

# GENERAL INTERNAL MEDICINE AND EMERGENCY UNIT

Raising the standard of general internal medicine



Doctor Peter  
Raubenheimer  
Head of the General  
Internal Medicine  
Platform

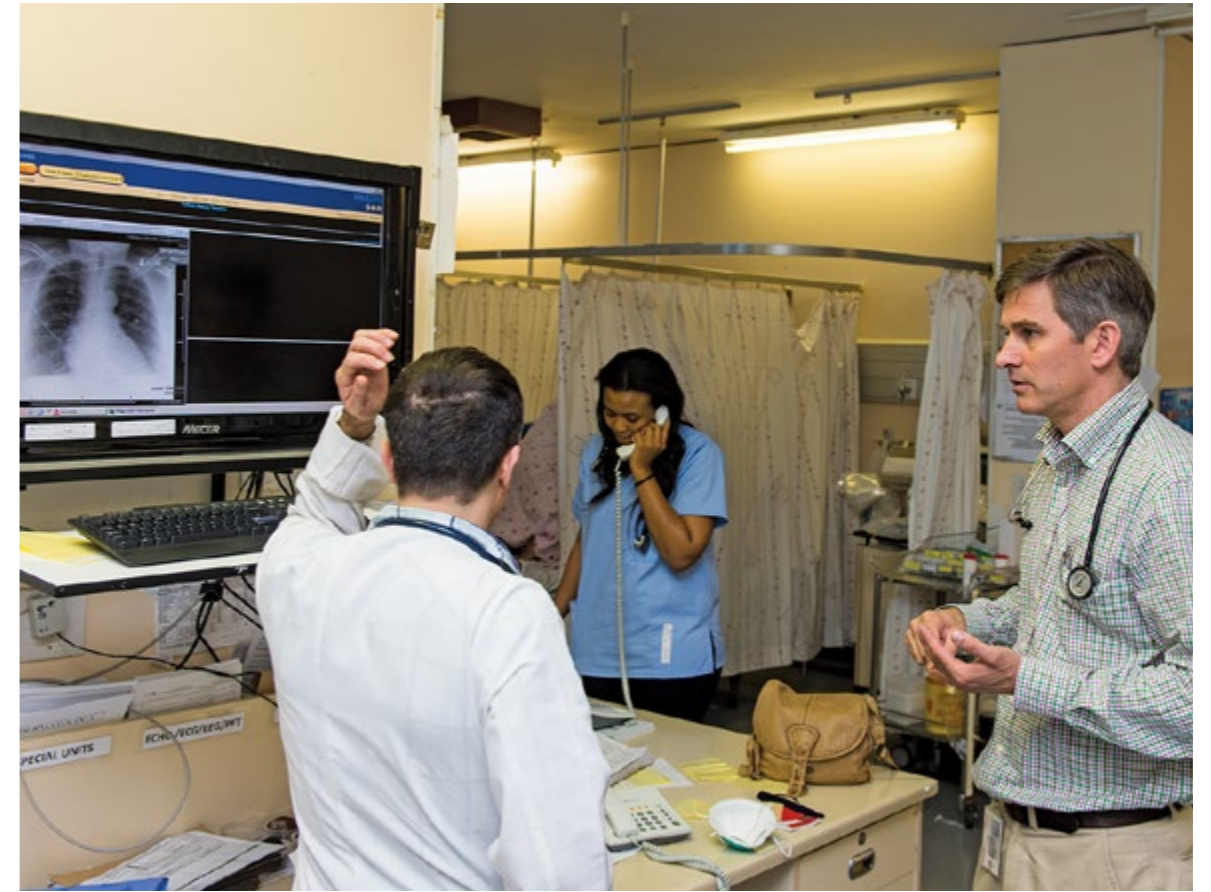
General internal medicine and emergency units are the first point of contact for many patients arriving at a hospital for medical help. It is here where they form lasting impressions of the health service when they need it the most; it is here where they feel cared for and looked after, or neglected and ignored.

