

**OFFICE OF THE DIRECTOR OF AUDIT
GRENADA**



VALUE FOR MONEY AUDIT

OPERATING THEATRE – GENERAL HOSPITAL

**MINISTRY OF HEALTH, THE ENVIRONMENT, SOCIAL
SECURITY AND ECCLESIASTICAL RELATIONS**

SPECIAL AUDIT REPORT

NOVEMBER 2007

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 - The staff of the Steward's Office.
 - The secretaries of Hospital Services.

Sincere gratitude is extended to the Audit Team and to all officers of the Audit Office who contributed to the achievement of the audit results.

EXECUTIVE SUMMARY

The Ministry of Health carries out its mandate through hospitals/institutions, health centers and medical stations.

The Operating Theatre (OT), which is an integral part of the General Hospital, deals exclusively with surgical procedures. Surgeries performed are either elective or emergency and are done on the following days:

- Mondays - General Surgery and Maxilla Facial and Dental
- Tuesdays - General Surgery/Urology and Ophthalmology
- Wednesdays - Obstetrics, Gynaecology, Ear Nose and Throat
 - Thursdays - Orthopedic, Obstetrics and Gynaecology
 - Fridays - Orthopedic, Obstetrics and Gynaecology

During the year 2006, a total of 2,358 surgeries were done. 1,016 were minor, 698 were intermediate and 644 were major. 1,804 cases were general, 475 were day cases and 79 were private cases.

The fees presently collected for surgical procedures are not in keeping with the regulations. All changes in fees should be effected in law.

There were areas of non-compliance with the Law. The Law should be complied with. However, there is the need to review and update the Law to meet the needs of providers and users.

There is no authority or provision in the Law for payment by doctors for the use of the OT facilities and supplies to perform surgery on private paying patients. The Law should be reviewed and a user fee implemented, so as to achieve cost recovery. Also the draft policy framework for the regulation of private practice privileges should be reviewed and finalized for implementation as soon as possible.

The duration of surgery and recovery of patients is not recorded on the OT and Recovery Room registers respectively. All relevant information should be recorded in the registers so as to assist management in planning and decision making.

Imani trainees and new workers are placed in the OT to perform in technical areas where they do not have knowledge and experience. Management should consider the use of such persons in the OT especially when one takes into consideration confidentiality; they are not established workers and are basically receiving training. Registered nurses should be assigned to the Theatre.

Performance appraisal was not done for the past few years. The appraisal can be a good management tool and as such it should be practiced according to procedures; and supervisors must function in that capacity.

Revenue received, as theatre fees could not be accurately assessed because it is sometimes included in Hospital fees. Once a patient is admitted for surgery at the private ward, theatre fee should be deducted from the deposit, recorded in the cash book and paid in separately.

Money collected for theatre fee from day cases could not be reconciled with the amount of surgery done times the rate per surgery for the period under audit review. Theatre fee should be paid and evidence presented before surgery is done except in a case of emergency.

Currently once a patient is admitted to the “general/public ward” he is not charged any hospital fees, which he would have had pay if he was admitted on the private ward. Taking into consideration not all patients like to be on the private ward but can afford to pay hospital fees, Clear criteria should be set for the determination of who should be exempted from paying hospital fees.

Day cases are charged a standard operating theatre fee (\$95.00) irrespective of the surgery done (minor or intermediate). Patients must be made to pay the correct fee for surgery received.

There is no mechanism in place to collect money for neither surgery nor hospital fees from persons who receive the services of the hospital/theatre on public holidays, weekends and from 4pm to 8am on working days. Mechanism must be put in place to allow for the collection of money on public holidays weekends and from 4pm to 8am on working days.

For the period under review the Medical Director prepared no medical report.

Not all OT monthly reports are addressed to the Director of Nursing Services (DNS). Many of these reports are not stamped and dated when received. Also there is no deadline for submitting reports. All reports should be addressed to the Director of Nursing Services, stamped and the date affixed to it when received and deadline be given for their submission.

There is no proper filing system in place and the facility to store files is not adequate. In my opinion cabinets should be used for storage and proper filing system and procedures implemented as soon as possible.

No minutes are kept for Theatre Committee meetings. Minutes should be taken of all Theatre Committee meetings and be circulated before the next meeting.

The recording of information for the Operating Theatre is done manually as the OT is not equipped with a computer. The Operating Theatre should be equipped with a computer so that it can function more efficiently and effectively.

There is a draft Complaint Policy since August 2002, which has not been adopted nor implemented up to the time of this audit. The draft complaint Policy should be reviewed, approved, implemented, adhered to and be in collaboration with the Law.

Not all complaints are documented and dealt with in accordance with section 47 of the Grenada General Hospital Rules. Complaints should be documented and dealt with in accordance with the law.

1.0 INTRODUCTION

The Office of the Director of Audit is devoted to upholding public accountability and transparency in all the entities under its jurisdiction / mandate as a means to encourage and provide better public service, good management, good performance, and achievement of results from the public entities on behalf of the people of the country.

In the past the Office of the Director of Audit was concerned with regularity of expenditure and compliance with laws, rules and regulations. At present, the role of the Office is changing with a view to demonstrate whether management is paying due regard to matters of economy, efficiency and effectiveness (Value for Money – VFM) in the management of resources entrusted to them.

To emphasize, Value For Money audit is as an examination of the way in which resources are allocated and utilized in conformity with applicable regulations, rules, and procedures. It is concerned with the interrelated concepts of economy; efficiency and effectiveness.

This audit provides Government and Parliament with an assessment on the performance of its activities; with information, observations and recommendations designed to promote accountability in the government, an ethical and effective public service, good governance and sustainable development.

Further, this audit does not question the merits of the Ministry's/ Government's policies. Rather, it examines the Ministry's/ Government's management practices, controls, and reporting systems based on its own public administration policies and on best practices.

The Office reports its findings, which may include areas that are working well and recommendations for improvement where required.

All observations and recommendations that arise from the audit have been discussed with senior management and/ or Division Heads to ensure that all concerned have prior knowledge of; and opportunities to challenge and respond. By formulating recommendations for improvement, and bringing those recommendations to the attention of those who can resolve the problems, the audit seeks to promote improvements in the Ministry's policies and systems. In reality this type of audit involves a communication approach with the entity's management.

The Ministry requested the Office of the Director of Audit to carry out such audit on the Operating Theatre as it is felt that the OT is not collecting the amount of revenue it so rightfully deserve and value for money is not obtained.

2.0 AUDIT MANDATE AND OBJECTIVES

Mandate

The primary duties and responsibilities of the Director of Audit are outlined in Chapter IV section 82 (1) to (6) of the Grenada Constitution Order 1973 and Section 1, 4 of the Finance and Store Rules.

One of the duties of the Director of Audit is to audit and report on the public accounts of Grenada and the accounts of all officers and authorities of the Government of Grenada. He also has the authority or to authorize anyone to have access to all books, records, returns, reports and other documents, which in his opinion relate to any of the accounts referred to in subsection (2) of section 82.

