

Adopting the EEEEC Framework to optimize critical care provision in Kenya

Why Emergency and Critical Care?

Critical illness can occur in anyone of any age or gender, can begin at home or in hospital, and does not respect traditional divisions into medical specialties. The critically ill are the patients with the largest risk of imminent death. It therefore follows that public health and policy makers should pay a decisive premium to critical care. Because of Kenya's devolved health system, there is a particular need to standardize critical care provision across the country. This can potentially be achieved through the implementation of Essential Emergency and Critical Care (EEEC). EEEEC is defined as the care that should be provided to all critically ill patients in all hospitals worldwide.

What Really is the EEEEC?

Although, many of the deaths due to critical illness are potentially preventable, critical and emergency care is often relegated to the peripheries of the health system. Kenya lacks a standardized approach to critical care provision. In addition, the unavailability of standardized critical and emergency care guidelines and policies means that provision of critical care is discretionary and contingent upon technical, and human resource capacities of different care providers across the country.

Because of the foregoing, there is need to adopt frameworks that would improve critical and emergency care along pathways of care. The Essential Emergency and Critical Care (EECC) concept can provide a useful framework for standardization of care. The EECC emphasizes three key principles, first, priority to those with the most urgent clinical need, including both early identification and timely care. Second, provision of the life-saving treatments that support and stabilize failing vital organ functions. And third, a focus on effective care of low cost and low complexity.

Experts from all over the world agreed on [40 clinical process](#) and [67 hospital resources](#) for the essential care of all critically ill patients. These include, for example: monitoring basic vital signs to identify critical illness; provision of oxygen therapy and intravenous fluids; and positioning of unconscious patients to maintain a free airway.

Proposals to the Director General

- 1 Convene a taskforce of experts in both emergency and critical care to rapidly develop a roadmap for adoption of the EEEEC framework.
- 2 Specifically, the Director General should task the taskforce with designing a coordinating mechanism to provide for seamless integration of Emergency and Critical Care processes across the country and facilities.
- 3 Develop research to evaluate the impact of EECC interventions, and the effectiveness of implementation strategies.
- 4 Champion the provision of lifesaving and life-supporting treatment for emergency and critical care that is of low cost and low complexity.



The EEEEC framework can lead to standardization of care across facilities

KEY FINDINGS

1

Critical illness is the most severe stage of acute illness and, if left untreated, often leads to the death of the patient.

2

Equipment, consumables, drugs, staffing, and routines for this are often missing, and guidelines may be too specialised or not context-appropriate

3

The EEEEC framework promises to spur critical investment in resources as well as provide guidelines for critical care.

To gain benefit from the EEEEC framework, the country needs to institute feasible critical care guidelines to act as a standard of care across all facilities in all counties.

Critical illness results in millions of deaths each year. Care for those with critical illness is often neglected due to a lack of prioritization, co-ordination, and coverage of timely identification and basic life-saving treatments.

These problems are prevalent problems along Kenya's emergency and critical pathway. First, the country lacks a standard guiding framework that anchors the provision of critical care in the country.

Thus, the EEEEC can improve Kenya's critical care system in the following three ways. **Identification & Prioritization:** the EEEEC can provide a framework for identification and continued observation, assessment, and treatment required to manage critical illness. This identification of critically ill patients can stop gaps in provision of care and potentially save the lives of the most vulnerable. **Allocation of Resources:** in most contexts, emergency and critical care provision is conflated with provision of high-cost interventions such as Intensive Care Units. However, the availability, of these high-cost interventions in low resources settings is severely limited. Therefore, the EEEEC approach can potentially provide a framework for allocation of resources. The efficient allocation of human, infrastructural, technical and technical resources can increasingly save lives. **Coordination:** The EEEEC provides a framework for closing critical care gaps that exist between the emergency department and the wards, between the ICU and the wards, and between specialties.

References

1. Schell, et al (2021), Essential Emergency and Critical Care – a consensus among global Clinical experts (<https://www.medrxiv.org/content/10.1101/2021.03.18.21253191v1.full.pdf>)
2. Baker et al (2021), This New Consensus Can Improve Essential COVID-19 Care, and Care for All Critically Ill Patients (<https://www.cgdev.org/blog/new-consensus-can-improve-essential-covid-19-care-and-care-all-critically-ill-patients>)

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