amongst African surgeons was evident during a colorectal course hosted by the hospital last year which showed that paediatric colorectal surgical services were neglected due to lack of expertise,” said Prof Alp Numanoglu, the head of the surgical department at the hospital. “Red Cross War Memorial Children’s Hospital is known for introducing many firsts for paediatrics in South Africa; such as the first liver transplant service and the separation of conjoined twins. Now, with the recent developments and upgrades within the hospital it can be seen as a resource centre for the training of African surgeons.”

On Sunday 21 April, a special outpatient’s clinic was conducted to identify cases and plan for the upcoming week. During the week, 24 children from all over the country underwent colorectal surgery. The surgeries took place in three theatres simultaneously, over four days. A live digital broadcast to the hospital’s lecture theatre gave delegates the opportunity to view the surgeries live and interact with surgeons.

Professor Numanoglu said: “Colorectal Week could not have been possible without the help and dedication of the nursing sisters in the pre- and post-op wards.”

In a letter of thanks to staff, hospital management said: “The surgeries performed during colorectal week was a huge success due to the efforts of dedicated staff.

“Through your hard work, all pre-operative preparations at outpatient level were in place, extra theatre lists were completed and activities at ward level maintained a high standard.

“You also acted as ambassadors for the Western Cape Government and the hospital, as you hosted the many foreign visitors that visited the hospital during this time. The management sincerely appreciates your efforts and we thank you for your contribution to excellent patient services.”

Jayden Swartz and his mother Esmerelda await discharge after the five-year-old underwent corrective bowel surgery during Colorectal Week.
NURSES DAY

Left: Nurses have their hands blessed by Rev Lynn Pedersen at the Nurses’ Day Celebration on May 10.

Below left: The Nursing managers are photographed near the Nurses’ Day Banner.

Below: Nurses enjoy a cup of tea and a muffin during the Nurses’ Day celebration.

SMILE WEEK

Nurses from across the continent and abroad gathered at the River Club in Cape Town from 17 to 19 April 2013 for the first Building Children’s Nursing for Africa Conference. This nursing conference was the first of its kind to be hosted in Cape Town, and explored research-based solutions to boost health outcomes for children. The conference was structured on a participative model that encouraged contributions of all paediatric nurses. Experts in their fields spoke on a wide range of subjects, including child neurodevelopment; how nurses can work better alongside families to care for children; the role of mothers in managing children’s health; and local nursing strategies to decrease under-five mortality.

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The partnership between the Red Cross War Memorial Children’s Hospital and Smile Foundation has resulted in another successful Smile Week at the hospital. In the sixth Smile Week at the hospital, from June 10 to June 14, 19 children underwent surgery that enabled them to smile or gave them a better quality of life.

The surgeries, which this year was sponsored by Adcock Ingram, ranged from cleft lip and palate, ear and nose reconstruction and corrections, hand cases, to craniofacial surgery.

Moira Gerszt, the Executive Director of Smile Foundation, said: “These children are the VIP’s who are benefiting from a collaborative effort by Smile Foundation, Adcock Ingram and the hospital and its staff. Besides the varied types of surgeries being offered to the patients, there is a sense of working together with other specialties within this hospital. We are grateful to be able to play a part in supporting the hospital during this Smile Week.”

The Smile Foundation has been partnering with Academic Hospitals in South Africa 13 years. Adcock Ingram has partnered with the Smile Foundation for four years, to help underprivileged children with facial conditions, alleviating backlogs in the hospitals, encouraging skills transfer, offering psychological help before, during and after surgery and supporting the hospital infrastructure.

The success of the Smile Week model is widespread. To date, over 1000 children have benefited from surgeries around the country through the partnership with state academic hospitals.
Hospital management held a Townhall Meeting on May 14. Acting CEO Dr Terence Carter hosted the meeting to discuss issues affecting the department and the hospital.

Items discussed at the meeting include:

**Senior management posts:**

Dr Lungi Linda resigned as at end of March and Dr Carter, who has been acting since then, resigned at the end of May to take up a post at National Department of Health. The short-listing for the CEO post has been done. As from 1 June until the post of CEO is filled, Dr Agata Krajewski, MMS from Groote Schuur Hospital, will be acting in the post. She will be based at RCWMCH.

Nationally the CEO posts were advertised and filled at a different level. The CEO post level of the three Tertiary Hospitals has changed, namely the CEO posts at Groote Schuur Hospital and Tygerberg Hospital are on salary level 15 and the CEO post at RCWMCH is on level 14. In light of this, the CEO post of RCWMCH had to be re-advertised.

