

**NORTH-EAST REGIONAL HEALTH AUTHORITY  
MAJOR ACHIEVEMENTS**

<b>ISSUES/CHALLENGES</b>	<b>ACTIONS TAKEN</b>	<b>CURRENT STATUS</b>	<b>FURTHER ACTION</b>
<b>AMBULANCE FLEET</b>			
<b>Inadequate ambulances in fleet resulting in high expenditures in the hiring of private ambulances</b>	6 New ambulances assigned to NERHA in 2012 from the MOH	Improved fleet resulting in very minimal use private ambulances	Fleet to be enhanced through procurement of additional ambulance through MOH.
<b>TECHNICAL</b>			
<b>Pap smear results received in excess of 8 months after procedures.</b>	Services of a private cyto-technologist contracted and improvement to the transporting of samples.	Results now being received within 3-4 weeks after procedures	
<b>Weak and inadequate cold chain management</b>	Procurement of refrigerators, igloos and thermometers	Improved cold chain management resulting in improved storage of vaccines and other medications	
<b>Inadequate monitoring and reporting system for infection control; variance to established protocols and procedures</b>	Quality Assurance Committees re-established at all hospitals  Regional Quality Assurance Committee established and meets monthly  Quality Care Audit conducted at A&E Departments in three hospitals (ABH, SABRH & PAH)	Employment of a Medical Doctor as the Regional Quality Control Officer  Improved performance as per established guidelines	Continued monitoring and evaluation by technical team
<b>Improper storage and management of pharmaceuticals and pharmacies – primary and secondary care facilities</b>	Audits conducted and improvements made. Software upgrades, procurement of hardware; insurance machines procured and installed; improved human resources through employment of pharmacists and pharmacy technicians; air condition units replaced or repaired.	Most facilities equipped with insurance swipe machines, computer hardware and software. Improved service to clients. Improved environment for staff	Continued attempt being made to recruit pharmacists

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<b>TECHNICAL</b>			
<b>Weaknesses identified with the management of medical health records; possible compromise of patient confidentiality and discomfort experienced by staff based on inadequate work space</b>	Audits conducted. Procedures and protocols to maintain patients information confidentiality strengthened.	Closer monitoring and evaluation of procures and guidelines within the medical records departments. Incremental improvements being made to alleviate staff concerns	Continued incremental increases in ensuring adequate working environment for staff.
<b>Stakeholders' and communities expressed dissatisfaction with the level of vector control activities and mitigating exercises being conducted by the region</b>	TEF response to vector control management of Chik V, ZIKA Virus and Ebola sensitization seminars for stakeholders	Procurement of additional fogging machines, chemicals, PPEs; Repairs and maintenance of vector control vehicles; employment of additional temporary staff carry out vector control activities across all parishes in the region.	To maintain the relationship with the TEF to ensure continuity of financial support through implementation of approved activities and prudent fiscal management of funds.
<b>OPERATIONS &amp; MAINTENANCE</b>			
<b>Aged and non-functional sewage treatment plants at SABRH, ABH and Highgate Health Centre</b>	New non-mechanized plant at Fellowship Health Centre, Portland Improvements works done to the plant infrastructure and purchase of new pumps and aerators at SABRH, ABH and Highgate Health Centre	More functional sewage plants, reduction of negative environmental impacts to communities and environs	Two new sewage plants to be implemented at the SABRH & ABH. Both at an advanced stage of the design process
<b>No service contracts in place for critical medical and other equipment, resulting in down time and poor performance of equipment</b>	Critical Equipment repaired to meet acceptable minimal standards and placed on service contracts and preventative maintenance programmes	Improved performance of critical equipment resulting minimizing wait time for patients	Obsolete equipment being replaced on a planned and phased basis
<b>Inadequate and non-functioning air condition units at health care facilities across the region</b>	Central procurement of inverter type/energy saving air condition units for identified facilities across the region	Since April 2015, approximately 55 air-conditioning unit of varying sizes procured and installed at facilities across the region	Further units to be procured in at the beginning of the 4 <sup>th</sup> quarter

