PROVISION OF A RANGE OF TERTIARY HEALTH SERVICES TO PACIFIC ISLAND COUNTRIES

(Transition Extension Phase)

QUARTERLY PROGRESS REPORT

October - December 2010

A PROJECT SUPPORTED BY THE

Australian Government

AusAID

and managed by the

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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List of Acronyms

AMC	Australian Managing Contractor
AusAID	Australian Agency for International Development
A & E	Accident and Emergency
CWMH	Colonial War Memorial Hospital (Suva, Fiji)
ED	Emergency Department
EM	Emergency Medicine
EMST	Early Management of Severe Trauma Course
ENT	Ear Nose and Throat/Otolaryngology
FSM	Federated States of Micronesia
FSMed	Fiji School of Medicine
FRACS	Fellow of the Royal Australian College of Surgeons
ICU	Intensive Care Unit
IPMC	International Projects Management Committee
MMed	Masters of Medicine
MO	Medical Officer
MoH	Ministry of Health
NDH	Northern District Hospital (Santo, Vanuatu)
NHS	National Health System
NICU	Neonatal Intensive Care Unit
NRH	National Referral Hospital (Honiara, Solomon Islands)
OOH	Operation Open Heart
OPC	Outpatient Clinic
OPD	Outpatient Department
OT	Operating Theatre
PIC	Pacific Island Country
PICU	Paediatric Intensive Care Unit
PIP III	Provision of a Range of Tertiary Health Services to Pacific Islands Countries – Phase 3 (Pacific Islands Project)
PISA	Pacific Island Surgeon Association
PNG	Papua New Guinea
PSA	Pacific Society of Anaesthetists
RACS	Royal Australian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmology
RITI	Radiology Integrated Training Initiative
RN	Registered Nurse
SAH	Sydney Adventist Hospital
UPNG	University of Papua New Guinea
VCH	Vila Central Hospital (Port Vila, Vanuatu)

PROVISION OF A RANGE OF TERTIARY HEALTH SERVICES TO PACIFIC ISLANDS COUNTRIES PHASE III - TRANSITION EXTENSION

PROGRESS REPORT
October – December 2010

1. BACKGROUND

The Pacific Islands Project (PIP) is managed by the Royal Australasian College of Surgeons (RACS) on behalf of the Australian Agency for International Development (AusAID). Phase I of this Project commenced in 1995 (over three years) followed by Phase II in 1998 (over three years). Phase III had a term of five years (September 2001 to December 2006) and had an original contract value of $7,555,300, and after inclusion of clinical visits to Nauru, was worth $8,204,100. The Project assists Pacific Island Countries (PICs) to deliver essential tertiary health services to people who would otherwise be untreated or treatable only at considerable cost, given the relatively high costs charged by skilled medical specialists (when they are available) in the smaller PIC countries.

On 27 April 2007, AusAID ratified an amendment to the contract to incorporate a nine-month Bridging Phase from 1 January to 30 September 2007 with an additional budget of A$836,988. The aim of this phase is to continue to provide essential specialist services to the PICs while a new program of support for specialist medical services is developed. The Bridging Phase schedule has been determined by essential priorities as identified by PIC Ministries of Health (MoHs).

On 31 October 2008, a further amendment to the contract was ratified to incorporate an extended timeframe for delivery of services from April 2008 – December 2009. This amendment allowed the reallocation of the unutilised balance of the original contract (A$261,893) and provided an additional funding budget of A$2,758,912 for the transition phase. This brought the Bridging/Transition Phase budget to A$3,857,793 plus GST and total PIP Contract Value to A$11,800,000 plus GST.

On 19 January 2010, Amendment No. 5 to the PIP contract was ratified extending the delivery of clinical services and capacity building initiatives to 31 December 2010. The PIP III Transition Phase budget was increased to A$5,700,821 plus GST. This brought the PIP III total contract value to A$13,643,028 plus GST.

The ongoing project focus has been the provision of a range of clinical services to PICs through the deployment of specialist medical teams. A parallel objective was the transfer of clinical skills to local counterparts. Under the Bridging/Transition Phase extension, A$581,060 has been allocated for delivery of training courses and workshops to support the skills development of counterpart staff.

The Bridging/Transition Phase project activities were developed in consultation with the PIC MoHs and relevant hospital officials. During the transition phase extension, the project will be guided by priority areas identified by the PIC MoHs and hospitals.

2. Clinical Services

The following clinical programs were implemented during the October – December 2010 quarter:

Country	Specialty	PIP-Funded Team Members	Implementation Date
Cook Islands	ENT	2p x 1w	15 - 21 Nov 2010
Fiji	Paediatrics	4p x 1w	08 – 12 Nov 2010
Fiji	Plastic & Reconstructive	4p x 2w	14 – 27 Nov 2010
Kiribati	Orthopaedic Surgery	4p x 2w	14 Nov – 30 Nov 2010
Marshall Islands	Urology	3p x 1w	26 Nov – 3 Dec 2010
Micronesia	Urology	3p x 2w	14 – 26 Nov 2010
Nauru	Vascular Surgery	4p x 1w	03 – 11 Oct 2010
Nauru	Nephrology	1p x 1w	03 – 11 Oct 2010
Samoa	Orthopaedic Surgery	4p x 2w	29 Sept – 09 Oct 2010
Solomon Islands	Paediatrics	4p x 1w	13 – 19 Nov 2010
Solomon Islands	Radiology	1p x 1w	13 – 19 Nov 2010
Tonga	Ophthalmology	3p x 2w	04 – 16 Oct 2010
Tuvalu	Ophthalmology	4p x 1w	10 – 18 Nov 2010
Vanuatu	Plastic & Reconstructive	4p x 1w	14 – 24 Oct 2010

2.1 Cook Islands

Specialty: Ear, Nose and Throat (ENT)

Hospitals: Rarotonga Hospital

Dates : 12 – 22 November 2010

PIP – Funded Volunteers

Robert Allison (M) - Surgeon
Margaret Baker (F) - Nurse

Local Counterparts/Participants

Fran McGrath (F) - Acting Secretary of Health
Dr Henry Tikaka (M) - Director Clinical Services
Dr Teariki Noovao (M) - General Surgeon
Dr Mary Tuke (F) - Anaesthetist
Noora Ellingham (F) - Charge Nurse
Joyce Matamaki (F) - Second in Charge
Doris Fonolito (F) - Specialist Clinic Nurse
Josephine Henry (F) - Registered Clinic Nurse
Kirstin Atingakau (F) - Registered Nurse
Ngati Matapo (M) - Anaesthetic Tech

NZAID Funded Team Members

Dennis Boon von Ochssée (M) - Anaesthetist
Neil Heslop (M) - Audiologist

OVERVIEW

As there was no ENT visit to the Cook Islands in 2009, the team noted that the caseload was particularly high. Patients screened by the local surgeon were of a high quality however there was a tendency for local General Practitioners to refer patients which were non-surgical cases which slowed down the efficiency of the team's work.

The team noted that a significant number of younger patients have sensorineural hearing loss, who would ideally be fitted with hearing aids. Unfortunately, this is not a service which is available in the Cook Islands and patients requiring such services would need to fly to New Zealand for the appropriate assessment and fitting of hearing aids.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	22	12	10	11	7	17	11	7	50	47	97
Patients successfully operated on	3	7	3	3	-	-	1	1	7	11	18

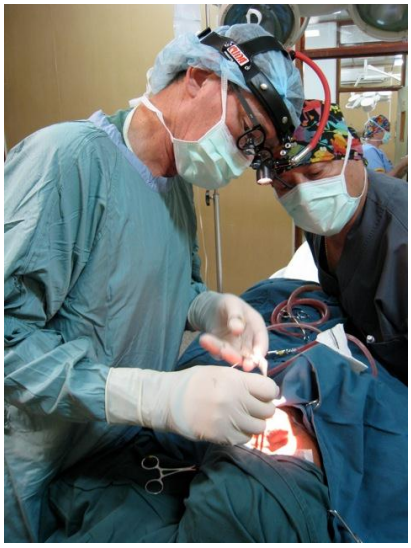
Clinical Activities

Pre-Operative Assessments

A total of 97 patients were seen by the team. Unfortunately, due to the high rate of referral, the team was unable to see all of the patients requiring consultation. The team felt that a more thorough pre-screening prior to the next team's visit may ensure a more efficient use of the team's time in surgery.

Surgery

One of the main concerns for Cook Islanders is the relatively high rate of goitres amongst the population. Although only two hemi-thyroidectomies were carried out, it was noted that there are many cases which were multi-nodular and may require further treatment in the future, should they become symptomatic.



The team also surgically inserted ventilation tubes into children who suffered from longstanding middle ear effusions or presented with evidence of secondary changes occurring to the ear drum. The team surgeon, Dr Allison stressed that these children would need to attend future ENT team visits to receive appropriate check-ups.

Morbidity and Mortality

Nil reported by the team.

Capacity Building and Training Activities

A wide variety of informal training was conducted by the team. The nurses were involved in the outpatient clinics; however this was limited by the large number of patients booked in for assessment. The nurses were also encouraged to identify the function and name of surgical equipment for the team.

