

QUARTERLY PUBLICATION

IN THIS EDITION

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PROVERBS AND WISE SAYINGS

APPOINTMENTS

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FOR YOUR INFORMATION:

MAIN SERVICE AREAS

Our main service points are:

- i.- Accident and Emergency Unit which operates on 24 hours basis
- ii.- Anaesthetic Unit with routine EPIDURAL analgesia for pain-free labour
- iii.- Ambulance services
- iv.- Cancer treatment services using a Linear Accelerator and other equipment
- v - Dental and Maxillofacial services
- vi.- Dietetic services
- vii.- Ear, Nose and Throat (ENT) Speech Therapy and Audiology Treatment
Services including cochlea implantation
- viii Family Planning and Reproductive Health services
- ix .- Family Medicine; GOPD, GPOPD and VIP/ Private Wing
- x. - Haemodialysis services for patients with kidney malfunction
- xi. - In-Patients Wards comprising VIP/Private Wing, Semi-Private & Open ward
- xii.- Intensive Care Unit (ICU) to cater for serious medical and surgical cases
- xiii. - In-Vitro Fertilization (IVF) Services
- xiv. - Labour Ward/Theatres for deliveries and infant care facilities
- xv. - Laboratory services in microbiology/ parasitology, haematology/blood transfusion, morbid anatomy/histopathology, chemical pathology, immunology, etc
- xvi. - Medical Physics
- xvii - Medicine Department
- xviii. - Non-Clinical Services such as Administration, Engineering, Finance, etc
- xix. - Nuclear Medicine with fully functional Gamma Camera
- xx. - Nursing Services

- xxi. - Obstetrics and Gynaecology where endoscopic surgery is performed
- xxii. - Ophthalmology
- xxiii - Oncology and Radiotherapy
- xxiv.- Paediatrics and neonatal care services for sick children
- xxv. – Pain Management & Palliative Care
- xxvi - Pharmacy
- xxvii - Physiotherapy services
- xxviii- Psychiatry services
- xxix- Radio-Diagnostic services using ultra-modern X-ray machines
such as mammography, 16 -Slices CT-Scan, Magnetic Resonance Imaging (MRI), etc.
- xxx.- Surgery: General, Orthopaedic, Neurosurgery and Spine where a full range of minor
and major operations including endoscopic, knee and hip replacement procedures are performed
- xxxi - Urology services including Trans-urethral prostatectomy .

THE NUCLEAR MEDICINE

The Nuclear Medicine Department offers the following medical investigations:

CARDIOVASCULAR SYSTEM

- Gated Stress Myocardium Perfusion study
- Venography
- Lymphangiography
- Stress MUGA
- Resting MUGA

GASTROINTESTINAL TRACT

- Blood Pool study for GI Bleeding
- Gastro-Oesophageal Reflux study

- Gastric Emptying
- GER and Gastric Emptying
- Hepatobiliary Scan
- Meckel study
- Salivary Gland study

TUMOUR IMAGING

- Gallium Scan
- 1-131 MIBG Scan
- Parathyroid Scan
- Scintimammography

BRAIN

- HMPAO Brain SPECT
- Radionuclide Cisternography for CSF Leak
- SPECT for Brain Tumour recurrence
- MIBI Brain SPECT
- ECD Brain

SKELETAL SYSTEM

- Bone Scan
- SPECT Bone Scan
- Bone Marrow Imaging
- Infection Imaging
- P-32 Therapy for Bone Metastasis
- Strontium Therapy for Bone Metastasis

RESPIRATORY SYSTEM

- Lung Ventilation and Perfusion
- Lung Ventilation
- Lung Perfusion

THROID IMAGING

- 99MTC Thyroid scan
- 1-131 Uptake and scan
- 1-131 Whole Body scan
- 1-131 Therapy for Thyrotoxicosis
- High dose 1-131 Therapy for Thyroid Cancer

GENITOURINARY SYSTEM

- ❖ DTPA Scan and GFR
- ❖ Captopril DTPA study for screening of Renal Hypertension
- ❖ DMSA Scan
- ❖ Renal Transplant Evaluation
- ❖ Testicular Scan

INFECTION IMAGING

- ❖ Leucocyte Scan for infection

SERVICOM WORK ETHICS

- Proper dressing and appearing responsible
- No loitering in the corridors
- Keep offices and toilet clean
- No closing before time

- Be guided by the concept of quality service delivery
- Always be on your seat
- Response to request from clients must be processed within (15) working days by schedule officers, or acknowledgements sent within 48 hours if the matter is complex

All matters pertaining to ad-hoc and special assignments should be handled within the specified period

Attend to customers/clients politely and specify time targets for attending to them

Reasons for delays should be explained politely.

AN EXCLUSIVE INTERVIEW WITH THE NATIONAL HOSPITAL SPEECH THERAPIST

Please can we meet you?

My name is Miss Wahab Suliat Romoke from Oyo State, precisely Ibadan. Am a graduate of the University of Ibadan. I also had my NCE at the Federal College of Education Special Oyo.

Briefly tell us, what do speech therapists do?

