



NEW CEO STEPS IN; NEW BOARD INAUGURATED



CEO, Korle Bu Teaching Hospital
Dr. Opoku Ware Ampomah



From left: Prof. Margaret Yaa Lartey, Ing. Sir Daniel Charles Gyimah (Board Chairman), Dr. Radha Maria Odua Hackman, Dr. Bernard Okoe Boye (Dep. Minister) Hon. Kwaku Agyeman-Manu (Minister), Mrs. Hanna Akua Oparebea Acquah, Mr. Albert Wiredu Arko,
Second on the roll: Mr. Charles Ofori, Mr. Jerry Ahmed Shaib, Dr. Opoku Ware Ampomah (CEO), Dr. Michael Owusu,
Not in the picture: Rev. Prof. Patrick Ferdinard K. Ayeh-Kumi, Mr. Nick Danso Adjei.

NEW CEO STEPS IN; NEW BOARD INAUGURATED

The Minister of Health, Hon. Kwaku Agyeman-Manu has inaugurated the governing board of the Korle Bu Teaching Hospital. The new Board is chaired by Ing. Sir Daniel Charles Gyimah.

The Board Members are Mr. Jerry Ahmed Shaib, Legal Practitioner; Dr. Radha Maria Odua Hackman, Medical Practitioner; Mr. Michael Owusu, Allied Health Professional; Mr. Albert Wiredu Arko, Pharmacist and Mrs. Hanna Akua Oparebea Acquah, representing nurses/midwives.

The rest are Prof. Margaret Yaa Lartey, first of two representatives in Health and Education Research of the University Council; Rev. Prof. Patrick Ferdinard K. Ayeh-Kumi, second representative; Mr. Charles Ofori, Finance and Risk Management; Mr. Nick Danso Adjei, Private Businessman and Dr. Opoku Ware Ampomah, Chief Administrator of the Hospital.

Membership to the Board were appointed based on amendments to Subsection (1) of the Teaching Hospital's Act (Act 525). The amendments were passed by Parliament and assented to by the President in 2019. It seeks to achieve good corporate governance within a Teaching Hospital and ensure a clear distinction between "governance" and "management".

The amendment requires that membership comprise a Chairperson with experience in management and administration, one person with considerable experience in finance and risk management, legal practitioner of not less than 10 years standing at the Bar, a medical practitioner of not less than 10 years standing as a Clinician who is not a staff of the Teaching Hospital and a registered pharmacist of not less than 10 years standing as a pharmacist who is not a staff of the Teaching Hospital.

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Profile of Dr Opoku Ware Ampomah

Dr. Opoku Ware Ampomah, the newly appointed CEO of the Korle Bu Teaching Hospital is a seasoned Consultant Plastic Surgeon and has over the past 23 years contributed in diverse ways to the health sector both as clinician and manager.

He currently serves in various capacities; locally as the Director of the National Reconstructive Plastic Surgery and Burns Centre, (NRPSBC), Korle Bu Teaching Hospital, Accra, the Honorary Medical Director and Board Member for the Ghana Foundation of Operation Smile, the President of the Ghana Burn Association and internationally, as a Director of Resurge Africa (a UK-based charity supporting the development of reconstructive plastic surgery services in Africa), a team member of INTERBURNS (International Network for Training, Education and Research in Burns), an executive committee member of the Pan-African Burn Society (PABS) and a member of the WHO Expert Committee on Emergency Medical Response for mass burn casualty incidents.

Dr. Ampomah is a graduate of the International Leadership Program for Physicians at the Harvard University T.H. Chan School of Public Health. He is the first West African based practitioner to obtain the Intercollegiate Fellowship of the Royal Colleges of Surgeon, UK in the specialty of Plastic Surgery –FRCS

(Plast) in March 2008, a Member qua Surgeon of the Royal College of Physicians and Surgeons, Glasgow, UK, a Fellow of the West African College of Surgeons and a Fellow of the Ghana College of Physicians and Surgeons and a Fellow of the Royal Society of Medicine, UK.

Philosophy

In terms of his philosophy for effective health care delivery in an under-resourced country, he believes that: "You should not let what you cannot do interfere with what you can do."

He believes that it is possible to offer first class medical services in a third world setting; that every member of the health care team is important; and that a "chain is as strong as the weakest link."

This philosophy and belief have combined to trigger an unyielding passion for supporting the underprivileged. Dr. Ampomah is of the view that a doctor in the city should not limit his work to the hospital where he /she is based, but should reach out to patients in deprived communities; hence his second philosophy that: "If they can't come to you, you should go to them."