Local surgeon, Dr Noovao, was shown how to carry out certain procedures by the team which including dissection tonsillectomy and nasal polypectomy and was able to assist with a thyroidectomise.

Due to the time constraints, no formal training was carried out. The team suggested that future visits should allow more time for both formal and informal training. Doris Fonolito, the Outpatient Specialist Nurse, and Josephine Henry, a Registered Nurse, would especially benefit from future training as they demonstrated a particular interest and skill in ENT problems. It was also felt that it would be beneficial for small lectures or tutorials to be held for GPs regarding common ENT problems.

Issues

The team noted that prior to their visit, they specified that only four patients should be seen an hour to allow sufficient time for thorough consultations. Unfortunately this was not the case and the hospital had booked up to twelve patients for the team to see an hour. In future, more strict timeframes should be set for consultations in order to ensure that all patients receive the assessment they deserve.

Recommendations

The team recommends that yearly ENT visits continue to the Cook Islands. A visit in 2011 is especially recommended to see those patients who were unable to be seen in the 2010 visit.

The team also recommends that the local surgeon and ENT nurse screen the patients in order to make the most efficient use of theatre time for the visiting team. Future team compositions would also benefit from having two surgeons and one anaesthetist in order to carry out as many operations as possible in the short timeframe of the visits.

The team held a debrief meeting with the Acting Secretary of Health, Director of Clinical Services and the General Surgeon on the last day of their visit. At the meeting several of the issues mentioned in the above were discussed and it was agreed that annual ENT visits to the Cook Islands should continue with greater emphasis on pre-screening to ensure efficiency.

Specialty: Orthopaedics

Hospitals: Rarotonga Hospital

Dates : 11 – 22 October 2010

OVERVIEW

This visit was organised by the Cook Island Ministry of Health with NZAID providing funding support to specialist team members and the AusAID-funded PIP was requested to only provide funding support to cover the visit's medical supplies and disposables.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	N/A	N/A	175
Patients successfully operated on	-	-	-	-	-	-	-	-	N/A	N/A	15

Clinical Activities

Pre-Operative Assessments

175 patients were seen for consultations by the team. Ten patients were recommended for referral to New Zealand and 15 for treatment by the team.

Surgery

Fifteen patients had successful operations. A wide range of orthopaedic surgical procedures were completed by the team.

Morbidity and Mortality

Nil reported by the team.

Capacity Building and Training Activities

Training was provided to the local nurses and surgeon. The on-the-job skills and knowledge transfer positively contributed to the capacity building of the local medical team.

2.2 Fiji

Specialty: Plastics & Reconstructive

Hospitals: Lautoka Hospital

Dates : 14 – 27 November 2010

PIP – Funded Volunteers	
Dr Jaeme Zwart (M)	- Surgeon
Dr Daniel Rowe (M)	- Surgeon
Dr. Sean McManus (M)	- Anaesthetist
Ms Loiuse Marks (F)	- Nurse

Local Counterparts/Participants	
Dr Jemesa Tudravu (M)	- Medical Superintendent
Dr Arun Murari (M)	- Head of Surgery
Dr. Rajiv Patel (M)	- Surgical Trainee
Dr. Semesa (M)	- Surgical Trainee
Dr Rocco	- Anaesthetic Consultant
Dr Mara Vukivukiseru (M)	- Anaesthetic Registrar
Dr Antonio	- Anaesthetic Registrar
Dr Antonette	- Anaesthetic Registrar
Sr Leslie Boyd (F)	- Matron
Mela (F)	- Theatre & Recovery Nurse
Sr Shobna Naidu (F)	- Head Nurse (Outpatients)

Interplast – Funded Volunteer	
Ms Joanne Oxbrow (F)	- Nurse

OVERVIEW

The team consulted 103 patients and successfully operated on 53 patients. Despite having access to two theatres for almost the entire visit the team unfortunately was not able to see all patients due to time constraints. The details of these patients were recorded and Sr Shobna, Head Nurse of Outpatients, will contact them in preparation for future plastic and reconstructive visits.

Two surgical trainees, namely Dr. Semesa and Dr. Rajiv were assigned to work with the team. Both assisted the team throughout the visit and enjoyed having exposure to this type of surgery. Towards the end of the visit Dr Semesa was able to perform cleft lip and palate repairs as the primary surgeon with the visiting surgeons assisting.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		?		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	29	29	13	16	4	4	5	1	2	-	53	50	103
Patients successfully operated on	18	18	4	8	2	2	1	-	-	-	25	28	53

Clinical Activities

Pre-Operative Assessments

Patients presented with a variety of conditions with a large number of untreated cleft lips and palates. There were quite a few follow up patients returning from previous plastic and reconstructive visits. There were also a large proportion of burns scars and burns contractures. This seems to be one of the main causes of injury and disability throughout Fiji. Many households use kerosene cook tops which frequently cause severe burns, predominantly in the female population. Lautoka being an industrial town has a very large sugar mill and there were a number of chronic injuries and poorly healed wounds resulting from work place accidents.

Surgery

A total of 53 patients were successfully operated for the following cases:

- 11 cleft lip
- 13 cleft palate
- 7 tumours
- 6 external deformities
- 8 burn scars
- 2 external injuries
- 1 nasal and
- 5 miscellaneous cases

Dr. Semesa and Dr. Rajiv assisted the team throughout the visit.

Post-Operative Follow-up

The wards were all open air and in the tropical environment this made wound healing difficult. The ward staff was very attentive and were very keen to learn about the post-operative care of patients. Towards the end of the visit, the ward rounds (and associated ward work) was becoming more functional and increasingly efficient. Sr Shobna was also informed of post-operative care requirements for all patients. Sr Shobna has organised for patients to return to see subsequent plastic and reconstructive teams where required.

Dr. Semesa and Dr. Rajiv are always in attendance during ward rounds.

Morbidity and Mortality

Nil mortality was reported by the team. Several minor wound infections arising from poor healing were treated successfully. For future visits Dr Rowe suggested a change in clinical practise where by the dressings would be taken down much earlier than in usual practise, due to the high temperature, humidity and increased maceration of the tissues in a longer dressing time.

Capacity Building and Training Activities

Dr Semesa and Dr Rajiv assisted the visiting team. Dr Semesa is well trained and well versed in lip and palate repairs having spent time with visiting plastics and reconstructive surgery teams in the past years.

Dr Rowe and Dr Zwart furthered Dr Semesa's education in plastic and reconstructive surgery and develop his operative skills. Towards the end of the visit Dr Semesa was able to perform cleft lip and palate repairs as the primary surgeon with the visiting surgeons assisting.

Recommendations

The team suggested that receiving early or advanced notice of complex cases be given in order for the team to plan appropriately. A yearly plastics and reconstructive visit to Lautoka would be suitable as well as the specialist hypospadias program every two years.

One of the most pressing issues in the Fiji Health system is community education regarding burns. Unfortunately burns victims present very late to the hospitals due to a perceived poor outcome with all major burns cases. This should be a priority for any future visits and community education should be emphasised. Local medical staff also needs further training in the treatment of burns. Therefore a course such as the Emergency Management of Severe Burns (EMSB) training would be most beneficial.

Specialty: Paediatrics

Hospitals: Colonial War Memorial Hospital, Suva

Dates : 08 – 12 November 2010

PIP – Funded Volunteers	
Mr Vipul Upadhyay (M)	- Surgeon
Dr Ian Chapman (M)	- Anaesthetist
Ms Shonagh Dunning (F)	- Nurse
Ms Ngaire Murray (F)	- Nurse

Local Counterparts/Participants	
Dr Jitoko Cama (M)	Paediatric Surgeon
Cassa (F)	Theatre Nurse
Seranna (F)	Theatre Nurse
Anna (F)	Recovery Nurse
Louisa (F)	Recovery Nurse
Shirlen (F)	Recovery Nurse

OVERVIEW

This visit was conducted to attend to cases and continue the training of Paediatric Surgeon, Dr Jitoko Cama and the local nurses.

Overall this was a successful visit which was well received and appreciated by the staff at CWMH.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	15	6	-	-	-	-	-	-	15	6	21
Patients successfully operated on	9	1	-	-	-	-	-	-	9	1	10

Clinical Activities

Pre-Operative Assessments

Pre-screening was carried out well by local staff, led by local Paediatric Surgeon Dr. Jitoko Cama.

Surgery

The team performed Paediatric Urology and Neonatal emergency surgery to 10 paediatric patients.

Post-Operative Follow-up

All patients will require follow-up by the local team.

Morbidity and Mortality

Nil mortality was reported by the team. One wound problem was reported and rectified by the team.

Capacity Building and Training Activities

On-the-job training was provided by the team. Discussions were held with all department personnel regarding patient care, governance and other aspects of surgical care. Informal feedback received by the team was very encouraging. One-on-one mentoring was also provided to Dr. Cama.

