Tit Bit in Pics

Staff of the Biostatics Department organised a performance review to assess activities undertaken in 20017

1)To mark his birthday and also formally launch his Foundation, Mr Livingstone Este Satekla popularly called Stonebwoy, paid medical bills of some in-patients at the Accidents Centre to the tune of GHc5,000 and also presented assorted items.

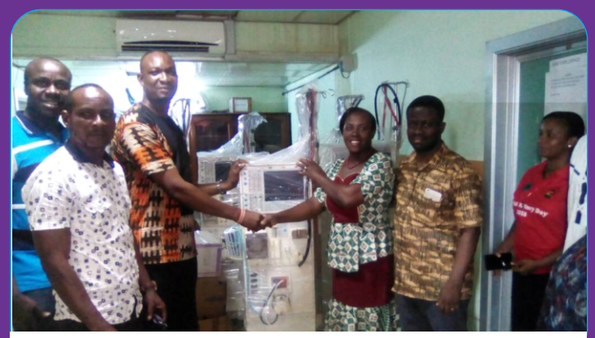
Group C21, 1985 Year Group of the Korle Bu Nurses and Midwifery Training College presented various medical items to the Maternity Department.

Dr Adwoa Afrane, a Senior Resident at the Child Health Department emerged the best for her abstract during the maiden Pediatric Academic Day. For her prize, she received cash, a certificate of recognition and products from Nestle. The academic day was organised by the Department and the Greater Accra branch fo the Pediatric Society of Ghana to promote research and scholarly activity among members.

Staff embarked on Health Walk to mark this year's World Kidney Day

EIB Network donates Gh¢69,254 to National Cardiothoracic centre to support the treatment of patients with hole in heart

Patients being educated on how to care for their voice during the free voice screening clinic held at the Speech & Language Therapy Centre



Officials of … presented four dialysis machines to the Renal Unit. The donation was to support the Unit augment the machines currently available to enhance patient care.

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New Emergency Poised To Enhance Patient Care

Workers busily undertaking re-roofing works at the New Emergency Centre

In 2013, the Ministry of Health undertook a project, under Government's National Equipment replacement Project to convert the Hospital's Outpatient Department (OPD) into an Emergency Centre.

The New Emergency Centre, upon completion, was to serve as an emergency receiving point for all such cases in the Hospital. The new emergency will replace the SME whose bed capacity is 35 but will increase it to 80.

The New Emergency Centre was completed in 2014, however, it could not be fully operational due to some equipment and structural issues, including leakage. Currently, the Centre caters for only Gyneacological emergencies.

To ensure maximum use of the new facility, Management has contracted Domod Roofing Limited to re-roof the Centre.

The project was handed over to the Company early March and it is expected that when completed the multiple leakage problems would cease and also ease congestion at the Emergency Medicine Sub-BMC.

It is the expectation of the Korle Bu Bulletin that the April edition will give an update on how the re-opening of the Centre has enhanced emergency care in the Hospital.

APPOINTMENT OF NEW AG. DIRECTOR AND DEPUTY DIRECTOR OF NURSING SERVICES

Mrs. Rita Aryee, Ag. DNS

Mrs. Rita Aryee, former head of In-service Training has been appointed as the Acting Director of Nursing Services. She takes over from Mrs. Victoria Quaye, whose term ends early April, 2018.

Mrs. Aryee is being supported by Mrs. Dorothy Adelina Daisy Mensah as the Ag. Deputy Director of Nursing Services.

The new Deputy Director of Nursing Services takes over from Mrs. Mercy Otu, who retired last month.

The *Korle Bu Bulletin* is urging all staff to give the new directors the necessary support to enable them discharge their duties for the Hospital's forward-march.

Mrs. Dorothy A. C. Mensah, Ag. DDNS

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All About Kidney pg.7

Parliamentarians Screened to Mark World Kidney Day


A Parliamentarian undergoing the screening exercise

Over 500 Members of Parliament including staff of Parliament were screened for various medical conditions as part of this year's World Kidney Day.

