

Spinal Cord Injuries Rehabilitation Program NorSCI

New initiative, by:

Imam Sadr Foundation (ISF) & NORWAC

NorSCI Open House – Wed. 02.11.2016

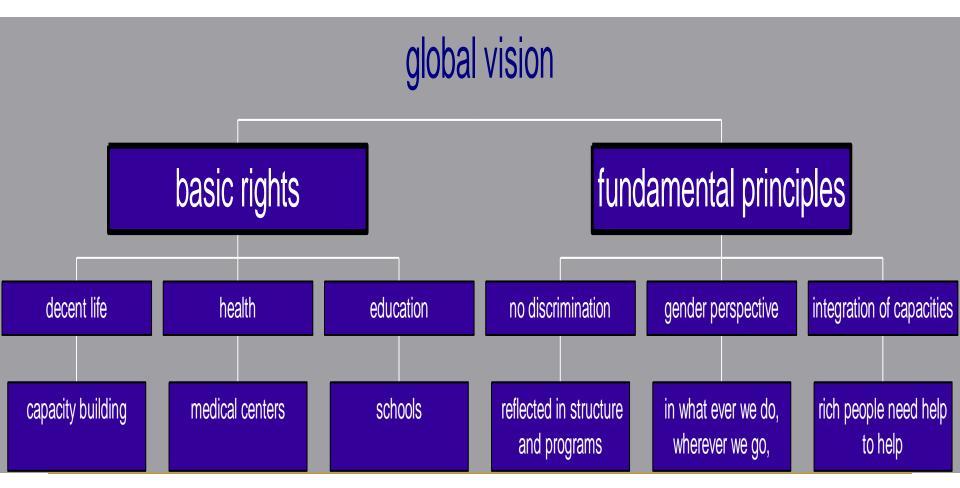


Why We Are Here?

- To know and understand the concept of NorSCI and its conformity with IsCOS Guidelines;
- Build networks of partnership and expertise;
- Agree on eligibility criteria for referring SCI;
- Share the "knowing how?" between multidisciplinary national & international teams;
- Develop "Research & Development" on the field...



NorSCI is an NGO Initiative: Imam Sadr Foundation (ISF) & NORWAC



Spinal Cord Injuries Rehabilitation Program -Open House 02.11.2016

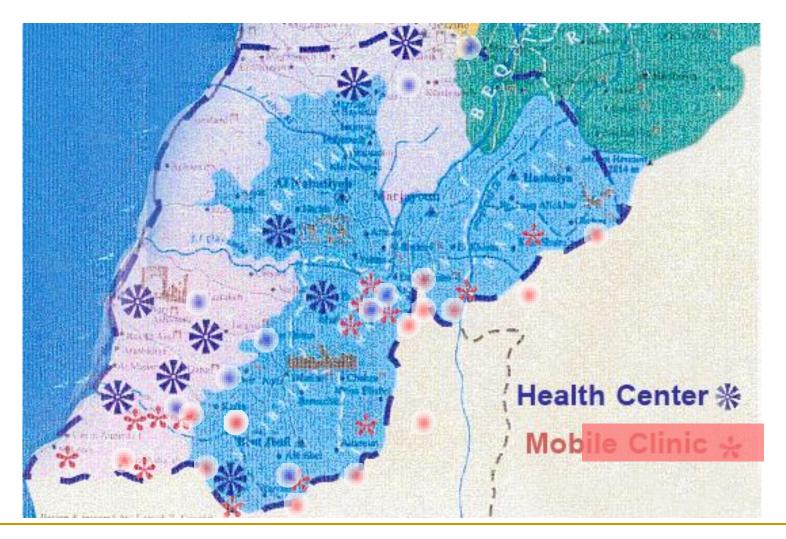


Why Imam Sadr Foundation?

- Trustful capacity to interact with local communities, and to mobilize their resources;
- Reputable track in nursing, supplemented by an alumni of graduates;
- Well-established chain of Primary Health Care & Medico-Social Centers;
- Credibility to mobilize stakeholders: Experts,
 Trainers, as well as Funders.



