

Please limit your report to 500 words and complete all sections of the template. Pictures and patient information may be included where relevant, although patient consent is required.

Your name:	Matthew Aldridge	Location of project:	Mulanje, Malawi
Value of grant received:	£500 Funded by the Association of Anaesthetists	Date of travel:	22/9/18
Name of project:	Developing High Dependency Care at Mulanje Mission Hospital (MMH)		
Brief outline of the project: (100 words)			
Mulanje Mission Hospital is a healthcare facility in Mulanje in rural Malawi working with the government to supply healthcare to 550,000 people across Mulanje district. Services at the hospital are expanding, and now include general surgical procedures for elective and emergency cases. To meet additional demand for high acuity and post-operative and emergency care the hospital has built a new 4-bed High Dependency Unit. Funding from the AAGBI IRC has allowed me to return to this hospital to support the opening of this new facility. This has included work to develop new procedures and protocols and focused simulation-based training.			
Your evaluation of the project: (100 words)			
During my brief time at Mulanje the team were able to open the unit and admit their first 3 patients. There were initial logistical and procedural challenges to overcome, but the team adapted well to this new setting and new procedures. In particular, the nursing and medical staff were able to rapidly learn to use the new observation, drug, and fluid balance monitoring charts effectively. Senior clinicians were also enthusiastic about reviewing patients admitted from their wards to the HDU. During this project I established new simulation based 'emergency drill' training which has been held each morning since 25 th September and is continuing with clinician facilitation. This was particularly effective at demonstrating the features and procedures in the new HDU.			
Feedback from local participants in the project: (100 words)			
Feedback from this project has been very positive. The medical director has been in contact subsequently to describe the continuing sense of pride in the new unit, and noted the increased use of an A-E framework across other areas of the hospital following its frequent use during the simulation drills. Nursing staff described an increase confidence in providing high acuity care to patients following my support during the initial opening and their participation in the simulation training sessions. The team were able to identify specific areas for improvement during these first few weeks, and these have been fed back to the hospital management team. For example this included minor changes to the wording of the observation and fluid charts.			
Sustainable and long-term impact of the project: (100 words)			
The HDU has admitted its first patient, allowing staff to begin to gain experience working with high acuity patients in this setting. This will allow them to train more staff members in high acuity working, ensuring an adequate workforce to continue provision of HDU care at MMH. This will have a significant and ongoing impact on post-operative surgical and emergency medical care. The simulation training sessions I set up have continued to run facilitated by clinicians. This has proved to be an effective and dynamic method of engaging all staff in training and appears to be wider reaching than the HDU alone. Also, the policies and protocols I have helped to write will remain in place to support and maintain high quality care.			
Conclusions/recommendations for future engagement with local anaesthetists: (100 words)			
MMH is an extremely welcoming and rewarding working environment, and benefits greatly from regular exchange of ideas and experience between local and visiting clinicians. In particular, further support and training for staff working on the HDU would be well received as this becomes more established. Malawi is also fortunate to have an established ITU in Queen Elizabeth Central Hospital in Blantyre, with involvement with Dr Tim Baker and team has been extremely helpful during this project in Mulanje. Any similar projects in Malawi would also benefit greatly from the input of the QECH team.			

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Fig 1 – The High Dependency Unit



Fig 2 – Bed space setup including emergency boxes (A-E), oximeter, oxygen concentrator, and powered suction



Fig 3 – Resuscitation manikin ready to go for training ‘drill’. A smartphone placed on top of the bedside monitor was able to provide simulated observations using a free app.

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