



## FIRST LADY COMMISSIONS PICU



**T**he 41-bed Paediatric Intensive Care Unit (PICU) of the Child Health Department has been formally commissioned by the First lady, H.E. Mrs. Rebecca Akufo-Addo to enhance care delivery for children with critical conditions.

The facility was opened a year after the first lady cut the sod for construction. Named the 'Rebecca Akufo-Addo PICU (RAPICU)', the facility is equipped with state-of-the-art equipment for efficient medicare. It has a Paediatric Intensive Care room, Paediatric Isolation Room, High Dependency Ward, a Neonatal ICU ward and an isolation ward for neonatal cases. The provision of medical gases, solar water heaters, voltage stabilizers, water storage and pumps and solar power generation in the building ensures that care is not interrupted at any given time.

At a ceremony to hand over the PICU, Her Excellency underscored the need for instituting maintenance culture at our public institutions.

She said her visit to many health institutions across the country showed a general breakdown of equipment and infrastructure, lack of spare or replacement parts and a general deterioration of such institutions.

She called for proper and detailed planning in maintaining equipment and infrastructure.

She however noted that constructing the PICU was in

fulfillment of a promise she made to the Children's Department when they appealed to her Foundation to help them fix some challenges facing their emergency.

The Board Chairman of the Hospital, Dr. Bernard Okoe Boye, in his address thanked the First Lady and her Foundation for responding to the Child Health Department's call.

He said naming the PICU after the First Lady is therefore in appreciation of her generosity.

The Chief Executive Officer of the Hospital, Dr. Daniel Asare, in his address also thanked the first Lady for the ultra-modern facility.

He was even more hopeful that when the PICU becomes operationalized children who require neonatal and paediatric intensive care can be attended to by the Hospital's highly skilled and professional staff in a conducive atmosphere.

He revealed that to ensure seamless service the Hospital will introduce the new paperless medical

records system at the PICU. This, he believed will help maintain the world class status of the facility.

To ensure proper maintenance of the facility, Dr. Asare said a planned preventive maintenance programme had been mapped out which will be followed to ensure PICU's longevity. .

## KORLE BU RECEIVES HeFRA LICENCE

Korle Bu has been certified to operate as a Hospital. At a brief presentation, authorities of the Health Facility Regulatory Authority (HeFRA) led by their Board Chairman, Nana Otuo Acheampong, gave the Hospital license and authority to operate.

The acquisition of the license makes Korle Bu the second public hospital to be recognized by HEFRA.

The Hospital's Chief Executive, Dr. Daniel Asare was happy with the frank report from HeFRA. He promised to work with his Management to ensure that all teething problems identified in the report are dealt within the shortest possible time.

He also promised to liaise with government and relevant stakeholders in undertaking major rehabilitation projects identified in the report.

The Health Facilities Regulatory Authority (HeFRA) is licensed under Act 829 in 2011 to monitor, inspect and license health facilities to operate.



Nana Otuo Acheampong in his address commended the Hospital authorities and staff for the support his outfit received when they visited our facilities.

He said most of our facilities are good but there are a few areas, such as our sewerage system and some old structures which need immediate attention to enhance patient experience.

He noted that even though the Hospital had been certified, officials from HeFRA will be visiting periodically to ensure that we continued with best patient practices.



The five-member delegation from HeFRA was made up of their Board Chairman Nana Otuo Acheampong, Gertrude Mante, a board member; Matthew Kyeremeh, Acting Registrar; Erasmus Klutse, Director In-charge of Technical Operation and Christabel Eyram, their Public Relations Officer (PRO).

## FIRST LADY COMMISSIONS PICU

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The Head of the Child Health Department, Prof. Ebenezer Badoe in his speech noted that the Children's Emergency provides 24-hour service for critically-ill children.

