

Brewelskloof Hospital

Annual Report 2009/2010



DEPARTMENT OF HEALTH – WESTERN CAPE

ACKNOWLEDGEMENTS

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

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BREWELSKLOOF HOSPITAL

1. VISION

"Equal access to quality care"

The Department of Health remains committed to the vision of providing better health care to communities. The vision of Healthcare 2010, "Equal access to quality care", has become increasingly significant and consideration is being given to making this the vision statement of the Department as a whole. This vision statement is more consistent with the Department's central goals of accessibility, appropriateness, affordability, equity, effectiveness and efficiency.

2. MISSION

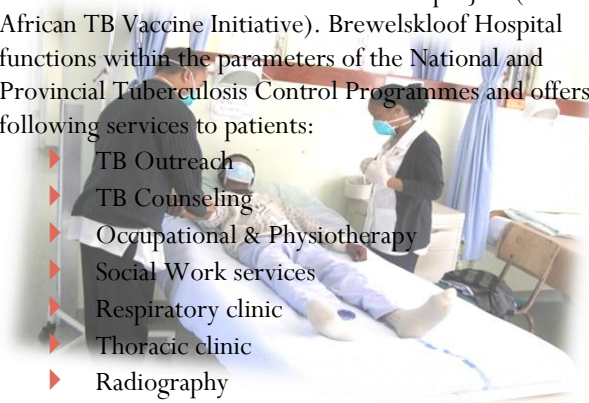
Our mission is to improve the health of people in the Western Cape and beyond, by ensuring the provision of a balanced health care system, in partnership with stakeholders, within the context of optimal socio-economic development.

3. BACKGROUND

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

The hospital was opened in 1948 and was initially the Infectious Diseases hospital for the then Cape Province. Admissions included patients with tuberculosis, meningococcal meningitis, polio, brucellosis, measles, diphtheria, neurosyphilis and typhoid. Since the mid 1970's it became a tuberculosis hospital.

It presently has 202 beds for TB patients and 15 beds for the Case Verification ward of the SATVI project (South African TB Vaccine Initiative). Brewelskloof Hospital functions within the parameters of the National and Provincial Tuberculosis Control Programmes and offers the following services to patients:

- 
- ▶ TB Outreach
 - ▶ TB Counseling
 - ▶ Occupational & Physiotherapy
 - ▶ Social Work services
 - ▶ Respiratory clinic
 - ▶ Thoracic clinic
 - ▶ Radiography

TB Outreach services are currently provided to 30 district clinics and Correctional Services in the Cape Winelands and Overberg districts, as well as Sonstraal TB Hospital (Paarl). The Medical Officers visit these clinics on a monthly basis to

assist with problematic diagnostic and therapeutic cases, as well as offering in-service training to the nurses.

Adult patients are hospitalised for 2–6 months, whereas paediatric patients are hospitalized for up to 18 months.

All inpatients are referred to the Social Work and Occupational Therapy departments on admission. Various programmes are offered to patients, for example life skills, alcohol and drug rehabilitation in association with Toevlug Rehabilitation Centre, religious activities, as well as therapeutic interventions. This forms part of our Bio-Psycho-Social approach to inpatient care.

A Respiratory clinic, conducted by pulmonologists of the Lung Institute at UCT, is held on a monthly basis at the hospital. Thoracic surgeons from Groote Schuur Hospital conduct a thoracic clinic on a quarterly basis.

An extended radiography service for TB Screening and follow-up is provided to clinics of the Breede Valley Sub-district.

The hospital provides schooling for all paediatric patients from the age of 6 years in conjunction with the Department of Education. An average of 10 pupils attends school daily. Educare services are provided to pre-school children in the ward. Adult Basic Education and Training (ABET) services are offered to adult in-patients.

Brewelscourt, the nurse's home, is used for accommodation of hospital staff, as well as staff members of the Cape Winelands and Overberg districts that undergo training in Worcester.

The hospital plays an important role in creating awareness of TB and the training of nurses and medical staff by means of TB symposia, in-service training and local radio broadcasts.

The hospital also plays an important role in the general maintenance and the provisioning of supplies to the Breede Valley sub-district clinics and Old-Age homes. Meals are also provided to Boland Hospice, SATVI-ward and the decanting ward of Worcester Hospital. The workshop assists with the wheelchair repairs of the districts. The CSSD at the hospital sterilizes surgical equipment of the Breede Valley sub-district.

4. ADMISSION CRITERIA

Admission criteria include all diagnosed TB patients who:

- ▶ are too ill or debilitated to take medication at the local Primary Health Care (PHC) clinic
- ▶ are non-adherent to TB medication for a variety of reasons, mostly as a result of drug and alcohol abuse

- ▶ requires treatment for drug resistant TB and are therefore hospitalised for the intensive phase for up to six months
- ▶ experience serious side-effects from TB treatment
- ▶ are referred from L1/L2 hospitals for further hospitalization

5. OVERVIEW

The hospital ground covers an area of ±175 000m². 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, Engineering and Mortuary



Other institutions, which are housed on the hospital grounds, are:

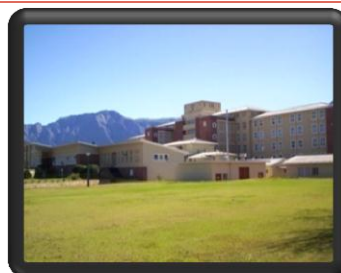
- ▶ SATVI Project – housed in the old Boiler House, ground floor (west-wing) as well as the original Medical Superintendent's house
- ▶ Cape Winelands District Office

