



WHO Collaborating Centre  
for Injury Prevention  
and Safety Promotion



โรงพยาบาลขอนแก่น  
Khon Kaen Hospital

***Summary of***  
***“International online Training on***  
***Trauma Administrative management for***  
***Trauma Medical Director and***  
***Trauma Nurse Coordinator in***  
***Southeast Asia Region”***



## Summary of “International online Training on Trauma Administrative management for Trauma Medical Director and Trauma Nurse Coordinator in Southeast Asia Region”

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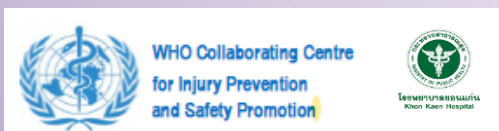
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## **Introduction**

This book has compiled about Summary of “International online Training on Trauma Administrative management for Trauma Medical Director and Trauma Nurse Coordinator in Southeast Asia Region”. There is content Lecture notes, Project documentation, Assessment results from the participants and other. sincerely hope that it will be useful to those who are interested enough.

December 2022

## List of contents

	page
Agenda	1
Lecture notes	4
Pre and Post-Evaluation of training course	41
Appendix	59
The proposal for the project	60
List of participants	69
Activity pictures	93





WHO Collaborating Centre  
for Injury Prevention  
and Safety Promotion

ศูนย์ความร่วมมือระหว่างองค์การอนามัยโลกและโรงพยาบาลขอนแก่น  
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โรงพยาบาลขอนแก่น  
Khon Kaen Hospital

## Agenda

### "International online Training on Trauma Administrative management for Trauma Medical Director and Trauma Nurse Coordinator in Southeast Asia Region"

Date /Time	Subject	Lecturer/Speaker	Position/Work place
<b>Day1 (05/09/2022) (Bangkok time)</b>			
09.00-09.20 AM	Welcome remark	Dr.Kriengsak Vacharanukulkieti	Director of Khon Kaen Hospital
09.20-10.00 AM	Policy and Direction of Thailand Emergency care system	Dr. Suwannachai Wattanayingcharoenchai	Director-General, Department of Health
10.00-10.30 AM	Role of WHO in Trauma and Emergency Care	Dr.Jos Vandelaer	WHO representative to Thailand
10.30-11.00 AM	SEARO strategies in Trauma and Emergency Care of the region	Dr.Tashi Tobgay	Technical officer: Disability, Injury Prevention and Rehabilitation, WHO SEARO
11.00-12.00 AM	Trauma care system in Thailand	Dr.Witaya Chadbunchachai	Director of WHO-CC KKH
<b>12.00-01.00 PM</b>	<b>Break for lunch</b>		
01.00-02.00 PM	Administrative role of Trauma administrative unit	Asst.Prof.Dr.Narain Chotirosniramit	Director of Maharaj Nakorn Chiangmai Hospital, Faculty of Medicine, Chiangmai University
02.00-03.00 PM	Administrative role of Trauma administrative unit (Nurse role)	Mrs.Priwan Promtee	Head of Nursing Department, Khon Kaen Hospital
03.00-04.00 PM	Q & A		

<b>Day 2 (06 /09/2022)</b> (Bangkok time)			
08.30-09.00 AM	Recapitulate of Day 1	Dr.Witaya Chadbunchachai	Director of WHO-CC KKH
09.00-10.00 AM	Role and responsibility of TMD	Dr.Witaya Chadbunchachai	Director of WHO-CC KKH
10.00-11.00 AM	Role and responsibility of TNC	Assoc.Prof.Dr.Praneed Songwathana	Faculty of Nursing, Prince of Songkla University
11.00-12.00 AM	Q & A		
<b>12.00-01.00 PM</b>	<b>Break for Lunch</b>		
01.00-02.00 PM	TMD role in running injury surveillance program	Dr.Somprasong Tongmeesee	TCC Chonburi Hospital, Chonburi.
02.00-03.00 PM	TNC role in running injury surveillance program	Ms.Notechapun Polkate	Injury surveillance unit, KKH
03.00-04.00 PM	Q & A		
<b>Day 3 (07/09/2022)</b>			
08.30-09.00 AM	Recapitulate of Day 2	Dr.Witaya Chadbunchachai	Director of WHO-CC KKH
09.00-10.00 AM	TNC role in coordinating task among related department	Ms.Wachara Poomiprabu Mrs.Winittra Utchoo	Nursing Department, KKH
10.00-11.00 AM	TMD and TNC role in empowering team	Dr.Anuchar Settasatien	Advisory board Road Safety Fund. Ministry of Transport
11.00-12.00 AM	Q & A		
<b>12.00-01.00 PM</b>	<b>Break for Lunch</b>		
01.00-02.00 PM	TMD role in quality improvement program	Dr.Tawatchai Impool	Chief of TCC, KKH
02.00-03.00 PM	TNC role in quality improvement program	Ms.Oratai Pochaisan	TNC, KKH
03.00-04.00 PM	Q & A		

Day 4 (08/09/2022) (Bangkok time)			
08.30-09.00 AM	Recapitulate of Day 4	Dr.Witaya Chadbunchachai	Director of WHO-CC KKH
09.00-10.00 AM	Role of TMD in capacity building	Dr.Chaiyuth Thanapaisai	Director of Trauma Care Center ,Srinagarind Hospital, KKU
10.00-11.00 AM	Role of TNC in capacity building	Dr.Jongkolnee Chantarasiri	Walailak University / Former Thailand Board Member of Nursing Council.
11.00-12.00 AM	Q & A		
<b>12.00-01.00 PM</b>	<b>Break for Lunch</b>		
01.00-02.00 PM	TMD and TNC role in Injury prevention	Dr.Wiwat Seetamanotch	Chairman of WHO-RTG Country Collaboration Strategy on Road Safety
02.00-03.00 PM	TMD and TNC role in Injury prevention	Ms.Supatra Samranjit	Workplan for Thailand Provincial Road Safety Network, Thai Health Promotion Foundation
03.00-04.00 PM	Q & A		
Day 5 (09/09/2022)			
08.30-09.00 AM	Recapitulate of Day 3	Dr.Witaya Chadbunchachai	Director of WHO-CC KKH
09.00-10.00AM	TMD role in pre hospital care	Dr.Weerasak Phongphuttha	Department of Emergency Medicine, KKH
10.00-10.30AM	TNC role in pre hospital care	Ms.Benjamat Anthapanya	EMS Command Control Center, KKH
10.30-11.30AM	TMD role in ER Department	Dr.Pornlert Pluemchitmongkhon	Chief of Emergency Medicine Department,
11.30-12.00AM	TNC role in ER Department	Mrs.Thanyarat Piyawatchwera	Supervisor Nurse of EMD , KKH
<b>12.00-01.00 PM</b>	<b>Break for Lunch</b>		
01.00-02.00 PM	TMD role in disaster management	Dr.Ratrawee Puttanaruttanamolee	Department of Emergency Medicine, KKH
02.00-03.00 PM	TNC role in disaster management	Mrs.Somporn Hongveang	Head Nurse of EMD, KKH
03.00-04.00 PM	Q & A		
04.00-04.15 PM	Closing	Dr.Thaksaphon Thamrangsri	Coordinator (Integrated Health Services) WHO, Department of UHC/Health Systems, SEARO

# Lecture notes

## Key message

Key note speech : Policy and Direction of Thailand Trauma and Emergency Care System

Speaker : Dr. Suwannachai Wattanayingcharoenchai

Director General, Department of Health

In each year, more than 20 million trauma and emergency patients visit Emergency Room of Thailand all over the country's Public Hospitals.

In order to have standard lean and seamless trauma and emergency care, MOPH had set up service outcome key performance indicators

1. 60% of every community hospitals(723)/ general hospitals(69)/ regional hospitals (26) have to achieve the standard of trauma and emergency care system evaluation
2. Mortality rate of traumatic patients with PS (probability for survival) score >0.75 less than 1%

To achieve the above KPI, MOPH had set 4 strategic measure

1. Raising Capacity of all personnel working in Emergency department
2. Internal /external assessment , analysis, synthesis, improvement for quality emergency room
3. Setting up and implementing master plan for all health hazard at central , regional and local levels
4. Setting of the informatics system for monitoring and evaluating the implementation of the plan

Department of Disease Control had set up a 4X4 National Strategic Plan for raising the quality of trauma and emergency care

1. Measure for administration
  - Set up EOC in every province
  - Set up Trauma and Emergency Administration Unit in every Regional and General Hospitals
  - Engaging as secretary in directing center for road safety in every sub districts (7,255)
  - Correcting hazardous location in District with high incidence of RTI
2. Measure for information system
  - Integrating road traffic mortality from multi data sources
  - Developing nationwide Injury surveillance system
  - Continuing data collection of black spot for RTI

- Road traffic accident investigation in important crashed

3. Measure for prevention

- RTI prevention in District level by D-RTI mechanism

- Implementing "Organization enforcement for RS" in every hospitals

- Area base Road traffic injury prevention in high incidence districts

- Promotion of health literacy for RS in community

4. Measure for quality care

- Quality pre hospital care

- Quality ER

- Quality in- hospital

- Quality referral



## Key message

Topic Trauma Care System in Thailand

Speaker : Dr. Witaya Chadbunchachai, M.D., FRCST.

## Core component in Trauma system

### Service delivery

- Prevention
- Capacity building
- Data system
- Pre hospital care
- Trauma Center
- Acute care facilities
- Referral System
- Rehabilitation

### Supporting system

- Leadership ..most important**
- Legislation
- System development
- Finance

### Important components in developing trauma care service

- Trauma policy
- Assigned TMD and TNC
- Established trauma committee
- Structure and zoning
- Personnel : EP, surgeon, neuro surgeon, orthopedist, nurses, etc
- Triage system
- Trauma alert team
- Trauma fast track
- Trauma algorithm
- Mass casualty preparedness plan

### Important components in developing pre hospital care system at national level

- National EMS Act
- National Emergency Medical Institute
- National EMS Board
- National strategic plan for EMSS
- National budget

National Emergency Alarm Number

National Trauma Care Standard and KPI

National regulation for designation level of Trauma Center

National plan for EMS education

Important components in developing pre hospital care system at local level

Administration

Personnel

Command control center and communication network

Ambulance and equipments

## Key message

**Topic : Roles and responsibilities of TMD**

**Speaker : Dr. Witaya Chadbunchachai, M.D., FRCST.**

### Roles and responsibility

Planning and implementing the plan of trauma center

Administer the trauma and emergency administrative unit

Financial management and fund raising

Developing specific regulation of the trauma center

Directed and coordination with multi disciplinary team

Area of Coordination

Clinical care with trauma director

multidisciplinary teams

multiple areas

multiple stations

Quality improvement

Risk management

Information system development

Injury Prevention

Field / incident commander in the event of mass casualty

Personnel recruitment

Capacity building of personnel

Organization capacity building

Researches

Public relation and public education

Advocacy for policy supporting the implementation of the plan

Collaboration with several stakeholders

Monitor and evaluation the progression and impact

Reporting to the hospital director and related high authorities

Other administrative issue

## Trauma nurse coordinators: Roles and responsibilities

Praneed Songwathana, RN, PhD Dip. APAGN, Faculty of Nursing

Prince of Songkla University, Hatyai, Songkhla, Email: praneed.sw@gmail.com

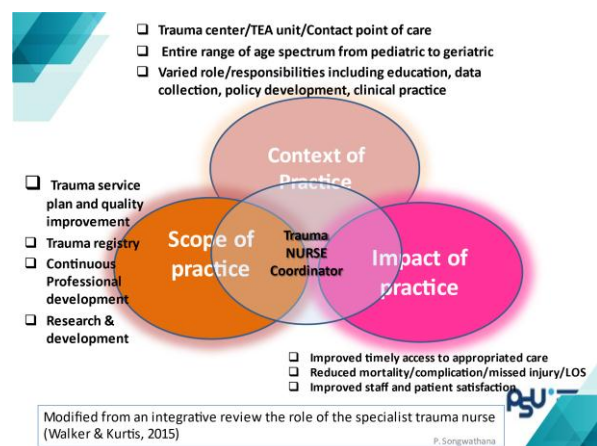
### Concept of care coordination

- It is a part of continuous improvement of trauma and emergency system which can improve the quality and safety of health services and decrease utilization of emergency departments services and hospital care costs.
- The activities of care coordination are various and nurses are the key workers which create or develop a system to link the care in each phase or setting.
- Nurses should have a framework or concept of continuing care to guide an approach or intervention.

### Six dimensions of continuity are integrated and applied for care coordination

- Informational continuity (beyond disease/group or tailor information)
- Management continuity (plan together, flexibility, monitoring and evaluation)
- Relational continuity (relationship and long-term engagement)
- Chronological continuity (time/series)
- Geographical continuity (borderless/everywhere)
- Interdisciplinary continuity (team)

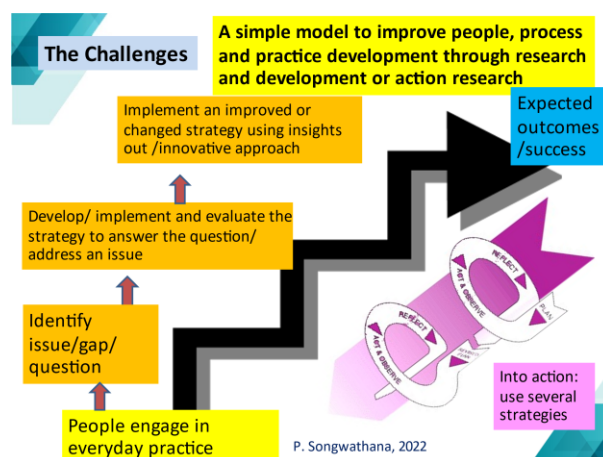
### Trauma nurse coordinators (TNC): context, scope and impact of practice



### Key roles of TNC

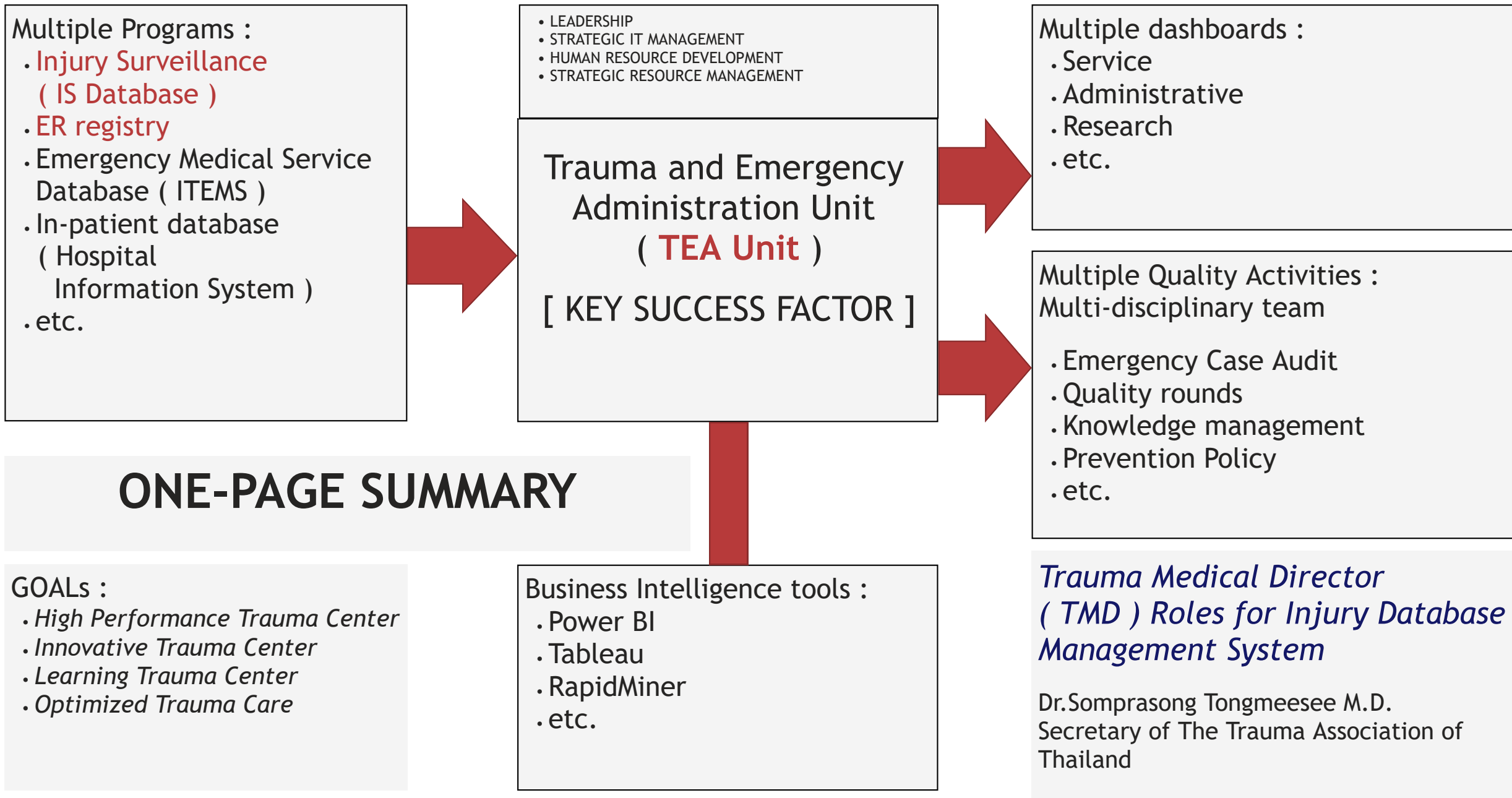
- Care coordinator: coordinate the patient pathway and to act a single point of contact for clinicians, patients, and carers.
- Care manager: administrative functions, liaising across the hospital departments and specialties, liaising with other hospitals and rehabilitation facilities,
- Data/information manager: patient documentation and transfer of information,
- Clinical advocator/educator: patients/carers/health care team information and support.

### Simple model for TNC to improve people process and practice through R and D or Action research



### Summary

Leading change, choice, and commitment to optimize patient outcomes throughout the continuum of trauma care is essential. TNC's action must work together beyond quality and biomedical model.

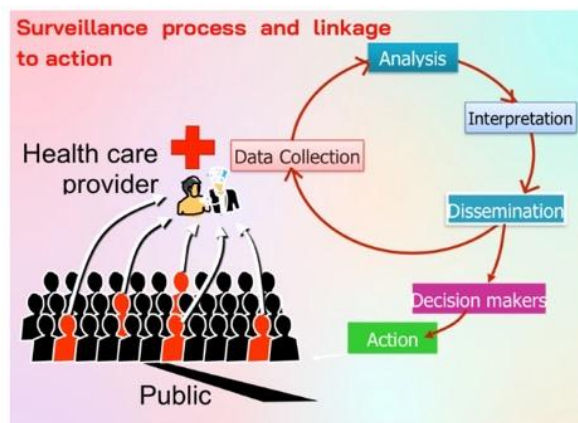


# Injury Surveillance System In Khon Kaen Hospital



## Surveillance is...

The ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely with timely dissemination these data to persons who need to know.



## Injury surveillance in Thailand:

- A Sentinel surveillance and a single program .
- Collect data from
  - SEVERE INJURY cases
  - Deaths: before arrival, during transfer, at ER, in hospitals
  - Admitted or Observed
- The injury occurred not more than 7 days before hospital visit

## Surveillance is...

Most important single software information system use in every provinces in Thailand

- To monitor and modified trauma care system
- Source of data for injury prevention
- Source of data for studying factor contribute to mortality and morbidity
- Source of data for studying causes of injury
- Source of data for studying manpower required for trauma care system

After the Injury Surveillance system (IS) was first implemented and collected in Khon Kaen Hospital (KKH) since 1989, IS data has been reporting in terms of Trauma Registry (TR) annually since then. The IS national software program was started to use since 1997. The annual snapshot of data collected is very important especially for those who are working in these violence and injury area. As far as Khon Kaen team concerns, having continuous data collection and demonstrating them in a continuously manner should be very useful for those who are dealing with this topic.





## **TNC role to empowerment nursing team and coordinating task among related department**

By Ms.Wachara Poomiprabu and Mrs.Winittra Utchoo.

The meaning of coordination is cooperation to work together with good relationship and unity with two or more people in the organization to achieve goal.

### **The coordinating task among related department**

- Facilitate multidisciplinary care
- Coordinate all aspect of quality improvement for injuries patients.
- Encourage all parties to have a good relationship and collaborate with each other and have the same purpose
- Reduce conflict, reduce work redundancy
- Fast and clear communicate to the other departments
- Visit the related departments to establish relationships with personal
- Meet and talk with team regularly and inquiries for comments
- Empowerment to teamwork
- Administration to achieve goal on schedule

### **Preparing before coordination**

- Study the Knowledge about Trauma care system, Trauma Quality Improvement, RM, trauma registry, trauma nursing clinician etc.
- Adjust mindset, attitude, positive thinking. Adjust behavior and personality, to be humble, respect everyone, be patient, calm down. Have a good human relationship.
- Review how to coordinate and facilitate.
- Study how to use communication tools.