He said the current mortality at the emergency ward for children under five years is about twice that of children admitted to the ward. "40% of the deaths in our current Emergency Ward occur within 24 hours and a further 86% die within 48 hours, adding, "quite clearly these children needed much more intensive care to survive".

He therefore expressed his gratitude to the First lady and her Foundation for the ultra-modern facility whose completion will ensure that more critically-ill children can

be given optimal care to save their lives.

He promised that the Department will do its best to ensure that the Facility is kept in good working condition at all times.



## POLYCLINIC NOW DEPARTMENT OF POLYCLINIC / FAMILY MEDICINE

The name of the Korle Bu Polyclinic has been formally changed to the Department of Polyclinic / Family Medicine.



Dr. Priscilla Naana Vandyck-Sey  
HOD, Polyclinic

In an interview with the Head of Department, Dr. Priscilla Naana Vandyck-Sey made it known to the *Korle Bu Bulletin* that the change of name was communicated in a memo from the CEO, Dr. Daniel Asare, in November last year.

“Family Medicine as a specialty is 20 years in Ghana this year. It is growing nationwide and Korle Bu as Ghana’s premier hospital has to lead the way with a family medicine department”, Dr. Vandyck-Sey said, adding that the change in name will equally help people to appreciate the importance of the specialty, not only in the hospital but in Ghana as a whole.

‘Once someone is coming to the hospital and they know we have well-trained family physicians, they will be looking out for a Department of Polyclinic / Family Medicine in us, she said.

The Department had been advocating for the name change for some time now, since 2003 when the Department received

accreditation from both the Ghana and West Africa College of Physicians and Surgeons to train family physicians. About two to three years ago, however, the Department began the process of having the formal name change.

With the new name now, the Department can now enjoy some benefits such as international recognition, collaborations in research program, building of infrastructure and exchange of ideas.

Dr Vandyck-Sey however noted that the name change is not an upgrade of the department but rather they consider it as rebranding because they pride themselves as the primary healthcare physicians in the frontline

-of the Hospital's healthcare delivery.



She said the Department will continue to provide essential service in terms of receiving all cases that come for treatment, irrespective of age, gender and disease conditions.

## WORLD HAND HYGIENE DAY CELEBRATION

The World Hand Hygiene Day celebration is observed once in every year across the world. This year's celebration was observed in the Hospital with the theme “Clean Care for all –It’s in your hands”.

Speaking at the ceremony, the Director of Medical Affairs Dr. Ali Samba said that it was quiet worrying statistically, that 12.5% of doctors practice proper hygiene process while 8.7% for midwives and 7.2% for nurses. He, however praised the doctors for the effort but said on an average he felt it's a failure for health workers to be on that score, and further charged them to improve on the statistics available.

“I couldn't agree more with what the Director of Medical Affairs said”. “Mrs. Rita Aryee said. “The Director of Nursing Services reechoed the need for proper hand washing practice and said the 7.2% scored by the nurses was unacceptable.

She further edged them to adopt appropriate practices so that it becomes part and parcel of them (habitual).

The Head of Public Health, Dr. Philip Amoo, on his part said the environment where health workers dispense their duties is full of infections. He stated the need to put adequate measures in place to prevent biological infections which could cause a major setback to hospital and most importantly the individual (health

workers).

Passionately speaking on the theme, Madam Serwaa Amoah lamented and reemphasized the significance for attitudinal change. She said a research conducted to ascertain health workers' behavior towards hand washing after taking care of a patient had showed that staff at Child Health Department were the most compliant.

Taking her turn to speak to the audience, Mrs. Gloria Ntow a representative from National Infection Prevention and Control (IPC), Ghana Health Service, said Korle Bu is a prime hospital and it was important to set the tone for best hand washing practices to encourage other hospitals to follow suite.