- ▶ Brewelscourt - Nurses Home, HRD lecture rooms of the Cape Winelands District Office, as well as the Breede Valley Sub-district office
- ▶ Boland Hospice - housed in the old Laboratory buildings
- ▶ Brewelskloof Hospital School

6. ACHIEVEMENTS

Our highlights during the past year were:

- ▶ Maintenance of the hospital's webpage (<http://www.capegateway.gov.za/bkh>)
- ▶ All critical vacant posts are filled
- ▶ TB Sports Day
- ▶ FAS Day
- ▶ Local Fun Run
- ▶ TB Nurses Symposium
- ▶ Staff Wellness Day
- ▶ Open Day
- ▶ Jungle Gym constructed for the children
- ▶ Three(3) nappy changing areas for nursery
- ▶ Annual Nurses Day
- ▶ Client Satisfaction Survey
- ▶ Staff Satisfaction Survey
- ▶ Team Building for supervisors
- ▶ Increase in number of CCTV cameras for patient and staff safety
- ▶ External Food Services audit were done at Unit and Ward Level
- ▶ MDR TB Workshop for nursing staff
- ▶ New policy on nursing uniforms implemented
- ▶ Renovation of rooms at Nurses home
- ▶ Upgrade of office space in the Supply Chain Unit
- ▶ Expansion of UVGI coverage
- ▶ Additional ARV Counsellor
- ▶ Presentation of the BKH Multi-Disciplinary Team model at the South African TB Infection Control Conference in JHB during November 2009



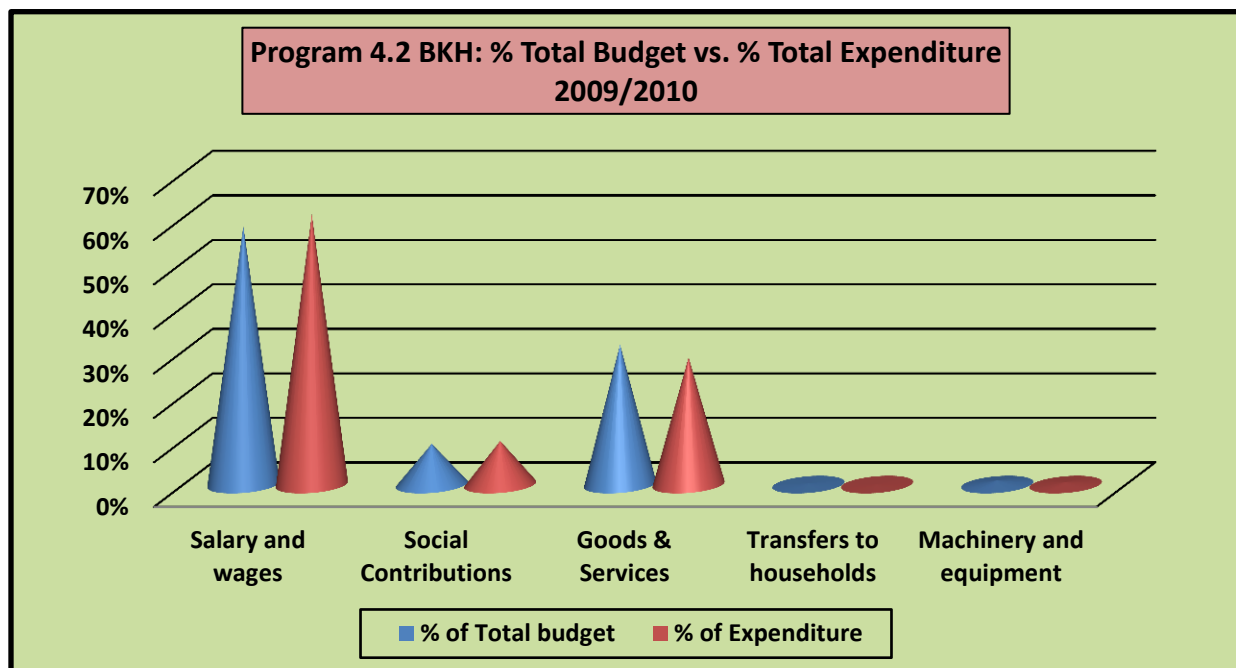
7. BUDGET (Adjustment Budget included)

<u>Total Budget allocated (including adjustment budget)</u> R 40 869 000.00	<u>Total Expenditure</u> R 39 165 230.00
<u>Revenue target allocated</u> R 328 000.00	<u>Revenue generated</u> R 269 513.00

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 23 739 000.00	58.08%	R 23 792 037.00	60.74%
Social Contributions	R 3 742 000.00	9.15%	R 3 852 326.00	9.83%
Goods & Services	R 12 873 000.00	31.49%	R 11 216 800.00	28.63%
Transfers to households	R 121 000.00	0.29%	R 63 604.00	0.16%
Machinery and equipment	R 394 000.00 *	0.96%	R 240 463.00	0.61%

* R150 000 allocated during the adjustment budget process for the expansion of UVGI Units were paid from Goods and Services.



