

CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

PRESENTATION TO THE NCOP DELEGATES

DATE: 28 MARCH 2022



GAUTENG
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

GGT2030
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PRESENTATION OUTLINE

- 1) Hospital profile
- 2) CMJAH Cluster
- 3) Fire incident
- 4) In and out patients statistics - Pre and after fire incident
- 5) Clinical services currently operational
- 6) Staff Establishment
- 7) Budget vs Expenditure
- 8) Infrastructure matters
- 9) Remedial work by Solidarity fund
- 10) Challenges
- 11) Achievements

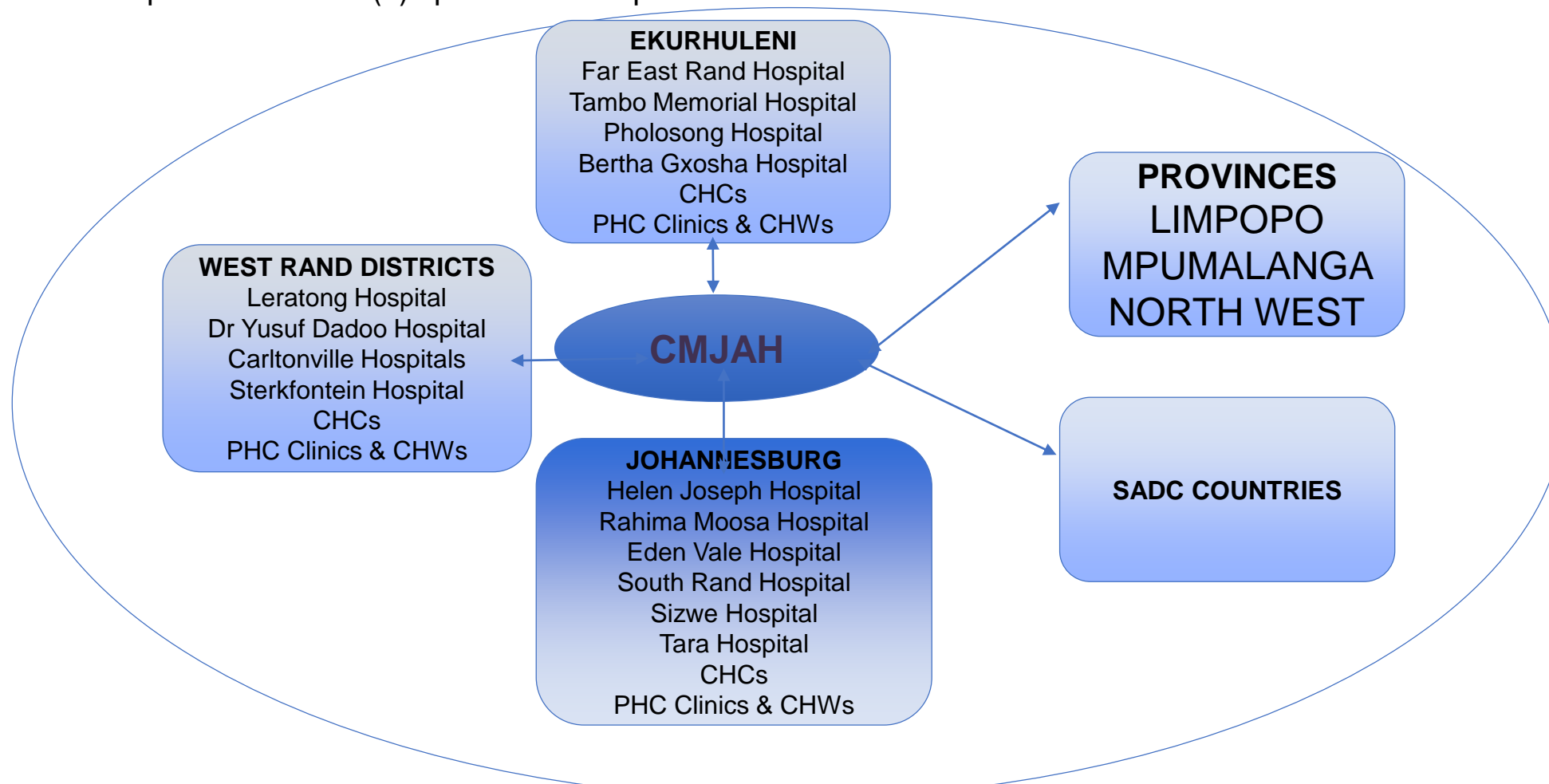


HOSPITAL PROFILE

- CMJAH is one (1) of the ten (10) central hospitals in the country, providing specialized tertiary and quaternary services.
- It has **six (6) outside buildings** consists of 6 of Chiller plants, 3 of vacuum pumps, 15 of emergency standby generators, 68 of oil filled MV Switchgears, 4 of Vacuum MV Switchgears, LV breakers, 31 of transformers, 4 of gas Boilers, 37 of lifts, 8 of escalators, Air Handling units, air conditioning units, steam reticulation lines, condensation lines, electrical reticulation, medical gas reticulation, oxygen line reticulation, water line reticulation, sewer lines, doors, walls, toilets.
- Main **teaching hospital** for **Wits medical school**.
- Also **trains** many **post graduate health professionals from Africa** and many first world countries come for experiential learning.
- It is serving an **estimated population of 5,195,132** across three **(3) expansive districts** i.e. Johannesburg Metro, Ekurhuleni and West Rand through cluster hospitals.
