

ST. MARTIN DE PORRES HOSPITAL AGOMANYA, E/R

(A NATIONAL CATHOLIC HEALTH SERVICE FACILITY)



2009 ANNUAL REPORT

WRITTEN BY:

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1.0 INTRODUCTION:

Saint Martin de Porres Hospital was established in 1946 by the Rt. Reverend Joseph Oliver Bowers as a Maternity Home/Clinic. However, in April 1997, it was upgraded to a hospital status by the Ministry of Health in recognition of the sterling health care delivery services offered at the facility.

1.1 DISTRICT PROFILE

Saint Martin de Porres Hospital is located in the Lower Manya Krobo district of the Eastern Region of Ghana.

1.1.1 LOCATION

The Lower Manya Krobo District is one of the 17 districts in the Eastern Region. It lies in the Southeastern part of the Eastern Region. It covers a total area of 1476 sq.km. Odumase is the district capital and is about 80 km from Accra.

1.1.2 BOUNDARIES

North-East: Kwahu North

North-West: Fanteakwa Districts

East: Asuogyaman District and the Volta Lake

West: Yilo Krobo Districts

South: Tongu District

1.1.3 TOPOGRAPHY CLIMATE AND VEGETATION

The landscape is generally undulating with several streams, most of which drain into the Volta lake. The climate is typically tropical with the major rainy season from March to July and the minor season from September to October. Annual rainfall varies from 1303.4mm in June to 165.6mm in September. Average temperature ranges from 12.2°C (rainy season) to 40°C (dry season).

1.1.4 POPULATION

The Lower Manya Krobo District has an estimated population of 167,424 as projected from the 2000 Population Census with a growth rate of 1.4 per annum. There are six sub-districts in the district, four in the Upper Manya and two in the Lower Manya. Odumase has the most population representing 23.6% with Otrokpe the least representing 9.5% among the 6 sub-districts.

- Children under 5 years of age: 20% (33082)
- The Youth (15-24 yrs): 17.5% (28945)
- WIFA: 23% (38044)
- Adults above 60years: 9% (14886)

1.1.5 ETHNIC GROUPS AND RELIGION

The main ethnic group in the district is the Krobos. The Ewes, Akans, and the ethnic indigenes from northern Ghana form the minority. About 75% of the people are Christians with the rest being Moslems, traditionalists or members of other religious sects

1.1.6 HOUSING

The average household size in the district is 7.5 which is higher than that of the regional and national averages of 4.6 and 5.1 respectively.

This is a reflection of the social structure of the society. Despite the modernization and erosion of the traditional external family system, the households in the district maintain their traditional character.

1.1.7 CHIEFTANCY AND TRADITION

It is a well established and respected institution in Kroboland. The Paramount Chief (the Konor), is assisted by his divisional chiefs (the Wetsomatseme), the sub-chiefs/divisional commanders (the Asafoatseme) and the chiefs of the farming villages, the Dadematseme. Tradition of note is Dipo, a puberty rite performed for girls to usher them into womanhood and prepare them for marriage.

The annual traditional festival of the Krobo people, "Ngmayem" which literally means the 'eating of guinea corn', is celebrated yearly to signify the preparedness to harvest food crops. It is usually celebrated in October.

1.1.8 ECONOMIC ACTIVITIES

OCCUPATION

- Farming, fishing, trading and artisan jobs are the main occupations
- Quite a significant number of the people are public and civil servants

1.1.9 POLITICAL ADMINISTRATION

The district is divided into fifty-four electoral areas; each with an elected representative (the Assemblyman), the highest legislative body in the district (the District Assembly). These electoral areas are further sub-divided into one hundred and sixty-five units, with each unit being headed by the unit committee chairman.

The District Assembly Council is located in Odumase, the district capital. The District Chief Executive (DCE) is the overall political head of the District Assembly's and the administrative head is the District Coordinating Director.

1.1.10 EDUCATIONAL FACILITIES

The district has 268 public schools, and 51 private schools. There are 120 Day care centres, 151 primary and 59 junior secondary schools, 7 senior secondary schools, 1 vocational and 1 training college.

1.1.11 HEALTH INSTITUTIONS

There are 6 sub-districts: Odumase, Asesewa, Otokper, Sekesua, Anyaboni, Kpong/Akuse sub-districts which provide mainly preventive services. They are supposed to be the first point of contact of the community with the health delivery system.

There are three government hospitals and one mission hospital in the district. These were complimented by 10 RCH centers 3 CHPS zones and 7 Clinics in the whole district.

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1.1.12 HEALTH FACILITIES IN THE DISTRICT

PRIVATE MIDWIVES - 4

TBAS - 83

There are chemical sellers, traditional healers, traditional birth attendants and community-based volunteers as well provide health services in the district.

2.0 SERVICES PROVIDED

- OPD
- In-patient
- RCH
- VCT/PMTCT
- Maternity
- X-ray/Scan
- Laboratory

3.0 BOARD AND MANAGEMENT

The hospital is governed by the Diocesan Health Board. This has just been formed and inaugurated by the Catholic Bishop of Koforidua in November 2009.

The hospital also has a Hospital Management Team comprising;

- The Medical Officer In-charge
- The Administrator
- Nurse Administrator
- Accountant
- Financial Supervisor
- Deputy Nurse Administrator
- Senior Pharmacist

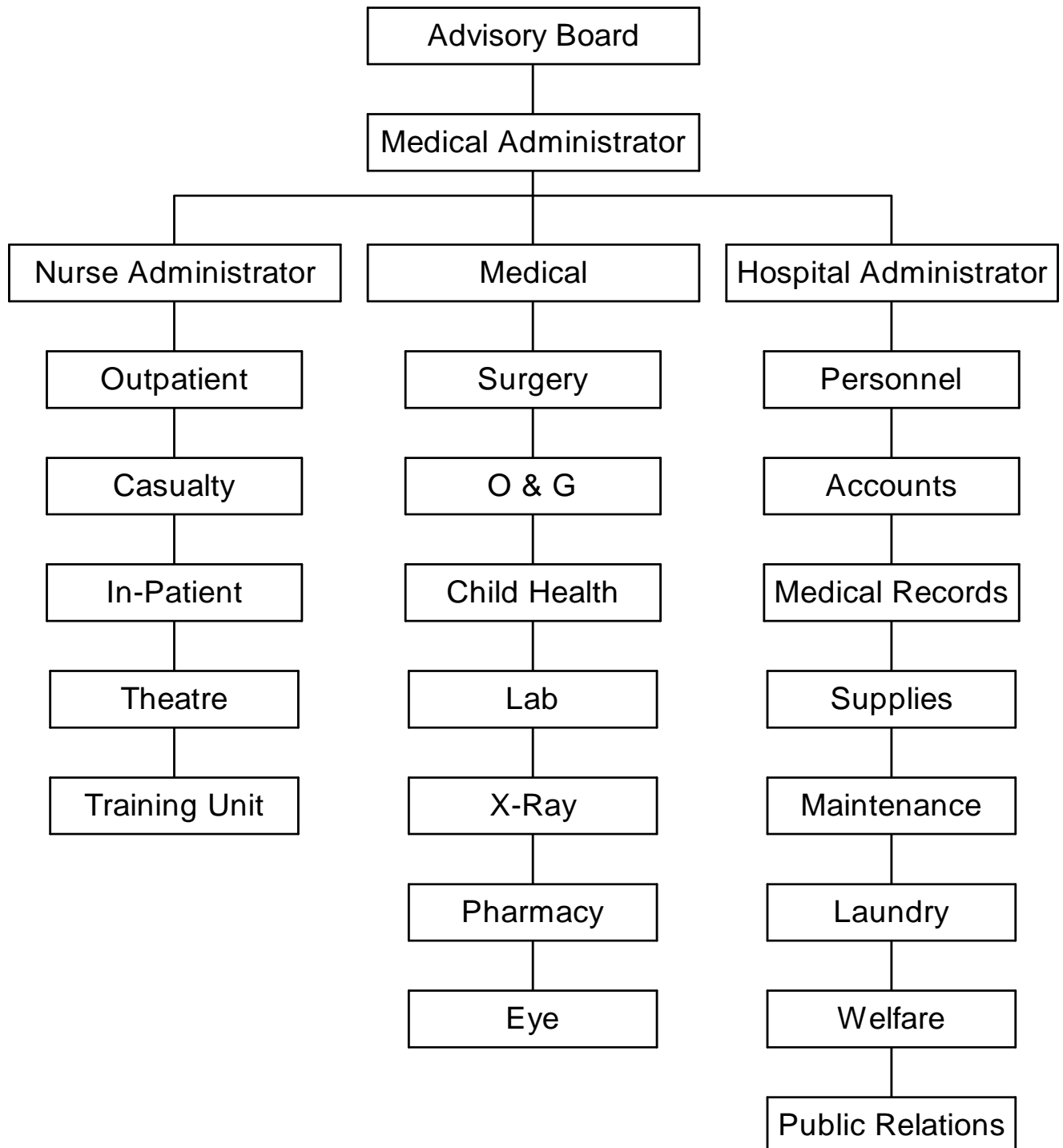
The team meets once a month to deliberate on the day-to-day running of the hospital.

