



IN BRIEF

- **Chairman's Report**
- **Report from Lesotho**
- **Snippets of news**

[www.foan.org.uk](http://www.foan.org.uk)

## Chairman of Trustees Report

There is a great deal of activity at the World Health Organisation on practical clinical matters—which is a new role for them. They have published a set of high level evidenced recommendations to reduce surgical site infection across the globe. They are the very first global guidelines ever published by WHO and are to be welcomed. The main reason that they are so highly concerned is the mis-use of antibiotics and awareness of the catastrophic consequences if we continue to abuse them. For example, some of the multi-drug resistant antimicrobial drugs are now longer able to tackle the continuing problems with Tuberculosis. They are of course also very concerned about the number of patients who get a healthcare associated infection and the most common of these is surgical site infection (SSI). The average number of people who get an SSI in Europe is 7.1% of all those who have a surgical procedure. The most common operation in Africa is caesarean section and the figure most widely quoted from data coming out of Africa is that more than 20% of all new mothers who had a c-section get an SSI. This is very difficult. Women in Africa cannot take time out, having a wound prevents then holding the baby effectively and feeding is more difficult. They often have to stay in hospital a great deal longer than they would otherwise have done; and this disrupts family life immeasurably. It also, in many countries, costs quite a lot of “out of pocket expenses” - which can cause poor families a great deal of stress and difficulty. In some countries they have to

pay for medications, sutures and dressings.

The guidelines are designed for everyone in the world, citing high level evidence and making recommendations for practice. Industrialised nations should not have too much difficulty with the recommendations and should be able to implement them easily. Low and middle income countries will find it far more difficult and some of them are definitely for hospitals to aspire to. For example, one of the recommendations with strong evidence is for the patient to bathe or shower the night before surgery. Much surgery in Africa is urgent or emergency to which this does not apply. For elective surgery, the patient may need to walk or travel on the bus for several hours to get to the hospital. Many hospitals have no running water, and the only supply is in tanks situated around the wards and departments. They are not conducive to meet the recommendations. However, as I have written elsewhere, governments have to have something to aim for, otherwise nothing ever changes. Surgery is poorly resourced and a forgotten service in many hospitals and countries, so there is no doubt that this will raise the profile considerably and it is to be hoped, also raise some investment for surgical services. With so many more car drivers in Africa, surgery is needed to repair some of the trauma damage which increases inexorably. It is to be hoped that evidence to reduce infection will inspire change for patients after their surgery.

Kate Woodhead

## “ Lesotho Visit 2017



The workshop group at Victoria Hotel, Maseru.



Group work at the perioperative workshop, Maseru.

Friends of African Nursing (FoAN) made its fourth visit to Lesotho, to facilitate a perioperative workshop which was financed by the charity. The workshop focused on the Anaesthetic and Recovery phases of perioperative care, taking into account emergency situations related to them. The delegates who attended our workshop in April 2013 requested that it repeated for other colleagues.

The Workshop was held at The Hotel Victoria Maseru, Lesotho. Feedback from the delegates was very positive. They felt that the workshop was educational, informative, enjoyable and relevant to clinical need. As a result the objectives of the workshop were achieved. Delegates also felt that the knowledge gained would be beneficial in improving and enhancing patient care delivery in the Operating Theatres of their respective hospitals.

Information gained could be shared with other health professionals. Many referrals were made by delegates to the benefit of the information gained from the presentations on documentation, accountability, communication and use of Acute Life Threatening Events Recognition and Treatment (ALERT) principles in emergency situations and safe practice would have in the future on their care delivery.

The presentations of the WHO Safer Surgery Checklist and Competence Assessment generated many questions and we felt that delegates would endeavour to make implementation a reality in their respective hospitals sooner than later. The interactive practical sessions were very well received and all delegates had the opportunity to take part in the variety of emergency scenarios.

Some of the statements made by delegates:

*“It was a very fruitful workshop, it has added so much on professional knowledge. It has also made it possible to take a lot back to facilities, knowledge and skills to share with colleagues”*

*“ The Course improved my understanding of the subjects so well that the checklist and part of it will not only apply to my theatre work only”*