Mrs. Amoah demonstrating proper hand washing

## NEW HEADS OF DEPARTMENTS

### OBST & GYNAE



**D**r. Samuel Antwi Oppong graduated from the University of Ghana Medical School at KorleBu, in the year 2000. After one year Housemanship in Internal Medicine and Obstetrics and Gynaecology, in Korle Bu, he was posted to Central Regional Hospital, in Cape Coast. He worked there as a medical officer for two years before his return to Korle Bu for his postgraduate training.

Dr. Oppong entered residency training in Obstetrics and Gynaecology in 2014 and completed in 2019.

In 2010, he was appointed a senior specialist in Obstetrics and Gynaecology by KBTH in view of this keen interest in teaching and research. He joined the University of Ghana Medical School and was appointed a lecturer in 2013. He was promoted to Senior lecturer in 2017, and in March 2019 became the Acting Head of Department of Obstetrics and Gynaecology.

Dr. Oppong has served in various capacities in Korle Bu, first as the house officers representative of the erstwhile Medical Advisory Committee, Spokesperson for house officers at the Junior Doctors group, President of Korle Bu Residents Doctors Association, member of the Research Committee Departmental training coordinator for house officers and residents and as unit head for maternity second floor.

Dr. Oppong is passionate about quality service to clients and research with focus on advancing medical care and high risk pregnancy.

In 2011, he revived the defunct sickle cell disease (SCD) in pregnancy clinic that has now become one of

### LAB MANAGER



**M**r. George Kwaku Kpentey has been appointed as the new Laboratory Manager. His appointment took effect from May, 2019.

Until his appointment, Mr Kpentey was the Technical Supervisor for the Chemical Pathology.

The new Lab Manager was first employed in the Hospital in 1991 as a Medical Laboratory Technician at the Central lab. He has since then risen through the ranks to his current position as the head of the place.

As the new Lab Manager, Mr. Kpentey hopes to bring the experiences gathered over the years to make the operations of the Central Laboratory more vibrant to attract more clientele.



the most active comprehensive and multi-disciplinary clinics in Korle Bu. This has had tremendous impact in the way pregnant women with SCD are managed in Accra and its environs.

As the new head of department, Dr. Oppong hopes to rally all members of the Obstetrics and Gynaecology Sub-BMC to pursue a vision of giving our clients a positive experience in the area of timely, human-centered and professional care at the highest level. He says, good customer care will be used as a vehicle for delivering improved service to all clients.

## A LOOK AT SICKLE CELL DISEASE

**S**ickle cell disease is a disease of the blood where some red blood cells have abnormal shapes.

A person is said to have sickle cell disease when he or she inherits two abnormal hemoglobin genes, one from each parent, with at least one of them being hemoglobin S. Abnormal hemoglobin other than S include hemoglobin C and beta-thalassemia. People who therefore have an SS, SC or S-Beta thalassemia combination of hemoglobin genes (genotype) have sickle cell disease.

A person who has one normal hemoglobin gene (hemoglobin A) and one hemoglobin S gene does not have sickle cell disease but is said to be a carrier or to have the sickle cell trait (AS). Such a person can pass the hemoglobin S gene to his or her children. If two parents are carriers, there is a 25% chance of having a child who has a sickle cell disease with every pregnancy.

A normal red blood cell is round in shape and is flexible enough to move through small blood vessels. In sickle cell disease, the hemoglobin S within the red blood cells causes them to sickle or become crescent shape under certain conditions such as dehydration, poor oxygenation, infections, cold temperatures and physical or emotional stress. These sickled red blood cells are rigid and sticky, causing them to block the small blood vessels in the body. This leads to the repeated pain episodes (vaso-occlusive crises) and organ damage associated with the disease. Common sites involved in pain crises include the long bones, the chest, the abdomen, and the penis in males (priapism).

Sickled cells also have short life spans, and break down very quickly, causing jaundice and also anaemia which may require blood transfusions. Complications of the disease include poor growth in children, strokes, blindness, and kidney, destruction of the hip and shoulder joints as well as bone infections.