4.0 ORGANOGRAM

The Hospital is run on a tripartite management system; with the Nurse Administrator; Hospital Administrator and the Medical Officer In-charge being the core managers of the various departments.

ORGANIZATIONAL CHART

HOSPITAL ORGANOGRAM



5.0 OBJECTIVES:

During the period under review a number of objectives were set by management for the effective and smooth running of the institution as well as improved health care delivery as shown in the Action Plan

5.1 ACTION PLAN (ACTION PLAN (PROGRAMME OF WORK 2009))

No.	Objective	Activity	By Whom	Period/Frequency	Who Monitors	Authority Level	Remarks
1.	Reduce Insecurity And thoroughfare	1. Construct a fence wall	Administrator	March, 2009	Local Superior HDR	Bishop of Koforidua	Work in progress
2.	Increase the safety and comfort of clients and staff	Construct new OPD block	Chairperson, Procurement Committee	December, 2009	Local Superior HDR	Bishop of Koforidua	Work in progress
3.	Improve and uphold Quality Assurance practices in clinical services	1. Reconstitute the Quality Assurance team 2. Draw monthly duty roster for all units 3. Perform daily morning devotions 4. Bimonthly staff orientation on Catholic ethics and philosophy 5. Operational committee meetings - Heads of Dept - Quality Assurance - H M T - Staff Durbar - Procurement Comm. 6. Perform fire/ emergency preparedness drills 7. Perform surveys; - Rum - Client Satisfaction - In-patient - Community	Administrator Unit Heads Chaplain Parish Priest Administrator " " " Q/A Chairman Q/A Chairman Q/A Chairman	March, 2009 1x12 (monthly) 1x12 (monthly 2x6 (bimonthly) 1x12 (monthly) 1x12 (monthly) 1x12 (monthly) 2x6 (bimonthly) 3x4 (quarterly) 6x2 (half yearly) 6x2 (Half yearly)	Nurse Admin " Local Superior HDR Local Superior Nurse Admini " " "	HMT HMT HMT HMT HMT HMT	Done On course Done

		8. Monitor drug adverse reaction		1x12 (monthly)	SMO I/C.	HMT	
4.	Increase the HR Mix and build the capacity of existing staff	<p>Long Courses Sponsor 4 Nurses 2. 1 Anaesthetist 3. 1 Medical Assistant</p> <p>Short Courses 1. Management - 2 2. Statistics - 3 3. Medical Officers - 2</p> <p>Mechanisation/Replacement of Staff 1. Mechanize - 20 staff 2. Replace - 5 staff 3. Employment of 2 medical officers</p>	Administrator Administrator Administrator	By Sept., 2009 6x2 (half year) By Dec., 2009	Nurse Administrator In-service Training Co-ordinate Snr. Accountant	HMT HMT HMT	Work in progress
5.	Improve the MIS and Health Info systems of the hospital towards efficiency and effectiveness	<p>1. Employment; 1 statistician 2. Procure 1 PC 3. Train 6 Health info staff on computer literacy 4. Install PHIS software 5. Install server based LAN 6. Train 20 Departmental Heads in computer literacy and data capturing and storage 7. Refurbish the former maintenance workshop as Central Archive 8. Develop New/improved website 9. Train 6 health info staff on medical records filing and retrieval</p>	Administrator " ICT office / In-service Training co-ordinator ICT Officer " ICT Officer/ In-service Training Co-ordinator ICT Officer In-service Training co-ordinator	By March, 2009 By March, 2009 By March, 2009 By June, 2009 By March, 2009 By June, 2009 By Marc, 2009 By April, 2009	Nurse Adminis. Nurse Adminis. " " " " Nurse Adminis.	HMT HMT " " " " HMT	Done Pending Pending Done

6.	Improvement of health care delivery through infrastructural development	<ul style="list-style-type: none"> 1. Construct new OPD block 2. Construct new multi story staff quarters 3. Construct new laundry block 4. Construct Hospital waste incinerator 5. construct new ward toilet/bath 	<ul style="list-style-type: none"> Administrator “ “ “ 	<ul style="list-style-type: none"> By Dec., 2009 By Dec., 2009 By Dec., 2009 By Dec., 2009 	<ul style="list-style-type: none"> Local Superior HDR “ “ “ 	<ul style="list-style-type: none"> Bishop of Koforidua “ 	Pending
7.	Improve healthcare delivery by increasing availability of modern medical logistics	<ul style="list-style-type: none"> 1. provide X-ray machine 2. Provide CD4 reader machine 	Administrator	<ul style="list-style-type: none"> By Sept., 2009 By June, 2009 	<ul style="list-style-type: none"> Nurse Administrator 	HMT	Done

6.0 MISSION STATEMENT OF THE NATIONAL CATHOLIC HEALTH SERVICES

THE MISION OF THE NCHS

“To continue Christ healing ministry in bringing healing to the greatest possible numbers of people in provision of total quality patient care through healers with good ethical and moral standards; who are conscientious as well as professionally competent, motivated and united in their common respect for fundamental human values”

THE VISSION OF THE NCHS

“To provide high quality health care in the most effective/efficient and innovative manner specific to the needs of the communities we serve and at all units acknowledging the dignity of the patients”

THE GOAL OF THE NCHS

To strengthen and improve the NCHS in its ability to provide and sustain health care services for the poor, neglected and marginalized segments of the society. The service will seek to empower the people it serves to take ownership of their own individual collective health needs.

Motto: In God is our help and our health.

7.0 HEALTH CARE ACTIVITIES

7.1 OUT-PATIENT ACTIVITY

The year 2009 recorded a significant 34.49% decrease in the Out-Patient attendance from 98671 to 64639. With respect to the various age groups, attendance for the 5-14 years category chalked a substantial decrease, almost by half the value of 2008, reducing from 12825 to 6477 representing a 49.50% decrease in 2009.

The “Under 5” also reduced by 30.18%, slashing the 9911 attendance of 2008 to 6920 in 2009. Figures for the “15-59” group also reduced from 50316 in 2008 to 36757 in 2009 representing a 26.95%. Patients, 60 years and above recorded the least reduction in attendance of 21.34% in 2009, a decrease from 18415 in 2008 to 14485 in 2009. The Tables 1 and 2 below displays the figures from 2006 to date.

The patronage of the Health Insurance Scheme, has also recorded a non decreasing value of 83.40% of total attendance in 2009 as against 77.70% of 2008 total attendance. This upward trend from 2006 till date has really confirmed the fact that most people have indeed now understood and appreciated the idea of joining a Health Insurance Scheme. With these gradual increments, it is anticipated that by 2015, insured patients would have risen to about 95%.

