

# JONGGA

Issue No.8  
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IMPROVE YOUR  
STATE OF  
WELLNESS

VICTORIA  
HOSPITAL'S  
**NEW**  
PAEDIATRIC  
WARD

EXCELLENCE  
REWARDED  
HEALTH STAFF  
RAKE IN AWARDS!

CHILDREN'S HOSPITAL  
TRUST CELEBRATES  
**20<sup>TH</sup> BIRTHDAY!**



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Government

Health

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## MESSAGE FROM THE MINISTER

### Expect changes in 2014



**Minister Theuns Botha**  
**WESTERN CAPE GOVERNMENT HEALTH**

At the end of this political term, I can look back and say with confidence that we have adopted and implemented the strategic objective of "Creating Wellness". This is a new policy direction to create opportunities for citizens and partners to take co-responsibility for health services.

One of the key ways in which the Western Cape has tried to improve healthcare quality across the province is through innovative partnerships that leverage the talents of the private sector for the benefit of public sector patients. It is based on a win-win philosophy that improves the physical health of patients and the financial health of the economy. The objective is that all parties - Western Cape Government, health consumers and service providers - can participate in the improvement of the total health service outcome.

The results of these efforts over this political term speak for themselves. The Western Cape has the best health outcomes in the country.

#### **Our health outcomes stand testimony to the best in the country:**

- The transmission rates of HIV from mother to child have reduced from 3,6% in 2009/10 to 1.7% in 2012/13 which is the lowest rate in the country. The total clients on Anti-

retroviral therapy were over 134,000 in 2013 compared with around 75,000 in 2009.

- The Western Cape has the highest TB cure rate in the country at almost 82%.
- Response times for life threatening priority 1 calls of less than 15 min in urban areas have improved from 28 per cent to 74 per cent of cases over the last five years.
- Maternal deaths in facilities have decreased from 107 per 100 000 live births in 2009/10 to 60 per 100 000 live births in 2012/13.
- The under 5 year child mortality rate in the Western Cape is 29 compared to a national average of 53 in 2010 and the infant mortality rate is 23 compared to a national average of 37 in 2010.
- The Western Cape has the highest life expectancy in the country.

These achievements would not have been possible without the hard working and dedicated staff of the department. You truly go beyond the call of duty to render a service to patients despite often working in stressful and difficult environments. I have heeded the call from staff for better communication, less bureaucracy, greater recognition and acknowledgement. An innovative change management project has been launched at 38 facilities within the district health service in both metro and rural areas to strengthen local management, provide support to frontline staff, and promote innovation and positive behaviour in keeping with the departmental values.

I would like to acknowledge the management at all levels of the Department. The role of leadership and strong management is often taken for granted, but sadly we have seen examples in recent years in other provinces of how easy it is for even well-developed health services to deteriorate when this is absent.

In the past five years as your Minister I have been humbled to see your work and dedication. Thank you very much!

## FROM THE DESK OF THE HOD

### Improve your state of wellness

As I write this message, Minister Pravin Gordhan, the Minister of Finance, is delivering his budget speech for 2014 spelling out how the downturn in the world economy has affected South Africa. While it is a sombre picture in terms of the funds available for services such as health services, his message is also one that should encourage all of us to consider how we can do more with less, either at a personal level or within the organisation in which we all work.

I was recently requested to inform the Provincial Cabinet how the services pressures have increased over the last few years and the impact on the Department of Health. Minister Botha thereafter released the information to the media. It is sobering to consider that the population of the Western Cape has increased by a significant almost 29% over the last 10 years. The quadruple burden of disease, together with the population increase, is reflected in various departmental statistics.

Many acute hospitals are full beyond capacity despite the addition of 140 new acute beds to the system over the past two years. If it is accepted that any hospital with bed occupancy greater than 85% is full, then of the acute hospitals in the Cape Town Metro, 12 will report bed occupancy this year that exceed this level. Emergency head counts and the number of patients transported by ambulances and HealthNET have shown a matching increase.

The consequences of this pressure are an increase in patient complaints, diminishing staff wellness and increasing negative media articles. From the patient perspective the service pressures are reflected by prolonged waiting times, long waiting lists for surgery and procedures, and longer waits for outpatient appointments.

What can we do about the situation? While it is important to strengthen management and to ensure tight resource management, it is equally important that staff is supported to be able to deal with the consequences of the pressures. It is important for patients and communities to understand that health services are a scarce resource that should be

utilised carefully. It is also important for every one of us to realise that our own health is an asset that we should guard carefully and consider how our own life choices could affect our state of health.

The recent Walk for Health initiative spearheaded by the Department of Health within the provincial government was a first step in this regard and the challenge will be to increase these and similar efforts to increase the overall wellness of both ourselves and the communities within which we live. The cost of health care, both in the public and private sector, has escalated dramatically over the last decade making the case that prevention is the only logical response to the increasing burden of disease even stronger.

I would encourage everyone to assess your state of wellness and to take a decision to consider your lifestyle and decide to take action to preserve or improve your state of wellness. It could be to lose weight, stop smoking, exercise more or go to a Wellness Centre, clinic or your GP for a check-up. Whatever it is that you decide to do, don't delay, do it today and make a difference to your life and your future!

Until the next time!

**Professor Craig Househam**  
**HOD: WESTERN CAPE GOVERNMENT**  
**HEALTH**



# VICTORIA HOSPITAL'S NEW PAEDIATRIC WARD

Victoria Hospital officially opened its new multi-million Paediatric Ward.

Patients from the largest sub-district in the Cape metropole, southern sub-district, are now enjoying the benefits of a newly upgraded Paediatric Ward at Victoria Hospital in Wynberg. The new ward is spacious with sufficient isolation cubicles. It has critical areas required for counselling, a parents' restroom, procedure room, offices, ablutions and a storage space for equipment.

However, this has not always been the case.

Less than a year ago the 83-year-old confined paediatric ward caused extreme challenges for both patients and staff. Considering its average of up to 200 admissions per month, the lack of space caused anxiety for the patients and extra work for the staff.

The ward did not have enough space to allow parents to stay at their sick children's bedsides while in their most vulnerable state. That caused patients to experience tremendous separation anxiety from their parents. There was an additional workload for nursing staff who had to manage nappy changes and bottle feeds, which are duties

that mothers could assist with.

The upgraded ward was officially opened by the Premier of Cape Town, Helen Zille on 23 January 2014. Made possible by the Children's Hospital Trust, the upgrade began in March 2013 and was completed in December in the same year.

Delivering the keynote address at the opening, Zille commended the Ackerman family for their commitment to paediatric care in South Africa. She also praised the doctors, health managers and care workers for their care and commitment working in circumstances where the service pressures are extreme at present.

The Children's Hospital Trust's fundraising campaign was kick-started with a R5 Million contribution from The Ackerman Family Foundation and the remaining R5 Million was raised largely from individuals and corporates who have donated generously to support this initiative.

Louise Driver, CEO of the Children's Hospital Trust, said they decided to expand their funding focus two years ago. She explained it took a year to identify gaps in paediatric care. Driver said specialist paediatricians from Victoria Hospital and from the Red Cross Memorial Children's Hospital consult extensively to provide the best medical care for their patients.

Paediatric patients at Victoria Hospital who require High Care or ICU admission are stabilised and transferred to the Red Cross Memorial Children's Hospital. The patients then return to Victoria Hospital once they are ready for ward-care and long term follow up.

The contribution from the Ackerman Family Foundation came about after the Ackermans approached Western Cape Minister of Health, Theuns Botha and he invited them to visit Victoria Hospital together to assess the needs. Minister Botha said: "We are very grateful for the Ackermans contribution. This ward is a testimony to their loyalty and their commitment to the well-being of our children."



## A NEW CLINIC FOR WOLSELEY

Mandy Ackerman, spokesperson of the VicKids Project for the Ackerman Family Foundation said the upgrade of the ward is a dream realised for the Ackerman Family Foundation.

“The Victoria Children’s Hospital has been close to my heart for many years – I have felt such joy witnessing a kwashi baby being lovingly cared for in our ward – smiling for the first time on the way to recovery; I’ve been saddened by abandoned children, and those born with foetal alcohol syndrome and other societal diseases. And now thanks to our partners these young patients will be treated in a beautiful new ward by a wonderful, dedicated medical team,” she said.

Built in 1888, the 125-year-old Victoria Hospital has grown from a 38-bed unit to a 158-bed district hospital that services approximately 600 000 people. It provides specialist care for the southern sub-district, which is the largest sub-district in the Cape Metropole.

The hospital has a very high patient turnover and high adult and paediatric bed occupancy rate. The paediatric ward has an average of 80-100 admissions per month and at times as much as 140 – 200 per month. Average bed occupancy in the paediatric ward ranges between 80% and 130%.

