KORLE BU TEACHING HOSPITAL

2016 ANNUAL REPORT

2016 ANNUAL REPORT

KBTH

Excellence in Healthcare

KORLE BU TEACHING HOSPITAL

Excellence in Healthcare

Table of Contents

APPENDIX 1

LIST OF DIRECTORATES, UNITS, DEPARTMENTS AND SUB-BMCs

DIRECTORATES

Administration
Finance
General Services
Medical Affairs
Nursing Services
Pharmaceutical Services
Pathology
Psychiatry
Polyclinic
Reconstructive Plastic Surgery & Burn Centre
Radiology
Surgery

STRATEGIC UNITS

Internal Audit
Legal Affairs
PPME
Procurement
Public Relations
Health Informatics

DEPARTMENTS

CSSD
Dietherapy
Physiotherapy

OTHER UNITS

Environmental Health
Laundry Services
Catering Services
Transport

SUB-BUDGET MANAGEMENT CENTRES (Sub-BMCs)

Accident Centre
Allied Surgery
Anaesthesia
Child Health
Laboratory
Medicine
Emergency Medicine
Obstetrics and Gynaecology

Appendix 2

OVERALL RESPONSES OF PARTICIPANTS AND SATISFACTION RATES

AREAS	ASSERTIONS	Agree	Disagree	Neutral	Strongly Agree	Strongly Disagree	No Response	Total	Satisfaction Rate [%]	Sub-Averages	Overall Satisfaction
Conditions of Service	*My basic salary is reasonable*	132	695	179	20	674	27	**1727**	**10.0**	**29.8**	**53.6**
	The benefit package of my contract of employment is good (e.g. holidays, sick leave,)	289	594	309	21	485	29	**1698**	**22.32**		
	My employer cares about my welfare (e.g. health cover-staff medicare, funeral support, staff loans, etc.)	184	615	286	35	581	26	**1701**	**15.48**		
	My job is secure	780	220	331	173	165	58	**1669**	**71.23**		
Career Development	*My employer has supported me with a sponsorship for further training*	236	564	192	42	651	42	**1685**	**18.62**	**39.5**	
	I have a good chance to be promoted	799	156	364	237	120	51	**1676**	**70.05**		
	I have enjoyed a study leave.	249	485	178	68	677	70	**1657**	**21.43**		
	My job offers sufficient opportunities to grow professionally	515	422	372	105	258	**55**	**1672**	**47.69**		
Performance Support	*I know what is expected of me in my job*	925	64	107	547	35	49	**1678**	**93.70**	**68.6**	
	I am happy how my performance is being assessed	711	288	414	136	127	51	**1676**	**66.88**		
	I receive systematic feedback on my job performance	472	488	424	71	211	61	**1666**	**43.72**		
	Feedback on my job performance is useful	701	251	348	220	145	62	**1665**	**69.93**		
Work Environment	*Materials, tools and equipment are sufficiently available to do my job well*	306	523	258	83	537	20	**1707**	**26.85**	**51.9**	
	I don't feel intimidated by my boss because he/she treats me with respect	841	146	276	323	109	32	**1695**	**82.03**		
	It is not difficult to get information and guidelines regarding my work	697	310	365	124	159	72	**1655**	**63.64**		
	My workplace is safe and doesn't impose a serious health threat to me	413	504	259	88	439	24	**1703**	**35.0**		
Work Satisfaction	*Professionally, I have a fulfilling job*	757	237	373	205	106	49	**1678**	**73.72**	**78.4**	
	"My job helps me to achieve my personal ambitions	675	296	423	153	137	43	**1684**	**65.66**		
	I am challenged to perform to the best of my capacities	841	186	282	288	93	37	**1690**	**80.18**		
	My work is meaningful to me	943	53	165	503	36	27	**1700**	**94.20**		

LIST OF ABBREVIATIONS

CEF	Community Engagement Framework
CHAG	Christian Health Association of Ghana
CPD	Continuous Professional Development
DPF	Donor Pooled Fund
GHS	Ghana Health Service
GOG	Government of Ghana
HR	Human Resource
HSB	Health System Block
ICT	Information Communication Technology
ICU	Intensive Care Unit
NICU	Neonatal Intensive Care Unit
IGF	Internally Generated Fund
IPD	Inpatient Department
KBTH	Korle Bu Teaching Hospital
MDC	Medical and Dental Council
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
NAA	National Audit Agency
NHIA	National Health Insurance Authority
NMC	Nurses and Midwives Council
NPA	National Procurement Authority
OPD	Outpatient Department
POW	Programme of Work
SBMC	Sub Budget Management Centre
SBS	Sector Budget Support
SOF	Strategic Outcome Framework
SOP	Standard Operating Procedures
UDS	Units,Departments and Sub-Budget Management Centres
OPAT	Oganisational Performance Assessment Tool
IRB	Institutional Review Board
CSSD	Central Sterilisation Services Department
STC	Scientific and Technical Committee
KPI	Key Performance Indicators
ENT	Ear, Nose and Throat
GHOSPA	Government Hospital Pharmacists Association
NTC	National Competitive Tendering

LIST OF FIGURES

LIST OF TABLES

STRATEGIC REPORT

This section deals mainly with the implementation of the SOF

EXECUTIVE SUMMARY

BRIEF HISTORY

Korle Bu Teaching Hospital was established as a General Hospital in the colonial days to address the health needs of indigenes. This general facility of 200 beds has developed and expanded in both size and specialties into a capacity of over **2000** beds with several specialties and Centres of Excellence. It is currently the largest referral facility in the West African Sub-Region.

Built in **1923,** this facility became a teaching hospital in **1962** as demand for orthodox healthcare expanded and the need to train more health care professionals for the health sector became imperative. The borders of the Hospital were therefore, extended to include the College of Health Sciences which trains series of health professions in the diagnostic service, the UGM&DS which leads in the training and research into clinical and maxillofacial surgery as well as the Nurses and Midwifery Training College.

There are currently **17** clinical and Diagnostic Units and Departments that cut across Internal Medicine and its units, General and Allied Surgeries, Obstetrics & Gynaecology, Paediatrics, Polyclinic, Dentistry, Pathology and Anaesthesia. The Diagnostic Centres are the Radiology and Laboratory Services. We also have the Centres of Excellence, which are the National Cardio-thoracic Centre, the Reconstructive Plastic Surgery and Burns Unit (RPS&BU), as well as the Radiotherapy and Nuclear Medicine Unit where advanced clinical and diagnostic services are offered to people from the Sub-Region and beyond.

SYSTEM OF GOVERNANCE

A Board of Directors established in accordance with the Ghana Health Service and Teaching Hospitals Act (ACT 525) of 1996, governs the Hospital. The Board is composed of four (4) non-executive members who are appointed by the state (one of whom must be a woman), the executive membership is drawn from the Hospital as well as the Deans of the Medical and Dental Schools. One of the state appointed non-executive members chairs the Board which has a mandate to provide policy guidelines for the running of the Hospital.

MANAGEMENT IN THE HOSPITAL

The day-to-day management of the Hospital is vested in the office of the Chief Executive Officer (C.E.O) and his Directors, majority of whom are members of the Board. The directors are; Directors of Administration, Medical Affairs, Nursing, Pharmacy and Finance.

Given the size of the Hospital, a decentralised system has been adopted to manage the Departments and these are known as the Sub-Budget Management Centres (Sub-BMCs). Issues and concerns peculiar to the Sub-BMCs are dealt with at the department level while matters of Hospital-wide concern are referred to the Central Administration for a collective approach. The management of the Sub-BMCs consists of the Head of Department, the Administrator, the Nurse Manager, a Pharmacist and an Accountant. A more pro-active and revised model of the concept

was piloted at a few Sub-BMCs pending a global implementation in 2017 once there were no qualms with the system.

Each Sub-BMC draws an annual POW in accordance with the Strategic Plan of the Hospital and prepares a budget to support this plan. Activities for the year are then rolled out, implemented and monitored to ensure compliance. Quarterly reviews are conducted to assess the performance of these Sub-BMCs and correctional measures instituted to guide the implementation process. This system allows for prompt action and involvement of UDS in the management of the Hospital.

2016 IN RETROSPECT

The Board, Management and staff of KBTH in the year **2016** were confronted with a pragmatic push at change to ensure that the objective of the Hospital as a tertiary caregiver was pursued. A Senior Staff Leadership Development seminar was organised and well attended at the Ghana Institute of Management and Public Administration (GIMPA). Participants included the non-executive members of the Board, all members of Central Management and their supporting staff, all Heads of Departments and core members of the Sub-BMCs. The focus of this seminar was on the need for a gradual transformation of the Hospital in the way things are done.

Prominent intellectual and practicing management consultants carried members through the need for change and what the Hospital could do to cope with the change process.

Whilst members of Central Management were to concentrate on the policy directives around which institutional change revolves, the Sub-BMCs were to identify peculiar challenges of their departments and adopt appropriate strategies to address these without necessarily veering from the central focus on the philosophy of the patient being first.

Armed with these Management Theories of institutional transformation, Central Management performed a post-mortem of the existing decentralised system of Sub-BMC. There was an inevitable need for structural change to reflect reality both at Central Management and at the Sub-BMCs. At the Central Management level, some units under some Directorates were merged whilst room was made for directorates for Health Informatics and also for Research. These new Directorates are awaiting the requisite resources in order to operationalise them.

At the Sub-BMC level, some adjustments were made to ensure a structure providing optimum care to the patient and also promoting Teaching and Research. The new organogram therefore had a Head of Department with supporting Units in General Administration and Support Service (GASS), Patient Care (PC), Teaching and Research (TR) as well as Financial Administration (FA).

Central Management interacted with the Sub-BMCs and educated them on the need for the paradigm shift in the management of the departments. Issues were clarified on the defacing of the positions. Other matters of interest were raised and discussed to ensure a smooth take-off of the new scheme.

The new scheme was piloted in five Sub-BMCs in the last quarter of the year with support from Central Management in providing the needed input for a successful implementation.

In the midst of this paradigm shift, quality care at both clinical and diagnostic centres were rolled out to satisfy the needs of our cherished patients and clients. Operational mechanisms had to be adopted to ensure effective and efficient revenue mobilisation and this led to the dropping of the HFC Bank in favour of Stanbic and Unibank in the hospital's revenue collection process.

A Staff Medicare Clinic aimed at enhancing the wellbeing of staff and dependents was rolled out in phases one, two and three to deal mainly with health concerns.

The centre and periphery management of the Hospital were couched along the existing Health System Blocks with Strategic Units, Departments and Sub-BMCs charged with different roles to ensure a synchronised but guided move towards the Hospital's strategic objectives. Seven (**7**) Directorates, five (**5**) strategic Units, fourteen (14) Sub-BMCs and a Department of the Hospital carried out the implementation. Each of the centres implemented the SOF by executing drawn POW with defined milestones, towards improving the performance of the hospital. Based on the identified system weaknesses, practical interventions were carved out to strengthen the institutional processes.

Quarterly reviews of the POW of the Directorates, Units and Sub-BMCs were conducted to assess the performance of the various sections and their compliance with the established strategic focus. These assessments were done at a common forum to enable other Departments peer-review the performance of their colleagues and equally share issues of common interest while avoiding unnecessary duplications. It is worth noting that participation at these reviews was very encouraging.

In the midst of charting the POWs along the HSB, service to patients could not be compromised. About **90%** of all basic services were available to patients/clients whilst accessibility to advanced healthcare was estimated at about 80%. These were guided by the operationalisation of clinical policies and guidelines that included a proper referral system. The re-opening of refurbished theatres and the New Eye Centre provided more room for patient care and the provision of the needed medications with standard operating procedures for most of the professional groups.

The year also witnessed the launch of the Hospital's Trust Fund to raise funds from non-traditional sources to support proper patient care. A Fund Manager was yet to be employed to professionally handle the scheme.

The framework for Community Participation was completed awaiting implementation just as memoranda were developed to formalise both internal and external partnerships. Over a hundred research proposals were tabled and some got the nod of Management for academic-oriented and service-impacting research work.

The approach of Management and staff to the POWs for the Units, Departments and Sub-BMCs in the year **2016** was very remarkable. The concept of change had caught up with all staff and with the support garnered from Central Management, most of the diverse but unit-specific objective targets were deemed to be within reasonable range. Despite challenges of inadequate

financial flows, delayed supplies, general staff shortages and industrial actions, the year in purview remains outstanding in the annals of the Hospital.

INTRODUCTION

Korle Bu Teaching Hospital commenced and completed 2016 in relative industrial peace and managed to conduct its business successfully in all the nine (9) blocks of the health system on which the Strategic Plan is based.

Various Sub-Budget & Management Centres (Sub-BMCs) executed a greater proportion of planned programmes with some managing to achieve almost 100% execution rates in the implementation of their plans. The achievement of these planned programmes in the execution of the various Programmes of Work (POW) resulted in significant improvement in the expected outcome of the institution in the period under review.

IMPLEMENTATION OF THE STRATEGIC OUTCOME FRAMEWORK (SOF)

2016 marked the second year of the implementation of the SOF in the Hospital and therefore a second major assessment of its impact was undertaken using the Organisational Performance Assessment Tool (OPAT). Initial assessments were conducted using percentage milestone achievement to encourage implementing UDSs to work towards achieving outlined milestones in their POWs.

The state of outcome in the following has been analysed and presented:

I. Leadership and governance
II. Human resource
III. Health service delivery
IV. Health finance
V. Health technology
VI. Health information
VII. Community participation and ownership
VIII. Partnership for health
IX. Health research

OPAT SCORES IN THE NINE BLOCKS

LEADERSHIP AND GOVERNANCE

Regulatory Compliance:

Korle Bu Teaching Hospital performed as an accredited institution, having met the standards of accreditation and the requirements of the Ministry of Health to operate as an Agency of the Ministry.

Audit recommendations contained in the 2015 final Audit Report were implemented with the support of the Audit Report Recommendations Implementation Committee (ARRIC) of the Board of the Hospital.

The institution continued the process of compiling regulatory compliance procedures from the source documents in most UDSs in the major aspects of service such as: Patient Reception and Discharge, Procurement and Stores Management Procedures, Financial Management, Human Resource Management, Equipment and Facility Management procedures.

Strategic Management:

All UDSs were guided by the Hospital's SOF to develop their annual POWs. They conducted and discharged their respective mandates by executing their POWs in accordance with the SOF of the year under review.

Management Capacity:

Top and Middle level management of the institution were equipped with the requisite knowledge and skills to prepare and execute plans of their respective Department. They also gave Sub-BMC management insight into the strategic management process of the Hospital.

This approach ensured the achievement of the significant outcomes and scores in the area of leadership and governance of the institution.

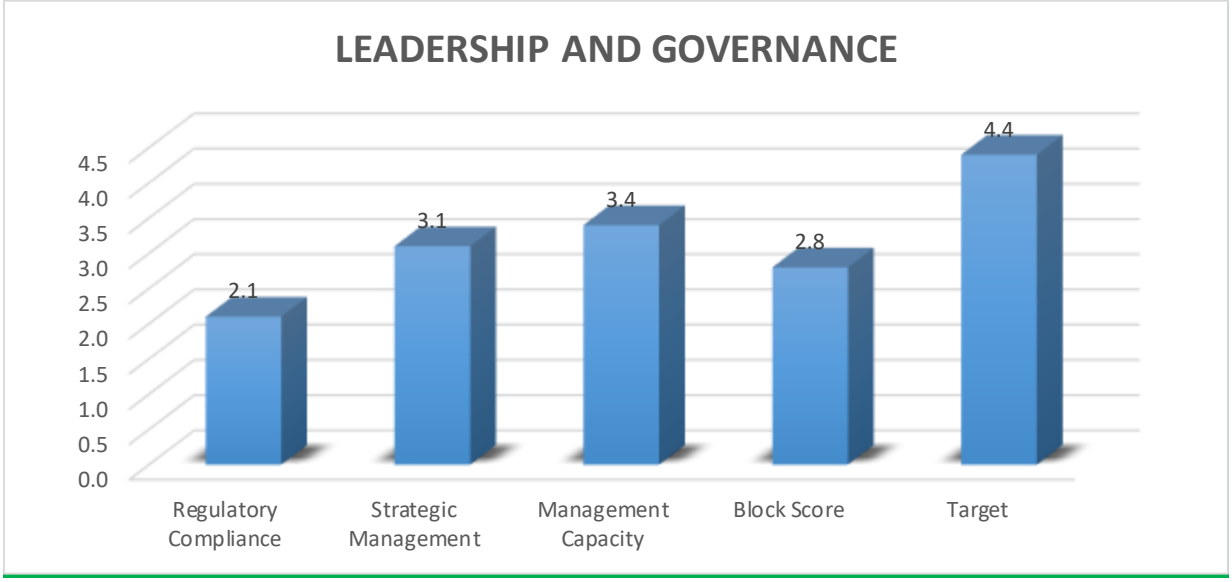


Fig 1: *Performance in Leadership and Governance*

With the leadership and governance block, indicator scores for regulatory compliance, strategic management and management capacity were 2.1, 3.1 and 3.4 respectively. This recorded a block score of 2.8 against a targeted score of 4.4 for the period under review.

HUMAN RESOURCE

In the area of Human Resource Management, the institution made significant strides in staff coverage, quality and motivation.

Staff Coverage:

Service delivery was carried out by both clinical and support staff in their appropriate mix to make KBTH a preferred referral centre in the year under review. Except in few areas of sub-specialty, most UDSs have staff coverage exceeding 80% level of coverage.

Staff Quality:

The competence level of both clinical and support staff continues to be very high in KBTH, with most clinicians meeting the professional compliance requirement of registration within the year.

Staff motivation:

The management of the Hospital and the Human Resource Directorate put a comprehensive package together aimed at improving the level of motivation of staff. These included the full roll out of the staff Medicare policy, career development programmes and a soft loan scheme to cushion financially distressed staff.

An assessment of the level of motivation of staff indicated a significant improvement over the previous years.

Assessment of the score of the Human Resource performance is outlined in figure 2.

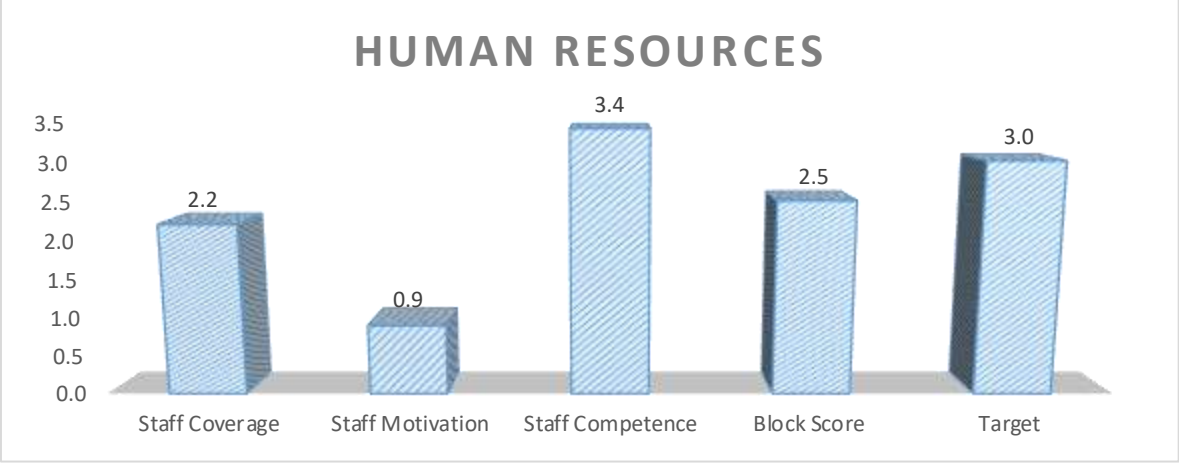


Fig 2: *Performance in Human Resource*

Human resource indicators recorded 2.2 for staff coverage, 0.9 for staff motivation and 3.4 for staff competence. The overall score for the block stood at 2.5.

Health Service Delivery

KBTH conducted the business of providing high quality tertiary level healthcare to clients using the resources available. As a National Referral Centre, the gate keeper policy of the National Health Insurance Authority (NHIA) was implemented with a human face where all emergency referrals or otherwise were seen on a 24-hour basis. Where emergency units were full, the triage systems in place gave basic support to patients and referred them to sister institutions such as the 37 Military, Police and Ridge Hospitals.

Organization of Care:

In discharging its mandate of delivering advanced clinical health service, the Hospital provided services that met the expectation of clients. The entry point of patients into the Hospital remained the Polyclinic, the Emergency Units and the Outpatients Department (OPD), receiving direct referrals from other facilities all over the country and beyond.

Quality of Care:

Service providers of the Hospital adhered to quality standards and provided healthcare at an appreciable level of quality in the period under review.

Medical Imaging:

The centres within the Hospital offering medical imaging under the direction and management of the Radiology Sub-BMC provided X-Ray, MRI, CT Scan, Ultra Sound scan and related services to clients, serving a total of 37,019 clients within the year.

Laboratory Testing:

The Central Laboratory of the Hospital together with some of its satellite areas addressed and met the needs of clients requiring various forms of laboratory services.

In all, the Laboratory Sub-BMC successfully conducted a total of 216,831 for various categories of requests.

Pharmaceutical Services:

The main pharmacy of the Hospital and its satellite outlets serviced a total of 345,055 prescriptions within the period and recorded about 70% availability of the prescribed medicines from the KBTH Medicine formulary.

Non-Drug Consumables:

The Hospital, to an extent, met the non-drug consumables requirement of the UDSs.

On occasions where shortages were experienced, efforts were made to mitigate major disruptions in the service delivery programmes of the Hospital.

