

# GLOBAL EMERGENCY CARE'S THEORY OF CHANGE

## LACK OF ACCESS TO CARE

The shortage of acute care services in Sub-Saharan Africa (SSA) results in a large burden of preventable deaths and disability. The majority of deaths in SSA hospitals occur within 24 hours of arrival, from common ailments like malaria, lower respiratory tract infections, diarrhea, and injuries that are treatable with inexpensive and effective emergency care. However, emergency care is not available in the majority of this region of the world. That's why GEC has created the Emergency Care Practitioner model to improve access to care for Ugandans.



## STRATEGIES



### BUILD

Build emergency care capacity by training non-physician clinicians to become Emergency Care Practitioners (ECPs)



### TRAIN

Train-the-Trainer program to teach emergency clinical skills and educator leadership skills to ECPs



### PROMOTE

Promote collaboration among public and private institutions in Uganda



### COLLECT

Collect data to improve education and patient care, and evaluate impact



## OUTCOMES



### STUDENTS TO TEACHERS

Graduates teach new students and start new Emergency Departments across the country



### COLLABORATE FOR SUCCESS

Strengthened, coordinated local government and university support for Emergency Care curriculum



### ABILITY TO ADAPT

Curriculum adapted to other low resource areas



### IMPROVED PATIENT OUTCOMES

Quality of care improved by using data analysis to refine processes and systems



### TRANSFORM HEALTHCARE DELIVERY

More effective utilization of limited healthcare workforce in areas where there is an enormous human resource gap



## DESIRED IMPACT:

UNIVERSAL ACCESS TO EMERGENCY CARE



Improved health of the people of Uganda by preventing needless death and disability from acute injuries or illness



Strengthened Ugandan health system able to respond to natural disasters, epidemics, and humanitarian crises