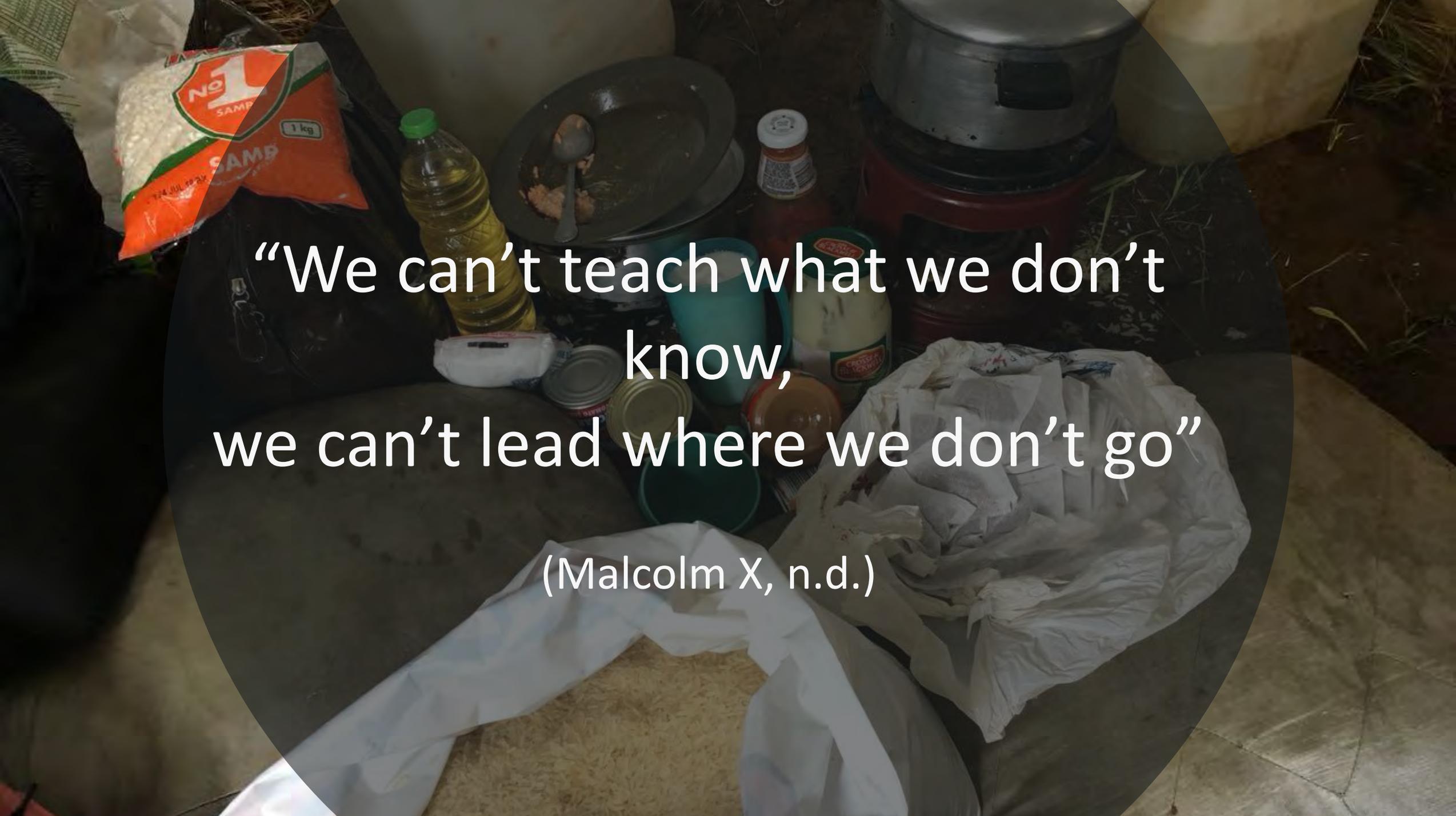


A group of approximately ten people are sitting in a circle on plastic chairs outdoors. They appear to be engaged in a discussion or a group activity. The setting is a grassy area with some dirt patches. The people are dressed in casual clothing, including t-shirts, jeans, and caps. One person in the foreground is wearing a red cap and a blue t-shirt, looking towards the center. Another person in the background is wearing a black t-shirt with 'MCA JOE EST State' printed on it. The overall atmosphere is that of a community meeting or a focus group.

