



Report working visit Turiani Hospital Burns Turiani Foundation, May 2016

Period, by: 16th until 27th of May: Sandra Jongen, plastic and reconstructive surgeon
16th of May until 2nd of June: Ina van Ingen Schenau, nurse practitioner
16th of May until 3rd of June: Ina Boerma, nurse practitioner

Preview

This working visit was based on the aims of the Burns Turiani Foundation and on the Proposal of May 2016 as sent to the Board of the Foundation and the management team of Turiani Hospital.

The activities to be focused on were:

1. Meetings, targets
2. Lectures, workshops
3. Theatre procedure and consultations
4. Bedside training
5. Other items

1. Meetings

1.1 Meeting with Management Team 17th of May

Present: dr. Samson MD, Mazudi Abdala, head of X-ray department, Sr. Julieth, Administrator, mr. Hasani Chage, accountant, Consolata, assistant matron, Gryson, patron, Redempta Paschal, pharmacist, Ina Boerma and Ina I van Ingen Schenau, Burns Turiani Foundation
Not present: Constantia, Mathilda, Dr. Stella.

1. Dr. Samson opens the meeting and welcomes the Ina's.
2. Report last November 2015
The payment of the registration fee of the doctors is stopped by the Foundation as discussed last time. There is no new proposal of the doctors. This year training fund is used for buying the bed. Management team will think about how to spend it next year. Ina B suggests to use the money for education of another nurse like Adela. Sr.

Julieth said Adela just give notice to resign her job. They have to speak with her about the fund she got. She has to pay it back.
Container issue will be discussed later.

3. Proposal activities may 2016

- *Training Team*
Meeting with the trainers, Consolata and Constatia will be made for this week for the following up.
- *IPC group*
Meeting with the IPC group will be made. Evaluation of hand hygiene and number of student walking in/out in theatre.
- *SSI group*
The survey program. Ina van I will make an appointment with Mrisio en dr. Joseph.
- *The "BAF" group, burn admission form*
Evaluation of the process of introducing the form.
Inventory of need of support in theory and practice.
- *Dutch students nurses and student doctors*
Meeting with the Dutch students Introduction Foundation Burns Turiani and see if they can support in the continuity of our program.
- *Support in practice*
- *Theatre program of dr. Sandra Jongen* will be executed including training Turiani doctors.
Attention in the wards to post-operative care by nurses and doctors.
Support to the trainers and student nurses in wound care according the existing protocols and procedures.
- *Lectures and workshops*
Basic workshops for new nurses and student nurses
Follow-up lectures for senior nurses and medical staff related to the BAF.
Lectures from the plastic surgeon for every one
Lectures for the CO, related to the BAF
Lectures on request
Management team agrees with the proposal.

4. Nursing School

The Hanzehogeschool will pay ahead for their student for three years. With that money the Hostel for the students will be build. Problem at the moment is that until now no papers are found and perhaps they do not exist. Ina will see if she can find Sr. Electa, maybe she knows.

5. Information about an anaesthesia machine

A company in England is making these machines especially for developing countries. Information, with cost is given to the management team. Information should be found in Tanzania.

6. Trolley

With the gift of Paul van Wijk a new trolley is bought in Dar es Salaam. Trolley for wound dressing. It is for female ward and 5 other trollies can be ordered together with a bed

screen (bed screen also for female ward). Management team agrees we start at female ward with the first trolley.

7. Container

The container is in Dar es Salaam and a lot of money has to be paid by the Hospital to get it out of the harbour. Cost 90 dollars per day, Cost Tax, cost TPA is very high. Sr. Julieth will give Ina B an overview and together they will look how to reduce the cost. Ina B has someone in Dar es Salaam who might help.

8. Thanks

Dr. Samson thanks the Foundation Burns Turiani for their support and welcomes Ina and Ina to Turiani Hospital.

1.2 Meetings with the Trainers and Ina Boerma: 18/05, 24/05, 31/05

Three meetings were held with the Trainers group together with Constansia Nguru, Tutor, and partly with Matron Consolatha Maembe and Patron Greyson. Present trainers during this visit were:

- Eva Kisimbo Surgical Ward
- Judith Chuma Medical Ward
- Mariam Nambole Children's Ward 1
- Hadija Mlangida Children's Ward 2
- Theresia Kato Female Ward, Cholera building
- Lylian Mlang'a VTC
- Anna Kasasa Maternity, Labour
- Selina Maunde Maternity, Post Natal

Pascal Muyanga was absent due to medical treatment in Dar es Salaam.

The trainers activities of the last months especially focussed on de support of the great amount of ever-changing student nurses. Unfortunately none of the activities were written down in the notebook.

