

ACKNOWLEDGEMENT

We wish to acknowledge in a special way the office of the Archbishop and Archdiocesan Health office that have been with us through thick and thin moments. We are grateful to our Chaplain, Rev.Fr. Paul Annan for providing the spiritual nourishment to both staff and clients throughout the year.

We thank the St. Gregory Catholic Church's parish council for a wonderful collaboration throughout 2023. To the Director and staff at the Catholic Health Service, Accra, the Director and staff of Christian Health Association of Ghana, we are thankful for your technical support throughout the year.

To Ghana Health Service and especially the Gomoa East District Director of Health and his staff for their invaluable support. We are also indebted to the Municipal and district Directors of Health Services for Awutu Senya East and west respectively for the good relationship between them and the hospital. To the Gomoa East District Assembly, particularly the District Chief Executive, we are grateful for attending upon our calls during the year 2023. We wish to acknowledge in special way the chiefs in Buduburam and The Sub-District Assembly, the Sanitation Department, the NADMO official in Buduburam Camp and especially the Police and the Fire Services, we salute for being there for us.

We cannot forget the contribution of individuals and groups who made various donations in kind and in cash. Above all, management want to acknowledge highly the wonderful staff of the hospital, for your selfless and tireless efforts in the mist of all the logistical and environmental challenges we went throughout the year. More importantly, to all the management and hardworking staff of the Saint Gregory Catholic Hospital, we say God richly bless you.

EXECUTIVE SUMMARY

St. Gregory Catholic Hospital which is located in the middle of the former Liberian refugee camp Gomoa Buduburam of the Gomoa East District of the Central region. For the year under review, the hospital as usual provided quality health care in the mist of daunting challenges and constrains to Ghana, Liberian, Ivory Coast, Senegal, Sudan, Togo and Nigeria among others. The identity as a Catholic Health Facility has been religiously preserved with celebration of Holy Mass every Thursday before work begins.

For the year under review, a modest achievement was made under very challenging social-cultural, financial, infrastructural as well as lack of inadequate clinical equipment.

Some all-inclusive and participatory governance systems had been instituted covering clinical and support services governance practices. With total number of 343 staff, significant successes were chocked for the period under review.

In terms of service provisions, a total OPD attendance of 76,861(11.14% increase) was recorded with 79% representing 60,828 NHIS card holders. 7,227 admissions (6.75% increase) with 80 deaths recorded. 248 dead on arrival to the hospital. With exception of OPVO AND Rota2 vaccination, all other services recorded significant increases.

While a couple of clinical equipment were either bought or supplied from our partners, particularly, GHS and MOH, a robust planned prevent maintenance culture was adopted to guarantee equipment functionality throughout the year. In terms of infrastructure, at least 5% of addition was made on the ongoing maternity project through a loan facility from the Investment office of the archdiocese of Cape Coast.

The hospital has two pick-ups made of Nissan Navarra 2015 registration and Toyota Hilux 2020 registration.

A number of activities were under taken to profess the identity of the hospital as a Catholic hospital. Among them were weekly Eucharistic celebration, world day of the sick, and the Patron Saint Week celebration.

The hospital within the fiscal year realized a **Total Operational Revenue** of Thirteen Million Nine Hundred and One Thousand and Ninety-Five Ghana Cedis Seventy Pesewas (**GHC 13,901,095.70**) excluding Government of Ghana Subventions (salaries) and Specific project funds (eg. CRIB and AKOMAPA) etc. and a **Total Expenditure** of Thirteen Million Eight Hundred and Sixty-One Thousand Two Hundred and Eleven Ghana Cedis and Forty-Six Pesewas (**GHS¢ 13,861,211.46**) excluding Government of Ghana Subventions (salaries).

SECTION 1

PROMOTION AND MAINTENANCE OF IDENTITY

1.1 The Catholic Health Service Trust - Ghana (CHST- Ghana)

The Catholic Health Service Trust - Ghana) (CHST) is the highest management body for all the Catholic Health Institutions in Ghana. It formulates policies, coordinates and disseminates all information related to health issues from the Department of Health of the National Catholic Bishop's Conference Secretariat. The CHST also organizes National Health Meetings such as conferences, workshops constantly educate and upgrade the knowledge of management and staff about the tenant of the CHST.

The CHST has the following organisational structure at the national level.

The Structure of the Catholic Health Service Trust - Ghana

1. The National Catholic Bishops conference
2. The CHST Board
3. Episcopal bishop in charge of health
4. Department of health
5. Arch/diocesan board
6. Executive Director of Health
7. Hospital/ Clinic management team

At the Archdiocesan level, there is Governing Board under leadership of the Archbishop of Cape Coast with day to day management under the leadership of Archdiocesan Director of Health.

The Catholic identity of hospital has been project through the mission and vision, core values, documentations, programs and physical structures.

Mission Statement

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

Vision Statement

A health service that is best in meeting patient needs and expectation.

Core Values

Service, Subsidiary, Solidarity, Stewardship, Dignity in Work, Initiative, Professionalism

In terms of physical structures, the name Catholic Health Service Trust is conspicuously displayed on our sign board and at the entrance of the hospital, the crucifix is affixed in all entrances and the Out Patient Department.

All our correspondence bears our letter head which contain the portage of the patron saint and captioned Catholic Health Service Trust. All internal documents such as laboratory request

forms, appointment cards, take away carriers among other have the captions, St. Gregory Catholic Hospital.

In all programs ranging from orientation for permanent and casual staff, the identity, ethics and value of the catholic health services take focus. The structure of the CHST is normally well explained. The chaplain is normally invited to talk on most of the value and ethics of the church which is subsumed in the healthcare.

the Holy Mass organised every Thursday is an integral part of the hospital's activities including annual celebration of St. Gregory feast and the Wold Day of the Sick.

at the facility level, the following constitute the management member of the hospital

1. Mr. Mathias Ayegre Anaba.....Hospital Administrator
2. Dr. Joseph Bennin.....Medical Director
3. Ms. Mercy Laadi Achaw.....Nurse Administrator
4. Rev. Fr. Paul Annan.....Chaplain
5. Ms. Mary Brewu.....Human Resource Manager
6. Ms. Rhoda Agbanyo.....Pharmacist
7. Mr. Daniel Kumordzi Kwame..... Accountant

2.2 APPLICATION OF CATHOLIC ETHICS AND MORALS IN HEALTH CARE DELIVERY SERVICES

During orientation for any category of staff, the following forms our cardinal focus.

Source of mandate of the Catholic Health Service- the great commission (Mt.10:5-8)

- God created and love all unconditionally (Mt. 22:39)
- That each individual has a dignity and right of each individual as the image of God (Gen. 1:27)

In all 72 ethical principles in 6 areas are applied to every facets of our healthcare delivery system. These are

1. That Social Responsibility of Catholic Health Care Services
2. Pastoral and Spiritual Responsibility
3. Professional-Patient Relationship
4. Issues in Care for the Beginning of Life
5. Issues in Care for the Seriously Ill and Dying
6. Collaborative Arrangements with Other Health Care Organizations and Provision

SECTION 2

LEADERSHIP AND GOVERNANCE

1. INSTITUTIONAL/ORGANISATIONAL ENVIRONMENT

The hospital is located in Gomoa Buduburam, under Gomoa East District of the Central region. With the District capital at Potsin which is about 18km and 26 minutes' drive, Buduburam serves as one of it's sub-district. Buduburam shares boundaries with Awutu Senya District (Senya) to the west - boarded by Breku which is 5.1 km and 10 minutes' drive. From the hospital it will take 16 minutes' drive that is 9.9km to Awutu Senya West municipality (Kasoa) that is to the east and north. Traditionally, the hospital is under the paramount chief of Gomoa-Fetteh, located at Fetteh which is 23km and 38 minutes' drive away. Though there are a number of self-acclaimed sub-chiefs, one is traditionally recognised as such.

The hospital is located in the middle of the Liberian refugee camp. In terms of clientele, besides being heavily patronised by Ghanaians, the hospital plays host to nationalities from Liberian, Ivory Coast, Senegal, Sudan, Togo and Nigeria among others. Though there are unknown and large numbers of persons from above countries, about 600 of them are recognised as refugees from Ivory Coast, Togo, Liberia and Sudan. These are regulated by the National Disaster Management Organisation in collaboration with the Ghana Refugee Board.

In terms of social amenities, Buduburam has a Police and Fire stations which are both 1 minute walk away from the hospital. The town is connected to such amenities such as water and electricity supply. There are a number of private estates around the town. The sub-district is in charge of sanitation and revenue collection. In terms of religion, Buduburam have a number of churches of various denominations. There are also an appraisable number of Muslims in the town.

There is countless number of approved and unapproved on the counter medicine stores and pharmacy shops in the town. There is also countless number of maternity homes in and around the town that refer patients to the hospital.

2. GOVERNANCE

On governance, we introduced some all-inclusive and participatory governance systems. Among these practices are core management weekly huddle (total of 13), a total of nine (9) expanded management meetings, couple of unit's head meeting ,3 staff durbars and one emergency staff durbar. Other meetings were wards and departmental meetings, quality assurance meetings, bi-weekly unit's head's huddle among others. Other governance practices carried out during the year were;

1. Star of the Quarter Awards: the following were winners, Mr. Charles Takyi Ansah- Senior Administrative Manager, first quarter, Ms. Faustina Obeng Danquah – Senior Nursing officer second quarter and Mr. Pierrila Koranteng – Senior Biomedical Scientist emerged as the star of the third quarter. Mabel Okyerewaa Ofori- (Principal Enrolled Nurse) emerged as the overall best worker after a keen and competitive campaign.

2. Satisfaction surveys.

I. Staff surveys (score of 66.4% as against 66% in 2022).

II. Inpatient (78.05% as against 78.05% in 2022),

III. Outpatient department (90.35% as against in 92.3% 2022)

IV. Community (80.43% as against in 72.30% 2022)

3. Peer review- participated in the 2023 peer review organized by Ghana Health Services and had 82.8% the same mark in 2022)

4. Safe Care – 78% which moved the facility to Level 4

5. Regulatory Compliance -For the year 2023, the hospital fully complied with all the requirements of the Regulatory Authorities. Renewal and inspection for permanent certification conducted with Health Facilities Regulatory Authority – HeFRA, Environmental Protection Authority (EPA), National Health Insurance Authority and the Ghana Fire Service were all renewed.

6. Occupational Health and Safety- Mandatory medical screening was organized for all staff. Critical health issues were picked up and the staff involved were supported to seek further medical treatment. Almost all staff made themselves available for the screening.

7. Christmas Carols and Awards Night: The facility organized its carols and award night on 14th December, 2023. The facility also organized a sendoff party for the Outgone Nurse Manager – Ernestina Manu. Hardworking staff were awarded in each department. The overall best worker was awarded to Ms. Mabel Ofori Okyerewaa, a Principal Enrolled Nurse. The various units' best workers were as follows;

- | | |
|---|----------------------------|
| 1. E.N.T / Mental Health /Eye | – Angelina Asamoah |
| 2. Emergency | – Alberta Nyarko |
| 3. O.P.D./ Public Health | – Catherine Mensah |
| 4. ANC | - Love Joyce Aidoo |
| 5. Maternity | - Gloria Amissah |
| 6. Female ward | – Lorreta Pokuah Barnieh |
| 7. Male Ward | - Sarah Buabeng |
| 8. Laboratory/Scan | – Stephen Adomako Amankwah |
| 9. Administration /Stores/ Estate/Procurement | - Larbi Linda |

10. Theatre	– Victoria Amadiok
11. Recovery	– Barbara Horlali Amegashie,
12. Counselling Unit	- Mabel Ofori Okyerewaa,
13. Health Information/ Records, IT	- Mavis Otoo
14. Pharmacy	– Tasala Abubakari
15. Kids ward	– Sophia Ntiamoah Kumi
16. Prescribers/ P.A	– Dr. Selorm Sedegah Kwame
17. Accounts/ NHIS/ Revenue /Audit	- Priscilla Esi Mensah
18. Reproductive and Child Health/ Nutrition	- Felicity Otoo
19. Laundry/ Orderly	- Isaac Oduro

8. Chaplaincy Activities: World Day of the Sick was celebrated as well as the St. Gregory Feast Celebration was also celebrated
9. Welfare Activities: Under the year under review, one meeting with staff were held.
10. Correspondences: A total of 724 letters were received at the end of the year. Dispatched letters totaled 623.

2.2 MANAGEMENT AND ADMINISTRATION

Currently, the hospital management structure is in compliance with the then National Catholic Health Services policy guide lines. Thus, the tripartite management system, comprising of the core management divided into support services- General Administration headed by the then Health Services Administrator, the Medical Administration headed by the Medical Director and the Nursing Administration headed by the Nurse Manager. The core managers are supported by the Chaplain and the expanded management members consisting of the Accountant and the Human Resources Manager and the Pharmacist.

2.3 STATUTORY AND ADHOC COMMITTEE

The facility institutionalized a total of sixteen (16) committees comprising of various Senior Staff Members of the hospital. The committees are the Data validation committee, chaplaincy, drug and therapeutic, entity tender, accreditation for horsemanship, entity tender, infrastructure, risk analysis and handling, community engagement, occupational health and safety, media and publicity, peer review, audit report and investigative committee, NHIS Vetting, star of the quarter and Evaluation committee.

2.4 DRUGS AND MEDICALS SUPPLIES SYSTEMS

The facility has an entity committee who meet quarterly to take review purchase and supply system for the hospital. Admittedly, the committee could not meet as planned in 2023. It could only manage 2 out of the 4 scheduled meetings. This was due to lack of commitment from committee members.

However, besides the PPP as the source for larger purchases of drugs and non-drugs, the hospital carried out registration of all supplier and artisans outside the PPP. When the user agent or the storekeepers originate a requisition, such requisition is submitted to The Medical Director or Administrator for review in case of drugs and non-drugs respectively. The requisition is then taken to management meeting for approval. Once approval is obtained, the procurement officer is instructed to source and purchase the items. On supply, such goods are jointly inspected by personnel from the pharmacy, stores, accounts, and security. If satisfied, the security does an entry into their books and endorse the invoice and passé the goods on to the appropriate store keeper for entry into store receipt vouchers. In the case of drugs, it entered into the software and a hard copy printed attached and forward to accounts for capturing into debtors' ledger.

3.4 STRATEGIC OBJECTIVES

Based on the achievement and challenges for 2022 including our SWOT analysis, the following were the set-out objectives of the hospital;

1. IMPROVE CUSTOMER CARE – Following up on clients, in-service training on customer care, communication & staff attitude and Pregnancy school and graduations among others.

2. IMPROVE THE AVAILABILITY OF HEALTH CARE & SUPPORT SERVICES EQUIPMENT

- Enhance partnership & collaboration
- Prioritize procurement - Identify strategic local & international partners
- Through hire purchase, buy equipment according to needs
- Plan Preventive maintenance. - Well document scheduled PPM for all equipment
- Outsource the services of biomedical engineers

3. IMPROVE THE PHYSICAL INFRASTRUCTURE

- Complete and operationalize X-ray
- ANC /Dispensary extension partition
- Re-roofing of OPD
- Continue construction of the new maternity block
- Pharmacy Annex
- Realignment of offices
- Extend revenue office
- Tilling of wards

- Partition of delivery suite
- Tilling of 2 hospital bungalow
- Solve the female ward corridor leakage

4. HUMAN RESOURCE DEVELOPMENT

- Sponsor qualify staff to pursue courses in approved areas
- Give assurance for the staff of approved areas for transfer in

5. EFFICIENT FINANCIAL MANAGEMENT

- Prepare a budget
- Prepare procurement plan
- Registration of non-PPP suppliers
- Outsource & register artisans
- Ensure the efficiency of the NHIS claims vetting
- Daily monitoring of income generation.

6. SUSTAINING THE EFFORT TO PROVIDE ACCESS TO QUALITY HEALTHCARE AND PROMOTION OF HEALTHIER LIFESTYLE TO CLIENTS

- Coordinate all clinics days and activities
- Special appointment clinic
- Ensure perfect functionality of all clinical & support services equipment.
- Daily health educational talks at OPD, RCH& ANC
- Sponsor all outreach program
- Organization of mobile clinic

REVIEW OF SWOT ANALYSIS

STRENGTH

1. Trainable staff
2. Availability of two specialists (O& G and senior specialist)
3. Relatively closer to Accra
4. Youthful staff
5. Vast land for expansion
6. Relatively, strong management team.

WEAKNESS

1. Inadequate/ lack Healthcare equipment – (of X-ray machine, beds, Beds side lockers baby cot, slip lamp incubators etc)
2. Inadequate/Inappropriate physical Infrastructure (wards, Administrative block, Eye, ENT units& staff Accommodation place for extemporaneous preparations etc)
4. Unsatisfactory clinical intervention (waiting times, emergency care, Poor customer care poor& staff attitude)
5. Financial management (income leakages, diversions, huge IGF salary)
6. Inadequate staff mix (prescribers, post opt, dental care nurses& pharmacy technologist)
7. unavailability of essential services – Dental, physiotherapy

OPPORTUNITIES

1. Proximity to Accra.
2. Currently serves as a major referral centre
3. Recruitment of specialist
4. Exponentially expanding town
5. Youthful staff

THREAT

1. Unhealthy lifestyle/ increasing non-communicable disease
2. Emerging major referral center
3. Impending demolition will affect clientele base
4. Too enclose with settlement
5. Unhealthy lifestyle/ increasing non-communicable disease
6. Emerging major referral center
7. Impending demolition will affect clientele base
8. Too enclosed with settlement
9. Frequent power outages and irregular water supply coupled with huge bills-increase fuel consumption
10. Security threats /unhealthy physical environment
11. Inadequate community involvement
12. Delay reimbursement from NHIS- huge indebtedness

ESTATE AND DEVELOPMENT

The department was established in 1st April, 2019 to coordinate and supervise maintenance and estate services in the facility. The department encompasses multiple disciplines to ensure functionality of built environment by integrating resources such as human resources, plant

(Machine), equipment and materials. The head of the department assists in managing human resources, material resources and process within its jurisdiction.

Main duties:

- Assist in the provision of technical supports on estate services.
- Assist in the procurement and management of civil works.
- Assist in the planning and implementation of preventive and corrective maintenance.

INFRASTRUCTURE DEVELOPMENT

- i. Continuation of Maternity Complex project: Casting of Oversite reinforced concrete and reinforced column(22Pillars)
- ii. Tiling of Main theatre and foyer, Maternity, female ward, Estate and cervical cancer unit.
- iii. Painting of Female ward, Maternity, Part of Laboratory, Cervical cancer unit, revenue collection point, Nurse Manager and Medical Director Office
- iv. Installation of new coloured CCTV cameras (seventeen-17pcs) to beef security in the hospital.
- v. Partition between beds in Emergency Ward to provide privacy for patients.
- vi. Re-roofing of OPD, and repair of leakage roofs at Consulting rooms, Medical Director Corridor, Medical Record, Female ward,
- vii. Booth for Vital Sign Check point at OPD using Aluco board and glass
- viii. Moulding and installation of Laboratory annex working table at Dental unit area. And shelves for non-consumable sales collection point
- ix. Creating of Dental Unit area/ and non-consumable sales collection point.
- x. Furnishing of Dr. Addo bungalow; set of sofa seat, cylinder and burner, tabletop fridge, bed and 32” television. The administrator and Nurse manager’s residence was furnished with Mattress, Table top fridge, 43” Samsung Television.
- xi. Quality of working areas were enhanced by maximizing daylighting, appropriate ventilation and moisture control in RCH (Nutrition office) after installation of new window.
- xii. Repairs, and replacement of plumbing fittings, were undertaken in almost all the units in the facility.
- xiii. Replacement of air conditioners at Main Pharmacy and Laboratory and new installation of air conditioners at Account office and Maternity delivery room as well relocation of

Air conditioner at covid room ac to conference room and conference room ac to Estate unit.

- xiv. Furnishing of rest room for Anaesthetist with bed and mattress (Their bank bed swapped with ER bed)
- xv. New wooden cabinet were constructed for Doctors' office and Anaesthetist office in theatre, Pharmacy store respectively and four-drawer metallic cabinet were procured for Nurse Manager.
- xvi. New Receptionist desk at dental area, writing desk and chairs for Nurse Manager, Eye unit, Chaplaincy office, Consulting room, Laboratory annex, were procured
- xvii. Fifteen (17) Nokia phones with registered Vodaphone sims were procured for all units to enhance communication in the facility.
- xviii. New Television for female ward annex, auditor office CCTV, Administrator's office for CCTV,
- xix. Renovation of Laboratory and Laundry by creating of additional doors.

MAINTENANCE AND ACQUISITION OF EQUIPMENT/ DEVICES

- i. Maintained all equipment through corrective and preventive servicing and continuous improvement process (CIP) on electrical works, plumbing works, metal works, and masonry and biomedical works, air conditioning and refrigeration system and fire safety system and printing and photocopiers servicing.
- ii. Maintenance work on reverse osmosis machine and water pump (Pedrollo), generator (1), air conditioners (48) and fire extinguishers (25) and fridge were serviced (3)
- iii. New oxygen concentrators, suction machine, foetal doppler, surgical instrument and other clinical equipment were obtained.
- iv. Donations were also received from other benevolent individuals, churches and organisations. Total donations from nine (9) donors equalled GH C87, 661.58 for drugs and non-drugs totalled GH C608,583.30 which was received from 14 donors.
 - Clinical equipment such as fetal heart dictator, stethoscope, glucometer, digital BP, digital thermometer by Legend Information Foundation

- Pulse oximeters, oxygen regulator, patient monitor, oxygen flow meter splitter and oxygen concentrator, stabilizers, automatic defibrillator and ultra sound by Regional medical store
- Bed sheet by CHST- GHANA

CREATION OF HEALTHY PHYSICAL ENVIRONMENT

- I. Assisted the unit in charge in ensuring safe, clean and pleasant working environment at all times.
- II. Appropriate pedals waste bins (small size -6 in numbers, and large size 6 in numbers) with black lining were procured into some of the consulting rooms and wards, OPD areas and around compound through the help of management.
- III. New Ornamental plants were donated to the hospital by Mr. Seidu Salifu and Winneba Parks and Gardens. These were planted in enhancing the aesthetic value of the compound.

SECTION 3

HUMAN RESOURCE MANAGEMENT

The human resource analysis plays an essential role in the management of the hospital and in achieving its objectives and goals. It is for managerial and administrative purposes and therefore will be mainly in use by management.

THE STAFFING NORM

This chosen category was based on the CHAG Staffing Norm for the categorization of hospitals. That's hospitals with the least staffing requirements who have maximum attendance of 48,903 – 76,308 for OPD and 4,685 – 6563 admissions per annum are classified as category B. Based on our statistics, our OPD attendance for 2023 is **76,861** and admissions are **6,237** which makes the hospital fall into category B. though the HRIMS placed us on A.

CADRES / GRADE	No. require	NO. AVAILABLE
Accountant	2	3
Accounts Officer	7	5
Administrative Manager	2	3
Artisan	10	0
Auditor	1	1
Biomedical Scientist	4	7
Biostatistics Assistant	11	7
Biostatistics Officer/HIO	2	2
Blood Bleeder	2	0
Blood Donor Organizer	2	0
Catering Officer	2	0
Certified Registered Anesthetist	3	3
Clinical Engineering Manager	1	0
Clinical Engineering Technologist	2	0
Clinical Psychologist	2	0
Community Health Nurse	7	23 (21)
Dental Technician	2	1
Dietician	2	1
Dispensing Assistant	5	14
Driver	2	2
Enrolled Nurse	42	68 (66)
Executive Officer	2	0
Field Technician	2	0
Finance Officer	3	5
Hospital Administrator	1	1
Hospital Orderly	13	14
Human Resource Manager	1	2
IT Manager	2	3
IT Officer	3	0
Laboratory Assistant	8	1
Labourer	5	1

Launderer	4	2
Medical Officer – Dental	2	0
Medical Officer - General Practitioner	7	11
Nutrition Officer	1	1
Nutrition Technical Officer	2	1
Optician	2	0
Optometrist	2	0
O&G		2
Physician specialist		1
Pharmacist	3	1
Pharmacy Technician	9	2
Physician Assistant (Medical)	3	5
Physician Assistant (COHO)	2	0
Physician Assistant (Herbal)	1	0
Physiotherapist	1	0
Physiotherapy Assistant	2	0
Private Secretary	2	0
Procurement Manager	1	2
Professional Midwife	29	41
Professional Nurse	64	64
Radiographer	3	1
Receptionist/Telephonist	2	1
Staff Cook	3	0
Supply Manager	1	1
Supply Officer	2	2
Technical Assistant(X-ray)	1	0
Technical Officer (Disease Control)	2	0
Technical Officer (Health Information)	2	1
Technical Officer (Health Promotion)	1	0
Technical Officer (Laboratory)	10	2
Transport Officer	2	0
ENT		1
Emergency Nurse		3
Pediatric Nurse		1
Ophthalmic		2
Critical Care Nurse		1
Health Educator		6

STAFF STRENGTH

The total number of permanent staff of the hospital as at the time of this analysis (31ST December, 2023) was 343 with nineteen (19) of the staff being on leave of absence. This excludes secondment staff (1), staff at the RCH (26), staff and national service personnel's (51) making the total staff strength of 421.

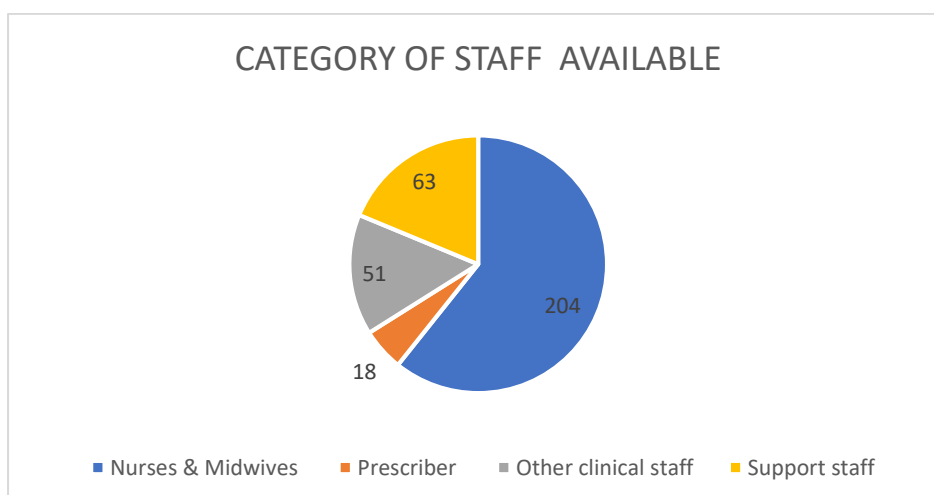
NUMERICAL STAFF CATEGORIZATION

CATEGORY OF STAFF	NUMBER AT POST	PERCENTAGE %
ACCOUNTANT	3	0.9
ACCOUNTS OFFICER	5	1.5
ADMINISTRATIVE MANAGER	3	0.9
BIOMEDICAL SCIENTIST	7	2.0
BIostatISTICS ASSISTANT	2	0.6
COMMUNITY HEALTH NURSE	24	7.0
DISPENSING ASSISTANT	14	4.1
DRIVER	2	0.6
ENROLLED NURSE	67	19.5
ESTATE MANAGER	1	0.3
FINANCE OFFICER	6	1.7
HEALTH ASSISTANT	9	2.6
HEALTH EDUCATOR	5	1.5
HEALTH INFORMATION OFFICER	1	0.3
HOSPITAL ADMINISTRATOR	1	0.3
HOSPITAL ORDERLY	14	4.1
HUMAN RESOURCE MANAGER	2	0.6
IT MANAGER	3	0.9
LABORATORY ASSISTANT	1	0.3
LABOURER	1	0.3
LAUNDRYMAN/WOMAN	1	0.3
MEDICAL OFFICER	10	2.9
O&G	2	0.6
INTERNAL MEDICINE	1	0.3
ENT NURSE	1	0.3
EMERGENCY NURSE	3	0.9
PERI-OPERATIVE NURSE	1	0.3
OPHTHALMIC NURSE	2	0.6
PAEDIATRICS NURSE	1	0.3
CRITICAL CARE NURSE	1	0.3
PHARMACIST	1	0.3
PHARMACY TECHNICIAN	2	0.6
PHYSICIAN ASSISTANT	5	1.5
NURSE ANESTHETIST	3	0.9
PROCUREMENT MANAGER	2	0.6
RADIOGRAPHER	1	0.3

RECORDS ASSISTANT	5	1.5
REGISTERED COMM. NURSE	1	0.3
SECURITY GUARD	1	0.3
SONOGRAPHER	2	0.6
MIDWIFES	39	11.4
PROFESSIONAL NURSE	60	18.4
Psychiatric nurse	3	0.9
STOREKEEPER	1	0.3
FRONT DESK OFFICER	1	0.3
SUPPLY MANAGER	1	0.3
SUPPLY OFFICER	2	0.6
TECH. OFFICER-NUTRITION	1	0.3
DENTAL TECHNICIAN	1	0.3
TECHNICAL OFFICER	2	0.9
TECHNICAL OFFICER (BIOSTATISTICS/HEALTH INFORMATION/DISEASE CONTROL)	1	1.5
NUTRITION OFFICER	1	0.9
TECHNICAL OFFICER (LAB)	2	2.0
GRAND TOTAL	343	100

NO.	CATEGORY OF STAFF	TOTAL NUMBER
1	Nurses & Midwives	204
2	Prescriber	18
3	Other clinical staff	51
4	Support staff	63

Graphical presentation of categorize staff available



ALTERATIONS/STAFF MOVEMENT;

TYPE	NUMBER
Transfer Out	10
Transfer In	10
Retirement	1
New Entrant	19
Leave of Absence	19
Death	0
Resumption from leave of absence	0
Resignation	2
Vacation of post	5
Dismissal	0
Opening release	0

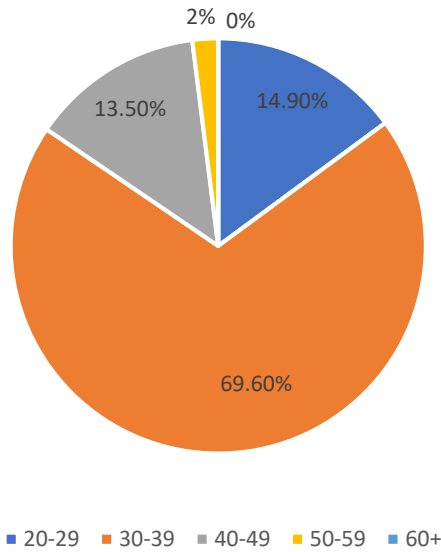
AGE DISTRIBUTION

The work force of the hospital is generally youthful having the larger age group between the ages of 30-39 which constitute 69.6%. Total number of females is 266 and males are 77. This means that we have more staff who are in their reproductive stage and so will be more maternity leaves and the likes.

NUMERICAL AGE DISTRIBUTION

AGE GROUP	NO. OF STAFF	PERCENTAGE %
20-29	51	14.9
30-39	238	69.6
40-49	46	13.5
50-59	7	2.0
60 above	0	0.0

PERCENTAGE OF NUMERICAL AGE DISTRIBUTION



GENDER

GENDER	NUMBER OF STAFF	PERCENTAGE %
FEMALE	266	77.6
MALE	77	22.4
TOTAL	343	100

LENGTH OF SERVICE

LENGTH OF SERVICE (YEAR)	NO. OF STAFF	PERCENTAGE %
0-5	157	45.8
6-10	119	34.7
11-15	60	17.5
16-20	7	2.0
OVER 20	0	0.0
TOTAL	343	100

MECHANIZE

MECHANIZE	NUMBER OF STAFF	PERCENTAGE %	NON-MECHANIZE	NUMBER OF STAFF	PERCENTAGE %
	300	87.5		43	12.5

ASSUMPTIONS FOR 2024

The recent issues of migration of health worker to the European countries for greener pasture is having effect on the Ghana health sector of which St. Gregory Catholic Hospital is having its share. This has led to the increase in leave of absence, vacation of post and resignation of staff leading to losses of skilled staff.

NEEDS FOR 2024

Important areas that need to be strengthened are specialist nurse (peri-operative, Critical Care, Pediatric, and Public Health Nurses), Physician Assistants (2), Medical Officer (2), Dentist (1), Lab. Technicians/Biomedical Scientist (3), Biostatistics Officer/HI (1), Pharmacy Technicians (1), Artisans (4) RGN (8), orderlies and Midwives.

REASONS

The recent issues of migration of health worker to the European countries for greener pasture is having effect on the Ghana health sector of which St. Gregory Catholic Hospital is having its share. This has led to the increase in leave of absence, vacation of post and resignation of staff leading to losses of skilled staff.

Also, in addition to those already in school or study leave approvals, fourteen (14) staff was given approval to further their education in the 2023 academic year of which six (6) are on full time while the other eight (8) are part time. Added to these new approvals, six (6) staff are already on study leave.

Last but not the least, due to the youthful nature of our staff (reproductive age) there is a lot of maternity leaves which reduces the actual number at post. These in effect reduce our staff strength which will require replacement.

STRATEGIES

Lobby for postings of critical staff, giving assurance for transfer in, staff motivation and granting of study leave to staff to pursue specialized programs.

PROMOTIONS / UPGRADING/ CONVERSION

Thirty-two (32) staff were promoted to their various senior grades and five (5) were upgraded to a higher grade after successful completion of approved programs.

STAFF TRAINING AND DEVELOPMENT

The Human Resource Continuous Training and Development Unit of the Hospital is dedicated to empowering employees to become highly skilled and competitive workforce. In 2023, the unit offered a number of training programs from 2022 training needs assessment.

All newly posted staff and transfer staff to the hospital within the year were also fully oriented before they were assigned to their respective unit. Six (6) orientation were organized in 2023. We have successfully conducted eight (8) in-service training (topics) with total participants of Eight hundred and forty three (843).

The table below shows in-service training conducted, targeted staff and number participants:

NO	Training Topics	Target Staff	Participants
----	-----------------	--------------	--------------

1	Substance abuse	All staff	219
2	Safe motherhood and lifesaving skill	All Midwives	26
3	Stigma and discrimination on HIV/TB	All Staff	250
4	New born jaundice	All staff	106
5	Vita sign and basic life support	All nurse and midwife	208
6	Performance appraisal	HODs and deputy	34

On the issue of study leaves, one medical officer, two anesthetist and an ENT nurse will resume work from school in 2024, another five staff also completed their national service in December 2023.

Approvals for the 2023/2024 academic year is yet to be given.

INTERVIEWS ORGANIZED

A total of nine (9) interviews were organized in 2023. These comprises; Promotion 3, Appointment 2, study leave approval 1 and star of the quarter 3

DISCIPLINARY ISSUES

One (1) investigating committee was set, eighteen (18) queries were issued, two (2) warning letters given and one (1) staff allowance was suspended.

AWARDS (STAR OF THE QUARTER AND END OF YEAR AWARDS)

Four-member committee was instituted by management to spearhead this activity of selecting deserving staff for the award.

Criteria for selection was based on CHST Eligibility Criteria for Merit Awards. A checklist was designed for departments and units based on the criteria.

WINNERS AND REWARDS GIVEN

At the end of year, the following were the winners for each quarter.

STAR OF THE QUARTER	WINNER	RUNNER UP
1 ST QUARTER	Mr. Charles Takyi-Ansah	Ms. Mabel Ofori Kyerewah
2 ND QUARTER	Mrs. Faustina Obeng Danquah	Ms. Mabel Ofori Kyerewah
3 RD QUARTER	Mr. Pierrila Koranteng	Alberta Nyarkoh
4 TH QUARTER (Overall Best Worker)	Ms. Mabel Ofori Kyerewah	Alberta Nyarkoh

1. Each winner of the quarter was awarded with a cash prize of **Five Hundred Ghana Cedis (Gh¢500.00)**

2. A picture frame of the winner was hanged at the OPD and the frame was given to the winners at the end of each quarter.
3. All unit best worker for the year were given 2 yards of the CHST cloth and certificate
4. The Overall Best Worker was given a table top fridge, a certificate and 2 yards CHST cloth in addition to the Picture frame.

SECTION 4

4.1 PERFORMANCE NARRATIVES

Out Patient Department: The facility recorded a total of 76,861 clients representing an increase of 11.91% over the previous year. Out of this number, 8,465 representing 11.01% were new attendance while that of re-attendance was 68,396 representing 88.99%. In terms of age, 12.69% (9,756) were under 5 clients while the remaining **87.31% (67,105)** were above 5 clients. In all, a total of 79.14% of all attendance were NHIS holders as against last year's percentage of 77.29%. A total percentage of 91.55% of these were attending for the second time.

The top causes of O.P.D morbidity recorded was Malaria with 4,626 cases followed by Pregnancy-Related Complications, Urinary Tract Infection, Upper Respiratory Tract Infection and Typhoid. The emerging five OPD morbidity cases are Stroke, R.T.A, Vaginal Discharge, Kidney related diseases, and Diabetes Mellitus.

Admissions: The total admissions of the facility increased from 6,770 to 7,227 clients representing 6.75% compared to the previous year. 83.35% of the total admission were insured and 16.65% were non-insured clients. Malaria is the top cause of inpatient admission followed by Anaemia, Enteric fever, Hypertension and Diarrhoea etc. The least of the 15 causes of inpatient morbidity were Gastritis and stroke.

The hospital recorded a total death of 80 which is 11.11% increase from 72 of last year. The highest cause of death within the facility was Pulmonary Embolism (17) being the highest, followed by Severe Birth Asphyxia (10), Aspiration pneumonia (9), Sudden Cardiac Arrest (7) Multiple Organ failure (6). Brought In Dead (BID) or Coroner's cases decreased from 290 to 248 representing 14.48 % as compared to last year.

A total of 64 beds were available for admission for the year 2023. By the end of the year, 6,770 clients were admitted, out of which 6,279 discharges were done.

The highest bed occupancy was in the Maternity Ward with 78.84%. The least utilized beds were at the male ward with 65.34% which is uneconomical because it is underutilized. The average bed occupancy for the year was 72.63%, with an average daily occupancy of 47%. The average length of stay was 2.54 days, the highest being that of kid's ward with 3.08 days.

The turnover per bed (TOPB) was 105 clients. Maternity had the most TOPB with 138 clients and 85 clients for the kid's ward making it the least for the year 2023.

Safe Motherhood: A total of 10,230 clients attended Antenatal care at the facility for the year under review being a decrease of 0.58% of last year which recorded 10,290 clients. Out of the total attendance, 17.09% were Registrants while 82.91% contributed to the re-attendance.

Supervised delivery including caesarean section increased from 1997 to 2103 representing 5.71%. PNC recorded a decrease of 13.06 % that is from 2941 to 1997 as compared to last year. The facility recorded an increase of 2.08% in caesarean section under the year in review from 915 clients to 934 clients. Still birth macerated increased by 8.33% from 24 to 26 compared to the previous year. Still birth Fresh had an increase percentage of 75% from 8 to 14 compared to the previous year. Maternal Mortality was 94.94 per 100,00 live births

Theatre: A total of 1338 surgeries being 83.03% of the previous year of 1111 surgeries were conducted under the year in review.

HIV/TB: Total number of clients who received pre-test counselling was reduced from 819 to 677 representing 17.34% reduction. Total clients screened for TB reduced from 247 to 224 representing a decrease of 9.31%. ART cases saw a decrease of 16.67 % from 126 to 105. Clients currently on ARV's was increased by 8.89 % from 513 to 833. Death recorded was 6 as compared to 4 in the last year.

Scan Services: Total scan for the year totaled 7464 representing an increase of 6.39% from the previous year of 7016. ECG increased by 67.10% from 386 to 645 cases.

X-ray services: A total of 116 X - rays were conducted in January, since the machine got faulty.

Cervical Cancer: No HPV testing was done for clients. 73 Pap Smear were done for client as against 80 for last year. A total of 990 women were screened in the breast as against 84 women who were screened last year. Visual Inspection with Acetic Acid was done for 228 clients as against 215 clients for last year.

Pharmacy: Main Dispensary attendance increased by 2% from 44,942 to 45, 841 clients. Dispensary annex attendance totaled 3217 which is an increase of 8.17 % from last year of 2974 clients. Inpatient dispensary attendance totaled 11018 being 93.3% increase from last year attendance of 5700. clients. ANC dispensary attendance totaled 4469 being a decrease of 9.02% of last year attendance of 4912

Emergency Services: Total emergencies seen at the facility increased from 3907 to 5196 representing 32.99%. of last year records. Referrals out were 217 representing 22.6 % increased last year. Referral In also increased by 35.22% from 247 to 334.

Referrals: The facility received a total of 1201 referred in cases against 531 referrals out of the facility in the year under review. The referral in is 53.5% increment from the previous while the referral out reduced by -0.38%.

Recovery Ward: Recovery attended to 1067 clients being an increase 3.49% over last year 1031 clients.

Laboratory Services: Total number of patients seen by the laboratory has reduced by 3,230 clients in comparison with the previous year representing 5.90% for the general OPD. The inpatient attended increased by 41 (0.40%) compared to the previous year, while the under five patients reduced by 8465 (9.08%).

Child Welfare Services: The various vaccinations saw an increase as compared to previous year. The reductions were in OPVO, ROTA1, ROTA2, ROTA3 with 27.82,4.94,2.05,4.09% respectively. 5.11%.

Eye Nose and Throat: The facility saw an increase client of 40.30% from 985 attendants last year to 1382 attendants

Eye Services: Total attendants at the eye unit had an increase from 1252 to 1437 representing 14.78% over last year.

Mental Health: The highest reported case of mental health for the year under review was Mental disorders not specified of 81 cases, followed by Depression, Epilepsy, Schizophrenia schizotypal and delusional disorders, and Epilepsy due to other psychoactive substance use. The client attendance for the year 2023 has seen an increase in comparison with 2022. Two (2) clients were admitted while 205 new cases were recorded and 234 clients visited on voluntary treatment. Eleven (11) clients attempted suicide as compared to one (1) client in the previous year.

COVID 19

Total suspected cases for 2023 was 21 representing a decrease of 68.80 % as against last year figure of 107 clients. Confirmed positive cases reduced by 79.92% from 65 to 15 cases. Total death encountered reduced from 5 clients to 1 client representing a decrease of 80%

SERVICE DELIVERY

OUTPATIENT DEPARTMENT

Table 1: OPD Attendance

	Year 2019	Year 2020	Year 2021	Year-- 2022	Year- 2023	Percentage
January	5578	5842	5227	4874	6126	25.69
February	5180	5418	4946	5142	6172	20.03
March	5640	5522	5203	5965	6672	11.85
April	5632	3823	5086	5234	6248	19.37
May	5850	3758	5664	5842	6811	16.59
June	5744	4584	6028	6998	6300	-9.97
July	6683	4052	6446	5608	6756	20.47
August	5570	4644	6043	5632	6998	24.25
September	5499	4155	5566	5424	6371	17.46
October	7019	4886	5831	6162	6628	7.56
November	6760	5458	6063	5983	6147	2.74
December	5624	5384	5961	5820	5632	-3.23
Total	70779	57526	68064	68684	76861	11.91

Table 1 above shows the OPD attendance for the period under review. The facility recorded a total of 76,861 representing an increase of 11.91% (representing 8,177 attendance increase) over the previous year. January recorded the highest increment with 25.69% followed by August, July and February with 24.25%, 20.47% and 20.03% respectively.

The highest decrease (loss) occurred in June with 9.97%, followed by December with a decrease of 3.23%.

