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## ACKNOWLEDGEMENT

The Hospital wishes to express our profound gratitude to all who help us in diverse ways to the realization of continuing Christ's Healing Ministry.

Special heartfelt gratitude to:

**Most Rev. Peter k. Atuahene**

Catholic Bishop of Goaso

**Board of Directors**

Goaso Diocesan Health Service

**Vicar General**

Catholic Diocese of Goaso

**Department of Health**

National Catholic Secretariat

**Regional Director of Health**

Ahafo Region

**Tano North Municipal Assembly**

Duayaw Nkwanta

**District Director of Health**

Tano North

**All Staff, St. John of God Hospital**

Duayaw Nkwanta

**Newmont Ghana Limited**

Kenyasi

**Sun in Ghana**

Netherlands

**Nana Boakye Tromo III**

Chief of Duayaw Nkwanta

**Dr. Cor Stevens**

Maastricht, Netherlands

**Maastricht University Medical Center**

Maastricht, Netherlands

**St. John of God Foundation**

Maastricht, Netherlands

**Ton Schepens and family**

Holland

## **EXECUTIVE SUMMARY**

The year 2020 was a challenging one due to the Covid-19 pandemic which disrupted healthcare delivery in Ghana. The pandemic also created a greater need for behavioural health interventions; it has simultaneously upended the already patchy and fragile continuum of care for patients. This affected the financial inflow of the hospital. However, the hospital rendered preventive, curative, specialized, diagnostic, and Mother and Child care to all its clients.

- ▶ The hospital conducted twelve (12) training/in-service training programs for staff.
- ▶ Remarkable improvement in the construction of administration block
- ▶ Forty-seven (47) new staff were recruited
- ▶ Improvement in OPD Consultation
- ▶ Introduction of the folder-less system to enhance effective health care delivery.
- ▶ Provision of nutritious breakfast for diabetic clients before a consultation
- ▶ Two (2) operational research were conducted within the year
- ▶ Construction of Isolation Centre sponsored by Newmont Ghana, Ahafo Mines
- ▶ Completion of Power House project
- ▶ Commencement of 3 bedroom semi-detached doctors' bungalow
- ▶ Construction of 2 bedroom semi-detached doctors' bungalow by the Municipal assembly
- ▶ The hospital continued its huddling exercise

## **HOSPITAL BACKGROUND**

St. John of God Hospital is located at Duayaw Nkwanta, the municipal capital of Tano North. It is the municipal hospital for Tano North and serves as the main referral center for Orthopedics and trauma cases in the Municipality and beyond.

The hospital started as a Maternity home in 1953 before it was taken over by the Catholic Diocese of Kumasi in 1955 through an appeal made by the traditional council and erected to the status of a hospital in 1956. The hospital commenced its operation with the following staff: Dr. Adcock and Dr. Mrs. Magdalene Adcock (medical officers), Rev. Fr. Ooyen (Chaplain), Bro. John Velbert and Madam Comfort Marko, a ward assistant. These medical officers were Dutch expatriates and were succeeded by their compatriots after the expiration of their contract years of employment. In 1959, three other ward assistants: Beatrice Kyerewaah, Rose Nsiah and Mary Anderson also joined the facility.

The Bishop of the Catholic Diocese is the legal owner of the Hospital. Thus, Bishop Andrew van den Bronk (1955-1962) was the first owner of the hospital, followed by Bishop Joseph Amihere Essuah (1962-1969) and then Bishop Peter Akwasi Sarpong (1969- 1973) at the time the hospital was under the Kumasi Diocese. Ownership was transferred to Bishop James Kwadwo Owusu (1973-1997) when the hospital came under the supervision of the Sunyani Diocese. From 1997 to date, the Bishop of the Catholic Diocese of Goaso, Bishop Peter Atuahene has been the legal owner of the hospital.

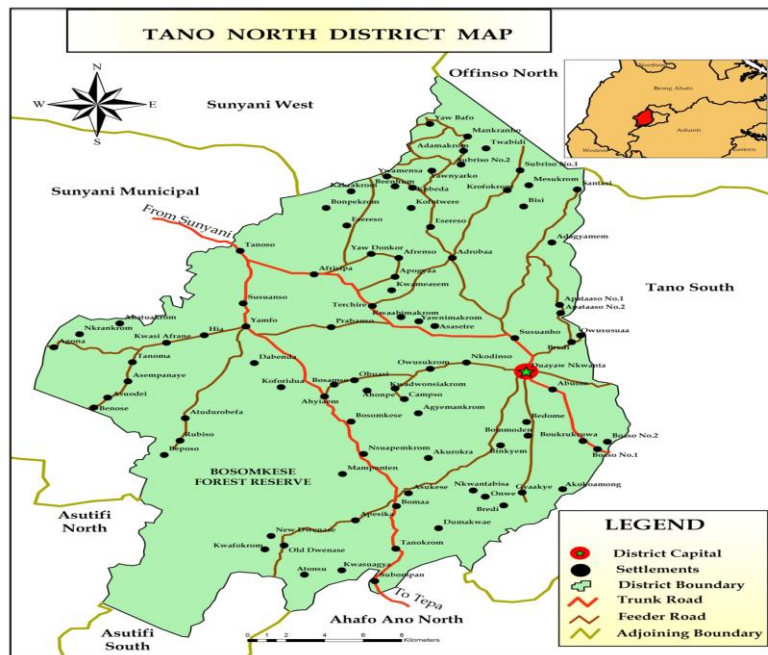
In the year 2002, the bishop of Goaso invited the Missionary Sisters of Our Lady of Apostles to take over the administration of the hospital. The hospital has since seen tremendous improvement in all its aspect. We are hopeful that with the support of our partners, the grace of God and the support of all our staff, we will continually provide high-quality Healthcare to clients who seek our services. The hospital delivers health care services to the neighbouring towns and villages in the Ashanti Region and residents of the Tano North Municipal. The hospital is a specialized orthopedics Centre in the Ahafo Region. It serves as a referral Centre for orthopedic cases for the three Northern Regions, part of the Ashanti region, Central, Western region and neighbouring Burkina Faso and La Cote D'voir for orthopedics and trauma cases.

## LOCATION AND SIZE

Duayaw Nkwanta is the capital of Tano North Municipal, located close to the capital of Bono, Sunyani. The land size is about 700sq/km and shares boundaries with Sunyani Municipality to the North West, Asutifi South District to the South West, Ahafo Ano South District (in the Ashanti Region) to the South, Tano South District to the South West and Offinso District (also in Ashanti Region) to the North East. The major Ethnic group present in the municipality is mainly Akan, with other ethnic groups such as Hausa, Kusasi, Moshie, Bimobas, Sissalas, Grunshies, Dagarti, and Ewe. Religions in the municipality include Christianity, Islam and Traditional Worshipers.

The Municipality is subdivided into Duayaw Nkwanta, Adrobaa, Tanoso, Yamfo and Boma.

**Figure 1: MAP OF TANO NORTH**



Source: Town and Country Planning Department



## POPULATION

The estimated population of the Municipality projected from the 2010 population & Housing Census for 2020 is 102,270. The annual growth rate is 2.3%.

The table below (Table 1) gives the population distribution of the Tano North Municipality Population by Sub-Municipals for 2019.

### Geographical Population

	Sub-Municipals	% Sub Municipal	Sub-Mun. Pop.	Chn 0-11 Mths	Wifa	Chn 24-59 Mths	Chn 6-59 Mths	Chn 12-59 Mths	Expected Preg
				4%	24%	12%	18%	16%	4%
1	ADROBAA	11	11250	450	2700	1350	2025	1800	450
2	BOMAA	18	18409	736	4418	2209	3314	2945	736
3	D/NKWANTA	31	31704	1268	7609	3804	5707	5073	1268
4	TANOSO	16	16363	655	3927	1964	2945	2618	655
5	YAMFO	24	24545	982	5891	2945	4418	3927	982
	TOTAL	100	102270	4091	24545	12272	18409	16363	4091

**Table 1: Geographical Population**

## SOCIO-ECONOMIC ACTIVITIES

Agriculture is the main occupation among the workforce of Duayaw Nkwanta. The Agricultural sector employs approximately 64.4% of the total active workforce in the Municipality. The Municipality lies in the heart of the forest zone and has a vast area of arable land with two rainfall patterns. The municipality depends predominantly on agriculture for its major sources of income, employment and food supply. The major food crops grown in the Municipality are maize, cassava, plantain, cocoyam and yam. Some of the cash crops cultivated include; cocoa, coffee, oil palm and citrus. Apart from the food and cash crops

cultivated, vegetables such as tomato, garden eggs, okra and pepper are also grown in large quantities during the dry season.

About 15% of the population is engaged in commercial activities as a major occupation. The predominant commercial activities are trading of foodstuffs, agriculture input, second-hand clothing and footwear, provisions, chemicals, beverages, toiletries, building materials and vehicle spare parts.

## **ACCESS TO HEALTH**

The Municipality has (9) health facilities distributed in all the five (5) sub-Municipalities. St. John of God Hospital has an excellent orthopedic center. It is rated among the top three in Ghana and serves as a referral Hospital for the Municipality and beyond.

## **CLIMATE**

In Duayaw Nkwanta, the wet season is oppressive and mostly cloudy, the dry season is muggy and partly cloudy, and it is hot year-round. Between December and April is the dry season. The wet season is between about July and November with an average annual rainfall of 750 to 1050 mm (30 to 40 inches). The mean annual rainfall is between 1,250mm and 1,800mm. The dry season is quite severe and occurs from late November to February. The highest temperatures are reached at the end of the dry season, the lowest in December and January. However, the hot Harmattan wind from the Sahara blows frequently between December and the beginning of February. The temperatures can vary between 14 °C (59 °F) at night and 40 °C (104 °F) during the day.

## **VEGETATION**

The Municipality is within the forest belt of Ghana and has vegetation consisting predominantly of fertile soil and grassland. The Municipality lies in the moist semi-deciduous forest zones of Ghana and has a gross forest area of 157.45sqkm. It also has two forest reserves namely; Apape and Bosomkese forest reserves. There exists a vast expanse of guinea savannah vegetation found in areas such as Subriso, Mankranho, Sukuumu, Adrobaa where cattle rearing is predominant.

## **WATER**

The Municipality has access to mechanized boreholes and a water system that uses a stream called “Adinkra” as its source, the stream is located at New Town, Duayaw Nkwanta. The

hospital depends on a mechanized borehole that supplies water to the wards and staff quarters.

## **ELECTRICITY**

All the major towns within the Municipality have access to electricity. To ensure that a 24/7 emergency backup power system is in place at the hospital, the hospital has a stand-by generator. If a power outage occurs, life support machines and other necessary healthcare equipment need to remain in working order to sustain human life.

## **POST AND TELECOMMUNICATION**

MTN, Vodafone and AirtelTigo networks are available at Duayaw Nkwanta.

Telecommunication has become the foundation for everyone to seamlessly connect and share information. The presence of Telecommunication has improved communication within the Municipality. There is 24-hour internet service at the hospital.

