

COOPERATIVE REPUBLIC OF GUYANA

**NATIONAL ASSEMBLY OF THE FIRST SESSION OF
THE ELEVENTH PARLIAMENT (2015-2018)**

SIXTH SPECIAL REPORT

OF THE

PARLIAMENTARY SECTORAL COMMITTEE

ON

SOCIAL SERVICES

VISIT TO THE LINDEN HOSPITAL COMPLEX IN REGION NO. 10

ON APRIL 11, 2017

**PRESENTED TO THE NATIONAL ASSEMBLY
BY THE CHAIRPERSON OF THE COMMITTEE**

ON MARCH 15, 2018

Report of the Delegation of the Parliamentary Sectoral Committee on Social Services (PSCSS) which visited the Linden Hospital Complex in Region No. 10 on the Tuesday, 11th April, 2017.

Introduction

1. On Tuesday, 11th April, 2017, a delegation consisting of Members of the Parliamentary Sectoral Committee on Social Services (PSCSS) and support staff from the Parliament Office, visited the Linden Hospital Complex in Region No. 10.

The Delegation

The Members of the delegation were:

Dr.Vindhya Persaud, M.S., M.P., (P.P.P.)	– Chairperson
Hon. Valerie Garrido-Lowe, M.P., (A.P.N.U.)	– Member
Hon. Valerie Patterson, M.P., (A.P.N.U.)	– Member
Mrs. Indranie Chandarpal, M.P., (P.P.P.)	– Member
Dr.Vishwa Mahadeo, M.P., (P.P.P.)	– Member

Members of Staff

Ms. Sherene Warren	- Clerk of Committees
Mrs. Koalla Robertson	– Assistant Clerk of Committees
Ms. Michelle Singh	– Assistant Clerk of Committees
Ms. Carla Isaacs	- Research and Analytical Assistant
Ms. Michelle Chung	- Research and Analytical Assistant
Mr.Yannick December	– Production Technician

Purpose of the visit

2. The purpose of the visit was to examine/observe the operational procedures of the Linden Hospital Complex, to which members of the public were exposed, as they sought to access health care services. This observation also focused on the circumstances and available facilities under which patients are cared for at this facility.

The Visit

3. The delegation departed the Parliament Office, on Tuesday 11th April, 2017, at 8:35 a.m., arriving at the Linden Hospital Complex in Region No. 10 at 10:55 a.m. On arrival, the delegation was received by Dr. Mohamed Riyasat, Chief Executive Officer (CEO) of the Linden Hospital Complex.

Briefing

4. The Chairperson of the Committee, Dr. Vindhya Persaud, introduced the Members of the Committee and explained the origin of the Parliamentary Sectoral Committee on Social Services and its purpose. Dr. Persaud informed the CEO that the Committee has been visiting hospitals around the country and thus far the Committee has completed two visits which includes the New Amsterdam Hospital and Diamond Diagnostic Centre. The Chairperson stated that the purpose of the visit, aside from assessment, is to gain insight into the functioning of the hospital with an aim to ensuring there is improvement in service going forward. The Chairperson also stated that the Committee was not there to criticize the staff performance but merely to learn about the constraints and challenges they faced, in carrying out their duties, as this would inform the Committee's recommendations for improved health services at the hospital.

5. The CEO welcomed the Members of the delegation and expressed appreciation for the visit. He stated that it was the first visit of the Parliamentary Sectoral Committee on Social Services to the facility. He gave a brief overview of the hospital, covered the organisational structure and its funding. The delegation was told that the hospital is managed by a board and

operates on a budgetary subvention fund. The management of the hospital presents an annual budget which caters for Kwakwani and Wismar Hospitals.

6. The CEO further informed the Committee that the hospital was adequately staffed with 600 persons of which 95% are females. There is a total of 46 doctors which includes 15 consultants, 15 rotating doctors and 15 doctors who have completed residency. He also noted that the hospital had access to in excess of 300 nurses at various levels of training, given that there is a Nursing School attached to the hospital.

7. The Committee was also informed that the staff working at the three hospitals in the Region were employed by three different agencies. These are the Regional Democratic Council (RDC) of Region No 10, the Ministry of Public Health and the Linden Hospital. The CEO indicated that while this situation seems workable, it also poses a hazard in the event there is a need for someone to be disciplined.

