



Mongolian Emergency Service Hospital Hygiene Project

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Report of the visit to Ulaanbaatar 24 Juni – 1 July, 2017

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Hospitals

We visited a **family doctor in Khan Uul ger district**. They care for 10,000 people, for additional 5,000 people apartments are constructed just now. Per person and year they get 10,000 Tugrik from state. They do also a lot of home visits. Standard program is examination, vaccination, infusions, rehabilitation. They also have a cardiology section making ECGs, also examinations re liver diseases. Also cervix smears are done looking for cancer.

Patients have to go there before they can go to district hospital. Both is free of payment. Drugs have to be paid by patients, the 300 most important drugs (WHO list) are free.

They care for 19 TBC patients. Hepatitis B is vaccinated three times in children, no antibody control.

We did not see pieces of soap, only fluid soap, but very few hand disinfectants. Paper towel dispensers are there, but not always filled. The use of textile towels should be stopped.



Vaccines are cooled and the temperature is controlled daily.



We had a visit to the **Emergency Service**. The training room was shown to the German guys who were first time there. Disinfection and sterilization of medical devices is stopped there now and done completely in the new unit in Khan-Uul district.

Also again we saw the **Emergency Service unit in Khan-Uul district** which is rather new. Hand disinfectants are available there and also fluid soap, now also paper towel dispensers. Textile towels should no longer be used.



For disinfection of instruments and surfaces, different products of Ecolab are used. A big problem is that there is only one autoclave for the whole Emergency Service (with different units over UB). **A second autoclave is urgently needed in case the first one is not operating.**

We had a visit again to **endoscopy unit of Hospital No 2**. The half automatic washer-disinfector is very old. There are doubts about the very short processing time which is identical with the disinfection time of the disinfectant. Only Pentax endoscopes can be disinfected there, Fuji endoscopes can be reprocessed only completely manually.

The pressure of the air pistol was much too high with 8 bar instead of 0.5 bar. There are products of different producers used for cleaning and disinfection and it is not clear whether they can be combined. This is a consequence of yearly tenders which are decided mostly about the prices.

Yearly tenders make a big change of products every year with a lot of mistakes which can happen. The experience in Germany shows that products should be used over long times because then experience and usage is biggest and most reliable.

So we strongly suggest to stop yearly tenders and go over to, maybe, tenders for 4 years.

On one day, Nouzha Maazouz made a whole day **workshop on endoscopy reprocessing** in Hospital No 2 with around 80 participants.



Michael Rossburg and Jan Kehrmann had **visits to microbiologic labs** in Hospital No 2, NCCD and Department of Scientific Analysis in National Institute of Forensic Science.

Again we had a visit to **General Hospital for State Special Servants**. Most is reported in the last report from April 2017. Basically, the building is very nice, well constructed and with a lot of space. Organisation looks very nice. In the rooms, there is only equipment which is needed for the patients – no private things (sofa, flowers and so on) like often in other hospitals. As in April, we saw the whole hospital and it is really nice in comparison to other ones.

