

## NEW APPOINTMENTS

New Ag. CEO



The Director of Medical Affairs, Dr. Samuel Asiamah is the

**Dr. Samuel Asiamah** new acting Chief Executive Officer of the Korle Bu Teaching Hospital. He took over from Dr. Felix Anyah who was relieved of the post on grounds of having passed his retirement age. Dr. Anyah served the hospital for 1 year from June 3, 2017 to June 11, 2018.

Some of the major projects undertaken during Dr. Anyah's tenure in office include repair of oxygen plants, installation of 150KVA stabilizer at both CSSD and Accident & Emergency Centre; revamp of the digital telecom system; fixing of streetlights, among others. He also won the best CEO in healthcare 2017 and best CEO public and private sectors for the year 2017.

Dr. Asiamah, will serve as the Ag. CEO while Dr. Roberta Lamptey serves as Ag. DMA until a substantive Chief Executive Officer is appointed.



New Executive Assistant

Mr. Victor Nortey has been appointed as the new Executive Assistant to the CEO.

He replaces Mr. Munir Alhassan who served for a year. Mr. Nortey is a senior Administrative Manager with several years of working experience. Mr. Alhassan reverts to his position as Head of PPME.



New Director of General services

Mr. Michael Obuobi, the former acting Director of General Service has proceeded on leave prior to retirement. Mr. Felix Mensah is, therefore, acting in his stead.

Mr. Felix Mensah

The Korle Bu Bulletin calls on all staff to support them make Korle Bu the hub of medical care

## KBTH INSTALLS LASER MACHINE FOR TREATMENT OF ENT CASES



The Korle Bu Teaching Hospital has installed a CO<sub>2</sub> laser machine for the treatment of early throat cancers. The machine will also be used for treating cancers of the back of the throat, the voice box, the tongue and other diseases in the mouth.

The £44,000 machine was donated by Prof. David Howard, a retired surgeon from the United Kingdom, and Ms Valerie Lund, an ENT surgeon from the UK. The two had been collaborating with the KBTH to conduct surgeries over the years and decided to donate the machine to facilitate the delivery of quality health care in the country.

As part of the event, the centre conducted the first pharyngoplasty, that is, the opening of the throat for surgery, with the machine.

Speaking at the commissioning, the Head of

ENT Department, Dr. Kenneth Baidoo, said some of his colleagues had been trained on the use of the laser machine. He said treatment with ENT laser was not only convenient but also saved time and money, since patients would now spend fewer days in the hospital for treatment.

“We are looking forward to improving our medical services through the use of this state-of-the-art machine. Apart from South Africa, Ghana is the first country with this kind of facility in the sub-Saharan Africa”, he stated.





# AVOIDING NURSING MALPRACTICE

**EWURA ESI GADZEKPO**

In November 1999 the Institute of Medicine cited that medical errors accounted for the deaths of between 44000 and 98 000 patients annually. They again reported that adverse drug events are the most common cause of medical error and this cost hospitals more than \$20 billion per year. (Kohn et.al 1999)

### Can Malpractice Actions Be Avoided?

My take is that, they cannot totally be avoided. However, with the use of the nursing process and the application of critical thinking, we could help reduce bad outcomes that often lead to malpractice claims.

The steps of the nursing process are as follows: Assessment, Problem identification, Planning, Implementation and Evaluation.

When these steps are followed alongside with reflection( critical thinking), the probability of an avoidable adverse medical event occurring will be reduced. In medication administration, the 5 Rs are often cited: right patient, right drug, right route, right dose, and right time. Most of the time, one or more of these “rights” are disregarded, and a patient is harmed.

### Conclusion

"The beginning to effecting change is to start utilizing these steps at all times in our practice." The chances of being named in a malpractice lawsuit is increasing, due to the increased demands that have been placed on nurses and the number of adverse medical events that can occur in the hospital setting.

Using good nursing care and employing critical thinking will significantly decrease the likelihood of being named in a malpractice lawsuit. These skills combined with a good documentation technique is the best approach to use to avoid an adverse legal outcome in the event that a nurse is sued. Credit to Kevin Giordano and AACCN



**The Author**

# OCCUPATIONAL HAZARDS IN A CRITICAL CARE ENVIRONMENT

It is counter-intuitive that the health care industry, whose mission is the care of the sick, is itself a “high-hazard” industry for the workers it employs and consistently demonstrates poor workforce injury and illness statistics most especially in developing countries. Among the reasons is the fact that self-preservation behaviors, which normally aid in protecting workers, are suspended in a culture of **self-less commitment to patient care**. “Nightingale Effect”.

