



October 2017



tour TS

Health Facility Utilization - 2017

> Surgeries in Public Hospitals

Vitals: A Quarterly Report of the Ministry of Health Ministry of Health, Jamaica 2017

Short extracts from this publication may be copied or reproduced for individual use, without permission, provided the source is fully acknowledged. Reproduction that is more extensive or storage in a retrieval system, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, requires the permission of the Ministry of Health.



Printed in Jamaica by Jamaica Information Service 58A Half Way Tree Road, Kingston 10

TABLE OF CONTENTS

Editorial	4
Health Statistics at a Glance	5
Surgeries in Public Hospitals	6
Overview	6
Major and Minor Surgeries	7
Surgeries by Sub-Specialty	8
Emergency Surgeries as a Percentage of Total Surgeries	9
Public Private Mix	10
Summary Matrix of Surgeries in Public Hospitals	11
Health Facility Utilization	12
Health Centre Utilization	13
Hospital Utilization	14
Visits to Specialty Outpatient Departments	15
Hospital Admissions	16
Average Hospital Length of Stay	17
Diagnostics	18
Births, Stillbirths & Neonatal Deaths	19
Notifiable Diseases and Health Events	21
Health Sector Complaints	23

EDITORIAL



Welcome back to Vitals: A Quarterly Statistical Report of the Ministry of Health. Vitals provides information on health trends and health statistics in Jamaica.

This, our second issue, is a continued demonstration of our commitment to good governance as we model transparency in reporting on patient outcomes and the feedback on clients' experiences and their level of customer satisfaction with the services provided. The data, over time, will demonstrate our commitment to improving our services, providing redress, and further, to allow our clients to hold us accountable.

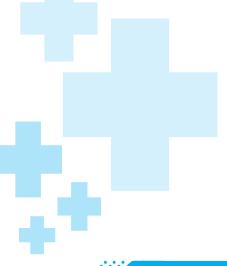
This publication presents a special feature on surgeries performed in public hospitals for the reference period, January to March 2017. Of significant note is the fact that some 40% of surgical operations performed represent emergency surgeries, many of which are related to trauma resulting from vehicle crashes, stabbing and gunshot wounds. The high cost associated with treatment of trauma patients and the implications of delays or cancellation for patients awaiting elective surgery make the issue of violence and trauma a public health priority for the Ministry, for which a multi-sectoral approach is indicated. The number of private surgeries performed in public hospitals is being monitored for compliance with the Private Practice Privilege policy which makes allowance for consultant surgeons employed to the Ministry to perform 1 private case for every 3 public cases performed. The proportion of surgeries done privately in each of the reporting hospitals was in-keeping with the 25% permitted.

Readers will find the 22% percent reduction in live births (compared to similar period in 2016) an interesting observation, particularly when viewed against the background of the Zika outbreak and the encouragement to families to delay pregnancies.

The report makes for more than informative reading; it gives insight into the magnitude of service demand in relation to the resources available; for example, in some instances, the admissions exceed the bed complement. Such data justifies the strategic direction being taken by the Ministry towards expanding the infrastructure while promoting the more sustainable and cost-effective approach of disease prevention.

We commend the efforts of those who have compiled and presented this excellent report which supports the evidence-based approach to our dialogues with stakeholders, and to our planning as a Ministry.

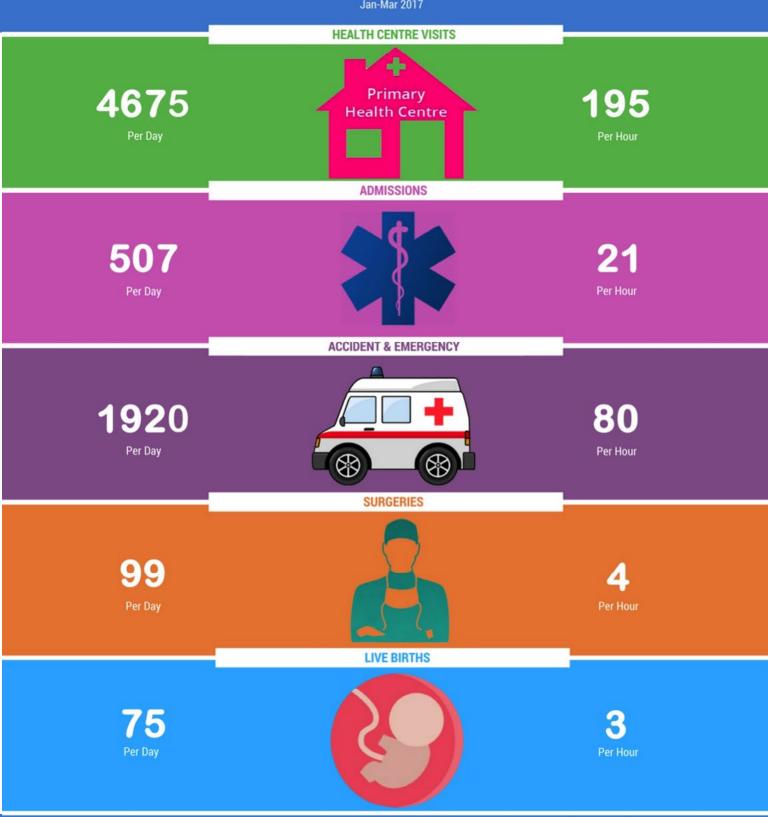
Dr. the Hon. Christopher Tufton, MP Minister of Health



MINISTRY OF HEALTH

HEALTH STATISTICS AT A GLANCE

The data displayed below reflects the performance of all public hospitals and health centres in the island of Jamaica from the months of Jan-Mar 2017



SURGERIES IN PUBLIC HOSPITALS Overview

This quarterly report integrates a special feature on Surgeries in Public Hospitals and presents comparative data for January to March 2016 and 2017.

Surgeries, including major, minor, emergencies and elective surgeries, are conducted in 17 of 24 hospitals.

In general, there has been an increase of 4% in the number of surgeries from 2016 to 2017 for the months under review, with major and elective surgeries accounting for 9% and 6% respectively. There was a decrease of 5% for minor surgeries.