The effective functioning of the Office of the Director of Audit as an oversight and guardian of the public purse should not be underestimated. Over the years, the office has almost single handedly carried the torch for accountability, transparency and good governance (Mission of the Office) in the public service and exposed non-compliance with the existing regulations.

In as much as the responsibility of management is to manage the resources of the hospital in an economic, efficient and effective manner, the Auditors' responsibility is to assess, evaluate and report on the extent to which this has been accomplished.

The issues identified in this Report are directed to the attention of the relevant managers who should seek to effect solutions where necessary. Recommendations have been made with the intention of assisting management. Implementation of corrective action remains the responsibility of management.

Audit Objectives:

- 1) To assess the current practices for compliance with the Hospital Act 1953, Grenada General Hospital Rules, policies and procedures.
- 2) To determine whether the services rendered by the Operating Theatre satisfy the stakeholders involved.
- 3) To determine whether proper systems and controls are in place for planning, coordinating and monitoring the functions of the Operating Theatre so as to ensure that its goals are achieved with due regard to economy, efficiency and effectiveness.

- 4) To undertake an independent assessment of the strength and effectiveness of these systems and controls and to consider ways in which improvements could be made.
- 5) To determine whether the necessary systems and controls are in place for the collection of theatre fees.
- 6) To report the results in order to enhance accountability.

3.0 SCOPE OF THE AUDIT

The examination covered the activities and operations of the OT during the one-year period ended December 2006. The audit was performed in accordance with the International Standards on Auditing issued by the International Organization of Supreme Audit Institutions (INTOSAI), and with Generally Accepted Auditing Standards.

Interviews were conducted with top personnel in the Division of Hospital Services to obtain specific concerns they had with respect to the functions and results of the Operating Theatre and to determine matters of potential significance for audit purposes.

A survey was conducted in order to assess whether stakeholders were satisfied with the quality of the services provided.

The billing process was reviewed and assessed.

The accounting records pertaining to the Theatre were examined to determine accuracy, completeness, occurrence and disclosure.

During the survey stage the following areas were identified as relevant and significant to an assessment of the extent to which the Operating Theatre was being managed with due regard to economy, efficiency, effectiveness and compliance.

1. Regulation/Law and Policies
2. Human resource planning and development
3. Revenue Collection
4. Performance reporting
5. Patients and Stakeholders Satisfaction

All of the above areas were selected for detailed examination

4.0 THE OPERATING THEATRE

The **Operating Theatre (OT)** is an integral part of the General Hospital, which falls within the ambit of the Division of Hospital Services.

The Theatre is a specialized area where patients receive expert care from highly skilled and trained staff; their rights and privacy should be respected irrespective of race, creed, colour or nationality and where the success of any operation depends on the earnest endeavours of every member of the team.

The OT should always function in accordance with current health, professional and educational standards in Grenada.

The **Mission** of the **OT** is to provide surgical intervention to anyone who is in need, in a safe and professional environment.

The **roles/objectives** of the Operating Theatre are:

- To accommodate emergency, elective and laparoscopic surgeries as well as day cases.
 - To allocate theatre time primarily for local surgeons.
- To make space available for visiting surgeons as and when they are able to operate in the theatre.
 - To provide trained and efficient nurses and Para-medical staff to assist surgeons and doctors in performing successful operations.
 - To provide adequate staff; and sterile, suitable equipment in good safe conditions, to be always available for elective and emergency surgery.
- To instruct and help others to maintain a high level of proficiency, give safe individualized nursing care preventing legal complications resulting from negligence.
- To assist the Operating Room Nurse in acquiring knowledge, skills and new surgical concepts through available literature and seminars.
- Inter-departmental co-ordination and communication within the hospital to maintain a high standard of efficiency and improve patients care.

- To maintain a safe departmental environment and pleasant relationship among all categories of workers.
- To maintain a high standard of discipline and professional ethics, as well as individual awareness of positions and responsibilities.

The OT is situated on the top floor of the General Hospital building. It consist of five (5) Operating Rooms which are used as follows:

Room 1 - General surgery
Room 2 - Orthopedics
Room 3 - Obstetrics
Room 4 - Septic Cases
Room 5 - Laparoscopic Surgery

In addition there is the Recovery Room, a Sterilizing Room and an Intensive Care Unit.

The Operating Theatre is organized as follows:

- The Hospital Management Team
(Director of Hospital Services, Medical Director, Director of Nursing Services, Finance Director)
- The Head of Department (Medical Consultant)
 - Departmental Sister
 - Ward Sisters
 - Staff Nurses
 - Orderly, Nursing Assistant, Ward Maid

Responsibility

1. The Hospital Management Team,

The Director of Hospital Services coordinates all developmental policies, carries out the day-to-day management of hospital services and prepares annual budget.

The Medical Director supervises and coordinates the medical aspects of the hospital and monitors patient's care.

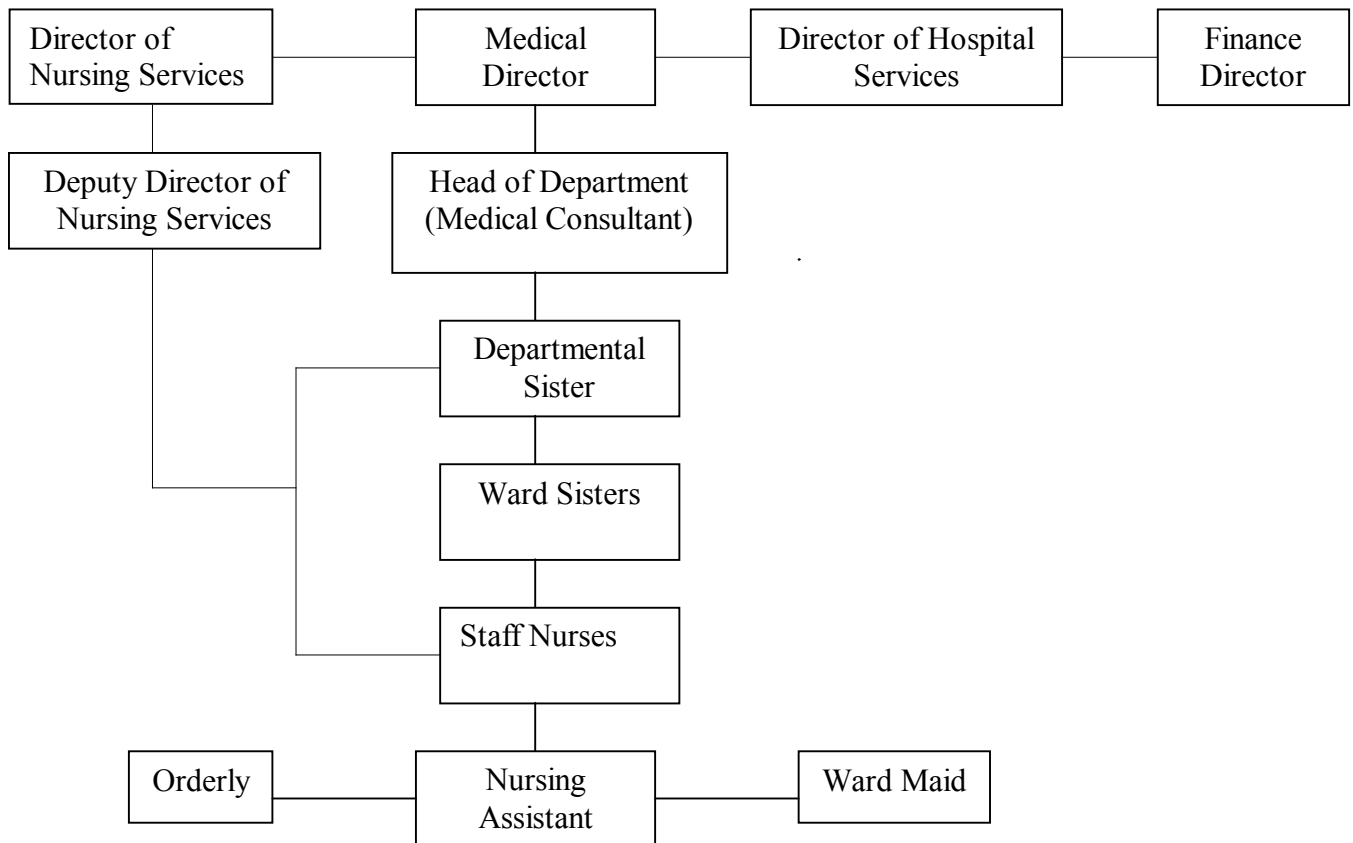
The Director of Nursing Services deploys nurses to the hospitals and institutions, prepares annual statistical report, attends to the training and development of staff, maintains records, and evaluates services provided.

