OADCPH

Organisation Africaine pour le Développement des Centres pour Personnes Handicapées

THINK TANK AND TRAINING STRATEGIC SEMINAR FOR MANAGERS AND PROFESSIONALS OF PHYSICAL REHABILITATION CENTRES

TUNIS, 15 TO 17 NOVEMBER 2019

GENERAL REPORT

1. BACKGROUND

As part of promoting the rights of people with disabilities in Africa, the African Organization for the Development of Centers for People with Disabilities (OADCPH) was created. And since its creation in 2011, OADCPH actively participates in the improvement of the care for people with disabilities on the African continent through its procurement centre of rehabilitation materials, its various training modules for rehabilitation professionals and through support and advice.

Its main mission is to promote access to rehabilitation care for a greater number of people with disabilities and their families (functional rehabilitation, orthopedic fitting, and the management of any other type of disability), improve the quality of care and promote the sustainability of rehabilitation services.

Thus from 15 to 17 November 2019, OADCPH organized in collaboration with its partners a reflexion and training strategic seminar in Tunis, Tunisia for managers and professionals of physical rehabilitation centres. This training workshop aimed first of all at sharing experience between various centres (public and private) in the management of rehabilitation centres, acquiring skills in terms of quality approach and, secondly, capacity building for P&O professionals in prosthetic knee disarticulation management.

This workshop gathered 65 participants from: Tunisia, Togo, Benin, Cameroon, Ghana, Algeria, Gabon, DRC, Mali, Niger, Burundi, Senegal, Burkina-Faso, Belgium, Morocco, France, Nigeria, Tanzania.

The main objective was to bring together managers and professionals of rehabilitation centres partners of OADCPH, for capacity building in management and technical skills, as well as to think and propose solutions for a better distribution system for orthopedic products in Africa by OADCPH.

More specifically :

- Acquire new tools / management systems for rehabilitation centre managers
- Build capacities for professionals in prostheses and orthoses
- Make suggestions and proposals to help the OADCPH better fulfill its role and achieve its mission to improve the quality of care and promote the sustainability of rehabilitation services
- Present the new loyalty development strategy of its partners which will entitle to differentiate prices from 2020.

The seminar is organized around four (04) major axes:

- the opening and closing ceremonies;
- Communications : on the different centres,
- communications on the quality approach in the health and medico-technical sector on CR Equipments and OADCPH;
- principles, concepts and manufacture of a knee disarticulation prosthesis for P&O Technologists « theoretical and practical ».

2. ACTIVITIES

2.1. The opening ceremony.

The opening of the seminar was marked by three (03) interventions:

Mr Masse NIANG, Executive Director of OADCPH was the first to speak. In his introductory words, he first wished the participants cordial welcome and recalled the mission and objectives of his

organization, including the training of rehabilitation professionals; the supply of orthopedic raw materials and components; support of structures; Etc. He concluded by thanking the partners who have always supported and accompanied him.

The second speaker was the general manager of CR equipment / CR machinery. In his speech, he also thanked the participants for their continued confidence in OADCPH from where it has survived to this day. He praised the efforts, commitment and courage of the Director of the OADCPH through whom this organization operates around a system of sustainability.

Finally, the opening ceremony was given by Mrs Monia MRAD, Director General of CAO TUNIS. In her word, she wished a warm welcome to all participants and organizers of the seminar. She also expressed sincere thanks to the organizers of the seminar for having chosen Tunisia as the host country. And finally she proceeded to the official launch of the seminar.

After the various speeches, everybody: organizers, partners and participants gathered for the family photo.

The general moderator of the workshop in the person of Mr. Kpandressi Anareme announced the communications and the distribution of participants in two groups; the group of managers and that of orthopedic professionals. He appointed also rapporteurs and moderators of the activities of the seminar. They are:

	Rapporteurs	Moderators	General rapporteur
Day 1	Niger – Nigeria	Dr Coulibaly from Cote d'ivoire and Dr Binéta from Senegal	M. LAKNA Tokpessa. From Togo
Day 2	Burkina Faso - Ghana	Pr Kpadonou from Benin and Mr Ferdinand from Burundi	
Day 3	DRC – Tanzania	Mrs Anissa El Gaied from Tunis and M. Kadanga from Togo.	