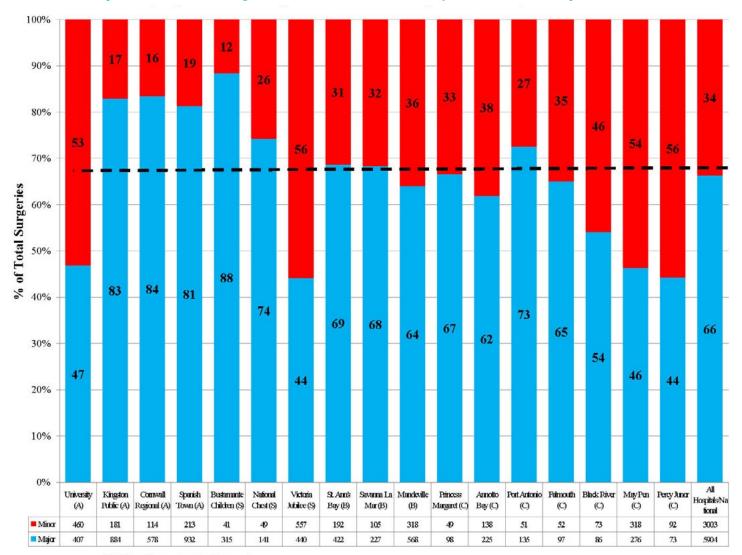
Major & Minor Surgeries - Jan to March 2017

A total of 8,907 surgeries were conducted in government hospitals between January and March 2017, of which over five thousand (5.904) were major surgeries (66%) and 3.003 were minor surgeries (34%). There were 12.271 surgical admissions to public hospitals representing approximately 27% of total admissions (45,673).

The greatest number of major surgeries were performed at the Spanish Town Hospital (932), followed by the Kingston Public Hospital (884), the Cornwall Regional Hospital (578), Mandeville Regional Hospital (568) and Victoria Jubilee Hospital (440). However, the greatest proportion of major surgeries were carried out at the Bustamante Hospital for Children.

The highest numbers of minor surgeries were performed at the Victoria Jubilee Hospital (557) followed by the Cornwall Regional (460), Mandeville Regional (318), May Pen (318) and Spanish Town Hospitals (213).

Total, Major and Minor Surgeries in Government Hospitals for January to March 2017



% Major Surgeries of all Surgeries

NB: Bellevue, Linstead, Port Maria, Noel Holmes, Mona Rehabilitation, Hope Institute and Lionel Town hospitals were removed from the graph as no surgeries were performed during January to March 2017 at these facilities.

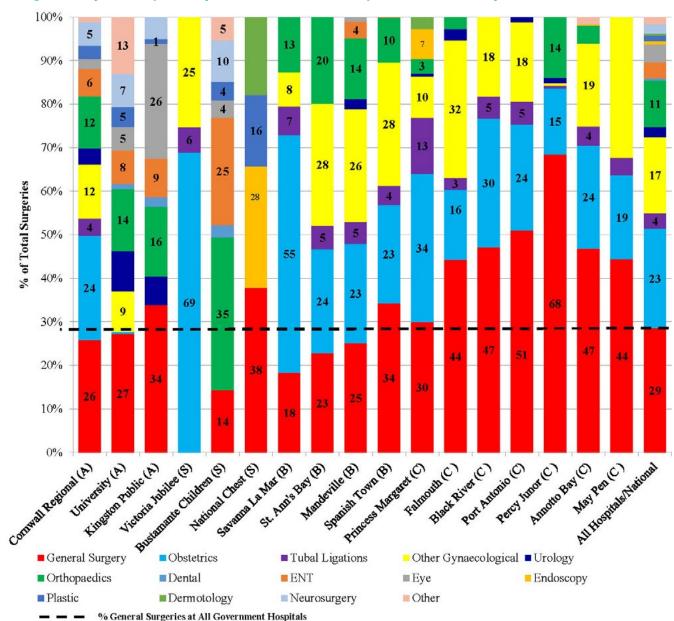
Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

Surgeries by Sub-Specialty - Jan to March 2017

Of the 8,907 surgeries that were conducted in government hospitals between January and March 2017, the majority were categorized as General Surgeries (29%), Obstetrics (23%) and Other Gynaecological surgeries (17%).

Type A hospitals in general perform a smaller proportion of General Surgeries than Types B and C hospitals. Resources allow Type A hospitals to perform specialized surgeries such as Neurosurgery, Dermatology, Plastic, and Dental/Faciomaxillary, among others. Type C hospitals accounted for the majority of the General Surgeries (33%).

Surgeries by Sub-Specialty in Government Hospitals for January to March 2017



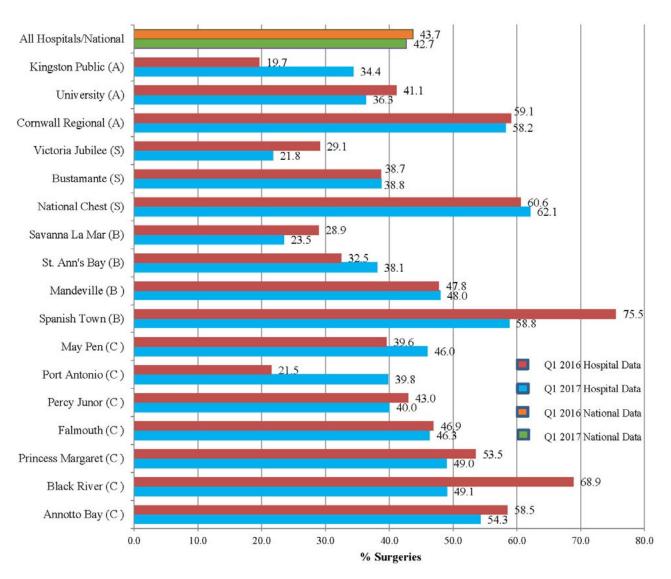
NB: Linstead, Port Maria, Bellevue, Noel Holmes, Mona Rehabilitation, Hope Institute and Lionel Town hospitals were removed from the graph as no surgeries were performed during Q1 2017
Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

Emergency Surgeries as a Percentage of Total Surgeries - Jan to March 2017

Emergency surgeries are unplanned and unlisted operations carried out as an emergency. Approximately 43% of all surgeries conducted in public hospitals for the period January to March 2017 were emergency surgeries. In 2017 there were 3,796 emergency surgeries done, which was 1% greater than the number performed in 2016 (3,748). However, there were proportionally less emergency surgeries in 2017 (42.7%) in comparison to 2016 (43.7%).

