Intensive Care Medicine in Ghana, A Five Year Experience.

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• Ghana is located on the west coast of Africa.
• Population of 25,000,000
• Doctor to patient ratio of 1: 11,929.
BACKGROUND OF CRITICAL CARE IN GHANA

• CCM is at infant stage in Ghana.
• Until 2009 there was not a single well planned general intensive care unit with dedicated staff.
• The first formal ICU was opened in 2009.
8 bed surgical/medical ICU in a 1200 bed hospital.
Serves a population of 11,000,000.
Operates as a semi-closed ICU.
STAFFING

• Run by the department of Anaesthesia
• One consultant anaesthetist in charge
• Assisted by a senior house officer and trained critical care nurses.
EQUIPMENTS

• Ventilators
• Patient monitors
• Infusion pumps
• Invasive monitoring – not always available
• Blood gas analyser not available
• Dialysis – Not available
• FIVE YEAR TREND IN ICU ADMISSIONS
DETAILS OF ADMISSIONS

• Total 5 year admission is 1293
• Average of 258 per year.
• 58% males and 42% females
• 78% of admissions fall between the ages 0-50 years.
• 62% of all admissions are either trauma or post operative cases.
Age Groups admitted to the ICU

- 0-9 yrs: 10.00%
- 10-14 yrs: 20.00%
- 15-24 yrs: 30.00%
- 25-59 yrs: 50.00%
- >60 yrs: 0.00%
• Average length of stay is 3 days.
• Frequent intervention done is intubation and mechanical ventilation (89%)
• Mortality rate is 52.25%
• 28% of them occurring less than 24 hrs after admission.
PROBLEMS

• Shortage of staffing
• Lack of basic equipment
• Poor maintenance of equipment
• Lack of consumables
• Interrupted supply of electricity
• Erractic supply of oxygen
• CCM in Ghana is relatively new
• Few beds dedicated to ICU
• Patients admitted are relatively young
• Poly trauma and post operative complications/infections are major causes of admission
• The average length of stay is short
• Mortality rate is high.
• There are challenges with human resource, equipments, medication and consumables.
THANK YOU.