Speech Therapist helps people of all ages with different speech and language disorders. Sometimes people have medical conditions that make speaking more difficult for them. Some of these conditions include:

1. Hearing impairment
2. Weak muscle around the mouth
3. Cleft lips or palate
4. Vocal nodules
5. Autism
6. Breathing disorder
7. CVA - 8. TBI -

If a child has trouble with articulation or fluency, the speech therapist spends time showing him or her how to make the proper sounds, the therapist demonstrate the sounds and ask the kid to try to copy them. That means copying the way the therapist moves the lips, mouth and tongue to make the right sounds. We work with ENT doctors, Neurologist, Paediatricians etc.

A speech therapist therefore is an individual who is trained to asses, diagnose and treat individuals with communication deficit.

What motivated you to go into this rare field of study?

I wanted to teach and also be in medically related field, speech language pathology fulfilled both desires. What I enjoy about the job is sense of accomplishment, when a child who was previously non-verbal utters his first meaningful words.

What advice do you have for youths nursing an interest in this field?

My advice to them is that they should be passionate about the career before delving into it. If not they will not achieve the desired success. They must be determined, patient and passionate about teaching. The whole process is slow and challenging, so only the patient can win in this field of endeavour.

THE ROLE OF DIETITIANS IN HEALTH CARE DELIVERY AT NATIONAL HOSPITAL, ABUJA

Introduction

Because of illness almost everyone, at one time or another, has to make some modification to his/her eating habits. The alternation of a normal diet requires an appreciation of the underlying disease condition, the possible duration of the disease,

and the factors in the dietary program which must be altered to overcome the disease condition and the patient's tolerance of food by mouth.

What is a modified diet?

A diet may be modified to provide change in consistency as in fluid and soft diets; to decrease or increase energy value, to include greater or lesser amounts of one or more nutrients as in high protein or low protein, fat, phosphates etc to increase or decrease bulk as in high or low fibre diets, and provide foods bland in flavour. The entire programme of dietary modification including its application to the treatment of disease is called medical nutrition therapy and is carried out by a trained dietitian.

Who is a dietitian?

A dietitian is a person with legally recognized qualification in Nutrition and Dietetics who applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.

The dietetic profession is constantly evolving and dietitians at National Hospital, Abuja are keeping abreast of the rapid growth changing concepts in clinical dietetics. Here, dietetics services are provided across all the clinics and may be categorized as follows:-

1. **Community Nutrition Programme**

Nutrition education assumes special significance in the Nigerian context because the problem of lifestyle – related disease among the people is mainly due to ignorance, poverty, changing food habits and lack of knowledge regarding the value of foods and basic concept of health nutrition. This programme helps create awareness which is essential in changing the dietary habits and improving the nutritional status of the vulnerable groups such as children, pregnant women and lactating mothers.

2. **Nutritional Intervention Programmes**

These programmes are designed to meet the dietary needs of out-patients, inpatients, person suffering from in-born errors of metabolism allergies and other genetic diseases.

Nutritional intervention strategies are categorized into two segments as follows:-

- (i). **Diet therapy:** This is an integral component of behavior modification because dietitians rely heavily on lifestyle changes; (a combination of changes in dietary habits, adoption of positive mental attitude and

development of exercise programme by their clients) to achieve the desired outcomes.

In certain diseases, behavior modification is the most important treatment approach as in the case of metabolic syndrome. Medical treatment may not be necessary if behaviour modification is taken seriously.

In some other disease conditions, however, diet therapy goes hand in hand with medical treatment. For example;

- (a). Good nutrition prior to, and following surgery ensures fewer Post-operative complications, better wound healing; shorter convalescence and lower mortality.
- (b). People suffering from Cardiovascular diseases, Diabetes Mellitus and other related conditions who have their diets modified, report improved health, better control of body weight and blood levels of glucose and lipids. Proper dietary Management helps control and prevents complications.
- (c). Cancer Patients are able to cope better with the stress of chemotherapy and

radiotherapy and build immunity and muscle mass with good nutritional Management. Tissue repair and wound healing are also facilitated through optimal nutrition.

- (ii). **Metabolic Support Service:** Patients who are unconscious, or critically ill and unable to tolerate food by mouth often stand the risk of suffering from hospital-based malnutrition. Malnutrition increases morbidity and mortality risks in such patients. Every detection and preventive intervention of malnutrition even before biochemical and clinical marker become evident, however, can be expected to result in improved out-come.

The Primary metabolic support service provided by dietitians at National Hospital is enteral nutrition therapy. The diets are calculated, planned and processed in the diet kitchen and are dispensed according to prescription. Enteral feeds are delivered through a naso-gastric tube while other patients are fed through jejunostomy routes.

Conclusion

Ideas concerning food during illness have undergone considerable changes. At one time a person may have spoken of his “Special diets”, which connoted that he was deprived of certain foods. The emphasis in dietary

management, however, is to provide healthy diet even when modified.

S.N. Abagai, RD

Chief Dietitian and Head of Department

SPECIAL TREATMENT CLINIC **[STC]**

Introduction

STC stands for Special Treatment Clinic. Here, sexually transmitted diseases like Gonorrhoea, Syphilis, Vulva warts, HIV etc, are detected and given quality management. These include medical, mental, social, economic, spiritual and all round care.

Location.

The clinic is situated in the Hospital at the portakabin. It borders the hospital chapel, UBA Plc and the hospital mosque.

Point Of Entry

Patients are registered in the clinic via 3 entry points viz:-

- a) HIV counseling and testing (HCT). This is when the patients on their own accord walk into the HCT Unit (Heart to Heart) and request for counseling and testing.