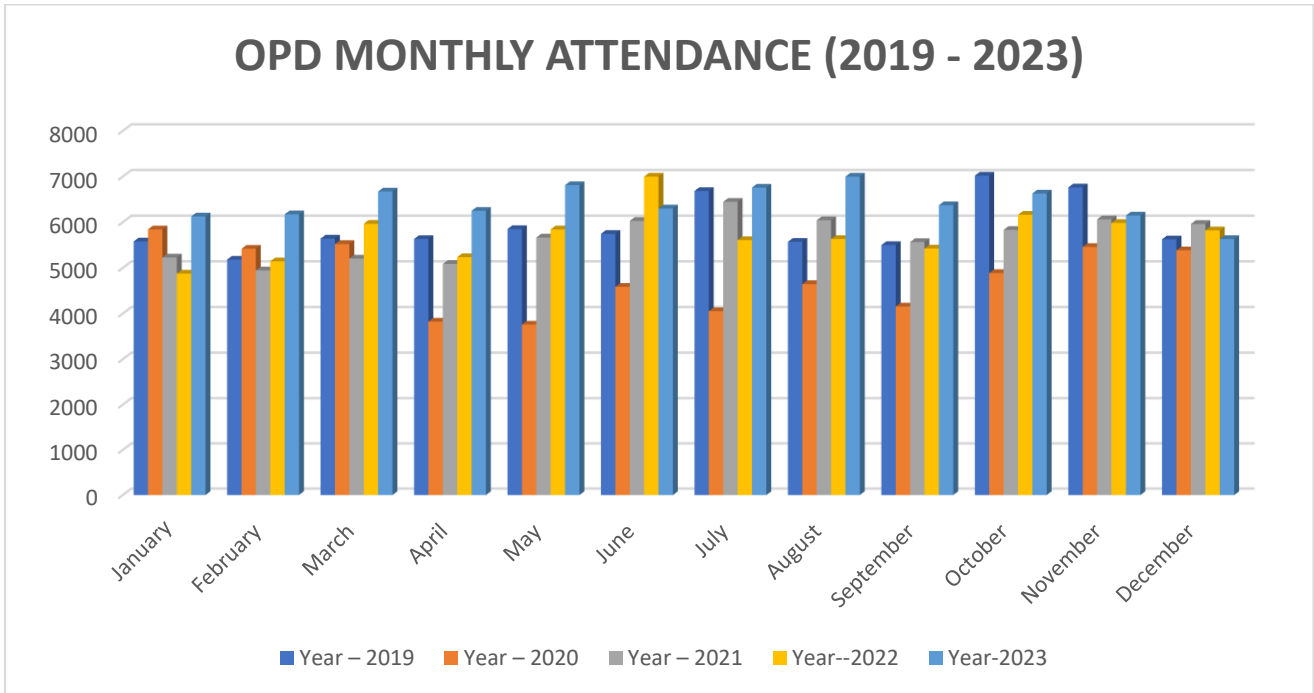


Fig. 1: Monthly OPD Attendance (2019 – 2023)

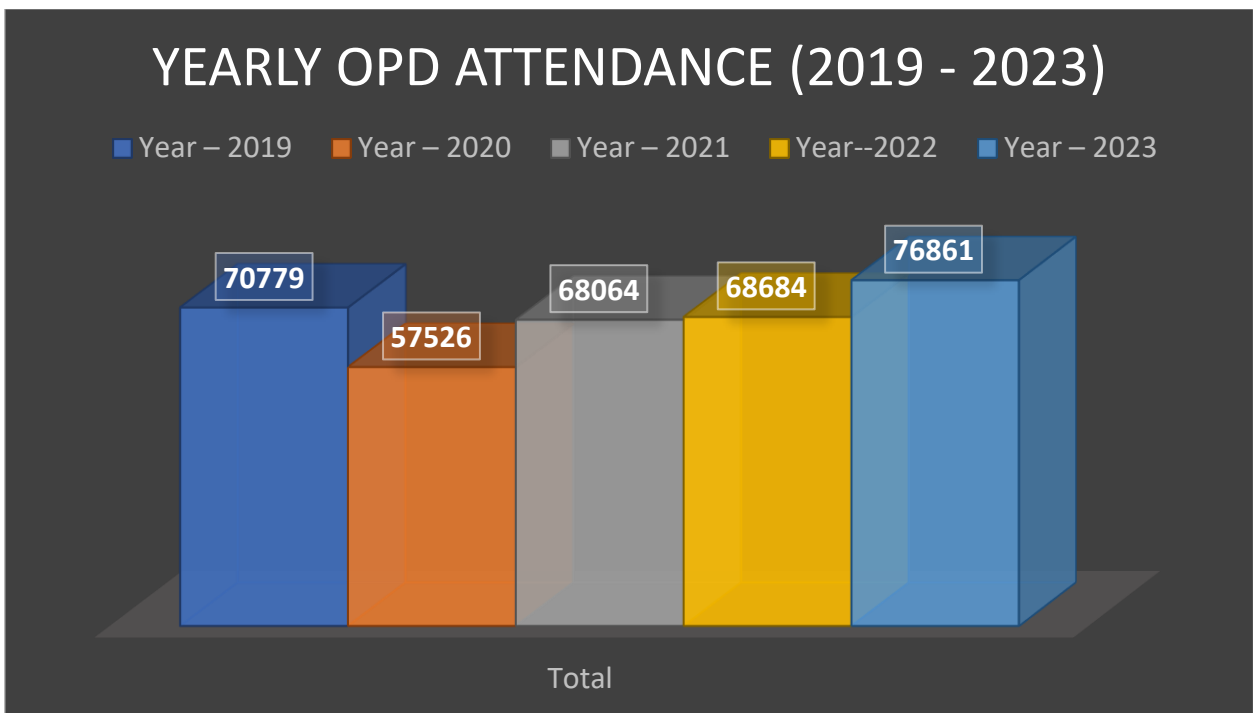


Fig. 2: Yearly OPD attendance (2019 – 2023)

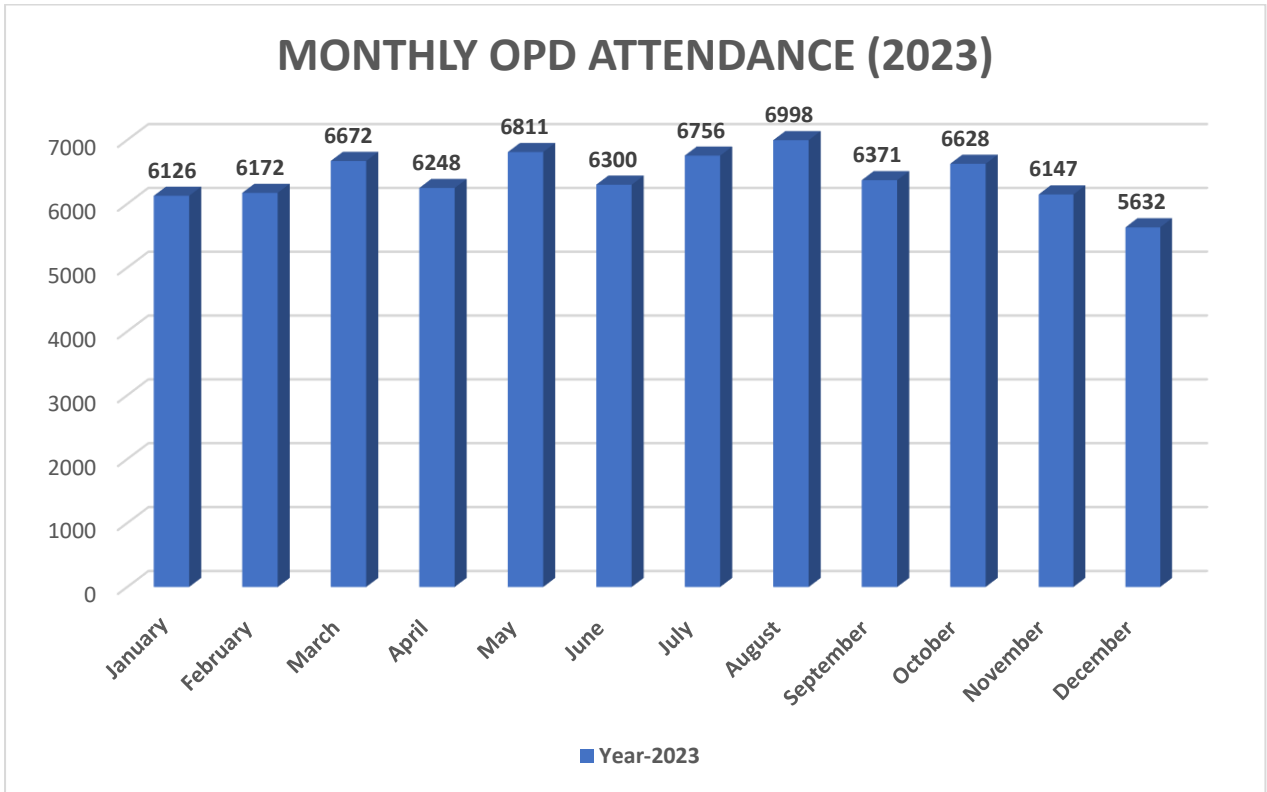


Fig. 3: Monthly OPD attendance (2023)

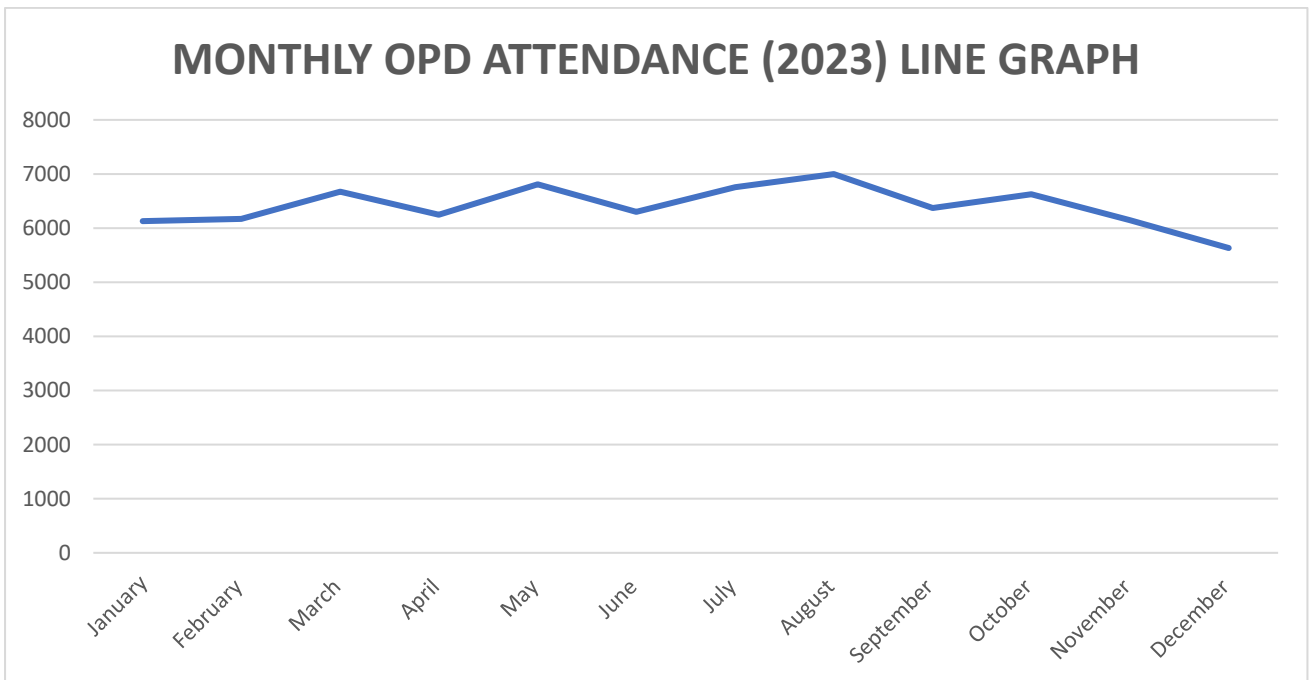


Fig. 4: Monthly LINE GRAPH of OPD attendance (2023)

Table 2: Mode of Attendance (OPD)

INDICATOR	YEAR – 2022			YEAR – 2023		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
TOTAL ATTENDANCE	17145	51539	68684	20204	56657	76861
TOTAL NEW ATTENDANCE	3276	5529	8805	3088	5377	8465
TOTAL RE-ATTENDANCE (OLD)	13869	46010	59879	17116	51280	68396
TOTAL INSURED ATTENDANCE	10720	42371	53091	13580	47248	60828
TOTAL NON-INSURED ATTENDANCE	6425	9168	15593	6624	9409	16033
TOTAL NEW ATTENDANCE (INSURED)	1699	3578	5277	1681	3462	5143
TOTAL RE-ATTENDANCE (INSURED)	9021	38793	47814	11899	43786	55685
TOTAL NEW ATTENDANCE (NON-INSURED)	1577	1951	3528	1407	1915	3322
TOTAL RE-ATTENDANCE (NON-INSURED)	4848	7217	12065	5217	7494	12711

As displayed in table 2 above, a total of **76,861** attendances were recorded. Out of this number, **8,465** representing **11.01%** were new while that of re-attendances were **68,396** representing **89.09%**. In terms of age, **12.69%** (**9756**) were under 5 clients while the remaining **87.31%** (**67,105**) were above 5 clients. In all, a total of **79.14%** of all attendance were NHIS holders as against last year's percentage of **77.29%**. A total percentage of 91.55% of these were attending for the second time.

Table 3: Top Causes of OPD Morbidity

DISEASES-2021	NUM.	DISEASES-2022	NUM.	DISEASES-2023	NUM
MALARIA	4106	MALARIA	5722	MALARIA	4626
RHEUMATISM AND OTHER JOINT PAINS	2090	PREGNANCY & RELATED COMPLICATIONS	2293	PREGNANCY RELATED COMPLICATIONS	2257
PREGNANCY RELATED COMPLICATIONS	1891	TYPHOID/ENTERIC FEVER	2040	URINARY TRACT INFECTIONS	2066
URINARY TRACT INFECTION	1739	UPPER RESPIRATORY TRACT INFECTION	1751	UPPER RESPIRATORY TRACT INFECTION	2057
TYPHOID FEVER	1531	RHEUMATISM AND OTHER JOINTS PAINS	1742	TYPHOID FEVER	1754
URINARY TRACT INFECTION	1485	URINARY TRACT INFECTION	1528	RHEUMATISM AND JOINT PAINS	1673
ANAEMIA	1433	ANAEMIA	1178	GYNECOLOGICAL CONDITIONS	1333
PNEUMONIA	1309	DIRRHOEA DISEASES	1166	DIARRHEA DISEASE	1244
SEPTICEAMIA	1298	GYNAECOLOGICAL CONDITIONS	1090	ANAEMIA	1224
GYNAECOLOGICAL CONDITIONS	1196	SEPTICEAMIA	818	GASTRITIS	879
DIARRHOEA DISEASE	1137	PNEUMONIA	732	PNEUMONIA	743
SKIN DISEASE	623	SKIN DISEASES & ULCERS	705	SEPTICEMIA	722
ULCERS	454	ANAEMIA IN PREGNANCY	373	SKIN DISEASES	694
CARDIAC DISEASE	332	SICKLE CELL DISEASES	295	ULCERS	427
ROAD TRAFIC ACCIDENT	264	CARDIAC DISEASES	295	ANEMIA IN PREGNANCY	405
STROKE	261	STROKE/CVA	291	PEPTIC ULCER DISEASE	320

ASTHMA	230	ASTHMA	255	CARDIAC DISEASES	312
VAGINA DISCHARGE	224	ROAD TRAFFIC ACCIDENT	182	ASTHMA	312
ANAEMIA IN PREGNANCY	223	VAGINAL DISCHARGE	182	HYPERTENSION NEW	300
SICKLE CELL DISEASE	218	OTHER DISEASES OF THE FEMALE REPRODUCTIVE SYSTEM	176	SICKLE CELL DISEASE	299
EMERGING DIAGNOSIS					
HYPERTENSION	159	DIABETES MELLITUS	152	STROKE	282
PROSTATE CANCER	155	KIDNEY RELATED DISEASES	150	RTA	254
INTESTINAL WORM	133	HIV/AIDS AND RELATED CONDITIONS	138	VAGINAL DISCHARGE	246
HIV RELATED CONDITIONS	131	PROSTATE CANCER	126	KIDNEY RELATED DISEASE	141
OTHER ORAL CONDITIONS	112	HYPERTENSION	110	DIABETES NEW	127
		LIVER DISEASES	93	PROSTATE CANCER	123
		VIRAL HEPATITIS	73	CHICKEN POX	113
		OTHER DISEASES OF THE MALE REPRODUCTIVE SYSTEM	72	LIVER DISEASE	101

From table 3, the top causes of OPD morbidity was Malaria with 4,626 cases followed by Pregnancy-Related Complications, urinary tract infections, upper respiratory tract infection and typhoid fever as the top five (5). The emerging five OPD morbidity cases are Stroke, Road traffic accident, Vaginal discharge, Kidney related disease and Diabetes Mellitus comparing the previous year.

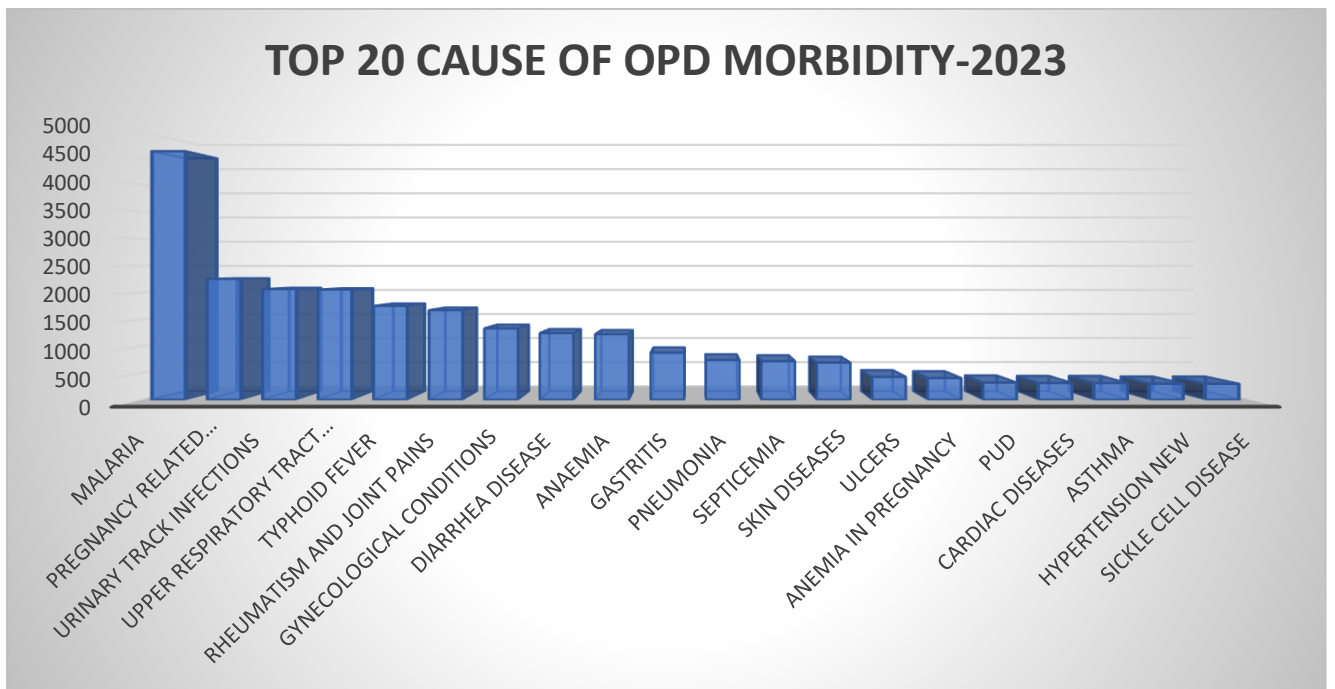


Fig. 5: Top 20 causes of morbidity 2023

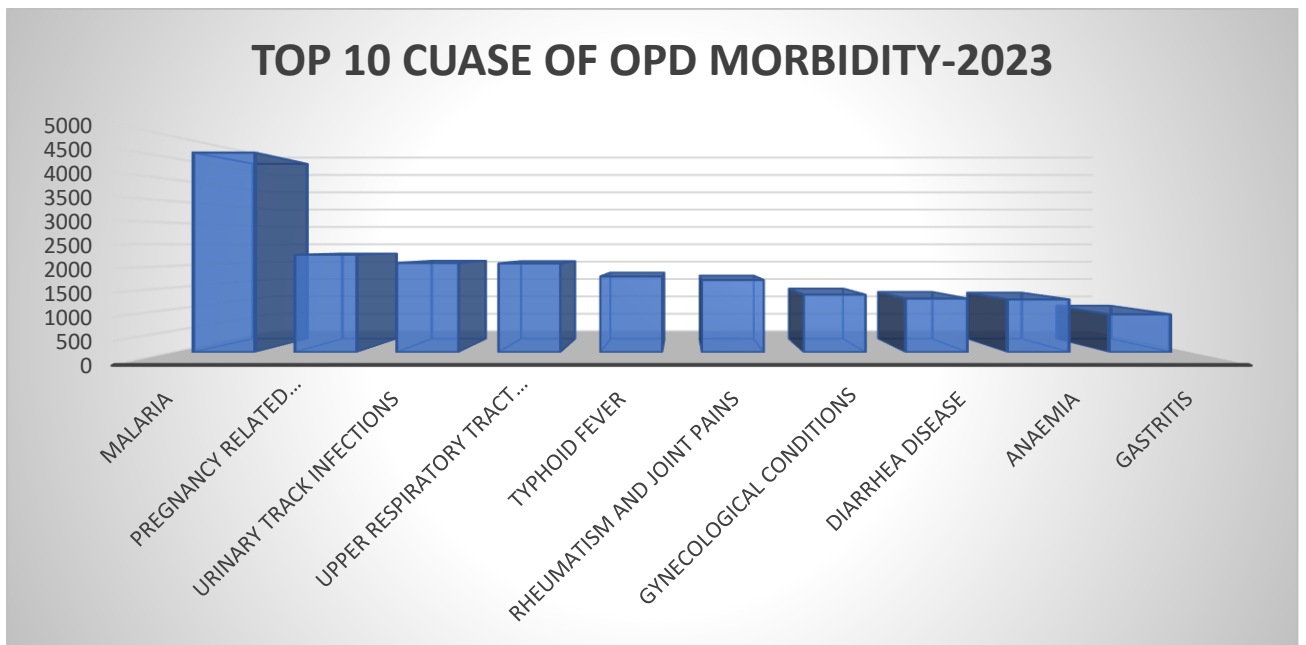


Fig. 6: Top 10 causes of morbidity 2023

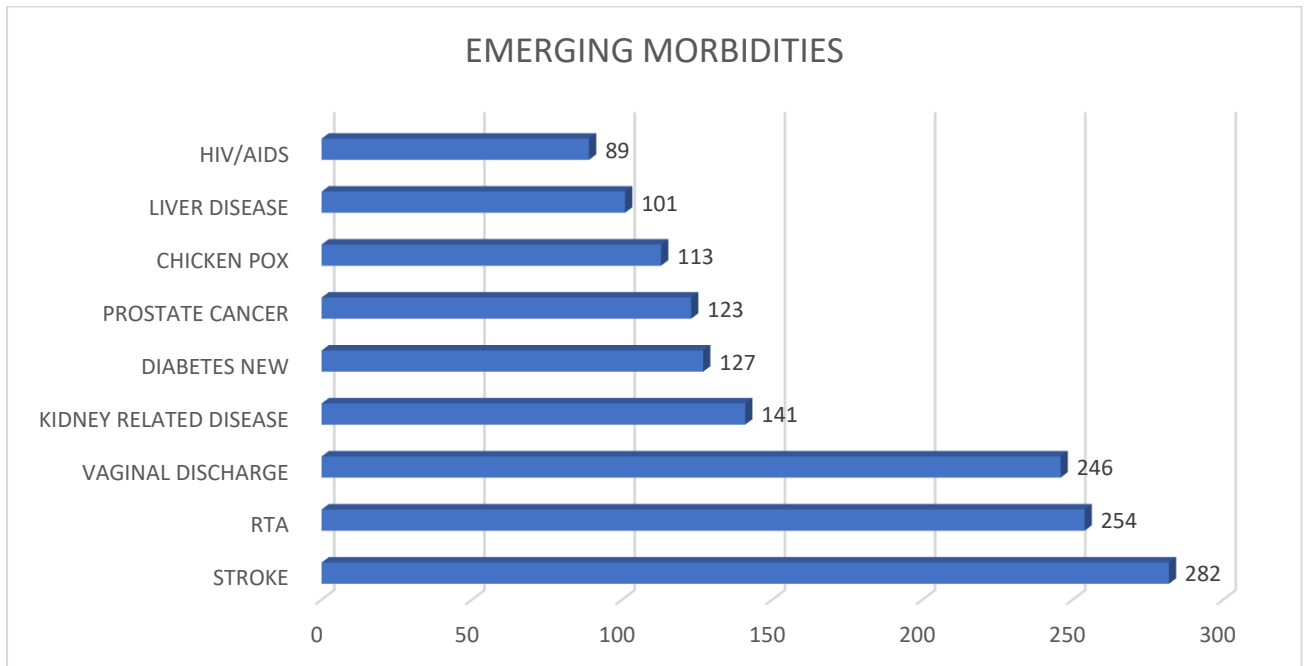


Fig. 7: Emerging Morbidities/diseases 2023

INPATIENTS/ADMISSIONS

Table 4: Admission (Inpatient)

INDICATORS	Year-2020	Year-2021	Year-2022	Year-2023	PERC.
TOTAL ADMISSIONS	6050	6828	6770	7227	6.75
INSURED ADMISSIONS	4928	5444	5659	6024	6.45
NON-INSURED ADMISSIONS	1122	1184	1111	1203	8.28
INSURED DEATHS	48	53	34	49	44.12
NON-INSURED DEATHS	34	57	38	31	-18.42
TOTAL DEATH	82	110	72	80	11.11
BIDs(Coroner's case)	239	310	290	248	-14.48

The total admission of the facility increased by 6.75% compared to the previous year. Compared with the previous year, 83.35% was insured and 16.65% were non-insured clients. The hospital recorded a total death of 80 giving a 11.11% increase compared to the previous year. Brought in Dead (BID) or Coroner's decreased by 14.48%.

Table 5: Admissions/Inpatient

MONTH	YEAR-2019	YEAR-2020	Year-2021	Year-2022	Year-2023	PERC.
JANUARY	543	587	530	471	601	27.60
FEBRUARY	444	535	478	507	581	14.60
MARCH	526	581	548	591	646	9.31
APRIL	593	510	609	527	599	13.66
MAY	657	535	578	595	622	4.54
JUNE	549	516	559	607	635	4.61
JULY	614	499	561	580	637	9.83
AUGUST	532	422	582	546	626	14.65
SEPTEMBER	512	369	510	529	582	10.02
OCTOBER	551	447	548	607	606	-0.16
NOVEMBER	555	503	557	597	540	-9.55
DECEMBER	516	546	568	613	552	-9.95
TOTAL	6,592	6050	6828	6770	7227	6.75

January witnessed the highest increase in admission followed by August, February, April, September, July, March, June and May with 27.60%, 14.65%, 14.60%, 13.66%, 10.02%, 9.83%, 9.31%, 4.61% and 4.54% respectively. Decreased occurred in October, November and December having 0.16%, 9.55% and 9.95%. However, there was an increase of 6.75% of the total admission of the year.

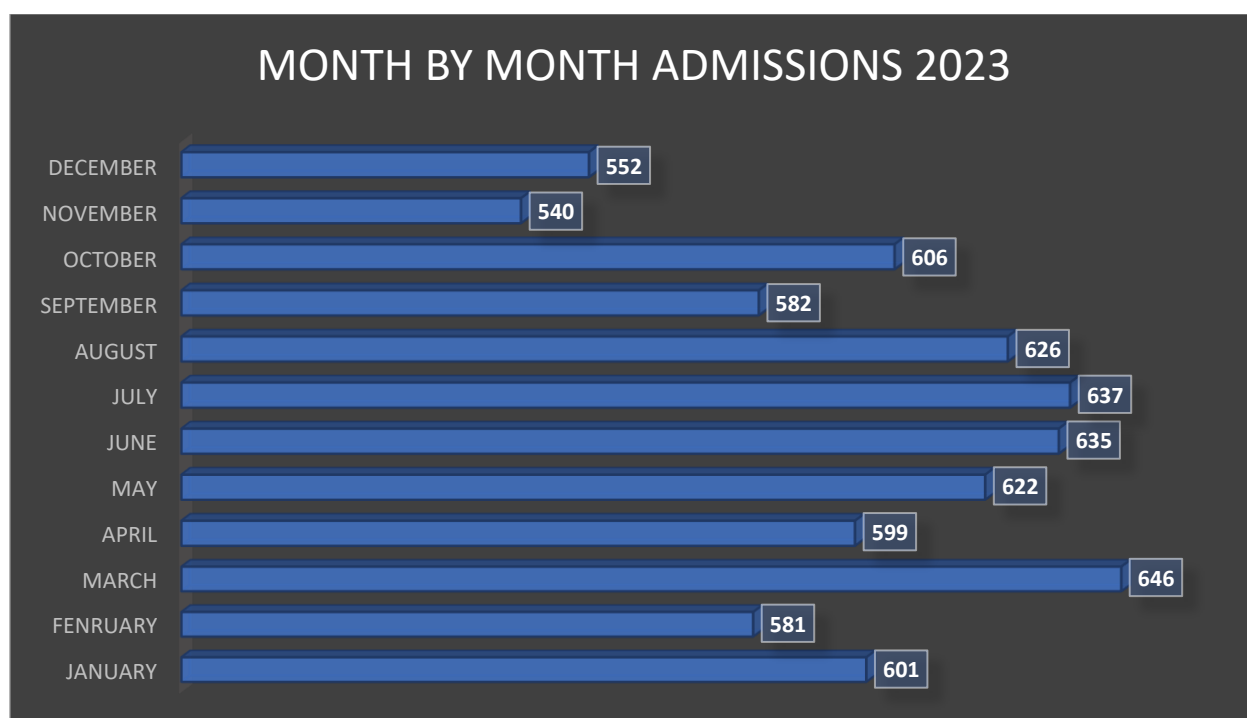


Fig. 8: Monthly admission (2023)

Table 6: Top Cause of Inpatient/Admission Morbidity

DIAGNOSES-2021	NUM.	DIAGNOSES-2022	NUM.	DIAGNOSIS-2023	NUM
MALARIA	536	MALARIA	590	MALARIA	780
ANAEMIA	473	ANAEMIA	433	ANEMIA	419
SEPTICEMIA	287	STROKE (CVA)	400	ENTERIC FEVER	324
DIARRHOEA DISEASES	271	SICKLE CELL DISEASES	280	HYPERTENSION	261
HYPERTENSION	238	SEPTICAEMIA	231	DIARRHOEA DISEASE	240
PNEUMONIA	232	GYNAECOLOGICAL CONDITIONS	223	SEPTICAEMIA	222
DIABETES MELLITUS	172	URINARY TRACT INFECTION	205	PNEUMONIA	215
GYAENACOLOGICAL CONDITIONS	169	DIABETES MELLITUS	190	URINARY TRACT INFECTION	208
SEVERE BIRTH ASPHYXIA	153	DIARRHOEA DISEASES	184	DIABETES	174
NEONATAL SEPSIS	144	TYPHOID/ENTERIC FEVER	159	SICKLE CELL DISEASE	117
URINARY TRACT INFECTIONS	142	PNEUMONIA	158	NEONATAL SEPSIS	114
SICKLE CELL DISEASES	117	HIV/AIDS	138	SEVERE BIRTH ASPHYXIA	110
STROKE	115	SEPSIS	138	GYANAENECOLOGICAL CONDITIONS	103
TYPHOID/ENTERIC FEVER	69	UPPER RESPIRATORY TRACT INFECTION	128	STROKE	95
HIV/AIDS	45	PREGNANCY AND RELATED COMPLICATIONS	127	GASTRITIS	85

The table above described the top causes of inpatient morbidity in which Malaria is the top cause followed by Anaemia, Enteric fever, Hypertension, etc. The least of the 15 causes of inpatient morbidity is Gastritis.

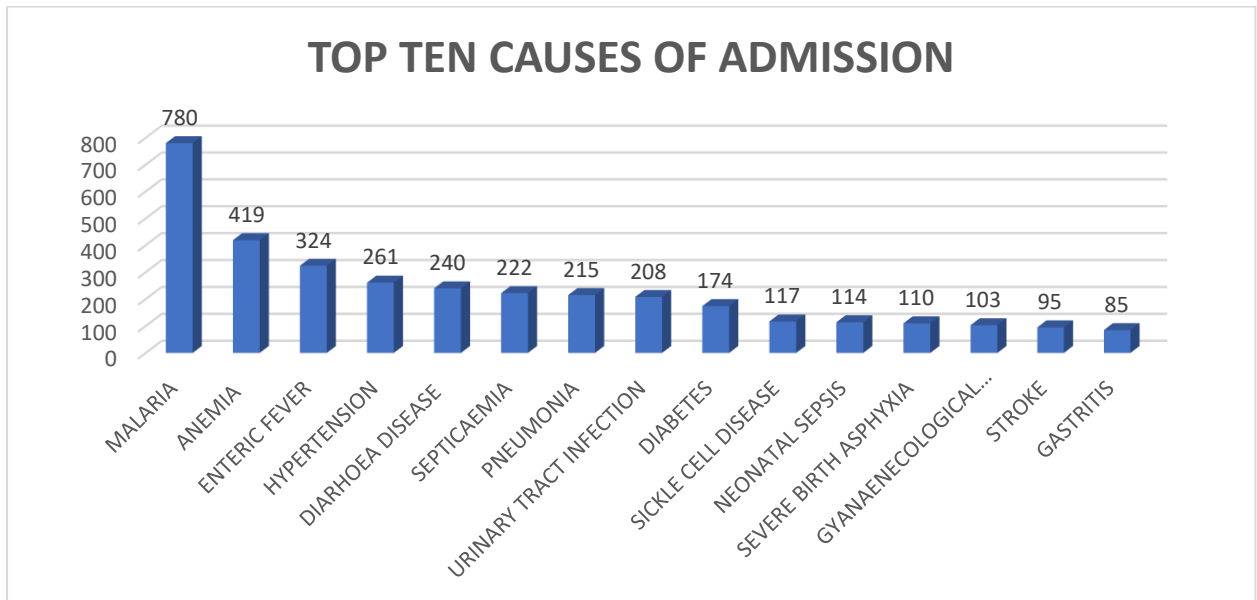


Fig. 9: Top 10 causes of admission 2023

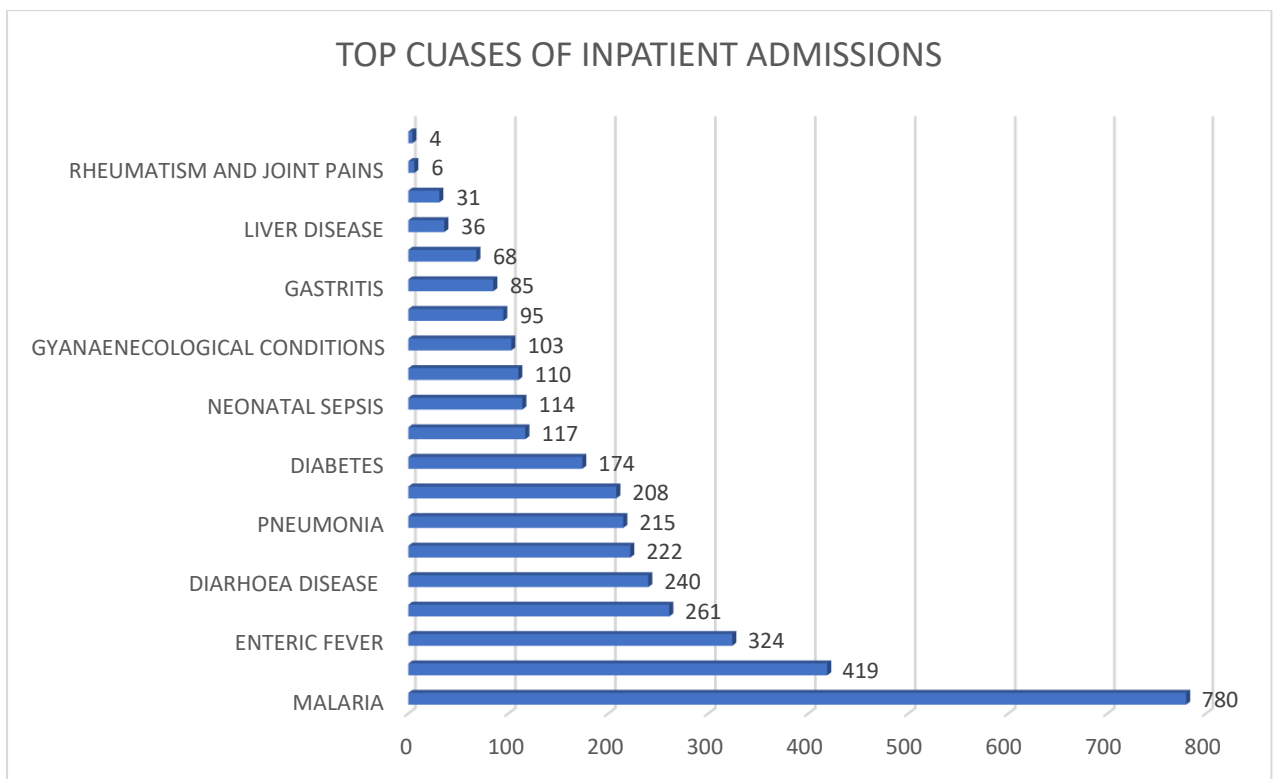


Fig. 10: Top causes of admission 2023

Table 7: Bed Utilization 2023

WARD	BED COMP.	ADM	DISC	DTHS	ABD	PTS. DAYS	ADO	% OCCP.	ALS.	TOPB	TOI	%DTH
KIDS	22	2067	1841	26	8030	5753	16	71.64	3.08	85	1.22	1.39
MALE	8	773	698	22	2920	1908	5	65.34	2.65	90	1.41	3.06
FEM.	13	1294	1171	30	4745	3263	9	68.77	2.72	92	1.23	2.50
MAT.	21	3093	2898	2	7665	6043	17	78.84	2.08	138	0.56	0.07
TOTAL	64	7227	6608	80	23360	16967	47	72.63	2.54	105	0.96	1.20

A total of 64 beds were available for admission for the year 2023. By the end of the year, 7227 clients were admitted, out of which 6608 discharges were done. By the close of the period under review, the facility recorded 80 hospital deaths.

The highest bed occupancy was in the Maternity Ward with 78.84%. The least utilized beds was at the MALE ward with 65.34% which is uneconomical because it is underutilized. The average bed occupancy for the year was 72.63%, with an average daily occupancy of 47%.

The average length of stay was 2.54 days, the highest being that of KIDS ward with 3.08 days.

The turnover per bed (TOPB) is 105 clients. Maternity had the most TOPB with 138 clients and 85 clients for the KIDS ward making it the least for the year 2023.

The turnover interval (TOI) for the facility is 0.96 days. However, the worst turnover happened at the maternity with 0.56 days while Kids wards managed to get 1.22 days making it moderate.

The net death rate is 1.20%.

Table 8: Causes of death 2023

CAUSES OF DEATH	FIGURES 2023
PULMONARY EMBOLISM	17
SEVERE BIRTH ASPHYXIA	10
ASPIRATION PNEUMONIA	9
SUDDEN CARDIACK ARREST	7
MULTIPLE ORGAN FAILURE	6
RESPIRATORY FAILURE	6
SEPTIC SHOCK	4
RESPIRATORY DISTRESS SYNDROME	4
RENAL FAILURE	2
UREMIC ENCEPHALOPATHY	2
UNKNOWN	2
TRANSFUSION REACTION	2
SEPSIS	1
HYPOXIC ISHCHEMIC ENCEPHALOPATHY	1
RVI STAGE 4	1
KERINICTERUS	1
HYDROPS FETALIS	1
ACUTE ABDOMEN	1
END STAGE LIVERCIRTHOSIS	1
ACUTE ASMATIC ATTACK	1
HYPOGLYCEAMEA	1

Table 8 above shows the cause of death within the facility with Pulmonary Embolism (17) being the highest, followed by Severe Birth Asphyxia (10), Aspiration Pneumonia (9), Multiple organ failure, etc.

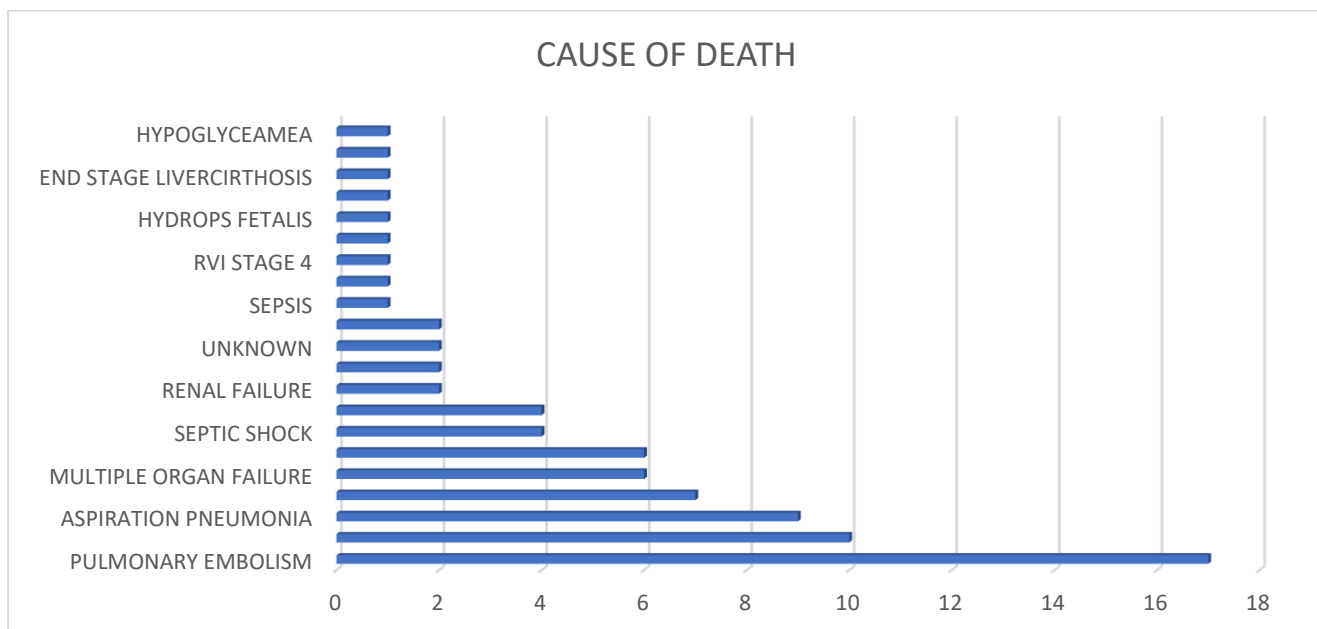


Fig. 11: Causes of Death

SAFE MOTHERHOOD

Table 9: ANC/Maternity

INDICATORS	2019	2020	2021	2022	2023	PERC.
TOTAL VISITS/ATTENTANCE	8951	10167	10109	10290	10230	-0.58
REGISTRANTS	2010	2138	1830	1736	1709	-1.56
SUPERVISEDDELIVERY (INCLUDING C/S)	2629	2452	2118	1997	2103	5.31
PNC REGISTRATION	4150	2949	2297	1997	2103	5.31
MOTHERS RECEIVING TD2+	1536	1938	1779	1358	1383	1.84
LIVE BIRTHS	2593	2428	2136	2012	2106	4.67
BIRTH BELOW 2.5KG	90	102	213	218	241	10.55
CAESAREAN SECTION	830	790	737	915	934	2.08
SB MACERATED	35	21	22	24	26	8.33
SB FRESH	1	3	9	8	14	75
HB<7gm/dl @ 36 WEEKS	5	11	18	8	16	100
MOTHERS MAKING 4 TH VISIT	1230	1456	1689	1395	1271	-8.89
IPT 3 DOSES	1094	1255	1274	1191	976	-18.05

A total of 10,230 clients visit for antennal care at the facility for the year under review. Out of the total attendance, 16.70% were Registrants while 83.30% contributed to the re-attendance. The facility saw decrease in its attendance, registrants, mothers making 4th visit and IPT 3 doses by 0.58%, 1.56%, 8.89% and 18.05% respectively. All other indicators saw an increase comparing the previous year.

Table 11: IPT Doses

INDICATORS	2019	2020	2021	2022	2023	PERCENTAGE
IPT1	1244	1332	1311	979	877	-10.42
IPT2	1360	1385	1393	1240	979	-21.05
IPT3	1094	1255	1274	1191	976	-18.05
IPT4	637	924	978	1050	825	-21.43
IPT5	281	504	572	715	501	-29.93

From the above table, all the various IPT doses saw a decline indicating 10.42%, 21.05%, 18.05%, 21.43% and 29.93% respectively.

