



*Review of*  
**Motocliffe-UK**  
*October 2008*  
**Trip to Ghana**  
*(Part 2 – Atkosombo)*

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## Introduction

Moteclife-UK, a UK based health charity, decided to collect and analyse feedback from its various target hospitals during its trip to Ghana in October 2008. Although the charity has always been committed to delivering high standards of care and education this was the first time, in its short existence, of collecting documented feedback.

It is hoped that this would entrench a culture of reflective working practice and service delivery. In so doing Moteclife aims to continue to deliver a continuously improving service responsive to the needs of target hospitals, patients and health care workers in Ghana.

In pursuit of the same, Moteclife-UK decided to have anonymous documented feedback from the stakeholders in Ghana.

The groups identified were the patients, hospital staff, and lecture audiences. The feedback from lecture audiences had been analysed separately on a lecture-by-lecture basis. As a result this analysis would concentrate mainly on the feedback from the patients and hospital staff. This analysis is being done after a similar one for the Koforidua, St Joseph's Hospital, so it is more likely than not that I may make comparisons in this document without having done likewise in the preceding analysis of the feedback received from Koforidua.

Included in the returned questionnaire from Akosombo was the list for the clinic which indicated the Patients' ages, sex and diagnoses. This list would be used to check if the sampling (or respondents) was representative of patients attending the Moteclife clinic during this trip.

The Akosombo Hospital is run by the Volta River Authority, the VRA, and as a result is sometime referred to as the VRA Hospital.

## Clinics feedback

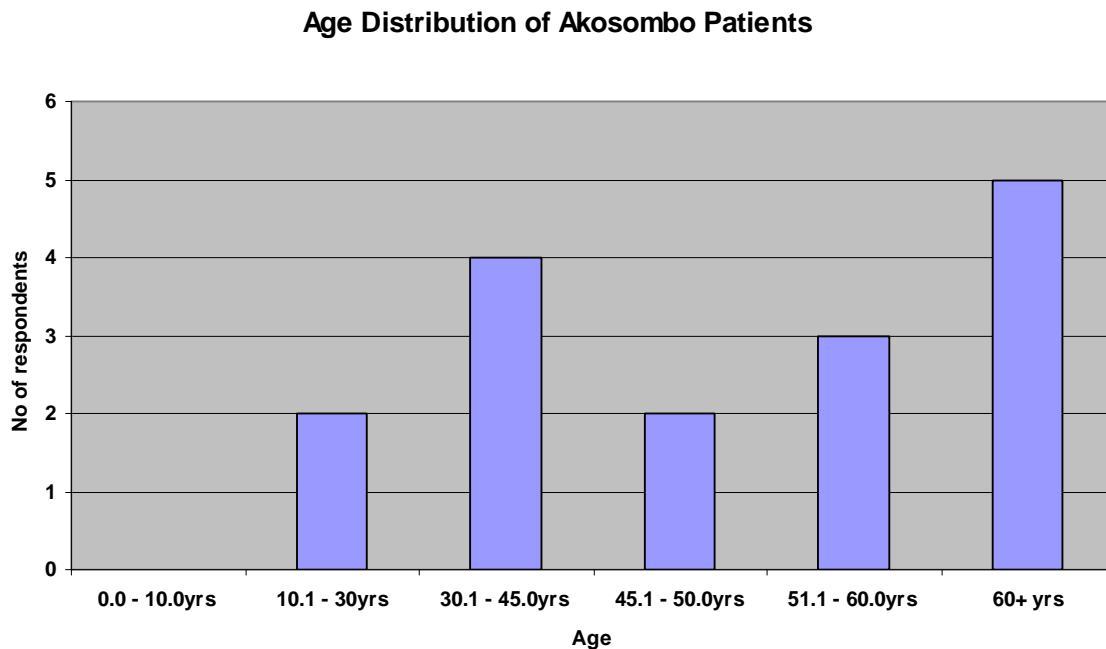
Clinics run by Moteclife during their visits are primarily, but not exclusively, surgical outpatients' clinics. These enable members to assess, diagnose, treat and plan any surgical interventions but might be required. Invariably some patients present with apparent non-surgical problems and these are managed or referred as appropriate.

## Patients' Characteristics

### Age & Gender Distribution

Patients seen in Akosombo Clinic ranged from about 7 years to over 60 years. However the age-spread of the respondents were from 10 – 60+ years. See fig. 1 below.

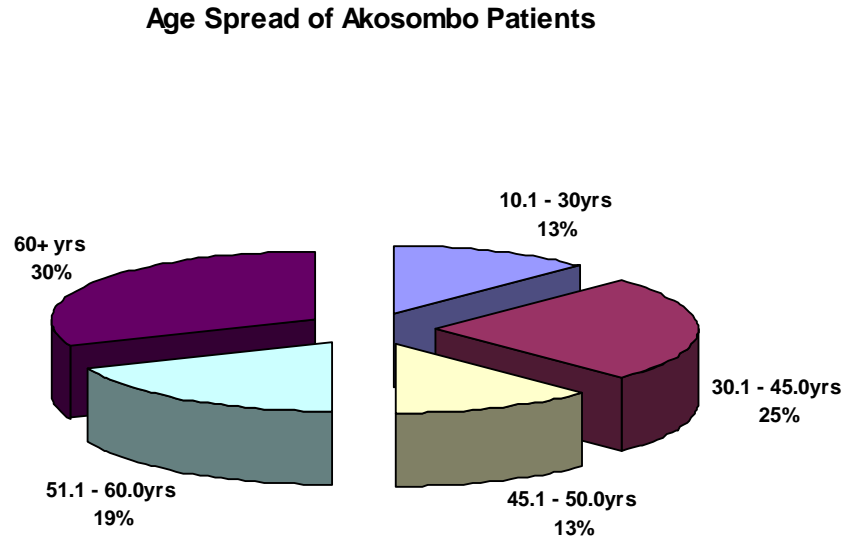
Fig. 1



Patients aged over 45years made up approximately 37% of patients seen. See Fig. 2 below. Specifically 13% of respondents were below the age of 30 years, 25% of respondents were between the ages of 30 and 45 years and another 13% of respondents were between the ages off 45 to 50 years. However, 19% of respondents were between the ages of 50 and 60 years and

about a third (30%) of respondents were over 60 years of age. No respondents were under the age of 10 years.

