DEPARTMENT of HEALTH
Provincial Government of the Western Cape

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TYGERBERG ACADEMIC HOSPITAL NEWSLETTER
NUUSBRIEF VAN TYGERBERG AKADEMIESE HOSPITAAL
JUNE/JUNIE 2011

STAFF SATISFACTION SURVEY

A staff satisfaction survey was conducted from 3 November till 3 December 2010. Cluster random sample method was used to conduct the survey.

The aim of the survey was:

- To gain an understanding into employees opinions and feelings about their workplace, their job and their work environment.
- For the organisation to be able to address those areas where employees experiences are less than ideal.

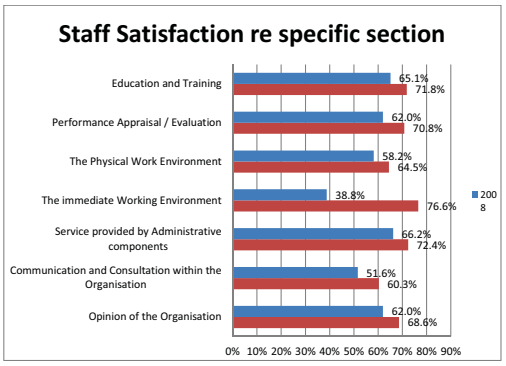
To assess levels of staff satisfaction with an adequate sample based on a pre-defined questionnaire, which had been previously used in the same context.

The survey measures seven (7) broad areas namely:

1. **Opinion of the organisation**
2. **Communication and consultation within the organisation**
3. **Service provided by administrative components**
4. **Employees immediate work environment**
5. **Physical work environment, safety and security**
6. **Performance appraisal/evaluation**
7. **Education and training**

The report outlines the following findings of this survey.

Almost all the domains show an improvement in satisfaction levels, however the domain that shows the greatest improvement is the Employees immediate work environment. This domain shows an increase of 40% (38% in 2008 and 78% 2010).



Staff satisfaction levels show an increase in all (7) seven domains; communication and consultation have the lowest score of all seven (7) domains; there was an increase of 8,7% satisfaction.

The report shows that staff is very proud to work for Tygerberg Hospital. The participants recommend the employer (Department of Health) as the employer of choice. Staff members still feel more can be done about the support they received from the Administrative support teams. Staff members don't feel safe at work, their personal belongings for example, cars are not safe. Staff also feel that more can be done about the rest rooms and tea room facilities. The staff members feel that the managers (supervisors) are accessible and available and regard everybody as valued team members.

Recommendations

In order to improve satisfaction levels in the workplace, staff and management need to build on the achievements of the past. To incorporate all the organisation (5) five values, eg care, competence, accountability integrity, responsiveness in all workplace activities to achieve the vision and the mission of the organisation.

INTERNATIONAL NURSES' DAY

The nurses of Tygerberg Hospital were treated with facials, manicures, pedicures and make-up at a special event to celebrate this year's International Nurses' Day on 12 May. Each nurse was greeted with a warm smile and a flower on arrival, and presented with a card to show the hospital's appreciation for their hard work. A motivational speaker from Lifeline addressed the nurses and entertainment was provided by the children from Handjievol crèche. Our thanks go out to the area manager who arranged the event and to Pick n Pay Brackenfell for sponsoring the refreshments.

Above: The Nurses at A9 paediatrics ICU had T-shirts made especially for this year's Nurses' Day

Above: J7 Staff members

Above: Nursing personnel treating their hands

EVENTS

INTERNATIONAL MIDWIFERY DAY

Many midwives around the world celebrated International Day of the Midwife on 5 May. The purpose of the day was to celebrate midwifery and to bring awareness of the importance of midwives' work to as many people as possible.
Above From left: Mrs J Sapto, Ms R Basson, Ms E van Zyl, Ms C de Villiers, Ms D Joseph, Dr S Moeti

KOEBERG PRACTICE

Above: TBH staff testing the readiness for a nuclear decontamination theatre and activation of this theatre in case of a nuclear accident at Koeberg nuclear powerstation. The team consisted of Tygerberg theatre staff and a physicist as well as staff of the Koeberg powerplant.

