



TOBAGO REGIONAL HEALTH AUTHORITY

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January 10th, 2023

Mrs. Denese Toby-Quashie

Administrator

Division of Health, Wellness and Social Protection

#5 Montessori Drive

Glen Road

Scarborough

Tobago.

Dear Mrs. Toby-Quashie,

Proposed TRHA Submission to Public Accounts and Appropriations Committee

3. ISSUES, OBSERVATIONS AND RECOMMENDATIONS OF THE PAAC, AND THE RESPONSES OF THE TRHA

1. Absence of a Strategic Plan

Without a coherent strategy, the TRHA lacks the focus needed to achieve goals and develop plans to move the TRHA forward. A lack of objectives means that the Authority does not have a clear vision for the future. Ensuring that the Strategic Plan is promptly drafted then approved without delay remains an elusive goal. The Strategic Plan of the TRHA was in draft during the period 2014-2019. In June 2019, the Board commissioned a new plan while the 2014-2019 plan remained in effect. A new Board was appointed in January 2022. However, the drafting of a Strategic Plan was delayed until the following key positions were filled:

- General Manager of Operations; and
- General Manager - Human Resource.

The Committee questioned whether the fulfilment or achievements of the previous Strategic Plan's objectives were reviewed. The Chief Administrator indicated that in 2020 a review of the old strategic plan took place and was tweaked to include improvements in the new strategic plan going forward.

Recommendations:

- *The TRHA should provide an update to Parliament by December 31, 2022 on the following:*
 - i. *The development of a new strategic plan;*

TRHA'S RESPONSE:

The last Strategic Plan was for the years 2014 to 2019. The development of a Strategic Plan started under the last Board of Directors, however the process was suspended when that Board left office in December 2021. The TRHA has been without a Board of Directors since, however, it is anticipated that a new Board would be appointed in 2023, and work on the Strategic plan would recommence.

The Regional Health Authority Act Chapter 29:05 states under Procedures of the Authority

"12. An Authority shall, as soon as possible after the start of each financial year hold a meeting of the Board open to the public at which will be presented and discussed: (a) a review of the Authority's performance in the preceding year; and (b) its plans, goals and targets for the current year."

These plans and goals were thought to be critical to forming the Strategic Direction and Strategic Plan for the TRHA. The Executive Council approved and submitted names for the proposed TRHA Board. The appointment of the Board to further the strategic direction and Strategic Plan is anticipated in 2023.

- ii. *The filling of the vacant positions of the General Manager of Operations and General Manager – Human Resource;*

THE TRHA'S RESPONSE:

The TRHA was successful in recruiting a General Manager Operations who assumed duties on 23 December 2021. A General Manager Human Resource was also recruited with effect from 03 January 2022 however, the incumbent demitted office with effect from 01 July 2022. The Authority has initiated recruitment to fill the position of General Manager Human Resource. As a temporary measure the Authority appointed an Acting General Manager Human Resource.

- iii. *The development and implementation of a process map to track the progress, implementation and achievements of its strategic objectives.*

THE TRHA'S RESPONSE

This would be completed when the Strategic Plan is finalised.

2. Staffing Challenges

Capacity building has typically been defined as the development and strengthening of human and institutional resources. Generally, human resources refers to the skilled and competent individuals who make up the workforce of an organisation. In its written submission, the Authority stated the following challenges regarding staffing:

- Difficulty in attracting and retaining certain categories of staff in Tobago which results in staff shortages in key areas of the operation; and
- Availability of trained and qualified personnel in Tobago to maintain the equipment.

To resolve these challenges the following steps were taken:

- i. Attempts were made to fill several of the key vacancies;
- ii. The TRHA advertised regionally and internationally to fill clinical positions;
- iii. Utilization of sessional staff to fill gaps against full time staff where there was a dearth of available skills in Tobago;
- iv. Entered into maintenance service agreements because of an improvement in financial allocation; and
- v. Creation of a draft strategic plan for the period 2020-2022. The last strategic plan done by the Authority was for the years 2014 to 2019.

Observation:

- *The Committee recognizes the steps taken to resolve its staffing challenges.*

Recommendations:

- The TRHA should submit a status update to Parliament by December 31, 2022 to evaluate the success of the steps taken to resolve the challenges;

THE TRHA'S RESPONSE:

The recruitment of 2 Radiographers, 2 Ultrasonographers and 2 locum Ultrasonographers which has resulted in an increase number of patients' scans being completed per day, clearing a considerable amount of the backlogs that resulted from the COVID-19 interruptions, and scans being completed at another location (i.e. Roxborough Hospital).

- The TRHA should review trends in staff turnover and devise a plan to mitigate the shortage of personnel over the next six (6) months;

THE TRHA'S RESPONSE:

The trends in staff turnover for the last five years has been relatively low (i.e. 0.04%), as such the staffing issues were due mainly to the challenges of attracting suitable personnel to Tobago as the Medical Imaging Department operated at staffing level of 70%-75% for a number of years. Additionally, the staffing issues were compounded by the growth in demand for the various services provided by the Medical Imaging Department.

To mitigate the shortage of personnel over the next six (6) months the TRHA proposes to:

- a. Engage in capacity building, by facilitating private training for general trained Radiographers and in-house cross training. Radiographers were accommodated financially and granted flexible time to complete CT Scan practicum (certification) in Trinidad. This provided continuity of quality care for this 24-hr emergency service, improve efficiency and effectiveness, decreased risk for patients, and staff burn-out. The result was Four (4) General Radiographers' development were facilitated in (2021-2022): Two (2) were Cross-trained and two (2) achieved certification. *Certification is encouraged for Accreditation readiness*.*
- b. Extend staff hours of work for General Radiographers from on-call to resident, to respond to 24-hour Emergency services in a timely manner on Monday to Friday as the demand for this service increased and call-out was much more frequent. This improved the quality of service delivered and reduced staff burn-out. Weekends remain on-call because of limited staff.*
- c. Recruit sessional and Locum staff for ultrasound and also CT scan (during periods of critical shortage). This was deemed necessary to ensure that waiting time was not unreasonable. Radiologists also assist with emergency cases when present (including during on-call coverage). Radiologists also assist with challenging cases when present.*
- d. Initiate another round of advertisements and received applications for Radiographer (CT trained), Radiographer*

(basic trained) and Ultrasonographers. The recruitment process is due to be completed by 31 March 2023.