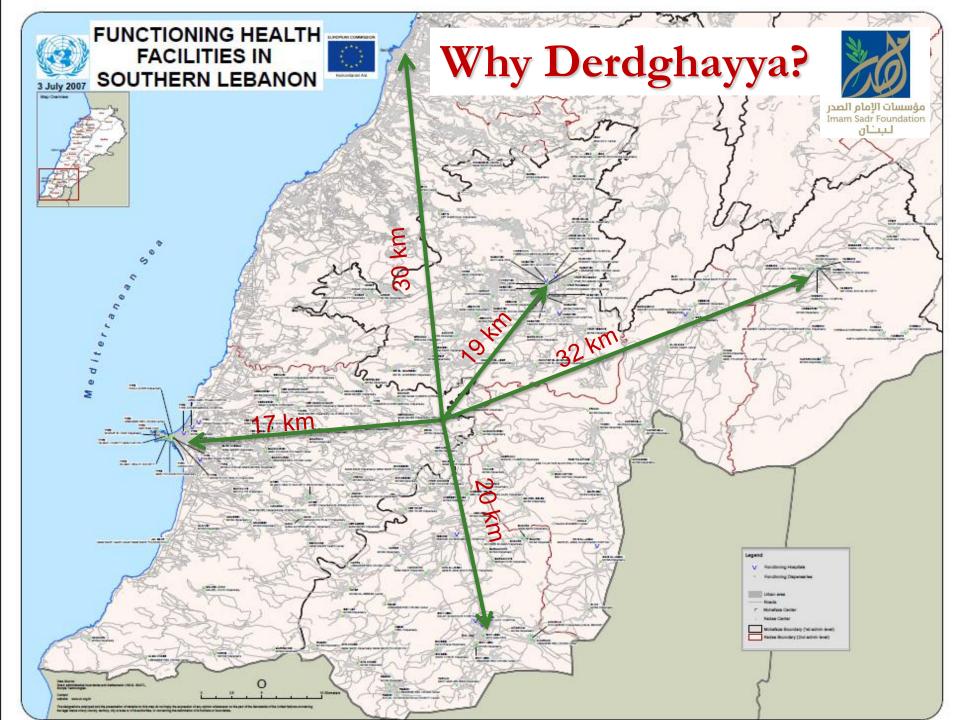
ISF - Fair Geographic Expansion مؤسسان الإمار العدر المسلام العدال المنان الإمار العدر المدال المدا





DERGHAYYA REHABILITATION CENTER





Medico - Social Center (since 1986) Charity Dispensary - nb 5045 /92

REHABILITATION
SERVICES:
PHYSIOTHERAPY,
OCCUPATIONAL
THERAPY, SPINAL
CORD INJURIES
PROGRAM.



NURSING SERVICES,
MIDWIFERY, NUTRITION,
COMMUNITY MENTAL
HEALTH, ESSENTIAL
DRUGS, LABORATORY
TESTS... DIAGNOSTIC
SERVICES: EKG,
ECHOGRAPHY,
URODYNAMIC UNIT.

Gen. & Specialized Medicine:
Pediatrics, Endocrinology,
Cardiovascular Diseases,
Ophtalmology, Urology Andrology,
Orthopedics, Neurology, Pneumology,
Psychiatry.



Physiotherapy Unit (since 1989) collaboration with NORWAC (1997)





Strategic Partnership : ISF-NORWAC

- 30 years of working together;
- Aim: supporting disadvantaged people;
- Projects: Jal-el Bahr dispensary, Derdghayya Center, Nursing, Special Education, Mental Health Programs...
- Types of support: Human, Technical and Financial;
- Wealthy Record: Joint task forces survived together several instances of danger while intervening during military clashes in the area.



Why NORwegian Aid Committee (NORWAC)?

- Expertise in the domain;
- Willingness to get involved;
- Funder, Mediator, Catalyst;
- Remarkable record of partnership with ISF;
- Umbrella of some Lebanese and Palestinian NGOs.



Main NorSCI GOALS & relationship with Sustainable Development Goals 2030





Goal 1 (SDGs 3 & 10): HEALTH

10 Healthcare Units (4 Primary Healthcare Centers, 3 Medico-Social Centers, 2 Medical Mobile Units and 1 School Dispensary):

Targeting all strata in the southern communities,

- Providing general and specialized consultations, oral dental services, laboratory services, essential drugs, mother and child care, mental health etc...
- Functioning as community health centers aiming to implement "health for all" by disserving quality services.



Goal 2 (SDGs 3, 8 & 10): HUMAN DEVELOPMENT

Provide people with Spinal Cord Injury the ability to lead a long and healthy life, acquire knowledge and SOCIOeconomic growth, and to have access to resources needed for a decent quality of life.