Work in the ICU is even more complex because patients are considered critical and present an imminent life risk. The ICU setting poses many occupational hazards, especially for the female workforce. The complexity of patient care, manipulating sophisticated equipment, dealing with relatives in unfortunate situations and the demands of team members as well as the health institution itself causes stress and burnout.

The working conditions (daily workload, working in shifts, standing for long hours, caring for patients with co-morbidities, inadequate income etc.), The influence of excessive workload may result in a high level of stress, job dissatisfaction and physical injuries.

Evidence shows that when ICU nurses give care to one patient above the recommended number, there is an increased risk for pulmonary failure by 53%, for nosocomial pneumonia by 7%, for unplanned extubation by 45% and for mortality rates by 9%. The work environment including design, lighting, work space, etc. may pose hazards likely to cause injuries.

Psychosocial factors include dissatisfaction with work, workplace stress, alarm fatigue, frequently encountered deaths, interaction with families of patients, workplace violence etc. which may result in high levels of stress leading to increased absence, lowered productivity, more accidents and physical injuries, and higher job turnover.

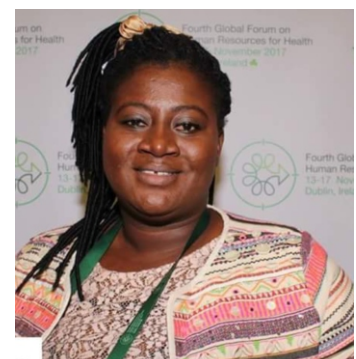


**Ergonomic hazards** Ergonomics is defined as the 'laws of the work' and focuses on physical aspects of the job. In the ICU, it includes repositioning the patients-overweight patients and repeating movements such as pushing, pulling, elevating and bending, which results in muscular injuries and musculoskeletal disorders.



**Biological hazards** include being exposed to infectious organisms during invasive and non-invasive procedures-needles and other sharps, splashes of bodily fluids on the eyes and other parts of the body Chemical hazards may include being exposed to antiseptic and disinfectants or inhaling their gases etc.

To be continued.....



**Hannah Adjei - Mensah**





The First Lady, Mrs. Rebecca Akufo-Addo, has cut the sod for the construction of a one-storey Pediatric Intensive Care Unit (PICU) at the Korle Bu Teaching Hospital.

Sponsored by the Rebecca Foundation, of which the First Lady is the Executive Director, the building which will admit 41 children at a time, is expected to be completed in six months' time.

The unit will have six different admission suits, five beds in the main Pediatric Intensive Care Room, one bed at the Pediatric ICU Isolation Room, 14 beds for the Pediatric High Dependency Ward, 10 for the Neonatal ICU Ward, seven for the Neonatal High Dependency ward and four in the Neonatal Isolation Ward.

The admitted children and neonates up to 12 years, will use specially built-for-purpose beds, cribs, cots and incubators and will be supported by a full set of medical equipment for pediatric health care. The new facility will apply

the same green technology used in the Komfo Anokye Mother and Baby and Pediatric Intensive Care units which will make the building extremely energy efficient.

The new PICU will be supported by its own infrastructure, including medical gases, solar water heaters, voltage stabilizers, water storage and pumps and solar power generation.

In her address the First Lady said "Pediatric services in Korle Bu are suffering from lack of space and resources to welcome and host emergency pediatric patients and neonates born outside the hospital".

"The Rebecca Foundation will continue to support the health and other sectors, but we ask that the Ministry of Health, the Ghana Health Service, the Board and the management of Korle Bu ensure we have the numbers and caliber of staff essential for quality service delivery. Only then can we make progress," she added.

Mrs Akufo-Addo said the facility was urgently needed to save the lives of children. The First Lady was hopeful that the new unit would help health professionals working there deliver quality health care to children.

The then Chief Executive Officer of the Hospital, Dr Felix Anyah, said the Department of Child Health was the largest facility in the country, with an annual outpatient attendance of 30,000 and 6,000 admissions. Built 55 years ago, he said, the building had not received any expansion or renovation to cater for the increasing patient load.