Fig. 2



### Age spread as per clinic list

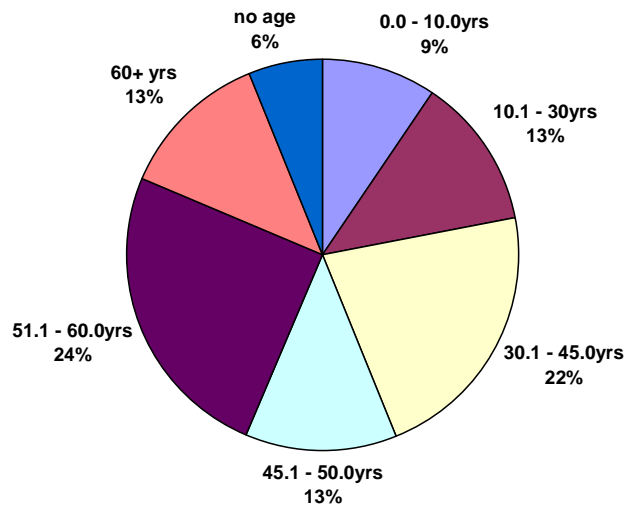
The age spread as per the list of clinic patients varied slightly from the sampling. See Fig. 3 below. The proportion of patients under 45 years was roughly equal to that over 45 years. The slight discrepancy between the proportion of patients under 45 years and those over 45 years could be explained by the fact that no questionnaire was received from patients under the age of 10year.

Given the cultural reality that in Ghana, such views coming from a child under 10 years of age is more likely than not going to reflect the views of the accompanying adult rather than the child the responses received are arguably, more likely to be more representative as it is now than if responses from patients under 10 years of age were included. Therefore the sampling here could be said to be representative of the patients who attended the Moteclife clinic on this trip.

See Fig 3 below.

Fig. 3

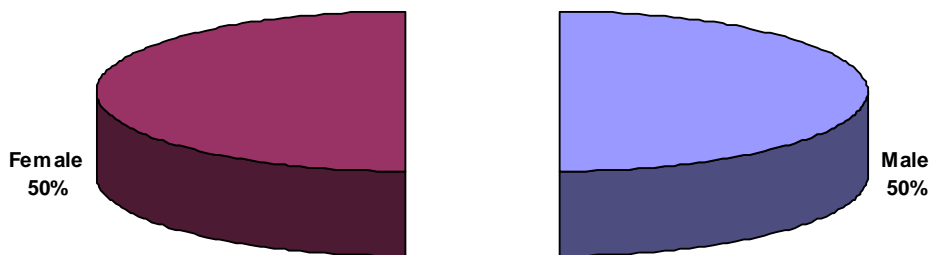
### Age Spread as per Akosombo Clinic List



There were equal numbers of men as were females in the respondents (50% each). See Fig. 4 below

Fig. 4

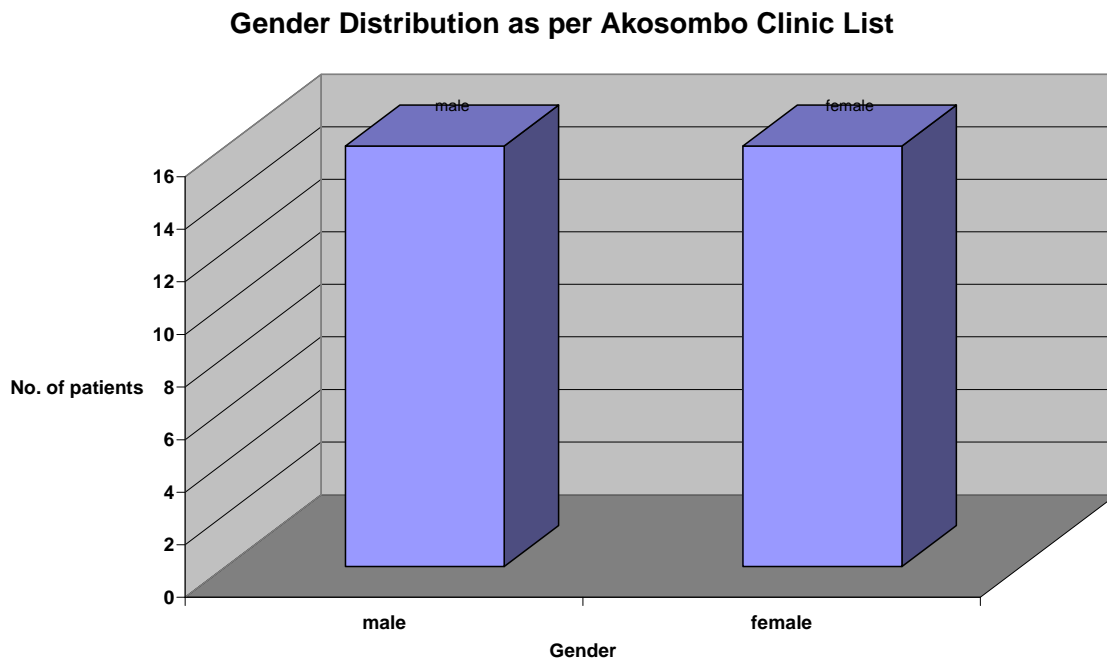
### Gender Distribution - Akosombo Patients



## Gender spread as per Clinic List

As seen in Fig. 5 below the Akosombo Clinic had equal numbers of males and females attending. It does confirm the sampling to be reflective of the clinic population with respect to gender.

Fig. 5



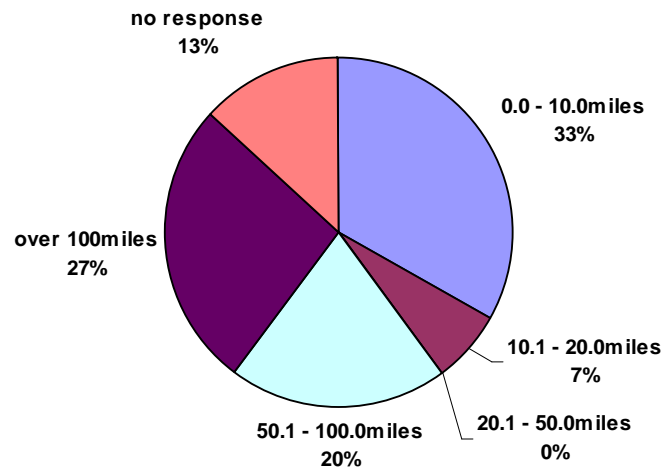
## Catchment Area

Patients seen at this clinic were drawn from a very wide area. The facility is open to patients from the whole country. A third (33%) of patients seen were local and lived within 10 miles of the clinic and another 7% within 20 miles. 27% of patients travelled over 100miles to be seen at the clinic and another 20% lived within 50 – 100miles distances. 13% of respondents were silent on this question. One patient travelled nearly 500miles, one-way.

So, the clinic sees patients from far and near since about as many patients lived within 50mile travelling distance as lived beyond 50miles. A quick perusal of the areas represented showed that patients had been referred from as far west as Accra and as far north as Wa to be managed in this clinic. See Fig 6 below.