Informal teaching session was provided by the visiting Paediatric Theatre Nurse Ngaire Murray covering the following:

- Paediatric Congenital abnormalities - education relating to the surgical procedures the team will perform. This included anatomy and physiology, intra-operative considerations, impact on patient and family both physically and psycho-social;
- Positioning of paediatric patients during specialised procedures - education around management of skin integrity, padding requirements, diathermy placement;
- Endoscope management - solving camera stack issues and delicate handling of telescopes and cystoscopes;

- Resecting of post urethral valves - why this procedure is performed, complications to kidney function and up-skilling around specialised equipment necessary to incise valves via a cystoscope;
- Suture education - How to load, cut and manage these;
- Education to Nurses and surgeons around skin Glue (dermabond);
- Up skilling around surgical 'count' - the principles behind a 'visible' count. Education around why this is necessary to safety in complex surgery;
- Discussion around Operating Room Communication - working as a theatre team. Surgical Time Out was discussed and suggestions made how to initiate this process within their units. Encouraged to start asking patient related questions to Anaesthetist and surgeon prior to commencement of surgery;
- Discussion around Nursing Education for their Diploma - Principles of Nursing accountability, professionalism and patient advocacy discussed;
- Paediatric surgical Acronyms - Refresher on planes of the body and common surgical terms;
- Importance of hand washing between patients; and
- Debrief and discussion around the intra-operative emergency.

Likewise the 12 nursing students assigned to the recovery room received informal education on:

- Surgical procedures the team will perform;
- Congenital abnormalities;
- Airway management on the unconscious patient, this included different types of airway adjuncts used and common airway complications;
- Anaesthesia and analgesia, including common drugs used in the Operating Rooms and Recovery;
- Nursing responsibilities in Recovery; and
- Assisted nursing students with their competency books – signing off on mandatory skills e.g. Handover to the ward staff.

Recommendations

The team recommended that PIP Paediatric visits continue on a yearly basis.

Specialty: Neurosurgery

Hospitals: Colonial War Memorial Hospital, Suva

Dates : 18 – 29 October 2010

OVERVIEW

This neurosurgery visit is made by a team headed by A/Prof. K. Nadanachandran, a neurosurgeon based in Canberra, Australia and coordinator of Sai Medical Unit of Australia, PNG and the Pacific. This visit is organised by A/Prof Nadanachandran with volunteer team member expenses funded by various donors and the AusAID-funded PIP requested to provide funding support to cover the visit's medical supplies and disposables.

Volunteer Team Members		Local Counterpart	
A/Prof K Nadanachandran (M)	- Neurosurgeon	Dr. Alan Biribo (M)	- General Surgeon
Dr Clifford Paedy (M)	- Anaesthetist		
Mr Paul Chicchio (M)	- Nurse		

Visit Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	N/A	N/A	71
Patients successfully operated on	-	-	-	-	-	-	-	-	N/A	N/A	11

Clinical Activities

Seventy one (71) patients presented during outpatient clinics of which 11 were subsequently scheduled for surgical procedures during this visit.

9 major and 2 minor procedures were carried out without any major complications. 2 patients needed the entire day each for removal of large brain tumours.

Capacity Building and Training Activities

All three team members provided informal training to the local staff, during both clinics and surgery.

A/Prof Nadanachandran provided a presentation on Lumbar Canal Stenosis.

2.3 Kiribati

Specialty: Orthopaedic Surgery

Hospital : Tungaru Central Hospital, Tarawa

Dates : 14 – 30 November

PIP – Funded Volunteers	
Mr Rob Genat (M)	- Surgeon
Mr Boris Brankov (M)	- Surgeon
Dr Ben Williams (M)	- Anaesthetist
Ms Dale Williams (F)	- Nurse

Local Counterparts/Participants	
Dr Bauro Rotaria (M)	Surgeon
Dr Marylyn Suarez (F)	Anaesthetist
Dr Tekeua Uriam (F)	Trainee Anaesthetist
Thomas Anterea (M)	Theatre Nurse
Teiraoi Bio (F)	Theatre Nurse
Aeniba Roneta (F)	Anaesthetic Nurse
Ruby (F)	Outpatients Nurse
Kave (F)	Nurse – CSSD
Tekoana (M)	Head Physiotherapist

Self – Funded Volunteer	
Mrs Cherrie Genat (F)	- Nurse

OVERVIEW

This was the 10th Orthopaedics visit to Kiribati under PIP. This visit was led by Mr Genat who has been providing services to Kiribati for almost 16 years. It was an extremely busy visit which conducted over 200 patient consultations in the 2 week visit.

A lack of trained staff heavily impacted the levels of pre-screening conducted in preparation for the team's visit. Unfortunately the Cuban orthopaedic surgeon who was working at the Tungaru Central Hospital on the team's previous visit had left Kiribati and no replacement had since been found. It is believed that a replacement orthopaedic surgeon is due to arrive sometime in 2011. In the meantime, the local general surgeon, Dr Bauro is taking on orthopaedic cases as best he can.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	21	8	45	21	40	45	16	7	122	81	203
Patients successfully operated on	6	-	5	3	3	4	4	1	18	8	26

Clinical Activities

Pre-Operative Assessments

It appeared that a large number of patients attended the clinic after hearing the publicity about the visit. The vast majority of these cases were outpatients. As with previous visits, there were a large number of patients presenting with spinal pain due to degenerative change which were assessed and referred for physiotherapy, and prescribed anti-inflammatory medication as appropriate.

Surgery

In addition to the 6 patients administered with lumbar epidural injections by Dr. Williams, 26 other patients underwent procedures. It was anticipated that many of the procedures performed would significantly reduce pre-operative symptoms and improve the day-to-day function and movement of the individuals. Operations performed by the team comprise:

1 - postero-medial release for club foot (TEV)
2 - high tibial osteotomy for OA of the knee (closing edge with internal fixation)
3 - osteotomy of the distal humerus with internal fixation for malunion of old supracondylar fracture
1 - osteotomy of the distal radius with bone graft (Colles fracture malunion)
2 - osteotomy and plating malunion mid-shaft radius and ulna
1 - ORIF ulnar shaft fracture non-union
1 - ORIF chronic fracture-dislocation of the ankle ORI F acute (l0 days) fracture-dislocation of the ankle
2 - resection of radial head at the elbow (dislocation and OA)
1 - resection of spurs anterior ankle
1 - Keller's excision arthroplasty of the great toe (OA)
1 - removal of metal at the elbow
1 - revision one screw on a plated forearm
2 - release De Quervain's tenovaginitis at the wrist
1 - release of trigger finger
2 - excision benign tumour in the hand
1 - biopsy/decompression of ulnar nerve at the elbow (leprosy)
3 - drainage of septic arthritis (2 knee, 1 hip)

Post-Operative Follow-up

There will be a significant level of support needed by patients in the months following the team's visit. Some patients will require plaster changes over a three-month period and others will require the removal of wires. All of this was thoroughly discussed with Dr Bauro prior to the team's departure.

Morbidity and Mortality

Nil reported by the team.

Capacity Building and Training Activities

Although Dr Bauro is a general surgeon, he spent a lot of time consulting and operating with Dr Genat. It seems that Dr Bauro has a keen interest in orthopaedics and consulted Dr Genat on some previous cases he had seen. Dr Genat made sure that he took the time to explain the orthopaedic treatment plans and to demonstrate some new techniques to Dr Bauro.

Dr Brankov also spent time discussing cases with Dr Bauro, and he showed him several instructional presentations on his computer and on the internet. At the end of the visit Dr Brankov generously donated his computer to the medical staff so they could continue to use it as an educational resource. This will also facilitate the future communication and consultation with the team by Dr Bauro regarding any future cases.

Issues

It is apparent that there is no continuity of orthopaedics training for local staff. Ideally an orthopaedic surgeon or trainee should be sought for the island.

Recommendations

The team strongly recommended encouraging the locals to perform adequate pre-screening prior to the next team visit. This could be facilitated by making earlier contact with the MoH and hospital in Kiribati in order to ensure these arrangements are made. This would ensure that future visits are as effective and efficient as possible.

It would also be highly useful if the future orthopaedic surgeon and Dr Bauro could be relieved of their usual duties during the next visit. This would ensure that they are available to receive further training from the team.

2.4 Marshall Islands

Specialty: Urology

Hospital : Majuro Hospital

Dates : 26 November – 3 December 2010

PIP – Funded Volunteers	
Mr Don Moss (M)	- Surgeon
Dr Ross Phillips (M)	- Anaesthetist
Ms Joy Taylor (F)	- Nurse

Local Counterparts/Participants	
Dr Masao Korean (M)	- Medical Chief of Staff
Mr Francis Silk (M)	- Hospital Administrator
Dr Vicente Tecson (M)	- Consultant General Surgeon
Lenny Joseph (M)	- Theatre Nurse
Aurre Lomae (F)	- Anaesthetic Nurse
Junior John (M)	- Anaesthetic Nurse
Veronica Tosiyeru (F)	- Anaesthetic Nurse
Zally P (F)	- Theatre Nurse

OVERVIEW

Despite the concurrent visit of a Taiwanese team at the Majuro Hospital[1], the Urology team provided a useful Urology visit to the Marshall Islands. The local staff and population appeared most grateful to the team for provided services to the isolated community.

