

DR. ABDULLAH WINS NEUROSURGERY AWARD



Dr. Abdullah Hadi Mohammed; left, receiving the award

The Hospital's Neurosurgeon, Dr. Abdullah Hadi Mohammed has won the 2019 MT Shokunbi Prize in Neurosurgery in Abuja, Nigeria.

Dr Abdullah was the only Ghanaian graduating fellow who graduated as a Neurosurgeon at the ceremony which was dominated by Nigerians.

Organized by the West African College of Surgeons, the award is aimed at recognizing the contribution of young surgeons in the West African sub-region.

The Prestigious Award is named after Matthew Temitayo Shokunbi, a Nigerian Neurosurgeon and Professor of Anatomy.

M.T. Shokunbi got his degree at the University of Ibadan shortly after completing his A levels after which he started a residency program in Neurosurgery in Ontario, Canada and became a lecturer in Anatomy at the University of Ibadan, and in Neurosurgery at the University College Hospital, Ibadan. He was also an Honorary Consultant Neurosurgeon.

The ceremony highlighted the 60th anniversary celebration of the prestigious Regional College which has trained several surgeons for West Africa. The Sultan of Sokoto, who was the special Guest of honour, graced the occasion.

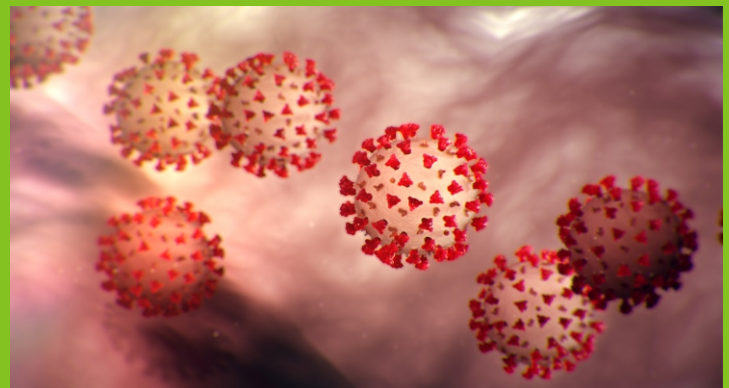
Coronavirus disease (COVID-19) advice for the public: Myth busters

COVID-19 virus can be transmitted in areas with hot and humid climates

From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

Cold weather and snow CANNOT kill the new coronavirus.

There is no reason to believe that cold weather can kill the new coronavirus or other diseases. The normal human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather. The most effective way to protect yourself against the new coronavirus is by frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.



Taking a hot bath does not prevent the new coronavirus disease

Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you. The best way to protect yourself against COVID-19 is by

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Coronavirus disease (COVID-19) advice for the public: Myth busters

frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

The new coronavirus CANNOT be transmitted through mosquito bites.

To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.

Are hand dryers effective in killing the new coronavirus?

No. Hand dryers are not effective in killing the COVID-19. To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water. Once your hands are cleaned, you should dry them thoroughly by using paper towels or a warm air dryer.

Can an ultraviolet disinfection lamp kill the new coronavirus?

UV lamps should not be used to sterilize hands or other areas of skin as UV radiation can cause skin irritation.

How effective are thermal scanners in detecting people infected with the new coronavirus?

Thermal scanners are effective in detecting people who have developed a fever (i.e. have a higher than normal body temperature) because of infection with the new coronavirus.

However, they cannot detect people who are infected but are not yet sick with fever. This is because it takes between 2 and 10 days before people who are infected become sick and develop a fever.

Can spraying alcohol or chlorine all over your body kill the new coronavirus?

No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body.

Spraying such substances can be harmful to clothes or mucous membranes (i.e. eyes, mouth). Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used under appropriate recommendations.

Do vaccines against pneumonia protect you against the new coronavirus?

No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus.

The virus is so new and different that it needs its own vaccine. Researchers are trying to develop a vaccine against COVID-19, and WHO is supporting their efforts.

Although these vaccines are not effective against COVID-19, vaccination against respiratory illnesses is highly recommended to protect your health.

Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?

No. There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus.