- Also serve **SADC** countries and **other provinces** i.e. Limpopo, Mpumalanga, and Northwest.

CMJAH CLUSTER

CMJAH has fourteen (14) hospitals within the cluster which consist of one (1) tertiary hospital, six (6) regional hospitals, four (4) district hospitals and three (3) specialized hospitals.



CMJAH CLUSTER CATCHMENT POPULATION

- The below table highlight the CMJAH cluster catchment population.

DISTRICT	SUB-DISTRICT	POPULATION
JHB Health District	A	664,326
	B	366,797
	C	678,984
	E	509,111
	F	639,388
JHB TOTAL		2,858,606
Ekurhuleni	East 1	579,905
	East 2	349,955
	South 1	557,887
EKURHULENI TOTAL		1,487,747
West Rand	Merafong	194,443
	Mogale City	312,844
	Randfontein	133,686
	Westonaria	103,903
WEST RAND TOTAL		848,779
CLUSTER TOTAL		5,195,132

FIRE INCIDENT

- The fire outbreak occurred at **11:20 on Friday the 16th April 2021** in the special dispensary stores
- A decision was made to **evacuate the hospital due to increased smoke** in the building
- Patients were **transferred to multiple hospitals** within **Gauteng Province** and services were **temporary suspended** at CMJAH for safety purpose
- Over **840 patients** were evacuated to **17 different facilities** over **28 hours**
- All **Staff Categories** were **redeployed** to facilities that patients were sent to and facilities that would receive increased patient volumes during the closure
- Equipment, consumables, PPE, meals, etc were also sent to these facilities for staff and patients
- The hospital was temporarily closed – **Premier initially announced** that the hospital will reopen in 7 days, to date the hospital has not fully reopened.