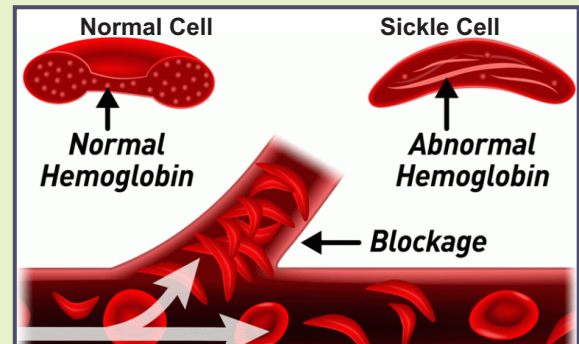
### WHAT ARE THE STATISTICS OF SICKLE CELL DISEASE IN GHANA?

About 15,000 babies are born with sickle cell disease each year in Ghana. That is about 2% of all babies born in the country each year.

### HOW DO PARENTS KNOW THAT THEIR CHILDREN HAVE SICKLE CELL DISEASE?

Currently, there are newborn screening programs in Korle Bu and Komfo Anokye Teaching Hospitals which helps to pick up the condition soon after the baby is born. However, without screening, the diagnosis will probably only be made when the child starts to show signs and symptoms

of the disease. This may take a while because infants produce fetal hemoglobin (Hb F), which prevents sickling of red blood cells. Production of Hb F Stops around 6 months of age, and signs of the disease may then begin to show.



### HOW ARE PATIENTS WITH SICKLE CELL DISEASE TREATED?

Treatment of patients with sickle cell disease includes supportive care for those who come in pain crises, such as adequate pain relief, hydration and oxygen support when needed, as well as the investigation and treatment of the underlying trigger of the episode. Blood transfusions may also be necessary for those who have developed severe anaemia. Disease complication are managed accordingly depending on the organ involved. Some patients may also be started on hydroxyurea, a drug which has been shown to reduce sickling episodes as well as boost blood levels of patients with sickle cell disease.

### DO PREGNANT WOMEN WITH SICKLE CELL GET CRISES?

Yes, they do. Pregnancy may precipitate pain episodes and also worsen anaemia in women with sickle cell disease. Pregnant women with the disease therefore need special care. In Koforlebu Teaching Hospital, pregnant women who have sickle cell disease attend a special antenatal clinical to enable them have a safe pregnancy.

### DO PATIENTS WITH SICKLE CELL NEED A SPECIAL DIET?

Patients with sickle cell disease should eat a normal healthy diet like the rest of the population. They are however, in addition, given folic acid and multivitamin supplements to maintain blood production at an adequate level. Those who need extra nutritional care may be referred to see a dietician.

### IS IT TRUE THAT PATIENTS WITH SICKLE CELL DISEASE DO NOT LIVE LONG?

It was true in the past, but now, with advances in the management of the disease, as well as better education and access to treatment, people with sickle cell disease can have a normal life span. At our clinic in KBTH, we have patients who are over 70 years.

**PICU IN PIXS B/F, DURING & AFTER**



The current state of the Rebecca Akufo-Addo PICU



**After**



Workers on site



**During**



The old structure was demolished to make way for the new building



**Before**

## DIET: EATING AT THE WORK PLACE

We spend most of our adult working hours at the workplace.



Healthful eating is very important to maintain good health and to enhance productivity at

the workplace. Workers who eat well are less likely to be ill and unlikely to be on sick leave. Thus, it is important managers take eating at the workplace seriously. Workers should have adequate break time to eat, and wholesome, healthful foods should be available to staff.

Sources of food for workers include company canteens or cafeterias, packed homemade lunch, street foods, foods from fast food joints or from restaurants. Depending on how well trained the catering staff are and the observance of safe food practices, food from all these places could be safe and wholesome.

In terms of daily calories, we may need about 300kcal to 500kcal of energy per meal, depending on our energy requirement and energy needs throughout the day.

