



**Report working visit St. Francis Turiani Mission Hospital  
Burns Turiani Foundation  
May 2018**

**Period : May 12<sup>th</sup> until May 26<sup>th</sup>**

**By : Ina Boerma, MANP, nurse practitioner, Burns Turiani Foundation  
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**May 12<sup>th</sup> until May 19<sup>th</sup>**

**By : Gerard Beerthuizen, MD, PhD, Medical Officer in Charge, Burn Center and surgeon  
Martini Hospital, Groningen**

## **1. Introduction**

The year 2017 was a promising year for Turiani Hospital and for the Burns Turiani Foundation. The Turiani Hospital with its new management has been acting well on the multiple tasks they were facing by restoring the quality of the hospital. The decision to make choices about what to do first was well considered and Burns Turiani Foundation fully agreed and promised to support as much as possible in accordance with the aims of the Foundation.

From the last visit from Yvonne Geerdink and Hugo Klomp from the Friends of Turiani Foundation in April 2018 we already had enough information to conclude that Turiani Hospital is on her feet again although we also realized that there still is a long way to go. The management is well aware of the fact that choices have to be made, popular and less popular, to reach goals. Help from other organizations is necessary for them but that doesn't mean HMT initiatives can be influenced by them, it is the management alone who make the final decisions about which problems needs to be solved first, which is in accordance with our view.

## **2. Summary of our activities and the results**

### **2.1 Meetings management**

During our visit we had several meetings with (members) of the Management Team, formal as well as informal, all in a very positive and open way. On our second day we had the first meeting with

dr. Joseph Ng'imba, Fr. Japhet Banzi administrator, Patron Michael Bassu and Happiness Elias Sempindu, management assistant. Mathilda Aweda, Public Health Nurse, Mrisho Javu, Head of the laboratory and Isaya Condo, controller were not present. The day before our departure we met the team again, this time with Joseph Ng'imba, Isaya Condo and Patron Michael Bassu present. The time in between was, beside the daily work, filled with our own observations and some very nice informal meetings especially with Joseph Ng'imba and Michael Bassu.

We encountered the same positive spirit in the hospital as The Friends of Turiani described although there are still people who don't agree with the choices made and especially when it concerns the fact that the government still does not pay the salaries on time. It took quite a while before dr. Joseph was accepted as the new leader and still there are contra productive forces. We were informed about the previous negative actions of some of the doctors but a shortage of doctors and change in the style of leadership will also have played a role. Even so it is not always the management but the government and district who fail to fulfill promises made.

Overall however, the opinion prevails that it was a narrow escape from a complete disaster and difficult decisions had and still have to be made by the management. We were well informed about the current situation of the hospital. Very warm words were spoken about Yvonne and Hugo's visit and the efforts they had made. The first good news following their visit is that the DMO transferred half of the amount of the money for the basket fund. The end of the financial year is June so there is still some hope that the other half will follow.

The fact that a number of workers left for a new start in a newly built hospital in Mvomero is a setback for a hospital like Turiani Hospital where it is always difficult to have enough staff. At this time 6 nurses have left, 4 new EN nurses will reinforce the team. In total, there will be 54 registered and enrolled nurses. There are only 4 Clinical Officers and we counted 7 AMO's and medical doctors, plus dr. Joseph, MO i/c. About 10 student nurses are in the hospital together with 2 HBO-V students from Hanze University of Applied Sciences, Groningen The Netherlands but they are depending on the staff nurses/ trainers. Also 3 AMC student doctors are present. Knowing that the hospital aims for 50-60% occupied beds (the total of beds is 200), the amount of admitted patients during our stay was around 70 daily In the OPD we counted about 150 patients daily.

## **2.2 ICT**

We were happy to see how ICT is already implemented in the OPD giving a structural improvement to the incomes of the hospital. All patient costs are done electronically now. During our visit, a start was made with installing computers on each ward; the next step will be the implementation of the Electronic Patient Files, a very different way of working for everybody but eventually time will be saved and there will be a better overview of activities surrounding the patient. It was good to see that a lot of the equipment was a donation of the Martini Hospital made in 2015.