There is some limited evidence that regularly rinsing nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose has not been shown to prevent respiratory infections.

Can eating garlic help prevent infection with the new coronavirus?

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.

Does the new coronavirus affect older people, or are younger people also susceptible?

People of all ages can be infected by the new coronavirus (COVID-19). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

WHO advises people of all ages to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

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HOSPITAL MEDICAL RECORDS – ELECTRONIC, PAPER-BASED OR HYBRID?

By Adziri H Sackey & Sally O. Manu.

The terms medical record, health record, medical chart, folder and case notes are used somewhat interchangeably to describe the systematic documentation of a single patient's medical history and care across time within one particular health care provider's jurisdiction.¹ The terms are used for both the physical folder that exists for each individual patient and the body of information found therein.

The medical record includes a variety of types of "notes" entered over time by healthcare professionals, recording observations and administration of drugs and therapies, orders for the administration of drugs and therapies, test results, x-rays, reports, et cetera.

Medical records have traditionally been compiled and maintained by healthcare providers but advances in online data storage have led to the development of complementary personal health records that are maintained by patients themselves, often on third-party websites.

Medical records, apart from providing an avenue for recording initial and on-going clinical information, are also of utmost importance in clinical teaching and research, and are often used extensively in medico-legal challenges and suits. The maintenance of complete and accurate medical records is a requirement of healthcare providers and is generally enforced as a licensing or certification prerequisite.

The traditional paper-based medical records, used in most hospitals in Ghana, pose many problems. These include the need for increasing amounts of physical space, and the challenge of ensuring data integrity in the medium and long term.

Another major difficulty is the need for effective resourcing of medical records departments to facilitate rapid case note retrieval and to improve access to the information written in them. These problems result in frustration for staff, patients and clients, and could lead to worse health outcomes.

It is common knowledge that, in response to these difficulties, some patients take their case notes home. We therefore conducted a study to determine the extent and the causes of the problem in one hospital outpatients department. Interviews occurred on five weekdays, from Tuesday 24th November to Monday 30th November 2015. There were 377 follow-up attendants of whom 364 (97%) were interviewed.

On the day of interview, 172 (47%) of the 364 respondents had brought their folders from home. When 312 respondents were asked about their past practice, 112 (36%) stated that they had changed from hospital to home storage of their folders. The main reasons given were that (1) It took too long to retrieve their folders from the records department, (2) the folders could not be found, (3) the folders had been damaged, and (4) they needed the folders for care in other departments. Only one person reported not knowing that folders were to be kept in the hospital.

The respondents who had never left their folders in hospital were mostly staff members and others who claimed to have been advised by staff to do so. Ten respondents had stopped taking their notes home because they were "tired of bringing their folders from home all the time".

How are these serious medical records problems to be addressed?

Is "Paperless" the panacea for this predicament?

Will switching to an electronic health record system solve all these problems?

Electronic health records (EHR) are digital versions of patients' folders.² They are commonly used in high-income countries, and in the past few years, have become increasingly popular in middle-income countries, especially within the private sector.

When fully and effectively implemented, EHR can provide accurate, up-to-date, and complete information about patients at the point of care, thereby enabling providers make well-informed care decisions quickly,

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HOSPITAL MEDICAL RECORDS – ELECTRONIC, PAPER-BASED OR HYBRID?

and helping to improve care and reduce safety risks. EHR can facilitate secure sharing of electronic information with patients and other clinicians.

They can promote legible, complete documentation for safer, more reliable prescribing and accurate, streamlined coding and billing. Unlike paper medical records, electronic records stored on cloud servers, need little physical space for storage, and also facilitate audit and research due to the ease of retrieval of appropriately stored information using relevant search words. It is claimed that EHR can help reduce costs through decreased paperwork, improved safety, reduced duplication of testing and improved health.

An important obstacle to adoption of effective electronic health records is the high cost of establishment and maintenance, far beyond those of traditional paper-based systems.^{3, 4} According to one US study, for a five-person practice, the first-year investment costs \$162,000 on average, plus nearly \$85,000 in maintenance fees. The costs could run into the millions for hospitals.⁵

Another difficulty reported with electronic health record system is poor usability, incongruent workflows and the addition of clerical tasks to physician documentation requirements. Not surprisingly, multiple recent studies have shown decreased professional satisfaction, increased burnout, and a likelihood that a physician will reduce or leave clinical practice.