TAKEN IPT3/ESTIMATED EXPECTED PREGANCY (976/2248*100)

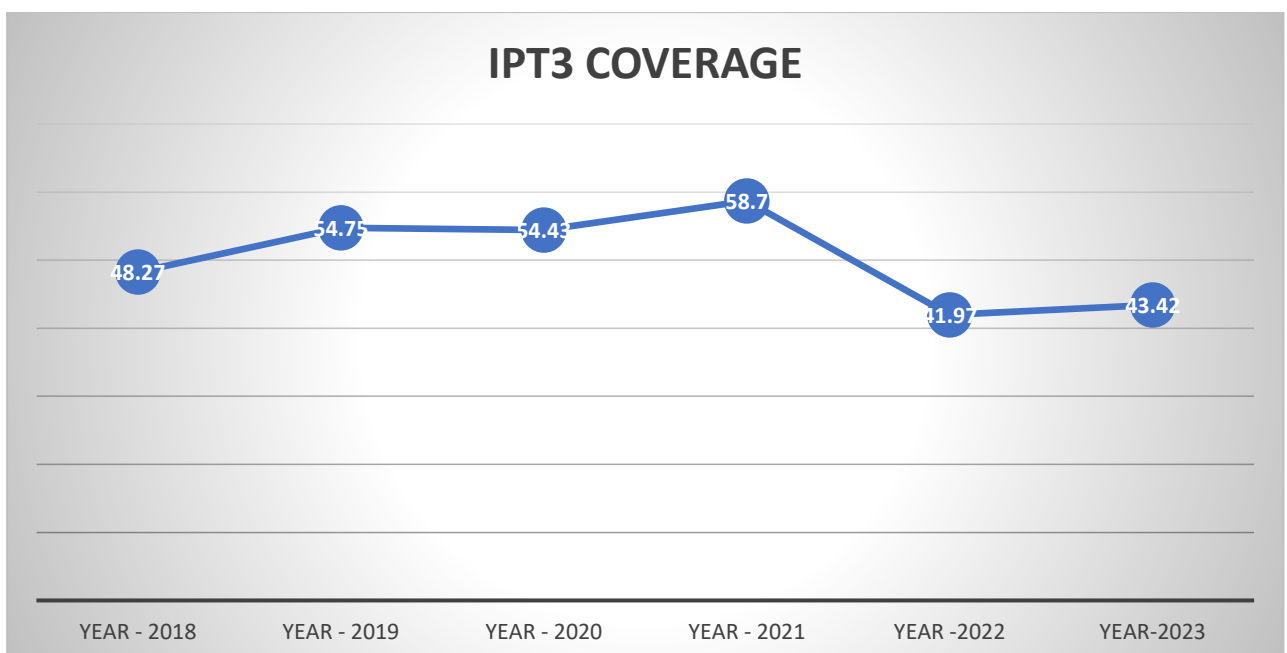


Fig. 12: IPT3 COVERAGE

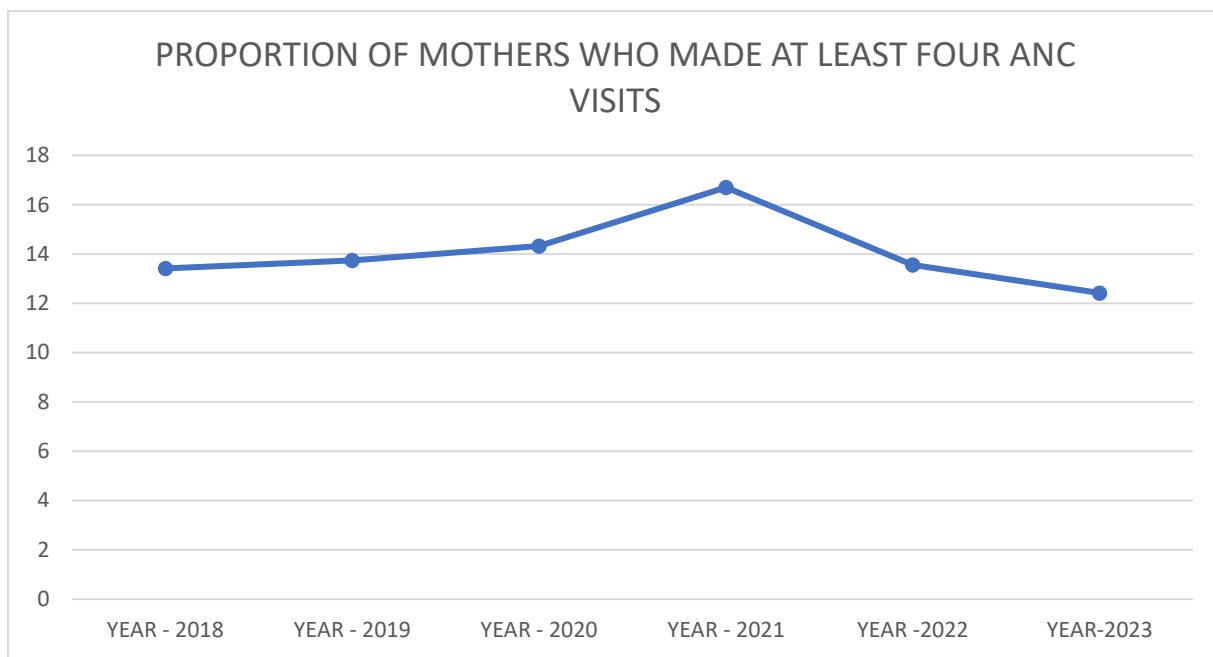


Fig. 13: proportion of 4th visit 2023

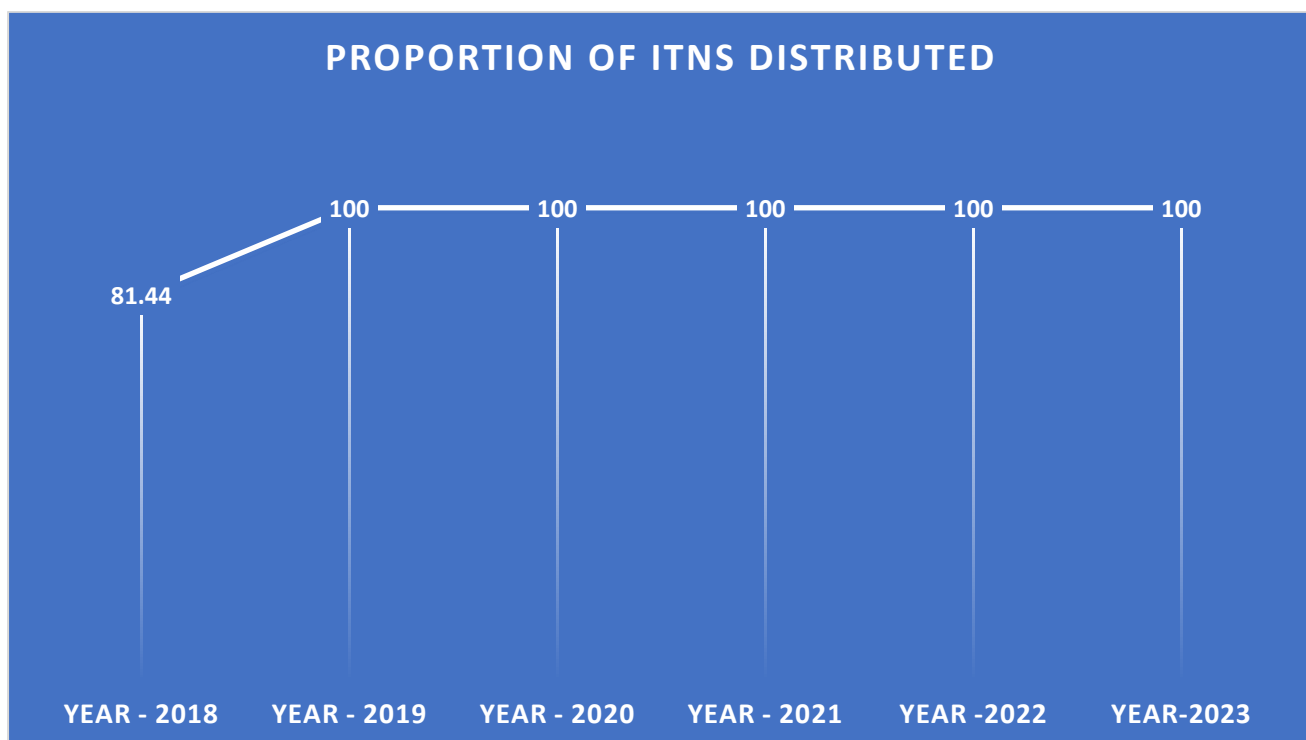


Fig. 14: proportion of ITNs Distributed 2023

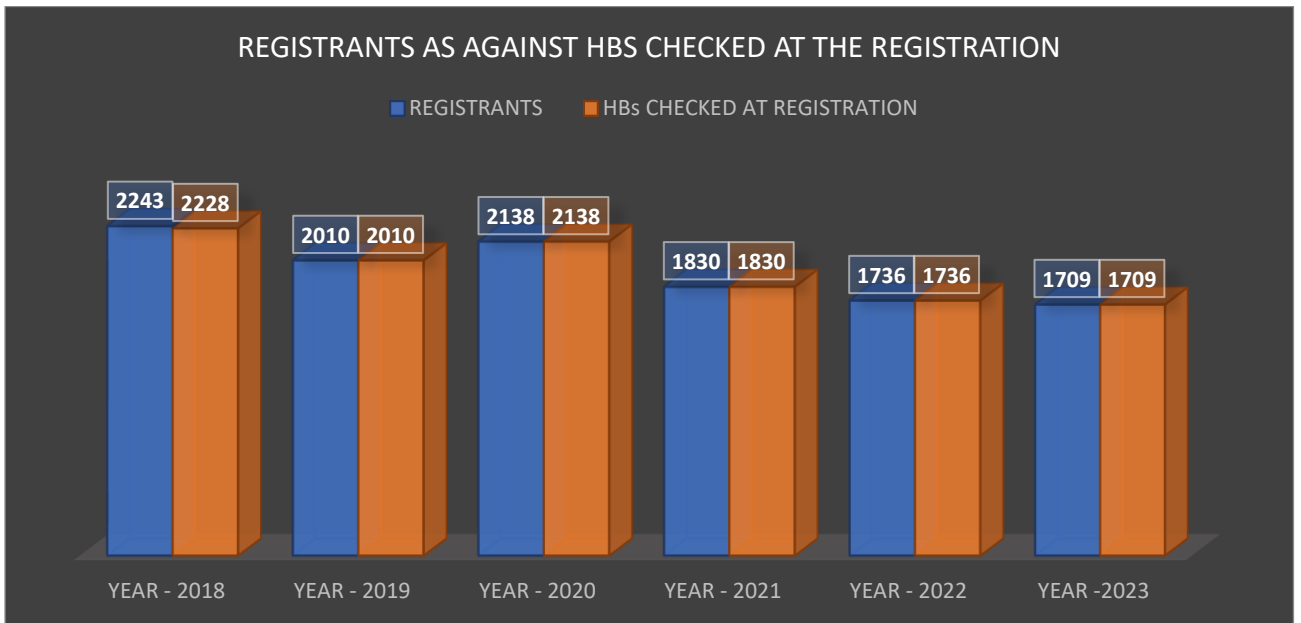


Fig. 15: HBs checked against the registrants at registration 2023

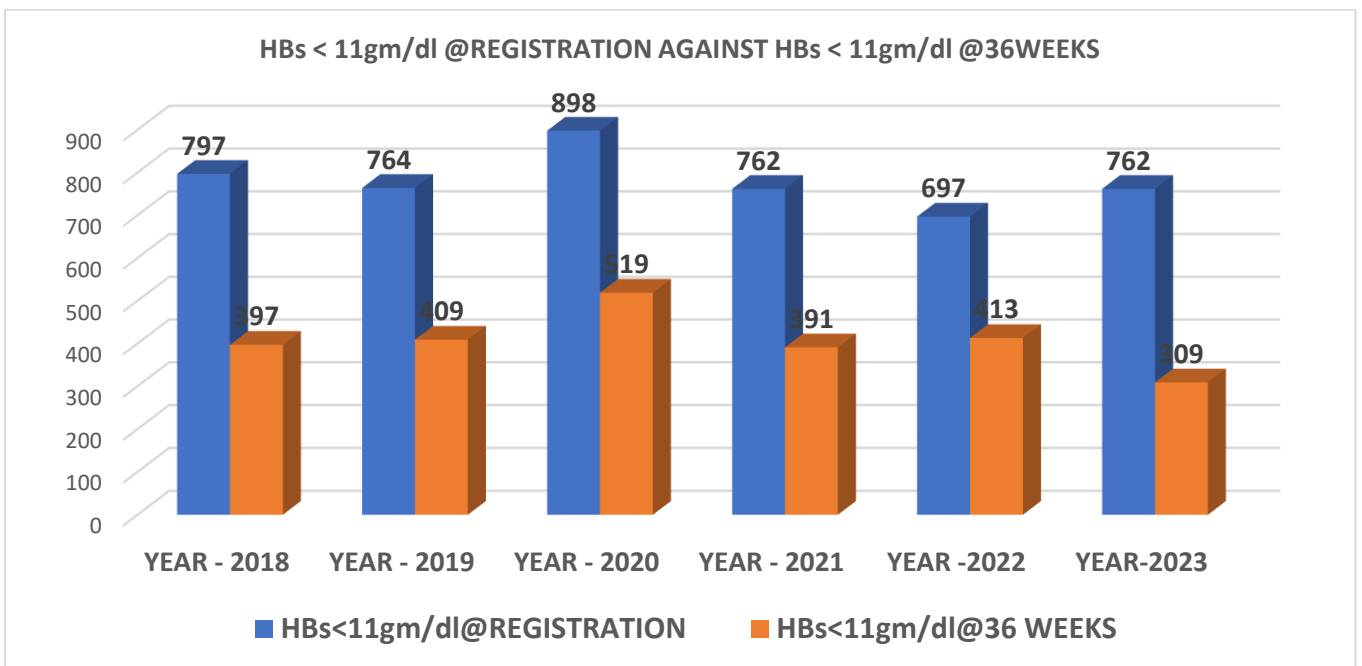


Fig. 16: HBs Below 11 at registration & 11gm/dl at 36 weeks 2023

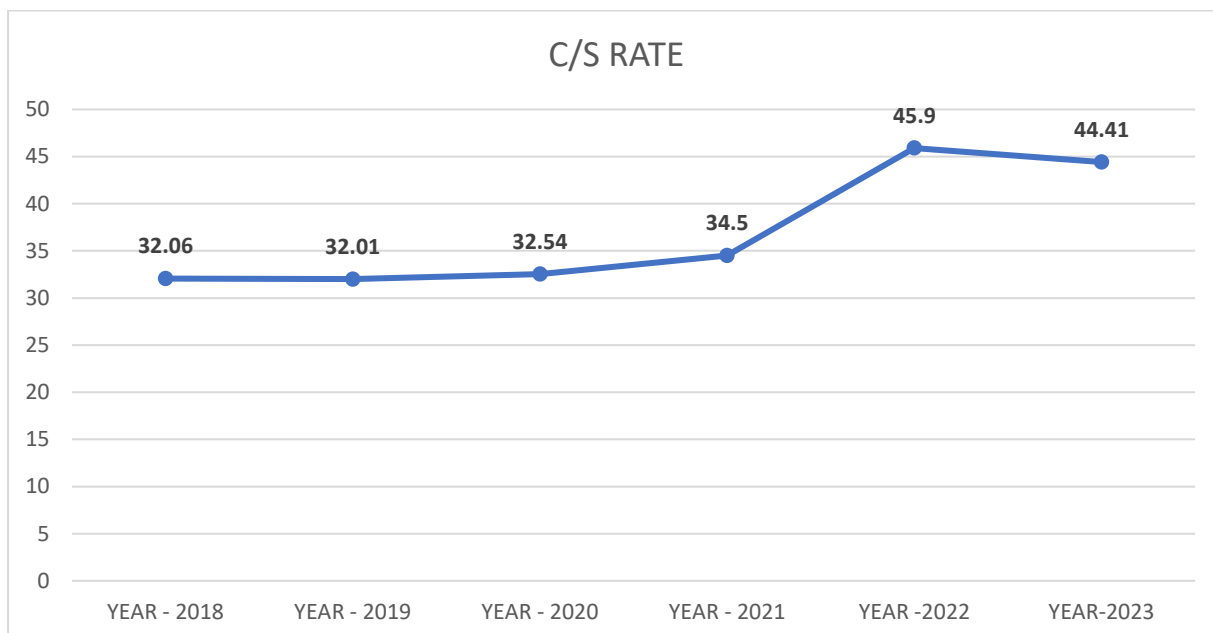


Fig. 17: Caesarean Section Rate 2023

Table 12: PMTCT

indicators	Known HIV Positive before current pregnancy	On ARV treatment before current pregnancy	known HIV Positive before pregnancy newly put on treatment	Initially tested	Positive at initial testing	negatives retested at 34wks	Positive after retesting at 34wks	New HIV Positives	new positives put on ARV	of Babies on ARV Prophylaxis	Total on ARVs
YEAR-2021	29	29	1	1801	22	1129	4	26	26	41	56
YEAR-2022	29	25	0	1759	21	1218	1	22	34	50	59
YEAR-2023	8	8	0	1701	9	1287	2	11	11	51	19

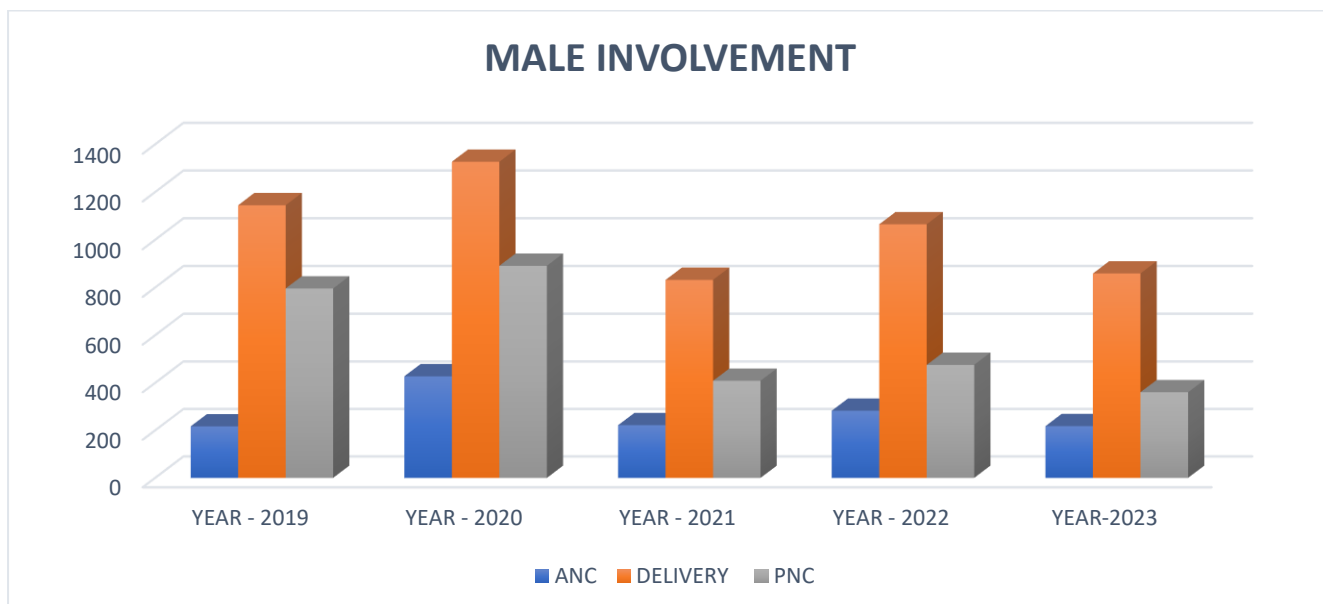


Fig. 18: Male involvement 2019-2023

MATERNAL MORTALITY RATE –

99.40 PER 100,000 LIVE BIRTHS (2022).

94.97 PER 100,000 LIVE BIRTHS (2023).

MENTAL HEALTH

Table 13: Community activities

INDICATORS	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	PERCENTAGE
Number of Audience/Attendance at Community durbars	551	490	641	44	98	122.73
Number of Community durbars organised	16	7	12	1	2	100.00
Number of Health talks	238	337	169	149	411	175.84
Number of Home visits	43	6	24	20	30	50.00
Number of Outreach clinics conducted (Routine)	41	9	94	65	55	-15.38
Number of educational institutions health programs conducted	251	4	17	3	2	-33.33
Number of educational institutions	50	40	30	24	39	62.50

All other areas saw an increase apart from Number of Outreach clinics conducted (Routine) and Number of educational institutions health programs conducted that saw a decrease of 15.38% and 33.33% respectively.

Table 14: Causes of Mental Health Morbidity

INDICATOR	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	Percentage
Attention Deficit Hyperactive Disorder (ADHA)	0	1	1	1	4	300.00
Autism	0	6	0	2	0	-100.00
Bipolar Disorder	201	23	5	8	3	62.50
Conduct/Behavioural disorders	0	2	2	1	1	0.00
Conversional Dissociative Disorders	0	0	1	1	0	-100.00
Delirium	0	1	0	2	0	-100.00
Depression	24	37	49	38	29	-23.68
Epilepsy	20	59	35	28	16	-42.86
Generalized Anxiety	6	7	11	16	6	-62.50
Mental Disorders due to Alcohol use	4	12	1	6	1	-83.33
Mental Disorders due to other psychoactive substance use	9	13	0	21	14	-33.33
Mental Retardation	3	0	1	1	0	-100.00
Mental disorders not specified above	17	59	50	70	81	15.71
Other Mental Disorders of childhood origin	25	4	11	6	1	-83.33
Other developmental disorders	28	1	0	12	13	8.33
Schizophrenia, schizotypal and delusional disorders	36	45	22	31	22	-29.03
Re-Attendances/Re-visits/Review	150	242	268	327	201	-38.53

The highest reported case of mental health for the year under review was **Mental disorders not specified** of 81 cases, followed by Depression, Schizophrenia schizotypal and delusional disorders, and **epilepsy**. Re-attendance reduced by 38.53% comparing the previous year.

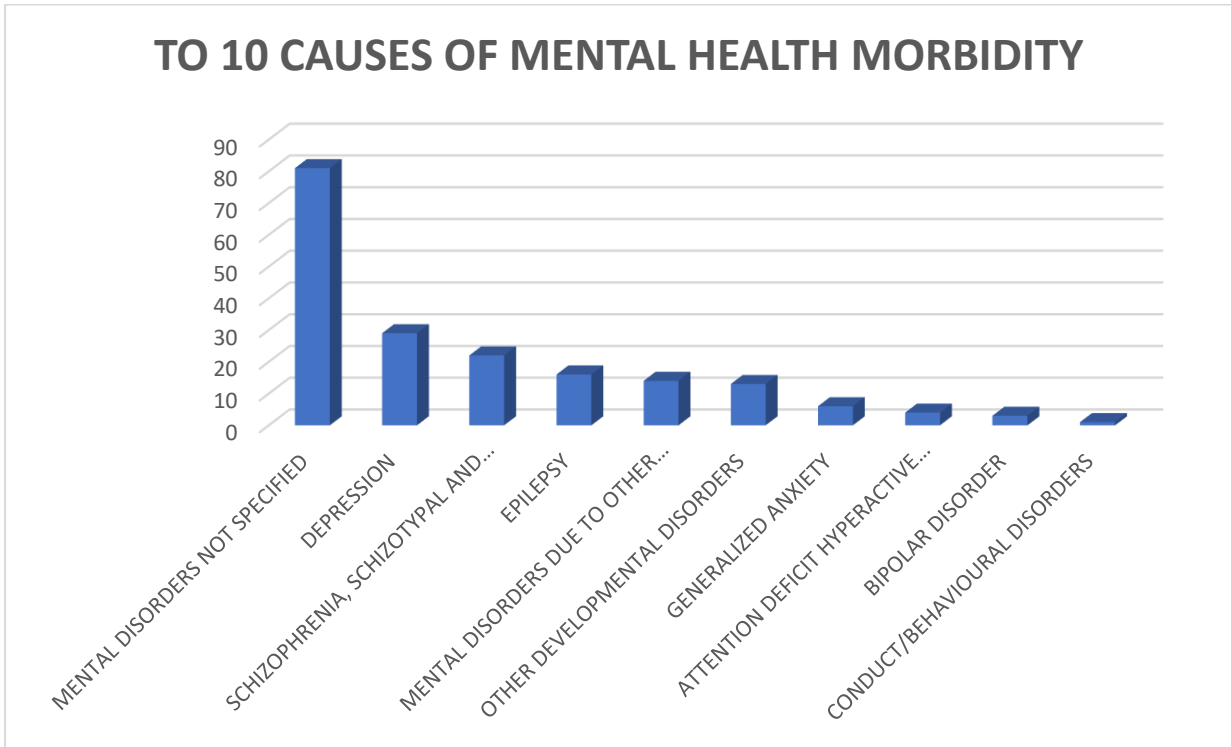


Fig. 19: BAR GRAPH OF MENTAL HEALTH MORBIDITY

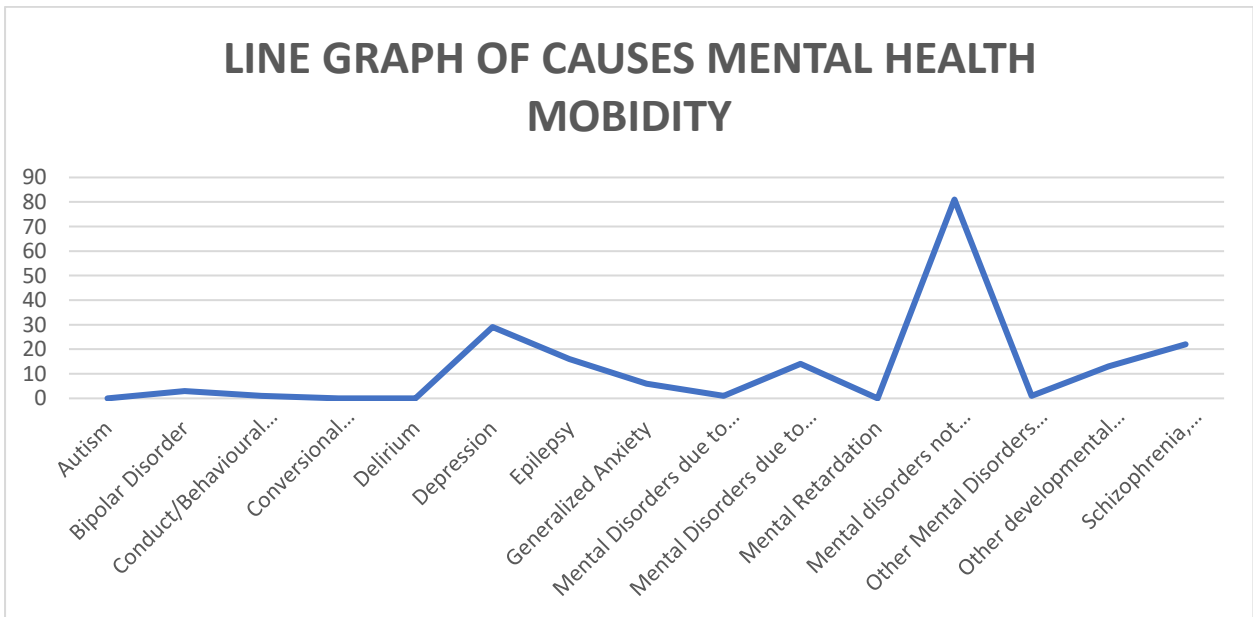


Fig. 20: line graph of mental health morbidity

Table 15: Clients' Status/Categories

INDICATORS	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	Percentage
Outpatient (New cases)	151	130	162	148	205	38.51
New cases through active case search	119	61	153	143	160	11.89
Voluntary treatment	161	267	220	228	234	2.63
Admissions (voluntary)	15	23	7	1	2	100.00
Attempted suicide	7	5	4	1	11	1000.00
Clients referred (in)	5	1	0	2	2	0.00
Clients referred (out)	6	3	1	2	0	-100.00
Discharges	15	15	7	1	2	100.00
Insured clients	98	287	177	244	196	-19.67
Non-insured clients	87	91	110	81	104	28.40

Under client's status, 2 clients were admitted in 2023, 244 clients were insured while 104 were not insured. 205 new cases were recorded and 234 clients visited on voluntary treatment. 11 client attempted suicide. The unit received 2 referrals in but none were referred out.

EYE SERVICES

Table 16: Eye clients' attendance

INDICATOR	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	Percentage
TOTAL CLIENT	817	667	1173	1252	1437	14.78%

The client attendance for the year 2022 has seen an increase in comparison with 2021 by 17.78% accounting for 185 clients.

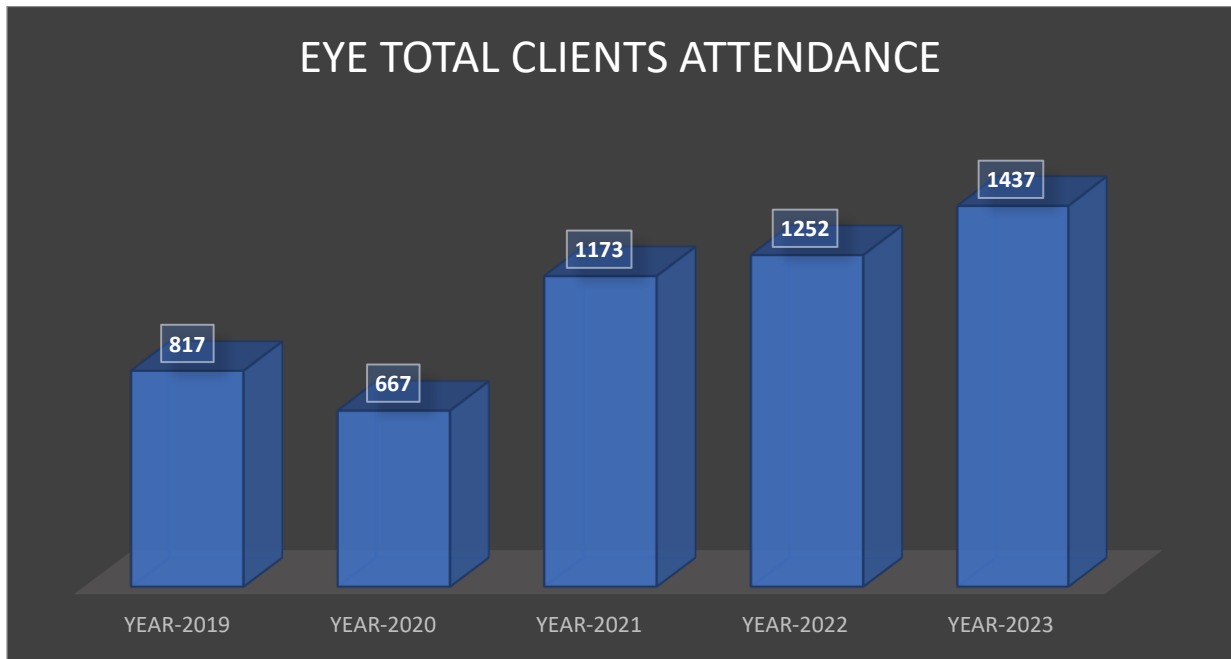


Fig. 22: Eye attendance

Table 17: Eye cases

INDICATORS	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	Perc.
Conjunctivitis	328	229	476	519	558	7.51
Other eye conditions	156	133	260	304	375	23.36
Refractive error	132	85	137	138	173	25.36
Pterygium	22	50	120	137	126	-8.03
Cataract	77	80	130	133	180	35.34
Glaucoma	10	17	21	15	16	6.67
Normal	90	63	21	6	5	-16.67

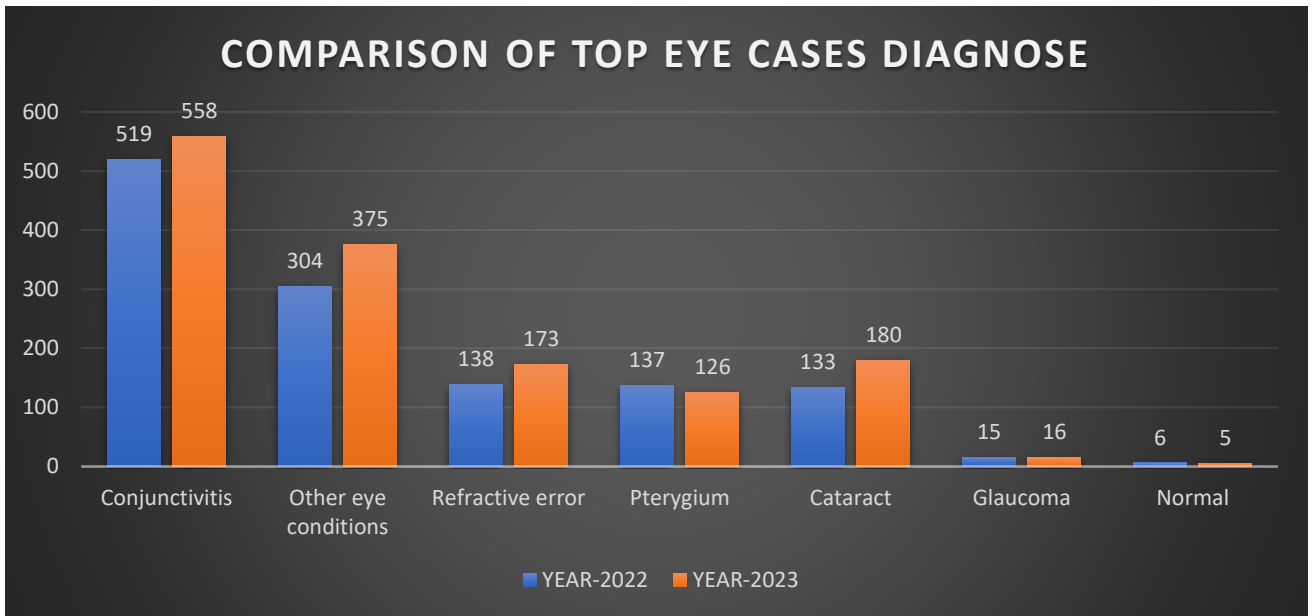


Fig. 23: Eye cases comparison

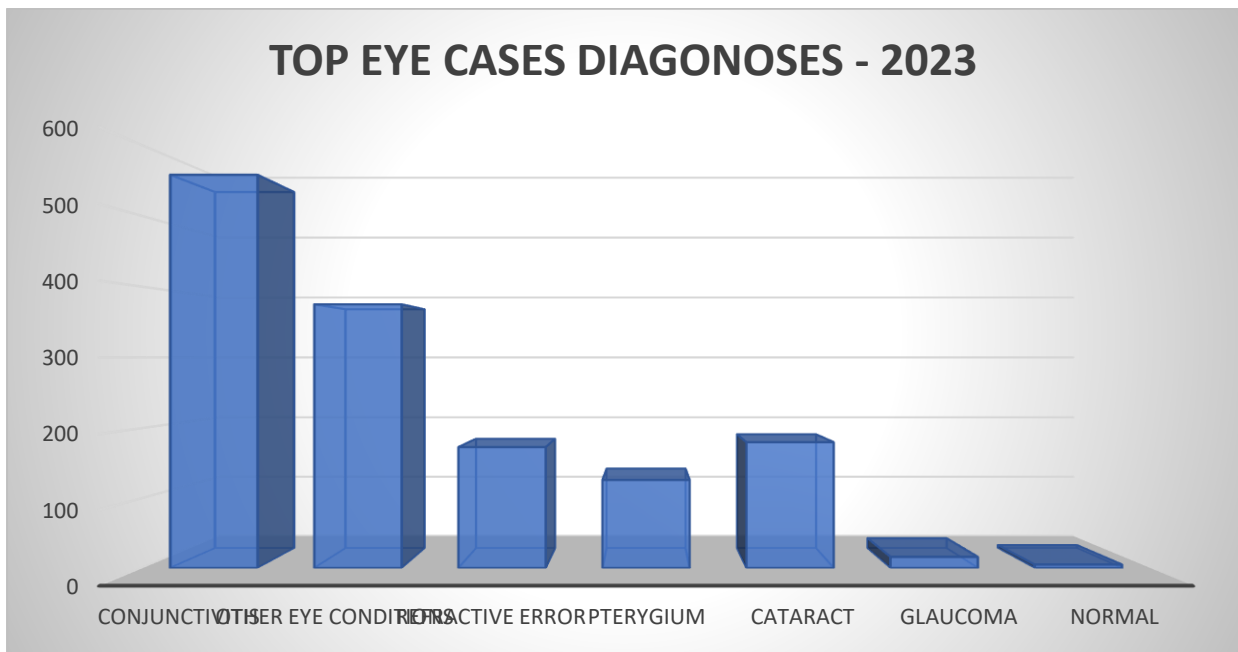


Fig. 24: Top eye cases

THEATRE

Table 19: Surgeries (Theatre activities)

INDICATORS	Year-2020	Year-2021	YEAR-2022	Year-2023	Percentage
Suturing of Lacerations and Wound Dressing	1981	1456	2977	3568	19.85
Caesarean Section	790	737	915	934	2.08
Ectopic	23	38	57	55	-3.51
Hernia	23	23	18	18	0.00
Hysterectomy-Fibroids	20	7	10	13	30.00
Myomectomy	18	8	23	25	8.70
Circumcision	6	2	39	32	-17.95
Appendectomy	4	0	3	0	- 100.00
Number of site infection (Obstetrics and Gynaecological operations)	4	0	5	4	-20.00
Ovarian Cyst	3	6	4	4	0.00
Hysterectomy	2	4	1	2	100.00
Other Minor O&G Operations	2	8	6	8	33.33
Shirodkar's	2	0	1	0	- 100.00
All Other Minor Operations	1	0	8	4	-50.00
Suturing Of Cervical Tear	1	5	3	4	33.33
OTHERS	5	10	18	9	-50.00

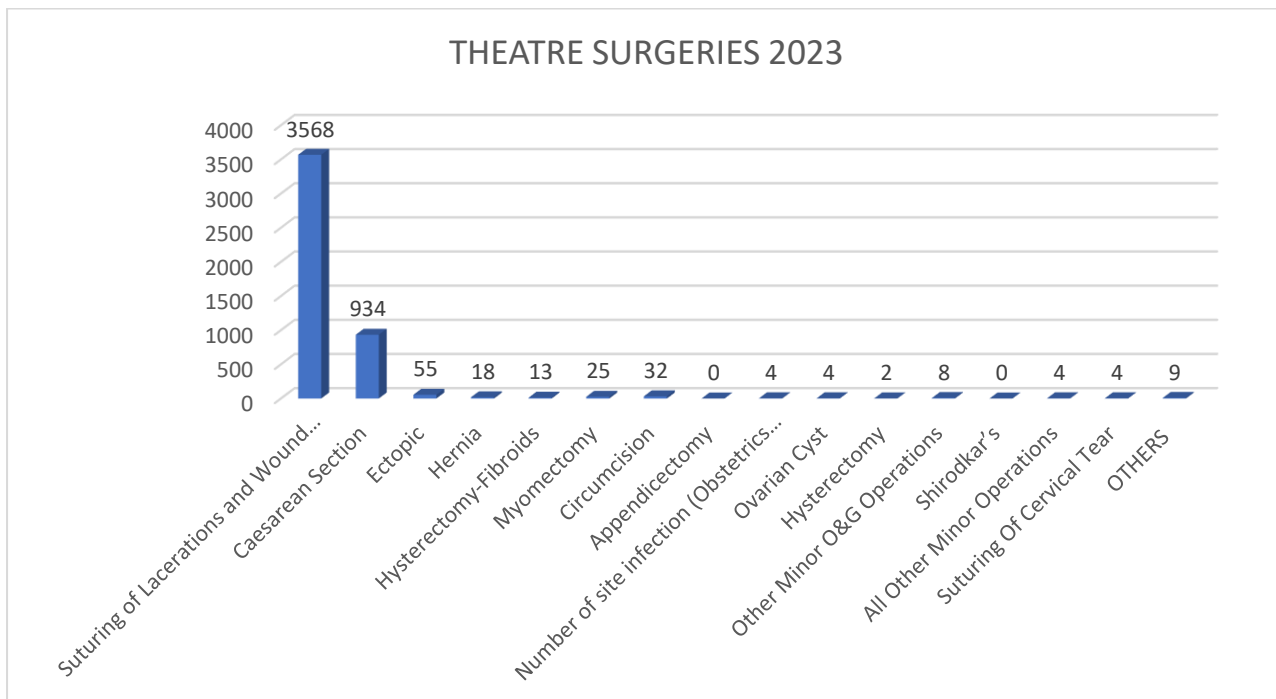


Figure 25: Surgeries (Theatre activities)

LABORATORY

Table 20: Patients seen

INDICATOR	Year-2020	Year-2021	YEAR-2022	YEAR-2023	PERC.
TOTAL PATIENTS SEEN	46165	58794	54778	51548	-5.90
TOTAL PATIENTS UNDER 5 SEEN	7079	9569	9318	8472	-9.08
TOTAL PATIENTS SEEN AT WARD	8646	10739	10239	10280	0.40

Total number of patients seen by the laboratory has reduced by 3,230 clients in comparison with the previous year representing 5.90% for the general OPD. The inpatient attended increased by 41 (0.40%) compared to the previous year, while the under five patients reduced by 8465 (9.08%).

Table 21: CATEGORY OF CASES DONE

INDICATORS	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	PERC.
BIOCHEMISTRY	17942	30472	80624	83144	91265	9.77
MICROBIOLOGY	32252	34666	46700	48522	61977	27.73
HAEMATOLOGY	228977	217857	270469	264724	349386	31.98
TOTAL	279171	282995	397793	396390	502628	26.80

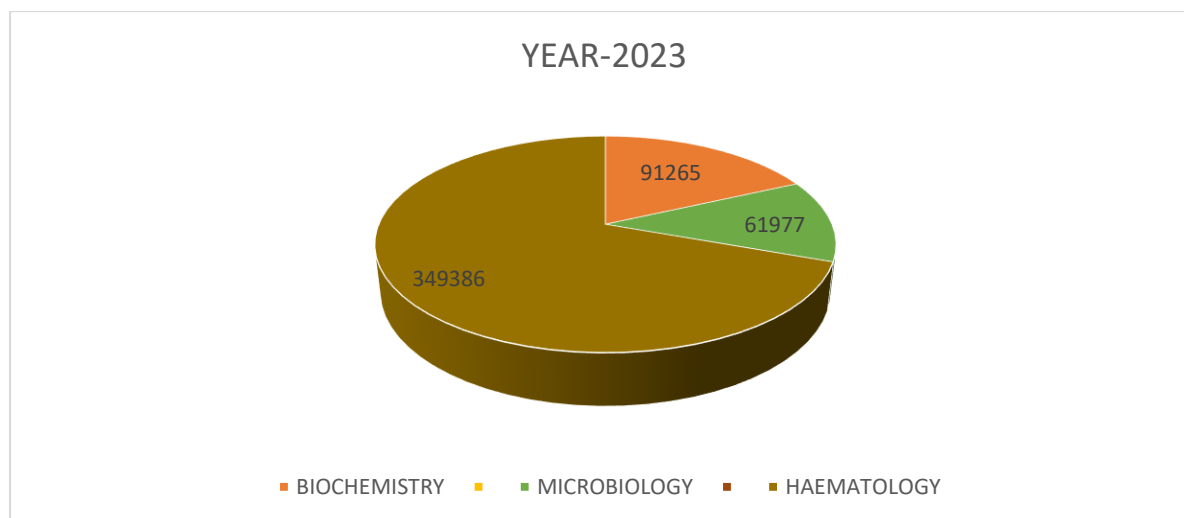


Figure 25: Category of Cases Done

Table 22: Blood Issued

INDICATORS	Year-2019	Year-2020	Year-2021	Year-2022	Year-2023	PERC
MLR-Blood Issued to Adults	1025	1158	1586	1146	1219	6.37
MLR-Blood Issued to Children	335	259	510	463	406	-12.31
MLR-Blood Issued After Crossmatch	1353	1390	2067	1568	1450	-7.53

Table 23: Blood product prepared

INDICATORS	Year-2019	Year-2020	Year-2021	Year-2022	Year-2023	PERC
Blood Products Prepared Concentrated Red Cells (CRC)	119	66	64	32	43	34.38
Blood Products Prepared Fresh Frozen Plasma (FFP)	132	102	169	85	101	18.82
Blood Products Prepared Paediatric Packs (Smaller Units)	250	220	347	313	299	-4.47
Blood Products Prepared Whole Blood	914	945	1517	1141	1180	3.42

CHILD WELFARE SERVICERS AND NUTRITION

Table 24: EPI

Indicator	Year-2019	Year-2020	Year-2021	Year-2022	Year-2023	Percentage
BCG	2459	3523	3341	3808	4348	14.18
OPV0	2138	1960	2821	3311	2390	-27.82
OPV1	1468	1654	1934	2883	3472	20.43
OPV2	1466	1174	1887	2875	3574	24.31
OPV3	1532	1101	2050	2996	3849	28.47
PENTA1	1453	1720	1903	2826	4267	50.99
PENTA2	1428	1361	1801	3075	4486	45.89
PENTA3	1552	1770	1963	3181	4979	56.52
ROTA1	1470	1263	1684	3036	2886	-4.94
ROTA2	1452	1394	1684	3075	3012	-2.05
ROTA3	0	166	1335	3181	3051	-4.09
PCV1	1473	1381	1837	3036	4387	44.50
PCV2	1482	1529	1807	3075	4598	49.53
PCV3	1536	1376	1960	3181	5213	63.88
MR1	1636	1766	1920	2929	3762	28.44
MR2	1159	1225	1766	2829	4100	44.93
MEN A	1056	687	1777	2822	4099	45.25
YELLOW FEVER	1618	1399	1907	3033	4196	38.34
VITAMIN A	4000	2833	3882	3798	11649	206.71

The various vaccinations saw an increase compared to the previous year. The following are the areas where decreases were recorded; OPV 0, ROTA 1, ROTA 2 and ROTA 3 27.82%, 4.94%, 2.05% and 4.09% respectively.

