

REPORT FROM THE OR OPHTHALMIC TEAM LEADER

Anneli Persson

MERCY SHIPS, Guinea Field service, January -April 2019

Introduction:

Dr Glenn Strauss started the eye program for 20 years ago and many thousands of surgeries have been performed since. Mercy Ships eye program was down for some years in Madagascar but started again in a lighter version in Benin 2017, the eye program have started to flourish again. This field service in Guinea has been good. Desleigh Gilbert was the team leader in the beginning of the field service, from September - December and i took over the team leading from January - April 2019, and **this report is from my time onboard as the OR nurse Ophthalmic TL.**

The Ophthalmic Operating Room is a big part of the eye program and the Eye department. However the surgery unit and its crew belongs to the Hospital / OR department, lead by Nathan Claus, hospital director, Merryll Hoey OR manager / OR clinical supervisor. Merryll have been a great support to the OR ophthalmic team and she have trust me as a leader, given me freedom to lead and find the best practice for the ophthalmic OR unit. The OR nurses for the ophthalmic OR have also cover for other OR specialities. It has been a total of around 45 nurses who have worked in the ophthalmic OR unit this season and many of them were nurses who had never worked with eye's before and needed extra training in the Ophthalmic OR. Most of them stayed one week and new nurses came every week.



The eye surgery unit onboard the Africa Mercy have performed eye surgeries in both OR 4 and 5, but mostly OR 4 for adults and OR 5 was used for pediatric eye surgeries two weeks in January. OR 4 has been the main room for teaching and training and has been open for eye doctors from all over the world.

Two local Guinea's eye surgeons came onboard some weeks for training and to follow up their skills. They was both trained eye surgeons onboard the ship 2012. Dr Thierno Bah, Dr Maxime and Dr Wodome are good friends and was all ophthalmic students here in Conakry 2010. We mentored one local ophthalmic nurse from Donka Hospital, Nurse Samba.

A total of 1136 eye surgeries has been performed onboard the Africa Mercy in Guinea field service, 1085 specific patients, from September to April 2019. The first plan was to performed around 1300 cataract surgeries, but it was difficult to find dense cataracts and do the number of cataract patient who was planed. 12732 persons was screened at the primary screening sights. 33 children under 18 years old received eye surgeries, 31 of them received bilateral MSICS with pars plana vitrectomy in general anesthesi.

Crew and meetings:

You are never alone in this amazing work, we are many crew involved so we can perform Ophthalmic surgery onboard the ship. You need a team and everyone is important. We didn't have any second team leader this field service as last year, but some of the OR nurses was trained before and it gave a stability in the Ophthalmic OR.

Weekly schedule for OR 4 and 5

All nurses started 7:30 every day, Monday - Thursday..

Monday: 7:30, set up OR 4. 7:45-8:15, Meeting in the international lounge, new crew orientation for new nurses, meeting in the OR hall way 8:15-8:30. OR start around 9:00.

Tuesday: OR Meeting 7:30 in the OR hallway, devotion and worships. OR ophthalmic team meeting 8:00. OR start 8:30

Wednesday: 7:30. 7:45 OR meeting included devotion with the OR ophthalmic team. OR start 8:15

Thursday: start 7:30, 7:45 OR meeting included devotion with the OR ophthalmic team. OR start. OR start 8:15

Friday: Admin and restock time for TL. Celebration of sight. Planning for next week and review documents. Attend meetings. Cover in other OR's

The eyeteam meeting was planned Monday's, but the OR was not invited and there was no place to share from our different departments. Larina Brink was the eye team leader. The OR department and the eye team have been more separated than it use to be this season. We have not have any eye team meetings together and the communication have sometimes been poor from both side and misunderstandings. We appreciate each other very much though and we need each other to fulfill our goals in the eye program.

The OR team leader meeting was planned every second Wednesday, 4:00-5:30, a great opportunity for OR team leaders to come together with the OR managers..

Daily use of supply

The supply supported the OR pharmacy with most of the supply we needed, some special orders was done and was delivered to OR 4. All custom packs was delivered to the pilot entry, and we restock the green trolley after every working day. Daily supply boxes were stored in the cupboard 7, these boxes contained all single use items to pick for one surgery at the time, to make it easy for new crew. The boxes were restocked at the end of the day

Handle sharp /Hygiene control / Postoperative infection

We have seen two OR crew who have been injuries with needle stick and knife blade in the ophthalmic OR, one of them was injured by a clean blade and the other a clean needle. Incident reported was filled in in all cases and sent to the OR supervisor.

The crew have used good hand hygiene and the best practice to take care of patients and to preform eye surgeries. The sterile technique have been preformed all the time when setting up sterile tables and to handle medicine.

