



SPECIAL AUDIT OF MONIA AREAS AT HOSPITALS OF THE NORTH EAST REGIONAL HEALTH AUTHORITY

CRITICAL EQUIPMENT AND SUNDRIES AND INFECTION CONTROL



JUNE 4, 2015

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OVERVIEW

Society has an obligation to afford access to adequate health care to all its members regardless of their ability to pay and as such the Ministry of Health has entrusted the North East Regional Health Authority with the responsibility of facilitating the provision of cost-effective, accessible, integrated health care of an acceptable standard to the populous of St. Ann, St. Mary and Portland.

Enveloped in such provision is also the responsibility of providing adequate supplies of resources, healthy occupational and environmental conditions, and access to safe and potable water and adequate sanitation for those who carry out the daily task of delivering quality care.

Over the years the Jamaica Medical Doctors' Association has been echoing the concerns of the poor state of the health sector, the shortage of supplies, staff shortages and the absences of critical equipment within the health facilities.

It is to be noted that the Ministry of Health has recognized the need to strengthen the system to deliver quality health care within the country, thus triggering an increase in the budgetary allocations by eighteen percent (18%) for the 2015/2016 financial year in comparison to the 2014/2015 period. Additionally, the North East Regional Health Authority has recognized a seventeen percent (17%) increase in the 2015/2016 budget over the 2014/2015 period.

The Honorable Minister of Health has also commissioned an audit within the health sector to assess the major shortcomings with a view of improving the operations.

ACKNOWLEDGEMENT

The audit team would like to express special thanks to the management and staff of the North East Regional Health Authority who facilitated the successful completion of this assignment.

ACRONYMS AND ABBREVIATIONS

MONIA	Maternity, Operating Theatre, Nursery, Intensive Care Unit/High Dependency Unit, Accident & Emergency
SABH	St. Ann's Bay Hospital
ABH	Annotto Bay Hospital
PAH	Port Antonio Hospital

EXECUTIVE SUMMARY

The North East Regional Health Authority is dedicated to the delivery of safe and efficient health care, hence: the prevention of infection through an active infection control committee; the proper maintenance of critical equipment; adequate supply of pharmaceuticals and sundries are among the main goals of the authority. It was against this background that the management team since the beginning of this fiscal year has been hosting monthly meetings of the Region's Quality Assurance (QA) Committee which comprises five (5) sub- committees: Clinical Effectiveness and Risk Management Committee, Infection Control Committee, Health and Safety Committee, Drugs and Therapeutics Committee and Customer Service Committee. This monthly meeting has been serving the function of highlighting and addressing all concerns that affect the effective and efficient functioning of all health facilities in the Region.

MAJOR FINDINGS

The audit carried out gave light to a number of situations:

1. The supply of a number of critical pharmaceuticals is at times less than 50% of demand.
2. Standard operating procedures as it pertain to the management of health facility waste and procedures for cleaning and decontamination of instruments is not always adhered to by staff.
3. The Region is faced with a chronic shortage of pharmaceuticals due to insufficient supplies of drugs from the National Health Fund.
4. Along with shortages of critical equipment within the MONIA areas there is a lack of calibration and diagnostic tools within the region to ensure optimum functioning of equipment.

MAJOR RECOMMENDATIONS

Based on our findings some of the major recommendations were as follows:

1. There is need for ongoing training of staff in infection control measures relative to their skills area.
2. There is greater need for the integration of efforts by all health delivery areas to improve the quality of care delivered to clients.
3. Documented schedules of cleaning activities in all MONIA areas are needed.
4. Scheduled maintenance of critical equipment is done on a daily basis and is monitored from a regional level. The tools that analyse the functionality of these critical equipment are needed.

5. The need for monthly infection control committee meetings are to be enforced to enhance risk communication so that timely measures geared at preventing outbreaks/nosocomial infections can be implemented.

6. There is an urgent need for improvement in the inventory and record keeping system of pharmaceuticals and sundries to prevent shortages and items being listed as out of stock.

The audit team conducted an operational and quality infection audit of the MONIA areas of the ABH, PAH, PMH& SABH in an effort to review management and standards relating to inventory of stock and equipment, critical needs and shortages and infection control procedures and policies. Our audit focused on the procurement, storage and inventory control of supplies, maintenance of equipment and adherence to infection protocols to assess the efficiency and effectiveness with which the operations are conducted.

AUDIT SCOPE AND METHODOLOGY

Our audit was planned and conducted in accordance with the Government Auditing Standards. The planning process involved having a thorough understanding of the infection systems in place, the various factors that influence the efficient and effective management of the supplies of drugs and sundry items to the critical areas, the functionality of the current vital equipment and the ideal required to perform at optimal level. The scope of the audit covered the MONIA areas inclusive of the pharmacy stores. Our assessment of the data was based on observation of the areas, interviews of key staff and analyses of available sources.

AUDIT OBJECTIVES

The main audit objectives were to:

1. Ascertain, through evidence and validation, the status of each area in compliance with infection control policies and procedures.
2. Determine if equipment within the MONIA areas were functional and ideal to handle the demand of patient care.
3. Evaluate the adequacy and effectiveness of the inventory management process to prevent shortages of critical sundries and other inventory items.

AUDIT LIMITATIONS

1. The focus of this audit was limited to the MONIA areas within the hospitals of the Region.
2. Access to operating theatre areas was curtailed at the time of visits due to the fact that surgical procedures were in progress in the suites.
3. The Audit team only had a one week time frame in which to conduct the investigative field work of the various areas within the Region.
4. Due to the extensive nature of the audit and the limited time available all aspects of the Infection Control Auditing Tool could not be administered.

PART 2 – ADHERENCE TO INFECTION CONTROL PROTOCOL

Audit Objective: To ascertain, through evidence and validation, the status of each area in compliance with quality and infection control policies and procedures.

AUDIT CRITERIA

Infection control refers to procedures and activities which aim to prevent or minimize the risk of transmission of infectious diseases. Successful infection control is critical to maintaining a safe work environment. Identifying hazards, classifying the associated risks and implementing relevant control measures are key steps to successful infection control management.

AUDIT FINDINGS

Table 1: Results of audit carried out in the MONIA areas of hospitals across the region demonstrating the conformity to recognized standards of infection control procedures

Standards	Commendations	Non-Conformances	Recommendations
1.A SYSTEM IS IN PLACE TO IMPLEMENT, MONITOR AND EVALUATE INFECTION PREVENTION AND CONTROL			
Indicator 1: The Health Facilities Infection Control Policies and procedures manual is available on each ward <u>Rating</u> SABH - 5.2/10 ABH - 8/10 PAH - 6.7/10 PMH - 4/10	-Staff at all MONIA areas were aware of the existence of said manual	-Infection Control Manuals were not up to date as the most current version (2014) of the manual was not present at all facilities -Manuals were not present at all the wards inspected	-Distribute the 2014 version of the manuals to the various ward -Supply all wards with the relevant manuals
Indicator 2: There is an infection control committee with a compliment of	-Both SABH and PAH had active infection control committees	- At the ABH the formation of an Infection Control	-Communicate the necessity of an active committee at each

