

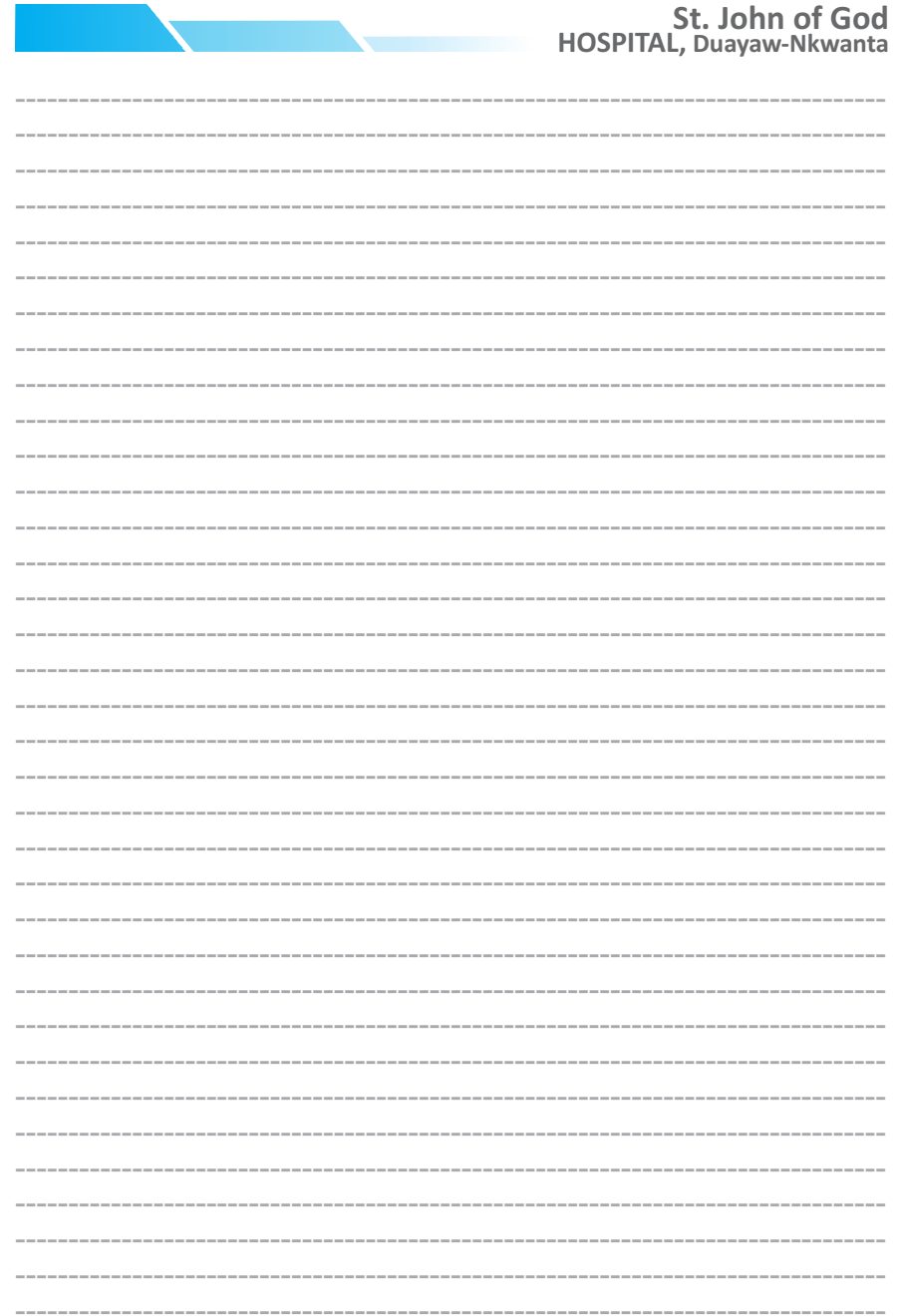
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**St. John of God
HOSPITAL,**
Duayaw-Nkwanta

annual report

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1.0 REPORT FROM THE ADMINISTRATOR

I welcome you to the year 2019 after the short festive break. The year 2018 was a year of improved quality health care delivery and with challenges that emanated from political, environmental, financial and others. The year 2018 was though challenging, management and I were very impressed about staff commitment towards the hospital's vision of continuing Christ healing ministry.

To mitigate challenges posed to the facility due to external factors, a SWOT analysis was done in 2017, to determine our Strength, Weakness, Opportunity and Threat in order to use our strength and opportunities to overcome our weakness and threats. The impact of this SWOT analysis was to improve market share in 2018.

The facility witnessed growing pressure on our health care service delivery due to consistent challenge in meeting our secondary care services demanded by MOH. The facility however witnessed a significant improvement in general OPD services, Orthopaedics services and surgical services. Interventional programmes such as community sensitization programs, radio programs and research were implemented due to external factors that negatively affects our market share. It is of no doubt that the year 2018 saw an overwhelming increase in OPD attendance and other indicators.

The year 2018 though saw improvement in NHIS reimbursement, however, reimbursement was that of previous years. This therefore brought pressure on the financial status of the facility, characterised by inability to pay our suppliers. The facility was also hit by internal factors such inadequate consulting rooms for doctors, outdated equipment, small space for maternity block and that of Neonatal Intensive Care Unit. Numerous interventions were instituted to construct a new NICU however, the program was hindered by lack of financial support.

The year 2018 annual report highlights the impact St. John of God Hospital made on the Ghanaian Health Care delivery system and beyond, especially the populace in the three northern regions, Ashanti, part of Western and Brong Ahafo Region. In order to continue rendering quality health care to the people of Ghana and beyond, I welcome your support towards improving quality healthcare delivery. You are invited to support us in our NICU

projects, Ultramodern Maternity ward and other projects that aims at improving health status of the Ghanaians and other African countries that share boundary with us. Like Paul Ryan said “Every successful individual knows that his or her achievement depends on a community of persons working together”, the facility therefore cannot achieve providing quality health care delivery and therefore needs your support to succeed.

To end this message, I extend my profound gratitude to colleague management members and all staff of St. John of God Hospital for their wonderful support towards improving the health status of the populace which today has yielded improved market share. I would also like to acknowledge Christian Health Association of Ghana (CHAG), National Catholic Health Secretariat (NCHS), The Bishop of Goaso Diocese, Goaso Diocesan Health Directorate (GDHD), Regional and District Health Directorate (RHD, DHD), District Assembly (DA), Traditional leaders, Ghana Commercial Bank, Duayaw Nkwanta Branch and Religious Bodies. Acknowledgement also goes to our foreign partners including Foreign Partners in Holland and Maastricht. I have no doubt that the year 2019 will be challenging as the facility continues the provision of quality healthcare to its clients. The facility will continue to utilize the opportunities and strength to overcome the threats and weakness in order to meet our patient's needs.

1.1 BEST PRACTICES

1. Conducting community surveys on client satisfaction
2. Establishing a committee for community outreach sensitizations that aimed at improving the facilities market share.
3. Improving patient facility relationship through mobile technology.
4. Embarking on radio programmes for community sensitizations on services rendered by the facility.
5. Involved all District Directors and sub-district heads of referred facilities of still birth in all stillbirth audit.
6. Appeal for funds for the NICU Project
7. Improving staff to staff and management relationship
8. Daily huddle

1.2 MOMENT OF SUCCESS

1. Increased our market Share (OPD attendance increased)

- the Emergency department for smooth and efficient transfers/admission of patients.
6. To ensure effective communication among team members throughout the year.
 7. There should be a monitoring team set up to monitor and educate the various facilities on the importance of client taking the ultra-scan and the need for laboratory investigations to be done.
 8. We are liaising with the referral centers to help accompany their clients when referring.
 9. Midwives should ensure that relevant information should be documented in clients ANC book esp. deliveries and laboratory investigations and not in their folders.
 10. We are hoping to get curtains to create partition at the ward to provide privacy.
 11. We are pleading to management if there can be a bell or siren notifying the time for visitors.
 12. We are pleading to management to separate the ward in the near future for effective management of our clients.
 13. We are pleading if management can create a mini pharmacy for us sine the rate at which we collect drugs are high.
 14. Some of the referral center has been notified about monitoring previous c/s at their facilities. Also, we will still liaise with them to help reduce some complications like ruptured uterus.
 15. To collaborate with the hospital management and hospital engineering service (HES) to repair the faulty beds and to refer those unrepairable to HMT to buy new ones provide maintenance at least once a year.

Way forward

1. To continue to provide holistic quality and efficient healthcare to our clients;
 - Through prompt and appropriate response to patients' needs and concerns.
 - Through proper orientation of patients during admission processes.
 - Adherence to best practices and protocols.
 - Continuous education and reducing client waiting time.
2. To foster team spirit and promote good interpersonal relationship among staff, patients and relatives.
 - Recognition of individual's contributions to the work and patient care.
 - Creation of a friendly working environment that appreciates and values individual's views and contributions.
 - Proper and early resolution of issues among team members.
 - Treating patients with respect and dignity.
 - Recognising and respecting the rights of patients in accessing healthcare.
3. To continue to ensure proper documentation of patients care to 90% target.
 - Documentation of all relevant information about patient care in the nurses' notes.
 - Proper report writing.
4. To promote general cleanliness of the ward at all times throughout the year 2019.
 - Daily cleaning of the ward.
 - Keeping items in order in the ward.
 - Continuous education of patients on how to help keep the ward clean and tidy.
5. To continue to ensure effective collaboration with the OPD and

2. Expansion of the scope of specialties (Urology)
3. Improved infrastructure (New Bungalows, renovation of bungalows, completed Surgical Ward, Complete Generator House)
4. Prudent Financial management
5. Improved Health Information Management System-Confidentiality & Documentation.
6. Payment of Staff allowances

1.3 CHALLENGES AND OPPORTUNITIES AHEAD

Challenges faced by St. John of God Hospital include;

1. Old or obsolete equipment.
2. Late reimbursement of NHIS claims
3. Activities of traditional healers
4. No recovery ward for general theatre
5. No production unit
6. Late referrals from other facilities
7. Inadequate Staff accommodation
8. Difficulty in mechanizing staff

Opportunities ahead in mitigating the challenges ahead includes;

1. To position St. John of God Hospital as a beacon for quality health care delivery.
2. To improve on human resource capacity of the hospital.
3. To improve on the hospital's solvency.
4. To improve on infrastructural and aesthetic beauty of the environment.
5. To scale up specialized services.
6. To improve community involvement/participation in healthcare.
7. To mobilize funds to complete existing/ongoing infrastructural project.
8. Install an oxygen plant

2.0 CHAPLAINCY REPORT

Introduction

Pastoral health care delivery is one of the very essential components of the total health care of the people of God. In offering pastoral care to the sick, Christ is made present in the healing process which helps the Hospital to fully realize the healing ministry of Christ. In this process, the patients are assured of Christ presence with them in their suffering. They are also encouraged to see themselves bearing the suffering of Christ.

At St. John of God hospital, the Chaplaincy has been offering such pastoral assistance to patients who visit the Hospital for total healing being psychological, emotional, spiritual and medico-physical.

The Chaplaincy also assist staff in the Hospital through Counselling, retreats and other spiritual exercises as a medium of reconciliation among staff and between staff and management.

Activities

Below were the activities carried out by the chaplaincy in 2018:

a. Eucharistic celebration

Holy Mass was celebrated every Tuesday, Wednesday and Friday at 6:30 am in the Hospital. Some patients who attended the Out-Patients Department (OPD) participated in the Mass for those days. The End of Year thanksgiving Mass was held on the 22nd December, 2018. Some staff, parishioners and patients attended the Mass as our appreciation to God for his protection and support for the Hospital throughout the year.

b. Counselling

The Chaplain offered counseling to both staff and patients within the year. The clinicians sometimes referred patients to the Chaplain for counselling. These mostly included patients who were due for surgeries and others. There were others who willingly approached the Chaplain for counselling about issues bothering them.

among staffs during working times and also limitations to admissions.

- ⦿ There is no improvement in the lifting techniques (good body mechanics) as a result of some faulty beds which are not able to elevate to the level of the stretcher.

Challenges

- ⊙ Staff visiting friends and relatives during busy times at the unit.
- ⊙ Non-insured clients with the challenge of settling their bills on time
- ⊙ Uncontrollable to and fro movement of visitors in the ward throughout the day.
- ⊙ Overaged beds which most are now not adjustable.
- ⊙ Limited space for the admission of chest infections like Pulmonary TB cases/cases requiring isolation.
- ⊙ Non availability of bedside rails of almost all the beds which frequently cause falls of most children from their beds.
- ⊙ NICU mothers' accommodation challenge:
Non availability of properly planned sleeping space for NICU mothers. Currently, NICU mothers and their relatives are accommodated at the children's ward on the floor and sometimes on beds bringing about congestion in the ward.
- ⊙ Some emergency cases that are been referred to the unit are reported without an accompanying midwife or nurse.
- ⊙ Some clients who are ANC attendants have some of their vital information written in their folders without the ANC card which they normally present with.
- ⊙ Inadequate privacy at the ward. Most clients do request for private ward.
- ⊙ Combination of maternity, gynaecological and labour ward makes documentation and completing of specific task difficult which reduces the quality of care.
- ⊙ There is a delay in getting some drugs from pharmacy due to untimely payment of drugs and the time interval client deliver for drugs to be written for them.
- ⊙ Some of the referrals from the sub district do report with 2 previous c/s in labour which at times causes complication.
- ⊙ Non attendant and some referral cases report to the ward without ultra sound and laboratory investigation.
- ⊙ The unit is small and not spacious enough, which leads to congestion

c. Ward Rounds

The Chaplain could visit the patients on the wards after mass and prayed for them.

The Catholics among them received Holy Communion and sometimes the other sacraments such as anointing of the sick and the sacrament of Reconciliation. The Chaplain always encouraged them and also assured them of God's healing.

d. Charity

The Chaplain was always available in the Hospital to offer assistance to the patients, staff and the management. He was always present and also ready to offer pastoral assistance to both staff and patients.

e. Availability

The Chaplaincy offered charity works for some patients within the period under review. There were some patients who did not have the Health Insurance and therefore could not pay their bills which the Chaplaincy assisted. Some patients were supported for feeding and hostel accommodation because their relatives were unable to foot it.

f. World Day of the Sick

The Chaplaincy participated in the celebration of the world day of the sick which took place at St. Elizabeth Catholic Hospital Hwidiem.

Conclusion

I wish to thank the almighty God for his support and protection for me to work in the Hospital throughout the year. I also thank my Bishop, Most Rev. Peter Kwaku Atuahene for his support for me. I am again thankful to all staff for their cooperation throughout the year. It is my fervent hope that the pastoral work at the chaplaincy will continue to help bring healing to the patients who visit the hospital while the staff will find fulfilment in their work.

3.0 SUMMARY OUTLOOK 2018

Interventional programmes such as community sensitization programs, radio programs and research yielded increase in OPD attendance from 86539 to 97059 representing 12.2% increase.

On Leadership and Governance, the facility sought to expand the hospital's infrastructure capacity, ensure prudent financial management, expands the scope of specialized services and also to improve the market share of clients in the district. Management therefore adopted auditing, monitoring and evaluation tools to ensure a successful implementation of the set goals.

On infrastructure, the facility targeted completing the surgical ward and two detached staff accommodation for doctors. The surgical ward and the doctor's accommodation were all completed in 2018. In order to achieve prudent financial management accounting measures were also put in place. Radio sensitizations, community sensitization programmes and surveys were embarked on towards improving the market share of the hospital.

Although, there were high service pressure posed to the facility by external factors, however, the facility was challenged with late reimbursement by the National Health Insurance Scheme. The challenges of NHIS within the years 2018 though was not enormous as compared to the year 2017, as the government begun relieving facilities from the high indebtedness, however, it was still enshrined with its known delay reimbursement. Traditional healers' activities within the district and outside the district also posed a lot of threat to our service provision in 2018. Not only that, the establishment of a clinic in Duayaw Nkwanta township also posed a major threat to the facility, however, we were able to overcome the threat in 2018.

Despite numerous of challenges by the NHIS, GHS facilities, and the activities of Traditional healers, the facility was able to increase its market share within the Ghanaian Health care system. It is not surprise that the facility NHIS coverage in 2018 improved from 94.2% in 2017 to 97.1% in 2018 irrespective to numerous challenges faced by the hospital. This therefore reflects improvement on key performance indicators such as OPD per capita, OPD insurance coverage and reduction in stillbirth rate.

There was an increase in OPD per capita from 0.91 to 1 in 2018. This suggests an increase in the hospital's market share. The year 2018 however

admissions in 2018.

Table 56: Mortuary Statistics

Years	Bodies from the hospital		Bodies from outside the hospital		Total
	No.	%	No.	%▼	%
2015	130	21.4	175	48.3	35.6
2016	98	-28.2	154	-15.2	-21.2
2017	88	-2.0	113	-26.4	-16.3
2018	90	-26.0	142	+13.2	-5.8

Bodies from the hospital to the mortuary declined by 26%, with an increase in bodies from outside the hospital. Meanwhile the overall bodies sent to the mortuary decline by 5.8% in 2018 when compared to 2017 as revealed in table 55.

List of Achievements

- ❖ The unit in conjunction with the nutrition unit have been able to educate most clients with chronic condition such as DM, HPT clients on their care and behavior modifications.
- ❖ Minimal staff – patient conflicts.
- ❖ Decreased incidence of infected wounds at the ward.
- ❖ Improved documentation efforts. About 80% of vital and important information about patient's care are documented in the Nurses notes and in the reports.
- ❖ Improved staff relationship which is enhancing teamwork.
- ❖ All staff midwives at the ward have been trained on MEBCI.
- ❖ Surgical wound infection has been reduced.
- ❖ The usage of partograph at the ward has been increased.

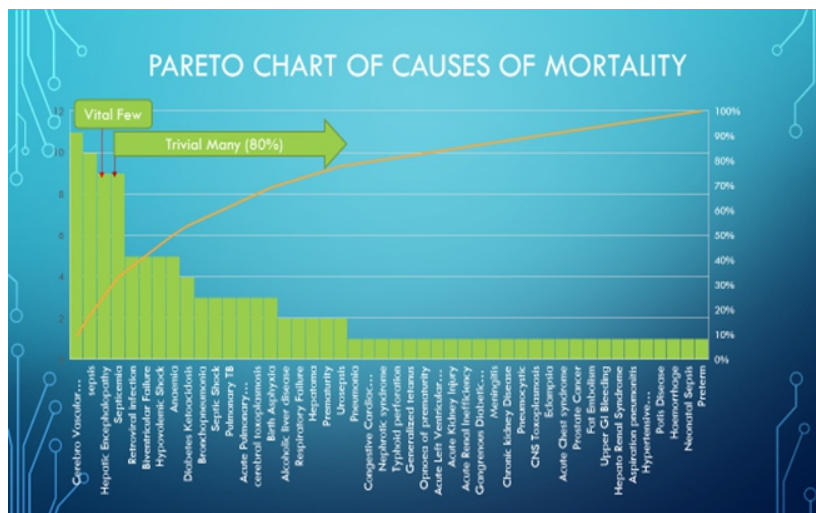


Figure 30: Pareto Chart of Causes of Mortality

Figure 29 illustrates that Cerebro Vascular Accident, Sepsis, Hepatic Encephalopathy and Septicaemia formed 20% and are the major causes of deaths at the facility. So in order to reduce mortality at the facility, our interventions should be geared towards Cerebro Vascular Accident, Sepsis, Hepatic Encephalopathy and Septicaemia.

Table55: Institutional Infant/Neonatal Mortality Rate

INDICATOR	2014	2015	2016	2017	2018
Neonatal Mortality Ratio	1 1/1000 LBS	1 1/1000 LBS	10 7/1000LBS	9 6/1000LBS	11 6/1000LBS
Infant Mortality Ratio	4 7/1000adm	5 10/1000adm	4 2/1000adm	4 8/1000adm	5 13/1000adm
1-4 Years	19 9/1000adm	9 6/1000adm	13 9/1000adm	3 2/1000adm	8 5/1000adm
Under Five Mortality Ratio	24 6/1000 adm+LBs	15 4/1000adm+LBs	27 12/1000adm+LBs	16 4/1000adm+LBs	24 6/1000adm+LBs

Table 54, depicts an increase in overall under five mortality rate from 4/1000 admissions and live births reported in 2017 to 6/1000 live births and

saw an increase in maternal mortality rate from previous 77 per 100,000 Livebirths to 197 per 100,000 Livebirths. There was also increase in overall under five mortality rate from 4/1000 admissions and live births reported in 2017 to 6/1000 live births and admissions in 2018. Meanwhile, the facility reduced macerated stillbirth from 19/1000 babies to 6/1000 babies in 2018. Fresh stillbirth was also reduced from 12/1000 babies to 10/1000 babies in 2018. The hospital therefore welcomes any interventional support that aims at promoting the Christ healing ministry to clients in Ghana and beyond.

