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Percy Junor Hospital Rainwater Harvesting Facility Restored

The newly restored water-harvesting facility that serves the Type C Percy Junor Hospital in Spaldings, Manchester, was officially handed over on Wednesday (January 31) by Carib Cement Company Limited, which undertook the work at a cost of \$5 million.

Finance and the Public Service Minister and Member of Parliament for North East Manchester, Hon. Audley Shaw, welcomed the restoration project, noting that it serves as a model for other institutions and hospitals island wide.

"I feel so inspired that I want to let the hospital know that I will be working with all of our stakeholders, including the cement company, to approach the National Health Fund (NHF) for another \$5 million, because we have come this far; so let's complete the project," Mr. Shaw said.

He noted that the water-catchment facility, at its present location of more than 3,000 feet above sea level and with persistent high winds, opens opportunities for wind energy, which could offset electricity costs at the hospital.

"We have this facility for water to supply 90 per cent of what is consumed, and now we have enough space to put up one or two wind turbines up here," he pointed out.

General Manager, Carib Cement, Peter Donkersloot, said the company is very strong on corporate social responsibility and believes in projects such as the water harvesting facility, hence their investment of some \$200 million in similar projects across Jamaica over the last two years.

"This project was done on two acres of land with a 750,000 gallon tank, which will be able to supply 90 per cent of the water for the hospital. I heard mention of \$7 million in savings on water.

That is a huge number; investing \$5 million to save \$7 million is a huge no-brainer," Mr. Donkersloot said.

He reminded the audience that the impact of climate change will cause damage to infrastructure, and that that is "why we need to build things once, and we need to build them good. This is a 70-year-old concrete structure and it's still here," he said pointing to the catchment area that had largely withstood the



Finance and the Public Service Minister and Member of Parliament for North East Manchester, Hon. Audley Shaw (second left), points out something of interest to Chairman of Caribbean Cement Company, Dr. Parris Lyew-Ayee (left); and Chairman of the Southern Regional Health Authority, Wayne Chen (third left), as they walk along the freshly repaved water-harvesting facility at Percy Junor Hospital in Spaldings, Manchester. The catchment facility, renovated by Carib Cement, was officially handed over on January 31. At right is General Manager of Carib Cement, Peter Donkersloot.

test of time.

Chairman of Carib Cement, Dr. Parris Lyew-Ayee, noted that rainwater harvesting and grey water reuse for irrigation and flushing of toilets are increasingly being adopted to diversify water sources in modern society.

The use of the technology, he noted further, will cut down on the cost of energy to pump water. "These energy costs are more than dollars and cents; they include the carbon footprint for the generation of the power to pump water," he noted.

Some 143,000 patients are seen annually at the 75-year-old hospital, which was a gift from the late philanthropist, Percy Junor. It serves more than 300,000 persons across the parishes of Clarendon, Manchester, St. Ann and Trelawny.

Source: Jamaica Information Service

In The News: Southern Regional Health Authority

Committed Jamaican Giving Back to Health-Care & Less Fortunate



Regional Director of the Southern Regional Health Authority (SRHA), Michael Bent (3rd left) accepts a donation of 10 new electronic hospital beds, IV Poles, blood transfer devices, 40 sheet sets and high filtration process masks from Bishop Dr. Merlene Dennis, a native of Manchester, residing in New York on Monday, January 29.

Dr. Dennis, who is engaged in full time ministry and philanthropy has been coming to Jamaica for the past three years to give back to the less fortunate.

On her visit in January, the majority of her donation was given to the Mandeville Regional Hospital, while donating new clothes and shoes and food to less fortunate persons in Manchester, St. Catherine and Trelawny. Also photographed are: Administration Manager of the SRHA, Janet Sloley (left), SRHA Procurement Manager, Stacey-Ann Henry Edwards (2nd left) and daughter of Dr. Dennis, Cassandra Mark.



In The News: Southern Regional Health Authority

Family Encourages Support for Health-Care Following Donation to Hospital

Joyce Powell (3rd right) is all smiles after presenting two mobile blood pressure units valued at over \$140,000.00 to the Percy Junor Hospital in north east Manchester on behalf of her family members which includes well-known American actress Victoria Rowell from the television series, the Young and the Restless.