- e. Seek approval to permit Ultrasonographers to do final sign off on studies they have completed. This is due to the shortage of Radiologists and to ensure that there were minimal delays producing results.*
 - f. Implement remote service with flexible hours for areas of limited staff, such as Radiologist and PACS Administration. Some reporting is done remotely (i.e. teleradiology) as the use of the PACS is optimised. The function of PACS Administration is also monitored/conducted remotely at times.*
 - g. Seek to engage the services of a locum Radiologist on a temporary 6 months contract pending approval of the revised structure.*
- The TRHA should provide long term strategies to improve staff retention; and

THE TRHA'S RESPONSE:

- a. Develop an updated structure of the Medical Imaging Department based on information obtained from benchmarking with the other RHAs and a review of the current demands for the various services. The proposed revised structure has levels in each of the disciplines (Radiography, Ultrasonography, MIR and PACS) so as to create a career path. This will provide for greater motivation and improve staff retention. Additionally, the number of Radiologists required was also revised from 1 SMO Radiology to 3 and from 1 Registrar to 2. This would reduce waiting time for Specialist Procedures and Radiological Reporting.**
- b. Increase training and development efforts, such as cross training as well as investing in certification programmes for suitable staff to build capacity to provide a more effective and efficient service and reduce risk. This investment could be in the form of paid time off for staff to attend training or rotation sessions, sponsorship of specialised training or on-the-job cross training rotation. Staff would be bonded where there is financial involvement.**
- c. The shortage can be mitigated by employing LOCUM/Sessional staff by advertising and creating a pool for the modalities which are identified as critical or in short supply. Creating overtime coverage for staff who have been already assigned to both hospital facilities**

to provide coverage for up to sixteen (16) hours daily (OSHA maximum).

d. Creating flexible hours of work to create a balance.

e. Defer leave for areas/services that are inadequately staff.

- The TRHA should develop a succession plan and provide a copy to Parliament by December 31, 2022.

THE TRHA'S RESPONSE:

Successional planning for coverage as Manager:

This training began in 2021, however was affected by the COVID-19 pandemic where social distance was an issue as well as inadequate coverage of staff for certain modalities.

- a. Persons for successional training were identified based on qualification and experience.*
- b. The training of the various staff will be determined also by availability of the staff (consideration given for leave application).*
- c. Three (3) senior staff members were identified as suitable candidates for mentoring as it relates to the management of the department.*

Providing training for more than one senior staff will decrease interruption and create a smoother transition if one has to be absent.

- d. This exposure will continue for a longer period over the next cycle (approx. one (1) quarter starting January 2023. It is expected that there will be adequate coverage available (no COVID-19 peak) to allow greater flexibility to conduct mentoring of senior staff.*

During this period, there will also be succession planning for the lower level of staff for the modality. For example, during the mentoring of the Senior Radiographer as Manager, a suitable subordinate will be mentored in the senior Radiographer's position.

For each modality, potential successors were selected based on qualifications, experience and performance. The three areas are Picture Archiving and Communication System (PACS); Radiography and Ultrasonography.

PACS: 2nd PACS Administrator required. Identification of suitable program - Michener Institute (Canada) approached, however there is a current freeze on international students through 2023. Next cycle

begins January 2024. In the process of seeking alternative options, however, most institutions within the US require US Board Certification.

Radiography: 2 candidates identified. Administrative training being rolled out. Technical - cross training required in CT for 1 of the 2 staff identified in order to ensure coverage for 24-hour service (2nd candidate already trained in CT). This cross-training will be internal and completed within 6 months beginning in February 2023.

Ultrasonography: 1 candidate identified. Administrative training being rolled out. Increased exposure in the various modules scheduled over the next 2 years.

Succession planning permits work and competency continuity. However, this is limited in a contract environment where appointment is based upon successfully winning a position via interview.

3. Internal Audit Unit

The TRHA limited staffing capacity within its Internal Audit Unit.

Currently the TRHA's Internal Audit Unit comprises of three (3) employees:

- **One (1) Internal Auditor;**
- **One (1) Audit Officer; and**
- **One (1) Internal Audit Assistant.**

In the written response received the TRHA stated that the Internal Audit Unit has three (3) vacant posts for two (2) Audit Managers and one (1) Audit Officer. It was stated that efforts were made in the past to recruit Audit Managers on two (2) occasions but were unable to attract candidates. The Committee learnt that the last time staff was recruited for the Internal Audit Unit was August 2, 2013. The TRHA explained that the absence of Audit Managers resulted in:

- number of audits not started;
- financial statements outstanding; and
- Increase workload for the Internal Auditor such as audit planning, reporting and follow-up activities which should be conducted by the Audit Managers.

The TRHA stated that the position was a professional one, which required candidates to be qualified with a professional designation of ACCA, CIA, CPA or CGA, and with at least five years of experience in Internal or External Audit post completion of being certified having experience in planning of audits, audit reports and assessing risk. The last salary range used for the position was on range 59, plus travelling and cola which is not attractive for such professionals.

Observation:

- The Committee notes the challenges faced in the recruitment of audit professionals for the TRHA's Internal Audit Unit.

Recommendation:

- The TRHA should identify the steps to be taken for the recruitment of an Audit Manager and submit to Parliament by December 31, 2022.

THE TRHA'S RESPONSE:

The steps to be taken by the TRHA to ensure the recruitment of an Audit Manager for the Internal Audit Department.