## **ORGANIZATION AND MANAGEMENT OF HOSPITAL**

St. John of God Hospital (SJGH) is a facility under the Christian Health Association of Ghana (CHAG) and the National Catholic Health Service (NCHS). St. John of God Hospital is administratively organized at three key levels. The levels include the Diocesan level, National Catholic Health Services and Christian Health Association of Ghana. However, there exists collaboration with Ghana Health Service at the regional and district levels. St. John of God Hospital is headed by a four-member management team chosen by the Diocesan Health Board to promote the welfare of the hospital through policy implementation, monitoring and supervision. These include the administrator, the medical superintendent, the matron, and the chaplain. The hospital's management is responsible for the implementation of the National and Diocesan policies. The management ensures that the mission of the hospital is realized through the provision of financial and human resources.

Other committees exist at the Hospital and these help in the management of the Hospital. The Hospital has several functional Line Management. Some of these are the Heads of the Department, and the Quality Assurance Team. Every line manager at the Hospital is accountable for their department, they oversee and evaluate employee contribution, performance and development. Line managers are the first point of contact for their direct reports, and they liaise and relay information between senior leaders, Human Resource (HR) and workers. The Management Team is represented at the departmental level by Heads of Departments who meet once a quarter and also operationalize management decisions. The Hospital's Quality Assurance Team formulates policies and procedures to ensure the safety of patients and the quality of care. Staff durbars are also held four times a year for all staff to interact with Hospital Management.

### **VISION OF THE HOSPITAL**

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

### **MISSION OF THE HOSPITAL**

“To provide high-quality healthcare in the most effective /efficient and innovative manner, specific to the needs of the communities we serve and at all times acknowledging the dignity of the patient”.

## Core Values of St. John of God Hospital, Duayaw Nkwanta

- ✓ People centredness
- ✓ Holistic service
- ✓ Professionalism
- ✓ Integrity

### *Health Care Services*

We operate:

- Out-patient & Inpatient service
- General surgery
- Pharmaceutical Services
- Laboratory
- Imaging
- Counselling and Testing/Prevention of Mother to Child Transmission (C.T/PMTCT)
- Diabetic Clinic
- Tuberculosis programme
- Orthopedic service
- Physiotherapy and Rehabilitation
- Health Education
- Reproductive and Child Health
- Psychiatry
- Pediatric
- Hypertensive clinic
- Eye service
- Club foot Management
- Obstetrics and Gynecology
- Ear Nose Throat (ENT) service
- Urology
- Cancer Screening
- Nutrition
- Laundry
- Mortuary
- Antenatal & Postnatal service
- School Health
- Child Welfare Clinic

## **Health Information Unit**

### **Introduction**

The Health Information unit is responsible for the management of data in the hospital. The Unit oversees the registration of new and old clients of the facility. Keeps charge of the patient medical records in folders and other documents of patients that are stored in the facility in addition to reporting on datasets related to the facility.

This unit also conducts health systems research, compiles and analyzes data for the Hospital for effective and efficient decision-making. There are currently two medical records units, situated at the main OPD and Reproductive and Child Health Unit. The usage of the Patient Health Information System (PHIS) for patient registration continued throughout the year, on 9<sup>th</sup> November 2020, the paperless system was implemented fully for Outpatient Department. There is a close working relationship between the IT department with the management of the Patient Health Information System (PHIS). So far, the Patient Health Information System (PHIS) is working satisfactorily.

The Health Information Unit plays an important role in patient safety as the hospital uses the data collected and analyze to:

- ✓ Facilitate health and clinical research in healthcare quality
- ✓ Improve healthcare quality by reducing medical errors, health disparities, and by advancing the delivery of patient-centred medical care
- ✓ Improve public health activities, and facilitating early identification and rapid response to public health threats
- ✓ Reduce healthcare costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information
- ✓ Improve the coordination of care and information among hospitals, laboratories, physician offices, and other entities for the secure and authorized exchange of healthcare information
- ✓ Promote early detection, prevention, and management of chronic diseases.

## PERFORMANCE INDICATORS

The Hospital in the year 2020 recorded a decline in OPD attendance by 17.44% compared to 2019. Comparing the year 2017 to 2018 there was an increase of 12.16%, however, there has been a decrease in OPD attendance from 2018 through to 2020 thus the hospital recorded a decrease from 97,059 in 2018 to 96,645 in 2019 representing -0.42% and a further decrease from 96,645 in 2019 to 79,789 in 2020 which represents -17.44%.

The hospital also saw a decline in hospital admissions by 21.91% in 2020 as compared to 2019. The decline in OPD attendance and admissions could be attributed to functional Community Health Planning and Services (CHPS) within the municipality and the existing Bomaa Hospital.

The COVID-19 pandemic has posed unprecedented challenges and threats to the health care system, particularly affecting the effective delivery of essential health services in resource-poor countries such as Ghana.

A total number of 1,511 deliveries were recorded in 2020, this represents a decrease of 21.9% compared to 1,534 deliveries recorded in 2019. However, the hospital recorded a 1.98% increase in the cesarean section from 506 in 2019 to 516 in 2020. Five-year trend analysis indicates an increase of cesarean section (C/S) from 403 in 2016 through to 516 in 2020, this represents a 28.04% increase. The ideal rate for cesarean sections is between 10% and 15%. Cesarean sections have become increasingly common in both developed and developing countries. When medically justified, a cesarean section can effectively prevent maternal and perinatal mortality and morbidity. However, there is no evidence showing the benefits of cesarean delivery for women or infants who do not require the procedure.

The current rate of cesarean section is high but every effort should be made to provide cesarean sections to women in need.

There ought to be further studies to investigate whether the current high rate of caesarian section at the hospital is associated with a decrease in maternal, neonatal and infant mortality.

Bed occupancy has been consistently increasing, bed occupancy in 2016 was 61.1%, 2017 increased to 64.2%, and in 2018 bed occupancy increased to 65.2%.

However, in 2019, the bed occupancy decreased to 56.5%. There was a marginal increase in bed occupancy to 57.8%.

The bed occupancy rate increased in 2020 because the Bed complements at the various wards were reduced. However, the bed occupancy rate is still below the optimal rate of 70% - 75% occupancy rate for hospitals.

Some other strategies that can be used to enhance the Bed occupancy rate are to look for opportunities to get discharged patients out of the hospital earlier in the day to reduce the overlap time for both new admissions and patients awaiting discharge.

### Input Indicators

#### Performance Indicators

Performance indicator	2016	2017	2018	2019	2020	% Change 2019-2020	Performance
<b>Total Out-Patients</b>	75928	86539	97059	96645	79789	-17.44%	Declined
<b>Total Admissions</b>	6623	7177	7113	7016	5479	-21.91%	Declined
<b>No of Deliveries</b>	1331	1225	1502	1534	1511	-1.50%	Declined
<b>Total Caesarian Sections</b>	403	453	469	506	516	1.98%	Increased
<b>Caesarian Rate</b>	29.2%	34.7%	30.8%	32.7%	33.6%	2.75%	Marginal Increase
<b>Bed Occupancy Rate</b>	61.1%	64.2%	65.2%	56.5%	57.8%	2.30%	Increased

**Table 2:Performance Indicators**



## OUTPATIENT AND INPATIENT SERVICES

OPD attendance of 96,645 in 2019 saw a decrease of 17.44% to 79,789 OPD attendance in 2020.

The hospital's OPD-insured clients also recorded a decline of -17.23% from 94,615 in 2019 to 78,310 in 2020. There was a decline in Inpatient attendance from 7016 attendance in 2019 to 5834 attendance in 2020. Inpatient insured attendance also reduced from 6,510 in 2019 to 5,479 in 2020.

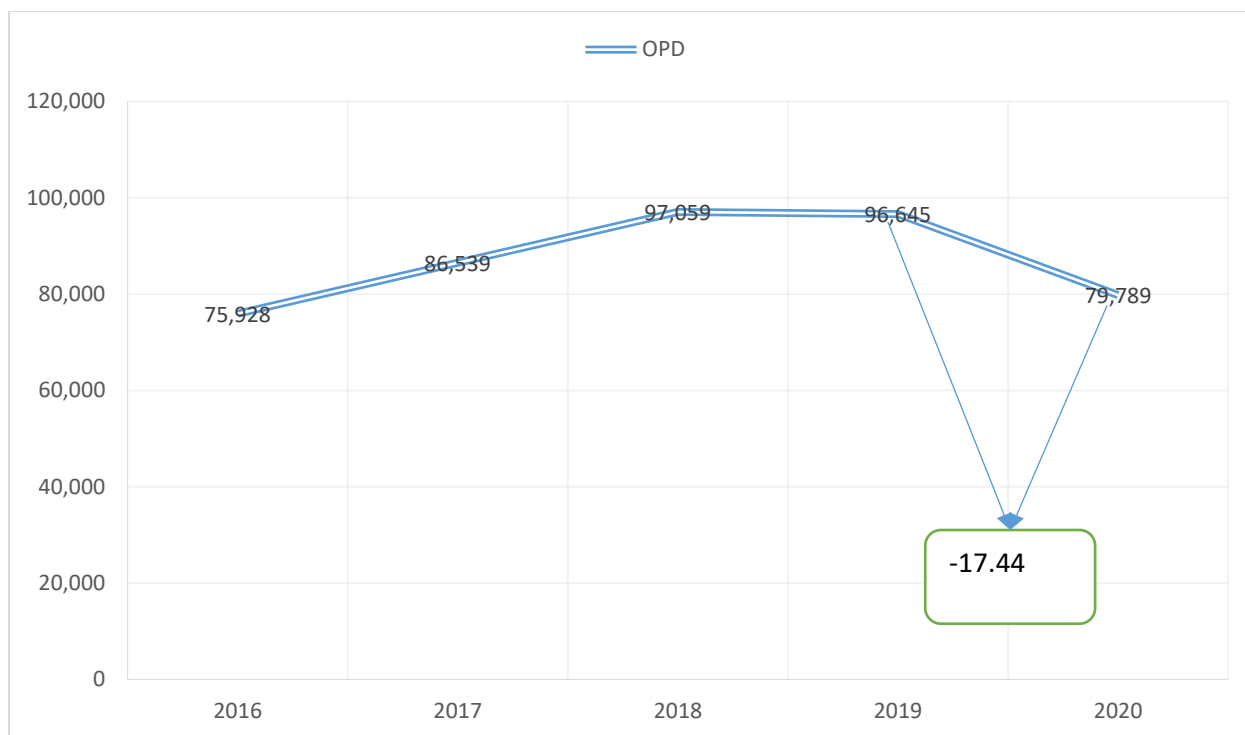
The decline in OPD attendance and Inpatient attendance could be attributed to the Covid-19 pandemic and functional Community Health Planning and Services (CHPS) within the municipality and the existing Bomaa Hospital.

