

North-East Regional Health Authority — *Jamaica*

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DECENTRALIZED HEALTHCARE

The North-East Regional Health Authority (NERHA) was born out of the National Health Service Act in 1997 and the Government of Jamaica's Health Reform Program which saw the decentralizing of health service delivery. Under decentralization, the management of the delivery of health services shifted from central government and the Ministry of Health to four semi-autonomous bodies – the Regional Health Authorities (RHA). RHAs have responsibility for the operation and management of health services within a defined geographic area.

“This was done because the system had too many bottlenecks,” explains Fabia Lamm, Chief Executive Officer for NERHA. “Everything you have

AT A GLANCE NORTH-EAST REGIONAL HEALTH AUTHORITY

WHAT: A regional health authority in Jamaica

WHERE: Ocho Rios, Jamaica

WEBSITE: www.nerha.gov.jm



NERHA's Managers: **Front Row (L-R)** Dr. Patrick Wheatle, Regional Technical Director; Miss Fabia M. Lamm, Regional Director; **Back Row (L-R)** Mr. Sheldon Rose, Director of Operations and Maintenance; Mrs. Patrice Gavin-Byfield, Director of Management Information Systems; Mrs. Nyekah Adams, Director of Human Resource Management and Industrial Relations; Mr. Orville Tyrell, Director of Finance

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FABIA M. LAMM
REGIONAL DIRECTOR

on the island goes through 14 parishes and all decisions were being made at the Ministry of Health in Kingston and the understanding and agreement was that health service needs to be done and felt at the community level. And so, to better serve the people within the parishes, within the communities, it was the belief that it would be better monitored and delivered through the regional health authorities which are now focused within communities within

parishes.”
The decentralization of the management of the Health Service is designed to facilitate the provision of cost-effective, accessible, integrated healthcare of an acceptable standard to the Jamaican public. NERHA is under the control and direction of a Board of Directors comprised of 15 persons appointed by the Minister of Health. NERHA covers the parishes of St. Ann, St. Mary and Portland, a geographic area of 1,018 square

miles, and a population of almost 400,000. This is about 14 percent of the general population, which makes it the smallest of the four health regions in Jamaica.
“Across these four regions, health service delivery is given to the people of Jamaica,” Lamm goes on to explain. “So the Ministry of Health in Kingston is now responsible for policy direction, monitoring, and evaluation, and, basically, overseeing to ensure that the delivery of health

services is adequately done by the four regional health authorities. Here at NEHRA, we work at delivering health services through a network of 70 health centers, four general hospitals, one being a regional hospital, and two community hospitals.”
Fabia Lamm comes to this work from an extensive background in management. The structure of the Regional Health Authority is that its CEO, or Regional Director, is not required to be

a medical doctor, nor even in the medical field. There is also a Regional Technical Director who reports to the Regional Director and needs to be a medical doctor to provide the technical and clinical guidance, but the CEO is hired based on management principles.

“Now, when I started out,” Lamm explains, “I actually worked as a secretary for a CEO in the St. Ann’s Bay Regional Hospital. I started out my working career in the government service in Jamaica; I left and worked in the private sector in the secretarial field for two years and then came back to government, but this time, with what we call an executive agency, the Urban Development Corporation, and worked with one of their subsidiaries, the St. Ann Development Company, whose primary operations were within tourism facilities,

attractions, beaches, and historical sites. While working as the executive secretary to the general manager I said that my next step would be to do something in management. So, I registered with the University of the West Indies and started my first degree in Management Studies. I have since completed a Master of Science Degree and am currently pursuing a Doctorate in Business Administration, also with the UWI. My philosophy is that once you are good at managing and leading you can technically work in any field because once you bring the principles of leadership and management, those principles tend to be the same – how you vision, how you set your goals and strategies, what you are trying to accomplish, and how you get your team to work with you in achieving that vision.”



