Joint WHO-SMHB Global Initiative Essential and Emergency Surgical Care Workshop

23-24 August 2008

Shanghai, China
1. Summary

A Joint World Health Organization- Shanghai Municipal Health Bureau (SMHB) Global Initiative for Emergency and Essential Surgical Care workshop was organized by WHO Collaborating Centre for Health Technology Assessment and Management (HTA&M), Fudan University, and Shanghai No.6 People’s Hospital. Participants included doctors, students, nurses, paramedics from Shanghai and nearby districts.

The workshop included lectures, discussion, and “hands-on” basic skills training, using the CDs of WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) E-learning toolkit based on the WHO manual Surgical Care at the District Hospital (SCDH). The participants were trained in the use of this toolkit for implementation of good practices. The workshop included lectures on principle treatment for acute trauma, pelvic fracture, and extremities injury; treatment for upper and lower extremities fractures and thoracic injury; basic anesthetic and resuscitation techniques. Participants were divided into 5 groups for discussion and hands-on training using the WHO SCDH manual and the WHO IMEESC toolkit as the basic material for their lectures and expanded with their clinical experiences. It was felt that the SCDH manual and the IMEESC toolkit were useful for guiding day-to-day practice and for re-enforcement and further enhancement of the training of healthcare providers. Experts from Shanghai Xin Hua Hospital also introduced the clubfoot project.

Participants, professors and officials from MoH were pleased that the WHO Global Initiative for Emergency and Essential Surgical Care and WHO IMEESC was being introduced in Shanghai, and they hoped to expand it to the whole country. A delegation comprising of WHO, MoH and experts visited and conducted assessment of emergency and essential surgical care at several health facilities representing village health facility to a teaching hospital.
2.Background of the workshop:

The WHO, in collaboration with the SMHB and WHO Collaborating Centre for HTA&M(Fudan University), held its first training of trainer’s (TOT) workshop to improve the quality of emergency and essential surgical care at resource-limited healthcare facilities, in Shanghai, China.

2.1 Planning meeting

In preparation for this workshop, a committee comprised of officials from WHO Collaborating Centre HTA&M(Fudan University), Shanghai Municipal Health Bureau, Shanghai No.6 People’s Hospital, and Shanghai 120 Emergency Center was established to organize the workshop. The first planning meeting was held one month before, during which the committee set up the tasks for the workshop:

- Identify targeted participants
- Translate the WHO IMEESC toolkit, training manual SCDH and the report of 2005 WHO Global Initiative meeting (www.who.int/surgery/globalinitiative)
- Make Chinese version of IMEESC toolkit
- Identify experts and professors for lectures in the workshop

A planning meeting was held by officer WHO/HQ, Geneva to meet and discuss with facilitators on how to make the workshop as effective as possible. It was decided that the workshop should be interactive and interesting. Participants should learn from the workshop about their responsibilities to standardize their clinical practice and to train doctors particularly the first level hospital/healthcare facilities. At the end of first day of the workshop, they gathered together again to discuss the effect of the workshop and found ways to improve it for the following day.

2.2 Target participants

There were 195 participants, including policy makers from the Ministry of Health, WHO Collaborating Centre HTA&M, SMHB and health providers (directors, doctors, students, and nurses) from different levels of hospital in Shanghai and nearby districts, Shanghai 120 Emergency Center. Facilitators were specialists in surgery, obstetrics, trauma, anesthesia, orthopedics, pediatric surgery, emergency services, disaster planning and surgical nursing.
2.3 Multidiscipline cooperation

The workshop covered different topics at different levels. It included emergency care, anesthesia and resuscitation, orthopedic, general surgery, thoracic surgery, neurological surgery, urologic surgery, and prehospital paramedics. The participants came from all levels of health facilities, from the primary level village health facilities to the tertiary level teaching hospitals. They included undergraduate, postgraduate students, and senior doctors.

3. Introduction of the workshop

The overall objective was capacity-building and strengthening of basic-skills training in integrated management of essential emergency and surgical procedures and linked equipment at resource-limited healthcare facilities in China.

