

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

FRIDAY, 10 JUNE 2016

COMMITTEE REPORT

REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON OVERSIGHT VISITS TO THE EMERGENCY TRAUMA UNIT AND MEDICAL EMERGENCY UNIT AT THE TYGERBERG HOSPITAL AND UNANNOUNCED VISIT TO THE DELFT COMMUNITY DAY HOSPITAL ON TUESDAY 22 MARCH 2016

Report of the Standing Committee on Community Development (Health) on its oversight visits to the Emergency Medical Services and Trauma Unit in Tygerberg Hospital and unannounced visit to the Delft Community Day Hospital dated 22 March 2016, as follows:

Delegation

The delegation included the following Members:

Democratic Alliance

Botha, LJ (Chairperson)

Mitchell, DG

Wenger, MM

African National Congress

Gopie, D

Additional Members

Lekker, PZ (ANC)

Ms. N Jamce, Committee Co-ordinator accompanied the delegation.

1. Overview

The delegation visited the Emergency Trauma Unit and Medical Emergency Unit at the Tygerberg Hospital followed by the unannounced visit at Delft Community Day Hospital on Tuesday, 22 March 2016. The main objective of the visit was to assess the activities and impact of these facilities in the surrounding communities.

2. Emergency Trauma Unit and Medical Emergency Unit at the Tygerberg Hospital

2.1. Committee findings

- 2.1.1. Tygerberg Hospital is a tertiary hospital located in [Bellville](#). The hospital was officially opened in 1976 and is the second largest hospital in South Africa. It has a capacity of 1899 beds.
- 2.1.2. To become a patient at Tygerberg Hospital, a person must be referred by a primary or secondary health care facility. The Trauma Unit has drainage of approximately 2.6 million, patients are referred by Paarl, Worcester, Hermanus, Somerset and Khayelitsha Hospitals.
- 2.1.3. The Trauma Unit at the Tygerberg Academic Hospital is a 1400 bed multidisciplinary teaching hospital, Level 1 equivalent Trauma Centre.
- 2.1.4. The unit consists of a 6-bed Major Trauma Resuscitation unit (C1DR), a mid-level severity evaluation unit of +/- 30 approximately trolley beds (C1a Trauma) and a General Trauma Service post-operative ward consisting of 26 beds.
- 2.1.5. Intensive Care is provided in the General Surgical ICU (10 beds) or the Respiratory Critical Care unit (7 beds). The Unit also houses the regional burn centre (25 beds, including 3 ICU beds) and has a Paediatric Surgical service and ICU.
- 2.1.6. The hospital serves as the referral centre for approximately half of the Western Cape Province and sees 22500 trauma cases per year, of which between 1000 and 1500 are major injury arriving intubated and ventilated.
- 2.1.7. The trauma unit at the Tygerberg Hospital manages 700 trauma laparotomies, 300 vascular trauma cases and around 450 penetrating neck traumas per year.
- 2.1.8. The Committee was informed that Tygerberg Medical Emergency Unit, also known as F1, provides health services to patients that are referred by district hospitals, regional hospitals and tertiary hospitals and from rural hospitals across the province.
- 2.1.9. The scarcity of district hospital for Tygerberg sub district has put the Tygerberg Medical Emergency Unit under severe pressure resulting in challenges such as infrastructure constraints, equipment constraints, workload pressures, support service challenges, flow issues, poor access to the unit, high number of resignations and low staff morale.
- 2.1.10. The Committee was informed that a turnaround strategy has been put in place to provide quality health care to patients. Strategies such as allocation of doctors on the floor and clinical teams have been reorganised.
- 2.1.11. The Emergency Medical Unit is also engaging and providing support to referral hospitals and Primary Health Care Centres.
- 2.1.12. The Unit is busy with the Khayelitsha Outreach Plan, where it provides outreach services to Khayelitsha District Hospital on two weekdays and two weekends a month. In addition to this, two specialists and two registrars have been assigned to assist the Khayelitsha District Hospital with the hope that this will ease the number of patients that are referred from Khayelitsha to Tygerberg Hospital.

3. Challenges

- 3.1. There is a lack of specialised nursing staff in the trauma unit.
- 3.2. There is inadequate access to resuscitation and ICU beds.
- 3.3. The theatre time is insufficient at Tygerberg Hospital.
- 3.4. There is a high surgical bed occupancy rate.
- 3.5. The infrastructure is inadequate.

4. Unannounced visit to the Delft Community Day Hospital

4.1. Committee findings

- 4.1.1. Delft Community Day Hospital renders a comprehensive package of care to the community of Delft and surrounding areas.
- 4.1.1.2 The health facility offers primary health care services, such as acute care, chronic disease management, radiography services, pharmacy service, oral health services, mental health, women and child health, ARV services, basic antenatal care, chronic and curative services, health promotion, emergency, contraception and sterilisation services.
- 4.1.3 The Committee was informed that the facility has a total of 168 staff that consist of amongst others, 14 doctors, including family physicians, four pharmacists and five pharmacy assistants.
- 4.1.4 During the walkabout the Committee noticed that the waiting area used by patients is outside in an open plan. Mr. Van Heerden, the facility manager of the hospital, informed the Committee that the Department is in a process of closing the waiting area.
- 4.1.5 The Committee observed long queues in all sections of the hospital. Mr. Van Heerden indicated that the hospital pharmacy is piloting a Jack System since December 2015, which contributes to the long queues because the pharmacists are still learning how the system works.
- 4.1.6 The health facility has an appointment system in place. The Committee was informed that the challenge with the appointment system is that community members do not adhere to the appointment dates and some do not want an appointment system at all and this contributes to the overcrowding of patients in the facility.
- 4.1.7 In addition to the appointment system, the facility has a triage system in place. When patients arrive, they are assessed and rated according to the nature and emergency of their condition. Patients that are rated as red, are examined by the doctors immediately. Patients rated as yellow, are checked and sent to the waiting room for the availability of a doctor. Patients rated as green, are regarded as non-critical and those patients that are not needing emergency medical attention are attended to last.

5. Conclusion

The Committee successfully concluded the oversight visits.

Report to be considered.