### GENERAL STATISTICS ON ATTENDANCE

<b>Performance Indicator</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2019 – 2020 % CHANGE</b>	<b>Performance</b>
<b>OPD</b>	75,928	86,539	97,059	96,645	79,789	-17.44%	Decreased
<b>OPD Insured</b>	70,613	81,519	94,244	94,615	78,310	-17.23%	Decreased
<b>IPD</b>	6623	7177	7113	7016	5834	-16.85%	Decreased
<b>IPD Insured</b>	5,993	6,610	6,508	6,510	5,479	-15.84%	Decreased

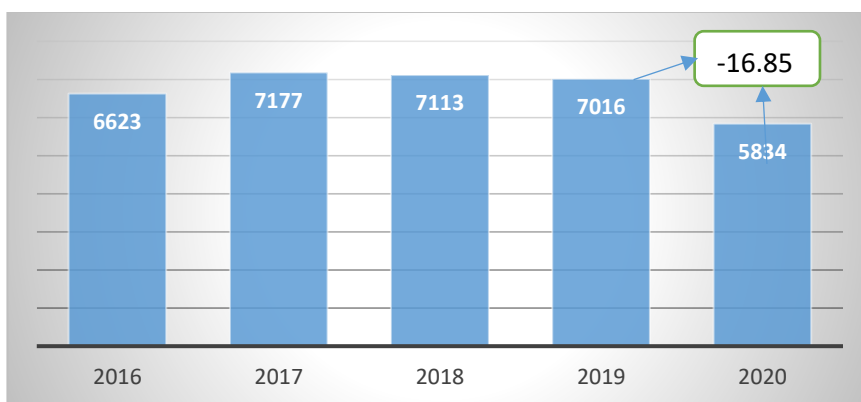
**Table 3: GENERAL STATISTICS ON ATTENDANCE**

### TREND OF OPD ATTENDANCE 2016 - 2020



**Figure 2: TREND OF OPD ATTENDANCE 2016 - 2020**

### TREND OF IPD 2016 - 2020



**Figure 3: TREND OF IPD 2016 - 2020**

Comparative analysis between under-five OPD morbidity for 2019 and 2020 recorded a decrease of 26.5%.

The Hospital's Antenatal care attendance in 2020 was 6325 which is a decline of 28.0% as compared to 8,788 in 2019. Postnatal care attendance in 2019 was 1555 this reduced marginally to 1548 in 2020.

## OUTPUT SERVICES

Year	OPD		<5years		>5years		ANC		PNC	
	No.	% ▲	No.	%▲	No.	% ▲	No.	% ▲	No.	% ▲
2018	97059	+12.2	14457	+14.9	73719	+76.0	7351	+7.6	1532	+1.6
2019	96645	-0.4	13300	+8.0	83345	+13.1	8788	+19.5	1555	+1.5
2020	79789	-17.4	9782	-26.5	70007	-16.0	6325	-28.0	1548	-0.5

**Table 4: OUTPUT SERVICES**

## ACCIDENT AND EMERGENCY UNIT REPORT

The Accident and Emergency (A&E) unit operates 24-hour services and provides initial treatment for a broad spectrum of illnesses and injuries, which may be life-threatening such as chest pain, abdominal pain, the collapse of unknown cause and severe injury, and require immediate attention. The A&E serves as the definitive specialized care facility, equipped and staffed to provide rapid and varied emergency care to all people with life-threatening conditions. The goal of the unit is to provide efficient, effective and quality emergency services to reduce disability, morbidity and mortality in the hospital.

The table below (Table 5) shows a three-year trend of attendance and mortality at the emergency unit from 2018 to 2020. The unit had an attendance of 4606 and a death rate of 14/1000 was recorded in 2018, in the year 2019 there was a reduction in attendance by -13.5% to 3986 and the death rate was 10/1000. A further decrease in attendance was again recorded in 2020 by -24.9% to 2994 attendance with a death rate of 17/1000.

Year	Attendance		ER Death (Rate)	
	No.	% ▲	No.	Rate/1000
2018	4606	-2.0	65	14/1000
2019	3986	-13.5	40	10/1000
2020	2994	-24.9	51	17/1000

**Table 5: ATTENDANCE AND ER DEATH (RATE)**

### Top 10 OPD Morbidity 2020

DISEASE	NO. OF CASES
ACUTE EYE INFECTIONS	10,104
DIARRHOEA DISEASE	5,643
ORTHOPAEDIC	4,779
A.R.T.I	4,495
U.T.I	4,180
GYNAECOLOGICAL CONDITIONS	3,529
MALARIA	3,097
SKIN DISEASES & ULCERS	1,828
ANAEMIA	1,630
ACUTE EYE INFECTION	1,540

**Table 6: Top 10 OPD Morbidity 2020**

### MALARIA CASES COMPARING 2018 - 2020

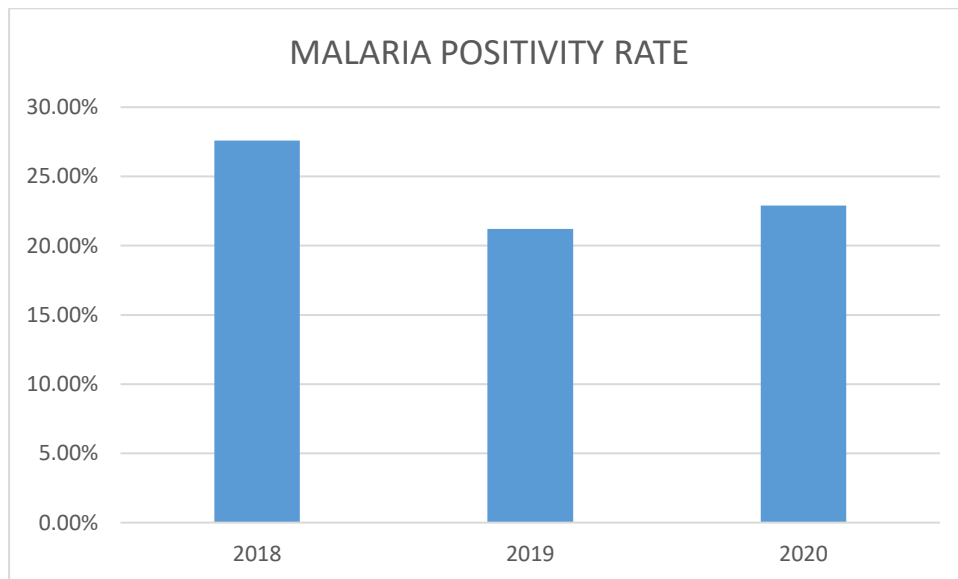
INDICATOR	2018	2019	2020
TOTAL MALARIA CASES SUSPECTED	8,117	15,496	14,350
TOTAL MALARIA TESTED	8,046	14,840	14,225
TOTAL MALARIA TESTED POSITIVE	2933	3018	2996
MALARIA POSITIVITY RATE	36.45%	20.34%	21.06%
UNDER FIVE MALARIA OPD TESTED POSITIVE	997	1047	855
UNDER FIVE MALARIA DEATH	0	0	2
CASE FATALITY RATE IN UNDER FIVE	0	0	0.23%

**Table 7: MALARIA CASES (2018 - 2020)**

Malaria suspected cases in 2019 were 15,496 but this was reduced by 7.99% in 2020 to 14,350 suspected cases. Out of the 14,225 malaria cases tested in 2020, (21.06%) 2,996 tested positive for malaria.

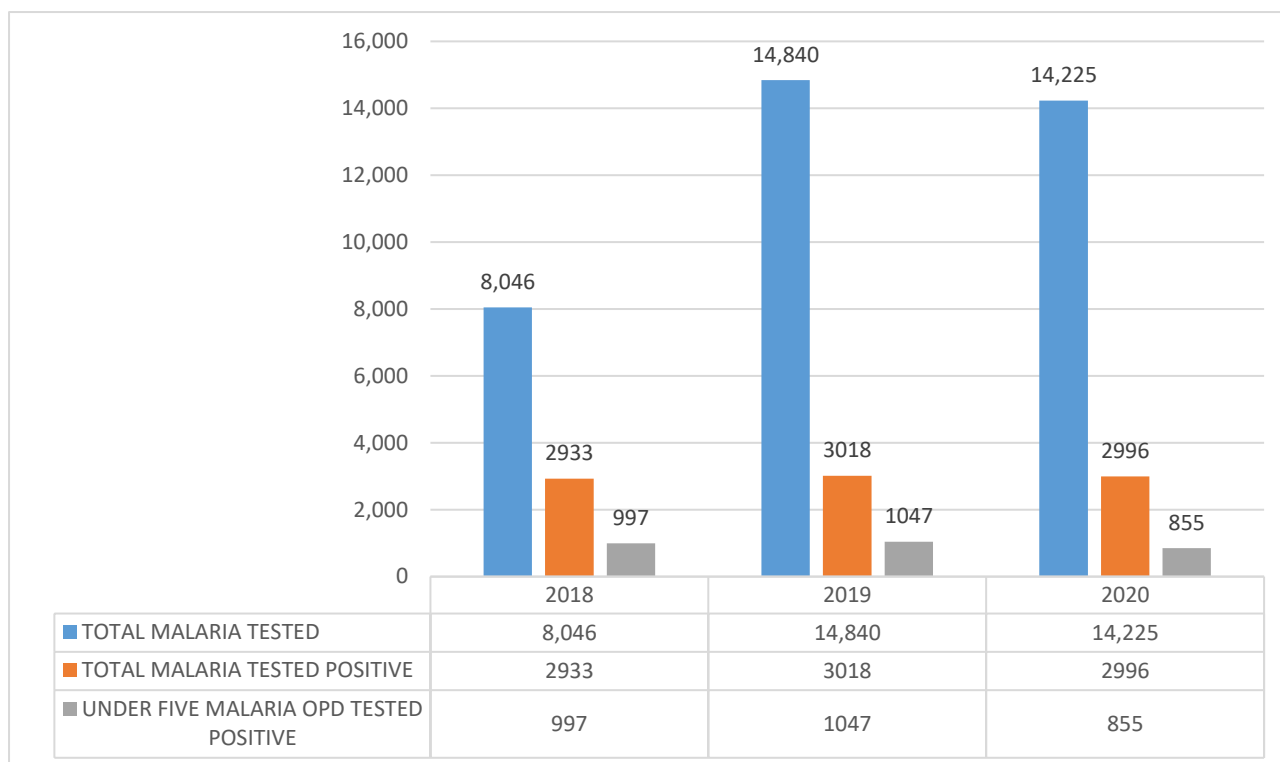
The reduction in the general OPD morbidity in 2020 had a reduced effect on the number of suspected malaria cases.

