



WELCOME TO THE ECHO SESSION

The ECHO Model

Amplification - Use *Technology* to leverage scarce resources

A



Extension of **Community Health Outcomes**

B



Share **Best Practices** to reduce disparity

Case Based Learning to master complexity

C



D

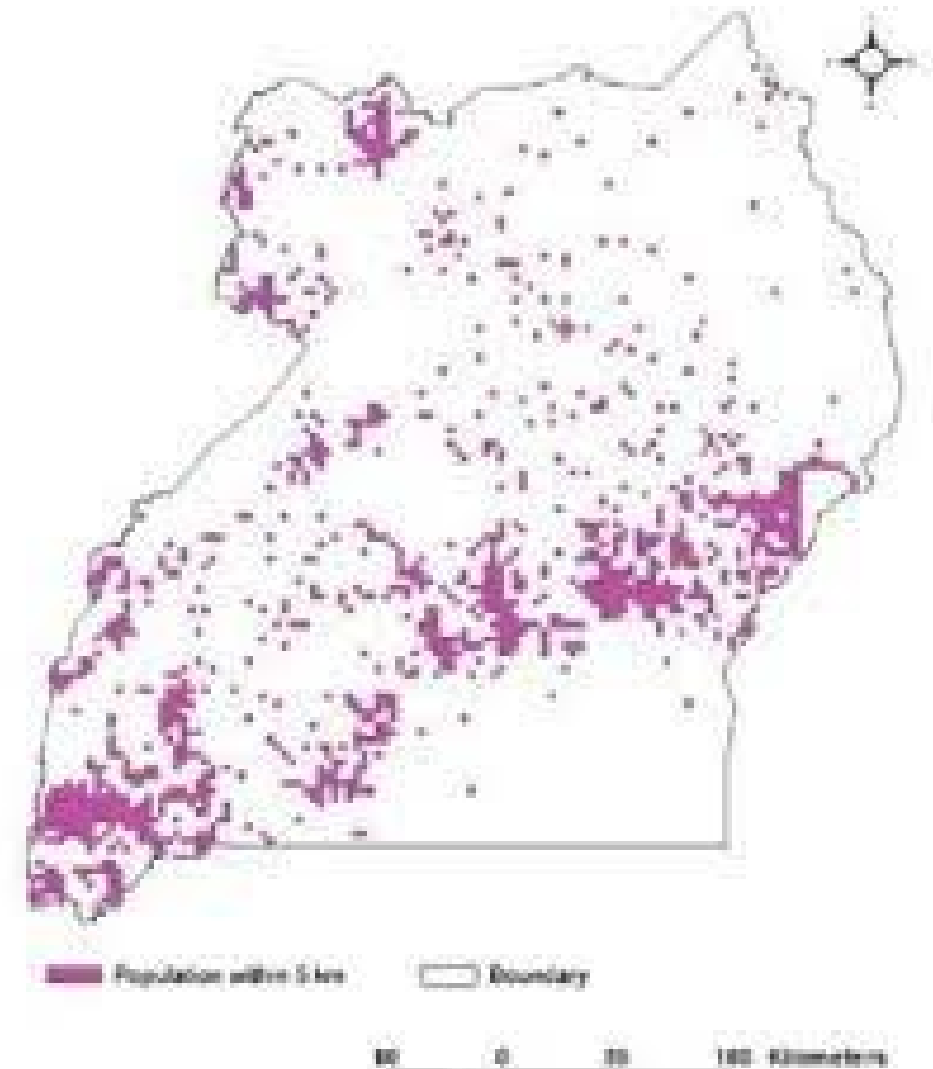


Web-based **Database** to *Monitor Outcomes*

ECHO moves knowledge and not people

Limited EMS Human Resource Capacity

- Ten emergency Physicians
- 80 Nurses with graduate training in emergency
- 42 million people
- 135 districts
- Over 200 health facilities



Proposed ECHO EMS structure

MoH Functions

- Hosting a central Hub
- Curriculum provision
- Coordination
- Supervision
- Standards

