

STAFF ASSISTANCE FUND PROPOSED

continued from page 11

5. Any other documentation which will support the case for emergency assistance.

All requests are confidential and anonymous. The Committee shall approve or deny requests according to established criteria, and its decisions are final. It is appropriate to seek information from the employee regarding any assistance (financial or other) he/she may have received from other agencies/sources.

This information will be documented by the Human Resources Office and presented to the committee when reviewing the cases.

The committee may recommend that an employee seek assistance from other agencies (i.e. financial counselling) at the time the award is made. Should the employee return for assistance, referral for professional help from outside sources might be considered.

Q. What happens after I have applied for assistance?

The Employee Emergency Assistance Fund Committee meets monthly, or as required, to review the applications for assistance and to administer financial assistance. This group has the very difficult responsibility of making sure that the funds are used in the most helpful manner possible.

Unfortunately, Employee Emergency Assistance is not able to provide financial assistance to all applicants. The committee makes decisions for assistance based on documented crisis and need. If the application is approved for assistance, payment is

made payable directly to the creditor on behalf of the employee. Cheques are issued on the Friday after the committee considers and approves the case.

Individuals may not receive funds except in the case of funds disbursed through the Employee Emergency Assistance Fund Committee. The Chief Financial Officer shall make payments to each approved agency and report to the Committee. Disbursements will be adjusted by the Chief Financial Officer based upon changes in pledges and terminations. The Committee may take other action, as it deems necessary in response to unusual circumstances.

Q. What limits apply to Employee Emergency Assistance?

Monetary Limits:

- o No more than \$1,000 may be awarded to an employee during any 12-month period except in unusual circumstances as approved by the Committee.

- o No more than \$3,000 may be awarded to any employee during their lifetime.

The Committee approves assistance by a majority vote of members present at any of its meetings.

Total expenditure shall not exceed the budgeted allocation for the Committee. The award may not exceed the amount of assistance needed as provided by the established documentation of the case and judgement of the

committee.

Application Requirements:

- o No more than one application per employee per crisis situation

- o May not reapply within 6 months of application whether approved or denied. (May not reapply for 12 months if \$1,000 limit has been reached).

CONTRIBUTIONS

Staff may make contributions by cheque or by voluntary payroll deduction of \$2 per month. The Committee may also accept contributions from non-health service employees.

Committee Membership

The Committee shall be composed of contributors to the Fund who are full-time regular employees of the Cayman Islands Health Services Authority as follows:

- o Human Resources Manager
- o Chief Financial Officer
- o Chief Administrative Officer
- o Secretary

Committee Secretary

The Secretary shall be responsible for the collection and maintenance of records of all official activities of the committee and will keep the minutes, including records of attendance and agreements at meetings.

Chief Financial Officer

The Chief Financial Officer shall keep records of all funds received and disbursed, shall distribute all funds in accordance with the instructions of the Committee, and shall furnish monthly reports.



Volume 1- Issue No. 24 - A publication for the staff of the Cayman Islands Health Services Authority - March 2003

FROM THE CHIEF EXECUTIVE OFFICER

The week of March 24-28, 2003 has been designated as Health Services Staff Appreciation Week in recognition of the invaluable contribution by all employees to our commitment to deliver a high standard of quality health care to everyone who uses our facilities.

No living body can function without the operation of its component parts — the heart, the lungs and the brain — like wise the Health Services Authority cannot function without the critical contributions of its staff. As we commence Staff Appreciation Week, it is appropriate to realize that the employees of the Health Services are truly the heart of this institution.

It cannot be expressed in this brief letter, nor in the scope of a single Staff Appreciation Week, how important the employees of the Health Services are in creating and sustaining a safe and supportive environment which colleagues, patients and others who choose to use our facilities can be proud of.

On behalf of the Board of Directors and the senior management team I take this opportunity to express our appreciation for the work done by all our staff in the delivery of patient care, which is the core of our operations. I also want to personally encourage you to continue to work with us towards the attainment of the common goals and objectives of the Health Services Authority.

We feel very fortunate to have an incredible group of team players within the Health Services, who are committed to nurturing and promoting a positive and progressive work environment.

Thank you for your continued support and dedication.

Mervyn Conolly
Chief Executive Officer



SEVEN MONTHS TO CERNER 'GO LIVE'



The **Cerner Millennium** project continues to advance with the arrival and installation of the main computer room hardware. Two technicians from Cerner have been in Cayman for several weeks installing and testing the Millennium software, the hardware, climate controls and space layout in the computer room.

Cerner Learner Emails have been arriving in your inbox. Each of these explains one function or aspect of the Cerner system. There has been significant increase in the demand for new user access and reactivation of previous accounts as staff members see the projected changes that will shape the way we conduct health care.

The IT department is feeling the stretch with the increase in demands for updated computers and increased interest in having user access while one of our staff is on maternity leave. If you do not have an active account, submit a request to IT through your manager. This increased interest is encouraged, as using a computer is the best way to become proficient in its use!

A **Cerner overview presentation** is being offered to sections as a means of staff becoming informed of the capabilities of the Cerner Millennium system and of introducing and explaining the concepts of an automated hospital information system. Cerner Millennium integrates patient information across care providers and time. What does that mean for you, the user? Here are some highlights of the presentation.

Accessibility:

continued on page 11



DEPARTMENT FEATURE

ACCIDENT & EMERGENCY SERVICES



While millions of people around the world tune into the top-rated television show, "ER," each week, Hollywood's version of emergency medicine misses some of the less dramatic — but highly compelling — truths of emergency medical care.

The reality of the average emergency room patient is more urgent and more complex than what we see on television.

Our state-of-the-art Accident and Emergency Services Department is staffed with specially trained nurses and doctors, EMT's and paramedics and provides seven-days-a week, 24-hour emergency services to Grand Cayman and serves as a receiving facility for patients transferred from Cayman Brac and Little Cayman and returning patients from overseas.

