



Vitals

A QUARTERLY REPORT OF
THE MINISTRY OF HEALTH



Health Facility
Utilization - 2018

Reducing Waiting
Times in Emergency
Departments

Vitals: A Quarterly Report of the Ministry of Health
Ministry of Health, Jamaica 2018

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

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



TABLE OF CONTENTS

Editorial	4
Health Statistics at a Glance	5
Reducing Waiting Times in Emergency Departments	6
Vaccination Coverage	10
Notifiable Diseases and Health Events	12
Influenza Surveillance in Jamaica	13
Health Facility Utilization	14
Hospital Utilization	16
<i>Visits to Accident and Emergency (A&E)/Casualty Department</i>	16
<i>Visits to Specialty Outpatient Departments</i>	18
<i>Hospital Admissions</i>	19
<i>Average Hospital Length of Stay</i>	20
<i>Major and Minor Surgeries</i>	21
<i>Emergency Surgeries as a Percentage of Total Surgeries</i>	22
<i>Surgeries: Public – Private Mix</i>	23
Diagnostics	24
Births	25
Births, Stillbirths & Neonatal Deaths	26
Deaths in Government Hospitals	27
Health Sector Complaints	28
Basic Health Indicators	29
Editorial Staff & Erratum	30



Vitals: A Quarterly Report of the Ministry of Health, provides information on health trends and health statistics in Jamaica.

This third edition of *Vitals* represents the one-year anniversary of the Ministry's quarterly report. The feedback received has been favourable, and the analysis useful in raising awareness of the challenges and achievements of the health sector.

This publication features waiting time reduction in emergency departments. There was a notable 10% increase in visits to Health Centres and 7% decrease in visits to the Accident and Emergency (A&E)/Casualty Departments in 2017 when compared to 2016, resulting from the "Reducing Waiting Time in Emergency Department Initiative" which was implemented in seven hospitals across the island. This initiative was intended to promote the appropriate use of A&E departments for emergency cases, and a commensurate shift of non-emergency cases to Health Centres.

The effects of trauma on the health sector continues to be of concern. In 2017, Accident and Emergency (A&E)/Casualty Departments treated 64,349 cases of injuries of which 19,348 were intentional injuries, hence preventable. A closer look reveals that, on average, 6 patients suffering from stab wounds, 4 with gunshot wounds and 3 from sexual assaults are attended to on a daily basis. The statistics indicate the need for inter-sectoral strategies to prevent these injuries.

2017 represents a landmark year for the Measles, Mumps and Rubella (MMR) programme, when for the first time since its introduction to the immunization schedule in 2003, MMR2 vaccination coverage reached the 95% target. Commendations to the public health team for meeting this target for the second MMR vaccination of children 12 to 23 months! We encourage the public health staff to find innovative ways to work with our parents, teachers and the community to address the decrease in coverage for other vaccines that was observed for the 2017 period.

On this 1st Anniversary, I congratulate the *Vitals'* team for providing a statistical report of such high standards that supports evidence based planning and monitoring of the public health care services.

A handwritten signature in black ink, appearing to read "Chris Tufton".

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





MINISTRY OF HEALTH

HEALTH STATISTICS AT A GLANCE

The data displayed below reflects the performance of all public hospitals and health centres in the island of Jamaica from

January to December 2017

HEALTH CENTRE VISITS

4726

Per Day



197

Per Hour

ADMISSIONS

513

Per Day



21

Per Hour

ACCIDENT & EMERGENCY

1699

Per Day



71

Per Hour

SURGERIES

99

Per Day



4

Per Hour

LIVE BIRTHS

89

Per Day



4

Per Hour

REDUCING WAITING TIMES IN EMERGENCY DEPARTMENTS

September 2016 to August 2017

In June 2016, the Ministry of Health embarked on an initiative to reduce waiting times in the emergency departments (EDs) of seven hospitals across the island. The departments selected represented approximately half the total annual visits to the nineteen public emergency departments, island wide.

The Emergency Medical Services Unit of the Ministry of Health conducted a brief review of the triage* process in 2014 and 2015. It was observed that this process varied among hospitals and that the times to triage were long and impacted patients' satisfaction and their management.

**Triage is the process of sorting patients into groups based on the severity of the complaints and indicators, ascertained at a brief interaction to determine whether the person can safely wait for further intervention*

PROBLEMS TO INTERVENTIONS

HEALTH CENTRES

The population over the years appears to have lost confidence in the health centres and several persons utilized the hospitals as their first contact with the health care system. This resulted in unnecessary visits to the EDs, overcrowding in the EDs and waste of resources.

Strengthen the health centres in the vicinity of the hospital to manage/treat more patients requiring primary care services and who routinely use hospitals for this purpose.

- Increase opening hours
- Increase physical capacity to manage more patients
- Increase the services offered

EMERGENCY DEPARTMENTS

The waiting process to triage was long and undocumented in most EDs. This resulted in delays in the time to first contact with a health care provider and also affected decisions to divert patients to health centres.

Improve emergency departments specifically in the areas of streamlining the process of triage in hospitals and improving the waiting facilities.

- Standardize patient flow to triage
- Computerize the process
- Improve and increase physical facilities for waiting and triage
- Establish customer service areas to provide advocacy and support for patients.

THE PROBLEMS

INTERVENTION OBJECTIVES

MAIN INTERVENTION ACTIVITIES

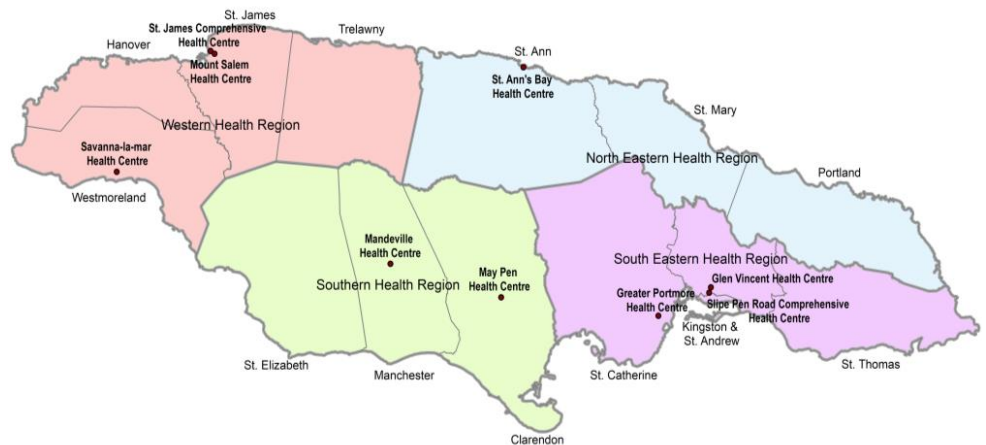


REDUCING WAITING TIMES IN EMERGENCY DEPARTMENTS

September 2016 to August 2017

Up to February 2018, nine health centres had extended opening hours. These were Glen Vincent Health Centre, Slipe Pen Road Comprehensive Health Centre, Greater Portmore Health Centre, May Pen Health Centre, Mandeville Health Centre, Savanna-La-Mar Health Centre, St. Ann's Bay Health Centre, Mount Salem Health Centre and St. James Comprehensive Health Centre.

In the first year of the project, September 2016 to August 2017, the number of curative visits to the health centres in the project increased by 49% when compared to the mean in the previous two years.



Source: The electronic Patient Administration System (ePAS), Triage Module Database

VISITS TO HEALTH CENTRES, SEPTEMBER 2014 TO AUGUST 2017

Health Centre	Sep – Aug 2014-2015	Sep – Aug 2015-2016	Mean 2014-2016	Sep – Aug 2016-2017	Change (%) 2014-2017
Mt Salem	24409	35050	29730	43200	45.3
St. Jago Park	35374	41312	38343	40997	6.9
Greater Portmore	17453	12931	15192	21464	41.3
St. Ann's Bay	19960	21653	20807	49672	138.7
Glen Vincent	9580	11308	10444	18537	77.5
Comprehensive (Slipe Pen Road)	31904	35314	33609	44027	31.0
May Pen	26293	29415	27854	42025	50.9
Mandeville	21264	22674	21969	35750	62.7
Total Visits	186237	209657	197947	295672	49.4

Source: The electronic Patient Administration System (ePAS), Triage Module Database.

The smallest percentage increase in visits was observed for St. Jago Park (one of the health centres that previously had extended hours). This was expected. St. Ann's Bay Health Centre had the highest increase in visits (139%) over the previous two years.

The Way Forward

Black River Health Centre, Santa Cruz Health Centre, Morant Bay Health Centre and Annotto Bay Health Centre are expected to extend opening hours during the next six months. The extended hours are from 4pm-8pm, and in some instances 4pm -9pm.

Infrastructure works, procurement of equipment and increased services were completed in the health centres in Phase 1 of the project. Infrastructure work for Phase 2 health centres; Black River and Savanna-La-Mar, are to be completed in the next six months.

REDUCING WAITING TIMES IN EMERGENCY DEPARTMENTS

September 2016 to August 2017

Interventions in the Emergency Departments

All emergency departments adopted the standard process to triage as recommended by the Ministry of Health: *Customer service » Nurse's Station » Triage*. Infrastructural changes, equipment and staff were put in place to accommodate this process in all seven hospitals.

The ESI system of triage was introduced in all nineteen emergency rooms of public hospitals across the island. This standardized the triage system used and has been used to determine which patients can be safely seen in a non-emergency setting such as in health centres. These patients are categorized as Level 5 in the five-level system.

Implementation of E-triage

An integral part of the project was the computerization of the process to triage. This completed the streamlining of the process and allowed for monitoring and evaluation. All hospitals acquired computers for the process and physical networking was done. The completion of the process was achieved at Bustamante Hospital for Children (BHC) in the first year of the project and was completed at Mandeville General Public Hospital and May Pen Hospital in the second year of the project. Spanish Town Hospital and St. Ann's Bay Hospital are to be completed before the end of the second project year.

Completion of the computerization of the process to triage at BHC allowed for analysis of the data for the first project year and resulted in interventions to improve the times to triage. The data collected at the Bustamante Hospital for Children for September 2016 - August 2017 has shown a tremendous improvement in triage times.

Analysis of outcomes of Reducing Waiting Times Initiatives at the BHC from the E-Triage system for project year 2016-2017

In all, 78,638 patients presented for triage at the Accident and Emergency Department at the Bustamante Hospital for Children for the period September 2016 to August 2017. The analysis showed the following:

- The busiest days were Mondays and Tuesdays and the busiest shift was the morning shift (8am to 4pm).
- 43% (29,693) of the clients were triaged at ESI level 5, meaning that emergency department resources were not required to address their complaints. They could therefore be seen at the health centre or other primary care facility.
- Approximately 7,000 clients were referred to the health centre to be seen.
- 13% (10,422) of the patients had consultation at the triage desk and were sent home.
- The remaining patients were registered for consultation at BHC.

The general trend has been an increase in the number of clients referred to health centres a decrease in the number of patients having consultation at the triage desk. These two factors had a positive effect on the clients wait for triage.



REDUCING WAITING TIMES IN EMERGENCY DEPARTMENTS

September 2016 to August 2017

Triage Times

The times to triage changed significantly over the one-year period. There was an increase in the number of patients who waited less than thirty minutes to be triaged and there were fewer patients waiting for longer periods.

Next Steps for Reducing Waiting Times Initiative:

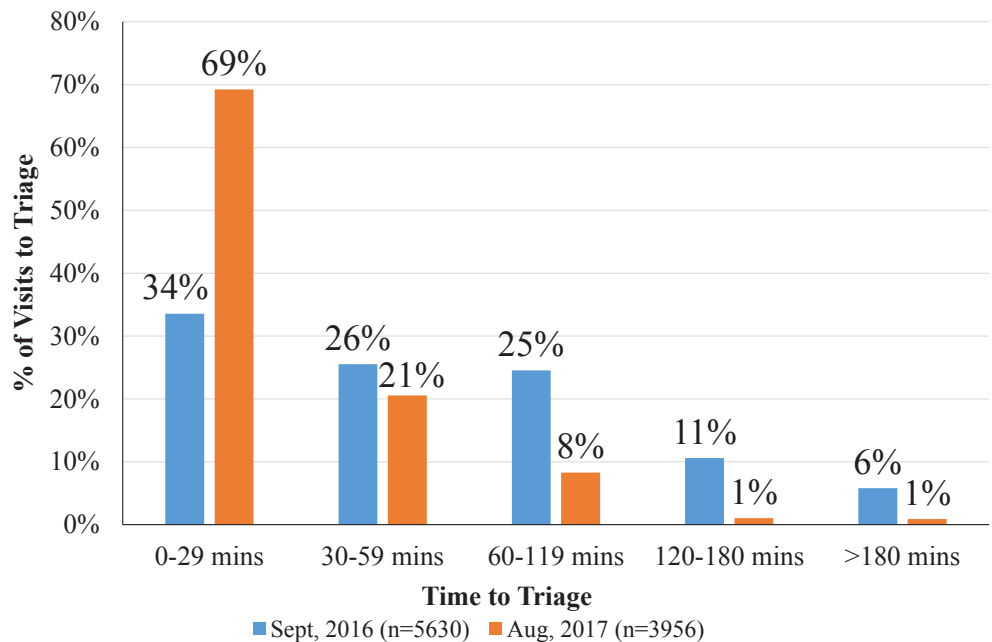
- Computerization of triage process in other hospitals.
- Increase the number of hospitals in the project with Phase 2 extending to four hospitals and four health centres in the catchment area of these hospitals.
- In Phase 3 Linstead Hospital, Percy Junor Hospital, Falmouth Hospital and Port Maria Hospital would be added.
- Public education programme to sensitize the public on appropriate use of emergency facilities and primary care centres.