The ward cares for patients with a wide range of conditions including acute respiratory infections, malnutrition, diarrhoeal disease, infectious diseases and chronic non-communicable diseases. 65% to 70% of children are younger than a year old, and at least 15% are HIV positive. Many patients require isolation and the average length of stay is 3 days, although this can range from overnight to 8 weeks.

The refurbished ward with revamped Paediatric Outpatients Department supports Victoria Hospital’s holistic approach to child care, which involves mothers and carers in the multidisciplinary health team to ensure a long-term health outcome for children.

The small town of Wolseley is well-known for a few things, among others the devastating earthquake in the late 1960s and the day Western Cape Minister of Health, Mr Theuns Botha, visited the site where a new clinic will be erected.

The new clinic, which is planned for construction during 2017, will replace the current one which is situated in Montana, a community on the outskirts of town. The clinic will be bigger, improve patient flow and help staff deliver a good patient experience. What is of great importance is where a clinic is situated.

It is very rare that a community is planned before people start settling – this means that often no space has been made to accommodate schools, clinics, libraries and/or shops.

When this happens, it usually means that people need to travel quite a distance before reaching a facility. In the case of Wolseley the local municipality has donated a large piece of land, situated right in the middle of town, perfect for a community health centre that can serve the areas of Montana, which is as one enters Wolseley, and Pine Valley, which is on the other side of town.

**Photo: Minister Theuns Botha together with Cape Winelands District Management and ward councillors on the land that will become a clinic.**



# TYGERBERG HOSPITAL REDEVELOPMENT

In 2012 Western Cape Government Health started the journey of redeveloping the existing Tygerberg Hospital. The maturation of Health Care 2030 gives this project its needed overall direction and various teams are engaging daily with the task at hand.

The functionality, or rather lack thereof, of the existing Tygerberg Hospital has long been discussed within the Department. Reasons for redeveloping this hospital include patient experience, staff work environments, and costly operations.

The existing hospital was conceptualised in the 1950s with an Apartheid era design, having two designated areas for the different racial groups. Tygerberg Hospital was eventually planned in the 1960s and built, with the hospital being commissioned in 1972. Health-care services then were however delivered entirely different to today.

A centralised approach for health care in the Metro East was the norm then. A higher emphasis on access to health care exists today, which has seen the Department commissioning the new Khayelitsha and Mitchells Plain hospitals.

In short, the change of health care and the legacy of the hospital design combined with the realisation that the existing hospital cannot be operated efficiently, has prompted the Department to spend some of its energy on this redevelopment project.

The redeveloped hospital will see no change to the package of services rendered at Tygerberg, focusing on Level 2 and Level 3 of care for the Metro East and beyond.

In 2012, the project office for the redevelopment of Tygerberg, headed by Dr Martin, was established. In this office the coordination of all related work takes place. The Department is further assisted by a transaction advisor, led by Arup (Pty) Ltd. This firm renders specialised advice relating to technical, clinical, legal, financial, as well as socioeconomical aspects of the project.

A feasibility study investigating the required work and determining the best way forward

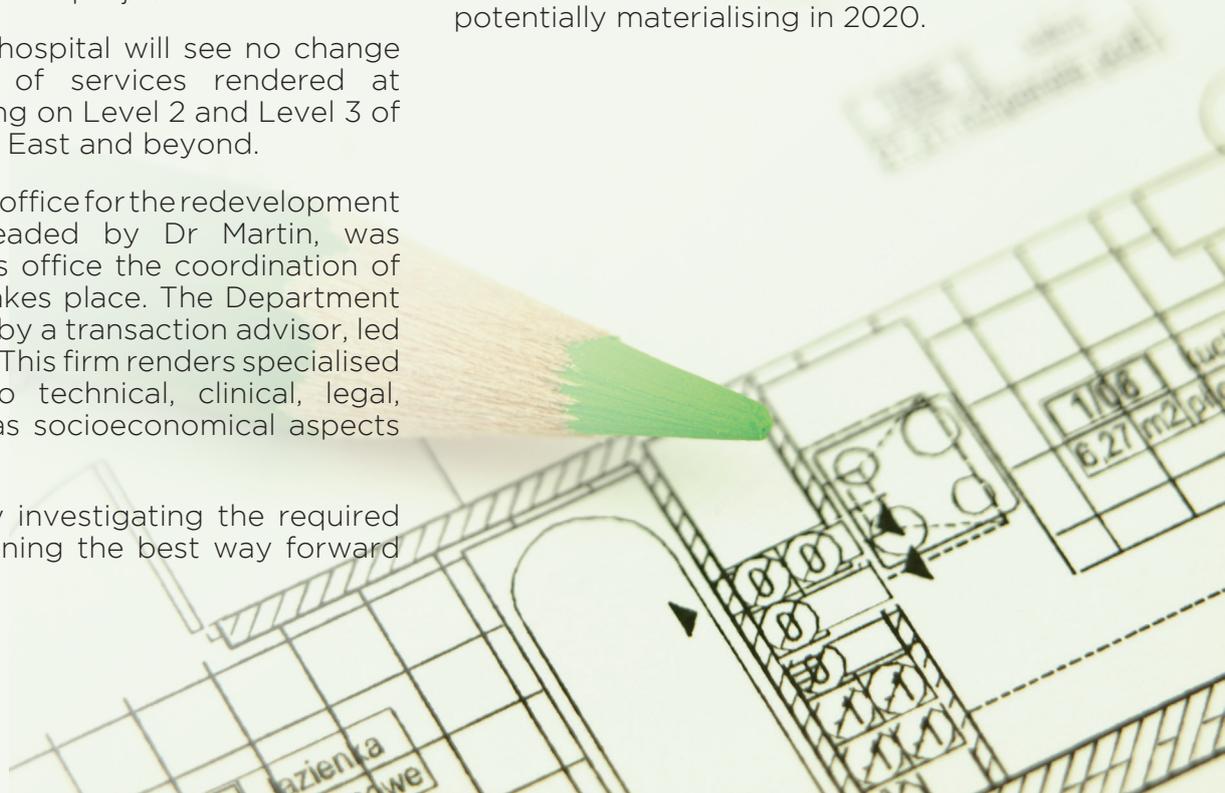
is currently being conducted. Currently 17 task teams, focusing on various aspects of the work ahead, have been formed. In-house expertise and insights are collated within these task teams and shared with the project office and its advisors.

Further surveys among staff and patients inform desired outcomes for a redeveloped hospital. Through these insights a needs analysis and option analysis is being developed.

The location of a new hospital on site, as well as the potential of reusing the existing building, have to be considered as well. Once firming up the Department will engage in a value assessment leading towards procurement planning.

With a hospital the size of Tygerberg Hospital, the capital budget is critical. Early indications of likely costs are R4 billion for the construction and an additional R1 billion for required health technology. With such high figures, the need to conduct a thorough feasibility study considering all aspects of the project becomes apparent.

The Department aims to conclude the feasibility study towards the end of 2014. Upon conclusion of the feasibility study well-informed decisions can be made, and a likely design and procurement phase lasting for approximately two years would have to follow. This would translate in possible building works to start in 2017, with a redeveloped hospital potentially materialising in 2020.



## IMPROVED SERVICE DELIVERY FOR THEMBALETHANS

Community members were lined up early on the day of the opening of Kuyasa Clinic, Zone 9 Thembaletu, to be the first to see and utilize the new facility. Twenty-three-year-old Nosipho Mankeaya and her daughter Awake were the first clients to visit the clinic for a routine check-up. “I am extremely happy that I don’t have to wake up so early to attend the clinic. It is much closer to where I live than the other clinic”, she said.

The building was designed to be inviting and colourful so that patients feel uplifted and happy to use the health services offered at the site.

The Isisombululo Programme funded, planned, and managed the construction of the new clinic. With over 40 sub-projects implemented in the initial 9 years, the Isisombululo Programme has contributed dramatically to the support of HIV/AIDS & TB prevention, treatment and care services for communities in the Southern Cape, Eden District. Other stakeholders include The Hasso Plattner Foundation, the University of Cape Town and Western Cape Government Health.

Western Cape Health Minister, Theuns Botha said: “Congratulations to the people of Thembaletu on this new clinic. In partnership with all the partners I am sure that the facility will provide quality health services. Every new facility means that we are bringing improved service delivery and redressing the imbalances of the past. That is true progress and development.”

The clinic is nurse-managed and is open week-days from 7:30 am to 16:30 pm. The Kuyasa Clinic construction project represents a unique partnership between funders, academia, local and provincial government, and the

community of Thembaletu in order to provide a first rate health facility for a community in a previously disadvantaged area. Planning for the new clinic was initiated through discussions between the Isisombululo Programme, Western Cape Government Health and the George Municipality more than three years ago. It had been determined that there was a vital need for an additional health facility in Thembaletu, given that currently there is only one day hospital serving a community of more than 50 000 people. Land was identified and approval granted from the George Municipality for the construction of the facility in Thembaletu. Consultations with the local community were on-going and support from all the role-players was sought. After an extensive planning and approval process, construction of the clinic began in May of 2013. Through the active support of the Department of Public Works, the construction team made up of Semper Prima Builders and various technical professionals were able to finish the building project in just 6 months.

