



**(NATIONAL CATHOLIC HEALTH SERVICES)  
ST. MARTIN DE PORRES HOSPITAL  
AGOMANYA, E/R**

**2012 HALF YEAR REPORT**



**WRITTEN BY:**

- 1. BENJAMIN W. K. NYAKUTSEY  
PRINCIPAL HEALTH SERVICE ADMINISTRATOR**
- 2. DR. GOSPEL AGAMAH – MEDICAL OFFICER**
- 3. THERESAH YEBOAH (MRS) – NURSING ADMINISTRATOR**
- 4. RAPHAEL K. ALAGLO  
PRINCIPAL TECHNICAL OFFICER - BIOSTATISTICS**

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## **CHAPTER ONE**

### **1.1 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 hospital.

### **1.2 SERVICES PROVIDED**

The hospital provides out and in-patients services in;

Internal Medicine

Surgery

Obstetrics& Gynaecology

Maternal and Reproductive Health Services

Paediatrics

Ophthalmology

There are also PMTCT & CT services on daily basis for clients.

The hospital is also a referral point for leprosy in the district.

### **1.3 FACILITIES**

The following facilities are available;

#### **1.3.1 OUT-PATIENTS DEPARTMENT (OPD)**

This is the first point of call for all patients who come to the hospital for medical treatment with the exception of emergency cases.

Consultations are done daily with the exception of Saturdays and Sundays. But there is at least one doctor on duty to handle any emergency.

There are other units like the Health Information Unit, Dispensary and Injection Room as well as the Laboratory as an integral part of the OPD.

#### **1.3.2 IN-PATIENTS DEPARTMENT**

The main unit of this department is the ward. There are five (5) major wards with a total of sixty-eight (68) beds. The following gives a detailed distribution of beds;

<b><u>WARD</u></b>	<b><u>NO.</u></b>
(1) Male Ward	9
(2) Female Ward	9
(3) Maternity	
(i) Labour	4
(ii) Prenatal	4
(iii) Postnatal	8
(iv) Female Surgical	6
(4) Paediatric	20
(5) Isolation	<u>8</u>
Total	<b><u>68</u></b>

## **DISTRICT PROFILE**

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

### **1.4.1 LOCATION**

The Lower Manya Krobo Municipal Assembly 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 Municipal capital and is about 80 km from Accra.

### **1.4.2 BOUNDARIES**

North-East: Kwahu North  
North-West: Fanteakwa Districts  
East: Asuogyaman District and the Volta Lake  
West: Yilo Krobo Districts  
South: Tongu District

### **1.4.3 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).

#### **1.4.5 ETHNIC GROUPS AND RELIGION**

The main ethnic group in the Municipality 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

#### **1.4.6 HOUSING**

The average household size in the Municipality 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 Municipality maintain their traditional character.

#### **1.4.7 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.

#### **1.4.8 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.

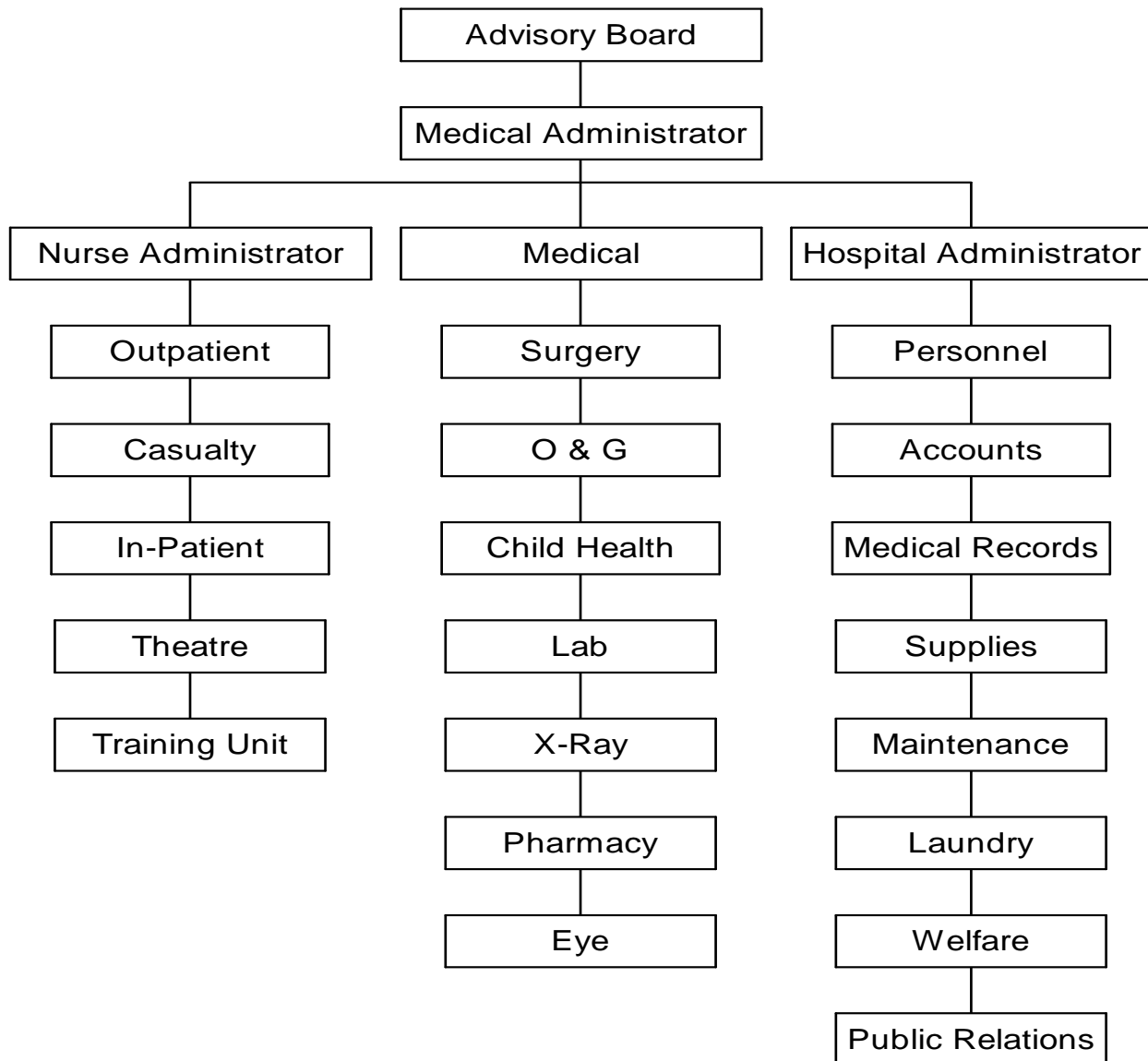
#### **1.4.9 POLITICAL ADMINISTRATION**

The municipality is divided into fifty-four electoral areas; each with an elected representative (the Assemblyman), to highest legislative body in the municipality (the Municipal 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 Municipal Assembly is located in Odumase, the municipal capital. The Municipal Chief Executive (MCE) is the overall political head of the Municipal Assembly’ and the administrative head is the Municipal Coordinating Director (MCD)

## 1.5 BOARD AND MANAGEMENT

The hospital adheres strictly to the Organogram of the DOH/DHS which has the Executive Committee as the Board for the hospitals.

### HOSPITAL ORGANOGRAM



## 1.7 MISSION

To continue Christ's healing ministry in bring healing to the greatest possible number of people in the 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 of fundamental human values.



## **1.8 VISION**

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 times acknowledging the dignity of the patient.

## **1.9 GOAL**

To provide and sustain health care services for the poor, neglected and marginalized segments of the society. The service seeks to empower the people it serves to take ownership of their own individual and collective health needs.

## **CHAPTER TWO**

### **HEALTH ACTIVITIES**

#### **2.1.1 OUTPATIENT ACTIVITY**

Outpatient attendance for the period 2011 was 25844. For the same period 2012 was 28949 showing an increase of 12.01% in the OPD attendance.

Insured patients for 2011 were 22172. In 2012 it was 23283 indicating a rise of 5.01% in the insured patients' attendance.

Non-insured OPD attendance for 2011 was 3672 whilst in 2012 it was 5666 showing a 54.30% rise in the non-insured OPD attendance.

The under 1 attendance for 2011 was 446. In 2012 it was 555 a rise of 25.57% in attendance for the under 1 age group.

The under 1-4 age groups attendance for 2011 was 1698. In 2012 it was 2386 a rise of 40.52% in the attendance that age bracket.

The 5-17 age groups had an attendance of 3342 for 2011 as against 3626 for the 2012 period indicating an increase of 8.20% in the attendance.

The 18-59 age group saw an attendance of 15749 for the 2011 as against 17373 for the same period in 2012. Indicating a 10.31% rise in attendance.

The aged group (i.e. 60+) in 2011 was 4613. In 2012 it was 5009 showing an increase of 8.58% in attendance.

## **EYE CASES**

Eye cases seen within the period under review was 101.