The service delivery outlook is as follows;

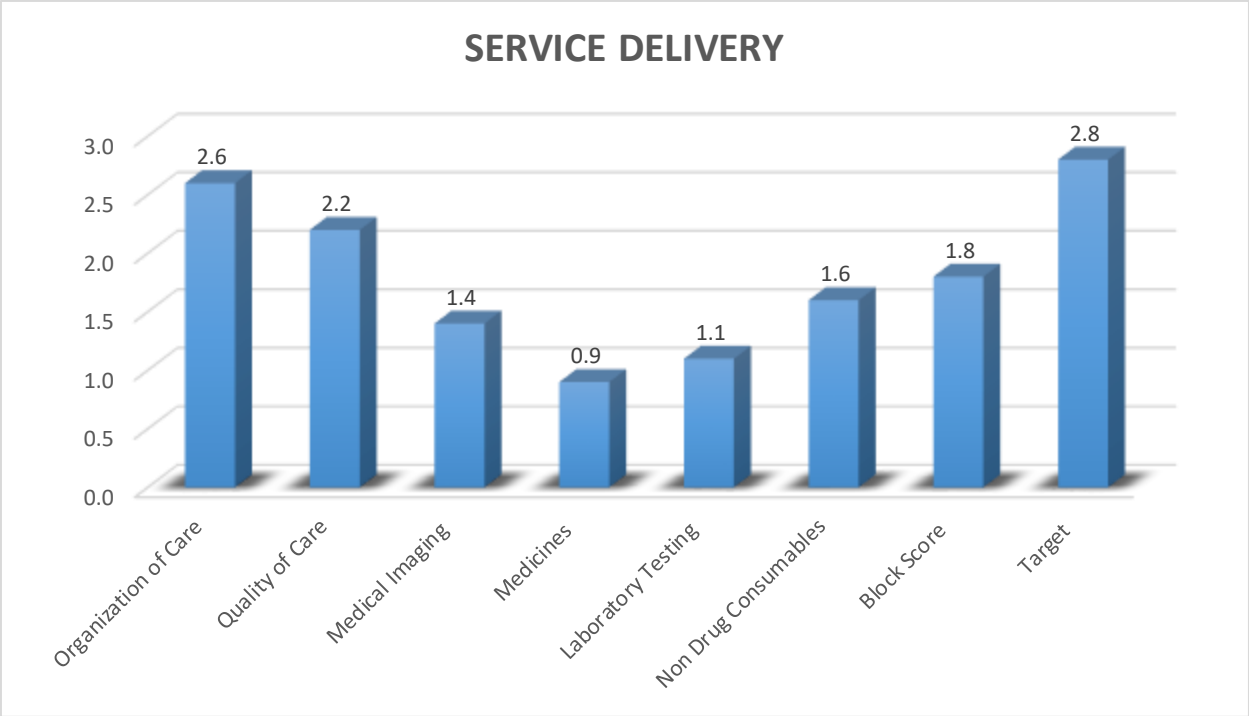


Fig 3: *Performance in Service Delivery*

Health service delivery for 2016 achieved a 1.8 overall performance score for the block as a result of the organisation of care indicator registering a 2.6 score and quality of care indicator registering 2.2. The other indicators consisting of medical imaging recorded 1.4, medicines 0.9, laboratory testing 1.1 and non-drug consumables 1.6. This performance score was registered against an overall targeted score of 2.8.

HEALTH FINANCE

Finance is identified as a key resource critical for the achievement of the Hospital's objectives.

The Hospital was guided by Financial Sustainability, Financial Administration and Budget Management in the management of its financial resources in the period under review.

Financial Sustainability:

With regards to financial sustainability, although the institution is owing its suppliers, supplier payment period had tremendously improved. Efforts are still being made to improve the situation to a range above 70% mark on the target metric.

Financial Administration:

The books of accounts kept by the finance units of the UDS were generally up to date in accordance with the public service financial regulations. The Hospital, through the Finance Directorate, ensured that bank reconciliation statements and other reports were prepared and made available to relevant stakeholders. The control system in place experienced periodic updates to ensure continuous relevance and strength.

Budget Management:

An appropriate Budget was prepared to support the implementation of the POW of the Hospital. At the quarterly review conducted in the course of the year, the Budget was constantly analysed and where appropriate, an outright budget review was conducted in the implementation process.

With revenue, about 70% of projection in the budget was realised across the UDS of the Hospital and the centralised budget of the institution. The budget control mechanism was streamlined towards the achievement of the less than 10% off-budget expenditure.

Below is the scores of the Health Finance block for the year 2016.

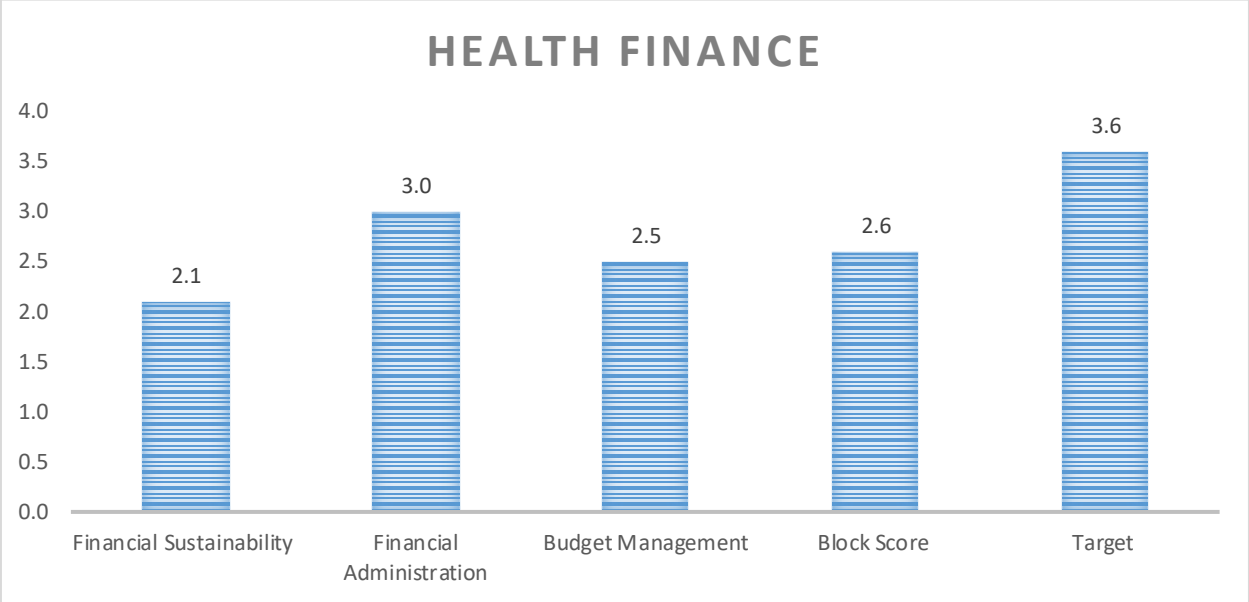


Fig 4: *Performance in Health Finance*

Health Finance achieved a 2.6 performance score against a targeted score of 3.6. The Sustainability, Administration and Budget Management indicators recorded 2.1, 3.0 and 2.5 respectively.

HEALTH TECHNOLOGY:

The key components of the health technology block are internet connectivity, telecommunications, utilities, equipment and infrastructure.

Internet Connectivity:

In the course of the year, the Hospital received support from a Ghanaian ICT consultant based in Denmark who helped to transform the face of ICT in the institution. This significantly improved the internet downtime of the Hospital. Internet connectivity in the year therefore stood at 80%.

Telecommunications:

The state of functionality of the intercom system has not changed and internal telephony system can best be described as weak requiring major restructuring to serve its purpose in the Hospital.

Utilities:

Power and water supply to the Hospital in the year was remarkably satisfactory considering the fact that no major interruptions were experienced in the period under review. In the case of power, the standby generating system filled in the gap during the few occasions when regular supply from the electricity company was unavailable.

Equipment:

Equipment availability and functionality within the period was satisfactory despite some complaints from a few diagnostic units. The Central Sterilisation and Supplies Department (CSSD) suffered interruptions in the flow of work as a result of malfunctioning of some aged equipment. Sister institutions were contacted to assist in the sterilisation of Hospital logistics to ensure that service delivery did not come to a standstill. Management also tackled the issue of equipment replacement in the Department by ordering new equipment to ensure improved service delivery from the unit.

The implementation of the Planned Preventive Maintenance (PPM) plan by the General Services Directorate ensured that most equipment in the Hospital were in a satisfactory state.

Infrastructure:

As an institution over 90-years old, it requires structural entrance as well as expansions in order to remain a fit-for-purpose facility. Technical Staff in the Engineering Services Department ensured that the PPM activities covered these structures needing the requisite attention.

The Health Technology score for 2016 were as follows;

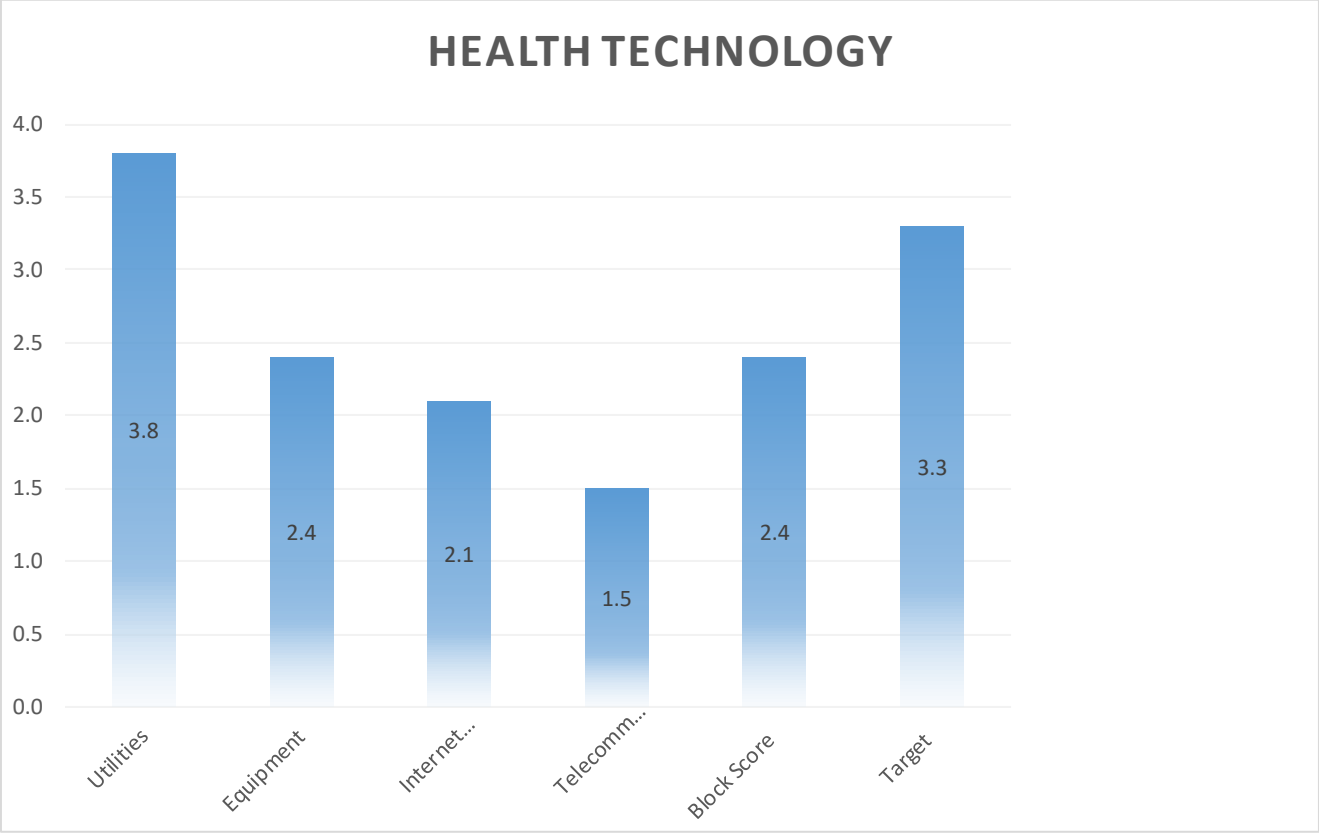


Fig 5: *Performance in Health Technology*

Utility Service as an indicator recorded a 3.8 achievement with Equipment recording 2.4. Internet connectivity achieved a 2.1 performance score with Telecommunications recording 1.5 giving an overall block score of 2.4 against a target of 3.3.

HEALTH INFORMATION

The Health Information block has data management and usage as the principal determinant of how the block fared in the year under review.

Apart from the plans UDSs generated to manage their affairs and monitor performance, some agreed Key Performance Indicators (KPI) were disseminated to inform the data capture programmes of the institution.

UDSs reported on the agreed KPIs and submitted periodic reports especially at the quarterly review meetings.

A measure of data validation was conducted by the Biostatistics Unit with the PPME Unit also validating reports on follow-up interactions with the appropriate units.

Apart from general discussions on Key Outcome Indicators conducted at review meetings, Management was yet to initiate steps for discussions based on these outcomes.

On usage of information, staff on various professional and academic programmes were the main users of data generated in the Hospital.

The Health Information score for 2016 were as follows;

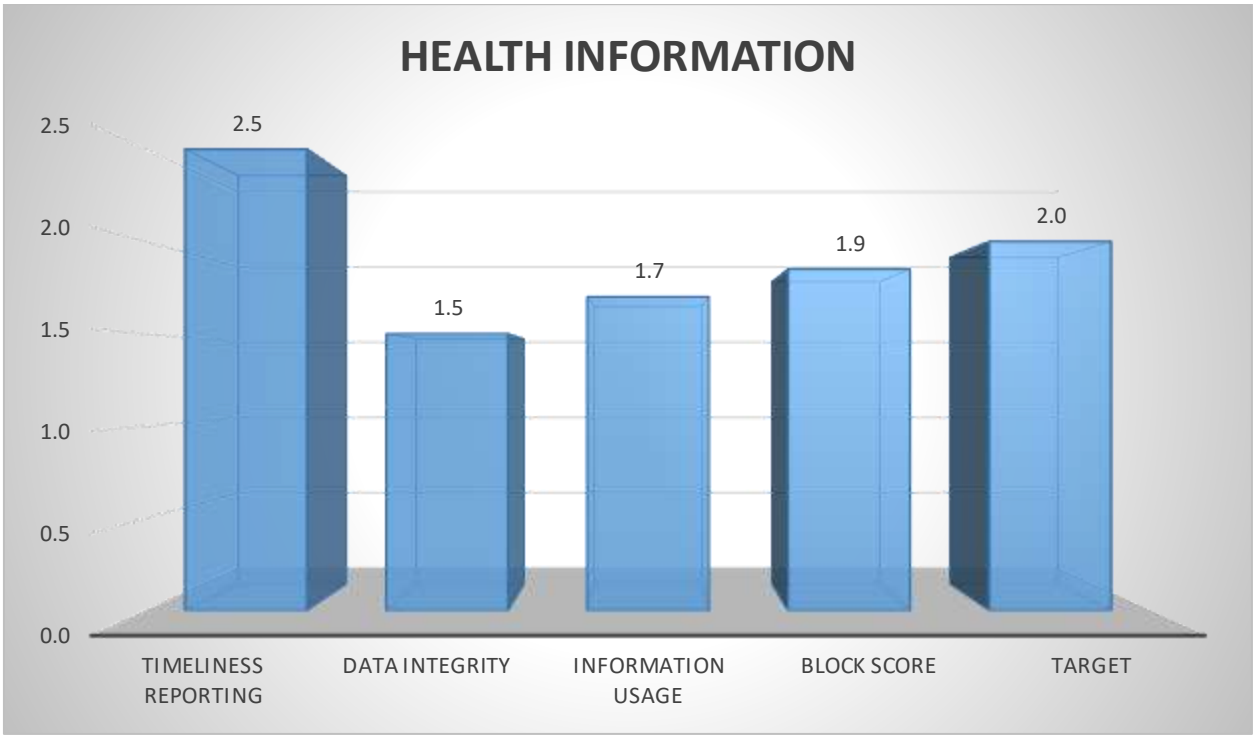


Fig 6: *Performance in Health Information*

With the Health Information block, 2.5 was recorded for the timeliness of reporting indicator. Data Integrity and Information Usage recorded 1.5 and 1.7 respectively, giving a block score of 1.9 against a targeted block score of 2.0.

COMMUNITY PARTICIPATION

Some UDSs of the Hospital engaged specific communities on either their health-seeking behaviour or improving the access of these communities to specialist healthcare.

In observing the special days such as World Hearing Day, the Ear, Nose and Throat (ENT) Department conducted outreach programmes in specific communities. The Dental, Eye and Plastic Surgery Centres of the Hospital were also involved in various outreach programmes.

Most of the UDSs were of the view that their community engagement model should be based on the Community Engagement Framework of the Hospital and therefore requested for a wider dissemination of the framework.

Community engagement surveys were coordinated by the Public Health Unit of the Hospital.

The Community Participation score for 2016 were as follows;

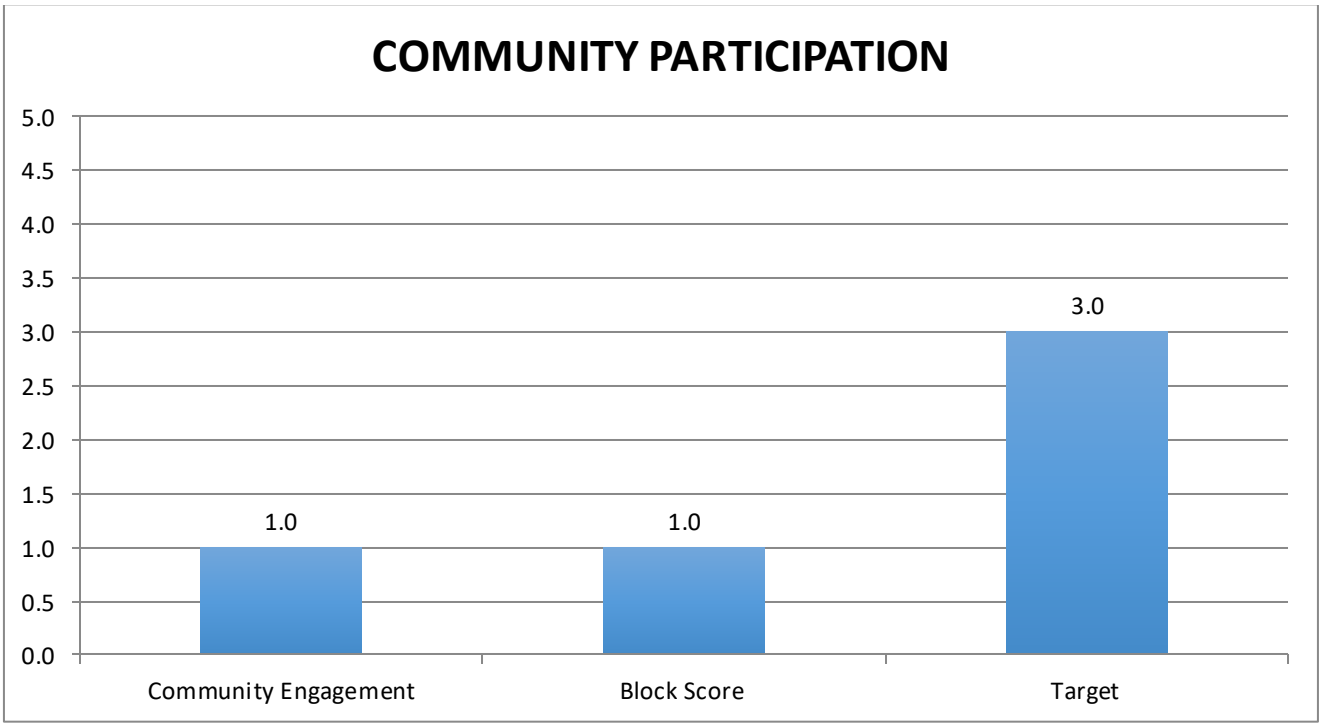


Fig 7: *Performance in Community Participation*

Community Participation block with one indicator in Community Engagement recorded a 1.0 for both the indicator and the block score against a target of 3.0.

PARTNERSHIP FOR HEALTH

Partnership for Health has been categorised into two types: Local and International partnerships.

With the Local Partnership, the Colleges and Centres of Excellence operating within the premises of KBTH are categorised as internal whilst stakeholders outside the Hospital engaged

with the institution per signed agreements are categorised as external partners. A partnership policy has been drafted and forwarded to the Legal Unit of the Hospital for fine tuning to conform to the legal requirements of the sector and the state at large. There is however a strong commitment at all the UDSs to engage partners by conforming to available guidelines issued by Management of the Hospital.

The score for Partnership in 2016 were as follows;

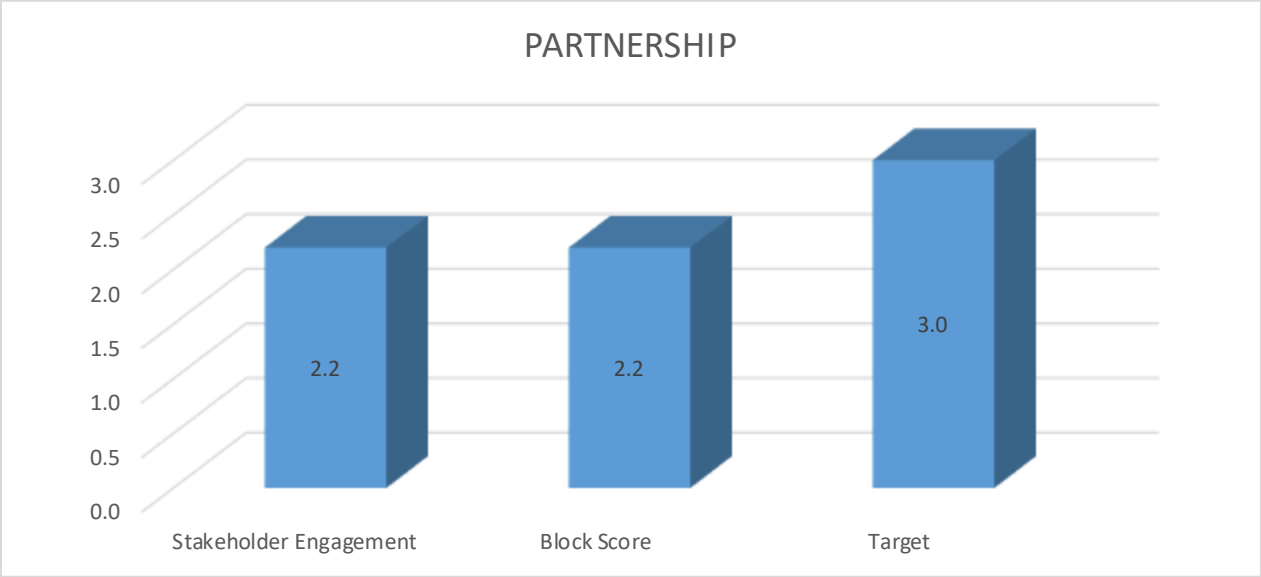


Fig 8: *Performance in Partnership*

The target set for Partnership at the beginning of the year was 3.0. With an indicator score of 2.2 for Stakeholder Engagement, a performance score of 2.2 was recorded for the Partnership block.