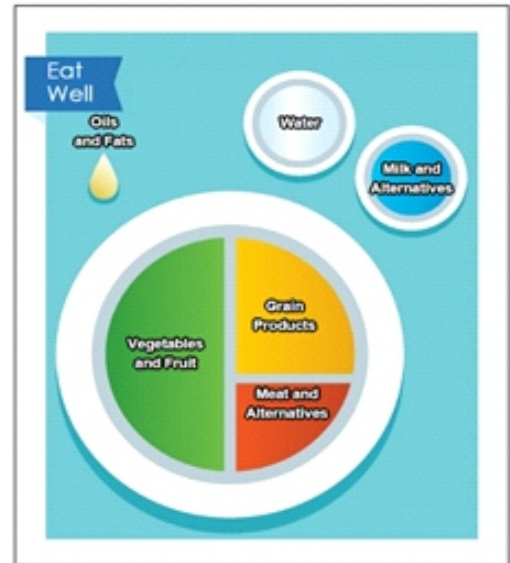
### WHAT SHOULD BE ON THAT MENU?

Lunch should be made from foods from the various food groups. There should be a healthy combination of foods. Whole carbohydrates, adequate proteins, vegetables and fruits, healthy fats and adequate hydration (fluid). Have a good balance, as seen on the eat well plate.

**Variety:** A variety of foods should be presented. Remember you spend most of your awake hours at the workplace and you do not want to be struck with boredom. There is no fixed prescription of what lunch should be. From salads to sandwiches to porridges to your preferred carbohydrate meal with a soup or stew, you can eat whatever it is you are comfortable with.

**Safe:** So not all tasty food is good food. The food prepared should be safe for consumption. Safe food is prepared from the best quality ingredients, cooked and stored at the right temperature and moisture level, in the right containers, away from harmful chemicals and served at

the right temperature and on time. Cooked food should be eaten within 1-2 hours of preparation or stored in a good refrigerator (5°C) and reheated if not a cold food (e.g. salads) before eating.



### HOME MADE PACKED LUNCH

This can be made from scratch or could simply be packed up leftover food. Sandwiches make a good easy and quick to make homemade lunch and can be combined with a salad, soup, juice or a milky beverage to have a very balanced meal. Otherwise just pack some leftover rice or whatever is at home, add a stew and some vegetables and you are good to go. Remember prepared food should be eaten within a max of two (2) hours. So if you got the food at work at 7am or 8am and you intend to eat it between 12noon to 1 pm, then you have to keep it refrigerated.

### OTHER QUICK MEALS YOU CAN GET

Roasted ripe plantains with groundnuts, banana with groundnuts, and yes, they are safe. There is nothing chemically unsafe about combining any of these.

### THINKING OF STREET COOKED FOOD?

I know many people have to rely on street food as it is more available and may be more affordable. You must choose wisely. From a professional perspective, many things come into play when choosing to eat from a street vendor. Look carefully at the environment. A clean stall means the food probably came from a clean kitchen. Look at the aprons and napkins, are they clean?

## YOU AND YOUR ANAESTHETIST

**A**naesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious. Local anaesthesia involves injections which numb a small part of your body. You stay conscious but free from pain. Regional anaesthesia involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain. General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

Anaesthetists are doctors with specialist training who:

- discuss the type or types of anaesthetic that are suitable for your operation. If there are choices available, your anaesthetist will help you choose what is best for you
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic and pain control
- are responsible for giving you anaesthetic and for your well-being and safety throughout your surgery
- manage any blood transfusions you may need.
- plan your care, if needed, in the Intensive Care Unit
- make your experience as calm and pain free as possible.

Before your anaesthesia, you will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by talking to doctors on the ward, or when you meet your anaesthetist before the operation.

It is important for you to bring a list of:

- all the pills, medicines, herbal remedies or supplements you are taking, both prescribed and those you may have purchased over the counter
- any allergies you may have.

