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Pacific Regional Emergency Care: Facility (Hospital-based care)

Welcome to the Pacific Regional Emergency Care - Facility Survey

You are invited to participate in this on-line survey about emergency care (EC) in the Pacific region.

Your participation is voluntary. We will not be collecting any of your personal information or any information that can identify you. Completing the survey will take around 15 minutes of your time.

The aim of this survey is to hear your opinions on the current status of EC in the country where you work, and then what you think are the most important priorities and standards for Pacific regional EC development.

The Pacific Community (SPC) have requested this project and contracted Dr Georgina Phillips to perform the work of creating the survey and collecting all of the results from your responses.

The results of the survey will be summarised and then presented to all of the Pacific Island Country representatives attending the Regional Development workshop on Wednesday 5th December 2018 at the DevelopingEM conference in Fiji. After this meeting and receiving everyone's feedback, we aim to reach a consensus on the priorities and standards for EC development across the Pacific region.

The final outcomes of this work will be;

- A comprehensive report for SPC that can be used to advocate for and guide future Pacific regional EC developments, and will also be delivered to Pacific Island Country Ministries of Health

- A research paper written by Dr Phillips in collaboration with SPC representatives and Pacific Island clinicians and published in a peer-review journal. This research paper will contribute towards the PhD studies of Dr Phillips at Monash University in Australia. Monash University have given ethics approval for this research.

If you would like to receive feedback about the survey results and participate in ongoing consensus work, you are free to provide your contact details at the end of the survey. You can also choose to be acknowledged by name in both of these output documents.

MONASH
University

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Pacific Regional Emergency Care: Facility (Hospital-based care)

You and where you work

1. What country do you currently work in?

2. What type of facility do you work in?

- ◯ National referral hospital
- ◯ Provincial / Divisional hospital
- ◯ District / Sub-divisional hospital
- ◯ Small health facility
- ◯ Health Centre
- ◯ Nursing station
- ◯ Other (please specify)

3. What is your main role?

- ◯ Doctor
- ◯ Nurse
- ◯ Hospital administrator
- ◯ Medical superintendent
- ◯ Director of nursing
- ◯ Ministry of Health staff
- ◯ Other (please specify)

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SECTION A: Current Situation Snapshot

For the following questions please indicate by selecting the option which best describes the current situation of FACILITY (HOSPITAL) -BASED emergency care (EC) in the country where you work:

4. Is there a system where patients are registered and seen in order of clinical urgency **(triage) ?**

- ◯ No such system exists
- ◯ We try to use a recognised triage system in the National Referral Hospital, but it is inconsistent and there is no specific training. There is no system for provincial and rural areas
- ◯ We consistently use a recognised triage system in the National Referral Hospital along with routine patient registration, and we have special triage training. This system is not used in provincial or rural areas
- ◯ We consistently use a recognised triage system in the National Referral Hospital along with routine patient registration, and we have special triage training. This system is also used in at least one other provincial / district / divisional level hospital
- ◯ We reliably and consistently use a recognised triage system, with patient registration across all hospitals in our country.

5. What is your **current triage system**?

- ◯ Australasian Triage Scale (5 categories) without modifications
- ◯ Australasian Triage Scale (5 categories) with local modifications
- ◯ South African Triage Scale (4 categories)
- ◯ Solomon Islands Triage Scale (3 categories)
- ◯ No official system / patients seen in time order of arrival
- ◯ Other (please describe, including number of categories)

6. Are there clinical staff with Emergency Care (EC)**training and skills** to provide care?

- Staff in the emergency department (ED) do not have specific EC skills training, and staff are expected to rotate around all areas of the hospital
- Some nurses and doctors at our National Referral Hospital ED have had short course training (BLS, ACLS, PTC, SIREN etc.) Most staff in other hospitals have not had any specific training in EC. Staff rotate around all areas of the hospital.
- Most nurses and doctors in our National Referral Hospital have had short course training (BLS, ACLS, PTC, SIREN etc.) in EC . Some nurses and doctors in other hospitals have had short course training in EC. Senior ED nurses do not rotate out of the ED to other areas of the hospital
- At least one doctor has a postgraduate qualification in EC (Diploma / Masters) and permanent nurses have some EC training (short course, short-term ED attachments, Diploma) in our National Referral Hospital. Some other hospitals have nurses and junior doctors who have had short course training (BLS, ACLS, PTC, SIREN etc.) in EC
- There are permanent doctors and nurses with EC qualifications (Certificate / Diploma / Masters) in our National Referral Hospital, and most doctors and nurses in other hospitals have had at least short course training (BLS, ACLS, PTC, SIREN etc.) and may have post-graduate qualifications in EC

7. Is there a **purpose built Emergency Department** (ED) with rooms for resuscitation, assessment, treatment, monitoring and observation?

- There are no purpose built EDs in any hospital in the country, and no special area for patient resuscitation
- The National Referral Hospital has a purpose built ED with a special area for resuscitation, but there are limited and/or poorly designed areas for further assessment, treatment and observation. Other hospitals around the country do not have purpose built EDs and do not have special areas for patient resuscitation.
- The National Referral Hospital has a purpose built ED with a special area for resuscitation, but there are limited and/or poorly designed areas for further assessment, treatment and observation. At least one other provincial /district / divisional hospital has a purpose built ED with a special area for patient resuscitation and further emergency care.
- The National Referral Hospital has a purpose built ED with a good area for resuscitation and adequate areas for assessment, treatment, monitoring and observation. There are EDs in some provincial / district / divisional hospitals with special areas for patient resuscitation and limited areas for further emergency care.
- The National Referral Hospital has a purpose built ED with a good area for resuscitation and adequate areas for assessment, treatment, monitoring and observation. There are EDs in most provincial / district / divisional hospitals with a special area for patient resuscitation and adequate area for further emergency care. Smaller hospitals have a basic ED or area designated for emergency patients

