Message from the JBF Chair, Philip Pledge

The Joanna Briggs Foundation (JBF) is privileged to support the work of the Joanna Briggs Institute by raising funds to enable medical practitioners and healthcare professionals to participate in the Evidence-based Clinical Fellowship Program conducted by the Institute.

Over the past several years, the Foundation has raised the funds to bring many doctors and nurses to Adelaide from low and lower-middle income countries (LMIC) all around the world including Kenya, Ghana, Indonesia, Nepal, Myanmar, Papua New Guinea and Tanzania. To have the opportunity to meet so many dedicated healthcare providers has been my very great pleasure. Learning about the daily struggles faced by people in their communities drives the Foundation to seek support to assist them in their work to provide better health outcomes for those who need it most.

The Foundation’s fundraising highlight in 2017 was the corporate business luncheon, with very special guest speakers The Hon Julie Bishop, Minister for Foreign Affairs and Senator The Hon Simon Birmingham, Minister for Education and Training.

The luncheon was held at Adelaide’s iconic Adelaide oval and proudly sponsored by ASC Shipbuilding-Austal, BAE Systems and Adelaide Oval. Over 300 guests enjoyed the day and in particular, the presentation by The Hon Julie Bishop.

I would like to take this opportunity to sincerely thank all of our very generous donors and supporters who have assisted us in raising the money needed to achieve the outstanding outcomes achieved by the participants of the Joanna Briggs Institute’s LMIC Evidence-based Clinical Fellowship Program. Without this support, the Foundation would not exist.

Both Joanna Briggs Foundation Manager, Sandy Davis and I look forward to supporting the Institute in 2018.
Joanna Briggs Institute

JBI is an independent, international, not-for-profit research and development organisation based in the Faculty of Health and Medical Sciences at the University of Adelaide, South Australia. JBI collaborates with groups in LMICs and low-resource settings where language, technology, geography and finance present significant challenges to the provision of healthcare.

With the support of the Foundation JBI works closely with these groups to create an appropriate knowledge base to support health decisions and to make this knowledge readily available at the point of care in their communities.

Joanna Briggs Foundation

JBF is the fundraising and advocacy arm of JBI that supports health professionals from LMICs to undertake JBI’s Evidence-based Clinical Fellowship Program. This six-month program involves two five-day intensive training workshops at JBI and a six-month evidence-based implementation project.

Funding from the Foundation has enabled participants to learn about evidence-based healthcare and to support a project for implementing evidence in their own setting. Thanks to the Foundation and its sponsors these participants have had the opportunity to learn how to:

- Develop and engage in processes to further develop their leadership skills and strengths.
- Discuss and describe the effectiveness of current approaches to the implementation of evidence-based practice.
- Conduct clinical audits and develop and execute strategies to implement evidence-based practice.

Above. As part of their studies each student presents their findings to JBI staff and fellow students

Left. Mentorship is an important aspect of the JBI Evidence-based Clinical Fellowship Program
Paula Puawe Kongua is a midwifery educator who works at the University of Goroka in the Eastern Highlands Province, Papua New Guinea. The focus of her Clinical Fellowship was on the quality of postnatal care for women and newborns, in five rural health centres.

In many developing countries, postnatal care for women and newborns is sadly lacking. The days and weeks following childbirth (the postnatal period) are a critical phase in the lives of women and babies. Most maternal and infant deaths occur in the first month following birth. Women require access to skilled health personnel, who deliver timely, evidence-based postnatal care.

Through the Goroka University, Paula is involved in training midwifery students. This implementation program involved working with students in five rural health centres, to improve the quality of postnatal care. This focused on promotion of breastfeeding, physical examination, assessing for life-threatening complications, family planning support and immunisation care. Education sessions were developed and training was provided in all health centres by midwifery tutors, developing the use of a checklist. They were also able to mobilise the community to build a ‘waiting house’, so that women were able to stay near the health centre for up to 7 days following birth.

Future directions for promoting best practice highlighted by this project as priorities include:

- Continue the training of future midwives with evidence-based healthcare and clinical audit
- Embed this training into the midwifery curriculum
- Continue to conduct audits over the next five years using the same health facilities

One of the highlights of Paula’s project was mobilising the community to build a waiting house, so that women were able to stay near the health centre for up to 7 days following birth. Paula was also the inaugural recipient of the Philip Pledge Prize, recognising her outstanding achievements through this program.
Sylvia John Karo is a Registered Nurse who works in the remote Ukarumpa Health Centre in the New Guinea Highlands. Sylvia’s Clinical Fellowship focused on improving acute asthma management for adults. Asthma is a very complex, but also preventable problem, involving inflammation of the small airways. Asthma is a major cause of disability, health resource utilisation and leads to poor quality of life. The current level of asthma control worldwide falls far short of the goals for long-term management in international guidelines. Following evidence-based best practice has the capacity to improve a patient’s quality of life, and more importantly, save lives.

