

# Annual-Report-Hospital-2016

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## LIST OF ACRONYMS

ADMs	Admissions
AIDS	Acquired Immune Deficiency Syndrome
RCH	Reproductive and child health
ANC	Antenatal Care
ARTI	Acute Respiratory Tract Infection
C/S	Caesarean Section
CT	Counseling and Testing
CVA	Cerebrovascular Accident
HIV	Human Immune Virus
IPD	Inpatient Department
IPT	Intermittent Preventive Treatment
LBs	Livebirths
MDG	Millennium Developmental Goals
NHIA	National Health Insurance Authority
PMTCT	Preventing Mother to Child Transmission
OPD	Out-Patient Department
OPV	Oral Polio Vaccine
PNC	Postnatal Care
UTI	Urinary Tract Infection
URTI	Upper Respiratory Tract Infection
TD	Tetanus Diphtheria

## ACKNOWLEDGEMENT

We wish to express our heartfelt gratitude to all those who have helped us to be what we are today and have our interest at heart.

- Most Rev. Peter KwakuAtuahene – Bishop, Catholic Diocese of Goaso
- The Chairman and Board Directors –Diocesan Health Services, Goaso
- The Vicar General – Catholic Diocese of Goaso.
- The Executive Director of Health – Diocesan Health Services.

- Regional Director of Health -BrongAhafo Region.
- District Director of Health -Tano North District.
- Nana BoakyeTromo III and Elders – Duayaw Nkwanta Tradional Council.
- John Foundation, Maastricht -The Netherlands.
- Vrienden Van Ghana Foundation -Laarkbreek, The Netherlands.
- Orion of Delft, The Netherlands.
- Wilde Geese, The Netherlands.
- Tano North District Assembly -Duayaw-Nkwanta.
- Paul J. J. Rompa -The Netherlands.
- Cor Stevens -Patro n of the hospital.
- Ton and Mary Schepens Family -The Netherlands.
- The Department of Health -Catholic Secretariat – Accra.
- The Christian Health Association of Ghana (CHAG) Accra.
- The Staff of the Hospital -Duayaw-Nkwanta.
- Frank Ruyter de Wildt, -The Netherlands.
- Surgeons from Academic hospital -Maastricht
- All those who supported us.

## EXECUTIVE SUMMARY

- The hospital renders twenty-four (24) hour emergency services to clients. The facility is engaged in curative, preventive, rehabilitation as well as counseling and testing for HIV/AIDS (CT/PMTCT), diabetes control and tuberculosis programmes.
- The hospital is specialized in Orthopaedics and it is also the centre for clubfoot Management in Ghana.
- Seventy-Five Thousand, Nine Hundred and Twenty-Eight (75,928) clients utilized our OPD Services in the year giving us O. P. D. capital of 0.8.
- Six Thousand, Six Hundred and Twenty-Three (6,623) patients were admitted within the year.
- Forty-four (44) staff were recruited, a total of 69 persons had their national services in 2016. This is made up of (43) forty-three paramedical service personnel and (26) twenty –six rotation nurses. (2) two staff also retired in the year under review.
- Nineteen (19) in-service training/workshops were organized for the staff. During the same period, (6) six staff durbars were organized, (2) out of the six were emergency staff durbars to discuss urgent and critical issues.
- The hospital had Planned Preventive Maintenance (PPM) of its machines and equipment.
- Two (2) retreats, eight (8) health walks and two (2) clean up exercises were organized during the period.
- Paul Rompa and Dr. Frank De Ruyter, (Orthopaedic surgeons) visited the hospital to provide various services. Another Orthopaedic Surgeon from the Academic Hospital, Maastricht also paid a working visit to the hospital.
- Neonatal intensive care unit was established.
- The hospital was connected to twenty – four (24) hour internet services.
- The hospital continued its huddle exercise; all heads of department meet from 8:30am.to 9:00am. Each head is given (1) minute to present the incidence that occurred in the department for the past twenty four (24) hours.
- The hospital carried out clinical presentation for staff throughout the year
- The institution had its annual department performance review.
- Two operational researches were conducted within the year.
- We successfully recruited 44 new employees during the year.
- Successful construction and installation of an ultramodern X-ray machine.
- We carried out renovation of staff quarters.
- We procured a clocking device to monitor staff attendance and this has improved staff attendance significantly.

### BACKGROUND INFORMATION

St. John of God Hospital is one of the five health facilities in the Catholic Diocese of Goaso. It is the District hospital for Tano 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 AhafoAno North and AhafoAno South Districts of the Ashanti Region.

The Tano North District has an estimated population of 91664 (projected from the 2010 Population and Housing Census) for 2016. The annual growth rate is 2.3%. 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.

## Vegetation and Climate

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.

### Communication

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, Tigo, Espresso, Airtel and Glo. There is 24 hour internet service in the hospital as well.

## Economic Activities

The main economic activities in the district are farming and trading. The cash crops cultivated are cocoa, citrus and oil palm. Food crops are maize, cassava, vegetables such as tomatoes, garden eggs and pepper. There are quite a number of public and civil servants employed in various institutions.

### Health Facilities

The District has three level “B” Health Centres, one Polyclinic and three completed CHPS zones, and St. John of God hospital is the referral facility for all the health facilities in the district.

### Electricity

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

## The Hospital

St. John of God Hospital is a Catholic Hospital in the Catholic Diocese of Goaso of the Brong Ahafo Region. It has a bed capacity of 148 divided into General, Children, 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 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, 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

## ORGANISATION AND MANAGEMENT

### Management and Administration

The hospital has a Management Team made up of the Administrator who is the Head of Management, Medical Director, Nursing Administrator (Matron), Chaplain, Accountant and Human Resource Manager that meet monthly. Heads of Departments also meet once in every quarter and staff durbars are also held once in every quarter. Emergency meetings are held when the need arises.

