

# Dr George Mukhari Academic Hospital

## Management of persons under investigation (PUIs) for COVID-19: Experiences in the health / hospital industry

04 August 2020

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## Presentation layout

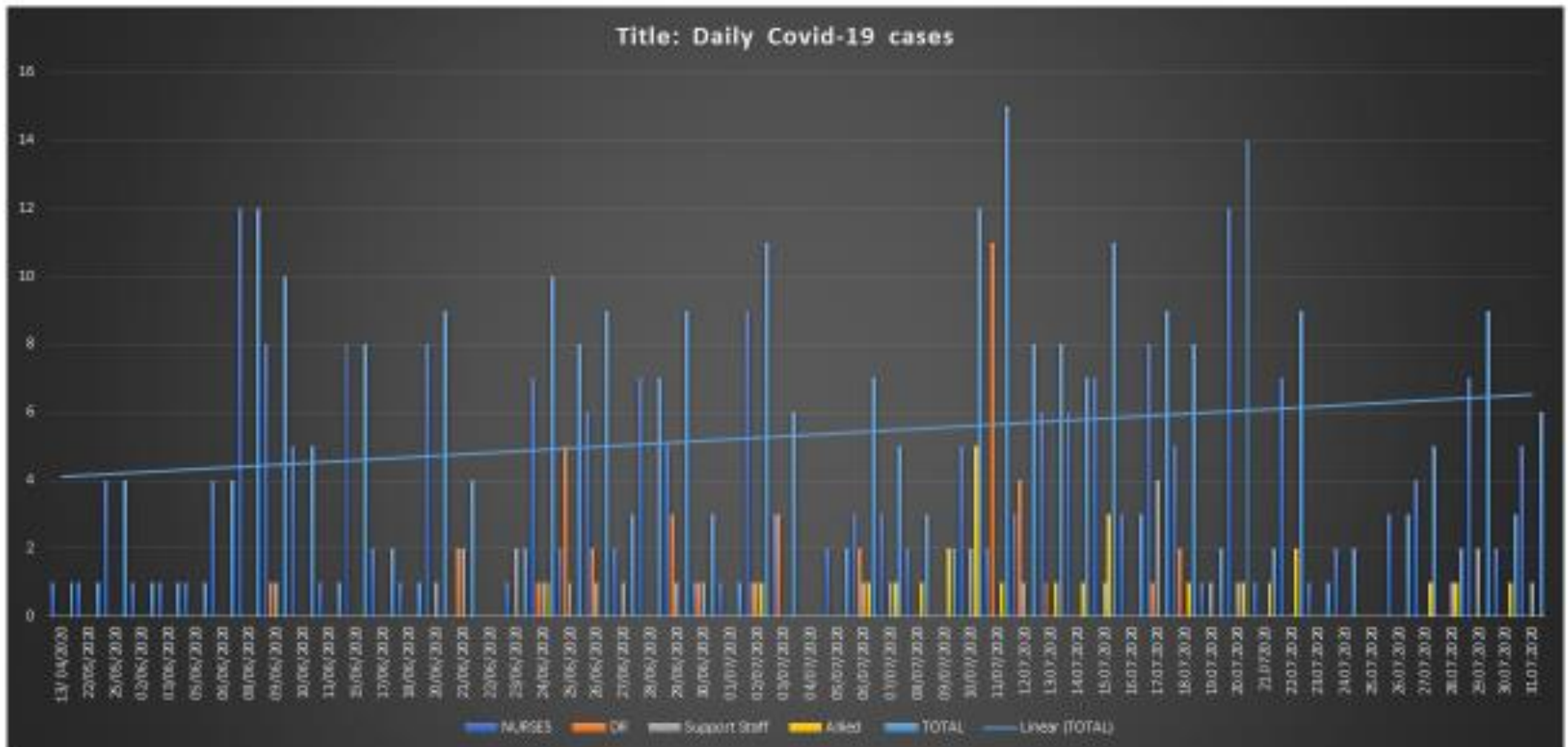
1. Background of the institution
2. Overview
3. Stats summary
4. Identifying COVID-19 suspects
5. Managing suspects
6. Challenges
7. Enablers
8. Reflection
9. Way forward
10. Acknowledgements

# 1. Background

- ❑ Dr George Mukhari Academic Hospital, formerly known as Ga-Rankuwa Hospital was built in 1972
- ❑ Academic institution (1 of 4 in Gauteng Province)
- ❑ Provides all 3 levels of service
- ❑ 24 Clinical Departments
- ❑ Approved beds = 1652                      Active beds = 1592
- ❑ COVID-19 beds = 166: PUI/HC/ICU (8 units)
- ❑ Drainage area population = 1 700 000
- ❑ Referrals from Limpopo and North West
- ❑ Total employees = 4407

## 2. Overview

### Trend by category



### 3. Stats Summary as of 31<sup>st</sup> July 2020

• Total: 307 : Recoveries: 221 Active: 86

Hospitalized- cumulative: 8 Deaths: 2

• Nurses = 197

• Doctors = 37

• Support & Allied Staff = 73

## 4. Identifying COVID-19 suspects

- Protocol implemented on daily symptoms monitoring
- Area managers are responsible for monitoring
- **Active COVID-19 surveillance** campaign conducted: medical surveillance and testing between **May 6<sup>th</sup> and June 12<sup>th</sup>** :