**Photo: Nosipho Mankeaya is grateful to have a clinic closer to her home.**



### RAWSONVILLE CLINIC

Not even a little bit of unseasonal wet weather on 24 January 2014 dampened a fun morning for all who accompanied Western Cape Minister of Health, Theuns Botha, on a tour of the new Rawsonville Clinic building site.

Minister Botha also visited the current clinic, which has become too small and cramped to allow staff to deliver a quality service. 'The new clinic needs to open as soon as possible. I can see that our staff is trying their best, but the building is too small. It is not a facility dignified for patients or staff.'

According to Minister Botha the building and upgrading of facilities in the Western Cape and specifically in rural areas such as Rawsonville form part of our strategy of developing wellness in communities. 'A healthy, informed community is a resilient and productive one. When people enjoy good health they are able to form part of the broader spectrum of society and contribute to the profitability and quality of life in that community.'

Western Cape Government Health believes that we are only able to achieve our strategic objective of creating wellness if all role players take responsibility for their health. That means that people need to make responsible lifestyle choices.

Minister Botha added: 'We are building a new clinic for the people of Rawsonville to ensure a healthy and productive environment for our patients and our staff.'

The R16 million facility is situated close to the neighbourhood De Nova and within walking distance from the town. The facility will be almost 900 m<sup>2</sup> in size and will provide ample parking and easy access for emergency vehicles.

Construction started early in August 2013, and the building was at shoulder height at the time of the visit.

The new clinic is designed in such a way as to promote the easy flow of patients and less walking distance between care points for staff members. In an effort to increase patient-friendliness, areas such as the TB Treatment area, where some patients need to go daily for medication, is situated close to the main entrance, thus encouraging compliance and adherence.

#### The new clinic will have the following areas:

- reception
- patient administration areas
- a women and child care unit
- pharmacy
- 11 consultation rooms
- public toilets and waiting area
- covered waiting area for early arrivals

The facility will further make use of solar panels and a heat pump to add to the Department's aim of 110% Green. Added to the positive healing environment, the facility will boast an enclosed courtyard visible from all waiting areas which will also allow for fresh air – this will double up as a safe play area for children.

The building should be complete and ready for occupation early in 2015, if there are no weather or other delays.



**Photo: Minister Theuns Botha together with Cape Winelands District Management, and council and community members.**

## RENOVATED CLINIC IN UNIONDALE UNVEILED

The community of Uniondale rejoiced at the unveiling ceremony of the newly renovated Uniondale Clinic earlier this year. The renovations at the clinic were prioritised after Western Cape Health Minister, Theuns Botha, visited the clinic in May 2012 and asked the Department to attend to the needs as a matter of urgency. R650 000 worth of renovations were done including an enlarged reception area, an additional consultation room, a separate pharmacy and a new fence. Inside the building there are now new floor coverings, extractor fans and air conditioners. Uniondale, a farming town, is seen as one of the Karoo's best kept secrets and is to be found in a surprisingly green valley surrounded by hills. Farm workers and the community are reliant on the medical services they receive at either Uniondale Clinic or Uniondale Hospital – a 13-bed hospital with a maternity ward. The closest other medical facilities are in Knysna (83 km) and George (111 km).

The clinic attends to the primary health-care needs of about 1 600 patients per month. As with most facilities in the Western Cape the burden of disease is predominantly hypertension, asthma, HIV and TB. Doctors from George Hospital visit Uniondale patients on an appointment basis and provide specialised services.

Two mobile clinics support the health services in the region. The mobiles bring health services to 1 300 people living on farms, and deliver chronic medication to 360 patients per month.



**Photo from left: Dr Helise Schumann (Director: Eden and Central Karoo Districts), Ms Anneke du Preez (Assistant Manager Medical Services Uniondale), Mr Henry McCombi (chairperson of the Eden District Health Council), Mr Theuns Botha (Western Cape Minister of Health) Mr Marius Swart (Parliament), Mr Marchell Kleynhans (Portfolio Councillor George Municipality), Mr Charles Standers (Mayor of George), Mr Godfrey Louw (Municipal Manager Eden District Municipality), Mr Daniel Maritz (Deputy Mayor of George), Ms Nuruh Davids (Quality Assurance District Office).**

## Tulbagh Ambulance Station

On 7 February 2014 the Minister of Health, Theuns Botha as well as the new director of Western Cape Government Health Emergency Medical Services (EMS), Dr Shaheem De Vries officially opened the new Tulbagh EMS Unit.

Western Cape Government Health EMS has opened five new emergency units since 2009 with the new facility in Tulbagh being the sixth. The 80m<sup>2</sup> facility will permanently house nine staff members and two ambulances working around the clock to improve emergency medical service delivery in the district.

Construction was completed in October 2012 and today the facility renders emergency care to more than 31 000 people living in Tulbagh not including all the surrounding areas like Gouda and Saron. In Tulbagh alone emergency

services are rendered to roughly 300 patients per month and this state of the art facility goes a long way to ensure professional service delivery to all who need it. Western Cape Government Health Emergency Medical Services and the community of Tulbagh working better together.



**Photo: Tulbagh ambulance station**

### Community Health Centre For Du Noon

The much anticipated Du Noon Community Health Centre (CHC), which is currently in its final stages of construction, is scheduled to start operating by July this year. The opening of this CHC will contribute to bridging the divide between communities by providing a much needed comprehensive healthcare facility for the underprivileged.

Covering approximately 4000 square meters on Potsadam Road, the Du Noon CHC will be the first 24 hour facility that offers a comprehensive healthcare package in the Du Noon area and surroundings. It will be a full time facility offering the following services:

- A comprehensive emergency unit
- Pharmacy
- 8-bed ,maternity unit and 6-bed kangaroo mother care unit
- Women and child health unit
- Infectious diseases unit

- Observations, treatment, consulting and counseling rooms
- Oral health unit
- Medical imaging unit
- Social and psychiatric counseling
- Rehabilitation unit offering physio and occupational therapy

Currently, the Du Noon community is serviced by a temporary clinic operating from containers with a limited package of services. The Du Noon community has to travel much more than the recommended five kilometres to access a full range of basic PHC services at present. They often have to attend multiple facilities scattered across the Western sub-district to receive requisite health investigations and services.

The Du Noon CHC will provide a comprehensive, integrated service package appropriate to a dynamic urban community with a high burden of disease and unmet needs.

### Improving Patient Experience

#### Advanced Technology For George Hospital

State Eye Surgeon Dr Nicolaas Stempels had a broader smile than usual when I met him at George Hospital to view the latest equipment that was recently purchased by the Western Cape Government Health for R460 000 - a multi spot green laser. As the name suggests, the laser can treat a whole area of the retina with up to 25 points in one 'shot', instead of a single point 'shot'. The laser is used for, among others, conditions such as diabetic retinopathy.

The Western Cape Health Minister, Theuns Botha, said: "I have only praise for the work that Dr Stempels performs. R38 million of the provincial health budget is spent on eye care. The Western Cape Government Health has a provincial eye care services strategy in place which aims to eliminate avoidable blindness by 2020. The strategy focuses on cataracts, refractions, diabetic retinopathy and glaucoma."

Dr Stempels can now treat a patient in one session with far less pain and discomfort than was experienced previously by the older laser machine, which had been used for the past 15 years. Patients who had diabetic retinopathy or retinal bleeding had to have laser treatment in two or more sessions, which took 30 minutes per session. Sessions were relatively painful due to the length of each session and many patients had to receive an injection in the eye to numb the pain. Patients now only need one 10



Photo: Dr Nicolaas Stempels prepares for Erica September's session.

minute session for the same results.

This advanced laser has had a positive effect on service delivery since more patients can now be treated. Erica September is a diabetic with retinopathy and is a patient at George Hospital. "The pain was bearable and I am relieved that I didn't need an injection," said September. She also commented on how quick the procedure was.

Retinopathy is when the retina (larger part of the eye) has sensed a lack of oxygen and started to develop new blood vessels on its surface. Being fragile, they rupture and bleed inside the eye and can cause sudden loss of vision and lead to retinal detachment with often irreversible blindness as a result. Should the new vessels grow on the surface of the iris (the coloured part of the eye), they can block the drainage of fluid out of the eye and can cause pressure inside to build up to high levels fairly quickly.

## George Hospital Goes Digital

Patients can look forward to improved service delivery at George Hospital in the near future with the implementation of an electronic patient folder system. The system was successfully implemented at both Khayelitsha and Tygerberg Hospitals.