Currently many patients with urological needs are transferred off-shore to Hawaii. Although there are not enough urology cases to warrant the training and employment of a resident urologist, the regular urological visits would save considerable costs for the country and provide consistent services to the community.

The team met with Australian Ambassador Ms Susan Cox, and the AusAID Program Manager Majella Walsh, towards the end of the visit for a debrief meeting. A hospital specific debrief was also arranged with the Hospital Administrator, Mr Francis Silk, and Medical Chief of Staff, Dr Masao Korean.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	25	9	34
Patients successfully operated on	-	-	-	-	-	-	-	-	3	1	4

Clinical Activities

Pre-Operative Assessments

All 34 patients consulted were appropriate referrals. Most patients were referred by Consultant General Surgeon Vicente Tecson (expatriate surgeon contracted by the Ministry of Health) or referred by other clinicians.

Surgery

Many patients did not need operative treatment, but required more conservative treatment options such a medication alone. All 4 cases operated on were major cases. One open stone case required urgent surgery with high grade uretic obstruction with signification pressure effects and major risk of sepsis in the obstructed system.

Post-Operative Follow-up

Plans for post-operative follow-up were discussed with the local staff.

[1] Visit of Taiwanese team was only relayed to project management when all arrangement have been finalised and option to cancel and re-schedule the PIP visit was no longer possible (equipment and disposables also already shipped). It can be noted that planning for the visit in consultation with the Marshall Islands MoH commenced as early as 6-months prior with RACS receiving no advice that there is a scheduled visit by a Taiwanese team in the last week of Nov 2010.

Morbidity and Mortality

One patient developed post-op clot retention which was effectively cleared by the catheter irrigation. No mortality was reported by the team.

Capacity Building and Training Activities

The team spent considerable time with Dr Tecson discussing best options of urological managements. One session was spent with Dr Tecson and the local radiologist to review any problem areas in urology and the most effective use of radiology.

Dr Tecson was instructed on basic cystoscopy and use of urological instruments.

2.5 Micronesia

Specialty: Urology

Hospital : Chuuk State Hospital and Pohnpei State Hospital, Micronesia

Dates : Chuuk - 14 -21 November 2010

Pohnpei – 22 – 26 November 2010

PIP – Funded Volunteers		Local Counterparts/Participants	
Mr Don Moss (M)	- Surgeon	Dr Kennedy Remit (M)	- Head of Surgery, Chuuk
Dr Ross Phillips (M)	- Anaesthetist	Dr Jo Jo (M)	- General Surgeon, Chuuk
Ms Joy Taylor (F)	- Nurse	Dr Johnny Hedson (M)	- Head of Surgery, Pohnpei
		Dr Thome Joel (M)	- General Surgeon, Pohnpei
		Dr Okai Johnson (M)	- Anaesthetist, Pohnpei
		Arthur (M)	- Anaesthetic Nurse, Chuuk
		Sara (F)	- Theatre Nurse, Chuuk
		Poden Pedrus (F)	- Theatre Supervisor, Pohnpei
		Mira Johnson (F)	- Theatre Nurse
		Yuhne Eldrige	- OR Technician

OVERVIEW

The team visited both Chuuk and Pohnpei on this visit. Although there was not a large need for surgical treatment, the team was presented with a large number of patients for consultations due to the lack of urological knowledge in Micronesia.

The team met with Australian Ambassador, Ms Susan Cox, and the AusAID Program Manager, Ms Majella Walsh, for a breakfast meeting in Pohnpei. This provided a time for discussions regarding the visit and the future needs of the country. In Chuuk Dr Remit and Dr Hedson proved most supporting and welcoming of the team.

VISIT OUTCOMES

Summary

Chuuk

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	46	9	55
Patients successfully operated on	-	-	-	-	-	-	-	-	9	-	9

Pohnpei

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	42	14	65
Patients successfully operated on	-	-	-	-	-	-	-	-	4	1	5

Clinical Activities

Pre-Operative Assessments

Lack of urological knowledge in Micronesia meant there was a high rate of urological consultations in both locations. Most patients did not require surgery, yet rather reassurance or explanations alone (e.g. many patients had renal stones or men with prostatic symptoms which did not require surgery).

Surgery

There were several paediatric cases treated in both Chuuk and Pohnpei. These were cases of young boys with undescended testicles of hypospadias. Prostatic surgery in Chuuk was limited as the cutting diathermy would not function adequately for prostate resection.

Post-Operative Follow-up

The timing of the visit allowed for the team to monitor the necessary post-op care by local staff. One of the boys with hypospadias will require a second stage of surgery in approximately 6 months. This case will most likely be referred to Hawaii.

Morbidity and Mortality

Nil morbidity or mortality was reported by the team.

Capacity Building and Training Activities

One-on-one training was provided to Dr Jo Jo and Dr Joel in cystoscopy technique and retrograde uretic catheterisation. Arthur, Dr Jo Jo and Dr Joel were also guided in specific principles of urological assessment.

A lecture was delivered to medical and nursing in Chuuk on basic urology.

Issues

The available diathermy machine in Chuuk was not functioning for underwater cutting which is needed for certain urology surgeries.

Recommendations

Dr Joel would be an excellent candidate to support for future urology training. A more regular meeting plan with local surgeons would allow patients to accumulate for planned visits, rather than being sent to the Philippines or Hawaii for treatment. Although the operating load was not large on this visit, the large number of patients presenting for consultation indicates a need for a wider availability of urological advice.

Annual urology visits would be ideal to allow for more effective planning. This could co-ordinate with similar visits (e.g. from USA based urologists) to improve support and training of the current surgeons in Micronesia to enable them to better understand basic urology.

2.6 Nauru

Specialty: Vascular Surgery

Hospital : Republic of Nauru Hospital (RON), Nauru

Dates : 03 – 11 November 2010

PIP – Funded Volunteers		Local Counterparts/Participants	
Dr John Graham (M)	- Surgeon	Dr Alani Tangitau (M)	- Medical Superintendent
Mr Peter Murphy (M)	- Sonographer	Dr Isikeli Lutidamu (M)	- Resident Surgeon
Mrs Jane Milz (F)	- Nurse	Mr Malachi (M)	- Resident Radiographer
		Mrs Gano Mwareow (F)	- Director of Nursing
		Sr Makarita Tamanivalu (F)	- Nurse-in-Charge, OT

OVERVIEW

This was the 8th PIP-funded Vascular surgery team visit to Nauru. The objectives of this visit were to assess requirements of all patients in need of renal dialysis and vascular access and to subsequently conduct procedures on all necessary patients. Training objectives were also set for the medical staff which included assisting with examinations and providing ultrasound teaching to the staff. The visits continue as a result of the increasing complexity of care for patients with renal failure on the island.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	-	-	-
Patients successfully operated on	-	-	2	-	4	1	3	2	9	3	12

Clinical Activities

Pre-operative Assessments

A spreadsheet with all known renal patients with their creatinine and other biochemistry has been developed and was used to prioritize patients for medical review. Hence on the first day of the visit, the first patients seen were those with Permacaths, other fistula problems, or known to have very high creatinines and in imminent need of dialysis. From this the operating list was formulated and surgery commenced on the next day.

Patient selection for operation encompassed 3 groups: those who are dialyzing via Permacath and requiring permanent fistula formation; those with fistula difficulties needing intervention to preserve the fistula and those in whom dialysis is contemplated within the immediate future. It is hoped that eventually the majority of patients attending for fistula formation will be doing so for impending dialysis need without the need for Permacath.

Patients are presenting late with advanced renal disease (stage IV – V CKD) and suboptimal blood pressure control. It is clear that medication compliance is significant problem. The majority of diabetic CKD patients have advanced neuropathy with ulceration and foot sepsis.

Surgery

A total of 12 patients underwent surgical procedures in which 8 new fistulae were created with 3 patients in this group currently dialyzing by Permacath and 1 requiring the fistula in the other arm ligated in 6 weeks. 4 fistulas were revised, 2 for stenosis correction, 1 for aneurysm formation and 1 accessory vein ligation. 1 patient had a Permacath inserted. 1 patient had a fistula revision but it was inadequate hence a Brachiocephalic fistula was created on the same arm.

Dr Alani Tangitau attended all operations and gave anaesthesia as needed. Most procedures were performed under local anaesthesia with sedation and antibiotics given by the surgical team. 1 case required general anaesthesia. Dr Isikeli Litidamu is a Fijian surgeon new to the island and he assisted at all operations and performed as primary surgeon in several. This continuity with local medical staff was invaluable.

Post-Operative Follow-up

All patients required post-operative review and most of them received this through the renal unit. The team was concerned that all patients may need this review. As Dr. Alani Tangitau was involved on all patient cases, the transfer of patient information was easily accomplished.

Morbidity and Mortality

There was no post-operative death reported for this visit. There was 1 patient with a bleed from a wound upon discharge and required a further night in hospital, and there was 1 post-operative would infection which settled with antibiotics.