### **Coordination process**

- Formal and informal coordination (Intimacy, direct contact, talking)

### **Good coordination method**

- Coordinate with communication tools, technology, including telephone, applications.
- Coordinate with in-person direct contact
- Coordinate with formal letter

### **Coordination Problems**

Most of the problem come from people such as the information is too late. Receive and send erroneous information, do not listen and rapid summary. Fast submission, no review. Ignore and forget. Not cooperating, High self-individual, dislike each other. Communication fails. Receive incomplete information. The correspondence letter was delayed. Verification documents are required after informal coordination. Someone who coordinated did not come to work and did not read message in line application. The meeting was delayed, Inappropriate location to meeting.

### **The solution**

Explained to Understanding, follow-up and revise continuous. Prepare the correct information. Readiness to use technology. Multi-channel coordination. Choose a format to coordination. Liaise, make an appointment in advance. Send the letter by yourself and sign documents. Appointment the date time and place to meeting. Set the date to receive data early than the actual date. Talk in polite word, polite language and do not make anyone in trouble. The message of communication is clear and short. Coordinate with the same level of person. Help and do it willingly. Study more information. Inquire about the problem and obstacles to solve the problem regularly. Follow-up and report on performance. Collaborate, point out the mutual benefits, befriend, guide each other, think together and keep in touch. Process on the specified time. Make all parties have the same goal.

### **TNC role in empowering to nurse team.**

Empowerment through listening, respect, meetings, thought-provoking and engaging, give decision making power, providing challenging work and the leader empowers at the ends with provide reflective information, compliment, share the idea, build on the idea, creative, think systematically.



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# Inclusive Trauma Care System and Empowerment Evaluation

## TMD and TNC role in empowering te



Anuchar  
MD.

International Online Training  
“ Capacity Building on Trauma Administrative Management for  
Trauma Medical Directors and Trauma Nurse Coordinators in Southeast Asia Region ”

Inclusive Trauma Care System : Can we find out the whole aspect of our system , all the Whole elephant body

1 Information : Trauma Registry  
/IS

2 Prevention

6 Interfacility  
Transfer



3 Pre hospital  
Care/EMS

4 Major Trauma Incident Management

5 Multilevel Trauma Center

Safe empowerment  
evaluation.  
One important Role  
for  
TMD and TNC role  
In  
empowering team

# Trauma Medical Director (TMD) Role in Trauma Quality Improvement (TQI) program

Tawatchai Impool, MD. Chief of Trauma and Critical Care Center, Khon Kaen Hospital

## General Concepts

- TQIP is one of important process in inclusive trauma care system.
- TQIP is A method of evaluating and improving processes of trauma patient care, emphasizes a multidisciplinary approach, aimed to improve the outcomes in advance.

## Elements of TQIP

1. Structure: infrastructure, tools, technology, resources of the organizations
2. Process: the interaction between care-givers and patients during which structural inputs from the health care system are transformed into health outcomes.
3. Outcome: measured in terms of health status, deaths, or disability-adjusted life years, include patient satisfaction or patient response to the health care system

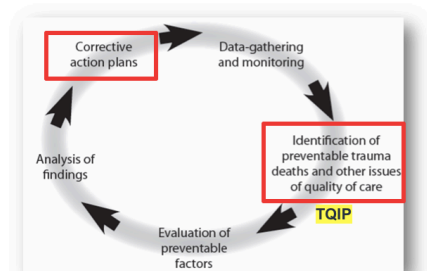
## Trauma Quality Improvement (TQI) committee

- Leader: Trauma Director
- Administrative support: Trauma program manager, Trauma program administrative assistant (logistics, data processing, resource allocation, communication with doctors, nurses and supportive services)
- Participants: trauma and critical care teams (e.g. anesthesia, orthopedics, emergency medicine, neurosurgery, the blood bank and radiology).
- Other contributors: prehospital nurse, ED nurse, ICU nurse and OR (scrub) nurse.

## Techniques of TQIP

- **Retrospective review:**
  - Morbidity & Mortality conferences
  - Panel reviews of preventable deaths
- **Prospective review:**
  - Tracking of audit filters
  - Risk-adjusted mortality rates

## Corrective strategies and closing the loop

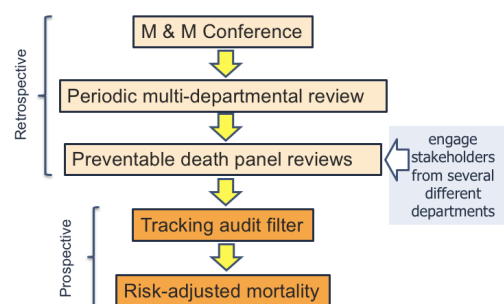


loop closure would require ongoing monitoring

## Actions for improvement targeted at specific providers

- The three potential corrective strategies focusing on individual providers include:
- Counselling
- Further training
- Change in privileges or credentials

## Step to Set The TQI Program



\_\_\_\_\_ Thank You \_\_\_\_\_

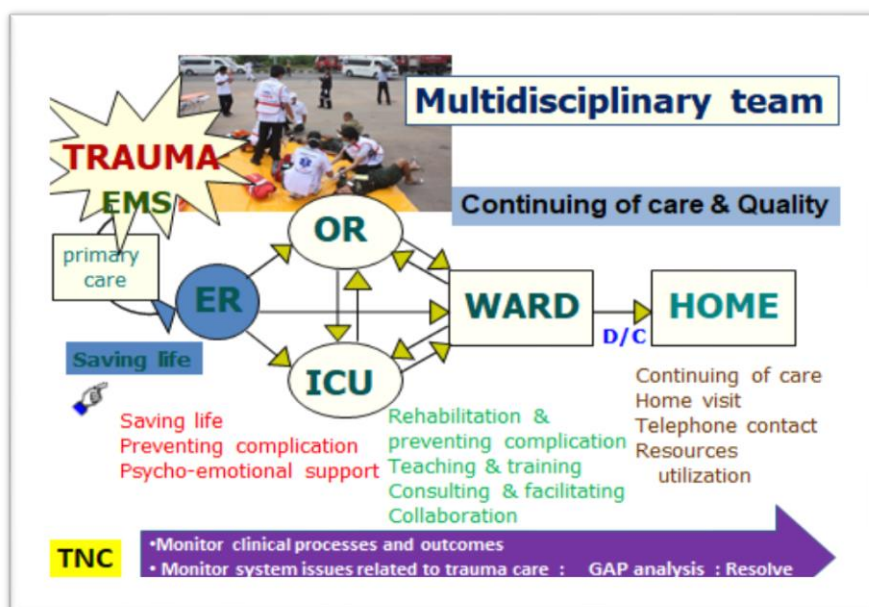
## Topic TNC role in quality improvement program

Speaker : Miss Oratai Pochaisan, RN

### Core component in TNC role in quality improvement program

TNC role : 7 Roles and responsibilities

1. Clinical/ Nursing role
2. Collection and management data
3. Analysis and synthesis
4. Research /KM
5. Development /Apply nursing innovation
6. Auditor/ Supervise Quality control
7. Coalition



How to work with multidisciplinary teams to achieve quality in KKH.

Quality activities in Khon Kaen Hospital.

Morbidity and Mortality Conference , Multidisciplinary conference , Quality round and Risk adjust mortality , Trauma team site visit .

### Process management in quality improvement program

Work system & process

Process Focused Organization

Responsibilities

Enterprise Goals Deployment



## Role of Trauma Medical Director in Capacity Building

Assoc.Prof.Chaiyut Thanapaisa, M.D.

Trauma unit, Department of surgery

Faculty of Medicine, Khon Kaen University, Thailand

Capacity building is the process of developing and strengthening the skills, instincts, and abilities of the organization.

Objective is to bring down preventable deaths of trauma victims.

The strategic activities to achieve the objective are.

- Initial assessment and management
- Rapid and safety transfer
- Definitive treatment in nearby trauma center
- 

Essential part of the Trauma center

- Basic and advanced life support ambulances
- Appropriate infrastructure, equipment, and manpower
- Skill training for medical personnel; doctors, nurses, EMTs, paramedics
- Communication networks
- Data collection

“The trauma center in Thailand has been categorized into 4 levels.

The role of TMD is to develop and maintain quality of their level.”

For example ;

Trauma center level I

- Publish trauma research constantly
- Training for general surgery resident
- Training for fellow ship of trauma surgery
- High technology equipments and procedures, such as;
  - Embolization
  - Thromboelastometry,
  - Endovascular surgery, Implantation
- Service of all major superspecialties associated with trauma



#### Trauma center level 4

- Initial assessment, management, and stabilization
- Focus on ABCDEs, resuscitation, adjuncts
- Safety transfer

#### Activities aspects

- Patient care / services
  - ER
  - OPD
  - OR
  - Ward / inpatient)
- Trauma quality services improvement programs
  - Advanced Trauma Life Support - ATLS
  - Pre-Hospital Trauma Life Support - PHTLS
  - Advanced Surgical Skills for Exposure in Trauma - ASSET
- Educational and training program
  - Fellowship in trauma surgery (2 years)
  - General surgery residency training (4-years)
  - 6<sup>th</sup> year medical students training
- Research and development

## Role of TNC in capacity building

Dr.Jongkolnee Chantarasiri RN;PhD (Nursing)

Director of Nursing Walailak Hospital

Former Thailand Board Member of Nursing Council

The Mission of TNMC that to advance nursing and midwifery professional to international standards, and to direct society in relation to health by promoting knowledge construction, knowledge management, and **capacity building** for nursing leaders

Program of Capacity building for Nursing approval by TNMC are

1) Program of Nursing Specialty in Emergency Nurse Practitioner (ENP) approach by Boromarajonani College of Nursing, FON Prince of Songkla University, FON Chiangmai university, FON Mahidol university, FON Suranaree University of Technology, Kuakarun Faculty of Nursing, Navamindradhiraj University

2) Program of Nursing Specialty in Disaster nursing approach by Srisavarindhira Thai Red Cross Institute of Nursing

3) Post Baccalaureate Residency Training Program of Nursing Specialty in Emergency and Trauma Nursing approach by KhonKaen Hospital collaborate with FON KhonKaen University

4) Program of Nursing Specialty in Trauma Nurse Coordinator approach by FON Mahidol University

**Program of Nursing Specialty in Trauma Nurse Coordinator FON Mahidol University determine the role and Major Responsibilities of Trauma Nurse Coordinator such as**

1) Development of Clinical pathway in trauma care and Data collection form 2) Participation in QA activities in relation to the registry 3) Reviewing files at major trauma center 4) Coding of injuries using the Abbreviated Injury Scale (AIS), Injury Severity Scoring (ISS) 5) Maintain data integrity. Responsible for day to day follow up of trauma patients' clinical care and update of data elements. Review, assess and record patients' progress 6) Working with the other Trauma Department members in conference organization 7) Involved in the promotion of national concepts in rural and remote education 8) Attendance at Trauma Audit meeting, clinical reviews and ward round 9) Undertake research, development, implementation and support for Trauma Department 10) Present education information on trauma issues at professional forums 11) Maintain an awareness of clinical and management initiatives that may impact upon key performance indicators 12) Utilize pre-determined outcome indicators for monitoring the delivery of trauma care

## What is Preventive Medicine?

- Preventive medicine is the practice of promoting preventive health care to improve patient well-being. The goal is to ultimately prevent disease, disability, and death.(ACPM)<sup>i</sup>

## Concepts in 4 level of diseases prevention<sup>ii</sup>

- Primordial prevention: Prevented the penetration of risk factors into the population by intervening to stop the appearance of the risk factors.
- Primary prevention: Prevent a disease from ever occurring
- Secondary prevention: Early disease detection, reduces severity of diseases.
- Tertiary prevention: Reduce the severity of the disease as well as of any associated sequelae.

Combined, these strategies not only aim to prevent the onset of disease through risk reduction, but also downstream complications of a manifested disease.

## The Ottawa Charter for Health Promotion<sup>iii</sup>

The first International Conference on Health Promotion, meeting in Ottawa 21st November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

## Safe system principle

The Safe System approach aims to eliminate fatal & serious injuries for all road users. It does so through a holistic view of the road system that first anticipates human mistakes and second keeps impact energy on the human body at tolerable levels. Safety is an ethical imperative of the designers and owners of the transportation system.<sup>iv</sup>

## Global Plan for the Decade of Action for Road Safety 2021-2030

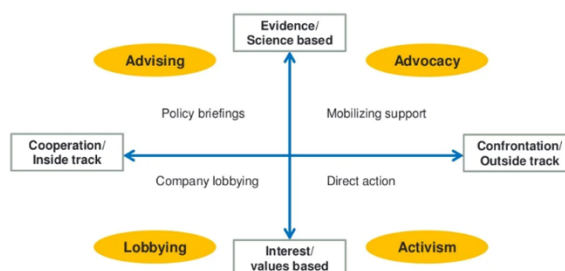
This Global Plan has been developed by the WHO and the UN Regional Commissions, in cooperation with partners in the United Nations Road Safety Collaboration and other stakeholders, as a guiding document to support the implementation of the Decade of Action 2021–2030 and its objectives.<sup>v</sup>

## What is advocacy?

Process to:

Influence policy and decision makers, fight for social change, transform public perceptions and attitudes, modify behaviors, or mobilize resources. (GAVI)

## Advising, advocacy, lobbying and activism



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<sup>i</sup> [https://www.acpm.org/about-acpm/what-is-preventive-medicine/#:~:text=Preventive%20medicine%20is%20the%20practice,Doctors%20of%20osteopathy%20\(DO\)](https://www.acpm.org/about-acpm/what-is-preventive-medicine/#:~:text=Preventive%20medicine%20is%20the%20practice,Doctors%20of%20osteopathy%20(DO))

<sup>ii</sup>

<https://www.ncbi.nlm.nih.gov/books/NBK537222/#:~:text=These%20preventive%20stages%20are%20primordial,c omplications%20of%20a%20manifested%20disease.>

<sup>iii</sup> <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

<sup>iv</sup> [https://safety.fhwa.dot.gov/zerodeaths/docs/FHWA\\_SafeSystem\\_Brochure\\_V9\\_508\\_200717.pdf](https://safety.fhwa.dot.gov/zerodeaths/docs/FHWA_SafeSystem_Brochure_V9_508_200717.pdf)

<sup>v</sup> <https://www.who.int/publications/m/item/global-plan-for-the-decade-of-action-for-road-safety-2021-2030>

## Lessons from the Development of 'Managing Information System' in Reducing Traffic Injuries of Workplan for Thailand Provincial Road Safety Network

Ms. Supattra Arunnapa,

Workplan for Thailand Provincial Road Safety Network,  
funded by Thai Health Promotion Foundation

Thailand's roads are the deadliest in Southeast Asia and among the worst in the world, according to the World Health Organization. About 20,000 people die in road accidents each year, or about 56 deaths a day. Whilst statistics for the past 5 years (2017-2021) Thailand has a total of 2,783,551<sup>1</sup> injuries and fatalities from road accidents, of which 2,012,538 are caused by motorcycles, or 72.30% of the total, and 407,114 are youths aged 15-24 years. or 20.22% of motorcycle accidents.

ThaiHealth is governed by a Board of Governance as well as an Evaluation Board that recognizes the severity of the situation. Therefore, operates under the "Tri-Power Strategy"<sup>2</sup> aimed at meeting goals The Sustainable Development Goals (SDGs) that have addressed the reduction in death rates from injuries from road accidents, which are in line with the 20-year National Strategic Plan and the Master Plan for Road Safety 2022-2027 One of the factors contributing to sustainable success in solving the problem is to **"push the mechanism to work at the local level"** assign responsible person and has been continuously monitored and evaluated. In order for the operation to achieve its main goal, the mortality rate must be reduced to 12 per 100,000 population by 2027.

### Lessons from the Development of "Managing Information System" in Reducing Traffic Injuries of Banphai Hospital, Khon Kaen Province and it's Network<sup>3</sup>

Background: Banphai district is one of the major economic areas in Khon Kaen province where traffic accidents often occur. The numbers of injuries visiting Banphai hospital varied between 1,800 and 2,000 cases/year, with about 30 deaths/year. To tackle this problem, the "Managing Information System" (MIS) team was set up in 2009.

Measures: Banphai hospital staff are the founding members of the MIS team. Soon after its inception, the team gradually included police, the Department of Highways (DOH), the Department of Land Transport (DOLP), commerce groups, and communities as part of its network. The 5E (Engineering, Enforcement, Education, Emergency, and Evaluation) and PDCA principles (Plan-Do-Check-Act) are applied. Each authority is responsible for different "E", eg. The DOH for road engineering and the DOLP for educating drivers. The reporting systems between authorities were harmonized.

Effects/changes: About 80% of traffic accidents related deaths are due to risky behaviors of the riders/drivers, while unsafe environments account for the rest 20%. Some concrete measures (both long run and short run policies) were proposed. Examples of the measures are (1) establishing clear traffic signs in risky junctions, (2) closing the U-turn points where clashes often occurred, and (3) an instigation of Memorandum of Understanding

<sup>1</sup> Standard Data Set: 43 files, <https://www.gotoknow.org/posts/605205>

<sup>2</sup> "Tri-Power Strategy" employed by ThaiHealth was based on Dr. Prawase Wasi's 'Triangle that Moves the Mountain.' The immovable 'Mountain' symbolizes the extreme difficulty in bringing about social change. This strategy indicates that strengthening three interconnected angles of the triangle or sectors is necessary to address the multi-pronged public health issues. The three angles of Tri-power Strategy are: 1) Creation of knowledge; 2) Social mobilization; 3) Policy advocacy.

<sup>3</sup> Integrating strategy to tackle traffic accidents in Banphai District, Khon Kaen Province, Thailand, Adun Bamrung, Jirawan Kijlerdpornpairaj, Rapeepong Suphanchaimat, Prayoon Kowit

(MOU) between authorities for campaigning helmet use. Since 2014, the incidence of traffic accidents related deaths has declined for about one third. The MIS is also successful in reducing alcohol related traffic injuries by about 6%.

Conclusions: The MIS working system is a beneficial lesson for other areas to learn how to harness local resources and seek coordination from stakeholders for preventing traffic accidents. Open-mindedness, trust, reverence, and endurance are key success factors.



