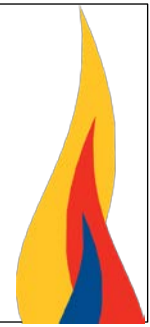


ICN TB/MDR-TB Project celebrates its

Leading Lights

Nurses bringing light to where there is no light



June 2017

While most nurses prefer to avoid the limelight, the ICN TB/MDR-TB project wants to recognise the work of some outstanding TB nurses who are role models and leaders in their field.

The ICN TB/MDR-TB Leading Lights initiative aims to showcase the work of exceptional nurses trained by the ICN TB/MDR-TB project who are making an outstanding contribution to TB prevention, care and management in their local facility and/or community.

The Leading Lights Award highlights the contribution of those involved with caring for those affected by any form of TB and shows the world what an impact effective training and resources can have on this global disease.

ICN invites all the ICN TB project partners to nominate nurses and allied health workers who have demonstrated excellence in their efforts to teach their colleagues about TB, improve patient care or make changes to reduce transmission of TB. The winners will be highlighted on the ICN's TB Project webpages, www.icn.ch/tbproject.html, and will be presented with a certificate and a special pin by their national nurses association.

Calls for nominations will be sent quarterly and people will be able to access the form on the ICN TB web pages at: http://www.icn.ch/tb-mdr-tb-project/leading_lights.html

Inspiration for this award came from exceptional nurses like these:



Jojo Mulenga Moyo,
Registered Nurse
/TB Focal person,
University
Teaching Hospital,
Lusaka, Zambia

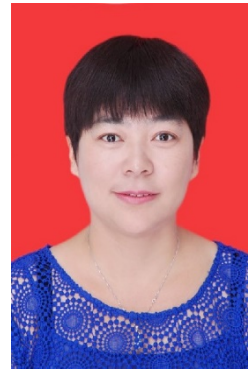
After attending the ICN TB/MDR-TB project training in 2016, Mr Jojo Moyo initiated several trainings and projects in his hospital and elsewhere. He has trained more than 200 nurses and other healthcare workers (lab technicians, pharmacists, radiologists, cleaners, social workers, nutritionists, drivers, community health workers, etc.) about TB, MDR-TB treatment, signs and symptoms, diagnosis, management, and infection prevention and control. Jojo identified a gap in the practice of sputum collection at his hospital where sputum was being collected in the wards. After the training, he worked with hospital management to have two sputum collection shelters constructed outside. After the shelters were constructed he organised a two-day training programme with his colleagues to train nurses and staff on how to properly assist patients in submitting a quality sputum sample.

Mr Moyo also held a training on drug-resistant TB with district clinics in Lusaka.

The ICN TB/ MDR-TB Project is supported by a United Way Worldwide grant made possible by the Lilly Foundation on behalf of the Lilly MDR-TB Partnership.

The Chest Clinic at the University Teaching Hospital (UTH) where he works in Lusaka, is one of two MDR-TB referral centers in Zambia. MDR-TB treatment is initiated in the Chest Clinic in Lusaka where patients are admitted and isolated in the hospital until they are sputum negative then they are referred to their local district clinics to complete daily injections, but throughout treatment patients come back to the Chest Clinic for monthly review and to collect medication. Mr Moyo recognised that there was a gap in the communication between the clinics and the hospital and that patients were being lost to follow up after discharge. He proposed a training for the TB corner nurses and TB treatment supporters from the five decentralized clinics. The training was designed to improve the nurses' basic knowledge on MDR-TB, adherence counselling skills and to formulate linkages between the clinics and the UTH Chest Clinic to improve communication and care. A one-year action plan was formulated concerning patient care and authorised by the District Health Officer and the UTH Managing Director. The Chest Clinic staff are now providing regular supervision visits to the decentralized clinics for monitoring and evaluation and the good practices can be shared with the other clinics in Lusaka. Mr Moyo initiated the first MDR-TB outreach-in Zambia by TB nurses which is done twice a month and the nurses follow up patients who miss their reviews/appointments and take nutritional supplements to very ill patients and screen all household contacts. They also provide ongoing adherence counselling to the patients. The National TB programme recently congratulated Jojo and his colleagues as their efforts led to an increased MDR-TB cure rate from 42% in 2015 to 57.5% in 2016. In addition, he trains staff in the hospital on infection

prevention and control and TB documentation on how to fill in the presumptive registers. He has also helped to organise World TB Day activities in Lusaka as well as community TB awareness and screening activities.