7.2 INSURED PATIENTS & NON-INSURED PATIENTS

Year	OPD Attendance	Insured Patients	% Insured	Non-Insured Patients	% Non-Insured
2006	54003	28848	53.40	25155	46.60
2007	55827	45227	81.00	10600	19.00
2008	98671	76695	77.70	21976	22.30
2009	64639	53917	83.40	10722	16.60

83.40% of the patients which form the majority are insured while 16.60% represent non-insured patients.

SUMMARY OF OUTPATIENT ATTENDANCE

Indicator	2006	2007	2008	2009	%	Remarks
Outpatient Attendance	54003	55827	98671	64639	34.49	Decrease
Under 5	4741	5565	9911	6920	30.18	“
5 – 14	6658	8087	12825	6477	49.50	“
15 – 59	34993	32580	50316	36757	26.95	“
60+ age group	7611	9795	18415	14485	21.34	“

Table: 1 TOP TEN CAUSES OF MORBIDITY 2009

No:	Diagnosis	Male	Female	Total
1.	Malaria	7930	14854	22784
2.	Hypertension	1558	5075	6633
3.	Rheumatism & Joint Pains	1025	2978	4003
4.	Other ARI	1598	2377	3975
5.	Diarrhoea Diseases	1030	2073	3103
6.	Anaemia	896	1729	2625
7.	Intestinal Worms	437	899	1336
8.	Diabetes Mellitus	332	974	1306
9.	HIV/AIDS	273	446	719
10.	Pneumonia	305	397	702
	All other diseases	2239	3850	6089

The above information on outpatient morbidity gives an estimate of illness and an index on the demands being made on the health services in the institution.

7.3 IN-PATIENT ACTIVITY

7.4 ADMISSIONS

There was an insignificant change in the number of patients admitted in 2009. In-patient admissions for the period 2009 were 4394 as against 4207 in 2008, showing an increase of 4.45%. The number of deaths recorded in 2009 as compared to 2008 as shown in Table 4 below. This shows a reduction of 6, constituting a decrease of 2.8% in deaths.

7.5 DISCHARGES

Discharges for the period under review were 4394 as to 4207 in 2008, indicating a rise of 5.76 %.

SUMMARIES OF IN-PATIENT ACTIVITIES

Indicator	2006	2007	2008	2009	Percentage	Remarks
Admissions	3181	3745	4207	4394	4.45	Increase
Discharges	1316	3745	4133	4371	5.76	Increase
Deaths	182	234	214	208	(2.80)	Decrease

7.6 DEATHS

2008 had a mortality of 214 as against 208 in 2009, showing a decrease of (2.80%) in deaths.

7.7 DEATH WITH RESPECT TO WARDS

No:	Ward	No. Of Deaths				Death Rate %	Remarks
		2006	2007	2008	2009		
1.	Male Medical	41	54	62	44	(29.03)	Decrease
2.	Female Medical	49	52	57	66	15.79	Increase
3.	Pre-Natal	0	0	2	0	(100.00)	Decrease
4.	Labour	0	0	1	0	(100.00)	Decrease
5.	Female Surgical	0	0	0	0	0.00	Constant
6.	Post-Natal	0	0	0	0	0.00	Constant
7.	Paediatrics	32	53	29	34	17.24	Increase
8.	Isolation	60	75	63	64	1.59	Increase

NB: - Mortality rates also serve as indications of health conditions of a country all over the world.

7.8 SUMMARY OF HOSPITAL UTILISATION

NO.	INDICATORS	2004 PERFORM.	2005 PERFORM.	2006 PERFORM	2007 PERFORM	2008 PERFORM	2009 PERFORM
1.	Total outpatients visits (old & new)	27,656	28,090	54,003	55,827	98,671	64,639
2.	Number of admissions	3,429	3,161	3,181	3,754	4,207	4,394

3.	Average OPD attendance	76	77	148	153	270	177
4.	Average daily admissions	10	9	9	11	12	13
5.	Total in-patient days	8,738	10,772	9,851	11,117	14,000	14,240
6.	Average bed occupancy	24	30	27	31	33	39
7.	% Bed Occupancy	28.1%	35.4%	31.8%	35.8%	38.3%	45.8%
7.	Average length of stay	2.6	3.4	3.1	3.0	3.2	3.1
8.	Number of minor surgeries	456	379	196	238	400	460
9.	Number of major surgeries	226	194	216	198	289	171
10.	Number of X-ray	1,220	24	Broken Down	408	Broken Down	Broken Down
11.	Number of deliveries	1,003	865	807	747	1,237	994
12.	Number of Antenatal attendance	6,965	6,101	3,031	5,310	5,885	4,696
13.	Laboratory	45,944	50,151	15,103	38,863	38,149	64,063
14.	Units of blood transfused	449	806	560	481	665	611

7.9 STATEMENT ON BED STATE FOR THE YEAR – 2009

The bed state indicators in general help us to know especially the bed occupancy rate shows how effectively the hospital beds are being used. These rates are the criteria for determining the effective/efficient use or otherwise of beds in the ward. They are used by hospital managements for;

- (i) Planning and policy formulation for ward running
- (ii) Appraisal/Evaluation of in-patient care and management
- (iii) Monitoring of in-patient services and bed utilization
- (iv) Resource allocation of human and material resources
- (v) Workload determination

STATEMENT ON BED STATE, 2009

WARDS	Bed Complement	ADM	Disch	Deaths	Available Bed Days	Pat Days	Avare Daily Occup.	% Occup	ALOS	TOPB	TOI	% Death
Male Med	15	658	616	44	5490	2338	12.77	42.59	3.54	44.00	4.78	6.667
Female Medical	16	977	912	66	5856	2990	16.35	51.06	3.06	61.13	2.93	6.748
Prenatal	4	269	241	0	1588	486	2.66	30.60	2.02	60.25	4.57	0.000
Labour	8	933	0	0	2804	23	0.13	0.82	∞	0.00	∞	∞
Female Surgical	6	48	275	0	2258	1960	10.62	86.80	7.13	45.83	1.08	0.000
Postnatal	8	1	926	0	3300	1048	5.74	31.76	1.13	115.75	2.43	0.000
Paediatrics	20	1202	1165	34	6948	3023	16.49	43.51	2.52	59.95	3.27	2.836
Isolation	8	306	236	64	2866	2372	13.02	82.76	7.91	37.50	1.65	21.333
Cum.Total	85	4394	4371	208	31110	14240	38.91	45.77	3.11	53.87	3.68	4.542

From the table above the following inferences and conclusions can be made.

- The period under review had zero (0) maternal deaths per 1,000 live births.
- The Average Daily Occupancy (ADO) shows the number of patients at the ward on each day. i.e. the period under review saw 39patients
- The Bed Occupancy Rate (BOR) or Percentage Occupancy – It is an indicator of efficiency of how hospital resources are been used. Whether resources are overused or underutilized. The BOR is 45.77% which is below the WHO standard of 75-85%.
- The Average Length of Stay (ALOS) is 3.11days. Tells how long patients stay at the facility.
- Turn Over Per Bed (TOPB) is 54 patients – Is an indicator of efficiency.
- Turn Over Internal (TOI) is 3.68 days.

Table: 2 TOP TEN CAUSES OF ADMISSION FOR THE YEAR 2009

No:	Diagnosis	Male	Female	Total
1.	Malaria	636	813	1449
2.	Anaemia	145	142	287
3.	Diarrhoea Diseases	106	175	281
4.	Pneumonia	123	156	279

5.	Typhoid	58	74	132
6.	Hypertension	29	61	90
7.	HIV/AIDS	22	41	63
8.	C.V.A.	14	22	36
9.	Diabetes Mellitus	14	19	33
10.	Tuberculosis	12	13	25
	All other diseases	153	281	434

Table: 3 TOP TEN CAUSES OF MORTALITY FOR THE YEAR 2009

No:	Diagnosis	Male	Female	Total
1.	HIV/AIDS	24	32	56
2.	Anaemia	11	13	24
3.	Hypertension	7	16	23
4.	Tuberculosis	12	10	22
5.	Pneumonia	9	13	22
6.	Malaria	6	13	19
7.	Cerebro Vascular Accidents	3	12	15
8.	Septicaemia	1	8	9
9.	Diabetes Mellitus	2	6	8
10.	Diarrhoea Diseases	3	5	8
	All other diseases	17	13	30

USES OF MORBIDITY STATISTICS

1. They can be used for the control of epidemics
2. They can be used for local administrative action where infectious cases have to be identified and isolated
3. The statistics can be used for medical intelligence and early warning systems or for research and diagnostic study
4. The statistics can be used for comparative health systems analysis.

