



**UNIVERSITY OF ABUJA TEACHING HOSPITAL,
GWAGWALADA, ABUJA, NIGERIA**



2019
ANNUAL
REPORT



**UNIVERSITY OF ABUJA TEACHING HOSPITAL,
GWAGWALADA, ABUJA, NIGERIA**

2019 *Annual* **REPORT**





UNIVERSITY OF ABUJA TEACHING HOSPITAL GWAGWALADA, ABUJA.

OUR VISION

To render qualitative and effective Specialists' health care services through well-motivated staff at an affordable rate.

MISSION

Our corporate mission is that of a well-equipped, modern tertiary health facility with a dedicated manpower to fulfill the following functions:

1. Render efficient and effective health care services to all categories of patients/clients within and outside the Federal Capital Territory.
2. Provide clinical teaching in all medical fields at undergraduate and postgraduate levels.
3. Carry out health-related researches to the benefit of humanity.

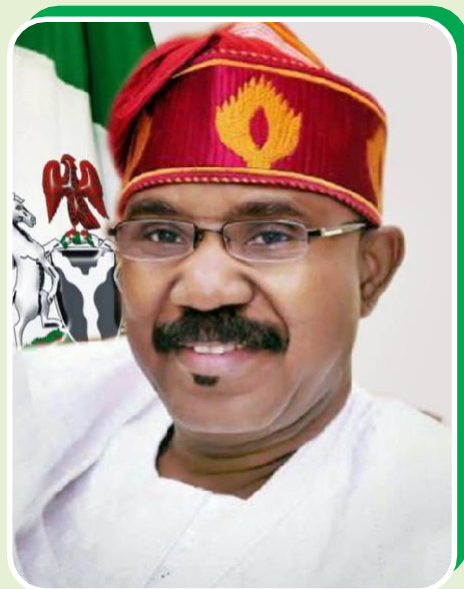
MANAGEMENT



PRESIDENT MUHAMMADU BUHARI
PRESIDENT - CHIEF OF THE ARMED FORCES
FEDERAL REPUBLIC OF NIGERIA



DR. OSAGIE EMMANUEL EHANIRE
HONOURABLE MINISTER OF HEALTH
FEDERAL REPUBLIC OF NIGERIA



DR. ADELEKE OLORUNNIMBE MAMORA
HONOURABLE MINISTER OF STATE FOR HEALTH
FEDERAL REPUBLIC OF NIGERIA



Prof. Bissallah Ahmed Ekele
Chief Medical Director/Chief Executive Officer



Mrs. Modupe K. Adebajo
Director of Administration and Secretary



Hajia Abu S. Fawa
Representative of Public Interest



Mrs. Omobola A. Yusuf
Representative of Public Interest



Mr. Chiagozie Ahanonu
Representative of Public Interest



Dr. Sam Sam Jaja
Chairman



Mrs. Olayemi Sotomi
Representative of Federal
Ministry of Health



Dr. Teddy Eyaofun Agida
Representative of Vice Chancellor,
University of Abuja



Dr. Nicholas Baamlong
Chairman, Medical Advisory Committee,
University of Abuja Teaching Hospital



Prof. Ekundayo S. Garba
Provost, College of Health Services,
University of Abuja



Prof. Felicia Anumah
Representative of Senate,
University of Abuja



Barrister Amanda Pam
Representative of Host Community



Dr. Solomon Avidime
Representative of Nigeria
Medical Association



Dr. (Mrs) Olufunke Ajiboye
Representative of Joint Health Sector Unions
and Assembly of Health Care Professionals

MEMBERS OF TOP MANAGEMENT COMMITTEE



Prof. Bissallah Ahmed Ekele
Chief Medical Director/Chief Executive Officer



Dr. Nicholas Baamong
Chairman, Medical Advisory Committee



Mrs. Khadijat Modupe Adebajo
Director of Administration



Mr. Nimfa Zwalbong
Head, Finance & Account



Mrs. Nneoma Agulanna
Head, Internal Audit



Dr. Terkaa Atim
Deputy Chairman, Medical Advisory Committee, Clinical



Dr. Kudirat Olateju
Deputy Chairman, Medical Advisory Committee, Research and Training



Engr. Bala Mangut
Head, Works/Engineering



Mrs. Lydia Chukwu
Head of Nursing Services



Pharm. Silas Luka
Head of Pharmacy



Mr. Yusufu Hassan
Secretary to Committee



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FOREWORD

UATH 2019 ANNUAL REPORT



It is my pleasure to write the forward of the 2019 Annual Report. The year 2019 will go down in the history of our Hospital as a memorable one for many reasons as captured in the achievement section of the various units and departments.

We would not have achieved much without the guidance, counsel and support of the Board of Management under the leadership of **Dr. Sam Sam Jaja** (KSC). For instance, we have now taken possession of the first and second floors of the Trauma Center after seven years of bickering with the company that was given the Building courtesy of a faulty Joint Venture Agreement. We have also gotten the Certificate of Occupancy of the Hospital Land. Thanks to the negotiating skills, style and patience of our able Chairman and indeed other members of the Board.

In the year under review, we built a 32-bed extension of the Accident and Emergency Unit amongst other capital projects. Critical medical equipment were also procured. Various clinical departments got accreditations or re-accreditations from the West African College of Physicians (WACP), West African College of Surgeons (WACS) and the National Post-graduate Medical College for residency training.

The Post Basic Critical Care Nursing School is our flagship training institution. For three consecutive years, the School recorded 100% success at the Council organized final examination and produced the best candidate on one occasion. We congratulate the staff and students of the school for this feat. We also started the mandatory, one-year, Nursing Internship in the year under review.

Research as the third leg of the tripod of our mandate was also given a pride of place with the Department of Internal Medicine providing the lead. Sample: the Hypertensive Treatment in Nigeria Research Project; the CREOLE Trial; the 13-City Hypertension Study and the Nebivolol Study are all domiciled in the Department, courtesy of the quintessential Consultant Cardiologist – **Dr. Dike Ojji**. Needless to say that he was voted unanimously as the UATH Staff of the Year 2019.

It was a very smooth year with no disruption of services or strike action by any professional group. That must have contributed to the success story being shared in this report. That success is built on teamwork, dedication, resilience and professionalism. To God, be the glory! And three **Gbosas** to all the Unions and Associations!!!

Of course there were still challenges as variously documented by units and departments in this report. With more resources and judicious use of funds, we shall overcome many of the problems in the coming years. We were also not able to get the necessary waivers to recruit or replace exited staff, a development we hope to reverse the succeeding year.

Finally, I want to thank the team responsible for collating this report for a job well done and the entire UATH staff for their dedication and support. God bless! Together, we will keep winning!

Professor Bissallah Ahmed Ekele,
Chief Medical Director/Chief Executive Officer.



OFFICE OF THE CHIEF MEDICAL DIRECTOR

1.0 INTRODUCTION

Professor Bissallah A. Ekele is the Chief Medical Director and Chief Executive Officer of the institution. The office staff strength of 6 personnel consist of a Confidential Secretary, an Administrative Executive, As enior Clerical Officer, a Corps Member and a Cleaner.

2.0 RESPONSIBILITY

The office is saddled with the day-to-day running of the Hospital as well as coordinates the activities of the Directorate of Administration and the Directorate of Clinical Services (CMAC).

2.1. Other Responsibilities

The following Departments and Units report directly to the Chief Medical Director:

- Corporate Affairs/Public Relations
- Finance & Account
- Internal Audit
- Procurement
- Security
- SERVICOM
- Work and Engineering

Presented under each Directorate is the 2019 Annual Report.



Trauma Centre, University of Abuja Teaching Hospital (UATH), Gwagwalada, Abuja, Nigeria.



DEPARTMENT OF FINANCE & ACCOUNTS

1.0 INTRODUCTION

The Department of Finance and Accounts is headed by a Deputy Director who oversees the daily activities of the various Units and reports to the Chief Medical Director.

The Finance and Accounts Department is one of the critical Departments of the Hospital with the responsibility of providing accounting services and manages the finances of the Hospital. Our responsibilities include among others, recording Accounts, paying bills, billing third parties, tracking assets and expenditures, managing payroll and keeping track of tax documents and preparation of payment vouchers. The tasks are undertaken by a wellmotivated workforce of eighty two (82) staff and 12 units. The Department performed its function under the following structure.

2.0 STAFF STRENGTH

1. **Office of the Director of Finance & Accounts:** responsible for giving professional advice to the Accounting Officer and other directors on matters relating to finance, appropriations and technical treasury circulars. He supervises all accounting functions to ensure compliance as well as regulatory framework.
2. **Budget Unit:** The unit has three (3) Staff. They're responsible for the preparation of the annual budget proposal of the hospital, recurrent and capital as determined by the vision of the central government, and are responsible for monitoring and evaluation of Budget implementation.
3. **Account Receivables:** This unit has twenty five (25) staff with appropriate skill. They are responsible for the collection of Hospital receipts, bills to third parties, recording of these transactions accordingly, securing revenue by verifying and posting receipts and resolving discrepancies.
4. **Accounts Payables:** The unit has five (5) staff and it's responsible for the documentation of statutory receipts from the federal government and the disbursement of such fund as guided by statutory provision and financial regulations and establishment circulars. The unit is also responsible for setting liabilities owed to third parties.
5. **Billing Unit:** The billing unit has nineteen staff. The billing unit plays an important role as a liaison between the management and patients. The hospital billing process is mainly to obtain appropriate fee charge for services and materials provided by the hospital to patients and ensure same are appropriately settled before patients are discharged.



6. **Payroll Unit:** The payroll unit is manned by three (3) staff. The unit is fully computerized and complies with IPPIs protocol. The unit determines the amount of wages and salary due to each employee. Employees are also able to access their information at all times within working hours.
7. **Other Charges:** The unit has six (6) staff. The unit is responsible for the preparation of payment vouchers. A payment voucher is a document used by the accounts payable unit to settle a liability or advances as approved. The unit gathers and files all the supporting documents needed to approve a payment of a liability.
8. **Final Accounts:** The unit has four (4) staff and is responsible for summarizing all the accounting transactions of the hospital in the form of financial statement. They maintain appropriate accounting books, journal, ledgers. They are the archive of the department accounting records.
9. **Fixed Assets Unit:** The unit is manned by three (3) staff. The unit seeks to track fixed assets of the hospital for the purposes of financial accounting, preventive/maintenance and theft deterrence. The unit assess/vouch for the location, quality, condition, maintenance and depreciation status of fixed assets.
10. **Store Account:** The unit has three (3) staff. The unit liaise with the store unit of the hospital to enable the department ascertain items supplied and issued to the departments.
11. **Special clinic (two staff):** The unit is there to help in the effective performance of the special clinic department of the hospital in keeping their financial records as provided by the donor and in compliance with extant financial regulations.
12. **Checking Unit (5 staff):** The unit is a service to accounts department. It helps to prevent basic errors and or mistakes that may occur in the process of preparing accounting documents before processing for payments.

3.0 ACHIEVEMENTS

During the period under review, the hospital has made great strides. The Finance & Accounts department has effectively performed her duty in that regard. This led to the construction and procurement of the under listed items just to mention a few.

1. Expansion/Extension of Casualty Unit: this critical project was of general concern to the management. Through Budget provision the hospital was able to draw funds and the structure is now completed.



2. Completion of House Officers Quarters: to give credence to the training focus of management, to be able to develop the critical man power needed for the nation, the house officers absorbed by the hospital have to be accommodated to ensure their effective training and development.
3. Procurement of Critical Medical Equipment.
 - i. Supply and Installation of Tissue Processor to Histopathology Department.
 - ii. Operating Theatre Lamps. iii. Visual analyzer was procured for the Ophthalmology department. iv. Dental Chairs for the dental department.
 - v. Apnea Monitor:
 - Phototherapy Machine LED (Brilliance Pro). □
 - China Phototherapy with Halogen (Brilliance Pro) □
 - Contec Neonatal Finger (pulse oximeter).
 - vi. Dialysis machine have been supplied to Dialysis Unit.
 - vii. Cardiovascular ultrasounds (VIVID EQ5) to the Cardiology department.
4. The Finance & Accounts department was able to draw all salaries and wages of staff and same were paid accordingly. All promotion arrears were fully settled during the period under review.

4.0 CHALLENGES

1. The need for all stakeholders to come together to improve the revenue profile of the hospital to enable management continue to provide effective medical treatment to our teeming patients.
2. The hospital desire to improve staff training as a form of increasing capacity and motivation, but due to shortage in revenue, training is becoming a thing of concern.
3. Payment for drugs and consumables.
4. Effective maintenance of the hospital structure due to dilapidation.

5.0 MANAGEMENT COMMITMENT TO IMPROVE REVENUE

1. The management through the Finance & Accounts department has deployed information technology platform with the idea of boosting the revenue profile of the hospital.
2. Health in a box has been contracted to provide a one stop shop for the hospital's accounting, medical and health information system that will at the shortest possible time



eliminate all paper transactions. All Accounting, Health Data and information shall be automated.

Mr. Nimfa Zwalbong
Head of Finance & Accounts



INTERNAL AUDIT

1.0 INTRODUCTION

The department is headed by a Deputy Director who oversees all its activities and report directly to the Chief Medical Director.

2.0 STAFF STRENGTH

We have the following numbers of staff in the department.

- One (1) Chief Accountant (Audit)
- One (1) Chief Confidential Secretary
- One (1) Assistant Chief Accountant (Audit)
- One (1) Principal Accountant (Audit)
- One (1) Principal Executive Officer (Audit)
- One (1) Senior Executive Officer (Audit)
- One (1) Higher Executive Officer (Audit)
- Two (2) Executive Officers (Audit)

3.0 FUNCTIONS

1. Serve as a watch dog and also advised the management on financial and other control measures.
2. Ensure compliance with management policies/regulations.
3. Assess the high risk areas (collection points) and make proper recommendations.
4. Safeguarding the assets of the hospital against losses and pilferages.
5. Identifying shortfalls or gaps in processes.
6. Evaluate internal control system and make recommendations on how to improve them
7. Carrying out special investigation for the management.
8. Prevention and detection of frauds with emphasis on prevention.
9. Enforce maintaining and ensuring adequate and reliable financial records in accordance with the current accounting standards and practices.

4.0 ACHIEVEMENTS

- a. Proper audit programs were put in place as a guide for effective performance.
- b. Enforcement of business registration and renewal by contractors.
- c. Recover some funds from over payment of salaries to some staff.
- d. There was prompt retirement of cash advances to staff.
- e. Rejection of short dated drugs, thereby reduction in funds that would have been lost through expired drugs.



- f. Maintenance of relevant books of account.
- g. Daily monitoring of revenue generated prompting proper recording and lodgments.
- h. Effective pre and post auditing of all payment vouchers.
- i. Introduction and effective use of audit progress register.
- j. Pilfering in CT Scan unit has stopped due to close monitoring by audit.
- k. The department together with the team of external auditors was able to verify the 2019 stock taking for immediate correction in accordance with best practices.

5.0 CHALLENGES

1. The work force in the department is not adequate to meet the hospital needs and demands couple with the current expansion in the hospital.
2. The staff skills and knowledge are not updated through training/workshop to enhance their performance to meet up with the current auditing practices.
3. It was difficult to carry out reconciliation on Integrated Personnel and Payroll Information System (IPPIS) since it is being handled by the office of the Accountantgeneral of the federation.
4. It was difficult to reconcile the revenue generated by some departments due to poor record keeping.
5. The reports from some departments are often delayed wish resulted in untimely reporting.
6. The revenue generations being handled by interswitch system do not have departmental code which makes it difficult to assess the performance of each department.

6.0 FUTURE PLANS

1. To have the department computerized for effective monitoring, evaluation and report writing.
2. To concentrate on the high risk areas (collection points) in the hospital for possible prevention of loss of revenue.
3. Soliciting for more staff for wider coverage and more effective and efficient performance.
4. To ensure close monitoring on low performing departments, close gaps for possible improvement.

Mrs. Nneoma A. Agulanna
Deputy Director (Audit)



PROCUREMENT UNIT

1.0 INTRODUCTION

The procurement unit is headed by an Assistant Director under direct supervision of the Chief Medical Director. It is staffed with two other experienced staff who have received the required basic BPP training and one other supporting staff with a secretary. There are also two (2) NYSC members attached to the office.

2.0 RESPONSIBILITY

The responsibility of the unit is the procurement of goods, works and services within the guide lines stipulated by Bureau of Public Procurement (BPP). These include procurement planning, tenders, project monitoring and evaluation, tenders procedure and implementation of approved budgets. The unit ensures that due process of contract award and execution is strictly followed in line with Public Procurement Act 2007.

2.1. Other Responsibilities

- Issuance of award letters to suitably qualified contractors/suppliers as may be approved by the Accounting Officer and the Hospital Tenders Board.
- Organize the inspection of capital projects as may be required by the Federal Ministry of Health or Federal Ministry of Works and Housing as the case may be. □ Other ad-hoc duties that may be assigned by the Accounting Officer.

3.0 ACHIEVEMENTS

- i. The unit coordinated due processes for award of contracts for the procurement of capital projects such as construction works, medical equipment as well as office items.
- ii. We also carried out routine procurement activities in various department/units of the hospital to enhance productivity.

4.0 CHALLENGES

The unit requires more trained staff and office space to function maximally. Most requesting departments/units still have difficulties in understanding procurement processes, hence the need for Management to create opportunity to regularly carry out enlightenment on procurement procedures in compliance with BPP Act 2007.

5.0 CONCLUSION

The unit wishes to express its profound gratitude to the Management for providing it with the conducive atmosphere for the discharge of its assigned responsibilities.

Mrs. E. J. M. SWAM
Head of Procurement



PUBLIC RELATIONS/CORPORATE AFFIARS UNIT

1.0 INTRODUCTION

The Public Relations unit is headed by an Assistant Director who reports directly to the Chief Medical Director.

2.0 STAFF STRENGTH

The unit has strength of twelve (12) Staff

• Assistant Director Information	-	1
• Administrative Officer I	-	1
• Information Officer I	-	1
• Information Officer ii	-	1
• Principal Executive Officer I	-	1
• Principal Executive Officer ii (Information)	-	1
• Higher Executive officer	-	2
• Chief Clerical Officer	-	1
• Photographers	-	2
• Chief Office Assistant	-	1

SUB – UNITS

The unit is divided into sub-units for effective performance, the units are:

1. Press affairs and publications
2. Protocol
3. Audio- visuals and still photograph
4. Staff Identification cards and mails
5. Communication
6. Equipment (PAS)

3.0 ACTIVITIES

- Promoting the cooperate image of the hospital.
- Organizing press briefings and specialized interviews for the board, chief medical Director, Heads of Department, and other specialist in the hospital.
- Preparing press statements for the media and providing full media coverage for all events in the hospital
- Production of quarterly UATH news bulletin
- Updating the hospitals website with news items and photographs
- Production of Staff Identification Cards



- Distribution of mails, Circulars and notices
- Dissemination of information of vital importance to the hospital community
- Serving as a point of call for those seeking information on the hospital □ Protocol and assisting information on the hospital □ Photographic activities of hospital events.

4.0 ACHIEVEMENTS

1. Major activities of the Hospital were in the news during the year.
2. Sustain protection and renewal of staff Identification cards
3. Thousands of mails received and distributed
4. Provided protocol services to members of the board of the Hospital and office of the Chief Medical Director
5. Regularly updated the hospital's Website
6. Disseminated information of public Importance to the entire hospital community.

5.0 CHALLENGES

1. Office Space constraint
2. Photographic and Audio- Visual editing suite

6.0 FUTURE PLAN

1. Befitting office complex as image maker to enable staff perform their functions effectively
2. Urgent need for training through workshops and update courses to keep staff abreast on modern trends in the profession.
3. Looking at the responsibilities of the unit, management is enjoined to consider upgrading the unit to full-fledged department.

Frank Omagbon

Assistant Director Information/Head of Unit



SECURITY SERVICES

1.0 INTRODUCTION

The department is headed by Major Usman Aliyu (Rtd). He is responsible for the general security coordination and reports directly to the Chief Medical Director. The security outfit of UATH is out-sourced to Crown Continental Security Limited that has two (2) Senior Managers.

2.0 STAFF STRENGTH

Total staff strength of 226 and the breakdown is as follows;

a. Male security operatives	=	162
b. Female security operative	=	64
Grand Total	=	226

3.0 ACTIVITIES

The followings are some major functions of the department of security.

- Protective security within UATH
- Coordinating the security activities in UATH
- Liaison with other security agencies on matters of security interest to UATH
- Provision of security briefs/reports to the Chief Medical Director.
- Investigation of likely security breaches.
- Security awareness lectures to members of UATH Staff.
- Performing any other legitimate functions as may be directed by the Chief Medical Director or Top Management Committee (TMC).

4.0 ACHIEVEMENTS

The following are the achievements made by the department during the period under review.

- Restructuring the security modus operandi (method of operation) by dividing the hospital complex into sectors (1-8) for easy security command and control.
- Intensive professional security training of operatives.
- Conduct of UATH Security survey.



- d. Co-ordination of the installation of close circuit television (CCTV) in UATH at areas prompt to security breach.
- e. Creation of enabling environment for synergy between the UATH department of security and other sister security agencies operating within Gwagwalada and environs.
- f. Recruitment of additional manpower of ten (10) security staff
- g. Creation of new administrative structure to Crown Continental security staff to enhance effective performances:
 - i. Manager administration
 - ii. Manager operations
 - iii. Sector commanders
 - iv. Supervisor investigation
 - v. Supervisor surveillance
 - vi. Supervisor quick response team
- h. Production of UATH Staff Tag and Visitor's Tag for Admin Complex.

5.0 CHALLENGES

- a. Inadequate manpower.
- b. Lack of security gadgets for easy communication amongst security staff such as metal detectors for searches of persons, vehicles and luggage's.
- c. Porous nature of UATH Perimeter Fence
- d. Inadequate CCTV coverage within UATH complex.

6.0 FUTURE PLANS

- a. A wider CCTV coverage to include; all car parks, main gate, trauma centre, new casualty, CMD, CMAC, DA and HOF & Account offices.
- b. Unarmed combat and proactive security training for security staff.
- c. Mobile/Static surveillance training and firefighting drill for the security staff and other departmental/unit staff.
- d. Change of vehicle's gate pass to a more secured one imbedded with security features.

Major Usman Aliyu (Rtd)
Chief Security Officer



SERVICOM UNIT

1.0 INTRODUCTION

The SERVICOM Unit is headed by the Nodal Officer who oversees the activities and reports directly to the Chief Medical Director. He is being assisted by 3 principal officers.

2.0 STAFF STRENGTH

The Department has 8 staff that cover a 24-hour shift.

3.0 ACTIVITIES

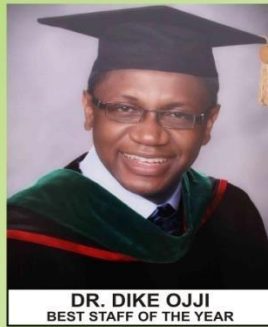
- Receives complaints of Service failure and promptly responds by ensuring complainants or grievances are addressed satisfactorily and promptly.
- Provides a comprehensive and effective training for frontline and other staff on Customer relations and other matters.
- Conducts client satisfaction surveys after which interactions are made with supervisors and frontline staff in a bid to improve service delivery.
- Reports service failures as well recommends to Management ways to improve better service delivery.

