

Brewelskloof Hospital

Annual Report 2007 / 2008



DEPARTMENT OF HEALTH – WESTERN CAPE



ACKNOWLEDGEMENTS

1. Contributions from Occupational Therapy, Social Work, Physiotherapy and Food Service departments
2. Charlton Cornelius, Information Officer Brewelskloof Hospital
3. Fred Gehring, Deputy Director: Hospital Secretary
4. Rochelle van Rooyen, Deputy Manager: Nursing
5. Dr Danie Theron, Senior Medical Superintendent, Brewelskloof Hospital

Brewelskloof Hospital

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BREWELSKLOOF HOSPITAL

1. VISION

The current departmental vision of the Western Cape is:
“Better Care for Better Health, all Day, Everyday!”

The long-term vision for the Department of Health is
“Equal access to quality health care” which is encapsulated in the Healthcare 2010 strategy.

2. MISSION

Our mission is to improve the health of people in the Western Cape and beyond, by ensuring the provision of a balanced health care system, in partnership with stakeholders, within the context of optimal socio-economic development.

3. BACKGROUND

Brewelskloof Hospital is widely known as a TB hospital that allows for the admission of TB patients from the Cape Winelands East and Overberg districts.

It presently has 206 beds for TB patients and 15 beds for the Case Verification ward of the SATVI project (research done by the University of Cape Town). Brewelskloof Hospital functions within the parameters of the National and Provincial Tuberculosis Control Programme and offers the following services to patients:

- ▶ TB Outreach
- ▶ TB Counseling
- ▶ Occupational Therapy
- ▶ Social Work services
- ▶ Respiratory clinic
- ▶ Cardio-thoracic clinic
- ▶ Radiology

The TB Outreach service is provided to 23 district clinics and Correctional Services in the Cape Winelands East and Overberg districts. Medical Officers of the hospital visit these clinics on a monthly basis to assist with problematic diagnostic and therapeutic cases.

Patients are hospitalised for long periods (2–6 months). Occupational Therapists present programmes to equip patients with life skills.

The hospital’s Social Work department presents regular alcohol and drug rehabilitation programmes in association with Toevlug Rehabilitation Centre and provides the necessary support to patients with social problems.

A Respiratory clinic, conducted by pulmonologists of the Lung Institute at UCT (University of Cape Town), is held on a fortnightly basis at Brewelskloof Hospital. Once a quarter, thoracic surgeons from Groote Schuur Hospital in Cape Town also run a cardio-thoracic clinic.

An extended Radiology service is provided to clinics of the surrounding towns.

Brewelskloof Hospital provides schooling for long-term paediatric patients. An average of 10 pupils is taught at any one time by one school teacher.

Brewelscourt, the nurse’s home, is used for accommodation of health personnel, as well as staff members of the Region that undergo training in Worcester.

The hospital plays an important role in creating awareness of TB and training nurses and medical staff by means of symposia.

Brewelskloof also plays an important role in the general maintenance of the Breede Valley sub-district clinics. Goods and services are also supplied to the clinics of the Breede Valley Sub-district. Staff of the hospital’s workshop is tasked to maintain the equipment and buildings of the hospital as well as the clinics mentioned above. The workshop is also responsible for the wheelchair repairs of the region.

ALCOHOL & DRUG REHABILITATION PROGRAMME



4. ADMISSION CRITERIA

Admission criteria include all TB patients who:

- ▶ are too weak or debilitated to be discharged from the district hospital after having been stabilised.
- ▶ are non adherent to TB medication for a variety of reasons, mostly as a result of drug and alcohol abuse.

- ▶ need streptomycin injections for treatment, but live too far from a clinic or in an area where mobile clinics only visit once a month.
- ▶ are multi-drug resistant (MDR) and are therefore hospitalised for the intensive phase of 4-6 months.
- ▶ experience serious side-effects from TB treatment

5. OVERVIEW

The hospital ground covers an area of $\pm 175\,000\text{m}^2$. The main building consists of an Administration block (which includes the theatre, radiography and administrative offices) as well as a Ward block, which has 4 levels.

The ward block consists of:

- ▶ Ground floor (Children's ward, Foodservice unit, Physiotherapy and SATVI case verification ward)
- ▶ 1st Floor (Male ward)
- ▶ 2nd Floor (Female ward)
- ▶ 3rd Floor (Ward B2 – decanting ward for Worcester Hospital patients)
- ▶ 4th Floor (Auditorium, Occupational Therapy and Social Work Departments)
- ▶ The basement area of the Main Block houses the Pharmacy, Laundry, Supply Chain Unit and Workshops.



VIEWS OF BREWELSKLOOF HOSPITAL

Other institutions, which are housed on the Brewelskloof Hospital grounds, are:

- ▶ The SATVI Project – housed in the old Boiler House, ground floor (Children ward-West) as well as the Medical Superintendent's house (house no 1)
- ▶ Brewelscourt (Block 1) - Nurses Home, lecture rooms of the HRD Regional office, as well as the Breede Valley Sub-district office
- ▶ Boland/Overberg Regional Office (Block 2)
- ▶ Boland Hospice - housed in the old Laboratory buildings
- ▶ Brewelskloof Hospital School (house no 2)

6. ACHIEVEMENTS

Our highlights during the past year were:

