



THE MINISTRY OF HEALTH

ISSN 0799-5083

Vitals

A QUARTERLY REPORT OF
THE MINISTRY OF HEALTH

APRIL 2017



**Health Facility
Utilization - 2016**

Zika Update

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

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Published by
Ministry of Health
10-16 Grenada Way
Kingston 5
Jamaica

Telephone: 1-888-CALL-MOH

e-mail: vitals@moh.gov.jm
ISSN 0799-5083

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

Public Health Sector Statistics

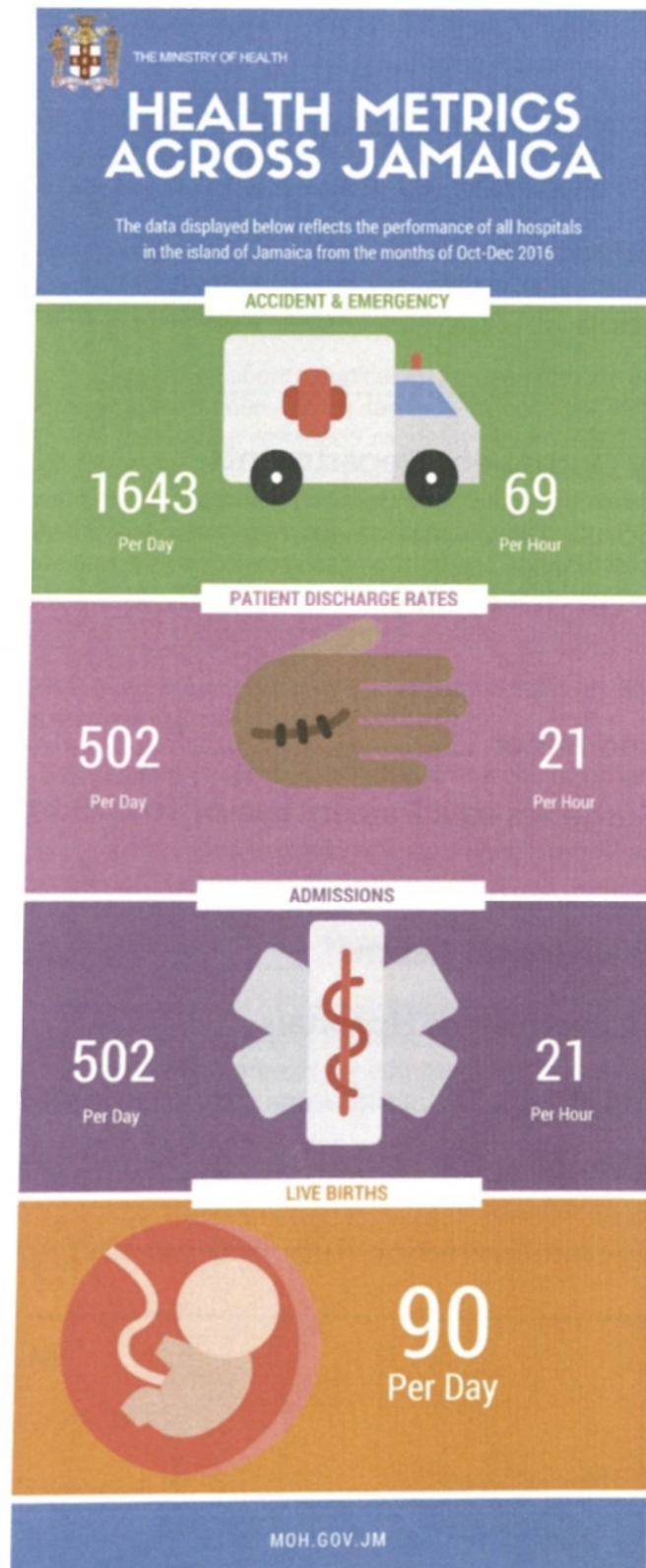


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Editorial

The Ministry of Health is pleased to present the inaugural issue of *Vitals: A Quarterly Report* from the Ministry which looks at health trends and statistics in Jamaica. This inaugural issue focuses on data collected in the October to December 2016 quarter along with annual comparisons, and has been prepared using data that is regularly collected by the Ministry of Health at various points including hospitals and health centers. Data on utilization of the health services as well as complaints made to the Ministry of Health will be presented in each publication. Each report will also focus on a topical issue in which interventions can affect policy and practice.

This issue reminds us that prevention is better than cure: prevention in the form of immunization, leading a healthy lifestyle and regular medical evaluation. Prevention ensures the health of individuals, families, communities and the health system and leads to a healthy population for development.

Jamaica has made great gains in the prevention of communicable diseases through immunization. Diseases such as polio, measles, rubella and diphtheria have not been seen in Jamaica for decades, eliminating deaths and disabilities associated with these illnesses; and decreasing childhood mortality rates. In 2016, the vaccination coverage for all but one vaccine was the best that it has been in five years. This achievement required the involvement of the public and private health sectors in giving, recording and reporting vaccine administration; and parents, guardians and teachers being vigilant to ensure that our children are appropriately vaccinated. Continued vigilance is required, as many countries still have these diseases which may be imported and spread if less than 95% of the population is immunized. I commend the work and attention of all involved and entreat all parties to strive to maintain and even better this performance.

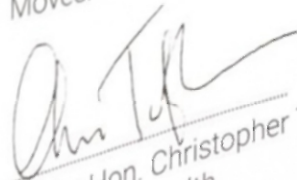
Non-Communicable Diseases (NCDs) and injuries present a significant burden on the health system, and indeed, on the country. This issue highlights some of the indicators of this burden:

- NCDs accounted for the greatest proportion of visits to the doctor or family nurse practitioners in the health centres.
- The greatest proportion of admissions to public hospitals were medical admissions with most of these being for NCDs and related complications.

Prevention of NCDs is everybody's business. We need to find solutions both individually and collectively.

A healthy lifestyle is important in the prevention of NCDs and involves eating healthily, exercising regularly, thinking right, rest and relaxation. Complications associated with NCDs include diseases of the heart, kidney and eyes and if you have any of these diseases it is important to prevent the complications by having a healthy lifestyle, taking your medication as prescribed and keeping your doctor's appointment.

As we seek to engender a healthier lifestyle in Jamaica I invite you to join the Ministry of Health's initiative- Jamaica Moves.



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

Vaccination Coverage - 2016

Vaccination targets met for BCG, DPT, Polio, Hepatitis B, Haemophilus Type B and MMR1 vaccines

The vaccination of at least 95% of the population is required to protect against vaccine preventable diseases.

For children between birth and 11 months in 2016: 96% received the BCG Vaccine; 99% the third dose of the Polio Vaccine; 99% the third dose of the Diphtheria Pertussis Tetanus (DPT) Vaccine; 98% Hepatitis B Vaccine (Hep B); 99% Haemophilus Type B (HIB) Vaccine.

For children 12 to 23 months: 95% received their first Measles, Mumps and Rubella (MMR) vaccine and 85% received the second dose of MMR. The target was not met for MMR2.

The vaccination coverage for all vaccines was the highest it has been for the period 2010 to 2016 except for BCG.

Parents, guardians and health care workers need to work together to ensure all (100%) children receive all their vaccines.



