# Innovation Strategy


Emergency Medical Services Department
Ministry of Health


# Resuscitation Action Teams (ReACT)

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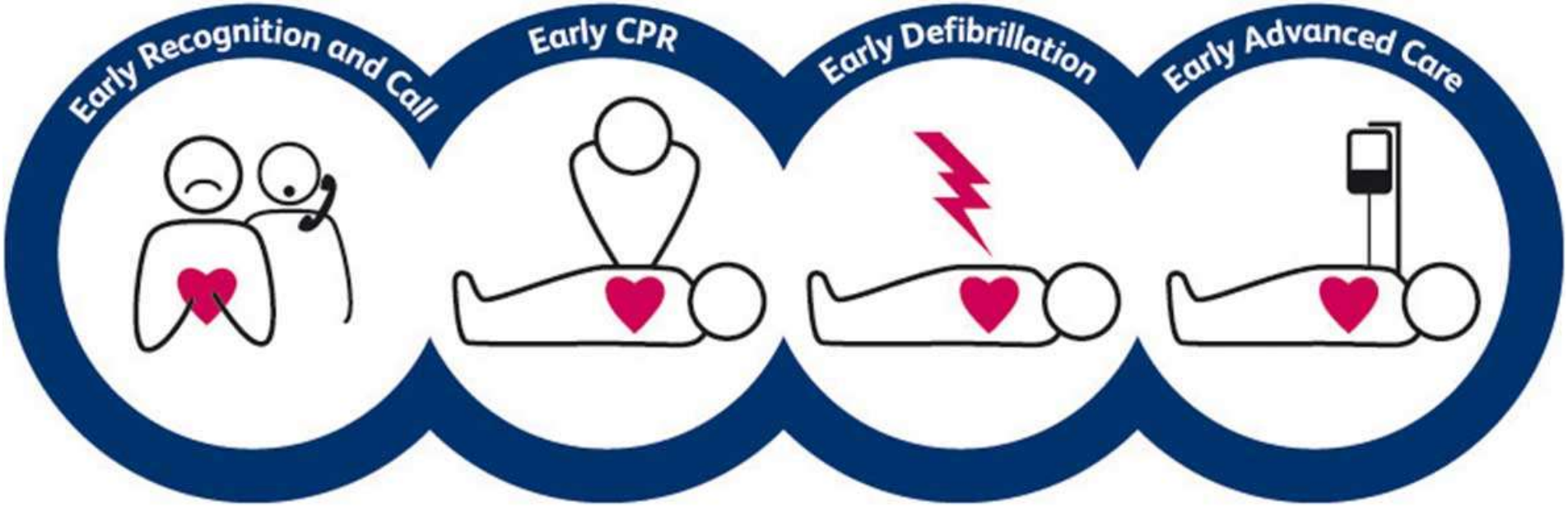
# Outline

- Resuscitation
- WHY TEAMS
- Why ReACT? Key facility based EMS Challenges
- Mode of Training
- Next steps; facility based EMS; Resuscitation Action Teams
- EXPECTATIONS

# RESUSCITATION

- Comprises a group of interventions performed to provide oxygenation and circulation to the body and offers a patient a chance of life.
- It is recommended that all healthcare workers, including nurses and pharmacists to know how to perform CPR. In fact, many hospitals now make it mandatory that healthcare workers have a valid CPR certificate to work.
- When done promptly and properly, CPR can save lives.
- The Aim of CPR is to ensure adequate cerebral and cardiac oxygenation through chest compression and/or positive pressure ventilation

- Most circumstances dictate that this is achieved initially with no special devices other than a simple facemask (basic life support—BLS) AS IN OUR SETTING



# The NEED FOR EFFECTIVE RESUSCITATION

- HAS became clear to develop standardized, evidence based practice and to establish systems for staff training and practice for its effective delivery.
- Guidelines and training and continuous practice HELP TO;
  - remove some of the burden(of recall in emergency situations which is hard), delay and uncertainty of decision making by the resuscitation team leader
  - and provides the team with similar expectations of the resuscitation procedure.

