



2023 ANNUAL REPORT

ANGAU MEMORIAL GENERAL HOSPITAL





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Front cover: *Lae MP
Hon John Rosso at Angau Hospital,
having a regular medical check up.*

Overview

Angau Hospital being the largest and oldest in the province is also the second biggest hospital in the country, and therefore has also been aligned through the NDOH National Health plan as a Regional Referral Hospital, level 5. This basically has enabled the hospital receiving patients apart from Morobe Province, the three adjacent regions; Momase, Highlands and the Islands. Although each of these have their own hospitals. There have been instances of patients transferred in from the Southern region especially the cancer patients, besides other conditions as well. All these referred patients averaging over 1000 per month have stretched the delivery of our health care and management system. Nevertheless, we continue to maintain our vision to provide the best and affordable health care to our people.

The MPHA Corporate Service Plan is to provide support in the establishment of a successful foundation for Angau Hospital initially and as a basis for broader application to other hospital in the MPHA. Upon implementation of the MPHA, certain positions within the organization are established including an Executive Manager to lead the Hospital Management Team (HMT). Reporting to the CEO, who shall lead the overall health functions and systems of the province including all health sectors, I was appointed as Acting Hospital Executive Manager and approved by the MPHA CEO on the 21st November 2021.

The Hospital Executive Manager position is responsible for controlling and providing overall directions to the hospital and the two major aspects of these roles are;

- (i) Providing Optimum Patient Care Facilities and Outcomes,
- (ii) Maintaining hospital functions and fulfilling all legal and compliance requirements.

The challenge for the incumbent is always there but the longevity of working and serving in various capacities at the Angau hospital over 30 years has fostered my knowledge and skills sets to take on the new management role with enthusiasm. I am accountable to the CEO and therefore have become a strong advocate of prudent hospital management and good governance.

We have achieved outcomes from various developments for the hospital in the last 24 months. The office of Acting Hospital Executive Manager is now established, and various Senior Middle Managers were identified which formed the HMT under the leadership of the Acting Hospital Executive Manager. The HMT contributes in management decisions and produces a one pager, that escalates weekly up to Senior Executive Management Team (SEMT) for executive considerations and directions.

The highlights of the redevelopment of the Angau hospital's various sections and units is the commissioning and operations of the buildings which cater for the many services either clinical or otherwise as provided by the hospital. These new and modern facilities will significantly improve staff morale and patient care. A summary of these events is as detailed below;

Building Name	Type	Description	Status
Back of House	Services	Non Clinical	Operational since 2021
Medical Gas Room	Utility	Non Clinical	Operational since 2021
Family Support Centre	Services	Non Clinical	Operational since 2019
Infectious Disease (TB DMR) Inpatient Unit	Inpatient	Clinical	Operational since December 2022
TB Standard Ward	Inpatient	Clinical	Operational since 2020
Waste Management Facility	Services	Non Clinical	Operational since December 2022

Mortuary	Services	Non Clinical	Operational since November 2023
Special Care Nursery	InPatient	Clinical	Operational since 2021
Paediatric Inpatient Unit	Inpatient	Clinical	Operational since - Building Handed over in 2021, Currently used by Susu Mama
Wards 39/40		Clinical	Refurbished in 2019
Birthing	Acute	Clinical	Operational since 2021
Pathology Department	Services	Non Clinical	Operational since 2021
Intensive Care Unit	Acute	Clinical	Operational since May 2023
Operating Theatres	Acute	Clinical	Operational since May 2023
CSSD	Services	Non Clinical	Operational since April 2023
Medical Imaging	Services	Non Clinical	Handed Over - Go Live pending NDOH & NISIT Clearance
ED/UCC/Triage Deck	Acute	Clinical	Operational since June 2023
Front of House	Admin	Non Clinical	Operational since June 2023
Children's Outpatient Dept	Outpatient	Clinical	Operational since 2021
TB Clinic	Outpatient	Clinical	Handed over August 2023, Pending operational as backup Consultation Clinic since October 2023
Haus Lotu	Services	Non Clinical	Operational since 2019
New Carpark		Non Clinical	Operational since 2020
Central Energy Plant	Utility	Non Clinical	Operational since 2022
Facility Management Shed	Command Centre	Non Clinical	Operational since 2021

FRONT OFF HOUSE - ACCIDENT AND EMERGENCY DEPARTMENT (A&E)

The new look Accident and Emergency (A&E) department was completed in 2021 but due to shortage of staff, it was not inhabited until beginning 2023. The current staff consisting of x4 Medical Registrar's, x3 Health Extension Officer's, x21 Nursing Officers and x8 Community Health Workers, are just not enough to fully implement health care. Full credit to the staff and together with the modern A&E facilities, they are happy to carry out their respective responsibilities.

We look forward to the current recruitment exercise to employ and allocate more staff to work in the Accident & Emergency department.

PHARMACY

The current Pharmacy office space has become overcrowded. It has been agreed and approved to utilize the existing vacant ex-A&E for pharmacy storage. The ex-NOPS building is being considered as a future storage space.

TRANSPORT & COMMUNICATION SYSTEMS

Unfortunately, the Transport department and the Hospital Switchboard/ Communication services was not part of the redevelopment and hence are still operating from where they have been for the past 20 years. However, it is now being planned and approved that they will be relocated to the ex-Kiosk.

The ICT Services has reported a major concern in the hospital data management systems. The current computer server has been found to have corrupted data. The IT Manager is now in the process of acquiring quotations from suitable suppliers for a new server to be installed.

The vacant space, ex-COPD was an eye-sore until a consultation between the HMT and the Acting Hospital Executive Manager to do something about it. In October a local contractor, Kaia Works Construction Ltd, was asked to help backfill the vacant lot to enable proper parking space for staff vehicles. The hospital partnership with local organizations was truly envisaged when the contractor volunteered to do this project, which would have cost the hospital in the vicinity of K90,700.00 but all for free. The Managing Director was formally acknowledged and was presented with a Certificate of Appreciation by the CEO, Dr. Binga in a small significant ceremony on the 30th October 2023 and witnessed by Acting Hospital Executive Manager and staff.

The HMT is concerned in regards to poor conditions of the hospital vehicles. It was reported that some vehicles are not in a good running condition. The OIC-Transport has now been informed of the concern and has been directed to provide a report detailing the vehicles concerned for further direction by the SEMT.

HUMAN RESOURCE OFFICE

The Human Resource Management office has to be relocated. This new location is the ex-Labour Ward which shall be on an interim basis and is being renovated and refurbished. A new permanent office space will be determined by Senior Executive Management Team in due course.

NEW MORTUARY

The new Angau hospital morgue was completed in 2022 by CPB, sub-contractor of JID. It was commissioned on the 10th August 2023, and is already in use as of 6th November 2023. As of the 11th November, the morgue contains 75 deceased. The old mortuary consists of three containers holding about 200 unclaimed deceased are awaiting to be claimed by the relatives. Notices have been circulated to the general public to come and claim their loved ones within two weeks. Otherwise, a formal mass burial is scheduled to take place in December 2023.



GEDSI

The Government is committed and in introducing the National Public Service Gender Equality, Disability and Social Inclusion (GEDSI), it positively influences the change in our workplaces and our communities. We at Angau Hospital will embrace GEDSI in all its objectives and responsibilities and to integrate gender equality, disability equity and social inclusion into MPHA policy to benefit the staff.

Whilst waiting for the GEDSI Manager position being advertised and to be appointed, under the leadership and guidance of the Acting Hospital Executive Manager as Chairperson of GEDSI, three trainings have been facilitated. These training programs are specially to foster Gender Equality, Disability and Social Inclusion within all working environment and places. These trainings were;

- (i) Advocacy on Women's Leadership – Lae Inter Hotel, 11-15 Sept 2023
- (ii) Advocacy on Men's Leadership – Cross Rd Hotel, 23-27 Oct 2023
- (iii) Sign Language Training – Salvation Conf Rm, 06-10 Nov 2023

I also had the privilege to attend a CARE International sponsored workshop on 'Sapotim Lida' held in Port Moresby from 23rd to 27th October 2023. The workshop addressed the Fostering of diversity and inclusion in leadership within PNG Health System. The program is designed to help us, MPHA staff to utilize existing roles and systems to empower our workforce in the health sector.

Ms Concilia Amol
Acting Executive Manager –Angau Regional Referral
Hospital Mopha



Our Mission Statement, Values and Strategy

Our Vision

To develop the Hospital into a centre of excellence for the provision of quality tertiary health services and meeting the national and international standard

Mission Statement

CLIENT FIRST - to strive for excellence in the provision of caring for the wellness of the community

STAFF DEVELOPMENT - participation in professional and development training of health staff.

RESULT BASED - to improve and maintain the health and well being of all who access our services

Our Value

#Access in delivery of caring services

#Responsible management of resources

#Community participation



Chairman's Report

Welcome to the 2023 Annual Report for ANGAU Memorial General Hospital. To begin, I would like to give credit to the hardworking management and staff of ANGAU who work under great pressure to provide quality health care to our patients. In 2023, among some of the ANGAU statistics received as presented and tabled.

(i) Governances

- Board of Governance Members nominees all selected awaiting PEC for endorsement before NEC submission after elections.
- Board orientations, and functions of the boards and CEOs was reviewed as per the PHA Act and regulations.
- CEO and Chairman are subjected to Ombudsmen Commission under the Leadership Code.

(ii) Highlights

(a) MOPHA Structure

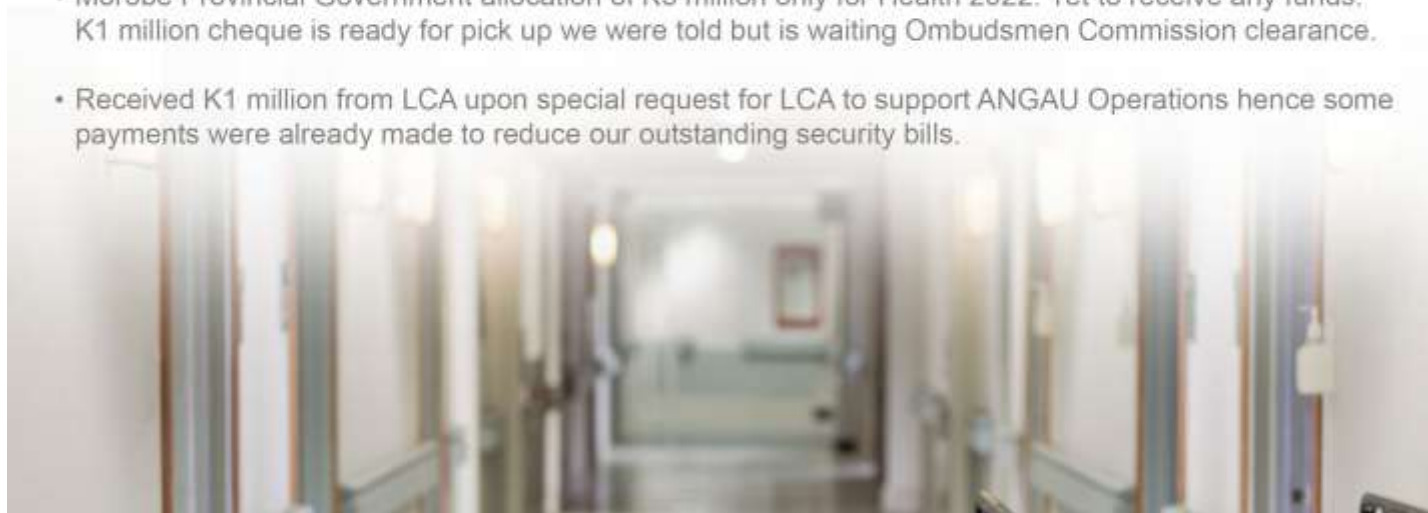
- Structure on going work by MOPHA HR and DPM for reconciliation.
- Work to be completed by this week and will be submitted for DPM Secretary's approval.
- Total updated vacancies is at 731, 631 funded whilst 100 are unfunded.
- 30 staff were been laid off from C19 casuals - GOPNG funding, DFAT stepped in to support and keep 70 casuals to date.
- NEC decision for filling all PHA vacancies and additional 5000 persons to be recruited, NDOH and DPM working on the decision.

(b) Finance

- IFMS is under maintenance and all payments are proceed through BSP Kundu Pei. Most likely it shall be fix by end of this year or beginning next year.

Outcome progressive result - IFMS been restored as at 14th of July 2022.

- CFCs have improved compared to 2020 and 2021 since taking the office from K700 - 900,000 to over K1.5 million on average for this year due to us securing an additional K15 million for operations towards the end of last year.
- MOPHA 2023 Budget formulation schedule done and team in the process of doing up the budget. Information will be shared to our board members and meeting will be called for board approval of the 2023 budget.
- Re-look at our approach to sell the Budget 2023 once endorse by the Board.
- Morobe Provincial Government allocation of K3 million only for Health 2022. Yet to receive any funds. K1 million cheque is ready for pick up we were told but is waiting Ombudsmen Commission clearance.
- Received K1 million from LCA upon special request for LCA to support ANGAU Operations hence some payments were already made to reduce our outstanding security bills.





(c) Corporate & Clinical Service Plans

- Our corporate plan is still a working document after board's input and further more NDOH still advocating for the NHP and supporting NHSS and hence the delay. Currently it is been relooked at and is about 80% complete. There is a planned consultative regional meeting to be held on Madang to further discuss the NHP to be organized.
- Our Clinical Service Plan for ANGAU and Morobe Primary Health will be reviewed so we can amalgamate the two documents into one for MoPHA Health Services Plan after the completion of the corporate plan.
- To presented at the 3rd quarter Meeting.

(d) Cancer Infrastructure

- Refurbishment of the current Cancer Unit done.
- Detail design of the new cancer facility tender documents has been worked on by JID soon to be tendered. Cost for design K1 million to expended from the Cancer Project funds. Old COPD has been demolished.

(e) IAEA (International Atomic Energy Agency)

- The IAEA team to visit our site in ANGAU August.
- Oncologist/Medical Physicist/Biomedical Engineers from Sri Lanka.
- Medical Physicist and visited us last month to work on our machines by calibrating and fixing them ready for the. Mammogram is operational now.

(f) Others

- Service agreements templates for NDoH just sent this week. Currently been worked on by our team will be ready for the MPs for the 11th Parliament.
- One pager - District Health Plan Services Agreement 80% complete and will be forwarded to the Board for endorsement before the formation of new Government.
- 209 Health Indicators identify.
- UNICEF pilot project on nutrition in Nawaeb district discussed last week commencing in July.
- Disciplinary cases - 13 terminated from work.
- Eviction 3 months' notice given to the (Southern Housing) Hill top residence. Some refuse the get the eviction notice.
- Ongoing power interruptions in ANGAU Hospital (New Plan and Gware). To an engage independent person to do the assessment on power interruptions.
- Opening of new facilities, West Taraka, Tent City, Mutzing and Watut. In the meantime, outpatient services at West Taraka to be resume upon available of medical drugs. Few setbacks been verified - lack roof to be sorted out by the contractors under HSDP.
- Amalgamation of Hospital data into the e-NHIS work ongoing with HSDP.
- Noted that e-NHIS not own by NDoH.
- MoPHA Co-Host to the National M&E workshop in November 2022. Spar indicators from 29 to 205.
- Covid - 19 Hospital set for election counting - Lae open and Morobe Regional.
- Support DWU with their proposal to PNG incentive fund to support clinical dormitories for student.

PEC - will meet once election is over.

Board & Management

ANGAU Board Members and the Management are from a wide sector of the community with a lot of experience put together. They represent different sectors in Morobe for the interest of the people and hospital to ensure services are delivered.

MANAGEMENT



Dr Chris Kenyhercz
Chief Executive Officer



Dr Ruso Peroni
A/Director Medical Services



Aung Kumal
Director Corporate Services



Sr Concilia Amol
A/Director Nursing Services

BOARD



David Wissink
Board Chairman



Carol Yawing
Women's Representative
Lae Urban LLG



Pastor Bonny Sinako
Religious Representative
ELC PNG



Dr Simon Kasa
Staff Representative
SMO Urologist, ANGAU



Sarah Haoda Todd
Deputy Board Chairlady



Micah Yawing
Provincial Health Representative



Sheila Harou Pati
Women's Representative
Morobe Province Administration

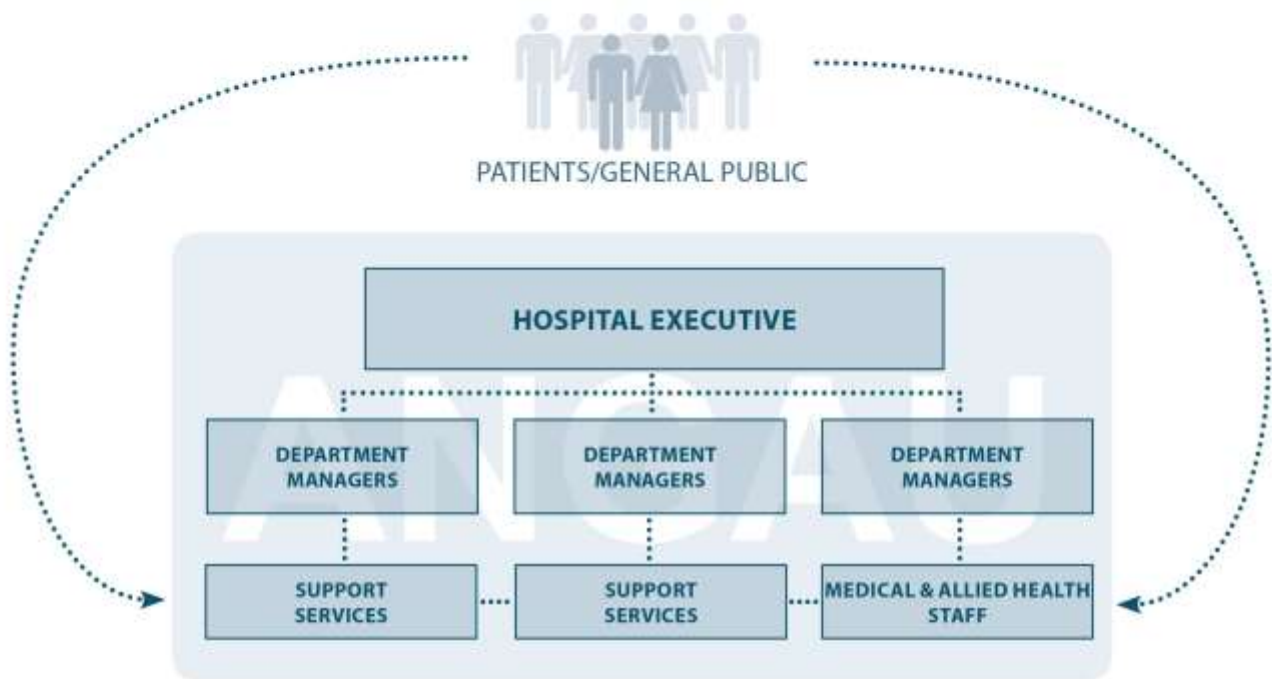


Nellie McClay
Business Representative



Brian Alois
Department of Works

Organizational Structure



NURSING SERVICES

Introduction

The Directorate of Nursing Services like the other Directorates has the same core business of PATIENT CARE. We are working on strengthening Nursing Administrative and Clinical Governance to embrace the changes and transition in the new ANGAU redevelopment. Nursing today with the rapid changes in the extensive redesigns of workplace in-line with the ANGAU Redevelopment and will directly affect how nursing care is delivered as well as who delivers the care. The Nursing Directorate is adamant as part of the organization (MoPHA), to help our people achieving proper and better health care for the next generation from 2023 and beyond to be Smart, Wise, Fair, Healthy and Happy.

