

Project REPEMOL



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC
Agenția Elvețiană pentru
Dezvoltare și Cooperare



Project full name:

Regionalization of the Paediatric Emergency and Intensive Care Services in Moldova (REPEMOL)

Sector: Health

Phase I: 2008-2010

Budget: CHF 4,500,000

Phase II: 2010-2013

Budget: CHF 4,470,000

Phase III: 2013-2017

Budget: CHF 9,320,000

Implementing partner:

Centre for Health Policies and Services, Romania

Partners:

- Ministry of Health of Moldova
- Ministry of Labour, Social Protection and Family of Moldova
- Ministry of Interior of Moldova
- National Emergency Medicine Centre
- National Health Insurance Company
- State University of Medicine and Pharmacy "Nicolae Testemitanu" of Moldova
- National College of Medicine and Pharmacy

Project overview

The Swiss Agency for Development and Cooperation (SDC) has been supporting the reform of the paediatric emergency system in Moldova since 2008. Through the regionalization of paediatric emergency services, this reform aims to improve the functioning of the hospital system and to ensure the access to high-quality emergency and intensive care services for children across the country, including for those living in the remotest rural areas.

At the level of hospital care system, the SDC created three regional paediatric emergency centres serving the northern, central and southern regions of Moldova. Four regional hospitals had their emergency departments modernized and are now fully prepared to deliver emergency and intensive care at high medical standards for children in critical conditions.

In the frame of a national information campaign on the prevention of the most frequent accidents involving children under five years old, families have been informed about risks, preventive measures and the availability of improved emergency care services in regions.

The REPEMOL project has been recognized as a reform initiative that needs to be continued. During this phase of the project, the SDC will support the strengthening of the pre-hospital care, and will create conditions for the long-term, sustainable functioning of the regionalized paediatric emergency healthcare system.

Challenges and potentials

As a result of structural reforms carried out in the mother and child healthcare sector during the last ten years, the mortality rate of children under five years old has been steadily decreasing. However, domestic

and traffic accidents still cause annually more than 38% of deaths among children of this age group, and more than a half of deaths in children aged 5-19.

These high indicators in Moldova are, in most of the cases, the result of poor preventive skills of caregivers and families, but also of unreformed components of the emergency system. Children in life-threatening conditions are quite often transported with no interventions to the closest local hospital, where appropriate emergency infrastructure and qualified specialists are missing. The precious time is often wasted due to the lack of equipped ambulances, communication equipment and a well-coordinated patient transfer system.

The regionalized paediatric emergency care system has already started to yield positive results. However, the improvement of indicators at national level greatly depends on how well the remaining components will be restructured, organized and regulated.

Main results of the previous phases

The quality of paediatric emergency care delivered in the emergency departments of the Municipal Hospital in Balti, the Raion Hospital in Cahul, the Municipal Hospital "V.Ignatenco" and the Mother and Child Institute in Chisinau has significantly improved. These departments were renovated, adapted for easy access, provided with centralized medical gas system and modern equipment. The in-house technology maintenance workshops and the specialized engineers who work there ensure that the medical technology is operational.

The emergency departments use the newest practices in case management, new protocols and guides, as well as quality control mechanisms.



After introducing a refined patient data collection and monitoring system, they are also benefiting from increased reimbursement of the delivered emergency care services.

In order to ensure the continuing improvement of clinical skills of health professionals, five training centres were created and equipped with mannequins, and a paediatric emergency training course was introduced. To date, 87% of medical staff of the regional emergency departments was trained and certified in paediatric advanced life support.

Launched in 2012, the national information campaign mobilized mass-media, health and social workers, local multidisciplinary specialist teams, educational institutions and local authorities, and informed more than 150,000 families with children under five years old about risks and preventive measures for the most frequent domestic and traffic accidents.

At the emergency system level, the SDC supported the development and introduction of a paediatric patient transfer system. As a result, the transfer of children to regional emergency centres has doubled. The regionalization of paediatric emergency care and intensive care was institutionalized by the ordinance of the Ministry of Health of October 2013.

Current approach

Whilst the previous two project phases focused on the development of the emergency system, this phase has changed approach setting the focus on child patient and his circuit within the system, from the onset of the medical problem up to recovery and return into the family. Making changes starting from the child's immediate environment passing through all levels of the emergency system ensures that the reform will reach the final beneficiary.

The information campaign addressing domestic and traffic accidents will continue. Aiming to ensure the continuity of community-based health promotion interventions, the accumulated knowledge and tools will be transferred to central and district public health authorities. In addition, a new health promotion curriculum will be introduced into the under-graduate and graduate medical education.

The main challenge of this phase is the reorganization of the pre-hospital emergency system which is critical to securing the safe and timely transportation of child patient to the most appropriate health institution. The national dispatch service, the ambulance service and the regional emergency centres will continue to modernize their medical technology and organizational set-up.

The long-term, efficient functioning of the regionalized paediatric emergency system needs an improved regulatory framework. To ensure that health policies are designed based on evidence and real needs, the SDC will support the development of mechanisms allowing the professional community of emergency specialists and other stakeholders to be duly informed and pro-actively participate in decision-making processes.

Overall goal

Increase the chances of survival of children in need of emergency medical services and prevent children accidents.

Main activities

- Continue the implementation of the information campaign on prevention of domestic and traffic accidents involving children.
- Train general healthcare practitioners, policemen, firemen, and other community members in paediatric first aid.
- Conduct studies, develop procedures and train medical dispatchers and ambulance crews within the reorganized paediatric pre-hospital system.
- Supply district dispatches and ambulances with new medical and communication equipment, and finalize procurement of equipment for the regional emergency departments.
- Strengthen health technology management and support implementation of the technology inventory system OpenMedis.
- Develop and introduce quality assessment systems into all hospitals.
- Develop and introduce new training modules in paediatric emergency and health promotion into the under-graduate and graduate medical education.
- Organize trainings and study visits for public health professionals in the area of health promotion, including in prevention of domestic and traffic accidents involving children.
- Create new communication networks for general practitioners and other health professionals from all levels of the paediatric emergency system.

Beneficiaries

Children of all ages, families, communities, public health and medical professionals, paediatric emergency and intensive care departments, dispatch and ambulance services, local public administration, professional associations, decision-makers, the population of Moldova.

For additional information:

Silvia Morgoci
Office in Moldova of the Foundation "Centre for Health Policies and Services"
Tel: +373 22 856 558;
856 559
Fax: +373 22 727 002
E-mail: proiect-repemol@cpss.ro
Web: www.repemol.md
www.parinti.md