



HOSPITAL NEWSLETTER

A WORD FROM THE CEO



Mr. Patrick Kimpiatu MD,
FRCSEd, FCS-ECSCA

Welcome to the very 1st edition of PCEA Kikuyu Hospital Newsletter in 2012, a year in which we hit the ground running with a committed and motivated multidisciplinary team.

In setting our sights for 2013, we pause for a moment to recall some highlights of 2012, a successful year for PCEA Kikuyu Hospital. The hospital has continued to attend to over 80,000 patients as it is the case every year. The Hospital's General outpatient and inpatient care is open 24 hours, offering a host of services which include; accident and emergency care, pediatric care, dental care, diet and nutrition, pharmacy, radiology and imaging, ambulance and much more. The other specialized units; Eye,

Dental and Orthopaedic and Rehabilitation Units also attend to patients in the various clinics. I encourage you to visit the centers and give us feedback.

We have continued to partner with communities and organizations to give services to the needy at the community level through outreaches. One such example is our outreach programme which works with the community right in their villages or even homesteads in bridging the communities and eye care providers to achieve the dream 'vision 2020'.

Various projects have been undertaken in the last 5 years among others, 3-bed dialysis unit, 2-bed ICU unit, oxygen plant, acquisition of property off Thika Road which will become an ultra modern health and training facility and most recently a pediatric ward that is under construction to cater for the growing numbers of pediatric cases.

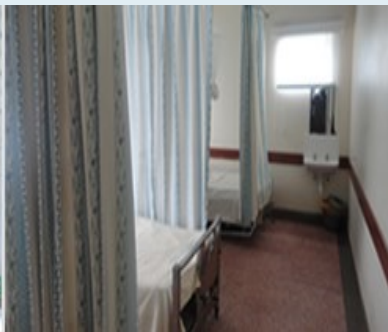
The Hospital pledges to constantly upgrade and invest in facilities and manpower to continue its tradition of providing sustainable health care to our society.

I would like to thank all staff for the commitment they have shown throughout the year and hope this shall continue in the coming year. Thanks to all our patients/clients for believing in PCEA Kikuyu Hospital and partners in provision of health care services.

As we head to the festive season, I would like to wish everyone a Merry Christmas and a prosperous new 2013.

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Dr I. O. Eboime-Oikeh

MESSAGE FROM THE DIRECTOR OF CLINICAL SERVICES

By Dr I. O. Eboime-Oikeh

Director of Clinical Services, PCEA Kikuyu Hospital

Hearty congratulations to the members of this great institution particularly the hard working team that made this maiden edition of the newsletter a reality. I am really delighted that PCEA Kikuyu Hospital which has been in existence since 1908 can at last, pride itself with a newsletter. It is no mean feat!

Some might wonder why a paper newsletter is necessary at this time particularly in the era of Twitter, blogs and other online media to reach staff members, patients, relatives and other interested parties. Well, remember that not everyone has access to Internet even in this technologically advanced age. Moreover, rather than wait for people to take the initiative of looking for information pertaining to PCEA Kikuyu Hospital, this newsletter is sure to reach even those who may not have heard of this institution. Furthermore an e-newsletter will be posted in PCEA Kikuyu website alongside the paper copy. So, we are one step ahead; so to speak.

This hospital is growing in leaps and bounds. Many more departments and units are sprouting up by the day. The hemodialysis and intensive care units were inaugurated last year 2011, offering many patients a new lease of life. Same for some remarkable reconstructive surgeries to restore facial features by Dr Murphy and his team at the Dental Unit. Members of staff of this hospital need to be aware of these great strides and many others.

Some members of staff have moved on while new employees have joined the service of this hospital. We hope that the newsletter will serve as a veritable source of current and vital information for not only members of staff but also for our teaming and ever growing clientele.

In conclusion, I welcome the newsletter and recommend it to one and all for credible information regarding PCEA Kikuyu Hospital, our partners, stakeholders and clients. I am certain that the team that put this edition together will endeavor to inform, educate and entertain us with vibrant editions which will be better and sustainable. I say more grease to your elbows...

