

## NEW YEAR MESSAGE

**A**ll too soon 2018 has ended and we thank God for the significant progress that we have made as a Hospital.

The year saw some remarkable successes in the chronicles of the Hospital. This has made Korle Bu well placed to deliver on its core mandate.

In the year under review, all the key governance structures were finally put in place to facilitate the smooth operation of the Hospital. In this respect, the Hospital's Board of Directors and a substantive Chief Executive Officer were appointed to steer the affairs of Korle Bu. This was a major feat as Korle Bu had been run without a Board for over two years. More so, to ensure efficient work by the Board and other Directors, all other Board committees were inaugurated and are executing their duties as expected.

We feel particularly proud for the progress we have made in the delivery of care to our patients. For instance, the successes we have achieved in liver, pancreas and bile duct surgeries and in other subspecialties across the Hospital are commendable. It is our hope that a lot more progress will be made in introducing new subspecialties that will attract Ghanaians who will otherwise travel abroad for medical care because of the absence of such services in Ghana.

The successful opening of the new Accident and Emergency Centre came with excitement, not only to patients but Ghana as a whole. The Centre has successfully reduced the "no-bed syndrome" which bedeviled the health system in the metropolis. Kudos to all staff who worked tirelessly at the Surgical Medical Emergency (SME) during the shortage of beds era to provide care to the countless patients who thronged the Centre.

The Central Management Team (CMT) looks forward to digitizing our services in the new year. This is one of the plans Management intends to execute in our effort to regenerate Korle Bu. We call on all staff to support Management in this direction for a successful implementation of the programme.

Although there have been some setbacks, the Hospital, as a whole has made remarkable progress. It is the hope of Management, and we believe, all staff, that 2019 will serve as a platform for even greater achievement among its peers.

On behalf of the CMT and on my own behalf, I wish to thank all staff for the effort, hard work, persistence and sacrifices made to enable Korle Bu maintain its position as the leading national referral centre and teaching hospital.

We also thank all staff for your individual and collective efforts made to ensure that our patients come first all the time.

Thank you all and we pray for a prosperous 2019.



Dr. Daniel Asare - CEO of KBTH

## END-OF-YEAR PARTY AT POLYCLINIC



The Polyclinic Choir entertained guests with songs



The Ubuntu Dancers, as usual, put up a sterling performance



Dancing time!!!!



Staff who showed remarkable professionalism in their work were rewarded



## SORE THROAT CAN LEAD TO "BROKEN HEART"; A REASON YOU SHOULD ADHERE TO YOUR ANTIBIOTIC PROTOCOL

**S**ore throat, a condition medically referred to as Pharyngitis, is characterized by painful throat, irritation, cough and fever. An exudate may also form at the tonsil and pharynx (an observation that can only be made by your health practitioner).

Sore throat has many etiological factors including bacterial infection, viral infection, allergy, trauma, toxins and neoplasm. Of most concern is the one caused by bacterial infection, an etiological factor that will require that your healthcare provider prescribes an antibiotic therapy for you.

The bacteria mostly implicated in the development of sore throat belong to a group of bacteria known as Group A Beta Hemolytic; Streptococcus Pyogenes. When your healthcare provider prescribes antibiotics for your sore throat, it is because he is convinced that your sore throat is as a result of bacterial infections based on laboratory workout and/or history presented.

An untreated or improperly treated Streptococcal pyogene infection can lead to a sequelae known as post Streptococcal diseases including Rheumatic fever, Arthritis and Acute Glomerulonephritis (a disease of the kidney if your streptococcal infection affected the skin).

Rheumatic fever is an autoimmune inflammatory disease that develops as a sequela of streptococcal infection. An early exposure predisposes one to repeated episode of ARF. It is estimated that the risk of developing ARF after an episode of pharyngitis is 0.3%-3%.

ARF results from a cross reaction of the antigen of some strains of the bacteria with antigens on human heart cells resulting in the production of antibodies against it. The disease results in damage to the heart valves and eventually a heart failure. The good news is that prompt treatment with prescribed antibiotic can prevent post streptococcal diseases.

As simple as a sore throat may be all you need to see your healthcare provider. Also, when an antibiotic therapy is prescribed be sure to complete the full course even if you think you are better. This is because you now know that sore throat can lead to "broken heart".