These philosophies underpinned his initiation of the Reconstructive Surgery Outreach programmes to underserved regions of Ghana. The programme has been running since 2012 and has provided free surgery to over 1700 patients so far in areas such as Dormaa Ahenkro,

FOOD AND MOOD: A Seamless Connection

Food is any solid, semi-solid and liquid material which is eaten either raw or cooked to supply nutrients for the sustenance of life. Food can thus be your solid *banku*, semi-solid rice water or liquid *pito* (beer made from fermented millet or sorghum).

Mood is a characteristic state of feeling. An individual may be elated in the morning but depressed by afternoon due to a particular circumstance or even the consequence of bodily function. Other moods may reflect anger, anxiety, loneliness, exhaustion and shame.

Historical Antecedents

By his immortal words, "*Let food be thy medicine and medicine thy food*", Hippocrates – the Father of Medicine – strongly believed food as just not a means to satisfy hunger, but the best way to attain total health – including social, physical and mental well-being.

The connection between food and mood has always existed – though not fully elucidated – and man through the ages has exploited the concept to his advantage. The intake of certain foods for specific mood effects in Ghana and sub-Saharan Africa also dates back to centuries and the culture persists today.

In sad times, such as the demise of a kinsman, people found solace in local spirits (*akpeteshie*), palm wine and other alcoholic beverages to *drown their sorrows*. Some drinks were also consumed during baby-naming and marriage ceremonies and other happy moments.



Oysters are rich in zinc, which is essential for testosterone production and maintenance of healthy sperm. They also boost dopamine – a hormone that helps increase libido in both men and women. Some people thus utilize it for its aphrodisiac properties.

It is said two of the greatest pleasures of life are food and sex; hence, the timeless allure of aphrodisiac foods to people. Ginger, oysters, ginseng, aida fruit (*prekese*), bitters, *inter alia*, have always been exploited for their believed aphrodisiac properties. Tiger nut – called *atadwe* in Akan – was particularly popular among African men as a

guarantee to "charge their battery" (achieve erection).



Drinks like pito, palm wine and local bitters are great unifiers in Ghana and may be consumed during a solemn or happy time like funeral or a naming ceremony respectively.

How Food Affects Mood

One practical way that the axiom, *You are what you eat*, is explicated is by observing what, how and even when you eat affect your state of feeling.

It has been established that aside from nutrients in foods, the quantity eaten, safety of the food and other eating practices may influence one's mood.



What you eat directly affects the structure and function of your brain and, ultimately, your mood.

On nutrients, it has been found out that hunger or not eating enough carbohydrates in a meal can result in anger, depression and tension. This is because glucose – the end product of carbohydrates such as yam, *banku* or bread in the body – is the main fuel for brain function. Thus, any delay or shortfall in supply could render you dull or easily irritable. This evidenced-based explanation right here, is why a hungry man is indeed an angry man.

The consumption of omega-3 fatty acids found in salmon, tuna, sardines, walnut, chia seeds, mackerel, flaxseed oils, cod-liver oil etc provides structural material to maintain neurons – which are part of the nervous system. Studies also suggest that omega-3 fatty acids are essential for the transmission of information between brain cells, and therefore are critical in modulating moods and personality.

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FOOD AND MOOD: A Seamless Connection

Fruits and vegetables also provide the body with vitamins, minerals and antioxidants which contribute greatly to optimal body functioning, maintenance, good health and pleasant moods.

Iron is one major mineral which helps in the conversion of food to energy. This is why those who suffer iron-deficiency anaemia are normally weak, may be depressed and are therefore advised to eat shellfish, lean meat, *abeduru*, *kontomire*, liver – which are good sources of iron.

Have you ever eaten a big bowl of *fufu* and palm nut soup or any heavy staple before a class? If you answer yes, then I'm sure you remember how much you absorbed from that lesson.

Science has it that during normal digestion of food, blood is directed from most parts of the body – including the brain – to the digestive system to process the food eaten. Blood contains nutrients, and so this diversion of blood is to provide enough energy needed for digestion. However, this deprives the brain of the adequate energy for its activity. Mark you, the brain, though comprising only 2% of the body's weight, is the most selfish organ of the body; it gobbles up more than 20% of the daily energy intake. By this fact, eating too much or heavily could deprive the brain of nutrients much longer than normal, resulting in a possibility of dullness, or a dearth of concentration in class.



Fatty and heavy meals like *fufu* and palm nut soup take longer period to digest. It is therefore possible for one to feel dull or even sleepy after such a meal.

Another important aspect of food which affects mood is a person's eating habits. There exists a condition – anorexia nervosa – whereby some people, mostly models, celebs and athletes place a high value on controlling their weight and shape, using extreme efforts that tend to significantly interfere with their lives.