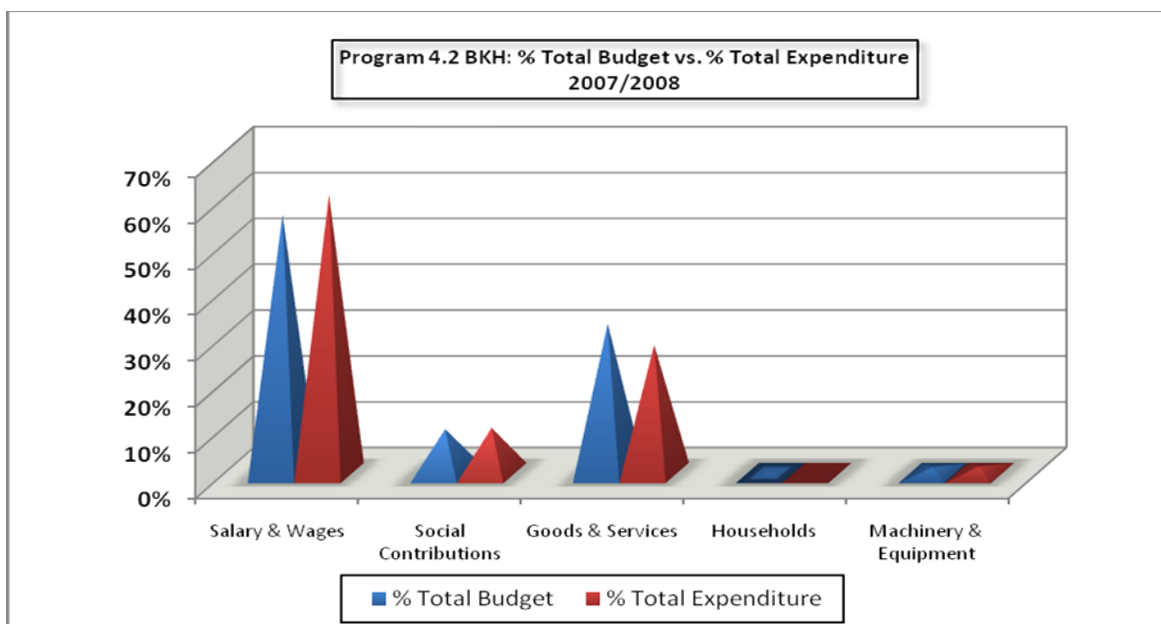
- ▶ Successful transition of management structures from Boland/Overberg region to Metropole region
- ▶ Centralising the MDR TB unit with one Principal Medical Officer heading the unit with a Professional Nurse
- ▶ Occupational Health and Safety (OH&S)
 - Successful implementation of infection control plan (this includes the procurement of an airflow meter, fit test, Audio booth and installation of additional UVGI lights).*
- ▶ Filling of critical vacant posts
 - Professional Nurses - 4 posts
 - Staff Nurse - 5 posts
 - Nursing Assistants - 6 posts
 - Food Service Supervisor - 1 post
 - Admin Officer (Info) - 1 post
 - Social Worker - 1 post
 - Ward Clerk (ARV) - 1 post
- ▶ TB Awareness
 - Hosting of the Van der Sande Nurses symposium at the City hall on 21 September 2007 and a MDR Workshop on 26 October 2007 at Brewelskloof Hospital.
 - The annual visit of lung specialists from Holland in February 2008. The academic programme for the visit also included presentations of complex TB patients by BKH medical staff.
- ▶ The ABET pass rate for staff of Brewelskloof Hospital of 100%
- ▶ Brewelskloof Hospital accreditation as an ARV site
- ▶ The launching of "Kloofnuus" - Brewelskloof Hospital's own newsletter
- ▶ Procurement of computers for all departments
- ▶ Completion of the upgrading and renovation of the theatre, Nurses home and 4th floor ablution facilities
- ▶ Procurement from Central equipment funds of a new theatre bed and autoclave

7. BUDGET *(Adjustment Budget included)*

<u>Total Budget allocated</u> R 28 275 000.00	<u>Total Expenditure</u> R 28 081 128.40
<u>Revenue target allocated</u> R 145 000	<u>Revenue generated</u> R 300 744

8. BUDGET PER STANDARD ITEM: PROGRAM 4.2 *(Adjustment Budget included)*

<u>Standard Item</u>	<u>Budget allocated</u>	<u>% of Total budget</u>	<u>Expenditure</u>	<u>% of Expenditure</u>
Salary and wages	R 15 954 000.00	56.42%	R 17 036 870.48	60.67%
Social Contributions	R 2 712 000.00	9.59%	R 2 774 175.21	9.88%
Goods & Services	R 9 223 000.00	32.61%	R 7 864 413.36	28.01%
Transfer to households	R 30 000.00	0.11%	R 0.00	0.00%
Machinery and equipment	R 356 000.00	1.26%	R 405 669.35	1.44%



9. PERSONNEL

9.1 POSTS

The total number of personnel on the Brewelskloof Hospital establishment as at 31 March 2008 was as follows:

