

# Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

## Pacific Emergency Care

Pacific Heads of Health meeting, Nadi, Fiji  
3<sup>rd</sup> April 2019

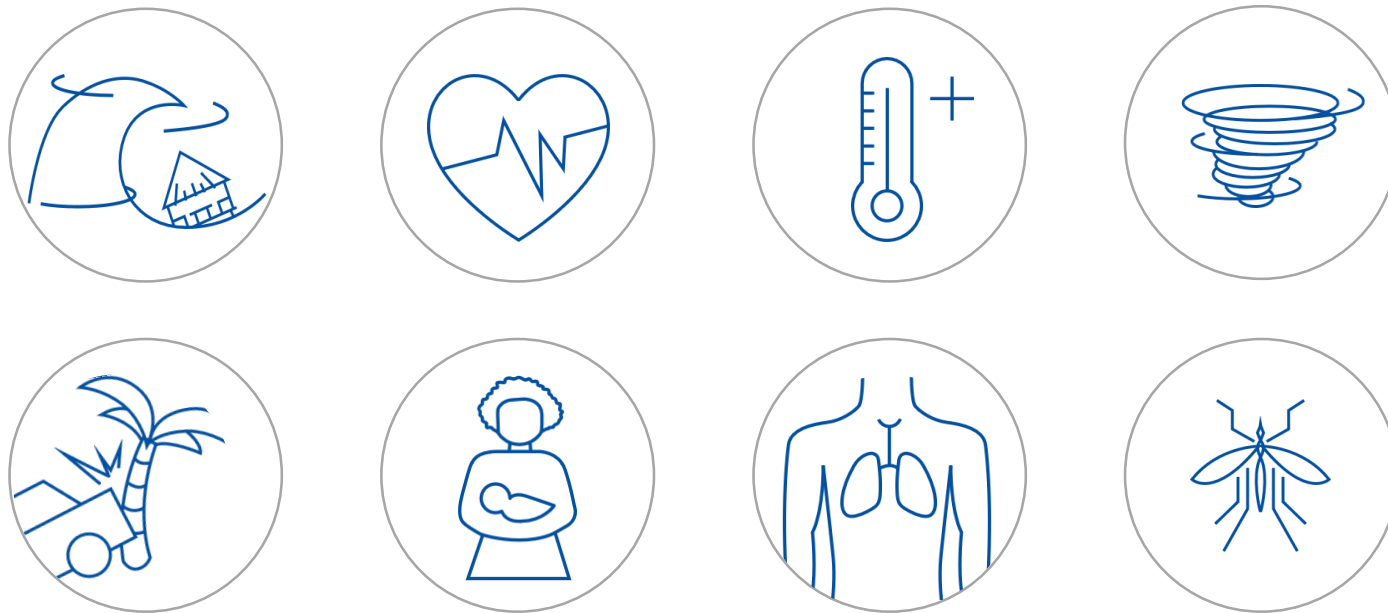
Dr Pai Airdhill-Enosa – ED Director, National Hospital, Samoa

- Intermin President, Pacific Islands Society for Emergency Care (PISEC)

Dr Georgina Phillips – FACEM, St. Vincent's Hospital, Melbourne. ACEM International EM  
Committee

- SPC PEC research and project lead, PhD Scholar, Monash University

# Why?



Health emergencies occur everywhere in the Pacific  
Currently, there is limited capacity to respond

# What is it?

Effective emergency care systems can respond to all health emergencies by:



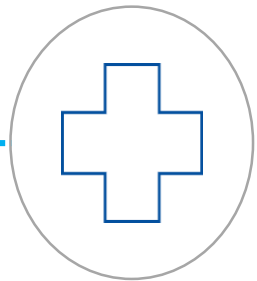
Pre-hospital care



Facility-based care



Call for help



Trained first responder



Safe transport and care



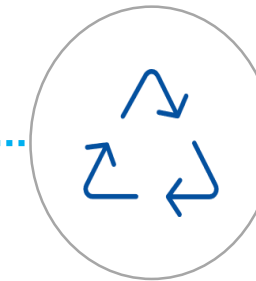
Facility reception and triage



Resuscitation and acute care by trained staff



Well designed environment and equipment



Effective processes – OT, Ward, D/C, home

# What are the outcomes?

## Save lives

54%

Of deaths each year in Low and Middle income countries can be prevented by EC

## Prevent disability

~1 billion

Disability-adjusted life years can be saved annually with robust EC systems in LMIC



Improve disaster and disease outbreak resilience and response



Help meet SDG targets

# Pacific Emergency Care

- Minimal information and limited EC systems
  - SPC: consultative process – workshops, surveys, 17 different PICs, > 200 stakeholders:
    - Current EC status around the region
    - Regional Priorities and Standards for EC
- => Baseline Indicators and Future Roadmap for all Pacific EC development activities



# Pacific Emergency Care Systems Framework

- Adapted from the WHO EC Systems Framework
- Building blocks for EC development
- Used to describe current status and determine priorities and standards



# Current status of EC around the region

- Facility (hospital / clinic) based
- Pre-Hospital
- High survey responses (174, 130), 17 different PICs
- Detailed report with overall and individual PIC results supplied
- Survey and consensus meeting to determine priorities and standards

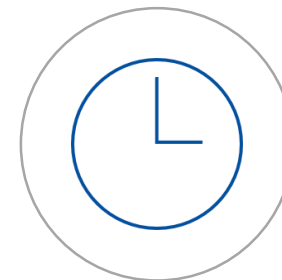
# Current Status: strengths and opportunities