Fig. 6

### Travelling distance - Akosombo clinic



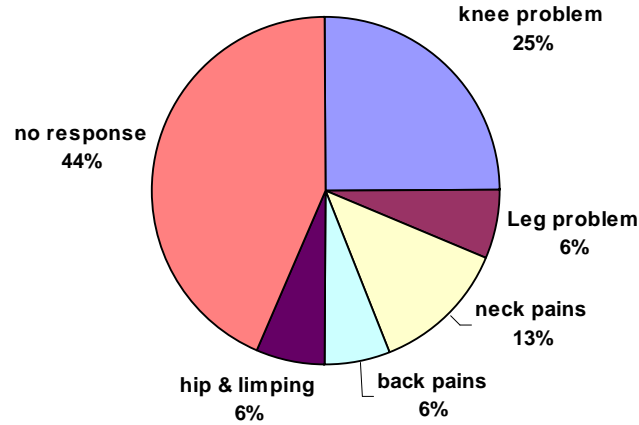
The duration of symptoms had no correlation with the distance that patients had to travel. There were some local patients who had endured their symptoms for 6 -10 years just as patients living over 100miles away who have had their problems for less than 6 months.

### Range of symptoms

Unlike the Koforidua Clinic none of the respondents gave complaints which were apparently non-surgical. See fig. 7 below. Issues to do with the lower limb dominate but a large number of respondents (44%) did not answer this question. 25% had knee complaints, 6% had leg complaints and another 6% had hip and limping complaints. 13% of respondents had neck complaints and another 6% had back complaints.

Fig. 7

### Patients Perception of their Symptoms - Akosombo

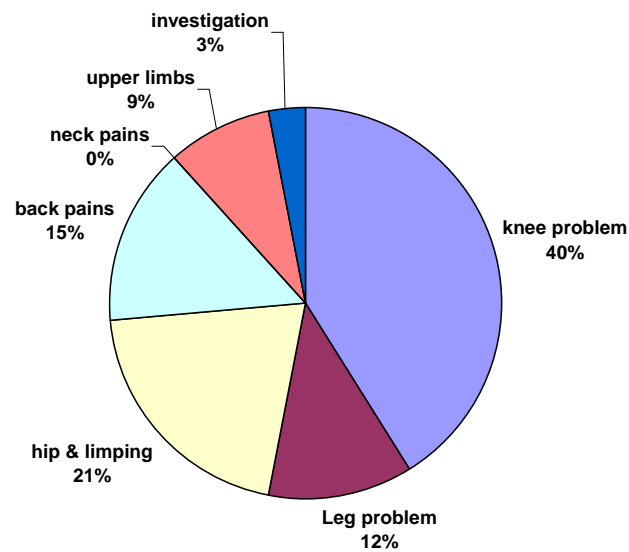


### Diagnoses as per clinic list

Using the clinic list supplied by the Akosombo clinic the which also indicate the diagnoses, (see Fig 8 below) one can see that lower limb problems amounted to about 75% of cases seen in Akosombo. So the sampling could be said to be fairly representative in that most of the patients presented with complaints relating to the lower limbs and joints in those limbs.

Fig 8

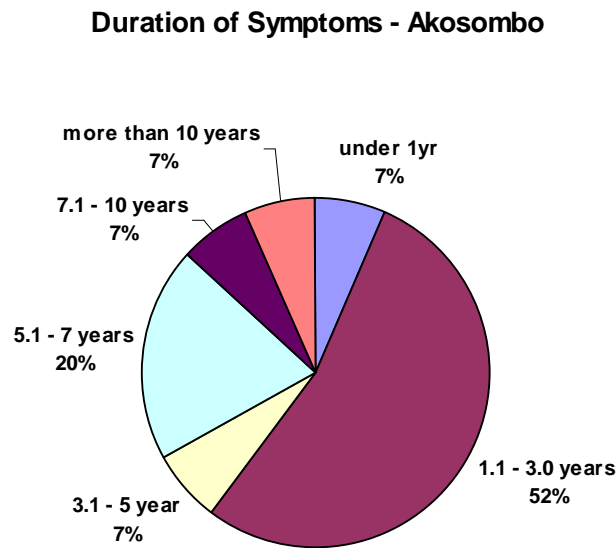
### Diagnoses as supplied by Akosombo clinic



## Symptoms Duration

Most patients have had their symptoms or complaints for between 1 and 3 years (52%). See Fig. 9 below. 7% have had them for up to a year. Another 7% have had their symptoms for between 3 and 5 years. 20% have had them for 5 – 7 years. 7% have had their complaints for 7 – 10 years and the same number over 10 years.

Fig. 9

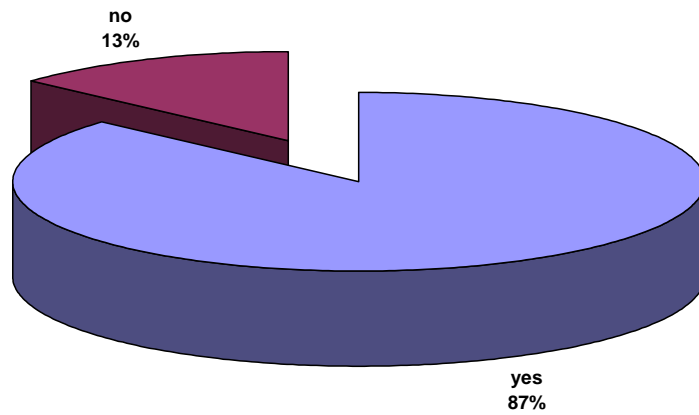


## Patients' Pathways

Most of the patients (87%) were referred. See Fig 10 below. 13% of respondents were not referred. What is not clear was how they came to be seen in Moteclife Clinics which were meant to be a specialist clinic.

Fig. 10

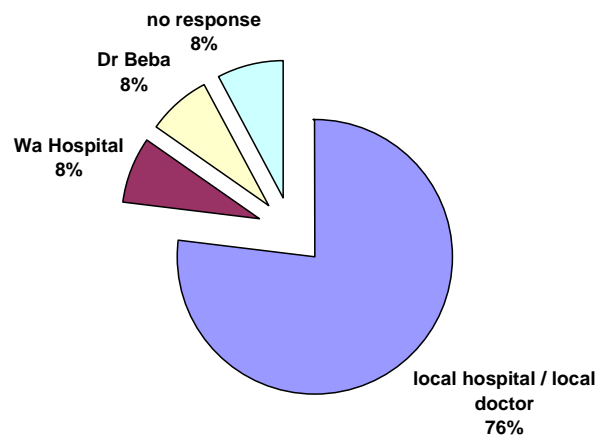
### Referred Akosombo Patients



Referral had been from other medical practitioners locally or from other parts of the country. See Fig. 11 below<sup>1</sup>.

