

**ST. MARTIN DE PORRES HOSPITAL – AGOMANYA
(NATIONAL CATHOLIC HEALTH SERVICE FACILITY)**



**FIRST QUARTER REPORT - 2009
(JANUARY – MARCH, 2009)**

WRITTEN BY:

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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.

SERVICES PROVIDED

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

BOARD AND MANAGEMENT

The hospital has an Advisory Board made up of;

- i) The core management of the hospital
 - Administrator
 - Medical Officer In-charge
 - Matron
- ii) And outsiders;
 - The District Director of Health Services
 - The District Chief Executive
 - The Bank Manager (Rural Bank)
 - The Superior, H.D.R.
 - The Parish Priest
 - The Local Superior, HDR
 - The Church President

The Board has been inactive since 2004.

The hospital also has a Hospital Management Team comprising;

- The Medical Officer In-charge
- The Administrator
- The Matron
- Accountant
- Financial Supervisor

- Deputy Matron
- Local Superior, HDR
- Snr. Pharmacist

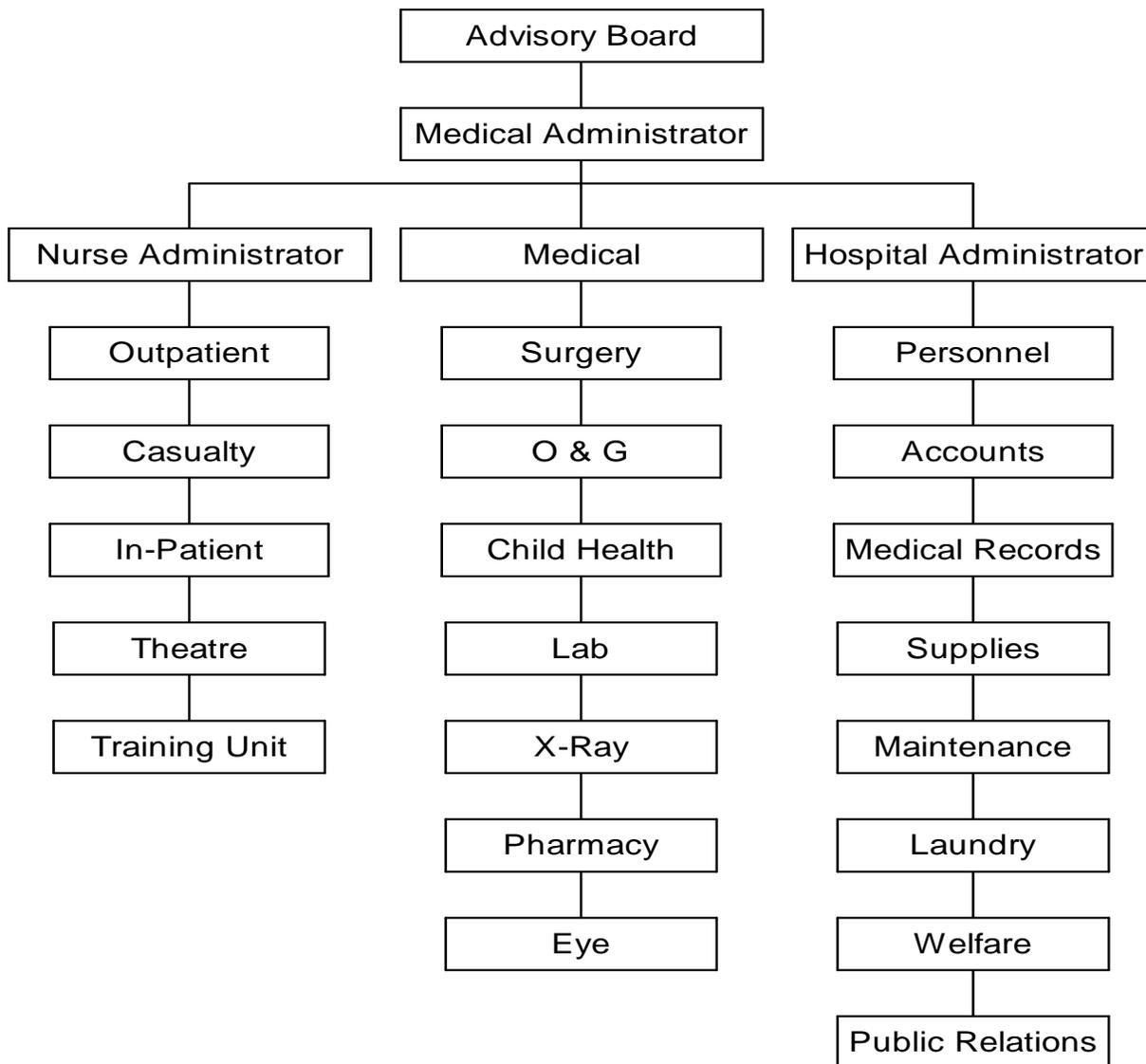
The team meets once a month to deliberate on the day-to-day running of the hospital.