**(BAR CHART) MALARIA POSITIVITY RATE 2018 - 2020**



**Figure 4: MALARIA POSITIVITY RATE (2018 - 2020)**

**MALARIA CASES TESTED, TESTED POSITIVE CASES AND POSITIVE MALARIA CASES IN CHILDREN UNDER FIVE (2018– 2020)**



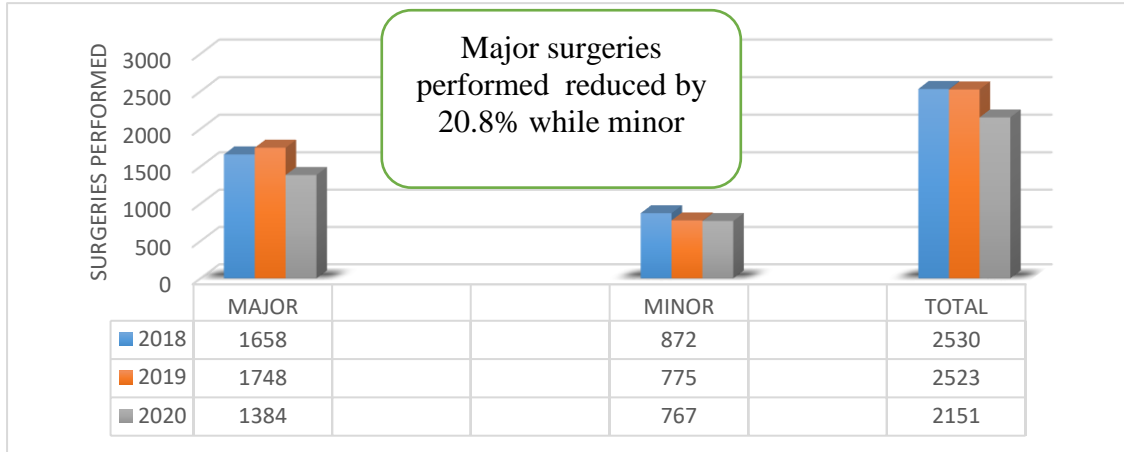
**Figure 5: MALARIA CASES IN UNDER FIVE**

**SURGERY PERFORMANCE ANALYSIS  
MAJOR SURGERY ANALYSIS (2018 - 2020)**

	2018	2019	2020
<b>MAJOR CASES</b>	1658	1748	1384
<b>MINOR CASES</b>	872	775	767
<b>TOTAL</b>	<b>2530</b>	<b>2523</b>	<b>2151</b>

**Table 8: SURGERY PERFORMANCE (2018 -2020)**

### THREE YEAR TREND COMPARISON OF MAJOR CASES AND MINOR CASES



**Figure 6: MAJOR AND MINOR SURGERIES**

### Performance by Wards 2020

Wards	Admission	Discharges	Death (Rate)	PDS	OCCR (%)	ALOS	TOPB	TOI	BC
<b>General</b>	1139	1040	71 (6.39%)	5215	62.12	4days,7hrs	48.39	2days,9hrs	23
<b>Cor Stevens</b>	499	496	2 (0.40%)	8670	55.24	17days,4hrs	11.58	14days,2hrs	43
<b>Children's</b>	1292	1267	5 (0.39%)	3498	47.92	2days,8hrs	63.6	2days,10hrs	20
<b>NICU</b>	404	369	29 (7.29%)	1887	64.62	4days,7hrs	49.75	2days,6hrs	8
<b>Maternity</b>	2317	2299	5 (0.22%)	5097	69.82	2days,2hrs	115.2	1day1hr	20
<b>S.E.A Surgical</b>	183	180	2 (1.10%)	1310	39.88	7days,2hrs	20.22	10days,9hrs	9

**Table 9: Performance by Wards 2020**

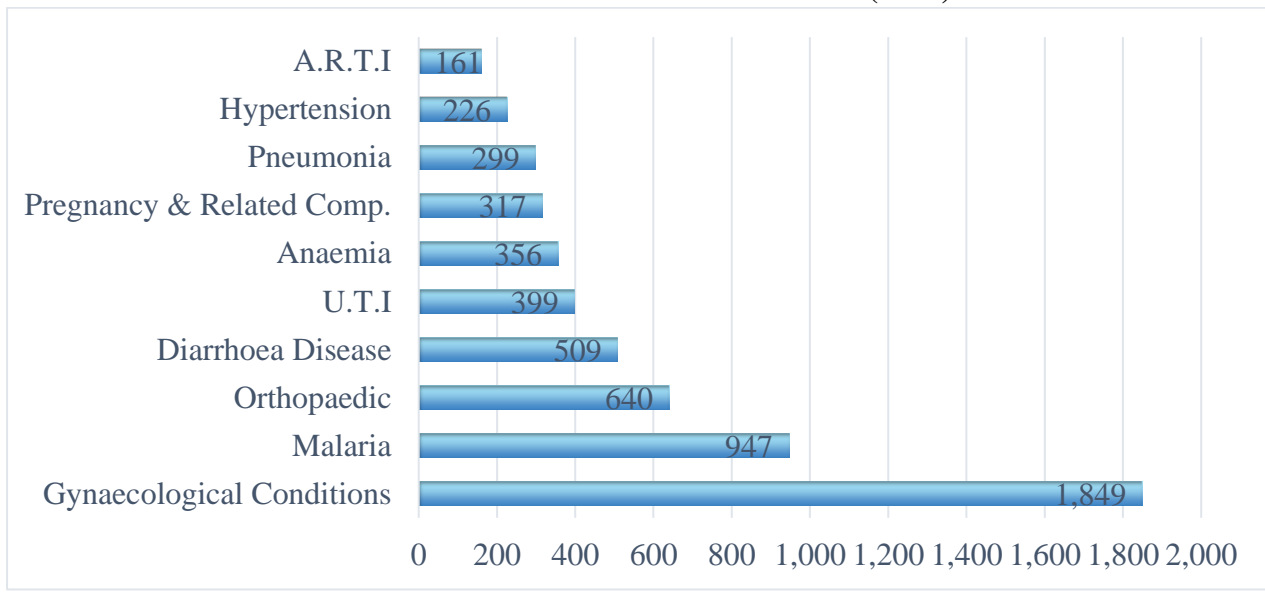


**Performance by General Hospital 2020**

<b>Indicators</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Admission</b>	7113	6491	5834
<b>Discharges</b>	7016	6795	5651
<b>Death (rate)</b>	117(1.6%)	125 (1.8%)	114 (2.0%)
<b>Patient Days</b>	18706	31532	25834
<b>Occupancy Rate</b>	65.2% (92 acb)	56.9% (74 acb)	57.8% (71 acb)
<b>ALOS</b>	4days,17hrs	4 days 12hrs	4 days 12 hrs
<b>Turnover per Bed</b>	51 patients	56 patients	47 patients
<b>Turnover interval</b>	2days,12hrs	3 day,12hrs	3days, 4hours
<b>Bed Capacity</b>	131	131	123

**Table 10: Performance by General Hospital 2020**

### TOP TEN CAUSES OF ADMISSIONS (2020)



**Figure 7: TOP TEN CAUSES OF ADMISSIONS (2020)**

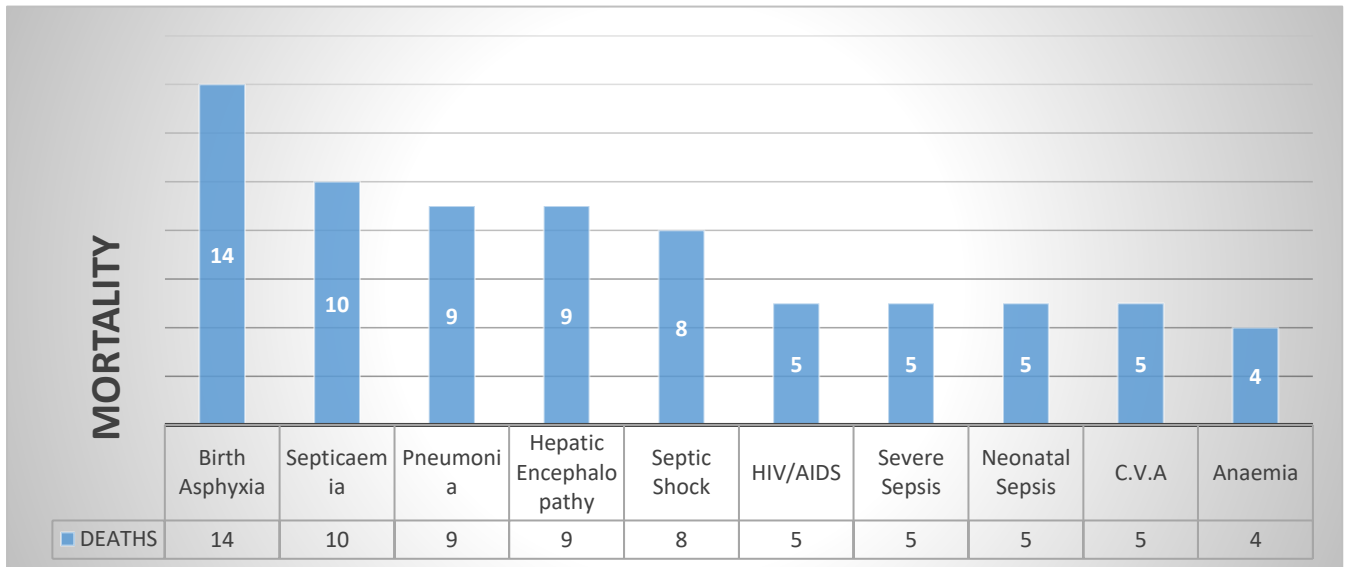
Gynecological conditions and Malaria are currently the leading causes of admissions at the hospital. In 2020, 1,849 were as a result of Gynecological conditions, different gynecological conditions can produce similar symptoms. For example, women with polycystic ovary syndrome (PCOS) may have irregular, heavy bleeding with spotting and post-coital bleeding (PCB), but these symptoms could apply equally to women with submucosal fibroid. Accurate diagnosis of condition and cause is important to provide appropriate treatment, considering the desired outcome for women concerning fertility issues.

947 clients were also admitted as a result of testing positive for Malaria. Malaria is endemic and perennial in all parts of Ghana with seasonal variations more pronounced in the north. Ghana is among the 15 highest-burden malaria countries in the world. Ghana reported the highest increase in absolute case numbers, (500,000 new cases) from 2017 to 2018, which represents a 5% increase versus 2017 levels (from 213 to 224 per 1000 of the population at risk). Malaria data quality, timely reporting, and completeness have improved due to the usage of the District Health Information Management System.

The malaria positivity rate at the Hospital was 36.45% in 2018, it reduced to 20.34 in 2019 and rose to 21.06% in 2020.

As Ghana passes through demographic and health transition, there is the need to significantly invest in a clinical research capacity to provide an accurate description of the disease burden among adults for public health policy.

## TOP 10 MORTALITY FOR 2020



**Figure 8: TOP TEN CAUSES OF ADMISSIONS (2020)**

The hospital recorded a total of 165 mortalities, 114 inpatient deaths and 51 deaths at the emergency unit, assessment of the causes of death, show that birth asphyxia (8.5%), Septicaemia (6.1%), Pneumonia (5.5%), Hepatic Encephalopathy (5.5%), septic shock (4.8%), HIV/AIDS (3.0%), severe sepsis (3.0%), Neonatal sepsis (3.0%), cerebrovascular accident (3.0%) and anemia (2.4%) were the 10 leading causes of mortality.

