

# Acute Care Action Network (ACAN) Meeting 24-26 Sep 2023

## Utstein Abbey, Stavanger, Norway

Dr Ratrawee Pattanarattanamolee, Director of WHO CC Khon Kaen Hospital

A global alliance of key acute care stakeholders.

The ACAN is a WHO-convened network of partners and collaborators across primary, emergency, critical and operative care whose primary objective is to support strengthening of acute care delivery in LMICs. The network will regularly convene participants to share lessons learned, coordinate implementation and impact evaluation activities, and support advocacy across the acute care spectrum. In order to build local capacity and an evidence base for effective action in limited-resource settings, ACAN will provide a series of small-scale grants directly supporting system-strengthening activities proposed by emerging LMIC leaders to pilot tools and improvements in their systems.



This meeting convenes representative organisations to discuss ACAN's objectives and strategic approach to strengthening acute care in LMICs. Meetings at the Utstein Abbey have a very specific format: they make use of the very special surroundings to encourage open discussion and creative thinking. The plenary will then split into 4 groups, where ideas are debated and discussed. Then, groups return with their collective feedback and debate to share with the plenary. For this meeting, we will have 4 main topics:

### 1. Global acute care priorities for 2023-2025

2. Acute care in out-of-hospital settings: community first aid and

professional prehospital care

3. Acute care in primary care: recognition, resuscitation, referral

4. Acute care at the first referral (district) hospital

## Brief Result from meeting

### 1. Global acute care priorities for 2023-2025

- +Community engagement as a user and provider. Increase access to emergency care and let them provide some first aid for people needing help.

- + advocacy for Policy in acute care

- + establish standard of key procedure such as Triage, Prehospital care, database and data integration

- + distribute existing Guideline, tools and

- training course including Basic Emergency

- course (BEC), Mass casualty management,

- Community First Aid Response (CFAR), WHO

- clinical data registry (core clinical care readiness tool)

### 2. Acute care in out-of-hospital settings: community first aid and professional prehospital care

Barriers

- + System: No formal lead agency, No firm

- policy in Health education, No GL/SOP

- + Staff : none in some country and not

- sufficiency in many country

- + Staff : low in number, low competency

- + other: First Aid skill in Lay person is low, belief and religion block people to provide CPR.

Changes

- + advocacy for community leader involvement in community training program/ establish Law and leading agency

- + support local research to find out the

- underpin factor behind culture, religion, belief that blocks people from CPR

**3.Acute care in primary care: recognition, resuscitation, referral & 4. Acute care at the first referral (district) hospital (have almost the same barriers and changes)**

Barriers

- + System: Workload, poor support, No CQI, No data collection system, No leading agency
- + Staff: Low in number, high turn over rate, less repetition
- + staff: resource constraints, low quality
- + Structure: Lack of infrastructure( safe water, electricity, IT) , buliding design unfitting to emergency care
- + others: Trust from community

Changes

- + advocacy: for acute care system policy
- + distribute existing tools and guideline

**Outcome for Thailand**

- + We are recognised as the LMIC country with a good acute care system with UHC
- + We are selected to providing Basic Emergency course coming with WHO certification
- + We learned that our health system is far better than many countries in the world as you see above. Many barriers in some countries we also have them in 20 years ago. These resulted from the excellent work from our pioneers and we have to keep improve it to be better and more.

