

Study identifies 76 quality indicators essential for emergency care systems in Africa

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The need for emergency care in low-income and middle-income countries has never been greater, but until now, measurable indicators for providing this care have been lacking. A study conducted by the sidHARTE - Strengthening Emergency Systems Program at Columbia University's Mailman School of Public Health in collaboration with the African Federation of Emergency Medicine fills this gap, identifying 76 quality indicators for emergency care for use in critical care facilities in Africa.

The study findings, the first to formalize clinical [quality indicators](#) for [emergency](#) care in Africa, are published in the *British Medical Journal*. "Access to emergency care systems in low - and middle - income countries (LMICs) is expanding, particularly in Africa," said Rachel T. Moresky, MD, associate professor in the Heilbrunn Department of Population and Family Health and the Department of Emergency Medicine. She is also the founding director of the sidHARTE Program, which for the last decade has collaborated with local partners and international stakeholders in LMICs to improve acute care systems to save lives. "Until now, these efforts rarely included measurements for the quality or the impact of care provided, which is essential for improvement of care provision."

Moresky and a research team of 32 physicians, clinical officers, nurses and administrators from 21 countries worked to create the list of context-

appropriate quality indicators that were established and agreed on by providers and policymakers. Their goal: allow for uniform and objective data collection to enhance [emergency care](#) delivery throughout Africa.

The researchers searched peer-reviewed publications such as PubMed, MEDLINE, and EMBASE. Through consensus, they identified seven emergency clinical conditions, including trauma, sepsis, acute respiratory problems, shock, altered mental state, pain, and obstetric bleeding, which together account for nearly 75 percent of deaths in Africa.

In addition to enhancing the quality of care, processes for system strengthening efforts and resource distribution can now be directly compared, noted the authors. It also provides a common language for comparisons between different facilities within a single country and between countries.

"We expect that with proper implementation of these performance indicators it will lead to enhanced understanding of disparities in care [quality](#) and resource distribution analysis that can redirect resources to improve patient outcomes," stated Moresky. "Local adaptation specific to burden of disease and feasibility of measurement will be a crucial next step."

Provided by Columbia University's Mailman School of Public Health

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