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<p><b>Sustained complaints regarding inadequate seating and ambiance at the A&amp;E/OPD Dept SABRH</b></p>	<p>Procurement and installation of 108 waiting area chairs in OPD; additional wall mounted fans procured; digital signage and information board installed; major renovations to the clients' bathrooms completed.</p>	<p>Improved aesthetics and enhanced comfort for staff and patients</p>	<p>Approval Installation of a central air-condition unit at the OPD</p>
<p><b>Complaints regarding malfunctioning operating theatre lights at the PAH &amp; SABRH</b></p>	<p>New Surgical lights procured and installed at the SABRH &amp; PAH</p>		
<p><b>Absence of and irreparable equipment across primary &amp; secondary care facilities</b></p>	<p>Some Equipment procured and installed at a cost of \$4.2M for secondary care facilities</p> <p>Procurement of \$6M parts to repair dental equipment across the region initiated in 2015 Sept.</p> <p>Procurement of \$6M worth of primary care equipment initiated in 2015 Sept.</p> <p>Procurement of equipment for Nurseries initiated since 2015 August</p>		<p>Further procurement of equipment for primary and secondary care facilities to be continued in the 3<sup>rd</sup> &amp; 4<sup>th</sup> quarter.</p>
<p><b>Maintenance issues identified at the Claremont Centre of Excellence</b></p>	<p>Minor works contract initiated and work has commenced.</p> <p>Procurement of 100 waiting area chairs initiated</p> <p>Disposal Bins procured and delivered to facility for use</p>	<p>Administrator redeployed to the Centre of Excellence to provided daily management and supervision</p>	

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<p><b>Complaints and negative press regarding conditions of the Port Maria Health Centre</b></p>	<p>Building from which the services were being carried out has been vacated.</p>	<p>Services being carried out from other spaces on the grounds of the Port Maria Hospital</p> <p>Food for the Poor has agreed to erect a temporary building to facilitate continuation of services of the Health Centre</p> <p>Contract for foundation Works being prepared by procurement department</p>	<p>Project development funding for permanent structure to house the Port Maria Health Centre and St Mary Health Department approved by NHF</p>
<p><b>Autoclaves received for ABH &amp; PAH not installed. Current autoclaves malfunctioning and obsolete</b></p>	<p>Direct Contracting/emergency procurement initiated for the installation of the two autoclaves, including civil works</p>	<p>Autoclave at PAH temporarily installed in the OT</p> <p>Sterilization for ABH being facilitated at SABRH, PAH &amp; PMH</p>	
<p><b>A&amp;E overflow ward at SABRH needs piped medical gases at each bed; minor civil works renovation and improved electricity</b></p>	<p>Direct contracting procurement procedure implemented for minor civil works and electricity components; selective tendering initiated for piped medical gases to beds.</p>		
<p><b>Poor infrastructure and lack of maintenance of staff quarters at SABRH, ABH and PAH</b></p>	<p>Renovations of staff quarters at the three facilities scoped</p>	<p>Tender submissions evaluated and awaiting decision of procurement committee</p>	

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<b>CAPITAL 'A' PROJECTS</b>			
<b>ISSUES/CHALLENGES</b>	<b>ACTIONS TAKEN</b>	<b>CURRENT STATUS</b>	<b>FURTHER ACTION</b>
<b>To implement a Centre of Excellence in Primary Care across each region</b>	Claremont Centre of Excellence constructed and opened in 2014	Facility operational and staffed	
<b>Obsolete laundry equipment across hospitals in the region.</b>	Procurement and installation of laundry equipment (washing machines dryers) at all four hospitals	Improved laundry facilities at each hospital  Equipment to be placed on service contract. Quotation received and being evaluated for processing in the procurement department	
<b>Need for more bed spaces at the SABRH</b>	New Female Medical Ward (46 beds) completed	Fully equipped and operational since 2014	
<b>Obsolete Anaesthetic Machines at the ABH &amp; PAH</b>	New machines procured	Awaiting delivery from supplier	Service contract to be initiated upon receipt and commissioning of equipment
<b>Dilapidated building and poor working conditions at the Exchange Health Centre</b>	New Health Centre completed	Operational since 2015 April and now fully equipped and staffed	
<b>Obsolete X-Ray Machine at the SABRH resulting in frequent down time and delays in patient care</b>	New fluoroscopy machine procured, installed and commissioned	Operational sine 2015 April	Service contract being negotiated with supplier
<b>Minor operating procedures to be undertaken in an operating theatre being done at the A&amp;E Department PMH</b>	New operating theatre completed and equipped in 2014 Nov.	Minor Operating procedures being carried under controlled and sterile conditions in the operating theatre	
<b>Lack of critical equipment at the PAH</b>	Procurement of equipment valued at approx \$21M done	Most equipment received, commissioned and in use	Awaiting delivery of two (2) equipment
<b>Lack of central air-conditioning at the OT, Laboratory &amp; A&amp;E , PAH</b>	Central air units procured and installed at all three areas	Units at Laboratory fully functional.  Split units in place a the OT & A&E pending commissioning of central air unit	Awaiting commissioning of units for A&E and OT
<b>Electricity at the PAH below the required levels to facilitate smooth operational flow</b>	Project submission to NHF for funding to facility electrical upgrade	Funding approved by NHF in 2015 October	Emergency procurement initiated