4.0 ACHIEVEMENTS

The service charter of the hospital was reviewed and printed during the year in review and this received commendation from the National Servicom Coordinator. This was distributed to all the departments as well as service areas within the hospital.

The Unit received over 70 written as well as verbal complaints from clients. These complaints were promptly handled to the satisfaction of complainants and were being reported weekly to the Chief Medical Director.

The Staff Award Day was held on the 18th of December 2019 with dignitaries and staff in attendance. Staff who were outstanding at their job designations were being recognized and rewarded by the Hospital Management. A total of 54 Staff were recognized and rewarded, also the Best Staff and Department were also recognized and awarded. The Supportive individual award was also presented.



DR. DIKE OJJI
BEST STAFF OF THE YEAR

STAFF AWARD FOR THE YEAR

2019



 DR. BARNABAS ADEBAYO FAMILY MEDICINE	 DR. IBRAHIM ETUBI MEDICINE	 DR. GODWIN EWU COMMUNITY MEDICINE	 JOHN FRANCIS DENTAL AND ORAL SURGERY SURGERY	 DR. UBONG ANYAG O & G	 FORTUNE OGBONNA RADIOLOGY	 PADA TUKURA OUT PATIENT UNIT	 NANLE O. RIMLAN MENTAL HEALTH	 RONKE OWOH DIALYSIS	 SILAMAN SHJAIRU INTERNAL PHARMACIST
 CHIME UDOEZIO NURSE	 ESTHER OWOLAJORI POST NATAL WARD	 PHIBI AMOS SPECIAL CARE BABY UNIT	 BINGEN BONGANIN ORTHOPAEDIC AND TRAUMA	 VINCENT EKER MALE SURGICAL WARD	 RUTH EMMANUEL HEALTH INFORMATION	 OKPURU MICHAEL FEMALE SURGICAL WARD	 KAUNA MADAKI OPHTHALMOLOGY	 JUMMAI JACOB NUTRITION AND DIETETICS DEPT	 DR. SHERIF ISAH OPHTHALMOLOGY
 BINTA ADURAKAR ANTENATAL CLINIC	 AUGUSTA EZENWA THEATRIST	 RACHAEL INEGBE FEMALE MEDICAL WARD	 CECILIA OGBURE MALE MEDICAL WARD	 MERCY OKWARA NURSE	 OPEYEMI EZEKIEL LABOUR WARD	 SALOME OGBOLE LEO GENERAL OUT PATIENT CLINIC	 SOVEMKO OLUWATUNMBI PHYSIOTHERAPY	 SUNDAY THOMAS HEALTH INFORMATION	 LARA JEMMY OMOWUNMI OUTPATIENT WARD
 ESTHER YUSUIF MEDICAL LIBRARY	 INIWA OKPE PHARMACY	 PHILOMENA OMIELE LABORATORY	 GRACE IKUSAGBA EMERGENCY PEDIATRIC UNIT	 ADAMA YAKUBU INTENSIVE CRITICAL CARE UNIT	 DR. OWODUN BOLAJOKO BEST HOUSE OFFICER	 JAMES CHIBUEZE OJO YOUTH CORPUS	 GIDEON MOSES FINANCE UNIT	 ALTY EMMANUEL PHYSIOTHERAPY	 JIMOH ALTYU WORKS & ENGINEERING UNIT
 ISA ADAMU ADMINISTRATION	 YUNUS IBRAHIM PROCUREMENT UNIT	 AMOS AMANA FINANCE	 PONTIP S. GAMBA AUDIT	 SALOME EZEH ADMINISTRATION	 SARATU HASSAN CASUALTY	 ACHEMU AYEGBA ICCN	 THOMAS AGBCALITSOHIE CROWN COURT/INTERNAL SECURITY	BEST DEPARTMENT OF THE YEAR BIO-MEDICAL ENGINEERING UNIT	
								BEST SUPPORTIVE NGO/PERSON SENATOR BETTY APIAFI	

Recipients of 2019 Annual Staff Award

5.0 CHALLENGES

The Unit needs more staff to effectively cover the entire hospital.

The Staff of the unit needs to attend trainings organized by the Servicom Training Institute; this is to enable them to perform their duties better.

The unit needs to be represented in the quarterly Ministerial Servicom Meetings; this is to project the hospital in the frontline.



Dr. Sam Sam Jaja presenting UATH

**Special Recognition Award to
Senator Betty Apiafi**

The unit is determined to continue to meet the aims and objectives for which it was established.

**Dr. Bob Ukonu
Nodal Officer/Head of Unit**

6.0 FUTURE PLANS



**Prof. B. A. Ekele presenting the
Best Staff of the Year Award to
Dr. Dike Ojji (Consultant Cardiologist)**



DEPARTMENT OF WORKS AND ENGINEERING

1.0 INTRODUCTION

The Department is headed by an Assistant Director who is responsible for the administration, co-ordination and supervision of the department and reports directly to the Chief Medical Director. The Department is a support service department which stands to serve the needs of all other departments of the entire hospital.

2.0 STRUCTURE

The Works and Engineering department comprises of the following units.

1. Biomedical Engineering Unit
2. Electrical and Electronic Engineering Unit
3. Mechanical Engineering Unit
4. Building Unit
5. Communication Unit
6. Refrigerator and Air Conditioner Unit
7. Water Unit
8. Quantity Surveying Unit

3.0 STAFF STRENGTH

-	Head of Department	-	1
-	Senior Staff	-	32
-	Junior staff	-	20
-	IT students	-	14

4.0 FUNCTIONS

1. Regular maintenance work in all departments, wards and clinics and regular ward rounds by all the units of the department to find out the condition of the Hospital equipment and facilities.
2. Established and maintained standard modern technological maintenance approach to hospital equipment and facilities



3. Ensured efficient maintenance of hospital buildings, utilities such as electricity, water and other infrastructures.
4. Co-coordinating all engineering /technical activities of the hospital
5. Providing technical input to the Management.
6. Supervises contractors of the hospital for equipment, buildings and other facilities.
7. Ensuring that all equipment /generating plants are functioning well and always.
8. The department trains students on Industrial attachment from various institutions of higher learning.

5.0 BIOMEDICAL ENGINEERING UNIT

The Biomedical Engineering Unit has a total number of 13 staff (3 Engineers, 5 Technologies, and 5 Technicians).

5.1 Activities

The Biomedical unit is saddle with preventive, corrective and breakdown maintenance of every now and then depending on last maintenance. Staff are stationed in critical areas in the hospital e.g. S.C.B.U, Theatre, Laboratory, Oxygen plant for prompt prevention of breakdown of equipment.

The unit carried out various activities of maintenance and repairs of suction machine operating table, operating lamp, dialysis machine, x-ray machine, laboratory equipments and also installation of various medical equipment in the hospital. This has led us to achieve the award of the best department 2019.

5.2 FUTURE PLANS

We the Biomedical unit wishes to see the reporting of fault done through internet connection, a kind of networking of all the equipment through a server for prompt response and have an audited equipment ledger for proper record.

6.0 ELECTRICAL AND ELECTRONIC ENGINEERING UNIT

The electrical unit is headed by a Chief Electrical Engineer who oversees the daily activities of the unit and reports to the Head of Department. The unit is responsible for working in a team to improve the standard of electrical installation in the hospital thereby promoting safety of lives and property and prevention of potential dangers of fire outbreak and other hazards.

The unit has staff strength of six and saddled with the following responsibilities among others;

- I. Supervising, Inspecting and testing of new installation, addition/extension and alteration before electricity is supplied to the installation.



- II. Periodic inspection of electrical installations.
- III. Carrying out Preventive and breakdown maintenance.
- IV. Design and implementation of Electrical Drawings.
Recommending/Prescribing safe electrical materials in accordance with Standard Organization of Nigeria (SON) and Institute of Electrical Engineers' (IEE) wiring regulation.
- V. Advice on electrical installation best practice.

6.1 ACHIEVEMENTS

The following were achieved during the year under review; I.
Installation of 100KVA Oxygen Plant generator.

- II. Conversion of 20no existing street lights to a solar type along Physiotherapy/NHIS corridor, along Dialysis unit and others.
- III. Electrical working drawing for proposed casualty expansion.
- IV. Installation lighting fittings and fans in Oxygen Plant house.
- V. Electrical installation/maintenance work in casualty complex.
- VI. Electrical rehabilitation work in House Officers' quarters.
- VII. Rehabilitation of electrical system in ICN School and hostel.
- VIII. Rehabilitation of electrical wiring system in the wards.
- IX. Rehabilitation Electrical system in theater reception.. X. Maintenance of Distribution Substations.
- XI. Connection of ICU ward and SCBU to theater generator.
- XII. Maintenance of electrical systems in the theatre.
- XIII. Electrification of aluminum partition wall in SCBU
- XIV. Electrification of Laboratory sample unit and general maintenance of electrical facilities in NHIS complex.
- XV. The unit successfully trained eight (8) IT students during the year

6.2 FUTURE PLANS

- I. Provide centralized water heating in each ward.
- II. Installation of 33KV breaker and panel for the hospital.
- III. Bulk purchase of electrical consumables.
- IV. Provide professional electrical tool and equipment.



- V. Provision of solar street lighting system round the proposed casualty extension and hospital quarters.

7.0 MECHANICAL ENGINEERING UNIT

The unit has 11 staff, headed by an Assistant Chief Technical Officer (Mechanical). This unit is saddled with the responsibility of generating and distributing electricity to every department of the hospital when there is Power outage from Abuja Electricity Distribution Company (AEDC) in the Hospital.

The unit also carries out repairs, fabrication and welding works of chairs, hospital beds, cardboards, wheel chairs, and other iron works.

7.1 Activities

The unit is saddled with the responsibility of generating electricity. The unit maintained the generators by regularly carrying out preventive and corrective maintenance on all the Hospital generators.

1. Supervised the pre fabrication of steel structure (portal cabin) for ICT office.
2. Supervised the construction of steel stand car park for 40 cars.
3. Supervised routine maintenance of the Hospital incinerator.

7.2 Future Plans:

Our future plan is to see that the hospital has 3 No. 1100KVA generators to provide power to the entire Hospital complex.

8.0 BUILDING UNIT

The section is headed by the Chief Building Officer. The section has staff strength of 9(nine) members as follows; two Registered Builders, a town planner, four higher technical officers and two Artisans.

8.1 Activities:

- Routine maintenance of building structures
- Supervision of capital projects (Buildings)
- Coordination and supervision of all contracts relating to construction of buildings.
- Building Renovation works
- Advice the management on issues relating to building works.

8.1 Achievement for the year 2019

1. Renovation of House Officers quarter
2. Alteration and re-construction of Pharmacy intern quarter
3. Reconstruction of soakaways
4. Controlled of roof leakages in various areas in the hospital complex and the Staff quarters.
5. Assessment of staff quarters for possible renovation



6. Supervision of re-construction of burnt House Officers quarter from 4 bedrooms to a six bedroom.
7. Rebuilding of collapsed fence
8. Routine maintenance work
9. Supervision of the renovation of Radiology Department
10. Supervised the construction of children play room for Pediatric Department.
11. Renovation and upgrading of 4 side wards in Female Medical ward.
12. Supervised the renovation of 4 side wards in Male Orthopedic ward.

8.2 Challenges

- The unit is in need of working equipment and tools
- Needs spare material in store e.g. keys, hinges, ceiling boards, paints.

9.0 TELECOMMUNICATION UNIT

The communication unit is headed by Principal Technical Officer who oversees the daily activities of the unit and report directly to the head of department.

The unit is responsible for the working of communication system in the hospital.

9.1 Activities

1. Installation and repair of Intercom lines
2. Maintenance of Public Address Systems.
3. Maintenance of Power Stabilizers
4. Maintenance of all side wards and clinical Televisions and decorders in 38 side wards including 4 bedded.
5. Maintenance of Nurse Call System in the wards.

9.2 Achievements for the year 2019

The following were achieved during the year under review;

- Re-installation of 400 intercom lines
- Repairs of 54 Power Stabilizers.
- Re-installation of Nurse call system in Female Medical ward.
- Repair and installation of 10 Televisions in side wards.

9.3 Challenges

1. The Public Address Systems needs to be re-visited. All the cables are expired.
2. The Plasma Television in the Public Place by banking hall need replacement.
3. Some of the power stabilizers are condemned and need replacement.

10.0 REFRIGERATOR AND AIR CONDITIONER UNIT

10.1 Staff Strength: The Refrigerator and Air Conditioner Unit of Maintenance Department is having staff strength of four (4)



10.2 Activities/Functions: The activities of the unit consist of routine maintenance and servicing of Air conditioners, washing of filters, refilling of gas in air conditioners and refrigerators for wards, hospital housing estate and offices. Also we carry out installations of new air conditioners in wards, offices, clinics, theatre and mortuary of the hospital.

10.3 Achievements: We have achieved a lot; Installation of over 80 new air conditioners in the wards and offices, replacement of AC/Refrigerators compressors, evaporators and fan motors within the hospital and the staff quarters.

10.4 Challenges:

Our challenges as a unit in maintenance department has to do with not having enough equipment to carry out our work which is the greatest challenge we are facing. Also, there are some little materials that are supposed to be available to us such like changing or replacement of overload, gas, drier, easy flow etc. are not there for us in time so as to make a replacement for either fridge or air conditioners.

10.5 Future Plans:

Our future plan as a unit in Maintenance Department is to make sure all the air conditioners and refrigerators in the hospital are all working fine as expected.

11.0 WATER ENGINEERING UNIT

The Water Unit has 8 Staff (Technical Officer 1, Water Pump Operator 1, Plumber 1, Craftsman 2, Porter 1, and Scientist 1)

11.1 Activities:

The water unit is responsible for the receipt of water from water Board and pumping of water from boreholes into the storage tanks of the Hospital from where it is distributed to all departments, wards, clinics and staff quarters of the Hospital. The Unit is also responsible for the maintenance of the water distribution lines and the waste water. The unit also repairs and replaces plumbing items such as gate valve; basin taps broken W/C, wash hand basin, bursting pipes, clearing of solid waste blockages within the hospital environment.

11.2 Achievements

1. Installation of overhead tank in house officers quarters
2. Replacement of broken W/C, Wash hand basin and taps in House Officer Quarters.
3. Connection of water board line to staff quarters in hospital premises.
4. Replacement of 4no overhead Gee Pee tanks. (ICU hostel, Hospital Lab, Landry and kitchen).
5. Evacuation of solid waste in male and female wards sewer line.



6. Replacement of broken W/C and wash hand basin in eye ward, labour ward, casualty and ANC.

11.3 Challenges:

1. **Power Failure:** The water unit has challenge of power supply to pump water from the boreholes from AEDC as the generators are usually not put on until 6pm.
2. **Blockages:** There are blockages of patients' toilets which have been discovered to be as a result of patients using hard objects such as paper, pads and specimen bottles in the toilet system which cause blockages.

12.0 QUANTITY SURVEYING UNIT

The unit is headed by a Principal Technical office (QS) who is a Registered Quantity Surveyor with the Nigerian Institute of Quantity Surveyors (NIQS) as well as Quantity Surveyors Registration Board of Nigeria (QSRBN) Respectively.

12.1 Activities:

- Advising on the financial aspects of various projects.
- Preparing Bills of Quantities and approximate cost estimates for projects.
- Act with the architect and engineers to ensure that the financial provisions of the contract are properly interpreted and applied so that the client's financial interest is safeguarded.
- Carrying out valuation for interim certificates and settlement of accounts.
- Assist in Procurement planning/budgeting for capital projects and technical evaluation of tenders
- Participate in general maintenance activities of hospital facilities.
- Carrying out property condition surveys as well as compilation of schedule of dilapidations and costing.

12.2 Achievements

- Prepared Bills of quantities for the ongoing construction of new mental Health building
- Prepared bills of quantities as well as valuation of works in progress for the New House officer's building, renovation of x-ray block, Admin block, and other minor renovation works carried out within the period under review.
- Valued and prepared interim payment certificate for various rehabilitation works. □
Participated in procurement Technical evaluation Sub-committees assignments □
Prepared cost estimates for maintenance works.
- Supervisory roles on the various construction /renovation/repairs works generally □
Participated in general maintenance activities of hospital facilities.

13.0 RECOMMENDATIONS

1. Requires additional junior staff especially in the Electrical, Biomedical, Telecommunication, Water, and Refrigerator and Air conditioning units to cope with the maintenance of the expansion of facilities of the Hospital.

2. Training and retraining of the staff be top priority to develop their skills.
3. AEDC power supply has not really improved; Management should provide two additional 1000KVA generators to meet up the electric power needs of the hospital.
4. Technology acquisition should be highly encouraged by permitting Works and Engineering department staff to attend Engineering assemblies, seminars and workshops etc.
5. Bulk purchase of electrical, plumbing, biomedical and RAC consumables and fittings will go a long way to attending to breakdown promptly.

14.0 CONCLUSION

The department is delighted with prompt response by the Management which had resulted into the high level of success recorded in the year under review.

Engr. M.B. Mangut
Head of Department



PLANTING OF ROYAL PALM TREES TO MARK HOSPITAL LAND BOUNDRIES.





DIRECTORATE OF ADMINISTRATION

1.0 INTRODUCTION

Mrs. Modupe Khadijat Adebajo is the Director of Administration and Head of the Department. She is responsible for overseeing to the day-to-day activities of the divisions and reports directly to the Chief Medical Director. The Department comprises the following Divisions:

1. Appointment, Promotion and Discipline.
2. Training, Education and Staff Welfare.
3. General Administration.
4. Records, Statistics and Pension.

The Department also oversees some units like Stores, National Health Insurance Scheme (NHIS) and the Clinical Secretariat.

The 2019 Annual Report of the Department is presented under each Division.



Remodeled Administrative Block



2.0 APPOINTMENT, PROMOTION AND DISCIPLINE/BOARD SECRETARIAT

The Division is headed by an Assistant Director – Yusuf Hassan, who reports directly to the Director of Administration. Other Staff in the Division are Assistant Chief Administrative Officer, Administrative Officer II, Senior Confidential Secretary and a Corps member.

2.1 ACTIVITIES

(i) The primary function of the division includes Appointment, promotion, and Discipline (Including upgrading and conversion).

(ii) **Board Secretariat**

During the year 2019, members of the Board of Management met four (4) times one in each quarter. The meetings were fully attended by all members and laudable achievement recorded.

2.2 ACHIEVEMENTS:

- 1. APPOINTMENT:** In the year 2019 a total number of 261 staff were employed. These include, House Officers, Interns and 5 officers were accepted on transfer of service, while 2 were released on transfer of service.
- 2. PROMOTION:** A total number of 126 staff were promoted 93 senior staff & 33 junior staff in the year under review.
- 3. UPGRADING/CONVERSION:** 42 staff were upgraded while 7 officers were also converted accordingly.

2.3 CHALLENGES

1. Office equipment such as table, chairs, photocopier, file cabinet etc.
2. Irregular payment of bench and renewal fees by Supernumerary Residents.
3. Lack of adequate manpower to man all its activities.

2.4 FUTURE PLAN

The Division intends to align itself with the Management desire to conduct promotion exercises as quickly as possible in any given year.

3.0 TRAINING EDUCATION AND STAFF WELFARE

The division is made up of three units, these includes Training, Education and Staff Welfare matters, headed by a Deputy Director – Constantine Nwaka, who oversees the activities of the various units.



3.1 Staff Strength

The staff strength includes a Deputy Director, Chief Administrative Officer, 3 Senior Admin Officers Principal Executive Officer, a Principal Confidential Secretary, an Admin officer II and a corps member totaling nine.

3.2 Activities/Functions

In charge of all Training, Education and Staff Welfare related matters, i.e. registration and refund of National Housing Fund contribution to staff that have retired and are contributors to the scheme, leave and continuous Education monthly programme.

3.3 Achievements

- Proposed Training and Staff Welfare Policies.
- Proposed organization of workshop for other hospital to participate.
- Monthly departmental presentation on topical issues bordering on Admin.

3.4 Challenges:

- Inadequate office space.
- Inadequate office furniture.
- limited opportunity for staff training/retraining.

3.5 Future Plans

- To ensure that all our proposals are well implemented when approved.
- To register our institution with NSITF that will cover staff insurance policy.
- To go digital in approving leave and conveyance of Management's decision.
- Updating each contributor of NHF contribution electronically via phone and gadgets.

4.0 GENERAL ADMINISTRATION

The division is headed by An Assistant Director – Mr. Caleb Ihuoma, he reports to the director of Administration on matters relating to:

- i. Housing and Utility
- ii. Transport and outsourced services
 - a. Transport
 - b. Hospital Canteen
 - c. Outsourced services:
 - Crown Continental
 - Ochija & Co □ ICONS Services



iii. Housekeeping Unit

4.1.1 Housing and Utility:

Staff strength: The unit is overseen by a Chief Executive Officer who takes charge of all the staff and House Officer's quarters.

4.1.2 Activities

- a. The unit ensures that all houses/and occupants are properly documented and kept for record purposes
- b. All occupants are legally allocated and ushered into the houses in line with hospital's housing policy.
- c. Identify and enlist vacant houses for possible reallocation to other eligible staff in collaboration with the hospital housing committee
- d. Identify and report to Management in case of any need for a maintenance work within the quarters.
- e. Recommend for recovery of rent from salary of staff allocated official accommodation
- f. Process for payment of water and electricity bills.
- g. Dispatch of letters through the postal services.

The Utility unit involves monitoring to make sure that all requisite services from electricity, water, and NIPOST are properly rendered.

4.1.3 Achievements

- a) All identified vacant houses in the hospital were accordingly processed and reallocated to staff in November, 2019.
 - b) There were some appreciable renovations done in House Officers & Interns quarters (Drs. Durfa & Sulai Blocks)
 - c) A complete new block of 6 bedroom flat was built for Interns.
 - d) Resident Doctors Quarters was created within the hospital to facilitate effective service delivery.
 - e) Utility bills received were accordingly processed and paid on time.
- Mails were dispatched promptly.

4.1.4 Challenges

- a) The unit is under staffed and needs motorcycle for dispatch.
- b) There are broken/filled soakaways in staff quarters, Interns /House Officers Quarters that need repairs/evacuation.
- c) Most occupants of our quarters do not have good maintenance culture

4.1.5 Future Plan/request



- a. Management should consider maintenance work in the quarters with utmost importance, for it gives the occupants peace of mind in the course of their work.
- b. Management may as well consider additional staff and provision of a mobility for the unit

Management may wish to create a sensitization committee that will be charged with the responsibility of enlightening residents on the importance of keeping a good maintenance culture.

4.2.0 Transport and Outsourced Unit

The Transport Unit is headed by an Assistant Chief Admin. Officer. The unit oversees the transport system of the Hospital and report to the head of division, General Administration. The unit has a total of seventeen (17). The hospital has nineteen (19) vehicles and four (4) are not serviceable.

4.2.1 Activities/Achievement

1. The transport unit supervises the activities of the Drivers and ensures that they perform their duties effectively.
2. The unit is to ensure proper maintenance of government vehicles.
3. The unit also keeps records of all movement of vehicles for proper monitoring.
4. The unit ensures that government vehicles are used for official journey not private or commercial purpose and to ensure that vehicles released for official purpose do not exceed the number of days approved.
5. The unit also process insurance cover for government vehicles and registration of procured vehicles.

4.2.2 Challenges

1. The unit has inadequate manpower
2. Utility vehicle and official vehicle attached to top Management staff are inadequate.
3. The unit's office lacks good furniture i.e chair and tables, and also needs split air conditioner and laptop.

