

Report- Motec Life-UK –Working Visit to Ghana **13–25 October 2008**
5 Target Hospitals, 1 University Teaching Hospital and 3 Nurses Colleges.
Education, Transfer of Skills, Clinical Care of Desperate Patients.

Compiled by P. Ofori-Atta



At the Motec Paramedic Workshop, Koforidua.



Wrist contracture before surgery



Knee surgery with local surgeon



Club Feet



Surgical services



TEACHING-CENTRE STAGE



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Contingent and Contingency Plans

a. Volunteers who were scheduled for the trip:

Ms. Catherine Dimmer (Chartered Physiotherapist - West Herts NHS Trust Hospitals), Miss. Claire FitzPatrick (Chartered Physiotherapist – West Herts NHS Trust), Mrs. Mercy Acheampong Scrub Sister –West Middlesex Univ Hospital), Mrs. Gladys Ofori-Atta (O.DP West Herts), Dr. Michael Brunner (Consultant Anaesthetist –ITU - Northwick Park Hospital), Mr. Olusanya Adedapo (Consultant Paediatric Orthopaedic Surgeon –St James Univ Hospital, Middlesborough), Dr Akintunde George (Orthopaedic Trauma Specialist – Royal Devon & Exeter NHS Trust Hospital), Mr. P. Ofori-Atta Consultant Orthopaedic Surgeon – West Herts NHS Trust Hospitals) Mrs. Veronica Mac-Quarshie (Theatre Orthopaedic Scrub Sister –West Middlesex University Hospital), Dr. Ajit Walunj (Anaesthetic Registrar - St. Mary’s Hospital, London) Mr. Raymond Ofori –Chief Biomedical Scientist-Quest Diagnostic, London), Mrs. Rosemary Doogan (Theatre Deputy Manager / Orthopaedic Scrub Sister Spire Healthcare, Hertfordshire), Mr Chris Brian Hurt (paramedic –Albania Ambulance Service- St Albans City, Dr. Kofi Amu Darko (Physician –New Foundland, Canada), Mr Derek S. Russell (Paramedic – Albania Ambulance Service – St Albans City), Mr Stephen Gould (Consultant General Surgeon – Northwick Park Hospital, London), Mr. Isaac Dadzie (ODP- Northwick Park Hospital, London) Mr. Simon Derby (Anaesthetic Nurse – Northwick Park, London), Dr. Nadeem Sabir 9Consultant Anaesthetist –Northwich Park, London) Mrs. Patti Edwards (Senior Reporting Radiographer –West Herts NHS Trust).

b. Volunteers who failed to make the trip with reasons:

Mr Stuart Gould, General Surgeon, Northwick Park Hospital (72 hours notice of a new date to be for trip).

Mr Derek Stephen Russell, Albania Ambulance Services (5 days hours notice – requested colleague to cover his responsibilities).

c. Re-organisation of teams as a result of the absentee volunteers.

FOCUS: Akosombo / Koforidua: Education, Orthopaedic Trauma & Nursing Services / NTC Lectures /Paramedic training

Nkawkaw / Kumasi / Pramso: Education / Laboratory / Internal Medicine /Radiology /Critical Care

Jirapa Upper West –Assessment / Education.

Arrival in Ghana

Travelling volunteers arrived in Accra on scheduled flights. Most stayed in Accra Saturday night (11th October). Some were hosted by Motec honourable volunteer Ms Elizabeth Rees at a Guest House at West Legon where sandwich dinner was provided on arrival. Volunteers had good sleep and a superb breakfast served at her home on Sunday morning

Nothing prepared us for the first class diplomatic lunch prepared for us by Liz in her house. It was the perfect calm before the work or storm. All Motec Life volunteers in Ghana were present for the lunch and were joined by the drivers fro the target hospitals that had been directed to pick up members to their various stations – Nkawkaw (one minibus), Akosombo (two four wheeled vehicles), Koforidua (one minibus). Noticeable absence was the lead clinician / surgeon, Mr Stuart Gould who could not make the trip and the team could not perform surgery. The set up

had to be reshuffled from the pool of 19 Motec experts that travelled to Ghana. Dr Kofi Amu-Darko a physician was requested to lead the Nkawkaw team to provide a non-surgical medical input. There was disappointment in Nkawkaw among both patients and staffs that had been waiting for the surgical team but the medical patients were understandably very pleased. Some members of the Nkawkaw team were meant to continue eventually to Pramso and Jirapa after completing their tasks at Nkawkaw. Adjustments were made to the carefully planned program for some members as a result the inability of some resource persons to undertake the trip.. All departed at 3pm for their various stations. Later on Monday the 13th, Ms Rees hosted Dr Ajit in Accra and chauffeured him to Koforidua St Joseph’s Hospital the following day.



Liz Welcomes Motec *Liz’s house lunch venue* Sumptuous *Departure –Koforidua team*

Despite these major setbacks, the flexibility of team members and the organising dexterity of the team leaders ensured that the educational aspects of this trip were largely unaffected although the surgical component was significantly limited due to lack of personnel.

Report from Nkawkaw team – October 2008



The Nkawkaw team arrived safely at Nkawkaw during the early evening of Sunday 12 October 2008 to a welcome by Dr Amuzu, Medical Superintendent of the Holy Family Hospital, Nkawkaw and his wife, whose catering services for the team was superb throughout our stay.