It was intended for the Finance Director to administer financial matters pertaining to Hospital Services. However the post was never filled.

2. The Head of Department (Medical Consultant) who at present is a Consultant Surgeon supervises and teaches junior doctors, performs operations, decides on treatment of patients and which doctor should perform an operation, does call duties 24 hrs per day for seven (7) days every other week. He also conducts clinic twice per week from 8am to 12 noon. He is responsible for guiding and confirming the strategic direction and for establishing policy for the department.
3. The Departmental Sister maintains standards in the OT, assesses needs, and performs the duties of Ward sisters in their absence. She is responsible for developing the plans for the department and for overall operational supervision
4. The Ward Sister manages the day to day operations of the OT, orders supplies and equipment, assists Surgeons and Nurse in surgical procedures, deploys staff of the Theatre, performs call duties, maintains records and does monthly reports.
5. Staff Nurses assist with directing and supervising the activities of the Ward. Assess, plan, implement, evaluate and provide nursing care to patients according to established standard.
6. Orderly participates in the daily care of patients such as general attendance on patients, escorting/transporting of patients to and from other defined departments. He completes his work under supervision of the nursing staff.
7. Nursing Assistant functions as an integral part of the nursing team, providing direct nursing care to all patients in accordance with hospital policy and procedure. She works under supervision at all times.
8. Ward Maid is accountable to her immediate supervisor for matters of employment; and to the Ward Sister/Departmental Sister for the quality of the work performed in her daily duties when on the ward.

The following Organizational Chart which is an extract of the “Departmental Operational Policy” represents the line and professional accountability of personnel attached to the Operating Theatre.

Organizational Chart Line and Professional Accountability



Line Accountability —————
Professional Accountability - - - - -

OBSERVATIONS AND RECOMMENDATIONS

5.0 REGULATION/LAWS AND POLICIES

- 5.1 The Grenada Hospitals Authority Act of 1997 was passed in the House of Representatives on the 19 December 1997 and in the Senate on 13 January 1998.
- 5.2 The statute, which makes provision for the proper management of hospitals, is the Hospitals Act Cap 135. Its subsidiary legislation includes the following rules and regulations made pursuant to the statute:
- Belair Hospital (Fees) Regulations
 - Grenada General Hospital (Fees) Rules
 - Grenada General Hospital (Laboratory Fees) Rules
 - Grenada General Hospital Rules
 - Grenada General Hospital (Visiting Hours) Rules
 - Grenada General Hospital (X-Ray) Rules
 - Hospitals (Cost of Drugs) Rules
 - Princess Alice Hospital (Fees) Regulations
 - Richmond Hill Sanatorium (Cost of Drugs) Regulations
 - Richmond Hill Sanatorium (Fees) Regulations
- 5.3 The activities of the Operating Theatre is governed by the following: -
- The Nurse / Midwives Act
 - The Staff Rules and Orders
 - The Dangerous Drug Act
 - International Council of Nurses Code of Ethics
- 5.4 Act #4 of 1998 provided the legislative basis for the establishment, powers and duties of the Grenada Hospitals Authority. The Act in section 37 also repealed the Hospital Act Cap 135. However subsection 2 provided for the rules and regulations pursuant to the Act to remain in force until such time as new rules or regulations are made. At the time of this audit the commencement notice for the Act was not yet sighted.

5.5 The audit understands that there were procedural problems with the establishment of the Hospital Authority and alternatives such as the establishment of an Executive Agency could not be agreed upon.

Observation(s)

- 5.6 The Hospital Act is over 50 years old and most of the rules and regulations are outdated and inadequate, and I have not identified many amendments to the principal through the years. As a result it is almost impossible to comply with some sections. This has adversely affected the efficient management of the Hospital and by implication the Operating Theatre.
- 5.7 Management of the Hospital must comply with and be guided by the policies and procedures of the public service. Currently, there are no mechanism in place to properly communicate these policies and procedures to staff.
- 5.8 A number of policy documents intending to guide the internal operations of the Hospital exist. However, there were not formerly approved, adopted and communicated. One such policy document is entitled: Departmental Operational Policy-Operating Theatres, of which certain aspects are currently practiced.
- 5.9 The Grenada General Hospital (Fees) Rules Cap135 Subsidiary Section 4 spells out the rates of fees for the types of surgery. However, the fees presently charged are not in keeping with the regulation. The table hereunder compares the fees as stated in the Rules and the fees currently collected: -

<u>Type of Surgery</u>	<u>Fees stated in Rules</u>	<u>Fees collected</u>
Major	\$250.00	\$270.00
Intermediate	\$125.00	\$140.00
Minor	\$075.00	\$095.00

- 5.10 I was told that the increase was as a result of an internal policy arrangement as the stated fees were in existence for quite sometime now and was too low.
- 5.11 Statutory Rules and Orders (SRO) #43 of 2006, which was gazetted on 8 December 2006, makes provision for the change in 'Private Block' fees from \$40 to \$200 per day. However, \$100.00 was charged as 'Private Block' fees during the period under review and up to 12 March 2007.
- 5.12 Section 52 of the Grenada General Hospital Rules Part 1 provides the basis on which deposits are calculated. However, the practice is that a patient who opts for admission to the 'Private Block' makes a deposit of \$2000.00. There is no legislative provision for this deposit.