One interventional study demonstrated a positive effect on physicians working in an outpatient practice when a dedicated electronic health record entry clerk was introduced.

Another aspect of this difficulty is the extra time required for data entry of complex, poorly structured information - as most people write faster than they can type accurately. The direct effects of this problem are either a reduction in time for patient care or a reduction in the amount of data recorded. There is evidence that free text information entered into an electronic health record can be inferior to the paper-based record.

Other barriers to adoption of EHR are related to organizational change, work-flow redesign, human factors, project management issues, technical knowledge and support. These barriers carry an extra non-financial cost that must be taken into consideration in planning a successful electronic health record implementation.⁶

There are many other difficulties that will not be discussed here.

In conclusion, electronic and paper-based health records systems have strengths and weaknesses that could be complementary. Combining the best aspects of the two systems must surely be given serious consideration, especially in a severely resource-constrained health service.

Make new friends and follow new trends.

But keep the good in the old.

For the new is silver, and the old is gold.⁷

Acknowledgment

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References

1. https://en.wikipedia.org/wiki/Medical_record. Accessed 29-2-2020
2. <https://www.healthit.gov/faq/what-electronic-health-record-ehr>. Accessed 28 Feb 2020).
3. Ehrenfeld JM and Wanderer JP. Technology as friend or foe? Do electronic health records increase burnout? *Curr Opin Anaesthesiol*. 2018 Jun;31(3):357-360.
4. Shanafelt TD, Dyrbye LN, Sinsky C, Hasan O, Satele D, Sloan J, West CP. Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction. *Mayo Clin Proc*. 2016 Jul;91(7):836-48. Epub 2016 Jun 27.
5. <https://www.washingtonpost.com/news/wonk/wp/2014/08/07/electronic-health-records-were-supposed-to-be-everywhere-this-year-theyre-not-but-its-okay/> Accessed 28-2-2020
6. Neil S. Fleming, Steven D. Culler, Russell McCorkle, Edmund R. Becker, David J. Ballard The Financial and Nonfinancial Costs Of Implementing Electronic Health Records In Primary Care Practices. *Health Affairs* Vol. 30, no. 3: profiles of innovation in health care delivery. March 2011 <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0768>
7. Modified from Joseph Parry azquotes.com accessed 6-10-2019.

Ghana's National Healthcare Quality Strategy (NHQS): What Every Healthcare Worker Must Know?

Healthcare quality is the extent to which health services for individuals and populations increases the likelihood of desired health outcomes and are consistent with current professional knowledge. In 2016, Ghana developed the National Healthcare Quality Strategy (2017-2021) with the ultimate goal of ensuring that, the health and well-being of Ghanaians is continuously improved “through the development of a better-coordinated system that places patients and communities at the center of quality care”. The strategy seeks to ensure that, quality culture and practices are integrated into the provision of health services to the people of Ghana. It acknowledges the fact that, the provision of healthcare can no longer be business as usual and there is the urgent need to do things differently so we can get different results!

The strategy is mindful of the fact that, quality remains a major concern in all health systems including those in the developed and less-resourced societies hence the need to optimize the use of the available resources and expand the coverage for the population. The process of improvement and scaling up therefore needs to be “based on sound local strategies for quality so that the best possible results are achieved from new investments”.

Definition of Quality in Ghana

In Ghana, healthcare quality is defined as “*the degree to which health care interventions are in accordance with standards and are safe, efficient, effective, timely, equitable, accessible, [integrated], client-centered, apply appropriate technology and result in positive health outcomes, provided by an empowered workforce in an enabling environment*”.

Framework for Action of the NHQS

The NHQS is guided by eight (8)-point framework for action across all the levels of the health system:

1. Improve the capacity of relevant health workers to manage identified priority health interventions.
2. Promote a quality culture and accountability for quality in all health workers and sector agencies.
3. Create a sustainable leadership and governance for quality planning, quality control, and quality improvement at all levels of the health care

system.

