Background

- Nepal, Malaysia - part of Asian Spinal Cord Network (ASCoN) since 2001
- ASCoN has 75 members organisations in 18 countries in Asia
- ASCoN - an ISCoS affiliate since 2004
- Through ASCoN:
  - Training and development
  - Networking
  - Annual scientific meeting
  - [www.elearnSCI.org](http://www.elearnSCI.org)
  - Research
  - Consumer Network
- Supported by Livability International
Post-Nepal EQ: International Support

- 25 April 2015
- Support given to Spinal Injury Rehabilitation Centre (SIRC) from the start by ASCoN members and other affiliates
- Updates via email on the situation and increasing numbers of EQ survivors with SCI
- Deployment of Foreign Medical Teams

Post-Nepal EQ: Malaysia’s support

- Fundraising by Malaysian Association of Rehabilitation Physicians (MARP)
- Mobilized team of volunteers – MDT
- 1st initiative by MARP– rehab support post disaster
- Collaborated with MERCY Malaysia
  - Medical Relief Society Malaysia
- Deployed 2 teams
  - 7/6/15 – 21/6/15 (8)
  - 8/9/15 – 20/9/15 (3)
History of collaboration

Requested for assistance in SCI Rehab in May 2015, post earthquake
1st batch of Rehab personnel deployed to assist in Medical rehab care (June 2015)

- Established agency
- Acute medical relief and disaster rebuilding arms, but no rehab arm
- Agreed to help with finance, admin support and security

1st batch of Rehab personnel deployed to assist in Medical rehab care (June 2015)

- Had personnel and expertise in rehab
- No experience in disaster relief

The 1st Team

Amara Naicker (Rehab Physician, PPUKM)
Nazirah Hasnan (Rehab Physician, PPUM)
Nadia Mokhtar (Rehab Physician, UiTM)
Thurai (Wheelchair Specialist, EZ RIDE)

Adib Mat Arif (Physio, Hospital Tuanku Jaafar)
Noor Shuhada Yusoff (Nurse, HRC)
Hanisa Mazalan (Physio, PERKESO Hospital)
Hanisah Mahmood (Occ Ther, UiTM)
MARP-MERCY SIRC Nepal Mission

- Mission 1: 7/6/15 – 19/6/15
- Service and training
  - Current staff, new staff, volunteers
- Clinical assessments
  - AIS, medical review, fitness for mobilization and rehabilitation
- Advice on triage, ward re-organization, patient stratification
- Patient education

Mission 1

Emphasis was on:
- Drs: Clinical care and ASIA charting
- Nurse: Clinical care, Bowel training
- Physio: Clinical care, Introduction to hydrotherapy
- Occ therapy: Clinical service making adaptive devices
- Wheel chair training
  ✓ workshop reorganised,
  ✓ introduction to systematic workflow,
  ✓ making of cushions and wheelchair repair.
First Challenge

- Medical supplies not released at the airport
- FMT registration took 5 hours
## Services and training

### Medical
- ASIA charting of patients
- Wound care
- Bowel/bladder care
- General SCI & emergency care
- Hygiene control issues addressed

### Education
- Teaching Asia charting for nurses and therapists
- Wound assessment and management for nurses
- Bowel care and digital evacuation to families
- Catheterization & Catheter management

### Therapy
- Bedside therapy for acute patients
- Hydrotherapy
- Active rehabilitation
- Splinting and T-Roll
- Gloves
- Adjustments and modification of orthotic

### Wheelchair Service
- Rearranging workshop into wheelchair section (assessment and assembly)
- Cushioning section, splint section, home modification
- Wheelchair and seating assessment
- Tool management
Discharge destination
Homes destroyed
Patients too scared to move back to the ward or their homes
The 2nd Team
MARP-MERCY

- Long-term proposal
- Rehab team as a sub-cluster of MERCY Malaysia
- Training program for members
  - MERCY FMT Training – Emergency Response Unit training

MARP-MERCY SIRC Nepal Mission

- Support planned for 6 months
- Training and staff development
- Focus on education and research
- Support (training & funding) for SIRC staff to do clinical attachments in Malaysia
Our thoughts......

**Service provision**
- Inadequate leave... So same staff couldn’t come again
  - will negatively impact service as no pass over
- Frequency can only be once a month for a max of 12 days
- Difference of care opinion

**Training the trainers**
- Possible
- Doesn’t need same staff as long as syllabus in place
- Short modules over 4-6 months
- Address more relevant needs
- Opportunity for staff to practice before next session

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**SWOT(C) Analysis for SIRC**

**Strength**
- Has sufficient Physio & Nurses
- Enthusiastic, willing to learn
- Infrastructure and equipments largely available
- Medicines available
- Good Management support
- Culturally compatible

**Weakness**
- Only one Occ Therapist and WC technician
- Potential workload heavy, multitasking therefore reduced efficiency
- Unable meet patient needs
- Multiple clinical care teams
- Lack of continuity of service and varied approaches

**Opportunity**
- Availability of multiple foreign teams for clinical care assistance
- Volunteer Rehab Dr
- Collaboration with Mercy Malaysia and MARP for further training opportunities

**Threat (Challenge)**
- MOHP clearance
- Time set aside for training
- Means of having a monitoring method to ensure continuity of practice
- Outcome assessment
- Resistance to new learning
Training Recommendations

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<tr>
<th>MEDICAL</th>
<th>THERAPY</th>
<th>WC TECH</th>
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| 1) Train junior doctors  
2) Train Nurses and therapist in ASIA Charting  
3) Train nurses in:  
  - Hygiene Mx  
  - Wound / Pressure ulcer prevention, care & Mx  
  - AD  
  - Bowel Mx  
  - Bladder Mx | 1) Training of junior physiotherapists in SCI knowledge and skills  
2) Training of therapists to handle Occupational therapy role  
3) Help in treating existing patients | 1) Requires charting of tools  
2) Racking system  
3) Improvement of design defect of existing wheelchair  
4) Technician needs further training  
5) Extra technical assistant needed |

SUMMARY

- Team composition
- What we did?
- What would we do differently?
  - Formalize the Rehab Sub-cluster team & establish guidelines  
  - International liaison  
  - Emergency Response Unit training