



Dialogue Summary

Strengthening Emergency
Medical Services
in Lebanon

K2P Policy Dialogue convenes key policymakers and stakeholders to capture contextual information, tacit knowledge, views and experiences including potential options to address high priority issues. K2P Policy Dialogues are informed by a pre-circulated K2P Policy Brief or Briefing Note to allow for focused discussion among policymakers and stakeholders.



Dialogue Summary

+ Included



Definition and contextualization of the priority issue



Summary of stakeholders' deliberations on options



Recommended course of action



Faculty of Health Sciences
Knowledge to Policy | K2P | Center

K2P Dialogue Summary

Strengthening Emergency Medical Services in Lebanon



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Dialogue

The policy dialogue about: Reducing preventable Preterm Deliveries among Syrian Refugees in Lebanon was held on June 2, 2017 at the Gefinor Rotana Hotel, Beirut, Lebanon. The K2P Policy Dialogue was facilitated by Dr. Fadi El-Jardali, Director of the K2P Center.

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Content

Preamble

The K2P Policy Dialogue, conducted on June 2, 2017, hosted 20 diverse stakeholders from multiple EMS disciplinary backgrounds. These included representatives from the:

- Ministry of Public Health (MOPH)
- Lebanese Red Cross (LRC)
- Civil Defense (CD)
- Syndicate of Hospitals
- Order of Physicians
- Order of Nurses
- Internal Security Forces
- Lebanese Armed Forces
- APIS Health Consulting Group
- BISCO
- International Academies of Emergency Dispatch
- AUBMC
- Lebanese American University
- Local and international nongovernmental organizations (NGOs) such as Al Risala Scouts organization, Health Islamic Society, Palestinian Red Crescent Society, International Committee of the Red Cross, International Federation of the Red Cross
- Directors of Hospitals Emergency Departments, physicians, researchers, and students

The policy dialogue was facilitated by Dr. Fadi El Jardali, the Director of the K2P Center, in the presence of Dr. Walid Ammar, the Director General of the MOPH and Georges Kettaneh Secretary General of the Lebanese Red Cross.

Deliberations about the problem

Dialogue participants discussed the overall framing of the problem of Emergency Medical Services (EMS) in Lebanon. They all acknowledged the existence of the problem

Background to the Policy Dialogue

The Policy dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action.

Key features of the dialogue were:

- 1) Addressing an issue currently being faced in Lebanon;
- 2) Focus on different underlying factors of the problem;
- 3) Focus on four elements of an approach for addressing the policy issue;
- 4) Informed by a pre-circulated K2P policy brief that synthesized both global and local research evidence about the problem, elements and key implementation considerations;
- 5) Informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach for addressing it;
- 6) Brought together many parties who would be involved in or affected by future decisions related to the issue;
- 7) Ensured fair representation among policymakers, stakeholders, and researchers;
- 8) Engaged a facilitator to assist with the deliberations;
- 9) Allowed for frank, off-the-record deliberations by following the Chatham House rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”; and
- 10) Did not aim for consensus. Participants’ views and experiences and the tacit knowledge they brought to the issues at hand formed key input to the dialogue. The dialogue was designed to spark insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue and by those who review the dialogue summary.

and agreed on the need to focus on the delivery of care in pre-hospital settings. They deliberated the importance of enhancing emergency management with all stakeholders by pointing out the importance of addressing all factors leading to the problem under governance, delivery and financing of the EMS system.

Participants agreed that the problem resides not only in patients who prefer being transported in their private cars instead of ambulances, but also in the medical care provided during the transportation from the incident's location to the hospital. Pre-hospital medical interventions are sub-optimal and need to be enhanced for better care, since in most cases patients are transported without any Basic Life Support.

The problem of transporting patients to the nearest hospital was raised by most participants. They agreed on the need to create a system that allows patients to be transported to the most suitable hospital, within the highest quality standards and in a timely manner. A new policy is being developed and a law is being modified to tackle patient transportation to the most adequate hospital supported by a mobile application. There is also willingness to unify or at the very least coordinate the ambulance dispatching system and participants agreed that it was urgently needed.

Participants also agreed that the system is fragmented due to the multiple stakeholders involved in EMS, including governmental organizations, EMS agencies (public and private), hospitals and others. The issues of decision-making and accountability were pinpointed by most participants, and they agreed that these need to be strengthened to enhance the overall EMS system.

Underlying factors

Participants then proceeded to discuss the underlying factors of the problem. Most participants agreed on the multi-level factor approach to the problem at the governance, financing and delivery level.

There was consensus that a governing body managing the EMS system is missing. All participants mentioned that the work done by the many stakeholders should be better coordinated and organized to unify the decision making process. This would help in reducing the duplication of work and allowing better national resource management. Participants also mentioned that the country doesn't lack material

resources in terms of numbers of ambulances; however, there is mismanagement of existing resources and a need for better coordination to ensure optimal utilization among all agencies. Coordination would allow EMS agencies to better utilize their available facilities, equipment and human resources. It should also allow all agencies to provide unified and efficient training.

Other problems that were mentioned and act as factors affecting the EMS system include the lack of universal health coverage, the absence of a national health system that is based on international models yet adapted to the Lebanese context, and the issues related to patients' admission to hospitals.

Some participants raised concerns about the information provided by the public during emergency calls that is in most cases highly limited. They suggested that medical oversight for such cases is essential. However, they mentioned that physicians' recruitment is problematic since they prefer a stable life long career. Yet, they agreed that physician's assistance whether remotely or on-site in critical cases is crucial for better patient care and survival. Physicians can help perform a needs assessment for every emergency call to determine not only the type of ambulance and equipment needed but also the expertise that should be on board. This led to deliberations on creating a unified dispatch system, which was highly recommended by all participants.