The donation was made on Tuesday, January 30 in memory of Jane & Cyril Rose, Emma and Alfred Rose, and Jane and Williams Graveney. Funds were raised to purchase the machines at a family reunion in December after the family learnt of the hospital's needs. They are imploring other families to support hospitals in meeting their demands and providing quality health-care to citizens.

Photographed also are: (left to right) Acting Parish Manager, Manchester Health Services, Sandia Chambers-Ferguson; Regional Director for the Southern Regional Health Authority (SRHA), Michael Bent; CEO for the Percy Junor Hospital (PJH), Carlton Nichols; Director of Nursing Services, Jacqueline Pennicook; Senior Medical Officer of the PJH, Dr. Carlos Wilson and Chairman of the SRHA Board, Wayne Chen.



Facilities on the Move

Leadership Training Exposes Doctors to Effective Leadership

The SRHA Human Resource Management and Industrial Relations department has been staging a series of leadership conferences in an effort to create transformational leaders, and motivate staff to perform at their optimum. The training, which was held on January 3 at the Golf View Hotel in Manchester, exposed doctors from across the region to leadership tips for senior medical practitioners, expectations for senior medical practitioners as leaders in the health sector, medical policies and procedures and the direction for health-care medical practitioners.

Please see below highlights.



Facilities on the Move

Physiotherapists on the Move



The Physiotherapy Department of the Mandeville Regional Hospital (MRH) hosted an all-island Physiotherapy Department Heads/ Consultant Physiotherapists meeting on January 26, to review its 2017 successes and to also chart new paths for 2018.

The meeting also focused on enhancing the objectives of all physiotherapy department's island-wide and reviewing and implementing physiotherapy services into primary health care.

Manager and Head of Department for Physiotherapy Services at the MRH, Mr.

Denzil Williams noted that this year the team will be focusing on expanding the physiotherapy services programme throughout the region, noting that permanent inpatient physiotherapy services will be created at the Black River and Percy Junor Hospitals.

Mr. Williams added that the team will also aim to modernize and update the department, in an effort to offer world class service offerings.

The physiotherapy team will also increase awareness of their roles while encouraging greater inclusion and mandated membership on all regional 'think tanks' relating to the community and health promotions initiatives and interventions.



Staff Highlight

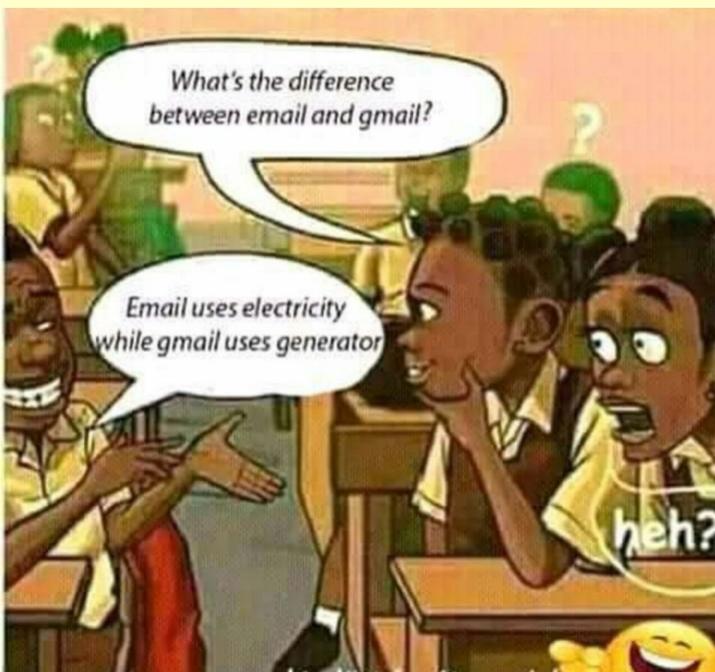
PJH Nurses Awarded After Highest Marks in Practical Midwifery in Jamaica

Nurses from the Percy Junor Hospital (PJH) Janice James Clarke (left) who attained the highest mark in the practical in Midwifery in Jamaica in April 2017 and Kathy-Ann Warren, who gained the highest mark in October 2017 were awarded the Grabham Society honours. Both nurses received their awards in December 2017.

Director of Nursing Services at the PJH, Jacqueline Pennicook said both nurses were also trained in emergency nursing, adding that “they are excellent nurses working in our accident and emergency department.”

Nurse James Clarke began working with the PJH in 2006 and successfully completed the Emergency Nursing and Midwifery courses in August 2013 and April 2017 respectively.