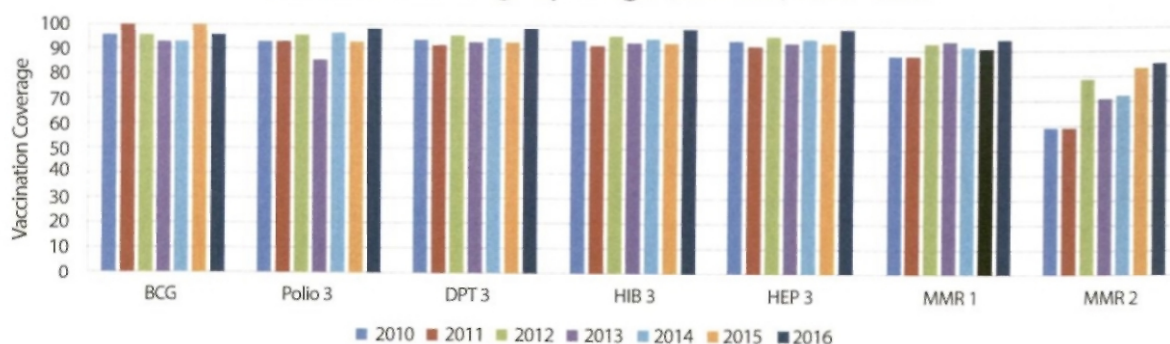
Vaccination Coverage (%) by Vaccine, Jamaica, 2016

Vaccine	Coverage
BCG	96%
Polio	99%
DPT	99%
Hep B	98%
HIB	99%
MMR 1	95%
MMR 2	85%



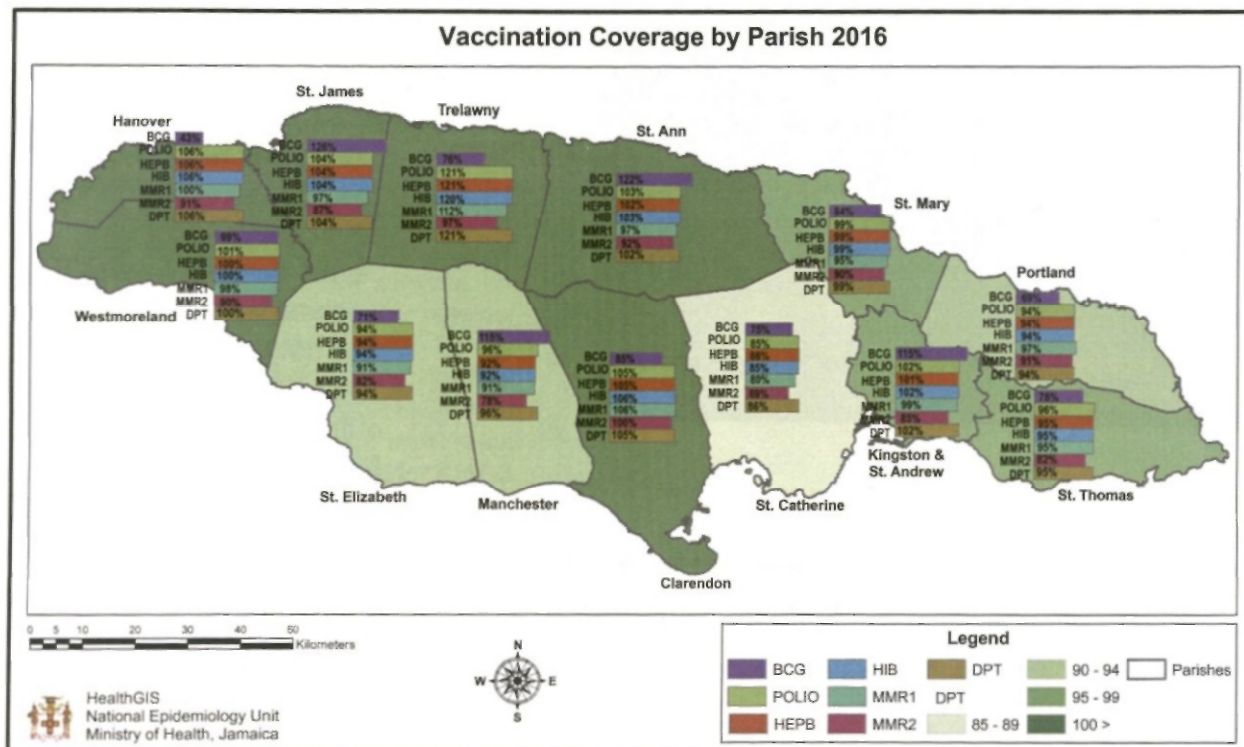
Go for Gold. Vaccination Week in the Americas, 2016

Vaccination Coverage by Antigen, Jamaica, 2010 - 2016



Source: Data from Expanded Programme on Immunization Database, Family Health Services, Ministry of Health, Jamaica.

Parish Vaccination Coverage

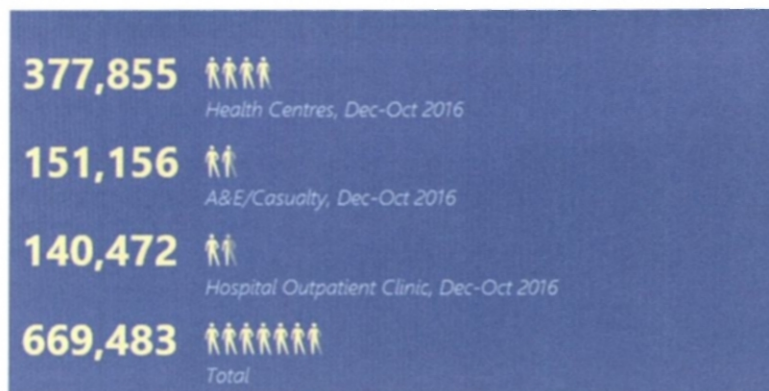


The parishes that achieved the highest coverage rates, and met the targets for most vaccines, were St. Ann, Clarendon, Trelawny and St. James. The parishes of concern were St. Catherine, Manchester, Portland and St. Elizabeth. As expected, parishes in which regional referral hospitals (Kingston and St. Andrew, St. Ann, St. James and Manchester) are situated had the highest coverage rates for BCG which is given at birth, whereas those parishes that have small populations and Type C hospitals had the lowest rates for this vaccine.

*** The vaccine coverage represents data obtained from the public and private health facilities.**

Health Facility Utilization

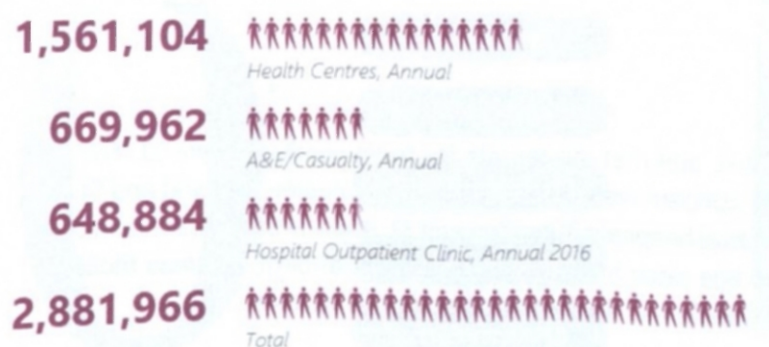
Visits to Public Health Facilities October – December, 2016



There were 669,483 visits made to public health facilities between October and December 2016.

- 377,855 to the public health centres.
- 151,156 to the accident and emergency (A&E)/ casualty departments (Cornwall Regional Hospital data for December 2016 was not available).
- 140,472 to the hospital specialty outpatient departments (Cornwall Regional Hospital data for December 2016 was not available).

Visits to Public Health Facilities Annual, 2016



Almost 2.9 million visits were made to public health facilities in 2016.

- 1,561,104 visits to the public health centres
- 669,962 to the accident and emergency (A&E)/ casualty departments (Cornwall Regional Hospital data for December 2016 was not available).
- 648,884 to the hospital specialty outpatient departments (Cornwall Regional Hospital data for December 2016 was not available).



Health Centre Utilization

For the period October-December 2016, there were 377,855 visits to health centres. The number of visits made in the 4th Quarter of 2016 was less than the number of visits in the same quarter of 2015. However, the total visits for 2016 was greater than the total visits for 2015. Of the 377,885 visits in the 4th Quarter, 27% were made by males and 73% were made by females.

Curative services accounted for the majority of visits to health centres (60%). The services for 244,668 curative visits were provided by medical doctors and family nurse practitioners. Family planning services accounted for approximately 13% of all visits, with females utilising this service approximately 12 times more than their male counterparts. Dental services accounted for 37,913 (9%) of visits.

Almost one out of three visits (90,939) were made for treatment of diabetes or hypertension or a combination of both. All non-communicable diseases accounted for 42% of the visits to the health centres.