MESSAGE FROM THE DIRECTOR OF NURSING

By Sister Margaret Kiarie, Director of nursing services

PCEA Kikuyu Hospital is renowned for the high quality nursing care and provision of excellent patient services in the country and regionally. We maintain professionalism through a high calibre of committed nurses. To maintain high quality standards of care we have maintained regular supervision and audit of care and service delivery while conducting research to ensure best improved practices. Recognizing the hospital's vision the overall goal of nursing therefore is to provide a recognized nursing excellence through exceptional staff performance and high level of patient and family satisfaction for optimum care experience. Nursing services are headed by the Director of Nursing (Matron) who is deputized by Nursing Services Managers. They are assisted by several sectional

heads.

The nursing division is heavily involved in service delivery though not limited to the following:

- Outpatient care
- Wards – in patient care
- Operating theatres and central sterile services department
- Infection control
- Quality improvement in nursing
- Counselling and palliative care
- Comprehensive care clinic
- Maternal health and child welfare clinic

- Breast and cervical cancer screening clinic
 - Outreach services
 - Breast cancer month highlights
- The month of October is internationally breast cancer awareness month. This year we offered free breast and cervical screening services. The following were the results realized;
- | | |
|----------------------------------|------|
| No. of persons screened: | 1633 |
| No. who had mammogram done: | 450 |
| No. who had scans done: | 510 |
| No. who had benign breast lumps: | 110 |
| No. who had malignant lumps: | 22 |
- This is an indication that there is a big reason to continue screening for breast and cervical cancer. The services are rendered through the year at a subsidized cost of Kshs 400 for breast and cervical cancer examination.

We maintain professionalism through a high calibre of committed nurses.



ICU Staff

INTENSIVE CARE UNIT

The two beds ICU provides high-quality specialized care to critically-ill patients. The unit is staffed by consultant physician; resident doctors, nutritionist, physiotherapists and critical care trained nurses with a nurse-patient ratio of 1:1.

The nurses are knowledgeable, technically sound. They are trained to care and mentor the critical patients as well as look after their families in a holistic manner. The unit admits critically-ill patients from within the Hos-

pital as well as outside.

With equipment including Mechanical ventilators, cardi-



I.C.U Bed Space

ac monitors, defibrillator and infusion pumps it also has conventional renal replacement therapy dialysis machines.

The Unit offers optimal continuous close observations for patients who require constant attention and monitoring, for example, directly after major operations. Nursing care is tailor made and planned for each individual patient's needs.

SPIRITUAL CARE IN P.C.E.A KIKUYU HOSPITAL



By **REV. JOSEPH K. MOTHALY**

The pastoral Care department is made up of one full time Chaplain, seven students of theology from PUEA five volunteer chaplains which includes a catholic priest.

Traditionally the church has offered solace and support to the people in Crisis in the form of ritual marking through individual and communal care and attention. Even in our modern context many who otherwise are not in contact with a local faith community seek out the services of the church representatives, working in congregation's parish, church institutions or other settings.

Since Biblical times, care has been offered to those in the Spiritual and emotional physical turmoil, by individuals and groups representing faith communities as well as collec-

tively by the whole community itself. For example Pauls' first pastoral letter to the new church at Thessalonica contains support and encouragement for a community who were grieving which was relevant to their context, beliefs and feelings (1 Thess 4: 13) .

In Kenya the predominant metanarrative influencing the value systems and worldviews of many people is Judeo-Christian faith. Over eighty percent of us are familiar with the language, symbols, stories and metaphors central to Christian life and worship. This offers a shared framework within which the significant issues and moral dilemmas people experience when dealing with major life events. In our hospital many individuals and families utilize these resources to articulate and explore their struggles in relation to their beliefs experiences, hopes and fears about life, death and what may be beyond.

The following is an outline of how the chaplaincy department do care for our patients,

their families and staff particularly :

The spiritual care that we give depends on the particular world view of the patient / client seeking support, where the Christian metanarrative is the main resource utilized to aid reflection on, and reinterpretation of the patients/ clients story. In such a pastoral relationship there may be times when the encounter or encounters become more like spiritual direction when the main focus of the interaction is the patients/Clients feelings about, and relationship with God rather than the person trying to make sense of their situation in the contribution to the crisis in light of the God story.

What is offered by chaplains help create spiritual balance to the person. With the people whom the Christian metanarrative is alien we provide person centered spiritual care, in such situations we encourage the patient /client to utilize appropriate narratives or resources which are familiar and /or are helpful to them as they seek to work through their crisis and put it in some sort of context.