The institution also has Procurement, Quality Assurance, Project 5 Alive, Funeral, Claims Management, Accommodation, Celebration, Emergency and Infection Prevention and Control Committees. Staff prepare for Easter and Christmas by having a day of recollection each time.

### Stores and Supply

All purchases of the Hospital; Pharmaceuticals, Consumables, Equipment etc. are received in the store and department who need such supplies would have to make requisitions to the stores. Drugs are purchased from selected suppliers and are stored under suitable storage temperature and conditions.

## Partnership

### Internal

The Hospital has good a working collaboration and relationship with the Ministry of Health, the Ghana Health Service, the Regional Health Directorate, Brong Ahafo, The District Health Directorate, Tano North, the District Health Insurance Scheme, the Christian Health Association of Ghana (CHAG) and the National Catholic Secretariat (NCS).

### External

The hospital has good relationship with the St. John Foundation of Maastricht and AstraZeneca in the Netherlands who sponsor many of our constructional works in the hospital, including the Guest/ Staff Houses, Equipment, Logistics, Relative Kitchen and part of the construction of the ground floor of the Administration block.

The hospital also maintained good relation with Friends of Ghana Foundation in the Netherlands, who support the hospital with equipment, logistics and constructional works in the hospital as well as in the town.

VISION: the vision of the hospital is to continue Christ Healing Ministry.

MISSION: to provide high quality care in the most effective, efficient and innovative manner to our clients.

#### CORE VALUES:

- Holistic quality service
- People centeredness
- Professionalism
- Integrity
- Empathy

Supportive visits

The Diocesan Executive Director and Deputy paid supportive visits to the facility. They interacted with Management Team and staff as well as all professional groups.

**AUDIT:**

The Audit Unit did its best in ensuring that departments take documentation of their activities properly at all times for future references. Internal Audit verified drugs and non-drugs that were purchased within the period to make sure they met the standards and requirements intended to serve its purposes. Pre-and post-audit of payments were done accordingly to ensure control procedures are followed and reviewed to prevent future breach of it.

The government audit from Sunyani visited the facility for payroll audit. All shortfalls were identified and rectified. The diocesan external auditors also visited the institution to carry out the yearly audit of the facility. It was successful and the audit report was sent through the diocesan Health Service to the Bishop.

**FINANCE:**

During the year under review, the hospital had some difficulties so far as our finances are concerned as a result of non-regular reimbursement of claims by the National Health Insurance Authority (NHIA).

		(A)	(B)	(C)
		ACTUALS	ACTUALS	BUDGET 2016
<u>INCOME</u>	NOTE	JAN – DEC. 2016	JAN-DEC. 2015	
PATIENT FEES	1	4,696,611.77	3,641,394.70	3,616,205.00
GOVERNMENT SUBVENTION	4	4,785,350.52	3,681,702.93	4,255,565.00
MORTUARY FEES		133,891.40	103,698.00	107,784.88
OTHER INCOME	2	226,244.56	150,330.95	195,611.20
GIFTS AND DONATION	3	48,546.00	316,812.00	130,370.00
		9,890,644.25	7,893,938.58	8,305,536.08
<u>EXPENDITURE</u>				
COMPENSATION	5	5,841,916.63	4,654,277.74	5,392,816.70

PURCHASES AND SUPPLIES	6	2,081,927.13	1,670,118.28	1,473,891.05
REPAIRS AND MAINTENANCE	7	149,678.41	190,711.67	111,100.10
GENERAL ADMINISTRATION	8	1,475,848.99	1,163,791.81	1,128,984.88
		9,549,371.16	7,678,899.50	8,106,792.73
EXCESS OF INCOME OVER EXPENDITURE		341,273.09		
LESS CAPITAL EXPENDITURE		-248,505.65		
SURPLUS		92,767.44		

#### HUMAN RESOURCE

The Human Resource Policy is aimed at recruiting, retaining and motivating health professionals to deliver maximum quality care to all clients in our catchment area and beyond.

RECRUITMENT: 44 new staffs (44) were recruited within the period under review. They are (1) IT Manager, (2) Accountants, (1) Biostatistics officer, (11) registered general nurses, (3) community health nurses, (8) Midwives, (12) Enrolled Nurses, (2) Medical Officers.

SEPARATIONS: one staff passed on to glory while two staff retired during the year.

TRANSFER OUT: During the period, four staff (4) were released to other facilities; (1) Snr. Staff Midwife, (2) Snr. Staff Nurse and (1) Medical Officer.

TRANSFER IN: (1) Technical Officer (Disease Control) and (1) Enrolled Nurse were transferred from Global Evang. Pope John Clinic Hospital respectively.

PROMOTIONS: Fifty-two (52) staff applied for promotion, all of them were promoted.

Nine (9) Senior Staff Nurses who successfully completed BSC Nursing from various Universities were upgraded to Nursing Officers.

EDUCATION AND TRAINING (SPONSORING SERVING OFFICERS): As at 31<sup>st</sup> December 2016, eleven (11) serving nurses and two (2) Medical Officers were in school to pursue various approved programs fully sponsored by the Hospital whilst five (5) Para-medical staffs were also on study leave.