Nursing Services are categorized into four (4) units and they are;

1. Unit One (1) has the ICU, O/T, Surgical Acute 1B, Surgical General ward 7D, Orthopedic and Consultation Clinic.
2. Unit Two (2) includes, Children's ED (COPD), Neonatal Paediatrics (SCN), Paediatric wards and Blood Transfusion Unit.
3. Unit Three (3) includes, Emergency Department, Medical Acute ward 7A and Medical General ward 7C, Mental Health, TB/MDR, Family Support Centre, TB DOTS Clinic, Anua Moriri Day Care Centre and Sexual Health Clinic (Friends/STI).
4. Unit Four (4) has Birthing, Ante Natal, Post Natal, Gynae ward and Oncology ward.

Hence, the report will provide briefs from all these units and all coordinators routine tasks or activities and achievement based on their main Key Performance Indicators (KPI) for 2022.

Nursing – Human Resource

The total number of staff on establishment is 407 of which 332 are filled resulting in 86 more positions to be filled. However, this much vacancies have remained into 2022 and has been a dilemma that nursing has to deal with the current manpower strength for each unit. Covid 19 casual staff have been a great relieve, in that, most are currently absorbed into the hospital inpatient wards. Hence, Nursing will rely appreciate the hospital restructure process to alleviate staffing issues.

Going forward,

Nursing Directorate has developed a proposed structure to appreciate the PHA merged structure that will be presented during the Restructure exercise for Morobe – PHA. In this proposed structure, all nursing personnel in all levels of health facilities will be aligned and report directly under the Directorate of Nursing Services.

Training

The Nursing Directorate of Angau General Hospital will continue to support nursing staff training through 2022 and beyond with internal or external training programs to enable up skilling and to be informed of new and improved versions of emerging nursing care. It has been another challenging year in 2022, with the Angau Redevelopment and merging of Angau memorial hospital and the Public Health. Training issues have been taken on board and addressed through meeting with the districts. Under the formation of the Hospital Administration, new committees have been formed, with an additional tasked of coordinating trainings for all directorates, including the Public Health team.

Acknowledgement

The coordinator Training also acknowledge, the assistant training coordinator, DNS office, unit supervisors, Nurse Managers, standard coordinator and JID staff involvement in supporting staff trainings and visiting volunteer program nurse specialist in Midwifery, emergency and ICU.

Practicum Attachment

In 2022, PAU sent seven (7) under graduate practicum students to Angau. The Bachelor in Midwifery program had six (6) Postgraduates from PAU, UPNG with four (4), UOG sent two (2) and Madang three (3) Midwifery for practicum in Angau and Morobe.

Online trainings

1. Palliative care online training was initiated in 2020 involving four (4) nursing officers through Flinders University sponsored by oncology nurses from Brisbane, Australia. Only one passed the course and was certified, while the other three (3) withdrew due to workload on shift duties.
2. Gender Base Violence online training through USP Fiji university involved ten (10) candidates from Family Support Centre completed the training and graduated on December 2022.
3. New Platforms – Monash University for Paediatric nursing, Kumul health training for IPC, ED and O&G units that are yet to be included are, Medical Surgical Nursing Burns and Orthopedic.

Internal studies

We had six (6) nursing staff enrolled at the School of Medicine to take up various nursing related programs and three (3) midwifery from the hospital and two (2) from Public Health staff.

External studies – short courses

So far two (2) different courses were offered this year through the Australian Award

1. First badge Health Science Majoring Infection Disease Control, with two (2) staff.
2. Second Badge is Health Science Research Methodology, with another two (2) staff.

Nursing Standards

The Nursing Standard role has been broadened to coordinating and maintaining the Standards' Register in Angau Memorial Hospital. The report briefly captures the main tasks for 2022.

1. Document Management - Work is still in progress for sorting out the various documents into folders in preparation for uploading them into the main hospital server.
2. Risk/Incident Register - Develop Nursing Services directorate's is still work in progress before endorsement by the NCSC Committee and training will be conducted for supervisors and managers of the risk register.
3. Hospital Transport SOP - The working committee has completed putting together the document is in final draft and officially handed to Mr. Ivan Noese.

Health Education

Health Promotion as an integral part in health service delivery aimed at strengthening health Promotion, Prevention and Protection in the hospital, embarking on Public Private Partnerships.

Primary focus is on;

- In-reach education for wards and clinics which covers, Patient's educational programs, staff education training and meeting. The In-Reach programs are mainly carried out by the health promotion lead nurses from all wards and clinics.
- Out – reach covers planned activities conducted outside the hospital to stakeholders, companies and the communities, which includes;
 - Health Promotion Awareness and Advocacy
 - Roadshows on service providers in the hospital
 - Health Checks and trainings
 - Vaccination (COVID – 19)
 - Radio Doctor Program
 - The Health Expo – Morobe Show
- World health day events which are commemorated throughout the year includes;
 - World TB Day on the 24th of March 2022 which awareness were done by lead nurses in the wards and hot spot areas like, ED, X-Ray and Consultation clinic.
 - World Malaria Day was celebrated – awareness was carried out the hospital wards and clinics on Mosquito nets and how to take care of them.
 - World Blood Donor Day – on this day verbal awareness was done to Donors, which saw 100 bags of blood collected.
 - National Health Week – health staff checks were conducted for four (4) days, with staff having health issues being referred to Dr. Sodeng for further management.

- World Mental Health Day – both the Mental health and Family Support Centre teams did tremendous work in the Centre and the communities.
- Global Hand Wash Day – was held in the last quarter on the 15th of October 2022, which all leak nurses rolled out in all their wards and clinics.

The Nursing Directorate encourages Health Education and Promotions to enable the surrounding population especially around Lae City to be educated about good health care and improved hygiene. Fourth Quarter All Hospital Wards, Urban Clinics & Hot Spots within City Limits Only 7 Awareness campaigns were carried out Over 800 brochures & materials were disseminated 600 participants attended these program Health Educators Link Nurses the Out-Reach Health Education will continue to targeted public/ private sectors, NGO's, Churches and surrounding Communities around Lae City.

Clinical Services

Unit One

Intensive Care Unit (ICU)

The Intensive Care Unit is a semi-open multidisciplinary ward and is functioning with a four (4) bed capacity. Staffing continues to be a major challenge in meeting the ICU standard of 1:1 staff to patient ratio. Currently the unit has Nine (9) RNOs of which three (3) are specialist critical care and Six (6) CHWs. ICU continues to support training for student nurses, RHEOs and RMOs in the unit.

ICU had a good number of patients admitted from January to October 2022 and a couple of long-stay patients with a lot of workload on patients' care.

Medical Equipment, ICU cannot function without life-saving medical equipment as they are crucial for quality, efficient and standard patient care. Hence, ICU requires an adequate number of minor and major medical equipment. Medical Supplies is still the major constraints as well as, Stationaries and Nutritional Support for our Intubated patients.

Operating Theatre

The unit, especially in the third quarter was very hectic period for the surgical unit due to the ethnic clashes and fights resulting in high rates of trauma related cases. Nurses and doctors must be commended for the tireless effort and commitment put into serving and saving these many lives, despite the many challenges the unit faced in terms of medical and human resources. True elective always deferred to accommodate for emergencies especially trauma related, using up most of the hospital revenue and or resources. As such the hospital user fee policy should be reviewed and amended to ensure cases are being charged before receiving healthcare. The unit appreciates the ACORN team for the training platform and assisting in the operating room and CSU with the setup of the new units and assisting with 5Ss standards. Biomedical support and pharmaceutical will always be the main constraints for the unit.

Surgical Acute ward 1B

The Nurse Manager acknowledge all her staff and colleagues for their support to Surgical Acute ward 1 B during this difficult times. The Acute Surgical receives critical injured or ill surgical patients for pre-operation definitive care and or recovery treatment. The acuity of case warrant adequate nursing staff per shift, which is one of the constraints faced.

Surgical General ward 7D

Clinically Nursing staff continues to maintain and improve the provision of nursing care to surgical general inpatients, despite greater need for more staffing.

Constraints faced by the unit includes;

- Beds rest adjustable for Post- Operative patients
- No Traction beds for C-Spine patients
- Frequent Nil Stocks of drugs including all Opioids and consumables
- Ward's vicinity to main O/Theatre a disadvantage to emergency operations.
- No proper staff amenities.

Highlight for the Year

We have improved in reducing longer bed stays for surgical general patients with wound infections. A new wound care protocol developed and utilized with great results, which includes, types of wounds and prescript dressing plans. Nurse Manager's appreciates efforts from all her hardworking staff for their support in maintain continuity of patient care throughout the year.

Orthopaedic ward

Orthopaedic ward is a surgical ward and divided into two (2) sections A3 and A4. We receive both Paediatric and Adults Cases, with a bed capacity of Forty-Seven (47). A4 includes two (2) beds for Ophthalmic and two (2) beds for ENT cases. Current staff strength has six (6) nurses and five (5) CHWs to mend a three (3) shift roster.

As way forward, Environment contributes to the recovery and wellbeing of our patients, hence, it's appropriate that the ward's cooling system be improved for that matter.

Consultation Clinic

The clinic is a multi-disciplinary unit, with an increasing workload over the last five (5) years for both Medical and Surgical cases. Data Management has improved for the unit due to the effort put into by clinic staffs. Overcrowding on a very busy clinic or visiting specialist day will continue to be our only constraints.

Central Sterilizing Unit (CSU)

This year (2022) was a year of challenges with significant activities for ANGAU and with the new facility go live in 2023, will increase work load with new standards.

Training on CSU safety operating procedures were given through ARCON facilitated by JID staff. There has been a lot captured with the new setups, but I believe if we have hands on the equipment will enable us to better understand.

CSU staffing has only five (5) on strength per Roster doing morning and evening shifts. Sick leaves and Days Off are constraints faced with coverage per shift. Hence, staff increase is very necessary going into the new CSU.

Unit Two - Paediatric Units

The unit includes, Paediatric Emergency Department or COPD, Neonatal Paediatric (SCN), Paediatric wards and Blood Transfusion Services (Blood Bank).

Paediatric Units also had a significant increase in patient coming in for various reasons. It is these visitations that provided data to enable the unit supervisors to conclude a specific change. From previous reports the leading disease of admission to the Paediatric ward had been severe pneumonia. However, Paediatric staff have established that the leading disease of admission is now Severe Acute Malnutrition (SAM) and Neonatal Sepsis at the Special Care Nursery. This increase in the number of admissions though small is worth looking into. We may not be able to look into this soon but the data will remain to be compared in future.

Human Resource remains the unit major Constraints, have been under undue stress affecting performance by staff due to limited specialist nursing staff. The current staff strength in all Paediatric wards is not enough. Specialist trained nurses is also a need. Hence, there is need for 5 more Specialist Paediatric nurses to alleviate the burden and the unit appreciates the management training committees for approving three (3) staff for Paediatric Specialist training in 2022 currently studying at the UPNG Taurama campus. The unit appreciates the service of the Heather and Lois, two visiting Midwives with the trainings in Neonatal Paediatric and the introduce of the Kangaroo Mother Care in the Special Care Nursery.



Blood Transfusion Services

The team conducts regular mobile clinics to collect blood within Lae City, surrounding communities and business houses. Bulolo Forestry and Ramu Agro Industries (RAI) helped in accommodating staff during mobile clinic out of Lae and onsite in Ramu and Bulolo.

This year the unit commemorated the World Blood Donor Day – on this day verbal awareness was done to Donors, which saw 100 bags of blood collected.

Unit Three (3)

The Unit includes, the Emergency Department, four (4) In-patient medical wards, three (3) Disease Control clinics and the Family Support Centre, with a total of nine (9) Nurse Managers.

All In-patient wards house clients with medical conditions who are critically ill requiring close observations and care. Entry points for all patients are mostly from the Emergency Department on a daily basis. Few are admitted through the day clinics and few received from other inpatient wards as transfer-in.

Emergency Department (ED)

The ED receives all traumatic surgical emergencies, Medical emergencies, Obstetric emergencies and Paediatric emergencies.

Triage Deck recently completed in the Accident and Emergency and handed over and is now in use is a big help especially in alleviating the problem of overcrowding of patients coming to ED that needed attention with many thanks to the Jonstaff partners. A new patient registration form introduced through the RACS program is now being trialed and will also go a long way in helping the smooth transition through this stage of patient care.

In brief, three quarters (3/4) of patients the come to ED are category 3 patients who can be seen and processed at an ambulatory clinic. Access block is a major problem in ED, but can be minimized if respective disciplines takes ownership of their patients and are reviewed on a timely manner. Overflow of patients in ED corridor is another concern unless we can have an ambulatory clinic, High Dependency ward to free up acute medical and surgical ward. Average length of stay of one patient exceeds the normal length of stay for an individual patient as per the ED policy which is 12 hours. Hence, disposition of patients to inpatient wards remains a major constraint. ED also appreciate Australian Volunteers, Nathaniel and Mackenzie for ongoing refresher up skilling towards our transitions into the new ED.

Brief achievements, 1. ED successfully implement the Interagency Integrated Triage Tool (IITT) through the Kumul Helt Skul that has shown successful data capturing for statistics. 2. All patients accessing services through ED were seen using the new Triaging Tool, level 1 **RED**, level 2 **YELLOW** and level 3 **GREEN**.

Medical Acute Ward 7A

The Acute Medical ward receives critical ill patients definitive care and or recovery treatment. The acuity of case warrant adequate nursing staff per shift, which is one of the constraints faced. The unit is strategizing on developing a knowledgeable work force, professionalism and raising Nurse Leaders. Nursing team has identified care indicators and strategized to mitigate to have a desirable patient care outcome. Having an adequate staff strength for each shift and adequate supply of pharmaceutical supplies will remain some major constraints.





Medical General Ward 7C

Medical general function as a stabilized ward with direct stable patients from ED, Transfer patients from Acute medical and other wards. The nurse manager expresses her sincerest gratitude towards the DNS office, the Facility staff and all her 7C staff for their unrelenting trust in her leadership and their collaborated approach in delivering quality nursing care throughout 2022.

TB/MDR Ward

The TB ward was completed in 2020 by AUSAID and receives patients from TB DOTs clinic and ED and transfers in from other wards. In October 2021, the ward was relocated to 7C medical general ward and the facility was used as Isolation ward for the COVID 19 patients. We are grateful to be back in our designated facility by October 7th of 2022. Our discharged patients are being dropped off by hospital vehicle and their FDC kit box dropped at their nearest clinics where they are registered to complete treatment.

MDR patients have been admitted in the Half-Way Haus with a nine (9) bed capacity since the demolition of the old TB facility. In August and September 2022, there was an increased in MDR admissions that forced early discharges to continue their treatment as outpatients every two weeks. Follow-up monthly sputum for smear and culture are done both for inpatients and outpatients.

October 3rd 2022, Global Fund team visited Angau Hospital and TB/MDR wards were amongst the sites visited. Special thank you to Global Fund and ADRA PNG – Lae Branch for supporting our MDR patients with monthly bus fares and food vouchers.

Main challenges

- Staffing is still the main constraints.
- Low or no HIV testing for the MDR patients and DS TB patients.
- No Contact Tracing for families of MDR patients and as a way forward to achieved task.
- No culture or DST report of MDR patients from CPHL.
- Staff not trained for HIV testing in PICT, a way forward task.

TB DOTS Clinic

Angau Hospital TB DOTS Clinic is the central referral clinic for Tuberculosis (TB) which receives patients from the urban health centres/ clinics, Aid Post, church run health facilities, Private clinics and within Angau hospital which are referred by other doctors. The clinic also receives patients from all ten (10) districts of Morobe, Ramu Sugar in Madang and Yonki in Eastern Highland Province.

Main challenges

- Staffing is still the main constraints.
- Drop off inpatient to nearest clinics.
- Follow up of Default patients.

Mental Health

This year 2022 was a very challenging year for the Mental Health Unit where we came across a lot of constraints such as COVID 19, closer of the mental health ward since 2021 and manpower shortages. Despite those limitations, we were able to counter our patients as outpatients throughout 2022 and acknowledge the Management for reopening the ward to readmitting our patients in October of 2022.

World Mental Health Day was the highlight in 2022, both the Mental health and Family Support Centre teams did tremendous work in the Centre and the communities.

Anua Moriri Day Care Centre (AMDCC)

Anua Moriri Day Care Centre (AMDCC) is an integrated HIV/ART clinic which operates under the care and functions of ANGAU Memorial General Hospital. The clinic was funded and refurbished by the AUSAIDS NHASP Project in 2005 and was officially opened on the 4th of October 2005.

AMDCC is the coordinating center for all HIV/AIDS services in Morobe Province and the Momase region. Its main function includes, HIV Counselling and Testing services, ART services, Logistics, Site Assessments and Accreditation for HCT and ART and supervision and mentoring of staff in the clinics.

The Centre is also the Training Venue for Voluntary Counseling & Testing (VCT) and Provider Initiate Counseling & Testing (PICT). As a referral center the hospital takes care of patients from many parts of the country especially the Momase, Islands and the Highlands. It is this fact that whatever the statistics that show situations from the section it must be clear that not all is bad or worse in the Morobe Province. The statistics show what and how the hospital manages the situation and or attend to situations. In this case a total of 4199 clients were attended to and treated or otherwise. It is still high a number and more is needed especially awareness programs to alleviate the trend.

Friends Clinic (Sexual Health)

The Friends clinic functions as the main referral site for within the province. It mainly operates and approached the STIs under Syndrome management. The clinic does HIV testing and refer positive clients to Anua Moriri Day Care Centre for ART and other complicated cases are referred back to ED or O& G clinic for female clients.