## **2.3 MASH**

Our request for more transparency in the supplies from the hard work of Student organization MASH from Groningen and the hospital supplies in general was not yet rewarded. Dr. Joseph explained they also wanted to have more grip on this item but for that, ICT is needed. Other priorities come first but we hope that during our next visit we will have more information or can provide help on this matter.

## **2.4 Budget training activities**

The MT of Turiani Hospital is aware that investing in the workers is an important factor in improving quality. The yearly € 5.000,- from Burns Turiani Foundation is very welcome and a list was made in what way and for whom the money could be used. Starting point is to train as much people as possible by bringing trainers to the hospital instead of sending people away for a long time. The

subjects of training are very diverse, and we are waiting for the differentiation of the budget before the Burns Turiani Foundation Board will decide.

## **2.5 Performance evaluation**

We are pleased to see that our proposal (Nov '17) and the example sent of a performance evaluation used in the Martini Hospital adjusted and being the basis for the yearly evaluation of the workers of Turiani Hospital. We saw the Turiani version (and one translated in English for us!). This month a start will be made by handing a form to each worker and evaluating the former year. Wishes and possibilities for the worker for the coming year will be noted as well.

## **2.6 Improving patient care**

### **2.6.1 Development Emergency Ward**

We visited the Turiani Hospital this time in the company of dr. Gerard Beerthuizen, general and trauma surgeon and Medical Officer in Charge of the Burn Centre Martini Hospital in Groningen. The visit was very well prepared by the management of Turiani Hospital and especially by dr. Mashaka, AMO of Turiani Hospital. Both doctors worked together every day and performed together 11 theatre procedures with dr. Mashaka in charge and dr. Beerthuizen in an advising role. In this very pleasant way improvements in techniques could be implemented and several patients with surgical problems but also with severe contractures due to scars after burns could benefit. Four lectures were also given by dr. Beerthuizen in accordance with the proposal of the items by dr. Mashaka. Every lecture was well attended by doctors and (staff) nurses and subjects were relevant for the daily problems in patient care. Especially the lecture about ATLS followed by the scenario training the next day was very timely as preparation of the start of a special Emergency Care Program, necessary due to the fact that an increase of severe accidents is expected since the tarmac road is in use.

The necessity of special care was proved only a few hours after the training by a very serious case in the OPD. Theory and practice came together and in the following meeting with dr. Joseph and Michael Bassu we discussed what the hospital needs for proper first emergency management; not only the right equipment but also a well-trained team who will be stand by at every moment. The former Female Ward was already emptied and together we have made a new layout on the spot by drawing entrances, walls and beds on the floor. In total ten beds will be divided between 4 beds for Emergency Care and 6 beds for High Care. Within days we saw how the work started and by the time we left, the builders had almost finished the adjustments. The hospital hopes to start with the Emergency Ward this summer.

### **2.6.2 Postoperative care, wound care**

Two other items which worried us were post-operative care and guidelines in wound care and we decided to present these items in two lectures with enough time for discussions with the theme:

*'Are our observations right and do we share the impression that improvements are needed?'*

- We discussed the patient route after a theatre procedure. A patient case showed that the ward is not always well enough equipped with personnel and materials in case of post-operative complications. That raises the questions about responsibility: until when is the theatre team responsible, when is a patient in the right condition to go to the ward. We were very happy with the results of the discussion after which it was decided that patients leaving the theatre will stay at the new ER until they are fully awake and in a stable condition
- We gave an overview of the used products for wound cleaning and wound dressings. We noticed a certain randomness without motivation and without proper report in the patient's record. Attendants agreed that protocols were not used and knowledge

about the products was not accurate. We agreed that the coming time the hospital will bring more clarity in these subjects. During the next visit, we hope to see improvement and by then we can adjust the existing protocols and guidelines if necessary.