Fig. 11

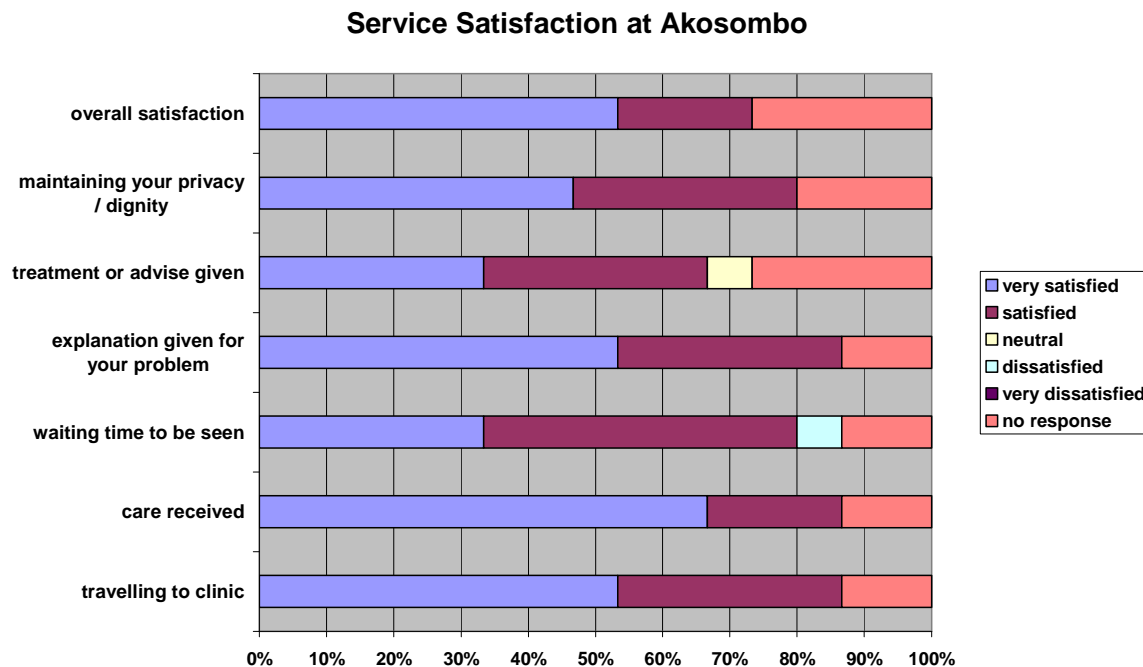
### Referral Sources For Akosombo Patients



<sup>1</sup> The writer was not sure whether Dr. Beba was a local practitioner or practiced in another area of the country.

## Service satisfaction

Fig. 12



Despite the long distances that the patients had to travel to the clinic this was an area with one of the highest satisfaction rating from these feedbacks. See Fig. 12 above. About 87% said they were either satisfied or very satisfied with the distance they had to travel to the clinic. The same proportion was satisfied or very satisfied with the explanation given for their problems and the care they received. For all these three areas the remaining 13% did not respond to this question.

80% were satisfied or very satisfied with the waiting time to be seen at the clinic but 7% of respondents were dissatisfied. Another 13% of respondents gave no response to this question. Just over 65% were satisfied or very satisfied with the care and / or advice they received. About 10% were neutral and the remaining 25% gave no response to this question.

80% were satisfied or very satisfied with the way their privacy and / or dignity was maintained. The remaining 20% did not respond to this question.

About 73% of respondents were satisfied or very satisfied overall. The remaining respondents did not answer this question.

## Experience with Moteclife-UK

66% of respondents have no prior knowledge of Moteclife-UK before coming to the clinic 27% did. 7% of respondents did not answer this question. See Fig 13 below.

Fig. 13

### Have you heard of Moteclife-UK before today

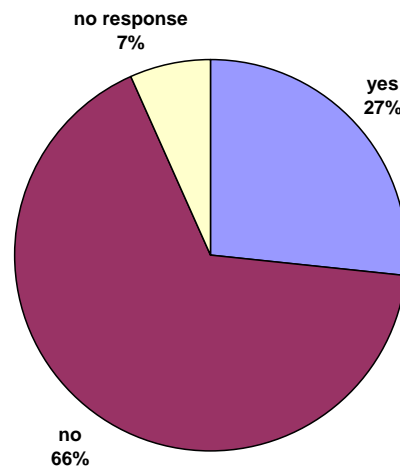
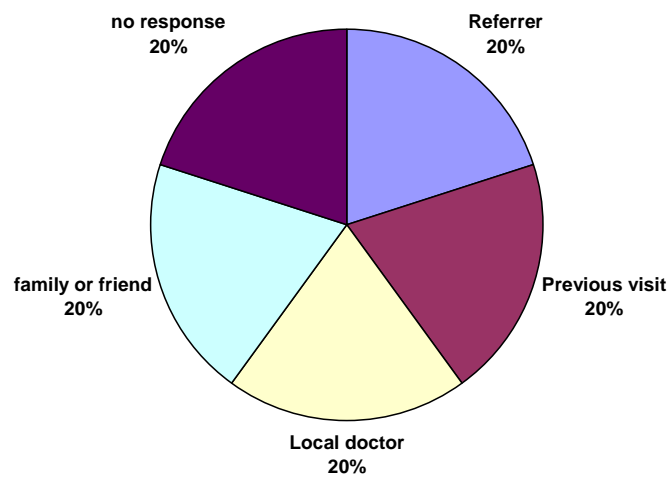


Fig. 14

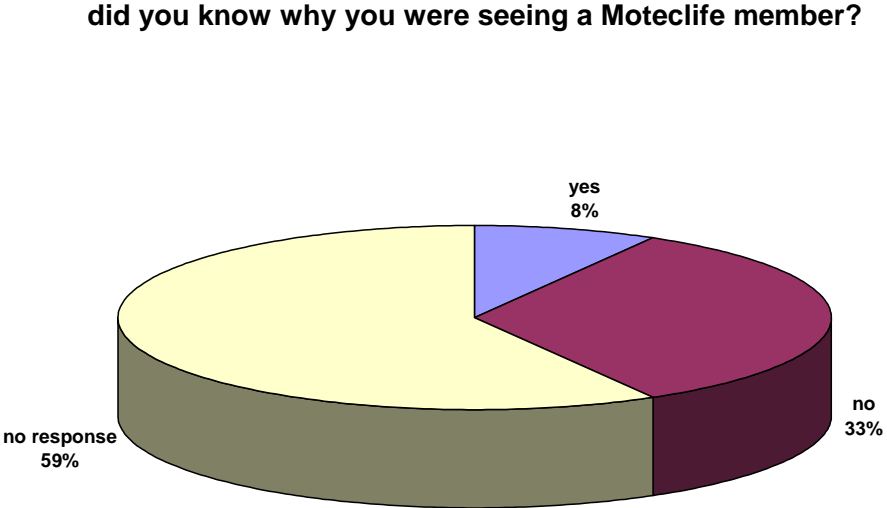
### How you first got to know of Moteclife



Those who knew of Moteclife before the clinic got their information from four main source. 20% got their information from the referring doctor and another 20% during a previous visit. There were a large number of review patients, despite this low proportion of respondents. Another 20% learnt of Moteclife-UK from their local doctor and 20% from friends and family. The remaining 20% gave no response to this question. See Fig. 14 above.