The next day, the Nkawkaw team, which at this time was made up of Mrs Patti Edwards-Reporting Radiographer, Raymond Ofori - Biomedical Scientist, Isaac Amo-Dadzie – Nurse Anaesthetist, Simon Debbie - Vice President and Nurse Anaesthetist, and the writer, Kofi Amu-Darko - Physician was given a complete tour of the hospital facilities by the Superintendent, Dr Amuzu. This comprehensive tour was initially general for all team members. This was followed

up by introductions to the various departments specific to each team members as he / she settled into the department in which they were going to be working in the coming days. Apart from visiting the physical structures of the various wards, departments etc pains was also taken by various staff members to explain the functioning for the various areas, and the pathways that patients might follow on walking through the gates of the hospital till when they leave. Although staffs were always helpful this initial trip was of great benefit in the facilitation of the subsequent working of the team members.

In the course of the two weeks stay in Nkawkaw the team were joined at various points by Dr Mike Brunner, Consultant Anaesthetist, Dr Bhakti Hansoti, Catherine Dimmer, Claire Fitzpatrick, chartered Physiotherapists in a co-ordinated programme in which experts were interchanged in fulfilment of our objective of maximising our educational goals while in Ghana..

Over the following two weeks Raymond Ofori worked with the laboratory to update their techniques and quality control before he proceeded to Pramso (see separate report on Pramso). Mr Simon Debbie and Mr Isaac Amo-Dadzie worked with the theatre staff and participated in the lecture series before they proceeded to Jirapa. Patti Edwards received and installed a donated Image Intensifier and instructed theatre and x-ray staff on its safe operation. In addition she worked with the x-ray staff in the x-ray department providing on the job training and exchange of ideas. Dr. Amu-Darko saw and managed referred medical cases on the wards as well as the outpatient's clinic sharing ideas with the local medical assistants and medical doctors.. He also discussed strategies of chronic disease management with practitioners on the ground, particularly diabetes, hypertension, and hyperlipidaemia. Usual working day often began at 8am and was not over till 6pm. Lunch was always provided but being able to break for them was never guaranteed due to the volume of work. The Nkawkaw team also delivered a lecture at the Komfo Anokye Hospital (KATH), Kumasi and contributed to the Paramedic Workshop in Koforidua on 23rd October 2008 respectively (see lecture programme delivered **Table ...**).

Radiology Report – Nkawkaw by Patti Edwards

- I am currently the only radiographer member of Motec and my primary objective on this trip was to ensure the safe arrival of two C-arm mobile Image Intensifiers and train the local staff in their use. These x-ray machines convert a low intensity x-ray beam into a live, moving, visible image. They are mainly used in the operating theatre for trauma orthopaedic surgery and allow the surgeon to see exactly how the surgery is progressing. However they can also be used in many other surgical procedures.

- The two large crates arrived at Holy Family Hospital, Nkawkaw on Wednesday 15th Oct and were offloaded by crane close to the theatres – to the obvious concern of the Medical Director Mr Amuzu who watched as the experts narrowly avoided dismantling the theatre roof. Once safely inside the machines were cleaned and tested. One had survived the journey unscathed and the other had relatively minor damage to the vertical lock. However both were in working order and staff training was completed the following day. Instructions and safety precautions were printed out and attached to each machine for future reference.
- The x-ray room at Nkawkaw is equipped with a ‘no-frills’ x-ray machine connected at a fixed distance to a bucky. The machine is reliable but lacks versatility. In a trauma x-ray department it ought to be a simple task to produce a horizontal beam lateral knee x-ray but the equipment at Nkawkaw is not versatile enough to allow this in an injured patient.
- Also in the x-ray room are two other mobile x-ray machines, which are non-functioning. One is condemned and the other needs a set of new batteries. Several other items of non-usable equipment are also cluttering the room. Donated equipment which is not in full working order does not get mended and simply clutters the place up.
- The standards in the x-ray department are exemplary given the limitations of the equipment, but wet developing leads to inconsistency of exposures and delays in the production of the films
- I have set myself a challenge to procure a tabletop processor for the Nkawkaw x-ray department. The department is run by a well qualified and experienced radiographer, Mrs Emelia Laing Kudjodji, with the assistance of two intelligent, newly qualified interns- Shadrach and Ernest. Another radiographer (Alex Osei) is also employed for afternoon and night work, and Raymond works in the darkroom and generally aids the radiographers. They were grateful for donations of x-ray accessories (including cassettes, grids and lead aprons).
- I delivered a lecture on trauma radiology to the student nurses at the Nkawkaw training school. Feedback indicated that I talk too fast! I will bear this in mind for the future.

Apart from my work at Nkawkaw I was involved in the Paramedic Workshop at Koforidua from which I believe we received very positive feedback.

The social events during the weekends were extremely welcome and I’ve fallen in love with Ghana and all its people!



Donated Image Intensifier Nkawkaw Theatre Staff pose in front machine, courtesy of BUPA

To accommodate the changed circumstances Simon Debbie and Isaac Amo-Dadzie gave their proposed lectures early in the week so that they could then proceed to Jirapa.

Observations / Recommendations

The Motec Life team was very well received and made to feel very much at home. Most people in Nkawkaw were keen to learn if the time could be protected. However despite this, most of the medical and nursing staff often could not attend the lectures at the Nurses Training College because of work commitments. One primary aim of Moteclife is to disseminate patient care knowledge and expertise. This would be enhanced and made easier if least some target staff members (doctors, nurses and other staff) depending on their field and the topic of the lecture or demonstration could have protected time to attend these 1-hour lectures. Presenters often left copies of their presentation on the Library computers of the Nurses' Training College so staff members who attend there presentations can in turn cascade the knowledge down with their colleagues on the work floor. I noted that the Ghana Medical & Dental Council requires evidence of CME for annual registration renewal. Maybe Motec Life, the hospital authority and other stakeholders can investigate how to get these talks accredited especially for personnel in all our target hospitals including Nkawkaw. Motec President has promised to approach the Ministry of Health through the Director of Clinical Care and Professional Development Dr Addo Larbi and the Regional Director of Nursing.

