

**THE PROPOSED INTERNATIONAL SURGICAL CENTRE
SEFWI ASAFO ST JOHN OF GOD HOSPITAL, SEFWI ASAFO, WESTERN REGION. GHANA.**

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INTRODUCTION

In October 2006, a group of three Motec members visited St John of God Hospital at Sefwi Asafo in the Western region of Ghana. It was an epic journey of about 420 kilometers from the capital of Ghana Accra through Kumasi, the second city of Ghana. Departure from London by direct flight by the group by air was 2.30 pm arrival in Accra 8:45p.m. From Accra, departure by road was about 2:30pm; arrival at Sefwi Asafo after three stops was about 11pm. Mr Raymond Ofori, Mr and Mrs Ofori-Atta were charged with the responsibility of meeting with the local hospital administration to find ways and means of supporting and improving the local health care services at St John of God Hospital. The hospital is under the directorship of the Brothers of St John of God. The goals of the mission were set by Hospital authorities and the Dublin based fundraiser, John Mitchell and the Director of the Brothers of St John of God, Rev. Bro Laurence Kearns.

After a guided tour of the hospital and meetings with relevant heads of various departments, the group identified two 'idle' structural facilities, and very important statistical details that prompted serious thoughts and discussions. First was the brand new building meant for isolation of patients with communicable diseases that was not being used based on government directive. The second was a new building facility meant for the manufacture of intravenous fluids that never got started. The health statistics also revealed that the provision of general surgical services in the local services was dwindling and was almost exclusively limited to the skills available from the local doctors employed to work in the hospital. It has since become clearer that provision of experts at the local hospitals can change care. Basic surgery such as hernia repair disappeared from the statistics for several years until 2007. Some cases are being reported in 2008 with the temporary appointment of a Cuban surgeon. No varicose vein surgery has been entered into the hospital records. No eye surgery had been done until a medical charity 'dropped in' in from Italy in May 2008 for two weeks when over 300 cataract surgery was done. Also noted was the heavy reliance of the hospital on various suppliers of intra-venous fluids.

It became clear that Motec could assist in providing professional guidance and services to revamp the health care services of Asafo through the creation of a surgical centre open to organized international medical charities for surgical work in a collaboration between the local hospital administration and Motec Life -UK. Also efforts to make the intra-venous fluid manufacturing base operational were to be re-visited. The support of the fund raising supremos John Mitchell, Rev Brother Laurence Kearns, Local Medical and Nursing Staff would prove vital in such an arrangement. The two idle facilities at St John of God Hospital, Sefwi Asafo could be used for the projects identified. For detailed analysis of the facilities, provision of safe surgical services, the reasonable comfort of the volunteers and patients, importance of streamlining visits, complying with local and national guidelines, Motec re-visited St John of God Hospital Sefwi Asafo and also made contacts with the relevant health authorities. **The proposals laid out represent professional opinions aimed at improving health care to all patients who seek treatment at the proposed**

centre and offers opportunities for health professionals all over the world and philanthropists who genuinely want to make a contribution to the health of a developing country like Ghana to get involved. No doubt that the challenges ahead will be tough but with commitment, dedication, resilience, and sacrifices come results. Project cost: set up about £25,000 initially, running cost about £15,00 per annum. Please donate generously – in kind, cash, material and human resources



Dr. Salisu Adams, Medical Director, St John of God Hospital, Sefwi Asafo

Objectives of the Centre

- Provision of surgical care to all people in need of surgical services without regard to race, tribe, colour or creed.
- To promote a centre of excellence that will encourage education, transfer of skills among visiting and local workforce through exemplary clinical work that positively allow local workforce full participation.
- To improve the standard of care through joint discussions and arrangements without imposition of ideas by either parties.
- To demonstrate the importance of record keeping and encourage analysis of data, feedback and audits that could help with healthcare improvements.
- To encourage cross-cultural participation in health care.
- To continue to upgrade symbiotically the experiences of the local and visiting healthcare workforce across the board.

Disciplines and targeted pathology

- Initially, surgical centre should aim at day surgery leaving complex cases to the bigger hospitals. Professionals however could assist local surgeon in the main hospital to treat emergencies. In the course of time, as the centre progresses, review of cases to be treated should be undertaken.

- General Surgical procedures to be encouraged include: herniorrhaphy, varicose vein surgery, lump and bump removal, minor feet surgery etc.
- Eye surgery should attract treatment for cataracts, glaucoma, eyelid pathologies, squint etc.
- Dental Care to be restricted to basic care.
- Basic Plastic Services.
- Acute / minor musculo-skeletal injuries and limited services for chronic orthopaedic conditions such as low back pain relief, arthroscopic knee surgery, carpal tunnel, tennis elbow, and other soft tissue releases.