8. The Committee learnt that the facility has a bed capacity of 108 with an occupancy rate of 44%. However, it has 29-30 referrals per month to the GPHC, which includes approximately 19 orthopaedic traumas, internal medicine, Obstetrics and 5 Paediatrics.

9. Members of the delegation enquired about the instances of infant and maternal mortality at the hospital, and in response Dr. Riyasat told the delegation that there has not been an infant or maternal mortality conversely cardiac or pulmonary death in the last six years.

10. The Committee also enquired about the amount of blood that is needed for the hospital. The CEO in response related that the current blood (mainly O⁺) demand is 8-10 units weekly and this is supplied by the GPHC. He also informed the Committee that where the supply is not utilised the hospital would return the units to the GPHC and uplift a fresh supply. It should be noted that not all request for blood are satisfied, since there are instances of shortage of the main blood type and quantity at the GPHC. The Committee however, has

expressed concern about the small amount of blood requested by the Linden Hospital, given that it assists Kwakwani and Wismar Hospitals.

11. The old hospital building has been earmarked to house the psychiatry and psychology departments, as it will allow for greater space. The 2017 budget has monies approved for this proposal. The CEO informed the delegation that the hospital has the following departments:

- i. Obstetrics and Gynaecology
- ii. Paediatrics
- iii. Internal Medicine
- iv. General Surgery (laparoscopic surgery, ophthalmology surgery),
- v. Ophthalmology
- vi. Accident and Emergency
- vii. Intensive Care Unit
- viii. Neonatal Intensive Care Unit (NICU)
- ix. Spirometry Room
- x. Outpatient
- xi. X-Ray

Wismar Hospital

12. The CEO told the delegation that the facility is currently used as a recovery hospital and has a staff complement of 49, including 13 Midwives who work on a shift basis. Approximately 8-9 deliveries are done per month. Dr. Riyasat noted that the RDC is responsible for the infrastructural works at the Wismar Hospital. However, the Linden hospital complex would assist in the administrative works that is, assigning doctors, nurses, technicians, and porters to work. He further noted that the RHO, REO and the administration of the Linden hospital procure materials for the Wismar Hospital.

Kwakwani Hospital

13. Dr. Riyasat told the delegation that the Linden hospital provides funding for the Kwakwani hospital and has staff (nurses, doctors) at that facility. Linden Hospital does outreach twice per month in the Kwakwani community.

The CEO highlighted items to be procured for this year's budget:

- 3 ECG machines
- 9 monitors
- 1 defibrillator
- 2 ventilators
- 1 Bio chemistry analyser
- Industrial Oven
- Freezer
- Electric Saw

TOUR

Maternity Ward

14. The CEO pointed out that the Maternity and Female wards as well as gynaecology areas are continuously filled to capacity. The Wismar hospital which has 22 beds, would usually assist whenever there is overcrowding at the maternity ward at the Linden Hospital. He further pointed out that over 1000 deliveries are done at the hospital yearly. Eight (8) nurses are assigned to each ward on an 8hrs shift system. During the tour, of the ward, staff vented their frustrations to the Members of the delegation on the shortage of drugs in particular amoxicillin, calamine lotion, and Anti-D – (RHD).

15. The CEO told the Committee that the hospital has a nursery that can accommodate 13 babies at once and there are sufficient incubators including a mobile incubator. The Committee learnt that about 2 to 3 deliveries are done per day and 76 to 80 deliveries per month. He further related that there are three ante-natal clinics which include teenage

pregnancy for the entire region, high risk pregnancy, and staff. The facility has 2 delivery rooms equipped with a central air conditioning system and a backup AC system in the event the central AC system is down. Members congratulated the administration for the cleanliness and well maintained rooms.

Intensive Care Unit (ICU)

16. The CEO stated that the IC Unit was not fully equipped, and that there was only one monitor attached to the department. The Staff of the Unit also vented their concerns about the lack of monitors, defibrillators and ventilators in the department. The CEO told the delegation that all the equipment in the department were working and there were six nurses attached to the unit; there are ICU trained. At the time of the visit there were no high risk babies in the unit.

Operating Theatre

17. This Unit is managed by Nurse Gordon and it has two theatres that function on a 24 hours basis with the relevant staff (doctors & nurses). However it was observed that the drip stands were rusty and there were no sydex for over a month.

