

ICN TB/MDR-TB Project celebrates its

Leading Lights

Nurses bringing light to where there is no light



June 2015

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:



Liang Yuexin

Professor of nursing,
Longtan Hospital of
Guangxi Zhuang
Autonomous Region
(China)

In 2011, Liang Yuexin attended TB/MDR-TB training organized by ICN and the China Nurses Association in Beijing. Following the training, she founded a QQ group (social network group) for ICN training members. This platform helps TB nursing colleagues from all over the country to have more convenient and quick access to relevant information about TB prevention and control, and then promptly apply these TB health measures.

After returning to Longtan Hospital, her place of work, Liang Yuexin trained more than 250 nursing staff on MDR-TB knowledge. Her hospital has many patients co-infected with TB and HIV, which brings a lot of difficulties and confusion to nursing. Therefore, her training also emphasized teaching about TB/HIV co-infection as well as improving the nurses' knowledge of relevant content, how to facilitate nurse-patient communication, to improve clinical nursing work, to improve the patient's medication adherence and the on-time consultation rate.

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Liang Yuexin has participated in several provincial scientific research projects for many years and has published 47 papers in total. One of the papers, The Application of Nursing Intervention in the Treatment of Patients co-infected with AIDS and Tuberculosis, won the award for the best paper for her presentation at the 1st National Forum on TB Nursing Care in 2013 in Chongqing, China.

In order to reduce the occurrence of the nursing staff's occupational exposure of TB and HIV/AIDS, Yuexin formulated a Quality Evaluation Criteria of Occupational Protection on airborne diseases and disease transmitted by blood, which standardized nurse behaviour, improved nursing management, supervision, and inspection, thereby reducing the occurrence of occupational diseases among the nursing staff.



Zamani Dlamini
TB Coordinator,
Hlabisa Hospital,
UMkhanyakude
district (South Africa)

Zamani Dlamini is a professional nurse working at Hlabisa Hospital as a TB/MDR-TB coordinator and also acts as an operational manager for the MDR-TB clinic. Zamani faced a lot of challenges in the TB programme as the rural area where he works covers a large area with a population of more than 250,000 and faces a lack of resources. His district also has a high rate of both TB and HIV.

Zamani Dlamini teaches his patients who are coming to take medications on a daily basis at the MDR-TB clinic about the proper infection control at home,

importance of taking medication, common side effects associated with MDR medications and even about stigma associated with TB and HIV&AIDS. This education promotes compliance and reduces the defaulter rate. He also teaches the injection and tracer teams that go out every day about TB/MDR management. He provides guidance and coaching to the enrolled nurses that are working in the TB programme in the 17 fixed local clinics including 4 mobile teams on all aspects of the TB programme including infection control, increasing suspect index, increasing cure rate, decreasing death and defaulter rate, increasing bacteriological coverage, increasing success rate and many more. He also provides training to the hospital management and hospital staff to understand the proper infection control measures that will prevent the spread of TB in the institution and the 21 outlying clinics. Zamani conducts regular in-service training in the wards in order to make staff members understand the importance of screening each and every person who enters the ward or department. He states that this has been successful in identifying eight visitors with susceptible TB and three patients admitted to the surgical ward were diagnosed with MDR-TB. This was successful through the knowledge he gained from the training that was conducted by ICN/DENOSA in Durban in September 2014.

Mr Dlamini also provides health education on TB, early signs and symptoms, and infection control to members of the community including traditional healers, teachers and school kids.

When Zamani joined the TB programme at Hlabisa two years ago, he realised that the cure rate was very low (60-70%) and the

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defaulter rate was high. After he attended the ICN/DENOSA training in September 2014, he realized the shortcomings and the areas where the TB focal nurses at the local clinics were lacking in terms of TB management. He carried out a training and included topics like data recording and reporting, TB/HIV collaboration, developing of an SOP on how to take the proper patient address thereby reducing the high defaulter rate, developing an SOP on the use of TB diary thereby enhancing the compliance on patient follow-up and an overview of MDR (management of side effects, stigma issues, MDR treatment, understanding pill burden, etc.).

Zamani Dlamini emphasizes “The training was more than the word successful in such an extent that the nurses were able to take the patients’ addresses and the defaulter rate went from 4% to 0.5%, the cure rate went up from 70% to 81%, success rate went up from 78% to 88.8%, the bacteriological coverage went up from 71% to 91%. Even now at Hlabisa they have a very good cure rate of 83% through these efforts.”

He said “Education is a key in the TB programme ... EDUCATION IS A WEAPON TO FIGHT AGAINST TB!”



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*
- *1,900 nurse trainers trained to date*
- *An additional 96,000 nurses and allied health workers trained through cascade*
- *Impact includes improved case detection and treatment outcomes, reduced stigma and improved infection control*
- *Nurse leadership growing*

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