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# Korle Bu Bulletin



**JULY EDITION**  
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 A monthly newsletter of the Hospital



The Minister of Health, Hon. Kwaku Agyeman-Manu has sworn in the Hospital's Board to provide broad policy guidelines for its operations.

The 10-member Board is headed by Hon. Dr. Bernard Okoe Boye.

Addressing the Board, Hon. Agyeman-Manu noted that it is because of the unique position Korle Bu occupies in the hearts of Ghanaians that the Hospital's issues attract huge media attention.

He said that even with the increase in private and quasi-private health facilities, the public knows that Korle Bu is the ultimate hospital they would be brought for medicare in an event of serious health emergencies, adding that, "this places a huge responsibility on Management and staff to provide quality care with the meagre resources available."

He therefore urged the Board to be innovative and prioritise the little resources available for optimal patient

care.

Hon. Agyeman-Manu also stated that soon a Health Management Information System (HMIS) will be deployed to enhance transparency in payment and also enhance Korle Bu's IGF gains.

He said health insurance claims would also be done through this system.

"It is my hope that you would not allow internal wrangling within the Board to affect your work. There should be extensive discussions on all issues and opinions to ensure quality Board decisions come out", he said.

He congratulated the new Board and urged them to collaborate with other stakeholders in the Hospital in the course of their work.

The Board Chairman, who is also the Member of Parliament for Ledzokuku, Hon. Dr. Bernard Okoe Boye in his maiden address said they were happy to have been appointed at a time when the

Hospital was in crisis. This, he said, was because it was during challenging times that the best comes out.

He promised that the Board will work assiduously and bring their individual and collective experiences to change things in the Hospital, especially the no-bed syndrome.

Other members of the Hospital's Board are Dr. Radha Maria Odua Hackman, Mr. Jerry Ahmed Shaib and Dr. Patrina Tekyi-Ankrah, all government appointees.

The rest are Dr. Samuel Asiamah, Ag. Chief Administrator; Dr Nuru-deen Mohammed, Director of Administration; Mr. Bright Korkoryie, Director of Finance; Mrs Rita Aryee, Ag. Director of Nursing Services; Mrs Elizabeth Bruce, Director of Pharmacy; Prof. Margaret Lartey, Dean of the School of Medicine and Dentistry.

## PERFORMANCE REVIEW



Dr. Adu-Aryee, Head of Surgical Sub-BMC presenting the Department's activities for the year under review



A section of staff at the review



Staff had the opportunity to ask questions and also contribute to the presentation



The Acting CEO, Dr. Samuel Asiamah, some directors, heads of UDS and staff were all around to listen and contribute to each UDSs presentation on their activities for the year under review



Mr. Prince Arhin, DDHR, informing staff on some of the activities the Human Resource Directorate had undertaken to augment the Hospital's staff strength

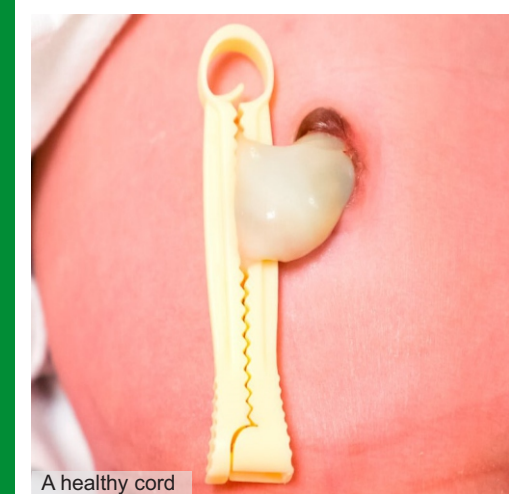


Dr. Frederick Kwarteng, HOD for Accidents and Emergency, presented his Departments progress and future plans



Staff had the opportunity to ask questions and also contribute to the presentation

## My baby's cord: From umbilical cord to umbilicus.



A healthy cord

As a doctor who cares for children of all ages, I often come across mothers who have no clue about their baby's cords and how to care for it.