The finance manager post, which has been vacant for more than six months, has been filled. Mr Collin Frank, the DD of Finance at Groote Schuur has been acting in the post in the interim. Dr Carter thanked Mr Frank for the work he has done.

Mr Louise Lahner, a senior financial manager at Tygerberg Hospital has accepted the post.

“She is one of our most experienced finance managers,” Dr Carter said. “We feel Red Cross is one of the most important hospitals in the Western Cape and it should have good managers.”

**Forensic investigations:**

There have been lots of investigations taking place by the Forensic Investigative Unit (FIU) who are now concluding their investigations. One of the enquiries was into assets that have been bought and disposed of for the period 2011/2012. Dr Carter added that neither he nor the managers have any details on what the FIU reports contain. The reports have been submitted to the HOI.

Dr Carter added that assets need to be properly disposed.

“Assets have not been disposed of correctly at the hospital,” he said.

**Action taken:** Information on how to dispose of assets properly was sent out by the finance department.

Another area that was audited was late payments to suppliers. This problem is not unique to the hospital.

Requisitions have three signatures. Most requisitions only have one or two which results in.

The proper paperwork also needs to be completed when transferring of assets from one location to another.

**Infrastructure**

There are several infrastructure projects that are underway at the hospital:

- The Centre for Childhood Infectious Diseases
- The Radiology suite
- The Intensive Care Unit
- The upgrade of the Canteen
- And the move of Human Resources to the first floor of the staff residence.

**Capital equipment:**

Dr Carter reported that the hospital is in the process of procuring capital equipment. Because of the infrastructure work in the Radiology Department, the funding for the equipment for that area will be given next year when all the infrastructure work is done.

The automatic dispensing unit for the Pharmacy will also be purchased in the next financial year.

**National study**

A national study was done recently at all tertiary hospitals to analyse where patients access health care.

It was found that in seven provinces, patients moved to other provinces to access health care. Two hospitals were found to treat patients from all over the country: Red Cross War Memorial Children’s Hospital and Groote Schuur Hospital. “This is a good hospital, it functions well and it has good staff,” Dr Carter said.

**National Core Standards**

During the recent National Core Standards audit the hospital performed well.

“But the hospital can do better,” Dr Carter said.

The hospital scored 76% in the NCS audit, which was 20% higher than the Western Cape average but more than 10% lower than the top scoring hospitals in the country.

“We should expect Red Cross to perform above 85%,” Dr Carter said.

**Labour Caucus**

Dr Carter noted that there has not been an IMLC meeting at the hospital for several months. He emphasised the importance of having a strong IMLC.

“There must be a way in which you communicate your frustrations,” he said.

**Action taken:** Human Resources were instructed to send out a circular identifying all the shop stewards. Dr Carter scheduled an IMLC meeting for May.

**Comment:** Sr Lydia Finger, the operational manager of the Trauma Unit, raised a concern about the National Core Standards.

“The hospital should not wait for the next audit for problems to be resolved as management are aware of what the problems are,” she said.

Dr Carter acknowledged this concern and added that the responsibility is firstly with the managers and secondly with the rest of the staff. He further added that the hospital can do better, but only if the areas can be identified where the hospital failed and all to work together to improve on this.

**Question:** Mr Sameer Rahim, the HOD of the Physiotherapy Department, asked if there is a correlation between the scores and the actual performance of the hospital in terms of clinical care.

**Departmental news**

**Dr Carter elaborated on changes taking place at a departmental level:**

**Departmental restructuring**

There has been restructuring in the Department of Health. There were two service divisions; one was responsible for District Health Services and Clinics and the other service division was responsible for specialised hospitals.

As from the beginning of last month there is only one service branch of which Dr Beth Engelbrecht is the head.

**New hospitals**

The Department is busy with the planning process for Healthcare 2030. As from 1 September, Mitchell’s Plain hospital will be open. Between September and December, new services will be commissioned to Mitchell’s Plain hospital. One of the new services that will be commissioned will be Paediatric Services. This will have a major impact on RCWMCH. There will be three new hospitals being opened in the near future offering Paediatric Services: Khayelitsha District Hospital, Mitchell’s Plain District Hospital and GF Jooste Hospital.

**Strategic planning**

Ernst & Young have been employed to do Change Management in the Department of Health. Dr Carter highlighted two of these principles that they will be focusing on, namely outcomes based and patient centred experience. They will start on 1 July at the district level first and thereafter roll-out to the other hospitals.

The two areas they would be focusing on are:

- An Outcomes Based Approach “Are we making an impact on the population that we serve?” Dr Carter said.
- And patient experience “Are our patients being treated like people and not like numbers?”

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Questions, comments and answers

service delivery. He added that the NCS audit focuses more on governance scenarios, but not necessarily on the patient care and service delivery.