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<b>Poor infrastructure at some critical primary care facilities across the region</b>	Funding approval received to renovate the Belfield Health Centre in St Mary and the Manchioneal Health Centre, Portland	Contracts being prepared	
<b>Robberies, encroachment and weakened security at the ABH because of the absence of a proper boundary fencing</b>	Funding to construct boundary wall and security post sought and approved by NHF	Emergency procurement initiated. Contract signing and ground breaking expected for 2015 Nov 13	
<b>Need for a Comprehensive Health Centre/Centre of Excellence in Runaway Bay</b>	Project development sought and approved by the NHF	Near completion of project development	To request construction and equipment funding from the NHF
<b>Poor Aesthetics at the PAH owing to the need to repaint the hospital and do needed repairs</b>	Painting of the hospital completed, as well as minor repairs to the facility	<b>Poor Aesthetics at the PAH owing to the need to repaint the hospital and do needed repairs</b>	Painting of the hospital completed, as well as minor repairs to the facility
<b>OTHER INITIATIVES</b>			
<b>ISSUES/CHALLENGES</b>	<b>ACTIONS TAKEN</b>	<b>CURRENT STATUS</b>	<b>FURTHER ACTION</b>
<b>Need to strengthen operations in the Procurement, Operations &amp; Maintenance, MIS, Finance &amp; Technical Departments to improve efficiencies and effectiveness</b>	Submissions made and approved by the Board of Management in 2014	All departments listed have been improved by way of restructuring exercises, staff recruitment and redeployment and equipment procurement	To continue to review these and other departments for similar interventions

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<b>RHA AUDIT CONFORMANCE RESPONSE- ANNOTTO BAY HOSPITAL</b>				
<b>HEALTH FACILITY &amp; SERVICE DELIVERY AREA</b>	<b>NON-CONFORMANCE</b>	<b>RECOMMENDED / PROPOSED CORRECTIVE ACTIONS</b>	<b>TIMELINES</b>	<b>STATUS</b>
All Service Areas	Manuals were not present on all wards inspected.	Supply all wards the relevant manuals		2014 version of Infection Control manuals on all wards.
Infection Control Committee	No committee was present of the time of audit	Communicate the necessity of an active committee at each facility		Infection control committee has been formed, last meeting was held on October 27, 2015.
Infection Control Committee	No Committee was in place hence, non-conformance in having a medical officer chairing the committee	All functioning Infection Control Committees were chaired by a Medical Officer		A medical doctor now heads the Infection Control Committee.
Infection Control Committee	There was not consistent scheduling of training programmes across the region	Streamline training is needed across all facilities to ensure conformity to required standards		All nursing personnel are being trained (RN, EAN, PCA, PA) on orientation. Plans are afoot to have all categories trained through the various departmental meetings by the Infection Control Nurse
Hand-washing	Soap and hand drying apparatus were not present at all hand wash stations.	Place paper towels and soap at all functioning hand wash basins where appropriate		A wash hand basin has been installed in the delivery room
Sharps collection, storage and Disposition	Some sharps boxes were 75% or more filled in certain areas but were still being used.	Signs needed to inform staff as to when to stop adding sharps to containers		Infection Control nurse does the inspection to maintain compliance
Cleaning and decontamination of instruments	Staff were not informed as to the proper procedures for			Instruments were bought. Infection control nurse

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	decontamination of equipment			conducted training for all staff. Training is ongoing.
Cleaning Procedure for department/ward	Cleaning schedules were known by staff but no documented evidence of same excepting ABH	Cleaning schedules to be formally written for all MONIA areas with completion of assigned tasks being documented.		There is a formal cleaning schedule for all areas.
General cleanliness of facility	Bathrooms demonstrated general cleanliness	Scheduled maintenance activities to all bathrooms		Cleaning schedule is extended to staff and patients bathroom.
Isolation Area	Not all facilities inspected had signs for clear identification of the isolation areas.	Plans be put in place to identify an area at the ABH to be dedicated as an isolation area/room		The Child Guidance department is the area used for patient isolation.
Microbial counts				Microbial counts were done at Maternity and Paediatric ward since September 2015
Critical Equipment				Annotto Bay Hospital has an ECG machine. ECG for patients is done prior to surgery.
				Both paediatric and adult scales are at the Accident & Emergency department.
Repair parts (Autoclave)				New machine to be installed.
Cardio Cap 5				Two functioning machines at operating theatre
Defibrillators				Defibrillators are at A&E, Operating theatre and the medical floor