Case studies of household complexity

Helga Lister, Occupational Therapy,
University of Pretoria, South Africa

A photograph of a cluttered kitchen area, possibly in a temporary or makeshift setting. In the foreground, there's a large, dark, circular object, possibly a lid or a piece of fabric. To the left, a bag of 'No 1 SAMB' rice is visible, with '1 kg' printed on it. Next to it is a clear plastic bottle of cooking oil. In the center, there's a black plate with some food remnants and a spoon. To the right, a red cooking pot sits on a small stove. Various other items like a blue cup, a white container, and some crumpled paper are scattered around. The background shows some white plastic containers and a wooden floor. Overlaid on the image is a quote in white text.

“We can’t teach what we don’t
know,
we can’t lead where we don’t go”

(Malcolm X, n.d.)

Case study: Mashingona Household

Ex-husband
poisoned Abuse

Only income - child
care grant

Unemployed

Major
Depression

Physical Pain

HIV/AIDS Suicidal

Food insecure



Concern about
children – 3 sons
using substances
(nayope); stealing
from home

Daughter – failed
grade

One son – attacked
(living by the landfill)

STEVE BIKO ACADEMIC HOSPITAL:
EMERGENCY DEPARTMENT
ADULT TRIAGE

DATE: 09-10-2019
 TIME: 13h38

23
 12430

Name: Alex Mashegane
 Living Area: Mamelodi, ERII
 Chronic illness / Medications: Not known
 Allergies: -
 History / Current complaint: Swollen body and difficulty in breathing and fatigue

Patient details:
 Age: 25 Gender: (M) / F
 Brought by: (Own transport) / Ambulance

EMERGENCY	
Obstructed airway - not breathing	
Seizure - current	
Burn - facial / inhalation	
Hypoglycaemia - glucose less than 3	
Cardiac arrest	
VERY URGENT	
High energy transfer (severe mechanism of injury)	
S.O.B - acute	
Level of consciousness reduced / confused	
Coughing blood	
Chest pain	
Stabbed neck	
Haemorrhage - uncontrolled (arterial bleed)	
Seizure - post ictal	
Focal neurology - acute (stroke)	
Aggression	
Threatened limb	
Eye injury	
Dislocation of larger joint (not finger or toe)	
Fracture - compound (with a break in skin)	
Burn over 20%	
Burn - electrical	
Burn - circumferential	
Burn - chemical	
Poisoning / Overdose	
Diabetic - glucose over 11 & ketonuria	
Vomiting fresh blood	
Pregnancy and abdominal trauma	
Pregnancy and abdominal pain	
Severe pain	
URGENT	
Haemorrhage - controlled	
Dislocation of finger or toe	
Fracture - closed (no break in skin)	
Burn - other	
Abdominal pain	
diabetic - glucose over 17 (no ketonuria)	
Vomiting persistently	
Pregnancy and trauma	
Pregnancy and PV bleed	
Moderate pain	

Vital data:

	1	2
HR	110	
BP	151/85	
RR	26	
SATS	100	
TEMP	36.1	
AVPU		

Other tests

Urine	PH 7
BHCG (preg.)	
Bloodglucose	

(please encircle the score)

	3	2	1	0	1	2	3
Mobility				Walking	With Help	Stretcher/Immobile	
RR		less than 9		9-14	15-20	21-29	more than 29
HR		less than 41	41-50	51-100	101-110	111-129	more than 129
SBP	less than 71	71-80	81-100	101-199		more than 199	
Temp		less than 35		35-38.4		38.5 or more	
AVPU				Alert	Reacts to Voice	Reacts to Pain	Unresponsive
Trauma				No	Yes		

over 12 years / taller than 150cm

Triage scoring

Score (Triage Nurse)	Prelim Colour (Nurse)	Final Colour (Doctor)
2		
Rx Name	Dose	Route
		Time
		Given time
		Given Dose
		Sign

