APFP site visit to Kumasi

19th-22nd June

APFP representative: Jo Wilmshurst

Aim of visit:

- The first Paediatric Epilepsy Training course in Ghana
- Visit to Komfo Anokye Hospital
- Attendance at the National Ghanaian Pediatric Society meeting
- Meeting / workshop with the APFP alumni

APFP Ghana! Lawrence, Nicholas, Charles, (Jo), John, Vivian, Boateng, Charlene, and Larko.

19-21 June: Participation in **PET course. Dr Charles Hammond (APFP alumni**, child neurologist) was faculty lead for this course. The demand was so great for the 1 day course that it ran on two consecutive days. The faculty repeated the content to another group of health practitioners on day 2. The doctors came from across Ghana but mainly regions near Accra and Kumasi. On direct questioning of the 81 participants , 10 were specifically based in rural settings but all confirmed that they cared for children from rural districts. The delegates also consisted of some senior paediatricians who are strategically placed in areas of child health in Ghana and are now very supportive of Dr Hammond's work. The faculty

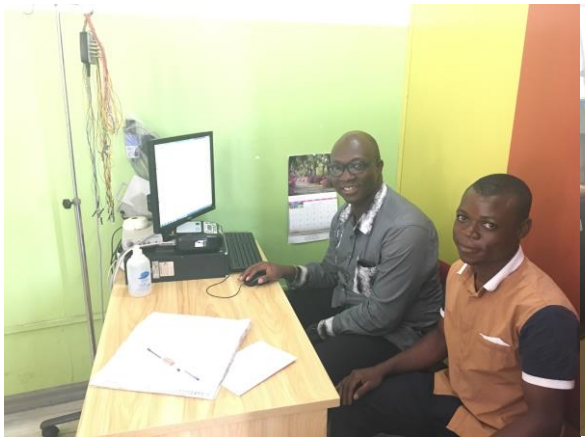
that Dr Hammond has established will continue to run these courses in other regions of Ghana to strategic groups.

22nd June
Visit to Komfo Anokye Teaching Hospital.
The visit was coordinated by Dr Hammond. There is strong affiliation with APFP and this centre. To date trainees have returned post APFP training in diverse and essential child health areas, namely PICU, neonatology, emergency medicine, neurology, oncology, haematology, with more trainees currently at UCT training in infectious diseases and nephrology. The breadth of training illustrates the vision of the senior leads at the centre who are building a vibrant and innovative service. Key leads in this are John Appiah (head of PICU) and Sampson Antwi (head of nephrology).
Areas visited: **PICU** – this is a new unit, opened this year with 4 beds. It is situated in a stand-alone unit, attached to the NICU and opposite the emergency area. Great care has been invested in developing effective systems, optimizing equipment and training staff. Several of the ICU nurses either have trained, or are training through the CNDPI program at UCT. **Dr Appiah** (APFP alumni) is collaborating with the Children's Hospital at Montefiore, who fall under the Albert Einstein College of Medicine, to develop effective quality assurance methods. He keeps meticulous records of patient through-put, morbidity and mortality data, and can already demonstrate dramatic improvements in the statistics for his patients, since implementing standard protocols and expanding into the standalone unit.

NICU - **Dr Nana Brody (APFP alumni)** is one of the consultants in the NICU. Her HOD was also present and clearly very supportive of all that Nana and her neonatal colleagues were introducing. The new unit has successfully implemented kangaroo care, stepdown facilities and bubble CPAP. Simple interventions of cot spacing and careful handwashing are now possible in the new unit. But in addition, their mortality rates are now at a level to support the introduction of artificial ventilation support. Two ventilators are in use and the training Nana received in Cape Town has been vital to effectively implementing this. Nana made a point of expressing how helpful and essential to her success and her re-introduction to work at Komfo, has been the ongoing support of her supervisor in Cape Town, Dr Lloyd Tooke.

She commented that the supervisors should also be acknowledged for the time and energy they put into supporting the trainees both during their training and on their return.

Main children's ward. **Oncology** and **neurology** share a busy ward and the two main consultants (**Dr Vivian Paintsil** and **Dr Hammond**, both APFP alumni) support each other in patient care, seeing each other's patients if one is away, and communicating with each other for complex patients. Vivian has established a busy **oncology service**, recruiting a multidisciplinary team. She is frustrated with trying to keep up with the huge demand for her service and the restrictions to access to care, especially chemotherapy agents. She maintains regular communication with her UCT supervisors, joining the weekly skype call with the other African trainees, where challenging patients and management protocols are discussed. Charles runs an extremely busy **neurology service** with referrals from as far afield as Accra and the surrounding regions. He is called at any time (whether away or on leave) for telephonic advice and is the only child neurologist in the hospital to assess children with neurological complications. He runs a busy neurophysiology service and typically reports on the studies from home as there is no time during the working day. The equipment itself is often a challenge with significant interference related to poor grounding and excessive electrical interference from all the wiring in the surrounding area to the neurophysiology unit. Currently the hospital does not have an MRI machine and stable children have to be referred to Accra (5 hours away or a 40 minute plane flight) for the imaging. It is likely that the hospital will soon acquire an MRI which will make a significant difference to service.