## **Thailand and Khon Kaen EMS system**

### **The role of Medical Director in Trauma care process**

**Weerasak Phongphuttha , MD , EP, Khon Kaen Hospital , Thailand**

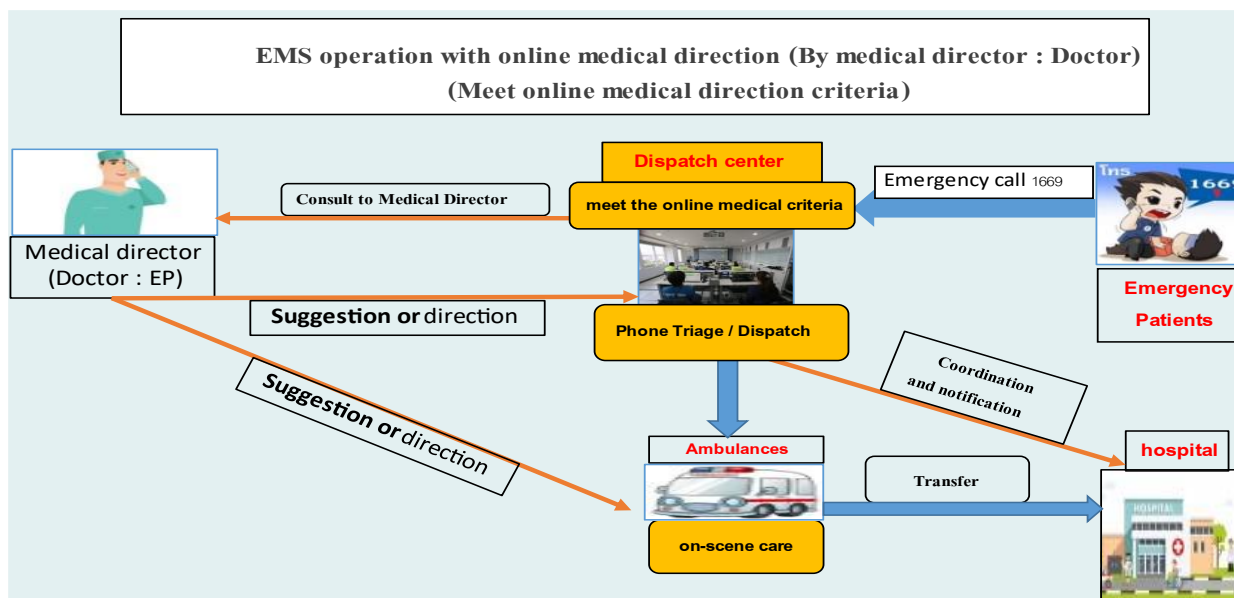
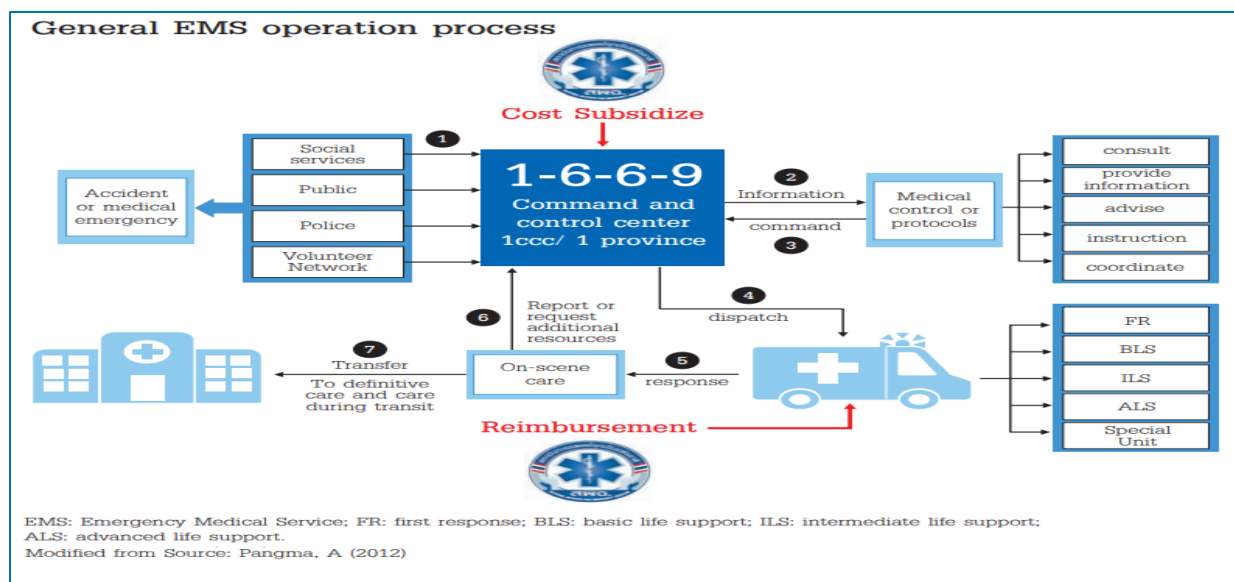
Prehospital trauma care can be realized benefits if vital interventions are applied in a timely manner. Vital interventions can be applied at on scene care or prehospital care , during transport and in-hospital. The factors of quality prehospital trauma care including 1. EMS or Prehospital system (Prehospital trauma care system) , 2. Prehospital trauma care personnel , 3. On scene care process and protocol ,4. Transportation and communication system.

The quality of EMS or prehospital care administering system design consist of

- 1 Setting up the system models
- 2 Identifying a lead organization
- 3 Medical direction
- 4 Quality improvement program
- 5 MCI/Disaster planning
- 6 Logistic and considerations : 6.1 Financial considerations , 6.2 Political considerations ,6.3 Legislative and regulatory .

In Thailand EMS can be accessed in various ways, such as hospital walk-in, emergency medical hotline call (1669), etc., and patients can be transported by any type of ambulance. Emergency Calls are channeled to a dispatch center , where they are prioritized using a medical index based on the patient's medical status (1.Emergency, 2.Urgent, 3.Non-urgent) according to the dispatch tool or phone triage tool (Criteria-Based Dispatch : CBD) . Next, a proper ambulance is dispatched and coordinated. Most Command and Control Center ( CCC ) or dispatch centers are located at the hospital where trained Emergency Medical Dispatcher or EMD (Paramedics or Nurses) triage and evaluate the emergency calls. In some areas, the CCC or dispatch centers are located at local government organizations under the Department of Local Administrative Organizations (LAOs), i.e., Ubon Ratchathani, Songkhla, Mahasarakham, Sa Kaeo, Lumphun, Phatthalung and Chumphon, and one special administrative area of BMA or Bangkok Metropolitan Administration. These emergency medical units must report back to the provincial health office under MOPH.

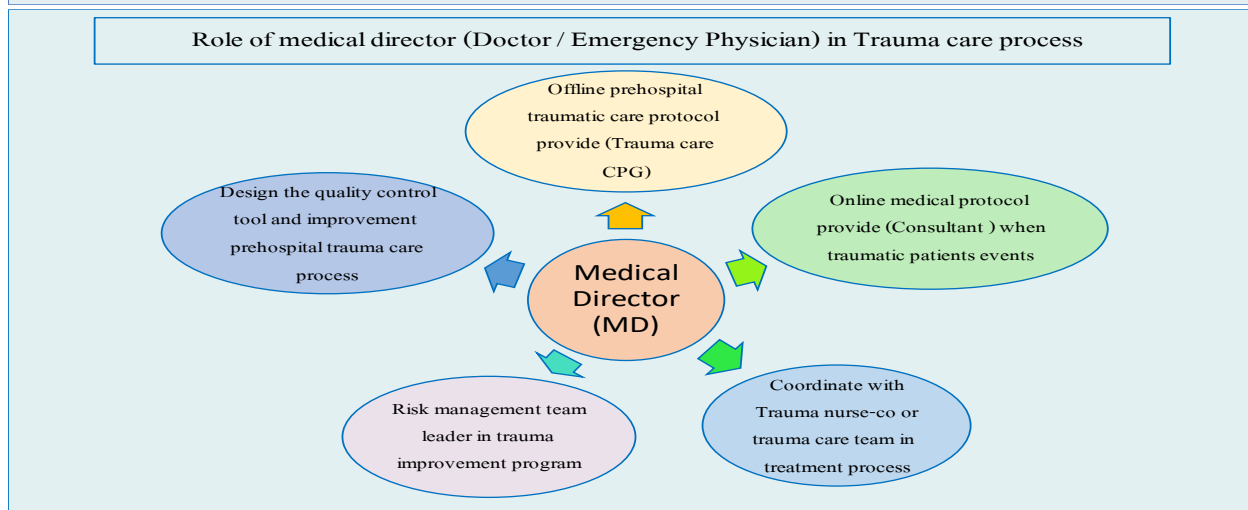
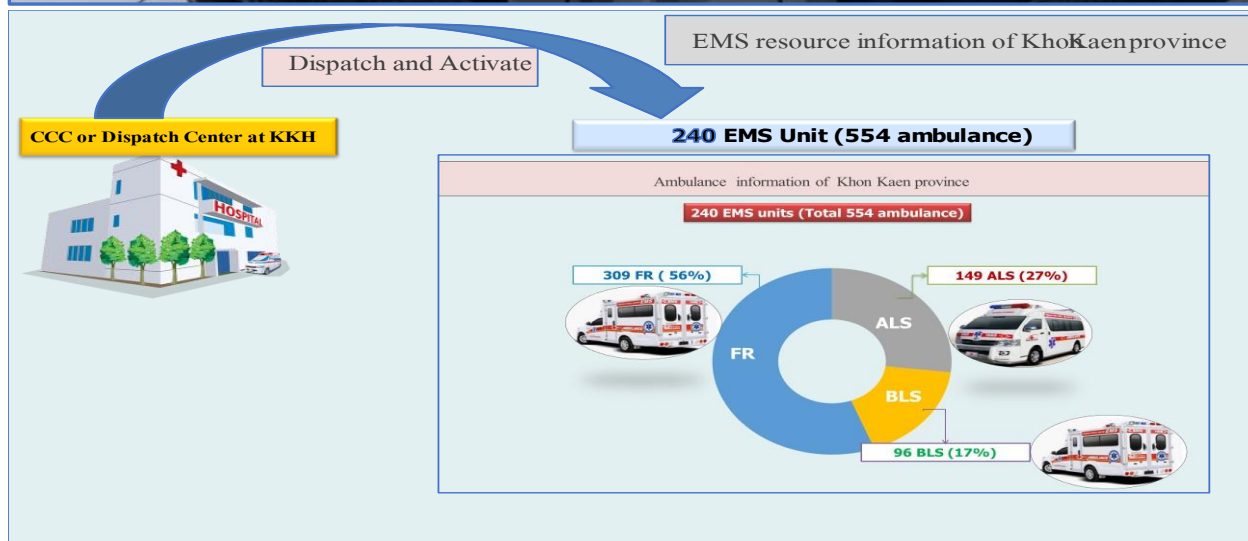
The service is offered free of charge for all Thai citizens by NIEMS (National Institute of Emergency Medical Service) .



In Khon Kaen , the CCC or dispatch center is located at Khon Kaen hospital . There are about 240 EMS unit (554 ambulances ) in Khon Kaen EMS system . The Khon Kaen CCC personal consist of call taker (CT) , Emergency Medical Dispatcher (EMD) , Emergency Medical Dispatch Coordinator (EMDC) , Emergency Medical Dispatch Supervisor (EMDS) , Medical Director (MD) . The Doctors (Emergency Physician) are the MD , they are the consultant and provide the medical direction processes both online medical direction and offline medical direction for prehospital patients care process .

The MDs take a role in trauma care process by provide offline medical direction or protocol of traumatic patients (prehospital trauma CPG ) and give the medical control to CCC or ambulance teams directly (online medical direction) in the case of meet online medical direction criteria. Additionally the MD coordinate to in-hospital trauma team (trauma nurse

coordinator or trauma surgery team ) for provided trauma fast track operation .



## Trauma Nurse Coordinators role in prehospital care

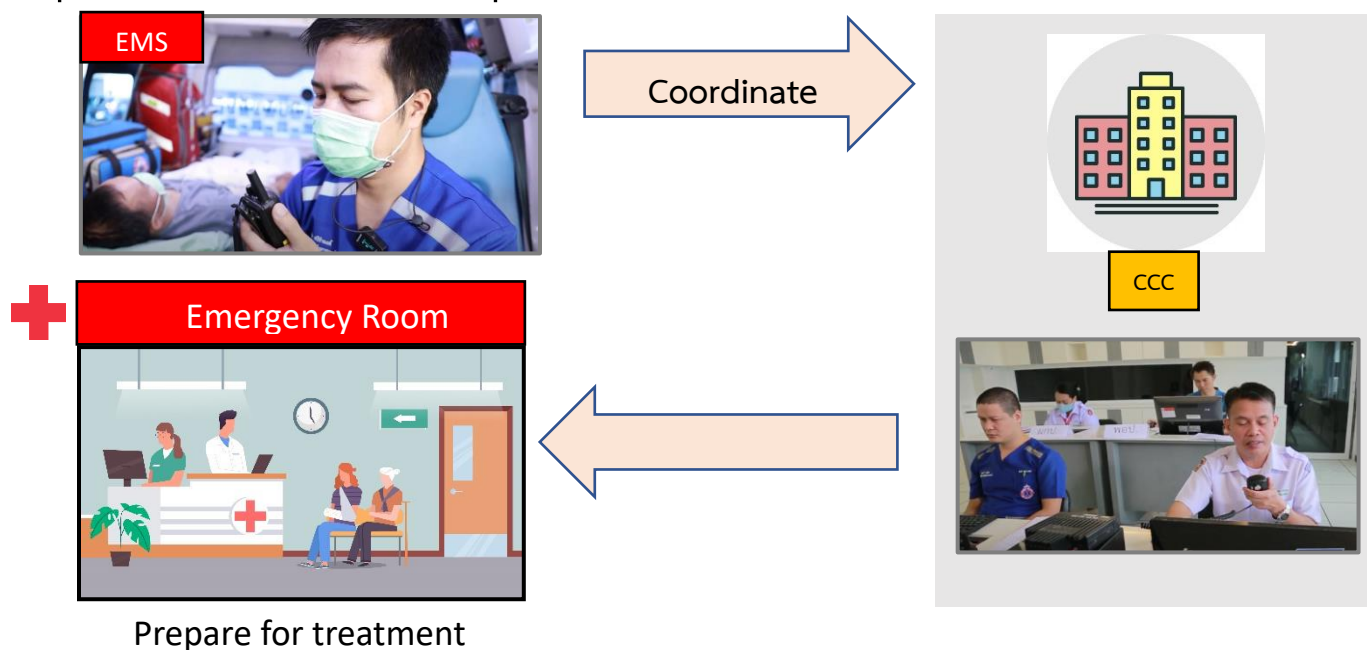
1. Participate in determination of on scene trauma triage.
2. Participate in the determination of on scene traumatic patients care.



3. Participate in determining guidelines for transporting patients to appropriate hospitals and quality of care in transit.



4. Serves as a patient information coordinator between the EMS team (pre hospital care) and the In hospital team.



5.Participate in the development planning of the pre hospital trauma care process.





### 1. Structure : location (ER)

- 1.1) Resuscitation room
- 1.2) Treatment zone
- 1.3) Fever zone
- 1.4) Negative pressure room

### 2. Staff

#### 2.1 EP

- 2.1.1) Staff EP
- 2.1.2) EP resident

#### 2.2 Trauma

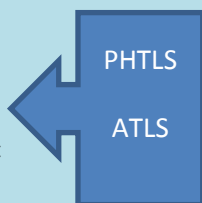
- 2.2.1) Trauma surgeon
- 2.2.2) Trauma resident

### 3. Stuff

- 3.1) ER thoracotomy
- 3.2) Airway equipments eg.video and fiberoptic laryngoscope
- 3.3) PPE & PAPR
- 3.4) IV warmer
- 3.5) CT scan, MRI, Portable X-ray

### 4. System

- 4.1) AEC model
- 4.2) Trauma fast track
- 4.3) Simulation

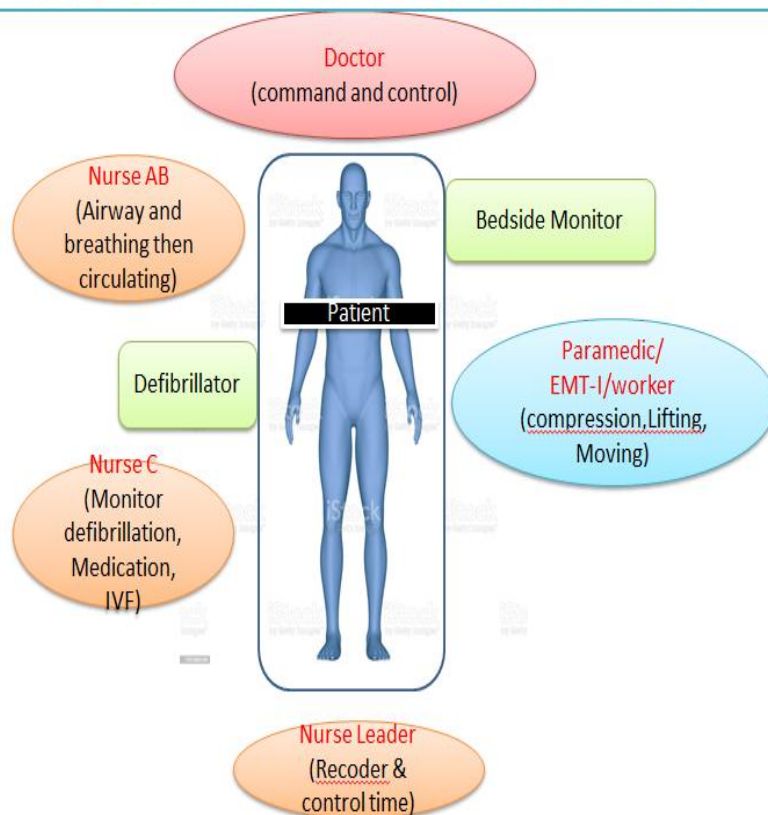


**WHO Collaborating Centre  
for Injury Prevention  
and Safety Promotion**



**TMD in ER (Khon Kaen Hospital)**

## AEC MODEL: ADVANCED AND EMERGENCY CARE MODAL



**Topic : Trauma Nurse Coordinator Role in Emergency Department**

**Speaker :** *Thanyaras Piyawatchwela ,Registered nurse,Senior Professional Level,Supervisor nurse of Emergency department ,Khon Kaen Hospital.*

### **Trauma Nurse Coordinator Role in Emergency Department**

- Structure / Staff ED nurse
- Role of Trauma nurse coordinator at ED
- ED nurse competency

### **Role of Trauma Nurse Coordinator in ED care**

- Coordinate in ED care process
- Coordinate in quality improvement
- Coordinate in data collection
- Coordinate in training of personnel

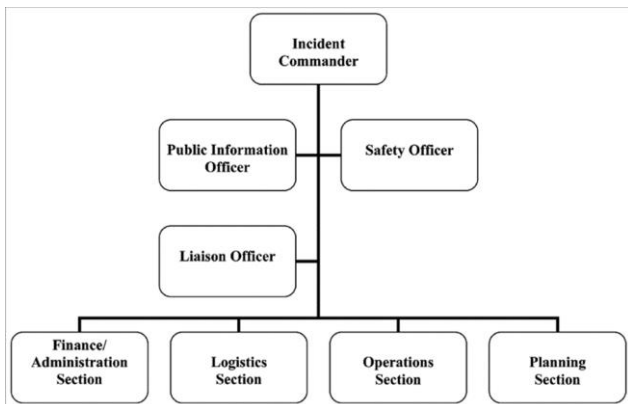
### **ED Nurse Training (Khon Kaen Hospital)**

- Pre-Hospital Emergency Nurse : PHEN (5 days)
- Referral Nurse (3 days)
- **Trauma and Emergency care for nurse (3 days)**
- Emergency Nurse Practitioner : ENP ( 4month)
- PALS, ACLS , Disaster
- Hospital Preparedness for Emergency : HoPE ( 5 days)
- Advance Trauma Care for Nurse (3 days)
- Assertive in Workplace (2 days)

Disaster is currently complexity due to the modernization and globalization. Thus, the disaster management approach turned to the people center management to engage all stakeholders and community to cope with a complex disaster together. Trauma medical director and a trauma nurse coordination who run the trauma care system have been involved in this area inevitably. The understanding of disaster management will support your trauma system management as well.

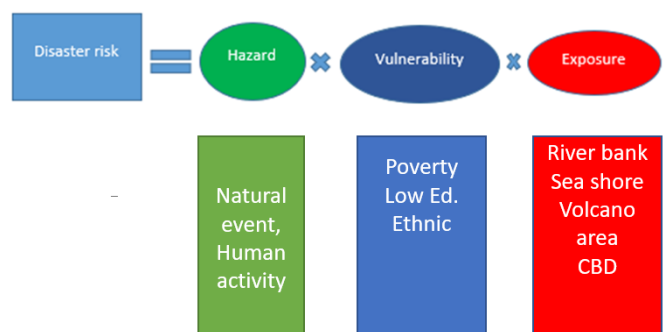


Disaster prevention and preparedness take a big part of disaster management. Especially, Preparedness will ensure that the system is ready for response and recovery



Incident command system (ICS) is the structure that uses for preventing, preparing, responding and recovering from disaster. Each level of management would set up the ICS fitting to the level.

In term of disaster prevention, the understanding of disaster risk equation is needed. The human activity always exposes vulnerable people to hazard and results in disaster risk. Therefore, it is clear that disaster prevention can be done by limit the risky human activity.





## Specific role of TMD and TNC

1. Coordinate with all stakeholders to run the prevention process in term of disaster risk identification, risk analysis, and risk reduction.
2. Ensuring the preparedness for disaster response and recovery agency as well as the community is processing.
3. Responding and supporting the disaster response and recovery action.
4. Situation analysis and reviewing for improving prevention, preparedness, response and recovery.