2.2. Communications on differents centres. (See https://tunis 2019.oadcph.org).

The communications are made around two axes, those of the representatives of the managements made in the different centers for persons with disabilities.

Communication of Tunisia: It was facilitated by Mr Monia MRAD, director of the CAO, the orthopedic centre of Tunis. It was created in 1970 and has several centres including 1 in Tunis and 2 in the regions with 125 agents including 64 orthopedic technologists. In her presentation, the speaker referred to the lack of specialists in the field of lower limb orthopedics.

Communication of Togo: It was pronounced by Mr LAKNA, Director of the National Orthopedic Centre of Togo. The centre was created in 1974 by the Germano-Togolese cooperation and is the first socio-health institution of rehabilitation that serves all regions of the country. The centre's mission is to enable any person to access preventive and curative rehabilitation care.

Communication of Ghana: presented by Mr LARBI HENRY who spoke about the training and research college created in 1962 which produces specialists in the field of orthopedics

Communication of Benin: presented by Professor KPADONOU, head of the university Clinic CNHU of Cotonou, was created in 1962 and has for vision "Quality service offer"

Its mission is the training of students and research in all rehabilitation areas and environment. This clinic has adequate equipment and human resources, and serves as a national reference center

Communication of Mali: presented by Mr Mahamadou Ba, of the centre PROPHETE / CPBV. He made a brief presentation of the centre Father Bernard Verspieren which aims at promoting the integration and reintegration of people with disabilities;

Making better support to PWDs by popularizing community-based rehabilitation methods in their environment. The centre's activities include among others: orthopedic fitting, physiotherapy, occupational therapy, speech therapy, etc.

Communication of Burkina: presented by Mr Yameogo, Head of the Rehabilitation Centre for the Disabled. The CRH was implemented in 1980 by OACADES CARITAS of Burkina Faso

Communication of Cote d'Ivoire: presented by Dr Coulibaly Abderrahman, Director General of the Orthopedic Centre who made a brief presentation on the organization, the operating policy and the services of the centre, including one in Abidjan and the second in Bouake.

Communication of Burundi: presented by Mr. Ferdinand, head of the ortho-kine services centre, created in 2006. This centre offers fitting and physiotherapy services in Burundi and in neighboring countries.

Communication of Niger: presented by Mr Lamine Oumarou Hassane, Ortho-physiotherapist at the rehabilitation centre of the National Hospital of Niamey.

This centre was created in 1985 by CARITAS NIGER and aims for mass fitting for children and adults with disabilities. It offers several types of services among others are: the manufacture of orthoses, prostheses, gait learning.

Communication of Gabon: it was presented by Mr Arthur NGUIMBI, head of the Rehabilitation and fitting Centre fpr the Disabled, created on March 27, 2009, the vision of which is "to give joy and restore human dignity".

At the end of the various communications, the debates and contributions focused on the organization, the functioning and difficulties encountered by the rehabilitation centers.

From summaries of the communications on centres and group works; it emerges:

- Good management and care management practices
- Strengths and assets
- And obstacles and constraints

From these various communications arise Findings and Lessons Learned below.

STRENGTHS (current achievements in rehabilitation care)

- Qualified and diversified professionals
- Various existing infrastructures
- Existences of prevalence of significant physical disability in our country

ASSETS (those that exist and gives an advantage to the achievement of rehabilitation care)

- Existences of national institutional framework
- Existences of international conventions (CPWD, and others)

- Existence of procurement centre (OADCPH)
- Existence of training schools in sub-regions
- Existences of active partners in the field of rehabilitation care
- Existences of increasing needs in rehabilitation care in our countries

GOOD PRACTICES OF MANAGEMENT AND CARE MANAGEMENT.

