Resume of Scottish Emergency Medicine –Malawi Project 2010

 a briefing document for Ministerial visit October 2015

 by

 Dr Barry Klaassen (BK), Project Lead NHS Tayside

Because of previous Malawi connections In 2009 BK was approached by Malawi Clinicians who wanted to develop an Adult Emergency and Trauma service (AETC) at Queen Elizabeth Central Hospital in Blantyre and needed Adult Emergency specialty help.

At that time patients in large numbers presented to the front door or Casualty department including serious ill and injured. There were no systems or processes to prioritise patients ; no treatments available within the original facility and many suffered worse outcomes and emergency care was delayed for many hours. Staff morale was very low and the working conditions for staff and patients alike were poor.

A project plan was devised; Welcome Trust and local donors (inc Adnakat family) would fund the new build of a facility and BK applied, With Full support of Dundee EM service, and was successful in obtaining Scottish Gov. International development Fund Grant for 3 years to help support and train the new unit.

While vast majority of such Training from UK to Developing world relied on didactic life support type clinical training which had good success, it was clear on our strategy group visit in 2010 this would not be possible, as once operational, staff were so few that they would be difficult to remove to class room for training. In response to this we adopted a novel mentoring approach, which relied on senior Scottish Nurses and Doctors working alongside Malawian staff truly mentoring them.

Prior to the department opening we had opportunity to influence the development of the unit. We met with all in patient specialties to discuss the effect a new ED will have on them. We advised on patient flow , usage of the department , we helped design original documentation and helped write the initial operative policies and guidelines of the new dept. We assisted design of staff rota’s and how the working day would look, with daily handover meetings and intergrated staff training which we originally led and devised. Before opening, we trained all staff in the development of a philosophy and ethos for the service and ran this training together with triage training.

The project over-ran by 1 year due to building delays and delays to opening but we did after opening have opportunity to mentor on the shop floor to develop the service. This mentoring was audited with highly positive feedback from staff.

We furnished a modern IT seminar room and ran Life support training and train the trainers training so staff could role out their own training days. We helped develop and participate in the undergraduate EM teaching in College of Medicine and also Nurse colleagues taught within nursing college on site. We also contributed to the development of a postgraduate training programme to secure future sustainability of EM in Malawi.

We helped reduce the burden upon the new unit by introducing a re-direction policy to primary care and now patients with minor primary care complaints are redirected to local clinics for such conditions. We have seen this development become established and the AETC staff have ownership of their department, such that at our last visit at end of 2014 we saw developments such as more private triage and trolley areas built and a well established staff training programme well embedded in the department.

 The Original Objectives of the Project included enhancing standard of care delivered to all patients, reduce mortality of adult emergency admissions, introduce a fit for purpose teaching programme for all staff clinicians and nurses , encourage high quality collaborative research and to encourage a sustainable co-ordinated multi-specialty approach to Emergency care in AETC.

By end of 2014 we consider we have met all these objectives and despite the resource limited environment our colleagues work in they are performing well , to the benefit of all their Emergency patients.

BK October 2015