

PASCAR Namibia Mombasa Exchange Program 2018

The Roman Catholic Hospital Cathlab team, and also NISCAP Core Members, visited Aga Khan Hospital in Mombasa during 26 and 30 August 2018. Their Feedback Report from the visit:



We would like to express our sincerest gratitude for the opportunity and honor to be part of the Namibia/Mombasa Exchange at Aga Khan Hospital Mombasa. For some of us it was the first experience of this kind which is definitely a highlight in our career. Arrangements such as flights, accommodation, dining and transfers were excellent; hence we had no trouble or obstacles all the way to Mombasa and back home.

Our hosts, Cameron and Caroline, welcomed us warmly with their friendly, helpful, courteous nature which made us feel at home and full of inspiration.

At Aga Khan Hospital Mombasa, we received a very warm welcome at the hospital. It felt like everyone knew of our arrival and staff members from management to nursing staff came to meet the Namibian team. On our arrival we were taken to the hospital's board room for introduction and brief

description of the Cardiac/Cathlab unit. We were accompanied by Dr. B. Zhang (Chinese Proctor) and Boston Scientific Representative from China MsSiyun.

The Lay-out of the Cathlab/Cardiac Unit consists of Pre-operative ward, Cathlab, Coronary Care Unit/Cardiac Intensive Care Unit. The Cathlab is operational from June 2017 and consist of 3 Cardiologists, Cardiac Unit Manager, Scrub sisters and Radiographer/Cardiac Technologist. According to the staff, there are 6 nurses in total for the whole Cardiac Unit.

These nurses are rotated in all three of these departments and work shifts. They are facing the same challenges of staff shortages as experienced in most Cathlabs all over. The Acting unit manager was mostly taking care of management duties of the unit and only featured in the Cathlab occasionally. During procedures, the cardiologist is assisted by a scrub nurse, one floor nurse to do the running and the other nurse enters the observations and stock used during the procedure electronically.

The Cathlab is furnished with the latest High-Tech equipment and everything is electronic. All staffs are trained in electronics and are comfortable with computer to enter procedures and reports. Ultimately they have less paper work.

The control room is well equipped and the Radiographer also performs the duties of the Cardiac Technologist. The Cathlab procedure room is spacious and is furnished with a Siemens Artis Zee Mono Plane and an Electro Physiology studies Tower and all the necessary equipment needed in a Cathlab procedure room: Intra-Aortic Balloon Pump (Data scope), Injector pump, Defibrillator, Emergency trolley, Cupboard for drugs, Diathermy, wide spacious procedure trolleys. The cupboard holding the consumables e.g. guiding catheters, stents, balloons, wires, etc, are mounted into the walls which add to adequate space and ventilation of the procedure room.

Only adult patients are treated in the Cardiac Unit. They deal with all kinds of Cardiology cases from angiography, pacing devices, Electrophysiology studies, etc. The patients are admitted in the cardiac unit, pre-operative ward by the same group of nurses who are attending to them in Cathlab and post-operatively in Coronary Care Unit/Cardiac Intensive Care Unit. The scrub nurse prepares the sterile trolley, primes the manifold system, draws up all the injections needed during the procedure and drapes the patient then the cardiologist comes to start the procedure.



Procedures by Dr. B. Zhang, Dr. M Salim and Dr. Swaleh:

Complex Chronic Total Occlusion (CTO) of Right Coronary Artery (RCA) was opened successfully by wire, balloon and stent using skilled interventional procedure.

Rotablation Therapy of Left Main Stem (LMS) to proximal Left Anterior Descending (LAD) Complex Circumflex/Obtuse Marginal (OM1) Bifurcation angioplasty and stenting, plus proximal Left Anterior Descending (LAD) with excellent results. We witnessed the use of various CTO wires, micro catheter, balloons and stents during the procedures.



Caroline from Boston Scientific gave in-depth training of setting up of Rotablator console, compressed air cylinder, foot switch, priming of lines etc.

The Aga Khan Hospital has the latest technology equipment in their department. They clearly practice E-health which is at its infancy at Roman Catholic Hospital.

Challenges we found in the Cathlab:

- The pace in the unit is generally slow and slurry. There is not much speed or urgency and procedures can start slow and drag on for long.
- Constraints observed which contribute to this are that the floor nurse leaves the procedure room, the doctor and scrub nurse unattended because other duties in the cardiac unit are calling or progress report has to be typed on the system in control room.
- The patient is put on the bed and not covered with a sheet in time to prevent feeling cold.
- There was unavailability of some stock items and stock not properly packed. The cardiologist had to wait for the item or for the substitute to be handed to him.
- The defibrillator was not connected to the patient during the procedure, which is essential in case of emergencies like sudden rhythm disturbances during catheterization.

Recommendations given and ideas shared:

- The nurse sets the pace in the department.
- The floor nurse/runner must never leave the procedure room while the case is on because any emergency can occur any moment.
- Someone has to reassure the patient all the time and make sure that the patient is comfortable and kept covered and warm.
- The patient needs to be connected to both the Cathlab table hemodynamic system and the defibrillator during the procedures.
- The staff is encouraged to read and study the Cathlab manual and to read on the latest trends and publications in cardiology.
- Check stock levels and do follow-ups with suppliers to check on status of stocks ordered.
- Suggestions were made to keep left coronary catheters separate from right coronary catheters to reduce time searching for items between all the mixed stock.
- Stents, balloons and wires must be stored separately and sizes must be visible.
- Label the cupboard to make it easier for stock to be found. Get to know the stocks and its uses and familiarize yourself with its location. Inform each other if a stock item was relocated.

Our Observation of the Aga Khan Hospital Mombasa team:

- The team was very happy and honored by the visit from the Namibia team. They valued the comments and recommendations made after the debriefing session. They love the positive energy which everyone in our team possesses. They valued the assistance during cases.
- Their response to short staffing was that they are not always short staffed only in events of someone taking leave and they have a bigger volume of patients. They will encourage replacing of staff in time of shortages to ensure adequate staffing in Cathlab during cases.
- They will definitely interact more with the patient and doctor and encourage on the job training and developing of skills.
- They will rearrange stock according to the suggestions made and report on the progress made and whether it will be an advantage. They will check stock and ensure adequate numbers and availability of stock.
- The Cathlab manual will be made a priority to study and share the content with each other.
- They also suggested exchange with a busier lab for exposure, sharing of experiences and skills development and transfer. They requested our assistance in establishing an Allied Society in their region.



The Namibia team was honored to be of assistance to a newly established Cathlab in Aga Khan Hospital Mombasa. We tried to make use of the time available to assist our East African Counterparts and make suggestions on all the areas mentioned above.

Close contact will be kept with the Mombasa team to check on progress and we would suggest a possible exchange of staff to hospitals with larger volumes in Cathlabs to facilitate confidence, competence, skills transfer and sharing of experiences.

We thank you.

The Roman Catholic Hospital Cathlab team