4.2.3 Future Plan:

1. Provision of additional uniforms to drivers.
2. The need to increase ambulance to augment the services
3. Procurement of at least two utility and three official vehicles, furniture and laptop for the unit.
4. Drivers should be given one slot yearly to attend training at the Federal Ministry of Works and Housing located in Kuje – Abuja or Abeokuta, Ogun State.



4.3.0 The Hospital Canteen

Through the year 2019 the use of canteen hall was adequately utilized, with good revenue generations.

4.3.1 Challenges:

1. Inadequate chairs and tables,
2. Lack of alternative means of power supply whenever A.E.D.C goes off.
3. Need for total renovation and upgrading of the hall for improve service and revenue generation.

4.3.2 Future plan for canteen hall:

- a. Provision of additional chairs and tables to augment the one on ground.
- b. The windows of the canteen need burglary proof.
- c. Provision of standby generator as
- d. Upward review of changes for hiring of the hall as follows:

	Old rate	Proposed rate
Staff	5000	10,000
Non-staff	10,000	25,000

4.4.0 Crown Continental Limited

The Security Unit is headed by Major Usman Aliyu (Rtd). He oversees the routine security activities of the hospital and reports to the Chief Medical Director. Other details elsewhere!

4.5.0 Ochija & Co. Limited

4.5.1 Staff Strength

There are two hundred and ninety-four (294) staff.

4.5.2 Activities/Functions

These staff carries out cleaning services in the hospital, both internal and external and the removal of waste from dumping site to designated area.

The major work of the external compound cleaners are clearing of grasses, removal of dirt's from drainages, maintenance/watering of flowers, sweeping of the entire surrounding general



checking and surroundings. While the major work of internal staff is to clean the wards, clinics and offices.

4.5.3 Achievements

The company has improved tremendously over the years in terms of service delivery as a result of frequent meeting with the staff, punctuality to work has improved and there is effectiveness and efficiency in cleaning services rendered by the company, additional cleaning work has been offered to the company at the trauma centre.

4.5.4 Challenges

1. Constant accusation of Ochija cleaners of theft in the wards and clinic, this has made them to feel sober and ashamed which reduces their productivity.
2. Some security personnel guiding the wards and clinics usually refuse to control human traffic in and out of the wards/clinics when the cleaning is on-going. This rubbishes the efforts of the cleaners.
3. Through fares are created on the hospital lawn/field by people crossing them with bicycles/motor bike thereby creating paths on the field. This makes the beauty of mowing the lawn/field to disappear.
4. Indiscriminate sending of cleaners on errand by hospital staff even when work is not fully done has reduced the concentration rate of the cleaner and renders the job inefficient.

4.5.5 Future Plan

Our plans for the staffs are:

- a. Improve on staff motivation to achieve maximum efficiency
- b. To continuously organize on-site training and workshop for the staff
- c. To always maintain good cordial relationship with UATH staff, patients, other out-source service companies and community at large.

4.6.0 Icon Nigeria Limited

4.6.1 Staff Strength

The staff strength is one hundred and ninety (190).

4.6.2 Activities

Our activities involve assisting the doctors, nurses and patients of the hospital in achieving optimal healthcare delivery/services. We post our well trained personnel to different units and wards.

4.6.3 Achievements



1. We have maintained good working relationship and steady standard of operation to meet the hospitals expectations
2. As a result of strict observance of safety rules, our personnel have not recorded any form of casualty or accident on duty in the last service year.

4.6.4 Future Plans

- a) We are determined to maintain our standard of service and improve in areas that are necessary.
- b) We are willing to make immediate adjustment in any areas that the hospital finds us wanting.
- c) We will maintain our usual tradition of organizing training for our personnel to add to their knowledge and improve on their service delivery.
- d) We shall strive towards a closer synergy between our staff and the hospital's staff, as this will lead to a smooth relationship and improved service delivery to the patients.
- e) It is our desire and planes to continue to deliver our service to the hospital without hindrance.

4.7.0 House Keeping Unit

The house keeping unit is responsible for:

- a. The maintenance of the Post-Basic Critical Care Nursing School hostel.
- b. Call Duty rooms
- c. House officers' quarters
- d. CMD's Guest house
- e. Annual Christmas Decorations
- f. taking care of the board during its meeting

4.7.1 Staff strength

This unit has five Officers who manned the affairs of the unit

- a. Chief Catering officer: 2
- b. Laundry Men: 2
- c. Steward: 1

4.7.2 Functions

- House Officers quarters: 58 rooms
- ICN Hostel: 18 rooms
- Pharmacy Interns: 4 rooms
- Call rooms: 32 rooms with 51 beds □ CMD guest house: 5 rooms



4.7.3 Achievements

Eight rooms of the House officer's quarters were renovated

4.7.4 Challenges/Appeal:

1. The ICN hostel is needs to be renovated.
2. The new house officers' quarters also needs renovation
3. Proper plumbing as water leaks through the wall
4. Improve water circulation to the upper floor
5. Some bathrooms are not draining well.

4.7.5 Future Plan/Suggestions

- a. The ICN hostel needs total renovation and furnishings.
- b. The intern quarters roof of block 1 and 2 should be renovated.
- c. The plumbing system should be worked on.
- d. The drainage system and piping in the house officer's quarters are bad.
- e. The old house officer's quarters should be renovated.
- f. Need to relocate to the house officer's lounge for effective management.
- g. Need a renovated room to store Christmas decoration items for safe keep.
- h. We need more support staff.

5.0 RECORD, STATISTICS AND PENSION DIVISION

This Division is headed by an Assistant Director, Mr. Abu Sule-Otu and is made up of the following units:

- i. Records and Statistics
- ii. Secret Registry
- iii. Open Registry
- iv. Pension

5.1 Records Unit

The unit had staff strength of six (6) officers: An Assistant Chief Admin. Officer, a Senior Admin. Officer, 2 Admin. Officer I, a Senior Confidential Secretary and a Clerical officer.

5.2 Activities/Functions

- (a) Documentation of new staff
- (b) Raising of Variation advice
- (c) Updating of staff Record of Service



- (d) Handling of staff correspondences like change of names, change of next-of – kin.
- (e) IPPIS Human Resource activities.

5.3 Achievements

In the year 2019, the Hospital recorded the following personnel turn over:

• Transfer of Service	-	5
• Locum Appointment	-	64
• House Officers	-	93
• Interns	-	99
Total	-	261

Within the year under review, we captured the following data:

a. Withdrawal of service	-	16
b. Resignation of appointment	-	22
c. Dismissal/Disengagement	-	1
d. Termination of appointment	-	1
e. Deceased	-	3
Total	-	43

5.4 Challenges

The unit is facing shortage of office space. The furniture and fittings are old and need replacement.

5.5 Future Plan

- I. Computerization of the unit
- II. Training of Staff

5.2.0 Secret Registry

5.2.1 Staff Strength

• Admin Officer I	-	1
• Admin Officer II	-	1
• Principal Executive Officer I	-	1



5.2.2 Functions

1. Custody of Secret/Confidential files
2. Retrieving of files on demand
3. Custody of APER forms and Record of Service

5.2.3 Achievements

The Secret Registry being in custody of files containing confidential issues had lived up to expectations by ensuring that all such matters are kept intact.

5.2.4 Challenges

The main challenge facing the unit is lack of space and working equipment like office cabinets, laptop and furniture.

5.2.5 Future Plan

Computerization of the unit

5.3.0 Open Registry

5.3.1 Staff Strength

The unit has a total of eight (8) staff.

5.3.2 Functions

- a. Custody of both Personal and General files
- b. Retrieving files on demand
- c. Recording of incoming and outgoing files
- d. Stamping of official letters and certificates such as Medical Reports, Excuse Duty, Certificate of fitness, Death certificates, etc.
- e. Taking/recording of data of newly employed staff

5.3.3 Achievement: Reduction in cases of missing files.

5.3.4 Challenges



The major challenge facing the unit is lack of adequate manpower and office Space. There is no enough cabinet to contain the files. The unit is still operating on analog system of filing.

5.3.5 Future Plan

It is hopefully believed that the Registry will soon be computerized as the world is relating through internet connections.

5.4.0 Pension Unit

This unit is being managed by two Senior Officers including the Head of Division.

5.4.1 Functions

- a. Keeping Records of staff that are to retire from service
- b. Develop information resources, including the provision of seminars and training sessions for potential retirees.
- c. Resolving complex and controversial issues that may arise within individual pension claims.
- d. Processing and submission of data of deceased staff to both Pension Fund Administrators and Insurance Companies

5.4.2 Achievements

In the year under review, eighteen staff retired from service. They were taken to the National Pension Commission for their enrollment. On a sad note three (3) staff died while in active service and their entitlements processed for payment.

Furthermore, in the year under review, the data of about two hundred and thirty (230) staff that were laid off in the year 2006 were processed and submitted to the Pension Transitional Arrangement Directorate (PTAD) for payment of their outstanding benefits.

5.4.3 Challenges

The major challenge facing the unit is lack of prompt payment to retired staff and deceased next-of-kin.



2019 Senior Staff Promotion Examination

6.0 STORE UNIT

This unit is headed by a Chief Store officer - Mrs. Shekari Jummai who oversees the activities of the unit. It functions fewer than seven (7) servicing departments for prompt attention and for easy flow of materials to users department. The departmental stores include: Central Store, Pharmacy drug bulk store, Radiology store, Laboratory departmental stores, National Health Insurance Pharmacy bulk store, Theatre store and Dental store.

6.1 Staff Strength

- | | | |
|---------------------------------|---|---|
| • Central Store | - | 5 |
| • Pharmacy drug bulk store | - | 3 |
| • Laboratory departmental store | - | 2 |
| • Radiology Store | - | 1 |
| • NHIS | - | 2 |
| • Dental Store | - | 1 |
| • Theatre Store | - | 2 |

6.2 Functions



The unit is responsible for the daily administration of materials in use in the hospital. These activities includes: Storage of incoming material, raising of receipts vouchers for easy supplies in the hospital, documentation of every donated items brought into the hospital either by the Federal Government or from individuals. Issuance of receipt materials to users department on presentation of dully signed and approved requisition by the management for the release to the department in need.

6.3 Achievements

- Maintenance of stores record: books of account for stores and kept close control over "attractive" stores, report stock balance of all items in use in the hospital under the control of the unit.
- The unit was able to avoid waste of store and irregular issues of stores, it was also able to ensure that obsolete or unserviceable stores are stored separately, make periodic checks of stocks, and perform our duties in accordance to stores regulations. Finally we had a successful end of year stock taking and submitted the report to the hospital management.

6.4 Challenges

- Renovation of roof leakage of the store.
- The need to replace worn-out Office furniture in the unit.
- Lack storage space especially in the laboratory department stores.
- The unit is under staff.

OFFICE OF THE CHAIRMAN MEDICAL ADVISORY COMMITTEE/ DIRECTORATE OF CLINICAL SERVICES

1.0 INTRODUCTION

Dr. Nicholas Baamlong is the Chairman, Medical Advisory Committee/Directorate of clinical Services. The office staff strength is five (5) personnel. A Chief Confidential Secretary, an Administrative Executive, 2 Clerical Officers.

2.0 RESPONSIBILITY

The office is saddled with the responsibility to coordinate and oversees the activities of the Directorate of Clinical Services;

3.0 DEPARTMENT/UNIT UNDER

All department/units under the directorate of clinical services report directly to the Chairman, Medical Advisory Committee.

Presented under each Division is the 2019 Annual report.



Surgeons and Nurses after a theater session!



DEPARTMENT OF ANAESTHESIA AND INTENSIVE CARE

1.0 INTRODUCTION

The Department of Anaesthesia is headed by a Consultant Anesthesiologist. It comprises the following units: Nurse Anaesthetist, Recovery Room, Intensive Care, and Residents.

2.0 STAFF STRENGTH

There are seventy (70) staff in the department

• Consultants	3
• Senior Registrars	8
• Registrars	3
• Chief Medical Officers	2
• Nurses	50
• Admin Staff	2
• Porters	2

3.0 FUNCTIONS OF THE DEPARTMENT

- Labour Analgesia
- Central venous catheterization
- Anaesthesia for specialized radiological procedures □ Provision of Oxygen and related services □ Monitoring of oxygen consumption.
- Training of Doctors from other specialties
- Training of doctors from other institutions for Diploma and Fellowship in Aneasthesia
 - Regional Anaesthesia
 - Spinal Anaesthesia
 - Combine spinal epidural anaesthesia
 - Peripheral nerve blocks
- General Anaesthesia for different types of surgeries depending on Specialty
- Anaesthesia for Elective and Emergency Surgeries
- I.C.U. Admission and Care
- Pre op Review of emergency and elective cases
- Training of Neonatologist on Intubation and use of the Mechanical Ventilator
- Pain management in the ward
- CPR (Cardiopulmonary Resuscitation)
- Sedation for Paediatric Patients in the ward
- Transfer of critically ill patients intra and inter hospital

4.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED IN 2019

During the year under review, about three thousand nine hundred and fifty five (3,955) surgeries were carried out under various forms of anaesthesia successfully.

About one hundred and forty four (144pts) were admitted into the ICU. Seventy six (76) successfully managed and subsequently transferred out/Discharge to various wards while sixty eight (68) deaths were recorded.



The total patients transferred in to the unit and recovered successfully, were 3,419. Casualty theatre recorded 249 from 23rd May 2019 to December.

Below is the monthly statistics of patients who had various forms of Anaesthesia.

MAIN THEATRE		CASUALTY
JANUARY	281	
FEBRUARY	270	
MARCH	301	
APRIL	316	
MAY	291	8
JUNE	282	30
JULY	297	35
AUGUST	295	35
SEPTEMBER	268	40
OCTOBER	302	39
NOVEMBER	274	32
DECEMBER	242	30
GRAND TOTAL	3,419	249

Two new anaesthetic machines, complete with ventilators [MINDRAY] were bought by Management for the casualty and the main theater.

There was also repair of various faulty equipment.

One staff Mr. Ronald Banwat was promoted from the rank of Chief Nursing Officer to the rank of Assistant Director

The unit witnessed an efficient and effective service delivery to all its teaming clients. There was ambient working atmosphere for good working relationship with the rest of the team members; surgeons, physician anaesthetists, peri-operative nurses, sub-staff, the hospital community and indeed the general public.

5.0 CHALLENGES AND FUTURE PLANS

While the volume of surgery has increased, more complex surgical procedures are currently being carried out in the theatres including the Casualty theatre. The Physician Anaesthetists present are barely managing to cope with the work in the theatre as well as giving effective coverage for the ICU. There is therefore the need for the employment of more Physician Anaesthetists; Registrars and Consultants.

1. The Unit need mobile monitor/multi-parameter monitors.
2. The Recovery room needs piped Oxygen



3. Recovery beds, patients trolley and stretchers are required for easy movement of patients on transfer
4. To meet up with the volume of work, the staff strength needs to be beefed up and this includes the employment o Consultants, junior registrars, critical care nurses, anesthetic technicians and porters.
5. Four additional monitors are needed with Paediatric Accessories.
6. Five (5) suction machines are needed for effective coverage of the theatres suites
7. Ten (10) porters are needed for adequate coverage of all the theatre suites.

Dr. (Mrs.) Felicia Dele Asudo
Head of Department



DEPARTMENT OF CHEMICAL PATHOLOGY (RESEARCH LABORATORY)

1.0 INTRODUCTION

The department is headed by a Consultant Chemical Pathologist, who oversees the daily activities of the department and reports to the Chairman, Medical Advisory Committee.

2.0 STAFF STRENGTH

The department has on its roll,

Consultant	-	3
Senior registrar	-	1
Corp member	-	2
Total	-	6

3.0 ACTIVITIES

1. Laboratory investigations for the hospital
2. Consultation of ward patients: on request
3. Specialist consultation: In and out patient: on request.
4. Interpretation / review of laboratory results on request.
5. Research
6. Training of SIWES (Students Industrial Scheme): A total of 15 students have passed through the department in the year under review.

4.0 ACADEMIC ACTIVITIES

Industrial training student seminar	-	Monday
Postgraduate seminar	-	Thursday
Tutorial	-	Unscheduled
Journal review	-	Friday

5.0 ACHIEVEMENTS

1. The departments got partial accreditation with the West African College of Physicians for the training of resident doctors in November, 2019.

6.0 CHALLENGES

1. Inability of the chemical pathologist to interpret laboratory result from the routine laboratory.
2. Non availability of offices space for consultants and residents.
3. Shortage of Resident doctors (only one available).

7.0 PLANS/RECOMMENDATIONS

1. Employment of resident doctors.
2. Provision of Consultant offices.
3. Procurement of equipment such as Spectrophotometer for effective residency training.
4. To establish a well-structured residency training programme.

Dr. M. S. Dalili

Head of Department



Laboratory scientists at work



DEPARTMENT OF COMMUNITY MEDICINE

1.0 INTRODUCTION

The Department is headed by a Consultant Community Health Physician who oversees the daily activities and smooth running of the Department and reports to the Chairman, Medical Advisory Committee.

The Department provides preventive and Social Health Services, as well as Outpatient and In-patient care. It is also involved in teaching of Resident Doctors, medical students, student nurses and midwives, as well as scientific research.

2.0 STAFF STRENGTH

There are thirty-six (36) staff in the Department and comprises of Consultant, Registrars, Public Health Nurses and Midwives, Scientific Officer, Community Health Officers (CHO) and Community Health Extension Workers (CHEW)

2.0 FUNCTIONS

- i. Patient care in DOTS Clinic
- ii. Patient care and other Primary Health Care services at DOBI PHC
- iii. Child welfare services
- iv. Environmental Health services
- v. Disease surveillance and control in the event of an outbreak or epidemics

2.1 Activities in DOTS clinic

- Daily clinic consultation
- Consult from other clinics and wards
- Diagnosing patients for TB/HIV services
- Treating and monitoring patients on treatment
- Follow up services

2.2 Services at Dobi PHC

Types of Services rendered at DOBI PHC

i) Facility Based Activities

1. Routine outpatient consultations
2. ANC services
3. Family planning clinics
4. Labour and delivery



5. Immunizations
6. In patient management.
7. Under five clinics
8. Nutrition and food demonstrations
9. Minor surgical procedures (PENDING)
10. Health education
11. Health care provider capacity building

ii) **Community Based Activities**

1. Monthly Ward Development Committee (WDC) meetings
2. Home visits
3. Community health education
4. Health Screening for non-communicable diseases
5. Health awareness campaigns for communicable diseases of epidemic importance
6. House numbering and community surveys

2.2 **Activities in NPI Unit**

- Daily immunization services
- Health education on topics such as vaccine preventable diseases, AEFI, personal and Environmental hygiene, family planning etc.
- Inoculation of routine and non-routine vaccines
- Vaccinating women of child bearing age against maternal tetanus using Tetanus and Diphtheria antigen
- Generating data on routine immunization for both Gwagwalada Area Council and Primary Health Care Development Board
- Maintenance of quality cold chain system
- Participating in all public health activities and immunization program in FCT
- Issuing of immunization certificates to babies that have completed their routine vaccines

2.3 **Activities in Environmental Unit**

- The unit carries out incineration of waste materials, using hospital Incinerator Machine.
- We carry out fumigation activities within the hospital environment.



- The unit embarked on horticultural activities within the hospital premises (e.g) planting of different flowers for beautification.
- The unit supervised and liaised with Ochija Company Limited for Environmental sanitation of the entire hospital.
- We carry out firefighting activities within the hospital environment.
- Evacuation of unserviceable items within the hospital environment to designated area for safe keeping.
- The unit always performs its function by trimming/cutting down unwanted trees when constitutes measure to the building and those obstructing electricity poles/cable high tension wires.
- We collect all the waste generated within the hospital environment and we dispose them properly.

3.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED

3.1 DOTS Unit: Number of Patients received

The clinic runs from Monday-Fridays, both old and new patients are seen throughout the week. The unit is responsible for diagnosing of TB patients, place them on treatment, care and monitor the patients to ensure adherence of treatment regimen and proper completion of treatment. The clinic receives referrals from other clinics and consults from the wards as the need arises.

A total of 188 TB cases were diagnosed and registered for treatment in 2019, out of this number 173(92%) were adults, while 15(8%) were children. A total of 162(86%) cases were diagnosed as pulmonary TB(PTB) while 26(14%) were extra pulmonary TB(EPTB). The number of loss to follow-up for the year 2019 declined (10 cases) as compared to the year 2018(25). There is also increase in the number enrolled for treatment and higher care rate achieved as compared to the preceding year 2018 as shown in the table below.

This may be due to intensified efforts of the health care providers giving health education and counseling prior to enrolment into the TB DOTS programme and also ensuring continuous health education on the importance of adherence in TB treatment

3.2 TB TREATMENT OUTCOME 2018 AND 2019

Year	Total no of cases	No cured	No completed	Total No of defaulters	Deceased	Transferred out
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2018	131	28	35	25	12	12
2019	188	64	34	10	8	17

3.3 TB/HIV Clinic Collaboration

Table below summaries the collaborative activities between the TB DOTS clinic and the Special Treatment Clinic. All TB patients enrolled in DOTS in 2019 were screened for HIV, 56 (30%) were found to be HIV positive and referred to PEPFAR clinic for care e.g administration of ART, CPT and IPT continued in both clinics.

Total no of TB cases	HIV +ve	HIV -ve	No on ART	No on CPT
188	56	132	55	27

DOBI PHC ACHIEVEMENTS/SOME SERVICES RENDERED IN 2019

1. Antenatal & Delivery services 2019

First booking = 271

Follow-up = 530

Deliveries = 30

2. VACCINATION ACTIVITIES (2019)

Vaccine type	Dose type			
1.Oral Polio	OPV 1	OPV 2	OPV 3	Dropout rate
Number vaccinated	480	465	455	5.2%
2.Pentavalent vaccine	Penta 1	Penta 2	Penta 3	
Number vaccinated	480	465	455	5.2%

3. General Out Patient 2019

New Patients = 752

Follow-ups = 789

The Ward Development Committee (WDC), has been revitalized, trained and made functional. They meet regularly and has been of tremendous help in mobilizing the communities to patronize the facility and dissemination of vital messages to the various communities.



3.1 Achievement in NPI unit

- NPI unit UATH commenced administering vaccines to in born babies on the ward
- Recommencement and continuous administration of the non-routine vaccines

3.2 Achievements in Environmental Unit

- Proper incineration of waste materials is being achieved.
- We embarked on evacuation of unserviceable items from the various wards and other places within or around the hospital premises to the dump site or incinerator site.
- Planting of royal palm trees around the hospital boundaries is equally been done.
- Proper incineration of waste materials.
- Proper evacuation of all waste residues to the outside hospital.
- We carry out fumigation activities within the hospital and its environment /surroundings.