### **On the day of your operation Nothing to eat or drink – fasting ('Nil by mouth')**

The hospital should give you clear instructions about fasting. It is important to follow these. If there is food or liquid in your stomach during your anaesthesia, it could come up to the back of your throat and damage your lungs.

If you are a smoker, you should not smoke on the day of your operation. If you are taking medication, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants) such as aspirin; drugs for diabetes or herbal remedies, you will need specific instructions.

If you feel unwell when you are due to come to the

hospital, please inform the surgeon who booked you for surgery. Your anaesthetist will meet you before your operation and will:

- ask you about your health
- discuss with you which types of anaesthetic will be used
- discuss with you the benefits, risks and your preferences
- decide with you which anaesthetic would be best for you
- decide for you, if you would prefer that.

The choice of anaesthesia depends on:

- your operation
- your answers to the questions you have been asked
- your physical condition
- your preferences and the reasons for them
- your anaesthetist's recommendations for you and the reasons for them
- the equipment, staff and other resources at your hospital.

Premedication (a 'premed') is the drugs which are sometimes given before an anaesthetic. Some premeds prepare your body for the anaesthetic while others help you to relax. premeds may make you drowsier after the operation and if you want to go home on the same day, this may be delayed. If you think a premed would help you, ask your anaesthetist.

Final checks will be done as you arrive in the operating department before the anaesthetic starts. You will be asked to confirm your name, the operation you are having, whether left or right side (if applicable) and when you last ate or drank.

**Starting the anaesthesia:** Your anaesthesia will start in the operating theatre. Your anaesthetist will be working with trained assistants. The anaesthetist or the assistant will attach machines that measure your heart rate, blood pressure and oxygen levels. Almost all anaesthesia, including some local ones, start with a needle being used to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. If needles worry you, please tell your anaesthetist. A needle cannot usually be avoided, but there are other things the anaesthetist/assistant can do to help.

Local and regional anaesthetic:

- Your anaesthetist will ask you to be still while the injections are given.
- You may notice a warm tingling feeling as the anaesthetic begins to take effect.
- Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.
- If you are not having sedation, you will remain alert and aware of your surroundings. A screen shields the operating site so you will not see the operation unless you want to.
- Your anaesthetist is always near and you can speak to him or her whenever you want to.



## YOU AND YOUR ANAESTHETIST

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**General anaesthetics:** There are two ways of starting a general anaesthesia: Anaesthetic drugs may be injected into a vein through the cannula (this is generally used for adults);

- you can breathe anaesthetic gases and oxygen through a mask. Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised. As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness.

After the operation, you may be taken to the recovery room for monitoring. When your caregivers are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

**Pain Relief after Surgery:** Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad.

Pain relief can be increased, given more often, given in different combinations. Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain. Here are some ways of giving pain relief:

- Pills, tablets or liquids to swallow: These are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.
- Injections: These are often needed and are given either

through a vein for immediate effect or into your leg or buttock muscle. If given through a muscle, they may take up to 20 minutes to work.

- Suppositories: These waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit.

### Local Anaesthetics and Regional Blocks

These types of anaesthesia can be very useful for relieving pain after surgery.

Some commonly asked question is;

How will I feel afterwards? How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

### Understanding Risk in Modern Anaesthesia

Serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. To understand a risk, you must know:

- how likely it is to happen
- how serious it could be
- how it can be treated.

The risk to you as an individual will depend on:

- whether you have any other illness
- personal factors, such as smoking or being overweight
- surgery which is complicated, long or done in an emergency.

## FUNDAMENTALS OF PHYSICAL FITNESS (PART 1)

By PT Hussein Botchway ( Physiotherapy Department)

**Question:** How does fitness relate to overall wellness?

The relationship to physical wellness is clear- Physical activity and physical wellness are critical to a long and healthy life.