- 1) **The TRHA obtained from the Eastern Regional Health Authority details of their Internal Audit department's structure, job specifications and compensation.**

- 2) **Approval to be sought from the Secretary for Health, Wellness and Social Protection and the Executive Council, for the compensation of the Audit staff at the TRHA to be compensated in line with the other Regional Health Authorities in Trinidad.**
- 3) **The TRHA to re-advertise for all Audit vacancies.**

4. Unaudited Financial Statements

The timely submission of Audited Financial Statements to Parliament is pivotal in ensuring the proper oversight of public funds.

In a written response dated April 27, 2021, the Auditor General (AG) stated that the last financial statements for the TRHA was audited in 2013. During the period March 2019 to June 2019, the Department attempted to audit the financial statements for the financial years 2013-2015, however the audit was aborted due to the following limitations:

- i. Lead schedules were not provided for audit;
- ii. Since the schedules were not provided the AGD was unable to “attest” to balances in the financial statements;
- iii. Senior management personnel including key accounting personnel were sent on administrative leave therefore pertinent information and explanations were unavailable;
- iv. The Internal Auditor was assigned as the liaison person which was not appropriate since an officer in the position should not be involved in work of an accounting nature; and
- v. The Internal Auditor tried to assist with the accounting work but coupled with normal duties, the many issues were not addressed.

As a result of the above limitations the AGD was only able to perform its auditing duties on the 2013 financial statements. As at April 2021, the review in respect of the 2013 financial statements was close to completion and a report would be issued with the appropriate conclusions. Additionally, the AGD was awaiting confirmation for a date in the month of May 2021 for the start of the audit for the financial years 2014-2018.

Updated information received from the AGD dated March 9, 2022, indicated that the fieldwork on the financial statements of the TRHA for the financial year 2014 was completed in January 2022 and was in the quality review stage. The AGD explained that the audits of the 2014-2018 financial statements were further delayed as a result of the restrictions of the Public Health Regulations implemented as a result of the COVID-19 pandemic.

Recommendations:

- The AGD should submit a status update on the completion of the audit of the financial statements for fiscal 2014-2021 to the Parliament by December 31, 2022; and
- The TRHA should submit a report to the Parliament on the initiatives undertaken to address the weaknesses in the financial reporting system by December 31, 2022.

THE TRHA'S RESPONSE:

- Since the completion of the 2013 audit, the TRHA has undertaken to fill the various vacant positions to allow for succession planning to take place. In 2021, both a Management Accountant and a Financial Accountant were recruited. Presently, the Management Accountant has been appointed to act as the Finance Manager. The recruitment process is ongoing for other senior positions. Once appointed, these Officers will all have the responsibility of providing support for the audit process. Additionally, the Senior Officers are included in the decision-making process so that in the absence of Management they can fill the void.
- International Standards on Auditing allows that when executing an audit, the External Auditor can rely on the work of the Internal Auditor. Given the climate of the organization at the time of the audit, the Internal Auditor was assigned as the Liaison Officer, with this standard in mind. The TRHA in no way intended for the Internal Auditor to be involved in work of an accounting nature; nor does she undertake such.
- Audit queries that arose in the 2013 Management Letter were responded to by the organization.
- The organization is still awaiting the Management Letter for the 2014 audit.
- The TRHA is prepared for the audits for 2015 – 2020. A request was made to the Auditor General to have two (2) audits conducted per year, however, the AGD indicated that their capacity is limited and they may not be able to facilitate the request.

5. Arrears owed to National Helicopter Services Limited (NHSL)

At the public hearing held on February 9, 2022 the TRHA indicated that patients were transferred to Trinidad via helicopter to access services such as Cath Lab Services. The Committee questioned the cost incurred to utilise helicopter services. Officials stated that the TRHA incurs a cost of \$115,000 per transfer as the cost is incurred at \$60,750 per hour with each transfer on average taking 1-2 hours. On average ten (10) patients are transferred to Trinidad via helicopter per month, however this fluctuated as a result of the COVID-19 pandemic. Officials further indicated that the sum per year for helicopter services was approximately \$13.5 million and as at January 2022, the total sum owed was around \$27,000,000. After discussions with the Ministry of Finance a payment plan was devised to settle this liability.

The Committee queried whether the TRHA considered providing this service itself, officials stated that consideration for the provision of the service was ongoing

Subsequent information dated February 22, 2022 provided by the NHSL specified that as at February 1, 2022 the sum owed by the TRHA was \$28,303,551.58 for the period May 2019 to February 1, 2022. NHSL stated that the last payment was received on October 21, 2021 in the amount of \$3,943,210.94.

Observation:

- The Committee notes the sum allocated to the TRHA for the payment of overdue debts to the National Helicopter Services (\$27.8 million) in the 2021 Mid-Year Review.

Recommendations:

- The TRHA in collaboration with the Ministry of Finance should provide a status update on the payments of the sum owed to NHSL to Parliament by December 31, 2022;
- The TRHA should provide an update to Parliament by December 31, 2022 on the plans to make services that are not available in Tobago to its residents by December 31, 2022; and
- In the interim, the TRHA should provide an update to Parliament by December 31, 2022 on the plans to reduce the use of the helicopter services and its corresponding cost.

THE TRHA's RESPONSE:

The TRHA is pleased to report that Supplemental Releases in the sum of \$60,000,000, was granted to the organization in August of 2022. The National Helicopter was allocated \$27,830,840 of this sum to clear the outstanding debt.

As at the 31st December 2022, the TRHA owes the National Helicopter Services - \$666,351.56. This amount represents one month's bill, for November 2022. It should be noted that this essentially means that the account is now up to date, as a thirty-day credit period is extended to the TRHA to settle the outstanding invoices on this account. This invoice was paid in full on the 3rd January 2023.

The invoice for December 2022 has not yet been received.