We have seen one patients who got postoperative endophthalmitis post op. After a week of care on the ward, he decide to go home without a second surgery who planned in GA, Enucleation, removal of the eyeball. He's decision to stop all treatment was maid after a long talks with the chaplaincy and he also listen to the doctors advice to continue treatment to not risk infection in the brain or sepsis, he decision was still to go home.

Medicine:

The pharmacy department known our weekly use of eye medicines and they restock the Omicel trolley every Friday morning with all required medicine for next week, an amazing help.

Medical issues:

All surgeons have the medical responsibility when they do surgeries onboard. Dr Glenn Strauss have been medical responsible for the eye program, he mentoring eye surgeons on distance but was not onboard this time. Some of the surgeons onboard needed a supervisor

and they was supported mostly on distance and Dr Glenn was available for questions or advice, but not for the urgent help to take over the surgery or guidance in complications. I did some medical advice as a experience nurse, to surgeons who asked for it. I went through Dr Glenns training movies about MSICS with most of the surgeons the first day before start. I always follow up medical issues or concerns and report it to the OR manager Merryl Hoey and had some mail conversations with Dr Glenn for there information.

- Another medical concern i saw when i came onboard in January was that the eye surgery unite had have five more serious complications who needed extra observations in PACU after peribulbar block, but no-one of them was documented as a incidents or complication to the manager for follow up.. Two of them had serious complications after the block and needed extra air support. We saw one patient in February when the peribulbar block went too deep and we needed an emergency care in PACU. We called for help after the first sign of confusion and the patient start to forgot to breath. All went well and all of this patient got surgery in the end.

- We have more patients who have had unplanned return to OR than usual.

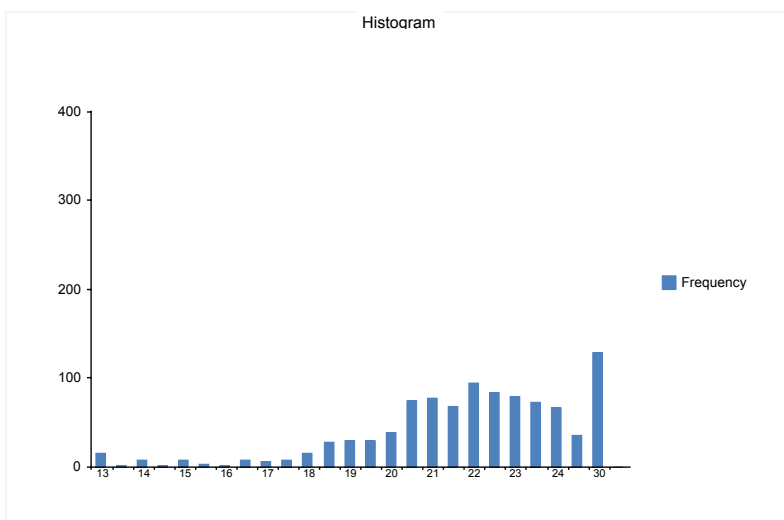
- We also observe that we had more soft cataract who was not consistent to VA with possible poor prognosis the last eight weeks of surgery.. all of them are documented in the database.



Supply:

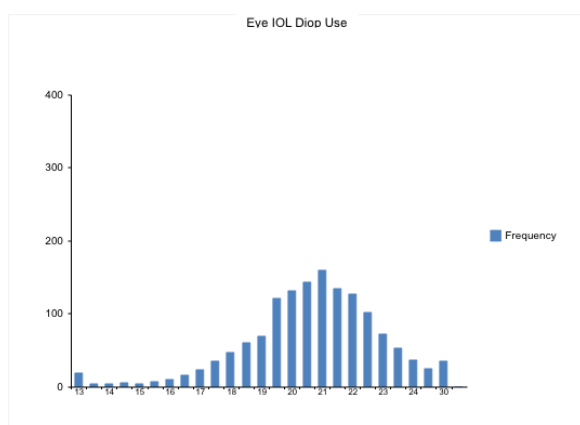
The supply department have always given so much of themselves and worked very hard to give us the best support at all times. We have had all the supply that we needed. A good inventory list is still a challenge to get from the Arise system and we need to handle orders and inventories of IOL in a manual way.

IOL HISTOGRAM for the Guinea field service. The peak are on +22 D, more high diopters than usual.



30 stand for the IOL diopter from +25,5D to +35D

IOL HISTOGRAM for Cameroon field service. The peak are on +21 D.



Eye doctors:

It has been a season with many new eye surgeon from all over the world, some had never been here before.

