Using **ECHO** model to improve Emergency Care in Uganda

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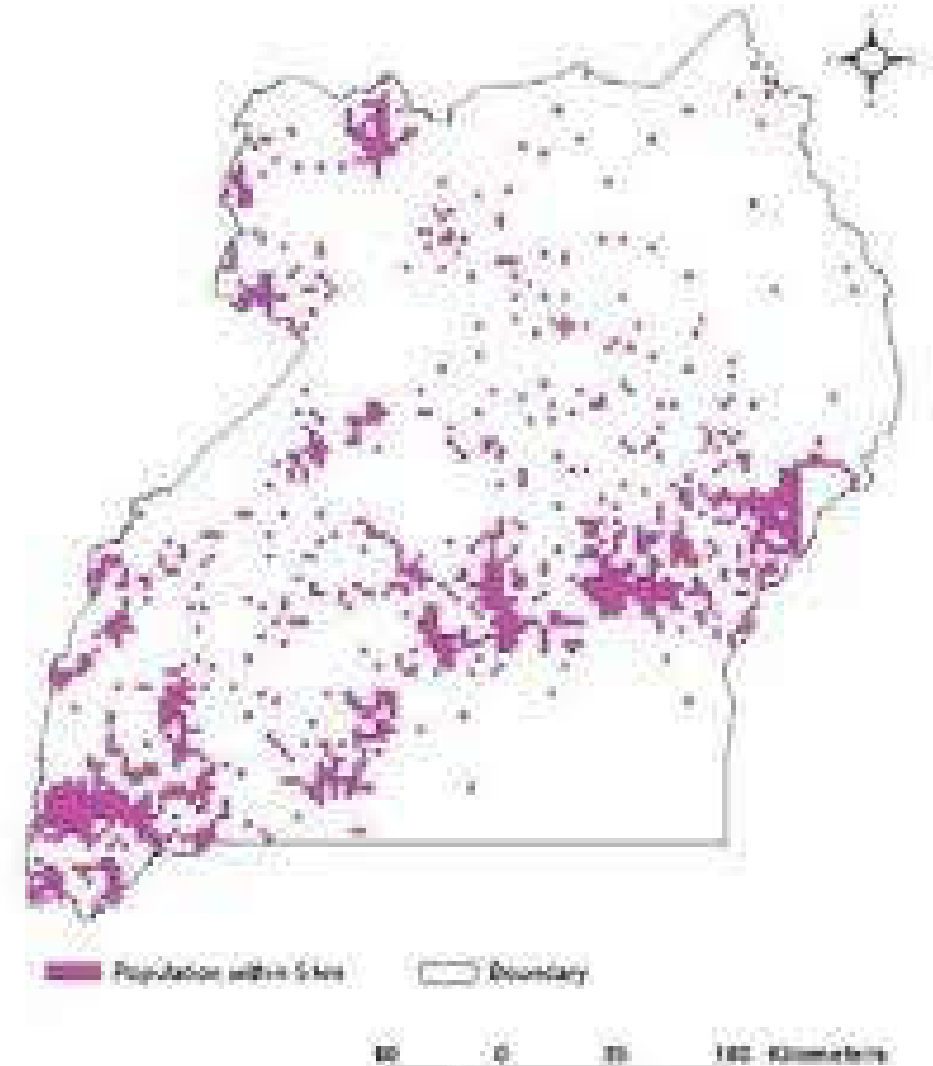
Emergency Care