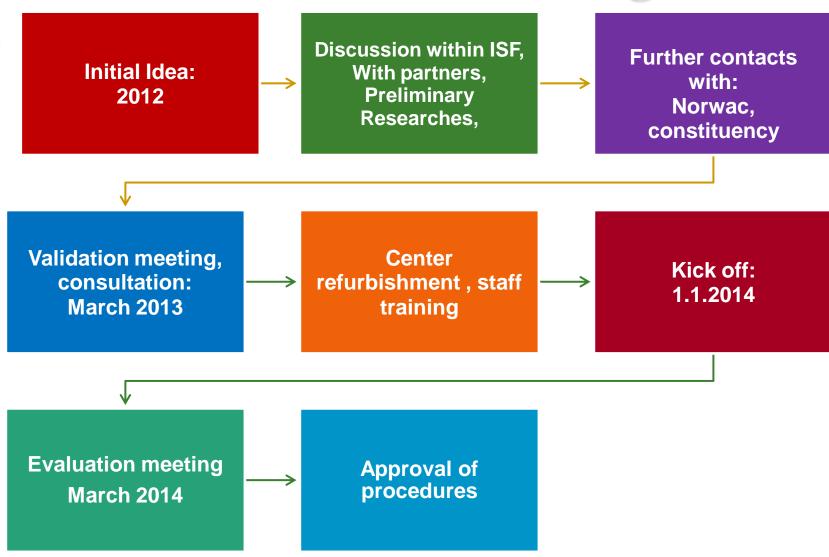


Goal 3 (SDGs 16 & 17): SYNERGY OF CAPACITIES

- Involvement of local communities (multi-religious, cultural and political affiliations);
- Alliances with other NGOs (Al-Mousawat, Islamic Health Society…)
- Coordination with governmental departments (MOSA, MOPH / YMCA Program);
- Partnership with international organizations
 (NORWAC & Sunnaas Rehab., LFCT)



NorSCI Process of Progress







SUNNAAS Rehabilitation Hospital



Spinal Cord Injury Rehabilitation in Norway

- South-eastern part: Oslo University Hospital Sunnaas rehabilitation Hospital
- Western part: Haukeland University Hospital, Bergen
- Middle- and northern part: St Olav's Hospital, Trondheim

Life long follow-up – including regular urological assessment

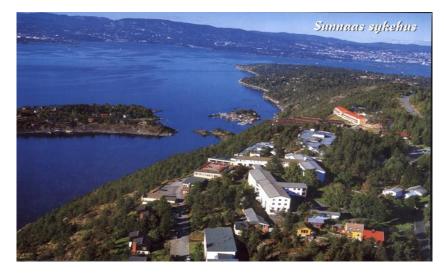
Epidemiology:

- Incidence اصابة approx 60 traumatic and 40 non traumatic
- Prevalence انتشار approx 360 pr mill ⇒1800 (Hagen 2009)
- Mean age at injury approx 40 years معدّل العمر عند الإصابة
- 3/4 male



Sunnaas hospital HF

مستشفى سوناز





- •The largest Nordic rehabilitation hospital أكبر مستشفى تأهيلي في شمال أوروبا
 - سرير beds•
 - •750 employees موظّف in 3 clinical departments
 - مرضى داخلي Approx 2500 in patients.
 - مرضى خارجي 1500 out patients
- •Average length of stay: ~ 30 days معدّل مدّة الإقامة في المستشفى 30 يوم
- •CARF Accreditation from 2006 برنامج 2006 الإعتماد منذ العام



الخدمات The Hospital Services



- Sub -acute rehabilitation and follow up إعادة تأهيل (للحالات ما قبل الإصابة الحادة) ومتابعة
- متابعة روتينيّة Routine follow up
 - خدمات للمرضى الخارجي Outpatient services
- فريق تدخّل خارجي (في المجتمع) Outreach team
- متابعة طويلة الأمد Long term follow up
- Assessment of Dysphagia, drivers license, work etc تقییم لحالات عُسر البلع... تأمین رُخص قیادة، عمل...
- · Research activities أنشطة أبحاث
- Education and supervision of health professionals, local communities, patients and relatives...
- تعليم وإشراف من قِبَل مهنيّين صحيّين، السلطلت المحليّة، المرضى والأقارب...



