

BEHIND OUR BEAUTIFUL LAWNS: AN OVERVIEW OF THE ENVIRONMENTAL HEALTH UNIT



Mr. Kasim Sumba is one of the Head Orderlies at the Environmental Health Unit.

He has been working in the Unit for almost 30 years.

Mr. Sumba is in charge of the weeding and sweeping. For the love of his job, he wakes up very early everyday to begin his work, a normal working day begins at 4am.

Mr. Sumba notes that seeing the beautiful lawn and trimmed bushes makes him happy.

The Environmental Health Unit is one of the most important Units in the Hospital. It is charged with maintaining good environmental health practices within the precincts and residential areas of the Hospital.

Human Resources

The Unit is made up of the Head of Department, 33 Orderlies, 2 Administrative Managers and 1 Technical Staff.

Amongst the 33 orderlies in the Unit, 9 of them are in charge of sweeping, 5 handle the cleaning of the drains and 3 are in charge of mowing the lawns around the hospital.

Responsibilities

The Environmental Health Unit handles the Hospital's waste, ensuring that both clinical and domestic wastes are collected by orderlies and taken to their disposal areas.

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THE SUCCESS STORY OF KORLE BU NEWBORN SCREENING (NBS) INITIATIVE

In Ghana, one (1) in every fifty (50) babies is born with Sickle Cell Disease (SCD) and if undiagnosed, the possibility of death before age five (5) is very high. Many of these deaths can be avoided through cost – effective interventions such as Newborn Screening (NBS).



A newborn being screened

Newborn Screening for Sickle cell disease is when babies are tested within the first few days of life to detect for Presumptive Sickle Cell Disease (PSCD) until about 4 months when a confirmatory test is done. NBS enables doctors to have an early detection and diagnosis of babies and start treatment or interventions as soon as possible.

Korle Bu in June 2017 piloted the screening to test for SCDs in all babies born or referred to the facility with absolutely no cost to the mother.

The programme is with support from Pfizer, SickKids of Toronto Canada, and the Sickle Cell foundation, Ghana.

Statistics

The pilot phase of the program ended in July 2018 with 4,514 out of 10,211 babies born, representing 44% of all livebirths in the hospital who were screened. Out of this number, 79 babies, representing 1.8% tested positive for PSCD.

Screening coverage increased significantly during the first year of phase one (Nov 2018- Dec 2019), with 6,887 babies screened out of an expected number of 8591 babies. 130 babies from the screening had PSCD.

Between January to December 2020, the hospital screened 4,594 out of 5,184 livebirths representing 88.6%, with 93 being Presumptive sickle cell disease.

Again, the screening revealed that between January to December 2021, 2,780 babies screened out of 3,806 livebirths representing 73%, with 5 babies being PSCD.

From Jan to May 2022, 929 out of 1918 livebirths were screened with PSCD being 5.

SUCCESS

Since its inception, about 17,000- 18,000 livebirths have been screened, with 351 babies being PSCD.

The Newborn Screening has helped a lot of mothers know the sickling status of their children at an early stage in order to better care for them.

Again, once a child is presumed to have SCD and is later confirmed, the newborn is enrolled in the Newborn and Pediatric Sickle Cell Clinics held every Tuesday and Thursday respectively at the Department of Child Health for proper management.

There is also the NBS team that does routine home visits to ensure mothers with PSCD babies do not skip their hospital appointments and also the babies are given their micronutrients needed for their survival.

Patient Amenity Fund has been established to help support the medical bills of indigent children with SCD to ensure seamless care delivery.

The Fund enables mothers who walk into the facility to have their babies screened because of the education they have on newborn Screening do so free of charge.



Since it started, the NBS has achieved a 100% target of ensuring that all livebirths at the hospital are screened. Again through the screening babies who are likely to get stroke are detected for early intervention

CHALLENGES

Some caregivers because of religious beliefs do not believe the test results, thus do not continue treatment for their babies.

Filter paper used for screening are sometimes not readily available which slows the screening process.

KBTH SUCCESSFULLY HOLDS 2022 MAY DAY GAMES

The much-awaited 2022 May Day fun games for staff of the hospital successfully came off at the Mamprobi Girls School park.

The event had 18 Departments contesting in various sporting disciplines namely, Football, Table Tennis, Oware, Ludu, Drafts, Scrabble and cards.

Opening the games, the Hospital's Chief Executive Officer, Dr. Opoku Ware Ampomah said the event was to create an avenue for interaction among staff members.

He said the Hospital advises its clients to stay healthy and it was important to exemplify this, adding that "exercise is good and it helps us to be healthier". Dr. Ampomah expressed appreciation to the organizers and staff for their active participation.

He noted that "Management will work together with the various Unions and Korle Bu Welfare to make sure that it becomes part of the hospital's events calendar." At the end of the football games, Laundry Department emerged the overall winner, with Obstetrics and Gynaecology Department taking the second position.

Medals and certificates were given to winning Departments and individuals.

There was so much excitement, cheers, singing and dancing, to which the CEO, Directors and some departmental heads of the Hospital joined in.

Most staff members interviewed said that it was a memorable occasion and recommended that more of such events should be organized often.

Below are some highlights of the event:



SELECT COMMITTEE ON HEALTH COMMENDS KBTH

The Parliamentary Select Committee on Health has commended Management and staff of Korle Bu Teaching Hospital on the strides it has made in healthcare delivery in the midst of enormous operational challenges.

The Committee made this observation when they paid a working visit to the facility to receive firsthand information and also familiarise themselves with the operations of Ghana's premier tertiary hospital.

The Committee Chairman and Member of Parliament for Effiduase-Asokore constituency, Hon. Dr. Nana Ayew Afriyie in his address said the visit had accorded his team an opportunity to authenticate the veracity of complaints and reports about the hospital.