ORGANOGRAM

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

Organizational Chart

HOSPITAL ORGANOGRAM



MISSION STATEMENT OF THE NATIONAL CATHOLIC HEALTH SERVICES

THE VISION 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 MISSION 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 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 care.

Motto: In God is our help and our health.

HEALTH CARE ACTIVITIES

OUT-PATIENT ACTIVITY

Out – patient activity for the period 2009, first quarter was 11,264 as against 20,112 in 2008 indicating a decrease of 44%. The under five (5) attendance was 1,185 for 2009 as against 2,023 in 2008 showing a decrease of 41.4%.

The 5 – 14 age groups had an attendance of 1,279 for 2009 as opposed to 2,487 for the same period in 2008. Depicting a decrease of 48.6%.

18 – 34 age group for 2009 had an attendance of 2,826 as opposed to 3,338 for 2008. Indicating a decrease of 15.3%.

35 – 49 age group for 2009 was 1,876 as against 3,338 for 2008 which depicts a decrease of 43.8%.

The 15 – 49 age group which is the Women In Fertility age (WIFA) for 2009 was 5,180 as opposed to 9,641 showing a decrease of 46.3% in attendance.

a fall of 50 – 69 age for 2009 had an attendance of 2,111 as against 3,658 for 2008. Showing 42.3%.

The aged group (i.e 70+) for the period 2009 had an attendance of 1,491 as opposed to 2,303 for 2008. Indicating a fall of 35.3% in attendance.

INSURED PATIENTS AND NON – INSURED PATIENTS

Year	OPD Attendance	Insured Patients	% Insured	Non-Insured Patients	% Non-Insured
2008	20,112	16,423	81.7	3,689	18.3
2009	11,264	9,785	86.9	1,479	13.1

From the table above 2008 and 2009 shows a steady rise while 2009 shows increase due to the National Health Insurance Scheme (NHIS) in the percentage of insured patients.

SUMMARY OF OUT-PATIENT ATTENDANCE

Indicator	2008	2009	%	Comments
Outpatient Attendance	20,112	11,264	44.0	Decrease
Under 5	2,023	1,185	41.4	Decrease
5 – 14	2,487	1,279	48.6	Decrease
18 – 34	5,266	2,826	46.3	Decrease
35 – 49	3,338	1,876	43.8	Decrease
50 – 69	3,658	2,111	42.3	Decrease
70+	2,303	1,491	35.3	Decrease

The period under review saw a decrease of 44% in OPD attendance as a result of unavailability of prescribers especially medical officers who were indisposed during the period under review. This has actually manifested in all the age groups.

IN-PATIENT ACTIVITY

ADMISSION

In-patient admissions for the first quarter of 2009 was 899 as against 844 for 2008 for the same period showing a rise of 6.5%.

DISCHARGES

Discharges for the first quarter 2009 was 849 as opposed to 765 for 2008 for the same period indicating a rise of 11.0%.

DEATHS

The period under review saw 60 deaths as against 59 deaths for 2008. Showing a rise of 1.7%.

SUMMARY OF IN-PATIENT ACTIVITIES

INDICATOR	2008	2009	%
Admission	844	899	6.5
Discharges	765	849	11.0
Deaths	59	60	1.7