Surgical ward: Dr Boateng Nimako (consult in general surgery, specialist in **paediatric urology, APFP alumni**) was in the middle of his ward round but stopped to briefly talk about his work. He covers all areas but expressed a great need to expand capacity, especially in the field of urology. Waiting lists for general surgical procedures, at the moment, run up to 1 year, which means that children who would otherwise have been stable are often emergencies by the time the procedure occurs. He expressed a great need for trained nurses and especially nurses with stoma care training.
Various other sections of the hospital were also visited including the emergency unit which was overflowing but still managing to teach undergraduates.

At the main conference - the **Ghana Annual General and Scientific conference** - theme "*Nutrition and Lifestyle Choices in Childhood and Adolescence*"
Presentations were delivered by APFP advocate, Dr Sampson Antwi, and AFPF alumni Dr John Appiah and Dr Nicholas Agyei (gastroenterology fellow).

Since many of the APFP alumni were attending the conference an opportunistic workshop was held to talk to these specialists about their post training activities, challenges and ways forward.
Attending the **workshop**
APFP alumni: (now practicing in Kumasi and Accra)

1. Boateng Mimkao (paediatric urology surgeon)

2. Lawrence Osei-Tuto (haem / onc)
3. Vivian Paintsil (haem / onc)
4. John Adabie Appiah (PICU)
5. Charles Kumi Hammond (neurology)
6. Charlyne Kilba (PICU)
7. Nicholas Ajei (gastroenterology)
8. Larko Owusu (Emergency medicine)

The group had many highly relevant points and ideas much related to how they could expand and optimize the care they are currently delivering. Boateng pointed out his need for better **paeds anaesthetic** support and also **radiology** for basic screens but also interventive procedures. His waiting list of one year is a great challenge. He has access to theatres 2 days a week with the result his waiting list keeps growing. He has identified potential trainees interested in coming to UCT for paed anaesthetics and radiology training. He was also interested in the idea of either fund-raising or getting government funding to support some "**Saturday surgeries**" – these have been highly effective at Red Cross Children's Hospital to address the waiting lists there. He also raised the great need for more **trained nurses**, especially in **stoma therapy**. This was supported by Nicholas and Charles who from their respective patient group also had a huge need for stoma care trained nurses. A suggestion put forward was that if a working group could come to the centre in Kumasi for **1 week of intensive training** then it would be likely that this would upskill the staff enough to make the service viable. This would be more logical and target a larger group than sending one or two nurses for this specific training. Nicholas commented that whilst he has kept up his laparoscopic skills outside the hospital he is unable to insert pergastrostomy feeding tubes (PEG) tubes in the hospital – the equipment and post-insertion facilities are lacking. In addition access to TPN (intravenous feeding regimen) is also not available. The result from this is that any child with complex gastroenterological issues cannot be optimally managed. The group were somewhat surprised by the **commonality of the challenges** faced as children across surgical, gastroenterology and neurology have similar feeding challenges, infact this is a challenge in the NICU and PICU as well. Nicholas also commented the he couldn't routinely perform liver biopsies as the required needles were rarely in stock. These are not significantly expensive. He did agree that this equipment could perhaps be accessible from international gastroenterology associations. Charlene trained in PICU and has returned to a relatively new hospital in Accra, which feeds into the tertiary centre but otherwise manages children at apparently secondary level of care. In reality her work is often complex and at a tertiary level. Currently she is in-charge of 2 bedded PICU unit but has taken on supporting the NICU as well which is short-staffed. She emphasized how important it would be to have **trained PICU and NICU nurses** to work with her. She is in the process of exploring if this would be possible. She also supported the most recent innovation of the APFP for the roll-out of **technologists**. The whole group engaged with great excitement about this concept. They were split between the optimal person to train – whether this should be a technologist, nurse or medical officer, but they were absolutely sure that anyone trained in this area would be a support to all their services from a theatre technologist, to a neurophysiology, cardiology and pulmonology technologist to an intensive care or dialysis technologist. Vivian addressed the need for better **palliative care support**, for the holistic and chronic care of complex and potentially terminal patients. Associated with this was the need for **social psychology**

support. Charles added that there was also a need for **neurodevelopment** and **neuropsychology** support. The ancillary groups who have completed training and returned to Accra were not represented but the need for more paediatric physiotherapy specialists was acknowledged.

In conclusion:
The group had a long debate about how to drive this process.
Initially some members asked why APFP couldn't come and put pressure on the administration. After some discussion it was agreed that that was not the role of APFP. That the alumni are the leaders and APFP's role is to help them achieve their goals through more advisory support. Keeping good records of patient activities (ie **registries**) is important – without stats and factual evidence it will be very challenging to prove a need to expand a service. The group agreed to explore this.
Being strategic in the planning for areas of motivation. The success of this is very evident in the work that John Appiah has achieved.
The group were surprised at the **commonality of many of their challenges** and agreed that they should not lose the momentum. Forming an APFP alumni Ghana group will be a start. Further they agreed that **engaging more with the national body** would strategically place them in a better place to lobby for improved resources.
It was agreed that a tentative exploration would occur to see if the Pediatric Society of Ghana would agree to this. Their role could then follow the current system with the Kenyan Pediatric Association whereby applications are "passed via" the Pediatric Society of Ghana for approval, transparency and equity in applications across the country. John Appiah (vice president of this body) will be asked to facilitate this.
In addition the group agreed to explore their own local training capacity, now that they have a critical mass in some disciplines. As part of this to explore forming **APFP Ghana**.