<p>administrative, nursing staff, laboratory, dietetic, pharmaceutical, housekeeping and laundry staff, central sterilization/supply personnel, public health nurse/inspector, physicians</p> <p><u>Rating</u></p> <p>SABH - 10/10</p> <p>ABH - 0/10</p> <p>PAH - 7/10</p> <p>PMH - 10/10</p>	<p>which met twelve (12) times in the past year</p>	<p>Committee is underway</p>	<p>facility</p> <p>-Communicate the integral role that personnel for the various departments play in the effective functioning of such committee</p> <p>-Visit of NERHA quality assurance team members to meetings at the facilities to strengthen their functional capacity</p>
<p>Indicator 3:</p> <p>A medical officer administers the IC programme</p> <p><u>Rating</u></p> <p>SABH - 10/10</p> <p>ABH - 0/10</p> <p>PAH - 10/10</p> <p>PMH - 10/10</p>	<p>-All functioning Infection Control Committees were chaired by a Medical Officer.</p>	<p>-Chair of committee will be a medical doctor based on interviews held with staff</p>	
<p>Indicator 4:</p> <p>Functions of the IC committee with respect to ongoing training programmes are executed eg. hand washing, universal precautions, handling</p>	<p>-Facilities with a functioning committee had an in-service education officer with the responsibility of ensuring continued training of staff with respect to infection</p>	<p>-There was not consistent scheduling of training programmes across the region</p>	<p>-Streamlined training is needed across all facilities to ensure conformity to required standards</p>

<p>of sharps, cleaning of equipment</p> <p><u>Rating</u></p> <p>SABH - 20/40</p> <p>ABH - 20/40</p> <p>PAH - 30/40</p> <p>PMH - 20/40</p>	<p>control procedures.</p>		
<p>2.ADEQUATE EQUIPMENT AND SUPPLIES FOR HANDWASHING EXISTS</p>			
<p>Indicator 1:</p> <p>Hand washing reminders are displayed over washbasins on the ward and treatment rooms</p> <p><u>Rating</u></p> <p>SABH - 5.8/10</p> <p>ABH - 8.3/10</p> <p>PAH - 3.5/10</p> <p>PMH - 9/10</p>	<p>-Posters reminding to and highlighting the importance of frequent hand washing were mounted above a number of hand wash stations across facilities</p>	<p>-Approximately 60% of hand wash basins were not donned with signs</p>	<p>-Contact the Education and Promotion unit at the MOH for Hand washing Reminder signs</p>
<p>Indicator 2:</p> <p>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</p>	<p>-With the exception of the maternity ward at the ABH all MONIA areas inspected had a hand wash basin to bed complement of at least 1:10</p>	<p>-Step on bins were not always present for use at hand wash stations</p> <p>-Soap and hand drying apparatus were not present at all hand</p>	<p>-Removal of paper towel holders from areas with a multiplicity of same with one hand basin and redistribute to areas without</p> <p>-Enforce usage of towel holders where</p>

<p>on standards</p> <p><u>Rating</u></p> <p>SABH - 40.7/50</p> <p>ABH - 42.7/50</p> <p>PAH - 38/50</p> <p>PMH - 30.5/50</p>		<p>wash stations</p> <p>-Signs of impending fungal growth present on the hand wash basin in the gowning room of the nursery at SABH and at the Accident and Emergency department at PMH</p>	<p>available to decrease the spread of microorganisms from direct contact with towels</p> <p>-Place paper towels and soap at all functioning hand wash basins where appropriate</p>
<p>3. AN ADEQUATE SYSTEM IS IN PLACE FOR THE MANAGEMENT OF HEALTH FACILITY WASTE</p>			
<p>Indicator 1:</p> <p>Needles are left uncapped and sharps are appropriately collected, stored and disposed of</p> <p><u>Rating</u></p> <p>SABH - 34.6/40</p> <p>ABH - 38.7/40</p> <p>PAH - 38.2/40</p> <p>PMH - 39/40</p>	<p>-Sharps are collected in puncture resistant containers in all MONIA areas</p>	<p>-Some sharps boxes were 75% or more filled in certain areas but were still being used</p> <p>-All staff do not practice the prescribed procedures for discarding needles</p> <p>-Some staff practice recapping of needles</p>	<p>-Signs needed to inform staff as to when to stop adding sharps to containers</p> <p>-Scheduled inspection of sharps containers in all MONIA areas every two (2) days</p> <p>-Re-education of staff as to the need to refrain from recapping needles in an attempt to decrease the risk of needle sticks</p>
<p>Indicator 2:</p> <p>Medical Waste is handled with gloves and placed in small</p>	<p>-Bags when present were on average removed prior to being</p>	<p>-No dedicated bin in the nursery (SABH) for disposition of medical</p>	<p>- Areas are to be properly assessed in order to provide the</p>

<p>waste receptacle lined with yellow or red plastic bags which are removed and tied when 2/3 full</p> <p><u>Rating</u></p> <p>SABH - 35.8/40</p> <p>ABH - 39/40</p> <p>PAH - 35/40</p> <p>PMH - 37.5/40</p>	<p>filled</p>	<p>waste</p> <p>-Staff observed at multiple facilities removing medical waste bags without gloves</p> <p>-Improper usage of biohazard bags</p>	<p>correct number and type of disposal receptacles</p> <p>-Biohazard bags to be ordered based on the number of bins and the dedicated use of same to avoid overstocking of bags in one area and absence in areas where use is critical</p>
<p>Indicator 3:</p> <p>Soiled linen is handled as little as possible donning industrial gloves and aprons, placed in clean plastic bags and tied when ¾ full</p> <p><u>Rating</u></p> <p>SABH - 22.0/40</p> <p>ABH - 34.5/40</p> <p>PAH - 28/40</p> <p>PMH - 21.5/40</p>	<p>-There was no prolonged handling of soiled linen by staff who at all times removed same when bags less than or ¾ full</p>	<p>-No clear bags used in the management of soiled linen</p> <p>-Soiled linen occasionally transported without being bagged</p> <p>-improper storage of soiled linen in some areas</p> <p>-With the exception of PAH and PMH staff where protective clothing was only available occasionally there was no provision of industrial gloves or aprons. Instead non-sterile or sterile gloves were being utilized</p>	<p>-procurement of industrial gloves for axillary staff as same can be reused and adds an extra level of protection to staff handling soiled linen</p> <p>-procurement of gowns for staff handling soiled linen</p> <p>-staff to be educated as to the proper protocols for transporting soiled linen across the ward so as to keep infection risk to a minimal</p> <p>-procurement of an adequate supply of bins so that dedicated soiled linen bins can be</p>

			available
<p>Indicator 4:</p> <p>Kitchen and regular waste are collected in black plastic bags and placed in regular waste bins awaiting daily disposal</p> <p><u>Rating</u></p> <p>SABH - 27.4/30</p> <p>ABH - 30/30</p> <p>PAH - 30/30</p> <p>PMH - 17/30</p>	<p>In most instances special effort was made to properly collect and dispose of kitchen and general waste</p>	<p>In one instance it was observed that upon removing bag from bin staff mixed general with biohazard waste</p> <p>-Biohazard bins were being used in certain instances for disposition of general waste</p>	<p>Different scheduling times should be put in place for waste removal based on nature of same to avoid mixing of biochemical and regular waste</p> <p>Bins should be dedicated for general waste disposal in all MONIA areas</p>
<p>4.THERE ARE ADEQUATE PROCEDURES FOR THE CLEANING AND DECONTAMINATION OF INSTRUMENTS</p>			
<p>Indicator 1:</p> <p>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)</p>	<p>-All MONIA areas inspected stored contaminated equipment away from clean ones</p> <p>-At all facilities the decontaminant was of appropriate concentration</p>	<p>-All staff were not informed as to the proper procedures for decontamination of equipment</p> <p>-In areas where trafficking of patient was high staff resorted to simply washing equipment rather than</p>	<p>-Staff to be retrained in proper decontamination procedures and be taught the importance of adherence to the standards</p> <p>-Procurement of adequate supply of instruments to all</p>