This year 2022, we have a total of 3,178 clients seen, which is a significant drop in cases, most probably due to COVID 19. A new STI protocol and reporting book has been launched pending rollout trainings for staff.

Clinical outcomes

- 28% referred cases from clinic alone – client to client referrals.
- 22% were referrals or consults from within the hospital.
- 47% of female clients seen at the clinic were referred to O&G clinic.
- 20% were referred to ED
- 58% of male clients were identified as High Risk Men (HRM).
- 94% of female clients were identified as High Risk Women (HRW)
- 75% referred clients fall under Female Sex Workers (FSW).
- There's evidence of increased Trans-gender (TG) of 11% being referred to ADRA.

Way forward

- Work along with partners in doing awareness to our population.
- Need of clinical HEO to oversee, DCC, FSC and STI clinics to review complicated cases.



Family Support Service (FSC)

FSC is a newly established unit a country's setting which is a first of its kind in PNG, in addressing Violence against Women and Children inclusive of People with Special Needs focusing on Gender Health and Human Rights Base Approach, where violation of Human Rights is of great concern as per United Nations Convention on the Rights of People living with Special Needs.

FSC provides a Client-Based Approach focusing on the needs of the client and working together with them to elevate suffering by providing the medical component, Psychological first aid, Mental Health Counselling, Case Management and Referral according to their priority needs.

FSC target groups are;

- Intimate Partner Violence.
- Sexual Violence within 72 hours.
- Child Abuse cases (all forms Human Rights Violations).

Essential Health Services Provision

- Psychological First aid and Mental Health Counselling
- Provision of Post Exposure Prophylaxis within 72 hours.
- Provision of Emergency Contraceptives Pills within 120hours.

Extent of SGBV service provision

- Time dedicated to one on one case can be 3 – 4 hours especially Level one SGBV – very high risk a Red Flag is raised.
- Our medical reports go as far as the National Court and if one has to stand trial as a state witness, we are to comply upon approval from the Director Medical Services or even on occasions, where travel to other provinces as state witness.
- Networking with major key stakeholders is very vital in terms of Multiple Sectoral Essential Service Provision.

The FSC – Lae is recognized as the leading FSC in the country, hence, University students UPNG Health Science – Mental Health and Community Nursing had passed through for their Practicum. University of Goroka has come on board as well in introducing the first ever Psychology course and sending the first batch of fourth year students to Lae FSC for their Practicum.

Major Challenges

- FSC has no vehicle which has a greater impact on our daily route work. We can wait for hours after hours just to bring survivors to the Safe House even at the middle of the night.
- Safety is not guaranteed for the FSC staff and clients.
- Compulsory debriefing is on every Friday is of greater need for staff to recuperate and return to work for effective productive outcome.
- Staffing is still a major setback resulting Burnout of our staff.

Acknowledgement

- WHO - for recognizing FSC of MoPHA – Angau Hospital to be best concept in the world in addressing Violence against Women and Children and off course Inclusive of People Living with Special Needs.
- UNFPA – for their ongoing support for the IEC materials and the dignity pack received, which have given hope and put a smile on survivors faces.
- World Vision – for the canvas and blanket donated for the desperate FSC survivors.
- AUSAID – for all the furniture's, tables, computer chairs, white goods purchased and the new Air Conditioning unit for the centre.

Unit Four (4)

This year 2022, was rather a very challenging year for the unit, which, comprises of the Birthing / Labour Ward, Ante Natal ward, Post Natal Ward, Gynaecology Ward, Oncology Ward and Well Woman's Clinic. We believe that we are the voice of Morobe nurse midwifery, with the goal to work in partnership with women's health and enhance, a positive image in Midwifery.

Ante Natal

The Ante Natal ward cares for sick Ante Natal mothers with complications and do Induction of Labour before mothers come up to Birthing as well as preparing mothers for elective operations. Sick antenatal must be admitted and treated adequately for a desired outcome both for the mother and baby.

Birthing

Birthing post occupancy of one (1) year and five (5) months, operates a ten (10) birthing suits, four (4) examination beds and eight (8) Latent face but when full mothers do sleep on the floor and sit on chairs. Damages to beds and mattresses is the reason for less beds, however, Birthing mattresses have all been changed by JIDs.

Vaccination at birthing is ongoing with BCG and Hepatitis B, thanks to the UNFPA for the donation of a small fridge. O&G ward staff working in conjunction with Paediatric staff initiated a committee that oversee the 24hr immunization of babies before they are discharged.

Family planning is also a program now conducted in the Labour ward by a staff after her training in Family Planning Implant. The procedure is only conducted on a patient after having consent from the patient.

With the adequate birthing beds, Human Resource continues to be our major constraints that contributes to BURN OUTs among our hard working midwives.

Well Woman's Clinic

The clinic is a very vital clinic according to its prescribed functions, however, laboratory constraints have contributed immensely to many undetected early signs of cancer that have progressed to late stages.

List of issues are, Laboratory issues with reagents, Need for duck bill spec ton and additional staffing.

Oncology Ward

A palliative care ward, is also administers Chemotherapy at the Radiotherapy clinic and requires additional staff during the morning shift. Constraints includes, inconsistency supply of pain killer or opioids, which patient purchases from Pharmacies in town. Going forward, the ward needs a trained Mental Health officer included in the wards staff strength.

Post Natal Ward

There is influx of mothers resulting in floor beds up to twenty-five (25) with their babies sleeping on the floor, resulting in neonatal sepsis.

Staffing issues continues to be a major constraint for proper Postnatal cares such as, neonatal cords care, episiotomy cares, detecting of early signs of respiratory distress to babies, hypothermia, hypocalcaemia and preventing complications to mothers. Word of appreciation for our partners, Mares Stops for doing family planning to our mothers.

Gynaecology Ward

The ward has a high turnover rate of women with Gynae problems with very limited bed capacity of our IPU, has contributed to high rates of back flows of patient for operations. Twice this year alone, our medical team had a marathon operation for all the back flow list. Human resource and shortage of drugs and consumables continues to be the major constraints for the unit.

Private / Public Partnership

Partnership is one of the Hospital Board and Management goals to work together with stakeholders. Current redevelopment is one example. We also had NGO's, Church Groups, Sporting Groups, Government and Private Agencies, Schools and Families visited the different sections of the hospital. In the Paediatric section were fortunate visitations with donations of all sorts. They brought gifts, clothes, food, toiletries and most of all their hearts to the sick. And yes the guardians and parents also benefited but most of all the sick patients lives were uplifted with all these gestures including singing and praises and sharing the Word.

Tribute

The Nursing Directorate and all Nursing staff of ANGAU pay our respects to our colleagues late CHW Mr. Rocky Donald and Sr. Tomtila Lucas who both passed on in 2022 and as colleagues we will remember them.

Acknowledgement

I thank the SEM – MoPHA, for Nursing acting appointments in August 2022, which has been an honor for me (Mr. Steven Polis) as the Acting DNS to furnish this 2022 report for the Nursing Directorate. The acting DNS acknowledges the effort from all Nursing Staff for ending the year on a high note during this difficult times and as nurses, trying to succeed in this new health care environment, we must first learn how to manage ourselves and others effectively with less resources.

Conclusion

In 2022 we looked forward to the Redevelopment transitioning of all Acute Clinical Services come 2023. The new look hospital infrastructure is already looking great and this can only get better when the proposed Nursing Service structure changes as suggested and our strategies are implemented to coincide and strengthen our mission through uplifting of staff performance and enhance life styles as a whole.

Quality Nursing Care and Patient Care will always continue to be a nurse's mission and vision. Apart from the proposed changes in Establishment and Structure, we will continue to support staff training for staff in specialist areas to cater for the targeted areas of service. Let us all look forward to the upcoming changes with open mind and renewed energy in 2023.

Into the near future, we see Nursing as a Directorate in the Senior Executive Management (SEM) of the Morobe Public Health Authority (MoPHA). Thus aligning all Nursing Governance aspects in Clinical and Administrative functions right throughout Ten (10) Districts of Morobe Province.



Compiled by Mr. Steven Polis – RN, BCN, Dipl. M
Acting Director Nursing Services

Corporate Service

The Director Corporate Services is responsible to the Chief Executive Officer (CEO) for all administration staff and services. Main responsibilities of Corporate Services include providing and ensuring efficient delivery of essential services in the following functional areas: Finance, Human Resource, Supply Services, Catering Services, Transport Services, Security Services, Technical Services, Domestic Services and Staff Accommodation

Below are brief descriptions, achievements and future plans for the following functional areas:-

Finance Section

The Finance Section is managed by the Hospital Accountant. There are four main sections in the Morobe Provincial Health Authority (MoPHA) Finance (a) Revenue Section (b) Accounts Payable (c) Budget (d) HSIP. There are seven Revenue staff including the Revenue Accountant and eight

Accounts staff totaling fifteen staff all reporting to the Hospital Accountant. The Accountant is responsible for the efficient management of finance and budgeting as per the Public Finance Management Act, Public Service General Order, Audit Act 1989 and other relevant Financial Procedures and Legislative Requirements. The task also includes sourcing and raising revenues and efficient management of annual budgetary appropriations, internal revenues, expenditures, accounting and reporting according to relevant standards and procedures.



Way Forward

1. Filling of all vacant positions including the Personnel Officer
2. Alesco Training for the staff
3. Review of positions and grades
4. Proper office space to include Alesco files, computers, printers etc.
5. Commence preparation for contract renewals including the SPAs 3 months earlier than the due date
6. Improve internal HR policies on Attendance/Punctuality, General Behavior, Dress code etc.

Achievements in 2022 include the following: Staff Development & Training**Achievements**

1. Inducted 35 officers including Nursing, Medical, Corporate Service and Public Health staff into the Public Service
2. 3 officers for Midwifery Madang SON
3. 3 officers for Infection Control – PNG/Overseas
4. 1 officer for Long Term – Overseas
5. 7 Nurses (UNPG School of Medicine)
6. 12 medical officers (UNPG School of Medicine)
7. 3 officers DW FFL
8. 1 officer – Datec Learning Centre
9. Completed TOR calculations but yet to be paid.
10. Completed compliance of NPBS but paid on Pay # 4/2023

Challenges

1. No Training Plan for Morobe PHA in the last 3 years
2. The training was on an ad-hock base
3. No CNA was conducted for Morobe PHA in the last 3 years
4. No HR visit to Districts for awareness on Training plans and pathways
5. No training room in the hospital area to conduct training
6. Training Budget insufficient to cater for both long-term and in-house training

Way forward

1. Conduct CNA training ASAP
2. Roll out to Districts and LLGs
3. Awareness on the PHA system to districts and LLGs including awareness on the Scholarship programs
4. Increase funding for training to K500, 000
5. Training Division to have its ledger on all training costs
6. Training Division to have its training equipment – laptop, projector, speaker, printer
7. Have a Training/Conference room to cater for training and meeting
8. TOT training for Training officers – PILAG/UOG
9. Training of HR staff in HR Management
10. Refine and improve Performance Management System for MoPHA linking the SPA
11. Develop Learning & Development Plan for MoPHA with help of DPM on the back of the Capacity Needs Analysis Training.

Achievements in 2022 include the following: Industrial Relations:**Achievements**

1. The Disciplinary Committee held 6 meetings
2. Suspended 1 officer
3. Terminated 17 officers
4. Redeployed 1 officer
5. Demoted 1 officer
6. Reprimanded 4 officers

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2. Suspended 1 officer
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6. Reprimanded 4 officers

7. Received no court challenges
8. Appointment of Mr. Ivan Noese to General Services Coordinator Grade 15 to conclude

Challenges

1. Proper office space to deal with charges, counselling and putting together of reports
2. Skills gap in word processing and HR laws
3. Offenders constantly avoiding been served their Charges
4. Officer's turnaround time in responding to charges at most times slow
5. Unclear pathway of completing the disciplinary process from MoPHA to Waigani.

Way forward

1. Industrial Officer to be included to support the Trainer during public Service Inductions for inductees to fully understand the disciplinary process
2. Business process training to be run for senior officers to fully understand the disciplinary process including other government businesses
3. Move into our new office space at the labor wing

Organization Design and Development (Formerly O&M)

Achievements

1. Reviewed and Refined the 2019 Merged Structure
2. Refinement Structure approved by DPM on 23/09/22
3. Uploaded 1887 positions onto Alesco Payroll
4. Secured DPM endorsement of section 33 & 39 appointments to implement the structure.
5. Reviewed and renewed employment contracts of 32 short term contract officers
6. Recruitment of the Human Resource Manager on Short Term Contract

Challenges

1. Slow turnaround time from DPM on compliance issues
2. No proper Office space to deal with confidential matters
3. Skills gap
4. Inadequate staff numbers to contain workload resulting from PHA merger

Way forward

1. Proper Office space required to handle and store confidential matters
2. Address skills gap through short courses recommended on the SPAs
3. Review of positions and tasks performed
4. Recruit and fill vacant positions
5. Workforce Planning to commence work on Major Structure Review and submit for 2024
6. Do Facility Audits to confirm manpower numbers against staff establishment and payroll



General Services Section

The General Services Section is managed by the Coordinator of General Services with ninety eight staff working under him. There are eleven main sections in the General Services: (a) Laundry (b) Sanitary (c) Grounds (d) Stores and Supply (e) Stationery (f) Kitchen (g) Transport (h) Communication (i) Patient Service Attendant (j) Patient Pottering (k) Security). . The Coordinator General Services is responsible for the overall management of Hospital Support Services for effective performance and output as per the Public Service General Orders.

The task includes managing and maintaining effective flow of Hospital services in non-clinical areas as aforementioned.

Stores and Supply Services

The Supply Services is managed by the OIC Stores and Supplies. The Procurement Officer is responsible for the procurement of all Hospital supplies based on the Public Financial Management Act. Procurement of supplies including medical waste bags, body bags and other waste bags, cleaning detergents, laundry powders, beddings and linens stationeries and other general supplies.

The goal of the Supplies Services is to improve efficiency and quality in the purchase of Hospital supplies, based on WHO/NDoH approved standards, stock availability and reasonable pricing.

Achievements in 2022 include the following:

- Appointment of Transport Officer as acting OIC Stores and Supplies.
- Staff training and graduated with certificates in safe work practice and chemical handling. Training conducted by TAFE College sponsored by DFAT

Challenges

Only major huddle are the cash flow problems facing the institution, whereby not all required operational materials are being bought for use in the wards, including urgent drugs required for the patients in the both inside Angau and other surrounding health facilities.

Plans for the future:

- Establishment and train staff on Inventory management and distribution system
- Appointment of permanent OIC for Stores and Supplies section.

Catering Services (go through with Gelinda)

The Catering Services is managed by the Catering Manager with eleven (11) staff working under him on two shift basis. The Catering Section is responsible for providing catering services to the patients in the Hospital. Quality and nutritional diet is key to patient recovery and is an essential service to patient care in the Hospital

Achievements in 2022 include the following:

- All Catering staff attended six months training and graduated with certificates in commercial cookery, safe work place practices, fire and evacuation and chemical handling from TAFE College. Training sponsored by DFAT through Johnstaff International.

Plans for the future:

- Improvement of dry good storage facility
- Design and purchase uniform for staff in preparation for commercial operations
- Recruit a Dietician to improve menu and nutrition for patients.



Transport Services

The Transport Services covers both Transport and Communication Services. The Transport Section is managed by the Transport Manager with fourteen Drivers working under his supervision on shift basis. The goal of the Transport Section is to provide quality, reliable and efficient Transport Services to the Hospital staff, patients and stakeholders. Vehicles are maintained, serviced, registered and insured by the Transport Manager on a timely basis for smooth operations of Transport Services.

The Communication Services is managed by OIC Communication with eight staff working under his supervision on three shifts. The current Communication System in ANGAU Hospital includes, the PA System, Telephone System and Radio Network System. The main role of Communication Section is to coordinate Transport Services, staff movement, receiving external calls and disseminating information to staff.

Achievements in 2021 include the following:

Transport Services:

- Continuous and regular pick and drop of on call staff on timely basis.
- Continuous and regular service of vehicle with good and reliable workshops.
- Receiving of Toyota Hiace 15 seater bus from member for Lae, Mr John Rosso boosting the vehicle fleet to 17 vehicles.

Plans for the future:

Transport Services:

- Completion of transport policy
- Building of new Transport office and shed for the Transport section.



Achievements in 2021/2022

include the following:

Communication Services:

- Purchasing of hand held two (2) way radio for communication service

Plans for the future:

Communication Services:

- Search and select best antenna Aerial, base radio for switch board and car radio to improve our communication in the hospital and to the nine districts of Morobe
- Telephone communication to be upgraded to meet the increase demand in the new development





Security Services

Security Services is an essential service to the Hospital. The primary goal of this service is to protect staff, patients and Hospital property from any harm, danger or threats from within or without. In 2020, the Security Services for the Hospital was continued to be provided by Executive Security Services (ESS). There were nine guards working on day shifts and eleven guards working on night shifts seven days a week. There was also security escorts provided during pickups and drop offs for on call doctors and evening and night shift nurses.

In the course of normal operations, guards were stationed in strategic locations in the Hospital premises and were instructed to carry out specific tasks as per the Standard Operating Procedures (SOP). They (guards) reported security issues and concerns including progress on specific assignments to the Coordinator of General Services. The Coordinator reports these issues to the Director of Corporate Services who then updates the Management Team on a weekly basis.

Achievements in 2020/2021 include the following:

- There was no major security issues and concerns.
- The Security personnel provided professional services on a day to day basis.

Plans for the future:

- Installation of alarm and camera system throughout the Hospital premises.
- Installation of vehicle tracking systems for all Hospital vehicles.
- Personal tracking device for senior management staff.

Domestic Services

The Domestic Services covers Laundry Services, Patients Service Assistance (PSA) and Grounds Services. The Laundry Service an essential service to the Hospital is managed by the OIC Laundry with nine staff working under his supervision on two shift basis. Sheets, linens and other materials used in the wards or in the operating theaters including drapes and gowns are washed and refreshed daily for good patient care and smooth operations especially in the operating theaters. Seamstress services is also an important services under Laundry where materials are sewn for linens, sheets and drapes for use in the Hospital.

The Laundry section has now moved into the new modernized Laundry building as part of the ANGAU Redevelopment and all Laundry Services are done at the new Facility. The Laundry is currently using three new laundry machines and three new dryer that came with the new building. The machines are serviced and maintained by the supplier, Brian Bell Limited.

The PSA Services is managed by the PSA Supervisor with twenty four staff mainly casuals working under his supervision on normal working days and two hours during weekends. The main function of PSA is to assist clinical staff clean the wards to ensure hygiene is maintained in the wards according to Infection Control Standards, collect stationeries for the wards, changing linens, dropping off soiled linens to the laundry and bringing cleans linens back to the wards and the operating theaters. PSA provides essential services towards patient care, clinical staff as well as the general public.

