

17- Congenital Heart Disease Mission - 21 to 28 October, 2010:

On the 21th of October, 2010, an Italian Medical team from San Vincenzo Hospital, in Taormina has visited Duhok city, invited by Heevie in cooperation with SIA NGO, Duhok governorate and Directorate of Health of Duhok governorate in a humanitarian intended mission to conduct Catheterization interventions and to train the local medical staff on the job.

In this mission (30) intervention in Azadi Teaching Hospital in Duhok have been conducted, (129) Congenital Heart Diseases patients have been examined in addition (17) of the local medical staff received training on the job.

The Medical team consisted of the following persons:

Congenital Heart Disease Team from San Vincenzo Hospital, in Taormina, 21 to 28 October:

No.	Name	Specialization	Gender	Nationality
1	Maria Gabriella Cicero	Cardiologist	F	Italian
2	Innocenzo Bianca	Cardiologist	M	Italian
3	Elio Caruso	Cardiologist	M	Italian

The team meets Duhok Governor Mr.Tamar Ramadhan, Dr. Abdullah Saeed Director General of Health and they visits the new Heart surgery department in Azadi hospital, also they visited college of Medicine; the Dean of college Dr. Farhad Khorsheed .The Local Media covered the various activities of the medical team.



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18-Clinical Diagnostically Laboratory - October 2010:

1-First Team: Clinical Diagnostically Laboratory

The Italian team of Clinical Diagnostically Laboratory who came in Kurdistan-Duhok previous month continued its work in this month, invited by Heevie Org. in cooperation with Directorate-General of Health of Duhok City.

The Italian Teams that visited Kurdistan consisted of the following Specialization:

Clinical Diagnostically Laboratory Mission of 24 th .Sep. / 11 th . Oct.2010				
No.	Name	Specialization	Gender	Nationality
1	Stefania Cresti	Microbiologist: Microbiology lab Teaching Hospital of Siena	F	Italian
2	Salvatore Petrolia	Chemical Clinical Analysis	M	Italian

Dr. Salvatore Petralia (period: Sep. 24 to Oct.11) and Dr.Stefania Cresti (period Sep. 24 to Oct.8) during the Mission aimed to train local staff and restructure microbiology laboratory branch in Azadi Teaching Hospital with the participation of all laboratories in Duhok Governorate.

The Activities of the Team:

1-Microbiologist Team: The program of Dr. Stefania Cresti, Microbiologist in microbiology lab teaching Hospital of Siena as follows:

- **Practical Training**, in addition to daily lectures on the most important topics and the developments in Microbiologist at the global level. (26) Local medical staff trained on the job.



➤ **Workshop in Azadi Teaching Hospital , 2.10.2010**

This workshop was Continuation of the first workshop about Blood Culture and Clinical microbiology: a diagnostic tailored to needs and resources, Activity of the Clinical Microbiology Laboratory (Diagnostic, Consultant, Infectious diseases control, and Antimicrobial resistances prevention).



➤ **A visit to Blood Bank & Central Laboratory,6.10.2010**

Dr.Stefania Cresti visits the Blood Bank Center and Central Laboratory because of the importance of these laboratories and she supervised the work of the trainee staff.



➤ Meeting with the Director of Azadi General Teaching Hospital 3.10.2010

Dr. Stefania Cresti submitted a report on the most important observations during work in Azadi Teaching Hospital laboratory as follows:

The Meeting in Azadi Teaching Hospital consisted of the following Specializations:

Meeting in Azadi General Teaching Hospital , 3.10.2010				
No.	Name	Profession and Institution	Gender	City
1	Shaker Saleem Balandy	Director - Azadi Teaching Hospital	M	Duhok
2	Mohammed Radhi Ismail	General Manager of Duhok Laboratories	M	Duhok
3	Arteen Smbat Avo	Azadi Teaching Hospital	M	Duhok
4	Baeram Dawood Ahmed	Director -Central Laboratory	M	Duhok



Clinical Microbiology Laboratory

Essential topics

(In add to the general good practice rules and suggestion performed by prof. Petralia).

In my opinion the Microbiological Lab of the Azadi Teaching Hospital should be the centre of a lab-network for the outlying smaller labs, doing training, consulting, and analytical deepening. In this lab should be performed a diagnostic more complex, in relationship to more complex diagnostic and therapeutic procedures (i.e.: endoscopic procedures, specialized surgery and so on), that must be performed in a hospital with high level of competency and quality.