Multidisciplinary team around the patient الفريق المتعدّد الإختصاصات الذّي يُحيط المريض

Team Coordinator منسّق الفريق

Special Educator/Speech Therapist مربّية مختصّة / مقوّمة النّطق

المُعالج النّفسي Psychologist

Medical Doctor الطّبيب



Occupational Therapist المعالج الانشغالي

Physical Therapist المعالج الفيزياني

Social Worker المُساعد الإجتماعي Additional specialist services available at the hospital:

خدمات لمختصين مساندين في المستشفى

- · Urologist أخصّائي مسالك بوليّة
- · Neurologist عصبي جهاز عصبي
- Orthopedic Engineer مهندس تقویم
- Hand Surgeon جرّاح ید
- Psychiatrist طبیب نفسی
- Plastic Surgeon جرّاح تجميل
- Sexual Adviser ستشار للصحّة
- طبيب أطفال Pediatrician
- Driving School مكتب تعليم القيادة
- مستشار للأنشطة Activity Consultant
- User Consultant مستشار المستخدمين
- · Hospital Priest رهبنة المستشفى
- Leisure Consultant مستشار رفاهيّة

الممرّضة Nurse Assistant الممرّضة المساعدة

Ortopedic Engineer مُهندس/مُقِوّم المفاصل

<u>مُهندس امْفَقَ م المفاصل</u> Spinal Cord Injuries Rehabilitation Program -



The User Consultants

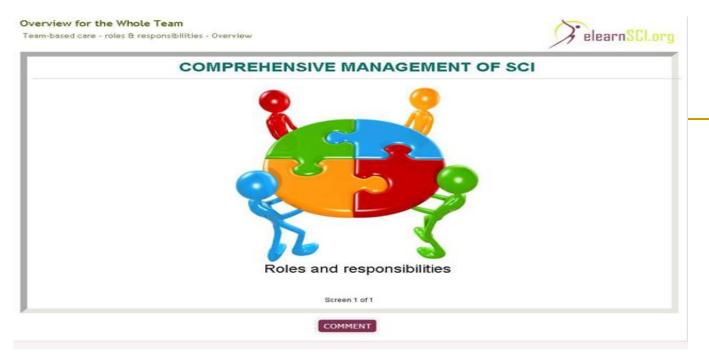
مستشارو المستخدمين



- Knowledge sharing based on own experience الشراكة بالمعلومات المبنية على الخبرة الشخصية
- المُحفَّرُون Motivators .
- الدّليل / المُرشِد Guide •
- · Consultants المُستشارون
- الدّور المِثال Role models •
- Exercise assistants المُساعدون في التّمارين



Spinal Cord Injuries Rehabilitation Program (NorSCI)





NorSCI Multidisciplinary Team

Our Team is composed of Physicians (Urology, Andrology, Neurology...), three Specialized Female Nurses (Norway "Spinal Cord Nursing Specialty"; in addition to two holders of "Mental Health Nursing Diploma"), one Emergency Male Nurse, and one Peer Consultant.



Doctors Team: Dr Jaafar Atwi (Head), Dr Ziad Diab & Dr Khalil Nassar & other Dispensary Drs)

Specialized SCI
Nurses: Mona Tiba,
Rima Husseiny &
Rima Darwiche

Team Leader

Mona Tiba

Emergency Nurse:

Rida Jezzini

Peer
Consultant:
Hassan Balhas

Dispensary Team:

Nawal Twabeh (Head Nurse), Layla Serhane..

PT: Fatima Soueidane, Ali Kandil;

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RESEARCHER DOCTORS





The Only Specialized Nurses in SCI

(Diploma in Spinal Cord Injuries from Norway)





PEER CONSULTANT







OUR SERVICES

Specialized consultations: urology and andrology, screening and imagery (Urodynamic), Electro-Mechanical Stimulation, Mental Health support, peer consultancy, home visits, follow-up by phone, health education, in addition to the distribution of relevant medical devices (Foley and Clean Intermittent Catheters / CIC), physiotherapy and occupational therapy, external referral to other services.



DIAGNOSTIC SCREENING

FOR BLADDER & BOWEL MANAGEMENT





URODYNAMICS / FLOWMETRY

- IT IS A SCREENING TOOL TO ALLOW THE MEDICAL INVESTIGATION OF THE BLADDER,
- IT IS NEEDED (MEDICAL PRESCRIPTION) AT THE BEGINNING OF SCI TRAUMA AND AFTER RECURRENT INFECTIONS,
- IT LEADS TO A CLEAR URINARY DIAGNOSIS PREVENTING FROM FUTURE COMPLICATIONS & INFECTIONS.



