

MINUTES

TANZANIAN MEETING

Wednesday, 25 November 2009

Cape Town International Convention Centre

1. ATTENDANCE LIST

See attached.

2. PPT (Attached)

SJ gave an overview via power point.

This power point is attached to these minutes (SJ to please distribute).

There has been a contribution of 3 million dollars from the Abbott fund.

The Emergency Department has hoping as four resus beds and 10 treatment rooms with appropriate support areas and a computerized record system.

There will be extensive bedside testing.

A SWOT analysis has been undertaken.

STRENGTHS

- There are existing specialty support structures in place
- There is a Head of Department in place
- There is funding available
- There is government support at Ministerial level
- The Head of Department is a very respected anaesthetist and second doctor in the department is a trauma specialist
- Fourteen medical officers are being hired for the project
- These doctors can rotate through UCT / Wits for two or three months experience each

WEAKNESSES

- There is no triage system
- There is no training
- There are no logistics
- There are no protocols etc, etc

OPPORTUNITIES

- There is an opportunity to improve outcomes clinically to undertake academic and research projects to raise public awareness
- To address the burden of disease and to put residency training in place

THREATS

- It's the only Emergency Department in the City of 4m; this may impact on its ability to change things
- Staff turn-over
- Inter-departmental conflicts

- Recurrent funding from Abbott
- Ownership and buy-in by government

3. STRATEGY

The strategy for Tanzania is to develop Emergency Care using local resources. That needs be an International Emergency Medicine fellowship and public private partnership. An ED registry would also be important to drive information.

The needs includes

- a) **LEADERSHIP**
To provide the African perspective and develop networks
Provide healthcare management training and develop an Emergency Medicine Society
- b) **LOGISTICS**
To produce reliable procurement and re supplying maintenance systems
To standardise essential equipment list
To buy best practises for cell phone communication and best practises for internet access To build three to four new Emergency Departments.
It was also noted that WHO checklist approach would be ideal for this sort of development.
- c) **OPERATIONS**
Sharing of resources and protocols an assistance forum will helpful
- d) **ADMINISTRATION**
- e) **FINANCE**
Out of budget and resource constrain setting and options for other revenue streams.
- f) **PLANNING**
Strategic plan for Emergency Medicine Development in Africa and information clearing as for Emergency Medicine Department in Africa
- g) **TRAINING**
A Hybrid programme with Tanzania curriculum co-ordination, grandfathering processes, maximizing education resources' and faculty sharing.
- h) **RESEARCH**
Database options and grant options

There is clearly a need to add EMS into this mix too and there is discussion around to how best advised to development. College of Emergency Medicine South Africa offered to run the DIPPEC in Tanzania only if there was sufficient interest. Ultrasound training can be run as a satellite from Cape Town. **LW** will provide the IFEM undergraduate curriculum to **SJ**.

VK may have some funding options. She has been involved in a Canadian driven project in another part of Tanzania and it became clear following the meeting that there were other project ongoing which just needed co-ordinated better.

4. PLAN

The plan going forward was agreed on as follow:

- a) To link into the newly formed African Federation of Emergency Medicine as the engine for support and co-ordination resources.
- b) To develop a formal list of emergency care needs using the existing 30 part data collection tool (**TM** to provide).
- c) To develop a list of international emergency medicine resources that currently exist for these needs.
- d) To develop possible partners
- e) To develop a list of possible funding
- f) To develop a final plan based on this

All were thanked for attending and **LW** will develop a distribution list and hope to generate ongoing interest and involvement.