Signature: Nurse: Emfankhuniwezi

Doctor's notes:

A: _____
 B: _____
 C: _____
 O/E: Sx andemia
 Hb = 2

Time: 14h30
 Doctor's Name: Mokoale
 Signature: M

Signature: Nurse: Emfankhuniwezi

Doctor's notes:

O/E:

Sx andemia
 Hb = 2



Mpho; Alex; Thabang



Substance misuse
Unemployment Boredom
Lack of trust

Key Problem Areas

- Cannot approach person with only certain lenses
- Relationships are complex
- Community health worker training limited
- Cannot separate health; education; economic security; well-being; social dynamics; housing
- Community understanding of available resources can be limited
- Limited understanding of culture and context

Proposed aspects to consider in solution-finding

- Households are dynamic; relationships and needs change
- Any form of intervention requires a community-based understanding of resources; assets; services and connections (use household and community networks for solutions)
- Intervention is long-term
- Skills-training of community health workers (address households)
- Intersectoral collaboration needs to be achieved through clear and thorough communication
- Advocacy, knowledge translation and ownership should be facilitated
- Focus should be on prevention

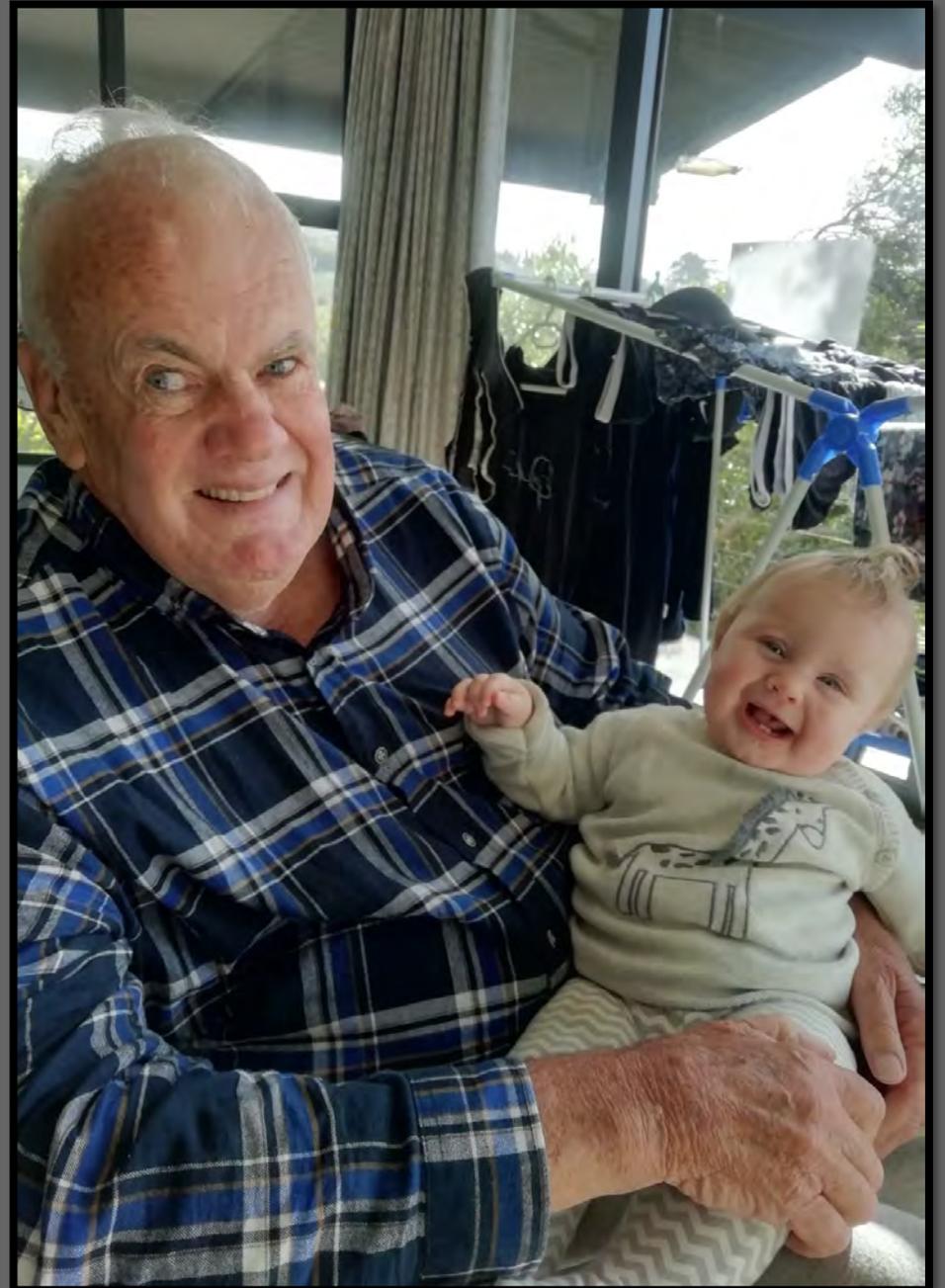
Case Study: Extended Koch household



26th of May 2021:

Everd Koch

- Fainted and fell
- Admitted to emergency and transferred to another hospital (due to lack of beds in ICU)
- Treated for COVID pneumonia (although test was negative)
- Underwent various tests



Vascular Dementia

Trauma

Back pain

Heart block

Unstable Fracture T9 and T12

Lack of
appetite

Confusion

PLEASE NOTE

Hearing
loss

Isolation

Patient has:

- Short term memory loss
- May not mobilize AT ALL
- T9 and T12 unstable fracture
- Has to remain lying down
- Must Urinate using bottle / nappy

COVID-19

Longing



Hospital-acquired
infection

Tremors

Inertia

Poor fine motor