TIMES TO TRIAGE: SEPTEMBER 2016 AND AUGUST 2017

Time Categories	Sept, 2016	Aug, 2017	% Change
0-29 mins	1889	2739	45
30-59 mins	1437	813	-43
60-119 mins	1381	328	-76
120-180 mins	596	41	-93
>180 mins	327	35	-89
Total	5630	3956	

Source: The electronic Patient Administration System (ePAS), Triage Module Database.

COMPARISON OF SEPTEMBER 2016 AND AUGUST 2017 DATA.



Source: The electronic Patient Administration System (ePAS), Triage Module Database.

Phase 1 of the project has been successful in many areas. The extended hours in health centres has resulted in an increase in visits to the health centres. The objective of decreasing waiting times to triage has been documented in one hospital that has had implementation of all aspects of the project. Quantitative and qualitative analyses have shown improvements in triage times and patient satisfaction with the streamlined process of triage. The project is to be extended to other hospitals and health centres. The overall impact is expected to be a change in behavior towards better utilization of primary care services, appropriate use of emergency departments and improved access to primary care services by the public.

VACCINATION COVERAGE

January to December 2017

Among children from birth to 11 months: 93% received the BCG Vaccine; 93% the third dose of the Polio Vaccine; 93% the third dose of the Diphtheria Pertussis Tetanus (DPT) Vaccine; 93% Hepatitis B Vaccine; 93% Haemophilus influenzae Type B Vaccine.

For children 12 to 23 months: 95% received the first Measles, Mumps and Rubella (MMR) vaccine and 95% received the second dose of MMR. This is the first time that the MMR2 vaccination coverage reached the targeted 95% vaccination coverage since 2003.



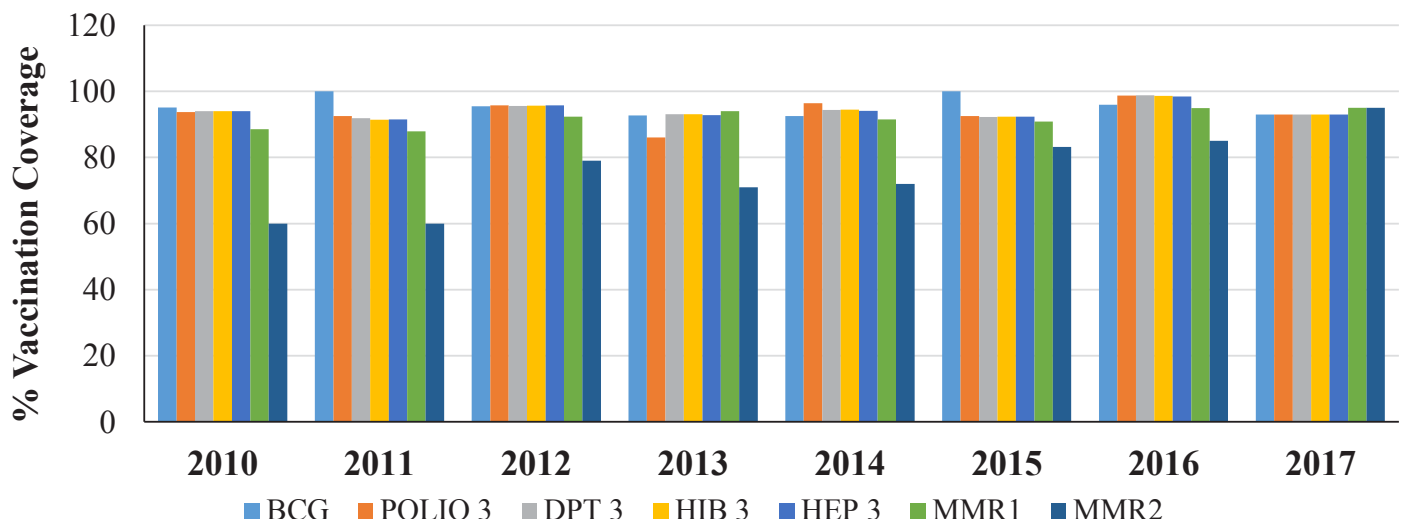
VACCINATION COVERAGE (%) BY VACCINE, JAMAICA, 2017

Vaccine	Target Population		Jan – Dec Target	Coverage		Deficit
BCG	0 – 11 months	33979*	95 – 100%	31610	93%	2 – 7%
Polio3				31699	93%	2 – 7%
DPT3				31625	93%	2 – 7%
HepB3				31590	93%	2 – 7%
HIB3				31641	93%	2 – 7%
MMR1	12 – 23 months	36160	95 – 100%	34408	95%	Target met
MMR2				34215	95%	Target met

*- Data is preliminary.

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

VACCINATION COVERAGE (%) BY ANTIGEN, JAMAICA, 2010 -2017



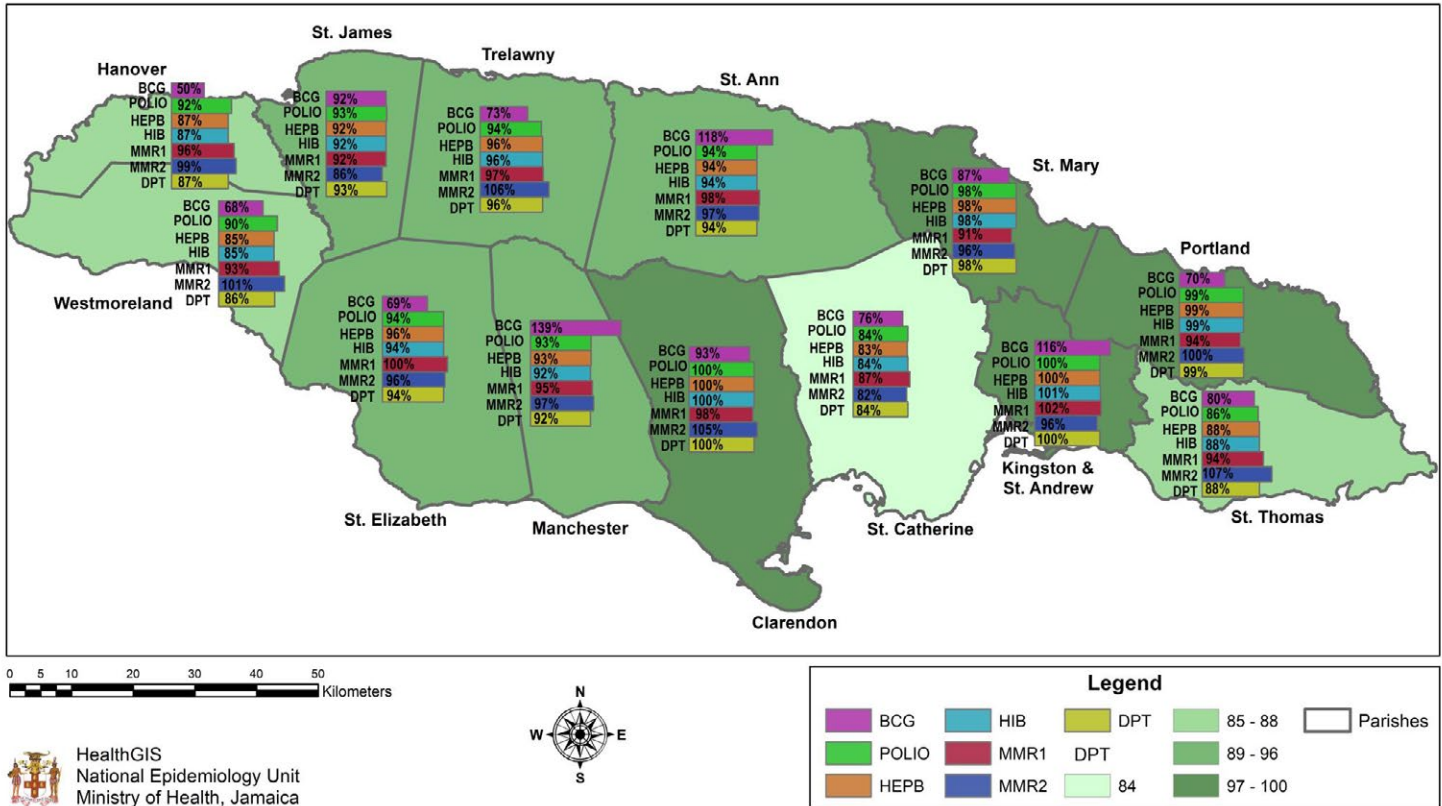
Source: Data from Expanded Programme on Immunization Database, Family Health Services, Ministry of Health Jamaica



VACCINATION COVERAGE

January to December 2017

VACCINATION COVERAGE (%) BY PARISH 2017



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



NOTIFIABLE DISEASES AND HEALTH EVENTS

January to December 2017

Class 1 Disease/Event	Confirmed Cases	
	2016	2017
Accidental Poisoning	132	123
AFP/Polio	0	0
Chikungunya	4	3
Cholera	0	0
Congenital Rubella Syndrome	0	0
Congenital Syphilis	0	0
Dengue Haemorrhagic Fever	3	1
Hansen's Disease (Leprosy)	2	0
Hepatitis B	27	55
Hepatitis C	4	13
Malaria (Imported)	4	8
Maternal Deaths *	58	49
Measles	0	0
Meningitis	64	75
Meningitis H/Flu	0	0
Meningococcal Meningitis	0	0
Neonatal Tetanus	0	0
Ophthalmia Neonatorum	424	373
Pertussis-like syndrome	0	0
Plague	0	0
Rheumatic Fever	9	5
Rubella	0	0
Tetanus	0	1
Tuberculosis	103	76
Typhoid Fever	0	0
Yellow Fever	0	0
Zika	162	0

*- Figures include all deaths associated with pregnancy for the period.

Source: Weekly Epidemiology Bulletin: Epidemiology Week 52, Week Ending December 30, 2017, Revised. National Surveillance Unit, National Epidemiology Unit. Ministry of Health, Jamaica

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

Measles Eliminated from Jamaica in 1991

In 1991, Jamaica recorded its last case of locally transmitted measles. Since then, we have had two cases of imported measles in children visiting Jamaica from the United Kingdom. Both cases were quickly detected and spread of the virus to the local population was prevented by the quick actions of the public health team. A strong immunization programme led by the Ministry of Health has resulted in more than 90% of the Jamaican population being immune to the virus.

In Jamaica two doses of MMR vaccines are given, which protects against Measles, Mumps, and Rubella. The first at 12 months (MMR1) and the second at 18 months (MMR2). Children under 12 months may be vulnerable to measles, hence, it is critical that the rest of the population is vaccinated in the event of an imported case of measles. The vaccinated individuals' immune systems repel the virus and collectively prevent the disease from being re-established in Jamaica.

In 2017, 95% of children 12 to 23 months received both the MMR1 and MMR2 vaccine. This is known as "immunization coverage" and should ideally be at least 95% for the group of babies born each year.

Persons who have a fever and rash should be notified to the Parish Health Department or the Ministry of Health within 24 hours, as this may be a case of measles.

Let us all work together to keep Jamaica measles free.

Measles Prevention & Control

Vaccination

- Ensure that you and your child have received the recommended doses of the measles vaccine.

Traveling

- See a doctor if you or your child come down with fever and a rash after traveling from a foreign country.

Sample Collection

- The Ministry of Health requires a blood sample to quickly determine if fever and rash are due to measles and to take steps to protect vulnerable persons in the population.



INFLUENZA SURVEILLANCE IN JAMAICA

January to December 2017

The influenza virus causes a highly contagious respiratory infection leading to illness and death each year. There have been several worldwide Influenza outbreaks such as the Spanish Flu of 1918 (H1N1); the Asian Flu of 1957 (H2N2); the Hong Kong Flu of 1968 (H3N2); and the 2009 Pandemic Flu (H1N1).