HEALTH RESEARCH

Organisational performance in the Block emphasises on operational research where quantum and impact of research were the main considerations.

Institutional arrangements towards establishing the Research Unit of the Hospital were completed within the year and the Team received and approved some research works which are at various levels of execution.

In the year under review, the Health Research block scores were as follows;

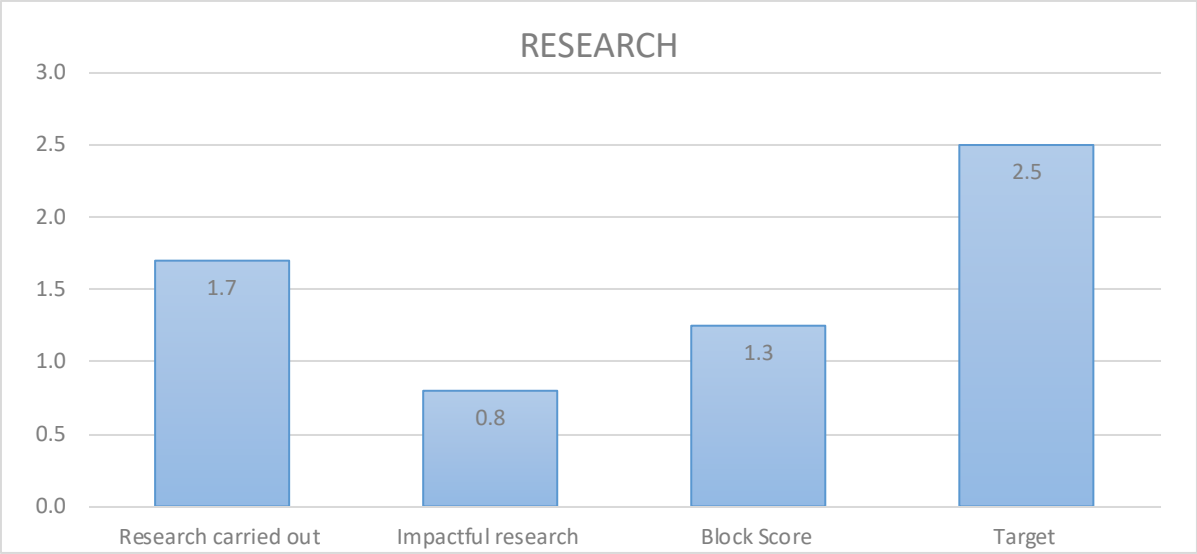


Fig 9: *Performance in Research*

The Research Carried Out indicator was 1.7, with 0.8 indicator score for Impact. This gave a block score of 1.3 against a targeted score of 2.3.

Table 1: Over All KBTH OPAT Scores 2015 – 2016 / 2016 Targets

HSB	**YEAR**		**TARGET**	**2016 DIRECTORATES**
	2015	**2016**	**2016**	
Leadership & Governance	2.4	2.8	4.4	3.6
Human Resources	1.8	2.2	3	2.6
Service Delivery	2.2	1.9	2.8	2.4
Health Finance	2.3	2.6	3.6	2.9
Health Technology	2.2	2	3.3	2.7
Health Information	1.5	2	2	2.7
Community Participation	0.7	1	3	1.6
Partnership	0.8	2.1	3	3
Research	1.2	1	2.5	1.3
Overall Score	1.7	2.0	2.7	2.5

KBTH PERFORMANCE TRENDS 2015-2016

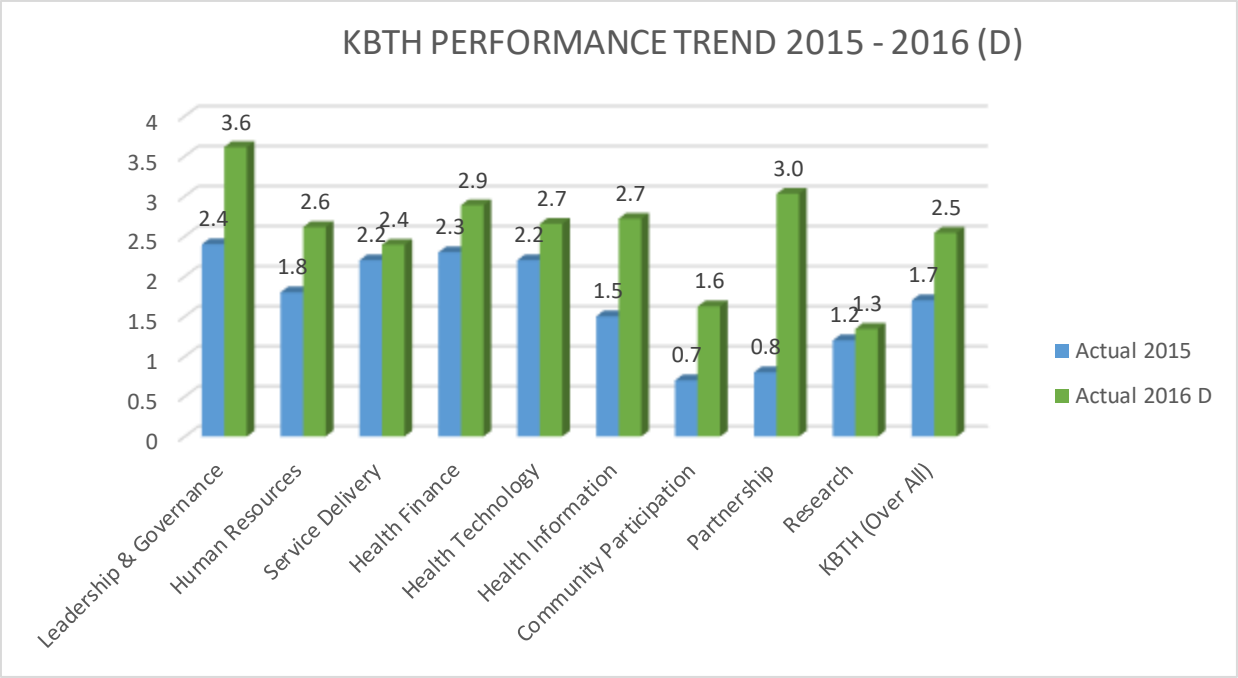


Fig 10: *2015 – 2016 Performance (Directorates)*

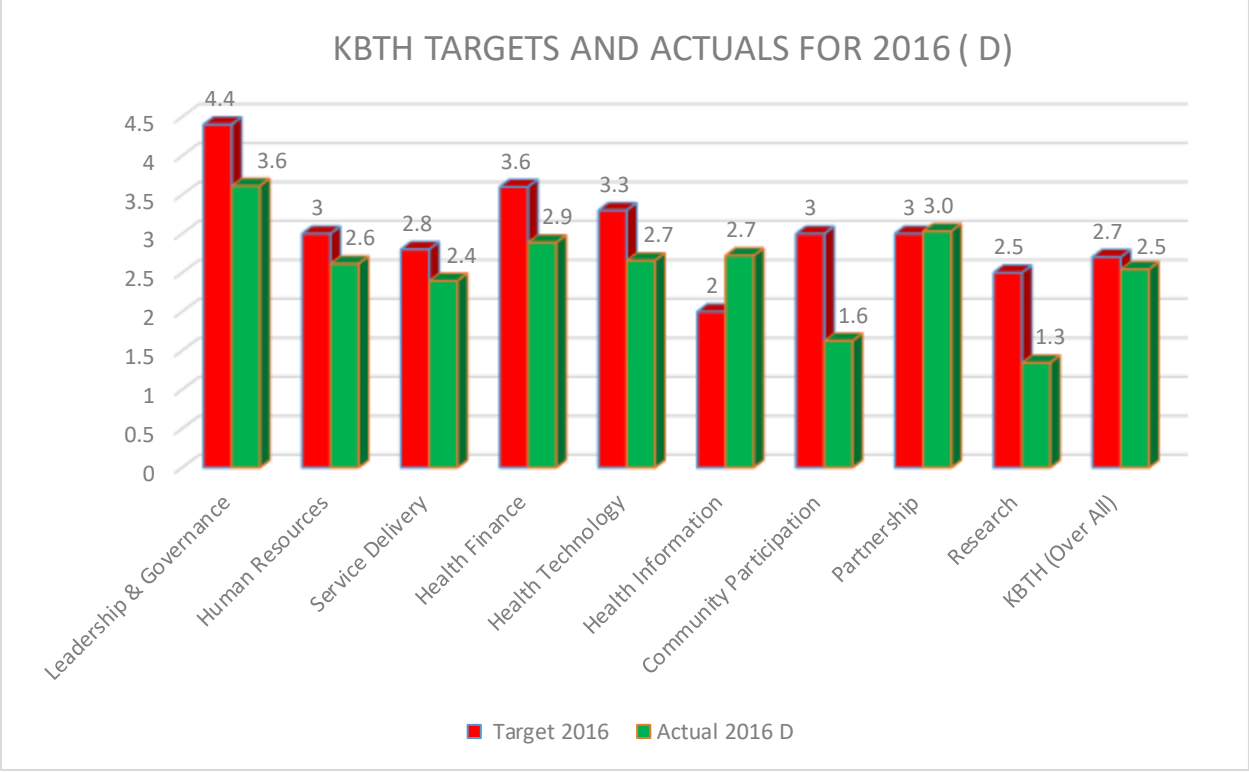


Fig 11: *2016 Performance Targets and Actuals for Directorates*

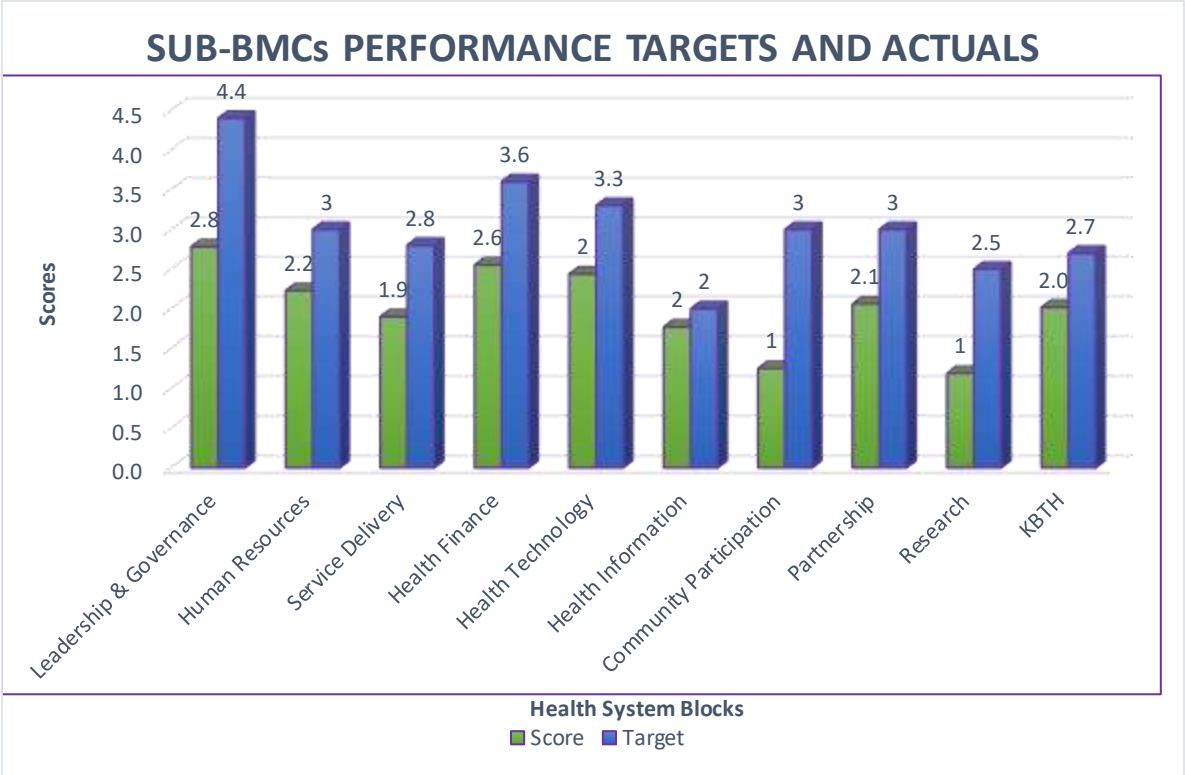


Fig 12: *2016 Performance Targets and Actuals for Sub-BMCs*

Extract from the League Table

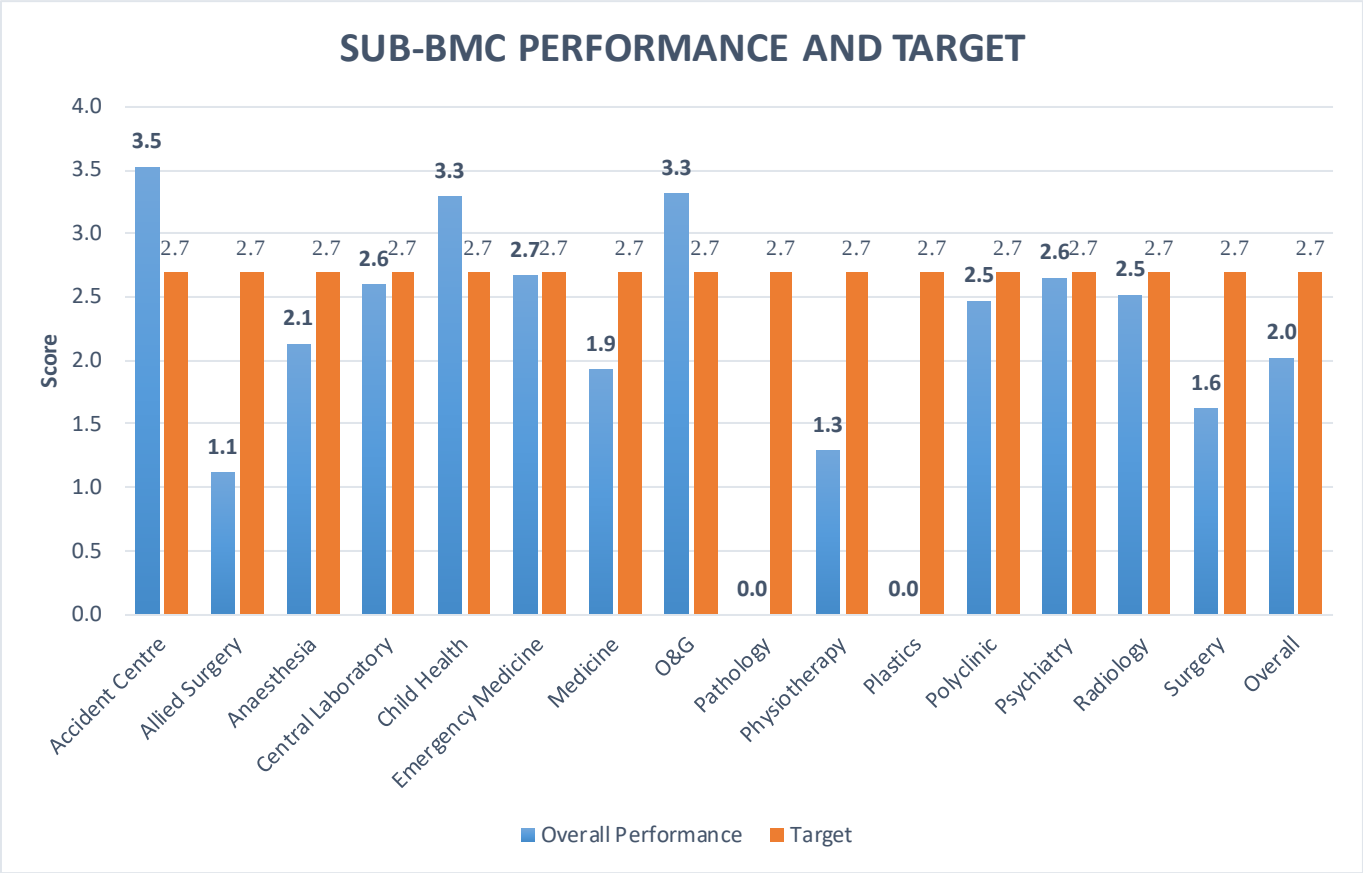


Fig 13: *Overall Performance of Sub-BMCs 2016*

Against an overall targeted performance of 2.7, Accident Centre, Child Health, Obstetrics & Gynaecology and Emergency Medicine recorded 3.5, 3.3, 3.3 and 2.7 respectively. The rest of the Sub-BMCs recorded scores which were above the previous year's performance but achieved below the 2.7 overall target. Pathology and Reconstructive Plastic Surgery and Burns Centre did not participate in the assessment exercise. The Hospital recorded an overall score of 2.0, that is, 0.7 below the target for the year under review.

OPERATIONAL REPORT

This section mainly deals with operational issues in the year under review

GENERAL ADMINISTRATION

The Administration Directorate is charged with support services that provide the needed platform and enabling environment for proper patient care, teaching and research work. Through regular meetings between the Directorate and its Units identified below, issues were clarified at the implementation levels.

Social Welfare

The Social Welfare Unit managed the situation of insolvent patients and paupers by investigating social backgrounds of patients and recommending appropriate actions for Management. The table below gives a summary of the cases handled by the Unit:

Table 2: summary of Social Welfare Cases

Outputs	Number/Proportion
No. of Cases	870
Closed Cases	853
Pending Cases	17
Gender of Clients	57% Male 43% Female
Amount Collected	GH₵837,854.15
Philanthropists Support to 86 Patients	GH₵88,469
Paupers	64

Legal Unit

Per its mandate and POW, the Legal Unit was involved in giving legal education, advice and representation to the Hospital. It was involved in the drafting of MOUs and supported the drafting of some contracts in the period under review.

Table 3: Case load of the Legal Unit

Forum	Cases at End of 2015	New Cases	Total 2016	No. of cases disposed in 2016	Cases at End of 2016
Courts	16	4	20	3	17
N L C	6	-	6	-	6
Legal Aid Scheme	8			1	7
Total	**30**	**4**	**34**	**4**	**30**

Policy Planning, Monitoring and Evaluation Unit (PPME)

The PPME Unit supported the implementation of the Strategic Plan of the Hospital in monitoring the execution of POWs, providing the necessary technical back stopping, capacity building and periodic assessments of the implementation.

Quarterly reviews were conducted by various UDSs within their premises with the PPME Unit giving appropriate feedback. The Unit represented the Hospital in programmes of the Public

Sector Reform Secretariat and also facilitated institutional participation in Inter-Agency reviews of the Ministry of Health.

Public Relations

The Public Relations Unit was associated with the following:

1) **Website:** By the end of 2016, the Hospital's website was redesigned and news items were updated periodically to make the page interesting. A hotline was also added to the page to receive enquiries and complaints. This addition provided an opportunity for clients and patients to interact with the Hospital.

2) **Korle Bu Bulletin:** The Unit produced three editions of the newsletter. An electronic version was uploaded on the whatsApp platforms.

3) **Customer Service Centres:** A programme to upgrade the Information and Complaints desks into Patient and Customer Care Centres was initiated at the Polyclinic and Maternity Sub-BMCs.

Procurement Unit

A new organogram was designed with the assistance of relevant stakeholders to facilitate the restructuring of the unit into an effective Supply Chain Management System.

The Unit prepared and implemented a Procurement Plan which ensured compliance with relevant statutory provisions regarding procurement practice in the public sector. Accordingly, over 80% of procurement was done per the plan with a few emergency procurements mostly coming from the UDS. This is summarized in the table 3p below:

Table 3p: Summary of 2016 Procurements

Procurement Methods	**Fqcy**	**Amount (GH₵)**	**Amount ($)**	**Amount (€)**
NCT (Goods)	9	6,693,287.50		
NCT (Essential Medicine (GDS)	1	5,195,328.99		
Restricted Tendering	1	27,225,221.49		
Price Quotation (Goods)	112	2,552,206.32		
Price Quotation (Works)	4	283,722.15		
Single Source	10	1,675,187.35		
Single Source (Renal Dialysis)	1			€504,487.00
Single Source (ICU Consumables)	2			€204,487.00
Single Source (Essential Drugs)	1		USD598,560.12	
Placement Contract (Haematology Analyzer)	1	772,285.00		
Placement Contract (Chemistry Analyzer)	1		USD146,280.24	
TOTAL	**143**	**48,249,805.15**	**USD744,840.36**	**€708,974.00**

Security/Laundry/ Transport/ Catering Units

Generally, work went on smoothly in the units above in the year under review, notwithstanding some of the challenges mentioned in the challenges section of this report.

Management of Human Resources

The Human Resource Directorate has a mandate to ensure the availability of the required numbers of employees with the right competences/skills who are motivated and deployed in the service areas. It includes providing services to employees to empower them to execute their responsibilities/duties in an effective manner.

In 2015, the Hospital started the implementation of the three-year Strategic Outcome Framework (SOF). The Human Resource priorities for the year sought to lay the foundation required to support the overall delivery of the Hospital's mandate. Pursuant to the SOF, the Directorate's key areas have been Coverage, Competencies and Motivation.

Currently, the Human Resource Directorate has five Units which include Planning, Management, Training, Employee Relations and Labour Engagements as well as Performance Management.

2.1 Staff Coverage

2.1.1 Nominal Roll

The total staff of Korle Bu Teaching Hospital on payroll as at December 31st, 2016 was Four thousand, nine hundred and sixty-nine (4,969), made up of 4,333 on Government of Ghana Payroll and 636 on IGF payroll (that is 12.8% of the nominal roll). The figures suggest that the ratio of clinical to non-clinical staff is 5:3.