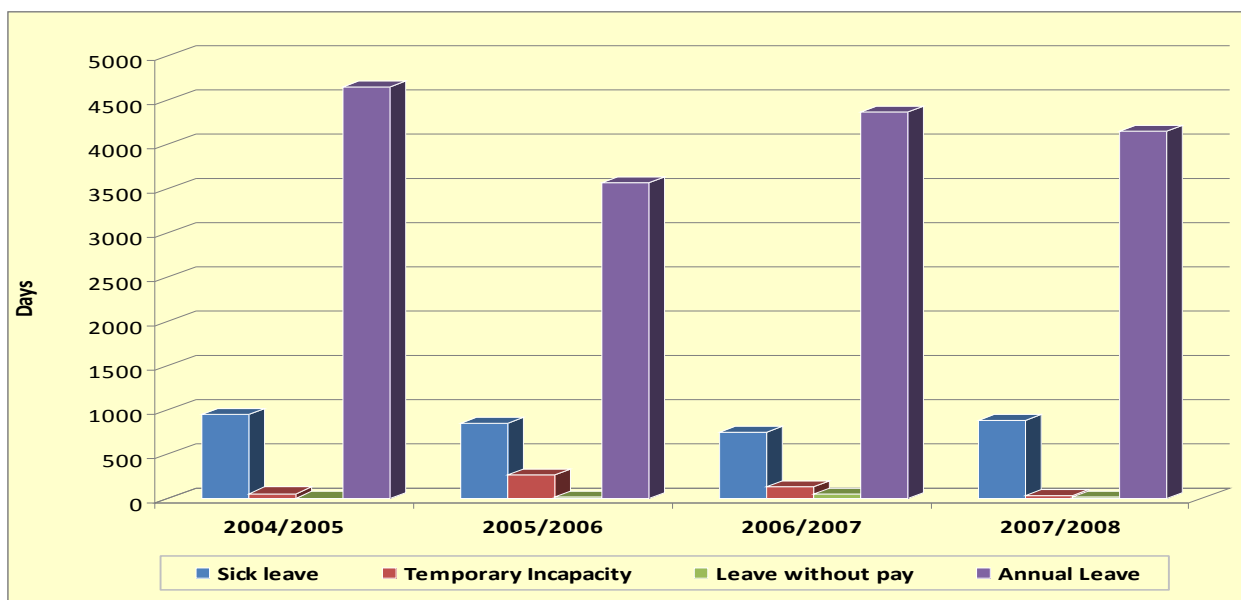
1 April 2007 – 31 March 2008

	Establishment	Filled	Vacant
Medical	6	4 Fulltime + 1 Sessional	1 Fulltime
Nursing	106	77	29
Administration	14	13	1
Allied Health Sciences	7	5	2
Maintenance & Anciliary	60	57	3
TOTAL	193	157	36

It must be noted that even though 36 posts are available, Brewelskloof Hospital could only fill up to the agreed number of 157 fulltime staff members (this is due to the budget limitations).

9.2 ABSENTEEISM PROFILE (days)

	2004/2005	2005/2006	2006/2007	2007/2008
Sick Leave	959	847	757	890
Temporary Incapacity	64	269	137	33
Leave without pay (LWOP)	13	18	50	20
Annual Leave	4 650	3 560	4 358	4 150



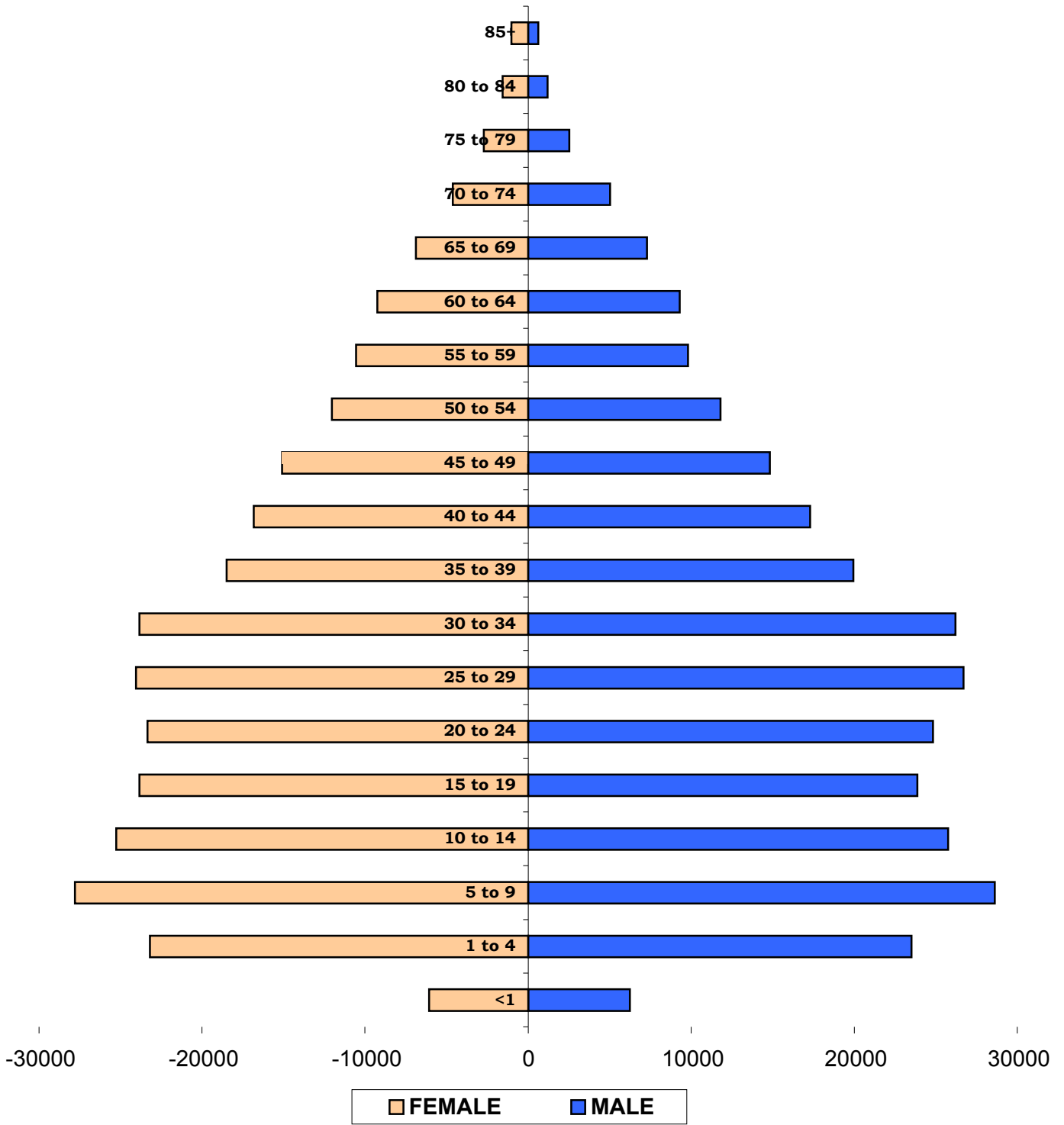
10. POPULATION

The drainage population for Brewelskloof Hospital is 561 847, which is the same as the Boland/Overberg region population. The population is based on Census 2001 and STATS SA's 2005 mid-year estimates projected at a 2% growth rate.