4. Strengthen coordination among all health sector agencies.
5. Standardize collection of data and improve use and analysis of data at all levels (including by providers at the frontline) for evidence-based decision making.
6. Resource and strengthen regulatory agencies (especially Health Facilities Regulatory Agency (HEFRA)) to roll out a nationwide accreditation process with clear links to facility-based quality management teams for ongoing improvement action.
7. Improve client safety, satisfaction and participation in quality definition and quality improvement.
8. Build a culture of “joy at work” (financing, logistics, recognition and reward) that creates the context for health providers to treat clients with dignity and respect, deliver high-quality care and be motivated to continuously improve quality

Making the NHQS Happen

As part of efforts to make the implementation of the NHQS possible, the MoH has established the National Quality Management Unit (QMU) and subsequently appointed a National Quality Manager who reports to the Chief Director through the Director Policy Planning Monitoring & Evaluation (PPME).

Supporting the National Quality Manager to translate the objectives of the NHQS is the National Quality Technical Committee (NQTC) which is made up of all the Quality Leads/Managers/Coordinators/Focal Persons (whatever they are called in their respective agencies) of the agencies of the MoH. Some technical and development partners, patient groups, representatives of NGOs in Health and the consumer protection agency.

What is Expected of MoH Agencies & Healthcare Workers?

All the agencies of the MoH such as the KBTH are expected to adapt/adopt and implement the strategic objectives by also creating appropriate governance structures and also build the capacity of its frontline staff to imbibe quality practices and culture.

Agencies are expected to design/redesign their facilities/settings to facilitate the uptake of and integration of quality practices and attitudes by all members of staff.

They are also expected to include the community/patient

CERVICAL CANCER IS PREVENTABLE

Cervical cancer is caused by Human papilloma virus. Human papilloma virus (HPV) is a common virus that can be passed from one person to another during sex. Some HPV types can cause changes on a woman's cervix that can lead to cervical cancer over time, while other types may cause genital or anal warts. HPV is so common that, most people get it at some point in their lives. However, it's usually asymptomatic in most women, and may clear with improved immunity.

The burden of cervical cancer in Ghana is overwhelming with its avoidable morbidities and high mortalities annually. Cervical cancer is abnormal change and proliferation of the cervix. This disease is said to be the only preventable cancer among all the cancers due to its defined cause and associated risk factors. Meanwhile, we are losing about 5 women to the disease on daily basis. Moreover, it has a long transitional period of about 10 to 15 years which means its progression could be truncated at any point before it advances to full blown cancer.

In Ghana, cervical cancer is ranked as the second most occurring cancer in women with over 3000 newly diagnosed cases annually out of which more than half die from the disease. Cervical cancer related deaths are projected to rise by 25% in the next 10yrs if nothing or little is done about it.

To have regular screening tests starting at the ages 21 or 3 years after first sexual intercourse. Screening test, HPV Vaccine and reducing risk factors by using condoms during sex, limiting your number of sexual partners and Delaying sexual intercourse among adolescents or at least use protection.

Risk Factors That May Increase Ones Chances To Getting Cervical Cancer

- Early sexual exposure
- Multiple sexual partners
- Hormonal therapy
- Immuno-suppressed conditions (HIV)
- Obesity
- Uncircumcised penis
- History of vagina, vulva, penis, Oropharynx (throat) and anal cancer

Signs and symptoms

The disease is often asymptomatic until further advanced. Understanding and detecting symptoms of the cervical cancer will aid in early diagnosis and treatment. These could be possible signs that may be noticed. However, the gold

standard is opportunistic screening for every sexually exposed women from age 21 years.

Abnormal vagina bleeding;

- Bleeding during / after sex
 - Unusual heavy menstrual bleeding
 - Bleeding after menopause
1. Offensive Vaginal discharge
 2. Pain during sexual intercourse
 3. Unexplained, persistent pelvic and or back pain
 4. Weight loss

Prevention

The most important thing you can do to help prevent cervical cancer is to have regular screening tests starting at age 21 or 3 years after first sexual exposure.