## Human Resources and Training: Facility

- Building up a workforce in some PICs
- Regional **standards** to achieve:



Trained and credentialed staff with core skills and knowledge



24 –hour rostering, safe working hours

**Only 38%**

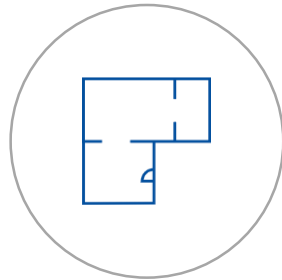
of PIC clinicians report having ED-trained staff in their hospital



# Current Status: strengths and opportunities

## Infrastructure and Equipment: Facility

- Some PICs have invested in equipment for basic and advanced EC
- Regional **standards** to achieve:



Well designed emergency departments  
according to Pacific regional standards



Designated area and standard  
equipment for resuscitation of  
adults and children

**Only 44%**

of PIC clinicians report a good area for  
safe resuscitation and emergency care in their hospitals

# Current Status: strengths and opportunities

## Processes: Facility

- Triage systems that are fit for purpose; the Solomon Islands Triage Scale
- Regional **standards** to achieve:



A recognised triage system



Clinical care guidelines adapted for  
the Pacific context

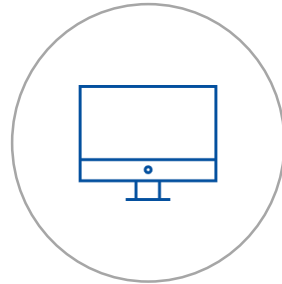
**Only 18%**

of PIC clinicians report reliable and consistent triage in their countries

# Current Status: strengths and opportunities

## Data: Facility

- Currently poorly collected, if at all across the Pacific region – but is crucial to drive improvements
- Regional **standards** to achieve:



Computer-based data collection,  
documenting the burden of  
emergency care disease



Measuring quality and safety of care  
to drive improvement

**More than 90%**

of PIC clinicians cannot access consistent information about  
the emergency care needs of their population

# Current Status: strengths and opportunities

## Pre-Hospital Care

- The beginnings of training, but most PICs have very limited pre-hospital systems
- Regional training **standards** to achieve:



Basic training and certification with Separate driver and care provider

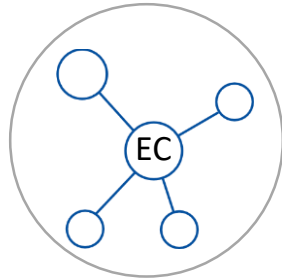
**Only 36%**

of PIC clinicians report trained pre-hospital care providers in their countries

# For Heads of Health:

## Leadership and Governance: Facility

- Currently low levels of support for disaster planning and EC development
- Regional **standards** to achieve:



Government recognition of emergency care as an essential component of the healthcare system



Government support through training opportunities, employment, and career structures

**32%**

of PIC clinicians report that their country has a plan for emergency care

# For Heads of Health:

## Leadership and Governance: Pre-Hospital

- No PIC is achieving the standard for an overall system in pre-hospital EC
- Regional **standards** to achieve:



Both clinical and Ministry of Health leadership in pre-hospital care

**96%**

of PIC clinicians do not have a high-quality pre-hospital system in their country

# The way forward: **Coordination and Consistency in EC Development**

- National and Regional level consideration
  - Key recommendations
- Advocacy infographic tools
- Clinical regional network: PISEC
- Local PIC EC leaders
- Collaborators, partners, stakeholders

Pacific Emergency Care



Pre-Hospital Emergency Care:  
Pacific regional priorities and standards



1

1 Pre-hospital care providers with basic training and certification. Separate driver and care provider



Only 36%

of PIC clinicians report trained pre-hospital care providers in their countries\*

2

2 Ambulances are well maintained and equipped with

1

1 Trained and credentialed staff with core skills and knowledge



24hr rostering, safe working hours



Only 38%

of PIC clinicians report having EC-trained staff in their hospitals

Well designed emergency departments according to Pacific regional standards

Designated area and standard equipment for resuscitation of adults and children

Government recognition of emergency care as an essential component of the healthcare system

Both Clinical and Minister of Health leadership in pre-hospital care



## Why?

Health emergencies occur everywhere in the Pacific. Currently there is limited capacity to



Pacific Community  
Communauté du Pacifique



ts?

emergencies by:



# Key recommendations

- To recognize Emergency Care (EC) as an essential component of the healthcare system in every PIC, and that EC be recognized and endorsed as a specialty discipline in every PIC
- To recognize and endorse the core components of EC as Facility-based and Pre-Hospital and that both are essential and require government recognition and support for development
- To support the development of employment structures, career pathways and training opportunities for all providers (doctors, nurses, pre-hospital, others) of EC in every PIC
- For each PIC to acknowledge and disseminate the Pacific Regional EC Priorities and Standards for their own countries and consider endorsing and adopting them as individual PICs
- That the Pacific Regional EC Priorities and Standards be further considered for regional endorsement and adoption as standards to work towards across the whole Pacific region.



# Acknowledgements and Questions

SPC and Australian Government DFAT

All contributors in 17 different PICs

Co-researchers: Pai Airdhill-Enosa, Patrick Toito'ona, Anne Creaton, Berlin Kafoa, Gerard O'Reilly, Peter Cameron

Workshop hosts: Tonga Medical Society (August 2018), Fiji – DevelopingEM (December 2018)

ACEM

Monash University