Nkawkaw seem to be on the main highway between Accra and Kumasi. Hospital statistics suggests a large number of road traffic and farm accident victims are seen at this hospital. It is our hope that the doctors will make full use of the image intensifier for trauma care. It is also our hope that the x-ray equipment will be put to full use locally and by other experts in the district including volunteers who need such equipment.

One area that has emerged during the visit is the problem of poly-pharmacy, a common problem observed elsewhere. Following proposals from the relevant authority, Motec hope to assist in this area through lectures and on the job discussions.

Motec Life also need to assess the unavailability of basic tests like thyroid function tests and serum lipids test assays and see in what manner assistance is provided to develop this area.

Thanks to the new Ghana Health Insurance Scheme (GHIS), patients were presenting early in the course of most illnesses and also primary prevention of various conditions was possible because

healthcare was now easily more assessable. There is increased clinical work as a result and temporary support of the medical and nursing staff seem worthwhile.

Overall, there has been remarkable progress with post of patient recovery at Nkawkaw and efforts to improve the radiology department are on the way. In spite of the failure of the Consultant Surgeon to make the trip, Motec made the most of the visit through teaching on the job, lectures and supporting laboratory work, clinical work in the opd and guidance in radiology. Motec has rendered apology to the authorities and patients for the failure to provide the planned surgical services and training.



Formal Lectures at Holy Family Hospital, Nkawkaw, Ghana 14 – 24 Oct. 2008

<u>Date</u>	<u>Lecture topic</u>	<u>Presenter</u>	<u>Main Audience</u>	<u>Location</u>	<u>Feedback forms</u>	<u>Comments</u>
13 Oct. 2008	Trauma in perspective	Simon Debbie	Student Nurses	Holy Family Hospital, Nkawkaw	Completed	
14 Oct. 2008	C-Arm and image interpretation	Patti Edwards	Staff of X-ray dept	X ray department	none given out	The Image intensifiers arrived the next day. So this presentation was from Mrs Edwards' laptop computer
14 Oct. 2008	Tracheotomy	Isaac Amo-Dadzie	Student Nurses	Holy Family Hospital, Nkawkaw	Completed	
15 Oct. 2008	Diabetes Mellitus	Kofi Amu-Darko	Student Nurses	Holy Family Hospital, Nkawkaw	Completed	
16 th Oct. 2008	1. Demonstration of Image intensifier 2. Instruction on the safe use of the Image intensifier	Patti Edwards	Theatre staff & Staff of X ray department	Theatre		
16 Oct. 2008	Sexually Transmitted diseases	Raymond Ofori	Student Nurses	Holy Family Hospital, Nkawkaw	Completed	
17 Oct 2008	ATLS	Mike Brunner	Doctors, Medical	Komfo Anokye		

			Students, Nurses, Student Nurses	Teaching Hospital, Kumasi		
18						weekend
19						
20 Oct. 2008	Trauma radiology	Patti Edwards	Student nurses	Holy Family Hospital, Nkawkaw	Completed	
22 Oct. 2008	Stroke	Kofi Amu-Darko	Student nurses	Holy Family Hospital, Nkawkaw	Completed	
21 Oct. 2008	Care of the Critically Ill Patient	Dr. Mike Brunner	Student nurses	Holy Family Hospital, Nkawkaw	Completed	Feed back forms were collected 2 days later
23 Oct 2008	Paramedic workshop	Presenters Christopher Hurt Mike Bruner Patti Edwards Bhakti Hansoti Workshop demonstrators and coordinator were other members of Moteclife	Personnel from - Ghana's Emergency Medical Services Fire Services, Professional Drivers, doctors, nurses, police and prison officers	Koforidua	Completed	
24 Oct 2008	Introduction to ECGs	Kofi Amu-Darko	Student nurses	Holy Family Hospital, Nkawkaw		

Nkawkaw / Pramso / Microbiology Report and Lecture at Kumasi Komfo Anokye Teaching Hospital

By Raymond Ofori



Motec lecture on Critical Care at Komfo Anokye Teaching Hospital

Weekend
Mon 13 th Oct I spent most of the day in the laboratory after the grand ward round. Every ward we visited we saw notice of groups visiting the hospital for the last quarter of the year (Motec life and Rotary Club). I was very impressed about how things have improved. They now record daily temperatures for the laboratory fridges and incubator. Quality control was performed on their chemistry and haematology analysers.

4.00pm – Lecture time at the nursing training college (NTC) auditorium. Airway management presented by Simon Derby and chaired by myself. Audience were mainly 1st to 3rd year student nurses.

Tues 14th Oct

Spent all day in the lab with lab manager Sr. Marcelina. I helped her with compiling statistics and costing of lab tests performed over a one-month period. In-between, helped out Mr Samuel Numarfo in their small microbiology lab with quality control cultures which had been sent to the lab by one Professor Gross from Germany (he worked with and trained Samuel on culture techniques). Prof from time to time-sent quality control samples to challenge the lab. Their record shows an impressive 95% concordance with expected results.