Capacity Building and Training Activities

Ms Milz conducted impromptu tutorials on dialysis needs while Mr. Murphy spent considerable time with the new Fijian radiographer instructing him on vascular and general ultrasound.

There are still a range of areas which the staff requires education on including the management of diabetes and renal failure, dialysis, hypertension management, tablet compliance, ultrasonography and optimal diabetes control. The team suggested that this could be addressed through a multidisciplinary workshop which could run over an entire day on the next team's visit.

As a new teaching computer was donated to RON by the visiting team, it was recommended that reference updates should be continuously added to it on subsequent visits. Ultrasound textbooks would also be greatly appreciated by the staff.

Recommendations

The vascular visits should continue twice yearly and the teams need to include a renal access surgeon, nurse and ultrasonographer and in association with a nephrologist visit. This would assist staff develop protocols which can be nurse-driven and aim for realistic targets.

The Diabetic Clinic is held at the Nauru Hospital and the Chronic Kidney Disease Clinic at the RON hospital. The team recommended that these run out of the same location and relate more closely to one another which could include developing a referral system for the Kidney Clinic which could see patients present earlier for Dialysis treatment.

Mr Malachi, the Radiographer, is also in need of on-going education and training. Mr Malachi will specifically require training for the new ultrasound machine when it arrives. To this end, the next team should include an ultrasonographer who can dedicate time to delivering in-depth training to Mr Malachi.

It is also important that all new equipment supplied to Nauru have a contract of ongoing warranty and maintenance. Unfortunately it appears that if something is broken in Nauru then it is unlikely to get fixed.

Specialty: Nephrology

Hospital : Republic of Nauru Hospital, Nauru

Dates : 03 – 11 November 2010

PIP – Funded Volunteer

Maj. Gen. William James (M) - Nephrologist

OVERVIEW

This was the 7th visit of a nephrologist to Nauru under the PIP and undertaken in association with the vascular surgery team visit. The objectives for the visit were to provide assessment of all patients with elevated creatinine and all patients on renal dialysis and provide assessment to all patients referred by RON renal clinic

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		?		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/assessed	-	-	3	1	16	12	4	6	2	1	25	20	45

Clinical Visit – Assessment

45 patients were seen and assessed comprising 19 patients undergoing dialysis and 26 patients with elevated creatine. Of the patients seen and assessed, 12 eventually had procedures undertaken by the vascular surgical team.

Capacity Building and Training Activities

A one-hour seminar was held by Dr. James on diabetic renal disease highlighting aetiology and preventative areas which was attended by some medical and nursing staff.

Recommendations

The team recommended that the nephrologist provide education on early detection, developing surveillance systems, follow-ups and referrals to the diabetic clinic staff.

2.7 Samoa

Specialty: Orthopaedics

Hospital : Tupua Tamasese Meaole Hospital, Apia

Dates : 29 September – 09 October 2010

PIP – Funded Volunteers	
Dr Wayne Viglione (M)	- Surgeon
Dr Rod Pattinson (M)	- Surgeon
Dr Rod Green (M)	- Anaesthetist
Mrs Teei Strickland (F)	- Nurse

Local Counterparts/Participants	
Dr Toloa Enosa (M)	- Senior Surgeon
Dr Sioni Pifeleti (M)	- Surgical Resident

Other Donor/Self-Funded Volunteers	
Ms April Sutcliffe (F)	- Physiotherapist
Dr Joe Isaac (M)	- Surgical Registrar
Ms Paula Barrass (F)	- Nurse

OVERVIEW

This was the 11th Orthopaedics surgical visit delivered to Samoa under the PIP. Dr Wayne Viglione and his team continued to build on the good work conducted on previous visits. The team managed to pass on some important new techniques to the local medical personnel. It is important that these skills be further developed in order to ensure the sustainable transfer of skills and knowledge to local medical personnel.

This was a busy visit of which 180 patient consultations were conducted. It appeared that the advertising conducted prior to the team's arrival was a success although there was a huge number of patients with inappropriate cases who turned out during the pre-screening clinics. Nevertheless, the team managed quite well under these circumstances and successfully operated on 38 patients.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		???		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	31	18	47	19	29	19	6	8	3	-	116	64	180
Patients successfully operated on	11	5	9	4	2	1	-	3	3	-	25	13	38

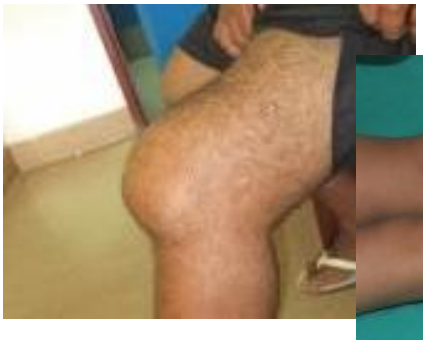
Clinical Activities

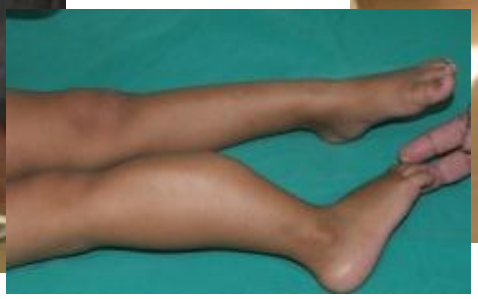
Pre-Operative Assessments

Due to the pre-visit advertising about the visit, the team was inundated with patients with no referrals. There were many conditions that the team nor the local infrastructure and resources are equipped to deal with. Joint replacement, for example, is not feasible yet in Samoa. Some patients were beyond simple management or outside of the team's

speciality. Where appropriate, the team made recommendations on cases that can only be safely attended to in an appropriate health facility in New Zealand or Australia.

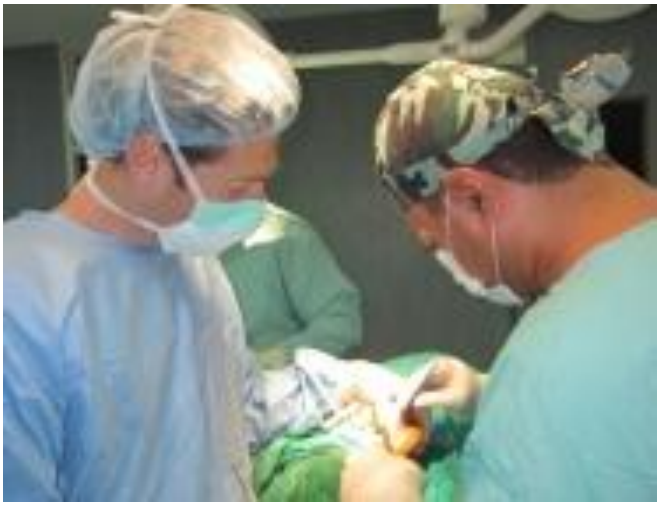
The consultations proceeded slowly due to a number of reasons including language barrier, a lack of appropriate medical history and no access to x-ray facilities. Nevertheless, the team managed to see 180 patients.
The types of patients seen included a range of conditions comprising neglected pathology including infection and trauma, the usual large number of knee ligament injuries culminating in osteoarthritic knees, and degenerative joint disease which included quite debilitating spinal arthritis and stenosis as well as knee and hip pathology. A large number of Paediatric age club fit and neglected foot deformities to correct also presented.





Surgery

Several anterior cruciate ligament reconstructions were performed. The emphasis was to deliver a service which could be duplicated by the local surgeons. In the longer term, it is hoped that the local faculty would develop confidence in treating this condition primarily with simple and inexpensive prosthetic devices using locally available equipment.



A case of laminectomy for severe spinal stenosis was likewise performed. This hopefully will have an impact on the patient's recovery from a cauda equina syndrome with a severe diplegia. Procedures performed also included talipes releases and corrective surgery osteotomies on two fixed adult fixed equinus forefoot deformities- providing the patients with an obvious long-term benefit- i.e. a plantargrade foot.

Several percutaneous achilles tenotomies were performed with the local team performing the surgery to build their confidence. This will further encourage the local surgeons to undertake early intervention (tenotomies) to allow full correction of the equinus.

During this visit, an opportunity presented allowing Dr. Viglione to demonstrate to the local surgeons the technique in treating fractured tibia requiring intramedullary nail. With the Synthes donated equipment, this is an important technique well within the capability of the local surgeons to carry out by themselves.

The visiting physiotherapist provided a steady stream of patients to the surgical team with partially corrected talipes for tenotomies and soft tissue releases.

Post-Operative Follow-up

The team carried out ward rounds and discussed long-term management of operative patients with the local medical staff.

Morbidity and Mortality

Nil morbidity or mortality was reported by the team for this visit.

Capacity Building and Training Activities

Where possible, local surgeons were encouraged to get involved in the provision of services, either as lead surgeons under supervision or assistants to the visiting surgeons. However, the complex nature of some of the cases and the difficulties in operating without the best equipment prevented a more hands-on experience for some of the local surgeons.

Dr Viglione presented a talk on osteomyelitis providing practical advice on the early management of the disorder. This was well received and facilitated active discussion amongst the staff.