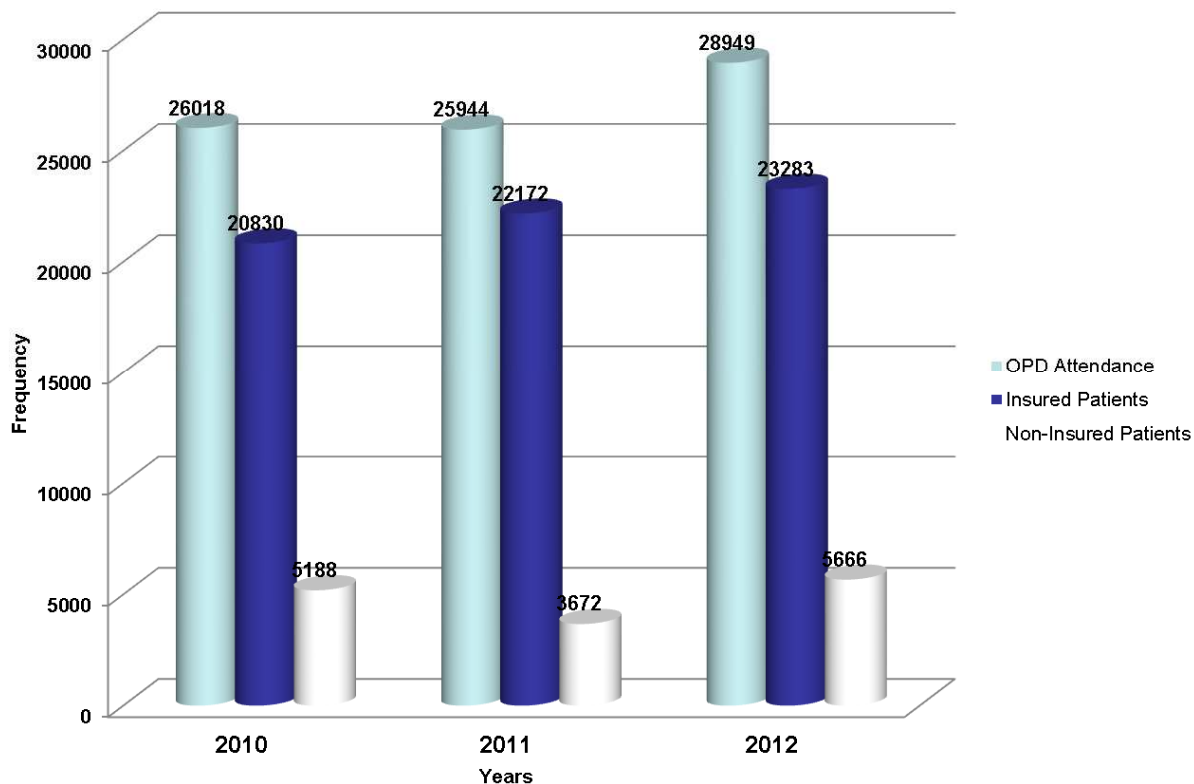
- Refractive Error - 16 cases seen
- Others - 82 cases seen
- Normal - 1 case seen
- Glaucoma - 2 cases seen

### **2.1.2 SUMMARY OF OUTPATIENT ATTENDANCE**

<b>INDICATORS</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>OPD Attendance</b>	26018	25844	28949
Insured Patients	20830	22172	23283
Non-Insured Patients	5188	3672	5666
%tage Insured	80.06%	85.79%	80.43%
Under 1	479	442	555
1-4	2095	1698	2386
5-17	3182	3342	3626
18-59	15030	15749	17373
60 <sup>+</sup>	5232	4613	5009

Years	2010	2011	2012
OPD Attendance	26018	25944	28949
Insured Patients	20830	22172	23283
Non-Insured Patients	5188	3672	5666
Percentage Insured	80.06%	85.79%	80.43%

**Chart Showing OPD Attendance & NHIS Coverage**



## **2.2 IN-PATIENT CARE**

### **2.2.1 ADMISSIONS**

In-patient admissions for the period 2011 were 2331. In 2012 it was 2170 showing a (6.91%) reduction in admissions.

Insured patients' admission (ie NHIS card bearers for admission) for 2011 was 1505. In 2012 it

was 1746 indicating a 16.01% increase in NHIS admission.

Non – insured admission for 2011 was 826. In 2012 it was 424. This shows a (48.67%) decrease in non-insured admission. This implies that majority of patients going on admission are insured.

### **2.2.2 DISCHARGES**

Discharges for the period under consideration were 1972. In 2011 it was 2044. Indicating a(3.52%) decline in patients discharged.

### 2.2.3 DEATHS

Totals deaths for 2011 was 108. In 2012 total deaths were 112. Showing a 3.70% rise in deaths for the period under review.

### 2.2.4 SUMMARY OF IN-PATIENT ACTIVITIES

No.	Indicator	2010	2011	2012	%tage
1.	Admissions	1961	2331	2170	(6.91)
2.	Insured	1209	1505	1746	16.01
3.	Non – Insured	752	826	424	(48.67)
2.	Discharges	1836	2044	1972	(3.65)
3.	Deaths	85	108	112	3.70

### 2.2.5 DEATH WITH RESPECT TO WARDS

NO.	WARD	2010	2011	2012	% DIFF. OF MORTALITY
1.	Male Medical	31	37	40	8.11
2.	Female Medical	26	42	63	50.0
3.	Pre-Natal	0	0	2	∞
4.	Labour Ward	0	0	0	∞
5.	Female Surgical	0	0	0	∞
6.	Post-Natal	0	0	1	∞
7.	Paediatrics	11	9	6	(33.33)
8.	Isolation	17	20	0	(100)

### 2.2.6 BEDSTATE INDICATORS 2012

*Definition:* **Bed Occupancy Rate** (BOR) measures the percentage of beds occupied by patients.

*Formula:* 
$$\text{Bed Occupancy Rate} = \frac{\text{Number of inpatient days} \times 100}{\text{Number of beds} \times 365}$$

*Data sources:* BOR is calculated from the Monthly Bed State Returns.

In general, low occupancy rate may reflect inefficient use of hospital resources. In fact, overhead costs and other fixed inputs spread over a smaller number of service, with consequent high average costs per

patient-day. Alternatively, high occupancy rate may reflect an efficient use of hospital resources, when it is related to appropriate patterns of admissions and adequate length of stay. For the period under review the BOR for the hospital was 64.64% as against 54.10% in 2011.

They are used by hospital managements for;

- Planning and policy formulation forward running
- Appraisal/Evaluation of in-patient care and management
- Monitoring of in-patient services and bed utilization
- Resource allocation of human and material resources
- Workload determination

### BED STATE for January – June 2012

Wards	Beds	Adm	Disch	Deaths	Availab. Bed days	Patient days	Avera. daily occup.	BOR	ALOS	TOP B	Turn over interval	% Deaths
Male med	13	347	302	40	2366	1620	8.90	68.47	4.74	3.80	2.18	11.70
Female med	13	526	451	63	2366	2315	12.72	97.84	4.50	5.35	0.10	12.26
Pre-Natal	4	208	199	2	728	722	3.97	99.18	3.59	8.38	0.03	0.50
Labour	4	467	0	0	728	31	0.17	4.26	∞	0.00	∞	∞
Female Sug	6	115	138	0	1092	583	3.20	53.39	4.22	3.83	3.69	0.00
Post-Natal	8	17	428	1	1456	948	5.21	65.11	2.21	8.94	1.18	0.23
Paediatrics	20	490	454	6	3640	1781	9.79	48.93	3.87	3.83	4.04	1.30
<b>Cum. Total</b>	<b>68</b>	<b>2170</b>	<b>1972</b>	<b>112</b>	<b>12376</b>	<b>8000</b>	<b>43.96</b>	<b>64.64</b>	<b>3.84</b>	<b>30.65</b>	<b>2.10</b>	<b>5.37</b>

### AVERAGE LENGTH OF STAY (ALOS)

Definition: The average length of stay (ALOS) is the average duration of inpatient hospital admissions (mean number of days from admission to discharge).

Formula: 
$$\text{Average length of stay} = \frac{\text{Number of inpatient days}}{\text{Number of inpatients (Discharges + Deaths)}}$$

Data sources: ALOS is calculated from the Monthly Bed State Returns.

Interpretation: ALOS is an important indicator of the **efficiency** of hospital resource use. In general, it should reflect the complexity of inpatient cases seen. However, excessively long average length of stay for a given condition may reflect inefficient hospital resource use, inflating demand for hospital beds and increasing hospital costs. In fact, if patients are kept in hospital beyond the time medically required, cost per admission increase without any significant improvement in health outcome, several factors subject to management intervention may contribute to long ALOS, such as poor scheduling of diagnostic and therapeutic care, provision of extended care services in acute care hospitals, and inadequate clinical management. Alternatively, short average length of stay indicates good efficiency, enabling turnover rates to increase, and allowing the extension of hospital services to greater number of patients.

From the table above the ALOS was 3.84 days per patients within the period under review.

### **BED TURNOVER RATE (BTR)**

*Definition:* Bed Turnover Rate (BTR) is the average number of inpatients per bed.

*Formula:* **Bed Turnover Rate** =  $\frac{\text{Number of inpatients (Discharges + Deaths)}}{\text{Number of beds (Bed Complement)}}$

*Data sources:* BTR is calculated from the Monthly Bed State Returns

*Interpretation:* BTR is an important indicator of the **efficiency** of hospital resource use. High bed turnover rate implies that a greater number of patients may be admitted, improving hospital productivity and decreasing average cost per admission because “hotel” costs are spread over a large number of patients. Alternatively, excessively low bed turnover rate reflects inefficiency because of the high “hotel” cost with respect to the number of services, leading to high average cost per admission. Low bed turnover rate may be due to the complexity of case-mix, requiring long length of stay, or may reflect managerial problems, such as poor scheduling for diagnosis or surgery, lack of alternative community and post-hospital family care, or inadequate case management leading to complication.

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

The period under review had four (3) maternal deaths per 1000 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 44 patients

The Bed Occupancy Rate (BOR) or Percentage Occupancy- It is an indicator of efficiency of how hospital resources are been used. Whether resources are over used or underutilized. The BOR for 2012 is 64.64% which is below the WHO standard of 75-85%

The Average Length of Stay (ALOS) is 3.84 days. Tells how long patients stay at the facility.

Turn over per Bed (TOPB) is 31 patients – Is an indicator of efficiency.

Turn Over Internal (TOI) is 2.10 days which means that a bed was vacant/unoccupied for two days and few hours.