#### EXTERNAL WORKSHOPS

#### STAFF STRNGHT

PROFESSION	TOTAL NUMBER OF EMPLOYEES(2015)	TOTAL NUMBER OF EMPLOYEES(2016)
Doctors	7	8

Orth/Trau. Doctors(specialist )	1	1
Optometrist	1	1
Physician Assistants	5	4
SRN, RGN/ Diploma	39	49
Midwives	18	25
Community Health Nurses	5	9
Enrolled Nurses	16	29
Health Assistants	31	30
Pharmacist	2	2
Pharmacy Technician	4	4
Dispensing Assistant	2	2
Laboratory Technicians	3	3
Biomedical Scientist	2	2
Lab. Assistants	1	1
Physiotherapists	2	2
Occupational Therapist	1	1
Field Technician	1	2
Physiotherapy Assistants	6	6
Radiographer	1	1
X-ray Technicians	1	1
X-ray Technical Assist	1	1
Supply Manager/ Supply Officer	2	2
Human Resource Manager	1	1
Internal Auditor	2	2

I.T. Technical Assist	1	1
I. T. Officer	1	1
IT Manager	1	1
Records Officers	1	2
Typist	1	1
Stenographer	1	1
Accountant	2	4
Accounts/Finance Officers	3	3
Administrator	1	1
Orderlies/ Mortuary	23	23
Security	8	8
Biostatistics Officer	1	3
Health Educator	2	2
Technical Officer	1	1
BiostatAsst/ Records Officer/ Asst	5	5
Tech. Officer (Engineering)/ Electricals	1	1
Driver	3	3
Occupational Therapist Assistant	2	2
Disease Control Officer	1	1
Junior/ Foreman/ Artisans	5	5
Laundryman	4	3
Environ. Health Officer	1	1
Nutritionist	3	3



Technologist (Clinical Engineering)	1	1
<b>TOTAL</b>	<b>232</b>	<b>263</b>

## EMERGENCY SERVICES

The hospital runs 24hour emergency services daily.

TABLE 1: EMERGENCY SERVICE OUTPUT

Indicator	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
Attendance	4162	3308	5194	4961	4.5	Decline
Death	88	71	60	66	10	Increase

Comparing 2015 and 2016, emergency attendance saw a 4.5% decrease; there was also a 10% increase in emergency deaths.

## MENTAL HEALTH

Mental Health Unit started at St John of God Hospital in November, 2014. The unit was established to create awareness on mental health services and its related disease conditions, to ensure people living with psychiatric problems and most especially epilepsy within the district and its surroundings have access to prescribed drugs, to prevent relapse of mental clients, to ease clients from travelling long distance to the psychiatric hospital for treatment and to help trace defaulters and visit clients frequently.

A total of twenty-eight (28) ward cases were attended to at the various wards and the emergency unit. Seventy-two (72) houses and saloon were visited and health education on mental health and mental illness were given. Twelve (12) outreach clinics / program were conducted on several occasions at Bomaa and Buokrukruwa.

At the end of the period under review (2016), one hundred and nine (109) clients were visited with regards to home visits.

TABLE 2: MENTAL HEALTH STATISTICS

ATTENDANCE	2015	2016	% Change in 2YRS Performance	
			% Change	Performance
New	167	161	3.6	Decline
Old	428	631	47.4	Increase
<b>Total</b>	<b>595</b>	<b>792</b>	<b>33.1</b>	<b>Increase</b>

Mental health attendance increased by 33.1% in 2016 as compared to 2015.

## LABORATORY

St John of God has a well-equipped medical laboratory which provides a high quality and client centered services to the hospital and other health facilities in the Tano-North district as well as other neighboring districts. The department provides services in clinical chemistry, clinical microbiology, haematology, serology and blood banking.

We had one successful outreach program on protein urine examination at Duayaw-Nkwanta (Koforidua) in the last quarter of the year.

The department carried out 223, 268 investigations in 2016 representing a 280.2 % as compared to 58724 investigations carried out in 2015. The increase can be attributed to the fact that evidence based diagnosis was highly encouraged and practiced by the prescribers. Most of the diagnosis is

lab confirmed before the patients are treated. The department also had a Chemistry Analyzer during the year under review.

TABLE3: LABORATORY INVESTIGATIONS

Investigations	2014	2015	2016	% Change in 2YRS Performance	
				% Change	Performance
Haematology	46223	41884	198159	373.1	Increase
Biochemistry	4256	3551	9178	158.5	Increase
Microbiology	8925	8474	10332	21.9	Increase
Serology	4168	4815	5599	16.3	Increase
Total	63572	58724	223268	280.2	Increase

#### MORTUARY

The unit was managed by 2 staffs in 2016. We received bodies from different Regions and Districts.

TABLE4: MORTUARY STATISTICS

Indicator	2014	2015	2016	% Change in 2YRS Performance	
				% Change	Performance
Bodies from the Hospital	107	130	98	24.6	Decline
Bodies from outside the hospital	118	175	154	12.0	Decline
Total	225	305	252	17.4	Decline

Total bodies decreased by 17.4% comparing 2015 and 2016.

#### PHARMACY

Notwithstanding the challenge of supply of some medicines in the period under review, the department provided quality pharmaceutical care to all patients at the hospital.

- Education of clinical staff on medication through presentations at clinical meetings.
- General education of clients on medicines at the various clinics and OPD units.
- Comprehensive adherence counseling prior to initiation of antiretroviral medication.
- Production of effective and quality extemporaneous preparations for the use of the institution.

## PHARMACY DEPARTMENT REPORT

TABLE 5: PHARMACY REPORT

PHARMACY DEPARTMENT				
	INDICATOR	WHO	REGIONAL TARGET	ACHIEVEMENT

	TARGET	2015	2016	2015	2016
Average No. of Drugs Prescribed	2	<3	<3	3.1	3.3
% Generic	100	>90	>90	95	80
% Antibiotic	<20	<30	<30	35	42
% Injection	<20	<20	<20	10	15
% EML	100	100	100	94	90
Diagnosis	100	100	100	100	100
Review Date	100	100	100	90	83
PHARMACY IN HOUSE PRODUCTION					
		2015		2016	
SYRUP PARACETAMOL		9800 bottles		8321	
MIXT MAGNESIUM TRISILACATE		2100 bottles		1901	
SYRUP EXPECT SED		1800 bottles		1832	
SOLN BLEACH		12480 bottles		13350	
H and SANITIZER		20 Liters		42	
SOLN RUBBING ALCOHOL		90 bottles		650	

## OPERATIONAL RESEARCH

### Client Satisfaction Survey

The survey was conducted to assess the level of satisfaction of clients in health care delivery at St John of God Hospital in the last eleven months (January to November 2016).