**By: Awiagah Sherrif Kwame**



## NEW YEAR MESSAGE BY STAFF

### DR VICTOR ETWIRE, PEADIATRICIAN

I want to wish all our clients joy, happiness, well-being and above all good health and prosperity. In the New Year, we wish that those who have had to come for future reviews will be well and discharged.



### OBEDIA SEANEKEY, PHARMACIST

I wish you a Merry Christmas and want to use this season to caution the children to desist from drinking lots of carbonated drinks. Patients should remember to take in their prescribed medicines.



### CHRISTABEL DOWUONA, PHARMACIST

Merry Christmas to you all. Hope to see you next year.



### DR KWEKU ASAH-POKU, GYNAECOLOGIST

My message to staff and patients is that they should continue to show love in all that we do, the way we care for our patients and the way we relate to each other. I wish everybody a Happy New Year.



### FLORENCE FRIMPONG & NANA ESI, MATERNITY ACCOUNT

Happy New Year. Long life and prosperity in the new year. We wish the hospital the best. We wish all our clients and patients long life and prosperity.



### JACOB ADDISON, STERILISATION MACHINE OPERATOR

I wish all paramedics and patients in the wards Merry Christmas and Happy New Year.



### EMMANUEL ISSAKA, OBST. STORE KEEPER

I wish all staff Merry Christmas and a Prosperous New Year



### LAWYER KWAME GYAMFI, LEGAL UNIT

It's not just Christmas but end of a year and it is a period we appraise what we have done so far. Here, the progress of our work is the health of our people. As staff we should do better in the next year for our patients to have more confidence in us because their confidence is our motivation. Happy New Year.



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## GODWIN FOLI, EXECUTIVE OFFICER

I wish all the patients speedy recovery and wish Korle Bu to be the best healthcare centre in the year coming. Happy New Year and long Live Korle Bu.



## WO1 FELIX MAMAH DINSIN, NEW SECURITY COORDINATOR

**B**orn in Teshie, Accra, in the Greater Accra Region of Ghana. Warrant Officer Class I (WO1) Dinsin Felix Mamah, Ghana Engineer Company I (GHANENGCOY I) Company Sergeant Major (CSM) was educated at Teshie Presbyterian Primary and Middle School. He later continued at the Emit Electronics Institute where he obtained City and Guilds Certificate in 1984.

He was enlisted into the Ghana Armed Forces (GAF) on 1st April, 1986 and underwent his recruit training at the then Armed Forces Recruit Training Centre, Nyorhini in Tamale. After passing out, he was posted to the 48 Engineer Regiment (Engr Regt) located at Teshie in Accra.

To prepare him adequately for his military career, he attended several military courses which include, Field engineer B111 to B1 courses. He also attended Electrical AllI to AI course as well as Advanced Assault Pioneer course with the British Training Team. He also did Section Commanders and Basic Infantry Weapons and Drill and Duties courses, all at the Military Academy & Training Schools (MATS), Teshie.

WO1 Dinsin Felix has held some appointments in the course of his military career. He was one time the Unit Provost Sergeant, Squadron Sergeant Major (SSM) and later became a Company Sergeant Major (CSM) at the 48 Engr Regt. The GHANENGCOY CSM has rich experience in Peacekeeping Operations having previously served with UNIFIL Ghanbatt 36 and 67.

He has also served ECOMOG Ghanbatt I in Liberia, UNAMSIL Ghanbatt 3 in Sierra Leone, ECOMIL GHANCOY I, UNMIL GHANCOY I, UNMIL Ghanbatt II and 14 in Liberia, UNAMIR 2 in Rwanda as well as MONUC Ghanbatt 9 in the Democratic

Republic of Congo (DRC). MINUSMA GHANENGCOY 1 in MALI, PLATINUM SHIELD SECURITY (OP/TRG MANAGER).

WO1 Dinsin Felix Mamah has been decorated with the UNIFIL, ECOMOG, UNAMIR, UNAMSIL, UNIMIL, ECOMIL, MONUC and MINUSMA Medals. He is married to Mrs. Vida Ashiaa Dinsin and has five (5) children. He enjoys playing football and listening to music at his leisure time.