THE FIRE BURNED FOR >24 HOURS



AREA LOST DUE TO FIRE DAMAGE

North side: Block 4 and part of Block 5 high & low rise



INFRASTRUCTURE DAMAGE – LEVEL 2 & 3

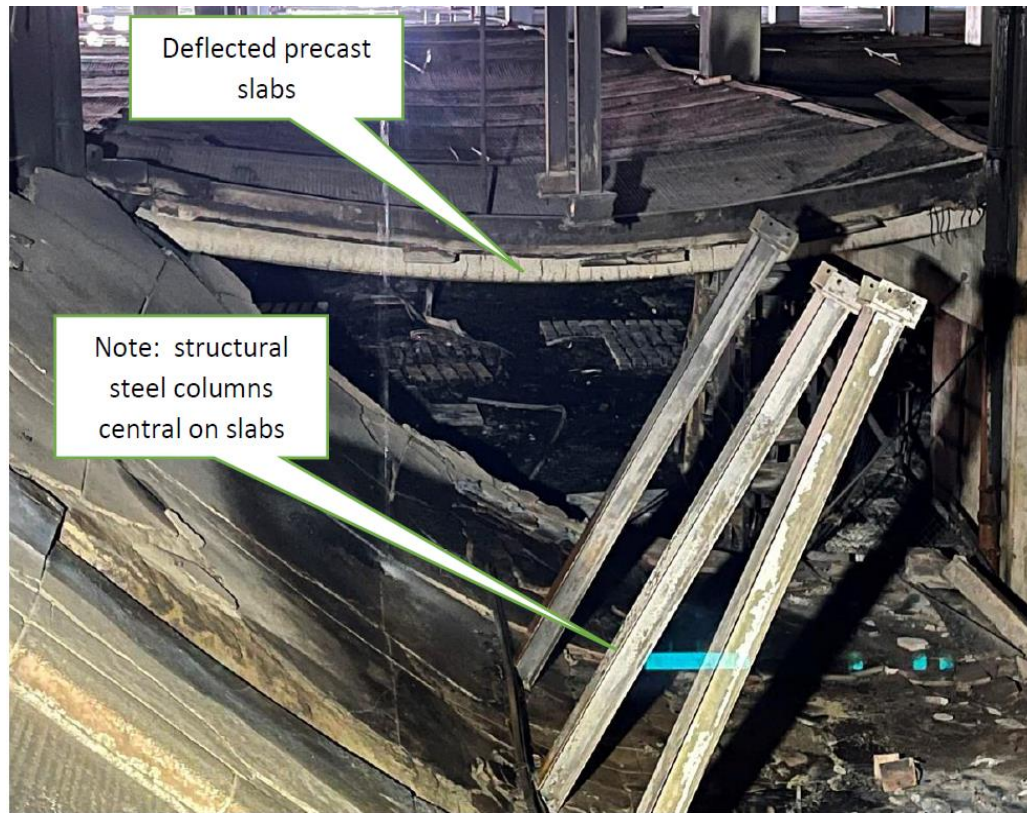


Figure 9: Collapsed 3rd floor slab area



Figure 10: Collapsed 3rd floor slab area

PROPPING OF FIRE DAMAGED AREA





IN AND OUT PATIENTS STATISTICS

INPATIENTS BEDS	PRE-FIRE	AFTER FIRE INCIDENT
OBSTETRIC AND GYNAECOLOGY	141	135
PAEDIATRIC	219	278
MEDICINE	265	200
SURGERY	330	265
ICU	53	71 (ADULT ICU)
PSYCHIATRY	20	0
HIGH CARE	32	14
TOTAL	1068	963

Out-patient headcounts ranged from **60 000 – 80 000** patients per month prior to fire incident.

Since the fire incident the **current range** of out-patient visits lies between **30 000 – 48 000** per month.



CLINICAL SERVICES CURRENTLY OPERATIONAL

PATIENT CATEGORY	PRE-FIRE	CURRENT	DIFFERENCE	COMMENT
Inpatient	1068 public beds 70 Fostateng beds 1138 in total	963 beds	~ -20%	CMJAH continues to decant cluster facilities through outreach & transfers No psychiatry services at CMJAH; Many services split between facilities Number of beds will decrease once remedial work starts in Block 1
Outpatient	+/- 80 000 pm	+/- 48 000	~ -40%	Many OPD areas lost in the fire damaged area Need to create space within the hospital to reopen/expand services (WHOC, Canteen identified once completely vacated) Satellite clinics at HCHC, BGH. HJH, Discoverers, Edenvale



Clinical Services Currently Operational

PATIENT CATEGORY	PRE-FIRE	CURRENT	DIFFERENCE	COMMENT
Emergency / Acute patients (across all areas)	P1 – 25 bays P2 – 50 bays P3 – 20 (triage to cluster) Obstetric – 15 beds Gynae – 15 beds Short-stay – 20 beds	0	- 100%	Area currently undergoing fire remedial work Anticipated handover – end of Feb Reopening – middle of March EM – multi-site support (7 facilities) Trauma unit – still at CHB Psych emergencies – still at HJH O&G – multi-site support (3 facilities)
Theatre	32 theatres doing 300 – 350 cases a week	26 theatres doing 220 -300 cases a week	~ -25%	Theatres complex operational but in a reduced capacity Staff attrition affects ability to run all theatres therefore number of cases reduced Satellite lists at BGH, Pholosong, Tambo, HJH, DYDH

STAFF ESTABLISHMENT AS AT 28 FEBRUARY 2022

- The table below provides information on the staff establishment per category of staff, filled and vacant posts as @ 28th February 2022.
- Process of filling the vacant posts is underway and in different stages of recruitment process.
- Several successful candidates will be resuming duty in April and May 2022.

VACANCY RATE AS AT 28 FEBRUARY 2022				
CATEGORY	APPROVED	FILLED	VACANT	% PERCENTAGE
MEDICAL	832	759	73	8.77%
ALLIED	379	352	27	7.12%
NURSING	2536	2187	349	13.76%
ADMIN & SUPPORT	1805	1597	208	11.52%
TOTAL	5552	4895	657	11.83%

BUDGET VS EXPENDITURE AS AT 25 MARCH 2022

- The financial position of the hospital as of the 25th of March 2022.
- Low spending in machinery and equipment is related to lack of contracts in all big-ticket items we had intended to buy