Since Biblical times, care has been offered to those in the Spiritual and emotional physical turmoil, by individuals and groups representing faith communities as well as collectively by the whole community itself.

We offer routine radiography for both outpatients and inpatients

RADIOLOGY DEPARTMENT (GENERAL UNIT)

The department offers basically two services, by a team of dedicated personnel comprising of a consultant radiologist and two radiographers.

1.X-ray services

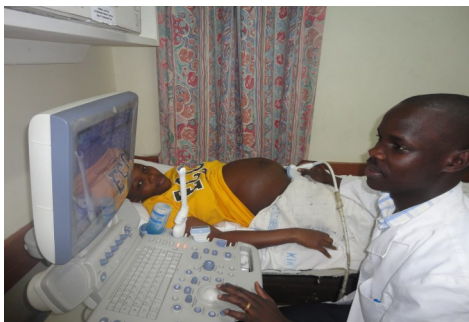
We offer routine radiography for both outpatients and inpatients examples are x-ray of ankle, knee, wrist, elbow, shoulder, spine, abdominal, skull, etc.

NB- no special exams using contrast is done here.

2.Ultra-sound services

These also covers both inpatients as well as outpatients at

affordable costs. Exams offered are



Moodi Mayienga performing an ultrasound on a patient

-obstetric/gynaecology ultrasound

-pelvic/ prostate ultrasound

-K.U.B ultrasound

-abdominal ultrasound

-cranial ultrasound

-thyroid ultrasound

-testicular/scrotal ultrasound

-Doppler ultrasound

-soft tissue ultrasound

Working hours- x-ray services are day and night including holidays

-Ultra-sound services are offered on weekdays only exclusive of holidays.

Future plans- Installation of CT scan machine.

Acquisition of digital x-ray

MANAGEMENT OF A MASSIVE JUVENILE ACTIVE OSSIFYING FIBROMA OF THE MAXILLA IN A 17 YEAR OLD MALE

By Dr. James B. Murphy,

Peter. M., is a 17-year-old boy who was referred to the oral/maxillofacial service of P.C.E.A. Kikuyu Hospital, Kenya, with a swelling of the right maxilla of six weeks duration. (Fig.1) Peter stated he had suffered minor trauma to the area 2 weeks before the development of a painless swelling. The patient was afebrile. He additionally complained of an increasing sensation of pressure in his right eye without noticeable loss of vision. The remainder

of his physical evaluation was unremarkable. A biopsy was obtained and sent to the School of Dental Sciences in Nairobi. The patient was referred to a nearby facility for axial and coronal CT scans. The CT scan demonstrated a massive lesion extending to the right orbital floor and obliterating the right maxillary sinus and nasal cavity (Fig.2) Biopsy findings combined with the apparent rapid growth of the lesion led to a diagnosis of juvenile active ossifying fibroma a rare lesion usually affecting children and young adults. In the oper-

ating theatre under general anesthesia, a right partial maxillectomy was performed. (Fig.3) The orbital floor was clinically intact. Peter tolerated the surgical procedure well and was discharged on the fifth post operative day. Complete healing could be noted 18 weeks following the procedure with no evidence of recurrent disease. (Fig. 4&5)



Dr. Murphy performing the surgery

Peter stated he had suffered minor trauma to the area 2 weeks before the development of a painless swelling.



Figure 1 Appearance of the patient at the initial consultation with right facial swelling and proptosis.

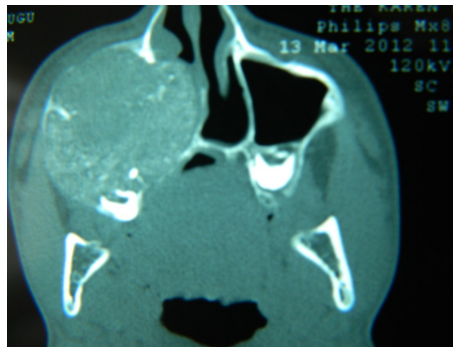


Figure 2 Scan demonstrates destruction of the right maxillary sinus and invasion of the right nasal cavity.