Seed Global/ other IP Functions

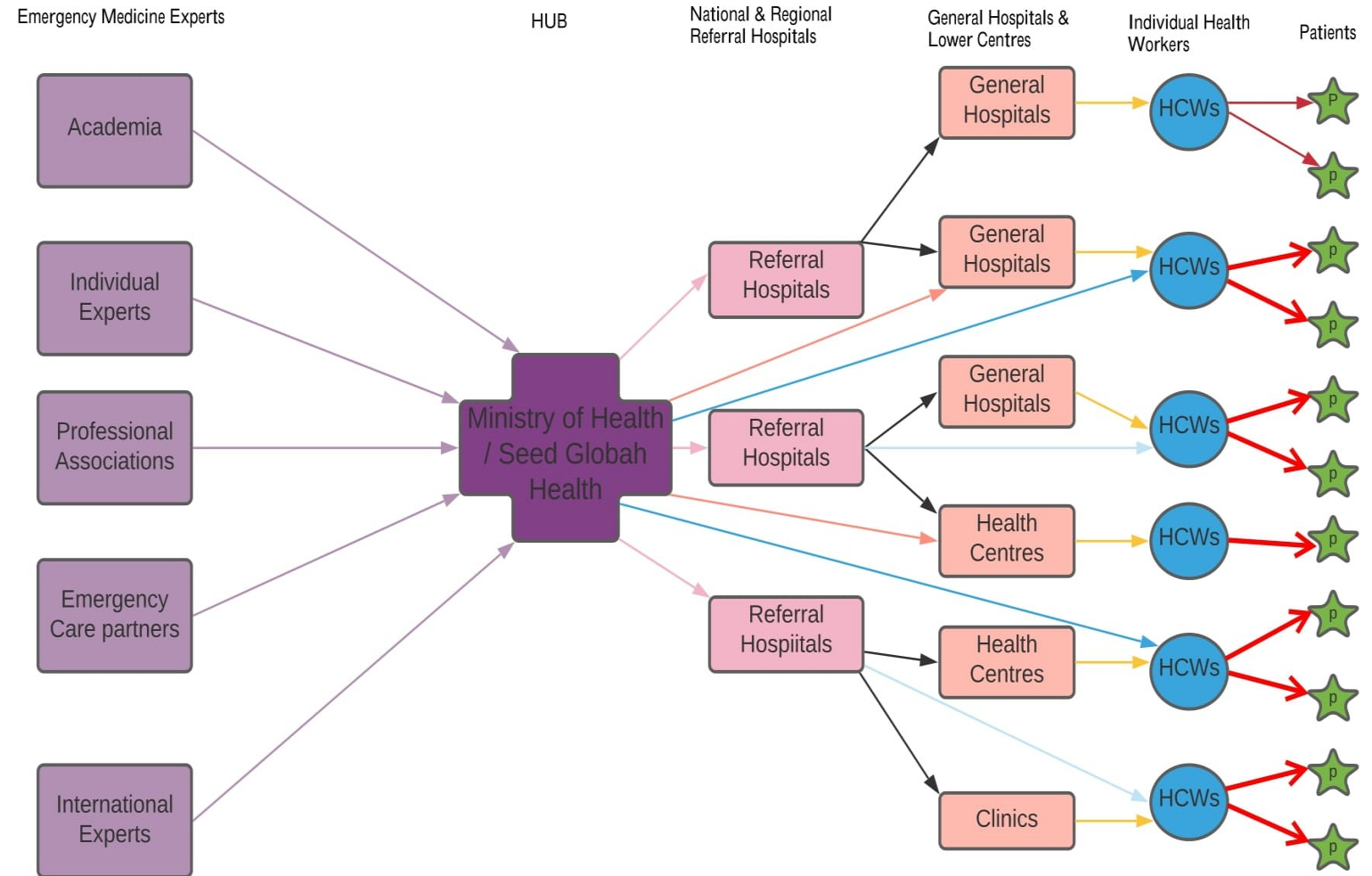
- Provide technical and logistical support to Hubs/Spokes
- Collaboration with MoH, EOC and MUSPH Hubs
- Coordination of ECHO activities

Regional Referral Hospitals

- Regional learning Hubs
- Supervise district hospitals

District Health Office/District

- Implementation sites
- Builds capacity of lower level health facilities
- Cascades learning
- **District Hospitals/ HC IVs**
- Implementation sites



2. Please maintain video conferencing etiquette



Introduce Yourself

Unmute, give your name & designation, then mute yourself



Mute when not speaking



Position webcam appropriately

Whole face should be visible

Data use

We may collect registration, participation, questions/answers, chat comments, and poll responses for this program and share this with partners. Your individual data will be de-identified and kept confidential. This aggregate data may be used for reports, maps, communications, surveys, quality improvement, evaluation, and to inform new initiatives.