To prevent weight gain or continue to lose weight, people with anorexia usually severely restrict the quantity of food they eat. They further resort to vomiting after eating, or misuse laxatives, diet aids, diuretics or enemas. Owing to their morbid fear of gaining weight and the concomitant unhealthy dietary practices, people with this anorexia nervosa are mostly not really happy.

Skipping breakfast is yet another bad eating practice among the busy working class and students in Ghana. If you fall in this bracket, then you may have experienced dullness and a lack of concentration during that period. Breakfast, as hackneyed, literally means 'breaking your fast' of not eating from the night before till morning.

While the body sleeps 6-8 hours in the night, the brain remains always active and continues to expend the body's energy stores, which requires replenishing once you wake up. This is why breakfast has been preached as the most important meal of the day and must be observed, whether one has an appetite for food or not.

How Mood Affects Food

One's mood informs the type, quality and quantity of food, and their eating patterns. It is known that a person in a good mood tends to eat more healthy foods which include fruits and vegetables. Moreover, in high spirits, one may be encouraged to prepare their own food, which is most likely healthier. However, in a bad mood, a person may prefer convenient fast foods and sweets which are less healthy.



Research has established that in off-moods, people are more inclined to eat sweets than fruits and vegetables.

A person's mood can also affect their eating pattern. It has been established that anxious and depressed persons, such as a person who just suffered a broken-heart, may either overeat or avoid food altogether. In the case of overeating, the choice of foods may range from pastries to volumes of assorted sugar-sweetened beverages. Research says moods may affect the release and function of hormones, including the ones that regulate appetite. This may well explain why certain off-moods would make a person lose interest in food altogether, at a particular point in time.

Food affects mood as much as mood does food. It is therefore another critical reason that we take to regular healthy eating and physical activity. Remember, you are what you eat, and, **FOOD IS ALWAYS THE BEST MEDICINE.**

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MEDIA POLICY FOR STAFF OF THE KORLE BU TEACHING HOSPITAL

Introduction

The Management of Korle Bu Teaching Hospital (KBTH) recognizes the significance and influence of the media on the operations and image of the hospital. Considering the fact that so much has happened in the last few years in terms of expansion and sophistication of the media landscape coupled with the dynamism of the health service system, it has become necessary to update existing guidelines and media related protocols to standardize the media policy of the Hospital.

This policy therefore incorporates all existing policies and guidelines governing the relationship of the KBTH and the media establishment within and outside the country.

The policy also takes cognizance of the provisions in the right to Information Act (Act 989).

Definition of Media

Media, for the purpose of this policy include;

- Mass communication handles (print or electronics)
- Networking sites (i.e. Facebook, LinkedIn)
- Blogs, wikis, online forums and message boards, (eg. Twitter)
- Virtual worlds (e.g. Second Life)
- Photo and video sharing sites (i.e. Flickr, YouTube) as well as related establishments used to disseminate information.

Purpose of Policy

- The purpose of the policy is to serve as a guide in the official interactions between staff of KBTH and the Media establishments.

It therefore outlines the responsibilities of Korle Bu Teaching Hospital's employees with regards to the appropriate handling of media requests for information and or comments concerning the hospital and its operations.

Scope

- This policy applies to all staff of KBTH, which includes all full-time employees, part-time staff, permanent employees; contract staff, temporary employees employed by the hospital, officially

approved volunteers and interns of the hospital.

Media requests include; requests from reporters representing print media, broadcast, radio or web based media as well as local, regional, national and international media houses.

Media Request Protocol

- All requests from the media must be directed to the Office of the Chief Executive Officer(CEO) through the Public Relations Unit (PRU).
- Staff members are not to respond to enquiries from a member of the media unless directed by, and with the express permission of the CEO or appropriate authority mandated to do so.
- Staff are therefore encouraged to direct persons making enquiries for or on behalf of the media establishments to the PRU.

Effective media relations is vital in the information management of KBTH especially in the area of communicating the mission and vision as well as promoting continued public and stakeholder support for the Hospital. KBTH's engagement with the media focuses on establishing effective media relations towards;

- Informing the hospital's clients, patients and the general public of what can be done for them, where that can be done for them, when it can best be done and who does it.
- Promoting KBTH's achievements, programmes, activities and events of significance.
- Educating the client/patients on their rights on the KBTH and their obligations towards the institution.

The Head of the Public Relations Unit is the officially designated spokesperson of this institution and carries the official hospital position on issues of general hospital-wide significance.

