An audit of the surgical load at the Charlotte Maxeke Johannesburg Academic Hospital

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Science in Medicine in the field of Emergency Medicine

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CANDIDATES DECLARATION

I, Claire Nicolette Lownie declare that this research report is my own work. It is being submitted for the degree of MSc (Medicine) in the field of Emergency Medicine in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

................................................................. Signature of Candidate

........................................... day of .................................................. Month,  20........
In memory of my late Father

Professor J F Lownie

BDS, H. Dip. Dent, M Dent (MFOS), FCMFOS, PhD.

1943 – 2008
ABSTRACT

The Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) has a trauma unit which consists of the emergency treatment / resuscitation area, an Intensive Care unit (ICU) and a trauma ward. For non-trauma surgical admissions, a different management system is in place. There is a general medical emergency area where surgical patients are triaged and assessed then sent on for admission to the wards and / or operation as required. Currently the structures described necessitate a total of at least 4 medical officers and 2 registrars on duty in the hospital in addition to consultants and other staff on call from home. The potential exists for the unacceptably frequent rostering of doctors on call and therefore in terms of total hours worked by each.

With a view to optimising the existing human resources and improving the quality of patient care by reducing the number of working hours of the doctors, an audit of the surgical workload inclusive of trauma at CMJAH was undertaken. The number of admissions and operations, both elective and emergency, were captured, for the trauma unit and three surgical wards at CMJAH for the 2009 calendar year. Total emergency admissions to all four wards combined were 13032 of which 86.1% were trauma admissions. An average of 15 patients per week (sometimes many more) were operated in the trauma unit. The burden of trauma is extremely heavy compared to that of the other surgical units. An important suggestion would be to look at restructuring the existing resources into a more organised system of practice such as an Acute Care Surgery Unit thus optimising both emergency and non-emergency care of surgical patients.
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