



ZITHULELE HOSPITAL REHABILITATION DEPARTMENT

Province of the Eastern Cape • Iphondo leMpuma-Koloni
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AN ASSESSMENT OF WAYS TO ENHANCE RURAL REHABILITATION SERVICES, BASED
ON EXPERIENCES AT ZITHULELE HOSPITAL
(by Karen Galloway)

Introduction

Rehabilitation is the process of assisting a person to gain their maximum ability to function independently in their environment. It includes physical, emotional, psychological, social and employment elements. Many people are part of the rehabilitation team, including Social Workers, Doctors, Nurses, Occupational Therapists, Physiotherapists, Psychologists, Dentists, Community Health Workers and others.

This paper is a brief summary of the current rehabilitation services in the Mqanduli subdistrict. It will attempt to highlight the areas where there are services, and also where services are lacking. We are in an exciting area where there is and can be rapid progress in many areas, and we hope that we can be part of the process of improving the standards of rehabilitation in this area.

Service Providers

LSA

Rehabilitation services are provided by two concurrent systems, the hospital (Zithulele) and the Local Service Authority (LSA). Miss Tolobisa is the rehabilitation manager for the LSA and would be the best person to address questions about that aspect of the service. As far as I understand, she is the only rehabilitation worker in this role, with no staff below her.

Zithulele Hospital

The Zithulele Rehabilitation service is made up of a staff of 4 Occupational Therapists (including chief and senior), and 3 Physiotherapists (including chief), 1 General Assistant, and currently 2 volunteer translator/helpers.

NGOs

Although I may need to be corrected, there are few NGO's working in this area. The Disabled People of South Africa have one representative who lives in Wilo. Hospice South Africa is involved in some home based care services in Mqanduli Town. The Sponge Project is an NGO initiative to collect information about the services in an area in order to make them available to the disabled via SMS, and have revealed no more in the disability/rehabilitation sector.

Referral centres

Other Government service providers are located in Mthatha, which is an R80 round trip for one person (and our clients often need to travel with an escort). Those services which we, in a Rehabilitation capacity, frequently attempt to use are Speech Therapy, Audiology, Dietetics, Orthopaedics, Neurology, Psychology, Eye Clinic, Urology. Previously we were able to provide a transport service for patients to get to Mthatha, however this has not been operational since 2009 meaning that many do not go as they cannot afford the taxi fare (many need to pay twice the cost of the taxi fare for a carer or for a wheelchair.)

Geography of services

Although the Zithulele staff are all employed by the hospital, we recognise the importance of having community based services, especially as the clients we deal with have severe difficulty with transport or mobility. Thus the Zithulele Hospital staff work in the following areas: hospital in- and outpatients; regular weekly visits to 6 clinic areas; once yearly outreaches to the other clinic areas; community visits (schools and community meetings) and homes.

The Rehabilitation manager for the LSA is also involved in the community.

The District service package

This is a useful tool for planning service needs at a district hospital. The provision of basic needs for our services is far below the set standard; however we have managed to work effectively because of donations, personal spending for equipment and being adaptable. However, there are a few other essential services that would enhance the ability to provide good rehabilitation services. These are listed below:

Community staffing

Our work could be wonderfully enhanced and expanded with staff employed in community rehabilitation posts. Currently, there are no filled Community Therapist posts our part of the district, and although there are Community Health Workers there are no Community Rehabilitation Workers. Unfortunately there is currently no training of community rehabilitation workers or therapy assistants. The community Based Rehabilitation training and services that were so successful in other provinces have been stopped. Community Health Workers could be a major asset if a good system of accountability was in place.

Wheelchairs

The role of a wheelchair is to increase ones independence by providing mobility. This enables one to return to ones role in life as a social and productive being. A wheelchair is only as good as it enables one to do this. The wheelchairs that are accessible to us are urban chairs, although we recently acquired a few rural wheelchairs which are a wonderful asset to the people who receive them.

