Making Change through Collaboration

An Emergency Medicine Twinning Partnership in Ethiopia

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Presentation Outline

- Introduction
- Methods
- Results
- Discussion
- Conclusion
- Acknowledgements
Ethiopia

80 Million People:
85% rural
15% urban
Public Health Problem

- Globally, nearly 1 in 10 deaths are due to injuries (WHO 2009)

- In youth between the ages of 15 and 24 years, road traffic accidents are the leading cause of death (WHO 2009)

- In 2006 in Ethiopia, more than 2,600 people died and more than 25,000 people were disabled due to RTAs (Persson 2008)
The Need for Emergency Medicine

Photo Credit: P Rankin
The Need for Emergency Medicine

- Systems approach to deliver quality care
  - Pre-hospital and ambulance services
  - Triage systems
  - Communications
  - Medical training and education
  - Evidence-based practice
  - Quality Improvement

Kobusingye et al, 2005
Background on Twinning Partnership

- Addis Ababa University/Black Lion Hospital
- University of Wisconsin-Madison
- People To People
What is a Twinning Partnership?

- **Principles include:**
  - Involves all members in decision-making
  - Requires community involvement and volunteerism
  - Broad-based institutional support
  - Long-term Involvement
  - Process-driven partnership
  - Local political support

Council of European Municipalities, 2010
Ethiopia EMS Twinning Partnership

- Strengthen the human and organizational capacity of AAU/BLH to deliver EM care.

Secondary: Patients at AAU/BLH Emergency Dept

Primary: Health Care Workers

Provide leadership training

Develop local instructors

Expand local workforce and services

Decrease trauma related morbidity and mortality at AAU/BLH
Results

From August 2009-April 2011

EM Exchange Trips: 15
Ethiopian MDs, RNs trained in EM: 831
Ethiopians who completed EM Fellowship at the UW:
  8 RNs, 6 MDs
QI projects developed for BLH: 14
Number of EM Residents: 5
Number of Masters of Nursing Students: 22
Discussion

Mid-Term Formative Assessment: Research Questions

- Was the program implemented as planned?
- What changes in practice, operations, and administration have occurred in the BLH ED?
- Was the fellowship training an effective model for developing the ED at AAU/BLH?
- What were the gaps in the design and delivery of the EM trainings?
- What resources are needed to sustain the partnership?
Discussion:
Key Themes from Evaluation

- Insufficient resources
- Environmental and organizational barriers
- Leadership and trainer capacity of Ethiopians
- Staff retention
- Logistics and standardized reporting forms
Discussion:
Key Themes from Evaluation (cont.)

- Importance of peer-to-peer relationships
- Supportive leadership and management
- Value of collaboration
- Sustainability of the Training Center
Conclusion

“Our quality improvement projects have been a mirror to see ourselves and helped us bring change to our departments.”

The health care professionals trained through this partnership will serve as Ethiopia’s experts in the scaling up of activities to build an emergency medicine system for the whole country.
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Citations