The survey used descriptive study with cross sectional study design. The sample size used was 131 clients. Simple random sampling was used for the selection of clients. Descriptive statistics was used for the analysis (frequencies and graphs). The data was entered, edited and analyzed with the help of Statistical Package for Social Sciences (SPSS).

At the end of the survey, we realized that 74% of the clients revealed services delivered at the facility to be quality. Clients were satisfied with the services rendered to them. The survey also revealed good environmental conditions, privacy, and confidentiality at the facility.

### Staff Satisfaction Survey

The survey was conducted to assess the level of staffs' Satisfaction at St John of God Hospital in Duayaw- Nkwanta. The research was conducted in the last eleven months (January to November 2016).

The survey used descriptive study design. Purposive sampling technique was used to select a sample size of 100 staffs. Questionnaires were designed and sent to various departments for response. Descriptive statistics was used for the analysis (frequencies and graphs). The data was entered, edited and analyzed with the help of Statistical Package for Social Sciences (SPSS).

The survey revealed that staffs are given the opportunity to improve their personal skills, staffs have clear performance expectations, and staffs have reasonable workload and good physical environment to ensure health and safety at work. Staffs are also satisfied with the benefit package (leave, sick off, etc.) that the hospital offers.

#### REPRODUCTIVE AND CHILD HEALTH (RCH)

The RCH Department consist of eight (8) sub units which comprises antenatal, post-natal, child welfare, under five, disease control, HIV/ AIDS, Eye and adolescent health unit.

#### CHILD WELFARE CLINIC

The unit embarked on both static and outreach services. The outreach services were done in 13 communities in our catchment area by the midwives, community health nurses, nutrition officers, disease control officer, field technicians, community health officers, and community based surveillance volunteers.

TABLE 6: COVERAGE OF ANTIGENS

Indicator	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
BCG	2687	2697	1961	1434	26.9	Decline
OPV1/ QUINVAXE MI	984	1235	1156	1163	0.6	Increase
OPV3/ QUINVAXE M3	890	955	1202	1126	6.3	Decline
YELLOW FEVER	1127	1274	1261	1210	4.0	Decline
MEASLES	1253	1274	1261	1210	4.0	Decline

#### ANTENATAL AND POSTNATAL

The midwives and other associated staffs continued to offer dedicated services to the people of Tano-north and beyond by giving them quality of care as shown below:

TABLE 7: STATISTICS ON ANTENATAL AND POSTNATAL INDICATORS

Indicator	2013	2014	2015	2016	% Change in 2YRS Performance		
					% Change	Performance	
ANC	Registrants	1320	1110	1155	1212	4.9	Increase
	Attendance	7737	7449	6173	5041	18.3	Decline
IPT	IPT 1	314	31	652	490	24.8	Decline
	IPT 2	212	22	721	442	38.7	Decline
	IPT 3	121	10	321	329	2.5	Increase
	IPT 4				166	—	

	IPT 5				79	—	
TD <sub>2+</sub>		1680	1887	864	1171	35.5	Increase
PNC		891	1010	1213	1479	21.9	Increase

Figure 1: a line graph showing the trend of IPT Coverage (2012-2016)

Figure 2: a line graph showing the trend of TD<sub>2+</sub> Coverage

35.5%↑

Comparing 2015 and 2016, TD<sub>2+</sub> saw a 35.5% increase.

## CHILD HEALTH

Table 8: Child health statistics

YEAR	2014	2015	2016	% Change in 2Years Performance	
				% Change	Performance
0-11 Months	2096	6559	7869	20	Increase
12-23 Months	1267	4726	6364	34.7	Increase
24-59 Months	951	3266	5664	73.2	Increase
TOTAL	4314	14551	19897	36.7	Increase

## SCHOOL HEALTH

We also embarked on school health activities. The School Health service is one of the KEY services rendered for school children to improve their physical, social and mental development. Duayaw Nkwanta Sub District team comprises of a Counselor, Community Health Nurses, Disease Control Officer, Field Technician and a Shep Coordinator from Ghana Education Service. 17 schools were visited throughout the year (Pre-School, Primary and J.H.S); those with common problems were referred appropriately.

TABLE 9: SCHOOL HEALTH STATISTICS

	Pre-School Children(KG)	Primary 1&2	JHS	TOTAL
Number enrolled	1059	839	183	2081
Number examined	958	1000	195	2153

Number of school children referred with common problems	24	31	0	55
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## ADOLESCENT HEALTH

The hospital renders Adolescent Health Services to the Adolescents within the District. Meetings are held fortnightly for health education and sharing of individual views. In all, 40 interested pupils from various schools have been put together to form a club in the District.

TABLE 10: ADOLESCENT HEALTH COVERAGE

Indicator	Males	Females	Total
Pregnant Cases	–	6	6
STI's	4	3	7
Menstrual Disorders	–	9	9
Induce Abortion	–	2	2
Total Attendance	4	20	24

## HEALTH PROMOTION

The RCH department also embarked on health promotion activities throughout the year; both static and outreach clinical sessions, (General OPD, Wards, Radio) were also part to improve the wellbeing of people. The department collaborates with the nutrition department in some of their outreach programs.