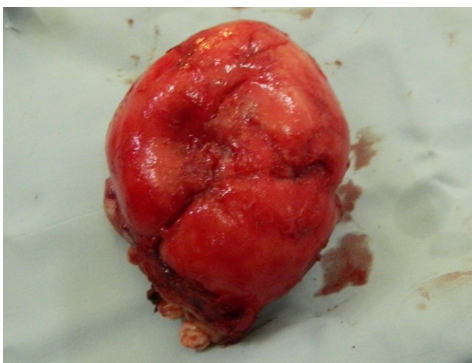


Figure 3 Tumor and right maxilla



Figure 4 Healing of surgical site at 18 weeks



Figure 5 Peter 18 weeks following surgery

GENERAL EYE UNIT

By Dr. Alain N. Mbongo-Zindamoyen & Ephantus Macharia

INTRODUCTION

PCEA Kikuyu Eye Unit is a highly specialized entity within PCEA Kikuyu Hospital. It specializes in Eye health promotion, prevention of eye diseases/blindness, curative and rehabilitation services (Of note is 80% of blindness is either preventable or treatable).

The unit is the eye health flagship in East, Central and some parts of South African countries.

Besides other objectives the unit complements the Kenyan government to enable it meet its Vision 2030 by implementing primary Eye Health and Vision 2020 "Right to Sight" global initiative for blindness elimination by the year 2020.

BRIEF HISTORY

The PCEA Kikuyu Eye Unit was started in 1975 (37 years ago) by Christoffel Blinden Mission (CBM) who saw an opportunity to grasp where many saw non as the hospital that year had gone through a very challenging period to the extent of being closed for

lack of patients but saved by our first President, the Late Mzee Jomo Kenyatta. From then the unit has grown from strength to strength. CBM, Light for the World has been a faithful partner through this phenomenal growth – from a two day per week clinic to the current 6 days a week clinic, 24hour call cover and a vibrant community outreach clinic. Patients treated at the static clinic have grown from just a few per day to 250-400 per day currently.

Staff teamwork makes the flow of the many patients who attend our unit daily look like magic. The unit staff are envy to many eye clinics / institutions.

For years the eye unit has maintained a tradition of providing international quality eye services at affordable fee to the common mwananchi.

This has been possible due to many factors among them being wise utilization of available resources, staff dedication and commitment to their work, highly skilled, experienced and selfless staff.



Dr. Alain N. Mbongo Zindamoyen examining a patient using a Slit Lamp Laser Machine.

CATCHMENT AREA

Patient visiting eye unit comes from all over East and Central Africa including parts of South African and West Africa countries. Locally the community outreach clinic mainly cover central, Rift Valley, Eastern and North Eastern regions.

The hospital is equipped with the state of art equipments, which are regularly serviced and calibrated.

For above reasons and others, PCEA Kikuyu Hospital Eye Unit is considered by many as the ultimate eye health provider of Kenya and our neighbouring countries.

In the recent past we were conducting operation safaris to Somalia, Southern Sudan, North Eastern Kenya especially refugee camps.

STAFF AND EQUIPMENTS

The unit is staffed with highly skilled professionals who works hand in hand with a dedicated support staff.



A girl suffering from squint before Surgery



A smiling girl after undergoing surgery and healing from squint.



A patient recovering after

The PCEA Kikuyu Eye Unit was started in 1975 (37 years ago) by Christoffel Blinden Mission (CBM)

EYE UNIT

Continued from page 5

CLOSER LOOK INTO SERVICES PROVIDED.

It is not possible to list down all the services we provide but I will try briefly to write about a few.

STATIC CLINIC

Most often this is the place patients first meet with the clinic staff. It is therefore important that they get a good first impression of the unit. From here patients are triaged to various areas of a higher speciality as per need, most are treated at this stage and discharged home.

Working days: Monday to Saturday.

COMMUNITY OUTREACH SERVICES

The number two first contact with eye unit staff is the community outreach clinic. It is so popular in Kenya that some other eye service provider claims to be from PCEA Kikuyu Eye Unit when they go for their outreach as they know common wananchi has so much faith in our unit.

EYE UNIT RECORD

All unit records are filled here in an easy to retrieve areas.

EYE UNIT THEATRE

Equipped with state of arts equipment, this facility can claim to have been a learning area for almost all ophthalmologists in Kenya and a good number from East, Central and West Africa.

Surgeries are conducted from Monday to Friday. Emergency cases are also covered during the weekend.

EYE UNIT WARD

A 75 bed plus one private room is a very clean, client friendly environment facility.