8. Is there functioning **equipment** for adult and paediatric resuscitation and EC provision?

- ◯ There is no dedicated functioning equipment for basic resuscitation and EC of adults and children at any level of hospital in my country.
- ◯ There is some old / incomplete / poorly functioning resuscitation equipment for basic Airway, Breathing and Circulation care in our National Referral Hospital. There is no dedicated or functioning equipment at the provincial / district / divisional level hospital
- ◯ There is complete and functioning equipment for Airway (including intubation, Oxygen saturation), Breathing (bag-valve-mask ventilation) and Circulation (IV fluids, vasoactive drugs) at our National Referral Hospital. We have some old / incomplete / poorly functioning resuscitation equipment at provincial / district / divisional level hospitals.
- ◯ There is complete and functioning equipment for Airway (including intubation, Oxygen saturation), Breathing (bag-valve-mask ventilation) and Circulation (IV fluids, vasoactive drugs). There are ECG machines, cardiac monitoring, advanced trauma care and mechanical ventilation at our National Referral Hospital. At least one provincial / district / divisional level hospital has complete and functioning basic ABC equipment.
- ◯ There is complete and functioning equipment for Airway (including intubation, Oxygen saturation), Breathing (bag-valve-mask ventilation) and Circulation (IV fluids, vasoactive drugs). There are ECG machines, cardiac monitoring, advanced trauma care and mechanical ventilation at our National Referral Hospital. Most provincial / district / divisional hospitals have complete and functioning resuscitation ABC equipment, ECG machines and cardiac monitoring.

9. Are there local clinical **guidelines and protocols** for EC, or international guidelines adapted for local practice?

- ◯ There are no clinical guidelines or protocols for EC used in my country
- ◯ We use a standardised resuscitation guideline for cardiac arrest in our National Referral Hospital, but no other clinical guidelines. Guidelines are not used in provincial / district / divisional level hospitals
- ◯ We use a standardised resuscitation guideline for cardiac arrest, and we use internationally recognised guidelines, such as WHO guidelines for some common diseases at the National Referral Hospital – but they are not used consistently. Guidelines are not used in provincial / district / divisional level hospitals
- ◯ We use a standardised resuscitation guideline for cardiac arrest, and we use a mixture of internationally recognised guidelines, such as WHO guidelines and local EC treatment guidelines for common presentations at the National Referral Hospital. There is some inconsistent use of resuscitation and other guidelines at provincial / district / divisional level hospitals
- ◯ We consistently use standardised resuscitation, internationally recognised guidelines, and local EC treatment guidelines for common presentations. These guidelines are used both at the National Referral Hospital and at most provincial / district / divisional level hospitals

10. Is there any system for **data collection** on patients that present and receive treatment in an ED?

- We have no system of data collection in any ED in our country
- The nurses use a paper-based log-book, and record all patients who present to the ED in our National Referral Hospital. Information includes basic demographic data and why they came to the ED. This system is not used consistently in provincial / district / divisional level hospitals and there are many gaps in the data
- The nurses use a log-book for recording all patient presentations, and then collect all ED patient notes. The ED diagnosis and patient disposition is recorded in the log-book for all patients that get admitted. The ED notes are not linked to the past medical record notes of the patient. This system is used at the National Referral Hospital and a similar system is used in provincial / district / divisional level hospitals
- We have clerical staff who record information on all patients who present to the ED; including their presenting complaint, treatment and time in the ED, their ED diagnosis and final disposition. This is a paper or computer based system for data collection and is used in the National Referral Hospital only. Nurses use a log-book system at the provincial / district / divisional hospital level
- We have clerical staff who record information on all patients who present to the ED; including their presenting complaint, treatment and time in the ED, their ED diagnosis and final disposition. This information is collected directly into a computer system and is applied consistently across most hospital EDs in the country.

11. Is **access block** or exit block (**overcrowding in the ED** due to inability to move admitted patients to the ward) a problem where you work?

- We have no overcrowding in any ED in our country and all admitted patients move quickly to the wards.
- We sometimes have admitted patients stay for up to 12 hours in our ED waiting for ward transfer. This only happens at the National Referral Hospital and does not happen at the provincial / district / divisional level hospitals.
- We regularly have admitted patients stay for up to 12-24 hrs in our ED waiting for ward transfer. The ED is often overcrowded and we have to see patients in the corridor. This only happens at the National Referral Hospital and does not happen at the provincial / district / divisional level hospitals.
- We regularly have admitted patients stay for 12-24 hours or longer in our ED waiting for ward transfer. Our ED is usually overcrowded and we regularly see patients in corridors and other unsafe areas. This happens at the National Referral Hospital and sometimes happens at the provincial / district / divisional level hospitals.
- We regularly have admitted patients stay for 24 hours or longer and sometimes have patients stay for days in our ED waiting for ward transfer. Our ED is usually overcrowded and we regularly see patients in corridors and other unsafe areas. This happens at the National Referral Hospital and many other hospitals in the country.

12. Is there a local or national **plan for a surge response for EC** (where your facility can increase capacity to treat a large number of patients) during a **disaster**, **mass casualty** or **disease outbreak** situation?

- We have no local or national plan for a surge response in the event of a disaster
- There is a National Referral Hospital disaster plan but EC staff have not been involved in creating the plan, or received any information or training in its use.
- There is a National Referral Hospital disaster plan with roles and responsibilities for the ED staff but there has not been any training or surge response drills involving EC staff.
- There is a National Referral Hospital disaster plan that involves the ED. Senior EC doctors and nurses have clear roles and responsibilities, and are involved in training and surge response drills.
- There are individual hospital disaster plans at the National Referral Hospital and most other hospitals, which link to regional and national plans. Senior EC doctors and nurses are involved in training and surge response drills across the country.

13. Is there any **national plan for EC development**, and is EC identified as a priority area in your country?

- ○ Emergency Care is not considered an important issue and is not a priority for the Ministry of Health in my country
- ○ Our Ministry of Health acknowledges that EC needs to improve, but has not prioritised any EC developments in planning or budgeting
- ○ EC is one of the identified priority areas for improvement, but as yet there has been no work to plan the next steps for EC development
- ○ The Ministry of Health has identified EC as a priority area at the National Referral Hospital and has taken steps through planning and budgeting to make some improvements at this level only
- ○ The Ministry of Health has identified EC as a priority area for the whole country and is making a development plan for EC improvement across all levels of pre-hospital and facility-based care.

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Pacific Regional Emergency Care: Facility (Hospital-based care)

SECTION B: Regional Priorities

The following questions relate to the "building blocks" that make up a facility-based emergency care (EC) system.
These building blocks are based on the WHO EC Systems Framework and are considered under 5 categories (human resources & training, infrastructure & equipment, data, processes, leadership & governance.)