Note further, that the total sums paid to National Helicopter Services for the 2021/ 2022 and 2022/ 2023 Financial Years, were as follows:

- FY 2021/2022 - \$35,185,543.77
- FY 2022/2023 - \$1,930,710.95

It should be further noted that there has been a reduction in the trauma cases requiring orthopaedic surgery from 2020 as a result of COVID-19 infection and also in 2022. In 2022 there was the recruitment of a registrar in Orthopaedics and as result the TRHA had orthopaedic services available 24 hours a day seven days a week for the first time. The result of this was more emergency orthopaedic services being done in Tobago and a reduction in the need for transfers.

The improvement of neonatal services with the recruitment of a part-time Neonatologist and the acquisition of additional neonatal equipment assisted in the reduction of transfers for neonatal care. In addition, the increase in the quality of Obstetric care resulted in a reduction in the number of premature births requiring NICU care and as result a reduction in the need for transfer to Trinidad.

These measures have resulted in a 52.8% reduction in the cost of helicopter transfers, over a three year period. Transfers via helicopter moved from an annual cost of \$13,518,900.02 in the Financial Year 2020 to \$6,378,750.88 in 2022.

Services such as Cath Lab services are noted that are accessed in Trinidad.

MRI is presently unavailable as unit is non-functional.

Bone densitometry is unavailable. It is not feasible or cost effective to repair unit. This service is underutilized. Statistics for patients requiring this service from 2014 to 2021:

BONE DENSITOMETRY YEARLY EXAMINATION FOR THE PERIOD 2014-2021

<i>SERVICE</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
<i>Bone Mineral Density</i>	<i>39</i>	<i>49</i>	<i>54</i>	<i>48</i>	<i>31</i>	<i>0</i>	<i>3</i>	<i>NON-FUNCTIONAL</i>

- The TRHA should provide an update to Parliament by December 31, 2022 on the plans to make services that are not available in Tobago to its residents by December 31, 2022.

THE TRHA'S RESPONSE:

Due to the size of the Hospital and the population size there would be extreme difficulty to make all medical services available in Tobago. The Scarborough General Hospital actually provides all the secondary care services that Tobago needs and some additional tertiary and sub-specialist services.

These secondary services include the following clinical services:

General Medicine

General Surgery

Orthopaedics

Obstetrics and Gynaecology

Paediatrics

Anaesthetics and ICU

Accident and Emergency

Psychiatry

Support services includes the following:

Medical imaging Services such as:

General X-Ray

Ultrasonography

CT scanning

Mammography.

Physiotherapy

Dietetics.

Tertiary Care and other subspecialist services also being provided at the Scarborough General Hospital includes the following:

Clinical services in the following secondary care areas:

Paediatrics:

Neonatology

Child development

Paediatric neurology

General Surgery:

Advanced laparoscopic general surgery

Maxillofacial surgery

Paediatric surgery

Obstetrics and Gynaecology:

Gynaecological Cancer surgery

Fetomaternal medicine part-time

Internal Medicine:

Cardiology

Renal medicine

Haemodialysis and peritoneal dialysis

Oncology including chemotherapy

Echocardiography

Cardiac Catheterization laboratory (not working at present)

Neurology and the performance of EEGs

Rheumatology

Haematology

Asthma clinic

Laboratory services:

Microbiology

Pathology and post mortems

Psychiatry:

Child psychiatry through the child and adolescent centre

Ophthalmology:

Vitreoretinal surgery

Support services providing tertiary services includes the following:

Medical Imaging:

MRI scanning (not working at present)

Fluoroscopy

Speech and Language therapy

Occupational therapy

Covid 19 treatment and management

Full clinical services for COVID-19 infected patients includes the following:

COVID-19 treatment facility at the Scarborough Regional Hospital at the Fort for treatment of medical problems.

COVID-19 ICU 6 beds at the Scarborough Regional Hospital at the Fort.

At the Scarborough General Hospital at Signal Hill the following is provided:

COVID-19 treatment of pregnant women and women in labour on the Maternity ward.

Operations on COVID-19 infected patients with either general surgical conditions or orthopaedic conditions in dedicated operating theatre.

Paediatric patients are cared for in dedicated space on the paediatric ward.

There has been improvements in the provision of these tertiary and sub-specialist services for example:

Full time orthopaedics with the recruitment for the first time of Registrar in Orthopaedics where there was until December 2022 full time Orthopaedic cover in Tobago with a drastic reduction in the need for Orthopaedic transfer.

Provision of limited orthopaedic joint replacement surgery to reduce the need to send patients to go to Trinidad for this procedure.

Provision of maxillofacial surgery until early 2022 when the Cuban surgeon passed in Cuba when he visited.

Provision of retinal and other eye surgery in Tobago by Tobago having a full retinal service in the eye surgery department. Patients are sent from RHAs in Trinidad to Tobago to have this surgery done.

Improvement in neonatology services with the part time recruitment of neonatologist and increase in equipment and supplies for this area to reduce the need for neonates to be transferred to Trinidad.

Improvement in ICU care for both COVID-19 and non-COVID-19 infected patients by expansion of the number of ICU beds at the Scarborough General Hospital at Signal Hill and Scarborough Regional Hospital at the Fort. The newly commissioned COVID-19 ICU at the Fort to 6 beds and the soon to be 5 bedded non-COVID-19 ICU at Signal Hill Hospital when the air-conditioning repairs are completed in February 2023. This has significantly reduced the need for transfers for ICU beds.

Provision of gynaecological cancer surgery for women by having part-time gynaecological cancer surgeon come to Tobago twice a month.

There are some tertiary or sub-specialist services that will be difficult for Tobago to provide due its limited bed space and scarcity of the specialists in Trinidad and Tobago. These includes the following:

Neuro surgery.

Cardiac surgery.

Vascular surgery.

Services not provided in Tobago have been facilitated through improved relationships with the CEOs/Medical Chiefs of Staff of other RHAs and depending on their capacity to accommodate patient transfer.

