

## Working visit Turiani Hospital



Gerbrig Bijker 01 - 12 March 2022

### **Preface,**

It was my first visit to Turiani Hospital (TH) since December 2017. And my first visit with the Foundation Friends of Turiani. I was a little insecure and stressed about my contribution and skills. As a member of the working group quality of care and education I am not a board member, so sometimes I am not completely familiar with the developments of the foundation and Turiani Hospital, although they informed me as good as possible by email. And the contact is good and open.

The focus of my visit was:

1. Inventory for a training of 4 new surgical procedures
2. Functioning of the theatre of TH
3. Trainers of TH
4. Quality of nursing care
5. Future education plan

In this report I tell you about my impression of the hospital, the nursing staff. I inform you about the inventory for new to train surgical procedures and functioning of the theatre of TH. And I give an impression of the trainers of TH and the quality of nursing care. I finish with educational needs and wishes of the staff of TH.

### **Turiani Hospital impression,**

It was a very warm welcome by doctor Castus Haule (MOI) and his Hospital Management Team (HMT) at the 2nd of March. There were some familiar faces, but also new members were present at the HMT. I introduced myself and informed them about the purpose of my visit. They all were enthusiastic and helpful.

After the HMT meeting, we went around the departments and hospital wards. I introduced myself at the new Staff members.

The ER, ICU and Neo natal ward were new for me. Also, the Private ward was not in use during my last visit. I was really impressed how the wards are utilised, the white sheets, the use of the electronic patients files and monitoring possibilities of the ER and ICU.



I also experienced a good spirit in cooperation between the old and new staff. The “old” staff have the experience, the new staff the new skills and ideas. There is a new group of young fresh doctors who are willing to learn. They work closely together and are critical to each other’s work. The screening at the OPD by qualified doctors and Clinical officers is working well. Everyday doctors round at the wards is also an improvement. The whole staff is respecting each other and appreciate each other’s qualities. I think that these qualities are also of great professional value. The whole staff has one mission, to become the best hospital of the region, a hospital to be proud of.

#### **TH nursing staff,**

During my visit I worked closely together with Nursing Officer (NO), Mabula Kamata Abdalah. Together with Matron, Ana Kasasa (RN) he is a NO since 2019 after he finished his bachelor’s degree in 2018. He is a dedicated man, enthusiastic and

willing to learn. He is also very committed to his job, to the (student) nurses, trainers, and the hospital. Good customer care with a professional attitude is what he promotes and lives on to the nursing staff.

Costancia Ndunguru is the in charge of all Inpatient departments. She is also active participant in the HMT and one of the trainers.

Every ward has (student) nurses and a senior nurse (trainer) who supervises and is training and teaching the students and new nurses in putting theory and nursing routines into practice. There is shortage of staff what sometimes makes it challenging to carry out their tasks. The NO is in charge of the nursing staff in general, quality of care and is also focusing on training programs that connect with the university and student objectives and which improve the skills of the nurses and trainers.

DAILY PATIENT CARE (PATIENTS ONLY)	
<b>Morning</b>	
<input type="checkbox"/>	Assess patient
<input type="checkbox"/>	Administer medication
<input type="checkbox"/>	Monitor vital signs
<input type="checkbox"/>	Perform nursing interventions
<input type="checkbox"/>	Document patient care
<input type="checkbox"/>	Communicate with the healthcare team
<input type="checkbox"/>	Provide patient education
<input type="checkbox"/>	Ensure patient safety
<input type="checkbox"/>	Maintain a clean and safe environment
<input type="checkbox"/>	Evaluate patient progress
<b>Afternoon</b>	
<input type="checkbox"/>	Assess patient
<input type="checkbox"/>	Administer medication
<input type="checkbox"/>	Monitor vital signs
<input type="checkbox"/>	Perform nursing interventions
<input type="checkbox"/>	Document patient care
<input type="checkbox"/>	Communicate with the healthcare team
<input type="checkbox"/>	Provide patient education
<input type="checkbox"/>	Ensure patient safety
<input type="checkbox"/>	Maintain a clean and safe environment
<input type="checkbox"/>	Evaluate patient progress
<b>Evening</b>	
<input type="checkbox"/>	Assess patient
<input type="checkbox"/>	Administer medication
<input type="checkbox"/>	Monitor vital signs
<input type="checkbox"/>	Perform nursing interventions
<input type="checkbox"/>	Document patient care
<input type="checkbox"/>	Communicate with the healthcare team
<input type="checkbox"/>	Provide patient education
<input type="checkbox"/>	Ensure patient safety
<input type="checkbox"/>	Maintain a clean and safe environment
<input type="checkbox"/>	Evaluate patient progress
<b>Discharge and follow-up plan:</b> Discharge plan should be discussed with the team and written according to individual patient needs.	