- b) Emergency HIV counseling and testing (HCT). This is when the patients come to the hospital on account of some other illnesses where HIV is to be ruled out.
- c) By referral:- Patients are referred to the clinic from within the Hospital (Intra facility) or from some other facility to our facility (inter facility).

Registration

All patients must have a Hospital folder/number and must be registered again in the STC,

with an enrollment number which qualifies them to receive free care and support packages in the Hospital.

Daily Activities

The clinic runs from Monday – Thursday from 8 am – 4 pm respectively. 8 am – 9 am is for various health education talks, ranging from spiritual exhortation to Dietary education,

adherence counseling and general health education on all you need to know about HIV.

Friday is for meetings and / or various presentations from family medicine or IHVN.

Consultation.

Consultation commences at 9 am daily

a) **New Patients**

This group of patients are clerked and sent to the Laboratory for baseline investigations

such as CD4 count, LFT, FBC, VDRL, Hepatitis B and AFB & 3 including chest X-ray for patients who complain of cough for three weeks and above. Management of co-morbid and other conditions is also carried out and patients are given 2 weeks appointment within

which all results of baseline investigations are ready.

Drug Eligibility

This depends on patients baseline investigations. When patients CD4 count is 350 or have the presence of Acquired immune Deficiency Syndrome (AIDS) definitions illnesses –

they are eligible to start treatment with ARVS. They undergo pre-therapy counseling on

ARV drugs, what they do, how to take them, possible side effects and the importance of

adherence. The patients are given 2 weeks of decisions making if they are ready to take

the drugs for the rest of their lives. The highly active Anti Retroviral Therapy (AART) is

commenced at the next appointment with a first dose of 2 weeks, then 1 month and

subsequently every 3 months for follow up doses when there are no adverse side effects.

Ineligible Patients

Patients, whose CD4 count are 350 and above physically fit, are not eligible to

commence (HAART). This group of patients undergo CD4 count monitoring every 3 months

X 2 and if steady every 6 months. They are also counseled on positive living.

Counseling

Counseling is a very important aspect in HIV management. Both old and new patients

receive a level of counseling at each of the clinic to remind them on the importance of

adherence and to encourage those that are doing well.

Nutrition

All classes of food are necessary when taken in appropriate proportion. Healthy food goes hand in hand with ART in HIV management. Fruits and green vegetables are highly recommended for HIV patients for maximum effect of HAART.

Other Activities

The special treatment clinic has some other activities that boost the morale of the patients and reduce stigmatization. They include:-

1. Home based care
2. Clinic support group
3. Care and support
4. Cirvicography
 - a) Home based care: As the name implies, is the care given at home. These are some of the functions of home based care team.
 - i) When the patients have difficulty in disclosing their status to come to the Hospital.
 - ii) When patients are dawn at home and need assistance to come to the Hospital.
 - iii) When patient default their appointment.
 - iv) When they are non- adherent to their ARTS.
 - v) When patients lack care givers or assistance at home.
 - vi) Indigent patients are followed up for quality management.

The home based care team visits the patients at home to make sure the entire above are in place.

b) **Clinic support group**

This is a group of PLWHA. Who receive their HAART in this facility. They meet every 1st Saturday of the month in the clinic at 10 am. They support each other by identifying with their members who are either depressed, frustrated; in lack etc. they encourage each other to minimize stigmatization and rehabilitation. The group welcome new members. We also have the singles support group (life club) who meet every 2nd Sunday of the month at 4 pm in the clinic, match making takes place here. From 2004 till date 27 weddings have taken place from this group.

c) **Care & Support**

The basis of HIV management is all about care and support. The care & support forms (3) are filled by the nurses on each visit to find out how well the patients are doing and how to help them out.

d) **Cervicography**

Cancer of the cervix is caused by Human papiloma virus which has a relationship with human immune virus. Institute of Human Virology (IHVN) came up with a new research programme on see and

treat; the cervix is inspected, if it is VIA positive, cold coagulation is done on the spot. This removes some pre disposing factors that might result in cervical cancer in the nearest future. This started 2 months ago and interestingly 3 cases were found to have advance cancer of the cervic and were referred appropriately for expert management.

Conclusion

National Hospital being the Apex Hospital of all medical institutions in Nigeria and Africa generally has been of great assistance to PLWHA in care, support and follow up. I will not forget to mention all the support of team members: the CMD, CMAC, all the focal persons, heads of units, Nurses and Doctors for their immense support to STC and PLWHA in general.

The donor agent IHVN has been of great support to Nigeria and National Hospital in particular but assistance is needed from other donor agencies and highly spirited persons to meet up with the care of the increasing number of patients (PLWHA).

MEDICAL DOCUMENTATION ERRORS

DEFINITION

Medical Documentation Errors- errors committed while documenting patient and may

or may not be capable of causing harm to the patient

Issues In Documentation Errors

Types of documentation errors.

- Identification error- ambiguity, non-unique

Identity e.g. Hospital No, Name, Address, age etc.

Doctor's clerking errors

- Errors of mind: writing -nil smoke while the patient is actually smoking, excision of Left. Breast instead of Right. Breast,
- **Error of Shortcut-** In trying to shorting statements, vital information as age and dates are omitted e.g a young lady seen today, a middle age woman, a man in his early sixties, adult, under age – child.