Your baby's cord is the part of the baby's body that connects baby to mother for nutrition and oxygen in the mother's womb. It is thus a very important part of the baby's life in the womb. Every one of us has an umbilicus where our cord was attached to the body.

The umbilical cord is very important and its state reveals a lot about the health of a baby. A healthy cord looks clean and smells clean.

In caring for your baby's cord, it is important to know that a wet cord can attract germs and become infected. Thus, the cord needs to be kept clean and dry at all times.

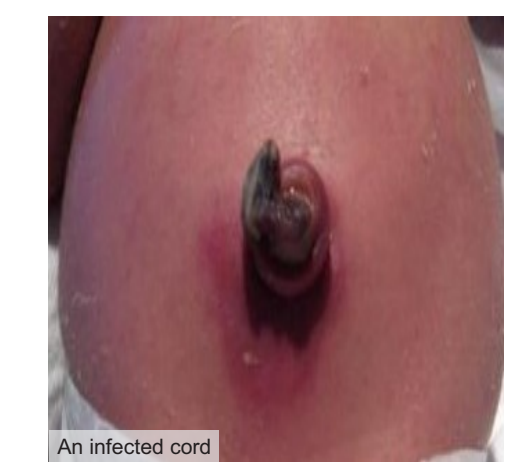
Newborns whose cords are yet to fall off do not need to be bathed everyday as a necessity.

They need to wear clothing that allows air around the cord to keep it dry. It is also important that caregivers maintain the general good hygiene practices including hand washing with soap and water before handling a baby.

The diaper or napkin should also not touch the baby's cord. During diaper change, ensure that the stool does not get into contact with the baby's cord.

**How should the cord be cleaned?**  
In cleaning the cord, many mothers have used different things. The accepted options are however below;

- **Methylated spirit:** Methylated spirit in cotton wool is what has been used to clean the cord of babies for a long time. It is usually done twice a day. Care should be taken to ensure that the spirit comes into contact with the base of the cord well and not just the skin around the cord.
- **Chlorhexidine:** Chlorhexidine has also been highly recommended in recent times by the World Health Organization. It may come in the form of a gel or a lotion. It is however not as widely available as the methylated spirit. The gel can be applied with a clean finger to the base of the cord once or twice a day.



An infected cord

**When should the cord fall off?**  
Usually within the first week of life, the cord falls off. If cord has not fallen off within the second week, especially towards the end of the second week, it is a good idea to see your baby's doctor. Do not apply herbal medications, tooth paste, cow dung, powder or any other

thing to try to force the cord to fall off or to clean the cord.

**Danger signs to look out for!**  
A discharging cord, redness around the cord, bleeding from the cord, fever and poor feeding, as well as a delay in the cord falling off are all indications that your baby's cord may be infected.

Sometimes when the cord falls off, there may be a bit of blood stain on the diaper or clothing but it should not continue bleeding.

When danger signs are noticed, see your doctor immediately for baby to be seen and treated.

After your baby's cord has fallen off and the wound has healed, you may notice a swelling at the healed area/base of the cord. This is most likely an umbilical hernia.

A few times, an umbilical granuloma may develop around the time of healing, often seen as a small pinkish swelling at the umbilicus. Although in some cases these may go away on their own, it is good to see your doctor for assessment, reassurance or treatment.



Dr. Hilda Mantebea Boye

**Paediatrician  
Child Health Department.**



Staff at the NHIS office, Korle Bu

## CENTRALISED CLAIMS PROCESSING CENTRE (CPC)

In view of claims processing challenges and its attendant revenue losses, there was the need to find ways around these challenges.

It is an established fact that the National Health Insurance (NHI) System has come to stay, and considering the fact that hospital attendance of patients with NHI cards has increased astronomically, it should therefore be a cause for concern when the system is bedeviled with avoidable challenges hampering the revenue generation from this source. These challenges are born from the claim processing system currently in place (manual system).

It has therefore become imperative to introduce new and innovative systems aimed at curtailing the challenges associated with the old system, as well as introducing efficiency to maximize revenue generation.

