[AUTUMN 2021 Edition]

cure DAY HOSPITALS

www.cure.co.za

SECRET Smile

#curecares

March 2021 Dental Awareness

Did you know?

Cure Day Hospitals is currently the only day hospital group with COHSASA accredited facilities.

THE COUNCIL FOR HEALTH SERVICE ACCREDITATION OF SOUTHERN AFRICA
COHSASA
Quality Improvement in Health Care

cure excellence

Cure Day Hospitals value and strive for excellence. Through innovation and achievement of the highest standards, we are continually measuring and improving outcomes.

We achieved a 99% "likely to recommend our facility" from our patients from January 2020 to January 2021 on group level. Thank you to all our staff for serving with excellence, despite the challenges of Covid -19!

Update from our side:

Cure Day Hospitals is now a

BEE LEVEL THREE (3) CONTRIBUTOR

My doctor wants to proceed with a surgical procedure at Cure Day Hospital –

IS THIS SAFE TO DO?

We are screening and testing

- Our pre-screening and COVID-19 testing measures are designed to identify anyone who has COVID-19 or is suspected to have COVID-19 before their arrival at our hospital
- All patients who are to undergo a procedure are screened and tested for COVID-19.
- All staff members and physicians are screened daily. They do not come to work if there are any sign of symptoms related to COVID-19.
- All patients are screened upon arrival.

We adhere to strict Infection control measures

- We require universal masking and wear appropriate protective equipment.
- All staff members, patients and attending family members (if permitted) must wear masks in the facility (except children under age 2).
- All surgical staff wear face masks, face shields, gowns and gloves.
- Surfaces and equipment are thoroughly cleaned and disinfected regularly throughout the day.
- Alcohol-based hand sanitizer containing at least 70% alcohol is always available.

We minimize the number of people at the hospital and practice physical distancing

- Our waiting room chairs are spaced part, and only a few patients are allowed in waiting rooms at a time.
- We are limiting who may accompany a patient into our hospitals.
- Our reception and ward are for day surgical patients only
- There is no emergency or medical patients in our facility -we have no emergency unit or shared reception areas
- For any further queries, please don't hesitate to contact us

PLEASE CONTACT:

Lynda Hattingh | COVID Compliance co-ordinator | T: 073 141 1092

CURE VALUES OUR PATIENT'S FEEDBACK

See how we rated nationally from December to February 2021

SurveyMonkey

Service received from Reception **99% Excellent**	Nursing care **99 % Excellent**
Discharge information **99% Excellent**	Ease of finding hospital location **98 % Excellent**
Cleanliness of facility **99% Excellent**	Likeliness to recommend facility **99% Excellent**

Clinical trial vaccination

Dr Cornelius von der Heyden, anaesthetist at Cure Bellville and Somerset West recently received his Covid-19 Johnson & Johnson vaccine at Tygerberg Hospital.

#protectyourself

CURE DAY HOSPITALS TURNS 13!

We are so proud of this milestone and would like to thank all staff, doctors and stakeholders for the continued support.

We have 9 operational Day Hospitals with more to come!

WHAT IS A CO-PAYMENT?

A medical aid co-payment is a fee that the member is liable for when making use of certain medical services. The medical aid would not cover 100% of the costs and the member would have to pay for a certain percentage of the medical service before the medical aid pays their portion.

INTERESTING FACTS

What does an acute hospital charge for a Discovery dental co payment?

R7050 for adults and R2750 for children under 13.

What does a day hospital charge for a Discovery dental co payment?

R4500 for an adult and R1240 for children under 13.

Cure still offers a **discount** on this!

Enquire at your nearest Cure facility for any applicable specials currently running

Record month for Bellville

Cure Bellville reached a record number of patients in one month, 512!

EXCITING NEWS!

We have commenced construction of Cure Day Hospital **East London**

and will be operational early 2022.

Basic Life Support (BLS)

All staff members at Cure Day Midstream underwent Basic Life Support (BLS).

Love was in the air!

Cure Day Hospitals spoiled our staff for Valentine's Day to show our admiration and appreciation. Thank you for your hard work and dedication!

Midstream News

Cure Midstream were very excited to be part of Blissful Cleft Foundation's very first operation that was done by Dr S Naidoo (Maxillofacial and Oral Surgeon). On 21 November 2020, Shiloh had her operation for a tongue flap for oronasal fistula closure. Shiloh was a very brave girl and the operation was a huge success.

Cure Erasmuskloof: New records, new procedures, new doctors and new equipment.

