CONFERENCE ABSTRACT

Emergency and Critical Care in Resource-Limited Settings: An Integrated Workable Concept Piloted in Cameroon

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Background

Critical illness results in millions of deaths throughout the world (Schell etal.,2018). There are an estimated 45 million cases of critical illness globally each year and 8.6 million premature deaths occurred in low-income and middle-income countries from causes that should not occur in the presence of timely and effective healthcare. Care for those with critical illness is often neglected due to lack of prioritization, coordination and coverage of timely identification and lifesaving treatments (Schell et.al. 2018). The vast majority of critically ill patients are cared for in emergency units and general hospital wards, rather than in intensive care units.

Improving the care provided to these critically ill patients is urgently needed to reduce mortalities. When resources are limited, complex, advanced intensive care units with expensive monitoring and supportive equipment with large numbers of highly trained staff is unlikely to be feasible to scale-up to all and alternative approaches are required. In this abstract, description a recently developed concept of training and implementation of emergency and critical care in developing countries that could be done for resource limited settings with brief discussion of what has been piloted in Cameroon.

The Concept of Emergency and Critical Care Piloted in Cameroon

Critical illness, in its broadest definition, is any immediately life-threatening, reversible condition. It can occur in any ill person and can start in the community or hospital and does not respect the underlying pathology or divisions in medical specialties. In the current concept health equity has been put at heart where everyone who is critically ill, deserves to survive from the illness and every stakeholder should be concerned about this care at all levels of the health pyramid. The current training concept focuses on training everyone on the foundations(essentials) of emergency and critical care while at same time support the large numbers of staff to implement this at the bedside with supportive evidence. 60 trainers were trained as a train-the- trainer approach, who then trained over one thousand clinical staff at different hospitals across the country in just one year. This concept trains nurses, midwives, anesthetist, physicians and others on same concept of essentials of emergeny critical care, then less staff trained at intermediate and advanced levels.

Follow-up

Implementation is followed up by a mentorship team put in place to continue to support the trainees in implementation. As well selected hospitals are supported in developing new intensive care units. Though more energy is focused on the essentials of emergency and critical care , advanced emergency and critical care is not neglected in this concept. The concepts covers all hospitals and units from primary healthcare to specialist hospitals.

References

Schell CO, Gerdin Wärnberg M, Hvarfner A, Hoog A, Baker U, Castegren M, Baker T. The global need for essential emergency and critical care. *Critical Care* 2018;22**:**284. https://doi.org/10.1186/s13054-018-2219-2