The Grounds Services is managed by the OIC Grounds with six staff working under his supervision. The main function of Grounds includes, cleaning around the campus, beautifying, landscaping and emptying of rubbish to assigned disposal area. The Grounds are also responsible for the burning and disposal of medical wastes. The Hospital currently has a new incinerator built by the NDoH.

Achievements in 2021 include the following:**Laundry Services:**

- All Laundry staff attended six months training and graduated with certificates in commercial cookery, safe work place practices, fire and evacuation and chemical handling from TAFE College. Training sponsored by DFAT through Johnstaff International.

Plans for the future;**Laundry Services**

- Develop laundry facilities policy
- Staff training to develop competency
- Develop proper inventory system for daily use of laundry detergents and laundry supplies.
- Recruitment of seamstress

Achievements in 2021 include the following:**Grounds Services:**

- All Grounds staff attended six months training and graduated with certificates in commercial cookery, safe work place practices, fire and evacuation and chemical handling from TAFE College. Training sponsored by DFAT through Johnstaff International.

Plans for the future:**Grounds Services:**

- Recruitment of additional staff to boost man power to cater for the expansion of campus and grounds activities.
- Develop and implement beautification plan as part of Angau hospital redevelopment.

Achievements in 2021 include the following:**PSA Services:**

- All PSA staff attended six months training and graduated with certificates in commercial cookery, safe work place practices, fire and evacuation and chemical handling from TAFE College. Training sponsored by DFAT through Johnstaff International.

Plans for the future:**PSA Services:**

- Further training for PSA staff on use of chemicals on new buildings to comply with Australian standards as the materials used in the new buildings are imported from Australia.
- Recruit additional staff to boost manpower as demanded by the Angau hospital redevelopment.

Staff Accommodation

The Hospital Management recognizes the importance of providing suitable and safe accommodation for staff/ employees of ANGAU Hospital who are entitled to accommodation. Providing accommodation to staff/employees is also a means of attracting and retaining essential staff and maintaining out of hours and on call services.

The Hospital provides a limited number of staff accommodation for essential and on call staff in institutional houses and living quarters on campus. Most contract officers are housed in rental properties off campus by way of Lease Agreements with the land lords and Real Estate Agents.

Institutional houses on campus are the property assets of the Hospital and come under the direct control of the Management and the Board. The Housing Committee makes decisions on accommodation requests, relocations, bond fess and other matters relating to staff accommodation both on and off campus. These decisions are made based on the ANGAU Housing Policy, the Public Service General Orders and the National Doctors and Nurses Agreements/Awards.

Achievements in 2020/2021 include the following:

- Review all contract officers lease agreement in line with National Department of Health Rental Policy Guidelines.
- Non Contract officers removed from rental accommodation to institutional accommodation to cut down on costs.

Plans for the future:

- All contract officers' rentals to be managed according to their salary grade position in line with Housing Policy
- All trainees rentals will be according to their training budget from Department of Health

Facilities

The Facilities Section is managed by the Facilities Manager with twenty two staff working under him. There are nine Technical Trade Units in the Facilities Section: (a) Facilities Management and Administration (b) Projects (c) Electrical (d) Mechanical (e) Plumbing ((f) Carpentry (g) Air Conditioning and Refrigeration (h) Assets Management (i) Information and Communication Technology. The Facilities Management Section is responsible for the efficient and effective management of all Facilities to ensure that the Hospital achieve its Core Business, which is Patient Care. As much as possible, despite the Section being inadequately funded and less equipped with better tools, equipment, and working facilities, the Section continues to strive to achieve better outcomes to support Patient Care and Service Delivery at the Hospital.

The Facilities Section receives around 80 to 100 job requests from the client departments in a month. The Section attends to the jobs and completes about 50% of the job requests submitted for a month. Sometimes delays and nonattendance on many of the job requests in a timely manner is simply due to understaffing and non-availability of the raw material and funding required to execute a planned task as soon as it is required.

As per the daily job requests, inspections are conducted to identify the following:

- Materials - Quantities of the different types of materials required to complete the job
- Manpower - Determine what technical trades and how many officers of each trade are required
- Machinery - Asses if there is any need for the use of machinery
- Money - Obtain quotations/pricing from suppliers/service providers for analysis and cost effective project /job implementation

Based on the above information, the management is advised either the job would require open public tendering or procured internally as per provisions of the Public Finance Management Act

Achievements in 2021 include the following:

Establishment of MoPHA Board Facilities Sub-Committee

- Had four meetings in 2021



ICT:

- Continuation of implementation and setup of internet access and email.
- Management in the process to recruit new ICT Manager to oversee all aspects of ICT in the Hospital and interface with Hospital Redevelopment ICT set up.

Refrigeration & Air-conditioning:

- Major overhaul and installation of the cancer unit air condition by Dakin PNG Limited.

Electrical:

FM team members address and adjusting problems arising from the newly installed power backup supply at the back of house.

Construction:

- The FM team actively took part in the decommissioning of all buildings that were demolished by contractors. Assisting the JID PDO to identify and do evaluation of equipment and materials to be disposed and retained to be reused before actual demolition took place.

Plumbing:

- The FM Plumbing unit have actively took part with engaged contractor (Watercorp) for monitoring and maintenance of the pump station and Kitchen gas, Electrical unit took part with electrical contractor (ODG) to monitor and carry out maintenance and keeping log of fuel, all these work are concurrent

Plans for the future:

- Facilities Team to work with the JID Team as part of the transition plan.
- Recruitment of key and specialized staff including recruitment of Facilities Manager
- Capacity building for key staff in the Facilities Team.
- Development and implementation of the Facilities maintenance plan
- Facilities Team to have a permanent Facilities building for the Team to be properly organized to carry out their functions.

Projects:**Cancer Unit Renovation**

Ongoing cancer unit refurbishment and importation and installation of radiation source and other essential equipment to carry on the existing cancer services led by the Cancer Oncologist and his team. Ongoing discussion with NDoH for the transfer of cancer staff from NDoH to MoPHA.

Plans for the future:

- To secure the Southern Housing land and build more staff residence.
- To develop old airport land, opposite hospital, Allotment 13, Section 375.
- Ground work for Wampar Hospital and Bulolo Refurbishment.
- Ground work for new Cancer Unit
- Construction of two new Wards



Medical Services

ANGAU Memorial Provincial Hospital Data Report

The hospital's executives must perform the complex task of keeping pace with the dynamic healthcare environment at the ANGAU Memorial Provincial Hospital. The constantly changing patient volumes, fluctuating supply costs, stringent government compliance and quality requirements, asset utilization needs, and staffing shortage. To make informed decisions that helps hospital to maintain a competitive advantage requires real-time actionable information at finger tips. The disparate silos of data across various departments are the biggest bottleneck in providing actionable information. Mergers and acquisitions add to the diversity of hospital information system (HIS) application and data sources, thereby not allowing 'one version of truth' about hospital performance to emerge. The need of the hour is to have an IT solution which can fetch data from all disparate data sources and present it in an intuitive form to the executives.

In this time of drastic infrastructural change at the ANGAU Memorial Provincial Hospital, an efficient hospital information management and systems is crucial. The Medical Records at ANGAU plays an important role in filing, storing and embedment of key health indicators into the electronic National Health Information System (e-NHIS). The work practice at Medical Records Office is largely paper based with different sources of data, collated across the hospital and stores as a Hospital Wide data. Most of data captured in this Hospital Wide Database are healthcare information. These are vital in the management and planning of health care facilities and services, for medical research and the production of health care statistics at hospital level.

The key highlights of healthcare information in this report for ANGAU Memorial Provincial Hospital is derived from the ANGAU Medical Records Hospital Wide Data system.

The report is compiled together with the Medical Records staff at the ANGAU Memorial Provincial Hospital and the M&E team at PDO.

2022 (Jan-Dec)

Attendance/Admissions

Total Attendance:

100, 479

Total Admission:



19, 649

Percentage
Admitted



Percentage NOT
Admitted

Referrals

Total Referrals: **5, 217**



ANGAU HOSPITAL WIDE DATA REPORT

Discharge & Deaths

Total Discharge: **15, 294**

Total Hospital Deaths: **1, 068**

Average Length of Stay (ALoS)

High Average Length of Stay: **33.00**

Low Average Length of Stay: **2.60**

Family Support Centre

Total Clients: **2, 096**

Highest Clients (%)

Psychological Abuses: **37.60%**

Results from the Hospital Wide Data

Attendance & Admission

The table1 shows average number of patient's attendance & admission, while seeking health care services per month in 2021 & 2022 (Jan-Dec)

Indicators	2022 Jan-Dec	Average per month 2022
Attendance at ED	31,223	2,602
Attendance at COPD	25,386	2,116
Attendance at Labour Ward	6,745	562
Attendance General Clinics	15,971	1,331
Attendance Consultation Clinics+FSC	21,154	1,763
Total attendance at all Departments	100,479	8,373
ICU Admission (1A)	47	4
Paediatrics Admission (4BC)	2,260	188
SCN Admission	1,996	166
Acute Surgical Admission (1B)	767	64

ANGAU HOSPITAL WIDE DATA REPORT

General Surgical	835	70
Orthopaedic Admission (A3/A4)	1,085	90
Acute Medical Admission (7A)	636	53
General Ward Admission (7C)	365	30
Medical-TB Admission (2BCD)	177	15
Post Natal Admission (3A)	7,573	631
Labour/Ante Natal Admission (3B)	8,060	672
Gynea Admission (3C)	747	62
Oncology Admission (39/40)	168	14
Total Admission	19,649	1,638
ICU Discharge (1A)	27	2
Paediatrics Discharge (4BC)	2,347	196
SCN Discharge	1,912	159
Acute Surgical Discharge (1B)	208	17
General Discharge	710	59
Orthopaedic Discharge (A3/A4)	897	75
Acute Medical Discharge (7A)	437	36
General Ward Discharge (7C)	273	23
Medical-TB Discharge (2BCD)	134	11
Post Natal Discharge (3A)	7,353	613
Labour/Ante Natal Discharge (3B)	311	26
Gynea Discharge (3C)	535	45
Oncology Discharge (39/40)	150	13
Total Discharge	15,294	1,275
Major Operations	510	73
Minor Operations	524	75
Total Operations Performed	1,034	148
Sexual Abuse	277	23
Intimate Partner Violence (IPV)	501	42
Psychological Abuses (Mental Health Care Provided)	788	66
Child Abuse (Sexual, Physical, Psychological)	513	43
Sexual, Physical, Psychological Abuse (People living with Disability - Vulnerable population)	17	1
Total FSC Attendance	2,096	175
Live and still births	7,343	612
Surgical, instrumental/Vacuum extraction	563	47
Total Deliveries Performed	7,906	659
ED Deaths	316	26
ICU Deaths	21	2
Paediatric Deaths	176	15
SCN	117	10
Surgical Deaths	80	7
Internal Medicine Deaths	291	24
O&G Deaths	18	2
Oncology Deaths	49	4
Total hospital deaths	1,068	89
Cancers	159	13

ANGAU HOSPITAL WIDE DATA REPORT

PTB	146	12
TB Others	119	10
Malaria 2021 - HIV/AIDS 2022	84	7
HIV/AIDS 2021 – Meningitis 2022	77	6
Prescriptions Presented	49,026	4,086
Prescriptions Supplied	115,747	9,646
Orders Presented	12,014	1,001
Images Taken	12,555	1,046

The table2 shows the type of Referral Cases at Angau Memorial Provincial Hospital for the year 2021 & 2022 (Jan-Dec)

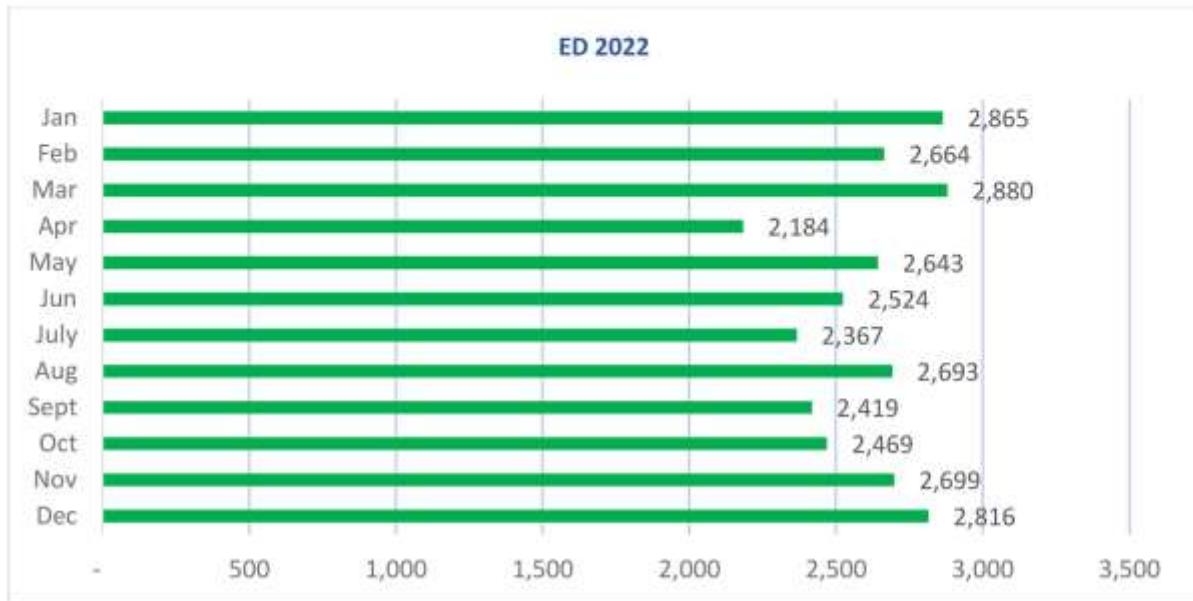
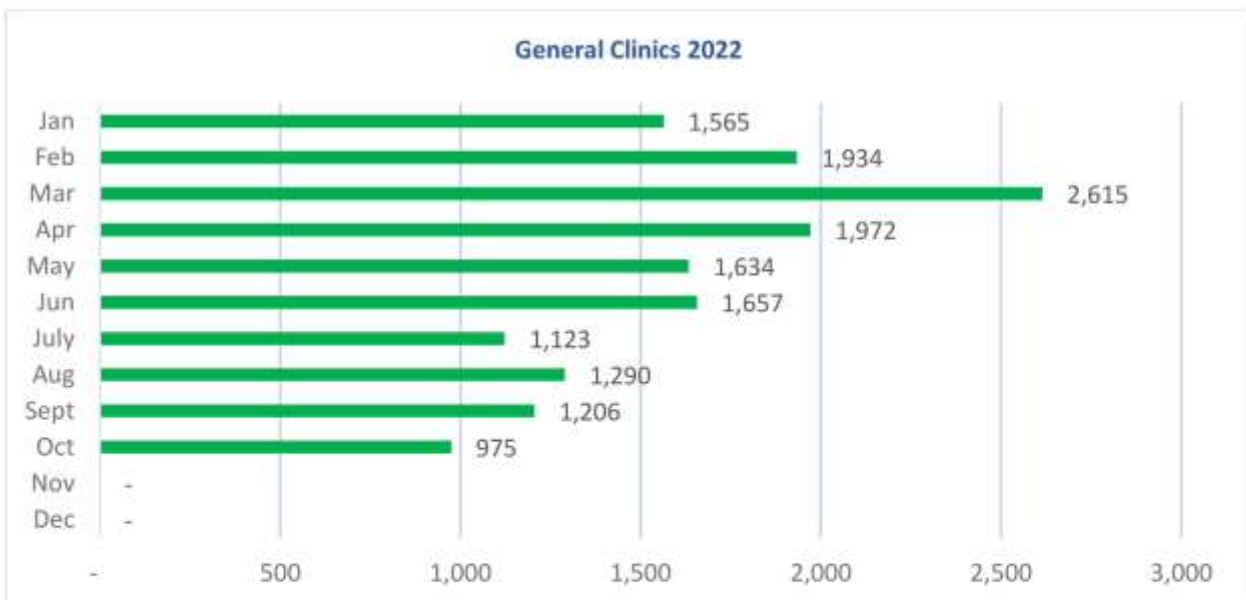
Type of Referral Cases	2022 (Jan-Dec)	Average per Month 2022
Urban	2,724	227
Rural	1,664	139
Chopper	17	1
St John Ambulance	730	61
Other	82	7
Total	5,217	435

Attendance & Presentation

Figure1. Profile of the attendances for Major Services at Angau Memorial Provincial Hospital for 2022 (Jan-Dec)



ANGAU HOSPITAL WIDE DATA REPORT

Figure2. Monthly presentation at Emergency Department for the year of 2022 (Jan-Dec)**Figure3. Monthly presentation at General Clinics for the year of 2022 (Jan-Dec)****Figure4. Monthly presentation at Consultation Clinics + FSC for the year of 2022 (Jan-Dec)**

ANGAU HOSPITAL WIDE DATA REPORT



Figure5. Monthly presentation at COPD for the year of 2022 (Jan-Dec)