TABLE 11: SURVEILLANCE REPORT

Indicator	Number suspected	Number confirmed	Death
Polio	11	0	0
Measles	0	0	0
Yellow Fever	0	0	0
Guinea worm	0	0	0
Buruli Ulcer	0	0	0
Cholera	0	0	0

Meningitis	0	0	0
Yaws	0	0	0
Syphilis	1043(test ed)	7(positive )	0

TABLE 12: TUBERCULOSIS SURVEILLANCE REPORT

Indicator	Total number of cases
Total no. screened	1616
Eligible	572
Confirmed	60
Case Detection (all forms)	33
Case Detection(SM+)	17
Cure Rate	4(23.5%)
Completed Treatment	8
Defaulters	0
Death Rate	0
Treatment Success	12
Treatment failure	0
Referred out	27

#### ANTI-RETROVIRAL TREATMENT/COUNSELING UNIT

The unit continues to render services to the people of Tano-North and beyond. Activities such as PMTCT clinic, ART clinic and Counseling and lab tests are performed. ART Clinic attendance increased from 547 in 2015, to 665 in 2016.

TABLE 13: OLD AND NEW CLIENTS FOR ART CLINIC (2016)

Indicator	Males	Females	Total
Old Patients	153	425	578
New Patients	22	65	87
Total	175	490	665

TABLE 14: HIV REPORT

INDICATOR		2012	2013	2014	2015	2016
CT	Couns eled	165	454	749	531	538
	Tested	184	454	749	531	538

	Positive	51 (27.7%)	98 (21.6%)	167(22.3%)	100(18.8%)	97(18%)
PMTCT	Counselled	636	1106	924	1295	1286
	Tested	636	1106	924	1295	1286
	Positive	15 (2.4%)	18 (1.6%)	27 (2.9%)	24 (1.9%)	21(1.6%)
All other HIV/AIDS Tested Positive		194	119	70	24	61
Number on ARV Treatment		94	126	143	66	92

STATISTICS (SERVICE DELIVERY OUTPUT)  
THEATRE

TABLE 15: STATISTICS ON OPERATIONS PERFORMED

Year	Major cases	Minor cases	Total
2012	1565	442	2007
2013	1516	464	1980
2014	1470	434	1904
2015	1310	665	1975
2016	1225(6.5%↓)	613(7.8%↓)	1838

Comparing 2015 and 2016, theater saw a decrease of 6.5% and 7.8% in major cases and minor cases respectively.

7.8%↓

ANAESTHESIA GIVEN

TABLE 16: STATISTICS ON ANAESTHESIA GIVEN

Year	Spinal	GA/Spinal	LA	GA	TOTAL
2015	946	316	317	64	1643
2016	1073	310	324	48	1755

Total anaesthesia given in 2016 was 1755 as against 1643 in 2015 giving an increase of 6.1%

NUTRITION UNIT  
(REGISTRANTS)

TABLE 17: INCIDENCE OF MALNUTRITION (0-59 MONTHS)



AGE(M ONTHS)	CHILDREN WEIGHED	SEVERE UNDERWEIGHT	MODERATE UNDERWEIGHT	NORMAL	POSSIBLY OVERWEIGHT	POSSIBLY OBESE
0-11	1199	0	19	1169	8	3
12-23	597	3	26	558	10	0
24-59	451	5	33	409	3	1
TOTAL	2247	8 (0.4%)	78 (3.5%)	2136 (95%)	21 (0.9%)	4(0.2%)

(ATTENDANTS)

TABLE 18: PREVALENCE OF MALNUTRITION (0-59 MONTHS)

AGE(M ONTHS)	CHILDREN WEIGHED	SEVERE UNDERWEIGHT	MODERATE UNDERWEIGHT	NORMAL	POSSIBLY OVERWEIGHT	POSSIBLY OBESE
0-11	7782	1	39	7729	10	3
12-23	6319	5	47	6256	9	2
24-59	5807	7	70	5723	6	1
TOTAL	19908	13(0.06%)	156(0.8%)	19708(99%)	25(0.1%)	6(0.03%)

EYE CLINIC

TABLE 19: EYE CLINIC TOP TEN CAUSES OF OPD ATTENDANCE

TOP TEN CAUSES OF MORBIDITY	2014		TOP TEN CAUSES OF MORBIDITY	2015		TOP TEN CAUSES OF MORBIDITY	2016	
	CASES	%		CASES	%		CASES	%
Allergic Conjunctivitis	6219	52.5	Allergic Conjunctivitis	6413	44.8	Allergic Conjunctivitis	6092	51.3
Cataract	2074	17.5	Cataract	2599	18.2	Cataract	2336	19.7

Cornea Diseases	788	6.7	Cornea Diseases	1772	12.4	Glaucoma	862	7.3
Glaucoma	753	6.4	Glaucoma	1086	7.6	Pseudophakia	716	6.0
Pterygium	569	4.8	Pseudophakia	554	3.9	Pterygium	442	3.7
Refractive Error	442	3.7	Pterygium	439	3.2	Keratoconjunctivitis	370	3.1
Pseudophakia	299	2.5	Refractive Error	457	3.1	Refractive Error	353	3.0
Retinopathy	218	1.8	Retina Diseases	290	2.0	Cornea Diseases	219	1.8
Preseptal Cellulitis	98	0.8	Uveitis	156	1.1	Retinopathy	181	1.5
Painful Blind Eye	93	0.8	Preseptal Cellulitis	79	0.6	Uveitis	99	0.8
TOTAL	11553	97.6	TOTAL	13845	96.7	TOTAL	11670	98.3
ALL OTHERS	286	2.4	ALL OTHERS	467	3.3	ALL OTHERS	202	1.7
GRAND TOTAL	11839	100.0	GRAND TOTAL	14312	100.0	GRAND TOTAL	11872	100.0

Figure 3: A Line Graph Eye Clinic Attendance

Eye clinic attendance saw a decrease of 0.45% comparing 2015 and 2016.