He indicated that the Committee recognized and appreciated the enormity of challenges the facility faces, notable among which are; infrastructural deficit, insufficient medicine list on NHIS, high staff attrition rate, staff medicare, patient and staff service dissatisfaction levels, among others.

Speaking on the "No bed syndrome", Hon. Dr. Nana Afriyie praised management for the measures put in place to address the issue. "Management has put systems in place and they are on top of the situation but of course they have a bed capacity limit.

They are not an institution with unlimited bed capacity, therefore when you come and the place is full, the place is full", the Chairman noted.

He however cautioned authorities not to deny patients access to beds if they are available. Dr. Ayew Afriyie encouraged Management of Korle Bu not to relent on their quest to become a tourist hub.

"I wish to let you know that Korle Bu is where we have the best of everything in healthcare delivery", the Chairman said. "At this point in time colleagues we would only assure the public that Korle Bu is doing very well in the midst of scarce resources.", he added.

The Committee pledged their commitment to ensure issues raised by the Hospital are conveyed to the Ministry of Finance, National Health Insurance Authority (NHIA) and all other stakeholders, for swift attention and resolution.

On his part, the Chief Executive Officer of the Hospital, Dr. Opoku Ware Ampomah expressed gratitude to the Committee for the visit and their assurance to support Korle Bu to continue to offer efficient and top notch healthcare services.

He noted that the Hospital had undertaken a number of activities to enhance service delivery, patients and staff care. He said Korle Bu had recently acquired accreditation to train doctors in Emergency Medicine.

Sub-specialty programmes and capacity building, acquisition of world-class equipment were being vigorously pursued to enable the Hospital attain its desire of being a tourist hub.

Dr. Ampomah said one major problem of the Hospital had been data verification. This, he said, made it difficult to get financial and policy support when there was the need.

To this end, the Policy Planning, Monitoring and Evaluation (PPME) Unit had embarked on a vigorous exercise since last year to train various categories of staff across the Hospital to better manage their data.

Apart from that, peer reviewers had also been trained, all in a bid to ensure data provided in the Hospital is verifiable.



The Chief Executive, Dr. Opoku Ware Ampomah (2nd right) and his Management team with the Chairman of the Parliamentary Select Committee on Health, Hon. Dr. Nana Ayew Afriyie (3rd right) and other members of the Committee

He noted that the PPME Unit had since the past weeks also started an exercise to train all Departments, Units and Sub-BMCs on preparing their 2023 programme of work to better match their activities and needs against their budget.

Dr. Ampomah said the Hospital had financial and infrastructure problems but was hopeful the Committee would help resolve them.

He indicated that Korle Bu has the best health personnel in the country and would continue to

provide quality care for its patients.

The Parliamentary Select Committee on Health, together with management, and media personnel present inspected some ongoing projects which are at different stages of completion.

The projects include the Urology and Nephrology Centre of Excellence, Fevers Unit, Infectious and Disease Control Centre, the Oxygen Plant and the Diabetes Centre.

Members of the Committee present at the event included the Ranking Member, Member of Parliament for Juaboso, Hon. Mintah Akando; Deputy Ranking member and other minority members in the committee.

Members of the majority side included the Deputy Chair and other members of the majority side.

The Hospital was represented by Directors and their Deputies, heads of departments and senior managers.

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BEHIND OUR BEAUTIFUL LAWNS

The Unit is also in charge of pest control, minimizing the invasion of insects, rodents and other pests in and outside the hospital by undertaking frequent fumigation exercises.

On a daily basis, they mow lawns, trim lanes bushes, trees and also weeds to ensure a clean outlook for Korle Bu.

Positive Development

The Unit has over the years chalked some successes in its operations. Previously, staff of the Environmental Health Unit were using minor tools such as cutlasses for weeding and clearing out the lawns, but have since evolved to using gardening machines like the brush cutters and lawn mowers, etc., thus making their work much faster and easier.

The equipments have enabled the Unit to promptly respond to emergency situations such as flooding, fire outbreaks, taking out fallen trees as a result of heavy rainstorm or winds, thus reducing the inconveniences staff and patients experience during such times.

The Unit has been working closely with the Ghana National Fire Service to train staff in firefighting and other preventive measures.

Revenue Generation

The Head of Environmental Health Unit, Mr. Samuel Owuradu Ashley in an interview with Korle Bu News Team disclosed that plans are far ahead to register the Unit as a pest control and fumigation service provider. This, he said if done, would complement the Internal Generation activities of the Unit and help them acquire needed items.

Challenges

Mr. Ashley said that one serious challenge the Unit faces is the delay in the requisition of tools for work.

He therefore called on Management to expedite action on their requests for tools to enhance the quality of their work.



Head of Environmental Unit

Mr. Samuel Owuradu Ashley is the Head of the Environmental Health Unit. He has worked in the hospital since November 1989 where he held the position of Deputy Head of the Unit for six (6) years and as Head for the past five years.



MR. SAMUEL OWURADU ASHLEY

Mr. Samuel attended the School of Hygiene and GIMPA where he obtained his diploma and then Basic Administration certificate respectively. He loves to read Christians books during his leisure time.

Korle Bu Bulletin



CALL FOR ARTICLES

Staff members who have articles for publication in the *Korle Bu Bulletin* can send it via Whatsapp to:

0544622895
or pr@kbth.gov.gh

Articles can be Academic or General. Staff members can send any happy, bad, good or memorable encounters for publication.

Thank you

RETIREEES

Between May and June this year, some staff members retired from active service, after providing valuable service for decades to the growth of the hospital.



Mrs Doris Martey was a Human Resource Manager in charge of the Radiology Department.