4.0 CHALLENGES

- Few number of consultants
- Lack of Resident Doctors Common Room/lounge
- Small seminar room/ not enough chairs
- Lack of furniture for residents
- In need of a projector for seminars
- Non- availability of departmental library

5.0 FUTURE PLANS

- To commence the CHO training
- Obtain accreditation for WACP
- Regular health promotion and sensitization activities in the hospital

5.1 Dobi PHC

1. We need a review of the MOU with the Area council and University so as to streamline the running and operations of the centre. We have opportunity to have another MOU with FCT Primary health Care Board (FCTPHCB). This is more so because the PHCs are now run centrally from the FCTPHCB (PHC Under one roof)



2. We hope to interphase more with the community members with regular outreaches and community based health service and health systems research. It will help the facility to provide the needed health service to the community. It will generate research data and possibly attract international aid and grants.
3. We need to have more staff, particularly midwives, community health workers to be able to give effective 24 hour coverage with quality service.
4. We need to do more training/capacity building on the concept and principles of the PHC and community involvement in PHC development and sustainability.
5. We need to do more in advocacy and mobilization of local community resources for investment in the facility.
6. The management of the facility should be stream lined and included in the hospital organogram under the HOD, Department of Community Medicine.
7. There is need for Drug Revolving Fund (DRF) for the facility with its own bank account. This will be stocked with essential and generic drugs affordable to the community and managed in accordance with the standards for the PHC in Nigeria.

5.2 NPI unit

To have a full community health services in the hospital life

5.3 Environmental unit

1. Plan to carry out biannual fumigation to eradicate reptiles, rodents, mosquitoes and insects.
2. Plan to carry out massive afforestation within the hospital environment.
3. Plan to plant flowers around the strategic area of the hospital. This in turn will beautify the hospital premises etc.
4. Sensitization of all staff against the proper use of firefighting equipment e.g Extinguishers.

5.4 General Future Plans To get

WACP accreditation

Renew NPMCN accreditation

Dr. Biyaya Beatrice Nwankwo
Head, Department of Community Medicine



DEPARTMENT OF DENTAL AND MAXILLOFACIAL SURGERY

1.0 INTRODUCTION

The Department is headed by a Consultant Restorative Dentist, who oversees the daily activities of the various units and reports to the Chairman Medical Advisory Committee. The department is made up of (4) units; each headed by a consultant; Preventive Dentistry, Child Dental Health, Restorative Dentistry and Oral Maxillofacial Surgery

2.0 STAFF STRENGTH

The staff disposition is as follow:

Consultant

Restorative Dentistry	1
Oral / Maxillofacial Surgeons	2(inclusive of a Professor on sabbatical)
Orthodontics	1

Senior Registrars

Oral and Maxillofacial Surgery	2
Principal Dental Officer	1
House Officers	10
Dental Technologists	2
Dental Therapists	2
Dental Surgery Technicians	9
Dental Technologist Interns	4
Dental Therapists Interns	4
Senior Stores Officer	1
Record Officer	1
Clinic Assistant	1
Senior Clerical officer	1
Cleaners	2
Porters	2

SUMMARY OF STAFF DISPOSITION

Number of Dentists	15
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Dental Therapists (with interns)	6
Dental Technologists (with interns)	6
Dental Surgery Technicians	9
Others	9
TOTAL	45

3.0 ACTIVITIES

a) Preventive Dentistry

(i) Clinic Days	Mondays - Fridays
(ii) Consultant clinic	Mondays and Wednesdays.
(iii) Oral Health Education/Talk at GOPD, Antenatal clinic, PEPFAR etc,	Mondays, Tuesdays, Wednesdays

b) Restorative Dentistry

(i) Clinic Days	Mondays - Fridays
(ii) Restorative Consultant clinic-	Wednesdays and Fridays.

c) Oral & Maxillofacial Surgery

Clinic Days	Mondays - Fridays
Consultant clinic	Mondays
Theatre	Wednesdays
Consultant ward round	Mondays & Thursdays
Resident wards round	Tuesdays & Fridays

d) Child Oral Health

(i) Clinic Days	Mondays - Fridays
(ii) Consultant clinic-	Wednesdays and Fridays

5.0 NUMBER OF PATIENTS SEEN FROM JANUARY – DECEMBER 2019

S/NO	MONTH	OUT OF POCKET	NHIS	TOTAL
1	JANUARY	327	396	723
2	FEBRUARY	246	220	466
3	MARCH	190	285	475
4	APRIL	211	425	636
5	MAY	182	272	454
6	JUNE	133	282	415
7	JULY	211	394	605



8	AUGUST	307	345	652
9	SEPTEMBER	229	338	567
10	OCTOBER	354	366	720
11	NOVEMBER	188	323	511
12	DECEMBER	160	356	516
TOTAL		2,767	4,038	6,805

6.0 ACHIEVEMENTS

1. A new department (Family Dentistry) was created from the existing Dental & Maxillofacial Surgery department.
2. A visiting professor of Oral/Maxillofacial Surgery joined the work force for the year (Prof. J.T.Arotiba).
3. Dr. Steven Ikponmwoosa Osagie (Family Dentist) passed part II Fellowship exams (NPMCN)
4. One senior resident in Oral & Maxillofacial Surgery was employed.
5. A merit Award was given to two of our staffs, by the Hospital in 2019 (Mrs. Olaniyi Yemisi & Mr. Francis John) as the best staffs in the department.
6. Two dental chairs were purchased for the department by the hospital.

7.0 CHALLENGES

1. The existing Dental Block is grossly inadequate in space. Dental and Maxillofacial services and training considering the total number of staff in department and the volume of services rendered.
2. Non-availability of office spaces for Consultants.
3. The number of functioning dental chairs of five is grossly insufficient.

Shortage of Manpower

- a. Consultant in other specialties of Dentistry namely: Community Dentistry, Oral Medicine, Paediatrics Dentistry etc ,are required to qualify for training of residents in Dental Surgery and improve oral health services.
- b. The number of resident doctors is low to cope with the volume of work. There was no junior resident and of the 2 senior resident one on outside posting.
- c. Inadequate number of Dental Surgery Technicians (9) to assist the 21 Dentists.

8.0 FUTURE PLANS

1. Procurement of more dental chairs to improve service delivery.



2. Employment of more Consultants in the remaining specialties of Dentistry to be able to provide effective comprehensive oral health care delivery and to train our resident doctors in various discipline of Dentistry.
3. Employment of more resident doctors to meet with the challenges of increase in the volume of work.
4. Employment of other cadre of staff such as Dental Surgery Technicians Dental Therapists & Dental Technologists for efficiency.
5. A new Dental Block/complex is recommended to accommodate efficient delivery of oral health care in a Tertiary Health Institution.

**Dr. J.O Ajayi Head of
Department.**



DEPARTMENT OF NUTRITION AND DIETETICS

1.0 INTRODUCTION

The department is headed by a Deputy Director who oversees the activities of the department and reports to the Chairman, Medical Advisory Committee (C-MAC).

2.0 STAFF STRENGTH

The summary of staff strength;

1.	Deputy Director	-	1
2.	Principal Dietitian	-	1
3.	Senior Dietitian	-	1
4.	Higher Assistant Dietitian	-	1
5.	Senior Scientific Officer (Dietetics)		1
6.	Senior Clerical Officer (Dietetics)		3
7.	Clerical Officer (Dietetics)	-	1
	Total staff	-	9

3.0 ACTIVITIES

In the year under review, the activities of the department continued to grow and expand progressively as a result of increased number of patients assessing nutritional care and dietary services.

The activities performed are as follows;

1. **Patient Feeding:** Patients in various wards requiring therapeutic dietary regimen were fed with varied modified meals and fluids diet accordingly. The department served **4,458** plates to in-patients.
2. **Nutrition Clinic:** The department conducts daily nutrition education/health talk at various out-patient clinics as well as individualized dietary counseling. The total number of out-patients referred to the department was **87**.
3. **Routine Ward Round:** This is usually conducted with the consultants and healthcare team to evaluate patients, institute appropriate dietary regimen and follow-up visits to ensure dietary compliance. The total number of in-patients referred to the department was **386**. Grand total = **473** patients.
4. **Teaching & Training of SIWES Students:** The department trained **22** students on industrial training from various higher institutions of learning accordingly.



4.0 CHALLENGES

1. The greatest challenge is inadequate number of Dietitians, Diet cooks and other supporting staff. The department is **grossly understaffed**.
2. Inadequate processing and storage facilities for our perishable food items. This made us to do **retail buying** which is not cost-effective when compared to **bulk purchasing**.
3. Lack of office accommodation for Dietitians.
4. Lack of office equipment/facilities/accessories such as computers, photocopier and printer for smooth running of the department.
5. Delay in referring patients to Dietitians for dietary review and nutritional evaluation from various wards and clinics.... Most times, the consults/referrals are sent-in while patient is being discharged or not even at all. The managing team sees and discharges without referring to the Dietitians.
6. Lack of Dietetics Internship Program to enhance clinical training of prospective interns. It will facilitate increase in number of Dietitians that will train the interns.
7. Lack of Feeding Policy
8. Mobile Food hawkers and vendors that are selling food to the in-patients in the wards.

5.0 ACHIEVEMENTS

- Three (3) of the junior staff were promoted.

6.0 FUTURE PLANS

1. To have a full-fledged nutrition and dietetics department that will be involved in the wholistic care of patients in the hospital.
2. To ensure accreditation and commencement of clinical dietetics internship program to train prospective dietetic interns.
3. To collaborate with other clinical departments in practice evidence-based research activities in the hospital.
4. If the processing and storage facilities are provided for the department, our revenue generating capacity will increase greatly.

7.0 CONCLUSION

We sincerely appreciate the support of the management for keeping faith in some of their promises, while looking forward to a greater collaboration.

Com. Joshua Ugwu Chijioko, Jp
Head of Department



DEPARTMENT OF OTORHINOLARYNGOLOGY (ENT)

1.0 INTRODUCTION

The year under review was a beautiful and successful year for the department of Otorhinolaryngology. We thank Almighty God for His sustenance and help throughout the year.

Existing Facilities in the Department:

- Six consulting stations with two ENT consoles and endoscopy unit attached. □ Audiomeytry room for Pure Tone Audiometry and Tympanometry □ Speech laboratory.
- Temporal bone dissection laboratory.
- One operating theatre suite within the Hospital Theatre complex, □ Nurses station.
- Secretary office.
- Conference room/Library
- Reception
- Doctors/Nurses common room.
- ENT Pharmacy
- ENT Health Information Office.

2.0 DEPARTMENTAL STAFF STRENGTH

STAFF	NUMBER(S)
Professor	1
Consultant ENT Surgeons	4
Senior Registrars	5
Junior Registrars	5
Assistant Director of Nursing	2
Chief Nursing Officers	3
Audio Therapist Technician	1
Audiologist/Speech Therapist	1
Secretary	1
Clerical Officer	1
Potters	2
Cleaners	2

3.0 THE RANGE OF SERVICES RENDERED BY OUR DEPARTMENT



The department runs primary, secondary and tertiary level health care to all ages and sexes. They are divided into three basic areas.

- Clinical/Surgical services
- Training
- Research

THE DAILY ROUTINES/CLINICS OF THE DEPARTMENT

DAYS OF THE WEEK	ACTIVITIES
MONDAY	WARD ROUND (TEAM A)
	CLINIC SESSION (TEAM B)
	ENDOSCOPY
	EAR SYRINGING
	HEALTH TALK
TUESDAY	THEATRE (TEAM B)
	WARD ROUND (TEAM A)
	ENDOSCOPY
	EAR SYRINGING
WEDNESDAY	THEATRE (TEAM A)
	WARD ROUND (TEAM B)
	ENDOSCOPY
	EAR SYRINGING
THURSDAY	JOURNALS' REVIEW
	CLINIC SESSION (TEAM A)
	ENDOSCOPY
	EAR SYRINGING
	HEALTH TALK
FRIDAY	CLINICAL PRESENTATION
	GRAND WARD ROUND
	ENDOSCOPY
	HEALTH TALK
	EAR SYRINGING

Audiological investigations and speech therapy sessions are carried out daily.

4.0 CLINIC ATTENDANCE

Total number of patients seen in 2019 was **5,804**

The monthly average clinic attendance was 484 patients and the total number of patients seen at the out-patient clinic in 2019 were 5,804.



5.0 THE DEPARTMENT'S EXPECTATIONS FROM MANAGEMENT

• FACILITIES

- a. Otoacoustic Emission Machine (For children hearing screening)
- b. Automated Brain Response Audiometer (For confirmation of hearing loss)
- c. Rhinometer
- d. Wall bracket microscopes for the temporal bone lab

• MANPOWER

- a. Registrars x 4 (Given that four of our Registrars are on outside posting)
- b. Consultant ENT Surgeon (x1)
- c. Audiologist and Speech technicians

6.0 ACHIEVEMENTS

1. One of our Residents passed part I Exams in both the West African College of Surgeons and National Postgraduate Medical College of Nigeria in the year under review. Another Senior Registrar passed her Part II Exams awaiting confirmation.
2. One of the Nurses was promoted to the Post of an Assistant Director Nursing (ADN).
3. The department hosted a three man accreditation panel from the National Postgraduate Medical College of Nigeria which led to the award of a full accreditation from the same college in the year under review.

7.0 CHALLENGES/FUTURE PLANS

1. Dedicated ward for ENT patients, minor procedure/Treatment room and standard audiology laboratory are current challenges in the department.
2. There is need for the training of more nurses in ENT to cover both the clinic and the proposed ENT wards.
3. We plan to increase our clinic sessions to cover the various subspecialties in the department; such as Rhinology, Otology, Laryngology, Audiology and Paediatric ENT for efficient and better services to the populace.
4. The department wishes to establish a hearing centre for the care of the deaf and that will involve collaboration nationally and internationally for affordable hearing aid provision and cochlear implant surgeries. Rehabilitationist and implant audiologists will be needed.
5. We plan to establish an ENT research/training centre in collaboration with international partners for post fellowship training and community bases research in ENT related diseases, of which the Starkey Hearing Foundation has promised to build this dream for us.



I want to use this opportunity to appreciate the management for their love and support during the year as we would not have been able to achieve all this without their support. We pray that God Almighty will continue to uphold and strengthen you all.

Prof. Titus S. Ibekwe
Head of Department



DEPARTMENT OF FAMILY DENTISTRY

1.0 INTRODUCTION

The Department of Family Dentistry was formally created from the Dental and Maxillofacial Department in January 2019 after its accreditation in October 2018 and a head of department appointed in February 2019.

The information I shall provide here will be a summary because of some of the reasons given below and to avoid duplication.

2.0 STAFF STRENGTH

Administratively, Family Dentistry Department does not for now have a staff different from Dental and Maxillofacial Department, and including all the clinical staff, except the residents that were employed into the department in 2018/2019. Therefore, to be fully autonomous we need our own staff in all aspects mentioned above.

Summary of Staff Strength:

Consultant	-	1
Senior Registrar	-	1 [passed his part 2 last year]
Registrars	-	4

3.0 ACTIVITIES

These are highlighted below:

- Clinic:** We run our clinics Mondays through Fridays and calls every day of the week. Special consultant clinic takes place every Monday and Wednesday. Clinical seminars/presentation by residents and House officers take place every Tuesday and Thursday with emphasis on Oral diagnosis for the House officers, and for the residents, training for part one fellowship exams.
- Dobi out post clinic:** We have established an outpost station at Dobi primary health centre with help from the hospital management to serve for residents doing community posting. Since the clinic took off in January, it has been operating Mondays through Fridays with two staff [a doctor and a dental therapist]. We focus primarily on dental health education and preventive treatments, though in some cases minimal invasive treatments.



4.0 ACHIEVEMENTS/NO OF PATIENTS RECEIVED:

Our major achievement since the creation of the department is taking dentistry to the rural communities through the Dobi outpost station. We are beginning to see more patients from those areas coming to the Teaching Hospital to access Oral care. Secondly the smooth takeoff of residents training for Family Dentist which has hitherto been comatose, with a goal to bringing more specialized treatments to our many dental patients.

The total number of patients seen in the Oral diagnosis for the year under review was 2,339.

5.0 CHALLENGES

Family Dentistry being a new Department has a lot of challenges, and these problems are listed below:

1. **Space:** We need space to properly run our clinics separate from Dental and Maxillofacial department, like we have been discussing with the hospital management, we need to create separate clinic and offices for the department to function effectively. We have suggested operating our clinics from the Family Medicine block so that NHIS patients can access our services without delay. It will also enable us to run our clinics from Mondays through Sundays as opposed to Monday to Friday.
2. **Staff:** Administratively, we need our own staff for our peculiarity. Management will also have to increase our clinical staff who are to be shared between Family Dentistry and Dental & Maxillofacial departments.
3. **Equipment/Instruments:** These cannot be overemphasized as movement to a new place will entail buying of more Dental chairs and instruments.

5.0 FUTURE PLANS:

The future plan is to have fully equipped and functional clinics that are peculiar to the workings of a family dentist and independently staffed. With the support of the management of this hospital, the future is very bright for the department.

**Dr. Joseph Ademola Head
of Department**



DEPARTMENT OF FAMILY MEDICINE

1.0 INTRODUCTION

The department of Family Medicine is located within the NHIS Complex of the hospital. With **Dr. L. Shedul** as head. The year 2019 was an eventful and successful one though amidst several challenges.

Below is the summary of our staff strength, activities and challenges in 2019.

2.0 STAFF STRENGTH

Consultants	9
Senior Resident Doctors	11
Junior Resident Doctors	8
Nurses	13
Community health extension workers	1
Departmental Secretary	1
Porters	6
Cleaners	11

3.0 FUNCTIONS

1. Running of the General Outpatient clinic (GOPC) every day from 8am -8pm. The GOPC is the entry point for most patients assessing health care services in the University of Teaching Hospital. It offers continuous and comprehensive healthcare to patients with undifferentiated medical conditions irrespective of their age or gender. It also co-ordinates the health care depending on their health care needs. The patients attended to in the GOPC include both NHIS patients and patients whose health care is being financed out of pocket.
2. Provision of emergency healthcare to patients in the Observation/procedure room where they are stabilized and managed before being transferred to the ward for further management or discharged home as the case may be
3. Provision of in - patient care when the need arises.
4. Carrying out minor procedures such as suturing of minor lacerations, incision and drainage, wound dressing among others in the procedure room/ observation room.
5. Running of basic investigations such as urinalysis, packed cell volume, pregnancy Test, malaria parasite test, and blood glucose estimation in the side laboratory.
6. Training of resident doctors
7. Research



8. Special clinics for Geriatrics, adolescent and Family Therapy with wellness clinic also took effect in course of the year and are running fully.

4.0 CHALLENGES

1. Shortage of man – Power (Nurses/Resident Doctors)
2. High patient load
3. Over working and frequent breakdown of working such as sphygmomano meter, weighing scales, thermometers etc
4. Delay in patients' folders getting to consulting rooms
5. Missing patients' folders
6. Abuse of NHIS by clients.

5.0 ACHIEVEMENTS

1. Successes in membership and fellowship examinations
2. Employment of a consultant and one resident Doctor
3. The department had an accreditation visit by West African College of Physician that was successful and has been reviewed for the next five years.
4. Commencement of Special clinics:
 - Geriatric Clinic
 - Adolescent /Family Therapy Clinic
 - Wellness clinic

Dr. Shedul Lakai
Head of Department



HAEMATOLOGY AND BLOOD TRANSFUSION

1.0 INTRODUCTION

The Department is headed by a Consultant Haematologist and provides high quality Clinical and Laboratory Haematological investigations and Blood transfusion services to the teeming clients who access health care services and conduct researches in haematology and blood transfusion. Partake in the training of undergraduate Medical Students of College of Health Sciences, University of Abuja, and postgraduate Residency; Medical Lab Scientists interns; Medical Lab Technicians and Assistants, and Biological Sciences students on attachment from Schools of Health Technology and Universities across the Country.

2.0 CLINICAL & CLINICAL LABORATORY SERVICES:

The Haematology Department staff diligently render clinical and clinical haematology laboratory investigation and blood transfusion services.

1. Clinical servicers:

Consultant Haematologists and Resident doctors run weekly Haematology out-patient clinic on Wednesdays at the Medical Out-patient Department (MOPD), attend to inpatients with Haematologic disorders and performing bone marrow aspiration and biopsy

2. General Haematology Laboratory

The services rendered at the general Haematology Laboratory include: Full blood count (FBC), packed cell volume (PCV), Erythrocyte sedimentation rate (ESR), Haemoglobin (Hb) electrophoresis, Prothrombin time (PT), Partial Thromboplastin Time in Kaolin (PTTK/APTT), Bleeding time, Glucose-6-Phosphate Dehydrogenase.

3. Blood Transfusion Unit

The Blood Bank of the Blood Transfusion Unit is well equipped, and blood transfusion services rendered here include: Screening of prospective blood donors for TTIs (HIV, HBsAg, Anti-HC & VDRL), collection of blood from eligible blood donors, ABO and Rhesus blood grouping, compatibility testing (cross-matching) of blood for recipient requiring blood components transfusion, platelet concentrate, fresh frozen plasma and direct & indirect anti-human globulin test (DAT & ICT).

4. Haematology Research Laboratory:

The services rendered at the haematology research laboratory include: Processing and Bone marrow aspiration smear films, performing FBC, PCV, ESR, PT, PTTK and Hb electrophoresis services for haematology out-patients on clinic days, haematology inpatients and on special request by clinicians from other clinical Departments.

3.0 STAFF STRENGTH

- | | |
|---------------------|---|
| 1. Consultants | 4 |
| 2. Senior Registrar | 1 |



3. Residents	1	
4. Medical Officer	1	
5. Medical Laboratory Scientist	11	
6. Medical Laboratory Technicians	7	7. Medical Laboratory Assistants 5
8. Medical Laboratory Attendants	1	

4.0 DEPARTMENTAL ACTIVITIES

1. Ward rounds: Mondays, Tuesdays, Thursdays and Fridays
2. Haematology Clinic: Wednesdays at the Medical Outpatient Department
3. Seminars: Thursdays
4. Daily Haematology Day Care Emergencies and administration of chemotherapy
5. Daily review of in-patients consultations from other clinical Departments
6. Daily routine general Haematology laboratory tests
7. Daily Blood banking and Transfusion services
8. Daily Haematology Research laboratory investigation tests.

5.0 SUMMARY OF THE CLINICAL AND LABORATORY TURNOVER OF YEAR 2019

Out-Patients Seen In The Haematology Clinic In 2019 = 661

HAEMATOLOGY IN-PATIENTS' ADMISSIONS IN 2019 = 179

Table 5.1: TESTS PERFORMED IN GENERAL HAEM. LAB JAN. – JUNE, 2019

TEST	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
FBC	1582	1604	1627	1988	1734	1540	10075
PCV	836	837	861	888	867	775	5064
ESR	355	454	355	382	402	365	2313
Hb. Elec.	503	304	361	368	312	372	2220
PT	98	159	152	171	181	168	929
PTTK	91	145	147	161	176	166	886
Bld. Time	5	11	11	21	5	7	60
Clot. Time	13	13	12	51	17	7	113
G6PD	7	20	19	16	13	18	93
TOTAL	3490	3547	3545	4046	3707	3400	21753

Table 5.2: TESTS PERFORMED IN BLOOD TRANSFUSION UNIT, JAN. – JUNE 2019

TEST	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
------	-----	-----	-----	-------	-----	------	-------



Blood Gp.	1040	947	960	964	801	955	5667
Screen. TTIs	656	631	645	633	546	583	3694
Comp. Test	616	592	612	601	519	553	3493
PTL. Conc	0	0	0	0	0	0	0
FFP	0	0	0	0	0	0	0
ICT	7	9	8	7	11	10	52
DAT	7	9	8	7	11	10	52
TOTAL	2326	2188	2233	2212	1888	2111	12958

Table 5.3. TESTS CONDUCTED IN THE HAEMATOLOGY RESEARCH LAB IN 2019

MONTH	BMA & BMB	FBC	ESR	PT	PTTK	TOTAL
JAN	5	59	5	7	2	78
FEB	4	67	3	8	0	82
MARCH	7	75	7	6	4	99
APRIL	3	58	4	3	5	73
MAY	6	60	5	7	3	81
JUNE	10	72	3	5	0	90
JULY	7	63	6	5	2	83
AUG	9	68	4	9	1	91
SEPT	6	81	8	4	2	101
OCT	8	73	2	6	0	89
NOV	9	75	5	3	1	93
DEC	4	63	3	6	2	78
TOTAL	78	814	55	69	22	1038

6.0 ACHIEVEMENTS:

1. Following the successful accreditation visit by the West African College of Physicians, Faculty of Laboratory Medicine in July 2019, the Department has been granted two years partial accreditation to train residents in Laboratory Medicine.
2. Dr. Ejikeme G. Uchennahas successfully completed residency training (the first in Laboratory Medicine / Pathology in our Hospital).

