



*Review of*  
**Motocliflife-UK**  
*October 2008*  
**Trip to Ghana**

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*13<sup>th</sup> January 2009*

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## **Introduction**

Moteclife-UK entered a new level in their service delivery during their trip to Ghana in October 2008. This health charity had had positive verbal feedback in various forms since they started their missions to Ghana. However in order to inform the group in their attempts to deliver high quality effective service that met their needs of their target hospitals and patients in Ghana it 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.

## Clinics feedback

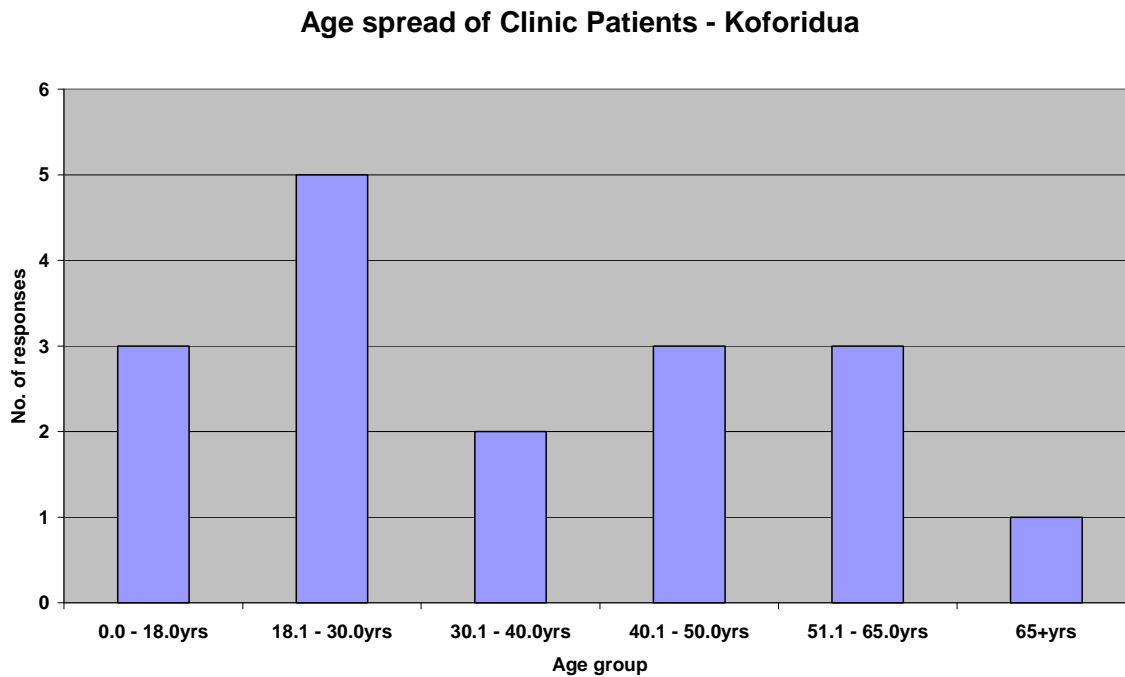
Clinics run by Moteclife during their visits are primarily, but not exclusively, surgical outpatients' clinics. These enable members to assess, diagnose, treat and plan any surgical interventions but might be required. Invariably some patients present with apparent non-surgical problems and these are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

## Patients' Characteristics

### Age & Gender Distribution

Patients in all age groups were seen at the outpatient clinic in Koforidua. The age spread on this occasion went from a few months old to 85+ years. See fig. 1 below.

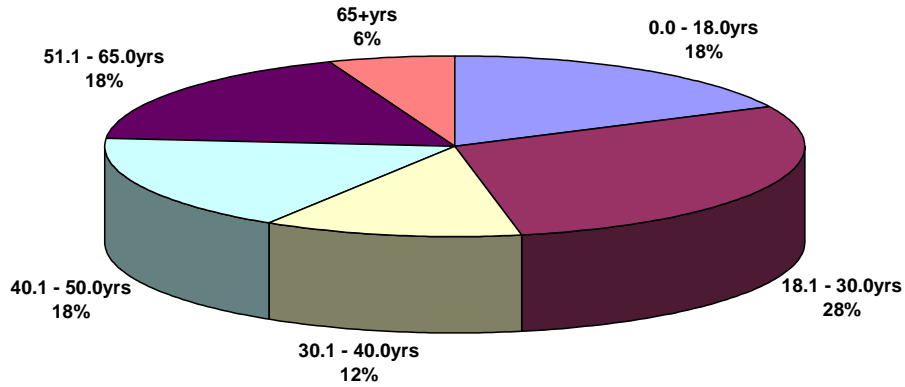
Fig. 1



The proportions of patients were evenly spread. See Fig. 2 below. 18% of respondents were in the paediatric age range. The proportions of patients in the first 30 years of life were roughly the same as in the second thirty years. One respondent was 85 years of age.

Fig. 2

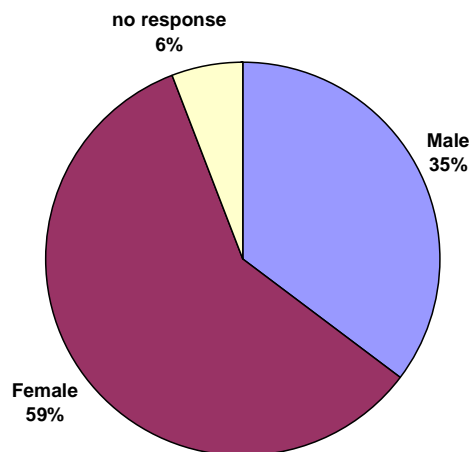
### Proportions of clinic patients in Koforidua



The 59% of respondents from the clinic in Koforidua were female as against 35% male. 6% of questionnaires drew no response to this question. See Fig. 3 below

Fig. 3

### Gender distribution - K'dua Clinic



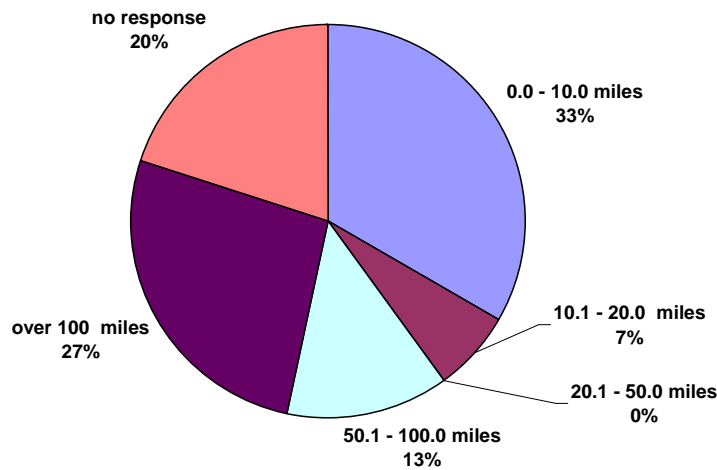
## Clinic Catchments Area

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 13% lived within 50 – 100miles distances. A good 20% of respondents were silent on this question.