8.0 MATERNAL & FAMILY HEALTH UNIT SERVICES

During the period under consideration the Maternal and Reproductive Health Unit was very active as depicted by the following write up.

8.1 ANTENATAL SERVICES

In 2008 ANC registrants were 1863 while total attendance for the period was 5885. Thus an average number of visits per client was 6.0. During the same period in 2009, ANC registrants were 1725 and total attendance was 4696 bringing the average visit per client to 6.0.

SUMMARY OF ANC

NO	ITEM	2003	2004	2005	2006	2007	2008	2009
1.	ANC Registrants	1771	2208	2490	1076	1600	1863	1725
2.	Total Attendance	4857	6965	6665	3031	5310	5885	4696
3.	Average visit per client	2.7	3.1	2.7	2.8	6.0	6.0	6.0

8.2 DELIVERIES

During 2008, supervised deliveries were 1237. During the same period under discussion (2009) it was 994. This shows a decrease of (19.6 %) in deliveries.

8.3 STILL BIRTHS

In 2008 stillbirths were 18 whilst during the same period in 2009 it was 6. This shows (66.7%) decrease in the number of stillbirths.

Type	2005	Type		2007	2007	2008		2009	
Fresh SB		Macerated SB		Fresh	Macerated	FSB	MSB	FSB	MSB
	19	12		6	9	18	20	6	20

8.4 MATERNAL DEATHS

Maternal deaths during the period for 2008 were (4) i.e. 3.75 per 1,000 live births whilst the same period in 2009 it was zero (0) per 1,000 live births.

CAUSES OF MATERNAL DEATHS FOR 2008

NO.	LOCATION	AGE	CAUSE OF DEATH
1	ODUMASE	23	Sickle Cell Disease
2	SOMANYA-ZONGO	27	Acute Left Ventricular Failure
3	MUNNI J.K.OTENG'S	38	Ruptured Uterus , P.P.H
4	SOMANYA-PLAU	40	Cause Unknown

All the Maternal Deaths for 2008 has been audited and submitted to the appropriate quarters.

8.5 MATERNAL DEATH RATE This shows 0 per 1,000 live births for the period 2009.

8.6 POST NATAL SERVICES

Postnatal clinic registrants for 2008 were 1882 whilst the same period 2009 recorded 1348. This indicates a decline of (28.4%) in PNC registrants.

8.7 IMMUNIZATION

CHILD IMMUNIZATION (0-11)

NO.	VACCINE	2005	2006	%	2007	%	2008	%	2009	%
1.	BCG	1,464	1339	(8)	1185	(11)	1548	30.6	1276	(17.6)
2.	Polio ³	382	360	(5)	314	(12)	446	42.0	353	(20.9)
3.	DPT ³	382	360	(5)	314	(12)	455	44.9	353	(22.4)
4.	Measles	711	443	(37)	404	(9)	423	4.7	388	(8.3)
5.	Yellow Fever	711	460	(35)	431	(6)	423	(1.9)	388	(8.3)
6.	Vitamin A	626	404	(35)	575	(42)	1975	243.5	750	(62.0)

9.0 PHARMACY

Revenue from Pharmacy as depicted by the table below:

NO.	DESCRIPTION	2006	2007	2008	2009
1.	Corporate Bodies	1,746,094,000	404,936.08	452,967.65	GH¢27,683.26
2.	Cash Sales (OPD)	65,093,000	104,054.20	57,550.30	GH¢107,475.08
3.	Sales (Wards)	70,538,000	16,464.43	8,9656.50	GH¢31,841.67
4.	Drug Exempting	-	-	-	-
5.	Drug Purchases	1,811,945,000	6,911.9	377,542.60	GH¢407,807.18
6.	Staff Consumption	18,557,000	0	2,297.10	GH¢3,156.76
7.	Tracer Drug	99%	100%	96.72%	85%
8.	Purchase for RMS		11,734.64		
9.	Rational use of medicine	83.3%	98%		

RATIONAL USE OF MEDICINES SURVEY -2009

The average result as compared to the WHO standard is as follows;

NO:	INDICATOR	AVERAGE RESULT - 2007	AVERAGE RESULT - 2008	AVERAGE RESULT-2009	WHO STANDARD
1.	Average number of drugs for encounter	3.2%	3.9%	3.5%	2%
2.	Proportion of drugs prescribed from EDL	100%	100%	100%	100%
3.	Proportion of drugs dispensed	100%	100%	100%	100%
4.	Proportion of drugs prescribed by Generic	78%	90.9%	85%	100%
5.	Proportion of injection prescribed	3.1%	2.9%	2.6%	2%
6.	Proportion of Antibiotics prescribed	6.3%	17.0%	4%	2%
7.	Proportion of encounter with written diagnosis	100%	100%	100%	100%
8.	Proportion of drugs prescribed by proprietary	22%	9.1%	15%	0%
9.	Availability of Tracer Medicines	90%	96.7%	85%	100%

i) QUALITY ASSURANCE

The percentage of drug availability for the period under review was 85.0% as compared to 96.7% in 2008.

This was achieved by ensuring that the tracer drugs prescribed by the medicine policy of the World Health Organization (WHO) was always available in the pharmaceutical store every 24hour (i.e. all times).

ii) **PHARMACOVIGILANCE** - No adverse incident reported.

10.0 LABORATORY

QUALITY ASSURANCE/QUALITY CONTROL PROGRAM (QA/QC)

Quality Assurance (QA) is defined as the overall programs that ensure that the final result by the laboratory is correct (as accurate as possible).

Quality Control (QC) refers to those measures that must be included during each assay to verify that the test is working properly.

To ensure a good QA/QC programme, the following steps were taken;

1. Process variations were kept to the minimum by the use of standard operating procedures (SOPs).

2. Control samples were run / assay simultaneously and under the same condition as the unknown samples.
3. Upon completion of the assay procedure, the controls and samples were examined using the same criteria for interpretation.
4. Documentation was done; this ensured that the results were reported to the appropriate individuals.
5. All HIV sero positive samples were sent to Public Health Reference Laboratory, Korle-Bu for external Quality Assurance.

10.1 LABORATORY TEST DONE

LABORATORY STATISTICS - 2009

HAEMATOLOGY

	OPD		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG	SUB TOTAL	TOTAL
	<10	>10	<10	>10		
HB (Donors and Patients)	1,305	2,747	1,029	1,748		6,829
BF FOR MALARIA	864	2,178	1,055	1,472		5,569
COMPLETE BLOOD COUNT(EFBC)						
W B C (Total Count) Only					6,396	6,396
W B C (Differential Count)					6,396	6,396
PLATELET COUNT					6,396	6,396
E S R (Westergren)		6				6
SICKLING TEST	329	1,544	172	824		2,869
Hb ELECTROPHORESIS						-
Hb A1C (Glycated)						-
BLOOD FILM COMMENTS						6
G6PD		212		1		213
HAEMATINIC PROFILE						-
CLOTTING SCREEN						-
RETICS						-
TOTAL - 2009						34,680
TOTAL -2008						19,061

CLINICAL BIOCHEMISTRY

(TICK-AUTO/SEMI-AUTO/MANUAL)