The National Chest Hospital performed the highest number of emergency surgeries (62%), followed by Spanish Town (59%) and Annotto Bay (54%) hospitals. This is in comparison to 2016 when Spanish Town performed the highest number of emergency surgeries (76%), followed by Black River (69%) and National Chest Hospital (61%).

Emergency Surgeries as a Proportion of Total Surgeries within Government Hospitals Jan to Mar 2016 & 2017



NB. Bellevue, Mona Rehabilitation, Hope Institute, Linstead, Port Maria, Noel Holmes and Lionel Town hospitals were removed from the graph as no surgeries were performed for the periods under comparison

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica.

9

Public Private Mix - Jan to March 2017

Nine (9) of the 17 hospitals where surgeries are performed reported the number of private surgeries that were conducted. Among these, five hospitals (Kingston Public, Victoria Jubilee, National Chest, Bustamante and Spanish Town) reported that no private surgeries were done.

The University Hospital of the West Indies had the greatest proportion of private surgeries, and these were done at the Tony Thwaites Wing.

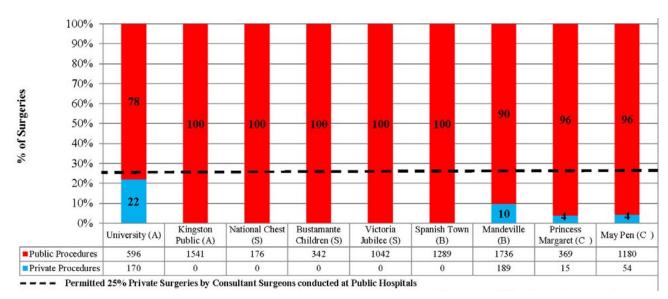
Consultant surgeons are permitted to perform one private surgery to every three public surgeries. All hospitals were compliant with this policy.

Data was provided from special reports from hospitals, however, the procedure for documentation and reporting may differ between hospitals.

Name of Facility			Public s Procedure	Total s Procedures	Private Procedures as a % of Total Procedures	Public Procedures as a % of Total Procedures	
University	А	170	596	766	22	78	
Kingston Public	A	0	1541	1541	0	100.0	
Cornwall Regional	Α			NO REPO	ORT		
National Chest	S	0	176	176	0	100	
Victoria Jubilee	S	0	1042	1042	0	100	
Bustamante Children	S	0	342	342	0	100	
Spanish Town	В	0	1289	1289	0	100	
Mandeville	В	189	1736	1925	10	90	
St. Ann's Bay	В		V-	NO REPO	ORT		
Savanna La Mar	В			NO REPO	ORT		
Princess Margaret	С	15	369	384	4	96	
May Pen	С	54	1180	1234	4	96	
Annotto Bay	С			NO REPO	ORT		
Port Antonio	С			NO REPO	ORT		
Falmouth	С			NO REPO	ORT		
Black River	С		NO REPORT				
Percy Junor	С			NO REPO	ORT		

^{*} Private Surgeries were received from Public Hospitals. No surgeries were conducted at Bellevue, Linstead, Port Maria, Noel Holmes, Mona Rehabilitation, Hope Institute and Lionel Town. Source: Special Hospital Reports. Ministry of Health. Jamaica

Total, Public and Private Surgical Procedures in Government Hospitals for January to May, 2017



NB: Bellevue, Linstead, Port Maria, Noel Holmes, Mona Rehabilitation, Hope Institute and Lionel Town hospitals were removed from the graph as no surgeries were performed during January to March 2017 at these facilities. University Hospital Data for February 2017. Mandeville Data for January to May 2017. Source: Special Hospital Reports. Ministry of Health. Jamaica

Summary Matrix of Surgeries in Public Hospitals -Jan to March 2017

One (1) of twenty-four (24) hospitals reported conducting major, minor, emergency and elective surgeries. Spanish Town Hospital performed the highest number of surgeries (1,145), as well as the highest number of major (932) and emergency surgeries (673).

The second highest number of surgeries were conducted at the Kingston Public Hospital (1,065), where the highest bed complement (505), number of general admissions (6,845) and the most surgical admissions (3,173) were also noted. The highest number of minor surgeries (557) and elective surgeries (780) were performed at the Victoria Jubilee Hospital. Mandeville Hospital performed the most public surgeries (1,736) as well as the most private surgeries (189).

Total, Public and Private Surgical Procedures in Government Hospitals for January to May, 2017

Hospital/Facility	Hospital type	Bed Complement	Admissions	Surgical Admissions	Surgical Admissions as a proportion of Total Admissions	Total Surgeries	Major Surgeries	Minor Surgeries	Emergency Surgeries	Emergency Surgeries as a proportion of total surgeries	Elective Surgeries	Private Surgeries	Public Surgeries	% Private Surgeries	% Public Surgeries
University	A	439	3677	1419	39	867	407	460	315	36	552	170	596	22	78
Kingston Public	A	505	6845	3173	46	1065	884	181	366	34	699	0	1541	0	100
Cornwall Regional	A	398	3907	867	22	692	578	114	403	58	289	NO REPO	ORT PROV	IDED BY F	ACILITY
Bustamante Children	S	307	2677	N/A	N/A	356	315	41	138	39	218	0	342	0	100
National Chest	S	100	190	125	66	190	141	49	118	62	72	0	176	0	100
Victoria Jubilee	S	243	3345	527	16	997	440	557	217	22	780	0	1042	0	100
Spanish Town	В	432	4043	957	24	1145	932	213	673	59	472	0	1289	0	100
St. Ann's Bay	В	262	4109	1048	26	614	422	192	234	38	380	NO REPO	ORT PROV	IDED BY F	ACILITY
Savanna La Mar	В	164	2105	467	22	332	227	105	78	23	254	NO REPO	ORT PROV	IDED BY F	ACILITY
Mandeville	В	226	3006	980	33	886	568	318	425	48	461	189	1736	10	90
Princess Margaret	C	128	983	188	19	147	98	49	72	49	75	15	369	4	96
Annotto Bay	С	120	1816	562	31	363	225	138	197	54	166	NO REPO	ORT PROV	IDED BY F	ACILITY
Port Antonio	C	107	1091	333	31	186	135	51	74	40	112	NO REPO	ORT PROV	IDED BY F	ACILITY
Falmouth	C	95	863	223	26	149	97	52	69	46	80	NO REPO	ORT PROV	IDED BY F	ACILITY
Black River	C	150	1707	390	23	159	86	73	78	49	81	NO REPORT PROVIDED BY FACILITY			
May Pen	C	158	2501	666	27	594	276	318	273	46	321	54	1180	4	96
Percy Junor	C	128	1045	309	30	165	73	92	66	40	99	NO REPO	ORT PROV	IDED BY F	ACILITY