4.0 FACILITY PERFORMANCE

Table 1: Performance Indicators

INDICATOR	EXPECTATION	2016	2017	2018
Percentage Bed Occupancy Rate	75%	53.7%	64.2%	65.2%
Facility Admission Rate		8.7%	8.3%	7.3%
Facility Death Rate	1%	1.8%	1.7%	1.7%
OPD Insurance Coverage	80%	93.0%	94.0%	97.1%
In-Patient Insurance	80%	90.5%	92.1%	91.5%
Deliveries at Facility	99%	96.4%	96.3%	98.5%
Under Five Mortality Rate	10/1000 adm+LBS	12/1000	4/1000	6/1000
Infant Mortality Rate	20/1000adm	2/1000	8/1000	13/1000
Neonatal Mortality Rate	10/1000LBS	7/1000	6/1000	6/1000
Low Birth Weight Rate	5%	15.9%	14.6%	12.9%
Maternal Mortality Rate	100/100,000LBS	145/100,000	77/100,000	197/100,000
Macerated Stillbirth Rate	10/1000 Babies	5/1000	19/1000	6/1000
Fresh Stillbirth Rate	10/1000 Babies	2/1000	12/1000	10/1000
CT Positive Rate		18.0%	17.0%	5.7%
PMTCT Positive Rate		1.6%	0.9%	0.6%
Rate of surgical cases per admission		27.8%	31.5%	35.6%
Caesarean Section Rate	15%	30.3%	36.9%	31.2%
Doctor to Patient Ratio	1:10000	1:10847	1:7867	1:8824
OPD Attendance per Capita		0.8	0.9	1.0
Average Daily OPD Attendance		256	207	237
Average Daily Admissions		20	18	19

The number of active beds during 2018 increased from 87 active beds to 92 active beds in the facility. This indicates that 92 active beds out of the total 136 beds were used within 2018. The admission rate was also decreased from 8.3% to 7.3%. Death rate at the hospital however remained the same (1.7%) in 2018. Most of the death cases were due to late referral from other facilities within the municipal and outside the municipality. We therefore aim at embarking on rigorous health education on patient health care seeking behavior and also training of staff in peripheries on referral systems in Ghana.

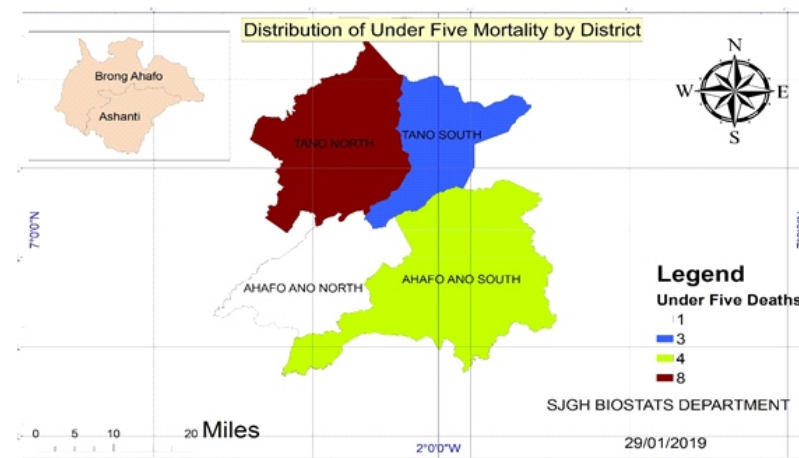


Figure 28: Distribution of Under Five Mortality by District

Figure 28 illustrates that 8 under five deaths were reported from Tano North Municipal, 4 cases were from Ahafo Ano South, 3 cases from Tano South and the remaining 1 was from Ahafo Ano North.

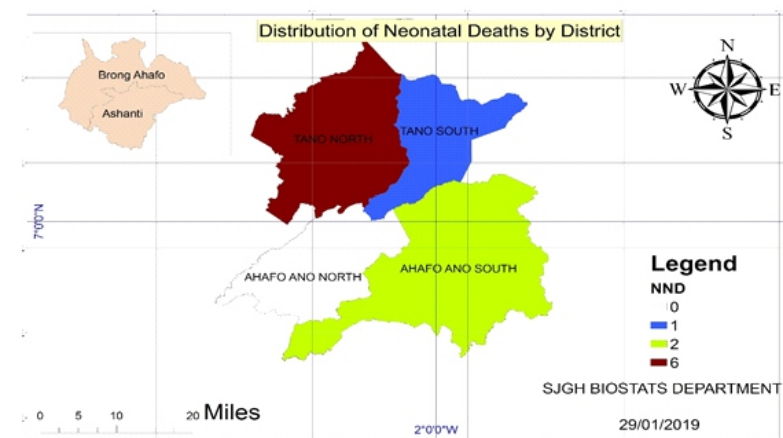


Figure 29: Distribution of Neonatal Deaths by District

On neonatal mortality, Tano North was leading with 6 deaths, followed by Ahafo Ano South and the remaining 1 from Tano South District as illustrated in figure 28.

On under five cause specific mortality rate, table 51 depicts that for every 1000 under five children admitted with sepsis, 19 deaths were recorded. It continues to reveal that 51/1000 pneumonia deaths, 30/1000 birth asphyxia and 14/1000 pneumonia deaths respectively were also recorded in the year 2018.

Table53: Sex Specific Mortality Rate

Years	Male		Female		Total
	No.	Rate	No.	Rate	
2015	53	26	68	17	20
2016	56	27	47	13	18
2017	65	24	54	12	17
2018	54	22	63	14	17

On sex specific mortality rate, for every 1000 males that were admitted at the facility, 22 died, while 14 out of every 1000 women admitted same year also died. The crude mortality rate was 17/1000 admissions.

Table54: Age Specific Mortality Rate

Age 60+ were found dying more than any other age categories representing 102/1000 admissions, followed by 35-59 years with 27/1000 admissions and neonatal deaths with 23/1000 admissions respectively as indicated in table 53.

Ages	Deaths	
0-28 days	No	9
	Rate	23
1-11 months	No	3
	Rate	10
1-4 years	No	5
	Rate	3
5-14 years	No	3
	Rate	4
15-34 years	No	16
	Rate	6
35-59 years	No	31
	Rate	27
60+	No	50
	Rate	102

OPD insurance coverage was increased from 94.0% to 97.1% while IPD insurance coverage rate was decreased from 92.1% to 91.5% in 2018. However, the facility covered high insurance coverage rate when comparing to the WHO standard (80%). Overall under five mortality rate upsurge from 4/1000 to 6/1000 admissions and live births in 2018. This means that out of every 1000 live births and admissions recorded at the hospital including emergency cases, the facility recorded 6 under five death cases.

Infant mortality rate upsurge from 8/1000 admissions to 13/1000 admissions meaning that 13 out of every 1000 admissions and emergency detentions died. Neonatal deaths however did not change when comparing it to 2017 (6/1000 live births). Although, interventions like training of midwives in the peripheries on referral policies and also community education on neonatal health were implemented in 2018, however, death rate among under five went high due to late referrals. We are of the belief that the new intervention by management of the hospital, inviting districts involved in all clinical audit on every under-five death recorded at the facility level will help further reduce the death rate.

Moreover, the C/S rate recorded at the facility is greater than the standard required by WHO (10-15%). Maternal mortality rate showed an increase which indicates a shift to the negative direction. However, the reduction in macerated stillbirth rate from 19/1000 to 6/1000 babies delivered and that of fresh stillbirth from 12/1000 to 10/1000 in 2018 indicates improvement in service delivery.

5.0 BACKGROUND INFORMATION OF ST. JOHN OF GOD HOSPITAL, DUAYAW NKWANTA

St. John of God Hospital is one of the five health facilities in the Goaso Catholic Diocese. It is the District hospital North District of the Brong Ahafo region.

The Catholic Diocese of Goaso is the sixteenth Diocese in Ghana which was created in 1997. It has seven administrative districts namely, Asunafo North, Asunafo South, Asutifi, Tano North, Tano South Districts all in the Brong-

Ahafo Region and Ahafo Ano North and Ahafo Ano South Districts of the Ashanti Region. The facility is located at Duayaw Nkwanta, a district capital of Tano North district.

St. John of God Hospital remains as the District Hospital in Tano North district in the Brong Ahafo region. The facility provides general patients care to the people of the Tano North District. St. John is known by the health care delivery services provided neighbouring towns and villages in the Ashanti Region and residence of Tano North District. The hospital is a specialized orthopaedic centre in Brong Ahafo Region. It serves as a referral centre for orthopaedic cases for the three Northern Regions, part of the Ashanti region, Central, Western region and from regions and from neighbouring Burkina Faso and La Cote D'voir for orthopaedics and trauma cases.

St. John of God Hospital has a bed capacity of 174 divided in General, Children, NICU, Orthopaedic, Emergency and Maternity wards. The institution also has two theatres, seven private wards, Reproductive and Child Health, Physiotherapy and Rehabilitation, Pharmacy, Laundry, Hospital Engineering and Eye departments.

The institution operates 24-hour emergency service. It has six consulting rooms and a vital signs room. The medical records, cashiers, billers, laboratory, health insurance, dispensary, doctors' conference and rest rooms are all found at the O.P.D.

The administration block is separate and contains the Administrator's Office,

were found to have used an active bed, while it took 1 day 6 hours for an active bed to become occupied. At NICU, 48 patients were found to have used the 6 active bed out of the total 10 beds. Patients at that ward spent 4 days, 15 hours at the ward, while it took 2 days, 23 hours for an active bed to become occupied. Notwithstanding that, Maternity had 17 out of the 24 beds been active in 2018. It however, took 2 days, 13 hours for patients to be discharged, 99 patients were also found to have used an active bed, which took 1 day, 3 hours for an empty bed to become occupied. SEA surgical ward started in December, 2018 and had 3 beds been active.

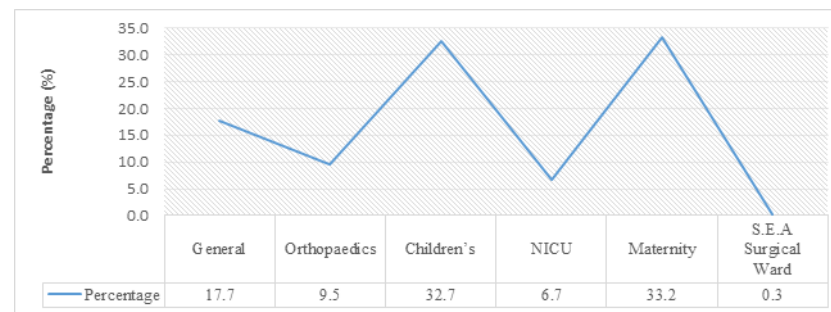


Figure27: %Contribution by Wards

On percentage contribution by wards, Maternity ward had the highest admissions representing 33.2%, followed by Children's ward with 32.7% and General ward also with 17.7% admissions out of the entire facility admissions recorded in 2018.

Table52: Under Five Cause Specific Mortality Rate

Distribution of causes of deaths among children aged <5years				
No.	Diseases	No of Children with same Conditions	No. of Deaths from same condition	Rate/1000
1	Sepsis	158	3	19
2	Septicaemia	569	1	2
3	Pneumonia	147	2	14
4	Severe Anaemia	310	1	3
5	Prematurity	59	3	51
	Birth Asphyxia	99	3	30

INTERPRETATION OF STATISTICS

Occupancy Rate = 53.7%

$$\text{No. of Active Beds} = \frac{65.2\%}{100} * 141 = 92 \text{ beds}$$

This means that, out of 141 beds, 92 beds were active or used in the year 2018.

Averagely a patient spent at least 4 days, 17 hours at the ward.

$$\begin{aligned} \text{Turnover per Bed} &= 51.0 \\ &= 51 \text{ patients} \end{aligned}$$

This means that an active bed was used by 51 Patients during the year 2018.

$$\text{Turnover Interval} = 2.5$$

This implies that, it took 2 Days; 12 Hours for an empty bed to become occupied by patients in 2018.

Table 51: Performance by wards 2017

WARDS	Admission	Discharges	Death	PDS	OCCR	Active Beds	ALOS	TOPB	TOI	BC
General	1271	1199	93	7734	68.4%	21	5days, 23hrs	41pts	2days 18hrs	31
Orthopaedics	686	691	1	11235	61.6%	31	16days, 6hrs	10pts	13days, 20hrs	50
.....	2351	2339	11	6577	69.3%	18	2days, 19hrs	90pts	1day, 6hrs	26
NICU	480	473	9	2223	60.9%	6	4days, 15hrs	48pts	2days, 23hrs	10
Maternity	2393	2382	3	6095	69.6%	17	2days, 13hrs	99pts	1day, 3hrs	24
S.E.A Surgical Ward	18	17	0	90	16.1%	3	5days, 7hrs	17pts	27days, 12hrs	18

From table 50, 21 beds out of 31 beds at general ward were active, patients spent 5 days, 23 hours at the ward with 41 patients using an active bed. It however, took 2 days, 18 hours for an empty bed to become occupied. Orthopaedics ward had a bed capacity of 50, 31 beds were active during 2018, 10 patients used an active bed, with patient spending 16 days, 6 hours at the ward and 13 days, 20 hours for an active bed to become occupied. The table continues to reveal that out of the 26 beds at children's ward, 18 were active, with patients spending 2 days, 19 hours at the ward. Ninety patients

Accounts section, the Office for Human Resource Manager, the Secretarial and Telephone Exchange Room and a classroom for in-service training. The hospital has a Medical store which is separate from all other departments. There are 3 morning masses in every week at 6:30 am on Tuesdays, Wednesdays and Fridays.

Health Care Services

We operate the following services:

- Out-patient Care
- Inpatient Care
- Medical and Surgical Care
- Pharmaceutical Services
- Laboratory
- Imaging
- Counseling and Testing/Prevention of Mother to Child Transmission (C.T/PMTCT)
- Diabetic Clinic
- Tuberculosis programme
- Orthopaedic service
- Physiotherapy and Rehabilitation
- Health Education
- Reproductive and Child Health
- Maintenance
- Hypertensive clinic
- Eye Clinic
- Club foot Management
- O&G clinic
- E&T clinic
- Urology
- Cancer Screening

6.0 TANO NORTH DISTRICT PROFILE

Tano North District has an estimated population of 97886 (projected from the 2010 population and housing census) for 2018. The annual growth rate was 2.5%. It is bounded in the North West by Sunyani Municipality, South West by Asutifi, to the South by Tano South and to the North by Offinso Districts.

It has a semi deciduous forest with two seasons; rainy season (April – August) and the dry season (October – March). The average rainfall is about 1200mm per annum. The district experiences moderately warm climate with an average temperature of 24°C and maximum temperature of 39°C. The district is drained by rivers Tano, Kwasu and Subiri; the area has fairly good drainage though the soil in Duayaw-Nkwanta is high in clay. The yearly bush fire is causing deforestation.

The main trunk road from Kumasi to Sunyani passes through the district. The other roads linking Duayaw-Nkwanta to the other smaller towns and villages within the district are untarred and it is difficult to travel to most rural communities during the rainy season.

There is an extensive telephone network including mobile phone services of Vodafone, MTN, AirtelTigo and Glo. There is 24-hour internet service in the hospital as well. The hospital depends on a mechanized borehole that supplies water to the wards and quarters.

The main economic activities of the people are farming and trading. The cash crops cultivated are cocoa, citrus and oil palm. Food crops are maize,

From table 49, the overall admission in 2018 saw a decrease of 0.9% when compared to the year 2017. Insured admission formed 91.5% of the total admissions, while the remaining 8.5% were non-insured admitted clients.

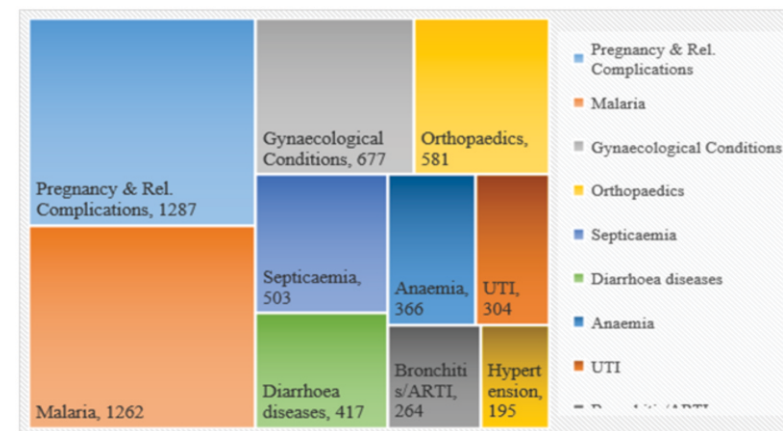


Figure26: Top Ten Causes of Admissions

On causes of admissions, pregnancy & related complications were the leading cause with 1287 cases, followed by 1262 Malaria cases and 677 Gynaecological conditions.

Table50: In-patient Service Output statistics

Indicators	2015	2016	2017	2018
Admissions	6024	6623	7177	7113
Discharges	5905	6505	7009	7016
Death (Rate)	121 (2.0%)	117 (1.8%)	119 (1.7%)	117 (1.7%)
Patient Days	29214	26725	31971	18706
Occupancy Rate	66.1% (87acb)	61.1% (83acb)	64.2% (87acb)	65.2% (92acb)
Average Length of Stay	5 days, 5hrs	4 days, 20 hrs	4 days, 12hrs	4days, 17hrs
Turnover per Bed	47 patients	46 patients	52 patients	51 patients
Turnover Interval	2days, 17hrs	3 days, 2hrs	2 days, 12hrs	2 day, 12hrs
Bed Capacity	131	131	136	141

Emergency to pre inform the unit to prepare clients bed for prompt admission and or transfers of patients.

- ❖ Continue to educate clients on their conditions especially those with chronic conditions such as DM, HPT, etc.
- ❖ Prompt attention to patients needs and prompt and appropriate response to patients' needs
- ❖ Team work and prompt resolution of issues among staff.
- ❖ Adhering to and updating existing protocols at the unit.
- ❖ Regular departmental meetings to monitor progress and performance.
- ❖ Nutritional counseling of anaemic and malnourished patients in collaboration with the nutrition unit.
- ❖ All pregnant women in active stage of labour will be managed strictly with pantograph to monitor contractions, FHR, descent, molding and liquor.
- ❖ Ensuring that new midwives are trained on MEBCI.
- ❖ Organizing frequent drills on helping baby breathe.
- ❖ Monitoring of baby assessment sheet to assess midwives' knowledge on MEBCI.
- ❖ Monitory of delivery book to assess midwives' knowledge and asphyxia rate.
- ❖ Infection prevention and control practices such as handwashing, gowning, gloving have improved.

Performance Highlights

Table49: Admission by Insured and Non-insured

Years	Insured		Non-insured		Total		% Insured		% Non-insured	
	No.	%	No.	%	No.	%	%	%	%	%
2015	5496	1.4	528	0.6	6024	1.2	91.2		8.8	
2016	5994	9.1	629	19.1	6623	9.9	90.5		9.5	
2017	6613	10.3	564	10.3	7177	8.4	92.1		7.9	
2018	6508	-1.6	605	7.3	7113	-0.9	91.5		8.5	

cassava, vegetables such as tomatoes, garden eggs and pepper. There are quite a number of public and civil servants employed in various institutions. Newmont mining company, an American-based mining giant, has started prospecting for gold in the district.

All major towns in the district have access to electricity. The hospital is supported by a standby generator when electricity goes off.

The District has four level B health centres and three completed CHPS zones, and St. John of God hospital is the referral facility for all the health facilities in the district. Duayaw Nkwanta now have 2 facilities. These are St. John of God Hospital own by CHAG and Duayaw Nkwanta Clinic which is also own by Government.

