The Experiences of Health Care Practitioners dealing with emergencies at a Primary Health Care level

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Introduction

Health care systems, globally, have moved from a reactive system to a proactive system with the emphasis on prevention and promotion of health however, acute events continue to claim lives and cause disability which in a developing country puts further strain on a poorly resourced healthcare system and economy (Razzak and Kellermann, 2002). The 68th World Health Assembly has recognised that emergency care at a primary health care level is vital for reducing overall mortality and disability (World Health Assembly, 2015). Emergency Care at a Primary Health Care level has been neglected (Razzak et al., 2008) and emergency care tends to become more advanced as the level of care increases. The prioritisation of emergency services at a primary health care level is deemed a highly cost effective way to ease the overall burden of disease on the health care system (World Health Assembly, 2015). In a consensus study by Hodkinson and Wallis (2010) on the scope of emergency care in developing countries, the need for strengthening of the system at the primary health care level was identified.

PROBLEM STATEMENT

The integration of effective emergency services into primary health care directly reduces mortality and disability (World Health Assembly, 2015). Globally, there has been neglect in the area of emergency services offered at a primary health care setting, with particular emphasis on low- and middle- income earning countries (Obermeyer et al., 2015). The South African Primary Health Care system has revealed weaknesses in the provision of emergency care (Mojaki et al., 2011; Visser et al., 2013). Specialised emergency skills and resources required to deliver this care are often not found at this level of care.

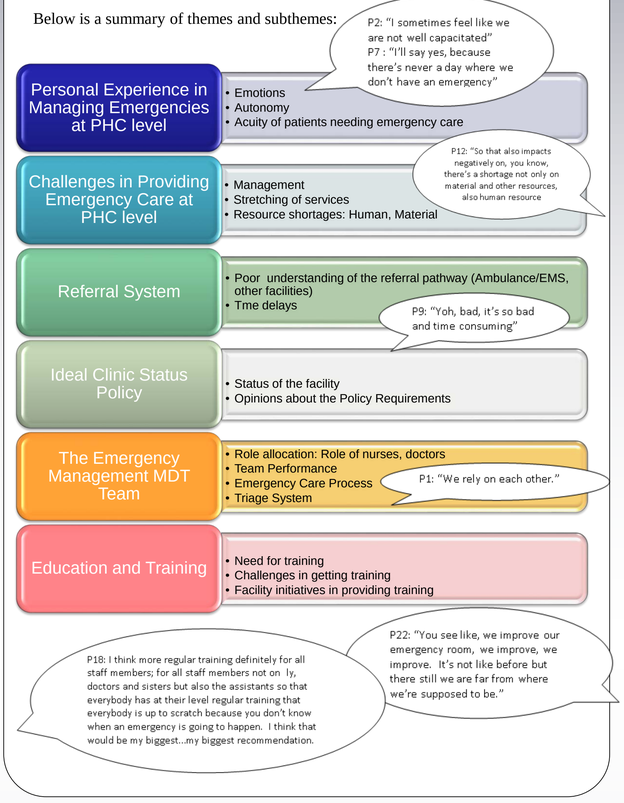
OBJECTIVES

Emergency care at a primary health care (PHC) level is situated within a broader system of care, the availability of resources, consultative support and the effectiveness of the referral system for emergencies is not known. The objectives of the study are to describe the experiences of health care providers dealing with emergencies at a PHC level.

Results

Various themes emerged from the data. Participants' experiences within each of these themes varied across regions. A common expressed need was for continuous training in emergency management. Team involvement and collaboration between practitioners was considered vital for optimal emergency management. Weaknesses within the referral system and associated processes were cited as a major concern.

Below is a summary of themes and subthemes:



Methods

RESEARCH SETTING

The research was conducted in the District Health Care system (DHS) of Gauteng, South Africa. The DHS in Gauteng is divided into various levels and five regions with a total of 392 PHC facilities spread across the different regions.

RESEARCH DESIGN AND METHODS

A **Qualitative Formative Evaluation** was conducted. This approach of qualitative research seeks to improve an intervention, programme or policy by identifying strengths and weaknesses and making recommendations for improvement (Patton, 2015). This presentation is a subsection of a broader study which seeks to analyse the system of emergency care at a Primary Health care level using a framework for policy analysis. **Walt and Gilson (1994) proposed a framework for the analysis of policy within a system.** They propose that one is able to assess the need for policy reform or plan for effective implementation of policy. This policy analysis triangle can be used as conceptual model fo primary health care facilities.

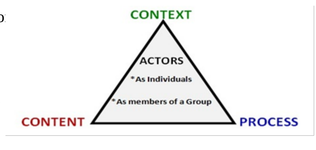


Figure 1. Walt and Gilson's Policy Analysis Framework

The focus of the analysis begins with the "actors", who in this analysis would be the professional nurses working in the primary health care facilities. For the purpose of this study, the team will include the health care professionals dealing with medical emergencies at a primary health care level.

METHOD

In this phase of the study data were collected using semi structured interviews and analysed using qualitative content analysis to describe experiences of health care practitioners dealing with emergencies at PHC level. Twenty-two participants were recruited using purposive sampling based on a sampling framework to include the various levels of facilities.

Discussion

The South African Health review described the **referral system as protracted**, which subsequently leads **to time delays** in patients receiving definitive care in emergency situations (*South African Health Review 2016*, 2016). The process of referral in emergency cases includes stabilising of the patient, transfer and transporting of the patient. From the responses of the participants it is clear that there are **challenges with each step** of the referral process resulting in time delays and poorer patient outcomes. The findings indicate a **lack of understanding** of the referral pathway by the community and stakeholders with the most commonly reported **challenge relating to ambulance and transport services** for patients needing a transfer to another facility. The 2016 Health Review for South Africa reported the insufficiency of available ambulances as well as **the poor level of training for ambulance staff** (*South African Health Review 2016*, 2016). There was also a general sense that many of the **receiving facilities were obstructive** in acceptance of a patient whom the transferring facility indicating **poor support.**

The issue of **staff shortages** however, is not easily addressed. South Africa is faced with a complex network of problems including the **inequitable distribution of human resources** (van Rensburg, 2014). Challenges in availability of **resources and equipment** are also directly related to supply chain challenges which are a major **barrier to service delivery**.

Lastly, **a team approach** to emergency care has proven its efficacy over decades of research(Kellum, 2009). It is vital to ensure that health care practitioners are **equipped and confident to lead a team** in the emergency care process. The WHO guidelines for essential trauma care highlights the need for **continuous education and training in emergency skills** (Mock et al., 2004).

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