

REPORT OF THE CHILDREN'S WARD RBF PROJECT 2018-2020

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Team of St.Mary's Hospital Lacor
Team of Ambrosoli Hospital Kalongo

Data Analysis : L.Greco M.Arcidiaco

Sala Medici





Checklist: Structures and Management

CHECKLIST ITEMS 1.	CRITERIA	SCORES	Your Priority 1 to 5	
Basic infrastructures working and in acceptable conditions 1) Doors and windows regularly checked, 2) Beds and ward facilities repaired when required, 3) Mattress changed when required, 4) Baby and children height and weight scale available and in working condition	3-4 items controlled	0-3		1 MORE WEIGHT SCALE NEEDED
Hygienic conditions appropriate 1) Cleanliness of the ward, 2) Accurate disposal of sick children vomit/feces, 3) Disposal of remains of foods	Bad, moderate, good, optimal	0-3		
Safe environment 1) Electrical safety for children(cover etc), 2) Children's don't have access to drugs, 3) Fire readiness	1.% safe electric 2=100% 3.Accept- good- excel	0-3		Cover the great Main at the rx end of corridor (Meter Box?)
Prevention of infections 1) Facilities to wash hands, 2) Alcohol available, 3) Reduce cross-contamination among children (beds?)	Renovation of O2 room	0-3	Infants sharing beds is a CRITICAL point that has to be changed , espec in O2 room	More large beds than small: change 10-20, not in Burkitt & Nutrition & Neonates
Available and functional equipment and supplies: Oxig tester, Infusion pump, Suction machine, O2 concentrator	O2 line coming	0-3	Nose prongs and tubes on the floor	Suction to repair. Need an Head Lamp for procedures. Desired 2 nebulizer + 2 infusion pumps
Are the right Drugs available when needed? 1) Essential Medicine and Health Supplies are available 2) Timely provision of drugs after requests	List 20 drugs % Check 3 request-time	0-3		
Adequate support from the laboratory ? 1) Lab is functional every day of the week 2) Scheduled time kept as planned (delivery of samples and provision of results)	1. OK 2. Check 3 request-time	0-3		Only 1 technit on weekends, loaded. Lab send children from YCC to be sampled especially in we: OPD nurses should do.
Adequate support from the Radiology Department? 1) Lab is functional every day of the week 2) Scheduled time kept as planned (delivery of samples and provision of results)	US critical, Cardiac US critical	0-3		Lack of staff, many request
TOTAL SCORE		24		



Checklist: 2. HYGIENE AND CLEANLINESS

CHECKLIST ITEMS	CRITERIA	SCORES	Your priority 1 to 5	CRITICAL
Presence of cleaning products: Supply record cards indicating amounts in and out correspond to physical supplies (soap, bleach, chloramine, chlorhexidine, and at least one detergent)	Record card monthly of supplies on ordering-requisition book once a wk Thursday	0-3		To be checked with in Charge
Stock Management. Reserve of disinfectants, equipment used soaked in disinfectants in treatment rooms,	Requisition book	0-3		
All beds having mattresses covered with impermeable plastic intact	Check monthly	0-2		Most are torn/spoiled, need new covers, done locally
Cleanliness of rooms, halls, and grounds: 1) presence of trash receptacles (in waiting room and corridor) 2) no loose trash;3) receptacles for syringes present in treatment rooms	N. trash bins N. special dispensers Sharp containers	0-3	Tiny 'Paediatric' dust bins useless	Dispensers not always functional, change to big dust bins
No organic waste, syringes, or dangerous products in any location that is easily accessible to the public	Inspection 1 to 3 score	0-3		
Availability of water source (running water or well, pump, or water tower/tank)	Yes/not	0-2		
Water dispensers available in service rooms where there is no tap w.	Yes/not	0-2		
Presence of latrines and showers 1) usable; 2) no organic matter within or outside; 3) door that closes from the inside; 4) covered pit (for latrines)	To be checked	0-3	None of 20 latrines flushes, showers dismantled	Repair flushes and reassemble 4 showers
Available and functional sterilization materials: cocotte, autoclave, or heat sterilizer	Check transport of drums from ward to steril centre	0-3		
Clean, neat uniforms worn by all staff	Inspection 1-3	0-2		
TOTAL SCORE		26		



Checklist: CLINICAL AND NURSING PROCESSES

CHECKLIST ITEMS	PROTOCOLS	YOUR SUGGESTIONS	Your priority 1 to 5	CRITIC
Proper diagnosis of 10 admitted cases (analysis of randomly selected hospitalization records): 1) identification of patient 2) complaints or symptoms on admission reported 3) clinical examinations guided by anamnesis 4) no unnecessary diagnostic tests prescribed, 5) Malaria is excluded or treated in patients with fever 6) Malnutrition diagnosis according to WHO - Check sub-liminal malnutrition, 7) Percentile charts available and in appropriate use 8) Anemia diagnosed according to guidelines, 9) Sepsis: Increasing the percentage of specific diagnosis (origin)	1.Triage of sick child 2. Paediatric Life Support 3. Malaria 4. Dehydration 5. Convulsions 6. Anemia 7. LRTI-Pneumonia 8.Urinary Tract Infect 9. Meningitis 10. Sepsis	0-8		Very hard to specify origin of sepsis : rotation of interns is critical : require a month to be trained and then have to be surveilled ESR and blood count – scarce microbiology
Proper prescription of therapy of at least 10 admitted cases (analysis of selected hospitalization records): 1) proper treatment according to evidence from anamnesis, and accepted protocols, 2) no unnecessary prescriptions, especially antibiotic, 3) Appropriate prescription of drugs in children with URTI, 4) Appropriate use of Oxygen & Antibiotics for children with LRTI, 5) Appropriate request of blood transfusions. 6) Checking regularly the vaccination record and recommend accordingly	According to previous protocols	0-8		Blood often not available –in Kalongo they may use their own donors, screened for HIV & Hep B and Syphil Oximeter required, HoD engaged into this performances (drug use etc) Mother do not bring vaccination record
Proper administration of therapies of 10 admitted cases 1) Therapies have been given properly (Oral, injection, IV line, fluids) , 2) Charts correspond to the correct patients, 4) Fluids have been changed and are dropping correctly 5) IV lines changed correctly 6) doctor's check and nurse's check x24 hours for Gastroenteritis	OK 1 to 5. N 6 important : give 500ml plastic bottle with rehydration dose for the night	0-8		Nurses' project ongoing Difficult collaboration by mothers
Deaths properly reviewed 1) Death reviews regularly carried out 2) staffs informed about findings of death reviews, 4) evidence of follow up of consistent follow up of findings from death reviews	In the daily morning meeting, not ready for 3 & 4	0-3		in Kalongo once a week
Appropriate supervision and mentorship by Specialists and Head of Department 1) Clinical Audits carried out on a regular basis, findings shared, and followed up, 2) death reviews regularly carried out, findings shared, and followed up, 3) Evidence of effective specialist supervision and mentoring, 4) Evidence of proper consultation and referral with specialists 5) evidence that staffs are encouraged to consult with Specialists and consultants	Audit in the daily morning meeting, Distribution of responsibilities between specialist and medical officer	0-3		Kalongo: only two people, do not need meeting, they work together, general meeting once a week
Nice and caring communication to Patients and attendance	Talk with mothers at discharge, explain problems and therapy	0-3		COMMUNICATION project ongoing in Lacor e Kalongo
TOTAL SCORE		33		