The list of eye surgeons for Guinea field service, January - April:

Dr Dan Gradin, one week, pediatrics

Paulius Roudalevicius, 3 weeks, of pediatrics surgeries, Dr Dan mentored him the first week

Ralph Crew, 2 weeks

Dr. Wodome, 3 weeks

Dr Patricia Eyoup Sen, 2 weeks

Dr Joseph Miller, 2 weeks

Dr Edward Kondrat, 2 weeks NEW

Mentoring:

Mentoring of local eye surgeons from Guinea:

Dr Maxime was trained 2012 and was now onboard in February together with Dr Wodome. Dr Maxime are already a good surgeon but spend two good weeks together with Dr Wodomes, his teaching and mentoring was very valued, they focused was to scarped Dr Maximes skills. He improved in all MSICS steps and did most of the cataract surgeries that two weeks.

Dr Bah was trained 2012 onboard the ship and he was onboard for one week together with Dr Wodome. It was the same with him as Dr Maxime, Dr Bah is one of the best surgeons in Guinea and he perform lots of surgeries in Donka hospital.

Dr Bah train other doctors and he are a teacher in the ophthalmic school, next door to Donka hospital. His week onboard was to focus to improve his skills and to see the routines in the OR room. I also challenged him to work together with the scrubbing nurse in a better way, to wait for instruments, to be used to be served, something he was not used to. He didn't have any assistant in the local hospital, only one circulating nurse.



Mentoring of local Nurse from Guinea:

Nurse Samba was from Donka hospital and he was used to scrub but worked mostly as a circulating nurse at the local eye clinic. He was onboard two weeks and started to scrub in and worked together with Dr Patricia. He had some habits but become a great scrubbing nurse and he listen and apply all tips he got. The second week was more challenging, but when this two weeks was over, he was very thankful and very emotional and told us all that he promise to take all good routines home to his clinic. He was very toughed about how we treated our patients with respect and he was a very skillful nurse. I follow up and observed him working in the local hospital and he was very clear about clean and sterile field. He did blocks and treated the patients with respect there to.



OR nurses:

The nurses in OR 4 & 5 are operating room nurses who also cover other specialities in the OR and they have been on call for the OR department nights and weekends. Totally around 45 OR nurses have worked in the ophthalmic operating room. We don't have a complete data for how many OR nurses we trained, but many of them was new in the ophthalmic area and needed a proper training and introduction. The OR educator meet all new OR nurses for a new crew orientation on Monday morning and the new nurses, often two or three at the time, got an introduction in OR 4 late Monday evening for one hour. The introduction included a welcome talk, instructions to set up a cataract table, handle instruments, emergency aid, eye medicine and to watch a video of MSICS, also understanding of anatomy and the MSICS procedure with possible complications and how to handle it. They all got a welcome note "welcome to the OR 4 & 5" document. I made sure that new Nurses observe in the morning the next day, but if there was three new nurses, one needed to scrub in and the other two was circulating one or two days before they scrubbed in.

OR Day crew

We had two OR day crew in OR 4, one of them were nurses, Moise. Lamine and sometimes Thirno was our translator, but we also trained them to do small nursing tasks, like put on the pulsoximeter, give the patient information and help the nurse to tape the eye dressing after surgery. They also transport patients safely into the room and back to the bench.



Mentoring of local nurses / daycrew:

Moise were hired as a translator for the OR department but are a registered nurses. Moise was trained to scrub onboard 2012 and he was back this field service. He was already good, but needed some repetition. He scrubbed every Monday and was mostly a circulating nurse and a translator.

Mentoring: MCB 1 day Follow up at Donka hospital

(see separate report)

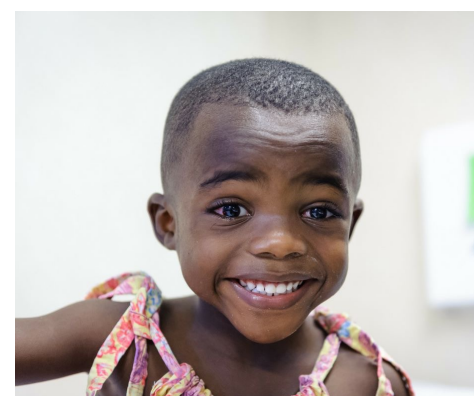


Pre and post operative care

Pre and postoperative care is handle by the eye team in the Eye room. They have done a excellent job to prepare all patients and also show them Gods love. All patient was ready around 8:15 to bring in to the operating room. All medical handover was made from nurse to nurse over the phone.

Pediatric eye program:

The screening team find 31 kids with bilateral cataract and they received surgery onboard in January 2019. The kids stayed two nights in the ward and everyone under twelve years of age received MSICS with posterior capsulorexis with pars plana vitrectomy. All of the surgeries was done in general anesthesia in OR 5.