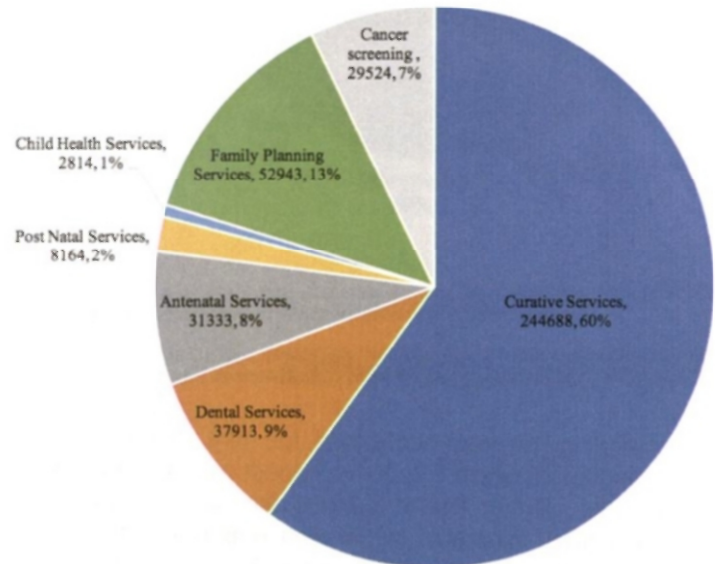
Approximately two thirds of the patients seen in the health centres with diabetes were in the 20-59 year age group. Among all persons seen with diabetes 69.6% were female. For persons with hypertension 75% were females and 52.4% were in the over 60 age group. In patients with both diabetes and hypertension 78% were females and 62% were in the over 60 age group.

Persons with the non-communicable diseases are reminded to:

1. Take medication as prescribed
2. Keep doctor's appointment
3. Exercise regularly
4. Eat healthy
5. Think right

Visits to Health Centres, Jamaica 2015 - 2016			
Quarter	2015	2016	% Change
Quarter 1 (Jan-Mar)	359,763	388,380	8.0
Quarter 2 (Apr-Jun)	346,843	413,025	19.1
Quarter 3 (Jul-Sept)	396,850	381,844	-3.8
Quarter 4 (Oct-Dec)	382,142	377,855	-1.1
Annual Total	1,487,613	1,561,104	4.9
Source: Data from Monthly Clinic Summary Report (MCSR). Ministry of Health, Jamaica			

Visits to Health Centres by Service Accessed:
October-December 2016



* Cornwall Regional Hospital Excluded for Dec of 2016

Data from Monthly Clinic Summary Report (MCSR). Ministry of Health, Jamaica.

The Patient Load by Age Group for Diabetes, Hypertension and Both Hypertension and Diabetes				
Age Group	% of the Patient Load			
	Diabetes	Hypertension	Diabetes & Hypertension	
<20yrs	1.4	0.3	0.2	
20-59yrs	65.3	47.3	37.8	
60+yrs	33.3	52.4	62.0	
Total	100	100	100	
Source: Data from Monthly Clinic Summary Report (MCSR). Ministry of Health, Jamaica				

Health Centre Utilization

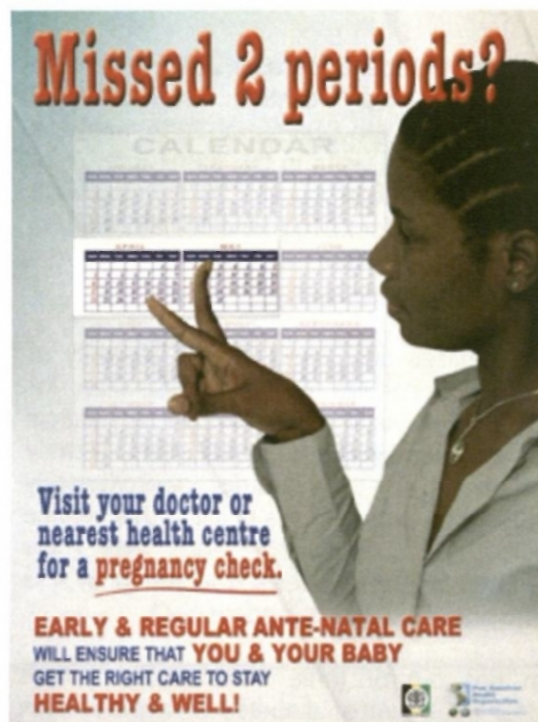
Antenatal Services

Every pregnant woman should have at least four quality antenatal visits, with the first visit commencing in the first trimester (<12 weeks).

Antenatal Services represent 8% of the visits to health centres. In 2016, 43.7% of pregnant women attending public health centres made their first antenatal visit in the first trimester which was greater than the 41.5% in 2015.

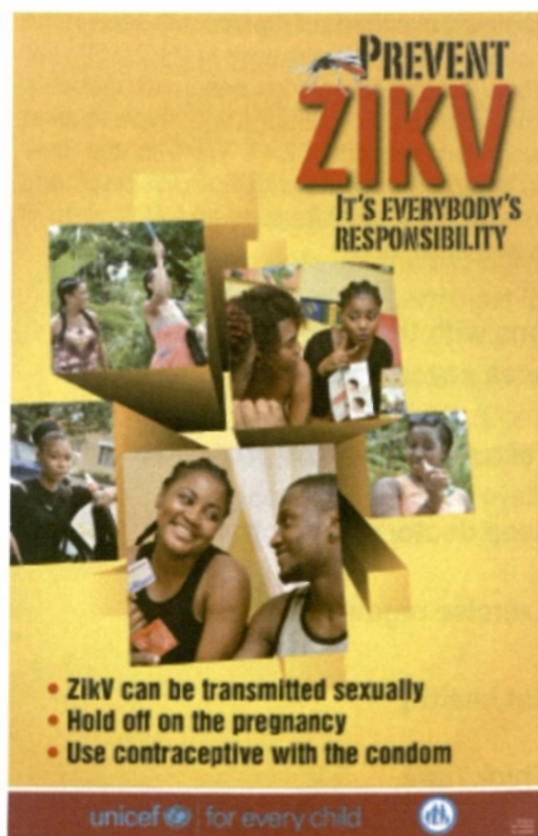
Pregnant women in the 20-29 age group were more likely to attend in the first trimester followed by women 30 years and over then by women less than 20 years.

Hanover (58.5%) followed by Trelawny (57.4%) and Westmoreland (51.4%) had the best attendance in the first trimester. The parishes with the lowest were Portland (37.8%), St. Ann 38.4% and St. Catherine (38.9%).



Family Planning Services

Family planning services accounted for 13% of the visits made to the health centres in 2016. Almost two out of every three persons visiting health centres for family planning services accepted injectable contraceptive as the method of contraception. The majority (52.3%) of visits were in persons 20-29 years followed by persons greater than 30 years (32.3%).

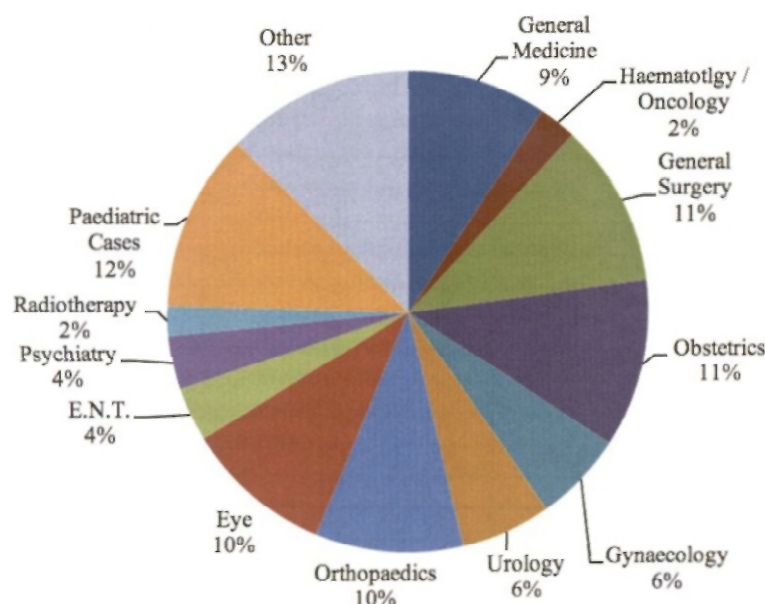


Hospital Utilization

Visits to Specialty Outpatient Departments

HOSPITAL/ FACILITY	Type	# of Visits Q4 2015	# of Visits Q4 2016	% change
Kingston Public	A	30940	33773	9.2%
University	A	19863	18914	-4.8%
Savanna La Mar	B	6846	6927	1.2%
Spanish Town	B	9207	9249	0.5%
Mandeville	B	16666	16711	0.3%
St. Ann's Bay	B	9216	8067	-12.5%
Port Antonio	C	2354	3596	52.8%
Lionel Town	C	524	795	51.7%
Black River	C	2458	2801	14.0%
Annotto Bay	C	3414	3377	-1.1%
Noel Holmes	C	608	592	-2.6%
Percy Junor	C	960	816	-15.0%
Princess Margaret	C	1411	1194	-15.4%
Falmouth	C	1445	1175	-18.7%
May Pen	C	7288	5883	-19.3%
Port Maria	C	365	292	-20.0%
Linstead	C	0	0	
Mona Rehabilitation	S	226	289	27.9%
National Chest	S	1109	1173	5.8%
Victoria Jubilee	S	7531	7521	-0.1%
Bustamante Children	S	12074	11982	-0.8%
Bellevue	S	1693	1580	-6.7%
Hope Institute	S	0	0	
All Hospitals/ National		136,198	136,707	0.4%

Visits to Outpatient Departments by Specialty at All Government Hospitals for Quarter 4 (October to December) 2016; Jamaica.