So although, for logistics reasons local patients are could easily be expected to be over-represented in this clinic, the clinic actually see patients from far and near since about as many patients lived within 50mile travelling distance as lived beyond 50miles. See Fig 4 below.

Fig. 4

**Distance travelled to Koforidua Clinic**

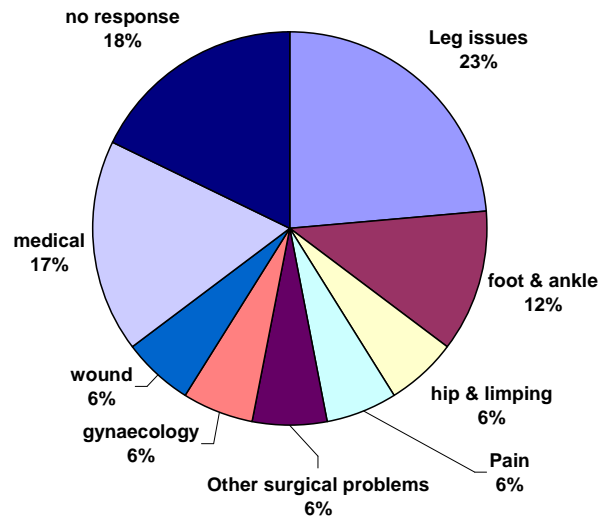


## Range of symptoms

As noted above, although the focus of the clinic was primarily surgical there a good number of none surgical complains. See fig. 5 below. Issues to do with the lower limb and foot dominate the surgical complaints.

Fig. 5

### Patients' Perception of their problems



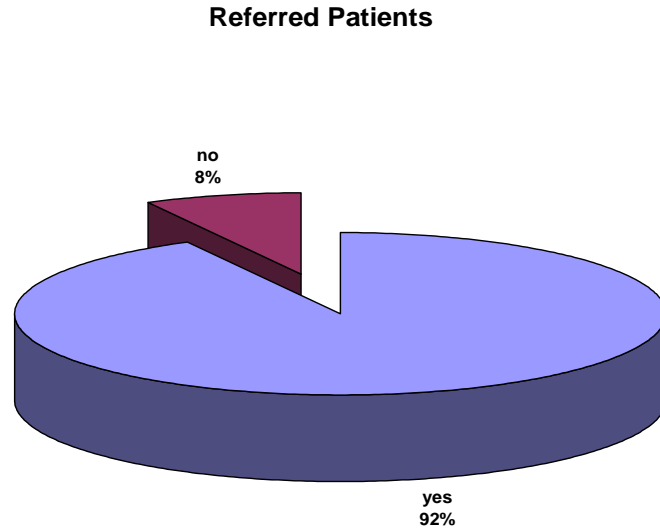
23% of respondents presented with leg complaints and 12% with foot or ankle problems. One person presented with goitre (6% of respondents) and another was an 85year old who presented with limb or wound complications of long standing diabetes mellitus. Also one person mentioned pain as his main complaint. It was not clear which anatomical area the pain was situated and if the cause of the pain or the treatment required was surgical. However this particular patient had been referred from over 100miles away, so arguably, this pain is unlikely to be one which would lend itself to simple non-surgical or anaesthetic intervention.

All the respondents who presented with medical and gynaecological problems (17%) were local and only one of them claimed to have been referred.

### Patients' Pathways

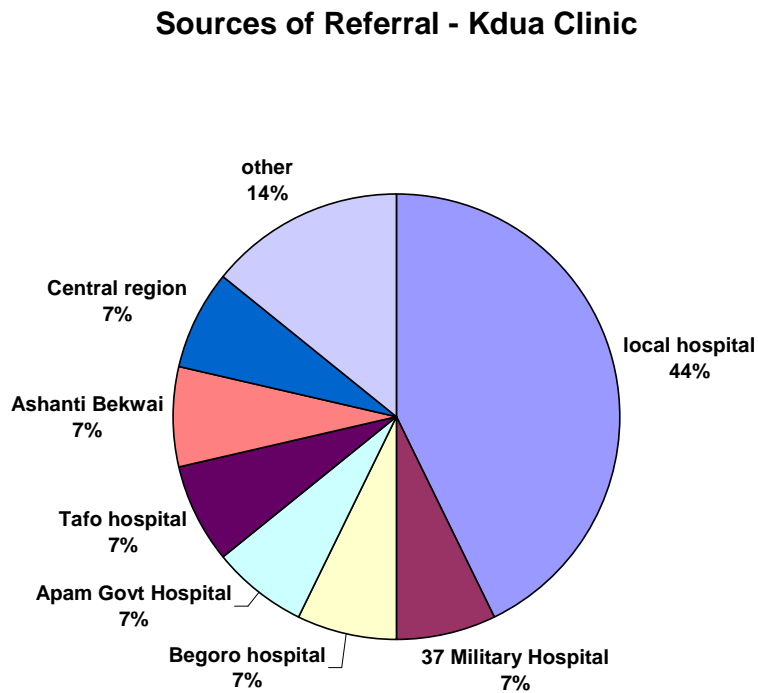
Most of the patients (92%) were referred. See Fig 5 below. 8% of respondents were not referred. What is not clear was how they came to be seen in Moteclife Clinics which were meant to be specialist clinics. The fact that most of the non-surgical complaints were from local people may mean that somehow these people probably slipped through the screening process by the local practitioners or registration department.

Fig. 5



Referral had been from other medical practitioners locally or from other parts of the country. See Fig. 6 below. Interestingly one person claimed to have been referred by a friend. It is not clear whether this friend was also a health worker or the patient misunderstood the question.