OUR OPEN DAY

On 17 March the second Annual Open day was hosted at Tygerberg Hospital. The organising committee have once again outdone themselves with showcasing the unique services that the hospital renders. A total of 1069 community members from as far as Moorreesburg, Clanwilliam, Riebeeck Kasteel, Grabouw, Montagu and Robertson visited the open day. Free health checks, for example, blood pressure, cholesterol and other tests were done and expert advice was available at the various stalls. There were lucky draws and other forms of other entertainment such as music and drama. Radio Tygerberg broadcasted live from the premises. The day was a huge success with the assistance of the following sponsors, Jive Cooldrinks, Double O, Sonnendal Dairies, Hospital Board, Voluntary Aid Services, Metropolitan, AVBOB, Old Mutual, Nedbank, Absa, Capitec, KLM, Cape Gate Fence & Wire Works, Janssen- Cilag, Novartis, Mr Kriel (Staff member), Wellness & Diversity and the Defence Force.

Above: Mrs Denise Jeffries from the Infection Prevention and Control Department (IPC) giving staff and members of the public some sound advice

Above: Members of the public receiving free health checks

Above: From left to right- (back) Ms Rosebud Mgada(radio presenter) with Dr Louise Cooke **In front** Ms Hantie van Vuuren (Radio Tygerberg), Ms Laticia Pienaar (Communications), Dr Dimitri Erasmus, CEO of TBH

Far right middle: Ms Rosebud Mgada, radio presenter of Radio Tygerberg with two of the prize winners

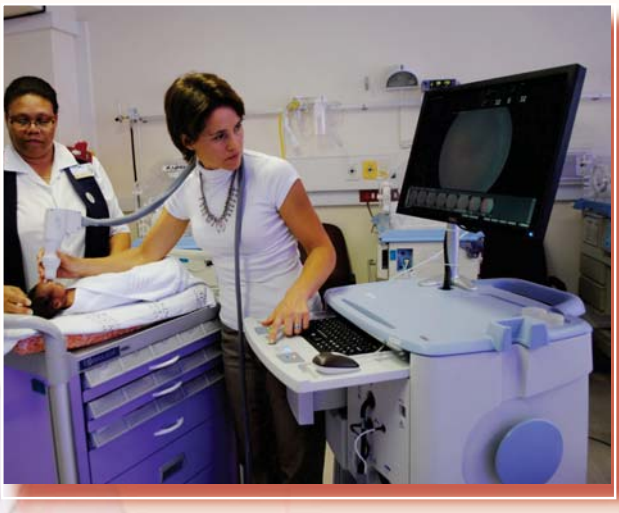
Below: Students from Brackenfell High School visiting the Social Work stall

Far Right: Ms Hester van Schalkwyk of the ICU Department talks to the community members

NUWE RETCAM MASJIEN

Op 9 Maart het Tygerberg-kinderhospitaal die amptelike oorhandiging van die RetCam gevier. Die RetCam is 'n apparaat met 'n gerekenariseerde kamera wat gebruik word om die oë (retinas) van babas en ouer kinders te ondersoek. Die RetCam sal help met die vroeë bespeuring en voorkoming van visuele inkorting as gevolg van retinale besering na suurstofterapie, asook met die bespeuring van oogkanker (retinoblastoom) by ouer kinders.

Tygerberg-hospitaal is een van drie instellings in Suid-Afrika wat die besonderse apparaat bekom het met behulp van skenkings van die KidsRights Foundation in Holland (R730 000), die Foschini-groep (R50 000) en Pareto Beperk (R360 000). Tygerberg-kinderhospitaal is die enigste instelling waar die apparaat gebruik word om die retinas van jong babas te ondersoek.



Bo: Dr Nicola Freeman en Suster Dick besig om 'n pasiënt op die nuwe RetCam masjien te toets

EVENTS

FAREWELL REVEREND SEPTEMBER

Above: Mrs September with Reverend Arthur September

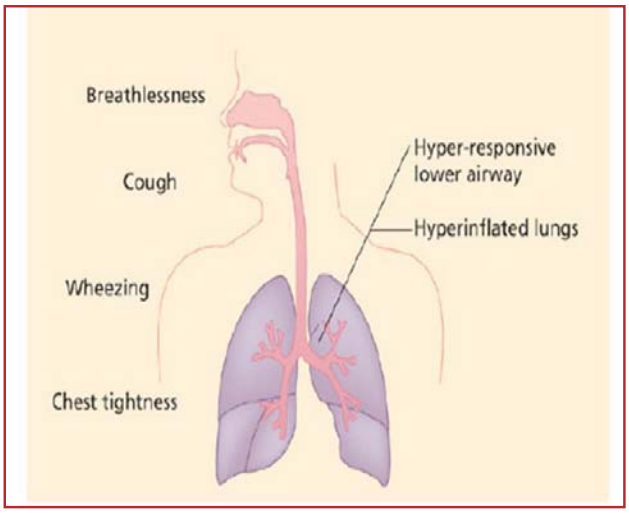
Reverend September started visiting the patients at Tygerberg Hospital since June 1988. He says "Although I have retired, I am still visiting those who are ill. I visit the hospital two mornings per week when requested by a family member or a Church group or person. Clearly I shall not forget Tygerberg Hospital, (after spending so much time at Tygerberg how could one forget?)