- Existence of an organizational structure
- Application of procedure relating to award of procurement contract
- Establishment of an evaluation mechanism and "incentive" reward for staff
- Development and implementation of staff training plan
- Establishment of policies to involve all staff in all activities
- Existence of strategic plans
- Existence of information and analysis system
- Existence of the internal and external control function
- Existence of monitoring and evaluation
- Implementation of a proximity care approach
- Existence of convention with several partners
- Establishment of a holistic approach in the care of patients
- Commitment in a rehabilitation certification process
- Diversification of funding sources
- Establishment of an information and awareness process.

OBSTACLES AND CONSTRAINTS

Most of them are:

- Obsolescence and inadequacy of infrastructure and equipment,
- The high cost of components and fitting materials,
- The scarcity of technical professionals in various rehabilitation professions,
  The complexity of the procurement process leading to recurrent stockouts,
- The financial vulnerability of service seekers (people with disabilities).

2.3. Communications on quality approach in health and medico-technical sector, on CR Equipment and OADCPH;

✓ **Communication on quality in rehabilitation institutions: presented by Dr CHAJID Saïd.**

The quality improvement initiatives are strongly encouraged by the establishment of the accreditation of health facilities procedure. It is recommended that the essential methods, such as the clinical audit or the one developed in Quality Improvement Programs (QIP), be supplemented by those which at the same time have utility in the industry and are, for some of them, adapted to the field of health.

Quality actually wins and rivals the traditional notions of costs and deadlines. Their estimation is an excellent way to quantify dysfunctions in financial terms and to usefully guide the actions to be implemented for an equally quantified return on investment.

The presenter also discussed the cost of non-quality risks and consequences that may result.

Non quality leads to a risk factor that we can situate at three levels:

- The user: through sanitary insecurity for the patient and also, the decline in purchasing power for the patient and his family, the dissatisfaction of the user that will cause his flight.

- The institution: marked by the loss of notoriety, a bad image of the institution and a socio-economic loss.

- The company: which records on the one hand, a longer coverage by the social organizations and on the other hand, the loss for the companies marked by the delay of the return to work of the patient

The consequences of non-quality come in three main areas:

Les dysfonctionnements observés dans nos structures : Absence ou manque de coordination interne ; Redondance ou inexistence des actes de soins ; Irrespects des règles élémentaires d'hygiène ; Difficultés d'accès à l'information ; l'absence ou l'insuffisance de la traçabilité Malfunctions observed in our structures: Absence or lack of internal coordination; Redundancy or non-existence of acts of care; Irrespective of the basic hygiene rules; Difficulties of access to information; absence or insufficiency of traceability

These consequences are illustrated by examples in France and in Africa such as:

→ In the cost of nosocomial infections varies according to the type of infection, with an average of £ 383 for a unit infection and £ 35,185 for sepsis in the intensive care unit. And for iatrogenic actions, the compensation can be up to 1,880,000 £.

→ In Africa, 20% of patients admitted in emergency can die and non-quality is the first cause of postoperative morbidity in our African countries. According to the 2017 classification, African countries are among the last 20 out of 95.

Thus it is revealed that the better the health system works, the better the state of good health. And, that there is a close link between good health and life expectancy. However, resources are only used at 49% of average potential capacity in Africa.

WHAT TO DO?

Above all, one must be convinced, prepare a plea for quality, become qualitative and reassure.

We must also initiate a quality approach by drafting a quality policy, raising staff awareness to quality culture, training health quality managers and appointing a Quality Assurance Manager (QAM). It is also possible to set up a steering committee, refer to the ISO 9001 V 2015 standard, develop and implement the inventory and also set up a dashboard and a Quality Assurance Plan (QAP).

For the identification of CNQ, it is imperative to develop a preventive policy, make the inventory to detect the hidden niches of the CNQ, evaluate the cost of repairing errors, assess the dissatisfaction of the user and his consequences.