Why Urodynamics?

Urodynamic investigations

- Urodynamic investigations are mandatory.
- History, level of injury, signs and symptoms alone are not enough to determine if a person is at risk of high intravesical pressures and renal complications
- In lesions above Th6
 - Blood pressure recording essential before filling and during contraction and/or cystometric capacity
 - Silent autonomic dysreflexia in 30-40 %



Flowmetry Cystometry

Urethra pressure measurement

Videourodynamics Blood pressure/heart rate

EMG recording



Specialized Nursing Services









Peer Consultancy & Home Visits







PHYSIOTHERAPY



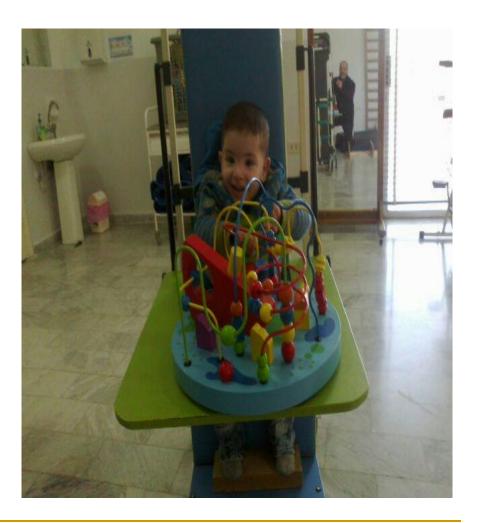






OCCUPATIONAL THERAPY







SCI NETWORKING

After the inauguration of the "Spinal Cord Injuries Rehabilitation Program" on March 2014 and after the preparatory consultative workshop on "Urinary Tract Problems & Spinal Cord Injury" by the Norwegian Aid committee (NORWAC), we started receiving patients from different associations (Al Mousawat, Islamic Health Society, Empowerment Association for Independent Living/ Chairwoman Ms Nada Ismail), and some other centers & clinics

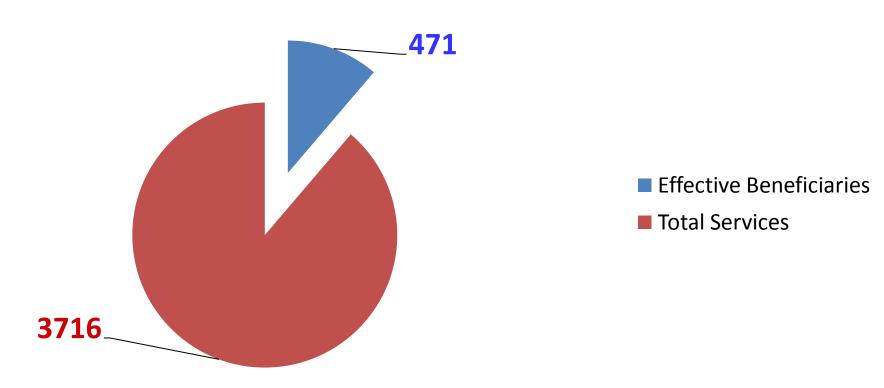


IMAM SADR FOUNDATION NorSCI Program

STATISTICS (APRIL 2014 – SEPTEMBER 2016)



Figure 1: Distribution of Beneficiaries by Services (01.04.2014 till 30.09.2016)



Distribution of Beneficiaries by Age	Elderly > 63 yrs	Adults [19 - 63[yrs	Children [0 - 18[yrs
Period: 01.04.2014 till 30.09.2016	92	358	21



Figure 2: Distribution of Beneficiaries by Type of Spinal Cord Injury

(SCI = 286 cumulative patients vs N-SCI = 185)

(From 01.04.2014 till 30.09.2016)