- 5.13 This Section also provides for a guarantee of payment. This form of guarantee is on the patient's payment card, which is kept by the Steward's office and is required to be signed by the Steward and the Guarantor.
- 5.14 The form of guarantee on the patients' payment card is rarely filled out and signed by either party. Hence, there is no proof of commitment by the patient and the recovery of fees owed could prove very difficult.
- 5.15 Section 53 of the GGHR provides for patients who fail to make the required deposit or produce a satisfactory guarantee according to Section 52 of the said Act to be transferred to a free ward.
- 5.16 Section 14 of the Hospitals Act does provide for the recovery of hospital charges with costs of suit in an action of debt
- 5.17 Section 8 of the Grenada General Hospital (Fees) Rules makes provision for government employees whose salaries do not exceed \$1000.00 per annum to be admitted free of charge on the following terms:
- 8 (a) To the general wards - Employees on monthly rate of pay not exceeding \$25, and Primary School Teachers other than Head and Assistant Teachers. This section is clearly out dated and needs to be reviewed.
- 5.18 According to Section 11 of the Hospitals Act, every person seeking admission to a hospital for treatment shall, except in the case of destitute persons and persons entitled to free treatment by virtue of any written law, either deposit with the steward of the hospital sums as prescribed, towards the hospital charges or such guarantee of payment as may appear satisfactory. Additionally, Section 6 of the Grenada General Hospital (Fees) Rules provides for an appeal to the Chief Medical Officer within 14 days of the date of discharge on the ground of inability to pay, against the amount charged for operation fees.
- 5.19 The present practice is that patients on the general wards do not pay hospital charges including theatre fees. I have not seen any provision in the Act to support this, except that X-ray examination shall be carried out free of charge, in respect of patients in the general wards.
- 5.20 Once a patient opts to go to the private ward they are charged for all tests, which they would have obtained free, had they gone to the general ward. This practice is logically flawed and allows for injustice.
- 5.21 Section 12 (1) of the Hospitals Act.Cap.135 provides for the payment of hospital charges for insured persons who are treated at the hospital, whether as an outpatient or an in-patient; and

5.22 Section 12 (2) clearly states that if an insured person receives free medical treatment at a hospital or is charged less than any amount ordinarily levied in respect of a private patient, the steward or a designated officer shall calculate in respect of such treatment the amount that would ordinarily be so levied and shall notify the insurer in writing of the amount after deduction of any sum paid to the hospital by the insured person or on his behalf.

5.23 Patients with insurance coverage are sometimes admitted on the general wards where they are not required to pay any hospital charges.

5.24 There is an admission/discharge summary' form which is also an 'authorization for medical and /or surgical treatment'. This form is filled in on admission. However, it was observed that this form does not provide for data with regard to health insurance.

5.25 In a draft policy seen, the following persons are exempted from theatre fees and other hospital charges. This is not in compliance with Section 8(1)) of the Grenada General Hospital (Fees) Rules.

- Head and Assistant Head Teachers
- Police Officers at the rank of Inspectors and up
 - Government pensioners
 - Governor General and Spouse
 - Lady Governor
 - Prime Minister
 - Permanent Secretaries
- Nominated and elected members of parliament
 - Chief Medical Officer
 - Director-Hospital Services
 - Director-Nursing Services
 - Director-Medical Services
 - Health Service Administrator
 - Staff Physicians
 - Nurse from level of Sisters

5.26 A Memo dated April 28,2006 from the Director of Hospital Services in relation to persons exempted from paying fees for services at the Private Ward at the General Hospital were seen. This list of persons appears to be in keeping with an exemption policy, which have been drafted but not yet implemented.

5.27 The current practice limits exemptions to services that include paying wards, laboratory, X-ray and surgical procedures, and exemption from fees is done after

an evaluation by a social worker. However I have not seen any regulatory framework for this practice.

- 5.28 I have not seen any regulation to provide for allowances or exemptions for the terminally ill or persons suffering from life threatening diseases, which are now emerging, although the law does provide for the admission into hospital of such persons.
- 5.29 Audit was informed that although amendment of the legislation was one of the strategies considered for implementation of the policy, this was not done.
- 5.30 According to Section 21 of the Hospitals Act it shall be lawful for the Minister to appoint a Board of Visitors whose duties as stated in section 22 shall be to visit and inspect the hospital at least once in each quarter of the year, to inquire into such matters as may be deemed to be concerned with the proper comfort of the patients, to inquire into the management of the hospital, and the general conduct and efficiency of the staff and to report with any recommendations, to the Minister. Such a Board of Visitors is not in existence presently.
- 5.31 Section 7(4) of the Grenada General Hospital (Fees) Rules CAP.135 Subsidiary provides for the anesthetic fees collected and deposited into the treasury to be paid, not later than the fifteenth day of every month, to the medical officer who administered the anesthetic.
- 5.32 This is not the present practice, as there are three (3) anesthetist employed by the institution, who are in receipt of a monthly salary, housing allowance, private practice allowance and a telephone allowance.
- 5.33 Section 7 (1) and (2) of the GGHFR provides for the payment of consultation fees direct to the respective specialist medical officer by the patient and all other fees to the Treasury.
- 5.34 Section 7(3) provides for each Surgeon Specialist to be paid such allowance in lieu of operation fees and maternity fees as the Minister may from time to time approve.
- 5.35 Presently the Surgeon Specialist is paid a Specialist allowance of \$7,200.00 per annum, in addition to a housing allowance of \$12,000.00 and telephone allowance of \$456.00 per annum. The doctor charges the patient for his /her surgery, which is separate from the theatre fees and other hospital charges paid by patients admitted to the private wards
- 5.36 Additionally, doctors in the employ of the General Hospital who also have private practice privileges are currently allowed to use the hospital facilities, equipment and support staff without a charge.

- 5.37 This will impact on the institutions' ability to deliver timely and quality services to patients.
- 5.38 To upkeep the systems cost money, and the Government has an obligation to provide health services, but in so doing can offset some of the cost.
- 5.39 I have not seen any authority or provision in law allowing doctors mentioned in paragraph 5.36, to use the hospital facility and other resources without charge. Additionally, there is no costing done for surgeries performed.
- 5.40 During interviews with Consultant Surgeons the audit was informed that there is an unwritten agreement between doctors and hospital management that they use the operating theatre facilities free of cost in compensation for low salaries and allowances paid to them.
- 5.41 The audit was also informed that this agreement was in response to a serious difficulty in recruiting sufficient local specialists into the profession, and a reliance on expatriate personnel.
- 5.42 There is no policy in place for the regulation of dual job holding i.e. medical professionals who are employed at the hospital and are also employed by other institutions.
- 5.43 With the allowance of dual job holding, the boundaries between the two roles can become blurred; and patients could be diverted from public facilities to private services when scheduling.
- 5.44 At present, medical personnel who do not use the private practice facility are paid an allowance of \$12,000.00 annually in lieu of this; while House Officers and Registrars are paid \$9,000.00 annually and are not allowed private practice.
- 5.45 There is a lack of regulatory framework for private practice privileges.
- 5.46 In 2004 Cabinet approved a policy framework for the regulation of private practice privileges. I was informed that these regulations are still in the development stage and have not been formalized; hence there is need for further dialogue.
- 5.47 The allowance of private practice can be a means of minimizing the budgetary burden required to retain skilled staff. Nevertheless, it can lead to improper use of public resources.
- 5.48 According to Section 47 of the GGHR, any patient who shall have cause for complaint shall refer to the Medical Superintendent now referred to as the Medical Director, or to the Surgeon Specialist and after such reference may, if necessary,

request to see the Chief Medical Officer whose duty it will be to investigate the complaint and deal with it as he may deem fit.

