

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

DAILY HANSARD

THURSDAY 3RD MARCH, 2022

Afternoon Sitting

COUNTY ASSEMBLY OF BUNGOMA

HANSARD OFFICIAL REPORT

THURSDAY 3RD MARCH, 2022

The House met at 2:30 p.m.

(Mr. Deputy Speaker [Hon. Stephen Wamalwa] in the Chair)

PRAYER

PAPERS

REPORT BY THE COMMITTEE ON HOUSING AND SANITATION ON THE IMPLEMENTATION STATUS OF DEPARTMENTAL WORK FOR THE FINANCIAL YEAR 2020/2021 TO 2021/2022

Hon. Sospeter Nyongesa: I wish to table the report by Housing and Sanitation Committee on Implementation status of the work plans for the financial year 2020/2021 and 2021/2022 in respect to the Department of Housing and Sanitation.

Mr. Deputy Speaker: Honorable Members, a report by the Committee on Housing and Sanitation on the Implementation status of Departmental work for the financial year 2020/2021 to 2021/2022 in respect to the Department of Housing and Sanitation having been properly laid, it becomes a property of this House.

NOTICE OF MOTION

REPORT BY THE COMMITTEE ON HOUSING AND SANITATION ON THE IMPLEMENTATION STATUS OF DEPARTMENTAL WORK FOR THE FINANCIAL YEAR 2020/2021 - 2021/2022

Hon. Sospeter Nyongesa: I give a notice of Motion on Implementation status of the work plans for the financial year 2020/2021 and 2021/2022 in respect to the Department of Housing and Sanitation.

Mr. Deputy Speaker: Thank you, Hon. Sospeter. Honorable Members, a notice of Motion having been issued in a procedural manner, I therefore direct that it be circulated to all Members of this House for their critical analysis and perusal. It will form part of Business to be considered by this House.

MOTION

REPORT BY THE COMMITTEE ON HEALTH ON THE ESTABLISHED INTENSIVE CARE UNIT (ICU) AND HIGH DEPENDENCE UNIT (HDU)

Hon. Sophie Marumbu: Thank you. I have the privilege to present the report by the Committee on Health on the established Intensive Care Unit (ICU) and High Dependence Unit (HDU).

COMMITTEE MEMBERSHIP

Mr. Speaker Sir, the Committee currently comprises of the following Members,

1. Hon. George Makari Chairperson
2. Hon. Jerusa Aleu Vice - Chairperson
3. Hon. Meshack Simiyu Member
4. Hon. Tony Barasa Member
5. Hon. Jack Wambulwa Member
6. Hon. Ali Machani Member
7. Hon. Joseph Magudah Member
8. Hon. Jane Chebet Member
9. Hon. Martin Pepela Member
10. Hon. Joan Kirong Member
11. Hon. Eric Wapang'ana Member
12. Hon. Jane Cheperenger Ingo Member
13. Hon. Sophie Marumbu Member
14. Hon. Mitrine Nangalama Member
15. Hon. Luke Opwora Member

ACKNOWLEDGEMENT

Mr. Speaker, Sir, first and foremost, on behalf of this Committee, I wish to express our gratitude to the Offices of the Speaker and the Clerk for the support as it discharged its mandate.

Further, I wish to express my appreciation to the Honorable Members and the Secretariat of the Committee for commitment and strength which saw the conclusion of this report.

Mr. Speaker Sir, it is now my pleasure on behalf of the Committee to present this report to his Honorable House for Consideration.

Signed on behalf of the Chair by Honorable Sophie Marumbu.

INCEPTION CONCEPT OF THE ICU ESTABLISHMENT

Mr. Speaker,

The ICU facility within Bungoma was out of reach for the population and thus the intensive care unit at the BCRH was an outstanding need for the facility and the county at large. In August 2019 the hospital management began to conceive the need to begin the steps of setting up an ICU since the facility was incurring lots of costs in referring patients to MTRH Eldoret, private facilities and Kisumu. The need for the ICU was indicated by the number of referrals for ICU, number of patients involved in road traffic accidents with severe head injuries, imodynamic stability, post aesthetic complications, diabetic completions and post cardiac cases in the hospital were many. By setting up the ICU could save lives.