NB: No surgeries were performed at Bellevue, Linstead, Port Maria, Noel Holmes, Mona Rehabilitation, Hope Institute and Lionel Town hospitals during January to March 2017. Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

HEALTH FACILITY UTILIZATION

Jan to March 2017

There were **764,945** visits made to public health facilities between January and March 2017, which was 6% greater than the number recorded for the same period in 2016. These visits were broken down as follows:

- 420,768 to public health centres. This was an 8% increase when compared to the number of visits made in the same period in 2016.
- 172,787 to the Accident and Emergency (A&E)/Casualty department (Cornwall Regional Hospital data for January 2017 was not available). This was a 2% decrease when compared to the same period in 2016 (Cornwall Regional Hospital for January 2016 not included in the comparison).
- 171,390 to the hospital specialty outpatient department. This represented a 7% increase in visits compared to January to March 2016.

IMPACT OF TRAUMA, 2014

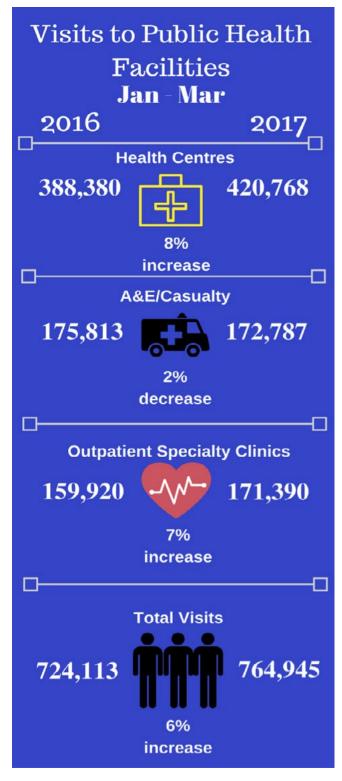
Road Traffic Crashes (RTC)

- Number of cases seen at A&E 12,708 o Mode of transportation (RTC):
 - cars 31%
 - motorbikes 15%
 - pedestrians 14%
 - other motor vehicles 13%.
- Direct Medical Cost JA\$ 1.4 Billion
 o Cost break down
 - consultations 25%
 - dressings & disposables 19%
 - convalescence 15%
 - hospital stay 13%
 - ICU costs 6%

Violence Related Injuries

- Number of cases seen 25,000
- Direct Medical Cost JA\$3.6 Billon
 - o ICU costs were responsible for 3% of the medical cost of violence related injuries.

Source: McCartney T, Ward E, Ashley D, Toppin J. Cost of Care Project. Data Mapping for UHWI and Six Other Hospitals. 2017. Violence Prevention Alliance. Kingston, Jamaica.



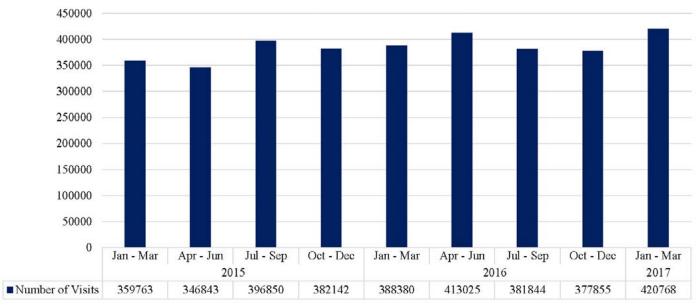
Data for Cornwall Regional Hospital for January 2016 & 2017 not included in the comparison of A&E visits.

HEALTH CENTRE UTILIZATION

Jan to March 2017

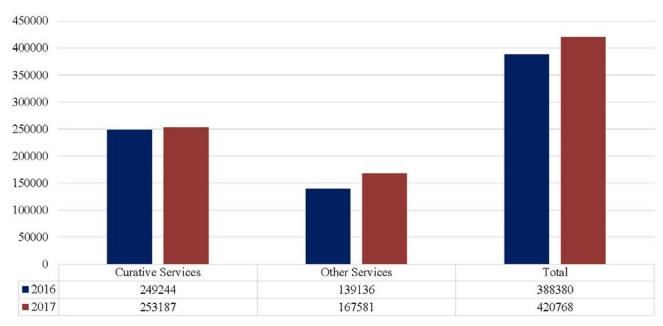
For the period January-March 2017, there were 420,768 visits to health centres. The number of visits for January to March 2017 was 8% greater than the same period of 2016. This number was higher than visits in other quarters for 2015 and 2016. All parishes saw an increase in Health Centre visits, except Kingston and St. Andrew and Clarendon.