### **2.2.7 SUMMARY OF HOSPITAL UTILISATION FOR JAN – JUNE, 2012**

<b>No.</b>	<b>Indicators</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
1.	Total outpatients Visits	26018	25844	28949
2.	Average OPD Attendance	143.75	142.78	159.06
3.	Bed Occupancy Rate	35.96%	54.10%	64.64%
4.	Average Length of stay	2.88	3.08	3.84
5.	No. of Major Surgeries	110	171	288

6.	No. of X-ray Done	527	641	700
7.	No. Deliveries	527	548	627
8.	No. of Admission	1961	2331	2170
9.	Average daily Admission	10.83	12.88	11.92
10.	Total in-patient days	5532	6620	8000
11.	No. of minor surgeries	421	601	768
12.	No. Antenatal Attendance	2693	2193	3032
13.	Laboratory investigations	29511	-	30895
14.	Units of blood transfused	325	344	361
15.	Units of blood transfused (Kids)	-	-	32
16.	Turn over per bed	22.60	25.32	30.65
17.	Turn over internal	5.13	2.61	2.10
18.	Death Rate	4.42%	5.02%	5.37%

### **2.2.8 REPRODUCTIVE AND CHILD HEALTH/FAMILY HEALTH**

During the period under consideration the Reproductive and Child Health (RCH)/Family Health Unit was very active as depicted below.

### **2.2.9 ANTENATAL SERVICES & DELIVERIES**

No.	INDICATOR	2010	2011	2012
1.	ANC Registrants	1045	685	656
2.	Total Attendance	2693	2193	3032
2.	Deliveries	527	536	627
4.	Fresh Stillbirths	4	4	2

### **2.2.10 DELIVERIES**

During the half-year of 2011 supervised deliveries were 548 as against 627 for 2012 half year, showing a 14.42% increase in deliveries.

### **2.2.11 STILL BIRTHS**

In 2011 (January – June) stillbirths were 4 whilst same period in 2012 it was 2. Showing a (50%) reduction in the number of stillbirths.

### **2.2.12 CAUSES OF STILL BIRTHS**

The following are the causes-  
 Delayed surgical intervention  
 P. I. H leading to eclampsia

### 2.2.13 FRESH & MACERATED

INDICATOR	2010	2011	2012
Fresh Stillbirth	4	4	2
Macerated Stillbirth	13	10	13
Neonatal Deaths	0	5	3
Maternal Deaths	0	0	3

### 2.2.14 MATERNAL DEATHS

During January to June 2011 there were no maternal deaths. In 2012 (Jan – June) there were 3 maternal death. This means that 0.0048 per 1000 live births

### 2.2.15 MATERNAL DEATH RATE

2010	2011	2012
0/527= 0 per 1000 live births	0/536 = 0 per 1000 Live births	3/627= 0.0048 per 1000 live births

### CAUSES OF MATERNAL DEATHS

1. Heart failure, 2° Anaemia
2. Severe Anaemia 2° septic / criminal abortion
3. Criminal abortion?? Sickle Cell Crisis

### 2.2.16 POST NATAL SERVICE

Post Natal clinic attendance for the period under review was 625 thus showing (5.45%) decrease in postnatal attendance as against 661 in 2011.

Year(s)	2010	2011	2012
Attendance	552	661	625

### 2.2.17 IMMUNISATION

No.		2010	2011	2012
1.	BCG	573	833	630
2.	Polio	310	493	55
3.	Measles	210	285	141
4.	Yellow Fever	240	285	122
5.	DPT 3	672	628	684
6.	Vitamin A	825	937	789
7.	PCV 1,2 & 3	-	-	213
8.	Rotavirus	-	-	213



## 2.3 PHARMACY

### 2.3.1 RATIONAL USE OF MEDICINE

INDICATORS		RESULTS	WHO STANDARD	STANDARD REGIONAL
1	Average number of drugs per encounter	5	2	3
2	Proportion of drug prescribed by generic	91%	100%	100%
3	Proportion of antibiotics prescribed	32%	20%	30%
4	Proportion of injection prescribed	32%	20%	30%
5	Proportion of drugs from EDL	90%	100%	80%
6	Proportion of encounter with written diagnosis	96%	100%	90%
7	Tracer drugs availability	94.4%	100%	100%

## LABORATORY

### 2.4.1 RESULTS AND DISCUSSION

Table 1: Haematology

TEST	OPD (2011)		WARD (2011)		TOTAL ( PER TEST)		
	Pos	Neg	Pos	Neg	2012	2011	2010
<b>HB</b>	(<10) <b>660</b>	(>10) <b>1708</b>	(<10) <b>928</b>	(>10) <b>1334</b>	<b>4630</b>	<b>3837</b>	<b>4380</b>
<b>BF for malaria</b>	<b>106</b>	<b>876</b>	<b>224</b>	<b>1391</b>	<b>2597</b>	<b>2277</b>	<b>1977</b>
<b>RDT for P. falciparum</b>	<b>54</b>	<b>217</b>	<b>190</b>	<b>330</b>	-	-	<b>719</b>
<b>Complete blood count</b>					<b>4630</b>	<b>3837</b>	<b>4380</b>
<b>WBC differential count</b>					<b>4630</b>	<b>3837</b>	<b>4380</b>
<b>Sickling</b>	<b>139</b>	<b>600</b>	<b>57</b>	<b>138</b>	<b>934</b>	<b>885</b>	<b>1430</b>
<b>ESR (Westergren)</b>					-	-	-
<b>Blood Film comments</b>					<b>3</b>	<b>5</b>	<b>9</b>

<b>TOTAL (per period)</b>					<b>17424</b>	<b>14678</b>	<b>17275</b>
<b>Percentage (three years)</b>					<b>35.29%</b>	<b>29.73%</b>	<b>34.98%</b>

**Table 2: Clinical Biochemistry**

<b>TEST</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>
<b>Creatinine only</b>	<b>146</b>	<b>169</b>	<b>315</b>
<b>Urea only</b>	<b>146</b>	<b>169</b>	<b>316</b>
<b>Electrolytes</b>	<b>-</b>	<b>80</b>	<b>181</b>
<b>Calcium</b>	<b>146</b>	<b>112</b>	<b>346</b>
<b>Liver function</b>	<b>129</b>	<b>112</b>	<b>163</b>
<b>ALT only</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>AST only</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TBIL only</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>DBIL only</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Total protein only</b>	<b>3</b>	<b>2</b>	<b>4</b>
<b>Albumen only</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Uric acid</b>	<b>42</b>	<b>39</b>	<b>78</b>
<b>Lipid profile</b>	<b>38</b>	<b>63</b>	<b>70</b>
<b>Cholesterol only</b>	<b>0</b>	<b>29</b>	<b>11</b>
<b>OGTT</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2HPP</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LDH</b>	<b>2</b>	<b>0</b>	<b>1</b>
<b>Amylase</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Glucose</b>	<b>1686</b>	<b>1506</b>	<b>1638</b>
<b>Triglyceride only</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Urine chemistries</b>	<b>744</b>	<b>303</b>	<b>380</b>
<b>Total (per period)</b>	<b>3091</b>	<b>2586</b>	<b>3506</b>
<b>Percentage (three years)</b>	<b>33.7%</b>	<b>28.2%</b>	<b>38.1%</b>

**Table 3: Bacteriology**

<b>TEST</b>	<b>OPD</b>		<b>WARD</b>		<b>TOTAL (PER TEST)</b>		
	<b>Pos</b>	<b>Neg</b>	<b>Pos</b>	<b>Neg</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>
<b>Gramstain from smears of:</b>							
<b>HVS</b>	<b>13</b>		<b>0</b>		<b>13</b>	<b>20</b>	<b>49</b>
<b>Cervical</b>					<b>0</b>	<b>0</b>	<b>0</b>
<b>Pleural/ Ascitic</b>					<b>2</b>	<b>2</b>	<b>2</b>

<b>Fluids</b>						
<b>CSF</b>				<b>1</b>	<b>1</b>	<b>1</b>
<b>Urethral</b>				<b>2</b>	<b>0</b>	<b>0</b>
<b>Others</b>				<b>0</b>	<b>1</b>	<b>0</b>
<b>Z/N for AFB</b>	<b>44</b>	<b>316</b>			<b>360</b>	<b>208</b>
<b>Widal Screen (tile)</b>	<b>414</b>		<b>366</b>		<b>780</b>	<b>729</b>
<b>Pregnosticon</b>	<b>195</b>	<b>321</b>	<b>46</b>	<b>65</b>	<b>627</b>	<b>687</b>
<b>Total (per period)</b>					<b>1785</b>	<b>1648</b>
<b>Percentage (three years)</b>					<b>37.9%</b>	<b>35.0%</b>

**Table 4: Parasitology**

<b>TEST</b>	<b>OPD</b>	<b>WARD</b>	<b>TOTAL (PER TEST)</b>		
			<b>2012</b>	<b>2011</b>	<b>2010</b>
<b>Urine R/E</b>	<b>520</b>	<b>224</b>	<b>744</b>	<b>422</b>	<b>380</b>
<b>S. Haematobium ova</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>4</b>
<b>Yeast-like cells</b>	<b>13</b>	<b>11</b>	<b>24</b>	<b>14</b>	<b>10</b>
<b>T. Vaginalis</b>			<b>1</b>	<b>0</b>	<b>0</b>
<b>Others</b>			<b>0</b>	<b>0</b>	<b>-</b>
<b>Stool RE</b>			<b>19</b>	<b>22</b>	<b>10</b>
<b>Ascaris</b>			<b>0</b>	<b>0</b>	<b>0</b>
<b>Hookworm</b>			<b>0</b>	<b>0</b>	<b>0</b>
<b>S. monsoni</b>			<b>0</b>	<b>0</b>	<b>0</b>
<b>E. vermicularis</b>			<b>0</b>	<b>0</b>	<b>0</b>
<b>T. trichiura</b>			<b>0</b>	<b>0</b>	<b>0</b>
<b>S. stercolaris</b>			<b>1</b>	<b>1</b>	<b>0</b>
<b>I. flagyliates</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>
<b>Helminths</b>			<b>0</b>	<b>0</b>	<b>1</b>
<b>Skin snip</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>13</b>
<b>O. volvulus</b>			<b>0</b>	<b>0</b>	<b>0</b>
<b>Total (per period)</b>			<b>795</b>	<b>464</b>	<b>420</b>
<b>Percentage (three</b>			<b>47.3%</b>	<b>27.6%</b>	<b>25.1%</b>

years)					
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**Table 5: Transfusion Science**