4.00pm – A lecture on Tracheotomy was present by Motecs' Isaac Dadzie at the NTC chaired by Ray

Wed 15th Oct

I examined a number of slides for malaria parasites. A many stools for wet preparations to look for ova, cysts and parasites. All negative. Thanks to the new Ghana Health Insurance Scheme (GHIS), patients were presenting early in the course of most illnesses and also primary prevention of various conditions was possible because healthcare was now easily more assessable. Clean water availability, and sanitation awareness has decreased the incidence of nematode infestation to virtually none existence. Going through their stool parasitological records, I had to go months back before I could come across a record on Gardia lamblia protozoa. An impressive record comparable to a developed country. Malaria is still endemic in Ghana and positive malaria diagnosis is made on a daily basis in the lab.

I continued with the statistics started on Tuesday and prepared power point presentation for Sr. Marcelina. She would present these at a meeting with hospital management at a future

date.

Motec's image intensifier donated to the hospital arrived this afternoon. I assisted with the unpacking. Heavy rain interrupted this work and continues after nearly an hour of heavy down pour - found a temporary place for it in the recovery ward.

4.00pm – I chaired a lecture on Diabetes presented by Dr Amo-Darko

Thu 16th Oct

I Spent best part of the morning at the social ware fare department headed by Mr Isaac Osei. He gave me an overview of their work with HIV/AIDs counselling. I sat in and observed counselling section of HIV/AIDs patients. An HIV serpositive patient who has been trained to perform this task did the counselling. She explained the disease, tests, healthy eating, risk behaviour, ART treatment and reassured them.

I came back to the lab to completed power point presentation for Sr. Marcelina.

4.00pm – I gave a lecture on Sexually transmitted Diseases (STDs) at the NTC.

Dr Mike Bruner and Bhakti Hansoti arrived in the evening to join the Nkawkaw team for a trip to Komfo Anokye hospital in Kumasi the following day.

Fri 17th Oct **Kumasi: Komfo Anokye Teaching Hospital- Lecture**

We travelled in Nkawkaw vehicle to Kumasi. Our journey was delayed due to an overturned truck that had blocked the single file road. Our driver had to follow a diversion that had been mounted. A short distance past the first overturn lorry was a pile of multiple accidents involving 2 lorries, a tractor and a car. These 2 separate accidents set the tone for the talk on trauma that was going to be presented later that morning.

We arrived at Okomfo Anokye hospital at 10.00am. There was no time for orientation so after brief introduction by Dr Karikari, we headed to the auditorium. Dr Mike Brunner gave a lecture on Critical Care to an audience of Medics, nurses and general staff. Lecture was

well received. Afterwards, we had a meeting with the chief executive Dr Nsiah Asare and Dr Karikari. The discussion centred on the newly built trauma centre in the hospital with a heliport, which was been, prepare for commissioning. The difficulties they face in terms of skilled mix, manpower and specialist required for the hospital to function properly as a training centre and the plans to move forward were all discussed. We had lunch with the hospital administrator and social welfare director at a restaurant in town. A request for a collaborative effort to train anaesthetist on emergency / critical care was made by the Chief Executive and Dr Mike Brunner of Motec promised to make feasibility studies of a project from UK to assist in that direction. We travelled down to visit the city and visited the Kejetia market, one of the biggest in West Africa.

Sat 18th Oct

Social day. The team went to the Kumasi cultural centre and then to lake Bosomtwe – a lovely day out. I was dropped off at Pramso St. Michaels’ hospital where I was going to be staying till Wednesday 22nd Oct. The rest of the team travelled back to Nkawkaw.

Sun 19th Oct

Restful day

Mon 20th Oct - Pramso St Michaels’ Hospital

Sr. Mary Frempong - senior nurse accompanied me to the lab. The staffs in the lab were very happy to see me back. I went to inspect the CO2 incubator, which has earlier been donated to the lab by Motec and was sitting in corner in the lab. The incubator, although functional would not be used immediately as bacteriological culture is not yet performed in the lab.

Mr Amoateng, the hospital administrator, took me to inspect other items donated by Motec. I spent most of the day in the lab observing their work. Tests performed included urine and stool microscopy, malaria smears for malaria parasites, blood

grouping, cross matching and transfusion, full blood count using Systemex KX-21N analyser and Micro lab 300 (Vital Scientific) analyser for clinical chemistry tests.

Pramso lab staff continues to impress me. Health and safety issues are taken seriously. I observed staff wore protective clothing and gloves to perform their tasks and then changed gloves frequently.

3.00pm – I gave a lecture on Sexually transmitted Diseases (STDs) to the staff, which was well attended.

21st Oct

I spent all day in the lab teaching staff about health and safety in pathology.

3.00pm – I gave a lecture on Hospital Acquired Infection and again attendance satisfactory. As means of farewell, Mr Amoateng, the administrator, for all staff who attended the lecture, provided light refreshment.

22nd Oct

I spent the morning working in the lab. Repeated lecture on STD's to lab staff as most of them were absent the previous day for the talk.

Bid farewell and departed around 3.00pm

23rd Oct

Travelled with Simon from Kumasi to Koforidua to join other motec travelling members for an all day paramedic workshop, sponsored by motec. Participants were drawn from across the paramedic, fire service, nurses and medics from various hospitals within Ghana. Morning sections were all lectures followed by an afternoon section of practical. Participants had had hands on practical section on various aspects of rescue and how to mobilise a trauma patient.

Workshop closed with a vote of thanks from Dr Larbi, regional medical officer. Two chartered Physiotherapists, Catherine Dimmer and Claire Fitzpatrick, joined our travelled back to Nkawkaw.

24th Oct. Nkawkaw Holy Family Hospital

Spent the day teaching Mr Samuel Numarfo sputum culture techniques and identification of significant pathogens.

4.00pm - A lecture on the basics of ECG was presented by Dr Amo-Darko with practical section. This been our last lecture, we expressed our appreciation and thanks to the students, teachers and staff for supporting motecs educational programmes by attending the lectures.