The Accident and Emergency (A&E) Department serves as the receiving centre for those persons who are acutely ill, or have life- or limb-threatening problems. The majority of people, however, who attend the A&E Department, have minor, non-life-threatening or limb-threatening injuries and illnesses. On a typical day the department will treat more than 50 people. During holidays and weekends this number increases on average by about 15%. There can also be substantial variations particularly in the flu season.

Upon arrival, patients are seen by a qualified triage nurse who determines the order in which they need attention by history and

physical signs. He/she takes brief information about the patient's illness or injury.

In emergency situations, patients are not seen on a first come first served basis. Rather, they are seen in order of the seriousness of their problems. For example, heart attack patients and accident victims are usually seen before patients with cuts or broken bones. That is why some patients who arrive after others may be attended to first. They are not more important, but their needs are simply more urgent. Priority is obviously given to those people who need immediate attention, and this can affect the waiting time for people with less urgent problems.



The triage nurse usually keeps people in the waiting room informed of any change in the waiting time.

Head of the Emergency Department, Dr. Fiona Robertson says that staff will be seen and given medical attention, as all other patients in the Department.

"To help A&E department cope with these peaks of work, it is important that people use the service appropriately. You should think carefully whether or not your condition/illness is an emergency, as

you may be preventing others with life threatening conditions from getting immediate care," said Dr. Robertson



If at all possible, the emergency room should not be used for diagnosis of a cold, ear infection, or other common ailment.

The General Practice Clinic is staffed with physicians who are trained to deal with emergency situations, as well as common colds.

Use good judgement in deciding when to use emergency medical services. Learn the signs of serious illness and trust your instincts.

Observation

The A&E Department has an Observation area with 9 beds. Approximately 25,000 are patients are seen each year. It provides a valuable service for people who require a short period of observation and recovery before they can safely return home. However, patients who are acutely ill or injured are admitted to a ward within the Hospital.

continued on page 5

EMERGENCY ASSISTANCE FUND PROPOSED FOR HSA STAFF

A special emergency assistance fund to provide employees of the Cayman Islands Health Services Authority with confidential financial assistance during times of verifiable emergency situations is being examined.

In this issue of Health Services News we share with you details of the proposed programme.

Your input into this programme is very valuable and therefore employees are encouraged to submit comments and feedback to the Public Relations Officer.

PROGRAMME DETAILS

Q. Who can apply?

The Fund's monies are available to help anyone who is a member of staff of the Cayman Islands Health Services Authority.

All applications are dealt with in complete confidence and details given are not revealed outside the membership of the Employee Emergency Assistance Fund Committee. Only committee members are involved in making decisions about the amount of support to be given to an applicant.

Q. What is considered a crisis situation?

Applicants to the Fund must have a documented crisis situation that has caused a financial hardship. This crisis situation must be an event beyond the employee's control.

Examples of crisis situations which would be considered for assistance:

- fire
- natural disaster such as flood, hurricane, etc.
- theft of property
- death in immediate family
- accident
- loss of property
- disease
- extended illness/disability

Need is directly attributed to or caused by an emergency, which shall be defined as the occurrence of any event or combination of circumstances which calls for immediate action or any pressing need following a sudden and unexpected happening, the occurrence of which was wholly unforeseen by the employee such as fire, accident, death in family, etc.

Need may also be determined by undue hardship which shall be defined as circumstances peculiar to the employee's situation, not deliberately caused by the employee, which are of such magnitude or severity that it is unlikely that the employee has sufficient resources to reasonably expect a favourable outcome, such as a delay in receiving disability insurance, a spouse's unexpected departure, the cessation of child support, or a prolonged family illness.

Q. How Do I Apply for Employee Emergency Assistance?

Applicants to the Employee Emergency Assistance Fund make an appointment with the Human Resources Office to complete a **confidential** application for assistance. Before the application comes before the committee all

identifying information is removed and a special code number is given to each application to ensure confidentiality.

All requests are confidential and anonymous. The Committee shall approve or deny requests according to established criteria, and its decisions are final.

Q. What Documentation is Required?

At the time of application, the following information is necessary:-

1. The last 2 consecutive pay stubs for all members of the household who receive any type of income.
2. Official documentation of the incident which has created the financial hardship (i.e. physician's statement; accident, police or fire report; death certificate; etc.)
3. A copy of statements for regularly occurring expenses of members of the household for the current month, whether they have been paid or not.

This includes:

- utilities
- rent/mortgage
- telephone
- cable
- credit cards
- insurance
- car payment
- transportation
- day care

4. Copies of all co-pays, medical expenses and pharmacy charges for medical conditions, if a physician's statement is submitted.

continued on page 16

HEALTH SERVICES DEFENDS ITS PATIENT CARE RECORD

continued from page 3

year and are decreasing as the Health Services institute policies and other measures to improve the service.

The HSA has introduced several measures to deal with complaints and has recently introduced a Patient Grievance and Complaints Policy as well as a Patient Bill of Rights as part of our commitment to maintaining good patient relationships.

The HSA takes patient satisfaction seriously and throughout all its facilities patients have the opportunity to provide comments about our services through our patient satisfaction questionnaires. A Patient Services Officer is also available each week-day to deal with patient complaints and other issues.

Recently an extensive customer service training exercise was carried out for all staff of the Health Services, and which was made mandatory as part of our policy of providing world class standard of patient care in a patient friendly environment.

In his comments to the House, Mr. Tibbetts also stated that reduction in health service personnel is affecting provision of health care and waiting time.

The Opposition Leader must be reminded that both sides of the House have made comments in the past that the Health Services as a Department was becoming an albatross to the government and supported the setting up of the Health Services Authority.

The Board of the HSA as part of its first act of prioritising carried out a

thorough due diligence study of the operations of the Health Services and determined that there was need for a restructuring.

The health services was benchmarked against other similar sized facilities which showed a staff to patient ratio of five to one in comparison to ten to one in other similar facilities in North America and Europe.