Mr. Stephen Corquaye (Arrowed) was a Pharmacist stationed at the Accident and Emergency Centre



DCNO Millicent Fofu Anyen (Arrowed) retired from the Obst & Gynae Department after 34years of service to Korle Bu



Mr. Joseph Quarshie (Arrowed) was with the Audit Unit

HUMAN RESOURCE AND PRODUCTIVITY

KBTH STAFF EXCITED ABOUT CAPACITY BUILDING ON PLANNING PROGRAMS AND BUDGETS FOR EFFECIENCY

Participants in the just-ended capacity building for senior and middle-level staff of the Hospital on drafting program of work and budget preparation have expressed delight over the exercise.

While commending Management for this laudable initiative, the participants described the two-day session for each Department as highly interactive, educative and a beneficial venture.

The disclosure was made when the Hospital's news bulletin interacted with some staff members who had undergone the training.

At some Departments who had ended their two-day session, a participant in excitement said "oooo the POW exercise is on point. The resource persons are very well equipped".

Another participant said the exercise was his first real practical learning experience.

He said the resource persons were practical and realistic, matching programmes with resources available.

Most participants congratulated Management and the resource persons for the session.

In line with the Hospital's drive to have an effective implementation of programmes of work to achieve desired outcomes, the Policy Planning, Monitoring and Evaluation (PPME) Unit has been tasked to train selected staff in all Directorates, Departments and Sub BMCs.

The two-day training is being done to ensure that the Hospital meets its deadline and also achieve an alignment of respective budgets to planned activities.

At the end of the entire exercise, the Hospital is expected to submit its 2023 budget through the Ministry of Health to Parliament as per regulatory requirement, for approval by August, 2022.

At each training session, participants discuss pressing issues in relation to the Health Service System (HSS) Blocks. These are Leadership and Governance, Human Resources, Health Information, Technology, Finances, Service Delivery, Community Participation, Partnership and Research.

In discussing each HSS, gaps and solutions identified in each Department or Sub-BMC is translated into activities into the 2023 POW template and added to next year's budget and procurement plan to help attain the Hospital's common goal of providing excellent care.

At the end of the two-day training, each Department, Sub-BMCs and Directorate drafts a Programme of Work and Budget for 2023.

The exercise started on May 16, 2022 and is expected to end on August 3rd, 2022. At the time of this publication, all clinical departments and Centres of Excellence had taken part in the training, with 873 multi-disciplinary staff, benefitting from the exercise.

The PPME and Budget Units had therefore started training staff at the Directorates.

Resource persons from the PPME and Budget Units have so far expressed satisfaction working with participants to discuss gaps and solutions, and also assisting in drafting a verifiable 2023 POW, Budget and Procurement Plan.

Below are pictures of some departmental visits:



Deputy Director of PPME Unit, Ms. Bernice Ofosu (first left from 2nd row) with representatives from the Allied Surgery Department



Mr. Pius Agbeviadey (PPME Unit) taking staff at the Radiology Department through the training



Personnel from the General Services Department who went through the two-day training



Orthopaedics team who went through the two-day training

STOP UNORTHODOX HERBAL TREATMENT OF FRACTURES AND REPORT EARLY TO THE HOSPITAL - KBTH ADVISES THE PUBLIC

Authorities of the Korle Bu Teaching Hospital have advised the general public to visit a health facility for treatment of fractures and not resort to unorthodox herbal treatment. This, they note, will prevent undue harm and financial cost.

The Hospital authorities have also advised against self medication in the treatment of orthopaedic cases.

The Head of the hospital's Trauma and Orthopaedics Department, Dr. Frederick Kwarteng, in an interview, noted that there was a growing concern over the number of patients presenting with fractures to the hospital late, adding that when they arrive, their fractures had most often lost tissues.

This, Dr. Kwarteng said, resulted in amputation, long surgical and rehabilitation procedures and huge financial burden for the patients.

Dr. Kwarteng revealed that the Department had been receiving about four of such cases every quarter, within the last year.

He revealed that, the department had recently operated and amputated the hand of a 13-year old boy whose parents had used such unauthorised herbal treatment on his hand when he fell off a tree.

The young patient had injured his hand after falling off a tree but his family applied various unauthorised medications in their bid to heal his injury.

However, after two weeks of herbal medication, the hand injury worsened and they brought him to Korle Bu, after a referral from another hospital.

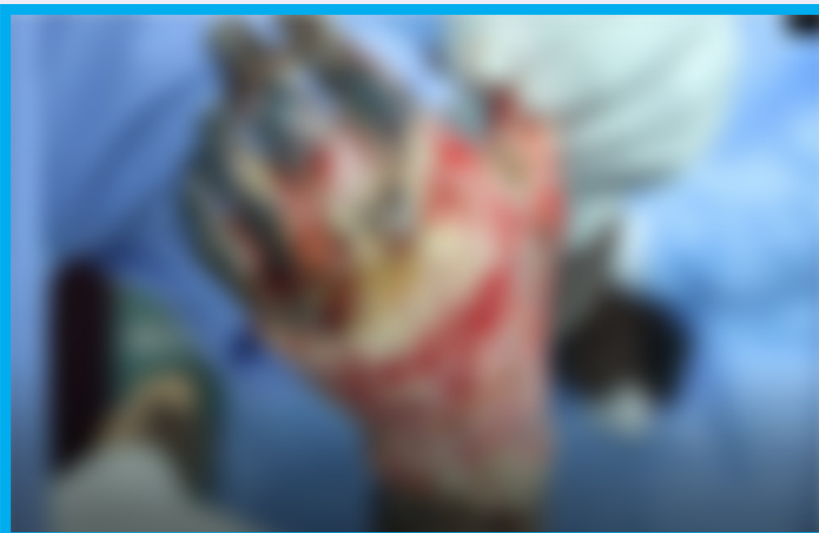
Dr. Kwarteng said the Department had hoped to save the boy's hand after the first surgery but due to the extent of damage they had had to amputate his hand in order to save him.