Under the theme: “Your Kidney Health, Your Responsibility”, the Hospital's Renal Dialysis Unit and Ghana Kidney Association (GKA) teamed up with Parliament House Clinic to screen Ghana's members of parliament and their staff at the Parliament House. The move was also to educate stakeholders and the general public on the disease condition.

Participants were screened for obesity, diabetes, hypertension, blood pressure, body mass index, urine examination and renal disease.

In an interview with the media and the Korle Bu Bulletin, the GKA treasurer and medical personnel at KATH, Dr Perditer Okyere noted that kidney failure is becoming a concern in the country as 35-40percent of all medical admissions were related to it.

Cases of kidney failure are now prevalent among patients between 25-45years and this should be worrying for us as a nation”, she said.

Dr. Okyere said due to expensive treatment cost and poor coverage of national dialysis centres, less than 20 per cent of renal patients receive haemodialysis treatment.

She urged government to set up regional dialysis units and reduce the cost of dialysis for patients to afford it.

She also urged the public to exercise regularly and do regular check-ups to enable them detect any complications quickly for treatment.

Parliamentarians and workers who took part in the screening exercise were very happy with it.

The MP for Mfantsiman in the Central Region, Mr. Ekow Hayford, commended the Outreach Team for the exercise. “I hope this exercise will be replicated across the country and even in the informal sector”, he said.

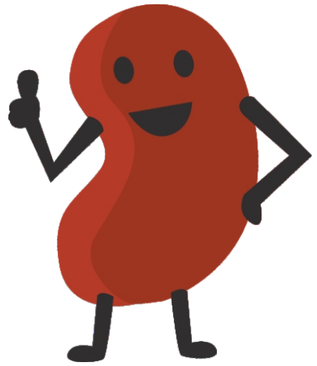

A Parliamentarian undergoing the screening exercise

ALL ABOUT YOUR KIDNEY (From : RENAL UNIT)

The kidneys are a pair of bean-shaped organs in the body that filter waste products and toxins from the body. Their function is essential to good health.

In order to promote kidney health, one has to;

- Be cautious when taking prescribed medications, supplements and herbal preparations
- Drink an adequate amount of water daily
- Exercise regularly
- Eat healthy foods
- Quit smoking



What is Chronic Kidney Disease?
Chronic Kidney Disease (CKD) is a condition in which a person's kidneys are damaged or do not function properly for more than three (3) months.

When a patient is diagnosed with CKD therefore, it implies that the body cannot remove harmful material from the blood well, and this can lead to death.

According to Stanifer et al (2014), CKD affects 14 out of every100 sub-Saharan Africans.

Predisposing Factors
The disease condition can affect all age groups but chances of getting it increase with age.

Persons with diabetes, high blood pressure, heart disease, smoking, obesity, family history of kidney disease, are all likely to become CKD patients.

Symptoms
CKD has few signs and symptoms in the early stages and may go unnoticed until the disease is advanced.

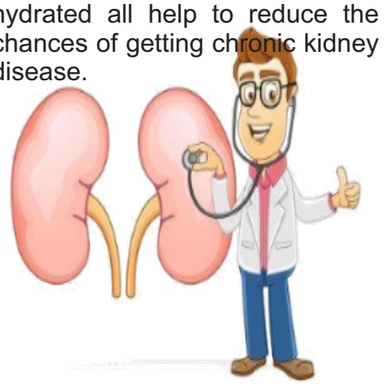
The following signs may develop and persist if one has the condition.

- Urine changes; bloody urine, foamy urine
- Increased need to urinate, especially at night
- Swollen ankles and feet
- Nausea
- Shortness of breath

Treatment
Advanced CKD ends in kidney failure (complete failure of the kidneys to filter waste out of blood).

The only treatments for kidney failure are dialysis or kidney transplant, therefore PREVENTION is key.

Adopting healthy eating habits, exercising regularly and staying hydrated all help to reduce the chances of getting chronic kidney disease.