Following a comprehensive analysis of the entire operations of the Health Services there was a streamlining of staff to best meet the long term goals and objectives of the service. It is disingenuous for the Opposition Leader to state that this reduction in personnel is affecting the provision of health care and waiting times at the Hospital.

It is well accepted that changes will create different responses in different people.

The charge made by the Opposition Leader of low staff morale maybe his own perception, which maybe subjective, but one which is not generally accepted.

The Health Services is probably unique among all of Government and I may dare say within the private sector as well in that it has a Staff Relations Committee which meets monthly and includes representatives of senior management.

The creation of the Health Services Authority and the recent restructuring exercise did impact staff. However, many of the staff of the Health Services welcome the recent changes and have expressed the view that it was necessary and should have been done a long time ago. We are grateful to our staff who despite

rapid change continue to focus their energies on the delivery of high quality for our patients.

The Health Services Authority has implemented measures to improve the waiting times at all its facilities. It is worthy of note that most hospitals throughout the Caribbean and elsewhere in the world waiting times are up to five hours, for non-emergencies, in an Accident and Emergency room. In the Cayman Islands this is less than one hour in most instances and on rare occasions up to two hours for non-emergencies but no where near five hours.

Patient safety has always been the number one priority at the Health Services. The health professionals at the Hospital take their jobs seriously and are committed and dedicated to improving the health and well-being of every patient who come within their care.

The Health Services has developed several policies and protocols to ensure patient safety and while numerous checks and balances are in place to minimize the chances of errors occurring, the hospital's physicians and staff continually seek to fine-tune these processes even further to ensure the best and safest patient care delivery.

The Health Service Authority welcomes any constructive criticism in the delivery of our service from anyone as we want to know what our customer needs are and will make every effort to ensure that our delivery of care matches the customers needs. As such persons can contact our Patient Service Representative @ 244-2820 to lodge any concerns.

CARDIOLOGY SERVICES TO BE INTRODUCED

The Cayman Islands Hospital is expanding its range of specialists' services to patients and as of May 1 will begin offering cardiology services with the appointment of Dr. Neeraj Prasad as Consultant Internist and Cardiologist.

The Hospital's new cardiology unit will offer an extended range of diagnostic and therapeutic services.

Dr. Prasad graduated with distinction from the University of Dundee Medical School, Scotland. He continued his postgraduate training in Internal Medicine and Cardiology in Scotland and was awarded Membership of the Royal College of Physicians (UK) in 1991, and a Fellowship in 2001. He also has a Doctor of Medicine research degree awarded in 1998.

He is currently a Consultant Cardiologist and Honorary Senior Lecturer at the City Hospital NHS Trust, Birmingham, UK. In this post Dr. Prasad is lead clinician for the cardiac catheterization laboratory, and has particular interests and expertise in hypertension and heart failure.

Dr. Prasad says that he is "very excited at the prospect of developing the cardiology services at the Cayman Islands Hospital."

Commenting on the appointment of Dr. Prasad, Medical Director of the Health Services Authority (HSA) Dr. Bryan Heap says that "the Hospital is fortunate in recruiting the services of such a top flight cardiologist. This gives us the potential to expand our

cardiology services so that we will be able to perform a number of heart investigations and treatments now only available in Miami."

Chief Executive Officer of HSA Mr. Mervyn Conolly says the introduction of cardiology services at the Cayman Islands Hospital will help to reduce the need and cost of sending cardiac patients overseas for certain tests and diagnosis as these services will now be available in Cayman.

According to Mr. Conolly, "the cardiology service is one of many initiatives to be introduced by the HSA to improve the overall access and provision of healthcare to the people of the Cayman Islands."

STAFF APPRECIATION WEEK MARCH 24-28, 2003

March 24-28, 2003 has been designated as Health Services Staff Appreciation Week.

Activities for the week includes an "HSA Treasure Hunt" **for all staff.** A list of questions about the service will be circulated on Monday, to which staff are required to provide the answers. All answers must be sent to the Public Relations Officer no later than Thursday, March 27th.

The selection of the winners will be done by drawing at the general staff meeting which is scheduled for Friday the 28th at 3:00 p.m. in the Hibiscus Conference Room.

Prizes include airline tickets, weekend for two at a prime resort hotel, supermarket gift vouchers and

a host of other prizes.

Starting on Wednesday and continuing throughout the week, Certificates and an HSA Lapel pin will be presented to all employees who completed the recent customer service workshop.

On Thursday, the 27th CITN Television and Radio Cayman will broadcast their Daybreak and Talk Today shows respectively from the Health Services Complex.

Following the Staff meeting on Friday there will be a staff social with games, food and music. Please bring along your favourite games and music CD's for an afternoon of good fun.

SPORTS DAY POSTONED

The second Health Services Sports Day which was being planned for April has been postponed due to improvements being carried out at the Truman Bodden Sports Complex.

A new date for our Sports Day will be announced shortly as well as the new team structure for the 2003 games. Further information on team structure and events for Sports Day 2003 will be provided in next month's newsletter.

In the meantime employees who are interested in competing the Government's inter-department cricket, volleyball and domino competitions should contact the Public Relations Officer.

The inter-department Cricket Competition is scheduled to run from May 1st to July 1st.

Baptist Hospital Contract Extended

Effective today (Monday, 17 March), the Cayman Islands Government extended its contract with Baptist Health of South Florida for one year, with the condition that it could be terminated within 90 days, says Senior Assistant Secretary Diane Montoya in the Ministry of Health Services.

She notes that the termination clause gives government flexibility and additional time to expand its overseas health care options without being tied to a yearlong agreement.

“Even now, Baptist does not have an exclusive contract with the Cayman Islands Government,” Mrs. Montoya explains. “Government currently sends medical cases to facilities that provide the best care for the patient’s specific needs, in the most cost-effective way. The patient’s preference is also considered – for example, some expatriate persons would rather receive medical treatment in their home countries.”

Besides Baptist, government has arranged medical care in facilities in Jamaica and Canada, as well as the Cleveland Clinic and Jackson Memorial in Florida; these providers have been reviewed by Health Services Authority staff, who have to be satisfied that they provide the necessary high quality of care.