18. The Committee enquired what happens in event that a staff is stuck with a needle, the CEO replied that there is a standard protocol to be followed. It was noted that testing kits and tablets were available at each supervisor desk.

19. Members expressed dissatisfaction in the poor quality of work done on the walls of the Operating theatre, where evidence of small holes were seen and this was said to be harmful and need to be painted. The CEO informed the Committee that works to the wall was budgeted for in 2017. There was also enquiry about the amount of anaesthetics available and were told there were enough anaesthetics to do surgeries; however, there is a problem with the sutures. Members were further informed that there is a specific type of needle called a cutting edge which has been out of stock for the past two weeks and the alternative (round body) is used but it is difficult to handle.

Recommendations

- There is a need for 4 monitors
- The facility should requisition for increase quantities of cutting edge needles and cidex
- The facility should budget to have all rusty drip stands replaced with new ones.

Paediatrics ward

20. Dr. Riyasat told the Committee that the facility is practicing “*rooming in*” that is, mothers can stay with their babies/child.

During the tour of the paediatric ward the staff told the Committee that the following were not available and are needed:

- A sink
- Lack of Iron supplement (MIMS), zincoxide, novalgin
- Insufficient bed linens
- A Portable Pulse Oximeter

21. A Member of the delegation enquired about the donated computerised carts by Dr. Steve Caryll but was told by the CEO that the carts were not in use due to missing software. He stated the facility was currently waiting on the relevant professionals to come and install the main components for the carts to make them functional. Members also asked when the facility anticipates the carts to be working; and were told that a date cannot be given.

Outpatient Department

22. The CEO led the Committee on a guided tour of this department. Members were told of the services offered at the different clinics and how the public benefits. The delegation expressed satisfaction with the primary care offered and also stated that having these clinics frequently prevents complications. However, Members enquired about the waiting time for patients to see a doctor and the CEO indicated that it took approximately 20 minutes. He went on to state that a Quality Survey was done and the survey concluded that it is about 20

minutes while the Pharmacy waiting time is 8 minutes and the emergency units was about 12 minutes.

Spirometric Unit

23. This unit is fully equipped with the prerequisite equipment and staff.

Dental Department

24. The Committee toured the Dental Department and held discussions with Dr. Armstrong who is the Dentist in charge of that department. He informed the delegation that all that was needed within the department was another dentist to assist with the work load.

Recommendation

- The hospital should source a Dentist

OBS/GY Surgery/URO Room

25. The Committee was told by the staff that there was a shortage of medications in that unit, especially captopril, multivitamins, and some medication for diabetics.

General Medicine

26. Dr. Quincy Jones is assigned to one of the General Medicine rooms within the Outpatient department and he is specialised in Health Policy and Financing and Public Health; and is currently the only doctor holding that degree in the country. Members enquired what improvements were needed at the hospital and he indicated that improvement in the management was needed. He posited that behavioural changes were needed across board. He also indicated that he did a study on whether Linden should go as a Regional Health Authority or corporation and he found that it would be good to make the hospital a corporation in short term and later have it become a Regional Health Authority in the long

term. However, he noted the challenge to implement a Regional Health Authority and the time it will take to get it right. Hence, having it corporatized would be the first step in achieving a Regional Health Authority.

Recommendation

- Invest in a network database system
- The Committee recommends investigating what are the benefits of the Regional Health Authority (RHA) verses Corporation.

Triage area

27. The tour of this area highlighted that there were insufficient monitors.

Recommendation

- There is a need for more monitors in the department

Trauma Bay

28. Emergency patients particularly those who were involved in an accident go directly to the Trauma Bay. Presently under construction are a Dressing room, Injection room and Examination room.

Treatment Bay

29. The Committee toured the treatment bay and were told by the staff, that emergency cases need drugs that will work effectively and in a short time. Presently there is a shortage of injectable drugs (gravol, anti-emetics and maxolon) and this has patients at a disadvantage. The Committee was also informed that the Electrocardiogram (ECG) machine was not working, hence patients are sent to the private institutions to have tests done. However, patients (emergency cases) would complain about the long hours spent at those institutions to access the service. The staff opined that patients are reluctant to seek private services

especially if they have a chronic condition that requires frequent visits, given the cost involved.

30. No Cardiac enzyme testing is done at the Linden Hospital and patients are sent to do the tests privately. Thus, because of the lack of the test only clinical diagnoses are given. The Committee enquired about the type of patients that are referred to GPHC and was told that those who are refractory to the treatment or who may need an echocardiogram done or cardiac surgery. This is against the fact that three doctors were trained in the ECHO programme but were no longer at the hospital.