Nursing Process Errors

- errors of identification-labellings
- wrong documentation of dosages
- document later-assumptions
- failure to document or forget to document-as in case of a nurse- sister Mac Tavish and a patient –Elizabeth Lyon in Glasgow, Scotland (1974).

--When she was going to jail she said "I was jailed not because I am not professionally competent, but because I failed to document the dosage of insulin injection I gave."

Drugs Administration Errors

- Under/over doses prescription -per kg body weight difficulty
- Poly pharmacy
- Prescribing/dispensing wrong drugs or wrong dosage

-Causes contra indication /ADR

All these happen as a result of errors of mind or hand.

Investigation Errors

- ordering of investigation at wrong site e.g. thumb right tomb instead of left thumb,
- Specimen – blood instead of urine
- incomplete investigation formats eg. Omission of hospital number, clinic or ward
- Wrong recording of investigation results eg. O+ instead of O-

Effects of Documentation Error

Inadequate or misleading patient health information can lead to:

- medical error e.g. wrong procedure or operated on the wrong site or wrong patient
- inaccurate decision making
- increased cost of care

(Smolij & Dun, 2006)

To Justify this;

- ❖ The Institute of Medicine, USA (2005) estimates that out of the 98,000 Americans dying each year from preventable medical errors, one fifth of these errors are linked to lack of prompt access to patient health information.
- ❖ Health Grades said of 247,662 patients studied between 2003 and 2005, 3% died from potentially preventable problems (errors)

Do we have documented records in Nigeria?

Why?

Patient Information;

- Lack unique identity

- Is ambiguous
- Is not complete
- Not legible for access
- Not following standard way of documentation

-Not all hospitals share a track record on these

Challenges of Documentation error

- Threat to patient care/life
- Complication of problems
- Shortage of life
- Gradual and sudden death **Why?**
- **Patient Information;**
 - Lack unique identity
 - Is ambiguous
 - Is not complete
 - Not legible for access
 - Not following standard way of documentation

Way Out

- Effective patients registration system – unique identity
- Clerking with full concentration and commitment

- Dosage documentation immediately after administration
- Seeking information on drugs when not sure.
- Comparing investigation forms with site of infection or diagnosis at the investigation areas.
- More meticulous while ordering lab and radiological investigations.
- Adopting standard way of patients documentation-SOAP
- Embark on quality assurance (quality assurance plan)

Nancy Foster, the American Hospital Association's vice president for quality and patient safety policy says;

- "Every error that results in harm to the patient is something health care providers and hospitals should struggle to prevent,"
- "We want no one to be harmed in the course of their care, yet we do know that [errors] do happen."
- When it happens it should not be preventable or avoidable error

Adio Rasaq A.
Medical Records Department

NHA NEWS

NATIONAL HOSPITAL STAFF MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED ELECTS NEW EXCO MEMBERS.

The Annual General Meeting (AGM) of the National Hospital Staff Multi-purpose Cooperative Society Limited was held on the 26th of January 2011 in the hospital auditorium. During the AGM, many important issues were considered ranging from the presentation of the annual report, financial report, dissolution of the Exco constitution of electoral committee and election of officials into the new regime; among others.

In his remark, the outgoing President, Dr. J.A.F Momoh expressed appreciation to all members of the society for their patience and apologized for the delay in holding the last AGM. He specifically thanked the highest contributors of the Cooperative for committing and allowing their resources to be used for the Management and development of the society.

Election of the new Executives to run the affairs of the cooperative for the next 2 years was conducted by the electoral body chaired by Dr. K. C. Iregbu, Mr Yakubu Lawal Secretary and Matron Enechojo Eza served as members. Ushered in the regime of Dr, Agaja

the new President, are Matron Lizzy Obazi (Vice President), Steve Adoko, (General Secretary), Matron Alaiyegbami (Treasurer) and Ayodele Joseph Obasi, as (Financial Secretary).

In his acceptance speech, the new President, Dr, Agaja thanked the members of the cooperative for electing them; he commended the electoral Committee for conducting a free and fair election and the immediate past Exco for a job well done and smooth running of the cooperative. He also recognised the other co-contestant, Engr. Shokunbi for his courage and promised to always be in consult, and partnership with him so as to tap from his wealth of experience in running the affairs of the cooperative. The President who also promised to make good things happen said he will resign if the fortunes of the cooperative are not turned around for good in the next six months. He afterwards convened a brief meeting with the new Exco Members.

NATIONAL HOSPITAL GETS TWO NEW GENERATORS INSTALLED.

In a bid to continue rendering uninterrupted and prompt service delivery to the public The National Hospital, Abuja has acquired two new power generating sets to curb the incessant power outage to the hospital.

On his visit to the plant, the Chief Medical Director, Prof. B.B. Shehu commended the contractors for timely supply and installation of the two new generators. He also extended appreciation to staff generally who in one way or the other played a vital role in the success of the installation.

The two caterpillar generators have a capacity of 1500kv each with a digital panel. With these two new generators, the hospital now has a total number of four functional power generating sets and hence can boast of having a steady power supply.