4) CONVULSION
5) VOMIT
6) EXCESSIVE CRYING
HELP US, CALL WITHOUT FEAR TO DISTURB

5) NGOK
6) KOKO MATEK
BED AGONYA, PE I LWOR LWONGO WAN

SALA Rianimazione





Checklist: Emergency readiness

CHECKLIST ITEMS	CRITERIA FOR SCORING INDICATORS	SCORE	SCORE OBTAINED	SCORING JUSTIFICATION
<p>Emergency CUPBOARD ready</p> <p>1) Emergency equipment checklist filled and signed correctly at each shift 2) emergency drugs and equipment present on the box in the shelf, not expired, functioning, clean, dust free and easily accessible</p>	<p>Kalongo, not a trolley but a BOX with drugs & Equipment</p> <p>Are preparing basic guidelines for emergency according to international standards</p>	0-4		<p>Trolley not there, equipment: a new Ambu with sized masks</p> <p>In Charge</p>
<p>Emergency protocols available and known</p> <p>1) staff trained on the protocols 3) Students know it and trained 4) updated and consistent National and International Standards 4) key parts hanging on the wall close to emergency trolley</p>	<p>Refer to Lacor-made booklet Updated WHO guidelines available in Kalongo.</p>	0-4		<p>Posters-Cartoon in preparation</p> <p>(dr.Smarrazzo)</p>
TOTAL SCORE		8		



Checklist: Training

CHECKLIST ITEMS		SCORE		
Student Nurses Give basic written guidelines at entry Students are exposed to basic nursing procedures Students actively collaborate to keep the objectives	Acquire basic nursing skills, manage nursing report, sit with mothers also in overtime	0-3		
Medical Students Instruction of students about their task at entry Students are exposed to basic protocols (locally available and listed) Students participate to reaching objectives Students participate to scheduled verification	Sit at bedside, collect anamnesis, survey therapies, learn basic nursing procedures	0-3		Medical students have to participate to the 8,30-9,30 ward meeting. Immediately allocated to a specific line of patients. To be cared for along the term
Post-Doc Residents acquire responsibility of medical objectives Regular audit on clinical forms to comply with 'Outcome' listed items Resident participate to data collection and reporting Residents interact regularly with nursing staff	Presentation of cases at morning meeting Participate to the application of protocols	0-3		
TOTAL SCORE		9		

Meeting settimanale dove un interno espone un argomento e dove si discutono sia gli aspetti clinici che quelli infermieristici della problematica