Western Cape Minister of Health, Theuns Botha, said: 'Provincial government is working to integrate all patient information into databases that eventually can be accessed at any public facility. It is a huge task to feed all patient information into the system, but we are making progress. The electronic patient folder system at George Hospital is a great step for our patients in the Eden district. There is no question that we have to keep abreast of the world trends in this regard.'

The project aims to create and deliver capacity for George Hospital to convert the current paper patient record system into electronic format resulting in a gradual move from a paper based environment to one which uses far less paper. This, in turn, will enable staff to manage their patient files and information with increased efficiency and effectiveness which will improve service delivery. In summary, health care professionals will no longer access a patient's historical information from the paper based patient folder, but rather look this information up on a computer.

OpenText's Enterprise Content Management (ECM) is used to scan and save patient information in electronic format for easy access when needed. One of the key visions of Western Cape Government Health is access to patient-centered, quality care and a time-saving project such as this one is another step in the right direction.

Datacentrix who were appointed to spearhead the project are targeting files of patients who have visited the hospital in the last 4 years. Once the system goes live in March they will move to a 'scan on demand' approach which means that files will be scanned for patients who have an

appointment at the hospital, this means that they will only be scanning files which are actually needed. Approximately 250 to 300 patients a day visit the hospital in various departments, this translated into the same number of folders being converted daily. George Hospital has about 260 000 patient files.

### **This project will improve patient service delivery in the following ways:**

- A reduction in patient waiting times due to easy access to electronic patient records on the system. No need to find, retrieve and move a paper file.
- Users can view the same document at the same time, allowing easy consultation between doctors and members of the clinical team.
- Reduction in paper and photocopying costs.
- Reduction in the number of lost files, and thus lost information, which can lead to unnecessary and costly re-evaluation of patients.
- Reduction in the physical movement of files.
- Provide faster access to patient records.
- Track the status of documents and provide an audit trail of document usage.
- Faster processing of documentation supported by statistics and reporting on progress.



**Photo: Chris du Toit (Project Manager) scans one of the patient folders.**

# CHILDREN'S HOSPITAL TRUST CELEBRATES 20TH BIRTHDAY!

The Children's Hospital Trust celebrated its 20th birthday on 14 February 2014. It is not surprising that the celebration coincided with Valentine's Day, as it also tells a remarkable love story - a love of children.

For the past 20 years the Children's Hospital Trust has successfully raised funds for the Red Cross War Memorial Children's Hospital, and for the past three years for broader paediatric health care in the Western Cape.

The love story flourished in 1994 when the future of the Red Cross War Memorial Children's Hospital was threatened with closure due to lack of funding. A core group of concerned physicians and administrators at the hospital spearheaded a committee that leveraged their networks to raise money. This ad hoc committee was the driving force behind saving the hospital and formed the Children's Hospital Trust.

The trust believes that every day spent in hospital is a day less of childhood, which underpins their theme for 2014 - the 'Journey back to Childhood'. Louise Driver, CEO of the Children's Hospital Trust, says: 'The words "thank you" will never be enough to relay our gratitude for the unwavering support we have received every single year since the Children's Hospital Trust was established in 1994. Giving back childhood to thousands of children is a legacy we can all be proud of.'

## **BURNS PATIENTS CELEBRATE BIRTHDAYS AT RED CROSS**

\* Luyolo Mbangwa (6) and Mthobeli Mathangane (8) celebrated their birthdays on 21 January 2014 with a special party in the Burns Unit at Red Cross War Memorial Children's Hospital arranged by the staff.





Luyolo, from Brown's Farm, Philippi, was admitted to the hospital on 22 December 2013 after sustaining extensive burn wounds across his body when their shack burnt down.

\* Mthobeli, from the Eastern Cape, was transferred from Frere Hospital in the Eastern Cape in August 2013 after sustaining severe burn wounds across his body at his home.

The boys were joined by Lutho Mbambisa, who was also transferred from Frere Hospital, and has taken on the role of the big sister to them and showed them the road of courage. Although it was not her birthday, her courage and companionship for the boys were celebrated. The celebration started off with birthday cake and the staff singing happy birthday. The boys received the scooters that they requested for their birthday, along with other gifts, helping to make the day a little better for these courageous boys.



Photo: This is a depiction of children and not actual children from the hospital.

## Moving forward TIMELINE OF THE PAST 20 YEARS AT RXCH

- 1994 - The Children's Hospital Trust was founded. The Children's Hospital Trust' projects over the past 20 years include:
- 1998 - Parents' accommodation upgrade and extension
  - Staff Education Centre
  - Pharmacy
  - Redevelopment of Specialist Outpatient Department
- 2001 - Relocation of Medical Records
- 2003 - New Integrated Intensive Care Unit
- 2003 - Specialist Medical Ward E2 upgrade
- 2003 - Combined Medical Emergency Unit
- 2004 - Infectious Diseases Laboratory upgrade
- 2005 - Visiting doctors' accommodation
- 2005 - Upgrade of doctors' quarters in Red Cross War Memorial Children's Hospital
- 2005 - Oncology Unit with in-sanctuary
- 2006 - Upgrade of Hospital East and North facade
- 2006 - Upgrade of Ward E1
- 2008 - Ward D2 Surgical Ward Upgrade
- 2008 - Child Nurse Practice Development Initiative
- 2008 - D3 Pola Pasvolosky Lecture Theatre
- 2008 - Family Resource Centre
- 2008 - Operating Theatre Complex
- 2008 - African Paediatric Fellowship Programme
- 2010 - D1 Specialist Surgical Ward Upgrade
- 2010 - Waiting Area of Outpatients S26 Neurology and Cardiology department
- 2011 - Expanded reach to Paediatric Health Care in the Western Cape
  - Upgrade of Specialist Burns Ward C2
  - Surgical Skills Training Centre
  - The School of Adolescent and Child Health (SCAH) Learning Centre - ICH Building at Red Cross War Memorial Children's Hospital
  - Child Nurse Practice Development Initiative
  - Equipping four specialist ambulances for dedicated paediatric use only
- 2012 - Saturday Surgeries Waiting List Relief Initiative
- 2012 - Upgrade of B1 Medical Ward
- 2012 - Upgrading the Poisons Information Centre to an online-based platform
- 2012 - Breatheasy Programme: providing specialised tracheostomy and ventilation equipment for children
- 2013 - Centre for Childhood Infectious Diseases
- 2013 - Upgrade of B2 Medical Ward
- 2013 - Upgrading the Paediatric Ward of Victoria Hospital

### 2014 and beyond...

- Building a new Radiology Complex at Red Cross War Memorial Children's Hospital
- Woolworths Childsafe Research and Educational Centre
- The Sarah Fox Convalescent Children's Hospital Inpatient Paediatric Palliative Care Service
- St. Joseph's Paediatric Rehabilitation Programme
- Parent accommodation upgrade at Red Cross War Memorial Children's Hospital

## Improving patient experience

### Chronic Disease Lifestyle Support Group Launch

Western Cape Minister of Health, Theuns Botha, announced the official launch of the new Chronic Disease Lifestyle (CDL) support group at the Honeyside Clinic on 10 February 2014.

The support group will reduce the waiting times for patients who collect their chronic medication at the Dr Abdurahman Community Health Centre. The provision of the CDL support group is prescribed by the Package of Care for patients at this Community Health Centre.

At the same time, it is also hoped that the launch will reduce overcrowding and long waiting times at other Community Health Centres across the Klipfontein and Mitchells Plain substructure.

Chronic care patients who attend the CDL support groups will receive their medication parcels with the help of various Non-Profit Organisations (NPOs) in the area as part of a community-based services platform, which is one of the platforms of a District Health System.

The goal of the programme is to establish an integrated community-based services platform to render a full package of quality services to the communities in all districts of the Western Cape. The launch of the CDL at Honeyside is in line with provincial and city

goals of bringing services closer to the people who need them.

The Department already has similar services provided by support groups in other City of Cape Town facilities and plans to expand to other areas. The launch of the chronic lifestyle disease support group supports the Department's Health Care 2030 goals of improving the patient experience.

Prevention and health promotion focus on community education and interventions to create positive behaviour changes around healthy living, personal safety and reducing disease transmission. This is in line with our government's objective to create well ness and reduce illness.

The support group will assist to integrate the management of childhood illnesses, HIV prevention, TB education and case finding, and general health risk factors such as poor diet, smoking, alcohol and lack of physical activity.

All this would ultimately improve the waiting times at pharmacies and free up pharmacists to do more intensive counselling and script reviews to improve the better health care at primary health care level. Patients would have more convenience - with travelling becoming more cost-effective and they would be able to form social groups with people who have similar ailments.