He said a team of highly skilled medical personnel from the Orthopaedics, Plastic Surgery, Anaesthesia and nurses were working together to ensure the best outcome for young Arthur.

Dr. Kwarteng registered his displeasure at the delay and the unfortunate outcome which had occurred due to the unauthorised medication.

"This would have been prevented if they had reported to the hospital as soon as it happened", he said. Adding "this recovery process can be prolonged for the next eight months."

Regarding the cost of treatment for young Arthur, Dr. Kwarteng said the whole process and rehabilitation could amount to Ghc25,000.



He advised the public to seek medical assistance for their health issues and not self medicate or use unauthorised processes.

He added that there were plans by the Orthopaedic Surgeons Association to educate the public

and also help train herbalists on treating orthopaedic cases correctly.

In an interview with young Arthur's mother, Abena Gyamfua, she disclosed that their two weeks delay to seek proper medical attention was due to the ignorance on the effect of unauthorised herbal medications.

Madam Gyamfua said they thought the broken hand could be easily treated with the herbal treatment.

She noted that when they realised the hand was rotting, they got scared and took him to a hospital, where they were referred to Korle Bu.

Madam Gyamfua regretted not coming to the hospital early and advised the public to seek urgent medical care and not resort to other means of treatment.

EYE CENTRE HOLDS 2022 RESEARCH FAIR

The Chief Executive Officer of the Korle Bu Teaching Hospital (KBTH), Dr. Opoku Ware Ampomah has charged the heads of the various Departments at the facility to take full control of the management of their respective areas.



This, he believes would increase the revenue base of the hospital if effectively and efficiently done.

“The era of us and them is over, my philosophy is different, now everything begins and ends with the department. So departments arise and shine. Mine is to support, I am just a facilitator”.

The CEO said this at the fifth edition of the Eye Centre's Research Fair 2022.



The research fair which was under the theme “Improving Clinical Outcomes Through Research - 5 years on” showcased some research findings the Department had come out with over the past year.

Dr. Ampomah commended the Department for undertaking 19 research studies published both in

international and local journals for the year under review.

He however tasked the Head of Department to capture the positive things they were doing in order to publicise them, adding, "Jesus himself said that, don't light a candle and put it under a cushion”.

He noted that the good works are some of the things that help in generating revenue for the Hospital. He further tasked management and staff to bring more ideas on board.

"I believe some of you have got very good ideas that



may help us to improve the way things are done so please bring it on board and let's capture it and make it part of the departments program" were his exact words.

On the research findings presented by various units within the Department, Dr. Ampomah commended the various teams for their insightful research findings.

He praised the nurses for their cooperation and hard work as shown by their research.

A Professor of Bacteriology and Global Health at the Department of Medical Microbiology, University of Ghana Medical School, College of Health Sciences, Professor Eric Sampene-Donkor was the special guest of honour for the occasion.

On his part, Prof. Sampene-Donkor congratulated the Department for sustaining the research fair into its fifth year.

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DEPARTMENTS RECEIVE EQUIPMENT AND LOGISTICAL SUPPORT.

The Korle Bu Teaching Hospital has received state-of-the-art medical equipment and logistics worth GHc7.5million from the Ministry of Health.

The items, some of which included mobile x-ray machines, ultrasound machines, incubators, C-pap machines, Oxygen concentrators, ICU and Gynae beds, Trolleys, Monitors, ECG machines, stethoscopes, nebulisers, examination gloves, Tablets, Television sets, among others, is to enhance care delivery.

At a short ceremony to formally hand over the items to various departmental heads in the Hospital, the Chief Executive Officer, Dr. Opoku Ware Ampomah, encouraged the various departments to be solution-minded and engage with Management or relevant authorities in times of crisis and challenges.

Whilst Korle Bu has some of the best medical personnel in Ghana, the CEO however noted with worry that "the public rarely hears of our positive side.

"This, he noted was because "we most often denigrated ourselves and this has overshadowed the life-saving activities we provide our clients on a daily basis.

"On ensuring maximum value for the equipment, Dr. Ampomah urged departmental heads and their management teams to take a keen interest in procurement evaluation processes and ensure they get the right items to meet their peculiar needs.

"Don't sit in evaluation and approve the wrong thing and when it comes you complain that you've gotten the wrong equipment (sic)", he said while adding,

"you are the ones to make the recommendations to procurement as to what you need.

"He therefore tasked the various departments to also improve their equipment data evaluation and prioritise items in their budgets to aid in procurement processes.

"We should have up-to-date equipment gap analysis based on data that can enable us prioritise so that even when we are going to get support we know how to lobby and leverage the appropriate support for the institution", he said.

The Korle Bu CEO further urged the recipients to take good care of the items and also have a preventive maintenance plan in place to ensure the longevity and productive use of the items.

On its part, he said management will continue to provide the necessary support and training to ensure we provide excellent care to patients and clients.

Dr Ampomah thanked the Ministry of Health for the items, saying it would go a long way to enhance the quality of care given to our patients. Some Heads and their representatives at the function could not hide their joy for the items donated.

They noted that the items were modern and would greatly enhance care delivery to patients.

They thanked management for getting the items from the Ministry of Health and were hopeful that more of such support will come for the benefit of their patients and stakeholders.

They promised to undertake all necessary measures to ensure the utmost usage of the equipment and logistics received.



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EYE CENTRE HOLDS 2022 RESEARCH FAIR

The Professor, who has a broad academic background and has authored over a hundred international academic journals urged the Department to undertake and apply research findings from various units in order to come out with innovative ways to enhance patient care.

He said as the theme for the fair implied, the essence of research was to enhance care delivery to patients and practitioners.