# HOW MANY OF US CAN RESUSCITATE A PATIENT THAT IS CRASHING?

# Failure to rescue of hospitalized patients with deteriorating physiology on general wards is caused by a complex array of organizational, technical and cultural failures including;

1. Lack of standardized teams and some equipment is foreign to the users
2. Gaps in resuscitation capacity, and most hospitals lack fixed core staff in emergency units(use rotators only)
3. Lack of monitoring of patients
4. Poor attitude towards emergencies (TULI BAKOOWU!!! )
5. Individual expected responses and actions

# But are these good enough reasons not to rescue a deteriorating patient where you are?

- We need to overcome the fear together
- Each member of the team can contribute something with what they have

# What is it that we have?

- Basic medical training
- Your hands, your will and good attitude
- Good will from MOH and support from partners
- Guidelines
- Basic resuscitation equipment (Ambu bags, oxygen, IV lines, suction machines )
- Skilled senior colleagues to teach and mentor

# NEXT STEPS

FACILITY BASED
RESUSCITATION
ACTION TEAMS
(ReACT)



# ReACT: IT'S NOT A NEW CONCEPT

- Hospitals have introduced Rapid Response Systems (RRS), which use an increasingly standardized evaluation and escalation treatment paradigm to manage patients with physiological derangements.
- In contrast, the 1st line clinical response is much more variable and ranges from the patient's primary care team, to lone nurse practitioners, to dedicated Rapid Response Teams (RRTs) with intensive care, medical, nursing and allied care providers.
- The first responders on general medical and surgical wards will nearly always be an ad hoc assembly of available providers with limited experience in managing common emergency situations .

# BUT WHAT DO WE WANT

# Relationship between ReACT and a Formula-one Pitstop


*In Both, team work is exhibited and it's key to the success of the activity*

It has been proven time & time again that if one wants staff to perform a skill in an emergency, they must practice or perform the skill on a regular basis

# MAKE THE RIGHT CALL!!!



**Lets Choose - ReACT**

# DEMO VIDEO

https://youtu.be/dGMSxrT3VL4

https://youtu.be/dGMSxrT3VL4?t=390

# Resuscitation Action Teams (REAcT)

- The Ministry of Health plans to use an approach of leveraging available human and technological resources with the aim to establish reliable, quality and sustainable provision of emergency care through capacity building of facility based teams in Uganda

- Staff at facilities will be teamed up and trained to be able to support establishment/functionalization/improvement of emergency departments/units in their facilities as well as provide timely response to both in hospital and pre-hospital emergency care needs.

# Makeup and responsibilities of ReACT

***Composition***

- Multidisciplinary, involving all cadres, preferably 5 to 7 individuals with a back up team of similar composition
- Each team member should handle 1 of the ABCDE as a guide with support from other team members; pharmacy, laboratory and administration