Cornwall Regional Hospital data excluded for December 2016. Data from HMSR; Hospital Monthly Statistical Report, Ministry of Health, Jamaica

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

*Cornwall Regional Hospital excluded from table as the data for the month of December is not available.

Source: Data from Hospital Monthly Summary Report (HMSR). Ministry of Health, Jamaica.

The greatest proportion of the specialist visits were made to the following outpatient departments: Paediatrics (16,697, 12%) followed by Obstetrics (15,959, 11%) and General Surgery (15,407, 11%) then by both Orthopaedics (13,970, 10%) and Eye (13,970, 10%).

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.

Kingston Public Hospital had the highest number of outpatient visits, followed by the University Hospital of the West Indies and the Mandeville Regional Hospital (16,713). Outpatient department visits occurring at the Kingston Public Hospital accounted for almost one quarter (24%) of visits across all hospitals, while visits at the top three hospitals accounted for approximately one half (49%) of all outpatient department visits. (Cornwall Regional Hospital Report was not complete and not included in the comparisons).

Hospital Utilization

Hospital Admissions

HOSPITAL / FACILITY	Type	# of Admissions Q4 2015	# of Admissions Q4 2016	% Change
University	A	2933	3477	18.5%
Kingston Public	A	6904	7009	1.5%
Savanna La Mar	B	2411	2412	0.0%
Mandeville	B	3327	3020	-9.2%
St. Ann's Bay	B	4815	4297	-10.8%
Spanish Town	B	5723	4845	-15.3%
Noel Holmes	C	350	401	14.6%
Lionel Town	C	242	262	8.3%
Black River	C	1785	1901	6.5%
Annotto Bay	C	1904	1899	-0.3%
Falmouth	C	857	844	-1.5%
Linstead	C	148	144	-2.7%
Port Antonio	C	1151	1048	-8.9%
Percy Junor	C	1176	1040	-11.6%
May Pen	C	2816	2490	-11.6%
Princess Margaret	C	1134	983	-13.3%
Port Maria	C	529	453	-14.4%
Bellevue	S	253	259	2.4%
Bustamante Children	S	2956	2828	-4.3%
National Chest	S	200	166	-17.0%
Victoria Jubilee	S	4910	3935	-19.9%
Mona Rehabilitation	S	79	63	-20.3%
Hope Institute	S	181	137	-24.3%
All Hospitals/ National		46,784	43,913	-6.1%

*Cornwall Regional Hospital excluded from table as the data for the month of December is not available.
Data from Hospital Monthly Summary Report (HMSR). Ministry of Health, Jamaica.

46,133 admissions occurred in public hospitals between October and December, 2016.

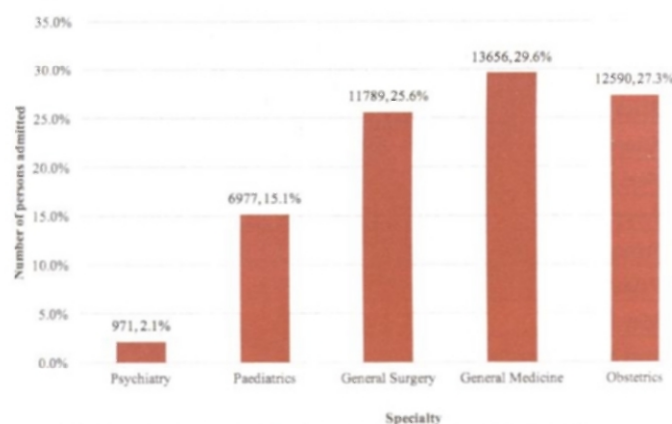
The Kingston Public Hospital had the most admissions followed by Spanish Town, St. Ann's Bay and Victoria Jubilee Hospitals.

Mona Rehabilitation Hospital followed by Hope Institute and Linstead Hospital Institute had the least amount of admissions.

Type B Hospitals accounted for the majority of admissions during this period (32%), followed by type C (23%) then type A (22%) hospitals.

General Medicine was the most common reason for admission to hospital, accounting for 13,656 (30%) of admissions, followed by obstetrics (27%) and general surgery (26%) respectively.

Number of Admissions to Government Hospitals by Specialty for Quarter 4 (October - December) 2016

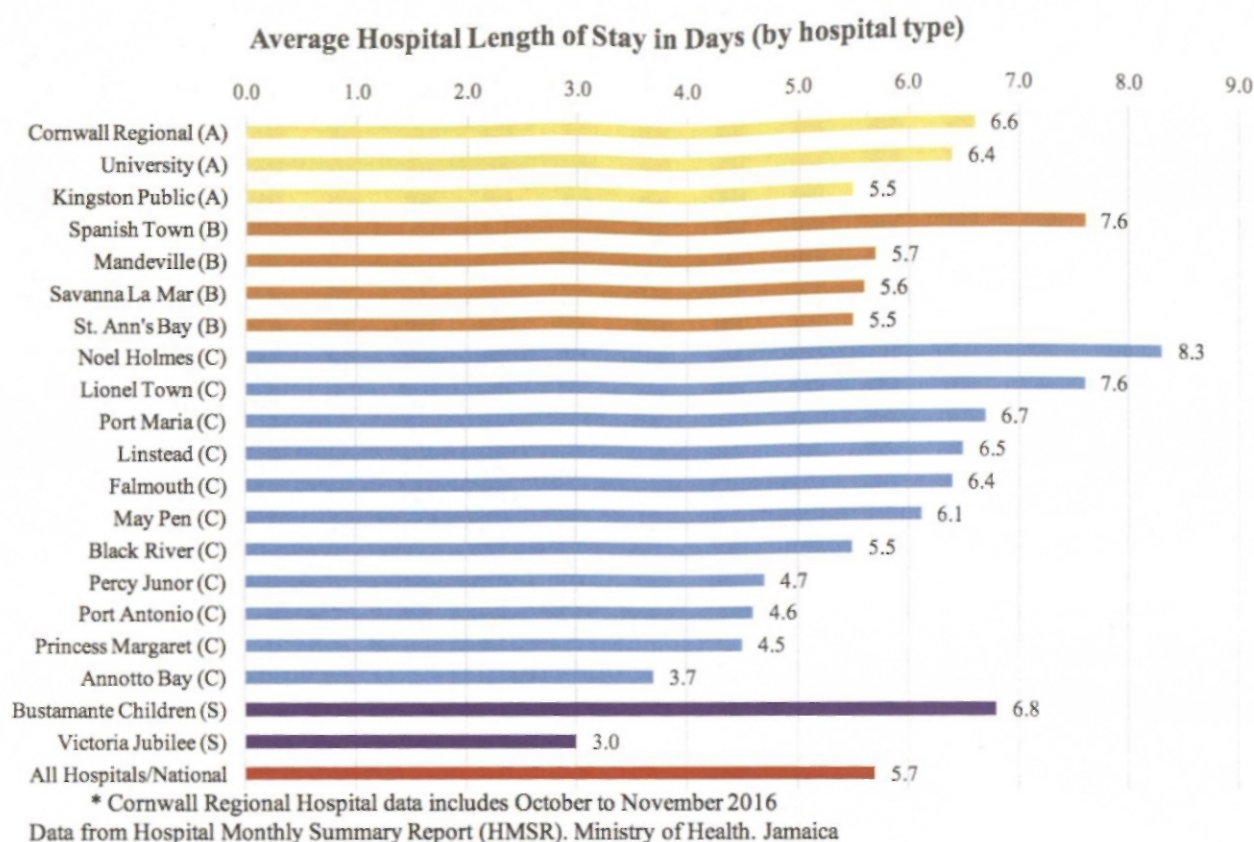


* Cornwall Regional Hospital Excluded for Dec of 2016
Data from Hospital Monthly Summary Report (HMSR). Ministry of Health, Jamaica



Hospital Utilization

Average Hospital Length of Stay



Length of stay refers to the time between admission and discharge (including death). **The Mona Rehabilitation Hospital had on average the longest length of stay at 37 days** followed by the National Chest Hospital (16.4) and Hope Institute (10 days). The top three provides 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 5.7 days. Noel Holmes Hospital had the longest average length of stay (8.3 days) followed by Lionel Town Hospital and Bustamante Hospital for Children. Cornwall Regional, Spanish Town and Noel Holmes Hospitals had the longest average length of stay of Types A, B and C Hospitals respectively.