Fig. 6



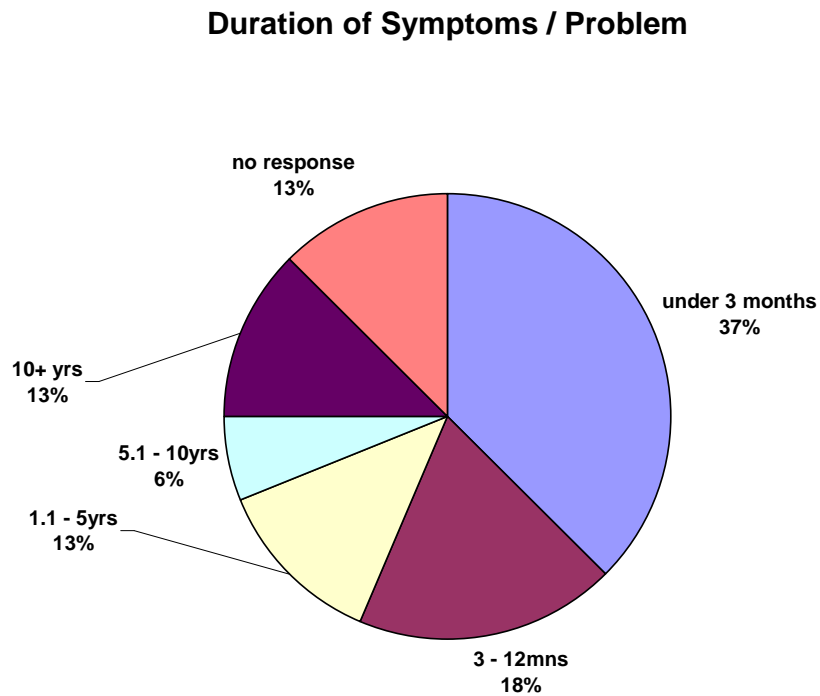


## Symptoms Duration

The correlation between the duration of symptoms of patients and distance from the clinic was interesting but not surprising. Patients with shorter duration of symptoms were all local or lived within 20 miles from the clinic. These local patients presented with complaints related to recent trauma / road traffic accident. Some also came with apparent non-surgical complaints.

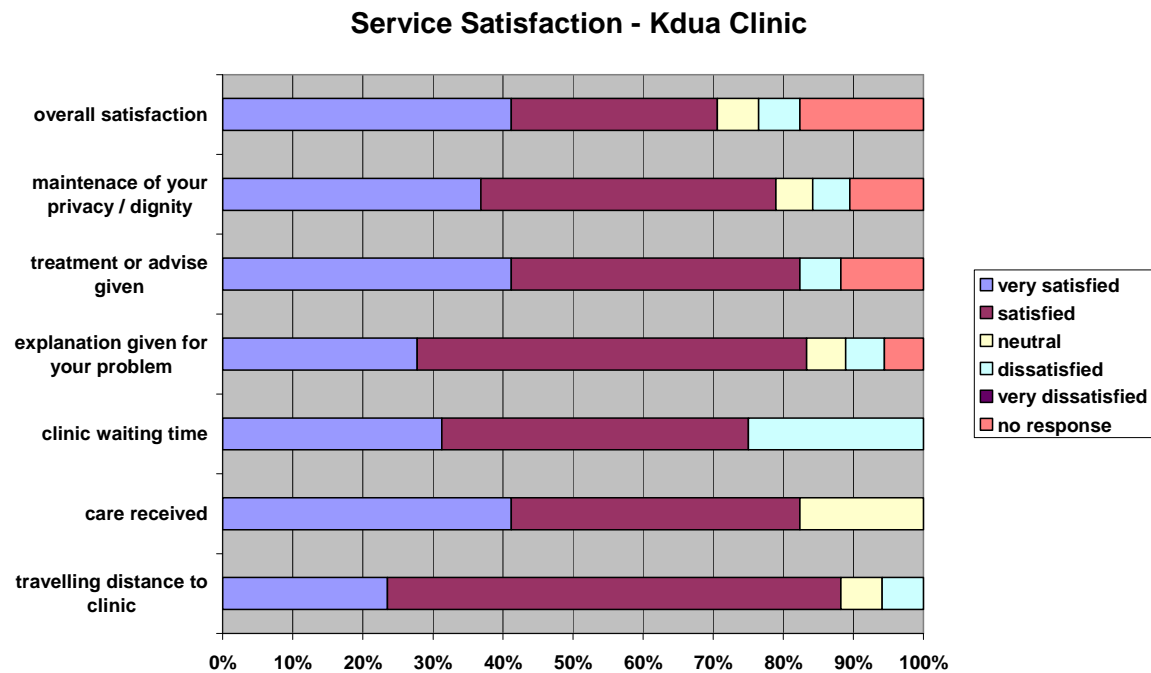
37% of patients have had their symptoms for less than 3 months. See Fig. 7 below. Another 18% have had them for up to a year. One respondent (6%) have had club foot since his / her birth, more than 10years earlier. 13% of respondents have had their symptoms for periods lasting between 1-5 years and 6% between 5 and 10 years. 13% of respondents were silent on this question.

Fig. 7



## Service satisfaction

Fig. 8



Although about half of the respondents had to travel long distances over (50miles) to the clinic the highest satisfaction rating from these feedbacks was with the distance travelled to the clinic. See Fig. 8 above. About 87% said they were either satisfied or very satisfied with the distance they had to travel to the clinic. About 5% disagreed and the rest were neutral in their responses on this issue. About 75% of respondents were either satisfied or very satisfied with the time they had to wait to be seen at the clinic. Whereas this rating is very high, this question also drew the highest dissatisfied response or 25%. The question is clear to this writer but I wonder if at least some of the respondents interpreted the period of waiting to include the duration of their complaints. This sentiment of being dissatisfied with infrequent clinics was expressed repeatedly by staff and some patients in their comments.

83% of respondents were happy with the explanations given them by their symptoms, 7% were dissatisfied and 5% were neutral and 5% gave no response. 83% of respondents were satisfied or very satisfied with the treatment and / or advice given them. 5% were not satisfied and 12% gave

no response. 83% of respondents were satisfied with the care received from the Moteclife member but the remaining 17% were neutral.

Almost 90% were satisfied with how their dignity and / or the privacy were maintained during this contact. 7% were neutral in their responses, 5% disagreed, and the remaining 12% did not respond to this question.

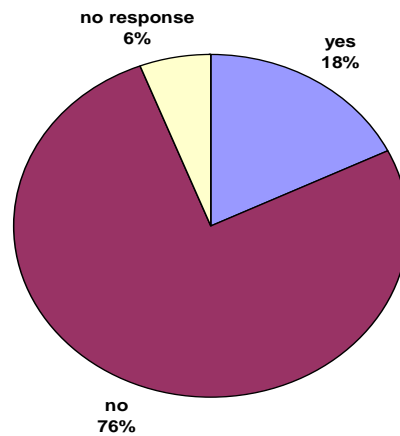
Overall satisfaction of clinic patients was 70%. 5% gave neutral responses to this question, 7% were not satisfied and 12% of questionnaires drew no responses on the question of overall satisfaction.

## Experience with Moteclife-UK

76% of respondents have no prior knowledge of Moteclife-UK before coming to the clinic 18% did. Two-thirds of those with prior knowledge of Moteclife had been told by health workers who referred. 6% of respondents did not answer this question.