Health Centre Visits for January - March 2015 to January - March 2017



Source: Data from the Monthly Clinic Summary Report, Ministry of Health, Jamaica

Health Centre visits by Curative and Other Services for January to March 2017



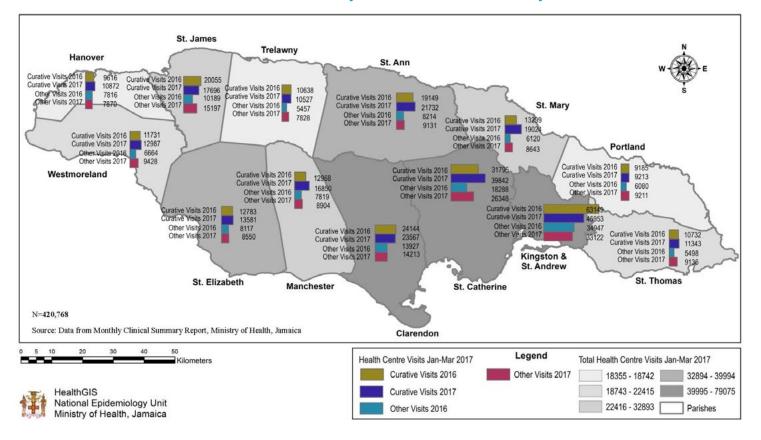
Source: Data from the Monthly Clinic Summary Report, Ministry of Health, Jamaica

HEALTH CENTRE UTILIZATION

Jan to March 2017

Curative services were provided by medical doctors and family nurse practitioners. These accounted for the majority of visits to health centres (253,187; 60%), representing a 2% increase in number of visits for the same period in 2016. An increase was seen in all parishes except Kingston and St. Andrew, St. James, Clarendon and Trelawny.

Health Centre Visits for January - March 2016 & January - March 2017



14

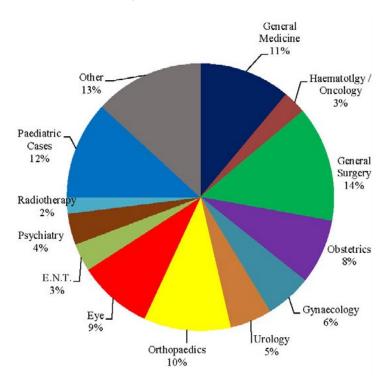
HEALTH CENTRE UTILIZATION

Visits to Specialty Outpatient Departments-Jan to March 2017

Hospital / Facility		No. of Visits			
riospitair/ ruenity	Type	Q1 2016	Q1 2017	Change	
Kingston Public	A	28695	39472	38	
University	A	21370	24337	14	
Cornwall Regional	Α	23084	14164	-39	
Hope Institute	S	0	0	N/A	
Mona Rehabilitation	S	195	335	72	
Bellevue	S	1580	2677	69	
National Chest	S	901	1483	65	
Bustamante Children	S	12845	12957	1	
Victoria Jubilee	S	7860	7558	-4	
Savanna La Mar	В	6133	7157	17	
Spanish Town	В	9777	11293	16	
St. Ann's Bay	В	9802	10498	7	
Mandeville	В	18521	18384	-1	
Linstead	С	0	0	N/A	
Noel Holmes	С	221	561	154	
Lionel Town	С	500	1026	105	
Princess Margaret	С	1606	1869	16	
May Pen	С	6107	6843	12	
Port Antonio	C	2410	2554	6	
Falmouth	С	1378	1443	5	
Annotto Bay	С	3537	3598	2	
Black River	C	2175	2047	-6	
Percy Junor	C	849	793	-7	
Port Maria	С	374	341	-9	
All Hospitals/ National	ALL	159,920	171,390	7.2	

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

Visits to Outpatient Departments by Specialty at All Government Hospitals for January to March 2017, Jamaica



Other includes: Cardiac, Neurology, Neurosurgery, Dermatology, Plastic, Speech Therapy, Dental/Faciomaxillary, Rehabilitation, Child Guidance, Other (unspecified)

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

Persons are referred to the Specialty Outpatient Department when specialized care is required. The letter designation of a hospital indicates the level of specialist care offered with Specialist (Type S) and Type A at the highest level, and Type C the lowest.

The greatest proportion of specialist visits were made to the following outpatient departments: General Surgery (23,925; 14%) followed by Paediatrics (20,243; 12%), General Medicine (18,969; 11%) and Orthopaedics (18,029; 10%). Kingston Public Hospital had the highest number of outpatient visits (39,472), followed by the University Hospital of the West Indies (24,337) and the Mandeville Regional Hospital (18,384). Outpatient department visits at the Kingston Public Hospital accounted for almost one quarter (23%) of visits across all hospitals, while visits at the top three hospitals accounted for approximately one half (48%) of all outpatient department visits.

The number of visits to the Cornwall Regional Hospital was 38.6% less than the same period in 2016. However other hospitals in the Western Regional Health Authority (Savanna-La-Mar and Falmouth, Noel Holmes) had an increase in visits ranging from 4.7% to 153.8%.

Lionel Town, Noel Holmes, National Chest, Princess Margaret and Bellevue are among hospitals that had undergone expansions to provide additional outpatient clinics which would increase the number of visits.

HOSPITAL UTILIZATION

Hospital Admissions - Jan to March 2017

Hospital / Facility	Hospital	No. of Ac	No. of Admissions				
	Type	Q1 2016	Q1 2017				
University	A	3326	3677	10.6			
Kingston Public	A	7138	6845	-4.1			
Cornwall Regional	A	4490	3907	-13.0			
Hope Institute	S	170	176	3.5			
Bellevue	S	232	222	-4.3			
National Chest	S	199	190	-4.5			
Bustamante Children	S	2817	2677	-5.0			
Mona Rehabilitation	S	92	82	-10.9			
Victoria Jubilee	S	4060	3345	-17.6			
Savanna La Mar	В	2154	2105	-2.3			
Mandeville	В	3230	3006	-6.9			
St. Ann's Bay	В	4762	4109	-13.7			
Spanish Town	В	4728	4043	-14.5			
Noel Holmes	С	407	436	7.1			
Annotto Bay	С	1818	1816	-0.1			
Falmouth	С	878	863	-1.7			
Port Antonio	С	1110	1091	-1.7			
Lionel Town	С	262	257	-1.9			
Black River	С	1770	1707	-3.6			
Princess Margaret	С	1051	983	-6.5			
May Pen	С	2733	2501	-8.5			
Port Maria	С	498	453	-9.0			
Linstead	С	154	137	-11.0			
Percy Junor	С	1235	1045	-15.4			
All Hospitals/National		49,314	45,673	-7.4			

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

The total number of admissions that occurred in public hospitals between January and March, 2017 was 45,673. This was 7% less than the number which occurred during the same period in 2016 (49,314).