Table 4: Distribution of Korle Bu Teaching Hospital Staff

NO.	STAFF CATEGORY / PAYROLL TYPE	YEAR PERIOD		
		2014	2015	2016
1	GOG	3541	4119	4333
2	IGF	746	474	615
3	Contract	7	-	4
4	Casual Staff	116	-	17
TOTAL		**4,416**	**4,593**	**4,969**

This excludes Non-KBTH Residency doctors and staff of UGMS working with the Hospital

2.1.2 Distribution of Clinical Staff

Table 5: A table displaying the distribution of the clinical staff.

STAFF CATEGORY	2015	2016
Doctors	467	523

Nurses/Midwives/Auxiliary Nurses	2,019	2,175
Pharmacists/Pharmacy Technicians/Dispensary Assistants	134	139
Biomedical Scientists/Laboratory Assistants	133	125
Others	182	216
TOTAL	**2,935**	**3,178**

Table 5 details out the distribution of the clinical staff. It indicates that the clinical staff on Government of Ghana (GOG) payroll is dominated by Nurses (69%); Doctors (16.5%); Pharmacists/Pharmacy Technicians/ Dispensing Assistants (4.4%); Biomedical Scientists/Laboratory Assistants (3.9%) and the rest of the clinical grades, i.e. Audiologists, Radiographers, Dental Clinical Assistants, Physiotherapists (6.8%). An overview of all Doctors offering services in the Hospital presents a picture as detailed in the table below;

Table 6: Overview of Doctors Skill Mix and their Employment Status

NO	GRADE / JOB	EMPLOYMENT STATUS		TOTAL	PERCENTAGE
		KBTH	MEDICAL SCHOOL		
1	Consultant	22	87	109	12.6
2	Senior Specialist	41	33	74	8.5
3	Specialist	83	0	83	9.6
4	Deputy Chief Medical Officer	2	0	2	0.2
5	Principal Medical Officer	4	0	4	0.5
6	Senior Medical Officer	47	0	47	5.4
7	Senior Resident	*42	0	42	4.8
8	Resident	*183	0	183	21.1
9	Medical Officer	177	0	177	20.4
10	Senior House Officer	5	0	5	0.6
11	Contract	4	0	4	0.5
Sub-Total		**523**	**120**	**868**	**100**

Senior Residents and Residents are non-KBTH staff offering services to the Hospital. The KBTH total does not include those in asterisks.

2.1.5 Age Profile of Staff

In the year under review, the age profile figures indicate that 62% of staff of the Hospital are between 18 and 40 years of age. However, a youthful staff population has its own dynamics. Some of these dynamics include the need for investment in training and retraining to build capacity. There is also the possibility of high turnover as a result of recurrent search for greener pastures and strong staff retention strategies are required to mitigate the turnover rates.

Consequently, the needs of staff above forty (40) years of age are somehow different. Some of the interventions required by this category of staff include regular medical workshops/screening, pre-retirement preparatory programmes, benefits processing, etc.

Table 7: Overall Age distribution of staff

Age Groups	Number on Nominal Roll	Percentage
20 & below	5	0.1
21-30	1372	27.6
31-40	1711	34.4
41-50	899	18.1
51-60	978	19.7
60 +	4	0.1
Total	**4969**	**100**

Table 8: A Four-year Trend of Staff Attrition

NO	REASON FOR EXITING	2013	2014	2015	2016
1	Death	6	9	3	10
2	Resignation	36	44	37	49
3	Termination/Dismissal	3	2	2	1
4	Vacation of post	14	11	11	8
5	Transfer/Release	-	-	21	38
6	Retirement	124	119	128	117
TOTAL		**183**	**185**	**202**	**223**

2.2 Staff Recruitment in 2016

During the period under review, the Hospital recruited a total of 425 staff. Table 9 provides a detailed breakdown of the skill mix of the new staff. However, in 2015 the Hospital recruited 224 staff most of whom belonged to the clinical category (Nurses, Midwives and Doctors).

Table 9: Distribution of Staff Recruited 2016

S/N	GRADE/JOB	NUMBER	PERCENTAGE
1	Director	1	0.2
2	Medical Officers	49	11.6
3	Staff Nurses	231	54.6
4	Psychiatry Nurses	12	2.8
5	Staff Midwives	46	10.9
6	Auditors	9	2.1
7	Hospital Orderlies	42	9.9
8	Porters	2	0.5
9	Security Guards	29	6.9
10	Lift operators	2	0.5
TOTAL		**425**	**100**

2.4 Human Resource Management Information System

In 2015, the Human Resource Directorate deployed a human resource information database/human resource management software. However, in 2016, the Directorate sought to strengthen this system to deliver the needed support to guide evidence-based decisions.

3.0 Staff Competencies

3.1 Capacity Building for Staff

In 2016, two hundred and fifty (250) Central Management Team members, Administrators and Managers undertook a leadership training/retreat at GIMPA. This training was also cascaded across the Hospital.

The Directorate sought to improve the capacity of its staff through scheduled internal and external training opportunities. Internally, the Directorate used its general staff meetings to upgrade the capacity of its staff. The Directorate could not deliver on all its capacity building programmes as a result of inadequate funding.

3.2 Nursing Staffing Levels

The figures below show the various specialty nursing staffing levels in the year under review. These indicate the required specialties, desired norms, the available specialties and the number of nurses with those specialties. The charts/figures also exhibits the variances and expected targets. These figures portray wide gaps between the required norms and the existing specialties available.

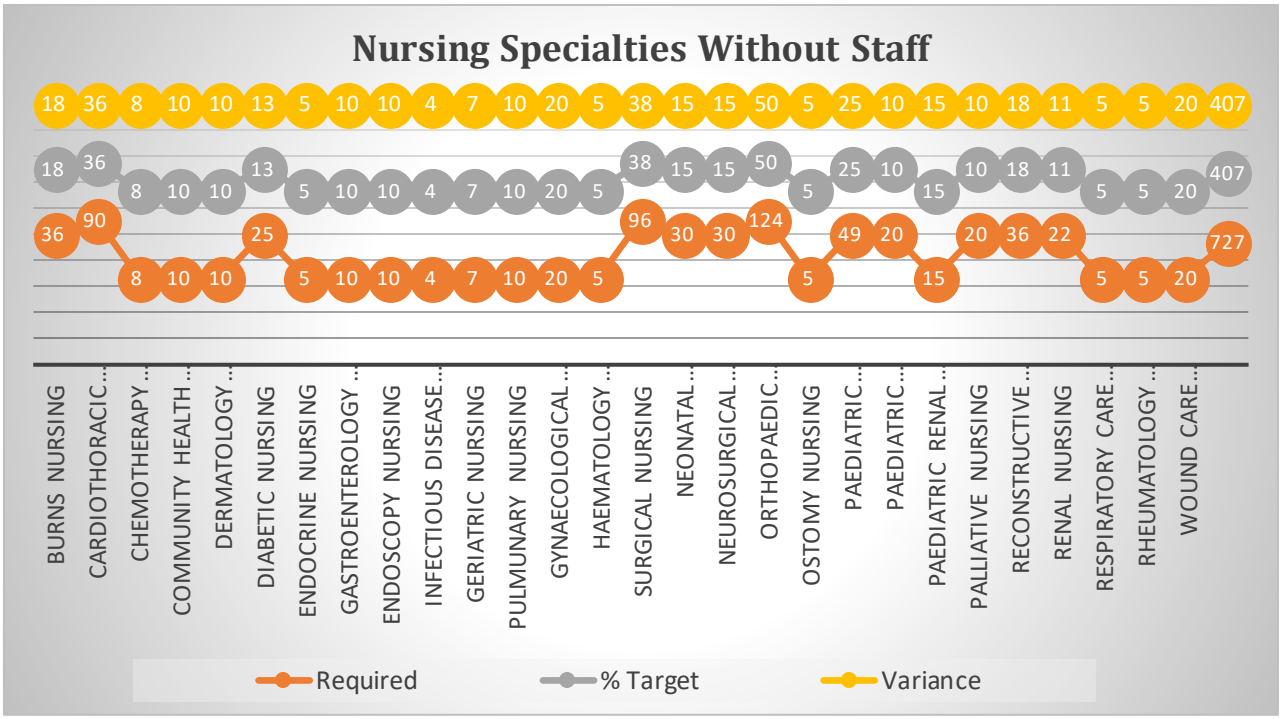


Fig 14: *Nursing Specialties without Staff*

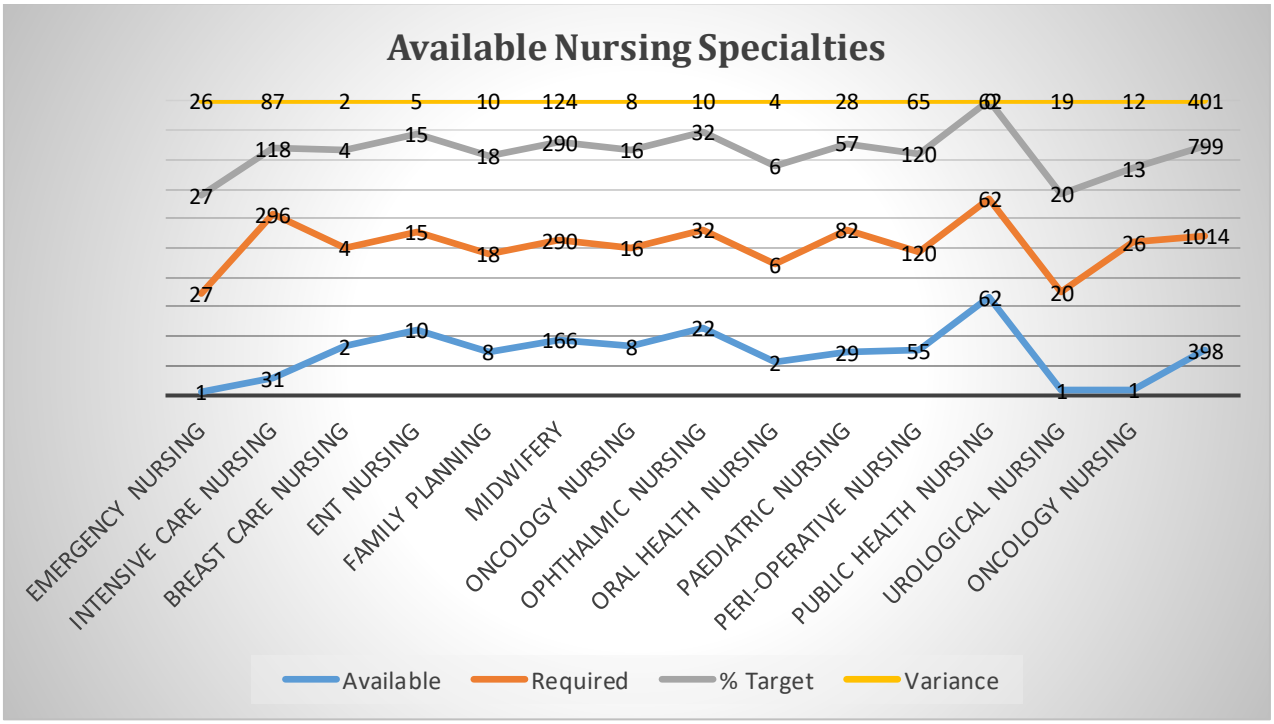


Fig 15: *Available Nursing Specialties*

For the future, the Hospital must adopt real strategies to bridge the existing gaps/variance to ensure the availability of the required skill mix to deliver the expected outcomes.

4.0 MOTIVATION

Some of the interventions deployed by the Human Resource Directorate in 2016 are as follows;

4.1 Human Resource Policies/Guidelines and Procedures

The Hospital, over the years, had relied on general policies and procedures of the Ghana public sector developed by agencies like the Public Services Commission and the Ministry of Health for managing its human resources.

In the year under review, the Directorate developed and disseminated Employee Ethics and Code of Conduct, Employee Disciplinary and Grievance Procedures, and Conditions of Service documents. The composite Human Resource Management Manual is pending finalisation.

Table 10: Promotions/Upgrading/Conversions in 2016

Period	Promotions & Upgrading	Conversions	Mechanisations
1st Quarter	275	5	1
2nd Quarter	440	9	95
3rd Quarter	74	25	277
4th Quarter	273	50	95
Total	**1062**	**89**	**468**

4.3 Staff Medicare Scheme

The Directorate completed the full implementation of the Medicare Scheme for employees of the Hospital. The first point of call for accessing this service is the Polyclinic of the Hospital. In 2016, one thousand and twenty six (1,026) staff accessed the Scheme. Currently, the policy offers a fifty (50) percent cost coverage above NHIS. A discussion for a hundred percent cost coverage above the NHIS policy is underway. There were eighty-one (81) 50% medical cost refunds (GH¢17,239.23) and three got full coverage/refund (GH¢ 10,068.25) who got injured in line with their official duties. The Hospital spent GH¢27,307.48 on this policy in terms of medical cost refunds to staff in the year under review. Nine hundred and forty-two (942) staff who accessed this policy were fully covered by NHIS.

4.4 Staff Satisfaction Survey

A staff satisfaction survey was conducted in the year under review to assess the satisfaction/morale levels of staff of the Hospital. The survey covered five thematic areas, namely, Conditions of Service, Career development, Performance Support, Work environment and Work satisfaction. Though the participation level was about 35%, the results were quite revealing. Conditions of Service scored the lowest (29.8%) satisfaction rate whereas Work satisfaction scored the highest. The overall staff satisfaction rate was 53.6% (see Table for details)

SERVICE DELIVERY STATISTICS

This section deals with information on the key service delivery programmes of the Hospital containing output and outcome statistics from the core business areas as shown in Table 11.

Table 11: Service Delivery Statistics of Major Clinical Areas – 2016

No.	SUB BMCs	DEPARTMENT/UNIT	OPD	ADM	DEATHS	Mortality Rate
1	**Polyclinic**	Polyclinic	55,997	6,860	625	9.1
2	**O&G**	Maternity	45,313	11,086	60	0.5
		Gynaecology	16,794	2,984	87	2.9
		Reproductive Health	20,894	0	0	-
3	**MEDICINE**	Internal Medicine (Main)/COPD	36,172	2,059	400	19.4
		Renal Unit	0	2509	0	0.0
		Chest Unit	2,600	360	97	26.9
		Fevers Unit	19,994	475	223	46.9
		Stroke Unit	N/A	314	70	22.3
4	**CHILD HEALTH**	Child Health (Main & NICU)	26,446	5,764	998	17.3
5	**SURGERY**	Surgery (Main)	9,926	2,915	193	6.6
		Neurosurgery	5,272	505	50	9.9
		Paediatric Surgery	1,803	857	70	8.2
		Urology	10,044	785	43	5.5
6	**EMERGENCY MEDICINE**	Emergency Medicine	N/A	7,227	818	11.3
7	**ACCIDENT & ORTHOPAEDIC**	Trauma/Casualty	9,553	900	144	16.0
		Orthopaedic	9,943	936	15	1.6
8	**ALLIED SURGERY**	ENT/ Audiology	14,893	924	18	1.9
		Dental	8,149			
		Eye	11,166			
9	**ANAESTHESIA***	Anaesthesia	9,233	N/A	43	-
10	**PHYSIOTHERAPY***	Physiotherapy	6,876	N/A	-	-
11	**DIETHERAPY***	Dietherapy	5,288	N/A	-	-
12	**PSYCHIATRY**	Psychiatry	2,220	126	1	0.8
13	**DIABETIC CENTRE**	Diabetic Centre	23,269	N/A	0	-
	TOTAL		***351,845***	***47,586***	***3,955***	8.3

Note (*) - There is a likelihood of double counting in these areas.

Table 12: National Centres / Centres of Excellence

No.	Centres of Excellence	OPD	ADM	DEATH	MORTALITY RATE
1.	Reconstructive Plastic Surgery	6,959	823	76	9.2
2.	National Cardiothoracic Centre	17,408	1,160	90	7.8
3.	Clinical Genetics/Haematology	9,838	N/A	0	0
4.	National Radiotherapy & Nuclear Medicine Centre	11,712	N/A	4	-
TOTAL		***45,917***	***1,983***	***170***	**8.6**
Grand Total		**361,762**	**49,569**	**4,125**	**8.3**

OUT-PATIENTS ATTENDANCE

The Hospital recorded a total of 361,762 OPD attendants out of which 45,917 were from the Centres of Excellence as illustrated in Table 12 Subsequent analysis of the year under review excludes the National Centres / Centres of Excellence.

Out of total OPD attendance of 351,845, 29% (102,035) were new attendants while the remaining 71% (249,810) constituted old cases.

Two-thirds (65%, 228,699) of total attendants were females. A monthly average of 8,503 new cases and 20,818 old cases were recorded in the period under review. An average monthly OPD attendance of 29,320 patients were recorded. Details of the age and sex distribution of outpatients seen are presented in fig 17. There has been a marginal decrease in OPD attendance from 2014 to 2016 as illustrated in fig 16.

Age Distribution of OPD Attendants KBTH, 2016

AGE AND SEX CATEGORY FOR 2016

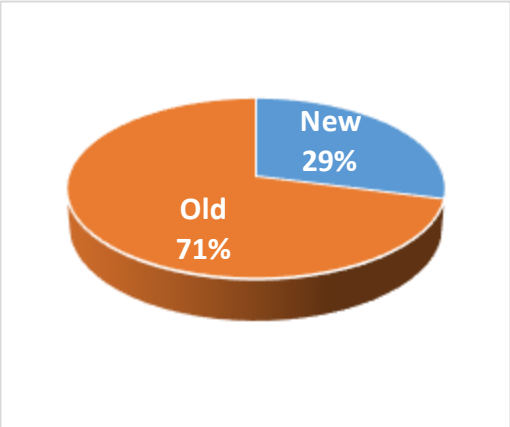


Fig 16: *OPD Attendance (New and old patients)*

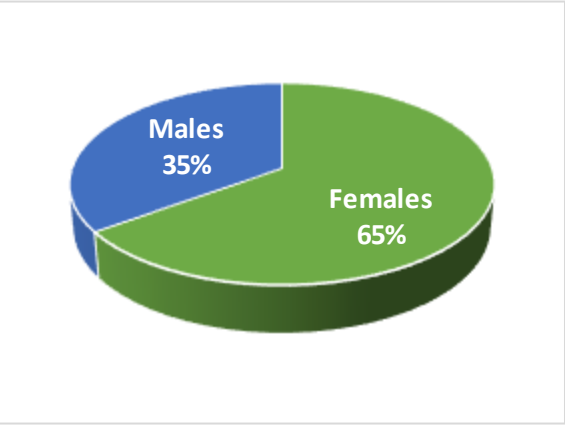
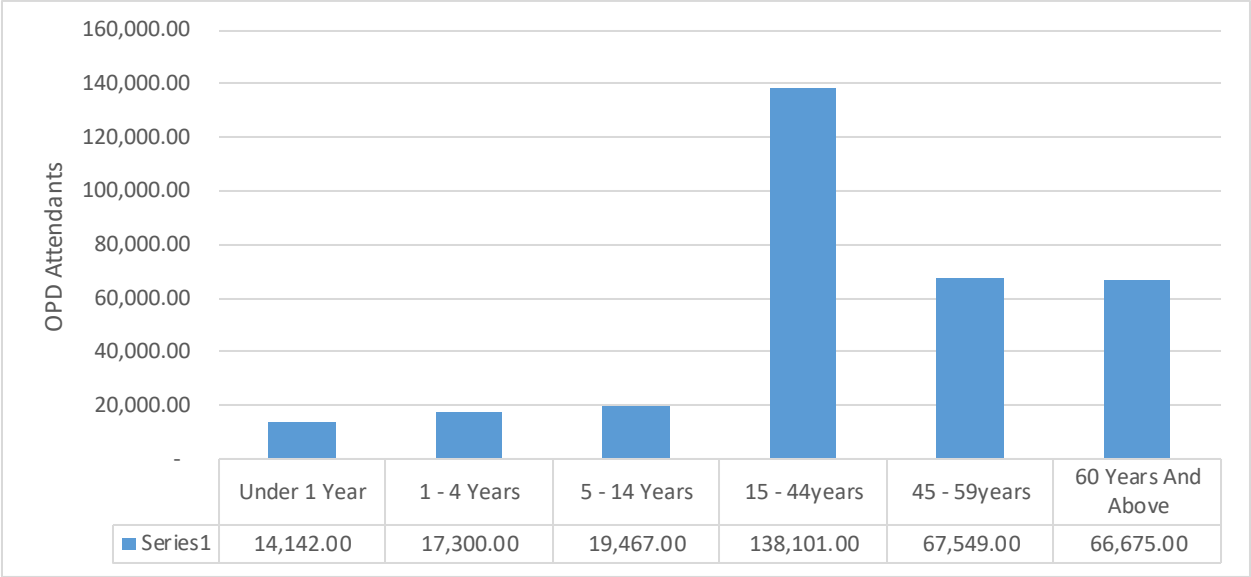


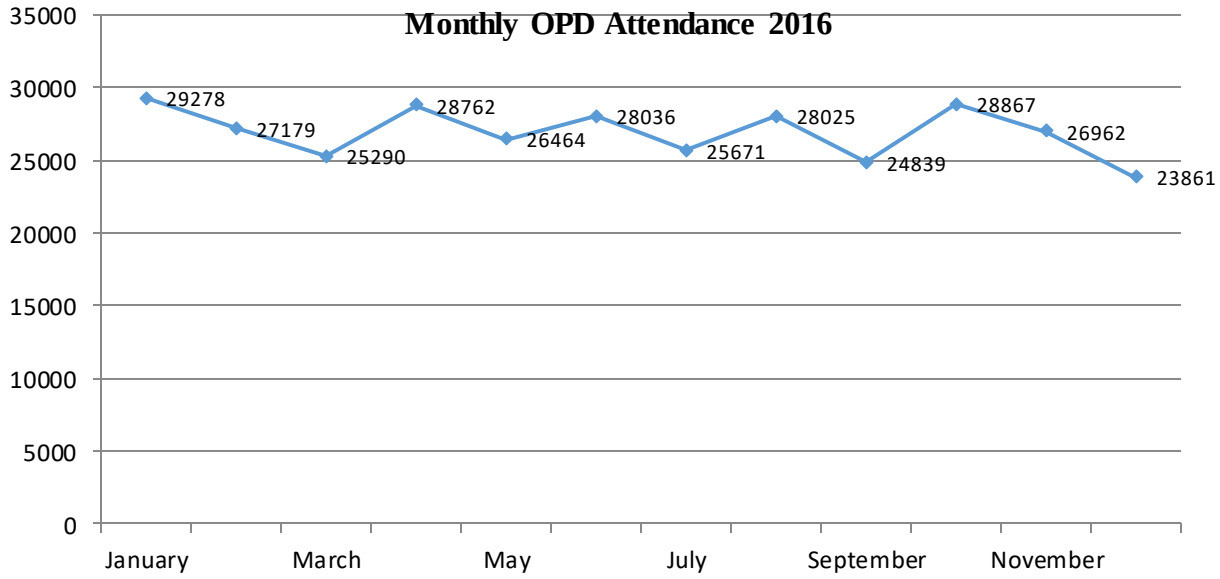
Fig 17: OPD Attendance (Gender)