Handling Media Enquiries

- Enquiries from the media about sensitive situations, matters of particularly controversial nature and circumstances must be referred to the Head of Public Relations.
- Depending on specific circumstances, the CEO

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MEDIA POLICY FOR STAFF OF THE KORLE BU TEACHING HOSPITAL

may designate another officer to serve as spokesperson on a particular issue especially in matters requiring the inputs of specific professionals or specialty.

- Senior members of staff are permitted to respond to requests from the media regarding their research, scholarship, teaching or professional expertise. In such cases, the Public Relations Units should be notified as soon as possible of such media contact to facilitate possible follow-up enquiries which might result from the media.

Such an arrangement makes it possible for other hospital staff to be on the same page, ensures a coordinated and consistent response from the hospital should there be a need for inputs from other specialized areas.

General Procedures for Media Interaction

- Staff are not permitted to grant interviews to the media (both print and electronic) or write articles on issues without express permission from the CEO or his representative. Any articles or interviews should first be cleared with the CEO through the Head of PRU.
- Taking of photographs and videos through any electronic gadgets on the wards, theatres, intensive care units and other controlled areas of the hospital is completely prohibited unless supported with written approval of the CEO or his appointed representative.
- Where approval is granted, staff of the PRU will conduct the person or persons around the facilities where the photographs are to be taken.
- Media enquiries should be referred to the Public Relations Unit especially on cases of hospital wide significance and/or matters with controversial outlook or sensitive nature.
- The PR Unit is mandated to promote the hospital through press releases in respect of special accomplishments, events, activities, programmes and plans. Releases such as the above mentioned intended for external audiences should be routed through the PR Unit of KBTH.
- Positive media solicitation is an integral element of the Hospitals communications strategy, any ideas for articles or pieces that would positively portray the hospital, its works or its community should also be directed to the PR Unit.
- The Public Relations Unit should be notified about negative occurrences that are likely to rise to the level of

news story.

Guide to Staff Media Engagement

- For issues that are non-controversial and limited to area of expertise of individual staff or group of staff members, the following should be included in the notification to the PRU;
- The name of the person calling.
- The identity of the media organization being represented by the person.
- The anticipated time of release of information in print or broadcast.
- This notification should be made to the PRU not less than 48 hours before broadcast/telecast or press time.

Hints on Engaging the Media

- Persons who have to interact with the Media should be guided by the following;
- The best approach with the media is to be prompt, helpful and honest.
- All contacts from the media should be returned as soon as possible, indifference to reporters' deadlines.
- At most, a call should be returned within a half day. If that is not possible, an alternate employee (if appropriate) or the media specialist should be asked to handle the call.
- Make sure you understand each question from the media before answering. If you cannot answer the question, or are uncomfortable providing a response, take the reporters number and advice that someone who can provide the information will contact them as soon as practicable. Follow-up by contacting the Public Relations Unit of the hospital.
- Avoid speculations or gossips. Do not answer a reporter's question with no comment. Do not be condescending or underestimate the reporter's intelligence, make your statements clearly and ensure the reporter understands your responses.

Provide your number and/or e-mail address for follow up questions.

It is within the right of staff to request a reporter to submit a written list of questions they need answers to when the issue involved is not a breaking news story.

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MEDIA POLICY FOR STAFF OF THE KORLE BU TEACHING HOSPITAL

- Remember that in responding to the media, you can be seen as representing and speaking for the hospital; personal opinions should therefore be clearly and carefully identified as such.
- Issues that should not be discussed with reporters are:
 - Legal issues
 - Personnel issues
 - Questions that involve hospital integrity, such as ethics or issues that may result in harm to others.
 - Hospital crisis or emergency situation.
- Any media inquiries that involve information about specific patient/client should be directed to the PR Unit. Such enquiries will be handled in strict compliance with the appropriate regulations and the Patients Charter.

Guide on Soliciting External Support for Patients

- Where community support has to be solicited for indigent patients and paupers who are unable to pay their bills, the following guidelines should be observed:
 - The Social Welfare Unit of the Hospital should have established that, the patient/client lacks capacity to settle the bills.
 - After confirming that the patient cannot pay for the service, the doctor in-charge of the patient should write to the Public Relations Officer and copy same letter to the Director of Medical Affairs, indicating the condition and entire amount required to settle the bill.
 - The PR Unit would then write a covering letter for the patient to solicit for support through the media.
 - Units, Departments and Sub-Budget Management Centres (UDS) should avoid writing directly to the media soliciting for financial support for patients.