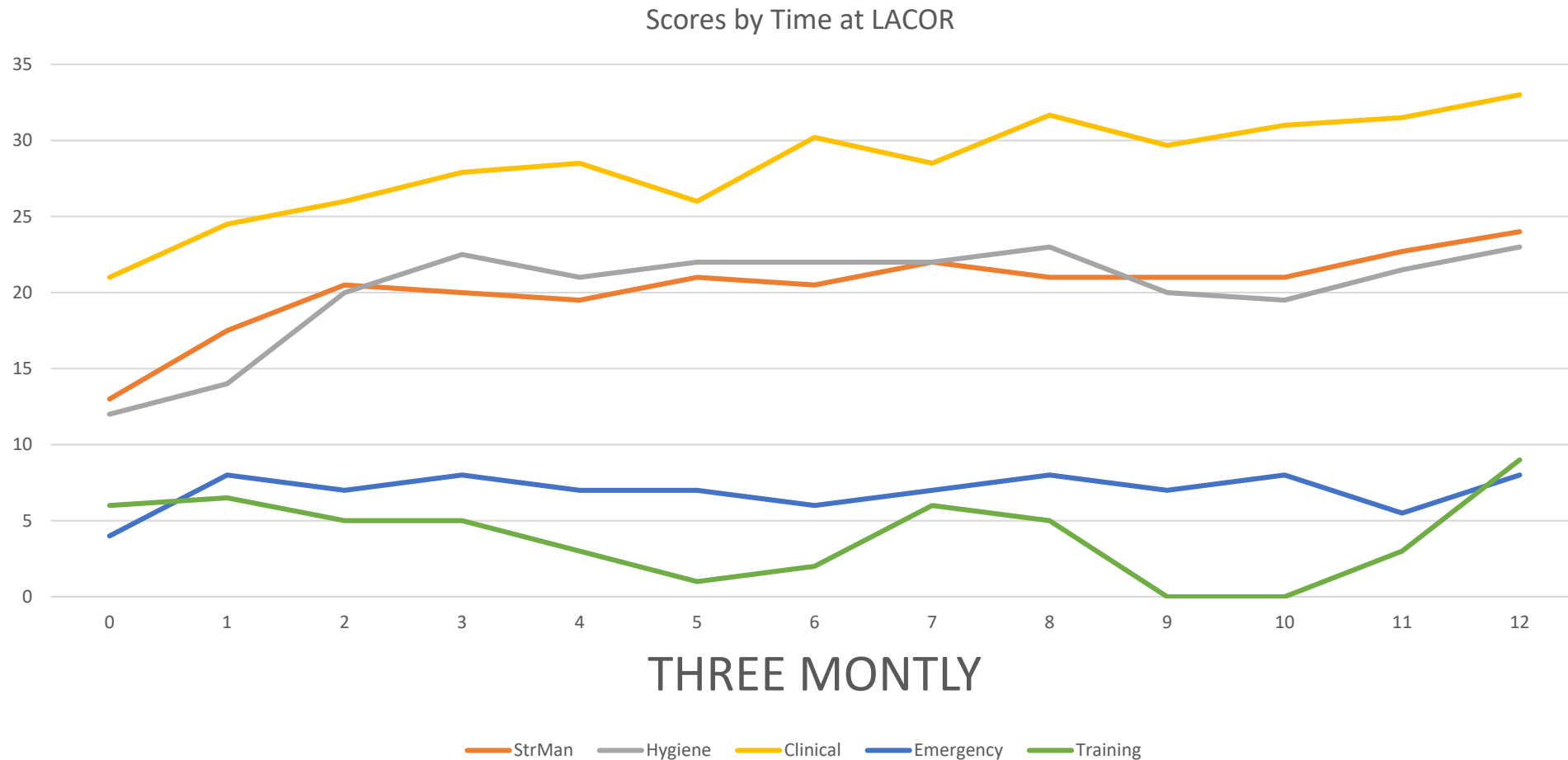


METHODS

- The quality control forms filled in every three months have been translated for an SPSS analysis.
- Time 0 is the status before the start of the RBF project as estimated by the in situ evaluation in Jan 2018.
- Time 12 is 12th trimester, the end of the RBF project (Dec. 2020)
- Individual item of the form were grouped into the respective domains, by summing up the scores of each domain.
-
- **Str Man: Structure & Management: Items from 1 to 8 ;** **max = 24**
- **Hygiene: items from 9 to 18 ;** **max = 23**
- **Clinical: Items from 19 to 24;** **max = 33**
- **Emergency: items from 25 to 26;** **max = 8**
- **Training: items from 27 to 29;** **max = 9**
- The percentage of the maximum score was estimated by: $(\text{score observed for the domain} * 100) / \text{maximum score for that domain}$.
- **A Global Score** is computed by summing the 5 domains.