Fig 18: *OPD*



Attendance by Age

Monthly OPD Attendance



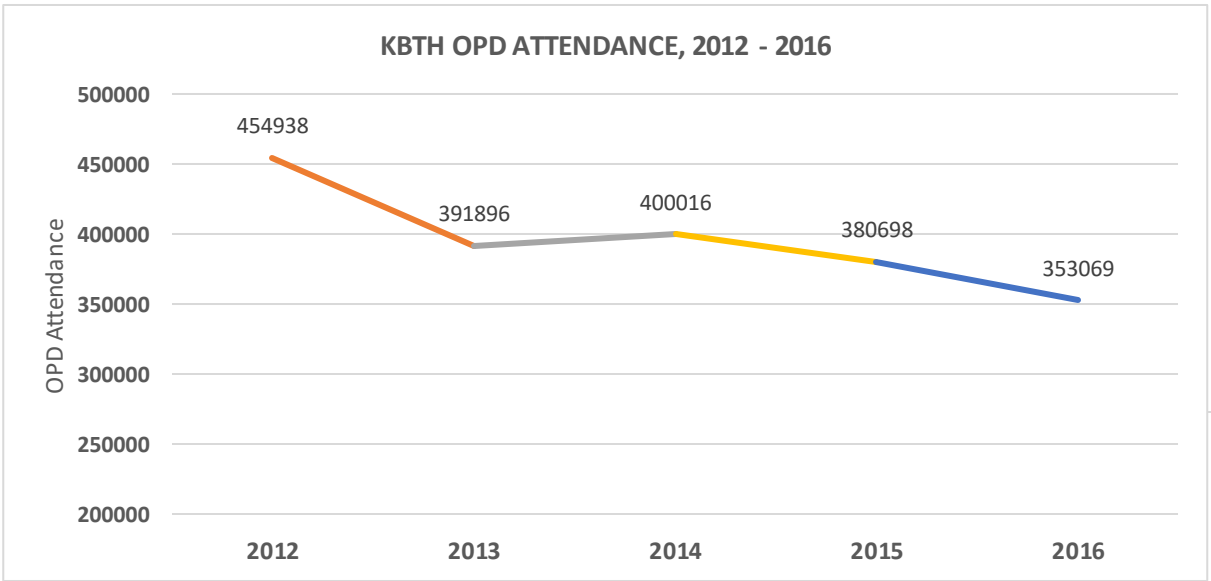


Fig 19

Yearly OPD

Attendance

Fig 20

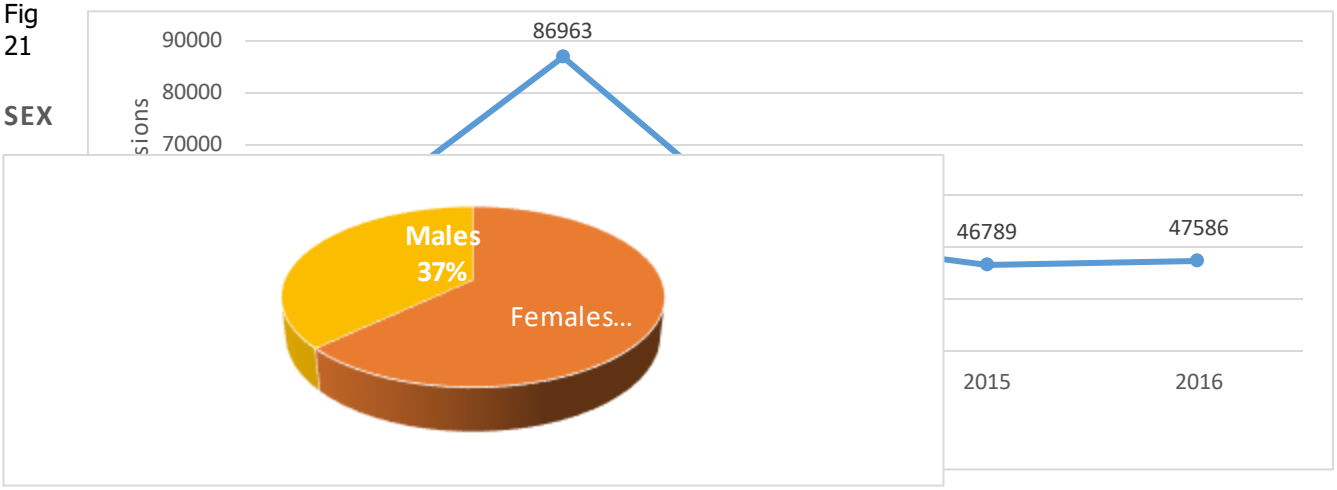
INPATIENT SERVICE DELIVERY

A total of 47,586 admissions were recorded in 2016 depicting a moderate increase of 8.3% (3,960) over the 2015 admission figure. Details of the admission statistics for the past five years is presented in figure 21.

The month of May recorded the highest admission of 3,913 while August recorded the least admissions (3,358). Average monthly admissions during the year under review was 3,628. Other details of the monthly admissions are presented in figure 22. A third (37%, 18,340) of total admissions were male.

TOTAL ANNUAL ADMISSIONS OF KBTH FROM 2012 – 2016

Fig 21

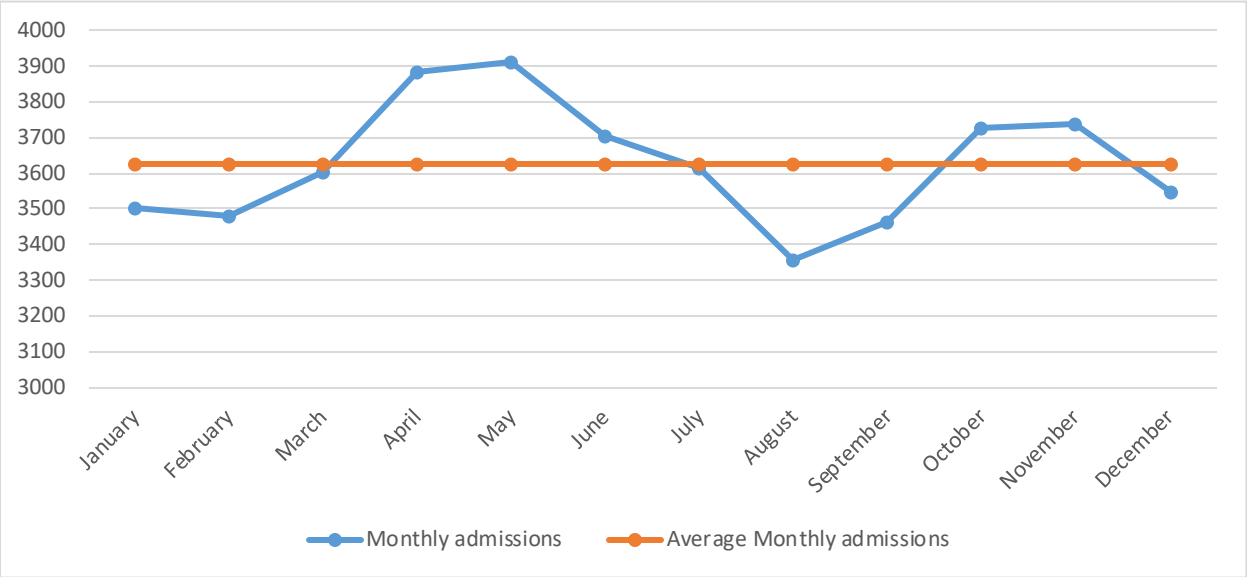


SEX BREAKDOWN FOR 2016

Fig 22: Sex distribution of 2016 Admissions

MONTHLY ADMISSIONS - 2016

Fig 23

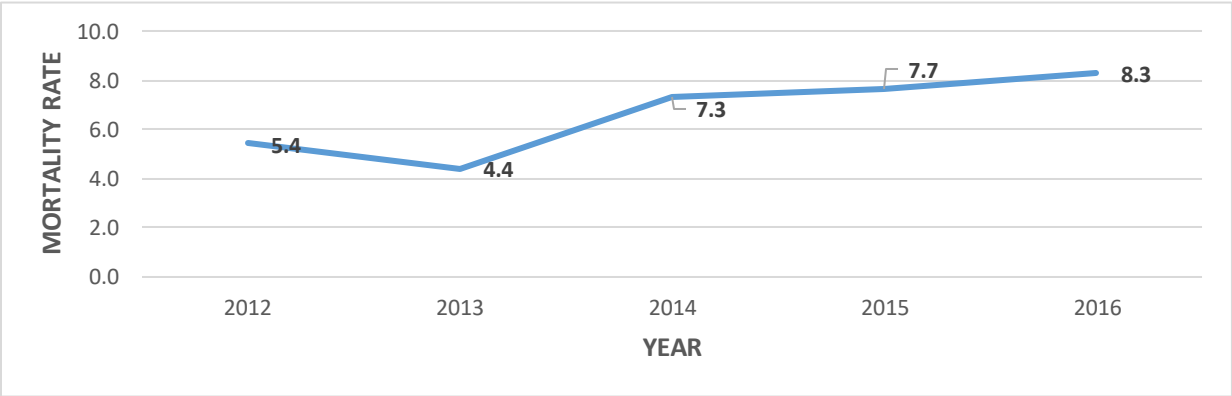


MORTALITY

The crude mortality rate for the Hospital was 8.3% (4,125) of the total number of admissions. This is a 0.6 increase over the previous year's rate of 7.7.

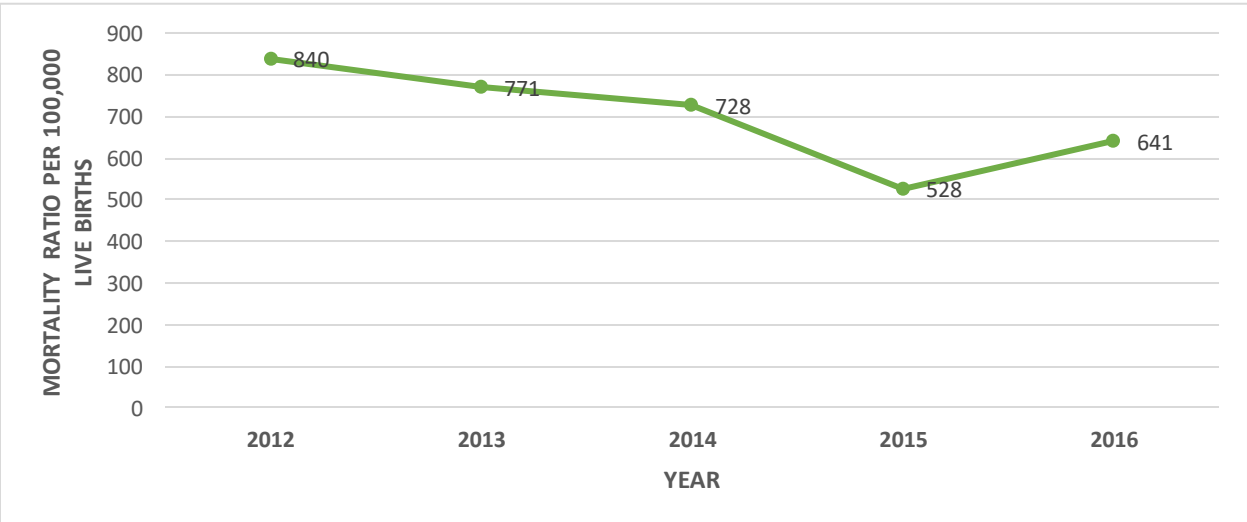
CRUDE DEATH RATE TREND (2012 - 2016)

Fig 24



TREND IN MATERNAL MORTALITY RATE (2012 – 2016)

Fig 25



INFANT/UNDER FIVE/NEONATAL MORTALITY

Fig 26

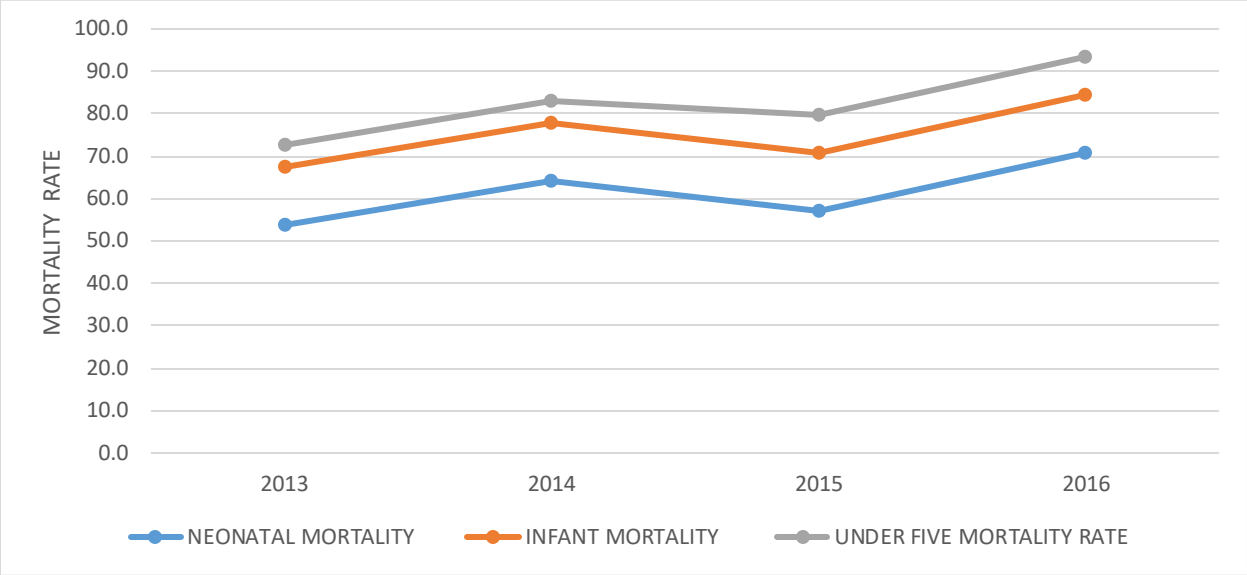


Table 13: Bed State 2016

DEPARTMENT	% Occupancy	Average Length of Stay [Days]	Turn Over per Bed	Turn Over Interval [Days]
Surgical Medical Emergency	161.8	4.9	119.8	-1.9
NICU	125.7	10.4	44.2	-2.1
Child Health Block	83.4	9.2	32.9	1.8
Plastic Surgery	77.9	23.8	12.0	6.7
Accident Centre	62.2	13.7	16.6	8.3
Maternity Block	64.8	5.7	41.6	3.1
Medical Block	57.8	12.2	17.4	8.9
Cardiothoracic Unit	55.8	6.4	31.6	5.1
Wards A-D, G-I and N	43.9	12.3	13.0	15.7
Polyclinic	45.3	3.9	42.5	4.7
Gynae Wards	39.4	7.8	18.3	12.1
Surgical Block	48.7	11.7	15.2	12.3
Psychiatry	19.9	11.4	6.4	45.7
KBTH	**56.9**	**8.3**	**25.1**	**6.3**

The percentage occupancy for the year dropped to 56.9% from the previous 58.2% in 2015 and 62.5% in 2014.

The average Turnover Per Bed for 2016 remained at 25 patients as recorded in 2015 and 3 patients less than the 2014 figure. The highest patient Turnover Per Bed was 120 patients, recorded at Emergency Medicine Sub-BMC. The Turnover Interval was 6.3 days on the average for the year.

Emergency Medicine and NICU recorded above 100% occupancy. The two centres recorded a Turnover Interval of -1.9 and -2.1 respectively.

The ward with the least percentage occupancy was Psychiatry Sub-BMC (19.9%)

SPECIFIC DISCIPLINE ANALYSIS

OBSTETRICS AND GYNAECOLOGY

OBSTETRICS SERVICE STATISTICS

The Maternity Unit of the Obstetrics and Gynaecology Sub-BMC continued to deliver specialist maternal care to many women who attended clinic during the year 2016. The Unit provided

24-hour emergency specialist clinical services and also received referrals from across the country.

Service Delivery

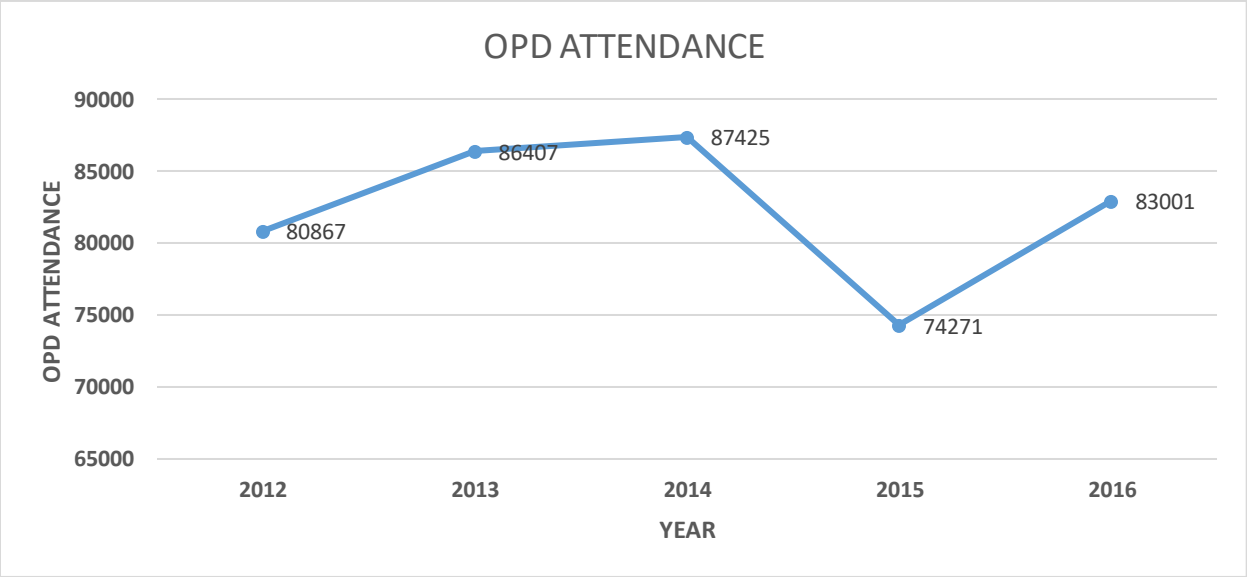
Table 14: Attendance and service utilisation

DEPARTMENT	UNITS	OPD	ADMISSIONS	DEATH
O&G	Maternity	45,313	11,086	60
	Gynaecology	16,794	2,984	87
	Reproductive Health	20,894	N/A	0
TOTAL		83,001	14,070	147

Details of the outpatient, admission and mortality for obstetrics, gynaecological and reproductive health services provided during the year under review are presented in Table 14.

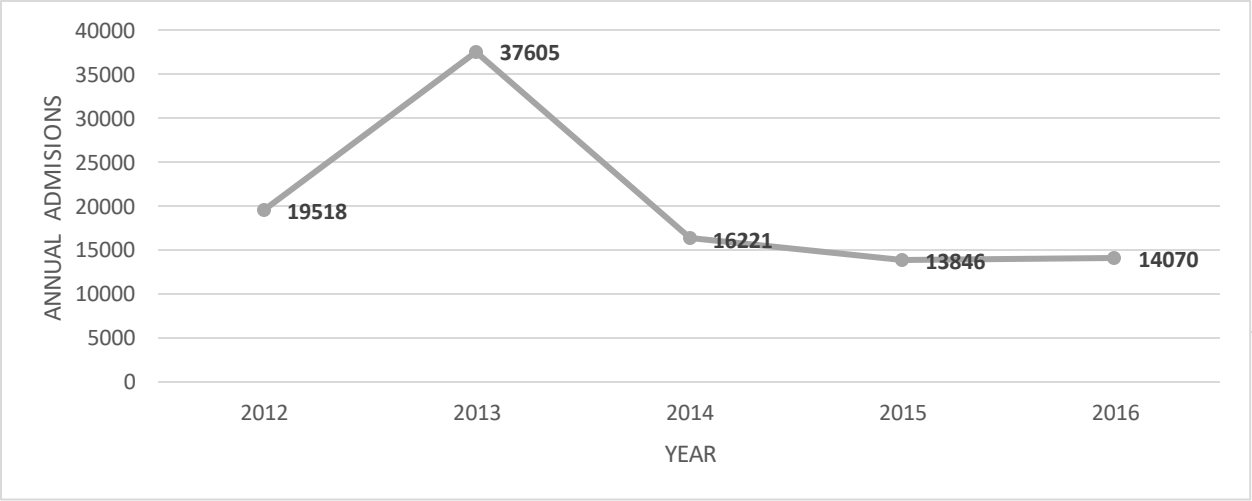
A total of 83,001 OPD attendance, 14,070 admissions and 147 deaths were recorded in 2016. Fig 27 shows a trend in obstetrics and gynaecology OPD attendance. Apart from 2015 when the Sub-BMC recorded a low OPD attendance of 74,271, the general trend shows an annual OPD attendance above 80,000.

Fig 27:



Trend in Annual O&G OPD Attendance (2012 – 2016)

Seventy-five point nine percent (75.9%, 1,630) of referred cases originated from Government



Institutions and the remaining 24.1% (517) were from private clinics and Hospitals.

Fig 28: *Trend in Annual Admissions*

There has been a marked decline in admissions from 2013 to 2014 and a marginal decline thereafter.