Foreign and International Press

- The strategic position occupied by KBTH in the health sector and the important role it plays in healthcare delivery, attracts the interest of international media houses. It is highly essential to moderate such interests so as not to negatively impact on the image of the Hospital. In dealing with these media houses, one may appear to be inadvertently representing or expressing the

position of the country as a whole. Management has therefore outlined the following protocols to govern the Media Relations of the KBTH with International Media Houses that seek information from the hospital:

- All requests for interviews must be channeled to the Ministry of Health and Ministry of Information for clearance before consideration would be given for such interviews.
- A questionnaire detailing all the issues the reporter is seeking responses for must be attached to the request.
- The request letter and questionnaire shall reach the Hospital, at least 60 hours, before the said interview is granted.
- The Media House or individual shall comply with all rules and regulations governing media coverage in the Hospital.
- The Person, Persons or Media House and its reporters shall respect and comply with any other directives given by the CEO and Management of the KBTH through the Head of Public Relations.
- Electronic copies of all stories shall be sent to the Hospital for analysis, image enhancement and historical purposes.
- Since the Hospital may not have access to final reports made by international media, the interested Media House must agree to furnish KBTH the transcript for internal assessment and subsequent archiving.

Sanctions

- This policy is intended for the purposes of protecting the interest and reputation of KBTH as well as its staff and stakeholders against the negative effect of bad media reports even as the media is used to project the positive image and attributes of the institution.

It is hoped that all staff shall comply with the directives and guidelines contained herein; staff who are deemed to have willfully violated the principles and spirit of this policy shall be made to face appropriate sanctions ranging from caution, suspension, dismissal and possible prosecution depending on the magnitude of violation and the recommendations of the disciplinary authority. END

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Profile of Dr Opoku Ware Ampomah

Tamale, Techiman, Jirapa, Nadowli, Bole, Ho etc. (with the involvement of various sponsors such as Christ for the Rural World, GNPC and the Ministry of Health). This volunteer effort has also been practically demonstrated by him through his leadership of outreaches in collaboration with Operation Smile to various local communities such as Ho, Koforidua, Tamale, Cape Coast and International ones such as Antananarivo, Madagascar, Mekelle, Ethiopia, Lubumbashi - Democratic Republic of Congo, Zhenxiong, China.

Training of Health Personnel

Dr. Ampomah is a firm believer that health personnel should be well trained and always be abreast with current global best practice. In line with this belief, he has undergone extensive training in the UK, USA, Taiwan and Chile.

He has used his international network to provide opportunities for the doctors and nurses and other health care workers in his department to train abroad in countries such as the UK, USA, India, Bangladesh and South Africa. He has also introduced new courses locally to enhance local skills transfer.

In collaboration with Resurge Africa and the Canniesburn Plastic Surgery Unit, Glasgow, he obtained an 80,000 pound sterling grant from Tropical Health and Education Trust (THET) and UK Aid to build capacity in Burn Care Services in Ghana. Together, they started the novel Postgraduate Diploma Course in Burn and Plastic Surgery Nursing. Eighty (80) nurses from across the nation have graduated successfully so far. Cost savings to the country was in excess of 2.5 million pound sterling.

He initiated the Emergency Management of Severe Burns Course which has been running regularly since July 2008. He instituted the Cadaveric Flap Course for Advanced Surgical Training in Ghana from 2011 as well as the Microsurgery training course, thereby providing localized skills transfer/ capacity building to surgical trainees with significant cost savings to the nation. He organized Ghana's first Tissue Viability Training programme/workshop in August 2016.

Under his leadership, the NRPSBC has become an internationally recognized training hub for the Sub-region. He is a regular invited speaker at many international conferences and webinars, and a public education volunteer on various media platforms.

As Country Medical Director of Operation Smile from 2014, he has led effort to build local capacity to the extent that from 2018, the Ghana Foundation has transitioned from having majority foreign expertise on surgical outreach missions to one consisting exclusively of Ghanaian multidisciplinary medical expertise.

Additionally, international missions now consist of more than 70% locally-based healthcare personnel.

Furthermore, Ghanaian volunteers are now a reliable source of expertise for Operation Smile missions around the world.

Innovations

Dr. Ampomah is a highly driven and hands-on leader. He has brought to bear some innovative ideas and practical solutions to problems in the delivery of the plastic surgery service.

In response to the needs of the Centre and patients, he established an in- house factory to produce sterile dressings in 2017. This has resulted in significant cost savings to both patients and the Centre and generated extra income for Staff Welfare Activities and to support needy patients.