FULL RENAL PROFILE					43	
CREATINNE ONLY						412
UREA ONLY +						420
POTASSIUM ONLY						92
SODIUM ONLY						92
CHLORIDE ONLY						92
BICARBONATE ONLY						-
LIVER PROFILE					23	
TOTAL PROTEIN (SERUM/CSF / FLUIDS)						296
ALBUMIN ONLY						296
BILIRUBIN – TOTAL ONLY*						296
BILIRUBIN – DIRECT ONLY*						296
AST (GOT) ONLY						296
ALT (GPT) ONLY						296
ALP ONLY						296
GAMMA GT ONLY						296
BONE PROFILE						
CALCIUM						92
PHOSPHATE						-
ALP						-
ALBUMIN						-
*METABOLITE						
GLUCOSE (Fasting / Random /CSF)						3,244
URIC ACID						96
TOTAL-2009 CONT						6,508
Table 2 cont						
CLINICAL BIOCHEM CONT.						
	O..P.D.		WARD			
	POS	NEG	POS	NEG	SUB TOTAL	TOTAL
FASTING LIPID PROFILE						
T. CHOLESTEROL ONLY					126	126
TRIGLYCERIDE ONLY					135	135
HDL CHOLESTROL ONLY					135	135
LDL (DERIVED OR ASSAYED)					135	135
T. CHOL/HDL					135	135
AMYLASE						1
URINE CHEMISTRIES		478		160		638
SPECIAL CHEMISTRIES CK-MB						2
OGTT (0 + 120 Minutes) 2 HR PP						2
Creatinine clearance (24 Hr Urine collection)						-
Reproductive Endocrinology						-
Thyroid Profile						-

Dynamic Function Tests						-
Tumour Markets						-
Blood Gas						-
Therapeutic Drug Monitoring (TDM)						-
TOTAL-2009					666	666 +6,508 = 7,174
TOTAL -2008						4,009

BACTERIOLOGY

	O.P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
TOTAL CULTURES						
SENSITIVITY						
GRAMSTAIN FROM SMEARS OF:						
• CULTURE ISOLATES						
• HVS		72		15		87
• CERVICAL						-
• CSF						-
• URETHRAL						-
• PLEURAL/ASCITIC FLUIDS						-
SPUTUM MICROSCOPY -						
• Z/N FOR AFB	294	1,188				1,482
TUBERCULIN TEST						-
VDRL (Patients + Donors)	69	1,281		1		1,281
CHOLERA TEST						-
WIDAL SCREEN (TILE)		875		370		1,245
PREGNOSTICION TEST	600	439	92	137		1,268
TOTAL - 2009						5,363
TOTAL -2008						3,744

PARASITOLOGY

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
URINE R/E		478		160		638
S. HAEMATOBIIUMOVA	5		7			12
TOTAL						650

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
T. VAGINALIS						
YEAST-LIKE CELLS	14		6			20
OTHERS			1			1
STOOL R/E		59	6			65
ASCARIS						-
HOOKWORM						-
S. MANSONI						-
E. VERMUCULARIS						-
T. TRICHIURIA						-
S. STERCOLARIS						-
I. FLAGYLIATES	14					14
HELMINTHS						
SKIN SNIP –O/V		13				13
SKIN SCRAPPING						-
BLOOD-WET+BF FOR MICRO FILA						-
TOTAL - 2009						650+113=763
TOTAL - 2008						682

TRANSFUSION SCIENCE / SEROLOGY / VIROLOGY

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
BLOOD GROUP (PATIENT + DONORS)	1,413		569			1,982
CROSS – MATCHING				612		612
DONORS BLED						
• FROM FACILITY					364	364
• SOURCED (K'BU, K'DUA, etc)					287	287
• VOLUNTARY					151	151
• REPLACEMNTS					125	125
TRANSFUSIONS				611		611
Table 5 cont						
HBsAg (DONORS + PATIENTS)	54	660	18	176		908
CONT.						
HCV (DONORS + PATIENTS)	34	400		1		435

HIV (DONORS + PATIENTS)	1,075	3,068				4,143
SUSPECTED AIDS CASES	1,075					1,075
• CD4						1,500
• FBC						1,559
• BASELINES					259	2,331
TOTAL - 2009						16,083
• GRAND TOTAL						64,063
• YEAR 2009						64,063
• GRAND TOTAL						38,1493
• YEAR 2008						38,1493

10.2 SUMMARY OF LABORATORY RESULTS

COMPARATIVE DIFFERENTIAL ANALYSIS OF THE YEAR 2009 AGAINST 2008 OF LAB TESTS DONE

YEAR	HAEMATOLOGY	CLINICAL. CHEMISTRY	BACTERIOLOGY	PARA	TRANSF & SEROLOGY	GRAND TOTALS
2009	34,680	7,174	5,363	763	16,083	64,063
2008	19,061	4,009	3,744	682	10,653	38,149
%differ	81.9%	78.9%	43.2%	11.9%	51.0%	67.9%

10.3 HIV/AIDS: CT/ PMTCT & TUBERCULOSIS ACTIVITIES

COUNSELLING & TESTING (CT)	MALE	FEMALE	TOTAL
PRETEST	581	888	1469
POST TEST	581	888	1469
POSITIVE CASES	273	446	719
DEATHS	89	118	207
PMTCT		FEMALE	TOTAL
PRETEST	0	1435	1435
POST TEST	0	1430	1430
POSTIVE CASES	0	260	260
NVP given to mothers	0	93	93
NVP given to babies			43

■ No Enrolled On Clinical Care (Adults)	=	459
■ Male Enrolled	=	146
■ Female Enrolled	=	313
■ No on ART	=	291
■ Pediatric enrollment	=	17
■ No on ART	=	17
■ No Expired (ie adult only)	=	6

Activities Carried Out To Control Tb in the Institution

- Health Education
- Defaulter Tracing (Contact Tracing)
- Prevention Of Multi Drug Resistance (M.D.R)
- Encouraging Regular Treatment
- Education On Proper Disposal Of Sputum (Phlem)

Tuberculosis (TB) Cases Detected	=	73
Number of Tb Cases Screened For HIV	=	73
Proportion of Cases HIV Positive	=	24/73(0.33)

11.0 RETURNS ON SURGICAL OPERATIONS

SURGICAL OPERATIONS	INSURED PATIENTS	NON-INSURED PATIENTS	TOTAL
Appendicectomy	1	0	1
Reducible hernia	45	0	45
Strangulated hernia	29	0	29
Hernia with hydrocele	5	0	5
Hydrocelectomy	4	0	4
Excision of large tumors on body	3	0	3
Caesarean section	65	3	68
Hysterectomy(fibroids)	1	0	1
Ectopic laparotomy	5	0	5
Caesarean section-sterilization	10	0	10
EOU for abortion	66	15	81
Vacuum extraction	3	0	3

Episiotomy	240	39	279
Circumcision	9	34	43
Repair of minor injuries	8	45	53
Incision of Abscesses	1	0	1
Total minor and major operations	495	136	631

Major Operations = 171

Minor Operations = 460

NB

EOU for Abortion refers to the following

- Incomplete abortion
- Criminal abortion
- Threaten abortion

12.0 FINANCE

INCOME AND EXPENDITURE ACCOUNT - JANUARY – DECEMBER, 2009

<u>REVENUE FOR THE PERIOD</u>		GH¢	GH¢
Cash Revenue	Ward & OPD	117,979.33	
	Mortuary	114,476.55	
Credit Services		<u>969,532.36</u>	
			1,201,988.24
<u>OTHER INCOMES</u>			
Ambulance Service		1,525.00	
Motor Hearse		3,160.00	
GOG Salaries		522,785.32	
GOG Administration		<u>1,705.82</u>	
Total Revenue			<u>529,176.14</u>
			<u>1,731,164.38</u>
<u>LESS EXPENDITURE FOR THE PERIOD</u>			
Drugs & Non Drugs Purchase not yet paid		252,622.68	
CHAG/DHS Dues		3,946.40	
Electricity		34,035.04	
Salary		180,706.95	
Material Purchase	N-3	15,306.68	
Education & Training	N-1	33,391.78	