“General internal medicine is about caring for people and not niching itself according to disease. The patient remains central,” says Doctor Peter Raubenheimer, head of the General Internal Medicine platform of the Western Metropole of Cape Town, which runs across four hospitals in the Western Cape: Groote Schuur Hospital, Mitchells Plain Hospital, Victoria Hospital and New Somerset Hospital.





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Doctor Jerry Parolis (left) and Doctor Tom Crede, Head of GSH Emergency Unit, in conversation.

“The excitement comes from being at the centre of an essential service being provided to people in acute need of medical help,” says Doctor Raubenheimer. The major clinical challenges, which also offer the greatest rewards, are those of diagnostic difficulties and of managing very ill patients. He admits that challenges arise from working in a silo-based system and trying to break them down and working in more efficient and patient-centric systems are priorities.

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General medicine's service platform for in- and out-patients is also the platform on which the majority of training of undergraduate and postgraduate students in the Department of Medicine takes place. “We constantly need to

examine whether we are producing the kind of doctors and specialists South Africa deserves and needs,” says Doctor Raubenheimer.

Doctor Raubenheimer wants to use the general medicine platform as an innovation hub/health incubator for new ideas and concepts in service delivery, which can be copied elsewhere. “We also hope to increase the reach of the division by improving outreach functions to primary care, in other provinces and to Africa.”

Improving the quality of the service rendered is also important to Doctor Tom Crede, who recalls finding a severely distressed emergency unit when he took over in 2010. He started by making changes to the working environment and focused on helping staff cope with the high-stress environment. This involved better organisation, appointing dedicated senior staff, and establishing an ‘open door’ policy for junior staff.





*Doctor Nasief van der Schyff, Head of Medicine at Victoria Hospital, together with sisters Mariette Ross and Lynn van der Westhuizen on an ICU ward round.*

“By improving co-operation with other colleagues, I think we have improved patient care significantly, probably best reflected by the drop in the number of complaints received from the public. This has so far been the most rewarding aspect of my five years in the job,” says Doctor Crede.

He is also proud of the creation of the palliative care service for the emergency unit. Before, patients were sometimes left to die on trolleys, away from family. By making contact with St Luke's Hospice and introducing basic palliative care concepts to both nursing and medical staff, more patients are able to die with dignity, surrounded by their families. “This has prompted positive feedback

from families, and may in fact, be a first for health care in South Africa,” says Doctor Crede.

“The emergency unit at Groote Schuur is often seen as the ‘face of medicine’, as it is the point of contact for patients and families. I would like to think that ultimately we can develop a service that not only prides itself on practising world-class medicine, but does so in an environment that is less stressful for professional medical staff and patients.”

Providing the best possible medical care is also a priority for Doctor Nasief van der Schyff, Head of General Medicine at Victoria Hospital. He is proud of the fact that despite severe resource limitations and high occupancy, the medical department

continues to provide excellent clinical service and remains a popular site for training.

He says that in order to efficiently address the needs of patients, several specialist services have been pioneered that are aimed at holistically improving the care offered to patients and their families.