Fig. 9

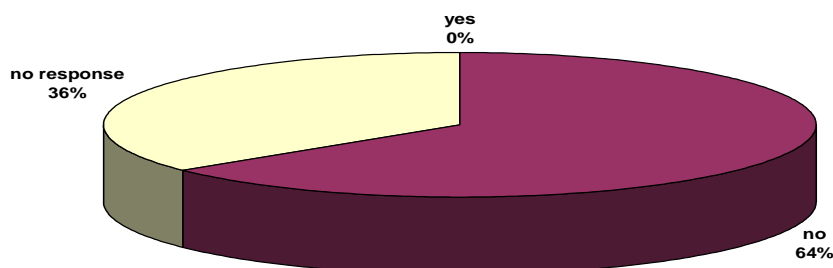
### Have you heard of Moteclife-UK before today?



This situation was not surprising as no respondent claimed to know why he / she was seeing a Moteclife member instead of their usual regular staff. See Fig. 10

Fig. 10

### did you know you were not being seen usual staff?



Only one out of five respondents claimed to have known that they were being seen by a Moteclife practitioner. See Fig. 11. Just over half of all respondents (53%) did not know and the other 27% did not answer.

Fig 11

**did you know you were seeing by a Moteclife practitioner?**

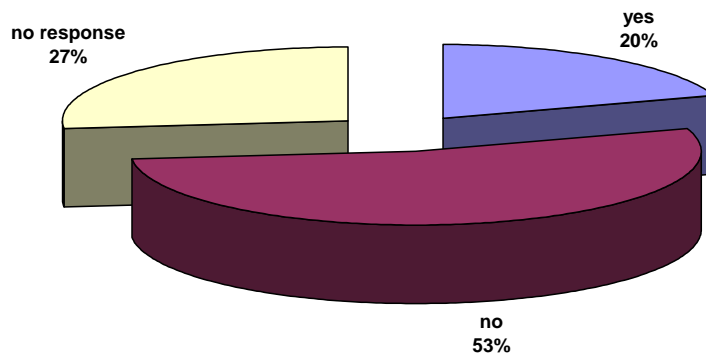
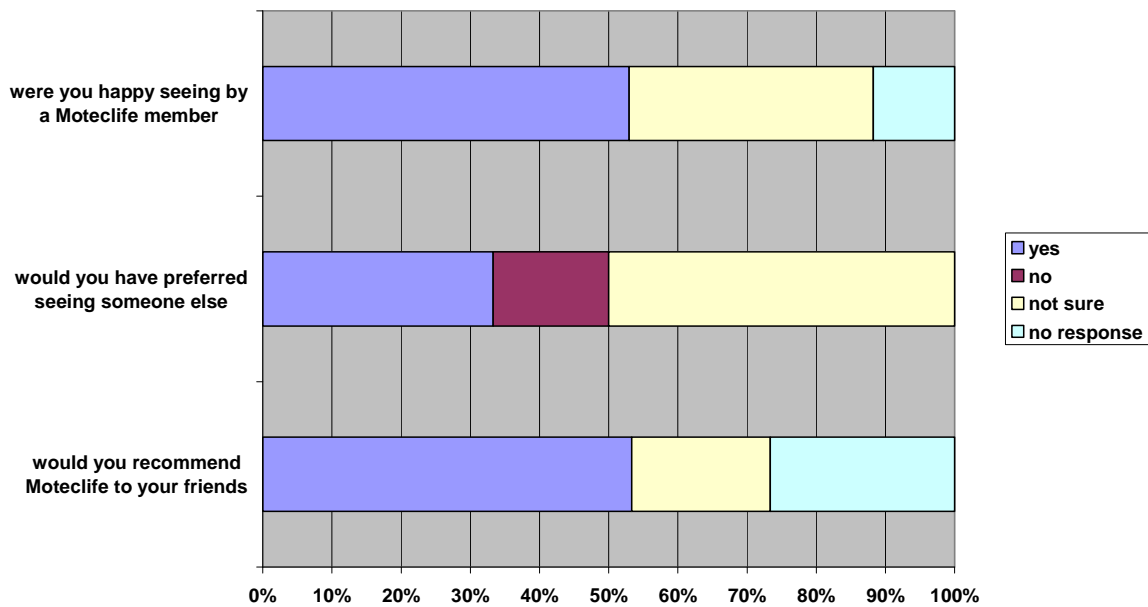


Fig. 12

**Moteclife Experience**



Given the discussion above of most people not knowing why they were seeing a Moteclife member instead of their regular practitioners, respondents were asked if they would have preferred seeing someone else. About 33% of them said “yes” and only 17% of them said “no”. The remaining 50% were not sure if they would have preferred seeing someone else. 53% of respondents they were happy seeing the Moteclife member 35% of respondents were “not sure” about 12% gave no response. See Fig 12 above.

53% of respondents would recommend Moteclife-UK to their friends. 20% were not sure and the remaining 27% did not answer this question

## **Patients' comments & Suggestions**

Two-thirds of the returned questionnaires had no comment or suggestions whatsoever. Comments from The remaining third fell into 3 groups i.e. Praise for (i) Motec, (ii) inadequate communication and (iii) concerns over follow-up

Patients' comments on Motec were mainly that of praise for the way they had been "handled". There was one comment on that the "number of nurses [were] inadequate". There was a comment that newly admitted patients should be "oriented well to allay their fears and anxieties". There was another on the breakdown of communications with regards to pre-op instructions.