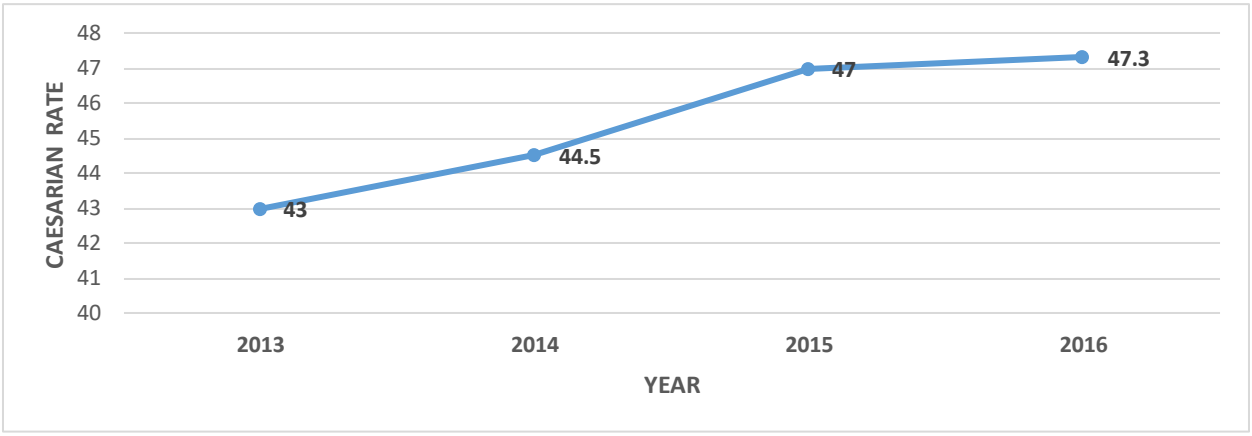
DELIVERIES 2016

A total of 9,294 women delivered in the course of the year giving live birth to 9,362 babies. Out of this number, five (5) early neonatal deaths were recorded bringing the number of live births down to 9,267. The number of babies increased by 85 over the 2015 figure resulting in a marginal 0.92% increase in the number of babies delivered.

Out of the total births of 9,669 for the year under review, 9,362 representing 97% were Live Births whilst the remaining 329, constituting 3%, were Still Births.

ANNUAL C/S RATE

Fig 29:



Trend in Annual C/S Rate

The caesarean sections (C/S) performed in the year dropped to 4,393 from 4,884 performed in 2015. An average of 12 caesarean operations were performed daily in the year under review. There is a steady rise in C/S rate in the Hospital as illustrated in Fig 29.

MATERNAL MORTALITY

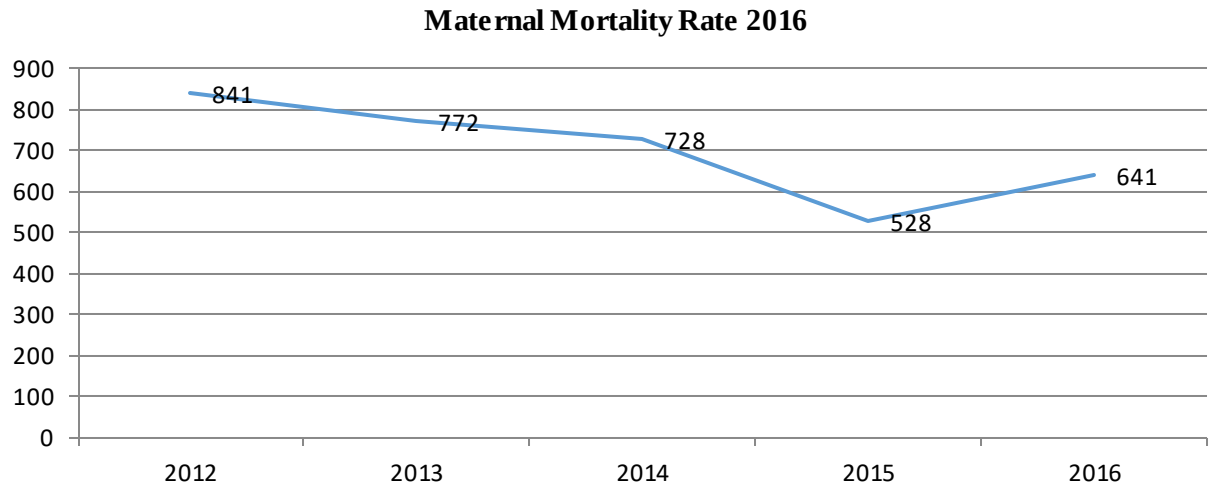


Fig 30: *Trend in Maternal Mortality Rate (2012– 2016)*

There were 60 maternal deaths in 2016 compared to 49 in 2015. A Maternal Mortality Rate of 641 deaths per 100,000 live births was recorded in 2016 indicating an increase on the 2015 figure of 528/100,000 Live Births. The trend in maternal mortality rate is illustrated in Fig 30.

Table 15: Causes of Maternal Mortality, 2016

CAUSES	FREQUENCY
DIRECT	
HYPERTENSION DISORDERS	18
HAEMORRHAGE	9
ABORTION (UNSAFE)	2
PUERPERAL SEPSIS	4
AMNIOTIC FLUID EMBOLISM	1
INDIRECT	
SICKLE CELL DISEASE	6
PNEUMONIA	**5**
CCF	3
SEVERE ANAEMIA	2
PULMONARY EMBOLISM	1
HIV/AIDS	1
STEVEN JOHNSON'S SYNDROME	1

Table 16: Gynaecological Cases and Deaths

YEAR	2012	2013	2014	2015	2016
OPD	21,461	22,415	21,886	15,670	16,794
ADMISSIONS	7,801	4,039	4,002	3,124	2,984

MORTALITY	88	92	86	75	87
MORTALITY/100 ADMISSIONS	1.1	2.3	2.1	2.4	2.9

Table 16 presents the service statistics for the gynaecological services of the O & G Sub-BMCs. There has been a steady decline in OPD attendance and admissions to the Sub-BMC since 2012. However, there has been an increase in the rates of mortality over the period.

Table 17: Causes of Death in Gynaecology Unit, 2016

CAUSES	**FREQUENCY**
OVARIAN	24
CERVICAL	23
ENDOMETRIAL	14
CHORIOCARCINOMA	6
PELVIC MALIGNANCY UNIDENTIFIED	5
ANAEMIA SECONDARY TO BLEEDING UNTERINE FIBROIDS	3
PULMONARY EMBOLISM	1
SEPSIS (Excl. SEPTIC ABORTION)	3
OTHERS	8

The prevalent causes of gynaecological deaths were the cancers. These constituted about two-thirds (67) of the total number of mortalities in the Unit over the period.

FAMILY PLANNING SERVICES

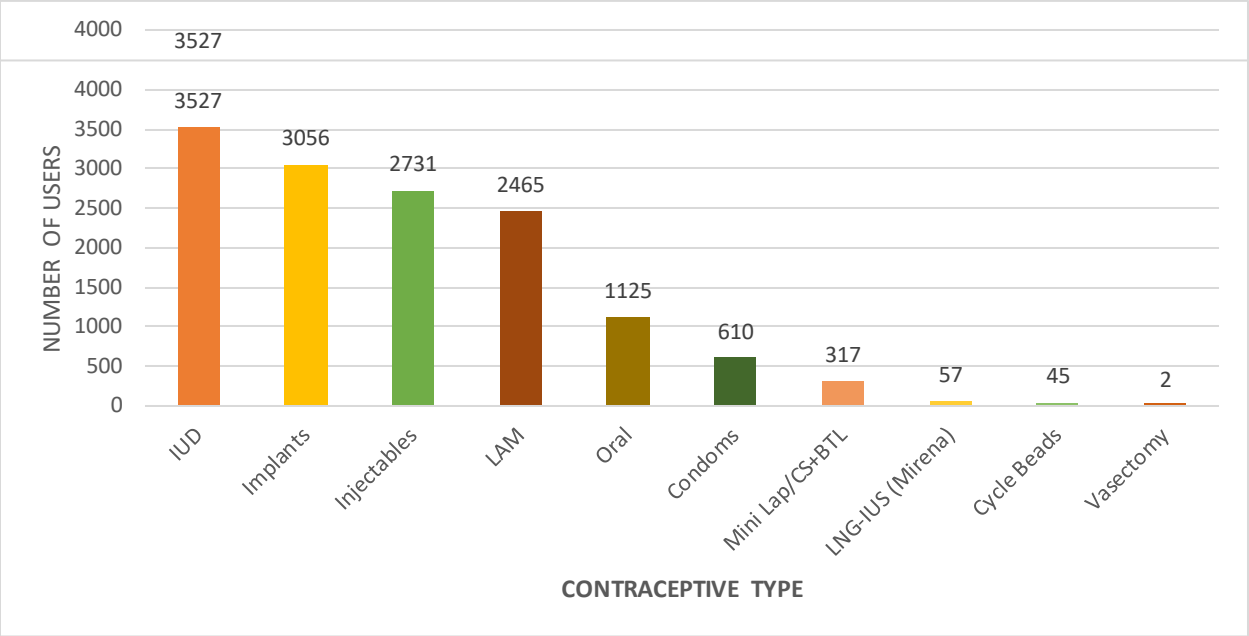
Table 18: Attendance & Contraceptive Acceptance Rate

YEAR	**2012**	**2013**	**2014**	**2015**	**2016**
ATTENDANCE	12,680	13,247	13,705	15,954	20,894
ACCEPTANCE RATE/1000 ATTENDANCE	169	171	166	202	190

The attendance increased steadily from 2012 to 2015 and then sharply in 2016. Contraceptive acceptance rate for 2016 was 190 per 1000 attendance.

Contraceptive Use by Type, 2016

Fig 31



The most frequently used type of artificial contraceptive includes IUD, Implant, Injectables and oral pills. The natural method, LAM was preferred as compared to the permanent surgical methods such as Mini Lap/CS+BTL and vasectomy.

SURGICAL SERVICES

Surgical services in the Hospital was provided by the following Sub-BMCs and Units: General Surgery, Genito-Urinary, Neuro Surgery, Pediatric Surgery, Accident & Orthopaedics, Maxillofacial, ENT and Eye.

A total of 7,941 surgeries were performed in the year under review. Accident & Orthopaedics and General Surgery performed over 60% of the total surgeries. Details of surgeries performed in the Hospital is presented in Table 19.

CLASSIFICATION OF SURGERY, 2016

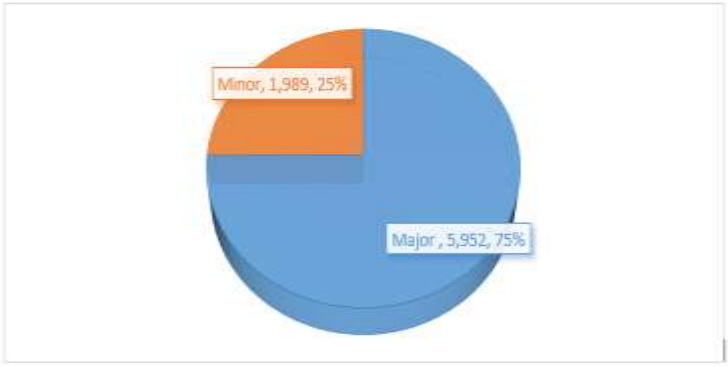
Table 19: Categories of Surgery

No.	Units	Major	Minor	Total	Percent	Major/Minor Ratio
1	General Surgery	1,718	562	2,280	**28.7**	3.1
2	Genito-Urinary	435	91	526	**6.6**	4.8
3	Neurosurgery	480	159	639	**8.0**	3
4	Paediatric Surgery	768	211	979	**12.3**	3.6
5	Eye	251	37	288	**3.6**	6.8
6	MFU	91	0	91	**1.1**	0
7	Accident & Orthopaedic	1,704	927	2,631	**33.1**	1.8

8	ENT	505	2	507	**6.4**	252.5
Total		**5,952**	**1,989**	**7,941**	**100.0**	**3**

Three-quarters (75%) of the total number of surgeries performed were major surgeries, indicating a ratio of 3:1 for major and minor surgeries respectively. The implications of the high major surgery ratio include high operational cost, bed occupancy, length of stay, human and time resources and efficiency. Details are illustrated in Table 19.

Fig 32: *Category of Surgery 2016*



Surgical Procedures

Table 20: Top Surgical procedures

Rank	Diagnosis	Frequency	Percent
1	Laparotomy	538	11.4
2	Hernia Repair	446	9.5
3	Biopsy	376	8.0
4	Appendicectomy	306	6.5
5	Cataract extraction	177	3.8
6	Thyroidectomy	165	3.5
7	Epidural Injection	114	2.4
8	Burr Hole and drainage	107	2.3
9	Haemorrhoidectomy	96	2.0
10	Mastectomy	95	2.0

Laparotomy was the highest surgical procedures performed (11.4%). Details of the top surgical procedures performed in 2016 are presented in table 20.

TOP TEN CAUSES OF ADMISSIONS

Table 21: Top 10 causes of Admission in Surgery

No.	Diagnosis	Frequency
1	Breast Cancer	347
2	Hernia	309
3	Appendicitis	278
4	Benign Prostate Cancer	239
5	Goitre	159
6	Haemorrhoids	147
7	Intestinal Obstruction	115
8	Cancer Prostate	113
9	Intussusception	104
10	Subdural Haematoma	90

Breast cancer was the number one cause of admission in Surgery. Details of the causes of admission are illustrated in table 21.

TOP TEN CAUSES OF DEATH

Table 22: Top 10 causes of Death in Surgery

No.	Diagnosis	Frequency
1	Breast Cancer	44
2	Other Cancers	43
3	Atresia	27
4	Prostate Cancer	25
5	Brain Tumour	19
6	Intestinal Obstruction	14
7	Obstructive Jaundice	10
8	Subdural Haematoma	7
9	Hydrocephalus	7
10	Diabetic Leg ulcer	7

Breast cancer was the leading cause of death in Surgery Sub-BMC. The causes of death are illustrated in table 22.

INTERNAL MEDICINE

Service Delivery

Medical services in the Hospital was provided by the following Units in the Sub-BMC: Internal medicine, Fevers, Chest, Stroke and Renal.

A total of 58,766 patients were seen at the OPD, out of which 5,717 (9.7%) were admitted in 2016. The crude mortality rate for the Sub-BMC was 13.8% and the highest burden of mortality was recorded in the Fevers Unit (223, 46.9%). There has been a steady decline in the crude mortality rate in the Sub-BMC from 2014 (15.1) to 2016 (13.8). Details of medical services provided in the Hospital are presented in table 23. The crude mortality rate in the Sub-BMC over the years are in Table 23.

Table 23: OPD Attendance and Admissions

MEDICAL	OPD ATTENDANCE	ADMISSIONS	DEATH	MORTALITY RATE
Internal Medicine (Main)/COPD	36,172	2,059	400	19.4
Renal Unit	N/A	2509	0	0
Chest Unit	2,600	360	97	26.9
Fevers Unit	19,994	475	223	46.9
Stroke Unit	N/A	314	70	22.3
TOTAL	**58,766**	**5,717**	**790**	**13.8**

Top 10 Causes of OPD Attendance

Table 24: Top ten causes of Central OPD attendance

No.	CONDITION	FREQUENCY
1.	Hypertension	6363
2.	Hypertension/Diabetes Mellitus	4501
3.	Diabetes Mellitus	3178
4.	Chronic Kidney Disease	2962
5.	Asthma	1034
6.	Congestive Cardiac Failure	901
7.	Hepatitis B Infection	757
8.	Seizure Disorders	709
9.	Chronic Liver Disease	705
10.	Cerebrovascular Accident	679

Non-Communicable Diseases (NCDs) continue to lead the top 10 causes of OPD attendance at the Medical Sub-BMC as presented in table 24. Hepatitis B infection was the only communicable disease in the list while cerebrovascular accident was the least.

Top Ten Causes of Admission, 2016

A total of 5,717 admissions were recorded during the year under review. Pulmonary Tuberculosis was the number one cause of admission whilst Diabetes Mellitus was the least. Details are presented in table 25.

Table 25: Top 10 causes of Admission

No.	CONDITION	FREQUENCY
1.	Pulmonary Tuberculosis	252
2.	Cerebral Toxoplasmosis	152
3.	Anaemia	194
4.	Chronic Kidney Disease	121
5.	Dehydration Secondary to Gastroenteritis	117
6.	Koch's Disease (Extra Pulmonary)	127
7.	Lobar Pneumonia	128
8.	Retro Viral Infection	127
9.	End Stage Renal Disease	92
10.	Diabetes Mellitus	93

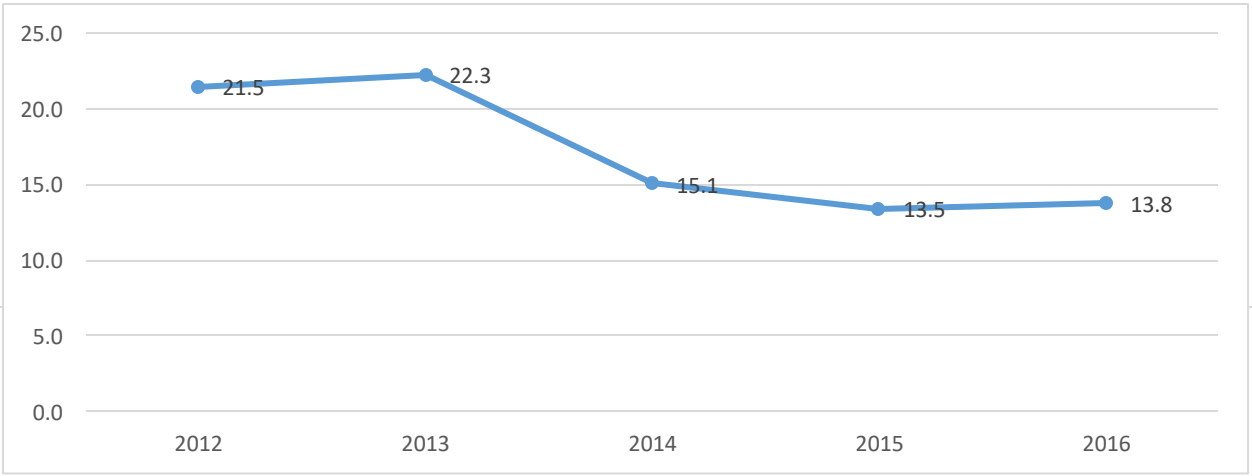
Top 10 Causes of Death

Pulmonary Tuberculosis was the leading cause of death at the Medical Sub-BMC. Details are presented in table 26.

Table 26: Top 10 causes of death

No.	CONDITION	FREQUENCY
1.	Pulmonary Tuberculosis	88
2.	Anaemia	62
3.	Lobar Pneumonia	60
4.	Koch's Disease (Extra Pulmonary)	58
5.	Cerebral Toxoplasmosis	52
6.	Dehydration Secondary to Gastroenteritis	40
7.	Cryptococcal Meningitis	35
8.	Chronic Kidney Disease	33
9.	Retro Viral Infection	29
10.	Tuberculous Meningitis	27

Fig 33:



Trend in Crude Mortality Rate, 2016

There has not been any significant increase in the crude mortality of the Sub-BMC as shown in fig 33.

EMERGENCY SERVICES

Emergency services in the Hospital was provided by the following Sub-BMCs and Unit: Emergency Medicine and Casualty reception of the Accident & Orthopaedic.

A total of 8,127 patients were admitted, out of which 962 (11.8%) died in 2016. The highest burden of mortality of 818 was recorded at Emergency Medicine. Service outcomes for Emergency services are presented in Table 27.

Table 27: Statistics for Emergency Medicine / Casualty Department

DEPARTMENT	SERVICE INDICATORS	YEAR				
		2012	2013	2014	2015	2016
EMERGENCY MEDICINE	Admissions	9,820	8,164	7,947	7,441	7,227
	Deaths	1,103	902	851	761	818
	Death/Admission	11.2	11	10.7	10.2	11.3
CASUALTY	Admissions	726	793	816	434	900
	Deaths	18	22	62	120	144
	Death/Admission	2.5	2.8	7.6	27.6	16
	OPD	16,555	14,531	12,890	10790	9,553
Total Admissions		10,546	8,957	8,763	7,875	8,127
Total Deaths		1,031	924	913	881	962
Crude Death Rate		9.8	10.3	10.4	11.2	11.8

CHILD HEALTH

PAEDIATRIC SERVICES

Child Health offered Outpatient and Inpatient paediatric services to patients from all over the country. The Paediatric Emergency Unit of the Hospital served as the main entry point by which patients accessed services in the Sub-BMC. Direct referrals were also received from both private and public sector health facilities.

The OPD attendance for 2016 was 28,152 (an increase of 1,789 over 2015), out of which 34.8% (9,790) were admitted. The crude mortality rate was 10.2. The pattern of service provision from 2013 to 2016 is presented in the table 28.

Table 28: Paediatric services utilisation

SERVICE INDICATORS	2013	2014	2015	2016
OPD Attendance (Total)	29,348	32,646	26,363	28,152
Admissions	12,361	12,997	11,837	9,790
Deaths	945	1004	874	998
Crude Death Rate	7.6	7.7	7.4	10.2
SPECIFIC MORTALITY				
Neonatal Mortality Rate/1000 Live births	53.8	64.1	57.1	70.9
Infant Mortality Rate/1000 Live births	66.4	77.8	70.9	84.4
Under 5 Mortality Rate/1000 Live births	72.6	82.9	79.8	93.5

Top 10 causes of OPD Attendance

Table 29: Top ten causes of OPD attendance, 2016

NO.	DIAGNOSIS	FREQUENCY
1	Cancers	2214
2	Retroviral Infections	2029
3	Neonatal Conditions	1867
4	Sickle Cell Disease	1774
5	Neurological Conditions	1318
6	Renal Conditions	606
7	Haematological Conditions	534
8	Asthma	442
9	Cardiac Conditions	409
10	Endocrine Conditions	137

Cancers were the leading cause of OPD Attendance in the Child Health Sub-BMC. The top 10 causes of OPD Attendance are captured in Table 29.

TOP TEN CAUSES OF ADMISSIONS

Neonatal conditions were the leading cause of admission as shown in Table 30.