The team called at the residence of Dr Amuzu, Medical Superintendent to thank him and the management team for their hospitality and co-operation during our visit. We discussed our observations and recommendations with him.

Recommendations made in private to local hospital authorities. Placed on Motec general file for members. Suggestions of public interest and support;

The laboratory could expand their clinical chemistry tests to include lipids and thyroid function tests.

Diary of Motec Life Working Visit
 St Joseph's Hospital, Koforidua. Ajit Walunj, A. George, V. Mac-Quarshie, P.
 Ofori-Atta.
 October 2008 (13th to 25th)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
12 th October	13 th October: Acclimatization	14 th Oct. 7.45am Diabetes Mellitus by Dr Amu-Darko	15 th October Lecture. Patient Verification by Vero	16 th October 7.45am Lecture: Tracheostomy by Ajit Walunj	17 th Oct. 7.45am 3 Lectures 1. Tibial Fract. 2. Club foot Mr Olusanya. 3. Patient Verification	18 th October Travel to Akosombo 6:30am depart. Return for dinner.
1 st week Team Mr D. J. Ram Mr Olusanya Cons. Dr. George Ortho Sp V. Mac-Quarshie Dr Walunj * Mr Ram's working visit had to be cut short, as he had to travel to India -	7.45am 9 am St Joseph's. Meeting with Local Authority. Familiarization tour of hospital. Ward /Hospital Round. Case Review with local doctor who agreed with case selection.	Grand Ward round by local doctor who stops agreed Adult Trauma list. Team led by Mr. A. Olusanya join local surgeon to refine programme.	All day Clinic Heavy Clinic Over 60 patients seen by Motec team. Late finish	All day surgery Led by Mr. Olusanya Adedapo In theatre teaching	All Day Surgery Mr Olusanya to be joined later by Mr Ram 5pm. Post op ward round by Dr. A. O. George.	. Return to UK via Akosombo: 1.Mr Olusanya 2.Dr George Return to Koforidua. P. Ofori-Atta Claire Bhakti

<p>9th October Week 2</p> <p>Earlier departure of Ram - only one orthopaedic surgeon to cover Akosombo & Koforidua. Team arrived from VRA late pm on Monday 20th.</p> <p>P. Ofori-Atta Walunj Chris Bhakti Mike Brunner Mercy Acheampong</p>	<p>20th Monday</p>	<p>21st Tuesday</p> <p>Grand ward round – teaching –all day.</p> <p>1pm: Team travelled to Nkawkaw for a paediatric trauma emergency. Return 7pm.</p> <p>Anaesthetist in theatre Lecture with local teams: Patient Recovery from anaesthetic by Dr Ajit Walunj</p>	<p>22nd Wednesday</p> <p>Lecture 08.00am Career paramedic. Chris at an ambulance station, Koforidua</p> <p>ALL DAY CLINIC</p> <p>P. Ofori-Atta Walunj</p> <p>Ward work / physio Claire</p>	<p>Thursday 23rd</p> <p>9am till 4pm Koforidua Central Workshop</p> <p>Paramedic Workshop at Koforidua – Capital View Hotel.</p>	<p>Friday 24th ALL DAY SURGERY</p>	<p>Saturday 25th TRAVEL DAY</p>
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OBSERVATIONS AND RECOMMENDATIONS (KOFORIDUA)

- i. Clinical Care remains very challenging at Koforidua. Motec took a break for one year before re-engaging in clinical care but maintained low-key educational programmes with the hope that the local staff and authority would have some time to re-look at performances and some recommendations by Motec.
- ii. Patient numbers remain large, Hospital medical / surgical /nursing / laboratory / radiology staff remain inundated with heavy workload. The hospital continues to have one resident experienced orthopaedic surgeon with a number of visiting groups from the European continent visiting to support direct orthopaedic trauma care. At times you wonder how a single resident orthopaedic surgeon is coping with a very fluid flow of visitors with varying levels of experience but one can understand why such a surgeon should welcome help from abroad. Certainly it may appear irritating to see new faces at the door, a situation which would improve with better co-operation. In this long saga of shortage it would seem a worthwhile exercise for the local medical, surgical and nursing teams to co-operate with visiting teams in order to help direct care, and open up more avenues for a two way learning process for both visiting and resident health worker. This remains an area which still needs attention at Koforidua. Rightly so, attracting more surgeons, nursing staff, radiographers, physiotherapists appear to remain a priority for the hospital administration. Motec could have been more effective with clinical care and lectures but for the protracted stop-start syndrome.
- iii. The separation of clean cases from infected cases continues to be a major concern. For an orthopaedic trauma Hospital, it should remain the responsibility of clinicians supported by understanding administration to appreciate the need to treat clean cases in special wards. We simply do not wash our muddied shirts with out white clothes – simplifying the principles.
- vi. Post operative patient recovery at Koforidua for all grades of surgery – major and minor remains almost non-existent. This is in spite of bilateral discussions in the past between Motec local Authority. Staff shortage is a factor but structure within the theatre space for recovery has been allocated and sits idle. It should ideally be a priority Clinicians from the continent to realise this problem almost immediately and move to care for the recovery situation. Motec working group will re-launch the discussion with the Senior Medical Officer in charge to address this.
- v. Motec and the Hospitalier Brothers in Ireland will consider sponsorship of nominated Nursing staff from Koforidua to have special patient recovery training in India. Freshly qualified nurses from the local colleges who may commit themselves to physiotherapy, orthopaedic nursing could be considered if properly negotiated with the Ministry of Health.