Dr Carter responded that there is no tool that measures service delivery.

C: Sr Finger raised a concern that several basic items, such as maize meal, are out or stock because of procurement delays. What is being done about this?

A: Dr Carter acknowledged that the biggest problem at the hospital is Supply Chain Management. He indicated that he was not aware of this specific problem and said there needs to be a process where the basic needs of the hospital are listed and these items should never be out of stock.

Dr Carter raised his concern that was not escalated to management and that it should have been brought to his attention because as CEO he is the first line person to take responsibility for matters at the hospital.

“When you are in a situation like that, raise it to the CEO,” Dr Carter said, “We are public servants. As managers we are here to serve our employees and you need to hold us accountable.”

Supply chain delays are being in-depthly looked at and addressed but the non-supply of basic things should be brought to the immediate attention of the manager.

Action taken: Dr Carter will meet with the finance team and Dr Krajewski.

Q: Sr Finger asked if the Circulars that are received from Head Office could be readily made available to all staff.

Dr Carter agreed that this request is possible.

Action taken: 2. Dr Carter will discuss further with the managers.

C: Sr Kuku Pono, the Occupational Health and Wellness Nurse, raised the concern that the workshops do not have protective gear, that the Occupational Health and Safety Committee is not meeting regularly due to minimal attendance and often no union representation and there is currently no doctor in the Staff Health Clinic.

Dr Carter agreed that it is a statutory requirement to ensure that an Occupational Health and Safety Committee is in place and regularly held.

Action taken:

- Protective wear issue to be put on IMLC agenda
- The Occupational Health and Safety Committee meeting to be scheduled for June.

Dr Carter and Mrs Christal Bulak-Steyn, the Human Resources manager, to discuss and feedback regarding the staff health doctor post.

C: Mr Poggenpoel raised the concern that due to the ICD10 codes not being used effectively, this is leading to a loss of income.

Dr Carter agreed that the ICD10 needs to be used and added that if the clinicians are given the tools and the training then it can be done more successfully.

C: Prof Davidson endorsed the comment about getting the revenue back to the hospital by proper ICD10 coding use. It was felt that this money could be used towards retaining experienced nursing staff, by employing additional nurses. Currently they are under extreme pressure and therefore there is a high absenteeism rate.

C: Mr Rahim agreed that across the board more staff is needed as the additional work puts added pressure on the current staff.

Dr Carter responded that fees have over-collected with a monitor be installed in the area?

C: Professional Nurse Jenny Urry made the comment that patients come to the hospital knowing they will get good service.

He said often patients come to the hospital because they know they will get good service.

“It is important to identify where the inappropriate patients come from and what is the quality of the service where they come from,” he said.

Action taken: Dr Krajewski to take this matter up at Provincial level.

C: Dr Sharon Cox raised a concern about after-hours staffing. She commented that doctors are not allowed to dispense medication by law.

Dr Carter agreed that this is a systems wide problem and a Standard Operating Procedure/guideline/protocol needed to be developed.

Action taken: Dr Krążewski to take this matter up at Provincial level.

C: Dr Ingosi, the Medical Manager, will meet with the Clinical HODs to discuss the way forward.

Dr Carter confirmed that the use of ICD10 coding can be improved.

Action taken: Implementation of the ICD10 code look up browser is being investigated. Low achieving areas need to be identified and sorted out.

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C: Professional Nurse Jenny Urry made the comment that managers need to look at the level of care as Nurses are overloaded.

Dr Carter responded that patients who do not require a specialist will continue to come to the hospital until there are appropriate services available.

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Action taken: Dr Krążewski to take this to the GSA meeting.

C and Q: Sr Gertrude Ramplin, assistant manager, nursing, said that waiting times at $12 at night are long, due to many patients still being there during the day and many after-hours visits. When Med Reg is busy, all the nursing staff are required to be there, and cannot see what activity is happening in the foyer/waiting area. Can a CCTV camera with a monitor be installed in the area?

With long waiting times, tempers flare and staff often verbally abused. Frequently the delays are in waiting for folders to come from Medical Records.

C: Prof Sebastian van As, the head of the Trauma Unit added, that in Trauma there is an “escalation plan”, that states if patients wait for an hour, the next senior person is called to help.

Doctors can also call the Consultant in if they need “more hands” or if it is a difficult case. This should apply in Paediatrics as well.

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Dr Carter replied that hospital management will assess the situation and make recommendation. The placement of a CCTV camera in the area will be investigated. He added there is a need to continually inform patients of the situation and appeal for calm.