<p><u>Rating</u></p> <p>SABH - 26.6/30</p> <p>ABH - 27.3/30</p> <p>PAH - 27.5/30</p> <p>PMH - 28/30</p>		<p>carrying out the proper decontamination exercises hence instruments became sources for transmitting infections</p>	<p>MONIA areas</p>
<p>5. APPROPRIATE CLEANING PROCEDURE FOR EACH DEPARTMENT OR WARD EXISTS</p>			
<p>Indicator 1</p> <p>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</p> <p><u>Rating</u></p> <p>SABH - 24.2/40</p> <p>ABH - 33.3/40</p> <p>PAH - 22/40</p> <p>PMH - 22/40</p>	<p>-Training said to be available for ancillary staff in respect to proper cleaning procedures of the MONIA areas</p> <p>-In most MONIA areas there was substantial cleaning of the beds and furnishings with detergents after patient discharge</p>	<p>-Cleaning schedules were known by staff but no documented evidence of same excepting at the ABH</p>	<p>-Cleaning schedule to be formally written for all MONIA areas with completion of assigned tasks being documented</p>
<p>6. THERE IS A PROCEDURE FOR MAINTAINING THE GENERAL CLEANLINESS OF THE HEALTH</p>			

FACILITY EXISTS			
<p>Indicator 1</p> <p>Patients' and health provider's bathroom clean; ward, medication, sluice and dressing room are clean</p> <p><u>Rating</u></p> <p>SABH - 49.6/60</p> <p>ABH - 51.3 /60</p> <p>PAH - 51.5/60</p> <p>PMH - 41.8/60</p>	<p>-Bathrooms were present for staff and patients</p> <p>-Bathrooms demonstrated general cleanliness</p>	<p>-There was a general absence of hand wash signs in bathrooms</p> <p>-Soap and hand drying apparatus were generally absent from patient bathrooms</p> <p>-Though generally clean. Patient bathrooms were in need of minor repairs and more frequent routine inspection by cleaning staff</p> <p>-Fungal growth noted to the roof of several MONIA areas inspected</p>	<p>-Cleaning schedule be implemented for both patient and staff bathrooms</p> <p>-Signs in patients' and staff bathrooms encouraging proper hygienic practices</p> <p>-Hand wash area be dedicated for visitors to the high dependency unit at SABRH to reduce the risk of infection</p> <p>-Scheduled maintenance activities to all bathrooms</p> <p>-Plans be put in place to accommodate separate bathroom arrangements for staff and patients at the operating theatre at ABH as both use the same bathroom</p>
<p>7. THERE IS A PROCEDURE IN PLACE FOR ISOLATION</p>			
<p>Indicator 1</p>			

<p>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</p> <p><u>Rating</u></p> <p>SABH - 30/30</p> <p>ABH -0 /30</p> <p>PAH -20/30</p> <p>PMH - 30/30</p>	<p>- Where present isolation areas were clearly identified.</p> <p>- Education with regards to any illness requiring isolation is readily made available to all concerned as the need arises.</p>	<p>-Notall facilities inspected had signs for clear identification of the isolation areas.</p>	<p>-Plans be put in place to identify an area at the ABHto be dedicated as an isolationarea/room.</p> <p>-signs to be erected where needed for clear identification of the isolation areas.</p>
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Source: Infection Control Policies and Procedure 2000. See Appendix 1

ADDITIONAL FINDINGS

1. There were no recent microbial counts within the MONIA areas which would help to identify infestation of area with pathogens that may pose potential risks to patients. The last documented evidence of same was done at the High Dependency Unit at the SABH in 2013. Staff alluded to the fact that the laboratory staff were not keen on processing samples as they did not see the importance of the procedure. Hence the vital importance of having a laboratory staff member on the infection control committee as highlighted by the manual and as is now being practiced cannot be overemphasised.
2. During our inspection of the Nursery at the SABH the entry of a staff member who had not washed hands or gowned up prior to visiting a patient was noted.
3. Several blocks in the roof at PMH Accident and Emergency department were missing and sewage pipes were exposed by same.

OTHER RECOMMENDATIONS

1. Quarterly internal infection control audits are to be conducted to measure implementation of recommendations so that quality of care can be improved.
2. All facilities should conduct monthly infection control committee meetings to enhance risk communication so that timely measures geared at preventing outbreaks/nosocomial infections can be implemented.
3. Ensure that microbial counts are conducted biannually.
4. To ensure the close adherence to infection control protocols, staff members need to be continually re-educated as to the importance of same in the prevention of spread of infections.

Audit objective: Determine if equipment within the MONIA areas were functional and ideal to handle the demand of patient care.

AUDIT CRITERIA

The North East Regional Health Authority through the financial support of the Ministry of Health has the responsibility of equipping facilities with adequate quantity and functioning medical equipment to effect the delivery of optimum medical care.

The importance of an effective maintenance program cannot be overlooked because it plays an important role in the effectiveness of care and quality of service offered. The main purpose of regular maintenance is to ensure that all equipment required for service delivery are operating efficiently at all times and are safe for use by health care providers and patients.

AUDIT FINDINGS

SHORTAGES OF CRITICAL EQUIPMENT

1. From the audit investigation the audit team recognized that within the Region, there is a critical need for certain vital equipment at the four (4) hospitals to improve the quality of healthcare provided. **See Appendix 2**
2. There is also the immediate need for dental equipment within the Region to adequately administer oral health care to the populace of St. Ann, St. Mary and Portland. A proposal will be submitted to the CHASE FUND for funding in order to acquire spare parts where needed and also procure new equipment. **See Appendix 3 for Dental need**
3. It was also noted that significant efforts have been made to acquire critical medical equipment aided by funding from the National Health Fund and advocacy efforts. **Table 2.**

Table 2 – Critical Equipment acquired for the PAH

Quantity	Item Description	Location	Obtained through	Status
3	Patient monitors	PAH	National Health Fund	Procurement process ongoing
1	Anesthetic machine	PAH	National Health Fund	Procurement process ongoing
1	Medtronic Physio Control Life Pak	PAH	Donation	Item pending delivery to NERHA
2	ECG machines with trolleys	PAH	Donation	Items are pending delivery to NERHA
1	Patient monitor	PAH	Donation	Item pending delivery to NERHA
1	Electrocardiograph (ECG) machine	PAH	National Health Fund	Item acquired
2	Delivery beds	PAH	National Health Fund	Items acquired
1	Electrocautery machine	PAH	National Health Fund	Item acquired
1	Infant Warmer	PAH	National Health Fund	Item acquired
1	Surgical Light	PAH	National Health Fund	Item acquired
1	Defibrillator	PAH	National Health Fund	Procurement process ongoing
1	Centrifuge	PAH	National Health Fund	Procurement process ongoing

MAINTENANCE OF EQUIPMENT

1. The Biomedical Department has implemented routine maintenance schedules for the servicing of equipment to curtail the lengthy downtime experienced. This initiative also serves as a preventative measure in maintaining the functionality of the units. Additionally, the Maintenance Unit has been restructured and equipped with additional staffing and expertise to negate some of the constant reoccurring problems.
2. Facilities are required to complete daily 'Real Time Sheets' for equipment, highlighting the status and servicing needs. This document is communicated to the Biomedical Department and the Director of Operations & Maintenance so they can on any given day be aware of the present status of equipment within the Region and be better able to coordinate and meet maintenance needs.
3. Resulting from a previous audit on the Acquisition and Maintenance of Critical Equipment by the Auditor General's Department, the North East Regional Health Authority has implemented a preventative maintenance programme for equipment assigned to the MONIA areas for all hospitals.

INSUFFICIENT TESTING DEVICES TO ACCURATELY TEST & REPAIR EQUIPMENT

1. Calibration and diagnostic testing tools are crucial for preventative and corrective maintenance of medical equipment. The absence of these tools will result in the biomedical team being unable to measure the status of the units repaired against the manufacturers working specifications. Consequently, while the present biomedical team is able to determine that a unit is functional, there is the limitation of determining if the results given or the parameters used to ascertain this functionality are correct. Table 3 below highlights the current need of the Region.