1. Screening Tests

Two screening tests can help prevent cervical cancer or early detection

- The Pap test (or Pap smear) looks for precancerous cell changes on the cervix that might become cervical cancer if they are not identified and treated early. Visual Inspection with Acetic Acid (VIA) could also be used.

The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.

2. HPV Vaccine

The HPV vaccine protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is recommended for the types for pre-teens (both boys and girls) from 9 years. The vaccine is given in series of either two or three shots, depending on age.

0 and 6 months for 9 to 14 years

0, 1 and 6 months for 15 years and above.

It is important to note that women who are vaccinated against HPV still need to have regular screening for cervical cancer because vaccine will provide 70 percent protection.

3. Reduce your risk factors by;

- Using condoms during sex
- Limiting your numbers of sexual partners.
- Delaying sexual intercourse among adolescents otherwise use protection.

It takes just 5 minutes for a woman to have the smear test, but a whole life time to battle with the disease. I know you will agree with me that there is no point in waiting any longer.

SENSITIZATION ON DEPARTMENTAL LEVEL PREPAREDNESS PLAN, REQUIREMENT ON CORONAVIRUS - KBTH

With the activation of KBTH Epidemic/Pandemic preparedness plan, the Public Health Unit of the Hospital in collaboration with its Epidemic/Pandemic Team has come out with strategic measures that will aid in the management of any suspected case of Coronavirus.



The Unit has established departmental epidemic teams who will solely be responsible for the management of any case detected at any department. These dedicated team of staff will be trained to deal with the outbreak. As part of the measures, once a case is detected, the Team will act as first responders for the department and serve core part of the readiness and response measures.

Members that constitute a departmental team are the HOD, DDNS/CNO, Clinician, PH Nurse, IPC member, Hospitality manager/Head Orderlies, Pharmacist. In the event of outbreak management, the departmental team is mandated to cause reorganization of service

delivery, recommend release and redeployment of resources (staff, logistics, consumables and funds) as appropriate to address the situation and lockdown /closure of the ward, in consultation with the Director of Medical affairs.



As the Hospital prepares for a central holding bay, departments are to create holding bays in their units. The criteria, logistics/consumables, resource materials for departmental holding bay are well spelt out for the team.

The Hospital's Epidemic/Pandemic Team comprises Dr. Philip Amoo, Dr. Kissinger Marfoh, Dr. Joycelyn Dame, Dr. Eric Odei, Dr. Peter Pupilampu, Mr. Augustine Sagoe and DDNS Serwa Amoah.

However, staff are entreated to stick to the Hospital's Infection Prevention Control (IPC) protocols to avoid being infected in case of any outbreak.

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Coronavirus disease (COVID-19) advice for the public: Myth busters

Are antibiotics effective in preventing and treating the new coronavirus?

No, antibiotics do not work against viruses, only bacteria.

The new coronavirus (COVID-19) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment.

However, if you are hospitalized for the COVID-19, you may receive antibiotics because bacterial co-infection is possible.

Are there any specific medicines to prevent or treat the new coronavirus?

To date, there is no specific medicine recommended to prevent or treat the new coronavirus (COVID-19).

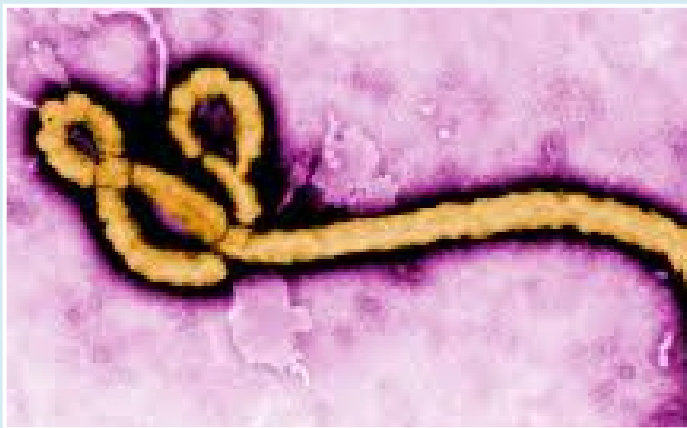
However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation, and will be tested through clinical trials. WHO is helping to accelerate research and development efforts with a range of partners.