## **PHYSIOTHERAPY SERVICE REPORT**

TABLE 20: PHYSIOTHERAPY CASES

TOP TEN CAUSES	2015		TOP TEN CAUSES	2016	
DISEASE	CASES	%	DISEASE	CASES	%
Low Back Pain/Sciatica/Scoliosis	1437	30.1	Low Back Pain/Sciatica/Scoliosis	1648	35.9
STROKE(CVA)	992	20.8	STROKE(CVA)	729	15.9
Osteoarthritis/Arthritis	556	11.6	Cerebral Palsy	496	10.8
Cerebral Palsy	536	11.2	Osteoarthritis/Arthritis	491	10.7
Cervical, Thoracic, Lumbar Spondylosis	320	6.7	Cervical, Thoracic, Lumbar Spondylosis	320	6.9
Erb's Palsy	266	5.6	Erb's Palsy	287	6.2
Post-fractures(Rehab)	262	5.5	Post-fractures(Rehab)	142	3.1
Facial/Bell's Palsy	159	3.3	Facial/Bell's Palsy	122	2.7
Frozen Shoulder/Adhesive Capsulitis	106	2.2	Frozen Shoulder/Adhesive Capsulitis	107	2.3
Contractures/Contusion	30	0.6	Spinal Cord Injury (Rehab)	30	0.7
TOTAL	4664	97.7	TOTAL	4372	95.2
ALL OTHERS	109	2.3	ALL OTHERS	220	4.8
GRAND TOTAL	4773	100	GRAND TOTAL	4592	100.0

Table 21: club foot clinic statistics

YEAR	2010	2011	2012	2013	2014	2015	2016	% Change in 2yrs Performance
------	------	------	------	------	------	------	------	------------------------------

								% Change	Performance
TOTAL CASES	218	702	950	1103	905	981	859	12.4	Decline
FOLLOW UP	14	187	342	325	362	247	180	27.1	Decline
BRACES	80	108	132	150	112	143	131	8.4	Decline
TENOTO MY	55	49	34	46	26	61	33	45.9	Decline

Table 22: Out Patient Service Output

Attendance	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
Main OPD	69379	69355	67101	56409	15.9	Decline
< 5 Clinic	17891	17093	16856	11787	30.1	Decline
ANC	7737	7449	6173	6253	1.3	Increase
Post Natal	891	1010	1213	1479	21.9	Increase
Total	95898	94907	91343	75928	16.9	Decline

TABLE23: OPD ATTENDANCE BY INSURED AND NON-INSURED PATIENTS

Indicator	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
Insured	91812	87926	85355	70642	17.2	Decline
Non-Insured	4086	6981	5988	5286	11.7	Decline
Total	95898	94907	91343	75928	16.9	Decline

TABLE 24: TOP TEN (10) OPD MORBIDITY

No	2014	2015	2016
1	Malaria 15284	Malaria 15986	Malaria 10829

2	Orthopaedics	10996	Orthopaedics	8278	Diarrhoea diseases	8079
3	Diarrhoea diseases	8952	ARTI	6562	Orthopaedics	7444
4	URTI	5562	Diarrhoea diseases	5292	ARTI	6940
5	Acute Eye Infection	3525	Acute Eye Infection	4296	Skin Diseases and Ulcers	4569
6	Skin Diseases and Ulcers	2132	Skin Diseases and Ulcers	3306	Acute Eye Infection	3968
7	UTI	1493	UTI	2866	UTI	3819
8	Pregnancy and Related Complications	1096	Septicaemia	1835	Anaemia	3152
9	Home / occupational Accidents	781	Abscess / Cellulitis	1538	Septicaemia	2666
10	Sepsis	677	Anaemia	1416	Gynaecological Conditions	889

FIGURE 4: A BAR GRAPH SHOWING TOP TEN (10) OPD MORBIDITY 2016

FIGURE 5: MALARIA CASES 2012-2016

TABLE 25: IN-PATIENT SERVICE OUTPUT STATISTICS

INDICATORS	2012	2013	2014	2015	2016
Admissions	6036	6500	6099	6024	6623
Discharges	5945	6365	6012	5905	6505
Death(Rate)	115(1.9%)	118(1.8%)	105(1.7%)	121(2.0%)	117(1.8%)
Patient Days	36275	34772	31585	29214	26725
Occupancy Rate	75.7%	72.7%	66.1%	61.10%	53.7%

Average Length of Stay	6.0 days	5.4 days	5.2 days	4.85 days	4.04 days
Turnover Per Bed	46 pts	50 pts	47 pts	46 pts	49 pts
Turnover Interval	1.9 days	2.0 days	2.7 days	3.10 days	3.48 days
Bed Capacity	131	131	131	131	136

**INTERPRETATION OF STATISTICS**

Occupancy Rate = 53.7%

No. of Active Beds =  $53.7\% * 136 = 73.0 \approx 73$  beds

100

This means that, out of 136 beds, 73 beds were active or used in the year 2016.

Average Length of Stay = 4.04 days

This indicates that, averagely a patient spent at least 4 days, 1 hour at the ward.

Turnover per Bed = 49.0

= 49 patients

This means that an active bed was used by 49 Patients during the year 2016.

Turnover Interval = 3.48

This implies that, it took 3 Days; 12 Hours for an empty bed to become occupied by patients in 2016.

**TABLE 26: ADMISSION BY INSURED AND NON-INSURED PATIENTS**

Indicator	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
Insured	6160	5574	5496	5994	9.1	Increase
Non-Insured	340	525	528	629	19.1	Increase
Total	6500	6099	6024	6623	9.9	Increase

Total admissions saw a 9.9% increase in 2016 when compared to that of 2015.