He set up the first state-of-the-art Microsurgery Skills Training Laboratory in Sub Saharan Africa at the NRPSBC in February, 2020 with funds from the British High Commissioner, H.E. Iain Walker and the Ghana Grand Fundraising/Awareness Tour, a 1000km Cycling Tour in August 2019, to raise funds for the Burns Centre and create awareness about burns and other health and social issues (He personally rode the last 100km from Akosombo to Accra). Thirty-Five Thousand pounds was raised (£35,000).

Infrastructural Development

Under his leadership, the NRPSBC has seen a lot of infrastructural changes. Through his astute fundraising skills, he obtained a 1.6 million dollar grant from Ghana National Petroleum Corporation (GNPC) which was used to complete Ghana's first Burn Intensive Care Complex, which comprises of a six-bed ICU, six-bed High Dependency, Executive Wards, Theatres, Conference room, Meeting rooms, Library, offices, Laboratory, Out-Patients Department, Laundry, Sterilization Unit etc. This was commissioned in December 2018.

A one million-cedi grant was also obtained from the National Petroleum Authority (NPA) and used for major refurbishment and upgrade of existing facilities at the Centre.

In response to the current Covid-19 pandemic, he led the Operation Smile Ghana team to mobilize and donate 50 Patient Monitors and a large quantity of PPEs (Personal Protective Equipment) to the Ministry of Health and the following hospitals (Korle Bu Teaching Hospital, Greater Accra Regional Hospital, Tamale Teaching Hospital, Ho Teaching Hospital, Cape Coast Teaching Hospital and Tema General Hospital).

Other Social Services

He believes in community service and making an impact by social action. As a Board Member of the CHEERS Children's Club, a non-governmental Children's Welfare Organization, he has been instrumental in the establishment and running of two community children's libraries in Madina and Korle Bu since 2003.

CUSTOMER SERVICE WEEK 2020 Training for Nurses and Orderlies

The 2020 Customer Service Week dubbed “**A Satisfied Staff is a Satisfied Client**” organized 3-days effective training for nurses and orderlies. The training was organized by the Public Relations Unit with representatives from the Legal, Public Health and Infection Control Units of the Hospital.

The Head of Public Relations, Mr. Mustapha Salifu kicked off the session with **How to Communicate with Patients and Relatives**. In his presentation, he emphasised the need to treat patients with respect and tolerance. At the end, participants were given the opportunity to ask questions.

Dr. Elorm Otchi from the Public Health Unit presented an interactive session on **Patients Safety and Quality Services**. He made participants understand that they played a very important role in the operations of the Hospital.

The Head of Legal, Lawyer Kwame Gyamfi, educated participants on the need to be aware of some legal clauses guiding our work as health professionals. A breach of such laws, he noted could land a staff or the Hospital in a legal tussle.

He presented on the topic, **Medico-legal Issues in Communicating with Patients**.

Interviews with some participants at the end of the training by the *Korle Bu Bulletin* showed that it was educative.

A nurse noted, “I must say this training has really been educative and fun. I have personally learnt a lot of things about what to do and what not to do as a health worker”.

An Orderly also said that “it was very interactive and educative. I have learnt a lot on how to treat patients when they come to the Hospital”.



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The other members are a registered nurse or midwife of not less than ten years standing as a nurse or midwife who is not a staff of the Teaching Hospital, two representatives with considerable experience in medical education and research nominated by the University Council, a private business person with considerable experience in private sector entrepreneurship and one representative of civil society organisations with considerable experience in community resource.

Meanwhile, the Hospital's new Chief Executive Officer, Dr. Opoku Ware Ampomah, has assumed office after his appointment.

Before his appointment, he was the Director of the National Reconstructive Plastic Surgery and Burns Centre.

He is a Consultant Plastic Surgeon with many years of experience in Hospital Management.

The Board and Management of the Hospital wish to call on all staff and other stakeholders to accord the new CEO every support he needs to make Korle Bu the hub of quality healthcare in Ghana and beyond.

KORLE BU CELEBRATES WORLD CUSTOMER SERVICE WEEK

Korle Bu Teaching Hospital this year joined the whole world to celebrate its Customer Service Week with the theme, **“A Satisfied Staff is a Satisfied Client”**.

The three-day programme which was launched on the October 14th saw the Public Relations Unit, in collaboration with the Public Health Unit to offer free medical care for staff.