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Incubators				There are three functional incubators at the Paediatric ward.
Ultrasound				There is currently an ultrasound machine at A&E that is being used also by Obstetrics & Gynecology department
Ventilators				There are three (3) ventilators available for use at Operating Theatre
Vital Signs Monitor				We have recently received two vital signs monitors.
Record keeping system of Pharmaceuticals				Pharmacy personnel does checks with wards to ascertain stock levels and redistribute to other areas if there are needs/shortages

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<b>1. A System is in place to implement, monitor and evaluate infection prevention and control.</b>				
<p>Indicator 1:</p> <p>The health facilities Infection Control Policies and procedures manual is available on each ward.</p>	Infection control manuals were not up-to-date	Put in place up-to-date manuals.	1 month	Printed and placed in MONIA areas. (completed).
<p>Indicator 2:</p> <p>There is an Infection control Committee with a compliment of administrative, nursing staff, laboratory, dietetic, pharmaceutical, housekeeping and laundry staff, central sterilization/supply personnel, public health nurse/inspector, physicians.</p>				Our committee continues to be active and we have our on-going training programs.
<p>Indicator 3:</p> <p>A Medical Officer Administers the Infection Control Committee.</p>				A Medical Officer continues to Chair the infection control committee meetings.
<p>Indicator 4:</p> <p>Functions of Infection Control Committee with respect to hand washing, ongoing training programmes universal precautions, handling of sharps and cleaning of equipment.</p>	No consistent scheduling of training programmes across the region.	Work in collaboration with the Health Education Team to do scheduled training and re-training to accommodate all categories of staff at the facility.	Six Months	Started
<b>2. Adequate equipment</b>				

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<b>and supplies for hand washing exists</b>				
Indicator 1:  Hand Washing Reminders are displayed over wash basins on the ward and treatment rooms.				We will continue to display hand washing signs and reminders and replace damaged signs on a timely basis.
Indicator 2:  Critical areas have equipment and supplies such as running water, soap/soap dispensers, paper towel/hand dryer, step on bins 1:10 number of hand basins to beds based on standards.	Fungal Growth around hand wash basin in the Accident and emergency area.  Step on Bins were not present at all hand washing basins. Hand Soap dispensers, and Paper Towel Dispensers and Paper Towel	Area has been cleaned and sanitized.  Bins were since procured (10) for some areas. Hand Soap Dispensers, Paper Towel Dispensers and Paper Towels are all in place at the facility	Immediately  Three (3) Months  1 Week	Scheduled cleaning of area was reinforced and is on-going.  Will be continuing the process.  Constant monitoring of items.
<b>3. An Adequate system in place for the Management of Health Facility Waste</b>				
Indicator 1: Needles are left uncapped and sharps are appropriately collected, stored and disposed of.				We will continue to train and monitor disposal of same.
Indicator 2: Medical waste is handled with gloves and placed in small waste receptacle lined with yellow or red plastic bags which are removed and tied when 2/3 full.				Continue to procure and ensure that there is a constant supply of red bags, and continue to educate staff on proper usage.
Indicator 3:				

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Soiled linen is handled as little as possible done in industrial gloves and aprons, placed in clean plastic bags and tied when ¾ full.	Out of stock on Industrial Gloves and Aprons	In the process of procuring the Industrial Gloves and Aprons	Three (3) months	Process started.
Indicator 4:  Kitchen and regular waste are collected in black plastic bags and placed in regular waste bins awaiting daily disposal	Use of Incorrect bins and plastic bags in the various MONIA areas at the facility.	The re-assignment of bins to the appropriate areas.	1 Week	Will continue to monitor and educate staff to ensure bins are used in the proper way.
<b>4. There are adequate procedures for the cleaning and decontamination of instruments:</b>				
Indicator 1:  Soiled instruments are kept in a dedicated area, appropriately decontaminated by staff who are aware of the proper decontamination procedure (10 minutes soak, wash and rinse)	Staff were not properly informed as to the proper procedures for decontamination of equipment.	Training of Staff in proper procedures for decontamination of equipment and the procurement of equipment that were needed was done.	Three (3) Months	On-going Training of staff and assessment of equipment needs and procurement is done as necessary.
<b>5. Appropriate cleaning procedure for each department or ward exist.</b>				
Indicator 1:  Cleaning schedules are present with staff being trained as to proper cleaning techniques via orientation and in-service education; proper post patient discharge cleaning procedures are practiced with staff not being rotated.	No documented evidence of cleaning schedules for staff was seen. Even though cleaning schedule were known by staff.	Cleaning schedules were posted, and meetings were held with staff to re-enforce the information. The Supervisors were re-educated on the importance of documentation on the completion of assigned task and checklist done on a daily basis.	One (1) month	On-going
<b>6. There is a procedure for maintaining the</b>				