The team nurses, Paula and Teei, provided educational sessions on the use of the intramedullary nailing sets and Dr Viglione gave a practical demonstration of the use of intramedullary nailing in the treatment of a fractured tibia.

Issues

There is a reservoir of chronic disease that is not being treated in Samoa. This includes degenerate joint disease and chronic knee instability and eventual post traumatic arthritis. Some effort should be made to provide the capacity for the team to perform simple joint replacement surgery and eventually by the local surgeons between visits. Unfortunately this may well open up additional complications and expensive fixes that the medical system in Samoa can ill afford at the moment. However, this is still more cost effective than expatriating patients for treatment in New Zealand or Australia.

Recommendations

Continued yearly visits are appropriate but additional visits by a smaller team may also be beneficial to foster more tutelage without the pressure of having to perform volumes of surgery. Future visits should aim less on the numbers of surgery but more on the careful assistance for the local surgeons to perform the cases that they want to treat.

2.8 Solomon Islands

Specialty: Paediatrics - Urology

Hospital : National Referral Hospital, Honiara

Dates : 13 – 19 November 2010

PIP – Funded Volunteers	
Mr Vipul Upadhyay (M)	- Surgeon
Dr Ian Chapman (M)	- Anaesthetist
Ms Ngaire Murray (F)	- Theatre Nurse
Ms Shonagh Dunning (F)	- Recovery Nurse

Local Counterparts/Participants	
Dr Douglas Pikacha (M)	- Medical Superintendent/ Surgeon
Dr Rooney Jagilly (M)	- General Surgeon
Rose Ivosi (F)	- Theatre Nurse Educator
Nerrie Raddle (F)	- Theatre Nurse
Densy Saohu (F)	- Theatre Nurse

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	24	23	-	-	-	-	-	-	24	23	47
Patients successfully operated on	11	6	-	-	-	-	-	-	11	6	17

Clinical Activities

Pre-Operative Assessments

A total of 47 patients presented for pre-operative assessments. Dr. Vipul reported appropriate pre-screening by the local medical staff headed by Dr. Jagilly.

Surgery

Of the patients presented, 17 were deemed appropriate for procedures during this visit. All of the cases attended to involved urological surgical intervention providing curative relief to the patients.

Post-Operative Follow-up

Daily ward rounds were conducted by the team and the local surgeons to monitor the progress of patients who underwent surgery. During this work activity, Dr. Vipul continuously discuss patient follow-up after care with the local surgeons.

Morbidity and Mortality

1 intraoperative bleed was reported by the team. This was appropriately treated and the patient made a full recovery. Nil mortality was reported by the team.

Capacity Building and Training Activities

The team provided both on-the-job and formal training to local medical personnel One-on-one mentoring was provided to Dr Rooney Jagilly. Dr. Vipul recommended the continued transfer of paediatric surgical skills to Dr. Jagilly.

A formal lecture was presented at the hospital grand round and discussions were held with the entire department regarding patient care. Informal feedback received by the team was very encouraging.

There was unfortunately not a lot of training opportunities in theatre for the local nursing staff as a lot of staff were either transferred to the wards or on annual leave during the team's visit. The team nurses will contact the local nursing school prior to their next visit to discuss educational lectures or presentations.

Specialty: Radiology

Hospital : National Referral Hospital, Honiara

Dates : 13 – 19 November 2010

PIP – Funded Volunteer		Local Counterparts/Participants	
Mr Russell Metcalfe (M)	- Radiologist	Aaron Oritamae (M)	- Head of Radiology
		Lazarus Saunaga (M)	- Radiology Registrar

OVERVIEW

A Radiologist visited the National Referral Hospital to provide medical imaging support and on-the-job training to local medical imaging staff. This is in response to request and representation made by the hospital's radiology department to the Team Leader during the PIP paediatric surgical visit in 2009. To optimise benefits, the visit was scheduled to coincide with the paediatric surgery visit, thereby increasing medical imaging skills while the team is in country.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18			19 - 39		40 - 59		60 +		???			ALL AGE GROUP			
GENDER	M	F	??	M	F	M	F	M	F	M	F	?	M	F	?	TOTAL
Patients seen - medical imaging & ultrasound taken	9	7	3	1	-	-	1	-	1	1	-	1	11	9	4	24

Clinical Visit

In addition to the 24 patient cases in which the visiting radiologist was directly involved, Mr. Metcalfe also provided assistance to numerous other cases not related to the paediatric team surgical caseload. Most of the cases wherein Mr Metcalfe's assistance was required were in the area of ultrasound.

Capacity Building and Training Activities

The local radiologist, his registrar, departmental nurse and the medical radiation technologist were provided with informal 'hands on' training by the visiting radiologist. This included either guidance in carrying out procedures, such as ultrasound, enemas and loopograms, as well as supervision for the studies they performed.

One formal lecture was delivered on imaging in common paediatric abdominal conditions.

Recommendations

Access to CT and fluoroscopy would greatly improve the ability of the radiology department to provide timely and more accurate diagnoses. Diagnosis of many common conditions (both paediatric and otherwise) cannot be managed adequately without access to CT. Should this equipment become available to staff in Honiara, significant training would be required to ensure local staff would make the most beneficial use of the technology.

2.9 Tonga

Specialty: Ophthalmology

Hospital : Vaiola Hospital (Nuku'alofa) and Prince Ngu Hospital (Vava'u), Tonga

Dates : 4 – 16 October 2010

PIP – Funded Volunteers		Local Counterparts/Participants	
Dr Neale Mulligan (M)	- Surgeon/TL	Dr. Paula Vavilli (M)	- Ophthalmologist, Vaiola H.
Dr Stephen Heery (M)	- Surgeon	Dr. Tuinukuafe (M)	- Anaesthetist, Vaiola H.
Ms Sandra Arthur (F)	- Nurse	Meleane Eke (F)	- Charge Nurse, Vaiola H.
		Mele Vuki	- Eye Clinic Staff, Vaiola H.
		Malanie Seale (F)	- Theatre Staff, Vaiola H.
		Simila Puloka (F)	- Theatre Staff, Vaiola H.
		Mele Lutui (F)	- Theatre Staff, Vaiola H.
		Latai Lui (F)	- Theatre Staff, Viola H.
		Linette Fakauho	- Anaesthetics Staff, Vaiola H.
		Kataki Latu	- Anaesthetics Staff, Vaiola H.
		Salome Toko	- Charge Nurse, Prince Ngu H.
		Ailine Toumohouni	- Nurse, Prince Ngu H.
		Patsy Lomu (F)	- Nurse, CSSD, Prince Ngu H.

OVERVIEW

Having received no other ophthalmology team in 2010, it appears that the Tongan MoH aims to have the majority of ophthalmic surgery carried out by visiting teams. The trend of patients was largely cataract cases, of which many were bilaterally blind with dense cataracts. The team coped well under the large bulk of patients and carried out many life-changing operations during this visit.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	-	-	-	-	-	-	-	-	-	-	640
Patients successfully operated on	4	1	4	3	19	20	31	52	58	76	134

Clinical Activities

Pre-Operative Assessments

A total of 640 patients were screened in preparation for the team's visit.

Surgery

High quality surgical outcomes were recorded for patients treated. All patients were seen post operatively and post operative visions were recorded for the majority of the patients. Given the type of cataract and the available equipment, most of the surgery was done with extra scapular cataract extraction as the team felt that phacoemulsification was not suitable for most cases

Post-Operative Follow-up

The team felt that the highly trained local staff were capable of handling the post-operative care for patients and therefore no specific follow-up care was outlined by the team.

Morbidity and Mortality

Nil reported on this visit.

Capacity Building and Training Activities

The team felt very fortunate to have such a highly capable ophthalmic nursing staff to work with in the capital of Naku'alofa and the outer lying island of Vava'u. Informal training was conducted with the nursing staff both in the clinics and operating theatres. Dr. Mulligan also conducted one formal presentation to the medical staff on ophthalmic emergencies.

2.10 Tuvalu

Specialty: Ophthalmology

Hospital : Princess Margaret Hospital, Funafuti

Dates : 11 – 18 November 2010

PIP – Funded Volunteers		Local Counterparts/Participants	
Dr Richard Rawson (M)	- Surgeon	Dr. Pualasi	- Medical Director
Dr Ian Woodforth (M)	- Anaesthetist	Alaita Faletapo	- SSN Outpatients Dept
Ms Patricia Thatcher (F)	- Nurse	Sina Isako	- SSN In Charge OP Dept
Mr Dean Psarakis (M)	- Optometrist	Katow Fusitala	- SSN In Charge OT
		Teafe Faletapo	- SN OT

OVERVIEW

The visit was a success overall, despite the relatively low numbers seen by the team. Sight was restored to several patients and over 300 pairs of glasses were left with the hospital to distribute as required in the future.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39			40 - 59			60 +		ALL AGE GROUP			
GENDER	M	F	M	F	?	M	F	?	M	F	M	F	?	TOTAL
Patients seen/screened/received non-surgical treatment	14	12	12	30	1	78	66	1	30	51	142	144	2	288
Patients successfully operated on	1	-	2	-	-	2	4	-	4	10	7	14	-	21

Clinical Activities

Pre-Operative Assessments

Pre-screening was carried out by local staff in Funafuti and in the outer islands. The team optometrist, Dean Psarakis arrived in Tuvalu two days ahead of the team to carry out pre-operative assessments at local clinics.