STATEMENT ON BED STATE FOR THE FIRST QUARTER – 2009

WARDS	Bed Comple	ADM	Disch	Deaths	Avg Bed Days	Patient Days	Avera Daily Occup.	% Occup.	Ave Length of Stay	Turn over per bed	Turn over intervals	% Deaths
Male Med	15	124	119	13	1350	510	5.67	37.78	3.86	8.80	6.36	9.848
Female Medical	16	197	177	17	1440	709	7.88	49.24	3.65	12.13	3.77	8.763
Pre-natal	8	85	84	0	484	156	1.73	32.23	1.86	10.50	3.90	0.000
Labour	4	213	0	0	596	23	0.26	3.86	∞	∞	∞	∞
Female Surgical	8	3	13	0	602	122	1.36	20.27	9.38	1.63	36.92	0.000
Post-natal	20	0	216	0	1092	320	3.56	29.30	1.48	10.80	3.57	0.000
Paediatrics	8	187	175	9	1428	540	6.00	37.82	2.93	23.00	4.83	4.891
Isolation	6	90	65	21	658	1306	14.51	198.48	15.19	14.33	-7.53	24.419
Cum.Total	85	899	849	60	7650	3686	40.96	48.18	4.06	10.69	4.36	6.601

STATEMENT ON BED STATE FOR THE YEAR – 2008

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

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

- The period under review for the first quarter 2009 had zero (0) maternal death as against one (1) maternal death for the period 2008. An indication of a fall in maternal death which is in line with the Millennium Challenge Goals (MCG)
- The Average Daily Occupancy (A.D.O) shows the number of patients at the ward on each day (i.e) the period under review saw 41 patients as against 25 patients for 2008.
- The Bed Occupancy Rate (B.O.R) or percentage occupancy – it is an indication of efficiency of how hospital resources (beds) are been used. Whether resources are overused or underutilized. The bed occupancy rate was 48.2% for 2009 as against 29.2% for 2008.
- The Average Length of Stay (A.L.O.S) was 4.1 days for 2009 as against 2.7 days for 2008. Tells how long patients stay at the facility.
- Turn Over per Bed (TOPB) was 11 patients for 2009 as against 10 patients in 2008. Is an indicator of efficiency.
- Turn Over Interval (TOI) was 4.4 days as opposed to 6.6 days for 2008. This indicator which shows how long a bed has been vacant. It helps doctors in the admission of patients.

SAFE MOTHERHOOD

DELIVERIES:

The period under review had 229 deliveries as against 293 for 2008. An indication 21.8% decrease in deliveries.

STILL BIRTH:

2009 had two (2) still births as against three (3) for 2008 first quarter.

ANTE-NATAL SERVICES

In 2009 first quarter ANC registrants was 771 while the same period 2008 was 654. Attendance for 2009 first quarter was 1,486 as opposed to 1,613 for 2008.

YEAR	STILLBIRTH	DELIVERIES	MATERNAL DEATH
2008	3	293	1
2009	2	229	0

TOP TEN CAUSES OF ADMISSION JANUARY – MARCH, 2009

NO:	DISEASES	MALE	FEMALE	TOTAL	%
1.	Malaria	94	164	258	29.2
2.	Diarrhea Diseases	24	47	71	10.8
3.	Anaemia	19	28	47	7.1
4.	HIV/AIDS	11	29	40	6.1
5.	Typhoid	15	22	37	5.6
6.	Pneumonia	9	16	25	3.8
7.	Preg. & Related Complications	0	20	20	3.0
8.	Hypertension	7	11	18	2.7
9.	Hernia	13	0	13	2.0
10.	Diabetes Mellitus	4	5	9	1.4
11.	All other diseases	35	51	86	13.1

Grand Total = 659

TOP TEN CAUSES OF OPD MORBIDITY JANUARY – MARCH, 2009

NO:	DISEASES	MALE	FEMALE	TOTAL	%
1.	Severe Malaria Non – Lab	933	1935	2868	22.9
2.	Simple Malaria Non – Lab	628	1239	1867	14.9
3.	Hypertension	360	1282	1642	13.1
4.	Rheumatism & Joint Pains	202	738	940	7.5
5.	Other ARI	349	500	849	6.8
6.	Diarrhoea Diseases	285	558	843	6.7
7.	Anaemia	150	277	427	3.4
8.	Diabetes Mellitus	64	255	289	2.3
9.	Skin Diseases & Ulcer	73	101	174	1.4
10.	HIV/AIDS	55	103	158	1.3
11.	All Other Diseases	550	926	1476	11.8

