

Summary Report into the state of healthcare at KwaMhlanga Hospital

28 February 2018

Background

TAC Mpumalanga represents users of the public healthcare system and campaigns on critical issues related to the quality of and access to healthcare. The organisation currently has a network of 25 branches in the Nkangala, Ehlanzeni, and Gert Sibande districts in the province. Through these branches we monitor service delivery at a number of clinics and hospitals. Our members are the people who need the public health system to work, so they are the first to notice when it does not. TAC Mpumalanga remains independent from any political party. We work together with community members, public healthcare users, and other stakeholders to expose the failures in the health system. As a membership based organisation, our mandate derives from our members and those whose lives are dependent on the public healthcare system.

Overview

TAC Mpumalanga's investigation into the state of healthcare services provided at KwaMhlanga Hospital began in 2016 following community complaints during a district People's Health Assembly. Further fact-finding missions including community dialogues and testimony collection reveal the extent of the ongoing and worsening challenges faced by public healthcare users at the hospital. At the public inquiry held on 28th February, 21 people gave oral testimony. In addition, NAPWA, SACP and the Traditional Healers Organisation also gave testimony that aligned to the findings of TAC. The evidence reflects the serious shortcomings within healthcare delivery at KwaMhlanga Hospital that must be urgently addressed including the following:

Finding 1:

There are insufficient human resources that prevent the fulfilment of the right of access to healthcare services. According to the State of the Province Address in 2016/17, there were more than 50% of vacancies in the hospital. According to the Hospital CEO in a meeting on 28 February 2018, of 969 positions in the organogram, only 369 are filled, leaving 600 positions vacant. This translates to more than 61% of the workforce. This is the major cause of long waiting times and significant overcrowding – at times reportedly more than 8 hours – or where patients in critical conditions are left in chairs to wait, longer hospital stays, higher risk of deaths, and increased pressure on the few staff in place. The overburdening of staff is a major contributor to the worsening of staff attitudes at the hospital. In addition, there have been a number of complaints regarding medical negligence. Furthermore, sometimes staff are reported to not wear name tags, complicating the laying of complaints.

Demands:

1a. As a matter of urgency, the Hospital and district Department of Health must ensure that at least half of the vacant positions are filled in the 2018/19 financial year leading to at least 669 staff in place. A further 300 positions should be filled the following financial year. This is urgent to address the lengthy waiting times, negligence, staff burnouts at the hospital leading to poor health outcomes.

1b. All staff must wear name tags at all times – and the complaints register must be visible and accessible to patients. The district Department of Health must carry out investigations into all allegations made with regard to health personnel failures – including neglect and bad attitudes – and that following this investigation disciplinary action be taken where appropriate and compensation be paid out to victims of neglect or ill-treatment.

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1c. Often staff do not treat people properly due to stress, exhaustion, and burn out as a result of the malfunction in the health system including, lack of time, tools, equipment or medicines. Better staff support systems should be put in place by the district Department of Health in order to ensure staff wellness and support.

Finding 2:

The hospital infrastructure lacks adequate space required for people to wait, which exacerbates the issue of overcrowding. People line the corridors of the hospital waiting to be seen for many hours. On one fact finding mission, a number of wheelchair users were found squashed together with knees pressing into the back of each other's chairs. The maternity ward is majorly overcrowded with too few beds – after giving birth women are rotated out of the few maternity ward beds and made to sit on a hard chair for 6 hours for observation before being sent home. The Intensive Care Unit is not functioning at all and has no equipment. The overcrowding at the hospital will only exacerbate the issue of poor TB and drug resistant-TB infection control.

Demand:

2a. The district Department of Health must ensure that there is adequate funding to ensure that health facilities are maintained properly and fitted with the appropriate equipment in order to ensure the hospital is able to provide both an adequate environment to staff and to healthcare users. The maternity ward must be enlarged with adequate number of beds to ensure that women have access to quality maternal health services during the time they give birth.

Finding 3:

Medicines are often unavailable due to shortages of medicines and as such people are regularly turned away from the pharmacy empty handed. Additionally, at times it is reported that the pharmacy remains closed entirely meaning people must return the next day for their prescriptions, if the pharmacy is then open. This endangers the lives and health of vulnerable people and discourages people from accessing healthcare and trusting in the hospital.

Demand:

3a. The Hospital must ensure that the pharmacy has the funding and personnel needed to ensure that it is open at all times and fully stocked with all necessary medicines for patients.

Finding 4:

Often patients' files are misplaced leading to delays in waiting times, diagnosis, and treatment of patients – ultimately leading to unnecessary suffering and worse health outcomes.

Demand:

4a. The district Department of Health must ensure that there is adequate funding and personnel to ensure that the Hospital is fitted with the appropriate technology and access to internet to ensure the use of an online filing system, moving away from paper files that can be lost.

Finding 5:

The provincial emergency medical services (EMS) and planned patient transport (PPT) systems are characterised by long waiting times, unreliability and indignity—all experienced in the most vulnerable and frightening moments of life for people who depend on these services. Reports show that people wait hours for ambulances to arrive, or they never arrive at all. According to Stats SA in

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2011 the population of Thembisile Hani sub district was 310,458ⁱ. Based on these figures (which are likely an underestimate in 2018) at the ratio of 1 ambulance per 10 000 population, this would require at least 31 ambulances. However, there are currently only 5 ambulances serving the sub district for all EMS and PPT needs.

Furthermore, in certain areas, there are no roads or street names which further complicates and lengthens the time to access emergency services – it is at times impossible for critically ill patients to be transported to the nearest tar road to find the waiting ambulance. In some areas, reports show that a number of patients can be collected and transported in one ambulance including men and women, and those with TB and DR-TB. This deprives patients of privacy and confidentiality – and further it could result in TB and other infection. In addition, some ambulances are reportedly in disrepair.

Demands:

5a. The district Department of Health must, as a matter of urgency, address the current shortage in ambulances in the district in order to meet the national norm of 1 ambulance per 10 000 population.

5b. The district Department of Health must review its Planned Patient Transport programme to ensure that patients have access to transport to and from health facilities to prevent unnecessary out-of-pocket payments. This will also help to strengthen service at the district level and ensure the referral system between facilities is accessible to patients thereby effectively operationalizing the primary health care approach.

5c. The district Department of Health must take the necessary steps to address the shortage in emergency medical personnel by filling all vacant posts.

Next steps

TAC Mpumalanga requests a written response from the district Department of Health on these matters within 7 days. We will continue to monitor the state of service delivery and engage with relevant stakeholders on this matter. If no improvements are made, we will be forced to escalate our campaign tactics.

One more death due to negligence is one too many.

One more person faced with the indignity of bad staff attitude is one too many.

One more complication due to shortages of medicines is one too many.

One more delayed ambulance is one too many.

We demand quality healthcare at KwaMhlanga Hospital.

#FixKwaMhlangaHospital

#Dignity4All

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ⁱ Stats SA. Available at: http://www.statssa.gov.za/?page_id=993&id=thembisile-municipality