Accident and Emergency Care Policy of Sri Lanka

Certification of Authorisation

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1. INTRODUCTION

SRI Lanka has achieved impressive health status indicators almost comparable with those in the developed world. However, accident and Emergency care services need further development. An accident or an emergency (A & E) is an illness that is acute and poses an immediate threat to a person's life. These patients present with potentially life threatening conditions without prior notice, which need prompt attention and appropriate emergency care.

A health service has to respond to emergencies on land, maritime boundaries and air space. In addition to promising the day to day Accident and emergency needs of the population, it has to provide emergency care in the event of disasters and public health emergencies of national and international concern.

Accident and emergency care is a demanding and complex area of practice, presenting diverse challenges for patient-centered care. In the recent past there has been an increasing incidence of accidents and emergencies. Deaths and disabilities due to accidents and emergencies which in turn would also reduce the premature deaths (deaths below 65 years of age) can be minimized with well-established and a responsive emergency care services.

The government policy envisages the country to aspire to be a nation with a high quality of life for all of its citizens having standards of living comparable to the developed world. With the contemporary development efforts in Sri Lanka, the Ministry of health has identified the need for establishing a sound Accident and Emergency care policy in order to develop comprehensive Accident and Emergency care services on priority basis.

2. BACKGROUND

Many models of accident emergency care are practiced throughout the world starting from Emergency Treatment Units (ETUs) to dedicated Emergency and Trauma care Apex centers. The basic emergency and trauma care in Sri Lanka was established with the introduction of first ever ETU at the Base Hospital Nuwara Eliya in 1988, followed by many other hospitals. The concept of preliminary care unit (PCU) which is a more advanced care model was introduced in other hospitals as well. The establishment of purpose built Accident service at the National Hospital of Sri Lanka in 1991 was an important landmark in emergency trauma care. Provincial General Hospital kurunegala pioneered the establishment of an Accident and Emergency unit in Sri Lanka in 2002.

With the development of different types of accident and emergency services, the Trauma secretariat was established in December 2004 following the national disaster due to the Tsunami to define standards and other

requirements for providing trauma care services. Trauma care services in many hospitals including the National Hospital of Sri Lanka (NHSL) and the provincial General hospital Anuradhapura have been substantially improved during the 30 years of civil strife. Some private hospitals have established emergency care units and private ambulance services to provide pre hospital care.

This policy proposes to introduce a well-coordinated, stratified and cost-effective Accident and emergency care service by establishing new units or upgrading the existing Accident and Emergency departments with a health systems approach for timely access to integrated care in all emergencies to prevent death and disability. This is with a view to provide prompt and quality patient care services with safety, dignity and compassion.

3. GUIDING PRINCIPLES

Sri Lanka provides free health care to its population and is committed to the principles of social justice, equity and human rights.

The guiding principles of National Accident and Emergency policy are,

I. Protection of the right to health and value for life
II. Equity, social justice and cultural appropriateness
III. Patient centered care
IV. Multidisciplinary approaches for comprehensive care
V. Efficiency effectiveness
VI. Technical and service quality
VII. Affordability and sustainability
VIII. Continuity of care
IX. Meet emerging health needs through evidence based approaches

4. VISION:

Nation with an Excellent Accident and Emergency care service

5. MISSION:

To establish a comprehensive accident and emergency care system which includes pre hospital, hospital and rehabilitation care to minimize the short and long terms health impacts on affected individuals.

6. GOAL

To reduce preventable mortality and disability related to accidents and emergencies in Sri Lanka by providing an efficient and effective Accident and Emergency services at all levels of health care.

7. POLICY OBJECTIVE

To provide a framework to establish comprehensive accident and emergency care system in at least 75% of healthcare institutions within 3 years from the implementation of this policy.

The following strategic objectives are proposed in order to achieve the above policy objective.

