Current Status of Critical Care Medicine in Nigeria

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A private facility ICU
ICU in a Tertiary Institution
Without critical care nurses, there would be no critical care

Joseph Nates MD FCCM USA
In Nigeria, which is among the poorest fifty countries of the world, critical care medicine is being pioneered by the National Association of Nurse Intensivists of Nigeria (NANIN). She works with the Nursing and Midwifery Council to identify issues of shared interest and support each other in finding possible solutions to issues such as education and training, remuneration, recognition of qualifications, and workload management.

Poverty and lack of privilege may be barriers to professional growth but even in countries like Nigeria, the spirit of its CCNs ensure growth and development of professional activity through NANIN despite the barriers!
Definition & Types of ICUs

- Intensive care nursing practice is one of the most relevant, but less acknowledged areas of practice in Nigeria until recently. Dossier (1992) has this to say, “Intensive care nursing is the delivery of the highest possible quality of care to gravely ill or injured clients to restore them to active life as soon as possible.” This is Holistic Care.

- The practice in ICM takes on a different approach by basing patient selection on acuity, techniques (anesthesiology), organ (cardiology), or disease (oncology); instead of age (geriatric medicine), (Fisher, 1998).

- The clarity in patient treatment will minimize conflict and confusion in patient management (Tai, 2000).
The report identified that simple resources taken for granted in an ICU in the developed world, such as electricity, oxygen, and safe transportation are grossly inadequate or unavailable in these countries.

The factors emanated in the report are critical, particularly in Nigeria, where virtually all the basic factors of setback cannot be disputed. Though the report did not mention issues as staff development, availability of modalities and slow pace in identifying with fast growing-technological advances in ICM. These areas are serious challenges in developing economies such as Nigeria. (Fowler, et al, 2008)
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- There is a global disparity in health care, capacity for research, and inability to deliver the care provided by critical care medicine to the majority of Nigeria population raises ethical concerns.

- Only Sixteen (16) hospitals with an average of eight (8) beds per ICU, and a few private hospitals, provide Intensive Care services, majorly, teaching hospitals to a population of over 170 million people; this no doubt is a grossly inadequate coverage for such a large population.

- Critical care medicine has recorded a number of successes. The recent upgrading of most federal government funded teaching hospitals in Nigeria to international standard portends well for the future as internal audits have already shown some improvement in patient care. Future studies are needed to validate that trend.
A closer look at critical care

- Despite differences in intensive care unit (ICU) capacity and technologies for critical care management, nurses from both developed and developing countries reported a focus on promoting best practices.

- Several common themes emerged, including staffing, education, and workload issues such as nurse-to-patient ratios. Quality metrics, such as infection prevention, early recognition of sepsis, and strategies for mobilization were shared, while similar global concerns emerged.
Mobile ICU

- MICU is a new unit (still in it’s cradles), under the S&R Department. It is headed by a retired Naval Officer (HMICU) and has a number of Nurses on secondment from the armed forces and NYSC members posted to the unit by the agency. The unit currently has 5 MICU Ambulances fitted with lifesaving equipment for Basic & Advanced Life Support.

- The unit is involved in providing emergency medical services (EMS) within the Federal Capital Territory (FCT). The unit also organized a 5- day First Aid Training programme for NYSC members posted to S & R department and held a round-table discussion for emergency medical services (EMS) providers and receiving hospitals within the FCT.
Challenges

- The foremost challenge is to aim resources at those patients likely to survive, and not to be used as an extension of the general floor.
- Next is the cost of ICU services.
- Mostly poorly equipped units with lack of facilities for standard procedures.
- Inadequate staffing to meet the minimal standard.
- Despite the progress recorded over the years, critical care medicine faces a number of challenges ranging from lack of both human and financial resources, to changing disease patterns and the ever increasing sophistication of the specialty, including lack of standardization of practice.
Prospects

- The evaluation of intensive care in Nigeria has never been carried out and there has been no specific local practice guideline. This has contributed negatively to the overall poor standard of practice. However, Williams et al (2006), opined that a sign of a dynamic, mature, and progressive specialty is the ability to grow and learn from experience and feedback.

- Based on the above assertions, certain recommendations were made to guide practice in areas with limited resources, with particular reference to developing countries, Sub-Saharan Africa, and most specifically, Nigeria.
Academic Training & Certification

- Historic events in nursing education had no record on critical care education in Nigerian universities. Great as JUTH came up with the program in 1982. The registration/licensing of Nurse Intensivists was not until 2006.

- In Nig. The ICU Directors are often Anaesthesiologists who have interest in intensive care medicine, but mostly have not had any formal training as Intensivists. However, most nurses are professional Intensivists, though retraining/continuing education is poor.

- Other professionals often involved at one time or the other in patient care such as physiotherapists, radiologists and laboratory scientists, etc are probably unavailable or where present are completely untrained in Intensive care management.
Ways to improve practice

- Conducting seminars, workshops, and conferences: To expand the knowledge-base of personnel. However, out-sourcing would involve inviting experienced specialists to conduct similar training for existing staff. Another, area in out-sourcing might include attending seminars, workshops and other continuing education programs organized by professional bodies and related organizations on CCM.

- Similarly, by extension there could also be need to out-source for support in form of scholarship and training facilitations from developed countries, including international organizations.
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