## Staff feedback

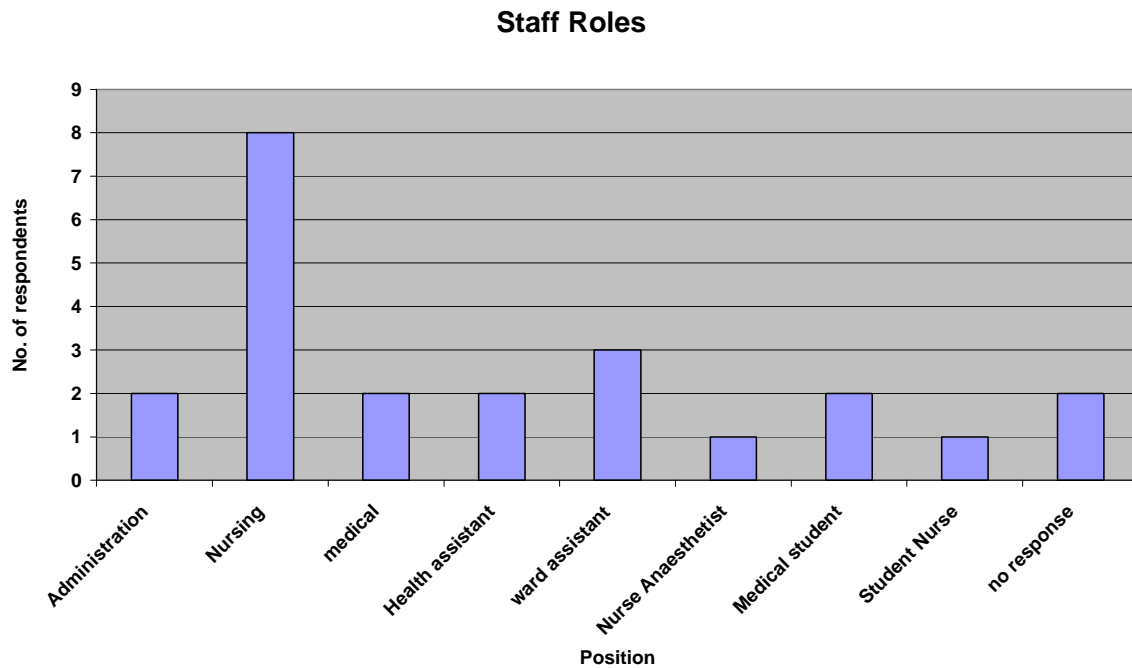
Staffs of Koforidua Hospital were also given questionnaire to assess the impact of the Moteclife visits on their work load and their views with regards to the actions and activities of Moteclife during the visits. Their views were also solicited on areas where they think Moteclife was more needed.

## Staff Characteristics

### Roles

Completed questionnaire were returned by hospital staff in Koforidua, See Fig. 13 below. These were all people whose work wee either could be affected by the visit and work of Moteclife members in the period before, during and after the visit.

Fig. 13

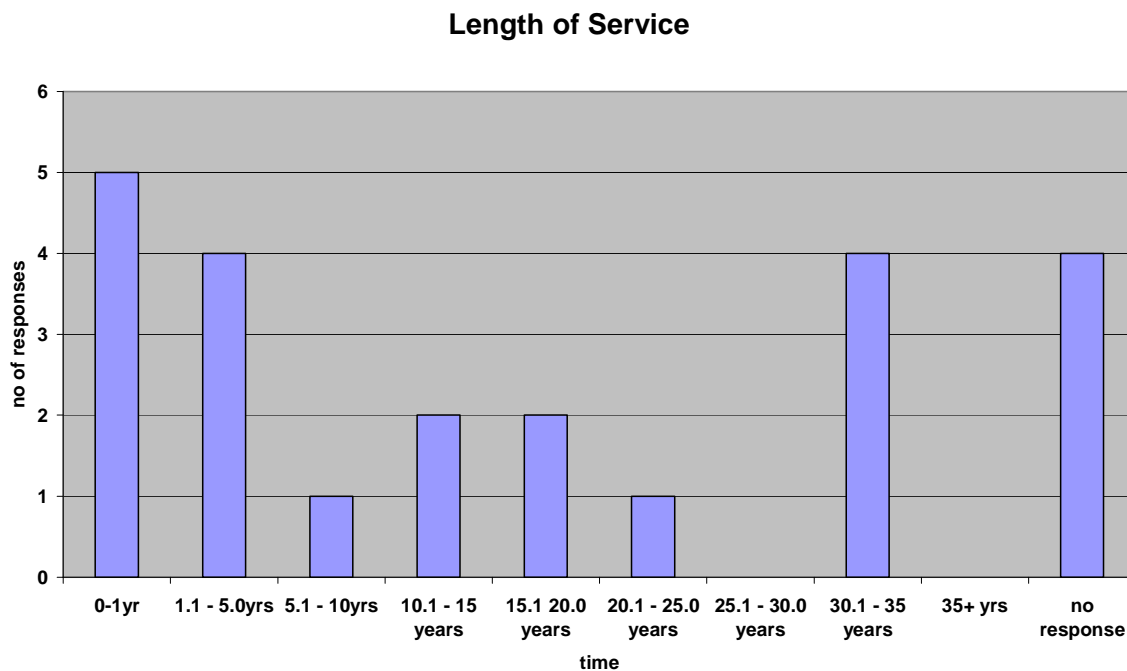




### Length of service

The length of service of these workers ranged from a few months to over 35+ years of service. See Fig 14 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 14

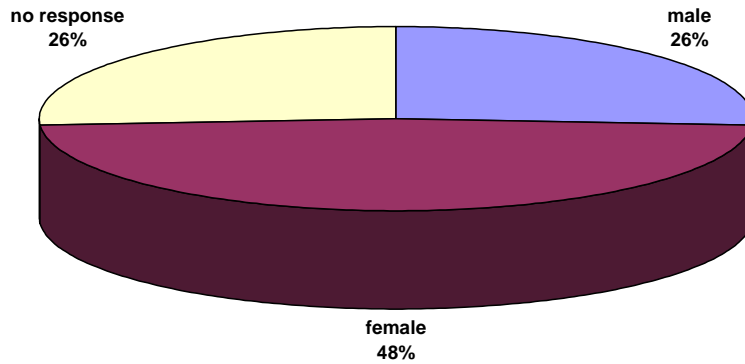


### Gender distribution of Staff

As is the case in most health care delivery settings in Ghana there were more females than males in the respondents. See Fig 16. About half of the respondents were female (48%). This was almost twice as many as were male respondents (26%). 26% of respondents left this question unanswered (Fig 16).

Fig 16

### Gender distribution

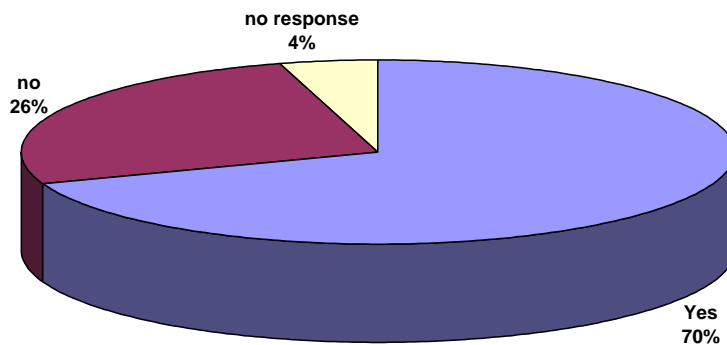


### Prior encounter with Moteclife-UK

Most of the respondents, about 70% have worked with or heard about Moteclife prior to this visit. See Fig. 17 below. 26% of respondents have not previously heard of Moteclife-UK. 4% of respondents left this question unanswered.