	Human Resources & Training	Infrastructure and Equipment	Data (information and research)	Processes	Leadership & Governance
Reception	Trained professional providers for registration, data collection and triage (clerical and nursing)	Area for patient triage and basic triage assessment kits	Information system for patient registration, chief complaint and patient tracking	Standardised triage system and syndromic surveillance protocols	Universal access to facility-based EC at no charge. Recognition of EC as a distinct and necessary component of health care
ED / Emergency Unit care and disposition	Trained professional providers for resuscitation, assessment, treatment and monitoring (doctors, nurses, mid-level clinicians)	Physical area designated as an ED with space for resuscitation, assessment, treatment, monitoring and observation (according to level of facility)	Information system for recording ED processes, times to care, quality metrics, ED diagnosis and disposition outcomes	Clinical care, resuscitation and team-based care guidelines and protocols	Clinical leadership and clinical governance providing supervision and oversight. Accountability for quality and safety
	Standardised training options (short course and certified/degree) for providers working in EC Facilities	Standardised equipment for resuscitation (ABC), evaluation, treatment and monitoring for adults and children.		ED observation ward admission, referral, and transfer guidelines and patient flow / access block protocols	Employment structures recognising and credentialing training; providing career pathways in EC
Overall system function	Dedicated 24 hr facility-based staff with		Appropriate and feasible quality and	Incident reporting, audit,	Laws governing patient – provider relationship

	certification, recognition and career pathways		safety metrics developed for Pacific Is context	morbidity and mortality review. Systems for reviewing performance	(privacy, negligence, malpractice, mandatory reporting)
		Basic amenity (hand hygiene, toilets, air quality, etc) for infection control, patient and staff safety and communications technology			Standard Operating Procedures for multi-agency collaboration in disasters / surge events

Considering the **PACIFIC REGION** as a whole:

For each building block, please rate the **URGENCY** of Facility-based regional development; whether it should be an immediate priority, achieved in 5 years, or is a long-term goal.

14. Under the category of **Human Resources and Training**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Trained professional providers for registration, data collection and triage (clerical and nursing)	○	○	○
Trained professional providers for resuscitation, assessment, treatment and monitoring (doctors, nurses, mid-level clinicians)	○	○	○
Standardised training options (short course and certified/degree) for providers working in EC Facilities	○	○	○
Dedicated 24 hr facility-based staff with certification, recognition and career pathways	○	○	○

15. Under the category of **Infrastructure and Equipment**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Area for patient triage and basic triage assessment kits	○	○	○
Physical area designated as an ED with space for resuscitation, assessment, treatment, monitoring and observation (according to level of facility)	○	○	○
Standardised equipment for resuscitation (ABC), evaluation, treatment and monitoring for adults and children	○	○	○
Basic amenity (hand hygiene, toilets, air quality, etc.) for infection control, patient and staff safety and communications technology	○	○	○

16. Under the category of **data (information and research)**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Information system for patient registration, chief complaint and patient tracking	○	○	○
Information system for recording ED processes, times to care, quality metrics, ED diagnosis and disposition outcomes	○	○	○
Appropriate and feasible quality and safety metrics developed for Pacific Is context	○	○	○

17. Under the category of **processes**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Standardised triage system and syndromic surveillance protocols	○	○	○
Clinical care, resuscitation and team-based care guidelines and protocols	○	○	○
ED Observation Ward admission, patient referral, and transfer guidelines and patient flow / access block protocols	○	○	○
Incident reporting, audit, morbidity and mortality review. Systems for reviewing performance	○	○	○

18. Under the category of **leadership and governance**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Universal access to facility-based EC at no charge. Recognition of EC as a distinct and necessary component of health care	○	○	○
Clinical leadership and clinical governance providing supervision and oversight. Accountability for quality and safety	○	○	○
Employment structures recognising and credentialing training; providing career pathways in EC	○	○	○
Laws governing patient – provider relationship (privacy, negligence, malpractice, mandatory reporting)	○	○	○
Standard Operating Procedures for multi-agency collaboration in disasters / surge events	○	○	○

19. Are there any other important **regional Facility-based priorities** that are not in this list?

20. Considering the **PACIFIC REGION** as a whole, please rate the 5 main building block categories to reflect the **priority** you think they should take in system development; where number 1 is the **most important priority** for REGIONAL Facility-based development

- Human Resources and Training
- Infrastructure and Equipment
- Data
- Processes
- Leadership and Governance

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Pacific Regional Emergency Care: Facility (Hospital-based care)

SECTION C: Regional Standards for Emergency Care Development

The following questions relate to potential MINIMUM standards in Facility (Hospital) - based emergency care (EC) that could be applied to the WHOLE PACIFIC REGION.

The standards relate to the categories and building blocks of system development. They can provide a target that each country could work towards.

In your responses below, please indicate the building blocks to which aMINIMUM PACIFIC REGIONAL STANDARD should apply:

(You can select all options that you think are appropriate)

21. HUMAN RESOURCES AND TRAINING

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to human resources and training

- [ ] All providers who work in emergency departments (EDs) should undertake basic training with certification and credentialing in recognition of their training level
- [ ] Emergency Care (medicine and nursing) should be a recognised specialty with appropriate employment structures and career pathways
- [ ] Training for EC (medical and nursing) should be consistent around the Pacific region with standardised certification and recognition between all Pacific Island Countries (PICs)
- [ ] All EDs at the National Referral and Provincial / Divisional Hospital level should have sufficient provider (medical and nursing) numbers to ensure 24 hour service and safe rostered working hours.
- [ ] All EDs at the National Referral and Provincial / Divisional Hospital level should have staff employed and trained for clerical work, data entry, cleaning and security

Other (please specify)

22. At different facility levels, the MINIMUM PACIFIC REGIONAL STANDARD of training should be

- [ ] All senior doctors at the National Referral Hospital level should have post-graduate specialty training (Diploma to Masters in EM)
- [ ] At least one doctor and nurse at the Provincial / District / Divisional Hospital level should have post-graduate specialty training (Certificate – Diploma – Masters)
- [ ] All senior nurses at the National Referral Hospital level should have post-graduate specialty training (Certificate to Diploma)
- [ ] All providers at the Provincial / District / Divisional Hospital level should have core short course skills in adult and paediatric emergency and trauma care
- [ ] All providers at the National Referral Hospital level should have core short course skills in adult and paediatric emergency and trauma care
- [ ] Other (please specify)