Source: www.who.int

Africa Ebola Must Help China Corona!!!!!!

The years 2014 and 2015 were those busy moments for Africa (mostly) and the rest of the world when an enemy virus called Ebola hit us heavily. I remember how the whole world stood upright to fight this transmissible enemy. There were a lot of education via media, training institutions and public places towards avoiding getting infected and stopping transmission from one person to the other.

Bleach (parazone) and 'gun' thermometer became our usual welcome upon every entry. This was not seen most



in countries that did not record cases. The streets, shops and almost all entries to homes, public places especially hospitals in Liberia, Sierra Leone and Guinea were greeted with temperature checks, hand washing and feet steps with bleach.

This treacherous health emergency is history now because men and women volunteered and sacrificed their lives to fight this Ebola. The international health organizations, nations and ordinary citizens of different countries jumped to assist these three most affected countries. Many lives were lost. Many orphans, widows and psychological memory damages were created. Poverty took a bigger seat among the less vulnerable but a



few greedy officials did 'galamsey' to enrich themselves.

When I was invited to travel to Liberia to assist in training in basic Infection Prevention Control measures (IPC), I responded (with my mentor Augustine E. Sagoe) as an opportunity to assist like I watch movies and see heroes and heroines saving nations. It was my first opportunity to travel across the borders of this country too. I faced a lot of challenges when I returned. Thanks to my family and friends who were there with me. I joined the second team of Ghanaian volunteers to Sierra Leone to fight this same Ebola.

This piece of paper cannot record the exposure, experiences and encounters with tears of pain and joy. But thank God I can write this story today because I came home alive. The Ghana team of 42 men and women came home safely but lost one person after she volunteered to stay back in Liberia. May her beautiful soul rest in peace.

During these dark moments of infected and death reports, Africa received massive support from all countries including China. The Chinese government donated a lot of protective equipment, drugs, ambulances, pick-ups and almost anything that could help Africa contain this infection.



Now China is hit by a colleague of Ebola, Covid-19 (Coronavirus) and Africa must appreciate and if possible, reciprocate this gesture.

Africa is blessed with a lot of volunteers who had first-hand experience with Ebola and are ready to go to China to assist. We will not only assist but learn best and practical tactics being employed towards containing this epidemic.

We might not be able to donate cars and equipment but our touch of love to give them more hands could strengthen their efforts to stop the spread of this virus.

Egypt just got hit by this unwelcome Coronavirus. Luckily, the WHO has announced that the person who had been diagnosed with Coronavirus in Egypt is no longer carrying the virus, and is well on his way to recovery.

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Africa Ebola Must Help China Corona!!!!!!

The said patient however, would remain in quarantine until the 14-day period was over and would undergo further tests to ensure he had fully recuperated.

Fortunately, the Africa Centres for Disease Control and Prevention (Africa CDC) reports that Egypt, along with countries like Algeria and South Africa, has the capacity to contain this disaster, but how about their brothers and sisters in West and Central Africa ?



At a recent engagement with Ghanaian journalists, Chinese Ambassador to Ghana, Shi Ting Wang had argued that no country across the world has the capacity to tackle the Coronavirus than China itself.

That passes as a strong sense of determination to win the full victory over the epidemic which the WHO had declared a public health emergency of international concern.

In the media interaction, the Ambassador had indicated that more than 1000 people are cured of the disease each day with 16,555 people discharged from the hospitals as of February 12.

The number of confirmed cases per day in China, he indicated, had dropped from 3,887 as at February 4 to 394 on February 19, with newly confirmed cases in provinces, outside Hubei (the epicenter), dropping from 890 as at February 3 to 45 on February 19.

"As new effective drugs are being developed, be rest



assured that China has every confidence, capacity and determination to win a full victory against the epidemic very soon," he held.

The Coronavirus epidemic can break out in any other country and just as West Africa may have some level of expertise in handling Ebola, it is the same way China is best positioned to share its experience with other countries on containing the Coronavirus should any country be hit by the disease.

