

State of the Art | Johannesburg is set to get the country’s second hospital dedicated exclusively to children



CONCRETE CARE: Nelson Mandela Children’s Hospital in Parktown, Johannesburg, is scheduled to take its first patients in about June next year
Picture: MDU NDZINGI

Madiba’s dream for sick kids comes true



EMBRACE: Nelson Mandela wanted kids treated with respect



BEST BET: Jed Aylmer of Praestet poses with his children’s hospital cot design at the Nelson Mandela Children’s Hospital in Johannesburg
Picture: ALON SKUY

KATHARINE CHILD

WHEN the Nelson Mandela Children’s Hospital Trust asked University of the Witwatersrand medical staff if they wanted a children’s hospital, paediatrician Keith Bolton thought to himself: “Is the Pope Catholic?”

That was 10 years ago and next week the hi-tech hospital, which cost R1-billion to build and equip, will officially open its doors in Parktown, Johannesburg.

Free of charge to those who cannot afford it, the privately run, state-funded hospital — which looks more like a hotel than a health facility — will care for some of South Africa’s most needy children.

Among its features are:

- Ten operating theatres, eight equipped with the latest video technology allowing doctors to watch or participate in surgeries from anywhere in the world;
- Lecture theatres that will broadcast challenging operations for doctors to watch;
- A state-of-the-art MRI machine that can be used to diagnose heart problems;
- Free accommodation for families who live far away; and



KEY ROLE: Keith Bolton

- Beds next to patients for a parent.

The hospital, across the road from the Wits Faculty of Medicine and Charlotte Maxeke Johannesburg Academic Hospital, will operate as a training facility. The land was donated by Wits University.

The Mandela trust has paid for more than 200 paediatric nurses to be trained at universities, and has funded various sub-speciality training.

It is South Africa’s second hospital catering just for children, after the Red Cross Children’s Hospital in Cape Town.

Bolton, who played a key role in setting up the hospital, said while the government had a duty to provide basic health-care to all, there was also a responsibility to invest in specialised care and training.

“You can give a child a measles vaccine — but when they have a hole in the heart, what does that help?”

Bolton, who is now semi-retired, said potential donors in the US who were approached only wanted to give money for anti-malaria nets and HIV/Aids. “That’s important, but why must a poor child not receive a liver transplant when across the highway rich children have them?”

US donors had also baulked at the fact that the hospital would not have a walk-in casualty department. But the new facility was “a referral hospital for the sickest children requiring specialised care, and there is a casualty unit across the road at Charlotte Maxeke”.

The completed building made him wish he was younger, Bolton said. “I want to work there. Everyone who sees it wants to work there. The colour, light, open spaces and decor are as much about cre-

Why must a poor child not receive a liver transplant?

ating a child-friendly environment as they are about giving parents and tired care-givers a happy environment.”

But the funding challenges are not over. While the hospital will hold a ribbon-cutting ceremony on Friday attended by Mandela’s widow Graça Machel, it will not open its doors to sick children until about June next year, as the Treasury will only allocate an operating budget in March.

Treasury spokesman Yolisa Tyantsi said in the meantime, the department was working with the Department of Health to shift the funds it needed to

operate until March.

“The medium-term budget speech did hint that the hospital is an area that is likely to be prioritised in the 2017 budget. However, precise allocations will only be announced . . . in the February budget speech,” Tyantsi said.

Health Minister Aaron Motsoaledi said: “Nelson Mandela gave us this hospital, which we, the state should have been able to build and we will fund 100% of the running costs.”

Asked what Mandela would have liked most about the hospital, Bongi Mkhabela, CEO of the Nelson Mandela Children’s Fund, said: “A building that embraces children — the love and compassion that turned this structure from concrete into something soft and easy . . . Treating children with respect and hearing their voices.”

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KATHARINE CHILD

WHEN Jed Aylmer was tasked with designing a product for his design course at the University of Johannesburg, he picked what he thought would be an easy option.

“I thought, how hard could a bed be? It has wheels, a base, a mattress.”

That was three years ago, but his prototype children’s hospital bed has consumed much of his life since then.

Last year Aylmer quit his job at a cosmetics counter after he approached the Nelson Mandela Children’s Hospital Trust. He has spent the past 18 months raising capital, working with engineers to upgrade his student project, sourcing parts and learning about European hospital product standards — all while, in typical entrepreneur start-up style, working in his mom’s kitchen.

His clear plastic bed, softer and warmer to touch than cold steel cots, meets European hospital bed safety standards.

Several paediatricians and

‘Jed’s Bed’ is hi-tech comfort for little ones

members of the trust have worked with him on the prototype, and 50 beds have been ordered for the Nelson Mandela Children’s Hospital.

Aylmer, 27, said the problem with being a sick toddler in hospital is that you “get stuck in a cage”.

Standard hospital cots have high steel bars to ensure young children can’t topple out and the cold, hard steel ensures the cot is cheap and easy to clean in automated washing rooms.

“Doctors say they need a prison [to restrain a child] but it must be a nice prison.”

The trust’s staff have nicknamed Aylmer’s clear plastic colourful bed “Jed’s Bed”, although the official name is Symba.

All four sides come down — in contrast to standard cots which only have two sides that can be dropped. The wall at the head of the cot can be lowered, making it easier for doctors to reach a child’s head or neck for a medical procedure.

Eight attachment ports — two on each bed corner — allow oxygen tanks, drips and medical devices to be safely attached. This means only one nurse is needed to push the bed around.

Paediatrician Keith Bolton said it was not usually the job of a specialised academic hospital to aid bed makers, but the hospital also wanted to grow local businesses.

Aylmer believes parents will look at the bed and think: “My child will get better in this.”