To experience the direct consequences of non-quality four (4) working groups were formed to answer the three questionnaires below. 1) Calculate the cost of the absence of a day's work of a

physiotherapist; 2) Calculate the cost of a total iatrogenic hip prosthesis; 3) Calculate the cost of losing a patient record

The plenary of the results of the work has made it possible to measure the enormous losses (for the patient, the center and the society) caused when a care specialist is absent, a total hip prosthesis is iatrogenic and a patient file is lost.

After the discussions on this presentation a personal evaluation of the participants gives the results of the table below.

Item	Recurring answers
Before, I used to ...	To think that the quality approach was only related to the equipment and the availability of qualified human resources Do not measure risk factors and consequences of non-quality
With the presentations, I understood that….	Non-quality in a center has risks and consequences for the user, the center itself and society in general.
From now on, here's what I'll do……	Make an inventory of the centre and start the quality process Set up a quality approach policy at the centre.

- ✓ **The presentation of CR Equipments :**

Two themes namely**:**

- The polycentric knee
- The modular technology.

The presenter demonstrated the use, maintenance, repair and the benefits of both products.

- ✓ **The presentation of OADCPH.**

OADCPH is a well-organized structure with a dedicated staff including a General Manager, an accountant, a continuing education officer, a secretary and maintenance staff.

OADCPH's headoffice is in Lome in Togo.

The three main pillars for promoting the rights of persons with disabilities:

- Procurement centre
- Continuing training
- Technical expertise "support-advice-monitoring-evaluation".

2.4. Principles, concepts and manufacture of a knee disarticulation prosthesis for "theoretical and practical" orthopedic technologists».

The P&O professionals worked on a very specific theme which was the knee disarticulation. The trainer of this topic was Mr. ADAMA Amah S., Certified prosthetist and Orthotist, head of the department of orthopedic technologists at ENAM-Lome, assisted by Mr. AFETSE Atsu orthopedic technologist in charge of private fitting centre in Kpalime in Togo.

Taking the floor, the trainers were able to show the relevance of the choice of this theme which seems simple but too complex to achieve. There is much confusion about the management of patients who

have had to undergo disarticulation of the knee. Achieving the prosthesis is another problem that the prosthetist has to face.

The presentation on the theme was around the following points:

- General: Is knee disarticulation prosthesis equal to or different from prosthetic gritti?
- Anatomical reminders: (osteology, archeology, myology…)
- Advantages (possible distal support, preservation of the femoral condyles, rotation control of the stump in the socket, preservation of the epiphysis)
- Disadvantages (limited options for prosthetic knee, cosmetics, finishing)
- Indications
- Contra-indication
- Patient's evaluation
- Prosthetic management (different types of socket and possible suspension possible)
- Manufacture of the socket (it is often dictated by the degree of tolerance to which the load of the weight of the body to the distal part is subjected and by the size of the femoral condyles in relation with the circumference of the thigh)
- The ideal requirements for a knee disarticulation socket (the weight load of the body must be at the distal end of the stump no ischial support).
- Suspension and interfaces : conventional (lace) ; modular (liner)
- Biomechanics (the biomechanical challenges of assembling and alignment with knee disarticulation is almost the same for the femoral prosthesis)
- Gait deviations
- Cast-taking (with or without distal support)
- Patient's assessment (Clinical examination, Subjective…)

At the end of the first day of training, the trainers had to divide the participants into two groups to be able to practice on the two patients selected for the circumstance. The role that each participant should play has been known in advance.

To close the first day training, the trainers had to present the prosthetic joint for knee disarticulation to the participants which was unknown by most orthopedic technologists. The knee joint in question is a product of CR-Equipments range which is referenced CRE 681.4.

The activities of the second day of the training took place entirely at the Orthopedic Fitting Centre (CAO) in Tunis. Once at the CAO and after a brief discussion each team has addressed his patient for a clinical assessment.