8. STRATEGIC OBJECTIVES

8.1 island wide establishment or upgrade of A & E services in appropriate levels of care in government sector health service

the A&E care services should be reorganized and strengthened as a system providing prompt and comprehensive A&E care. This new system aims to newly establish or upgrade current A&E care services, based on the implementation guidelines, to provide an Island wide coverage appropriating to that level of care.

8.2 Enhancement of private sector involvement and improving the standards on A&E care in private sector hospitals

It is proposed to encourage the private health institutions through the private sector Regulatory council and the Directorate of private Health sector Development to adhere Guidelines to provide a comprehensive A&E service in the country.

8.3 Development and defining of standards on A&E services for each level of care

A&E will be divided in to 4 categories based on proposed care models in the guidelines. It ranges from apex centre (Level I)to emergency Room (Level IV). Each province will have one apex center (Level II) facility and a Level II facility will be available in all other Tertiary care institutions while, a Level III facility will be in all secondary care institutions and a Level 4 facility will be made available in all primary care (Divisional Hospitals) institutions. Infrastructure, available facilities and human resource are defined in the guidelines and treatment protocols and assessment indicators will be standardized to maintain the technical and service quality for A&E care.

8.4 Improving the capacity of relevant staff on A&E care

A national training programmer with curricula should be developed based on identified training needs (identified in the guidelines) and conducted regularly in order to establish a high quality, efficient and a comprehensive A&E care service. Furthermore, a 'National Simulation Centre' will be established to provide hands on A&E training. It is recommended to incorporate concepts of emergency medicine to medical curricula of all undergraduates and trainees (medical, nursing and others) and to include first aid modules in school curricula.

8.5 Establishing pre hospital care services in each district as part of Accident and Emergency care Management system

Pre hospital care service can be simply defined as bringing medical care to the scene of emergency. It can be either a retrieval service (a fully trained team including medical experts and stabilizing the patient on site) or scoop and run with minimal intervention to authorized nearest hospital in any emergency the concept of 'platinum 10 minutes within the golden hour' should be preserved in order to minimize untimely deaths, complications and long term disabilities. In order to achieve this goal a coordinated pre hospital care service will be established under 2 categories, namely retrieval teams and paramedical teams based on selected suitable pre hospital care model for Sri Lanka. In all possible places initially at least at all Apex Centers, there will be a retrieval team where as in all other places there will be paramedical team which will include trained paramedics. Pre hospital care services will be attempted to be established at first with available resources through health and non health stakeholders. Standards for ambulances for this service are included in the guidelines.

8.6 Enhancement of public awareness and commitment towards successful utilization of A&E services and empowerment of public on prevention of trauma

This goal of improving public awareness and commitment will be fulfilled by assessing the awareness regarding the emergency services available and then public awareness programmers will be introduced using a planned communication strategy.

8.7 Enhancement of patients' and public satisfaction on quality improvement of A&E care service

Patient and public satisfaction surveys will be conducted to assess and improve quality off the A&E services from time to time. At the same time the National Information Centre on Emergency (NICE Centre) and a quality assurance programmer for A&E will be established.

8.8 Monitoring the implementation of developed Accident and Emergency Care management system in the country through establishment of management information system related to A&E services

Process monitoring will be achieved through conduction of biannual review of the A&E systems in the country and other accepted methods based on suitable monitoring tools with indicators. In parallel, A&E units will be networked and management information system related to A&E services will be developed based on the guidelines.

8.9 Enhancing research on Accident and emergency care

Relevant applied research in all levels of A&E care will be promoted. Researchers will be facilitated through coordination for information, literature and source of funding. Each A&E department will be provided with IT facilities and training for analysis and utilization of information for strengthening the A&E service in the country.