**WO1 FELIX MAMAH DINSIN  
SECURITY COORDINATOR**

### OUR MISSION STATEMENT

*We are committed to provide quaternary health care facilities and services, training, research, and advocacy for clients' within and outside Ghana.*

## BC and CEO Surprise Staff on Xmas Day

Staff who were on duty on Christmas Day were surprised with lunch by the Hospital Board Chair, Hon. Dr. Bernard Okoe-Boye and the Chief Executive, Dr. Daniel Asare.

The two interacted with staff on duty and also presented packed lunch to them.

The Board Chair and the Chief Executive used the occasion to commend all staff who were on

duty across the Hospital for the sacrifices they make in Korle Bu's quest to heal the sick and save lives.

Staff who received the items were also grateful to the Board Chair and Chief Executive for their visit.

They promised to work harder for the overall growth of the Hospital.



## THE MANAGEMENT OF BIOMEDICAL INFORMATION BY NON-CLINICIANS: CAN THE RIGHT TO INFORMATION (RTI) BE OF ANY HELP?

When former President J.A Kufuor celebrated his 80th Birthday, he commemorated it with a lecture on democracy at the University for Professional Studies in Legon.

He touched on a very significant item in the democratic dispensation of the country. He advised against rushing to pass the Right to Information (RTI) Bill without doing a thorough analysis on the impact of the bill and its consequences on the security of the nation. For obvious reasons I am restricting the “security of the nation” to the health sector.

Though a non-professional in clinical procedure, I know the information of a patient is confidential and should remain a privileged and restricted information regardless of the status of the person. The ethics of the profession require that the information remains succinct between the patient and the physician. I am yet to hear, that is, if the clause exists somewhere – that a court has requested a release of this “sacrosanct” information.

The management of information is a very dicey issue especially in the clinical set-up where both clinical and non-clinical staff handle the documents of the patient. There are even times when the quest for observance of the sanctity of the ethics clashes with the desire to save the life of a proxy.

**Imagine this situation where I am compelled to think aloud.**

A friend married a very pretty lady. Getty had all that a young man would wish to see in a woman. She was nice looking, carries an infectious smile and always welcoming at home. She always insists on preparing sumptuous meals for the man with some level of domestic punctuality. Their life was a perfect example of a textbook couple. Of course, though a domestic dictator, her level of domestic dominance was within acceptable levels.

One day I got a call that Getty had been admitted at the Ridge Hospital for an undisclosed condition. I dashed there to find her nicely dressed in bed but looked moody and lacked the usual welcoming smile. It was not visiting hours but as a colleague in the health set-up, I was allowed in alone. Getty had the folder close to the pillow, which is quite unusual. For once, I felt worried seeing her in this situation. As to what was wrong, she said “aaah, they are conducting investigations”. The temptation to grab the folder and leaf through was there but I had to respect the ethics and restrictions regarding the handling of patient folders. I asked if she might

require a facility transfer where her solitude could be assured but she told me not to worry.

It later turned out that the laboratory investigations confirmed she was HIV-positive. Getty's condition soon deteriorated as she failed to comply with the feeding and treatment regimes. My friend was hardly seen and the best way to catch him was on his cell phone. The situation became desperate and within a month she had to join the 'silent majority' albeit very disappointingly.

My friend's life became very awkward, as he was reserved and more concerned perceivably with the other part of the world. Just as it seemed he was getting over the sudden demise of the dear one, he fell ill and decided not to attend Ridge Hospital but to come to the ultimate –Korle Bu. The physician who attended to him appeared to have obtained prior information about his health either by sheer telepathy or advanced clinical experience, requested for an HIV test among other investigations. When the results were released, the physician called a clinical psychologist to assist in the dissemination of the appropriate medical advice before the appropriate treatment regime. The friend could not believe it and called for a discharge against medical advice. The rest belongs to history as he failed to comply with medical advice.

The issue at stake is if I had the information, would I have been wrong to disclose it to my friend for immediate action? How could I have packaged the information to make it both ethically acceptable and legally advisable? Are there any provisions in the Bill to make room for certain privileged information to be handled with some degree of caution or circumspection? Informing my friend could have saved his life but would I have broken the oath of “for better, for worse”? I wonder if the RTI made room for the handling or “mishandling” of some information by certain miscreants who would intend to use it to settle egoistic personal vendetta?

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By Mr Kombian Kambarin  
Dep. Director of Administration