- Kingston Public Hospital (6,845)
- St. Ann's Bay (4,109)
- Spanish Town (4,043)
- Cornwall Regional Hospital (3,907).

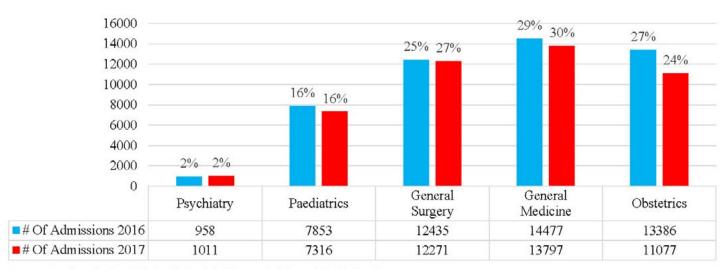
The least number of admissions were recorded at the Mona Rehabilitation Hospital (82), followed by Linstead Hospital (137) and Hospital Institute (176).

Type A hospitals accounted for the majority of admissions (32%), followed by Type B (29%) then Type C (25%) hospitals.

General medicine was the most common reason for admission to hospital, accounting for 30% of admissions, followed by general surgery (27%) and obstetrics (24%).

Psychiatry was the least common reason for admission to hospital (2%).

Number of Admissions to Government Hospitals by Specialty for January - March 2017 Compared to January-March, 2016

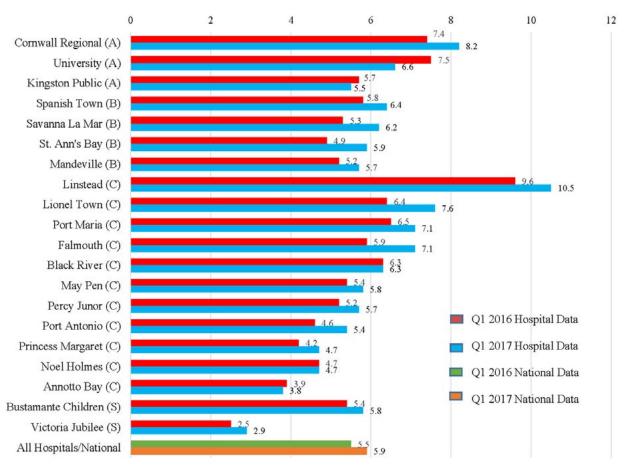


Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

HOSPITAL UTILIZATION

Average Hospital Length of Stay - Jan to March 2017

Average Hospital Length of Stay in Days (by Hospital Type) for January to March 2017.



Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

Length of stay refers to the time between admission and discharge (including death) from hospital. The Mona Rehabilitation Hospital (33.1 days) had on average the longest length of stay followed by the National Chest Hospital (15.6 days) and Hope Institute (10.6 days). The top three hospitals with respect to length of stay provide rehabilitative, palliative and chronic chest (infectious and non-infectious) services. The nature of services provided at these three hospitals requires chronic care, and, hence, longer stays. The Bellevue Hospital had no report on length of stay.

The average length of stay across all acute care hospitals was 5.9 days. Linstead Hospital had the longest average length of stay (10.5 days) followed by Cornwall Regional (8.2 days) and Lionel Town (7.6). Cornwall Regional, Spanish Town and Linstead Hospitals had the longest average length of stay of Types A, B and C Hospitals respectively. The Victoria Jubilee Hospital had the shortest length of stay of approximately three days on average. This is expected, as this is a maternity hospital.

General Medicine (7.3 days) admissions accounted for the highest average length of stay, followed by General Surgery (6.5 days) and Paediatrics (5.7 days), then by Obstetrics (2.9 days).

DIAGNOSTICS

Jan to March 2017

Persons are referred to the Specialty Outpatient Department when specialized care is required. The letter designation of a hospital indicates the level of specialist care offered with Specialist (Type S) and Type A at the highest level, and Type C the lowest.

The greatest proportion of specialist visits were made to the following outpatient departments: General Surgery (23,925; 14%) followed by Paediatrics (20,243; 12%), General Medicine (18,969; 11%) and Orthopaedics (18,029; 10%). Kingston Public Hospital had the highest number of outpatient visits (39,472), followed by the University Hospital of the West Indies (24,337) and the Mandeville Regional Hospital (18,384). Outpatient department visits at the Kingston Public Hospital accounted for almost one quarter (23%) of visits across all hospitals, while visits at the top three hospitals accounted for approximately one half (48%) of all outpatient department visits.

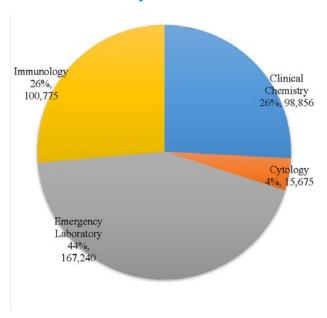
The number of visits to the Cornwall Regional Hospital was 38.6% less than the same period in 2016. However other hospitals in the Western Regional Health Authority (Savanna-La-Mar and Falmouth, Noel Holmes) had an increase in visits ranging from 4.7% to 153.8%.

Lionel Town, Noel Holmes, National Chest, Princess Margaret and Bellevue are among hospitals that had undergone expansions to provide additional outpatient clinics which would increase the number of visits. The public health facilities conducted 215,255 imaging studies in 2017 which was 23% greater than in 2016.