Mrs. Montoya also comments that the government is still contemplating the hiring of a third-party administrator (TPA). Such an arrangement would further expand the pool of providers for overseas health care. The TPA, if appointed, would assist with overseas referrals; for example, one of its roles would be the negotiation of discounts with

various health-care providers in the US and other countries, on behalf of the Cayman Islands Government.

The local administrator for overseas referrals is the Chief Medical Officer, Dr. Gerald Smith; he will continue in this important role should a TPA be hired.

Overseas Referrals Explained

While the overseas referrals process differs slightly for patients who receive government medical benefits, the initial steps are the same, Mrs. Montoya explains.

However, before outlining the steps, she notes that the priority in medical emergencies is treating the patient. “Financial matters will be dealt with as soon as possible, yet at an appropriate time,” she says.

For all persons who do not need to be sent overseas immediately, the current process is as follows: The patient is examined by a physician in the Cayman Islands Hospital’s General Practice or Accident and Emergency Unit, who must then refer him or her to a specialist attached to the hospital.

If the specialist recommends overseas treatment, the request is submitted to the Chief Medical Officer (CMO) through the patient services co-ordinator. The co-ordinator’s role is to guide the patient (and the family if necessary) through the process, while liaising with relevant government departments. If the request is approved, contact is made with the overseas health care provider that is best suited to handle the case.

At this point patients who are

eligible for government benefits are sent overseas to receive treatment; Mrs. Montoya says; no financial assessment is necessary because of their participation in this particular scheme.

For others, the Health Services Authority will conduct an initial enquiry into the patient’s ability to pay. If the person requires financial assistance, the monetary aspects of the case are handed over to government’s Treasury Department. Much like a bank, that department will conduct a thorough assessment, working with the patient to prepare a repayment plan for funds that the government will pay to an overseas provider on his or her behalf.

Those who are found unable to repay the government must be classified as indigents. Working with the Health Services Authority’s financial counsellors, the Department of Social Services will review all of these cases and determine whether or not a person meets the criteria to be classified as an indigent. The government will be responsible for the cost of medical care for these patients.

In outlining these steps, Mrs. Montoya notes that the Health Services Authority is expanding its local services to reduce the need for overseas care. “The ministry and authority are committed to improving health care, for the people of these Islands as well as those who visit our shores,” she says. “This is our mission – to ensure the wellness of our people through a dynamic community-based health system, in collaboration with local and overseas providers.”

HEALTH SERVICES DEFENDS PATIENT RECORD

in response to charges made by Opposition Leader

In his contribution to the debate in the House on Wednesday, March 12, Opposition Leader, Mr. Kurt Tibbetts made certain comments concerning the quality of care and the morale of the staff at the Cayman Islands Hospital.

According to Mr. Tibbetts:

- There is an increase in the number of complaints about provision of health care
- Reduction in personnel is affecting provision of health care and waiting time
- The safety of patients might be comprised
- Staff morale was low
- There is concern about decisions being taken

The Health Services Authority (HSA) finds no justifiable basis for the comments made by the Opposition Leader. On the contrary the facts do not support any of his comments.

The Cayman Islands Hospital continues to be the premier health care provider of choice for most residents and visitors in the Cayman Islands despite the move to an Authority and this fact is borne out by available statistics since the creation of the HSA in July 2002:

It is also important to note that the major cruise lines which operate within the Caribbean chose the Cayman Islands Hospital as the first health facility to send patients for care and treatment in the event of medical emergencies during their journey in the western Caribbean, which itself speaks volumes of the confidence in the quality of care offered by the Hospital by these major international cruise operators.

The Cayman Islands Hospital is highly rated as one of the best in the

Caribbean, by patients and users of its services. It stands out as a paradigm in the Caribbean with excellent facilities, technologically advanced equipment, highly qualified, skilled and a diversified healthcare team offering the most comprehensive range of specialist medical services on the island.

This is attested to by the fact that only last year, a high level delegation from the British Virgin Islands scheduled a visit to the islands to tour the Hospital and its other health facilities and use it as a model for the development of a new hospital in the BVI.

The Opposition Leader in his comments stated that there is an increase in the number of complaints about provision of health care at the Hospital.

The facts contradict any such statement. Our statistics show that since this year the number of complaints have been significantly declined by more than 30%.

Over the years, we have made concerted and deliberate efforts to improve the quality of patient care and the comments of our patients reflect this. Each day there are numerous letters received by the Hospital from patients expressing their appreciation for the level of care provided by the excellent team of doctors, nurses and support staff at the Health Services.

Just a few examples of the letters received:

“Last January, I was a patient in the hospital. I received emergency

surgery and had excellent nursing care. I was in the hospital for two weeks.

I want to give something back to the hospital that will help others. No publicity is desired. I will have the pleasure of knowing this gift will help the hospital and its patients.”

“I would like to take this opportunity to express my sincere gratitude to the entire staff at George Town Hospital who provided care for my wife, L. D. The entire medical team including nurses, physicians, health professionals and secretaries were extremely friendly and helpful during this difficult time.”

If I were the Queen (or King) of England or the President of the United States I could not have had better treatment or attention than I had from our hospital staff or the facilities they now enjoy. I am writing this as I believe that whenever something good happens we have a responsibility to tell others about it.”

These are just a few of the hundreds of complements being received by the Hospital regularly on the quality of care delivered to patients. The Opposition Leader is welcome to visit the Hospital to read the many other letters of complements available.

There is no denying that there are instances of complaints but these have been very few within the last

continued on page 4

NO SARS CASE DIAGNOSED IN CAYMAN

Although no cases of SARS (severe acute respiratory syndrome) have been diagnosed in Cayman, the Public Health Department is maintaining a watchful eye over the community's health and monitoring global developments concerning this epidemic.

Following advisories from international health organisations, Public Health staff consulted with the Civil Aviation Authority, Cayman Airways and the Immigration Department and developed a response to the threat, says Acting Medical Officer of Health, Dr. Helen Hughes.