### **2.7 Activities Trainers of Turiani**

The group of Trainers will have responsibility for the procedures on the wards and we had three meetings with the group. In preparation of these meetings the trainers filled in an evaluation form sent by us. It helped us to make a quick start after arriving.

One trainer, Judith Chuma, left the Turiani Hospital due to health problems. We agreed to ask two staff nurses to join, then every ward is represented in the group. The trainers in 2018 are: Mariam Nambole, Eva Kisimbo, Anna Kasasa, Cellina Naumbe, Lylia Mlang'a, Hadija Mlangida, Costancia Ndunguru, Consolatha Maembe, Margaret Kaombwe and Zawadi Abraham.

The trainers are still working in difficult circumstances with staff shortage and problems in salary payment, but we were very pleased to see the new spirit in their activities. They are looking back on a very intensive training in November 2017 which strengthened them with more skills and motivation in guiding the new (student) nurses. In the time between November and May they have had three meetings where they discussed matters concerning this task. During our visit, they asked for an intervision session which went very well. Again, they discovered how useful it is to solve a problem (this time with a Dutch Student nurse) by following this method. They will continue this way of working in the coming six months. They also decided that in this period they want to train the trainers who are new or were not able to follow the November 2017 program, in total 4 nurses. Costancia Ndunguru will take care of the lessons. On their request, we will develop a new program for next November where, in 4 lessons, the most important items will come up for discussion again.

The trainers are aware how important the computer training was which we offered them a few years ago. They have better knowledge now the electronic system is introduced in the wards. The last meeting was used to rehearse the ATLS lecture and looking at the film made of the scenario training. We encouraged the trainers to make themselves more visible by participating in discussions and wearing their Trainers badge; we think this group of staff nurses is more and more valuable for the improvements in patient care in the hospital!

After close observation during the last weeks we had a meeting with dr. Joseph about a dysfunctional nurse. We proposed instead to give Costancia Nduguru the function of supervising nurse: daily visit to the wards, shift workers to wards with much workload, help in the wards if necessary and, in the meantime, support the students during these rounds. A very valuable task we think for a nurse who has knowledge of and an overview of the nursing activities. We were very pleased that he agreed and Ndunguru was asked the next day.

### **2.8 Prevention in burns**

Our ideas of a prevention project in burns is accepted by the management. It matches the hospital policy to be more visible in community services. We brought information from the WHO and other research done in Tanzania about the item and dr. Joseph will make a first proposal. After receiving it we will continue in Holland and see if the plan can be sponsored.

## **3. Other subjects to be mentioned**

- Our idea for establishing a wound committee was discussed and will be continued during our next visit.

- Unfortunately, we could not meet Mrisho Javu, Head Laboratory and co-responsible for the joint bacteriologic survey project. We expected him back in the hospital in our second week but couldn't get in touch with him. We worry about the feasibility of this project in future.
- The private ward will be opened soon, a way of bringing more services to better situated patients and to generate more money to the hospital.
- The Turiani Hospital will see that the torn mattresses will be replaced by new ones.
- A Kenian lady is working as a counselor on a voluntary basis and it seems she is filling a need for some patients.
- 'Our' painter Balthasar made us 100 Christmas cards, we hope to sell them during Christmas activities in the Martini Hospital.
- We offered two books to dr. Joseph about Medicines in Tropical settings, He will use it in retraining the doctors.
- We will ask both Foundations to consider a visit of dr. Joseph to Holland, especially to give him the opportunity to visit the Martini Hospital, enlarge his knowledge about several procedures and to strengthen the contact with The Board of the Martini Hospital.
- We like to consider a new attempt to bring equipment to Turiani like monitors and computers etc. We believe that the hospital is in a better position to decide what is and what isn't necessary and is able to take full responsibility after arrival of the goods in Tanzania.
- We are pleased that in October 2018 a group of Dutch neonatologists are coming to Turiani to help improve neonatal care, thanks to the support of Sintan, Holland. The hospital is preparing the visit by redesigning part of Maternity for neonatal care.
- The contacts between Turiani Hospital and AMREF are improved and several specialists are visiting the hospital for procedures during the year.
- Overview of subjects in lectures and training for doctors and nurses:
  - ATLS
  - scenario training ATLS
  - abdominal trauma
  - fracture healing
  - fracture treatment, the basic principles
  - infection prevention and treatment in wound care
  - basics in burn care and wound care
  - wound treatment, the products, a discussion
  - post-operative patient care, a discussion
- Bedside training.  
In male, female and children's ward we could give advice about wound treatment to doctors and nurses and bedside training to student nurses in wound care. Wounds after reconstruction and other theatre procedures, cellulitis, burn wounds and bed sore were seen most.