31. This is against the back drop that training was done in the Basic Life Support Program (BLS) that equipped staff with the knowledge to use defibrillators. However, the hospital has no defibrillators. The staff expressed frustration of having the requisite knowledge but there is no practice. Following is a list of medications that are out of supply.

Shortage of drugs:

- nitroprusside sodium- (never had)
- adenosine- (never had)
- Insufficient amounts of insulin- doctors may prescribed a month's supply however patients may be given only 2 weeks supply
- Antihypertensive drugs (voltaren, buscopaninjectable, antiemetic injectable)

Recommendations

- Procure an ECG Machine
- Procure defibrillators, ventilators and monitors

Nebulization Room

32. This Unit is home to asthmatic patients and houses three beds which is sufficient on normal basis but in the event of a surge in patients the trauma bay is used.

Orthopaedics Department

33. The Committee visited the orthopaedic unit and was briefed by Dr. Jesus Mesa, Head Cuban Brigade. He related that department is primarily hectic on Thursdays which is the clinic day but they manage well since all the necessary equipment for the unit is in order. POP- Plaster of Paris, Reduction and Casting are done. However the CEO informed the Committee that the unit has no Orthopaedic Consultant; nevertheless an Orthopaedic Specialist is contracted and visits twice a month. The department is presently staffed with four (4) Orthopaedic Technicians.

Laboratory Department

34. Mrs Melanie Sinclair, Head Medical Technologist, informed the Committee on the tour of the laboratory, that the unit operates on a 24hrs basis but stressed the need for the Microbiology Department to be functional. It was reported that no cultures are being done because of the lack of staff.

35. The Committee enquired whether the hospital was at optimum performance in terms of equipment and was informed that the two ECG machines and bio chemistry machine were not in service for more than a week. However, the Director of Medical Services was written to about these developments.

36. The Committee was further informed that the Coulter machine has been down for the past two years and the staff has been doing manual testing. It is reported that a new computer was needed to rectify the problem. Members thus, enquired what happens in the event of emergency cases where testing was required and were told by Mrs. Sinclair that those cases are prioritized for testing. The Lab has 3 Technologists and the CEO indicated that a Cuban Microbiologist is expected shortly, but the Committee during the exchanges, has expressed an interest in having local staff trained.

37. Mrs. Sinclair also reported that there are shortages in the following quantities of reagents issued by MMU and this affects concentrated surface agent and reagents for the

Daelim machine. In addition, the CD4 testing has a problem with reagents. It was stated that Malaria, dengue and tuberculosis are done at the hospital. However, shortage of reagents does have an effect on the Lab's performance. The Committee was further informed that no blood gases testing are done and Viral Load tests are sent to GPHC, but recently the hospital was informed that that testing was suspended.

38. During the exchange Mrs. Sinclair reacted to the Committee's concern with regards to the quantity of blood the facility desires. She posited that though there are frequent blood drives, the hospital continues to have a problem with walk in blood donors. It was also indicated that there was a demand for O+ blood in Linden. The Committee then enquired whether dialysis patients are referred to GPHC of which the CEO responded in the affirmative, nonetheless the Linden Hospital will be acquiring 2 dialysis machines this year from allocations in the 2017 budget.

Recommendations

- The need for a microbial department to be functioning
- There is need for more technologists and Microbiologist
- Have a staff understudy the Cuban Microbiologist.
- Medical technologists or staff need to be trained in using the micro culture machine
- Procure a Bio Chemistry Machine
- Procure the concentrated surface agent for the machine
- Employ Blood Donor Coordinator /train a staff specifically in this area.

Pharmacy Department

39. The Committee was led on a guided tour of the pharmacy department by the Chief Pharmacist Dr. Amanda Barker. She informed the Members that the Pharmacy is open from 8am-11pm but one of the major challenges faced is the time it takes to have a request serviced. The Committee was informed that 89 drugs are on the Nil list, of which 19 are critical. However, it was explained that in-house patients were the only ones who would benefit from the present supplies.