coordination

Cognitive regression

Pneumonia

Normal pressure
hydrocephalus

Pre-diabetic

Sensory deprivation



Edna Koch

Everd Koch

You

18:52 | Papa Mittwoch Abend Chat

Everd Koch

You

16:24 | Papa Dienstag Chat

Eerste Addisionele Taal

Mondeling:

On the 22nd, 23rd and 24th of June we are asking the learners to do a simple oral in their second language. The topic is: **Dad's favourite snack for Father's day.**

Come prepared to explain to the class what your dad's favourite snack is and how to prepare it.

- This father's day snack can be for a daddy, uncle, grandfather or family friend. Anyone you would like to make feel special on Father's day.
- You may bring photos, pictures, a poster, simple ingredients, cutlery etc. (Please no actual cooking to be done at school.)
- Keep it simple and in 4-5 sentences explain what the snack is, what ingredients you need and any instructions.
- Explain why it is your dad's favourite snack.
- Remember to make good eye contact, speak clearly and have confidence.

We can't wait to hear what our budding chefs will be making their dads on Father's day.



PIC·COLLAGE



PIC•COLLAGE



Key Problem Areas

- Poor care coordination
- Poor follow through
- No recognition of importance and expertise of family
- COVID-19 hospital lockdown without seeking adaptations
- Burnout of hospital staff (debriefing not compulsory)
- Poor communication system between various healthcare staff
- Lack of trust
- Lack of understanding of personal and family motivation

Proposed aspects to consider in solution-finding

- Care coordination apps (developed in SA – should include the family)
- Importance of prevention (falls; cognitive regression)
- Compassion and care
- Bio-psycho-social-spiritual approach
- Small changes – big results (family intervention is possible)
- Fairness and equity treatment requires a creative system change – which are possible



#strongertogether