NHA CONDUCTS STAFF PROMOTIONAL EXAMS

The Management of the National Hospital Abuja in its efforts to boost staff morale and improve the welfare as well as stimulate them in the area of service delivery has organized staff promotion exercise for both junior and senior staff slated for 21st march, 2011 and 18th April, 2011 respectively. The exercise is done yearly so as to avoid the back log of promotion exercise.

STAFF DELIVERS THE NEW YEAR BABY OF NATIONAL HOSPITAL, ABUJA.

A Senior Nursing Officer and a staff of the hospital, Mrs Ovoh Blessing has delivered a bouncing baby boy who was also opportune to emerge as the New Year baby. He was born

through caesarian section at about 2:17am with a body weight of 2.9kg. The baby and mother have since been discharged and are in good health. The Management congratulates the family on successful delivery of the new born baby.

NATIONAL HOSPITAL, ABUJA GETS NEW DCS/C-MAC

The Governing Board of National Hospital Abuja has approved the appointment of Dr. O. Ekumakama of Anaesthetic Department as Director Clinical Services and Chairman Medical Advisory Committee (DCS/CMAC) after a successful conduct of an election by The Medical & Dental Consultant Association of Nigeria (MDCAN), National Hospital Abuja branch. The laid down procedures were duly followed during the exercise. The appointment was necessitated by the tenure expiration of Dr. L. I. Audu, a Consultant Paediatrician, who held the office for two years. The new DCS/C-MAC has since assumed duty.

A STAFF OF DAILY TRUST DONATES 20 YRDS OF COTTON MATERIAL TO NATIONAL HOSPITAL, ABUJA

As an expression of gratitude for the efforts of the Doctors & Nurses at the eye ward of the National Hospital, Abuja, Mal Suleiman Abdullahi heartily donated 20 yards of cotton material to the eye ward to enable

them sew more bedsheets for the use of patients on admission in the eye ward.

He made this donation shortly after he was discharged as a patient in the ward where he was admitted for 6 days.

Commenting on the services he enjoyed in the ward Mall Suleiman Abdullahi remarked in the patients comment book placed in the eye ward that the services were “fantastically excellent and beyond his imagination ; commendable experience”.

Reacting to the magnanimous gesture, the HOD Management Information Services Department Mr Tayo Haastrup in company of the Principal Information Officer Rabiah MB Labaran who visited the ward to witness the donation expressed immense pleasure over the patient’s thoughtfulness and urged other well meaning Nigerians to contribute towards the success of the hospital.

The matron in charge Mrs J.V.C Ezuma assured that the donated material will be sewn and put to use in due course. She also expressed gratitude for the huge and humanitarian gesture.

ARTICLES/CONTRIBUTIONS

GERIATRIC CARE IN NIGERIA....

Geriatrics is a field of medicine that focuses on the care of the elderly. The elderly are individuals aged 60 and above according to the United Nations. This group of individuals has special needs that span from economic to medical. The field of Geriatrics has been in existence for over 50 years but remains alien to this part of the globe. Multiple reasons can be adduced for this: the lack of awareness both in the health care workers and the general population, the lack of training capacity for this area of medicine, the dearth of trained personnel, and the myth that old age is synonymous with diseases and disabilities and seeking medical attention in old age is futile.

The field of Geriatrics was established to address the multiple challenges that the elderly face on account of increasing age. Increasing age brings about a constriction in the physiological reserve of the major organs of the body, a process described as Homeostenosis. The process of Homeostenosis begins in the third decade of life and its progression varies in different organs in an individual based on the genetic make up, the presence of chronic diseases and the environment the body is exposed to. Lifestyle

habits such as routine and excessive use of alcohol, use of tobacco products, and chronic diseases such as Diabetes mellitus and Hypertension all bring about accelerated progression of Homeostenosis. This process in conjunction with increasing age and the multiple diseases that the elderly are at risk of interact to bring about amplification of disabilities and side effects of medications. These factors in addition to the typical presentation of diseases in the elderly make it imperative to have special skills to effectively and proficiently care for them.

There is an urgent need to heighten awareness for Geriatric care in Nigeria and make Geriatric training available to health care workers. Globally there is a trend towards increasing aging population with more of that increase in the developing countries. In 2000 the number of people aged 60 and above globally stood at 606 million. It is estimated that by 2050 this figure is expected to reach 2 billion. (at that time for the first time in history the number of elderly people will be more than that of children under fourteen years). According to the 1991 census report, the elderly constituted 5.2% of the total population of 88.5 million Nigerians and the number is expected to be 10 million by the year 2020. Ten million elderly Nigerians in 2020 and no Geriatric curriculum available in any training institutions for Doctors, nurses

and other allied health workers in the country! This sure constitutes a crisis. The elderly Nigerians have a right just as their counterparts in the developed countries for comprehensive care. We need to address the requirements of this special group, the custodians of our custom and culture, whose roles have expanded with the current rural urban migration trends. The elderly have become care givers in the rural areas, taking care of their grandchildren while the younger adults are in the urban areas in search of improved livelihood. These older men and women who have no sources of income are further stretched and stressed to provide food, clothing, and shelter and school fees for children orphaned by HIV/AIDS. To meet the needs required by their expanded roles, these elderly people are forced to continue to work either as farmers, security personnel or casual laborers further putting undue strain on their already frail bodies. They are being overburdened at an age and stage when they should be relaxed, given care, shown love and respect and given opportunities to mentor the younger adults.