Only 8% of respondents claimed to know why they were seeing a Moteclife member instead of their usual regular staff. About a third of respondents (33%) said they had no idea why they were being seeing by Moteclife members. However, 59% of respondents were not forthcoming on this question. See Fig. 15

Fig. 15



The same proportion of respondents said they knew they were being seen by Moteclife team member as those who said they did not (27%), however 46% of respondents did not answer this question. See Fig. 16.

Fig 16

**did you know you were seeing by a Moteclife member**

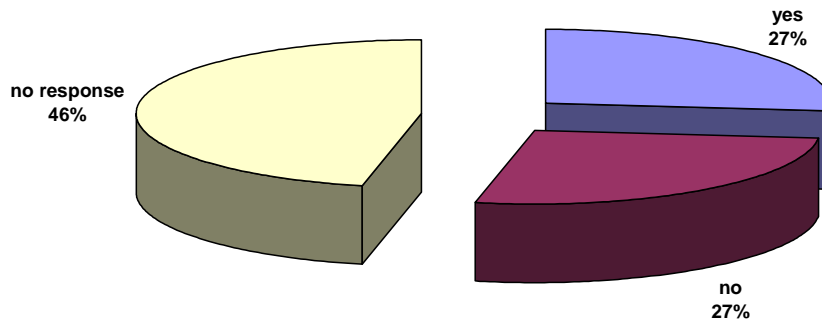
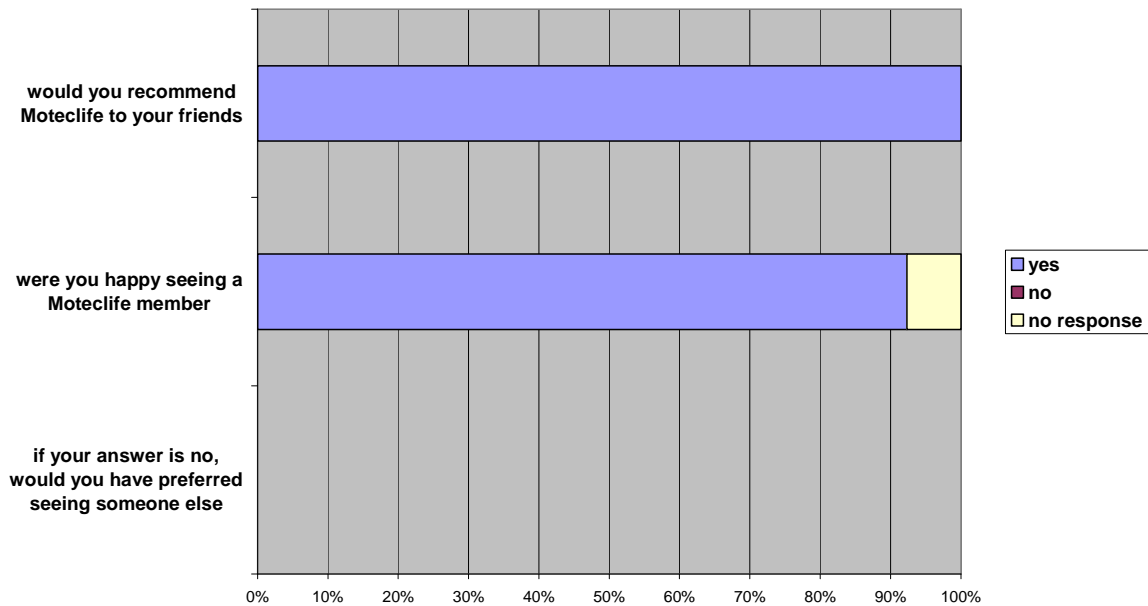


Fig. 17

**Motec experience - Akosombo**



Respondents were asked if they were happy seeing the Moteclife member. An overwhelming 92% said yes and the remaining 8% left the question unanswered. Since no one was *not happy* seeing the Moteclife member the follow-up question as to whether the respondent would have preferred seeing someone else was redundant. Even more impressive was the fact that all respondents (100%) would recommend Moteclife to the friends and family. See Fig 17 above.

## **Patients' comments & Suggestions**

Only 4 of the returned questionnaire had any comment whatsoever. These are listed below as written by the respondents.

1. Continue working to help mankind.
2. Visits should be publicised in the newspapers and on the radio.
3. Machines should be kept in a good state of repair at all times. [no indication of which machines was given]
4. No comment, except that the price is too much for a Ghanaian woman, thanks!

## Staff feedback

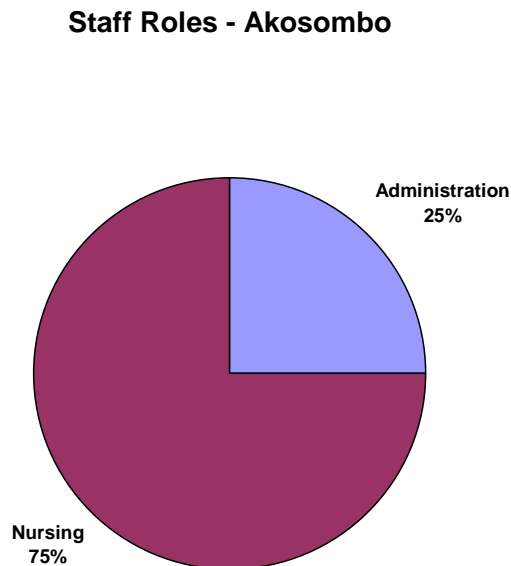
Staffs of Akosombo Hospital were also given questionnaire to assess the impact of the Moteclife visits on their work load and their views with regards to the actions and activities of Moteclife during the visits. Their views were also solicited on areas where they think Moteclife was more needed. Being a much smaller units there were only 4 returned questionnaires.

## Staff Characteristics

### Roles

Questionnaires were returned from staff in both nursing and administration. All these were people whose work was likely to be affected by the visit and work of Moteclife members in the period before, during and after the visit. See Fig. 18 below.