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<b>general cleanliness of the Health facility exist</b>				
Indicator 1:  Patients' and health provider's bathroom clean; ward, medication, sluice and dressing room are clean.	There was a general absence of hand wash signs in bathroom.  Bathrooms were in need of minor repairs and more frequent routine inspection by cleaning staff  Soap and hand drying apparatus were generally absent from patients bathrooms	Signs were re-printed and installed.  Repairs have started but incomplete. Supervisors reminded of the need to do spot checks of the MONIA areas during the course of the day.  Designate an area for the dispensing of toiletries for clients (if left in bathroom removed by clients) and constantly refill soap dispenser.	One (1) month.  Immediately	Started  On-going
<b>7. There is a procedure in place for isolation.</b>				
Indicator 1:  Isolation area is clearly identified with signs and there is a system in place for patients, relatives and staff to be educated as to the illness and the precautionary measures to be observed.				We will continue to provide information and have dialogue with our clients and their relatives.
<b>Additional Findings</b>				
The last swabbing done at the Port Maria Hospital was on August 18, 2015 and based on the findings the Operating Theatre was closed and thoroughly cleaned and some major cleaning done, the facility was visited by the epidemiology unit from the				

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Region prior to the cleaning. We are currently awaiting the epidemiology unit from the region to do a further inspection as they had informed us that they would return. The next step would be to do another swabbing of the MONIA areas for re-testing.				
The blocks in the roof of the Port Maria Hospital Accident and Emergency department were missing and sewage pipes were exposed by some.		These blocks in the roof were covered.		

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1.Infection Control Policy manual available to be on each ward				Updated Infection Control manual now present on every ward
2.Infection Control Committee should have representatives from various departments				Infection Control Committee in place and meets 3 <sup>rd</sup> Friday of each month. Representatives from various departments on committee.
3.A medical officer administers the IC programme				A medical doctor, supported by an Infection Prevention and Control Nurse administer the Infection Prevention and Control Programme
4.Functions of the IC committee with respect to ongoing training programmes are executed				Ongoing training programmes. <ul style="list-style-type: none"> <li>• August 27 - Lecture on Universal Precautions were conducted and 26 staff trained.</li> <li>• Infection Control Workshops held October 5 – 9 where 98 staff were trained. <ul style="list-style-type: none"> <li>○ Topics covered included: hand hygiene, handling/disposal of sharps, needle stick injuries, safe disposal of waste and linen, cleaning of the environment, management of spills, preparation of patient and surgeon for surgery, prophylactic antibiotics. Further</li> </ul> </li> </ul>

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				training continues.
5. Hand washing reminders should be displayed over wash basins on the ward				Hand washing reminders are now present over wash basins on the wards
6. Critical areas should have equipment and supplies such as running water, soap, paper towel, step on bins		Request for hand dryers sent to Procurement Manager.		Hand wash basins, soap, paper towels in place. Some areas requesting more hand towels. Electric hand dryers to be procured to augment paper towels.
6. Needles should be left uncapped, and sharps are appropriately collected				Schedule of sharps collection in place to prevent overloading of sharp boxes. Training done in handling of sharps.
7. Medical waste should be handled with gloves, and placed in small waste receptacles lined with red bags				Dedicated bins in place for medical waste including nursery. Biohazard bags ordered monthly. Staff re-trained during recent workshop, on usage of appropriate bags and disposal of waste. Training to continue.
8. Soiled linen should be handled as little as possible, donning industrial gloves and aprons		Industrial gloves and disposable aprons being sourced by Purchasing Officer.	To be in place by end of November	Industrial gloves and disposable aprons being sourced by Purchasing Officer. Staff educated regarding protocols for transporting soiled lined during workshops. Training to continue.
9. Kitchen and regular waste should be collected in black plastic bags				Waste collected daily, Regular waste collected before medical waste. Grounds man on duty up to 10 pm to



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				remove waste.
10. Soiled instruments should be kept in a dedicated area, appropriately decontaminated by staff				Staff training in proper procedures for decontamination to continue.
11. Cleaning schedules should be present with staff being trained in proper cleaning techniques				Cleaning schedules now in print and placed on wards. Training of staff to continue.
12. Patients and health providers bathrooms should be clean		Hand wash area be dedicated for visitors to HDU	To be in place by end of November	Signs in place encouraging proper hygienic practices. Renovation done to patients bathrooms at OPD
13. Nursery				Stricter enforcement of proper practices at Nursery, for staff and visitors. Additional infant warmer in place.