CAREL DU TOIT CENTER

On 22 March, three Siyashova cyclists embarked on a journey from Cape Town to Cairo. This was done in an attempt to raise funds for cochlear implants. **Above:** Mr Jiten Magan, Mr Ria Mootilal and Mr Imraan Sayed leaving the TBH grounds as they embark on their journey amidst the loud applause of the teachers and students of Carel du Toit Center

WHAT IS ASTHMA?

Asthma is a chronic lung disease that affects the airways of the lungs. During normal breathing, air flows easily in and out of the airways. However, when asthma is not under control, the airways of the lungs are thick, swollen and inflamed. During an asthma attack, the lining of the airways swells, muscles around the airways tighten, and mucus clogs the tiny airways in the lungs, making breathing difficult. Asthma affects people of all ages, ethnic groups and socio-economic levels. It often develops during childhood and can even start in a very young child. Asthma usually runs in families, and people with asthma often (but not always) have hay fever and other allergies as well. People with asthma have chronic inflammation in their lungs and airways that narrow more easily than those of people without asthma in response to a variety of factors.



Symptoms

- tight chest
- shortness of breath
- wheezing
- coughing

What triggers asthma attacks?

- inhaled allergens (such as dust-mite excreta, pollen and cat and dog allergens)
- cigarette smoke
- air pollution
- exercise
- changes in the weather
- strong emotional expressions (such as crying or laughing hard)
- chemical irritants
- certain drugs (aspirin and beta-blockers)

Each person with asthma reacts to different triggers, and it is important for asthmatics to identify these triggers and learn how to avoid them to control their disease.

How is asthma treated?

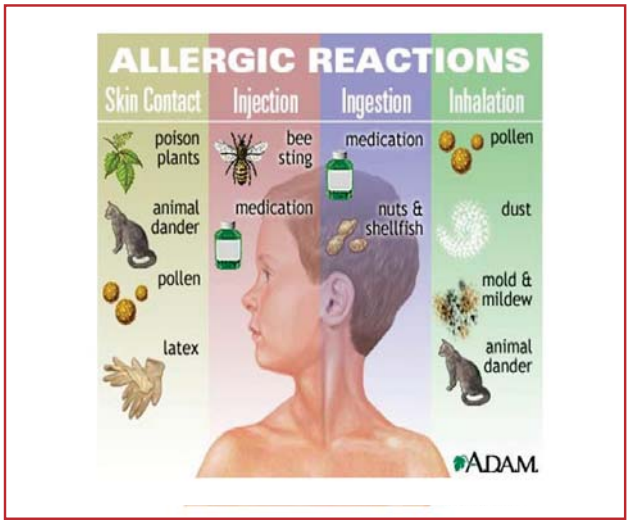
Asthma treatments work very well to control asthma symptoms. Most people with asthma need two types of medications:

1. controller medications (especially anti-inflammatory agents such as inhaled glucocorticosteroids) that are taken every day over the long term to control symptoms and prevent attacks from starting
2. reliever medications (rapid-acting bronchodilators) that must be available at all times to treat attacks or provide quick relief of symptoms.

One of the best and most cost-effective methods for delivering the medication to the airways in the lungs is to use a metered-dose inhaler (asthma pump). A spacer (holding chamber) should be used by asthmatics whose breathing coordination is not good as well as to deliver the controller medication.

Research shows that with proper treatment, nearly all asthma patients can achieve and maintain complete clinical control of asthma, enabling them to participate in school, work, and other normal activities without visits to the emergency department and hospital.

The goal of asthma treatment is to achieve and maintain control of the disease. In order to achieve control, people need access to effective asthma medications, as well as education to understand how to take their treatment, how to avoid risk factors or "triggers" that make their asthma worse, and what to do if their symptoms do worsen. Asthma treatment is widely available in South Africa (the medications are on the Essential Drug List) and so there is no reason for poor treatment of asthma.