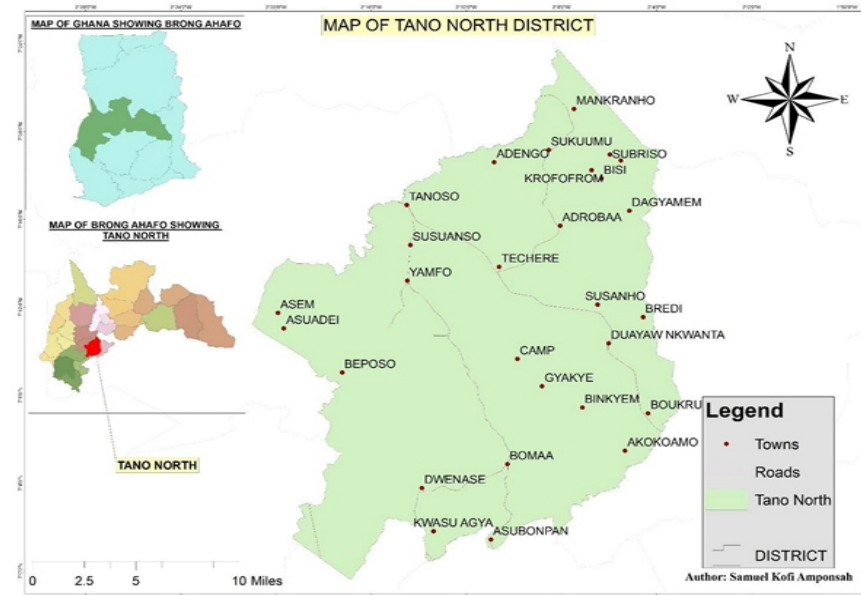
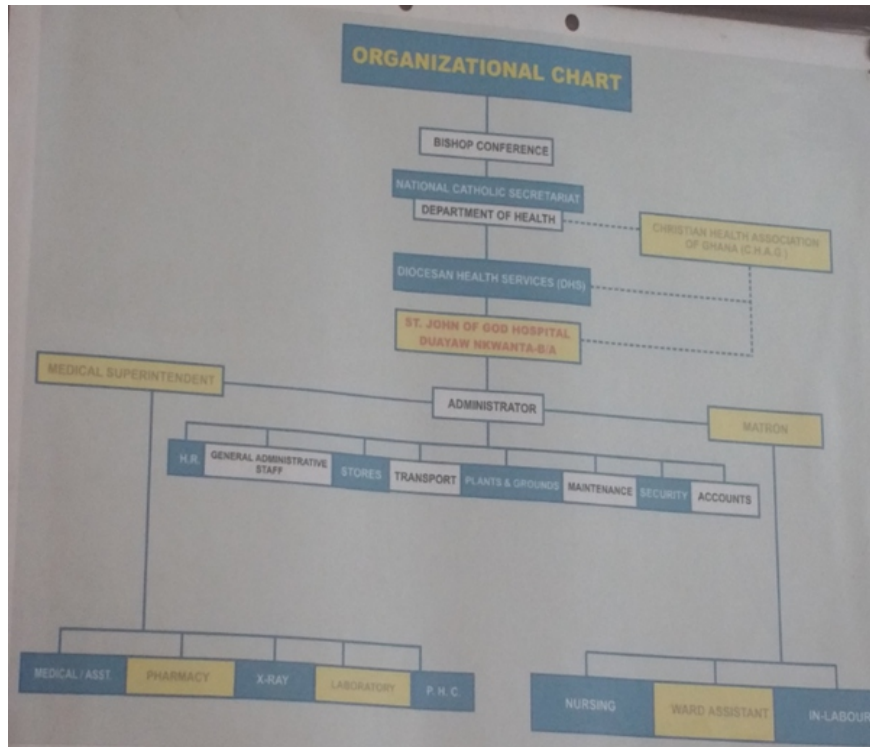


Figure 1: District Map

7. ORGANISATIONAL STRUCTURE AND VALUES



HOSPITAL LEADERSHIP/HOSPITAL MANAGEMENT TEAM

The leadership of the hospital are as follows:

- | | |
|--------------------------------|---|
| 1. Rev. Sr. Rosina Fosu Ntiwaa | <i>Administrator</i> |
| 2. Dr. Prosper A. K. Moh | <i>Specialist (Orth. Surgeon, Medical Director)</i> |
| 3. Mrs. Comfort Ofei | <i>Matron</i> |
| 4. Rev. Fr. Peter Nimo | <i>Chaplain</i> |
| 5. Mr. Kwabena Amoah Addo | <i>Accountant</i> |
| 6. Mr. Theophilus Gyamfi-Bonsu | <i>Human Resource Manager</i> |

32.0 INPATIENT SERVICES

Objectives

- ❖ To provide holistic care to our clients
 - By reducing patients waiting time
 - By adhering to protocols
- ❖ Improve good interpersonal relationship among staff in the ward throughout the year.
- ❖ To ensure proper documentation throughout the year;
 - By properly documenting procedures and patients' care at all times in the Nurses notes.
 - Charting of medications rightly and maintenance of intake and output charts.
- ❖ To effectively manage wounds with the use of aseptic technique throughout the year.
- ❖ To ensure a *continuous effective collaboration* with the nutrition unit for routine health education on child nutrition and anaemia.
- ❖ To ensure that fetal heart rate is monitored for all mothers from 28weeks cyesis who are on admission.
- ❖ To ensure safe delivery of all pregnant women by using partograph in active stage of labour.
- ❖ To ensure all midwives are trained for making every baby count initiative [MEBCI].
- ❖ To improve kangaroo mother care practices in pre-terms/low birth weight babies by 100% to help establish and enhance the bond between mother and baby.
- ❖ To ensure strict and effective infection prevention measures in the unit by following all due protocol.
- ❖ To improve on lifting techniques (good body mechanics)
- ❖ To ensure that staff adhere to the highest code and principle of ethics

Activities

- ❖ Collaborating with other departments like the OPD and the

- One infectious waste bin
- A new theatre lamp installed
- Three decontamination bowls
- ENT Instrument set
- Voltage regulator
- APC surge protectors (5)
- Wellington boot 6 pairs
- Soap dish 7

Challenges

- Lack of recovery ward at the general theatre still remains a concern.
- The two autoclaves at the general theatre are not working.
- The C-Arm machine is faulty.
- One of the computers has broken down beyond repair.
- One diathermy machine got spoilt and has been declared beyond repair.
- Unavailability of anaesthesia assessment clinic remains a challenge.
- We recorded two (2) deaths in theatre immediately after surgery.

Way forward

1. Liaise with management and the technical team involve to;
 - A. Ensure proper functioning of the faulty machines and replacement when necessary.
 - B. Revisit the need to have a recovery ward for the general theatre as well as anaesthesia clinic.
2. Continue with infection prevention and control measures throughout the year.
3. Standard practices through strict adherence to updates in anaesthesia and surgical procedures are still our priority.
4. Continue to ensure patient safety throughout the year.

8.0 QUALITY ASSURANCE/INFECTION PREVENTION AND CONTROL REPORT

The QA is the foremost committee responsible for all quality related issues in the hospital in the area of clients services as well as staff performances. 2018 was a fruitful year as once again the QA was heavily involved in the provision of holistic healthcare services to clients. By way of lessons learnt from past experiences, the QA team's membership was expanded to include the whole department (departments whose Heads are members) instead of the usual practice of limiting membership to just the heads of these departments. Thus, activities were uninterrupted since every department was represented during meetings even in the absence of the substantive HODs.

QA through the pharmacy department was able to maintain a minimum stock level of 70% of essential drugs throughout the year. There was an increase in the number of extemporaneous preparations which reduced the cost of medicines and increased the hospital's revenue generation. Clients' and staff's satisfaction surveys were conducted; findings discussed and disseminated for the consumption of stakeholders to address challenges identified by the surveys. In order to reduce clients' waiting time especially at the Out-Patient department, QA has proposed 24/7 hour OPD services and has achieved the success of having pharmacy running a three-shift system in addition to the departments already running such a service. QA is still engaging with HMT to get other departments on board to fully operationalize the 24/7 hour OPD services. Trainings were held for staff on hand hygiene practices, waste segregation, decontamination and appropriate use of chlorine based disinfectants, mass causality, etc. The activities carried out by the team saw a slight reduction in wound infection rate as indicated in table 2;

Table2: Wound Infections by Sex

YEAR	TOTAL		SEX			
			Male		Female	
	No	% /Surger	No	%	No	%
2016	32	1.7	22	68.8	10	31.2
2017	29	1.3	8	27.6	21	72.4
2018	30	1.2	17	56.7	13	43.3

Out of the total surgeries performed, the facility recorded 1.2% wound infections in 2018. From the 30 wound infections recorded, 17 of them were males (56.7%) while the remaining 13 (43.3%) were females.

As the foremost committee concerned with quality, the QA team led the successful participation and organization of Peer-Review exercise (review of the activities of the facility by other health facilities in Brong Ahafo Region). As part of the review exercise, mock reviews were conducted twice in the facility before the regional review; areas that needed improvement were identified and the necessary actions were taken to correct them. By dint of hard work on the part of HMT (Hospital Management Team), QA and staff, the facility scored at least 83% in the peer-review and was among the top three (3) best performing facilities in the region. QA team participated as reviewers in the peer-review exercise of other facilities such as Bechem Government Hospital and Techimentia Polyclinic. To improve on quality health care, the team has adopted to conduct mock peer-review locally every year and reward hardworking departments. The team has also observed that hand hygiene practices and waste segregation must be taught at every social gathering in the facility.

As the adage goes “stagnant water gives off odour”; later part of the year, there was a change in the leadership of the team as the chairman (Ms. Mary Bibiana Naaeke- Nurse Manager) went on retirement and was replaced by Mrs. Comfort Ofei (Nurse Manager) as chairman. The new chairman had been part of the team as the representative of Emergency ward (HOD). We are confident that, going forward the QA team will soar higher and the full benefits of the team will be realized for the betterment of all and sundry.

Performance Highlights

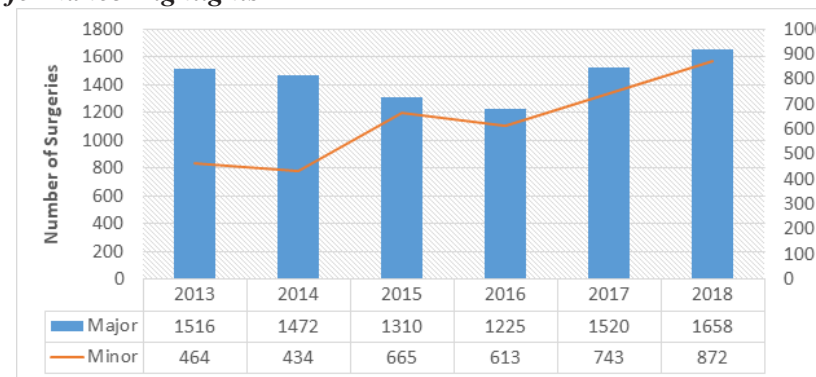


Figure 25: Operations Performed

Figure 25 reveals that major surgeries increased from 1520 to 1658 representing 9.1%, while minor surgeries also upsurge by 17.4% comparing 2018 to 2017.

Table 48: Statistics on Anesthesia Given

Year	Spinal	GA/Spinal	LA	GA	TOTAL
2015	946	316	317	64	1643
2016	1073	310	324	48	1755
2017	1103	1	491	376	1971
2018	1124	388	756	100	2368

Total anesthesia given in 2018 went up by 20.1% as depicted in table 48.

List of Achievements

1. Patient safety achieved.
2. Request for ECG services to indicated clients achieved
3. Infection prevention and control measures ensured at all times.
4. The following items were received during the year under review;
 - One battery drill
 - Seven towel dispensers
 - Four wall clocks

Objectives & Activities

1. To ensure 100% patient safety throughout the year;
 - ✓ Doing proper anaesthetic assessment.
 - ✓ Making good use of the surgical safety checklist through education.
2. To enhance the spirit of team work by fostering good interpersonal relationship among staff.
 - ✓ Regular departmental meetings.
 - ✓ Immediate resolution of conflict.
3. To prevent and control infection by adhering to its protocols throughout the year.
 - ✓ Wearing of protective clothing such as face mask, goggle, rubber apron etc.
4. To ensure standard practices by; strict adherence to updates in anaesthesia and set protocols.
 - ✓ Request of ECG services to the aged and all patients suspected of having cardiac conditions.
 - ✓ Participate in continuous professional development.
5. Liaise with management to establish; a central sterilization supply department in the hospital, a recovery for general theatre, a unit to run anaesthetic clinic.
 - ✓ Regular follow up to remind management.
6. To help deal with the implementation challenges of labour analgesia.
 - ✓ Educating both staff and client.

9.0 ACCOUNTS DEPARTMENT

The Accounts Department comprises three (3) sections

- Bookkeeping Section
- NHIS Claims Processing Section
- Revenue Collection Section

The Department as 31ST DECEMBER 2018 has the following staff:

- | | |
|------------------------------|---|
| • Head of Department | 1 |
| • Accountants | 3 |
| • Health Educator | 1 |
| • Finance officers | 5 |
| • Revenue Collectors | 2 |
| • National service Personnel | 2 |

Objectives

The objectives for 2018 were:

- To ensure effective communication between the Nurses, Cashiers and clients in the daily money collection.
- Timely preparation and submission of insurance claims
- Reduce rejection of bills by NHIS to less than 1%
- Ensuring prudent financial management

Activities

- Responsible for the preparation of annual budget for presentation to the Diocese and CHAG
- Preparation of patient bills (both insured and non-insured)
- Collection of all fees on behalf of the hospital
- Responsible for all payments on behalf of the hospital
- Compensation
- Payment to vendors
- Make funds available for purchasing
- Tax payment
- Financial reporting

Performance Highlights

The department was able to improve on its financial management. The income generated from patients saw an increase as the OPD attendance also increased in 2017. In addition to this, the department upon the numerous challenges faced in 2017, was able to pay her suppliers and also other allowances in order to motivate staff.

Table 3: Financial Statistics

<i>INCOME</i>	<i>2018</i>	<i>2017</i>	<i>2016</i>	<i>2018(budget)</i>
PATIENT FEES	6,938,766.27	6,160,340.15	4,696,611.77	7,228,731.06
GOVERNMENT SUBVENTION	6,767,256.48	5,980,199.88	4,785,350.52	6,199,649.23
MORTUARY FEES	139,681.00	124,768.00	133,891.40	164,923.20
OTHER INCOME	283,697.20	202,416.53	226,244.56	231,438.82
GIFTS AND DONATION	<u>219,608.55</u>	<u>106,669.80</u>	<u>48,546.00</u>	<u>101,500.00</u>
	<u>14,349,009.50</u>	<u>12,574,394.36</u>	<u>9,890,644.25</u>	<u>13,926,242.31</u>
EXPENDITURE				
COMPENSATION	8,575,993.58	7,422,733.34	5,841,916.63	7,706,452.11
PURCHASES AND SUPPLIES	2,970,889.32	2,744,498.45	2,081,927.13	3,706,076.74
REPAIRS AND MAINTENANCE	286,142.13	153,286.09	149,678.41	165,046.56
GENERAL ADMINISTRATION	1,781,751.62	1,665,556.23	1,475,848.99	1,750,945.89
CAPITAL EXPENDITURE	<u>822,296.61</u>	<u>221,621.00</u>		
	<u>14,437,073.26</u>	<u>12,207,695.11</u>	<u>9,549,371.16</u>	<u>13,328,521.30</u>
SURPLUS/ (DEFICIT)	-88,063.76			

List of Achievements

1. Prudent financial management was ensured by the department.
2. The department was able to prepare and submit NHIS claims on time.
3. The department saw improved customer staff relationship in 2018.
4. The department also saw customer staff communication on debt settlement in 2018.

Challenges

- Inability of some clients to foot their bills when discharged.
- Delay of folders at the wards delay claims preparation and

Challenge & Wayforward

Challenges	Wayforward
Delay in payment of services	standard payment plans.
Late notification of screening events	early at least a month to the date

31.0 THEATER DEPARTMENT

Theatre (Operating room) is a room or suite of rooms, designed for the safe performance of surgical Operations. Much consideration is given in the design to minimize the risk of infection.

Walls and floors are commonly covered with washable material and are washed daily. Ventilation is arranged so as to avoid air contamination and exhaled anaesthetic gases are vented. Intense but shadow less illumination is provided by special lamps.

X-ray and scan viewing boxes are often built into the walls. Ancillary rooms include changing rooms, Scrub rooms, sterilizing rooms, anaesthetic rooms and recovery rooms.

The department currently has two separate theatre blocks namely orthopaedic theatre and General theatre. Orthopaedic theatre has two well equipped operating rooms for orthopaedic, trauma, ophthalmic and Ear, Nose & Throat (ENT) cases.

The General theatre also has two operating rooms which takes care of general surgery, obstetrics and gynaecology, urology as well as other minor cases.

The department in 2018 provided surgical and anaesthetic care for clients in the facility, with a work force of:

- 15 Nurses
- 4 Certified Registered Anaesthetist
- 2 sterilization technicians
- 1 orderly.

- To improve upon the documentation in the clinic.

30.0 OUTREACH MEDICAL EXAMINATION

Introduction

The medical examination team was established in February 2017, constituting one Medical Officer, two Nursing Officers, two Senior Medical Lab scientist, one Biostatistics Officer, and one eye clinic officer.

Objectives & Activities

Objectives	Activities
<ul style="list-style-type: none"> To conduct medical examination within institutions in our catchment area and if possible, beyond 	<ul style="list-style-type: none"> Conducting medical screening for schools.
To help increase the market size of St John of God Hospital	Referring students to our facility for further examination and treatment.

Performance Highlights

In all, the medical team conducted screening on 916 people.

- Pentecost development centre-270 children.
- Physiotherapy school- 70 students and 7 Kitchen staffs. (October 2018)
- Serwaa Kesse Girls Senior High School- 361 students. (November 2018)
- Boakye Tromo Senior High School -208 students. (November 2018).

List of Achievements

- Prompt attendance to all medical screening event.
- Increased in the market share of the facility.

submission.

- Due to inadequate staff, the department could not run night duties.

Way forward

- Sensitizing clients on the need to register with the NHIA to avoid unpaid bills.
- To reduce rejected bills by NHIA to less than 1% by the end of the year.
- Plans are underway to run night duties in 2019.

10.0 HUMAN RESOURCE MANAGEMENT

The Human Resource development policy of the hospital is tailored to attract, recruit, motivate, retain and develop highly skilled and qualified both health and non-health professionals to offer quality services towards the delivery of total quality health to our patients within our jurisdiction and beyond.

Objectives & Activities

- To ensure performance management and compliance

This would be achieved through

- Effective performance management, recruitment of highly qualified and skilled personnel.
- Ensure effective and cutting edged training and development for staff
- Ensuring proper HR reporting.

- To ensure sustainability of the hospital.

This would be achieved through:

- Talent management and strategic talent acquisition.
- Implementation of hospital's strategies
- Focusing HR development towards the hospitals succession planning program.
- Promoting diversity and innovative management.

- To promote and harness effective leadership

This would be achieved through:

- Identification of potential leaders among staff for coaching and training

4. To ensure staff retention.

This would be achieved through:

- The provision of right tools to staff to work effectively
- By designing flexible schemes that allows staff to react and response to changed conditions.
- Promoting staff motivation

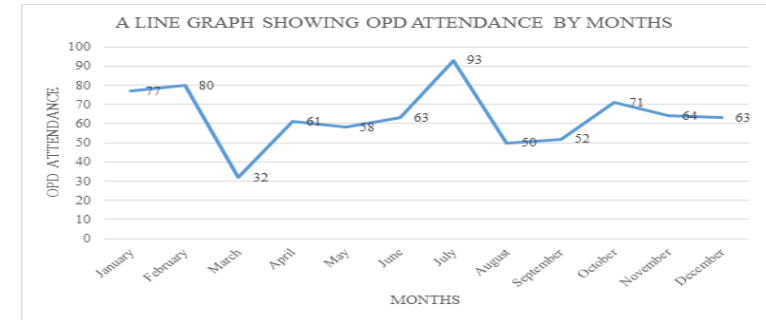
HR Practices

The HR practices adopted over the period were as follows:

- Staffing and Placement
 - Recruitment
 - Induction
- Legal Research on Health Care
 - Health Related Laws
 - Disputes arising from employee contracts
- Management of Employees
 - Training
 - Performance Appraisals
 - Job satisfaction
- Decision-Making
 - Benefits
 - Promotion
 - Career planning.

Staff Strength

The Human Resource/Secretarial Department began the period under review



Surgeries

A total of 11 surgeries were done in 2018

Performance Highlights

The ENT performance was highlighted by the number of surgeries done though surgeries were only started mid-year, in May when some basic surgical instruments were acquired.

Achievements

1. Increase in OPD attendance by 558.6%
2. Start of surgical procedures
3. Acquisition of some basic surgical instruments

Challenges

1. No ENT nurse to help in some basic OPD procedures and monitoring of some post-operative cases.
2. Still lacking some equipment at the clinic.
3. Improper set up of the clinic.
4. Inability to accurately document the number of cases referred in and out of the clinic.

Wayforward

1. Anticipation of the arrival of an ENT nurse to help in the proper set up of the clinic.
2. To increase OPD attendance by creating more awareness.
3. To increase the number of ENT surgeries by at least 40% after the arrival of ENT nurse.



Challenges

- The department is still challenged with periodic servicing of machines.
- Old/obsolete equipment.
- Tilt bed and standing frame at Gym unserviceable

Way forward

- To continue the provision of quality health care.
- To strengthen the provision of effective community base rehabilitation programme
- To conduct 10 in-service training and refresher courses to our staff
- To enhance our clinical leadership in the management of clubfoot in Ghana.
- To provide effective fitness and wellness clinic to our staff and clients.

29.0 EAR, NOSE AND THROAT SERVICES

Background

The ENT clinic has been in existence since 7th November, 2017 with a visiting ENT surgeon.