Table 30: Top 10 Causes of Admission

No.	Causes	Frequency
1	Neonatal Conditions	2,178
2	Pneumonia	446
3	Sickle Cell Disease	401
4	Cancer	370
5	Heart Disease with failure	232
6	Malaria	176
7	Gastroenteritis	150
8	Pharyngotonsillitis	105
9	Otitis Media	98

10	Nephrotic Syndrome	59

TOP TEN CAUSES OF DEATH

Table 31: Top ten causes of death, 2016

NO.	DIAGNOSIS	FREQUENCY	Total
1	Neonatal Conditions	660	66.1
2	Heart Disease with failure	54	5.4
3	Pneumonia	41	4.1
4	Cancers	37	3.7
5	Septicaemia	19	1.9
6	Sickle Cell Disease	14	1.4
7	Severe Malaria	10	1.0
8	Meningitis	10	1.0
9	Gastroenteritis	7	0.7
10	Severe Acute Malnutrition	5	0.5

Neonatal conditions were the leading cause of death as illustrated in Table 31.

POLYCLINIC

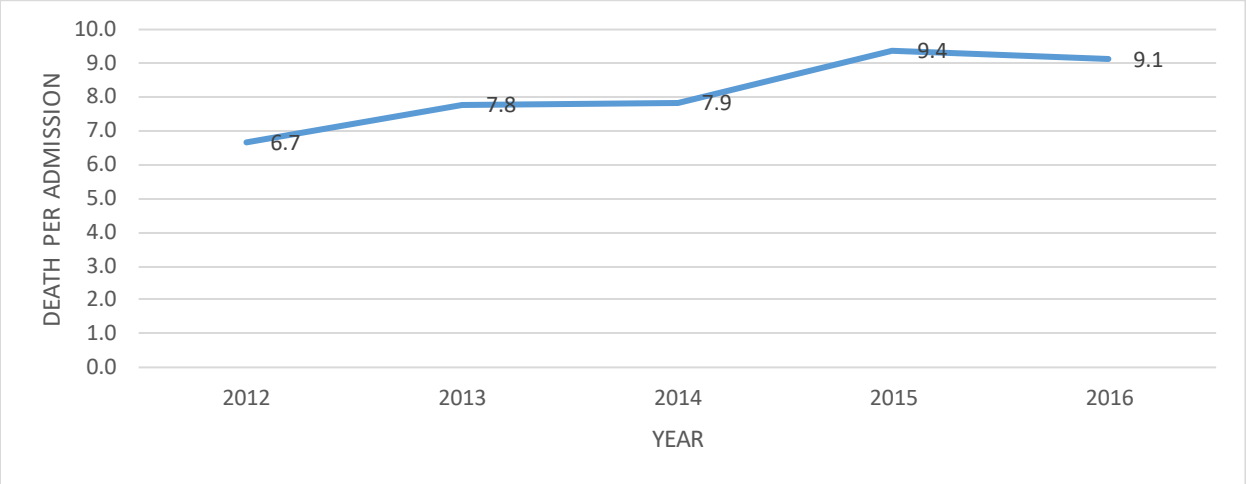
Polyclinic is a 42-bed capacity facility that offers primary health care to the Korle Bu community and its environs.

A total of 55,997 patients were seen at the OPD, out of which 12.3% were admitted. There has been a decline in OPD attendance. An average admission of 6,000 patients is recorded annually. The crude mortality rate increased from 6.7% from 2012 to over 9.1%. Further details of services provided in the Sub-BMC are presented in Table 32. Details of the crude mortality rate over the years are presented in Fig 34.

Table 32: Service Output Statistics

YEAR	2012	2013	2014	2015	2016
OPD	72,345	60,821	65,815	59,150	55,997
ADMISSION	6,802	5,956	6,582	5,720	6,860
DEATH	453	463	517	536	625
CRUDE DEATH RATE/100 Admissions	6.7	7.8	7.9	9.4	9.1

Fig 34:



Trend of Crude death rate per 100 Admissions

Top Ten Causes of OPD Attendance

Hypertension was the leading cause of OPD Attendance at the Polyclinic as indicated in table 33.

Table 33: Top Ten Causes of Admissions

No.	CONDITIONS	FREQUENCY	PERCENT
1	Hypertension	14,549	26.0
2	Diabetes	4,751	8.5
3	Musculoskeletal Disorders	4,362	7.8
4	Malaria	4,219	7.5
5	URTI	3,389	6.1
6	UTI	3,118	5.6
7	Gastroenteritis	1,560	2.8
8	Pneumonia	679	1.2
9	Sickle Cell Disease	413	0.7
10	Recurring CVA	402	0.7
TOTAL		**37,442**	**66.9**

Apart from Malaria, the NCDs accounted for the highest admissions at the Sub-BMC as shown in table 33.

TOP TEN CAUSES OF DEATH

Table 34: Top ten causes of death, 2016

No.	CONDITIONS	FREQUENCY	PERCENT
1	Cerebrovascular Accident	179	28.6
2	Diabetes	83	13.3
3	Pneumonia	64	10.2
4	Anaemia	61	9.8
5	Septicaemia	36	5.8

6	Malaria	30	4.8
7	Congestive Cardiac Failure	21	3.4
8	Liver Disease	19	3.0
9	Cancers	15	2.4
10	URTI	14	2.2
TOTAL		**522**	**83.5**

NCDs were the leading causes of death at Polyclinic as shown in table 34.

PATHOLOGY

The Pathology Sub-BMC comprises three units which are the Histopathology, Cytopathology and Autopsy Pathology.

The Pathology Sub-BMC comprises three units which are the Histopathology, Cytopathology and Autopsy Pathology.

There has been a steady increase in body storage from 6,581 in 2012 to 9,142 in 2016.

BODY STORAGE BY MONTH - 2016

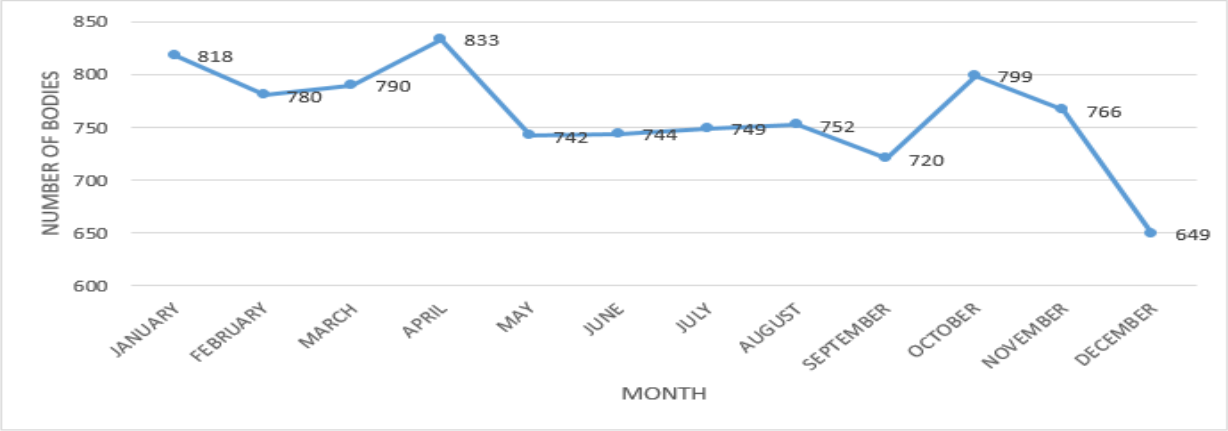


Figure 35: *Monthly trend in body storage*

There is a general decline in body storage from January to December. Monthly body Storage ranged from 650 to 820 with a mean of 762 bodies per month.

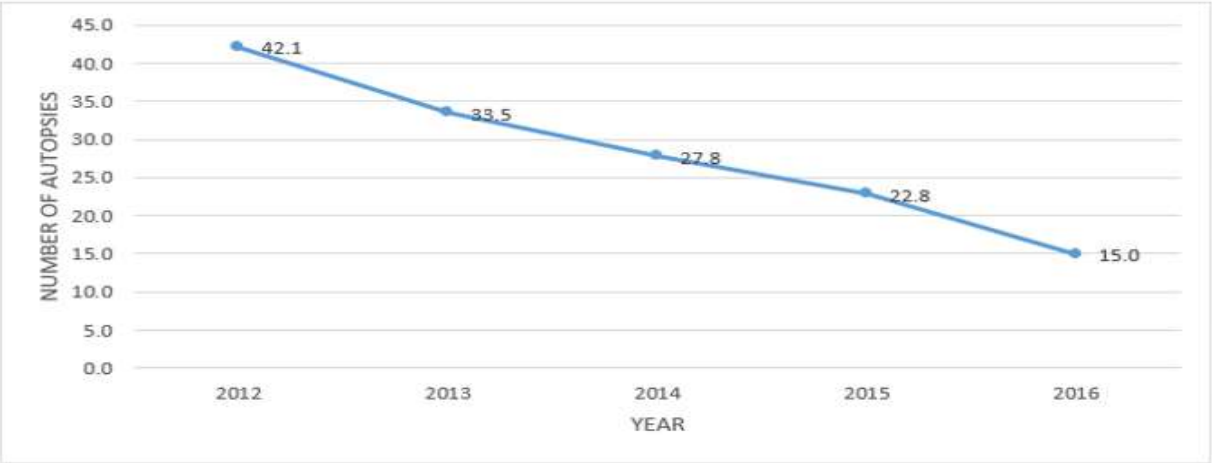


Fig 36: Body Storage by Coroner or Institutional Deaths 2012-2016

There has been a marked decline in the rate of autopsy from 2012 to 2016.

INVESTIGATIONS CONDUCTED

Table 35: Histopathology and Cytology Investigations (2012 - 2016)

YEAR	HISTOPATHOLOGY DONE	CYTOLOGY DONE	TOTAL
2012	5642	2474	8116
2013	6725	2573	9298
2014	5525	2399	7924
2015	4632	2201	6833
2016	5724	2506	8230

DIAGNOSTIC SERVICES

Laboratory Services

The laboratory Sub-BMC of the Hospital provided 24 hours laboratory services to clients at both the OPD and IPD levels throughout the year. The unit was also engaged in the training of Biomedical Scientists, Residents on Rotation and also conducted research. Chemical Pathology, Haematology, Microbiology and Immunology are the major units constituting the Laboratory Sub-BMC of the Hospital.

The Sub-BMC received a total of 196,562 requests from within and outside the Hospital. The breakdown of requests processed by the lab over a three year period is presented in the table below:

Table 36: Laboratory Investigations Conducted 2013 - 2016

Department/Unit	**No of Samples**			
	2013	**2014**	**2015**	**2016**
Chemical Pathology		65764	49246	48378
Haematology	106875	109739	91127	96919
Special Haematology	10489	14906	11995	9610
Immunology	12481	14191	8166	16173
Microbiology (Bacteriology)	26511	22502	14375	16004
Microbiology (Parasitology)	31722	31960	25046	28878
Chest Clinic Lab	7739	7772	8799	869
Total Samples Received		**2E+05**	**1E+05**	**1E+05**

Statistics on various laboratory investigations conducted within the year are also presented in the tables below:

Table 37: Top Ten Laboratory Requests

Rank	**2015**		**2016**	
	Request	**No**	**Request**	**No**
1	Full Blood Count (FBC)	65,060	Full Blood Count (FBC)	65,541
2	BUE, Cr	18,238	URINE Routine Examination (RE)	23,711
3	Blood Film For Malaria Parasites (BF for Mps)	11,556	Blood Urea, Electolytes and Creatinine (BUE, Cr)	15,487

4	Liver Function Test (LFT)	8,870	Blood Film for Malaria Parasites (BF for Mps)	12,555
5	Urine C/S	8689	Liver Function Tests (LFTs)	7,587
6	Sickling Test	5736	Urine Culture and Sensitivity (Urine C/S)	7,566
7	FBS-RBS & CSF Glucose	5206	TB Smear microscopy	7406
8	Lipid Profile (TG, HDL, LDL)	4897	CD4 Count	6337
9	G6PD	3570	Erythrocyte Sedimentation Rate (ESR)	5,117
10	Film Comment	3290	Sickling Test	4,586

Top Ten Isolates

Table 38: Top 10 Isolates 2015 - 2016

Rank	2015			2016		
	Isolate	**Investigation**	**No**	**Isolate**	**Investigation**	**No**
1	E. coli :	Urine C/S, Miscellaneous swab C/S	510	E. coli	Urine/misc swab	1803
2	Candida spp:	Sputum, miscellaneous swab C/S	346	Pseudomonas	Misc swab/Urine/blood	1320
3	Pseud spp:	Wound Swab, miscellaneous swab C/S	329	candida	HVS/Urine/blood	2054
4	S. aureus:	CSF C/S, miscellaneous swab, Blood C/S	224	Enterobacter	Misc swab/Urine/blood	1047
5	Citrobactor spp:	Urine C/S, miscellaneous swab C/S	182	Staph aureus	Blood/misc swab/Urine	525
6	Enterobacter spp:	Urine C/S, miscellaneous swab C/S	136	Acinetobacter	Misc/Urine/Blood	480
7	klebsiella	Urine C/S, miscellaneous swab C/S	97	Citrobacter	Blood/Urine	375
8	Proteus spp:	HVS, Urine C/S, miscellaneous swab C/S	65	Klebsiella spp.	Urine/misc	368
9	Streptococcus spp:	CSF C/S, miscellaneous swab C/S	28	Proteus spp	Misc/Urine	319
10	Salmonella spp:	Stool C/S, Blood, miscellaneous swab C/S	17	Entercoccus spp	Misc/Urine	193

Diagnostic Imaging Services

The Diagnostic Imaging aspect of service delivery is conducted mainly by the Radiology Sub-BMC of the Hospital. Service provided at this unit include X-ray, Ultrasound scan, MRI, CT

scan and other radiological services. The Sub-BMC has some service facilities located in some other clinical service departments such as the Accident Centre and the Polyclinic though a bulk of the equipment are located in the main department where most of the other services are provided.

The Sub-BMC recorded a total of 47,354 requests which were met and a service availability rate of 60% for the year 2015.

Table 39: Radiological Investigations (2013 - 2016)

INVESTIGATION	**2013**	**2014**	**2015**	**2016**
General Radiography	23,595	34,143	30,226	20,151
HSG	1,655	667	729	1,055
Ultrasound Scan	6,921	10,423	9209	6,216
CT Scan	5,921	7,608	5537	5,580
Fluoroscopy	522	519	550	569
Mammography	533	1,114	1038	1,175
Urinary Tract Investigation	146	129	65	529
Total requested investigation done	39293	54603	47354	35,275
Service availability rate	50%	60%	60%	-%

The tables above gives a summary of the service delivery statistics in the Radiology Sub-BMC within the year under review compared to statistics of the previous years.

Pharmaceutical Services

The Pharmacy Directorate of the Hospital has the responsibility of ensuring safe and cost-effective medication use and to work synergistically with colleague health care providers to promote optimal drug therapeutic outcomes through the development of integrated, quality programs in patient care, research and education.

Pharmacy Service Delivery

Key services offered by the Directorate included Outpatient services, Inpatient services, NHIS services, satellite pharmacies, Small-scale manufacturing, Oncology services, Palliative care services.

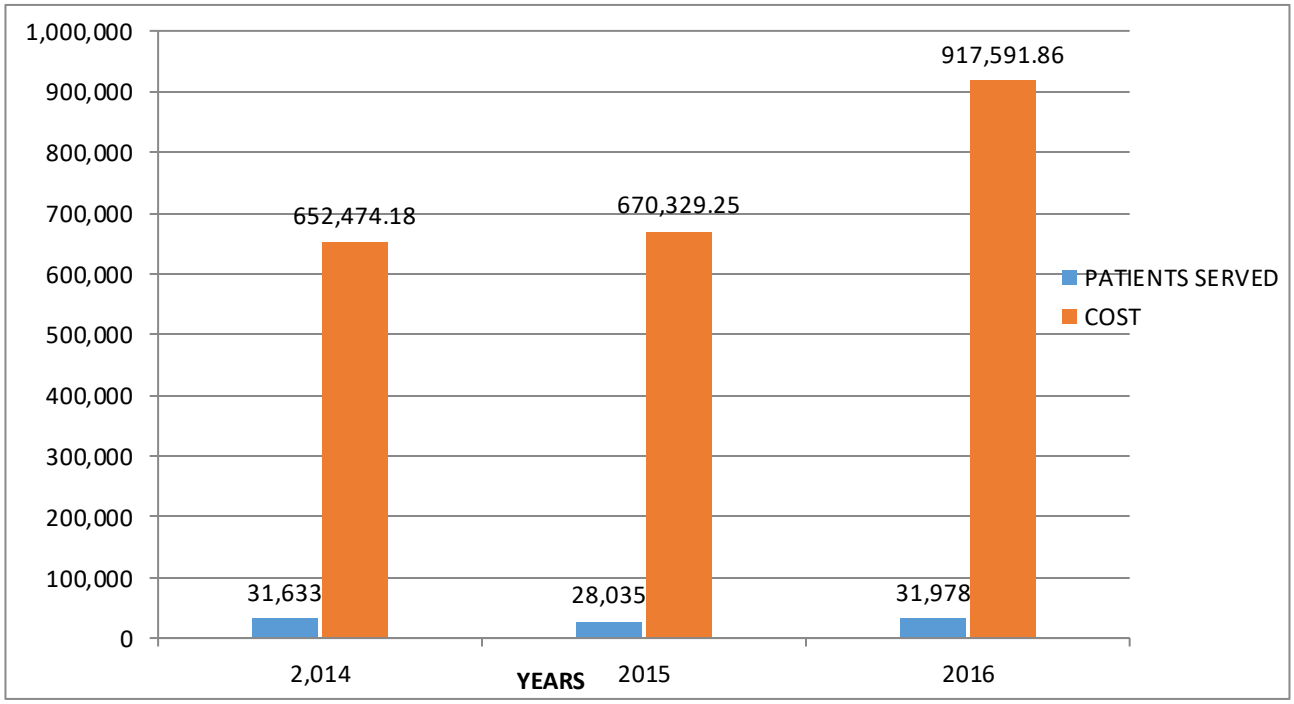
The KBTH Medicines Formulary document was approved by Management for sensitization and implementation.

The year 2016 saw clinical pharmacy services improve as there was increased service coverage with Pharmacy residents, ward and clinical pharmacists to wards and specialty clinics. Review of the process of inpatient drug administration, as well as trainings on medication reconstitution was done in the clinical areas.

The Drug Manufacturing Unit business plan development is still in progress and training of selected staff to develop business plan was duly completed. Despite this, the unit produced and supplied bleach to the Hospital throughout the year without interruption and produced extemporaneous medicines such as Parenteral preparations, topical preparations (ointments

and creams, ear and eye drops) and oral preparations including Paediatrics extemporaneous to patients at affordable prices.

The medicines availability in the Hospital for the year was 75% and a total of 316,353 prescriptions/ folders were served.



NHIS SERVICE FROM 2014 - 2016

Fig 37

NHIS services saw increased patient numbers and corresponding 37% increase in revenue compared to 2015.

Finance and Budget Execution

Health financing is concerned with the mobilization, management and accountability of financial resources. This is to ensure that the required inputs for service delivery are available at all times and at the most competitive prices.

This function of the health system involves revenue collection, pooling of resources and the efficient use of these, not only for direct health expenditure but also for financing all in-direct expenses such as salaries and wages of staff as well as capital investments.

Revenue

The Hospital receives its revenue inflow from three main sources, namely, Government of Ghana (GOG) Subvention, Donor Pooled Fund (DPF) and Internally Generated Fund (IGF).

The total revenue inflow to the Hospital for 2016 was GH¢86,860,536 as compared to GH¢64,126,680 in 2015 as shown in table 1 below.

Table 40: Total Revenue Inflow by Source of Funding

Source	Year			
	2016		2015	
	Amount GH¢	**% of Total Income**	**Amount GH¢**	**% of Total Income**
IGF	85,137,556	98.0	63,915,204	99.67
GOG Subvention	-	0	41,284	0.06
Sector Budget Support (SBS)	1,722,980	2.0	170,192	0.27
GRAND TOTAL	**86,860,536**	**100**	**64,126,680**	**100**

Internally Generated Fund (IGF) inflows in 2016 amounted to GH¢85,137,556 representing 98.0% as compared to GH¢63,915,204 generated in 2015 representing 99.67%. This shows about 33.20% increase over the previous year.

The table and accompanying bar chart below shows the detail of revenue inflows by type of revenue for the year 2016 with comparative figures for 2015.

