

Rehabilitative Surgery
Programme
At
The Plaster House

Annual Report

2015

Introduction

The Plaster House provides high love, low cost, efficient and ethical surgical health care that significantly changes the lives of as many disabled Tanzanian children as it can.

2015 has been a year for reflection, consolidation and development for the Rehabilitative Surgery Programme that is based at The Plaster House. In January we took a step back and looked from the outside at the programme as a whole; what we excel at, and what areas we can improve in. Looking at the progress from this time we can only be pleased with what we see – a programme that is more grounded in its philosophy, that is running more efficiently, and is treating more children than ever before.

A glance around the premises and you will see new systems for tracking childrens' progress, communication between staff members, housekeeping and food management systems. Connection to the 'web' from The Plaster House has meant a much stronger presence of the administrative team, and this improves the engagement with the rest of the staff and children in our care.

Children with more complex problems and a variety of conditions are treated through the programme, our staff have risen to the challenge and the nursing and therapy services have improved to meet the needs of the children. Through the reflective process, we have reasserted our role as being caregivers and guardians of the children while they are in our care, and the care is better because of it.

The results can be seen in the faces of the children we treat, and those of the parents who come to collect them – happy children who have a better chance at life because of the treatment they received and the time they had at The Plaster House.

Sarah Rejman
Project Director



Achievements this year

- Reflection and consolidation of the programme

After several busy years, when the focus has been on development and building of a base for the Rehabilitative Surgery Programme, this year we reflected on the programme and its key constructs. We came to three main constructs that we found best describe the programme at The Plaster House: flexible, sustainable and efficient. With these in mind we reflected on our operating systems and developed systems tied to these key constructs. We reviewed the organizational diagram and job roles, filing systems and paper trails, patient reviews and ward rounds, and communication systems. From these reviews and subsequent development of new systems, we have seen vast improvements in our ability to stick to our key constructs and provide optimal care for our children.



- Staff evaluation system established

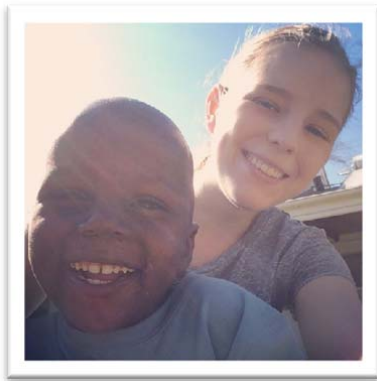
Following along the lines of Arusha Lutheran Medical Centre we started a process for Staff evaluation – reflection and goal setting. This has opened communication lines with all staff members and improved teamwork.

- Increased number of cases

The number of cases that we have assessed, operated on and provided rehabilitation to, has increased from previous years. The number of patients has not increased hugely however we are taking on more complex cases that require multiple surgeries.

- Increased community involvement/Volunteers & visitors

The Plaster House has cemented its reputation as an ethical and honest organization to talk about and promote. Many local organisations refer donors, visitors and volunteers to the Plaster House; this has increased our local donations through financial support and 'in-kind' donations. We have also enjoyed visits from our local government representatives and the ELCT NCD Medical Department directors. We have limited our number of short and medium term volunteers due to demand and ability of the team to receive them; those who have joined our team have brought fabulous attributes and really strengthened different aspects of our programme.



- Installment of internet service

The Plaster House had internet service installed early in 2015 which has significantly improved our efficiency and time management, without this we would not have been able to increase our service to the disabled children as we have.

- Collaboration with the ALMC/Selian Pediatric Service

The Plaster House is incredibly lucky to have a strong and professional pediatric service to support the holistic care provided to the children under our programme. The pediatric service provide twice weekly clinical care at the Plaster House, assist with assessment of new patients, and support us in post operative management of our children.



- Outreach programme

The outreach programme continues to bring awareness to villagers in various regions of Tanzania about the services that are provided at the Plaster House hence, more disabled children benefit from corrective surgeries.

- Broader referral base

Referrals to the Plaster House have increased and are coming from many different and new sources, we are excited to be receiving little babies with

club foot or neural tube defects from many more different hospitals, religious organisations or individuals than in years past.

- Financial stability

Due to generous supporters and donors who have supported us with donations and grants through 2015, we have been able to treat and rehabilitate children with their optimal treatment plans. It has been our privilege to do this on behalf of those who support us.