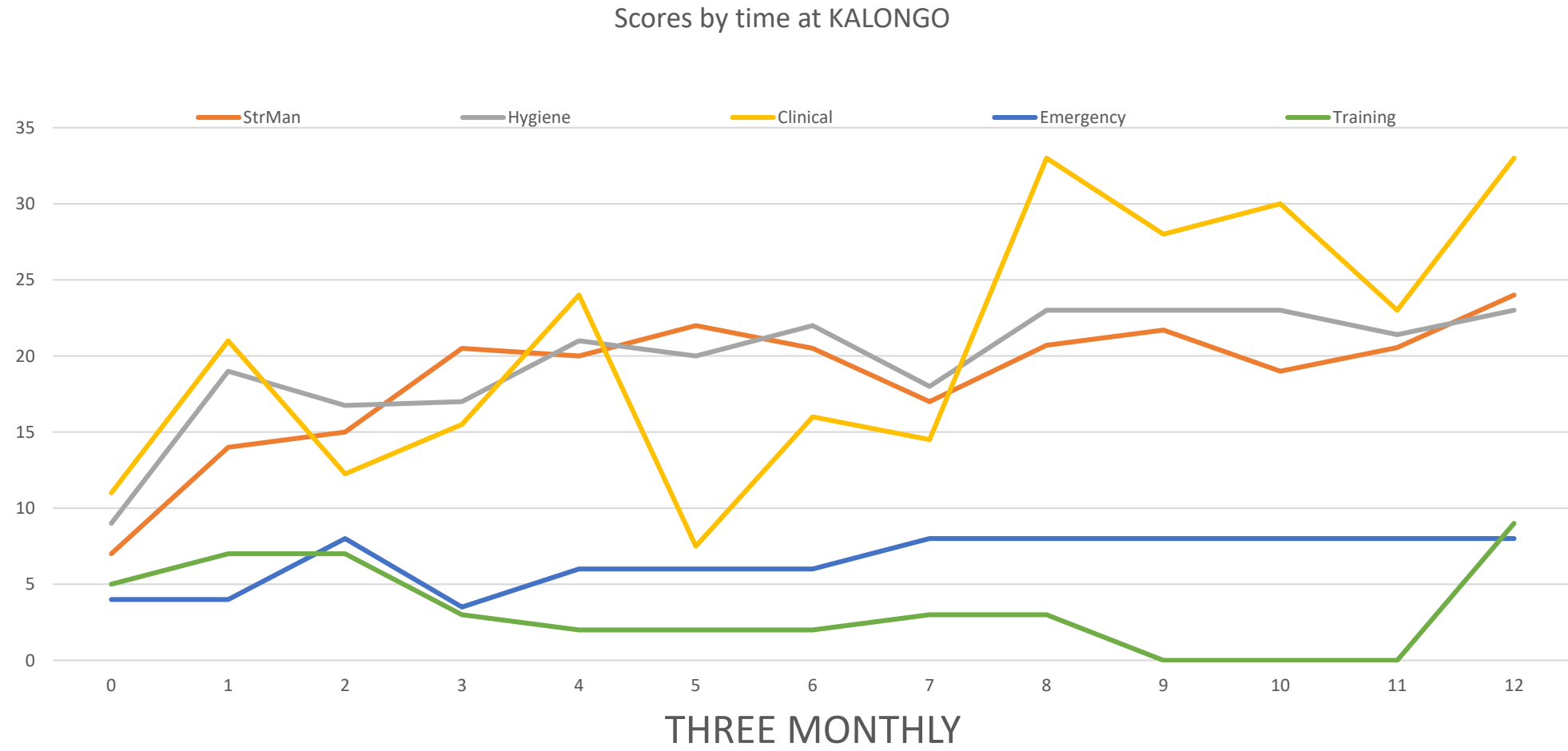


Increase by time of the 5 scores at Lacor





Increase by time of the 5 scores at Kalongo

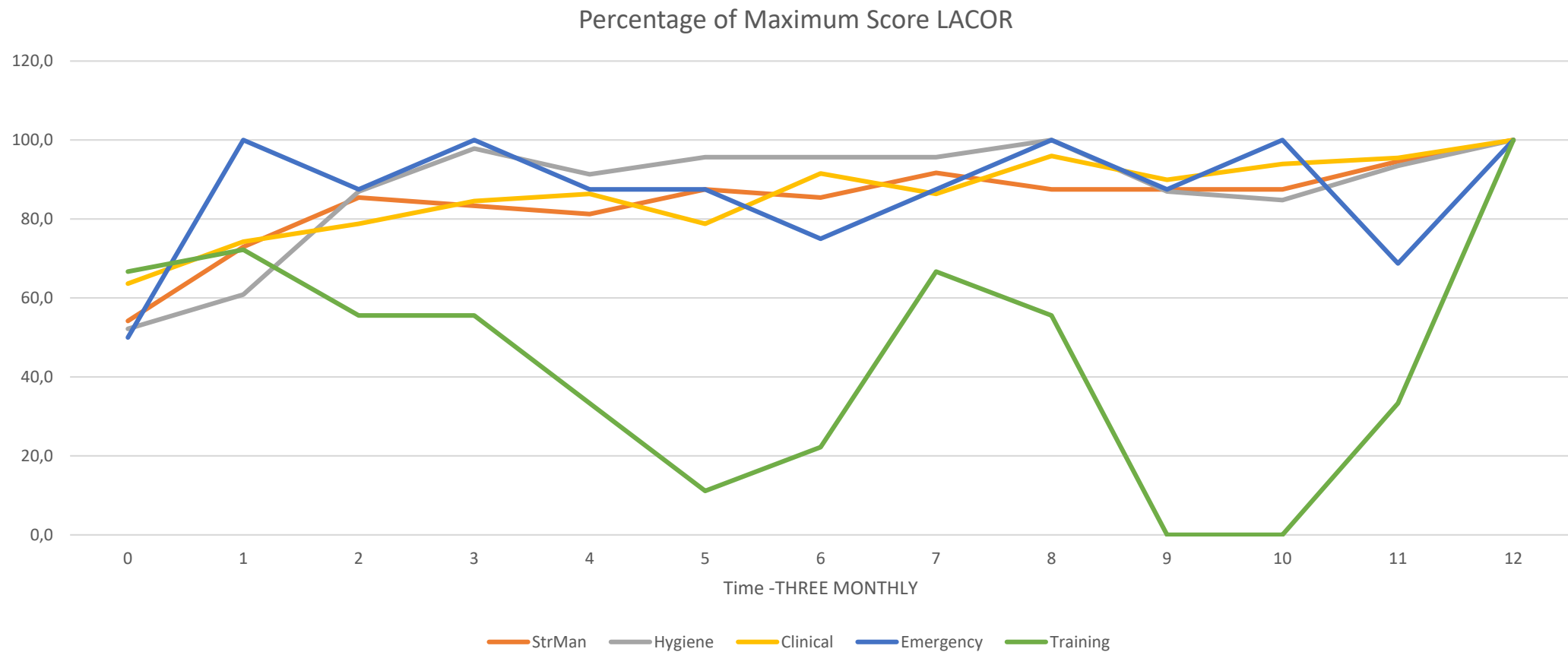


IL REPARTO DI PEDIATRIA NEL MARZO DEL 2018



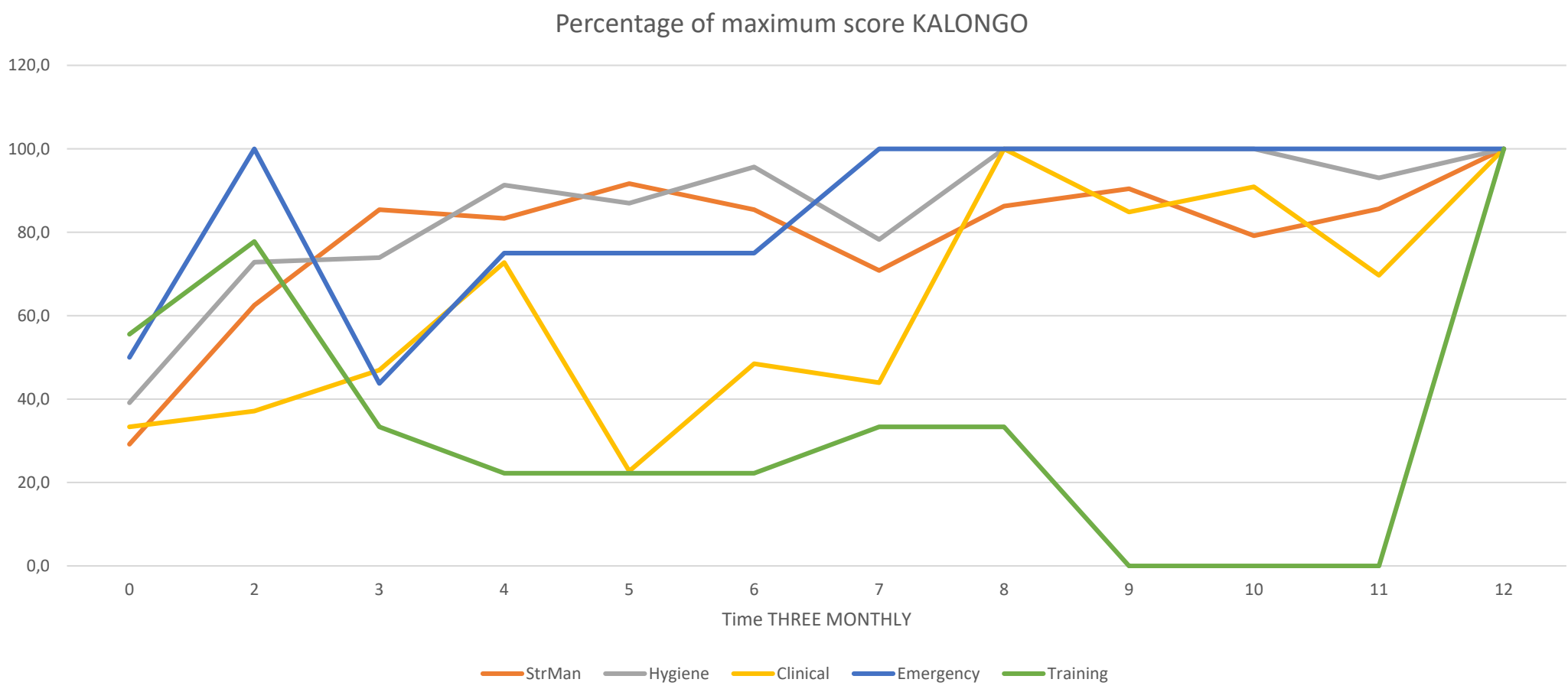


Percentage of the Optimal Target Score Lacor





Percentage of the Optimal Target Score Kalongo

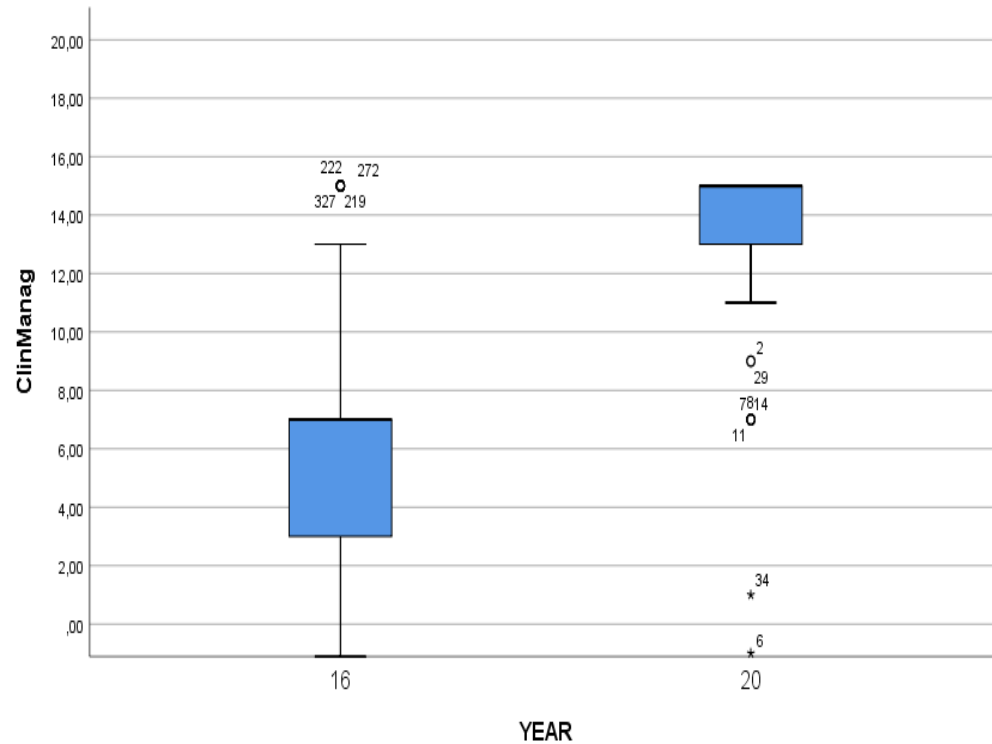


Riunione di tutto il personale medico dove si discute dei vari ricoveri

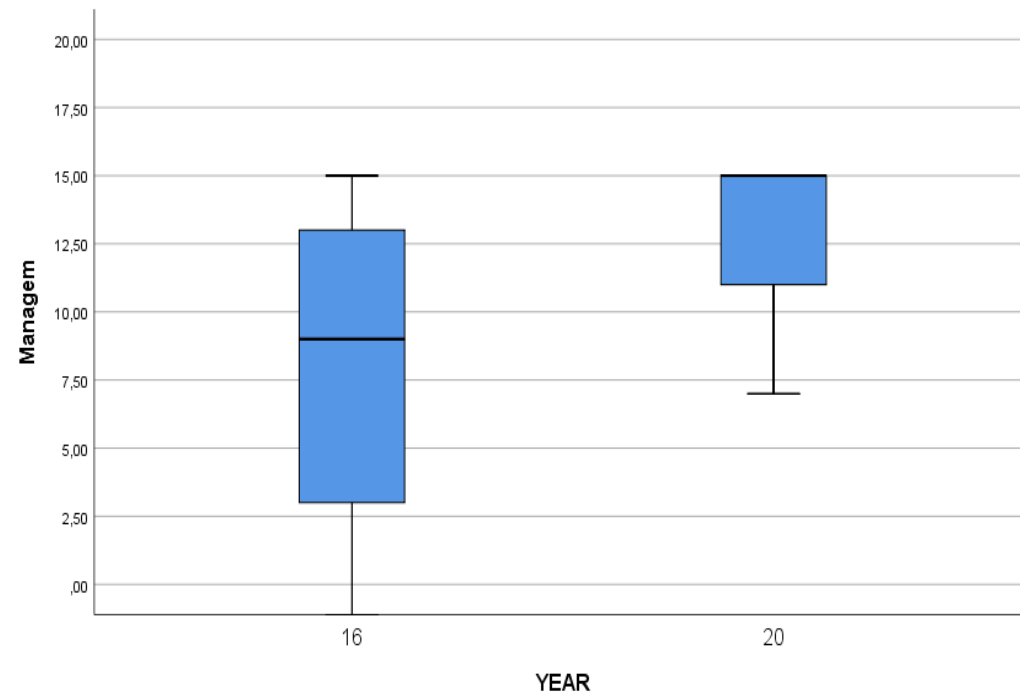


Improvement of Clinical management at Kalongo and Lacor