Clinical, Social and Structural Strategy

The overall Clinical Supervisor of the project will be the Medical Superintendent of St John of God Hospital Sefwi Asafo. The Superior of the Brothers of St John of God, Sefwi Asafo and the Hospital Administrator will oversee the logistics and administration of the Centre. Screening of overseas volunteers and advice shall be via Motec Life UK, honorary role. An Independent Ghanaian experienced surgeon(s) may be nominated by a co-ordinating team of Motec (2 nominees) and the Hospital administration (3 matron, medical superintendent and Brother Superior) to review and advise regarding the clinical practices at the centre. A retired /renowned surgeon would be a suitable choice. The Hospital reserves the right to refuse permission to anyone to work in the facility without appeal.

Participants guiding principles.

- The Centre should be open to the International Medical Charities and Health professionals in Ghana with the desired experience working on voluntary basis.
- Visiting volunteers should go through a screening process of submission of curriculum vitae to the Co-ordinating team, registration with the appropriate professional body in Ghana (to be paid for by volunteers sponsoring organisation or by individuals). References may be requested if necessary.
- Non-recognised 'medical innovations' may not be practiced at the Centre without the approval of the Ghana Ministry of Health and the Hospital Ethics Committee.
- Lead clinicians must be practicing independently without supervision in his or her country of residence.
- Documentation of procedure in-patient notes is compulsory including mishaps and records should be clearly legible for safe patient care and audit.
- Volunteer's special needs- dietary, health, disability etc should be made known to the co-ordinating group at least six weeks before the working visit to the centre (confidentiality paramount).
- Under no circumstances should the working volunteer bypass local staff or behave in a manner that results in discrimination against colour, race or creed.

- The volunteer shall be solely responsible for his/her own Immunization, prophylaxis against diseases, visa arrangements.
- Annual working visit programmes need to be set out by volunteers. A minimum six week cancellation notice is desirable.
- All patient fees for the surgical services are charged by the hospital authorities except where special implants for special implants are purchased by the group for specific conditions but if possible, donated implants within the date of expiry should be sought for.
- All equipment specifically donated to the Hospital by volunteers shall remain the property of the Hospital. Volunteers are encouraged to provide equipment that are in working order and has low maintenance demand.
- Travel / health insurance policies by volunteers highly recommended

Working Strategy.

- Minimum working visit should be 6 working days. Two weeks or more to be encouraged
- Day Surgery a priority until such time that the centre is improved to up-grade.
- Visiting team may include a surgeon, anaesthetist, and a technician, scrub nurse. Surgeon at best must be familiar with the safe delivery of local anaesthesia.
- One specialty visits at a time unless two disciplines complement each other.
- There should be a mix of local and overseas workforce working together.
- Lectures and workshops on areas that the visiting group(s) intends to concentrate on – current and the future will be desirable. Educational information and guidelines should be made available to staff through handouts, website of Motec Life – UK and possibly fixed computer downloaded with lectures accessible to local staff.
- There should be a scheme to help co-ordinate and screen referrals to the Surgical Centre. The role of the Medical Superintendent and Medical Assistant of the Local Hospital will be instrumental. A safe basic pre-operative assessment protocol or guidelines need to be developed in the hospital for regular use. The head of the pharmacy, laboratory, and health insurance office have to be co-opted into the arrangement. The local staff and patient should agree postoperative care or follow up before surgery is undertaken.
- The Matron or her deputy should supervise Nursing Care of patients.

Local Authority Responsibilities.

- Invitation letters to volunteers for the purposes of acquiring entry visa to Ghana.
- Transport from Airport to base hospital and return to the port.
- Food and accommodation for volunteers.
- Transport for approved weekend social trips.
- Laundry services.

- Checks on Professional Registration in Ghana.
- Patient care, safety and comfort.
- Provision of local staff to work with team and also to assist with interpretation of English and local language.
- Local staff and volunteer welfare.
- Insurance cover for clinical work by volunteers as long as the index event is not a deliberate mistake.

EQUIPMENT / ARRANGEMENT SUMMARY :-

- 1.) a. anaesthetic machine (S) with ventilator and monitoring for - ecg, oxygen saturation, bp, and end tidal co2 +/- agent monitoring for halothane/isoflurane; piped gases o2, n2o, air
 - b. suction apparatus for anaesthetic use separate from surgical suction,
 - c. storage cupboards for anaesthetic equipment and drugs,
 - d. small fridge for drugs; anaesthetic equipment,
 - e. 2 small trolleys with 2 shelves in each theatre;
 - f. shelves and storage for surgical equipment / chairs
 - 2.) Recovery with nurses' station in middle facing main door and six bedspaces three on either side
Also entry doors from theatres on the sides – entry for patient (walk in) exit into recovery ward.
Bed spaces with trolleys not beds - must be able to tip head down, adjust height and put trolley head up to sit patients up - minimum eight trolleys
Resuscitation trolley and basic anaesthetic machine with ventilator other than ones in theatres. monitoring for ecg, bp, and oxygen saturation
Source of oxygen, air, nitrous oxide in theatre and recovery.
 - 3.) office with computer and shelving and cupboards for filing and notes
 - 4.) Cupboard or small room to keep post-op medication and supplies
 - 5.) Staffroom with chairs and tables, male and female bays and toilets, lockers, shelves and clothes hooks
 - 6.) Step down ward - maybe 2 - with bed spaces and some beds and oxygen supply outlets and suction. nurses station
 - 7.) CSSD and equipment storage
- Level flooring between rooms and verandahs to allow movement of trolleys between recovery, theatre and wards
- 8.) First stage waiting area for patients and changing areas for their use before entry to theatre with chairs. couple of several assessment areas and nursing/reception station.
 - 9) 2 Air Conditions – ONE FOR EACH THEATRE.