Table 3 – Required Calibration and Diagnostic Equipment

ITEM DESCRIPTION
1. Impulse 6000D Defibrillator Analyzer
2. Electrical Safety Analyzer
3. Electrosurgical Safety Analyzer
4. Gas Flow Analyzer
5. IDA 5 Infusion Analyzer
6. INCU Incubator Analyzer
7. Dale 40 Phototherapy Analyzer
8. DS320 Fetal Simulator/ Analyzer
9. Prosim 8 Vital Signs Simulator
10. X-Ray Test Tools

REPAIR PARTS NEEDED FOR CRITICAL EQUIPMENT

1. The audit team noted that the delivery of health care within the Region continues to be severely affected, as there is a number of vital equipment present at the Regional Maintenance Department in need of parts to render them operable. **See Appendix 4 for repair parts needed.**

RECOMMENDATIONS

1. Continued efforts in evaluating the necessary machinery required to improve healthcare is to be carried out.
2. Procurement of calibration and diagnostic testing tools for critical equipment should be conducted to ensure optimal functionality of units.
3. Proposals to be submitted to funding agencies for financing of critical equipment.

PART 4 – INVENTORY OF CRITICAL SUPPLIES

Audit Objective: Evaluate the adequacy and effectiveness of the inventory management process to prevent shortages of critical sundries and other drugs items.

FINDINGS

POOR RECORDING KEEPING AND INCOMPLETE ORDER REQUESTS AT THE MONIA AREAS LEAD TO INADEQUATE SUPPLIES

1. The audit team noted that the absence of a proper inventory and record keeping system at the various wards in some cases lead to critical items being out of stock at the hospitals. Reorder levels were neither implemented nor maintained therefore there was difficulty in promptly identifying needs before shortages occurred.
2. Observation was also made that the order requestssent to the pharmacies for supplies, in some cases, did not indicate the quantity required, therefore as a result the quantity dispensed was based on the discretion of the pharmacy staff, their perceived usages in the area, or past experiences.
3. A physical count of the St. Ann’s Bay Hospital Operating Theatre sundries stores revealed that there were items present which were no longer being utilized by the theatre and other expired items dating back to 2006. Items in excess and those which were no longer being utilized were removed to the pharmacy stores for redistribution.

INSUFFICIENT LEAD TIME ALSO CONTRIBUTED TO THE PREVENTION OF TIMELY REPLENISHMENT OF STOCK

1. Insufficient lead team time between which supplies were ordered and required from the pharmacy could be considered a major challenge in the adequate replenishment of stocks to the wards. It was noted that wards were requesting their weekly order on the exact day they were required.

SHORTAGES OF PHARMACY SUPPLIES FROM NHF

1. The National Health Fund supplies organizations with critical, vital, essential and necessary drugs in an effort to promote improved and effective health care. Examination of items requested by the SABH from NHF but not received contributed to low stock counts and items being out of stock at the facility as listed in **Appendix 5**. Consequently, there was a disparity in the amount of items dispensed to the wards at some hospitals when compared to the amount ordered.
2. There were other critical items that the Region only received in minimal quantity. **See Table 4**

Table 4 – % of some critical items received for May 2015

ITEM DETAILS	INDICATION	% OF ORDER RECEIVED
Ipratropium Respiratory Solution	Used for Chronic Obstructive Pulmonary Disease & Asthma	25%
Magnesium Sulfate Injection	Prevention of eclampsia in pregnant women with hypertension and for severe exacerbation of asthma	32%
Haloperidol Injection 5mg/ml	Used as chemical restraint in Acutely Psychotic patients	6.7%
Bupivacaine HCl Inj. 0.5% Spinal (Heavy)	Spinal Anaesthesia	25%
Heparin Inj. 25000u/5ml	Used for Prophylaxis and treatment of Pulmonary embolism & treatment of acute coronary syndrome	33%
Dipyron Inj. 500mg/ml	Used in the management of labour	33%

3. Confirmation was also received from the National Health Fund on items which were currently out of stock nationally. This current shortage has impacted greatly on health care delivery as it reduces the Region's ability to adequately provide for the need of the public. **Appendix 6, NHF Confirmed Out of Stock Listing**
4. The audit team noted that there was a critical shortage in the number of overshoes and head covers at a number of the Operating Theatres visited. Items were often recycled to prevent complete depletion of stocks.

RECOMMENDATIONS

1. There is an urgent need for improvement in the inventory and record keeping system of pharmaceuticals and sundries at the various ward areas to prevent shortages and items being listed as out of stock locally (facility level).
2. Quantity of items needed should always be communicated to the pharmacy staff on weekly requisition orders.
3. Recommendation is also being made for monthly/periodic pharmaceutical audits to be done within the ward areas to retrieve excess items before expiration dates to facilitate redistribution.
4. There is also the need to provide adequate lead time between which items are requested and required from the pharmacy to prevent created adverse situations.
5. Reorder levels should also be established to minimize items being listed as out of stock.
6. There is the need for the NHF to intensely monitor and manage its procurement process to ensure timely delivery of pharmaceuticals to the hospitals in order to minimize the number of items listed as out of stock.

NORTH EAST REGIONAL HEALTH AUTHORITY

OUT OF STOCK PHARMACY ITEMS FOR THE MONTH OF MAY 2015

DEPT/COST CENTRE: Pharmacy		NATIONAL HEALTH FUND			
Category of Items	Item #	Description/Specification	Unit of Measure	QUANTITY ON HAND/OUT OF STOCK	QUANTITY RECEIVED
ALIMENTARY	DR-ALM1-BISA-01	BISACODYL TABLET 5MG /1000PK	PACK	0	0
ALIMENTARY	DR-ALM1-CALC-01	CALCIUM CARBONATE TABLET /75PK (TUMS)	PACK	0	0
ALIMENTARY	DR-ALM1-GLYC-02	GLYCERINE SUPPOSITORIES /12PK (ADULT)	PACK	0	0
ALIMENTARY	DR-ALM1-RANI-08	RANITIDINE HCL TABLET 150MG/100PK	PACK	0	0
ANAESTHETIC	DR-ANS1-BUPI-02	BUPIVACAINE HYDROCHLORIDE INJECTION 0.5%/10ML	VIAL	0	0
ANAESTHETIC	DR-ANS1-CISA-01	CISATRACURIUM BESYLATE INJ. 10MG/5ML (NIMBEX)	VIAL	0	0
ANAESTHETIC	DR-ANS1-THIO-01	THIOPENTONE SODIUM INJECTION 1G /20ML	VIAL	0	0

ANAESTHETIC	DR-ANS1-THIO-02	THIOPENTONE SODIUM INJECTION 0.5G /20ML	VIAL	0	0
CNTRAL NRV SYS	DR-CNS1-CHLO-06	CHLORPROMAZINE TABLET 25MG /1000PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-CHLO-07	CHLORPROMAZINE TABLET 100MG /1000PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-DICL-17	DICLOFENAC POTASSIUM SUSP. 9MG/5ML/120ML (CATAFLAM)	EACH	0	0
CNTRAL NRV SYS	DR-CNS1-DICL-18	DICLOFENAC B.P. 1% GEL /50G	EACH	0	0
CNTRAL NRV SYS	DR-CNS1-DICL-23	DICLOFENAC TABLET 50MG/500PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-DICL-29	DICLOFENAC POTASSIUM TABLET 50MG / 20PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-DIME-03	DIMENHYDRINATE TABLET 50MG /1000PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-DIPY-03	DIPYRONE INJECTION 500MG/ML /2ML (BARALGIN M)	VIAL	0	0
CNTRAL NRV SYS	DR-CNS1-HALO-02	HALOPERIDOL TABLET 5MG /1000PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-IBUP-08	IBUPROFEN TABLET 200MG/100PK.	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-MAGN-01	MAGNESIUM SULPHATE INJECTION 50% /10ML	VIAL	0	0
CNTRAL NRV SYS	DR-CNS1-PHEN-12	PHENYTOIN SODIUM SUSPENSION 125MG/5ML /250ML	EACH	0	0
CNTRAL NRV SYS	DR-CNS1-PHEN-13	PHENYTOIN SODIUM CAPSULE 100MG /100PK (DILANTIN)	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-PROC-04	PROCHLORPERAZINE TABLET 5MG /1000PK	PACK	0	0