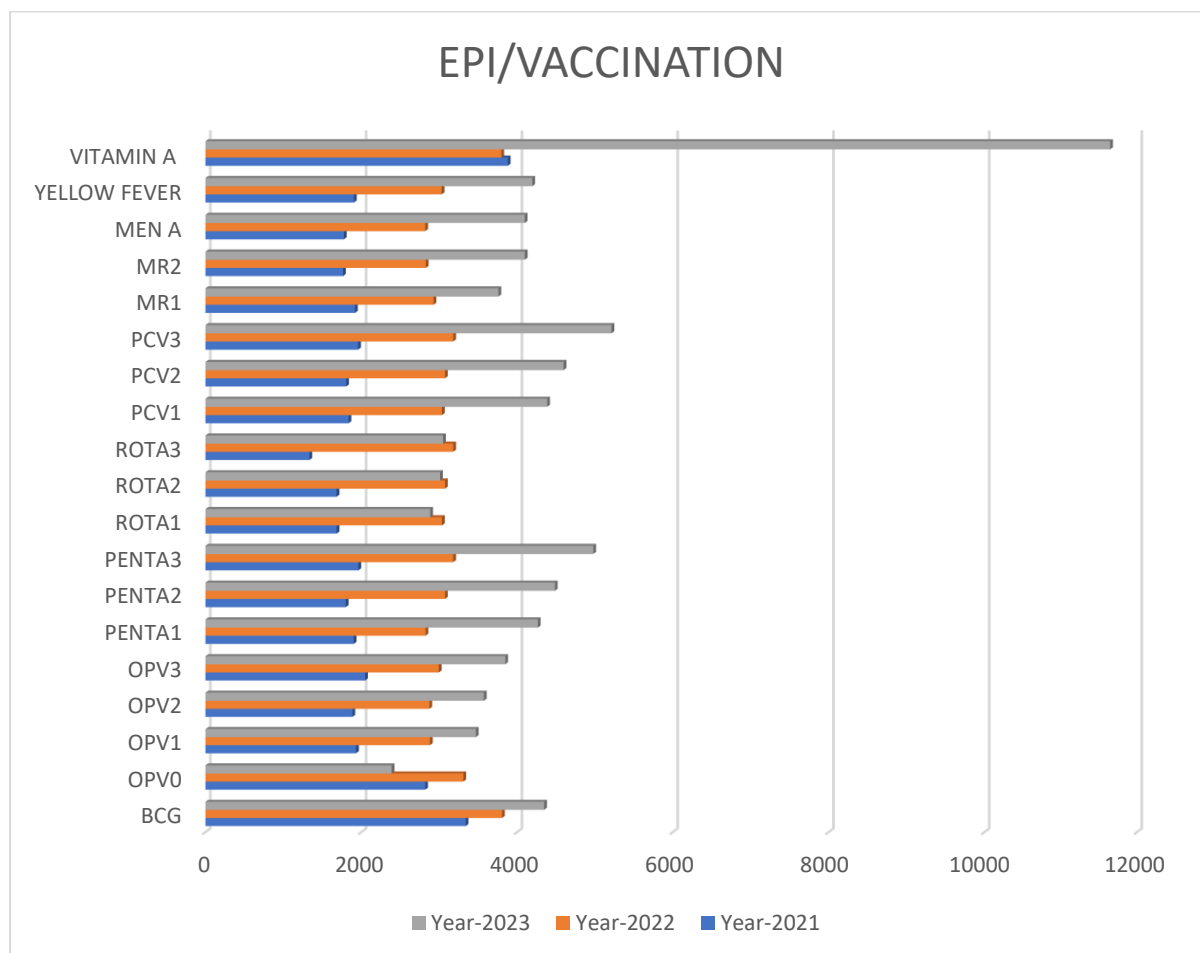


Fig. 26: EPI

Table 25: TD Vaccination

Indicator	Year-2019	Year-2020	Year-2021	Year-2022	Year-2023	Percentage
TD 1	1156	1168	1128	484	1005	107.64
TD 2	916	1232	906	540	1077	99.44
TD 3	339	376	332	322	425	31.99
TD 4	190	143	163	166	156	-6.02
TD 5	169	131	128	91	62	-31.87

Table 26: Continuous distribution of LLINs

Indicator	Year-2020	Year-2021	Year-2022	Year-2023	Percentage
Children receiving MR 2	1225	1766	2826	4100	45.08
LLIN distributed	101	1607	1228	4059	230.54

Table 27: Nutrition and child health severe acute malnutrition

INDICATOR	Year-2020	Year-2021	Year-2022	Year-2023	Percentage
Cured	23	25	5	26	420
Current SAM cases	3	5	5	3	-40
Defaulted	0	0	0	9	900
Died	0	0	0	0	0
Referred	0	0	0	0	0
Total admissions	26	30	10	38	280

Table 28: REGISTRANTS

AGE IN MONTHS	ATTENDANCE		TOTAL CHILDREN WEIGHED	ATTENDANCE		TOTAL CHILDREN WEIGHED
	MALE	FEMALE	TOTAL 2022	MALE	FEMALE	TOTAL 2022
	2022			2023		
0-11	594	456	1050	2317	2285	4602
13-24	84	64	148	1290	1356	2646
24-59	32	19	61	1211	1254	2465
TOTAL	710	549	1259	4818	4895	9713

Table 29: ATTENDANCE

AGE IN MONTHS	ATTENDANCE				TOTAL CHILDREN WEIGHED		SEVERE UNDER WEIGHT		MODERATE UNDER WEIGHT		NORMAL WEIGHT	
	MALE	FEMALE	MALE	FEMALE			<-3SD		>= -3SD TO < -2SD		>= -2SD	
	2022		2023		2022	2023	2022	2023	2022	2023	2022	2023
0-11	2284	2017	12933	12531	1050	25464	5	57	21	138	4275	25269
13-24	1255	1143	8967	8575	148	17542	0	36	8	95	2390	17411
24-59	633	517	5657	5793	61	11450	0	12	3	27	1147	11411
TOTAL	4172	3677	27557	26899	1259	54456	5	105	32	260	7812	54091

EAR NOSE & THROAT

Table 30: ENT Attendance

INDICATORS	TOTALS			PERC.
	YEAR-2021	YEAR-2022	YEAR-2023	
JANUARY	63	60	84	40.00
FEBRUARY	73	86	99	15.12
MARCH	50	84	94	11.90
APRIL	67	81	100	23.46
MAY	73	93	130	39.78
JUNE	90	121	121	0.00
JULY	76	97	120	23.71
AUGUST	83	89	138	55.06
SEPTEMBER	77	95	129	35.79
OCTOBER	92	90	137	52.22
NOVEMBER	83	64	118	84.38
DECEMBER	48	25	112	348.00
TOTAL	875	985	1382	40.30

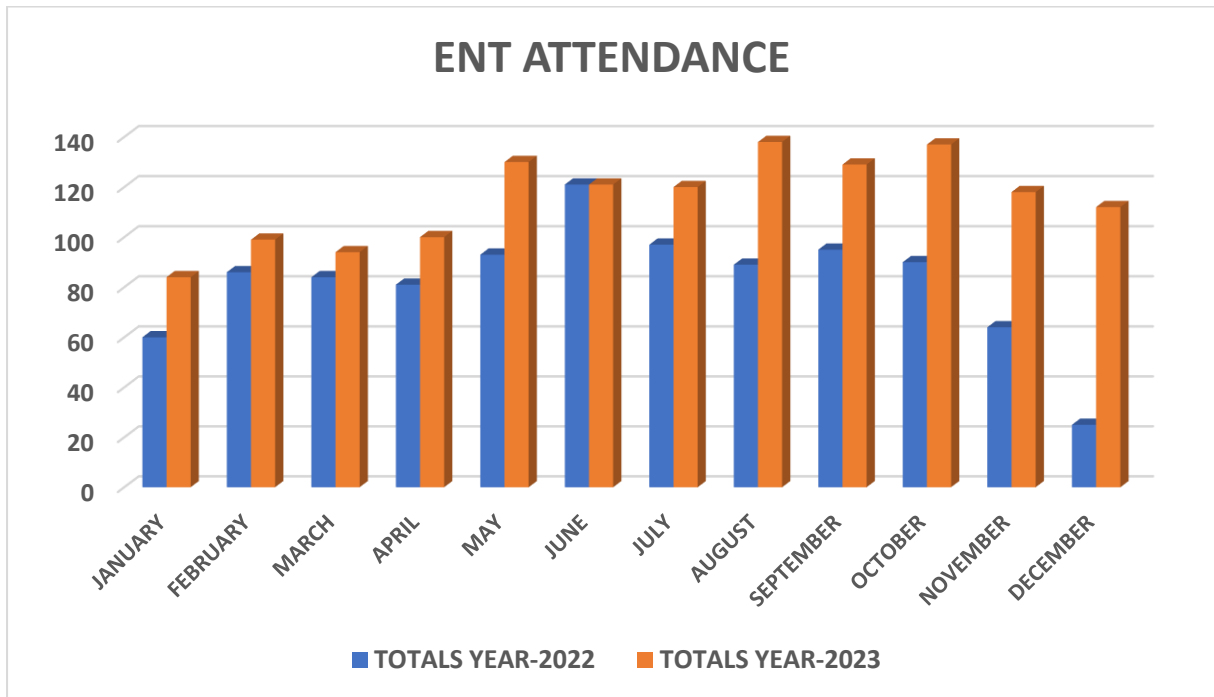


Fig. 28: ENT month-on-month attendance (2022-2023)

Table 31: Causes of ENT Morbidity

CONDITIONS	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023
ACUTE SUPPURATIVE OTITIS MEDIA	109	343	519	615
WAX IMPACTION	101	104	147	186
OTITIS EXTERNA	72	103	85	86
TONSILITIS	32	65	73	39
ALLERGIC RHINITIS	37	50	71	96
SINUSITIS	8	31	52	78
OTOMYCOSIS	66	34	40	71
FOREIGN BODY IN EAR	35	30	33	30
PHARYNGITIS	0	16	24	44
FOREIGN BODY IN NOSE	14	21	15	14
TINNITUS	8	4	15	0
AURAL POLYP	0	10	9	18
VERIGO	0	4	2	2
EPISTATIS	0	2	2	5
HEARING LOSS	3	1	1	0
ALL OTHERS	0	13	30	25
REATTENDANCE			323	305

EMERGENCY SERVICES

Table 32: Emergency Services

INDICATORS	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	PERCENTAGE (%)
PATIENTS SEEN	3538	3027	3642	3907	5196	32.99
DEATH(CORONER'S CASE)	62	170	148	204	158	-22.55
BIDs	168	239	310	291	248	-14.78
REFFERALS OUT	150	199	160	177	217	22.60
REFFERALS IN	193	327	327	247	334	35.22

Table 33: OTHERS ER - 2023

INDICATOR	2022	2023	PERCENTAGE (%)
DAMA	62	64	3.23
ABSCONDED	4	10	150.00
UNDER 5 DETENTION	504	730	44.84
TRANS-OUT (INTO WARDS)	1447	1783	23.22
DISCHARGED	1923	2743	42.64

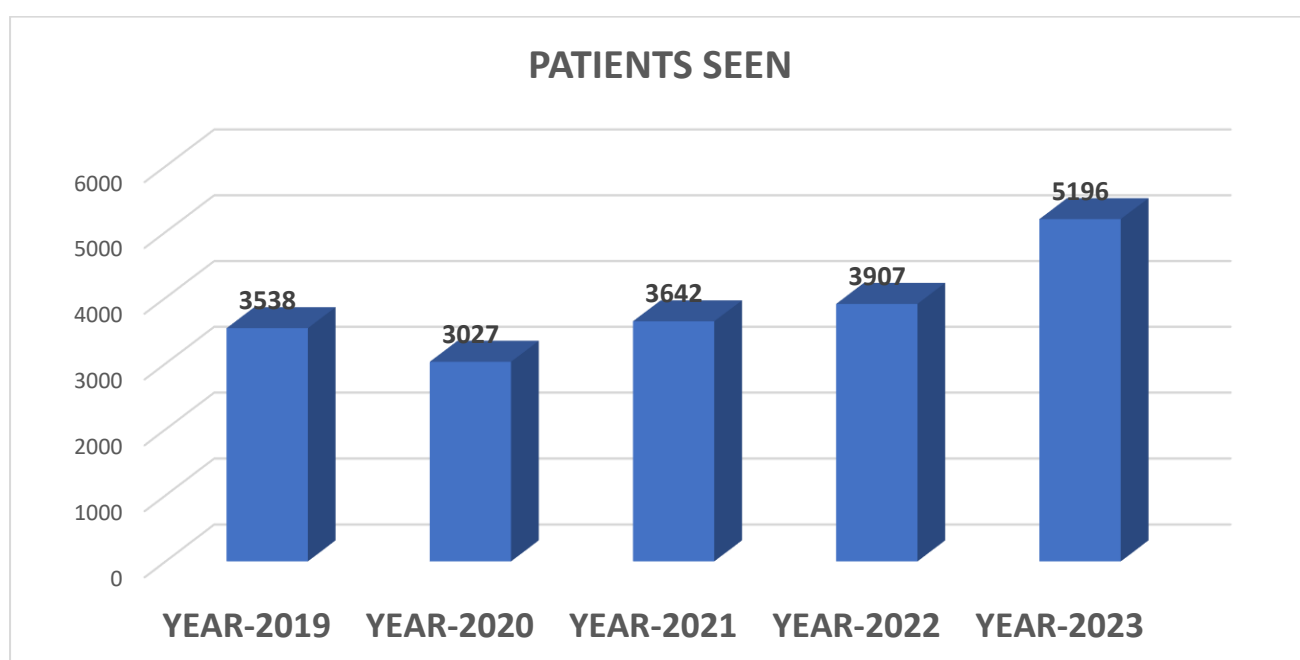


Fig. 28: attendance at ER 2023

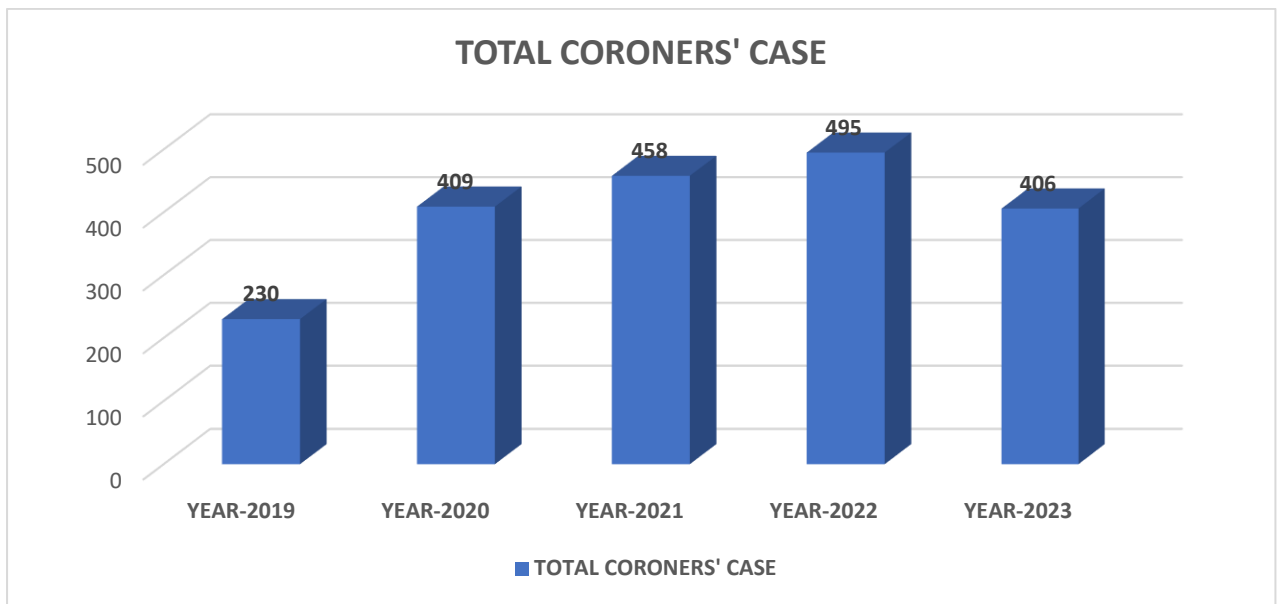


Fig. 29: Coroners case at Emergency

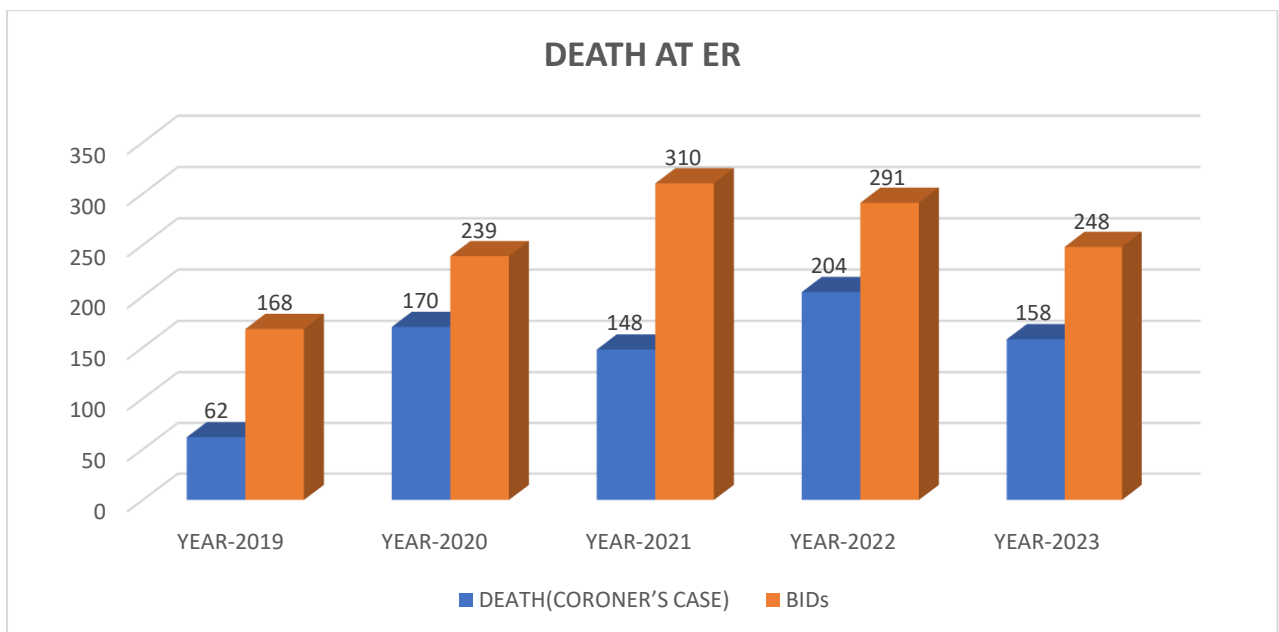


Fig. 30: Death at the Emergency

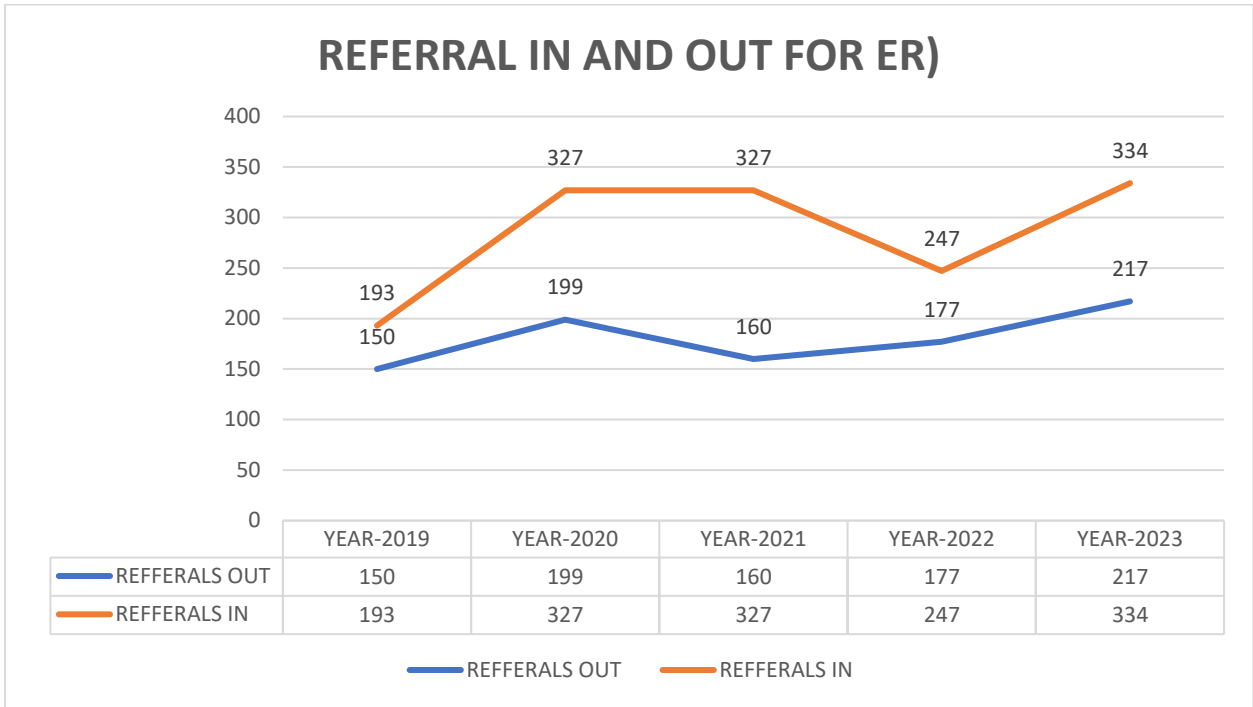


Fig. 31: Referrals at the Emergency

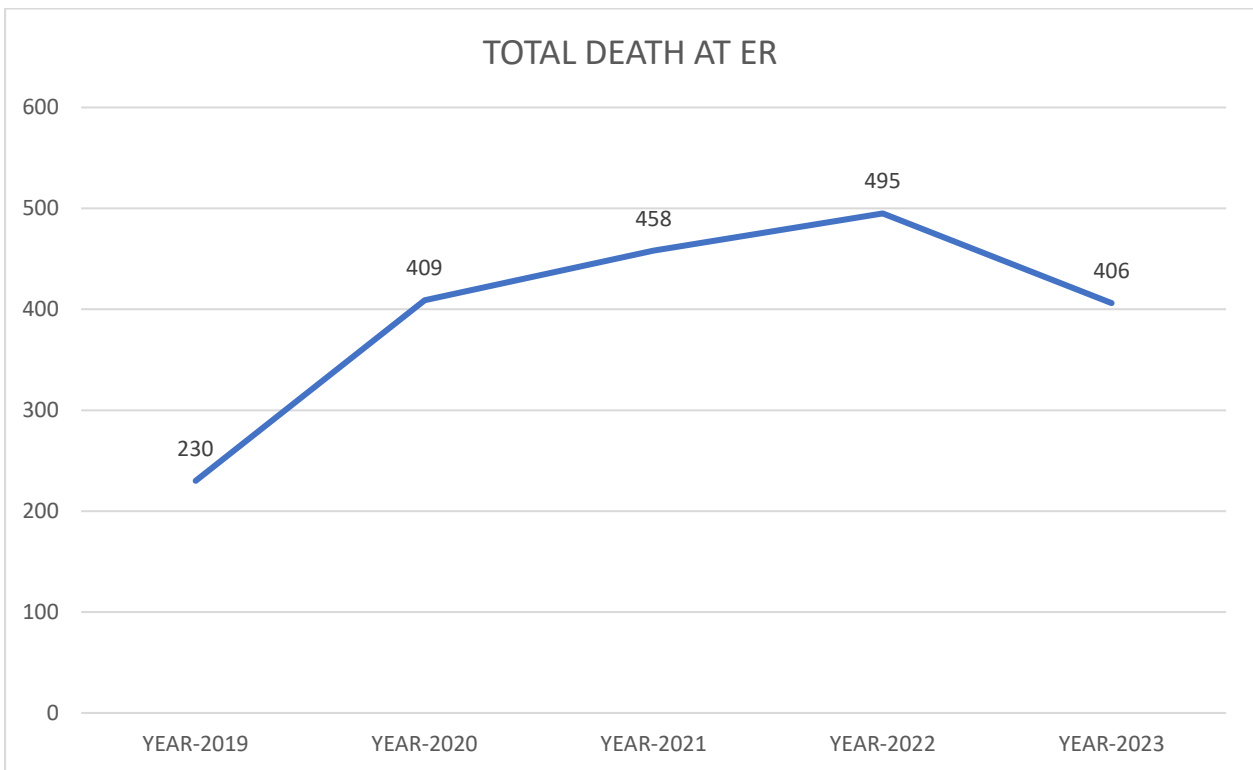


Fig. 32: Total Death at the Emergency

COUNSELLING UNIT

Table 34: Outcome - (HIV Testing and Counselling) HTC Services

INDICATORS	JAN – DEC 2021			JAN – DEC 2022			JAN - DEC 2023			PERCENTAGE
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	
Numb. Receiving Pretest Counseling	277	542	819	277	400	677	422	674	1096	61.89
Numb. Tested	277	542	819	277	400	677	250	439	689	1.77
Positive	28	57	85	43	83	126	32	72	104	-17.46
Receiving Positive Result	28	57	85	43	83	126	32	72	104	-17.46
Posttest Counseling	277	542	819	277	400	677	250	439	689	1.77
Screened for TB	28	57	85	43	83	126	32	72	104	-17.46
Linked into Care	17	47	64	25	51	76	21	37	58	-23.68

Table 35: ART SERVICES

INDICATORS	JAN – DEC 2021			JAN – DEC 2022			JAN - DEC 2023			PERCENTAGE
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	
New Cases	28	57	85	43	83	126	32	73	105	
Referred-in for ARVs	6	9	15	0	2	2	0	2	2	
Trans-in On ARVs	9	31	40	4	20	24	4	22	26	
Tran-out On ARVs	7	21	28	3	14	17	1	17	18	

Client's Currently on ARVs	269	414	683	296	469	765	320	513	833
Death	2	5	7	1	2	3	2	4	6

Total number of children on ARVs (2 years – 15 years) – 39, (21- male,18 - female)

Number of Death who are both HIV/TB – 0

Total Viral Load Conducted – 518

Total Viral Load Results Received – 352

Total DNA/PCR Conducted – 62

Total DNA/PCR Results Received – 52

Positive DNA/PCR Result Received – 0

Negative DNA/PCR Result Received – 52

Table 36: TB REPORT

INDICATORS	JAN – DEC 2021			JAN – DEC 2022			JAN - DEC 2023			PERCENTAGE
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	
Numb. Screened for TB	93	131	224	85	162	247	57	167	224	-9.31
Referred into Care	17	9	26	10	11	21	10	11	21	0.00
Cured	10	5	15	10	5	15	2	7	9	-40.00
Treatment Completed	2	4	6	2	3	5	4	2	6	20.00
Referred-in TB Cases	8	2	10	2	2	4	1	2	3	-25.00
Referred-out TB Cases	12	3	15	12	13	25	12	15	27	8.00

Lost to follow-up	2	0	2	0	2	2	0	2	2	0.00
Death	0	0	0	0	0	0	0	0	0	0.00
HIV/TB Clients	2	4	6	2	4	6	1	4	5	-16.67

PUL TB –21 (PUL (+) 15, PUL (-)6

EXTRA – PULMONARY, -0

Table 37: SCAN SERVICES

MONTH	YEAR-2019	YEAR-2020	YEAR-2021	YEAR-2022	YEAR-2023	PERCENTAGE %
January	670	650	584	462	736	59.31
February	573	635	613	507	645	27.22
March	617	616	616	649	666	2.62
April	658	475	569	493	669	35.70
May	663	465	553	614	621	1.14
June	598	554	502	574	554	-3.48
July	627	410	505	636	559	-12.11
August	533	494	502	592	606	2.36
September	601	570	500	564	530	-6.03
October	724	669	559	700	678	-3.14
November	586	621	579	652	658	0.92
December	621	604	502	573	542	-5.41
Total	7471	6763	6584	7016	7464	6.39

Scan services had an increase of 448 clients representing 6.39% as compared with the previous year.

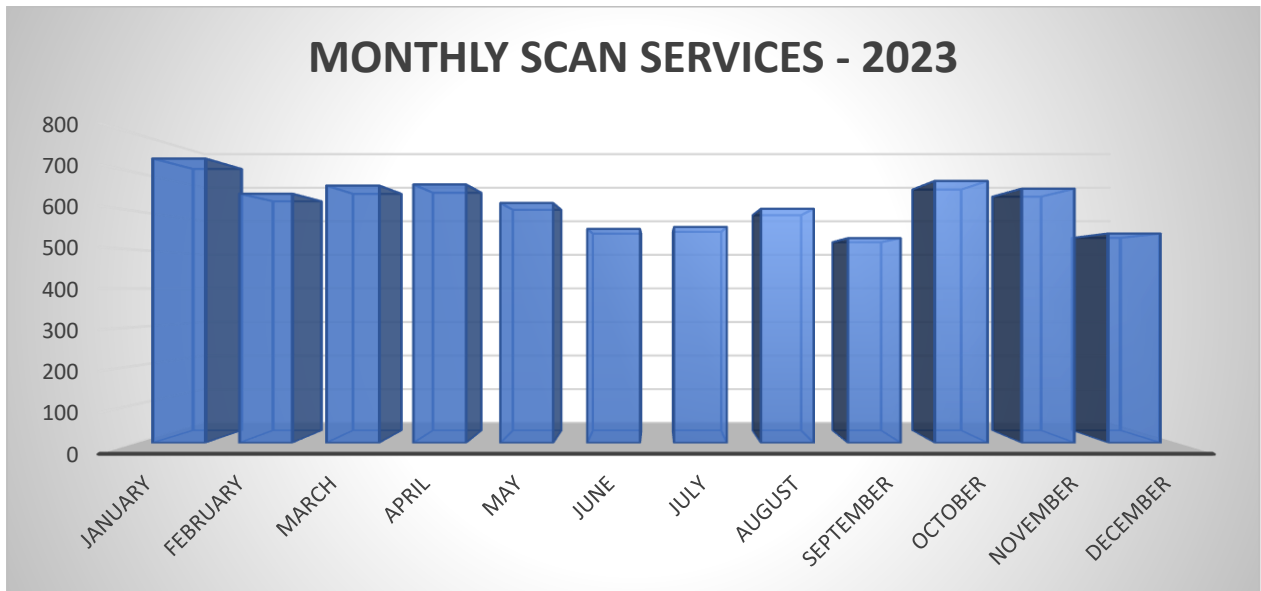


FIG. 33: MONTHLY SCAN SERVICES

Table 38: ECG

YEAR	FIGURE
YEAR 2021	528
YEAR 2022	386
YEAR 2023	645
PERCENTAGE	67.10%

Table 39: X-RAY

YEAR	FIGURE
YEAR 2022	618
YEAR 2023	116 (ONLY JANURAY)

COVID-19

Table 40: Patient status

INDICATOR	Year-2020	Year-2021	Year-2022	Year-2023
SUSPECTED CASES	117	235	107	21
CONFIRMED POSITIVE CASES	17	40	15	0
POSITIVITY/INFECTION RATE	14.53	17.02	14.02	0.00

Table 41: staff status

INDICATOR	YEAR-2020	YEAR-2021	Year-2022	Year-2023
SUSPECTED CASES	40	108	0	0
CONFIRMED POSITIVE CASES	11	25	0	0
POSITIVITY/INFECTION RATE	27.5	23.14	0	0

Table 41: Total Status of Covid-19 at SGCH

INDICATOR	YEAR-2020	YEAR-2021	Year-2022	Year-2023	PERC.
SUSPECTED CASES	157	343	107	21	-80.37
CONFIRMED POSITIVE CASES	28	65	15	0	0.00
TOTAL DEATH	-	5	1	0	-100.0
POSITIVITY RATE DUE DEATH	-	7.7%	6.67	0	-100.0
POSITIVITY/INFECTION RATE	17.83	18.95	14.02	0.00	-100.0

REFERRALS

Table 42: Referrals

Month	YEAR-2021		YEAR-2022		YEAR-2023	
	IN	OUT	IN	OUT	IN	OUT
January	70	37	48	47	144	75
February	64	47	74	53	132	105
March	56	45	109	35	118	47
April	60	48	108	51	114	38
May	90	68	171	31	122	46
June	55	47	101	41	94	38
July	62	39	138	43	70	57
August	54	35	85	42	105	46
September	60	54	106	41	74	40
October	51	29	114	65	103	56
November	92	48	64	42	124	41
December	68	36	83	40	161	63
Total	782	533	1201	531	1361	652

The facility received a total of 1201 referred in cases against 531 referrals out of the facility in the year under review. The referral in is 53.5% increment from the previous while the referral out reduced by -0.38%.

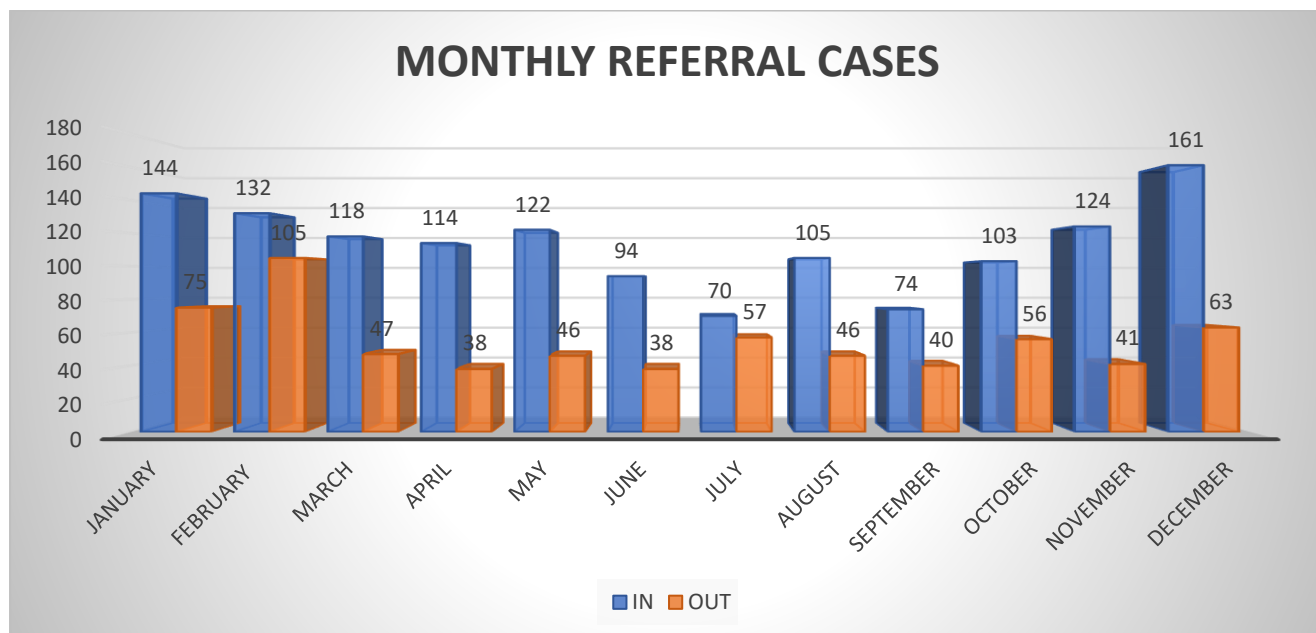


Fig. 34: Monthly referrals 2023

Table 43: Unit Referrals

UNIT	YEAR-2022		YEAR-2023	
	TRANS/REF IN	REF OUT	TRANS/REF IN	REF OUT
FEMALE WARD	746	62	586	83
MALE WARD	431	34	366	25
KIDS WARD	316	39	313	35
OPD	396	184	436	246
MATERNITY	254	34	253	35
ANC			337	217
EMERGENCY	251	177	335	11

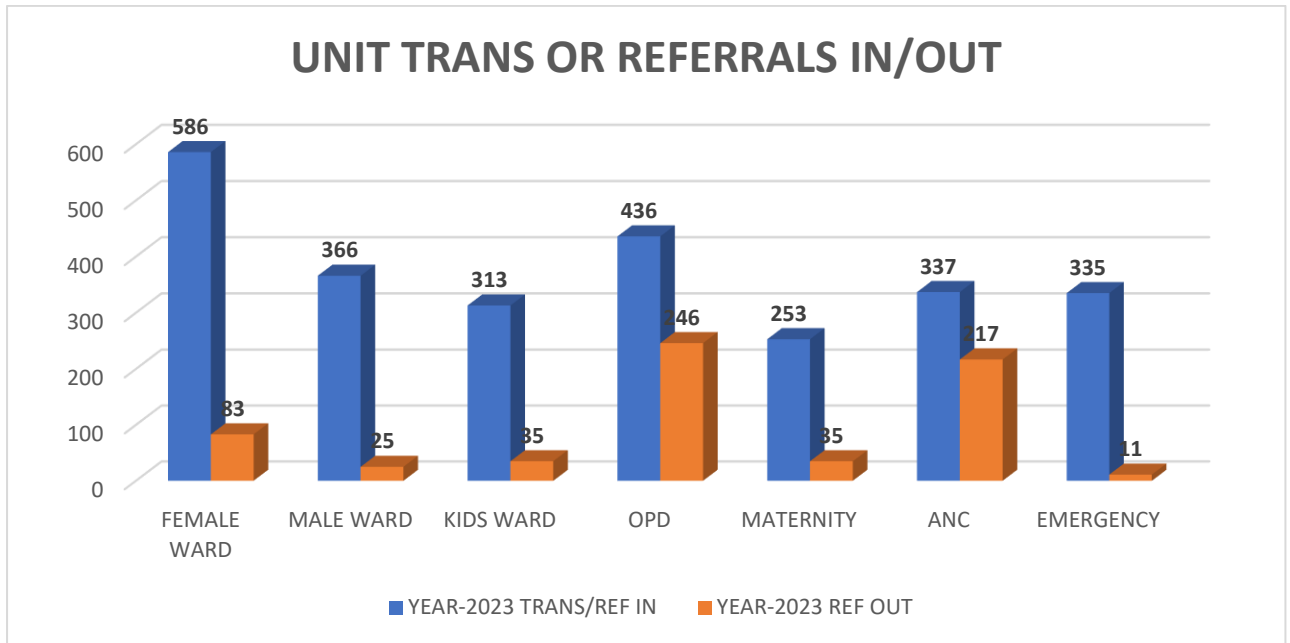


Fig. 35: Unit referrals 2023

CERVICAL CANCER

Table 44: Cervical Cancer Cases with Age Distribution

AGE GROUP	PAP SMEAR		VISUAL INSPETION WITH ACETIC ACID (VIA)		BREAST SCREENING		HPV DNA TESTING	
	2022	2023	2022	2023	2022	2023	2022	2023
10-19 YEARS	0	0	0	0	14	115	0	0
20-29 YEARS	15	14	70	101	17	451	0	0
30-49 YEARS	52	21	97	69	39	209	54	0
50 & ABOVE	13	38	48	58	14	215	10	0
TOTAL	80	73	215	228	84	990	64	0

Table 45: STATUS OF CERVICAL CANCER CASES

CASES	NUM TESTED		POSITIVE(Abnormalities)		NEGATIVE		REF INTO CARE	
	2022	2023	2022	2023	2022	2023	2022	2023
PAP SMEAR	80	73	4	3	76	70	4	3
VIA	215	228	6	9	209	219	6	9
BREAST SCREENING	84	990	26	215	58		26	215
HPV DNA TESTING	64	0	AWAITING RESULTS					

Table 46: WELLNESS CLINIC

AGE DISTRIBUTION	YEAR 2021	YEAR 2022	YEAR 2023	PERCENTAGE
10-19 YEARS	22	209	220	5.26
20-29 YEARS	38	116	238	105.17
30-39 YEARS	68	218	299	37.16
40-49 YEARS	44	109	147	34.86
50 & ABOVE	39	121	141	16.53
TOTAL	211	773	1045	35.19

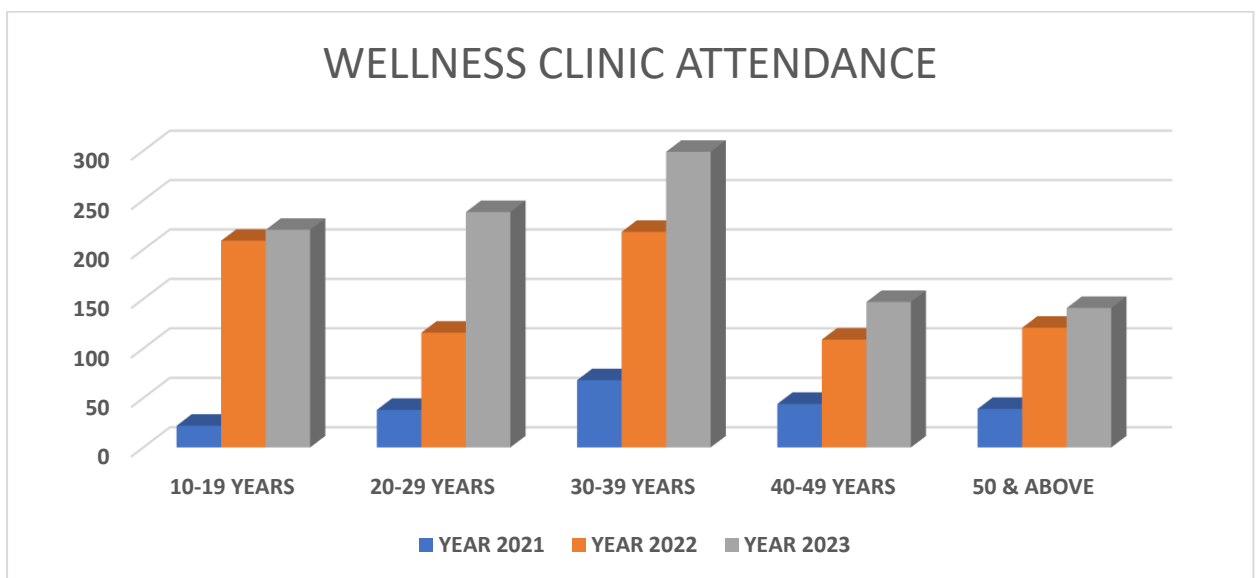


Figure 36: Wellness Clinic

PHARMACY

Table 49: PATIENT SERVED

INDICATORS	MAIN DISPENSARY	DISPENSARY ANNEX	INPATIENT DISPENSARY	ANC DISPENSARY	GRAND TOTAL
2022	44942	2974	5700	4912	58528
2023	45841	3217	11018	4469	64545
PERCENTAGE	2.00	8.17	93.30	-9.02	10.2

Table 50: RATIONAL USE OF MEDICINE (RUM) RAW DATA

indicator	Figure 2022	2023
Total number of patients encounters sampled	360	360
Total number of medicines prescribed for all the patient encounter sampled	1112	1119
Total number of medicines prescribed by generic name for the total patient encountered sampled	1096	1119
Total number of patient encounters samples that had antibiotics prescribed	407	236
Total number of patient encounters samples that had injections prescribed	106	54
Total number of medicines prescribed from essential medicine list for all the patient encounters sampled	710	923

Table 51: Table 50: RATIONAL USE OF MEDICINE (RUM) RATES

Indicator	Rates 2022	Rate 2023	Possible interpretation
Drugs per patient sampled	3.09 medicines per patient	3.11	Each has at 3 drugs prescribed for
Prescription by generic name per patient sampled	98.56%	100	
Prescription from the EML per patient sampled	63.85%	82.34%	
Prescription of antibiotics per patient sampled	36.60%	65.55%	Each patient likely to have 2 antibiotics
Prescription of injections per patient sampled	9.53%	15%	Every 3 other patient takes injection

RECOVERY WARD

Table 52: RECOVERY WARD ACTIVITIES

DIAGNOSIS	2022	2023
LAPAROTOMY	12	14
APPENDICECTOMY	4	0
EMERGENCY CS	457	526
ELECTIVE CS	355	374
MYOMECTIONY	31	30
HERNIA REPAIR	24	31
CERVICAL TEAR REPAIR	5	12
HYSTERECTOMY	3	4
TOTAL ABDOMINAL HYSTERECTOMY	6	10
SALPINGECTOMY	51	42
PERINEAL TEAR REPAIR	2	1
BARTHOLIC ABSCESS	4	1
LIPOMA	1	0
SEPTIC SHOCK	1	0
SVD WITH COMPLICATION	4	0
COMPLICATIONS IN PREGNANCY	4	0
ALL OTHER CASES	67	22

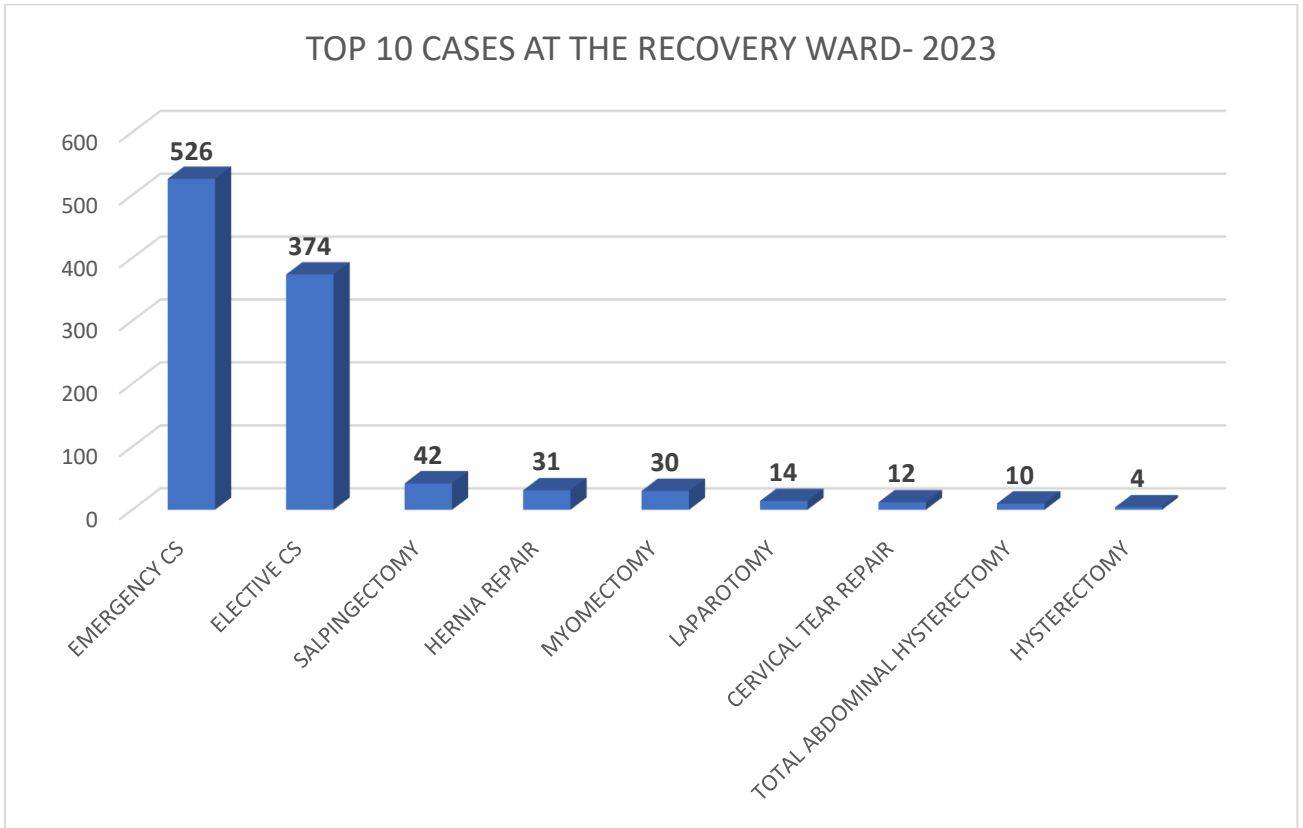


Figure 37: Top 10 cases at the recovery ward

SECTION 5

HEALTH TECHNOLOGIES

Health technology relates to all aspects of infrastructure, medical equipment, amenities, medicines, vaccines, laboratory equipment and e health applications. It further more relates to all procedures, systems and skills required to manage these items adequately to improve and maintain a high and uninterrupted level of service readiness by the health facility.

Critical network challenges related to health technology are outlined below:

1. Insufficient and obsolete health facility equipment
2. Poor diagnostic support services
3. High cost of equipment and drugs
4. Weak maintenance culture budgets and plans
5. Limited availability and inadequate use of ICT infrastructure and tools.

The facility under the year in review, the facility was able to achieve the following:

ACHIEVEMENTS

- Installed four new Access point at critical positions to improve network.
- Extended network connection to areas the needed it
- Collaborated with management to produce appropriate I.T devices for use.
- Trained new and existing staff on the use of LHIMS
- Ensured the hospital website was running and updated

CHALLENGES

- Frequent power fluctuation
- Delay in procuring required tools and devices

SECTION 6

HEALTH FINANCING

FINANCIAL MANAGEMENT AND FINANCIAL MECHANISMS

The hospital segregated its financing activities into two broad categories. Finances that support the drugs supply management. In this regard, a separate drugs account is operated from that of any other accounts such as services. This accounts hold money accruing from the sale of cash and carry drugs and drug of NHIS reimbursement. All drugs supplied to hospital are paid from the drugs account.

The second financing mechanism has to do with services other than drugs. This is an exclusive operated for all services including the purchase of non-drug consumables, works and medical equipment.

Out of these two accounts operated, there are two forms of financial transactions. There is the banking transaction and the petty cash transactions. The petty cash currently hold amount not more GHC2000.00 and for quick transaction and daily operational issues ranging from GHC1.00 to GHC200.00. Disbursement is approved either by the Medical Director or the Administrator.

The following are the accounts operated by the hospital:

1. Drugs Account
2. Service Account
3. Allowance Account
4. Development Account
5. Savings Account

For the banking transaction, cheques are used. There are 3 signatories to the accounts. These are the Accountant, the Administrator and the Medical Director. They are for payments of goods and services supplied or rendered internal salaries and allowances.

St. Gregory Catholic Hospital sailed through 2023 financial year smoothly though it was confronted

with unique challenges associated with the industry within which it operates as well as the national Economic crises the economy experienced referencing exchange rate, interest rate, inflation, among others

The hospital within the fiscal year realized a **Total Operational Revenue** of Thirteen Million Nine Hundred and One Thousand and Ninety-Five Ghana Cedis Seventy Pesewas (**GH¢ 13,901,095.70**) excluding Government of Ghana Subventions (salaries) and Specific project funds (eg. CRIB and AKOMAPA) etc. and a **Total Expenditure** of Thirteen Million Eight Hundred and Sixty-One Thousand Two Hundred and Eleven Ghana Cedis and Forty-Six Pesewas (**GHS¢ 13,861,211.46**) excluding Government of Ghana Subventions (salaries). The total expenditure comprises of Operational expenditure of Twelve Million Eight Hundred and Ninety-Five Thousand Seven Hundred and Three Ghana Cedis and Thirty Pesewas (**GH¢ 12,895,703.30**) and Capital expenditure of Nine Hundred and Sixty-Five Thousand Five Hundred and Eight Ghana Cedis and Sixteen Pesewas (**GH¢ 965,508.16**). **Gross Total Government subvention** for the year amounted to Fourteen Million Nine Hundred and One Thousand Nine Hundred and Forty-Nine Ghana and Seventy-One Pesewas (**GH¢ 14,901,949.71**) with **Donations** and **Other revenue** amounting to Five Hundred and Forty-Seven Thousand Three Hundred and Fifty Ghana Cedis and Eighty Pesewas (**GH¢ 547,350.80**) and Two Hundred and Nine Thousand Six Hundred Ghana Cedis and Ninety-Four Pesewas (**GH¢ 209,600.94**) respectively.

This resulted in **OPERATIONAL SURPLUS** and a **NET SURPLUS** of One Million Seven Hundred and Sixty-Two Thousand Three Hundred and Forty-Four Ghana Cedis and Fourteen Pesewas (**GH¢ 1,762,344.14**) and Seven Hundred Ninety-Six Thousand Eight Hundred and Thirty-Five Ghana Cedis and Ninety-Eight Pesewas (**GH¢ 796,835.98**) respectively. A total of Nine Hundred and Sixty-Five Thousand Five Hundred and Eight Ghana Cedis and Sixteen Pesewas (**GH¢ 965,508.16**) was spent on Capital Expenditure.

Receivable balance as at 31st December, 2023 stood at GH¢ 583,355.31 comprising of NHIS Claims returns and Others for GH¢ 494,880.56 and GH¢ 88,474.75 respectively.

Payable balance as at 31st December, 2023 also stood at GH¢ 1,978,299.74 comprising **DRUGS** and **NON-DRUGS** (consumables) of GH¢ 1,043,309.46 and GH¢ 934,990.28 respectively.

Archdiocesan (Investment Unit) Existing loan balance as at 31st December, 2023 stood at Eighteen Thousand Three Hundred and One Ghana Cedis and Eleven Pesewas (**GH¢ 18,301.11**).