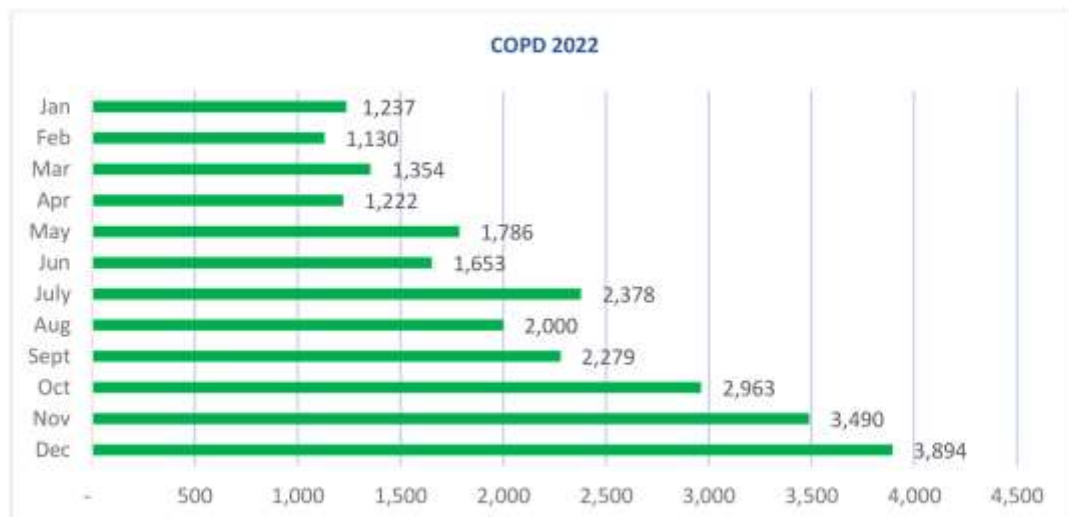
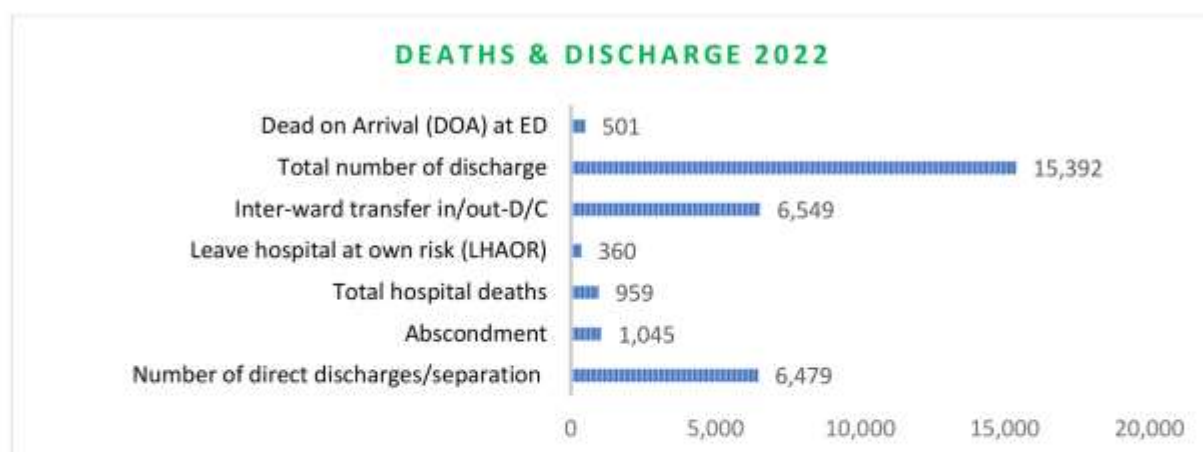


Figure6. Total monthly hospital presentation for the year of 2022 (Jan-Dec)



Deaths & Discharge

Figure7. Deaths & Discharge Indicator at the hospital 2022 (Jan-Dec)



*Death on Arrival (DOA), * Leave Hospital at Own Risk (LHAOR)

Figure8. Monthly in-patients' deaths at the hospital for the year 2022 (Jan-Dec)

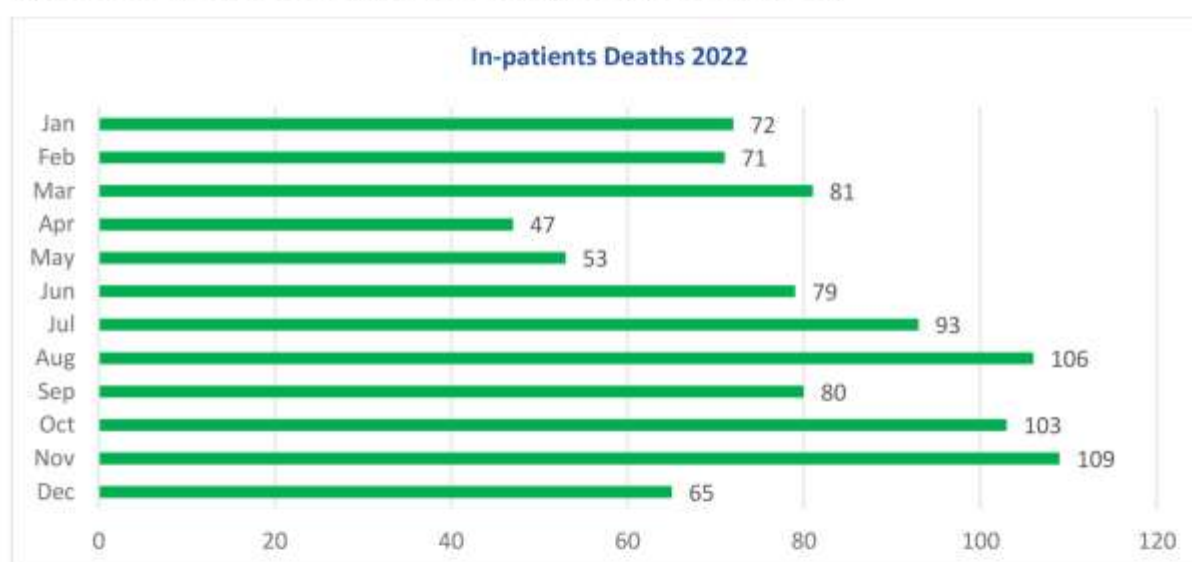


Figure9. Major causes of deaths by disease at the Hospital for the year of 2022 (Jan-Dec)

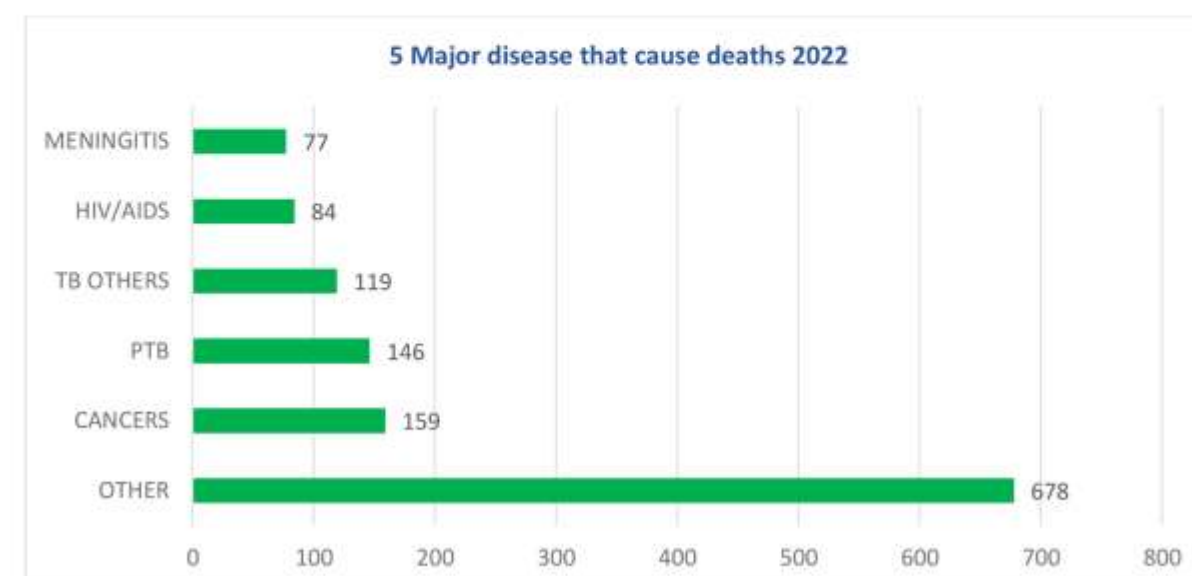
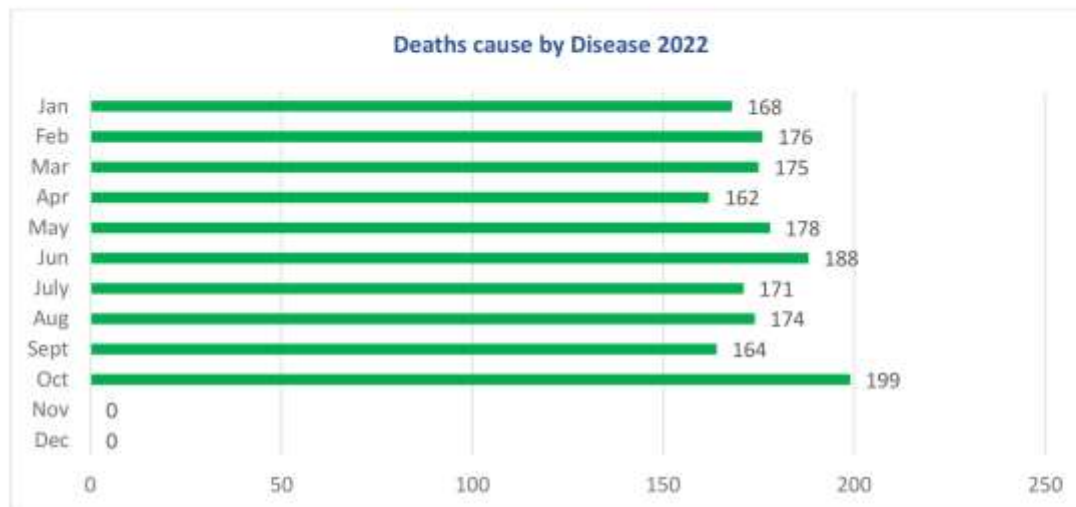
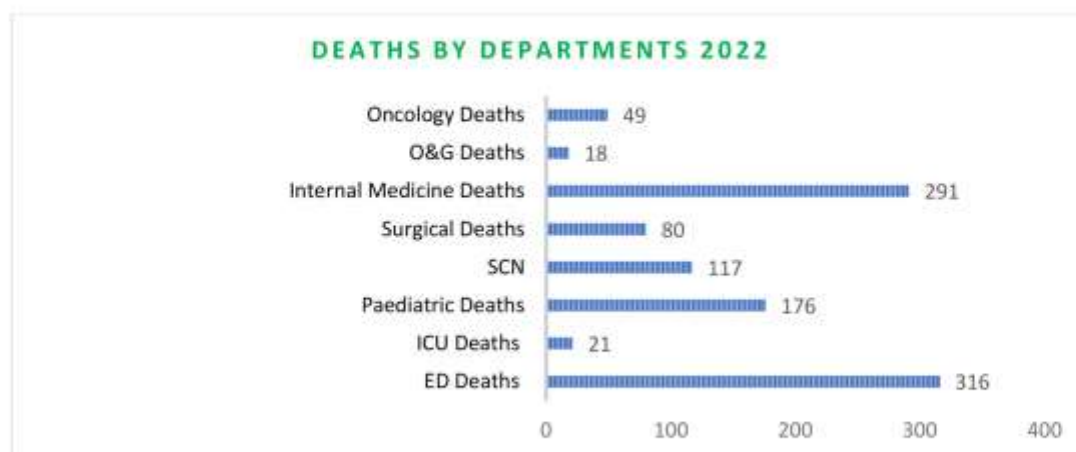


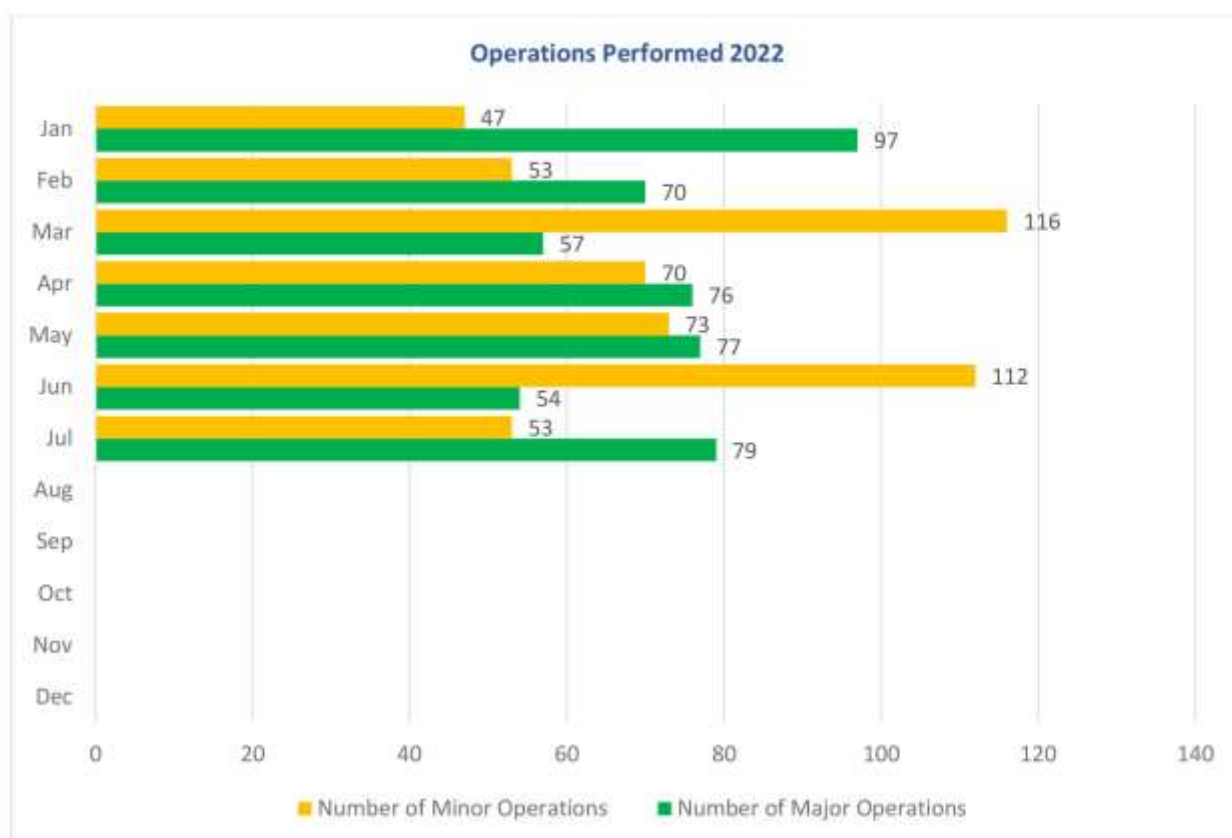
Figure10. Total deaths by disease per month at the Hospital for the year of 2022 (Jan-Dec)**Figure11. Deaths accordingly to the hospitals' departments for the year 2022 (Jan-Dec)**

Average Length of Stay

Figure12. The Average length of stay by Department against target 6 days for the year of 2022 (Jan-Dec)

Surgery & Deliveries

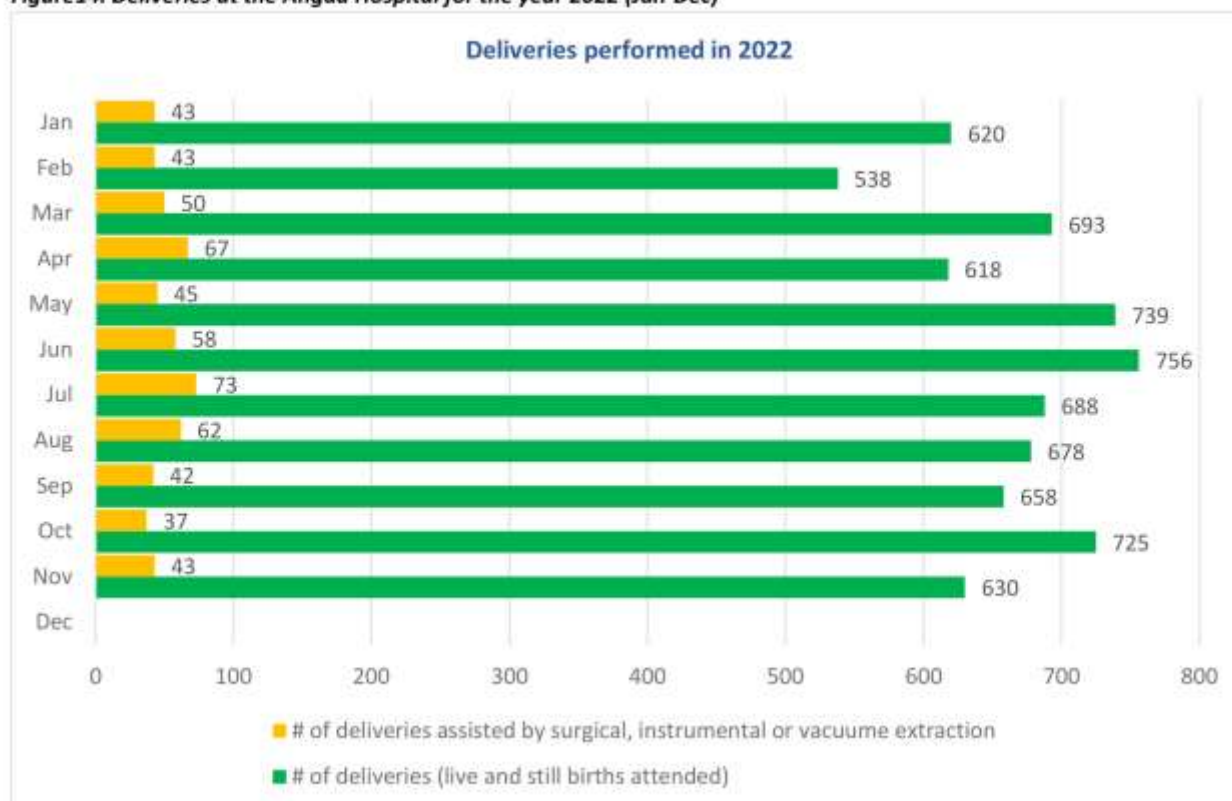
Figure13. Surgical operations at the Angau Hospital for the year 2022 (Jan-Dec)



Note:

Month of August-December-Operating Theatre registry books went missing, no data to present.

Figure14. Deliveries at the Angau Hospital for the year 2022 (Jan-Dec)



Family Support Center

Figure15. Profile of clients' issues at Family Support Clinic for the year of 2022 (Jan-Dec)



Pharmacy & X-Ray

Figure16. Prescription supplied at Angau Hospital for the year of 2022 (Jan-Dec)



Figure17. X-ray presentation & images taken at Angau Hospital for the year of 2022 (Jan-Dec)

Discussing highlights from the Hospital Wide Data

Attendances and admissions

The attendees for health services at Angau, the patient's presentation at ED, COPD, Labour Ward, General Clinics and Consultation Clinics plus FSC captured for the year 2022. The total number of people that sought healthcare services at ANGAU Memorial Provincial Hospital in 2022 was 100, 479. This significant figure was accrued as a result of increased attendance at the COPD, and Consultation Clinics plus FSC (Refer to Table1/Figure1). In 2022 the services attended the most were Emergency Department, Children Outpatient Department (COPD) and the consultation clinics plus the Family Support. The average admission rate per month in 2022 was 1,638. (Refer to Figure6).

Deaths and Discharge

The average discharge at the hospital in 2022 per month was 1,275 (Refer to Table1). For deaths in hospital a total of 959 deaths was noticed for the year 2022, (Refer to Figure8). Accordingly, the two most common diseases that cause deaths in the hospital were identified as cancer and PTB. However, more than half of the deaths were recorded as other because of different types of diagnosis that cannot be categorised as one (are all added as "other") (Refer to Figure9). The department that records the most deaths for the year 2022 was the Emergency Department.