The Professor thanked the Department for inviting him to be part of this year's fair, adding that he had enjoyed himself.

On his part, the Deputy Director of Medical Affairs, Dr. Harry Akoto congratulated the department for the consistency in their research work.

He encouraged them to make their research solve pertinent issues.

"You can do all the fantastic research in the world. If it doesn't solve a problem, it's useless. So the focus of problem solving in research is what makes it key", Dr. Akoto advised.

There were research presentations from various units within the Department with a focus on three key areas namely, quality, efficiency, and effectiveness of care.

Research findings presented at the event included, 'Surgical checklist compliance', 'Level of patients' satisfaction with ophthalmic counselling and education," by the nursing unit.

Others were "A study of Antibiotics prescription patterns" by pharmacy unit. Another, "Factors that influence the choice of frame" by the Optical Unit, "Staff satisfaction survey," presented by the Administrative Unit and "Patient waiting time" by the Records Unit.

In an address, the head of the Department, Dr. S.Y. Adams noted that this year's research fair also highlighted the operational research of the Eye Centre.

He noted that it was the department's expectation that when all the findings and recommendation are implemented it would ultimately lead to quality of care and services delivery.

The Chairperson for the event, Dr. Naa Nuamah Tagoe in her acceptance speech recounted how the eye research fair idea was mooted.

According to her, the fair was established in 2016 by a group of individuals who were passionate about research at the department.

Determined in this quest, a research team was set up, consisting of staff from the ophthalmology, nursing and pharmacy units, she said.

Dr. Tagoe added that after series of deliberation selected topics of interest were given to the team members and that was how the programme begun.

The Chairperson said she never would have imagined the Korle Bu Eye Centre Research Fair would live to celebrate its fifth anniversary.

"It's amazing how fast time flies, to everything there is a season and a time for every purpose, though time flies, our memories will last forever." Dr. Tagoe noted.



Certificates of merit was presented to various teams for the excellent findings.

In attendance were both the Director and deputy of Pharmacy, Head of Korle Bu Research Unit, representatives from the Nursing and Midwifery Directorate, the Public Relations Unit and staff from the Eye Centre.

TOWARDS K'BU @ 100...



OUR HISTORY

Korle Bu Teaching Hospital, the premier tertiary healthcare facility in Ghana, was established on October 9, 1923, under the administration of Sir Frederick Gordon Guggisberg, the then Governor of the Gold Coast.

The Facility was initially built as a General Hospital to attend to the health needs of the people of Accra.

Korle Bu, in the local Ga parlance means ‘the valley of the Korle Lagoon’.

Shortly after its establishment, Korle Bu witnessed an increase in hospital attendance as a result of the proven efficacy of hospital-based treatment. This surge in accessing the Hospital’s services resulted in serious

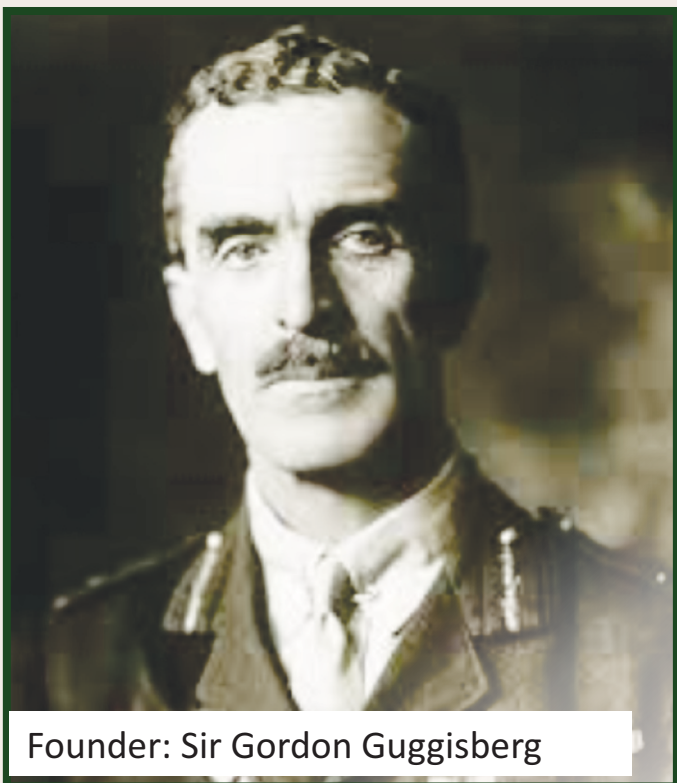
congestion compelling the Government to set up a committee to assess and make recommendations for its expansion in 1953.

The Committee’s recommendations were accepted and new structures such as Child Health, Maternity, Medical and the Surgical Blocks were added to the Hospital. This increased Korle Bu’s initial 200-bed capacity to 1,200.

The Hospital gained teaching hospital status in 1962 when the University of Ghana Medical School, was established to train doctors.

To be continued in next edition.

LEADERSHIP AND GOVERNANCE



Founder: Sir Gordon Guggisberg



Dr. A.J.R. O'Brien (Resident Medical Officer 1923-1929)



Dr. Russell (Resident Medical officer 1950-1954)

RETIREMENT SEMINAR HELD FOR STAFF OF POLYCLINIC/FAMILY MEDICINE

The Department of Polyclinic/Family Medicine has successfully organized a two-day seminar on retirement for over 300 of its staff. The exercise aimed at ensuring that employees are equipped with sufficient knowledge of their SSNIT contributions and its implication when they retire from active service.

Resource personnel were drawn from the Public Affairs Directorate and other members charged with the responsibility of educating the public about SSNIT operations, especially on the TIER 1 pension Scheme.

SIGNIFICANCE

The Acting Head of the Department, Dr. Allen Steele Dadzie in his opening remarks expressed excitement over the interest and enthusiasm shown by staff.