*Responsibilities of teams*

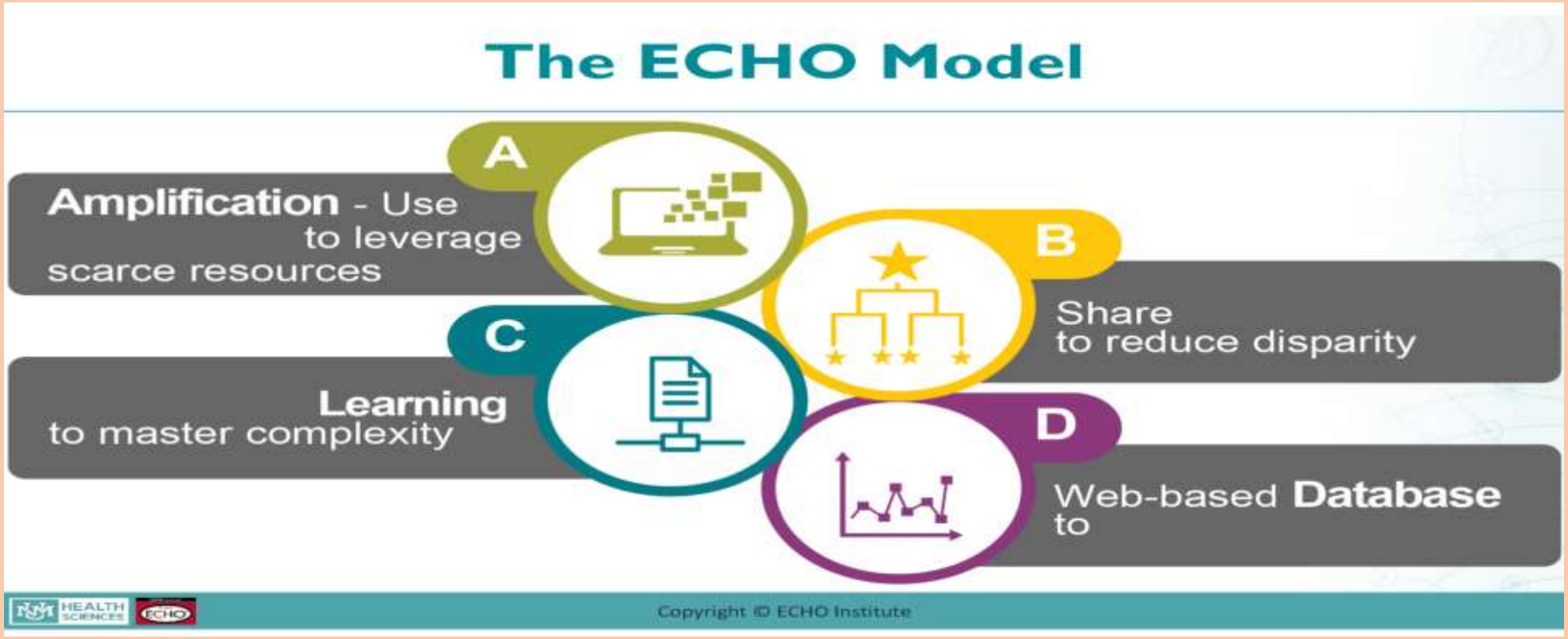
- Work as a team to prioritize emergencies
- Attend to and stabilize unstable/critical patients in all departments
- Respond to emergencies within and outside the hospital as needed
- Document all patient cases received and handled by the ReACT team
- Disseminate knowledge and skills gained
- Provide care to patients in Ambulances during transfer as needed

# PROPOSED TEAM COMPOSITION

| | CORE TEAM | SECONDARY | SUPPORT | |
|---|---|---|---|---|
| **A** | Anesthesia, Emergency physician, Intensivist | Pharmacy | Cleaning & Laundry | |
| **B** | MOSG, M.O, C.O, Intern | Laboratory | Biomedical | |
| **C** | Nurse with the support of any above | departmental in charge | Mortuary | |
| **D** | Other specialists(Ortho, Neural, Pead, Physician, Obs Gyn, Psych,) | Administrator | Communication team (Call center) | |
| **E** | Ambulance drivers, And Assistants | Stores person | Security | Ambulance teams |
| | REC, ReACT Focal person | Records | ACCOUNTS | |

# Training Model

Utilizing available technology, the Extension for Community Health Outcomes (ECHO) Model will be utilized for Virtual trainings