#### **4. Conclusion**

After two very intense and productive weeks we would like to thank the management and workers of Turiani Hospital for the great way we could work together. The trust in and friendship with each other is the basis on which we can cooperate in our joint efforts to make Turiani Hospital a place where patients will come for good care!

**Ina Boerma  
Ina van Ingen Schenau  
Zeegse, June 2018**

## **5. Report of the visit of doctor Gerard Beerthuizen, Surgeon, to Turiani Hospital**

Date: May 12 – May 20, 2018

Ina van Ingen and Gerard Beerthuizen travelled from Groningen to Amsterdam on May 11 2018. They flew from Amsterdam to Dar es Salaam, Tanzania, where they arrived late in the evening. They stayed at a hostel and they were picked up by a car from the Turiani Hospital on Saturday May 12<sup>th</sup>. At Morogoro Ina Boerma joined us and we drove towards Turiani Hospital. On Sunday we started the day with the holy mass. During the day we walked around the Hospital and in the neighborhood.

On Monday Morning we started the day with the gathering of the Hospital collaborators, a prayer and introduction of the guests. Thereafter there was the morning report. Dr. Mashaka and dr. Beerthuizen made rounds around the wards. Several patients were seen at the outpatient clinic. In the afternoon a lecture was given. On Tuesday, Wednesday, Thursday and Friday we had the morning gathering, the morning report and a lecture. After the rounds along the wards we went to the Operating Theatre to perform the surgeries.

Lectures:

- Principles of trauma care, according the ATLS principles
- Patient Simulation to show the practical implication of ATLS
- Abdominal trauma
- Principles of fracture treatment
- Practical trauma cases

Surgeries performed:

- Female, laparotomy, PID, ovarian abscess, hydrosalpinx
- Male inguinal hernia, medial
- Male inguinal hernia, lateral
- Male, laparotomy. Perforated gangrenous appendicitis
- Female, contractures of dig II-V, Z-plasty and full thickness graft
- Male, inguinal hernia, lateral
- Male, traumatic wound foot, transposition flap and wound debridement
- Male, hydrocele, both sides, Lord procedure
- Female, contraction of mouth, eye and face, reconstruction of the face, transposition flap, Z-plasty, interposition of partial thickness full sheets.
- Male, laparotomy, volvulus, derotation and desufflation
- Male, traumatic wound, infection, gangrene of dig I. Amputation and wound debridement

We finished the week with a meeting with the Medical Director dr. Joseph and Michael Bassu, management team of the Hospital. We discussed the plans of the creation of an emergency department and high care department.

On Friday evening we had a dinner, offered by the Hospital with the Management-team, Ina van Ingen, Ina Boerma and Gerard Beerthuizen. On Saturday, we visited the first mission post in Tanzania, at Mhonda, founded in 1877. On Sunday Gerard Beerthuizen left the Turiani Hospital. He arrived safely on Monday morning May 21 at Amsterdam Airport.

**Gerard Beerthuizen**  
**Groningen, May 25, 2018**