

Trauma Working Group Meeting Minutes

Date: Tuesday August 27, 2019

Time: 11:00 PM - 13:00 PM

Venue: UNDP basement meeting room.

Chair: Dr Abdelatif Alhaj, ICD, MoH
Dr Nelson Olim, WHO

Participants: 21 participants representing 13 organizations

No.	Organizations represented at the meeting
1	MoH
2	AAH
3	MDM-F
4	MDM-Spain
5	UNRWA
6	NCCR
7	PMRS
8	ICRC
9	MSF-B
10	MSF-F
11	UHCW
12	HI
13	WHO

Meeting Agenda

Agenda Items
Opening remarks
Presentation - Al Ahli Arab Hospital Limb Reconstruction experience
Presentation - Health Cluster - Limb reconstruction Management Tool
Partner updates

Opening remarks

- Nelson Olim (NO), the WHO Trauma Coordinator, started the meeting by welcoming and thanking all participants for their attendance.
- Dr Addelatif Alhaj (AA), the Director of the ICD, also welcomed the participants.
- NO explained that this meeting will focus on limb reconstruction. Ahli Arab Hospital will present their current experience, and a demonstration of the limb reconstruction management tool will be made in order to gather feedback from partners.
- WHO is supporting the MoH in the implementation of the limb reconstruction unit in Nasser Hospital. The last piece of OT equipment will be delivered by in the end of next week.
- 400.000 USD of consumables for limb reconstruction are on the pipeline to be delivered before the end of September.
- WHO is finalizing the development of the limb reconstruction management tool. The system will be used by all partners and by MoH. WHO is looking to start piloting the tool as soon as possible after some technical bilateral meetings with MoH and after receiving partner's feedback.
- Since March 2018, Ahli Arab Hospital is treating patients in need of complex limb reconstruction surgery. They operated more than 80 cases in the last few months and they are invited to present a summary of their activities and results.

Al Ahli Arab Hospital presentation

- The presentation is attached to this MoM
- Main discussion points after presentation:
 - AA suggested that the initial idea was to have the most complex cases exclusively treated at MoH facilities, while the remaining cases could be taken by different partners, but in light of Ahli Arab experience, this concept may need to be revised.
 - AA stated that the MoH needs to agree on a general policy for the management of limb reconstruction cases. Each Partner will be evaluated, according to their capacity, making sure that complex cases can only be performed if the minimum conditions are met.
 - AA pointed out that almost 900 patients had been screened for limb reconstruction and the results will soon be presented; It is estimated that some 500 patients out of the total screened may need major constructive surgery.

- Abdelnaser Soboh (AS), Sub-Cluster Coordinator for Gaza suggested that the MoH should cooperate with organizations that received funding and have the necessary resources, and pointed out that the work should reflect a patient centered approach.
- AA agreed to work on the policies and suggested to develop clear referral criteria, allowing MoH doctors to refer the cases to an appropriate organization that has the capacity to manage the case.
- Many partners agreed that case referral was already being done by informal lines of communication.
- MAP UK explained that they have a good experience with case referral from MSF and ICRC
- NO added that is the first time that a dedicated multidisciplinary limb reconstruction unit is being set in Gaza and that it is worth to cooperate in an official way.

Action points	Person/Organization responsible	Deadline
Conduct a meeting with partners to discuss the general rules and policy for limb reconstruction referral	Dr.Addelatif /MoH	September 2019

Limb Reconstruction Management Tool - presentation

NO presented the limb reconstruction management tool, and explained how the system has been set up and how different partners can register and fill the patient’s data. In addition, explained the different phases of the process and who can access the data.

Partner’s feedback

- AS asked about the time that is needed to fill the different forms and who would be the responsible.
- NO explained that filling the initial form requires medical knowledge of the case, and each organization needs to decide who should be the person in charge.
- Al Ahli Arab hospital asked about the availability of data for all partners and NO explained that each partner is responsible for its own patients, and will have an overview of their patient’s path.