9. POLICY IMPLEMENTATION

Policy implementation will be based on the national Accident and Emergency strategic framework and the implementation guidelines. The strategic framework outlines the proposed activities under each of the strategic objectives and the implementation guidelines refer to the following areas:

- A&E operational structure and care model
- Triage system for A&E units
- Infrastructure development guideline
- Standard Human Resource Requirements for A&E units
- Standard Equipment Requirements for A&E units
- Standard Equipment, facilities and capacity building required for ambulances for inter hospital transfer of patients
- Standard Drugs list for an A&E units
- Information system for A&E units
- Capacity Building for human resources within the A&E units
- Quality improvement in A&E units

Annual operational plans will be developed for each of the above strategic areas based on the implementation guidelines for each of the levels of A&E care.

10. MONITORING AND EVALUATION (M&E)

A National A&E care steering committee will be established to coordinate and review the implementation of this policy, strategic framework and implementation guidelines along with coordinating bodies at provincial and district levels.

The National committee will be chaired by the secretary Health and the provincial and District committees will be chaired by the provincial director Health services and the Regional Director Health Services respectively.

The implementation guideline on information system will be followed to report on overall A&E units performance and patient information Management system at A&E units.

Facilities will be established to create inter-hospital communication system to better plan for patient transfers including a ICU Bed availability, knowledge improvement of health teams in A&E units and for providing expert advice to lower level A&E units.

For injuries, an injury surveillance system will be established in selected A&E units and a trauma register will be established to report on the trauma patient burden in the hospitals.

STRATEGIC OBJECTIVES

1. Island wide establishment or update of A&E services appropriate to levels of care in government sector health service
2. Enhancement of private sector involvement and improving the standards on A&E care in private sector hospitals
3. Development and defining of standards on A&E services for each level of care
4. Improving the capacity of relevant staff on A&E care
5. Establishing pre hospital care services in each district as part of Accident and Emergency care Management system
6. Enhancement of public awareness and commitment towards successful utilization of A&E services and empowerment of public on prevention of trauma
7. Enhancement of patients and public satisfaction on quality improvement of A&E care service
8. Monitoring the implementation of developed Accident and Emergency care Management system in the country through establishment of management information system related to A&E services.
9. Enhancing the researches on Accident and Emergency care

Strategic Objective I:
Island wide establishment and upgrading of A&E services in a cost-effective manner appropriate to levels of care in government sector health service

Strategy	Activity	Expected outputs	Expected Outcome	Indicator	Target	Responsibility
Planning to improve A&E care services island wide by newly establishing or upgrading existing facilities	Defining the facilities to be available in each level of care	Defined norms for facilities at each level of care		Completion of activity	100% completion before 31st August 2013	MOH
	Conducting a national survey to assess the current situation of Accident and Emergency care and to identify the gaps/differences in infrastructure/ staff/ instrument and equipment island wide in all levels	Completed national survey		Completion of activity	100% completion before 31st December 2013	MOH
	Preparation of a development plan for each institution for implementation in stages	Prepared development plans		Completion of activity	Completion before primary care institution plans-31st March 2014 Secondary and Tertiary care institution plans-30st June 2014	MOH Head of the institutes provincial health authorities
Developing facilities of Accident and Emergency units with island wide coverage	Costing the development plans	Completed cost estimate for each development plan	Prompt & efficient A&E care service leading to reduced unnecessary admissions (work	Completion of activity	Completion before primary care institution plans-31st March 2014 Secondary and Tertiary care institution-30st June 2014	MOH Head of the institutes provincial health authorities
	Identification of a suitable source of funding.	Identified agreed donors/funding agencies		Completion of activity	31st July 2014	MOH DDG (MS) DDG (P)

