

Delivery of Acute Care

The Latin American Perspective

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Delivery of Acute Care in Latin America

- Latin America: reality and facts.
- Components of the Acute Care Pre – Hospital System.
- Components of the Acute Care In – Hospital System.
- How to improve.

Reality and Facts

- 23 countries with ~ 525 million people.
- Unique challenges:
 - inadequate financing.
 - competing health priorities between primary and acute care medical needs.
 - Intricate inter - relationships between health systems and poverty.
 - Resource-poor environments with a struggling public health infrastructure.

Reality and Facts

- Access to acute care services is not always easy because of economic inequality.
- Health care availability is directly linked to an individual's economic resources.
- Certain care is not available to some sectors of the population.
- Elites with increased use of high-technology private hospitals.

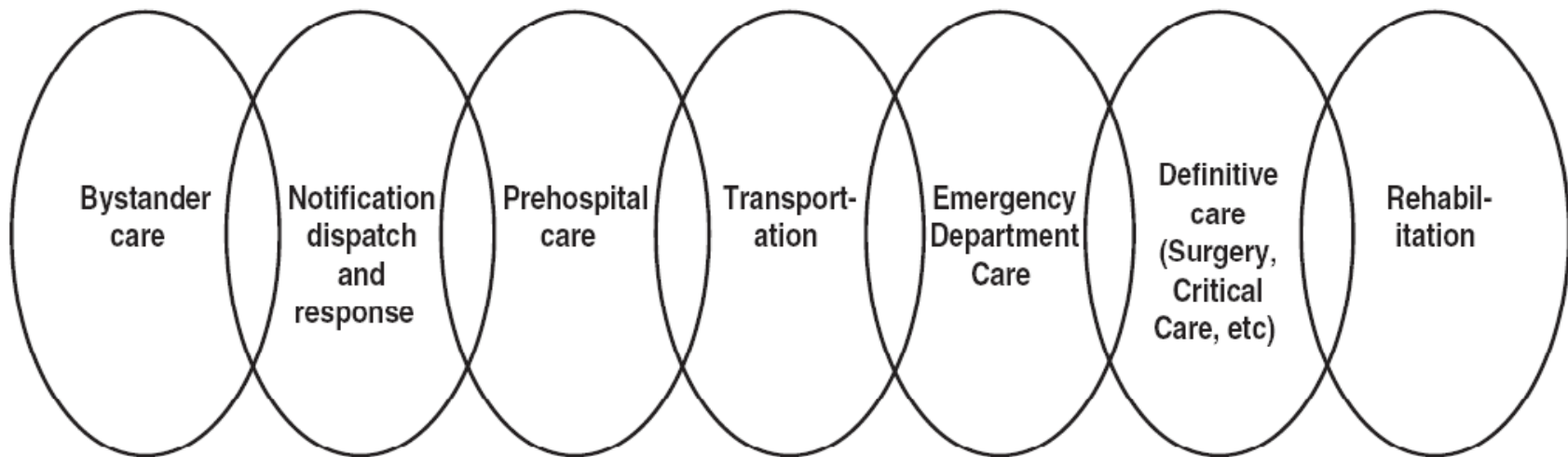
Reality and Facts

- Access to continuing medical education is also difficult.
- Many medical schools and hospital libraries have limited resources and collections.
- Internet subscriptions to medical journals are costly and computers are not easily accessible.
- One - sided system of information imperialism.

Reality and Facts

- Inequities among countries:
 - allocation of resources
 - clinical services
 - access to information
 - education and training programs.
- Vast differences in the use of acute medical care, standards of care, access to essential drugs and other treatments, and social and economic support for health care.