Globally, the surveillance of influenza has been ongoing since 1952 through the World Health Organization's (WHO's) Global Influenza Surveillance and Response System (GISRS) of which Jamaica is a part. Its primary objective is to monitor the changes in the influenza viruses over time and guide the production of influenza vaccines each year.

The Jamaican Surveillance System collects and records Severe Acute Respiratory Infection (SARI) and Influenza-Like Illness (ILI) cases weekly from the six (6) and seventy-eight (78) appointed sentinel sites respectively. This is done to identify influenza cases and to respond rapidly to outbreaks. The Virology Laboratory, Department of Microbiology, at the University of the West Indies is the designated National Influenza Centre (NIC) for Jamaica.



REPORTING AND TESTING OF INFLUENZA IN JAMAICA

Indicators	2016	2017	2018*
Data from National Surveillance Unit			
Number of reported ILI (Fever & Respiratory) cases	56732	48228	10460
Number of reported SARI cases	1056	490	56
Percentage (%) of hospital admissions for SARI	1.6%	0.6%	0.4%
Data from National Influenza Centre			
Number of samples tested at the NIC (all samples)	1340	898	234
Percentage (%) of positive Influenza samples	12%	8%	40%

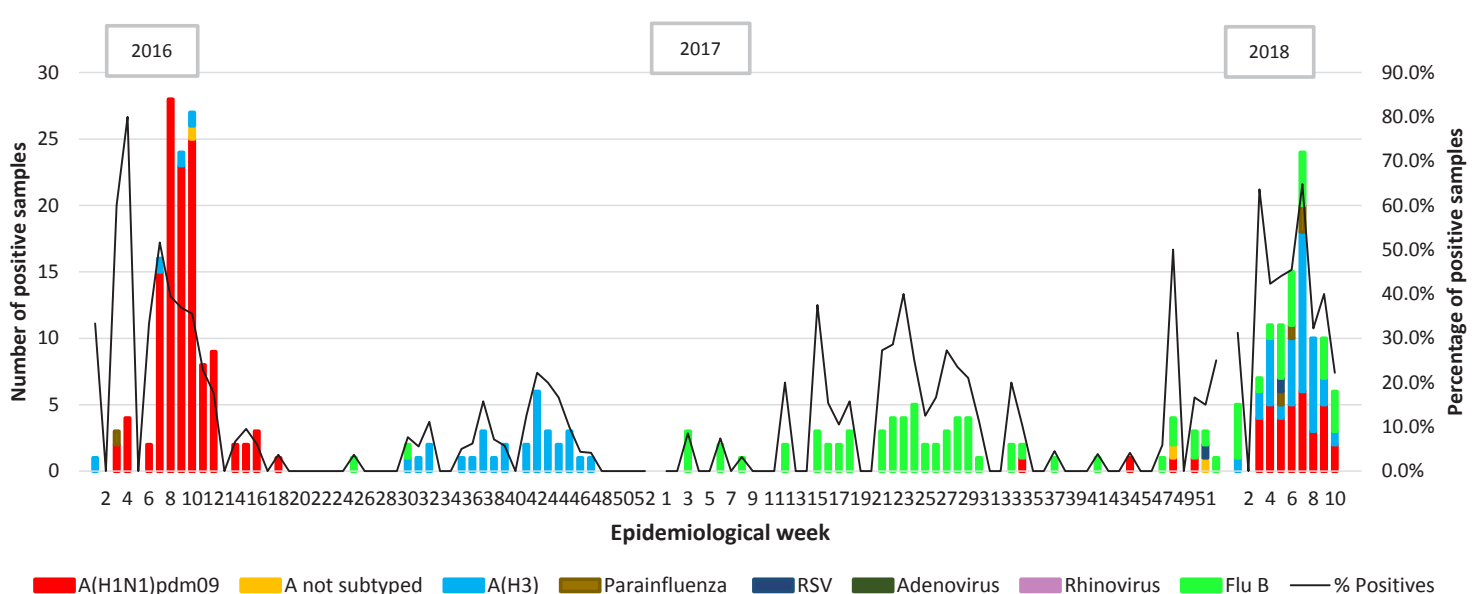
* Year-to-Date - Epi Weeks 1 – 10

Source: National Surveillance Unit, National Epidemiology Unit. Ministry of Health. Jamaica

The Government of Jamaica, Ministry of Health, is in receipt of a five (5) year grant from the Centers for Disease Control and Prevention (CDC) for the "Surveillance and Response to Avian and Pandemic Influenza in Jamaica".

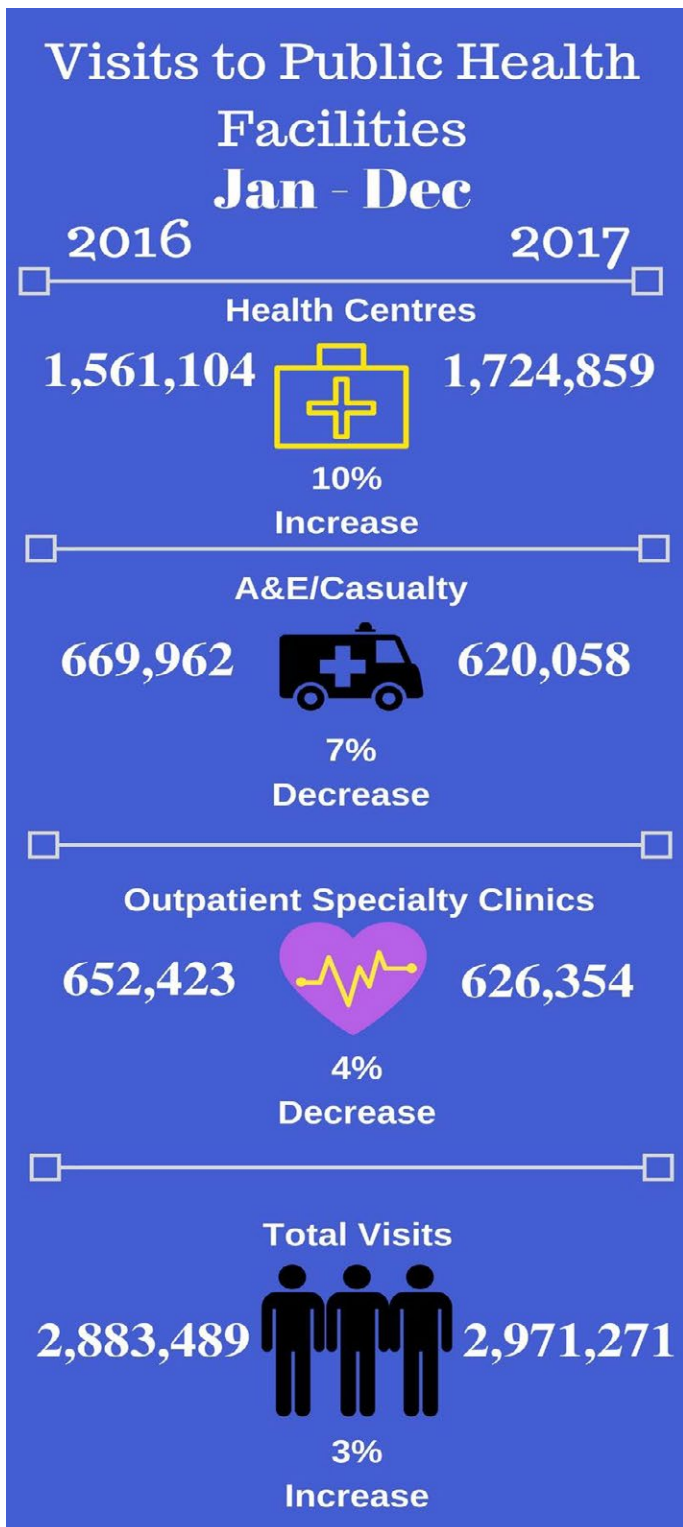
The project seeks to support routine influenza surveillance and build capacity of the system to detect, respond to and monitor changes in influenza viruses with special emphasis on capacity building and sustainability.

DISTRIBUTION OF INFLUENZA AND OTHER RESPIRATORY VIRUSES AMONG SARI CASES BY EW 2015-2018



HEALTH FACILITY UTILIZATION

January to December 2017



There were 2,971,271 visits made to public health facilities between January and December 2017, which was 3% more than the number recorded for the same period in 2016. These visits were broken down as follows:

- 1,724,859 to public health centres. This was a 10% increase when compared to the number of visits made in the same period in 2016.
- 620,058 to the Accident and Emergency (A&E)/Casualty department. This represented a 7% decrease in visits compared to January to December 2016.
- 626,354 to the hospital specialty outpatient department. This represented a 4% decrease in visits compared to January to December 2017.

The increase in visits to Health Centres and the decrease in visits to Accident and Emergency/Casualty Department was a desirable change and is believed to be partially attributable to the Reduced Waiting Time Initiative which was implemented in September 2016.

Renovated Balaclava Health Centre Reopens. December 7, 2017



Source: Picture from Jamaica Information Service (JIS).

**Data for Health Centre Visits in 2017 is Preliminary.
Data from HMSR & MCSR. Ministry of Health. Jamaica



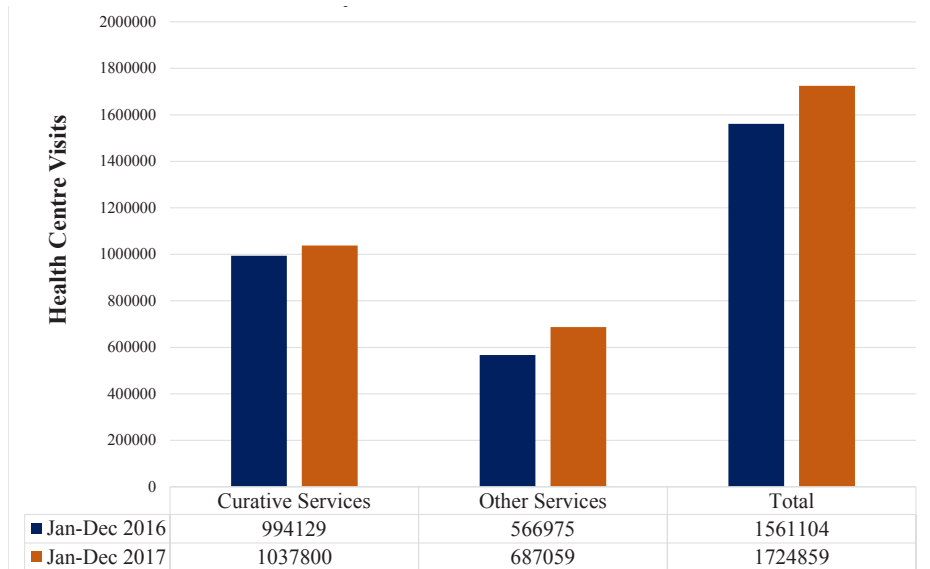
HEALTH FACILITY UTILIZATION

January to December 2017

For the period January to December 2017, there were 1,724,859 visits to health centres. The number of visits for January to December 2017 was 10% greater than the same period for 2016.