The formation of the CLAIMS PROCESSING CENTRE (CPC) has an overwhelming positive verdict as the catalyst and a game changer in our NHI revenue mobilization effort.

### Benefits of CPC

- The creation of CPC will allow the centralization of all the Hospital's claims processing to be executed at one designated location. This will ensure that there is direct supervision by claims managers i.e. the National Health Insurance Secretariat (NHIS)
- It will also ensure harmonization of, and uniformity in claims processing.
- The CPC has designated officers who are trained and solely responsible for claims processing. This will engender commitment and dedication.
- The CPC concept will serve as the spring board for the launching of an E-CLAIM management system.
- Claims processed at the CPC would be vetted at the NHI secretariat for onward submission to the NHIA.



## ACCIDENT AND EMERGENCY CENTRE OPENED

The Minister of Health being assisted by the Hospital Board Chairman and other members, Dr. Samuel Asiamah (Ag. CEO) and Dr. Kwarteng (Head of Accidents and Emergency)

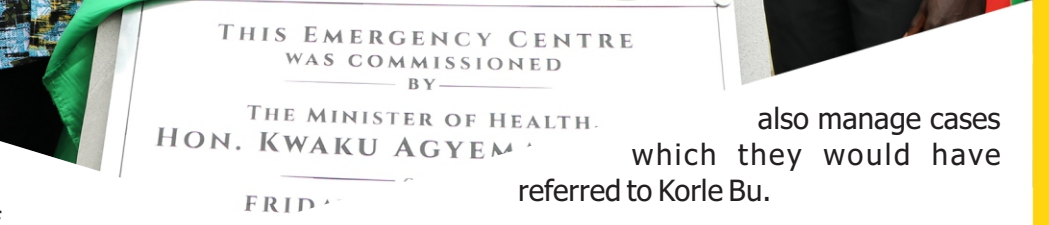
The Hospital's Accident and Emergency Centre has finally been opened. The Centre, which boasts of the latest equipment and gadgets, was commissioned after the Hospital Management took it upon themselves to quickly put the place in shape.

The new Centre will attend to all adult emergencies. It has capacity for 65 beds and 30 trolleys, an area for ICU, HDU, a theatre for minor surgeries, an x-ray unit, laboratory, pharmacy and medical records.

Commissioning the Centre, the Minister of Health assured staff that he will work with sector agencies to put in the necessary strategies that will enhance emergency care delivery in Korle Bu and the country as a whole.

He promised to facilitate funding for the construction of the Hospital's Trauma and Acute Pain Centre (TAP-C), which, when completed will serve the patients in the southern sector of Ghana.

Dr. Samuel Asiamah, the Ag. Chief Executive, noted that the Emergency Centre was equipped with the latest



gadget and equipment to provide optimal care for patients.

He said over the years, the Hospital had become the dumping area for both minor and major disease conditions. Adding that most health facilities and even patients preferred coming to Korle Bu because they trust our skills. This had however resulted in the constant congestion and 'no-bed' syndrome we face.

He therefore appealed to other Hospitals to try and manage minor cases that come to them so Korle Bu can concentrate on providing its core mandate as a tertiary health facility.

He also appealed to the Ministry to equip other health centres with personnel and facilities to enable them

also manage cases which they would have referred to Korle Bu.

The Board Chairman, Dr. Okoe Boye also noted that everyone wants to come to Korle Bu for treatment because they know the calibre of staff available here."The facilities are coming and very soon there will be a new Korle Bu, he added.

The *Korle Bu Bulletin* is especially excited that the Emergency Centre has finally been opened. We are grateful to the Head of the Accident and Emergency Centre and his team for their hard work and perseverance in getting the place ready.

We hope that the highest maintenance culture will be adopted to ensure the longevity and optimal use of the place.

Kudos to you all.



## QUEST FOR EXCELLENCE: K'BU'S EMERGENCY EXPANDED



The old Emergency area

The new Emergency

On Friday, July 20, 2018, the Korle Bu Teaching Hospital formally commission for use, its Accident & Emergency Centre. The 65-bed and 30 trolleys space structure, replaces the old Surgical Medical Emergency which had a bed capacity of 35.