It is in this light that the move by Equatorial Guinea to donate \$2 million to China amidst the rampaging outbreak is a step in the right direction.

Gabriel Mbagha Obiang Lima, Minister of Mines and Hydrocarbons argued; "China has always been a very strong and loyal supporter of the Republic of Equatorial Guinea and this contribution is a demonstration that Equatorial Guinea stands in solidarity with China and its people as it fights a global outbreak that has already cost too many lives."



"Our ongoing Year of Investment Initiative will be a testimony to the depth of our cooperation and relationship with China. It is a pleasure for Equatorial Guinea to support its partner in times of need," he added.

China remains Africa's leading commercial partner with high volumes of travel between both locations and it would be prudent we show solidarity to the Asian country as they marshal all efforts together to kick out the epidemic.

Written by Seth Agyemang, Deputy Chief Biomedical Scientist and Technical Head, Immunology Department, Central Laboratory Services, Korle Bu Teaching Hospital (KBTH) and ABIGAIL ANNOH, Journalist, Ghanaian Times

WORLD HEARING DAY

HEARING FOR LIFE

MARCH 3, 2020



LIVING BEYOND THE DISABILITY

Can you increase the volume of the TV, I need to hear this news clearly” Paa Solo said to his son. “I’m sorry I must have misinterpreted you, that has led to all the quarrel” Madam Enima said to her customer; “pardon me, kindly repeat what you just said” Have you experienced any of the above instances before? It is probable that the characters involved are living with hearing loss! A three year old girl turns her head left, right, left, right to see the faces of her friends as they are playing and talking, she doesn't utter a word though she seems to enjoy the moment of play..... An experience several parents have to encounter as their 2/3 year old has no speech, does she hear? Probably not!

Living with hearing impairment is a challenge that affects about 5% of our population (WHO estimates). So for a population of about 30 million, it means that around 1.5 million people in Ghana live with disabling hearing loss of which 93% (1,395,000) are adults and 7% (105,000) are children. These numbers are expected to increase with WHO future projections.

Causes

Hearing loss may be congenital or acquired; Congenital causes may lead to hearing loss being present at or acquired soon after birth. Hearing loss can be caused by hereditary and non-hereditary genetic factors or by certain complications during pregnancy and childbirth, including:

- Maternal rubella, syphilis or other infections during pregnancy;
- Low birth weight;
- Birth asphyxia (a lack of oxygen at the time of birth);
- Inappropriate use of particular drugs during pregnancy, such as aminoglycosides, cytotoxic drugs, antimalarial drugs, and diuretics;
- Severe jaundice in the neonatal period, which can damage the hearing nerve in a newborn infant.

Acquired causes may lead to hearing loss at any age, such as:

- Infectious diseases including meningitis, measles and mumps;
- Chronic ear infections;
- Collection of fluid in the ear (otitis media);
- Use of certain medicines, such as those used in the treatment of neonatal infections, malaria, drug-resistant tuberculosis, and cancers;
- Injury to the head or ear;
- Excessive noise, including occupational noise such as that from machinery and explosions;
- Recreational exposure to loud sounds such as that from use of personal audio devices at high volumes and for prolonged periods of time and regular attendance at concerts, nightclubs, bars and sporting events;
- Ageing, in particular due to degeneration of sensory cells; and
- Wax or foreign bodies blocking the ear canal.
- Among children, chronic otitis media is a common cause of hearing loss.

It is a relief to note that about 60% of childhood causes of hearing loss are preventable, only if we set these precautionary measures in place for our paediatric population in the area of early and proper antenatal care, immunizations, prompt treatment of infections.

For our youth, it is worrying to note that the risk of developing hearing loss continues to increase as a result of exposure to noise in recreational settings as well as personal audio devices.

A major impact of hearing loss is the inability to communicate with others with its resultant misinterpretation, unresponsiveness and non-completion of required tasks. For a child, the absence of spoken language becomes obvious with its impact on performance of home and school activities. The social and emotional impact of hearing loss are evident as loneliness, isolation and frustrations that may lead to strained family ties.