Following the clinical assessment, participants tackled the casting that was performed by the Tunisian orthopedic technologists.

At the end of the second day of training, both teams had to realize the positive and to make the thermo-molding and align the prosthesis.

On those activities ended the second day of training at CAO around 06 p.m.

For the third day of training orthopedic technologists had to follow a presentation of Thierry Varras on the new products of CRE, namely the polycentric knee and the components of the modular system CRE. After having followed the presentation, orthopedic technologists went to the CAO to continue their works related to the completion of the knee disarticulation prosthesis.

Once at the centre, participants had to do the static and dynamic alignment of the two prostheses that had different fortunes. For both prostheses the sockets were successful but only one patient liked the knee used and the second did not appreciate the knee and the material used although the orthopedic technologists had to appreciate the technology.

Once the static and dynamic fitting was conclusive the participants had to finish the prosthesis and make the delivery.

The third day and the last one ended for the orthopedic technologists by the delivery of the prosthesis to the patient who had accepted kindly to receive the prosthesis.

The orthopedic technologists took the bus back to Hotel El Mouradi to take part in the closing ceremony of the seminar alongside the rehabilitation centres managers.

3. Recommendations :

Like any event of this kind, the seminar resulted in recommendations made by participants to provide quality services in all rehabilitation centres in Africa.

They are the following:

- ❖ Initiate quality approach by being convincing and reassuring
- Draft the quality policy
- Sensitize the staff to the culture of quality
- Train Health Quality Management Responsibles
- Appoint a Quality Assurance Manager (QAR)
  - ❖ Identify the costs of non-quality (CNQ) through:
- A preventive policy
- An inventory to detect the hidden niches of the CNQ
- Evaluate the cost of repairing errors
- Evaluate the dissatisfaction of the user and its consequences
  - ❖ Structuring of operation
  - Optimization of the forecast management of jobs and skills of material and human resources
  - Reduce significantly the financial expenses
  - begin the process of obtaining global labeling.

« The Implementation of the above recommendations requires both material, financial and human resources. Thus, the support of the financial partners of the rehabilitation centres, namely OADCPH,

CBM, MoveAbility, the government through the Ministry in charge of the health of each country and the other partners is essential. ».

- ✓ **The closing ceremony:**

M. Masse NIANG who thanked the director of the orthopedic center in Tunis, the presenters at the seminar and all the participants.

And Ms. Monia MRAD, Director of the Orthopedic Centre CAO of Tunis, in turn thanked OADCPH, the organizers and all the participants and then delivered the closing speech of the seminar.

This end was marked by the giving of certificates and donations to participants offered by OADCPH and its partners.

4. Conclusion.

This training seminar was an opportunity of learning and sharing experiences for the different delegations from nineteen countries composed of centres managers and orthopedic professionals.

In addition, recommendations for post-seminar actions were taken to be implemented by participants from the various country delegations.

Finally, all participants expressed their sincere thanks to the organizers of the seminar and particularly to OADCPH and its partners for their technical and financial support.

Seminar Evaluation

Total number of participants	65
Number of partcipants who did the evaluation	39
Participation percentage	60%

	Totally unsatisfied	Unsatisfied	Neutral	Satisfied	Totally satisfied
Q1- You received clear information before the seminar	0	8	5	19	7
Q2- The objectives were clearly stated	0	1	6	21	11
Q3- Work hours were appropriate	0	5	7	24	3
Q4- Your expectations were met	0	1	3	25	10
Q5- The seminar venue was good	0	0	2	18	19
Q6- The training methods allowed good discussions and knowledge sharing	0	1	2	18	18
Q7- Time given to activities was strictly managed	0	5	12	19	3
Q8- The work climate was good for knowledge acquisition	0	0	1	20	18
Q9- The documentation received before/during the seminar?	0	3	8	24	4
Q10- The seminar reinforced your capacity on the subjects tought	0	0	2	28	9
TOTAL	**0**	**24**	**48**	**216**	**102**