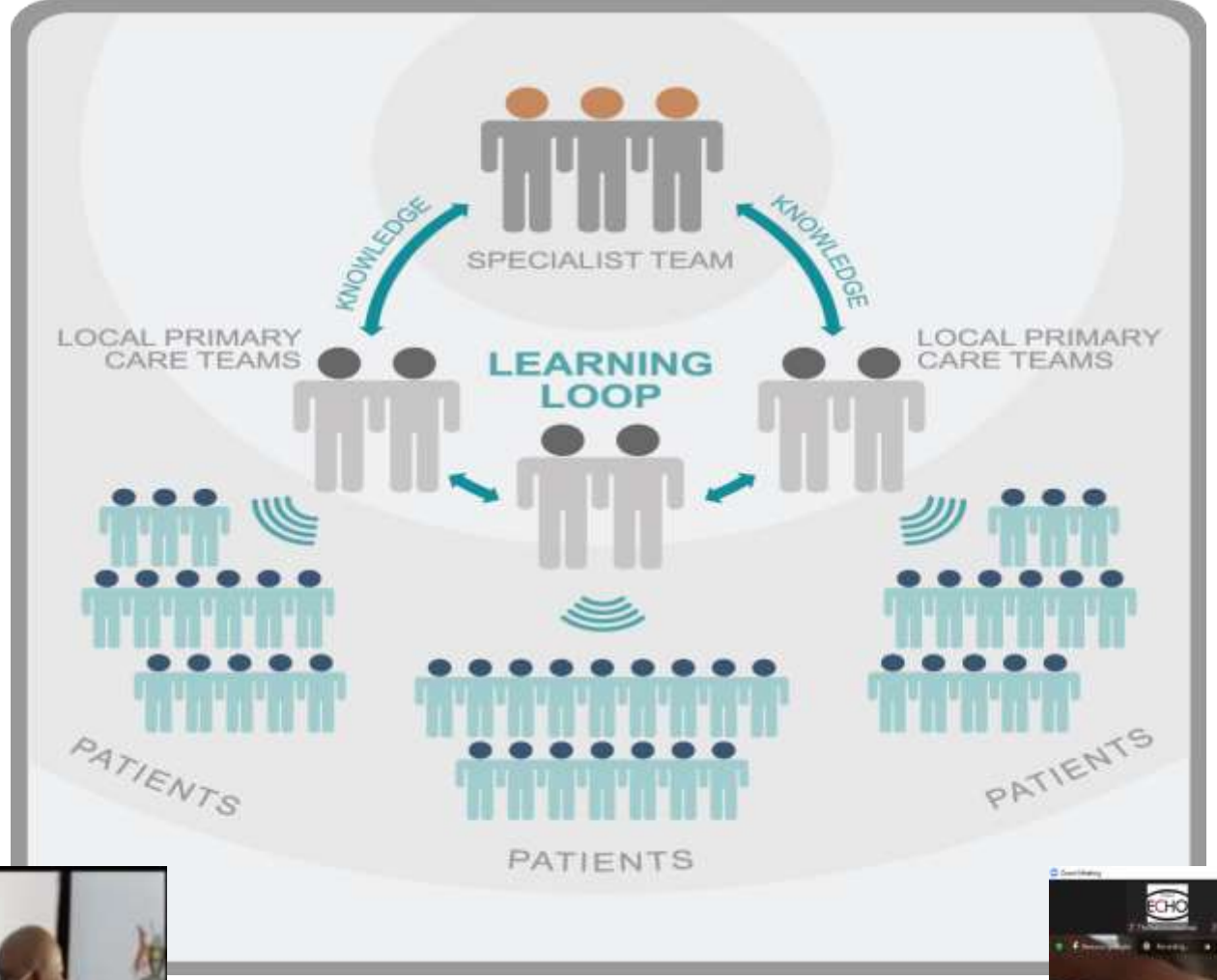


**ECHO Originated from a Dr. Arora Sanjeev who worked in the University of New Mexico and used this approach to train Doctors in Hepatitis C. Trainees gained knowledge and some better than Dr. Arora Sanjeev. In Africa, this approach has been used in over 30 countries; by CDC, WHO and others**

**It has been employed in health, business, education and is Tested and Proven to be a great tool**
**Learning is acquired through Case based discussions with the support of Experts at the hub who share best practices with spokes**

**Learning occurs between hub and spokes, and spokes and spokes**

# ECHO Model Force multiplier





This training will as well have a facility based component, Complemented with Scheduled onsite hands-on trainings by subject matter experts and mentors

IT IS A PHASED CURRICULUM FOR A PERIOD OF 2 YEARS

# EXPECTATIONS FOR THE TEAMS

- Team Formation
- Capacity building- training and mentorship
- Better care for patients
- Professional development -Certification per Completed phase, conferences
- Job aides (based on needs assessment)
- Advocate for required resources to perform and deliver emergency care services

# What next after the ReACT?

*Together, we can build capacity for emergency care health workers and ultimately reduce emergency related mortality and morbidity*

ANY QUESTIONS?

Thank you for Attending

*For God and My Country*