**Photo from left: Western Cape Minister of Health, Theuns Botha and Executive Mayoral Committee Member: City Health, Councillor Lungiswa James handover a medication parcel to a delighted client, Ms Patricia Maggott.**

## Health Innovates New Patient System

The Western Cape Government Health received an award for “Collaboratively Re-imagining the Future” at the Inclusive Healthcare Innovation Summit on the 29 January 2014.

The award won was for the most innovative group for the Hackathon Cape Town 2014. The prototype is known as ETracker and it is designed to replace the Emergency Centre (EC) paper registers with an electronic system information capturing. It is hoped this will allow for accurate EC statistics and better planning at the Klipfontein-Mitchells Plain substructure. The system should also assist with the reduction of waiting times in ECs.

The focus of this new system, is a phased in approach that is tackled one step at a time, and the first step is the three triage forms and the paper registry being replaced by an electronic system. The system can also serve as a communication tool between doctors and nursing staff and between health workers and EC patients about the waiting time progress in the EC. For instance green patients will be able to see the average waiting time that they (green patients) will need to wait before they are seen.

Faced with the challenge of too much red tape and paper work, a multi-disciplinary team within the Department came up with a 21st century solution that is helping to ease the burden on clinicians and guide patients on their journey of care. It is called the eCCR, or Electronic Continuity of Care Record, an easy-to-use software application developed by the Western Cape Government Health, as part of its “patient-centred” Healthcare 2030 strategic plan.

As the coordinator and champion of the multi-disciplinary eCCR development team, Dr Dyers points to research that shows that as few as 25 per cent of TB patients who are discharged from hospital actually arrive in primary healthcare, because of poor communication between the various levels of care. The sheer weight of red tape adds to the burden. Another headache for the healthcare professional is missing or inaccurate ICD (International Classification of Disease) codes, which are required for patients discharged from public hospitals in the Western Cape. From Pharmacy to Finance, from ward clerks to clinicians, from hospital managers to Health

Impact Assessment directors, there was a wide range of stakeholders whose needs and concerns had to be accommodated.

The solution: a simple and intuitive computer application that integrates and standardises all the necessary forms, making it easy to capture ICD codes, prescriptions, and other data prior to discharge. Developed by software programmer, Shane du Plooy, who gave up many lunch-hours at the Western Cape Government Health to work on the application. The eCCR provides an abstract of the patient’s stay in hospital, making it a resource of great value to role-players across the spectrum of care. But that mandate proved to be the greatest challenge in the development of the program, says Shane.

“The eCCR provides the patient with a comprehensive summary of their stay in hospital,” explains Shane, “as well as a description of the journey to achieving a desired health outcome.” For clinicians, a big part of the value of the eCCR database is that it can be used to audit the quality of care, and draw up disease profiles. The program is intuitive enough to require only a brief orientation for those who will use it in the field. Even in the age of smartphones and instant access to information, public healthcare is still a long way away from the ideal of the “paperless hospital”. But by applying their minds and energies to a practical electronic solution, the team at the Western Cape Government Health have taken an important step in reducing the burden of repetitive recording and capture of key patient information.

**Credit: Inclusive Healthcare Innovation, Bertha Centre for Social Innovation, The UCT Graduate School of Business.**

**ETRACKER**

+ Add patient  Search

WAITING FOR CARE		WITH EC TEAM		EXITED EC CARE	
PATIENT	TIME SINCE TRIAGE	LOCATION		REFERRING DOCTOR	
C. Matthews GSH-1098	0:08	Triage	Edit	--Select doctor--	Assign >
R. Hendricks GSH-1285	0:06	Anteroom B3	Edit	--Select doctor--	Assign >
Z. Mooki GSH-4443	0:05	Triage	Edit	--Select doctor--	Assign >
L. Barnard GSH-2099	0:02	Anteroom B3	Edit	--Select doctor--	Assign >
P. Ganga GSH-1098	0:43	Triage	Edit	--Select doctor--	Assign >
L. Myanda GSH-1098	0:18	Triage	Edit	--Select doctor--	Assign >
H. Mazibuko GSH-1098	2:43	Anteroom B3	Edit	--Select doctor--	Assign >
R. van der Merwe GSH-1098	1:14	Triage	Edit	--Select doctor--	Assign >
Z. Mollinari GSH-1098	24:59	Triage	Edit	--Select doctor--	Assign >
F. Solomon GSH-1098	12:02	Triage	Edit	--Select doctor--	Assign >

### Wellness Centres Helps Address Burden of Disease

The Western Cape Minister of Health, Theuns Botha, launched the Wellness Centres project at Mitchells Plain Hospital on the 11 March 2014. The project is the result of a partnership agreement between Western Cape Government Health and private sector service providers, amongst which the Independent Pharmacy Association, Emerging Market Healthcare, Cipla's Owethu Clinic, Metropolitan Health, Pick 'n Pay, Dis-Chem and Clicks.

The private partners will provide the screening for a user fee, while Western Cape Government Health will provide the HIV testing kits on the understanding that a minimum of 10% of their operating hours be made available for free services.

This initiative builds on the current model of supplying family planning and vaccines through selected private partners by including the package of screening as an additional service for the first time.

#### The following partners are involved in the piloting phase and will be offering the services at 16 pilot sites:

- Metropolitan Health: Cape Town Station and Somerset West
- EOH Health (site to be confirmed)
- Clicks: Gugulethu and Mitchells Plain
- Pick 'n Pay: Mitchells Plain and Table View
- Independent Community Pharmacy Association: Khayelitsha and Mowbray
- Emerging Market Healthcare: Mitchells Plain, Parkwood, Rylands and Woodstock
- Dis-Chem: Table View and Tokai
- Cipla Owethu Clinic: Stellenbosch

The Wellness Centres will provide screening services for a user fee. Western Cape Government Health will provide HIV testing kits, on the understanding that a minimum of 10% of their operating hours are made available for free services. The initiative builds on the agreement with pharmacies to supply family planning and vaccines.

In his address Minister Botha said: "This is the third event in our strides towards the objective of Creating Wellness. The first was the partnership agreements with pharmacy groups and pharmacists to provide vaccinations and family planning stock to state patients. The second was the introduction of the mobile school health clinics.

"In terms of this third bold step, the partnership agreement with service providers will provide a package of screening services for common Non-Communicable Diseases and HIV.

"The clinics that will offer these screenings will be known as "Wellness Centres" and the aim is to reduce the burden of disease through early detection.



Western Cape Government Health likes this.

**Photo from left: Unathi Nemuhuyuni of Metropolitan Health, Ms Jackie Maimin of the Independent Community Pharmacy Association, Mr Rynard van der Westhuizen of Cipla's Owethu Clinic, Western Cape Health Minister, Theuns Botha, Head of Western Cape Government Health, Prof Craig Househam, Ms Sue Jarvis of Pick 'n Pay, Ms Lizeth Kruger of Dis-Chem and Ms Rachel Wrigglesworth of Clicks.**



## Implementation of Farm Health Services Through Health Posts



**Photo: The Community Care Workers (21) proudly stand with Theuns Botha, Western Cape Minister of Health, showing the certificates they received, during the launch of the Farm Health Posts in Zeekoeivlei, Swellendam.**

Western Cape Government is happy to announce that the implementation of the farm health posts in the Cederberg and Matzikama sub-districts has commenced. This is an extension of the implementation of the community based services policy to ensure access to all citizens requiring health care services.

Six farm health posts were established which covers a vast drainage area from the surrounding farming areas. Clients can thus be seen at the health posts by a professional nurse.

The recruitment of Community Care Workers actively working on the farms started in October 2012. Twenty one Community Care Workers were trained by an accredited training service provider, Philani, Training and Development Solutions NPC and successfully completed their training. This group received their certificates for completing this course, which was tailor-made to meet the needs of the farming communities.

The community care workers are employed by the farmers as farm workers. In addition to their daily farming tasks, they render prevention, promotion and treatment adherence support services to the farming community during their off duty/free time as agreed by the farm management. They do not receive a stipend for the services rendered. This includes rapid screening for TB, HIV, chronic diseases of lifestyle and adherence to Anti-retroviral treatment, TB DOTS, basic first aid and community Integrated Management of Childhood Illnesses (IMCI). They form a direct link with the primary health care nurse and the community and ensure that clients are followed

up and referred as necessary. The farm health post has basic infrastructure and clients can be seen privately and the facility lends itself to ensuring that patient information is kept confidential. This enhances and contributes to positive patient centred experience.

“Our commitment, as a Government, to delivering services that are accessible and well equipped to the citizens of the Western Cape remains unchanged. The residents of the Matzikama and Cederberg sub district farming communities have been experiencing an improved service. The Western Cape Government will continue to prioritize the delivery and the on-going maintenance of the service,” said Minister Botha.