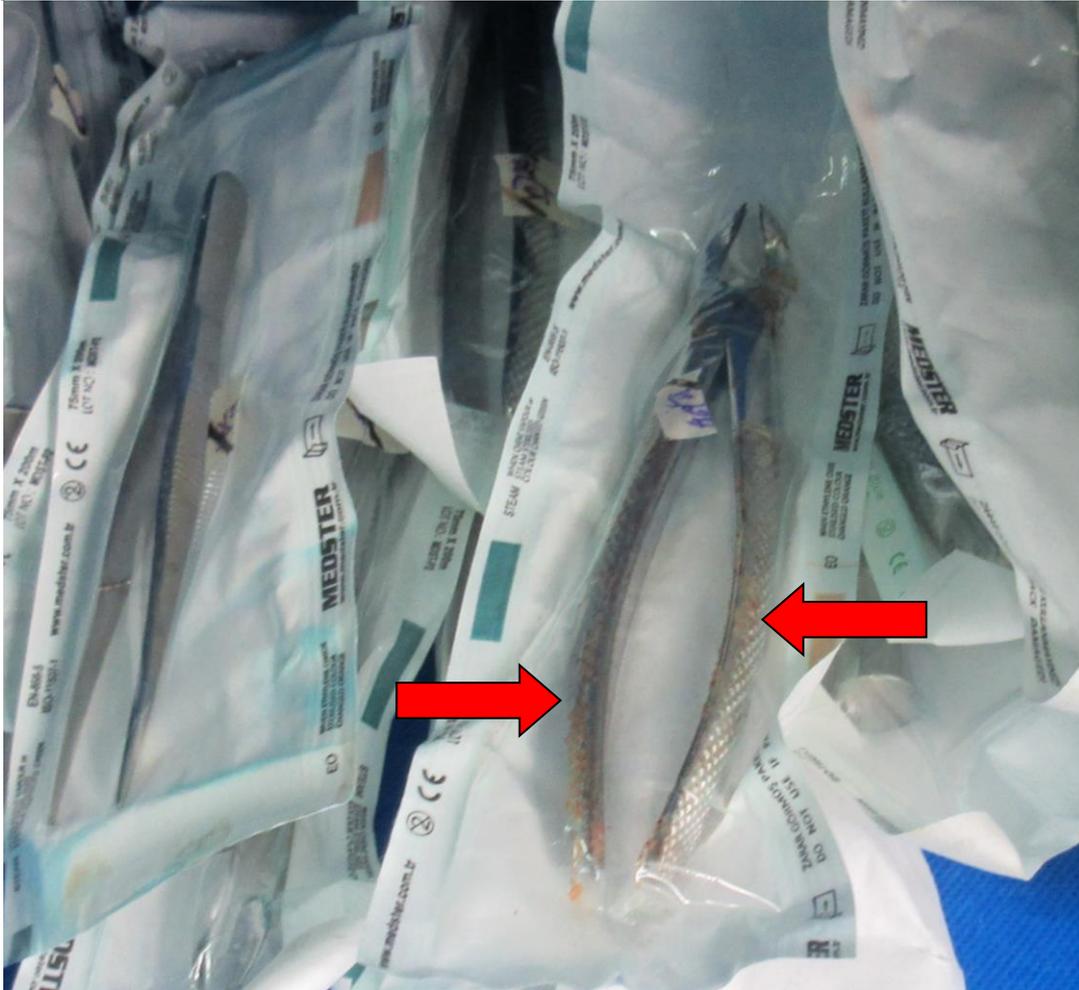
The problem is that they had to take the old equipment. For example, in sterilization unit there is only manual disinfection and two old autoclaves from Russia. One is not really working, temperature and pressure measuring not working. So they measure temperature with a thermometer by hand. This is not acceptable as it is not clear whether sterilization is really working.

They urgently need new autoclaves.

The drying oven obviously has asbestos seal. Asbestos is highly carcinogenic and this oven must be closed and removed instantly.



Many instruments are full of rust and come in use with rust on it.



Similar problems are in endoscopy and lab – the microbiologic lab has nearly no equipment.

Acupuncture is done with single use needles only.

There are many hand disinfectants in the hallways, but not enough at the sinks. Also textile towels should be removed because there are always paper towels available.

Finally and despite of the deficits in equipment, this hospital could really be an example of good building structure and organization and therefore, they should urgently get new and modern equipment!

Meetings

We had a meeting with **Dr. Fernau, Deputy Ambassador**, in the German embassy.

There was a one day **Hygiene Symposium** in Hospital No 2 with around 120 participants. There were interesting presentations, eg about the first national TB prevalence study which brought the result that TB prevalence in Mongolia is three times higher than estimated by WHO until now.

Detlef Schliffke gave a presentation about the work of patient carers in German hospital which was followed by a lot of discussions.



There was a meeting with **Dr Raushan from ADB** in which we reflected which contribution could be given to a planned hepatitis project of ADB.

We had a meeting with **Deputy Mayor Sh. Ankhmaa** and Dr Bayar from City Health Department. One topic was discussing a project in city cooperation.

Social life

On the first weekend, we had a nice trip to **Terelj national park** with staying in ger over night. The typical Mongolian meals and drinks were very interesting especially for the one who were in Mongolia for the first time.



We had the chance to be there during the **presidential election** (1st round).

The guys who were there first time had **sightseeing** in UB like Sukhbaatar square, Gandan monastery, Gobi shop and State Department store.

Finally, we had a **flight back** which lasted three full days and included loss of suitcases for 4 of us in Moscow. Still now some of the suitcases are missing. Anyhow, this is hard stuff, but cannot stop us to come back! ☺

Next steps

The visit of the **next Mongolian group** is still not decided. We keep in contact.

The **next Hygiene Symposium** will be in UB on 12 and 13 September, 2018, also including German companies like in last year. MedClean will be organizer of the meeting.

We will go to establish a big Hygiene Symposium every 2 years over 2 days and sort of workshops in the years between.

Next German group (Prof. Heike Martiny, Prof. Popp, Mrs Maazouz) will come in September (3-10 September). Hotel costs will be taken from German side. Agenda will have a main focus on looking for reasons for hepatitis, especially dentists and endoscopy.

Walter Popp, 12 July 2017