9. PERSONNEL

9.1 POSTS

The total number of personnel on the Brewelskloof Hospital establishment as at 31 March 2010 was as follows:

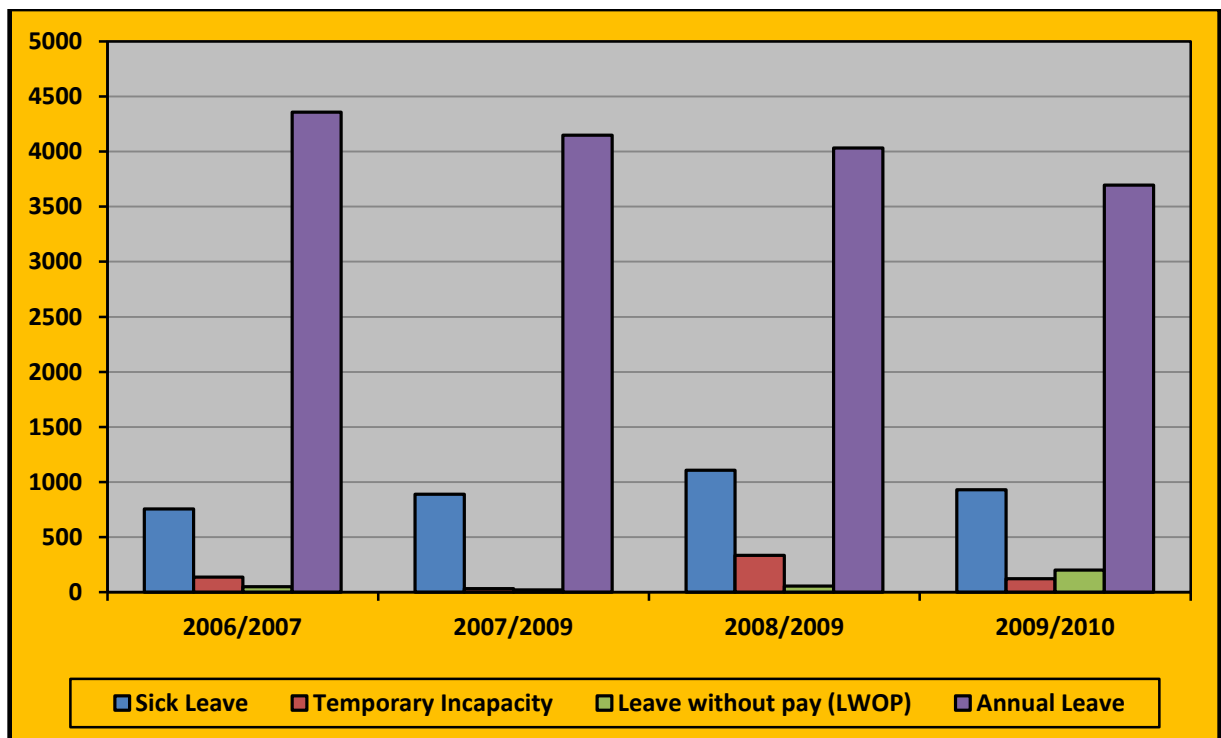
1 April 2009 – 31 March 2010

Indicator	Filled
Medical	6
Nursing	93
Administration	23
Allied Health Sciences	7
Maintenance & Anciliary	26
TOTAL	155

9.2 ABSENTEEISM PROFILE

Indicator	2006/2007	2007/2009	2008/2009	2009/2010
Sick Leave	757	890	1109	930
Temporary Incapacity	137	33	334	123
Leave without pay (LWOP)	50	20	55*	201*
Annual Leave	4358	4150	4031	3696