List of the critical drugs included:

- Hydralazine injections
- Anti-rhesusD
- Dental injections-presently no extractions are done
- Captopril
- Gravol injections

40. The Committee during its interactions in this unit enquired about the fund to buy emergency drugs and were informed by the RHO that a sum of \$8-\$11M is voted for that purpose annually. The Committee expressed dissatisfaction with the amount stated and opined that the inadequacy may have contributed to other hospitals in the Region being affected.

41. The Committee was appraised by the Chief Pharmacist on the procedure whenever there is a shortage of any drug. This entailed a list to be prepared and given to the Medical Superintendent and CEO, who will subsequently inform the staff of same. It was reported that the drug shortage in 2016 was profound, as a number of patients with Myasthenia Gravis were without medication for more than a year.

42. The delegation then asked to be enlightened on what steps are taken when MMU does not have drugs requested by the hospital. The Chief Pharmacist indicated that a Nil list is prepared and is sent to the CEO and MS. The CEO along with the Administrator and MS would meet and decide how the hospital can acquire money to purchase the drugs. The CEO stated that at times, it all depends on the amount of money available to purchase, and the list can be reprioritise based on funds available.

43. The Committee then enquired how drugs are taken to the hospital, and the Chief Pharmacist in reply posited that the Store Supervisor uplifts the requested drugs from the MMU. The Committee congratulated the Chief Pharmacist and team for the excellent work they are doing.

Laundry Department

44. The Committee was told that the department was functioning well except for one defective washer. However, it was noted the dryers were inadequate, given the workload. The CEO in concurrence, informed Members that a new washer and dryer will be procured in 2017.

Sewing Department

45. A Member of the delegation visited the department and interacted with the staff who related that the sewing machines though working, are continually problematic. It was noted that all the hospital linens including bed sheets, covers, gowns, table cloths are sewn by this department.

Recommendation

- Two New sewing machines
- One additional staff

Kitchen

46. Members were told by the staff in the department that the stove/oven is not working. However, the CEO told the delegation that the department will be receiving a new industrial oven, freezer, and electric saw.

Ultra Sound Room

47. The Committee was informed by Dr. Richie Vyhrius, Ultrasound Sonographer, that there were no printer to print images hence; a written report is completed whenever an ultrasound is done. The doctor also stressed the need for a coloured ultrasound machine and a portable ultrasound machine.

Recommendation

- Procure a printer
- Procure a Portable ultrasound machine
- Procure a coloured ultrasound machine

Tour of the Ophthalmology Center

48. The Committee was taken on a guided tour of the proposed Ophthalmology center , that will house a ward of six beds, an operating theatre, Screening rooms and Doctors' offices. The Members were told that the building will be completed within weeks. However, the sourcing of equipment would take several months.

General Observations

- The hospital implements new services each year: The dialysis and chemotherapy services for 2017
- The hospital was the best kept of the three hospitals visited thus far
- Every ward/specialty department has a doctor on call room
- The CEO and team are very aufait with the issues affecting the hospital and has a hands on approach
- The CEO is in that position for the past 6 years and was the superintendent for about 15 years
- The equipment within the hospital are in good condition
- Most of the drugs in short supply are the same as the other hospitals visited
- Lab results turnover time is lengthy

- There is a Cuban Radiologist but no CT Scan Machine
- The hospital is adequately staffed which includes specialists, GMOs and Consultants
- Patients were at a disadvantage because there is a shortage of medications
- The ceiling is water stained
- There is a tripartite relation(employment) between the Linden Hospital, RDC and Ministry of Public Health which has its challenges


Proposed Recommendation

- The Emergency drugs fund should be increased.
- The hospital should budget for a CT Scan Machine with urgency
- The hospital should procure more ventilators
- The hospital should stock critical drugs in larger quantity.
- The hospital should procure more dryers and washers for the laundry department
- The hospital should address the deterioration of the ceilings
- The hospital should have collaboration with the community/NGO to assist in beautifying the environ of the court yard of the facility
- The hospital should relook at Blood stock level request
- The hospital should train a staff who is not a doctor in using the ECHO machine

APPROVAL FOR TRANSMITTAL

49. This Sixth Special Report on the Parliamentary Sectoral Committee on Social Services visit to the Linden Hospital Complex, Region No. 10, was approved for transmittal to the National Assembly at the 13th statutory meeting which was held on Friday, 26th January, 2018.

50. The Committee accordingly submits its Sixth Special Report to the National Assembly.



Dr. Vindhya V. Persaud, M.S., M.P.
Chairperson