Tygerberg Hospital has asthma clinics for children and adults. More information on asthma can be obtained from the National Asthma Education Programme (NAEP).

Contact details-

Website: www.asthma.co.za
Tel : 0861 athma(278462)
Email : naepr@netactive.co.za

Dr Sharon Kling

PERSONNEL MATTERS

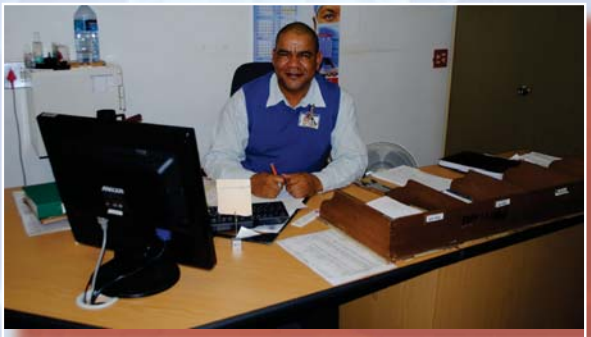
Above: Dr Neshaad Schrueder

Dr Neshaad Schrueder was transferred from GF Jooste Hospital and started his duties on 1 April. He is now the head of General Specialist Services: Medicine for Tygerberg Hospital and the Metro East. He hopes to improve systems within the acute Admissions Areas, General Wards and Outpatients Department. He will also be looking at education and training in General Internal Medicine as well as collaboration with feeder hospitals to improve access to specialised services.

Above: Ms Gail Davel received her training in Pretoria and started her career as a nurse, working in both the private and public sector. After 28 years of service at the Red Cross War Memorial Children's Hospital, she was promoted to Deputy Manager of Nursing. She assumed duty on 1 April. She will be in charge of Internal Medicine, Surgical, Obstetrics & Gynaecology and Outpatients. Welcome!

Above: Mr Juan- Pierre Maree

He was appointed as a Senior Administration Clerk at the Professional Staff Office, with effect from 1 April. Welcome!



Above: Mr Shudley Raubenheimer started working at TBH as a student nurse in 1986 and was appointed as a professional nurse in 1990. In 1999 he became the Unit Manager in charge of housekeeping. He was later promoted to Assistant Director, Emergency Services. On 1 February he became the Deputy Manager of Nursing. He will be in charge of Theatre, ICU, Emergency Services and Paediatrics. Congratulations Mr Raubenheimer!

Above: Ms Ammarentia Visser, Administration Clerk: Personnel retired after 20 years of service

Above: Mr Carlo Goliath an Administration Clerk (Personnel) was promoted as a Administrative Officer to Groote Schuur as from 1 April

It's winter – time to vaccinate against flu!

Winter has arrived and there has already been a significant increase in the number of children with respiratory illnesses admitted to the paediatric short-stay ward G Ground. Unfortunately we cannot vaccinate against some viruses, such as the respiratory syncytial virus and the adenovirus, that cause severe illness especially among ex-premature babies and young babies. However, the influenza (flu) vaccine is at our disposal and contains the commonest circulating strains. Children are a risk group for severe influenza and can become very ill. The memory of the Swine Flu pandemic is still fresh in everyone's mind and we need to make optimal use of the available vaccine to ensure all children using the service are protected.

The flu vaccine is an inactivated vaccine so it will not cause flu-like symptoms. Side-effects to the vaccine are minimal; usually there is only pain at the injection site, and fever is rare. The only instance where the vaccine is contra-indicated is where there is a known allergy to eggs. The vaccine is registered for use on children 6 months and older.

Children under 9 years who receive the vaccine should get two doses given a month apart in the first season, and in subsequent years only a single dose is required. The groups seen in the hospital setting for whom practitioners must prescribe the vaccine include: HIV-infected and other immunocompromised children; those with a chronic lung disease such as cystic fibrosis; children with cerebral palsy, with cardiac disease or those on long-term aspirin therapy.

At local primary-care clinics all children under five years should be offered the vaccine. It must be remembered that children should also have their pneumococcal vaccination up to date (Prevenar for children under two years of age and Pneumovacc for children over two years) because flu is often complicated by secondary pneumococcal infection.

It is uncertain how bad this season will be, and there is currently ongoing surveillance of the circulating flu viruses, including looking for Novel H1N1 (Swine Flu). But in the meantime we must take advantage of every opportunity that children are seen to offer them vaccination against flu.