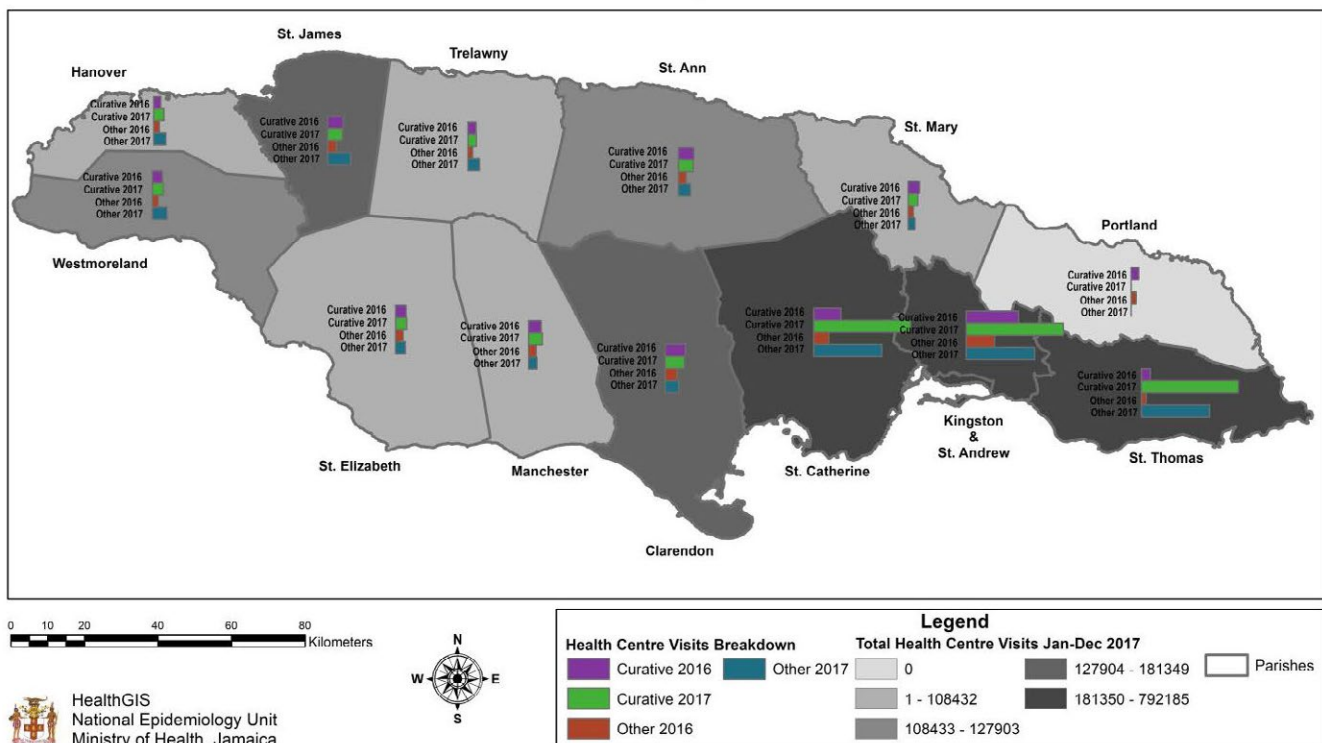
Curative services were provided by medical doctors and family nurse practitioners. These accounted for the majority of visits to health centres (1,037,800; 60%), representing a 4% increase in the number of visits for the same period in 2016.

HEALTH CENTRE VISITS BY CURATIVE AND OTHER SERVICES FOR JANUARY TO DECEMBER 2016 AND 2017



** Data for Health Centre Visits in 2017 is Preliminary.
Source: Data from the Monthly Clinic Summary Report, Ministry of Health, Jamaica.

HEALTH CENTRE VISITS FOR JANUARY TO DECEMBER 2016 AND 2017



** Data for Health Centre Visits in 2017 is Preliminary. Source: Data from Monthly Clinical Summary Report, Ministry of Health, Jamaica.

HOSPITAL UTILIZATION VISITS TO ACCIDENT AND EMERGENCY (A&E)/ CASUALTY DEPARTMENT

January to December 2017

Hospital	Type	No. of Visits Jan-Dec 2016	No. of Visits Jan-Dec 2017	% Change
Kingston Public	A	70805	54220	-23
Cornwall Regional	A	61370	43446	-29
University	A	48162	28271	-41
Bustamante Children	S	19907	52067	162
National Chest	S	3341	3547	6
Spanish Town	B	36852	38825	5
Mandeville	B	52450	49789	-5
Savanna La Mar	B	37245	33054	-11
St. Ann's Bay	B	61452	54243	-12
Falmouth	C	22912	28543	25
Lionel Town	C	22878	24341	6
Port Antonio	C	25879	27216	5
Black River	C	18649	19062	2
Annotto Bay	C	22525	21734	-4
Princess Margaret	C	21805	20985	-4
Port Maria	C	23550	20283	-14
Percy Junor	C	37893	32585	-14
Noel Holmes	C	20449	17581	-14
May Pen	C	37271	30844	-17
Linstead	C	24567	19422	-21
All Hospitals/National	ALL	669962	620058	-7

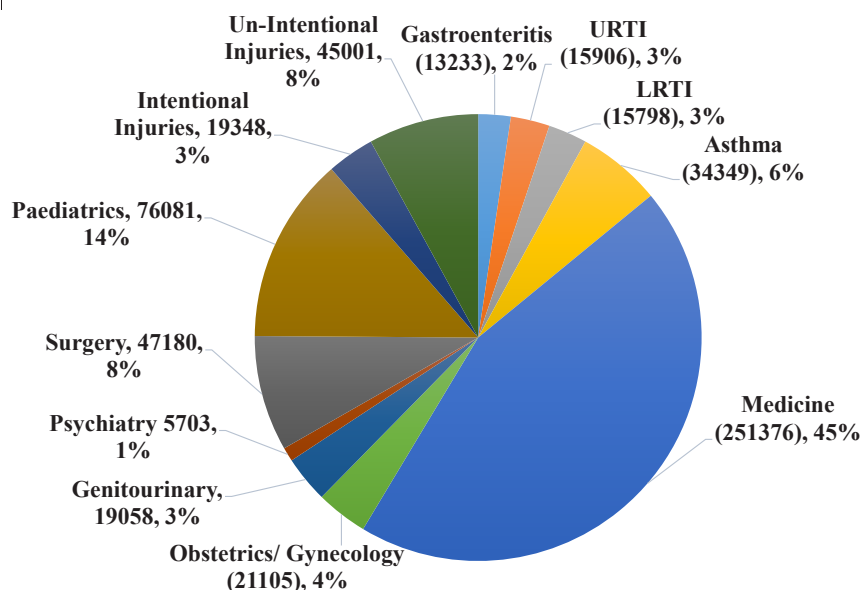
Source: Data from the Hospital Monthly Statistical Report. Ministry of Health, Jamaica

**NB – Bellevue, Hope Institute, Mona Rehabilitation and Victoria Jubilee Hospitals were removed from the table as there were no visits to A&E during 2016 & 2017 at these hospitals.

There were 620,058 visits to the Accident and Emergency (A&E)/Casualty Department during 2017 and this was a 7% decrease when compared to the same period in 2016. Bellevue, Hope Institute, Mona Rehabilitation and Victoria Jubilee hospitals do not have Accident and Emergency (A&E)/Casualty Departments. More than four fifths (89%, 499,789) of visits were for Diagnosis, while (8%) were for un-intentional injuries and (3%) for Intentional Injuries.

Almost half (45%) of the visits to the Accident and Emergency (A&E)/Casualty Department were for medical reasons which include hypertension, diabetes mellitus, cardiovascular disease and renal disease. Paediatric cases and surgical cases accounted for 14% and 8% of visits respectively.

ACCIDENT AND EMERGENCY BREAKDOWN AT ALL GOVERNMENT HOSPITALS FOR JANUARY TO DECEMBER 2017



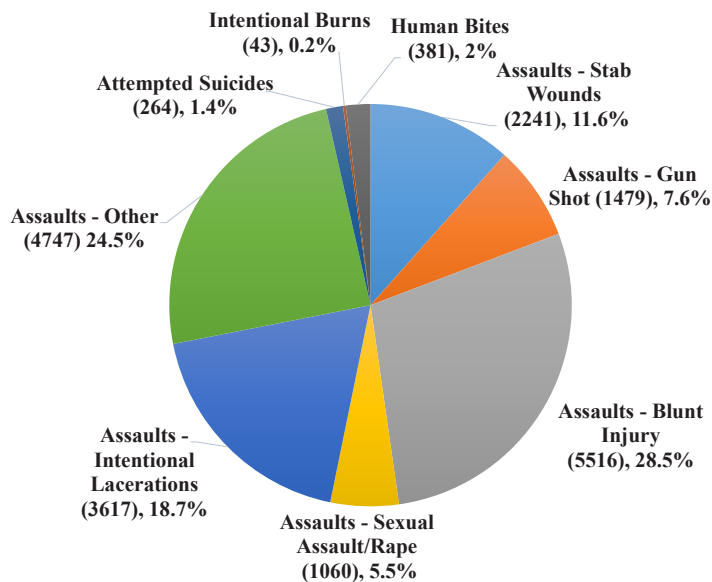
URTI – Upper Respiratory Tract Infections, LRTI – Lower Respiratory Tract Infection, Source: Data from the Hospital Monthly Statistical Report (HMSR), Ministry of Health, Jamaica



HOSPITAL UTILIZATION VISITS TO ACCIDENT AND EMERGENCY (A&E)/ CASUALTY DEPARTMENT

January to December 2017

INTENTIONAL INJURIES TREATED AT ACCIDENT AND EMERGENCY DEPARTMENTS AT GOVERNMENT HOSPITALS FOR JANUARY TO DECEMBER 2017

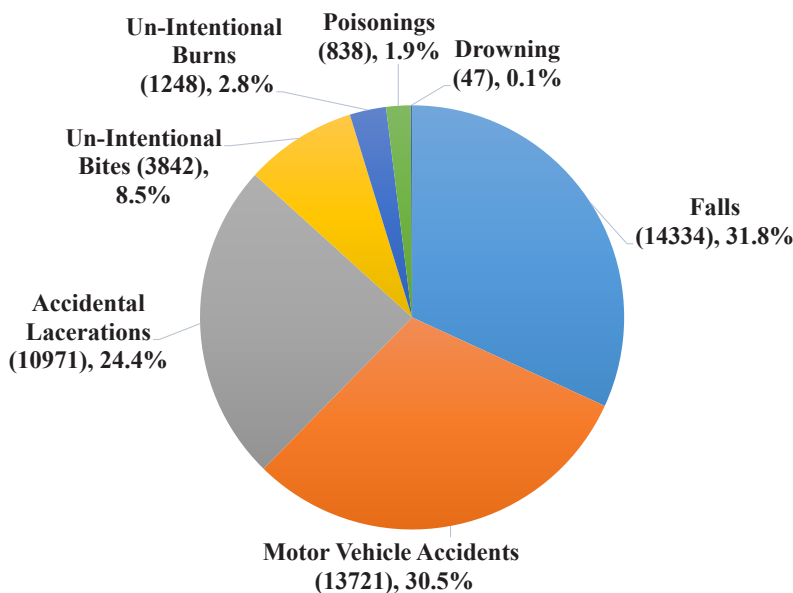


Source: Data from the Hospital Monthly Statistical Report (HMSR), Ministry of Health, Jamaica

A total of 19,348 intentional injuries were seen. Among intentional injuries, assault with blunt injury (28.5%) was most common followed by other assaults (24.5%) assaults with lacerations (18.7%) and stab wounds (11.6%).

Un-intentional injuries accounted for 45,001 visits to the Accident and Emergency (A&E)/Casualty Department. Falls (31.8%) was the most common un-intentional injury followed by motor vehicle accidents (30.5%) and accidental lacerations (24.4%).

UN-INTENTIONAL INJURIES TREATED AT ACCIDENT AND EMERGENCY DEPARTMENTS AT GOVERNMENT HOSPITALS FOR JANUARY TO DECEMBER 2017



Source: Data from the Hospital Monthly Statistical Report (HMSR), Ministry of Health, Jamaica

Visits to Accident & Emergency Departments for Intentional & Un-Intentional Injuries

Total	January to December 2017	Per Day
13721	Motor Vehicle Accidents (MVA)	38
1479	Gun Shot	4
2241	Stab Wounds	6
1060	Sexual Assaults	3
19,348	Total Intentional Injuries	53

Source: Data from the Hospital Monthly Statistical Report, Ministry of Health, Jamaica. Images from www.canva.com