DIARY OBSERVATIONS & RECOMMENDATIONS – AKOSOMBO VRA HOSPITAL

Mercy Acheampong, Gladys Ofori-Atta, Isaac A. Dadzie, P. Ofori-Atta.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>12th October 2008. Paul picks up Dr Bhakti from airport and arrives at Akosombo 10pm. Catherine, Claire P. Ofori-Atta Mike Brunner Mercy Achampong <u>Monday</u>: Paul and Mike arrive at the airport 7pm (VRA) to collect luggage not delivered by BA. Pick up of Ajit to Liz. Paul & Mike arrive Akosombo 10pm</p>	<p>13th 8am Grand Round - Dr Mills 9am Clinic P. Ofori-Atta ,Bhakti Hansoti Pre-op –M. Brunner Patient and Implant Selection in Orthopaedic Surgery or cartilage repair P. Ofori-Atta To local doctors in clinic.</p>	<p>14th All day Surgery 5pm Lecture by Physiotherapists. Post op rehabilitation of hip and knee arthroplasty. 6.30pm Ward Round</p>	<p>15th All day surgery Break for obstetric emergency. 5pm. Lecture ABC of resuscitation by Dr Bhakti</p>	<p>16th Clinic 9 to 2pm. Bhakti Hansoti All day surgery 3pm. Dr Bhakti and Dr Mike Brunner leaves for Kumasi Teaching Hospital via Nkawkaw. 5pm In theatre teaching for theatre staff by Mercy Acheampong. Theatre sterility / protocols in orthopaedic surgery.</p>	<p>17th 8.30- 12. 30 Surgery. Dr E Agbemey 1.30 –4pm Grand Ward Round 4.30pm. Lecture: Physiotherapy of the spine by Claire, Catherine and Gertrude</p>	<p>18th October Arrival of Koforidua team for visit to the Hydroelectric Dam. Boat ride Dr Ajit, Dropping of Mr. A. Olusanya, Mr A.O. George ((BA) at Accra Airport by VRA driver.and Pick up of Chris Hurt, Derek Russell KLM 7 pm of 2 At Accra Airport by P. Ofori-Atta to Liz’s Guest House.</p>

19 th October	20 th October	21 st October	22 nd October	23 rd October	24 th October	25 th October
<p>Week 2 Monday 20th Dr Nadeem Sabir Dr Ajit G. Ofori-Atta Rosie Doogan Catherine Dimmer Claire FitzPatrick From Tuesday 21st Dr Nadeem Sabir Mrs G. Ofori- Atta Claire FitzPatrick Catherine</p>	<p>9:30am Elective Surgery</p> <p>Rosie 9.30 till 2pm Will be working with theatre staff. In theatre lecture: Infection Control</p> <p>5pm Lecture Hypothermia</p>	<p>Ward Round Teaching in theatre On the job – Anaesthetic staff by Dr Nadeem Sabir and Mrs Ofori-Atta</p> <p>Inventory of equipment and items donated to Akosombo</p>	<p>Surgery 8:00am till 2p.m</p> <p>5pm. Lecture Physiotherapy - hip and knee by Claire and Catherine</p>	<p>6am Travel to Koforidua Workshop by courtesy of VRA. Breakfast at Koforidua .</p> <p>5.30pm Return to Akosombo for late Dinner. Dr Sabir, Isaac, Patti, Gladys.</p>	<p>8:30 to 14.00 Teaching and work in theatre. Patti teaching at the X-Ray Department.</p>	<p>8am Return to Accra Luggage at Lister Hospital for those flying 25th. Rest to Liz. Preparation for Return to UK 2.30pm Group Lunch Options La Palm Beech Hotel (\$40 each)</p>



Monday 20th October- Combined Akosombo, Koforidua teams with Mr. Nkrumah Mills, General Surgeon and Director of Health, VRA Hospitals. Picture at Akosombo

Observations/Recommendations: The workload at Akosombo for the first week was pretty good and enjoyable. Two resident surgeons from Komfo Anokye hospital Kumasi , the resident orthopaedic surgeon, local health workers formed part of the workforce. On the job training and lecturing seemed to be popular than formal ‘classroom type’ lecturing to the general staff on topics probably targeted at only a session of the participants. It also appeared that the absence of the Medical Superintendent Dr Rebecca Acquah Arhin (on sick leave) affected the smooth organization of our educational programmes leaving too much responsibility on Mr. Mills. Major operations were carried out by the team including corrective surgery of the limbs, joint arthroplasties on osteoarthritic hips secondary to sickle cell avascular necrosis, degenerative disease of articular cartilage of the knee, cruciate ligament reconstruction, long bone fracture non –union and malunions. Post op patient recovery has been identified as area needed support from Motec Life. Patients, staff, volunteers and authorities completed audit forms diligently and hopefully both our target hospitals and Motec will learn a lot and improve. A request to support training in diagnostic ultrasound scanning by the Hospital Director is being seriously considered by Motec

Paramedic Workshop Report – A Popular Opportunity.

23rd October 2008. Koforidua Ghana.

By Dr. Bhakti Hansoti ,Chris Hurt & P. Ofori-Atta October 2008.



About a year ago (October 2007) Motec Life UK organised an inaugural lecture at the British Council Auditorium in Accra to commemorate the first anniversary of the Charity's working visits to target Hospitals in Ghana. The theme for the occasion was 'Moving Ghana's Health Forward. Among the observations made by the Motec Presidency was the concern for the safety of accident victims on the roads and farms in Ghana. Motec promised to highlight the need for education and transfer of skills to the paramedic staff and institutions in Ghana through collaboration with relevant authorities.