Dr. Steele Dadzie disclosed that as part of the Department's education plan for the second quarter of this year premium was placed on educating staff on pensions. "What is certain about our professional life is that one day we would go on retirement, and it's real, therefore one needs to be definite about it and there is no need to presume about it, one has to plan definitely about it, hence the need for us to organize this two-day session", he added.

He further advised staff to pay special interest in their SSNIT contributions, and other things which would make retirement comfortable and rewarding after active service.

SSNIT COMMENDS POLYCLINIC

On their part, the resource persons from SSNIT commended management for inviting SSNIT to educate staff, indicating that the discussion would focus on Provisions made under the National Pensions Act 2008, Act 766, which is the new scheme and P.N.D.C law 247 of 1992.

The pension experts noted that on many occasions when pension issues are mentioned to the younger generation they are often not interested because they feel they have many more years ahead before retirement.

WHAT YOU NEED TO KNOW

Under PNDC law, 247 members under this are persons born on or before December 31st 1959 and the last batch of these members in this category turned 60 years as at December 31st, 2019. It is important to note that pension qualifying conditions under this category is paid to members who had made minimum requirement

of 240 months contributions in age aggregate. Such a member must be 60 years of age (full pension) or 55 years and above for reduced pension

PROVISIONS UNDER ACT 766

The National Pensions Act 2008, Act 766 provides for three Tier pension schemes namely; 1st Tier, 2nd Tier and 3rd Tier. With Tier 1, it is a mandatory basic social security scheme managed by SSNIT and the beneficiary receives monthly pension on retirement. Tier 2 is mandatory, fully funded and privately managed on occupational scheme. Upon retirement, the beneficiary receives a lump sum. The 3rd Tier is a voluntary, fully-funded and privately managed provident and personal pension scheme.

TIER 1 PENSION SCHEME

Under this, the employee monthly contributes 5.5% of his basic salary to the Scheme while his/her employer in that same month pays 13% on behalf of the employee. A total of 18.5% of the worker basic salary is therefore paid as social security contribution for the worker.

It is worth mentioning that this 18.5% of the employee contribution is further distributed at different levels. For instance 5% of it is paid to a private fund manager of the employee's choice (2nd Tier), while 13.5% is paid to SSNIT. SSNIT then pays 2.5% to NHIA and the remaining 11% is then managed by SSNIT to pay one's monthly pension on retirement.

The resource persons disclosed four benefits enjoyed under Tier 1 scheme, which includes superannuation pension, invalidity pension, emigration lump sum and survivors lump sum.

TIER 2 PENSION SCHEME

Touching on the Tier 2, the Vice President of Ghana Medical Association, and a Family Physician at the Department, Dr. Justice Yankson educated participants on the scheme. Dr. Yankson admonished employees to start talking to their colleagues who are on pension now. This he said will help every staff appreciate the need to plan for retirement. He indicated that the whole idea of these three pension schemes is to make pension better than it currently was.

He said the tier -2 is a defined contribution that works like an investment, and the more you put in your money, the more your returns goes higher.

"For the health sector we have what is called occupational pension scheme, they are responsible for managing your tier-2. They are licensed occupational pension scheme corporate Trustee with service

The Impact of COVID-19 on Out-Patients' Visit at the Korle Bu Polyclinic/Family Medicine Department

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Abstract

Background:

The COVID -19 pandemic has wreaked havoc on health-care systems globally. There was disruption in the continuity of care for many patients during the pandemic. In Ghana, the impact of COVID-19 on overall attendance at the Out Patients' Department (OPD) is unknown.

Objective:

The study sought to investigate the impact of COVID-19 on outpatients' visits at Korle Bu Polyclinic/Family Medicine Department (KPFMD).

Materials and methods:

A retrospective study which involved review of data in our Lightwave Health Information Management System (LHIMS).

Total enumeration of patients' visits and revenue generated during the first 6 months of COVID-19 outbreak in Ghana was retrieved and compared with the same duration prior to the pandemic.

Results:

There was a 44% decline in general attendance to the OPD, 24% and 17 % decline in attendance for patients with Hypertension and Diabetes respectively.

The trend analysis was statistically significant for general attendance (p-value = 0.0025) but not for Hypertension (p- value = 0.1864) and Diabetes (p-value = 0.4484).

Patients below 19 years had the highest percentage drop in OPD attendance. There was 30% drop in revenue generated by the facility after the outbreak.

Conclusion:

The COVID -19 pandemic resulted in a considerable drop in outpatient visits to the KPFMD. Outpatient visits have not yet returned to pre-pandemic levels, according to our findings, as a result, revenue has decreased. The majority of patients with chronic medical diseases such as hypertension and diabetes, on the other hand, had continuity of care.

2022 MAY DAY GAMES IN PIXS



The CEO with the President of K'Bu Welfare, Mr. Collins Addae, (5th left) Ms. Beatrice Anang; Welfare Financial Secretary (3rd right) and some organisers of the May Day Games. The Games was partly sponsored by the Korle Bu Welfare, with support from KOSSA and some companies.



There was face-painting for children



The presence of Jama groups made the May Day Games exciting.



The Director of Pharmacy, Dr. Daniel Ankrah (left) with Ms. Oksana Corquaye (Polyclinic Pharmacist), Mr. Charles Offei-Palme (KOSSA President & Dep. Dir of Pharmacy) and Mr. Steven Corquaye (Match Commissioner for the Games).

contd. from pg 13

RETIREMENT SEMINAR HELD FOR STAFF OF POLYCLINIC/FAMILY MEDICINE

providers, their administrator is enterprise trustees”, Dr. Yankson said. He disclosed that under this scheme, should a subscriber die before age 60, a lump sum equal to the value of his/her contributions and investment returns will be paid to his/her beneficiaries.