5.49 Although some complaints are referred to the Medical Director, a number of them are referred to the Director of Hospital Services and various other senior personnel.

5.50 Management claimed that lack of knowledge, and in some instances misinterpretation of the Act, Rules and Regulations, may have contributed to the widespread non-compliance.

5.51 They also claimed that the transition from the old to the new facilities would have necessitated some changes in rules and regulations. This was not done and so affected compliance.

5.52 The Hospital has been operating without a full time Medical Director for the past 25 years and had many changes in management. As a result, there is a lack of consistent direction in the institution. Additionally, the hospital on a whole is adversely affected by a lack of clear-cut policies and guidelines.

5.53 The rates quoted in the existing legislation: Section 8 of the Grenada General Hospital (Fees) Rules, appear to be inadequate, ineffective and is outdated.

5.54 There is a lack of coordination and communication between the Ward and the Steward's office, as patients are discharged without the knowledge of the Steward.

Recommendation(s)

5.55 There is an urgent need for legislative review, which should be done, in full consultation with all stakeholders to avoid the procedural problems, which prevented the establishment of the Statutory Body.

5.56 The Authority for the rates of Hospital fees is the Rules and Regulations, pursuant to the Hospital Act. Any changes to the rates must be made through amendments to the relevant Rule or Regulation.

5.57 There should be mechanisms in place to ensure that all policies and procedures are within the ambits of the law.

5.58 There should be periodic legislative review to ensure that the legal framework is in keeping with the changing health environment.

- 5.59 Mechanisms should be put in place to ensure that all persons have access to medical care when required and that those who can afford to pay should do so in an equitable manner.
- 5.60 Options for funding hospital services including surgeries should be considered. One such option is a National medical insurance.
- 5.61 Mechanism should be in place to ensure that all information related to the stay of patients at the Hospital facilities are captured and communicated to the relevant officers.
- 5.62 Procedures should be in place to ensure that all hospital fees that are payable are paid on a timely basis.
- 5.63 The form of guarantee on the patient's payment card should be filled out and signed by both parties as required.
- 5.64 The admission /discharge summary' form should be reviewed to include data pertaining to health insurance coverage.
- 5.65 The draft policy framework for the regulation of private practice privileges should be reviewed and finalized for implementation as soon as possible.
- 5.66 There should be a policy on dual job holding.
- 5.67 Procedures need to be put in place and random checks and reviews made for compliance.
- 5.68 There should be set criteria to be used in granting exemptions of fees.
- 5.69 Management and staff need to be more knowledgeable of the laws, which govern the operations.
- 5.70 Policies need to be well defined, documented and communicated to all staff.
- 5.71 All complaints and concerns should be channeled through the Medical Director and /or Surgeon Specialist as required by Law.
- 5.72 Complainants should be directed to the relevant person(s), body or authority when lodging complaints.

6.0 HUMAN RESOURCE PLANNING AND DEVELOPMENT

- 6.1 Human Resource Planning and Development involves the hiring and enhancement of personnel and, by extension, having the right number of people with the necessary skills, placed in appropriate positions and effectively managed. This can be achieved through the process of selecting, training, and allocating human resources and through a well-defined structural organisational composition.
- 6.2 In light of the above, personnel should be properly allocated to ensure that efficiency and effectiveness is not compromised. Hence, hiring must be done in a timely manner to avoid any structural and technical setbacks.
- 6.3 Both the Ministry and the Department of Human Resources recruit staff. The Ministry makes selection and submits names to the relevant authority for persons to be hired on contract.
- 6.4 The Human Resource Manager prepares contracts for 'Imanis'; (school leavers and other youths who receives on-the-job training through temporary attachments to Ministries, departments, schools etc,) and keeps files for all contracted workers under Hospital Services programme.
- Observation(s)**
- 6.5 The planned hiring of specialists in Endocrinology, Neurology, Cardiology and Endoscopy in 2006 was put on hold.
- 6.6 Human resource policies and good practices, which are designed to ensure that sufficient staff with the requisite skills and experience are recruited, hired and retained is not in place at the General hospital as a result the hospital is unable to attract and retain specialist staff
- 6.7 The Audit has not seen Human Resource (HR) policies and procedures for the Operating Theater. As a result there is no internal process for selecting, training and allocating staff.
- 6.8 There is regular transfer of skilled staff at the theatre to other areas in the Hospital.
- 6.9 Imani trainees are placed in the Operating Theatre. The audit was informed that this is done in an effort to improve the staffing situation in the theatre and give the Imani trainees the opportunity to learn new skills. However an added strain is placed on the Ward Sister who now has to do on the job training and carry out more intense supervision.

- 6.10 Additionally some senior staff has expressed concerns about the placing of the trainees to perform in technical areas where they do not have any training or experience.
- 6.11 It is also the opinion of senior personnel within the OT that only persons who are in the nursing profession for a number of years and have the knowledge, skills and experience should be placed in the technical areas.
- 6.12 During the audit it was evident that personality conflicts exist among personnel within the OT. This situation creates a flaw in communication and hinders the functioning of the OT.
- 6.13 The OT does not have an Assistant Surgeon. The Assistant would relieve some of the strain on the Surgeon Specialist, the surgery process can be quick, smooth and the team could be more efficient and effective.
- 6.14 For the past five years there was no evaluation and/or review of staff performance by management. As a result training needs were not identified and pertinent development programmes were not planned and implemented.
- 6.15 Senior personnel felt that the performance appraisal, which was done in previous years, was not appropriate to their work. And did not promote improved performance through incentives.
- 6.16 In addition subordinates felt that the appraisal would not be fair, as performance standards were not in place.

Recommendation(s)

- 6.17 The performance of OT personnel should be evaluated and reviewed.
- 6.18 Performance standards should be developed and adopted.
- 6.19 Training and development programmes should be implemented by management to address the needs of the OT personnel.
- 6.20 Incentives should be given for good performance.
- 6.21 Specialists should be recruited as soon as possible so as to enhance patient care and clinical services and render the Hospital/ Operating Theatre more efficient and effective.

- 6.22 Imanis should be assigned to tasks elsewhere in the institution that do not require specific knowledge, experience and confidentiality.
- 6.23 Staff with the requisite skill and experience should be assigned to the Theatre.
- 6.24 Specialized staff assigned to the theatre should not be rotated on a regular basis.
- 6.25 Training should be geared to the general development of personnel attached to the OT. Included in the training plan, should be work ethics.
- 6.26 Proper communication procedures should be established and adhered to.
- 6.27 There should be clear lines of responsibility together with established reporting procedures within the theatre.