Fuel		10,743.00
Communication	N-2	2,006.16
T & T Feeding & Refreshment	N-4	16,149.70
Maintenance of Vehicle		9,081.35
Maintenance of Building		29,765.63
Imprest		6,229.30
Non Drugs		53,382.56
5% Withholding Tax		10,183.99
Maintenance, Repairs of Equipments	N-6	22,482.50
Staff Drug Refund		3,083.70
Upper Manya Loan		15,192.00
Stationery		19,980.65
Laboratory Reagent		2,003.60
Drugs Purchased Paid		207,859.51
Donation		6,590.00
Income Tax		24,622.61
SSF		23,312.21
Miscellaneous Expenditure	N-5	3,252.90
Allowance		114,542.34
Bank Charges		2,904.26
Provident Fund		5,897.51
Water		3,124.40
GOG Salaries		522,785.32
GOG Administration		1,705.82
Provision for Bad Debts		24,238.31
Bad Debt		3,793.46
OPD Block project Outstanding		23,487.39
Staff Uniforms		5,354.50
Audit Fees		31,068.90
Staff Drug Consumption		3,156.76

Depreciation

Motor Vehicle	387.50	
Building Vehicle	1,287.83	
Furniture and Fitting	1,815.91	
Equipment Purchased	<u>10,903.11</u>	<u>1,742,384.22</u>
Deficit		<u>(11,219.84)</u>

BALANCE SHEET AS AT 31ST DECEMBER 2009

<u>ASSETS EMPLOYED</u>	GH¢	GH¢
<u>NON CURRENT ASSETS</u>		
Building		64,391.54
Vehicle		15,350.00
Furniture, Fittings & Fixtures		9,079.53
Equipments Purchased		<u>61,197.55</u>
		150,018.62

CURRENT ASSET

Accounts Receivables	483,205.99	
Less provision for bad debts	<u>24,238.31</u>	458,967.68
Cash/Bank balance		(514.36)
Stock		<u>111,960.42</u>
		570,413.74

LESS CURRENT LIABILITY

OPD Project Outstanding	23,487.39		
Accounts Payable	252,622.68		
Outstanding Audit Fee	16,068.90		
Owings – Electricity	3,800.00		
Salaries Arrears	35,199.32		
Rural Allowance Arrears	10,326.60		
Provident Fund staff Sept.-Dec 09	1,488.08		
SSF in Arrears	6,738.00		
Income Tax Staff Arrears	8,615.82		
UPMB Outstanding	2,532.00		
GWCL Bill Outstanding Dec. 09	<u>192.20</u>	<u>361,070.99</u>	<u>209,342.75</u>
Total Assets			<u>359,361.37</u>

FUNDS EMPLOYED

Accumulated fund	348,141.53
Less Deficit	<u>(11,219.84)</u>
	<u>359,361.37</u>

NOTES TO THE ACCOUNTS

(N – 1): Education & Training includes sponsorship fees, feeding, workshop expenses and In-service training.

(N – 2): Communications include Ghana Telecom bills and snap cards for official use.

(N – 3): Material purchased includes minor items for stores: calculators, polythene bags, batteries, pen and other office materials.

(N – 4): T & T, Feeding & refreshment includes doctors' snacks, refreshment at staff meetings, feeding and T&T for staff on official duty.

(N – 5): Miscellaneous expenditure includes business promotion, purchases of MMT bottles, research cost, and expenditure on World Day of the Sick.

(N – 6): Repairs of equipments is made up of air conditioners, photocopy machine and other minor equipments.

1. There was 2.5% provision on all debtors
2. As at December 31st there was an outstanding electricity bill of GH¢3,800.00

3. Water bills in arrears amounted to GH¢ 192.20
4. Closing stock at June 31st was as follows:
- Drugs 54,635.40
 - Non Drugs 57,325.02
5. Rural Allowance Paid amounted to GH¢ 54,860.60
6. Audit fee outstanding as at 31st July, 2009 amount to GH¢ 16,068.90
But amount paid for the period was GH¢ 15,000
7. Accounts receivables (companies) amounted to GH¢
- | | | |
|-------------------------|---|--------------------------|
| ▪ MKMHIS | - | 367,989.97 |
| ▪ YHMHIS | - | 68,550.70 |
| ▪ AHIS | - | 16,884.18 |
| ▪ Dangbe West | - | 7,269.49 |
| ▪ ATL | - | 3,007.00 |
| ▪ GWCL, Kpong | - | 812.10 |
| ▪ GWCL, Akuse | - | 345.80 |
| ▪ SOTECH | - | 1,865.60 |
| ▪ Staff loan & Advances | - | 14,181.43 |
| ▪ Patient Debtors | - | <u>2,299.72</u> |
| | | <u>483,205.09</u> |
8. Accounts payable amounted to GH¢252,622.68
- Non Drugs consumables 53,528.53
 - Drugs consumables 199,094.15
9. Building figure comprised the following:
- Mortuary cold room
 - Home Science block for RCH School
 - OPD block expansion
 - OPD frontage project and grounds concreting
 - Warehouse
10. Rural Allowance includes; Doctor December 09 - 1,400.00
All staff November and December 09 - 8,926.60 not yet paid
Upper Manya loan deduction includes - 2,532.00 outstanding for Nov. and Dec. 0
11. Salary arrears is made up of January 2008 to December 2009 for Non mechanised staff of GH¢35,199.32
- At 31st December SSF on arrears was totalled GH¢17,302.94
Income Tax GH¢8,079.50
12. Equipments purchased includes the following:

X-ray	GH¢10,000.00
Air conditioners	16,105.00
Computers (Laptop & Desktop)	6,325.20
Others Hospital Equipment	28,767.35

13. Furniture & Fittings include swivel chairs, tables, cupboards, etc

14. Purchase of motor vehicle GH¢15,000.00

15. Bank balance as at 30th June:

Drugs a/c		3,961.73
Service a/c	-	2,483.17
Mortuary	-	(7,225.22)
Contingency Fund	-	301.85
Development Fund	-	<u>(35.89)</u>
		<u>(514.38)</u>