Fig. 17

### Have you worked with members of Moteclife



One would expect that the people who have not heard of Moteclife before this trip would be relatively new at the Koforidua Hospital, since the charity had been going to the Koforidua Hospital since it started its work in Ghana. The surprise is that with the exception of two workers who had been in their post for less than 6 months, the rest of the respondents who have not heard of Moteclife before this trip had been at their post between 1 – 30years.

## Effects of visits

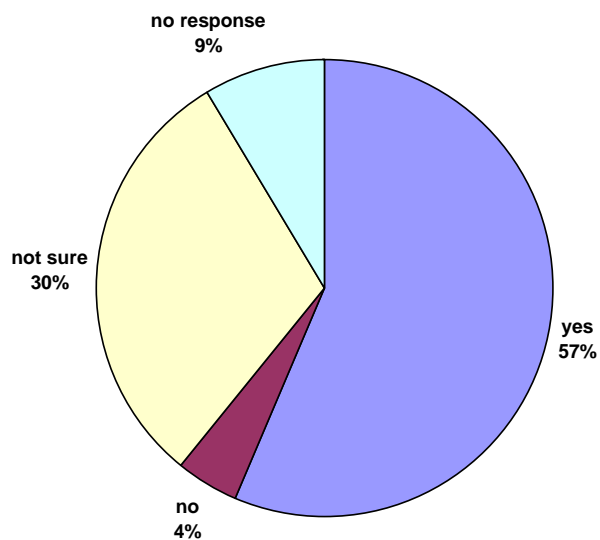
### Pre-visit

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.

57% said that the notice period received before visits were adequate. 30% were not sure of this, 4% disagreed that this notice period was adequate and there was no response from 9% of respondents. See Fig 18 below.

Fig 18

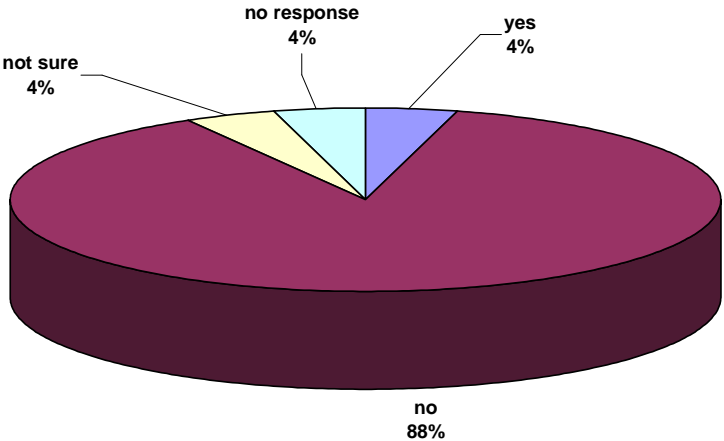
**Notice received before Moteclife visit was enough**



Whatever preparations that are required prior to Moteclife visits do not cause undue disruption of work routines at the Koforidua Hospital according to 88% of respondents. However another 4% thought it does, the same proportion of respondents is not sure if it does not. The remaining 4% of respondents did not answer this question. See Fig 19 below.

Fig 19

**Preparations for visit cause disruption to our work**

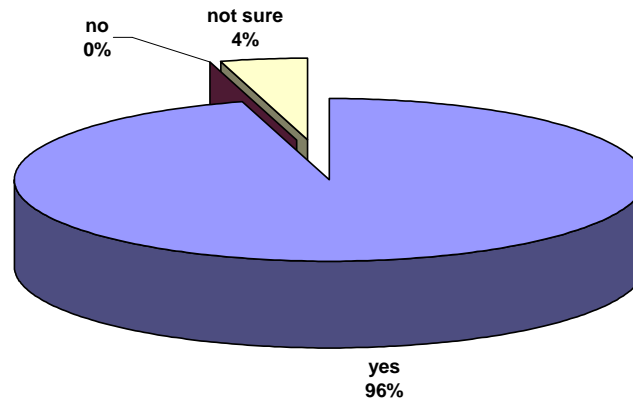


## During Moteclife-UK Visits

No respondent disputed that there was a skills and knowledge exchange during these visits. 96% of respondents were sure that skills and knowledge are exchanged during these visits. The remaining 4% are not too sure but no one disagreed that there was an exchange. See Fig. 20 below.

Fig. 20

### was there an exchange of knowledge & skill during visit

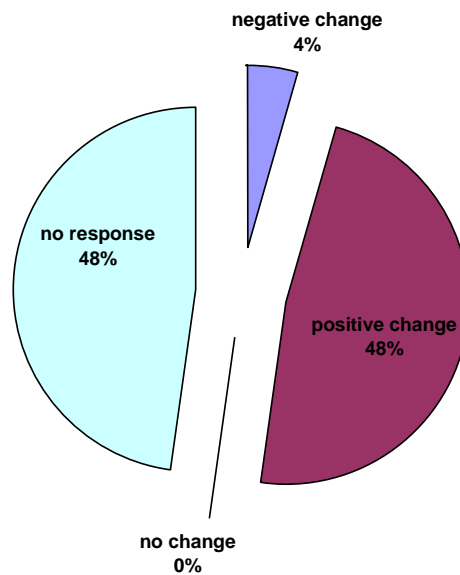


Staffs were asked whether if Moteclife visits resulted in any changes their work. Those whose work pattern changed as a result of these visit were asked if this was a negative change or positive change. See Fig 21 below.

No-one could say that the visit resulted in *no change* in their manner of working. 48% of respondents were of the opinions that these visits resulted in a positive change in the way they worked. In another 48% of respondents were not forthcoming on this question and gave no response. However 4% of respondents said that these visits brought resulted in a negative change in the way they worked. See Fig 21 below