**Includes authorized LWOP*

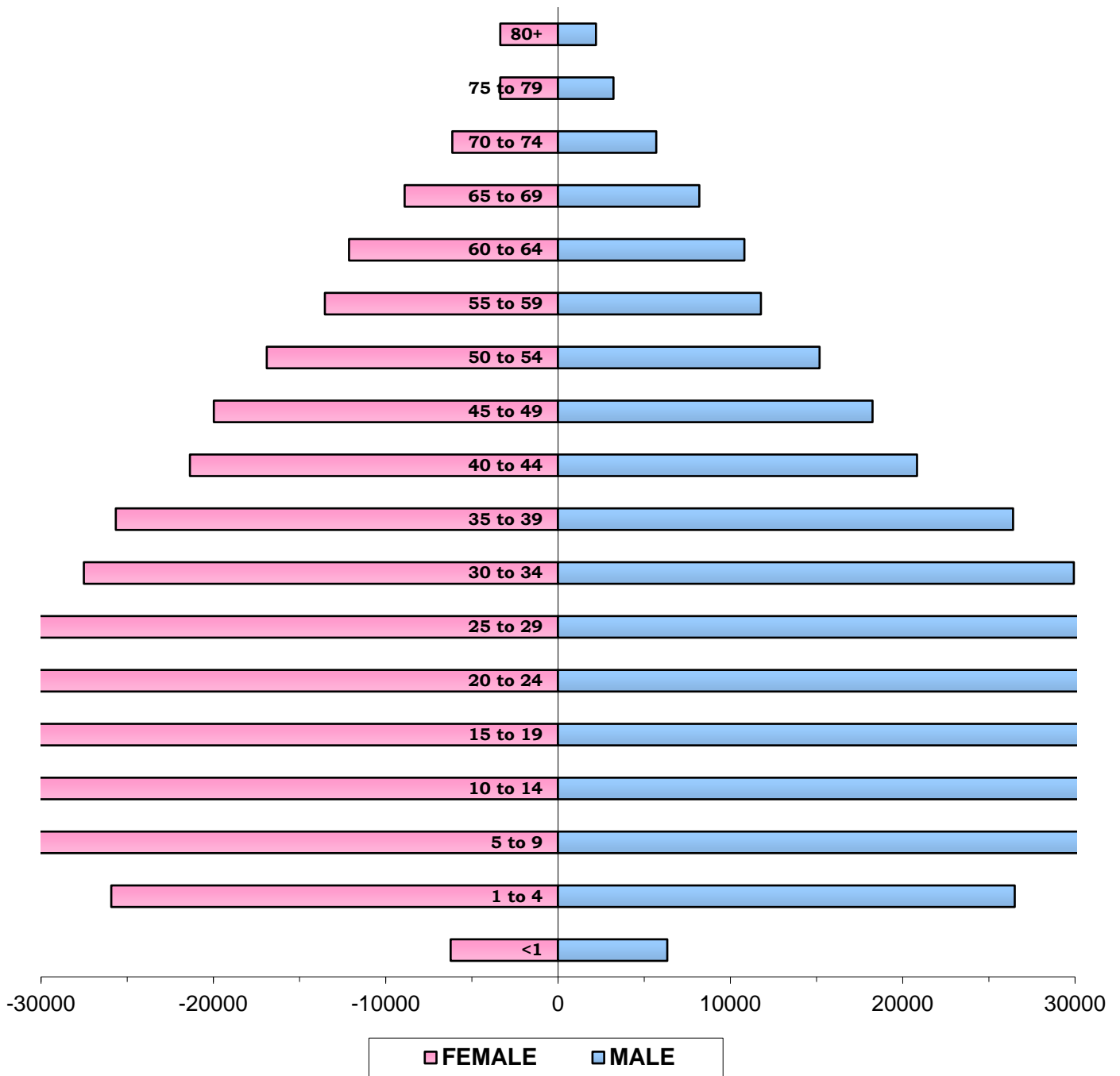


10. POPULATION

The population for Brewelskloof Hospital catchment area is 563 894, which consists of the Cape Winelands East and Overberg districts. The population is based on Census 2001 and STATS SA's 2005 mid-year estimates projected at a 2% growth rate.

AGE	CAPE WINELANDS EAST AND OVERBERG DISTRICTS		
	FEMALE	MALE	TOTAL
<1	6224	6346	12570
1 to 4	25919	26509	52428
5 to 9	33347	34101	67448
10 to 14	33465	33920	67385
15 to 19	34881	34218	69099
20 to 24	36509	36217	72726
25 to 29	31534	33372	64906
30 to 34	27511	29939	57450
35 to 39	25656	26413	52069
40 to 44	21356	20838	42194
45 to 49	19968	18257	38225
50 to 54	16896	15183	32078
55 to 59	13524	11780	25304
60 to 64	12122	10820	22942
65 to 69	8895	8205	17100
70 to 74	6130	5706	11836
75 to 79	3345	3224	6877
80+	3345	2209	5555
GRAND TOTAL	360627	357257	718192

Cape Winelands East and Overberg Population Pyramid - 2009 -



11. HOSPITAL PERFORMANCE & SERVICE DELIVERY

Hospital Performance Indicators FY 2009/2010

ACTIVITY	Q1	Q2	Q3	Q4	Year Total
Admissions	201	192	216	179	788
Inpatient days	14 403	16 154	15 994	15 396	61 947
Deaths	24	15	23	17	79
RHT's (refused hospital treatment)	8	4	8	4	24
Abscondments	1	1	0	2	4
Respiratory Outpatients seen	16	22	26	20	84
Respiratory Inpatients seen	4	6	9	7	26
Total Respiratory clinic Patients	20	28	35	27	110
*OPD Headcounts	426	387	423	522	1 758
Ultrasound	55	57	63	54	229

*The outpatient department headcounts consists of X-ray, Respiratory clinic and Thoracic clinic outpatients seen. The X-ray department had a total of 2 965 headcounts which includes the OPD as well Inpatients seen.

EFFICIENCY

Separations	179	203	210	201	793
Patient Day Equivalent (PDE)	14 545	16 283	16 135	15 568	62 531
Average Length of Stay (ALOS)	80.6 days	81.6 days	76.3 days	76.6 days	78.8 days
Bed Utilisation Rate (BOR)	76.9%	86.9%	86.1%	87.6%	84.4%
Case Fatality Rate	13.4%	7.4%	11.0%	8.5%	10.0%
Cost per PDE	R 587.69	R 539.95	R 713.37	R 640.29	R 620.78