Dr Anyah, therefore, commended the Rebecca Foundation for taking up the challenge to help build a new unit for the department.

The Head of the Department of Child Health, Professor Ebenezer Badoe, told the *Korle Bu Bulletin* that the construction of the facility was a welcome news for the department.

### New Information and Complaints desks for Departments

As part of plans to improve patient and customer care services in the hospital, the Public Relations Unit has begun fixing customer care booths across the various OPDs. Already the customer care booths have been fixed at the Child Health, Maternity and Polyclinic OPDs. Soon the other departments will have theirs installed.

This initiative is to provide an avenue to receive complaints and compliments from patients, assist clients in accessing our services and leave with good memories of the hospital.

The booths will be manned by trained information and complaints officers who will among other duties, assist patients and relatives with directions, enquiries and any help they may require.





# KORLE BU TO PERFORM FREE KIDNEY TRANSPLANTS FOR PATIENTS



**F**irst Sky Group in collaboration with Korle Bu Teaching Hospital and Birmingham University will from September 2018 perform free kidney transplants for four patients.

The First Sky Group, a construction firm which is sponsoring the initiative, will bring in specialists from Birmingham in the United Kingdom to perform kidney transplants for the patients.

The initiative serves as an exit plan by the group, which has instituted a Kidney Transplant Scheme to support patients with kidney diseases to undergo weekly renal dialysis at Korle Bu.

The Chairman of the First Sky Group, Mr Eric Seddy Kutortse, made this known when a team from the group embarked on a familiarisation tour of the Renal Unit at Korle Bu in Accra on Monday to assess how the scheme had impacted on patients after its establishment 18 months ago.

Under the transplant initiative, while the group funds the transplant, the patients will have to get their donors, with the doctors determining the right donated kidney to use.

## Situation

Records provided by the Head of the Renal Dialysis Unit at Korle Bu, Dr Vincent Boima, indicated that over 260 patients were currently on dialysis at the unit.

Besides, a number of patients continued to visit the unit, a situation which, he said, had put pressure on the facility.

Meanwhile, he indicated that the scheme initiated by the First Sky Group had helped the patients a lot because before the scheme most of them could not afford the dialysis, since they had to pay GH¢260 per dialysis, aside from ancillary medication that came with the cost.

But for the scheme, patients who had to be on dialysis twice or three times a week would have paid between GH¢500 and GH¢800 per week to survive, he said.

“The kidney disease burden in the country is rising and currently in Ghana it is estimated to be about 17 per cent of the population. Globally, ours is really high. There are over 260 patients who are on the machine currently, but at the

Outpatients Department (OPD) alone we have almost 4,000 people who are being followed up,” he revealed.

Dr Boima indicated that although the government did not provide funding for the unit, the National Health Insurance Scheme (NHIS) covered some of the medication, not the dialysis.

## Way forward

Speaking after the tour, Mr Kutortse, who observed that the unit was congested because many patients were trooping in, said the group would first renovate the facility to ease the pressure on it, after which it would bring in the specialists.

He said four people would have their kidneys transplanted at a time for proper monitoring, adding that the group intended to bring in the specialists to carry out the transplants twice a year.

He also indicated that after establishing the scheme, it had become an institution which had no exit plan, hence the need to establish one, which is the introduction of the kidney transplant for the final state of the ailment.

“We have decided to collaborate with Korle Bu to establish a Kidney Transplanting Unit at the hospital. If that is done, we can have patients who have donors to be transplanted, so that they will be free from the dialysis,” he said.

## Beneficiary

One patient who has been on dialysis for four years, Cyril Bani, said he had been funding his dialysis at the mercy of his friends, lecturers and relatives until he met the First Sky Group which had supported him till now.

“Previously, we were paying GH¢260 per session and some people were required by the doctor to do it twice or three times in a week and it was very difficult for people to pay. Some even came once in a month and others were dying unduly. But now the level at which people die has come down due to the burden that has been reduced from us,” he said.

He thanked the First Sky Group, especially the Chairman, for paying for everybody at the unit to have his or her dialysis for free.