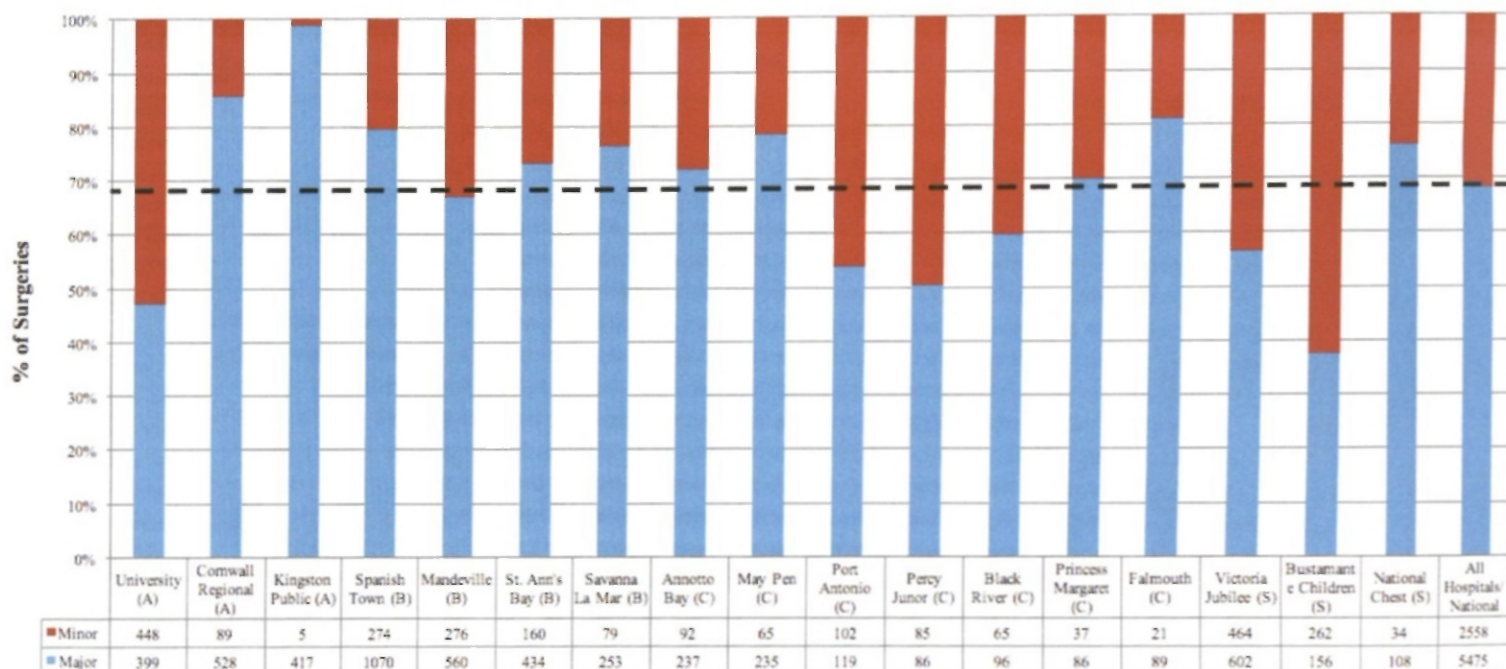
The Victoria Jubilee Hospital had the shortest length of stay of three days on average. This is expected, as this is a maternity hospital.

General Medicine (7.0 days) admissions accounted for the highest average length of stay, followed by General Surgery (6.2 days) and Paediatrics (6.2 days), then by Obstetrics (2.9 days).

Hospital Utilization

Surgeries, Major and Minor

Total, Major and Minor Surgeries in Government Hospitals for Quarter 4, 2016



— — % Major Surgeries of all

Cornwall Regional Hospital data calculated for October-Nov of 2016

NB. Linstead, Port Maria, Noel Holmes and Lionel Town hospitals were removed from the graph as no surgeries were performed during Q4 2016

Data from HMSR; Hospital Monthly Statistical Report. Ministry of Health. Jamaica

In all 7,450 surgeries were conducted in government hospitals between October and December 2016 (Cornwall Regional Hospital data for October to November only). Over five thousand (5,037) were major surgeries and 2,413 minor surgeries.

Spanish Town Hospital performed the greatest number of major surgeries at 679, followed by Victoria Jubilee Hospital (602), Mandeville Regional Hospital (560), Cornwall Regional Hospital (528) and, St. Ann's Bay Hospital (434). The Victoria Jubilee Hospital, followed by the University Hospital of the West Indies and the Mandeville Regional Hospital performed the highest numbers of minor surgeries.

Public Private Mix of Surgeries Done in Government Hospitals

Hospital	Period	Private (%)
May Pen	Dec 2016 – Feb 2017	4/448 (2.2%)
Bustamante	Feb 2017	0/219 (0%)
Kingston Public	Jan –Feb 2017	0/2605 (0%)
University	Oct-Dec 2016	0/847 (0%)

The Ministry of Health is implementing systems to capture information on the proportion of surgeries done in the government hospitals that are private.

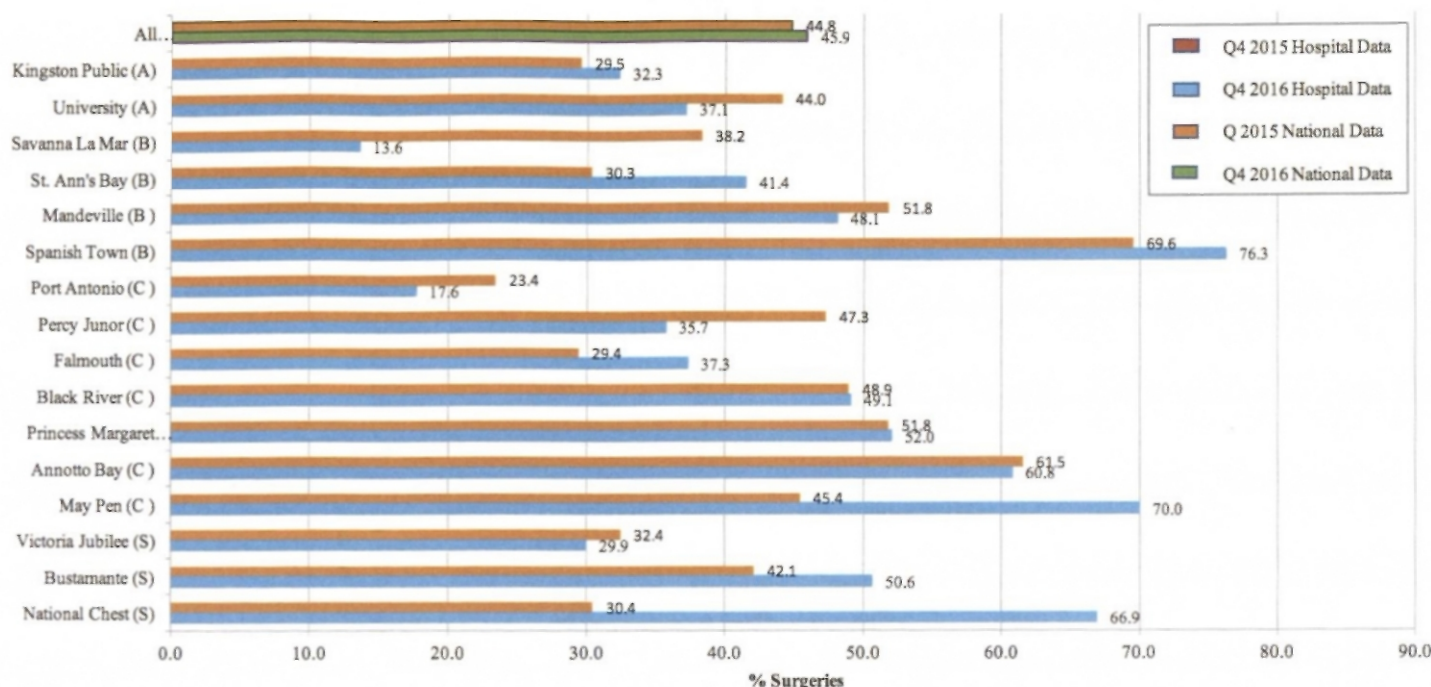
Only four of the hospitals have reported to date but as of April 2017 all hospitals must report.