AGE	BOLAND/OVERBERG REGION		
	FEMALE	MALE	TOTAL
<1	6076	6244	12320
1 to 4	23194	23515	46709
5 to 9	27808	28620	56427
10 to 14	25261	25773	51034
15 to 19	23832	23871	47703
20 to 24	23340	24833	48173
25 to 29	24036	26702	50738
30 to 34	23841	26216	50057
35 to 39	18482	19940	38422
40 to 44	16818	17305	34123
45 to 49	15087	14822	29910
50 to 54	12040	11804	23844
55 to 59	10557	9801	20357
60 to 64	9241	9292	18533
65 to 69	6890	7293	14182
70 to 74	4619	5030	9649
75 to 79	2722	2516	5238
80 to 84	1564	1190	2755
85+	1036	637	1672
GRAND TOTAL	276 443	285 403	561 847

Boland/Overberg Population Pyramid

- 2008 -



11. SERVICE DELIVERY

1 April 2007 – 31 March 2008

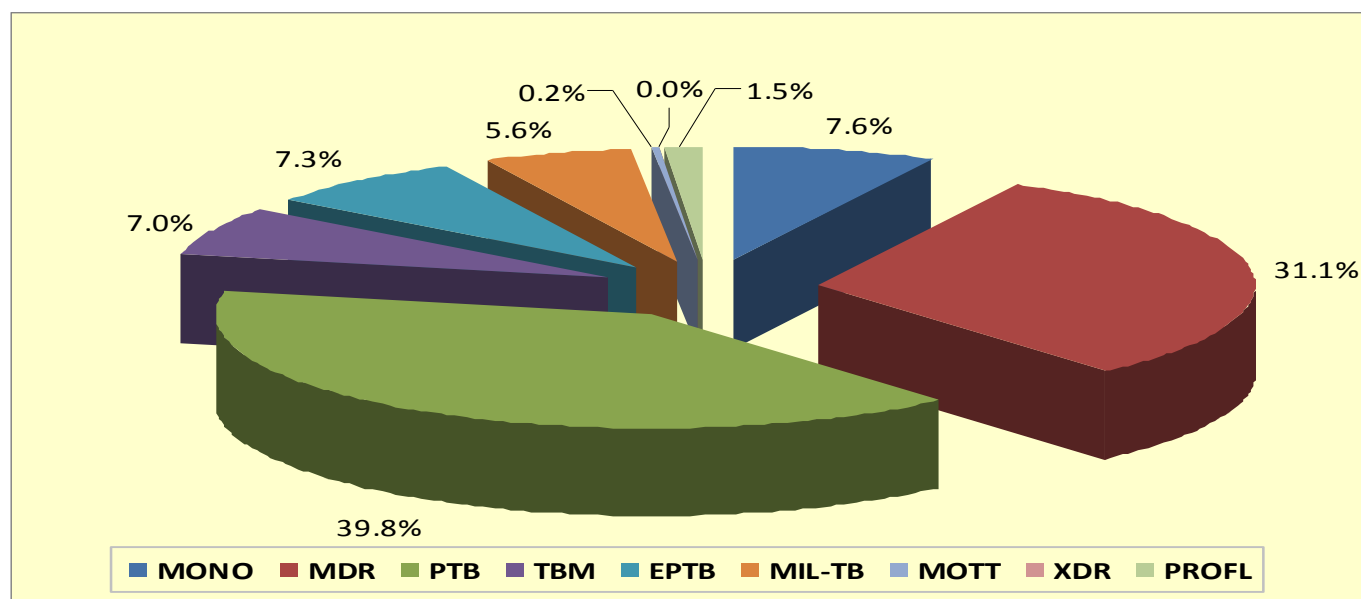
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Admissions	46	72	67	47	62	35	64	64	33	59	67	54	670
RHT's	0	2	1	1	0	0	1	1	0	3	2	2	13
Abscond	3	0	1	0	1	0	0	1	2	1	1	1	11
Respiratory Outpatients Seen	9	13	5	4	7	8	2	5	No respiratory clinics scheduled for Dec & Jan		9	2	64
Inpatients referred to respiratory clinic	2	9	3	2	5	5	2	4			4	2	38
<i>Total Respiratory Clinic Patients</i>	11	22	8	6	12	13	4	9			13	4	102
School (number of pupils)	10	8	7	4	4	4	6	7	7	10	10	6	
X-Ray	246	373	307	326	360	292	404	357	132	282	303	204	3 586
Ultrasound	10	18	19	10	16	9	15	14	9	8	12	8	148

DIAGNOSIS CATEGORIES OF INPATIENTS

1 April 2007 – 31 March 2008

	APR 07	MAY 07	JUN 07	JUL 07	AUG 07	SEP 07	OCT 07	NOV 07	DEC 07	JAN 08	FEB 08	MAR 08
MONO	8	4	8	5	12	13	13	15	9	16	20	20
MDR	32	51	59	59	53	50	51	52	38	46	50	49
PTB	74	67	61	71	71	71	73	70	50	40	51	57
TBM	13	12	10	9	11	9	10	11	9	13	13	12
EPTB	15	17	19	14	15	9	9	6	6	9	11	8
MIL. TB	4	4	4	5	9	7	9	13	14	12	10	12
MOTT	0	0	0	0	0	0	0	0	0	1	1	1
XDR	0	0	0	0	0	0	0	0	0	0	0	0
PROFL	3	2	2	3	3	2	2	2	2	2	2	3
TOTAL	149	157	163	166	174	161	167	169	128	139	158	162

