WOODLANDS HOSPITAL
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DEPARTMENTAL ACHIEVEMENT FOR 2015

Inside this Issue

ACCOUNTS DEPARTMENT

With the separation of the hospital accounting section from the patient billing department the staff were able to focus primarily on patient billing. With this implementation a significant reduction in the time taken to complete patient's final accounts has been noted based on the data collected from our inpatient feedback forms.

Substantial decrease in our insurance debtors with the implementation of a staff to follow up on these debtors in a more timely and aggressive manner.

Team work was greatly emphasized and as a result deadlines were met and better output performance was achieved overall in the department.

We were able to cut down on overtime payment for cashiers with the cross training done which enabled switchboard operators to function as cashiers in other areas when the need arose.

Review in pricing for instruments and equipment purchased to ensure that costs were recovered within our billing process.

Holding of monthly meetings with staff to remind them of protocols and correct any deficiencies in the system or problems experienced with other departments with the aim of providing a more efficient service.

SWITCHBOARD OPER

Training was done pertaining to writing of hospital and other receipts; hence customers had no need to return for official copies of receipts. Training was also done to function as cashiers in other locations.

LABORATORY

1. The laboratory was able to achieve a pass rate of 100% on an external quality audit conducted by the Guyana National Bureau of Standards (GNBS) for the last quarter of 2015.
2. There has been a marked reduction in the number of patient complaints.
3. For the year 2015, the laboratory had introduced the Urea Breath Test for the detection of the bacteria, Helicobacter pylori (H. pylori). Unlike serological determinations which detect IgG antibodies, the UBT is the most accurate non-invasive means of assessing active infection and treatment success and is the only test of this nature in Guyana.

PHARMACY

The bond being the supply chain for Woodlands Hospital had on its agenda to continue to improve its supply chain for all hospital supplies.

In 2015 we had robustly managed our loss due to expired items. This was reduced by 52% compared to 2014 and 0.75% compared to overall purchase for 2015.

Noting for November there was zero expired items, a goal we are aiming to achieve every month in 2016.

We were able to adequately address previous stock-outs and maintained a continuous inventory.

Regarding overall drug income, the projected growth was 7%. The Pharmacy fell short of the projected total by 7%, with a decrease of 16% in prescriptions filled; the Dispensary showed an increase of 7% of projected total whereas in-patient showed an increase of 13% of projected total. This reflected a 4% surpass of projected income.

Despite the challenges 2015 was a productive year for the department.

Our aim in 2016 is to examine the areas where we fell short and ensure they are adequately addressed.

RADIOLOGY

We were able to improve our quality of service especially in our CT Department with improved protocol using pressure injector and synovial imaging. We were able to do limb angiography as well as some additional studies.

We were able to provide echocardiogram using our own equipment.

We had out Picture Archiving System (PACS) installed, which allows us to now archive all our reports as well as images. We also were able to achieve approximately 93% of our projected target for 2015

NEWS IN BRIEF

SOME STATISTICS FOR *January 2016*

Emergency Room

Patients Seen- 2854

Admissions—85

Maternity

Total Deliveries— 80

Males— 44

Females– 36

Caesarean Sections -31

Neonatal Death— 0

Twins— 0

Premature—5

Breech—3

Still Births—0

Male ward

Admission—91

Deaths—1

Female ward

Admission –144

Deaths—1

ICU

Admissions— 41

Deaths– 5

Radiology

X-ray—1333

CT— 136

Ultrasound—2195

ECHO— 47

Holter—3

Theatre

Surgeries— 173

Eye Surgeries– 16

Pharmacy

Prescriptions — 4920

Laboratory

Patients attended 3350

DOCTORS MEETING:-

Was held on 27th January, 2016 at 17:00 hrs……..Chairperson—Dr. N. Gobin

Topic: The Strength of Combination in Medical Practice By Mr. D . Sharma

ZIKA VIRUS IN REVIEW

1Preliminary guidelines for the surveillance of microcephaly in newborns in settings with risk of Zika virus circulation January 21, 2016

These preliminary recommendations were prepared by the PAHO/WHO team, with expert advice and based on currently available data and evidence. This document may be revised and updated in the light of new evidence that may become available.

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RATIONALE

In view of the increased number of notifications of newborns with microcephaly in areaswhere Zika virus circulates, and the potential link with this virus, the Pan American Health Organization/World Health Organization (PAHO/WHO) issued an epidemiologic alert on December 1, 2015

This alert recommends the Member States to establish and maintain their capacity to detect and confirm cases of Zika virus infection, prepare health care services for a possible increase in demand at all levels of care, including specialized services for neurological syndromes, and strengthen activities related to antenatal visits and controls.

Together with experts in the surveillance of congenital defects, and based on the available evidence and analysis of the current strategies in the areas where there is an increased prevalence of congenital microcephaly and other manifestations, PAHO/WHO presents this proposal to implement surveillance of newborns with microcephaly and other associated conditions in areas where Zika virus circulates. The criteria and guidelines presented are based on the available information from the experience in Brazil and on the specific literature and expert consensus on the epidemiology and surveillance of congenital defects.

This document provides guidelines for the design and implementation of actions for thesurveillance of microcephaly and other associated conditions. These guidelines are for health care workers responsible for the implementation of public health surveillance at the ministries of health in the countries, promoting harmonized criteria for operations and strategies.