Fig 21

### change in my work during moteclife visits



#### Post visit

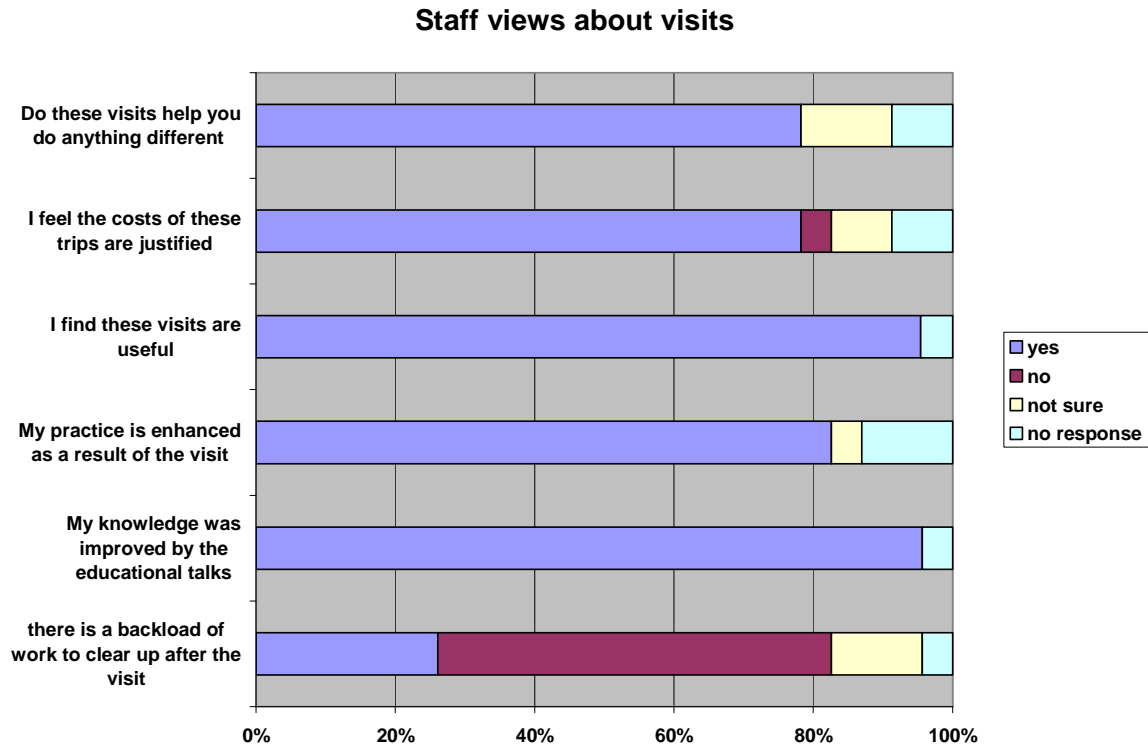
More than 95% of respondents found Moteclife visits useful and the same number admitted that it improved their knowledge. In both of these questions the remaining 4.5% of respondents gave no response and no one disagreed that these visits were useful or improved their knowledge. See Fig 22 below.

Almost 80% of respondents agreed that these visits help them to do some things different. 15% were not sure if they would be doing anything different as a result of this visit. 5% or respondents were silent on this question. Just over 80% of respondents said that their practice was enhanced as a result of these visits. About 4.5% were not sure whether the visits would enhance their practice and in 15% of respondents this question drew no response.

Staffs were asked if there a backlog of work after Moteclife had completed their visits. 25% said that the visit usually resulted in a backlog of work. About 55% of respondents disagreed that that there was any backlog of work after these visits. About 10% were no sure and there was no response from the remaining respondents.

Finally the respondents were asked if they thought that costs of these trips were justified. Almost 80% said that the costs were justified. One person said that it was not and 4.5% of respondents were not sure and the same number did not give any answer to this question.

Fig 22



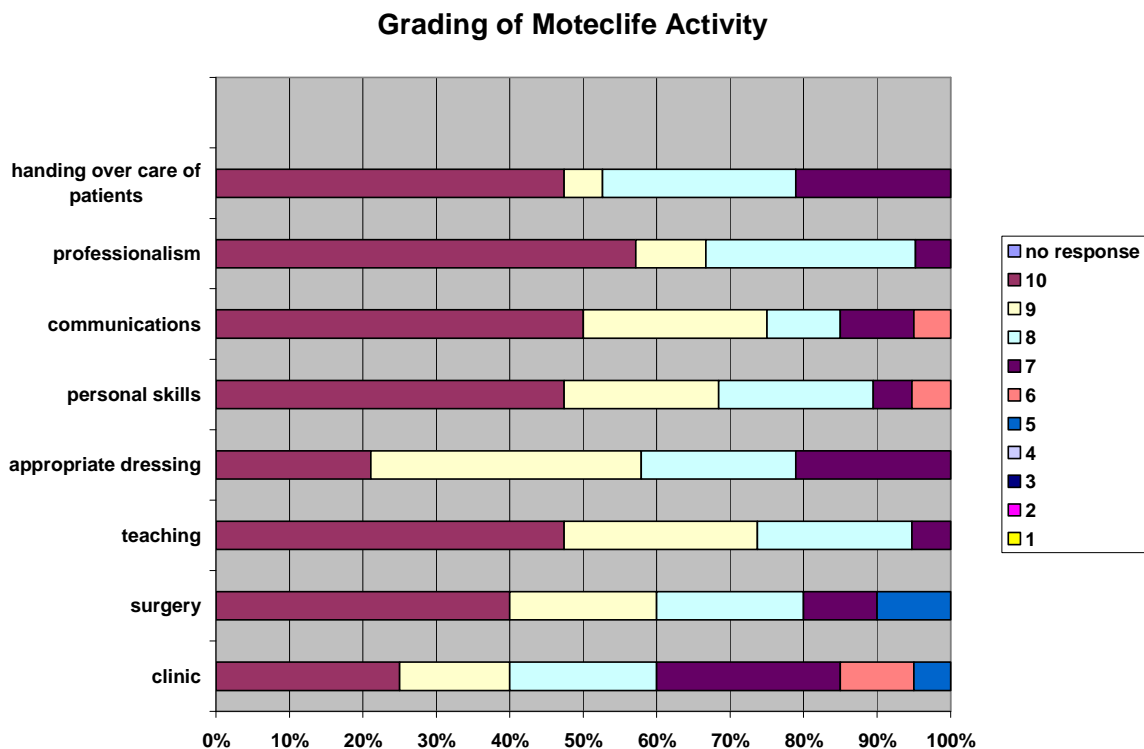


## Grading of Moteclife Activity

Staffs were asked to grade the activity of Moteclife on this trip on a scale of 1 – 10, with 10 points 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 Koforidua 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”. For all these areas 90% of respondents gave the Moteclife team which visited in October 2008 a mark of 6 and above. Even more importantly the Moteclife team did not score below 5 points in any of these categories.