Sylvia was able to provide general education sessions regarding evidence-based healthcare, as part of raising an awareness of using scientifically proven methods to improve clinical outcomes. Asthma education was provided to the health care workers, with discussions regarding asthma case presentations, proper use of medical devices such as peak flow meter, inhalers and spacer devices, and careful patient history taking.

The main successes of the project were:

- The clinical team working together, with a sense of ownership of the project
- Introduction of evidence-based healthcare practice to the clinical team
- A highlight was that an evidence-based clinical protocol has been produced and is currently being used, achieving positive results

The main success of Sylvia’s project is that an evidence-based clinical protocol has been produced and is currently being used, achieving positive results. This audit criterion improved from 0% to 100% compliance. Sylvia is also a recipient of a University of Adelaide scholarship, and will be commencing her Masters of Clinical Science with JBI in 2018.
Dr Trisari Lestari is a public health research doctor working in the Mitra Masyarakat Hospital, which is a private non-profit hospital located at Timika, in Papua, Indonesia. The aim of her Clinical Fellowship was to strengthen the capacity of their tuberculosis program to implement household contact investigation, treatment and preventive therapy according to World Health Organisation guidelines. The specific objectives were to improve knowledge and skills of healthcare workers in tuberculosis contact investigation and management; conduct contact investigation among people living in the same household with an active TB case; and to provide tuberculosis prophylaxis therapy to children <5 years old or immunocompromised people living in the same household with an active TB case.

Barriers encountered in this project related to inadequate knowledge regarding TB contact investigation and preventive therapy, lack of time for patient education and follow-up, and that the TB management and contact investigation guideline wasn’t part of the hospital protocols.

Highlights of this project included:

- Formation of a WhatsappTM peer support group to increase confidence of health workers and improve numbers of TB contact investigation, and use of an Isoniazid regimen for child TB prevention.
- A patient information brochure was developed, evaluated and simplified ensuring patients and their families would understand TB contact investigation.
- A partnership was formed between the hospital staff, and a community outreach team who were able to perform the contact investigations.

The training of healthcare workers in TB contact investigation and management improved from 0% to 67% between the baseline and follow-up audits. This is complex implementation work which requires behaviour changes of healthcare workers, the patient and community using an integrative and comprehensive approach.
Dr Rosa Chemwey Ndiema is a medical doctor from Kenya, and her Clinical Fellowship focused on surgical site infection prevention following caesarean section, in Kenyatta National Hospital, Kenya. Surgical site infection is an infection that occurs after surgery in the part of the body where the surgery occurred, and at Rosa’s hospital which has a 2200 bed capacity, there are between 588-900 caesarean sections per month, resulting in a 13% surgical site infection rate (compared to 3 – 7% globally).

Rosa’s main aim was to promote evidence-based practice in surgical site infection prevention practices in caesarean section, and thereby contribute to the reduction of maternal mortality and morbidity at Kenyatta National Hospital in Kenya. Interventions included strategies such as health education training for hospital staff regarding the impact of quality perioperative care, and also education for the pregnant women. A multidisciplinary team was formed to spearhead policy formulation regarding perioperative antibiotic policy for the hospital. There was also increased awareness, leading to surgical site infection prevention strategies, such as procurement of surgical drapes, glucostix and antiseptic soaps, and incorporating a surgical site infection checklist in the perioperative checklist.

This project has ultimately demonstrated how important the education of healthcare staff, patients and their caregivers is to the improvement of the management and monitoring of surgical site infections for women undergoing a caesarean section. Major achievements included changes in policies regarding the procurement of new sterile drapes, and the introduction of a new antibiotic policy. Ongoing plans include regular ongoing medical education, regular ongoing audits every 3 - 4 months, and regular feedback and communication to the hospital management. Rosa’s ultimate goal in the future is that they will be able to demonstrate outcomes of decreased surgical site infection rates.
Dr Kelvin Kinuthia is a medical doctor working in Nazareth Mission Hospital in Kenya. His Clinical Fellowship focused on Postpartum Haemorrhage (PPH), which is defined by the World Health Organization as loss of more than 500ml of blood following childbirth. Worldwide, 303,000 women died in pregnancy and childbirth in 2015. 99% of these were from LMICs. The maternal mortality ratio (MMR) in Kenya is 510 per 100,000 live births, compared with Australia where the MMR is 6 per 100,000.

Through this project, Kelvin was able to assess compliance with international guidelines regarding prevention and management of postpartum haemorrhage. Guidelines on management of PPH in Kenya are available, however the guidelines are often displayed but not commonly followed. Major barriers identified included staff not being aware of the guidelines, or being aware but not using them. The other main area highlighted was the prenatal risk assessment not being performed or documented. Education sessions were delivered to hospital staff, and the follow-up audit showed a major improvement in the number of staff who received training in relation to PPH.