In terms of emotional wellness, exercise elevates your mood, decreases your stress level, and enhances your sense of well-being. Additionally, increased fitness can lead to greater self-esteem, which in turn can boost interpersonal relationships and social wellness.

Fitness helps keep the mind sharp, boosts planning and critical thinking skills which helps the individual develop sound activity plan. Fitness is also associated to the basic tenets of spiritual wellness viz: values and beliefs. The connection is as basic as the value the individual places on health, on physical activity and on socializing through activities.

Spiritual beliefs may also influence your choice of activities.

Finally, the environmental factors are crucial: Depending on where the individual lives, their activity options may be many or few because of factors such as weather and available facilities.

Environment can also be a wonderful source of motivation- whether you can exercise in a beautiful outdoor setting or in a secure and high-quality fitness facility.

### PHYSICAL FITNESS, PHYSICAL ACTIVITY & EXERCISE

**Question:** Does all activity count as exercise?

Not exactly, no. Physical fitness, physical activity and exercise are closely related but distinct concepts.

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**Physical Fitness** is a set of attributes that allows a person to carry out daily tasks with vigor and alertness, without undue fatigue and with ample energy to enjoy leisure-time pursuits and respond to emergencies.

People live longer if they are fit, and they can enjoy a higher level of wellness in all dimensions.

Some attributes or components of fitness relate to health and others are tied more to performance in sports or specific activities.

**Physical activity** is any movement of the body. Physical activity requires work by the body's muscles, which in turn requires energy.

Physical activity includes all the movements required to get through the day- at home, work, and school. It also includes any activity people engage in during their free(leisure) time.

**Exercise** is a subset of physical activity; it is repetitive body movements that have been planned, structured and conducted specifically to develop components of physical fitness.

A difference to remember is that all physical activity involves movement and energy expenditure, but not all physical activity develops or increases physical fitness.

**Question:** *Will I really lose years of my life if I'm unfit?*

Yes. Both physical activity and physical fitness are linked to a longer life and a healthier life. People who are active live on average several years longer than their sedentary counterparts and they have lower rates of many major diseases.

Quality of life is also improved with physical activity linked to better mood, better sleep and greater self-esteem.

Although many people think about activity in terms of reduced risk of chronic disease, the benefits range beyond the physical.

**Question:** *I'm never going to be super-fit---- there's just no way. Is there any point in exercising if I can't become fit?*

Yes. Absolutely. You may not become as fit as an Olympic athlete, or work out as hard as one, but you can increase physical activity and exercise and improve your health and fitness.

The biggest gains in health benefits comes when someone who is sedentary becomes moderately active. And some physical activity is better than none.

People should not get discouraged by thinking they must do difficult or high intensity activities. Set realistic goals for improvement and gradually increase the amount of exercise you do.

### **BENEFITS OF PHYSICAL ACTIVITY**

The following are some of the benefits of physical activity.

1. Lower mortality from all causes—This active people have lower overall death rates.
2. Better cardiorespiratory functioning and less risk of heart disease and stroke.
  - a. Lower blood pressure, in some cases is enough to reduce or eliminate the need for medication.
  - b. Better blood fat levels--- higher levels of high-density lipoprotein (Good Cholesterol) and lower levels of triglyceride.
  - c. Lower resting heart rate and blood pressure
  - d. Stronger heart and lungs, better blood flow.
3. Less risk of cancer, especially colon cancer and breast cancer.
4. Less risk of type 2 diabetes
  - a. Better control of body fat
  - b. Better blood sugar and insulin levels
  - c. Less need for insulin by people with type 2 diabetes
5. Less risk of osteoporosis and related fractures
  - a. Better bone density
  - b. Less risk of falls
6. Lower risk of gallbladder disease
7. Better body composition
  - a. Less total body fat, especially abdominal fat
  - b. Prevention of weight gain
  - c. Maintenance of weight after weight loss
8. Better mental well-being
  - a. Better quality of sleep
  - b. Higher self-esteem and better mood
9. Better performance in work, leisure and sport activities
10. Better quality of life and increased ability to live independently for older adults.