CLINICAL MANAGEMENT BEFORE AND AFTER RBF



KALONGO



LACOR

PRELIMINARY COMMENTS

LACOR: soon after the start of the project, the actions put in place to improve the structure, the management and the procedure at the Children's ward, allowed a steep rise in the achieved percentage of the maximum score.

It should be considered that the starting status at Lacor was already very decent in 2018, so dramatic changes could not be expected. After the first year (Time 3 = 3rd trimester) minimal changes were observed for most items.

For training the rotation of medical students and the occasional presence of expatriates did not allow to estimate an adequate performance in the training domain.

KALONGO: The starting status at Kalongo suffered in 2018 by several gaps, so the scores of each domain improved gradually over the first 5 trimesters. The children's ward was completely re-established in 2018-2019, and this allowed a significant catch up in the scores achieved.

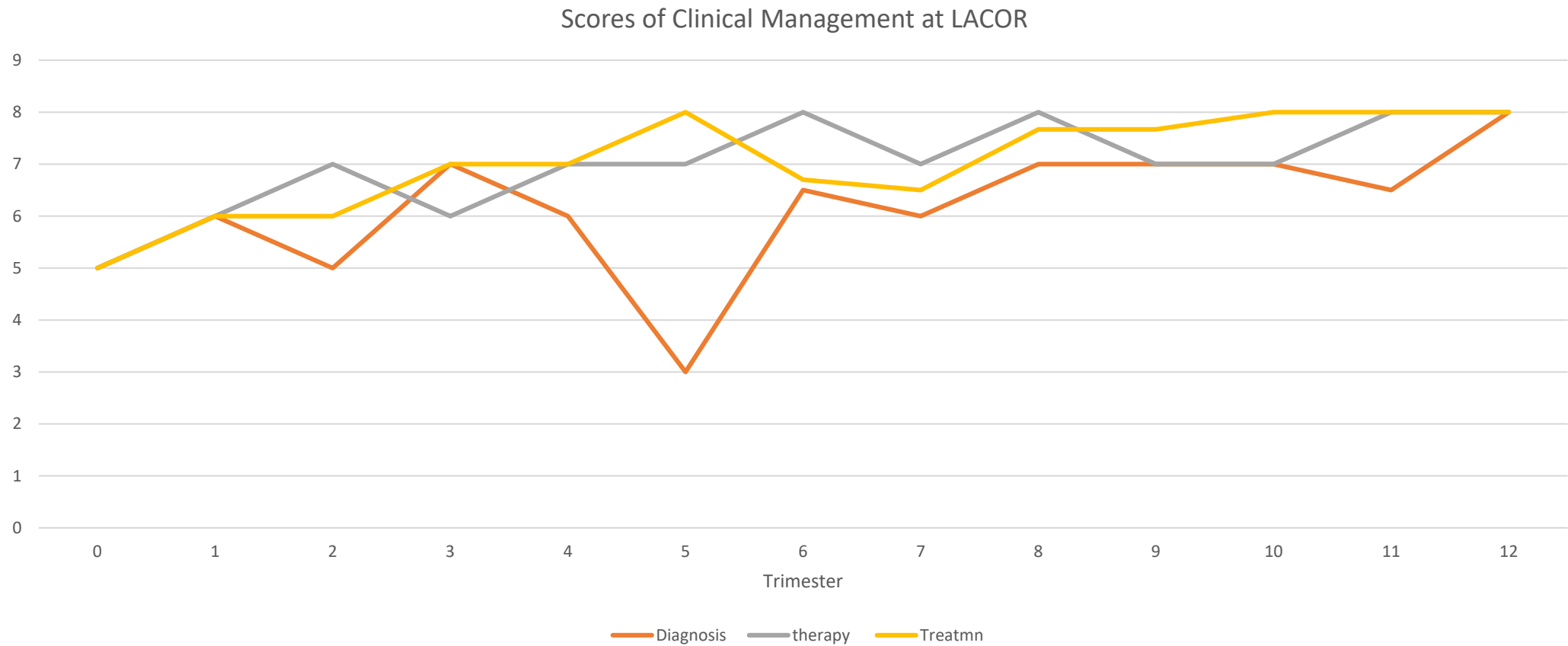
The erratical presence of a paediatric specialist was related to the several gaps observed in the Clinical procedures.