Consultant surgeons are permitted to perform 1 private surgery to 3 public surgeries.

Hospital Utilization

Percentage of Emergency Surgeries

Emergency Surgeries as a Proportion of Total Surgeries within Gov't Hospitals Q4 2015 & Q4 2016



* Cornwall Regional Hospital rate calculated for October-Nov of 2016

NB. Linstead, Port Maria, Noel Holmes and Lionel Town hospitals were removed from the graph as no surgeries were performed for the periods under comparison
Data from Hospital Monthly Statistical Report (HMSR), Ministry of Health, Jamaica.

Approximately half (46%) of surgeries occurring in public hospitals for the period October to December 2016 were emergency surgeries.

Over three quarters (76%) of the surgeries performed at the Spanish Town Hospital were emergency surgeries. This was the highest proportion among public hospitals.

Approximately one third (32%) of surgeries performed at the Kingston Public Hospital were emergencies. This is below the national average (46%).

Births, Stillbirths & Neonatal Deaths

**Live Births in Government Hospitals,
Jamaica 2015 – 2016 By Quarter**

Quarter	2015	2016	% Change
Quarter 1 (Jan-Mar)	8,278	8,592	3.8
Quarter 2 (Apr-Jun)	7,029	7,582	7.9
Quarter 3 (Jul-Sept)	9,295	8,964	-3.6
Quarter 4 (Oct-Dec)	11,420	8,221	-28.0
Annual Total	36,022	33,359	-7.4

Data from Hospital Monthly Summary Report (HMSR). Ministry of Health. Jamaica

Over eight thousand (8,221) live births occurred in public hospitals between October and December, 2016, excluding the month of December for Cornwall Regional Hospital. This represented a decline of 28% when compared with the number of births occurring over the same quarter in 2015. This significant decline may be due to factors related to Zika Virus infection and the recommendation to delay pregnancy.

The greatest number of births occurred at the Victoria Jubilee Hospital (2,086) followed by Spanish Town Hospital (899) and Mandeville Regional Hospital (846). The hospitals with the lowest numbers of live births were Lionel Town (12) and Linstead (13) Hospitals respectively.

Stillbirths and Neonatal Deaths by Hospital, October to December 2015 and 2016

Name of Facility	Number of Live Births	Number of Stillbirths	Total Births	Stillbirth Rate Per 1000 Births	Total Neonatal Deaths (0-27 days)	Neonatal Mortality Rate Per 1000
Annotto Bay	265	8	273	29.3	0	0.0
Port Antonio	160	1	161	6.2	0	0.0
Port Maria	77	3	80	37.5	0	0.0
St. Ann's Bay	751	10	761	13.1	2	2.7
Linstead	13	0	13	0.0	0	0.0
Princess Margaret	275	10	285	35.1	0	0.0
Spanish Town	899	19	918	20.7	14	15.6
University	331	7	338	20.7	12	36.3
Victoria Jubilee	2086	32	2118	15.1	36	17.3
Black River	273	4	277	14.4	1	3.7
Lionel Town	12	0	12	0.0	0	0.0
Mandeville	846	19	865	22.0	17	20.1
May Pen	597	6	603	10.0	1	1.7
Percy Junor	48	1	49	20.4	1	20.8
Cornwall Regional*	716	15	731	20.5	7	9.8
Falmouth	165	2	167	12.0	0	0.0
Noel Holmes	91	1	92	10.9	1	11.0
Savanna-La-Mar	616	12	628	19.1	4	6.5
All Hospitals	8,221	150	8371	18.2	96	11.7

* Cornwall Regional Hospital data includes October to November 2016

Data from Hospital Monthly Summary Report (HMSR). Ministry of Health. Jamaica

The stillbirth rate across government hospitals excluding Cornwall Regional Hospital for the period October-December 2016 was 18.2/1000 births. Port Maria Hospital had the highest rate of stillbirths, followed by Princess Margaret and Annotto Bay Hospitals. Port Maria Hospital reported 3 stillbirths from 77 live births, and Princess Margaret reported 10 stillbirths from 275 live births. Both Lionel Town and Linstead Hospitals had 0 stillbirths.

At Government hospitals 12 neonatal deaths/1,000 live births was recorded for the period October to December 2016. The University Hospital of the West Indies had the greatest neonatal death rate (36/1,000 live births) followed by Percy Junor (21/1,000), Mandeville Regional (20/1,000) and Victoria Jubilee Hospitals (17/1,000). It is expected that the University Hospital of the West Indies and Victoria Jubilee Hospital would have high rates of neonatal deaths, given that these hospitals receive the more difficult cases nationally. For UHWI this is so for both mother and baby.

Deaths Occurring in Government Hospitals

Deaths Occurring in Government Hospitals, 2016 and 2015							
Hospital	Type	Bed Complement	% Bed Occupancy	# Of Discharges 2016	# Of Deaths 2016	Deaths as a % of Discharges 2015	Deaths as a % of Discharges 2016
Kingston Public	A	455	73.3	28053	1967	7.0%	7.0%
University	A	402	62.5	13204	773	5.4%	5.9%
Cornwall Regional*	A	417	92.7	16692	955	5.2%	5.7%
Mandeville	B	226	92.8	12605	647	4.7%	5.1%
St. Ann's Bay	B	271	95.9	17565	714	4.7%	4.1%
Savanna La Mar	B	164	94.6	8952	357	4.1%	4.0%
Spanish Town	B	403	73.8	17713	667	3.6%	3.8%
Linstead	C	55	28.6	599	96	15.4%	16.0%
Noel Holmes	C	38	67.8	1604	87	6.3%	5.4%
May Pen	C	158	106.6	11288	611	4.8%	5.4%
Falmouth	C	94	72.9	3287	174	3.7%	5.3%
Princess Margaret	C	129	46.0	3955	194	5.7%	4.9%
Port Maria	C	61	48.9	1999	81	3.6%	4.1%
Black River	C	97	153.2	8934	339	5.3%	3.8%
Percy Junior	C	120	54.7	6485	245	4.8%	3.8%
Annotto Bay	C	118	66.8	7246	259	3.5%	3.6%
Port Antonio	C	103	55.5	4232	148	3.6%	3.5%
Lionel Town	C	45	50.2	3956	60	4.8%	1.5%
Hope Institute	S	34	4.5	583	71	11.2%	12.2%
National Chest	S	100	37.4	791	57	7.3%	7.2%
Mona Rehabilitation	S	65	4.4	228	3	0.0%	1.3%
Bellevue	S	782	0.0	1092	13	0.7%	1.2%
Victoria Jubilee	S	223	58.3	16082	189	1.7%	1.2%
Bustamante Children	S	311	107.0	10319	96	1.1%	0.9%
All Hospitals/National		4861	64.0	197464	8803	4.6%	4.5%

* Cornwall Regional Hospital data includes October to November 2016

In 2016, 4.6% of the discharges from government hospitals were because of deaths. Linstead Hospital had the greatest proportion of deaths among discharges of 20% followed by Hope Institute (11%), Lionel Town Hospital (8%), Kingston Public Hospital (7%) and Mandeville Regional Hospital (5.1%).

Kingston Public Hospital had the greatest proportion of deaths among discharges among Type A Hospitals, Mandeville Regional Hospital had the greatest among Type B Hospitals, Linstead Hospital among Type C and Hope Institute among Specialist Hospitals.

