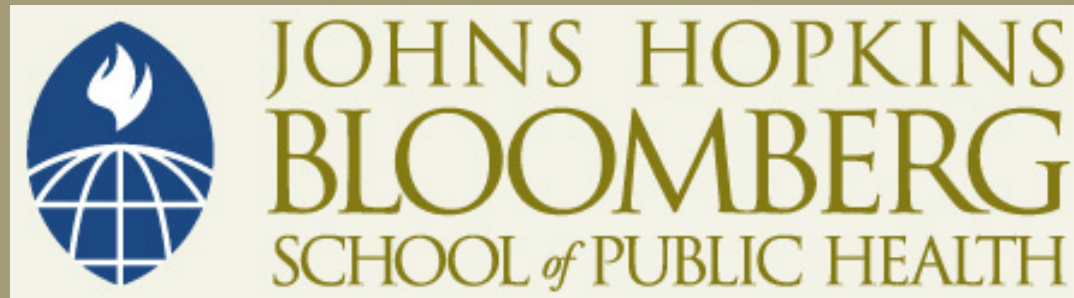


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BLOOMBERG
SCHOOL *of* PUBLIC HEALTH

Section E: Case Study in Acute Care

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Background

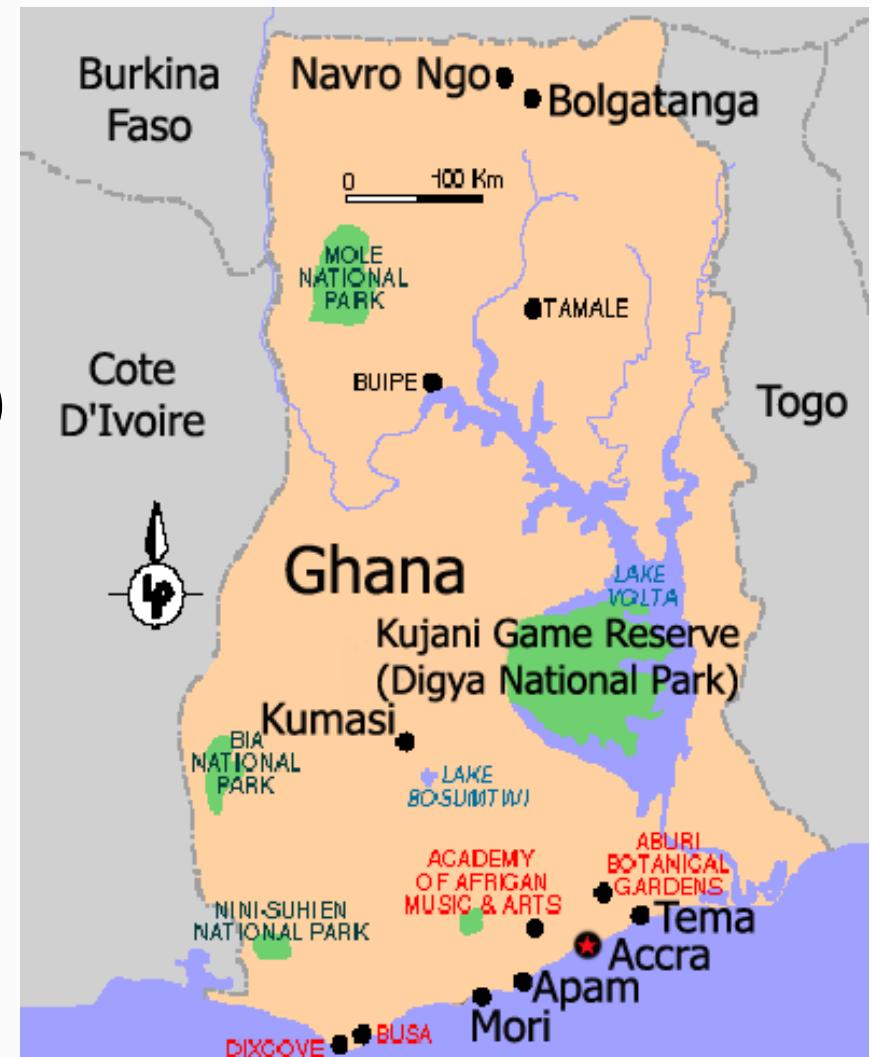
- This manuscript was part of a whole issue of *Trauma Quarterly* devoted to descriptions of trauma systems around the world
- For more information, see *Trauma Quarterly* 1999 (14)