Training suffered from the absence of supervision and the occasional presence of trainees.

Un'ostetrica del reparto con una mamma e il suo piccolo

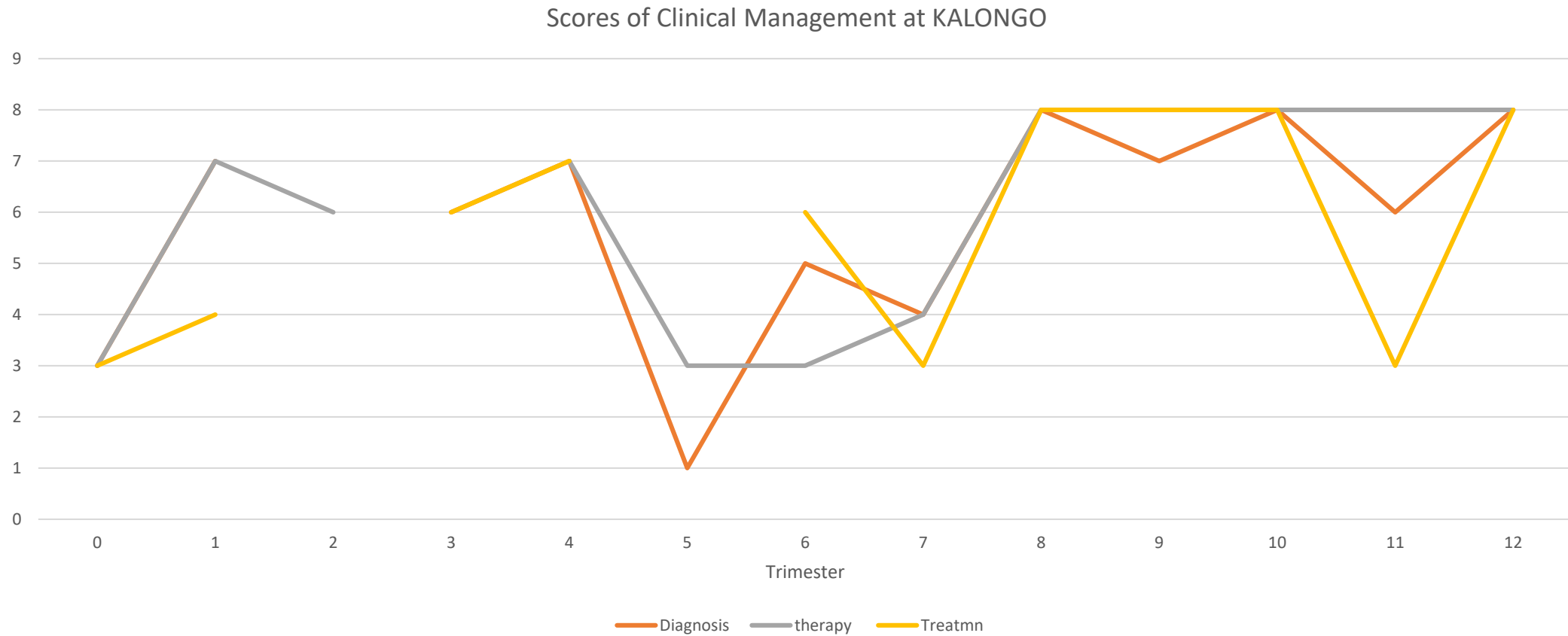


Looking at Clinical Management at Lacor





Looking at Clinical Management at Kalongo

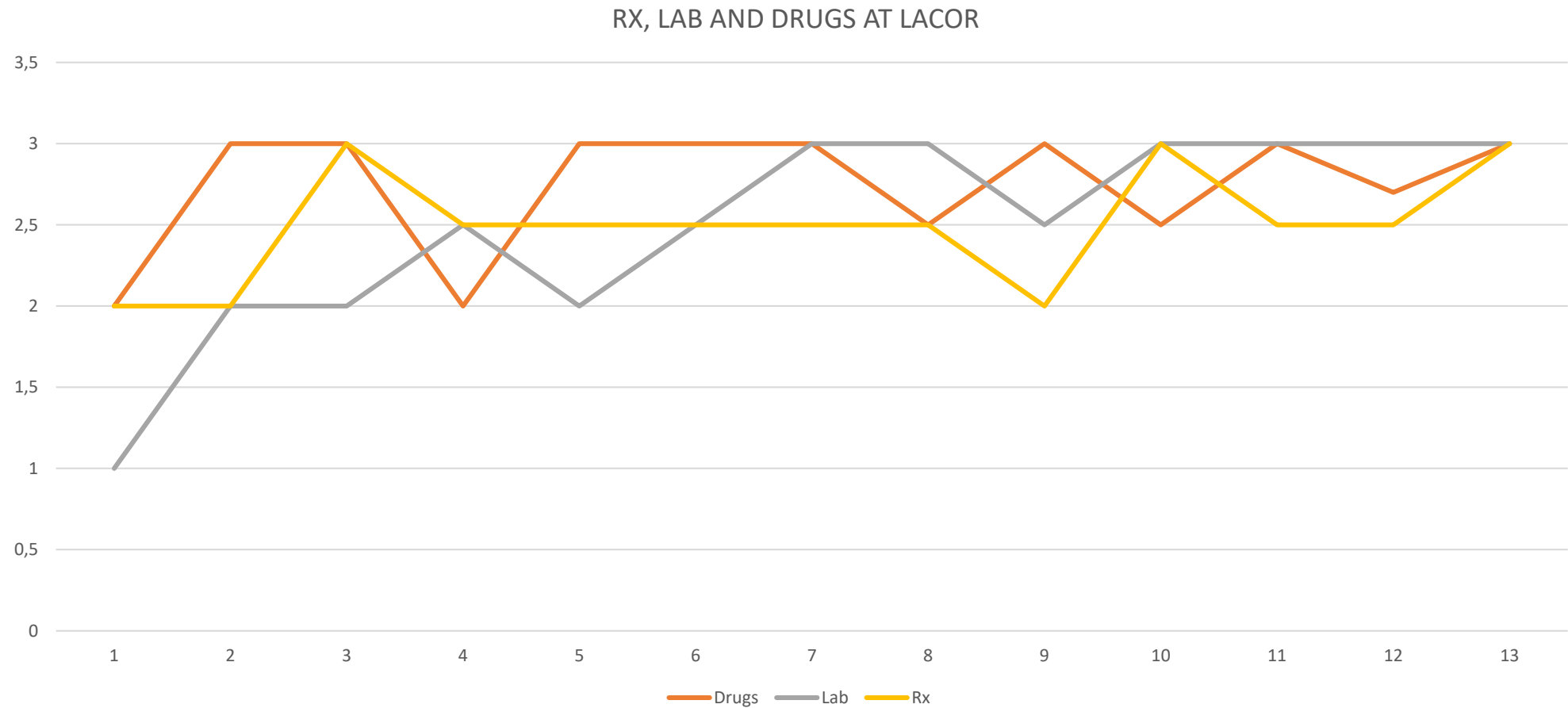


Clinical Procedure comments:

It is clear that the presence of specialist and residents at Lacor allowed to maintain an acceptable level of performance in all the three items related to clinical diagnosis, prescription of therapies and administration of the prescribed therapies.

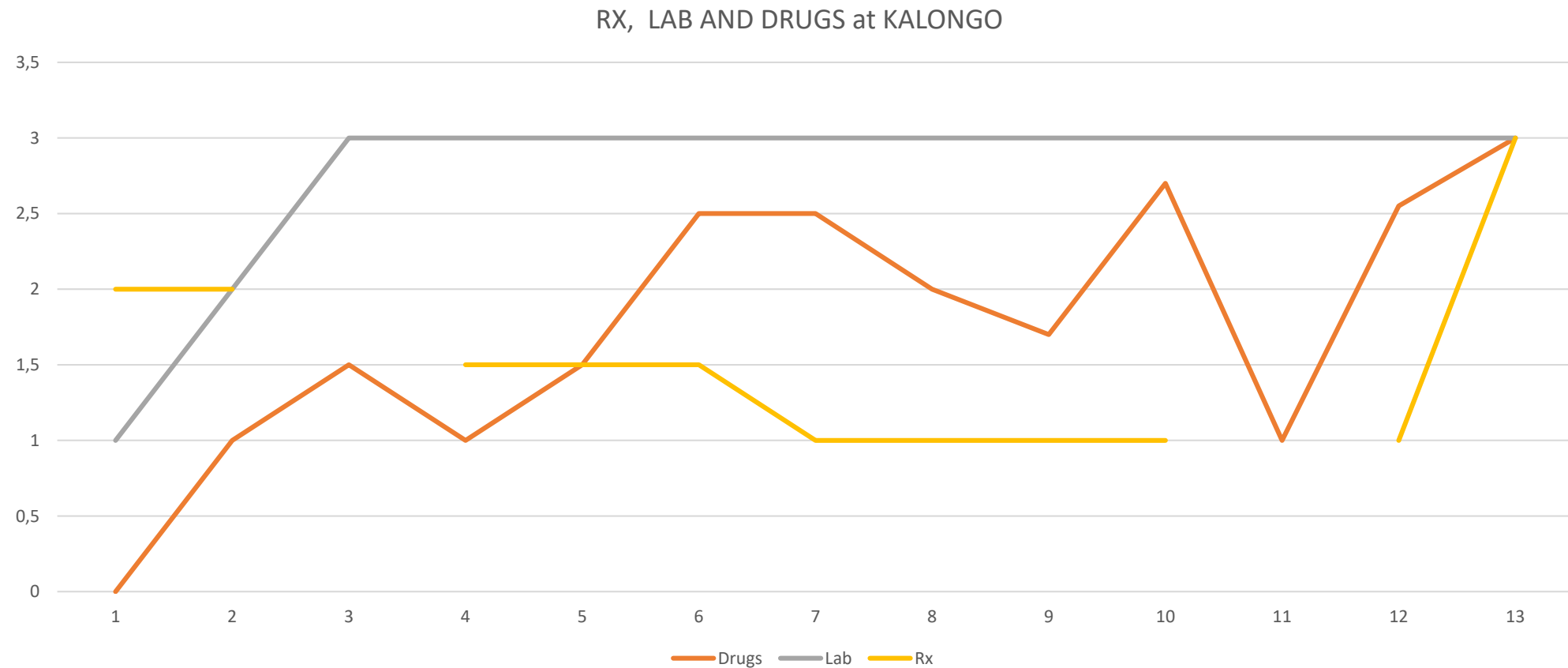
The sporadic presence of the specialist in Kalongo is reflected in the gaps of performance in the three clinical items.