### Thailand disaster prevention

#### RTI(Road traffic injury)

- Law enforcement : Helmet
- Data management : Integrated RTI mortality database
- Community engagement: road driver community checkpoint

### Thailand disaster response-recovery

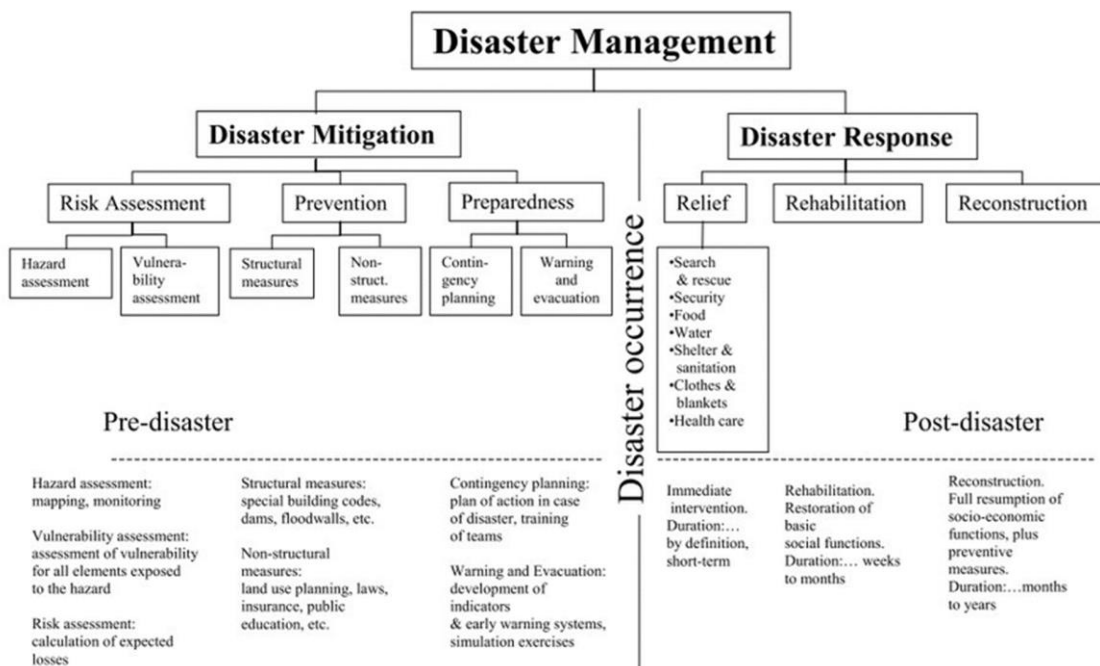
- Emergency Medical team (WHO)
- Field hospital
- Out-of-country disaster response e.g. Nepal earthquake

### Thailand disaster preparedness

#### Hospital preparedness

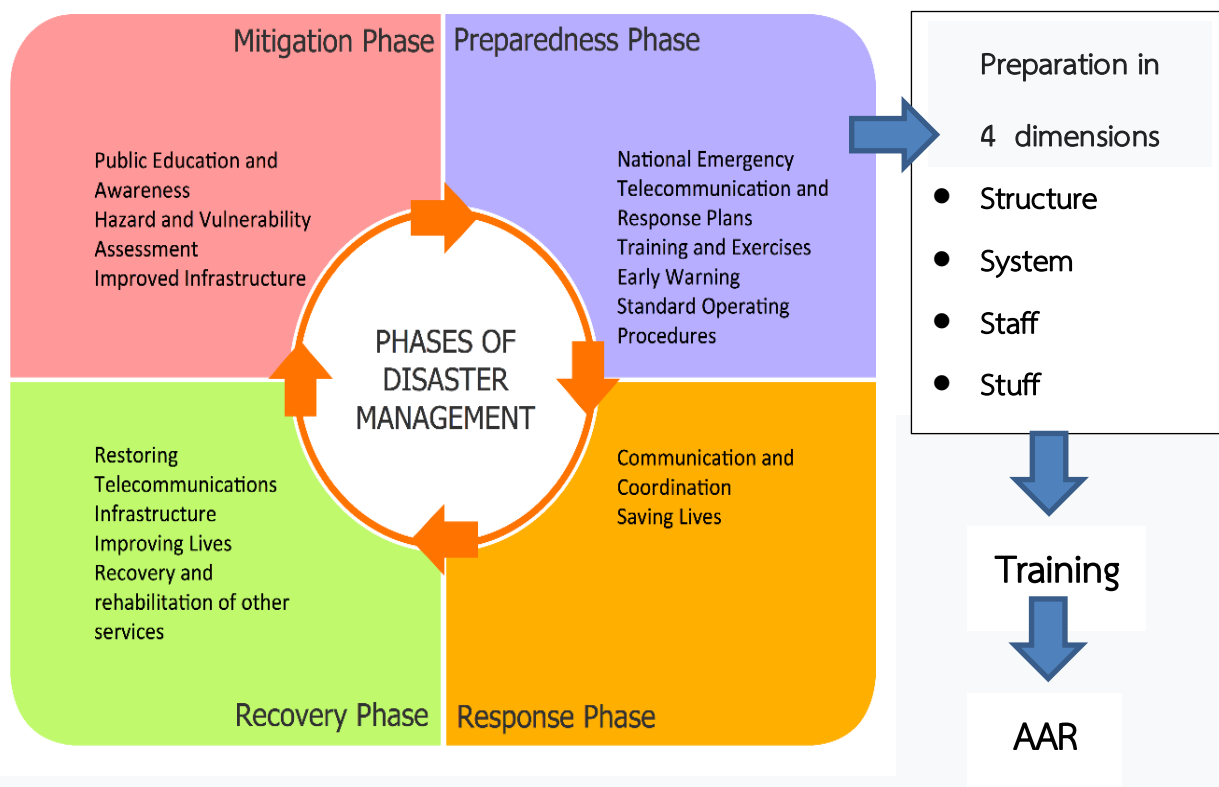
- Incident command system (ICS)
- Major Incident Medical Management and Support (MIMMs)
- Triage system
- Annual disaster drill
- Daily EMS operation quality control

Setting up and maintenance trauma care system is the key of preparedness for disaster. The proper trauma care system is the baseline system for disaster response-recovery.



## Disaster Management: Khon Kaen Hospital

Khon Kaen Hospital has an emergency response plan for mass casualty, public disaster or other serious epidemics under the name of "Borirak Plan" is used when the number of patients exceed the normal capacity of the Emergency Department. The preparation covers 4 dimensions, including prevention, preparation, communication, and response when an emergency situation arises both outside and in the hospital.

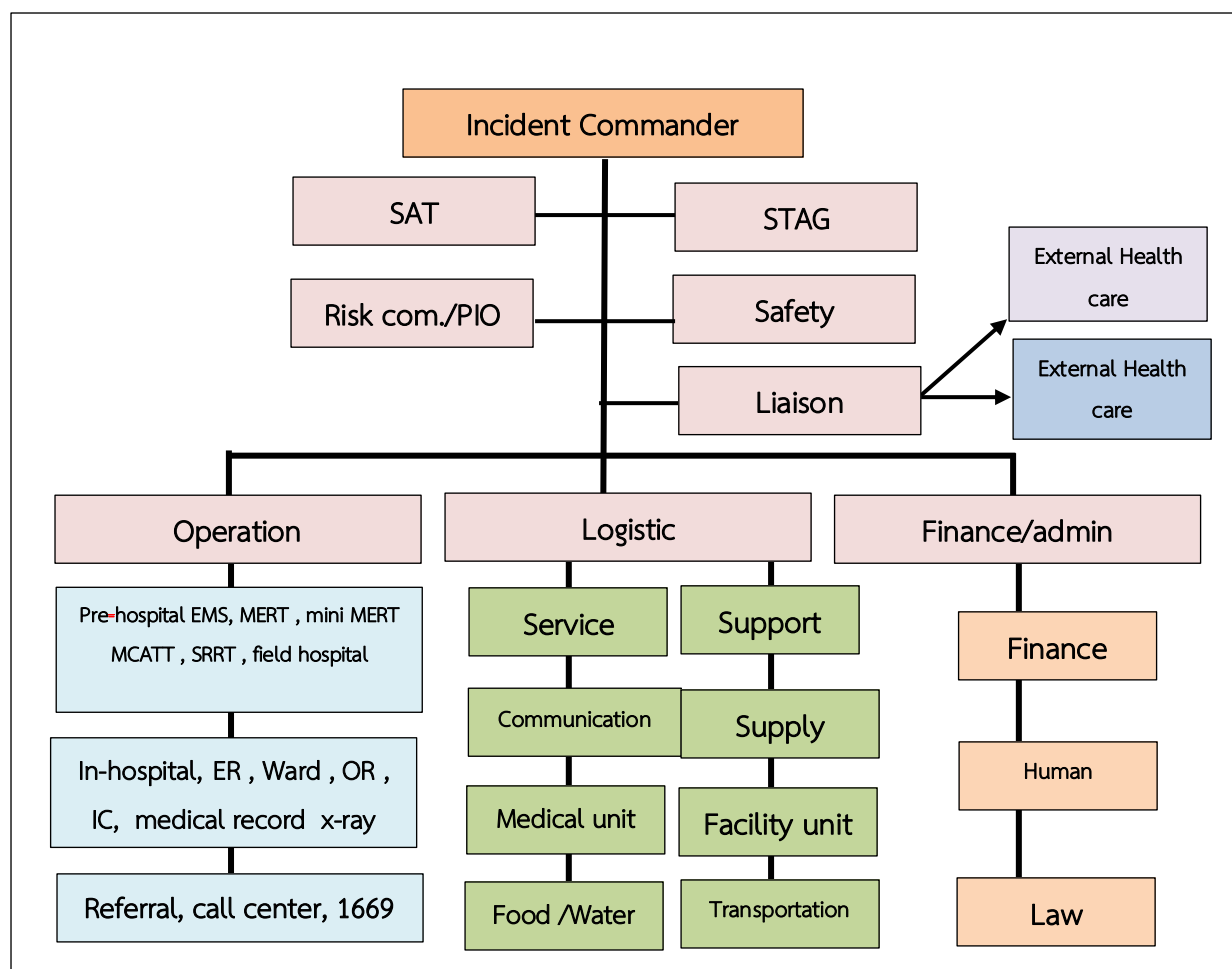


Preparedness Phase in 4 dimensions as follows

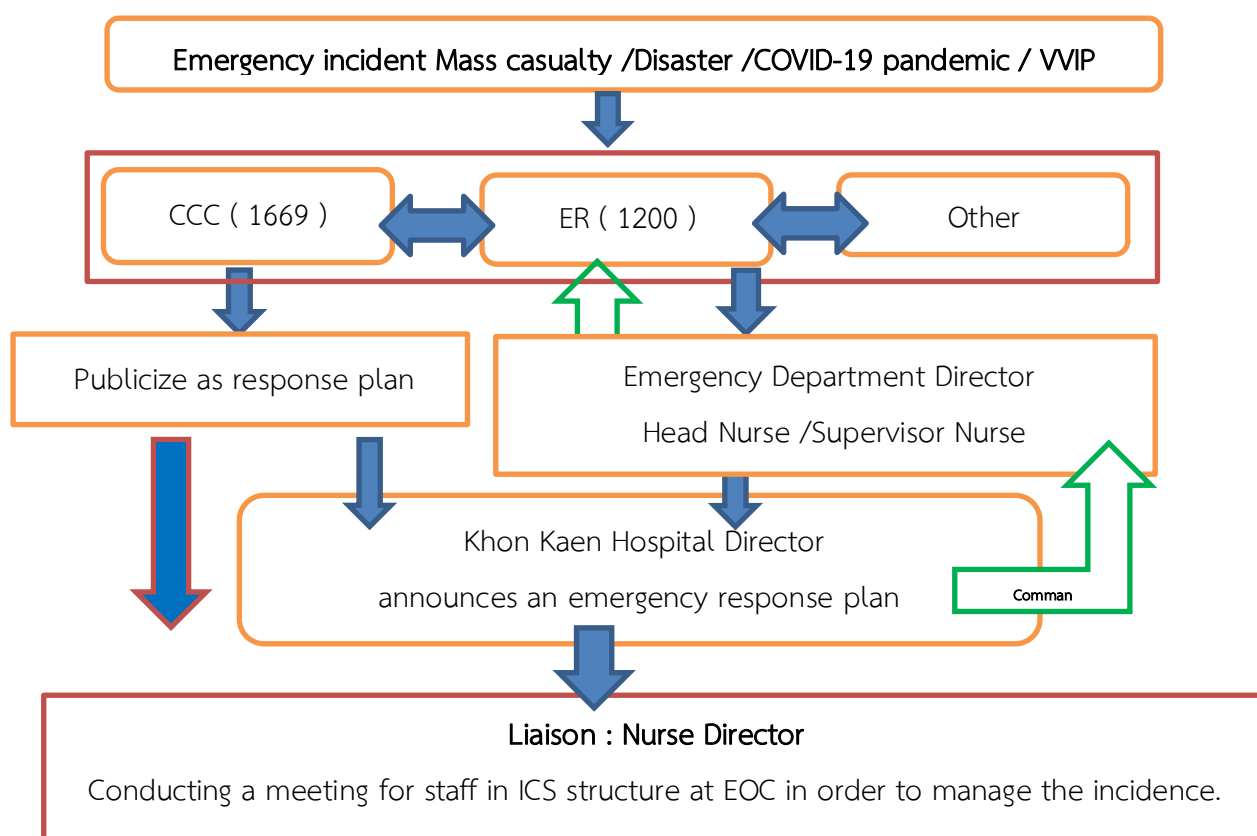
### 1. Structure

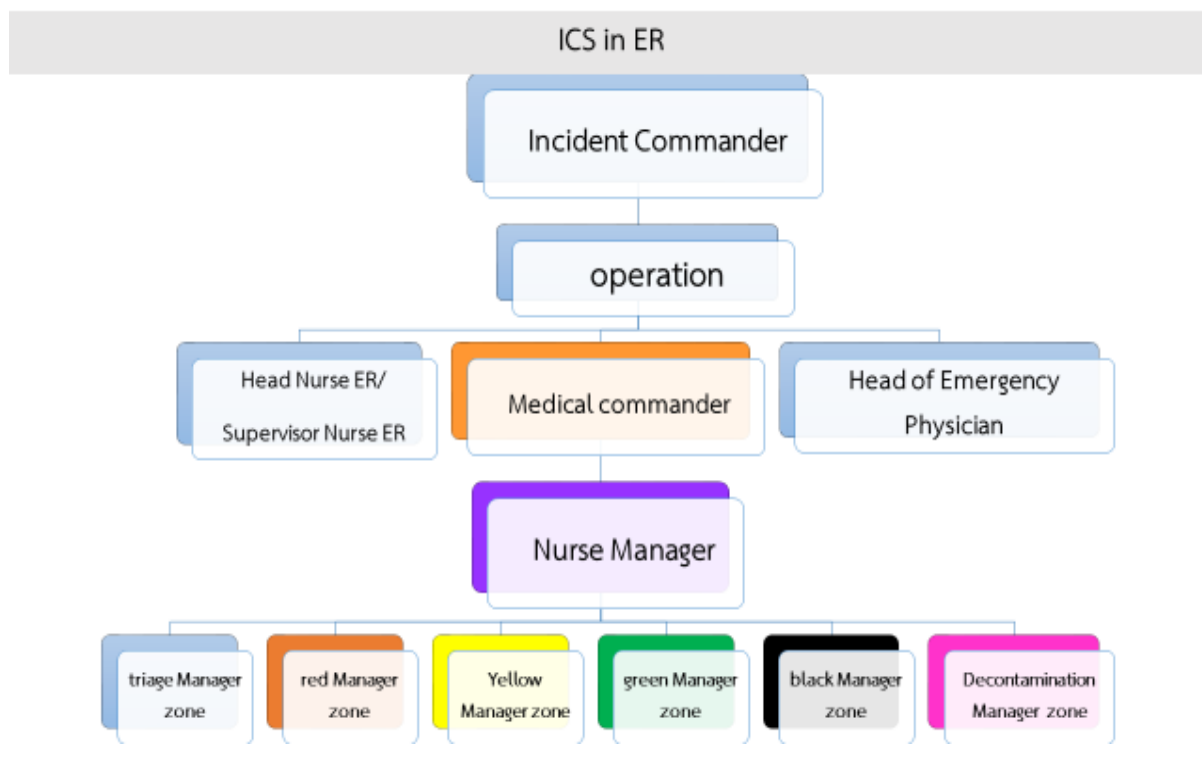
When there is a mass casualty, public disaster or other events that result in a large number of patients outside the hospital. EMS team activates and communicates to a medical director. EMS team will service at scene and coordinate before transfer the patients to Khon Kean hospital. Khon Kean hospital is an Emergency Operation Center (EOC) with the hospital director as a commander (Incident Commander) and there is an emergency incident command system of various departments involved as shown in the map.

## Incident Command System (ICS) : Khon Kaen Hospital



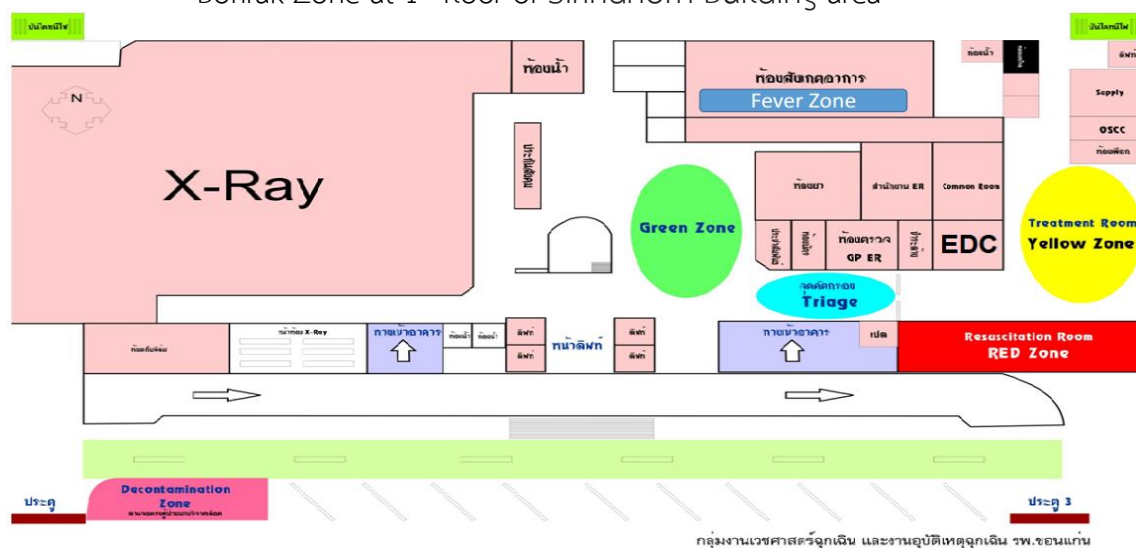
## Flow and communication of Emergency Department





At the emergency department, the transportation flow are designated entrances and exits to walk into and out of the hospital to make it easier to transport equipment or patients. The area is allocated and prepared to accommodate patients for each severity or each disease that occurs. Routes are planned to transport patients for diagnosis, admission to a hospital ward, or transfer to an OR.

Borirak Zone at 1<sup>st</sup> floor of Sirindhorn Building area



## 2. System

When there is emergency incident there will be an announcement of a BORIRAK plan, which consists of 3 plans according to the severity and number of patients as follows;

BORIRAK Plan	Number of severe patients	Number of mild + moderate patients	Responsible team
BORIRAK 1	< 5	<50	Only ER Team
BORIRAK 2	5-10	50-100	staff and supplies from wards and support units operating at the time
BORIRAK 3	>10	>100	Staff and supplies from all hospital staff and resources may need to request the support from nearby hospitals

The ER service flow is defined. The patient care, communication, and coordination tasks are planned accordingly for both responsible doctors and nurses. The roles and duties of the departments and personnel in the hospital involved are defined. Each service unit has an action plan and follow the plan abide by the Borirak plan after perceiving the announcement and communication from the public relations. They will register themselves to the Zone Manager at the emergency room and will be stationed at the responsible service point. The ER will organize space and equipment by the Zone Manager and wait for the support team from other service units to come help then the ER will assign tasks and start working until the end of the situation and the announcement of the closure of the plan. In addition, service units related to patients admission will also set up the service flow of that unit as well, such as a trauma ward, an orthopedic ward or an operation room, etc. The rehearsal plan is scheduled every year. Overing emergencies such as accidents, crowds, fire plans, and plans to receive COVID-19 patients, etc. After the drill, plans will be adjusted to match the situation, to be suitable and easy for practitioners.

## 3. Staff

ER and all departments personnel are assigned including operating unit and support unit to join the mission in the Borirak Plan. Personnel who come to help will be assigned according to their abilities, such as the ICU team will assist in the red zone, etc. Both the operating unit and the support unit will have to prepare and have a reserve manpower planning of the department and communicate planned missions to personnel.

