



GLOBAL
EMERGENCY CARE
COLLABORATIVE

2013 ANNUAL REPORT



OUR MISSION

To improve global health by improving access to quality emergency care in the developing world, through developing sustainable, scalable, locally derived emergency care training programs, and collaborating with local and national organizations to create horizontal emergency care health systems.

Dear friends,

2013 was another incredible year of exciting progress and growth for GECC and we could not have done it without your support! As you know, GECC has been training midlevel providers to be Emergency Care Practitioners (ECPs) in rural Uganda for the past five years. Equipped with new skills to treat acute and emergency conditions, these ECPs are saving lives on a daily basis.

Currently, there are no emergency physicians in all of Uganda. By training ECPs in acute and emergency care, GECC is able to rapidly scale up emergency care to those who need it most. Prior to starting the emergency care program in Uganda, patients used to wait on average, 26 hours to be seen by a physician after arriving to the hospital. Now patients with emergency conditions are seen and treated rapidly, and they are surviving from easily treatable conditions such as malaria, pneumonia, and trauma.

We are especially grateful to contributions from our donors and volunteers which have enabled us to expand our programming into Kenya. We will be partnering with renowned Kenyan teaching institution, Kenya Medical Training College, to train midlevel providers in emergency care. With only one emergency physician in the entire country, this is exciting news for both GECC and medical services in Kenya.

Many thanks for your continued support. We look forward to another year of...

2013 HIGHLIGHTS



NEW GRADUATING CLASS

GECC started 2013 off with a celebration. In January, 2013 six of our newest ECP trainees Alfonsi, Irene, Hillary, Richard, Serena, and Christine - graduated from the junior level, where they were students, to seniors where they will be teaching the next class of ECP trainees. GECC hosted a graduation ceremony to honor their achievement. Since graduation, they have worked to solidify their new emergency care skills through clinical work and peer education. They will become fully qualified Emergency Care Practitioners (ECPs), fully adept at independently diagnosing and treating emergency patients who desperately need their help, in March??.



EMERGENCY FIRST RESPONDER TRAINING

With no ambulances, paramedics, or 9-1-1 systems in rural Uganda, GECC has sought to improve emergency care prior to arrival at the hospital. In partnership with local stakeholders in the Rukungiri District, GECC organized our first Emergency First Responder Training Program for community and clinic health workers. These trainings were well received; we are confident that this program will help save even more lives by linking patients to available resources earlier and getting patients the emergency care they need.



EXPANSION TO KENYA

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ONE PATIENT AT A TIME



An eleven month-old boy was seen in the emergency department with bloody diarrhea. One of the Emergency Care Practitioners (ECPs) recognized that the child could have an intussusception, an emergency condition which is a telescoping of the bowel. She did a bedside ultrasound, confirmed the diagnosis, and sent the child into surgery. Without the presence of an ECP, this child could have been another statistic, another one of the nearly seven million children who needlessly died last year.

One of the Ugandan doctors wrote us to explain, "What I find interesting is that the ECP thought of the need for an abdominal ultrasound despite the absence of abdominal pain or distention. Without the bedside ultrasound, this boy could have been treated as a case of dysentery and would most likely deteriorate. Thank you for the great work in the emergency department."



REPORT FROM THE FIELD



In 2013, a group of passengers were traveling in the bed of a truck and fell out. Five patients were brought simultaneously to the Nyakibale Hospital's five-bed emergency room where GECC has trained Emergency Care Providers. Of the five patients, one woman had a lung collapse; one man had a broken leg; one man had an ankle injury; and two women had abdominal injuries. They were all given emergency care, and they all survived and are doing well. GECC's volunteer physician, Meera Muru, was assisting the ECPs that night and reported the following.

A few things about this night really stood out to me as remarkable:

Every patient received the appropriate care in a timely manner.

The ECPs worked really well together dividing the responsibilities.

The emergency department was calm and quiet. While there were many patients with potentially life-threatening injuries that would make me sweat, the ECPs had the situation under control. The emergency department was so quiet that we realized we could still hear the Christian music playing off the research computer throughout the whole ordeal!

Irene, and Richard, after only one year of training are able to manage a critical and stressful situation. Jovita was a great leader. She allowed the ECPs to



do their work, but she had a great overview of the whole situation. She was able to delegate duties and even directed the visiting doctors to the patients that needed some extra help.

At the end of the night we were all in awe of this amazing group

of clinicians. They were poised, competent, and compassionate. This incident (among many others) made me feel really grateful and proud to be part of the GECC family!

Meera Muru, MD
GECC Volunteer Physician