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Needs Assessment Emergency Medical Care in Zimbabwe: Preliminary Results from a Survey of Primary Care Physicians

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Introduction: Zimbabwe is a country with a strong foundation of medical care and education, a history of economic distress, and recent steps towards recovery. Emergency medicine is not a specialty within this country. The purpose of the study is to establish the current needs of Zimbabwean physicians in emergency medical care training.

Methods: An anonymous online survey was distributed to physicians through the College of Primary Care Physicians of Zimbabwe (CPCPZ) listserv. This instrument was designed and hosted on the surveymonkey.com website. Thirteen questions included multiple choice/selection, rank order using a Likert scale and free text. Physicians were asked to complete the survey on three different occasions, but did not receive any remuneration.

Results: Fifteen respondents completed at least a part of the survey out of approximately 50 on the primary care physician listserv. Six of 15 respondents (40%) currently consider themselves as working in an acute care setting; 12 (86%) of the respondents report having Basic Life Support training and 8 (57%) report Advanced Cardiac Life Support training. Two of respondents (14%) have had Paediatric Advanced Life Support level training, and two (14%) have had Advanced Trauma Life Support training. Skills that greater than 85% of

respondents felt emergency care physicians should receive include: bedside ultrasound, central venous access, cardioversion/defibrillation, chest tube insertion, intubation and lumbar puncture. Greater than 50% of the respondents saw current emergency medicine technician provider's skills to be insufficient in cardioversion/defibrillation. Challenges to the development of emergency medical care identified include: balancing acute care needs with the burden of chronic disease including HIV and tuberculosis, funding emergency medical systems, and convincing the medical establishment that emergency medical care providers can be more than "casualty officers". Suggestions offered for development include: involvement of the undergraduate training programs in medicine and nursing, and development of certification programs within the country to recognize specialized training in emergency care.

Conclusion: Providers in Zimbabwe have identified some key areas of focus for emergency medicine development within Zimbabwe. Respondents have suggested a path forward: the provision of increased undergraduate medical training; official certifications of emergency medical care skills; and government recognition. The low number of respondents significantly limits this study and its conclusions.

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Perception of Komfo Anokye Teaching Hospital Emergency Centre staff on acuity of patients' presentation and appropriateness of attendance

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Introduction: Emergency Centre (EC) overcrowding influences patient outcomes, use of resources, staff morale, and patient

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satisfaction. Inappropriate attenders contribute to overcrowding in the EC. Patel found that 24.5% of patients who present to EC do not require emergency care in Canada. The EC of Komfo Anokye Teaching Hospital has overcrowding challenges and health workers' perception of causes of overcrowding may inform their approach to care of emergency patients. The aim was to describe EC staff perception of acuity of presentation and appropriateness of attendance of emergency patients.

Methods: 95 EC staff comprising 34 physicians and 61 nurses were asked to complete a structured questionnaire to assess perceptions of appropriateness of patients presenting to the EC. Staff sampled could participate in the study if they had previously worked or were currently working in the EC. Answers given on the questionnaire were analysed using STATA 11.0.

Results: 55.8% of staff thought that walk-in patients attended the EC more frequently than referred patients. 50.5% of staff thought that referred patients often presented with acute conditions and a similar number (49.5%) thought that for walk-in patients. 67% of staff had turned patients away from the EC when they felt their attendance was inappropriate. Of these, 84.2% had turned away more walk-in patients than referred patients. 66.2% of staff thought that referred patients, though often appropriate attenders were frequently triaged to lower than expected acuity category.

Discussion: Staff in this study were not unanimous on the acuity of presentation of walk-in patients and referred patients. Walk-in patients were more likely turned away from the EC. Though perception of staff may hold inherent weakness of objectiveness, this may inform staff attitudes to care for walk-in patients. Negative perceptions of staff on overcrowding in EC could be addressed through staff training and policy directed at reducing EC overcrowding.

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Profile of persons with vehicular related trauma presenting at Komfo Anokye Teaching Hospital Emergency Centre

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Introduction: Vehicular Related Trauma (VRT) is a major cause of morbidity and mortality. Worldwide, an estimated 1.2 million people die yearly from VRT whilst about 50 million people sustain non-fatal injuries. WHO predicts Road Traffic Accident as the third leading cause of death worldwide by 2020. Ghana has been experiencing an increasing number of VRT which imposes a high clinical and economic burden. In the year 2010 out of 16,904 casualties 1986 were killed in Ghana (National Road Safety Commission). This study was conducted to assess the morbidity and mortality resulting from VRT, the severity of presentation and the injury types.

Methods: The study was cross-sectional. Patients fulfilling inclusion criteria at the Komfo Anokye Teaching Hospital (KATH) Emergency Centre (EC) were recruited on admission. Written informed consent was obtained. Patients were triaged using the five-tier South Africa Triage system. Data were collected over a six-week period between July and August 2011.

Results: Out of the total sample of 1004, approximately 41% had some form of injury; of these almost half (49.6%) had injuries from Vehicular Related Trauma. A further look at VRT cases indicated that the principal presentations were caused by car crash (41.6%), pedestrian injuries (25.8%), and motorcycle related injuries (19.6%). Mini buses and bicycles accounted for 9.8% and 2.2%, respectively. 6.8% of the patients were triaged to "red", 33.4% to "orange", and 59.3% to "yellow". Thirty-four and a half percent of the patients presented with lower extremity injuries and fractures, followed by head injuries (26.1%). Mortality rate (24 h mortality) at the Emergency department during the period in respect with trauma is as follows: 15.78% for "red", 1.27% for "orange" and none at "yellow". None of the patients involved in bicycle accidents wore a helmet and only 5.3% of those riding motorcycles wore a crash helmet.

Discussion: This study confirms that injuries resulting from Vehicular Related Trauma contribute a significant cause of all injuries presenting at the KATH EC and therefore could have a significant economic burden on Ghana. Policy makers should make road safety a priority and implement cost effective measures to improve it.

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