Items	2021/2022 Total Budget	Expenditure as @	% Spend
	R'000	25/03/2022 R'000	
Compensation of employees	2 657 075	2 351 991	89%
Goods and services	1 223 379	873 240	71%
Households	7 200	8 068	112%
Machinery and equipment	312 181	104 398	33%
	4 199 835	3 337 697	79%



SUMMARY OF INFRASTRUCTURE MAINTENANCE BUDGET

No.	Facility	Annual budget	Expenditure	Commitments	Variance
1	CMJAH	R60,000,000.00	R92,169,763.27	R69,734,999.96	(R101,904,763.23)

ALL COMMITMENT PROJECTS FOR FY 2021/2022 (Including fire remedial projects)

Discipline	Total number of all Projects	Number of Completed Projects	Number of Outstanding Projects	Total Cost of Projects	Total Cost of completed Projects	Total Cost of Outstanding Projects
Electrical	44	17	27	R59,735,617.88	R19,133,904.19	R40,601,713.69
Mechanical	37	21	16	R40,991,442.22	R22,195,796.75	R18,795,645.46
Building	33	20	13	R50,042,866.89	R39,705,226.08	R10,337,640.81
Total	114	58	56	R150,769,926.99	R81,034,927.02	R69,734,999.96
Lifts (Koyo and Munaca)				R3,405,915		



SUMMARY 2022/2023 MAINTENANCE NEEDS

Discipline	Statutory	Preventative Projects	Material Supply	Condition Based Projects	Electro-Mech Projects
Electrical	R13 932 000,00	R16 298 089,20	R0,00	R13 873 750,00	R53 750 000,00
Mechanical	R3 500 000,00	R18 100 000,00	R0,00	R31 800 000,00	R39 500 000,00
Building	R2 000 000,00	R4 000 000,00	R0,00	R24 850 000,00	R0,00
Total	R19 432 000,00	R38 398 089,20	R0,00	R70 523 750,00	R93 250 000,00
Grand total for FY 2022/2023 Projects needs excluding Materials and electro-mechanical					R128 353 839,20

INITIAL INFRASTRUCTURE CHALLENGES

- CMJAH non-compliant with COJ fire requirements
- Slow progress in planning with no significant implementation from DID
- Initial delays with getting the correct individuals involved from GDOH
- Maintenance funds used for remedial work in Radiation Oncology resulting in significant over-expenditure on maintenance budget
- Fire damaged area propped for initial investigation, but no work done thereafter for 10 month
- Delays in signing donation agreements and handover
- 10 months after the fire, the only work being done at the hospital was work sponsored by Solidarity with no clear project plan or source of funding.
- The hospital remained partly open with significant infrastructure challenges

Progress on Remedial Work

- **9 Feb** – Premier’s proclamation published transferring the CMJAH remedial work project to NDOH
- **17 Feb** – Acting DG had a media briefing re the proclamation and introducing Project Manager (Mr Dakela) and implementing agent (DBSA)
- **Feb & Mar** – Multiple engagement between NDOH, DBSA, GDOH, CMJAH, Donors (Solidarity, Spire, GOTG)
- **7 Mar** – Handover from GDID complete after various delays
- **15 Mar** - A costed Implementation Plan that will cover both works to be done by Donors and NDOH is being prepared by DBSA (maintenance to be included)
- The donors will cover **15%** of the work that must be done, and the **85%** of the remaining work will be funded by Treasury from their Emergency Fund
- DBSA intends taking over maintenance of the whole of CMJAH as part of the Project as GDOH and NDOH is running the risk of irregular expenditure

CMJAH Infrastructure Projects

Parking

Build a ramp to P3 parking garage

= +/- 400 parking bays

Repair fire damaged area

Assessment,
Reinforce the pillar, fix the slabs that have been fire damaged

= recommissioning all wards, ICUs & OPDs in Block 4 & 5 North (including P3 & P4)