**FIGURE 6: TOP TEN CAUSES OF ADMISSION**

**TABLE 27: PERFORMANCE BY WARDS 2016**

WARDS	ADMISSION	DISCHARGE	DEATH	PATIENT DAYS	OCCUPANCY RATE	AVERAGE LENGTH OF STAY	TURN-OVER PER BED	TURN OVER INTERVAL	BED CAPACITY
Children's	1935	1915	12	5007	52.62%	2.60	74.12	2.34	26

General	1836	1740	90	7107	62.64%	3.88	59.03	2.34	31
Orthopaedic	566	578	3	9087	49.66%	15.64	11.62	15.86	50
Maternity	2140	2138	2	4895	55.73%	2.29	89.2	1.82	24
NICU	146	134	10	649	35.46%	4.51	28.8	8.20	5

FIGURE 7: TOP TEN CAUSES OF MORTALITY  
TABLE 28: MATERNAL REPORT

INDICATORS	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
Deliveries (Mothers)	1325	1270	1317	1331	1.1	Increase
Deliveries (Babies)	1358	1312	1353	1387	2.5	Increase
Caesarean Section (Rate)	349	292	324	403	24.4	Increase
Live Births	1336	1299	1330	1377	3.5	Increase
Still Birth (Rate)	22	13	23	10	56.5	Decline
Fresh (%)	10	7	11	3	72.7	Decline
Macerated (%)	12	6	13	7	46.2	Decline
Maternal Death	2	4	3	2	33.3	Decline
Ratio	150/100,000LBs	308/100,000LBs	226/100,000LBs	145/100,000LBs	35.8	Decline

FIGURE 8: LINE GRAPH OF MATERNAL MORTALITY

35.8%

5%%

Comparing 2015 and 2016, maternal mortality saw a 35.8% decrease.

TABLE 29: OBSTETRICAL REPORT

INDICATOR	2013	2014	2015	2016	%change in 2yrs performance	
					% Change	Performance
Episiotomy	259	185	195	113	42.1	Decrease
Vacuum Extraction	5	2	5	6	20.0	Increase
Caesarean Section	349	300	324	403	24.4	Increase
Operation for Ruptured Uterus	0	1	1	1	100	Constant

FIGURE 30: TABLE SHOWING EVACUATION OF THE UTERUS

INDICATORS	2013	2014	2015	2016
EVACUATION OF THE UTERUS	130	149	126	108

14.3%↓

FIGURE 9: LINE GRAPH OF EVACUATION OF UTERUS In figure 10, evacuation of the uterus decreased by 14.3% comparing 2015 and that of 2016.

TABLE 31: ANALYSIS OF MODE OF DELIVERY.

INDICATOR	No. of Mothers	No. of Babies	Born Alive	Still Birth
Single	866	866	861	5
Twins	56	112	109	3
Caesarean Section	403	403	401	2



Vacuum Delivery	6	6	6	0
Triplet	0	0	0	0
Total	1331	1387	1377	10

TABLE 32: INSTITUTIONAL INFANT/NEONATAL MORTALITY RATE

INDICATOR	2012	2013	2014	2015	2016
Neonatal Mortality Ratio	4 (3/1000 LBS)	2 (2/1000 LBS)	1 (1/1000 LBS)	1 (1/1000 LBS)	10 (7/1000LBS)
Infant Mortality Ratio	11 (16/1000 adm)	10 (14/1000 adm)	4 (7/1000 adm)	5 (10/1000 adm)	4 (2/1000 adm)
1-4 Years	4 (6/1000 adm)	15 (7/1000 adm)	19 (9/1000 adm)	9 (6/1000 adm)	13 (9/1000 adm)
Under Five Mortality Ratio	24 (6/1000 adm+LBS)	27 (6/1000 adm+LBS)	24 (6/1000 adm+LBS)	15 (4/1000 adm+LBS)	27 (12/1000 adm+LBS)

TABLE 33: SPECIALIZED SERVICES

Indicator	2013	2014	2015	2016	% Change in 2YRS Performance	
					% Change	Performance
Eye Clinic	6344	6676	7305	7272	0.5	Decline
Mental	–	–	595	792	33.1	Increase
Orthopaedics Nsawam	725	511	407	356	12.5	Decline
Orthopaedics	10391	10996	8278	7444	10.1	Decline
Diabetes	2432	2203	2931	3562	21.5	Increase

Hypertension	3998	4242	8663	10867	25.4	Increase
O & G	—	—	—	79	—	—

TABLE 34: DIAGNOSTIC SERVICES

INDICATOR	2013	2014	2015	2016	% Change in 2YRS Performance		
					% Change	Performance	
Ultra Sound	2972	2832	2953	3203	8.5	Increase	
X-RAY	3825	4097	4774	4769	0.1	Decline	
Lab	OPD	21588	23486	17010	18343	7.8	Increase
	IPD	9278	10574	10891	11259	3.4	Increase
	Total	37663	40989	35628	37574	5.5	Increase

## ORTHOPAEDICS SERVICES

TABLE 35: COMPARATIVE ANALYSIS OF ORTHOPAEDIC SURGERIES PER MAJOR SURGERIES PERFORMED

Indicators	2012	2013	2014	2015	2016
Total Surgery	2007	1980	1904	1975	1838
Orthopaedics	1269	1050	1007	767	665
% of Total	63.2	53.03	52.89	38.8	36.2

From table 35, orthopaedic surgery was reduced from 38.8% to 36.2% giving a difference of 2.6%.

TABLE 36: COMPARATIVE ANALYSIS OF ORTHOPAEDIC OPD ATTENDANCE PER TOTAL OPD ATTENDANCE

Indicators	2012	2013	2014	2015	2016
Total OPD	88025	95898	94907	91343	75928
Orthopaedics	9407	10391	10996	8278	7444
% of Total	10.7	10.8	11.6	9.1	9.8

From table 36, comparing 2015 and 2016, orthopaedic OPD attendance was decreased from 8278 to 7444 giving a 10.1% decrease.