APPOINTMENT/EXPRESS CLINIC

Designed for those patients who prefer to be seen on appointment basis or as express. It is a contribution to partial self sustainability of the unit, and also to maintain quality staff and help some patient who cannot afford to pay their bills. Waiting time is very much less.

LOCAL EYE DROPS PRODUCTION AND STORES

A good number of different types of eye drops are produced here. They are very popular with our patients. The other advantages are they are cheaper and the profit margin is higher thus the unit makes more money per bottle in comparison with commercially prepared ones and also drugs are readily available. After production, the eye drops are taken to the eye unit store for dispensing to clinic pharmacy.

LOW VISION AND REHABILITATION (VISION THERAPIST DEPARTMENT)

In spite of all efforts some people go blind. Also note that 20% of blindness is neither treatable nor preventable. Some people do not gain full vision and others come to us too late for treatment. This is where rehabilitation staff comes in. To quote Stevie Wonder "Lack of sight does not mean lack of vision". Blind people can have vision. In rehabilitation blind people are taught, encouraged and motivated to achieve their vision and to lead a productive life in the society they live.

We prefer nowadays to call it vision therapy department because the vision therapist don't deal only with blind. One of their important tasks is to enhance the vision of patient with severe visual impairment.

OPTICAL WORKSHOP

Refraction error is one cause of treatable blindness. In the refractive area patients refractive error is corrected and glasses prescribed. Kikuyu eye unit is a pioneer or role model in establishment of optical workshop in Eastern and Central Africa region.

SUB-SPECIALISTS SERVICES AVAILABLE

Besides the basic eye specialized staff there are also sub-specialists in certain areas. These areas are:-

Vitreo-Retinal Surgeon

Specialised in treatment and surgeries involving vitreous and retina. Clinic days are: Thursday and Friday.

Paediatric and Squint Surgeon

Specialized in paediatric ophthalmology, squint assessment and correction. Clinic day: Wednesday.

Oculoplastic Surgeon

Specialized in reconstruction surgery of eye adnexal and orbit.

Clinic days: Wednesday and Thursday.

PROSTHETIC CLINIC

As stated earlier it's not possible to put down all we do at the eye unit. New treatments and products are introduced all the time at the unit. Recently custom made prosthesis (artificial eyes) were introduced and now an artificial eye looking like your other natural eye can be fitted at the unit in conjunction with dental unit.

Clinic days: Monday to Friday.

ADMINISTRATION AND ACCOUNTS

A team of committed support staff makes work at the eye unit stress free.



Girl beneficiary of the Standard chartered fund before surgery

*Surgeries are conducted from
Monday to Friday.
Emergency cases are also
covered during the weekend.*



Sister Jane removing patches after surgery



A cured and happy girl after surgery



Orthopaedic Staff

Limb shop- patients who have lost their limbs are fitted with artificial ones.



Orthopaedic Pharmacy

ORTHOPAEDIC REHAB CENTRE

This is one of a special unit that offers specialized care of bone problems. The following departments exist ;

Outpatients clinics- all patients from outside are seen here by our dedicated team of consultants, doctors and nurses, the clinic operates from Monday-Friday, 7.30 am-5.00pm. patients requiring surgery are booked here and others for conservative management are also attended from the same clinics.in support of the clinics are the x-ray, pharmacy and registration department

Wards- patients for surgery and those who require continuous close monitoring are admitted here, we have the female, male, children and private wings enough to cater for our clients needs. Care given is in multidisciplinary team approach consisting of consultants, doctors, nurses, physiotherapists, patients relatives and all the other departments in our center.

Operating theater- all surgeries including the most complex are done here, among them are;

1.Trauma surgeries e.g. for fractures and dislocations etc.

2.congenital malformation correction surgeries.

3.arthroplasty e.g. joint replacements like hip and knee.

4.joint arthrodesis which is fusion of arthritic joints.

5.arthroscopies, where special machines are used to visualize the joints assisting in making a

Diagnosis as well as management

Limb shop- patients who have lost their limbs are fitted with artificial ones.

Physiotherapy department- offers services to both the outpatients as well as inpatients e.g. intermittent traction.



Medical students doing ward rounds



Prosthetic Technician Seo Dong Choi at work

PHYSIOTHERAPY DEPARTMENT-GENERAL UNIT



By Charity Mwangi

Physiotherapy is the treatment of conditions involving joints, bones, muscles, tendons, ligaments and nerves using physical modalities such as: Human power, electricity, water and wax.