23. Skills and knowledge from the following core short courses should form part of a MINIMUM STANDARD for facility-level providers in Pacific Island Countries (PICs).
At the **National Referral Hospital** Level:

- [ ] Basic Life Support (BLS)
- [ ] Major Incident Medical Management and Support (MIMMS)
- [ ] Primary Trauma Care (PTC)
- [ ] Advanced Paediatric Life Support (APLS) or Advanced Paediatric Emergency Medicine (APEM)
- [ ] Emergency Life Support (ELS) or Serious Illness in Remote Environments (SIREN)
- [ ] Early Management of Severe Trauma (EMST) or Advanced Trauma Life Support (ATLS)
- [ ] Advanced Cardiac Life Support (ACLS)

Other (please specify)

24. Skills and knowledge from the following core short courses should form part of a MINIMUM STANDARD for facility-level providers in Pacific Island Countries (PICs).
At the **Provincial / District / Divisional Hospital** Level:

- [ ] Basic Life Support (BLS)
- [ ] Major Incident Medical Management and Support (MIMMS)
- [ ] Primary Trauma Care (PTC)
- [ ] Advanced Paediatric Life Support (APLS) or Advanced Paediatric Emergency Medicine (APEM)
- [ ] Emergency Life Support (ELS) or Serious Illness in Remote Environments (SIREN)
- [ ] Early Management of Severe Trauma (EMST) or Advanced Trauma Life Support (ATLS)
- [ ] Advanced Cardiac Life Support (ACLS)

Other (please specify)

25. **INFRASTRUCTURE and EQUIPMENT**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to infrastructure and equipment

- [ ] There should be Pacific regional ED Design guidelines that describe core and optional standards for the layout, spatial and functional requirements of National Referral Hospital EDs that can apply to every PIC
- [ ] There should be a Pacific regional EC drug list which outlines the basic standard requirements for EC drugs that should be available in EC Facilities across different levels that can apply to every PIC
- [ ] At the National Referral Hospital and Provincial / Divisional Hospital level, there should be standardised requirements for a resuscitation room / area that includes design and core ABC equipment standards that can apply to every PIC
- [ ] There should be a standard Pacific regional requirement for purpose-built EDs, with basic design guidelines for all PIC hospitals at the Provincial / District / Subdivisional level
- [ ] There should be Pacific regional EC equipment standards describing what is the core required equipment for resuscitation, assessment, treatment, monitoring and observation in the ED across all Facility levels that can apply to every PIC

Other (please specify)

26. **DATA**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to data collection

- [ ] There should be a Pacific regional standard list of 'Presenting / Chief Complaint' categories that can be used to collect standardised information on all patients presenting to EDs across all PICs
- [ ] There should be a Pacific regional standard list of 'ED discharge diagnosis' categories that can be used to collect standardised information on all patients who attend EDs across all PICs
- [ ] All patients presenting for care at EDs across all facility levels should be registered and their basic demographic and 'Presenting Complaint' recorded
- [ ] There should be Pacific regional standardised ED quality and safety metrics that can be easily measured at the National Referral Hospital level across all PICs
- [ ] There should be a computer-based ED data management system and trained staff for data entry, that can record patient arrival, disposition and ED diagnosis information for all patients attending at the National Referral Hospital level

Other (please specify)

27. **PROCESSES**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to Facility-based processes

- [ ] All EDs across all facility levels in the Pacific region should us a recognised triage system to determine urgency of medical assessment
- [ ] A standardised triage system should be developed or adopted for the whole Pacific region and used in all EDs across all facility levels in every PIC
- [ ] Clinical guidelines for the assessment and treatment of common ED presentations in PICs should be developed and used consistently across the Pacific region
- [ ] Pacific regional standards should be developed for quality and safety in the ED (including maximum length of time waiting for a ward transfer, time to treatment for certain urgent conditions) and regular audit of performance should occur
- [ ] All EDs should use internationally recognised guidelines for patient resuscitation and treatment of common life-threatening EC conditions

Other (please specify)

28. **LEADERSHIP AND GOVERNANCE**

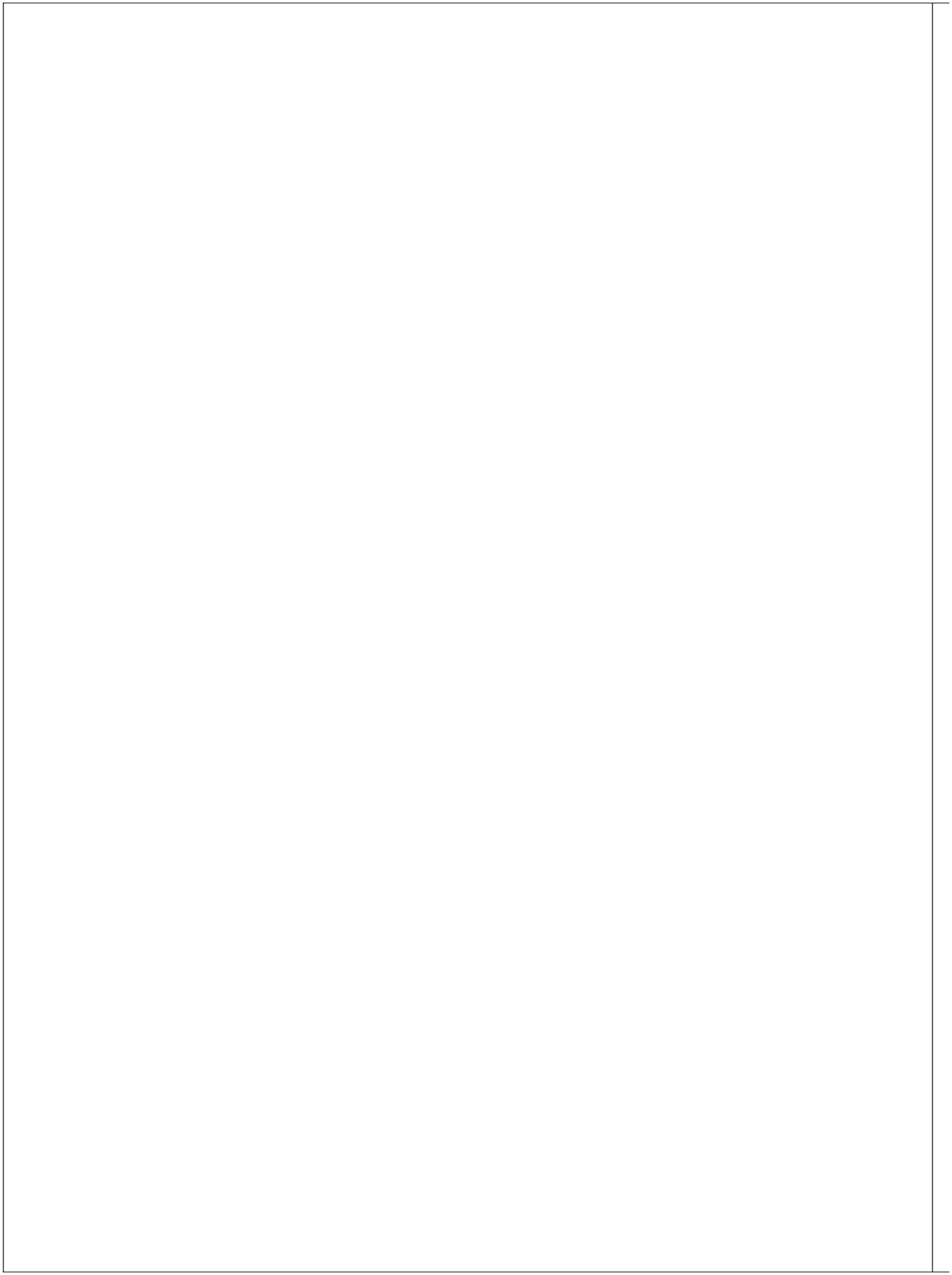
Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to leadership and governance for Facility-based emergency care