Average length of Stay

Average length of stay in hospital (ALOS) is often used as an indicator of efficiency, meaning a shorter stay reduces cost expenses for the provision of health care services to inpatients. In the year 2022 the Intensive Care Unit had the highest rate (33) of ALOS, and ED had the lowest (2.6). In general, about 43 percent of the department at the hospital were performing exceptionally well below the ALOS target (6).

Surgery & Deliveries

For surgery, the big significant difference in the report is due to the registry book not available for the last five months of the year 2022 (Refer to Figure13). Minor Operations were 524 and 510 for major operations and the total surgery done was 1,034.

ANGAU hospital in 2022 live and still births were recorded as 7,343 from an average of 612 per month. While 563 delivered through surgery, instrumental and vacuum extraction for 2022(Refer to Figure14).

Family Support Centre

Family Support Centre (FSC) supports people who have been affected by domestic or sexual violence. Psychological abuse and Child abuse are the two most frequent issues for patients at the FSC. The total attendance for year 2022 at FSC is 2,096 and the two most frequent issues for the patients identified in that year were Psychological Abuses and Child Abuse (Refer to Figure15).

Pharmacy & X-Ray

In the Imagery Department the number of images taken in 2022 was about 12,555 and the images were taken at the rate of 1,046 per month. The drugs disperse out base on prescriptions supplied at pharmacy in 2022 was recorded as 115,747 and these supplies were given at the rate of 9,646 per month.

Remark

This brief report highlights just a few significant indicators that are captured in the Angau Hospital Wide data by the medical records. Information that is collated and stored at medical records is essential for the present and continues clinical governance, management and planning of health care facilities and services. The data at Medical Records can be utilised as the basis for Corporate/Strategic Planning at the hospital.

The rate of emergency hospital admissions is increasing, however little evidence exists to inform the development of interventions to reduce unplanned Emergency Department (ED) attendance and hospital admissions. Increase in attendance at the emergency department (ED) will place considerable pressure on services. This may lead to adverse effects including delayed treatment, increase in the number of patients leaving without being seen and adverse health outcomes including increased mortality. The objective of this evidence synthesis report is to review the evidence for interventions, conducted during the patient's journey through the ED or acute care setting, to manage people with an exacerbation of medical conditions to reduce unplanned emergency hospital attendance and admissions.

Hospital death (mortality) is best used as safety and quality screening tools to support clinical governance by flagging potential areas of concern or best practice, not as measures of performance. Prolong or delayed discharge may expose patients to additional hospital -related risks, create emotional and physical dependency, incur additional hospital costs, and restrict the availability of inpatient beds. In parallel, premature discharge or discharge without appropriate arrangements for onward care can also lead to complications for patient recovery.

The length of stay (LOS) is an important indicator of the efficiency of hospital management. Reduction in the number of inpatient days results in decreased risk of infection and medication side effects, improvement in the quality treatment, and increased hospital profit with more efficient bed management. The length of time patients spend in hospital for specific conditions has a large impact on overall health system cost. Although longer hospital stays can be factors outside a hospital's control, it is also likely there are considerable opportunities to increase efficiency by reducing longer hospital stays, provided patients are not put at risk by being sent home too soon.

Patient length of stay (LOS) is one of the biggest issues facing hospitals today. The longer a patient stays in the hospital, the greater the risk they will develop a healthcare-acquired infection (HAI) that they can become vulnerable to. In addition, hospitals face lower patient capacities and increased costs. Hospitals benefit from a shorter LOS. They do not have to cover the expense of treating an HAI and they free up beds for new patients. While it sounds relatively simple to reduce LOS time, in reality, this issue is fraught with obstacles.

The surgical operation at the hospital is a complex healthcare service that is to be administered with comparative effectiveness. The emphasis is shifting from episodic care and quality of care to disease management and quality of care. A surgical performance indicator may be generic or specialty specific. But it has to be a reliable and quantifiable measurement that reflects the critical success factors of a surgical intervention

ANGAU Hospital is a large entity within Morobe Provincial Health Authority and it has the capability to generate internal revenues from its healthcare service. The Pharmacy and Imagery units at the hospital are exceptional revenue generating units. The number of prescriptions presented at the pharmacy and number of images presented at the Imagery are in thousands per month. Establishing an efficient system to track values of these healthcare services and amount it can accumulate will greatly assist some routing operation costs at the hospital. Family, domestic, and sexual violence is a major health and welfare issue, occurring across all socioeconomic and demographic groups, but predominantly affecting women and children. These types of violence can have a serious impact on individuals, families and communities, and can inflict physical injury, psychological trauma and emotional suffering. These effects can be long-lasting and can affect future generations.

Regular monitoring and assessment of deliveries may be used as performance indicators for emergency obstetric and newborn care. This can help to identify priorities to improve health services for women and newborns.

Challenges and Implications

Data is mostly collected at wards, general clinics & consultation clinics, and allied health. Unfortunately, data from the Corporate Service Department (FM, Back of House...) had not been effectively collected. Hence, it is not captured in the report. The timeliness of the reports is a major challenge, lateness at every level of data collation, storage, and reporting. There are no uniform reporting schedules, clinical units tend to report to their professional associations rather than to MRO or MoPHA management.

The contributing factors to data inaccuracy, inefficient and not reported to Medical Records Office (MRO) in a timely fashion is because,

- >Hospital registries are manually updated
- >Work processes are not clearly defined. No clear responsibility for collecting and entering of data, resulting in no allocation of responsibility for data entry.
- >Data entry personals lack basic computer skills

Previously, the working environment at MRO was not conducive for efficient processing of records (Crowded, no proper ventilation, lack of computers). Works had been done and currently in progress to change and create a conducive working space at MRO. Inaccurate hospital wide data at the hospital will give misleading information to AMPH management or an inaccurate e-NHIS reporting to NDOH, leading to negative impact on health planning. Due to complications that arose in this space of inefficient Clinical information management system at the Hospital, this had led to negative impact on MRO work output.

1. E-NHIS

The required Clinical information is not entered into the system (e-NHIS) in a timely manner. This causes unnecessary issues with partners and donor agencies that are responsible for the funding of Public Health Programs (Immunization, Malaria...)

2. Hospital wide Data (Clinical Health Information at the Hospital)

Lack of an integrated health information management system at the hospital minimizes the chances of retrieving vital disaggregated information for analyzing and making sound decisions on Health Governance at the hospital.

For instance, Data cannot be disaggregated to show actual admission and accurately shows how many had been discharged (types of Discharged). And, even for deaths at the hospital (especially in-patients' deaths) we are unable to show clearly or link the deaths to cause of diseases or type of diseases.

NOTE: Although vast information is collected at the hospital (Clinical & non-clinical) most are stored as paper bases. This affects the process of retrieving specific information effectively and as such new templates are developed again to recapture the required data again. This leads to duplication of data collection processes and is time consuming.

Resolutions

In general, at this stage there are several approaches taken to address these issues, in which a collaboration between JID, external partners and the ANGAU Management.

- > An Intensive support plan is underway to work with Health Services Sector Development Project (HSSDP) to develop an admission module for the hospital which will be linked to the existing e-NHIS. Project currently piloting the hospital.
- > Efficient ICT system enables proper data storage and management, hopefully engagement of the ICT Department/Manager to develop an appropriate ICT system for the hospital
- > Reviewing of current work practises in wards and Medical Records with the view of increasing workforces for data entry. Standard operating procedures to be written for entering of data (*frequency and process to ensure relevant data is entered into system*) and for work practices in wards and medical records.
- > More coaching and mentoring on clinical data collection, analysis and reporting to improve and strengthen data quality. This is inclusive of basic computer skills.
- > Reviewing and improving the current work environment at MRO is vital. The improvements need to be done in stages, with a short term & a medium term improvement plan while waiting for the new redeveloped workspace (*Long-term*).



Morobe Provincial Health Authority Public Health Report January to May Report 2022

Public Health

INTRODUCTION

The Public Health Report provides an overview of Morobe Provincial Health Authority (MoPHA) key performance indicators from January to May 2022. Data has been collated from the e-NHIS by district and various public health programs to present a glimpse of the district and provincial performance. The results of the key performance indicators ensure accountability of decision makers, managers, health workers and donor partners implementing health programs in the province. It provides an opportunity for everyone to appreciate the progress gained in implementing health programs as well as identify disparities and providing a way forward to reduce the burden of diseases in the community.

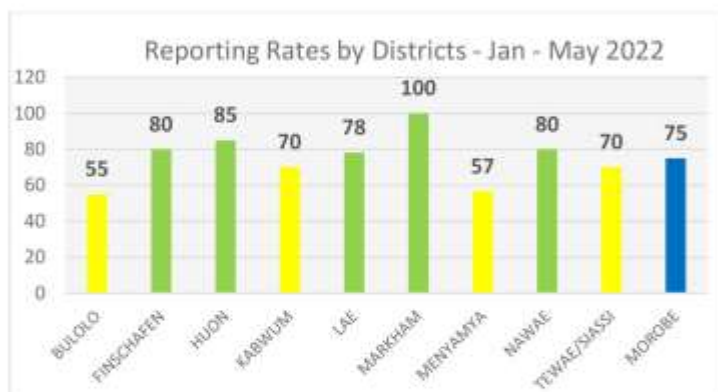
KEY PERFORMANCE INDICATORS SUMMARY

- 51/55 reporting health facilities; 3 are closed (Garasa, Wau and Taraka) and 1 has been downgraded to Aid-post status
- Morobe has 352 aid post; 134 (38%) are closed due to infrastructure issues and 24 (7%) are unstaffed.
- The newly built Taraka HC requires HWs to be trained on the installed medical equipments
- Reporting compliance rate is 73%; 7 HFs have a compliance rate above 70%; Markham has a reporting rate of 100% whilst Bulolo and Menyamya has a reporting rate of less than 60%. HWs needs to report on time to have a compliance rate above 70%.
- The coverage of outreach clinics is 62%; there is a need to increase outreach clinics
- Provincial – PHO & Drs. supervision rates are 13.5% & 37.5% respectively. This indicator is one of the Minimum Priority Areas (MPAs) and must be resourced and implemented.
- Family planning Couples Year Protection has generally increased in comparison to last year Q1 & Q2. There is a need to maintain the progress of CYP.
- Maternal Health ANC drop-out rate is 35%; supervised delivery rate remains at 19%, however there has been slight improvement in 5 districts compared to last year Q1 & Q2. There has been a slight decrease of teenage pregnancy. More effort needs to be made to close the gap in ANC coverage and improve services in supervised delivery and teenage pregnancy.
- Child health 5 districts reported above provincial average for malnutrition and the LBW rate is 9%. There is a need to invest in nutrition program to break the cycle of malnutrition.
- Immunization slight improvement attributed to donor partner funding – WVI. Need to closely monitor districts dropout rates for all districts. Total funding support from WVI - AIHSS K2.2
- Malaria, Other Respiratory Diseases, Pneumonia <5yrs and Diarrhoea <5yrs are top 4 leading causes of outpatient whilst Malaria, TB, Diarrhoea <5yrs, Motor Vehicle Accident Injuries and Meningitis are top 4 leading causes of inpatient/admissions.



1.0 GENERAL INDICATORS

1.1 REPORTING COMPLIANCE RATES

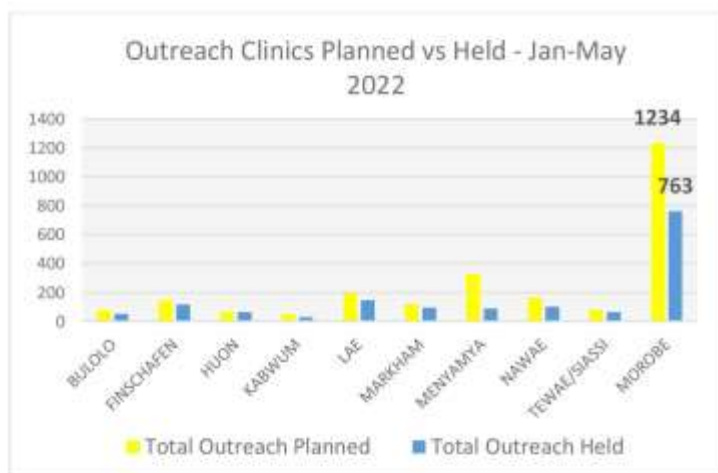


Indicator: The reporting compliance rates is based on the number of HF reports received over the reports expected in a given period

Performance: The province received a total of 200 reports of the 275 expected reports with a rate of 73% as of May 2022.

5 Districts have reported above the expected target.

1.2 OUTREACH CLINICS PLANNED AND HELD



Indicator: Outreach Clinics provide a key platform for preventive child health programs and opportunity to reach out to unreached population.

Performance: Districts and HFs planned for 1,234 outreach clinics in the first 5 months, however many HFs implemented only 763 clinics which was 62%.

More resources such as funding and HR required to 100% coverage

1.3 PROVINCIAL SUPERVISIONS RATES BY PHO STAFF AND DOCTORS



Indicator: Proportion of HFs that have received at least one supervisory visit by provincial officers/management or doctors during the year.

Performance: Supervisory visits from PHO staff and Doctors have been quite low below 20% except for Lae district, which Doctors visits have exceeded the provincial average of 37.5%.

It is one of the Minimum Priority Areas (MPAs) and must be resourced and implemented.

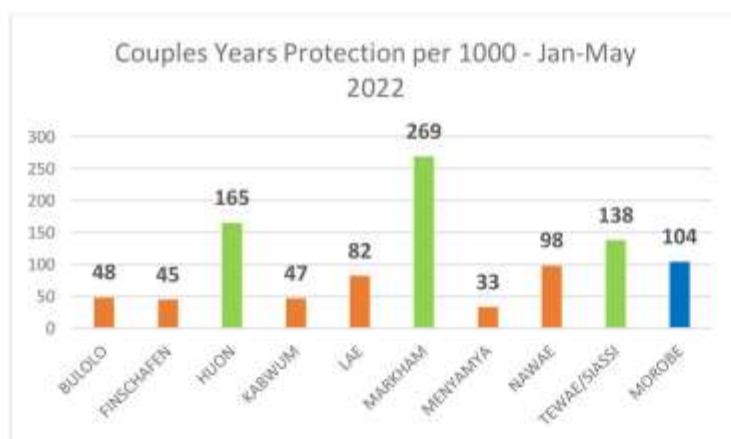
1.4 MEDICAL SUPPLIES SHORTAGES



Indicator: Monitors proportion of HFs that have experienced shortages of essential medical supplies

Performance: HFs have reported a shortage of essential medical supplies in the last 5 months of this year.

2.0 FAMILY PLANNING PROGRAM

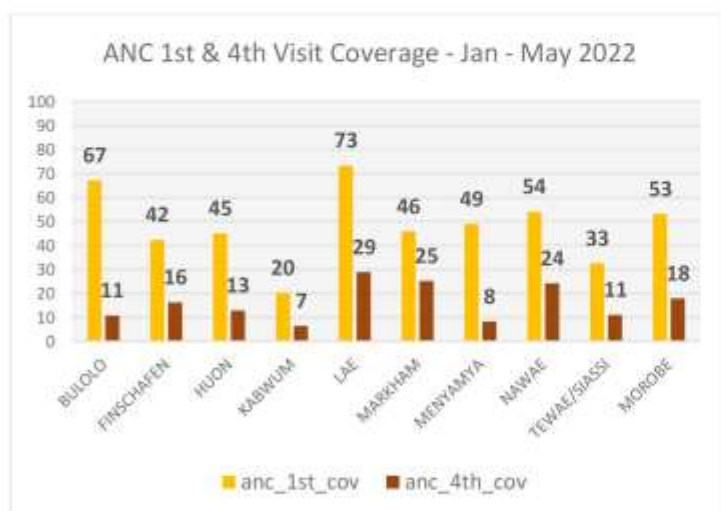


Indicator: The proportion of women of reproductive age (15-49yrs) who are not pregnant and are accepting a modern contraceptive method (new and repeat acceptors).

Performance: The acceptance of contraceptive methods has increased generally for Morobe Province in comparison to last year Q1 & Q2 report. Huon, Markham and Tewai-Siassi are performing above the provincial average, whilst the remaining districts are performing below the provincial average.

3.0 MATERNAL HEALTH PROGRAM

3.1 Antenatal Coverage



Indicator: Antenatal Care Coverage is an indicator of access and use of health care services during pregnancy. It is the % of women that received antenatal care at least once during the current pregnancy

Performance: There is a high drop-out rate between the 1st and 4th ANC coverage. The provincial drop-out rate for the first 5 months of this year was 35%. All districts need to improve their ANC coverage

3.2 Supervised Delivery rate

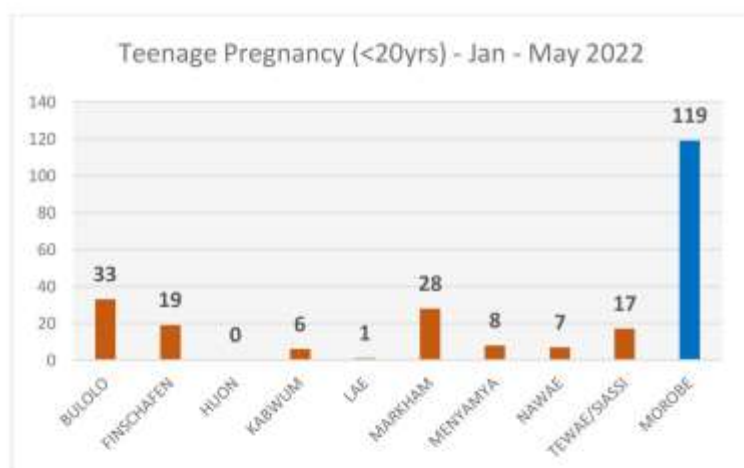


Indicator: Supervised deliveries are proportion of births attended by skilled health personnel in the facility

Performance: The total number of births reported from Jan-May this year was 11,364. Of those total births reported only, 19% were supervised.

There is an urgent need to scale-up efforts in improving supervised births.