7.0 REVENUE COLLECTION

- 7.1 Revenue from Operating Theatre (OT) fees is shown in the annual accounts of the Government over the past three years (2004 – 2006) as: \$18,203.00, \$16,835.00 and \$25,540.00 respectively.
- 7.2 Three categories of surgery are carried out at the OT Department namely:
- Major
 - Intermediate
 - Minor
- 7.3 The costs for the surgeries are \$270.00, \$140.00 and \$95.00 respectively.
- 7.4 For the respective years mentioned paragraph 7.1, 2046, 2107 and 2358 surgeries were performed. The following table gives a breakdown of the categories of surgery performed for the years, and a hypothetical view of the revenue, by category, if there were 50% exemptions for the years listed.

Year	Categories of surgeries						Total Revenue
	Minor	Revenue	Intermediate	Revenue	Major	Revenue	
2004	860	\$40,850	700	\$49,000	486	\$65,610	\$155,460.00
2005	865	\$41,087	700	\$49,000	542	\$73,170	\$163,257.00
2006	1016	\$48,260	698	\$48,860	644	\$86,940	\$184,060.00

- 7.5 The table shows the potential of the OT for revenue generation given the current rates of fees. In a hypothetical condition where only 50% of patients in each category pay for surgery the total revenue that would have been generated would be far greater than the actual collection stated in paragraph 7.1 above.
- 7.6 Patients are recommended for surgery at the OT, by doctors in their private practice or by clinical doctors. Patients who are recommended by doctors in their private practice are usually admitted to the private ward whilst patients recommended by clinical doctors are admitted to the General ward.
- 7.7 Presently only patients who are admitted on the Private ward pay theatre fees.
- 7.8 On admission to the private ward a patient has to make a down payment of \$2,000.00. The down payment is recorded as hospital fees in the cash book at the Steward office.
- 7.9 A charge-tracking sheet is in use for patients on that ward. All the different charges are itemized on the sheet and are deducted from the deposit made.
- 7.10 Persons who receive day cases surgeries are not admitted to any ward and are required to pay theatre fees.
- 7.11 A fee of \$95.00 is charged for day cases surgeries and this is recorded as theatre fees on the cash book at Stewards office.
- 7.12 The Law makes provision for exemptions for certain persons, but basically, a person's economic status is used as a criterion for exemptions. Other criteria used are: patients who are on social welfare, pensioners 60 years and over, and persons whose income is under \$1,000.00.

Observations

- 7.13 The following table shows the cases of surgery done for the three years.

Year	Private cases	Day cases	General cases
2004	55	347	1,644
2005	24	415	1,668
2006	79	475	1,804

I was unable to determine from the records available how much of the general cases were patients who had health insurance or were otherwise able to pay for the services received.

- 7.14 The presentation of the annual accounts shows the various fees collected at the hospitals, under separate revenue subheads. However the deposit of \$2,000.00 is recorded on the cash book at the Steward’s office as hospital fees, and is paid in to the Treasury as such. Theatre fee, which is included in the amount, is not classified.
- 7.15 Additionally a Charge-tracking Sheet is in use for patients on the private ward, the different charges, which are itemized on the sheet, is deducted from the deposit made and not recorded on the cash book.
- 7.16 The incorrect recording of revenue outlined in 7.14 and 7.15 contributes to inaccurate disclosures on the revenue subheads re fees collected at the hospitals.
- 7.17 Moneys collected for theatre fees from day cases did not reconcile with the amount of surgery done at the rate per surgery for the years shown. The chart hereunder and the accompanying table (figure 1) highlights the disparity.

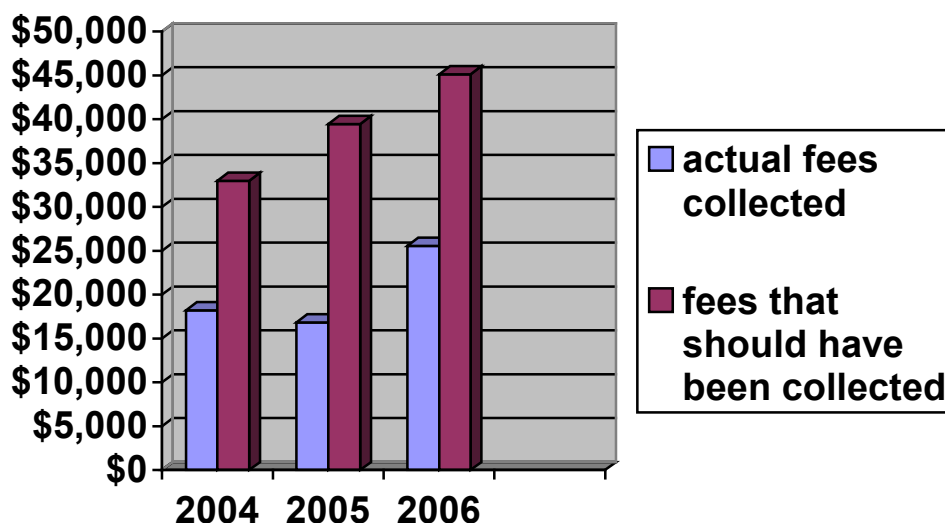


Figure 1.

Year	Day Cases surgery	Theatre fee collected for day cases (\$)	Theatre fee that should have been collected (\$)
2004	347	18,203	32,965
2005	415	16,835	39,425
2006	475	25,540	45,125

- 7.18 The audit was informed that patients were allowed to receive surgery with the intention to pay later but due to incorrect information they could not have been contacted and eventually did not pay. This was one possible reason for the disparity.
- 7.19 Another reason could be that not all day cases paid for surgery although they were not exempted from doing so.
- 7.20 Day cases patients are charged a standard operating theatre fee (\$95.00) irrespective of the surgery done (minor or intermediate).
- 7.21 Since the existence of the old hospital, day cases patients were charged a certain sum of money for surgery (\$75.00). The practice continued except that the fee moved to \$95.00.
- 7.22 The audit was unable to determine whether all monies collected were accounted for, because the internal controls over the collection of fees were inadequate.
- 7.23 The regulations governing the rates of fees for the different category of surgery is not adhered to.
- 7.24 The existing fee structure is outdated, and unsuited to the new hospital environment.
- 7.25 One effect of the outdated fee structure and rates is that changes were implemented without following proper procedures as a result the changes have no legal effect.
- 7.26 Money collected from day cases as theatre fee at times is recorded as lab fee in the cash book at steward's office.
- 7.27 This is of a result of negligence on the part of the bookkeeper.
- 7.28 Also the cash book was not properly ruled up at the time, in that, no column for theatre fee was available.
- 7.29 As a result theatre fee was understated and lab fee overstated.
- 7.30 There is no mechanism in place to collect money for neither surgery nor hospital fees from persons who receive the services of the hospital/theatre on public holidays, weekends and from 4pm to 8am on working days.