Diagnosis categories of Inpatients: Apr'07 – Mar '08

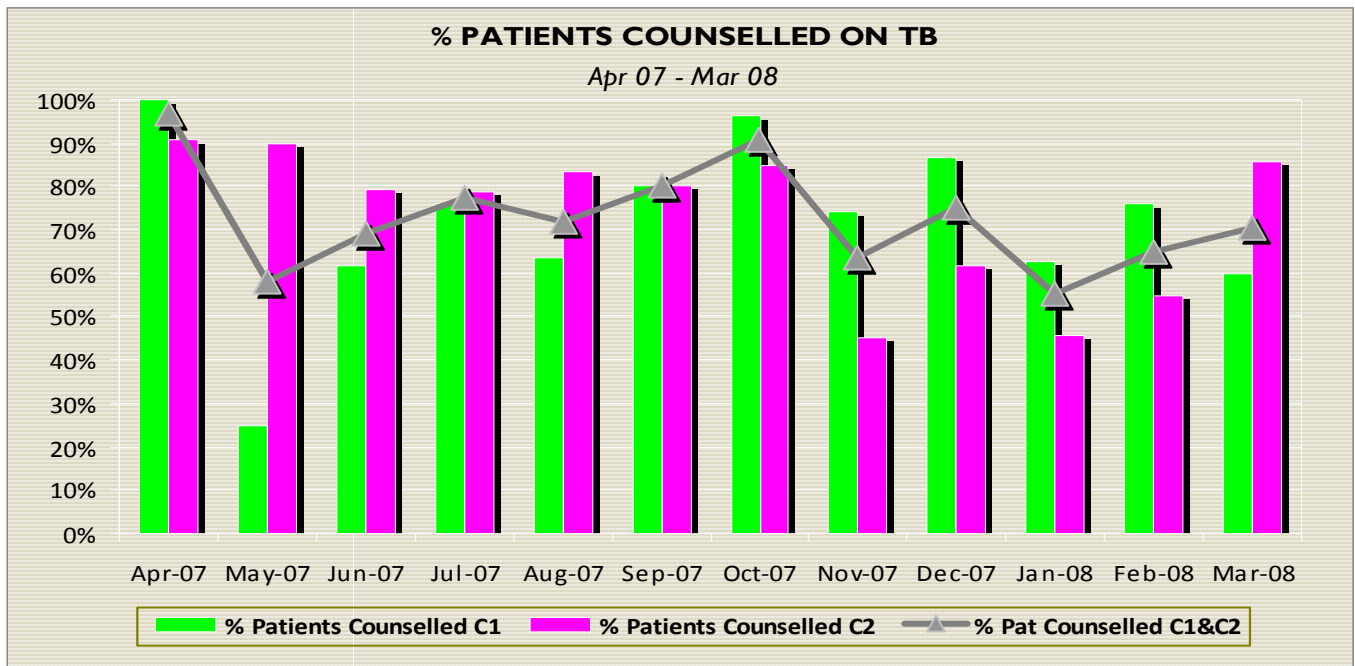


- ▶ **Mono:** Mono-resistant i.e. Patient resistant to one type of TB medication
- ▶ **MDR:** Multi-drug resistant i.e. Patient is resistant to Rifampicin & INH
- ▶ **PTB:** Pulmonary Tuberculosis
- ▶ **TBM:** Tuberculosis Meningitis
- ▶ **EPTB:** Extra pulmonary TB i.e. other sites in the body e.g. abdomen
- ▶ **MIL.TB:** Miliary TB i.e. spread of TB throughout the body
- ▶ **MOTT:** Other mycobacteria than Mycobacteria Tuberculosis

PATIENTS COUNSELLED ON TUBERCULOSIS

1 April 2007 – 31 March 2008

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Admissions Male adult ward	23	29	24	33	36	23	25	28	25	30	19	25	320
Counselled Male adult ward	17	22	20	28	28	21	14	22	10	22	17	13	234
% Counselled Male adult ward	74%	76%	83%	85%	78%	91%	56%	79%	40%	73%	89%	52%	73%
Admissions Female adult ward	13	25	21	21	22	19	16	22	20	19	25	22	245
Counselled Female adult ward	12	24	19	20	17	19	16	9	13	16	17	15	197
% Counselled Female adult ward	92%	96%	90%	95%	77%	100%	100%	41%	65%	84%	68%	68%	80%
<i>Total Adm. Adult wards</i>	36	54	45	54	58	42	41	50	45	49	44	47	565
<i>Total Counselled Adult wards</i>	29	46	39	48	45	40	30	31	23	38	34	28	431
<i>% Counselled Adult wards</i>	81%	85%	87%	89%	78%	95%	73%	62%	51%	78%	77%	60%	76%



Reasons for patients not counselled:

- ▶ Patients too sick
- ▶ Died within month of admission
- ▶ Mental confusion e.g. TBM, HIV encephalopathy
- ▶ Staff shortage
- ▶ Language barrier

TB/HIV CO-INFECTION OF INPATIENTS

1 April 2007 – 31 March 2008

	% HIV +
Male	25%
Female	44%
Pediatric	12%
TOTAL	27%

12. DOCTORS OUTREACH TO DISTRICT TB CLINICS

CONSULTATIONS

1 April 2007 – 31 March 2008

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TB	157	107	117	125	175	154	131	147	104	119	106	118	1 560
MDR	32	35	19	12	41	30	16	16	18	27	28	13	287
Mono	4	5	3	8	6	1	2	2	3	9	7	2	52
Diagnostic Problem	21	17	26	24	20	30	8	18	15	48	19	19	265
CXR interpretation	360	266	341	317	320	449	343	380	322	290	230	390	4 008
Disability Grants	14	8	15	24	16	18	11	11	21	22	21	17	198
Grand Total	588	438	521	510	578	682	511	574	483	515	411	559	6 370

MDR unit:

The transformation of the MDR unit to a centralised unit with one designated PMO had the following improvements:

- ▶ All MDR patients are admitted and treated equally according to NTCP protocols
- ▶ The PMO and MDR Professional Nurse knows all patients personally
- ▶ The MDR PMO received training from WHO and NTCP in Pretoria during December 2007 in order to improve patient care
- ▶ The MDR PMO can present difficult cases to the MDR problem clinic at Brooklyn Chest Hospital, headed by Professor Willcox, as well as to the Provincial Review Committee
- ▶ Better tracing of diagnosed MDR patients
- ▶ Training of the MDR Professional Nurse
- ▶ Initiation of an annual MDR workshop for nurses in the region
- ▶ The establishment of a MDR databasis
- ▶ Better control over MDR TB drugs, as clinics can only order these drugs on a patient-name basis, and needs to be approved by either the PMO or MDR nurse
- ▶ The establishment of a MDR outreach service to high burden sub-districts