Intermittent traction and exercise therapy.

Physical modalities involve:

1) Human power – Instructions, demonstrations, passive exercise, joint mobilization and ambulation.

2) Electric devices – (Electrotherapy) – Infra Red Radiation, Hydro collator, ultrasound, tens etc.

3) Hydrotherapy/water/Ice – Exercise using water buoyancy. Ice stroking to stimulate the nerve e.g.. In bells palsy. Ice to calm down inflammatory process and to reduce pain e.g.. In acute injury involving the soft tissues.

4) Wax – Wax is used to break adhesions in post operative scars. Wax is used to relax the tight ligaments and tendons for easy joint mobilization.

5) Intermittent traction- (Neck and back) This involves pulling one part of the body e.g..

- Aerobics and anaerobic exercise are used to lose weight and keep fit and to build the strength and tone up respectively.

General unit, physiotherapy Department offers the above facilities. Wax and Intermittent traction are offered in orthopedic unit. Others are:

In – patient therapy.

Gymnasium facilities.

The patients who require a long duration of therapy e.g. Stroke patients and the patient who require to loose weight e.g. Diabetics are given a monthly remedy to work on their conditions. There is also a

keep fit program for our staff.

COMING UP:

The Department is working on a program that will involve anti and post natal mothers. It will involve muscle strengthening exercise of the back, perineal and pelvis and also posture correction.

The exercise will prevent: Backaches and Urine incontinence.

Currently, we see few of the patients in the department and others in maternity ward after delivery.



Physiotherapist Charity using and Ultra sound and tense equipment to treat a patients knee.

Head vs. body for neck or half lower body vs. upper body for back. It releases the pressure in between vertebral body and decompresses the previously compressed nerve.

6) Exercise therapy – The muscle power is classified on a 0-5 grade scale. The exercise modes are regulated to fit the particular muscle grade.



Physiotherapist Charity karanja assisting a patient on the treadmill .



A patient exercising

The Department is working on a program that will involve anti and post natal mothers. It will involve muscle strengthening exercise of the back, perineal and pelvis and also posture correction.



Pulley Exercise



Sister Mureithi Margarcy Checking on a baby in the nursery room with the mother

Maternity unit

The unit is situated in the middle of the General hospital which opened to clients in

1989. it works round the clock with a standby General Theatre for any emergency together with modern infant incubator.

Nursery has 2 modern incubators. All well babies stay with their mothers this is to enhance bonding which is very important in neo-natal care. This also promotes breastfeeding within the first 30 minutes of delivery.

Breast feeding gives babies

babies are well. They stay in the ward 48 hours after delivery. For caesarian section they stay abit longer usually three days after delivery. Daily examinations of mothers and babies are done every day this is to make all is well with our clients.

Our mother also receives health education everyday and this continues even on discharge. Staffs in the unit are senior midwives who are charged with safe guarding and enhancing the quality of care for the childbearing women. They offer sound professional advice and responsible for ensuring midwives practice within statutory rules and standards.

Our aims are:

To provide care tailored to suit our clients' needs supporting them to make informed choices that are respected.

To provide a quality service securing safety for the mothers and their babies during the child bearing process.

To provide a friendly courteous atmosphere throughout the unit .

To ensure privacy and dignity to all mothers.

The unit attends to approximately 90 clients in a month. $\frac{3}{4}$ deliver normally and approximately $\frac{1}{4}$ go through caesarian section. This can either be elective or emergency.

There is a gynecologist on board and a qualified medical officer 24 / 7.

It has a labour ward, small nursery and a postnatal ward. The labour ward has 5 beds and delivery coaches.

This is where pregnant clients requiring labour support services, delivery and those clients suffering from other pregnancy relayed conditions after 28 weeks of gestation are taken care of.

For planned caesarian section admission process start from records can be through MCH during weekdays or through OPD/CAS if it is at night or over the weekend. But in the event that the findings are not within acceptable limits then one is required to be monitored in labour ward as they wait for caesarian section.



Maternity staff

the best possible start in life. Almost all women can breastfeed successfully. It can sometimes be hard to begin with but for many it is wonderful and enjoyable experience.