Nurses work according to the daily routine, using the SBAR as their communication during doctor round and reporting results in nursing files at the computer. Admission of a patient, monitoring of Vital Signs, monitoring prescription and distribution of medication, doctor round, nursing report are the most important activities of the daily working routine.

I worked together with the nurses of ICU and female ward. Preparing Nursing round, Clinical reasoning skills, SBAR and daily CPR training in adults and children. Every day after clinical report we trained the nursing staff in CPR at de ICU ward. They were all eager to learn and practice.

**Training team:**

There is a group of 12 senior nurses active in the Training team. They meet on regular basis and NO Mabula is in charge. Together with Mabula, Virigiana Honda is active in training the senior trainers in clinical reasoning and nursing round/ nursing plans. The trainers also give lessons and presentations after Clinical report.

**Inventory of surgical procedures for training September 2022,**

There will be a training of four surgical procedures. Wim Theuvenet will give this training in September. During a Zoom meeting several surgical procedures were discussed. The new surgical procedures should be easy to learn, of low costs, with available equipment and materials and must have a real contribution for the people in the community and for the hospital. We think that the following procedures would be of great value for the hospital:

1. Soft tissue contractures causing functional limitation of the extremities
2. Congenital hand and wrist problems
3. Tumours (benign) of the skin, biopsy, histology.
4. Simple orthopaedic procedures of the hand, wrist, feet, and legs

The training will be organised by dr. Wim Theuvenet. He will train three doctors, Castus, Charles and Erick. The four surgical procedures which will be trained in ten days from novice to expert. There will be an aftercare program with training for the nurses staff of the surgical, ICU and children ward. Also, the physiotherapist participates and will be trained in aftercare.

The patients will have to be found in June, July and the beginning of August. The search for potential patients for these specific procedures will be carried out by:

- Informing local heads of communities
- Informing church leaders
- Patients known by own staff
- Patients seen in OPD

The pre screening will be done by the three doctors during June and July. Pictures and videos can be taken and discussed by what's app in case of doubt. In August an online discussion/meeting with dr. Wim and Ina will be organised to select 4x 30= 120 patients. The first 2 days of the training visit 4x 30 patients will be seen to select 4x 15 patients for training procedures in ten days. During the training period there



also will be the opportunity to give evening lectures or give lectures after clinical report to other doctors and nurses.

I had a short meeting with Patrick the physiotherapist. I told him about the training in September and that we would like him to participate in the after care program. Our second meeting, to discuss his role and tasks was cancelled because he was ill from malaria.

#### **Functioning of the theatre of TH,**

I discussed with dr. Castus about the theatre, he told me that Grayson Kandulu is in charge of the anaesthesia and OR nurse Peter is in charge of the theatre sets. I had a meeting with Peter. He showed me around the major theatre. He told that the 2e theatre room was not in use due to the broken OR table. This room is now used for storage. They only use the one OR 1 and the minor for small procedures or wound cleaning and dressings. They are very happy with the new anaesthesia machine. They still use the Sober dermatome, dr. Castus is trained by doctor Mashaka in SSG by using the Sober dermatome. Unfortunately, there is always a shortage of razor

blades.



The theatre at maternity is still not in use, due to a broken OR table and no anaesthesia facilities. Tirza and her friend Dora (two midwives that volunteer in Turiani for 3 months and 3 weeks) collected funds that they will use, among other things, to donate a new OR table for the labour ward.

In de Major theatre cupboards, they store theatre sets which they use frequently. There is no lack of materials now. They can make sets before the new training procedures. There is a stock of most common materials.

The training will probably give some problems in sterilization capacity, surgical clothing, surgery footwear (foot covers mentioned).

Peter, Noty and Olipa are the theatre nurses. They are not familiar with the new surgical procedures and sets needed for these specific procedures, so they must be trained in advance as well. We discussed other educational needs. They think that it would be good that they get refreshment lessons in hygiene, and surgical procedures prior to the training procedure.

We decided that we will send some pictures of sets needed during the surgical procedures in September. I will give the number of Peter to Marleen so she can have contact with Peter.

OR-Materials missing: Babcock, Alice, Razor blades, Sharp spoons/ different sizes, instrument containers.