13. HOSPITAL PERFORMANCE

1 April 2007 – 31 March 2008

	Q1	Q2	Q3	Q4	Year Total
Deaths	19	12	14	15	60
Transfers Out	16	10	3	7	36
Inpatient Days	14 465	16 109	15 530	13 719	59 823
Useable Beds	206	206	206	206	206
OPD Headcounts	926	978	893	789	2 548
Separations	180	150	185	156	671
Patient Day Equivalent (PDE)	14 654	16 313	15 722	13 938	60 672
Average Length of Stay (ALOS)	80.5 days	108.6 days	84.9 days	88.5 days	90.6 days
Bed Utilisation Rate (BOR)	78.0%	86.9%	83.8%	74.8%	80.9%
Case Fatality Rate	10.6%	8.0%	7.6%	9.6%	8.9%
Cost per PDE	R 391.57	R 452.08	R 449.33	R 536.81	R 457.45

Data Dictionary (Indicators)

Indicator	Numerator	Denominator	Factor
Separations	Day patients + Discharges + Deaths + Transfers Out		
Patient day equivalent	Inpatient days + 1/2 Day patients + 1/3 Outpatients + 1/3 Trauma		
Useable bed utilization rate	Inpatient days + 1/2 Day patients	Useable Beds X Number of days	100
Average length of stay	Inpatient days + 1/2 Day patients	Separations	
Case fatality rate	Deaths	Separations	

14. SUPPORT SERVICES

14.1 PHARMACY

1 April 2007 – 31 March 2008

	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Vacolitres	540	480	350	290	310	420	520	790	820	350	310	490	5 670
Schedule 6	123	146	123	142	201	374	296	286	310	200	180	119	2 500
To take out discharge prescriptions	623	598	491	596	692	790	680	536	790	600	580	1 012	7 988
To take out discharge items	1 128	1 112	975	1 001	1 123	1 325	1 256	1 149	2 563	1 270	1 170	1 135	15 207
Inpatients Prescriptions	1 120	995	1 035	1 172	1 258	1 380	1 540	1 320	1 750	1 250	1 200	718	14 738
Inpatients Items	1 520	1 370	1 490	1 680	1 612	1 700	1 945	1 745	2 145	1 600	1 550	1 458	19 815
Bulk Stock items (Vacolitres excluded)	63 892	60 350	77 342	82 925	84 170	86 900	82 500	105 510	86 700	81 400	81 350	84 100	977 139
Outpatient prescriptions dispensed/prepared, but not issued directly to patients	1 145	1 079	1 120	1 380	1 485	1 490	1 700	1 950	2 810	1 500	1 450	1 250	18 359
Outpatient items dispensed/prepared, but not issued directly to patients	2 356	2 153	2 360	2 425	2 615	2 630	2 980	4 720	6 542	3 100	3 050	2 570	37 501
Outpatient prescriptions prepared for old age homes, etc.	268	305	352	423	460	521	598	598	950	480	400	360	5 715
Outpatient items prepared for old age homes	367	453	491	615	692	745	804	1 630	2 752	940	800	840	11 129

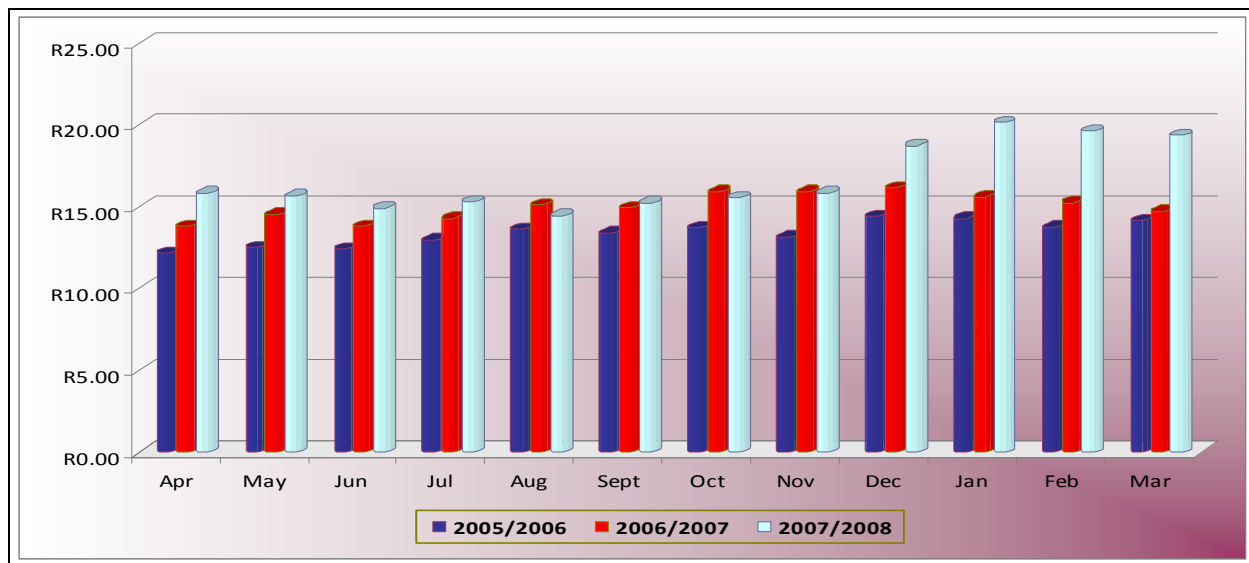
In addition, Brewelskloof Hospital supplies TB and psychiatric medication to the Breede Valley sub-district and MDR medication to the Boland/Overberg Region.