A standard wheelchair costs roughly R1500. This wheelchair is designed for flat, even surfaces. In a rural setting we have none of those "flat even surfaces", and as a result these indoor chairs break quickly. A rural/hybrid wheelchair costs roughly R5000. For this extra cost the rural person is able to move out of the house and yard, visit people, fix their home, attend weddings and funerals and other community events. The R3500 is the price of being able to move out of ones house, and is money well spent!

A wheelchair maintenance and repair budget is also a vital element to a rural rehabilitation service.

Access to schools and special schools

The best thing for children (whether able or disabled) is to be able to attend school. Ideally disabled children would be able to attend mainstream schools, but there needs to be a little support for this. Schools need to have good understanding of the medical condition, a school

nurse or sick bay, and a reasonable teacher to student ratio in order to accommodate the child's special needs.

Within this ambition to mainstream as many scholars with special needs, there is still the reality that there will be some who are not able to be in that environment. These children need specialised care. Although we have access to these schools in Mthatha (Ikwezi Lokusa for Physically Disabled, Tsolo Special School and Thembisa for intellectually impaired, Efata for the Blind or hearing impaired) there are many more children than spaces at these schools. The need for children to leave the area to go to Mthatha is also a problem for the family. There are cases where special schools have been built in rural areas, for the children of that area. This would be a wonderful asset to our area, as it could also be linked to a skills training centre, as many other are.

Psychology services

Many of the children we see with intellectual impairment would benefit enormously from a formal IQ assessment. This is currently almost impossible to attain due to the scarcity of Psychologists in the region, even Mthatha. For the physically impaired too, a psychologist is also a very real need. At Western Cape Rehabilitation Centre (an excellent Government service in the Western Cape) there is a dedicated Psychologist in the rehab wards. This reflects in practice the huge need for this service amongst people learning to live with disability. Currently the district service package does not include a psychologist at a District hospital.

Community Psychiatry services

Our Occupational Therapists are implementing a mental health programme, and in the exploratory stage, we are learning that there is a massive need for more input in this area too.

Spinal Cord Injury services

With the combination of TB and HIV we see a lot of TB spine which often results in either complete or incomplete Spinal cord damage. These clients need access to the basic services that allow them to become independent (aside from the wheelchair issue raised above). A district hospital could be the source of the basic bladder and bowel care for these people. Currently the district hospital fails these patients, and sadly they do not know the independence and freedom that could be available to them. Home adaptations are also occasionally required to allow them to achieve an independent life.

Rehabilitative Nursing

Linked to the above point, specialist nursing care in rehabilitation is vital, and something a district hospital could be able to provide well.

Community Based rehabilitation Services

We believe that community based services will have the maximum impact on the wellbeing of disabled people. However it is difficult to develop or expand on these community based services without provision of transport, equipment at clinics, mobile kits etc. A budget allocated for community work could be provided in addition to the hospital rehabilitation department budget.

Visiting services of specialists

Occasional visits by specialists allows us to gather a clinic list for them, and enables us to learn whilst the patients benefit from their specialist care. We have enjoyed the visits by Urologists, Paediatricians and others, and a formal structure to ensure that these support services are given by the specialist centres would be a wonderful advance. In practice, good support of the district centres means a lot of time and money saved by the patient, and also a decrease in workload through referral to the tertiary centre.

Retention of staff

The ability of a rural Rehabilitation service to expand and improve depends largely on the retention of staff, thus ensuring the continuation of services. Support of rural rehabilitation

workers in terms of positive human interaction, providing an enabling budget, and supporting research, development and training in this specific field would ensure that staff are retained and services are continued, expanded and improved.

Conclusion

I hope this short assessment helps to raise some of the issues that I feel could be addressed in order to make the Rehabilitation Services at a district hospital more effective and efficient. These changes could make working in a rural setting a wonderfully rewarding experience, as we overcome geographic hurdles to provide excellent care.