Basic requirements for establishment of ICU

While engaging Dr.Wanikina on the basic requirements on the setting of an ICU facility, he informed the committee that some of the pre-requisite identified were;

1. Need for space
2. Equipment
3. Human resource
4. Supplies
5. Oxygen and ICU beds.

Comparison of intensive care in private facilities and government facilities

Unlike the government facilities, private hospitals that have ICU's strive to have well equipped facilities. One to one ratio, constant drug supplies, serviceable equipment and well laid out resuscitation protocols including a special resuscitation team. In these private hospitals, ICU is general. Some of these hospitals have an intensive that runs the ICU with help from the medical disciplines. Those that do not have intensive visit, intensive care are supported by medical officers trained in looking after ICU patients.

Consultations of medicine, surgery and paediatrics who have their patients to admit to ICU in such scenario the anaesthetologist may be called upon to intubate, set the ventilator and assist with paralysis if need be. The bed capacity in these hospitals my range from 3-10, some have

both ICU and HDU combined. While patients who are critically ill and need close observation are admitted with option of shifting a patient for ICU if patients conditions changes.

In government scenario; the ICU set ups have challenges as lack of basic equipment, inconsistent availability of oxygen supply, poor maintenance of equipment, shortage in staffing and training expertise's which reflects in the ICU units. These leads to critical ill patients being referred to other health facilities, as a result the government is overwhelmed and the back log of patients awaiting ICU admissions increases.

Intensive Care Unit at BCRH

The BCRH ICU is a 5 bed care unit and is one of its own in Bungoma that provides care to critically ill patients across all specialties. It admits patients of all ages. The ICU nursing teams have been trained in life support and are highly skilled. Further, the nurses and doctors attached to the ICU usually undergo regular trainings to keep abreast with the latest evidence based practice.

High Dependency Unit BCRH

The HDU serves as a step down from ICU for patients requiring close monitoring. It is classified as a unit where patients are admitted during transition from ICU. Similarly, other patients who don't require admission to ICU but are too sick to be in the wards are managed in the unit. The unit has two beds. Just like ICU, the unit offers multi-disciplinary approach in medical and nursing care.

Space and Works

On the process of setting up the first ICU unit in Bungoma County since devolution in 2013, the hospital management team identified a space within the private wing B of the hospital as it had some space that had not been fully unutilized. The hospital management team in collaboration with partners worked on the designs for the ICU unit. It then forwarded a request to the department of public works for bill of quantities which were delivered to the hospital management team which then subjected to the procurement process.

Upon analysing the bill of quantities, the cost of renovating the space into an ICU was identified and the hospital management teams through the medical officer in charge send in a requisition for allocation of resources towards the construction of the unit. The hospital management team allocated resources from the hospital collection AIA over two quarters to be able to meet the cost of renovating the private wing B of the hospital into an ICU. Some of the renovation works included replacing the roof ceiling, broken down partition walls, electrical works, masonry works, painting, creating an epoxy floor, plumbing works, aluminium windows, staff cabinets, nursing stations, doors, interior and external works. There was also creation of the oxygen manifold, with piping of the medical air, oxygen, vacuum etc. There were also the alarm systems for the oxygen, medical air and vacuum.

The pictures below show the new ICU in Bungoma County Referral Hospital. The illustration is on page 8 and 9.

EQUIPMENTS AT THE ICU

The unit is equipped with the latest technology both digital and electronic patient monitoring equipment's, ventilators, infusion and syringe pumps among others which has the capacity to offer ventilatory support should a patient require the service.

The Hospital through its collections purchased Five (5) Patient Ventilators, Oxygen manifold with gas piping while the Partner (Centre for Public Health Development) donating two (2) Ventilators and two (2) Patient Monitors. The Ventilators were purchased at 40% of the cost. The hospital also has partnered with the supplier to get a blood gas analyser.

On page 10 and 11 we have the pictures of the same

There is also need to develop an oxygen plant to support the County facilities and ICU. This will be achieved by the installation of infrastructure which eventually makes it cost effective and easily available oxygen supply. However, it was noted the existing plant is not sufficient to sustain the demand.

THE ICU BEDS

The Medical Superintendent informed the Committee that, the Hospital had received a donation of 9 ICU beds from her Excellency mama Margaret Kenyatta which needed to be installed and maintained.

The County Government in collaboration with Partners (Center for Public Health Development) mobilized resources towards the intensive care unit and through their efforts they were able to get oxygen, Gratian ventilators at 40% of the cost, piping of the gases labour for free and a subsidized cost of renovating the ICU space.

The Hospital management team made provision towards the equipping of the ICU. Part of the equipment bought from the hospital resources.

A picture of the donation by Her Excellency mama Margaret Kenyatta there on page 12

FLOOR COVERINGS

The Epoxy floor at the ICU is chemically inert, resistant to antiseptics, and sound absorbing. The floor coverings allow heavy-wheeled equipment to be moved without difficulty.