### 4 steps “BORIRAK Plan ”

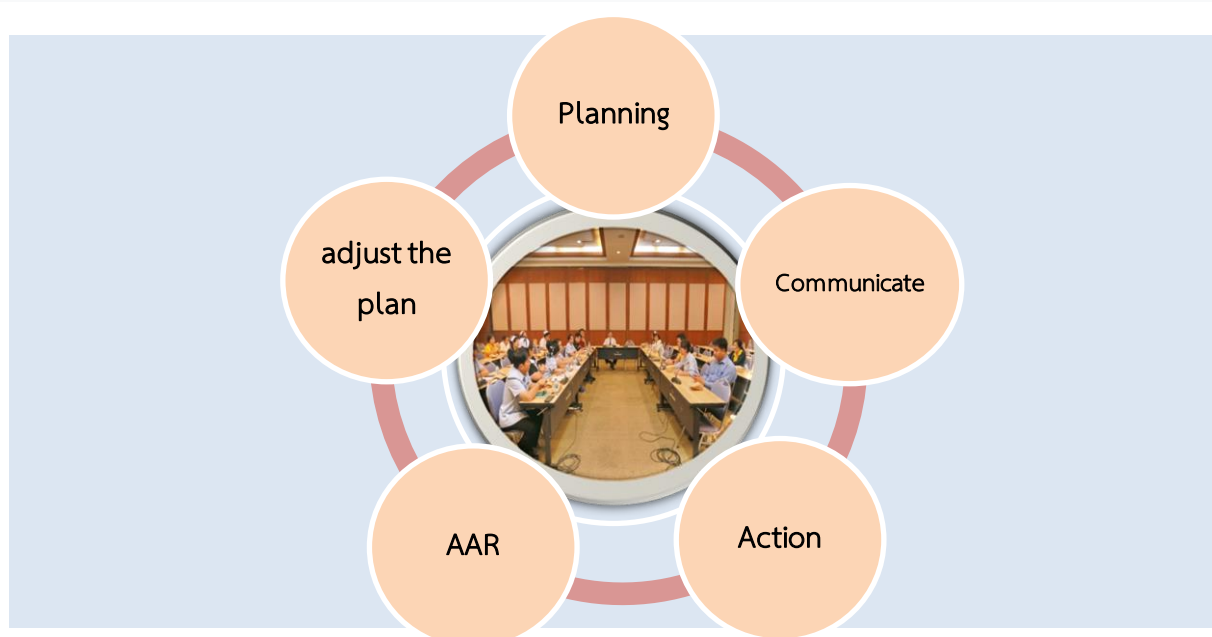


### Zone manager Identification



### 4. Stuff

Equipment related to the rehearsal is provided, such as zone manager identification vest, radio phone for communication between service zones, ID cards to identify helpers' zone service area layout, map of buildings that accommodate patients, patient's name boards, etc. There are plans to prepare and mobilize other equipment involved in helping patients such as oxygen tanks, ventilators, blood pressure monitoring devices, stretchers, essential medicines, etc.



Preparedness phase of BORIRAK Plan: Khon Kaen Hospital

## Closing session

9/9/2022

Key message for Dr. Jos Vandelaer

Dear....

We all know that in any situation where different people or services work together, it is important that the work between all is coordinated. Yet, it often does not happen. People often work or act in silos or alone, resulting in duplicated work or gaps. That can have deadly results.

And that is where you come in.

Along the same lines, Trauma Care requires multiple services to work together. From pre hospital care, care in the Emergency department and in the In-patient department and during referral , to rehabilitation, prevention, quality improvement and data system for monitor and evaluation – all need to work in sync and be coordinated.

And that is where you come in.

It has been demonstrated multiple times over that well coordinated and comprehensive trauma systems reduce preventable mortality substantially. We need to keep in mind that each year 1.3 million people lose their lives in traffic accidents, of which a quarter is in this WHO Region. That number more than doubles when we also include victims from other causes of injury. And the number of severely injured patients is about 10 times higher. These are staggering numbers, and they must be brought down.

And that is where you come in.

So, we need effective comprehensive trauma systems, in addition to well-equipped emergency departments and properly trained personnel. Patients have the right to immediate care after injury, early and fast transportation to a hospital, high-quality care and appropriate referral when needed. This requires regional guidelines and

protocols, and sufficient funding for emergency care. It also requires National master plans that focus on accessibility, equity and quality of trauma care. And when we talk about comprehensive trauma systems, we also mean a Trauma emergency administrative unit (or TEA unit) in each trauma center, a Trauma committee, a Trauma medical director assigned to be the team leader and Trauma nurse coordinators as the team's secretariat.

And that is where you come in.

Trauma medical directors and trauma nurse coordinators are key in the coordination of several disciplines involved in trauma care and prevention, but also in data management, in personnel capacity building, in advocacy and research.

And that is where you come in.

We hope that this training has provided you with extensive and detailed knowledge of these roles. As you return to your work stations, we hope you will be able to apply this knowledge to your own context, and that the trauma center where you are working, will become even better and more effective than before.

Because, that is where you come in.

Of course, WHO can provide SEARO member countries further technical support, including academic conferences to learn and share experiences among countries, or additional in-country training and workshops. Please do not hesitate to ask.

But let this week's training be a new starting point for a better trauma care in your own respective areas. We wish you all success in establishing trauma systems and trauma centers in your area and your countries.

That is where you come in.

And the patients will be forever grateful.

Safe travels as you return home.



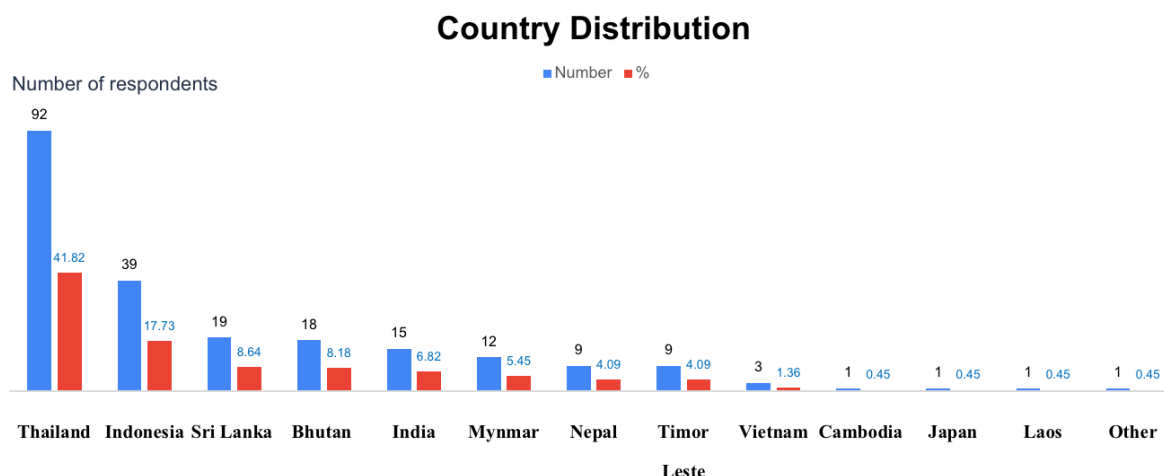
# Pre and Post- Evaluation of training course

## Pre and Post-Evaluation of training course

We conduct pre and post-evaluation form in Google form and send to all participants. The objectives of pre-evaluation are assessment of basic knowledge of participants include their expectation from this training course. The most importantly, we can compare the results of the assessment after training with post-evaluation form. Moreover, post-evaluation form is also able to assess whether the participants have more knowledge, impressive things, benefits to their work and suggestions for the training course.

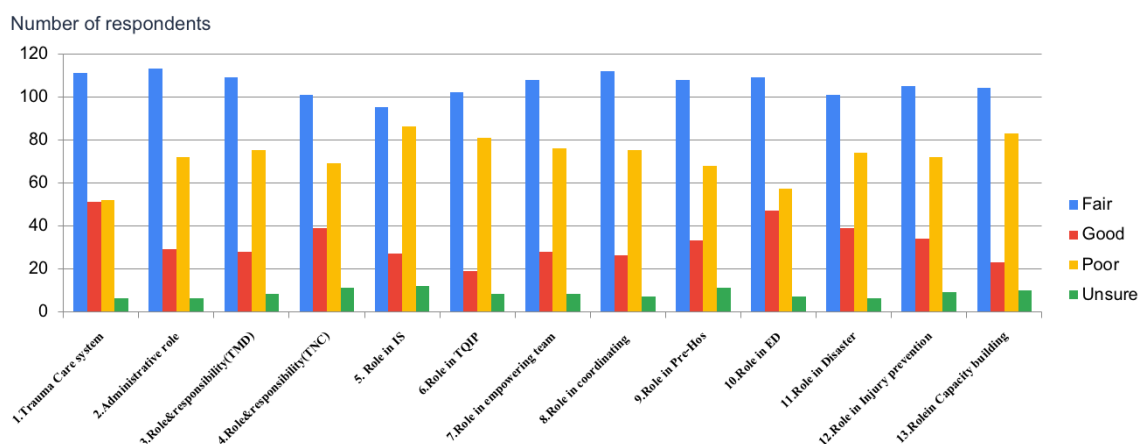
### Pre-training course evaluation

From 403 participants who registered to attend the training course, there are 220 respondents (54.59%) of pre-evaluation questionnaires. Most respondents are female, 143 (65%), are nurses, 126 (57.27%) and explained according to the distribution of country (picture 1).



Picture 1: Country distribution of Pre-evaluation respondents

Pre-evaluation about knowledge of participants was shown in picture 2. We can see that most of participants have fair level of knowledge for each topic.



Picture 2: Pre-evaluation knowledge of participants for each topic

According to the expectation of participants hope to achieve from training course, we can summarize and conclude as below.

1. To Gain knowledge and skills in improving trauma system in my Country
2. I expect this course provides me adequate knowledge so that I can be of great help to my ED and patients
3. I hope I will learn more about trauma and it's management
4. Learn about the trauma care system and TMD
5. Roles of nurses in managing the trauma cases resulting from various other causes and early prevention and detection of trauma cases. Contribute in national achievement of national health care and global health care goals.
6. Responsibility of trauma quality Program, know more on Trauma care system
7. To know role & responsibilities of trauma focal nurse & doctor & thereby improving trauma care system in the hospital
8. Management of trauma normally without having trouble
9. This Training should enable me to enhance knowledge and skill to bridge the gap between theory and practice for better trauma administrative management.  
knowledge and skill to implement trauma administrative management in our country
10. I should have understanding of trauma course and it's administration
11. Learn skills for enhancement of the country's Trauma and Emergency Care Systems
12. Enhance knowledge, skill and efficiency as a trauma nurse coordinator
13. Hope that this training will help me to understand more about the administrative role of a Trauma Nurse and more about the role and responsibilities of TNC and more about the administrative role
14. Can gain more knowledge which will help me in delivering patient care services as TNC and better understanding of surveillance and pre-hospital care
15. I expect this program will really very resourceful for me to enlighten my knowledge regarding the coordination and collaboration work of TMD and TNC. This will help me to improve my emergency management as I am working as a TNC in emergency department and also this course makes me to understand the roles and responsibilities of TMD and administrative roles also.
16. Knowledge on international practice
17. Grabbing some knowledge and skills useful in Trauma management and prevention.
18. To learn and achieve confidence in capacities in managing the trauma nurse coordination and efficiency in disaster management in pre-hospital and hospital setups.
19. Becoming a TNC
20. I want to know all the role about TMD and TNC in a good system
21. Know better about trauma registry and trauma team management
22. I hope this can be applied in daily life as a health lecturer and disaster volunteers
23. Increase knowledge about TMD and TNC
24. Gain increased competence in trauma management
25. The information very useful
26. I hope this course could increase my knowledge better
27. Hopefully I can get more knowledge, skills and information about trauma management
28. a better understanding of the role of nurses in the trauma and disaster management system so that they are better able to coordinate with other interprofessional team members
29. I have learn about trauma management and role of TMD and TNC
30. I want to understand about role of TNC
31. Increased knowledge and understanding of capacity building on trauma administrative management for trauma Director and Trauma Nurse Coordinator
32. I got more information and skill in trauma management
33. To enrich my knowledge on trauma in the field of prehospital emergency care
34. More knowledge, and more skill again

35. I got more information about TMD and TNC. More skill and have many friends
36. I expect that I have to improve in all the aspects relating trauma management, not only pre-hospital care but also at emergency department.
37. To get theory and practice.
38. I expect to have more knowledge, experiences and update information.
39. I can learn many things and I can update my nursing skills.
40. I am really interested in all of above categories. Moreover, I would like to learn about nursing competencies in trauma care, simulation training in nursing school or hospital setting and interprofessional collaborative practice in trauma care system.
41. to get theory and practice
42. Better trauma care
43. Understanding Trauma Care System
44. Hoping to learn about role and responsibilities of TMD n TNC in various aspect of Trauma situation.
45. I expect to get thorough knowledge and skills set required trauma management. I hope I will be able to teach my colleagues, juniors and students about the importance of proper trauma management.
46. By the end of the training session i will be able to know about the basic emergency trauma care and roles and responsibilities as a trauma nurse coordinator
47. Improve my knowledge and skills as a first in trauma care doctor
48. To become excellent trauma care nurse
49. My aim is to give the acquired knowledge to the patients effectively.
50. To master of trauma management in nursing and effective team approach
51. Gaining fair information regarding role and responsibility of TMD and share it with our team
52. At the end of this session i need to improve my knowledge about trauma nurse care, responsibility injurie prevention, pre-hospital care, and disaster preparedness.
53. It is value for me and our service
54. To be given good care for patients and teach the other staff
55. can be applied back to practice
56. Expect to review knowledge and learn more about The Trauma Medical Director, Trauma Nurse Coordinator.
57. New Concept in Trauma Care system
58. To know about the way to develop trauma system and TMD, TNC
59. Learn more and apply it.
60. I will get more knowledge about this topic and adjust this knowledge to my patients here as well. Although my hospital has not enough equipment to do some treatment. (A small hospital)
61. Knowledge of the role of caring for the injured
62. Can be applied to care at the ward
63. Understand how to work as the leader in trauma center
64. Good role in my job
65. Be knowledgeable about trauma management
66. TNC's Future Progress and Continuing Learning Curriculum
67. I expect to learning about role and responsibility of TNC
68. Injury surveillance program (I have 2 research, calculation of the probability of survival for trauma patients, admitted in sentinel hospital Thailand. And The effectiveness of assessing the probability of survival for trauma patients at ER, by registered nurse in sentinel hospital of Thailand.)
69. An idea for starting a trauma center in our hospital
70. Guideline for trauma care
71. Have a better understanding of the application system.
72. Need to develop the organization to be a trauma excellent center
73. Improve about Trauma management.

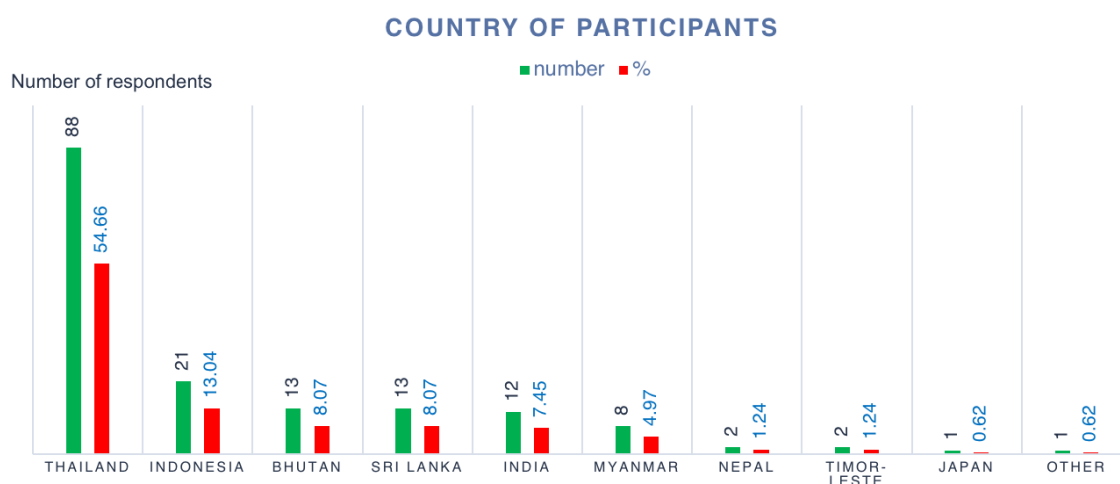
74. Improved TEA unit in my hospital
75. Knowledge and administrative process for trauma care
76. Learning new things to improve our trauma care center and trauma care system with good step implementation in different stage of trauma care system
77. To have more knowledge and handle Well all cases trauma
78. My expectation to achieve from this training to have more the knowledge and can handles Well the trauma cases
79. At the end of this training, I am able to manage trauma care program at my institution at country level and provide the support specifically engage the government authorities for putting the trauma care as priority in management and clinical services levels
80. New concepts to practice
81. To provide standard care for trauma patients and to build capacity to manage trauma case.
82. To build capability on trauma administrative management and nursing care for trauma patients.
83. To improve knowledge and skills about the trauma care management
84. Want to equip myself in latest developments in emergency management services to improve our emergency services at all the levels.
85. I want to increase knowledge and insight related to trauma handling
86. Get more knowledge in work place to overcome trauma or disaster setting
87. improve the trauma management and administrative skills of the trauma management team
88. I hope level of knowledge about TMD and TNC will good
89. TMD and TNC role in Disaster management
90. Very good for emergency nurses update
91. Learn about trauma management
92. Update to management of trauma
93. I expect opportunities to learn more detail knowledge, skill and practice for trauma and emergency care.
94. I would like to expect to achieve from this training course the following; the roles and responsibilities of trauma nurse coordinator, roles of TNC in capacity building and how to coordinate the other related department.
95. Complete overview of managerial skills for prompt trauma and disaster management
96. Developing trauma management and care
97. Developing trauma management effectively
98. To learn and build capacity in Trauma care and management
99. New knowledge on trauma management
100. Improve the quality of services of trauma care, injury surveillance and injury prevention in Hospital
101. Updating the Knowledge to emergency nursing care
102. To get recent updates of the above role and responsibilities and international experience as well to update SL system
103. Recent updates and gain international experience to benefit of nursing field and community
104. Improvement of quality of emergency nursing care as a emergency care nurse.
105. Improve my knowledge and ability regarding trauma care
106. I would like to fulfil my knowledge regarding TMD and TMN roles and responsibilities.
107. To update the knowledge on trauma management system
108. To build up best trauma care system in Sri Lanka
109. To update knowledge about trauma management and to be a good trauma management coordinator.
110. I would to know role and responsibility of TMD and TNC

111. New innovation
112. I want to see the truth of the real practice.
113. Developing Trauma Work Potential in the ER
114. Information for do to my works.
115. Information for my works.
116. Know how to manage Team Each role
117. Emergency course training free
118. I will use my knowledge to develop the organization.
119. Nursing care
120. Better TMD
121. Emergency management
122. To learn more about trauma management. Learn about the roles and responsibilities of TMD and TNC in a trauma unit.
123. improve knowledge and skills in effective management of trauma in hospital
124. To learn more about trauma care systems and roles of each individual in the system.
125. Improve my knowledge on management of trauma
126. To know more about trauma care and management
127. I hope this training can give me insight about capacity building on trauma administrative management
128. I can improve my knowledge about this topic
129. TMD and TNC Training Program in order to increase knowledge and management of trauma patients both outside the hospital and inside the hospital and also to manage disaster management both internally and externally
130. I hope I can increase my knowledge and skill to be a better nurse in trauma management
131. For knowledge about capacity building on trauma administrative management for trauma medical directors and trauma nurses
132. I want to learn the role and responsibility of TNC during disaster and in the ER.
133. Trauma Management
134. I think that I will improve about the knowledge of trauma administrative management after this course.
135. Systematic approach to manage trauma victims 2. Be familiar with standard trauma registry system 3. Learn from the standard recording and reporting system 4. To understand the roles of Trauma Medical Director
136. Applied in emergency work at the sub-district health promoting hospital level.
137. Trauma Management and Trauma Team Roles
138. I want to know more knowledge for each topic and new trend for this too
139. Accurate and useful information in professional practice.
140. Improve concept in trauma management and prevention
141. I want to get salary that proper for my work
142. I achieve level of knowledge topic is so good
143. I hope to improve my skill to take care the patients about trauma
144. To developed a job and develop more knowledge
145. To increase competency in trauma care
146. I expect to gather all knowledge relevance the trauma care to be developed the further work and research.
147. To increase knowledge for use in my hospital
148. Increase knowledge pool TM
149. It is expected that the knowledge gained will be used to develop knowledge and ability to work.
150. Role of TNC
151. Work efficiently

152. According to the topic of training ahead I really lack of knowledge regarding of this training but trough this training I expect I will have enough information and skills on trauma administrative management to apply in my work place.
153. I expect for this training course is to improve more better my knowledge and capacity of these training topics.
154. Wanted to know about Trauma care centers services, role of trauma focal in pre-hospital and hospital setting, trauma care, role of trauma focal in disaster management, injury prevention and capacity building
155. Able to understand trauma care system, being aware of role and responsibility of TMD and TNC,
156. I would like to get start to build up the mindset of trauma administrative management

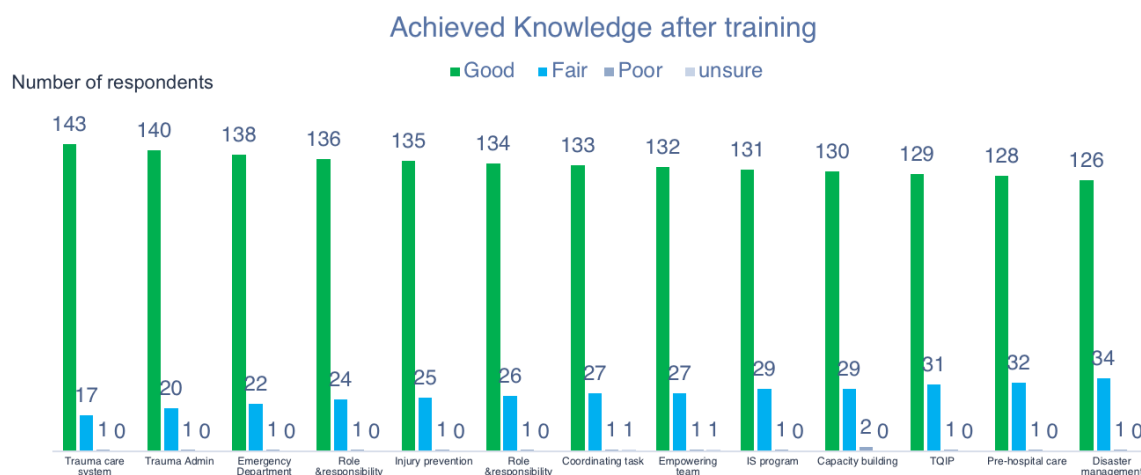
### Post-training course evaluation

From 403 participants who registered to attend the training course, there are 161 respondents (39.95%) of post-evaluation questionnaires. Most respondents are female, 115 (71.43%), are nurses, 124 (77.02%) and explained according to the distribution of country (picture 3).