This same group of people grapples with the handicaps and disabilities from chronic conditions such as arthritis, hearing impairment, visual loss, and medication side effects. They tend to be on multiple drugs for different conditions, one individual could be on

as many as nine different drugs, putting them at risk of drug-drug interactions. Old age is not a disease but a risk factor for the emergence of a number of disease conditions such as mentioned above and in addition cancers. They therefore require screening for these cancers routinely for early detection and treatment.

The Nigerian elderly needs social benefits to address the constraints that aging brings about. The lack of social security benefits and provision of social services at subsidized prices to the elderly in Nigeria makes the life of the elderly difficult and less meaningful. A non contributory pension should be given to every Nigerian above the age of 60, especially the rural dwellers, to help ameliorate some of the economic challenges that they face and make them less dependent on family members who have several competing factors for their limited funds. An amount as undersized as 5,000 (five thousand) naira, a month would be far reaching for a lot of these poor elderly Nigerians.

A number of other social services would also contribute to be more meaningful and fulfilling life for our older citizens. These include, free primary health care, (realizing that they are a vulnerable group such as our pregnant women and children under five), subsidized housing and transportation and senior citizen centers

and homes. The senior citizen centers provide an avenue for interaction, experience sharing, mentoring possibilities and acquisition of new skills for empowerment purposes.

In striving to be an industrialized Nation, elderly care issues must be incorporated in our strategic plans. Making these issues important and considering them in formulating developmental policies would contribute to the efforts in meeting some of the MDG goals.

Let us all join hands in bringing the issues of our elderly to the fore, let's show love, respect and appreciation to our older citizens for their contributions towards building our Nation and communities. Let us make the life of our mothers, fathers and grandparents meaningful today so we can look forward to a meaningful old age for ourselves. Ki ale yewa o! (may our old age be gracious). Collaborations between the private sector and government, between NGO's, faith based organizations and individual initiatives would be necessary to address the challenges that the impending boom in the aging population would bring to our communities, families and country. Determine today to be an advocate for the issues of the elderly! Determine today to contribute to a meaningful life for the elderly. Adopt a poor older citizen in your village, your neighborhood or your place of worship. The Elderly also have a right to good health care!

The elderly should not be stigmatized but celebrated. You can tell a lot about a person by the way he/she handles four things: a rainy day, the elderly, lost luggage, and tangled Christmas tree lights

So what kind of a person are you?

Dr Ogugua Osi-Ogbu
Consultant Physician/Geriatician
Department of Medicine
National Hospital Abuja.
ogobu@yahoo.com

THINGS YOU SHOULD NEVER SAY TO A PATIENT; WHAT EVERY HEALTHCARE PROVIDER SHOULD KNOW.

This is a clarion call to all healthcare workers in the health institutions. There is need for us to wake up and get back to our drawing board. Let us maintain standard, no matter the pressure and distractions around us.

We should understand that we can't give what we don't have. We should also understand that this is a humanitarian service. We are in this field to reach out to souls. Don't wait for your Head of Department to teach you how to relate with your patients. Your world is waiting for you, there are lives waiting to be touched

by you. Remember, you might be the patient tomorrow.

Introduction

You don't get to choose your patients. So your relationship with them can range anywhere from "match made in heaven" to "your worst nightmare."

Any appointment can be a potentially difficult situation, mainly because when patients come to see you, they're probably already anxious. They may be concerned about what's ailing them, be uncomfortable with the sterile atmosphere, or have a general distrust of medical practitioners. Nevertheless, proper patient care requires utmost clinical professionalism and good communication. But "good communication" doesn't necessarily mean "tell all." While transparency is important, there are certainly things you should never say to your patients.

To help you keep your patients at ease, here are the things you should never say to them. There are also suggestions for what to say instead.

1. Never say "This won't hurt at all."

As a trained healthcare professional, you are expected to put your patient at ease and avoid inflicting any unnecessary pain. But promising no pain is usually an outright lie and a bad habit of practice. The reality is that most

procedures *do* hurt or at least cause some discomfort, so it's important for you to be upfront and honest with your patients if you want to build a good rapport with them.

Instead of falsely reassuring your patient, try saying something more straightforward, like "This will hurt a little, but don't worry, I'll try to do it as quickly as possible" or "This might be a bit uncomfortable, but it'll be over before you know it." Your patient will appreciate your sincerity.

2. Never say "I can't seem to find your records."

Though being truthful with your patients is imperative, you also want to convey the utmost professionalism and the impression that they are receiving the best care possible. No patient likes to hear their records are missing, especially if they're already in a physically vulnerable or painful situation.

This type of information is kept best to yourself and your staff, particularly because your patient has nothing to do with their missing records. Figure out where they went as quickly as possible and get on with the procedure, otherwise, you're going to needlessly stress out your patient over a silly and easily preventable administrative hiccup.

3. **Never say “Whoops!”**

You always want to keep in mind how psychologically and physically vulnerable patients feel when they visit you for healthcare services. It's a sterile environment, they've been anxious about their symptoms, and they may not understand everything that's going on both medically and administratively amongst you and your staff. That's why you have to avoid any exclamations or sudden disruptions in your behaviour or speech. Instead of immediately reacting to something that went wrong, wait until the end of the procedure to tell your patient what went wrong as eloquently and professionally as possible.