- Clinical management of Club Foot

Our clinical team, lead by occupational therapist Jaclyn Lekule, have been hailed as an exemplary example of management of club foot with the Ponsetti method in Tanzania. We are able to provide fabulous non-surgical care to children born with clubfeet meaning they will never know that they were ever disabled.



Statistics

CHILDREN TREATED	
Orthopaedic Surgery	
Fluorosis	92
Clubfoot	81
Osteomyelitis	10
Other ortho	10
TOTAL	193
Plastic surgery	
Cleft lip/palate	38
Burn scar contracture	50
Other plastic surgery	13
TOTAL	102
Pediatric Surgery	
Spina bifida alone	15
Hydrocephalus alone	68
Spina/HC combined	15
Other Peds	85
TOTAL	183
TOTAL patients for 2015	478

Outreach

Approximately 1,450 children were assessed during outreach visits, around 50% of these children would be appropriate for our corrective surgery programme however many of them were not able to travel to Arusha for treatment.

Number of villages visited: 208

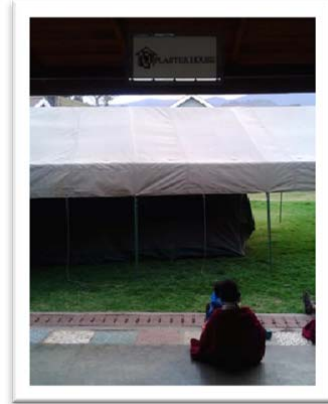
Number of trips carried out: 8 visits



Challenges

- Overcrowding

The second part of 2015 saw significant overcrowding in the Plaster House premises due to the increased number of cases being treated. Starting in June our patient census did not drop below 100 and at the busiest we had 155 children staying with us – plus around 40 parents. It is through the incredible hard and dedicated work of the Plaster House staff that patients arrived to appointments on time, stayed healthy and well fed.



- Understaffing

With the increase in case numbers and children staying for longer at the Plaster House our estimated staff:child ratio has been exceeded. Our staff forewent their scheduled days off, and worked incredibly hard to keep on top of the movements and needs of all the children and their parents. We hired some short term staff to assist with the load.

- Patient Recruitment

We continue to struggle to recruit the best candidates for our service. We have children referred into Arusha who are not suitable for our services, ie children with cerebral palsy. We also see children with fixable conditions whose parents cannot be convinced that the child will have improved life and prospects because of corrective surgery.

- When children die

As we increase our programme into more delicate surgeries and helping children with multiple problems, we open ourselves up for more children dying in our care. This is always a challenge for our staff, and the programme as a whole when we review how we make decisions and proceed with surgery.

- Communication with different services

The Plaster House programme serves somewhat as a hub when seeking the most optimal care for our children, this often involves communication with multiple different services within and out of our hospital system. This communication can be frustrating, time consuming and unproductive.

Plans

- Vehicle purchase

The Plaster House's needs have changed of their vehicles, due to the increased number of cases, we are carrying many more children to clinics at various hospitals. To do this we need to purchase a large van as carrying children and their parents on the back of a pick up is not acceptable.

- Intranet and cloud based filing system

To improve the administration of the Plaster House programme in all areas a move to an internal network system, and web-based information storage is integral in 2016

- Vegetable garden

The Plaster House has some underutilized space around the buildings, we will develop some extensive vegetable and kitchen gardens to decrease our grocery bills, improve the diet offered to the children, and provide some vocational rehabilitation to the older children in the programme.

- Formal volunteer program

We will develop an application process and volunteer manuals to improve our volunteers' experiences at the Plaster House. We are excited that this year we will have a long term volunteer from Australian Volunteer International joining our team.

- Improving our community communication

The Plaster House will develop a suite of recruitment brochures and posters to be used around Arusha and beyond, this aims to clarify what services are offered and bring in more appropriate children for care.

- Hiring new staff

The Plaster House will formalize the employment of many long-term cash based employees, and will look to increase the overall number of staff who are employed in the programme.

- Expansion of existing buildings

The Plaster House will start a fundraising campaign to expand the buildings, we look to construct new bunkrooms, some volunteer living apartments, and some additional clinic rooms.

- Establish an advisory board

The Plaster House will establish an advisory board to improve the care of the children we treat by broadening our base for consultation, development, and fundraising.