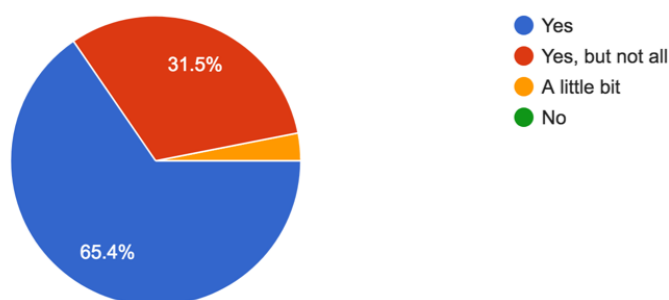
Picture 3: Country distribution of Pre-evaluation respondents

After finished this training course, most of participants can achieve more knowledge for each topic especially in trauma care system (picture 4)



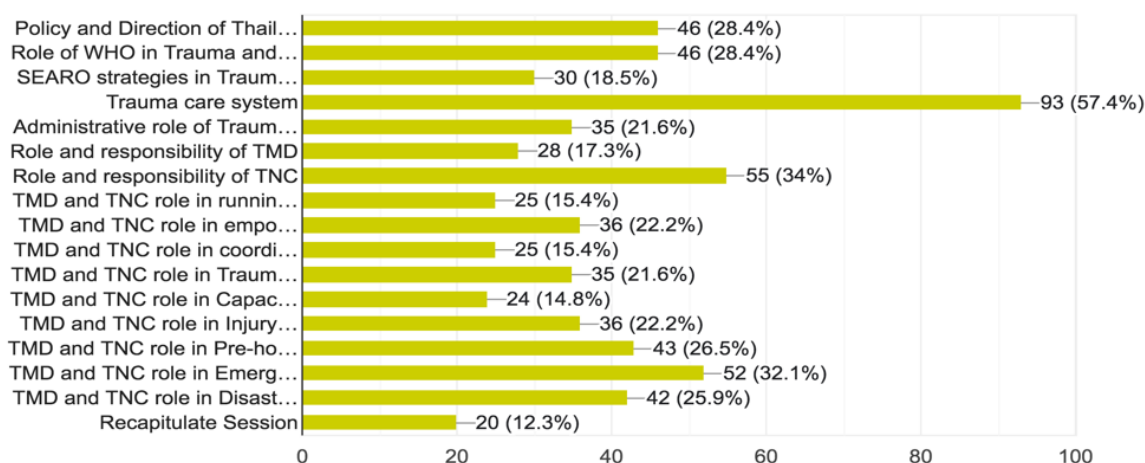
Picture 4: Post-evaluation knowledge of participants for each topic

Most of participants (65.4%) were able to achieve the expectation from this training course (picture 5)



Picture 5: Achieve the expectation from training course

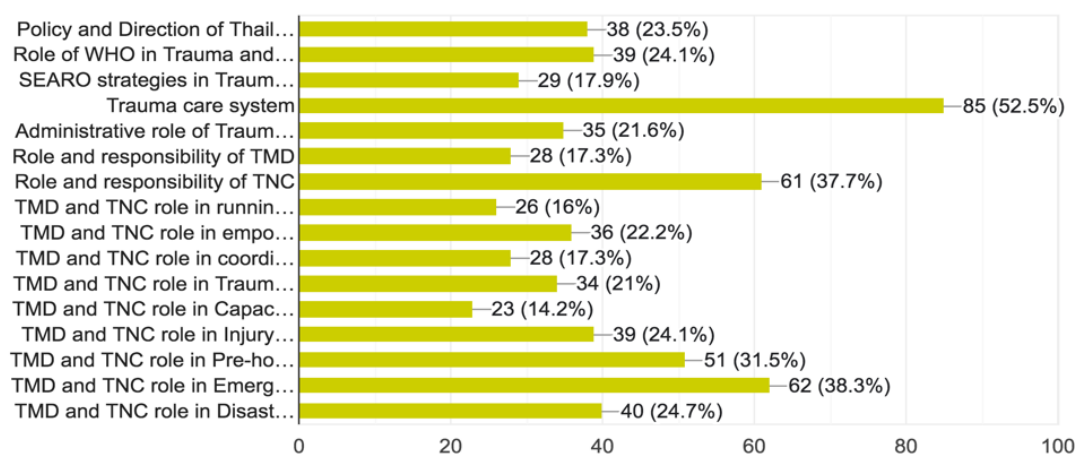
The most favorite topic from training course (participants can select up to 3 topics) is trauma care system and Role and responsibility of trauma nurse-coordinator (TNC), respectively (picture 6).



Picture 6: The favorite topics of participants



The most topics that participants find benefit in their current position and work (participants can select up to 3 topics) is trauma care system and role of trauma medical director (TMD) and trauma nurse coordinator (TNC) in emergency department, respectively (picture 7)



Picture 7: Topics that participants find benefit in their current position and work

### The most impressive things that participants find from this training course

1. Getting to know a lot of new things.
2. All the resource persons were well experienced and we could learn a lot
3. All the training course was very much impressive and resourceful. Teaching method, presentation all are good. But I like most is video presentation and discussion session. All speakers and trainers are polite and very effectively explained all the queries raised by participants at their very best level. That are appreciable. And this session provided adequate time for discussion.
4. Sir Dr. Witaya's summarization topic on next day of class (Recapitulate session)
5. Excellent presentations with a lot of graphics, depicting real time scenarios and algorithms for easy comprehension
6. Punctuality and IEC materials
7. Well Organized, all resource persons gave excellent presentation
8. Time management & active participation of participants
9. Open my perception about the role in emergency department and the role of nurse
10. Amazing presenter and provide excellent Q&A time for participants
11. The speaker in this capacity building
12. Improve our knowledge, expert speaker also good committee
13. Topic material
14. Insight and knowledge about handling trauma, emergency and disaster is increasing
15. The material and resource persons are very good and experts in their fields. the training is serious but still relaxed so it's not boring
16. Khon Ken Hospital experience to manage trauma center
17. Increase knowledge about trauma and disasters
18. Good Excellent of material and speakers and interesting delivery
19. Teamwork in handling emergency conditions and collaboration between doctors and nurses
20. Good administrative and good organization set up overall
21. Excellent Trauma system and TMD and TNC role.
22. TNC Role
23. Administrative role of Trauma administrative unit

24. Emergency and trauma team is a made up of great persons because they are many activities for our population.
25. Role and responsibility of TNC and KKH trauma team and admin
26. Good teamwork and coordination among ASEAN countries, well planning, power point preparation
27. Well done speakers, amazing VDO clips, e excellent trauma care system
28. To be able to gain knowledge about patient care services available in hospitals in different countries
29. Well planned trauma care system in Thailand
30. Pre-hospital care
31. Trauma care system
32. Role of TMD and TNC quality improvement program
33. Sharing the experience
34. It is interesting in explaining the strategy to empowering the emergency team, Quality improvement methods, learn how to maintain trauma registry & injury prevention strategy with evidence.
35. Trauma system, very good
36. What impressed me was the presentation in English. talking about trauma in various subjects
37. There was an exchange of opinions.
38. Pre-hospital care
39. Both academic knowledge and learning English
40. Doctor
41. I gained knowledge and the team works.
42. many special speaker
43. Many topics learning and getting much of knowledge
44. Knowledge and ability of each lecturer in communicating to understand and being a team work of Khon Kaen Hospital
45. Trauma care system
46. All speakers are experienced and talented people. The training program is not too tight.
47. Cooperation in patient care
48. Training content
49. TMD&TNC role in trauma team
50. All training courses
51. Language
52. Lecturers team
53. Network on Trauma Center in Thailand
54. Skill. Multidisciplinary. Team
55. Faculty members, lectures and communication in English
56. TEA unit
57. Learning to care for accident patients
58. TMD and TNC role in Trauma quality improvement program
59. Role and responsibility of TNC
60. TMD and TNC role in empowering team
61. Very impressed
62. It is international online training
63. Empowerment to make engagement of speaker to Eng. presentation
64. How I can do that... my role
65. I think this management system teamwork and knowledge in training include opening up a wider world of knowledge. Thank you very much
66. Patients care
67. TMD and TNC role in trauma quality
68. TMD and TNC role in Disaster management

69. Knowledge and implement
70. Improved TNC role in ED
71. TMD and TNC quality improvement program
72. This training is very important to improve my knowledge or capacity in this area.
73. All the concepts of trauma care system, trauma units with TMD and TNC are completely new for me as we don't have this system in Bhutan. We also don't have trauma registry or database. We don't have trauma units even in our national hospital. So it is an eye opening training for me. We have lots of work to do to better improve our system so that we can better take care of trauma patients and also prevent trauma through various channels as taught by our knowledgeable coordinators and speakers. Hoping that we can bring some changes to our country too. Thank you very much la.
74. Comprehensive concise
75. Trauma care system in Thailand, data collection
76. Trauma care system in Thailand
77. Good presentation with good slides & videos
78. Disaster management
79. Role and responsibility of TNC and role in capacity building
80. The detailed experiences shared by the presenters
81. Well planned trauma care system of KKH hospital
82. Specifically, Dr. Witaya sir ...Explanation method and another faculty also
83. Good experience and teaching skills of presenters, moreover the conduct of whole program was efficient and well coordinated.
84. Pre-hospital care and EMS system working and team approach towards the trauma and poly trauma patients and injury surveillance systems
85. The coordination between the team to achieve the goal of saving the victims of trauma or disaster
86. It was comprehensive
87. New experience
88. An amazing speaker
89. Excellent speakers from many areas
90. Hot discussion
91. Thailand emergency care system
92. To know about how TMD and TNC can change and run good Trauma Care System. Dedication of some champions with patience and systematic approach.
93. simplicity, rich contents and do ability
94. Time management
95. responsibility of the trauma nurse coordinators
96. We have to do something for our country
97. Time Management I really appreciate.
98. Impressed with participation in many countries cause an exchange of knowledge.
99. The overview trauma care system is very impressive topic to be basis for encouraging a relevant issue with trauma care.
100. Problems and solutions sharing from limited resources hospital like mostly hospitals in the world.
101. Work with confidence
102. Very good and systematic of Trauma Care System in Thailand

**The issues from training course that participants would you like the organizing team (Khon Kaen Hospital Team) to correct or improve**

1. If we could be given classes on ATLS
2. As always real training in person would have been better, so hope we have another real training

3. All sessions were very nice and resourceful easy to understand. Its a good training section.
4. All topics are well explained no need to correct
5. Would have been better, if onsite, at least for TMDs
6. It would have been better if it was on sight training than virtual
7. Nothing, everything is good
8. More time required to clear the queries
9. the collaboration task between department
10. The slides shown are still in Thai, so it's difficult for us to read
11. NO, All part well managed
12. there is not any
13. Coordinator Interhospital during disaster
14. Further training needs to be held in a hospital visit of 1 or 2 days (comparative study material)
15. Manage break time after two hours in morning session
16. TMD and TNC role in Trauma quality improvement program
17. Pre - hospital role
18. National Health Policy difference with Thailand and other countries
19. We are not improved in trauma system, TMD, TNC, PHLS etc in Myanmar except from Yangon General Hospital, North Okkalapa General Hospital and Nay Pyi Taw General Hospital. We all are needed drill, refreshment course, supporter, upgrade education. But we have not everything ,we all are trying to save the life from available resources.
20. Many issues such as well plan and organizations: man, many, materials and time management of training course are essential for organization team to correct and improve.
21. Empowering and coordinating issues are organizing team to improve.
22. Everything excellent, we like to visit KKH, nothing issues
23. I think the training program is very successfully if we got practical sessions
24. Proper pre-hospital care
25. Including more practical session
26. No issues, Very good organizing team.
27. Role of Hospital directors in TCM, injury surveillance and injury prevention should be included as they have the responsibility of initiating, planning and developing systems
28. Everything was organized very well by the team. All presentations were very clear & also all lecturers were keen to present their presentations.
29. Internet system that may be interrupted at some point
30. Want to have a clear and clear registration notice or have an on-set meeting
31. I wish there was a video or picture to make it more understandable
32. Thai Subtitle
33. Prehospital, role in ER, disaster, trauma
34. Network error
35. I would like. America to join next meeting if possible
36. Confident work very much
37. Role in Trauma team
38. Organizing team is very good
39. Organizing. /Subtitles
40. TMD&TNC role in running injury surveillance program
41. Trauma registry
42. I wish there was a Thai translation as well.
43. Role and respond of TMD and TNC
44. Improve Emergency care system my hospital and pre-hospital and in hospital and referral and. Disaster for team

45. Q&A break want to participant sharing topic each issue
46. Triage Tools
47. Prevention and pre-hospital care
48. Period to present
49. TMD and TNC role in injury prevention
50. Trauma Nurse coordinator
51. Trauma quality
52. Empowering
53. Trauma care system
54. I enjoyed the training a lot as it was all new for me.
55. Real time learning would be more effective other than zoom meeting
56. A group can join zoom from one screen to avoid sleeping
57. Because of virtual i cannot see the presenter personally so that we will discuss face to face in more.
58. May be more presentations on experience
59. If the participants from the same country are provided single platform to attend the training would be more beneficial for all participants to attend well
60. Timings could be better according to Indian standard time.
61. Technical problem with IT
62. It should be physical training with simulations of planning and execution of programs in participant's country context. Organizing team could have made a virtual tour to the Khon Kaen hospital
63. Communication and language
64. we have to work with get together as one of the team in the country
65. Time spending
66. some English pronunciation much difficult to understand but almost very good
67. It would be better to get the document of all session prior the presentation to take some note or memo during the presentation.
68. Think positive in every problem and fix it in the right way from right workflow.
69. Very short opportunity for interaction with many participants

### **The topics that participants interest and would be add to the next training course**

1. ATLS
2. More detail on Trauma Registry
3. The issues faced by TNC during their work. Like facing violence, errors malpractice issues, verbal orders and prescription errors. And also in service education for TNC. TNC certificate reviewal
4. Emergency nurse practitioner course
5. Onsite visit for TMDs would be really helpful to understand the existing systems better as per the intended objectives
6. Biomedical waste management Practices and some group work
7. Autonomy of a TNC in decision making in management of a critical patient
8. More elaborated topics on roles and responsibilities
9. management trauma pre-hospital
10. Prehospital care another region or Thailand
11. Implementation Evid3nce Base Medicine/Nursing in emergency and critical nursing
12. The role of TMD and TNC in empowering teams for handling trauma, emergency and disaster cases
13. proactive triage in emergency and disaster
14. Manage nurse staff and patient care in Emergency Room
15. Rescue Air
16. The Role of Nurses in Educational Institutions related to Trauma Nursing Management

17. Topics that need to be added, regarding how to increase public understanding in trauma management in pre-hospital
18. TMD role in national health policy development
19. TNC role and how to coordinate, how difficult, how to solve the problem and how to overcome the difficulties among the team. It is very motivated for me as a nurse.
20. Quality improvement topic is very interested topic for me and so I want to not only add but also attend to next training course.
21. I would like to add the topic (Primary trauma care) to next training course.
22. Use of Early Warning Score and focus on educator role in providing emergency and trauma trainings
23. Role of trauma nurse coordinators
24. I like TNC roll in ED department and disaster management
25. Only from online training its difficult to gain proper practical knowledge about trauma
26. Field situations
27. Role of Hospital directors in initiating and developing the system, Thailand experience
28. TMD & TNC role in quality improvement program
29. KPI in trauma
30. Initial treatment of trauma patients in children and adults
31. TMD and TNC role in Pre-hospital care This topic provides nursing care in wards. continuously until the good patient can return to normal life
32. Post-hospital care
33. Palliative care
34. Newborn & pediatric
35. prehospital management, trauma, ER
36. Policy and Direction of Thailand Emergency care system
37. The trauma for nursing
38. TMD and TNC Role in New Normal
39. New Medicine
40. Sepsis
41. Carrier pass TNC
42. Short course for TNC in hospital F1, F2, F3
43. About monkey pox
44. New Trend other for trauma administrative and care
45. TNC's career path
46. prevention
47. COVID19 with trauma
48. Referral system, report and consultation
49. Trauma fast track management
50. Trauma and Emergency system in primary or community
51. Prevention traffic accidents
52. Live practice
53. Specially treatment part
54. TNC & TMD hand on basic training
55. EMS in our country should be more emphasis
56. Trauma prevention and quality improvement
57. Courses and scope in Trauma and it's management.
58. How work multidisciplinary team in Thailand in a trauma center and i also want know about emergency department about trauma and non trauma patients triage system
59. Would like to involve experience sharing session for all the participants
60. Trauma research
61. Nurse role in pre-hospital care
62. Emergency in disaster

63. If online, group work and presentation country wise especially after class of roles and responsibilities of TMD and TNC about their capacities and within that capacity how do they plan to respond an emergency or disaster or what would they like to see as changes. The other is 'in service and in hospital capacity building activities'
  64. Accident database management
  65. Live program in Hospital Emergency care systems
  66. One country information system we have to share with many countries of the world
  67. Primary prevention
  68. ACLS
  69. Prehospital trauma care and community training strategies to enhance and improve the trauma care system.
  70. Financial management with trauma care systems
  71. Activities aspects patient care
  72. We want to learn more all the subjects and site visit
-

**The participants expected in this course training as following:**

	%
To learn more and achieve confidence about	39.89
- Trauma management for TMD TNC	14.20
- Role and responsibility	8.74
- Trauma care system	7.10
- Trauma quality care and simulation and interprofessional collaborative	2.19
- Trauma registry and Trauma team management	2.19
- Coordinator and collaboration work of TMD and TNC	2.19
- Pre hospital care/prevention	1.64
- Guideline for Trauma care	1.09
- TNC's future progress and continuous learning curriculum	0.55
To gain /improve knowledge and skill and concept	25.14
To develop potential to trauma excellent center /TEA unit/ work in ER /research	8.20
To update information, knowledge and skill /new concept/new innovation	7.65
To give acquired knowledge to the patients effectively/handle well cases	6.00
To applied as a lecturer /practice /work in sub-district	3.27
To become excellent Trauma care nurse /TMD	3.27
To understanding of Trauma course and administration	2.73
To becoming TNC	0.55
To have many friends	0.55
To starting TMC center in hospital	0.55
To be able to manage TMC program at my institute at country level and provide the support specifically engage the government authorities for putting the TMC as priority in management and clinical services level	0.55
To see the truth of the real practice	0.55
Training free	0.55
To get salary that proper for work	0.55
	<b>100</b>

	<b>A .What is the most your impressive things in this training course ?</b>	<b>%</b>
1	Getting to know a lot of new things, KKH experience, excellence TMD and TNC role, Trauma care system, Disaster management, IS	41.61
2	All the resource persons were well experienced and gave excellent presentation, the speaker from many areas, polite	13.14
3	Teamwork in Emergency condition, multidisciplinary team, Skill	8.76
4	Sharing the experience and Open perception about role in Emergency department	7.30
5	Teaching method, topic material, relax not boring	5.11
6	Well organized, good teamwork and coordination among ASEAN countries	5.11
7	Amazing presentation, presentation all are good, a lot of graphics	4.38
8	Dr.Witaya's topic summarization topic ,sessions	3.65
9	Video presentation and discussion session	2.92
10	Presentation in English	2.92
11	Time management	2.19
12	Punctuality and IEC materials	1.47