TEST	OPD		WARD		TOTAL (PER TEST)		
	Pos	Neg	Pos	Neg	2012	2011	2010
<b>Blood grouping</b>	<b>607</b>		<b>558</b>		<b>1165</b>	<b>780</b>	<b>1171</b>
<b>Cross-matching</b>					<b>393</b>	<b>344</b>	<b>325</b>
<b>Transfusion (Adults)</b>					<b>361</b>	<b>344</b>	<b>325</b>
<b>Transfusion (Kids)</b>					<b>32</b>	<b>-</b>	<b>-</b>
<b>HBsAg (donors)</b>	<b>16</b>	<b>223</b>			<b>239</b>	<b>244</b>	<b>258</b>
<b>HBsAg (ANC)</b>	<b>44</b>	<b>347</b>			<b>391</b>	<b>-</b>	<b>-</b>
<b>HBsAg (patients)</b>	<b>16</b>	<b>109</b>	<b>6</b>	<b>42</b>	<b>173</b>	<b>75</b>	<b>143</b>
<b>VDRL (donors)</b>	<b>9</b>	<b>230</b>			<b>239</b>	<b>244</b>	<b>258</b>
<b>VDRL (ANC)</b>	<b>10</b>	<b>683</b>			<b>693</b>	<b>-</b>	<b>-</b>
<b>VDRL( patients)</b>	<b>4</b>	<b>64</b>	<b>0</b>	<b>6</b>	<b>74</b>	<b>695</b>	<b>665</b>
<b>HCV (patients)</b>	<b>3</b>	<b>37</b>	<b>5</b>	<b>19</b>	<b>64</b>	<b>1</b>	<b>12</b>
<b>HCV (donors)</b>	<b>8</b>	<b>231</b>			<b>239</b>	<b>244</b>	<b>258</b>
<b>HIV( donors)</b>	<b>21</b>	<b>217</b>			<b>238</b>	<b>244</b>	<b>258</b>
<b>Blood from other sources</b>					<b>263</b>	<b>180</b>	<b>163</b>
<b>Donors bled:</b>							
<b>Voluntary</b>					<b>38</b>	<b>71</b>	<b>47</b>
<b>Replacements</b>					<b>185</b>	<b>118</b>	<b>111</b>
<b>TOTAL (per period)</b>					<b>4787</b>	<b>3584</b>	<b>3994</b>
<b>Percentage (three years)</b>					<b>38.7%</b>	<b>29.0%</b>	<b>32.3%</b>

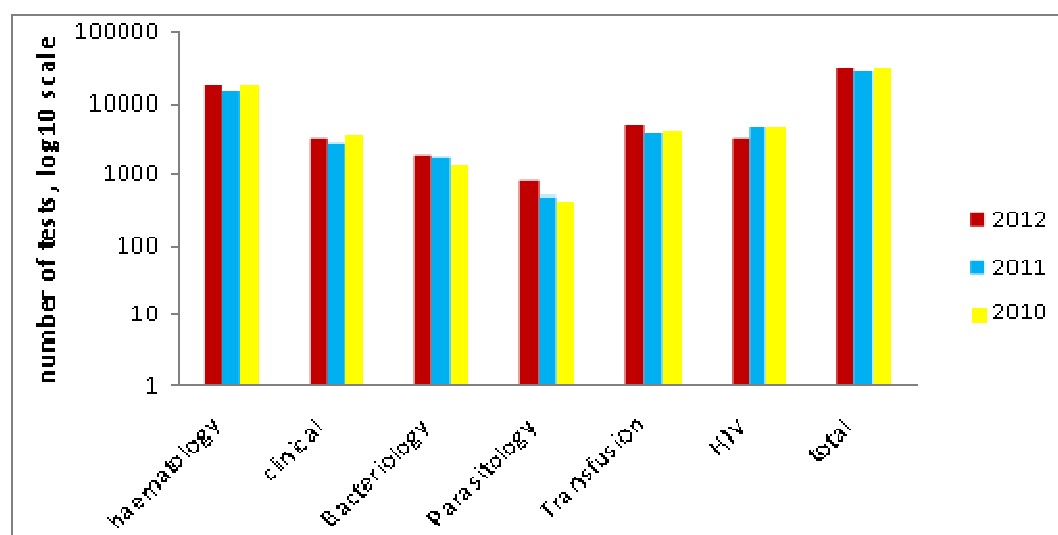
**Table 6: HIV**

TEST	OPD		WARD		TOTAL (PER TEST)		
	Pos	Neg	Pos	Neg	2012	2011	2010
<b>HIV</b>	<b>141</b>	<b>1764</b>			<b>1905</b>	<b>1884</b>	<b>1714</b>
<b>CD4</b>					<b>517</b>	<b>1115</b>	<b>1198</b>
<b>Baseline</b>					<b>37</b>	<b>136</b>	<b>125</b>
<b>FBC</b>					<b>554</b>	<b>1251</b>	<b>1323</b>

<b>TOTAL (per period)</b>					<b>3013</b>	<b>4386</b>	<b>4360</b>
<b>Percentage (three years)</b>					<b>25.6%</b>	<b>37.3%</b>	<b>37.1%</b>

**Table 7: Total test done**

<b>YEAR</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>
<b>TOTAL TEST</b>	<b>30895</b>	<b>27346</b>	<b>30835</b>



**Fig. 1: A bar chart showing comparative results for 2012, 2011, 2010**

Fig 1 above shows a comparison of tests performed for 2012, 2011 and 2010 half years. On the whole, there was a marked increase of about 6 % this half year as against the same period last year. This rise in tests may be attributed to the increase in requests for FBC, BF for malaria and sickling this half year [Table 1]. Notably, the total tests for TB has increased, recording 44 positive TB cases this half year as compared to 25 the same period in 2011. Urine RE request has also increased in this period under review. However, request for clinical investigations of lipid profile and uric acid has reduced relatively to the same period in the subsequent years [Table 2]. The frequent shortage of oral Quick has marginally affected the total test done for HIV. As a result, most HIV cases could not be confirmed. First response for HIV screening of blood donors was also in short supply and thus has reduced blood donation campaigns. CD4 reagents were also in shortage hence the number of CD4 readings have reduced. The electrolyte chamber of the automated bio-chemistry analyzer is currently faulty hence no electrolytes were run this half.

## 2.5 THEATRE

### SURGICAL OPERATIONS FROM JANUARY – JUNE 2012

<b>SURGICAL OPERATIOS</b>	<b>INSURED PATIENTS</b>	<b>NON-INSURED PATIENTS</b>	<b>TOTAL</b>
<b>Appendicectomy</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Reducible Hernia</b>	<b>11</b>	<b>0</b>	<b>11</b>
<b>Strangulated Hernia</b>	<b>21</b>	<b>0</b>	<b>21</b>
<b>Hernia with Hydrocele</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>All Others General Surgery</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Repair of Major Injuries</b>	<b>68</b>	<b>28</b>	<b>96</b>
<b>Hydrocelectomy</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Excision of Large Tumors on Body</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Caesarean Section</b>	<b>143</b>	<b>0</b>	<b>143</b>
<b>Tubal Ligation</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Ectopic Laparotomy</b>	<b>5</b>	<b>0</b>	<b>5</b>
<b>Caesarean Section-Sterilization</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>All Other Major O&amp;G Operations</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>EOU for Abortion</b>	<b>0</b>	<b>43</b>	<b>43</b>
<b>Episiotomy</b>	<b>138</b>	<b>0</b>	<b>138</b>
<b>Circumcision</b>	<b>0</b>	<b>97</b>	<b>97</b>
<b>Repair of Minor Injuries</b>	<b>302</b>	<b>122</b>	<b>424</b>
<b>Incision of Abscesses</b>	<b>60</b>	<b>5</b>	<b>65</b>
<b>All Other Minor Operations</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total Minor &amp; Major Operations</b>	<b>761</b>	<b>295</b>	<b>1,056</b>

**Major Operations: 288**

**Minor Operations: 768**

## 2.6 HIV/PMTCT ACTIVITIES FOR JAN – JUNE 2012

Indicator	2010	2011	2012	Remarks
Pre-test counselling	528	444	271	Decreased
New Cases	310	256	214	Decreased
Mortality Rate		34	36	Increased
ART coverage	170	158	71	Decreased
PMTCT coverage	574	690	656	Decreased
Positive cases	72	61	33	Decreased
% Baby/Mother put on treatment	28/28 = 100%	43/47 = 91.49%	35/35 = 100%	Increased

## ACCOUNTS JANUARY – JUNE 2012

### 2.7.1 INCOME AND EXPENDITURE ACCOUNTS AS AT 30<sup>TH</sup> JUNE, 2012

GH¢	GH¢	
Bal. b/f/1/1/12		314,530.27
GoG Salary		1,000,531.30
Revenue Jan – June, 12	(Note 1)	<u>793,860.12</u>
		<b>2,108,921.69</b>
<b>Less Expense</b>		
Expenses B/F/1/1/12	(Note 2a)	314,530.27
Item 1a Personal Emolument (IGF)	(Note 2a)	179,891.08
Item 1b GoG	(Note 6)	1,000,531.30
Item 2 Adm. Expenses	(Note 2a)	190,383.87
Item 3 Services	(Note 2a)	338,384.40
Item 4 Investment	(Note 2a)	<u>127,681.39</u>
Surplus/Deficit		<b><u>(42,480.62)</u></b>

**Note:**

Closing stock for Drugs as at 30<sup>TH</sup> June, 2012 amounted to GH¢ 59,758.30 but that of Non-Drugs is not yet ready.