### MORTUARY SERVICES

INDICATOR	2018	2019	2020
BODIES FROM HOSPITAL	90	91	70
BODIES FROM OUTSIDE THE HOSPITAL	142	170	85
<b>TOTAL</b>	<b>232</b>	<b>261</b>	<b>155</b>

**Table 11: MORTUARY SERVICES (2018 - 2020)**

### SAFE MOTHERHOOD INDICATORS

Year	Total Deliveries (Babies)	Stillbirth				MMR			Neonatal Deaths	
		Macerated		Fresh		LBs	No. of Deaths	MMR	No of Deaths	Rate
		No.	Rate	No.	Rate					
2018	1550	10	6/1000	16	10/1000	1524	3	197/100000adm	11	7/1000LBS
2019	1581	14	9/1000	18	11/1000	1549	2	129/100000adm	18	12/1000LBS
2020	1567	21	13/1000	12	8/1000	1534	5	326/100000adm	27	18/1000LBS

**Table 12: SAFE MOTHERHOOD INDICATORS**

With an attendance of 1,597 in 2018, the Obstetrics and Gynecology Department had an impressive increase to 4,110 (157%) attendance in 2019 but unfortunately due to Covid-19 related events, the attendance was reduced to 3,570 (13.14%) attendance in 2020.

The goal of the National Safe Motherhood Program is to reduce maternal and neonatal morbidity and mortality and to improve maternal and neonatal health through preventive and promotive activities as well as by addressing avoidable factors that cause death during pregnancy, childbirth and the postpartum period.

Worldwide, the number of stillbirths has declined by 19.4% between 2000 and 2015, representing an annual rate of reduction (ARR) of 2%. This reduction noted for stillbirths is lower than that noted for maternal mortality ratio (AAR=3.0 %) and under 5 mortality rate (ARR= 3.9 %), for the same period.

In 2019, the neonatal mortality rate for Ghana was 23.1 deaths per 1,000 live births. The neonatal mortality rate of Ghana fell gradually from 59.4 deaths per 1,000 live births in 1970 to 23.1 deaths per 1,000 live births in 2019.

Newborn deaths contribute significantly to childhood deaths in Ghana. As a means of reducing newborn deaths, Ghana has committed to the Global Network to Improve the Quality of Care for Maternal and Newborn Health to ultimately reduce preventable maternal and newborn deaths and achieve the maternal and newborn health targets of the Sustainable Development Goals (SDGs).

The current stillbirth rate for the hospital is 21 per 1000 births which is above the World Health Organization (WHO) recommended rate of 12 or less per 1000 births.

At St. John of God Hospital, total deliveries in 2019 increased from 1550 deliveries in 2018 to 1581 deliveries, however, there was a 0.89% reduction from 1581 deliveries in 2019 to 1567 deliveries in 2020. A three-year trend analysis of stillbirths at St. John of God Hospital shows an increase from 26 stillbirths in 2018 to 32 stillbirths in 2019 and 33 stillbirths in 2020.

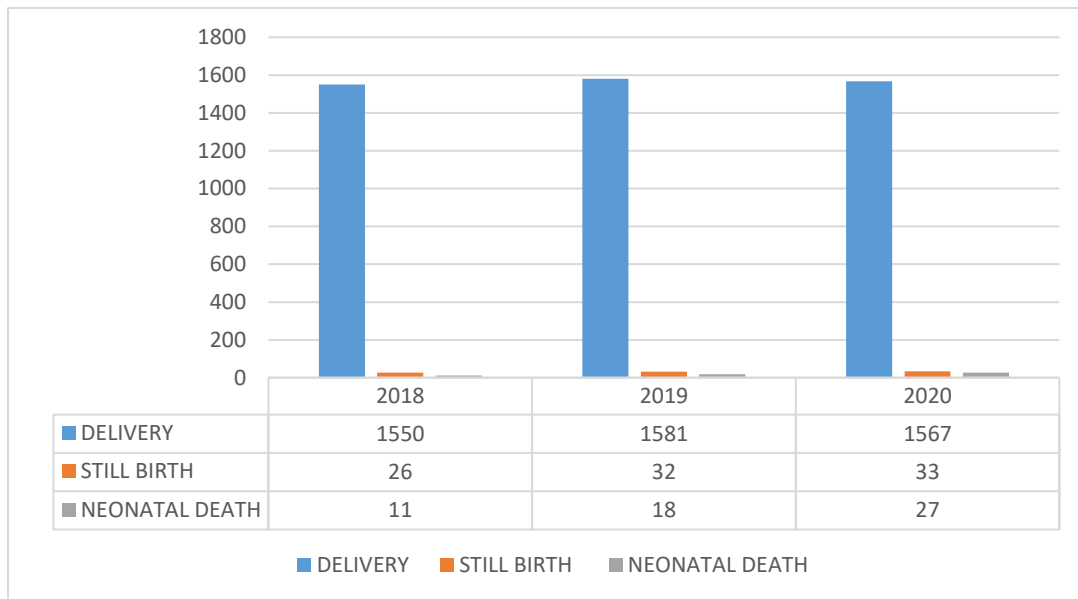
Majority of stillbirths are preventable, evidenced by the regional variation across the world. The rates correlate with access to maternal healthcare. Every Newborn Action Plan (ENAP) to end preventable deaths has a set stillbirth target of 12 per 1000 births or less by 2030. Global ARR needs to more than double the present annual rate of reduction (ARR) of 2% to accomplish this target for reduction in stillbirth.

Maternal mortality at the hospital in 2019 was at a rate of 129/100,000 this increased to a rate of 326/10,000 in 2020.

All maternal mortalities recorded in 2020 have been audited and the cause of deaths identified as Postpartum hemorrhage (1), hemorrhage (2), severe pre-eclampsia (1) and retroviral infection/anemia (1). Timely access to emergency obstetric care is crucial in preventing mortalities associated with pregnancy and childbirth. Ensuring timely access to care during the referral of obstetric emergencies has been problematic. Most of the major challenges identified as part of the causes of mortalities recorded at the hospital were due to communication barriers (poor documentation) when obstetric emergencies are referred from other facilities to St. John of God Hospital.

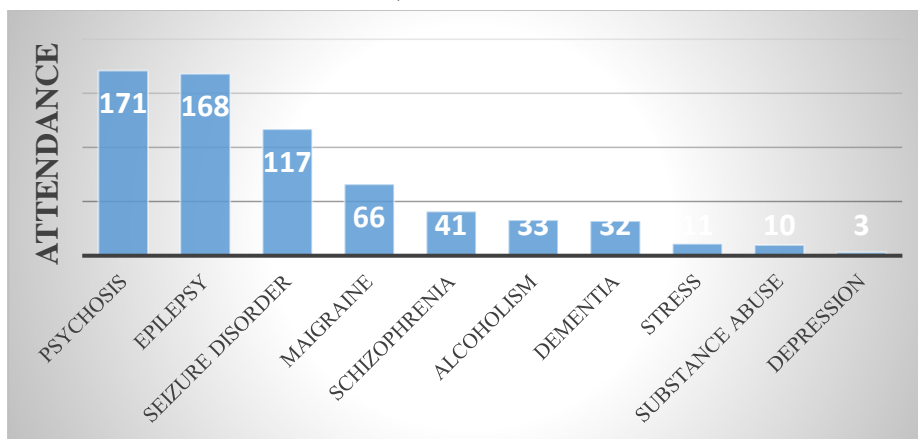
Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment. It is critical to expanding efforts to reduce maternal injury and disability to promote health and well-being. Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care.

## DELIVERIES, STILL BIRTH AND NEONATAL DEATH 2018 – 2020



**Figure 9: DELIVERIES, STILL BIRTH AND NEONATAL DEATH (2018 – 2020)**

## MENTAL HEALTH



**Figure 10: CAUSE OF MENTAL HEALTH ATTENDANCE**

Mental health services at the Hospital had a total of 652 attendance for the year 2020, Psychosis was the highest cause of morbidity with 171 cases, followed by 168 epilepsy cases, 117 seizure disorders, 66 migraine cases, 41 schizophrenia, 33 cases of alcoholism, 32 cases of Dementia, 11 cases of stress, 10 cases of substance abuse and 3 cases of Depression.

## LABORATORY

Routine laboratory investigations were carried out in 2020 under the following:

Hematology			Biochemistry		Microbiology		Total	
Year	No.	%	No.	%	No.	%	No.	%
2018	275766	+26.2	21134	+126.7	21725	+49.8	318625	+31.5
2019	309978	+12.4	16714	-20.9	20776	-4.4	347468	+9.1
2020	312678	+0.9	23179	+38.7	20385	-1.9	356242	+2.5

**Table 13: LABORATORY**

## DIAGNOSTIC SERVICES

Years	UltraSound		X-Ray		ECG	
	No.	% ▼	No.	% ▼	No.	% ▼
2018	4141	8.03	7830	33.5	123	NA
2019	4892	+18.1	8026	+2.5	328	+166.7
2020	5195	+6.2	6077	-24.3	158	-51.8

**Table 14: DIAGNOSTIC SERVICES**

Diagnostic Services facilitate the provision of timely, cost-effective, and high-quality diagnostic care in safe and secure environments. Electrocardiogram (ECG) done for the year 2020, reduced from 328 in 2019 to 158, represented by a 51.8% reduction. X-rays are done in the year 2020 was 6077 which is also a reduction from 8026 X-rays done in 2019, this is represented by 24.3%. Ultrasound cases increased by 6.2%, from 4892 cases in 2019 to 5195 cases in 2020.

## PUBLIC HEALTH

### CORONAVIRUS DISEASE (COVID-19)

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

Globally, the coronavirus (COVID-19) pandemic has disrupted public health, economic and social systems in ways unprecedented since the Spanish flu of 1918.

In Ghana, the first official cases of COVID-19 were reported on 12 March 2020, after the announcement of the first cases of Coronavirus disease (COVID-19), people's health-seeking behaviours changed. The number of people reporting to the hospital with other ailments reduced drastically. People were afraid to visit the hospital, with the fear that they could get infected with the infection in such places.

The table below (Table 15) gives an overview of Coronavirus disease (COVID-19) cases recorded at St. John of God Hospital. One hundred and twenty-five (125) suspected cases were recorded in the year 2020, all were tested and a total of forty-one (41) cases were positive. Out of the forty-one (41) positive cases, eighteen (18) of them were staff of the hospital. Unfortunately, four (4) deaths were recorded out of the forty-one (41) cases but none of the deaths were a staff of the hospital.