.... cont'd from pg 7

If it is fried food observe the oil being used to cook, does it look fresh or is it overused nearly brown. Also observe the people buying from the stall. It can give you a food idea if you want to choose from that vendor.

Finally as I have stated above, cooked food that is not being continuously kept hot or cold should be eaten with 2 hours of cooking. Do not buy food that was brought to the stall for more than 2 hours. If you have to buy, then buy as soon as it is brought. Refrigerate and reheat as desired when ready.

### **COMPANY CANTEENS**

However, as a company manager, you do not want to see your staff wondering around in search of food. As a worker you would want to use the best of your time working and meeting your deadlines. Food for company staff should be available. The best bet for your staff is to ensure that the food is provided on your premises. In an institution of large numbers, staff canteen is a must.

Managers have to recruit well trained competent cooks who are well informed as to how to make food taste good, kept safe and presented in an appealing manner.

### **Continues Professional Development**

In most of our institutions, workers are often required to upgrade in skills by undergoing training. Have you wondered the last time the cooks at your canteens received such updates? Everyone needs to learn what's new and so do your cooks.

### **Useful Tips from the Food Expert**

As part of my many duties as a Dietician with interest in disease prevention, I get invited to give trainings to

catering staff. These are some of the points that can make a great difference in your canteen food.

- **Purchase good quality ingredients:** Good food starts from good quality ingredients. Cooking does not enhance the taste of poor quality ingredients. If workplace food is to be enjoyed, then people in charge should ensure that good quality food is purchased to start with. The quality control department should ensure that the food is received in good condition and stored immediately at the right and safe place to be used later.
- **Menu Development:** This is essential and trained experts should be tasked with this responsibility. Variety should be ensured and altogether nutritionally adequate.
- **Spicing it up:** Use enough natural spices, garlic, onions, ginger and all the available cooking herbs and peppers. The use of these natural spices brings out the natural taste of food without adding excessive amounts of sodium which could be bad for your blood pressure.
- **Cooks should have the right mind-set:** Many times the problem with commercially prepared foods is the mind-set that it is prepared "commercially". People equate mass produced products with poor quality products and unfortunately we have seen some cooks cooking with the same intent. What I tell the cooks I have trained is that, "you should be responsible for the taste and quality of food you cook". The right mind-set of the cook should be to prepare for whomever, whenever, the person's best meal of the day. With this in mind, it would be impossible for bad food to leave the kitchen.

As you step out to work today, know that it is not that difficult to pack your own lunch. If you have to buy food, make sure it is from the right source. You are what you eat.

.... cont'd from pg 5

## **A LOOK AT SICKLE CELL DISEASE**

### **IS IT ADVISABLE FOR TWO PEOPLE WITH SICKLE CELL DISEASE TO GET MARRIED?**

It is important that people who have sickle cell disease or the trait, as well as their partners, are well informed and counselled about the possible genotypes of their future

children and the consequences which may arise. This will enable them to make an informed decision about their reproductive future.

In general, it is very important for all people to know their genotypes before having children, for the same reason.

# PIX IN BITS



**Orientation for Nurses**



**Orientation for New Officers**



**Biomedical Engineering Unit handed over suction machines to Surgical 1<sup>st</sup> floor theatre**



**Medical Life Support Training**



**Workshop on Leadership was organised for Directors, HODs and Senior Staff**



**Workshop for Sourcing Funding**



**Lebanese Community in Ghana presented medical equipments and other items to the Children's Department**



**Members of the Ghana Private Road Transport Union (GPRTU) presented 10 wheelchairs, 2 polytanks, a microwave and toiletries to the Accident Centre of the Hospital. The gesture forms part of the Union's CSR drive to assist in healthcare delivery.**