Activities

1. Clinics are held every Tuesday
2. ENT surgeries are also held on Tuesdays.

OPD Attendance

A total of 764 clients were seen at the clinic in the year 2018.

with four (4) staff and they were:

- A Human Resource Manager
- Two (2) Administrative Managers
- A Voluntary Service Personnel

Performance Highlights

Table 4: STAFF STRNGHT

PROFESSION	TOTAL NUMBER OF EMPLOYEES (2018)	PROFESSION	TOTAL NUMBER OF EMPLOYEES
Doctors	7	Physiotherapy Assistants	6
Orth/Trauma Consultant	1	Radiographer	1
Optometrist	1	X-ray Technicians	1
General Surgeon	1	X-ray Technical Assist	1
Gynecologist	1	Supply Managers	2
Physician Assistants (Medical)	1	Human Resource Manager	1
Physician Assistant (Anesthetist)	4	Internal Auditor	2
SRN, RGN/Diploma	56	IT Manager	0
Midwives	31	I.T. Technical Assist	2
Community Health Nurses	16	Records Officers	2
Enrolled Nurses	36	Typist	1
Health Assistants	29	Administrative Manager	3
Pharmacist	2	Accountant	4
Pharmacy Technician	4	Finance Officers	4
Dispensing Assistant	2	Administrator	1
Laboratory Technicians	3	Orderlies/Mortuary	25
Biomedical Scientist	3	Security	11
Lab. Assistants	1	Biostatistics Officer	2
Physiotherapists	1	Health Educator	3

Occupational Therapist	1	Technical Officer	2
Field Technician	2	Biostat/Asst/Records Officer/Asst	6
Disease Control Officer	1	Tech. Officer (Engineering)/Electricals	1
Junior/Foreman/Artisans	5	Driver	3
Laundryman	2	Occupational Therapist Assistant	2
Environ. Health Officer	1	Public Health Officer (Informatics)	1
Nutritionist	1	Technologist (Clinical Engineering)	1
		GRAND TOTAL	301

Table 5: 2018 Incidence

2018 INCIDENCE		2018 INCIDENCE	
1	POSTINGS	No.	5
	Rotation Nurses	35	5 ASSURANCE
	Rotation Midwives	10	Number of assurances requested
	Others	3	Number of assurances given
			6 RECRUITMENT
			Number of people employed
2	LETTERS		12
	Number of letters received	1190	
	Number of letters dispatched	419	7 ATTACHMENTS/CLINICALS
			Number of clinical students
			Number of attachment students
3	PROMOTIONS		27
	Number of promotion Applications	47	
	*Number of people Promoted	44	8 RETIREMENT
	Number disqualified	3	Number of Retired Staff
			10
4	RELEASE/TRANSFER		9 ORIENTATION
	In	5	Number of Orientations conducted
	Out	3	8

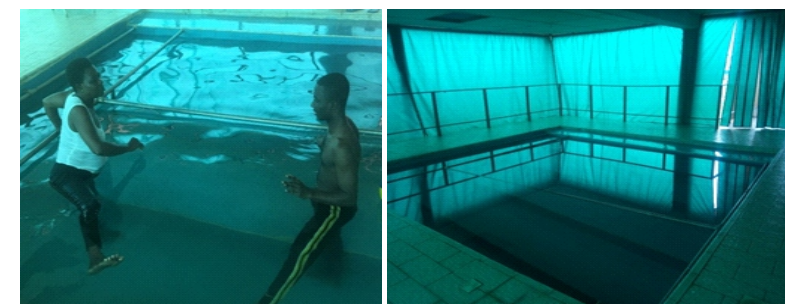
Payroll Audit

The Ghana Audit Service conducted a payroll audit for the fiscal year 2017 within the first half of 2018. All required processes leading to compliance of stated legislation were observed during the period. However, it was

- The department also received 15 life fitness kits as a donation from Mr Nii Ayikwei Aryee.



- Through the hospital management team renovated our hydro pool and its now in use.



- The department also received 15 life fitness kits as a donation from Mr Nii Ayikwei Aryee.



- A total of 1478 patient visit were recorded
- Total follow up visit- 350
- Total new braces - 91
- Total tenotomies - 50
- Total patient cast -552
- Total feet treated- 2016

400 NEW BRACES WERE PRODUCED

List of Achievements

1. The department was able to acquire gym and orthotics equipment through the hospital management team.



established that serving staff on study leave do not submit their academic transcript to the facility for perusal and monitoring to establish whether or not our staff are performing well in school.

They recommended that all serving staff on study leave should submit their academic transcript to enable management ascertain the progression of their academic work.

Staff Durbars

Four (4) staff durbars were held within the period under review. (Durbars held on 16th February, 25th May 2018, 14th September and 9th November, 2018 respectively)

Retreat

To promote the spiritual wellbeing and upliftment of the staff, the Chaplaincy in collaboration with Human Resource department organized two (2) retreats in 2018 for staff. (15th January, 2018, 22nd June, 2018, 30th November and 7th December, 2018 Respectively)

Staff Retention Policy

Our Staff retention strategy tailored to manage staff turnover and retain valuable employees. This policy sets down the different ways in which the Human Resource Department seeks to minimize staff turnover. There are considerable benefits in seeking to minimize staff turnover. The Human Resource Department believes that if the hospital has problems retaining staff, there may be problems with employee morale and hence the high cost of recruiting and training new staff. As a result, the hospital is determined to uphold and implement fully the Diocesan/CHAG/NCHS/MOH policy that all trained staff in the hospital must serve the hospital for at least 3years before the staff can be released. Our Staff Retention Policy includes the

following:

1. Staff Development
2. Flexible Working
3. Performance Reviews
4. Remuneration and Benefits
5. Communication
6. Exit Interviews
7. Policy Review.

List of Achievements

- Several training/in-service training programs were conducted for staff.
- All required/planned recruitment was done within the period.
- Staff reporting time and general attendance has improved significantly as a result of the introduction of Electronic Clocking Device
- All staff started their appraisal forms from the beginning of the year clearly stating their objectives, planned activities to achieve their objectives as well as stating their agreed midyear activities.
- Confidentiality in respect of staff information, administrative information improved tremendously, however little effort is required to perfect the situation.
- Management policies, decisions and organizational protocols were efficiently explained to staff and relevant stakeholders
- The HR Department successfully organized on-board and exit orientation for all new staff and exiting staff respectively.

Emerging Challenges

From table 47, physiotherapy attendance increased from 4693 to 8214 representing 75.02% in 2018.

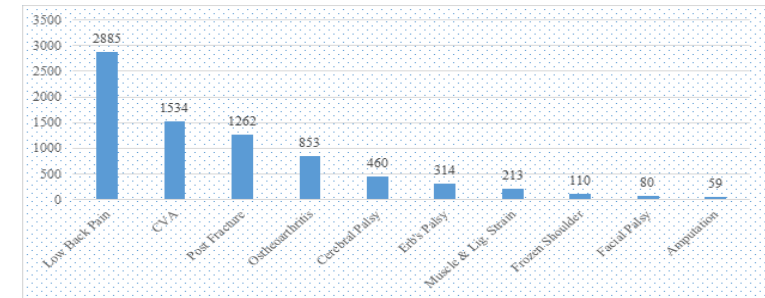


Figure 24: Causes of Physiotherapy Attendance

Low back pain formed the major cause of physiotherapy attendance representing 2885, followed by CVA with 1534 cases and post fracture (1262) cases respectively.

In-Patient Report

- **Total number of treated cases were 2944.**

Various cases were:

- ❖ Osteoarthritis (Varus and Valgus)
- ❖ Femur Fracture
- ❖ Humerus Fractures
- ❖ Colles Fractures
- ❖ Pelvic Fractures
- ❖ Tibia Fractures

Club Foot Clinic



Objectives

1. provide quality health care by...
 - ✓ Reducing patient waiting time by 60%.
 - ✓ 80% Periodic review of patients.
 - ✓ Enhance quality assurance of care through periodic clinical audit of therapeutic protocols.
 - ✓ Conduction of research to enhance evidence-based practice.
2. To provide effective public health through periodic...
 - ✓ Comprehensive health education on orthopedic & neurological disorders @ both the physiotherapy & general OPD.
 - ✓ Intensified community-based rehabilitation (CBR) programs.
3. To conduct 25 in-service training to our staff and refresher courses to clinicians in our institutions.
4. To enhance our clinical leadership in the management of clubfoot in Ghana.
5. To provide effective fitness& wellness services to our clients.

Activities

Our activities in the department are centred around

- ✓ Outpatient Department
- ✓ In-Patient
- ✓ Clubfoot Clinic
- ✓ Orthotics and Prosthetics
- ✓ Occupational Therapy And
- ✓ Sports Therapy
- ✓ Hydrotherapy

Performance Highlights

Table 47: Physiotherapy Attendance

2017		2018
4693	TOTAL ATTENDANCE	8214
101	CHANGE	3521
2.2% ↑	% CHANGE	75.02% ↑

- Staff knowledge on appraisals, interviews and work-related issues very low.
- High incidence of excuse duty hampering productivity and service delivery.
- Shortage of specialized and other technical staff e.g. Physician Specialist and Orthopaedic Surgeons etc.
- Inability to mechanize non-mechanized staff with particular reference to the difficulties in procuring financial clearance.

Way forward

1. Develop employee hand book for all staff spelling out the dos and don'ts of the hospital.
2. Introduce a coaching and Mentorship program to facilitate knowledge transfer from highly skilled staff to new staff as well as less skilled staff.
3. Train 2 Orthopedic Specialist
4. Sponsor more staff to pursue various specialties.

11.0 HOSPITAL ENGINEERING SERVICE

Introduction

Hospital Engineering Service (HES) is made up of the estate team and electrical/clinical engineering staffs. The estate team, made up of a plumber, three masons/carpenters crew and an estate manager, whiles the electrical/clinical unit has an equipment manager, a senior technical officer and a senior clinical technologist. The core objective of the department is to maintain, repair, service and manage all physical (equipment, building and lands) asset and also advice on purchases and asset usage of the facility.

Objectives & Activities

- To complete power house construction by 30th April, 2018.
- To have a complete workshop for the construction team by

December 31st, 2018

- To reduce the outsourcing of construction works and carry out all maintenance work on time.
- To collaborate with management to have one staff train on sterilization and infection control machines and generator repairs.
- To have a well organize, fully equip maintenance workshop by 31st December, 2018.

The department carries out various activities. Key among them are;

- Attend to equipment as soon as they develop a fault.
- Carry-out preventive maintenance on equipment/building
- Carry-out schedule maintenance on equipment/building.
- Carry-out regular user training for staffs
- Continues staff education on fault reporting.
- Carry-out proper labeling of all hospital assets.
- To visit the fault reporting book and act on time.
- Quarterly inspection of building and other estate related matters.

Achievements

- Reduction in the cost of maintenance in the facility.
- Has reduced equipment down time.
- All schedule and preventive maintenance had been carry – out
- Reduce out sourcing of construction works.

Challenges

There are numerous challenges facing the department but key among them are;

- Lack of practical training for H.E.S staff on some machines which is making it difficult for the team to deal with such machine when it develops faults.
- Inability to complete projects on time
- Staffs behavior on items/equipment usage

Way forward

- To provide adequate job training for H.E.S staff to enhance our skills in maintenance/repairs of some machines to help reduce the outsourcing of such works. This will further reduce the cost of maintenance and also serve as staff motivation.
- To have timely release of funds for projects.
- Education on item/equipment usage for staff.

this can easily be called a national pandemic. The injuries are so fatal that they easily take a hospital bed for over three months.

- The activities of traditional bone setters pose a serious worrying concern. Quite a number of the trauma patients coming to this hospital have been seen by a traditional bone setter. The conditions are usually so complicated that it takes so much time and energy to treat such patients.
- The two C-Arm Fluoroscopic X-ray machines are both broken down and this is affecting the unit in providing certain vital services to our clients.

Way forward

1. Train and recruit at least two additional orthopedic surgeons.
2. To embark on a national awareness creation about the motorbike menace.
3. Train and recruit more Peri-operative nursing staff and Anaesthetist for the hospital
4. To improve upon our client appointment system.
5. To repair and maintain all vital equipment needed for the smooth running of the unit.

28.0 PHYSIOTHERAPY SERVICE REPORT



Orthopaedic attendance formed 10.8% out of the total OPD attendance in 2018. The department also saw a remarkable increase in attendance by 17.5% when comparing 2018 to 2017.

List of Achievements

1. There were three visits by visiting orthopedic surgeons during the year under review. In February, May and November 2017 two visiting orthopedic surgeons Dr. Paul Rompa and Dr. Frank de Ruyter de Wildt. They worked for a total of three weeks.
2. The educational program with the orthopedic department of The Maastricht University Medical Centre brought to the hospital Two Orthopedic surgeons and one Senior Resident visiting the hospital and staying for four weeks.
It was a very good moment to share and learn the different orthopedic pathology in the two worlds.
3. The Ghana clubfoot program is a national project headquartered in this hospital. We were able to run four trainings nationwide in the Ponseti Method of treating clubfoot deformity during the year under review.
4. There was no single case of post operational wound infection from all elective cases done during the year. The department recorded zero mortality and no major complication.
5. Two Medical officers got admission to be trained as orthopaedic surgeons at the Makerere University in Uganda.

Challenges

- The high number of clients with orthopedic problems seeking help in the hospital poses a big challenge to the hospital. The presence of only one specialist orthopedic surgeon in the hospital makes the burden enormous.
- It is also important to know that Ghana is ranked among the top ten in Africa with a high incidence of Road Traffic Accidents. Most survivors of Accidents have orthopedic deformities. This last factor accounts for over sixty percent of adult orthopedic surgery in this country.
- In recent times motor bike accidents has been on the increase and

12.0 INFRASTRUCTURAL DEVELOPMENT

Health care infrastructure and equipment covered a high proportion of the budgetary allocation in the year 2018. It is therefore a primary worth that these facilities are put in good conditions enshrined with sound environment for our clients as well as visitors. The Estate Unit which is focused with the Hospital Engineering Service as a Department was to ensure proper management of health infrastructure at St. John of God Hospital, by providing technical support services during the construction of buildings and all forms of renovations at the hospital. Some activities of the unit covered fixed assets and proper usage. Major concerns under the period under review were:

1. Completion of Doctors bungalow 3.
2. Deplorable state and inadequate Staff Accommodation.
3. Construction and completion of the hospitals power house.
4. Deplorable state of soak-away for the General ward and Laundry.
5. Issues with power supply (Electricity) at the hospital.
6. Monitoring and evaluation of Estate activities.

Achievements:

1. The construction of two apartments, 3 bedrooms semi-detached bungalow for two Medical Officers started and completed.
2. Renovation of special ward into a Surgical Ward completed.
3. Construction of soak-away for laundry completed.
4. Construction of Generator House, 65% completed.
5. Creation of a place for pharmacy at RCH completed and in-use.
6. Started and completed a Biogas project.

Performance Highlights

The hospital within the year 2018 improved her infrastructure (New Bungalows, renovation of bungalows, Renovation of Special Ward, Construction of Generator House).



Figure 2: Previous and Current State of Surgical Ward



Figure 3: Generator House



Figure 4: Previous and completion State of Doctors Bungalow 3

Goaso-Mim corridor and the Berekum-Dormaa-Sampa.

We are also seeing an influx of patients from Kumasi and Sefwi in the Western region.

Indeed, at any one time we have patients from every region of Ghana and sometimes from neighboring Cote D'voire and Burkina Faso.

The top orthopedic outpatient diagnosis is chronic low back pain. This constitute over sixty percent of the orthopedic outpatient diagnosis.

The department's 'Low-Back schooling' education at the Physiotherapy department is helping to address this rather very frequent condition.

Objectives

1. To continue to provide high quality client oriented orthopedic services to the people of Ghana and beyond.
2. To become the leading centre of excellence for reconstructive orthopedic surgery in Ghana.
3. To provide affordable orthopedic services through innovation and appropriate technology.

Activities

1. Client/patient appointment system
2. Patient with NHIS cards have treatment for free except top-ups on drugs and implants.
3. Emergency cases are treated as soon as they are received.
4. Fair treatment of all clients irrespective of their status.
5. Clients are notified of the absence of the specialist and appointments changed through their mobile phones
6. Clients are given adequate consultation time during each visit.
7. Regular health education to all our clients during clinic visits.

Performance Highlights

Table 46: OPD Attendance by General OPD

Years	Total OPD	Orthopaedics		% Contribution
	No.	No.	% ▼	%
2015	91343	8278	-24.7	9.1
2016	75928	7444	-10.1	9.8
2017	86539	8930	20.0	10.3
2018	97059	1049	17.5	10.8

Prior to this time, there were visits of Dutch orthopedic surgeons twice a year for a total duration of two weeks.

Orthopedic surgery has grown over the years providing services to the district, region, the three northern regions of Ghana and the neighboring Burkina Faso and La Cote Divoire. Orthopedics service has come to stay as a specialized field in this hospital and continue to gain popularity in northern half of this country. The distinctive competence in reconstructive and corrective orthopedics makes this hospital a national referral centre for orthopedics surgery.

There is no doubt that quality of orthopedic services continues to improve as is evident in the increase outpatient orthopedic attendance.

Cold orthopedics as compared with acute continues to constitute most of the orthopedic operations in this hospital. This is contrary to what pertains in any orthopedic department in our teaching and regional hospitals where acute orthopedic trauma constitutes most of the surgery.

Degenerative osteoarthritic deformities of joints especially the knee and pediatric orthopedic deformities constitute most of the cold orthopaedic surgery. The rest of the cold orthopedics is made up of nonunion and malunion of fractures treated by traditional bone setters, chronic osteomyelitis and other complications of fractures managed in some health facilities in the country.

During the year under review, there has been an increase in trauma cases from the region and beyond. We have seen an increase in cases from the Ashanti region in particular. Most of them made up of open fractures from Motorbike and car accidents.

Motor bike accident is overtaken car accident cases seen during the year under review.

The trauma situation couple with the long stay in hospital is affecting the waiting time for elective surgery. Waiting time has increased from two months to nearly six months.

Available beds for elective surgery are much reduced by many severely injured accident victims. Most of the cases are referred from Hwidiem-



Figure 5: Biogas Project

Priorities for 2019

1. Conversion of relative kitchen into special ward.
2. Construction of autoclave plant house
3. Construction of water project.
4. Completion of power plant house.
5. Renovation of fountain (OPD)
6. Maintenance of hospital walls.
7. Renovation of Maastricht house and foreign students hostel.
8. Complete the administration block.
9. Construction of garage

13.0 TRANSPORT

The Transport Department is to support management to achieve the vision of this facility through efficient transport management and Services.

Our function as a department are:

- We provide transportation for staff and patients.
- We provide logistics and equipment.
- We advise management on transport issues.
- We manage the hospital vehicles on behalf of the hospital

Objectives

- To provide accident free transport services to all staff and clients.
- To ensure drivers compliance with the National Road Traffic Rules and Regulations.
- To do effective and efficient scheduled maintenance on all vehicles.
- To ensure the use of genuine parts during maintenance.
- To make sure that all needed safety gadgets and measures are in place.

Performance Highlights

Table 6: Vehicle Fleet Inventory by Age Block

Age Group	Zone	Number	Zone%	% Off Road
1-5 years	GREEN	1	11.1	0.00
6-9 years	YELLOW	2	22.2	0.00
10 years and above	RED	6	66.7	16.7
TOTAL		9	100.0	16.7

Table : Trend in Vehicle Quality

Age Group	Zone	2014	2015	2016	2017	2018
1-5 years	GREEN	3	3	3	2	1
6-9 years	YELLOW	1	1	1	1	2
10 years and above	RED	5	5	5	6	6
TOTAL		9	9	9	9	9

the clinic, representing 18.9% and 9.2% to the total growth of the hospital and this is very remarkable.

- ❖ Setting up an optical Centre which is also generating income for the hospital.
- ❖ We did 50 eye Surgeries which is also another means of generating income for the hospital
- ❖ We attended to 1,334 clients on outreach services.

Challenges

- ❖ Inadequate equipment.
- ❖ Small space to function as a proper clinic.
- ❖ Client privacy is compromise due to the same inadequate space at the clinic.
- ❖ Small staff strength

Way forward

- ✓ We recommend the training of at least 2 Ophthalmic nurses for the coming years to help us push the agenda of the hospital.
- ✓ To start DM and HPT retinopathy clinic
- ✓ We plead with the hospital management team to give us a better space to operate as a clinic.

Success Story

We now fix prosthetic eye for most of our client who had evisceration surgery done on this facility and this has reduced stigmatization.

27.0 ORTHOPAEDICS SERVICES

Introduction

Since September 2000, orthopedic surgery had finally come to stay as a permanent specialty in the hospital. The presence of resident orthopedic surgeon made that dream of having an orthopedic centre come into fruition.

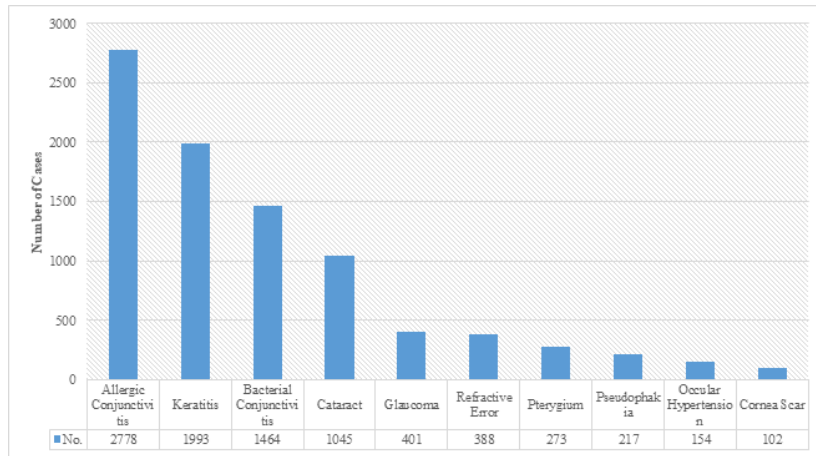


Figure 22: Causes of Eye Clinic Attendance

Allergic conjunctivitis scored the highest among the top ten causes of eye clinic attendance representing 2778, followed by Keratitis with 1993 and Bacterial conjunctivitis with 1464 respectively.