HOSPITAL UTILIZATION

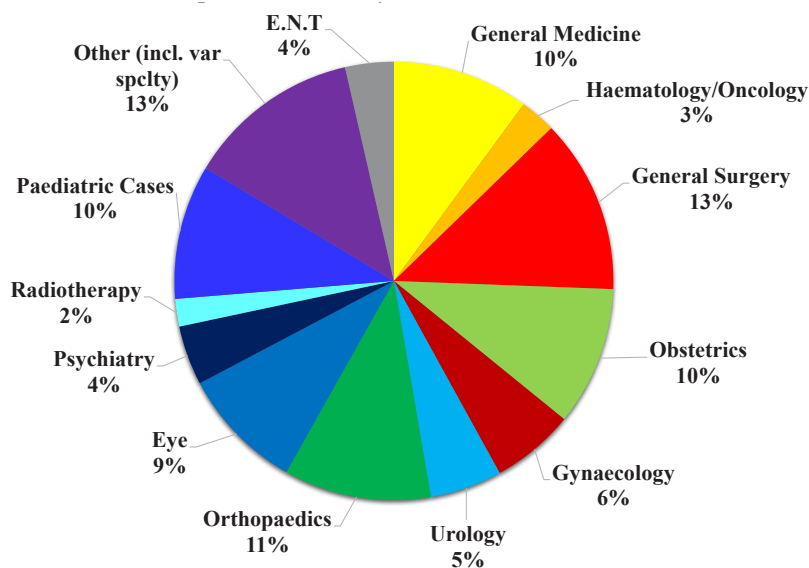
VISITS TO SPECIALTY OUTPATIENT DEPARTMENTS

January to December 2017

VISITS TO SPECIALTY OUTPATIENT DEPARTMENTS BY HOSPITAL FOR JANUARY TO DECEMBER 2017

Hospital	Type	No. of Visits Jan-Dec 2016	No. of Visits Jan-Dec 2017	% Change
Kingston Public	A	133736	152914	14.3
Cornwall Regional	A	77461	71815	-7.3
University	A	82832	57329	-30.8
Hope Institute	S	0	0	N/A
Mona Rehabilitation	S	716	930	29.9
National Chest	S	4598	5377	16.9
Victoria Jubilee	S	32699	32779	0.2
Bellevue	S	6417	6236	-2.8
Bustamante Children	S	51958	40927	-21.2
St. Ann's Bay	B	38235	42188	10.3
Spanish Town	B	39742	43573	9.6
Mandeville	B	72156	68808	-4.6
Savanna La Mar	B	31557	28160	-10.8
Princess Margaret	C	5561	6996	25.8
Lionel Town	C	2690	3127	16.2
Linstead	C	255	287	12.5
Falmouth	C	5972	6568	10.0
Annotto Bay	C	12984	13428	3.4
Port Maria	C	1334	1210	-9.3
Noel Holmes	C	2375	2148	-9.6
Percy Junor	C	3708	3229	-12.9
Port Antonio	C	10660	9272	-13.0
May Pen	C	25131	21313	-15.2
Black River	C	9646	7740	-19.8
All Hospitals/National	ALL	652423	626354	-4.0

BREAKDOWN OF VISITS TO SPECIALTY OUTPATIENT DEPARTMENTS AT GOVERNMENT HOSPITALS FOR JANUARY TO DECEMBER 2017



Other includes: Cardiac, Neurology, Neurosurgery, Dermatology, Plastic, Speech Therapy, Dental/Faciomaxillary, Rehabilitatoin, Child Guidance and Other (Unspecified)
 Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

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

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

The greatest proportion of specialist visits were (24.4%) made to the following outpatient departments. General Surgery (80,579; 13%) followed by Orthopaedics (67,967; 11%), Obstetrics (64,316; 10%) General Medicine (63,168; 10%) and Paediatrics (62,076; 10%). Kingston Public Hospital had the highest number of outpatient visits (152,914), followed by the Cornwall Regional Hospital (71,815) and the Mandeville Regional Hospital (68,808). Outpatient department visits at the Kingston Public Hospital accounted for almost one quarter (24.4%) of visits across all hospitals, while visits to the top three hospitals accounted for more than two fifths (46.9%) of all outpatient department visits.

Hospitals with the greatest decline in Specialty Outpatient Department visits were the University Hospital of the West Indies (30.8%) followed by Bustamante Hospital for Children (21.2%), and Black River Hospital (19.8%).

Mona Rehabilitation Hospital had the greatest increase in visits of 29.9% when compared to the same period in 2016, followed by the Princess Margaret Hospital (25.8%) and National Chest Hospital (16.9%).



HOSPITAL UTILIZATION

HOSPITAL ADMISSIONS

January to December 2017

The total number of admissions that occurred in public hospitals between January and December, 2017 was 187,240. This was 1.2% less than the number admitted during the same period in 2016 (189,490). The greatest number of admissions were at:

- Kingston Public Hospital (27,301)
- Spanish Town (17,463)
- St. Ann's Bay (16,599)
- Victoria Jubilee Hospital (15,672).

The lowest number of admissions were recorded at the Mona Rehabilitation Hospital (224), followed by Hope Institute (613). and Linstead Hospital (744).

Type A hospitals accounted for the majority of admissions (30%, 55,963), followed by Type B (30%, 55,506) then Type C (25%, 46,466) hospitals and Specialist Hospitals (16%, 29,305).

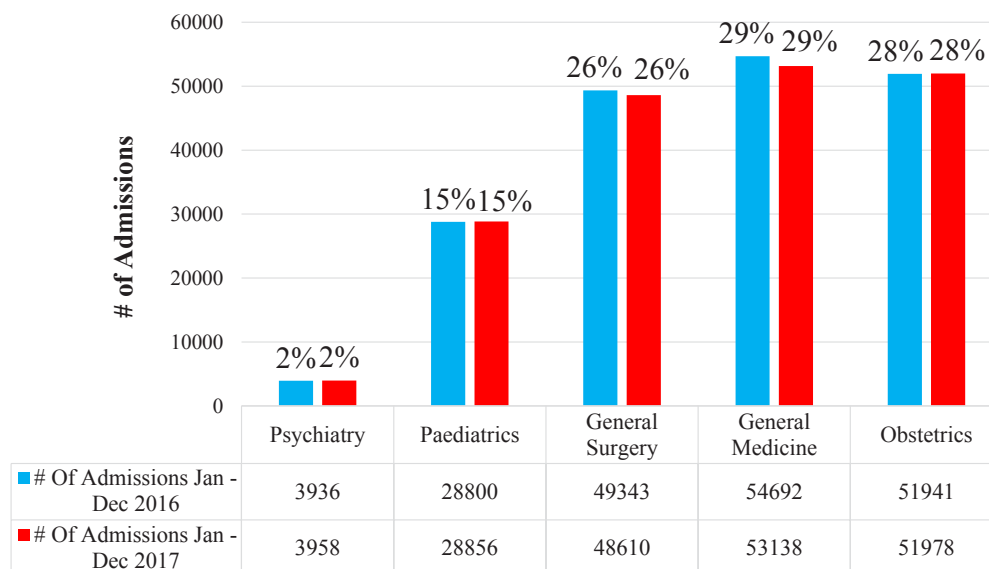
General Medicine Diagnosis was the most common reason for admission to hospital, accounting for (29%) of admissions, followed by Obstetrics (28%) and General Surgery (26%).

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

Hospital / Facility	Hospital Type	No. of Admissions Jan - Dec 2016	No. of Admissions Jan - Dec 2017	% change
University	A	13316	14402	8.2
Kingston Public	A	27510	27301	-0.8
Cornwall Regional	A	16795	14260	-15.1
Bustamante Children	S	10482	11017	5.1
Bellevue	S	984	1006	2.2
Victoria Jubilee	S	15917	15672	-1.5
National Chest	S	792	773	-2.4
Hope Institute	S	672	613	-8.8
Mona Rehabilitation	S	306	224	-26.8
Savanna La Mar	B	8942	9016	0.8
Mandeville	B	12591	12428	-1.3
Spanish Town	B	17912	17463	-2.5
St. Ann's Bay	B	17541	16599	-5.4
Noel Holmes	C	1603	2130	32.9
Linstead	C	605	744	23.0
Falmouth	C	3300	3926	19.0
Princess Margaret	C	3961	4347	9.7
Percy Junor	C	4239	4475	5.6
Annotto Bay	C	7256	7510	3.5
Port Antonio	C	4260	4256	-0.1
May Pen	C	10264	10180	-0.8
Port Maria	C	1,956	1871	-4.3
Lionel Town	C	951	909	-4.4
Black River	C	7335	6118	-16.6
All Hospitals/National	ALL	189490	187240	-1.2

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

NUMBER OF ADMISSIONS TO GOVERNMENT HOSPITALS BY SPECIALTY FOR JANUARY TO DECEMBER 2016 AND 2017, JAMAICA



Total 2016 = 188,712. Total 2017 = 186,540.

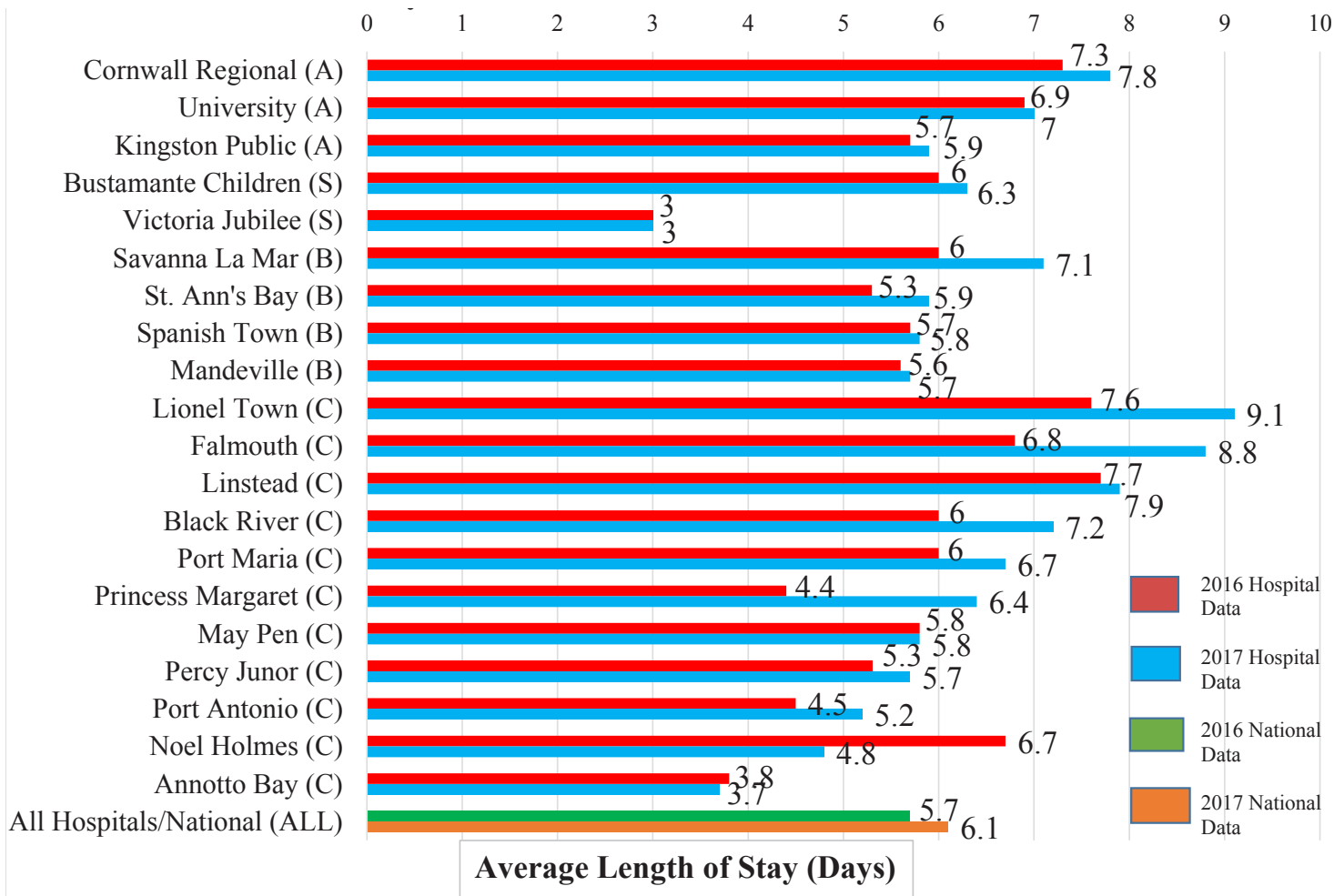
Source: Data from the Hospital Monthly Statistical Report. Ministry of Health. Jamaica

HOSPITAL UTILIZATION

AVERAGE HOSPITAL LENGTH OF STAY

January to December 2017

AVERAGE HOSPITAL LENGTH OF STAY IN DAYS (BY HOSPITAL TYPE)
FOR JANUARY – DECEMBER 2016 TO 2017, JAMAICA



Mona Rehabilitation, National Chest and Hope Institute were excluded due to the nature of services provided and being long stay facilities. Bellevue had no report. Source: Data from Hospital Monthly Statistical Report (HMSR). Ministry of Health. Jamaica

Length of stay refers to the time between admission and discharge (including death) from hospital. The Mona Rehabilitation Hospital had on average the longest length of stay (122.8 days) followed by the National Chest Hospital (15.4 days) and Hope Institute (12.0 days). The top three hospitals with respect to length of stay provide rehabilitative, palliative and chronic chest (infectious and non-infectious) services. The nature of services provided at these three hospitals requires chronic care, and hence, longer stays. The Bellevue Hospital had no report on length of stay.

The average length of stay across all acute care hospitals was 6.1 days. Lionel Town had the longest average length of stay (9.1 days) followed by Falmouth (8.8 days) and Linstead Hospital (7.9 days). Cornwall Regional (7.8 days), Savanna-la-Mar (7.1 days) and Lionel Town (9.1 days) Hospitals had the longest average length of stay of Types A, B and C Hospitals respectively. The Victoria Jubilee Hospital had the shortest length of stay of approximately three days on average. This was expected, as this is a maternity hospital.