Bank and Cash Book balances as at 31st December, 2023 stood as follows:

ACCOUNT BALANCES	BANK BALANCES	CASH BOOK
	GH¢	GH¢
Drugs Account	545,896.50	521,284.49

Service Account	640,159.55	603,129.63
Allowance Account	93,455.17	61,481.63
Development Account	143,626.77	143,626.77
Savings Account	56,956.19	56,956.19

Petty Cash Balance as at 31st December, 2023 stood at GH¢ 3,319.04 with Total MTN Mobile Money Balance of GH¢ 5,982.50 detailed as:

MOMO – Drugs	GH¢ 5,782.50
Service	GH¢ 200.00

St. Gregory Catholic Hospital’s Management and entire staff will continue to work diligently and assiduously to maintaining excellence and facelift in quality healthcare delivery. It is our earnest expectation to do more in year 2024 as we envisage positive prospects amidst foreseeable economic crises.

SECTION 7

PARTNERSHIP

Effective partnership is based on commitment, communication, cooperation and coordination.

Important aspects and advantages of partnerships are:

1. Improving access to services
2. Access to complementary resources
3. Improved focus and coordination
4. Improved capacity
5. Innovation and expertise

Partners	Activities
Ghana Health Services	<ol style="list-style-type: none">1. Provision of programmed drugs2. Capacity building through various workshops / training program3. Attachment of staff for public health activities
Chiefs	<ol style="list-style-type: none">1. Provided land2. Always comes to the aid of the hospital by warding off encroachers to the hospital land and properties
Ghana Fire Service	<ol style="list-style-type: none">1. Carries out fire inspections2. Provides training for staff on basic fire handling issues
Ghana Police Service	<ol style="list-style-type: none">1. Always comes to aid of the hospital whenever there is security Threat.
District Assembly	<ol style="list-style-type: none">1. Through the sub-district, ensures sanitation issue are dealt with2. Involves the hospital in their 6th March activities3. Fumigation of the facility
National Disaster Management Organisation	<ol style="list-style-type: none">1. Regulates the activities of the refugees to ensure identification and provision of their health needs
CHAG	<ol style="list-style-type: none">1. Posting, transfer and mechanization of staff2. workshop3. Provision of logistics
CHST- GHANA	<ol style="list-style-type: none">1. Provide technical advises and policy directions2. Posting and transfer3. Workshop
G.E. S	<ol style="list-style-type: none">1. Collaboration on school health programs
CHRISTIAN COMMUNITY	<ol style="list-style-type: none">1. Donation of various kinds of items to the hospital2. Collaboration on church health programs
INDIVIDUALS	<ol style="list-style-type: none">1. Donations of various kinds of items.2. Willingness to offer accommodation for staff to rent

SECTION 8

RESEARCH

MAIN OBJECTIVES

The main objective of the satisfaction surveys (staff and patients) are to improve upon the service delivery of the hospital. This help us to ensure that both staff and clients are satisfied with services provided by the staff and the one received by the clients. These objectives when achieved will seek to ensure continues relationship between the clients and the health care provider, and the as well as the staff.

SPECIFIC OBJECTIVES

1. To ensure that there are improved services being delivery.
2. To accurately judge clients' expectation about service being delivered.
3. To accurately judge staff expectation and satisfaction level in service rendering to the general public.
4. To help management identify grabs in the services delivery and to improve quality healthcare.

PROBLEM STATEMENT

In every hospital, there is a continues relationship between clients, staff and the service provider (management). Healthcare providers (managers) are ensure that the clients who are their biggest asset are given the upmost care to ensure that they continue to seek for their services; staff who are the bridge between the provider and the clients must be motivated to give off their best of service to the satisfaction of the clients. Unfortunately, most clients visit health facilities and leave totally unsatisfied due to poor customer care and the bad attitude of some staff; and some staff are believed to give bad services due to poor or non-existence of motivation. These surveys are to find out what client's expectations about service delivered to them, and as well as the level of staff satisfaction or motivation. It will also help to identify the gabs in the service delivery and take pragmatic steps to ensure that quality healthcare is improved if not maintained through staff motivation and good customer care. This will help to ensure that the clients are satisfied, staff are satisfied and the health care providers (manager) also have discharged their duties well.

METHODOLOGY

The survey was conducted using the National Catholic Health Service satisfaction tool to analyse various services provided by the hospital. A Google form was designed by the Health Information Unit which was used for all the surveys electronically in exception of the community survey that was manual. The target was to survey 100 patients for NCHS survey, 250 staff were expected to answer but only 151 staff completed the survey, for the inpatients

100 clients were targeted while for the exit survey, 100 clients were targeted. The difficulties were network fluctuation, availability of device/equipment, time and the use of the device by either the client or the officer who administer the survey. Random sampling was used for the patients'/clients', which allowed for flexibility in choosing the sample population. Students on attachment were used as field officers for the patients' satisfactions to ensure that they are have no influence on the information collected. For the staff, the Health Information share the Google form link with HODs and on the Main staff WhatsApp platform for staff to easily do their survey. The response was limited so that we would not have multiple entering from one person.

INTRODUCTION

This report looks at NCHS general patients' satisfaction, in-house model survey for inpatients and staff satisfactions. This survey report is four in one (4 in 1) surveys for the year 2023.

EXECUTIVE SUMMARY

Community:

The target of the survey was to sample five hundred (500) people but we reached 477 respondents indicating a response rate of **95.4%**. 80.43% Satisfaction and 19.57% dissatisfaction.

General Patient (OPD)

The survey targeted 600 clients but reached 531 clients within the time stipulated indicating a response rate of **88.5%**.

Overall Patient **Satisfaction Score is 90.35%** and the **Dissatisfaction score is 9.65%**.

In-Patient

The survey was aimed at 400 clients, but within the time limit of the survey, 351 clients were contacted, indicating a response rate of 87.75%.

The **inpatient satisfaction score for the facility is 85.54%and 15.46% dissatisfaction.**

Staff

A total staff of 245 out of the overall staff strength of (318) responded to the survey forming a respondent rate of **77.04%**.

In the overall analysis, the hospital got **66.40% satisfaction** scored as against **33.60% dissatisfaction**

REPORT ONE

COMMUNITY SURVEY

Introduction:

The St. Gregory Catholic Hospital is located at Gomoa Buduburam in the Gomoa East of Central Region. It is the only hospital located within the district. It serves as the referral point for the all other health facilities within and out of the district.

The community survey was done to help the facility to appreciate the perception of the people and address them.

The below was the report gathered during the period of the survey.

The target of the survey was to sample five hundred (500) people but we reached 477 respondents indicating a response rate of **95.4%**. The survey was done by the community volunteers who were engaged by the hospital management.

The questionnaire consists of eleven (11) questions. Five (5) were close ended questions and six (6) open ended question. Below are the details.

Results:

Table A: Gender of Respondents

INDICATOR	FREQUENCY	PERCENTAGE
MALE	148	31.0%
FEMALE	329	68.9%

From the table A above,148 out of the total respondents were Males forming 31.0% whiles the majority of 329 forming 68.9% of the respondents were Females

The below pie chart the percentage distribution of the respondents.

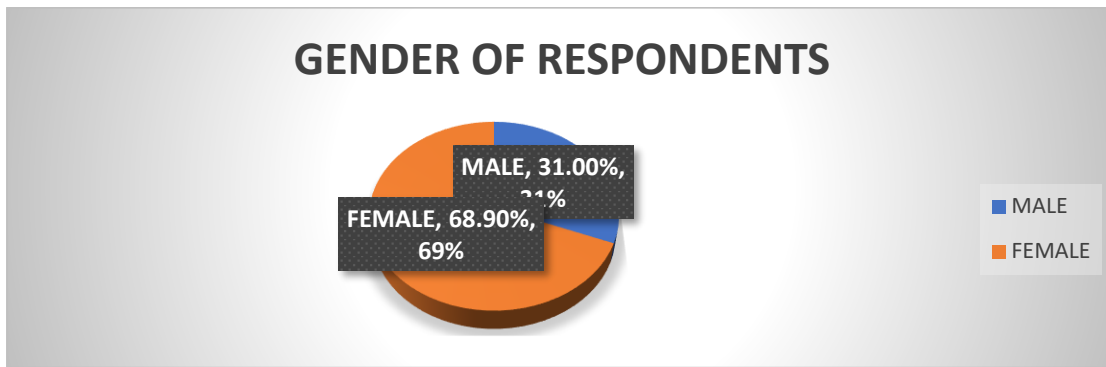


Figure A

Table B: Is the hospital staff friendly?

INDICATOR	FREQUENCY	PERCENTAGE
YES	384	80.50%
NO	93	24.2%

The community believed the staff at the hospital are friendly based on the result in the table above. 80.50% of the respondents representing, 384 people stated Yes while 24.2% representing 93 people respectively.

The below graph shows the pictorial view of the results.

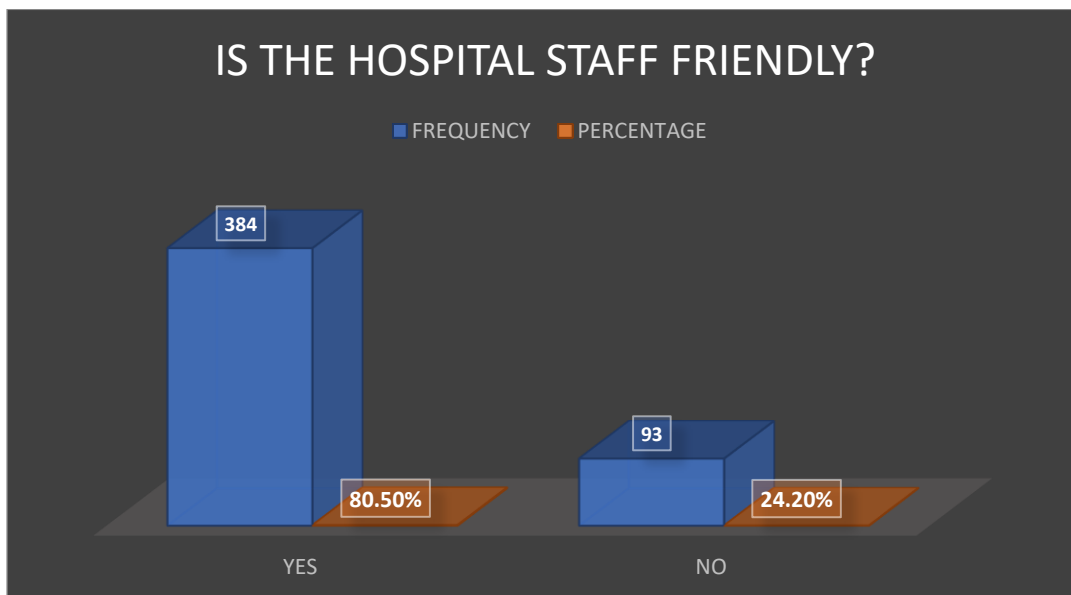


Figure B.

Table C: Are people promptly attended to when in emergency conditions?

INDICATOR	FREQUENCY	PERCENTAGE %
YES	362	75.8%
NO	115	32.2%

The above table was the result from the respondents within the community on “**Are people promptly attended to when in emergency conditions?**” about 362 people respondent said Yes while 115 went opposite indicating 75.8% and 32.2% respectively.

The below graph is the shows the percentage indicators.

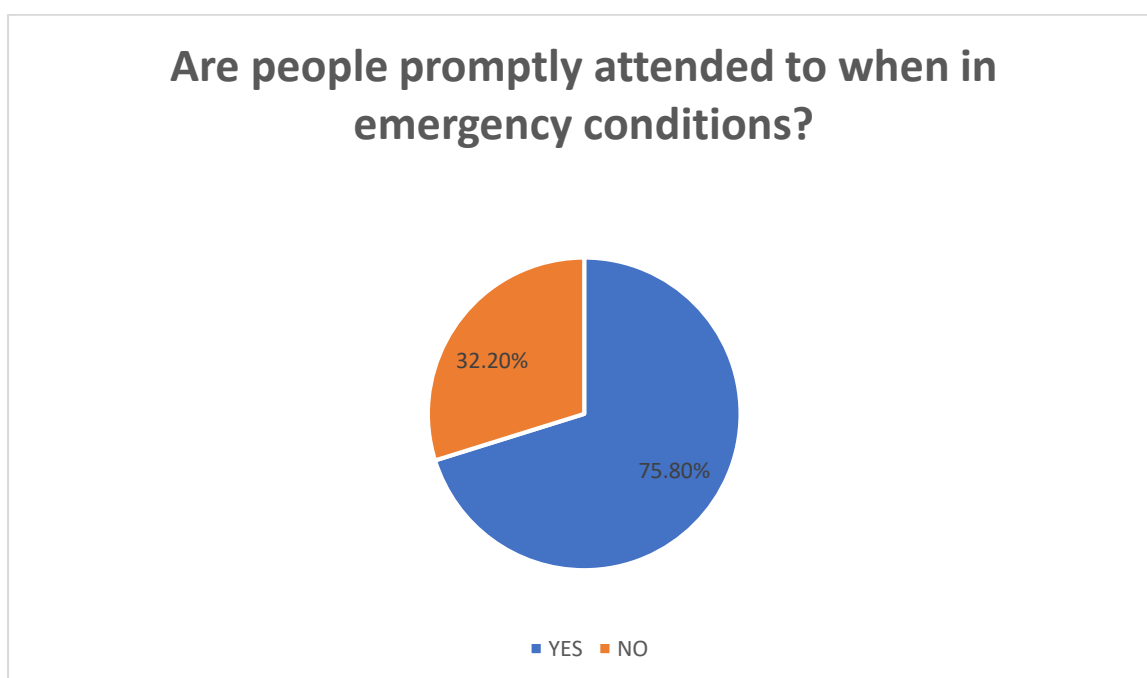


Figure C

Table D: Do people get their drugs when they attend the hospital?

INDICATOR	FREQUENCY	PERCENTAGE
YES	389	81.15%
NO	88	18.4%

On the question of “**Do people get their drugs when they attend the hospital?**” 389 respondents forming 81.15% said Yes and 88 respondents representing 18.4% said No this

was an improvement over the 2022 result where the majority of 64.4% (123) said a No to they getting their drugs served when they visit the hospital.

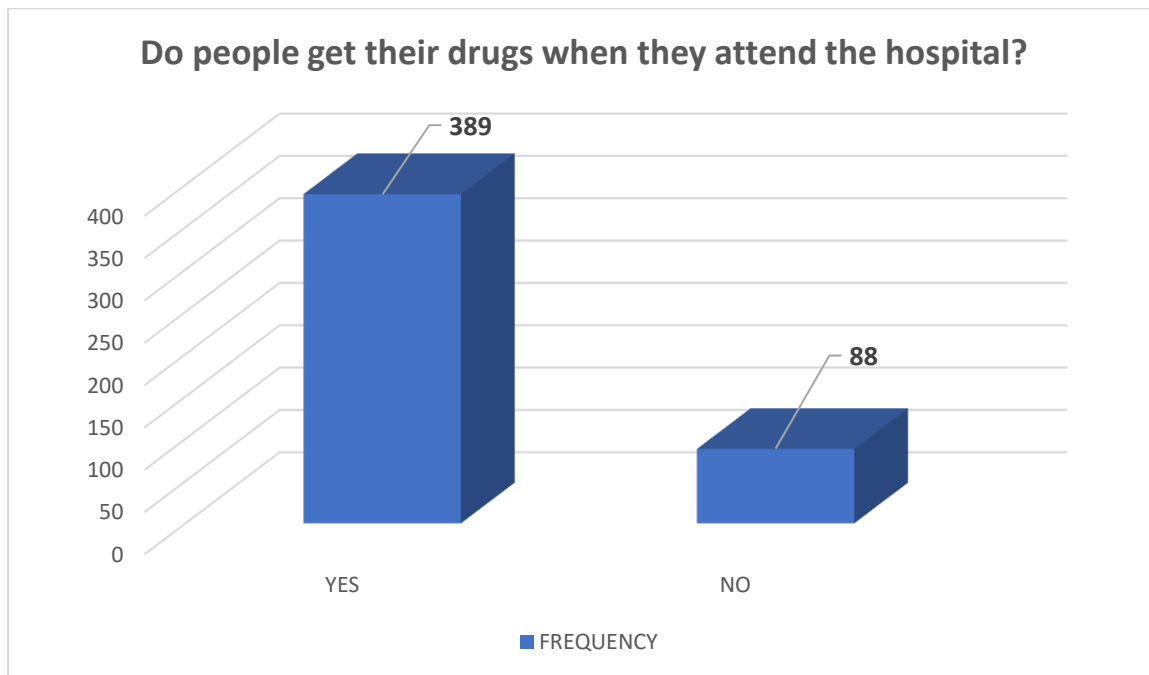


Figure D

Table E: Do you believe the hospital is making an impact?

INDICATOR	FREQUENCY	PERCENTAGE
YES	415	87.0%
NO	62	12.9%

As shown in the above table, 87.0% of community residents constituting 415 persons agreed the hospital is making an impact and 12.9% of 62 persons disagreed. The below pie chart indicates the percentage of the respondents.

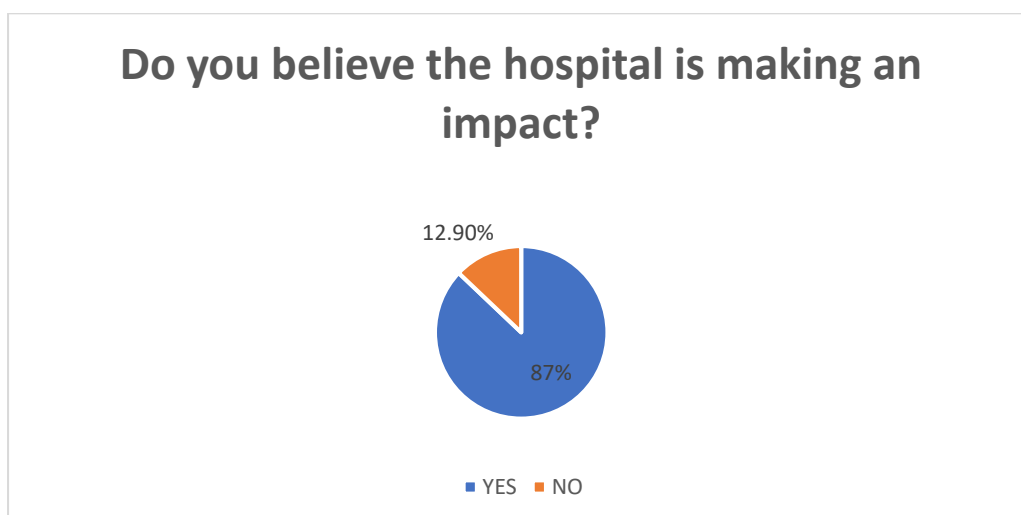


Figure E

Table F: Will you recommend this hospital to someone?

INDICATOR	FREQUENCY	PERCENTAGE
YES	371	77.7%
NO	106	22.2%

“Will you recommend this hospital to someone?” question received 77.7% affirmation and 22.2% decline representing 371 and 106 persons respectively.

The bar graph below indicates the chart for the above responses.

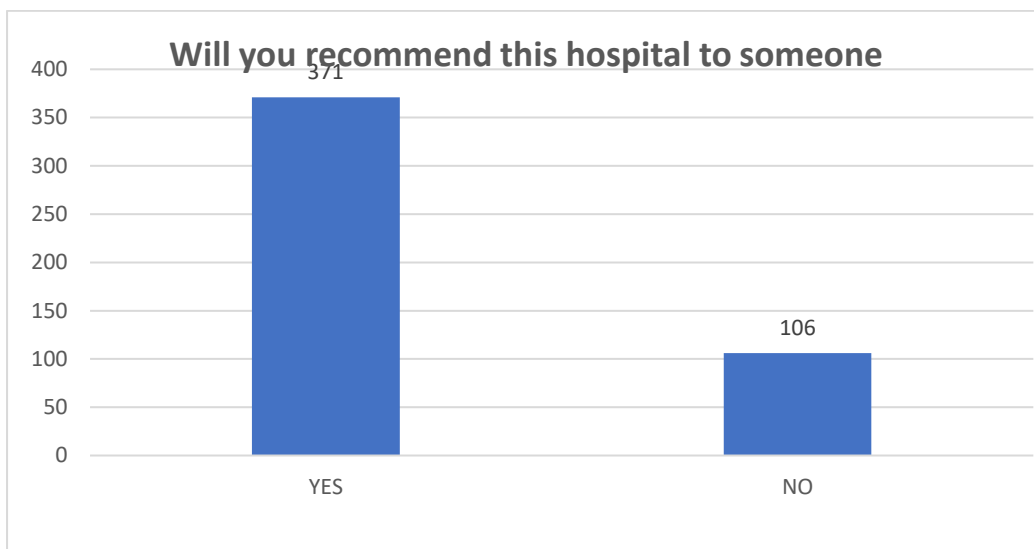


Figure F

G: What the community (Respondents) like(s) about the Hospital.

1. Staff friendliness except few nurses
2. Everything
3. Their services are good
4. Good services
5. The location
6. They are neat and there are a lot of facilities
7. Nothing
8. Nothing
9. They give you a lot of drugs
10. The doctors are good

11. How the doctors take good care of me wholeheartedly.
12. The doctor that attended to me is very good
13. Some of the nurses are good
14. The services are good
15. Everything
16. Some of the doctors attend to you well
17. Some nurses talk to you so nicely
18. Almost everything
19. The services are good
20. Maternity
21. Almost everything
22. Most of the nurses and doctors are friendly
23. The services are good
24. They are not bad
25. the services are not bad
26. Their services are good
27. The hospital is in town
28. the closeness of the hospital
29. Everything
30. Their services are good though
31. Some of the doctors are co-operative
32. Access to specialized care for various condition
33. Medical staff's dedication to patient well-being
34. Availability of 24/7 emergency service
35. Access to medication and pharmacy services
36. The potential for successful medical outcome
37. Supporting and compassionate nursing care
38. Availability or support from social workers
39. Availability of paediatric care for kids
40. Access to mental healthcare and counselling
41. Availability of obstetric and maternal care
42. Few of the workers are well caring
43. Scan and lab service
44. Good reception
45. I like everything
46. How they attend to their patient
47. Good reception
48. Qualify workers
49. Good reception
50. Their services
51. Their treatment
52. I like everything
53. Qualify workers
54. Good reception of some workers
55. Good services
56. Good reception
57. Good doctors
58. Dr. Yemoh did my operation and am okay now. I did hernia operation
59. The service is good

60. They really gave us all the attention we needed
61. For me I brought my wife, and the doctor that did the CS did very well
62. The way some of the nurses spoke to me was impressive, its cools heart
63. At the ANC everything was okay for me over there
64. The security level
65. Some the nurses too smile a lot
66. When you are at the ward no mosquito bite
67. The patience, once is your turn you will be attended to
68. The orderliness in the queue whiles waiting for the doctor
69. The nurses at the vital site are doing a great job and the way they talk too is good
70. The way the doctors relate to us in the consulting room
71. Those at the records are lovely compared to some years ago.
72. The neatness of the environment.
73. The nurses that attended to my husband did well
74. When there is a problem, they take time to explain things to you
75. The way the doctors to you whether young or old
76. Enough seat to sit while you wait for your results and to be attended to
77. Orderliness
78. The way they received my mum at the emergency
79. The response to patient
80. They are good
81. The doctors and the OPD people are friendly
82. Good services
83. They are good
84. Most doctors I have encountered so far are doing their best
85. The nurses are very friendly and the midwives
86. I was properly treated and they were kind to me
87. Good services
88. They are a lot of machines even for CS
89. Their services are good
90. Everything
91. Most of the staffs are cool
92. How serviceable the nurses are?
93. Some of the doctors are very calm and know how to communicate to their clients
94. The service of the nurses
95. Their services are good
96. Good reception
97. How they attend to their patients
98. The people at the records are friendly and the way they smile is good
99. The emergency unit
100. The midwife that helped my delivery
101. The intelligence of some staffs
102. Some of the doctors are patience with client
103. The transformation of the OPD vital site
104. Their educative manner
105. How to eat well are being thought by most nurses in the morning at the OPD,
106. Maternity and ANC
107. The fast attendance to patient at the emergency condition
108. Their friendliness

109. The way some of the nurses talk to patients and that of the relatives of the
110. patient
111. Some of the nurses are good
112. The only thing that i like is when my mum was leaving the facility she was
okay
113. Nothing because of what some nurse said
114. The love for humanity
115. The way the nurses at the vital site ask questions on my vitals
116. The way information desk direct people around the hospital
117. Some of the nurses are good and they are good
118. The doctors are good but they have to report to work on time
119. The care at the emergency,
120. Some good doctors and nurses
121. Some of the nurses are good as well as the doctors
122. The workers are sociable
123. The doctors and the nurses are patience in taking care of people
124. They are very confidential.

H: What the community (Respondents) do(es) not like about the Hospital.

1. Too much money
2. Rude staffs
3. At the records the rate of privacy is low, because anyone at the front desk can here exactly what you are telling the one doing the card.
4. Some of the nurses don't have patience
5. They do a lot of labs without attending to the patient in an emergency condition
6. The delays are too much
7. The health insurance doesn't cover everything
8. Some nurses don't take good care of the patient and they shout at them
9. Some of the nurses have time for their phones more than the patients
10. The student nurses and doctors don't know what they are doing
11. The water from the mortuary pollutes the community and the scent sometimes pollutes the air
12. The erosion behind the walls of the mortuary
13. Reluctant to attend to the people in the emergency
14. Some of the nurses don't focus on the work
15. Some of the nurses are not friendly
16. Things are too expensive
17. The labs are too much
18. My child had an accident and we came to the hospital you told me to wait when they sent my child inside something prompted to go and see how my child was fairing, lo! And behold! My child was lying in a pool of blood because of that I took him to a different hospital from there I don't come again

19. limited visiting hours and restrictions for patients' family members
20. High healthcare cost and complex billing process
21. Unappetizing hospital food and limited dietary options
22. The risk of hospital acquired infections
23. Lack of personal space for patient to store belonging
24. Inadequate patient education on post discharging care
25. Stress and anxiety associated with hospital visits
26. Variability quality of care among healthcare providers
27. The emotional stroll on patience and families during the hospital stay
28. Limited access to medical records test results
29. Without money they won't take care of you
30. The new nurses that are the clinical and relations need to be well taught before attending to the patient
31. Do not care people in an emergency condition
32. Inability to take urgent care of people in an emergency condition
33. Some of the some of the nurses always on their phone
34. The nurses are rude and strict
35. They delay people at the emergency
36. The maternity gives unnecessary caesarean sections
37. High healthcare costs and complex billing process
38. How they sometimes talk to the patients
39. Some nurses do not respect
40. Their things are expensive
41. Their washroom
42. The place the patients who are going to do CS is not good. I saw the naked buttocks of most women. Imagine if I was a man, the way I am seeing it is the same way others are seeing it.
43. Honestly, the first CS my wife had was great, because she had access to every drug she needed for the cs. But with my second born, that is when they had to share what is for my wife with someone else. It caused her so much complications when she got back home, which took her too long before recovering.
44. Shouting on my sick mother when she mistakenly vomited at the ward.
45. The queue in seeing the doctor.
46. The jumping of the queue by some relations of some staff to the consulting room.
47. My wife sleeping on the floor after the CS with the excuse of no beds.
48. The accommodation of the facility is poor. At the kids ward, my wife sat in a plastic chair with the excuse of no bed space, meanwhile she did her CS not long ago.
49. The problem is at the maternity, sleeping on the floor with the explanation that the beds are full and also mixing delivered mothers, CS patients and those who are yet to deliver in the same room.
50. The management should see to it that all prescribed drugs are in the facility.
51. The problem of getting there early at dawn and nurses tell you they don't know whether there will be a clinic or not.
52. Keeping too long in a queue before seeing a doctor
53. Jumping over the queue by some of the health staff relative, meanwhile i came early and ws in a queue for a long time.
54. Paying consultation fee when using NHIS and the difference between those with NHIS and without NHIS is huge

55. The doctor entered a drugs for me to go and buy which I did and I went to same consulting room and a lady doctor entered another drugs for me to go and buy in the process they didn't use all the drugs on her.
56. Friendliness of workers is very low, if they don't know u they treat you anyhow
57. The pharmacy side. All drugs prescribed by the doctor, some you don't get it there
58. The deception by the doctor about my mum's ailment. He said my mum will be okay, meanwhile is not the case
59. Some of the nurses see us as illiterate and they use our appearance to cheat us
60. They do not attend to people promptly and the nurses are rude
61. They won't attend to you at all when you are in emergency conditions
62. The fact that the mortuary is there, so on Fridays, the road gets blocked.
63. Rudeness of the staff
64. The labs are too much and it wastes a lot of time. And the delay at OPD.
65. The noise some the nurses make with their phone is too much.
66. Buying three boxes of drips to be used on my husband but they only used three.
67. Their toilet facility is not good at all
68. Pressing of phones whiles patients are suffering
69. Most of the nurses at the vital site likes playing with their phones
70. The way some of the staff talks is as if the patient being brought in is not human
71. At the mid-night at the emergency, my mum said she will visit the toilet, I ask one nurse to assist me since she can't walk, the nurse shouted at me that she is not there to do those work.
72. I was knocked down by a motor bike and I went to the emergency, the nurse over there ask me to pay ghc40.00 before she will dress my wound for me, I was in pains so I had no choice than to pay, even though I have paid for the emergency, she added that is a punishment is she giving to the motor rider because when u advice the motor riders they won't listen.
73. The doctor kept us waiting in the queue. Before reporting at post. I also kept long in doing the lab
74. The queue at the pharmacy section
75. At the records section, instead of them to pick the cards, they will be conversing
76. The way the nurses will even wait at the vital site is not encouraging
77. The queue at the vital site must be checked
78. Doing the card before the doctors attend to you must be checked and the unseriousness of some staffs at the records.
79. If the condition is not critical you will be left unattended, I lost my child in the process
80. Some nurses don't know how to talk to patients
81. They attend to protocol people or known people

I: What the hospital should improve upon.

- The staffs should be taught on how to care and have pity on patience
- They should attend to the patience
- Promote community outreach and health education programmes
- They should intensively supervise their workers
- They should work harder
- They should check on things concerning the maternity

- They should attend to patients first and foremost before asking them to activate their cards
- Infrastructure and x-ray machine
- Intensive supervision
- They should take good care of people in the emergency
- People lives matter, please take care of the patient before asking of the card activation
- The nurses need to be educated because the fight between us and them is too much
- They should treat people before asking for money
- Improve patient waiting areas for comfort and convenience
- Offer clear and helpful way finding signage
- Implement a patient feedback system to gather input
- Attend to people in emergency condition
- Increasing staff training on patient communication and empathy
- Enhance the hospital website for easy access to information
- Invest in modern medical equipment and technology
- Improve on cafeteria for food service for patient and visitors
- Develop a wellness and preventive care program
- Ensure accurate and timely billings and insurance process
- implement eco-friendly practices for sustainability
- The labs should be reduced
- The security should be active. Also, you don't wait for people to activate their cards before you attend to them
- The use of health insurance
- They should try and take care of people in emergency condition
- They should pay more attention to the patient because it their job
- They should attend to people at emergency condition before asking them to activate their cards
- The security should be more attentive
- They should do a gutter behind the hospital
- They should get a drain which connect straight from the mortuary to the drain and also, they should get chemicals to bring down the smell since its harmful to us
- The health insurance should cover everything
- They should have patience for patience ad don't waste people's time
- They should take care of us with patience and focus
- The patience needs to be educated and spoken too on how to handle patients
- In case of emergency, they should take good care of you before activating the card
- The nurses should stop chatting and attend to patients
- The nurses should stop chatting and attend to patients
- They should communicate well with people
- Price of stuffs should be decreased
- More washroom at the ANC
- Ambulance system
- Their talking skills
- More infrastructures
- Expansion of the emergency units
- More hospital beds
- Expansion of emergency unit

- Respectfulness of some nurses
- Their prices
- More infrastructure
- Much focus should be given to patients than card
- X-ray service
- Motivate the doctor and take very good care of them
- The place pass to the CS must be enclosed
- The drugs prescribed to CS patients must not be shared with other patients.
- CCTV must be set up to monitor the behaviour the nurses are putting up
- Increase the number of health workers
- The authority must see to it that there is orderliness
- Increase the number of beds in the maternity section
- Extend the facility to help accommodate more people and the beds must be increased
- Let there be a separation between the women who are delivered, going to deliver and those who are done with the CS
- The management should see to it that all the prescribed drugs are in the facility.
- Encourage the staffs who are doing well and others should also learn from them
- I will recommend that the regular check-up by the doctors every morning must be encouraged.
- Communicate well with the nurse before the day of the Physician specialist clinic
- Create more consulting rooms and employ more health workers
- First come first serve
- Invest more money in the hospital, not everyone has the NHIS
- Once you have the card and NHIS you don't have to pay for consulting
- The cleaners must be motivated
- Motivate the nurses
- The cashier at the pharmacy must be advised
- Contraction of more facilities and provision of more chairs and better rooms.
- Hospital staff's friendliness
- All prescribed drugs must be available in the pharmacy
- Give a clear view of the health state of the patients
- The nurses are our problem; they need to be advised. I paid for a drug and it was entered as unpaid, seeing us, they thought we are illiterate
- Workshops for nurses and health workers to do the job better
- They should take care of emergency case with promptness
- They shouldn't a lot of money and stop unnecessary labs
- Bring a lot of drugs
- They should sack everyone at the emergency unit and bring in new staffs
- A lot of doctors should come on board and work
- Attendance to people in emergency conditions
- They should provide a lot of beds especially to the emergency ward
- The should get an ambulance for the hospital
- They get to be asking patients questions to see the intensity of their problems
- Some of the nurses should be talked to
- Promptness in attending to patients in critical conditions
- Life of humans should be prioritised before other things

- More hospital equipment.
- Their speech
- Increase the consulting rooms to aid fast attending to patients
- Increase the number of workers
- Doctor-patients' relationships must be encouraged
- Know how to talk to the patients and critical examination of the patients
- Talk to nurses to really check on the way they talk to patients and stop pressing phones while there are patients to take care of.
- Number of doctors available in the afternoon duties must be increase as well as the day
- Infrastructure
- The segmentation of the various machines on the front desk must be done in a way that the other party won't be able to hear what u are saying
- Improve the toilet cleaning system and those in charge of it, should do regular check in the in patient's toilet system
- Phone usage while at work must be stopped
- The way they treat cases at the emergency must be improved
- Advice the nurses on the use of phones and if they are using the phone they should know the reason why they are using the phone
- Continue advising the nurses to speak well in their service
- The good nurses need to be encouraged and the ones the ones they are not good needs to be sacked
- Monitor the behaviour of the staffs when on duty
- Check and put strictly rules in taking money from patients because you can't take money unlawfully and say is a punishment
- They should keep on advising the staffs to continue showing the love to patients
- Measures must be put in place in the various lab durations.
- Employ more people at the pharmacy
- Monitor the worker
- Advice the nurses to take their work more seriously
- Increase the vital site nurses and the equipment used over there must be increased in number
- Clean the place on time
- Understand that not all patients that come to the hospitals comes with their relatives. Create enough rooms for easy access to the facility
- The patients might come unprepared and you telling the patients to go for money before attending to the patients is not good and must be checked
- Advice those at the records, most especially those on the night shift, they sleep a lot
- Monitor the acts and the behaviour of the staff working in the facility
- Monitor the night shift staff
- Infrastructure

J: Why do you think people die in the community without reporting to the hospital (seeking for care in any health facility)?

- Language barriers hindering communication with medical staff
- Lack of family or social support to seek medical care

- Substance abuse issues and fear of legal repercussions
- Financial issues
- Fear of injection and drawing of blood for lab
- Religious believes
- Illiteracy
- Money issues
- Financial needs
- Religious believes
- People don't want people to know about their health problems. As a result, they stay in the house because the doctor might ask them to call their family member after diagnosis
- Some people just don't like the hospital. It like they are allergic to it
- May be money issues
- Religious reason
- Some community may have religious beliefs that discourage seeking health care
- People are scared and people do not have time too
- Some prefer herbal drugs prepared by themselves
- Lack of money
- Anxiety
- Prayer camps being lured by some religious leaders
- The first treatment wasn't well with them
- Financial issues and relatives don't care that much
- Financial issues
- Poverty
- Financial issues
- The attitude of some stuffs
- Attitude of some stuffs
- It can be their own choice
- Ignorance
- Financial issues
- Poverty
- Fear of death and them believes
- Financial issues
- Religious belief which is hindering them from seeking medical help
- The cost of the healthcare
- Underestimation of the signs and symptoms and their significance
- Long distances from their homes and their medical centre
- Negative experiences with healthcare
- Age-related concerns such as fear of institutionalization
- Financial issues
- Some nurse's behaviour
- Financial problem
- Traditional beliefs
- Irregular check
- In-patience of some staffs
- Time wastage at the facility

- Money issues
- Issue with money and also outcome of the diagnoses
- Money issue
- High cost of hospital bills even if you have NHIS card
- Money problem
- With the NHIS you still pay a whole lot of money
- Some don't like the hospital
- Money problem
- Financial problem
- High cost of going to the hospital and even the drugs
- Money to even board a car not even talking of paying the hospital bills
- No beds to sleep on
- Not taking good care of them
- Lack of money
- They don't see the effectiveness of the NHIS in the hospital, I was told when I have NHIS I will pay less hospital bills but here is the case we pay more
- Financial problem
- The fear of not attending to on time
- Lack of money
- The mind-set that he/she can buy drugs from the drug store and be okay
- Financial problem
- Fear of stigmatization
- Having traumatic experience, maybe some thinks i have malaria why don't i treat it in the house
- Fear of death
- Money
- Financial problem
- Negligence
- Financial problem
- The attitude of staff to patients
- Financial problem
- Ignorance
- Financial problem
- Lack of educational literacy
- Financial problem
- A lot of staffs don't take good care of patients so they think is not worth going
- Financial problem
- Some of the people use patients for practical
- Poverty
- Some of them have the money but because of the treatments some staffs will give them
- Lack of money
- Problem of NHIS not really effective at the facility
- Fear of being misdiagnose
- Perhaps due to financial constraints
- Improper use of herbal medicine

- Afraid of the outcome of their sickness
- People also think what they are going through is not serious but the time they realised, it has been escalated
- The fear of the ailment they are going to tell him/her
- My experience at the facility, if they say I should bring my mum to the hospital here again I will not do that
- The way he/she is feeling with the mind-set that he/she won't be attended on time
- Financial problem
- Lack of money and also because on the testimony that they don't treat people well
- Poor knowledge in going to the hospital and misconception about the hospital
- People prefer the use of herbal to hospital and also no matter the complaints all what they can do is to give u para and tell you that's all what the NHIS can cover
- Lack of education
- Because of hardship
- Financial problem
- Money also they prefer to die home than the hospital

K: Base on your answer at question above what should be done?

- Workshop on how to take care of patients
- Expand telehealth services for reach remote and under-served community
- Improve communication and transparency in healthcare system
- Provide community transportation option for medical appointment6s
- Engage in regular community outreach efforts to understand and address specific local healthcare barriers
- Introduce affordable health programs or insurance options
- Educate healthcare providers about cultural diversity and beliefs
- Financial support
- Church leaders should speak the truth to their members
- They can give at least 30% free treatment to the vulnerable
- Reduce the cost of things at the hospital
- They should change the government
- Sometimes treatment should come first before money
- Take care of people before asking for money
- Human health should be prioritized before wealth
- They should cover like 50% of the bill for sickle cell patient and people above 70
- You can devote yourself to NGO's and take care of the people
- There should be a department (maybe social welfare) (at the hospital that will take care of patient at the lower rate
- They should be spoken to
- The people should be talked to
- The nurses should know how to talk to people
- The staffs should do their work very well
- Their process should be less and insurance should really cover a lot
- Hospitals should decrease their cost
- They should make sure that they educate pepo-le to do health insurance

- There should be a value on the insurance
- The prices should go down a bit
- Religious leaders should give what belongs to cease to cease
- Public education
- Services should be rendered before asking for money
- They should pay at least half of the charges of the patients
- Public education
- Establish community support groups and networks to assist individuals in accessing care
- Offer translation services for non-english speaking patients
- the need to be educated on herbal medicines
- There should be a system for the less privileged
- They need consultants
- Promote culturally sensitive healthcare practises
- They should really be educated
- Cost of living should be reduced
- Counselling and home to home screening though it's not safe
- Public education in the churches
- Free healthcare in the country
- They should reduce the prices
- People should be encouraged to do the health insurance
- Public education
- Religious leaders should rather encourage their church members when to go to the hospital
- Educate them on the needs for labs
- They should treat people before asking for money
- Financial support
- Financial support
- NHIS should cover more services
- The government should decrease the hospital bill for the poor in the community
- Education
- Consideration of the needy
- Financial support
- Financial support
- NHIS should cover more
- Consideration of needy patients
- Financial support by the government
- Good behaviour
- Free medical treatment
- NHIS should cover more
- Education
- Government support
- Regular check-up
- Financial support by the government
- Financial support
- Free medical treatment

- Check the temperament of the workers when employing
- Tell them that they won't be treated that way when they come i.e. By education the care for human
- Most of them see it to be very expensive taking their love ones to the hospital that's why most people end up trying to take care of their love ones here at home which brings about the death
- They should understand that not all patients that's comes there will not do any mess
- Create more consulting rooms.
- Strike a percentage with those without money and also increase the effectiveness of the NHIS
- Negotiation between the patients and the hospital managements on the payment
- When you have NHIS and is active and you don't have money you need to be attended to
- Let the be more effective in the facility, it should cover half of the full payment of the hospital bills
- When you have NHIS, you should pay less
- Help those without money to receive hospital care
- Massive education on the need to go to the hospital
- There is no free launch in the country
- I was having NHIS, is like it didn't cover anything, due to that i couldn't do my labs
- Reduce high cost of drugs
- Ngo's should be invited into the facility so that they will be able to support those with no money
- Increase the bed facility
- Let the people know how good they are going to be treated when they come. For me i will encourage people to come here
- Because of money, we prefer going to buy drugs at the pharmacy. NHIS should be effective
- The government should increase the effectiveness of the NHIS
- Negotiation between the patient and the managements
- Attend to those in critical issues first
- With the effective NHIS, the billing shouldn't be much
- The NHIS should cover the costive drugs and less costive must be paid
- Patients especially hiv and the tb patients should be assured of the confidentiality of the staff
- Nurses, doctors and all health workers should do the work with all their heart
- Creating awareness and public education
- Counselling
- Sometimes, they can look int the money aspect for us
- House to house counselling on the need to go to the hospital when sick
- I don't really think i can say much since it is on individual problem
- Education
- People should be treated first before being asked of money. It will encourage people to come more
- They should train the nurses well

- It's the government, the government should have mercy on us
- The people should be talked to
- NHIS should be active and people should be encouraged to do it
- Public education on the need to go to the hospital
- People should be attended to before they ask for money, it will encourage others to come to the hospital
- The nurses should be talked to so that they can take good care of patients and sound mind
- NHIS usage should be encouraged
- Clinical students shouldn't do your luck
- People can be helped by the social welfare
- NHIS should guarantee free health care
- Financial support
- The government should decrease the hospital bills
- You will not know whether the person is having money or not, so in case the comes openly help them
- Create a system to help release pressure on those with no money
- The managements should take part of the bills for those who don't have money
- Ensure doctors and other staffs are well trained and engage in tutorials to refresh their memory. Sensitize community on staff capability
- Community sensitization on NHIS acceptance and how it reduces hospital costs
- Education for those using the herbal medicine that there is quantity they need in their system. Understand that not all patients have enough money
- Educating the people on the need to know their health state and best it can be resolved when you notice it early
- Let the people know how similar some symptoms are and the need for regular check-ups
- Introduce more NGO's in the facility to help those who don't have money for their hospital bills
- Setting up an organization in various community to know what they go through in terms of raising funds to pay hospital bills
- Advising the masses on the need to visit the hospital
- The managements should partake in part of the billing
- Unless am convinced on their conduct, i will never come there again
- If the patients already have a card and frequently visits the facility, he/she must not pay any consulting fee before seeing the doctor
- Put a measure in place on the need to receive medical care, even if they don't have money
- Educate the staffs on the fast attendance to patients
- Design the system to allow spreading of bills within an interval
- A lady nurse told me, if I have money they will do a suturing but if I don't have they will dress for me, I think if the hospital will take part in the suturing it will help
- Treat people well when they come around
- Strike a percentage with those who don't have money
- Anything that goes on in the hospital must be addressed to the public basically the changes

- Reduce the cost of medical care at the facility
- Lack of not being able to afford the hospital bills
- Understand the needy
- Educate the people in the community
- Governmental support
- The public should be educated to come to the hospital anytime they are not well
- People must be educated that there is a chance of surviving at the hospital than being at home to die

J: How the Hospital can engage the community.

- Talks on causes and preventions of certain diseases especially the ones paramount in a particular vicinity
- Health talks
- Free health screening
- They can create a department for just first aid cause the free health screening might be expensive and it might go against the hospital
- Treat people for free
- Organising of durbars in various community concerning health related matters
- Community cervical cancer screening
- Health walk organisation
- Public education
- Health education
- Health walks
- Community outreach
- Training for emergencies
- No idea
- Public education
- Host regular blood donation drivers
- Teach basic first aid and CPR
- Tailor services for the elderly population
- Community health screening
- Free scans
- Community outreach and surveys
- Health talks
- Go around and do free treatments
- Some diseases should be cured for free
- Community outreach and free medical screening
- Public education and health walks
- Free treatment on some diseases
- Public education
- They should take care of us
- They should work with love
- Free medical services and a reduction in their services
- Community outreach

- Public health awareness especially on folic acid and other supplements
- Free screening
- Free surgeries and screening for the elderly
- Free medical screening since this place is a refugee camp
- They should help people without money in the community
- Organise workshops and encourage people to come to the hospital
- Community sensitization
- Eye screening for the elderly
- They should build a good relationship between the patients and the community as a whole
- More surveys
- Provide scholarships for healthcare students
- Involve the community on hospital decisions
- Conduct health checks in schools
- Extend care to home when needed
- Set up a health advice hotline in the community
- Recruit volunteers for the hospital
- Sending teams to engage people in the local neighbourhood
- Free healthcare screening
- Coming to the community
- Health talk
- Good service
- Through health walk
- Coming to the community
- Organizing programs
- Coming to the community
- Good services
- Organising programs there
- Coming to the community
- Coming to the community
- Organizing programs
- Health walk
- Good treatment
- Free health screening
- Health education
- Good services
- Announcement
- Health education
- Going round with cars to announce in various community
- Free health screening
- Regular sporting activities among the community to foster unity and tell them about the hospital
- Send some of the staffs to the various community to give health talks
- Organizing durbars in various community
- Encourage health talks in communities
- Free health screening

- Regular check-ups on patients, by calling them
- Announcements on radio stations
- Door to door talking to the patient about the changes in the hospital
- Free health screening
- Regular announcement in the community
- Come to my community come do announcement
- Free health screening should be done regularly
- Education by the doctors in the community
- Free health check ups
- Free health screening
- Going around every community to make the hospital know by them and others
- Free health screening in most communities
- Mobile clinic should be introduced
- The community should be spoken to based f the increment on the cases in particular area
- Free eye screening for the aged
- Community health talks
- Eye screening for free
- Health screening
- Free health screening and sometimes free healthcare
- Communication department should go out there to educate the public on health
- Reach out to needy communities
- They should help the less privileged
- Free hospitals
- Organising health talks about aids and other alarming diseases
- Community outreach like this survey and more
 - mass counselling session to reduce mental health issues
- Organisation of public forums
- They should get more doctors
- The lifestyle of the staffs should be worth rewarding
- Health education
- Free medical screening
- Health walks
- Free screening and free medicines for some diseases
- Advertisement
- Coming to the community
- Organising free health screening
- Proper announcement at various communities
- The regular talks at the hospitals specifically the OPD to alert them of the new ailment
- Announcement and regular education
- Take good care of the patient for them to be recommend the hospitals to others
 - health talks and free screening to the community
- Periodic health screening at no cost
- Regular free health screening in communities
- Using the media and also giving health talks through the media

- Free health screening in various community
- Regular calling of the visited patients at the hospital and checking on their health
- Announcing it on the media
- Proper education in the community
- Educate the community on the now changes that has happened in the community
- Organising durbar involving health workers
- The hospital should give a way into their facility to the mind of th people they come to the hospital
- Free health screening
- Organise free health screening
- Announcing at the radio and TV
- Proper communication
- Community durbars involving health workers
- Free health screening
- Organising free health screening regularly
- Education in various communication
- free health screening
- Announcing in various communities through information centres
- Negotiation with the chiefs and the people in the community
- Free health screening
- Regular check-ups on clients

Summary:

Based on the results from the survey above by adding all the **Yes** and **No** we had 80.43% of the respondents who chose **YES** which is an indicator of satisfaction while 19.57% respondents chose **NO** indicating dissatisfaction.