7.0 CHALLENGES:



1. Grossly inadequate manpower in all units of the Department: There is urgent need to employ at least 8 Resident doctors for effective and efficient clinical services in the Department. The Department needs dedicated trained nurses in the Blood Donation Center and Haematology Day-Care Ward Lack of essential basic equipment for effective and efficient health care service delivery
2. Limited space and absence of Haematology Day-Care Ward where Haematological emergencies and patients on Chemotherapy are managed and bone marrow aspiration and biopsy procedures are conducted.
3. A Cold Centrifuge needed for production of blood components as an alternative, and/or backup for the automated apheresis machine due to the wide range in economic power of our clients (in view of the high cost of the consumables for the apheresis machine).
4. Binocular and teaching microscopes, flow cytometer, ELISA (for cytochemical immunochemical tests in Haemato-oncology and blood transfusion) Equipment for Haemoglobin and Serum protein quantitation Phenotyping, Immunofixation such as automated electrophoresis or high performance liquid chromatography, isoelectric focusing machines for effective and efficient service delivery and training.

Dr. Theresa IzeOtu
Head of Department



DEPARTMENT OF HEALTH INFORMATION MANAGEMENT

1.0 INTRODUCTION

The department is headed by an Assistant Director who is responsible for the daily activities of the department and report to the Chairman, medical Advisory committee.

The department is saddled with the responsibilities to initial, maintain and reproduce records of patients when the need arises for patients care continuity, education, research, statistics, planning and legal need of both the patients, health professionals and the institutions. It is the custodian of patients' health information.

The department is section into eight units each is headed by a unit Head. Two of these units' runs 24 hours service, GOPD AND O&G, NHIS runs morning till 9pm while others are on permanent morning.

2.0 STRUCTURE

The department is structured into eight units. Two of these units run 24 hours services, (GOPD and O&G) while others are on permanent morning.

2.1 The Eight Units Are

- General out-patient clinic. □ National Health Insurance Scheme □ Admission and Discharge unit.
- Obstetrics and Gynecology.
- Statistics unit.
- Education and research.
- Library unit.
- Consultative out-patients clinics

3.0 STAFF STRENGTH

The staff strength as at December 2019 was 72 members of staff of various ranks. Four were promoted within the year; one came back from school one died.

STATISTICS REPORT OF IN-PATIENT AND OUT-PATIENT ACTIVITIES

During the year there was free flow of services in all service areas. The incessant abscondment notice was quickly intercepted. There was increased in all aspect compare to previous year.

- | | |
|--|----------------|
| • Total patients admitted for the year was | 13,849 |
| • Total discharge | 11,720 |
| • Total death | 1,000 |
| • Total outpatient attendance | 204,659 |



5.0 ACTIVITIES

- Patient registration\documentation
- Extraction of Diagnosis on each visit of patients/Booking of patients for follow-up
- Patient records movement /Patient record visit
- Clinics preparation for each clinic/Coding and Indexing of disease and operations
- Analyzing patient details qualitatively and quantitatively
- Statistical analysis of patients and diseases/Educating patients
- Attending to both internal and external Researchers
- Train students on industrial work practical

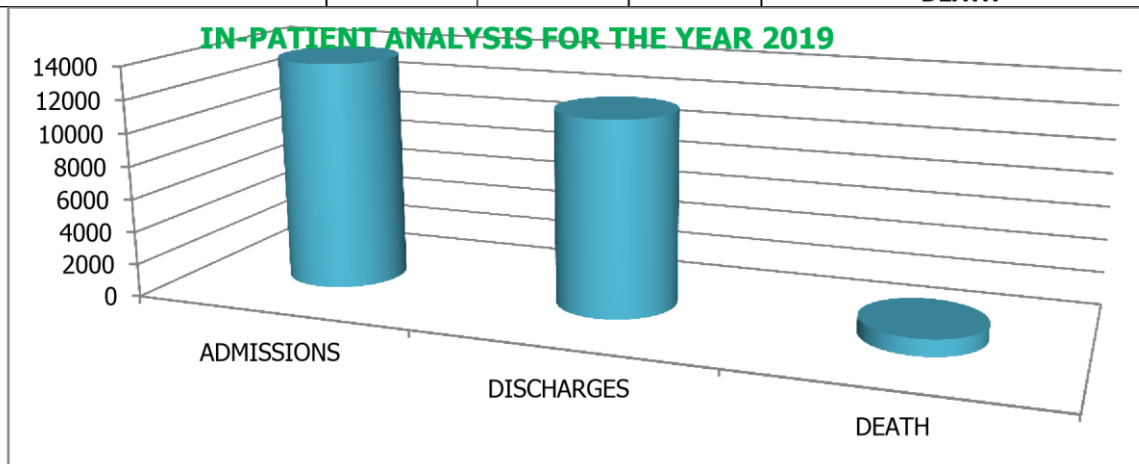
ANNUAL OUT-PATIENT AND IN-PATIENT ANALYSIS 2019

CLINIC	OUTPATIENT			INPATIENT		
				ADMISSIONS		TOTAL
	MALE	FEMALE	TOTAL	MALE	FEMALE	
FAMILY MEDICINE: GOPC	17913	20507	38420	4760	9089	13849
NHIS	3880	18776	22656			
SURGICAL OUT PATIENTS (SOPD)	1349	976	2325			
SOPD (GENERAL SURGERY)	2757	3963	6720	DISCHARGES		
SOPD(ORTHOPAEDIC)	1781	1389	3170	MALE	FEMALE	
SOPD(PAEDIATRIC SURGERY)	956	388	1344	3845	7875	11720
SOPD(PLASTIC SURGERY)	815	711	1526	DEATH		
SOPD(UROLOGY)	2435	417	2852	MALE	FEMALE	
SOPD(NEUROLOGY)	315	231	546	542	458	1000
SOPD SPINAL	-	-	-			
DENTAL SURGERY	1130	1337	2467	% OF OCCUPANCY		84%
PAEDIATRICS OU-PATIENT (POPD)	1098	875	1973			
POPD (GENERAL CLINIC)	2046	1932	3978			
POPD (CARDIOLOGY)	317	290	607			
POPD (HAEMATOLOGY)	1242	1133	2375			
POPD(ENDOCRINOLOGY)	118	110	228	DELIVERIES		
POPD(NEUROLOGY)	372	311	683	SVD		
POPD(INFECTIOUS/NUT)	134	117	251	MALE	FEMALE	
POPD(NEPHROLOGY)	180	161	341	735	686	1421
POPD(NEONAT.)	284	279	563	C/S		
OBSTETRICS AND GYNAECOLOGY DEPT.	36	534	570			
ANTE-NATAL	0	15352	15342	MALE	FEMALE	
GYNAECOLOGY	0	6382	6382	274	257	531
POST-NATAL	0	1185	1185			



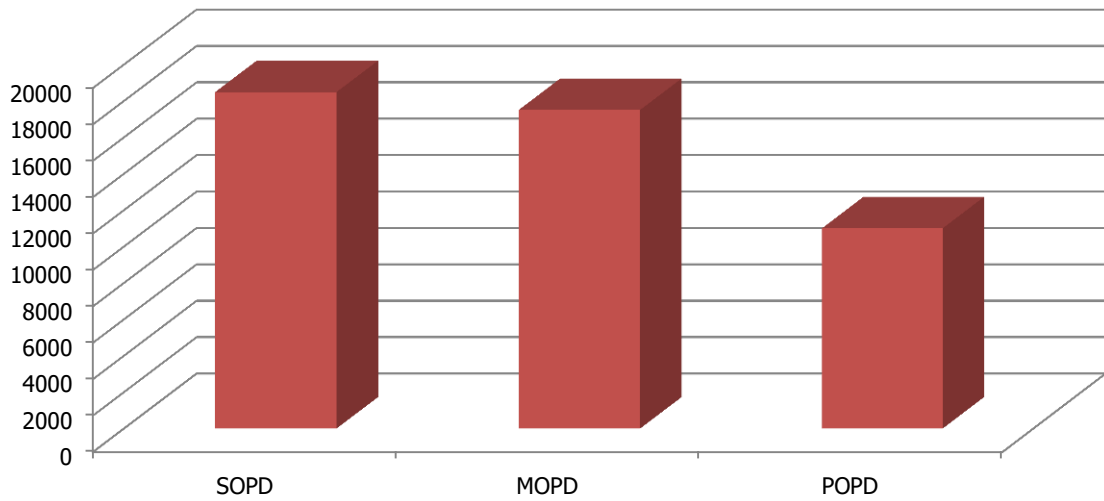
MEDICAL OUT-PATIENT DEPT.(MOPD)	1394	2084	3478	CASUALTY		
MOPD(CARDIOLOGY)	1394	2084	3478			
MOPD(DERMATOLOGY)	644	740	1384	ADMISSION		
MOPD(ENDOCRINOLOGY)	647	1126	1773	MALE	FEMALE	
MOPD(GASTROENTROLOGY)	1251	1149	2400	3101	1958	5059
MOPD(METABOLIC)	-	-	-	DISCHARGES		
MOPD(NEPHROLOGY)	812	679	1491	MALE	FEMALE	
MOPD(NEUROLOGY)	692	618	1310	640	495	1135
MOPD(PSYCHIATRY)	359	563	922	DEATH		
MOPD(RESPIRATORY)	208	312	520	MALE	FEMALE	
MOPD(VENEROLOGY)	6	1	7	209	111	320
FAMILY MEDICINE	-	-	-	R.T.A		
MOPD(HAEMATOLOGY)	252	296	548	MALE	FEMALE	

MOPD(INFECTIOUS DISEASES)	86	106	192	232	117	349
OPHTHALMOLGY	2818	3078	5896	B.I.D		
EAR NOSE & THROAT (E.N.T)	1769	1456	3225	MALE	FEMALE	
PHYSIOTHERAPY	2102	1656	3758	319	145	464
MEDICAL SOCIAL WELFARE	56	59	115	THEATRE		
FAMILY PLANNING	231	7629	7860	MAJOR SURGERIES		579
IMMUNIZATION	11213	11128	22341	MINOR SURGERIES		1760
SPECIAL CLINIC	11446	14422	25868	INTERMEDIATE		1041
DOBI HEALTH CARE OUTLETS	435	1154	1589	HAEMODIALYSIS		
TOTAL			204659	TOTAL PATIENT		388
				TOTAL SESSIONS		996
				MALE		185
				FEMALE		186
				NEW		137
				DEATH		12

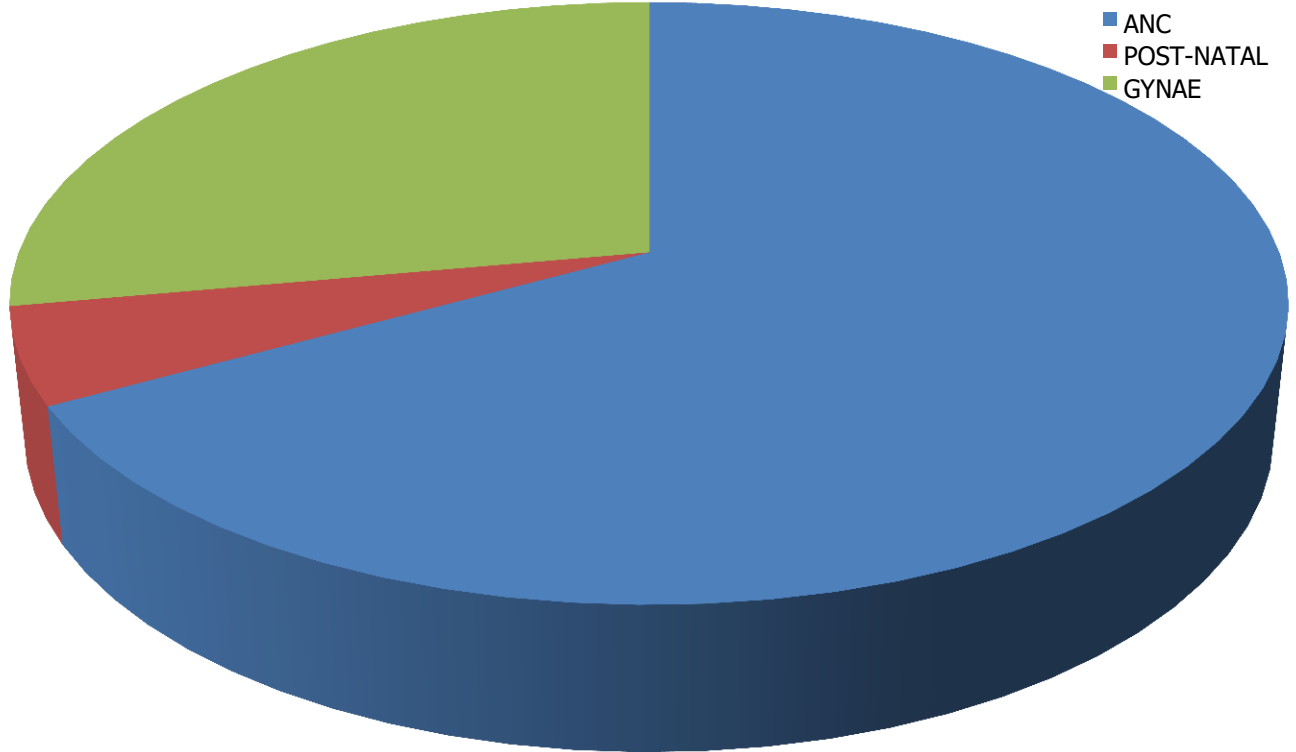




OUT PATIENT ATTENDANCE FOR THE FOLLOWING CLINICS (2019)

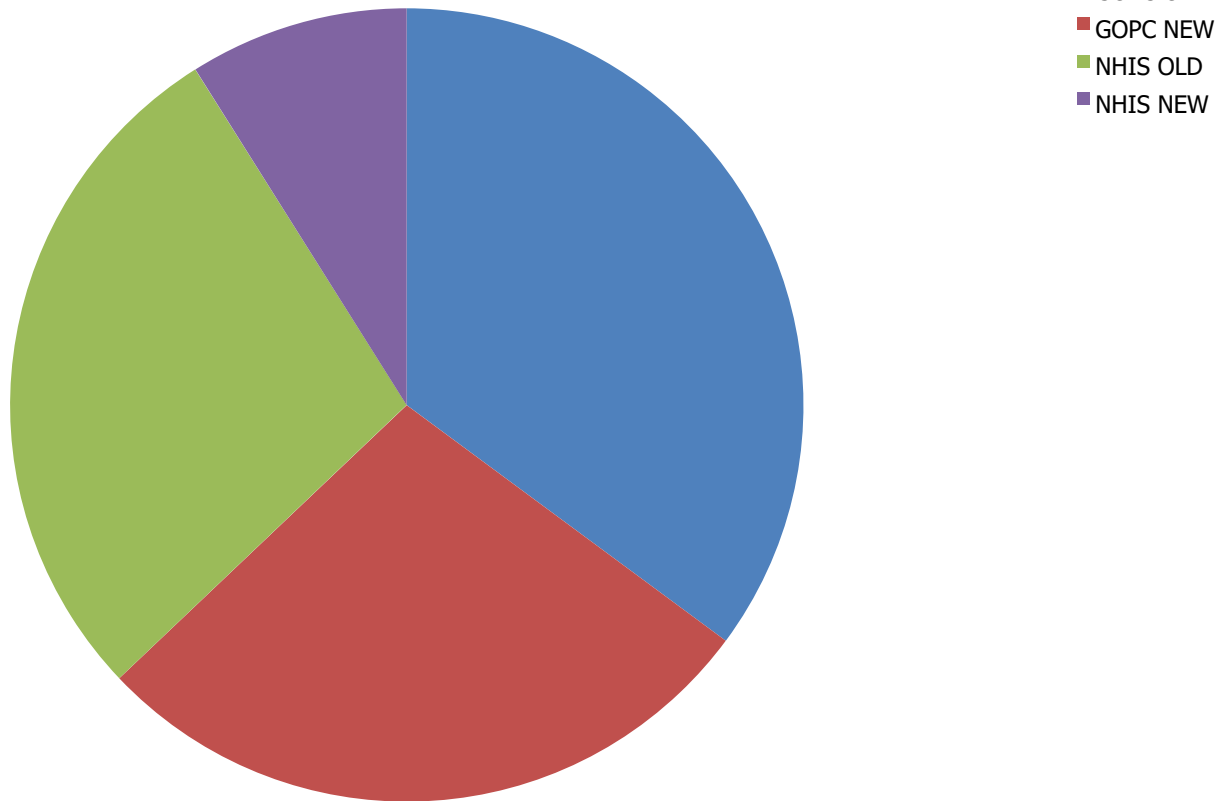


OBSTETRICS AND GYNAECOLOGY OUTPATIENTS ATTENDANCE FOR 2019





FAMILY MEDICINE OUT-PATIENT ATTENDANCE (2019)



5.0 ACHIEVEMENTS

- The electronic service is appreciated with improve services at every point.
- There is increased level of efficiency on the part of staff.
- With the introduction of afternoon clinics, patients waiting time is reduced.
- There was no shortage of materials/stationeries.
- There was increased research activities
- Four members of staff were promoted
- Despite shorten of manpower all units were optimally managed. □ Improvement of ward services through dedicated staff.

6.0 CHALLENGES

- Certain areas of the department need to go on 24 hours service that is three shift morning, afternoon and night for better coverage. They include:
(a) Accident and Emergency unit, (b) Wards, (c) Central library
- Inadequate number of staff for effective and efficient coverage to all clinical areas.
- Networking of the computer system to some point like the MOPD & SOPD in NHIS complex, Radiology records, special clinic and DOTS.

7.0 FUTURE PLANS



- To further minimize patient waiting time./ To introduced smart service
- To encourage cordial and friendly approach to our teaming clients.
- To encourage team work / To ensure accurate and timely report to management.
- To address the issue of missing records / To have a central booking point

The introduction of electronic records should not be a barrier to keeping and maintaining the hard copies available in the department if we must have good library for research, education and legal backing.

Existing Facilities in the Department:

- Central library
- Statistic office
- Cancer Registry
- Education and Research
- Common room
- Conference hall

Mrs. Veronica Umoh
Head of Department



DEPARTMENT OF HISTOPATHOLOGY

1.0 INTRODUCTION

The department of Pathology is one of the clinical departments that offer Laboratory Services in areas of Histology, Cytology, Embalmmnt and Post Mortem Examination (Autopsy)

2.0 STAFF STRENGTH

The department has twenty-three (24) staff:

1.	Consultants	-	6 (5 are Honorary Consultant)
2.	PMO	-	1
3.	Senior Registrar	-	1
4.	Medical Lab. Scientists	-	5
5.	Medical Lab. Technician	- 1	6. Medical Lab. Assistant - 1
7.	Scientific Officer	-	1
8.	Mortuary Staff	-	7
9.	Departmental Secretary	-	1

3.0 ACTIVITIES IN THE DEPARTMENT

- Processing and diagnosis of tissue specimens (Histology).
- Processing and diagnosis of cytological specimens.
- Carrying out fine Needle Aspiration for cytology.
- Embalmmnt and preservation of bodies.
- Introduction of liquid based cytology.
- Performing of Post Mortem Examination/Autopsy when necessary to ascertain cause of death.

SN	DESCRIPTION	YEAR 2019
1.	Histology	3,120
2.	Cytology	1,438
3.	Corpses preserved/received	1,476
4.	Body embalmmnt	864
5.	Autopsy	5

For the year 2019, the department has the following Residents on rotation/posting ranging from 2 weeks to 1 month.

Those from UATH

1.	Surgery	-	2
2.	O& G Department	-	2



4.0 CHALLENGES

1. Lack of office space.
2. Inadequate Laboratory staff especially Secretarial/ Technicians/Assistants/Attendants cadre.
3. Residency programme yet to be accredited.
4. Inadequate of Microscopes.

5.0 FUTURE PLANS

1. Expansion of the mortuary to accommodate one hundred (100) bodies, New additional 50 bodies chambers.
2. Recruitment of more Technical Staff.
3. Employment of 2 Senior Registrars and 4 Registrars as per West African College of Physicians, WACP (Lab. Medicine) partial accreditation approval.
4. Purchase of more Microscopes including one that has a camera.
5. Introduction of immunohistochemistry technique.
6. Building of a composite pathology complex.
7. Pursuing accreditation for Residency of National Postgraduate Medical College of Nigeria.

Dr. B.A. Abimiku
Head of Department



Scientist at Work.

A



DEPARTMENT OF INTERNAL MEDICINE

The Department is headed by a Consultant, who oversees the various subspecialties and reports to the Chairman, Medical Advisory Committee.

It offers care at the specialist level to patients seeking care at the hospital. It is also a portal of training residents through a program accredited by the West African College of Physicians as well as the National Postgraduate Medical College of Nigeria, towards ensuring better quality of care provided to patients.

2.0 STAFF STRENGTH

The manpower of the Department in the year 2019 constitutes different cadres of doctors as below:

Cadre	No. of Doctors
Consultants	20
Senior Registrars	20
Registrars	7

Subspecialty	No. of Consultants
Nephrology	2
Cardiology	3
Neurology	2
Gastroenterology	3
Endocrinology	3
Dermatology/Infectious Diseases	5

Consultants:

Prof. E.A. Nwankwo	Dr. G. Onwuegbuzie
Prof F. Anumah	Dr. A. Uzunmwangho
Prof Adediran	Dr. L. Abdulkareem
Prof. Odili	Dr. O. Ameh
Dr. M.H. Mamven	Dr. R. Reng
Dr. D.B Ojji	Dr. B. Ukonu
Dr. J. Alfa	Dr. P. Ibekwe
Dr. P. Alabi	Dr. V. Kwaghe
Dr. G. Otokpa	Dr. Habib
Dr. A. Akor	Dr. P. Basil

3.0 MANDATE

The Department focuses on three functions, namely:

1. Provision of patient care services.
2. Academic activities and training.
3. Research and capacity building.



Provision of Patient Care

The Department of Medicine offers services to patients on an Out-patient and In-patient basis. Consultation requests are also received from other departments of the hospital for expert advice and input in their patients’ management.

The units in the Department of Medicine have structured weekly activities through which they offer care to patients in the hospital. These activities include ward rounds, clinics and investigative/therapeutic procedures.

