

STEVE Biko Academic Hospital stands as a beacon of hope for Pretoria and surrounding towns, and for patients requiring specialised treatment from other provinces of the country.

Dr Ernest Kenoshi has been head of the hospital's management team, weathering the storms when things went wrong and basking in the glory when medical breakthroughs were made and medical innovations announced.

It was little wonder then, that he was re-appointed as hospital chief executive at the beginning of the year, after Health Minister Dr Aaron Motsoaledi announced that the management of hospitals would change to accommodate the best placed professionals.

Steve Biko is an academic hospital, linked to the medical faculty of the University of Pretoria and therefore having direct access to the institution's academics, equipment, training and expertise.

Formerly the HF Verwoerd Hospital and then Pretoria Academic Hospital, the hospital moved into the 10-storey building in 2006, after a R4.2 billion cash injection and after R500 million in state-of-the-art equipment was installed.

Kenoshi took over the running of the hospital in 2001.

The hospital presented itself as a beacon of hope to the millions of South Africans needing specialised health care and its capacity allowed it to admit critical patients referred from outside the country.

In recent years reports came out of the hospital were those of a breakdown in services, where staff, including doctors, nurses, porters and clerks told of chronic shortages of personnel, the constant breakdown of equipment, failure to service medical apparatus and a general collapse of services.

Patients talked of being turned away and denied procedures that would make their lives bearable.

They had to remove some beds in the ICU because of a shortage of nurses, so patients stay for longer in general wards.

Staff at the hospital alleged that over the years pharmacy shelves became bare, that there were no pharmaceutical supplies, no consumables, and even the basic tools like photocopy paper, pens, books and rulers were in short supply.

When, in March last year the minister announced his disappointment at the calibre of chief executives in the country's public hospitals, and said he was auditing

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their qualifications and removing those who did not deserve to be there, Kenoshi applied for the job.

"I only realised the intensity of the whole process when I heard that some of my colleagues had not made it back into their positions," Kenoshi said of the interview.

He said Motsoaledi had reported that the process had been long and difficult, with some candidates having been interviewed for over 11 hours at a time.

The process to revamp the profile of chief executives forms part of Motsoaledi's plan to overhaul and re-engineer the public health system as is laid out in the Department of Health's 10-point plan.

The minister's demands were for incumbents to have a health background, to have five years experience in middle or top management in health and to come in at a position no lower than that of deputy director-general.

Some chief executives, he had found, had no idea of their role in the delivery of quality health care, nor did they understand that they had to be familiar with all of the hospital's various departments - from the kitchen to accounts, to human resources and cleaning.

After the interviews the minister admitted that the process had been a tough one and that quality was scarce. Some interviews he said had yielded no positive results, such that in some instances he had been forced to head-hunt personnel.

The minister was chairman of all four Gauteng interviews through which Kenoshi was promoted from a manager level to that of a deputy director-general.

"We are tasked with managing and leading our own hospitals in the process of revitalising and improving health, said Kenoshi."

The appointment, he said, was a sign that it was no longer business as usual.

"How we provide clinical, quality care, infrastructure, how we provide patients with clean buildings and well kept grounds becomes important.

"We have to provide an environment conducive for health."

The attitude of the staff was first on his

list of priority issues and what would lead the plan for 100 days to be delivered to the minister at the end of this month.

"We need to change the attitude of staff towards patients," he said, adding that surveys revealed that while patients were happy with the kind of health given, the attitude of staff left much to be desired.

All of the 3 700 staff would have to change, said Kenoshi - from the clerks to security personnel and managers to medical staff.

The shortage of nurses was another critical issue that was affecting service delivery.

"We want to aggressively recruit nurses, and we want permission to use nursing agents, because they are more flexible and available," Kenoshi said.

A training programme for staff is already in place. The programme is custom-made for the hospital's staff and intensely aimed at improving, among other things, the treatment of patients.

The hospital was also working on introducing a programme to register patients more efficiently. The aim is to do away with the traditional hard file system and replace it with an electronic data system to greatly cut down on the waiting time for the 300 to 500 patients who walk into casualty daily.

The safety of patients and staff is also a priority, as is protecting equipment from thieves, restructuring the staff complement to ensure that there isn't an overload of staff in some areas to the detriment of other departments.

The hospital also wants permission to contract service providers when the Department of Public Works is unavailable to carry out repair work.

Kenoshi and all managers walk the hospital floors every Monday, hold imbizos with staff regularly and work from 8am to 10pm three times a week.

He leaves at 5pm on the remaining two afternoons to go road running, but makes up for that with at least four hours of work every Saturday.

"I regard my biggest achievement as having led the project of having the current hospital completed from 2001 until we relocated in April 2006, and building the reputation of the hospital into the brand that it is today," he said.

His dream is to improve the quality of healthcare at his hospital and to assist sister public hospitals and clinics as well.

The married father of four relaxes by playing golf, and spending time with his family.

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