



Editorial

Strengthening emergency care provision in a non-emergency physician run emergency department – Experience from the Eastern Cape, South Africa



ARTICLE INFO

Keywords

Strengthening emergency care
Non-emergency physician
Emergency department
South Africa

African relevance

- Quality emergency care provision is not a reality in many low- and middle-income countries.
- The importance of strengthening emergency medical care systems globally is supported by the WHO.
- Despite well-established benefits, there are still many low- and middle-income countries with underdeveloped Emergency Medicine systems and delivering emergency care through non-Emergency Physician run Emergency Departments.

Well organised emergency care is recognised as amongst the most cost-effective public health interventions. The World Health Organisation (WHO) estimates that more than 50 % of deaths in low- and middle-income countries result from conditions that could be managed by emergency care (1). Quite simply, effective emergency care delivered by properly trained staff saves lives, improves the effectiveness of other parts of the health system, and reduces costs across all settings of high, middle, and low-income countries (2). The importance of strengthening emergency medical care systems globally is supported by the WHO - delivery of quality emergency health care to all is recognised as a key component of achieving universal health coverage (1). The World Health Assembly subsequently placed Emergency Medicine (EM) as a core speciality within the healthcare system in 2019 (1). The Constitution of South Africa views emergency medical care as a basic human right. There is a clear need for quality emergency medical care in South Africa, with emergency departments (EDs) experiencing an ever-increasing patient load (3).

EM was established as a South African speciality in the early 2000s. Since then, EM registrar training has grown rapidly to now include 6 EM training programs nationally – Universities of Cape Town and Stellenbosch (joint program - 2004), Witwatersrand (2005), Pretoria, Kwazulu-Natal (2008) and most recently the Walter Sisulu University (2018) in the Eastern Cape (4). With increasing number of graduates, EM as a speciality and emergency physician run EDs have become well

established in parts of South Africa.

Despite well-established benefits, there are still many provinces and metropolitans with underdeveloped EM systems and delivering emergency care through non-emergency physician run EDs, often staffed by junior doctors with no senior supervision. Wallis et al. echoed this sentiment in 2008 (3), which highlights the slow EM development in parts of our country over the past two decades. EM as a speciality establishes well organised emergency care provision in a region through the development of standards of care, advocacy and the strengthening of EM training and academia. Emergency Physician run EDs provide many benefits to emergency care provision with regards to quality of care, managing patient flow and saving health expenses (5).

Until recently (July 2023), Frere tertiary hospital in East London has been a non-emergency physician run ED manned by 11 medical officers consulting approximately 2 500 patients per month. As in other parts of our country, our public health care system is burdened by an ever-increasing patient load presenting to our EDs (6). This has placed increasing demands on emergency care provision.

In order to meet the need for quality emergency care, our department utilised proven strategies and tools (7–9), as well as context specific novel approaches. Strategies implemented focusing on clinical emergency care included:

- Establishment and implementation of a triage system, utilising the South African Triage Scale (SATS).
- Restructuring the ED layout – focusing on appropriate and ergonomically equipped resuscitation, majors and minors' areas to facilitate efficient patient flow.
- Improving relationships with other departments within the hospital, focusing on formalising referral pathways and building awareness of the positive role of EM within the hospital.
- Engagement with prehospital personnel to establish prenotification pathways and structured handover procedures.

<https://doi.org/10.1016/j.afjem.2023.10.004>

Received 12 August 2023; Received in revised form 27 September 2023; Accepted 20 October 2023

2211-419X/© 2023 The Authors. Published by Elsevier B.V. on behalf of African Federation for Emergency Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

- Establishing formal academic handover rounds, ensuring ED care continuity.
- Developing an EM academic program including DipPEC preparation, emergency point of care ultrasound training, morbidity and mortality discussions, simulation-based training, journal discussions and participation in research projects within the department.
- Utilising recent advances in online platforms for correspondence and medical education. This has allowed emergency physician inputs, guidance and advice from EM colleagues within more established EM systems in other parts of our country.
- Participation during department nursing in-service training sessions, with a focus on good communication and teamwork.

Strategies pertaining to ED management and leadership included:

- Establishment of a recognised leadership structure within the department consisting of an acting head of department and medical officers who have advanced their EM knowledge and skill through self-learning, attending EM short courses and completing the DipPEC. This have created an environment where junior staff are supported and mentored.
- Creating a culture of punctuality and respect for colleagues.
- Advocating for essential ED requirements with regards to human resources, equipment and essential medications.
- Active involvement in recruiting new staff, targeting those motivated to pursue EM training, moving away from the old tradition of the ED being the refuge for medical officers having nowhere else to work within the hospital.
- The positive effects of encouraging intradepartmental respect and friendships through team building strategies should not be underestimated – quality emergency care is best provided by a well-functioning and happy team.