The Issues

- Trauma as a health problem
 - Definition of injury
 - Data systems
- Medical response to the problem
 - System characteristics

The Setting

- Republic of Ghana
 - In West Africa
 - 93,030 sq. miles
 - 19.7 M pop
 - GDP per capita: \$1,310 (U.S.)
 - Health care budget per capita \$12 (U.S.)
 - Major industries
 - ▶ Mining
 - ▶ Lumber
 - ▶ Cocoa
 - ▶ Light manufacturing



Data for Planning

- Death certificates
 - No
- Hospital records
 - Yes
 - But limited hospitalization
- Special survey
 - But limited geographical area
- Motor vehicle crashes, falls, unintentional penetrating (occupational?), important source of injuries

When Are the Deaths Occurring?

- Survey and hospital data limited to Kumasi

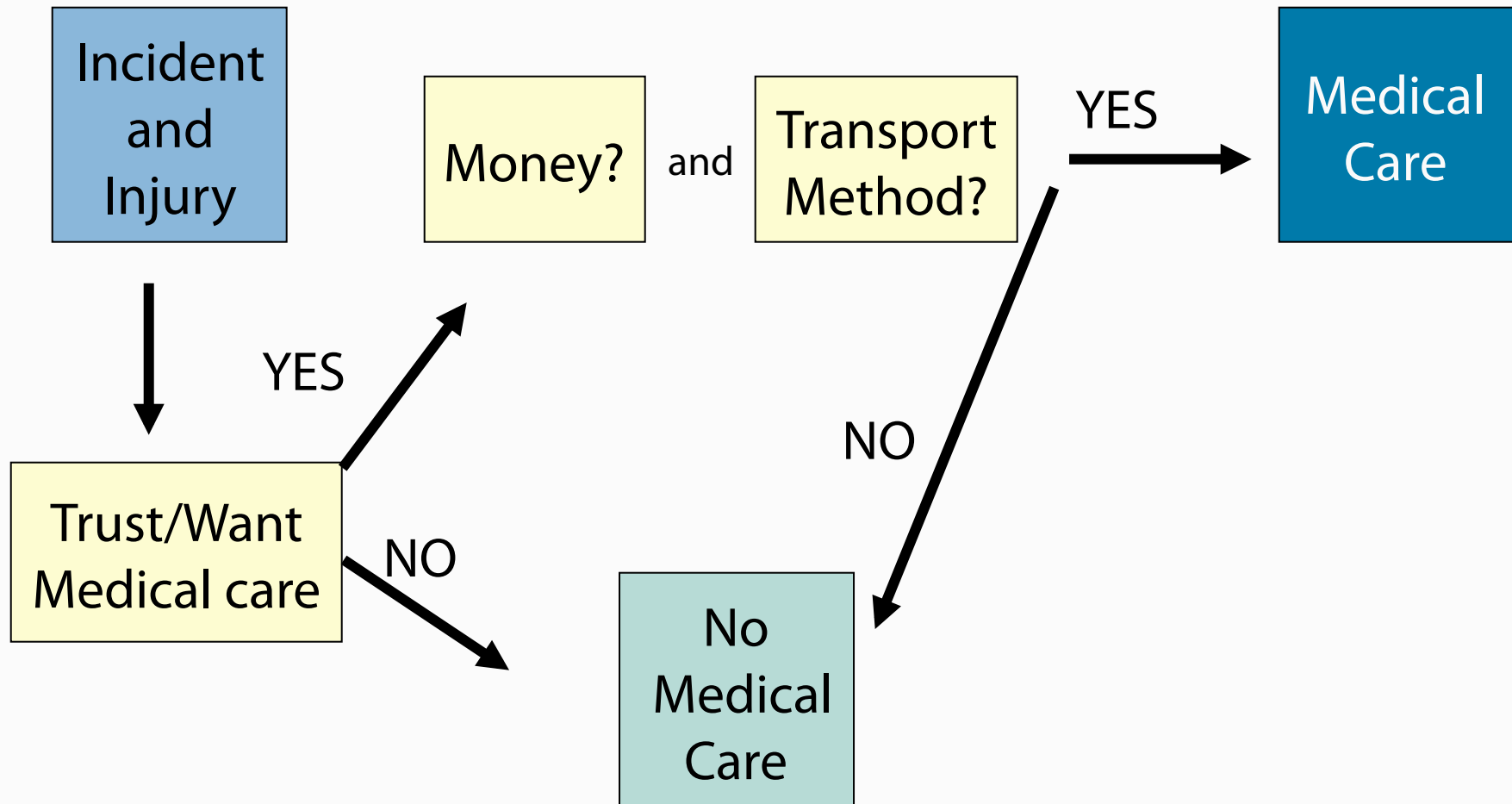
Pre-hospital (scene)	81%
ER (or within four hours of arrival at hospital)	5%
Hospital	14%