Yang Fengqin,
Head Nurse
Xinjiang Chest
Hospital, Urumqi,
Xianjiang (China)

Yang Fengqin has worked in tuberculosis clinical care and management for more than 20 years. Since 2010, she has received TB related sessions on infection control from Ms. Meng Guiyun (Leading Light 2014) and other ICN trainers, and has put forward some improvements on infection control in her hospital, especially related to cough hygiene to reduce transmission.

From 2013 to 2017, Ms. Yang Fengqin has provided training sessions on TB infection control to TB medical staff from all over the province, and made site visits to the five regions of her province (Altai, Yili, Korla, Asku and Kashi). She has trained more than 2,000 medical staff and village doctors in these regions. These trainings have helped to increase the awareness of TB infection control among medical staff at the local level. To improve the treatment adherence and treatment success of TB and MDR-TB patients, Ms. Yang Fengqin worked with her colleagues to provide innovative TB care services to patients, including one-on-one counselling, small group health education sessions, telephone follow-up, home visits to TB patients and distribution of IEC

materials. As a result of these efforts patient knowledge of TB and treatment adherence have greatly improved as well as patient autonomy and self-efficacy. The use of a MDR-TB patient case management platform has worked effectively to follow-up patients' regular visits and reduced the number of patients lost to follow up. In 2015, Yang Fengqin worked to set up the first online TB patient care and support platform, "57 Zone" in Xinjiang (USAID/FHI360 project) to provide online TB health education to support patients throughout their treatment course. Topics covered in the online platform include basic TB knowledge, nutrition, TB medication and treatment. Meanwhile, Ms Yang Fengqin has participated in TB research and has published eight journal articles and participated in writing sections for three edited books on TB infection control and TB patient care management for nurses in China.



Ntombizotwa Windy Makhonzonke,
Registered Nurse
Midwife
Scott Hospital, Morija,
Maseru (Lesotho)

Ntombizotwa is passionate about providing the best care to patients and making positive changes to her practice. After the ICN training, she trained nurses, medical staff, cleaners, nursing students, drivers, kitchen staff and many others. Ms Makhonzonke's main goal was to teach them about the pathophysiology of TB, universal precautions and proper use of personal protective equipment like N95 respirators and surgical masks, because staff

members (medical and non- medical) and nursing students did not use N95 respirators appropriately or at all. After her training on infection control, staff now wear N95 respirators appropriately and coughing patients and those with TB are asked to wear surgical masks. As a result, more nurses feel confident to work with TB patients than before.

After the training, Ntombizotwa identified several gaps in the collection of sputum in her hospital such as sputum bottles not properly labeled, sputum left unchecked before sending to lab, poor storage and transportation to lab. These gaps often led to a delay in diagnosis due to rejections from the lab. To address these gaps in sputum collection, Ntombizotwa went to the different wards in the hospital and taught the nurses how to collect sputum, label containers and send to the lab. She was also trained by Baylor University on sputum induction in children. In addition, the wards did not use sputum registers to track specimens sent to the lab so she developed sputum registers to be able to record when specimens are sent to the lab and trace the specimens and results. She noted that there was poor communication between nurses in the wards and the lab technicians. Following the training, Ntombizotwa communicated with the laboratory manager and discussed ways to improve communication and the samples sent to the lab. She reported that following her efforts, the collaboration between nurses and the lab had greatly improved and that the lab results are now received in a timely manner.

Prior to the training, patients in the hospital were not routinely screened for TB in the OPD or wards, leading to a delay in diagnosis or to missed diagnosis. But through her training efforts, this has

improved and every patient is now screened for TB at every point in the hospital. She encourages the night duty staff in the wards to check charts and identify patients who may have been missed for TB screening during the day and then collect sputum the next morning. She stated that this has resulted in more patients being screened for TB and more of them were properly diagnosed. In addition, contact tracing of TB patients was not done for inpatients, but now tracing is done and presumptive TB cases are referred to the outpatient TB clinic for further management.