The new Centre is fitted with modern gadgets to enhance the patients' experience.

### History of the Centre

In 2014, the Hospital's Central Outpatients Department (OPD) was converted into the site for the current Accident & Emergency Centre. The project was executed by Belstar Development Llb under the then government's medical retooling exercise, called the National Equipment Replacement Project.

The Hospital Management decided to convert the OPD into an expanded

emergency area in order to accommodate the increasing number of patients it receives, which often results in the Emergency being closed down to decongest.

Retooling of the Centre began in the first quarter of 2014 and was expected to have been completed by August of the same year.

Due to some structural defects and equipment challenges, the Centre has not been operational until recently when the Hospital Authorities took it upon themselves to address all outstanding issues to enable effective and efficient usage of the facility.

### Facilities Available

Apart from the Centre's spacious and conducive environment, it is a one-stop facility with a Resuscitation Unit, temporary Intensive Care Unit (ICU), High Dependency Unit (HDU), a theatre for minor surgical

operations, an x-ray unit, a laboratory, a pharmacy and records to attend to all adult emergencies.

There is also a Complaints and Customer Care booth to attend to patient enquiries and coordinate calls from other referral hospitals.

### Personnel Training

Clinical staff at the Centre have the expertise and have undergone additional training to effectively manage emergencies. Nurses at the facility, for instance, have undergone intensive care management and can handle any trauma and non-trauma cases which may be admitted.

### Conclusion

While we are excited about the opening of this new Emergency Centre, we will still need to work with other sister hospitals to ensure that we do not have a surge of referrals that leads to congestion.

## Government to Make Specialist Training Free



The official opening of the New Accidents and Emergency Centre was also graced by some former Chief Executives of the Hospital

Government has accepted to make specialist training fees free from next enrolment period. With this, doctors who wish to undertake further studies to become a specialist will not be required to pay any tuition fees.

The declaration was made by the Minister of Health, Hon. Kwaku Agyeman-Manu, at the commissioning of the Hospital's Accident and Emergency Centre. The move is to assist in building the capacities of health personnel in order to improve emergency care delivery.

Mr. Agyeman-Manu also said that he will liaise with all sector

agencies to set up an effective call system.

The Minister said constructing the Trauma and Acute Pain Centre (TAPC) will resolve the issue of congestion at the Emergency once and for all.

To this end, he noted that his Ministry had already started working to source funding for the project, which is to be constructed on a 12-acre land in the hospital.

'This Centre will serve the southern sector, while the Accident and Emergency Centre of Komfo Anokye Teaching Hospital attends to the northern sector', the Minister noted.



A section of staff at the ceremony

## DON'T BE BLIND FROM CATARACT

Cataract is the leading cause of blindness and low vision in the world. It accounted for about 33.4% of all blindness in 2010.

Basically, cataract is the opacity of the natural crystalline lens in the eye. This lens is mostly made of water and protein. The protein is arranged in a precise way that keeps the lens clear and allows light to pass through it.



A normal eye and an infected

As we age, however, some of the protein may clump up together and start to cloud a small area of the lens (Cataract). Over time, it may grow larger and cloud more of the lens making it harder to see.

Although most cases of cataracts are related to the aging process, occasionally children can be born with the condition or it may develop after eye injuries, inflammations and other eye diseases. Uncontrolled diabetes mellitus may also hasten the onset and progression of a metabolic cataract.

### Symptoms

A person with cataract will experience blurred vision, colours may not appear as bright as they once did, the sun or lamp may also seem too bright or glaring, and the lens may appear whitish, in the case of a matured cataract.

### Treatment

Treatment is by surgery. In the early stages, a person can be given glasses to help with the vision, but sooner or later, surgery would have to be done.

Currently, the new method, Phacoemulsification has made it easier for cataract surgery to be done as a day case.

### Conclusion

It is documented that cataract surgery is one of the most successful and frequently performed operations worldwide, thus, there is no reason for one to be blind from cataract. Seek care for yourself and relations from your eye specialist!

Judith Adiase  
Eye Department