STAFFING

The nurse to patient ratio is supposed to be 1:1 at the ICU; this however has not been achieved due to the limited number of critical care nurses at the hospital. There is a monitor by the bedside of each patient to monitor their vital signs and a central monitor at the nurse's desk that indicates the reading of all the monitors by the patient's bed. This ensures that the patients are well monitored.

A holistic approach in care is given to the patients admitted in ICU to take care of all the psychological, physical and mental aspects of the patients. There are 4 doctors attached to the unit, a nutritionist, a physiotherapist, support staff plus other staff from other departments providing support when required.

The nurses in the ICU require more training to provide multi-dimensional care for patients for quick recovery. The ICU is equipped with all safety standards and measures to minimize infection risks and prevent spread of contagious diseases.

The County Government has since posted 14 nurses for operationalization of the ICU.

The Partner also trained the staff on the use of the ventilators. Currently the hospital has requested for an additional 21 nurses to operationalize the ICU fully, also required are 2 Medical Officers and an anaesthesiologist. There is need to continuously support the staff in training and capacity building in the critical care services.

The Hospital has made other preparations which include multi-disciplinary meetings to create consensus in service provision in the ICU.

The hospital also purchased supplies (pharmaceuticals and non-pharmaceuticals for ICU worth 10 Million Kenya shillings from KEMSA.

FUNDING FROM THE COUNTY GOVERNMENT TOWARDS THE EQUIPPING/ FURNISHING OF ICU

The County also allocated Kshs. 23 Million from the Covid-19 grant of Ksh 213,714,000 received from the National Government towards the procurement of Blood gas analyser, Oxygen accessories, suction machines, infusion pumps, syringe pumps, AED Defibrillator, Multi parameter patient monitors, portable ultrasound machine, patient monitors, ripple mattresses, central vacuum system which are operational.

At the point of compiling this report, the equipment had been received and was all installed ready for use in the ICU. Some of the equipment are also shown below. The diagram is on page 15, on page 16 we have the suction machine, page 17 we have the infusion pump, page 18

OBSERVATIONS AND RECOMMENDATIONS

GENERAL OBSERVATIONS

1. It was observed that the nurses serving in the ICU had not undergone adequate training to provide multidimensional care for the patients.

2. There was shortage of workforce in areas of ICU nursing and specialized ICU physicians.
3. It was observed that the existing plant is not sufficient to sustain the oxygen demand
4. There was poor linkage of infrastructure investments and human resource planning.

General Committee Recommendations

1. That the County department of health and Sanitation to invest more in the training opportunities for nurses and doctors in critical care specialty and continuously capacity build the said staff.
2. That the County Government to fast track and ensure the ICU is adequately staffed to fully operationalize it
3. In the subsequent budget allocation of the FY 2022/23, the County Government should consider allocating funds towards enhancing the oxygen plant infrastructure
4. The County Government should always ensure that before coming up with any infrastructural investments, the same should be in tandem with human resource capacity planning to enhance service delivery to the citizens. Case in point 300 bed capacity Bumula theatre and 100 bed capacity at Sirisia that will stretch the human resource capacity.

Next is the adoption of the report where the members have put their signatures. I would like to ask my colleague Hon. Eric Wapang'ana to second.

(Applause)

Hon. Eric Wapang'ana: Thank you, Mr. Speaker. I just stand to appreciate Sophia Marumbu, she was actually one of the members on the Health Committee who has read the report. We want to appreciate the committee, the secretariat and the Office of the Speaker; you granted us enough time to come up with this report on fact finding. I stand here to second the report and seek that we adopt the report with or without amendment. I second the report.

Mr. Deputy Speaker: Honorable members, a motion having been moved and duly seconded, I now propose the question that this House adopts the report by the sectoral Committee on Health on the established Intensive Care Unit - ICU and High Dependency Unit - HDU at the Bungoma County Referral Hospital. I propose.

(Question proposed)

Well, that is an indicator of how eloquent and proper it was presented and moved by the Hon. Sophie. Therefore Honorable members, I put a question that this House adopts the report by the sectoral Committee on Health on the established Intensive Care Unit - ICU and High Dependency Unit - HDU at the Bungoma County Referral Hospital.

(Question put and agreed to)

The ayes have it.

(Applause)

The report is adopted; table clerks do the needful to the relevant department.

There being no other business, this House stands adjourned to Tuesday next week at 2:30 p.m.

(House adjourns)