Departmental Units Weekly Activities As Represented by Table Below

Unit	Monday	Tuesday	Wednesday	Thursday	Friday
ALL: 8am-9am	Morning Review	Morning Review	Departmental Seminar	Departmental Seminar	House Officer’s Presentation
Nephrology	Consultant’s Ward Round	Registrar’s Ward Round	Clinic	Consultant’s Ward Rounds	Senior Registrar’s Ward Rounds
Cardiology	Senior Registrar’s Ward Rounds Echocardiography	Clinic	Consultant’s Ward Rounds Echocardiography	Clinic Registrar’s Ward Rounds Echocardiography	Consultant’s Ward Rounds Echocardiography
Neurology	Consultant’s Ward Rounds	Registrar’s Ward Rounds EEG	Consultant’s Ward Rounds Clinic	Clinic EEG	Senior Registrar’s Ward Rounds
Gastroenterology	Senior Registrar’s Ward Rounds Endoscopy	Consultant’s Ward Rounds Clinic	Endoscopy Registrar’s Ward Rounds	Registrar’s Ward Rounds	Clinic Endoscopy
Endocrinology	Consultant’s Ward Rounds	Registrar’s Ward Rounds	Consultant’s Ward rounds Clinic	Clinic	Senior Registrar’s Ward Rounds
Dermatology/Infectious Diseases	Infectious Diseases Clinic Dermatology Consultant Ward Rounds	Dermatology Procedures	Registrar’s Ward Rounds	Infectious Diseases Consultant Ward Rounds	Dermatology Clinic Senior Registrar’s Ward Rounds

Out Patient Care in the MOPC

Total number of patients seen at MOPC in 2019 -

In Patient Care in the Medical Wards

Number of patients admitted into Male Medical Ward in 2019 -

Number of patients admitted into Female Medical Ward in 2019 -



Number of patients admitted into the Medical Ward in 2019 -

As part of audit of offered care, departmental post-call reviews of admitted cases takes place in the morning on Mondays and Tuesdays.

Morbidity and mortality case reviews of all the units are also done monthly, and this enables participation of all the members of the department where critical analysis of care is offered.

The Department also oversees the Special Treatment Clinic that offers care to HIV positive patients. Patients requiring admission or having complications are admitted for care in the medical wards.

Procedures

Procedures offered by specialties in the department of medicine in 2018 are as below:

Procedure	Number done
Haemodialysis	907
Electrocardiography	4568
Echocardiography	1186
Holter ECG	15
Ambulatory blood pressure monitoring	12
Electroencephalogram	283
Gastro Intestinal Endoscopy	588
Skin Biopsy	201

□ Academic Activities and Training

This involves training of Postgraduate Resident Doctors, and Pre-registration training of House Officers.

1. Weekly Postgraduate presentations on Wednesdays and Thursdays
2. Monthly Journal Reviews
3. Monthly grand rounds
4. Drug presentations by pharmaceutical companies
5. House officers' seminar presentation every Friday morning

Postgraduate bedside teachings also take place during ward rounds and clinics, and during call hours.

Mock exams have been conducted for the Postgraduate Resident Doctors, consisting of both written and clinical components.



In 2019, update courses were organized by the West African College of Physicians, as well as the National Postgraduate Medical College of Nigeria, and residents from the department were in attendance. Residents in the department have also taken part in exams organized by the two colleges above.

Four residents took part in the West African College of Physicians Fellowship exams this year, and three were successful, giving a 75% pass rate. One resident sat for the National Postgraduate Medical College of Nigeria Fellowship exam, and she was successful.

Several presentations were made by Consultants from the department in different forums including the monthly Continuing medical education/grand round lectures organized by the hospital academic committee.

Research, publications and capacity building:

Towards this, Consultants in the Department of Medicine, as well as residents, have made various contributions in different capacities in Journal article publications, as well as oral abstract and poster presentations at various national and international conferences, notably the GlaxoSmithkline sponsored CREOLE study, which had Dr. Ojji as Principal Investigator.

Awareness and Advocacy

The Department in partnership with some pharmaceutical companies conducted some awareness and advocacy drives for World Hypertension Day, World Migraine Day, World Diabetes day and World hepatitis day, consisting of free screening tests, health talks, radio broadcasts.

4.0 CHALLENGES

The challenges of the Department are mainly the lack of manpower, which has greatly affected the Residency Training program, with Residents mainly offering services to the detriment of their training. The lack of manpower has also made it difficult for the Department to release Residents for training in other departments within and outside the hospital.

5.0 FUTURE PLANS

Future plans include a second non-invasive cardiology suite, furnished with echocardiography machine, routine, stress and holter ECG machines.

Six residents are also expected to sit for Part 1 Membership examinations in year 2020, and 4 are expected to sit for Part II Fellowship examinations as well.

Professor E.A. Nwankwo
Head of Department



MEDICAL LIBRARY

1.0 INTRODUCTION

The Library was set up in 1994 for the purpose of providing a conducive environment for learning, and research activities for members of the hospital community and identified researchers.

2.0 FUNCTION

The mandate of the Library in summary is to acquire books and non – book materials, process and ensure their safety.

3.0 ACHIEVEMENT

- Mr. Chukwu B.M. was honoured as a fellow of the Nigerian Library Association (NLA) which is the highest honor of the Association.
- Mrs. Esther Fulani Kwassafa was given an award of the best staff of the year by the management of the Hospital.
- In-house seminar presentation to keep staff abreast of modern trends in librarianship.

4.0 STAFF COMPLEMENT

There are eight (8) staff in medical library during the year under review.

5.0 PROBLEMS

1. Inadequate up-to-date books and journals.
2. Inadequate funding of library proposals.
3. Out-dated computer sets which need upgrading.
4. Out-dated office furniture.

6.0 FUTURE PLANS

We yearn for library complex. We also hope to acquire up-to-date books and non-book materials.

Mrs. Mary Badu
Head of Department



DEPARTMENT OF MEDICAL SOCIAL SERVICES

1.0 INTRODUCTION

The year under view was very fruitful because of the intensified capacity building/ advocacy in the hospital community and its environs. There was a great increase in the rate of indigent patients 38, 858 patients compared to 2018 (22, 628 patients) and a high increase in the fund realized ten million, six hundred and six thousand , three hundred and fifty seven naira (N10,606,357)only.

2.0 STAFF STRENGTH

The staff strength was 14: distributed to various units as shown below:

- | | |
|--|---|
| • Head of department Office. | 5 |
| • Treatment support specialist (TSS) Unit. | 2 |
| • Adult Adherence Unit. | 3 |
| • Paediatric Adherence Unit. | 3 |
| • Main Operating Theatre. | 1 |

3.0 ACTIVITIES

The Departmental activities summarized into five (5) major headings:

- ❖ Counseling.
- ❖ Mediating.
- ❖ Mobilization.
- ❖ Advocacy.
- ❖ Facilitating.

With patients statistics as indicated below under achievements.

4.0 ACHIEVEMENT

- Three staff were promoted; two to CONHESS 12 and one to CONHESS 9.

5.0 PATIENTS STATISTICS IS INDICATED BELOW:



Annual Report For 2019

Mon	Sex	Main office		Treatment Support Specialist		Adult Adherence Unit		Paediatric Adherence Unit		Grand Total		Sought resources/ debt revered and balance				
		In	out	In	out	In	out	In	out	In	out	UATHWIS	Others	Debt recovered/bal& waived		
Jan	M	4	-	3	536	-	457	-	227	7	1220					Total paid
	F	8	-	1	972	-	905	-	214	9	2091		500,000	1,070,550	165,825	
Feb	M	9	-	3	456	-	235	-	284	12	978	30,000		958,720	71,600	36,000
	F	13	-	5	889	-	414	-	209	18	1512					
Mar	M	28	-	1	639	-	306	-	231	29	1176	30,000		1,099,685	194,580	Nil
	F	17	-	3	125	-	606	-	183	20	914					
April	M	10	-	3	490	-	428	-	222	13	1140	80,000	-	958,720	71,600	36,000
	F	3	-	6	1213	-	772	-	180	9	2185					
May	M	8	-	5	382	-	314	-	235	13	931	80,000	179,900	1,099,685	194,580	Nil
	F	12	-	5	867	-	741	-	173	17	1781					
June	M	18	-	2	650	-	355	-	202	20	1207	50,000	310,000	958,720	71,600	36,000
	F	29	-	2	1434	-	697	-	217	32	2348					
July	M	3	-	3	935	-	260	-	255	5	1450	30,000	200,000	1,099,685	194,580	Nil
	F	8	-	2	1612	-	548	-	203	11	2363					
Aug	M	8	-	3	661	-	276	-	326	10	1263	40,000	1,357,000	958,720	71,600	36,000
	F	14	-	2	1452	-	443	-	217	18	2112					
Sept	M	28	-	4	704	-	324	-	204	29	1232	50,000	-	1,099,685	194,580	Nil
	F	24	-	1	1025	-	524	-	193	29	2642					
Oct	M	4	-	5	435	-	209	-	283	9	882	30,000	-	32	346,143	36,000
	F	15	-	5	984	-	348	-	155	21	1469					
Nov	M	17	-	6	921	-	354	-	194	23	1469	-	52,400	363,910	14,200	Nil
	F	10	-	6	1568	-	695	-	178	15	2441					
Dec	M	18	-	5	977	-	309	-	201	24	1483	20,000	300,000	263,250	44,460	37,402
	F	19	-	6	1361	-	695	-	169	23	2135					
Total		32	-	4	22,211	-	11,12	-	5,110	416	1176	460,000	4,925,200	5,147,755	1,756,308	73,4021

6.0 SUMMARY

In the year under view the department rendered services to 38,859 patient, out of which 416 patients were in-patients (194 males and 222 females); the remaining 38,442 _ patients (13, 402 males and 25, 040 females) were out-patient.

Although, the rate of indigent patients were higher than that of 2018 (22, 628 Patients); the department mobilized funds so most patients bills were settled while on admission or after discharge. Total sourced fund was ten million, six hundred and six thousand, three hundred and fifty seven Naira, out of which four hundred and sixty thousand naira from UATHWIS.

2019 DEBTS RECOVERY SUMMARY

TOTAL	6, 977, 465
TOTAL PAID	5,147, 755



TOTAL BALANCE	1,756,308
TOTAL WAIVED	73, 402

Total debt during the year under review was six million, nine hundred and seventy seven thousand, four hundred and sixty five naira (₦6,977, 465) only. Five million, one hundred and forty seven thousand, seven hundred and fifty five naira (₦5,147, 755) was recovered while seven three thousand, four hundred and two naira (₦73,402) was waived by the management, leaving the balance of one million, seven hundred and fifty six thousand , three hundred and eight naira (₦1,756, 308) be recovered that were given cash/ other materials; only ₦4,925,200 only was from NGOs, good spirited individuals (Gov, of Plateau State Inclusive) etc. and the remaining five million, one hundred and forty seven thousand, seven hundred and fifty five naira was debt recovered. total waived was seventy three thousand four hundred and two naira. Ernest effort is being made to recover the remaining one million, seven hundred and fifty six thousand three hundred and eight naira.

7.0 CHALLENGES

1. High rate of accumulated bills on admission and of unsettled bills after discharge.
2. Lack of staff to cover 24 hours shift in all units
3. Lack of departmental vehicle/driver affects indigent patients' diagnoses, resources mobilization/advocacy.
4. Lack of photocopier and Secretary affects the department's productivity negatively.

8.0 WAY FORWARD

1. The department will intensity use of yellow card by the billing unit, this will reduce the high rate of accumulation of bills on admission and discharge.
2. Management should employ more staff (at least 6) to cover 24 hours shift could also curb the rate of abandoned patients with high bills
3. The department should be provided with a vehicles / driver for proper diagnosing of indigents, debt recovery, fund mobilization etc. this will also reduce the rate of inadequate patients and accumulated bills.
4. There is need for departmental secretary/ photocopiers to increase our productivity.

The department conclusively appreciate the hospital management for their usual cooperation/support in carrying out our expected duties we're in deed grateful Sir,

Mrs. Chinke Keziah



Head of Department

DEPARTMENT OF MENTAL HEALTH

1.0 INTRODUCTION

The Department is headed by a Consultant psychiatrist who oversees the activities and reports to the Chairman, Medical Advisory Committee (CMAC). It is a core department of the Hospital, saddled with the responsibility of providing essential services in the prevention, promotion and management of mental and substance use disorders.

2.0 STAFF STRENGTH

The Department has a total of thirteen (15) staff:

Consultant psychiatrists	3
Registrar	1
Medical officer (NYSC doctor)	1
Clinical Psychologists	3
Psychologists	3
Nurse	1
Scientific officer	3

3.0 ACTIVITIES

The range of services rendered by the department include: out-patient clinics, in-patient consultation-liaison psychiatric services across other clinical departments in the hospital and emergency mental health services through the accident and emergency unit of the hospital.

Other services rendered include: psychological assessment, psychotherapy, counseling, preemployment mental health assessment, forensic mental health evaluation, HIV counseling and testing, Mental health psychosocial support (MHPSS) for migrants, Orphans and Vulnerable children (OVCs), community mental health outreaches.

CLINICS

The Department runs out-patient clinic at the Medical Out-Patient Clinic (MOPD) on

Mondays:	8 am
Thursdays:	1 pm (at NHIS building)

Departmental academic meeting

Wednesdays 8.30am

Monthly departmental meeting

3rd Wednesday of every month



4.0 ACHIEVEMENT

1. Commencement of departmental academic meeting.
2. Commencement of monthly departmental meeting.
3. Training of primary health care health workers on the use of MHGAP for treatment of mental disorders in primary care settings.
4. The award of contract for the construction of mental health ward by the management. We are very grateful to the management for this as this will transform the landscape of mental health service delivery in the hospital and the entire FCT and the neighboring states.

5.0 CHALLENGES

1. Inadequate human resources.
2. Lack of admission space for inpatient care by the department.
3. Lack of equipment and assessment instruments.
4. Lack of funding for community mental health programmes.

6.0 FUTURE PLANS

1. To develop a strategic roadmap for the transformation of mental health service and research in UATH.
2. Development of community mental health services tagged university of ABUJA Teaching Hospital Community mental health development services (UATH COMMENDS).
3. Development of sub-specializations.
4. Commencement and accreditation of postgraduate medical training in psychiatry
5. Commence regular community mental health awareness outreaches
6. Start school based mental health services in FCT school of Nursing and Midwifery.

Dr. Tunde Ojo
Head of Department



DEPARTMENT OF MICROBIOLOGY AND PARASITOLOGY

1.0 INTRODUCTION

The Department of Medical Microbiology and Parasitology is one of the pathology based department that mainly involves in Microscopic and immunology diagnosis. Samples from various departments are analyzed, such report are presented to the physician for further action. The department is headed by a Consultant who oversees the activities of the various units and reports to the Chairman, Medical Advisory Committee.

The department is made of several units namely; Sputum unit, urine bench, seminal Analysis unit, swabs unit, Automated & conventional blood culture units, sample collection unit, serology unit and research laboratory unit. These units are managed by competent laboratarians.

Several collaborative researches occur in the department which ranges from interdepartment and external collaboration in the year under review. Tuberculosis testing is still on going, the HIV PEPFAR Laboratory, IHVN dot collaboration and the Human Papilloma Virus, Serotyping collaboration and community Acquired septicemiasyndrome project. Every staffs contributes to the smooth running of the department.

The department has gone a long way in ensuring research training and excellent quality control laboratory services. To this end, the department has ensured the training of doctors, scientists and technicians to improve their expertise. World Hand washing Day was celebrated in the hospital with collaboration with the department.

The department has developed modalities of means of generating revenue for the hospital and the department.

The National Postgraduate Medical College of Nigeria accreditation team visitation is still awaited but the West African College accreditation visitation took place and **two years accreditation was approved.**

2.0 STAFF STRENGTH

I.	Honorary Consultant	3
II.	Resident	0
III.	Laboratory Scientists (including 2 Asst. Directors)	14
IV.	Laboratory Technician (including 1 chief Technician)	6
V.	Laboratory Assistants	1
VI.	Laboratory Auxiliary	
VII.	Secretarial Staff	Nil

3.0 ACADEMIC PROGRAM

- Monday: Reviews of call samples over the weekend Reviews of infection control and Preventive (IPC)
- Tuesday: slide show on common and emerging pathogens.



Reviews of antibiogram pattern and survey **Venerology Clinic**

- Wednesday: A day with medical students

STI Clinic

- Thursday: Departmental Presentations
- Friday: Journal club

4.0 ACTIVITIES

1. Consult from Clinic & departments to review patients.
2. Receipt of clinical specimens from all the departments in the hospital.
3. Receipt of sample from other government and private clinic.
4. Collaborator programs serving as coordinating department for the hospital such as IHVN/UATH collaboration, DOT/UATH collaboration, PEPFAR/UATH collaboration.
5. Fumigation of units in the hospital after infection survey.

Clinical consults

Microbiology Departments continuously receive consults from clinical departments such as intensive care Unit (ICU), Medicine Departments, Paediatrics and Obstetrics & Gyneacology Consults are received by the Consultant Microbiologist but reviews of such patients is done by a team of Microbiologists which includes the Pathologists, Scientists and Technicians. A detailed clinical presentation of the patients have used in the hospital or before presentation in the hospital. This has assisted the Department in participating in Clinic Pathology discussion for better patient's management. **CONSULTS = 4, 938**

5.0 ACHIEVEMENTS

1) Acquisition of Improved blood culture

The semi-automated blood culture bottle has been useful to the department and has the capacity to give the specimen and antibiotics susceptibility test can be done later. It has the capacity to detect various resistant bacteria. The department is highly motivated with the acquisition of this blood culture bottle.

2) Team work

Despite various litigators surrounding the various cadres in the laboratory i.e pathologist, scientists, technicians, assistants and auxiliary, it is worth to note that the department will maintain cordial relationship between these various cadres. The team work achieve is largely due to inter-cadre and interpersonal relationship which allowed work to continue without interrupting putting the pivotal goal of patient satisfaction as paramount.

3) Side Laboratory



The department continuously maintains the functionality of the side laboratories. The side laboratory is coordinated by the head of departments, manned by Technician under the supervision of the Laboratory Scientists and Pathologist.

4) Research Laboratory

Creation of a unit truly in response to research and special investigation (part of cardinal function of Teaching Hospital) has been functioning in the last one year. The unit had successfully conducted three part two research dissertation with the residence level of participation above 70%. These initiatives have increased the income for the department.

5) World Hepatitis Day

The department successfully conducted the Laboratory screening of staff and other member of the population for hepatitis B virus and Hepatitis C virus more than five hundred and eight staff were screened.

Infection control programs

The departments actively participate in the proactive infection, prevention & control committee. Mr. Remi Njoku and Dr. Yunusa Thairu are members of the committee.

Hospital committees

Members of the department that are members of various committees in the Hospital

- a) Mr. Osuji A Ethical Committee
- b) Mr. Remi Njoku Infection Prevention & control committee

6.0 CHALLENGES

- a. Lack of offices for Consultants
- b. Need for improved storage facilities
- c. Absence of a quality control outfit.

FUTURES PLANS

1. To have working environment ideal for facilities, the patients and the staff
2. Improved staff strength
3. Develop a molecular biology laboratory.

Dr. Yunusa Thairu
Head of Department



DEPARTMENT OF NURSING

1.0 Introduction

The year 2019 was a special year for the Nursing Department with immense gratitude to God Almighty to all the hard working Nurses of this great Institution. To the Management of University of Abuja Teaching Hospital especially the Chief Medical Director for all the success achieved during the year under review.

This Institution during the year under review have experienced unprecedented growth in the volume of patients seeking health care services, hence the need to examine how the system is providing exceptional care to them.

In spite of all the challenges during the year under review, the nursing department has held steadfastly our core values and ability to maintain a culture of respect and the provision of high quality care to our clients.

2.0 STAFF STRENGTH

The department has a total of four hundred and forty-nine (449) nursing staff; which is lower than that of the previous year, and is as a result of retirement, transfer of services and voluntary resignation. Below is the breakdown of the different cadres.

i) Deputy Director, Nursing	- 4	ii) Assistant Director, Nursing	- 27	iii) Chief Nursing Officers	- 188	iv) Assistant Chief Nursing Officers	- 29	v) Principal Nursing Officers	- 27	vi) Senior Nursing Officers	- 46	vii) Nursing Officers I	- 85	viii) Nursing Officers II	- <u>43</u>
TOTAL															
-															
<u>449</u>															

3.0 FUNCTIONS

The department provides high-quality nursing care to both out-patients and in-patients of the hospital. This is achieved by the use of the main nursing tool "Nursing Process" which includes:

- a) Assessment of individual patients health needs and challenges.
- b) Establishing patients problem (Nursing diagnosis).
- c) Carefully planning measures and procedures to assist the patient/client in overcoming identified problems in collaboration with other health care providers.
- d) The actions planned are implemented to the latter and patients care evaluated at each step, to determine its sustainability or otherwise for the patient.

4.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED

The Department of Nursing provided services to patients/clients across all the Departments and specialized areas of the hospital. During the year under review, the department is happy to share their achievements. Below are some of the departmental achievements for year 2019.



- i) The Nursing department successfully organized and executed a medical screening outreach to Gwagwalada Community as part of their end of year activities which was a social gathering to aid all nurses to ease out the stress of the year.
- ii) The department also recorded a great improvement in the areas of
 - I) Use of nursing tools (Nursing process, nursing record/for standard nursing care.
 - II) Positive attitude/response to patients' and their relatives.
- iii) Nurses in male surgical ward have successfully managed an unknown unconscious patient. Who was brought to this institution without any relatives to care for his financial needs? Through the efforts and contributions of nurses in the area of holistic care, feeding, clothing and drugs, until the patient recovered and provided information on how to locate his relatives, and was successfully handed over to his relative on discharge.
- iv) The department also took delivery of many items cutting across all departments such as Operating light in the theatre; Plastic chairs, weighing scales, pulse oximeter, bed, mattresses, suction machines and many other items. The department is highly appreciative of the management under the leadership of Professor Bissallah A. Ekele; for providing the department with the above items for improve patient care.
- v) The department is happy with the commencement of Nursing Intern program in the hospital; Thirty (30) Interns were recruited in December, 2019 for the program. Kudos to the management and the Chief Medical Director.

The department of nursing services provided her services to all the departments in the hospital. During the year under review, the nurses worked very hard and the following numbers of patients were managed across the different departments.

The breakdown is as follows:

1. Admission	12,624
2. Discharged	12,738
3. Signed Against Medical Advice (SAMA)	945
4. Abscond	96
5. Transferred in	10,025
6. Transferred out	9,698
7. Refereed out	41
8. Dead	1,495
9. Brought in dead (BID)	507
10. Delivery	2,512

5.0 CHALLENGES

The Department is not without challenges, but it's important to note here that the department is however very hopeful as the Management of the hospital is proactively working towards resolving them.



1. Acute shortage of manpower.
2. Aging nursing staff strength.
3. Structural deficit to cope with influx of patients, especially at the Accident and Emergency Unit, other sub-specialties and amenity ward.
4. Urgent need of more nursing tools such as: Sufficient Suction Machine, Pulse Oximeter, sphygmomanometer, Cardiac monitor, infusion pump, bed sheets, ripple mattresses/mattresses, beds and its accessories, batteries for pulse oximeters; and other consumables.
5. The changing room/common room for nurses in the wards needs overhauling
6. Lack of convenient waiting areas for patients' relations.