General Medicine admissions accounted for the highest average length of stay (7.8 days), followed by General Surgery (6.8 days), Paediatrics (6.0 days), and Obstetrics (2.9 days).

HOSPITAL UTILIZATION MAJOR AND MINOR SURGERIES

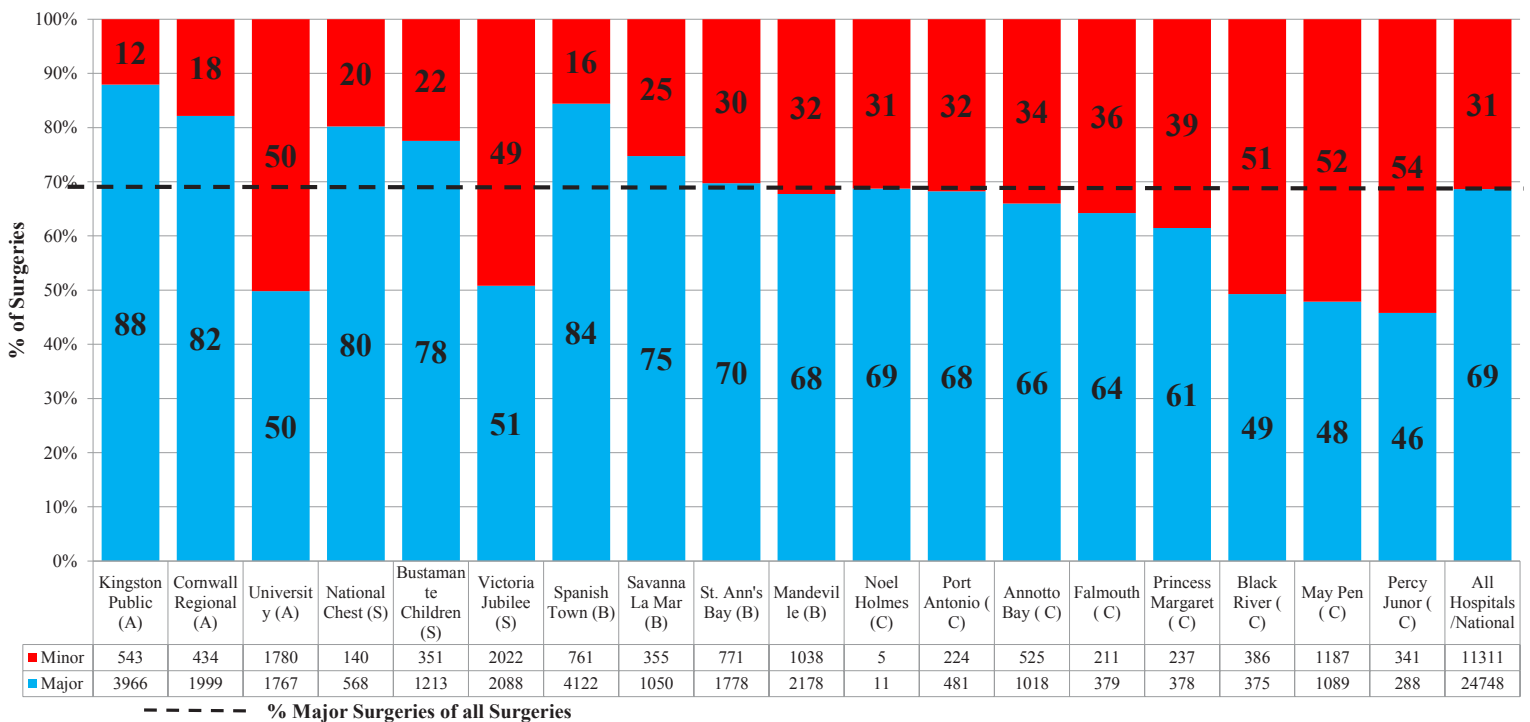
January to December 2017

A total of 36,059 surgeries were conducted in government hospitals between January and December 2017, of which over twenty-four thousand (24,748) were major surgeries (69%) and 11,311 were minor surgeries (31%). There were 48,610 surgical admissions to public hospitals representing approximately 26% of total admissions (187,240).

The greatest number of major surgeries were performed at the Spanish Town Hospital (4,122), followed by the Kingston Public Hospital (3,966), Mandeville Regional Hospital (2,178), Victoria Jubilee Hospital (2,088) and Cornwall Regional Hospital (1,999). However, the greatest proportion of major surgeries were carried out at the Kingston Public Hospital (88%) and Spanish Town Hospital (84%).

The highest numbers of minor surgeries were performed at the Victoria Jubilee Hospital (2,022) followed by the University Hospital of the West Indies (1,780), May Pen (1,187), Mandeville Regional (1,038), and St. Ann's Bay Hospital (771).

TOTAL, MAJOR AND MINOR SURGERIES AT ALL GOVERNMENT HOSPITALS
FOR JANUARY TO DECEMBER 2017, JAMAICA



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

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

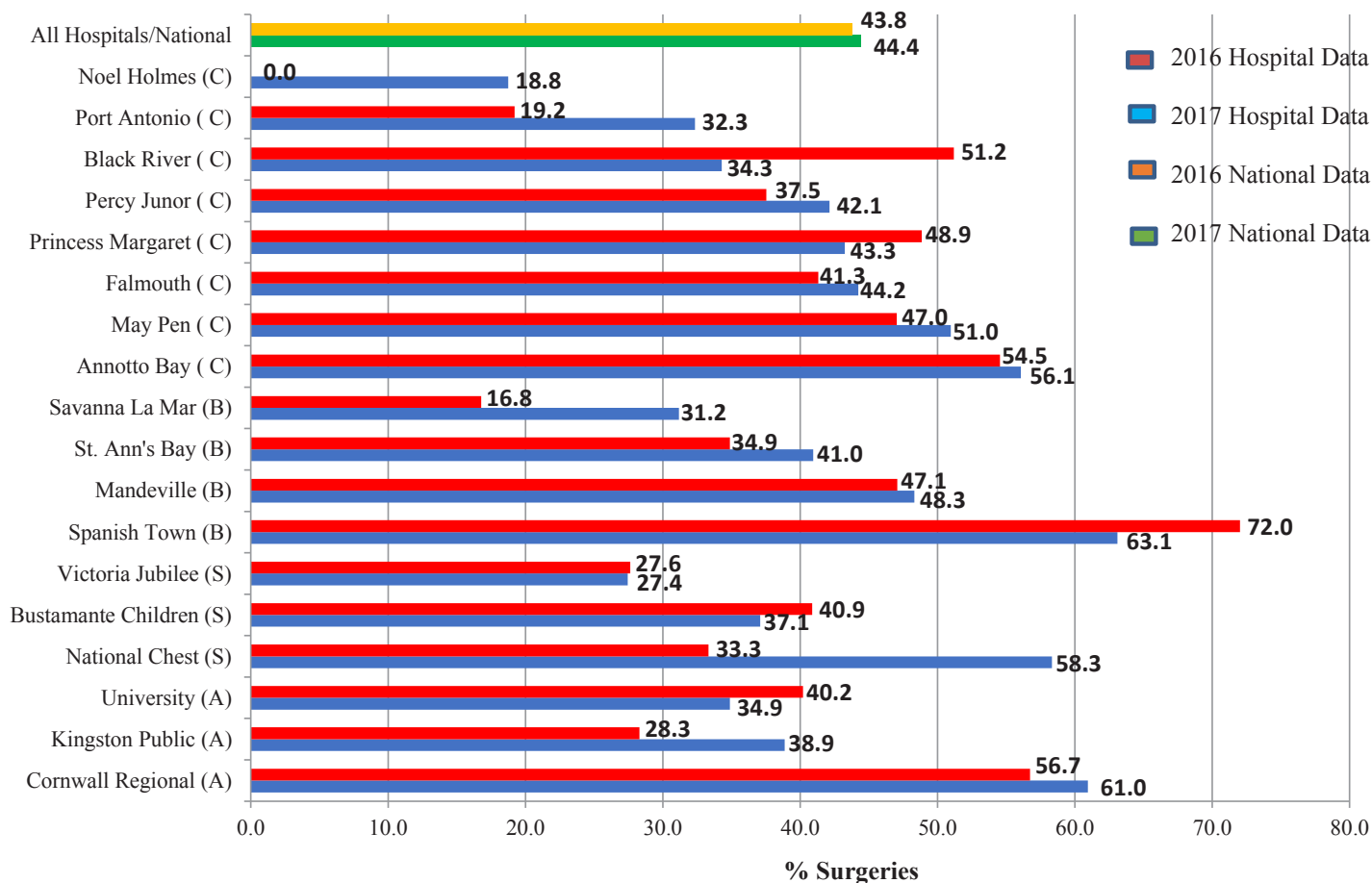
HOSPITAL UTILIZATION EMERGENCY SURGERIES AS A PERCENTAGE OF TOTAL SURGERIES

January to December 2017

Emergency surgeries are unplanned and unlisted operations carried out as an emergency. Approximately 44.4% of all surgeries conducted in public hospitals for the period January to December 2017 were emergency surgeries. In 2017 there were 16,020 emergency surgeries done, which was 2% greater than the number performed in 2016 (15,664). However, there were proportionally more emergency surgeries in 2017 (44.4%) in comparison to 2016 (43.8%).

The Spanish Town Hospital performed the highest proportion of emergency surgeries (63.1%), followed by Cornwall Regional (61%), National Chest (58.3%) and Annotto Bay (56.1%) hospitals. This is in comparison to 2016 when Spanish Town performed the highest number of emergency surgeries (72%), followed by Cornwall Regional (56.7%), Annotto Bay (54.5%) and Black River (51.2%) hospitals.

EMERGENCY SURGERIES AS A PROPORTION OF TOTAL SURGERIES WITHIN GOVERNMENT HOSPITALS FOR JANUARY- DECEMBER 2016 TO 2017, JAMAICA



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

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



HOSPITAL UTILIZATION SURGERIES: PUBLIC - PRIVATE MIX

January to December 2017

Hospital	Hospital Type	Q1:	Q2:	Q3:	Q4:	Total Private Procedures Jan-Dec	Total Public Procedures Jan-Dec	Surgical Procedures Total	Private procedures as a % of Total Procedures
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
Cornwall Regional	A	3	0	3	1	7	2632	2639	0.27
University****	A	170	NR	NR	NR	170	596	1541	11.0
Kingston Public	A	0	0	0	0	0	19106	19106	0
Bustamante Children	S	0	0	0	0	0	2593	2593	0
National Chest	S	0	0	0	0	0	552	552	0
Victoria Jubilee	S	0	0	0	0	0	5988	5988	0
St. Ann's Bay ***	B	47	37	27	43	154	3198	3352	4.59
Spanish Town	B	0	0	0	0	0	8341	8341	0
Savanna La Mar	B	0	0	0	0	0	1406	1406	0
Mandeville****	B	189	NR	NR	NR	189	1736	1925	10.0
Annotto Bay **	C	16	42	48	56	162	1476	1638	9.89
Princess Margaret	C	18	11	6	11	46	1242	1288	3.57
Port Antonio	C	10	9	14	10	43	1008	1051	4.09
Falmouth	C	2	0	0	0	2	1167	1169	0.17
Noel Holmes	C	0	0	0	0	0	58	58	0
Black River	C	NR	NR	NR	NR	NR	NR	NR	NR
May Pen****	C	54	NR	NR	NR	54	1180	1234	4
Percy Junor	C	NR	NR	NR	NR	NR	NR	NR	NR
All Hospitals/National	ALL	96	99	98	121	414	48767	49181	0.84

NR = No Report Received for Facility.

* Private Surgeries were received from Public Hospitals. No surgeries were conducted at Bellevue, Linstead, Port Maria, Mona Rehabilitation, Hope Institute and Lionel Town.

** The information for Private surgeries for January and February 2017 was not available for Annotto Bay Hospital.

*** The number of private cases at St. Ann's Bay Hospital was derived from the total patients who were admitted on the private ward. Private cases on the public wards were not accounted for.

**** Reports on private cases were only submitted for the period January to March 2017 and do not reflect the full year of 2017.

Source: Special Hospital Reports. Ministry of Health. Jamaica

Six (6) of the 18 hospitals where surgeries were performed reported the number of private surgeries that were conducted for the period January to December 2017. Among these, seven hospitals (Kingston Public, Victoria Jubilee, National Chest, Bustamante Children, Spanish Town, Savanna-La-Mar and Noel Holmes) reported that no private surgeries were done.