Western Cape Minister of Health, Mr Theuns Botha stated: “The establishment and implementation of farm health posts in these sub districts in the Western Cape and specifically in rural areas such as Vredendal and Clanwilliam form part of our strategy of developing wellness in communities. A healthy, informed community is a resilient and productive one.

When people enjoy good health they are able to form part of the broader spectrum of society and contribute to the profitability and quality of life in that community. Western Cape Government Health believes that we have a partnership with our public. That partnership includes that we ensure that we have facilities such as the health posts where our staff can provide improved quality of care, but the community should engage in actively seeking out a healthier lifestyle. If we both do our share we can be better together.”

### Congratulations Mossel Bay Hospital

Valencia Goliath's twin daughters born at Mossel Bay Hospital are reaping the benefits of a facility that was awarded the prestigious Mother-and-Baby-Friendly Hospital Initiative (MBFHI) accreditation recently.

The main focus of the initiative is to promote breastfeeding at facilities. Hospital staff encourage breastfeeding and follow strict rules and guidelines to ascertain that mothers of newborn babies have the knowledge and skills to make the best decision for them and their babies.

Research has shown that breast milk is the best source of nutrients for your baby for the first 6 months of his or her life. The international accreditation has been awarded to six of the seven maternity units in the Eden District. To achieve this accreditation is no minor task. It takes team effort, patience and the willingness to improve the health of babies born at our facilities. The hospital had three assessments before it received the status in January 2014. Hospitals that carry this status are reassessed every three years.

Western Cape Minister of Health, Theuns Botha, congratulated staff at the hospital on this achievement. 'The criteria to obtain the accreditation is very high and shows that our public facilities strive to operate on world-class standards.'

The MBFI is a global campaign launched in 1992 by the World Health Organisation (WHO) and the United Nations International Children's Emergency Fund (Unicef), and is based on the Ten Steps to Successful Breastfeeding. Maternity facilities are assessed using globally

established criteria and those that meet all the criteria, may be accredited as baby-friendly.

Bernadette Fasikin, Operational Manager at Mossel Bay Hospital's maternity ward, said: 'It is a prestigious award, of world-class standards, that will help us to continue to give quality care to mothers and babies in our subdistrict, ensuring we reduce maternal and neonatal morbidity and mortality as a whole by protecting, promoting and supporting breastfeeding.'

In the Western Cape Province, MBFHI (Child Health) is one of the eight common goals that are set as priority by the Department of Health. It is also a measure of the quality of care. The MBFHI supports the right of mothers to choose how to feed and care for their babies. Health-care professionals have the responsibility to care for, encourage best practice and to ensure that parents are given appropriate, accurate and unbiased information to allow them to make fully informed choices. Mossel Bay Hospital has a total of 90 beds, of which 14 are maternity beds. A total of 993 babies were born in the hospital in 2013.



**Photo: Valencia Goliath and her twin daughters benefit from the MBFI**

## The Ten Steps to Successful Breastfeeding are:

1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
2. Train all health-care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, not even sips of water, unless medically indicated.
7. Practice rooming-in – that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

helping  
you, help  
others.



Rewarding excellence

### Robertson Hospital (BFHI)

The Cape Winelands District is very proud that their Robertson Hospital was awarded the prestigious Mother and Baby-Friendly Hospital Initiative (MBFI) accreditation. This international accreditation has been awarded to two of the seven maternity units in the Cape Winelands District. To achieve this accreditation, is no minor task. It takes team effort, patience and the willingness to improve the health of babies born at our facilities to achieve this status. The hospital had three assessments before it received the status in January 2014. Hospitals that carry this status are reassessed every three years.

Western Cape Minister of Health, Theuns Botha, congratulated staff at the hospital on this achievement. "The criteria to obtain the accreditation is very high and shows that our public facilities strive to operate on world-class standards."

The MBFI is a global campaign launched in 1992 by the World Health Organisation (WHO) and the United Nations Children's Emergency Fund (Unicef), and is based on the Ten Steps to Successful Breastfeeding. Maternity facilities are assessed using globally established criteria and those that meet all the criteria, may be accredited as baby-friendly.

To achieve this goal, it is vital that clinics as well as the personnel work together. "One of the biggest challenges is that staff are required to educate all moms, from a diverse cultural and educational background, so that there is clear understanding of breastfeeding. I sincerely wish to thank them for their very hard work, friendly attitudes and especially for every mom who left the hospital confident that she can breastfeed," according to Annelie Linde, dietician at Robertson Hospital.

In the Western Cape Province, MBFI (Child Health) is one of the eight common goals that are set as priority by the Department of Health. It is also a measure of the quality of care. The MBFI supports the right of mothers to choose how to feed and care for their babies. Healthcare professionals have the responsibility to care, encourage best practice and to ensure that parents are given appropriate, accurate and unbiased information to allow them to make fully informed choices. Robertson Hospital serves as a district level facility to the towns of Robertson, Ashton and Bonnievale. It has a total of 46 beds, of which 11 are maternity beds.

The staff in the maternity unit deliver approximately 70 babies per month.

## Local Nurse Receives Henrietta Stockdale Award

Anne-Mare Syfers of the paediatric unit at George Hospital received the Henrietta Stockdale Award. Students who have attained their Postgraduate Diploma in Nursing and who has displayed the highest standard of academic work, clinical ability, professional behaviour, social responsibility, commitment and leadership are eligible for the award. Syfers specialised in child nursing. Syfers was a frequent visitor to hospitals as a youngster and always wanted to deliver the same service that she had received while in hospital. So it was only natural that she completed a four-year diploma at the Western Cape College of Nursing (WCCN) in Cape Town after matric. She has worked at numerous hospitals during her career and has been in the paediatric unit at the George Hospital for the past 13 years.

She strives to improve the lives of those she serves. When asked about the team she works with, she complimented them and the hospital for their team spirit. Her seniors at work, her mother and partner are on her list of mentors. Her future plans include more studies in paediatrics through a Clinical Masters Programme at UCT.

Western Cape Minister of Health, Theuns Botha said, 'Henrietta Stockdale was a nursing pioneer. Through her influence and pressure the first state registration of nurses and midwives in the world was brought about when the Cape of Good Hope Medical and Pharmacy Act 1891 passed into law. We congratulate Syfers on being awarded this prestigious achievement, whilst emulating the very values and work

ethic that the Department strives for.' The George Hospital Nursing School, under the umbrella of the WCCN, enjoyed a 100% pass rate for enrolled nurses in 2013. The George Hospital Nursing School re-opened in 2007, and provides training in various categories of nursing. The four most popular basic nursing courses offered in South Africa, and currently accredited by the South African Nursing Council (SANC), are a four-year degree or diploma; the bridging course; the enrolled nursing and the enrolled auxiliary nursing courses.



**Photo: Anne-Mare Syfers with one of her patients Luan Arpin..**



## 14 Annual HAST BOSBERAAD

The 14th annual HAST Bosberaad 2013 was held on 23-25 October 2013. One hundred and forty participants from all six districts within the Province (including City of Cape Town) attended. The theme was Unmasking silos to create synergy and the slogan, Strategically piecing the puzzle. It was the first of a three year cycle that would focus on the Provincial Strategic Plan on HIV/AIDS, STI and TB (2012-2016) and thus the Bosberaad programme revolved around the four strategic objectives of the PSP:

- Strategic Objective 1: Address social and structural barriers
- Strategic Objective 2: Prevent new infections
- Strategic Objective 3: Sustain health and wellness
- Strategic Objective 4: Human rights and access to justice

Furthermore, in support of World Cancer Month, the Bosberaad supported the pink theme and all funds raised with the pink hair extensions and donation boxes were handed to CANSA.

A gala dinner and awards ceremony was held to acknowledge outstanding performance in the HAST programme. Although Western Cape

Government Health and City of Cape Town HAST teams were awarded, many stakeholders contributed to their success and we would like to thank and acknowledge the following Directorates: Facility Based Services, Community Based Services, Information Management, as well as NPO partners, Academic Partners at the various universities and hospitals for their significant contribution to the success of the HAST programme.

Two special awards were presented in loving memory of two staff members, the Thozama Nondabula Award for Best Performance in Medical Male Circumcision, and the Dr James Claassen Award for Best Overall Performance in HAST. The Directorate HAST would like to congratulate all winners and thank districts for their dedication and hard work.

Thank you to everyone who contributed to the success of the Bosberaad and we look forward to many more.