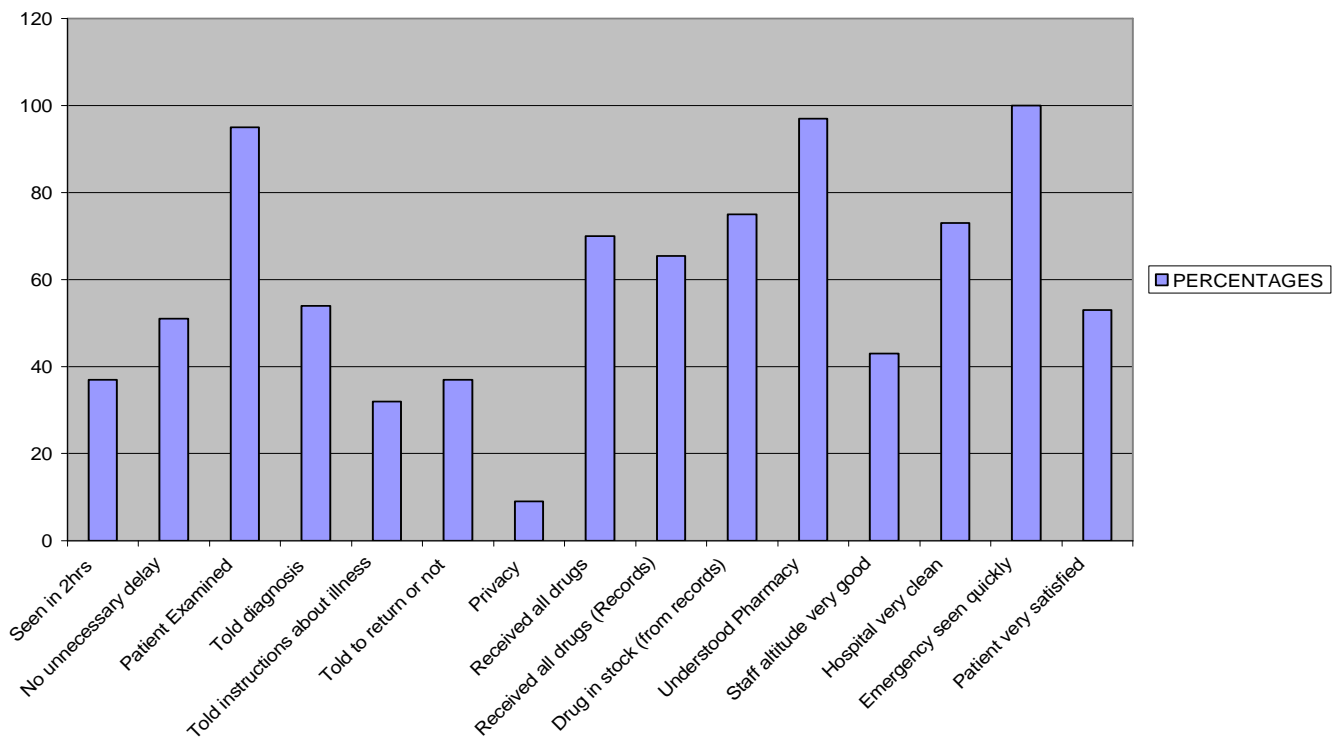
13.0 QUALITY ASSURANCE (Q.A) SURVEYS

CLIENT SATISFACTION SURVEY RESULTS-DECEMBER 2009

INDICATORS	FREQUENCY	TOTAL	PERCENTAGES
Seen in 2hrs	37	100	37.0
No unnecessary delay	51	100	51.0
Patient Examined	95	100	95.0
Told diagnosis	54	100	54.0
Told instructions about illness	32	100	32.0
Told to return or not	37	100	37.0
Privacy	9	100	9.0
Received all drugs	70	100	70.0
Received all drugs (Records)	197	738	65.4
Drug in stock (from records)	184	160	75.0
Understood Pharmacy	97	100	97.0
Staff altitude very good	43	100	43.0
Hospital very clean	73	100	73.0
Emergency seen quickly	29	29	100.0
Patient very satisfied	53	100	53.

Figure 1

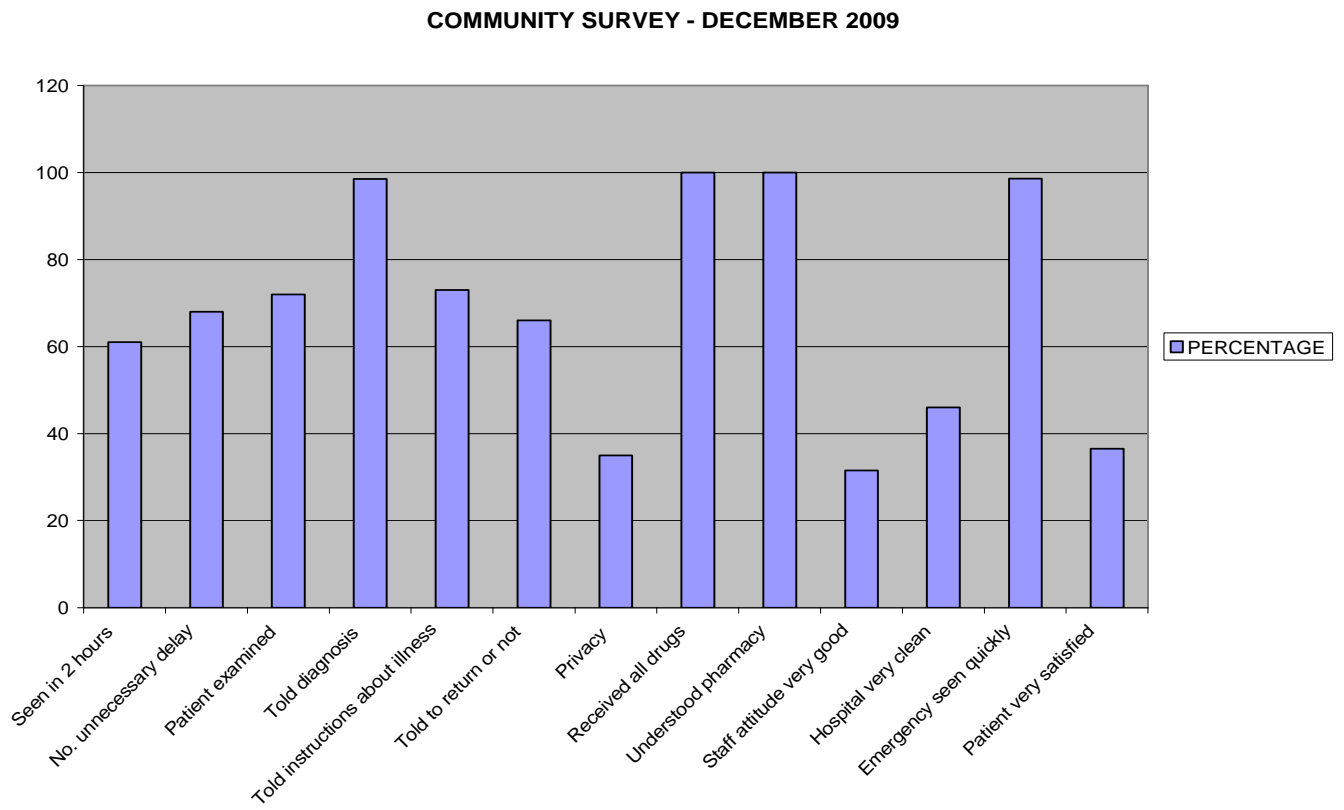
CLIENT SATISFACTION SURVEY - DECEMBER 2009



COMMUNITY SURVEY RESULTS -DECEMBER 2009

INDICATORS	FREQUENCY	TOTAL	PERCENTAGES
Seen in 2 hours	122	200	61.0
No. unnecessary delay	136	200	68.0
Patient examined	144	200	72.0
Told diagnosis	197	200	98.5
Told instructions about illness	146	200	73.0
Told to return or not	132	200	66.0
Privacy	70	200	35.0
Received all drugs	200	200	100
Understood pharmacy	200	200	100
Staff attitude very good	63	200	31.5
Hospital very clean	92	200	46.0
Emergency seen quickly	72	73	98.6
Patient very satisfied	73	200	36.5

Figure: 2



AREAS OF CONCERN

- Long waiting Time
- Not Told instruction about illness
- Staff attitude towards patients
- Privacy
- Told to return or not

CROSS CUTTING ISSUES-IE CLIENT & COMMUNITY SURVEYS

- Long Waiting Time
- Staff attitude towards patients
- Privacy
- Told to return or not

CLIENT SATISFACTION SURVEY –IN-PATIENT RESULTS 2009

CARE FROM NURSING STAFF

INDICATOR	FREQUENCY	TOTAL	PERCENTAGES
Always showing respect	36	40	90.0
Always listening to patient	29	40	72.5
Always explaining things to patients	18	40	45.0
Always getting help when needed	25	40	62.0

CARE FROM DOCTORS

INDICATOR	FREQUENCY	TOTAL	PERCENTAGES
Always being given treatment	32	40	80.0
Always doctors listen carefully	27	40	67.5
Always being given explanation	34	40	60.0

GENERAL CARE

INDICATOR	FREQUENCY	TOTAL	PERCENTAGES
Always receive help	16	40	40.0
Given medicine	11	40	27.5
Explanation given	20	40	50.0
Explanation on side effects	16	40	40.0

OVERALL RATING OF HOSPITAL

INDICATOR	FREQUENCY	TOTAL	PERCENTAGES
Very satisfied	14	40	35.0
Always recommend Hospital to others	27	40	67.5
Best	5	40	12.5