In overall summary for the community survey, the St. Gregory Catholic Hospital record 80.43% Satisfaction and 19.57% dissatisfaction.

Recommendation:

We implore management of the facility to resolve the issues of drug shortages, burden hospital bills, night supervision, and other worrying related matters raised by the respondents for this

REPORT TWO

GENERAL PATIENT SATISFACTION SURVEY

Introduction:

General patient satisfaction is done by the St. Gregory Catholic Hospital every year to engage the mood, receptiveness and countenance of patients based on the services they patronize within the facility.

The survey is mostly done for the outpatient clients since all attendances start from that point. The result from this survey management strategy and put things right.

The survey targeted 600 clients but reached 531 clients within the time stipulated indicating a response rate of **88.5%**.

Below is the analysis from the survey.

Result:

A. INFORMATION ON AND INVOLVEMENT IN THEIR CARE

Table 1: I was informed of what was being done for me

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	497	93.5%
Dissatisfied	34	6.4%
Total	531	100

From the above table, 93.5% of the patients were satisfied with the information given them on what was being done with respect to their care while 6.4% were not satisfy.

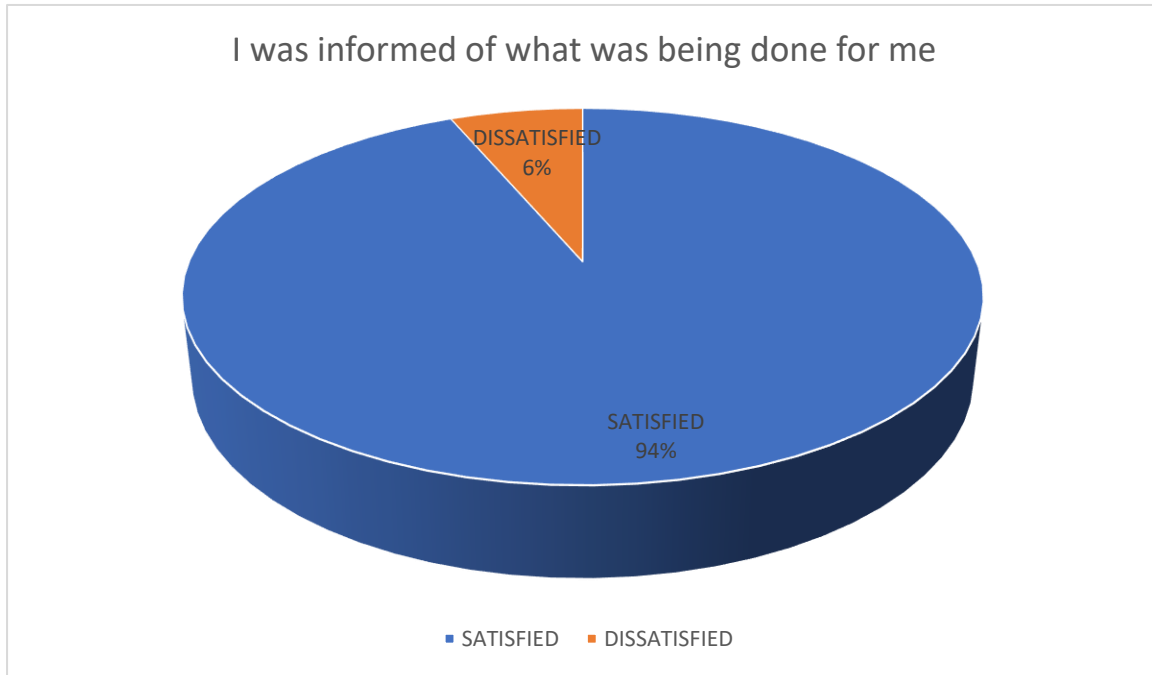


Figure 1

Table 2: I was given assurance on what to expect after treatment

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	480	90.3%
Dissatisfied	51	9.6%

On the issue of assurance on what to expect after treatment, 480 of the clients were satisfied and 51 were not representing 90.3% and 9.6% respectively.

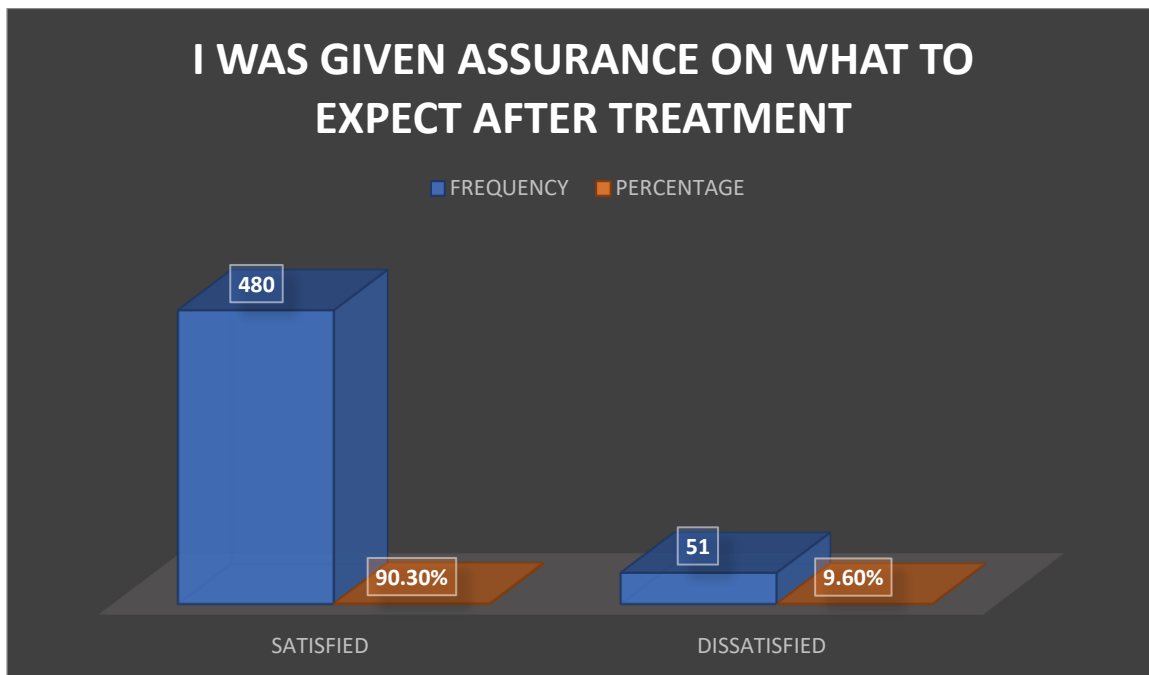


Figure 2

Table 3: I was encouraged to ask questions

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	456	85.8%
Dissatisfied	75	14.1%

On “I was encouraged to ask questions”, 85.8% of the clients were satisfied while 14.1% were dissatisfied comprising 456 and 75 clients respectively.

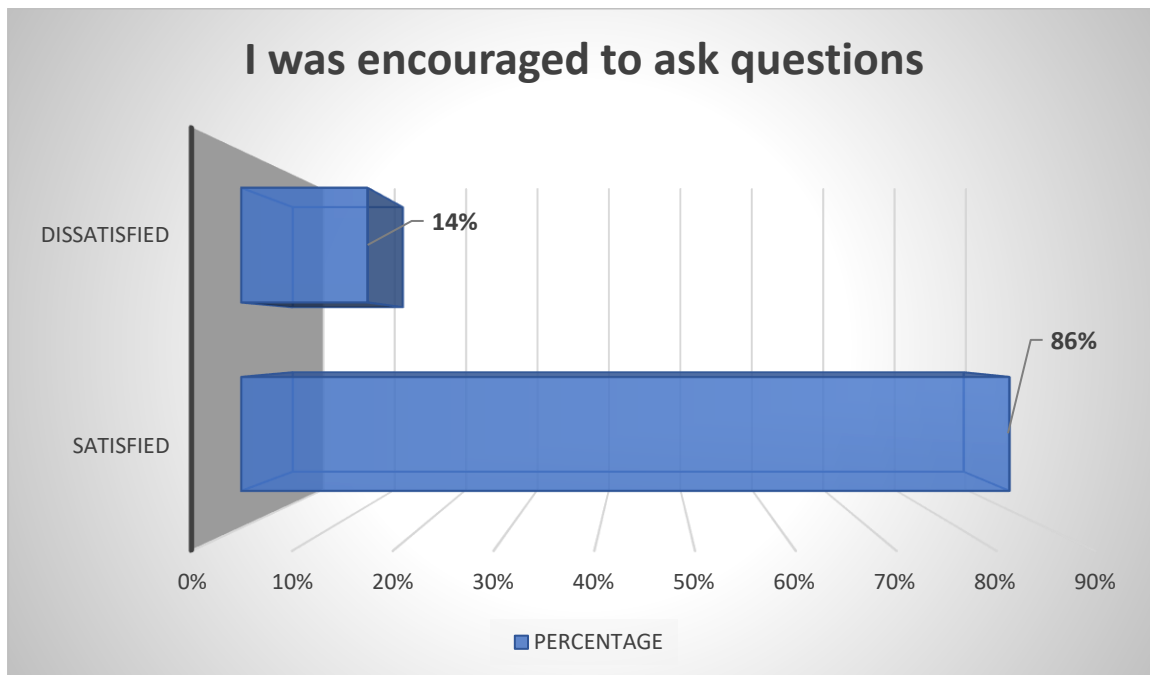


Figure 3

Table 4: I understood what was said about my condition

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	475	89.4%
Dissatisfied	56	12.2%

89.4% of the patients satisfied with the understanding gleaned from their condition while 12.2% were on the opposite side.

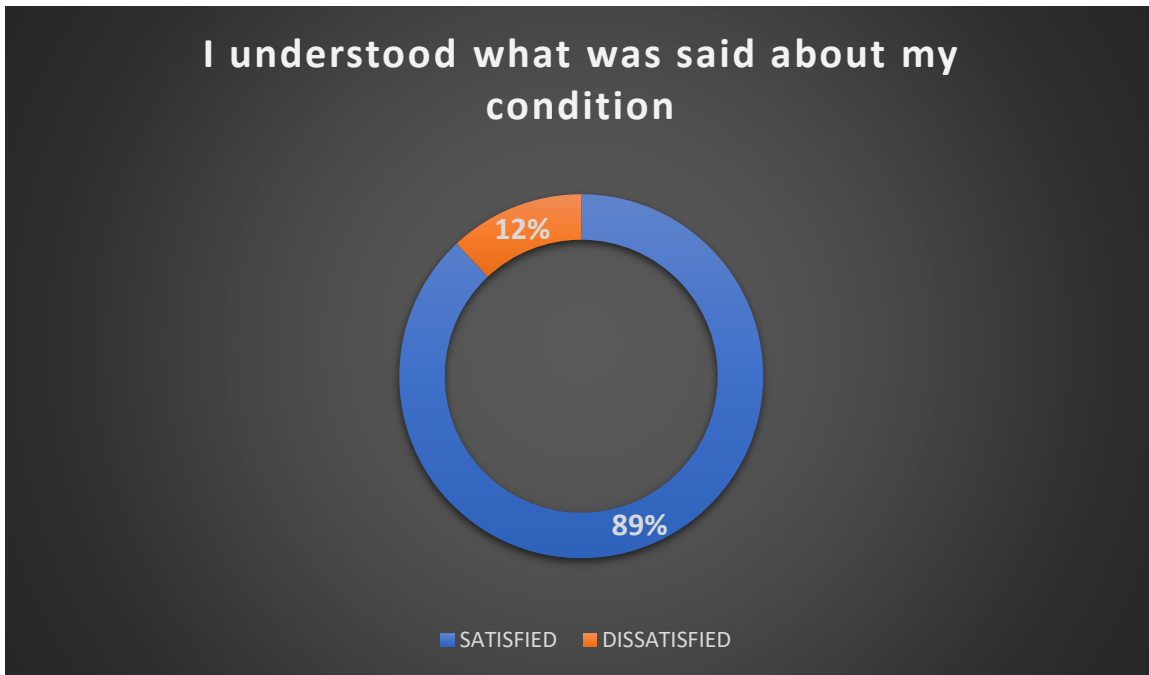


Figure 4

Table 5: I was provided information on what I am suffering from

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	495	93.2%
Dissatisfied	36	6.7%

When the patients were asked if they provided with information what they were suffering from, 495 of them constituting 93.2% said Yes while 36 clients representing 6.7% said No.

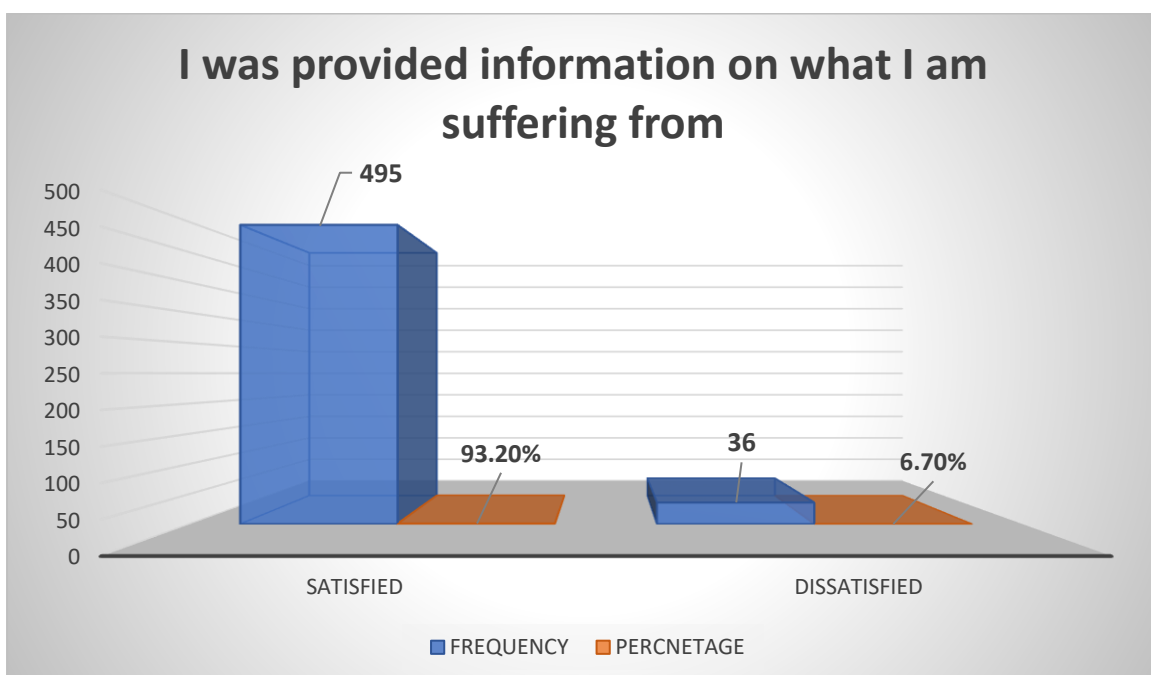


Figure 5

Summary:

Satisfaction score for “**INFORMATION ON AND INVOLVEMENT IN THEIR CARE**” is **90.20%** while dissatisfaction is **9.80%**.

B. CARE IN A CLEAN, HYGIENIC, SAFE AND SECURE ENVIROMENT.

Table 6: Facility rooms were neat and clean

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	495	93.2%
Dissatisfied	36	6.7%

495 of the clients visiting the facility were satisfied with the cleanliness and the neatness of the consulting rooms. This implies that 36% of the clients were dissatisfied with the state of cleanliness and neatness in our consulting rooms. The percentage figures were represented by 93.2% and 6.7% patients respectively.

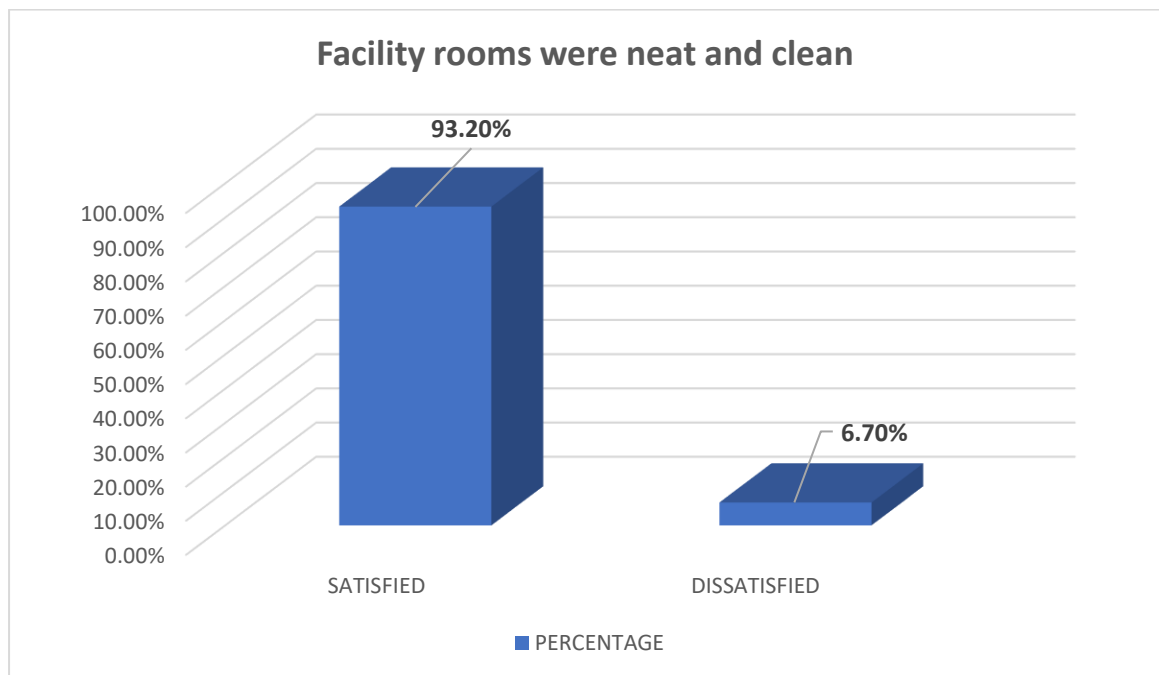


Figure 6

Table 7: Compound was hygienic and safe

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	501	94.3%
Dissatisfied	30	5.6%

When the clients were asked the question on the hygienic and safety of the compound, 501 clients amounting 94.30 % and 30 clients representing 5.60% stated they are satisfied and dissatisfied respectively.

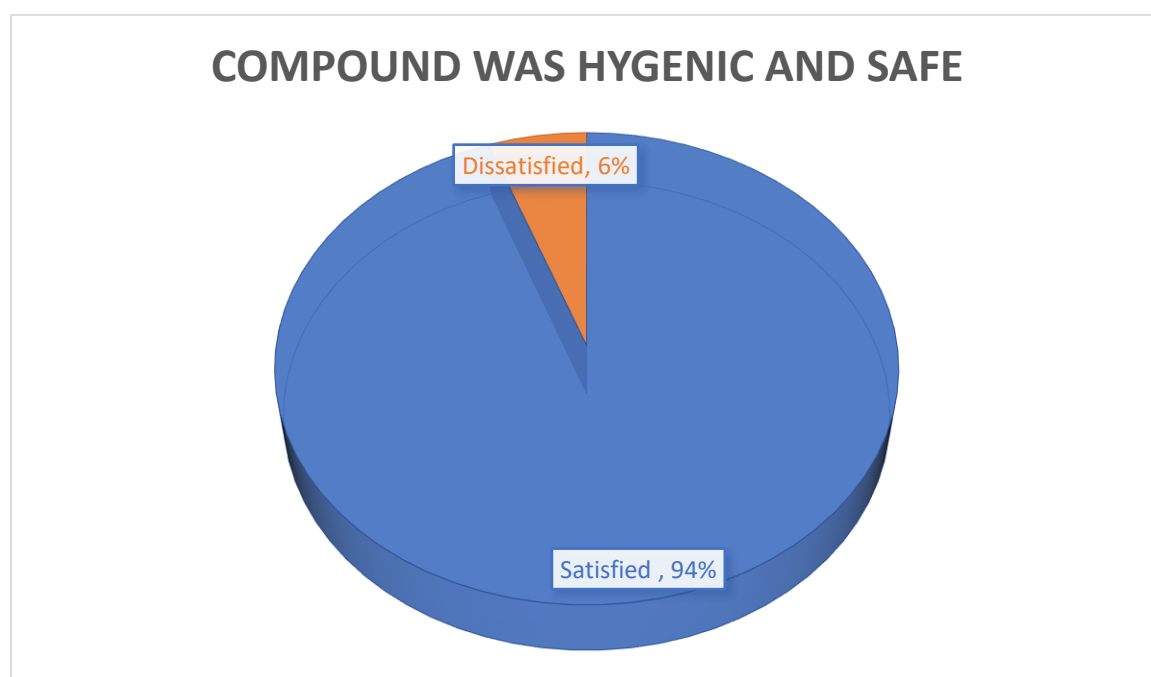


Figure 7

Table 8: Washrooms available and clean

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	441	83.0%
Dissatisfied	90	16.9%

Satisfaction score for the availability of washroom and its cleanliness was 83.0% while dissatisfaction score was 16.9%



Figure 8.

Table 9: It was easy to find where to go

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	466	87.7%
Dissatisfied	65	12.24%

On “Was it easy to find where to go?”, 87.7% of the clients comprising 466 of them were satisfied and 12.24% also comprising 65 clients were dissatisfied.

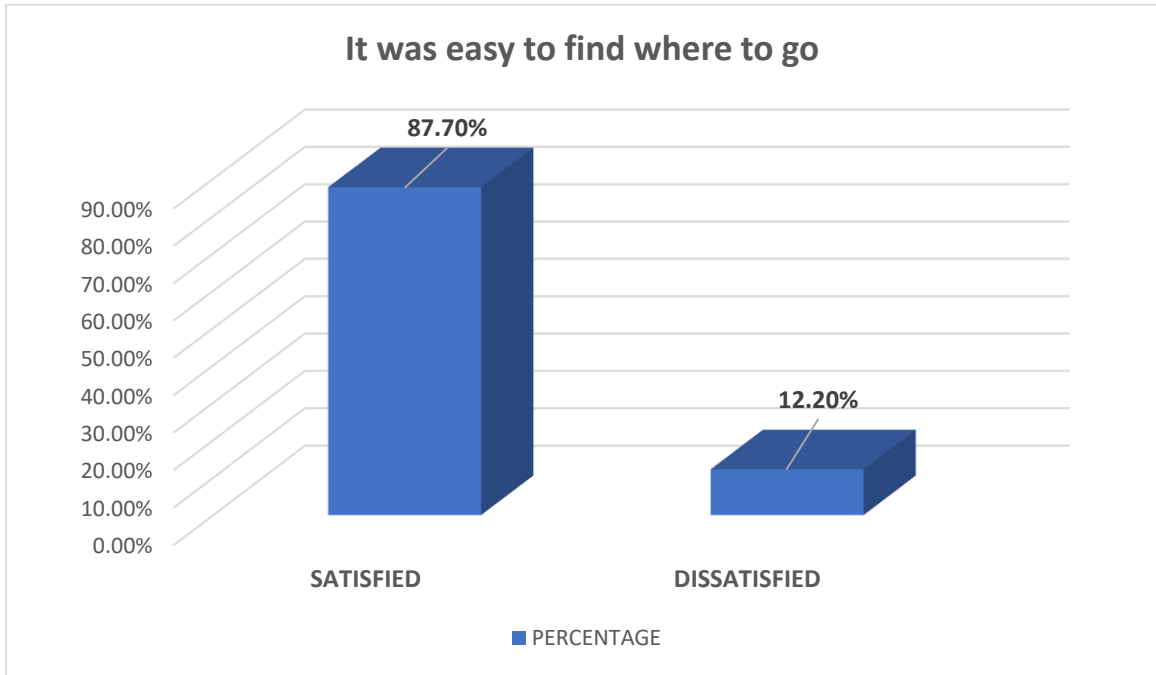


Figure 9

Table 10: The waiting was comfortable and safe for me

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	485	91.3%
Dissatisfied	46	8.6%

485 out of the total clients surveyed stated they were satisfied while 46 stated dissatisfaction representing 91.3% and 8.6% respectively.

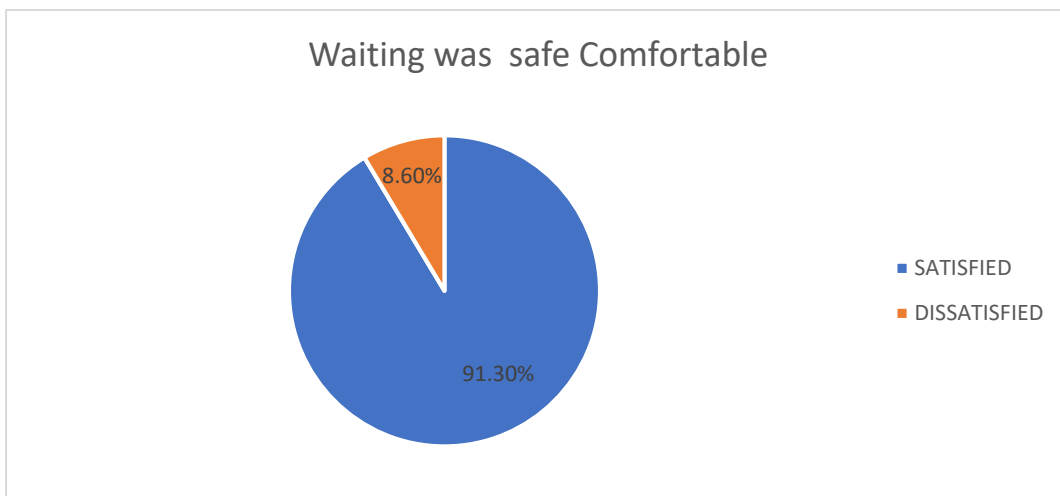


Figure 10

Summary:

Satisfaction score for “**CARE IN A CLEAN, HYGIENIC, SAFE AND SECURE ENVIROMENT**” is **89.90%** while dissatisfaction is **10.10%**.

C. PRIVACY AND CONFIDENTIALITY

Table 11: **I believe my information is kept confidentially with the health professional**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	507	95.4.%
Dissatisfied	24	4.5%

The confidentiality keeping of the patients information gained a 95.4% satisfaction while the dissatisfaction was 4.5% representing 507 and 24 clients respectively.



Figure 11

Table 12: **There was adequate privacy during interaction with health professional**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	498	93.7%
Dissatisfied	33	6.2%

The patients were 93.7% satisfied with privacy during their interaction with the health professionals while 6.2% were not satisfied.

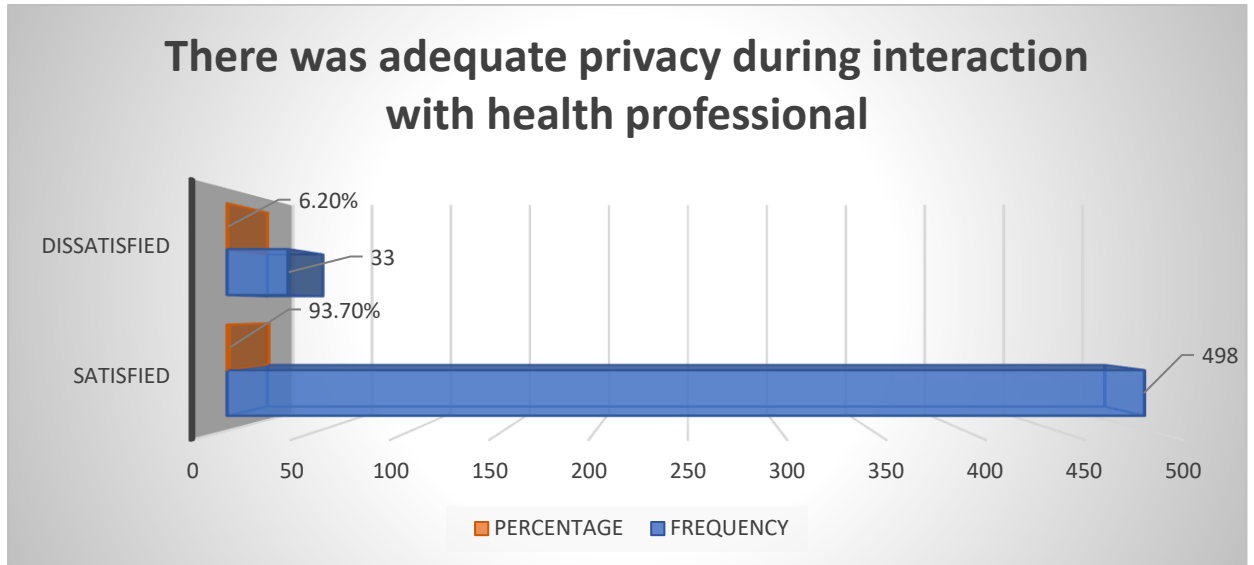


Figure 12

Table 13: During physical examination there was adequate privacy

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	474	89.2%
Dissatisfied	57	10.7%

When the clients were as if there is adequate privacy during a physical examination, the facility earned a favourable score of 89.2% with 474 clients while 10.7% stated there was not enough privacy comprising 57 clients.

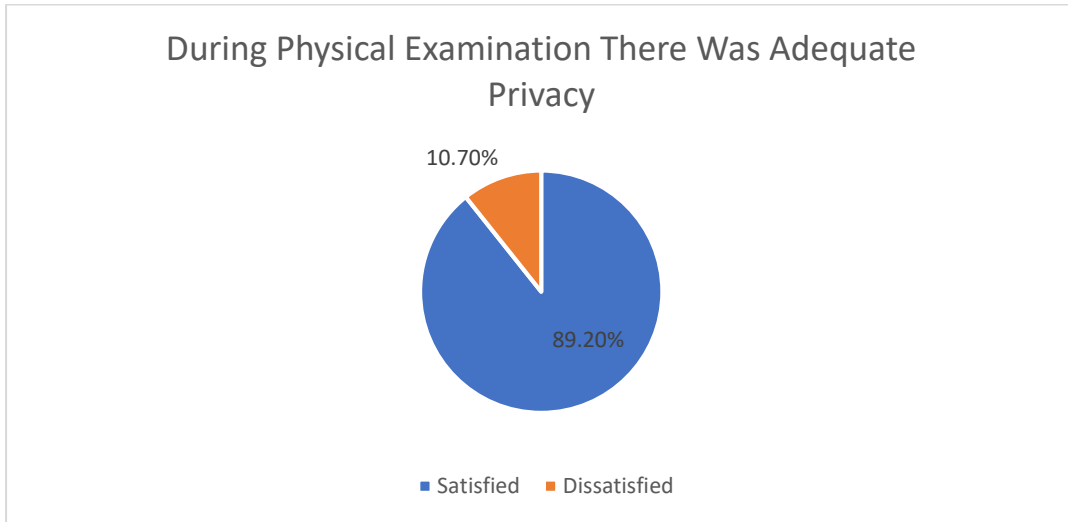


Figure 13.

Table 14: I believe my folder is accessible only to the appropriate persons

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	492	92.6%
Dissatisfied	39	7.3%

406 of clients believed their folders are accessible only to the appropriate persons while 89 of the stated otherwise representing 92.6% and 7.3% respectively.

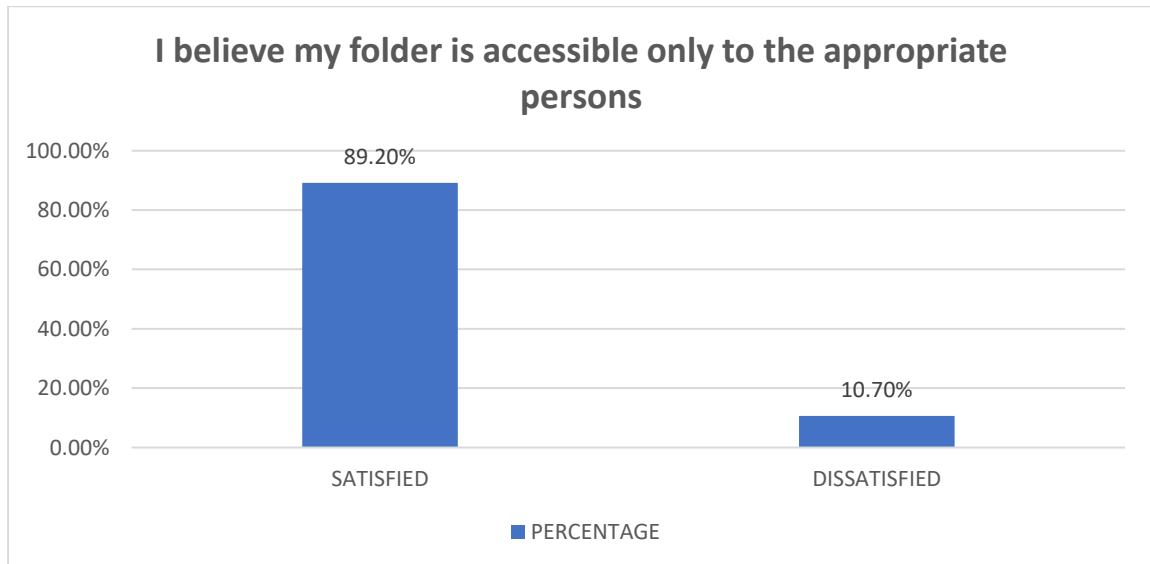


Figure 14.

Table 15: I believe my privacy was respected during the care process

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	480	90.3%
Dissatisfied	51	9.6%

Out of the 531 clients 480 representing 90.3% agreed that their privacy is respected during their care process, while 51 clients representing 9.6% are dissatisfied about the respect given to their privacy during care.

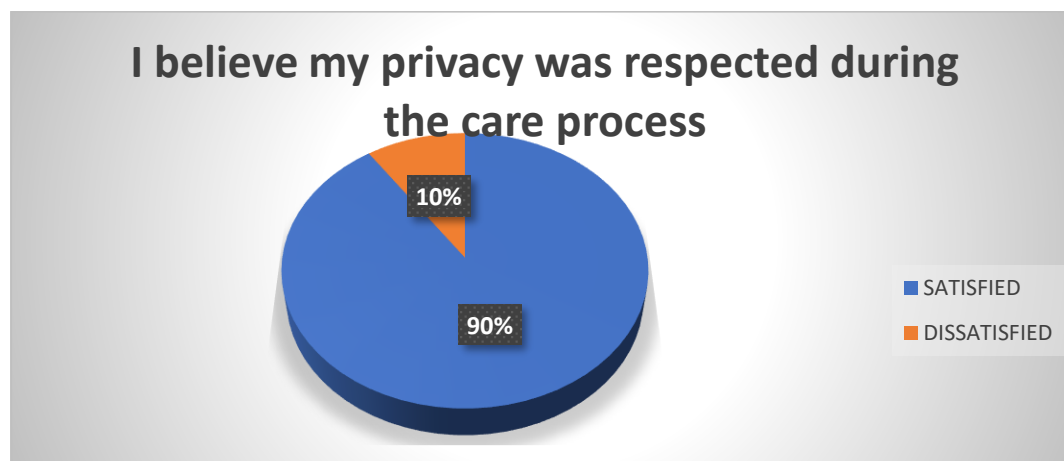


Figure 15.

Summary:

Satisfaction score for “**PRIVACY AND CONFIDENTIALITY**” is **92.20%** while dissatisfaction is **7.80%**.

D. PROFESSIONAL CARE

Table 16: Attended to by the right health professional for the desired service

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	501	93.2%
Dissatisfied	30	6.7%

501 clients believed they were attended to by the right professionals for their desired services seek which is 93.2% satisfaction score while the 6.7% dissatisfied score was for 30 clients.

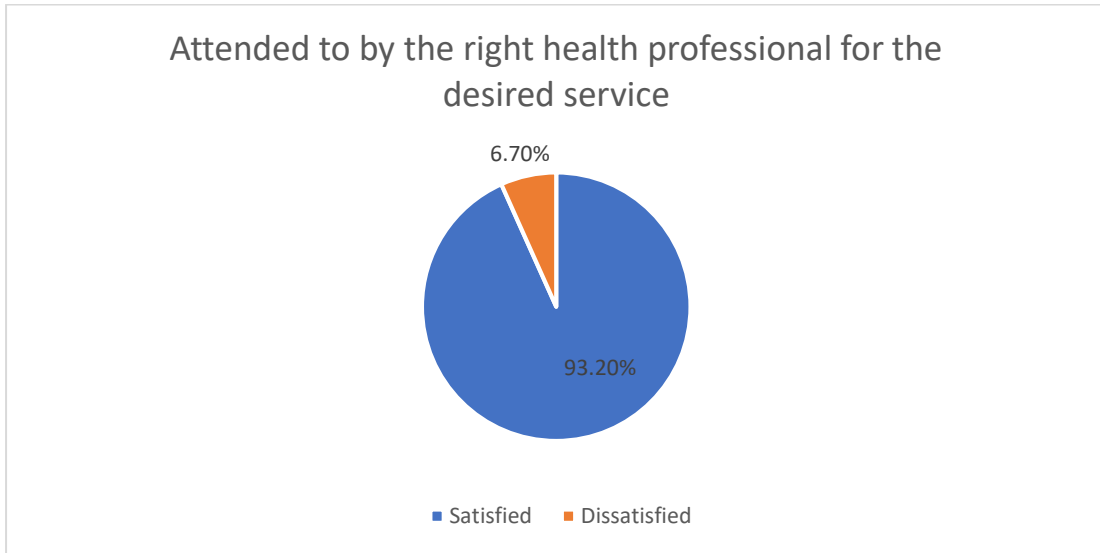


Figure 16

Table 17: Health professional was competent in providing the desired service

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	495	93.2%
Dissatisfied	36	6.7%

Only a small fraction of the respondents to this survey have issues with the competence of the health professions in the provision of a desired services for the clients who sort for them. The dissatisfied patients are 36 in numbers and 495 patients are satisfied representing 6.7% and 93.2% respectively.

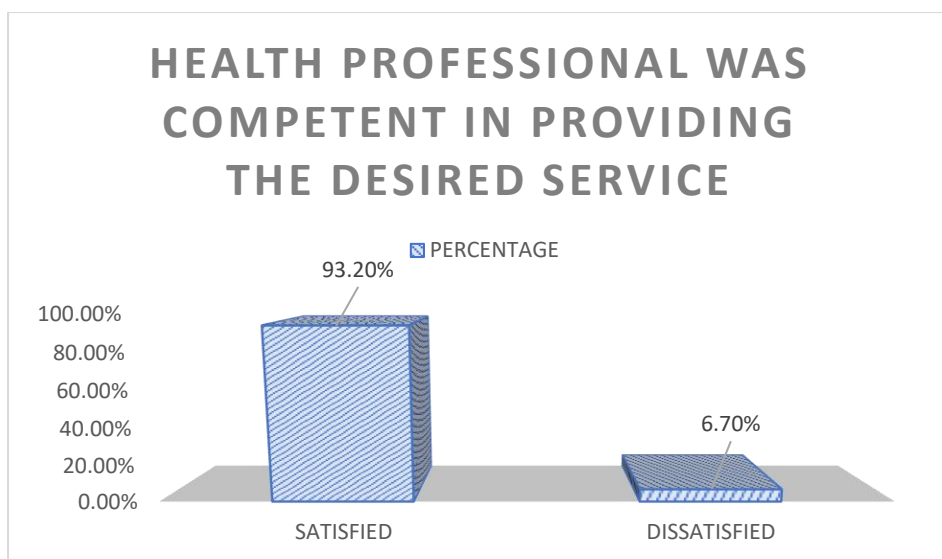


Figure 17.

Table 18: **Health professional was friendly and helpful to me**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	491	92.4%
Dissatisfied	40	7.5%

The question “**Health professional was friendly and helpful to me**” gave the hospital 92.4% in satisfaction and 7.5% dissatisfaction counting for 443 and 52 persons respectively.



Figure 18.

Table 19: **Felt intimidated by the health professional giving care**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied/NO	426	80.2%
Dissatisfied /YES	105	19.7%

The result for whether the clients felt intimidated from the health professionals during the care giving process, 426 out of the 531 clients stated Yes while the remaining 105 never felt any intimidation representing 80.2%,19.7% respectively. Indicating that majority of the clients feel intimidated by the health professionals during care given process.

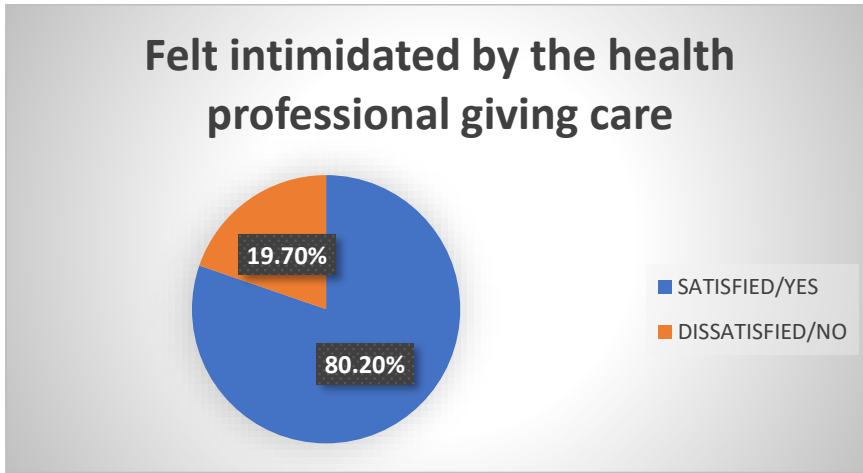


Figure 19

Table 20: Based on my experience, I will recommend others to seek care at this facility

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	460	86.7%
Dissatisfied	71	13.7%

About 86.7% of the clients stated they will recommend the facility to others to seek care while only 13.7% stated the otherwise.



Figure 20.

Summary:

Satisfaction score for “**PROFESSIONAL CARE**” is **89.10%** while dissatisfaction is **10.90%**.

Conclusion:

Professional Care scored the least satisfaction of 89.10% while privacy and confidentiality scored the highest satisfaction of 92.20%.

Overall Patient **Satisfaction Score is 90.35%** and the **Dissatisfaction score is 9.65%**.

Comments, Reservations and Suggestions from patient

1. Waiting time was too much
2. Miscommunication on the intake of blood samples by the patients
3. Nurses treatment to the patients were terribly poor
4. Unclean washrooms
5. Difficulty to identify males from female washrooms
6. There were people around during interaction with doctor
7. No toilet rolls at the washrooms
8. Few time to ask questions
9. The washroom rooms should be divided for males and females where the cars are packed
10. Overtaking during vitals taking
11. Unhygienic washrooms
12. Large cue at the OPD
13. Misbehaviour of some nurses to some patients, which paints bad image on the hospital in some communities
14. Over reacting from nurses
15. Laziness and jokiness from nurses
16. Operating on phones while patients are suffering
17. Unhygienic washrooms
18. Washroom condition behind the antenatal is really bad
19. No soaps and tissues at the washroom
20. The waiting at the lab takes long and also it seems you will be waiting and others will just come and they will be served whilst you have been waiting for long
21. The doctor at the specialist clinic is very friendly and helpful
22. Nurses at the lab are friendly
23. Soaps, tissues and sanitizers should be provided at the washrooms
24. Male doctor at the consulting room 2 is very helpful and friendly
25. The doctors at the emergency are very competent and friendly
26. Patients should be given first aid before asked to run any test
27. I urge the authorities to create an office for complains
28. I plead the authorities to make sure that the staffs are competent and serious with their patients rather than having unnecessary conversation during working hours
29. Washrooms should be kept clean and toilet rolls should be available
30. I suggest that each client must be attended to on the right time and not being biased towards them
31. I recommend that official receipt must be available for government workers for easy evidence for clearance
32. I recommend that there should be special doctors for kids
33. Poor services regarding some of the staffs

34. Some of the staffs being rude, especially doctors, folder-writers and nurses
35. Some staffs are not competent
36. Beds are not available enough to accommodate patients (asthmatic patients)
37. I urge that there should be more consultation rooms
38. Unhygienic washrooms
39. Communications
40. Communication especially in the laboratory
41. Facial expression of some doctors and hospital workers
42. Fixing of signs boards around to help give directions to units on the hospital compound
43. Wash room should be kept tidy
44. Some of the washrooms are not neat and sanitizers and tissue should be provided
45. There is no enough toilet facility
46. The staff are amazing and the facility is the best I have been to so far
47. Midwives should always be patient with clients
48. Payment of services should always be accumulated instead of paying in little
49. Some nurses are not friendly with patients
50. The waiting is too much especially at the lab so if it would be possible the lab should be extended and more people should be employed
51. The washroom at the maternity clinic must be divided and specify the gender
52. The doctors are friendly as well as the nurses
53. No toilet rolls at the washrooms
54. No hygienic washrooms
55. No toilet rolls in the washrooms
56. Washroom not hygienic
57. The washroom smells so bad
58. Unhygienic washrooms
59. No toilet rolls at the washrooms
60. The washroom must be checked regularly due to some people condition which leads to urinating blood which must be washed before someone gets in
61. The gateman does not respond to them well
62. The washroom at the antenatal is not in a hygienic condition
63. The washroom should be indicated whether male or female to prevent both sex meeting in the washroom
64. Unhygienic washrooms
65. No toilet rolls at the washrooms
66. The bills are too expensive especially the medication
67. I recommend most of the staffs to keep it up
68. Inspection is needed during the care process to see if the staffs are doing their work
69. Some of the nurses are rude
70. Poor services
71. Washrooms near the antenatal is really poor
72. Inadequate toilet rolls
73. Unhygienic washrooms
74. Unhygienic washrooms
75. Inadequate toilet rolls
76. Unhygienic washrooms
77. No toilet rolls in washrooms
78. Complain from wife about washrooms

- 79. Poor washrooms
- 80. Bad attitude by some nurses

Recommendation:

We hereby implore management to take a critical look at the sanitation and safety issue within the environment and the various service points.