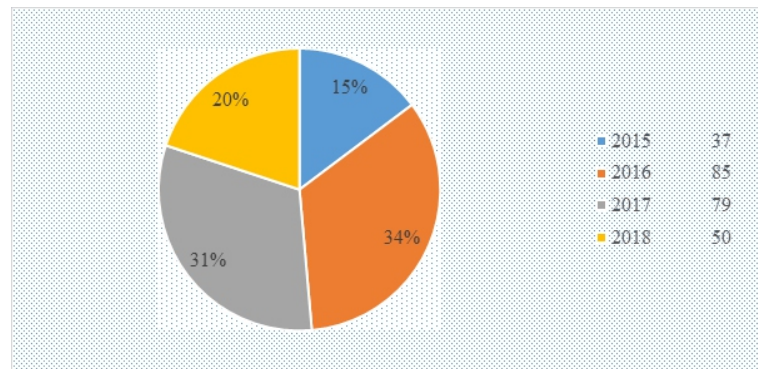


Figure 23: Pie Chart of Surgeries Performed (2015-2018)

On eye clinic surgeries performed from 2015-2018, surgeries performed in 2018 was the 3rd highest representing 20%. The year 2016 emerged as the year with the highest surgeries performed representing 34% respectively.

List of Achievements

- ❖ We attended to 1,334 clients on outreach basis and 8,771 client at

List of Achievements

- GE – 8112 – V has been maintained and it is back on road.
- GW – 2360 – Z was maintained in the last quarter of 2018 except the GN – 6852 – 11 which is still at the workshop.
- Mr. Joseph Asante is back from school.

Emerging Challenges

- The poor state of our vehicle garage makes it difficult in keeping our vehicles clean, secured and the manufacturers glorious state.
- Almost all our vehicles are over-aged or too old; this contributes to driver fatigue or tiredness.
- Higher maintenance cost and higher fuel consumption which also drains the cash of the owners.
- Unavailability of appropriate vehicle for various classes of services. Example is the Toyota Hilux being used as executive vehicle but for carrying goods instead of Executive Cross-Country Vehicles.

Way forward

- We plead if management would build a new modern garage for the department vehicles.
- Management to buy us a new Executive vehicle in order to strengthen the ability of the department to provide service to all class of purpose and people
- Daily morning checks on all vehicles would be done to curb the cooling failures.

14.0 STORES AND SUPPLY

St. John of God hospital has a well-established Stores that over sees effective logistics management. The department do product selection, forecasting, inventory management and all other activities seen in the logistics and supply chain such that clients will have access to products, in right quantities, in the best condition delivered to the hospital.

Performance Highlights

Table 8: Item Received and Issued

Items	Qty receive	Qty issued
Computer	5	5
UPS	5	5
Pulse Oximeter	5	5
Fbor Mounting Air conditio	1	1
Gas Stove and Cooker	3	3
Refrigerator	4	4
Brush cutter	1	1
Drip stand	5	5
Ward Screen	2	2
Adenoidectomy Tonsillecto	1	1
Canon Pixma film printer	1	1
LED theatre lamp	1	1
Hematology printer	1	1

Table 9: Value of Stock Purchase

Opening stock	Opening stock	Closing Balanc
1 st Quarter	399,855.35	432,629.94
2 nd Quarter	432,629.94	615,384.00
3 rd Quarter	615,384.00	454,152.40
4 th Quarter	454,152.40	256,471.07

Donations Received in the Store

The department is very grateful to individuals and friends who donated to the growth of our great institution

Regional Medical Stores - ART Drugs and malaria rapid test Kit

CHAG

De – Kusi of Kumasi: Electrical items such as Bulb, extension board

Laboratory Dept. (SJHG) – Lab stool

St John Foundation – Maastricht

Biostatistics Dept. (SJGH) – Table top Fridge, and Stool

Performance Highlights

Table 45: Eye Clinic Attendance

Years	Total OPD	Ophthalmology		%Contribution
	No.	No.	%▼	%
2015	91343	7305	9.4	8.6
2016	75928	7272	-0.5	10.2
2017	86539	7376	1.4	9.1
2018	97059	8771	18.9	9.2

Eye clinic attendance increase from 7376 to 8771 in 2018 representing 18.9%, with a percentage contribution of 9.2%. The increase in attendance is as a result of outreach programs introduced in 2015 by the department. The department did not embark on any outreach program in 2016 and therefore witnessed a decrease of 0.5% in their 2016 attendance.

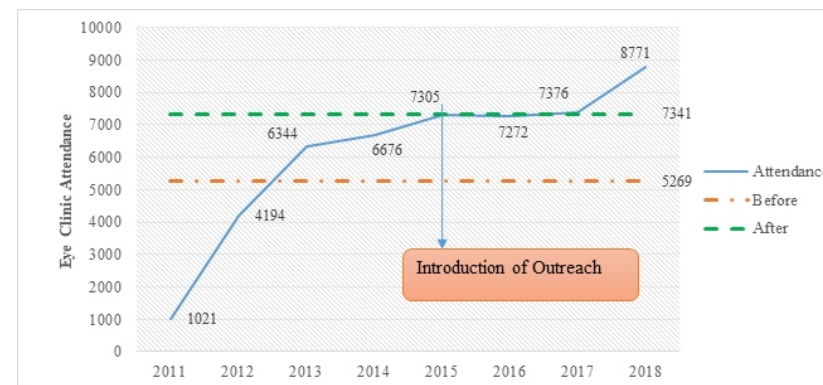


Figure 21: Run Chart of Eye Clinic Attendance

Before the introduction of outreach in 2015 by the eye clinic department, the unit was doing averagely 5269 patients in a year, but improved their attendance to an average of 7341 patients in a year as illustrated in figure 21.

Best Practices

The unit adopted campaign on mental health services as measure to reach out to the communities, creating the awareness on mental illnesses and mental health delivery at the St. John of God hospital and the community at large.

Over the period under review (the year 2018), one hundred and seventy-one (171) houses and seventy-eight (78) shops and salons were visited with a total of eight hundred and six (806) audiences been educated on mental health and mental illness on the awareness creation.

26.0 OPTHAMOLOGY SERVICES

We thank God for his love, care and protection throughout the year 2018

We continue to ask God to guide and direct us and also protect us from all harm and danger for the years ahead.

Objectives & Activities

- ✓ To embark on community base outreach and school health services to identify preventable eye cases.
- ✓ To continue glaucoma awareness and screening at the clinic and on outreach bases.
- ✓ To promote nutritional educations as secondary line of treatment to our clients.
- ✓ To build strong tie with staff and the entire department in the hospital to promote quality health care to our clients.
- ✓ To continue with eye surgery services.
- ✓ To promote ocular health care education each morning to our clients.
- ✓ To build strong tie with staff and the entire department in the hospital to promote quality health care to our clients.
- ✓ To continue with eye surgery services.
- ✓ To promote ocular health care education each morning to our clients.

Mr. Amos Amo and Wife – Bp. Apparatus

Dr. Takyi's Friend Accra – Body shape kit

Dr. Mary Duah – New York - Ambu bag, Nasal Oxygen cannula

OA & J – Tab Cipro TZ

Brong Ahafo Association of Columbus

List of Achievements

- Effective economic management of the medical stores which ensured optimal use of resource(stock).
- Were able to serve all the departments in good according to their needs.
- In the year under-review due to earliest procurement meeting in every quarter we were able to place orders on time and it help to reduced shortages

Challenges

- Delay in receiving of goods by suppliers is the biggest challenges that the department is facing.
- Spacing in the store is very small and it is making movement unconformable
- The store building has developed checks which need renovation and maintenance.

Way forward

- To renovate and expand the store
- To get centralized Air condition system in other to have good condition for our stocks

15.0 INTERNAL AUDIT

Introduction

The unit is set up to provide independent assurance that the facility's risk management, activities and internal control processes are working effectively and efficiently. This is to add value and improve on the organization's operations.

Objectives

- To ensure that general internal controls are working throughout in accounts, pharmacy, stores and other departments
- To present timely and accurate reports
- To monitor the budget for 2018 to ensure compliance especially procurement.
- To undertake quarterly stock in stores, pharmacy, physio and the wards

Activities Performed

- The department was in attendance when supplies were being received by General Stores
- We also observed the year end stocktaking
- Audits of payment vouchers
- Conducted quarterly Audits on various sections of the facility.
- Verified income generated by the facility and its banking.

List of Achievements

- The unit ensured that general controls were working throughout the hospital.
- The department completed quarterly audit for the hospital.
- Completed audit of the Cure Ghana program at St John of God Hospital
- The department also conducted various stock take
- Observed 2018-year end stocktaking.
- Undertook an inventory of items of various departments of the

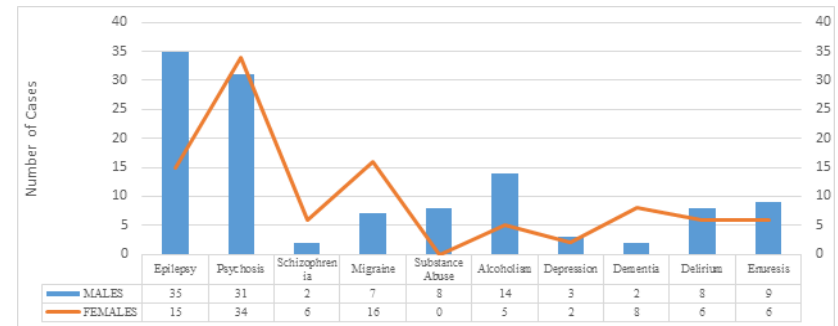


Figure 20: Causes of Mental Clinic Attendance by Sex

Epilepsy scored the highest among the top ten causes of mental health attendance, followed by psychosis and schizophrenia respectively. Males had epilepsy, substance abuse, alcoholism, depression, delirium and enuresis more than their female counterparts. However, the situation was different among those that had psychosis, Schizophrenia and Migraine respectively.

List of Achievements

- Static clinic attendance has increased tremendously.
- Mental health awareness creation within Duayaw Nkwanta and its surroundings was successful.
- Most of the clients and relatives cooperated fairly with the mental health services provided to them.
- CHAG has now taken it upon itself to supply some of the psychotropic.

Challenges

1. Inadequate funds to run / manage planned activities
2. Stigmatization especially on the part of the patients.
3. Some psychotropic are still difficult to access.

Way forward

We humbly appeal to management / authority and anyone to help address our challenges as listed above to enable the unit achieve its set goals in order to ensure the smooth management of the unit

25.4 MENTAL HEALTH UNIT

Objectives

1. To continually ensure early commencement of treatment/care to improve treatment outcomes throughout the year
2. To ensure continuous effective collaboration with nutrition unit for routine health education on child nutrition and anemia throughout the year
3. To ensure effective communication among team members throughout the year.
4. To strengthen collaboration with other departments such as laboratory and emergency throughout the year.

Activities

1. Static / outreach clinic
2. Health educational program
3. Home visit / tracing
4. Ward case / referrals
5. Psychotherapy / counseling
6. House to house health education
7. School health

Performance Highlights

Table 44: Attendance by Mental Health Clinic

Years	Total OPD	Mental Health		%Contribution
	No.	No.	.	%
2015	91343	595	***	0.7
2016	75928	792	33.1	1.0
2017	86539	774	-2.3	0.9
2018	97059	998	28.9	1.0

Mental Health attendance increase from 774 to 998 in 2018 representing 28.9% increase and a percentage contribution of 1% as depicted in table 44.

hospital.

Emerging Challenges

The unit was challenged with resources to work with within the year 2018.

Way forward

The unit will continue to extend and strengthen its activities in order to achieve its set objectives for the year 2019.

16.0 INFORMATION COMMUNICATION & TECHNOLOGY DEPARTMENT (ICT)

The mission of the ICT Department is to support the successful achievement of the Hospital's vision and mission statements through effective management of eHealth solutions and regulatory compliance.

Objectives

- Building institutional capacity for wider application of Health solutions through a Comprehensive Health solutions requirements design with clear Health solution responsibilities of stakeholders.
- Towards a paperless records and reporting systems
- To ensure Data Security (Patient Information)
- To create a website for the facility
- To improve internet access within the facility
- To link newly setup Departments to the St. John of God Hospital Wide Area Network (WAN) and improve on the existing Local Area Network (LAN).
- To do regular and Preventive maintenance timely.

Activities

- Providing leadership in the execution of ICT services, documentation management, development and implementation of ICT management systems and strategies and technology infrastructure

- Network design, planning, installation and maintenance
- Software and Operating system configuration, testing, installation and support
- Maintenance and administration
- Training
- ICT Policy & Strategy development and implementation

Performance Highlight

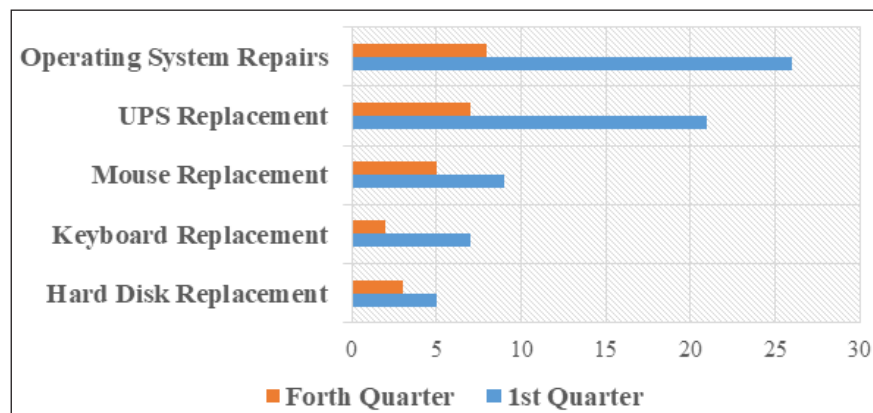


Figure 6: Statistics on Computer/Accessories Replacement

Number of Computers, Printers and U.P.S

Purchased within the YEAR, 2018

- ▶ Computers 3
- ▶ U.P.S 6
- ▶ Thermal Printers 1
- ▶ Laser Jet/Desk Jet/Office Jet Printers (2)
- ▶ Network Gigabit Switches (3)
- ▶ Main/Motherboard (3)

Achievement

- The S.E.A Surgical Unit was successfully hooked on the St. John of God Hospital Local Area Network (LAN).
- The Kids/ RCH Pharmacy was also successfully configured and

Table 43: HIV/AIDS by AGE AND SEX

Indicators		Age Groups (Years)										Total
		0-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
Receiving Pretest Information	Male	21	9	21	40	43	36	38	31	28	88	355
	Female	22	52	423	43	44	41	47	49	36	124	881
Tested	Male	21	9	21	40	43	36	38	31	28	88	355
	Female	22	52	423	43	44	41	47	49	36	124	881
Positive	Male	2		1	2	2		2	4	2	10	25
	Female	3	1	1	3	4	7	6	9	6	6	46
Receiving Positive Test Results	Male	2		1	2	2		4	2	3	9	25
	Female	3	1	1	3	4	6	6	8	6	6	44
Receiving Posttest counselling	Male	21	49	422	42	43	36	38	31	28	88	798
	Female	22	10	25	41	44	39	45	49	35	123	433
Screened for TB	Male	1		1	2	2		1	4	2	7	20
	Female	3	1	1	3	3	6	3	9	6	4	39
Referred into Care	Male	1							2	2	3	8
	Female	1	1		1	2	2	2	2	5	3	19

From table 43, 5.2% of the total tested females were positive to HIV/AIDS. Seven percent (7%) of the total males were also positive to HIV/AIDS respectively.

Achievements

- Provided quality health care services to all our client.
- All (13) outreach/static programs earmarked as targets were executed.
- Maintain good team spirit.
- Adolescent health corner is strengthened.
- Malnutrition among children is now improve due to rehabilitation centre.
- Home visit now improved.

Challenges

- Poor road network sometimes hinders our outreach programs.

Way Forward

- a. To increase awareness on quality health care.
- b. To improve home visit to trace defaulters/ strengthen ANC services.
- c. To intensify health promotion and educational talks.

Figure 18 illustrates spacial distribution of tuberculosis in Tano North Municipal. Duayaw Nkwanta according to the spacial distribution recorded 23 cases, followed by Adegyamam with 2 cases respectively.

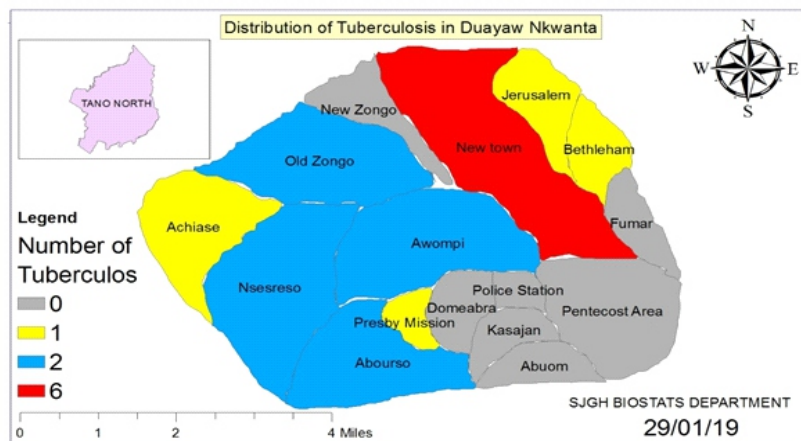


Figure 19: Distribution of Tuberculosis in Duayaw Nkwanta
New town emerged to have 6 cases among all the communities in Duayaw Nkwanta. Two cases each were also reported from Nsesreso, Abourso, Awompi and Old Zongo respectively.

Table 42: Trend of HIV & TB Clients

Indicator		2014	2015	2016	2017	2018
CT	Counseled	749	531	538	676	1236
	Tested	749	531	538	676	1236
	Positive	167 (22.3%)	100(18.8%)	97(18%)	115(17.0%)	71(5.7%)
PMTCT	Counseled	924	1295	1286	1541	1442
	Tested	924	1295	1286	1541	1442
	Positive	27 (2.9%)	24 (1.9%)	21 (1.6%)	14 (0.9%)	9 (0.6%)
TB		54	37	33	37	59

On trend of HIV and TB Clients, the unit counseled 1236 cases in 2018, tested 1236 and had positive cases of 71 representing 5.7%. Total PMTCT positive cases were 9 representing 0.6% respectively.

- hooked onto the SJGH (LAN)
- Electronic X-RAY View over Network.
- Regular/Scheduled preventive maintenance of ICT equipment
- Lower network Down-Time
- 80 % Computers have working U.P.S
- 100% Data Security & confidentiality
- An additional two lines were laid from the Switch in the main Server room to the Main Switch at OPD thereby stabilizing (boosting) and causing no Network down time at the said location.

Challenge

The department within 2018 was faced with frequent Power outages and also frequent breakdown of I.T Equipment due to power outages.

Way Forward

- Continue to educate users on data entries
- Continue to Educate Staff on the use of P.H.I.S
- Educate staff on best practices with the use of Computers and U.P.S
- The ICT department is liaising with management to develop a Website for the Hospital.

17.0 DEPARTMENT OF ENVIRONMENTAL HEALTH

Introduction

The provision of health care, like any other human activity generate waste which has to be managed and disposed of in a safe manner to minimize risk poses to the health of health workers, client, environment and the community at large. It is so incredibly important that hospital remain sanitary and clean.

Objectives

- To break the chain of infection by 80% through routine inspection throughout the year
- To reduce pest and vector infestation by 70%, by conducting quarterly spraying exercise and screening with insect proof nets
- To improve more by 80% on the aesthetic beauty of the surroundings by planting, trimming and shaping of flowers/grass within the year

- To conduct daily appropriate waste segregation within the facility throughout the year
- To provide cordial relationship among staff and the client throughout the year

Activities

- I. HEALTHCARE WASTE MANAGEMENT
 - II. DISINFESTATION
 - III. BEAUTIFICATION OF ENVIRONMENT
 - IV. DISINFECTION/INFECTION & PREVENTION CONTROL
 - V. OTHER AUXILIARIES
- BEAUTIFICATION OF ENVIRONMENT: Additional flowers were bought by Rev. sister Rosina in order to beautify the environment. The department was able to plant hedges, flower and grass within the year. All bushy trees and overgrowth of weeds were able to be cleared with the help from Hospital Engineering Service Department (HES) by servicing and repairing of machines when needs arises. Especially this latter part of the year we did not encounter much problem like last year whereby series of break-down of machine occurred.
- a) Picking
 - b) Weeding
 - c) Mowing of lawns
 - d) Shaping of flowers
 - e) Trimming and spraying of hedges
 - f) Sweeping of compound
 - g) Removing of cobwebs
- DISINFECTION/INFECTION & PREVENTION CONTROL: As the name entails, a clean workplace ensures the safety and health of employees and clients/visitors. It helps to prevent accidents and maintaining a safe work environment, have better self-esteem and to keep efficiency high.
Cleaning occurs on many different context and use different

Table 40 indicates that the disease control unit suspected 76 diarrhoea with blood cases which all were confirmed cases. Six (6) measles cases were also suspected and confirmed positive respectively.