**Notes for the account refer to Appendix D (Pp. 43-50)**

**2.7.2 TOP FIVE (5) EXPENDITURE ANALYSIS**

EXPENDITURE	2010			2011			2012 HALF YEARS		
	GH ¢	RANK	%	GH	RANK	%	GH ¢	RANK	%
Salaries	224,415.31	1 <sup>st</sup>	24.19	181,719.31	1 <sup>st</sup>	(18.32)	143,821.78	1 <sup>st</sup>	64.50
Rural Allowance	58,665.40	2 <sup>nd</sup>	6.93	79,424.00	2 <sup>nd</sup>	35.38	50,253.20	2 <sup>nd</sup>	22.40
Utilities	33,029.25	5 <sup>th</sup>	60.81	51,616.93	3 <sup>rd</sup>	56.28	5,224.30	5 <sup>th</sup>	3.40
Education & Training	34,354.10	4 <sup>th</sup>	2.88	28,685.88	5 <sup>th</sup>	(16.50)	4,133.25	6 <sup>th</sup>	1.80
Repairs Building, Equipment & Vehicle	44,933.93	3 <sup>rd</sup>	(26.73)	42,183.27	4 <sup>th</sup>	(6.12)	12,131.35	3 <sup>rd</sup>	5.4
Construction							8,939.70	4 <sup>th</sup>	4.60
<b>Total</b>	<b>395,397.99</b>		<b>12.70</b>	<b>386,629.39</b>			<b>224,503.58</b>		

**2.8 QUALITY ASSURANCE SURVEYS**

The following surveys were conducted under QA

OPD Exit survey

Community satisfaction survey

In – patients assessment survey

Professional Indicators



### **2.8.1 EXIT SATISFACTION SURVEY RESULTS**

INDICATORS	2012		
	POSITIVE RESPONSES	TOTAL FREQUENCY	PERCENTAGE OF POSITIVE
Seen in 2 hours	65	200	32.5%
Unnecessary delay	125	200	62.5%
Patient examined	194	200	97.0%
Total diagnosis	180	200	90.0%
Told instruction about illness	157	200	78.5%
Told to return or not	98	200	49%
Privacy	149	200	74.5%
Received all drugs	187	200	93.5%
Understood pharmacist instruction	195	200	97.5%
Staff attitude(Very good)	83	200	46.5%
Cleanliness of hospital(Very clean)	86	200	43.0%
Very satisfied	93	200	46.5%
Emergency seen promptly	43	47	91.5%

### **2.8.2 COMMUNITY SATISFACTION SURVEY RESULTS**

INDICATORS	2012		
	POSITIVE RESPONSES	TOTAL FREQUENCY	PERCENTAGE OF POSITIVE
Seen in 2 hours	235	500	47.0%
Unnecessary delay	337	500	67.4%
Patient examined	491	500	98.2%
Told diagnosis	393	500	78.6%
Told instructions about illness	197	500	39.4%
Told to return or not	201	500	40.2%
Privacy	291	500	58.2%
Received all drugs	405	500	81.0%
Understood Pharmacist instructions	410	500	82.0%

<b>Hospital Cleanliness (Very good)</b>	246	500	<b>49.2%</b>
<b>Staff attitude (Very good)</b>	219	500	<b>43.8%</b>
<b>Emergency seen promptly</b>	115	116	<b>99.1%</b>
<b>Overall satisfaction</b>	284	500	<b>56.8%</b>

### **2.8.3QA ACTION PLAN refer to Appendix E (Pp. 50-52)**

## **CHAPTER THREE**

### **PROJECTS**

New OPD block completed and in use  
 Laundry block – work in progress  
 Administration block – work in progress  
 Staff canteen – work in progress

### **3.2 TRANSPORT**

Total no. of vehicles	-	6
No. of serviceable vehicles	-	6
No. of non-serviceable vehicles	-	nil

### **3.3 EQUIPMENT & FITTINGS**

All tracer equipment e.g. ultrasound scan and anaesthetic suction machines are in good condition. They undergo rigorous periodic checks by the officers of the Bio medical Engineering Unit (BEU), Korle Bu Accra.

Installation of the state of the art Digital X-Ray machine with all its accessories by the MOH/BEU. This was a donation by the MOH/BEU.

Three portable house hold laundry machines have been procured.  
 Twenty-six (26) swivel chairs have also been procured for the consulting rooms and other offices.

### **3.4 ESTATES MANAGEMENT**

The hospital has the following blocks/building;

1. Block A - Outpatient department
2. Block B - Laboratory
3. Block C - In-patient department
4. Block D - RCH/General Administration
5. Block E - Laundry
6. Block F - Patient Relative Accommodation
7. Block G - Pharmacy Store
8. Block H - Mortuary
9. Block I - Mortuary waiting area
10. Block J - Non-drug Store (Annex)
11. Blocks K-M - Doctors bungalow (1-3)
12. Block N - Archrives
13. Block O - Power house
14. Block P - OPD Extension
15. Block Q - Hospital parking lot shed
16. Block R - K.V.I.P. Toilet
17. Block S - Urinal
18. Blocks T-V - Nurses Quarters

The Estate Department has no in-house team for maintenance and repair work. This is carried out by contract engagements as and when the need arises.

## **CHAPTER FOUR**

### **4.1 HUMAN RESOURCE MANAGEMENT**

DEPARTMENTAL STAFF STRENGTH AS AT 30<sup>TH</sup> JUNE, 2012

#### **PROFESSIONAL GROUPING OF STAFF**

<b>ADMINISTRATION STAFF</b>		
<b>Nº</b>	<b>NAME</b>	<b>GRADE</b>
1	Benjamin Nyakutsey	Principal Health Service Administrator

**TOTAL = 1**

<b>SECRETARIES</b>		
1	Effrey Adzo Semefa	Stenographer Grade I
2	Joyce Asamoah	Stenographer Grade I
3	Aisha Quashie	Typist Grade II

4	Elizabeth Pewu	Stenographer Grade II
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**TOTAL = 4**

<b>STOREKEEPERS</b>		
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1	Sr. Mary Agatha Kudo	Senior Store Keeper
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**TOTAL = 1**

<b>SUPPLY OFFICER</b>		
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1	Dawutey Elizabeth	Supply Officer
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**TOTAL = 1**

<b>FINANCE/ ACCOUNTANTS</b>		
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1	Braimah Alhassan	Senior Accountant
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**TOTAL = 1**

<b>ACCOUNT OFFICERS</b>		
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1	Sr. Mary Regina Otoo	Private Secretary
2	Bikrogma Ninye Cosmos	Account Officer
3	Sammuel Addo Lamptey	Snr. Finance Officer
4	David Atitso	Finance Officer
5	Vivian Amegah	Finance Officer
6	Johannes Arku-Narh	Snr. Accounts Officer
7	Rashid Agbonyitor	Finance Officer

**TOTAL = 7**

<b>ACCOUNT/AUDIT OFFICER</b>		
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1	Theophilus Amiteye	Senior Accounts/Audit Officer
2	Doris Enormah	Senior Accountant/Audit Officer
3	Emmanuel Tetteh	Senior Accounts/Audit Officer
4	Francis Baah	Senior Accounts/Audit Officer
5	John Bartey	Senior Accounts/Audit Officer
6	Yohanne Ebenezer	Accountant/Audit Officer

**TOTAL = 6**

<b>I C T OFFICER</b>		
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1	Haruna Ayisi Osei	I C T
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**TOTAL =1**

<b>BIOSTATISTICS</b>		
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1	Lionel Selassie Gadzey	Biostatistics
1	Raphael K. Alaglo	Principal Technical Officer, Biostatistics
2	Nicolas Tetteh	Technical Officer, Biostatistics
3	Jacob Tetteh	Technical Officer ,Biostatistics

**TOTAL =3**

<b>MEDICAL RECORDS ASSISTANT</b>		
1	Victoria Tetteh Laryo	Medical Records Assistant
2	Godwin Kartey	Medical Records Assistant
3	Sammuel Lawson	Medical Records Assistant
4	Richard Y. Kanyi	Medical Records Assistant

**TOTAL = 4**

<b>TRANSPORT OFFICER</b>		
1	Stephen Asare	Transport Officer

**TOTAL = 1**

<b>CHAPLAINCY</b>		
1	Fr. Isaac Agbenohevi	Chaplain

**TOTAL = 1**

<b>DRIVERS</b>		
1	Samuel Amegletor	Principal Driver
2	Martin Asare	Principal Driver
3	Edward Kwabena Abongo	Driver
4	Solomon Narh	Driver
5	Francis Agblewornu	Principal Driver

**TOTAL = 5**

<b>SECURITY</b>		
1	Ofoe Jonathan	Security man
2	Idrisu Sulemana	Senior Senior Security man

**TOTAL = 2**

<b>HOSPITAL ORDERLY</b>		
1	Felix Terkpetey	Snr. Hospital Orderly
2	Mensah Terkpor	Hospital Orderly
3	Paul E. Tetteh	Senior Hospital Orderly
4	Francis Batsa	Senior Hospital Orderly
5	Daniel Batsa	Senior Hospital Orderly
6	Abiba Iddisa	Hospital Orderly
7	Kwame Samuel	Senior Hospital Orderly
8	Moses Teye Djanapey	Hospital Orderly
9	Simon T. Akwetey	Hospital Orderly