Chain of resources for Acute Care



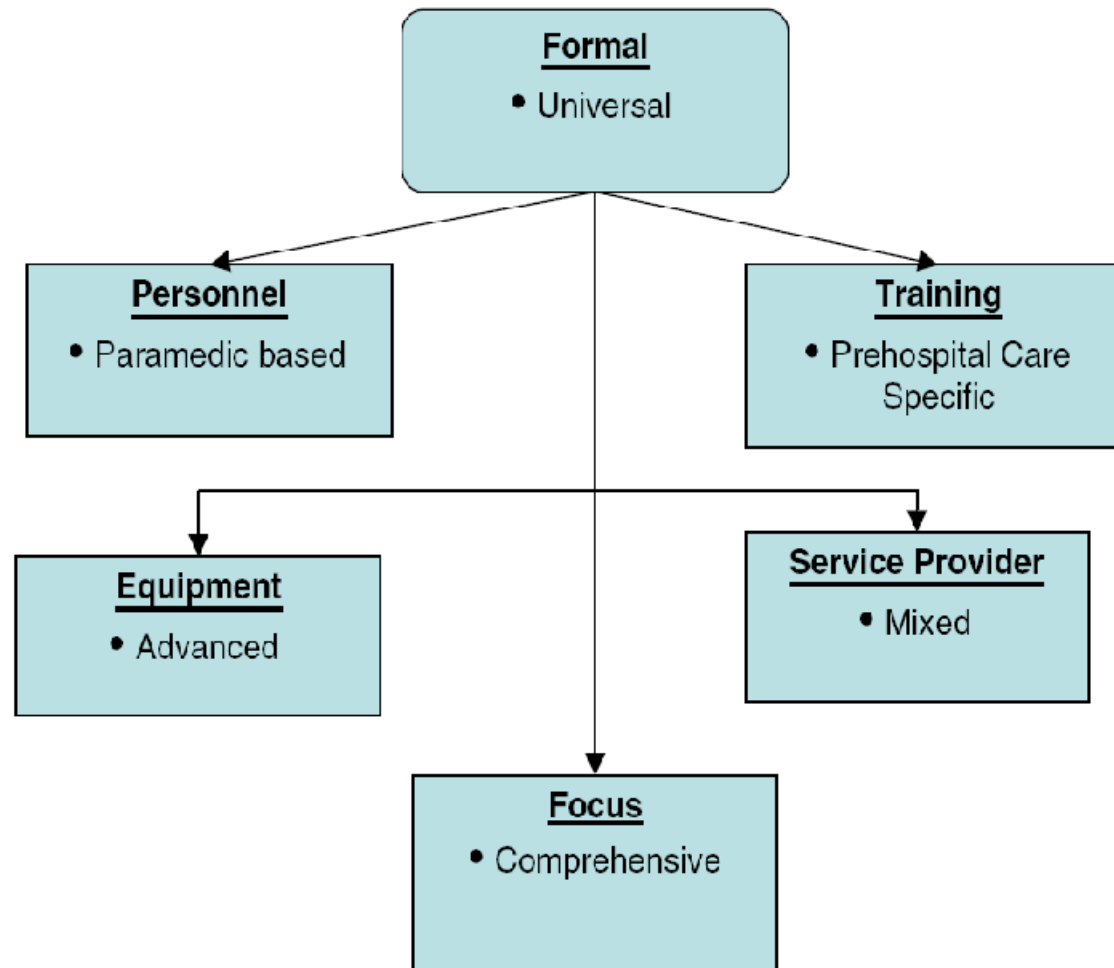
Pre – Hospital Acute Care



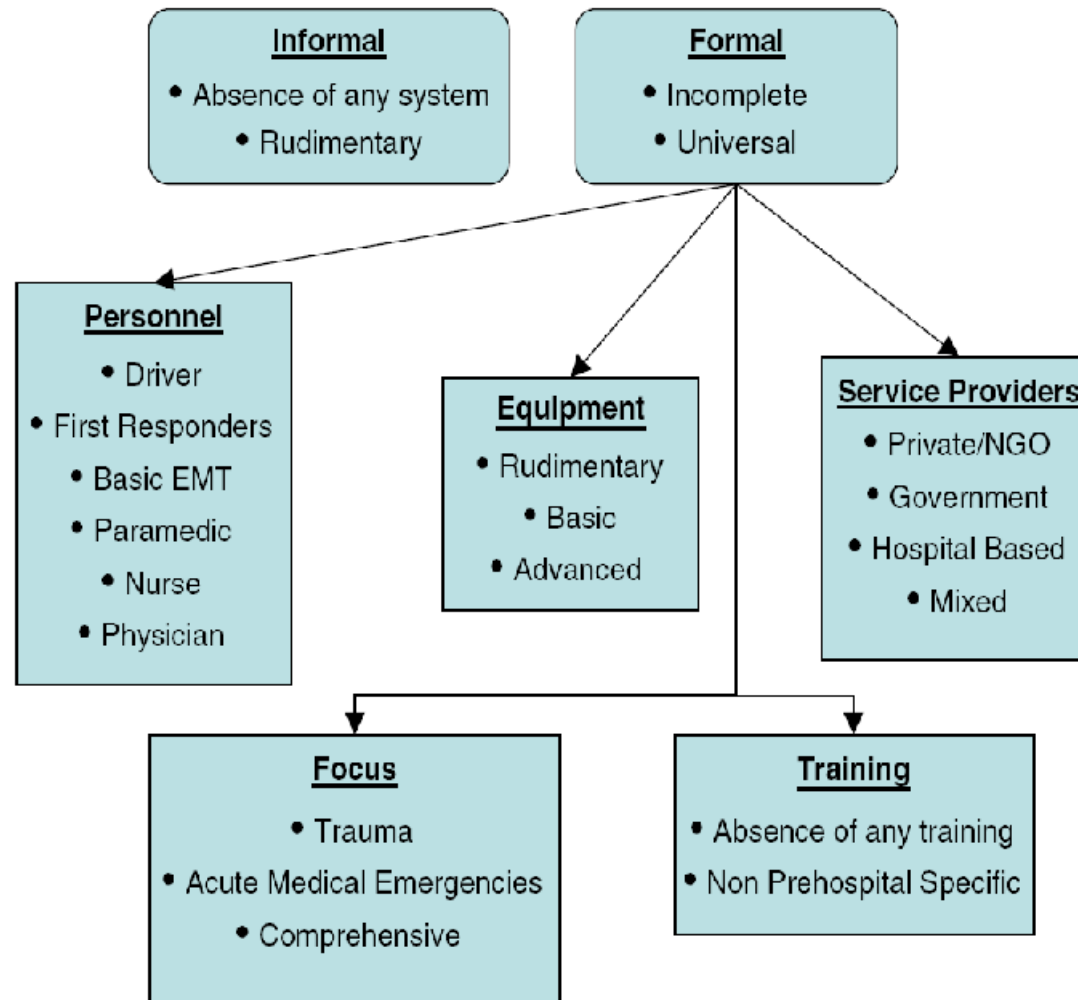
Acute Care Pre-Hospital Systems in Latin America

- High prevalence of epidemic diseases and acute medical illnesses.
- Dramatic rate of urbanization.
- Poorly planned urbanization.
- Worrisome indexes of poverty.
- Increasing burden from injury, violence, road traffic crashes and pedestrian accidents.
- Frequent disasters.

A model of Acute Care Pre-Hospital System



Acute Care Pre-Hospital Systems in Latin America



Acute Care Pre-Hospital Systems in Latin America

- Systems tend to be underdeveloped or in development.
- Seriously ill or injured patients are brought to the hospital by various forms of transportation.
- Heterogeneous personnel.





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Absence of acute care systems in rural areas?



Pre – Hospital Acute Care Training

- BLS training for lay persons is growing.
- Availability of AEDs is increasing.
- Pre – Hospital Acute Care Services are increasing but there is a disparity among them.
- Pediatric BLS and ALS training is lacking.
- Pediatric equipment for ambulances is inadequate or absent.

Hospital – based acute care systems

The ER in Latin America

- The **specialty model**:
 - emergency physicians
 - predictably high level of competency.
- The **multidisciplinary model**:
 - care is delivered by a collection of physicians
 - multiple medical specialties, including intensivists.

The ER in Latin America

- Emergency medicine is recognized as a specialized area of medicine.
- National emergency medicine society often exists.
- Residency training.
- National or regional journal.

The ER in Latin America

- Some use the “**local**” system:
 - The staff use to be non-emergency-non-pediatric trained residents or physicians, or even medical students.
 - The equipment is poor and pediatric – specific equipment is lacking.
 - Laboratory and radiology access are limited and with slow response times.
 - Because of excessive demands and inefficient work, **overcrowding** is the rule.

Pediatric Intensive Care in Latin America

- PICUs are expanding in numbers, services, and areas of clinical and basic science research.
- PICUs should not be bound to the confines of the unit.
- Expansion beyond the acute hospital setting.

The PICU in Latin America

- Staff in the PICUs is not necessarily adequate.
- The number of pediatric intensivists may not be enough.
- It is not uncommon that adult intensivists care for critically ill children.

The PICU in Latin America

- PICUs should be developed after an assessment of the needs of the population
- Easy accessibility
- Equitable distribution across geographic and socio-demographic boundaries.

