

Institutional Health Partnerships: Tumaini la Maisha - Muhimbili National Hospital, Tanzania



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Introduction

Muhimbili National Hospital is the largest hospital in Tanzania serving as the hub of the national children's cancer network and more than 500 new children annually. Tumaini la Maisha, a local NGO, partners with the Ministry of Health to deliver free quality paediatric oncology services to all children in need. The global COVID-19 pandemic led to acute shortages of disposable protective equipment stocks needed to keep everyone safe; supplies of which could not possibly be sustained.

It caused supply chain disruptions of routine medications and added extra COVID-19 related medical needs. MNH-TLM teams needed innovative solutions to address these issues.

Impact of COVID-19 on essential health services

- Infection control with low access to PPE
- Drug supply and treatment
- Management of Staff

Intervention

Meticulous approach to hygiene/infection control:

- All staff and guardians issued with pocket hand-sanitiser
- Thermometers distributed to staff and parents and mandatory temperature checks on ward entry
- Banned visitors and strict entry and exit flow recreated
- Masks worn at all times by all parents and staff on ward
- Clinical guidelines created to dictate type of mask to be worn: cloth, surgical or N95
- Daily UV sterilisation of rooms and consumables initiated

Efficient use of PPE by reusing equipment and mobilised the local community to provide 1000's of cloth reusable PPE solutions plus re-using N95's

- Masks (N95, cloth) Sterilising and returning to user by storing in personalised cloth bags
- Gowns (Cloth) sterilising, washing and ironing daily, worn by all staff
- Goggles and Visors dipping in bleach-water at least daily

Maintaining supply of Medications, Consumables and Medical Equipment:

- Medications, consumables stockpiled (both regular and COVID-19 related) for four months
- Issued Vitamin D to all patients, parents and staff
- Increased supply of equipment: BP monitors, Oxygen supplies, weighing scales, pulse oximeters etc

Management of staff:

- Staff with risk factors worked from home. No-one was let go.
- Staff divided into non-overlapping teams based on home location and Job description
- Staff travelled in pods of 5 in private transport to work and free lunch provided to build team spirit and restrict unsafe movement
- Team (including multi-disciplinary) meetings held via zoom
- Additional cleaning staff employed

O u t c o m e s

- Reusable PPE was successful in preventing transmission of disease from patients to staff - No staff were known to contract COVID on the ward despite an early outbreak among patients/parents

- Staff fear about the virus was allayed with adapted working patterns
- Service was secured with early stockpiling

Challenges

- Price gouging of all essential supplies

Community mobilised to make over 1000 masks and reusable gowns and donated to hospital. Same for hand sanitizer and bleach.

- Expenses of additional cleaning and driving staff

Engaged with donors for additional funding

- Fear of the virus

Clear communication and intensive efforts to adapt the service to keep staff as safe as possible. Team spirit was very high despite the fear as everyone felt looked after.

Important Lessons

- The infectivity of the virus and the effectiveness of the reusable PPE and simple sanitation procedures
- Extent of the additional expenses and where the donors would be found
- Caring for the carers is extremely important
- What is suggested on an international level is not necessarily what is needed at a ward level – listen to international recommendations but also to common sense

Unmet Learning Needs

- Trajectory and behaviour of the disease – so many unknowns
- What will happen in the near future
- Advice around testing – both PCR, rapid testing and antibody testing.