- [ ] Emergency Care should be included as an essential component of the health care system and recognised as a speciality discipline in all PICs
- [ ] There should be a Pacific regional EC body that can provide advocacy and expert advice to individual PICs and regional organisations for the development of EC across the whole Pacific region
- [ ] All PICs should have employment structures, career pathways and supportive training opportunities for providers working in EDs
- [ ] There should be laws protecting both patients and providers (that cover privacy, medico-legal, malpractice, and mandatory reporting) in EC facilities across all levels
- [ ] There should be standardised operating procedures governing the relationship between EC facilities and other relevant agencies during disasters and surge events that can apply across all PICs

Other (please specify)

29. Are there any other areas in Facility-based emergency care that you feel would benefit from minimum Pacific regional standards that are not on this list? (please describe)

30. Do you have any other comments about Pacific regional Facility (Hospital) - based emergency care priorities or standards?



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Optional contact information

If you would like to receive feedback about this survey and participate in further consensus work on Facility-based Pacific regional priorities and standards, please add your name and email address below

31. To receive feedback and participate further, please provide your name and email address

Name

Email address

32. To be acknowledged by name in the final report and research publication, please provide your name, role and country where you work

Name

Role / Position

Country

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Pacific Regional Emergency Care: Pre-Hospital

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The results of the survey will be summarised and then presented to all of the Pacific Island Country representatives attending the Regional Development workshop on Wednesday 5th December 2018 at the DevelopingEM conference in Fiji. After this meeting and receiving everyone's feedback, we aim to reach a consensus on the priorities and standards for EC development across the Pacific region.

The final outcomes of this work will be;

- **A comprehensive report for SPC that can be used to advocate for and guide future Pacific regional EC developments, and will also be delivered to Pacific Island Country Ministries of Health**

- **A research paper written by Dr Phillips in collaboration with SPC representatives and Pacific Island clinicians and published in a peer-review journal. This research paper will contribute towards the PhD studies of Dr Phillips at Monash University in Australia. Monash University have given ethics approval for this research.**

If you would like to receive feedback about the survey results and participate in ongoing consensus work, you are free to provide your contact details at the end of the survey. You can also choose to be acknowledged by name in both of these output documents.

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Pacific Regional Emergency Care: Pre-Hospital

You and where you work

1. What country do you currently work in?

2. What type of facility or pre-hospital service do you work in?

- ◯ National referral hospital
- ◯ Provincial / Divisional hospital
- ◯ District / Sub-divisional hospital
- ◯ Other (please specify)
- ◯ Health Centre
- ◯ Nursing station
- ◯ Ambulance service

3. What is your main role?

- ◯ Doctor
- ◯ Nurse
- ◯ Hospital administrator
- ◯ Medical superintendent
- ◯ Other (please specify)
- ◯ Director of nursing
- ◯ Ministry of Health staff
- ◯ Pre-Hospital care provider
- ◯ Pre-Hospital care driver or administrator

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Pacific Regional Emergency Care: Pre-Hospital

SECTION A: Current Situation Snapshot

For the following questions please indicate by selecting the option which best describes the current situation of PRE-HOSPITAL emergency care in the country where you work

4. There is a system to access emergency care from a **trained first responder** at the **scene** of an injury or illness and **urgent transport** to a health facility

- ◯ No system exists
- ◯ Some parts of the system exist but access to care is not reliable
- ◯ Most parts of the system exist but access to care is not reliable in all parts of the country
- ◯ Most parts of the system exist and access to care is reliable in most parts of the country but not of high quality
- ◯ Most parts of the system exist and access to care is reliable and of high quality in most parts of the country

5. There is a system to access emergency care and first aid from **trained first responders**

- ◯ No system exists
- ◯ Some groups are trained in first aid, but without any standard training or coordination
- ◯ There are some formally trained first responders but no system for the public to access them
- ◯ There are organised, trained first responder services that the public can access in some parts of the country
- ◯ There is access to trained first responder care and advice from the ambulance / central facility service in most parts of the country

6. There is a system that provides **emergency care during transport** between the scene and a facility (hospital or clinic), or between facilities

- ◯ No system exists
- ◯ A transport system exists but access to it is limited and unreliable
- ◯ A transport system with basic emergency care provision exists but access is limited and unreliable
- ◯ A transport system exists and access is reliable in most parts of the country but providers do not provide emergency care during transport
- ◯ A transport system exists and access to transport and emergency care during transport is reliable in most parts of the country

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SECTION B: Regional Priorities

The following questions relate to the "building blocks" that make up a prehospital emergency care (EC) system.
These building blocks are based on the WHO EC Systems Framework and are considered under 5 categories (human resources & training, equipment, data, processes, leadership & governance.)