Training

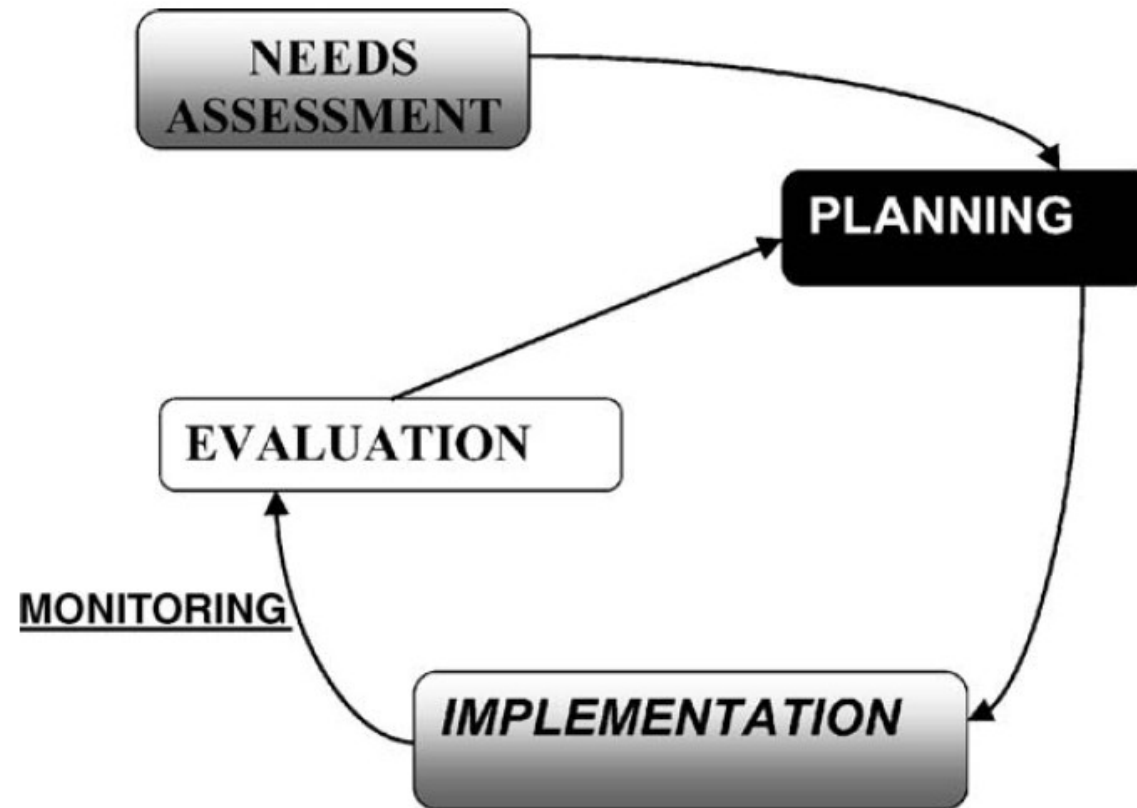
- Training is one of the most important priorities to improve acute care services in Latin America.
- Should include all levels of providers.
- Tailored to the clinical environment and the prevalence of disease and injuries.

Training

- Train-the trainer.
- Modular training courses do not replace the need for full residency training programs.
- PALS, ATLS, ACLS, and BLS courses can be incorporated into longer, more comprehensive education and training programs.

The Future

Evaluation for improving



How to improve?

- Programs should include all the components of the acute/emergency medical care system:
 - Emergency Medical Service systems for prehospital care.
 - Hospital-based emergency departments.
 - Undergraduate and postgraduate systems of education and training in emergency medicine.
 - The medical specialty in emergency medicine.

How to improve?

- Development in any given area of acute care should complement developmental effects in other components of the health care system.
- Development of an advanced prehospital care system should complement improvements in the hospital-based EM services at receiving facilities.

What politicians should know

- Emergency medical care can be efficient and cost effective only if it is integrated into the general health system.
- The availability of emergency and acute care systems strengthens the effectiveness of the primary care system.
- Financial support for the program is very important and should be **sustainable**.

How to improve?

- Any program should focus on **strong fundamentals of good medical care.**
- Development primary depends on changes in system and not on expensive medical equipment.
- The assumption that high technology is synonymous with high quality of care has not been proven.

Ethical considerations

- The system must be capable of expeditious and safe response and must be equipped appropriately for pediatric patients of all ages.
- The system has the duty to provide a medically acceptable standard of care regardless of the patient's income or social position.

Ethical considerations

- Ethical premises that guide acute medical care are:
 - The principle of **justice**.
 - The principle of **beneficence**.
 - Respect for patient **autonomy**.



Thank you.

Gracias.