In the first two meetings we informed each other about the past 6 months. Apart from the hospital information very valuable insights were exchanged about our different culture, religions and family lives. Similarities and differences were found and it was a good start in three weeks of great cooperation between all of us.

Target 2016

Hygiene of the relatives and their responsibilities

The project started in November 2015 and improvement is already seen. Hospital management ensures that visitors are not allowed to stay around on the wards and -if necessary- are asked to leave by the guardsmen. In both Maternity Wards putting signs on the doors that only a limited number of relatives are allowed to enter the ward makes a start. On Labour Ward visitors are even prohibited. The workers have the impression that infections in the baby's have already decreased.

We agreed that similar texts are needed at the doors of the other wards to prevent nurses from explaining rules to visitors all the time. Patron Greyson agreed to be in charge for printing and sealing these texts.

Trainers are also more alert that wound care is done by a nurse and, if the situation allows, no relatives are present with an exception of the Children's Ward where mothers are present for 24 hours.

The third meeting was a first start with intervision by the Incident Method. After an introduction by Power Point we tried to solve a problem related to student nurses and brought in by Eva. By active contribution from all in tackling the problem according the method as described, all trainers experienced the advantages of this way of working. A copy of the description of the method was left in the notebook and also given to the Tutor. We all hoped that in the coming time the group will sit together again and use this method.

1.3 Meeting Ina van Ingen- Mrisho- dr. Lameck

Together with Mrisho and dr. Lameck the proposal of bacteriological survey of surgical wound was discussed. Mrisho and dr. Joseph did not start with the survey as was agreed on in November 2015. Mrisho proposed to ask dr. Lameck to join the project. Together with Mrisho and dr. Lameck the proposal of bacteriological survey of surgical wound was discussed and they were willing to perform the bacteriological survey as agreed before without dr. Joseph. Dr. Lameck fills in the request forms. Forms are at the laboratory. Mrisho will train one person of the lab in taken. Two student doctors were asked to help. A total of 95 swabs are required, for a total cost of Tsh 1.900.000. The laboratory does proper registration of the collected data.

1.4 Meeting IPC

Several attempts were made in organising a meeting with members of the IPC group. We did not succeed because of different reasons. AMO Joseph will retire this month and is not active anymore in this group. We will look for a replacement next time. Working on the target from 2015 will be postponed to November 2016.

During surveys on the wards we noticed an increased awareness of the importance of hand washing procedures and we saw good examples of wound care according the standards. Crucial is the presence of a staff nurse/ trainer on the wards. The fact that relatives are not on the wards all the time anymore will also contribute to infection prevention. Procedures in the theatre are performed also under the right circumstances and according to protocols and the senior nurse in the theatre is securing the amount of spectators during procedures.

The outbreak of cholera in the region and the fact that cases were reported even opposite the hospital made everybody alert in using the right procedures. It gave lively discussions after morning report about the interpretation of the existing protocol. It also put pressure on the management in convincing the District Medical Officer and the Region Medical Officer that these cases needed to stay outside the hospital as described in guidelines. Beds were brought to a special isolation camp near Madizini where everybody with cholera symptoms stayed. Nurses from the hospital went to take care of these patients. After our three weeks stay the amount of new cases luckily decreased.

1.5 Meeting Dutch students

Two active Dutch student nurses are at Turiani Hospital. We noticed their contribution to the work in the wards. We had a meeting with them and gave them support in their assignment of Hanzehogeschool. We also agreed that, for continuity's sake, the next students can continue with this assignment. That way a problem/solution can be worked on more thoroughly and therefore has more value to the hospital.

It was a lucky coincidence that, a week after returning to Holland, we met the next two student nurses and they had the same idea about continuing with the assignment.

1.6 Infection registration

In November 2015 we had a meeting with the doctors involved in the registration of infections. We then agreed that they would propose a new registration protocol (see Report of the Working Visit, November 2015) unfortunately we did not receive this proposal. We left the initiative to the doctors and they did not mention this agreement or any other progression in registration.

1.7 Introduction of the renewed Burn Admission Form

After introduction the new form in November 2015 with support from dr. Lameck we did not see much forms on the wards, medical records and OPD. This time another change had taken place and now dr. Samson was back and in charge. Dr. Lameck was asked to join us as well but he preferred to give his attention to other hospital matters.

After a discussion with dr. Samson and several Clinical Officers everybody reassured us that they want to work with this form. A new introduction was done during a lecture for doctors, clinical officers and staff nurses; copies were made and distributed over the wards and OPD with also a document in the secretary's computer for new copies if necessary. We agreed that the used forms stay in the patients' medical record.