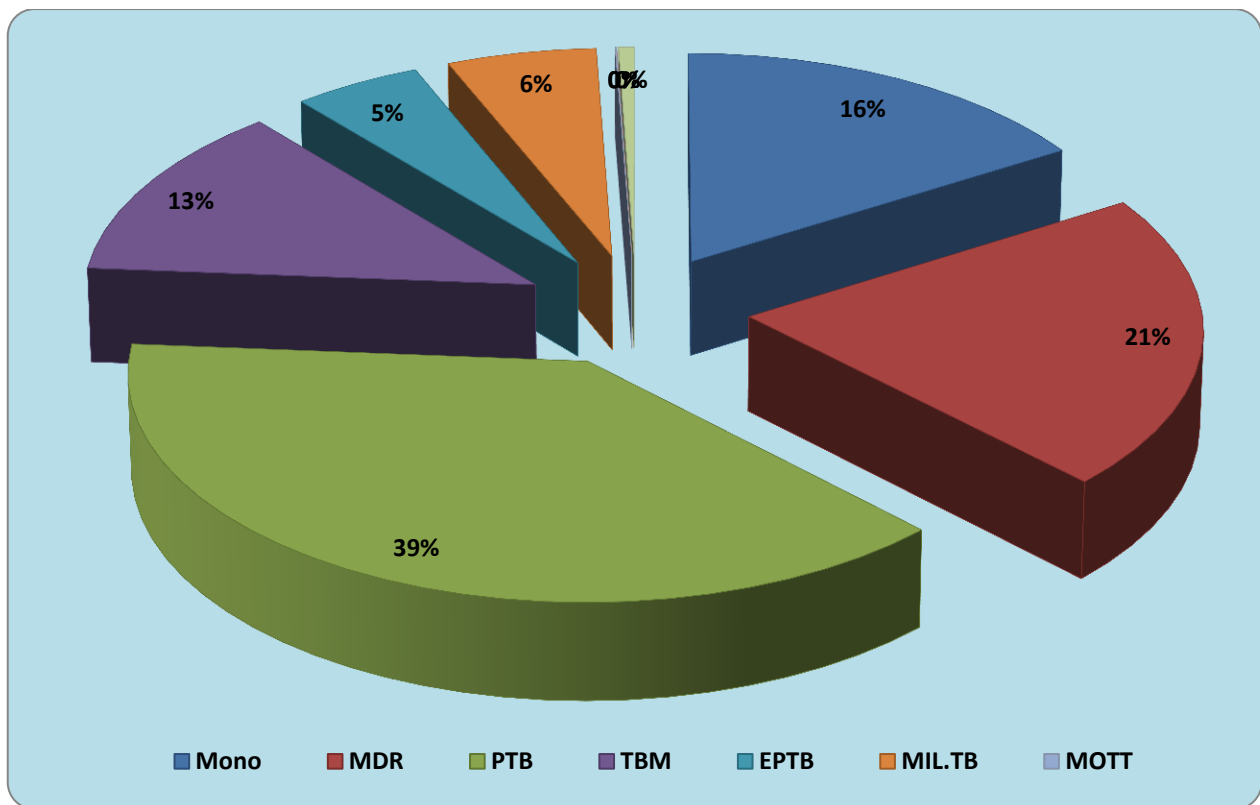
Data Dictionary (Indicators)

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		
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	

1 April 2009 – 31 March 2010
DIAGNOSIS CATEGORIES OF INPATIENTS

	APR 09	MAY 09	JUN 09	JUL 09	AUG 09	SEP 09	OCT 09	NOV 09	DEC 09	JAN 10	FEB 10	MAR 10
MONO	24	30	38	31	32	28	25	27	29	24	22	24
MDR	31	38	35	36	38	45	36	40	36	38	31	34
PTB	64	67	67	65	64	68	72	67	70	73	70	47
TBM	18	20	18	16	17	22	25	23	20	23	28	30
EPTB	7	8	5	8	11	9	8	9	10	8	7	10
MIL. TB	7	3	11	13	9	7	8	11	13	14	11	9
MOTT	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	153	167	175	170	172	180	175	178	179	181	170	155

Apr'09 – Mar '10



- ▶ **Mono:** Mono-resistant i.e. resistance to one TB drug
- ▶ **MDR:** Multi-drug resistant i.e. resistance to the combination of Rifampicin & INH
- ▶ **PTB:** Pulmonary Tuberculosis
- ▶ **TBM:** Tuberculous Meningitis
- ▶ **EPTB:** Extra pulmonary TB i.e. other organs in the body e.g. abdomen, lymph nodes
- ▶ **MIL-TB:** Miliary TB i.e. haematogenous spread of bacilli throughout the body
- ▶ **MOTT:** Non-tuberculous Mycobacteria

TB/HIV CO-INFECTION

1 April 2009 – 31 March 2010

	TB	HIV	% HIV Patients
Male	836	374	44.7%
Female	637	392	61.5%
Pediatric	580	68	11.7%
TOTAL	2053	834	40.6% of admissions

BKH is an accredited ARV site since 2007

The number of HIV among adult patients had a dramatic increase over the past year, resulting in an increase in acuity levels of inpatients

12. DOCTORS OUTREACH TO DISTRICT TB CLINICS

CONSULTATIONS

2009 - 2010

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
TB	429	537	407	499	1 872
MDR	62	202	296	295	855
Mono	11	12	19	20	62
Diagnostic Problem	109	130	133	95	467
CXR interpretation	1105	1316	1335	1219	4 975
Disability Grants	51	67	52	56	226
GRAND TOTAL	1 767	2 264	2 242	2 184	*8 457

* 2008/2009 – 7 149

MDR unit:

The centralised MDR unit has the following benefits:

- ▶ All MDR patients are admitted and treated uniformly according to NTCP protocols
- ▶ The PMO and MDR Registered Professional Nurse (RPN) knows all patients personally
- ▶ 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 Registered Professional Nurse
- ▶ Hosting of an annual MDR workshop for TB nurses in the region
- ▶ Maintenance of the electronic MDR database
- ▶ Better control over MDR TB drugs, as clinics can only order these drugs on a patient name basis, and it needs to be verified by either the MO or MDR Professional nurse
- ▶ A well established MDR outreach service to high burden sub-districts

