



Mongolian Emergency Service Hospital Hygiene Project

MeshHp.mn

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Report of the visit to Ulaanbaatar 9 – 17 June, 2018

Participants:

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The main purpose of this visit was to make training for nurses, especially organized in the **Mongolian Nurses Association**.

Hospitals

After many years, we again had a visit to **Hospital No 1**. Our last contact must have been in 2012/13 despite Hospital No 1 was one of the first hospitals in MeshHp project:

The construction situation is very bad and renovations are urgently needed.

The number of dispensers for hand disinfectants is much too low. The situation of hand disinfectants is chaotic and terrible: We saw 20-30 different bottles with disinfectants, different names of disinfectants on it, often dirty. It seems that different disinfectants are used and always poured in used bottles, presumably without washing them. In CSSD we were told that the hand disinfectant is prepared in the pharmacy. In 2010, at the very beginning of our project, we had proposed to use the WHO formulation for starting. Now, every other hospital has ready made disinfectants and it is really astonishing that hospital No 1 did not go this way.

Many sinks are old and partly destroyed. All dispensers for paper towels are empty, also textile towels were seen – which have disappeared in most of other hospitals.

Often there are no products at all at the sinks, sometimes fluid soap (this photo from endoscopy):



The CSSD was renovated and modernized in 2013. There are 2 new autoclaves which are not really well working, as we were told. The whole reprocessing is done by hand because the washer-disinfectors, installed in 2013, are washing machines for dishes (kitchen washers)!



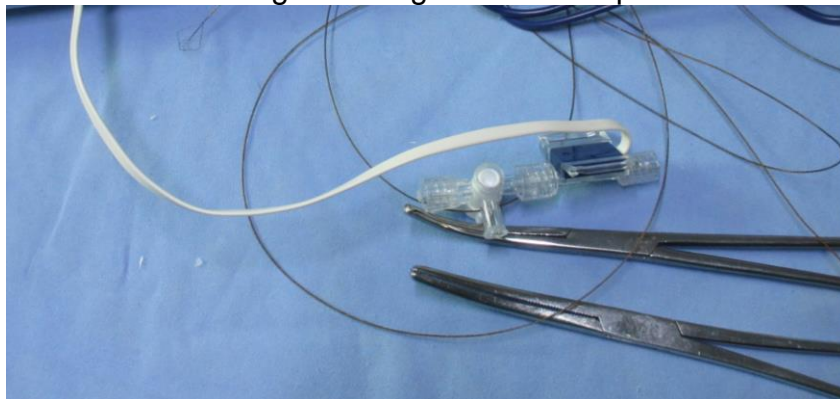
The disinfectant used is hydrogen peroxide, 30 %, from Russia. The sealing machine is new, one year old, but very cheap from China, producing only one sealing line which is not enough.



We saw instruments with massive corrosion:



A pressure transducer which might be single use was reprocessed.



We do not believe that sterilization inside the channels is possible.

The ethylene oxide (EO) sterilizer is still in use!



2010 we had seen it first time and recommended to house it and ventilate it better. This was done in some way and the situation is just like that now! Additionally, to our knowledge since years use of ethylene oxide is forbidden in Mongolia because of its carcinogenicity.

As protection against EO, a filter mask is used which does not protect at all because it is only against particles and not gases:



We were told that usage of EO sterilizer will be stopped soon because a new plasma sterilizer is installed.

Positively, bioindicators and Bowie Dick tests are used.

The ICU is like years ago. Only new is a Meiko bedpan washer. The processing of dialysis fluid is done in direct neighbourhood to the ICU beds:



When we were there, an “air disinfection” was done by spraying some liquid, presumably a disinfectant. The worker did not wear any personal protection:



In endoscopy, there were nearly no hand disinfectants, especially not in the dirty reprocessing area. On the opposite, medicines were standing there which is not allowed. Positively, we found Sekusept Cleaner and Extra N for cleaning and disinfection there. Only half-automatic washer-disinfectors are there. In manual cleaning area, endoscopes were partly not under solution surface which is absolutely necessary. Additionally, we found a clothes washing machine in the room for bronchoscopy!



We were told that there is no centralized laundry, but every department is washing on their own! Every other hospital has a centralized laundry!

Also we were told that endoscopy does not get enough single use aprons – which are extremely cheap!

Cleaning is done with a very simple cleaning cart, containing only two buckets, which was bought by Dr. Byambadorj in 2011 after his first visit to Germany:



This is not an adequate cleaning cart.

Also a lot of cleaning is done only with an old bucket alone:



In conclusion: Since 2012/13, nothing changed re hospital hygiene/IPC. The situation in this hospital is a hygienic disaster and much worse than in other Central Hospitals and even district hospitals. Keeping in mind that a lot of money has gone to this hospital for organ transplantation – no effect of this can be seen in the hospital.