Table 41: Report on TB

Indicator	Number of Cases
Total Screened	1639
Eligible	217
Confirmed	51
Case Detection (All Forms)	51
Case Detection (SM+)	32
Cure Rate (%)	8 (40%)
Completed Treatment	2 (40%)
Defaulters	1
Death Rate	0
Treatment Success	6 (46.2%)
Treatment Failure	0
Referred Out	21

From table 41, total screened for TB were 1639, eligible were 217, 51 cases were confirmed positive with a case detection rate of 32. Total cure rate was 8 representing 40% respectively.

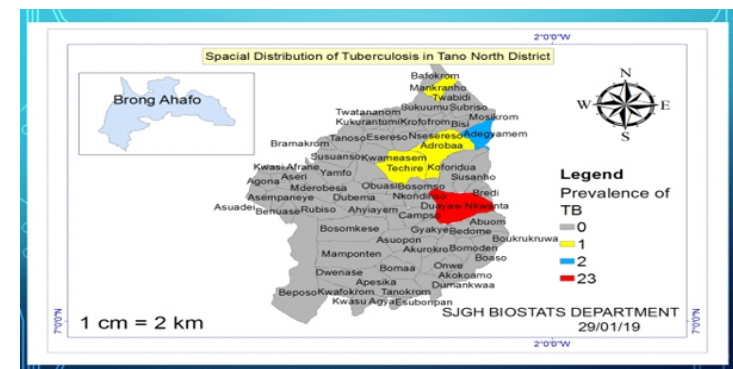


Figure 18: Prevalence of Tuberculosis in Tano North Municipal

Table 39: Attendance for Nutritional Rehabilitation

CONDITION	NUMBER REGISTERED		
	2017	2018	
HYPERTESION	185	160	-13.5
DIABETES	127	131	3.1
HYPERTENSION/DIABETES	23	45	95.7
ANAEMIA UNDER FIVE	934	1001	7.2
OVERWEIGHT/OBESITY	31	59	90.3
SEVERE ACUTE MALNUTRITION	4	7	75.0
MODERATE ACUTE MALNUTRITION	11	18	63.6
TOTAL	1315	1421	8.1

The nutrition unit saw a total attendance of one thousand four hundred and twenty-one clients on various conditions as compared to 2017, there was an increase in attendance of 106 in 2018. This comprises both in-patients and out-patient's clients

25.3 DISEASE CONTROL UNIT

Table 40: Surveillance Report

Indicator	No. Suspected	No. Confirmed	Deaths	CFR
Polio (6 referred cases)	0	0	0	0
Adverse Event after Immunization	0	0	0	0
Cholera	0	0	0	0
Diarrhoea with Blood	76	76	0	0
Measles	6	6	0	0
Meningitis	0	0	0	0
Neonatal Tetanus	0	0	0	0
Yellow Fever	0	0	0	0
Yaws	1	0	0	0

methods not like our normal homes. It is broadly achieved through mechanical and solvent action. In this premises many methods rely on both processes of the surface of object and contaminants. So important of cleanliness in our facility cannot be denied. Maintaining a clean environment is for the health of all human, as their health completely depends on the atmosphere of our department.

- **DISINFESTATION:** This is the process of rendering macro organism harmless. In our facility here, we use two types of disinfestation that's the physical and chemical means. With the physical means is by removing of cobwebs, desilting of chocked drains, cleaning of nets etc. And by chemical (liquid and solid) means, weedicides were applied to rocky areas, insecticides were also used especially NICU, Foreign residency, Relative hostel, Orth. theatre and Orthopedic ward, Carpentry shop, surgical ward in order to reduce reptiles and insect's infestation

- **HEALTHCARE WASTE MANAGEMENT TYPE:**

Managing the safe and proper disposal of HCW is essential part of infection protection and control. In addition to meet national and local guidelines on infection prevention, it helps prevent nosocomial infections. Preparation and planning of proper waste disposal will help facility ensure the availability and correct functioning of infection control facility in the health post, including sanitizing materials and waste management and disposal equipment

Health care waste management is the total waste stream from the healthcare/research facility that includes both potential risk waste and rick waste material of human beings.

Waste stream is the flow of waste from the point of generation to the final disposal site.

TYPES OF WASTE	CLASSIFICATIONS
SOLID	HAZARDIOUS AND NON HAZARDIOUS
LIQUID	BLACK AND GREY WA STE WATER

1. Liquid waste (dislodging of effluents / black water and grey water)
2. Solid waste
 - ✓ Hazardous (bio contaminated /biological and chemical)
 - ✓ Nonhazardous (general/Noninfectious)

Note: radioactive waste and pharmaceutical waste are treated and transport differently. It has a procedure for that.

- ✓ **-Radioactive wastes are packed and handled accordance with the International Atomic Energy Agency (IAEA)**
- ✓ **-Pharmaceutical waste by Food and Drug Board or Environmental Protection Agency**

The key steps in healthcare waste management

- 1) *Waste*
- 2) *Type/ classifications of waste*
- 3) *Segregation of waste*
- 4) *Colour coding and labeling*
- 5) *Storage*
- 6) *Collection and transportation*
- 7) *Treatment*

WASTE MINIMISATION METHODS USED:

-The infectious wastes (Syringes, used gauzes, needles, soiled cotton etc.) by **incineration**

-The placenta/Ashes is by **burying**

-Plan B (papers, cardboards, garbage, dry leaves etc.) is by **burning** especially

-Disposing sites (**approved**) thus the general waste (food debris, garbage, etc.):

(3Rs) Treatments:

- 1) Reuse (example Gallons, bottles, cables, cardboards, sterilized equipment etc.)
- 2) Recycling (example Physiotherapy workshop: recycling of gallons into artificial, excreta into biogas)

facilities and other channels. IFA supplements are provided to in-schools adolescent girls and out-school adolescent girls aged 10-19 years in the municipality to help reduce the prevalence of anaemia among them.

With the in-school supplementation all the government school within the sub- municipal are been rolled on the programme. And the hospital is also implementing the GIFTS programme to help roll on out of school girls in the municipality. Below are statistics for both out of school and in- school supplementation.

Table37: Gifts Supplementation Programme (Out of School Statistics)

Month /Year	Out of School Adolescent Pop.	No. of Girls on the Programme	Coverage
Oct.2017 -Dec 2018	617	778	126%

Table 38: In-School Statistics

Term	No. of Sch.	No. of Girls in School	No. Beneficiaries	Programme Coverage	Effective Coverage
1 ST TERM	15	2640	2639	2639 (99.9%)	1199 (45%)
2 ND TERM	15	1658	1612	1612 (97.2%)	783 (47%)
3 RD TERM	7	1111	1101	1101 (99%)	689 (62%)



Figure 17: GIFTS Supplementation Monitoring in Schools

Table 35: Facility Performances for First and Second Semester for 6-11 Months on Routine Vitamin A Supplementation (2016-2018)

Year	6-11months (First Semester)			6-11 months (Second Semester)		
	Target Population	Number Dosed	Coverage	Target Pop.	Number Dosed	Coverage
2016	550	544	99%	550	597	109%
2017	573	532	93%	573	597	104%
2018	582	804	138%	291	335	115.1%

Table 35 shows the trend for first and second semester of 6-11 months' coverage for 2016 to 2018 respectively.

Table 36: Facility Performances for First and Second Semester for 12-59 Months on Routine Vitamin A Supplementation (2016-2018)

Year	12-59months(First Semester)			12-59 Months (Second Semester)		
	Target Population	Number Dosed	Coverage	Target Population	Number Dosed	Coverage
2016	4400	1275	29%	4400	2644	60%
2017	4585	3610	79%	4584	2644	58%
2018	4653	3101	67%	2327	1923	82.6%

Table 36 depicts the performance children 12-59 months for the first and second semester of 2016-2018. The year under review saw a decrease in the coverage compared to the previous years in both first and second semester for each age group. This is also attributed to the division of the CHP zones.

Girls Iron and Folic Acid Supplementation Programme

The prevalence of anaemia is high among women of child bearing age, adolescent girls and children according to Demographic and Health survey (GDHS) forty-two (42) percent of women of child bearing age are anaemic, adolescent age 15-19 years have (48) percent anaemia and 60 percent of children under the age of five can be anaemic.

The Girls iron and folate tablet supplementation (GIFTS) program is designed to provide weekly IFA supplements through schools, health

3) Reduce

Performance Highlight

Table 10: Statistics of Bed Sheets and Other things Washed

DEPARTMENT	2016	2017	2018
Theatre	15,150	34,657	34,779
Emergency Ward	7352	17,675	5525
Orthopaedics Ward	6954	6093	4920
Maternity Ward	5292	4410	4262
General Ward	5012	3668	3156
.....	3688	13,838	3855
Others	1237	1799	1549
Grand Total	35,278	82,142	58,046

Achievement

- Completion of burial pit
- Purchased of new hanged mowing, welling boots, metallic bins, knapsack spraying machine for the department
- Planting of grass, flowers and hedges on going
- Maintenance, fixed and repair of spoiled items such as cracked pot/cisterns, leakages of taps with the help of management and the plumber
- Painting of buildings and construction of biogas
- Privileged to attend a workshop on health care waste management
- With the help of management and HES staff, central general waste point was mounted (temporal structure) near to our sanitary site

Challenge

- a. Oxygen Cylinders are too heavy to be transported to various wards and also there is no indication seen to show the air tight (The neck of the cylinders should be marked)
- b. Series of breakdown of mowing machines during the first 6 months of the year due to some of our negligent.
- c. Ignorance on the part of some staff, we are still facing problem when it comes to segregation of waste.
- d. Constructing of new fitting septic tank slabs still pending. There is

space around insect uses the place as their breeding ground

- e. Still our sign posts of cleaning are not yet ready

Way Forward

- Promoting practices, the reduce the volume of waste generated and ensure proper waste segregation
- Developing strategies and systems long with strong oversight and regulation to incrementally improve waste segregation, destruction disposal practices with the ultimate aim of meeting national standards
- Raising awareness of the risk related to health care waste, and of safe practices
- Selecting safe and environmentally friendly management option, to protect people from waste stream hazard

18.0 SECURITY DEPARTMENT

Introduction

The year 2018 ended with the security activities under the supervision of Mr. Isaac Owusu Awuah with staff strength of eleven (11).

Objectives

1. To improve quality control to both gates and the passage to 100%.
2. To improve quality protection of lives and property of clients, staff and the institution to 100%
3. To improve patrolling at the facility to safe guard the institution to 100%.
4. To improve laying quality surveillance to trap down unaware occurrences to 100%.

Activities

- Day and night patrolling
- Meetings held in the middle of the month to discuss issues pertaining to the work and staff.
- Assessment of performance
- Supervision and monitoring on daily basis (routine work, fitness and punctuality, etc.)
- Parade held to check neatness, handing and taking over.

Table 32: Breastfeeding Status at Three Months (2016-2018)

YEAR	NUMBER OF MOTHERS ASSESED	NUMBER PRACTISING EBF	NUMBER NOT PRACTISING
2016	1054	972 (92%)	82 (8%)
2017	1341	1224 (91%)	117 (9%)
2018	1204	1096 (91%)	108 (9%)

Table 32 depicts a slight decrease of 1% from 2016 and showed no difference in percentage from 2017 to 2018 on exclusive breastfeeding at three months. This could be attributed to the effective education on exclusive breastfeeding and its importance by the health staff.

Table 33: Initiation of Timely Complementary Feeding at Six Months

YEAR	TOTAL NUMBER ASSESED	NO. DOING TIMELY COMPLEMENTARY FEEDING	NO. NOT DOING TIMELY COMPLEMENTARY FEEDING
2016	1194	1086 (91%)	108 (10%)
2017	1153	1066 (92%)	87 (8%)
2018	1676	1522 (91%)	154 (9%)

There was also a percentage decrease of 1% in the number of women initiating appropriate and timely complementary feeding at six months from 2017 to 2018 as revealed in table 33.

Table 34: Continued Breastfeeding at One Year

YEAR	NO.OF CHILDREN ASSESED	NO.OF CHILDREN BREASTFEEDING
2017	3673	3673 (100%)
2018	3254	2842 (87%)

Table 34 also shows a progressive feeding status of children at one year to see the trend of their feeding status, which stands at 100% and showed a decrease of 13% from 2017 to 2018. This calls for intensive education on the importance of breastfeeding to 24 months to caregivers.

Table 30: Prevalence of Malnutrition

Age In Months	Number Monitored(Attendance)			Number With W/A 2SD			Normal		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
0-11	7782	9663	5893	40	32	68	7742	9631	5825
12-23	6319	8304	5106	52	42	91	6268	8262	5015
24-59	5807	7582	5316	77	32	76	5730	7550	5240
TOTAL	19908	25549	16315	169 (1%)	101 (0.2%)	235 (1.4)	19739 (99%)	25443 (99.6%)	16080 (98.6%)

Table 30 shows the incidence and prevalence of malnutrition as in under and optimum nutrition for children under five 2016-2018 we can clearly see that there was an increase in the percentages of 1% and 1.2% for underweight in both incidence and prevalence of children weighed from 2017 to 2018 respectively.

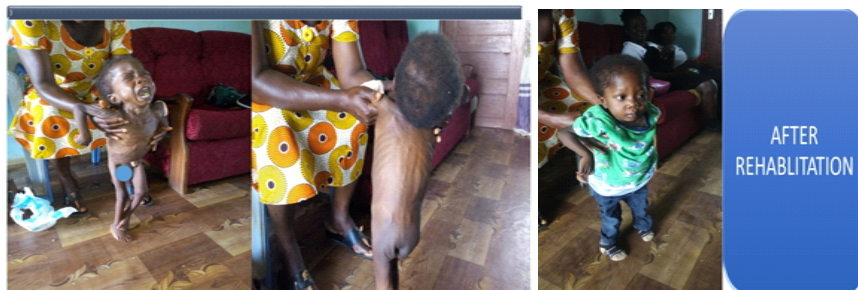


Figure 16: Pictures of Marasmus Patient before and after TF

Table 31: Early Initiation of Infant to the Breast 2016-2018 within an Hour of Birth

YEAR	TOTAL DELIVERIES	NO.OF MOTHE INITIATING WITHIN 1HR	NO.OF MOTHE INITIATING & DISCHARGED
2016	1333	1326(99.5%)	1325(99%)
2017	1308	1276(98%)	1275(97%)
2018	1502	1334(89%)	1381(92%)

Women who delivered at facilities and started early initiation within one hour of birth saw a decrease of 1.5% from 2016 and 9% decrease again from 2017-2018 and those practicing exclusive breastfeeding at discharge saw a decrease of 2% from 2016 with a decrease of 5% from 2017 to 2018 as revealed in table 31.

Performance Highlight

Total theft within the year 2018 stood as three (3)

Crime Related Incident per Month

1. Month of February 13th - Theft of cylinder
2. Month of April 6th – Theft of Phone
3. Month of April 13th – Theft of Laptop and phones
4. Month of May 20th – Damage of Hospital wall

Adverse Incident Report Data

Cases with theft were reported to the police for investigation and the person who was identified as the offender was arrested and admit stolen the cylinder.

On the 14th March, 2018, at about 10am one Mr. Kwashie, a Zoomlion Officer pleaded on behalf of the culprit as he was his co-worker. Therefore, the matter was withdrawn from the police and same settled amicably by the administrator, as such exhibit to wit cylinder was handed over to the stores for safe keeping and the remaining cases are still pending for investigation.

Achievement

- Beefing up security staff.
- Providing good security torchlight and rain coats.
- For not recording any incident from the month of June to December 2018.

Challenge

- Visitors failing to comply the visiting hours
- Theft on the facility
- Living doors unlocked
- Living light and fan on during the weekend

Retirement - 1
Death - Nil

Way Forward

- In-service training will be scheduled to upgrade the skills

- Proper measures are going to be put in place and to strengthen the duty points to curtail unusual occurrences

19.0 BIOSTATISTICS DEPARTMENT

The Biostatistics Department of the hospital was created to foster the application of statistics in the biological field. Our department sees to the development of quantitative methodologies and tools for scientific research in the clinical and public health field with the aim of improving the quality of care that the hospital delivers to her patients. Our vision as a department embraces all scientific methods starting from study design, data collection, statistical analysis, and interpretation of results.

The department have two medical records unit which includes main OPD and that of Reproductive and Child Health Unit. These units are staffed with able professionals who see to the registration of patients using Patient Health Information System (PHIS), retrieval and filing of folders. The records unit serves as the first point of call and due to that, staff are being trained on customer care in order to achieve a multiplying effect. Staff also executes their routine activities base on code of ethics observed by all Medical Records professionals. Our mode of records keeping is based on electronic and paper base records keeping.

Our department is blessed with nine (9) staff that are experts in the management of patient's health information, various statistical and epidemiological methods that advances understanding of both clinical and public health practice and also help ensure that research is done based on standards. Two staff (Biostatistics Officer and Biostatistics Technical Officer) were added to our department in 2018 whiles one (1) also went on retirement.

In order to improve the intellectual capacity at the department, the department did train staff and students on application of statistics and technology in both clinical and public health practice.

Table 30 shows the incidence and prevalence of malnutrition as in under and optimum nutrition for children under five 2016-2018 we can clearly see that there was an increase in the percentages of 1% and 1.2% for underweight in both incidence and prevalence of children weighed from 2017 to 2018 respectively.



Figure 14: Pictures of Kwashiokor Patient before and after TF

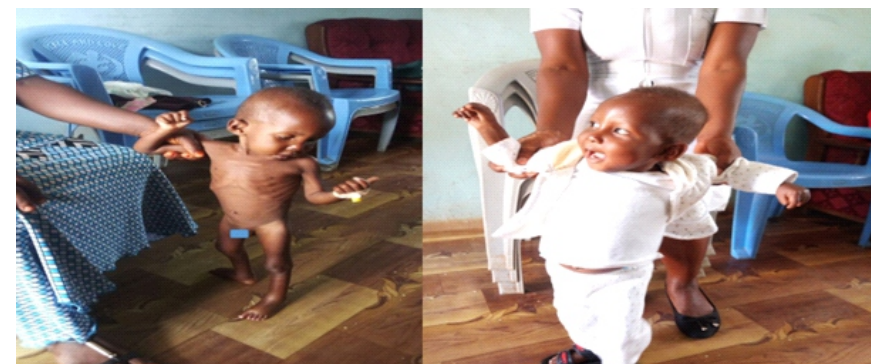


Figure 15: Pictures of Marasmic Kwashiokor Patient before and after TF

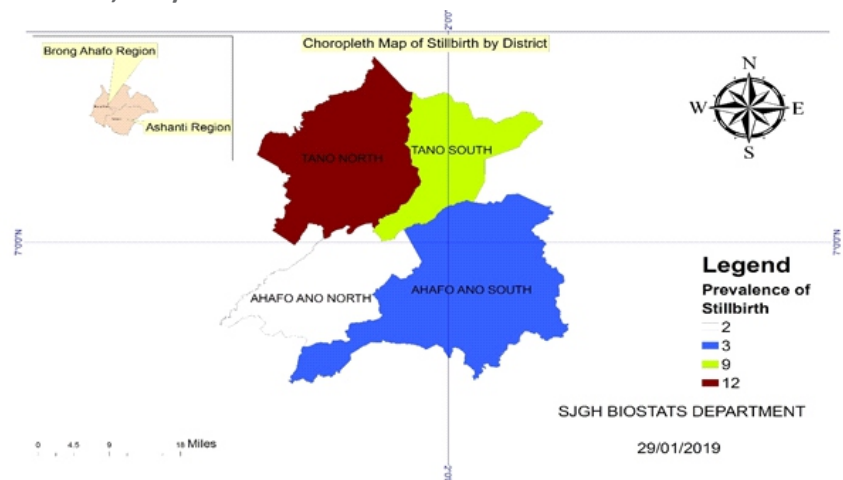


Figure 13: Prevalence of Stillbirth by District

Figure 13 illustrates that 12 cases of stillbirths were recorded from Tano North Municipal, 9 cases were from Tano South, 3 from Ahafo Ano South and the remaining 2 also from Ahafo Ano North.

25.2 NUTRITION SERVICES

The Unit is responsible for carrying out nutrition activities within the hospital. An adequate, well balance diet combine with regular physical activity is a corner stone of good health. Nutrition is essential in maintaining optimal health and quality of life and is essential for achieving the Sustainable Development Goals (SDGs).

Table 29: Incidence of Malnutrition

Indicators	Number Monitored(Registrant			Number With W/A <-2SD			Normal		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Age In Months									
0-11	1199	2094	1154	19	12	18	1180	2052	1136
12-23	597	1503	467	29	23	13	568	1480	454
24-59	451	1191	391	38	17	8	413	1174	383
TOTAL	2247	4758	2012	86	52	39	2161	4706	1973
				(3.8%)	(1%)	(2%)	(96%)	(99%)	(98%)



Performance Highlights

Within the year 2017, the department was able to register, retrieve and refile 97059 outpatients.

Objectives, Activities & Achievements

Table 11: Objectives, Activities & Achievements

Objectives	Activities	Achievements
To reduce patient waiting time at records from 45 minutes to 25 minutes by the end 2018.	Improving our daily filling. Improving retrieval system at records unit. Organizing quarterly refileing to detect misfiled folders. Daily mob-up for folders from various units at the hospital. Ensuring prompt discharging and submission of folders to the records unit. Reporting to work early (6:30am)	The department was able to reduce patient waiting time from 45 minutes to 20 minutes.
To improve data quality and reporting from 15 th of every ensuing month to 5 th of every month by the end of 2018.	Organize on the job training for various units that deals with data. Validate all reports before entries and submission to appropriate quarters. Sensitization on quality data entry skills that opt to be	Data quality was improved through data validation. However, some of the departments reported outside the targeted dates.
To make the department as a research center for the hospital by the end of 2018	By conducting two (2) client satisfaction surveys at the community level. By conducting two (2) staff satisfaction surveys at the facility level. By liaising with other departments in order to conduct additional five (5) health system research that can be publish via the facility website.	The department could not achieve the set goal.