Fig. 18

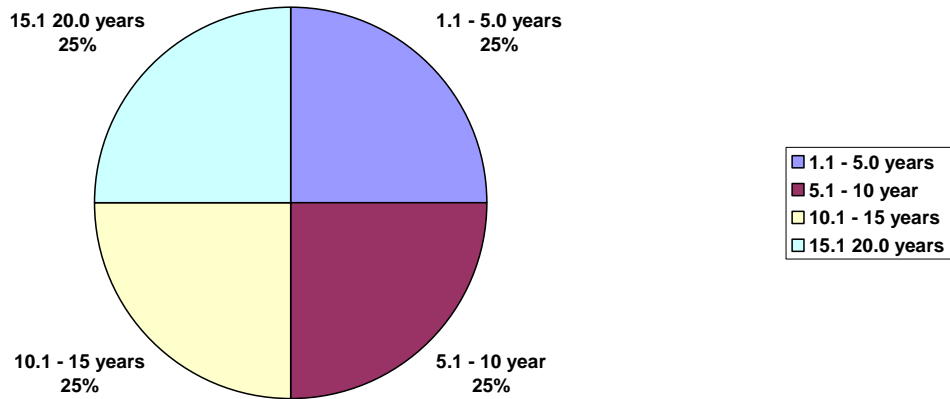


### Length of service

These staff members had been in their various roles from just over a year to over 20 year. See Fig 19 below. As a result they were in the position to assess what the impact (both positive & negative) these visits would have on their work and the care of their patients.

Fig 19

### Length of Service - Akosombo

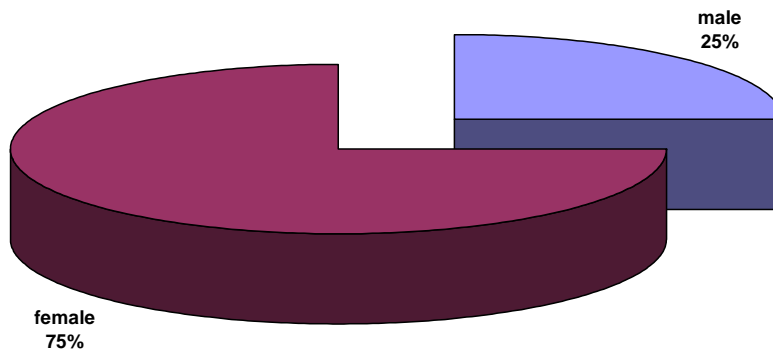


### Gender distribution of Staff

As is the case in most health care delivery settings in Ghana there were more females than males in the respondents. See Fig 20. Respondents were made up of 3 females and one male.

Fig 20

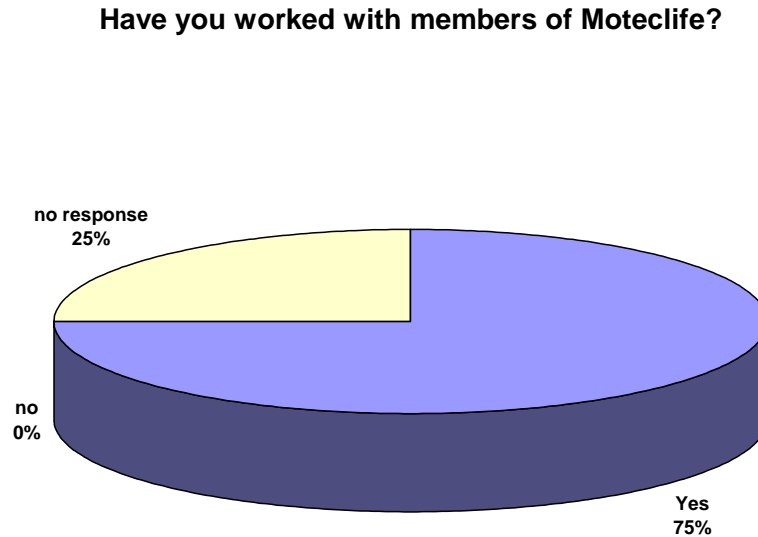
### Staffs Gender - Akosombo



## Prior encounter with Moteclife-UK

3 out of the four respondents had worked with Moteclife previously. The remaining respondent did not answer this question. See Fig. 21 below.

Fig. 21



## Effects of visits

### Pre-visit

Staff members were asked to comment about the amount of notice they get and whether the preparations to receive the Moteclife team cause them any untoward disruptions to their routines.

All the respondents (100%) said that the notice period received before visits were adequate and there was no disruption to their work as a result of what preparations they had to put in place for Moteclife-UK visits.

### During Moteclife-UK Visits

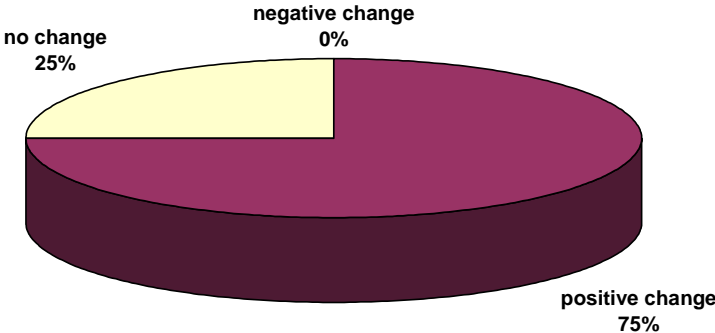
All respondents (100%) agreed that there was a skills and knowledge exchange during these visits.

Staffs were asked whether if Moteclife visits resulted in any changes their work. Those whose work pattern changed as a result of these visit were asked if this was a negative change or positive change. See Fig 22 below.

25% of respondents said that the visit resulted in “no change” in their manner of working. The remaining 75% of respondents were of the opinions that these visits resulted in a positive change in the way they worked. See Fig 22 below