Diagnostics: Laboratory Studies	Jan - Mar 2016	Jan - Mar 2017	% Change
Laboratory Tests: National Public Health Laboratory	519434	382546	-26
Laboratory Tests: Hospitals	1688707	1376455	-18
Total Laboratory Tests	2208141	1759001	-20

Source: Data from the National Public Health Laboratory

Tests at the National Public Health Laboratory by Laboratory Departments for January to March 2017



Source: Data from the National Public Health Laboratory

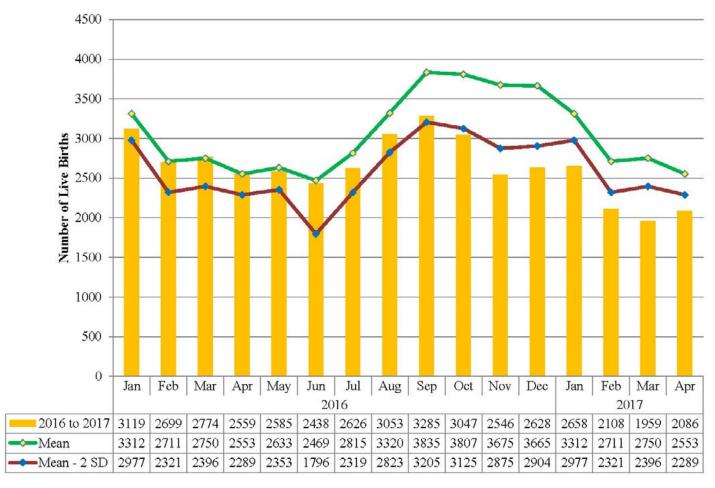
Diagnostics: Imaging Studies	2016	2017	% Change
Diagnostics: X-Ray, All Types*	86331	101399	17
No. of X-Ray Procedures/Functional X-Ray Machines*	76851	101557	32
Diagnostics: Ultrasound*	5878	6031	3
No. of Ultrasound Procedures/Ultrasound Machines*	5057	3457	-32
Echocardiogram*	18	6	-67
CT Scan*	725	1915	164
MRI*	208	890	328
Total Imaging Studies*	175068	215255	23

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

BIRTHS, STILLBIRTHS & NEONATAL DEATHS

Jan to March 2017

Monthly Live Births from January 2016 to March 2017 compared to the (2006 to 2015) Mean and (Mean-2SD) for Live Births at All Government Hospitals, Jamaica



Source: Data from the National Public Health Laboratory

Approximately 97% of births in Jamaica were in public hospitals (Registrar General's Department 2014). Live births for the period January to March 2017 declined by 22% when compared with the same guarter in 2016. The number of births occurring in public hospitals was unusually low (less than two standard deviations below the mean) since October 2016. This reduction may be due to factors related to Zika Virus infection as well as the recommendation to delay pregnancy.

Over six thousand seven hundred (6,725) live births occurred in public hospitals between January and March, 2017. The greatest number of live births occurred at the Victoria Jubilee Hospital (1,450) followed by Spanish Town Hospital (982) and Cornwall Regional Hospital (807). The hospitals with the lowest numbers of live births were Linstead (6) and Lionel Town (10) Hospitals respectively.

BIRTHS, STILLBIRTHS & NEONATAL DEATHS

Jan to March 2017

Name of Facility	Hosp. Type	Num. of Live Births	Num. of Still births	Total Births	Still birth Rate	Total neonatal death (0 - 27 days)	Mortality		Early Neonatal Mortality Rate/1000	Late Neonatal Mortality Rate/1000
University	А	298	5	996	0.0	9	0.0	0.0	0.0	0.0
Cornwall Regional	A	807	20	827	24.2	13	33.9	16.1	9.9	6.2
Kingston Public	A	0	0	303	16.5	0	16.5	0.0	0.0	0.0
Victoria Jubilee	S	1450	21	1471	14.3	33	36.0	22.8	22.1	0.7
Bellevue	S	0	0	0	0.0	0	0.0	0.0	0.0	0.0
Bustamante Children	S	0	0	0	0.0	0	0.0	0.0	0.0	0.0
Hope Institute	S	0	0	0	0.0	0	0.0	0.0	0.0	0.0
Mona Rehabilitation	S	0	0	0	0.0	0	0.0	0.0	0.0	0.0
National Chest	S	0	0	0	0.0	0	0.0	0.0	0.0	0.0
Spanish Town	В	982	14	996	14.1	15	25.1	15.3	11.2	4.1
Mandeville	В	651	9	660	13.6	17	31.8	26.1	18.4	7.7
St. Ann's Bay	В	581	6	587	10.2	4	15.3	6.9	5.2	1.7
Savanna La Mar	В	428	8	436	18.4	1	20.6	2.3	2.3	0.0
May Pen	С	413	9	422	21.3	0	21.3	0.0	0.0	0.0
Black River	С	250	1	251	4.0	0	4.0	0.0	0.0	0.0
Princess Margaret	С	207	2	209	9.6	0	9.6	0.0	0.0	0.0
Annotto Bay	С	196	2	198	10.1	0	10.1	0.0	0.0	0.0
Falmouth	С	140	1	141	7.1	0	7.1	0.0	0.0	0.0
Port Antonio	С	140	0	140	0.0	1	7.1	7.1	7.1	0.0
Noel Holmes	С	74	1	75	13.3	0	13.3	0.0	0.0	0.0
Percy Junor	С	52	2	54	37.0	0	37.0	0.0	0.0	0.0
Port Maria	С	40	0	40	0.0	0	0.0	0.0	0.0	0.0
Lionel Town	С	10	0	10	0.0	0	0.0	0.0	0.0	0.0
Linstead	С	6	0	6	0.0	0	0.0	0.0	0.0	0.0
All Hospitals/ National	ALL	6725	101	6826	14.8	93	25.9	13.8	11.3	2.5

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

The stillbirth rate across government hospitals for the period January to March 2017 was 14.8/1000 births. Percy Junor had the highest rate of stillbirths (37.0/1000 births), followed by Cornwall Regional (24.2/1000 births) and May Pen Hospitals (21.3/1000 births). Percy Junor Hospital reported two stillbirths from 52 livebirths, and Cornwall Regional reported 20 stillbirths from 807 live births. University, Lionel Town, Port Maria, Port Antonio and Linstead Hospitals had no stillbirths.

At Government hospitals 13.8 neonatal deaths/1,000 livebirths were recorded for the period January to March 2017. Mandeville Hospital had the greatest neonatal death rate (26.1/1,000 live births) followed by Victoria Jubilee (22.8/1,000), Cornwall Regional (16.1/1,000) and Spanish Town Hospitals (15.3/1,000). It is expected that the Victoria Jubilee Hospital would have high rates of neonatal deaths, given that this hospital along with UHWI receives the more difficult cases nationally.