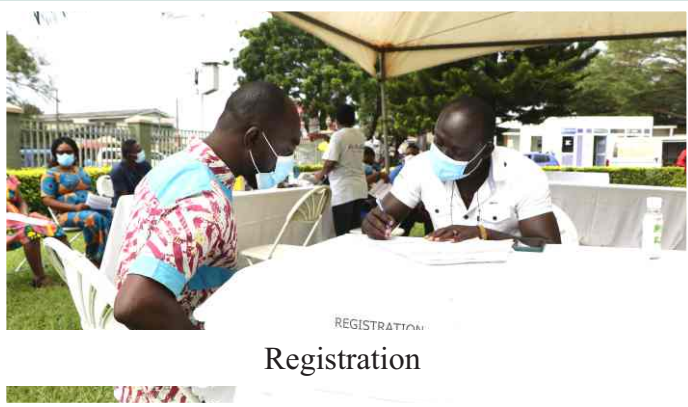
Representatives from the Eye, Dental, ENT, Breast and Public Health Unit undertook intensive medical screening for all staff.

Staff from the Dental Unit checked the gum and teeth. They also counselled staff on best dental practices while the Eye Department screened eyes for eye-related

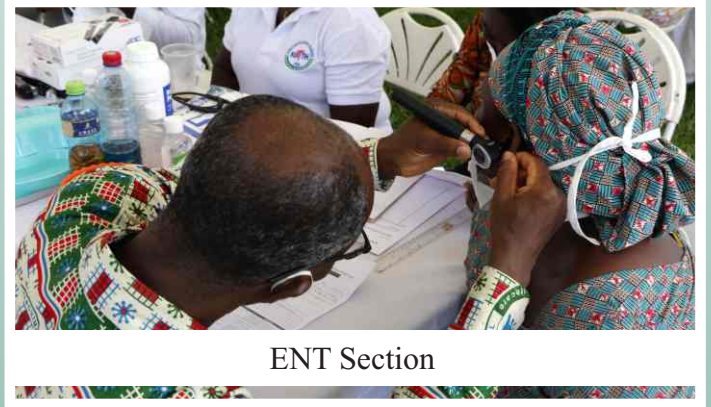
conditions and referred staff who needed further management to their Department. The ENT Department was on hand to check the ears and recommended best ways of keeping the ear healthy and finally, Public Health technicians checked for various ailment like malaria, urine-related infections, as well as the HB levels.

On the whole it was a well-attended programme with staff appreciating Management for this year's screening since it afforded them the chance to check themselves, something they would not have done on a normal day until sickness reared its ugly head.

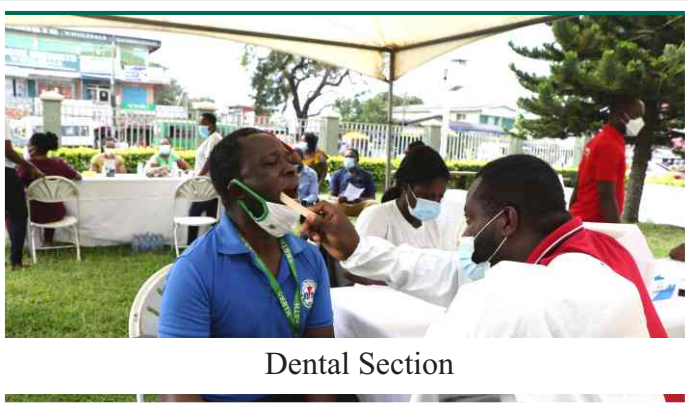
The Cocoa Processing Company were also on the grounds to provide free cocoa drink for staff nourishment.



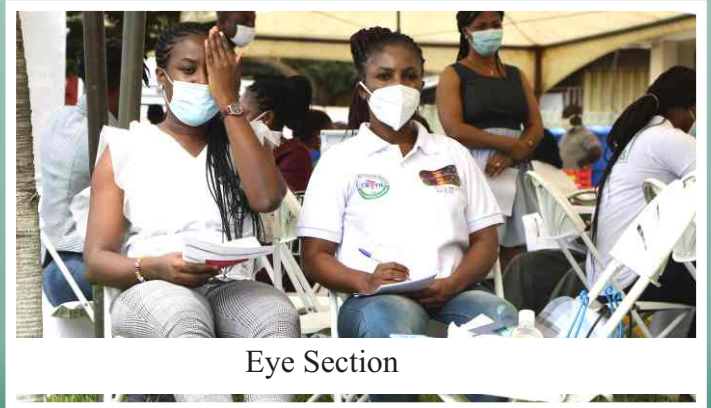
Registration



ENT Section



Dental Section



Eye Section



Lab Section



THE JOURNEY SO FAR AS DR ISAAC NEWMAN PASSES ON AND MR AMEGASHIE RETIRES

The Addictive Diseases Unit, was founded by the late Dr Isaac Newman in February, 1991 to address the then increase in the incidence of psychoactive substance use and abuse in Ghana as a whole and the abuse of alcohol and injection pethidine amongst staff of the Korle Bu Teaching Hospital.