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

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

DIAGNOSTICS

January to December 2017

Diagnostics: Laboratory Studies	Jan - Dec 2016	Jan - Dec 2017	% Change
Laboratory Tests: Health Centres**	396,217	N/A	-
Laboratory Tests: Hospitals*	6,028,027	5,545,500	-8
Laboratory Tests: National Public Health Laboratory***	1,939,148	458,272	-76

N/A – Not Available

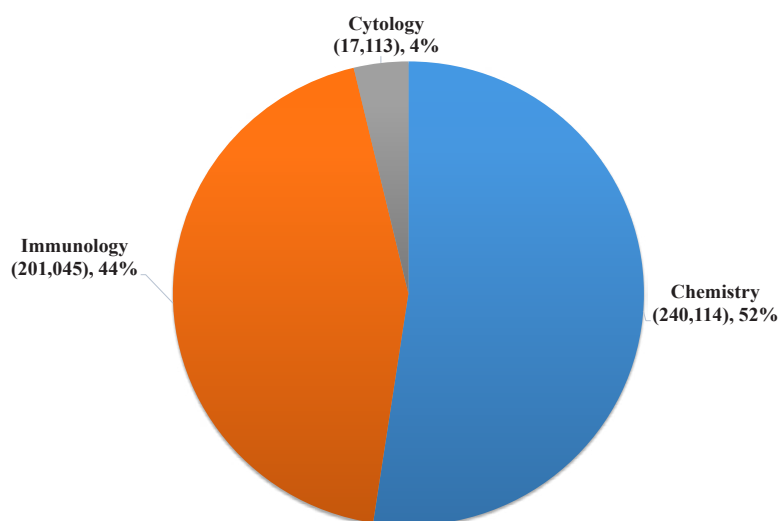
Source: Data from the National Public Health Laboratory Hospital Monthly Statistical Report (HMSR). Ministry of Health, Jamaica
Monthly Clinical Summary Report (MCSR). Ministry of Health, Jamaica

Laboratories in the public health system conducted 458,272 tests, 76% less than in 2016. Hospitals had 5,545,500 tests, 8% less than in 2016.

Clinical Chemistry tests accounted for approximately half (52%) of the tests done at the NPHL between January to December 2017. Immunology accounted for 44% of tests while Cytology represented 4% of tests. Immunology and Cytology each have respective sub-Categories. Haematology represented 47.6% of the Immunology tests while Serology represented 75%.

The public health facilities conducted 469,781 imaging studies in 2017 which was 33.2% greater than in 2016.

TESTS AT THE NATIONAL PUBLIC HEALTH LABORATORY BY DEPARTMENT FOR JANUARY TO DECEMBER 2017, JAMAICA



Source: Data from the National Public Health Laboratory

Diagnostics: Imaging Studies	Jan-Dec 2016	Jan-Dec 2017	% Change
Diagnostics: X-Ray, All Types*	314,909	423,183	34.4
No. of X-Ray Procedures/Functional X-Ray Machines*	11,663	13,052	11.9
Diagnostics: Ultrasound*	19,432	22,842	17.5
No. of Ultrasound Procedures/Ultrasound Machines*	2,680	1,930	-28.0
Echocardiogram*	1,062	61	-94.3
CT Scan*	1,762	6,655	277.7
MRI*	1,128	2,058	82.4
Total Imaging Studies*	352,636	469,781	33.2

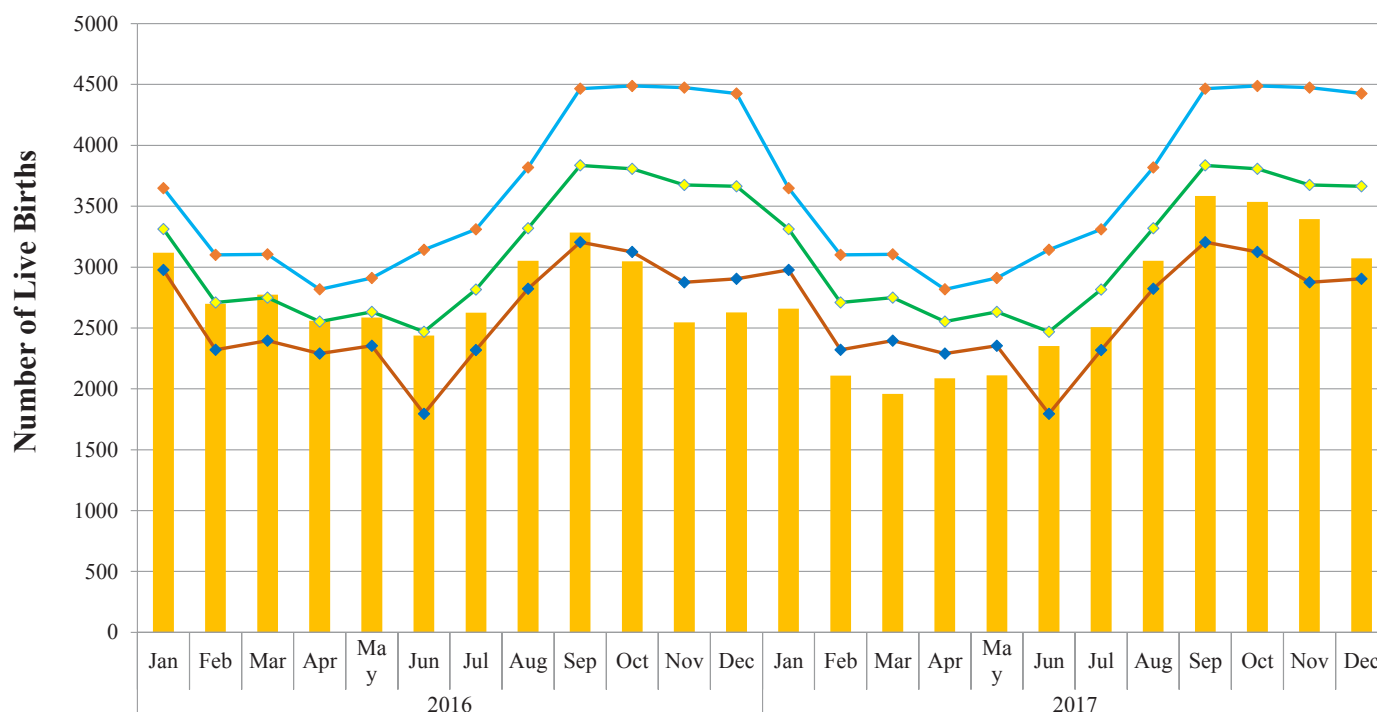
Source: Data from the Hospital Monthly Statistical Report. Ministry of Health, Jamaica



BIRTHS

January to December 2017

MONTHLY LIVE BIRTHS FROM JANUARY 2016 TO DECEMBER 2017 COMPARED TO THE (2006 TO 2015) MEAN, EPIDEMIC THRESHOLD AND (MEAN - 2SD) FOR LIVE BIRTHS AT GOVERNMENT HOSPITALS; JAMAICA



	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2016												2017											
2016 to 2017	3119	2699	2774	2559	2585	2438	2626	3053	3285	3047	2546	2628	2658	2108	1959	2086	2111	2353	2507	3053	3584	3535	3395	3071
Mean	3312	2711	2750	2553	2633	2469	2815	3320	3835	3807	3675	3665	3312	2711	2750	2553	2633	2469	2815	3320	3835	3807	3675	3665
Epidemic Threshold	3647	3101	3105	2817	2912	3143	3311	3818	4465	4488	4475	4426	3647	3101	3105	2817	2912	3143	3311	3818	4465	4488	4475	4426
Mean - 2 SD	2977	2321	2396	2289	2353	1796	2319	2823	3205	3125	2875	2904	2977	2321	2396	2289	2353	1796	2319	2823	3205	3125	2875	2904

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

In 2014 approximately 97% of births in Jamaica occurred in public hospitals (Registrar General's Department). Live births for the period January to December 2017 declined by 2.8% when compared with the same quarter in 2016. The number of births occurring in public hospitals was unusually low (less than two standard deviations below the mean) since October 2016 and continued through to May 2017. This reduction may be due to factors related to the recommendation to delay pregnancy during the Zika Virus outbreak.

Over thirty-two thousand (32,420) live births occurred in public hospitals between January and December, 2017. The greatest number of live births occurred at the Victoria Jubilee Hospital (7,200) followed by Spanish Town Hospital (4,636), Cornwall Regional Hospital (3,490) and Mandeville Regional Hospital (3,323). The hospitals with the lowest numbers of live births were Linstead (31) and Lionel Town (40) Hospitals.

BIRTHS, STILLBIRTHS & NEONATAL DEATHS

January to December 2017

Name of Facility	Hosp Type	Num. of Live Births	Num. of Still births	Total Births	Still birth Rate	Total neonatal death (0 - 27 days)	Perinatal Mortality Rate/1000	Neonatal Mortality Rate/1000	Early Neonatal Mortality Rate/1000	Late Neonatal Mortality Rate/1000
Cornwall Regional	A	3490	77	3567	21.6	60	31.7	17.2	10.3	6.9
University	A	1638	20	1658	12.1	182	24.1	111.1	12.2	98.9
Victoria Jubilee	S	7200	106	7306	14.5	166	34.8	23.1	20.6	2.5
Mandeville	B	3323	52	3375	15.4	68	29.9	20.5	14.7	5.7
Savanna La Mar	B	2159	31	2190	14.2	18	20.5	8.3	6.5	1.9
Spanish Town	B	4636	99	4735	20.9	74	34.0	16.0	13.4	2.6
St. Ann's Bay	B	2811	40	2851	14.0	29	20.3	10.3	6.4	3.9
Annotto Bay	C	987	12	999	12.0	1	13.0	1.0	1.0	0.0
Black River	C	1046	7	1053	6.6	6	11.4	5.7	4.8	1.0
Falmouth	C	766	9	775	11.6	1	12.9	1.3	1.3	0.0
Linstead	C	31	0	31	0.0	0	0.0	0.0	0.0	0.0
Lionel Town	C	40	1	41	24.4	0	24.4	0.0	0.0	0.0
May Pen	C	2014	38	2052	18.5	10	21.4	5.0	3.0	2.0
Noel Holmes	C	445	3	448	6.7	27	11.2	60.7	4.5	56.2
Percy Junor	C	200	6	206	29.1	0	29.1	0.0	0.0	0.0
Port Antonio	C	583	8	591	13.5	2	16.9	3.4	3.4	0.0
Port Maria	C	199	2	201	10.0	0	10.0	0.0	0.0	0.0
Princess Margaret	C	852	13	865	15.0	5	20.8	5.9	5.9	0.0
All Hospitals/National	ALL	32420	524	32944	15.9	649	27.1	20.0	11.4	8.6

NB - Bellevue, Bustamante Children, Hope Institute, Kingston Public, Mona Rehabilitation and National Chest Hospitals were removed from the table as no Births, Stillbirths nor Neonatal Deaths occurred at these facilities for the period January – December 2017.

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

The stillbirth rate across government hospitals for the period January to December 2017 was 15.9/1000 births. Percy Junor had the highest rate of stillbirths (29.1/1000 births), followed by Lionel Town (24.4/1000 births) and Cornwall Regional Hospitals (21.6/1000 births). Percy Junor Hospital reported 6 stillbirths from 206 births, and Lionel Town reported 1 stillbirth from 41 births.

At Government hospitals 20.0 neonatal deaths/1,000 livebirths were recorded for the period January to December 2017. University Hospital had the greatest neonatal death rate (111.1/1,000 live births) followed by Noel Holmes (60.7/1,000), Victoria Jubilee (23.1/1,000) and Mandeville (20.5/1,000).