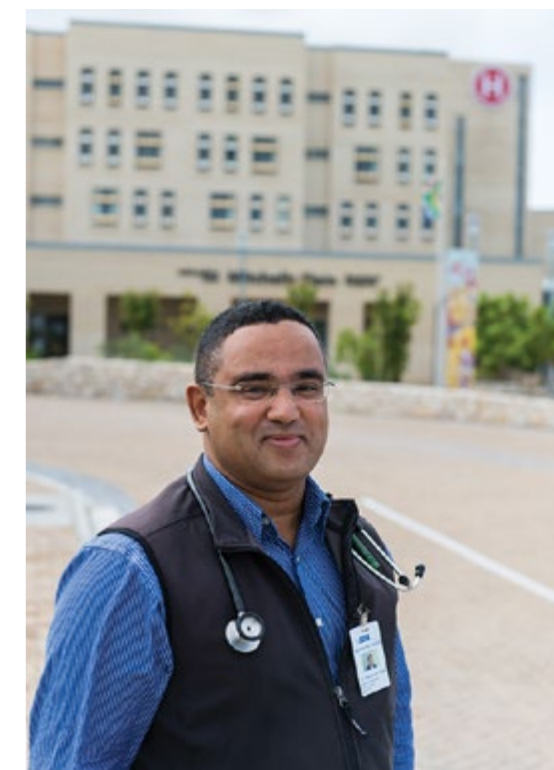
“We were the first public hospital to pioneer the Abundant Life Programme, an innovative palliative care programme that aims to improve the quality of life of patients living with end stage organ failure. To date, more than a thousand patients and their respective families have been assisted by this programme. It has been internationally recognised and is currently subject to an international research collaboration involving Kings College in London.”

He points to working with young medical professionals and students as one of the highlights of his job. “We have created a unique, family-type environment at Victoria Hospital that promotes teaching and excellence.”

Due to time constraints and the lack of capacity, there is not a lot of time for research, something that Doctor van der Schyff laments. “We believe that that we are blessed with a wide range of clinical pathology, which would be an ideal environment to conduct clinical research. However, we are limited by our lack of capacity.”

He does believe, however, that he has helped to create a culture of teaching excellence and says an innovative approach in teaching undergraduate medical students has seen students excel and leave the department with a distinct passion for internal medicine.

At Mitchells Plain District Hospital, Doctor Gavin van Wyk has an additional set of problems, as he had to oversee the move of the GF Jooste Hospital to the new integration of the Mitchells Plain District Hospital. Due to reorganised services, a lot of extra strain was placed on an already overburdened service.



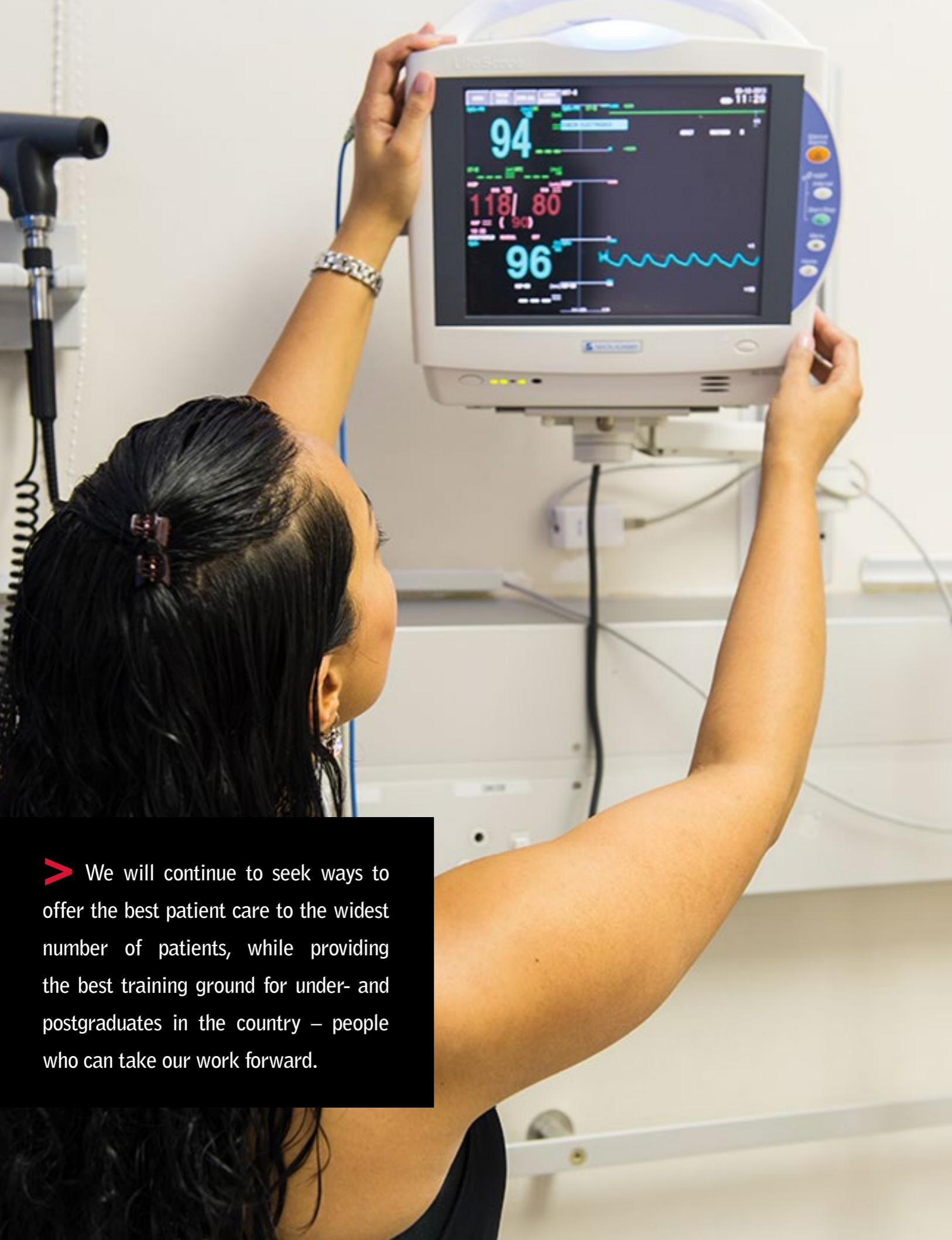
*Doctor Gavin van Wyk, Head of Medicine at Mitchell's Plain District Hospital.*