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Within the purview of NERHA, this means overseeing the management the secondary health care delivery in four hospitals, St. Ann’s Bay Regional, Port Maria and Annotto Bay Hospitals in St. Mary, and the Port Antonio Hospital in Portland. Then, there are 72 health centers, two of which were community hospitals (Alexandria and Buff Bay) throughout the three parishes which comprise the primary health care delivery network. That amounts to between 2,500 and 2,600 members of staff who are employed across the parishes in various health facilities. This includes doctors, nurses, porters and staff, female attendants, drivers, paramedics, lab workers, and administrative staff across all the disciplines that are required in healthcare.

“Our biggest challenge across the island, right

now, is that we are on a campaign looking at how we minimize the impact of non-communicable diseases,” Lamm goes on to say. “We have quite a number of our population who are fighting obesity, hypertension, diabetes, and those types of illnesses which can be prevented with healthy lifestyles and behaviors. And if the population is more aware of how to take care of themselves, this would be possible. Our program is about education and health promotion in terms of proper nutrition, physical activities, managing your weight, and looking at what you eat to prevent the onset of diabetes and hypertension and other non-communicable diseases. Treating the underlying problem goes a long way towards preventing secondary diseases which are much harder to treat.”



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“I joined the region in 2014,” she continues, “and since I started, we have built four new health centers to give increased service delivery and provide better amenities, not only for the patients, but also for the staff. Another three are in the pipeline. We have also made strides in improving the infrastructure in many of the other facilities. A lot of our hospitals and health centers have been built many, many years ago. I say to people our most recent hospital was built in the 1950s and so there are many infrastructural challenges that must be addressed as we strive to keep abreast in maintaining best practices and standards.”

Hospitals in Jamaica are classified as being one of three types, A, B, and C. Type A will offer all of the services necessary across the whole gamut of health care, while type B typically has fewer beds and fewer departments, and type C is smaller still and typically has less than 100 beds. The regional hospital managed by NEHRA is currently type B and is limited to obstetrics, gynecology, surgery, medicine, accident and emergency, orthopedics, psychiatry and pediatrics. There is some cardiology as well. Patients who require more services have to travel to one of two main facilities on the Island in either Kingston or Montego Bay.

“So we are attempting to upgrade the St. Ann’s Hospital to type A,” Lamm states. “As a type A facility, it will now have increased diagnostic equipment, for example, moving from X-rays to MRI and CAT scans. We are looking at higher level lab services being offered and we are also looking at adding additional services. There will be renal services for patients who require dialysis, dermatology, an enhanced cardiology department, and, also, some aspects of cancer treatment. So, I would say that is a big thing that is on the books now - to get St. Ann’s Bay to a specialist hospital, a type A, which will also see increased bed capacity. They now have 300 beds and we are hoping with that improvement it will be increased by at least 100 more beds. It

will mean making the necessary provisions for more patients and more staff as well.”

Healthcare in Jamaica is totally free for the patients. The budgetary allocations, however, are controlled by the Ministries of Health and Finance. That means that a big part of the responsibility of NERHA lies in negotiating for funds. It is one of the smallest regions in terms of geography and population, and so often sees the smallest allocations. The needs, however, are still large as we basically carry out the same services as the other three regional health authorities.

“Over the years, we have been able to offset this by developing some specific partnerships,” Lamm says. “So we partner with foundations,



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some of whom have been on board for the last dozen or so years. We have a strong partnership with the Sandals Foundation, which comes out of the locally-owned hotel chain, the ISSA Trust Foundation, and the American Friends of Jamaica. The fundraising from these organizations has been assisting NERHA in being able to improve its infrastructure with equipment and to afford the pharmaceuticals to help keep the service going.

“Here at NERHA, we are all about ensuring that when you get service in this region, you get the best medical care. We have put in programs to ensure that we put our staff through rigorous customer training exercises and drills because the needs of our patients are ever-changing. We have been improving our technology base so that, for the most part, we are moving away from paper-based to more technologically-based systems. We are ensuring the things we

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procure are of digital quality. We do try and ensure that the equipment we have in our facilities is of high caliber and maintained so that there is little downtime. We have been allocating more resources to the goals and objectives that we want to achieve, such as the non-communicable diseases and focusing on preventative care at our health centers. We are also very focused on health education and communicating with the community to ensure that they know what we are doing.” She concluded that ‘these are all achievable as the vision is shared by the NERHA Board and team’.

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