3.3 Teenage pregnancy



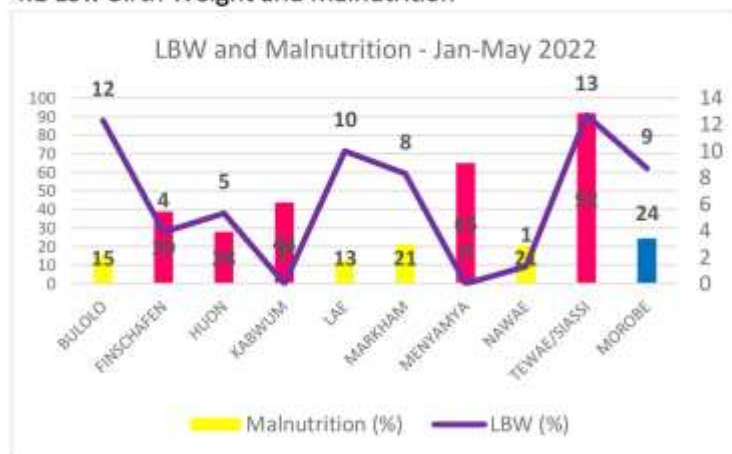
Indicator: Teen pregnancy is when a women under 20 years gets pregnant.

Performance: Teenage pregnancy is prevalent in the province as reported by districts. The total for the province is 119, Bulolo, Finschafen, Markham and Tewai-Siassi reported above 20.

There is a need to do more advocacy on teenage pregnancy at the district level to reduce the trend.

4.0 CHILD HEALTH PROGRAM

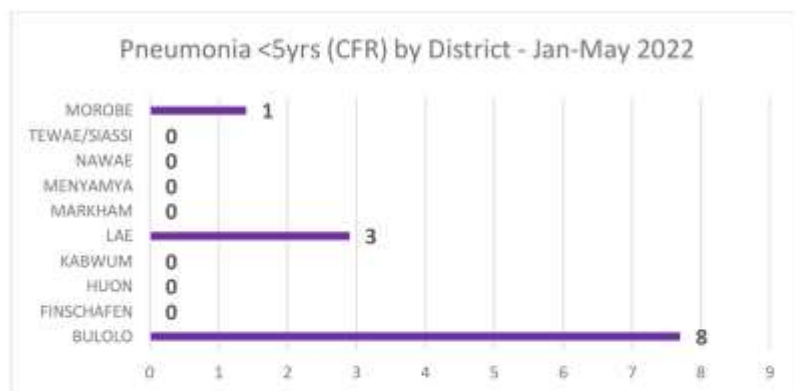
4.1 Low Birth Weight and Malnutrition



Indicator: Low Birth Weight (LBW) is the percentage of live births in facilities that weigh less than 2500gms.

Performance: The provincial LBW reported in the last 5 months was 9%. Finschafen, Huon, Kabwum, Menyamya and Tewai-Siassi reported above provincial average of malnutrition. There is a need to improve nutritional status of children throughout Morobe.

4.2 Pneumonia Case Fatality Rate (CFR) in Children <5yrs



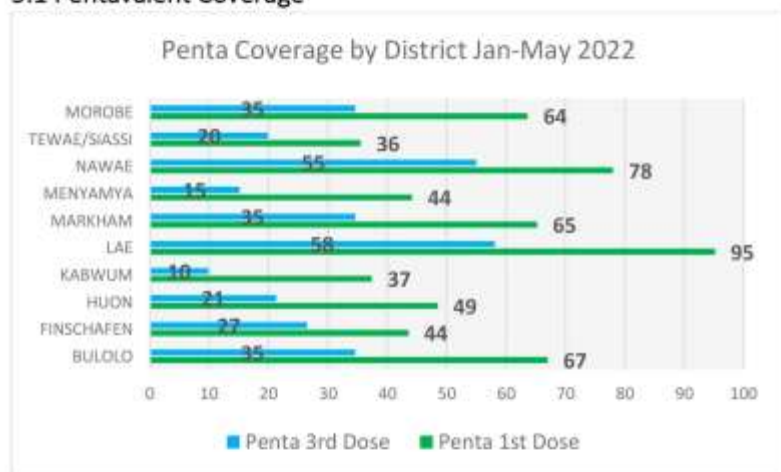
Indicator: Measures the number of children <5yrs who are admitted for treatment but died as a result of their condition

Performance: The average pneumonia CFR was 1%. Bulolo and Lae reported above the provincial average.

There is need to conduct an audit of the deaths to better manage pneumonia in children <5yrs.

5.0 IMMUNIZATION COVERAGE

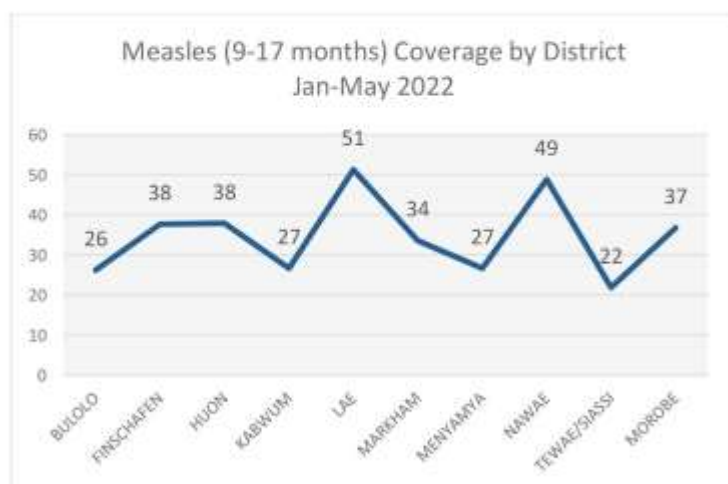
5.1 Pentavalent Coverage



Indicator: Measures the proportion of children < 1yr who received three doses of pentavalent vaccine.

Performance: There is high drop-out rate for Penta 1 & 3. This means that parents are not bringing their children to receive their 3rd dose, and this may be attributed fear of C-19 vaccine. There is a need to improve the coverage to avoid outbreaks.

5.2 Measles Vaccine Coverage



Indicator: Proportion of surviving infants (1yr) who received a dose of measles vaccine before their 1st birthday

Performance: Measles immunization coverage has a strong inverse correlation with prevalence of the disease. Morobe province reported 37% coverage. All districts performed above 20% in the last 5 months.

Financial Report of Accelerated Immunization & Health System Strengthening (AIHSS) from 2020 to 2021

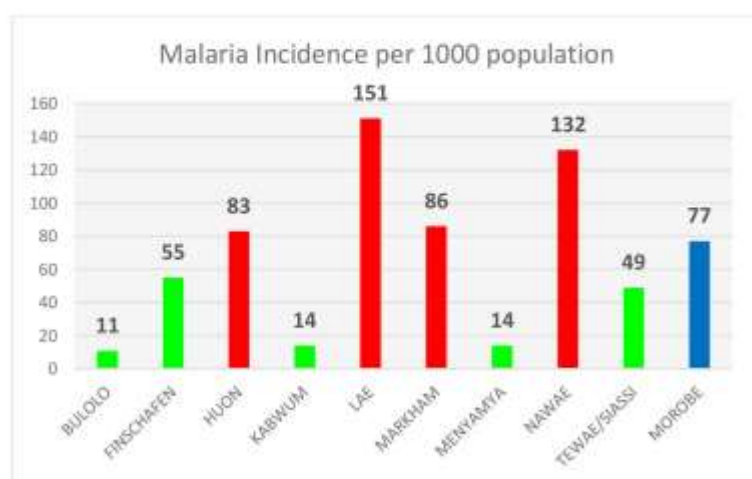
No.	Districts	Amount (PGK)
1	Provincial Health Office	581,315.95
2	Finschafen	377,120.00
3	Lae	268,829.30
4	Menyamy	258,646.61
5	Bulolo	173,328.35
6	Nawaeb	139,522.65
7	Tewae/Siassi	136,659.16
8	Markham	132,997.60
9	Huon	111,210.00
10	Kabwum	74,300.00
Total		2,253,929.62

A total of K2.2 million was spent from 2020 to 2021 on immunization program through the AIHSS program.

The district with the most expenses (apart from the PHO) was Finschafen and the district with the least expenses was Kabwum.

With the increase in funding for immunization program, the program coverage for all antigens should increase and there should be no outbreaks experience.

6.0 MALARIA PROGRAM

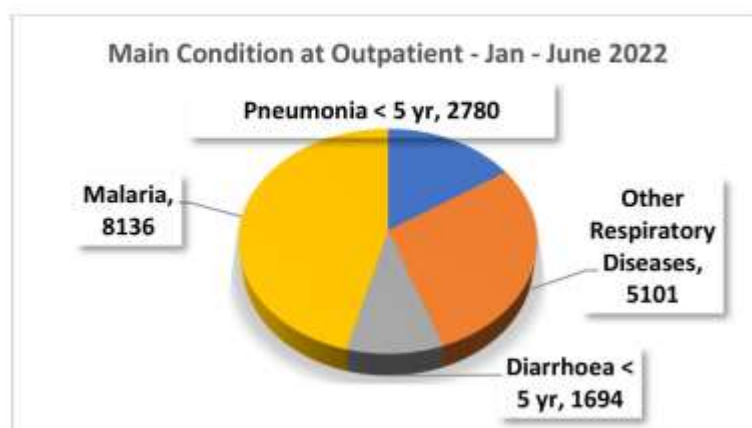


Indicator: The incidence rate of confirmed cases of malaria (confirmed by slide or RDT) and probable (unconfirmed clinically diagnosed) cases of Malaria per 1000 population.

Performance: There are high incidence of malaria reported in Huon, Lae, Markham and Nawaeb.

There is a need to sufficiently resource the malaria program to control malaria in all districts.

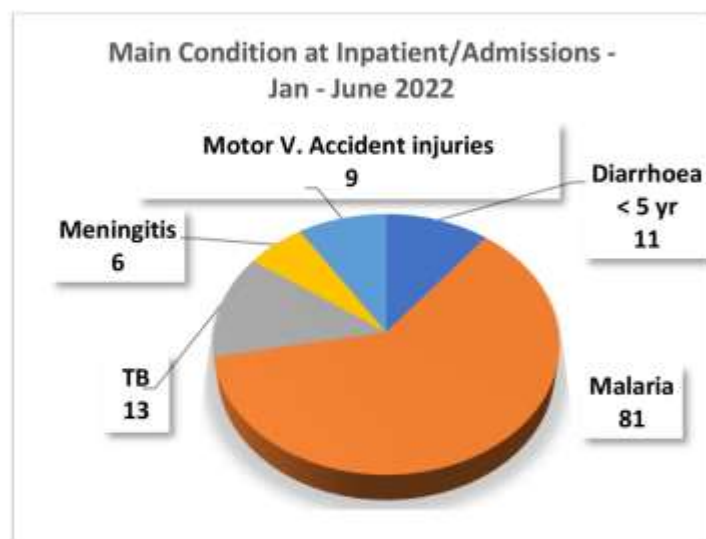
7.0 MAIN CONDITION AT OUTPATIENTS



Performance: The top 4 leading causes of conditions in all Outpatients are Malaria, Other Respiratory Diseases, Pneumonia <5yrs and Diarrhoea <5yrs.

Public Health Programs need to be sufficiently resourced to reduce diseases especially in children less than 5yrs and to reduce the disease burden trend.

8.0 MAIN CONDITION AT INPATIENT/ADMISSIONS



Performance: The top 4 leading causes of all Inpatients/Admissions are Malaria, TB, Diarrhoea <5yrs, Motor Vehicle Accident Injuries and Meningitis.

Public Health Programs need to be sufficiently resourced to reduce diseases especially in children less than 5yrs and to reduce the disease burden trend.

9.0 SURVEILLANCE AND COVID -19

See attached dashboard

- 604 cases seen from Jan to May 2022
- Total of 22 deaths
- Vaccination total (Feb-April 2022) = 1st Dose = 4,363; 2nd Dose = 900; Booster = 1,332.

10.0 HSIP COVID-19 FINANCIAL REPORT

Funding Source	Total Funds Received	Total Funds Expended	Total Balance
Go-PNG	4,000,000.00	3,993,139.20	6,860.80
DFAT	3,005,790.28	855,510.85	2,150,279.43
Total Funding (PGK)	7,005,790.28	4,848,650.05	2,157,140.23

11.0 MAJOR CHALLENGES

- Delay in reporting from all HFs especially ANGAU which has a greater impact on the provincial average
- Inaccessibility of health services at the peripheral due to 62% of Aid posts are closed
- Lack of staff discipline and work ethics in all district and health facility staff
- Aging work force
- Some HWs not submitting timely acquittals & reports of the immunization program
- Inconsistency funding and resource allocations
- C-19 activities continue to affect Routine Health Program and resources such as HR

Directorate of Public Health Morobe PHA - PUBLIC HEALTH REPORT

INTRODUCTION

The Public Health Report provides an overview of Morobe Provincial Health Authority (MoPHA) key performance indicators from 2020 to 2022. Data was collated from the electronic National Health Information System (e-NHIS) database.

The results of the key performance indicators ensure accountability of decision makers, managers, health workers, relevant authorities at the district level and donor partners implementing health programs in the province. It provides an opportunity for everyone to appreciate the progress gained in implementing health programs as well as identify disparities and provides a way forward to reduce the burden of diseases in the community.

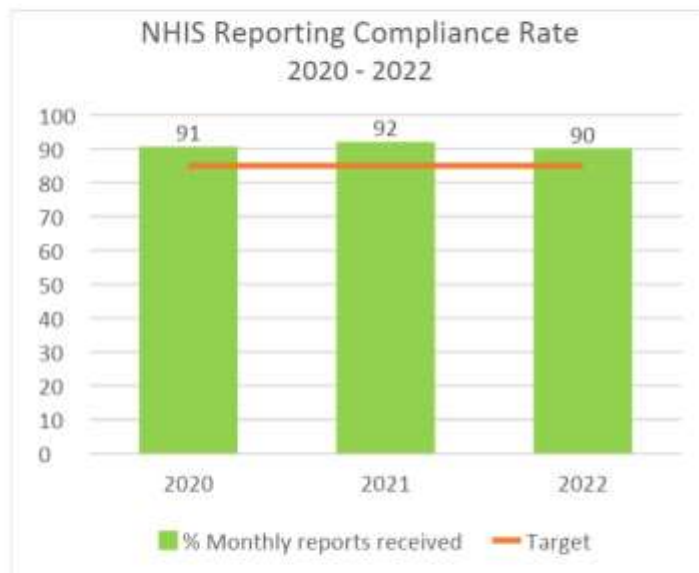
KEY PERFORMANCE INDICATORS SUMMARY

- > 52/55 reporting health facilities; 3 are closed (Garasa & Wau) and 1 (Siwea) has been downgraded to Aid-post status
- > Morobe has 352 aid post; 134 (38%) are closed due to infrastructure issues and 24 (7%) are unstaffed.
- > Reporting compliance rate has been 91% on average in the last three years, the highest in 2021 at 92%.
- > The coverage of outreach clinics on average in the last three years has been 62%; whilst school clinics on average has been 30%. There is an urgent need to scale up outreach & school clinics as routine health service delivery to reduce outbreak of vaccine preventable disease in children.
- > The Supervision rates by Doctors & PHO (PDCO & MCH) staff on average in the last three years has been 40% & 16% respectively. This indicator is one of the Minimum Priority Areas (MPAs) and must be resourced and implemented in order to boost staff motivation at the periphery of service delivery and provide quality of care to patients.
- > Family planning Couples Year Protection has decreased in the last three years from 20,661 to 17,320, however there has been a slight increase of 1% in new receptors of family planning in 2022.
- > Antenatal Care – Pregnant women having at least one ANC visit in the last 3 years has ranged from 48% to 60%. In 2022, Morobe province was 1% shy of achieving the national target of 61% coverage. There has been an improvement in pregnant women accessing antenatal 1st visit, however, pregnant women are not going for 4th visit.
- > In the last three years, Supervised delivery rate (SDR) was on average 38%, in 2022 along, Morobe province's SDR was 48% which was 19% short of the national target of 62%. More effort needs to be made to close the gap in ANC coverage drop-out and improve services in supervised delivery.
- > Child Health – Low Birth Weight (LBW) & Malnutrition – the provincial average LBW rate in the last three years has remained at 8% whilst Malnutrition on average over the three years has been 23%. There is a need to invest in nutrition program to break the cycle of malnutrition.
- > Immunization – Penta Coverage and measles coverage has dropped in the last three years. Overall Penta 1st dose ranges from 55% to 68% and Penta 3rd dose ranges from 32% to 40%; the drop-out rate was 43% in 2022. The measles coverage ranged from 45% in 2021 and in 2022 was at 34%. There is an urgent need to scale-up routine immunization services at the health facility level in order to avoid outbreak of vaccine preventable diseases in children.

Malaria, Other Respiratory Diseases, Pneumonia <5yrs, Diarrhoea <5yrs and Female Genital Discharges are the top five leading causes of outpatient visits whilst Malaria, Tuberculosis, Malnutrition, Diarrhoea <5yrs, and Other Respiratory Diseases are top five leading causes of admissions.

I.0 GENERAL INDICATORS

1.1 REPORTING COMPLIANCE RATES

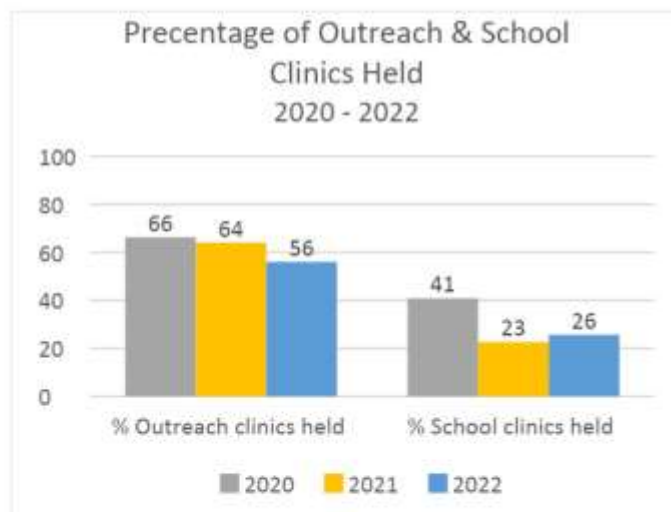


Indicator: The reporting compliance rates is based on the number of HF reports received over the reports expected in a given period

Performance: The average reporting compliance rate for MoPHA in the last 3 years has been 90.9%.

OICs's of HFs are encouraged to report in a timely manner, completing all sections of the monthly reports.