Recommendation(s)

- 7.31 Patients must be made to pay the correct fee for surgery received.
- 7.32 Doctors should indicate to the patient and the Steward office the type of surgery that he intends to perform.
- 7.33 A sheet with the fees should be placed in a conspicuous place to allow patients to be informed.
- 7.34 Bookkeeper must record the correct fee on the receipt book and should enter in the correct column in the cash book.
- 7.35 The cash book must have a column for theatre fee.
- 7.36 The cashier must ensure that the respective fees are classified correctly in the cash book.
- 7.37 Systems must be put in place to allow for the collection of money on public holidays, weekends and from 4pm to 8am on working days,
- 7.38 Once a patient is admitted for surgery at the private ward, theatre fee should be deducted from the deposit, recorded in the cash book and paid in separately.
- 7.39 Proper measures/mechanisms must be put in place and adhered to, to ensure that the approved fees are collected from all patients who are required to pay for their surgeries. This should include a guarantee of payment for patients who are unable to pay before the surgery is performed.
- 7.40 Clear criteria should be set for exemption from payment of fees and each application for exemption should be carefully reviewed. The list of persons exempted should be assessable to the cashier, the matron in charge of the operating theatre and the billing clerk.
- 7.41 All patients who do not meet the requirement for exemption should be charged a fee for services received in the OT department.

8.0 PERFORMANCE REPORTING

- 8.1 Performance Reporting is giving written or verbal account to management and getting management feedback regarding the functioning of the Operating Theatre. The reports allow management of the hospital to monitor how well the Theatre is meeting its objectives and targets. They also provide feedback that enables management to refine existing procedures to increase efficiency.

8.2 There should be a reporting structure in place so that potential problems would be communicated and timely corrective action taken. The report produced should: satisfy the accountability framework; be submitted on a timely basis; be dated, signed and properly utilized and filed.

8.3 There is an organization chart, which shows the accountability relationship/framework for the OT. The chart comprises of:

- The Hospital Management Team, which comprises of the Director of Hospital Services, the Medical Director, the Director of Nursing Services and the Finance Director. At the time of the audit there was no Finance Director
- The Head of Department (Medical Consultant) who is a Consultant Surgeon and reports to the Medical Director.
- The Departmental Sister who is responsible for developing the plans for the department, for overall operational supervision, and reports to the Head of the Department.
- The Ward Sister who manages the day-to-day operations of the OT, and reports to the Departmental Sister.
- Staff Nurses assist with directing and supervising the activities of the Ward and are accountable to Ward Sister.
- Orderlies who participate in the daily care of patients and are accountable to the Ward Sister.
- Nursing Assistant who functions as an integral part of the nursing team, providing direct nursing care to all patients in accordance with hospital policy and procedure. She works under supervision at all times and is accountable to the Ward Sister.
- Ward Maid is accountable to her immediate supervisor for matters of employment but to the Ward Sister/Departmental Sister for the quality of the work performed in her daily duties when on the ward.

8.4 An Operating Theatre and a Recovery Room register are maintained to record the details of every patient that passes through both the theatre and the recovery room. These registers act as the two main sources of data.

8.5 The Departmental Sister reports daily and monthly to the Director of Nursing Services both verbally and written. The daily written report is via a notebook and

relates to what went on during the shift on wards. The monthly relates to activities at the theatre.

8.6 The Ward Sister for the Theatre normally produces the Operating Theatre monthly report. It gives an overview of what took place and captures statistics in relation to the number and types of surgeries done and the surgeons who performed them for the month.

8.7 The report is forwarded to the Director of Nursing Services through the Departmental Sister and a copy remains in the OT.

8.8 The Director of Hospital Services prepares half yearly and yearly reports.

Observation(s)

8.9 Audit has not seen any reports from the Head of Department (HOD).

8.10 If reports are not prepared, timely information may not be provided to enable corrective measures and informed decisions.

8.11 For the period under review the Medical Director prepared no medical reports.

8.12 The post of Chief medical Officer (CMO) was vacant and this disrupted the Reporting framework. As a result, information which would have enhanced the decision making process was not provided.

8.13 Not all OT monthly reports are addressed to the Director of Nursing Services (DNS).

8.14 The DNS does not stamp nor affix the date when reports are received as such I was unable to determine whether they were submitted on time.

8.15 There is no deadline for submitting the OT monthly reports.

8.16 The DNS is not in the habit of indicating the date report was received. This should be done so that the timeliness of reports could be determined

8.17 Report may be rendered irrelevant once submitted very late, especially if there was information in it that needed urgent attention.

8.18 There is no proper filing system in place. At the time of the audit:-

- Reports were filed in one folder e.g. ward and OT reports for the year.
 - They were loose in the file.
 - They were not numbered.

- The reports were not properly secured they were place on shelves in the DNS Office.
- 8.19 The facility to store files is not adequate. There are not enough filing cabinets for storage.
- 8.20 As a result of the inadequate filing system it can be very time consuming to locate document in the folder.
- 8.21 The DNS neither her secretary was able to locate the Operating Theatre original monthly reports for the year 2006.
- 8.22 Data in The Operating Theatre register is incomplete in that the duration of the surgery is not recorded.
- 8.23 Similarly the Recovery Room register does not record the time patient enter and leave the room. The recording of patients stay in each room can assist management in scheduling the use of the theatre.
- 8.24 The Theatre Committee meets every 2-3 months to discuss operation. However, although notes of the discussions are taken, minutes are not prepared.
- 8.25 As a result it is difficult to follow up or implement decisions taken.
- 8.26 The OT is not equipped with a computer. The Ward Sister does the recording of information manually. The advantages of computerization would be:
- That Information would be backed up, stored outside of the hospital compound for safety and be easily retrievable.
 - The Theatre would have both manual and computerised information to rely upon.
 - Reports would be generated timely and information would be readily available.
- 8.27 The General Hospital Services Half Yearly Report 1 January – June 2006 has no information on the amount and category(s) of surgery that was done for the period.
- 8.28 The half yearly report is not complete as very important information is excluded from it.

Recommendation(s)

- 8.29 The reporting process should be formalized and adhered to.
- 8.30 All reports should be stamped or the date affixed to it when received.
- 8.31 All reports should be addressed to the intended recipient.
- 8.32 There should be deadline for submitting reports.
- 8.33 The General Hospital Services Half Yearly Report should include all relevant information concerning the Theatre so that the user of the report would be thoroughly informed.
- 8.34 Management should develop and follow proper filling procedures and this should be implemented as soon as possible.
- 8.35 All reports should be properly secured.
- 8.36 The Operating Theatre and Recovery Room Register should be designed to accommodate the duration of patients stay.
- 8.37 Minutes should be taken of all committee meetings and be circulated in time for next meeting.
- 8.38 All minutes should be properly filed, secured and easily retrievable.
- 8.39 The Operating Theatre should be equipped with a computer so that it can function more efficiently and effectively.

9.0 PATIENTS/STAKEHOLDERS COMPLAINTS

- 9.1 It is important that the involvement and input of patients and stakeholders be obtained as their participation can be used to improve user satisfaction, which is defined as a personal emotional reaction to a service or program. It consists of the clients' satisfaction or dissatisfaction with a particular service or their overall satisfaction or dissatisfaction with the organization based on encounters and experiences with it. The collective experiences of many persons create an organization's reputation for service quality.
- 9.2 Evaluation of user satisfaction aims to discover what people think and feel about a service or program, to assess the perceived quality of use. Knowing what your users expect from and really think of the service or program is a foundation for

whatever approach to performance management you take; as a critical judge of the impact of the service or program is the user.