13. SUPPORT SERVICES

13.1 PHARMACY

1 April 2009 – 31 March 2010

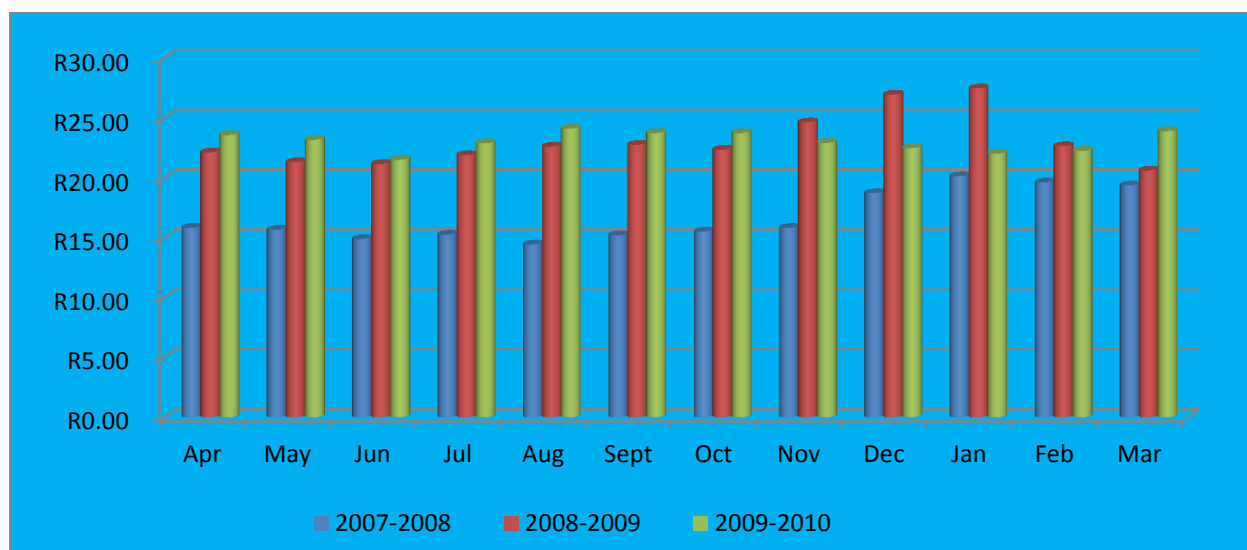
	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
To take out discharge prescriptions	1360	1120	1532	185	168	143	133	155	182	154	135	84	5351
To take out discharge items	2670	2495	2869	795	805	753	680	721	1020	721	651	405	14585
Outpatient prescriptions dispensed/prepared, but not issued directly to patients	6982	7264	8421	3255	2575	1825	1632	2820	522	1633	1745	1718	40932
Outpatient items dispensed/prepared, but not issued directly to patients	11744	12173	13775	8250	7893	5675	5231	9230	1920	4950	5230	5117	91188

13.2 FOODSERVICE UNIT

PATIENT FEEDING COST (Cost per patient day: Norm – R23 per day)

Financial year 2007/2008 to 2009/2010

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
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
08/09	R22.13	R21.31	R21.16	R21.91	R22.63	R22.76	R22.36	R24.65	R26.96	R27.47	R22.65	R20.62
09/10	R23.59	R23.18	R21.51	R22.90	R24.12	R23.74	R23.74	R22.93	R22.48	R22.02	R22.26	R23.91



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

13.3 OCCUPATIONAL THERAPY (OT)

After a long delay, the vacant Occupational Therapist (OT) post was filled by Caréca Hager in July 2009.

A variety of group activities like life and social skills, arts and crafts, alcohol and drug groups as well as skills development groups were held in the department. The vegetable garden at BKH continued this year. New patients had the opportunity to learn how to plan and to maintain a vegetable garden. The car wash project still continues, and still is very popular amongst our patients.



With the support of women from Audensberg Dutch Reformed church we screened a spiritual movie every second Friday afternoon. After the movies, patients had the opportunity to discuss it and share their views with each other. This Audensberg group also donated toiletries to the patients.

The seasonal activities for the past year included our annual Easter and Christmas plays, as well as the Valentine's Dance and TB Sports Day.



On 9 September, our staff celebrated FAS day by attending the district office's local Fun Run. Through the creativity and drive of the OT Assistant we claimed the first prize, as well as the prize for "best dressed team".



Our OTA, Linda-Ann Krieger was proud to present the hospital's Multi-Disciplinary Team Approach at the TB infection control Symposium at the University of Pretoria during November 2009.

13.4 PHYSIOTHERAPY DEPARTMENT

During the past year the emphasis remained on paediatric stimulation as well as adult rehabilitation.

The need for paediatric stimulation in order to achieve normal development still remains a main need for the hospital and a major priority for the Physiotherapy Department. In order to address this issue, paediatric stimulation was done through individual treatment for children with severe delayed milestones as well as group treatment sessions. This encourages the development of personal, motor and social skills through play, educational activities and peer interaction.

Weekly stimulation groups were carried out by the Physiotherapist and facilitated by the Speech Therapist of Worcester Hospital. These groups were aimed at the non-school going children between the ages of 3-6 years. The goals were to create educational, interesting and fun activities, while still facilitating school readiness.

The group focuses on themes such as:

- ▶ Body Image and Awareness
- ▶ Colours – Basic Primary Colours
- ▶ Basic Shapes
- ▶ Numbers
- ▶ Motor development

The Department also played a vital role in the rehabilitation of adult patients. This included adult frailty care, facilitation of motor planning and functioning as well as issuing appropriate assistive devices. This enabled patients to become as independent and functional as possible, thereby enhancing their overall quality of life and facilitating their recovery through strengthening, mobilisation and adequate respiratory function.

The BKH Physiotherapist rotates quarterly with the Community Service Physiotherapist of Worcester Hospital in order to receive more clinical exposure. The Physiotherapy Department therefore delivered a service of high quality in 2009 and continues to do so presently.

13.5 SOCIAL WORK DEPARTMENT

An integrated social work service was rendered by two social workers and one social auxiliary worker throughout the year. Services involved patients in the adult wards, as well as the paediatric ward of the hospital. With a developmental approach, we aimed to make optimal use of individual, family and community resources to keep

patients within their families and communities for as long as possible. Family involvement in case management was ensured by means of family group conferences that were held. Social workers arranged and facilitated these conferences with patients, their families and the multi-disciplinary team at the hospital. During 2009/2010, 162 family group Conferences were held.