To integrate geographical information systems in the facility reporting system by the end 2018 in order to improve decision making by management and other public health professionals.	By displaying data in a map format. By obtaining coordinates of the various communities in the district.	Spatial analysis was performed for some of the indicators for Public Health interventions.
To improve customer care at the records units by the end of 2018.	By ensuring good customer care practices. Conduct in-service training for records staff on how to manage patients by acquiring knowledge on human behavior. Emarking on the 24 hourly service delivery.	Customer care was improved in 2018.

Challenges & Way forward

Table 12: Challenges & Way Forward

Challenge	Wayforward
Folders kept in some of the departments for long time after discharge	Continue collaboration with ward in-charges for early submission of discharge folders
Challenge with NHIS Claim Check code downtime	Continue collaboration with the district MIS (NHIS) Officer.
Late reporting from some of the department	Conduct report submission league and report departments that submit their data late to management for necessary actions.

20.0 GENERAL OPD

The outpatient department is the first point of contact in the hospital that render outpatient services and it can boast of these main clinics,

1. General surgery Mondays
2. Orthopaedic clinic Tuesdays and Wednesdays
3. Diabetic clinic Thursdays
4. Hypertensive/Urology clinic Fridays
5. General clinic Mondays and Saturday

The department started the year with one PNO, one NO, three SN, four Enrolled nurses and four principal Health Assistants. The department runs morning and afternoon shift which commences at 8am and closes at 8pm

Table 28: Obstetrical Report

Indicator	2014	2015	2016	2017	2018	Performance
Episiotomy	185	195	113	42	87	107.1 Increase
Vacuum Extraction	2	5	6	7	28	300.0 Increase
Caesarean Section	300	324	403	483	469	2.9 Increase
Operation of Ruptured Uterus	1	1	1	3	4	33.3 Increase

Table 28 shows an increase in Episiotomy by 107.1%, vacuum extraction by 300% increase and 2.9% increase in caesarean section when comparing 2017 and 2018

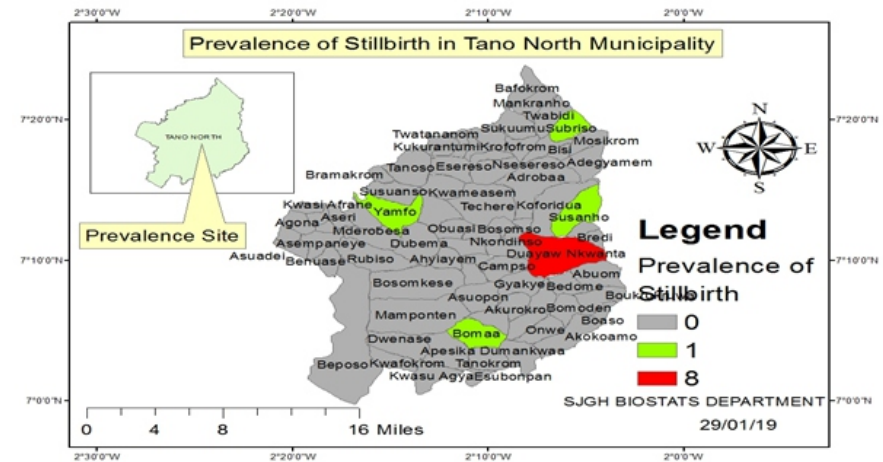


Figure 12: Prevalence of Stillbirth in Tano North Municipal

On distribution of prevalence of stillbirth, 8 cases were from Duayaw Nkwanta township, 1 case each were also reported from Boma, Yamfo, Susuanho, and Subriso.

The public health department recorded 496 ANC first visit out of the total ANC attendance recorded, while 4th visit was 32.9% out of the overall ANC attendance. On deliveries, supervised deliveries constituted 98.5% out of the total delivery, with the remaining 1.5% been TBA deliveries. The percentage supervised reported in 2018 shows an increase when compared to the year 2017.

Table 26: Maternal Indicators

Year	Total Deliveries (Babies)	Stillbirth		Birth Weight		MMR				
		Macerated		Fresh		< 2.5Kg	> 2.5Kg	LBs	No. of Deaths	MMR
		No.	Rate	No.	Rate	%	%			
2015	1357	13	10/1000	11	8/1000	17.4	82.6	1333	4	300
2016	1387	7	5/1000	3	2/1000	15.3	84.7	1377	2	145
2017	1339	19	19/1000	14	12/1000	14.3	85.7	1306	1	77
2018	1550	10	6/1000	16	10/1000	12.9	87.1	1524	3	197

From the table, 1550 babies were delivered representing a percentage increase of 15.8. The facility reduced macerated stillbirth from 19/1000 babies to 6/1000 babies in 2018. Fresh stillbirth was also reduced from 12/1000 babies to 10/1000 babies in 2018. On birth weight, <2.5Kg formed 12.9% while 87.1% of the babies had a birth weight >2.5Kg. Total livebirths recorded in 2018 was 1524, while maternal mortality increase from 77 per 100,000 Livebirths to 197 per 100,000 Livebirths.

Table 27: Analysis of mode of delivery

Indicator	No. of Mothers	No. of Babies	Born Alive	Stillbirth	Weight <2.5Kg	Weight >2.5Kg
Single	960	960	949	11	113	847
Twins	42	84	81	3	38	46
C/S	469	469	457	12	38	431
Vacuum Delivery	28	25	25	0	0	25
Triplet	4	12	12	0	12	0
Total	1503	1550	1524	26	201	1349

From table 27, a total number of 1503 mothers delivered at the facility, 1550 babies were recorded from the total deliveries conducted at the facility. One thousand five hundred and twenty-four alive babies were recorded with the remaining 26 been stillbirths respectively.



Objectives & Activities

- To maintain high level of professionalism and courtesy in the discharge of duties.
 - ✓ Using of hospital protocol.
 - ✓ Adhere to nursing practice and ethics.
 - ✓ Improvement on customer care
- To maintain clean, safe and conducive environment for both staff and client.
 - ✓ Ensure daily housekeeping.
 - ✓ Proper arrangement / labelling of items.
 - ✓ Continuous health education on prevention of injury.
- To adhere to proper infection prevention techniques and practice.
 - ✓ Proper segregation of used / non used items.
 - ✓ Standard hand washing and cleaning before and after every procedure.
 - ✓ Continuous health education on infection prevention control measures.
- Proper usage, handling and storage of equipment.
 - ✓ Using the right instrument for appropriate procedure.
 - ✓ Adhering to manufacturers protocols.
 - ✓ Storing instruments and equipment at the right places.
- To ensure cordial relationship among staff, patients and relatives throughout the year.
 - ✓ Create rapport among staff and clients.
 - ✓ Respect for each other views.
 - ✓ Follow communication channels

- ✓ Individual patients care
- 6. To continuously update staff knowledge and skills.
 - ✓ To collaborate with record staff to enter patients records before coming to vitals.
 - ✓ Carry out monthly unit meetings.
 - ✓ Effective debriefing.
- 7. Reduce patients waiting time.
 - ✓ To collaborate with record staff to enter patients records before coming to vitals.
 - ✓ Avoid misplacing patients' folders.
 - ✓ Collaborate with prescribers to report on time for consultation.

Main Development

Through good collaboration there has been significant reduction in patients waiting time as prescribers are always available and on time.

Performance Highlights

Table 13: Out Patient Service Output

Years	OPD		<5years		>5years		ANC		PNC	
	No.	%	No.	%	No.	%	No.	%	No.	%
2014	94907		17093	18.0	69355	73.1	7449	7.8	1010	1.1
2015	91343	-3.8	16850	18.4	67107	73.5	6173	6.8	1213	1.3
2016	75928	-16.9	11767	15.5	56429	74.3	6253	8.2	1479	1.9
2017	86539	14.0	13601	15.7	64029	74.0	7575	8.8	1334	1.5
2018	97059	12.2	14457	14.9	73719	76.0	7351	7.6	1532	1.6

Table 13 depicts an increase in OPD attendance by 12.2% increase comparing 2017 to 2018. The table continued that out of the 97,059 patients, 14.9% were under five, 76% above five years, 7.6% ANC attendance and 1.6% PNC.

Table 23 revealed that 28 pupils from crèche were enrolled, with 26 examined from the 26. The table continued to reveal 1215 enrolled from the pre-school, with 1165 examined and 19 referred respectively. From the table the department on outreach programs referred 1 ear problem, 8 eye problems, 14 oral health and a skin problem of 8 respectively.

25.1 MATERNAL HEALTH SERVICES

Table 24: Maternal Indicators

	Adolescents (10-19yrs) ANC Registrants		Pregnant Women with Anaemia at 36w		IPT3 Coverage		PNC Registrants within 48hrs		Mother and baby pairs EBF upon Discharge		Proportion of LLIN distributed to pregnant women		TD2+ Coverage		Percentage of Pregnant women who tested HIV Positives	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
2015	136	11.8	10	0.9	321	27.8	908	74.9	1303	98.9	0	0.00	864	13.3	22	1.7
2016	145	12.0	17	1.4	355	29.3	1288	87.1	1324	99.5	1016	83.8	1171	17.4	21	1.7
2017	186	14.0	7	0.5	606	45.6	1086	81.4	1275	97.4	1330	100	1550	22.2	12	1.05
2018	199	13.0	3	0.2	614	40.0	1104	72.1	1392	92.7	1536	100	1452	30.2	6	0.4

From table 24, out of the total ANC registrants, 13% were adolescents (10-19 years) indicating a high percentage of adolescents becoming pregnant. Some of them are school drop-out and the department aims at conducting research to determine factors that predisposes them to early pregnancy. The year 2018 also saw 0.2% of the total registrants at 36weeks as anaemic, with a IPT3 coverage of 40%. The department also recorded 72.1% PNC registrants within 48hrs. Mothers and baby pairs EBF upon discharge scored 92.7% in 2018. Moreover, the department was able to distribute LLIN to all ANC registrants. However, TD2+ coverage recorded in 2018 was 30.2%, with 0.4% pregnant women been positive to HIV/AIDS.

Table 25: Maternal Indicators

Year	ANC			Deliveries				Birth by CS			
	1 st Visit	4 th Visit +	%4 th Visit	Supervised	%	TBA	%	Emergency	%	Elective	%
2015	457	284	24.6	1321	98.2	24	1.8	170	52.5	154	47.5
2016	443	373	30.8	1331	96.4	49	3.6	178	44.2	225	55.8
2017	453	514	38.6	1308	96.3	50	3.7	235	51.9	218	48.1
2018	496	506	32.9	1502	98.5	23	1.5	301	64.2	168	35.8

Table 22: Performance Analysis on Coverage of antigens

Indicator	2017			2018		
	Target	No. Immunize	% Coverage	Target	No. Immunize	% Coverage
BCG	1125	1904	169.2	775	1530	197.4
OPV1	1125	1208	107.4	775	1836	236.9
OPV3	1125	1103	98.0	775	1195	154.2
Yellow Fever	1125	1613	143.4	775	1138	146.8
Measles	1125	1533	136.3	775	1138	146.8
Vitamin A	1125	7231	642.8	3490	6207	177.9
Children Fully Immunized	1125	1613	143.4	775	1138	146.8
Neonates Protected at birth against Tetanus	1125	1550	137.8	775	1452	187.4

From table 22, the public health department performed more than the targeted population in all the indicators. BCG recorded a coverage of 197.4%, OPV1 by 236.9%, OPV3 by 154.2% and Yellow Fever by 146.8% respectively.

Table 23: Analysis on School Health

SCHOOL HEALTH SERVICE					
Number of school		20	School visited	Referrals	
Target	Number Enrolled	Number Examined	Number of children referred	Condition	Number
Creche	28	26	0	Ear Problems	1
Preschool	1215	1165	19	Eye Problems	8
Primary 1	400	371	6	Oral Health	14
Primary 3	136	116	9	Skin	8
				Undescended testis	0
				Hernia	0
JHS 1	38	34	0	BMI >25kg/m ²	0
				Others	3

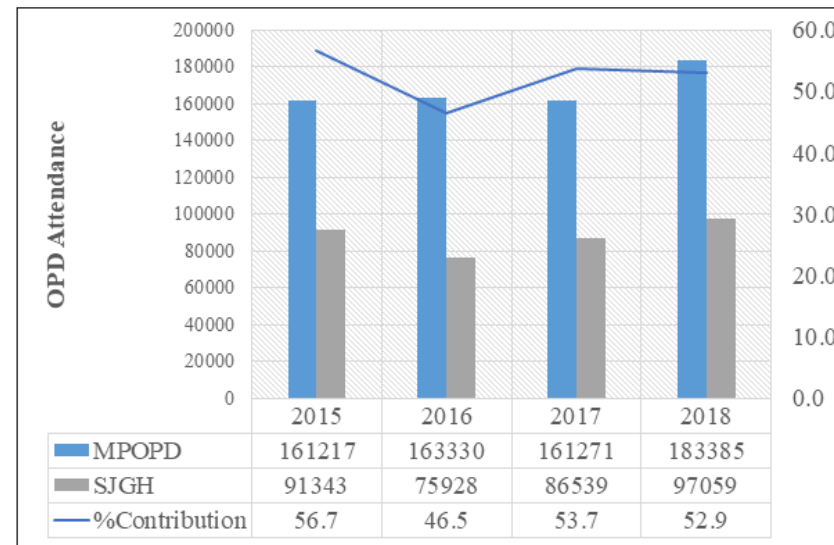


Figure 7: Contribution of OPD Attendance by SJGH

Figure 7 illustrates that out of the 183,385 municipal OPD attendance, ST. John of God Hospital recorded 97,059 representing 52.9%. The performance was however a decrease when comparing to that of 2017 due to establishment of a clinic in Duayaw Nkwanta township.

Table 14: Comparative Analysis of OPD Analysis by Insured and Non-insured Clients

Years	Insured		Non-insured	
	No.	%	No.	%
2014	87926	90.1	9681	9.9
2015	85355	93.4	5988	6.6
2016	70642	93.0	5286	7.0
2017	81552	94.2	5017	5.8
2018	94277	97.1	2782	2.9

From table 14, insured OPD clients increased from 94.2% in 2017 to 97.1% in 2018, while non-insured clients saw a decrease in OPD attendance from 5.8% reported in 2017 to 2.9% reported in 2018.

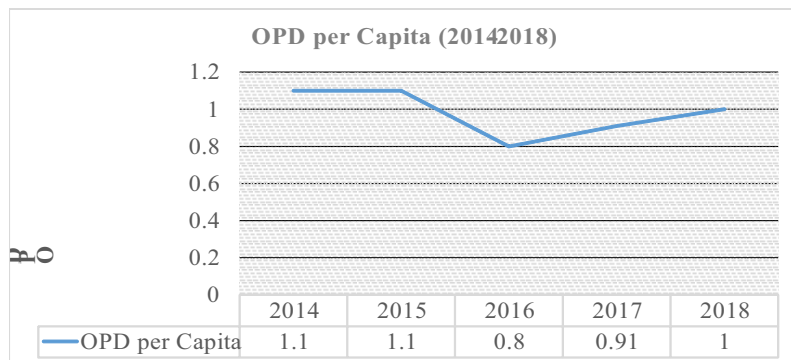


Figure 8: Line Graph of OPD Per Capital

Figure 8 illustrates an increase in OPD per capita from 0.91 to 1 in 2018. The increase was due to numerous of interventions put in-place by management. This intervention included outreach services and health education on patient's health seeking behaviours.

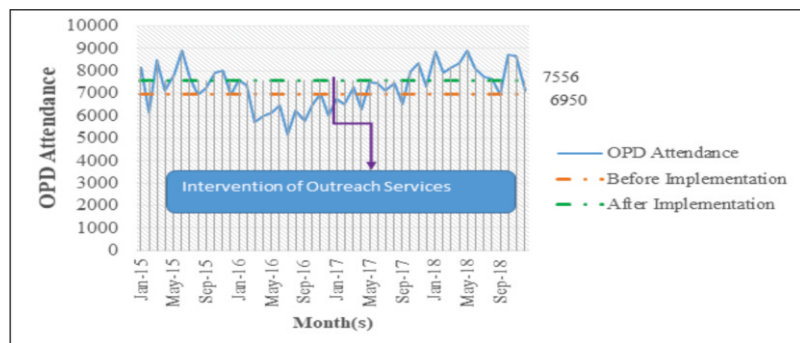


Figure 9: Run Chart of OPD Attendance

Figure 9 shows impact of outreach programs on our OPD attendance. From the figure, before the implementation of outreach programs, the facility was averagely recording 6950 OPD attendance. However, the facility recorded an average of 7556 outpatients after implementation.

- To collaborate with BIOSTATS for timely accurately and complete monthly report.

Activities

- Growth monitoring / immunization/dosing of vitamin A.
- Conduct home visits / TBA supervision.
- School health services.
- Health educational programmes.
- Offer HIV test / counselling.
- Disease surveillance at the facility and outreaches.
- Adolescent services.
- Routine cervical screening.
- Daily OPD services for under 14 years.
- Obstetric and gynaecological services.
- Weekly ENT services.

Main Development

- To open two more clinics for child welfare in Duayaw Nkwanta municipality.
- To strengthen community outreach clinic.

Performance Highlights

Table 21: Performance Analysis on Child Welfare Clinic

Years	0-11months		12-23months		24-59months	
	No.	%▼	No.	%▼	No.	%▼
2016	7869	20.0	6364	34.7	5664	73.4
2017	9657	22.7	8304	30.5	7582	33.9
2018	6263	-35.1	5428	-34.6	5633	-25.7

Results from table 21 shows that CWC among 0-11 months' children saw a decrease by 35.1%, with further decrease among 12-23 months' children by 34.6% respectively in 2018. The decrease in CWC attendance was due to the establishment of a clinic in our catchment area (Duayaw Nkwanta).

drugs resulting in a cordial working environment in the department.

Pharmacy Annex

The introduction of the pharmacy annex at the RCH department to cater for inpatients and children under 5, had gone a long way to alleviate the instance of needless long patient waiting time at the OPD pharmacy.

Management of MDR case

The year saw the successful management of a reported multi drug resistant TB case by the combined HIV/TB team in the hospital. The patient had been nursed back to health with an impressive weight gain, currently the prognosis of the said patient is great and hope to fully recover from TB in five-month time.

24 hr. pharmaceutical services

The introduction of the 24hr pharmaceutical services in the department had been successful and had gone a long way to improve image and services of the hospital in this regards thanks to the foresight of management.

25.0 DEPARTMENT OF PUBLIC HEALTH

The Public Health Department is a constellation of preventive, curative, promotional and rehabilitative services for improving the health and well-being of the population especially women, children, diabetics, hypertensive patients and the mentally ill patients.

Objectives

- To provide quality health care to all clients.
- To ensure daily delivering of RCH services.
- To advocate for prevention of mother to child transmission of HIV/AIDS.
- To strengthen adolescent health corner at the facility.
- To ensure good team work and interpersonal relations among staff and client.

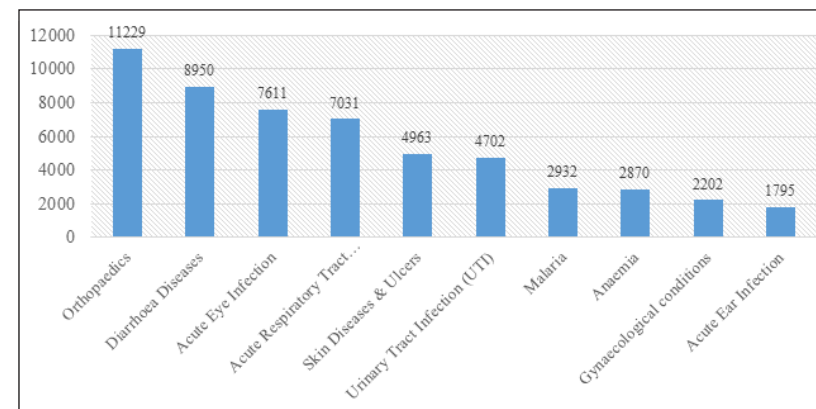


Figure 10: Top Ten Causes of OPD Attendance

From figure 10, orthopaedics cases scored the highest among the top ten causes of OPD attendance, followed by diarrhoea diseases and Acute eye infection representing 11229, 8950 and 7611 respectively.

Table 15: Analysis on Diabetes

Years	Report on Diabetes				
	No. of Registered Diabetics	No. Amputated	% Amputated	% of Diabetics on Insulin	% of Diabetics on Orals
2015	497	4	0.8	19.7	80.3
2016	589	8	1.4	17.1	82.9
2017	619	8	1.3	16.6	83.4
2018	641	4	0.6	17.5	82.5

Results from table 15 shows that the diabetic clinic in the year 2018 registered 641 patients. Out of the 619 patients 1.3% were amputated, 16.6% were on insulin and remaining 83.4% put on oral treatment respectively.