“Now he has promised to do the transplant, which is the ultimate, and we pray for strength for him and his team. We really appreciate his support,” he added.





The theme for last year's celebration of World Hearing Day was "Action for hearing loss: make a sound investment".

With this, the organisation sought to inform individuals and decision-makers about the impact of unaddressed hearing loss on the economy and the cost

effectiveness of providing appropriate intervention.

**Burden of hearing loss**

Hearing loss is a very common disability the world over, especially among the elderly. According to W.H.O., about 6.1% (466 million) of the world's population have disabling hearing loss. About 7% (34 million) of the affected people are children. It has been reported that low and middle income countries like Ghana contribute the bulk of this estimate.

**Causes of hearing loss**

Hearing loss may be present at birth due to certain genetic factors, maternal disease conditions like syphilis and rubella, indiscriminate use of drugs during pregnancy, and complications during pregnancy and the delivery process. Conditions such as prolonged labour, low birth weight, prematurity, birth asphyxia and neonatal jaundice may lead to hearing loss in the newborn.

The loss may also be acquired later in life as a result of ageing, exposure to excessive noise, chronic ear infections, head injury, disease conditions like measles, mumps, meningitis and diabetes, and the use of ototoxic medications like aminoglycosides (eg. Gentamicin), loop diuretics (eg. Furosemide) and chemotherapeutic agents (e.g. Cisplatin).

**Impact of hearing loss**

Unaddressed hearing loss leads to reduction in the quality of life of the sufferer. It is associated with anxiety, depression, social withdrawal, marred relationships and loss of employment or underemployment.

The level of the impact usually depends on the age of onset of the hearing loss and the degree of the

handicap. In children, even a mild form of hearing loss can affect their ability to develop speech and language leading to poor general and academic performance.

The impact of hearing loss transcends the affected individual. This is because the greatest asset of every nation is her human resource. Their output forms the bedrock for the nation's development and achievements; however, this can be heavily hampered by disabilities such as hearing loss. W.H.O. has estimated the total annual cost of unaddressed hearing loss to the economies of the world to be 750 billion international dollars. This cost incurred has been attributed to

- loss of productivity due to unemployment and premature retirement associated with hearing loss;
- support for health care system to manage people with hearing loss;
- additional support for educating children with hearing loss and;
- societal losses due to the stigma, social isolation and communication problems associated with hearing loss.

**Actions to take**

About 50% of the causes of hearing loss are preventable. As individuals, we must avoid exposure to excessive noise as much as possible or use hearing protectors like ear plugs or muffs. We must also reduce the use of personal music devices such as MP3 players and mobile phones, and refrain from the use of unprescribed medications and herbal products.

There is the need for mass education on ear and hearing care and implementation of safety measures including hearing protection at industries and workplaces where a lot of noise is generated. There is also the need to strengthen maternal and child health care in order to reduce complications during pregnancy and childbirth, and immunization of children against diseases such as measles and meningitis which can cause hearing loss. Rolling out screening of new-borns and school children for hearing loss for early identification and prompt intervention.

**Benefits of taking action**

The country stands to gain in several ways when actions are taken against hearing loss. First of all, the percentage of the population with hearing loss will be reduced. Early identification and

management of hearing loss among children will result in increased access to education and vocational training. Most people living with hearing disability will receive appropriate interventions and become employable and well integrated into society.

This will in turn reduce the burden on government to provide support for such individuals and they will also be able to contribute to the nation's development. In all, we will create a healthier, happier and prosperous Ghana. The time to act is now!!!



**Joseph Omane Boateng  
Audiologist**

**ROLE OF THE GHANAIAN TRAINED ENT NURSE IN CONTEMPORARY NURSING**

Nursing has over the years gone through evolutionary changes according to the dynamisms of life and global trends. Ear, Nose and Throat health, a fantastic and unique specialty, which hitherto not appreciated for its contribution towards health care delivery, is gaining recognition.

This registered nurse has undergone further training and licensed to practice in that regard; contributing immensely to the body of Nursing in bringing comfort and hope to humanity.

**Role and Responsibilities**

- Gap Bridging  
Delivering primary, secondary and tertiary preventive health care in all 10 regions of Ghana, especially deprived areas.
- Advocacy and Team work  
Collaboration with other team workers to enhance client care.
- Health Education and Screening.  
To sensitize and create public awareness on ENT conditions managed at health facilities.