Dr Louise Cooke
Paediatric Department

DONATIONS

Between 19 and 21 April, UWC students brought joy to the Children's Hospital when they brought gifts and easter eggs **Pictured Above:** Dean Barons with Nduduzo Magcaba and Nonkululeko Ndzondo

On 20 April a group from ABSA N1 City visited the Children's Hospital and donated easter eggs to the children

Above: The scholars from Herschel Girls High School visited the Children's Hospital on 21 April and donated easter eggs to the patients as well to their parents. Tamara Allen is seen here with a patient from Ward G6.

Above: From left, Ms Michelle Fleer, Marketing Manager from Liberty Promenade Mall with the assistance of various other sponsors donated 1700 easter eggs to TBH. Here Ms Rozaun Botes (middle) accepts the donation of 4 bags from her and Ms Chesray Sampson.

The Wade Saint Chad Foundation donated a cardiorespiratory monitor to ward A9 in January. **Pictured above from left**: Mr Malcolm Kling, Funds Procurement Manager, from the Children's Hospital Trust, receives the monitor from Ms Val Earp- Jones

Above: Ms Laticia Pienaar on behalf of Tygerberg Hospital received a generous donation of 20 bags of washing powder from Mr Ekream Omar, of the the Gift of the Givers

RECOGNISING BIPOLAR DISORDER

Bipolar disorder is classified in psychiatry as one of the mood disorders. These are disorders where a disturbance in mood is the obvious feature.

Psychiatry currently describes four types of mood disorders: primary 'unipolar' depression, primary bipolar disorder, mood disorder caused by a medical condition and mood disorder caused by substances. Regarding the last two types, mood disorder caused by a medical condition can manifest in low, high or mixed mood states, when neither highs nor lows predominate. Examples include hypothyroidism causing depression, or head trauma causing mania. Mood disorder caused by substances can also manifest in low, high or mixed mood states, when neither highs nor lows predominate, and can be caused by street drugs, medication or toxin exposure.

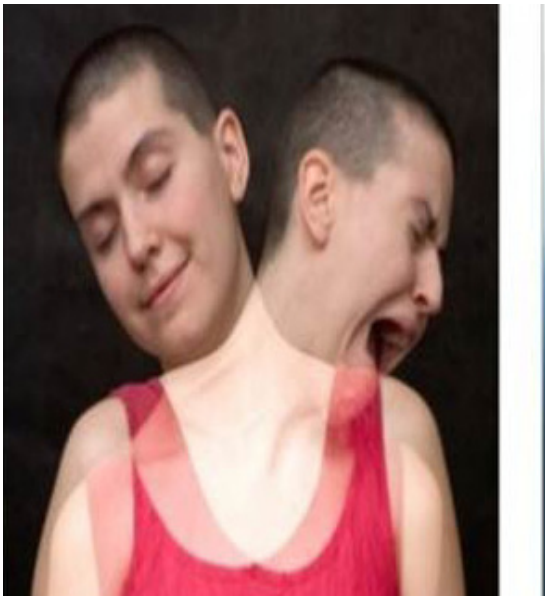
In the primary bipolar category, there are a further three subtypes: Bipolar I, Bipolar II and cyclothymic disorder. Bipolar II is diagnosed when an individual experiences recurrent major depressive episodes and hypomanic episodes. Cyclothymic disorder is diagnosed when an individual experiences chronic mood disturbance that changes between hypomania and depression that is not as bad as major depression. Hypomania is defined as mania that is not severe enough to cause marked impairment in social or occupational functioning or to require hospitalisation, unlike full-blown mania.

Some individuals have personality problems (personality disorders) and some of their problems show as "emotional instability" that can make it look as if a bipolar mood disorder is present. Sometimes such individuals show a good response to mood-stabilising medication, making it difficult to resist the idea that their problems represent a minor form of bipolar disorder.

The focus of this article is on the "classic" type of bipolar illness, namely Bipolar I disorder which has also often been called "manic depression".

Individuals who are diagnosed with this kind of mood disorder have currently or at some point in their past experienced at least one manic or mixed mood episode. Often but not always the individual has experienced one or more major depressive episodes.

