

## **Report: Motec visit to St Joseph's Hospital, Koforidua, April 2007**

The Motec team arrived in Koforidua to a very, very warm welcome, from the both the Brothers in the monastery and the hospital staff, on our third visit to St Joseph's.

Headed by Paul Ofori-Atta as usual, and as part of our ongoing programme of training and education, we were able to treat many of the trauma patients and introduce a new system for hip replacement at a much more affordable cost, thanks to our friends at Corin UK. We also transported many donated pieces of equipment to enhance the available range in the theatres. If that was not enough, our physiotherapist, Sally, was able to make great advances on the wards and in the Physio Department, following on from those started by her colleague, Sarah, on the previous trip. Not least were the rapid mobilisation of the post-operative patients and suggestions to the on-site team regarding referral and organisation of the workload. The team wish to publicly acknowledge Sally's tireless efforts and hard work! We cannot emphasise enough the difference it makes to have such a wide range of professional skills in our team.

What started as a single social visit to the Children's Ward to deliver some parcels of colouring sheets, crayons, pencils and paper that had been donated by St Michael's School in St Albans became an almost nightly visit for some of us. Whilst we were only able to treat two of the children actively on this trip, this was a very rewarding duty and we cherished the opportunity to bring a smile to their faces and spend time with them.

Motec was to find that quite a lot has changed in the wake of our previous visits and those of our Dutch colleagues, particularly in the Operating Theatres. A lot of obsolete equipment and unwanted 'gifts' had been stowed away somewhere and replaced by a comprehensive storage system for trauma implants that are currently in use, and a whole cupboard of disposable patient drapes. A second air compressor has been installed to provide a supply to the anaesthetic machines and the air power line for orthopaedic tools has been upgraded in two of the theatres. The range of theatre attire has grown, especially with some good re-usable surgeon's gowns. All of these are attributed to the Dutch teams, and Motec are continually grateful to them for their contributions.

We were delighted to see that the power tools Motec have been able to supply so far are being put to good use and we took more instruments and a range of spare hoses, attachments and saw blades this time to further enhance their arsenal. In a discussion with the resident surgeon we were able to confirm that, for the time being, their needs in this area have been fully met by Motec. Many thanks go to Linvatec in the UK, for making this possible. Motec have also begun

to supply a large quantity of re-usable theatre patient drapes that were donated in the UK by Sunlight Ltd. Shipping has been an issue here because of the bulk and weight, but we're working on that for the near future.

An informal meeting with some of the theatre staff helped us identify some priority needs for next time. They are very short of trauma implants, particularly plates and screws, in all sizes. They need a second air adaptor so drills can be used in two theatres at once or so that there is a spare if one should fail. The theatres are in need of operating tables, instrument trolleys and stools. There is still a very out-dated system for sterilising instruments and other equipment which we are continuing to investigate. Much work is still to be done preparing and staffing an adequate Recovery area.

We have some concerns over the increased use of bulky disposable drapes in the long term because of the hospital's dependence on an outside agency to remove waste for disposal off-site. Currently there is one, container sized, open skip into which waste from around the hospital is placed. When this is filled a truck is requested to come and replace it with an empty one. Judging by the lack of a well-beaten path from the road to the skip we conclude this does not happen very often and we are led to believe that this waste is probably taken to a land-fill site rather than an incinerator. As an organisation Motec feel unable to support this method.

Our intrepid reporter, Dave, subsequently discovered an unused, overgrown incinerator in the grounds. However, when we examined this it appeared to have been a standard fireplace without a suitable flue, so even if it worked it probably would not reach a sufficient temperature to destroy the waste. We have obtained details of an organisation who supply plans and instructions for a small, brick built medical waste incinerator that we were able to present to the hospital director, as a project for the future which would be both more hygienic and, in the long term, considerably less costly to the hospital. Planning and discussion will resume on our next trip.

The whole team had the pleasure of presenting our, largely positive findings to the hospital director, Father John Oppong and we were able to conclude that we have a rare challenge. Motec firmly believes that we have the opportunity to set up a flagship hospital in Ghana that other areas will see as a model for their own. Other towns could be saying "we want our hospital to be like St Joseph's".

Together we can achieve this, and we plan to keep visiting until there is no more for us to do.

Steve Townsend