INDICATOR	NUMBER
SUSPECTED CASES	125
TESTED CASES	125
TOTAL TESTED POSITIVE	41
STAFF TESTED POSITIVE	18
CLIENT TESTED POSITIVE	23
TOTAL DEATH FROM POSITIVE CASES (ONLY CLIENTS)	4

**Table 15: OVERVIEW OF COVID-19 CASES**



## REPRODUCTIVE AND CHILD HEALTH

The Reproductive and Child Health Unit is a unit that undertakes the following services and activities;

- ✓ Daily Immunization
- ✓ Daily Ward visit
- ✓ Health Promotion talks at the OPD, ANC and Radio Presentations
- ✓ Follow-up of referral and discharge patients

## CWC ATTENDANCE

Year	0-11months		12-23months		24-59months	
	No.	%▼	No.	%▼	No.	%▼
2018	6263	-35.1	5428	-34.6	5633	-25.7
2019	5415	-13.5	3405	-37.3	4397	-21.9
2020	4589	-15.3	2194	-35.6	3652	-16.9

**Table 16: CWC ATTENDANCE**

## COVERAGE OF ANTIGENS

Indicator	2019			2020		
	Target	No. Immunized	% Coverage	Target	No. Immunized	% Coverage
<b>BCG</b>	612	1418	231.7	600	1341	223.5
<b>OPV1</b>	612	930	152.0	600	789	131.5
<b>OPV3</b>	612	878	143.5	600	740	123.3
<b>Yellow Fever</b>	612	860	140.5	600	673	112.2
<b>Measles</b>	612	860	140.5	600	673	112.2
<b>Vitamin A</b>	612	3307	540.4	600	2069	344.8
<b>Children Fully Immunized</b>	612	1720	281.0	600	1346	224.3
<b>Neonates Protected at birth against Tetanus</b>	612	1207	197.2	600	1076	179.3

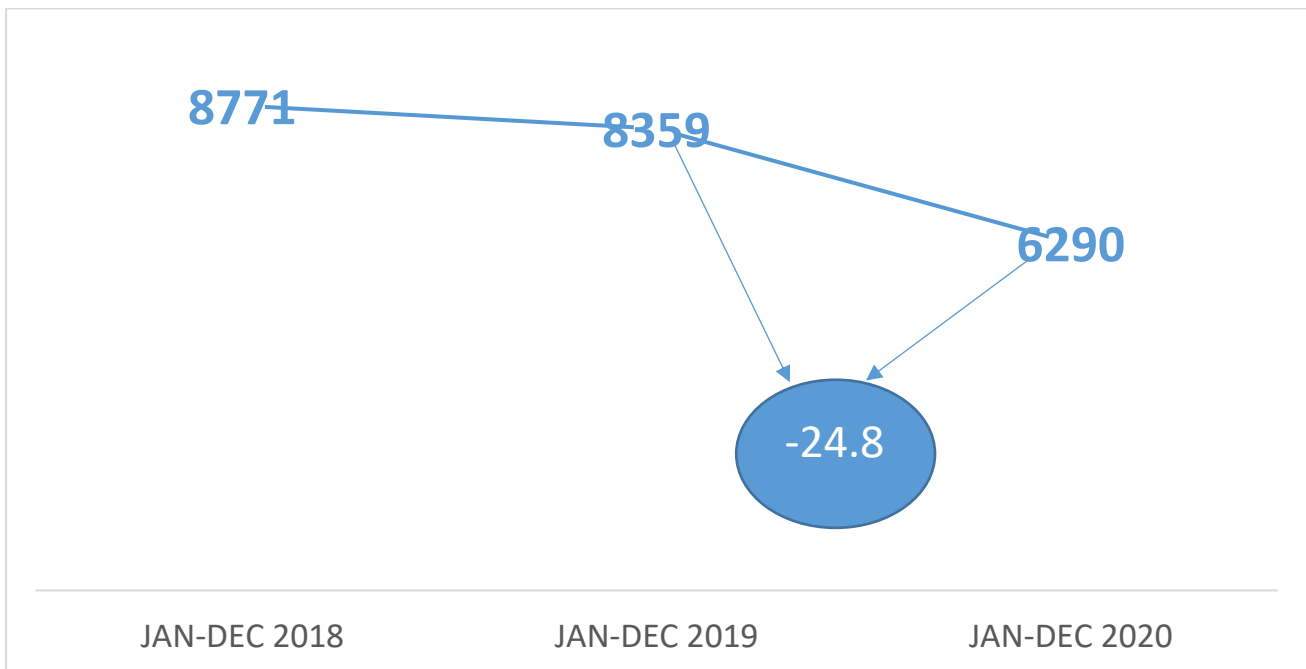
**Table 17: COVERAGE OF ANTIGENS**

**HIV / AIDS (COUNSELING & TESTING AND PMTCT)**

INDICATOR	2018	2019	2020
CT. NO. TESTED	794	684	1443
POSITIVE	70	39	86
PMTCT NO. SCREENED	1602	1297	1420
POSITIVE	5	13	24
NO. of HIV + CASES RECEIVING ART	96	105	46

**Table 18: HIV / AIDS (COUNSELING & TESTING AND PMTCT)**

**RUN CHART OF EYE CLINIC ATTENDANCE**



**Figure 11: RUN CHART OF EYE CLINIC ATTENDANCE**

In 2018, 8,771 patients accessed eye care services at the hospital. The Hospital recorded 8,359 attendances in 2019 but this was reduced by 24.8% in 2020 to 6,290 attendance.

## HUMAN RESOURCE SITUATION

The table below (Table 19) shows 2020 HR statistics by category (3yrs trend 2018, 2019 & 2020)

The human resource situation in the Hospital for the past three years have realized some significant improvement.

CATEGORY OF STAFF	2018	2019	2020
Medical Officer	7	6	8
Orthopedic / Trauma Consultant	1	1	1
Optometrist	1	1	1
General Surgeon	1	1	1
Gynecologist	1	2	2
Physician Assistant (Medical)	1	1	2
Physician Assistant (Anesthetist)	4	4	4
SRN, RGN/Diploma	56	62	88
Midwives	31	36	42
Community Health Nurse	16	17	17
Enrolled Nurses	47	58	59
Health Assistants	29	29	29
Pharmacist	2	2	2
Pharmacy Technician	4	4	5
Dispensing Assistant	2	2	1
Laboratory Technicians	3	4	4
Biomedical Scientist	3	5	6
Lab Assistant	1	1	1
Physiotherapist	1	1	1
Physiotherapist Assistants	6	6	7
Radiographer	1	1	1
X-ray Technicians	1	1	1
X-ray Technical Assistant	1	1	1
Supply Manager	2	2	2

Human Resource Manager	1	1	2
Internal Auditor	2	2	2
IT Manager	0	0	2
IT Technical Assistant	2	2	2
Records Officers	2	2	2
Typist	1	1	1
Administrative Manager	3	3	4
Orderlies / Mortuary	25	25	25
Security	11	11	11
Biostatistics Officer	2	2	4
Health Educator	3	3	4
Occupational Therapist	1	1	1
Biostat. Assist. /Records Officer/Asst.	6	6	5
Tech. Officer (Engineering) Electricals	1	1	1
Driver	3	3	3
Occupational Therapist	2	2	2
Disease Control Officer	1	1	1
Junior/ foreman / Artisan	5	5	5
Laundryman	2	2	2
Environment Health Officer	1	1	1
Nutritionist	1	1	1
Technologist (Clinical Engineering)	1	1	1
Optical Technician	1	1	1
Finance Officer	3	4	5
Procurement / Purchasing & Supply	2	2	2
Technical Officer	2	2	2
Public Health Officer (Informatics)	1	1	1
<b>TOTAL</b>	<b>307</b>	<b>334</b>	<b>379</b>

**Table 19: HR Statistics**

### ATTRITION IN 2020

ATTRITION	NUMBER
VACATION OF POST	2
RETIREMENT	10
VOLUNTARY RETIREMENT	1
DEATH	0
RECRUITMENT	47
TRANSFER / RELEASE (IN)	2
TRANSFER / RELEASE (OUT)	4
PROMOTION / UPGRADE	23

**Table 20: ATTRITION IN 2020**

### RECRUITMENT IN 2020

POSITION	NUMBER OF PEOPLE
STAFF NURSES	23
TECHNICAL OFFICER (LAB)	2
IT MANAGER	1
HEALTH EDUCATOR	1
BIOSTATISTICS OFFICER	1
STAFF MIDWIVES	9
ENROLLED NURSES	10
<b>TOTAL</b>	<b>47</b>

**Table 21: RECRUITMENT IN 2020**

**2020 FINANCIAL REPORT**

		(A)	(B)	(C)	(D)
		<u>ACTUALS</u>	<u>ACTUALS</u>	<u>ACTUALS</u>	<u>BUDGET</u>
INCOME	NOTE	<u>JAN- DECEMBER 2020</u>	<u>JAN- DECEMBER 2019</u>	<u>JAN- DECEMBER 2018</u>	<u>JAN - DECEMBER 2020</u>
PATIENT FEES	1	6,551,667.45	7,628,385.60	6,938,766.27	9,145,812.56
GOVERNMENT SUBVENTION	3	9,697,974.39	7,845,540.06	6,767,256.48	8,110,376.48
MORTUARY FEES		91,560.00	146,911.00	139,681.00	195,566.66
OTHER INCOME	2	274,654.47	290,353.36	283,697.20	241,600.00
GIFTS AND DONATION	4	<u>318,383.00</u>	<u>145,754.58</u>	<u>219,608.55</u>	<u>192,000.00</u>
		<u>16,934,239.31</u>	<u>16,056,944.60</u>	<u>14,349,009.50</u>	<u>17,885,355.70</u>
EXPENDITURE					
COMPENSATION	5	11,410,461.77	9,954,447.75	8,575,993.58	10,412,762.05
PURCHASES AND SUPPLIES	6	3,443,856.77	2,946,287.42	2,970,889.32	3,874,018.85
REPAIRS AND MAINTENANCE	7	173,084.52	173,213.48	286,142.13	231,911.75
GENERAL ADMINISTRATION	8	<u>2,213,136.57</u>	<u>2,428,902.49</u>	<u>1,781,751.62</u>	<u>2,569,979.50</u>
		<u>17,240,539.63</u>	<u>15,502,851.14</u>	<u>13,614,776.65</u>	<u>17,088,672.15</u>
EXCESS OF INCOME OVER					
EXPENDITURE		-306,300.32			
CAPITAL EXPENDITURE		626,911.35			

**Table 22: 2020 FINANCIAL REPORT**

## **CHALLENGES**

- ✓ Huge deduction of claims by NHIA
- ✓ Non-Regular Reimbursement of claims by NHIA, hence our inability to pay the suppliers on time.
- ✓ The inability of some clients to foot their bills when discharged



## **PHARMACY**

The Department of Pharmacy of St. John of God Hospital is an integral part of patient care, the Department is responsible for the provision of pharmaceutical services to the Hospital. Services provided by the Department include the provision of drug information, patient counselling, medicines compounding and distribution.

The department has two outlets, the 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.

To effectively implement its mandate, the department operates a twenty-four-hour service.

Twenty-four-hour effective and efficient pharmaceutical services are provided for both outpatient and in-patient departments with an emphasis on structured counselling steps by pharmacy personnel to ensure compliance with our clients. Pharmacy personnel insists on timely reporting and refilling of ART's/TB drugs with specialized continuous counselling sessions for our registered clients.