A microbiological lab must be in continuous training and updating (in continuous professional growth...) to answer to the technological diagnostic update, to the new therapeutic opportunities (surgical or pharmacological), to the epidemiology change. That is possible only by continuous relationship and dialogue between the lab staff and the clinicians. My suggestion following:

A) Periodical meeting and continuous training:

- For the staff of the microbiological labs (of the Azadi and others hospital): some lab staff component will deepen one topic of particular interest and all together will discuss. The goal is to guarantee both the necessary quality level of the microbiological diagnosis and to find shared solution to technical problems.
- Between lab staff and clinician: the usefulness of the microbiological diagnosis is very weaved with the clinical side (way and time to collect the samples, interpretation of the results, infectious diseases epidemiology and so on). The clinicians and microbiologist should discuss some clinical case, to improve both quality of the results and properness of the request, and control infectious diseases.
- Realize a lab library: to reach this goal can start to print the documents (technical and clinical guidelines, manuals, scientific papers and so on) available in electronic format (from Italian staff).

B) Completeness of lab equipment and reagents:

- Safety cabinet of class II (with electric power and gas connections): necessary to manipulate clinical samples and to perform cultures, avoiding contamination or risk of spreading pathogens
- Possibility to choose culture media: to improve the culture quality it is necessary, for some purposes, to use media different from those today in use in the lab.
- Possibility to buy some reagents (very useful although economic): to perform staining (i.e. lactophenol for fungi) or rapid identification test (i.e. oxidase test)
- Guarantee of continuous availability of mainly reagents
- Distributors of liquid soap and consumable napkins: for an effective hands washing, to prevent pathogens spreading. In add I want underline the topic of the transfusion safety.
- Because the blood bank is outside of the Azadi Hospital, my opinion is that the microbiological laboratory of this institution must be involved in the improvement process together to the Azadi lab.

2-Chemical Clinical Analysis Team:

Dr. Salvatore Petralia : Chemical Clinical Analysis stressed that his program designed to make Azadi hospital laboratory an example for all laboratories and that amounts to a global level laboratories in the accuracy and validity of tests and this requires efforts to make changes on several fronts will be conducted in cooperation with the local team.

➤ Meeting with the Director of Azadi General Teaching Hospital 3.10.2010



The Meeting in Azadi Teaching Hospital consisted of the following Specializations:

Meeting in General Azadi Teaching Hospital , 3.10.2010

No.	Name	Profession and Institution	Gender	City
1	Shaker Saleem Balandy	Director - Azadi Teaching Hospital	M	Duhok
2	Mohammed Radhi Ismail	General Manager of Duhok Laboratories	M	Duhok
3	Arteen Smbat Avo	Azadi Teaching Hospital	M	Duhok
4	Baeram Dawood Ahmed	Director -Central Laboratory	M	Duhok

Dr. Salvatore Petralia submitted a report on the most important observations during work in Azadi Teaching Hospital laboratory as follows:

REPORT ON THE ACTIVITY MADE IN THE AZADI GENERAL HOSPITAL LABORATORY

During the period 25/9/2010 - 9/10/2010 I have carefully followed the course of the path analysis in the Laboratory and I noticed that many of the problems highlighted in the previous visit have not changed.

In my role as a consultant I can say that many factors affect negatively the quality of the result, for which I have prepared a document that provides all the guidelines to be adopted for the proper way to work in a laboratory.

I delivered this document, adopted internationally, to all the people who in some way and at different levels have the opportunity to take all necessary steps to change the status quo.

In particular, I pointed out how the pre-analytical phase is of extreme importance for the rest of the work because it is the stage where most of the errors are concentrated.

The current system for accepting out-patients and blood samples collection have to be totally redefined, this was discussed with the General Manager and it seems that there will be changes soon.

Another very serious aspect regards the supply of reagents and consumables products useful for the proper functioning of the equipment of the laboratory.

Calibrators, control sera and reagents must never be lacking and, possibly, they have to be always the same brand.

In each laboratory room I did apply to the wall a sheet with safety procedures to be adopted for the staff and the environment.

All liquid waste from the machines are included in the common drainage system and this is a serious danger for the spread of diseases into the environment.

In conclusion, all my negative comments coming from the present report and from the previous one can be corrected by applying the guidelines that I mentioned above.

Dr. Salvatore Petralia



Clinical Diagnostically Laboratory Mission- October 2010