The staffs at P.C.E.A Maternity unit are trained to help in this area and well support all women who try to breastfeed.

Post natal

It has 12 beds and one semi private room. This is where most women and their babies are admitted. Women who have had a straight forward birth and whose



Maternity ward

Breast feeding gives babies the best possible start in life.



Paediatric unit Staff

Our paediatric Ward is for now combined with the private ward but there is a new building which is being build as a pure pediatric ward.



The new Paediatric ward that is under construction and staff members.

PAEDIATRIC UNIT

Paediatric/Private Ward has a bed capacity of 22 beds with 11 rooms each having 2 beds. We have 1 Paediatric Clinical Officer, 12 Nurses who are qualified as Kenya registered Nurses/Kenya community Registered Nurses and one Support Staff.

We admit Children of the age of 12 years and below in our department. Depending on the seasons of the year, we admit Children with different conditions with majority of our admissions being Children of less than the age of 5 years.

We have a paediatric Consultant who comes twice a week; that is Mondays and Thursdays. On Mondays he comes for ward round only and on Thursdays he comes for ward rounds and paediatric clinic.

Our Paediatric Clinical officer is always on duty: that is Monday to Friday as from 8am-

5pm. She normally work together with M.O Interns and C.O Interns who are normally on rotation schedule.

Our patients are normally attended to according to their needs. Complicated cases and children who are requiring I.C.U care are usually referred to K.N.H or Kijabe Hospital.



Dr. Andrew Malavu attending to a baby

Our paediatric Ward is for now combined with the private ward but there is a new building which is being build as a pure pediatric ward.

By Paediatric Consultant

Most of our patients as mentioned above come with different conditions and it is possible to have a child with four different diagnosed (even more). Therefore we normally take complete history and full examination followed by the basic investigations. The aim is to find out what other conditions a paediatric patient may come with apart from the presenting one.

Unlike adults, children cannot talk for themselves so parents/caretakers should cooperate with the clinicians for better management.



The laboratory Blood bank

The laboratory operates 7 day a week, is open 24hrs every day including public holidays.



A class 2 Biosafety Cabinet for Microbiology

LABORATORY UNIT



By Mr. Anthony Mungai, Lab manager

PCEA Kikuyu hospital has stood the test of time to become one of the most community friendly hospitals in the region. Now marking 104 years since it was founded in 1908, the hospital has grown to offer a wide range of services in the area and all over Kenya.

The laboratory department has been inspected by the Kenya medical laboratory technologists and technicians board (KMLTTB), which is the Kenya's regulatory body for all the operations of the medical laboratory functions, regulating the professional conduct of the medical laboratory personnel and has been classified as a class D laboratory.

The laboratory operates 7 day a week, is open 24hrs every day including public holidays.

The department consists of 10 full time dedicated medical laboratory professionals, a friendly customer care personnel, a cleaner and a visiting consultant pathologist who offers his expertise professional advice for quality service delivery of the department.



Mr. George Kiarie examining samples

OUR MISSION

In Kikuyu hospital laboratory we aim to be a leading faith based laboratory in Kenya. We aim to achieve this end by maintaining the highest levels of service and quality at competitive costs and by promoting the brand name PCEA Kikuyu hospital laboratory.

QUALITY POLICY OBJECTIVE

We aim to be a dominant force in the region by being a high quality, low cost provider of a wide range of laboratory tests, by promoting networks with our clinicians, Other health care providers and laboratories in the region.

We are committed to continuous development of good clinical laboratory practice and the implementation of ISO15189 standards with a view of meeting all possible accreditation requirements.

We recognize the importance of our personnel and have our staff train where appropriate to provide the service that we expect our clients to receive.

We aim to make the laboratory continually more profitable for the benefit of our hospital and staff.

QUALITY SYSTEM

The laboratory adheres to strict internal quality and system maintenance of equipment, calibration and validation by ensuring all our equipments are under a comprehensive annual service con-

tract.

We also undertake constant internal and external quality assurance programmers'.

CONFIDENTIALITY

Confidentiality is observed for all tests as results are only availed to authorized clients, personnel and patients.

Hard copies are delivered in sealed envelopes.

STAFF QUALIFICATION

All the staffs possess a relevant qualification and are registered by the KMLTTB.

All the staff participates in continuous professional development within and outside including dedicated trainings by the ministry of health and AID Relief program sponsored trainings.