14.2 FOODSERVICE UNIT

PATIENT FEEDING COST (Cost per patient day: Norm – R15 per day)

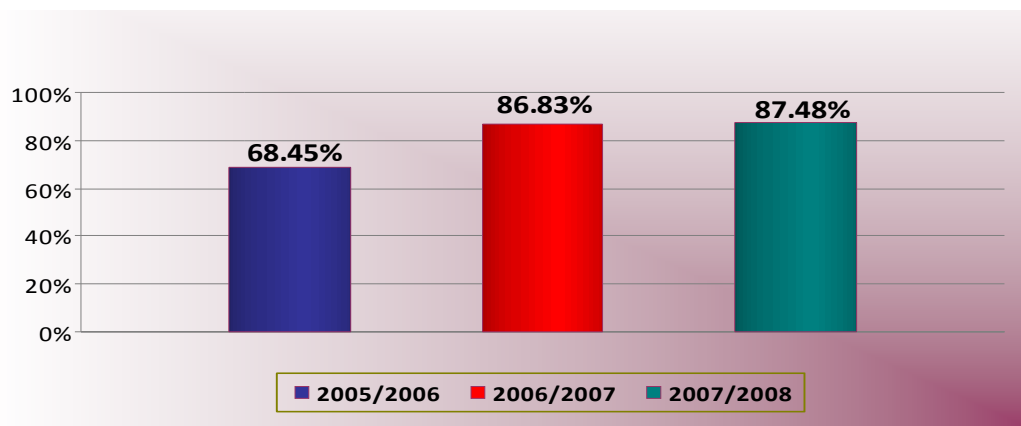
Financial year 2005/2006 to 2007/2008

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
05/06	R12.15	R12.52	R12.40	R12.97	R13.65	R13.40	R13.73	R13.15	R14.41	R14.29	R13.74	R14.13
06/07	R13.80	R14.54	R13.80	R14.29	R15.09	R14.95	R15.92	R15.92	R16.13	R15.60	R15.24	R14.71
07/08	R15.84	R15.67	R14.90	R15.27	R14.44	R15.23	R15.52	R15.83	R18.72	R20.15	R19.61	R19.37



The last 4 months reflects an increase in the cost of food supplies.

FOOD SERVICE MONITORING



Over and above Brewelskloof Hospital patients, the Foodservice unit also supply meals to the SATVI CV ward, Ward B2 (Worcester Hospital decanting ward) and Boland Hospice. Costs of meals supplied as mentioned above are reimbursed to Brewelskloof hospital.

14.3 OCCUPATIONAL THERAPY (OT)

It was a year where most of the challenges faced by the OT department were successfully conquered. The appointment of a full-time Occupational Therapist contributed to the department's success.

A variety of new group activities like current affairs, crafts & arts and sport activities were introduced to the existing Occupational Therapy groups. For the first time activities like these were introduced to MDR TB patients who could not leave the wards due to infectiousness.



Most of the patients participated in OT activities like life and social skills, arts and crafts, TB support groups, alcohol and drug groups as well as skill development groups, etc. The purpose of the skill development program was to empower patients with skills and knowledge to enable them to generate an income for themselves at home, after they have been discharged.

Another highlight of the past year was the start of a vegetable garden at Brewelskloof hospital where patients had the opportunity to learn how to plan and to maintain a vegetable garden.



The motive behind this project was that patients should start their own gardens at home to supply them with food. The Department of Agriculture needs to be acknowledged for their assistance in this project.

The increase in clientele of the carwash project reflects the growth in popularity of this service. The main aim of this

project is to use the money generated to pay for patients' identity documents.

The seasonal activities for the past year included the Easter and Christmas plays as well as the Valentine and Winter dance.

The Department of Health provided a budget to purchase recreational equipment to improve the bio-psycho-social care of inpatients.

It was a very fruitful year and we are looking forward to the New Year and its challenges.

14.4 PHYSIOTHERAPY DEPARTMENT

The Physiotherapy service is delivered to patients (adult and paediatric) of Brewelskloof Hospital by means of diagnostic and therapeutic treatment techniques. The Physiotherapy department's goal is to make use of curative, promotive, preventative and rehabilitative programs in the treatment of TB patients.

14.5 SOCIAL WORK DEPARTMENT

During the past year our service delivery on an individual bases intensified due to an increase in TB/HIV co-infected patients. With only one social worker and one social auxiliary worker, the department focused on rendering optimal service delivery to the adult as well as the pediatric wards of the hospital. Family conferences were held to support patients and their families during lengthy hospitalisation of patients. The importance of the family's support to the patient was also emphasised, with specific focus on TB/HIV co-infected patients. The focus was based more on a multi-disciplinary team approach.

The appointment of a second social worker in January 2008 was a positive step in ensuring an ongoing effective service delivery.

During the past year 2 169 interviews took place. An average of 1 019 contacts per month were made regarding patient matters.

Some of the assistance included the following:

- ▶ 10 patients acquired identity documents and 2 birth registrations were done
- ▶ 89 patients were assisted in obtaining social grants
- ▶ 269 could still receive their social grants while in hospital. Minimal inconvenience was therefore posed to the families concerned
- ▶ 7 homeless patients were placed in a shelter

- ▶ 19 patients were referred for follow-up home based care services and 1 was referred to the Western Cape Rehabilitation Centre
- ▶ 2 children were discharged into foster care because their family circumstances did not improve during their hospital stay. One child was placed in a children's home.

This department is also responsible for coordinating an alcohol and drug rehabilitation program that continues throughout the year. The Medical and Occupational Therapy departments, as well as the local Toevlug Rehabilitation Centre, were actively involved in presenting this program to the patients. The past year the focus was on evaluating the program in order to improve efficiency and effectiveness.

Community involvement occurred through ongoing TB talks at the local community radio station and Toevlug Rehabilitation Centre throughout the year.



ALCOHOL & DRUG REHABILITATION PROGRAM

15. NURSING SERVICES

During 2007-2008 major changes occurred due to an increased emphasis being placed on infection control and occupational health and safety measures.

The east wing of the female ward was opened to accommodate the non- MDR patients while the MDR and mono resistant patients were accommodated in the west wing. Swing doors were also installed between these two sides on both wards to ensure that there is little contact between the infectious and non- infectious patients.

The old school area in the pediatric unit was transformed into an eight bed pediatric unit for the infectious boys and girls.

An audio booth was procured which allowed hearing tests to be done in the hospital. Previously the patients had to be transported to a local school to have their hearing tested.

Additional UVGI lights were also installed in the side wards of the eastern wing and the pediatric MDR unit.

The infection control plan was implemented during this period and staff was educated regarding the implementation of the plan and the use of different masks.