Manic symptoms include: an abnormally elevated, expansive or irritable mood; an inflated self-esteem; less need for sleep; the person is unusually talkative, has racing thoughts, is distractible; and there is increased activity and excessive involvement in pleasurable activities that could cause harm or pain, e.g. shopping sprees or sexual indiscretions. If depressive symptoms are or have been present, they can include: a depressed or irritable mood; reduced interest or pleasure in most activities; weight loss; insomnia or sleeping more than usual; physical agitation or retardation; tiredness or loss of energy; feelings of worthlessness or guilt; lost ability to concentrate or indecisiveness; and recurrent thoughts about death, or suicidal thoughts or a suicide attempt.



In some severe cases, manic or depressed symptoms can also be accompanied by psychosis, meaning that the individual can experience hallucinations (e.g. hearing voices) and exhibit delusions (fixed, false ideas that are usually strange-sounding to others). Psychotic symptoms can fit in with the mood (e.g. a manic individual believes he or she is royalty or hears God's voice explaining that they have a special mission), in which case they are called 'mood congruent'. Mood-incongruent psychotic symptoms (e.g. believing that others can hear your thoughts) are less common but do occur and can also suggest to the clinician that the psychotic disorder they are seeing may not be mood related or only mood related, as in schizophrenia or schizoaffective disorder.

The bipolar disorders are as common as schizophrenia, affecting about 1% of the adolescent and adult population. The diagnosis of bipolar disorder in children is very rare. Males and females are affected equally. The peak incidence of the first episode is between the age of 15 and 25, although it may occur throughout adult life. If a family member is a sufferer, there is an increased chance that a close biological relative may also have the disorder. It tends to be a chronic, relapsing disorder that requires lifelong medical support. One serious complication is that the lifetime risk for suicide is as high as 15%. If bipolar disorder is suspected a specialist assessment should be arranged. The disorder can usually be well controlled with medication, and psychotherapy can also be beneficial as part of a comprehensive treatment approach.

Colin Mitchell
Senior Clinical Psychologist

MORE EVENTS

NEW EQUIPMENT

Opthalmology patients **from left to right:** Ms Carron Sterrenberg and Ms Anna Visser relax on the new lazy boy chairs that were bought recently to ensure that the patients are comfortable prior to their operation. Standing with them above in the Theatre waiting area is Mr Raymond Visagie, Deputy Nursing Manager of the operating theatres

ROYAL VISIT

Princess Irene of Greece, president of the non profit organisation, World in Harmony and Ms Sonia Catris, vice president visited wards A9, G9 and G8 at the Children's Hospital on 14 March. World of Harmony donated 60 sleeping couches for the parents as well as diagnostics equipment **Above from left to right:** Princess Irene, Ms Sonia Cartis with Dr Kali explaining some procedures to them

I WANT TO BE A NURSE

On 1 January 2010, 18 professional nurses commenced community service at TBH. The group represented the wise, the young and the upcoming. Some of these professionals challenged their limits to qualify as a professional nurse at the age of 46. It is truly a dream come true. Nursing is a life style for some, becoming a professional nurse in their life long learning career is just another phase to reach self actualization. Community service year 2010 was a year of dedication, questioning, exhaustion and at times disappointment. At the end it was the positive spirit of each of these professionals that will carry them to the heights they do not know yet. **One day I want to be a nurse-Today I am that Nurse! Hamba Kakuhle ! Above:** back from left to right- J Swartz, D Petersen, Z Williams, J Julies, C Robertson, C Neal, I Edwards, H Clazen, S Arendse, C du Plooy, Ms H Loubser (curator) **Front:** T Hector, Y Hearne, N Gxagxisa, A de Water

"NOMMER ASSEBLIEF"

On 18 March, the personnel at the exchange was surprise by the Nursing School with a token of " we care". Tea time was celebrated with coffee and muffins. This gesture is in adherence to the objective: demonstrate appreciation as one of the 2011 objectives in the Nursing School.

The friendly voices on the other side of the line are seldom met. The personnel from the Nursing School therefore wished to let the exchange staff know that although we do not see them tat they are not just a voice on the line, but a life line to effective communication.

Pictured above are the staff of the Nursing School with some of the staff of the telephone exchange.

NEW TRANSIT LOUNGE

As from 1 April 2011, during week days from 10:00 to 19:00, patients waiting for a bed or to be discharge from Tygerberg Hospital will now be able to enjoy coffee and light refreshments from the hospital's new transit lounge which is provided by the Voluntary Aid Services.