4. **Never say “I completely understand what you're going through.”**

Unless you've been in the *exact* same position as your patient – and let us be honest, there's no chance of that happening – you don't understand what he/she is going through. You might have had a family member who battled breast cancer, but that doesn't mean your experience is anything like that of your patient's. What's more, some patients don't want to know how you are personally relating to them at this moment – they want you to help them heal. Some patients respond well to personal anecdotes, but wait until you are more familiar

with them and their diagnosis before you launch into your story about breaking your leg when you were 15.

5. **Never say “We're very busy. Please wait.”**

Whether it's a busy A/E unit or a peaceful dermatology department, one of the most frustrating things a patient can hear is “We're very busy. Please wait.” Of course, patients don't always understand everything that is going on behind the scenes, but their irritation is still warranted. If you can, try to give patients a maximum number of minutes they could be waiting. Trying to brush off a patient's aggravation by saying you're busy only makes things worse. Apologize and make your best attempt to smooth things over once the patient is able to be seen.

6. **Never say “Would you look at that?!”**

Any exclamation of shock or awe is a major no-no in nursing. You may run into a patient with an injury or symptom you've never even heard about, but refrain from actually telling them that. Patients are putting their lives in your hands and they want to know (or at least think!) that you've been around the block and back.

7. **Never say “It could be worse.”**

Of course it could be worse, the patient knows that! Whether they have the common cold or a

terminal illness, they aren't likely to be focusing on how much worse things could get. Instead, patients are worried about the diagnosis, the healing process, the cost of care, if they can still work and an assortment of those fears. Plus, *it could get worse.*

8. Never say “I doubt if it’s anything serious.”

You might *think* you're quelling any fears, but *what if you're wrong?* Sure, you have tons of medical knowledge and probably see terrible injuries every day, but the one thing you can't do is predict the future. *Will that wound become infected? Will that benign mass turn malignant?* You never know. And while 9 out of 10 times you might be right, that one mistake can come back to haunt you. Instead of trying to comfort a patient by brushing off their fears, be honest about their diagnosis and the amazing level of care they will receive in your facility.

**MBELU STELLA
NURSING DEPARTMENT.**

PHILOSOPHY OF HALLUCINATION

What do you know about Hallucination? I discover this man plays a significant role while taking decisions on things that has to do with our tomorrow.

What do I mean by this? I mean vision is supposed to be the first conceived pregnancy in pursuit of a better tomorrow. Until tomorrow is seen as a destination in life, significant attention may not be given to today this ordinarily supposed to serve as a workshop or classroom to study, prepare, and manufacture a better tomorrow.

Tomorrow should not be taken for granted because that is the only way today can be handled with utmost respect and care it deserves with the understanding that today's work produces tomorrows fruits.

Do you know that the way you see tomorrow plays a major role in the way you relate with people today, it means how positive you are today determines how affirmative and confirmatory one can be towards tomorrow.

So it is important to assent with today, be in one accord with the activities of today. So many people destroyed their future because they failed to give priority attention to yesterday.

This goes a long way in affecting significantly the future generations because most fruits enjoyed by some descendants or ancestry are not from plants of their generations.

Do you also know that some people see failure first in pursuit of any objective or goal in life, this is wrong to me, because when vision

stands as a vehicle, optimism and determination should be the drivers then every other good thing in life, becomes a passenger. In this vehicle of life, sadness, envy, resentment, jealousy, anger and hatred cannot be an occupant of this vehicle.

Thanks and may God's wisdom and understanding never depart from us.

LOUIS OZAH OZAFELE
Admin/Procurement Unit

SUCCESS IS WHO YOU ARE

Often times I wonder at the rate at which my fellow Nigerians, majority of whom have been wallowing in abject poverty have further worsen their situation by the way they think. The crunching level of poverty and illiteracy has turned their medulla oblongata into a non functional one.

In their bid to swim out of their unending predicament, they turn themselves to beggars, sycophants, praise singers, 419 agents and ritualists all in their bid to change their socio-economic status. But alas! what you are looking for out side of you is already in you. Every person has potentials. These potentials do not usually show up easily until you dig dip to tap them. Some people are of the belief

that others can open their way to make them successful by providing them with their basic needs, but it is not so. No one can make you a success until you are a success yourself. Being a success does not mean the external things you possess, but the attitude in you. People may give you car; house, money, job, but the attitude to manage such will be a problem. I have seen men who marry women not because they love them but because of what they think the woman can make them to be I have also seen women that will bow never to be married to a poor man, as if richness or poverty is a constant destination.

There is nothing that is as permanent as change in life .The poor can become rich and the rich can become poor. All that matters in life is acquiring and sustaining good attitude. An Attitude is the sum of one's thoughts, emotions, actions and habits. How far a person reaches in life depends on the kind of attitude that person has. People that have good attitude are the ones that succeed in life. A persons attitude determine his altitude not his possessions or position. For example a person that is lazy, greedy, a liar, a gossip, a thief, an envious person or a hypocrite, no matter how far they reach in life or how much they have achieved, all could be demolished because of a wrong attitude. So people should have it behind their minds that being a success is not in terms of who you know or

what you get, but it is in you. When you explore your strong points and persistently improve on them and also identify your weak points and start working on them, then the sky will just be the beginning of your success.