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LIVING BEYOND THE DISABILITY

Economically, there is high cost to the individual, family and nation in terms of loss/ low productivity, dependence on state and family as a result of inability to complete education and develop a career.

In this vein, hearing care and hearing loss has been highlighted by WHO as a public health issue needing measures that would integrate high quality, comprehensive ear and hearing care services into national systems.

WHO has set 3rd March each year for persons and organizations concerned to advocate in matters of prevention and finding solutions to those with hearing impairment.

Management

Early identification and intervention is always key to reducing the impact of childhood hearing loss. This can be done through infant hearing screening programmes (for both 'at risk' and 'non- at risk' infants)

Sadly, this programme is yet to be established in our country resulting in caregivers having to wait till child is 2/3 years and signs of delayed speech is evident before a problem can be established. By then, it is sad to say, child has lost great milestones!

In 2019, out of a total of 237 children who underwent Auditory Steady State Response Test (ASSR- a diagnostic hearing assessment tool), 130 (54.9%) showed varying degrees of hearing loss with majority being in the Severe- profound category. The fate of these children looks gloomy due to the lack of intervention measures such as appropriate hearing aids, cochlear implants and assistive devices in our health care systems.

A handful of private hearing centres provide hearing aids

but are mostly unaffordable to the average person, as these centres have to deal with economic factors of foreign trade and the tax systems.

Other interventions available for people with hearing loss include lip reading, sign language, and provision of captioning and sign language interpretation for TV programmes.

The Management of Korle Bu deserves commendation for organizing workshops that enabled some staff to learn basic sign language skills in a bid to making the Hospital more user friendly to the hearing impaired.

The Theme for this year's World Hearing Day 2020 celebration is 'Don't let hearing loss limit you' hearing for life. WHO highlights that timely and effective interventions can ensure that people with hearing loss are able to achieve their full potential. Message areas include:

- At all life stages, communication and good hearing health connect us to each other, our communities, and the world.
- For those who have hearing loss, appropriate and timely interventions can facilitate access to education, employment and communication.
- Globally, there is lack of access to interventions to address hearing loss, such as hearing aids.
- Early intervention should be made available through the health systems.

We are all stakeholders in ensuring that hearing loss does not limit any Ghanaian. What is your role?

Submitted by : JEMIMA FYNN (DEP. CHIEF AUDIOLOGIST)

cont'd from pg 5

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or family in their quality governance structures at their respective facilities to amplify the patient's voice in quality team meetings, generate ideas to address quality and safety gaps as part of the process in demand creation.

Agencies are also expected to facilitate the creation of “joy at work” environment that will motivate members of staff to give off their best by the provision of essential inputs, incentives and recognition.

In this regard, KBTH continues to work assiduously in ensuring that it works within the strategic framework to facilitate the establishment and operationalization of the necessary quality governance structures across the entire hospital.

Institute of Medicine (2001). Crossing the Quality Chasm:

A New Health System for 21st Century. Accessed at: <http://www.nationalacademies.org/hmd/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx> on 5th March, 2020 at 11:00PM MoH Ghana (2016). Ghana National Healthcare Quality Strategy (2017-2021). WHO (2006). Quality of Care-A Process for Making Strategic Choices in Health Systems. Accessed at: http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf?ua=1 on 5th March, 2020 at 10:00PM MoH Ghana (2016). Ghana National Healthcare Quality Strategy (2017-2021).

OTCHI, Elom Hillary|PhD, FISQua
Medical Directorate

PIX IN BITS



Gateway University Basic School visited KBTH during their career day



NHIS



Telefonika donated Gh¢12,060 to Oncology Unit of Child Health Department



The Indian Navrang Ladies Club donated two Incubators worth Gh¢ 30,000 to the Child Health Department



Actress Yvonne Okoro paid Gh¢26,000 to offset medical bills of 13 needy mothers at the Maternity Department



The Legal Unit organised a medico-legal workshop for staff to remind them of legal implications of healthcare practices.



UNDP donated Medical equipments, color coded waste bins to KBTH



A string cutting machine