The lounge was recently relocated to a brand new premises, opposite the ground-floor patient-registration area and will be managed by hospital's Bed Management Department. This service aims to improve the patient experience by leaving patients with a positive impression of Tygerberg Hospital, an institution providing excellent quality and efficient services for its valuable patients and doing this with love and respect.

Above: Patients enjoying themselves at the new transit lounge

The transit lounge service is aimed at reducing waiting times experience while for a bed to become available. At the same time it shortens the waiting time for patients who have been discharged while they wait for their medication and documents. Through managing prescriptions centrally between the pharmacy and the Bed Management Department a target waiting time of two hours for medication will be within reach.

The new area can accommodate up to 24 patients at a time as opposed to the previous maximum of five and is equipped with comfortable chairs, a water-dispenser, an exclusive toilet and a kitchen as well as a carer available to the transit lounge patients while they wait. This service will assist the Department in providing a pleasant experience for the patients at Tygerberg Hospital.

Ms Nomtha Mandla
Bed Manager

LETTER TO THE EDITOR

Dear Editor

I am writing a letter of gratitude to Tygerberg Hospital and all its staff. I am Ian Charles Nicholls, folder number 46423646. I was diagnosed with rectal cancer in April 2010 at your hospital. As you can imagine, this was very traumatic and left me and my family feeling helpless. Like many cancer patients you feel this is the end of the road, but I also felt I could not give up that easily and I put all my faith in God.

After being diagnosed I was sent to X-block, where I was seen by Dr Du Toit and Dr Vermeulen who were both absolutely wonderful. They gave me hope and explained in detail the whole process about radiation, chemo and the operation. They made me feel special and not like just another patient, for which I must thank them.

After the operation I was left with two stoma bags. I met Sister Irrera at the Stoma Clinic and was blown away by her helpfulness, insightfulness and compassion. I feel she went beyond her duties. She even gave me her telephone number in case I was having any problems. Sometimes while waiting to see the sister I would speak to some of her other patients; they all had only good things to say about her. Sister, I thank you with all my heart.

I am grateful to say thanks to God, my family, doctors and all the staff of Tygerberg Hospital. I am doing very well at present and will shortly be having another operation for the removal of the stoma bags, to which I am really looking forward.

God bless and many thanks again.

Ian Nicholls
Stellenbosch

GETTING ACQUINTED

Conversation between two people:

UPAT:	Molo!	Hallo!
UDORA:	Ewe	Hi! Yes!
UPAT:	Kunjani?	How are you?
UDORA:	Sikona, enkosi. Kunjani kuwe?	Fine, thank you and how are you?
UPAT:	Sikhona nathi, enkosi. NdinguPat mna.	Fine too, thanks. I am Pat
UDORA:	NdinguDora mna. Ndiyavuya ukukwazi.	I am Dora. Please to meet you.
UPAT:	Uhlala phi?	Where do you stay?
UDORA:	Ndihlala eMontana	I stay at Montana.
UPAT:	Uhlala phi ngoku?	Where are you going now?
UDORA:	Ndiyagoduka.	I am going home.
UPAT:	Uhambe kakuhle, Dora.	(Go well Dora) Goodbye Dora!
UDORA:	Usale kakuhle, Pat.	(Remain well Pat) Goodbye Pat!

Terms and phrases to be remembered

Molweni kwakhona/ Hallo again

Test your knowledge by writing down the following sentences in English

Uhlala phi? : _____

Ndiyagoduka : _____

Uya phi ngoku? : _____

Good!!!

The use of dash sign preceding or following a verb/word

- YA(stands for a first person in singular for or first person in a plural form and also for a second person as well as the third person. The stem does not change, see the following examples)

Ndi**ya** emsebenzini. = **I** am going to work. (**Ndi**= I b**ut** cannot stand on its own as in English)
Si**ya** emsebenzini. = **We** are going to work. **Si**= **we**)

U**ya** emsebenzini. = **He/she** is going to work (**U**= **He/She)**
Ni**ya** emsebenzini. = **You** are going to work. (**Ni**=you: plural form)
Ba**ya** emsebenzini. = **They** are going to work.
(Ba= they and all of these affixes precedes a to give a meaning. Do you see how **ya** always remain in all the instances?)

Now we can look at meanings of **NGA-(nga followed by a dash)**

Nga- : by
Nga- : with
Nga- : about
Nga- : at
Nga- : on
Nga- : in

Next time we are going to use NGA- in a context. Let us call it a day!

Fikiswa Magqashela
Language Services