“I feel privileged to have been part of the decommissioning and commissioning of these hospitals – rare in a clinician's career. Mitchells Plain District Hospital is aesthetically and architecturally a magnificent building – long overdue in this community. This seems to play a positive role in the morale of staff and patients,” he says.

The hospital is viewed as a large district hospital with general specialist services, where complex medical patients are admitted. “Managing these patients and overseeing medical staff allows me to grow as a general physician and as head of department.”

He sees a bright future for the hospital and believes it could be a beacon of clinical and academic excellence; where patients receive the best medical care available and there is great work satisfaction amongst staff.





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Doctors Asanda Jafta, Ismael Bandeker, and Bukiwe Peza in an academic ward round at the New Somerset Hospital.

“We are 20 years into our democracy. Communities, such as Mitchells Plain, Phillipi and the Klipfontein sub-district have previously been marginalised, but now have access to a state-of-the-art health facility. We need to provide a service that not only matches its magnificence but exceeds it.”

This drive to provide a superior service is also felt by Doctor Yakooob Vallie, Head of Somerset Hospital in Cape Town. For him, the most enjoyable part of his job is seeing patients and teaching students. “In-patients provide fascinating diagnostic challenges, while out-patients give time to interact with patients on a more personal level.”

His biggest challenge is keeping interns and registrars happy when under stress and he cites heavy caseloads as one of his biggest headaches. “Squeezing 90 patients into 71 beds needs deft discharge planning.”

But he is encouraged by his hospital's ability to cut its mortality rate in half, from approximately 15,6% in 2007 to 7,6% in 2013, despite a doubling of inpatient numbers and no increase in staff. It is clear that the biggest challenges in general internal medicine come down to specifics – patient care, staff morale, limited resources and strained capacity. But attention to detail has helped many department heads make significant improvements and enhance the service offered to patients.

Doctor Raubenheimer says there is a strong base to build on – and much still to do. “We have achieved a lot but our ambitions are not satisfied,” he says. “We will continue to seek ways to offer the best patient care to the widest number of patients, while with providing the best training ground for under- and postgraduates in the country – people who can take our work forward.”