**TOTAL = 9**

<b>LABOURERS</b>		
1	Angmortey Joseph	Labourer
2	Joseph Akpatu	Labourer

**TOTAL = 2**

<b>LAUNDRYMAN</b>		
1	Yaw Banieh	Senior Laundryman
2	Thaddeus Nwinna	Laundryman

**TOTAL = 2**

<b>MORTUARY</b>		
1	Godfred Asiedu	Head Mortuary man
2	James Yeboah	Snr. Mortuary man Assistant
3	Stephen K. Tawiah	Snr. Mortuary man Assistant
4	Christopher Teye	Snr. Mortuary man Assistant

**TOTAL = 4**

<b>MEDICAL OFFICERS</b>		
1	Dr. Gospel Agamah	Medical Officer
2	Dr. Solomon Ako- Charway	Medical Officer

**TOTAL =2**

<b>MEDICAL ASSISTANTS/PHYSICIANS ASSISTANTS</b>		
1	Joseph Tetteh	Senior Medical Assistant
2	Nicholas Djabatey	Medical Assistant
3	Bernard Owusu Adams	Medical Assistant

**TOTAL = 3**

<b>PHARMACIST</b>		
1	Sr. Veronica Amposah	Snr. Pharmacist

**TOTAL = 1**

<b>PHARMACY TECHNICIANS</b>		
1	Joseph Sackey	Principal Pharmacy Technician
2	Joseph Tawiah	Snr. Pharmacy Technician
3	Ibrahim Yakubu	Pharmacy Technician
4	Isaac Ofori	Pharmacy Technician

**TOTAL = 4**

<b>PHARMACIST ASSISTANTS</b>		
1	Tabitha Mamle Kweku	Senior Pharmacy Assistant
2	Joseph Kugblenu	Senior Pharmacy Assistant
3	Richard Hormiah	Pharmacy Assistant
4	Benedicta Botchway	Pharmacy Assistant
5	Belinda Koutuoku	Pharmacy Assistant

6	Selina Baah	Pharmacy Assistant
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**TOTAL = 6**

<b>BIOMEDICAL SCIENTIST</b>		
1	Shaibu Abudulai	Principal Biomedical Scientist
2	Gloria Anokye	Biomedical scientist

**TOTAL = 2**

<b>LABORATORY TECHNOLOGIST</b>		
1	Rose Tettey	Laboratory Technician
2	Denis Komla Mansu	Laboratory Technician
3	Linda Kanor	Laboratory Technician
4	Fuleamenu Anthonio	Laboratory Technician

**TOTAL = 4**

<b>LABORATORY TECHNICIAN ASSISTANTS</b>		
1	Nartey John Baah	Principal Laboratory Assistant
2	Nartey Edward	Principal Laboratory Assistant

**TOTAL = 2**

<b>X-RAY TECHNICIANS</b>		
1	Ernest Yaw Biaah	Technical Officer Grade II
2	Prince Gidiglo Dorrothy	X-ray Technologist

**TOTAL = 2**

<b>DISEASE CONTROL OFFICER</b>		
1	Daniel Kwaku	Snr. Disease Control Officer

**TOTAL = 1**

<b>SOCIAL WORKER</b>		
1	Diana Adorkah	Hospital Social Worker

**TOTAL = 1**

<b>NURSING OFFICERS</b>		
1	Theresah Yeboah	Principal Nursing Officer
2	Ernestina Obu	Nursing Officer
3	Comfort Tetteh	Nursing Officer

**TOTAL = 3**

<b>MIDWIFERY OFFICERS</b>		
1	Mary Abakah	Senior Midwifery Officer
2	Martilda Alorzukey	Principal Midwifery Officer
3	Grace Axorxi	Principal Midwifery Officer

4	Francisca Kumah	Principal Midwifery Officer
5	Patience M. Fynn	Principal Midwifery Officer
6	Rebecca A. Tawiah	Principal Midwifery Officer
7	Gladys Okanta	Principal Midwifery Officer

**TOTAL = 7**

<b>STAFF MIDWIVES</b>		
1	Agnes Asante	Staff Midwife
2	Sarah Arthur	Staff Midwife

**TOTAL = 2**

<b>SENIOR STAFF MIDWIVES</b>		
1	Elizabeth Amenyo	Senior Staff Midwife
2	Mary A. Boateng	Senior Staff Midwife
3	Rebecca Tetteh	Senior Staff Midwife

**TOTAL = 3**

<b>SENIOR STAFF NURSE</b>		
1	Victoria Simpson	Snr. Staff Nurse
2	Elizabeth Osei	Snr. Staff Nurse
3	Erica S. Aboagye	Snr. Staff Nurse
4	Janet Manubea	Snr. Staff Nurse

**TOTAL = 4**

<b>STAFF NURSES</b>		
1	Herriettah Danso	Staff Nurse
2	Edmund Tetteh	Staff Nurse
3	Deborah Kwao	Staff Nurse
4	Delourder K. Ahumah	Staff Nurse
5	Emmanuel Narh	Staff Nurse
6	Evelyn Narkotey	Staff Nurse
7	Magdalene Omane	Staff Nurse
8	Ruth Ewusi	Staff Nurse
9	Hannah Tetteh	Staff Nurse
10	Lawrene David	Staff Nurse
11	Emelia Yirenkyi	Staff Nurse
12	Olivia Takyi	Staff Nurse
13	Jemima Lamptey	Staff Nurse
14	Bruce Bernadette	Staff Nurse
15	Irene Nelly Osafo	Staff Nurse
16	Nana Kofi Poku	Staff Nurse
17	Francis Nuer	Staff Nurse

**TOTAL = 17**



<b>ENROLLED NURSES</b>		
1	Peter Abakah	Supt. Enrolled Nurse
2	Theodora Baku	Supt. Enrolled Nurse
3	Rose Alorkpa	Principal Enrolled Nurse
4	Afia Fosua	Enrolled Nurse
5	Irene O. Duodu	Enrolled Nurse
6	Flora T. Adjei	Enrolled Nurse

**TOTAL = 6**

<b>COMMUNITY HEALTH NURSES</b>		
1	Ernestina Opata	Supt. Community Health Nurse
2	Djourbuah Hellen	Supt. Community Health Nurse
3	Charity Sogbey	Supt. Community Health Nurse
4	Comfort Narh	Community Health Nurse

**TOTAL = 4**

<b>HEALTH CARE ASSISTANTS</b>		
1	Teye Catherine Mamle	Principal Health Assistant
2	Theresah Tetteh	Principal Health Assistant
3	Mary Cecilia Kofi	Principal Health Assistant
4	Martha Apotsi	Principal Health Assistant
5	Veronica Adamu	Principal Health Assistant
6	Rebecca Teye	Principal Health Assistant
7	Edith Anornu	Principal Health Assistant
8	Rosina Baah	Health Assistant
9	Margaret Dautey	Principal Health Assistant
10	Charlotte Owusu	Principal Health Assistant
11	Mary Debrah	Principal Health Assistant
12	Faustina Twumwaa	Senior Health Assistant
13	Zenobia Botsway	Senior Health Assistant
14	Joseph Tetteh Brown	Principal Health Assistant
15	Dorcas Fierty	Health Assistant
16	Safuratu Gariba	Health Assistant clinical

**TOTAL = 16**

<b>ANESTHETIST NURSE</b>		
1	Florence Bagidah	Anesthetist Assistant

**TOTAL = 1**

## **4.2 STAFF IN TRAINING/SCHOOL**

<b>NO:</b>	<b>CATEGORY</b>	<b>SCHOOL</b>	<b>TOTAL</b>
1.	Nurses	NTC	8
2	Staff Nurse	UCC	1
3.	Staff Nurse	Kintampo Rural School	1

New recruitment	-	<b>nil</b>
New postings	-	3
Transfer: (in)	-	<b>1</b>
(Out)	-	1
Resignation:	-	<b>nil</b>
Death	-	nil

## **CHAPTER FIVE**

### **5.1 PARTNERSHIP & COLLABORATION**

The hospital during the period under consideration has collaborated with the following institution;

The District Health Administration (DHA) Lower Manya – Krobo, E/R - Technical Support Visit& Training

Regional Health Administration (RHA), E/R – Technical Support & Training

Lower Manya – Krobo Municipal Assembly – Local Governance

The National Aids Controls Programme (NACP) - ART/PMTCT

World Food Programme – Food Rations for PLWHA’s

ILINS Project, University of Ghana – Monitory & Evaluation of Pregnant women during ANC/PNC and drug supplement for healthy growth and development

All the Health Insurance Schemes within the catchment area- Heath Insurance

The Department of Health, National Catholic Secretariat - Technical Support & Training

The Diocesan Health Service- Technical Support Visit& Training

The Holy Trinity Parish, Agomanya - Chaplaincy

### **5.2 ACHIEVEMENTS**

1. Work –in-progress on new laundry block
2. Supply of thestate of the act Digital X-Ray machine from MOH/BEU
- 3.Completion of New OPD block and in use
4. Marked reduction in NHIS rejected/disputed bills
5. HAMS Computerisation of patients services on going but fully operational at the Health Information Unit
6. Work in progress on the new administration block

### 5.3 CONSTRAINTS

1. Delayed payment by NHI Scheme provider
2. Inadequate space and infrastructure for offices and for service areas e.g. laundry and isolation ward/fevers unit
3. Inadequate residential accommodation for critical/key staff
4. High energy/electricity bills
5. High non-mechanised wage bills

### 5.4 CHALLENGES& STRATEGIES

Challenges	Strategies
Supply chain management: bottlenecks affecting quality of care (NHIS related)	Pool procurement from the NCHS Computerisation of the medical stores for better management (HAMS)
Poor/ inappropriate infrastructure affecting quality of in-patient care	Relocation of the O.P.D Construction of new laundry
Blood transfusion inadequacies leading to needless health challenges	Formation of blood donation campaign team Internal (ie staff) blood donation club
Non – Responsive Emergency Medical Service (EMS) leading to needless health challenges	Formation and training of Emergency preparedness team