The workshop was held at the teaching center in Shanghai No. 6 People’s Hospital. In the opening ceremony, welcome messages and best wishes sent to the workshop from officials from the SMBH were read. The WHO HQ official introduced the WHO's role in bringing together interested parties through the Global Initiative of Emergency and Essential Surgical Care (www.who.int/surgery) and emphasized the importance of the WHO IMEESC toolkit for teaching and training at various levels of healthcare in Shanghai and China. The leaders from WHO Collaborating Centre for HTA&M and Shanghai No. 6 People’s Hospital welcomed the first workshop held in Shanghai, China.

3.1 Lectures and discussions

Professors and experts in their clinical fields delivered the lectures and facilitated discussions related to the emergency and essential surgical care covered principle treatment for acute trauma, pelvic fracture, and extremities injury; treatment for upper
and lower extremities fractures and thoracic injury; basic anesthetic and resuscitation techniques. The WHO training manual SCDH and the IMEESC toolkit were used as basic material. All of the lectures were practical and easy to understand.

3.2 'Hands-on' basic skills training

The lecturers demonstrated basic skills, such as suturing wounds, placing a chest tube, intubation, hand washing, and basic life support.

3.3 Training integrated basic skills training using the WHO IMEESC E-learning toolkit (www.who.int/surgery/publications/imeesc)

CDs of training films on wound management and fracture treatment (WHO IMEESC E-learning toolkit) were played with Chinese subtitles. This provided integrated training in the use of basic tools for implementation of good practices and it was felt that these would be a useful resource for re-enforcement and further enhancement of the training of healthcare providers.

3.4 Field visit to healthcare facilities

An team comprising of WHO, SMBH and doctors representing different levels of healthcare facilities, made the field visits to hospitals and health centres. Meetings were held with key health providers and the WHO situation analysis tool to assess emergency and essential surgical care were completed at each site. The following health facilities were visited:
- Shanghai No.6 People’s Hospital
- Jing Shan Hospital
- Feng Xian Hospital
- Fen Jin Hospital
- Tian Ling Community Healthcare center
- Qing Cun County Healthcare Center
- Qing Cun Village Healthcare Center

Due to the large population, even a secondary level hospital in Shanghai is comparable to a teaching hospital in a Western country in terms of area, beds, equipment, and number of employees, e.g. the Feng Xian Hospital, a district secondary level hospital, has 960 beds and more than 1000 staff. The hospital covers the population of more than 100,000, has an emergency department and one operation theatre, where 30 operations every day. Community healthcare centers in Shanghai and nearby districts are different from each other. The primary task of this level hospital is prevention, therefore, each community health
center must perform physical examinations once a year for every resident living in the community. In addition, they also meet the needs of their specific communities. Tian Ling Community Healthcare Center is next to the Shanghai No. 6 People’s Hospital which is famous for orthopedic surgery and has plenty of patients with bone fractures. The community health center has more than 200 beds and two thirds of them are for rehabilitation of orthopedic patients and meets the social requirement to set up a vaccine center. The spacious vaccine center is the best one in Shanghai with a quiet environment and special decorations for children.

Feng Jin community health center has a traditional reputation for treatment of hemorrhoids. About 50 beds in the center are for hemorrhoid patients. The health center shares medical resources with neighboring Feng Jin hospital, a secondary level hospital. Community health centers, known as primary level hospitals, do not have emergency departments, but they do have resuscitation rooms for accidents. In the room, there are continuous oxygen supplies, monitors, and oxygen bags for transferring patients. Normally an oxygen bag can hold 5L oxygen. With a valve to adjust the flow of oxygen, a full bag can provide oxygen up to 30 minutes. Although primary level hospitals have operation theatres, the range of operation is limited by Chinese policy. They can only perform minor operations, such as appendectomies. Surgeons in a first level hospital cannot do complicated operations such as gastrectomy regardless of personnel's skill level. Amputation cannot be performed unless professors think amputation is the only way to save life. The aim of the policy is to ensure the quality of treatment. On the other hand, residents prefer to go to higher level hospitals for better treatment. Some equipment in the first level hospital has reached a high standard. One automatic blood pressure monitor in Tian Ling Community Healthcare Center has a label of “WHO standard” and provides blood pressure check for patients at no cost to them.

