

## **St Michaels Hospital, Pramso, Ghana.**

Report by Simon S Derby. MOTEC Trustee Facilitator

### **Geographical Location.**

Pramso is located in the Ashanti region, west of Kumasi the second biggest city of Ghana. It is about 15 minutes drive from Kumasi. Twi is the predominant language of the people. St Michael Hospital, Pramso, is run by the Catholic Mission but supported by the Ghana Government. It serves a catchment area between Kumasi, Dunkwa and the people around the Lake District. (Lake Bosomtwi).

### **Our Mission**

Motec-life was contacted by a member of the Tropical Health and Education Trust (THET) to stretch its charity services to Pramso Hospital. On the 09/02/07 a delegation was sent to Pramso on a facts finding mission. It is a good size hospital with a 99 bed capacity and four wards, two operating Theatres, (one attached to the Maternity Unit). There is no Recovery Unit and anaesthetised patients are sent to the wards soon after operation. Induction is done on the operating table predominantly under regional anaesthetic (spinal). They have two basic Tiberius Anaesthetic Machines one in each theatre. These were donated by a Dutch group ten years ago and has never been serviced. Unfortunately they have no source of replacing the anaesthetic accessories, e.g. circuits, re-breathing bags, catheter mounts ET Tubes and face masks.

There is no ventilation system. In a corner is an old and non-functional air-condition machine. Anaesthetic Monitoring is non-existent and patient monitoring is still traditional, based on pre-cordial monitoring with stethoscope, pulse palpation, colour of patient and patients blood.

There are two small change rooms and a single toilet for all.

### **Surgical Procedures.**

It runs as a general/gynaecological hospital, but they are looking at expanding their services to other surgical specialties.

### **Surgical Instruments.**

Limited instruments, very basic and runs through circle of sterilisation in between cases. Two round drums are used to sterilize and store instruments. They have very limited linen, drapes and gowns that has changed colour through constant autoclaving and turn-over. The CSSD is attached to the Theatre and run by the theatre staff. Bleach is used for disinfecting instruments and hand wash is by tablet soap and brush. The two drip stands need replacement.

**X-ray Department:** The department has standard equipments and an Ultra sound machine.

The Laboratory runs a basic lab test and examination.  
Labour ward has the same anaesthetic facilities like the main theatre.

### **Recommendations**

- The two operation tables need to be replaced if major orthopaedic operations are to be undertaken.
- Regular service of the anaesthetic machines with record of evidence. Generally the machines need re-vamping and rehabilitation. The use of close circle system of Anaesthesia and soda lime to minimize cost of oxygen.
- Class 'A' drugs and emergency drugs should be kept in main theatres. Standard and safety of anaesthesia will be promoted with a good supply of anaesthetic circuits, re-breathing bags, ET Tubes Mackintosh handles and blades LMA'S and Guedel's air ways. Definite review of orthopaedic equipments prior to starting that faculty, since there is non existent.
- A general review of surgical instruments, packs, drapes, gowns and gloves will be very essential
- The theatre needs rehabilitation and replacement of the air condition. For infection control purposes the use of the standing fan should be discouraged.
- Availability of a recovery room is recommended for future major and orthopaedic services. Staff training and education should be instituted to encourage the use of standard policies, e.g. health and safety, infection control, record keeping and good practice in sharps management in theatre.
- There seems to be a lot of similarities in surgical practices to Koforidua and Nkawkaw Hospitals, which may be due to lack of equipments and standard of educational training system. For Motec-life to make an impact we need a run of educational sessions on regular basis to turn the surgical culture around.

### **MY PERSONAL VIEWS**

I am really delighted to be part of a dedicated group providing their experiences, skills and expertise to quality health care to the people of Ghana.

In my position as an anaesthetic person I can lay strong emphasis on the anaesthetic department hoping the field attracts some sympathy and important attention in view of uplifting the equipment and standard for a safe anaesthetic delivery to our people. We need to run educational training sessions as much as the clinical programmes aiming at educating the staff on a sustainable continuity of care, particularly when we are done and gone. "If you feed a man with a piece of fish you feed him with protein for one day, but teach him how to fish and you would have fed him with protein for the rest of his life. Long live MOTEC-LIFE.

Simon S Derby.