TABLE 37: COMPARATIVE ANALYSIS OF ORTHOPAEDIC IPD PER TOTAL IPD

Indicators	2012	2013	2014	2015	2016
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Total IPD	6036	6500	6099	6024	6623
Orthopaedics	726	721	672	655	566
% of Total	12.03	11.09	11.02	10.87	8.55

Table 37 depicts a reduction in percentages when comparing orthopaedics inpatients and that of total in-patients (2015 and 2016) recorded by the facility representing a percentage difference of 2.32%.

TABLE 38: PERFORMANCE INDICATORS

INDICATOR	EXPECTATION	2014	2015	2016
Percentage Bed Occupancy Rate	75%	66.1%	61.1%	53.7%
Facility Admission Rate		6.4%	6.6%	8.7%
Facility Death Rate	1%	1.7%	2.1%	1.8%
OPD Insurance Coverage	80%	93%	93.4%	93%
In-Patient Insurance	80%	91%	90.3%	90.5%
Deliveries at Facility		37.5%	36.7%	36.3%
Under Five Mortality Rate	40/1000	6/1000	4/1000	12/1000
Infant Mortality Rate	39/1000	7/1000	10/1000	2/1000
Neonatal Mortality		1/1000	1/1000	7/1000
Antenatal Coverage		31.7%	32.2%	27.5%
Low Birth Weight Rate	5%	16%	19.5%	15.9%
Maternal Mortality Rate	100/100000LBs	308/100000	225/100000	145/100000
Still Birth Rate	1%	1.0%	1.7%	0.8%
CT Positive Rate		22%	18.8%	18%

PMTCT Positive Rate		2.9%	1.9%	1.6%
Rate of surgical cases per admission		31.2%	25.3%	27.8%
Caesarean Section Rate	15%	23.0%	23.9%	30.3%
Doctor to Patient Ratio		1:135 58	1:101 49	1:10847
OPD Attendance per Capital		1.1	1.1	0.8
Average Daily OPD Attendance		260	250	207
Average Daily Admissions (In-patient)		17	16	18

- The number of active beds during 2016 decreased from 80 active beds to 73 active beds used by the facility. This indicates that 73 active beds out of the total 136 beds were used within 2016. The admission rate was also increased from 6.6% to 8.7%. Death rate at the hospital also decreased from 2.1% recorded in 2015 to 1.8% recorded in 2016.
- OPD insurance coverage was decreased from 93.4% to 93.0% while IPD insurance coverage rate was increased from 90.3% to 90.5%. However, the facility covered high insurance coverage rate when comparing to the WHO standard (80%). Overall under five mortality rate increased to 12/1000 admissions and live births. This means that out of every 1000 live births and admissions recorded at the hospital including emergency cases, the facility recorded 12 under five death cases.
- Infant mortality rate decreased from 10/1000 admissions to 2/1000 admissions meaning that 2 out of every 1000 admissions and emergency detentions died. Neonatal deaths increased from 1/1000 live births to 7/1000 live births. The neonatal deaths increased due to the creation of the NICU ward as more neonates are referred to the hospital. However, there is more to be done in order to sustain the MDG 5. In view of that, there is a recommendation to the clinical department to audit every under-five death recorded at the facility level.
- PMTCT Positive Rate, Antenatal coverage, low birth weight, stillbirth rate saw a decrease. The decrease in antenatal coverage is a negative shift. The decrease in the stillbirth rate shows a positive sign towards the MDG 4. Moreover, the C/S rate recorded at the facility is greater than the standard required by WHO (10-15%). Maternal mortality rate showed a decrease which indicates a shift to the positive direction. However, the rate still remains as a hindrance to MDG5 sustainability. Meanwhile, 2 out of the maternal deaths recorded at the facility came as transferred into the facility from different district with a worst condition.

#### ACHIEVEMENTS

- We successfully recruited 44 new employees during the year.
- Four (4) staff completed their courses successfully
- We successfully constructed and installed an ultramodern X-ray machine.
- Five (5) year strategic plan developed
- We provided various logistics to the hospital.
- Sponsorship/training of staff in school
- We carried out renovation of staff quarters.

- We procured a clocking device to monitor staff attendance and this has improved staff attendance significantly.
- We ensured effective safety and security of staff, patients and their relatives.

## CHALLENGES

- Inadequate specialists.
- Old and obsolete equipment
- Difficulty in paying staff allowances.
- Difficulties in paying suppliers.
- Inability to mechanize our non-mechanized staff.
- Non-reimbursement of NHIS Claims
- Inadequate staff accommodation
- Shortage/inadequate logistics
- Poor referral system (from district facilities and outside district facilities)
- Poor documentation
- No surgical ward, and small Neonatal Intensive Care Unit (NICU)

## WAY FORWARD

- Ø To increase our market share of client in the district.
- Ø To expand the scope of specialized services.
- Ø To ensure prudent financial management.
- Ø Expand hospital's infrastructural capacity and continue renovations
- Ø To establish a unique corporate identity and image for all staffs.
- Ø Enhance welfare, safety and security of all staffs.
  - Appeal for funds for the construction of NICU and Surgical ward
  - Appeal for support to purchase equipment
  - Train two specialists
  - Continue in-service training for staff
  - Continue the Administration block.

## SIGNATORIES

.....  
 Rev. Sr. Rosina Fosu Ntiwaa  
 (Administrator)

.....  
 Ms. Mary Bibiana Naaeke  
 (Nursing Manager)

.....  
 Dr. Prosper A. K. Moh  
 (Medical Director)

.....  
 Rev. Fr. Theophilus A. Pepra  
 (Hospital Chaplain)