Looking at Drugs, Lab and Rx at Lacor





Looking at Drugs, Lab and Rx at Kalongo



Lo staff supervisiona la nuova CPAP collegata a due pazienti

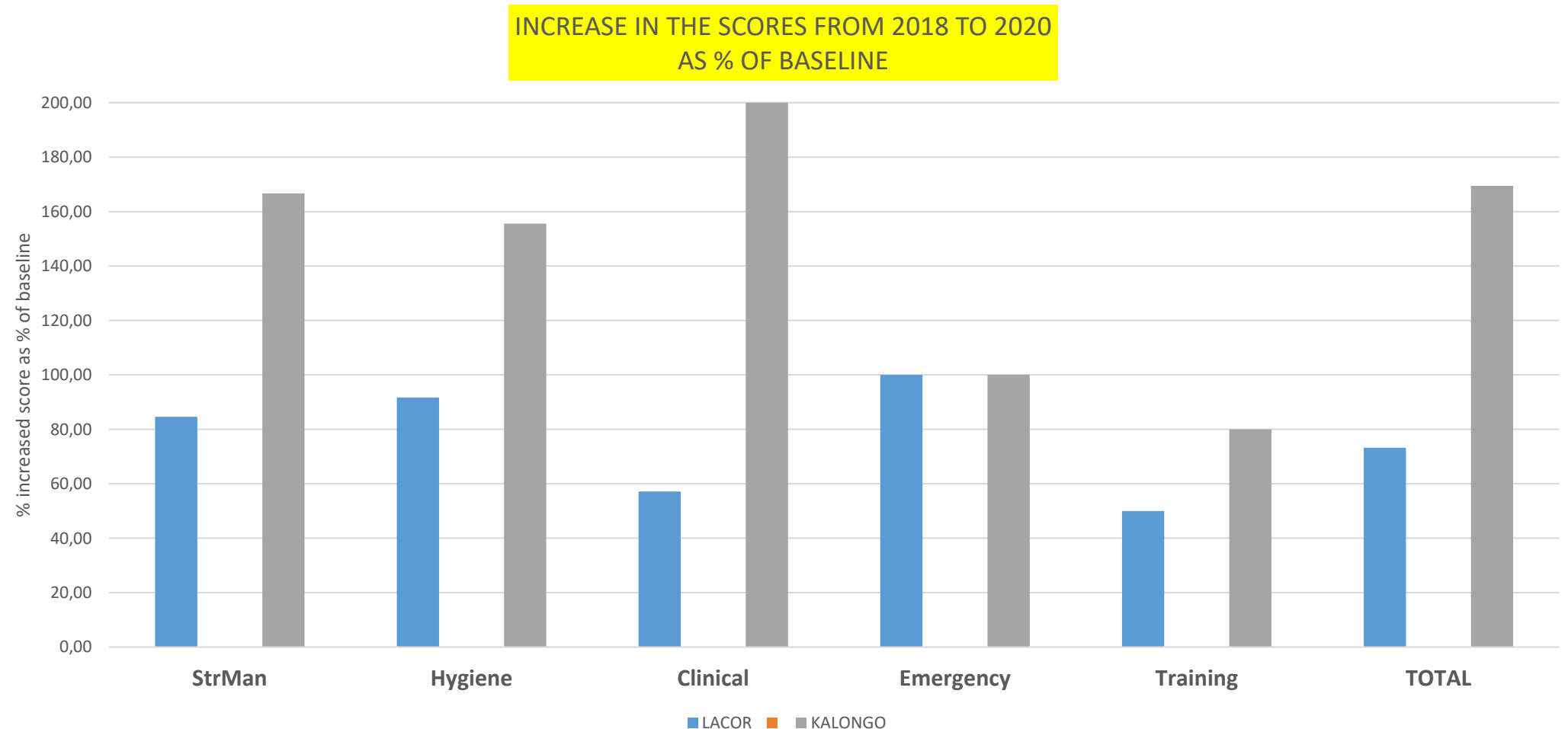


Drugs, Lab and Rx Comments

the already established and running services at Lacor offered the opportunity of an acceptable level of quality since the start of the project

in Kalongo only the Laboratory appeared to have a stable performance, while the services related to RX and provision of Drugs are sometimes erratic.

Change in the quality scores from 2018 to 2020 as % of starting score





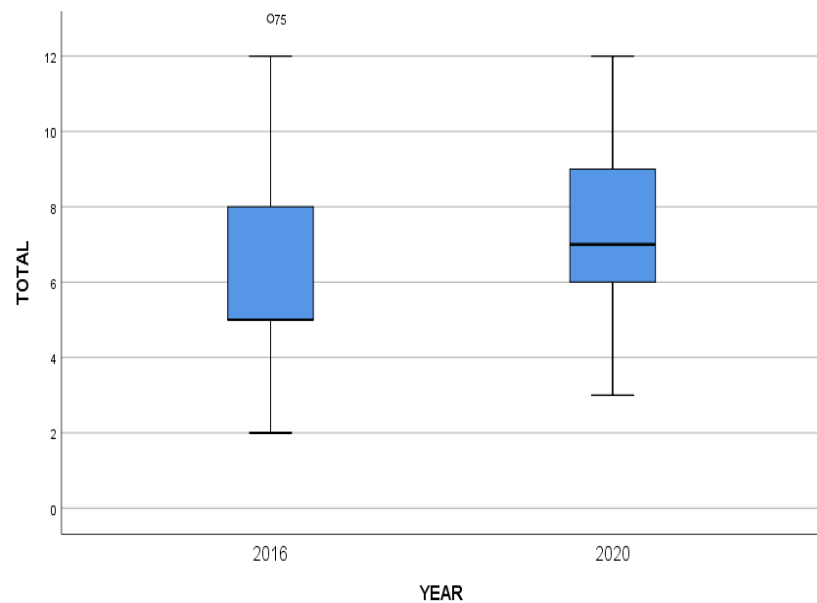
NURSING PROCEDURES REVIEW FORM

CASE ID _____ Admitted |__|__|____| Discharged |__|__|____| Age mo|____|

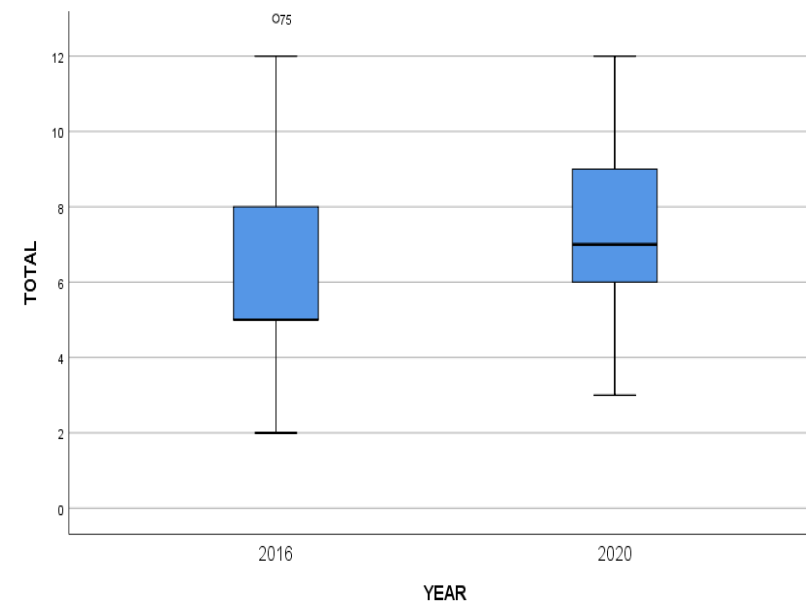
DIAGNOSIS: _____

Proper administration of therapies of 10 x 8 admitted cases	SCORE
1) Therapies have been given properly (Oral, injection, IV line, fluids)	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
2) Charts correspond to the correct patients	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
3) Weight and vital signs recorded (Wt, Temp, Resp Rate etc)	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
4) Fluids balance chart is present, when applicable	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
5) Bowel actions recorded in case of diarrhea - dehydration	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
TOTAL SCORE	

Score of Nursing Procedures in Kalongo and Lacor



KALONGO



LACOR