Hospital Summary Matrix

Summary of Hospital Burden, Utilization, Outputs and Outcomes at Government Hospital, Jamaica, 2016

Hospital/Facility	Hospital Type	Average Bed Complement	Bed Occupancy (%)	Gunshot + Stabwound + MVA/% A&E visits	Emergency surgery as a % of Total Surgeries	# of Surgeries	Visits to Specialty Outpatient	Admissions	Length of Stay (Days)	Total Births	Still Birth Rate/1000 Live Births	Neonatal mortality Rate/1000	Death Rate per 1000 Discharges
Annotto Bay	C	118	66.8	3.0	54.5	1364	12984	7256	3.8	1024	12.7	1.0	36.5
Bellevue	S	782	0	N/A	N/A	0	6417	984	No Report	N/A	N/A	N/A	11.9
Black River	C	97	153.2	4.4	51.2	668	9646	7335	6.0	1096	10.9	9.2	46.7
Bustamante Children	S	311	107	0.2	40.9	1703	51958	10482	6.1	N/A	N/A	N/A	9.3
Cornwall Regional	A	417	92.7	3.3	56.7	5216	77461	16795	7.3	3805	16.6	14.2	59.3
Falmouth	C	94	72.9	2.8	41.3	542	5972	3300	7.0	669	7.5	0.0	55.3
Hope Institute	S	34	4.5	N/A	N/A	0	0	586	10.8	N/A	N/A	N/A	113.6
Kingston Public	A	455	73.3	4.9	28.3	2399	133736	27510	5.7	N/A	N/A	N/A	70.1
Linstead	C	55	28.6	3.9	N/A	0	255	605	7.8	32	0.0	0.0	160.3
Lionel Town	C	45	50.2	1.0	N/A	0	2690	951	7.8	43	0.0	23.3	63.2
Mandeville	B	226	92.8	1.1	47.1	3586	72156	12591	5.6	3649	19.2	20.1	52.1
May Pen	C	158	106.6	2.0	47.0	2158	25131	10264	5.8	2359	15.7	6.5	58.3
Mona Rehabilitation	S	65	4.4	N/A	N/A	0	480	273	37.0	N/A	N/A	N/A	0
National Chest	S	100	37.4	0.0	33.3	528	4598	792	16.4	N/A	N/A	N/A	72.1
Noel Holmes	C	38	67.8	4.6	N/A	0	2375	1603	6.8	368	19.0	5.5	54.3
Percy Junior	C	120	54.7	1.2	37.5	690	3708	4240	5.3	250	16.0	8.1	62.1
Port Antonio	C	103	55.5	1.6	19.2	1114	10660	4260	4.5	635	11.0	0.0	35.9
Port Maria	C	61	48.9	1.7	0.0	2	1334	1956	6.0	276	25.4	3.7	43.5
Princess Margaret	C	129	46	3.3	48.9	479	5561	3961	4.4	981	18.3	2.1	49.4
Savanna La Mar	B	164	94.6	4.3	16.8	1073	31557	8944	6.0	2257	15.1	8.5	40.8
Spanish Town	B	403	73.8	5.4	72.0	3763	36203	17912	5.7	4578	14.9	5.8	37.7
St. Ann's Bay	B	271	95.9	2.3	34.9	2738	38226	17541	5.3	2990	16.1	6.5	41.9
University	A	402	62.5	0.0	40.2	3532	82832	13316	7.0	1214	22.2	32.0	60.2
Victoria Jubilee	S	223	58.3	N/A	27.6	4232	32699	15917	3.0	7711	20.5	19.7	11.8

Diagnostic Services

Diagnostics: Imaging Studies	2015	2016	% Change
Diagnostics: X-Ray, All types*	308,282	314,909	2.1
No. of X-Ray Procedures/Functional X-Ray Machines*	13,404	11,663	-13.0
Diagnostics: Ultrasound*	26,881	19,432	-27.7
No. Of Ultrasound Procedures/Ultrasound Machines*	2,651	2,680	1.1
Echocardiogram*	488	1,062	117.6
CT Scan*	7,384	1,762	-76.1
MRI*	1	1,128	112700
Total Imaging Studies*	343,036	338,293	-1.4

Diagnostics: Laboratory Studies	2015	2016	% Change
Laboratory Tests: Health Centres**	371,443	396,217	6.7
Laboratory Tests: Hospitals*	5,985,360	6,028,027	0.7
Laboratory Tests: National Public Health Laboratory***	1,735,023	1,939,148	11.8
Total Laboratory Tests	8,091,826	8,363,392	3.4

Cornwall Regional Hospital Data for December 2016 not included.

Source: Data from Hospital Monthly Statistical Report*, Monthly Clinic Summary Report**, Laboratory Information System***

The public health facilities conducted 338,293 imaging studies in 2016 which was 1.4% less than in 2015. In 2016, the laboratories in the public health system conducted 8,362,392 tests, 3.4% greater than in 2015. The majority (72%) of tests were done in hospital laboratories.

Notifiable Diseases/Events

Confirmed Class 1 Diseases/Health events, 2015 and 2016		
Class 1 disease	Number of Confirmed cases	
	2015	2016
Accidental Poisoning	127	122
AFP/Polio	0	0
Chikungunya	4	7
Cholera	0	0
Dengue Haemorrhagic Fever	0	4
Hansen's Disease	3	1
Hepatitis B	33	29
Hepatitis C	4	10
Malaria (imported)	4	3
Meningitis (clinical)	67	57
Plague	0	0
Meningococcal meningitis	0	0
Neonatal tetanus	0	0
Typhoid fever	3	1
H/Flu Meningitis	0	0
Congenital rubella syndrome	0	0
Congenital Syphilis	5	7
Maternal Deaths	35	18*
Ophthalmia Neonatorum	315	424
Pertussis-like Syndrome	0	0
Rheumatic Fever	12	5
Tetanus	1	1
Tuberculosis	46	60
Yellow fever	0	0

* The Maternal Deaths in 2016 are still under review
Data from Surveillance Databases, National Surveillance Unit, Ministry of Health, Jamaica

Class 1 Notifiable Diseases/ Health Events

Class 1 diseases / health events are of highest priority because of their potential to cause high morbidity and/or mortality. Health care providers must report Class 1 diseases /health events on suspicion to the Medical Officer of Health at their Parish Health Departments within 24 hours of contact.

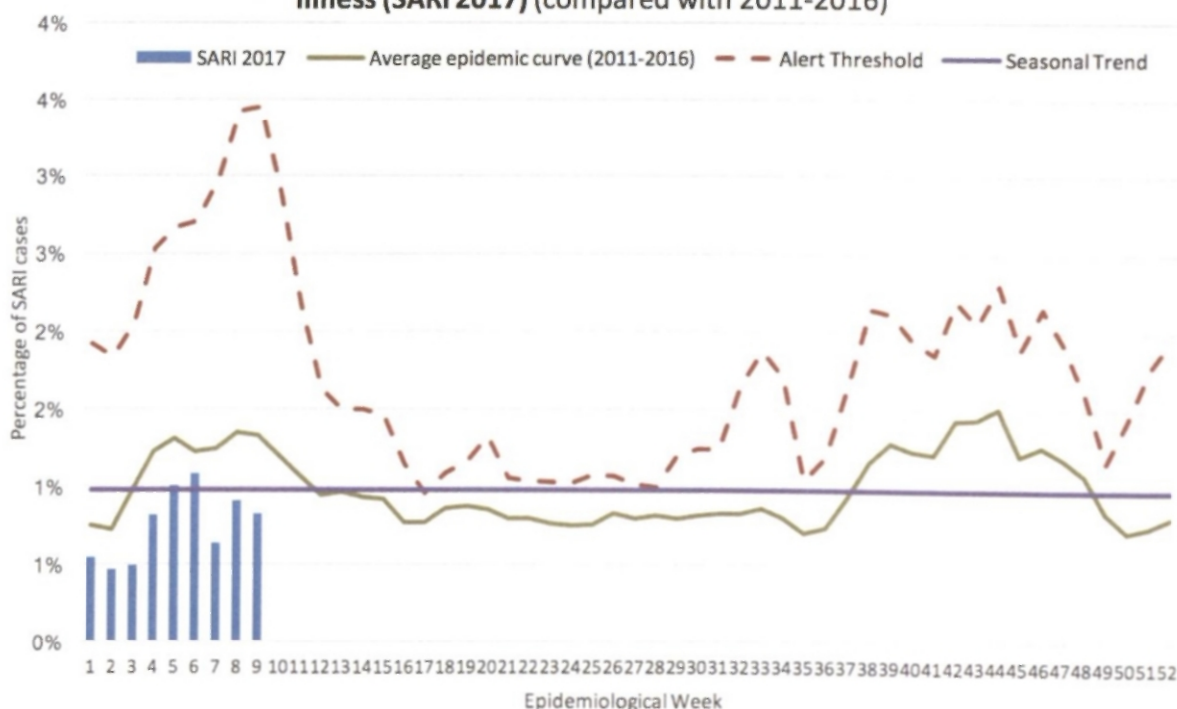
Zika virus infection is the newest Class 1 disease (gazetted in 2015). The Zika virus introduction to Jamaica was confirmed on 29 January, 2016.