I discussed the aftercare training with Mabula, he can arrange that the staff will be present.

#### **Trainers of Turiani Hospital,**

Now there are 15 trainers present in TH:



Mabula Kamata: NO

Anna Kasasa: NO maternity

Costancia Ndunguru: Male ward/ IPD

Mariam Nambole: Children ward

Consolata Maembe:

Hadija Mlangida: Children ward

Hadija Madongo: ICU

Lilian Mlanga: CTC

Cellina Maunde: Private ward

Grayson Kandulu: Theatre anaesthesia

Virigiana Honda: Labour/ Maternity

Theresia Kato: MCD

Caroly Shirima: Female ward

At November Mariam will retire and soon more will follow. So there are new members added. Mabula organized the trainers to meet twice. The first meeting we had on the 4<sup>th</sup> of March at the canteen, seven trainers were present. We introduced ourselves again and talked about the hard time they had the last three years. There were financial difficulties, shortness of staff and of course the COVID-19 pandemic with many patients and sick staff. It was hard to organize meetings regularly and to give lessons. They were needed at the wards in many shifts.

Now it is getting better. They are in close contact, and they can discuss their needs and problems with the Patron. Each trainer has its own ward and is working day shifts only. At the wards they are mostly busy with coaching and training of the new (student) nurses. They are active in Nursing round, every Wednesday of the week, there is a patient presentation about the nursing process, with a care plan and a teaching session about a nursing procedure and evaluation. The new trainers are teaching the older trainers.

Now there is no need for intervision. In the current situation they know how to find each other and they are in good and close contact with the Patron and Matron who take them seriously and listen to them.

How we can be of help for them? They said that they have needs for coaching and training in nursing round, CPR training in adults and children for all the staff which have contact with patients.

Future:

- Development and coaching of the nursing process and clinical reasoning
- Refreshment of Train the Trainer program
- Online meetings and lectures
- Nursing school at TH
- Exchange with Uholanzi

The second meeting was on Friday the 11<sup>th</sup> of March, my last day at TH, there were six trainers present. We evaluated the visit. They all were happy with the CPR

trainings and the lesson about Wound healing. Patron, Mabula has the power point at his computer. They are willing to give more lesson frequently on a regular basis.

Mabula has many lesson/ power points already prepared.

There is a need for online Zoom meetings, once every six weeks. Preferably on a Tuesday at 14 pm Tanzanian time. They already did an inventory about training topics:

- Care of sick and new-born and premature
- ALS and ECG interpretation
- Care of patients with head injury
- Theatre techniques for new procedures
- New-born resuscitation
- Care of severe burn patient

#### **Quality of nursing care,**

I started my visit with a meeting with NO, Mabula Kamata, I introduced myself and informed him about my skills and expertise. He told me that he wants the nurses of TH to be professionals, with good skills in presentation and a customer's care attitude.

They are slowly restarting everything again after COVID-19 pandemic. The IPC team need new members to be active again. The wound team is not active anymore.



There is a need for training in:

- Learning program for: nursing round/nursing care plan, presentations, and nursing skills training
- Supervision program: in charge skills, support supervision, coaching
- Research program: nursing satisfaction
- Training needs: ICU, Emergency care, Wound healing, Neonate IC

Educational goals for the coming 5 years:

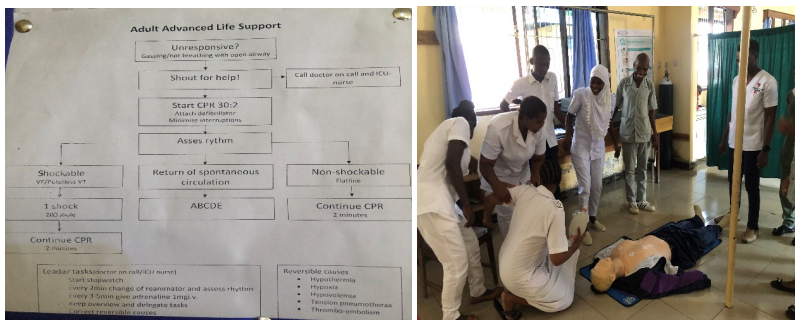
- Good functioning of the ICU and Neo natal ICU
- Neonatal and new-born care
- Education for ER to become RN nurses so there will be enough qualified nurses
- School of nursing in TH

We discussed how I could contribute these two weeks. He would like to discuss his presentation about antiseptics with me and asked me to give a lesson about wound healing. After his lesson I continued in my presentation about wound healing the

multidisciplinary approach. This presentation was given on the 7<sup>th</sup> of March. In addition, we discuss the protocols in wound cleaning and dressing and changed the protocols.