CNTRAL NRV SYS	DR-CNS1-PROC-06	PROCHLORPERAZINE INJECTION 12.5MG/1ML	VIAL	0	0
CNTRAL NRV SYS	DR-CNS1-RISP-05	RISPERIDONE TABLET 2MG/100PK	PACK	0	0
CNTRAL NRV SYS	DR-CNS1-SODI-03	SODIUM VALPROATE SYRUP 200MG/5ML /300ML (EPILIM)	EACH	0	0
CNTRAL NRV SYS	DR-CNS1-ZUCL-02	ZUCLOPENTHIXOL ACETATE INJ. 50MG/ML (CLOPIXOL ACUPHASE)	VIAL	0	0
CARDIOVSCL SYS	DR-CVS1-CARV-02	CARVEDIOL TABLET 12.5MG/100PK APO	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-CARV-04	CARVEDIOL TABLET 6.25MG/100PK	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-CARV-05	CARVEDIOL TABLET 25MG/100PK APO	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-CLOP-01	CLOPIDOGREL TABLET 75MG/100PK	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-DIGO-09	DIGOXIN TABLET 0.125MG/500PK (LANOXIN)	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-DIPY-01	DIPYRIDAMOLE TABLET 75MG /100PK	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-NORV-01	NORVASC TABLET 5MG /100PK	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-NORV-02	NORVASC TABLET 10MG/100PK	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-PROP-05	PROPRANOLOL TABLET 40MG /1000PK	PACK	0	0
CARDIOVSCL SYS	DR-CVS1-WARF-02	WARFARIN TABLET 5MG /100PK	PACK	0	0

DERMOTOLG PREP	DR-DRP1-SILV-01	SILVER SULPHADIAZINE CREAM 1% /50G (FLAMAZINE)	EACH	0	0
ENDOCRINE	DR-ENDO-DEXA-03	DEXAMETHASONE PHOSPHATE INJ. 5MG/ML	VIAL	0	0
ENDOCRINE	DR-ENDO-GOSE-01	GOSERELIN INJECTION 3.6MG (ZOLADEX) /VIAL	VIAL	0	0
ENDOCRINE	DR-ENDO-GOSE-02	GOSERELIN INJECTION 10.8MG EACH (ZOLADEX)	EACH	0	0
ENDOCRINE	DR-ENDO-HYDR-03	HYDROCORTISONE SOD. SUCCINATE INJ. 250MG /2ML	VIAL	0	0
ENDOCRINE	DR-ENDO-METH-02	METHYLPREDNISOLONE SODIUM SUCCINATE INJ. 500MG /VIAL (Solu-Medrol)	VIAL	0	0
INFECTION	DR-INF1-ALBE-03	ALBENDAZOLE SUSPENSION 200MG/5ML/10ML.	EACH	0	0
INFECTION	DR-INF1-AMOX-01	AMOXICILLIN INJECTION 250MG /VIAL (AMOXIL)	VIAL	0	0
INFECTION	DR-INF1-AMOX-08	AMOXICILLIN 500MG + CLAVULANIC ACID 100MG INJ.	VIAL	0	0
INFECTION	DR-INF1-AMOX-11	AMOXICILLIN 1G+CLAVULANIC ACID 200MG INJECTION /EACH (AUGMENTIN)	EACH	0	0
INFECTION	DR-INF1-AMOX-38	AMOXICILLIN 1GM+CLAVULANIC ACID 200MG INJECTION/EACH	EACH	0	0
INFECTION	DR-INF1-AMOX-40	AMOXICILLIN 200MG +CLAVULANIC ACID 28MG SUSP./5ML/70ML	EACH	0	0
INFECTION	DR-INF1-KETO-03	KETOCONAZOLE CREAM 2% /15G	EACH	0	0
INFECTION	DR-INF1-LEVO-02	LEVOFLOXACIN INJECTION 750MG/EACH (ELEQUINE)(MINIBAG)	EACH	0	0

INFECTION	DR-INF1-NEVI-02	NEVIRAPINE SUSPENSION 50MG/5ML /100ML	EACH	0	0
INFECTION	DR-INF1-NITR-01	NITROFURANTOIN TABLET 100MG /100PK	PACK	0	0
INFECTION	DR-INF1-PIPE-05	PIPERACILLIN 4G + TAZOBACTAM 500MG INJ./VIAL (ZOSYN 4.5G)	VIAL	0	0
MALIGNANT	DR-MAL1-METH-03	METHOTREXATE INJECTION 50MG/5ML VIAL	VIAL	0	0
MALIGNANT	DR-MAL1-METH-05	METHOTREXATE SODIUM TABLET 2.5MG/20PK	PACK	0	0
MISCELLANEOUS	DR-MIS1-HYDR-02	HYDROGEN PEROXIDE 150ML (20 VOLUMES)	EACH	0	0
MISCELLANEOUS	DR-MIS1-LIQU-02	LIQUID PARAFFIN /5 LITRE(LIGHT)	EACH	0	0
NUTRITION	DR-NUT1-HEMA-02	HEMAFED SYRUP /120ML	EACH	0	0
NUTRITION	DR-NUT1-HEMA-03	HEMAFED CAPSULE /1000PK	PACK	0	0
NUTRITION	DR-NUT1-RECO-01	RECOMBINANT HUMAN ERYTHROPOIETIN INJ. 4000 I.U./0.4ML(WEPOX)	VIAL	0	0
NUTRITION	DR-NUT1-SODI-05	SODIUM BICARBONATE INJECTION 8.4% /50ML (#409-6625-02)	VIAL	0	0
NUTRITION	DR-NUT1-SODI-06	SODIUM CHLORIDE INJECTION 0.45% /500ML (#2B1313Q)	VIAL	0	0
NUTRITION	DR-NUT1-WATE-01	WATER FOR INJECTION /500ML (#L8501-01)	VIAL	0	0
RESPIRATORY	DR-RSP1-SALB-09	SALBUTAMOL TABLET 4MG /1000PK	PACK	0	0