6. Fulfilment of Sustainable Development Goal (SDG) 3 – Good Health and Well-Being

SDG 3 aims to ensure healthy lives and promotes well-being at all ages which is essential to sustainable development. The Committee questioned the steps taken by the TRHA to fulfil SDG 3. Officials indicated the following:

1. Reducing maternal mortality;
2. Preventable deaths of newborns and children under 5;
3. HIV and AIDS Management;
4. Mortality from non-communicable diseases and promote mental health;
5. Substance abuse;
6. Road Injuries and Deaths;
7. Universal access to sexual and reproductive care, family planning and education;
8. Universal Health Coverage;
9. Reduce illnesses and deaths from hazardous chemicals and pollution
10. Support research, development and universal access to affordable vaccines and medicines; and
11. Improved alertness or early warning for health risks.

The TRHA stated that it provides comprehensive health care to persons throughout every stage of their life cycle ensuring health and well-being for all. As an oversight mechanism of the implementation of the factors listed above, the TRHA's management and Board receives monthly reports on the achievement of the programmes while also managing the cost of its programmes to ensure it is kept within budget. Additionally, the following projects/programme have been undertaken by the TRHA in its efforts to fulfil SDG 3:

- i. Implementation of Obstetric Record - In 2017, the TRHA piloted a perinatal information system (SIP) which is a software program that was donated by PAHO as part of a national effort to improve the care of women in pregnancy and childbirth by standardizing the Obstetric record.

TRHA's RESPONSE:

Since the successful pilot introduction in 2019 it is now widely available in Tobago and Trinidad. This has resulted in an increase in the ability of women who have had high risk pregnancies being able to obtain effective contraception free of cost to control their fertility before they leave the maternity ward after delivery. There has also been a gradual reduction in the delivery rates for Tobago and Trinidad for several years.

- ii. Improved Contraceptive Methods - Another effort to improve maternal health by the TRHA was to improve counselling of women after giving birth to provide contraception to assist them in properly spacing and planning their pregnancy. In this regard, the TRHA was part of a pilot of the introduction of a long-acting reversible contraceptive implant named Jadelle.
- iii. The following are other initiatives introduced by the TRHA for the well-being of the population in fulfilment of SDG 3:

- ♣ Healthy Homes Healthy Families programme
- ♣ Healthy Workplace Concept
- ♣ Healthy Eating Active Living (HEALC) children's Camp.

THE TRHA's RESPONSE:

Programs, such as the Healthy Homes Healthy Family (HHHF), the Healthy Workplace Concept (HWC), and HEALCC, were introduced by TRHA as health promotion devices. Only the HEALCC program exists. Both HHHF and the HWC were discontinued in 2017 (no reason given).

Funding for the HEALCC program has dwindled over the years. This has led to less students benefiting from the program annually. The camp began as a two (2) week day-time program but has been reduced to health centre-based activities.

Primary Care receives less than 15% of the TRHA budgetary allocation to perform its mandate to the people of Tobago. There are challenges with the provision of health promotion and preventative care programs, as they require investments in healthcare marketing, population healthcare programs, and human resources dedicated to both health promotion and prevention. Investments would include financial resources, human resources (with specialized skill sets in behavioural change, research, health promotion and health education.

The cancellation of the HWC (a physical activity program for healthcare workers) and the HHHF took place as there was a misunderstanding of the role and the return of investment for such programs.

- iv. Training and retraining of the staff to keep current with appropriate health and medical information in the care of patients.

Challenges

Some of the challenges experienced by the TRHA in measuring the success in the achievement of SDG 3 were as follows:

- ❖ Pregnant women booking late in pregnancy

THE TRHA's RESPONSE:

This can be reduced by health education of women in general of the benefits of early booking in pregnancy and accessing antenatal care. However, in spite of this there are still a few cases of women booking late in pregnancy or coming to the maternity ward with no antenatal care at all.)

- ❖ Scheduling timely appointments at the hospital specialist clinic when sent by the District Medical Officer or the District Health visitor;

THE TRHA's RESPONSE:

Telephone communication between the District Medical Officer or the District Health Visitor with the consultant Obstetrician on call for the hospital has significantly improved this scheduling of timely appointments at the Hospital's specialist clinic.

- ❖ Pregnant women being referred to the hospital and turning up at the health centre with no referral;

THE TRHA's RESPONSE:

There has been a concerted effort to give patients discharge summaries when they leave the Hospital so that they can take these to the local health centre to facilitate follow up care.

- ❖ Pregnant women discharged from hospital and turning up at the health centres with no referral;

THE TRHA's RESPONSE:

There has been a concerted effort to give patients discharge summaries when they leave the Hospital so that they can take these to the local health centre to facilitate follow up care.

- ❖ "Equating tangible outcomes with intangible outcomes". There is an assumption that well-being can be quantified; and
- ❖ Misunderstanding the benefits of Primary Care is not always immediate in contrast to secondary care.

THE TRHA's RESPONSE:

Over the past eight (8) years, the Primary Care Services has developed and implemented programs aimed at promoting health and well-being. There is however, the misunderstanding that the returns on investment for Primary Care should be immediate. Primary Health Care requires behaviour changes and changes in attitude to health and well-being. Many within the health care setting do not understand that behavioural changes can only be changed by education and learning, either by vicarious or experiential means.

To resolve these challenges the TRHA undertook the following:

- ❖ Increased collaboration between the Department of Obstetrics and Gynaecology and Primary Care services where there was regular collaboration between the Specialists at the Hospital and the District 41 Health Visitors as it relates to the referral of clients from the Health Centres to the Hospital;

THE TRHA's RESPONSE:

This has been a critical component in the improvement of care of pregnant women on the island of Tobago.

- ❖ Advice is also provided by the Specialist Medical Officers Obstetrics and Gynaecology at the Hospital when requested by District Medical Officers when they have pregnant women at the Health Centres with health care issues;

THE TRHA's RESPONSE:

The benefit of this collaboration and communication is improvement in care provided to the pregnant women in Tobago.

- ❖ The standardization of the SIP software system has improved the communication between hospital and the Health Centres which has resulted in an overall improvement in health care.