641 reached (all categories), +ve results = 6 nurses

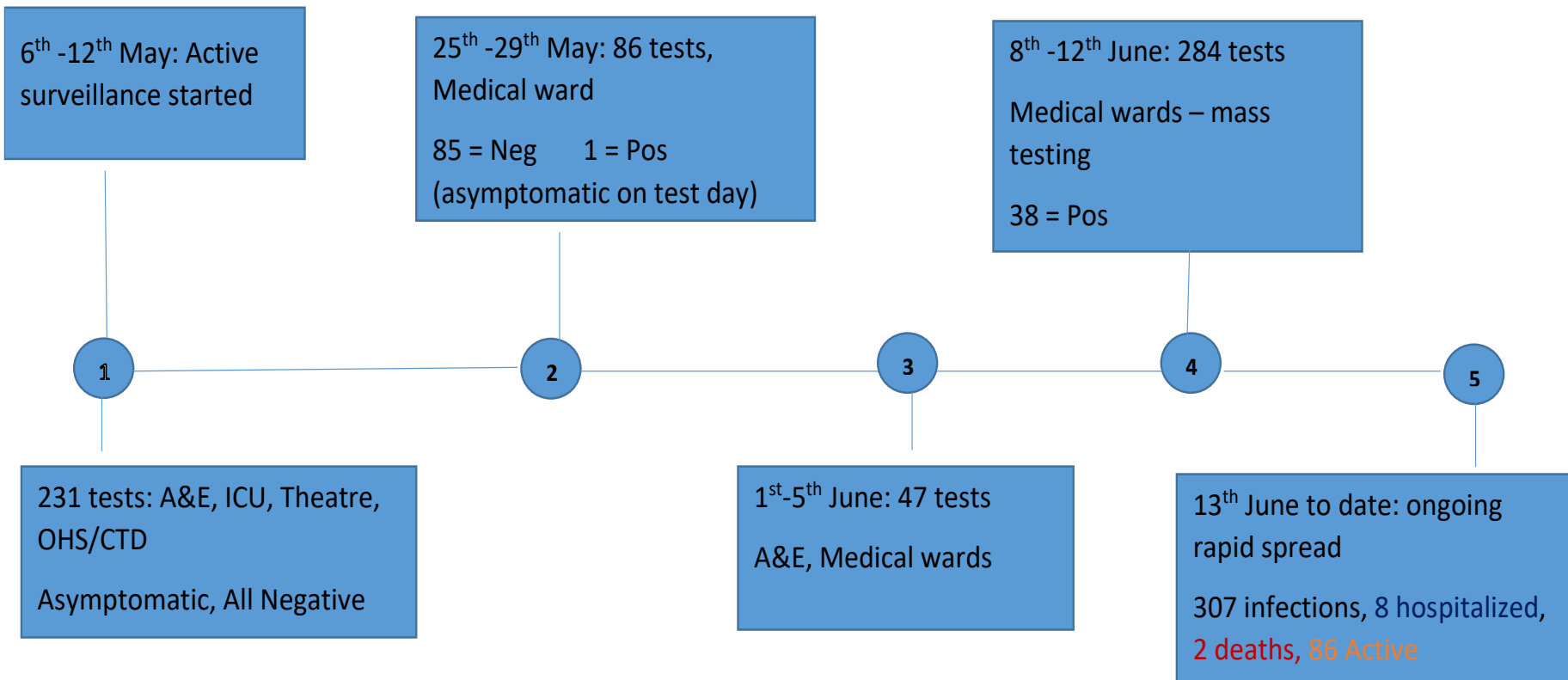
Contacts traced testing +ve: nurses=29

Doctors = 2

Cleaner = 1

# Identifying COVID-19 suspects (cont ...)

## Active Surveillance Timeline:



DGMAH EMPLOYEES COVID-19 TIMELINE

## 5. Managing suspects

- High risk suspects/ contacts – quarantine
  - testing on day 8 (old protocol)



## 6. Challenges

- Lack of team work – OHS responsible for employees
- Poor response to compliance with standard precautions until first positive results
- Lack of psychological preparedness/ support – no institutional EAP services
- Surveillance team got infected

## 7. Enablers

- Committed OHS team: 3 OHN, 4 PN gen, 1 OMP Specialist, 2 MO, 2 Registrars, 4 EHP, 1 EN, 1 ENA, 1 Admin officer-
- Reaching out: unit-to-unit surveillance and testing, OD symptoms monitoring tool and PPE use audit
- Inspection, training, telephone follow-up heavily burdened +ve employees, RTW consultation
- Nursing CTD personnel
- Trade Union's active participation
- Support from NIOH
- Support from Zinekekele Careways – trauma debriefing
- Support from SMU Community Health Department

## 8. Reflection: success/ achievements

- Hazard Identification and Risk Assessment (HIRA) register development – some recommendations implemented:
  - No mask No entry policy, social distancing, sanitizing,
  - staggered tea/lunch breaks, fewer people in tea rooms

## 9. Way forward

- Further enhancement of standard precautions:-  
Hierarchy of controls
- Data analysis – co-morbidities
  - Symptoms/ asymptomatic
- Mental wellness/ work relations survey

## 10. Acknowledgements

- All employees
- OHS and CTD Team
- Trade Unions
- Community Health Department – SMU
- NIOH
- EXCO

Thank you