HOW TO ACCESS THE KORLE BU INTRANET (STAFF PORTAL)

- Sign up for the Hospital's corporate email (Sub-BMC IT personnel to assist)
- Go unto the KBTH website (www.kbth.gov.gh)
- Click on the 'Staff Portal' on the menu bar
- Type your username (KBTH corporate email) and your password to access the intranet

Please be part of the process to make the KBTH Intranet service a tool for internal

OUR COMMITMENT TO EMPLOYEES

For our employees, we will:

- Provide opportunities for employees to function as human beings rather than as 'just' resources to be used
- Provide opportunities for each employee to develop their full potential
- Provide opportunities for employees to influence the way they relate to their work and the Hospital
- Treat each employee in such a way that their individual set of needs, important to their work and life, are recognised and met
- Create an environment in which it is possible for employees to find exciting and challenging work.

ALARM FATIGUE: AN EMERGING ISSUE IN HEALTH CARE

(By: **Mercy Amoah**)

According to Lopes (2014), healthcare is continuously evolving in order to provide patients with innovative treatment options and the best care possible.

Hospitals and clinics now utilize some of the most up to date technology, including devices such as ventilators, pulse oximeters, infusion pumps, radiant heater, blood pressure monitors, etc., all with the aim of improving health care (Lopes, 2014).

In Ghana the use of clinical alarms in healthcare delivery is growing.

The joint commission defines a clinical alarm 'as any alarm that is intended to protect the individual receiving care or alert the staff that that individual is at an increased risk and needs immediate assistance' (Phillips & Barnsteiner, 2005).

Due to the use of this technology, a cacophony of sound echoes through the modern hospital every day. Bells, beeps, chimes and horns are all part of the noise–polluted environment that patients, families, and staff have to endure. They may be exposed to as many as 700 physiological monitor alarms per patient per day (Cvach, 2011).

The myriad of medical device alarms has created an environment that poses significant risk to the patient safety. Though these alarms are intended to alert clinicians and nurses of a hazardous condition and potential problem, subjecting the healthcare giver to too many alarms disrupts his or her usual workflow and may result in errors due to omissions, distraction or inattention (Cvach, 2011).

The condition where the response of a clinician to alarm signals is reduced due to the high occurrence of alarms from medical devices thereby putting the patients' safety at risk is termed **Alarm Fatigue**.

McCarten (2012) defined Alarm Fatigue as the sensitization of a clinician to an alarm stimulus that result from sensory overload causing the response to an alarm to be delayed or missed.

Studies have shown that there are three types of alarms that exist in our hospitals: The true alarm (which needs an urgent attention from nurses and doctors to prevent danger to patient); The non-actionable alarm (which sounds appropriately but no nursing action is required to prevent patient harm); and lastly the false alarm (which may not necessarily need an urgent intervention).

The false alarm, which is the main cause of alarm fatigue, may be due to improper positioning of a sensor on a patient, lack of proper skin preparation or lack of adjustments of these alarms to individual patient conditions.

Alarm fatigue is a major problem in healthcare delivery especially among health professionals who work in the intensive care units, neonatal intensive care unit, emergency wards and acute wards.

Statistics show that between the years 2005 and 2008, there were 566 reported patient deaths due to medical monitoring device alarms in America (Cvach, 2012). Also, a four-month review in 2010 indicated that out of 73 recorded alarm-related deaths, 33 of them were directly correlated to physiological monitors (Cvach, 2012).

From the above, it can be deduced that alarm fatigue is gradually gaining root among healthcare providers. In Ghana, this problem is being encountered at both the secondary and tertiary hospitals where these medical devices are increasingly being used for regular patients monitoring.

Although no literature exists in Ghana to confirm the deaths related to use of these technological devices, there is the need for healthcare providers (clinicians and nurses) to be abreast with this issue and find innovative ways of addressing it.

OVERVIEW OF SOME COMPLAINTS RECEIVED

The Customer Care section of the Public Relations Unit has been receiving various complaints and compliments about our personnel, services and general activities. Unfortunately, the Unit receives more complaints than compliments. We believe this is not because the Hospital is bad but generally, bad news spread faster than good news.

Of the many issues which we have had to listen to and help resolve, the Unit is of the view that most of the situations could have been avoided/resolved if caregivers had exercised some level of patience, concern and time to explain things to patients and their relatives.