There are four main reasons why patients complain:

- Waiting times
- Quality of the interaction between the patient and the clinical staff i.e. “Do I get treated correctly and examined properly?”
- Quality of the explanation given to patients
- Inadequate pain relief

C: Sr Shameema Hendricks said that the words always had difficulty getting hold of surgical intern because the intern has to cover wards D1, D2, Burns and Med Reg. This interferes with patient care.

Dr Thomas Blake, medical manager said that the wards should not rely on interns for service delivery – the HPCS1 is against this concept.

Moreover, next year intern numbers will be reduced. The wards need to make escalation plans for ward cover.

Action taken: Dr Blake and Dr Anita Parbhoo, medical manager, will meet with the Clinical HODs to discuss the way forward.

C: Dr Chris Tinley, expressed thanks to Dr Carter for his input while he has been Acting CEO here.

C: Sr Galiema Haroun said that the first cubic in E1 is used for the overflow of S11 patients and the doctors do not always have a chance to see the patients. She said she often has difficulty getting a doctor to come up, especially on the weekends. There is also sometimes a problem with nursing staff as agency staff are often not competent to manage with these patients.

Dr Carter told Sr Haroun to contact him on weekends when she experienced this problem and he will contact relevant managers.

C: Sr Ramplin said the security staff at night are let into the building.

Dr Carter said this was not appropriate, especially in a Paediatric Hospital and he will meet with the Security Staff to discuss this.
THE STORY OF THE PETER PAN STATUE

Not many people know the story of the Peter Pan statue which is mounted on a rock outside the front entrance of the hospital.

The statue was commissioned in 1959 by Mr Vyvyan Watson, a WW1 veteran and Chairman of the Red Cross building committee in the 1950s. He was instrumental in the fundraising and construction of the hospital, which was opened on June 18, 1956, and a source of inspiration to all those involved in the early days. His daughter, Clemmie Hannay Robertson is a long time donor and supporter of the hospital and volunteers every week in Ward D2.

Before the hospital was built he lost his son Peter, 4, to Diphtheria. Some time after the hospital opened he paid a visit to Great Ormond Street Children’s Hospital in London and was greatly affected by all the Peter Pan references there.

JM Barrie, who wrote the story of Peter Pan bequeathed the future proceeds of all his Peter Pan books, stage plays and films in his will to Great Ormond Street Hospital.

On his return from London, Mr Watson commissioned famous sculptor Ivan Milford Barberton to create a statue of Peter Pan to commemorate the memory of his son. The statue was handed over to the hospital in 1959 where it has remained ever since as a memorial to childhood.

The Children’s Hospital Trust recently opened the Circle of Life Garden of Remembrance at the Sanctuary in the Family Resource Centre. It was dedicated to the memory of Mr Watson at a moving ceremony. This lovely walled garden, filled with indigenous flowers and trees, has been established to honour donors who left a gift in their will to the hospital.

Friends have a new director

David Stephens joined the Friends of the Children’s Hospital Association as the Director in June:

My name is David Stephens. I am married to Viola and we have two lovely children named Faith-Jesse Sibongile and Gideon-Dale Simphiwe.

My background is in education and health. I studied at both Hewat College and UCT and taught for 12 years. I am also an international master trainer and have done various international courses on Health, HIV and AIDS, TB and H1N1. I also completed various theology and biblical studies diplomas as well as an advanced certificate in health management at Foundation for Professional Development and Yale University.

My previous vocations included: Teacher, Project Manager, National Youth and Peer Education Coordinator and National Health Coordinator for the Red Cross Society.

I enjoy hiking and coaching soccer and other sports. Recently I began doing gardening as a hobby. My expertise is in child and youth development in local communities, and have spent over 30 years volunteering at the South African Red Cross Society.

Former Director, Avril Isaacs, bids farewell after many years with the organisation:

I would like to take this opportunity to thank everyone at the hospital for the role you have played during my tenure as the Director of the Friends.

I will always be grateful for the support and kindness you have shown.

I will miss the chats in the corridors, the warm smiles in the Family Resource Centre, but most of all I will miss seeing the joy on the faces of the patients and their families we have supported.

Your support of this wonderful institution will allow the Friends to continue to make a huge impact on the lives of the patients and their families. May the Friends continue to be a beacon of hope for all who walk through its doors.

Good Bye.

Clemmie Robertson unveils the plaque at the Garden of Remembrance

VACCINATION DRIVE

More than 100 children were vaccinated against polio and measles at the hospital during the annual vaccination campaign and influenza vaccinations are still continuing in the Outpatients Department. During the polio and measles campaign an average of 40 children were vaccinated weekly. Here brave Yaeesh Canfield is given a measles immunisation and Mea Pursad the polio vaccine at the Stepping Stones Creche.