Fig 22



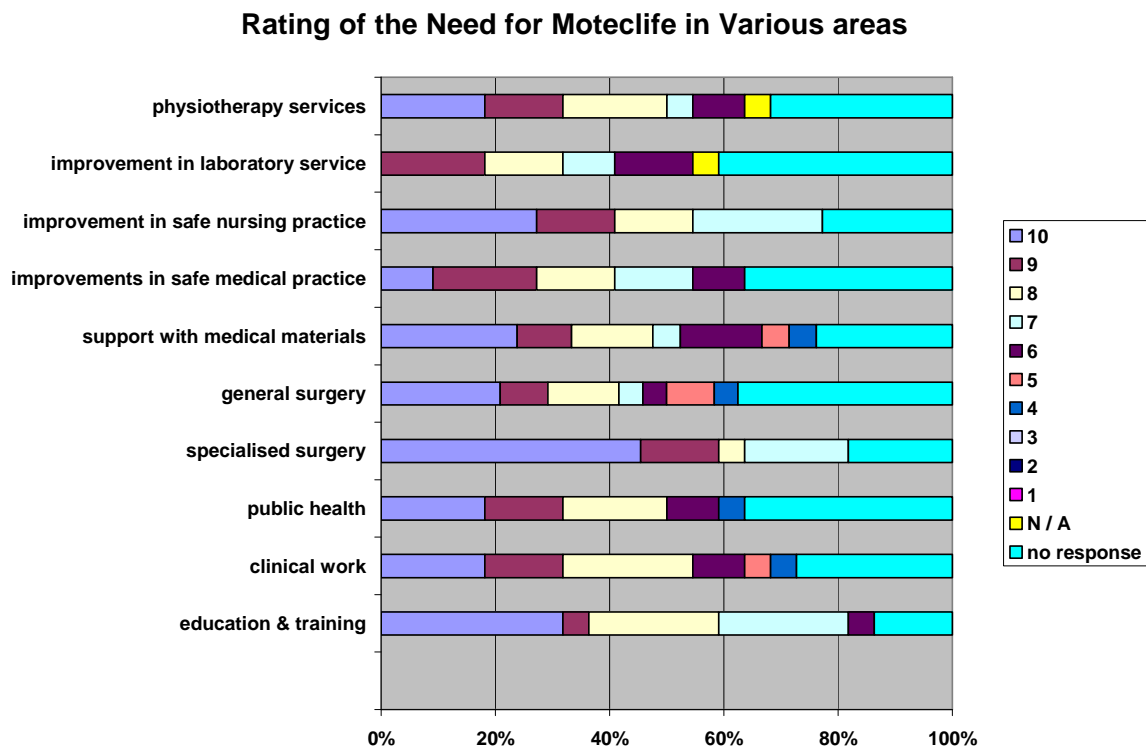
About 95% of respondents gave clinical work a grade of 6 – 10 and 90% of respondents gave surgery a grade of 7 – 10.

Personal skills and communications were given a grade of 6 – 10 by 100% of respondents. Teaching, appropriate dressing, professionalism, and handing over of patients were all was given a grade of 7 – 10 by 100% of respondents.

## Need for Moteclife in Different Areas

Next the Staffs were asked to rate how much need there is for Moteclife in the following areas; 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. Refer to Fig. 23 below for the following analysis.

Fig. 23



The need for “Education and training” was rated as 6-10 by about 90% of respondents. The remaining 10% did not respond. The need for Moteclife in clinical work was give a rating of 6 – 10 by just over 60% of respondents. The need for General surgery was rated as 6 – 10 by only 50% of respondents but the need for specialist surgery was 7 – 10 in over 80% of respondents. The need for Moteclife in delivering improvement in safe nursing practice was similarly rated as a 7 – 10 by about 80% of respondents.

The need for improvement in safe medical practice was given a rating of 9 – 10 by 65% of respondents. The rest of the respondents were silent on this question. The need for physiotherapy services was rated as 6 – 10 by 70% of respondents and public health was rated as 6-10 by 60% of respondents.

Improvement in laboratory service was given a 6 – 10 rating by 55% of respondents. The remaining respondents were silent on the question or did not feel able to comment (i.e. N/A). The need for support with medical materials was rated as 6 – 10 by 65% of respondents.

## **Staff Comments**

Staffs 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. Skills and communications
2. Great help with surgery educational and training, surgery and nursing (repeated twice)
3. Lectures (this comment was repeated three times)
4. Professional team
5. Paediatric surgery
6. Dedication to service
7. Teaching and explanations to patients and staff
8. Hard working
9. Qualified staff who work effectively and confidently
10. Good at joint surgery, post-op management and interpersonal relationship with staff and patients (this comment was repeated twice)
11. Provision of in-service training
12. Reducing waiting time for patients (statement repeated twice)
13. Satisfactory service
14. Good visit and materials provided
15. Timely workshops
16. Importing new skills and knowledge.

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

50% of respondents specifically stated that “Nothing was bad”. 30% of respondents said that the time was too short. The following are the other comments about what was “bad”.

1. Post-op follow up after the team leaves is less satisfactory
2. Timing
3. “I would like the Head of the Moteclife-UK team and the local orthopaedic surgeon to come to terms for peace to prevail”

## **What could be improved?**

25% of respondents stated that “nothing”, 10% wanted more frequent visits and 50% want “longer stays”. Below are the other comments as to what could be improved.

1. Surgery
2. Educational talks should be extended to the general public.
3. Pre-visit communications.
4. Toys for the Children’s Ward to enhance the learning while they are on admission.
5. More medical materials
6. Teaching about safe nursing practices
7. “Improvement in collaboration with the local surgeon”.

## **Any other comments**

1. “I would like to suggest that your team check their relationship and timing with the local orthopaedic doctor”
2. Follow up would benefit both team and patients.
3. Thanks for coming. (*this comment was repeated at least 4 times*)
4. We look forward to your future visits
5. In future work in all departments if possible.
6. Frequent visits.
7. Lecture notes to staffs
8. We do need your help.
9. Extend the length of your stay.
10. Moteclife-UK is doing well to relieve lots of burdened patients with orthopaedic problems.
11. I appeal to Moteclife-UK to assist St Josephs Hospital train an orthopaedic surgeon, orthopaedic nurses, and physiotherapists. (this comment came from two different respondents)

## Conclusions and Observations

It is self evident that Moteclife-UK is serving the people of Ghana through the target hospitals well from the foregoing analysis. These services are being delivered in a timely manner by a professional and dedicated team of volunteers. Whatever logistics difficulties the group might have in the background do is not allowed to affect the delivery of service on the ground.

The stated objectives of Moteclife, re: transferring of skills and knowledge to the Health Workers in Ghana and the UK is being achieved, through teaching in clinics, wards, lecture theatres and operating theatres, laboratories and all areas of the health care delivery system in these target hospitals. These transfers are well received and appreciated.

Reading the comments freely given by both patients and staffs gives a fair idea of the conclusions to be drawn, the enormity of the task ahead and the objectives to consider going forward.

The relationship with the local surgeon kept coming up from under different headings. These concerns were raised by from ward assistants to senior nurses and others in between. No stone should be left unturned in the efforts of Moteclife to get local staff, both individually and collectively, have some ownership of the work in done during these visits.

Collecting these feedbacks from the staff on the ground and using the information to direct the future activity of Moteclife is a good way to begin.

Thank you

Dr Kofi Amu-Darko

On Behalf of Moteclife Audit team

13<sup>th</sup> January 2009