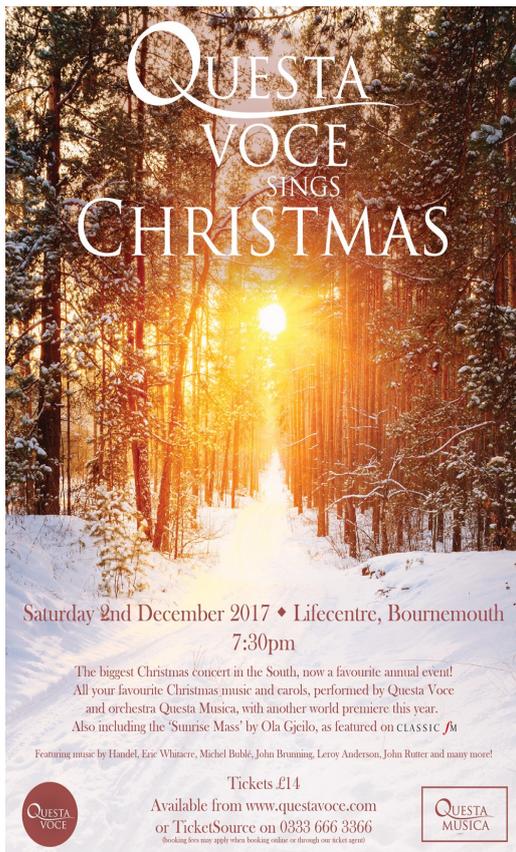
*“ It was the best refresher Course ever, the learning environments conducive, one was able to express him or herself”*

We received messages of thanks for our support to on-going education of Theatre Nurses from the Minister of Health, Director of Nurse Education and a representative from the World Health Organisation.

Ali Herbert  
Dot Chadwick ( FoAN Trustee)

## Questa Voce support FoAN again this Christmas

Questa Voce Choir and Questa Musica are again going to support FoAN at their Christmas concert. The details are below, and if you are in the area, I am sure they would appreciate your support. Thanks to them and Music Master Ian



.Dot and Kate were fortunate enough to be invited to have a stand at the Association for Perioperative Practice annual residential at York University . It contributed to funds and was useful in raising awareness of the work we do.



## On being a new trustee

In 2016 I was delighted to be asked to join the established FOAN Team of Trustees.

Our Chair Kate, had connections with the Ministry for Health and the Nursing Perioperative organization in Zambia, and undertook a huge amount of work establishing a programme for the development of Standards of Practice for Operating Theatres.

In January 2017 four trustees, Kate, Stephanie and myself from the UK along with Mary one of our Canadian FOAN colleagues, embarked on our journey to Lusaka in Zambia.

Although I had been previously to West Africa with the charity Mercyships as a Theatre Practitioner this was going to be a very different role, as a facilitator delivering educational workshops.

We were fortunate to have an invite to visit the University Teaching Hospital in Lusaka. Although you think you know what it would be like, nothing actually prepares you for what you see; the lack of facilities, out of date equipment and stores and buildings in a very poor state of repair.

I feel that I am lucky to have had a very privileged Nursing career and education. This has enabled me to become a Theatre Manager and mentor within my Trust, allowing me to teach and assess a variety of students in practice.

Therefore I felt a huge responsibility to research and prepare for my sessions.

We were to deliver the programme over five days. Our group of nineteen nurses came from a variety of different hospitals and backgrounds. They were all experienced Theatre Nurses and a couple of them worked in education.

We opened with morning prayers, moving forward with a variety of sessions on subjects that standards were needed for such as Checking Theatres, Roles and Responsibilities, Preparation of the Patient for Surgery, WHO Safe Surgical Checklist to name just a few of them.

The group was actively encouraged to interact and promote discussion, and was always interested in the way we undertook practice in the UK and

and Canada. I found myself saying a number of times that I am very fortunate in my hospital to have equipment and supplies available to me.

I undertook a session on Theatre Dress, PPE and Gowning and took over with me some paper gowns which they were very interested in seeing as they have linen gowns and drapes. They wanted to see me put on gown and gloves which isn't easy in a hot country with sweaty hands.

Each afternoon they were split into groups to work on their standards from the morning's topics. A group representative then presented their work to the whole group for comments, omissions and amendments. This was challenging, as the standards had to be effective and achievable, in all hospitals.

Each evening we would type up the standards reviewing them the following day. All too quickly our week with the lovely group of people was over. Every delegate received eye protection (which they normally have to buy themselves) as well as educational books and a variety of pens and goodies.

We finished with a fabulous party on the last evening, which included us attempting African dancing.

It was an honour and a pleasure to go to Zambia it was very humbling and has made me very grateful for what I have here at my hospital.

It was lovely being part of a very talented team of people who worked so well together.

It has encouraged me to try and raise further funds for FOAN so that more programmes of education can be delivered to Nurses who ask for nothing and have so little. The experience made me reflect on how important education and life long learning is and the need everywhere to work with well constructed effective Theatre Standards.

Sally Pentecost

## Social media

**Remember to look us up and follow us on Facebook, as well as ensuring you check the [www.foan.org.uk](http://www.foan.org.uk) website for up to date news of our activities.**