### 5.5 WAY FORWARD

Will build high rise staff flats to address accommodation problems  
Replace broken down bedside lockers, drip stands, sinks and ceiling fans in the wards  
Employ debt/credit management techniques to reduce cash flow problems  
Will construct a fence wall to completely fence the hospital with a security post  
To integrate fully HIV/AIDS services into the OPD care  
Strengthen the Under-five live project  
Empower Unit/Department Heads to operationalize the share vision of management

## **5.6 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.

## **5.7 APPENDICES**

APPENDIX A - C: STATISTICS ON UTILIZATION (P 37– P 42)

APPENDIX D: NOTES TO THE INCOME & EXPENDITURE STATEMENT (P 43 – P 50)

APPENDIX E: QUALITY ASSURANCE SURVEY RESULTS (P 50 – P 52)

APPENDIX A: Statement of Outpatients

**ST MARTIN de PORRES HOSPITAL – AGORMANYA, E/R  
STATEMENT OF OUTPATIENTS**

**HALF YEAR REPORT FOR 2012**

AGE GROUPS	INSURED PATIENTS				NON-INSURED PATIENTS				GRAND TOTAL	
	NEW		OLD		NEW		OLD		M	F
	M	F	M	F	M	F	M	F		
Under 1 year	97	88	121	104	50	27	40	28	308	247
1 – 4 years	283	301	704	629	104	79	144	142	1235	1151
5 – 9 years	170	175	362	377	74	51	79	89	685	692
10 – 14 years	146	175	251	332	45	53	64	82	506	642
15 – 17 years	98	240	165	354	48	82	40	74	351	750
18 – 19 years	42	180	91	343	45	70	31	73	209	666
20 – 34 years	310	1652	606	3656	332	439	274	569	1522	6316
35 – 49 years	192	588	802	2892	140	160	271	638	1405	4278
50 – 59 years	103	223	482	1598	45	39	158	329	788	2189
60 – 69 years	71	133	379	1003	28	33	80	142	558	1311
70years & above	118	275	614	1758	31	32	87	225	850	2290
<b>Total all ages</b>	<b>1630</b>	<b>4030</b>	<b>4577</b>	<b>13046</b>	<b>942</b>	<b>1065</b>	<b>1268</b>	<b>2368</b>	<b>8417</b>	<b>20532</b>

**% Insured** =80.43%  
**% Non-Insured** =19.57%  
**Total OPD Attendance** =28949  
**Total Insured** =23283  
**Total Non-Insured** =5666

APPENDIX B: Statement of Inpatients

**ST MARTIN de PORRES HOSPITAL – AGORMANYA, E/R  
STATEMENT OF INPATIENTS  
HALF YEAR REPORT FOR 2012**

**Institution: St. Martin’s Hospital – Agomanya    Region: Eastern District: Manya Krobo 2012**

AGE GROUPS	INSURED PATIENTS				NON-INSURED PATIENTS			
	ADMISSION		DEATH		ADMISSION		DEATH	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Under 1 year	36	30	1	0	20	23	2	0
1 – 4 years	99	93	0	0	35	32	2	1
5 – 9 years	36	27	0	0	16	13	0	0
10 – 14 years	29	23	0	0	3	5	1	0
15 – 17 years	4	48	0	0	9	3	0	0
18 – 19 years	5	81	0	2	7	8	0	0
20 – 34 years	32	700	3	14	35	63	3	3
35 – 49 years	57	211	9	17	40	35	6	6
50 – 59 years	29	49	4	3	20	14	2	3
60 – 69 years	32	27	1	4	5	11	3	3
70years & above	43	55	9	9	12	15	0	1
<b>Total all ages</b>	<b>402</b>	<b>1344</b>	<b>27</b>	<b>49</b>	<b>202</b>	<b>222</b>	<b>19</b>	<b>17</b>

**Insured**                                 =1746  
**Total Non-Insured**                 =424  
**Total Admission**                     =2170  
**Total insured Death**                 =76  
**Total Death Non Insured**         =35  
**Total Death**                           =111

APPENDIX C: Bed State

**ST MARTIN de PORRES HOSPITAL – AGORMANYA, E/R**

**DISTRICT: Lower Manya Municipality**

**BED STATE OCCUPANCY – 2012**

Ward	Bed comple	Adm	Disch	Deaths	Availa-ble bed Days	Patient Days	Aver Daily Occup	BOR	ALOS	TOPB	TOI	Death Rate
Male Med	13	347	302	40	2366	1620	8.90	68.47	4.74	3.80	2.18	11.70
Female Med	13	526	451	63	2366	2315	12.72	97.84	4.50	5.35	0.10	12.26
Pre-Natal	4	208	199	2	728	722	3.97	99.18	3.59	8.38	0.03	0.50
Labour	4	467	0	0	128	31	0.17	4.26		0.00		
Female Surg.	6	115	138	0	1092	583	3.20	53.39	4.22	3.83	3.69	0.00
Post-Natal	8	17	428	1	1456	948	5.21	65.11	2.21	8.94	1.18	0.23
Paediatr ics	20	490	454	6	3640	1781	9.79	48.93	3.87	3.83	4.04	1.30
<b>Total</b>	<b>68</b>	<b>2170</b>	<b>1972</b>	<b>112</b>	<b>12376</b>	<b>8000</b>	<b>43.96</b>	<b>64.64</b>	<b>3.84</b>	<b>30.65</b>	<b>2.10</b>	<b>5.37</b>

**TOP ten Conditions seen at the OPD (January – June 2012)**

<b>S/N</b>	<b>Condition</b>	<b>Number of Cases</b>	<b>% of Total New Cases</b>
<b>1</b>	<b>Malaria</b>	<b>6680</b>	<b>25.55%</b>
<b>2</b>	<b>Rheumatism &amp; Joint Pains</b>	<b>2943</b>	<b>11.25%</b>
<b>3</b>	<b>Other ARI</b>	<b>2924</b>	<b>11.18%</b>
<b>4</b>	<b>Hypertension</b>	<b>2441</b>	<b>9.33%</b>
<b>5</b>	<b>Diarrhoea Diseases</b>	<b>2004</b>	<b>7.66%</b>
<b>6</b>	<b>Anaemia</b>	<b>839</b>	<b>3.21%</b>
<b>7</b>	<b>Skin Diseases &amp; Ulcers</b>	<b>815</b>	<b>3.12%</b>
<b>8</b>	<b>Diabetes Mellitus</b>	<b>647</b>	<b>2.47%</b>
<b>9</b>	<b>Intestinal Worms</b>	<b>463</b>	<b>1.77%</b>
<b>10</b>	<b>Typhoid Fever</b>	<b>310</b>	<b>1.19%</b>
	<b>All others</b>	<b>6083</b>	<b>23.26%</b>
	<b>Totals</b>	<b>26149</b>	<b>100%</b>



**Top ten Admissions (Morbidity) January – June 2012**

<b>S/N</b>	<b>Condition</b>	<b>Number of Cases</b>	<b>% of Total</b>
<b>1</b>	<b>Malaria</b>	<b>365</b>	<b>30.62%</b>
<b>2</b>	<b>Diarrhoea Diseases</b>	<b>112</b>	<b>9.40%</b>
<b>3</b>	<b>Anaemia</b>	<b>89</b>	<b>7.47%</b>
<b>4</b>	<b>Hypertension</b>	<b>60</b>	<b>5.03%</b>
<b>5</b>	<b>Malaria in Pregnancy</b>	<b>51</b>	<b>4.28%</b>
<b>6</b>	<b>Pneumonia</b>	<b>41</b>	<b>3.44%</b>
<b>7</b>	<b>Typhoid Fever</b>	<b>25</b>	<b>2.10%</b>
<b>8</b>	<b>Septiceamia</b>	<b>21</b>	<b>1.76%</b>
<b>9</b>	<b>Diabetes Mellitus</b>	<b>19</b>	<b>1.59%</b>
<b>10</b>	<b>Hernia</b>	<b>16</b>	<b>1.34%</b>
	<b>All others</b>	<b>393</b>	<b>32.97%</b>
	<b>Totals</b>	<b>1192</b>	<b>100%</b>

**Top ten Causes of Mortality, January – June 2012**

S/N	Condition	Number of Deaths	% of Total
1	HIV/AIDS	36	24.66%
2	Septiceamia	21	14.38%
3	Anaemia	16	10.96%
4	Hypertension	12	8.22%
5	CVA	11	7.53%
6	Diabetes Mellitus	7	4.79%
7	Malaria	7	4.79%
8	Diarrhoea Diseases	6	4.11%
9	Other Heart Diseases	5	3.42%
10	Chronic Liver Cirrhosis	5	3.42%
	All others	20	13.70%
	Totals	146	

APPENDIX D: Notes to the Income & Expenditure Statement

<b>NOTE 1: REVENUE DETAILS FROM JAN. - JUNE, 2012.</b>			
<b>ITEM</b>	<b>DESCRIPTION</b>		
	OBS/GYAE/DEL.		34,858.29
	Theatre		25,470.05
	OPD Services		217,240.75
	Wards Services		78,332.66
	Laboratory		15,847.00
	X-ray/Scan		2,606.00
	Death Certificate		7,520.00
	Motor Hearse		3,840.00
	Others		4,261.65
	Pharmacy Drugs		276,459.69
	ANC (OPD) OBS/GYAE		31,322.03
	GoG Administration		
	Mortuary		96,102.00
	<b>TOTAL</b>		<b>793,860.12</b>