Although this document focuses specifically on microcephaly, it is part of a broader initiative for the surveillance of congenital defects in the Region, given the burden of morbidity and mortality they represent (congenital malformations are the second leading cause of child mortality in the Region of the Americas). This process is geared to strengthening the identification of congenital defects in the planning and implementation of public health actions,

including surveillance.
In the Region of the Americas, consolidated registries and programs for the surveillance of congenital defects have helped to assess the epidemiological significance of congenital defects and to identify associated conditions and the outcomes of specific interventions.
EPIDEMIOLOGICAL BACKGROUND
Autochthonous transmission of Zika virus
From February 2014 to January 2016, 21 countries and territories have confirmed autochthonous circulation of Zika virus (ZIKV): Barbados, Bolivia, Brazil, Colombia, Chile (Easter Island), Ecuador, El Salvador, Guadalupe, Guatemala, Guiana, French Guiana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, and Venezuela.
In only three months, from November 2015 to January 2016, local transmission of the virus was detected in 16 new countries and territories.
Increase in the number of cases of microcephaly and other congenital anomalies.
In October 2015, Brazil reported the detection of an unusual increase of newborns with microcephaly in the state of Pernambuco, in the Northeast region of the country. As of the first epidemiological week of 2016, 3,530 suspected cases of microcephaly were recorded,including 46 deaths in 20 states and the Federal District.
In January 2016, eye (macular) lesions were detected in three newborns with microcephaly and brain calcifications, presumably due to intrauterine infection by Zika virus.
Evidence of vertical transmission of Zika virus
In January 2016, the Brazilian Ministry of Health reported the detection of the Zika virus genome by the RT-PCR technique in four cases of congenital malformation in the state of Rio Grande do Norte. The cases correspond to two miscarriages and two full-term newborns (37 and 42 weeks of gestation, respectively) that died within the first 24 hours of life.
Immunohistochemistry tests of the tissue specimens from both newborns were also positive for Zika virus.
This evidence complements the finding reported in the epidemiologic alert issued on December 1, 2015, concerning the detection of the Zika virus genome. Using the RT-PCR technique, the genome was detected in the amniotic fluid of two pregnant women in Paraiba, whose fetuses presented microcephaly, as indicated by ultrasonography.
In January, the ICC/Fiocruz laboratory in Parana confirmed the presence of the virus in the placenta of a pregnant woman of the Northeastern region of Brazil, who had a missed abortion in the first trimester of pregnancy.
4PROPOSED OBJECTIVES FOR THE SURVEILLANCE OF MICROCEPHALY
GENERAL OBJECTIVE
Detect and monitor the prevalence of Zika virus-related microcephaly
SPECIFIC OBJECTIVES
Detect an unusual increase in microcephaly and other Zika virus-related congenital anomalies
Monitor the trend in microcephaly over time
Disseminate the results in a timely manner
Provide the basis for undertaking analytical epidemiological studies (case-control and cohorts) that may help to identify and quantify the associated risk factors provide timely information to specialized health care services produce information that may help to characterize the cases
GENERAL RECOMMENDATIONS ON SURVEILLANCE
In terms of the development of information subsystems, depending on the context, the country should:
1. Define the general objective and specific objectives for the surveillance of microcephaly in settings with risk of Zika virus circulation (the objectives set forth in these guidelines may be used as a model).
Design an ad hoc subsystem specifically for surveillance to identify newborns with microcephaly in settings with risk of Zika virus circulation. Such surveillance necessarily requires the inclusion of variables related to this infection.
Define in advance the data collection tools, notification procedures and channels, routines for database consolidation, data analysis plan 2 , and subsequent dissemination (platform, structure, contents, periodicity); and establish information delivery formats for risk communication that are clear and consistent over time.
Plan data quality control mechanisms (incomplete, missing, incorrect, orDuplicate data).
Generate automated or manual data review protocols, with daily monitoring.
2 Clearly differentiate the clinical epidemiological variables from the administrative variables to avoid inappropriate use (e.g., using the "notification date" variable to analyze cases over time, when "date of birth" should be used instead).
Guyana has embarked on efforts to control and prevent the Spread of the Zika virus. The Ministry of

Health as carried out several Fogging exercise and distribution of bed nets in communities of the different regions across Guyana.

Information Obtain from Updates by WHO And PAHO.

HUMOR IN UNFORM

A college physics professor was explaining a particularly complicated concept to his class when a pre-med student interrupted him. "Why do we have to learn this stuff?" one young man blurted out. "To save lives," the professor responded before continuing the lecture. A few minutes later the student spoke up again. "So how does physics save lives?" The professor stared at the student for a long time without saying a word. Finally the professor continued. "Physics saves lives," he said, "because it keeps the idiots out of medical school."

Congratulations to Jeneesha Joseph and Princy Thomas on the birth of their Baby boy.

Management and Staff wish to congratulate the following persons on their birth anniversary for January 2016

Donetta Britton	2/1
Sindy Billy	2/2
Ingrid Sertimer	2/4
Sanjay Singh Patel	2/6
Morris, Samisia	2/8
Dey, Joel	2/9
Jeneesha Joseph	2/16
Taramattie Singh	2/17
Gavin Dare	2/18
Shini Thomas	2/18
Myrna Patterson	2/22
Malisa Austin	2/23
Eustalene Heyliger	2/25
Andrea Duncan	2/25
Bagot, Alfiea	2/25
Benjamin, Esther	2/28

TAKING A BREAK FROM WOODLANDS HOSPITAL

Bernard Durant	**7th-27th Feb**
Gavin Dare	**8th Feb _6th March**
Sindy Billy	**15th Feb_ 6th March**
Olwyn John	**22th_28th Feb**

We can now be perused on our Web Site
www.woodlandshospital.com

Vacancies exist for
Security Guard
Yard Attendant,
Canteen supervisor,
Cook
Human Resource Manager
Maid