I have encountered people too who are amazed by the success rate of others and they attached all sorts of wicked, envious and negative connotations and explanations to it, thinking that censuring such people will bring them down to their low level. But by so doing, the envious remarks will only raise the successful one higher and the envious lower. Sticks and stones are only thrown at a fruit bearing tree and People do not kick at a dead dog.

I have also encountered people who are salary earners but expect too much from others so much so that people run away from associating with them. If the employed are not satisfied with what they have, what should the unemployed do? Greed and over expectations are snares that open doors to so many sinful and corrupt practices. This category of people are ungrateful, insatiable and covetous that whatever they receive never satisfies them. They complain of lack and problems as if they are the only ones that have problems forgetting that God only gives more to the grateful. Until these people take the bull by the horn and change their bad attitudes, they will

neither be happy nor successful in life. Success begins with total reliance on God and work. Just have it at the back of your mind that there is no free meal. If you want to succeed, you must work real hard most especially in areas you are passionate about.

Success is in you, it is who you are and not really what you possess. So people that really want to succeed should look inwards not outwards. What you are looking for from others is already in you.

Rabiah MB Labaran
Management Information Services

ARE WE WEALTHY ENOUGH?

I think there is more to wealth than money only we all are wealthy in one way or the other. Really Believe me.

In my view, a wealthy person is always happy. Why because there are seven types of wealth.

1. Inner Wealth: - Having a positive mental attitude is a type of wealth. Positive people with positive outlook of the world can be happy – Always.

Try this, have a positive mental attitude and try to be sad at the same time. I don't think it's possible. With positive attitude, life appears to be positive. Inner wealth really helps.

2. Physical wealth: - Health is wealth! A person who is not healthy cannot enjoy life. If you want to learn importance of wealth, ask someone who is not feeling well.

3. Family wealth: - Do you have loving parents or a caring brothers or sisters or friends who can come to your help at any time you want? Family and friends are another form of wealth.

4. Career wealth: - When we reach at the top of our career, we feel a sense of fulfillment.

5. Economic Wealth: - Money is not the only important thing in life but it is one of the important things and hence, it is needed. Someone said the more I have, the more I can give so, earn more to give more.

6. Adventure Wealth: - We feel happy when we visit new place or meet new exciting people. We feel happy when we are able to take a challenge and deliver more than expectation. Adventure is another form of wealth.

7. Impact Wealth: - What is our mission in life? What is the impact we can make on our environment? Can we do something to improve life of people who need our support or help? Think about it. People who have impact around their environment show that they have impact wealth. Some people believe that you

have to give them money before they think that you have made any impact in their lives, when the greatest impact on peoples, lives is in terms of giving love, useful information and having a god character worth emulation that people are leaving from.

Conclusively, you can be considered wealthy when you have self, contentment caring family/friends, money, assets or a progress in your career. And above all when you have what no man can give and no man can take away like life, health, and knowledge you are the wealthiest person on earth.

Think about it

Gloria Uzendu
Management Information Services

PROVERBS & WISE SAYINGS

1. Without truth you lose out on 3 things

- a) Love
- b) Trust
- c) Respect

2). Learn how to be self motivated

Don't rely on external motivation to be good

- 3).
 - a) When wealth is lost nothing is Lost
 - b) When health is lost something is lost
 - c) When character is lost everything is lost
- 4) The worst use of time and life is to work hard to climb the ladder of success only to find that it is leaning against the wrong building – **Brian Tracy**
- 5). Great works are performed not by strength but by perseverance

Samuel Johnson

- 6) Determination gives you the resources to keep going in spite of the roadblocks that lay before you.

Denis Whitley

APPOINTMENT

Dr. Isa Zailani Abubakar formerly in the Services of the National Hospital as the HOD Ophthalmology department has been blessed with a twin-appointment as the Permanent Secretary/Chief Medical Director of Specialist Hospital Bauchi, Bauchi State. The Management of the National Hospital heartily congratulates Him on his new and well

deserved appointment and wishing him an impactful tenure of office.

In another development, Dr Aliyu Oluwaseyi .O and Dr Sanni Blessing O. have both joined the services of National Hospital recently as Registrars under Anaesthesia Unit.

RETIREMENT

The Management of National Hospital wishes to extend its sincere appreciation to Dr (Mrs) M. N. Wokocha , a former Chief Consultant of O&G who has recently retired; for dedication and efficiency during her service years.

NAMING

The management of National Hospital heartily congratulates Mrs Hassana Mohammed Dapchi (MIS dept) and the wife of Mr. Ayodele Obasa (Store unit) on their successful delivery of healthy bouncing babies name Firdausi and David respectively, May God Almighty, in his infinite mercy bless these new born babies.

AWARD

Ayodele Olatunbosun Valentine, a Senior Executive Officer in the Human Resource Department of the Directorate of Administration recently joined the men and women of league for peace as he also bagged a prestigious award of Millennium

Development Ambassador of Teachers without Borders.

Other recent recipients of similar awards were: Mr. Thomas Edomsowan of Accounts Department and Mrs. Mbursa Hamidu Bwala of Nursing Department.

In a related development, Prince Tayo Haastrup, HOD/Mgt. Information Services was recently re-elected as a member of the Governing Council, of Chartered Institute of Personnel Management of Nigeria. (CIPMN).

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