

PRESBYTERIAN HOSPITAL, BAWKU
REPORT ON A RECIPROCAL VISIT TO THE NETHERLANDS



Introduction

On the 2nd February 2020, a team of four senior staff of the Presbyterian Hospital, Bawku left for the Netherlands on an official visit, as part of a reciprocal visit in relation to the Dutch Foundation Friend of Bawku (FOB). The team arrived safely in Schiphol Airport, Amsterdam on the 3rd of February 2020 and were warmly met at the airport by two members of FOB, Dr. Kwikkel and Dr. Herma van Vliet. The delegation went on to spend 10 working days in the Netherlands, hosted by teams and individuals in Ede, Bennekom, Apeldoorn, Arnhem etc. Our delegation delivered a power point presentation about our hospital services and engaged several other groups in matters of health care in our hospital, and eventually left the Netherland on Sunday 16th February, 2020 to Ghana.

The Team

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| 1. Mad. Alima Seidu | - | Nursing Services Administrator |
| 2. Dr. Seidu Sukenibe | - | Medical Administrator |
| 3. Dr. Jemima Asune | - | Medical Officer |
| 4. Mr. John Azaare | - | Administrative Manager |

Objectives of the Visit

The visit had two main objectives;

1. To tell our story as a hospital to the Dutch people who have supported us over the years, with the hope of raising further support and cementing our friendship.
2. To observe/listen and appreciate the Dutch Health Care System, in a typically developed setting vis a vis our system, a developing one.

Our Experience

It is worth noting that the delegation did not find the opportunity to visit Europe on a silver platter. The team made series of trips to Accra (about 900km away from Bawku) with the hope of securing

travel visas from the Dutch Royal Embassy. Our first attempt failed, bringing disappointments and discouragement. However, we took a decision to give the visa application process a second try, knowing the importance of FOB to our hospital and the people of Bawku.

Our efforts were complimented by the Dr. Ries Schouten, the FOB Board President in many ways. The perseverance paid-off and the team had the green light to travel overseas effective 2nd February, 2020. Travel tickets were then secured and the trip made as scheduled.

While in the Netherlands, our impressions on the Dutch Health Care System, particularly institutional care, are nothing, but, positives. Their health care facilities are captivating in many ways; the setup, the organization, the cleanliness, equipment availability and the overall seriousness of staff. This impression we had, cuts across the 3 hospitals, 1 health centre and a physiotherapy care centre that we visited. Of course this was after samples were taken from each of us for test, to determine how far we could proceed to various units in their hospitals.

The Dutch people were lovely in many ways and surprised us with wonderful diets during lunch and dinner. Our delegation also had the luxury of visiting nearby countries i.e. Belgium and Germany for sightseeing. The experience from these tourism activities left indelible prints on us as a delegation from Ghana, especially for those of us visiting Europe for the first time.

We met various groups and individuals, who were eager to show us around and were also willing to be of help to our hospital in many ways. As far as our experience is concern, two things stand out and could be replicated in our setting with minimal or no resources required; time management and keeping a clean environment.

Meetings/Engagement

During the visit period, several meetings and engagement transpired between the team and the relevant groups or persons as are reported below;

1. Familiarization tours

This happened as scheduled in each occasions in the hospitals. Some of the units the team toured includes; the operating theater, the microbiology unit, the radiology and radiography units, the maternal health care units, the intensive care unit and the pediatric unit. The tour happened across three main hospitals in Ede, Apeldoorn and Arnhem.

The team also visited the GPs centre of Elvira, the wife of Dr. Ries Schouten, president of FOB. The Dutch GP system typifies a health centre in the Ghanaian setting and sees the majority of OPD level case. The GP centre also had a pharmacy unit within the premises which served the drug needs of the area and used the services of a robot at nights.

Another significant tour was conducted for our team by Hans Ros, a pharmacist in Apeldoorn Hospital, who will be joining Dr. D.J. Pot for the next FOB. He showed us their productions and the aseptic techniques employed. Mr. Hans Ros also got the infection control team of his hospital to make a short presentation and the team.

2. Meeting with the Eye Care team

The delegation met with two ophthalmologists, Dr. George de Jong and Dr Tom Bakx, arranged by FOB for discussion bothering on Eye Care. Our delegation explained the situation of the Presbyterian Eye Care programme in Ghana and the current challenges. The Eye Specialists expressed satisfaction with the outcome of the meeting and pledged a plan visit to Ghana to continue with discussion and support.