	<b>A .What is the most your impressive things in this training course ?</b>	<b>%</b>
13	Q &A time for participants	0.72
14	network on TMC in Thailand	0.72
		<b>100</b>

	<b>B. What is the issues from training course would you like the organizing team to correct or improve?</b>	<b>%</b>
1	Good training, good organizing team	33.02
2	Pre hospital role, Trauma care system, role in ER, all issue, triage, caring in community hospital, more training to staff	20.75
3	Real training, given class, discuss face to face	9.44
4	Subtitle in Thai, communication and language, slides in Thai change to English	8.49
5	More time to clear the queries. Break time in the morning. Q&A want to share each issue. Timings to Indian standard time, time spending,	6.61
6	Internet system interrupt at some point	3.77
7	Many issue to improve in participants countries such as man money material, empowering and coordinating team	1.90
8	The collaboration task between department, think positive in every problem and fix it in the right way from right workflow	1.90
9	Include rule of hospital director in TMC, IS, Injury prevention, responsibility of initiating, planning and developing system	1.90
10	TMD and TNC role in Trauma quality improvement program	0.94
11	National Health policy difference with Thailand and other countries	0.94
12	Coordinator intrahospital during disaster	0.94
13	Proper pre hospital care	0.94
14	Include practical session	0.94
15	Clear registration notice, onset meeting	0.94
16	Video or picture to make more understand	0.94
17	Next meeting invites USA to join	0.94
18	A group can join zoom in one screen	0.94
19	May be presentation on experiences	0.94
20	Provide single platform to attend in the same country	0.94
21	To get the document of all session prior the presentation	0.94
22	Short opportunity for interaction with many participants	0.94
		<b>100</b>

	<b>What topics would you interest and want to add to the next training course?</b>	<b>%</b>
1	More detail in Trauma registry, Injury surveillance, Trauma and emergency care system, prevention	18.57
2	TNC role and responsibility, TNC role in ER, how to coordinate, how difficult, how to solve the problem and how to overcome the difficulties among the team.	8.26
3	Management in prehospital, prehospital care in another region or in Thailand, how to increase public understanding in trauma management in pre-hospital	7.25
4	Emergency nurse practitioner course	5.15

	<b>What topics would you interest and want to add to the next training course?</b>	<b>%</b>
5	New medicine, Monkey pox, new trend for trauma administrative and care, Covid 19 with Trauma	5.15
6	Primary prevention, primary trauma care in community	5.15
7	Onsite visit, Activities aspects patient care	4.12
8	TMD and TNC role in Trauma quality improvement program, Quality improvement program	4.12
9	Manage staff nurse and patient care in Emergency Room	4.12
10	ATLS /ACLS	3.09
11	The role of TMD and TNC in empowering teams for handling trauma, emergency and disaster cases and new normal	3.09
12	Education role in providing emergency and trauma training	2.06
13	Role of Hospital directors in initiating and developing the system, Thailand experience. Policy and direction of Thailand Emergency care system	2.06
14	Career path for TNC	2.06
15	Report and consult in referral system	2.06
16	Trauma fast track management	2.06
17	Disaster	2.06
18	Rescue air	1.03
19	The Role of Nurses in Educational Institutions related to Trauma Nursing Management	1.03
20	TMD role in national health policy development	1.03
21	The issues faced by TNC during their work. Like facing violence, errors malpractice issues, verbal orders and prescription errors and also in-service education for TNC. TNC certificate renewal	1.03
22	Implement evidence base Medical and Nursing in emergency and critical nursing	1.03
23	Biomedical waste management practice and some group work	1.03
24	Early warning score	1.03
25	Proactive triage in emergency and disaster	1.03
26	KPI in Trauma	1.03
27	Initial treatment of trauma patients in children and adults	1.03
28	Palliative care	1.03
29	Sepsis	1.03
30	Short course for TNC F1, F2, F3	1.03
31	Sharing experience	1.03
32	TM research	1.03
33	In service and in hospital capacity building activities	1.03
34	Accident database management	1.03
35	Information system	1.03
36	Financial management with TM care system	1.03
		<b>100</b>

# Appendix

# The proposal for the project

**The proposal for The project for Capacity building for Trauma Directors and Trauma Nurse Coordinators in SEAR for Trauma Administrative management**

**1. Implementing partner information**

Name of implementing partner	WHO Collaborating Center for Injury Prevention and Safety Promotion, Khon Kaen Regional Hospital
Full address	Trauma and Critical Care Center Khon Kaen Regional Hospital 54 Srichan Road, Amphur Muang, Khon Kaen 40000
Telephone number	043 009900 ext 1237
Fax number	-
Responsible officer	Dr. Witaya Chadbunchachai , M.D.,FRCST
Email address	dr.bunchachai@gmail.com
Technical focal point	Ms. Wachara Poomiprabu
Email address	wacharameow@gmail.com

**2. Summary of project information**

Project title	The project for Capacity building for Trauma Directors and Trauma Nurse Coordinators in SEAR for Trauma Administrative management
Proposed start date	May 2022-September 2022
Estimated duration	5 months
Total budget (THB)	480,000

### 3. Project description

#### A. Project background

Traffic injury is the major public health problem and major cause of death of people in SEAR . One fourth of the global road traffic mortality or about 300,000 road toll a year occurred in this region and it was the region which had the highest number of death from traffic injury in the world . And if consider victims from all kind of external causes of injury , the mortality would be more than 2 times of mortality from traffic injury. The severe injured patients would have about 10 times more than the mortality, which contributed big burden to health care system.

There are several components in Trauma care system which include pre hospital care, care in Emergency department , In hospital care , care during referral , rehabilitation , prevention , Trauma quality improvement program and trauma data system for monitor and evaluation . It had been proved worldwide that the developed comprehensive program for trauma care system can reduce huge number of preventable mortality .

Chales Mock had reported that preventable mortality from trauma care occurred much more time in LMIC than in HIC, and effective trauma system should be advocated to set up and developed in the countries.

For most of the countries in SEAR, the effective comprehensive trauma system is grossly unavailable for traumatized and injured persons . Additionally, the suffering of the injured persons is aggravated by the poor facilities at the emergency departments and lack of appropriately trained personnel. Immediate care after injury, early transportation, reducing time to reach a hospital and appropriate referral are vital elements, which make a difference. Appropriate regional guidelines and protocols to assist organization of effective systems of trauma care in the Region are lacking, advanced, expensive, technologically oriented emergency care practices are not possible within the limited resources available in countries of the Region.

Trauma and Critical Care Center, Khon Kaen Hospital is one of the pioneer center in establishing trauma care system in Thailand. The trauma care system of the center in Khon Kaen has been replicated in other provinces of Thailand.

Experience in implementing concept of trauma system in trauma center , Khon Kaen Hospital came to the conclusion that trauma administrative unit (TEA unit) is the most important manpower structure in implementing trauma system planning

Trauma Medical Directors (TMD) and Trauma Nurse Coordinators (TNC) are important key person in Trauma administrative unit (TEA unit) who will act as the leader of trauma team in developing every components in Trauma care system.

Following more than 20 years of experience in administering Khon Kaen Trauma and Critical Care Center Led by Trauma Medical Directors and staffs in TEA unit , Trauma and Critical Center is offering its knowledge to be transferred to international professionals and experts.

## B. Objectives

*General:* Developing Course Material for Capacity building on Trauma Administrative management for TMDs and TNCs who work as the leader in trauma center in SEAR

*Specific:* Raising Capacity in administrative management of TMDs and TNCs in SEAR

## C. Methodology

1. Development of Course material on trauma administrative management for TMDs and TNCs in SEAR

### Contents in the Course Materials

- TMD and TNC role in administrative functions
- TMD and TNC role in running injury surveillance program
- TMD and TNC role in quality improvement program
- TMD and TNC role in empowering team
- TMD and TNC role in coordinating task among related department
- TMD and TNC role in disaster preparedness
- TMD and TNC role in pre hospital care
- TMD and TNC role in injury prevention
- TMD and TNC role in capacity building

Tentative around May to July 2022.

2. Field testing (virtual means) the developed materials

A training course is designed and tentative in August specifically for selected TMDs and TNCs in trauma centers of 5 SEAR member countries. Participants are from 10 Trauma Medical Directors and 10 Trauma Nurse Coordinators from each SEARO member country which expected a total of 100 participants to attend this training. The training methods will be virtual training with demonstration and observation. The course will be evaluated and to be fed back.

3. Edition of the course material according to the trainers in the pilot testing feedback, tentatively around August 2022
4. Dissemination of the course materials to SEAR member countries and WHO, tentatively around September 2022.

## D. Expected outcome/deliverable of this DFC and how it will be used in the future

1. The course material on capacity building for TMDs and TNCs are produced and disseminated to SEAR member countries
2. The capacity in administrative management of selected TMDs and TNCs from trauma centers of SEAR are raising which facilitate the development of traumacare system in this region
3. The knowledge from this program is beneficial for other WHO region

## 4. Budget

### A. Budget summary (Please show how to calculate the budget in each line)

Description	Unit cost	Quantity	Measurement unit	Frequency	Measurement unit	Total cost	Justification
	(THB)						
<b>Personnel cost</b>							
- Senior Professional Level	35,000	1	person	5	month	175,000	Reference WHO RTG rate
- Operational Level (Local coordinator)	10,000	1	person	5	month	50,000	Reference WHO RTG rate
<b>Preparatory meeting and braingstom</b>							
Refreshment for Team meetings preparation (No perdiem) (15 persons x 50 baht x 10 times)	50	15	persons	10	times	7,500	No perdiem - Reference MOPH rate for refreshment not greater than 50 THB/person/refreshment (page 35)
<b>Activity cost - Training course for capacity building on Trauma Administravit management for TMDs and TNCs who work as the leader in trauma center in SEAR in Khon Kaen (area C)</b>							
<b>- Perdiem (Local resource person/speaker)</b>							
- Perdiem (Local participant/secretariat staff) onsite meting 20 persons x 500 THB x 5 days	500	20	person	5	day	50,000	Reference the WHO RTG rate for local participants to onsite training - 5 persons are from Medical doctors and nurses from Khon Kaen and networks in area C - 15 persons are secretariate to organize the training
<b>- Tuition Fee (22 Instructors) 6 hrs. x 5 days = 30 hrs.</b>							<b>Reference the MOPH rate for training - speaker from outsources (type 2)</b>
- 8 Instructors from non government (1200 baht/hr. x 12 hrs )	1,200	1	person	12	hrs.	14,400	Apply from MOPH rate - speakers are non government staff (page 30)
-14 Instructors from government (600 baht/hr. x 18 hrs.)	600	1	person	18	hrs.	10,800	Apply from MOPH rate - speakers are government staff (page 30)



Meeting room rental (1500 THB/day)	1,500	1	room	5	days	7,500	Reference the market rate in Khon Kaen Meeting room rental cost per day
<b>Training Material</b>							
Subcontract to online meeting organizer	20,000	1	set	5	days	100,000	Lumpsum the installation and services for set up the online training This will be proceed the competitive bidding and selection company by Khon Kaen Hospital's procurement process
Design the scripts and Multimedia presentation for training visit of Trauma System in Khon Kaen Hospital	3,000	1	set	1	set	3,000	Reference the market rate for design multimedia system (visual+audio system) for Trauma system in Khon Kaen Hospital and networks
Production the slide presentation	2,000	20	type	1	unit	40,000	produce the slide presentations and sets of slide
Design Web page and Certification and Backdrop	10,000	1	set	1	unit	10,000	Lumpsum- production of the posters and PR productions, PR road map of training prior to the event including design backdrop and the certificate and printing.
Summary report and Documents	10,000	1	set	1	unit	10,000	Reporting printing and hand out of training
<b>Miscellaneous</b>							
Stationery for the training	1,800	1	set			1,800	tent cards, batteries, post-it, staples, pens and etc.
<b>Total budget request for year 2022</b>						<b>480,000</b>	
Remark: Reference the WHO RTG rate and applie MOPH rate for tuition fee and refresehement cost							

B. Budget justification

The breakdown/calculation of each budget line (category or activity) is detailed below.

Please refer the excel sheet for calculation

Budget line #1: Personnel cost for Senior and Operation level

Budget line #2: Preparatory meeting for brainstorming the training

Budget line #3: Activity cost Training course for capacity building on Trauma Administration management for TMDs and TNCs who work as the leader in trauma center in SEAR in Khon Kaen

Budget line #4: Training Material and multimedia system

Budget line #5: Miscellaneous

## 5. Project timeline

Project components	Time Frame (Months)											
	1	2	3	4	5	6	7	8	9	10	11	12
Development of course material	/	/	/									
Training for TND and TNC in SEAR				/								
Editon and Dissemination of the training materials					/							

## 6. Additional information and/or contacts (if necessary)

Submitted to WHO Thailand on [date]

14<sup>th</sup> February 2022

Signature of implementing partner (responsible officer)



Name: Dr. Witaya Chadbunchachai, M.D., FRCST

Position: Director of WHO Collaborating Center for Injury Prevention and Safety Promotion

Date: 14<sup>th</sup> February 2022

# List of participants

## List of participants

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286	Thailand	Dr.Phruet Hinhumpetch	Emergency physicians	Phitsanuvej hospital,Phitsanulok	0873142876	panadawns@gmail.com
287	Thailand	Dr.Papawadee Yapanan	Dentist	Sirindhorn College of Public Health Khon Kaen/ Graduate School of Health Innovation, Kanagawa University of Human Services.	07033165398	papawadee@scphkk.ac.th
288	Thailand	Mrs.Wilaikool Krongyuth	Register nurse ,Trauma Nurs co	TEA Unit Mahasarakham Hospital	0850023381	tikkypadthai@gmail.com
289	Thailand	Mrs.Jidapa Viseswut	Nurse	Phrayuen hospital,Khon Kaen	082-3018335	J.idapa2516@hotmail.com
290	Thailand	Miss Padcharin Phomdonko	Advanced Emergency Medical Technician (AEMT)	Selaphum Hospital,Roi-Et	095-6041169	padcharinphomdonko@gmail.com
291	Thailand	Miss Netchanok Yingkamhaeng	Nurse	Emergency room Roi-ET	088-6416838	Yingkamhaeng.noey1195@gmail.com
292	Thailand	Mrs.Supa Taksungnarn	Head nurse emergency	Nong song hong hospital, Khon Kaen	098-2675098	kungja.tak@gmail.com
293	Thailand	Mr.Thananut Sakparinya	Nurse	Nongsonghong hospital, Khon Kaen	091-0524582	takayong.kk@gmail.com
294	Thailand	Mrs.Yuphaporn Thipart	Nurse	Waeng Yai Hospital, Khon Kaen	085-6807729	angtomtong@gmail.com
295	Thailand	Miss Yaowapha Siripakarn	Emergency physician	Thammasat university hospital	086-7158887	yssiripakarn@gmail.com
296	Thailand	Miss Jiraporn Daenkanob	นักวิชาการสาธารณสุข	สำนักงานสาธารณสุขอำเภอสามชัย Kalasin	094-6722975	Namsam4329@gmail.com
297	Thailand	Miss Karnpitcha Promta	Nursing	Samchai hospital. Kalasin	098-4465301	Karnpitchapromta@gmail.com

No.	Country	Name/Surname	Position	Health Center	contact	E-mail
298	Thailand	Miss Sumalin Sitthiwong	Registered nurse	Sakon Nakhon hospital	081-8421669	Ems_er@hotmail.co.th
299	Thailand	Miss Supattara Sirimuang	ER nurse	ER /Buengkan hospital	081-0701071	Buengkarn027@gmail.com
300	Thailand	Miss Angchanita Bunbutta	Registered nurse	Sakon Nakhon Hospital	084-3937078	angchanita.28599@gmail.com
301	Thailand	Mr. Sakulkiat Samranwong	Nurse	Wiang kao hospital	087-3570802	sakulkiat.7@gmail.com
302	Thailand	Mrs.Wanlaya Savigamin	Nurse	Kumpawapi Hospital	061-6941181	Ch_pooh@hotmail.com
303	Thailand	Miss Chutima Tiacharoen	ER Nurse	Buengkan hospital	093-3278648	Nupang_pm@hotmail.com
304	Thailand	Miss Siriporn Pornsanguan	Nurse	Nursing	095-9617960	kajup1026@gmail.com
305	Thailand	Miss Araya Sonkhamharn	Nurse	Nursing	062-2017825	aum.araya825@gmail.com
306	Thailand	Miss Jongkolnee Jongmeedech	Nurse	Emergency accident surgery unit	092-6142630	jongmeedech31@gmail.com
307	Thailand	Mr.Chaiwut Chaitontuek	Registered nurse	Buengkhan hospital	082-6164691	Th09ch2@gmail.com
308	Thailand	Miss Kulgunya Machaiya	Nurse	Nampong Hospital	088-3329038	machaiya@gmail.com
309	Thailand	Mr. Narong Khamon	Nurse teacher	Boromarajonani College of Nursing Khon Kaen	085-0148899	Narong.k@bcnkk.ac.th
310	Thailand	Mrs.Piyanuch Phinyo	Register Nursing	boromarajonani khonkaen	099-4599699	piyanuch.p@bcnkk.ac.th
311	Thailand	Mrs.Anongpan Chalardsakul	Nurse	ศูนย์อนามัยที่ 7 ขอนแก่น	087-8597176	anp.c2528@gmail.com
312	Thailand	Miss Sujitra Muldee	Registered Nures	Orthopedic	089-6828613	Noonok5302@gmail.com
313	Thailand	Mrs.Tippawan Janto	Nurse	Khonkaen hospital	093-9982839	tooktik2926@gmail.com
314	Thailand	Miss Chonlada Chantaha	Nurse	Khonkaen hospital	090-3348027	Tontal8027@gmail.com

No.	Country	Name/Surname	Position	Health Center	contact	E-mail
315	Thailand	Mrs.Plernpit Jantamart	Nursing	Khon kaen hospital	096-2659161	Plernpit.nim2410@gmail.com
316	Thailand	Miss Surangkana Wongchomphu	Nurse	Khonkaen Hospital	085-6471513	aundieosocute@gmail.com
317	Thailand	Mrs.Panita Moonsri	Nurse	KKH	080-4105448	Namhom820@hotmail.com
318	Thailand	Miss Pornnapa Dueankong	Nurse	Khon Kaen Hospital	090-5896954	Pornnapa6954@gmail.com
319	Thailand	Miss Natharika Wongsason	Nurse	Khon Kaen Hospital	095-6130310	Natharika_won@vu.ac.th
320	Thailand	Miss Suchittra Khulisap	Nurse	รพ เปาโตสมุทรปราการ	086-2332405	sujitra.jin@gmail.com
321	Thailand	Miss Nidchara Homrahas	Nurse	sirinthornkhonkaenhospital	080-4086135	Nidchara-manow@hotmail.com
322	Thailand	Miss Peeraya Mayoon	Nurse	HPC.7.khonkhen hospital	080-4142419	peeraya4254@gmail.com
323	Thailand	Miss Jantana Ngungchang	nurse	hospital	089-2784264	Jantana4264@gmsil.com
324	Thailand	Miss Praveena Keawsood	Nurse	Khonkaen hospital	063-0585582	Praveena292522@gmail.com
325	Thailand	Mrs.Kasinee Noiasa	Regesternurse	Waeng Yai Hospital	063-7299997	kasinee1781@gmail.com
326	Thailand	Mrs.Konnika Palasarn	Register nurse	waeng Yai Hospital	081-1836151	kornnika183@gmail.com
327	Thailand	Mrs.Usa Kongkerd	Register nurse	Waeng Yai Hospital	080-4206095	usaza1087@gmail.com
328	Thailand	Miss Tipakon Khaokan	Register Nurse	Waeng Yai Hospital	086-8644908	tipakon4908@gmail.com
329	Thailand	Miss Yupin Leewatthanakul	Register nurse	WaengYai Hospital	082-8548949	yupin.lee1980@gmail.com
330	Thailand	Mrs.Kallayanee Lontom	Resgister Nurse	Waeng Yai Hospital	093-4544086	kallayanee742513@gmail.com
331	Thailand	Miss Chuthamat Polyiam	Registered Nurse	Nonghi hospital	061-9361444	Jutamas_ink@hotmail.com