- NO also suggested that the screening waiting list and the surgical waiting list should be made available for the organizations providing these types of services. This procedure would enhance the system's transparency and the waiting times would probably decrease.
- Al Ahli Arab hospital suggested to add an option for patient referral, when a patient needs to change from one organization to another.
- NO included the suggestion in changes to be made in the software
- Al Ahli Arab hospital also suggested that all partners should have access to all patient's data.
- NO clarified that the system was developed to support the MoH. Only the MoH should have full privileges to access all patients data. However NO suggested that the "screening waiting list" and the "surgical waiting list" could be made available for the organizations providing these types of services. This procedure would enhance the system's transparency and the waiting times would probably decrease.
- Al Ahli Arab Hospital asked if the patient needs to be present when the initial form (request for screening consultation) is filled.
- NO clarified that access to the patient's file is enough.
- MSF – F suggested that the referral process should include the name of the organization that transferred the patient, the time of referral and the name of the organization that accepted the case. Once an organization accepts the case, it will be listed under the organization's name.
- NO included the suggestion in changes to be made in the software
- MSF-F also suggested to add a specific tab for microbiology and any related information.
- NO included the suggestion in changes to be made in the software
- MSF-B suggest to add a tab for rehabilitation services.
- NO included the suggestion in changes to be made in the software
- Al Ahli Arab Hospital asked about any available fields for anesthesia drugs and NO clarified that there is a general medication field where all medication can be added.
- MSF-F asked Al Ahli Arab Hospital about their assessment of patient's infection status through microbiology (bone sampling etc), and Al Ahli Arab Hospital explained that they are doing systematic screening; they have infection

prevention control committee and guidelines and also they have a partnership with Augusta Victoria Hospital who visits them regularly.

- Al Ahli Arab Hospital is seeking to establish a microbiology laboratory and they have the space and capacity. MSF-F commented that their objective is to develop microbiology capacity in Gaza specifically the capacity to process bone samples.
- NO pointed out that this is a great opportunity for Al Ahli Arab Hospital and MSF-F to cooperate and develop the necessary microbiology capacity.
- MSF-F will meet Ahli Arab hospital to discuss possibility of training support.

Action points	Person/Organization responsible	Deadline
Changes to the software as requested by partners	Nelson Olim/WHO	ASAP
Piloting the patient allocation tool	WHO/MoH	ASAP

Partner's update

- **PMRS** continues to provide postoperative care to the injured of the GMR in three governorates (North, Gaza, and Khan Younis) and continues to provide first aid to the injured in four locations (Abu Safiya, Malaka, Khuzaa, and Alnahda).
- **PMRS** has provided first aid to a total 7426 injured people, 1313 injuries received dressing and physiotherapy services at home, 293 injuries received dressing services at PMRS centers and 576 injuries received assistive devices.
- **MSF-F** from March until now, MSF has admitted 3983 patients, providing 144,412 dressing and 96853 physiotherapy sessions. MSF also performed surgical operation for 1079 patients.
- **MSF-F** have two surgical teams, one located in Shifa Hospital for burn patients , and one located in Dar-Salam Hospital for orthopedic patients. MSF is also supporting Ranteesi Hospital microbiology lab, for bone and soft tissue samples.
- **MSF-F** have an IPD unit in Dar-Salam with 17 beds capacity which started in Feb 2019. Up to July, MSF admitted 83 patients.

- **MSF-F** will start in October the renovation of their dedicated osteomyelitis treatment unit at Nasser Hospital with 14 beds and 2 OT rooms.
- **NCCR** follows up 399 new injured cases. Patients received a total of 8466 sessions including medical examination, occupational therapy, physiotherapy, psychological support and nursing.
- **NCCR** noted that they also distributed assistive devices (crutches and wheelchairs), medical kits and hygiene kits to the beneficiaries.
- **NCCR** referred 60 cases for further medical treatment
- **MDM Spain** has procured a new anesthesia machine and monitor and the items will soon be delivered to Al-Aqsa Hospital.
- **MDM Spain** has also procured orthopedic consumables for Nasser Medical Complex and psychotropic drugs for MoH. In addition, MDM Spain is currently working with MoH and Nasser Medical Complex to identify needed items for the orthopedic surgery department.
- **Al Ahli Arab Hospital** has upgraded and equipped one of their operation rooms with an urology table and anesthesia machine and procured a new 4D U/S machine. In addition, AAH started the renovating and expansion of their outpatient department.