Management should also take a step in addressing the messy washroom issues for the patients to have comfort in patronising the healthcare at the St. Gregory catholic Hospital. All other concerns raised by patients should also be addresses with urgency.

REPORT THREE

INPATIENT SATISFACTION SURVEY

Introduction:

Inpatient survey seeks to found out the satisfaction of care in treatment and the issues arising for the patients that are admitted. It is believed that one third (1/3) of the client from OPD end up at admission. It is therefore noteworthy to seek their satisfaction survey to address the issues that would arise, improve upon unsatisfactory service and to keep up the standard at where there are exceptional services.

The survey was aimed at 400 clients, but within the time limit of the survey, 351 clients were contacted, indicating a response rate of 87.75%.

The inpatient satisfaction score for the facility is 85.54%and 15.46% dissatisfaction.

Result:

Table I: **Were you received promptly on arrival at the ward?**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	341	97.2%
Dissatisfied	10	2.8%

The table I shows the result for the question “Were you received promptly on arrival at the ward?” which got the hospital 97.2% satisfaction and 2.8% dissatisfaction. This implies that only few people comprising 10 were not received promptly at the wards.

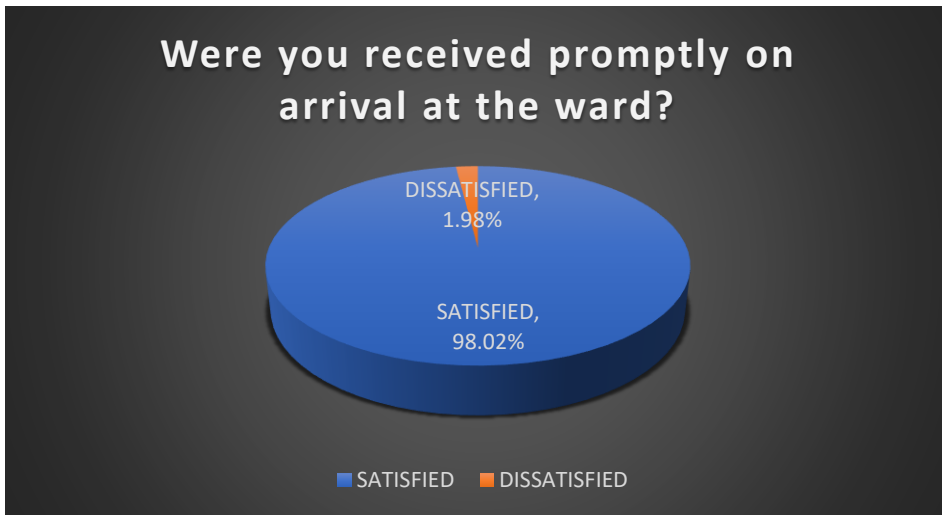


Figure I.

Table II: Were you given orientation at the ward?

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	348	99.1%
Dissatisfied	3	0.9%

348 clients stated that they were given orientation at the ward. This figure represents 99.1% while 0.9% stated they were not oriented at the ward representing 3 persons.

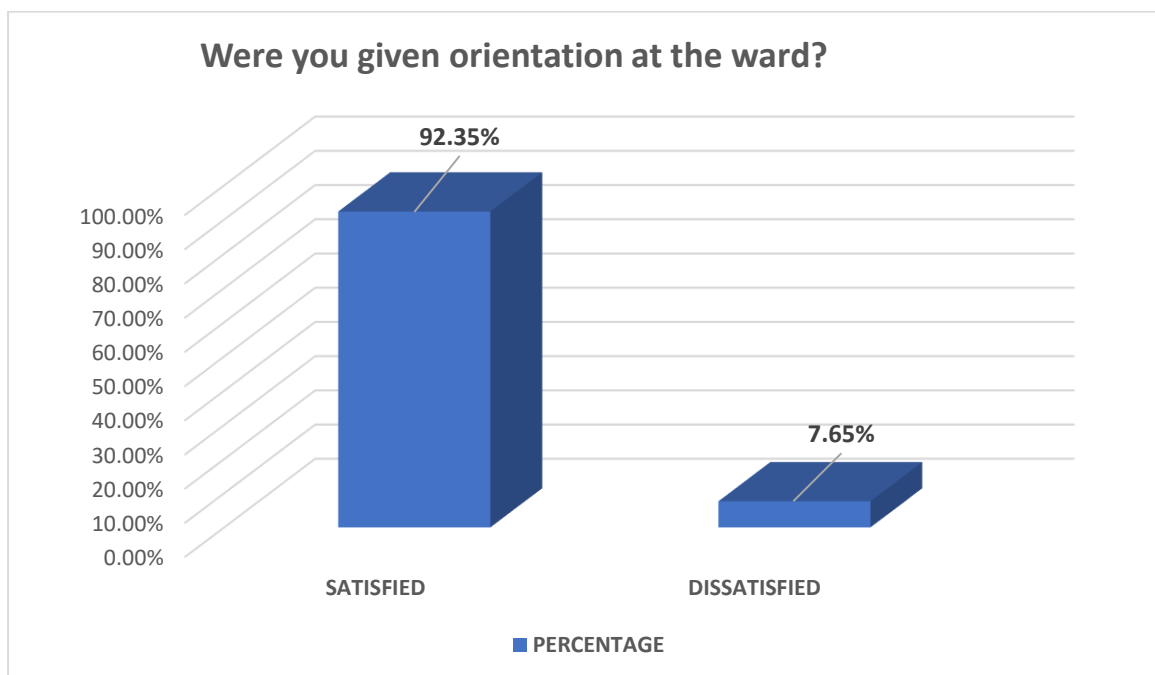


Figure II

Table III: Were you given drugs available and served on time by nurses?

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	345	98.9%
Dissatisfied	6	1.1%

We had 98.9% of the clients saying their drugs available and was served on time by the nurses while 1.1% started otherwise.

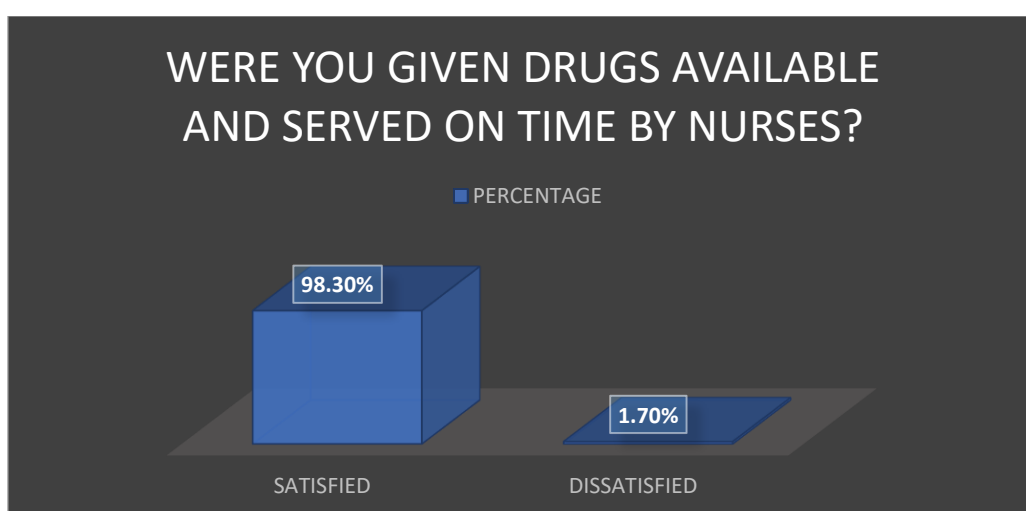


Figure III.

Table IV: Were you told about your illness?

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	347	99.4
Dissatisfied	4	0.6%

The about 99.4% of the clients chose Yes for being told what is wrong them while 0.6% chose the opposite side comprising 347 and 4persons.

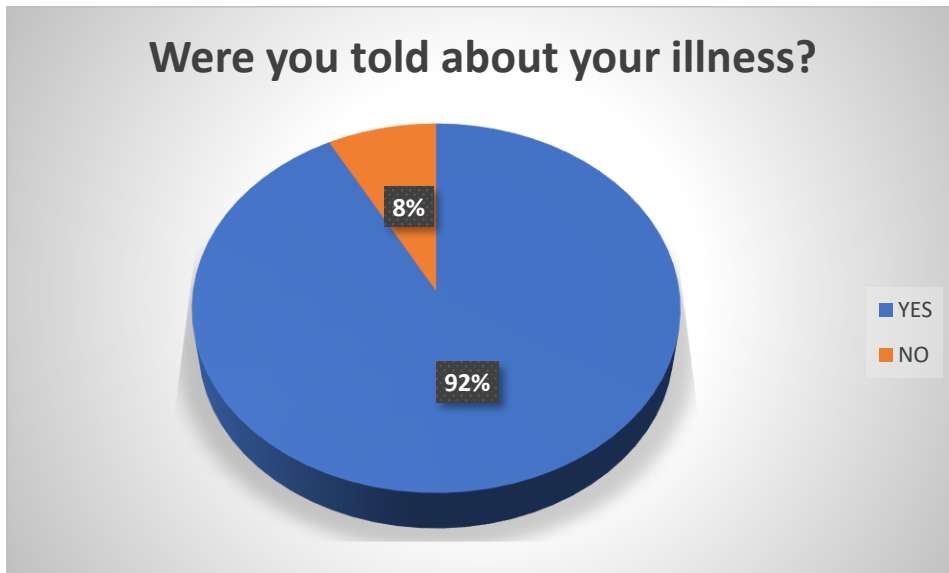


Figure IV.

Table V: What was the attitude of the staff towards you?

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	348	99.4%
Dissatisfied	3	0.6%

The satisfaction score for the attitude of the staff towards the clients is 99.4% while the dissatisfaction score is 0.6% representing 348 and 3 persons respectively.

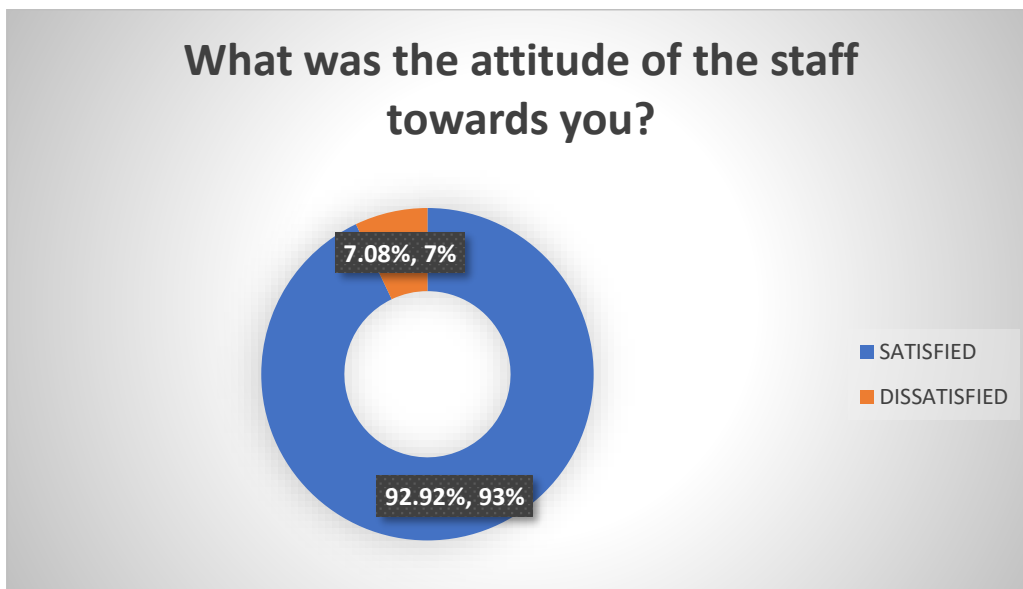


Figure V.

Table VI: **Do doctor come on rounds regularly?**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	349	99.4%
Dissatisfied	2	0.6%

A total of 349 clients admitted confirm doctors come on rounds regularly while 2 persons said they do not come regularly. The figures represent 99.4% and 0.6% satisfaction and dissatisfaction respectively.

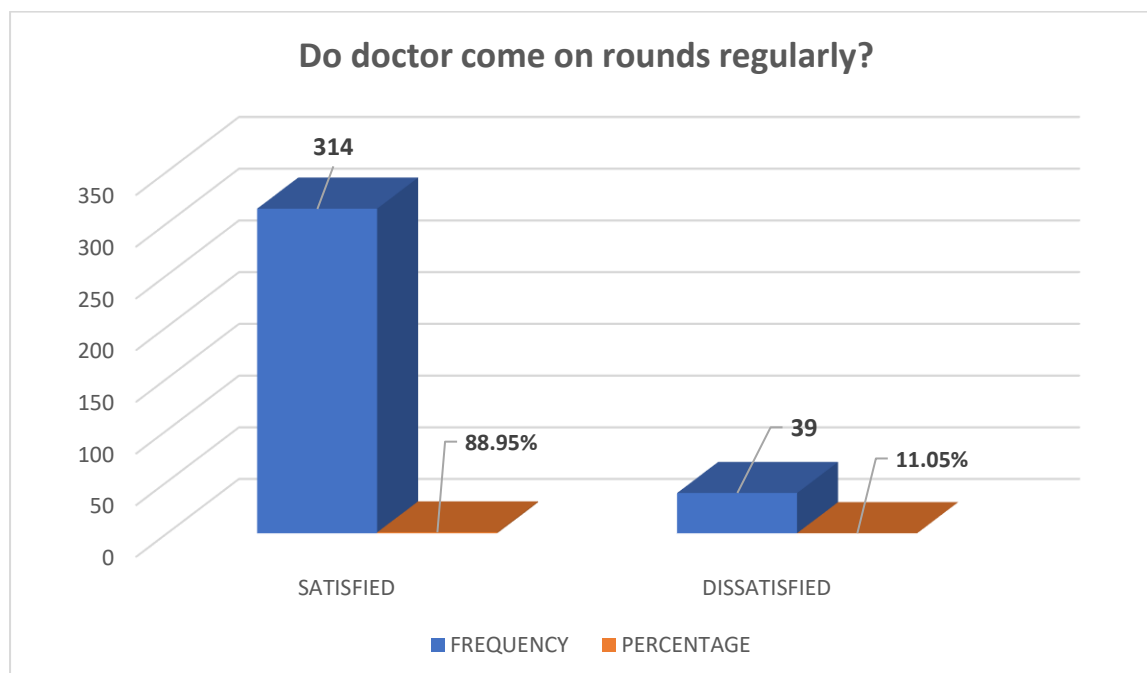


Figure VI.

Table VII: **Did you buy some drugs outside the clinic?**

INDICATOR	FREQUENCY	PERCENTAGE
YES	81	21.5%
NO	270	67.14%

About 81 patients constituting 21.5% bought their drugs outside the facility for their own treatment while 270 patients representing 67.14% never bought drugs outside the hospital.

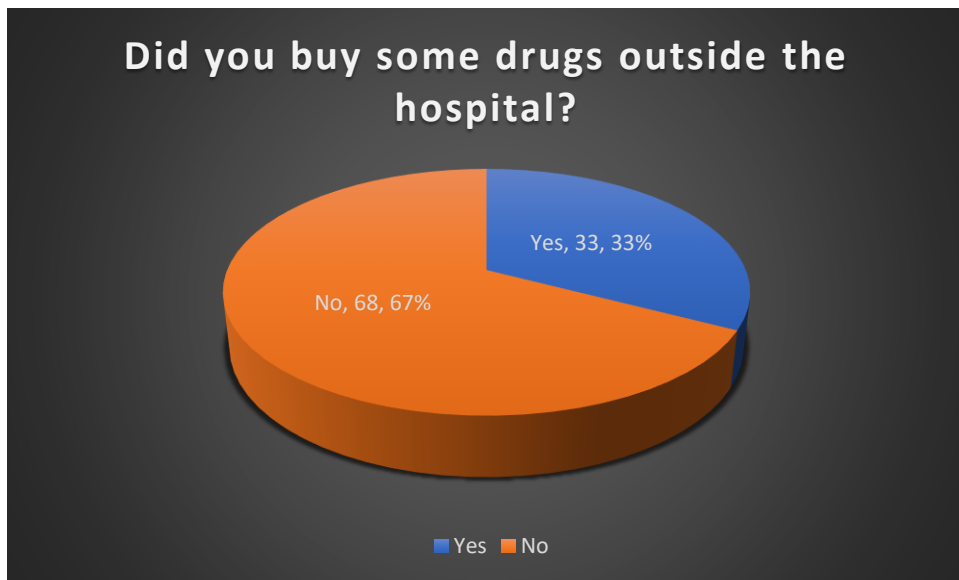


Figure VII.

Table VIII: How clean is the ward (Toilet)?

INDICATOR	FREQUENCY	PERCENTAGE
Not neat	30	8.9
Satisfactory	95	28.3
Neat	225	62.8

The cleanliness of the ward toilet recorded 62.8% satisfaction while 28.3% were dissatisfied based on the scores given by the patients.

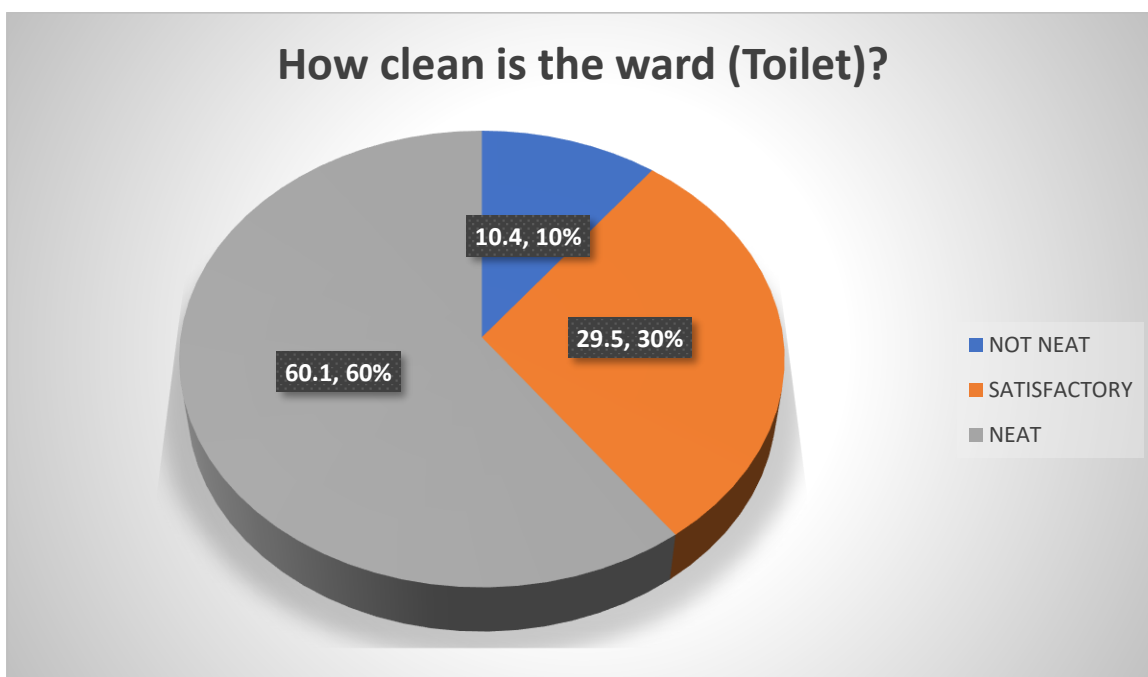


Figure VIII.

Table IX: How clean is the ward (Bath)?

INDICATOR	FREQUENCY	PERCENTAGE
Not neat	26	7.7
Satisfactory	110	29.0
Neat	227	63.3

The bath at the ward was scored 63.3% satisfaction as in its neatness while 29.0% dissatisfactory.

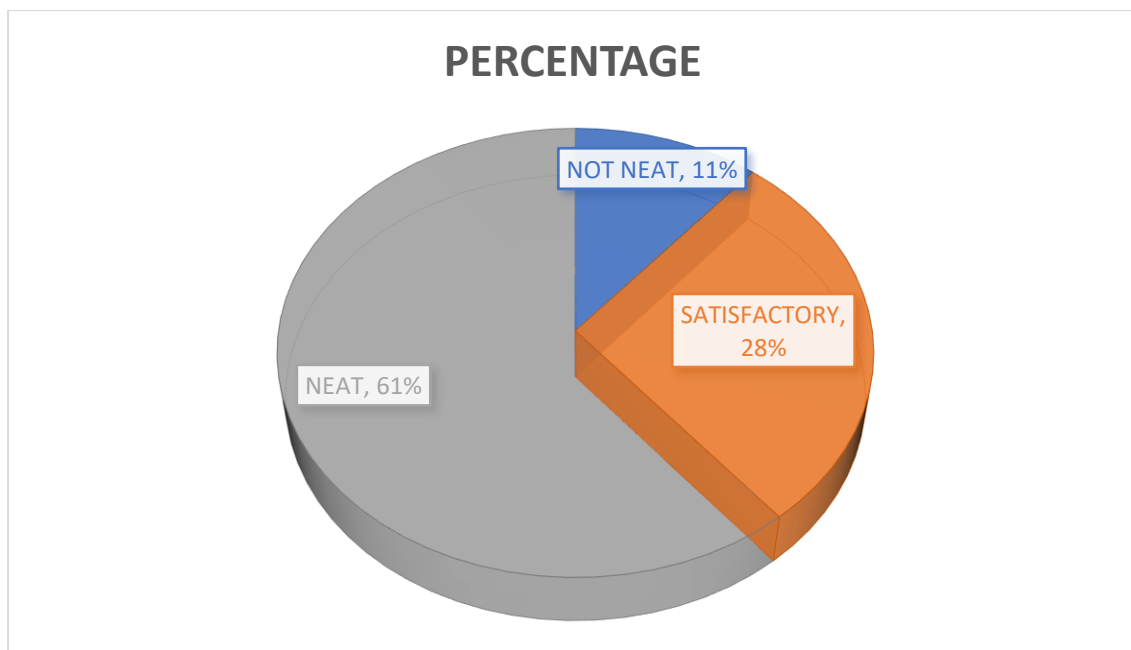


Figure IX.

Table X: How clean is the ward (Floor)?

INDICATOR	FREQUENCY	PERCENTAGE
Not neat	10	2.3
Satisfactory	21	6.0
Neat	349	91.7

The floor cleanliness at the ward record 91.7% satisfaction and 8.3% dissatisfaction representing 349 and 21 clients respectively.

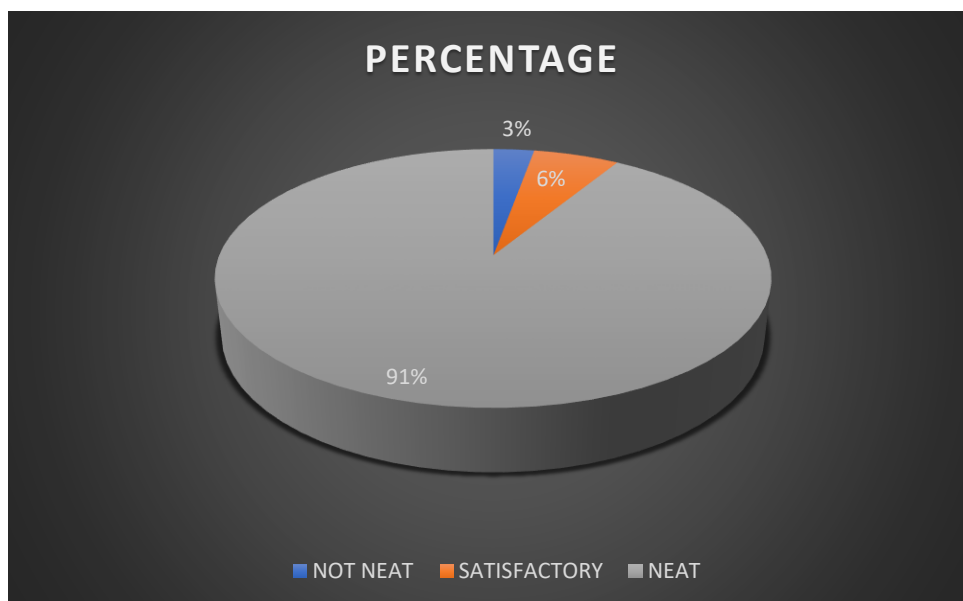


Figure X

Table Y: Will you recommend the services of the hospital to someone?

INDICATOR	FREQUENCY	PERCENTAGE
YES	341	97.2%
NO	10	2.8%

Summary:

The inpatient satisfaction score for the facility is 85.54% and 15.46% dissatisfaction.

Recommendation:

1. We recommend management take a look at the drugs the clients were purchasing outside for their treat and stock them.
2. We recommend management to take a look at the sanitation issues as in the cleanliness of the wards' floor, baths and toilets since the neat will help the patients feel comfortable in staying for their care.
3. All clients should be oriented at the ward
4. The staff should be spoken to exhibit good attitude towards the clients
5. The patients should be informed about their conditions and what to expect
6. Drugs should be serve on time to all patients
7. Doctors should make their regular round in attending to the patients

REPORT FOUR

STAFF SATISFACTION SURVEY

Introduction:

In every cooperation it is best for top level management to know the level of satisfaction of their employees (staff). Knowing your staff satisfaction level helps management to address issues that they might be oblivious of, strengthen the system and push for the best to achieve set goals while fulfilling their mission.

In the light of the above, St. Gregory Catholic Hospital continue with their annual Staff Satisfaction Survey to best understand how satisfied their staff were. The results from the survey are presented below for all to know how satisfied staff were with the affairs of the hospital in the 2020.

A total staff of 245 out of the overall staff strength of (318) responded to the survey forming a respondent rate of **77.04%**.

DEMOGRAPHIC DATA

Table A: **Gender of respondents**

Indicator	Frequency	Percent
Female	186	75.9%
Male	59	24.1%
Total	245	100

Out of the 245 staff, 186 were female and 59 were male comprising 75.9% and 24.1% respectively.

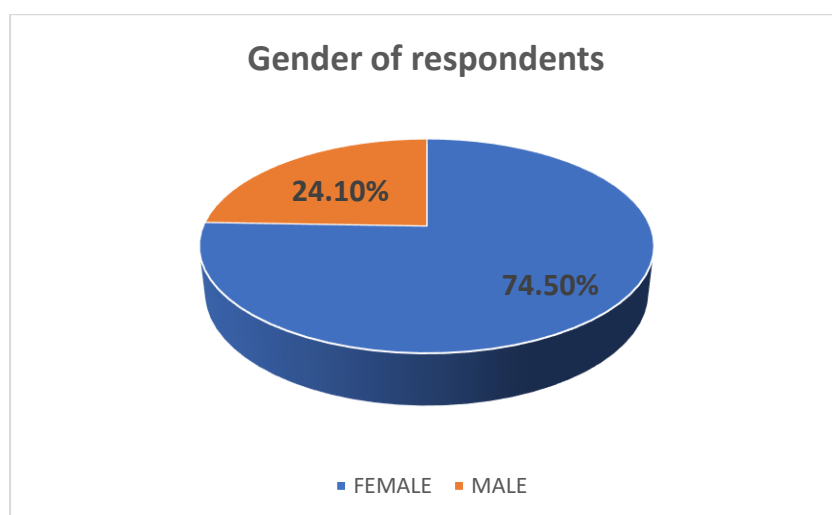


Figure A.

Table B: **Age distribution of respondents**

Ages	Frequency	Percent (%)
20-29 YEARS	42	17.1
30-39 YEARS	174	71.0
40-49 YEARS	26	10.6
50+	3	1.2
Total	245	100

From the above, 17.1% of the staff are between the age of 20-29 years, 71.0% of the staff are between 30-39 years of age, 10.6% of the staff are also between the age of 40-49 years and the remaining of 1.2% of the staff are 50 and above years. Out of the 245 staff, 3 of them are near retiring ages because they are of 50 years and above.

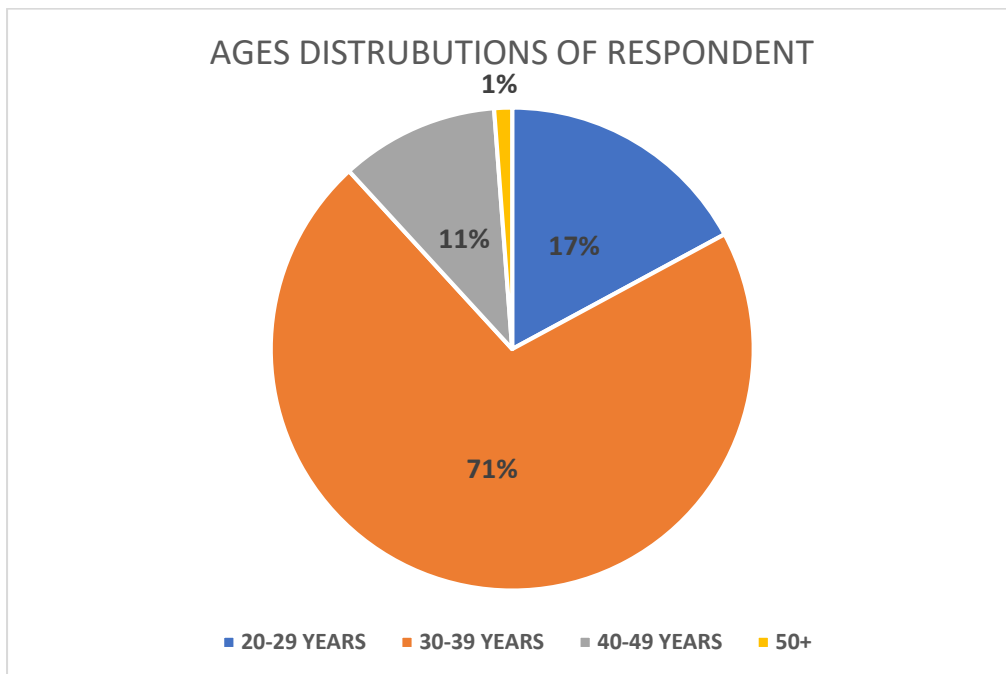


Figure B.

Table C: Marital Status

Marital Status	Frequency	Percentage
Married	154	62.9
Single	90	36.7
Divorced	0	0
Widowed	1	0.4
Total	245	100

On the marital status of the staff who responded to the survey, 154 were married, 90 were single while 1 is widowed and no divorced. The presentation in percentage term is 62.9%, 36.7%, 0.4 and 0% respectively.

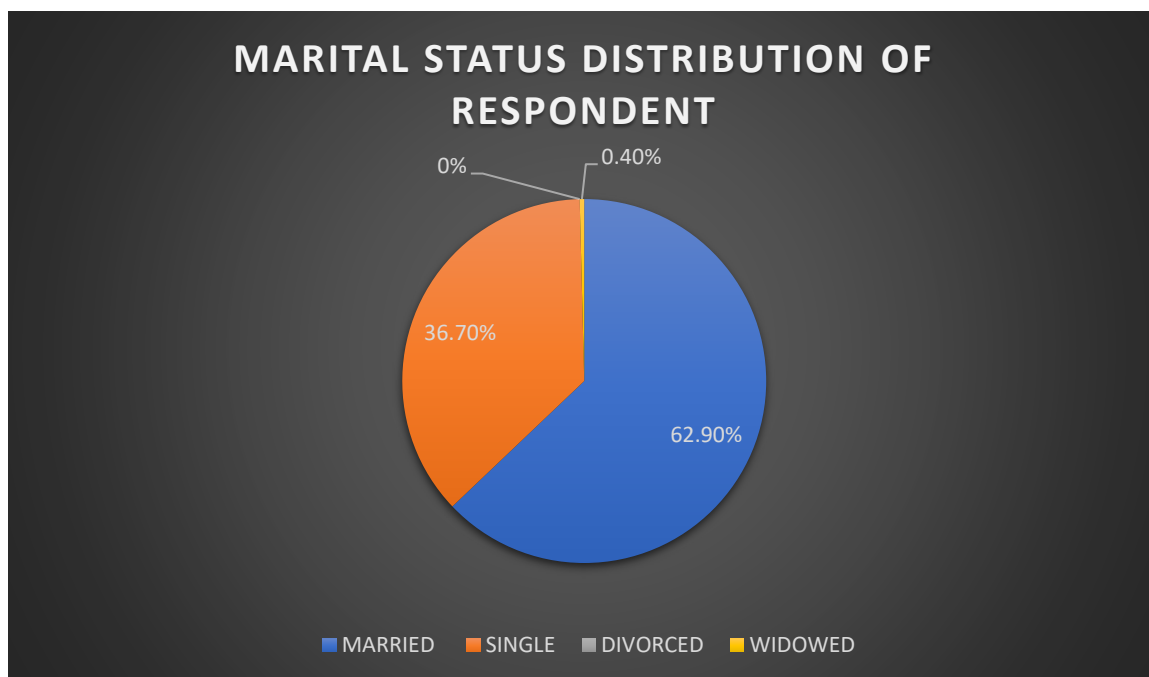


Figure C.

Table D: Number of years working with Catholic Hospital in Ghana

Indicator	Frequency	Percent
0-3 Years	87	35.5
4-6 Years	64	26.1
7-9 Years	42	17.1
10+ Years	52	21.1
Total	245	100

On the number of years' people have worked with catholic facility 87 of the stated 0-3 years, 64 stated 4-6 years, 42 of the staff chose 7-9 years and 52 of them worked for 10 years and above. This represent 35.5%, 26.1%, 17.1% and 21.1% respectively.

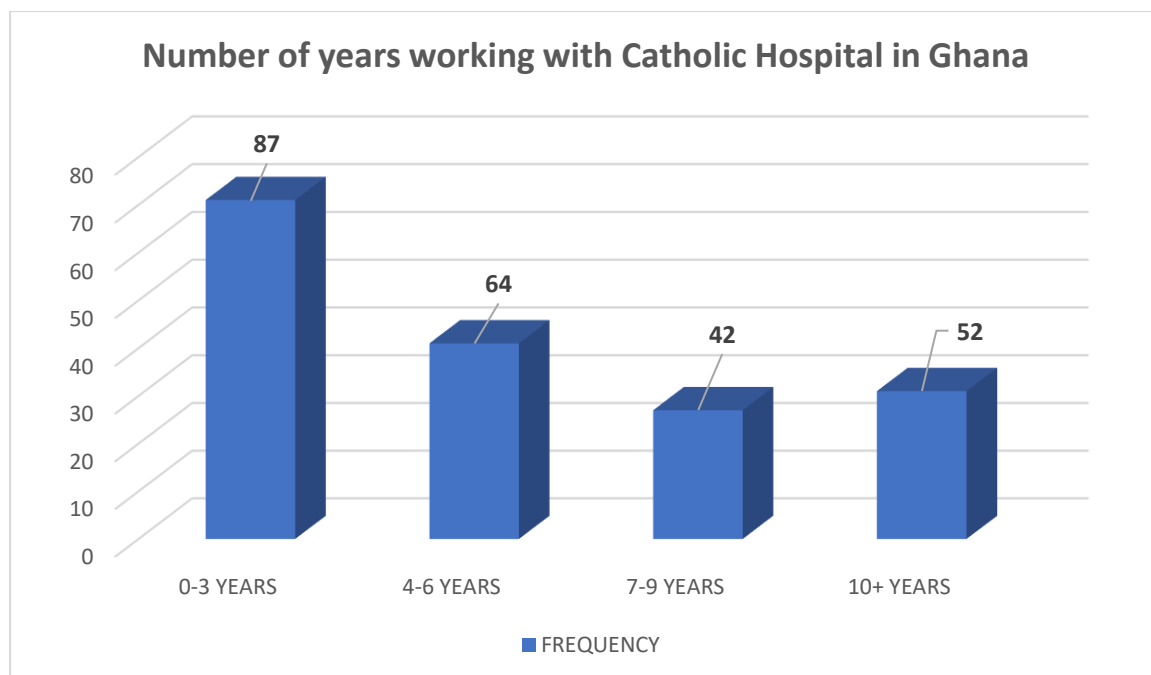


Figure D.

Table E: Number of years working with this particular hospital

Indicator	Frequency	Percent
0-3 Years	108	44.1
4-6 Years	56	22.9
7-9 Years	49	20
10+ Years	32	13.1
Total	245	100

On the number of years in which the staff are working with the St. Gregory Catholic Hospital, 108 of them chose 0-3 years, 56 staff chose 4-6 years, 48 stated 7-9 years while 32 staff stated 10 years and above. The percentage representation is 44.1%, 22.9%, 20% and 13.1% respectively.

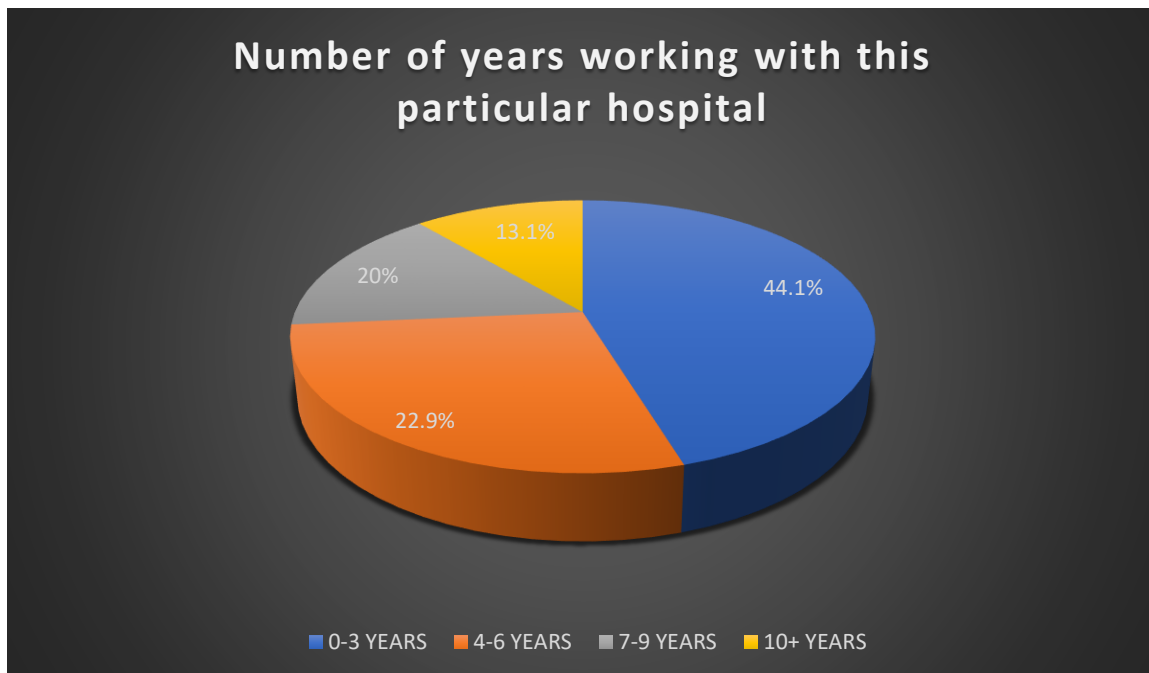


Figure E.

Results:

PART ONE: ABOUT WORK

Table 1: MY JOB IS CHALLENGING AND INTERESTING

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	215	87.7
Dissatisfied	30	12.2
TOTAL	245	100

The believed that their job is challenging and interesting. This got a score of 87.7% satisfaction and 12.2% dissatisfaction with 215 and 30 staff respectively

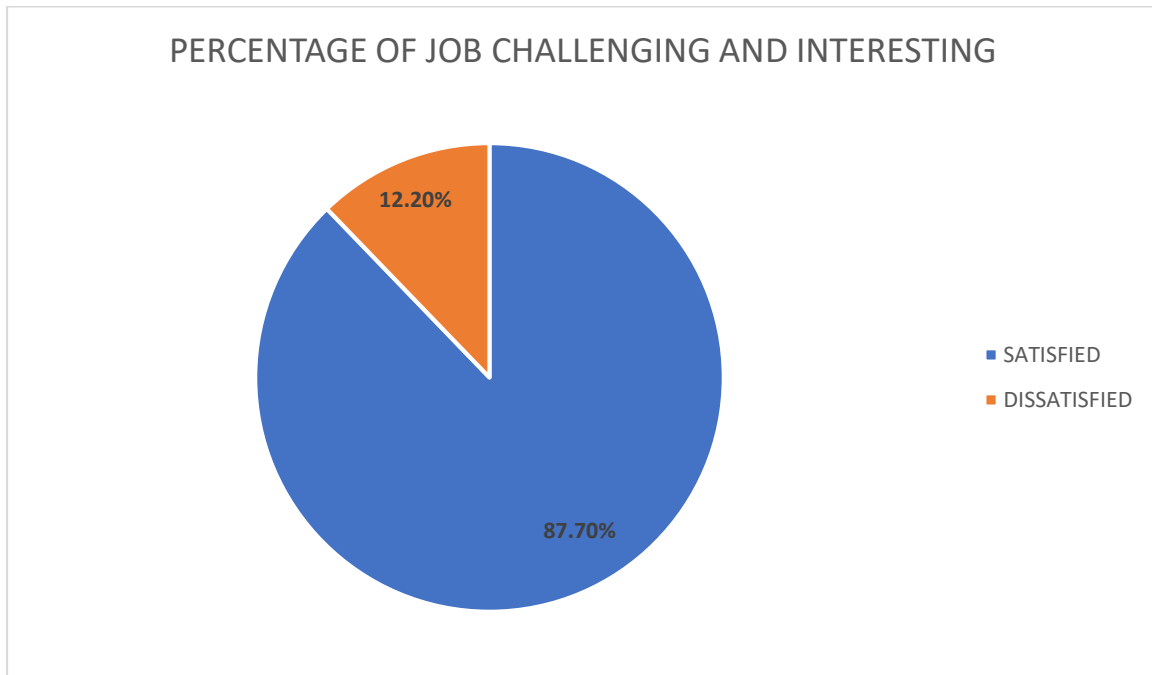


Figure 1

Table 2: I UNDERSTAND HOW MY JOB WILL HELP THE HOSPITAL REACH ITS GOAL

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	233	95.1
Dissatisfied	12	4.90
Total	245	100

The staff of the facility understand that their jobs will help the hospital reach its goals.

Out of the 245 staff that responded to the survey, 233 staff gave a satisfied score while 16 gave a dissatisfied score representing 95.1%, 4.9% respectively.

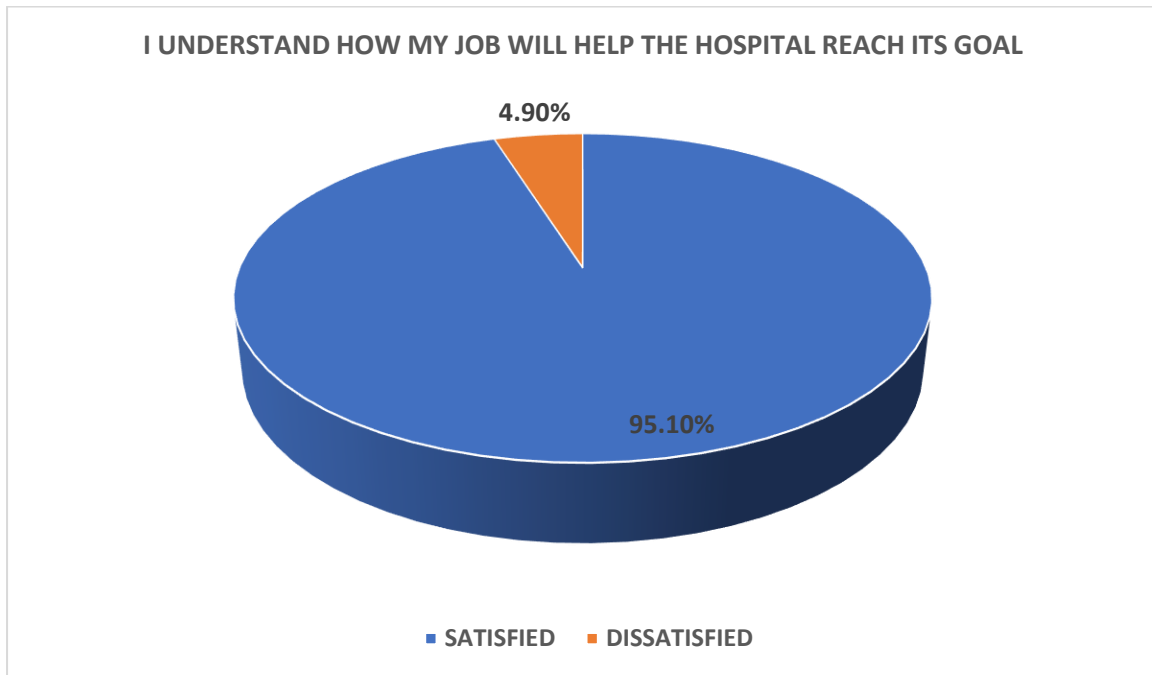


Figure 2

Table 3: MY WORK HAS A REAL, POSITIVE IMPACT ON THE PEOPLE WE SERVE IN THE COMMUNITY

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	228	93.0
Dissatisfied	17	6.9
Total	245	100

Out of the 245 staff that responded to the survey, 228 staff gave a satisfied and 17 gave score of dissatisfied and 9.3% and 6.9% respectively.

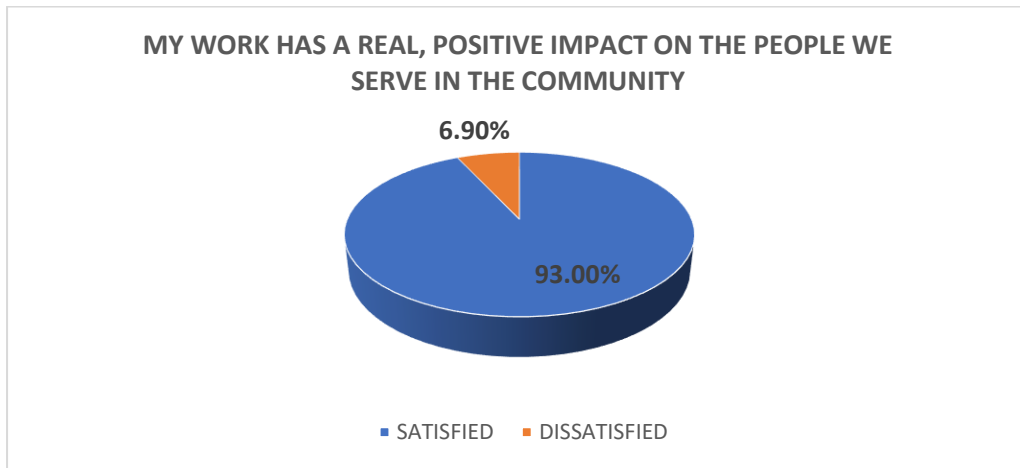


Figure 3

Table 4: I AM SATISFIED WITH THE LEVEL OF BALANCE BETWEEN MY WORK AND PERSONAL LIFE

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	109	44.5
Dissatisfied	136	55.5
Total	245	100

Staff gave the facility 44.5% satisfaction score on their level of balance between work and personal life while they gave dissatisfied score of 55.5% representing 109 and 136 staff respectively.