Equipment for OR 4 & 5

Oxygen with a tube + extender are in place for both rooms, for emergency support
Mobile suction is available in both rooms and on charge all the time
Pulse oximeter, one for each bed (on the patient before the block)

Microscope, two NEW Alcon microscope are in place, September 2017.

Cautery equipment, one in each room

Alcon infinity (stored in OR 5, and not used)

Constellation Vitrectomy machine have been used for Cataract surgeries under age of seven for vitrectomy, OR 5

Database:

The database was not entertaining the right way when i arrived and i needed to go through all surgeries from September to December. I add all complications and number of procedures in the right way. I find around 60 patients who was not entered correct. Me and the eye team leader, Larina Brink, had a meeting together with Jonny Clark, who are I changed for the database and he created a way to easy hold track of complications and create a list for future discussions for the hospital manager team to review eye complication.

We need to be capturing data related to patients with "reportable" complications so that HRB admins can pull that data out to be used to construct the list of cases and details for use in HRB meetings. There is a list of 12 points that are considered items that need to be discussed in an HRB meeting. You can find this list here in section 4.2: <https://navigator.mercyships.org/display/public/AMHOSPLPublic/HA7.2.1.001+Hospital+Review+Board+%28HRB%29+Procedure>

- *Out of these 12 points the eyes team only really gets Unplanned return to the OR, Admission to Hospital, and in rare cases a Surgical Site Infections. They understand the need to report on these 12 points so are committed to capturing this data for HRB use. The team will start capturing these reportable items in the complications section of the eyes tab.*
- *I showed Larina and Anneli the new complications section on the Eye tab of the Patient Database. In most cases for eyes the complication will be "Other". They can then enter in the eye specific details of the complication in the "Complication Description" field. An unplanned return to the OR or an admission to ward/ICU/HDU should be entered in as complication actions.*
- *Larina said that she can transfer the existing complications on the spreadsheet into the Patient Database.*
- *Anneli brought up the current fields in OR tab. There are a few items that we shall add to the "IntraOp Eye Comp" and "PreOp Poor Prog" dropdowns so that it is more aligned with the paper form used to capture eye complications. This will improve the accuracy of our data that we capture. I will do the following to these fields:*
 - *PreOp Poor Prog – Add in the value "Synechia".*
 - *IntraOp Eye Comp – Add in the values "Iris tear or bleeding", "Sphincterotomy", "Post capsule rupture", and "Possible poor prognosis".*
- *We discussed the need to enter multiple eye complications in the OR tab. This is currently not technically possible with the way the tables are structured. Anneli has said that they can continue to capture any extra eye complications in the notes field of the OR tab.*

Donations and Possible donations:

Celebration of sight

Almost everyone who worked in the Ophthalmic operating room could go to one of the celebration of sights. It was a precious moment of thanksgiving of sight, where some people who have received surgery can share their testimony. It is also a time of singing for the Lord, more quiet this time. Celebration of sight is for all patients who received surgery 6 weeks ago and are back for follow up and YAG treatment. Around 50 patients celebrate with crew and relatives for 1 hours, Many have received Gods love and it is very special to see there joy, a pretty amazing event. "once i was lost, but now i found, was blind but now i see" "i can go fishing now" "i'm free" "thank you"



Thank you!

One field service run very quick and it i many people and departments involved to make it possible to complete our eye program, to help blind people receive sight in Guinea. I'm so happy to know that over 1100 patients have got a chance to see better, their relatives and community will be changed because of it too, and there hearts will be forever thankful.

Thank you to everyone who have made this possible, The eye team, the crew in the eye room, all OR nurses and daycrew. OR office, MCB team, Supply, Sterilization team, Bio med, Hospitality and Laundry, engineering .. the ship. There are some great managers that I would like to point out, who have been very important for us during this field service and that are Warrie Blackburn, Nathan Claus, Dr Glenn Strauss and the our excellent OR manager, Merryl Hoey. The ophthalmic Operating room would not been the same without your support.

Merryl, i will always remind your bible reading, prayers, quote and pep talk in the morning,
"Have fun, be kind and play nice" . Thank you!



God I look to you, I won't be overwhelmed, give me vision to see things like you do.

God I look to you, you are where my help comes from, Give me wisdom, you know just what to do!

I will love you Lord my strength

I will love you Lord my shield

I will love you Lord my rock, forever all my days, I will Love you God.

Hallelujah!

(Brian and Jenn Johnson)

Thank you Lord for giving us the vision to see and serve others and to see your love for us. Thank you Lord that we are Loved and the fact that you loved and served us first.



serving together,

Anneli Persson, OR nurse ophthalmic team leader, 8 May, 2019