List of Achievements

- No infection recorded due to proper adherence to infection prevention procedures.
- There was an excellent working relationship among staff.
- Protocol was given to the elderly, students, staff, disabled and chiefs of the town.
- Proper daily housekeeping has prevented any injury to staff/patients.
- Staff are constantly reminded about workshops ongoing within the hospital's premises with ward meetings carried out monthly.
- Tb screening for early detection is done at the vital signs room.
- Staff are being encouraged on daily basis to exhibit high level of professionalism in rendering satisfactory services to our clients
- Through effective communication channels, the nursing administrator together with management has provided the unit with a changing/rest room

Emerging Challenges

- Wound dressing and catheterization in the dressing room sometimes creates congestion and dalliance.
- Lack of triage area

Way forward

- To work with the office of the nursing administrator to provide a separate area for catheterization.
- To work with ER in creating a triage area.

Success Story

- There was no sudden collapse nor death at the OPD due to good triaging skills by staff.

21.0 EMERGENCY UNIT

Emergency is one the departments in the hospital that is responsible for the provision of medical and surgical care to patients arriving of the emergency

A total of 8 adverse drug reactions was detected and duly reported to the FDA for causality assessment by the technical advisory committee.

Challenges

Drug shortages

The department was unable to achieve a 100% availability of drug stock at the pharmacy due to the under listed factors;

- unavailability of the products in the market and unwillingness of some recalcitrant suppliers to deliver drug supplies on time.
- Beau acratc bottlenecks in the hospital drug procurement system created by absence of signatories of requisition forms to duly sign filled forms on time, unavailability of auditors to inspect received drugs, absence of store managers to issue requested products, absence of porters to ferry issued drugs to the pharmacy.

Hence there is an urgent need for management to improve upon the existing drug procurement system in the hospital.

HIV and TB defaulters

The ART team in the hospital need to intensify its activities since some clients on ART and TB treatments were lost to follow-up despite the fact that medications needed for the management and treatment of their conditions were available at the pharmacy.

ADR reports

Due to the low reportage of ADR cases in the hospital, there's the need for the Institutional contact person for safety monitoring of drugs to liaise with FDA to intensify their educational activities healthcare providers so as to actively detect and report all ADR's cases to the department for onward transmission to the FDA.

Success Stories

Intrinsically motivated staff

The pharmacy saw an impressive instance of intrinsically motivated staff in the department, due to the routine in house training programs organized by the department to update the current knowledge of personnel on the usage of

incidences of adverse drug reactions to the FDA to ensure the safety of clients on medications.

Performance Highlights

Rationale drug use

An operational research into the rational drug use in the hospital indicated that from 2016 to 2018 the average number of drugs prescribed per prescriptions had been steadily dropping from a high of 3.2 to 3.16 in 2018 which is a wee shy of the target of less than 3. However, the prescription of generic fell from 87 in 2016 to 78 in 2018, whereas the percentage of antibiotic usage decreased from 40% to 30%. The percentage use of injectable also sky rocketed from 7% in 2016 to 18 % under the year under review. Generally, the usage of essential medicines favorably increased from 94% to 98% in 2018. Indication of review dates on prescription forms decrease 86 in 2016 to 76 in 2018, whereas as it diagnosis of a patient was always indicated in folders an 100% of the time.

Art/ TB Treatments

Since 2016 the recruitment of new HIV cases steadily dropped from 80 to 60 in 2018, whereas the discovery and treatment new TB case also decreased from 20 to 18 hence indicating the need for ART/TB teams to up their game when it comes to discovery of new cases. Due to improved logistical management of drugs the program had a 100% availability of drugs for the treatment and management of presented HIV and TB case.

Extemporaneous preparations

Over the year under review the department produced a total of 8960 bottles of paracetamol, 2370 bottles of pediatric cough syrup, 840 magnesium trisilicate and 960 expectorant/sedative mixtures and also added the following new products to its lines

- Methylsalicylate ointment
- Olive oil ear drops
- Baby cough linctus and
- Hand sanitizer
- Saline nasal drop

in need of immediate care.

Our mission is to provide outstanding care for client in our catchment area and beyond.

The year started with seven professional nurses, five auxiliary staffs and two health assistances but by the end of the year, two nurses had left the department permanently. Although the staff strength decreases in the cause of the year, all cases that were brought to the department were managed professionally.



Objectives & Activities

- To intensify health education on preventable health issues.
- To reduce patient waiting time
- To ensure effective handing and taking over of the ward.
- To maintain clean, safe and conducive environment
- To adhere to proper infection prevention techniques and practices
- To upgrade staff knowledge and skills on
 1. Emergency preparedness
 2. Mass casualty care
- To ensure continuous collaboration of the unit and other departments

To achieve the above objectives, the under listed activities were set.

1. To Ensure Effective Handing and Taking Over

- ✓ Involvement of all staff on duty at the unit
- ✓ Vital/Sensitive information will be handed over at the nurses' station
- ✓ hand over all patients, equipment, and any vital information

2. To Maintain Clean, Safe and Conducive Environment

- ✓ Ensure proper house keeping
- ✓ Proper arrangement of items
- ✓ Continuous health education on occupational health and safety.

3. To Adhere to Proper Infection Prevention Techniques and Practices

- ✓ Ensuring Standard hand washing and cleaning before and after every procedure
- ✓ Proper segregation of used items
- ✓ Continuous health education on infection prevention and control measures

4. To Upgrade Staff Knowledge and Skills on Emergency Preparedness and Mass Casualty Care

- ✓ Carry out monthly unit meetings and workshops periodically
- ✓ Ensuring full participation of all in-service training carried out at the department.

5. To Ensure Continuous Collaboration of the Unit and Other Departments

- ✓ Respect each other's views
- ✓ Follow communication channels

Objectives

The main activities of the pharmacy are, but not limited to the following under-listed activities

- the filling of prescription to staff, inpatients and out patients
- manufacturing of extemporaneous preparations
- procurement of quality drugs and medical devices
- Counselling of patients as the case may be.

Also, in a bid to position St John of God Hospital as a beacon for quality healthcare delivery in the region, management seeks to ensure 100% availability of all essential drugs at a minimum cost to clients. Improve client waiting time of clients, enhance professionalism in delivery of healthcare system in the hospital through the promotion of client health education and wellbeing. Conduction of health system research for rational usage of drugs in the hospital. Improve on the hospital solvency via an increase in in-house production lines of extemporaneous drugs as well as training and upgrading staff knowledge through in service training to meet human resource needs of the institution.

Main Development

To achieve the stated objectives outlined above, the department undertakes monthly Departmental meetings with in-service training to update personnel and clients on current drug information

Also, weekly preparation of extemporaneous preparations is planned and executed following the dictates of approved monographs to reduce shortages in the hospital.

Consistent refill of ART's and TB drugs cum specialized continuous counseling sessions are done for our registered clients assessing such facilities in the hospital to ensure compliance with medications, in a bid to reduce incidences of drug resistance in the populace.

The department chairs and reports activity of the Drug and Therapeutic Committee meeting of the hospital to management to positively influence the procurement and management of quality drug in use by the hospital.

In line with the FDA guidelines on safety monitoring and pharmacovigilance, the department actively seek and promptly reports all

Challenges

- The main problem that the unit uncounted was the power fluctuations. It resulted in destroying our x-ray machines.
- In as much as the clinical history is needed on the request form it was difficult for some of the clinicians to provide.

Way forward

- The department is recommending that the hospital could go into contractual agreement with the AGVAD company so that when there is a problem it will be resolved as soon as possible.
- Appropriate UPS and stabilizers should be connected to all the needed electrical machines. Imaging department is urging the clinicians to write the clinical history on the request forms. It is our duty to protect client from receiving unnecessary radiation.

24.0 PHARMACY

Introduction

In line with the vision of St John of God hospital, Duayaw Nkwanta to continue with Christ healing ministry. The pharmacy department was set up to specifically provide quality pharmaceutical services for both in patients and outpatients in Tano North and its environs and Ghana at large.

The department has a main pharmacy and an annex at the RCH department on the premises of the hospital that seeks to provide the stated pharmaceutical objectives of the hospital.

In order to effectively implement its mandate, the department operates a twenty-four-hour service with the call system making up for the time between 8:00pm to 8:00am.



- ✓ Establish rapport among staff in the ward and those in other units
6. To intensify health education on preventable health issues
- ✓ To educate patients and relatives about disease condition during admission and prior to discharge
 - ✓ To liaise with the community health nurses to ensure follow-up visits

7. To Reduce Patient Waiting Time

- ✓ report to work early
- ✓ To collaborate with all other departments to attend to patients as early as possible
- ✓ To sort out discharged folders from the non-discharged folders for prompt action

Performance Highlights

Table 16: Emergency Service Output

Years	Attendance		ER Death (Rate)	
	No.	Rate/1000	No.	Rate/1000
2015	5194	57.0	60	11.6
2016	4961	-4.5	66	13.3
2017	4700	-5.3	73	15.5
2018	4605	-2.0	65	14.1

In comparing total emergency attendance in 2017 to 2018, the year 2018 saw a decrease in emergency attendance representing 2.0%. The department recorded a death rate of 14/1000 admissions in 2018.

List of Achievements

- ✓ There was improvement in customer care at units
- ✓ There was no injury to staff and clients as a result of proper

housekeeping.

- ✓ There was excellent working relationship among staff
- ✓ There was improvement in the overall patient waiting time
- ✓ There has been improvement in the documentation and client's reception
- ✓ Prompt attention and care was given to all emergency cases

Emerging Challenges

- ✓ Creating of a Triaging area
- ✓ The problem of folders not “passing through” on the PHIS etc.
- ✓ Ensuring 24hour services without the support of the cashiers and medical officers makes night duty challenging.

Way forward

- ✓ To work with the OPD staff to setup a triaging area
- ✓ To plead with the records department to consistently enter all patient's information on the fix.
- ✓ We plead with management to speed up the issue of 24hour services by the, cashiers and medical officers.

Success Stories

The department performed exceedingly well on the following;

- ✓ Organophosphate poisoning. About 98% of all client who present with poisoning survived.
- ✓ Though without patient monitors and ventilations, clients who presented with cardiac arrest were revive successfully.
- ✓ Management of trauma cases; being an orthopedic institution the department encountered varying degrees of trauma cases and about 95% of the cases were managed with good result. The remaining 5% were either referred or expired.

On Diagnostic services, table 20 reveals that ultra sound investigations increased in the year (2018) under review by 8.03% when compared to 2017. X-ray investigations also increased from 5867 reported in 2017 to 7830 in 2018 representing 33.5% respectively. The unit started ECG services in 2018 and saw a total number of 123 patients.

List of Achievements

There was good team spirit in the department. A new printer for the x-ray machine was brought to the department.

The department was able to maintain its 24h services to the clients even though it does not run shift system.

The staff at the x-ray unit also had electronic devices for operational absorb dose (instadose) monitoring.

The statistics of the x-ray and ultrasound were increased by % and % respectively compared to that of the 2017.

New knowledge on ultrasound was impacted into the junior college (eg. Using of endovaginal probe, easily identification of lipoma etc.).

Four (4) departmental clinical presentations on the following topics were done:

- Radiographic image quality
- Duties of radiation protection officer
- Diffusely abnormal liver
- Liver cystic masses



Instadose monitoring device



X-ray printer



Two (2) ultrasound machines One x-ray machine

Main Objectives and Activities

1. To maintain excellent production of diagnostic images by:
 - Always applying quality control and ALARA principles (patient positioning use of exposure factors)
 - Regular upgrading of knowledge with the departmental clinical presentations (6 within the year)
 - Good staff- patient communication

2. Maintain efficient use of imaging equipment machine by:
 - Applying quality control measures (proper use of the AC, given 2 or 3 exposures before actual exposure etc.)
 - Prompt report of any little fault to the appropriate quarters.

Performance Highlights

Table 20: Diagnostic Services

Years	Ultra Sound		X-Ray		ECG	
	No.		No.	% ▼	No.	% ▼
2015	2953	4.273	4774	16.5	0	NA
2016	3203	8.466	4769	-0.1	0	NA
2017	3833	19.67	5867	23.0	0	NA
2018	4141	8.03	7830	33.5	123	NA

22.0 LABORATORY DEPARTMENT



Background of Department

Introduction

As the main medical diagnostic unit in St. John of God Hospital, the department is grateful to Jehovah for His grace and mercies throughout 2018 and beyond. We are equally indebted to the Hospital management team (HMT) and the entire staff of this facility for their support all these years.

The laboratory is vital in the provision of holistic healthcare services as the department is responsible for providing evidence which backs diagnosis for effective therapy. The department doubles as the Municipal laboratory and has been assisting in the training of laboratory professionals in the sub-district. The department runs a 24/7 hour services with a limited staff strength made up of three (3) medical laboratory scientists, three (3) technical officers, two (2) lab assistants and one (1) casual. In view of the limited staff strength, the department runs a two-shift system, that is, 8:00am-4:00pm and 4:00pm-8:00am daily. Services rendered are in hematology, microbiology, serology, clinical chemistry and blood transfusion.

In the year under review, the department successfully welcomed and trained both interns and attachment students pursuing various qualifications in the laboratory profession. There was improvement in the department's

intellectual capital as staff attended various workshops (malaria microscopy refresher training, etc.) and in-service trainings organized in the facility. As a norm, staff who participated in workshops were also given the opportunity to train the other staff upon their return from such workshops with a report on the workshop being submitted to HMT.



Services

The department runs a two shift 24/7hour system by helping in the diagnosis, treatment and management of clients. The following diagnostic services are rendered:

- ❖ **Haematology:** tests performed are full blood count (FBC), sickling and Hb electrophoresis, G6PD, blood film for malaria parasites, erythrocyte sedimentation rate (ESR), peripheral blood film comment, malaria RDT (Pf), etc.
- ❖ **Serology:** hepatitis B surface antigen test, hepatitis C virus test, syphilis (TPHA), blood grouping and Rhesus (D), Coomb's, cross matching, HIV, etc.
- ❖ **Microbiology:** sputum for AFB, urine and stool routine examinations, culture and sensitivity testing of blood, urine, wound, CSF, HVS, ascetic fluid, sputum, pus, etc.
- ❖ **Clinical chemistry:** Liver functioning tests (LFT), Renal functioning tests (RFT), Uric acid, Lipid profile, etc. The electrolyte analyzer is currently faulty though the engineer has been invited to

7. Recruitment of New Staff in the person of Dorothy Osei-Wireko (Assistant Tech. Officer)
8. Attachment students and laboratory interns were received and trained.
9. A one-day on the job training and monitoring by a team from National Malaria Control Programme and Tuberculosis held.
10. SOPs written for almost all laboratory protocols (malaria microscopy, routine urine examination, etc.).

Emerging Challenges and Way forward

Table 19: Challenges & Way forward

Challenges	Way Forward
Increased workload with limited staff strength	Increase staff strength
Poor work ergonomics	Improve work ergonomics through the provision of work friendly lab chairs
Unable to perform coagulation tests such as PT and APTT	Provision of coagulometer and needed logistics
Unable to perform blood C/S for adults	Provision of adult blood C/S bottles

Success stories

1. Successfully made a video on the hospital for showing at OPD.

23.0 IMAGING DEPARTMENT

Introduction

Imaging department is a department that performs various radiological and sonographic examinations. The staff strength was four (4) however, students from various schools came to do their clinical attachment. The department had three stationary x-ray and two ultrasound machines. One of the x-ray machines was sent to St. Elizabeth Hospital, Hweddiem remaining two. The department struggled with intermittent breakdown of the x-ray machines. One of the conventional x-ray machines still could not be repaired at the end of the year. At the end of the year the department had one stationary x-ray and two ultrasound machines functioning. Below are images of the functioning machines:

Table 18: Summary Blood Transfusion Indicators

Years	YEAR		
	2017	2018	%?
No. of blood units donated	1595	845	-47.02
No. of blood units patient transfused	1316	1142	-13.22
No. of patients screened for HIV/AIDS	1659	1086	-34.54
No. of patients screened positive for HIV/AIDS	25	22	-12.00
Donors screened for Hep B	1659	1086	-34.54
Donors Positive for Hep B	26	23	-11.54

On summary blood transfusion indicators, total blood donated in 2018 was decrease by 47.02%, with a further decrease in number of blood unit's patient transfused by 13.2%. The continue to depicts a decrease in patients screened for HIV/AIDS by 34.5%, with a 12.0% decrease in total patients screened positive for HIV/AIDS respectively.

List of Achievements

1. Production of fresh frozen plasma (FFP) using the manual sedimentation method (provision of refrigerated centrifuge will help in speeding up the process).
2. Introduction of paediatric blood culture and sensitivity
3. Staff were appraised for the year and individual objectives as well as departmental objectives set for the year.
4. Continued quality control practices which enhanced quality of results.
5. Participation in huddle, staff durbars, HOD meetings and every other activity in the hospital which the department is required to be represented.
6. A week-long malaria microscopy training workshop of remaining staff (parasite count and speciation) as well as a successful participation in national malaria microscopy competence assessment by SMA Lydia Sarpong, RVM.

fix it on numerous occasions.

- ❖ **Blood transfusion:** we do process, screen and bleed donors, prepare blood (whole blood, packed cells and plasma) for transfusion.



Objectives & Activities

The following were the department's objectives for the year 2017:

1. To help provide reliable and efficient diagnoses:
 - a) By performing hormonal analysis (O and G)
 - b) By improving on work ergonomics
 - c) By providing Coagulation Analyzer
 - d) By making the Bacteriology unit fully functional
 - e) By continuing with Reach - Out Activity
 - f) Creation of mini-laboratory at RCH
2. To improve on staff training
 - a) By continuing with Laboratory Presentation and Workshop
3. To improve on blood banking services
 - a) By acquiring a refrigerated centrifuge and blood bank
4. To improve on proper documentation
 - a) By having SOPs for all tests done
5. To improve on communication among staff and clients
 - a) By continuing with orientation at the OPD

2.0. Main Developments/Initiatives

2.1. Introduction of blood culture and sensitivity testing

The laboratory in its quest to enhance the provision of reliable and efficient diagnosis introduced the bacteriology unit which is responsible for conducting culture and sensitivity testing of specimens such as urine, etc. However, due to logistics constrains we were unable to perform some investigations on blood but during the year under review we overcame this hurdle albeit for children Thus, blood C/S is currently being performed on paediatric samples with plans to extend to adults once the requisite blood C/S bottle is obtained.

2.2. Screening and Reach-out Activities

In our quest to offer the best of quality laboratory test results to our clients, we deemed it fit to offer free screening services through our reach-out activities and refer beneficiaries for proper medical attention. We also spear headed several screening activities for different institutions and organisations such as the Compassion Child Development Center(COP), the Pentecost Church of Ghana, Duayaw Nkwanta anniversary program, the SJGH NICU project team screening activities. All activities were successful and a lot benefited from that.

2.3. Blood Donation Exercises

The Laboratory organised several blood donation exercises with different institutions such as the St. Joseph teacher training school, Bechem, etc. The department was able to meet its transfusion requirements throughout the year due to prudent management of donated blood by strictly adhering to our replacement policy.



Performance Highlights

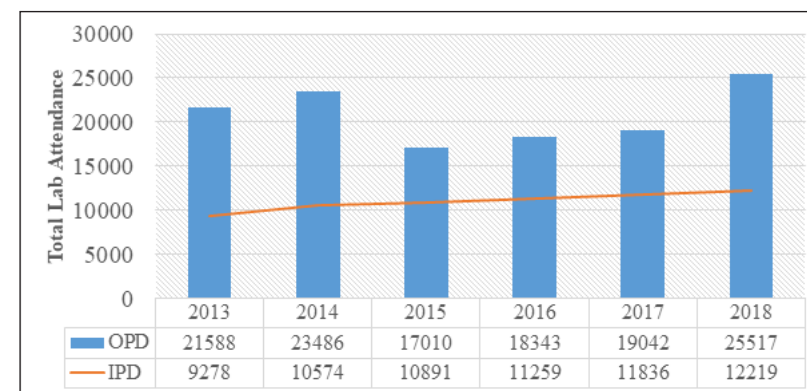


Figure 11: Laboratory Service Attendance

From figure 11, total OPD laboratory attendance saw an increase of 34% while IPD laboratory attendance also increased from 11,836 to 12,219 representing a 3.2% increase when comparing the year 2018 to 2017.

Years	Haematology		Biochemistry		Microbiology		Total	
	No.	%▼	No.	%▼	No.	%▼	No.	%▼
2015	41884	-9.4	3551	-16.6	8474	-5.1	53909	-9.3
2016	198519	374.0	9178	158.5	10332	21.9	218029	304.4
2017	218532	10.1	9321	1.6	14502	40.4	242355	11.2
2018	275766	26.2	21134	126.7	21725	49.8	318625	31.5

Table 17: Summary Diagnostic Services

Table 17 depicts an increase in Haematology investigations by 26.2% when comparing 2018 and 2017. Biochemistry also saw an overwhelming increase by 126.7% in 2018 due to the breakdown of the Biochemistry Analyser in 2017. From the table, Microbiology investigations increased from 14,502 reported in 2017 to 21,725 in 2018 representing a 49.8% increase. The total investigation however was increased in 2018 by 31.5%.