NOTIFIABLE DISEASES AND HEALTH EVENTS

January to June, 2016-2017

Class 1 Disease/Event	Confirmed Cases Jan to Jun			
	2016	2017		
Accidental Poisoning	84	51		
AFP/Polio	0	0		
Chikungunya	2	0		
Cholera	0	0		
Congenital Rubella	0	0		
Syndrome				
Congenital Syphilis	0	0		
Dengue Hemorrhagic Fever	3	0		
Hansen's Disease (Leprosy)	2	0		
Hepatitis B	14	15		
Hepatitis C	4	2		
Malaria (Imported)	1	4		
Maternal Deaths	25	18		
Measles	0	0		
Meningitis	32	22		
Meningitis H/Flu	0	0		
Meningococcal Meningitis	0	0		
Neonatal Tetanus	0	0		
Ophthalmia Neonatorum	202	117		
Pertussis-like syndrome	0	0		
Plague	0	0		
Rheumatic Fever	6	3		
Rubella	0	0		
Tetanus	1	0		
Tuberculosis	15	17		
Typhoid Fever	0	0		
Yellow Fever	0	0		
Zika Virus	74	0		

Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

Class 1 notifiable diseases and health events have the potential to cause high morbidity and/or mortality. Health-care providers must report these diseases / health events on suspicion to the Medical Officer of Health at their respective Parish Health Department within 24 hours. Class 1 notifications were received for each disease/ event during the reporting period; however, only confirmed cases are presented in the adjacent table.

Malaria

Prior to the 2006 malaria outbreak, the last case of local transmission of malaria in Jamaica occurred in 1961. The World Health Organization (WHO) declared Jamaica malaria-free in 1965 due to its robust Malaria Eradication Programme. In 2006, malaria was re-introduced into Jamaica, and due to assiduous Public Health action, was re-eliminated in 2009. In 2012, the WHO re-instated Jamaica's malaria-free status. However, there is a real threat of the re-introduction of malaria because of the presence of the Anopheles mosquito vector, and the high level of travel and trade between Jamaica and countries in which malaria occurs regularly. Between three and ten imported cases of malaria have occurred annually during the period 2010-2016 and four confirmed cases in the first half of 2017. In the last three years, imported cases were linked to persons who travelled to Gabon, India, Ethiopia and Guyana.

MOH VITALS October 2017 21

MALARIA PREVENTION

When travelling to malaria-endemic countries, remember to do the ABCs:

AVOID MOSQUITO BITES Use insect repellents, wear light-coloured, long-sleeved

Use insect repellents, wear light-coloured, long-sleeved clothing, and use treated mosquito nets (where possible)

BRING MALARIA PROPHYLAXIS

These are tablets that are taken prior to arriving in and while staying in malaria-endemic areas. They help to prevent malaria, its complications, chronic infection and death

CONTACT

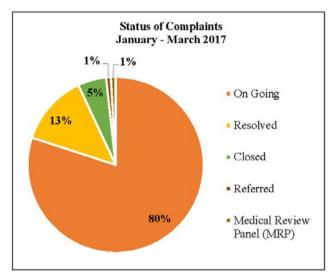
Contact your healthcare provider or Parish Health Department immediately if you have recently travelled abroad and have symptoms of malria (fever, headache, and chills)

HEALTH SECTOR COMPLAINTS

January to March, 2017

Region / Agency	Complaints Received	% of Total Complaints
South-East (SERHA)	58	50.4
North-East (NERHA)	2	1.7
Western (WRHA)	11	9.6
Southern (SRHA)	14	12.2
University Hospital (UHWI)	18	15.7
National Health Fund (NHF)	1	0.9
Private / Other	11	9.6
Total	115	100

Source: Standards and Regulations Division, Ministry of Health. Jamaica



Source: Standards and Regulations Division, Ministry of Health. Jamaica

Complaints Classification	Number of complaints	% Contribution
Quality Clinical care	38	33.0
Access	20	17.4
Cooperate service	14	12.2
Rights, Respect Dignity	12	10.4
Communication	10	8.7
Professional Conduct	8	7.0
Other	7	6.1
Cost	5	4.3
Decision Making	1	0.9
Grievance	0	0
Total	115	100.0

Source: Standards and Regulations Division, Ministry of Health. Jamaica

Complaints raised within the public health sector are an indication of actual and/or potential inadequacies related to the quality or performance of the health care system in its delivery of service. This provides the Ministry of Health (MOH) with opportunities for corrective, preventative and pre-emptive actions such as investigating complaints, preventing their reoccurrence and improving service.

Complaints can be made directly to the MOH Head Office, Regional Health Authorities (RHA) or Health Facilities and MOH Departments and Agencies. A measure of the performance in responding to the complaints within an agreed timeline was done for January – March 2017. During this period, 100% of the complaints were registered within three working days of their receipt and 100% were acknowledged within five working days.

A total of 115 complaints were received at the MOH (head office), on social media platforms or in the printed press. Half (50%) of the complaints received were clinical, representing failures in the provision of health care services. The remaining 50% of the complaints were non-clinical in nature, representing inadequacies in administrative function.

Of the 115 complaints received, 80% were ongoing, 13% were resolved, 5% were closed, 1% referred and 1% handled by the Medical Review Panel (MRP). The top three classes of complaints received for the quarter were: (i) Quality of Clinical Care (QCC) at 33% (for example, misdiagnosis and inadequate treatment); (ii) Access at 17% (for example, delay in admission and refusal to provide services); and (iii) Corporate Service at 12% (for example, administrative actions of hospital and security).

The majority of the complaints in the Quality of Clinical Care category (16%) and Access category (13%) came from SERHA. SERHA and Private Agencies accounted for the majority of the complaints in the Corporate Service category, representing 4% each.

The MOH believes that routinely analysing the data related to complaints allows for significant improvements in the quality of service delivery in the public health sector and ultimately meet the needs of clients.