THE TRHA's RESPONSE:

The evidence of this improvement is a reduction in the stillbirth rates and maternal mortality rates to the point that we have already achieved the SDG 2030 in 2022.

Since the introduction of this SIP record, it is now widely used by all District Health Visitors and DMOs in all of the health centres in Tobago. This has helped to improve the care of pregnant women by ensuring that the basic investigations in pregnancy are done and also one main screening test, the Oral Glucose tolerance test for diabetes in pregnancy is now being done in the local health centres before the patients are sent to the hospital for further care. This has contributed to the reduction of stillbirths and early neonatal deaths in not only Tobago but Trinidad and Tobago so that we have already achieved as a country the SDG for 2030 in terms of neonatal mortality and maternal mortality.

Observation:

The Committee notes all efforts made by the TRHA to fulfill SDG 3.

Recommendation:

The TRHA should submit a report to Parliament by December 31, 2022 on the benefits expected from the strategies implemented, identifying whether the targets were met and, if not, what remedial actions will be taken

Diagnostic Imaging Services

7. Challenges faced in ensuring availability and accessibility of Diagnostic Imaging Services

The challenges encountered while ensuring the availability and accessibility of providing its diagnostic imaging services were as follows:

- i. **Limited staff in key/critical areas** - especially Radiologist, Radiographers, Ultrasonographers and PACS Administrator. The TRHA stated that there was an urgent need to revise the 2012 organisational structure to facilitate recruitment of additional staff to ensure adequate coverage for the growing demand from the expanding services.
- ii. **Long lead time for parts** - Parts for Medical Imaging equipment were costly and as such it will not be economically feasible for the TRHA nor its service provider to stock the critical components onsite or in the country. This means that equipment downtimes were dependent on the manufacturer's build-to-ship supply chain structure, shipping and customs and exercise lead times. Over the last four(4) years the increasing challenge for suppliers to acquire foreign exchange, the COVID-19 pandemic, and fall-outs in manufacturing countries were major contributors to increased estimated lead and delivery time for replacement parts.
- iii. **On-site response time of service providers** - As the TRHA was not on the same island as the service providers, the response time to service request calls were affected by the availability of flights and supplier Engineers to travel. Even with a service contract, this was a constant challenge for the TRHA.
- iv. **Maintaining a reliable PAC System** - for remote reporting by Radiologists. This system has since been upgraded in 2021.
- v. **Motivation of staff needed** - e.g. developing and reviewing the current department structure. Staff in the Medical Imaging Department were developing and needed to be placed at various levels with specific roles and responsibility. This system was present in the other RHA's when benchmarking was done.
- vi. **Ultrasonographers urgently require further training to develop their competencies to perform scans for multiple modules.** Examples are paediatric, musculoskeletal and upper limb doppler. TRHA has only been able to attract sonographers over the years who have completed the basic or minimum modules.

As a means of resolving the challenge of the on-site response time of service providers, the TRHA recommended that:

- There be access to first-responder maintenance training for the in-house Biomedical Engineering technical staff. Improved competency for

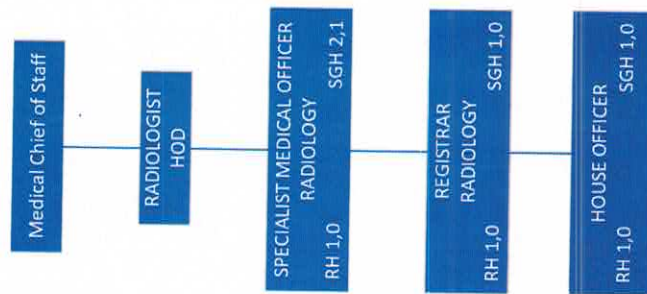
the in-house technical staff ensures faster responses for troubleshooting and possible repair of the unit; and

- Formal arrangements and systems between the TRHA and Government owned airline carrier CAL and the Fast Ferry services.

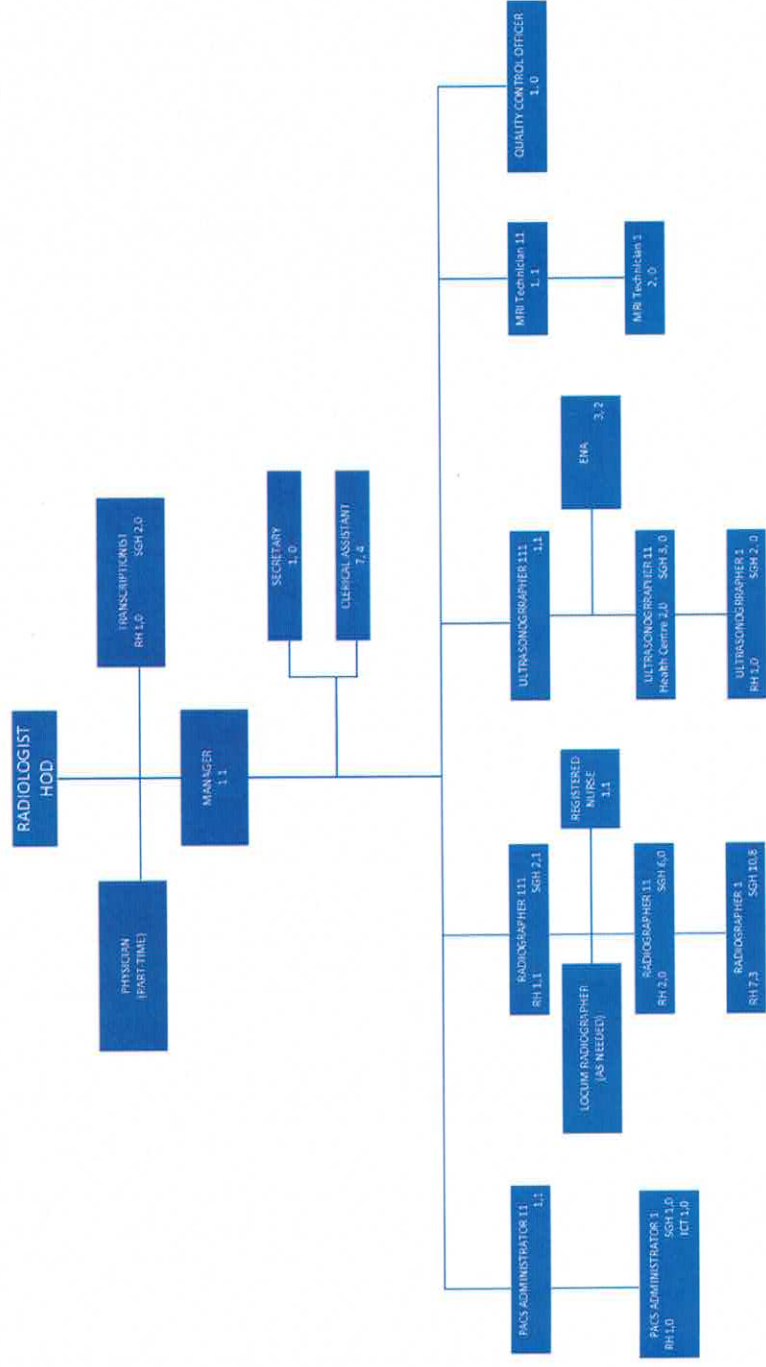
Recommendations:

- The TRHA should prioritise the revision of its organizational structure to facilitate recruitment of additional staff to ensure adequate coverage for the growing demand of diagnostic services. A copy of this revised structure should be submitted to Parliament by December 31, 2022;

THE TRHA's RESPONSE:



TOBAGO REGIONAL HEALTH AUTHORITY MEDICAL IMAGING DEPARTMENT



- The TRHA should submit a report to Parliament by December 31, 2022 prioritising the provision of the following training:
 - i. First-responder maintenance training for in-house Biomedical engineering and technical staff; and
 - ii. Ultrasonographers training to develop competencies to perform scans for multiple modules.

TRHA'S RESPONSE:

An assessment was done among the Sonographers currently employed to determine what competencies are required to facilitate ultrasounds on a wider range of modules. Four (4) Sonographers require additional training in various modules as follows:

Module	No. Requiring Training
Paediatrics	3 1 Radiologist
Musculoskeletal	4
Vascular (upper arm doppler with Fistulas)	4
Vascular (DVT lower limb)	2
Vascular insufficiency for lower limb	4
Small parts	2
Abdomen/ Pelvis	1

A draft schedule is being developed for staff training on these modules for the years 2023 and 2024. Priority modules proposed for 2023 with corresponding number of staff to be trained are as follows:

- Paediatrics - 1
- Vascular - 2
- Musculoskeletal - 1
- Small Parts - 1

- The TRHA should submit a report to Parliament by December 31, 2022 outlining the arrangements or systems necessary to formalise the demand between the TRHA and CAL and TRHA and Trinidad and Tobago Inter-island Transport.

THE TRHA'S RESPONSE:

The TRHA and Division of Health, Wellness and Social Protection are to hold a joint meeting with the leaders of Caribbean Airlines and the Trinidad and Tobago inter-Island Transportation Company towards making special arrangements to facilitate movement of staff, suppliers and equipment.

Challenges faced in ensuring availability and accessibility of Diagnostic Imaging services

Prioritize the review of organization structure to facilitate recruitment of additional staff to ensure growing demand of diagnostic services: are available/ accessible.

(Two health institutions/hospitals presently exist in Tobago – Scarborough General Hospital (SGH) and Roxborough Hospital (HR))

Radiologist: MCOS will provide information regarding this group on the Structure.

Radiographers: HR has copy of structure for RH.

For SGH there is the need to recruit EIGHT (8) more Radiographers to perform this 24Hr Emergency service as three General Radiographers were recently crosstrained /certified to perform Ct scan. (Total needed - 16) In addition to (Two sessional /locum needed to replace staff who are proceeding on vacation for a month or more)

Ct Radiographers:

Three Radiographers have been recently cross trained to perform Ct scan which is a 24 Hrs emergency service. This service is transitioning to a 24Hr resident emergency service to improve the quality of care. Radiologist service should also be available for providing official report for these examination in a timely manner.

Ultrasonographers:

Need to recruit FOUR (4) more ultra-sonographers. Growing demand with a waiting schedule over eight months which delays care for the patient. There is a recent expansion of a third ultrasound room which will improve care for the in house patients; Wards and A&E. Cases will now be scanned in a more timely manner. The need has also been identified to extend the hours of work Monday to Friday and also providing weekend service. Presently there is no ultrasound service available on

weekends. Ward cases on Friday will be required to wait until the following Monday which is usually congested. Expansion of this service also to two (2) selected Health Centers should be given urgent attention to improve quality care. Was discussed and recommended by MCOS.
(Total of 7 needed)

Attendant:

There is the need to recruit TWO (two) additional attendants. This service is usually interrupted after 4pm on Monday to Friday especially since this service is expected to be sourced outside of the MID from 4pm: This affects the workflow negatively. There is the need to extend this service to beyond 4pm where at least one attendant is available to assist with the three (3) services x-ray, Ct scan and ultrasonography which continue beyond 4pm Monday to Friday.
(Total of 5 needed)

ENA

There is an additional Ultrasound room that will require the need for ONE (1) more additional ENA.
(Total of 4 needed)

PACS Administrator:

There is only one Senior PACS Administrator assigned to the MID. He has not been on leave for a long time now. There is need for ONE (1) Junior PACS Administrator on the organizational structure
(Total of 2 needed)

LEVELS OF TECHNICAL STAFF-

(Radiographers and Ultrasonographers)

There is the need to have ALL the technical staff (inclusive of Radiographers and Ultrasonographers) assigned to various levels with different roles, functions and expectations. This will create better transparency and motivate staff. This will be best suited as staff may be rostered to function at both hospitals in the future at different capacity. This is similar to other RHAs, Laboratory, Physio and BIOMED.