<b>NOTE 2a: DETAILS OF EXPENDITURE INCURRED FROM JAN. - JUNE, 2012</b>			
<b>ITEM</b>	<b>DESCRIPTION</b>		
<b>1.2.3</b>	Monthly Salary		166,860.57
<b>1.3.1</b>	13% SSF		13,030.51
<b>1.2.7</b>	Workman's Compensation		-
			<b>179,891.08</b>
	NHIS Clinical Audit		35,854.14
<b>2.1.1</b>	Electricity		19,212.96
<b>2.1.2</b>	Water		530.40
<b>2.1.13</b>	Communication		874.09
<b>2.3.1</b>	Stationery		5,894.80
<b>2.5.2</b>	Accommodation		4,878.00
<b>2.6.1</b>	Travelling Allow. T&T		898.00
<b>2.6.2</b>	Fuel & Lubricants		7,454.00
<b>2.6.3</b>	Repairs of Vehicle		12,951.79
<b>2.7.3</b>	Repairs of Building (Office)		2,241.00
<b>2.7.2</b>	Repairs of Resident Building		655.00
<b>2.7.6</b>	Repairs of Equipment		12,404.43
<b>2.8.2</b>	Bank Charges		2,655.05
<b>2.8.13</b>	Other Charges		5,350.40
<b>2.8.3</b>	Dues, Contribution, etc.		14,641.60

2.8.4	Audit Fees		-
2.9.3	Car Maintenance Allow.		908.60
2.9.15	Fuel Allowance		1,418.00
2.9.22	Leave Allowance		2,416.12
2.9.23	Other Allowance		47,857.39
2.10.5	Medical Refund		2,235.40
2.10.10	Donations, Transfer etc.		5,560.00
2.3.2	Refreshment		3,492.70
			<b>190,383.87</b>
3.1.10	Tuition Fees		8,176.25
3.1.7	Workshop & Conference		6,450.50
3.1.8	Staff Development		482.00
3.3.3	Uniforms & Protective Clothings		7,110.00
3.3.4	Feeding Allowance		3,984.70
3.3.5	Drugs		196,812.13
3.3.6	Non Drugs		100,756.82
3.4.1	Contract Printing		14,612.00
			<b>338,384.40</b>
4.2.8	Plant & Equipment purchased		14,394.75
4.2.2	Purchase of Vehicle		4,221.10
4.2.7	Purchase of Furniture & Fittings		6,495.00

<b>4.2.1</b>	Construction of Building		101,050.54
<b>4.2.13</b>	Other Investment & Projects		1,520.00
			<b>127,681.39</b>
	<b>TOTAL</b>		<b>836,340.74</b>

APPENDIX D: Notes to the Income & Expenditure Statement

<b>NOTE 2b</b>		
<b>OUTSTANDING EXPENSES AS AT 31ST JUNE, 2012.</b>		
<b>Item</b>		
6 office chairs		2,100.00
Loan from NACP for May, 2012 Salaries		36,738.24
ECG bills outstanding Mortuary as at June, 12		7,279.95
Rural allowance April-June ,12		18,000.00
HDR dues up to 2012		9,661.00
HDR Rent 2012		360.00
1 trip of chippings for new administration block		800.00
Diocesan development fund		2,500.00
Consultancy fee laundry block		1,000.00
CHAG Dues Outstanding as at 2012		10,079.76
Dr. Agama's rural allowance May -June, 12		3,000.00
Diocesan Health Services Dues 2012		3,681.60
Light bill for Residential June, 12		700.00
Water bill June, 12		100.00
Accounts staff 20% Allowance for May - June, 12		3,393.20
1000 pieces of block for Administration Block		1,500.00
Quick fit 4 new tyres		1,391.98
Locum Amankwah Michael April - June. 12		1,200.00

Cost of 40 bags of cement	800.00
Fuel Allowance May -June, 2012	1,120.00
Car Maintenance Allowance May - June, 2012	676.00
Management Responsibility Allowance May - June, 12	700.00
Blood purchased	840.48
Sponsored fee for Faustina Djanmah and registration fees	1,110.00
Quick fit serving cost vehicle	180.00
Staff transfer package (2)	1,000.00
Clinical Audit Balance March - May , 12	35,854.14
Estimates of 2 computers (HAMS)	1,500.00
Servicing of Great Wall pick-up	299.26
Newspaper	96.00
Dr. Charwey's Rural Allowance June, 12	1,500.00
Propose Single Spine Salary arrears for 2 months	24,000.00
Construction of Hospital fence wall	59,127.34
20 benches for hospital OPD Block	1,000.00
2 student beds and crossing bar	290.00
Iron rod for Administration block	1,708.00
Cost of roofing new laundry block	850.00
Air condition for new OPD block	4,800.00
Labour cost for laundry project - balance	307.50
Extra cost on canteen roofing	218.00
Extra metal work on canteen (container)	444.00
Construction balance on canteen	2,000.00
Sammy electrical works - PA System	389.00
Air liquide cylinder hiring	105.74
Printer for NHIS office	500.00
Old Ambulance Air Condition cost	1,957.00
Quality Assurance Survey balance	168.00
Welfare bus balance	4,812.42
Labour cost for new Administration block -balance	7,000.00
Cost of steel binding for the new Administration block	800.00
4 trips of sand for new Administration block	1,040.00
Wawa board for new Administration block	450.00
Installation of new X-ray machine Expenses	500.00
<b>TOTAL</b>	<b>261,628.61</b>

Note that this GH¢261,628.61 outstanding expenses above has been included in the total expenditure, because of the accrual concept.

**Note 3**  
**CASH BALANCES AS AT 30TH JUNE, 2012**

Drugs A/C		3,301.27
Service A/C		984.19
Development fund A/C		5,599.38
Mortuary A/C		2,461.45
Contingency fund A/C		1,628.26
<b>TOTAL</b>		<b>13,974.55</b>
<b>GRAND TOTAL</b>		<b>456,503.56</b>

APPENDIX D: Notes to the Income & Expenditure Statement

**NOTE 4**  
**DEBTORS DETAILS AS AT 30TH JUNE, 2012**

BIWATER		58.00
GWCL KPONG Bills March, 2012		175.00
All Insurance Scheme March - June, 2012 outstanding		395,985.57
ATL Feb. - June, 2012		7,328.42
SOTECH May - June, 2012		540.00
OUR LADY OF FATIMA April - June, 2012		331.61
ST. ANNES VOCATIONAL INSTITUTE June 2011, Feb & June, 2012		240.20
STAFF LOAN & ADVANCES		37,870.21
<b>TOTAL</b>		<b>442,529.01</b>

**NOTE 5**

<b>CREDITORS</b>		
<b>NON-DRUGS</b>		



Balance B/F (01/10/12)		2,753.59
Purchases up to June, 2012		72,642.49
		<b>75,396.08</b>
<b>DRUGS</b>		
Balance B/F (01/10/12)		15,392.89
Purchases up to June, 2012		139,401.79
		<b>154,794.68</b>
<b>TOTAL DRUGS AND NON-DRUGS NOTE YET PAID</b>		<b>230,190.76</b>

<b>NOTE 6</b>	
GoG salary	885,425.93
13% SSF	115,105.37
	<b>1,000,531.30</b>
There was no GoG Administration for the half year.	

<b>Note 7</b>
<b>Expenditure on investment is mainly on work in progress</b>
<b>for example cost of fence wall amounting to GH¢59,127.34 has just begun and it is not fully paid for.</b>

<b>Note 8</b>
<b>RATIO</b>
<b>Current Ratio = Current Asset / Current Liability</b>
Other Current Asset = 456,503.56
Current Liability = 491,819.37
Stock = 59,758.30
Current Ratio = $\frac{516,261.86}{491,819.37} = 1:1.1$

**This means that the Hospital can pay all its debt within one year if all revenues are received and get surplus even.**

## APPENDIX E

### ACTION PLAN FOR QUALITY ASSURANCE, IDENTIFIED PROBLEMS - 2012

	Problem Identified	Action	Person(s) Responsible	Time frame
1	Long waiting time	Assign one MA and one doctor to start consultation latest by 8 am	Matron & sr. vero Amponsah	Everyday
2	Told to return or not and Told instructions about illness	To paste prompters in the consulting room to remind doctors to tell patients to return or not as well as instruction about their illness	QA coordinator & Team members	Latest by 25 <sup>th</sup> July 2012
3	Staff attitude	To organize customer care training for all staff to build their communication skills & interpersonal relationship skills	Administration & IST-coordinator	By the end of Sept. 2012
4	Cleanliness of the hospital	To strengthen supervision of orderliness II. Construct WC toilet for the patients at the OPD	Administrator & Housekeeping Officer	By the end of Oct. 2012

5	High rate of C/S	Liase with TBA'S in the community for early referrals Continuous education at ANC for safe motherhood	Dr. Agamah & Charway, Midwives  RCH/C	Every ANC day
6	Use of partograph	Daily check of all deliveries vis-à-vis partograph	Matron & Maternity I/C	Daily

7	Non-generic prescription	Prompters to be pasted in the consulting rooms reminding doctors to use generic names in their prescription	Pharmacist & Technicians	Daily
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**ACTION PLAN FOR QUALITY ASSURANCE, IDENTIFIED PROBLEMS - 2012**

8	To much prescription of antibiotics	Prompters to be pasted in the consulting rooms reminding doctors to limit prescription of antibiotics	Pharmacist & Technicians	Daily
9	Tracer drug available	Regular stock taken. Procurement should be based on EDL.	Pharmacist & Procurement team	Monthly

10	High maternal death	<p>Prompt response to emergencies</p> <p>Organize blood donation exercise to ensure that there is always blood @ Blood Bank.</p> <p>Organize community durbars to sensitize the community on the issue of criminal abortion cases</p> <p>Involvement of chemical sellers</p>	<p>Matron maternity &amp; lab I/C</p> <p>Blood Organizer</p> <p>Administrator &amp; Matron</p>	September, 2012
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