1.2 OUTREACH CLINICS PLANNED AND HELD

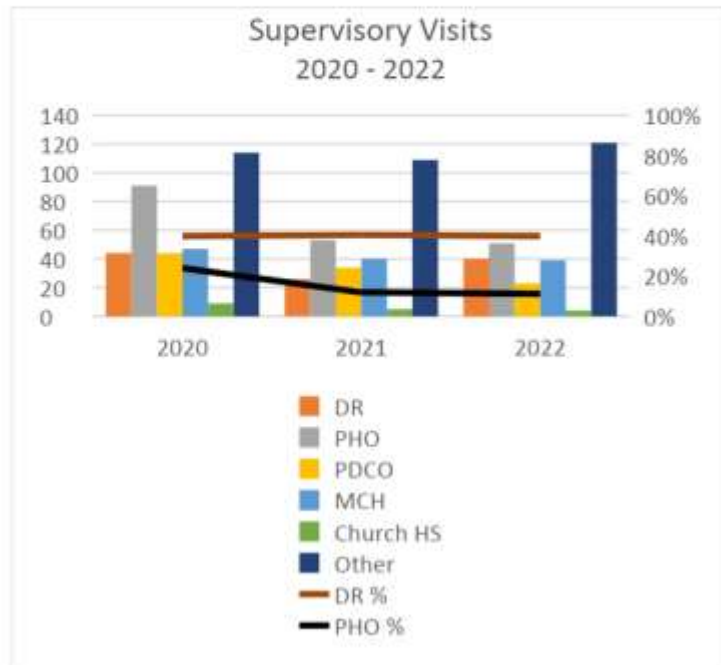


Indicator: Outreach & School Clinics provide a key platform for preventing child health outbreaks and an opportunity to reach out to unreached population.

Performance: Over the past three years, there has been a decline in outreach and school clinics held.

OICs are required to plan for outreach and school clinics on a routine basis.

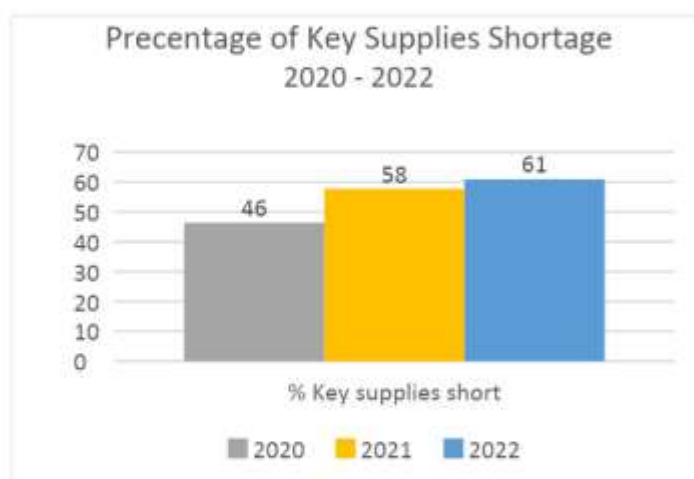
1.3 PROVINCIAL SUPERVISION RATE BY PHO STAFF AND DOCTORS



Indicator: Proportion of HFs that have received at least one supervisory visit by provincial officers/management or doctors during the year.

Performance: Supervisory visits from PHO staff and Doctors have been quite low below 50%.

1.4 MEDICAL SUPPLY SHORTAGE



Indicator: Monitors proportion of HFs that have experienced shortages of essential medical supplies

Performance: In the last three years, HFs have been reporting medical supply shortages.

2. FAMILY PLANNING PROGRAM

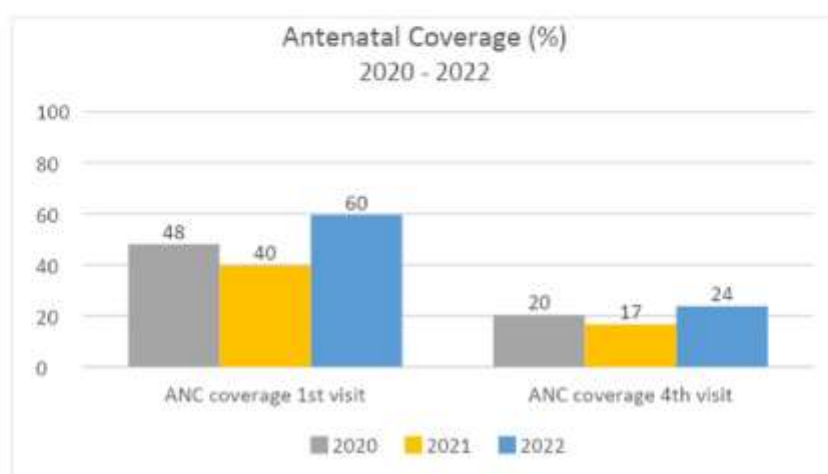


Indicator: The proportion of women of reproductive age (15-49yrs) who are not pregnant and are accepting a modern contraceptive method (new and repeat acceptors).

Performance: The acceptance of contraceptive methods has decreased sharply over the 3 years, however the new acceptors rate has increased slightly.

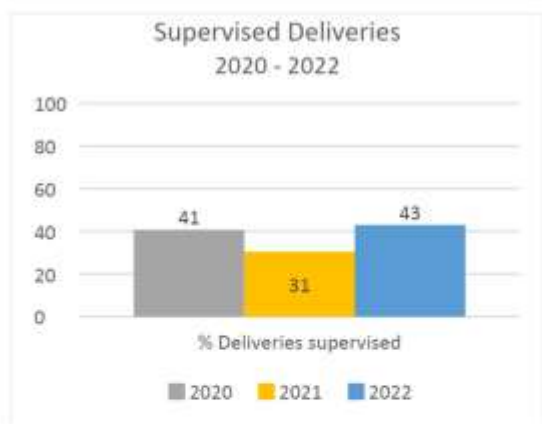
3.0 MATERNAL HEALTH PROGRAM

3.1 Antenatal Coverage



Indicator: Antenatal Clinic Coverage is an indicator of access and use of health care services during pregnancy. It is the percentage of women that received antenatal care at least once during the current pregnancy

Performance: The percentage of pregnant women having at least one ANC visit ranges from 48 to 60% in the period of 3 years. In 2022, Morobe province was 1% shy of achieving the national target of 61%. In contrast, Morobe Province has not done so well in achieving the 4th ANC visit national target of 60% in 2022. A lot more must be done to encourage pregnant women to attend regular antenatal clinics.



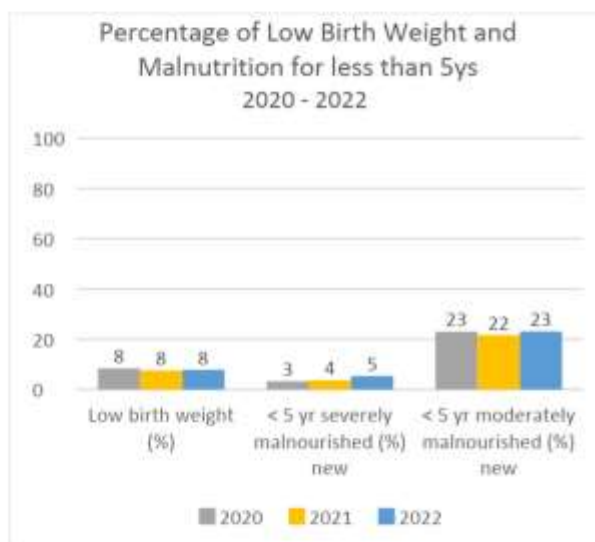
3.2 Supervised Deliveries

Indicator: Supervised deliveries are proportion of births attended by skilled health personnel in the facility.

Performance: For the last three years, the rate of supervised deliveries has remained below 50%, with 2021 being the lowest at 31% of deliveries being

4.0 CHILD HEALTH PROGRAM

4.1 Low Birth Weight and Malnutrition



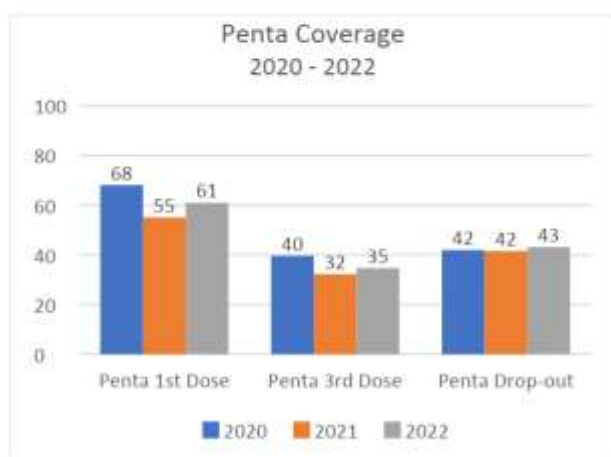
Indicator: Low Birth Weight (LBW) is the percentage of live births in facilities that weigh less than 2500gms.

Performance: LBW is remains consistently at 8% for the last three years.

The rate of moderate and severe malnutrition remains constant in the last three years with 22% to 23% and 3% to 5% respectively.

5.0 IMMUNIZATION COVERAGE

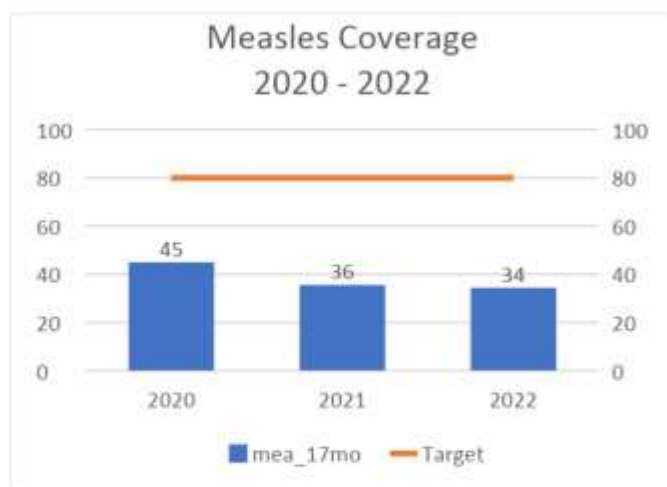
5.1 Pentavalent Coverage



Indicator: Measures the proportion of children < 1yr who received three doses of pentavalent vaccine.

Performance: There is high drop-out rate for Penta 1 & 3; this shows that parents are not bringing their children to receive their 3rd dose of Penta There is a need to improve the coverage to avoid outbreaks.

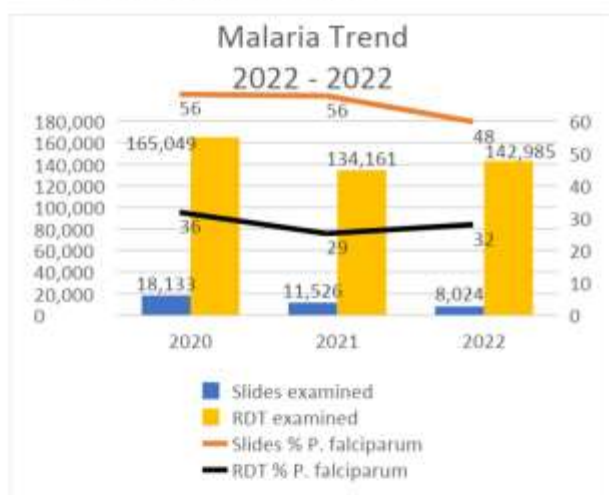
5.2 Measles Coverage



Indicator: Proportion of surviving infants (1yr) who received a dose of measles vaccine before their 1st birthday

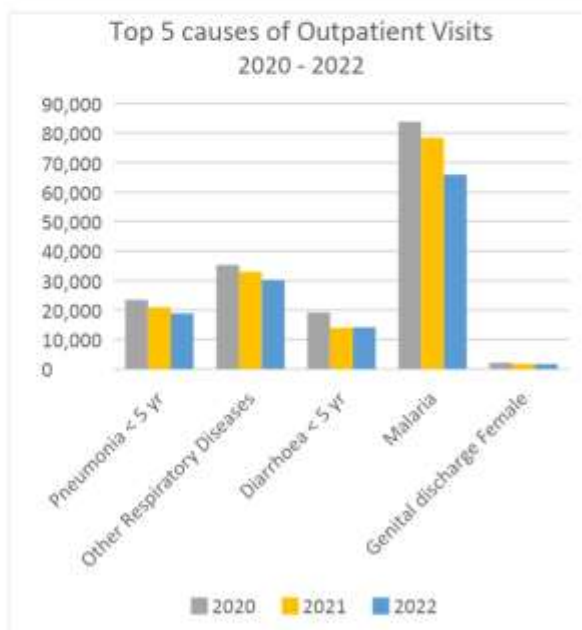
Performance: Measles immunization coverage for the past 3 years has been between 36% to 45%, the coverage is less than 50%, and we have not reached the target of 80%.

6.0 MALARIA PROGRAM



Indicator: The incidence rate of confirmed cases of malaria (confirmed by slide or RDT) and probable (unconfirmed clinically diagnosed) cases of Malaria.

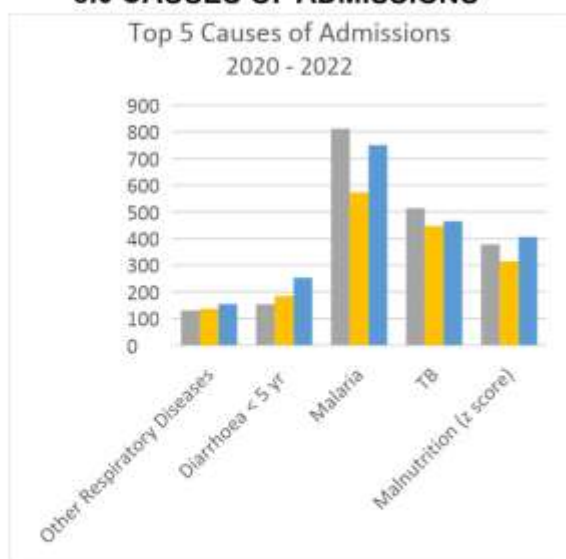
Performance: Malaria RDT



7.0 MAIN CONDITION AT OUTPATIENTS

Performance: The top 5 leading causes of conditions in all Outpatients are Malaria, Other Respiratory Diseases, Pneumonia <5yrs and Diarrhoea <5yrs. other respiratory disease, pneumonia less than 5yrs, Diarrhoea <5yrs, and genital discharge in female.

8.0 CAUSES OF ADMISSIONS



Performance: The top 5 leading causes of all Inpatients/Admissions are Malaria, TB, Malnutrition, Diarrhoea <5yrs and Other respiratory diseases.

Public Health Programs need to be sufficiently resourced to reduce diseases especially in children less than 5yrs and to reduce the disease burden trend.

9.0 TUBERCULOSIS PROGRAM

Tuberculosis Case Notification per Districts

TB CASE NOTIFICATION PER DISTRICTS

PROVINCE	2018	2019	2020	2021	2022
BULOLO	422	426	485	392	126
FINSCHAFEN	217	159	169	170	64
HUON-GULF	374	341	440	357	146
KABWUM	46	56	58	23	0
LAE	3358	2923	3198	2840	2216
MARKHAM	212	181	206	162	187
MENYAMYA	124	134	151	128	41
NAWAEB	207	191	261	204	183
TEWAE-SIASSI	180	212	210	175	60
GRAND TOTAL	5140	4623	5178	4451	3023

Fig. 2 is showing the districts performance in terms of the disease pattern. Lae district seems to be leading with more than 2000 TB cases annually, followed by Bulolo and Huon Gulf districts respectively. The other districts with less than 300 cases do not indicate that they are less burdened with the disease but reflect challenges that require management support for improvement.

Snippet taken from the TB and Leprosy Annual Report 2022 page 8

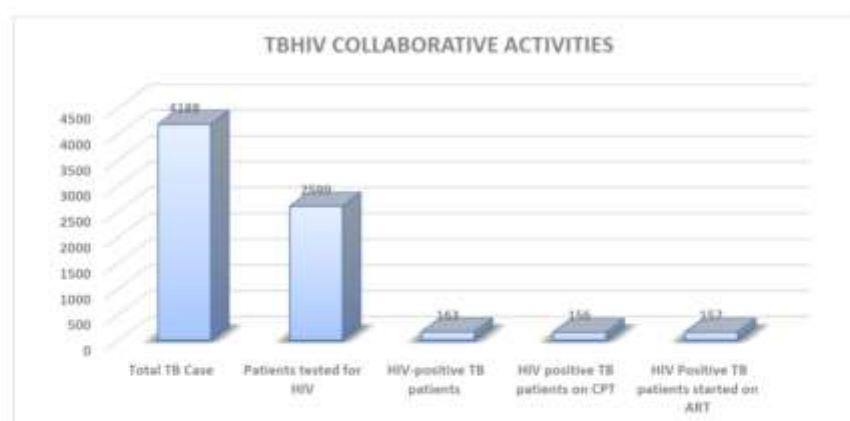


Fig.6 From the total TB cases registered for treatment, 62% of the TB patients were tested for HIV which is does not meet the target of 100%. Out of the 62% tested, 96% of the HIV positive TB patients were commenced on ART and CPT. There is need for improvement in the HIV testing among the TB patients.

Snippet taken from the TB and Leprosy Annual Report 2022 page 10

10.0 MALARIA PROGRAM REPORT

- High light was the visit by Dr. Patel Roopal from Global Fund Head office in Geneva.
- A new vehicle for malaria program purchased by World Vision via COVID-19 Global Fund funding arrangement.
- Coordination and successful implementation of Vector, Health facility and Household surveys by PNGIMR with NAQIA supporting the Vector survey.
- Successful coordination of 2 days Mid Term Review of National Malaria Strategic Plan 2021-2025.
- Successfully completed 2 HMM trainings and post training assessment visits in Umi-Atzera and Onga Wafa LLGs in Markham district despite National General Election ethnic differences and the fear people had.
- The provincial office did not run out of malaria commodities during the year even though few other provinces had zero stock. This is because of good stock management at provincial office and few health facilities like Buimo, Tent City, Haikost, Milforhaven, Centre of Mercy, Wampar and Tsuaia.
- About 85% of CMVs trained in 2020 are still providing HMM services in the respective villages despite no form of incentives.
- An additional 58 new CMVs trained in 2022 and are providing HMM services.
- All aidpost data in Wampar HC are captured and reported through NHIS e-tablet monthly and malaria team is constantly urging all other major health facilities to do the same. Mr. Hezure Hatagao is highly appreciated for role-modelling good reporting practices.
- About 70% of health facilities are improving on their monthly report status.
- Strong teamwork by malaria team with all its partners, officers and CMVs on the ground and with colleagues at the province and Angau hospital.



PNGIMR Madang team and Vector Borne Officer from Malaria Unit @ NDOH conducting **Insecticides Resistance Monitoring (IRM)** survey on Anopheles and Aedes mosquito population in Lae and along the highways.

During the survey period skills training was done also for EHO Niakambari at Lae district, few NAQIA staff and myself.

An insectary was setup at ex Health Promotion office where the mosquito larval were fed until they reached adulthood. Then the females were segregated from the males and tested using selected insecticides for knock down and mortality at different time intervals over a 2-hour period.