Nowadays there are lessons/ presentations and evaluations after clinical report. Then there is also the possibility to give feedback and discuss some matters on ethics or hospital procedures. Everybody can participate in those discussions; they are respectful to each other but also critical. The chair of the clinical report is in charge of these discussions. The management is accurate and transparent, and they work closely together in good harmony.

I was asked to give daily CPR training and airway management at the ICU for the staff who have direct patient contact. Mabula organized the staff who had to be trained every day. On Wednesday the 9<sup>th</sup> together with Tirza, the Dutch midwife I gave a training on CPR in infants, children, and adults.



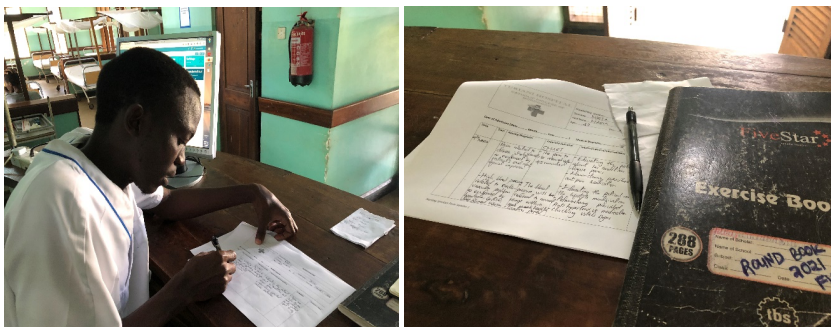
We started with the theoretical procedure by discussing the algorithms/ schemes and after that we did practical training in small groups, by training the procedures on training dols. It was good fun but also a sweaty exercise.

Also, I started ALS training, but the defibrillator was not functioning, so we did not proceed this practical training. I only once discussed the theoretical part and explained the algorithm and I gave a short lesson in ECG interpretation. But they need and want more next time.

Every day I discussed the use of the SBAR method with the new nurses, how and when to use it. They were not eager in practising this procedure, they already know they said.



There is a focus on nursing round, nursing care plans. Together with nurse Leodgard



I prepared nursing round. Leodgard informed the patient and did a nursing inventory about the nursing diagnoses. He collected all the data, observations, complains/problems, and vital signs. Then we made a nursing care plan with nursing diagnosis, Problems, Etiology, Signs and Symptoms, we discussed the nursing interventions in SMART objectives and outcomes. Leodgard and the other nursing students were very dedicated completing the whole plan. The plan was discussed with Trainer Virigiana who added some things and corrected it to the active verbs. The presentation went well. There was a discussion in whether a urinary catheter was needed or not. I was impressed by the nursing reasoning in this presentation. Also, practical skill, hand washing was trained by everybody. In another way this was a training on the job.

Unfortunately for me there were not many patients admitted during my visit. There was minimum training on the job in wound cleaning and dressing. They do wound cleaning and dressings of major wounds in Minor theatre. There is the possibility to give adequate pain relieve. I did two wound cleaning, dressing procedures with dr. Castus in which he wants inter college consultation. During the wound cleaning dr. Castus and I discussed about the need for deep and further necrotomies, the daily wound cleaning and dressing. We did send some pictures to Holland for consultation with the Dutch surgeons. These consultations can also be a possibility for the future cooperation with the Martini Hospital in Groningen.

heeft verwijderd:

#### **Education plan,**

The overall goal is to make TH the best of the region. The vision is to aspire for quality health service to all. To provide holistic, high quality, affordable and



sustainable health care to the community in accordance with church and medical ethics. With a customer care attitude of the hospital staff.

Education plans:

- Education in ICU and Neo natal ICU care
- Training program for new surgical procedures, and aftercare
- Multidisciplinary approach in healthcare
- Neonatal and new- born care
- CPR and ALS training
- Education for ER nurses to become RN nurses
- Education in Nursing process, clinical reasoning in nursing for all nurses
- Train the trainer refreshment training

**Conclusion,**

I would like to thank the staff of TH for 2 incredible weeks. I learned a lot in many ways. I learned about respect, commitment and good spirit. The way you are working together, discussing issues and ethics is impressive. And with big laughs you achieve big things.

Thanks also to the Foundation Friend of Turiani that they gave me the opportunity to have this unforgettable experience.

Asanta sana na kwaheri.

Gerbrig Bijker