We had a short visit to **Hospital No 2** and saw ICU (with one MRSA patient and one patient with a Carbapenem resistant Pseudomonas), hemodialysis, laundry, endoscopy and CSSD. We were told that work in CSSD from Health V shall start in August 2018. There are a lot of dispensers for hand disinfection in this hospital, often also at the beds, very good.

Also we had a short visit to **Chingeltej district hospital** and saw CSSD, lab, ICU and childrens´ ward which is overcrowded even now in summer. On this ward, there are new toilets, very nice, also in size for children:



New cleanings carts are bought.

We were told that Health V will renovate CSSD from August 2018 on and that they will get a new hospital in 2020, financed by ADB.

We had a visit in **State Servant Hospital**. As seen before, it is a nice building, with large spaces and very clean and well organized. There are enough dispensers for hand disinfectants. Very nice and big laundry. CSSD is very well renovated now and new equipment is expected. Unfortunately, there is still the old dryer with presumably Asbestos seal – it should be taken out because of carcinogenicity. Nice childrens´ ward with nice pictures on the walls – it will be soon opened.



We visited the hospital in **Baganuur**. They have 300 workers and have to care for up to 50,000 persons living there. All new staff members are vaccinated against hepatitis B three times, but no antibody control.

Tbc therapy is done as inpatient, but only two beds are available and the construction situation in the infection house is not good. Also they get cases from the nearby prison. A high number of unknown cases is presumed. According to their opinion, a car with a mobile X-ray would help for that very much.

We had a look at ICU, neonatology, emergency unit, X-ray unit, infection ward (house). Bloodbank is renovated and finished under Health V of ADB. In our opinion, the number of dispensers for hand disinfectants is not enough everywhere, very often not at sinks and also not if you leave the infection ward!

Also still many textile towels which should be replaced by paper towels:



On infection ward, FFP3 masks are worn – but for one week! This is a high risk of contamination and infection for the workers. Every mask has to go to waste after it is worn. If there is a shortage of money, better a FFP2 mask should be taken and thrown away after usage. This is more safe than the actual handling of FFP3. The emergency unit has 6 doctors, 6 drivers and 4 nurses. Only doctors and drivers drive out to patients – 7 days a week and 24 hours a day. This means that the number of staff is too low. There are 5 cars with minimal equipment, no monitor functioning. Cars are damaged a lot and old.



The equipment in emergency unit is minimal: one monitor, one 3-channel-ECG, nothing else:



2 beds for short time patients on the unit. X-ray is 2 floors higher and they don't try to use the elevator (very old) and mostly carry the patients up the stairs. They have many traumatology patients from mining. Also they are the hospital most in the east so that also because of that many patients are coming to them. They urgently need help and renovation and new equipment.

Training and presentation

Kirsten and Heike, our nurses, were giving **4 days of training for nurses** organized by the **Mongolian Nurses Association**, presided by Prof Nyamsuren, head nurse in Hospital No 2.

A **2 day training in MoH** was given to 120 nurses, mostly from UB, but also some from outside:



The nurses association posted about it on facebook and within some hours there were 5,300 people looking for it.

Another training was given in **State Servant Hospital** for 40 nurses. Finally, also training was given to nurses in **Baganuur** with around 40 nurses participating:



Prof. Walter gave a presentation about “IPC in endoscopy” on a **congress of the Mongolian Gastroenterology Association**. Also the Germans took part in the evening event of the congress.

Meetings

There was a **MeshHp meeting** with most of the pilot hospitals. Main topic was the next trip to Germany.

We had meetings with **Mongolian Nurses Association**. Mongolia has 11,000 nurses and 9,000 of them are members in this association. We were very impressed how good the work and network was and also how kind the cooperation. Together we had a visit of some hours to a ger camp near Baganuur.



We decided to make a **partnership** between the Mongolian Nurses Association and MeshHp. Cooperation and more training is intended for 2019.

Prof Walter had a meeting with **Dr. Altantuya and Dr. Bodart from ADB**.

Social life

On Sunday, we had a nice trip to **Terelj natural park**.



Also there was a visit to **Tumen Ekh** to see typical Mongolian culture.

Next steps

There will be a **private trip** of 9 Germans (including Martin Schmidt, Christian Waydhas and Walter Popp) during **Naadam** and they will go to Kharkhorin, Arkhangai aimag and Khusgul lake together with Dr Purevdash and Dr Gantumur and others.

In **September**, Prof Heike, Nouzha and Prof Walter will come together with some guys from German companies and there will be a **2 day hygiene symposium** in Blue Sky Tower on 19 and 20 September, 2018.

End of **November a group of Mongolians will come** to Germany, presumably 11 people (24 November – 2 December, 2018).

Walter Popp, 23 June, 2018