

Scientific Conference

Showcasing Participants
Quality Improvement Projects

Key impact from field visits and mentorship include:

Emergency care: A total of 90 staff from all service categories were trained on Basic Life Support. In addition, a standardised and streamlined model for a resuscitation room was designed to enable optimal care for emergency patients presenting to any of the PHCs.

Triage: After triage mentorship, wait time was reduced from 2+ hours to 20 minutes and screening for flu symptoms was carried out by a nurse to better assess patients as soon as possible.

Primary care: Significant mentorship and observation was dedicated to critical chronic disease patients to provide better long-term care, including the implementation of new NCD registries and follow up patient cards.

Maternal health: Midwives and relevant staff who see maternal health patients were given comprehensive on-site training in our new postpartum hemorrhage protocol to save lives.

Patient referrals: Significant observations and recommendations were made to improve the referral process in the field clinics and reduce transfer times for urgent and complex cases to tertiary care centres.

13 Quality Improvement Projects (QIPs) were identified, examples include:

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| Creating and implementing a visual aid for stages of cervical dilatation | Reformed emergency room |
| Devising protocols to standardise treatment for common primary care presentations | Short and easy referral pathways |
| Creating and implementing patient held records for chronic disease monitoring | Patient satisfaction |
| Patient dignity and respect | Non-communicable disease corner |
| | Safe deliveries |

To date, the impact of the DICE Programme has led to:

- Improved quality of patient care and clinical governance in Primary Health Care Centres (PHCCs) through mentorship and health system strengthening focusing on emergency care.
- Significant improvement in triage and patient flow through training and recruitment of Rohingya volunteers in healthcare facilities to assist staff and communication.
- Sufficient stocking of essential medicines for acute care needs in primary care clinics.
- Improved patient flow and reduction of patient wait times through comprehensive triage training to healthcare workers responsible for patient intake in targeted clinics.



Our lead Emergency Medicine specialist Dr James Hayton debriefing with our DICE participants after patient consultations in the field through our workplace-based assessments in a large and very busy primary care clinic.



“The DICE Programme is a comprehensive systems strengthening project to improve the delivery of Emergency Care in the Primary Healthcare Centres (PHCCs) of the Rohingya Camps. These PHCCs form the health focal point for both the Rohingya community and the host community, who until recently, have very little access to quality healthcare. Even though DICE does have a profound effect on the humanitarian health sector of Bangladesh, its implications reach far deeper for the nation as a whole. It is the first programme of its kind in the entire country that delivers all the essentials of emergency care to all categories of clinical care providers. I am sure that its success will be a catalyst for the introduction of Emergency Care as a new medical specialty in Bangladesh. - Dr Mir Saaduddin Ahmad, MBBS, MRCS, MRCES, FRCEM, DICE Training Programme Director.



Our Training Programme Director Dr Mir with Professor Dr Kay Mohana delivering a training session on the paediatric triage tool.

Protocols Developed by Doctors Worldwide:

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| • Protocol for systematic triage that ensures patients are seen in order of acuity | • Neonatal Resuscitation |
| • Protocol for initial approach to ABCDs (airway, breathing, circulation, basic neurologic function) | • Fluid Management |
| • Protocol for volume resuscitation of children and adults | • Postpartum Hemorrhage |
| • Diabetic ketoacidosis (DKA) | • Anaphylaxis |
| • Asthma exacerbation | • Patient privacy & safety |
| • Protocol for post exposure prophylaxis for healthcare workers | • Significant event analysis |
| | • Tachycardia |
| | • Bradycardia |
| | • Eclampsia in Maternal Patients |
| | • Adult Cardiac Arrest Algorithm for Primary Healthcare Hospitals |



“As a Clinic Manager, I have noticed a significant positive change within my other clinical staff who also participated in the DICE program that is highly beneficial for our services.”
- DICE Participant



“We have a great opportunity to develop the emergency health care provision for the Rohingya and the surrounding host population in Cox’s Bazar. If this training can demonstrate improvement, it can potentially be utilised to inform major changes in other areas in Bangladesh. With a large population and underdeveloped primary care services, the outcomes of the training can inform policy changes/recommendations. We are hopeful that this project can develop into a landmark piece of work which can change the face of emergency medicine in Bangladesh, which currently does not exist.” - Monowara Gani, CEO Doctors Worldwide.

- Creation of 16 easy-to-use protocols focusing on acute care management (see next page).
- Empowerment of 5 Dignity Champions (a key healthcare professional who will act as a focal point for training and quality initiatives in each clinic) to ensure patient privacy and dignity in primary care clinics is improved and monitored.
- One additional primary care clinic that sees an average of 1,500 patients per week, (of which, 50-75 are maternal health patients), was fully rehabilitated (outside and inside structure, emergency medicine stocks, triage desk and patient flow) to serve patients better and support healthcare staff.



Dr Andrene Hamilton our lead Obstetrics and Gynaecology specialist teaching over 40 healthcare professionals (medical doctors, midwives, and nurses) in our comprehensive Obstetrics Emergency training session.



Doctors Worldwide

Save a Life. Change a Life.

 www.doctorsworldwide.org

@dwwuk  /doctorsworldwide 

info@doctorsworldwide.org  @dww_uk 

Doctors Worldwide is a specialist medical charity based in the UK. Our mission is to support and collaborate with local communities in order to build and sustain quality healthcare services in both development and emergency settings. Over the last 19 years we have delivered over 95 medical projects, responded to 13 humanitarian crises and worked in 25 different countries. Together we have impacted more than 3 million lives and counting. Access to quality healthcare is not a privilege, it is a human right, and we work towards making that a reality, especially for the most vulnerable communities.

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