New Record: On 7 January 2021, Cure Erasmuskloof admitted its 28 000th patient!

In February 2021, Cure Erasmuskloof celebrated their best financial month yet!

New Procedure: Following many knee and shoulder arthroscopies done in our Erasmuskloof facility in 2020, Dr Reynard Immelman, Orthopaedic surgeon, performed the first hip arthroscopy at Cure Erasmuskloof on 12 January 2021.

New Equipment: With orthopaedic surgery increasing rapidly at Cure Erasmuskloof, they invested in a beach chair, spider, second C-arm, stryker drill, and other orthopaedic equipment.

Dr Russell Raath CPD Webinars

Cure Erasmuskloof hosted three very successful CPD webinars during September, October and December 2020 with speaker, Dr Russell Raath - Pain Specialist. These webinars were very informative and interesting and focussed on Face pain, Back pain and Rhyzotomies.

Thank you to Rhyzotherm for sponsoring towards these CPD opportunities.

Are day hospitals the solution for elective procedure backlog?

By: Rene Bosman | Editor, Specialist Forum

The 2020/21 lockdown due to Covid-19 resulted in thousands of elective surgeries being put on hold, leaving surgeons and hospitals grappling to reduce the backlog. Many elective surgeries are time-sensitive and those not falling under the definition of urgent/emergency surgery, which have been postponed over recent months, by implication have become urgent or qualify as emergency surgery, says Leonie Bredell, relationship manager for the Day Hospital Association of South Africa (DHASA).

Many of these surgeries can be performed in a day hospital setting. With experts warning that with South Africa's winter just around the corner, the country may experience a third or even a fourth wave of Covid-19, increasing the backlog even more.

This pandemic has only just started. We are going to get a third wave, even a fourth, Prof Tivani Mashamba, diagnostic researcher at the University of Pretoria, told The Guardian newspaper in January. If the country goes into lockdown again, it means many patients who require elective procedures have now been waiting for more than 12 months to undergo procedures.

Are day hospitals the solution?

In the United States, Europe and Australia, surgeons were encouraged to make use of day hospitals to address backlogs. International trends have shown:

- An increase in the number of surgeons working in day hospitals
- Momentum in disciplines such as orthopaedics, gynaecology and urology moving more procedures to day hospital environments
- A wider variety of procedures per discipline, performed in day hospitals
- Medical funders moving away from traditional hospital networks, revoking co-payments for patients choosing non-designated service provider hospitals and co-payments linked to certain procedures.

During lockdown, day hospitals did experience an uptake in interest from surgeons. Day hospitals were able to assist surgeons looking for alternative settings to perform surgical cases for patients that could not be deferred. This was especially prevalent in geographical areas hard hit by the pandemic, with acute hospital resources caring and battling Covid-19 on the frontlines. Urgent and emergency day surgery procedures still went ahead at around 10% of normal daily capacity.

Why is the South African day hospital industry lagging?

The main reason, says Bredell, is because many surgeons and patients are unfamiliar with this so-called 'new generation' of day hospitals. Furthermore, surgeons erroneously believe that day hospital facilities are not sufficiently equipped or staffed, have no available capacity and that quality and risk management protocols are lacking. In 2019, DHASA embarked on a project that debunked these misconceptions for the members they represent.

Benefits of day hospitals

Lower risk of infection

One of the many benefits of day hospitals is that the risk of infection is much lower compared to acute hospitals. According to Bredell the risk of contracting Covid-19 is negligible in day hospitals because the environment in which they operate is more controllable. For example, because of the small size and the lay-out of the day hospitals, the quicker patient turnaround times due to the short-stay and the fact that no long-term ill patients are admitted, infection control is more manageable.

More cost-effective

Bibi Goss–Ross, COO and executive director at Advanced Health Ltd, writes that in general, a hospital account consists of the following tariff structures:

- Hospital
- Theatre
- Consumables
- Equipment.

If you compare a day ward fee in a day hospital with a larger acute hospital, the day hospital fee is lower. Theatre fees are billed per minute in theatre – once again, day hospitals are the cheaper option when compared to larger acute hospitals.

Day hospitals, by nature surgically orientated, only offer theatre facilities and ward accommodation and are streamlined, and do not have to make provision for highly specialised units and other medical services found in larger acute hospitals like trauma, intensive care, maternity units etc. making it easier to offer cost effective rates to medical aids and patients

Ten years ago, the difference in pricing between acute- and day hospitals were significantly greater. Growth in the day hospital industry over recent years has resulted in acute hospitals lowering their price on day procedures to remain competitive in the healthcare market.