Since then, a lot has been learnt about the efforts of the Ghanaian Ministry of Health to improve mobile emergency services. In line with the objectives of Motec, a paramedic workshop was organised by Motec and the Ministry of Health represented by the Ghana National Ambulance Service, Directorate of Occupational Health and the Eastern Regional Directorate with the co-operation of the Ghana National Fire Service (ER) and the Professional Drivers Union of Ghana. The event was chaired by Dr Wilfred Addo Larbi, Clinical Care Director, Ministry of Health Koforidua and attended by 120 participants including Dr Erasmus Agongo, the Eastern Regional Director of Health, Dr Ahmed Zakaria the Director of the Ghana National Ambulance Service, Dr Edith Clarke, Director of Occupational Health (MOH), representatives of

three regional paramedic and fire service teams, delegation from the Professional Drivers Union, doctors and nurses from Motec's target hospitals and other interested parties.

The programme kicked off with a welcome message by Dr Agongo, the Regional Director of Health which was followed by academic session in the morning and practical stations in the afternoon.

PROGRAMME for PARAMEDIC WORKSHOP KOFORIDUA

Chairman:

Dr Wilfred Addo Larbi Clinical Care Director, Ministry of Health (MOH)

Supported by

Dr. Ahmed Zakariah Director.National Ambulance Services. MOH. Accra. Ghana

Dr Edith Clarke. Director, Occupational Health, Min of Health.(MOH). ACCRA

Sponsors: MIDA Ghana, Gokals Pharmaceuticals, Mrs E. Appiah, Motec Life - UK
Johnson & Johnson, Ghana.

Morning Session. 0930 – 1230PM

- 1) Welcome Dr Erasmus Agongo, Regional Director of Health
- 2) Introduction Mr Chris Hurt Albania Ambulance Service, London
- 3) Basic DR ABC Dr Bhakti Hansoti, Emergency Medicine UK /USA
- 4) DVD Cardio-Pulmonary Resuscitation. Chris



Paramedic Chris Hurt.



Mr Ofori-Atta (right) meets Dr Erasmus Agongo during tea break at the workshop

- 5) Observations: Why and how? Chris Hurt
 - a) BREATHING
 - b) EYES
 - c) PULSE
 - d) BLOOD PRESSURE
 - e) SKIN
 - f) Glasgow Coma Scale
- 6) Ambulance Aid Skills Dr Mike Brunner Consultant ITU Care, London.
 - a) AIRWAY MANAGEMENT
 - b) BREATHING MANAGEMENT
 - c) CIRCULATION MANAGEMENT
- 7) Paramedic Skills Mr. Chris Hurt
 - a) C-SPINE PROTECTION

b) IMMOBILISATION (SPINAL BOARD & ORTHO STRETCHER)

c) SPLINTING

8) Trauma Series

Patti Edwards/Dr Bhakti Hansoti



Some participants of the workshop listening attentively to a lecture.



The back benches also attentive.

LUNCH 1230 – 1330

Afternoon 1330 – 1700

Split practical skills sessions – 4 stations: Cardio-Pulmonary Resuscitation, Immobilisation of Spine, Emergency Intubation and Handling of Victims of Accident.



Skills Training by Dr Mike Brunner
Interaction between participants and instructors and vice versa was key.



Emergency Intubation needs concentration, says Motec's Dr Tosh

Practical Paramedic Skills



CPR Hands on for participants



Immobilisation of the Spine

Supporting group (Practicals) – Various stations:

Mr Paul Ofori-Atta	Gladys Ofori-Atta	Catherine Dimmer	Isaac Dadzie
Simon Derby	Mercy Acheampong	Edith Clarke	Dr Ajit Walunj
Raymond Ofori	Claire FitzPatrick	Dr Kofi Amu-Darko	Rosie Doogan

“Q&A” then a short video on paramedics in the UK

Vote of Thanks: Dr Wilfred Addo Larbi, Clinical Care Director, Ministry of Health.

Conclusion

Those who attended enjoyed the event. Participants and instructors were given certificates. Most completed audit forms. Visual aides were commended. Requests were made to include topics such as triage, maternity, burns and patient transfer to our lecture series in future. The most beneficial section was reinforcement of Cardio-Pulmonary Resuscitation, practical teaching on chest compressions and airway management, and updating the resuscitation algorithm. The lecture series were well thought out and flowed quiet naturally. The afternoon practical session helped successfully reinforce the lectures and allowed the local teams to ask questions. Handouts were greatly appreciated and at times did not meet the growing demand but a lot of participants downloaded the lecture series. Motec hopes to improve its faculty and programme through a thorough study of the audit and membership devotion to the noble course. Motec appreciates the key role played by the local collaborators. A million thanks to all including Motec volunteers especially Dr Bhakti Hansoti and the faculty. Gratitude to all supporters.

It is hoped that the trainers that got trained in the process may pass on their experiences to their students and teammates out at their various institutions, stations and that the victims of accident would be the overall winner of the exercise.

Workshop Recommendations for the future based on feedback review:

- Motec volunteer instructor’s to co-ordinate better in the UK and make handouts themselves.

- Volunteer instructors to be prepared to solicit for sponsorship and to take out travel insurance to minimise costs to Motec.
- Planning and implementation of workshops to be handled by a volunteer administrator to minimise workload on Motec Clinicians.
- Paramedic training to be graded into stage 1, 2 & 3 depending on experience of target group.
- Workshop to include maternity and paediatric emergency training.
- More hand outs preferably on CDs.
- Programme very popular. Efforts to improve sponsorship and free space and time to be encouraged as exercise cost a lot of money.