	Implementation of the Development plans in pre-determined stages	Implemented plans	load/ward congestion)	Completion of activity at each stage	100% completion before 31st August 2017	MOH Head of the institutes provincial health authorities
	M&E of implementation of Development plans	Completed reviews		Monthly reviews	Up to date completion of Monthly reviews	MOH Head of the institutes provincial health authorities
Ensuring cost minimization through A&E care service	Introducing cost effective technologies and methods and mechanisms in emergency Health care services	Introducing cost effective technologies and methods in A&E care	Health care cost reduction	Periodic reviews with international experiences	Up to date conduction of audits	MOH Head of the institutes provincial health authorities
	Assessment of cost minimization through the result of cost studies based on calculated unit cost pre cost centers and unit cost per patient	Completed cost studies		No of cost studies in hospitals	100% completion of hospital cost studies before 31st August 2014	MOH DDG(ET&R) SLMA PGIM
	Conduction of cost benefit analysis	Completed cost benefit analysis		No of cost benefit analysis	At least one cost benefit analysis per year	MOH DDG(ET&R) SLMA PGIM

Accident and Emergency centers comprising an ambulance bay, reception and a triage area, patients registration desk, resuscitation bay, short stay HDU, treatment area, short stay observational unit with operation theatre facilities, police post, small laboratory, separate radiology department, isolation area, toxicology management area and a recreation area including area for the staff, dispensary/ pharmacy and a patients waiting area and a visitors waiting area in all hospitals above BHs (The facilities may change at different levels of A&E s)

Strategic Objective II:
Enhancement of private sector involvement and improving the standards on A&E care in private sector hospitals

Strategy	Activity	Expected outputs	Expected outcome	Indicator	Target	responsibility

Improving A&E service in the private sector	Assessment of number of emergencies handled by the private sector versus government sector	Completed assessment in current services		Completion of study	Completion before 30th June 2014	MOH DDG (MS) DDG (ET&R) D(PHSD) PHSRC SLMA
	Assessment of the existing models of care in A&E delivered bh the private health care institutions through an island wide survey	Completed assessment on current models		Completion of study	Completion before 30th June 2014	MOH DDG (MS) DDG (ET&R) D(PHSD) PHSRC SLMA
	Advocacy to private health institution authorities on improving A&E care	Completed advo	Motivated private health institution authorities	Completion of task	Completion before 31th December 2013	MOH DDG(MS) DDG(ET&R) D(PHSD) PHSD)PHSRC
	Monitoring and supervision of the emergency care services provided by the private health sector and to take corrective measures whenever necessary	Regular clinical audit in private sector	Minimized mortality due to trauma in private sector institutions	Regular clinical audit	Up to date clinical audits	MOH DDG(MS) DDG(ET&R) D(PHSD) PHSD)PHSRC
Improving the standards on A&E care in private sector hospitals	Adherence of the private health care institution to the National Emergency policy guidelines and Manual	Prompt and efficient A&E care services in private sector institutions	Quality emergency care service based on selected criteria and patient satisfaction in private sector institution	100% of adherence to protocols and SOPs	100% adherence up to 31th December 2017	MOH DDG(MS) DDG(ET&R) D(PHSD) PHSD)PHSRC
	Organizating training facilities/programs for the relevant private sector staff	Skilled, efficient emergency care staff in private sector institution for better emergency care management.		Completion of tas	100% completion of training programmers on A&E care for private sector staff before 30th June 2015	MOH DDG(MS) DDG(ET&R) D(PHSD) PHSD)PHSRC

Strategic Objective III:
Development and defining of standards on A&E services

Strategy	Activity	Expected Outputs	Expected Outcome	Indicator	Target	Responsibility
Development of a operational framework which results in better patient care model on A&E care	Consultative meeting with local experts to review of A&E systems in other (developed) countries	Completed consultative meetings revision of syste		Completion of activity	Completion before 30th June 2013	MOH academic bodies
	Defining of standards on A&E services in each level of care	Defined acceptable standards on A&E for each level		Completion of act	Completion before 31st August 2013	MOH academic bodies
	Preparation and finalizing the policy and tragic frame-work on A&E care	Finalized policy and strategic frame work on A&E care		Completion of act	Completion before 31st December 2013	MOH academic bodies
Development of protocols with SOPs for Management in A&E care service	Consultative meeting with local experts to review of A&E care management in other (developed) countries	Completed consultative meeting with defined protocols and SOPs		Completion of act	Completion before 31st August 2013	MOH academic bodies
	Development of manual with protocols and SOPs	Developed manual		Completion of act	Completion before 31st September 2013	MOH academic bodies