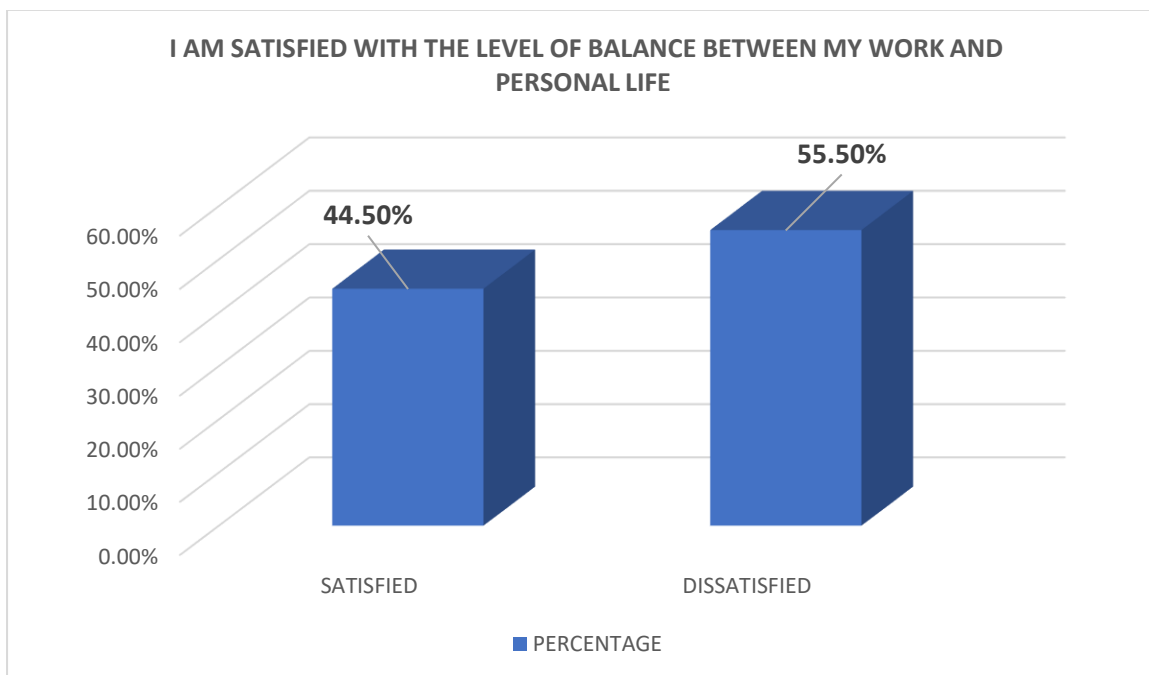


Figure 4.

Summary:

About Work: Satisfaction for the facility is **80.10%** and dissatisfaction score is **19.90%**.

PART TWO: LEARNING AND DEVELOPMENT

Table 5: I AM GIVEN OPPORTUNITY TO IMPROVE MY PROFESSIONAL SKILLS

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	162	66.10
Dissatisfied	83	33.90
Total	245	100

The staff believe there are opportunities given to them to improve their professional skill. 162 of the staff gave a satisfaction score of 66.10% while 83 gave dissatisfaction score of 33.90%.



Figure 5.

Table 6: I UNDERSTAND THE CAREER PATH IN THIS HOSPITAL AND HAVE OPPORTUNITIES FOR PROMOTION

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	193	78.80
Dissatisfied	52	21.20
Total	245	100

When the staff were asked about their career and the opportunities that are there for their promotion, 193 of them scored the facility with satisfaction and 52 of them gave dissatisfaction score representing 75.80% and 21.20% respectively.

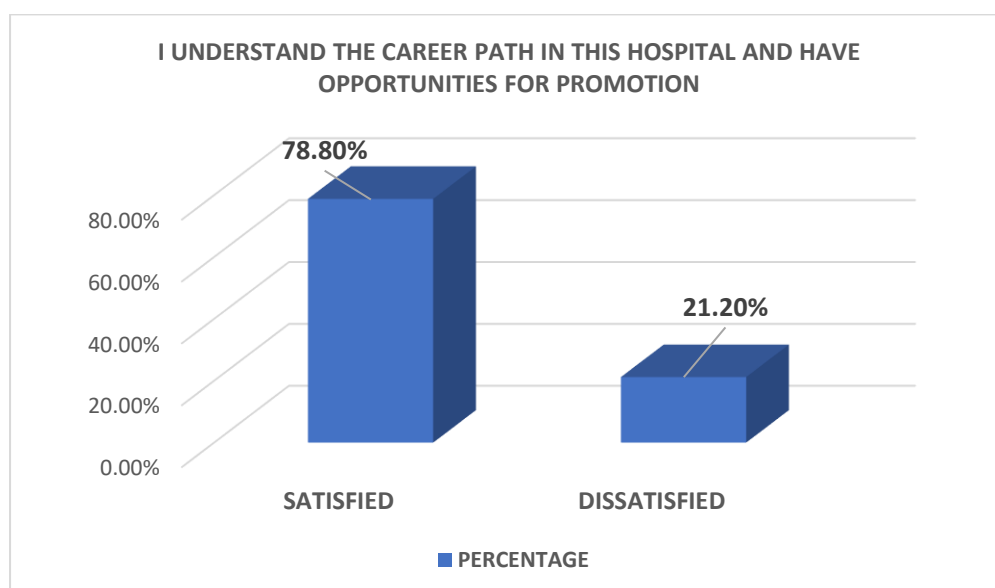


Figure 6

Table 7: I AM GROWING AS A PROFESSIONAL IN THIS HOSPITAL

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	212	86.5
Dissatisfied	33	13.4
Total	245	100

The survey had 86.5% satisfaction and 13.4% dissatisfaction score on growing as professionals in this facility constituting 212 and 33 staff respectively.

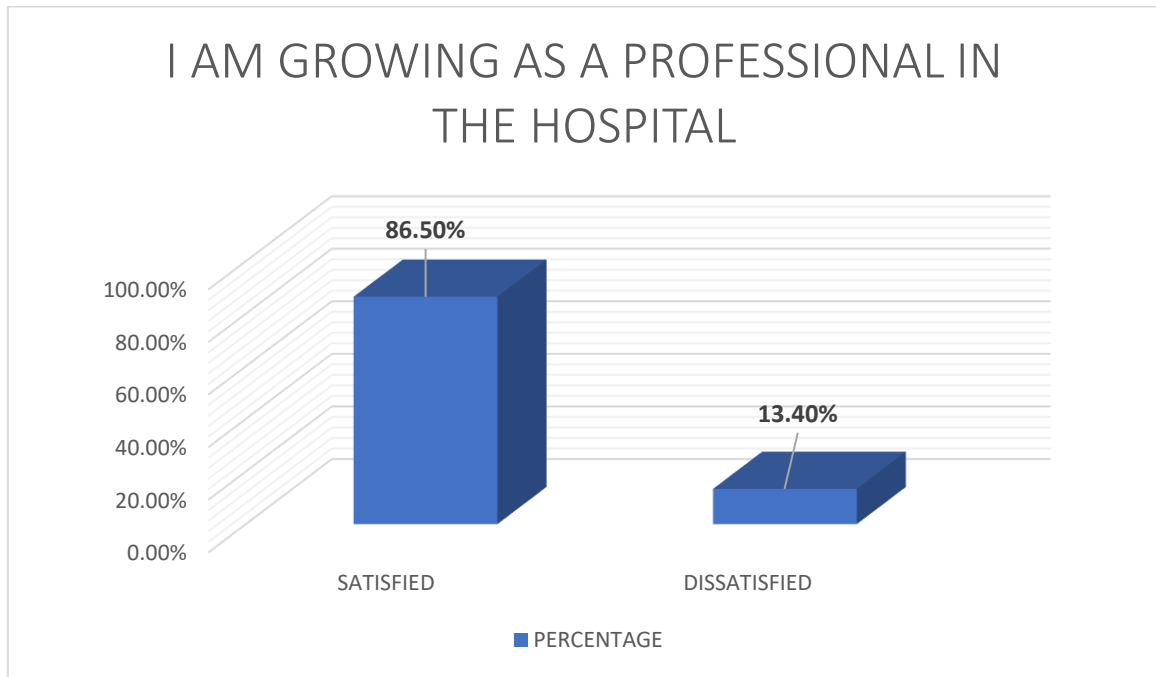


Figure 7.

Table 8: **WORKING FOR THIS HOSPITAL WILL HELP ME REACH MY PERSONAL AND PROFESSIONAL GOALS**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	173	70.6
Dissatisfied	72	29.3
TOTAL	245	100

The staff satisfaction score in reaching their personal and professional goals in term of the hospital help is 70.6% and the dissatisfaction 29.3% representing 173 and 72 staff respectively.

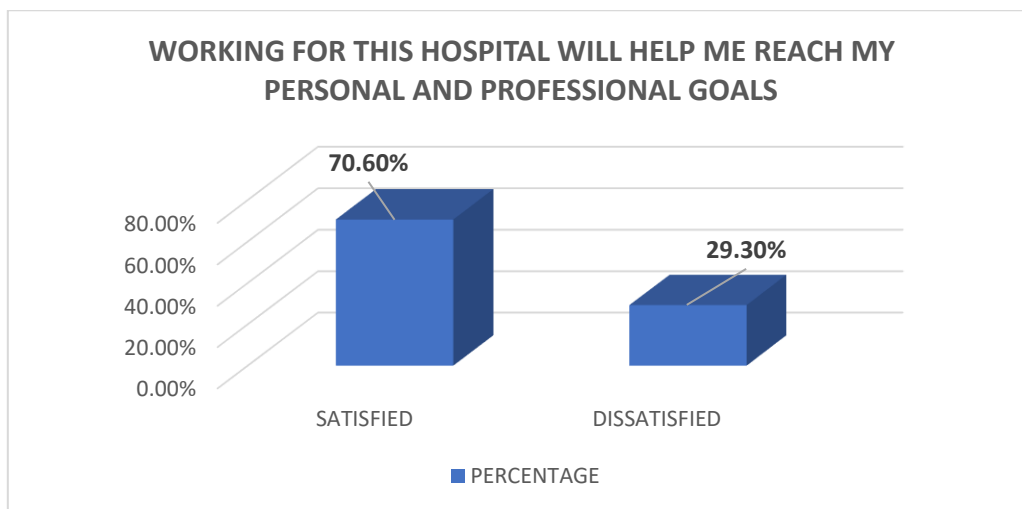


Figure 8

Summary:

On **Learning and Development**, the facility had a satisfaction score of **75.50%** and **24.50%** dissatisfaction.

PART THREE: SUPERVISION

Table 9: **I HAVE A CLEAR PERFORMANCE EXPECTATIONS (I KNOW WHAT I AM SUPPOSED TO DO)**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	227	92.70
Dissatisfied	18	7.30

The staff scored 92.70% on having a clear performance expectation (as in what they are supposed to do) while dissatisfaction scored is 7.30%.

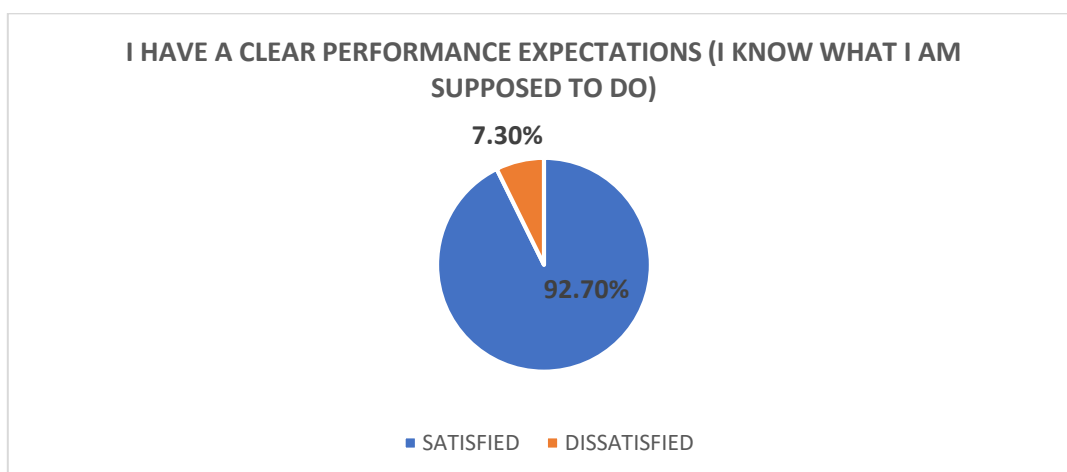


Figure 9

Table 10: **THE METHODS AND STANDARDS THAT ARE USED TO MEASURE MY PERFORMANCE ARE REASONABLE**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	172	70.20
Dissatisfied	73	29.70

70.2% of the staff believed the methods and standards used in measuring their performance are satisfactory while 29.7% of them said it they are not satisfactory to them constituting 172 and 73 staff respectively.

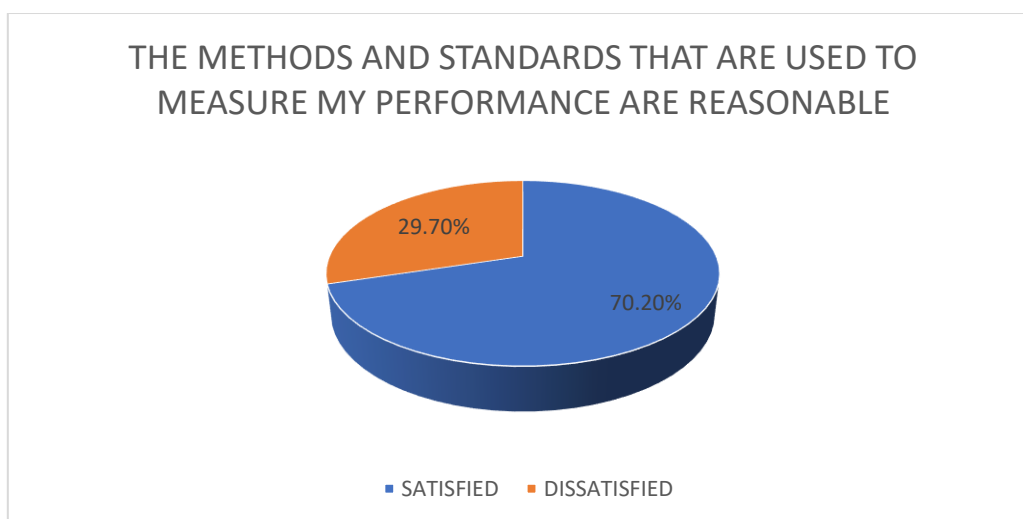


Figure 10.

Table 11: I RECEIVE REGULAR FEEDBACK FROM MY SUPERVISOR ON MY JOB PERFORMANCE

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	150	61.2
Dissatisfied	95	38.7

The staff scored the facility 61.2% satisfactorily on receiving regular feedback from their supervisors on their job performance while 38.7% scored was for dissatisfaction.

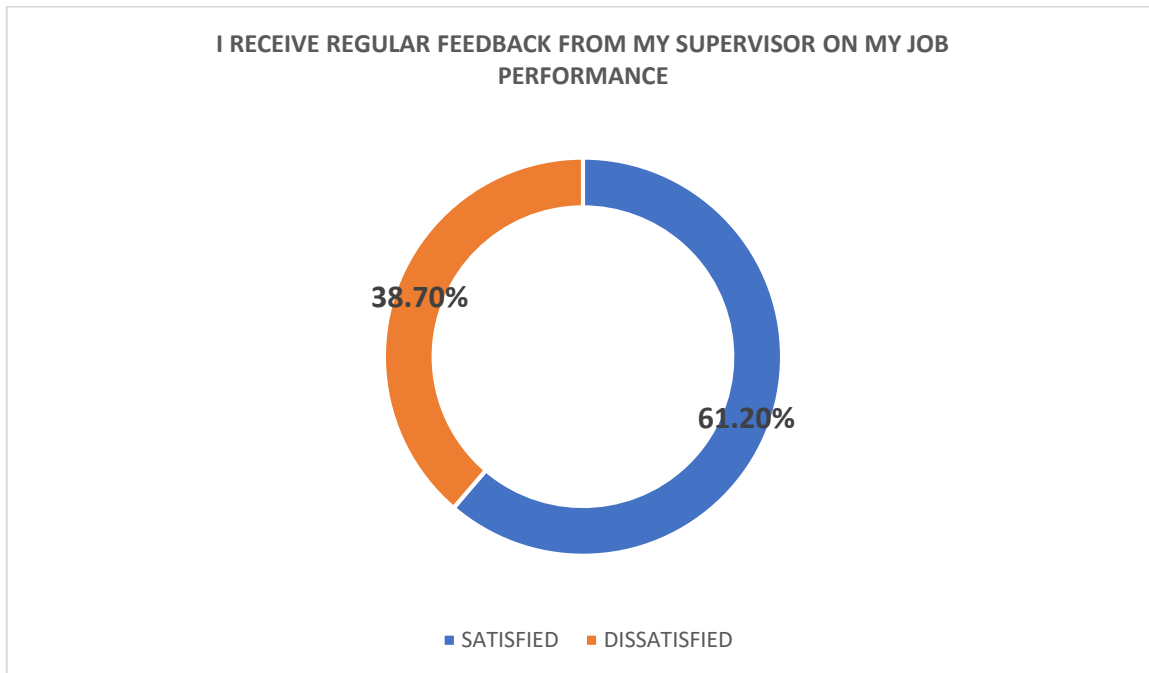


Figure 11.

Table 12: I RECEIVE RECOGNITION WHEN I DO A GOOD JOB, AND/OR TAKE INITIATIVE AND BECOME INNOVATIVE

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	119	48.60
Dissatisfied	126	51.40

119 out of the total 245 staff stated they do received recognition when they do a good job, and/or take initiative and become innovative which is 48.60 % while the dissatisfaction is 51.40% forming 126 staff.

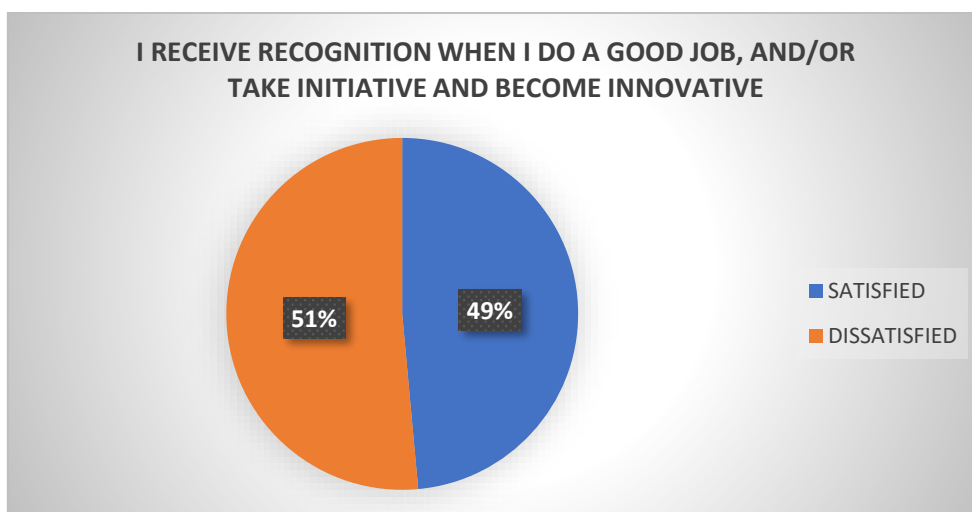


Figure 12.

Summary:

On **Supervision**, the facility had a satisfaction score of **68.20%** and **31.80%** dissatisfaction.

PART FOUR: WORK ENVIRONMENT

Table 13: **I HAVE THE MATERIAL/EQUIPMENT AND TOOLS I NEED TO DO MY JOB WELL**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	116	47.34
Dissatisfied	129	52.6

When enquired from staff about their ability to do their job due to availability of equipment/materials and tools, 47.3% of them indicated their satisfaction while 52.6% stated otherwise representing 116 and 129 staff respectively.

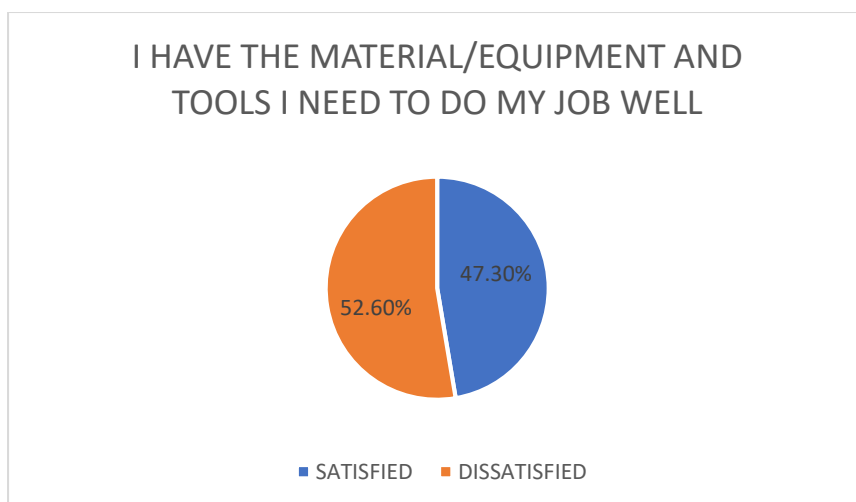


Figure 13.

Table 14: **I AM TREATED WITH RESPECT AT THE WORKPLACE**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	156	63.70
Dissatisfied	89	36.30

63.70% stated that they are treated with respect at the workplace while 36.30% said they aren't.



Figure 14.

Table 15: ORGANIZATION'S POLICIES ARE PROPERLY AND EQUALLY ADMINISTERED IN MY DEPARTMENT

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	161	65.7
Dissatisfied	84	34.3

161 staff constituting 65.7% said the organization’s policies are properly and equally administered in their department while 84 constituting 34.2% said no.

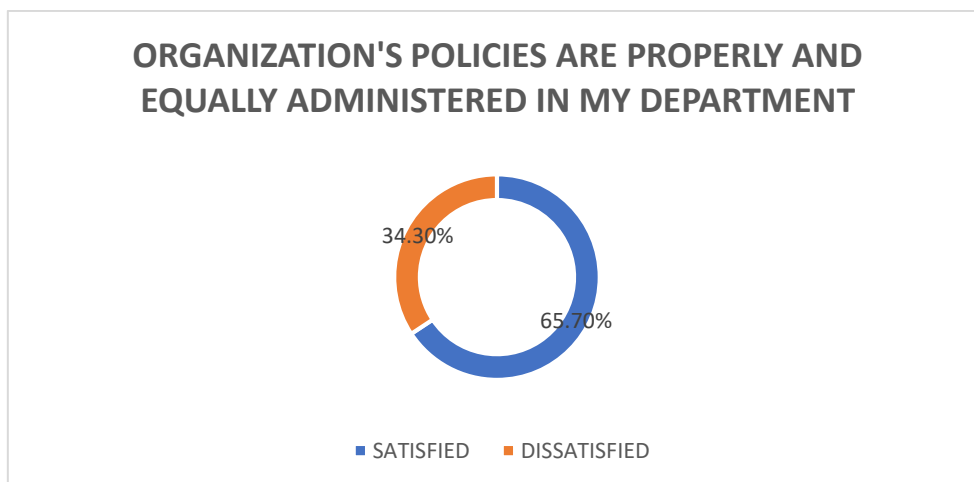


Figure 16.

Table 16: **GOOD PHYSICAL ENVIRONMENT TO ENSURE HEALTH SAFETY AT WORK**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	134	54.6
Dissatisfied	111	45.3

The staff gave the facility 54.6% satisfaction on good physical environment to ensure health and safety at work and the dissatisfaction is 45.3%.

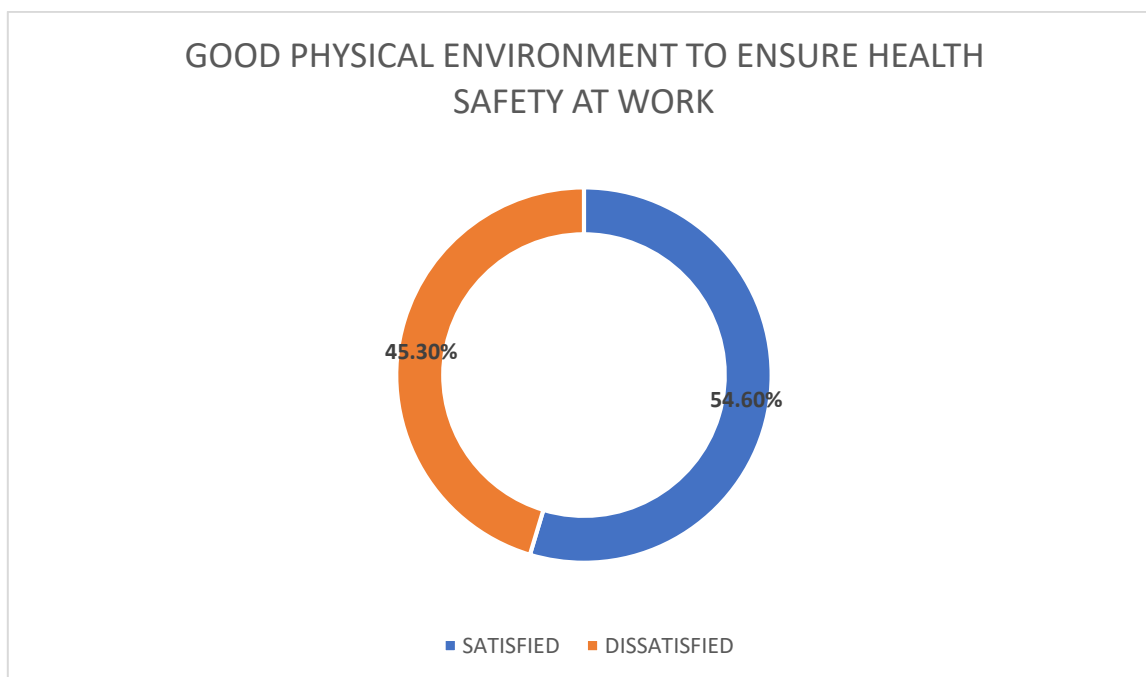


Figure 17.

Summary:

On **Work Environment**, the facility had a satisfaction score of **57.90%** and **42.10%** dissatisfaction.

PART FIVE: BENEFITS

Table 17: **I AM SATISFIED WITH THE BENEFIT PACKAGE (LEAVE, SICK, OFF, ETC) THAT THIS HOSPITAL OFFERS**

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	91	37.10

Dissatisfied	154	62.90
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When it comes to the satisfaction with the benefits package (leave, sick, off, etc.) that the hospital offers, 37.10% were satisfied whereas 62.90% were dissatisfied forming 91 and 154 staff respectively.

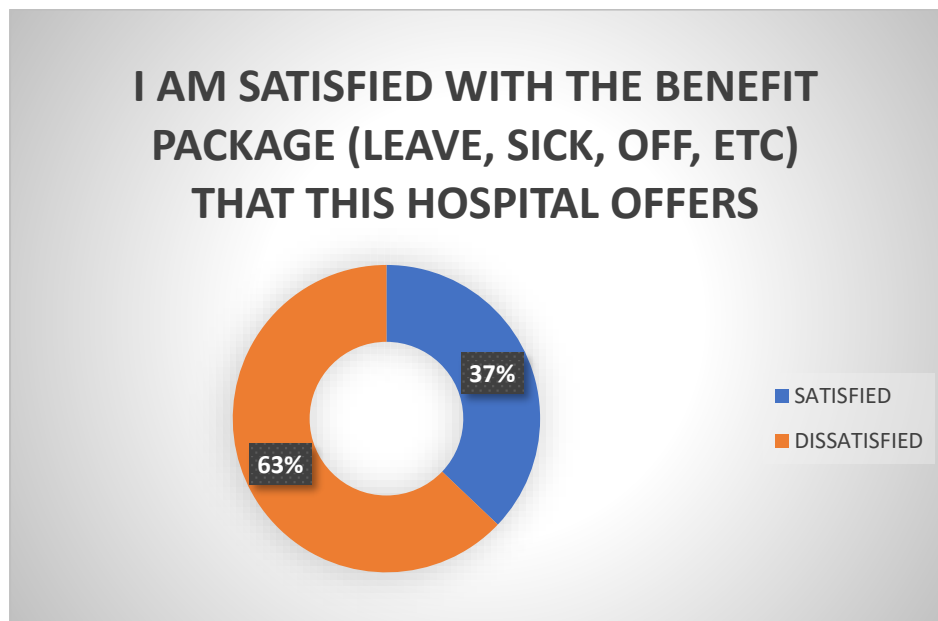


Figure 17

Table 18: I AM SATISFIED WITH THE HOSPITAL WELFARE PROGRAMME SUCH AS SALARY ADVANCE, FUNERAL SUPPORT, STAFF LOANS, WEDDING CONTRIBUTION, ETC

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	103	42.10
Dissatisfied	142	57.90

Out of the 245 staff, 103 of them stated they were satisfied with the hospital welfare programs representing 42.10% and 142 staff representing 57.9% stated that they were dissatisfied.

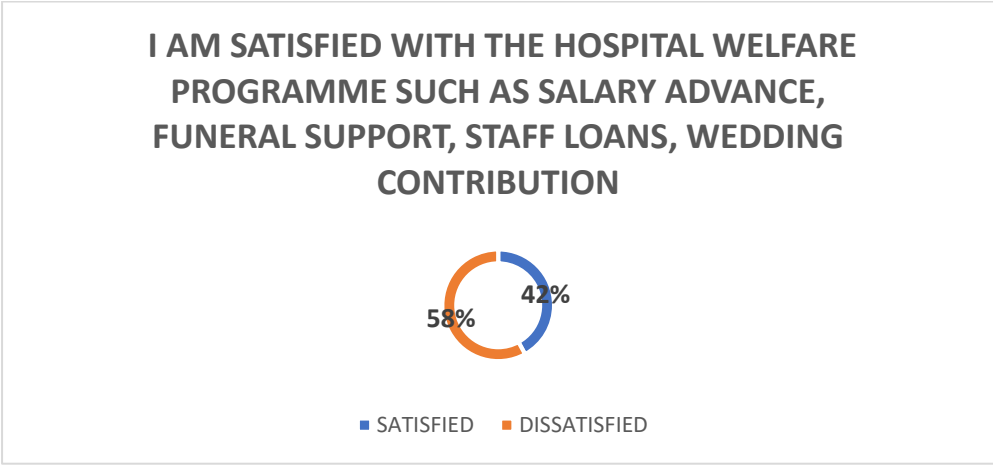


Figure 18.

Table 19: I AM SATISFIED WITH THE RECREATIONAL ACTIVITIES PROVIDED BY THE HOSPITAL EG. RETREAT, END OF YEAR PARTY, ETC

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	144	58.80
Dissatisfied	101	41.20

On recreational activities provided by the facility such as retreat, end of year party, etc, 58.80% of them were satisfied and 41.2% were dissatisfied representing 144 and 101 staff.



Figure 19.

Table 20: I FEEL THE COMMUNITY APPRECIATE MY WORK TO THE PEOPLE

INDICATOR	FREQUENCY	PERCENTAGE
Satisfied	156	63.70

Dissatisfied	89	36.30
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The satisfaction score for community appreciation of staff work by the people got 63.3% satisfaction and 36.32% dissatisfaction.

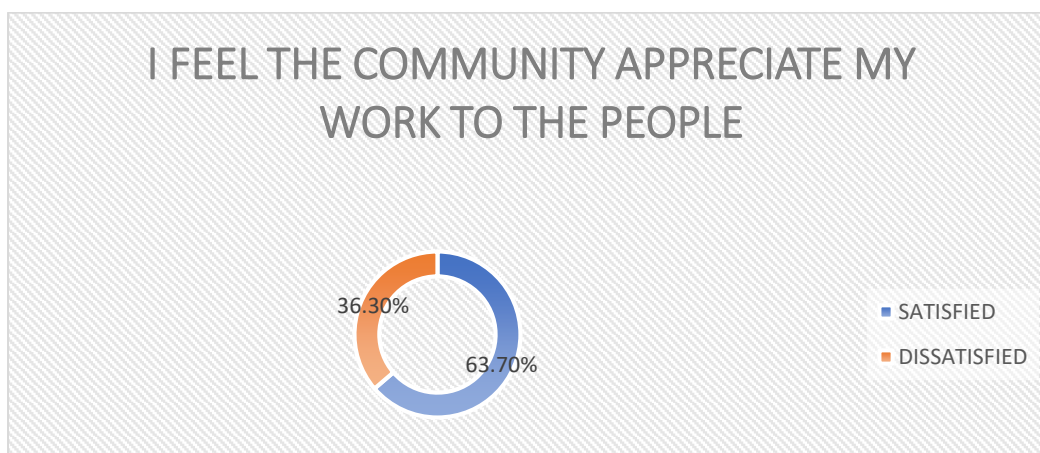


Figure 20.

Summary:

On **Benefits**, the facility had a satisfaction score of **50.41%** and **49.59%** dissatisfaction.

Conclusion:

In the overall analysis, the hospital got **66.40% satisfaction** scored as against **33.60% dissatisfaction**.

Comments, Reservations and Suggestions from staff

1. I suggest to the management to get operating light for theatre to prevent any complications. Am pleading with this sensitive equipment.
2. There should be a revenue collection for at least patients on admission
3. I think if management can look into the one day off saga and the hospital allowance it can help in work productivity.
4. More workshop for nurses to improve skills.
5. The management of the hospital has to appreciate any good work done and reduce the attack on any little mistake we do.
6. Materials or tools should be provided to make work easier God bless us all
7. The matron should review the off days lest people fall sick and go for excuse duty which can affect the performance of the healthy ones. Thank you
8. Staff should get 2days off within the week(ward)because one day off in a week is stressful

9. We must try and reduce patient waiting time and respect out patients improve welfare active
10. More equipment needed at the unit and Improve in providing appropriate equipment needed by each department.
11. The safety of the nurses should be up graded and more recreational activities, more motivation room for improvement.
12. The one day off allocated is not enough and should be re-adjusted to the two days.
13. As a staff working at the emergency unit, I suggest an increment in the allowance as a form of motivation.
14. Working at the emergency ward for six days and getting only a day off is not fair. emergency
15. The dressing /treatment room is still leaking and there is no light.
16. I suggest that Community Nurses among us should be allowed to work in their field of work to help us maintain our professional skills and experience.
17. Our leaders are more autocratic and I think that they should also allow as to share our opinions, all other things being equal.
18. The isolations room should be built in order to accommodate patients with transferable diseases, so other patients and staff life will not be put into danger. Something should be done about the number of off us get in a week.
19. How can someone come to work for 26 days and get just 4 days off in a month.
20. The hospital NICU needs to be separated from the main children's' ward.
21. Also, Hospital allowances needs to be increased due high cost of leaving in the country.
22. Staff who are due for school should be granted access to go to school with or without study/scholarship.

23. I think courses should not be compulsory chosen for the staff to do because some wants do something for themselves and not the hospital alone.
24. Please the nurse manager should kindly reconsider the off day since it can have a negative effect on the performance of staff. That is if 3/4 staff are supposed to be on duty and 2 of them are on excuse duty then the other 2 will become stressed out.
25. Must improve on the physical environment of the facility and welfare programmes for staffs.
26. Health package for staff should improve by covering 100 percent of medical expenses.
27. Upgrade on allowances Improve condition of service of staff.
28. Increment of staff strength you can do better more room for improvement
29. In-charges do not respect their staffs, duty roasters, sick leave, needs to be restructure
30. There should increase staff allowance and promote staff who has finished with their degree.
31. When there is workshops, durbars, welfare meetings etc. how are we going to do all this things in one day, we will break down. We need to get enough rest to be able to prepare very well with all the energy for the next shift.
32. There is the need for proper internal controls measure and also our allowance is not good
at all Management should to something about it. Thank you
33. All staff should have equal chance /opportunity of sponsorship irrespective of unit/ department.
34. Review of nurses allowance
35. Please am pleading if staff at the pharmacy would have a wash room
36. Off duty for nurses would not help proper and quality care we are looking for and it's Health implications on nurses and Midwives.
37. I wish if something can be done to upgrades those who have their additional certificate's without approval while still at post, work in the facility for about five to six years.
38. Regular workshop
39. I am glad to be part of the hospital
40. More equipment should be provided for each ward to make the work easier
41. My is about the payment of drugs before it been served when a staff is sick. It sad because what if at that moment the staff don't have money on him, due to that he shouldn't get treatment.
42. There should be a package for long service staff
43. Welfare of staff should be looked at very well
44. Autocratic rule must stop now.
45. My concern is about how a staff has to pay for his or her medical bills when he or she seeks medical Care at the facility. I think medical care a staff should be free if the person has NHIS. Thank you
46. My concern is that the one day off duty is not good cos it will put pressure on us especially on those with children so something should be done about it thanks.
Generally, am impressed.
47. Please the one day off won't help me as a nurse please. If mother should increase our salary and allowance.

48. More motivation and incentives needed I think our off days should be 2 days in a week not 1 day.
49. The facility is located a cosmopolitan area and traveling in and out with traffic is very stress and to have only one day off for staff is not helping us. We are often over stressed and I think management should help with a more flexible timetables. Korle Bu , 37 and other facilities within Accra cause of location of accommodations and traffic situation have adjusted this strict rule to help staff.
50. Staff are not housed within the hospital and so to strictly go by the one day off is killing us.
51. Majority of us are also at our active reproductive age so combining work and child care plus a single Day off in this traffic is stressful.
52. It's difficult getting required items for work.
53. Resource availability, improve in infrastructure development and sanitation.
54. The hospital should continue its good works.
55. The nurse manager talks too hash to some staff which is intimidating, kindly do something about it.
56. "There should be an increment of allowances and need to provide tools to make work easier and more effective.
57. Getting staff quarters in or around the hospital for staff will be very helpful
58. More room for improvements
59. Provisions of new computers for effective work.
60. All nurses must be treated equally no matter their qualifications
61. "To give respect to one another and also stop stealing "
62. "The new nurse manager has taken 1 day out of the off duties meanwhile on the system we work from 8am to 4pm in order to get 2 days.
63. The new nurse manager shouts at people too much and she won't listen to your explanation to question asked
64. When equipment are requested it takes too long to receive them
65. HR and Accountant should be proactive
66. Hospital should provide staff with uniform since it's going to be the new normal for the nurse's.
67. Staff should be promoted if they have served through the years with good conduct and hard work especially with senior officers "
68. Permanent staff should be employed to work in addition to Senior Estate Manager
69. When a problem is reported is been attended to immediately. Is there anything like condition of service for staff?
70. They should respect the workers in the hospital and "Orderly's should be rank by the years or experience of working and promotions should be given to orderly's."
71. They are very autocratic which is not helping.
72. I suggest staff medical bills should be free.
73. The structure and the population of the workers are youthful as compare to other facilities, so the old rules that apply to the old folks will find it difficult in working in Gregory. The worst will a lot of transfers and travelling, and soon the hospital will be closed down. Management must then look at some of their decisions when dealing with the staff to avoid mass exodus from the facility.

74. Surveys are not by force, so threatening us to cease our allowance is laughable. The So called lawyer among management should give them the best advice when it come to some of this decisions on threat. Some of us also know the laws and policies regulating the healthcare services. Management should Learn to appeal instead of threats every day. If we are there children, would they threatening on us every Small thing or decision they us agreed with them?
75. The one day off have resurrected again staring with us the nurses meanwhile a lot went into the reverse. We do not know where the Medical Director, Administrator and the Human Resource Manager are keeping quiet on the issue. Is it because they want the problems to fall on the poor matron? Just like they did to the retired on always keeping her mute with threats?
76. The Archdiocese of health and the board should take transfer the old folks in the management to allow the news to function since they will be bad nuts for the new ones.
77. The HR is to speak for and behalf of staff, but her so interest being on the side of management. She should revise her note again in order to help them overcome their challenges. Her response to us when help is sorted from her office is appalling. She was a bit better after complains 2 years ago but she basically falling back into her old state. Many of us staff have to sort people ask for things for us since her response is insulting. If we know, we would have gone to her, we do not know that is why we go to her. Even we know, we still must get clarity. She is in that office because of us, if there are not human resources, the would not be a need for us.
78. The one day is only applied to the nurses, what about the rest of the staff in clinical and support service?
79. Giving us one day means no meeting and program attendance especially on our off days as nurses.
80. You can threaten to take our allowance and we will all test the labor law in court and see who wins. When staff discuss their issues with management members, even their travel plans, it should be with those They discussed with. If even our colleagues will spread, let them be the one, but not a management member telling everyone.
81. Those who have taken leave without pay cannot continue to pay their provident fund even on their own. That policy is backwards; they should be room for the person should do it directly from their account or through payment to the facility to pay on their behalf. You cannot block our investment for the future and form a diaspora group to sort for help for the facility. Change that policy and get us continue with our investment even we resign, we will continue as individuals with insurance company. It is only then that many of us will respond to give back to the facility.
82. We want management to spell out in black and white how one goes by leave without pay for travel, school, personal issues, health ground, international verification and recommendation. We believe by this, people will stop going and keep making same mistakes over and over. Just saying them by words on to is not effective and helpful.
83. More than a year ago, management formed committees and promise them ghc100 a quarter per person. the works were done, and some are still working but the allowance promised never came, and everyone is pretending as if there was no such promise. How then do expect staff to deliver.

84. Whoever ideas it was to change the way the annual health screening is done have not think through it. There is confusion all over. We cannot even get a doctor to attend to us. We cannot see the committee expect Wisdom and Charles are the only talking to us but nothing seems to be happening. If this is how it will be, then it is better we do not it at all. If the staff making the money for the hospital are treated like this for their own, just imagine what will have meted out to the patients.
85. If there are vacancy for IGF staff, publish them so they can also ask people to apply, do not make it family, friends and church position and fill them.
86. Some of the Catholics are not given anything to do. Those who do not profess the catholic faith are the ones in front of everything and you expect us the Catholics to take charge and promote the faith. how can do that with others leading us.
87. The secretariat should not put into management because of their post but people who are matured, competent, qualified and with leadership skills and abilities so that they can stop behaving like children and talking to staff anyhow. We could have all occupy that position, so they should learn to talk with decency and respect and show real leadership.
88. Some of us have a believe that some of our letters to management never go to the rest since some other responses we get do not represent the views of others when they are engaged later. There many at times to the reply does not come, you will be told by word of mouth or response back on a copy of your letter. That is unprofessional. The staff respected and write, let the response also come in similar function.
89. The real workers are not being awarded for the quarterly and annual ones, the modality should change.
90. Wards like emergency need to be motivated, also the one day off at emergency is stressing the staff
91. If our off days can be readjusted to regain strength physically, mentally, sometimes economically, it will help in the quality of care we give. I am a single mother. Kindly look into it once more thank you.
92. Staff should be promoted if they have served through the years with good conduct and hard work especially with senior officers

SECTION 9

CONCLUSION AND WAY FORWARD FOR 2024

KEY RESULT AREAS	TARGETS	ACTIVITY
COMPREHENSIVE PATIENTS SERVICES	<p>Improve infrastructure</p> <p>Strategic partnership/community engagement</p> <p>Introduction of new services</p> <p>Improve the availability of functionality of clinical equipment</p> <p>Provide phyco-social & spiritual needs for clients</p>	<p>Continuation of maternity block Construction of nurse station etc</p> <p>Meeting with stakeholders, community durbars and medical screening etc</p> <p>Maintain and improve upon the existing clinics</p> <p>Establish dietetic clinic</p> <p>Counselling services</p>
QUALITY ASSURANCE & IMPROVEMENT	<p>Waste management</p> <p>Committees and customer services</p> <p>Twice weekly HODs huddles</p> <p>Clinical meetings</p> <p>Monthly Data validation meeting</p> <p>Monthly mortality meetings</p>	<p>Construction of Incinerator</p> <p>Form various committees as per attached with their terms of references</p> <p>Pick near misses/ good practice and way forward</p> <p>Research and make clinical presentation every Monday and Friday</p> <p>Meet to identify gaps and resolve them for submission</p> <p>To review all mortality, identify gays and propose best practices to address them.</p>
HUMAN RESOURCE	<p>Staff retention strategies</p> <p>Training and development</p> <p>Staff satisfaction survey</p> <p>Medical screening</p>	<p>Staff oriented issues (awards/ recognitions/ prompt promotion& upgrade allowance etc)</p> <p>Training on staff safety Study leaves (Training on specialized areas) In-service trainings (IPC, Fire, ETC)</p>

IMPROVE FINANCIAL	<p>Improvement in the use of LHIMS to eliminate printing of forms.</p> <p>Strategies to reduce wastages eg. Electricity</p> <p>Pay attention to the activities of support staff</p>	<ol style="list-style-type: none"> 1. Standardized, regulate & monitor the activities of orderlies and artisans 2. Reduce leakages – services points to verify payment, account morning round and follow ups.
EFFECTIVE GOVERNANCE	<p>Improve participation and collective decision making</p>	<ol style="list-style-type: none"> 1. Weekly core mgt meeting 2. Bi-weekly expanded mgt meetings 3. Monthly HODs meeting 4. Quarterly Procurement
CHAPLAINCY	<p>To cater for spiritual and phyco-social needs of all staff</p>	<p>Provide counselling services</p>

GALLERY

Pictures from the Send Off Ceremony for Outgone Nurse Manager- MADAM ERNESTINA MANU and Awards Ceremony held on 14th December, 2023.





PRESENTATION OF AWARDS TO DEPARTMENTAL BEST WORKERS.



Overall Best worker for 2023 – Mabel Okyerewaa Ofori







PERFORMANCES BY DEPARTMENTS ON CAROLS DAY ON 14TH DECEMBER, 2023



Church Donation to the Children's Ward



Donation from a staff (Margaret Otu – Addo) during her birth day celebration in 2023

VISIT BY THE HOSPITAL TO AWUTU BERAKU PRISONS CAMP DURING WORLD DAY OF THE SICK – 2023



VOTING FOR BEST WORKER FOR THE YEAR 2023



STAFF DURBAR HELD ON 20TH JULY, 2023



CELEBRATION OF NEONATAL JAUNDICE MONTH - FLOAT BY STAFF



CELEBRATION OF CERVICAL CANCER AWARENESS MONTH - FLOAT BY STAFF

