Strengthening Emergency Care Information and Communications in the Chitambo District, Central Zambia: a Cross-boundary Collaboration

NHS Education for Scotland

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Background/Aims

We report interim results of a Scottish Government-funded cross-boundary collaboration on 'Strengthening emergency care communications in rural Chitambo District, central Zambia,' where lack of quality information and communications can cost lives.[1]

Methods

A Scottish Government Small Grant Award (£35,805 over 2 years, April 2015 to April 2017)) is enabling collaboration on:

• Creating an emergency hotline with a single number to enable healthcare staff and the public to call for support when needed.

• Establishing a suite of knowledge resources to support emergency care decisions – online point of care evidence summaries, decision support resources, print and electronic books.[2]

• Provision of a PC, tablet, and smartphones and setting up an, emergency care resource centre at Chitambo Hospital.

• Training local information and library staff in Knowledge Broker (KB) skills, to support healthcare staff to find, share and apply knowledge in frontline decisions.[3]

Results

Hotline developments:

• Some emergency calls, to a dedicated smart phone number, recorded

• Free national emergency care short-code number (992) application submitted

• Radio repair costs, for 'hard to reach' Rural Health Clinics (RHC), obtained

Knowledge developments

• Emergency care resource room (Decision Support Base, DSB) established at Chitambo Hospital, equipped with:

• A suite of emergency care knowledge resources (digital and print): http://ow.ly/4mJ6B4

• Computer technologies: Desktop, laptop, and tablet pcs, and smartphones loaded with emergency care resources

• Some information resources (Print and digital) extended to staff at RHC

• Chitambo Hospital Emergency Care Facebook page; WhatsApp Support Network; and illustrative Emergency Response video (on Colle's fracture) created

Training developments

• 2 Knowledge Translation workshops conducted with information and clinical staff to introduce Knowledge into Action (K2A) and Knowledge Broker (KB) concepts, and develop related roles

• KB training/support ongoing, via Webex, from NES

• 2 5-day follow-up ICT workshops conducted with Chitambo clinicians, to consolidate K2A and KB training/facilitate project implementation

Evaluation developments:

• Baseline evaluation, of staff and community members' views/experience of local emergency services , conducted

Conclusion

This project **showcases NES leadership** on cross-boundary working with Third Sector and International organisations (4), and **Knowledge Translation into Action (K2A) for quality improvement of frontline emergency care.** This is contributing both to transforming Chitambo District emergency care services, through improved information and communications, and **rich reciprocal learning on effectiveness of mHealth interventions (5),** to inform digital transformation of Scottish emergency care communications.

References
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