RESPIRATORY	DR-RSP1-SALB-13	SALBUTAMOL RESP. SOLUTION /20ML (VENTOLIN)	EACH	0	0
RESPIRATORY	DR-RSP1-SALB-14	SALBUTAMOL 2MG/GUAIPHENESIN 100MCG /5ML/ 120ML	EACH	0	0
SUNDRIES	MS-MDS1-CATH-02	CATHETER TIP SYRINGE	EACH	0	0
SUNDRIES	MS-MDS1-DISP-07	DISPOSABLE EXAMINATION GLOVES NON LATEX EACH (LARGE)	EACH	0	0
SUNDRIES	MS-MDS1-DISP-08	DISPOSABLE EXAMINATION GLOVES EACH NON LATEX (MEDIUM)	EACH	0	0
SUNDRIES	MS-MDS1-DISP-09	DISPOSABLE EXAMINATION GLOVES EACH (SMALL)	EACH	0	0
SUNDRIES	MS-MDS1-DISP-25	DISPOSABLE NEEDLES 22G /100PK	PACK	0	0
SUNDRIES	MS-MDS1-ENDO-22	ENDOTRACHEAL TUBE 7.5 MM /EACH (CUFFED)	EACH	0	0
SUNDRIES	MS-MDS1-JVAC-01	J-VAC RESERVOIR 100 ML	EACH	0	0
SUNDRIES	MS-MDS1-SPIN-04	SPINAL NEEDLE 22G X 3.5" /EACH	EACH	0	0
SUNDRIES	MS-MDS1-SURG-05	SURGEON GLOVES (SIZE 8 1/2) /PAIR	EACH	0	0
SUNDRIES	MS-MDS1-UNDE-01	UNDERWATER CHEST TUBE	EACH	0	0
SUNDRIES	SU-SUT1-PROL-20	PROLENE 4/0 SLIMBLADE CUTTING 25MM /12PK (W534)	PACK	0	0
SUNDRIES	SU-SUT1-SILK-41	SILK 2/0 CURVED CUTTING 90 MM /12PK (W791))	PACK	0	0
SUNDRIES	SU-SUT1-SURG-04	SURGICEL 10CMX20CM (1902GB) /12PK	PACK	0	0

APPENDIX 1

AUDIT INSTRUMENT/CHECKLIST FOR THE INFECTION CONTROL PROGRAMME IN HEALTH FACILITIES

External Audit
 Internal Audit
 Surveillance Audit

Health Facility: _____
 Audit Date: _____
 Audit Team Members: _____

STANDARD	Indicators	Rating				
		NA	A	M	P	S
1. THERE IS A SYSTEM IN PLACE TO IMPLEMENT, MONITOR AND EVALUATE INFECTION PREVENTION AND CONTROL						
<ul style="list-style-type: none"> • The Health Facilities Infection Control Policies and Procedures manual is readily available on each ward. • There is an Infection Control Committee with the recommended composition: <ul style="list-style-type: none"> <input type="checkbox"/> Administration <input type="checkbox"/> Nurse responsible for IC <input type="checkbox"/> Nurses <input type="checkbox"/> Physicians <input type="checkbox"/> Laboratory <input type="checkbox"/> Central sterilization/supply <input type="checkbox"/> Dietary <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry 						

STANDARD	Indicators	Rating				
		NA	A	M	P	S
	<ul style="list-style-type: none"> • The committee meets monthly: <ul style="list-style-type: none"> - # of meetings in the past 12 months _____ • Minutes of the meeting are taken. <ul style="list-style-type: none"> - Minutes of the meeting communicated to: <ul style="list-style-type: none"> <input type="checkbox"/> Members of the QA committee <input type="checkbox"/> Members of the IC committee -Minutes are filed. - Minutes are easily retrievable • A medical officer administers the IC programme: • The functions of the IC Committee are executed: <ul style="list-style-type: none"> - An annual IC surveillance plan is developed for high risk areas - Data collection for infection rates is appropriate - Data collection forms are properly completed. - Data collection conducted to a planned schedule - Infection rates calculated and graphed for: <ul style="list-style-type: none"> <input type="checkbox"/> Surgical site wound infections <input type="checkbox"/> Urinary tract infections <input type="checkbox"/> IV site infections/sepsis <input type="checkbox"/> Nosocomial pneumonia (esp. facilities with ICU) 					

STANDARD	Indicators	Rating				
		NA	A	M	P	S
	<ul style="list-style-type: none"> - Reviews levels of nosocomial infections. - Assesses whether recommended practices are being adhered to: e.g. <ul style="list-style-type: none"> <input type="checkbox"/> Handwashing practices <input type="checkbox"/> Instrument cleaning procedures <input type="checkbox"/> Disposal of sharps <input type="checkbox"/> Waste disposal <input type="checkbox"/> Housekeeping <input type="checkbox"/> Other (Specify) _____ (Which of the above were done in the last six months) -Develops and implements monitoring tools based on clinical policies and procedures for: <ul style="list-style-type: none"> <input type="checkbox"/> Wound care <input type="checkbox"/> UTI <input type="checkbox"/> pneumonia <input type="checkbox"/> IV sites <input type="checkbox"/> Other, Specify _____ - Data collected is graphically depicted (bar charts, graphs) - Findings are analyzed - Undertakes Quality Improvement activities as a result of analysis: - Infection outbreaks reported to senior management within 48 hours - Reports IC activities at least quarterly to the QA Committee, CEO, SMO , MO(H) 					

STANDARD	Indicators	Rating				
		NA	A	M	P	S
2. THERE IS ADEQUATE EQUIPMENT AND SUPPLIES FOR	<input type="checkbox"/> Findings/Evaluation of the IC activities <input type="checkbox"/> Recommendations - Conducts ongoing IC training programmes on the following: <input type="checkbox"/> Handwashing <input type="checkbox"/> Universal precautions <input type="checkbox"/> Handling of sharps <input type="checkbox"/> Cleaning of equipment <input type="checkbox"/> Other (Specify) _____ Number of IC training programmes held within the last year _____ - Ensures needed equipment and supplies for IC are identified and made available (As documented in committee minutes, memos etc.) -Facilitates appropriate immunization for all health personnel (As recommended in Appendix 1 in the Infection Control Policies and Procedures manual) <input type="checkbox"/> No immunization programme <input type="checkbox"/> No vaccination records <input type="checkbox"/> Staff vaccination records available but incomplete <input type="checkbox"/> Staff vaccination records available with complete data - Develops and implements facility specific IC standards as needed If yes, explain _____					

STANDARD	Indicators	Rating				
		NA	A	M	P	S
	<ul style="list-style-type: none"> • Critical areas have <ul style="list-style-type: none"> <input type="checkbox"/> number of handwashing basins to beds according to the standard (1:10) <input type="checkbox"/> running water <input type="checkbox"/> soap/soap dispenser <input type="checkbox"/> paper towels/hand dryer <input type="checkbox"/> step-on bins 					
3.	<p>THERE IS AN ADEQUATE SYSTEM IN PLACE FOR THE MANAGEMENT OF HEALTH FACILITY WASTE</p> <ul style="list-style-type: none"> • Sharps collected and stored in puncture resistant containers • Container removed after 75% full • Containers covered and sealed for disposal • Needles not recapped <p><u>Medical Waste</u></p> <ul style="list-style-type: none"> • Soiled Dressings/Disposable diapers disposed of in small waste receptacles or Step-on-bins • Containers for the above lined with yellow or red plastic bags 					

STANDARD	Indicators	Rating				
		NA	A	M	P	S
	<ul style="list-style-type: none"> • Waste incinerated • Faeces, urine, sputum, vomitus and body fluid/substance discarded into toilet and flushed. • Body parts placed in sturdy red plastic bags • Body parts in bags are promptly and adequately incinerated. • Other disposables generated in patient care e.g. plastic rubber tubings and bags are stored in small receptacles or step-on bins • Above receptacles or step-on-bins lined with yellow or red bags. • Above yellow or red bags tied and removed when $\frac{2}{3}$ full. • Gloves worn while handling these waste. • Dialysis waste and body fluid treated with 3-3.5% chlorine. • Dialysis waste and body fluid discarded in the sewer. • Highly infectious laboratory material is placed in orange temperature resistant bags. • The bag is tied and removed when $\frac{2}{3}$ full 					

