

Assessment of acute trauma care training in Kenya

Abstract:

An Acute Trauma Care (ATC) course was adapted for resource-limited healthcare systems based on the American model of initial care for injured patients. The course was taught to interested medical personnel in Kenya. This study undertook a survey of the participants' healthcare facilities to maximize the applicability of ATC across healthcare settings. The ATC course was conducted three times in Kenya in 2006. A World Health Organization (WHO) Needs Assessment survey was administered to 128 participants. The data were analyzed qualitatively and quantitatively. Ninety-two per cent had a physician available in the emergency department and 63 per cent had a clinical officer. A total of 71.7 per cent reported having a designated trauma room. A total of 96.7 per cent reported running water, but access was uninterrupted more often in private hospitals as opposed to public facilities (92.5 vs 63.6%, $P = 0.0005$). Private and public employees equally had an oxygen cylinder (95.6 vs 98.5%, $P > 0.05$), oxygen concentrator (69.2 vs 54.2%, $P = 0.12$), and oxygen administration equipment (95.7 vs 91.4%, $P > 0.05$) at their facilities. However, private employees were more likely to report that "all" of their equipment was in working order (53 vs 7.9%, $P < 0.0001$). Private employees were also more likely to report that they had access to information on emergency procedures and equipment (64.4 vs 33.3%, $P = 0.001$) and that they had learned new procedures (54.8 vs 25.4%, $P = 0.002$). Despite a perception of public facility lack, this survey showed that public institutions and private institutions have similar basic equipment availability. Yet, problems with equipment malfunction, lack of repair, and availability of required information and training are far greater in the public sector. The content of the ATC course is valid for both private and public sector institutions, but refinements of the course should focus on varying facets of inexpensive and alternative equipment resources. Furthermore, the implementation of this course should create a setting that advocates, promotes, and investigates resources. The WHO survey can guide future research in understanding impediments to implementing essential trauma care courses for resource limited healthcare systems.