Where Is Medical Care Provided?

- Of all injuries that resulted in one or more of restricted activities (including death)

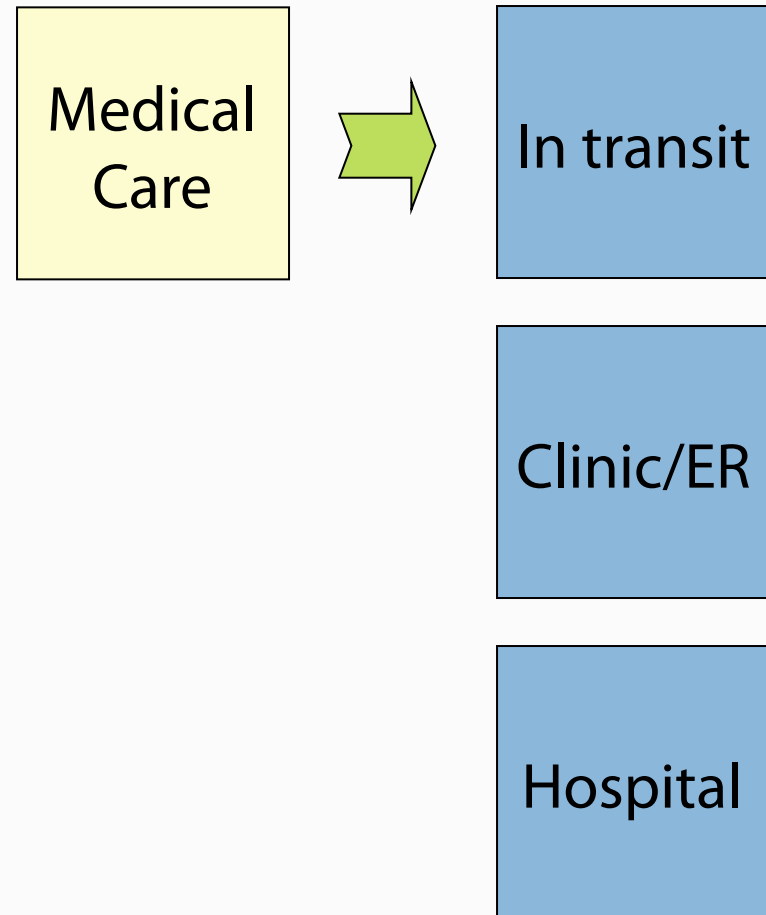
	Urban	Rural
Hospital (ED and inpatient)	60%	38%
Clinic (outpatient?)	23%	36%
None	17%	26%

Sequence of Events



Once at Medical Care Provider

- Personnel qualification
- Facility appropriateness
- Diagnostic and treatment equipment
- Drug availability
- Financing mechanism



Additional Issues for Consideration

- Poor communication systems
- Poor telecommunication systems
- Health policy agenda dictated by international organizations

Where to Start?

- Where and how would you start an improvement program?