These services are done in tandem with other integrated medical services. These interventions help to ensure compliance with medications and alleviate the number one challenge of clients to assess ART services, i.e., stigmatization. With these measures in place, compliance is very high, and it goes a long way to reduce the incidence of drug resistance in patients.

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

In line with the FDA guidelines on safety monitoring and pharmacovigilance, the department actively seeks and promptly reports all incidences of adverse drug reactions to the FDA to ensure the safety of clients on medications.

## **RATIONALE DRUG USE**

Analysis of the rational drug use in the hospital indicates that the target for the average number of drugs prescribed per the prescription of three (3) was met in 2020. This target has been met for three (3) consecutive years. This is a result of conscientious efforts by clinicians to avoid polypharmacy.

There was a reduction in the percentage of generic prescriptions from 84 in 2019 to 80.90 in 2020, whereas the rate of antibiotic usage also decreased from 28% to 20%, which was positive.

The percentage use of Injectable also increased from 10 % to 13% in the year under review.

Generally, the usage of essential medicines decreased from 85% in 2019 to 75.28% in 2020.

Indication of review dates on prescription forms increased from 70 in 2019 to 90 in 2020. Diagnosis of a patient was always indicated in folders 100% Of the time.

## RATIONAL USE OF MEDICINES FROM 2018 - 2020

INDICATORS	Regional Targets	2018	2019	2020	Remarks
AVERAGE NO. OF DRUGS PRESCRIBED	3	3.00	3.00	2.97	Target Missed Marginally
% GENERIC	100	82.00	84	80.90	Target Missed
% ANTIBIOTIC	<20	30.	28	20	Target Missed Marginally
%INJECTION	<10	18	10	13	Target Missed
% EML	100	88.00	85	75.28	Target Missed
DIANOSIS%	100	100	100	100	Target Met
REVIEW DATE%	100	76	70	90	Target Missed

**Table 23: Rational use of Medicines (2018 - 2020)**

## DRUG PREPARATIONS

PRODUCT	QUANTITY PRODUCED IN 2018	QUANTITY PRODUCED IN 2019	QUANTITY PRODUCED IN 2020
Syr Paracetamol	8960	8670	7498
Mixt. Magnesium Trisilicate	840	1426	1341
Syr Simple Linctus Pediatric	2370	1748	1523
Syr Simple Linctus Adult	960	957	1342
Oint. Methyl Salicylate	210	570	1250
Normal Saline Drops	1450	2420	2214
Olive Oil ear drops	25	138	85
Hand Sanitizer	450 Litres	780 Litres	1275 Litres

Bleach 2%	18100 Litres	19500 Litres	21500 Litres
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**Table 24: Drug Preparation**

## **ART/TB REPORT FOR 2020**

During the year under review, a total of seventy-one (71) new clients were introduced onto the ART treatment programme, this was made up of 18 males and 53 females. Also, a total of 4 health professionals who inadvertently experienced needle pricks with tainted blood (HIV) during routine clinical practices were placed on HIV prophylaxis treatment and admonished to be careful during practices with HIV-positive clients.

The TB control programme attached to the unit discovered and treated 15 new TB cases in 2020 culminating in a cure rate of 87%. In a comparison of the unit's activities with the previous year, it came to light that newly discovered HIV cases dropped from a total of 121 to 71 in 2020, whereas that of TB also fell from 18 in 2019 to 15 in 2020. Although, due to improved logistics management of the programme drugs the unit had a 100% availability of drugs at the pharmacy, this decline in the discovery and management of new cases could be attributed to the intense focus of health personnel on the containment of the emergence of on coronavirus infections and Covid 19 disease in communities in 2020. Hence the ART/TB teams are requested to beef up their activities in this regard in the wake of the Covid pandemic to unearth cases of HIV/TB for prompt management and treatment by the unit.

## **ADVERSE DRUG REACTION (ADR) REPORT**

No Adverse drug reactions were reported to the pharmacy in 2020, although the unit organized and facilitated the training of healthcare professionals in the hospital by the officers of the FDA on the basic tenets of pharmacovigilance and safety monitoring of drugs in the hospital. This low reportage was as a result of low hospital attendance of clients to the hospital and also focus on Covid 19 preventive, management and treatment by prescribers during the said period, hence there is the need to remind prescribers of their obligation to report all adverse drugs to the pharmacy for onward transmission to the FDA for causality assessment.

### Transport Unit

The transport management was reviewed in the year 2020 by making sure that the basic fleet control measures are followed before the vehicle moves. The transport department has four (4) staff, 1 Transport officer, 1 Yard Foreman and 2 Drivers. The transport department started the year activities with ten (10) vehicles and the distance travelled in total was fifty-five thousand, nine hundred and ninety-one kilometres (55991km) within the year 2020. During the year 2020, General Vehicle Document's renewal, Servicing and maintenance were successfully performed.

### VEHICLE REPLACEMENT ANALYSIS 2020

Age Group	Zone	Vehicle Reg. No.	Remarks
1 – 5 years	Green	M-18-BA-256 (2yrs)	Type of PPM: <b>Light.</b>
		M-19-GE 3279 (1yrs)	
6 – 9 years	Yellow	GM 785-13 (7yrs)	Type of PPM: <b>Medium.</b>
		GE 6860-14(6yrs)	
10 years and Above	Red	GW 2360-Z (12yrs)	Type of PPM: <b>Premier</b>
		GE 8112-V (18yrs)	
		GC 6852-11 (9yrs)	
		GW 952-S (19 yrs)	
		GR 7147-R (21yrs)	
		GT 3957-W (16yrs)	

**Table 25: Vehicle Replacement Analysis 2020**

#### The Way forward;

The department is considering replacing two of our vehicles to boost our efficiency as a transport department of our noble hospital. E.g. An Ambulance and one executive vehicle.

## **EMPLOYEE SATISFACTION SURVEY REPORT FOR 2020**

### **INTRODUCTION**

This staff satisfaction survey was conducted in October 2020, to evaluate the level of satisfaction of Staff and recommend strategies to improve the needs of the staff of St John of God Hospital, Duayaw Nkwanta.

The general objective of the survey was to assess the level of staff satisfaction at St John of God Hospital and to identify problems that management may not be aware of for redress.

The Specific Objectives were;

1. To assess job satisfaction of staff and opportunity for advancement.
2. To assess staff perception of supervision at the workplace and evaluate if St John of God Hospital has an employee-centred workplace structure.
3. To assess staff satisfaction with teamwork.
4. To assess the effect of Covid - 19 on Work of Staff.
5. To recommend strategies to improve the needs of staff at St John of God hospital.

### **Methodology of Survey**

This study used a descriptive study design. A descriptive study was used to describe the characteristics under study. The Sample size used was 100. A purposive sampling technique was used. The selection included all departments at St John of God Hospital.

Questionnaires were designed and sent to the various departments for response.

### **DATA ANALYSIS AND PRESENTATION**

#### **SOCIODEMOGRAPHIC CHARACTERISTICS**

<b>VARIABLE</b>	<b>FREQUENCY (N)</b>	<b>PERCENTAGE (%)</b>
<b>SEX</b>		
<b>MALE</b>	60	60
<b>FEMALE</b>	38	38
<b>MISSING</b>	2	2
<b>AGE</b>		
<b>20 -30</b>	47	47
<b>31 – 40</b>	33	33

41 – 50	6	6
51 – 60	12	12

**Table 26: Sociodemographic Characteristics**

OVERVIEW ABOUT WORK

Rating	Frequency (n=100)	Percentage (%)
<b>Challenging and interesting job</b>		
Undecided	6	6.0
Agree	31	31.0
Strongly agree	63	63.0
<b>Understanding how my job will help the hospital</b>		
Undecided	5	5.0
Agree	23	23.0
Strongly agree	72	72.0
<b>Knowledge about the real positive impact of my work on the community</b>		
Disagree	2	2.0
Undecided	5	5.0
Agree	26	26.0
Strongly agree	67	67.0
<b>Satisfaction with the level of balance between staff work and personal life</b>		
Strongly disagree	11	11.0
Disagree	6	6.0
Undecided	20	20.0
Agree	38	38.0
Strongly agree	25	25.0

**Table 27: Overview About Work**

The table above (Table 24) depicts that the majority of the staff (63%) strongly agree to have a challenging and interesting job, 31% agree that their job is challenging and interesting, only 6% were unable to decide.

The table continued that 72% of the clients strongly agree to understand how their job will help the hospital while 23% also understand how their job will help the hospital, again 5% were unable to decide. With the Knowledge about the real positive impact of staffs' work on the community, 2% disagreed, 26% agreed, 67% strongly agreed while 5% could not decide.

Concerning the Satisfaction with the level of balance between staff work and personal life, 11% strongly disagreed, 38% agreed, 25 strongly agreed to while 20% went for undecided.

The majority of respondents 87 (87%) rated satisfaction with work very good and 13(13%) of respondents rated satisfaction with work as good.

#### OVERVIEW OF LEARNING AND DEVELOPMENT

<b>Rating</b>	<b>Frequency (n=100)</b>	<b>Percentage (%)</b>
<b>Opportunity is given to improve my skills</b>		
<b>Strongly disagree</b>	19	19.0
<b>Disagree</b>	8	8.0
<b>Undecided</b>	25	25.0
<b>Agree</b>	32	32.0
<b>Strongly agree</b>	16	16.0
<b>Understanding of the carrier path in this hospital and opportunities for promotions</b>		
<b>Strongly disagree</b>	4	4.0
<b>Disagree</b>	13	13.0
<b>Undecided</b>	16	16.0
<b>Agree</b>	35	35.0
<b>Strongly agree</b>	32	32.0

<b>Staff growth as professionals in this hospital</b>		
<b>Strongly disagree</b>	3	3.0
<b>Disagree</b>	9	9.0
<b>Undecided</b>	10	10.0
<b>Agree</b>	54	54.0
<b>Strongly agree</b>	24	24.0
<b>Working for this hospital will help staff reach their personal and professional goals</b>		
<b>Strongly disagree</b>		
<b>Disagree</b>	1	1.0
<b>Undecided</b>	8	8.0
<b>Agree</b>	29	29.0
<b>Strongly agree</b>	43	43.0
	19	19.0

**Table 28: Overview of learning and Development**

## LEARNING AND DEVELOPMENT

Results from the table above (Table 25) show that 19% strongly disagreed that opportunity is given to improve their skills, 8% also disagreed, 25% could not decide, 32% agreed while only 16% strongly agreed.

With the understanding of the career path in this hospital and opportunities for promotions, only 4% of staff strongly disagreed, 13% disagreed, 16% were undecided, 35% agreed and 32% strongly disagreed.

Only 3% of staff strongly disagreed that they are growing as professionals in this hospital, 9% disagreed, 10% were unable to decide, and 54% agreed while 24% strongly agreed that they are growing as professionals in this hospital.

The majority of respondents 44 (44%) rated their satisfaction with learning and development as very good, 40 (40%) rated their satisfaction as good and only 16 (16%) rated their satisfaction as average.