We are therefore, tabling some complaints for our attention and learning.

- **Purported Body Pains:**

There has been reports that medical professionals refused to attend to patients at one of our emergency areas and a Ward because the officers were having waist pains and "could not kill themselves because of the patients".

The officers have been called and were encouraged to know how to talk in a professional manner.

- **Chatting while at Post:**

A staff reported that some medical professionals were busily chatting while at post and refused to attend to her. She said she needed some information but the officers ignored her and continued with their conversation. The staff had to rely on some other persons to assist her.

Another patient's relative also reported that medical professionals were chatting while at post and refused to attend to her, even though her patient was in critical condition. The professionals at post's action/inaction, however resulted in the death of the patient.

- **Scare of Vanishing:**

A staff refused to check a patient's request which was on her phone because, according to her, she "was afraid that something could happen to her if she looks on the phone. When the patient appealed to the staff, because she needed to know the type of test the doctor had asked her to do, she said she was shouted at and humiliated by the staff. This happened at one of our OPDs on a clinic day.

- **Child with Temperature:**

A patient who reported that her child was running temperature was asked to wait until it was her turn to be checked. The patient was not attended to even when she insisted, so she decided to begin attending to the child. When the medical professional finally reached the child's bed and checked the temperature, it was realised that the child's temperature was really high and indeed needed assistance. The professional however, apologized to the mother for not attending to them early.

- **Collection of Monies without Receipts**

There have been several complaints of patients being charged monies without getting any receipt. On occasion when the Unit goes ahead to investigate, it has been found that such monies collected do not go into the Hospital's coffers or any UDS developmental fund.

Customer Care Training For Polyclinic Staff

Dep. Dir of Med. Affairs, Dr. Roberts Lamptey, taking participants through the importance of keeping patients information confidential.

Less than two weeks after a training on customer care was organised, staff at the Polyclinic are beginning to be more helpful to patients who come to them.

Orderlies have been spotted readily assisting emergency cases brought to the OPD by providing wheelchairs before being called upon and also physically carting such patients.

Nurses are also providing more information to patients who need it patiently and readily. This was however, not the case some time back.

A two-day customer care training was organised for all categories of staff at the Polyclinic following reports of lapses in patient-customer care. The objective of the training was to therefore bring such reports to the fore and address them, accordingly.

Participants were reminded that Korle Bu is no longer the only option for medi-care since many specialized healthcare facilities have been opened across the country. The Hospital is competing with other private, corporate and government healthcare providers. It has therefore become imperative that we become more responsive to the needs of the patient in order to court their loyalty.

Again, patients have become discerning and if they are mistreated, abused or disrespected, they are likely to seek redress at the court of law.

It was also noted that most patients may not want their medical condition to be disclosed, even to their spouses. It was therefore the responsibility of healthcare professionals to exhibit the highest professional standard of care. A patient's confidentiality should not be taken for granted at any stage of care-giving.

The training had 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.

Efforts of Two Staff Inspire Renovation of Ward N

Dr. Antoinette Dela Wardi (Left) and Dr. Nii Odotei Ashong-Lamptey (Middle) with the Dr. Samuel Asiamah (Dir, Medical Affairs, Dr. Aaron Addo (Former head, Accidents Centre) and Mr. Corquaye

The determination of two medical students to enhance patient care has resulted in the modernization of the Female Orthopaedic Ward (Ward N) in Korle Bu.

The two students, Dr. Antoinette Dela Wordi and Dr. Nii Odortei Ashong-Lamptey, who are doctors now, noticed the poor environment at the Ward. Instead of giving up, they contacted the GCB Bank Limited with proposals and the company agreed to assist in renovating the Ward.

Speaking at the opening, the Head of the Accident and Orthopaedics Sub-BMC, Dr. Frederick Kwarteng said Ward N, a specialist orthopaedic trauma ward for females had been in a bad state. “The beds, floor, ceilings and entire place was not fit for our patients”, he said.

He said the two students took it upon themselves to contact GCB Bank for support and they provided GH¢50,000 as seed money for the renovation.