	Human Resources & Training	Equipment	Data	Processes	Leadership & Governance
System Activation	Training of call takers/dispatchers	Standardised ambulance Equipment & provider kits	Recorded call taker time to answer call & ambulance dispatch times	Phone number to access pre-hospital care	Clinical lead and ministry counterpart to lead pre-hospital care development
Scene Care and Provider Response	Training of lay responders	Personal Protective equipment & infection control	Patient care records with standard clinical dataset	Communications between dispatch, pre-hospital provider & facility	Laws to protect bystanders that provide care ("good Samaritan laws")
	Training & certification of pre-hospital providers with career pathway		Vehicle tracking	Clinical practice guidelines	
Patient Transport and Transport Care	Separate certified driver to certified care provider (provides emergency care during transport)	Ambulance maintenance standards			Laws to regulate ambulances, driving speeds & to protect & indemnify staff
Overall system function	Trained staff (separate from facility staff) for inter-facility transfers	Enough ambulances for urban & rural areas		Standard operating procedures for roles & responsibilities at the scene in disasters	Medical oversight & medical director

Considering the **PACIFIC REGION** as a whole:

For each building block, please rate the **URGENCY** of regional development; whether it should be an immediate priority, achieved in 5 years, or is a long-term goal

7. Under the category of **Human Resources and Training**, please rate the urgency of each building block

	Immediate priority	Should achieve in 5 years	Long term goal
Training of call takers/dispatchers	○	○	○
Training of lay responders	○	○	○
Training & certification of pre-hospital providers with career pathway	○	○	○
Separate certified driver to certified care provider (provides emergency care during transport)	○	○	○
Trained staff (separate from facility staff) for inter-facility transfers	○	○	○

8. Under the category of **Equipment**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Standardised ambulance with equipment & provider kits	○	○	○
Personal Protective equipment & infection control	○	○	○
Ambulance maintenance standards	○	○	○
Enough ambulances for urban & rural areas	○	○	○

9. Under the category of **Data,** please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Recorded call taker time to answer call & ambulance dispatch times	○	○	○
Patient care records with standard clinical dataset	○	○	○
Vehicle tracking	○	○	○

10. Under the category of **Processes**; please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Phone number to access pre-hospital care	○	○	○
Communications between dispatch, pre-hospital provider & facility	○	○	○
Clinical practice guidelines	○	○	○
Standard operating procedures for roles & responsibilities at the scene in disasters	○	○	○

11. Under the category of **Leadership and Governance**, please rate the urgency of each building block:

	Immediate priority	Should achieve in 5 years	Long term goal
Clinical lead and ministry counterpart to lead pre-hospital care development	○	○	○
Laws to protect bystanders that provide care (“good Samaritan laws”)	○	○	○
Laws to regulate ambulances, driving speeds & to protect & indemnify staff	○	○	○
Medical oversight & medical director	○	○	○

12. Are there any other important **regional Pre-Hospital (Scene and Transfer) priorities** that are not in this list?

13. Considering the **PACIFIC REGION** as a whole, please rate the 5 main building block categories to reflect the **priority** you think they should take in system development; where number 1 is the **most important priority** for REGIONAL Pre-Hospital development

- Human Resources and Training
- Equipment
- Data
- Processes
- Leadership and Governance

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SECTION C: Regional Standards for Emergency Care Development

The following questions relate to potential MINIMUM standards in Pre-Hospital emergency care that could be applied to the WHOLE PACIFIC REGION.

The standards relate to the categories and building blocks of system development. They can provide a target that each country could work towards.

In your responses below, please indicate the building blocks to which a MINIMUM PACIFIC REGIONAL STANDARD should apply:

(you can select all options that you think are appropriate)

14. **HUMAN RESOURCES AND TRAINING**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to human resources and training

- [ ] All pre-hospital care providers should undertake a basic training course with certification
- [ ] A career pathway should exist for pre-hospital drivers and providers, which is separate to that of ED facility staff
- [ ] The staffing model should consist of a separate driver and care provider
- [ ] There should be standardised retrieval training for emergency care practitioners based in remote locations
- [ ] There should be basic training in emergency care for emergency services personnel (fire, police) and community volunteers

Other (please specify)

15. Skills and knowledge from the following short courses should form part of a MINIMUM STANDARD for pre-hospital providers in Pacific Island Countries (PICs)

- [ ] Basic Life Support (BLS)
- [ ] Primary Trauma Care (PTC)
- [ ] Emergency Life Support (ELS) or Serious Illness in Remote Environments (SIREN)
- [ ] Advanced Cardiac Life Support (ACLS)
- [ ] Major Incident Medical Management and Support (MIMMS)

Other (please specify)

16. **EQUIPMENT**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to equipment

- [ ] Ambulances in all PICs should carry a standard set of equipment for emergency care (including oxygen, fluids, emergency drug kit and injury care)
- [ ] Ambulances in all PICs should be equipped with devices including radios to enable communication with the dispatch centre and health care facilities
- [ ] Ambulances in all PICs should be fitted with a stretcher or trolley that can be safely secured
- [ ] Ambulances in all PICs should undergo regular maintenance checks and be certified as roadworthy
- [ ] Ambulances in all PICs should carry a monitor (with BP, pulse and SpO2) and Automated defibrillator (AED)

Other (please specify)

17. **DATA**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to data collection

- [ ] All calls to ambulance services must be logged and the time from call to dispatch of ambulance must be recorded
- [ ] There should be a Pacific regional standard list of 'ambulance call' problems and the type of problem should be recorded for every call
- [ ] There should be standardised Pacific regional response time targets for the highest priority cases, according to urban or remote environments
- [ ] Vehicles should be tracked so that their location is always known
- [ ] Pre-hospital care providers should complete a patient care record for every case which contains standardised clinical information

Other (please specify)

18. **PROCESSES**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to Pre-Hospital processes