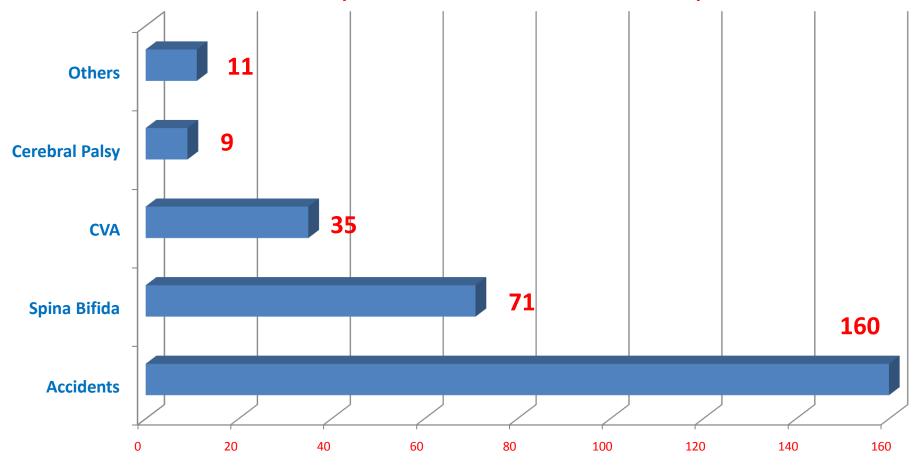




Figure 3: Distribution of Nursing Services

(Total = 844; From 01.04.2014 till 30.09.2016)

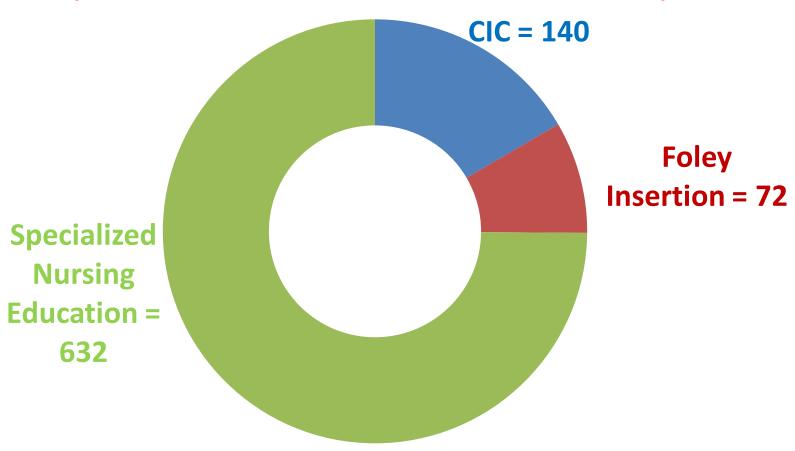




Figure 4: Distribution of Paramedical Services (Total = 1735; From 01.04.2014 till 30.09.2016)

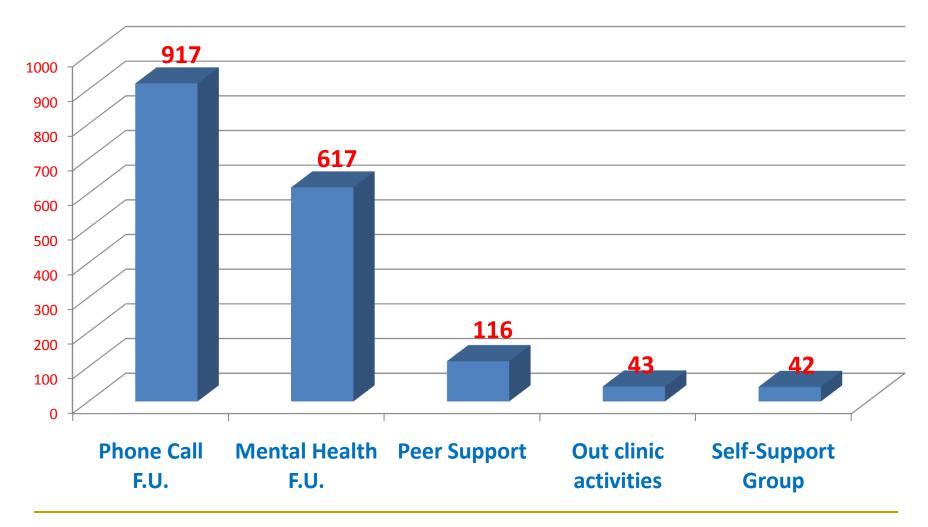
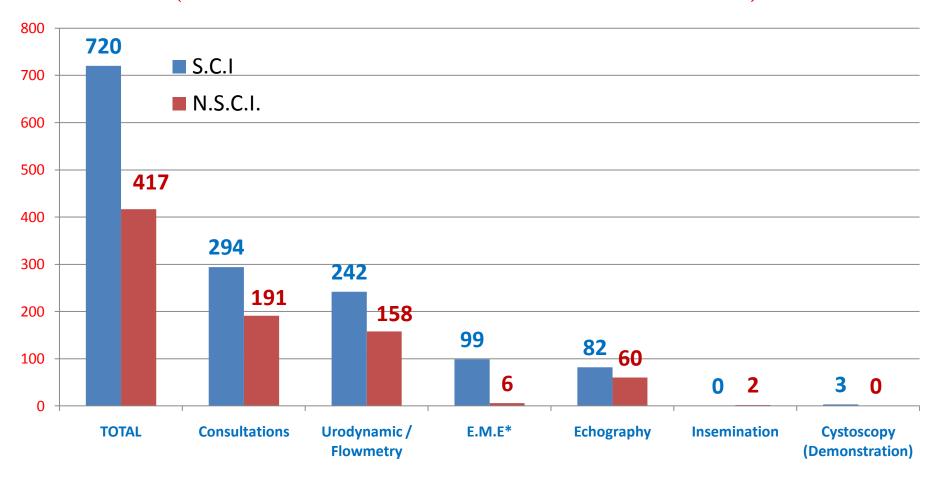