No.	Country	Name/Surname	Position	Health Center	contact	E-mail
332	Thailand	Mrs.Tongsuk Daraj	Registered Nurse	งาน EMS สำนักงานสาธารณสุขจังหวัดขอนแก่น	083-1456388	Napatanes@gmail.com
333	Thailand	Miss Wilaiwan Kaewprom	Registered Nurse	รพ.สต.	081-7395011	kaewprom1076@hotmail.com
334	Thailand	Mrs.Natenapa Srihaputhon	Nurse	Loei hospital	089-5652316	natenapag530@gmail.com
335	Thailand	Miss Sawitri Senalai	Registered Nurse	รพ.สต.บ้านหนองกุงเหือก อ.หนองกุงศรี จ.กาฬสินธุ์	061-3595865	Jinsawitri@gmail.com
336	Thailand	Mrs.Apannee Thammawong	Registered Nurse	โรงพยาบาลหนองกุงศรี	089-8419532	apanneet16@gmail.com
337	Thailand	Miss Airada Noisombut	Nurse	Kalasinhospital	086-2481590	Airadanoisombut@gmail.com
338	Thailand	Mr.Chaichan Ratphiakao	Registered Nurse	รพ.สต.เหล่ากอหก	065-6652299	jarb59970@gmail.com
339	Thailand	Mrs.Cholatip Supapinij	Nurse	Community	091-9710879	cholatips@gmail.com
340	Thailand	Mr.Praditporn Pongtriang	Associate Dean	Faculty of Nursing, Surattani Rajabhat University	096-6391119	praditporn.pon@sru.ac.th
341	Thailand	Miss Patcharaporn Kongpreecha	Nurse	Phetchabun Hospital	095-8483692	nesu1412@gmail.com
342	Thailand	Miss Pariyakron Fanbaen	Nurse	Khon Kaen Hospital	061-9297086	Pariyakron.42@gmail.com
343	Thailand	Miss Yanee Sriprasert	Nurse	Nurse	085-4531404	tamsriprasert@gmail.com
344	Thailand	Miss Sirirat Wisetsa	Nurse	lpd	084-0287809	siriratwisetsa@gmail.com
345	Thailand	Mrs.Chitaporn Nawisad	RN	Buddachinaraj hospital	098-8239987	Chitaporn1967@gail.com
346	Thailand	Mrs.Phapasson junyiam	Nurse	โรงพยาบาลสุรินทร์	099-3616455	Pansupa2656@gmail.com
347	Thailand	Miss Wanwisa Kokkontha	Nurse	Chaiyaphum hospital	064-0570346	pmoei.19@gmail.com
348	Thailand	Mrs.Thaninee Taweewikayakarn	นักวิเคราะห์นโยบายและแผนเชี่ยวชาญ	กองยุทธศาสตร์และแผนงาน สำนักงานปลัดกระทรวงสาธารณสุข	083-6577549	narinrat7549@gmail.com



No.	Country	Name/Surname	Position	Health Center	contact	E-mail
349	Thailand	Miss Suwannee Wongnok	registered nurse	Public hospital	065-2712851	Wongnok5@gmail.com
350	Thailand	Mrs.Sukanda Sampaotong	Nurses	Nongdon Hospital	063-2520459	sukanda2512sam@gmail.com
351	Thailand	Miss Nareerat Suwanhong	Nurse aid	Aaa	085-4659185	Thanamol65@gmail.com
352	Thailand	Miss Panpasa Wiraga	Nurse	โรงพยาบาลขอนแก่น	088-1667444	fish2fish45@gmail.com
353	Thailand	Miss Supansa Kamploeng	Nurse	Phetchabun hospital	089-5365077	katkonankunng@hotmail.com
354	Thailand	Mrs.Wanpen Buated	Nurse	Nongdon hospital	090-2322379	chamawan@hotmail.com
355	Thailand	Mr.Trust Jinda	Registered Nurse	Sokemai Tambon Health Promoting Hospital	089-5406350	kasanaj@hotmail.com
356	Thailand	Mrs.Nuanprang Pratoomsri	Pensioner	สำนักงานป้องกันควบคุมโรคที่4 จ.สระบุรี	094-5264646	nuanprang9@hotmail.com
357	Thailand	Mr.Surawach Krasaetahirun	Nurse	โรงพยาบาลชนบท	092-6484806	Pcu99932@gmail.com
358	Thailand	Miss Nadchada Giatnorg	Nurse	รพ. สิรินคร ขอนแก่น	093-4709694	fernnadchada@gmail.com
359	Thailand	Miss Sununta Numjaidee	Nurse	ศูนย์อนามัยที่7ขอนแก่น	094-9066664	fahfahfahsai@gmail.com
360	Thailand	Mrs.Thanyaluk Akkahat	Registered nurse	Newborn	081-7496644	moogiftnurse2529@gmail.com
361	Thailand	Miss Sirintorn Vibulchai	Pensioner	Loei Hospital	095-3282027	s.vibul@hotmail.co.th
362	Thailand	Miss Pornpawee Srithammavit	Professional Registered Nurse	Department of Public Health and Environment	099-0464464	noomoo2514@hotmail.com
363	Thailand	Mr.Kantiphot Sonsod	RN	Sirindhorn Hospital Khonkaen	089-8419854	Kantiphot2015@gmail.@gmail.com
364	Thailand	Mrs.Nichara Comcrut	Registered Nurse	โรงพยาบาลนาด้วง	081-7893461	comcrutnichara@gmail.com
365	Thailand	Mrs.sureerat phanyadee	nurse	samrongthap hospital	089-8110384	secret.same3@gmail.com

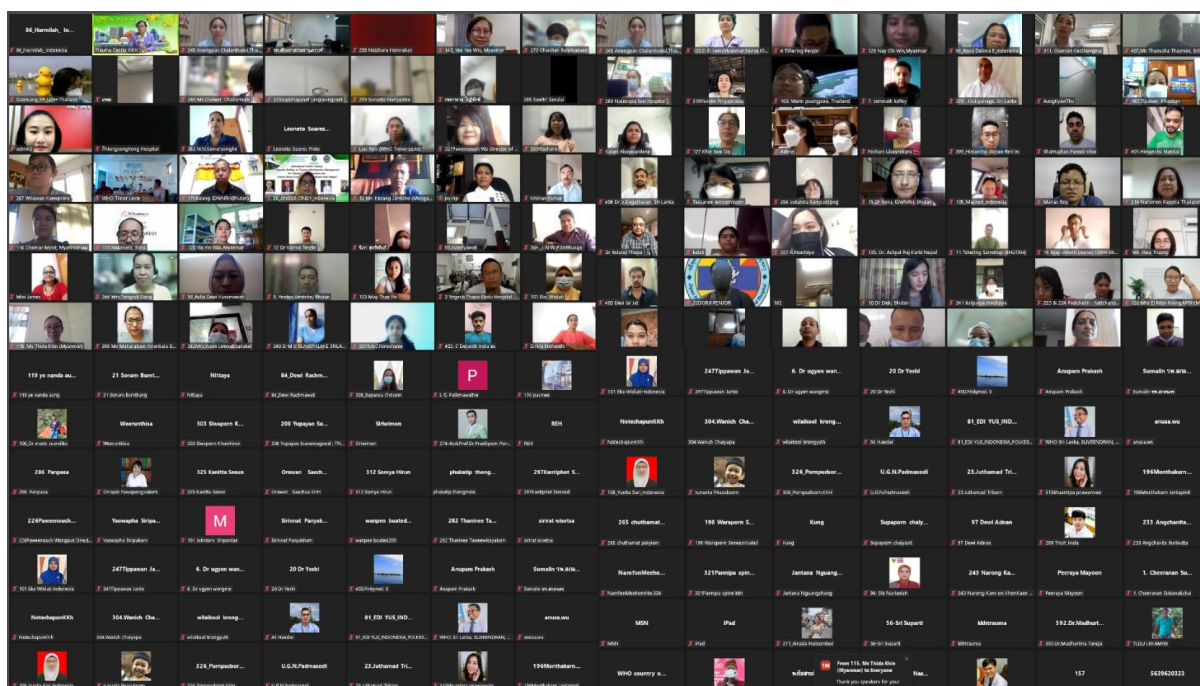
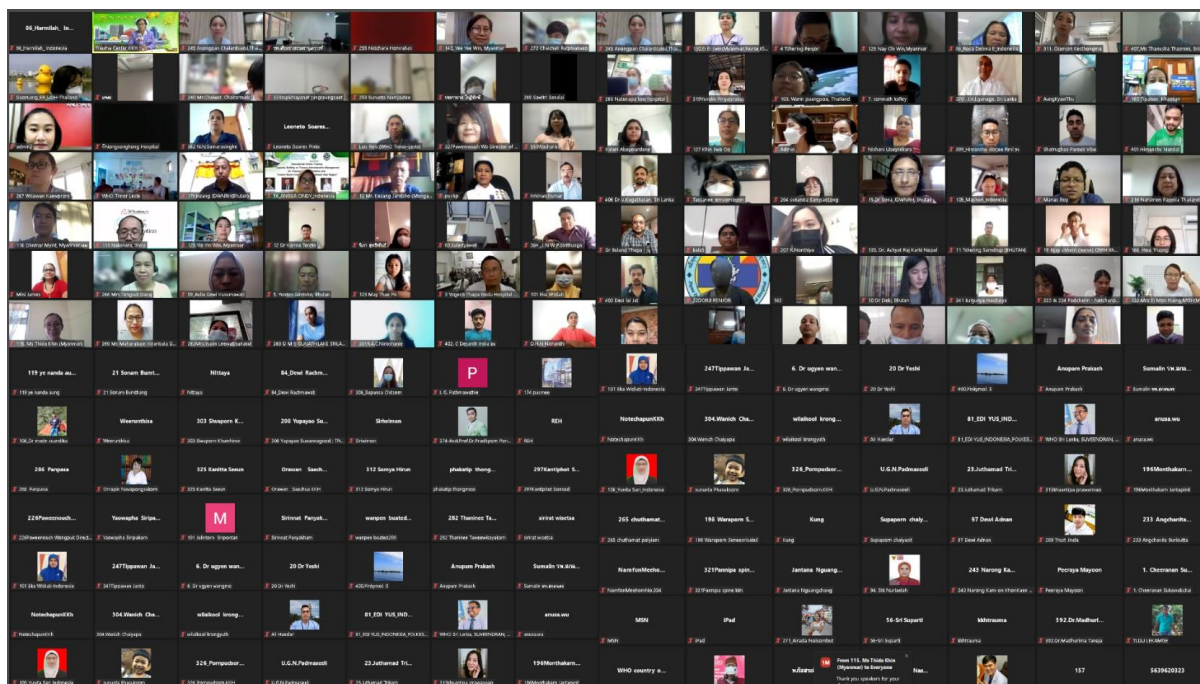
No.	Country	Name/Surname	Position	Health Center	contact	E-mail
366	Thailand	Mrs.Sermsub Pundaeng	Professional Registered Nurse	โรงพยาบาลหนองโดน	094-4301765	sermsub_sing@hotmail.com
367	Thailand	Mrs.Phinyaphat Sangwong	Nurse	Skonakhon hospital	098-7959269	Leedukhook@gmail.com
368	Thailand	Miss Sriprapa Fainuea	Nurse	ER kkh	086-8717561	Tai08sriprapa@gmail.com
369	Thailand	Mrs.Siwaporn Khumhirun	Registered nurse	Regional Health Promotion Centre 7 Khonkaen	080-4155417	Siwaporn7561@gmail.com
370	Thailand	Mr.Wanich Chaiyapa	Nurse	Chiangkhan Hispital	085-0552770	Nongwanich@gmail.com
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372	Thailand	Miss Supansa Chitsom	Nurse	Western University	080-8952818	paesupansa@gmail.com
373	Thailand	Miss Supaporn Chaiyasit	Nurse	Khonkaeanshospital	087-2293119	Supaprn089@gmail.com
374	Thailand	Mrs.Kasem Chuson	NURSE	Khon keanhospital	081-9472647	Kasem3119@gmail.com
375	Thailand	Mrs.Savikakarn Thaingtham	Nurse	Nongaon Hotpital	081-1755755	Savikakarn2647@gmail.com
376	Thailand	Miss Preeyawan Tanomsumpan	Registered nurse	โรงพยาบาลบางละมุง	096-2935954	mangwan2517@gmail.com
377	Thailand	Miss Oiamsiri Kesthongma	Nurse	Pakchomhospital	080-4386535	Oiamsiri0812871879@gmail.com
378	Thailand	Mrs.Somya Hirun	Registered nurse	โรงพยาบาล หนองโดน	095-7760845	Aom0808apm@gmail.com
379	Thailand	Mrs.Khuantipa Prawannao	Nurse	srinagarind hospital	085-0102696	ling_nu@hotmail.co.th
380	Thailand	Mrs.Patcharaporn Thaboot	Registered Nurse	Tambon Pralup Health Promoting hospital	097-3204735	Kik04patcharaporn@gmail.com
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No.	Country	Name/Surname	Position	Health Center	contact	E-mail
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383	Thailand	Mrs.Phakatip Thongmoo	REGISTER NURSE	Kingnarai hospital	096-0317014	pthongmoo@gmail.com
384	Thailand	Mrs.Orrapin Navapongsakorn	Teacher	Western university. Nursing faculty	081-7170286	Orrapinoscc@gmail.com
385	Thailand	Mrs.Yuvalin Piriyaarakas	RN	BangkokkrachasimaHospital	086-6258277	yuvalin.pi@bdms.co.th
386	Thailand	Mrs.Yaowapa Ratanaamonsakul	Professional Nurse	Ministry of Health	081-8104799	kung54uc@gmail.com
387	Thailand	Mrs.Pannipa Wantee	Professional Nurse	Bachelor nursing of Science	061-9625962	Tikjung999@gmail.com
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389	Thailand	Miss Supichayanat Rungreungsat	Register nurse	Bangkok hospital sanamchan	061-9242614	14.1a152@gmail.com
390	Thailand	Mr.Yuttapong Chantum	Nurse	Waengyai hospital	092-4415895	yuttapongchantum@gmail.com
391	Thailand	Mrs.Kanitta Seeun	Nurse	Waengyai hospital	094-5164219	mod.snc@hotmail.com
392	Thailand	Miss Pornpudsorn Homlakhorn	nurse	ER	091-0567371	AukAik10@gmail.com
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394	Thailand	Miss Panisara Pengnoom	Nurse	Bangplee hospital	082-9423292	giftgift15347@gmail.com
395	Thailand	Mrs.Monnathda Snashall	Emergency nurse	Bangplee Hospital	085-9922456	chermchit@gmail.com
396	Thailand	Miss Nittaya Waewipla	skilled nurse	Somdej Phra Yuparat Hospital Dan Sai	061-1236084	wasin0833562823@hotmail.com

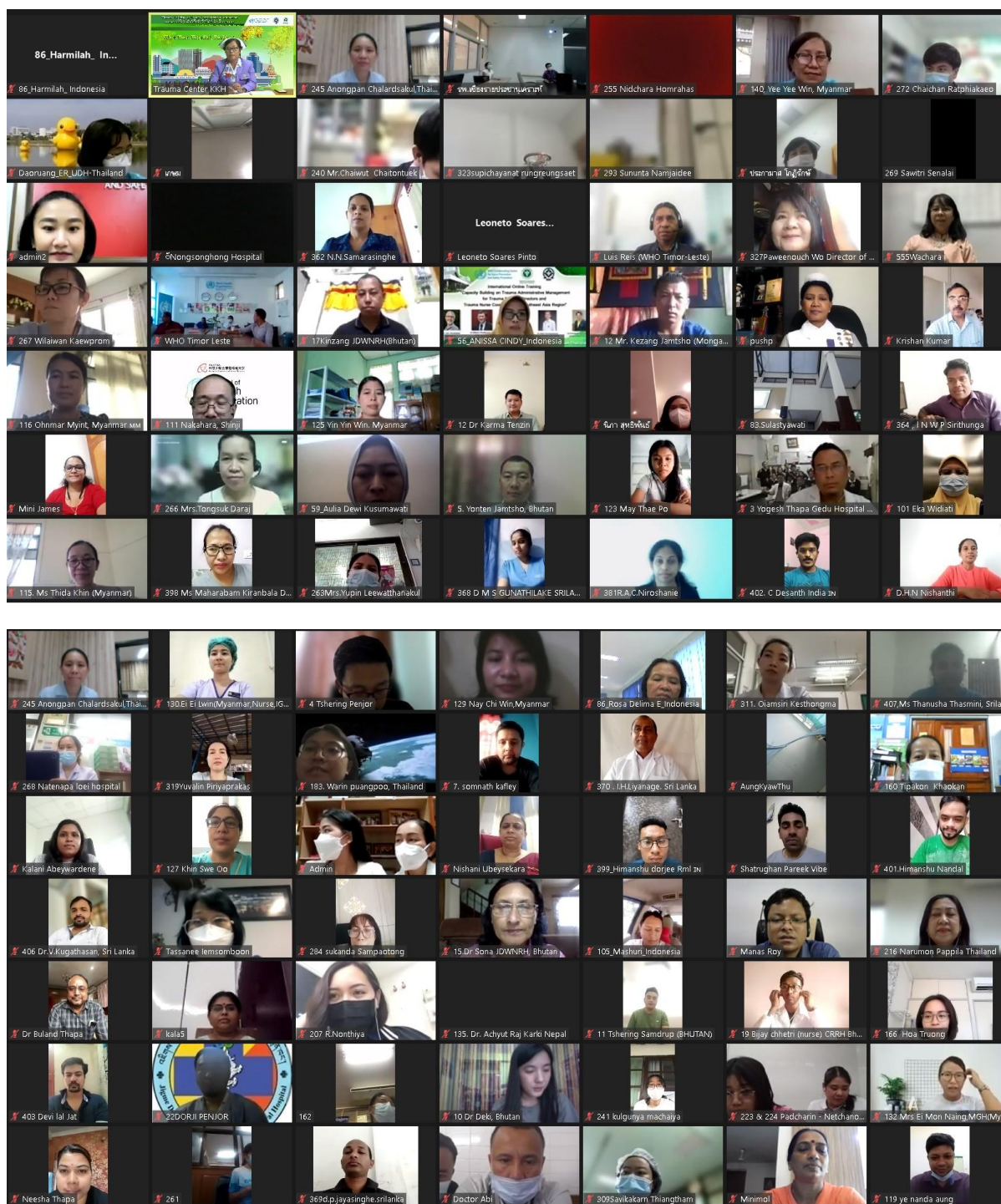
No.	Country	Name/Surname	Position	Health Center	contact	E-mail
397	Thailand	Dr.Songsuda Muenthaisong	Nurse lecturer	Boromarajonani College of Nursing Khon Kaen,Thailand	091-8641028	Songsuda.m@bcnkk.ac.th
398	Thailand	Mr.Wasin Kaewpila	nurse	Baan Ahi Health Promoting Hospital	061-1236084	wasin0833562823@hotmail.com
399	Thailand	Miss Pornchita Uttakapan	RN	Sirithornhospital	095-6173246	Pornchita1029@gmail.com
400	Thailand	Miss Issareerath Polyiam	NURSE	Nongphok hospital	623971669	arunphon2552@gmail.com
401	Vietnam	Dr.Trung Anh Dang	Emergency doctor	Hanoi medical university hospital	866762625	trunganhnths43@gmail.com
402	Vietnam	Miss Nhung Nguyen	Nurse	Hanoi Medical University Hospital	+84336636852	Hongnhung17111996@gmail.com
403	Vietnam	Dr.Hoa Truong	Physician	School of Health Innovation, Kanagawa University of Human Service	966963265	truonghoahmu@gmail.com















# Activity pictures








































































# activity pictures







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	Weerunthisa	303 Siwaporn K...	208 Yupayao Su...	Siriwimon		REH
106.Dr made suvudika	Weerunthisa	303 Siwaporn Khumhirun	208 Yupayao Suwannagood ; TN...	Siriwimon	274-Asst.Prof.Dr.Praditpom Pon...	REH
286 Panpasa		325 Kanitta Seeun	Orawan Saech...	312 Somya Hirun	phakatip thong...	297Kantiphot S...
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106_Yunita Sari_Indonesia	sununta Pharusorn	326_Pornpudsor.KKH	U.G.N.Padmaseeli	23Juthamad Trinarn	313Khunatipa prawannao	196Monthakarn Jantapinit

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	265 chuthamat polyani		198 Waraporn Senesrisakul		Kung		Supaporn chaiyasit		97 Dewi Adnan
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	NamfonMeehomNo.334		321Pannipa spine khh		Jantana Nguangchang		243 Narong Kam-on KhonKaen ...		Peeraya Mayoan
	MSN		iPad		271.Airada Noisombut		56-Sri Suparti		kkhtrauma
	265 chuthamat polyani		198 Waraporn Senesrisakul		Kung		Supaporn chaiyasit		97 Dewi Adnan
	NamfonMeeho...		321Pannipa spine khh		Jantana Nguangchang		243 Narong Kam-on KhonKaen ...		Peeraya Mayoan
	MSN		iPad		271.Airada Noisombut		56-Sri Suparti		kkhtrauma
	WHO country o...		Ns.Mulhamad Fathoni,S.Kep.,M...		271.Airada Noisombut		56-Sri Suparti		kkhtrauma
	WHO country office,Tito De Aqu...		Ns.Mulhamad Fathoni,S.Kep.,M...						





