A total of 15 posts were filled during the financial year. They consisted of the following: 2 Professional nurses, 2 Community service nurses, 5 Staff nurses and 6 Assistant nurses.

The hospital was accredited as an ARV site during 2007 and an ARV clerk was appointed.

The HRD department achieved the following:

- ▶ A 100% pass rate for employees attending ABET classes
- ▶ A professional nurse successfully completed her diploma in Nurse Management
- ▶ Four staff nurses completed the accreditation courses with honours at Worcester Hospital
- ▶ One food service aid passed the South African Nursing Council exam and qualified as a Nursing Assistant.
- ▶ An enrolled nurse successfully completed his training as a Professional Nurse

The old pharmacy was converted to an office for the Nurse Manager.

The annual TB day was celebrated in the form of a sports day and Pedro Camara (Carlos from 7de Laan) appeared as a guest speaker.

The local department of Education commenced with the ABET program in March 2008. Patients were registered and attend classes on the premises of the hospital.

16. HEALTH FACILITY BOARD

The appointed board supported and introduced numerous projects during the 2007/08 financial year. One of the main highlights during this period was the historic appointment of the Health Facility Board's first honorary members, Megan Theart and Andrea Theron. These two special board members were personally visited by Minister Pierre Uys. The board successfully hosted a special workshop focusing on the mission, vision, goals and stakeholder strategy.

17. LABORATORY SERVICES

BUDGET	EXPENDITURE	OVER SPEND
R 350 000.00	R 358 635.53	R 8 635.53

Top 10 Test requested during the Year 2007 – 2008

1. Micro TB Misc Flour
2. Bactec MGIT bottle
3. R/M culture TB
4. Creatinine – automated
5. Hb only
6. ALT
7. Bilirubin (direct + total)
8. AST
9. Platelet
10. WBC Only

The reason for the over-expenditure was the impact of the high TB/HIV co-infection and the implementation of the TB/HIV/STI integration and woman wellness programme.

18. SUPPORT SERVICES

18.1 CORE OBJECTIVES

- ▶ **IMPROVEMENT OF INFECTION CONTROL (IC)**
 - Development and Implementation of IC plan – MTEF period
 - Training of staff on Infection Control and Occupational Health & Safety
 - Compile IC Policy manual
 - Training on IC plan and policy manual
- ▶ **IMPROVEMENT OF MDR TB MANAGEMENT**
 - Outreach to the Region
- ▶ **HUMAN RESOURCE MANAGEMENT**
 - Filling of critical vacant posts according to agreed FPMI numbers
 - Succession planning
 - Change management
- ▶ **HUMAN RESOURCE DEVELOPMENT**
 - Workplace Skills Plan to include the following urgent training needs:
 - Acute nursing care
 - TB/HIV training
 - MDR TB training
 - TB Patient empowerment
 - ATTIC training
 - Supervisor skills
 - Infection control
 - OHSA
 - Project Management
 - Computer skills
 - Leadership skills
 - Written communication / writing skills
 - Presentation skills
 - Meeting skills
 - Client care
 - Change management
 - Organise TB Update in September 2008
 - Persal and Logis training
- ▶ **IMPROVED SERVICE QUALITY**
 - Improvement of client care – focusing on admissions and porter services
 - Improve clinical governance
 - Improve clinical expertise through monthly MMM, clinical audits and academic inputs
 - QIP implementation, monitoring and reporting
 - Improve paediatric management
 - Client Satisfaction Survey
 - Plan to improve psychosocial environment
 - Triage for admissions
- ▶ **ACCREDITATION OF BKH AS ARV SITE**
 - Accreditation visit by National Department of Health

▶ **COMMUNITY INVOLVEMENT**

- Strengthening Health Facility Board (including training and management support of HFB objective)
- Bereavement
- Woman groups

18.2 SUPPORT OBJECTIVES

▶ **INFORMATION MANAGEMENT**

- Improvement of data flow
- Update IT Maintenance plan
- M&E monthly meeting
- Training on basic data management and IT policies

▶ **RECORD MANAGEMENT**

- Prepare Archive and Registry

▶ **RECEPTION AREA**

- Renovation of public toilet facilities

▶ **PROJECTS**

- MDR unit in paediatric ward
- Play area in paediatric ward
- Staff tea room
- Kiosk
- Computerised Radiography System
- Renovation of wooden structures in wards

▶ **MAINTENANCE SUPPORT**

- PHC clinics of the Breede Valley Sub-district

▶ **MAINTENANCE SCHEDULE**

- Fire escape on 4th floor
- OT department
- Renovation of Main Store
- Staff ablution facility

19. CONCLUSION

Once again this financial year has been a productive and successful year at Brewelskloof Hospital. The aim to provide a cost effective and quality service has been met, with the hospital remaining within budget whilst achieving most of its goals and objectives for 2007/08.

Highlights were the renovation of the theatre, as well as the ablution facilities on the 4th floor and Nurses Home. The Foodservice Unit improved on their score in the Foodservice monitoring and evaluation project. An Infection Control plan was established and implemented. The procurement of additional UVGI lights and equipment, such as an airflow meter and fit test, contributed to the success of Occupational Health and Safety (OHS).

Despite a very full programme, Brewelskloof Hospital continued to place a high emphasis on TB awareness and training with the organising of the successful Van der Sande Nurses Symposium in September 2007 and the MDR TB workshop in October 2007. This is in addition to the educational talks on TB on Valley FM, at schools and Toevlug Rehabilitation Centre during the year.

Brewelskloof Hospital is very grateful for the team effort and continuous commitment and dedication of all the staff, whom without these great achievements would not have been possible. The hospital appreciates the involvement of the community as demonstrated by visits and/or donations by churches, women support groups, various schools and other charitable organisations.

Brewelskloof Hospital would also like to acknowledge the great support received from the various management teams of Worcester Hospital, Boland/Overberg regional office and Metropole regional office.

Brewelskloof Hospital will continue to strive towards providing a service of excellence and look forward to the challenges of the next financial year.