Nurse Warren was employed in 2008 and has completed the Emergency Nursing and Midwifery courses in May 2011 and October 2017 respectively.



On the
Lighter Side



Dr. Lawrence-Junior Nalty

**Medical Officer
Black River Hospital**

“Doctor Whistle-Enjoying the Medical Profession”



Most of us spend a huge proportion of our lives at work, so naturally it is important that we have a good working environment and relationships. After all, the effects of the working environment on all aspects of a person’s well-being is more comprehensive than most realise.

For Lawrence-Junior Nalty, Medical Officer at the Black River Hospital (BRH), his experience working with the Southern Regional Health Authority (SRHA) since 2013, has been a good one. “Like any other public service in this county, there are challenges with the resources available and the manpower, but the attitudes of the people I’ve worked with make it manageable and enjoyable” Dr. Nalty says.

Currently assigned to the Obstetrics and Gynaecology department, Dr. Nalty points out that he has worked in the three parishes in the SRHA as “I did my internship (the first year after completing medical school) at the May Pen Hospital in Clarendon, six months at the Mandeville Regional Hospital in Manchester and then three months apiece with the Clarendon Health Department and the May Pen Hospital's psychiatry team.”

Serving as a Medical Officer at the BRH, since 2015, Dr. Nalty discloses that he has gained experience in psychiatry, internal medicine and surgery, adding that as level one Medical Officers at the BRH, experience is attained in all fields. For his commitment and hard work, he was awarded Doctor of the year for the BRH in 2016.

Dr. Nalty admits that medical school was a difficult hurdle, which he was able to overcome with God’s help. He credits his accomplishments to his parents, adding that without their practicality and support, he would not have been able to accomplish a fraction of his achievements.

Guided by the philosophy, “treat the person you are attending to as you would your mother, father, husband, wife, son, daughter or best friend, because the patient is one of these to someone,” Dr. Nalty wants his colleagues to be mindful that “there are a variety of paths with differing numbers of steps to where you’re going, so don’t be discouraged if your path takes twice as long as your associate’s, the journey counts too.”

He says the most important life lesson he has learnt is, “nothing on this earth lasts forever, so cherish the good moments, and don’t be consumed by the bad moments.”

With the present state of the country, Dr. Nalty wishes that people would start respecting and caring more for others and “stop focusing on selfishly exploiting others for their gain as selfishness and lack of respect is a prerequisite to most criminal activity.”

A ‘renowned’ whistler, as he is called Doctor Whistle by his patients, Dr. Nalty says he makes a mean potato salad.

Wellness Bytes:

“Rheumatic Fever”

Credit:
Jamaica Observer



Health & Wellness

ACUTE RHEUMATIC FEVER (ARF): WHAT SYMPTOMS OR SIGNS TO LOOK FOR?

It is important to note that ARF may go unnoticed. The symptoms are sometimes so subtle that it may be passed off as the flu. So we do see a small percentage of people who show up with Rheumatic Heart Disease, who have never been diagnosed with Acute Rheumatic Fever.

For those with symptoms, the main symptom is joint pains or full-blown arthritis (joint swelling and limited joint movement). The joints involved are usually the large joints of the knees, ankles, hips, elbows and the pain may not affect all joints at the same time, but may move from one joint to the next. Other symptoms include fever, general feeling of being tired, and in some rare instances abnormal movement of the hand.

HOW DO WE CONFIRM THE DIAGNOSIS OF ARF?

Confirming the diagnosis of ARF will require ECG, blood tests, along with a detailed history of your symptoms and examination. We also have to establish that you had a recent "strep throat" infection, because these same symptoms could be due to some other process, and not ARF.

HOW DO WE TREAT ARF?

Acute Rheumatic Fever requires rest and anti-inflammatory medication such as aspirin. In addition, we would give antibiotics to clear the body of the streptococcus infection. Once the pain, and signs of inflammation settle, we would stop the anti-inflammatory medication, however you will need follow-up. In severe cases, where the heart is involved and there is heart failure, we treat the heart failure as well. An echocardiogram (ultrasound of the heart) is also done, to establish if there is any damage to the heart valves.