Fig 22

**Change in practice during visit?**



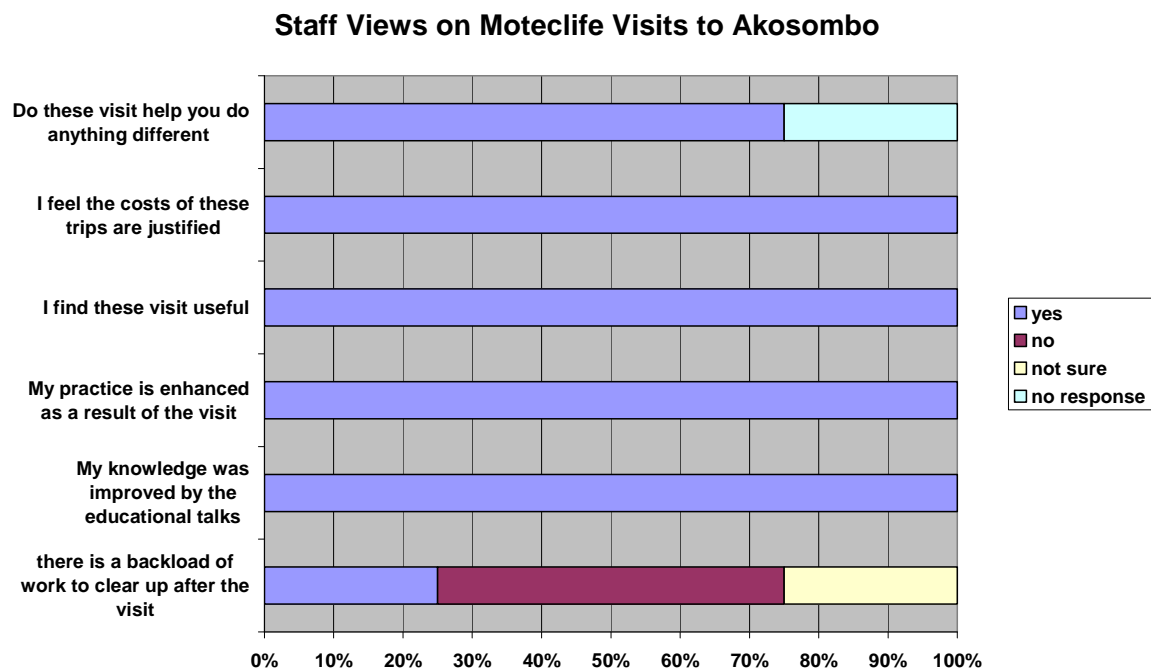
**Post visit**

Staffs were asked if there was usually a backlog of work after Moteclife had completed their visits. 25% said that the visit usually resulted in a backlog of work. About 50% of respondents disagreed that that there was any backlog of work after these visits. The remaining 25% were not sure if there was a backlog or not. See Fig. 23

Respondents were asked if these Moteclife visits helped them to do anything differently. 75% said that it did but there was no response from the remaining 25%.

However, all respondents (100%) found these Moteclife-UK visits to be “useful”, and “the costs of the trip justified”. All respondents said that their “practice was enhanced by the visits” and their “knowledge was improved by the educational talks”.

Fig 23



## Grading of Moteclife Activity

Staffs were asked to grade the activity of Moteclife on this trip on a scale of 1 – 10, with 10points being the maximum / best performance and 1 point being the lowest / poorest performance. Eight areas were graded and the mark given for each area applied to the whole Moteclife team which visited Akosombo during October 2008. The grades / marks awarded were at the sole discretion of the individual staff member. No guidance was given as to what level of activity should be awarded what mark. For the purposes of this analysis a cut off of 6 – 10 points is used. Whereas this cut off is arbitrary the reason behind this is that an attempt to look at performance that are above average to excellent.

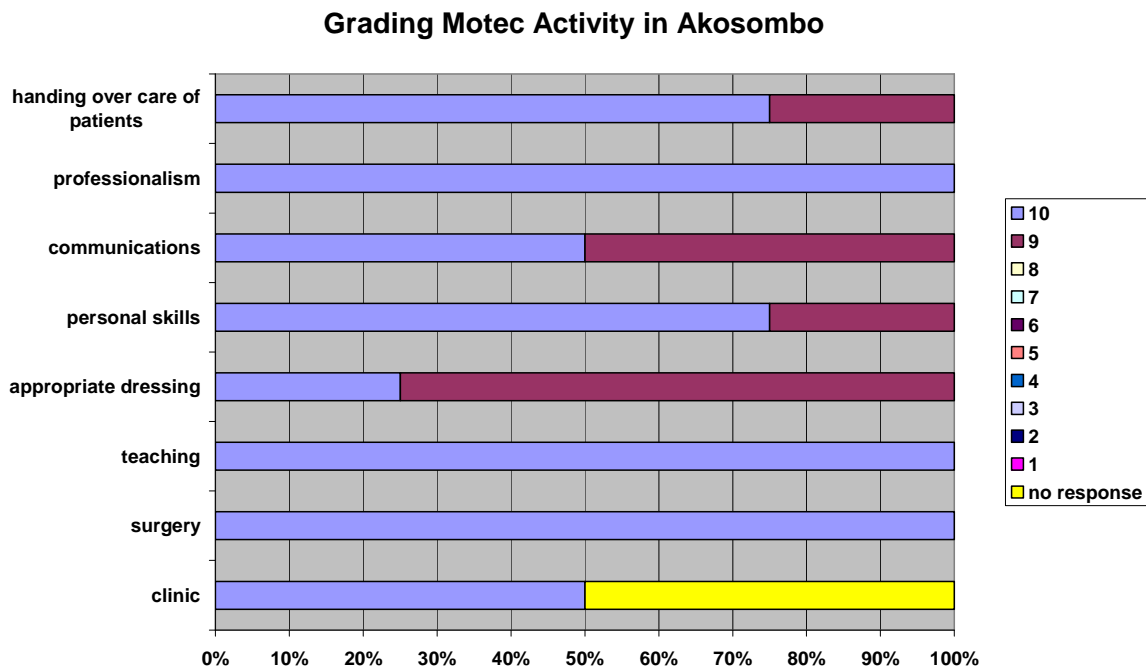
The specific areas involved were “clinics, surgery, teaching, appropriate dressing, personal skills, communications, professionalism, and handing over care of patients”.

With the exception of the clinics 100% of respondents gave the Moteclife team which visited in October 2008 a mark of 9 and above. See Fig. 24.

Specifically, 50% of respondents gave Moteclife-UK a grade of 10 as far as their clinics were concerned. The other 50% did not answer this question. 100% of respondents gave Moteclife-UK a grade of 9 -10 in appropriate dressing, personal skills, communications and handing over care of patients.

All respondents gave Moteclife-UK, “a perfect 10” in the areas of surgery, teaching, and professionalism.