Strategic Objective IV:
Improving the capacity of relevant staff on A&E care

Strategy	Activity	Expected outputs	Expected outcome	Indicator	Target	Responsibility
Capacity building (improving knowledge and skills) on A&E of relevant staff involved in A&E care service	Conducting a training need analysis for all categories of involved staff	Completed train need analysis	Skilled, dedicated emergency care staff for better emergency management	Completion of activity	Completion before 31th August 2013	MOH Academic bodies
	Designing of suitable standard training programmer inclusive of courses with curriculum and training materials based on information from training need analysis	Designed standard training programmer		Completion of activity	Completion before 31st October 2013	MOH Academic bodies
	Development of a training plan for five years and a training calendar	Developed training plan and colander		Completion of act	Completion before 31st October 2013	MOH KDU national institute of Emergency Medicine with simulation Centre (proposed)
	Costing the training plan and identification of probable resources	Completed cost estimate and identified funding resources		Completion of activity	Completion before 31st November 2013	MOH
	Conduction of island wide training programmers for consultants, medical officers, nursing officers and paramedics in collaboration with recognized institutions	Conduced island wide training programmers		Completion of activity	Up to date completion according to the planed calendar	MOH KDU national institute of Emergency Medicine with simulation Centre (proposed)
	Arranging suitable international trainings for relevant staff selected based on defined criteria	Trained staff on Emergency care of comparable international standards		Completion of activity	Up to date completion according to the planed calendar	MOH National institute of Emergency medicine (proposed) Alfred center, Australia All India institute of

						Medical sciences
	Organizing continuous Medical Education workshops and web-based trainings	Conducted programmer		Completion of act	Up to date completion according to the planed calendar	MOH National institute of Emergency medicine (proposed) Alfred center, Australia All India institute of Medical sciences
	Introduction of concept of Medical Sociology into the A&E staff training	Included training module on Medical sociology		No of trained persons with sociological aspect	DEC 2014	MOH/university
Establishment and improving facility for capacity building of relevant staff	Establishing the National institute of Emergency Medicine	Established National institute of Emergency Medicine		Completion of activity	31st December 2014	MOH/KDU
	Establishing a simulation center	Established simulation Centre		Completion of activity	31st December 2014	MOH/KDU
Development of a production plan for relevant A&E staff cadre	Preparation of a production plan for training of Emergency physicians as a long-term measure and to train specialists in trauma care as short term measure	Produced Emergency care physicians		Completion of activity	Up to date completion according to the planed schedule	MOH PGIM
	Preparation of a certificate or diploma level postgraduate training for all MOS involved in Emergency care	Produce Diploma holders in Emergency care		Completion of activity	Up to date completion according to the planed schedule	MOH PGIM
	Training of other health care categories on similar basis in proportion	Trained Para Medical staff		Completion of activity	Up to date completion according to the planed schedule	MOH

Ensuring developed skills on A&E care of all medical officers	Incorporation concepts of Emergency Medicine to medical curriculum in view of providing basic emergency medicine training for all undergraduates	Introduced Emergency Medicine modules in medical curriculum	Highly skilled cadre on A&E	Completion of activity	Completion before 31st October 2014	MOH Medical Faculties of all Universities