Table 41: IGF Revenue by Source

SOURCE	2016 GH¢	%	2015 GH¢	%
Out of Pocket	39,034,176	44.94	30,944,178	48.26
Health Insurance Scheme	15,515,093	17.86	13,347,452	20.81
Drug Revenue	20,300,764	23.37	16,177,251	25.23
Other Income	4,676,065	5.38	3,446,323	5.37
Salaries Recovery	5,611,458	6.45	-	
GOG Subvention	-		41,284	0.06
Sector Budget Support	1,722,980	2.00	170,192	0.27

TOTAL REVENUE	**86,860,536**	**100**	**64,126,680**	**100**

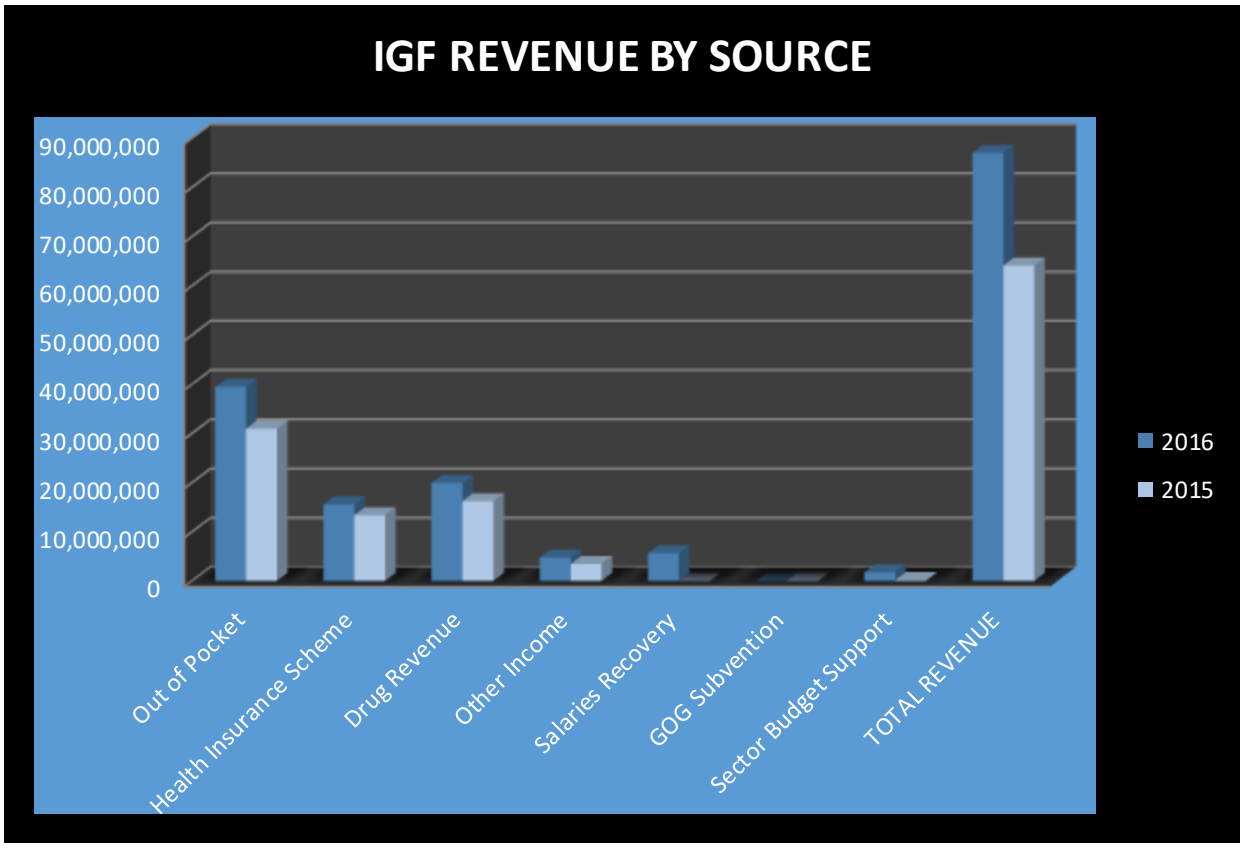


Fig 38

Total Sector Budget Support (SBS) received in 2016 was GH¢1,722,980 representing 2.0% as compared with an amount of GH¢170,192 representing 0.27% received in 2015.

Expenditure

Total expenditure incurred by the Hospital in 2016 was GH¢90,645,561 as compared to GH¢60,904,194 in 2015, an increase of 48.83%. The expenditure was incurred under Compensation of Employees, Goods and Services and Fixed Assets item lines.

Compensation of Employees amounted to GH¢16,105,017 representing 17.77% of total expenditure incurred for 2016 as compared to GH¢14,420,460 being 23.68% in 2015. The decrease was due to mechanization of some staff who were migrated unto GoG payroll.

Goods and services amounted to GH¢52,641,935 representing 58.07% of total expenditure in 2016 as compared with GH¢44,965,933 in 2015 representing 73.83%. In line with the new reporting policy which is the accrual system, goods and services procured and not paid for within the year should be shown in the report. Hence the amount of GH¢ 17,720,840 (19.55%) representing total expenditure on supplies.

Fixed Assets amounted to GH¢1,517,801 representing 2.49% of 2015 total expenditure as compared to GH¢4,177,769 which represented 4.61% of total expenditure in 2016. The fixed assets were financed from IGF sources.

The table and accompanying bar chart below shows the detail of total expenditure incurred in 2016 with comparative figures for 2015.

Table 42: Expenditure 2015 - 2016

ITEM	**2016**	**%**	**2015**	**%**
Compensation of Employees	16,105,017	17.77	14,420,460	23.68
Goods and Services	52,641,935	58.07	44,965,933	73.83
Fixed Assets	4,177,769	4.61	1,517,801	2.49
Supplies	17,720,840	19.55	-	-
Total Expenditure	**90,645,561**	**100**	**60,904,194**	**100**

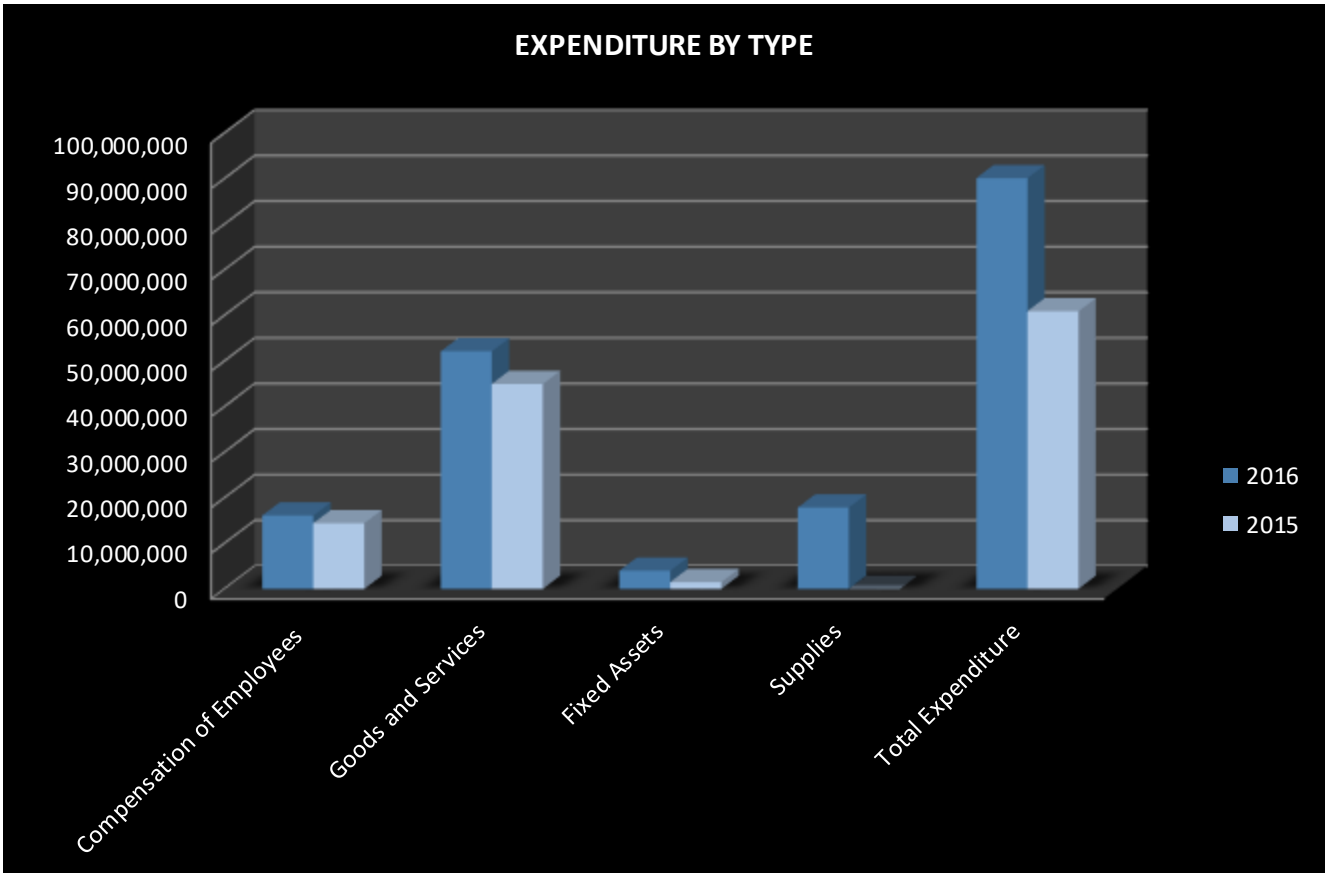


Fig 39

ENGINEERING SERVICES

The General Services Directorate of the Hospital is responsible for the following:

- Ensuring that all Hospital infrastructures are fit for the purpose of habitation and delivery of healthcare to clients.
- Availability and rational usage of utility services such as water, electricity and gas in the Hospital.

Infrastructure

The Hospital handed over all the necessary drawings to the Ghana Institute of Architects to enable them develop a master plan.

A committee comprising professionals of various disciplines was set up and guidelines for streamlining infrastructural development prepared.

Committee commissioned to establish Maintenance Infrastructure Fund completed and submitted its report to Chief Executive for approval and subsequent action.

Equipment

The agreed Planned Preventive Maintenance (PPM) schedules for the year under review were completed. To this end these companies were assigned to maintain the following; Agvad - Belstar equipment; GEE - Radiology equipment and CFAO to service the lifts.

The faulty compressor which caused the shutdown of the Oxygen Plant was replaced. However, the Plant requires other works to start production.

The year ended with a 60% Hospital medical equipment functionality; there were a few challenges at Radiology Department where the CT Scan has been faulty for some months.

Table 43: Summary of Service Request for Equipment

Equipment	**Jobs Executed (Corrective Maintenance)**	**Planned Preventive Maintenance (PPM)**
RADIOLOGY	110	Quarterly-Completed
RENAL DIALYSIS	385	
BIOMEDICAL	290	Quarterly-Completed
LIFE SUPPORTING(ANAESTHESIA)	505	Twice a Year-Completed
DIAGNOSTIC(LABORATORY)	6	Quarterly-Completed
ENDOSCOPY	6	
VERTICAL(LIFT)	42	Quarterly-Completed
Total	**1344**	

Utilities

In the year under review, Ghana Water Company started works on the Hospital's water redistribution system. Installation of separate meters and bulk billings also commenced in the residential facilities.

Electricity

SOP's on rational use of electricity were developed and distributed to the various Sub-BMCs to curtail energy consumption in the Hospital.

The consultant (Firm) appointed by Energy Commission to conduct power audit assessed the Hospital's energy consumption pattern and submitted a report and cost for Chief Executive's approval.

MANAGEMENT INFORMATION SERVICES

The Biostatistics, Information Communication Technology and Telecommunications Units were constituted into Health Informatics Unit. This Unit is responsible for the collation, processing, protection and retrieval of reliable information in a timely manner for the Hospital. The Unit ensured the availability of reliable and timely information for evidence-based decision-making by Management. It is also managed the means of communication between the various Departments, Units especially internet connectivity in the Hospital. The hardware infrastructure of the Hospital was updated and modernized in line with the plan to establish a paperless system.

RESEARCH FOR HEALTH

In the year under review, the Hospital successfully established a functional Research Unit. A Research Policy was also developed and disseminated to stakeholders.

The Institutional Review Board (IRB) and the Scientific and Technical Committee (STC) of the Hospital were constituted and inaugurated. The mandate of the Board is to review and restructure the processes and procedures regarding research in the Hospital.

Approved Proposals

The table below gives an indication of proposals reviewed by the IRB/STC since its inception. Some of the research proposals reviewed were academic, operational, epidemiological etc. Operational researches in some of the UDSs commenced in the later part of the year.

Out of a total of 119 proposals received, 81 proposals were received for IRB and 38 representing student proposal. Out 67 Approved Proposal 34 were approved by IRB and 33 student proposal approved

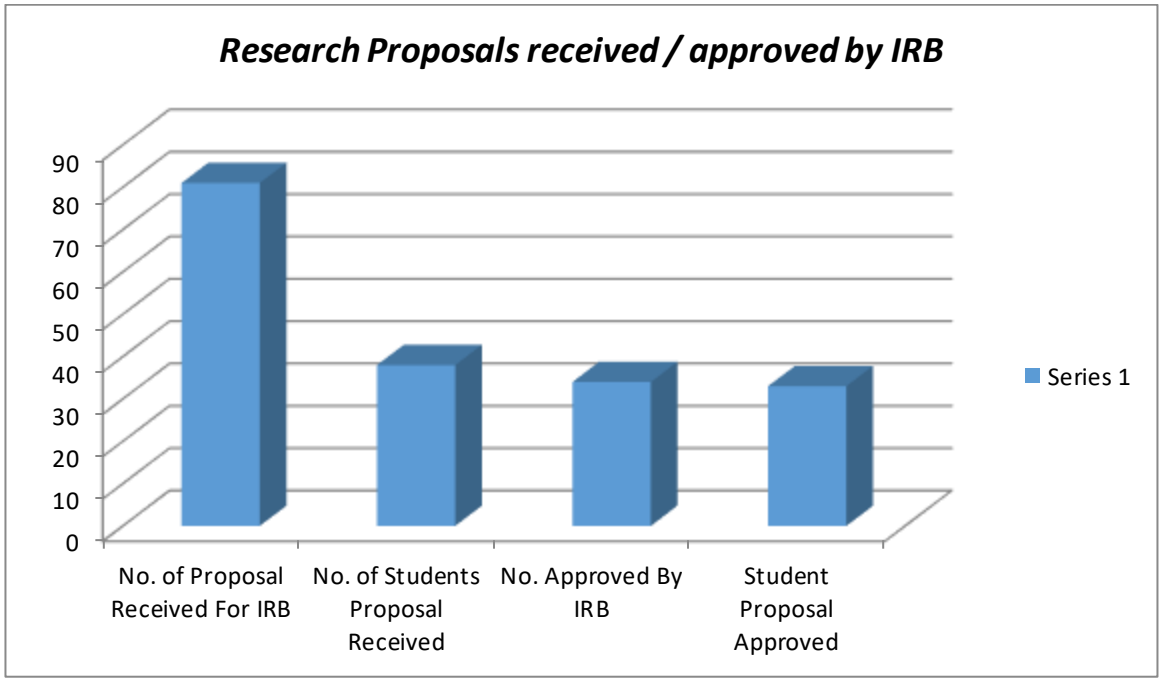


Fig 40: *Research Proposals received / approved by IRB*

Out of the total proposals submitted to the IRB, seven (7) did not meet the criteria for approval.

KBTH SPONSORED RESEARCH

A request was made for the UDSs to submit operational research proposals for sponsorship by the Hospital. Out of the four departments which submitted proposals, Emergency Medicine and Eye Centre received funding to execute their project.

Community Support to KBTH

- The Public Relations Unit assisted the Hospital to receive about 31 donations. The highest donation received in 2016 was from First Sky Group. They presented a Toyota Hilux vehicle and over GHc2million for patient and clinical care at the Renal Dialysis Unit.
- The KBTH Trust Fund was successfully launched and an amount of GH¢ 566,213.17 was realised as at the end of the year.
- Philanthropists support to paupers coordinated by the Social Welfare Unit of the Hospital amounted to GH¢88,469

Main Achievements

Apart from the successes or achievements made in the service delivery aspects of the Hospital, other significant milestones recorded are as follows:

- Health outreaches:
  The Reconstructive Plastic Surgery and Burns Centre conducted four major outreaches in selected regions of the country. More than 800 surgeries were performed at these outreach programmes.

- Obstetrics and Gynaecology Sub-BMC maintained the mentorship relationship with some peripheral facilities

- Allied Surgery Units and Eye Centre conducted various forms of outreaches in the communities and some schools.

Others include:

- Staff Medicare Scheme: For the first time in the Hospital, a staff medicare scheme covering cost of service and medication for all staff has been rolled out.

- Strengthening of the Human Resource Management Information System through the introduction of the Palm HRM software and a new Performance Management System.

- Leadership capacity building workshops were organized for all management teams across the Hospital to enhance the capacity of staff to manage their Units, Departments and Sub-BMCs.

- Successful roll out of the new revenue collection system by two banks operating competitively.

- Major rehabilitation works were carried out at Maternity block, Gas Plant, Adenta SSNIT flat, NICU, Accident Centre, the Main Pharmacy, Medical wards, Sewer lines and Inspection chambers.

- Installation of service lifts under Government of Ghana project at Laundry, Main Kitchen, Child Health, Surgical and Reconstructive Plastic Surgery and Burns Centre.

- The manufacture of a suction machine by the Biomedical Unit of the Hospital.
- Spearheaded the piloting of the e-health software and facilitated its validation.
- Developed policies on confidentiality, proper data storage and retrieval.
- Network infrastructure extended to all departments and wards.
- Upgraded the server room to a data centre for improved communication.
- The 1st phase of the New Enterprise Network Infrastructure (ENI) project for the Hospital was completed at the Central Administration and the Polyclinic
- New Internet Service Provider (ISP - Vodafone) was added as a backup for internet provision in the Hospital
- The Hospital website was upgraded from HTML 3 to HTML 5.
- Corporate email addresses were created for staff.
- The KBTH Research policy was developed, disseminated and institutionalised.
- A Functional Research Unit was established in the Medical Directorate.
- International accreditation of KBTH Institutional Review Board was secured.
- Awareness for research at UDS level was given the necessary boost. The Eye Centre and Emergency Medicine Sub-BMC have received support to run operational researches.

Main Challenges

- **Directional Signs:** Effort to ensure the take-off of this project was unsuccessful. However, the Unit was able to undertake all finishing touches needed to ensure the procurement process to select a company to erect the signages in 2017.

- **Procurement Unit**: The plan to set up an efficient supply chain system suffered a little set setback because of unresolved internal issues.

- Poor dissemination of information at the UDS level due to lack of capacity to house and coordinate human resource activities.

- Weak staff motivation as depicted by the 44% dissatisfaction score recorded in the staff satisfaction survey conducted.

- Challenges resulting from under recovery of cost due to low tariffs and irregular reimbursements by NHIA affected the execution of programmes.

- Dependency (parasitic) relationship between the Hospital and the Colleges and Centres of Excellence.
- An industrial action by GHOSPA had dire consequences on the revenue generated during the strike period (September 2016).

- The non-insurance of the stores and all commodities in the medical stores section "C" is an issue of concern.

- Non-stocking of materials (repair parts) affecting ability of workmen to promptly respond to emergencies and execute works.

- The state of infrastructure and utility service lines are outmoded thus impeding services for water, sewage, power and oxygen.

RECOMMENDATIONS

Central Management Team

Recommendations collated for consideration to enhance performance at the Central Administration included the underlisted:

a) Regular meetings of the CMT to determine the way forward and address any challenges that may arise. This will equally provide a forum for the complementary or synergistic rapport in similar areas of endeavours.
b) Establish and commit to the forum of Peer Review Mechanism that will keep CMT members and the UDSs up to the task and abreast with time.
c) Provide the necessary support for the effective implementation of the revised Sub-BMC model with improved communication and feedback to the decentralised mechanism of management.

General Administration Directorate

Being the pivot of non-clinical care in the Hospital, the following have been identified and recommended for implementation to improve performance.

a) Resolve to provide a safe and friendly work environment with no risk of security both at work and in the residential areas.
b) Seek ways and means of ensuring that the needed materials and logistics are available as and when required emphasizing the need for an effective Supply Chain Management in the Hospital.
c) Team up with other Directorates to ensure that clinical areas are hygienically maintained and environmentally friendly.
d) Ensure an effective fleet management system to control the cost of fleet maintenance without compromising availability of transport at all times.

e) Identify technical staff requiring modern institutional management to undergo training and re-training.
f) Seek appropriate ways with the PR Unit to advance the image of the Hospital and also arrange public fora on issues of concern.

Medical Directorate

As head of the clinical service, the Directorate can look at the following as recommendations for better performance:

a) Provide the UDSs with the needed technical support to ensure that the revised Sub-BMC model operates without hindrance.
b) Engage the Heads of the UDS on formal basis to ensure highest standards of clinical practice whilst seeking better means to reduce waiting time.
c) Commit to assisting the Health Informatics Unit to collect and process data both for technical and administrative purposes.
d) Seek the establishment of continuous training programmes for staff in modern clinical management.

Finance Directorate

As the "lifeline" to most of the activities in the Hospital, the role of this Directorate is very crucial to the progress or otherwise of the fortunes of the other Directorates and UDSs. Recommendations for consideration include:

a) Collaboration with the Audit Unit to plug all leakages in the revenue collection processes to strengthen cash mobilisation.
b) Comply with the dictates of the Public Financial Management Act 921 and other financial regulatory documents to ensure efficient utilisation of monies generated.
c) Arrange to pay for all supplies within the stipulated 90 days so that shortages are avoided.
d) Team up with the HR Directorate to organise in-service training on Accounting for non-accounting staff.
e) Adoption of the Ghana Integrated Financial Management Information System (GIFMIS) to synchronize the management of public funds and address any existing leakages in the collection and dispensation of IGF.

Pharmacy Directorate

In the handling of medicines and other related stuff, the Pharmacy Directorate will be required to among other things:

a) Plan with the Procurement Unit to ensure timely and regular supplies of all medications and solutions for patient care.
b) Craft a time-table that will ensure effective utilisation of drugs and other medications rationally. This will require public education on all fora about the dangers of some drugs.
c) Engage in proper stock management and use of data trends to inform the public.
d) Provide information and feedback to prescribers on the appropriate use of drugs and their swapping.

Nursing Directorate

As the major provider of the needed hospitality in the set-up, the nurses will do well to consider the following for an advancement of the institutional goals.

a) Maintaining empathy to the core and providing unrivalled attention to patients and clients.
b) Team up with the Training Institutions to develop programmes that are relevant to the practice at the service delivery point.
c) Plan and team up with other clinical service providers to create a patient-friendly environment.
d) Providing morale boosters by shopping for service related courses for staff to advance their knowledge in modern clinical care.
e) Form inter-departmental review teams to meet regularly to discuss and exchange ideas and better patient care.

Human Resource Directorate

The Directorate is responsible for the determination of appropriate mix and selection of staff to provide both clinical and non-clinical services. Being in touch with the labour market and developments on the labour front, it is recommended that the Directorate focuses on the following towards better outcomes:

a) Recruit staff relevant to the job as well as potential to technically advance themselves in their chosen profession.
b) Liaise with other Directorates to properly map out crafted succession plans to keep providing uninterrupted service and avoid loopholes and gaps.
c) Re-organize and administratively structure the In-Service Unit of the Hospital to provide training and retraining for both clinical and non-clinical staff.
d) Ensure the existence of both morale-boosting and disciplinary procedures across board to make staff sit up and discharge their duties effectively.

General Services Directorate

Enhanced performance from the General Services can be achieved by ensuring the following:

a) Adherence to Planned Preventive Maintenance (PPM) schedules for the hospital's equipment and infrastructure.
b) Proper monitoring and supervision of technical officers assigned to the various UDS.
c) Strive to obtain all documents and manuals related to plants, equipment and infrastructure in the Hospital to provide foresight on the warranty period and how to handle any eventuality.


EMERGENCY