Grand Total = 12,539

TOP TEN CAUSES OF DEATH JANUARY – MARCH, 2009

NO:	DISEASES	MALE	FEMALE	TOTAL	%
1.	HIV/AIDS	13	12	25	35.2
2.	Hypertension	2	5	7	9.9
3.	Pneumonia	5	1	6	8.4
4.	CVA	1	4	5	7.0
5.	Malaria	2	2	4	5.6
6.	Anaemia	1	3	4	5.6
7.	Diarrhoea Diseases	2	1	3	4.2
8.	T B	0	2	2	2.8
9.	Septiceamia	1	1	2	2.8
10.	Neo-natal Sepsis	0	1	1	1.4
11.	All Other Diseases	6	4	10	14.1

Grand Total = 71

PMTCT

INDICATOR	2008	2009
No. Accepting VCT	370	362
No. Testing	370	360
No. Positive	21	39
No. Positive & Delivering at the Hospital	15	15

FINANCE

INCOME & EXPENDITURE ACCOUNT FROM JAN 09 -MAR 09

	GH ¢	GH ¢
Opening Balance:		
Drugs A/c	5,968.98	
Service	1,461.72	
Mortuary	10,998.70	
Contingency fund	1,713.68	
Development fund	3,516.03	23,659.11
Add Revenue:		
Cage	1,782.20	
Ward	8,023.20	
Lab	1,245.10	
OPD	17,468.88	
GOG ADM	986.00	
Cash revenue from 2008 received in 2009	231,499.95	
Health Insurance & other companies	233,794.62	494,799.95
Less expenses:		
Expenses for the period	329,666.96	
Material outstanding	60,126.26	
Utilities outstanding	3,104.00	392,897.22
Balance		<u><u>101,902.73</u></u>

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	
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	
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	Administrator Unit Heads Chaplain Parish Priest Administrator “ “ “ 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	
		- Community 8. Monitor drug adverse reaction	Q/A Chairman	1x12 (monthly)	SMO I/C.	HMT	
4.	Increase the HR Mix and build the capacity of	<u>Long Courses</u> Sponsor 4 Nurses	Administrator	By Sept., 2009	Nurse Administrator	HMT	

	existing staff	2. 1 Anaesthetist 3. 1 Medical Assistant Short Courses 1. Management - 2 2. Statistics - 3 3. Medical Officers - 2 Mechanization/Replacement of Staff 1. Mechanize - 20 staff 2. Replace - 5 staff 3. Employment of 2 medical officers	Administrator	6x2 (half year)	In-service Training Co-ordinate		
			Administrator	By Dec., 2009	Snr. Accountant	HMT	
5.	Improve the MIS and Health Info systems of the hospital towards efficiency and effectiveness	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	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 “ “	
6.	Improvement of health care delivery through infrastructural development	1. Construct new OPD block 2. Construct new multi story staff quarters 3. Construct new laundry	Administrator “ “	By Dec., 2009 By Dec., 2009	Local Superior HDR “	Bishop of Koforidua	

		block 4. Construct Hospital waste incinerator 5. construct new ward toilet/bath	“	By Dec., 2009 By Dec., 2009	“ “	“	
7.	Improve healthcare delivery by increasing availability of modern medical logistics	1. provide X-ray machine 2. Provide CD4 reader machine	Administrator	By Sept., 2009 By June, 2009	Nurse Administrator	HMT	

IN-SERVICE TRAINING (I.S.T) PROGRAMME FOR 2009

NO.	SUBJECT AREAS	TIME FRAME	RESOURCE PERSON(S)	TARGET GROUP	MONITOR	REMARKS
1.	Quality Assurance <ul style="list-style-type: none"> • Professional Indicators • Client Satisfaction Survey • Community Survey • In-Patient Survey 	28 th – 30 th April	External & Local	Unit Heads & Management	Core QA Team	
2.	Data Analysis & Interpretation	21 st -22 nd May	Internal	Unit Heads & their Deputies & Management	IST Coordinator	
3.	Safe motherhood	24 th -26 th June	External & Internal	Midwives & staff of the Maternity Unit	IST Coordinator & Core QA Team	
4.	Customer Service & Care Emergency Drills Catholic Ethics & Morals	21 st – 23 rd October	External & Internal	All Staff in batches of three(3)	IST Coordinator	
5.	Integrated Management of Childhood Illnesses(IMCI)	19 th – 21 st August	External & Local	Midwives, Nurses & Doctors	IST Coordinator	

Persons to contact: Dr. Taylor, Dr. Addo Larbi, Mr. Achia & Mrs Emelia Kwatche.