This includes the implementation of special medical procedures at all government health facilities, including the Cayman Islands Hospital, in the event of a SARS case. "We are ready to treat any suspected case should the need arise," acknowledges Dr. Hughes. She adds that Public Health has circulated advisories from the World Health Organisation (WHO) and Centres for Disease Control (CDC) to all health practitioners, private and public.

To minimise the risk of importing SARS, two vital steps have been taken. First, Civil Aviation has informed all airlines that serve Cayman about the SARS advisories, and current policy concerning passengers that become ill during flight has been reviewed and found satisfactory.

Second, health-alert notice cards outlining the symptoms of SARS have been printed, and Immigration staff are handing these cards to all incoming passengers, as well as returning

passengers and crew. "Travellers are advised to seek medical attention early if they develop any symptoms," Dr. Hughes says.

The disease is spread through close contact with an affected person; Dr. Hughes describes "close contact" as that which would normally happen among persons living with, or caring for, an ill person. "Almost all reported cases have been among health workers providing direct patient care or in family members," she notes.

Meanwhile, the illness does not appear to be spread via casual contact, such as meetings at schools, churches and other non-health settings.

"At this stage, there is no cause for alarm in Cayman," Dr. Hughes says, "but we must remain vigilant. The Ministry of Health Services is a member of the Pan American Health Organisation (the regional office of the WHO), and accordingly, Public Health receives regular updates on the epidemic and will report any suspected cases to PAHO's Jamaica office.

"We will continue to monitor SARS and inform practitioners, relevant departments, authorities and the community as the situation unfolds."

Frequently Asked Questions on Severe Acute Respiratory Syndrome (SARS)

Q : What are the symptoms?

A : The main symptoms of SARS are high fever (> 38° Celsius), dry cough, shortness of breath or breathing difficulties. Changes in chest X-rays indicative of pneumonia

also occur. SARS may be associated with other symptoms, including headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhoea.

Q:How contagious is SARS ?

A: Based on currently available evidence, close contact with an infected person is needed for the infective agent to spread from one person to another. Close contact with aerosolized droplets and bodily secretions from an infected person appears to be important. To date, the majority of cases have occurred in hospital workers who have cared for SARS patients and the close family members of these patients. However, the amount of the infective agent needed to cause an infection has not yet been determined.

Q: What is the treatment for SARS ?

A : While some medicines have been tried, no drug can, at this time, be recommended for prophylaxis or treatment. Antibiotics do not appear to be effective. Symptoms should be treated by adequately protected health professionals. As a result of good supportive care, some patients in Hanoi have been transferred from critical care wards to regular wards.

Q: How fast does SARS spread ?

A:SARS appears to be less infectious than influenza. The incubation period is short, estimated to range from 2-7 days, with 3-5 days being more common. However, the speed of international travel creates a risk that cases can rapidly spread around the world.

Keep up to date with the latest information from Public Health.

SEVEN MONTHS TO CERNER 'GO LIVE' continued from page 1

▪Immediate access to the patient medical records and results from any HSA site.

▪Several persons can view the same patient information at the same time.

▪All computers will have access to Cerner Millennium and more PCs will be added to facilitate staff access.

Accuracy:

▪Reduced transcription errors because information, such as medications, will only be entered in the patient record one time.

▪Many lab and monitoring results will download directly into the patient record.

▪Medication dosage calculations will be instantly done for the user when the order is entered.

Efficiency:

▪Reduced patient waiting time through online ordering and reporting of clinical investigations.

▪Scheduling of multiple appointments for patient convenience.

▪Charges are automatically entered into the patients account at the time of service.

Economy:



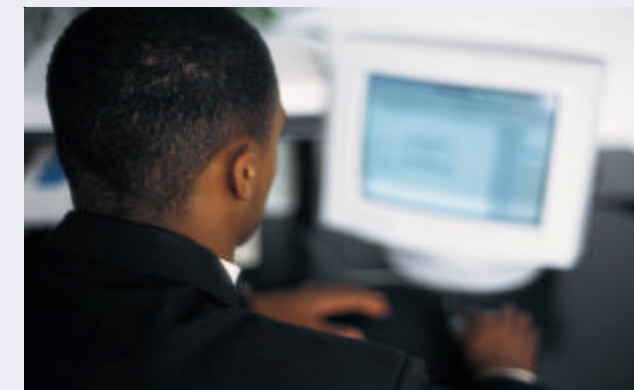
▪Reduced expenses by avoiding duplication of investigations.

▪Automated generation of insurance claim forms and collection letters.

▪Increase revenue by capturing charges for all services and supplies in the service areas.

Strategy:

▪Improve decision-making by organizing and monitoring workload.



▪Improved revenue, expense and facility usage statistics.

▪Increases time available for patient care by automating administrative processes.

Security:

▪Users will have access to areas of the system that relate to their job function.

▪Access to the system is through an individual user name and password.

▪Each access to patient information will be stamped with the date, time and user name and reason for viewing that information.

Cerner Millennium Timeline

Feb-Mar: Server hardware installation and testing

Mar-May: Complete the system design/build. Testers for each application (area) will be selected within the next few weeks.

May-Oct: Extensive testing of the system function and content

Jun: Train the Trainer Sessions. Super-User/Trainers for each application (area) will spend one week in Kansas City.

Jun-July: Windows training for those who are unfamiliar with computers.

Sept-Oct: Applications Training for all users. This time will require all hands on deck as we continue to provide service while learning the system.

Oct 28: Go Live!!

Remember, the best way to become comfortable using a computer is to use a computer!

Prepared by Martha Buford Information Systems

CAYMAN ISLANDS HOSPITAL OFFERS CANCER TREATMENT SERVICES

As part of efforts to broaden the range of services provided by the Hospital, the Health Services now has an Oncology Unit for the on-going care and treatment of cancer patients.

Chief Executive Officer of the HSA, Mr. Mervyn Conolly says this service will provide significant benefits to patients and their families.