Figure 5: Distribution of Medical Services & Screening Imagery (Total = 1137; From 01.04.2014 till 30.09.2016)



Rehabilitation Program April 2014 to October 2016	Spinal Cord Injury	Spina Bifida
Effective Beneficiaries (per visit) CIC = CLEAN INTERMITTENT CATHETER	93	12
Patients using CIC	36	5
Patients refusing CIC	14	3

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Research: First NorSCI Abstract Publication

(Retrospective Study on CIC efficiency for 37 SCI)





Efficacy, Tolerability and Safety of Clean Intermittent Catheterization in Spinal Cord Injury patients

ATWI, Mohamed Jaafar – MD,

Open House 02.11.2016 Non-Improvement

Imam Sadr Foundation, Derdghayyah Spinal Cord Rehabilitation Program – Lebanoi

Background

Spinal Cord **Injuries** The Rehabilitation Program (NorSCI) is a NORWAC collaborated project, implemented at **Imam** Sadr Derdghayyah Foundation (ISF) medico-social (Southcenter Lebanon), targeting SCI, especially vulnerable groups. multidisciplinary team (regularly coached by Sunnaas & Oslo Hospitals teams) - doctors from different specialties, SCI specialized and mental health nurses, a peerconsultant (war SCI), physio- and occupational therapists, following the International Spinal COrd Society (ISCOS) guidelines, offer different services aiming to improve the quality of life of SCI people. Clean Intermittent Catheterization (CIC), as one main service offered by this program, is still one of the best management therapies in the majority of neurologic bladder disorders of Spinal Cord Injury (SCI) patients, in terms of tolerability, efficiency and effectiveness.

Methods

37 patients (30 males and 7 females) - 28 paraplegia, 3 quadriplegia and 6 others with different SCI levels, were followed up comprehensively for at least 12 months at Imam Sadr Foundation SCI Derdghayyah Rehabilitation Center (in collaboration with NORWAC). underwent patients complex Cystometry urodynamic test (repeated after months) after performing renal and bladder echography. 31 patients have been trained to use CIC in repeated sessions and 6 CIC patients refused and continued using indwelling Foley catheters.

Results

74% of Patients trained with CIC achieved better preservation of the renal function, a reduced risk of infection and thus less hospitalization, a decreased need to diapers, improving therefore patients' quality of life in a cost effective way. **Results from the Cystometry** test, providing information about the risk factors, the need for anticholinergics or B3 agonists, oriented the healthcare providers to the suitable most efficient individual-based management therapy.

spinal Cord Injuries Program - Impact of CIC Training using indwelling leters. Spinal Cord Injuries Rehabilitation Program - 19%

Conclusion

Education offered qualified personnel to SC patients. with reliable cystometry test performed choosing the mos suitable management fo each individual, helped in improving bladder function and preventing future complications in the kidneys and urinary tracts, thus reducing both morbidity and mortality in these patients.