3. Meeting with Dr. Herma van Vliet and Dr. Alex

Our team also met with two dentists, Dr. Herma and Dr. Alex, who had previously visited Bawku. Dr. Herma presented to our delegation, a digital X-ray equipment with a timer, including a lap top for the X-ray unit, to be used with the machines. Herma secured these items by herself through commitment and passion for dental care in Bawku. Herma and her husband who is also a dentist took us round their practice section within their apartment to show us an impressive outfit of dental practice. One of us (John) was privileged to be given a free and luxurious dental service.

Our delegation, on behalf of our hospital and management expressed our profound gratitude to her for her passion for oral health and promised to pay a component of the cost of the items as discussed. We also discussed the possibility of providing further training for Douglas Avonka, a dental surgery assistant who is interested in dental therapy training in Ghana. Dr. Herma pledge a personal support for Mr. Avonka's traininb and is hopeful that he will be released for the training. The two dentists spoke highly of Douglas.

4. Meeting with Rotary Club

The FOB President, Dr. Scouten arranged for us to meet the Rotary Club in Bennekom for Lunch. The members were very friendly and welcoming. We took the opportunity to explain the nature of work in our hospital and how FOB and other partners have been helpful to us in the past. We highlighted the Poor and Sick fund which can be supported to provide access for all who require health care. The Surgeon in our team Dr, Seidu Sukenibe also explained the need for an Intensive Care unit in our hospital. The Rotary Club members were impressed about how our hospital does so much with so little and looked forward to further discussions to see where they could be of help.

5. Meeting with the Lions Club

Mr. Michiel Pothoff, the treasure of FOB also scheduled a meeting with us and the Lions Club. We had dinner with the Club and met old FOB member and Dr. Koen van Empel. Mr. John Azaare made a 30 minutes presentation to the Club, highlighting the hospital's management structure, clinical aspects and financial situation. The Lions Club which had previously supported the Maternity Block expansion work were impressed with our presentation and work and pledge to support the hospital set up the Intensive Care Unit Project, which we mentioned as a critical project needing immediate attention. They asked for a budget estimate.

6. Meeting with CEO of Gelderland Vallei

The CEO of Gelderlam Vallei Hospital hosted our team for lunch also and we discussed varied issues of health care, comparing our situation in Ghana to first World situation like the Netherlands. The CEO mentioned that all activities of FOB are individually and privately arranged by the members, but then as a hospital, they are willing to make adjustment to help the foundation in whatever way they could. He presented beautiful citations to each of our member of our team and expressed happiness of meeting with us.

7. A visit to Apeldoorn Hospital

The Team in Apoldorn Hospital, led by Dr. D.J. Pot, also hosted our team and served us lunch and gave us a very thorough tour of their hospital. A member of the hospital board made time to meet with us and briefed us on their work. She explained that, hospitals in Holland, essentially work within budgets, and their objective is to provide quality care within the allocated budget.

8. Exit Party

On the eve of our departure from the Netherlands, we had a sit down with the FOB team. This gathering which can best be described as drinking catting party was very useful and informal. Almost all individuals who have visited Bawku in the past came with assorted drinks and wine for the occasion. The evening meeting lasted for about 2 hours and allowed ‘two-man’ engagements on clinical and managerial issues. Dr. Gerard Bouw, Dr. Kwikkel, Caroleen Vovert, Dr. Ries Scouten and his wife, Dr Nicoline Jensen, Dr. Jeroen Nikken, Mr. Michiel Potttof, Sandra etc. attended the evening gathering with our team and we had a lovely sitting and expressed our happiness about the opportunity to visit the Netherlands.

KEY Observations

1. There is timely release of insurance reimbursement to facilities, i.e. within 14 days or 30 days of claims submission. Managers confirmed this to us.
2. Typically, hospitals in the Dutch System have a pre-determined budget, funded by their Insurance System, with which managers’ work with and are expected to delivery within the budget and provide quality health care as well.
3. Hospital Managers spend less or no time on staff needs like accommodation and transportation. Staff are responsible for themselves in many ways, albeit, a good salary is available for staff to manage their own affairs.
4. Nursing staff are not rotated between units, as the case is in our setting. They simply provide care/services in units within which they are contracted for, even though general nursing care also exist in the Dutch System.
5. Equipment and consumables are available for clinical activities in adequate quantities and of good quality.
6. The Dutch system hugely depends on the General Practitioners (GP) model where sick clients are expected to visit the GP as their first point of call and only goes to the hospital upon a referral. In rare situations, clients can book appointment to see a specialist in the hospital without being referred to a GP, but this comes with an extra cost.