### HAST Bosberaad Winners 2013

Award	Sub-district
Dr Jamie Claassen Award for Best Overall Performance in HAST	Swartland
Ms Tozama Nondbula Award for Best Performance in Medical Male Circumcision	Eden
Best HCT Coverage 1st Prize	Cape Agulhas
Best HCT Coverage 2nd Prize	Swellendam
Best HCT Coverage 3rd Prize	Swartland
Best Male Condom Distribution Rate 1st Prize	Khayelitsha
Best Male Condom Distribution Rate 2nd Prize	Mitchells Plain
Best Male Condom Distribution Rate 3rd Prize	Swartland
Lowest PMTCT Transmission Rate at Six Weeks (<100 PCR tests)	Kannaland and Laingsburg
Lowest PMTCT Transmission Rate at Six Weeks (100-400 PCR tests)	Langeberg
Lowest PMTCT Transmission Rate at Six Weeks (>400 tests)	Southern
Best Performance: Retention of Patients in Care (12 months) (<300 clients)	Prins Albert
Best Performance: Retention of Patients in Care (12 months) (300-700 clients)	Overstrand
Best Performance: Retention of Patients in Care (12 months) (>700 clients)	Northern
Best Performance: Retention of Patients in Care (48 months) (<160 clients)	Cape Agulhas
Best Performance: Retention of Patients in Care (48 months) (160-400 clients)	Overstrand
Best Performance: Retention of Patients in Care (48 months) (>400 clients)	Northern
Most improved TB Cure Rate	Beaufort West
Best TB Cure Rate 2010 (<500 case loads)	Hessequa
Best TB Cure Rate 2010 (500-1000 case loads)	Swartland
Best TB Cure Rate 2010 (>1000 case loads)	Klipfontein

## Rewarding Excellence HAST BOSBERAAD PHOTOS



Photo: Best Overall Performance: Swartland Sub-district



Photo: Lectures and Academic Poster Presentations



Photo: Pink Hair Extensions in Support of Cancer Month

## Precautionary measures

### Have You Become An Organ Donor?

According to the Organ Donor Foundation (2013) 4 300 South African adults and children are awaiting solid organ transplants that could be lifesaving or life-enhancing. South Africa has one of the lowest organ donation rates in the world (2-3 per million population, compared to 13 per million in the United Kingdom and 30 per million in Spain.)

In an attempt to increase the number of organ donors, Groote Schuur Hospital launched the organ donation drive on the 4th of February. This is a provincial initiative and is an important step to improve the wellness of people who need organs. The launch focused on the role “family” plays and the importance of communicating to them about organ donation and to make sure you are registered.

Western Cape Minister of Health, Theuns Botha, said: “Patients are dying because of a shortage of organ donations that could save lives, and patients waiting for organs require ongoing care while their health deteriorates, which places an increased burden on the health services. By becoming an organ donor, you could save the lives of up to seven people.

It’s not only organs that are transplanted, but other tissue is also used, for example, skin can be transplanted onto patients with severe burns. As a country, we need to aim for at least 1% of the South African population being registered as organ donors by the end of 2014 and we will start to save lives.”

There are different factors that are resulting in the low organ donation rates in the country. But what are we going to do to try and increase the numbers?

## Strategies that we will start in the province are:

- Establishing a single organ donor database
- Supporting existing programmes
- Improving accessibility of information
- Increasing opportunities for organ donation at hospitals
- Addressing information gaps about organ donation
- Supporting families and clinicians

With the implementation of these strategies and work between the private sector and the Department, there should be an increase in organ donations in the province.

Staff are also encouraged to become donors by contacting the Organ Donor Foundation on 0800 226611 or go onto the ODF website to register as donors. More importantly they need to tell their family of their wishes and that they have registered with the ODF. At the time of the person's death, the law requires that the family give their consent for organ donation by signing a consent form.



**Photo from left: Minister Theuns Botha (Minister of Health Western Cape), Ms Samantha Volschenk (Executive Director: Organ Donor Foundation) and Dr Bhavna Patel (Chief Executive Officer: Grootte Schuur Hospital) address the press at the launch.**



## Precautionary measures

### Hiking Tips

1. Remember to always take plenty of water and food to last you long enough in case you get lost on the mountain
2. Wear sunscreen and take a hat when you go hiking
3. Inform someone of your route and expected time of return.
4. Weather changes quickly on the mountains – always keep one item of warm or water proof clothing with you.
5. Also wear good, strong sneakers or hiking boots. Not flip flops or sand shoes as is often the case.
6. Never go hiking alone!
7. Know how to use your smart phone to your benefit by making use of the GPS feature which all smart phones have. Also make sure your battery is full and that you know how to send someone your GPS location.
8. Don't leave the marked path. These are marked for a reason. People only get lost if they leave the marked path. This is a fact.
9. If you do not know the route, hike with someone who does know the route.
10. People do get robbed on the mountain so don't flash your phone and be aware of your surroundings. If you have trouble with weak cell phone reception, send a few sms messages for help. An SMS needs less signal strength to get delivered and if you get a reply while walking in a specific area, that area has usable signal strength.
11. Store emergency numbers on your phone. You never know when you will need them.
12. If you do have an emergency please contact the emergency services and stay off your phone. Keep your line open for EMS to call you back in case we need more information.

#### EMERGENCY NUMBERS:

- **Cape Ambulance 021 937 0500**
- **EMS Mountain Rescue 021 937 0300**

# Precautionary measures

## DIARRHOEA

If your child suffers from diarrhoea or has a runny tummy, vomits or refuses to breastfeed, then a Sugar-Salt Solution is recommended. A mixture of 1 litre of clean water, 8 teaspoons of sugar and half a teaspoon of salt can be given to a child to drink regularly.

However, should the signs persist; the child must be taken to the nearest clinic immediately. Diarrhoea can be prevented by washing hands regularly.

Parents should protect their families by following the basic steps to have safe and healthy meals:

**Clean:** Wash hands, contact surfaces (e.g. kitchen counters) and utensils often to avoid the spread of bacteria. Keeping hands clean is one of the most important steps you can take to avoid getting sick and spreading germs to others. Wash your hands with soap and clean running water for at least 20 seconds. **Separate:** Keep raw foods separate from cooked and ready-to-eat foods to avoid cross-contamination. Keep children's toys clean and do not allow them to share chew toys. Do not use the same cloth for cleaning the baby and doing dishes!

**Cook:** Make sure you kill harmful bacteria by cooking foods to the proper internal temperature.

**Chill:** Keep cold foods cold. Bacteria can grow rapidly when food is allowed to sit in the so-called danger zone between 4°C (40°F) and 60°C (140°F). Use refrigerated leftovers as soon as possible, ideally within two or three days. Handle and prepare food safely.

**Throw away:** Rubbish, dirty water and animal droppings attract flies; flies travel, taking all kinds of bacteria with them. Make sure that you place used disposable nappies, packaging from meat, used sanitary towels etc. into plastic bags before placing them in the bins.

Should your child develop diarrhoea, please visit the clinic immediately so that they can administer oral or intravenous hydration. This way you may be able to avoid a visit to the hospital. Don't wait in the queue, go straight to the receptionist and tell them that your baby has diarrhoea and/or vomiting.

Make sure that you have the ingredients to make the Sugar Salt Solution.

The Sugar Salt Solution can also be taken by adults experiencing diarrhoea to replenish fluids that have been lost in the body.

## TUBERCULOSIS

TB is a disease that is caused by a germ called Mycobacterium Tuberculosis. The germ usually attacks the lungs, but can attack any part of the body, such as the kidney, spine and brain. If it is not treated properly, TB can kill.

### How do you know if you have TB?

If you have been coughing for two weeks or more with or without the following symptoms you could have TB:

- Sweating at night
- Loss of weight
- Loss of appetite
- Tiredness.

### If you suspect you have TB

- Go to your local clinic immediately for a free test.

### If you have TB

- Start taking your medication immediately
- Take your medication for the full six months
- Treatment is provided free of charge
- Ask someone to help you stick to the treatment plan a health care worker, a friend or a family member
- Adopt a healthy lifestyle - eat healthy foods and exercise
- Stop smoking and abusing alcohol.

### If you stop taking the TB medication before the full six months you can:

- Spread the infection to other people
- Fall sick with complicated TB disease
- Develop the resistant form of TB disease.

### What is MDR-TB?

MDR-TB is a special form of TB that does not respond to ordinary TB treatment. It is difficult to treat and needs specialised treatment. The symptoms of MDR-TB are the same as ordinary TB and it is spread in the same way as ordinary TB.

### What is the treatment for MDR-TB?

- Treatment lasts for two years
- A person with MDR-TB is hospitalised for six months or more
- For the first six months daily injections are given
- Different kinds of oral medication is also given and must be taken daily
- It is important to take all the medication and have the injections because they work together to kill the germs
- Medication must be taken daily for two years, to be cured.

### What is XDR-TB?

XDR-TB is another special form of TB, which does not respond to treatment for MDR-TB. It is much more difficult to treat because there are fewer drugs that can be used to treat it. The symptoms are the same as ordinary TB and MDR-TB and it is spread in the same way.

### What is the treatment for XDR-TB?

Treatment lasts for two or more years. A person with XDR-TB is hospitalised for six months or more.