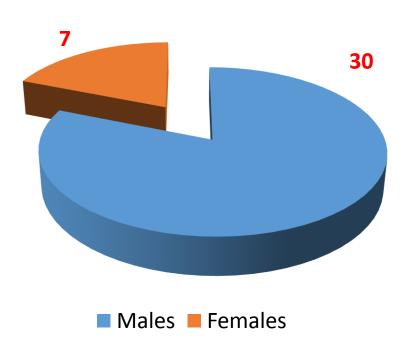




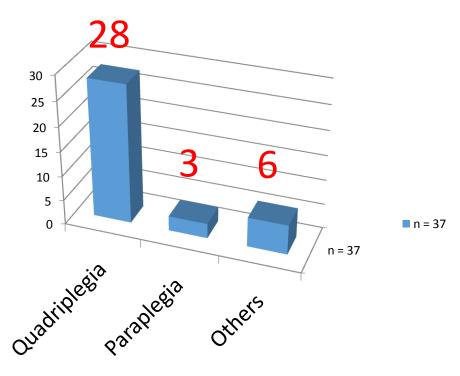


METHODS

Spinal Cord Injuries Program - Gender Distribution



Spinal Cord Injuries Rehabilitation Program (n = 37) - Nature of Injury





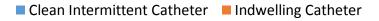


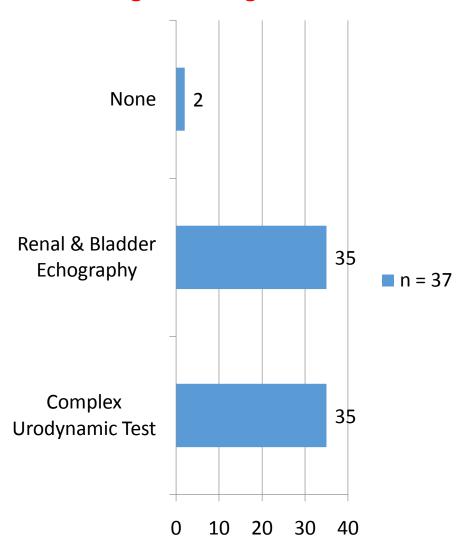
Spinal Cord Injuries Rehabilitation Program - Diagnosis Tests

METHODS





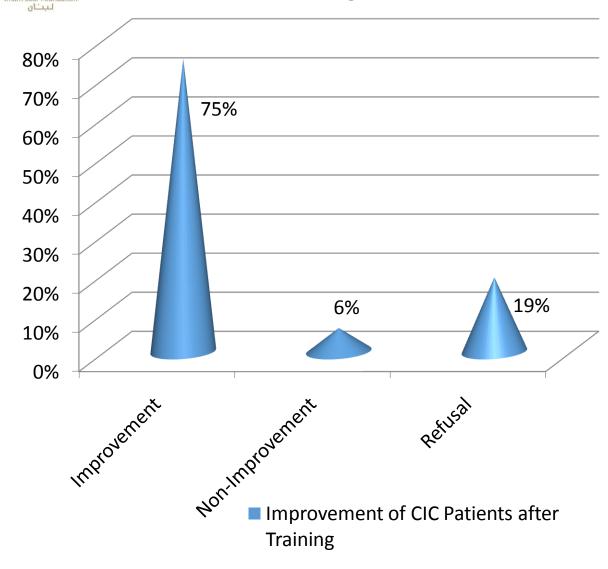








Spinal Cord Injuries Program - Impact of CIC Training



WHO & HOW TO REFER SPINAL CORD INJURED PERSONS?





Cases that require UDS(NSCI)

- Prostatic hypertrophy.
- Cystocele.
- Urinary incontinence.
- Polyuria, dysuria, urgency.
- Recurrent Urinary tract infection.
- Residual volume.
- Nocturia.



Cases that require UDS

- Spinal cord injury.
- Spina bifida.
- Parkinson.
- Diabetes.
- Multiple sclerosis.
- Spinal and cerebral tumors.



Conclusion: Purpose of NorSCI Program

Optimal care for the SCI patients by:

- Screening bladder function in patients with SCI;
- Medical history and urinary tract symptoms will be recorded using ISCOS dataset;
- Urodynamic evaluation performed and interpreted in accordance with international standards;
- Ultrasound to evaluate lower and upper urinary tract (calcifications, dilatation etc);
- introduce anticholinergic treatment when needed;
- Convert from indwelling catheter to intermittent cathetization when feasible;
- Rule out when surgery will be needed or preferred.



Thank you