Liu Lingli,
Director of Nursing,
No. 4 People's
Hospital, Ningxia Hui
Autonomous Region
(China)

Ms Liu Lingli is a member of the Chinese Nursing Association and a specialist in infectious diseases, and has worked in TB care for 13 years. In 2011, she received training from her colleague who attended the ICN TB/MDR-TB training on how to improve the quality of TB care. In addition, Nie Feifei (Leading Light 2016) from the Beijing Chest Hospital also provided training to staff in Ms Liu's hospital.

The No. 4 People's Hospital mainly treats TB patients and is responsible for district-wide TB prevention, control, and management programmes. As the Director of the Nursing Department, Ms. Liu is responsible for the hospital's TB nursing

management and has worked towards strengthening the hospital's infection prevention and control practices.

Ms. Liu has also implemented many policies and procedures to improve TB infection control in her hospital. She has produced many educational materials on TB and multimedia presentation loops available throughout the hospital to raise TB awareness. Through her efforts to improve the use of surgical masks among patients, the compliance of wearing surgical masks has increased from 23% to 86%; and visitor compliance has increased from 45% to 94%. Moreover, she has emphasised management protocols and has advised to purchase and install UV lamps at all the nurses' stations and patients' rooms.

To improve nursing care, she has focused on training all staff involved with TB care. In 2015 and 2016, Ms Liu conducted two TB care training courses, which included training on nursing care of TB patients, TB infection control, and training in scientific research in TB nursing. More than 300 nursing staff from five city hospitals participated in this training. In addition, over the last three years, Ms. Liu has also run more than 12 TB field trainings which included more than 2,000 people.

In July 2016, she also participated in the "young doctors" to Tibet as a first aid nursing TB care specialist, sponsored by a Chinese TB organisation. She visited Lin Zhi and Lhasa, Tibet, where she trained medical staff on control and management of TB infection and care.

Ms. Liu is determined to devote her life to improve TB care for patients.



Mao Jingna
Head Nurse,
Heilongjiang
Infectious Disease
Hospital, Harbin
(China)

Ms Mao attended the ICN TB/MDR-TB training in 2014.

After the training, she realized that healthcare workers are at high risk of developing TB, and the health for healthcare workers is imperative. In 2014, a total of five medical staff suffered from TB in her hospital. To prevent TB spread to healthcare workers, she developed a TB Prevention and Control Strategy for her hospital and submitted to the hospital executive team in August 2014. The TB Prevention Strategy requires TB healthcare providers to wear N95 respirators and this strategy was approved by her hospital. The successful implementation of the TB Prevention and Control Strategy greatly reduced the incidence of TB infection among medical personnel and there was only one case of TB among the staff in her hospital in 2015.

Next, she carried out a training program for the medical personnel in her hospital

on the TB Prevention and Control Strategy and how to implement the strategy. Several hospitals in other cities in her province have asked for her to share the TB Prevention and Control Strategy and There is a general lack of knowledge about TB among medical staff and the general population in her province. In an effort to increase knowledge about TB she is actively promoting the hospital's TB Prevention and Control Strategy as well as general knowledge through various means and channels, TB prevention and control using courseware and social media. As a result of her efforts, more people are aware, participate in, and take action to prevent TB in her province. In addition, on World TB Day (2015-2017) she has provided education talks and provided brochures on TB prevention and control at schools, in communities and in the media. To date she has trained and provided information on TB to more than 3,000 people.

Ms Mao Jingna also carries out small research in her hospital on ways to improve sputum collection methods and sputum induction of patients which has shown positive results.



ICN TB/MDR-TB Project Facts:

- Builds skills, knowledge and capacity at all levels of nursing
- Member of Lilly MDR-TB Partnership since 2005
- Transformational training methodology developed & implemented
- Currently working with 8 national nurses associations in China, Russia, Ethiopia, Lesotho, Malawi, Swaziland, Uganda and Zambia
- More than 2,190 nurse trainers trained to date
- An additional 162,000 nurses and allied health workers trained through cascade
- Impact includes improved case detection and treatment outcomes, reduced stigma and improved infection control
- Increased nurse leadership

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