JIRAPA

SEPARATE REPORT ON FILE.

Container Freight to Ghana

by Mrs Gladys Ofori-Atta



Container freight after packaging in Hemel Hempstead by Motec Volunteers

- In October Motec delivered yet again another 20ft container freight of medical donations to the target hospitals in Ghana. This was second in one year. The projects are aimed at supporting our target hospitals with basic medical materials and sometimes high-tech equipment. The hardest part of the work on this project started in the UK with appeals to companies for donations based on joint deliberation with our target hospitals about items needed to improve health care delivery. Most times the items were collected from donors Mr Ofori-Atta (truck driver) Mrs Patti Edwards, Mr Ben Gaisie and myself and truck drivers mate going cross country in order to put items together in storage. The collection (truck rentals) and storage cost Motec about £600. Then came the packaging of delicate equipment by Casemaker Packaging at

- Father Andrew Soley (Tsoli), the Executive Secretary of the National Catholic Secretariat worked hard and cleared the freight from the port on time and by the time Motec arrived in Ghana on the 11th of October, the freight was already at the depot at the secretariats head office in Accra. Port handling fees of GHC 1480.00 ~ (£740.00) was paid by Motec.

Items delivered to our target hospitals included x-ray image intensifier estimated value of about (£20,000.00), diathermies, anaesthetic machines, splints, femoral nailing systems, surgical gloves, sutures, eye retinoscope machine, wound care materials, orthopaedic saw blades etc. Donors included Synthes –Welwyn Garden City, De Soutter –Berkhamstead, BUPA Healthcare, Linvatek, Intersurgical, HMP Boxmoor etc. All our target hospitals (Koforidua, Nkawkaw, Akosombo, Pramso, Asafo) and a newly assessed target hospital in the Upper West (Jirapa) benefited from the exercise.

- Our sincere gratitude to MIDA and Motec Volunteers who were the main source of funding. Also of special mention are individuals like Mrs Corinne Budd, Mrs Marilyn Goreham, and Mrs Zena Bullmore of Hertfordshire and in Ghana Mr Lal Gokal, Mrs Estelle Appiah, and Mr Sherif Safori whose personal donations have gone a long way in achieving decent financial cover for project. Our sincere gratitude also goes to Rev. Father Soley for his tireless efforts in clearing goods and putting them into safety. We would have faced a big tax bill had the Government of Ghana not granted tax-free concession at the Port. Thank you also to the hospital authorities who co-operated very well with the collection arrangement from the secretariat, which was completed on Friday 17th April
- **Recommendations:** Although the items shipped are in support of our noble objective of hands on training in our target hospitals, the costs to Motec are high.
- Donors have been very generous. Other areas that Motec need to seek help are appeal for funds from the general public and free storage area where Motec volunteers could also help with their own private facilities. Organisations like MIDA could consider supporting the freight with part of educational funds, as

- Motec should not seek to be a supplier of medical material but to use opportunities to support improvements where necessary and achievable and also to direct health authorities to obtain similar cost effective materials available in Ghana. Motec may also help set up supply chains by linking the hospitals with benevolent suppliers.
- Considering the cost of sending equipment to Ghana, arrangements within UK seem to be poorly patronised. Difficulties are noted in the following areas- a storage, packaging, loading of container, administrative work on the freight etc. It seems that Motec may not be in the position to send more than one freight to Ghana per year unless arrangements for logistic support, administration and finances are sound.



COLOURFUL RED GOLD GREEN IN BLACK AFRICA AS DO THE COLOURS OF THE FLAG OF GHANA WITH PATIENTS, STUDENTS AND HEALTH WOKERS AS STARS.

GENERAL OVERVIEW.

OVERALL, THE OCTOBER 2008 TRIP ACHIEVED THE EDUCATIONAL TARGETS.

RE-ORGANISATION OF THE PROGRAMMES WAS TOUGH FOLLOWING FAILURE OF TWO KEY VOLUNTEERS BUT MEMBERS OF THE TEAMS DID WELL TO ACCOMMODATE THE CHANGES. NKAWKAW HOLY FAMILY HOSPITAL WAS LET DOWN IN THAT THE PROMISED SURICAL SERVICES DID NOT MATERIALISE BUT IN PLACE, THE HARD WORKING RESHUFFLED TEAM LED BY PHYSICIAN DR AMU-DARKO SHOULD BE COMPLIMENTED AT THE SAME TIME WE APOLOGISE TO NKAWKAW. WE HOPE THAT THE TEACHING AND CLINICAL CARE PROVIDED BY TEAM MADE UP TO SOME EXTENT FOR THE ABSENCE OF THE SURGEON. THE PARAMEDC WORKSHOP WAS EXCELLENT BUT COULD STILL BE IMPROVED BY GRADING THE CONTENT OF MATERIALS TO MEET THE LOCAL DEMAND BASED ON EXPERIENCE AND EXPECTATIONS OF THE PARTICIPANTS. EFFORTS TO TRIM THE SIZE OF VISITING VOLUNTEERS AND HAVING EQUALLY EFFECTIVE SMALLER TEAMS WILL BE NECESSARY TO JUSTIFY THE COSTS OF LOGISTICS, TRIP AND CARE. JIRAPA S REPORT TELLS A TOUCHING STORY TO READ AND ACT.

VOLUNTEERS OF OCTOBER TRIP

ALL VOLUNTEERS WINNERS BUT NOTABLY **DR MIKE BRUNNER, MR ISAAC DADZIE, DR BHAKTI HANSOTI AND MRS PATTI EDWARDS.**