6.0 FUTURE PLANS

The department of Nursing, University of Abuja Teaching Hospital is fully committed to providing patients and their families with cost efficient and cost effective nursing care; and this can only be achieved by

- i) Providing a safe environment and enough staffing for nurses to carry out their duties.
- ii) Ensuring that Nurses are well motivated through promotion and good welfare packages
- iii) Training and retraining of all nurses in different specialties and also in advanced high level formal nursing education; such as doctorates degree and Master's degree. This is due to advances in science and increase patient complexity.

7.0 CONCLUSION

The department wishes to thank the Chief Medical Director, Director of Administration, Director of account and Finance, the Chairman, Medical Advisory Committee and all the nurses in this institution for their contributions without which the above success would not be possible. As we enter the year 2020, the department is looking forward to more achievements and provision of quality nursing care to our patients.

Mrs.Lydia Chukwu
Deputy Director, Nursing/Head of Department



DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

1.0 INTRODUCTION

The Department is headed by a Consultant who oversees the daily activities of the various units and reports to the Chairman, Medical Advisory Committee.

2.0 STAFF STRENGTH

Consultants:	19
Senior Registrars:	18
Registrars:	16
Nursing Staff:	67
Departmental Secretary	1
Clerical officer	1

3.0 DEPARTMENTAL STRUCTURE:

3.1 Family Planning Unit

- Focuses on child spacing and provided services relating to contraception and prevention of sexually transmitted infections.
- Houses the Colposcopy room and a mini theatre for Bilateral Tubal Ligation (BTL).

3.1.1 Staff Disposition:

- A Consultant oversees the activities of the unit.
- 1 Senior Registrar and 1 Registrar rotate on a monthly basis through the unit.
- Nursing staff – 2
- Public Health Officer – 1
- Porters – 2

3.1.2 Activities:

- Total no. of family planning clients seen – 4,411 (both old and new)
- Total no. of new acceptors – 418
- Total no. of colposcopy done – 108
- one hundred and eight patients (108) were screened ▪ Treatments – LLETZ 9, Cold coagulation 1.

3.2 Labour Ward:

3.2.1 Staff Disposition:

- Consultant – 1 (monthly rotation)
- Senior Registrar – 1 (two-monthly rotation)
- Registrar – 1 (two-monthly rotation)
- House Officers – 2 at a time (rotated on a regular basis as part of their posting)
- Nurse/midwives – CNO 3, ACNO 1, PNO 2, SNO 3, NO I – 4, NO II – 4.
- Porters – 6
- Cleaners – 5



3.2.2 Activities:

• Total no. of patients admitted	–	2019
• Total no. of deliveries	-	1992
▪ Vaginal deliveries	–	1,475
▪ Emergency caesarean sections	–	517
□ Maternal deaths	–	46
□ Stillbirths	–	116

3.3 Gynecology Ward

This unit comprises of four functional sections viz:

- Gynecology in-patients
- Gynecology emergency room
- Ultrasound scanning room
- Manual Vacuum Aspiration (MVA) room.

3.3.1 Staff Disposition:

The unit was covered by eighteen (19) Nurses supervised by an Assistant Director

- Nurse/Midwives: ADNS–1, CNO – 5, PNO – 2, SNO – 2, NO I – 3 , NO II - 4
- Porters – 6
- CLEANERS – 6

3.3.2 Activities

• Total no. of admissions:	182
• Mortalities:	23
• Total no. of patients seen in Gynae. Emergency room:	2,580
• Total no. of MVAs performed:	197
• Total no. of Ultrasound scans performed (Gynae. and Obst.):	1,237

3.4 Post-Natal Ward.

3.4.1 Staff Disposition:

- Doctors conducted ward rounds everyday including weekends and holidays. □
- Nurse/Midwives: ADNS – 1, CNO – 2, PNO – 2, SNO – 4, NO I – 5, NO II 3

3.4.2 Activities:

• Total no. of patients admitted into the ward:	1,349
• No. of caesarean sections (emergencies and electives):	715
• Normal deliveries:	153
• Admitted for various complaints in pregnancy:	481

3.5 The Clinics

he Antenatal clinic, Gynaecology clinic, Post-natal clinic and Prevention of Mother to Child Transmission (PMCT) services are all under the clinics.

3.5.1 Staff Disposition:



- The clinics are run under various Teams. There are four Teams headed by Consultants.
- Nursing Staff: CNO – 5, NO I – 1
- Porters – 2
- Cleaners – 4

3.5.2 Activities:

- Total no. of antenatal booked clients: 2495
- Total no. of antenatal follow-up clients seen: 12,952
- Total no. of patients seen in gynae. clinics: 5,818
- Total no. of patients seen in Postnatal clinics: 1,862
- Altogether, a total of twenty-three thousand one hundred and twenty-seven (23,127) patients were seen in the various clinics in 2019.

Routine Weekly Schedule

Our routine schedule which include antenatal, gynaecological and postnatal clinics run five days a week. The various teams have their different days for elective surgeries, while emergency surgeries are handled on a daily basis by the team on call.

A Typical Departmental weekly schedule

DAYS	ANC	GYNAE CLINIC	THEATRE	CONSULTANT WARD ROUND
Monday	Booking Clinic		Pink (A)	
Tuesday	Pink (am)	Blue (pm)	Purple	Green
Wednesday	Purple (am)	Green (pm)	Blue (A)	Pink
Thursday	Blue (am)	Purple (pm)	Pink (B) Green	
Friday	Green (am)	Pink (pm)	Blue (B)	Blue Purple

4.0 Achievements

1. Renovation of the Labour ward
2. Accreditation visit by the West African College of Surgeons in August 2019 was successful.
3. A new cardiotocography machine was bought for labour ward
4. Prof. Kelsey Harrison, an International renowned Emeritus Professor of Obstetrics and Gynaecology visited the Department and gave a guest lecture titled "STILL DREAMING OF BETTER MATERNAL HEALTH" on the 4th of November, 2019.
5. Four resident doctors completed their residency training programme having passed their Part II Fellowship exams, while 3 passed Part 1 of the Fellowship programme.

5.0 CHALLENGES

1. Inadequate nurses to cover the wards.
2. Few Registrars on ground.
3. Lack of offices for many consultants

4. Increased patients turn out, overwhelming the Maternity ward.
5. Absence of High Dependency Unit (HDU) in labour ward.

6.0 FUTURE PLANS/RECOMMENDATIONS

1. Employment of more Nursing staff and more Registrars.
2. Provision of more office spaces for consultants
3. Expansion/Provision of new maternity ward to take care of increased patient load.
4. Making the departmental Guest Lecture an annual event.
5. Provision of High Dependency Unit in the labour ward.



Emeritus Professor Kelsey Harrison, 2019 Guest Lecturer.



Sitting (L-R) Dr I. Wada, Prof W. Ogala, Prof O. Ladipo, Prof Kelsey Harrison - Guest Lecturer, Dr Sam Sam Jaja, Board Chairman, Prof J. Otubu, Prof B.Ekele, Prof F. Anumah. Standing (L-R): Dr R. Opadiran, Dr S. Bilal, Prof K. Airede, Dr A. Ogunbiyi, Dr N. Baamong, Dr Zara Mirami, Dr E. Agida, Prof A. Isah, Dr G. Akaba, Dr H. Bello. Standing Last Row (L-R): Dr M. Nyamzi, Dr J. Zaman, Dr P. Sende, Dr R. Offiong, Dr N. Adewole, Dr V. Ale, Dr B. Adeka, Dr F. Adebayo, Dr R. Onalo, Dr E. Ayogu. 04/11/19.

Emeritus Professor Kelsey Harrison in a Group Picture with Some Consultants and Invited Guests

DR. E. T. Agida Head of Department



DEPARTMENT OF OPHTHALMOLOGY

1.0 INTRODUCTION

The Department of Ophthalmology is one of the oldest core Clinical Departments of University of Abuja Teaching Hospital. It consists of various units including Optometry, Eye Clinic, Eye theatre and Eye ward. The staff and various units work as eye care team delivering comprehensive eye care.

2.0 STAFF STRENGTH

Consultants	-	6 (One on sabbatical leave since June 2018-June 2019)
Senior Registrars	-	8
Registrars	-	8
Chief Medical Officer	-	1
Optometrists	-	8
Ophthalmic Nurses	-	22
Opticians	-	2
Record Officers	-	2
Departmental Secretary	-	1
Porters	-	7
Cleaners	-	8

3.0 ACTIVITIES

THE INFRASTRUCTURE

The Department provides full comprehensive eye care services within available manpower and material resources including medical, surgical and optical services. There were outpatient eye clinics and theatre sessions from Monday – Thursdays weekly. There was around the clock Emergency eye care service.

The Eye Clinic

It is housed in a dedicated block and provides mainly outpatient eye services. It has a large patient waiting space with a television screen for entertainment/education, a health information space, three consulting rooms, a treatment room, an examination/investigation room, two refraction rooms and an optical laboratory. Also housed in the eye clinic block are



offices for the Eye Department, the Secretary, two consultant ophthalmologists, the optometrist, Eye/ ENT co-ordinator, Eye clinic manager and a seminar room which is also used as a visual acuity room.

1. Clinic Sessions

- i. **General Ophthalmology clinic:** There are four (4) eye clinic sessions per week. The Tuesday and Wednesday clinics are manned by 2 Consultants each while the Mondays and Thursday's clinics are manned by one Consultant each.
- ii. **Sub-specialty clinic:** The following sub-specialty clinic sessions run parallel to the General Ophthalmology clinic each week.
 - (a) Oculoplasty (Monday),
 - (b) Neuroophthalmology (Tuesday),
 - (c) Glaucoma (Tuesday); this clinic commenced on 19th June 2018 and is manned by the sabbatical staff,
 - (d) Medical Retina (Wednesday),
 - (e) Paediatric Ophthalmology and strabismus (Wednesday), (f) Anterior segment and Cornea (Thursday)
- iii. **The Emergency Clinical Services** are available for 24 hours daily in the Eye Clinic and the Casualty unit.
- iv. **The Requests for Ophthalmic Consultation** from all Clinical Departments are attended to promptly as the need arises.

4. The Eye Theatre

The Department of Ophthalmology has a dedicated eye theatre. There are two large sixbedded rooms one male and one female section. It has a nurse station, ward manager's office, staff & patients toilets, changing room, It has a large space for nurses' desks; a regional anaesthetic blocking area and patients/escort waiting area, an operating suite with en suite scrubbing area, store and sterilization room, and two changing rooms with en suite toilet (each for male and female users).

4.0 THE EYE CARE SERVICES AND ACADEMIC ACTIVITIES AT DEPARTMENT OF OPHTHALMOLOGY

Generally, the eye care services at UATH are rendered round the clock. However, the main services occurred during the working hours (0008 – 1600 hours). The physicians provide ophthalmic services as team. A team consists of the consultant(s) and trainee ophthalmologists. There are five teams (A-E) so far. Table 12 shows most of the eye care and educational activities in the department.

Table 12: The Department of Ophthalmology weekly activities

Activity	Monday	Tuesday	Wednesday	Thursday	Friday
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Consultant clinic	0008 – 1600 hrs, Team A	0008 – 1600 hrs, Team B, Team E	0008 – 1600 hrs, Team C	0008 – 1600 hrs, Team D	Trainees’ Postgraduate Training Day
Theatre	0008 – 1600 hrs, Team D	0008 – 1600 hrs, Team A	0008 – 1600 hrs, Team B	0008 – 1600 hrs, Team C	
Refraction	0008 – 1600 hours Daily				
Seminar					0008- 0009 hrs
Grand round			0008-0009 hrs Fortnightly (All physicians)		
Journal review		0008 - 0009 hrs Fortnightly (All physicians)			
Morbidity & Mortality review					1 st Friday of every month (All cadres of eye care team)
Ward round	Aside regular joint round by the trainee Ophthalmologists, each consultant supervises ward rounds on patients on admission in his/her team.				
Call duty	A team (consultant and trainees) is on call duty during the period specified in a monthly roster. The team attends to all emergencies and referrals during the period.				
Wet lab	Besides trainees’ self-skill acquisition, trainees have supervised wet lab session on theatre day/other specified period. A wet-lab register is available				
Medical students education	During posting in Ophthalmology the medical students acquire knowledge and skills in eye care services through didactic lectures (by consultants), tutorials (by trainees) and teachings in the clinics, ward and theatre.				
Further activity	Structured lectures, Residents’ Tutorial/Discussion on selected topics.				
Membership portfolio	All successful seminars and clinical case presentations are printed and filed after endorsement by the Residency Training Coordinator. The required number will be included in each trainee’s Membership portfolio.				
MOCK	No mock examination in 2019				
Trainee’s Annual report	Records of each trainee for the 2019 is available.				

5.0 ACHIEVEMENTS

THE OUTPATIENTS

Over nine thousand patients (9, 396), were seen in the eye clinics of the department.

EYE SURGERIES

More than 400 different eye surgeries (438) were performed in 2019. Cataract, Bilamella tarsal rotation, pterygium excision and corneoscleral repair were the four most common surgeries

TRAINING, ACCREDITATION AND RESEARCH



There were eight Registrars including one Supernumerary but one resigned on 15/5/2019 and seven Senior Registrars. The Department had successful full accreditation of both National and West African Postgraduate Medical Colleges on 8th January, 2019 and Specialist accreditation visit by West African College of Surgeons, Faculty of Ophthalmology 27th November, 2019.

The department conducts weekly seminar, fortnightly grand rounds and journal reviews as well as monthly morbidity and mortality review. Other includes wet laboratory session and refraction for trainee ophthalmologist. Trainees from Family Medicine, Otorhinolaryngology and Neurology do relevant postings in Ophthalmology. Optometrist (inter and extern) as well as optician externs were also trained in the department. The major research activities include trainees' dissertation and individual personnel research works.

6.0 OUTREACH SERVICES

The Department participated in a number of high volume cataract surgeries sponsored by Federal Government of Nigeria including the Ophthalmological Society of Nigeria (OSN), Eye care Services during yearly Glaucoma Week and World Sight Day. Also, the Department participated actively in Abuja OSN quarterly Continuing Medical Education (CME).

7.0 PARTNERS IN OPHTHALMIC RESIDENCY TRAINING

The Ophthalmic Residency Training in UATH has been supported by National Eye Centre (NEC), Kaduna and Dr. Ekaette registered through NEC for the Part II Fellowship Examinations in 2019. Further, Dr. Johnsam had a 6-month posting at NEC in 2019 just before the full accreditation results were communicated by the Postgraduate Medical Colleges.

8.0 KWALI GENERAL HOSPITAL

A Public Health Facility owned by Federal Capital Development Authority (FCDA), Abuja. Kwali General Hospital (KGH) is a designated fellowship rural training outpost by the University of Abuja Teaching Hospital (UATH) for specialties. The KGH sub-serves rural Ophthalmic Posting and Outreach Centre. Since the last quarter of 2018, the ophthalmology department has commenced basic eye care service delivery at the hospital including optical and medical services, and cataract surgical out reaches. Six hundred and twenty seven ophthalmic cases were seen in 2019 at KGH. Most of the available equipment for eye care services at the hospital.

9.0 RESIDENTS' RESEARCH WORKS IN THE DEPARTMENT OF



OPHTHALMOLOGY

A. Dissertation in progress

3. **Dr. Oketa BE.** Comparison of tear film studies in adults with and without pterygium at University of Abuja Teaching Hospital. **Proposed Part II Dissertation for West African College of Surgeons.**
2. **Dr. John-Sam YO.** Determinants of Patients' Adherence to Glaucoma Topical Therapy and its Effect on Some Ocular Parameters at University of Abuja Teaching Hospital. **Proposed Part II Dissertation for National Postgraduate Medical College of Nigeria.**
3. **Dr. Nwako FU.** Diabetic retinopathy in newly diagnosed type 2 diabetics in University of Abuja Teaching Hospital Gwagwalada Abuja. **Proposed Part II Dissertation for West African College of Surgeons.**
4. **Dr. Ume A.** Dry eye Syndrome in Diabetic patients at University of Abuja Teaching Hospital Gwagwalada. **Proposed Part II Dissertation for West African College of Surgeons.**
5. **Dr. Ume A.** Comparison of Intracameral Mydriatics with Topical Mydriatics in Patients undergoing Cataract Surgery at The University of Abuja Teaching Hospital, Gwagwalada. **Proposed Part II Dissertation for National Postgraduate Medical College of Nigeria.**
6. **Dr. Nomhwange RE.** Comparison of Efficacy of 2% Lidocaine and Midazolam with 2% Lidocaine in Peribulbar Anaesthesia among Surgical Cataract Patients at University of Abuja Teaching Hospital, Gwagwalada, Abuja. **Proposed Part II Dissertation for National Postgraduate Medical College of Nigeria.**

10.0 CHALLENGES

1. Inadequate and old equipment to provide specialist eye care services
2. Inadequate manpower
3. Inadequate space for consultations at the clinic

11.0 FUTURE PLANS

1. To have purposely built and well-equipped eye building with adequate space for outpatient clinics, equipment room, optical workshop, optometry unit, eye theatre, eye ward, offices, library, wet laboratory, seminar room, call rooms, canteen and conveniences.
2. To get support for eye care outreaches in Abuja especially rural eye care service at Kwali General Hospital.
3. To recruit more-well motivated young eye care professionals who are passionate to deliver quality eye care service.

12.0 CONCLUSION

Ophthalmology Department has full accreditation for Fellowship training in Ophthalmology for both National and West African Postgraduate Medical Colleges and WACS membership in 2019. The rural eye care services at Kwali General Hospital since 2018 is improving.



Ophthalmology department is meeting its mandate amidst limited resources and is poised to do more with improved resources.

Dr. Abdulkabir Ayansiji Ayanniyi
Professor & Head, Department of Ophthalmology



DEPARTMENT OF ORTHOPAEDICS AND TRAUMA

1.0 INTRODUCTION

The department is one of the clinical departments in the Hospital that renders Academic and clinical services in the treatment of the diseases that affects the bone and all structures that moves the bone.

The department is made up of four units in four Orthopaedic Super-Specialties. All units run Trauma calls.

TEAM A: Arthroplasty, Headed by Prof. Nwadiaro, H.C./ Dr. Oguche, O.

TEAM B: Spine and Oncology, Headed Dr. Abubakar Muhyi

TEAM C: Arthroplasty and Paediatric, Headed by Dr. Songden Z.D./ Dr. Sha D.G.

TEAM D: Limb Reconstruction, Paediatric Orthopaedics and Arthroscopy, Headed by Dr. T.D. Sough

2.0 STAFF STRENGTH

• Consultants	5
• Principal medical officer (With MSc Orthopaedic Surgery)	1
• Senior residents	10
• Junior residents	3
• Cast technicians	8
• Senior Prosthetist and Orthotist	1
• Secretarial staff	2

Dr. Muhyi Abubakar (consultant) voluntarily retired from service and Dr. Emmanuel Bature (Registrar) resigned.

3.0 ACTIVITIES

1. Managing Trauma patients in the Emergency unit.
2. Running of orthopaedic and trauma clinics
3. Performing emergency and elective surgeries
4. Care of in-patients
5. Academic activities to residents, Students and the General Hospital Community

4.0 SERVICE AREAS

1. SOPD
2. CASUALTY
3. THEATRE
4. MALE SURGICAL WARD / FEMALE SURGICAL WARD



- 5. MALE ORTHOPAEDIC WARD / PAEDIATRIC MEDICAL WARD
- 6. SCBU (Special Care Baby Unit) / EPU (Emergency Paediatric Unit).

5.0 CLINICAL ACTIVITIES

Team A: Prof Nwadiaro /Dr. Oguche

Consultant ward round	Wednesday
Clinic SOPD	Monday
Theatre	Tuesday
Residents ward round	Thursday
House officersward round	Friday

Team B: Dr. Abubakar M

Consultant ward round	Tuesday
Clinic SOPD	Wednesday
Theatre	Monday
Residents ward round	Thursday
H. O. ward round	Friday

Team C: Dr. Songden /Dr. SHA

Consultant ward round	Monday
Clinic SOPD	Tuesday
Theatre	Wednesday
Residents ward round	Thursday
H. O. ward round	Friday

Team D: Dr. Sough

Consultant ward rounds	Wednesday
Clinic SOPD	Friday
Theatre	Thursday
Residents ward round	Monday
House officersward round	Tuesday

1.0 PATIENTS SEEN AT OUT-PATIENT IN 2019 = 282

6.0 THEATRE STATISTICS FOR 2019 = 357

8.0 ACADEMIC ACTIVITY SUMMARY

S/no	Activity	Time	Days	Venue
1.	Call summary/ Trauma meetings	8am	Tuesday/weekly	Surgery seminar room
2.	Topic presentation	8am	Tuesday/weekly	Surgery seminar room
3.	Mortality/ Morbidity	8am	Quarterly	Surgery seminar room
4.	Bedside teaching	3pm	Wednesday/weekly	Wards



5.	Grand round	8am	Last Tuesday/monthly	Surgery seminar room
6.	House Officers presentations	3pm	Wednesday/weekly	Orthopedic ward

9.0 CHALLENGES

1. Non availability of Fracture Table
2. Old and depleted implant sets
3. Venue for more academic activities
4. Epileptic functioning of the c-arm and bad lead aprons
5. No call room for residents
6. Lack of space equipment in the prosthetic and orthotics room

10.0 RECOMMENDATIONS

1. Procurement of a Rechargeable drill
2. Procurement of Fracture table
3. Equipping the prosthetics and Orthotics Room
4. Procurement of Orthopaedics sets
5. Space for club foot clinic
6. National Postgraduate College accreditation

11.0 FUTURE PLANS

1. To get the trauma theatre functioning for 24hrs
2. To attain full accreditation of the West African College of Surgeons and National Post Graduate Medical College of Nigeria.

Dr. T. D. Sough
Head, Department of Orthopaedics



DEPARTMENT OF PAEDIATRICS

1.0 INTRODUCTION

The department comprises of 5 functional outlets namely; Special Care Baby Unit (SCBU), Emergency Paediatric Unit (EPU), Paediatric Medical/Surgical Ward (PMW), Paediatric Outpatient Department (POPD), and Paediatric Special Treatment Clinic (PSTC). These units provide primary, secondary and tertiary medical health care services to all children, 0-17 years, at both out- and in-patient basis. The services are rendered under subspecialty Units namely: Neonatology, Cardiology, Pulmonology, Nephrology, Neurology, Endocrinology, Gastroenterology/Nutrition, Infectious diseases and Haematology.

Our mandate is to provide sound leadership, excellent research, robust postgraduate training, and excellent clinical services to paediatric patients.

2.0 STAFF STRENGTH 2019

Consultants	-	14
Senior Registrars	-	15
Registrars	-	11
Medical Officer	-	1
Nurses	-	71
SCBU	-	22
PMSW	-	21
EPU	-	19
POPD	-	6
PSTC	-	3
CHEW	-	2
Counselors (VCT & Adherence)	-	4
Secretary	-	1
Clerical Officer	-	1

3.0 Clinical Activities

Monday to Friday

- Out-patient clinical services are rendered daily at POPD and PSTC.



