Letter to the Editor of IJBH
Organization of the Work of the Medical Institute Bayer in Tuzla During the COVID-19 Pandemic

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On the occasion of the 11th Days of Academy of Medical Sciences of Bosnia and Herzegovina and 3rd Seminar about Writing, Editing and Publishing (SWEP) at Holiday hotel in Sarajevo was organized webinar about COVID-19 Pandemic experiences in Bosnia and Herzegovina. During the webinar members of the Academy from Bosnia and Herzegovina, Croatia, Serbia, North Macedonia, Poland, and USA participated with very interesting presentations (1-5). We also presented lecture about our institution and our professional experiences during pandemic time. Some of important facts which we presented are mentioned in this letter to editor.

Medical Institute Bayer (MIB) is a continuation of the BH Heart Center Tuzla, which was founded in 2008. The goal of establishing the Center was to build a modern, functional hospital that will meet all prescribed norms and standards, and eliminate all limiting factors in the development of cardiac surgery, interventional cardiology and vascular surgery (Figure 1).

As part of the development of the Center and the new concept of operation, and in order to cover all new disciplines as well as those that will be developed in the future, in January 2020 the name of the institution was changed to MIB. MIB was named after Dr. Karel Bayer, one of the most important figures in the field of medicine and the first president of the Association of Physicians of Bosnia and Herzegovina (BiH) in 1909 (6) (Figure 2).

The area of the hospital is 11,500 m², with a capacity of 90 hospital beds, intensive care with 12 beds, 4 operating rooms, 3 angiography rooms, CT room, 11 clinics and laboratories (Figures 3 and 4).

Within the MIB there is a 4-star hotel, a modern restaurant and a conference hall with a capacity of 120 seats (Figures 5 and 6). MIB has 170 employees: 35 doctors of medicine, 80 nurses and technicians with the remaining technical staff.
The daily scope of work is 2 cardiac surgery, 1 vascular operation, 8-10 coronary angiography, 3-5 coronary stents, 1-2 electrophysiological interventions. The largest number of patients are from the Federation of BiH, the Brcko District, the Republika Srpska and the region. Since its establishment 12 years ago, MIB is still the Center with the largest number of cardiac interventions and cardiac surgeries in BiH.

Currently, the MIB consists of several Centers: Heart Center; Center for General and Interventional Radiology; Center for Gastroenterology; Center for Urology; Center for General, Abdominal and Pediatric Surgery; Center for Internal diseases.

The first recorded case of COVID infection was reported in one nurse in March 2020, shortly thereafter in 7 other employees after which the MIB was placed in a state of isolation with enhanced surveillance. Over the next month, the MIB goes through a very difficult period of complete isolation with a strong sense of stigmatization of some ordinary people, which could be explained in part by ignorance and fear, but unfortunately also by some medical workers who quickly became convinced that a pandemic is not something that “only happens to others” (Figure 7).

After the MIB was emptied, the rehabilitation of the facility began, which included measures of intensified isolation with enhanced surveillance. Over the next month, the MIB goes through a very difficult period of complete isolation with a strong sense of stigmatization of some ordinary people, which could be explained in part by ignorance and fear, but unfortunately also by some medical workers who quickly became convinced that a pandemic is not something that “only happens to others” (Figure 7).
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infection of the entire institution, all rooms, all vehicles of the center and access roads, after which the MIB was put in a state of so-called “vacation facility”, lasting 15 days. All MIB employees were tested for COVID-19 before re-entering the facility. Employees who entered the MIB after testing, were required to have personal protective equipment (mask, gloves, etc.) and all in accordance with the recommendations (Figure 8).

Upon entering the Institution, they crossed the disinfection barrier and disinfected their hands with a disinfectant placed at the entrance. Patients with symptoms of the underlying disease, before arriving at the MIB with the necessary disease documentation, are required to provide evidence that they have been tested for COVID-19 infection. Prior to patient entry, authorized staff at the triage point perform patient triage measures, complete an epidemiological form for each patient, and measure body temperature (Figure 9). The patient who then enters the MIB is obliged to have personal protective equipment (mask, gloves, socks). COVID-19 positive patients are treated as life-threatening-extremely urgent patients (since there is no possibility of testing).

From entering the Institution to leaving it, it is obligatory to act according to the Protocols for the treatment of COVID-19 positive patients (7-9). If COVID-19 infection is confirmed in these patients, those patients are transferred to the so-called COVID ward, after which preventive intensive disinfection of the rooms in which the patient stayed is performed (Figure 10).

The protection of staff is clearly defined by a special protocol for the admission and treatment of patients during a pandemic, which clearly defines the necessary protective equipment, rules for dressing and undressing, as well as rules for working in special conditions such as operating rooms (10-12).

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**REFERENCES**