WHAT NEXT AFTER TREATING THE ARF

This is extremely important: All persons who have been diagnosed with ARF will need follow-up and long-term antibiotics (mainly penicillin injection into the muscle) for at least 10 years from their first infection or at least age 18 years old -

whichever is longer. So, for a child who had ARF diagnosis at seven years old, they would continue antibiotics until age 18 years old. If they had it at age 10, they would continue until age 20 years old. This is because the risk of repeat infection and heart damage is high.

WHEN CAN THE FOLLOW-UP AND LONG-TERM ANTIBIOTICS STOP?

Once the doctor determines that you have completed an adequate course (10 years duration or at least age 18 years old), another echocardiogram is done to determine if there is any evidence of heart damage (RHD). If the echocardiogram is normal, and there is no evidence of heart damage, no further follow-up or antibiotics are needed.

ALL PERSONS WITH RHD REQUIRE LIFE-LONG FOLLOW-UP

Rheumatic Heart Disease can lead to heart failure and, in some cases, the heart valves may need to be changed by open heart surgery, to prevent these severe consequences of heart failure, stroke, and in some cases death.

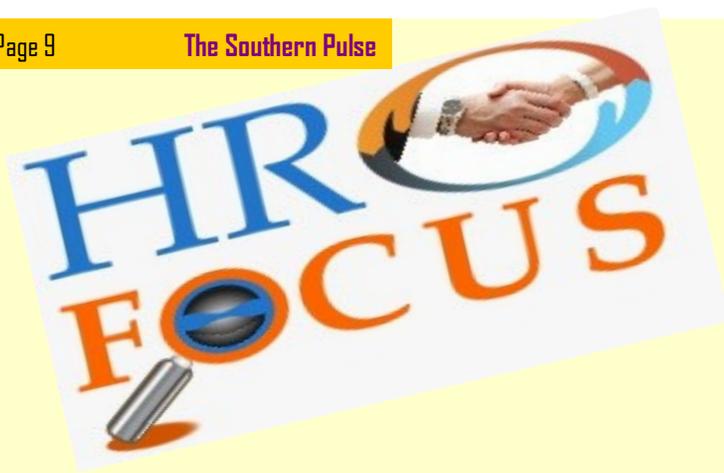


We welcome your input, please submit your articles and feedback to:

Latoya Laylor Brown, Public Relations & Advocacy Officer

Email: latoya.laylor@srha.gov.jm

Deadline: March 1, 2018



HR And You:

“TRAINING AND DEVELOPMENT”

TRAINING AND DEVELOPMENT

5.1 PURPOSE

All employees should be provided the opportunity and support to be trained and developed to enable them to perform efficiently and contribute to the achievement of the mission and goals of the organization.

5.2 AUTHORITY

The Authority for the responsibility for the establishment of training policy, the setting of training standards and the administration of scholarships and fellowships rests in the Cabinet Office.

5.3 RESPONSIBILITIES

- i) The Permanent Secretary/Head of Department is responsible for determining the training needs of the Ministry and its Departments and for providing for their achievement;
- ii) Each employee within the organization is responsible for his/her personal growth and development for the enhancement of his/her career. The improvement of skills and qualifications to achieve organizational goals and objectives may be met from public funds (ref. Study leave);
- iii) The role of management is to encourage and support the training and development aspirations of employees and to facilitate their personal growth and career advancement.

5.4 ORIENTATION

Orientation sessions should be conducted for new employees during their first week of employment and should include the following:-

- a) an overview of the government service;

- b) an overview of the Ministry/Department; its structure, values, strategic direction, goals and objectives;
- c) introduction to co-workers and management team;
- d) a description of benefits and services available to employees;
- e) general description of job functions and how they fit into the overall plan for the organization;
- f) some general statements about expectations;
- g) information on logistical issues;
- h) an opportunity for questions.

5.5 SELECTION FOR TRAINING

- i) Responsibility for the selection of persons for training for the Public Service is vested in the appropriate Service Commission;
- ii) Responsibility for the selection of officers to undertake local training courses of less than ninety (90) days is delegated to Permanent Secretaries and Heads of Departments;
- iii) The selection of officers to undertake local training courses of ninety (90) days duration and over, should be referred to the Chief Personnel Officer;
- iv) Permanent Secretaries/Heads of Departments who have entered into agreements for the delegation of functions under the Public Service Regulations have the authority to select persons for training where the course content is directly linked to the mandate of the Ministry and/or where eligibility is restricted to only those public officers within the Ministry.

Credit: Staff Orders for the Public Service