The care of oncology patients often involves frequent lab tests, diagnostic radiology, dietary consultation, pain management and chemotherapy treatment which had to be undertaken overseas at significant costs for travel and housing both for the patients and their accompanying relatives. Frequent time away from work and family also proved difficult for these patients.

With all of these services now offered locally on an outpatient basis, patients are able to make savings in the cost of their care as well as time away from work and have the benefit of on-going family support during their treatment.

The HSA's CEO says "our caring professionals focus on each patient and every body system affected by cancer to ensure that the best possible therapies are implemented. This approach starts with the first visit and continues through treatment and follow-up."

The HSA's oncology staff helps each patient and their families meet the challenges of living with cancer with information, guidance and practical suggestions to involve them in the

decision-making options along the way. This offers patients a convenient and cost effective alternative to hospital admission.

The Unit also has plans to offer regular exercise, diet and spiritual counseling classes for cancer patients.

The Oncology Clinic is located on the ground floor of the hospital, adjacent to the Ambulatory Care Unit and is open Monday through Friday from 8:00 a.m. to 4:00 p.m. It is staffed with a team of trained oncology nurses, supported by on staff Physicians and Dr. Gillian Wharfe, a visiting Oncologist. In addition, support and consultations are available by calling 244-2797.

DEPARTMENT FEATURE ACCIDENT & EMERGENCY

continued from page 2

Waiting

There are a variety of reasons why patients may also have to wait in A&E even after being seen by a Doctor. Laboratory and X-ray results may take some time.

Important facts about A&E

o **A&E is not an alternative to GP.** It is not appropriate to go to A&E simply because your doctor can't see you immediately.

o **Calling 911 for an ambulance does not get you to the top of the A&E queue.** All patients are seen on the basis of medical need, not how they arrive at the hospital.

o **A&E doctors are not more experienced in dealing with medical problems than GP.** Your GP is an expert in general medical problems and A&E doctors are specialists in accidents and emergencies.

When is it an emergency?

Even the experts agree that there is no clear and definite answer to this.

True emergencies are life-threatening conditions so serious that delay might cause death, serious impairment or permanent disability, or might seriously jeopardise a pregnancy in the case of pregnant women.

Emergency Team

The doctors and nurses are only part of a multidisciplinary team working in the Accident and Emergency Department, which includes emergency medical technicians, paramedics, ward assistants, porters

and housekeepers.

There are 7 doctors in Emergency Medicine working in A&E. They are supported by a team of 19 experienced emergency trained nurses under the guidance of Dr. Fiona Robertson, Head of the Department, Nurse Manager and Health Services Disaster Co-ordinator, Mrs. Ella Conolly and Leyda Nicholson-Coe as Business Manager.

The Emergency Services team of five paramedics and nineteen emergency medical technicians are also integral to the work of the Department.

The Emergency team responds to all major incidents including national disasters.

Last year, the team was forced to activate its Mass Casualty Plan following a request for emergency medical assistance from the crew of a Russian registered cargo vessel, which fell ill during their passage in the Caribbean Sea.

At approximately 4:00 a.m. on

vomiting).

A special isolation unit was set up in the Physiotherapy unit to treat the crewmen. Where over 20 HSA staff members assisted from various departments.



Months later, Dr. Robertson speaks continually of this incident and has high praises for the team for the rapid response and their demonstrated ability to handle any emergency situation or mass casualty. Adding that thanks should also be given to the Police, Immigration, Fire Departments and the Port Security for their assistance.

Some facts and figures on A & E

• Over 50 patients are seen daily;

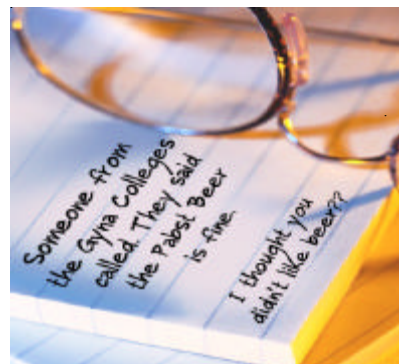
• A monthly average of 168 patients are admitted through A&E.

Ambulance

Over 180 Ambulance calls per month.



Saturday, November 23, a team 8 was dispatched to Spot Dock to assess and render medical assistance to the 21-member crew, who were diagnosed with Gastroenteritis (diarrhoea and



HUMOUR

Why men shouldn't take messages

Food for thought

Have you ever noticed how often references to food are used in everyday speech?

We tend to fish for compliments and beef about injustice. We butter up people we want to manipulate, and ham it up to get a laugh. We describe a lovely young woman as a hot tomato, and a brainy student as an egghead. A muscled he-man is beefcake, a term that comes

from cheesecake, describing young women modelling bathing suits. We act cool as a cucumber when we get caught with our hands in the cookie jar, and turn beet red when we are obliged to eat our words.

We invite the people who can't stand the heat to get out of the kitchen. We polish the apple for the teacher and eat high off the hog. We call the one we love Honey, and save someone's bacon.

A coward is just plain chicken. We table

discussions, tap resources, cook up new ideas, pull down menus on our computer screens, and offer recipes for success.

We toast the bride and groom, roast our friends while honouring them at dinners, and cajole people who are slow as molasses to wake up and smell the coffee.

We need a job to provide our bread and butter, and an unexpected gift is money for jam. In moments of stress, we may be tempted to drop a few salty expressions. Dollars to doughnuts this set of expressions is by no means the whole enchilada.

And after it is all over, we may end up all washed up.

Contributed by Martha Buford
Information Systems

PATIENT COMPLAINTS AND GRIEVANCES

The Health Services is committed to the highest levels of patient care and as part of a continuing programme to improve all aspects of the delivery of health care, a draft Patient Complaints and Grievance Policy has been developed.

Aspects of this policy was shared with staff at the recent Customer Service Workshop and is now being reproduced in full for all members of staff to read and comment.

PURPOSE

To provide an avenue for resolution of patient and family complaints and to provide staff with standard procedures to follow when handling patient complaints.