Influenza

The Surveillance System in Jamaica collects weekly data on influenza and influenza like conditions. The System includes the capture of fever and respiratory syndrome from 77 sentinel sites and of severe acute respiratory infections (SARIs) from six major hospitals across the island.

In 2017, up to Epidemiological Week (EW) 9 (week ending 4th March) showed that Influenza Season continues in Jamaica. In EW 5 the SARI cases were what is expected.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2017) (compared with 2011-2016)



Zika Update

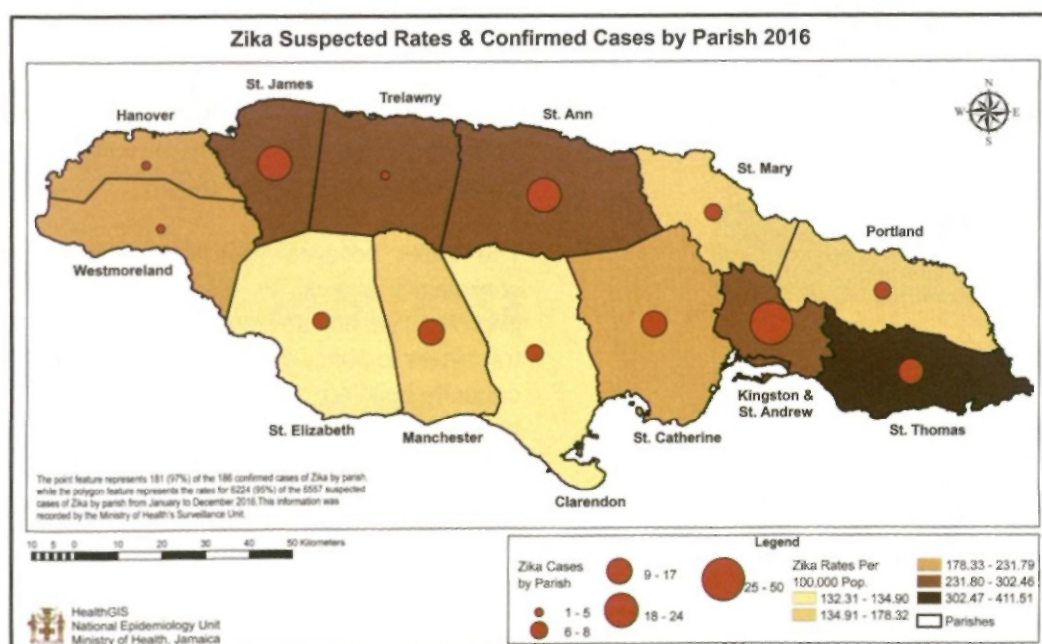
Notified, suspected, confirmed cases of Zika reported to the National Surveillance Unit, Jamaica. 2015-2017



A total of 9,997 notifications were received as at 10th April 2017, and 7,667 were classified as having suspected Zika Virus Infection. Positive laboratory results received to date is 203 (confirmed and presumed). The number of cases of Zika virus infection peaked in epidemiological week (EW) 26, 2016 (June 2016). Since EW 26 the number of reported cases gradually decreased.

There were 827 cases of notified Zika virus infection in pregnant women reported as at 10th April, 2017; 698 have been classified as suspected Zika based on the case definition. Of the 698 suspected cases, seventy-eight (78) have had positive PCR results confirming Zika virus infection. There were 170 notifications received regarding babies suspected as Congenital Syndrome Associated with Zika Virus Infection (CSAZ), 50 were classified as suspected cases of CSAZ (46 Microcephaly – 35 non-severe, 11 severe; 4 other congenital abnormalities). Three infants based on Pan American Health Organization/World Health Organization were classified as probable cases of CSAZ.

St. Thomas had the greatest number of cases of Zika virus infection per population followed by Trelawny and St. James.

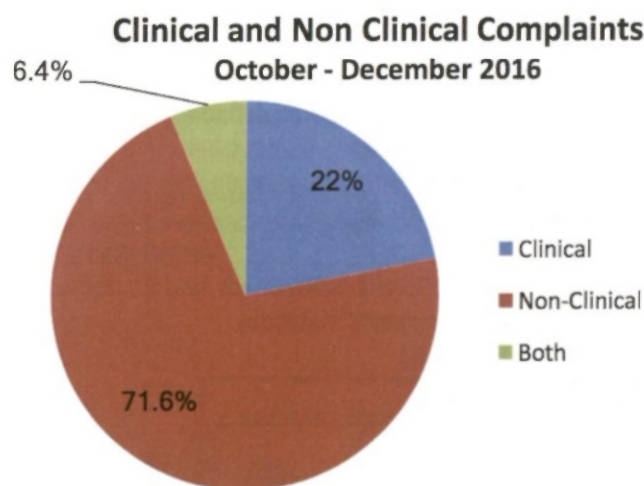


Health Sector Complaints

Complaints by Service Point October - December 2016		
Region/ Agency	Complaints Received	% of Total Complaints
Regional Health Authorities (RHAs)		
South-East (SERHA)	31	28.4
North-East (NERHA)*	57	52.3
Western (WRHA)	7	6.4
Southern (SRHA)	2	1.8
University Hospital	2	1.8
National Health Fund (NHF)	1	0.9
Private/Other	9	8.3
Total	109	100
* Of the 4 RHA's, only NERHA submitted complaint data for the period		

Complaints or concerns raised within the public health sector are an indication of a perceived deficiency or expression of dissatisfaction related to the quality or performance of the health care system in its delivery of service. In a bid to maintain good customer service engagement, complaints and concerns are investigated and the necessary steps taken to improve the service to prevent a reoccurrence.

Complaints can be lodged with the Ministry of Health (MOH), Head Office, Regional Health Authorities (RHA's), health care facilities and MOH Departments and Agencies. In all, 109 complaints were lodged with the MOH and NERHA. Of the 4 RHA's, only the NERHA reported on complaints. Almost three quarter (72%) of complaints received were non-clinical in nature indicating a need for customer service related improvements. Of the complaints received, 28% were resolved, 42% were ongoing, 27% were closed and 3% awaiting additional information.



Of the complaints made solely to the MOH (73) disaggregation by category revealed that the highest proportion were classified under Access (36%) followed by Quality of Clinical Care (QCC), 18%, and Communications (15%). Under the Access category, the most common sub-complaint was refusal to provide services (50%), followed by inadequate resources/lack of service and delay in admission, service or treatment both with 22.2% each. The QCC category had negligence (38.5%) and inadequate treatment/therapy (23%) as the most common sub-categories. Communications complaints related mostly to inadequate communication (44.4%) followed by inappropriate verbal/non-verbal communication (33.3%).

Complaints by service area saw Orthopaedics (21%), followed by the A&E/Casualty Department (15%), with the highest proportion of complaints.

The MOH believes that analysing the data related to complaints allows for seeing the bigger picture towards improving service delivery and for quality improvement. This translates to policy and standards development, training and capacity building, resource allocation and quality assurance initiatives for improving the quality of service delivery in the public health sector.

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THE MINISTRY OF HEALTH

MOST NCDs

(NON-COMMUNICABLE DISEASES)

ARE PREVENTABLE

THEY CANNOT BE SPREAD FROM PERSON TO PERSON



STROKE



CANCER



DIABETES



CHRONIC LUNG DISEASE



HEART DISEASE

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