Dr. Yankson in his concluding submission advised participants that the 3rd tier was an opportunity to earn extra value or income under this scheme. He stated that the Law currently allows members to voluntarily contribute 16.5% aside the 18.5% into the tier 3 arrangement adding that, if one opts for this Scheme, one enjoys tax relief on their basic salary.

DOUBLE OR MULTIPLY EMPLOYERS

The SSNIT team advised those who have multiple jobs to always ensure that each employer pays their SSNIT contribution to ensure full benefit of their pension.

“There is a common practice in the medical fraternity called locum, where a clinician may work in more than one health facility, the law requires that he/she be paid all SSNIT contribution from each of the employees, surprisingly not many employees are very much aware of this.” Mrs Cynthia Narh, one of the facilitators stressed.

UPDATE OF NOMINEE LIST

On a lighter side of the seminar, the SSNIT Team jokingly called for the arrest of participants who indicated they had not updated their nominee for the last five years. According to the resource person, the law requires every contributor to, at least update their nominee list once every five years. This provision, they stressed, is compulsory and should be observed as such.

“You see some of us registered onto the scheme when we were not married, so we nominated our fathers, mothers, our siblings. Some of us, our parents are even deceased yet they are part of our nominee list, and unfortunately our wives and children are rather not captured in the nominee list. Even though the law says at least the update be done every five years, I plead with you to update it regularly as many times you can”, the SSNIT team emphasized.

They however clarified that the nominee list should not include boyfriends and girl friends, because the law does not recognize them as beneficiaries.

With regards to children born outside marriage, they noted that if SSNIT establishes beyond reasonable doubt that it is your biological child, and is a minor, the

law gives 60% of benefits to that child whether he/she is on the nominee list.

ALLOWANCES VS BASIC SALARY

According to SSNIT the practice of pushing more money into allowances instead of basic salary affects a lot more people during retirement and this, they said is a source of worry to them. For instance, if an employee takes home pay GH10, 000 and out of this his basic salary is GH2,000, the remainder GH8000 is allowances. Hence, 18% calculation is on GH2000 and this would be small and would obviously affect one’s pension.

In an answer to a question on what can be done to check this practice, the Team revealed that the solution was in the hands of labour unions during negotiations. They said leadership of labour union seemed to pay less attention to this issue though.

* VIEWS OF PARTICIPANTS*

In an interview with some participants after the seminar, the human resource manager, Mrs. Vida Agypong mentioned that the Department noticed that most of its staff were not well informed and when they retire and go to SSNIT for their lump sum, most of them became disappointed. She said the department therefore decided to have our the seminar to enable staff members prepare better for their retirement.

She was happy that the objective for the seminar had been achieved. Mrs Agypong assured that the exercise would be conducted every year since new staffs were always brought to the facility while old staff retired.

Another staff, Madam Julia Ibrahim Bedi stated that the presentation was on point and well organized and she would recommend it be done every year. She noted that it had enlightened her especially on the tier-3.

Dr. Gordon Amoh in an interview stated that the seminar had been a useful exercise because personally there were things he did not know but the seminar had enlightened him a lot.

Resource personnel for the seminar were drawn from the Public Affairs Directorate of Social Security and National Insurance Trust (SSNIT), amongst them were, Ms Emefa Avornyo, Vivian Naa Agbewenu, Cynthia Narh and other members charged with the responsibility of educating the Sub-BMC’s staff about SSNIT operations, especially on TIER 1 pension Scheme

2022 MAY DAY GAMES IN PIXS



The football squad for the A&E Department



Competitors busy at the draughts section



The men's table tennis competition was keenly contested.



Director of Administration, Mr. Munir Alhassan presenting a certificate to a winner.



Deputy Director of Human Resources, Mr. Alex Arhin (left) presenting an award to a winner, with assistance from the CEO, Dr. Opoku Ware Ampomah (middle).



Director of Pharmacy, Dr. Daniel Ankrah (left) with some awardees.



Deputy Director of Medical Affairs, Dr. Harry Akoto decorating a winner with a medal.



Participants for the oware competition giving it their all.

HUMAN RESOURCE AND PRODUCTIVITY

QUEUING MANAGEMENT SYSTEM AT THE KBTH OBSTETRIC OUT-PATIENT DEPARTMENT CLINICS (BOOKING CLINIC)

Background:

In 2015, the United Nations General Assembly set up the Sustainable Development Goals which is aimed at getting rid of poverty and hunger and to create a safe environment from the worse effects of climate change and improve on health and equity.

These are to be achieved by the year 2030 (UNDP, 2015). All member states, including Ghana are working hard to attain these Goals. Goal 3 is to ensure healthy lives and promote well-being for all ages and Goal 10 is to reduce inequality within and among countries. In seeking healthcare, many delays have been identified including the ones clients encounter at the health facility: delay in receiving adequate and appropriate treatment and long queuing time is a rising factor. In order to promote equal opportunity for all patients and reduce the queues and delays at the booking clinic, we introduced the Queuing Management System at the Korle Bu Teaching Hospital Obstetrics Out-patient Unit.

The Queuing Theory is a mathematical approach to the analysis of waiting lines in any setting where arrival rate of subject is faster than the system can handle as developed by A. K Erlang in 1904 (Brockmeyer et al., 1948).

This theory was to help determine the capacity requirements of the Danish telephone system. It has then been used by many in diverse ways. What triggered this intervention was my experience below;

My first day experience at the Booking clinic in December 2019 with our clients was not a pleasant one as I noticed Clients arguing about who came first.

Some comments passed were, "I have never liked the mention of this hospital so I tried my best to come early in order to go home as early as possible. Now see how people are crossing me. I hate this hospital".