The Prime Minister of Tuvalu attending consultation with Dean Psarakis

Surgery

Major surgical trends saw many patients with presbyopia, conjunctivitis and pterygia and there were significantly more lid lesions seen on this visit than in previous years. The team noted, however, that there was a surprisingly low rate of cataracts on this visit.

Post-Operative Follow-up

No specific aftercare was noted by the team as being required for patients.

Morbidity and Mortality

Nil reported by the team.

Capacity Building and Training Activities

Informal training in eye care was delivered to both doctors and nurses in the outpatient clinic. The local staff also actively participated in theatre which greatly assisted the team and built up the skill of the local staff.

Eye care emergency manuals were distributed to the staff. Discussions were then held with the nursing staff and outpatients doctors.

Recommendations

The team recommended the training in eye care of a local nurse to enable screening of potential patients in preparation for the eye team's arrival and supply glasses where appropriate.

The provision of suitable imaging resources and email access for the local doctors and nurses would also enable the local health staff to seek advice from ophthalmologists as required. This would facilitate a limited, yet important, degree of eye care to be delivered to the population of Tuvalu. The team leader, Dr Rawson noted that this has already been happening quite well on an ad hoc basis however it could be improved by the provision of some basic ophthalmology equipment to the local health care staff.

2.11 Vanuatu

Specialty: Plastic & Reconstructive

Hospital : Port Vila Central Hospital, Port Vila

Dates : 14 – 24 October 2010

PIP – Funded Volunteers		Local Counterparts/Participants	
Mr Ian Holten (M)	- Surgeon	Dr Willie Tokon (M)	- Medical Director
Mr Michael Klaasen (M)	- Surgeon	Dr Samson Mesol (M)	- Head of Surgery
Dr Robert Grace (M)	- Anaesthetist	Dr Samuel Kemuel (M)	- Surgical Registrar
Ms Helen Chadwick (F)	- Nurse	Dr Sam Cosman (M)	- Consultant Anaesthetist
		Sr Dorothy (F)	- Theatre Charge Nurse

Interplast-Funded		
Ms Vanessa Berry (F)	- Nurse	-

OVERVIEW

Mr Klaassen, Mr Holten and Dr Grace all felt that the Vila Central Hospital has consistently improved over time and has great potential. The feeling is that the traditional Interplast program design that includes surgical, anaesthetist and nursing volunteers and equipment may not be required in the future. There is potential for a single plastic surgeon to visit Port Vila but on a more regular basis (eg. every 3 months) to provide ongoing plastic surgery training and mentoring to the general surgeons, in particular Dr Samuel Kemuel. Mr Holten has received expressions of interest from several plastic surgeons who would be interested in volunteering in a mentoring capacity.

It is most important to include the local surgical registrars and where ever possible they should be given the opportunity to return from the Fiji School of Medicine in Suva to participate in mentoring visits for ongoing training in plastic surgery.

To complement this, Dr Samson Mesol is very keen to set up a twinning arrangement with Geelong Hospital for an exchange of surgical registrars to broaden their horizon and to further their education. Dr Samson Mesol has been in contact with Professor David Watters at Barwon Health to investigate the possibility of this endeavour.

VISIT OUTCOMES

Summary

AGE GROUP (YEARS)	0 - 18		19 - 39		40 - 59		60 +		ALL AGE GROUP		
GENDER	M	F	M	F	M	F	M	F	M	F	TOTAL
Patients seen/screened/received non-surgical treatment	9	10	4	7	3	1	-	1	16	19	35
Patients successfully operated on	7	8	4	4	3	1	-	-	14	13	27

Clinical Activities

Pre-Operative Assessments

The outpatient's clinic was very well organised and pre-screening was arranged by the surgical registrar, Dr Samuel Kemuel. Generally the patients referred to the clinic were appropriate. Unfortunately, the patient's identified on the previous visit in 2009, as requiring a second stage procedure did not present themselves at the clinics for further assessment. This was despite advice being given to them to return in twelve months' time.

Surgery

The operating theatres (staff, services & facilities) continue to be of a very good standard. Sr Dorothy runs a very well organised and well-staffed facility. There was one dedicated theatre for the team and a second theatre was made available when it was not being used for the local lists or when they finished early. Dr Kemuel assisted in almost every operation and is proving to be a promising young surgeon.

In total 27 patients underwent procedures, most of them were major cases. The types of surgery included cleft lip and palate surgery, burn scar contractures releases, tumour, and secondary trauma surgery.

Post-Operative Follow-up

Both the recovery and ward facilities have improved significantly over recent years and the team was satisfied and complementary of the current standards both in terms of Nursing staff and facilities.

Dr Samuel Kemuel was the designated surgical registrar who worked with the team. He was responsible for organising the patients, assisting in theatre and was provided with instructions for their aftercare. Dr Kemuel has done an outstanding job in the management of the patients on this program.

Morbidity and Mortality

There were no mortalities, morbidities or postoperative complications reported by the team.

Capacity Building and Training Activities

Surgical registrar Dr Kemuel was present for the duration of the operating schedule and assisted with most operations performed by Mr Holten and Mr Klaassen. When both operating theatres were in use Dr Kemuel would assist with the more relevant case according to his current training position. Dr Kemuel has been identified as a future General Surgeon for Port Vila and has been recommended to attend the Fiji School of Medicine to do his Masters of Surgery. Dr Kemuel has a strong interest in plastic surgery and would like to train in plastic surgery as a sub-specialty.

Currently, Vila Central Hospital has two Consultant General Surgeons (Dr Mesol & Dr Leona) and three registrar surgeons. Dr Kemuel plans to commence his training at the Fiji School of Medicine in 2011 and is therefore 3 years from completing his surgical training. The aim of the surgical unit is that each surgeon (5 in total) will be trained as a general surgeon with a sub-specialty such as plastic surgery, urology, paediatrics and orthopaedics.

Informal teaching was also delivered at the surgical, anaesthetist and nursing level. Mr Klaassen gave a formal presentation to the doctors and nurses on the history and future of plastic surgery.

Recommendations

It is most important to include the local surgical registrars and wherever possible they should be given the opportunity to return from the Fiji School of Medicine in Suva to participate in mentoring visits for ongoing training in plastic surgery.

3. Training

During this quarter and in addition to on-the-job training, mentoring and informal training sessions being delivered during clinical visits, PIP also supported the following training and capacity building initiatives:

- **EMST Instructors Course, Melbourne (19 – 21 Nov 2010)**

  Dr Basil Leodoro, Surgical Registrar (Vanuatu) and Dr Dyxon Hansell, Surgical Registrar (Samoa) attended the EMST Instructors Course held in Melbourne on 19 – 21 November 2010.

  Medical practitioners interested in trauma care who have an interest and involvement in teaching and who wish to become actively involved in the EMST program may apply for the EMST Instructor Course. Both Dr Leodoro and Dr Hansell have complied with the course pre-requisites, i.e. applicants must have current EMST status and recognition of the applicant's instructor potential by the faculty of Provider Course attended.

Dr Leodoro and Dr Hansell successfully completed the Instructor Couse and will now be scheduled to instruct at the next EMST course to be held in Fiji as an Instructor Candidate. When this occurs, their performance as an Instructor will be assessed before they are formally included on the Instructor Panel for further EMST courses.

The EMST instructors Course is a free-course (no registration/course fee) being offered by the College.

- **Radiology - Integrated Training Initiative Scoping, Fiji (18 – 20 Oct 2010)**

The PIP supported a Radiology Integrated Training Initiative (R-ITI) scoping visit in Fiji from 25 – 28 October 2010 by A/Prof. Peter Scally. The primary purpose of the visit was to assess the feasibility of implementing the R-ITI program, offered by the National Health System (NHS) in the United Kingdom, in Fiji. The R-ITI is an online radiology training program which allows training to occur in the trainees' home environment.
A/Prof. Scally had an R-ITI teaching session with 4 anaesthetist registrars and they found the training program very helpful. A/Prof. Scally reported that the equipment available in the library was excellent and that the internet connection was reasonably fast and reliable. The FSMed expressed interest on the R-ITI which will cost FJD2,000 per registrar per annum. The Royal Australian and New Zealand College of Radiologists (RANZCR) may be able to assist in negotiating with the NHS for the 4 licenses required and maybe be also with partial funding support.

The registrars are very eager to start the training program and Peter Gendall, a New Zealand radiologist, has already been approached to supervise the training in 2011. It is proposed that there will be assessments of the registrars' progress at least every 6 months and that the registrars can sit for the RANZCR exams near the end of their training.

- **Eye Care Nurse Training, Hobart (08 – 19 November 2010)**

Samoan Eye Care Nurse, Line Aunese, participated in an overseas attachment at the Royal Hobart Hospital, Tasmania, Australia 8 – 19 November 2010. The eye unit in Samoa has been managed by eye specialist nurses since the departure of the countries' only ophthalmologist in 2009 and this increased the need to further training and up-skilling of eye care nurses in Samoa.