HUMAN RESOURCE

CATEGORY OF STAFF (DETAILED)

NO.	CATEGORY	GRADE	NO. ON ROLL	NO. AT POST	REMARKS	
1.	Medical Service	Senior Medical Officer	1	1	Secondment	
		Medical Officer	2	1 1	Secondment German	
	Medical Assistant	Medical Assistant	1	1		
2.	Nursing: a) Professional	DDNS	-	-	-	
		PNO	-	-	-	
		SNO	2	-	-	
		NO	1			
		SSNM	-	-	-	
		SSN (EYE)	1			
		SSN (SRN)	1			
		SN (SRN)	-	-	-	
		SN (RGN)	9	-		1-Secondment 1-School of Anaesthesia
		Principal Midwifery Officer	1	1		
		Supt. Midwifery Officer	4	3		1-Secondment
		Senior Midwifery Officer	3	1		2-Secondment
		Staff Midwife	3	3		
		Supt. E.N.	4	4		
		Senior E. N.	-	-		
		Enrolled Nurse	1	1		
Senior C.H.N.	3	3				
C.H.N.	-	-				
	Pharmacy	Snr. Pharmacist	1	1		
3.	Dispensing Tech	Senior Dispensing Technician	2	2		
4.	"	Dispensing Technician	4	4		
5.	Laboratory	Principal Biomedical Scientist	1	1		
		Biomedical Scientist	1	1		
		Laboratory Technician	1	1		
		Laboratory Assistant	2	2		
6.	Radiology	X'ray Technician	-	-		
		Principal X-ray Assistant	1	1		
7.	Biostatistics	Senior Bio Statistics Officer	1	1		
		Senior Bio Statistics Assistant	1	1		
		Medical Records Assistant	4	4		
8.	Health Service Admin.	Principal Health Services Administrator	1	1		
9.	Accounts	Senior Accountant	1	1		
		Accountant	1	1		

		Senior Finance Officer	1	1	
		Finance Officer	2	2	
		Senior Account Officer	2	2	
		Accounts Assistant	6	6	
10.	Executive/Clerk	Snr. Executive Officer	1	1	
11.	Secretarial	Stenographer	1	1	
12.	Orderly	Hospital Orderly	8	8	
		Principal Ward Assistant	5	5	
13.	Healthcare Assistant	Senior Ward Assistant	8	8	
		Healthcare Assistant	3	3	
14.	Labourer/Scavenger	Labourer	1	1	
15.	Transport	Extra Heavy Duty Driver	4	4	
16.	Laundry	Laundryman	2	2	
17.	Security Guard	Security Guard	2	2	
		Day Watchman	-	-	
18.	Social Worker	Social Welfare Officer	1	1	
19.	Store Officer	Supply Officer	1	1	
		Principal Store-keeper	1	1	
20.	Field Technician	Field Technician - Disease Control (Leprosy)	1	1	Secondment
21.	IT	ICT Officer	1	1	

PARTNERSHIP AND COLLABORATION:

The hospital collaborates with the following;

NO:	ORGANISATION	PURPOSE
1..	D.H.M.T – Atua	General Health Care Delivery
2.	D.H.M.T – Dodowa	Health Insurance
3.	District Assembly – Manya Krobo	General Health Care Delivery
4.	UNICEF	HIV/AIDS
5.	PHRL – Korle Bu	HIV/AIDS
6.	Manya-Krobo Mutual Health Insurance Scheme	Health Insurance
7.	Yilo Krobo Mutual Health Insurance	Health Insurance
8.	Dangbe West Mutual Health Insurance	Health Insurance
9.	Regional Health Administration	General Health Care
10.	Bio Medical Engineering unit	Medical equipment supplies and repairs
11.	Krobo Netherlands Foundation	Donation of an Ambulance

ACHIEVEMENTS

- ❖ Work begins on the new OPD block
- ❖ Work begins on the rehabilitation of the OPD frontage
- ❖ Mortuary extension project underway
- ❖ Provision of CD4 machine
- ❖ Begin moulding of blocks for fence wall

CONSTRAINTS/CHALLENGES

- ✓ Inadequate office accommodating
- ✓ Unauthorized thoroughfare through the hospital by communities members
- ✓ Congested OPD
- ✓ Cash flow problems
- ✓ Improve safety and security
- ✓ Provision of modern offices/consulting rooms
- ✓ Decongestion of OPD
- ✓ Provision of chemical analyzer