Strategic Objective V:
Establishing pre hospitals care services in each as part of Accident and Emergency care Management system

strategy	Activity	Expected outputs	Expected outcome	Indicator	Target	Responsibility
Planning for a standard efficient pre-hospital care service	Selection of a suitable pre hospital care model for Sri Lanka based on result of pilot projects and expert group opinions	Designed pre-hospital care model		Completion of task	31st August 2013	DDG(MS) D(MS) Working group
	Developing plan for the identified institutions/areas	Designed pre-hos care service		Completion of task	31st October 2013	DDG(MS) D(MS) Relevant heads of institutions
	Costing for the developed plans	Budgeted developed plans		Completion of tas	31st December 2013	DDG(MS) D(MS) Relevant heads of institutions
Implementing pre-hospitals care service through relevant sectors; relevant hospitals	Development of hospital based pre-hospitals and retrieval teams based on international standards in stages	Developed hospital based pre-hospital care teams/retrieval teams		Completion of task	25% completion before 30.34.2014	Ministry of Health Relevant other authorities such as Armed Forces police Fire Brigade SLRC/ST JOHNS AMBULANCE
	Providing infrastructure/staff for such teams	Provided infrastructure/staff based on need		Completion of task	25% completion b 30.34.2014	MOH Relevant authorities

	Conducting regional training programmers on pre hospital care service for relevant staff	Conducted regional training programmers		Completion of task	100% completion b 31.12.2014	MOH Relevant authorities
Implementing pre-hospital care service through	Advocacy for and coordination with relevant other authorities	Completed advocacy programmers		Number of districts covered	100% completion b 31.05.2015	MOH; DDG(MS), D(MS)
Relevant other organizations; municipalities Armed forces/ Fire Brigade etc.	Conducting training programmers on pre hospital care service for relevant staff	Conducted training programmers		Number of districts covered	100% completion b 31.12.2015	MOH; DDG(MS), D(MS) Relevant other authorities
	Provision of possible facilities and support for other organizations on PHC service	Provided facilities		Number of districts covered	100% completion 31st December 2016	MOH Relevant other authorities
Island wide implementation of PHC model	Establishment of at least retrieval teams covering island wide	Teams developed island wide	Successfully pop rerating PHC service with island wide coverage	Number of districts covered	100% completion 31st December 2016	MOH Relevant other authorities
	Monitoring through periodic reviews	Conducted reviews		Number of districts covered	100% completion 31st December 2016	MOH Relevant other authorities

Strategic Objective VI:
Enhancement of public awareness and commitment towards successful utilization of A&E services empowerment of public on prevention of trauma

Strategy	Activity	Expected outputs	Expected outc	Indicator	Target	Responsibility
Enhancement of public awareness and commitment towards successful utilization of A&E services	Development of a communication strategy on A&E services for public specially for target groups; school children, occupational groups and others using all selected methods	Developed communication strategy		Completion of task	Completion before December 2013	MOH DDG (MS) D(MS) D(HEB)
	Costing of the communication strategy	Finalized cost estimate		Completion of task	Completion before December 2013	MOH DDG (MS) D(MS) D(HEB)
	Identification of a suitable source of funding	Identified source of funds		Completion of task	Completion before December 2013	MOH DDG (MS)

						D(MS) D(HEB)
	Implementation of the communication stagy island wide in stages for all relevant categories of public	Implemented communication strategy		Completion of tas	Up to date completion of the schedule	MOH DDG (MS) D(MS) D(HEB)
	Designing suitable training programmers in emergency care and first aids for general public and school children	Designed training programmer		No of district covered		MOH D(HEB) Armed forces police fire brigade SLRC ST JOHNS AMBULANCE
Introducing measures for community empowerment	Incorporation basic concepts of emergency medicine and first aids in school curriculum	Introduced basic A&E modules in school curriculum		Completion of the task	Completion before December 2014	MOH DDG(MS) D(MS) D(HEB) D(FHB) Ministry of Educa
	Training of teachers as Trainers on basic A&E and first aids	Pool of trained teachers in Emergency Medicine and first aids		Completion of the task	Completion before December 2014	MOH DDG(MS) D(MS) D(HEB) D(FHB) Ministry of Educa
	Improving knowledge of public on first aids through mass media training programmer	Developed mass media training programmer		Completion of the task	Completion before December 2014	MOH DDG(MS) D(MS) D(HEB)
	Improving cost awareness in public	Developed cost awareness programmer for public		Completion of the task	Completion before December 2014	MOH DDG(MS) D(MS) D(HEB)