**Brief History.**

ENT doctors initially trained practicing ENT nurses on the job. In 1992, Matron Bernice Amegatcher of blessed memory became the first qualified professional ENT nurse, trained at the Royal National ENT Hospital in London. In 2002, the Post-Basic ENT Nursing School was finally established at KATH, Kumasi.

cont'd on page 6



## ROLE OF THE GHANAIAN TRAINED ENT NURSE IN CONTEMPORARY NURSING cont'd

### Challenges.

- Unit set up.

Logistics and other vital items like an otoscope, which is an indispensable tool, are not available for effective functioning.

- Ignorance.

The ear, nose and throat are interrelated, instructions must be observed for better treatment outcome.

Despite explanation, some clients with ear complain will instill nasal drops meant to open up the Eustachian tube connecting the nasopharynx to the middle ear rather into the ear.

- Culture and Superstition.

Some Akans believe that people with throat conditions like Tonsillitis known as 'Nantwie Mpompo' will die if treated at the hospital with injections and knife.

Some Muslims engage a 'Wansam' to remove the tonsils to prevent or treat infection.

This can traumatize other structures; cause bleeding, infection and fatalities.

### Suggestion.

This specialty aims at reaching out to the populace nationwide. Collaboration by all stakeholders is essential in ensuring that knowledge and skills acquired are put to good use.



**Felicia Ampadu-Somua**

## KORLE BU RECEIVES 20 BEDS



Mr. Sintim-Aboagye said the beds will go a long way to save precious lives and enhance quality healthcare delivery in the country.

The items were received by the heads of the various institutions. The Acting Chief Executive Officer of KBTH, Dr. Samuel Asiamah, expressed joy for the beds and thanked the management of Reha Med for giving back to society to support healthcare delivery.

**R**eha Medical Supply Ghana Ltd has donated 80 hospital beds worth GHC 180,000 to 8 selected health facilities in Accra. Korle Bu, which is the biggest referral centre in the country received 20.

The other hospitals who received the beds were 37 Military Hospital, Police Hospital, Tema General Hospital, LEKMA Hospital and La General Hospital. These all received 10 beds each. The rest were Achimota Hospital and Kasoa Polyclinic who picked 5 beds each.

The Executive Chairman of Reha Med, Mr. Harry Sintim-Aboagye, said even though the donation was part of the firm's social responsibility drive, the gesture was influenced by the 'no bed' syndrome which has bedeviled the healthcare delivery sector. "I was in my car when I heard of the death of the 70 year old man who visited 7 hospitals and was told of no-bed. I felt very sad and I discussed with my Board and management who decided that we give out 80 beds to help curb the situation" he narrated.



## CUSTOMER CARE TRAINING FOR STAFF



The training session, which is coordinated by the PR Unit, Medical and Human Resource Directorates, seeks to equip staff on how to relate well with patients, patients' relatives and stakeholders who visit the Korle Bu facility. The training will also strengthen staff to be patient-centered.

Already, staff comprising of doctors, pharmacists, nurses, administrators, among others at the Polyclinic and Medical departments have gone through the training.

**T**he Hospital in collaboration with Chartered Institute of Marketing Ghana (CIMG) has begun customer care training for staff.

The essence of the training is to give clients a real customer service experience when they visit the Korle Bu Teaching Hospital.

The training is run by seasoned customer care professionals taking participants through topics such as the Hospital's Organisational Culture, Importance of Customer Care, How to Communicate with Patients and Relatives and Confidentiality of Patient Health Conditions.

## USE OF SHORTER-ACTING BENZODIAZEPINES AND Z-DRUGS IN THE MANAGEMENT OF INSOMNIA:

### A COMPARATIVE ANALYSIS

#### GRACE OWUSU ABOAGYE

**I**ntroduction: In 1980 the committee on safety of medicines (CSM) reported concerns with benzodiazepines causing dependence and withdrawal symptoms such as anxiety, tremor, insomnia, depression and seizures. The Z-drugs zaleplon, zolpidem and zopiclone (1, 5) were developed in the 90s as a panacea to the side effects of benzodiazepines (1, 13). However in 2004, the NICE guidance (1) found no compelling evidence to distinguish between the Z-drugs and shorter-acting benzodiazepines (loprazolam, lormetazepam and temazepam) and recommended that choice be based on cost effectiveness. Despite this guidance, the prescription of Z-drugs in developed countries is on the increase while that of benzodiazepines is on the decrease (although it is cheaper).