2. Lectures, workshops

Workshops were given to the student nurses and new nurses in Turiani Hospital. Most of the student nurses and student clinical officers attended the two workshops:

- Hygiene and Infection Prevention and
- Basic Burn Care. The presence of only one new nurse was very disappointing. We will need an evaluation next time with the Matron and Trainers how this group can be reached and included.

The lectures after the morning report were well attended and gave nice discussions about the subjects. Due to the unexpected death of a child and the need to discuss the procedures and how to avoid a situation like this, one of the lectures was cancelled. The items of two lectures were combined to one. Hereby an overview of the lessons:

Attendants	Subject	By
19-05 18 student nurses, new nurses	Hygiene, Infection Prevention	Ina Boerma
20-05 19 student nurses, new nurses'	Basic Burn care	Ina Boerma
25-05 63 doctors, staff nurses	Skin grafts, Post-operative care	Sandra de Jong, Ina van Ingen
27-05 doctors, staff nurses	Re-introduction BAF	Ina Boerma
01-06 56 doctors, staff nurses	Shock in burns, monitoring by using the BAF and the right fluid charts	Ina Boerma

3. Theatre procedures and consultations

Dr. Sandra Jongen was asked consultation in 13 patients. 10 patients were scheduled for operation.

No.	Patient	Procedure in theatre
1.	Female with anal fistula	Uncovering fistula
2.	Child burn scars and contractions to the face	Reconstructive surgery to the face (Full thickness skin transplant ear, cheek and Z-plastic)
3.	Child with syndactyly both hands	Reconstructive surgery to one hand (web release thumb and release of fingers)
4.	Child with spastic legs and retarded	No treatment possibly by reconstructive surgery
5.	Man with Keloid ear	Removal of keloid and injection of kenacord after surgery and splinting
6.	Male, large wound right lower leg due to motor accident	After cleaning for a few days skin grafting
7.	Child, contracture of the hand, due to burns	Release contracture with full thickness skin grafting
8.	Male, open leg after open fracture 4 years ago	Necrotectomie and cleaning of the wound
9.	Female, wound for 8 years after trauma	After few days cleaning of the wound skin graft
10.	Child, severe contractures of both arms after burns	Release part of contractures with skin grafts
11.	Female, large tumour after burn wound	Reversal for further diagnoses
12.	Child, contracture of left elbow due to burns	Release contracture by Z-plastic
13.	Child, contracture of arm due to burns	Last day of dr. Jongen and not possible to schedule for theatre

Dr. Sandra Jongen was consulted for 12 patients. Three patients with contractions of upper extremities due to burns, one with severe burn scars of the face. Patient at the ward with large wound of the left lower leg due to a motor accident.

4. Bedside training

We assisted several student nurses and staff nurses during wound care. Advice was given on the treatment of and cares for a child with 10-day-old burns. We saw a nice healing process of the

wounds after more open treatment under a bed net and could prevent contractures by instructing mother and nurses in activating him to move extremities and playing.

Special attention was given to the post burn wound care of the patients having been operated on by the plastic surgeon. All these activities were done together with staff nurses, student nurses and doctors and it gave a good possibility in increasing their knowledge about special wound care.

5. Other items

5.1 Container

A 12 feet container filled with supplies like beds, a generator, and theatre equipment, instruments etc. was sent to Tanzania from Rotterdam harbour and arrived in Dar es Salaam on the 15th of April. For various reasons harbour authorities held the container. In total we spent more than a week trying to release the container from Dar es Salaam harbour. After several visits to different authorities in several places (a real acquaintance with Tanzanian legislation and our patience) the container left the harbour on the day of our arrival in Holland. A lot of extra costs were paid by the foundation and only after serious evaluation we may consider a new transport.

5.2 Burns Prevention Plan

A meeting was arranged at the office of the District Medical Officer in Mvomero and we could explain our ideas of introducing the Burns Prevention Plan. The first reaction was positive and we hope to continue the discussion during our next visit in November 2016.

5.3 New trolleys

On arrival in Dar es Salaam we bought a new trolley, which is now used in Female Ward during wound dressing procedure. After evaluation in November we will consider buying more trolleys for every ward. That way we spend the gift from Paul van der Wijk as promised.

5.4 Anaesthesia equipment

The hospital is in great need for a new anaesthesia machine and the Foundation Burns Turiani is willing to support them by asking financial support from our donors. The hospital will send us detailed information about the kind of appliance they prefer.

Ina Boerma
Ina van Ingen-Schenau
October 2016