- 9.3 According to Section 47 of the GGHR, any patient who shall have cause for complaint shall refer to the Medical Superintendent now referred to as the Medical Director, or to the Surgeon Specialist and after such reference may, if necessary, request to see the Chief Medical Officer whose duty it will be to investigate the complaint and deal with it as he may deem fit.
- 9.4 Complaints relating to food shall be first referred to the Matron or the Steward as stated in Section 69.
- 9.5 In the case of Hospital Services-General Hospital, a Complaints Policy was drafted in anticipation of the institution becoming an Executive agency. The document includes a Policy Statement, which in part addressed the objectives of the policy. The document also includes the principles governing the policy that provided guidelines for the complaints procedure.
- 9.6 In an effort to maintain a smooth and fully functioning OT and to ensure the staff has the means to vent their feelings, express their ideas and to make positive contributions towards the running of the department, theatre meetings are held monthly and where the need arises a meeting can be scheduled for urgent matters.
- 9.7 There is a Liaison Officer who is on a one-year contract. Part of her duties is to develop a daily or regular hospital visit system to establish relationship with staff and client (patients) and also to respond to requests and complaints from clients and staff regarding inter-organization problems. Nevertheless, not all complaints are addressed to the Liaison Officer. Some are addressed to division heads, and other senior personnel of Hospital Services and Administration without the knowledge of the Liaison Officer.

Observation(s)

- 9.8 Patients as well as staff of the Hospital are not informed or aware of the regulations regarding complaints. As a result they lodge complaints with whom ever they are comfortable and invariably the complaints are not satisfactorily addressed.
- 9.9 At the time of the audit a complaints policy was not in place at the Hospital; as a result Complaints, views and concerns are not systematically addressed and dealt with effectively and efficiently.
- 9.10 Staff is not trained to deal with complaints from patients and other stakeholders

- 9.11 Patients and other stakeholders are not provided with information on how to make a complaint if they are unhappy with the treatment or services provided by the OT.
- 9.12 There appears to be a level of uncertainty about the future of the hospitals in terms of administrative structure. This has contributed to the lack of adoption and implementation of policies and procedures.
- 9.13 The management of the Hospital does not conduct surveys to obtain data re client satisfaction. As a result it is not assessed and management is unable to take informed action to correct shortcomings.

Recommendation(s)

- 9.15 A complaints policy to guide procedures for complaints should be formulated, adopted, implemented and monitored. The policy should also guide the process for training staff to deal with complaints when they receive them or are confronted.
- 9.16 Policies should be in accordance with the Law.
- 9.17 The laws and regulations should be reformed so that they would not be a hindrance to good, modern administrative practices.
- 9.18 Structures must be in place to ensure that other staff does not duplicate the work of the Liaison Officer.
- 9.19 Management should plan and conduct surveys, which are designed to enable them to assess client satisfaction and take timely corrective action when and where necessary.

10.0 CONCLUSION

- 10.1 The Operating Theatre is a very critical and important department of the General Hospital and The Ministry of Health.
- 10.2 In 2006, two thousands three hundred and fifty eight (2,358) surgeries were performed and only \$25,540.00 was collected. However there was a possibility of collecting over \$180,000.00 even if exemption was taken into consideration.

10.3 During the audit process a number of areas were identified which need improvement in order to correct or prevent inefficiencies and allow for economy and effectiveness. They are as follows:

- There were areas (e.g. rates of fees for surgery, the basis on which deposits are calculated for Private Block, patients with insurance coverage, recovery of hospital charges, complaints from stakeholders and clients) of non-compliance with the Law/Regulation. However, there is the need to review and update the Law/Regulation and develop, adopt and implement policies and procedures to meet the needs of providers and clients.
- Collection of data and communication of information needed to enhance management decision making.
- Structures are not in place to assess staff performance, to reward performers and to plan and implement staff development and training when needed.
- The line of reporting is not totally adhered to as not all officers do written reports to their supervisors. In the case of the monthly OT report they are not always addressed to the Director of Nursing Services. Additionally they are not stamped and dated when received and no deadline is given for their submission.
- Revenue received, as theatre fees were sometimes included in Hospital fees. As a result monies collected for theatre fee from day cases could not be reconciled with the amount of surgery done times the rate of surgery.
- There is no mechanism in place to allow for the collection of money on public holidays, weekends and from 4pm to 8am on working days.
- Clear criteria are not set to determine who should be exempted from paying hospital fees.
- Imani trainees should not be placed in the OT to perform in technical areas where they do not have knowledge and experience; and where a high degree of confidentiality is required.
- The number of Registered Nurses assigned to the Operating Theatre is inadequate.
- Patients admitted to the “general/public ward” are not charged any hospital fees.

- Doctors use the facilities and supplies of the OT free of charge to perform surgery on private paying patients.
- The Complaint Policy is still in the draft stage and complaints are not documented and dealt with in accordance with the law. Therefore stakeholders' satisfaction could not be fully assessed.

APPENDIX

AUDIT CRITERIA

Regulations/Laws and Policies

Management should ensure that mechanisms in place are effective for the recovery of hospital charges.

Management should ensure that the Minister according to the law authorizes allowances paid to the Surgeon Specialist.

Management should ensure that the “Admission and Discharge Register” is complete and adequate.

Management should ensure that the weekly schedule of operation is centralized and is complete, relevant and adequate to be used as a management tool.

Human Resource Planning and Development

The Operating Theatre should have sufficiently trained staff so it can function efficiently.

There should be sufficiently trained staff and specialist to render efficient and effective patient care and clinical services.

Mechanism should be in place to ensure that recruits for the Operating Theatre would enhance its' performance.

There should be mechanism in place to ensure that there is proper communication within the Operating Theatre.

Revenue Collection

Mechanism should be in place to distinguish fees collected and to efficiently and effectively address theatre fees in arrears:

- All fees collected should be distinguishable.
- Theatre fees in arrears should be monitored.
- Theatre fees should be paid in as is and not inclusive of hospital.
- Deadline should be given to patients to make good the sums in arrears.

Controls should be in place to ensure that all day cases pay for surgery received except for those who are exempted from such fee by the relevant authority.

- Outpatient should present some form of identification to the Operating Theatre to show that they paid for surgery or are exempted from it.
- Person exempted from theatre fee should be qualified for such exemption and such exemption should be noted/recorded in a book for such a purpose.

Performance Reporting

There should be mechanism in place to verify information in the report for accuracy, reliability and completeness.

There should be a standard format or procedure for reporting and also a stipulated time/date for the submission of reports.

The “date received” should be stamped or written on reports.

All reports should be timely, properly filed, utilized and easily retrievable.

Minutes should be kept of meetings of the Operating Theatre Committee.

Patients/Stakeholders Complaints

Mechanism should be in place to address patients’/stakeholders complaint and concern efficiently and effectively.