- Specialist Clinics

- | | | | |
|--|-----------|-----------------------|------------|
| - Cardiology | Mondays | 10.00a.m – 2.00p.m. - | |
| - Pulmonology | Mondays | 2.00p.m – 6.00p.m. | |
| - Haematology | Tuesdays | 10.00a.m | – 2.00p.m. |
| - Haematology | Thursday | 2.00p.m | – 6.00p.m. |
| - Nephrology | Wednesday | 10.00a.m | – 2.00p.m. |
| - Neonatology | Wednesday | 10.00a.m | – 2.00p.m. |
| - Neurology/Developmental Paediatrics- | Thursday | 10.00a.m | – 2.00p.m. |
| - Infectious Disease | Friday | 10.00 a.m | - 2.00p.m. |
| - Endocrinology | Friday | 10.00a.m | - 2.00p.m. |
| - Gastroenterology/Nutrition | Wednesday | 2.00 p.m | - 6.00p.m |
- Ward rounds in EPU, SCBU, PMW
 - Community Posting at General Hospital, Kwali

Saturday and Sunday

- Outpatient clinical services in EPU
- Weekend ward round in EPU, SCBU, PMW

Other Clinical Activities

- The department runs paediatric echocardiography on Tuesdays for outpatients and every day for emergency cases.
- Paediatric electrocardiography services are available daily.
- Basic bedside laboratory investigations such as PCV, MP, RBS, Urinalysis, Urine and stool microscopy, CSF and Urine Sediment Gram staining and Bilirubinometry are available at the EPU and SCBU side laboratory.

Academic Activities

- **Mondays:** Weekend admission review
- **Tuesday:** Journal review, & unit presentations
- **Wednesday:** Seminar presentation, Bed side teaching.
- **Thursday:** Morbidity & Mortality review, Ground rounds
- **Friday:** Nelson club, Unit presentation

Achievements

- The department has renewed her five-year full accreditation with both the West African College of Physicians and National Postgraduate Medical College of Nigeria for residency training in Paediatrics.



- Multiple Tet-fund-sponsored research in paediatric cardiology, haematology and infectious diseases are currently running.

4.0 CHALLENGES

1. We require new block for PMW and preferably a **Paediatric complex**.
2. Expansion of SCBU to provide more space for the out-born babies.
3. Outpatient services after working hrs and weekends need to be staffed with Nurses
4. We need more consultants and some additional equipment that shall be forwarded to management.
5. More Registrars (20) to cover each consultant unit are urgently needed
6. More paediatric nurses

New Units to be created

- Paediatric Oncology; Paediatric intensive care; Paediatric rheumatology

Dr. Richard Onalo
Head of Department



DEPARTMENT OF PHARMACY

1.0 INTRODUCTION

The Department is headed by a Deputy Director who oversees the activities of the various Units and reports to the Chairman, Medical Advisory Committee. The department strived to meet up with the goals, mission and vision of the hospital by providing qualitative pharmaceutical services to the patients/clients in the period under review using the human and material resources available to it.

2.0 STAFF STRENGTH

The Department had the following number of staff in 2019:

1. Deputy Directors	7	2.
Assistant Directors	3	
3. Chief Pharmacists	5	
4. Principal Pharmacists	12	
5. Senior Pharmacists	4	
6. Pharm. Officers 1	2	
7. Pharm. Technicians	2	
8. Intern Pharmacists	26	

3.0 STRUCTURE

Pharmaceutical services basically cover these work sections:

1. Pharmaceutical emergencies
2. Pharmaceutical Out-patient
3. In-Patients Management
4. Procurement/Supplies and distribution
5. Research/ Training/ Professional Development
6. Production and quality assurance services. (Pharmaceutical Outlets that services the hospital community)

4.0 FUNCTIONS

Pharmaceutical services are provided in the following areas among others:

1. Pharmaceutical care services (screening of prescriptions, dispensing/patient counseling, drug therapy monitoring, etc.).
2. Training and research.
3. Drug information and pharmacovigilance services.
4. Drug procurement, storage and distribution.



5. Pharmaceutical Production and quality assurance: The department produced cleaning materials and disinfectants for use in the hospital by both staff and patients in 2019 as shown in table below:

Table 1: UATH Pharmacy Internal Production Jan to Dec 2019

S/No	Drugs	Pack size	Qty
1	Hand wash	500ml	2394
2	UATH zal	4l	181
3	Unittol	250ml	24
4	UATH zone	1l	3544
5	Hand sanitizer	70ml	456
6	Hand sanitizer	250ml	192
7	Spirit	100ml	10032
8	Spirit	200ml	2856
9	Spirit	2l	130
10	Dettol	2l	2
11	Dettol	200ml	432
12	Dettol	350ml	2
13	Purit	250ml	2562
14	Purit	2l	72
15	Purit	250ml	329

5.0 ACHIEVEMENTS

1. A total number of three hundred, eighty eight thousand, four hundred and fifty (388, 450) patients were provided with quality pharmaceutical care during the period under review.
2. Improvement in the production of quality pharmaceutical cleaning materials and disinfectant was witnessed during the period under review
3. Greater commitment of pharmacists to enhanced service delivery.
4. Reduction in the number of expired drugs following better monitoring and proper handling of the M.O.U arrangement.
5. Relocation of pharmacy compounding unit to a more conducive environment.

6.0 CHALLENGES

1. Spaces for effective operations e.g. call rooms, bulk store, outlets, narcotic, oncology units and cold room for vaccines and thermo-labile products.
2. Storage facilities for drugs.
3. Lack of manpower.
4. Inadequate equipment for the production unit.

7.0 FUTURE PLANS/EXPECTATIONS

1. Establishment of Water/ Infusion production plant.
2. Functional Drug Information and Pharmacovigilance centre.
3. A standard Drug Revolving Fund system.
4. A befitting pharmaceutical services complex.
5. Provision of office spaces for Pharmacists especially for Deputy Directors and Assistant directors for effective supervision.
6. Formulation of Total Parenteral Nutrition.
7. A standard Quality Assurance Unit.

Pharm. (Mrs) Eugenia Nkemdilim Ugwuneji
Head of Department



Commissioning of the New Dialysis Unit by the Board Chairman Dr. Sam SamJaja accompanied by Prof. B. A. Ekele(CMD) and other members of the board



DEPARTMENT OF PHYSIOTHERAPY

10. STAFF STRENGTH

- i. Ten (10) Permanent staff and (15) Interns.

2.0 ACTIVITIES

- The Department attends to cases needing Physical Therapy in the Hospital. It also receives referrals from neighboring states of Niger, Kaduna Nasarawa and Kogi.

3.0 ACHIEVEMENT

- Increasing Number of Patient and workload, doing more with same number of staff.
- One (1) staff member was promoted in the year under review
- Two (2) staff was approved to go for Training/ workshops
- Total number of patients: 12,015

3.1 Procurement/Imprest:

- Installation of nine (9) ceiling fans the Gymnasium
- Change three (3) other fans that are not working □ UPS for the equipment procure the previous year
- Mackintosh for all treatment plinths
- Face-lift of the call room with new curtains

3.2 Renovations

- Exit Door now Beautifully made of Aluminum instead of wooden and burglar proof installed
- Refurbished Ten(10) wooden step benches
- Refurbished wooden table used in clerking patients
- Change Plywood coverings for all electrical openings

4.0 CHALLENGES

- Long appointment because of shortage of manpower
- Fewer numbers of wheelchair and depreciation of the two currently being used.

5.0 FUTURE PLANS

- Additional manpower so as to have Physiotherapists dedicated to I.C.U, Casualty and other emerging sub- specialties
- Repair of Electric Tilt Table/ procure Manual Tilt Table for standing semi-conscious/unconscious patients
- Adjustable couches
- Procuring Short Wave Diathermy Machine and Electric Treadmill with adjustable handle.

Mr. Solomon Babadiya
Head of Department



DEPARTMENT OF RADIOLOGY

1.0 INTRODUCTION

The Department of Radiology is headed by a Consultant Radiologist all the units of the department and reports to the Chairman, Medical Advisory Committee.

2.0 STAFF STRENGTH

• Consultant Radiologists	-	7
• Resident Doctors	-	12
• Imaging Scientists (Radiographers)	-	6
• X- Ray Technician	-	2
• Scientific officer	-	1
• Dark room Assistants	-	3
• Intern Radiographers	-	8
• Nurses	-	3
• Corper	-	2
• Clerical officer	-	4
• Secretary	-	2

3.0 STRUCTURE OF THE DEPARTMENT

The Department comprises of the following interdependent units.

- X ray Routine Imaging Unit.
- Ultrasound Unit with Doppler Facilities.
- Darkroom Unit.
- Digital/Mobile Unit.
- Special X-ray procedures Unit.
- Reporting.
- Computed Tomography Scan Unit. □ Mammography Machine Unit.

4.0 ACTIVITIES

Mondays:	HSG, Routine X-Rays, General Ultrasound, Reporting (Mammography & Conventional Films) And Computed Tomography Scan.
Tuesdays:	I.V.U/MCU/RUG Routine X-Rays, General Ultrasound, Reporting (Mammography & Conventional Films) And CT Scan.
Wednesdays:	I.V.U/MCU/RUG, Routine X Rays General Ultrasound, Reporting (Mammography & Conventional Films) And Ct Scan.
Thursdays:	HSG, Routine X-Rays, General Ultrasound, Reporting Mammography & Conventional Films) And Ct Scan.
Fridays:	Upper And Lower GI Series (Contrast Meal, Swallow And Enema), Routine X-Rays, Uss, Reporting (Mammography & Conventional Films) And CT Scan.



- Saturdays:** Emergencies/Call Duties in all our services (X-Ray, Ultrasound, Fluoroscopy And CT Scan).
- Sundays:** Emergencies/Call duties in all our services (X-Ray, Ultrasound, Fluoroscopy and CT Scan).

The Department successfully provides 24hours services to patients and Emergencies. Ward Radiography is also very functional with mobile x-ray Machines.

5.0 ACADEMIC ACTIVITIES/TEACHING

1. Weekly seminar with Resident Doctors.
2. Lectures/Teaching of Resident Doctors by Consultants.
3. Radiographers' weekly seminar.

TRAINING

1. The Department trains Junior and Senior Residents for membership and fellowship examinations of National Postgraduate Medical College and West African College of Surgeons.
2. Training of undergraduate Physics students on SIWES experience. Twenty (20) students from various Universities across the country were trained in the year under review.
3. Training of undergraduate Radiography students on clinical attachment. Fifteen (15) of such students from various Universities across the country were trained in the year under review.
4. Training of X-ray and Dark-room Technicians students on clinical experience. Thirty (30) of such students from various schools/colleges of Health Technology across the country were trained in the year under review.

6.0 PATIENTS' STATISTICS

The total number of patients received during the year:

1. Ultrasound	=	13,500
2. X-ray	=	11,500
3. CT	=	1,364
4. Special Fluoroscopic Investigations (IVU, HSG, BARIUM ETC)	=	<u>1,014</u>
TOTAL	=	<u>27,378</u>

The Department recorded very high patient turnover compared with the previous year.

7.0 ACHIEVEMENTS

In the year under review, a lot of achievements were recorded.

1. Accreditation for training of Resident doctors.
2. Equipment (Automatic Injector and Versana Ultrasound Machine)



3. Personnel.
4. Renovation of the department.

Accreditation for training resident doctors:

The Department was offered full accreditation by National Postgraduate Medical College of Nigeria, while the report of the West African College of Surgeons is still being awaited.

Equipment

The following equipment were procured and we appreciate the efforts of the Management for that.

a) AUTOMATIC INJECTOR for computed Tomographic studies

b) VERSANA ULTRASOUND MACHINE **Personnel:**

- One additional Resident Doctor was employed.
- Annual recruitment of 8 Interns Radiographers'
- One additional Nursing officer was posted to the Department
- Two Youth Corps member were posted to the Department to complement the secretarial work.

Renovation of the department:

The Department was renovated in the year under review by the Hospital Management, giving it a face-lift.

7.1 PROMOTION:

Three (3) officers were converted and promoted to senior staff cadre.

7.2 IMPROVEMENT IN QUALITY OF SERVICE

The quality of service provision has drastically improved. Patient waiting time has reduced both for X-ray services, film reporting, ultrasound and CT studies.

8.0 CHALLENGES

1. Frequent breakdown of Mammography and Mobile X-ray Machines and most Engineers contacted were not able to permanently fix the Machines.
2. Breakdown of Shidmazu Static X –ray machine in the month of October, 2019.
3. Lack of Magnetic Resonance Machine in the hospital.
4. Non –Computerization of our records.
5. Lack of picture archiving of communications system in Radiology Department.

9.0 FUTURE PLANS/RECOMMENDATIONS

1. Procurement of MRI Machine. This can be achieved through private/public partnership and it will go a long way to enhance quality of care in the hospital, particularly, in the management of Neuro-surgical, Neurology, paediatrics and Orthopaedic cases.
2. Repairs of the faulty static X-ray machine.
3. Repairs/Replacement of the faulty Mobile X – ray and Mammography machine.
4. Procurement of Fluoroscopy machine.
5. Employment of more Resident Doctors and Radiographers.
6. Additional one computer set and printer for secretarial work.
7. Procurement of additional Ultrasound Machine to complement what we have.

10.0 CONCLUSION

The Department appreciates the support of the Management in the maintenance of equipment, training and retraining of staffers, provision of basic tools for effective performance and renovation of the Department.

Dr. Joshua Aiyekomogbon
Head, Department of Radiology



A patient being assessed by Doctors at the CT Scan suit



DEPARTMENT OF SURGERY

1.0 INTRODUCTION

During the year 2019 under review, the department experienced a quantum leap in almost all facets of endeavor but again these were not without attendant challenges and problems. Under listed are some of the achievements and challenges.

2.0 STAFF STRENGTH

1.	Consultants: Total	21
	- Honorary,	10
	- Hospital,	11
2.	Residents	
	- Senior Registrars	27
	- Hospital	15
	- Supranumerary	10
	- Post fellowship	2
	- Registrars	14
3.	Nurses	55
4.	Secretariat	
	- Departmental Secretary	1
	- Clerical officer	1
5.	Medical Record officers	2

3.0 ACTIVITIES

The Department is divided into divisions and each division is subdivided into subspecialties viz:

1. General Surgery division: Oncology Unit, Hepatobiliary unit, Breast and Endocrine Unit, and Gastrointestinal Unit
2. Paediatric Surgery division: Paediatric Urology and Paediatric Colorectal units
3. Urology Divisions
4. Neurosurgical division
5. Plastic and reconstructive division

Each of these units of divisions had their days of out-patient clinics, ward rounds, call duties and theatre sessions. They were also engaged in Postgraduate and Undergraduate teachings.

We also had Undergraduate and Postgraduate programs every week.

4.0 ACHIEVEMENTS

- The department carried out a **surgical feat, first ever transnasal transphenoidal brain tumour extirpation** in the history of the Hospital
- The postgraduate training programs became enhanced during this period and became the envy of other training intuitions because of the pass rate at the fellowship examinations.



In fact, in this same year, three residents passed their part 11 fellowship examination at first attempt and one other passed the part 11 after some attempts. Similarly we recorded 50% pass rate at the membership examinations.

- Due to the fractionalization of the divisions, patient care became improved and this also counted in improved experiences and expertise of the surgeons and the volume of patient have tremendously increased.
- Our clinics have been restructured to morning and afternoon clinics, making things easier for patients and decreasing congestions.
- The equipment of the A/E theatre facilitated handling of surgical emergencies and theatre became fully functional.
- The department graduated two sets of medical students last year.
- **RESEARCH:** Some of our consultants were able to secure some research grants

5.0 CHALLENGES

- Some of the Consultants still lack office accommodation, dilapidation of infrastructures in our seminar room still persistent, lack of cooling systems in the surgical outpatient department consulting rooms, seminar rooms, Nurses offices, side wards and resident call rooms.
- -The instruments in the theatre were still not adequate, and were in bad working conditions. The lightening systems in the theatre still not optimal and the environment not befitting a theatre status in a tertiary Hospital.
- The side laboratories are not functional.
- The surgery seminar room is in a pitiable condition, with worn out chairs, no functional air-conditioners and fans.

6.0 FUTURE PLANS

- To have the present accident and emergency space to be converted into a Daycare surgery arena after the takeoff of the new trauma centre.
- To have a fully functional side laboratory in both the FSW and MSW.
- To have an expanded clinic spaces for out-patient care □ To have diathermy machines in every suite in the theatre.
- Provision of photocopying machine for the departmental use.
- Renovation and provision of air-conditioners for the side-wards, seminar room, doctor call rooms
- Provision of good operating lamps for suites 1, and 111 in the theatre

Prof. J.Y. Chinda
Professor and Head of Surgery



Surgery in session!



NATIONAL HEALTH INSURANCE SCHEME (NHIS) UNIT

1.0 PREAMBLE

The NHIS Unit coordinates the activities of the Health Insurance Scheme in the Hospital. The unit attends to over thirty-four thousand one hundred and one (34,101) enrollees drawn from the National and Federal Capital Territory (FCT) Health Insurance Scheme in addition to other enrollee under retainership with the hospital. The activities of the unit are as enshrined in the NHIS operational guideline and cut across Primary, Secondary and Tertiary levels of care.

2.0 ACTIVITIES/STRUCTURE OF THE UNIT

For ease of operation, the unit activities are segmented into five (5) sections as follows:-

1. Clinical Section

This section is made up of twenty-eight (28) Doctors (Consultants, Residents/Medical officers), Eleven (11) Nurses and other auxiliary staff that render services to enrollees. The clinical staff are drawn from the Department of Family Medicine (i.e they attend to both NHIS and Non-NHIS patients). Referrals of patients are made to other specialized clinics in the hospital for further care.

The NHIS clinics run from 8.00am to 8.00pm every day. There is an observation room for temporal admission of patients.

2. Pharmacy Section

The NHIS Unit has a eight (8) Pharmacists (including Interns) and two (2) Store officers. The Pharmacy Section is responsible for pharmaceutical care and of prescribed medications to NHIS enrollees seen in the hospital. There are also counseling sessions for patients. The NHIS Pharmacy runs from 8.00am – 8.00pm.

3. Account Section

Staff in this section are responsible for the preparation and reconciliation of NHIS bills. They are also responsible for the distribution of bills to various Health Maintenance Organization (HMO's). There are six (6) staff in this Section.

4 Record Section

Activities in this section include: Documentation and entering of daily statistics, retrieving, tracing and filling of folders amongst others. There are five (5) staff here.

5. Administrative Section

This section has twelve (12) staff who are responsible for calling and issuance of authorization code from HMOS's, retrieving and issuance of service rendering form, collation of relevant documents for bill preparation, amongst others.

3.0 CHALLENGES

1. Inadequate manpower in the Unit.
2. Inadequate funds to meet the growing needs of the Unit.

Dr. Joel Abu
Co-ordinator, NHIS.



SCHOOL OF POST BASIC CRITICAL CARE NURSING

1.0 INTRODUCTION

The year started with the resumption of set 22 (2018/2019) from Christmas break to the class on the 3rd of January, 2019. They had lectures according to the school calendar which was followed by first semester examination from 20th-24th January 2019. The result of the first semester examination was released with a number of the students failing in some courses which they re-sat and eventually passed. However, one of the students failed more than fifty percent (50%) of the courses offered and was expelled following the nursing and midwifery council policy for the maintenance of standard in all nursing schools.

The successful students proceeded to their first clinical posting at University of Abuja teaching Hospital where they spent eight weeks (26th January-21st March, 2019) with a two weekly clinical rotation to ICU, SCBU, Theatre, haemodialysis and PACU.

The Students returned to the class for their second block of lectures and this culminated into second semester examination on the 12th-18th May, 2019. The students commenced a week vacation immediately. The yearly entrance examination for candidates seeking for admission into the school was conducted from 23rd – 24th May, 2019. Thirty (30) prospective students who met the school, Nursing and Midwifery Council of Nigeria's admission criteria were selected and offered admission into the school.

Students resumed classes for the pre-hospital final study block from 26th May – 6th July 2019. Lectures commenced immediately. The result of the second semester examination was released and some of the students that failed some courses were made to re-sit them, which they eventually passed.

Nursing Council Pre-qualifying (Hospital Final) Examination was conducted from 14th- 20th July, 2019. External examiners from outside FCT were invited to conduct the examination as stipulated by the nursing and midwifery council of Nigeria. The students had a hundred percent (100%) pass rate in the examination. The students had a week vacation.

On resumption from their vacation, the students commenced a ten (10) week clinical posting in the National Hospital; Abuja, from 28th July – 5th October, 2019. The three school clinical instructors (Mr. Simeon Usman, Mrs. Nwaiwu Confidence and Mrs. Aisha Ibrahim Gombe) accompanied the students. The students were exposed to clinical experiences in the following units: ICU, Trauma Centre, SCBU, NICU and Haemodialysis. They were of good conduct throughout this period with commendations from the ward in-charges.

The students returned back to the class for the final block of four weeks lectures preceding the Nursing Council Qualifying Examination. The Nursing and Midwifery Council of Nigeria final qualifying examination was conducted from 5th- 8th November, 2019. Four external examiners were sent by the Council to conduct the examination. The result of this examination was released in December and **the school recorded a hundred percent (100%) success rate, for the third consecutive year!**

Immediately after the council examination, the new set of students for 2019/2020 academic session (Set 23) resumed on the 12th of November, 2019. They were thirty in number. Registration and orientation exercises were performed in the first two weeks of resumption,



the commencement of the first semester lectures followed closely. The students were released for their end of the year break on 23rd of December, 2019.

The three staff of the School undergoing MSc Nursing program successfully completed the program, and had their certificates submitted to the management of the hospital.

2.0 STAFF STRENGTH

The school had a total of ten teaching staff, two admin officers and four support staff at the beginning of the year. The hospital management renewed the contract employment of Hajiya Aisha Gombe (the immediate past H.O.D Nursing) as a clinical instructor of the school for another period of one year.

One of the school staff (Mrs. Esther Joseph) was still on a year leave of absence for her Master's degree in Nursing in the UK.

3.0 ACTIVITIES

The coordinator of the school (Mrs. Joy Egbunu) went for Forum of Heads of Basic and Post Basic School in Nigeria (FOHBPIN) annual conference in Ilorin where she received award of the overall best school in the 2019 NMCN final qualifying examination for Critical Care Nurses on behalf of the school.

The School Coordinator was selected by the Nursing and Midwifery Council of Nigeria as one of the Ad-hoc Committee members of the curriculum development for the Assimilation/Affiliation of all Post Basic Nursing Schools into the Nigerian Universities.

The Coordinator of the school and her Deputy (Mrs. Comfort Alu) attended an Examiner's workshop organized by Nursing and Midwifery Council of Nigeria in Abuja

4.0 ACHIEVEMENTS:

The school received an award of the overall best Critical Care Nursing School in Nigeria. One of the students of the school was also awarded the overall best student in Critical Care Nursing in Nigeria by Forum of Heads of Basic and Post Basic School in Nigeria (FOHBPIN).

The school was connected to unlimited wireless internet cloud service by NCC.

The Management of the hospital provided twenty-one new red chairs for the school auditorium, a brand new projector as well as a multi-purpose large size photocopying machine.

5.0 CHALLENGES

- Break down of the hospital coaster bus while conveying students to and fro National Hospital for their clinical posting.
- Non renovation of the school complex and students hostel.
- There was a theft attempt on the outdoor units of the air- conditioners in the school premises.

6.0 FUTURE PLANS

- The school has a need for a 30-seaterschool bus.
- There is a need for renovation of the school complex and the hostel. □ The need for an additional Gardener in the school.

In conclusion, the school is hereby appealing to the hospital management to procure a new 30 seater bus for her. This will ameliorate the perennial stress encountered by students while on clinical posting to National Hospital, Abuja.

Mrs. Joy Anyo Egbunu
The School Coordinator



School of PBCCN 2019 Graduating Set with Staff and Hospital Management.