Strategic Objective VII:
Enhancement of patients' and public satisfaction through quality improvement of A&E care service

Strategy	Activity	Expected outputs	Expected outc	Indicator	Target	Responsibility
Development and implementation of a quality assurance programmer on A&E as a part of the National Health Excellency programmer	Introduction of set of technical and service quality indicators	Introduced quality assurance programmer with set of indicators	Patient and public satisfaction Minimized mortality in Emergency care	Completion of task	Completion before 30.04.2014	MOH relevant other authorities D/ Quality & safety
	Introduction of benchmarking through liaison with advanced center of excellence in the word	Introduced benchmark	Quality improvement through benchmark	Completion of task	Completion b 30.04.2014	MOH relevant other authorities D/ Quality & safety
	Introduction of monitoring mechanism for quality improvement	Achieved criteria	Improved quality	Efficiency of quality audit	Regular audit	MOH relevant other authorities D/ Quality & safety

Strategic Objective VIII:
Monitoring the implementation of developed Accident and Emergency care Management system in the country through establishment of management information system related to A&E services

Strategy	Activity	Expected outputs	Expected outcome	Indicator	Target	Responsibility
Establishment of management	Developing of a comprehensive web based data base and populated from each institutional level	Established database		Completion of the task	Completion before 30th April 2014	MOH DDG(MS)

information system on A&E						D(MS) D(INF)
	Establishment of networking of all institutions	Established institutional network		Completion of the	Completion before April 2014	MOH DDG(MS) D(MS) D(INF)
Monitoring and evaluation of the Accident and emergency care system in the country	Development of indicators for monitoring of A&E service at institutional level	Institutional reviews		Periodic review	Regular monthly revie	Heads of institutions
	Development of suitable M&E plan with monitoring tools and indicators	Developed M&E plan		Completion of the	Completion before 31th December 2013	MOH DDG(MS) D(MS) D(INF)
	Conduction of Biannual review of A&E system in the country.	National review according to the M&E plan		Periodic review	Regular monthly review	MOH DDG(MS) D(MS) D(INF) Heads of institutions
	Provision of feedback based on information of review	Successful timely feed back		Efficiency of feed back	Regular feed back	MOH DDG(MS) D(MS) D(INF) Heads of institutions

Strategic Objective IX:
Enhancing the researches on Accident and Emergency care

Strategy	**Activity**	**Expected outputs**	**Expected outcome**	**Indicator**	**Target**	**Responsibility**
Promotion of researches on A&E care	Defining areas on which need researches on A&E	Defined research agenda		Completion of act	Completion before 31st August 2013	MOH DDG(MS) DDG(ET&R) Academic bodies

	Facilitating researchers who conduct studies A&E	Motivated researchers	Development of research culture	No of researchers facilitated per year		MOH DDG(MS) DDG(ET&R)
	Coordination for funding agencies	Coordinated funding sources		No researchers coordinated per year		MOH DDG(MS) DDG(ET&R)
	Planning and conducting research activities at each level institutions	Conducted researches as planned		No researchers coordinated per year in each level		MOH DDG(MS) DDG(ET&R) Heads of institutio
Promotion of researches on A&E through other institutions	Promotion through OGIM	Researches promoted through PGIM		No of researchers promoted per year		MOH DDG(MS) DDG(ET&R) PGIM
	Facilitating researchers who conduct studies n A&E	Motivated researche	Evidence based A&E care service improvement	No of researchers facilitated per year		MOH DDG(MS) DDG(ET&R) PGIM