**Objectives:** To find a basis for the current trend by comparing the Z-drugs and the shorter-acting benzodiazepines based on safety, efficacy, tolerability and abuse potential.

**Methods:** The PubMed, Cochrane Library and Google Scholar and Google Scholar was searched for articles in pharmacology and psychopharmacology journals spanning the period of 2004 to February 2018. Studies comparing shorter acting benzodiazepines with Z-drugs in the management of insomnia were included. Outcome measures included safety, efficacy, tolerability and abuse potential.

**Results:** A total of twenty-five eligible studies were included for analysis. A clinical benefit is likely to underpin the preference for the Z-drugs over the short acting benzodiazepines although a strong case cannot be made for it because most of the trial evidence to support it, is of low quality or flawed in its methodology (23). Both groups did not differ much in their pharmacokinetics. However the chemical structure, selectivity, elimination half-life of zopiclone, proven efficacy of Z-drugs over a 6-month period and their reducing cost explains the basis for the current trend in the developed countries.

**Conclusion and Recommendation:** The current trend of preference of the Z-drugs over the short acting benzodiazepines may have a clinical basis. Nevertheless their use must be accompanied by more robust studies comparing the two groups, updating of the NICE guidance, training of prescribers on the protocols of management of insomnia and pharmacists playing an active role in audit of hypnotics and the education of patients on the potential of Z-drugs to cause dependence.



**The Author**

## NATIONAL AWARDS AND THERE AFTER – A PASSIVE REFLECTION

#### Kombian Kambarin

**Y**es, it was the 5th May 2018 and staff of KBTH were bussed to Sogakope in the Volta Region to help celebrate the award of Dr. Felix Anyah as the best CEO of Health Care in Ghana for the year 2017. To those who have never been to Volta Region, this was an opportunity to see Number 9. To those who have never seen a building on or near a waterbody, then SPA was there for you.

As I sat on the High Table and glanced at the goodies on display waiting to be devoured, I had to reflect passionately on why after all do we have to assist the CEO celebrate this day. Is it that we could not afford to make good use of the week end that we were invited to share the joy and spoil at SPA? KBTH has been there for years before Dr. Anyah surfaced on the scene to claim the award. So indirectly, the award was for the individual contribution of staff of the hospital who have sacrificed their time and other resources to make KBTH what it was to get the organizing committee to confer the award on Dr. Anyah.

It was not what one was going to drink and eat for the day that was of interest to me but the need for all staff to sit up and ensure that we sustain the standard that was set to trap the award or even put in more to better the situation. Our collective and individual inputs were put together to ensure that

he got the prize. So what do you intend to do this time to ensure that standard is sustained or improved? How often do you come to work and when you come to work at all what is your output at the end of the day? How many hours do you spend a day in the discharge of your legitimate duty? Fellow colleagues have you ever assessed your output for any day or occasion? There is the need for attitude change towards positive action.

The moment or occasion is gone but we have been saddled with an albatross to ensure that we sit up and justify whatever pesewa is paid to us by maintaining or improving standards. From the office to the store and kitchen, from the OPD to the ICU or Ward, from the Gas Room to the Laboratory, from the Boiler Room to the Disposal Site, from the Pharmacy to the Dissection Room, from wherever you find yourself in the name of KBTH, please be mindful of the fact that your input is very necessary. The fact that you have not been awarded a local or national prize does not mean your contribution is negligible or insignificant.

Conduct a self-assessment of your input and I am sure if we all live up to expectation, the next prize reception will see us in SPACe. To colleagues who never had the occasion to go on honeymoon, please gird your loins for the next trip. All the best to all staff.





AIRPORT CITY



Then

Now



APPOLONIA CITY



Today

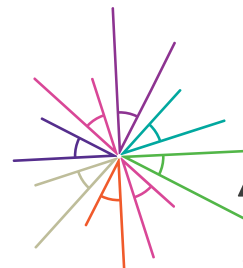
Tomorrow

# Today's prime area was yesterday's 'far' place

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