The visit's objectives were to learn about stores management; flow management through a theatre complex; cleaning and sterilisation of instruments; to work with an optometrist to understand their role in eye care; learn about refraction intraocular lens power calculations and other methods of eye testing and to develop professional and social networks.

Line reported that she learnt the easiest way to do refraction and prescribe glasses to patients. She also broadened her knowledge in calculation of intraocular lens power and operating the phaco machine for cataract surgery. One of the most valuable lessons learnt during her time in Hobart was the importance of documentation despite the potentially small procedure carried out.

Line recommended the continuation of overseas attachment for eye care nurses in order to update skill levels and continue their professional development.

- **Emergency Department Scoping Visit, Vanuatu (22 Nov – 05 Dec 2010)**

  At the request of the Vanuatu MoH, a scoping mission was conducted at the Vila Central Hospital (VCH) to discuss strategies for the development of the Emergency Department (ED). The scoping mission took place from 22 November – 5 December and the team was made up of:

  Dr Brady Tassicker - Emergency Physician, North West General Hospital, Tasmania
  Carol Scott - ED Clinical Nurse Educator, North West General Hospital, Tasmania
  Dr Kenton Sade - Director of Emergency Services, NRH, Solomon Islands
  Kristalee Horoto – ED Clinical Nurse, NRH, Solomon Islands

  The ED at VCH is the primary centre for treatment for patients with acute illness or injury in Port Vila and surrounding areas. The ED is perceived to be poorly functioning by staff within the department, hospital management and members of MoH. The visit aims to assess the ED's operations through direct observation and comprehensive consultation with staff members and to recommend strategies to improve the ED and the outcomes of the people in Vanuatu with acute illness, surgically treatable condition, injury or trauma. Having explored the strategies for ED development, a summary of the recommendations are as follows:

  a. Identification of potential and existing VCH ED leaders (medical and nursing) including enrolment of selected staff in Master Program in Emergency Medicine
  b. Increase in staff number, new ED roles and salary structure including long term consideration of specific career development in ED for both doctors and nurses
  c. External technical assistance (essential to the process) for,
     - Provision of administrative/procedural support to aid with evolution of processes.
     - Brief (1-2 weeks) visits by trained emergency medical and nursing staff occurring quarterly, to provide mentoring and educational benefits.
     - Medium term placement of trained emergency physician and nurse (one to three months) to provide intensive assistance with the development of administrative and clinical processes. This should occur relatively early in the development of the emergency department. The timing of this visit should be discussed during the next brief emergency delegation.
     - If provision of long-term specialist medical or nursing assistance is able to be funded, this is likely to be more beneficial after enrolment of staff in the Masters course, to help facilitate training. Provision of technical assistance prior to this point is likely to be of limited benefit.
     - Linking with other support frameworks within the Pacific region
  d. Provision for short term clinical exchange
  e. Enhanced communication channels for doctors and nurses
  f. Provision, training in, and maintenance of basic equipment

- **Clinical Visit Attachment**

  PIP provided airfare funding support to Dr. Griffith Harrison to enable him to work with a NZ-based cardiology team visiting Vanuatu on 14 – 19 Nov 2010. Dr. Griffith Harrison is a Ni-van medical practitioner currently on a 12-months training in cardiology/echocardiography in Auckland, New Zealand. The Vanuatu Ministry of Health endorsed the participation of Dr. Harrison in the visit. On this attachment, Dr. Harrisonassisted in the cardiology clinics and observed most of the echo studies and promoted the Rheumatic Heart Disease (RHD) Program thru awareness talks with the parents and patients and also in the media.

- **Professorial Support – Mentoring & Examination, FSMed**

  a. Examination Preparation Course (18 – 22 October 2010)

  Mr Glenn Guest facilitated a pre-examination preparation course to MMed in Surgery students at the Fiji School of Medicine in Suva. The course was made available to all surgical candidates preparing for their diploma and Master surgical examination. Whilst all attendees were involved in the course, the main focus was on preparing the Masters candidates who were about to sit their final exams. The course was delivered in a series of sessions which addressed the different aspects of the exams as follows:

  - Written exam preparation:
    - Lecture on exam technique with demonstration written questions
    - Group session on written examination questions with feedback
    - Practice written exam
  - OSCE Preparation
    - Lecture on OSCE format and technique
    - Practice OSCE scenarios using digital images and Xrays
  - Practice Long case – Final Year MMed Candidates)
    - Exam simulation: 30 mins with patient then 30 mins of simulated exam
  - Practice Short Cases
    - Ward based short cases – participation primarily with Final Year MMed Candidates whilst others were observers.

  b. External Examiner Support (Nov/Dec 2010)

PIP provided funding support to four external examiners for the FSMed year-end examination held in the months of November and December 2010 as follows:

- Prof David Watters (MMed Surgery)
- A/Prof. Joseph Canalese (MBS and MMed Internal Medicine)
- A/ Prof. Rajanishwar Gyaneshwar (MMed Obstetrics & Gynaecology), and
- Dr. Chris Bowden (MMed Anaesthesia)

MMed Program - General Surgery

All four diploma candidates passed their examination and gained a Diploma in Surgery. However, only 1 obtained the necessary grade to progress to MMed 2 Programme. The other three candidates are not yet ready to proceed to the next program.

All 6 MMed 2 candidates passed the examination and obtained the necessary mark to proceed to MMED 3 program. However, three candidates needs to be advised to work harder at their acquisition and presentation of knowledge to enhance their chance of passing the exam next year.

All 7 MMed 3 candidates passed and did well to proceed to the final year MMed program. The MMed thesis feedback session was useful in presenting their planned thesis work.

Prof. Watters reviewed three written thesis submitted by MMed4 candidates Ni-Van Dr Trevor Culwick (breast cancer in Vanuatu), Fijian Dr Maloni Bulanauca (Burns at CWMH) and Fijian Dr. Jose Turagava (laparoscopic colorectal surgery done during attachment in New Zealand). The theses were all marked 7/10 and Prof. Watters recommended that all the 3 candidates be awarded the degree of Master of Medicine.

MMed - Anaesthesia

All of the 7 MMED3 candidates passed the written and viva examinations. Dr. Chris Bowden conducted the anaesthesia viva examination with Dr. Francois Labat and Dr. Sereima Bale and with Dr. Joji Malani in the medical viva examination.

MMed – Obstetrics & Gynaecology
The two MMed3 candidates presented performed well and passed their examinations. However, the MMed 2 candidate did not do well and was counselled about his areas of challenge. All the 7 diploma candidates presented acquitted well and passed at credit level or higher.

4. Project Management

For each of the specialties within the PIP there is a volunteer Specialty Coordinator who reported to the International Project Management Committee (IPMC). The IPMC exists to provide guidance and strategic direction for the RACS international projects and training endeavors, including the PIP.

Communication between Project Management, visiting specialist teams, the Departments of Health and District hospitals and AusAID are maintained at an effective level. Changes in the needs of the community are regularly monitored, and Project inputs and outputs adjusted to take changing needs into account. To ensure maximum benefits out of the visit, Project Management, where possible, provide direct communication links between the team/specialists and the local/relevant health personnel for discussion of planned activities (including potential cases, if available) prior to travel. The Project continues to maintain a positive profile throughout Pacific, as a highly valued form of assistance from the Australian Government.

The PIP has an Evaluation and Monitoring Committee which regularly meets to review and assess all PIP visit reports, and continues to evaluate the quality and impact of all PIP activities.

5. Financial Summary

PIP III Financial summary as at 31 December 2010 is as follow:

Activity/Item	IN A$ (EX-GST)					
	CONTRACT LIMIT			ACTUAL CLAIMED/INVOICED		
	Completed (2001 – 2006)	Bridging/ Transition (2007 – 2010)	TOTAL	Completed (2001 – 2006)	Bridging/ Transition (2007 – 2010)	TOTAL
Clinical Visits	4,289,176	3,601,031	7,890,207	4,289,176	3,480,254	7,769,430
Training & PIC Staff Travel	352,353	581,060	933,413	352,353	543,970	896,323
Priority Health Funds	204,490	-	204,490	204,490	-	204,490
Disposable Supplies	1,339,407	1,113,645	2,453,052	1,339,407	1,103,232	2,442,639
Equipment	147,335	122,169	269,504	147,335	121,638	268,973
Diabetes Workshop/Training	616,291	-	616,291	616,291	-	616,291
Nauru Program	621,889	-	621,889	621,889	-	621,889
Project Management	371,266	282,916	654,182	371,266	282,916[2]	654,182
TOTAL	**7,942,207**	**5,700,821**	**13,643,028**	**7,942,207**	**5,532,010**	**13,474,217**

NOTE: Diabetes and Nauru activities from 2007 - 2010 were incorporated under clinical visits.

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[2] Inclusive of A$ 56,882 in milestone payments which are still be invoiced as at 28 February 2011.