Outcome of visit

1. The Lion Club were impressed with our presentation and saw the need to continue to show support and in fact identified, the Hospital's Intensive Care Unit (ICU) project for funding support. Management is urged to follow up with a budget for funding support from the Dutch Lions Club.
2. The Rotary Club was also impressed with our presentations and indicated their willingness to support our hospital in whatever way they can.
3. The team also had a round table discussion with a team of Ophthalmologists who indicated their desire to visit the Presbyterian Health Services, North Eye Care programme and to assist in equipment supply, coaching and the provision of technical knowledge.
4. The dental team led by Dr. Herma van Vliet secured a park of dental digital x-ray equipment with a timer and a laptop to facilitate effective dental care in Bawku Presbyterian Hospital. The equipment which are partly a donation, partly funded by the Dutch FOB, a 3rd part to be funded by the Presbyterian Hospital, Bawku, has been brought home with a brand new laptop computer to facilitate its use.
5. A physiotherapist, Stephan Lagerweig expressed interest to visit Bawku Presbyterian Hospital and this will be coordinated subsequently by the FOB Coordinator in consultation with the Physiotherapy/Orthopedic Unit of Bawku Presbyterian Hospital.
6. An Internal Medicine specialist (a physician) with Arnhem Hospital, a teaching hospital, is also interested in visiting the Presbyterian Hospital as soon as possible, as part of the FOB activities.
7. The delegation intends to set up a palliative care team in the Bawku Presbyterian Hospital, as soon as possible as one immediate intervention that could easily be implemented for the benefit of our cherished clients. Other interventions/activities will be thoroughly discussed at the hospital's Internal Management Committee for action.

Conclusion

The separation of care needs between the critical ill and the non-critically ill puts less pressure on institutional care and allows for the effective and efficient management and structuring of hospitals in the Netherlands. General Practitioners (Medical Officers in Ghana's context) do the majority of

cases in the Dutch setting. This is extremely relieving for Specialists and Consultants in the hospital. There is however, continuous communication between specialists and GPs.

The Dutch people love and hugely uses bicycles. This is a health enhancing habit and takes pressure off their hospitals and health insurance system, as it minimizes the chances of ailments and maximizes the benefits of health insurance. While our conclusion is not to trigger an overall shift of health care modeling, perhaps, our primary health care concept could serve well, if it cover for health conditions with the aid of Medical Officers and efficient diagnostic tools.

Recommendation

1. Our recommendation is that the Dutch FOB and Bawku Presbyterian Hospital partnership/friendship should continue and be strengthened to enhance the transfer of knowledge for the benefit of the people of Bawku and its environs.
2. It is the considered view of our delegation that, as much as possible, a periodic visit should be allowed for critical members of Bawku Presbyterian Hospital, as an exchange activity to orient self-motivated staff on practices in other setting. This will serve as a learning curve and build the motivation of staff to bring change to Bawku Presbyterian Hospital.
3. Projects/activities born out of the partnership should be keenly adhered/followed to the later, to ensure measurable outputs and outcomes.

Appreciation

We are most grateful to the Area Board, General Manager and Management of the Presbyterian Hospital, for the confidence reposed on us individually and collectively and for allowing us this privilege to experience health care in a European setting. Our deepest appreciation to the Dutch Foundation Friends of Bawku, who made this possible through invitations to our persons.

The Duct FOB team were excellent in many in hosting us. A special mention is reserved for Dr. Schouten, the Foundation's President, for his sacrifice, time and fatherly attention. We remain grateful to him and his family and indeed every family that hosted us for dinner, wine, coffee or tea. We are also deeply grateful to Dr. Kwikkel, Dr. Herma van Vliet and Dr. Jereon Nikken, who made time to bring and send us back to Schiphol Airport.

Written By:

**John Azaare
(FOB Coordinator)**