DEATHS IN GOVERNMENT HOSPITALS

January to December 2017

Facility	Hospital Type	Deaths 2016	Deaths 2017	Discharges 2016	Discharges 2017	% Change Discharges	Deaths as a % of Discharges 2016	Deaths as a % of Discharges 2017	% Change in proportion of Deaths from Discharges
Kingston Public	A	1967	1971	28053	27239	-3	7.0	7.2	2.9
Cornwall Regional	A	955	854	16692	14264	-15	5.7	6.0	5.3
University	A	773	683	13204	14458	9	5.9	4.7	-20.3
Hope Institute	S	84	75	677	614	-9	12.4	12.2	-1.6
Bellevue	S	13	11	1092	995	-9	1.2	1.1	-8.3
National Chest	S	57	58	791	777	-2	7.2	7.5	4.2
Victoria Jubilee	S	189	198	16082	16082	0	1.2	1.2	0.0
Bustamante Children	S	96	96	10320	10958	6	0.9	0.9	0.0
Mona Rehabilitation	S	3	0	275	209	-24	1.1	0.0	-100.0
St. Ann's Bay	B	714	742	17565	16574	-6	4.1	4.5	9.8
Mandeville	B	647	557	12605	12468	-1	5.1	4.5	-11.8
Savanna La Mar	B	357	374	8952	8986	0	4.0	4.2	5.0
Spanish Town	B	667	653	17713	17464	-1	3.8	3.7	-2.6
Linstead	C	96	96	599	741	24	16.0	13.0	-18.8
Lionel Town	C	60	69	950	905	-5	6.3	7.6	20.6
Port Maria	C	81	114	1999	1899	-5	4.1	6.0	46.3
Falmouth	C	174	201	3287	3918	19	5.3	5.1	-3.8
May Pen	C	611	535	10654	10585	-1	5.7	5.1	-10.5
Black River	C	339	293	7440	6142	-17	4.6	4.8	4.3
Percy Junor	C	245	202	4202	4471	6	5.8	4.5	-22.4
Princess Margaret	C	194	191	3955	4339	10	4.9	4.4	-10.2
Noel Holmes	C	87	92	1604	2120	32	5.4	4.3	-20.4
Port Antonio	C	148	154	4232	4248	0	3.5	3.6	2.9
Annotto Bay	C	259	206	7246	7551	4	3.6	2.7	-25.0
All Hospitals/National	ALL	8816	8425	190189	187112	-2	4.6	4.5	-2.2

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

In 2017, 4.5% of the discharges from government hospitals were because of deaths. The same period in 2016 had also shown that 4.6% of deaths from discharges. Overall there was a 2% decrease in discharges in 2017 when compared to 2016. Linstead had the greatest proportion of deaths among discharges of (13%) followed by Hope Institute (12.2%), Lionel Town (7.6%), National Chest Hospital (7.5%) and Kingston Public Hospital (7.2%).

Kingston Public Hospital (7.2%) had the greatest proportion of deaths from discharges among the Type A Hospitals, St. Ann's Bay (4.5%) had the greatest among the Type B Hospitals, Linstead Hospital (13%) among the Type C and Hope Institute (12.2%) among the Specialist Hospitals.

HEALTH SECTOR COMPLAINTS

January to December 2017

Complaints raised within the public health sector are an indication of actual and/or potential inadequacies related to the quality or performance of the health care system in its delivery of service.

This provides the Ministry of Health (MOH) with opportunities for corrective, preventative and pre-emptive actions such as investigating complaints, preventing their reoccurrence and improving service.

Complaints can be made directly to the MOH Head Office, Regional Health Authorities (RHA) or Health Facilities and MOH Departments and Agencies. A measure of the performance in responding to the complaints within an agreed timeline was done for January – December 2017. During this period, 95% of the complaints were registered within three working days of their receipt and 95% were acknowledged within five working days.

A total of 288 complaints were processed at the MOH (head office), on social media platforms and in the printed press. In 2017, 70% of the complaints were non-clinical in nature, representing inadequacies in administrative function. This was 4% less than the same period in 2016.

Of the 288 complaints processed, 34% were referred to Regions or Facilities, 23% were closed, 19% were resolved, 15% were ongoing and 9% were handled by the Medical Review Panel (MRP). The top three classes of complaints received for the year were: (i) Quality of Clinical Care (QCC) at 30% (for example, misdiagnosis and inadequate treatment); (ii) Access at 16% (for example, delay in admission and refusal to provide services); and (iii) Rights, Respect and Dignity at 12% (for example, inconsiderate service, stigma and discrimination).

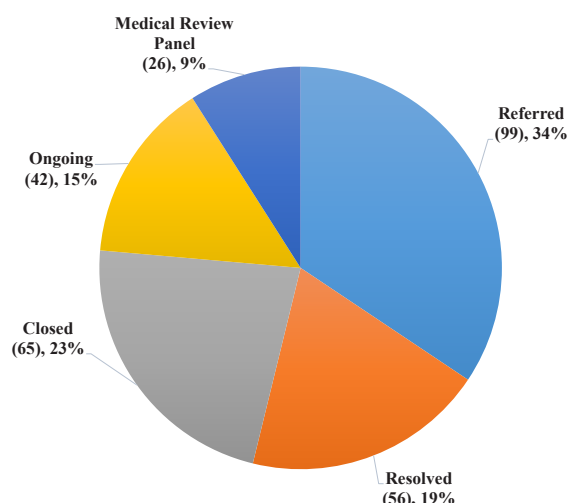
Majority of the complaints processed came from SERHA. This is to be expected as SERHA serves the greatest population. Complaints by service area saw the Medical Wards (15%), Accidents and Emergency (12%) and Medical Records (10%) with the highest proportion of complaints.

Routine analysis of complaints allows for action which may cause improvements in the quality of service delivery in the public health sector and ultimately meet the needs of clients.

Region / Agency	Complaints Received	% of Total Complaints
South-East (SERHA)	144	50
North-East (NERHA)	40	14
Western (WRHA)	28	10
Southern (SRHA)	40	14
University Hospital (UHWI)	18	6
National Health Fund (NHF)	0	0
Private / Other	18	6
Total	288	100

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

STATUS OF COMPLAINTS FOR THE PERIOD JANUARY TO DECEMBER 2017



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

Complaints Classification	Number of complaints	% Contribution
Quality Clinical care	86	30
Access	46	16
Cooperate service	33	12
Rights, Respect Dignity	35	12
Communication	21	7
Professional Conduct	15	5
Grievance	3	1
Cost	4	1
Decision Making	10	4
Other	35	12
Total	288	100.0

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



BASIC HEALTH INDICATORS

Indicators	Jamaica (Available Year)	Latin America & the Caribbean (Available Year) ^a	Barbados (Available Year)	Guyana (Available Year)	Source
Human Development Index (Value)	0.730 (2015)	0.751 (2015)	0.795 (2015)	0.638 (2015)	UNDP, 2016. Human Development Report 2016. Table 3
Life Expectancy at Birth (years)					
Total	76.1 (2017)	75.8 (2017)	75.5 (2017)	66.8 (2017)	PAHO Core Indicators, 2017. Health Situation in the Americas, Page 5
Male	73.7 (2017)	72.6 (2017)	73.2 (2017)	64.5 (2017)	
Female	78.5 (2017)	78.9 (2017)	77.9 (2017)	69.2 (2017)	
Infant Mortality Rate (per 1,000 live births)	22.2 (2015)	16.1 (2017)	12.9 (2015)	19.8 (2014) ^b	PAHO Core Indicators, 2017. Health Situation in the Americas, Page 6
Neonatal Mortality Rate (per 1,000 live births)	19.7 (2015)	9.9 (2017)	8.0 (2015)	12.1 (2014)	PAHO Core Indicators, 2017. Health Situation in the Americas, Page 6
Under Five Mortality (per 1,000 live births)	23.3 (2015)	19.7 (2017)	14.6 (2015)	22.3 (2014)	PAHO Core Indicators, 2017. Health Situation in the Americas, Page 6
Skilled Attendance at Birth (%)	99.7 (2016) ¹ 99.1 (2011) ²	Unavailable	98.6 (2013) ²	85.7 (2014) ²	¹ <i>Qualified Attendant</i> - Civil Registration and Vital Statistics, Registrar General's Department ² <i>Births attended by skilled health personnel (%)</i> - WHO Global Health Observatory data repository – Health service coverage: 2017-11-15
Human Resources (per 10,000 population)					
Physicians	9.6 (circa 2014) ¹ *4.8 (2016) ²	17.6 (circa 2014) ¹	21.9 (circa 2014) ¹	6.9 (circa 2014) ¹	¹ PAHO Core Indicators, 2017. Health Situation in the Americas, Page 13 ² Ministry of Health, Regional Health Workforce Data ^c *Public Sector data
Nurses	11.4 (circa 2014) ¹ *13.1 (2016) ²	14.3 (circa 2014) ¹	44.0 (circa 2014) ¹	10.1 (circa 2014) ¹	
Dentists	0.3 (circa 2014) ¹ *0.16 (2016) ²	4.3 (circa 2014) ¹	2.5 (circa 2014) ¹	Data is not available or not shown because it is out of the cut-off date	

- Notes:
- Regional aggregates (i.e. 'Latin America and the Caribbean') for rates, ratios and proportions are weighted averages. The publication year for the data source is therefore used as the date for the estimate;
 - Data from Guyana presents limitations of one or more of the following: coverage of maternal deaths and live births, differences in the maternal death definition, different denominators used or the analysis of only confirmed maternal deaths;
 - For computation of public sector estimates: Physicians = Generalist Medical Practitioners and Specialist Medical Practitioners combined; Nurses = Nursing Professionals and Midwifery Professionals combined.

Source Links:

- Pan American Health Organization (PAHO) Core Indicators, 2017. Health Situation in the Americas. Retrieved at <https://www.paho.org/data/index.php/en/indicators.html>
- United Nations Development Programme (UNDP), 2016. Human Development Report 2016. Retrieved at http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf or <http://hdr.undp.org/en/composite/HDI>
- WHO Global Health Observatory data repository – Health service coverage: 2017-11-15. Retrieved at <http://apps.who.int/gho/data/view.main.1630?lang=en>

EDITORIAL STAFF & ERRATUM

Editorial Staff:

Dr. Karen Webster-Kerr – Principal Medical Officer, National Epidemiologist
 Dr. Andriene Grant - Director, Epidemiological Research and Data Analysis Unit
 Mr. Jovan Wiggan – Epidemiological Officer, Biostatistician (Acting), Epidemiological Research and Data Analysis Unit
 Dr. Iyanna Wellington – Medical Epidemiologist, National Surveillance Unit
 Dr. Ardene Harris – Medical Epidemiologist, National Surveillance Unit
 Mrs. Shara Williams-Lue – Research Officer, Epidemiological Research and Data Analysis Unit
 Mr. Hector Burrowes – Monitoring and Evaluation Officer, Epidemiological Research and Data Analysis Unit
 Mr. Nicolas Elias – Research Officer, Epidemiological Research and Data Analysis Unit

Acknowledgements for contributions:

Mrs. Sancia Bennett-Templer – Permanent Secretary
 Dr. Jacqueline Bisasor-McKenzie – Chief Medical Officer (Acting)
 Dr. Kelly-Ann Gordon-Johnson – Grant Manager, Surveillance and Response to Avian Pandemic Influenza in Jamaica
 Dr. Julia Rowe-Porter – Programme Development Officer, Family Health Services
 Mrs. Simone Lawrence Norton – Director (Acting), Project, Planning and Implementation
 Mr. Jermaine Martin – Director, Health Records Services, Planning and Evaluation Branch
 Mr. Amielio Goscott – Statistician, Policy, Planning and Development Division
 Mrs. Cynthia Lewis-Graham – Director (Acting), Standards and Regulation
 Mrs. Renee Brooks – Director (Acting), Investigation and Enforcement Branch, Standards and Regulation Division
 Mrs. Tanisha Hall Jackson – Senior Investigator, Investigation and Enforcement Branch
 The staff at the National Public Health Laboratory (NPHL).
 The staff of Regional Health Authorities

ERRATUM TO VITALS REPORT – OCTOBER 2017 – DIAGNOSTICS – REVISED – PAGE 18

Diagnostics: Imaging Studies	2016	2017	% Change
Diagnostics: X-Ray, All Types*	86331	110399	28
No. of X-Ray Procedures/Functional X-Ray Machines*	3457	3627	5
Diagnostics: Ultrasound*	5878	6031	3
No. of Ultrasound Procedures/Ultrasound Machines*	562	494	-12
Echocardiogram*	18	6	-67
CT Scan*	725	1915	164
MRI*	208	890	328
Total Imaging Studies*	97179	123362	27

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

In 2017, the total laboratory studies were 1,759,001 and this was 20% less than reported in 2016. Laboratories in the public health system conducted 382,546 tests, 26% less than in 2016. Hospitals had 1,376,455 tests, 18% less than in 2016.

Emergency Laboratory Tests accounted for more than two fifths (44%) of the tests done at the NPHL between January to March 2017. Immunology and Clinical Chemistry each accounted for 26% of tests while Cytology represented 4% of tests. Immunology and Cytology each have respective sub-Categories. Non-Gynaecological and Gynaecological represented 38% and 33% respectively of the Cytology tests.

The public health facilities conducted 123,362 imaging studies in 2017 which was 27% greater than in 2016.





RECOMMENDATIONS FOR PHYSICAL ACTIVITY

Adults should do moderate to vigorous activity at least 5 days per week



30 MINUTES EACH DAY
to gain some health benefits



1 HOUR EACH DAY
to lose weight



**1 HOUR & 30 MINUTES
EACH DAY**
to lose and maintain healthy weight

30 minutes of physical activity each day along with healthy eating can lower your risk of **NON-COMMUNICABLE DISEASES (NCDs)**