Transcriptionists

One transcriptionist is present on 2012 Structure (SGH); will need to add ONE (1) more transcriptionist to the SGH structure as there are now two hospitals and as workload increases. The second should provide support or is rotated to the site when the transcriptionist at SGH or RH is absent.

(Total of 2 for SGH) . It should be noted that the approved Transcriptionist position on the 2011 structure has not yet been filled.

Secretary

This position has been present on the approved structure but has never been filled. There is the urgent need to fill this position to improve the efficiency and effectiveness of Management.

This position is provided to be included for the completion of the proposed SGH Structure

(Total of 1 needed)

Manager

One Manager is required to complete the Structure.

(Total of 1)

Current challenge facing technical competency development in the repair of Medical Imaging equipment include

- Manufacturers unwilling to share proprietary information to technical staff other than their distributors.
- Cost of Training Investment on average cost of training for Siemens brand equipment was about TT\$80,000 per technician

In order to get around these challenges the BMU department has developed two approaches

A

TRHA has recently restructure its Education Unit and through which has been supporting various departments with their continual development programmes

The following items were identified for 2022/2023:

- *Association for the Advancement of Medical Instrumentation (AAMI) Certification Exams.* This organisation provides standards for competence and a training programme and exam for various parts of the Biomed. Lab, Medical Imaging and General etc

B

Included as a part of every new purchase the TRHA includes a First Responders training programme. This will be approached on a continuous basis so that the staff becomes more competent with the brand. We will also be looking at our policies regarding Factory Training; Lessons learnt during COVID-19 lock down taught us that depending on off island support is a high risk to our services and the need for investment in our in-house training has to be ramped up.

8. Outsourcing of Diagnostic Imaging Services

RHA's outsource services to other RHA's or private institutions when services were stretched or unavailable. The Committee learnt that TRHA's MRI Unit was in the process of being repaired and the estimated date of completion and return was January 2022. As a result, requested cases were outsourced privately to institutions in Trinidad. It was also stated that in 2019 the General X-ray Unit was non-functional between November 2019 to January 2020 and these services were outsourced. Also, during 2019, the CT machine was non-functional for several months and emergency cases were outsourced.

The cost per month to outsource services were \$55,000 per month. The following list of providers were engaged, when equipment were non-functional and services were outsourced:

- Gulf Coast Radiology Ltd - On-site Mobile X-Ray services
- Alexandra MRI Limited - MRI services
- Nuclear Associates Imaging Ltd - Bone Scans
- Specialist Clinics of Tobago Ltd - CT Scans
- Alexandra Imaging Center Limited - Pet Scan
- Westshore Medical Radiology - Echocardiogram
- Advanced Cardiovascular Institute - Angiogram/Coronary Services
- Southern Medical Services - Angiogram/Coronary Services
- Cardiovascular Associates Limited - Transesophageal Echo

Recommendations:

The TRHA should provide an update on whether the repair of the MRI Unit was completed by the stated time (January 2022) to Parliament by December 31, 2022; and

The TRHA should provide a status update to Parliament by December 31, 2022 for all functional and non-functional machines (including all services being outsourced and the corresponding cost) to date.

THE TRHA's Response:

Equipment Name (Model)	Number Inventory	in	Status (Non-functional/ functional) End of Useful End of Life)
Scarborough General Hospital			
Siemens * Ultrasound (Acuson X150)	2		Removed from Service (Med Img)
	*One assigned to Maternity/		Functional (ObGyn)

Equipment Name (Model)	Number Inventory	in Status (Non-functional/ functional) End of Useful End of Life)
	Gyne Obs	
Siemens Ultrasound * (Acuson X300)	1	Removed from Service
Siemens C-Arm (Siremobile)	1 assigned to Operating Theatre	Removed from Service
Medlink Bone Mineral Density (DEXA Medix 90)	1	Removed from service
Siemens Magnetic Resonance Imaging (Avanto 1.5 tesler)	1	Non Functional
GE X-Ray, C-Arm OEC ONE	1	Non Functional
Philips Echocardiograph IE33	1	Non Functional
Siemens Computed Tomography (Somatom Emotion) 16- slice	1	Functional
Siemens Mammography (Mammomat Inspiration)	1	Functional
Siemens General Xray (Axiom Aristos) *Direct Digital Radiography.	1	Functional
Siemens Fluoroscopy Axiom Iconos MD	1	Functional
Siemens CATH Lab (Artis Zee & Sensis)	1	Non Functional
Mindray Ultrasound DC-N3 PRO	1 Assigned to AED	Functional
Mindray Ultrasound DP Expert 50	1	Functional

Equipment Name (Model)	Number Inventory	in	Status (Non-functional/ functional) End of Useful End of Life)
GE XRay, Mobile Optima 240 Amx	1		Functional
Philips Ultrasound ClearVu			Functional
ESAOTE Ultrasound MyLabSigma	2	assigned and OT	Functional
		TREC	

MRI.

Options on whether to repair or replace (~\$10,000,000) or continue to outsource are to be tabled to the incoming Board.

Funds of TT\$700,000.00 (2022/2023) now available to proceed with continued repair of MRI, BMU currently working with suppliers to get updated cost on Coolant Material (Helium and Nitrogen) ETA February to complete repairs.

Mobile X-Ray requires battery replacement. This service is covered under Service Contract. ETA January 20

Echocardiograph, Ultrasound awaiting schedule from the local contractor. Estimated Time of delivery is the second week in January 2023.

A proposal for the restart of the **CATH LAB** services will be presented to the Board of Directors, when they are implemented, TRHA for its review and input.

The above information has been compiled by the information sources known to me and is my current understanding at this time.

Yours sincerely,

TOBAGO REGIONAL HEALTH AUTHORITY



MR. SIMON WILTSHIRE
CHIEF EXECUTIVE OFFICER