Dr. Kwarteng noted that this initiative motivated the Accident and Orthopaedics Sub-BMC Centre to also add a whopping GH¢400,000 of its Internally Generated funds to complete the project.

The renovation includes entire tiling of the floor, fixing windows, fans and air-conditioners, electronic beds and washrooms. A VIP ward, Kitchen area and nurses office have also been added to the Ward.

The Accident Centre is poised to provide enhanced care to female who require specialist orthopedic care.

CNO MERCY OTOO BOWS OUT

The Chief Nursing Office(CNO) Mercy Otoo was given a farewell party in recognition of her efforts to enhance patient care in the Hospital.

Various items were also presented to her by the Nursing Administration, Nurses and Midwivery group and other Nurses association in the hospital as a token of their appreciation to her.

DIABETIC RETINOPATHY: What is it?

Diabetes is one of the world's fastest growing chronic diseases and a leading cause of acquired vison loss. Currently, 415 million people in the world have diabetes and this is projected to increase to over 642 million in the next 25years.

In Africa, it is estimated that 20 million people are suffering from diabetes and this figure is expected to increase by 109% over the next 20 years. Findings from the Wisconsin Epidemiology Study (1998) on the prevalence of D/R in West Africa revealed that nearly 50% of all patients with diabetes will develop some form of diabetic retinopathy and 65% to 75% of those who have had diabetes for five years or longer will also show clinical evidence of diabetic retinopathy.

In Ghana, diabetes could be threatening the lives of 50% of patients and at least 2.2 million people already suffer from diabetes.

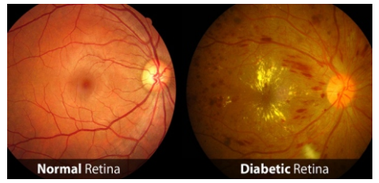
What is D/R?
Diabetic Retinopathy is an eye disease that affects the retina of patients with diabetes.

This disease condition has been classified as a priority blindness disease and is among the disease control strategy for vision 2020.

In addition, D/R also accounts for 4.8% of the number of cases of blindness (37 million) worldwide. The WHO (2009) established that diabetic retinopathy is the third leading cause of blindness in adults between the ages of 20 – 65 years, accounting for 22.7% of blindness among patients with diabetes.

Causes
Chronically high blood sugars from diabetes is associated with damage to the tiny blood vessels of the retina, leading to D/R.

Predisposing factors of the disease condition may also include hyperglycaemia, hypertension, hyperlipidermia, long duration of diabetes and genetic predisposition.



Symptoms
Early stages of D/R has no symptom. It often progresses unnoticed until one's vision is affected. If DME occurs at the initial stage, it can cause blurred vision.

Treatment
Treatment for D/R is often delayed until it starts to progress to the PDR or DME. Anti-Vegf injection therapy (E.g. Avastin) is used.

Other treatment forms are;
- Focal/Grid Macular laser surgery
- Corticosteroids are usually done for patients with DME
- PDR is treated with Panretinal laser surgery or Panretinal photocoagulation
- Vitrectomy

Conclusion
Blindness resulting from diabetic retinopathy may cause patients to become dependent on family members and caregivers for activities of daily living. They may lose their jobs and become financially dependent on friends and family. Emotionally, they will become withdrawn and depressed.

Productivity levels will go down if those in the working class in the country suffer from blindness, resulting from diabetic retinopathy.

Early detection of D/R through established screening protocols and treatment have effectively reduced the incidence of irreversible blindness among patients with Diabetes Mellitus at our clinic.

To reduce the incidence of D/R, the Hospital has established a diabetes eye screening clinic with the help of the National Diabetes Management and Research Centre.

This eye clinic has been operating for the past 10 years. Currently, the clinic is being managed by two Principal Ophthalmic nurses who have been trained by the University of Gloucestershire, London and awarded with higher certificate in Diabetic Retinopathy screening to enable them practice as ophthalmic nurses with special expertise in D/R screening.

Mrs Bridgid Akrofi
Principal Ophthalme Nursing Officer