The aim was to:

- establish and maintain support systems of the patient whilst in hospital and thereafter,
- educate patients and their families with regard to their illness and the importance of adherence,
- address matters that would hamper re-integration of the patient back into the family and to minimize factors that can influence treatment negatively.

The importance of family support to the patient is always emphasized during clinical sessions.

During the past year, 594 new cases were referred to the social work department.

Some of the assistance included the following:

- 2 patients acquired identity documents
- 41 patients were assisted to apply for social grants
- 233 patients were assisted to receive their social grants whilst in hospital
- 5 homeless patients were placed in a shelter
- 21 patients were referred for follow-up Home Based Care services
- 8 children were discharged into foster care because their family circumstances did not improve during their hospital stay.

This department coordinated an alcohol and drug rehabilitation program 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 our patients.

During the year, certificates were awarded to 108 patients for attending the alcohol and drug rehabilitation program. Each program consisted of ten sessions each.

14. NURSING SERVICES

During the year various initiatives were launched with the aim of improving the quality of service to patients. The main focus was in the paediatrics ward and the staff facilities.

In the children's ward, the funds generated from the Hospital Board's golf day was used to fund the construction of a jungle gym for the children.



Due to a generous donation from a local international Victorian bath distributor, three nappy changing areas could be built. This allowed nurses to bath and clean the children in the safety and privacy of the ward.



An admission room was also introduced which allowed for privacy when the doctor admits the patient and have to do an initial examination. The wards experienced an outbreak of chicken pox for a large part of the year and therefore the admission room had to be utilized as an isolation ward at times. A dedicated room was allocated to Educare to ensure teaching and stimulation for the pre-school children. This room now has dedicated areas for different activities and themes.



The annual Nurse's Day was held in the auditorium, whereby nurses received recognition for their hard work and dedication. They renewed their nurse's pledge and was treated to tea.



An evacuation drill was performed in the male ward, which is situated on the first floor. It took 12 minutes for staff and patients to be evacuated from the ward. Through this exercise, various gaps were identified and measures were put in place to ensure quicker evacuation in the future.

During Quality Assurance month, various activities were held which focused on the wellness of staff and patients.

A Staff Wellness Day was held, whereby several services were offered to the staff. These included: audiology-, eyesight-, blood pressure and blood glucose screening. ICAS, CANSA, local physiotherapists, gyms and "Curves" also had exhibition stands offering their services.

A Client Satisfaction Survey was held over a two day period. A total number of 148 questionnaires were completed. The results of the survey prompted Management to extend the visiting hours of the hospital. Patients also expressed concerns regarding their safety and

therefore the number of CCTV cameras were increased. The SEAT tool was also implemented to improve hygiene in the ablution facilities.

A Staff Satisfaction Survey, which measured the satisfaction level of staff in the institution, was also held early in the year. A 16% response rate was achieved. The satisfaction level per section was as follows:

- Opinion of the organization- 72.2%
- Communication and consultation within the organization- 71.1%
- Service provided by the administrative component- 75%
- The immediate work environment- 76.4%
- The physical work environment- 80.9%

A food service audit, by the provincial office, was also conducted in the children's ward.

The nurse's tea room was also upgraded by installing an air conditioner and procuring a new microwave, chairs and lockers.

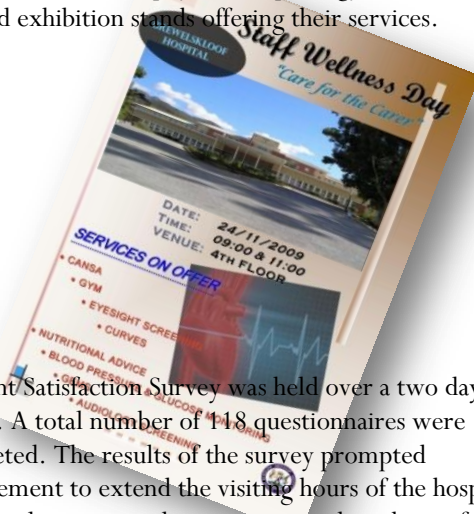
The staff was once again afforded various training opportunities throughout the year. They also played a pivotal role in the training of clinical staff in TB and infection control.

Highlights included the three nursing staff members who attended the International Conference for nurses in Durban. This was the first time the conference was held in South Africa. The head of the institution also attended the International TB conference in Mexico.

The Clinical Program Coordinator for infection control was the speaker at various conferences held provincially and nationally. This is a major compliment for the hospital as Brewelskloof Hospital's infection control practices is regarded as one of the best in the country.

During September, the 23rd Van der Sande symposium was held whereby nursing staff are trained in the treatment of TB and best practices are shared. It was attended by 150 delegates from across the province. Speakers included Prof G Maartens, Prof B Marais and Dr Sydney Parsons.

A MDR workshop was also conducted for the nursing staff from the Cape Winelands and Overberg districts. This has become an annual event.



15. HEALTH FACILITY BOARD (HFB)

The health facility board was involved in various projects during 2009/2010.
This included:

- ▶ Annual Nurses day
- ▶ BKH Golf Day
- ▶ Christmas lunch for patients
- ▶ End of Year function

One of the highlights of the year was the successful hosting of the inaugural HFB Golf day. A profit of R18 000 was raised and these funds were used for the construction of the jungle gym on the children's playground.