Even with many challenges, positive strides in assessing and managing postpartum haemorrhage were achieved. Plans to continue implementing this program, with further education sessions and follow-up audits will be important in sustaining clinical care, and ongoing, additional sessions for any staff that missed the initial training.

The major improvement in Kelvin’s project was the 100% increase in healthcare staff who used the PPH protocol, and documented PPH cases within the healthcare facility – from 0% to 100%. 
Dr Teddy Totimeh is a medical doctor who specialises in neurosurgery, working in the Greater Accra Regional Hospital which is a newly established hospital with 420 beds in Accra, Ghana. Teddy’s Clinical Fellowship aimed to improve management and patient outcomes in relation to traumatic brain injury, and to improve staff confidence and knowledge in relation to managing patients presenting with traumatic brain injury. Unfortunately, road traffic accidents are a common occurrence in Ghana, with 42% of these brain injuries occurring in pedestrians. 22% of in-hospital deaths are caused by a delay in resuscitation of patients with a traumatic brain injury, however there is a significant impact on patient survival if staff are well trained. Due to the restricted ambulance services in Ghana, raising the awareness and skills of emergency room staff is critical.

The most improved criterion involved education and that relevant staff understood their roles, responsibilities, and tasks in the event of a patient presenting with suspected traumatic head injury. This increased from 32% to 88%, and mirrors the perception that an improved knowledge base reflects better preparedness.

This endorses the impact of educational activity on the ability of the emergency room to deal with head injured patients. Overall, a combination of increased awareness, education, and team-building improved compliance.

This project highlighted that problems can be overcome with commitment to teamwork, attention to detail and perseverance. Education of healthcare staff must be sustained to maintain improvements in the future.

Through this implementation project, Teddy was able to demonstrate a significant increase in the compliance of staff in understanding their roles and responsibilities in the event of a patient presenting to the emergency room with a traumatic brain injury, from 32% to 88%.
Dr Abdulazeez Ahmed is a medical doctor who works in a 500-bed public teaching/referral hospital in Kano, north-western Nigeria. The focus of his Clinical Fellowship was on otitis media with effusion, which is characterised by the presence of fluid in the middle ear, without symptoms of an acute infection. It is a condition with high prevalence, leading to high rates of physician visits and a common cause of hearing impairment in affected children.

Abdulazeez works in a very busy clinic, but was able to celebrate many achievements through his Clinical Fellowship. Staff of the ENT department are more aware of the best practice recommendations for diagnosis and management of otitis media effusion, and were provided with an opportunity to learn and engage in knowledge translation activities. Overall there was an improvement in team spirit and interprofessional collaboration within the department.

Some of the challenges faced included ongoing industrial action of health workers, problems with change management with senior clinicians, the retrieval of case-notes, and an ongoing struggle to get hospital management to pay for printing educational leaflets for families.

Dr Abdulazeez Ahmed
Nigeria
Project: Diagnosis and Management of Otitis Media with Effusion

One of the highlights of the project was the purchase of some pneumatic otoscopies by the Joanna Briggs Foundation, which enabled correct diagnosis of otitis media effusion. There was a large increase (from 0% to 70%) in compliance with the audit criterion relating to pneumatic otoscopy being performed for the diagnosis of OME.
Mandira Baniya is the nursing supervisor at the Spinal Injury Rehabilitation Centre in Kathmandu, Nepal. The Spinal Injury Rehabilitation Centre (SIRC), is a non-profit charitable organization, established in April, 2002 at Saanga village, Kavre district. SIRC provides holistic rehabilitation services to spinal cord injured (SCI) patients so that they are able to rebuild their lives when they return into society following their injury.

The aim of Mandira’s Clinical Fellowship was to improve nursing clinical practice related to the assessment, treatment and follow-up of spinal cord injury patients with bladder management. Mandira utilised the JBI Practical Application of Clinical Evidence System audit tool and Getting Research into Practice framework to facilitate the project. Interventions such as education and training sessions for nurses and patients and development of evidence-based resources were implemented. Significant improvements in structure and processes were observed including improved access to evidence-based resources, development of a structured system for patient education, improved nursing documentation, and increased patient participation in bladder management.

Improvements in nurses’ knowledge related to assessment and treatment of bladder management were also observed. Mandira plans to undertake regular audits to ensure sustainability of practice changes and also to assess patient satisfaction.

It was interesting to note that for the whole healthcare team, clinical processes are now standardised, uniform and systematic; team work was evident; and good documentation was being practiced.

The major improvements in Mandira’s project included a 75% increase in the number of staff who attended education programs, and having access to evidence-based resources that provide clear pathways for treatment for people with spinal cord injury.