- [ ] All PICs should use a process to dispatch ambulances according to clinical priority
- [ ] Clinical Practice Guidelines for the pre-hospital management of common emergencies in PICs should be developed and used consistently accross the Pacific region
- [ ] All PICs should have standard operating procedures that guide the actions of ambulance personnel and those from other emergency services at the scene of an accident
- [ ] All PICs should use a process whereby the facility is notified of a critically ill or injured patient prior to their arrival by ambulance
- [ ] All PICs should have a processes to ensure that patients are transported to facilities that can provide for their needs (e.g. major trauma or burns) -either directly from the scene or through inter-facility transfer

Other (please specify)

19. **LEADERSHIP AND GOVERNANCE**

Select the building blocks where you feel a MINIMUM PACIFIC REGIONAL STANDARD should apply to Pre-Hospital leadership and governance

- [ ] All PICs should have “Good Samaritan” laws that protect bystanders who provide emergency care
- [ ] In all PICs, speed limits should apply to ambulances, and can only be broken when authorised - such as responding to the most urgent cases
- [ ] In all PICs, ambulances must be licenced, comply with maintenance and equipment standards and pre-hospital care staff must be certified to practice
- [ ] There should be legislation governing pre-hospital care services and a nominated ministry lead in every PIC
- [ ] All PICs should have a nominated pre-hospital care clinical lead who is officially recognised by government

Other (please specify)

20. Are there any other areas in Pre-Hospital emergency care that you feel would benefit from Pacific regional minimum regional standards that are not on this list? (please describe)

21. Do you have any other comments about Pacific regional Pre-Hospital emergency care priorities or standards?

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Optional contact information

If you would like to receive feedback about this survey and participate in further consensus work on Pre-Hospital Pacific regional priorities and standards, please add your name and email address below

22. To receive feedback and participate further, please provide your name and email address

Name	
Email address	

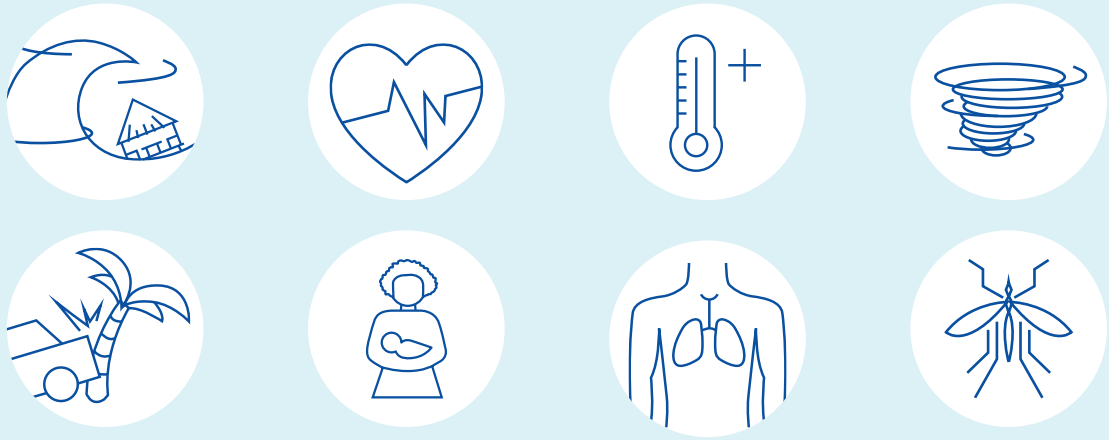
23. To be acknowledged by name in the final report and research publication, please provide your name, role and country where you work

Name	
Role / Position	
Country	

Pacific Emergency Care

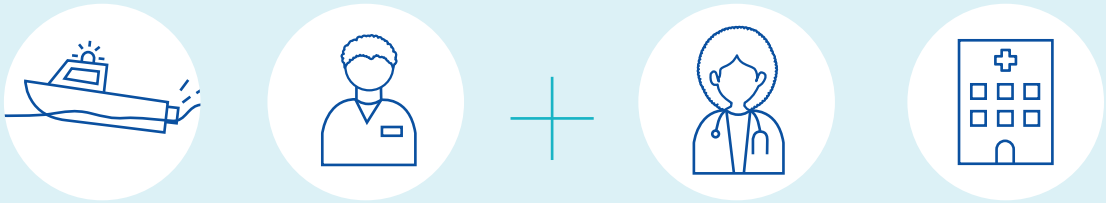
Why?

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



What is it / What are the components?

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?

Safe and effective emergency care across the Pacific will;

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 the SDG targets

*data from WHO 2013

**Disease Control Priorities 2015

Facility-based Emergency Care: Pacific regional priorities and standards

Pacific Community
Communauté du Pacifique

Australian Aid

1 Trained and credentialed staff with core skills and knowledge

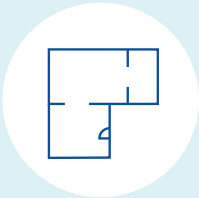
24hr rostering, safe working hours

Only 38%

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

2 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*

3 A recognised triage system

Clinical care guidelines adapted for the Pacific context

Only 18%

of PIC clinicians report reliable and consistent use of triage in their countries*

4 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*

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*

MONASH University

*Pacific Regional Emergency Care: Facility-based Survey. Nov-Dec 2018, SPC and Monash University.

Pre-Hospital Emergency Care: Pacific regional priorities and standards

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

Only 36%

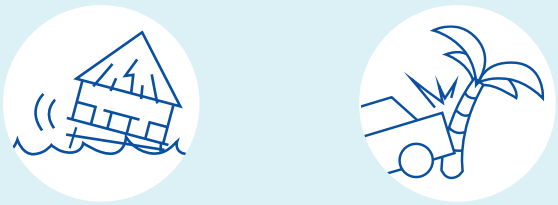
of PIC clinicians report trained pre-hospital care providers in their countries*

2 Ambulances are well maintained and equipped with standardised care kits and radios

More than 80%

of PIC clinicians report unreliable access to care during transport to a hospital*

3 Clinical practice guidelines developed for the Pacific context. Standard operating procedures for pre-hospital care in accidents and disasters



9.2 million affected, 10,000 deaths

due to extreme weather events in Pacific 1950-2011**

4 Logged ambulance calls. Standard collection of information. Dispatch according to clinical priority

Only 9%

of PIC clinicians report a centrally dispatched ambulance system*

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

MONASH University

*Pacific Regional Emergency Care: Pre-Hospital Survey. Nov-Dec 2018, SPC and Monash University.