Fig 24

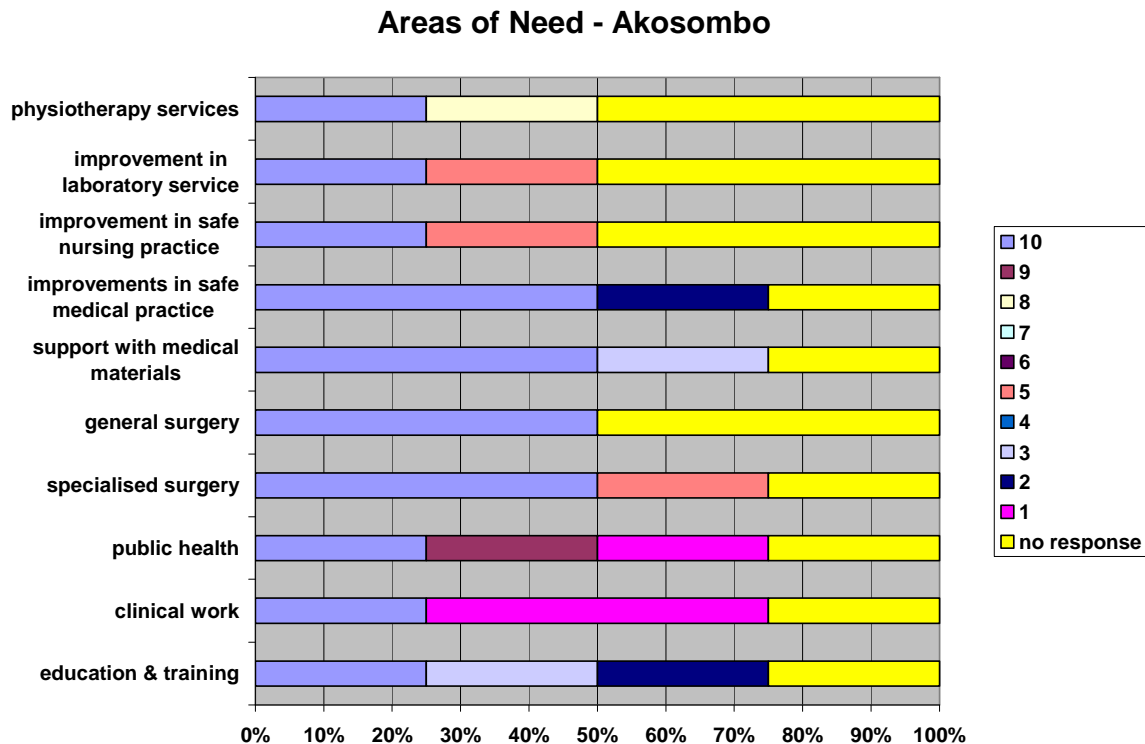


## Need for Moteclife in Different Areas

Akosombo staffs were asked to rate how much need there is for Moteclife in the following areas on a scale of 1 - 10; 1 being areas needing least input from Moteclife and 10 being areas requiring most help from Moteclife-UK. These areas were education & training, clinical work, public health, specialised surgery, general surgery, support with medical materials, improvements in safe medical practice, improvement in safe nursing practice, improvement in laboratory service, physiotherapy services, and any other areas (which the staff member may specifically suggest). Again the rating was left entirely to the staff members of Koforidua Hospital.

For the purposes of this analysis a rating level of 6 – 10 points is taken as above average need to great need. Whereas this cut off is arbitrary, a need of 5 and below rating is certainly not as high as that of 6 and above. Refer to Fig. 25 below for the following analysis.

Fig. 25



The need for “Education and training” and clinical work was rated as 10 by only 25% of respondents, below 5 by 50% of respondents. There was no response from the remaining 25% of respondents. In fact for the clinical work 50% of respondents gave it a rating of 1, which is the lowest possible.

The need for Public Health was rated as 9 – 10 by 50% of respondents and given a rating of 1 by 25%. The remaining 25% did not respond to this question.

The need for Specialised Surgery was rated as 10 by 50% of respondents, a 5 by another 25% with the remaining 25% not responding to this question. The need for General Surgery was rated as 10 by 50% of respondents. The other 50% were not forthcoming on this question.

The need for Moteclife in delivering material support and for help in the area of improvement in safe medical practice was rated as 10 by 50% of respondents and below 5 by 25% of respondents. The remaining 25% were silent on this question.

In the areas of helping to improve laboratory service and safe nursing practice only 25% of respondents gave a rating of 10. Another 25% gave a rating of 5 and the remaining 50% of respondents were silent.

In the area of physiotherapy services 50% of respondents gave a rating of 8-10 and the remaining 50% did not respond.

## **Staff Comments**

Staffs at Akosombo Hospital were asked to provide comments under four main headings.

1. State what was good about the services provided by Moteclife-UK.
2. State what was bad about the service provided by Moteclife-UK.
3. Is there anything that could be improved?
4. Any other comments

The following were comments collated from the returned questionnaires from staffs on the various issues. They follow no particular order and they are largely unfiltered except to prevent obvious repetitions.

### **What was good about the Moteclife-UK Services?**

1. Patients with chronic illnesses are helped [this statement was repeated more than once]
2. The humanitarian work and the cost of implants helps the patients a lot

3. the attitude of cooperation and skill transfer

### **What was bad about Moteclife-UK Services?**

1. All respondents (100%) said there was nothing bad about the service of Moteclife-UK during their trip to Akosombo in October 2008.

### **What could be improved?**

Below are the other comments as to what could be improved.

1. Public Health aspects need to be highlighted by educating the public on disease prevention rather than cure
2. Duration of stay is too short.
3. Physiotherapy team were on this trip. They should always accompany the team.
4. Provision of all the specialised consumables they require.

### **Any other comments**

1. Patients need to be made aware that they may have to pay some fees on drugs or surgery apart from the subsidised cost of prosthesis.
2. A nurse should accompany the team who would remain on the ward and give us more insight about the management of patients.
3. I think there should be an exchange program between Moteclife-UK and staff of this hospital.
4. A really helpful program!

## Conclusions and Observations

The sampling for the purposes of this feedback seem to reflect the range of patients who are seen by Moteclife-UK with respect to age and gender distributions as well as the spread of conditions seen in the clinics.

The questionnaire seem to have generated more complete feedback from the patients in Akosombo than in Koforidua, however the small number of staff feedback in Akosombo meant that the this detailed analysis of these results could easily be skewed. It is however obvious that there is no general consensus on most of the areas of need for Akosombo. A more extensive feedback may throw more light on this. Alternatively, collecting feedback over several trips may give a trend as to what the staffs on the ground feels that their needs are.

Also, it is the writer's view that the layout of the questionnaire could be improved and the questions reviewed to eliminate overlap and apparent repetition in an attempt to ensure that most questions are answered in future.

There is certainly a great need for Moteclife to continue its work in Akosombo considering the large catchments area it serves and the fact that patients would otherwise continue to suffer for long periods without the hope of relief. Beside the comments from both staff and patients indicate that the relief in physical ailments and workload which the visits of Moteclife-UK bring to the people of this area in particular and the wider Ghana in general through the target hospitals.

These services are being delivered in a timely manner by a professional and dedicated team of volunteers. Moteclife-UK is certainly living up to its stated objectives of transferring skills and knowledge to the Health Workers during these trips and these transfers are well received and appreciated.

Deliberate publicising the activities of Moteclife-UK over media, in the opinion of this writer, may be far fetched and valuable resources, i.e. time, financial or human cannot be committed to such an enterprise. On the other hand there is nothing Moteclife-UK can do if word of the group's successes percolates around Ghanaian society. However, in a situation which often involves waiting for months for a Moteclife-UK team's visit and patients travelling long

distances, it would be prudent if not just ethical for referring doctors / units to let the patients' know who they are being referred to *if the referring party is aware of such information.*

In addition to that referring parties should also let the patients' know what part of the hospital expenses they are likely to be called on to pay. The banking system is not at the point at which most patients could easily transfer monies from their local banks to another part of the country electronically or by plastic cards. It may be that some or all of these expenses would be absorbed by the Ghana Health Insurance (and I am not sure of this) but whatever the case may be, funding is certain to be part of any patients consideration as to where and where to go for treatment.

Thank you

Dr Kofi Amu-Darko

On Behalf of Moteclife Audit team

15<sup>th</sup> January 2009