The then Government sponsored Dr. Isaac Newman to Philadelphia to specialize in the treatment of substance use disorders (or Drug Addiction). On his return, he was tasked to establish drug rehabilitation centres in all the 110 districts then in Ghana.

In 1993, Mr Logosu Amegashie came as a fresh graduate nurse from the University of Ghana to seek help and was eventually recruited by the Ministry of Health to assist Dr Isaac Newman in August, 1995.

Work at the Unit met a lot of challenges whilst under the Department of Medicine including attempts to close down the Unit, especially when Dr Isaac Newman was suddenly taken ill. However, with the resilience and passion of Mr. Logosu Amegashie, it survived till the Unit was administratively pushed under the Department of Psychiatry at the time Dr Sammy Ohene was the head.

Dr. Sammy Ohene's understanding of drug addiction and its treatment enhanced support for the Unit. He quickly supported the idea of training addiction professionals mooted by Mr Amegashie in collaboration with the Narcotics Control Board (Now Narcotic Control Commission). Therefore, from 1995, 18 Addiction Professionals were first trained by the Colombo Plan from the United States of America.

These 18 includes Mr. Logosu Amegashie who passed the Internationally Certified Addiction Professional (ICAP-I) and were designated as National Trainers to train other health professionals interested in substance use disorders management.

Mr. Logosu Amegashie then, through successive heads of the Department of Psychiatry, with the interest of the outgoing Chief Executive Officer, Dr. Daniel Asare, a total of about 15 addiction professionals are currently certified, three (3) of whom are currently working at the Addictive Diseases Unit. These 15 professionals in addictive diseases include doctors, nurses and psychologists.

The Addictive Diseases Unit can be credited for several things including:

- Influencing the policy direction of the Narcotics

Control Board to "Demand/Seduction" aspect to their operations

- The continuous training of Addiction Professionals
- The introduction and starting of 12 steps meetings of Alcoholic & Narcotics Anonymous (AA & NA) in Ghana.
- Providing a centre for research for students of all universities, training (nursing) institutions
- Correction of the misconception of drug addiction as a "moral deficiency" to that of a primary disease
- Treatment of staff afflicted with the disease
- Supporting other rehabilitation centres- governmental or non-governmental in Ghana
- Being the lead for Ghana to the four (4) first **"West Africa Experts Meeting on Drug Addiction"**
- Affiliations with West Africa Epidemiology Network on Drug Use.

It also has collaborative relationship with all security agencies especially Police, Prisons, Customs, among others.

"My happiness is that the Addictive Diseases Unit has fresh blood in its veins because of the interest, support and promotion of the current Head of Department, Prof Angela Ofori-Atta. With her and the entire staff of the Department of Psychiatry, I believe the Addictive Disease Unit has come to stay and will eventually become a residential treatment centre".

Story by: Mr. Logosu Amegashie



The Old Drug Addictive Unit Structure

PROCUREMENT PLAN FOR 2021

The CEO, Dr Opoku Ware Ampomah has joined a multidisciplinary team that has been constituted to work on the Hospital's 2021 Procurement Plan.

This is the first time a CEO of the Hospital has joined the Team to model a procurement plan for KBTH.



The Team noted that it was committed and poised to produce the best workable procurement plan for Korle Bu.

The Team consists of:

Dr Andrews Kwabena Adade- Head, Anaesthesia ; Mr Alhassan Munir - Dir. of Administration; Mr Maxwell Doh - Dir. of Finance; Mrs Felicity Commey - Dir. Supply Chain; Mr Ben Dadoo - Finance Dept and Mr Buer Buernortey - Finance Dept.

The rest are Mr Nichomarcos Nikoi Olai - Procurement Unit; Ms Joyce Awuah - Procurement Unit; Mr Joshua Amponsah Mintah - Procurement Unit; Mr Philip Owusu - Procurement Unit; Mr Sylvester Badohu - Head, Stores; Mr William Sackey - Stores; Mrs Bernice Addom - Nursing Directorate and Mr Felix Mensah - Engineering Unit



PIX IN BITS



Global Outreach Consortium fully paid the medical bills of a male patient at the Department of Polyclinic/Family Medicine



The Ghana Anaesthetists Society distributed treats and goodies to the kids at Child Health Department as part of activities to mark this year's World Anaesthesia Day



FBN Bank presented hampers and a cheque of Gh¢10,000.00 to pay the bills of six mothers at the Maternity Department



Alpha Investment and Properties donated toiletries and assorted drinks to Child Health Department. They also presented Gh¢3,000.00 to offset patients bills