STANDARD	Indicators	Rating				
		NA	A	M	P	S
	<ul style="list-style-type: none"> • The above autoclaved waste is placed in a red bag and incinerated. <p><u>Radioactive Waste</u></p> <ul style="list-style-type: none"> • Radioactive waste separated from other waste • Above radioactive material disposed of in blue bags • Blue bags labeled with radioactive symbol. and disposed <p><u>Linen Management</u></p> <ul style="list-style-type: none"> • Soiled linen handled as little as possible. • Soiled linen placed in clear plastic bags • Clear plastic bags with soiled linen tied when $\frac{3}{4}$ full. • Staff provided with appropriate protective gear, e.g. industrial gloves and aprons when handling soiled linen. <p><u>General waste</u></p> <ul style="list-style-type: none"> • Kitchen and other general waste collected in black plastic bags and tied • Kitchen and other general waste in black plastic bags placed in regular waste 					

STANDARD Indicators	Rating				
	NA	A	M	P	S
<p>4. THERE ARE ADEQUATE PROCEDURES FOR THE CLEANING AND DECONTAMINATION OF INSTRUMENTS:</p> <ul style="list-style-type: none"> • Soiled instruments are in a separate area/room from clean instruments • The solution for decontaminating is of an appropriate concentration • The staff described the appropriate decontamination process (10 minutes soak, wash and rinse) 					
<p>5. THERE IS AN APPROPRIATE CLEANING PROCEDURE FOR EACH DEPARTMENT/WARD</p> <ul style="list-style-type: none"> • Training available for ancillary staff at orientation and in-service • Cleaning schedules available • Proper post patient discharge cleaning procedures performed (cleaning of bed and furnishings with detergent) • Ancillary staff assigned to high risk areas is not rotated 					
<p>6. THERE IS A PROCEDURE FOR MAINTAINING THE GENERAL CLEANLINESS OF THE HEALTH FACILITY</p>					

STANDARD	Indicators	Rating				
		NA	A	M	P	S
	<ul style="list-style-type: none"> • The wards are clean • The medication preparation area is clean • The sluice room is clean • The dressing room is clean 					
7. THERE IS A PROCEDURE IN PLACE FOR ISOLATION	<ul style="list-style-type: none"> • The isolation area/room is clearly identified • There is a system in place for the education of health care personnel, patients and family members regarding the <ul style="list-style-type: none"> <input type="checkbox"/> the illness <input type="checkbox"/> the precautionary measures to be followed • There are signs available for the clear identification of the isolation area/room 					

INFECTION CONTROL PROGRAMME

Please ensure that a representative of the Infection Control Committee signs below to indicate completion of the internal audit by the Infection Control Committee.

Name and Signature: _____

Title: _____

Date: _____

**MINISTRY OF HEALTH
REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE
REGION: NERHA – ST. ANN’S BAY REGIONAL HOSPITAL**

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIME LINES	STATUS
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 rd Friday of each month. Representatives from various departments on committee.
3.A medical officer administers the IC programme				Programme is administered by IC Officer (Medical doctor) assisted by an IC Nurse
4.Functions of the IC committee with respect to ongoing training programmes are executed				<p>Ongoing training programmes.</p> <p>August 27 - Lecture on Universal Precautions 26 staff attended.</p> <p>Infection Prevention & Control Workshops held October 5 – 9. 98 persons trained</p> <p>Topics covered:</p> <ul style="list-style-type: none"> • 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. • Training to continue

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIME LINES	STATUS
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 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.

**MINISTRY OF HEALTH
REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE
REGION: NERHA - PORT MARIA HOSPITAL (AMENDED)**

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
Health facilities Infection Control Policies and Procedures Manuals for all service delivery areas	2014 Infection control manuals were distributed to all service delivery areas	Distribute 2014 version of Manuals.		2014 Manual distributed to MONIA areas and distribution to other areas in progress
Infection Control Committee			3 rd or 4 th Thursday of each month. The meeting is held 4 th Thurs when we have quarterly review	The Infection Control Committee continues to meet monthly
Chairperson for the Infection Control Committee.				The Medical Officer of Health is the Chairperson for the infection control committee meetings.
Infection Control Training	No consistent scheduling of training programmes across the region.	Establish standardized training programmes across facilities	Sensitization sessions are done monthly at Epidemiology meeting held 2 nd Thursdays. A training was done with CHAs 3 months ago	Training is organized in collaboration with the Environmental Health and Health Promotion Teams for new staff; sensitization sessions are also done at scheduled monthly meetings
Hand Washing Reminders displayed over wash basins on the ward and treatment rooms.				The reminder signs remain in place at the facility

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
Availability of waste disposal equipment and sanitizing supplies in critical areas	<p>Fungal Growth around hand wash basin in the Accident and emergency area.</p> <p>Step on Bins were not present at all hand washing basins.</p>	<p>Area has been cleaned and sanitized.</p> <p>Bins were since procured (10) for some areas.</p>		<p>Deep cleaning has been done in the A & E and swabbing done.</p> <p>Ten step-on bins were procured and distributed as required</p> <p>There is adequate supply of Hand Soap Dispensers, Paper Towel Dispensers and Paper Towels throughout the facility</p>
Consistent use of colour coded bags and removal of 2/3 full sharps containers				Local manufacturer of red bags identified to ensure consistent supply of red bags. DNS monitors compliance with the waste segregation practices
Handling of soiled linen	Protective clothing available occasionally	In the process of procuring the Industrial Gloves and Aprons.	Expecting delivery within six weeks	Awaiting delivery of items
Kitchen and General Waste collected in black plastic bags	Mixing of general waste with biohazard waste	Set up different waste collection schedule for each waste classification		Schedule is established; monitoring and sensitization will continue to ensure compliance with waste management guidelines.
Cleaning schedules are present with staff trained	No documented evidence of cleaning schedules for staff was seen. Even though cleaning schedule were known by staff.			Cleaning schedules are posted in all areas and sensitization sessions held with staff to discuss cleaning practices. Supervisors were empowered with techniques for effective monitoring

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
General Cleanliness of Health Facilities	Bathrooms were in need of minor repairs and more frequent routine inspection by cleaning staff		Repairs will be completed in six weeks	Repairs to bathroom areas are in progress; cleaning schedules facilitate effective monitoring by supervisors; Signs are posted informing clients of the procedure to access toiletries when needed.
Isolation area is clearly identified with signs				An Isolation room exists on Martin Ward and isolation spaces are used on the other wards. Nursing personnel continue to provide infection control guidance to clients and relatives.
Microbial swabs				The last swabbing was done on August 18, 2015 which prompted a a deep cleaning intervention; the facility is awaiting results of a post cleaning swab and an inspection from the Regional Audit Team
Exposed sewerage pipes in the A & E Department due to missing ceiling bed				The ceiling bed has since been replaced
Inventory management of pharmaceuticals				Periodic checks for overstocking with a view to redistributing are planned to take place within the next month in collaboration with ABH; the drugs order sheet will also be revised to strengthen ordering practices.

**MINISTRY OF HEALTH
REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE
REGION : NERHA – PORT ANTONIO HOSPITAL**

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
1.1 The Health Facilities Infection Control Policies and procedures manual is available on each ward				<p>The older copy of the Infection Control manual is available on each ward.</p> <p>A copy of the 2014 manual is available at the facility with electronic copies being made available recently.</p>
1.2. Presence of representative and active ICC				<p>ICC continues to meet regularly. There has been regular visits of NERHA quality assurance team members to the meetings to strengthen their functional capacity</p>
1.4. Functions of the IC committee with respect to ongoing training programmes are executed				<p>Training has been ongoing on handwashing, waste disposal and the use of universal precautions.</p> <p>55 Staff members educated about hand washing techniques, 25 staff members educated about handling sharps and 10 staff members educated about cleaning of equipment.</p>

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
Hand washing reminders are displayed over washbasins on the ward and treatment rooms				Posters reminding to and highlighting the importance of frequent hand washing have been mounted above most hand wash stations. Recently additional posters were obtained from the MOH
Critical areas have equipment and supplies such as running water, soap/soap dispensers, paper towel/hand dryer, step on bins				There has been an improvement in the availability of hand towel and use of the existing paper towel holders
3. Management of Health facility waste				The burn box, which was an environmental health hazard, is no longer being used. Waste is being regularly transported for proper disposal
3.1 sharps containers				Sharps containers are available and are checked in a timely manner and disposed of when 75% full. There is inspection of sharps containers on each shift on all wards by nursing supervisors.