Renovation of the new stores

Old nurses dining hall identified as area for new stores

= +/- 1500sqm for special dispensary

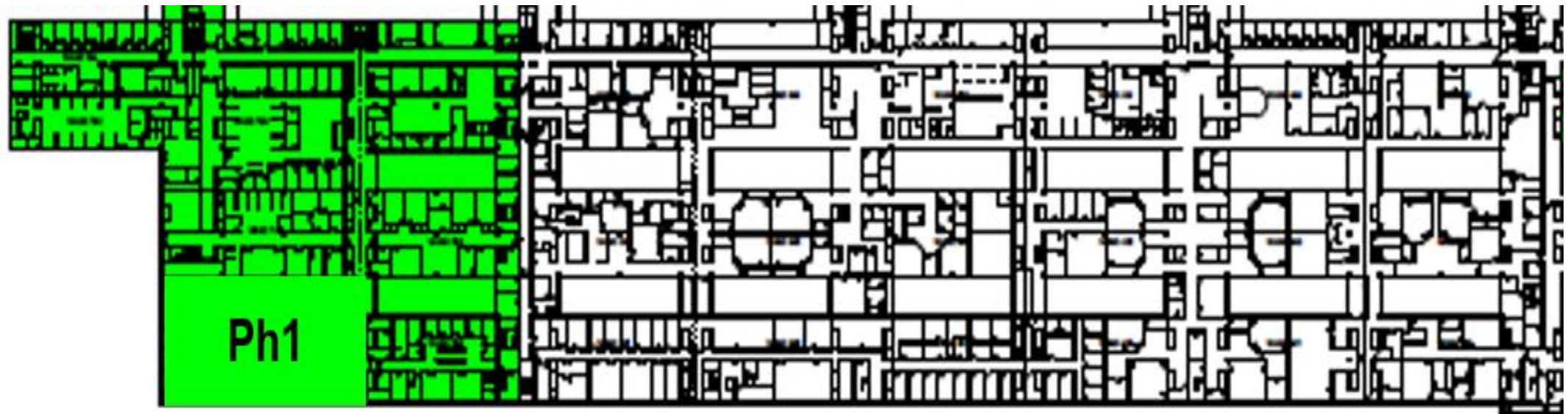
Multi-phase Fire remedial project

Getting the hospital fire compliant as per 19 non-negotiables from COJ

= progress towards getting a certificate of occupation

SOLIDARITY – Block 1 Fire Remedial Work

- November 2021 – March 2022: Fire remedial work in A&E areas
- April – September 2022: Remainder of Block 1 South-side only



LEVEL 6

CURRENT CONSTRUCTION AREA



INSTALLATION OF FIRE DOORS



INSTALLATION OF FIRE WALLS



FIRE DETECTION AND COMMUNICATION ITEMS





CREATING FIRE COMPARTMENTS IN THE SERVICE FLOOR





EXTRACTION VENTILATION SYSTEM



CHALLENGES WITH THE A&E PROJECT

- Initial **delays** with **signing** the **donation agreement**
- **Work stoppages** by SMMEs and community workers
- Plan to open a **part of the A&E in Dec 2021** for the Christmas Trauma rush, but the area was **not safe for patient occupation**
- Anticipated handover on **1 March delayed** due to **vandalism**
 - DB boards, circuit breakers & electric cables
 - Radiology unit including cables and CT scan
 - Transformers and cables in the inter-floor
- Anticipated date for handover end **March 2022**

CHALLENGES

INFRASTRUCTURE:

- Insufficient budget allocation for infrastructure,
- Ageing water pipes, results into leaks,
- Theft and vandalism of critical components e.g., copper pipes,
- Delay in appointment of contractors,
- Incompetent contractors - Poor workmanship,
- Insufficient parking due to fire incident, led to low staff moral

FINANCE & SUPPLY CHAIN

- Lack of equipment tenders for the procurement of key equipment,
- Lack of tenders for Essential Medicine List items leads to purchasing of items at retail price,

HUMAN RESOURCE

- Organizational design structure was last approved in 2006, it is not responding to the current services being rendered and not fit for purpose.

ACHIEVEMENTS

- **Response to COVID-19 pandemic** (SOP's, Guidelines, Training of different stakeholders, Development of Intuboox in partnership with DENEL, worked with CSIR - CPAP testing machines
- Capacitated Employee Health & Wellness Program (EHWP): through Covid-19 posts,
- **Strengthened outreach programs** to different hospitals across all disciplines as follows:
 - Arthroplasty at Bertha Gxowa Hospital,
 - Trauma department at Edenvale,
 - Emergency Medicine department at Hillbrow CHC,
 - Obstetrics and Gynaecology departments at the Discoverers CHC including South Rand Hospital,
 - Provision of 24-hour Specialist cover to Hillbrow CHC Emergency Department,
 - Started Palliative care services through a partnership with Bristol-Myers-Squib Secure the Future Foundation,
- **Innovations:**
 - Joint training workshop between CMJAH & CHBAH on prostate brachytherapy with sponsorship from BD,
 - Cluster multidisciplinary workshop on #Zero tolerance on pressure sore to reduce hospital acquired pressure sores,
 - Successful inaugural cluster research symposium,
 - Physiotherapy team came second at the CPSI awards for the implementation of integrated Lymphoedema treatment.



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