16. LABORATORY SERVICES

BUDGET	EXPENDITURE	OVERSPEND
R 387 000.00	R 431 627.00	R 44 627.00

Top 10 Test requested during the Year 2009 – 2010

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

17. STRATEGIC OBJECTIVES 2010/2011

INTERDIVISIONAL PRIORITIES

Acute Care	Continuous Professional development for multi-disciplinary team
Ambulatory Care	Continuous pilot for TB/HIV integration for discharged patients in the Breede Valley sub-district
De-hospitalised Care	Better utilisation of HBC, DOTS support, HAST program, Hospice(Inf Disease?) , Bram Care, NGO , Community involvement
Infectious Disease Management	Maintaining of ARV program, PMO HIV Diploma, Skills transfer, In-service training on infectious diseases, TB/MDR TB training, continuous M&E of Inf Control. Doctors Symposium on TB

QUALITY ASSURANCE

Staff Wellness	Arrange Team building activities Continue monthly staff lunch Arrange staff VCT day Improve awareness and utilisation of EAP BKH Long Service recognition
PI'S for TB Hospitals	Appropriate admissions with effective inpatient management Grievances dealt with <30 days Monthly M&M meetings
Marketing of BKH	Update website HFB Golf Day
Replace clothing for adults / children	Procurement of short sleeved pyjamas for all patients Procurement of new gowns for all patients
Improve Psycho-Social wellbeing of adult patients	Build a putt-putt course Increase outdoor activities
Occupational Health and Safety M&E	Ensure regular feedback and proposals received from OHS reps
Safety & Security	Increase staff awareness through more frequent randomized bag and vehicle searches Review specs and re-tender of Security contract Review CCTV effectiveness
Service Delivery	Implement Quality Improved Plan Formal Feedback to all staff regarding the ten point plan of National Health Minister, focusing on the six priorities Ensure a clean and hygienic hospital

INFRASTRUCTURE UPGRADE

Visitors toilet upgrade	Renovations
Improved distribution of power supply	Optimize sub-station “drop-outs”
Staff ablution facilities upgrade	Renovations
Optimize Infection control in Wards	Replace taps with “elbow” taps

HUMAN RESOURCE DEVELOPMENT

Optimize training needs of staff	Improve current systems for nominations, allocations and record keeping
Maintain In-service training of staff	Acute care, Etiquette in Public Service, Clinicom, palliative care, HIV/TB, HPT/DM/IHD, non-communicable diseases, staff attitude, Psychiatric conditions and topics
Accredit BKH as Clinical Facility for R425 nurses	Prepare and finalize the implementation processes

HUMAN RESOURCE MANAGEMENT

Identify and motivate for additional staff in line with the CSP	MDR Clerk SAO Finance SAO HRM Admin Clerk Nursery 2 x Prof Nurse ARV funded Pharmacist
Ensure effective utilisation of Human Resources	Employ Intern in the workshop Rotate data capturers between high burden departments /components Investigate the option of utilising Home Bases Carers to accompany certain patients to specialised clinics at L2/L3 facilities Annual update and monitoring of registration of staff at respective Councils
HRM Audits	Do regular HRM folder audits

SUPPLY CHAIN MANAGEMENT

Audits	Prepare for AG audit. Arrange for spot audits to be done
Vetting committee	Continue with regular vetting meetings

Pharmacy	Successful roll-out of JAC Ensure efficient supply of medication
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HEALTH FACILITY BOARD

Projects	BKH Golf Day
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INFORMATION MANAGEMENT

Clinicom	Ensure continuous training for all staff
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Admissions	Reduce waiting times during admissions
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WORKSHOP

Effective management of human resources	Continue outsourcing projects to contractors
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Archive / Registry	Ensure effective utilization of archive and registry
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RISK MANAGEMENT

	Review current Risk Assessment tool and update BKH Disaster Plan FIFA World Cup 2010, to assist Worcester Hospital if required
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18. CONCLUSION

The year 2009/10 flew by, and it is for this reason that we should just stand still and reflect. There were so many achievements of which we can be very proud of. It, once again, shows us the amazing team spirit that reigns in Brewelskloof Hospital. Our most important asset is the quality and determination of all our staff. In the end we are all here for the same purpose: quality service delivery of the highest standard to the most vulnerable part of our society. This is the type of work which we should take up with pride, with the loyalty and commitment that our Creator expects from us.

I believe we are the best TB Hospital in South-Africa. Visitors always comment on how unbelievably clean our hospital is, how neat the infrastructure is maintained and how beautifully the terrain is taken care of. Visitors are always amazed about the comprehensive service that we provide to our patients. Our patients receive the best medical and nursing care and ancillary therapeutic services available.

It is with great honour that we can submit this annual report. We have ended this financial year well within the budget and currently we have no staff in excess. I hope that each and everyone of our team will someday realise what privilege it is to work for an institution and department like ours. It is only when we visit other similar institutions in our country and elsewhere in Africa, one realises how fortunate we are in terms of infrastructure, resources, training opportunities, team spirit, the beautiful surroundings, job satisfaction and the support from our department. The Western Cape Department of Health have proved on numerous occasions that it is the best government department in South-Africa and we are very grateful for the support and guidance from our top management.

We should always strive to maintain and improve our quality of healthcare at Brewelskloof Hospital, an institution where patients will be happy and well cared for in a holistic manner.

We should strive towards a workforce who is satisfied, filled with team spirit, with enough resources and training opportunities available and who have the necessary respect and consideration for each other.

Thank you so much to each and every staff member for their contribution throughout the past year. I have the greatest appreciation and respect for your loyalty and dedication.

A big thank you!

Dr Danie Theron

Senior Medical Superintendent