After settling their argument and calming tempers, I apologised to them for the misunderstandings. I went further to explain the activities that go on at the booking clinic and reassured them of the best care. As I went back to my seat, this innovation came to mind: a form of ticketing or queue management system.

The Booking Clinic is the first place of encounter for most of our clients who have been referred for specialist care therefore having a harmonious experience will be soothing to most clients as it will communicate how serene the hospital environment is.

Objective:

To chronologically arrange clients in order of arrival time to the booking clinic with the exception of staff and clients with disability.

Methodology:

In achieving the above objectives, we implemented the card system which involved the following processes

- Paper cards were cut into small square pieces.
- They were numbered boldly from 1 to 30 with a marker.
- Each square card was covered with plain adhesive tapes.
- Clients were given numbers chronologically according to time of arrival.
- Numbered cards were collected from clients after being seen by the Doctor.
- At the end of the clinic, lost cards were replaced daily.

This process was repeated and newly observed best practices were incorporated in our review sessions and exit interviews were conducted for feedback.

Results:

Our Booking clinic has so far been peaceful and harmonious as clients are being cared for in a chronological manner. Since we started, we have had no complaints or encountered arguments on queuing and services offered.

However, this method is not without challenges: the loss of cards daily, inadequate orientation of staff on the card system and quarterly staff rotation within the Unit. To resolve these, the department can introduce an automatic queue ticketing dispenser as used in most Institutions for customer service which can also serve the Antenatal and Postnatal clinics.

Secondly, there is the need for continuous handing over of all activities among staff during quarterly staff rotation within the unit.

Conclusion:

The initial reaction for health professionals for this system was slow but ultimately the **OBJECTIVE** was attained. It is currently being practiced at the Booking clinic as most clients are satisfied with this practice.

In the wake of current efforts to deliver best services to our clients, the department and the hospital as a whole can introduce the modern system of queuing.

This system will communicate the quality of care we render and serve as a source of information (e.g. Hospital statistic etc) to enhance staff productivity, proficiency and operational efficiency.

As Korle-Bu Teaching Hospital is going digital, we can introduce this system in addition to other laid out plans to pilot our digital system.

Reference

Brockmeyer, E, Halstrom, H.L., and Jensen, A., 1948, The Life and works of A. K. Erlang, Transactions of the Danish Academy of Technical Science 2.
 UNDP Sustainable Development Goals 2015, Booklet Web_En, Pdf.

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 SENIOR MIDWIFERY OFFICER (OBS OPD)
 OBS & GYNAE DEPT.
 KORLE-BU TEACHING HOSPITAL

PIX IN BITS



The forecourt of MRI/CT Scan Centre was recently beautified by the head of the Radiology Department, Dr. Mrs. Klenam Dzeffi-Tetty. The simple but beautiful Rock Garden is a gift from her to the Radiology Department.



The Head of Korle Bu Central Stores, Mr. Sylvester Badohu (left), was recently applauded for his vigilance in ensuring the Hospital receives needed logistical support from Ministry of Health (MoH) and relevant stakeholders. Mr Badohu was praised by the Hospital's Chief Executive, Dr. Opoku Ware Ampomah



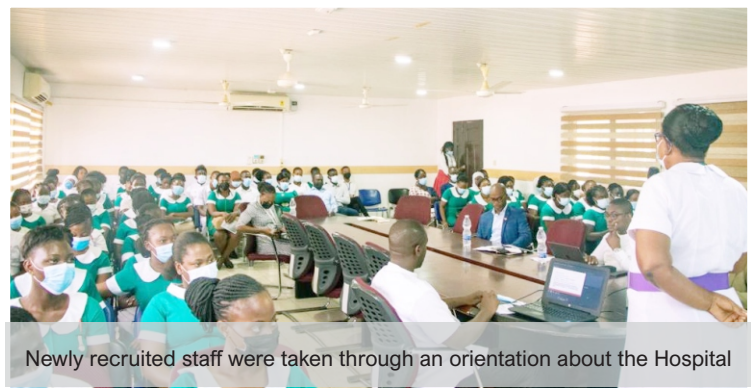
The Chief Executive Officer, Dr Opoku Ware Ampomah joined the Deputy Minister of Health, Hon. Mahama Asei Seini to plant trees at the forecourt of the Main Hospital Administration. Chief Directors from the Ministry of Health and their representatives and Directors from the Hospital joined in the exercise.



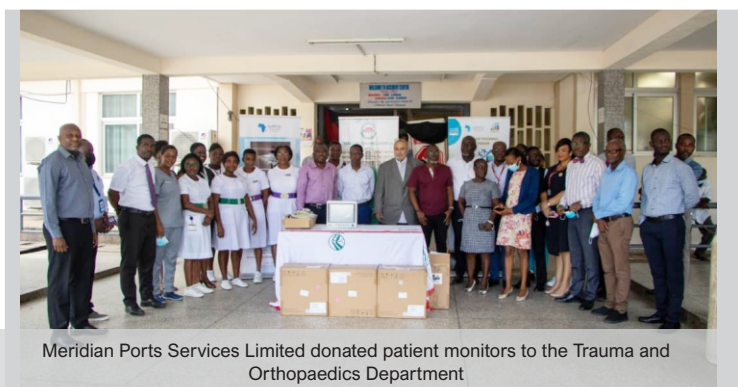
Staff at the Plastics Centre did not miss an opportunity to take a picture with the IGP, Dr. George Akufo Dampare when he visited a patient at the Burns Ward.



Management of the Eye Centre dedicated a Ward to the late Ms Evelyn Taye, in memory of her contribution to the development at the Centre.



Newly recruited staff were taken through an orientation about the Hospital



Meridian Ports Services Limited donated patient monitors to the Trauma and Orthopaedics Department



June Borns of Absa Bank paid the medical bill of some insolvent patients at the Child Health Department to mark their birthday celebration.