POLICY

Every patient of the Health Service Authority (HSA) shall have access to the Patients Rights and Responsibility, which includes the right to present written/ verbal complaints and grievances related to care and to know how the process is initiated.

Complaints will be addressed in a timely manner and an appropriate intervention or response will be provided to the patient and/or family member.

Filing a complaint or grievance shall not adversely affect a patient's access to care.

Significant complaints and grievances will be tracked and trended using a centralized database which will be utilized for Performance Improvement.

DEFINITIONS

A **complaint** is an allegation or source of dissatisfaction expressed verbally or in writing. Complaints may include, but are not limited to:

- Standard or quality of care issues
- Reports of inadequate pain management
- Serious miscommunication between patients/families and healthcare providers

A **grievance** is a formal written or verbal complaint expressing dissatisfaction with the resolution of a complaint. A written response regarding the grievance will be provided to the patient or their legal representative.

TIMEFRAME FOR RESOLUTION

Complaint investigation and resolution are handled as they occur and if the complaint requires more time due to extenuating circumstances and all parties agree, a mutual acceptable completion date will be determined. Time frame for resolution should not exceed 30 days for both written and verbal complaints.

PROCEDURE:

ACCESS

1. Each inpatient shall receive a copy of the Patient Bill of Rights and Responsibilities during the admission process that informs them of their right to present complaints and grievances.

2. The Patient Bill of Rights and responsibilities shall also be posted in the waiting areas of the outpatient

facilities.

3. Materials provided to patients include the process for initiation of a complaint or grievance through notification of a healthcare team member or the Patient Service Representative at telephone # 244-2820 during regular business hours.

4. During nights, weekends and holidays, Hospital Administration is notified through the Nurse manager or Shift Coordinator on duty, and patients/families may access this service by dialling the operator or asking the charge nurse to speak with either of these individuals.

VERBAL COMPLAINTS/GRIEVANCES

1. Patients complaints initiated at the point of service are resolved wherever possible by staff members having direct contact with the patient and/or family. Patient complaints resolved by frontline staff are then directed in writing in the form of an incident report as follows:

To the Nurse Manager of the Directorate or the supervisor of the department, or clinic. It is then investigated and resolved as deemed appropriate by the HOD and /or Risk Manager

If the Manager/Supervisor is not available or is unable to resolve the complaint, the concerns are passed on to the Patient Service Representative by beeper or phone listed on the attachment during the Hours of 8:00 AM – 4:30PM. Monday to Friday.

Between the hours of 5pm and 8am, weekends or holidays the Nurse

PATIENT COMPLAINTS AND GRIEVANCES

manager on call or Shift Coordinator is notified and they may access the Senior Manager on call to assist if necessary.

2. A patient may file a formal grievance at any time using the same process. Each patient who lodges a formal grievance receives a written response from the Patient Service Department containing the health service decision, the name of the hospital contact person, the steps taken to investigate the grievance, and the date of completion.

EXTERNAL PHONE CALLS

1. External phone calls received by the hospital operator expressing a complaint or grievance must be forwarded to the Patient Service Representative or the Director of Operations.

2. Based on the nature of the complaint the Directorate Representative, the Nurse Manager, Risk management or the Medical Director is contacted by the Patient Service Representative or DO.

WRITTEN COMPLAINTS

1. Written complaints are sent to the patient service representative. The officer will assess the nature of the complaint and follow-up verbally or in written format or may choose to refer the issue to :

The Medical Director or Risk Management for Physician issues and/or

Head of Directorate, Manager or supervisor of the specific area or

clinic and/or

Quality Improvement Coordinator.

2. Written comments on patient satisfaction surveys are initially reviewed by the Patient Service Representative and the Directorates Nurse or Business manager who actions plans to correct any deficiency. Follow-up is then done by the Patient Service Representative.

WRITTEN RESPONSE TO PATIENT

Written responses to patients are to be reviewed by Risk Management before delivery to the patient.

TRENDS/REPORTS/FEEDBACK

1. All significant complaints and grievances, along with the interventions taken, are documented on incidents/occurrences form by the respective Directorates and patient service representative and forwarded to the Quality Assurance Coordinator, who will maintain the central database.

2. Quarterly reports regarding these complaints are presented to the Performance Improvement Committee. The Performance Improvement Committee activates task forces, CQI teams and ad hoc committees where trends are defined, to investigate and resolve issues.

MANAGEMENT AND STAFF EDUCATION:

1. Managers and staff are educated regarding the patient complaint process during orientation and annually.

2. Education includes formal in-services and classes; self study materials and continual feedback from Performance Improvement initiatives.

DEPARTMENTAL REPRESENTATIVES:

Operations

Eloise Reid
Beeper #475
ext 244- 2607

Patient Service Representative:

Julie Faulkner
Beeper #160
ext 244-2820

Specialist Services Manager

Hazel Brown
Beeper #271
ext 244-2508

General Practice

Nodeane Robotham
ext 244-2724

Surgical Directorate

Joanne Taylor
Beeper #324
ext 244-2759

Medical Directorate

Carol Allen
Beeper # 822
ext 244-2869

Accident & Emergency Directorate

Leyda Nicholson-Coe
Beeper # 271
ext 244-2789

CROSS-REFERENCES

Patient Rights and Responsibilities policy

A JOURNEY BACK IN TIME

A look at nursing and medical care years ago

continued from page 7

THE HOSPITAL

Facilities at the hospital were basic in the early days. Recalls Dr. Paul Magnus (retired surgeon of the hospital) who was seconded to Cayman from the Jamaica Public Medical Service in 1951. The population in Cayman then was 5,000 people.

Dr. Magnus' recollections of the hospital was that of a small converted house cum hospital, similar to ones he had worked in at Lucea, Alexandria (village hospital in Jamaica). He recalled that there were 4-5 beds and the kitchen was converted into an operating room.