The team lead is qualified with a master's degree in medical microbiology from the London School of Hygiene and Tropical Medicine

One of the staff has a Bachelor degree in medical laboratory science while two more staff are currently pursuing their Bachelor degree in medical laboratory science.



Mrs. Grace Mugo performing a clinical chemistry test



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The Presbyterian Church of East Africa

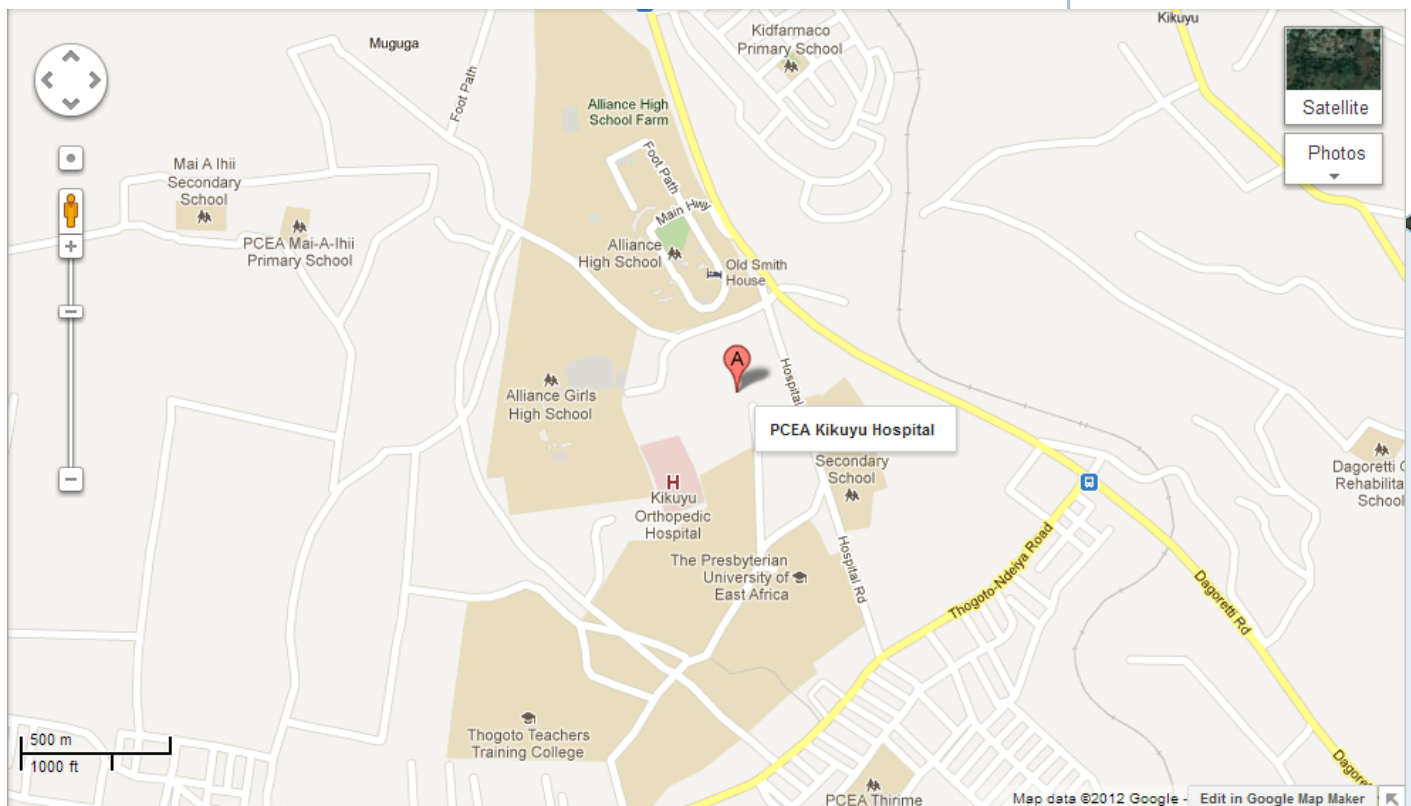
WE'R ON THE WEB:

www.pceakikuyuhospital.org

P.C.E.A Kikuyu Hospital is Owned by the Presbyterian Church of East Africa, (P.C.E.A.)

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Hospital Location