## OVERVIEW OF SUPERVISION



Rating	Frequency (n=100)	Percentage (%)
Staff have clear performance expectations.		
Undecided	9	9.0
Strongly agree	38	38.0
Agree	53	53.0
Receiving regular feedback from supervisors on job performance		
Strongly disagree	10	10.0
Disagree	15	15.0
Undecided	21	21.0
Agree	40	40.0
Strongly agree	14	14.0
Receiving recognition upon doing a good job		
Strongly disagree	11	11.0
Disagree	18	18.0
Undecided	18	18.0
Agree	41	41.0
Strongly agree	12	12.0
Satisfaction with the conflict resolution skills of my immediate supervisor		
Disagree	5	5.0
Undecided	22	22.0
Strongly agree	49	49.0
agree	24	24.0

**Table 29: Overview of Supervision**

#### STAFF SATISFACTION ON SUPERVISION

From the table above (Table 26), 53% of respondents agree that they have clear performance expectations, 38% strongly agree and only 9% were undecided. Most respondents 53% agree that reasonable standards are used to measure performance, 22% were undecided, 19% strongly agree, 4% disagree and 2% strongly disagree.

40% of respondents agree to receive regular feedback from supervisors on job performance, while 41% also agree to receive recognition upon doing a good job. Most respondents 49% agree to satisfaction with the conflict resolution skills of the immediate supervisor.

Overall satisfaction of staff on supervision had 43% satisfaction rating as very good, 36% as Excellent and 21% rated their satisfaction as Good

## OVERVIEW OF WORK ENVIRONMENT

Rating	Frequencies (n=100)	Percentage (%)
<b>Availability of material/equipment</b>		
Strongly disagree	9	9.0
Disagree	7	7.0
Undecided	21	21.0
Agree	37	37.0
Strongly agree	26	26.0
<b>Staff are treated with respect at the workplace</b>		
Strongly disagree	6	6.0
Disagree	12	12.0
Undecided	20	20.0
Agree	46	46.0
Strongly agree	16	16.0
<b>The organization's policies are properly and equally administered in my department</b>		
strongly disagree	2	2.0
disagree	14	14.0
undecided	14	14.0
agree	49	49.0
strongly agree	21	21.0

Staff have a reasonable workload and a good physical environment to ensure health and safety at work		
Strongly disagree	18	18.0
Disagree	8	8.0
Undecided	14	14.0
Agree	38	38.0
Strongly agree	22	22.0

**Table 30: Overview of work environment**

### STAFF SATISFACTION IN WORK ENVIRONMENT

The majority of respondents 37% agree with the availability of material/equipment, 26% strongly agree, 21% were undecided, 9% of respondents strongly disagree and 7% disagree with the availability of material/equipment.

46% of respondents agree that staff are treated with respect at the workplace, 49% of respondents are undecided regards to proper and equal administration of the Hospital's policies at various departments.

### STAFF SATISFACTION IN WORK ENVIRONMENT

The majority of staff 46(46%) rate their satisfaction with the work environment very good, 36(36%) rated their satisfaction as good, 16 (16%) rated their satisfaction as average and 2(2%) rated their satisfaction with the work environment as Poor.

### OVERVIEW OF BENEFITS

Rating	Frequency (n=100)	Percentage (%)
Satisfaction with the benefits package (leave, sick off, etc) that this hospital offers		
Strongly agree	14	14.0
Disagree	24	24.0
Undecided	16	16.0
Agree	26	26.0
Strongly agree	20	20.0
Satisfaction with the hospital welfare programme		

Strongly disagree	16	16.0
Disagree	9	9.0
Undecided	28	28.0
Agree	31	31.0
Strongly disagree	16	16.0
Satisfaction with the recreational activities provided by the hospital.		
Strongly disagree	8	8.0
Disagree	11	11.0
Undecided	25	25.0
Agree	42	42.0
Strongly agree	14	14.0

**Table 31: Overview of Benefits**

#### SATISFACTION OF STAFF ON BENEFITS

26% of respondents agree that there is satisfaction with the benefits package (leave, sick off, etc) that this Hospital offers, 31% of respondents also agree with satisfaction with the hospital welfare programme and 42% of respondents agree to satisfaction with the recreational activities provided by the Hospital.

50% of Staff rated their satisfaction with Benefits as Good, 39% rated their satisfaction with benefits as Excellent and 11% rated their satisfaction as Poor.

#### OVERVIEW OF TEAMWORK

Rating	Frequency (n=100)	Percentage (%)
Satisfaction with the teamwork in your department		
Strongly agree	2	2.0
Disagree	2	2.0
Undecided	16	16.0
Agree	43	43.0
Strongly agree	37	37.0

Satisfaction with the respect I get from my co-worker		
Strongly disagree	4	4.0
Disagree	6	6.0
Undecided	9	9.0
Agree	57	57.0
Strongly disagree	24	24.0
I receive assistance from my co-workers when possible		
Strongly disagree		
Disagree	2	2.0
Undecided	8	8.0
Agree	13	13.0
Strongly agree	52	52.0
	25	25.0
I have trust in my co-workers		
Strongly disagree	4	4.0
Disagree	9	9.0
Undecided	13	13.0
Agree	59	59.0
Strongly agree	15	15.0

**Table 32: Overview of Teamwork**

#### STAFF SATISFACTION WITH TEAMWORK

The majority of respondents 65% rated their satisfaction with Teamwork as very good, 29% rated their satisfaction as Good and 4% rated their satisfaction with Teamwork as Poor.

#### Effect of COVID 19 on staff work

	Frequency	Percent
Increased Risk at Work and extra workload	25	25.0
Normal	43	43.0

Reduction In-Patient Attendance and Delay of Activities	6	6.0
Positively, it has served as a learning opportunity	17	17.0
I Enjoyed the Tax-Free	9	9.0

**Table 33: Effect of COVID 19 on staff work**

The majority of respondents 43% indicated that Covid-19 did not have any effect on their work, 25% indicated that Covid 19 increased their risk and workload at Work. 17% also indicated that Covid 19 has been Positive, and it has served as a learning opportunity, 9% of respondents, said Covid 19 has allowed them to enjoy Tax waivers from the Government and 6% indicated that Covid 19 has resulted in the reduction of utilization rate and delay of activities.

### **CORRELATION BETWEEN DURATION WORKING WITH ST. JOHN OF GOD HOSPITAL AND STAFF SATISFACTION**

		Number of years working with St. John of God Hospital	Satisfaction Of Staff
Number of years working with St. John of God Hospital	Pearson Correlation	1	.214*
	Sig. (2-tailed)		.032
	N	100	100
Satisfaction Of Staff	Pearson Correlation	.214*	1
	Sig. (2-tailed)	.032	
	N	100	100

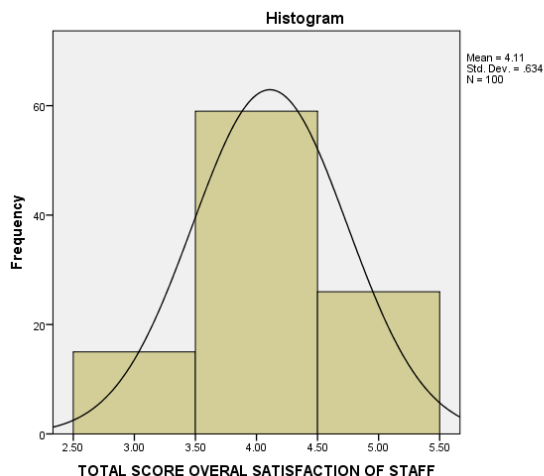
\*. Correlation is significant at the 0.05 level (2-tailed).

Correlation analysis between the number of years working with St. John of God Hospital and staff satisfaction shows a positive correlation  $r = 0.214$  ( $p = 0.032$ ).

Further analysis on the variable (number of years working with St. John of God Hospital) show that 44% were within 1 – 5 years, 30% 6 – 10 years, 11% within 11 – 15 years, 2% within 16 – 20 years, 2% 21 – 25 years, 1% 26 – 30years, 2% within 31 – 35 years and 4% 36 – 40 years. 4% were missing values.

### **OVERALL STAFF SATISFACTION**

The majority of staff rated their satisfaction 59% as Very Good, 26% rated their satisfaction as Excellent and 15% rated their satisfaction as Good.



The standard deviation of the total score of satisfaction of Staff (0.634) is a low standard deviation that means data are clustered around the mean or that most of the numbers (responses) are close to the average (mean) which is 4.11.

## SUMMARY AND CONCLUSION

The survey was conducted to assess the level of staff satisfaction at St John f God Hospital, Duayaw Nkwanta in the last ten (10) months (January to October 2020). The survey revealed information about staff work, staff learning and development, staff supervision, their working environment, benefits, teamwork, and the effect of COVID 19 on staff work.

Correlation analysis between the number of years working with St. John of God Hospital and staff satisfaction shows a positive correlation  $r = 0.214$  ( $p = 0.032$ ).

The fewer few years staff has worked with St John f God Hospital, the more satisfied the staff is.

## RECOMMENDATIONS FROM SURVEY

The Human Resource Department should ensure all staff have access to information on their job description, to improve on their work, learning and development.

Recognition and reward of staff (not financial remuneration), should be enhanced so that Staff will know that their work and performance are recognized and valued. Usage of recognition processes such as an award of Citation to Staff, to ensure hard work is celebrated.

Enhancement of Teamwork; Teamwork is as important as staff motivation because work is collaborative by nature. This will enhance respect, trust and assistance within the staff.

Overall satisfaction of staff is Very good; there is more room for improvement.

## **SUMMARY OF ACHIEVEMENT FOR 2020**

- ▶ The hospital conducted twelve (12) training/in-service training programs for staff.
- ▶ Remarkable improvement in the construction of administration block and the neonatal & intensive care unit.
- ▶ Forty-seven (47) new staff were recruited
- ▶ Improvement in OPD Consultation
- ▶ Introduction of the folder-less system to enhance effective health care delivery.
- ▶ Provision of nutritious breakfast for diabetic clients before a consultation
- ▶ Payment of non-mechanized staff to date
- ▶ Obtained financial clearance for some I G F staff

## **CURRENT CHALLENGES OF THE HOSPITAL**

- ▶ Late referrals
- ▶ Activities of traditional healers
- ▶ Financial Constraints due to delay in payment of NHIA claims
- ▶ Inadequate Staff accommodation
- ▶ Difficulty in mechanizing staff.
- ▶ Power fluctuations causing a lot of damage.
- ▶ Reduction in OPD Attendance and the facility's admissions due to the COVID-19 Pandemic.
- ▶ The inability of client's relative to adhere to COVID-19 Protocols
- ▶ Inadequate critical staff
- ▶ Inadequate space for eye clinic

## **WAY FORWARD**

- Continue to provide 24-hour Emergency Service
- Continue with renovations
- Continue to improve maternal and child health
- Lobby for critical staff/sponsor staff
- Lobby for construction of staff quarters
- Continue with the construction of the doctor's bungalow
- Construct a production unit for pharmacy