Electricity was supplied from a few merchants, and limited to several hours for the day. Consequently, the operating room was supplied with gas and kerosene equipment. Instruments for surgery was sterilized by boiling. There was no kitchen facilities to prepare meals for patients, therefore relatives brought in food for the patients. A Ms Beatrice Parchment also helped to supply some cooked food for the patients.

Dr. Magnus remembers performing surgery in that little hospital, and noted that at first, some of his patients developed a wound infection. After racking his brains the only solution he could come up with, was to paint the place. Apparently as an old building (wooden structure), very dusty (air conditioners were not yet available), these dust particles were the cause of the infection. Once the rooms

were painted, the infection stopped.

Dr. Magnus often had to rely on his good medical judgement, clinical observation and experience in treating the sick. There was no laboratory or x-ray facilities, nor was there a qualified anaesthetist for his surgical cases. Patients with complicated surgical conditions were still sent to Jamaica. Dr. Magnus would at times administer the anaesthetic (ether or chloroform), which he later taught the nurses to do, and then proceed to do his surgery. Sometimes he was assisted by Dr. Virtue, who was the dentist at the hospital.

I have also been fortunate to work with Dr. Magnus in the 1980's. At that time he was not only the surgeon, but responsible for the obstetric cases along with Dr. John Williams (chief medical officer). Dr. Williams and Dr. Magnus had great admiration for midwives, and they relied on the midwives to do the majority of deliveries (almost 80 per cent). The only other private obstetrician on the island was Dr. Burrowes.

A mention should be made of Dr. Burrowes, who apart from being the first Rhodes scholar from Jamaica, was also documented to have performed the first caesarean delivery in the hospital. He was the founder and driving force behind the first Medical Associate, a private hospital in Jamaica. Dr. Burrowes retired to Cayman where he continued to have private obstetric cases in the 1980's.

THE 1950's

In early 1950, a new 28-bed government hospital was built. It consisted of a maternity unit, 10 private rooms, a 6-bed paediatric ward, and an operating room. Dr. McLaughlin was the surgeon along with Dr. Hortor, who was a surgeon and general practitioner. Nurse Pinkie Bush was also employed in the new hospital. Nurses and doctors were still recruited from Jamaica. The matron was Ms Florence Petgrave, also from Jamaica (she only recently passed away in Jamaica).

Nurse Ruth McLaughlin returned to Cayman in 1958 after completing her nursing and midwifery studies in Jamaica. Mrs. McLaughlin would later become the first Caymanian matron, followed by another Caymanian Mrs. Eloise Reid in the 1980's.

Cayman Islands residents had waited eagerly for the opening of a modern high-tech facility. The opening of the Health Services Complex on March 27, 1999, marked the end of many years of planning, designing and redesigning the new facility.

The Cayman Islands can now be proud of the new architect designed facility, with state of the art monitoring and diagnostic equipment. A new facility that is more than twice the size of the old hospital. Some patients have even gotten lost trying to find their way around a new complex.

It seems like years removed from

what people remember the old hospital used to be. In fact, the last one hundred years has seen more changes in health care in Cayman than ever before. To appreciate just how much has changed, let us take a look at what medical care was like in the Cayman Islands.

THE EARLY YEARS

In 1894, the Governor of Jamaica (Cayman was considered a dependency of Jamaica) appointed Dr. Hulme to dual office of stipendiary Magistrate and Medical Officer. Thereby followed a succession of appointees.

The first medical officer was paid one hundred pounds per year, and whatever he could make in private practice. Annual colonial reports from Cayman reflect difficulty in attracting and retaining medical staff, and often there were long gaps of no medical person.

THE 1920's AND 1930's

One of Cayman's first recognized nurses was Nurse Annie Bush, who along with Nurse Earle (Pinkie) Bush and the medical officer (Dr Hortor), was responsible for starting the first hospital on the island. Nurse Annie Bush recalled (Cayman Archives) how she became interested in nursing. In the 1920's an English nurse (Mrs. Andrews) and her husband came to Cayman to live.

Mrs. Andrews started a first-aid course for interested ladies and Nurse Bush enrolled in the course.

A JOURNEY BACK IN TIME

A look at nursing and medical care years ago

Submitted by Donna Scott

Nursing Coordinator

Mrs. Andrews however, did not have a long stay on the island, as her husband became seriously ill, and they returned to England. By this time, Dr. Hortor seeing the need for trained nurses encouraged Nurse Bush to become certified by pursuing a nursing programme offered at the Town Hall, George Town.

Nurse 'Pinkie' Bush recalling nursing in those early days, commented that they did not have any antibiotics (penicillin was only just being discovered). The common illness in those days was malaria, for which little could be done, except to help reduce the fever with aspirin and herbal medicines.

In 1937 a small 4-bed hospital was opened, but it also experienced staffing problems (site of the present Immigration Building). Nurse Earle (Pinkie) Bush was one of the first Caymanian nurses to work in the hospital. Nurse Bush had gone to Jamaica (Kingston Public Hospital) in 1942 to train as a practical nurse. Doctor Finlayson was the only doctor for the hospital.

Along with Nurse 'Pinkie' Bush was another Caymanian nurse (Annie Bush), and two nurses from Jamaica. In taped interviews with Nurse (Pinkie) Bush (Cayman Archives), she recalled that as well as her nursing duties, she often accompanied the doctor to the district clinics in West Bay, Bodden Town and East End. Nurse Bush was also on hand to assist Dr. Burrowes at the first documented caesarean birth at the

hospital.

In 1980, having returned from the UK from nursing/midwifery training, I had the privilege of working with Nurse Bush. I can still recall Nurse Bush caring manner to me. After doing a delivery on the maternity unit, I proceeded to tidy up (as all well trained midwives are taught to do). Nurse Bush called me and asked "what do you think you are doing?" I replied I was cleaning my instruments. She said "nurse, kindly go and write your notes and leave me to do that".

With that remark I was presented with a cup of tea and biscuits and she walked away. I was the only RN/midwife on duty, and Nurse Bush the practical nurse, but she was very much in charge.

continued on page 10

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