**World Bank, 2017

APPENDIX: List of participants (who consented and requested acknowledgement)

Name	Position	Country
Rose Kila	Deputy Director Nursing. Kerema General Hospital	Papua New Guinea (PNG)
Scotty Kandelyo	Emergency Physician and Coordinator WHPHA	PNG
Dr Amit Sewak	Clinical services chair and emergency specialist	Fiji
Lamour Hansell	Anaesthesia Head of Unit	Samoa
Lucas Kondi	Medical Officer	PNG
Toko Amasone-Moulongo	Medical Officer	Tuvalu Islands
Rubaina Singh	Nurse	Fiji
Ashwin Lal	Nurse	Fiji
Dr.SidonioJoao da Silva Pereira	GP-ED doctor and team leader	Timor Leste
Anare Ketedromo	General Practitioner	Marshall Islands (RMI)
Dr. Robert Maddison	Chief of Medical Staffs, Majuro Hospital	Majuro, RMI
Vaimaila Salele	Doctor	Samoa
Chandler Tuilagi	Doctor	Samoa
Dr Desmond Aisi	Emergency Physician	Papua New Guinea
Scott	Intern	Samoa
Dr Dina Tuitama	Icu HOU	Samoa
Nelly Aika	Emergency Registrar	Papua New Guinea
Sieni Metuli	Nurse Manager	Samoa
Dr Alani Tangitau	National Chief Clinical Adviser	Tokelau
Charlie Numanga	Manager Ambulance Officer	Cook Islands
Dr. Yin Yin May	Director Hospital Health services	Cook Islands
John Muaki	Director Nursing Education	Solomon Islands
Gracelyn Potjepat	Clinical nurse educator	Papua New Guinea
armando espiritu ,jr	M.D.	Marshall Islands
George Gupi	Paramedic OTML	PNG

Corazon M. Rivera M.D.	OBGYN	Marshall Islands
Jorbi Balos	Assistant Medical officer	Marshall Islands
Felicito N. Noriega	Staff Physician - Internist	Marshall Islands
Nolan Fuamatu	Doctor	Samoa
Ngirachisau Mekoll	Director, Belau National Hospital	Palau
antonnette o. merur	Director of Nursing, Palau Ministry of Health	Palau
Leba Tagilala	Registered Nurse (General Nursing)	Fiji
Elizabeth K Sanau	Clinical Nurse	Solomon Islands
Bernadette Lama	Clinic Supervisor	Papua New Guinea
Dr Duncan Sengiromo	Specialist Medical Officer	Papua New Guinea
mareta jacob	MO Incharge OPED Rarotonga Hospital	Cook Islands
Shivani Shailin	Emergency Registrar	Fiji
Ulysses Oli	Doctor	Papua New Guinea
Kune Gabriel	Surgeon	PNG
Dr Gary Geregana Nou	President PNGSEM	Papua New Guinea
John Junior McKup	Emergency Physician	Papua New Guinea
Gustodio A De Jesus	EM trainee	Timor Leste (East Timor)
Gane Rowley Simbe	Doctor	Solomon Islands
Carl J Kingston	Emergency Physician	Papua New Guinea
Dr Krishneel Krishna	Head of Department, Emergency Department, Lautoka Hospital	Fiji
Jacinta Ramo	Doctor	Solomon island
Maoto Asaelu	Medical officer	Tuvalu
Aloima Taufilo Teatu	Emergency Medicine Registrar	Tuvalu
Deepak Sharma	ED Registrar	Fiji
Ulisese Tapuvae	Principal Nursing Officer	Samoa
Adriel Rageci	Emergency department doctor	Fiji
John Richardson Selwyn Houniuhi	Director of Nursing Services	Solomon Islands
Dr Trina Sale	Head of Emergency Medicine	Solomon Islands

Kanchan	Registered Nurse	Fiji Islands
Rajnesh chand	Staff nurse ed	Fiji
Arnold Shiva Sami	Medical Officer/ Doctor	Fiji
Helen Murdoch	Director of Nursing Services	Kiribati
Tanebu Tong	medical officer/ emergency department	Kiribati
Payne Perman	Internist	Federated States of Micronesia
Mangu Kendino	Emergency Physician	Papua New Guinea
Peter Hasugulmal	General Surgeon	Marshall Islands
Jeffrey Samana	Act Nursing services manager (Vila Central Hospital)	Vanuatu
Tom Jack	Medical Director of Public Health	RMI
Vasiti Tagicakibau	Nursing Unit Manager	Fiji
Paz V. Estoesta	Staff Physician/Pediatrician	Marshall Islands
Dr Samuel Andrew	Emergency Physician - Popondetta Hospital	Papua New Guinea
aristotle cruz	ER physician /Family practitioner	Marshall Islands
Jason Tautasi	Medical Officer	Niue
Lavinesh Raj	EM Physician	Fiji
Basil Leodoro	General Surgeon / Senior Consultant	Vanuatu
Betty Maesua Ramolelea	Emergency Nurse Unit Manager,NRH,	Solomon Islands
Matamoana Tupou	SMO, Vaiola Hospital ED	Tonga
Jemesa Tudravu	Medical Superintendent CWM Hospital	Suva, FIJI
ATUA VINCENT	EM Specialist and Director Medical Services	Papua New Guinea
Alben Yamba	Medical Officer	PNG
Sebastian Paulo	Emergency Registrar	Samoa
Mere Woonton	Nurse Practitioner	Cook Islands (Penrhyn)
George Gupi	Paramedic Oktedi Mining Ltd	PNG
Lisiate K 'Ulufonua	Medical Superintendent	Tonga
Keneuati aka Kencie Lemani	Registered Nurse	Samoa

Alex Bradley Munamua	Orthopaedic registrar	Solomon Islands
Anevili M- Ale	Registered Nurse	Samoa
Bernadette Fanueli	Nurse	Samoa
Falahola Fuka	Senior Medical Officer	Tonga
Helena T Papalii	Registered Nurse	Samoa
May Laga'aia	Care Provider / Registered Nurse	Samoa
Anthony Blake	Paramedic/ Retrieval Support	Fiji
Shanil sukul	Registered Nurse	Fiji
Trelly Patunvanu	ED Registrar	Vanuatu