Healthcare facilities in villages have less number of services than primary level health facilities. According to Chinese policy, there is at least one medical provider for every 1000 residents. Often they build a village health center for 2000-3000 residents with 3 medical staff. The area of center should not be less than 40 square meters with four functional rooms: clinic, pharmacy, sterile room, and wound-cleaning room. In some areas, there is also a rehabilitation center with fitness equipment for the residents. The healthcare providers are licensed doctors and they have various certifications for dealing with different situations, such as HIV prevention, and
Chinese traditional treatment like acupuncture, hot pot treatment, and massage. Patients pay much less for treatment in the lower level of healthcare facilities than in higher level hospitals.

4. Discussion and suggestions:

At the closing ceremony, officials from WHO Collaborating Centre HTA&M and Shanghai No.6 People’s Hospital concluded that it was a fruitful and successful training course. Participants received credit from Shanghai Municipal Health Bureau. Following suggestions were made:
- Such workshops should be held at least once a year, with less number of participants and should include healthcare staff from distant and/or rural areas.
- WHO SCDH manual and IMEESC toolkit should be translated into Chinese and incorporated into CME for every medical or medical-related staff to use.
- WHO should give approval for the Chinese version of the manual SCDH and toolkit for publication in China.
- WHO IMEESC toolkit could be a bridge and platform for introducing advanced emergency care systems to Shanghai and set up a model of Chinese emergency system.
- Situation analysis should be performed throughout the whole country. In order to get a situation analysis with reliable data, it would be wise to set up a project to do the analysis in every province in China.

5. Conclusion

Feedback from the participants of this first workshop in China was very positive saying that the workshop has introduced the WHO standards in emergency and essential surgical care. Participants recommended that it would be useful to standardize the daily clinical practice protocols and the WHO IMEESC tools should be integrated as a part of CME for every healthcare provider. In addition, the WHO standard is simple, easy to reach and is the basic knowledge for every medical worker including those working in rural areas. Officials from SMBH, WHO Collaborating Centre for HTA&M(Fudan University), Shanghai Municipal Health Bureau agreed that the workshop should be held at least once a year, and it will further influence in the quality of treatment in China.
Appendix 1
Key Trainers

Dr Dong, Min  SMBH
Dr Xu, Jian Guang  Chief Shanghai Municipal Health Bureau
Dr Chen, Jie  Director of WHO HTA & M Collaboration Center
Dr He, Meng Qiao  President Shanghai No.6 People’s Hospital
Dr Tan, Shen Sheng  Vice President of Shanghai No.6 People’s Hospital
Dr Hu, Jin  Executive Operator of Emergency Center, Shanghai No.6 People’s Hospital
Dr Fan, Li Hong  Director of Medical Department, Shanghai No.6 People’s Hospital
Dr Zen, Bing Fang  Director Orthopedic Department, Shanghai No.6 People’s Hospital
Dr Zhao, Li  Director Pediatric Orthopedic department in Shanghai Xin Hua Hospital

Workshop Facilitators
Medical Department, Shanghai No.6 People’s Hospital

Dr Chen  Medical Department, Shanghai No.6 People’s Hospital
Dr Yu  Medical Department, Shanghai No.6 People’s Hospital
Dr Zhang  Medical Department, Shanghai No.6 People’s Hospital
Dr Gu  Shanghai Tian Ling Community Healthcare Center
Dr Wang Fang  Shanghai Feng Xian Hospital
Dr Hu  Shanghai Fen Jin Hospital (President)
Dr Wang  Shanghai Fen Jin Community Healthcare Center (Vice President)
Dr Zhu  Qing Cun County Healthcare Center
Dr Zhou  Qing Cun Village Healthcare Center

Appendix 2 Names of lecturers and lecture topics

Dr Zen, Bing Fang  Management & basic rescue protocol for trauma
Dr Cai, Yi Ming  Transformation, restoration & reimplantation of broken extremities
Dr Hu, Jin  Principal Treatment for brain injury
Dr Xu, Jiang Guang  Diagnosis and Treatment for spinal injury
Dr Tao, Bao Hua  Basic Cardiac Pulmonary Resuscitation
Dr Wu, Deng Long  Trauma in urologic system & renal failure
Dr Zhou, Min  Anesthesia and preoperative care
Dr Lv, Zhi Qian  Principal treatment for thoracic injury
Dr Zhen, Qi  Basic treatment for abdominal injury
Dr Zhao, Li  Principle treatment of Club foot