SELF-ASSESSMENT SURVEY ON STAFF
DECEMBER 2009

INDICATOR	PERCENTAGE	INDICATOR	
Staff Motivation Very satisfied Satisfied Dissatisfied	(%) 0 18.75 81.25	Working Environment Very satisfied Satisfied Dissatisfied	(%) 37.50 56.25 6.25
Discipline Very satisfied Satisfied Dissatisfied	(%) 6.25 56.25 37.50	Carrier Development-further Studies Very satisfied Satisfied Dissatisfied	(%) 12.50 43.75 43.75
Quality of Service Very satisfied Satisfied Dissatisfied	(%) 6.25 93.75 0	Access to Training (IST& continuous Education) Very satisfied Satisfied Dissatisfied	(%) 6.25 62.50 31.25
General Administration Very satisfied Satisfied Dissatisfied	(%) 6.25 87.50 6.25	Supervision Very satisfied Satisfied Dissatisfied	(%) 6.25 68.75 25.00
Logistics Very satisfied Satisfied Dissatisfied	(%) 0 75.00 25.00	Performance Appraisal Very satisfied Satisfied Dissatisfied	(%) 18.75 37.50 43.75
Basic Equipment Very satisfied Satisfied Dissatisfied	(%) 12.50 62.50 25.00	Team Work Very satisfied Satisfied Dissatisfied	(%) 18.75 68.75 12.50
Supply of Consumables Very satisfied Satisfied Dissatisfied	(%) 0 75.00 25.00	Encouragement Very satisfied Satisfied Dissatisfied	(%) 12.50 50.00 37.50
Staff-staff Relation Very satisfied Satisfied Dissatisfied	(%) 31.25 62.50 6.25	Staff Management Relation Very satisfied Satisfied Dissatisfied	(%) 0 75.00 25.00
Staff-client Relation Very satisfied Satisfied Dissatisfied	(%) 0 100.00 0		

14.0 HUMAN RESOURCE

14.1 CATEGORY OF STAFF (DETAILS)

NO.	CATEGORY	GRADE	No. on Roll	No. at post	Remarks
1.	Medical Service	Senior Medical Officer	1	1	Secondment
		Medical Officer	1	1	CHAG
	Medical Assistant	Medical Assistant	1	1	
2.	Nursing: a) Professional	DDNS	-	-	-
		PNO	1	1	-
		SNO	1	1	In school
		NO	2		1 ophthalmic Nurse
		SSN	-	-	-
		SN	13	4	2 in school
		Principal Midwifery Officer	5	5	
		Senior Midwifery Officer	1	1	Secondment
		Midwifery Officer	1	1	
		Senior Staff Midwife	1	1	
		Staff Midwife	4	4	
		Supt. E.N.	2	2	
		Enrolled Nurse	1	1	
	Principal C.H.N.	3	3		
C.H.N.	1	1			
	Pharmacy	Snr. Pharmacist	1	1	
3.	Dispensing Tech	Senior Dispensing Technician	2	2	
4.	"	Dispensing Technician	3	3	
5.	Laboratory	Principal Biomedical Scientist	1	1	
		Biomedical Scientist	1	1	
		Laboratory Technician	1	1	
		Principal Laboratory Assistant	1	1	
		Senior Laboratory Assistant	1	1	
6.	Radiology	X'ray Technician	1	1	
7.	Biostatistics	Bio Statistics Officer	1	1	

		Principal Technical Officer	1	1	
		Technical Officer	2	2	
		Medical Records Assistant	4	4	
8.	Health Service Admin.	Principal Health Services Administrator	1	1	
9.	Accounts	Senior Accountant	1	1	
		Accountant	1	1	
		Finance Officer	3	3	
		Senior Account Officer	1	1	
		Accounts Officer	3	3	
		Accounts/Audit Officer	6	6	
10.	Executive/Clerk	Snr. Executive Officer	1	1	
11.	Secretarial	Stenographer	3	3	
12.	Orderly	Hospital Orderly	8	8	
		Principal Ward Assistant	5	5	
13.	Healthcare Assistant	Senior Ward Assistant	8	8	
		Healthcare Assistant	3	3	
14.	Transport	Principal Driver	2	2	
		Transport Officer	1	1	
		Driver	2	2	
15.	Laundry	Laundryman	1	1	
16.	Security Guard	Security Guard(Night)	2	2	
		Day Watchman	2	2	
17.	Social Worker	Social Welfare Officer	1	1	
18.	Stores	Supply Officer	1	1	
19.	Field Technician	Field Technician - Disease Control (Leprosy)	1	1	Secondment
20.	I T	ICT Officer	1	1	

- 14.2 **TRANSFER OF STAFF:** - No transfer
- 14.3 **DEATH:** - No death
- 14.4 **RESIGNATION:** - 1
- 14.5 **VACATION OF POST:** - No vacation of post

14.6 **TRAINING & DEVELOPMENT:**

1)	Management	-	2
2)	Medical	-	3
3)	Nurses	-	26
❖	RGN	-	17
❖	Midwifery	-	7
❖	CHN	-	1
❖	Clinical Healthcare Assistant	-	1

14.7 **IN-SERVICE TRAINING:**

Two structured and a series of unstructured in-service training was done during the period under review.

NUMBER TRAINED	TOPICS TREATED	AMOUNT SPENT	DATE	CATEGORY OF STAFF
24	Quality Assurance I.E How To Conduct Surveys E.G Client Satisfaction Survey, RUM etc...	GH¢1433.40	28-30th April , 2009	Mgt, H.O.Ds & Their Deputies
37	<ul style="list-style-type: none"> ■ HIM:- Data Analysis & Interpretation ■ Basic Principles Of Management 	GH¢1300.00	2-3rd July 2009	Mgt, H.O.Ds & Their Deputies

15.0

PARTNERSHIP AND COLLABORATION:

The hospital collaborates with the following, organisations and institution;

NO:	ORGANISATION	PURPOSE
1.	Family Health International	HIV/AIDS
2.	D.H.M.T – Atua	General Health Care Delivery
3.	D.H.M.T – Dodowa	Health Insurance
4.	District Assembly – Manya Krobo	General Health Care Delivery
5.	UNICEF	HIV/AIDS
6.	PHRL – Korle Bu	HIV/AIDS
7.	Manya-Krobo Mutual Health Insurance Scheme	Health Insurance
8.	Yilo Krobo Mutual Health Insurance	Health Insurance
9.	Dangbe West Mutual Health Insurance	Health Insurance
10.	Regional Health Administration	General Health Care

11.	Bio Medical Engineering unit	Medical equipment supplies and repairs
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16.0 **ACHIEVEMENTS**

1. Hospital grounds (around OPD and wards) concretised
2. Procurement of motor hearse
3. Installation of CD4 machine
4. OPD Extension project in progress
5. Rehabilitation of OPD frontage
6. Procurement of uniforms for staff

17.0 **CONSTRAINTS**

1. Delayed payment by NHI Scheme providers
2. Inadequate technical and medical staff
3. Inadequate space and infrastructure for offices and for service areas e.g. laundry and isolation ward/fevers unit and canteen.
4. Erratic power supply and fluctuation at the hospital e.g. market days
5. Lack of residential accommodation for critical/key staff
6. High energy/electricity bills
7. High non-mechanised wage bills

18.0 **INITIATIVE TO ADDRESS CONSTRAINTS**

1. Sponsorship of nurses
2. Written to the RHA for a medical officer
3. Begun infrastructural development plan activities to address the inadequacy e.g. staff flats.
4. Initiated moves for a permanent transformer from ECG to the facility
5. Initiated moves to mechanise professional staff

19.0 **CHALLENGES**

- Inadequate Infrastructure
- Inadequate medical logistics/equipments
- Cash flow problems
- Non-availability of a modern laundry in an HIV/AIDS prone community (i.e. 8% Prevalence rate)
- Insecurity and thorough fare

20.0 **WAY FORWARD**

1. Will build high rise staff flats to address accommodation problem

2. Replace broken down bedside lockers, drip stands, a sinks and ceiling fans in the wards
3. Employ debt/credit management techniques to reduce cash flow problems
4. Will construct a fence wall to completely fence the hospital with a security post

21.0 **CONCLUSION**

The period under review has been very eventful and with positive support from all stakeholders, the hospital will be positioned to provide better health care to its numerous clients/customers.