Global Emergency Care Collaborative (GECCo)

UK Global Health Projects, Programmes & Research: Who Does What In Emergency Care?

Thursday 6th July 2023

Conference Abstracts:

---

001 Adult Emergency Care Project - Sierra Leone

Dr Zosia Bredow, *Emergency Medicine Trainee*

Emergency medicine is not a specialty in Sierra Leone. Emergency care is provided by doctors, community health officers and nurses trained as generalists, and rarely in rooms specifically designed for resuscitation. In 2021, a team of 8 Emergency Room trainers were recruited from Sierra Leone and the UK to:

- Create and deliver a 7-day contextually-targeted Training of Trainers (ToT) course in emergency care
- Support the roll-out of emergency care training and provision nationally to at least 250 emergency workers in government hospitals across 16 districts in Sierra Leone

Each week our training around the country became a forum for discussion of the variance of emergency care systems between each hospital, and through each simulation peer-per learning and development ideas were shared.

The trainers then cascaded their new skills and ideas for change to the emergency teams in their hospitals, reaching almost every district in Sierra Leone. All cascade training was shared on the community of practice WhatsApp groups we had created. When the training beat our initial target of 250 clinicians the momentum for change was tangible.

Immediate successes included:
- Newly created emergency rooms, using existing resources collected from around the returning trainers' hospital
- New triage systems to stratify patients for severity as they arrived at the hospital
- Creating stakeholder teams advocating for improvements in every stage of the emergency patient's journey through the hospital from arrival to discharge

Since the project ended, Sierra Leone's Ministry of Health has worked further with WHO to complete a prioritisation review of the nation's emergency care services. Subsequently, KGHP have secured funding for further emergency care projects, including training in ultrasound across multiple district hospitals. There is a nationwide enthusiasm for further developing emergency care capacity and we hope this baseline of ER trainers will provide a launchpad for future partnership work.

---

002 Improving Coverage of Opt-Out Blood Borne Virus Screening: A Global Health Quality Improvement Project in a UK Emergency Department.

Dr Rebecca Anderson, *Junior Clinical Fellow*; Dr Eleanor Broad, *Junior Clinical Fellow;* Dr Matthew Foster, *FY2*; Dr Yetunde Olaniyi, *GP Trainee*; Dr Rachael Whiteley, *Emergency Medicine Consultant*; Dr Pedro Simoes, *Emergency Medicine Consultant*

Introduction: Routine opt out screening for hepatitis C (HCV) and HIV has been introduced into Manchester NHS Foundation Trust emergency departments for all patients over 16 years old having blood tests. This practice normalises testing, reduces onward transmission, and reduced preventable morbidity

and mortality. Manchester is an area of high prevalence for both HIV and HCV. So far, this project has led to 4.4 new HIV diagnoses and 11.5 new HCV diagnoses per month. Positive tests are followed up by a tracker in the infectious diseases team. Patients are either started on treatment, or helped to re-engage in treatment.

Project Aim: Our project aims to improve coverage of HCV and HIV screening and North Manchester ED.

Methods: Our interventions have been guided by continuous analysis of an inpatient ward to identify factors contributing to poor coverage. We measured coverage as a % with no. of HCV or HIV tests as the numerator, and number of FBCs as the denominator.

Results: Our educational session with senior doctors increased coverage by 5.9% for HCV and 5.4% for HIV, but this change was not sustained. We therefore implemented visual reminders on phlebotomy trollies to help integrate screening into standard practice. We then saw a drop of 18.5% in HCV coverage and 16.6%, coinciding with the recent junior doctor strike.

Conclusions:
- The ED is a dynamic setting, influenced by a multitude of factors, including strikes. Our QIP must be reactive to evolving influences.
- Educational sessions are useful but impact is not sustained.

---

003 Rwandan Resuscitation Project

Dr David Birrel, *Emergency Medicine Trainee*

Background: Following the genocide against the Tutsi in 1994, Rwanda has experienced rapid growth in almost all sectors including finance, education and health. In 2013 an emergency medicine training program was introduced, which reduced mortality in the ED from 6.2% to 1.2% within 3 years and hospital mortality from 12.2% to 8.2%. Tertiary referral hospitals have many experienced clinicians and specialty nurses able to provide advanced healthcare across multiple specialties however, the majority of Rwandans initially present to one of the 52 district hospitals where the expertise is rarely available to deal with many life threatening injuries and illnesses.

Aims: Improve outcomes for critically ill and injured patients presenting district hospitals in Rwanda.

Project Summary: RECA (Rwandan Emergency Care Association) recognise the need for improving emergency skills training in trauma, critical illness and paediatrics in the community district hospitals so that patients can be stabilised and managed prior to transfer to tertiary hospitals.

Rwandan emergency medics in collaboration with faculty from Brown and Edinburgh University have developed two day trauma training courses for staff working in district hospitals in Rwanda. Their courses are designed using a similar model to ATLS but are specific to the healthcare needs and resource limitations in Rwanda. Adopting a train-the-trainer model, these courses are now organised and run exclusively by Rwandan emergency physicians.

Future Goals: To establish similar courses to improve training in managing patients with critical illness and paediatrics. To be able to offer recognised, accredited courses to other healthcare professionals across East Africa.

Summary: This is an ambitious project designed and implemented by local Rwandan emergency medics in collaboration with emergency medics from the US and UK who have experience in teaching trauma and life support courses.