The question remains – if day hospitals close their doors what would happen to overall hospital costs in the industry?

Without a doubt this will increase again, which is exactly why the day hospital industry feels strongly that patients and funders have to support the day hospital concept and doctors should without a doubt secure theatre slots in both acute and day hospital settings. It is vital to the sustainability of the overall healthcare industry that day procedures are performed in the most cost-effective setting with careful consideration of patient suitability to the environment and the risks involved with any surgical procedure.

Day hospitals generate income by performing same day surgical procedures only. Medical schemes can provide data on day hospital procedure outcomes and the cost-effectiveness of these procedures in comparison to the same service in larger acute hospitals.

According to Bredell, DHASA believes the day hospital industry is part of the solution to reduce the cost of private healthcare. By encouraging industry engagement, collaboration, and active relationships, they have managed to provide patients with access to day procedures at a lower cost, while at the same time safeguarding funder reserves.

Patient benefits

Patient benefits include minimum disruption to daily life as procedures are done on the same day, requiring no overnight stay. Studies show that recovery times are faster in for example home environments. As mentioned already, the risk of infection is reduced and tariffs are charged according to medical scale of benefits.

Surgeon benefits

Surgeons are assisted by well-trained and experienced nursing staff, who do not work shifts or rotate. This means that doctors always work with teams that they are familiar with. Management teams are flexible and willing to negotiate on treatment co-payments and provide support and assistance with pre-authorisations.

A number of surgical procedures across various disciplines ranging from orthopaedic to plastic surgery can be performed currently in day hospitals. In fact, international research shows that more than 70% of surgical procedures can be performed in a day hospital setting. Goss-Ross adds that continuous medical and technological advances will create the opportunity for more complex procedures to be performed in day hospitals.

Conclusions

Day hospitals offer benefits to patients, surgeons making use of the facilities and healthcare funders, reducing private healthcare costs. Patient and surgeon education about the benefits of day hospitals is lacking. Ross-Goss, however, believes that the day hospital in South Africa will follow international trends, which saw an increase in the utilisation of these state-of-the-art facilities. International studies show that more than 70% of surgeries can be performed in a day hospital setting. Medical technological advances will create the opportunity for more complex procedures to be performed in these settings in future.

COMMON CAUSES FOR SHOULDER PAIN IN ADULTS

By: Dr Heckroodt Laubscher (Orthopaedic Surgeon)

We rarely think about – or marvel at – the muscle coordination it takes to simply lift up our arms – until we get a nagging shoulder pain that hinders our movements.

Shoulder pain is more common than you may think, adds Dr Laubscher. "The shoulder is an important joint in your body due to its incredible range of movement. It enables you to move your arm up and down and side to side, and because it can rotate it allows you to reach out in all directions. The shoulder's great mobility causes it to be inherently unstable. The development of a weakness or defect in some of its stabilisers, such as the muscles or bone, is fairly common and can lead to poor function and persistent pain."

Some of the possible causes of shoulder pain:

- Impingement Syndrome (subacromial bursitis)
- Rotator Cuff Syndrome or Tear
- Cervical spine pathology
- Frozen Shoulder (Adhesive Capsulitis)
- Calcifying Tendonitis
- Shoulder instability or dislocation
- AC joint Arthritis
- Biceps related pathology (tendonitis or SLAP)
- Brachial plexus neuritis
- Shoulder joint osteoarthritis

According to Dr Laubscher, signs to look out for and which should prompt you to see your doctor are:

- History of trauma with weakness that lasts more than a few days
- Inability to lift arm above shoulder height (using your other arm to help)
- Consistent shoulder pain at night and at rest
- Deformity in your shoulder
- Neck and shoulder pain accompanied with "pins-and-needles" down the arm
- Limited movement, e.g. inability to tuck your shirt in at the back
- Repetitive/recurrent shoulder dislocations

There are many diagnostic tools available to the doctor. A proper physical examination can provide answers, but the diagnosis should be confirmed before treatment commences.

Dr Laubscher highlights the following treatment options:

1. Home exercises or home treatment
2. Anti-inflammatories or pain medication
3. Cortisone infiltration
4. Physiotherapy
5. Surgery

Dr Heckroodt Laubscher is an Orthopaedic Surgeon, specialising in shoulder surgery at the Centre for Sports Medicine and Orthopaedics at Netcare Rosebank Hospital and Cure Day Hospital Midstream.

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