- Emergency
  - Right Intervention
  - Right time
  - Right place

- Care
  - Competent
  - Compassionate

MOH EMS ECHO

Limited EMS Human Resource Capacity

- Ten emergency Physicians

- 80 Nurses with graduate training in emergency

- 42 million people

- 135 districts

- Over 200 health facilities

MOH EMS ECHO

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The ECHO Model

Extension of **C**ommunity **H**ealth **O**utcomes

A

Amplification - Use **Technology** to leverage scarce resources

B

Share **Best Practices** to reduce disparity

C

Case Based Learning to master complexity

D

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

MOHEMS ECHO

ECHO moves knowledge and not people

Proposed ECHO EMS structure

MoH Functions

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

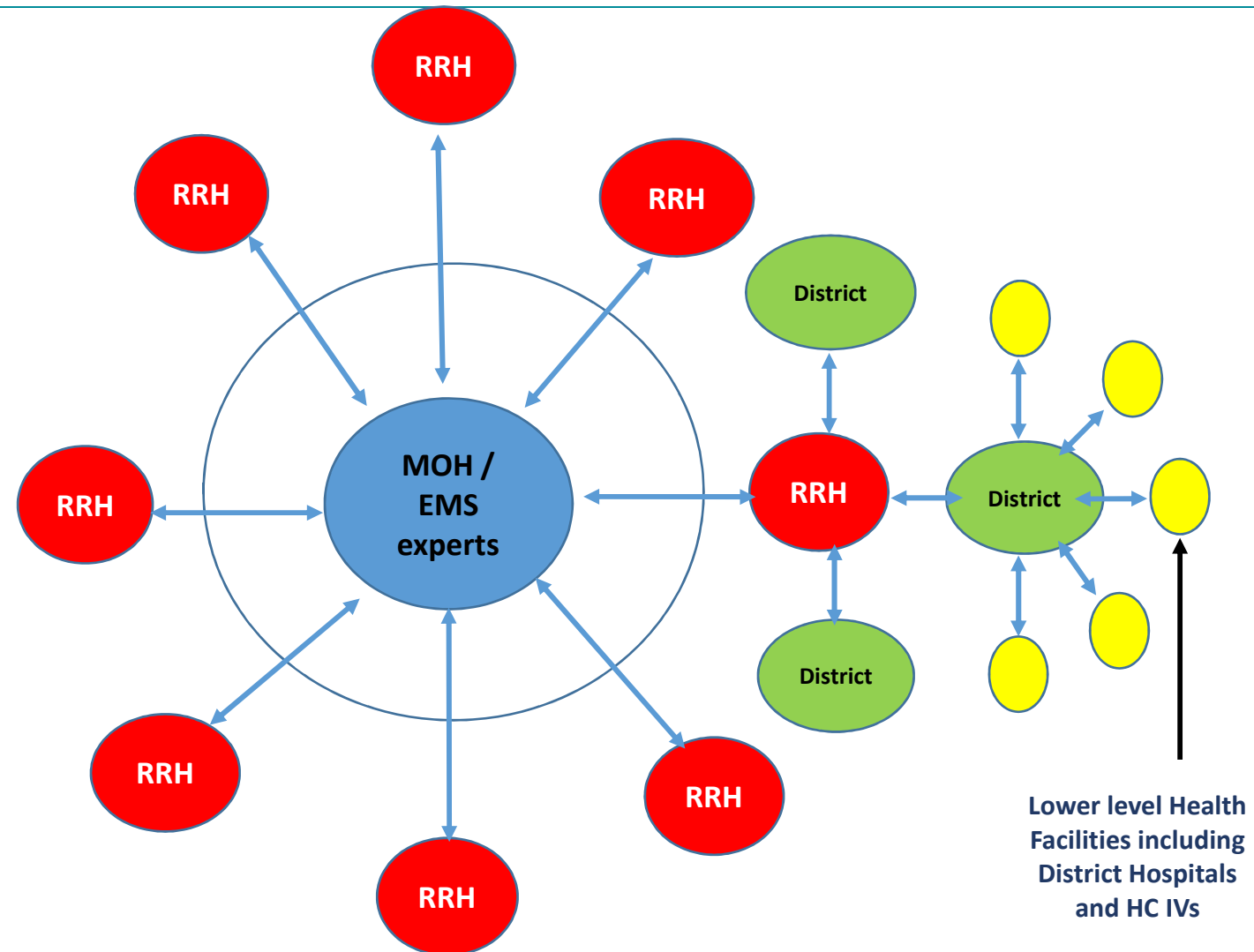**Seed Global/ other IP Functions**

- 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
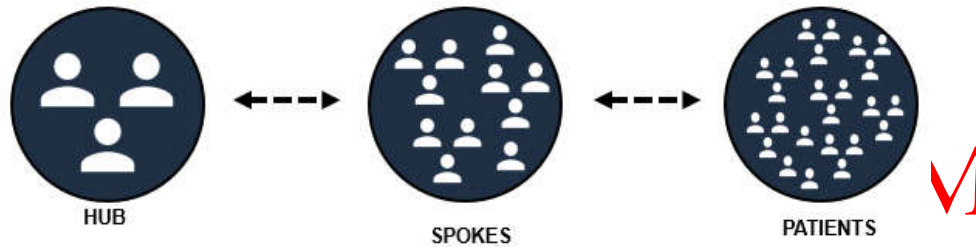- Supervise district hospitals

District Health Office/District

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

MOH EMS ECHO

Lower level Health Facilities including District Hospitals and HC IVs

The ECHO Model

ECHO uses a Hub and Spoke Model:
A "One to Many" Approach

- An expert team at each **'hub'** is linked with providers at health facilities, called **'spokes'.** Together, they participate in regular virtual clinics, which combining patient case presentations and discussions with didactic learning.

- 1 hub leads a session with maximum ~40 individual spoke attendees