- For the first six months, daily injections are given
- Different types of medication is also given and must be taken daily
- it is important to take all the medication and have the injections because they work together to kill the germs
- Medication must be taken daily for two years to be cured.



## EPWP Training Programme: The Farm Health Project

The Department of Health has for the past 6 years been contracting 4 accredited Training Providers to train the Community Care Workers appointed by the Non-Governmental Organisations (NPOs) that it funds.

This is a Health & Welfare SETA accredited Ancillary Health Care Worker Qualification which has 4 NQF levels, with each level running over a year period. Each year the number of learners on the different NQF levels increases.

In 2011/12 a discussion was initiated with farmers and the agricultural sector to identify farmworkers who could also benefit from this training and the first pilot project was started in farms in the Cape Winelands district. Since then every year there is a Health district that identifies the farm needs in line with the burden of disease in their district and negotiates with the farmers on the farmworkers to be trained. In some district the farmers have taken this partnership with the greatest enthusiasm and have been transporting the learners to the training venue on a Monday and coming to fetch them again on Friday.

This is a true partnership as these identified learners

are farmworkers who still work for the farmers, but get given time off for this training and time off to implement their health programmes on the farm. At the end of each training year, the HW SETA does quality assurance of the training and they then set up dates with each of the training providers to do verification and the learners get certificates.

The partnership has expanded to farmworkers now offering infrastructure for the mobile team to run services from, which is what is referred to as the Farm Health post.

### Home and Community Based Service Delivery

There is a total of 92 NPOs in province funded just for Home Community Based Care and 3500 community care workers employed by these NPOs. They do 7 million client contacts per year in the community whether this is homebased care, adherence support for chronic medication or general health education of people. When it comes to Homebased care - which people needing some form of assistance with their daily functioning, this group is taking care of 57,000 clients which you would call patients if they were seen in the clinics (these are sick clients)

Year	District	Area	Numbers trained	Drop-outs
2009/10	Eden	Uniondale Farmgroup	10	0
	Eden	Oudtshoorn Farm Group	14	0
2011/12	Cape Winelands	Drakenstein	76	6
		De Doorns		
		Montagu Robertson Stellenbosch		
	Overberg	Villiersdorp	19	0
	West Coast	Clanwilliam Vredendal	30	0
2012/13	Cape Winelands	Witzenberg	127	10
		De Doorns		
		Rawsonville		
		Stellenbosch Drakenstein Langeberg		
	Overberg	Villiersdorp	30	0
	West Coast	Citrusdal	30	2
		Vredendal	30	1
	TOTAL		366	19
2013/14 Training to start after harvestion	Cape Winelands	Stellenbosch Langeberg	40	
	Overberg	Swellendam	20	
	Westcoast	Paleisheuwel	17	

## EPWP Pharmacy Assistant Project

The Expanded Public Works Programme (EPWP) is a nation-wide programme with the objective of drawing significant numbers of the unemployed into productive work, so that workers gain skills while they work, and increase their capacity to earn an income.

The results from the staff audit conducted during the last Quarter of 2010 by Pharmacy Services revealed a shortfall of 97 qualified Post-Basic Pharmacist Assistants (PBPA). Due to the increased scale of the ARV Services the shortfall was expected to grow by 50% by 2013.

### Purpose

To meet the need to create employment opportunities and affordable careers for school leavers. The strategy had the benefit of increasing the pool of qualified PA's to meet the growing operational needs of Pharmacy Services in the Western Cape. The EPWP Pharmacy Assistant Project commenced in 2011 with 110 learners participating in the project. To assist the PA learners to complete the Basic and Post Basic course in two years, 5 trainer pharmacists post were created in the Western Cape Department of Health to support the PA learners with their training.

### Project Description

To train young people to provide support and assistance to pharmacist(s) in at our health facilities in delivering a comprehensive, efficient and cost effective pharmaceutical service to patients and other health workers, in line with statutory requirements. Outcomes/Achievements of the Project

TOTAL No. of People Employed on the Program						
		Male Youth	Female Youth	Female	Male	Total
%		30	75			105

### Project Status:

The group from Metropole has completed the EPWP PA programme. The Eden and Central

Karoo District will complete the programme by end of March 2014 as a result of late registration with the South African Pharmacy Council (SAPC).

Training and Capacity Building Received Since Establishment		
Name	Type of Training	Number Trained
Basic level Pharmacy Assistant Course	<ul style="list-style-type: none"> <li>Basic Training and Communication Skills</li> <li>Basic number skills</li> <li>Basic workplace safety understanding and skills</li> <li>Basic pharmaceutical healthcare understanding and skills</li> <li>Basic customer service</li> <li>Basic stock control skills</li> <li>Basic manufacturing skills</li> </ul>	110
Post Basic level Pharmacy Assistant Course	<ul style="list-style-type: none"> <li>Basic language and Communication skills</li> <li>Advanced language and Communication skills</li> <li>Advanced number skills</li> <li>Advanced workplace safety understanding and skills</li> <li>Advanced customer service skills</li> <li>Advanced stock control skills</li> <li>Advanced self-enrichment skills</li> </ul>	105
Trainer Pharmacists were employed to support and mentor the LPA's with their training		

Demographic Information				
	MALE	FE-MALE	YOUTH	DISABLED
Beneficiaries	30	75	All youth	0
Compliance to the Ministerial Determination:	Building Facilities maintenance Program comply with the Ministerial Determination No. 4			
Yes	Yes. However no injuries have been reported.			

### Project Risks

There has been a huge demand from corporate and community pharmacies for learner PA who successfully completed the PBPA course.

### Key Success Factors

Career pathing for the PBPA, who with additional training can progress to the newly created category of Pharmacists Technician. Potential to progress to permanent post as Pharmacy Technicians and even private sectors.

## Proudly EMS

Karin van Wyk passed grade 12 at the end of last year, and this might not seem like too much of an achievement since thousands of matriculants do this every year.

Karin is however a model student and through hard work and determination she managed four distinctions in Afrikaans, English, Business Economics and History. Karin's father Johan Van Wyk is a basic life support practitioner stationed at the Worcester Ambulance Station and you won't come across a father beaming with more pride than Johan.

Despite being completely blind, Karin managed to excel throughout her school career at Pionier School for the Blind. The obstacles she faced made her stronger and today she is reaping the rewards. Karin is currently doing her diploma in Business Studies and in a few short years she will take on her next big challenge. The working world beckons and looking at Karin smiling and laughing like any other young person, excited about what lies ahead, one can't help but wonder why we let fear have so much control over us.

Western Cape Government Health Emergency Medical Services is made up of individuals who form part of families and these families are filled with people who are special to us. We are not just paramedics, ambulances, doctors and students. We are also people and we are very much the same. We face obstacles almost daily, but like Karin we achieve and we succeed and we always try and do more for the greater good despite the circumstances. This is who we are.

Western Cape Government Health Emergency Medical Services. Better Together.



**Photo: Director EMS Dr Shaheem De Vries with Karin (Centre) and Johan van Wyk.**

## 49 Years of Service

Achmat Slamdien started working at Groote Schuur Hospital as part of the cleaning squad in 1965. It is with great sadness that the hospital bids farewell to Mr Slamdien on 31 January 2014 after 49 years of continued service at the hospital.

Mr Slamdien is a great example of a government employee with his dedication to the hospital. He talks with pride about how he started as a member of the cleaning squad and 49 years later ended as a Senior Registry Clerk. The last 17 years he worked in the Psychiatry Department, where he will surely be missed. He was the one that arrived at 05h00 every day to open up and get the department ready for the day ahead and for the patients. Mr Slamdien will miss the staff, and especially the interaction with patients, the most. He has built a bond with them over the years.

He has lots of memories of working at the hospital while working in the days of apartheid and also with our new government. Although things have changed in the country, he still remains as humble as ever. He took pride in his work and based what he did on five principles that his father taught him. The principles were never be late, don't stay absent from work, take pride in all you do, never steal and show your supervisor respect. Mr Slamdien believes that if we all work according to these principles, we will all make a better contribution to our workplace.

The Western Cape Minister of Health, Theuns Botha, thanked Mr Slamdien for his relentless commitment. "Mr Slamdien is yet another example of employees that devote a lifetime to this department. I wish him well and thank his family for their support over almost half a century."

Mr Slamdien has been married for the last 43 years. He has four children and seven grandchildren. He looks forward to spending more time with his family and making a difference with the youth in the Salt River community where he lives. Groote Schuur Hospital salutes Mr Slamdien and wishes him well with his retirement.



**Photo: Mr Slamdiens' farewell at Groote Schuur Hospital**

# SNAPSHOT

Snapshot has been created especially for you.  
Here we share interesting stories or photos with you.



**Photo: Abigail Johnson, receives her Critical Care Assistant certificate from Dr. Shaheem De Vries Director EMS Western Cape**

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