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
3.2 Medical waste disposal				The appropriate number of biohazard bins are present. However biohazard bags are in short supply.
3.4 Handling of soiled linen		Procurement of industrial gloves and aprons		Staff currently use non-sterile gloves and plastic aprons for handling soiled linen. Procurement of industrial items underway
4 cleaning and decontamination of instruments				Staff members have received training in proper decontamination procedures and understand the importance
5.1 Cleaning schedules are present with staff being trained as to proper cleaning techniques				Cleaning schedules are now formally written, laminated and placed on each ward.
6. Maintaining the general cleanliness of the health facility				
6.1 Patient and health provider's bathrooms				Ongoing maintenance of general cleanliness. Some minor repairs made to bathrooms
7. Isolation area				Isolation room and bathroom present. There is a sign clearly identifying the area and handwashing sign in its bathroom.

**MINISTRY OF HEALTH
REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE
REGION: NERHA – ANNOTTO BAY HOSPITAL**

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
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

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
Cleaning and decontamination of instruments	Staff were not informed as to the proper procedures for decontamination of equipment			Instruments were bought. Infection control nurse 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.

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
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
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

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

FLEET			
ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
Inadequate ambulances in fleet resulting in high expenditures in the hiring of private ambulances	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.
TECHNICAL			
Pap smear results received in excess of 8 months after procedures.	Services of a private cyto-technologist contracted and improvement to the transporting of samples.	Results now being received within 3-4 weeks after procedures	
Weak and inadequate cold chain management	Procurement of refrigerators, igloos and thermometers	Improved cold chain management resulting in improved storage of vaccines and other medications	
Inadequate monitoring and reporting system for infection control; variance to established protocols and procedures	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
Improper storage and management of pharmaceuticals and pharmacies – primary and secondary care facilities	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
TECHNICAL			
ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
Weaknesses identified with the management of medical health records; possible compromise of patient confidentiality and discomfort experienced by staff based on inadequate work space	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.
Stakeholders' and communities expressed dissatisfaction with the level of vector control activities and mitigating exercises being conducted	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	To maintain the relationship with the TEF to ensure continuity of financial support through implementation of approved activities and prudent fiscal management of

by the region		temporary staff carry out vector control activities across all parishes in the region.	funds.
OPERATIONS & MAINTENANCE			
Aged and non-functional sewage treatment plants at SABRH, ABH and Highgate Health Centre	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
No service contracts in place for critical medical and other equipment, resulting in down time and poor performance of equipment	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
Inadequate and non-functioning air condition units at health care facilities across the region	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 th quarter
ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
Sustained complaints regarding inadequate seating and ambiance at the A&E/OPD Dept SABRH	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.	Improved aesthetics and enhanced comfort for staff and patients	Approval Installation of a central air-condition unit at the OPD
Complaints regarding malfunctioning operating theatre lights at the PAH & SABRH	New Surgical lights procured and installed at the SABRH & PAH		
Absence of and irreparable equipment across primary & secondary care facilities	Some Equipment procured and installed at a cost of \$4.2M for secondary care facilities Procurement of \$6M parts to repair dental equipment across the region initiated in 2015 Sept. Procurement of \$6M worth of primary care equipment initiated in 2015 Sept. Procurement of equipment for Nurseries initiated since 2015		Further procurement of equipment for primary and secondary care facilities to be continued in the 3 rd & 4 th quarter.

	August		
Maintenance issues identified at the Claremont Centre of Excellence	<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>	Administrator redeployed to the Centre of Excellence to provide daily management and supervision	
ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
Complaints and negative press regarding conditions of the Port Maria Health Centre	Building from which the services were being carried out has been vacated.	<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>	Project development funding for permanent structure to house the Port Maria Health Centre and St Mary Health Department approved by NHF
Autoclaves received for ABH & PAH not installed. Current autoclaves malfunctioning and obsolete	Direct Contracting/emergency procurement initiated for the installation of the two autoclaves, including civil works	<p>Autoclave at PAH temporarily installed in the OT</p> <p>Sterilization for ABH being facilitated at SABRH, PAH & PMH</p>	
A&E overflow ward at SABRH needs piped medical gases at each bed; minor civil works renovation and improved electricity	Direct contracting procurement procedure implemented for minor civil works and electricity components; selective tendering initiated for piped medical gases to beds.		
Poor infrastructure and lack of maintenance of staff quarters at SABRH, ABH and PAH	Renovations of staff quarters at the three facilities scoped	Tender submissions evaluated and awaiting decision of procurement committee	

CAPITAL 'A' PROJECTS

ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
To implement a Centre of Excellence in Primary Care across each region	Claremont Centre of Excellence constructed and opened in 2014	Facility operational and staffed	
Obsolete laundry equipment across hospitals in the region.	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	
Need for more bed spaces at the SABRH	New Female Medical Ward (46 beds) completed	Fully equipped and operational since 2014	
Obsolete Anaesthetic Machines at the ABH & PAH	New machines procured	Awaiting delivery from supplier	Service contract to be initiated upon receipt and commissioning of equipment
Dilapidated building and poor working conditions at the Exchange Health Centre	New Health Centre completed	Operational since 2015 April and now fully equipped and staffed	
Obsolete X-Ray Machine at the SABRH resulting in frequent down time and delays in patient care	New fluoroscopy machine procured, installed and commissioned	Operational sine 2015 April	Service contract being negotiated with supplier
Minor operating procedures to be undertaken in an operating theatre being done at the A&E Department PMH	New operating theatre completed and equipped in 2014 Nov.	Minor Operating procedures being carried under controlled and sterile conditions in the operating theatre	
Lack of critical equipment at the PAH	Procurement of equipment valued at approx \$21M done	Most equipment received, commissioned and in use	Awaiting delivery of two (2) equipment
Lack of central air-conditioning at the OT, Laboratory & A&E , PAH	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
ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
Electricity at the PAH below the required levels to facilitate smooth operational flow	Project submission to NHF for funding to facility electrical upgrade	Funding approved by NHF in 2015 October	Emergency procurement initiated
Poor infrastructure at some critical primary care facilities across the region	Funding approval received to renovate the Belfied Health Centre in St Mary and the Manchioneal Health Centre, Portland	Contracts being prepared	
Robberies, encroachment and weakened security at the ABH because of the absence of a proper boundary fencing	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	

Need for a Comprehensive Health Centre/Centre of Excellence in Runaway Bay	Project development sought and approved by the NHF	Near completion of project development	To request construction and equipment funding from the NHF
Poor Aesthetics at the PAH owing to the need to repaint the hospital and do needed repairs	Painting of the hospital completed, as well as minor repairs to the facility	Poor Aesthetics at the PAH owing to the need to repaint the hospital and do needed repairs	Painting of the hospital completed, as well as minor repairs to the facility
OTHER INITIATIVES			
ISSUES/CHALLENGES	ACTIONS TAKEN	CURRENT STATUS	FURTHER ACTION
Need to strengthen operations in the Procurement, Operations & Maintenance, MIS, Finance & Technical Departments to improve efficiencies and effectiveness	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