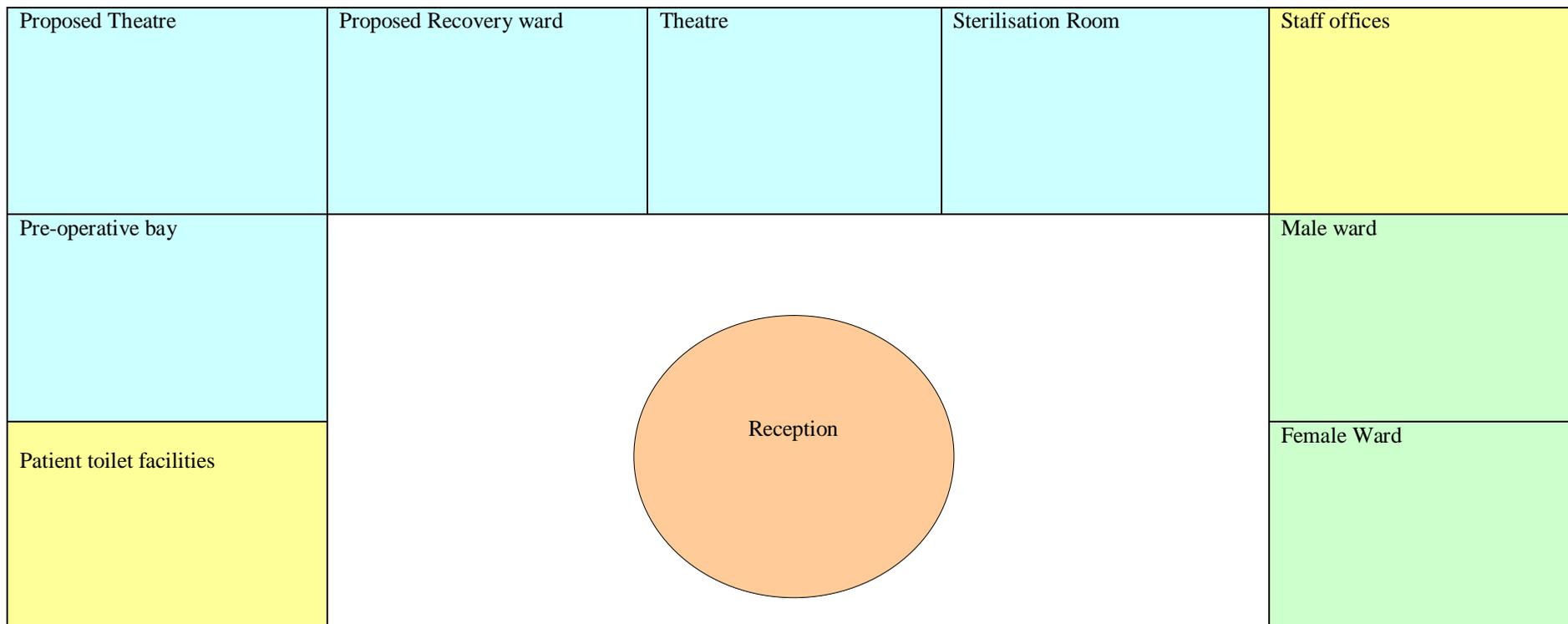
b) OTHER COSTS

i) Surgical Centre

Paintwork inside surgical centre/ Patient Curtains in pre-op bay to separate six beds
Furniture in office, computer, lockable safety cabinet for staff, coffee table, 1 Fridge,
Nurses station desk and chair. Recovery ward drug trolley, and recovery trolley

2 Operating tables - adjustable, two mobile light sources, stand by battery powered re-chargeable torch, scrub facilities, brush, soap holders, theatre gowns and shoes. Door works - entry in and out of theatre, trolley friendly entrance to ward, recovery and theatre.
ii) Volunteer accommodation: internal refurbishment.

THE PROPOSED PLAN FOR SURGICAL CENTRE IN SEFWI-ASAFO (Minor details not included)





The Proposed Centre Sits Waiting