---

004 Global Health Fellow - Tshemba Foundation

Dr Alex Taylor

The global health fellow role provides the opportunity for those in ACCS or GP training to undertake a healthcare placement in Africa as part of an out of programme experience. This provides a mutual learning experience between the trainee and the host establishment.

With the support of a local charity, Tshemba Foundation, Tintswalo Hospital, in South Africa, has benefited from this exchange.

The presence of the charity has allowed longevity and strength of relationships on which to build healthcare initiatives which are driven in conjunction with the hospital.

This placement provides trainees with both an insight into an alternate healthcare system and burden of disease and an insight into the politics, bureaucracy and resource provision that these hospitals conten with daily.

As the charity does not allow the hospital to lean on its presence, fellows can be free to support the hospital in tasks it may not usually be able to prioritise such as nurse teaching and developing triage documentation.

This initiative continues to go from strength to strength and drives innovation, learning and supports a population in need. Current discussions are exploring if we could support learning for the local ambulance service to improve transfer of patients who require a higher level of specialist care.

---

005 A Trial of a New Triage Tool in Nanyuki, Kenya - Lessons for future global health projects

---

Nanyuki and Bristol Royal Infirmary Global Emergency Health Partnership

---

Where: Nanyuki Teaching and Referral Hospital (NTRH)

When: 2021 - 2022

Who: A collaborative project between nursing team at NTRH and visiting nurses and clinical fellows from BRI

What: Implementation of a new triage tool to record observations and initial assessment of patients

Why: Ensuring patients with higher acuity were seen in the emergency department rather than outpatient department. Building on triage training provided by the Emergency Medicine Kenya Foundation (EMKF)

How: Developed a paper triage tool based on the EMKF guidelines. One to one triage training with nurses. Streamlining the number of patients seen in triage.

Challenges:
- Concern regarding time to complete
- Turnover of triage nurses in ED
- Triage tent only available during daytime hours
- Lack of private space to complete triage
- Limited equipment for measuring observations
- Ensuring handover of the project throughout the year

Positives:
- A collaboratively formed triage tool
- UK team gained a better understanding of QIP in a setting outside of the NHS
- Formation of a google drive and better handover of project between visiting teams

Where are we now? Currently on hold, Nanyuki ED undergoing significant development Future will look at incorporating the Integrated Interagency Triage tool

---

---

006 Patterns of Emergency Department use among migrants in Europe and North America

---

Dr Natasha Matthews

The Migrant Health Research Group, St George's, University of London
St George's Emergency Department Clinical Research Group

Introduction: In today's globalised world, migration to high-income countries has significantly increased. Health services in many receiving countries are not well prepared for the growing migrant population, and many migrants face poorer health outcomes than their host communities. This may be particularly significant in emergency care settings due to barriers migrant populations experience accessing health. Despite this, there is a lack of data on migrant use of emergency services in high-income countries. This systematic review aims to identify and synthesise data on patterns of emergency service use among migrants to Europe and North America to inform policies around migrant healthcare in the emergency department.

Methods: A systematic search between January 1995 and May 2023 of Medline, Embase, Global Health and PubMed to answer the following questions regarding emergency service use among migrants to Europe and North America:
1. What proportion of emergency department attenders in Europe and North America are born abroad?
2. Are migrants more likely to present to the emergency department for primary care reasons compared with non-migrant patients?
3. How do patterns of emergency department use among migrants in Europe and North America differ from those in the host population?

Results to Date:
- Emergency service use among migrants were comparable to non-migrants
- Migrant emergency service attendees were less likely to be registered with a GP than non-migrant patients
- Migrants were more likely to report self-referral to emergency services rather than referral through primary care services

Conclusion: These findings raise concerns about health inequities amongst migrant populations who self-refer to emergency care (bypassing preventative care and potentially at a late stage of illness) and the implications that use of emergency services for primary care needs may have for health systems. Considering increasingly restrictive health systems for migrants. Considering increasingly restrictive health systems for migrants, the findings highlight that it is imperative to facilitate access to effective primary care for migrant populations, to reduce the risk of poorer and more costly health outcomes and the burden on the emergency services.

---

007 Exploring the Response to Child Health Inequalities in International Children's Hospitals: Narrative Review

---

Eleanor Broad, Louise Brennan, Pallavi Pate, Fiona Egboko, Dora Pestotnik Stres

---

Background: This review has stemmed from a wide grey literature scoping review, that aimed to identify approaches to address health inequalities in children and young people taken by UK children's hospitals. The scoping review included a website search of international children's hospitals, as identified by a list published on Wikipedia. Any items from the website search deemed unsuitable for inclusion in the scoping review have been included in this narrative review.

Aim: To identify key themes, their relevance to UK health inequality issues, and areas of best practice to guide improvements in reducing inequalities in UK hospitals.

Brief Summary of Results: 232 children's hospitals and clinics from 43 countries were identified. From 70 of these hospitals results relevant to health inequality, inequity and disparity were found. Of the remaining hospitals, 108 had no relevant results identified from their website, 40 lacked a usable website (i.e. unable

to locate or unable to translate), 10 hospitals had closed or merged with another and 12 duplicates (hospitals that shared the same website as another).

Main Themes: The majority of positive findings identified were from predominantly English speaking and post-colonial countries.

- Culturally appropriate care (postcolonial reconciliation)
- Improving access to health care (physical and language barriers)
- Research: guide best practice interventions, monitor effectiveness of interventions
- Interventions targeting socio-economic determinants of health
- Diversity, inclusion and equality