Integration of these strategies into our ED and hospital have been a departmental goal over the past 5 years. During this period ongoing monitoring, reinforcement and strengthening of implemented strategies have been required to ensure quality is maintained.

Future plans include:

- Improve departmental capturing and monitoring of patient and operational information by replacing handwritten paper-based registers with an electronic application.
- Implementing a hybrid emergency medicine postgraduate training model, which could allow registrar training through an outreach program with an accredited ED in other parts of the country (10).
- Establish outreach to major referral facilities in the region to promote and strengthen EM awareness and practice.
- Actively motivate for a specialist emergency physician position and appointment within our department – this would expedite and provide a facilitator for EM development and growth in the region.

Historically EDs have experienced high staff turnover. Providing quality care is however unsustainable without effective ED staff retention - which is made possible through continued professional development and staff satisfaction. Awareness and implementation of strategies to prevent and mitigate ED staff burnout is essential in ensuring a sustainable and safe ED work environment.

We believe that these strategies have cultivated improved emergency care provision to our patients. We encourage and believe other non-

emergency physician run EDs within South Africa and other regions with developing EM systems can implement similar strategies to strengthen emergency care provision.

Dissemination of results

The content of the editorial has been disseminated to the respective Emergency Department and hospital managers, as well as academic head of Emergency Medicine in the Eastern Cape.

Authors' contributions

Authors contributed as follow to the conception or design of the work, the acquisition, analysis, or interpretation of data for the work; and drafting the work or revising it critically for important intellectual content: LT contributed 80 % and CH 20 %. All authors approved the manuscript to be published and agreed to be accountable for all aspects of the work.

Declaration of Competing Interests

CH is an editor of the African Journal of Emergency Medicine. CH were not involved in the editorial workflow for this manuscript. The African Journal of Emergency Medicine applies a double blinded process for all manuscript peer reviews. The authors declared no further conflicts of interest.

References

- [1] Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured. [Internet]. World Health Organization, WHA72.16 - 28 May 2019. [Cited 2020 July 20]. Available from: <https://www.who.int/publications/item/emergency-care-systems-for-universal-health-coverage-ensuring-timely-care-for-the-acutely-ill-and-injured>.
- [2] Int Federat Emerg Med 2023. <https://www.ifem.cc>. accessed May 29.
- [3] Wallis LA, Garach SR, Kropman A. State of emergency medicine in South Africa. *Int J Emerg Med* 2008;1(1):3–9.
- [4] Geduld H, Cloete D, Dickerson R, et al. Non-specialist emergency medicine qualifications in Africa: lessons from the South African Diploma in Primary Emergency Care. *Afr J Emerg Med. Afr Federat.* 2022;12:231–5.
- [5] Holliman CJ, Mulligan TM, Suter RE, et al. The efficacy and value of emergency medicine: a supportive literature review. *Int. J. Emerg. Med.* 2011;4(1).
- [6] Taljaard L, Maharaj R, Hendrikse C. A descriptive analysis of the casemix presenting to a tertiary hospital emergency centre in East London, South Africa. *Afr. J. Emerg. Med.* 2022;12(3):252–8.
- [7] Geduld H, Hynes EJC, Wallis LA, Reynolds T. Hospital proximity does not guarantee access to emergency care. *Lancet Glob Heal* 2018;6(7):e731.
- [8] World Health Organization. Emergency and trauma care. <http://who.int/emergencycare> (accessed May 29, 2023).
- [9] Maharaj R, Garach G, Pillay S. Critical challenges in establishing emergency physician driven emergency departments – a Durban experience. *Afr. J. Emerg. Med.* 2013;3(4):S19–20.
- [10] Cox M, Masunge J, Geduld H. African Journal of Emergency Medicine A successful hybrid emergency medicine postgraduate partnership in Southern Africa. *Afr. J. Emerg. Med.* 2020;10(April):S56–9.

L Taljaard^{a,*}, C Hendrikse^b

^a Frere Hospital Department of Emergency Medicine, East London, South Africa

^b University of Cape Town Faculty of Health Sciences, Division of Emergency Medicine, Cape Town, Western Cape, ZA

* Corresponding author.

E-mail address: luantaljaard88@gmail.com (L. Taljaard).