Participants mentioned that another underlying factor is the lack of well-defined job opportunities in the EMS sector. Distribution of jobs, salaries, costs and intermediate plans should be developed and implemented for sustainability and retention of human resources. One participant suggested employing well-experienced volunteer EMTs in hospital emergency departments and ensure that they are employed in a stable job after serving voluntarily in agencies for many years.

Deliberations

Deliberations about Elements of an Approach for Addressing the Problem

Dialogue participants discussed the three elements that were examined in the K2P Policy Brief.

Element 1 › Ensure standardization of pre-hospital medical procedures, training and education

This element addressed the importance of creating one governing body that leads, oversees, plans, develops policies and regulates EMS system in Lebanon. Evidence stresses on the importance of developing standards, indicators, guidelines and operating procedures for better quality of care.

Participants suggested that the MOPH takes the lead in the creation of the governing body, as this strategy is supported by evidence. The governing body's role should include developing national standards, facilitating coordination among all agencies and ensure unified training is provided to all Emergency Medical Technicians.

Participants further agreed about coordinating and organizing the work of these agencies. They also stressed on the need to enhance communication and coordination between the various stakeholders such as the MOPH, Ministry of Defense and Ministry of Interior all of which work separately under different systems, in order to decrease fragmentation and under-utilization of resources. They agreed that these can be tackled through developing standards, as mentioned in this element.

Based on the positive work that is currently being done by the MOPH by setting an accreditation system and developing standards, all participants approved that developing standards and a monitoring system are essential. These will help harmonize work, reduce under-utilization and enhance the care provided in pre-hospital settings. It was suggested by most attendees to form a unit that can be supervised by the MOPH as the political support for this unit. The unit will be involved in the whole process, from the development of standards up until their implementation in addition to monitoring and evaluation. Since the

Lebanese Red Cross is mandated by MOPH to be the lead EMS agency in Lebanon and has invested in developing 40 clinical guidelines, these can be further adapted and implemented nationally after being reviewed and validated by the competent body that will be assigned by the MOPH.

Element 2> Improve the delivery system by enhancing the emergency services and technical abilities of emergency professionals

This element focuses on several factors of the EMS delivery system. It initiated deliberations related to Basic (BLS) versus Advanced Life Support (ALS) Systems, implementing a unified dispatch system, training of EMTs and employing certified personnel, improving education and conducting national based community training.

Participants agreed that the Emergency Department is, on a larger scale, part of the improvement of the EMS delivery system and it should be tackled on a later stage.

Discussions supported all factors of the element. The MOPH suggested that the approach to enhance EMS delivery and care should be centered on the system's current strengths. The notion was supported by participants who further agreed that although ALS is important, supporting BLS is essential in the existing situation, especially that ALS requires more funds, which are currently limited. By achieving a national BLS system, agencies will be able to respond to additional emergency calls in a more organized manner. At a later stage, ALS should be available to deal with critical cases, perform advanced medical care during transportation, and reach better response rates.

Despite the little evidence on dispatch centers, all participants agreed that a dispatch system is essential to organize resources and reduce the chance of activating several ambulances to respond to the same emergency case. One call center should be created to unify pre-hospital care and respond to all emergencies adequately. Dispatch centers should also differentiate between emergency cases and transport cases to manage resources and provide the appropriate care and equipment customized for each emergency. Some mentioned the need of a political decision from the MOPH to support decisions coming from a unified dispatch center. The unified dispatch center will further help organize tasks between the agencies. Participants mentioned the importance of a dispatch physician who can take on-site decisions, since the Lebanese legislation does not allow EMTs to take

medical decisions. The dispatch center also allows patients to be transported to the nearest most adequate hospital.

The new policy under development is working on categorizing hospitals and medical centers. These will be reflected in an application that allows EMS agencies and lay people to identify the closest hospital with the needed specialties and where beds are available.

In addition to developing standards, standardizing training and education was supported by participants. Although many training have been undertaken, they still need governance and quality control at a national level to ensure they are unified and meet international quality standards.

Element 3> Increase the financing of EMS through various methodologies

Deliberations revolved around the need to sustain funds related to EMS. All ascertained that donor based funding, which is the major source of funding in Lebanon is not a sustainable solution.

Some mentioned that a strategy was under study to fund EMS through earmarking mechanics. It was assumed that a 1% increase in taxation on vehicle mechanics would raise 6 million dollars a year for the EMS system. However, this was never put into action as it was not found to be possible.

Others stated that new strategies are being developed and involve agreements with insurance companies to increase the premium to cover EMS and with NGOs to obtain addition sources of funding.

A participant suggested that since the expense of a well-equipped ambulatory vehicle is high, waiving its freight cost may be a way to facilitate its purchase and allow the re-allocation of these funds. Waiving of freight costs can allow all agencies to purchase the minimal BLS desired and for others to allocate the remaining funds for ALS equipment. All agreed that this issue should be raised to the MOPH for further examination.

Next Steps

Recommendations and Next Steps

Recommendations

Deliberations about the problem, underlying causes, and elements to address the problem, were successful in creating consensus among the attending stakeholders. The international and local published evidence is consistent and clear about the impact of these elements on the quality of care provided by the EMS system. Participants discussed and agreed on recommendations at the level of the governing body, accreditation, education, training, community awareness and funding of the EMS system.

The major focus of the recommendations was to develop a unit responsible for the coordination of services provided by all stakeholders (private and public) involved in the EMS system. The unit will be under the supervision of the MOPH that will support all its decisions especially from a legal/political point of view. In addition, since the LRC is designated by the MOPH as the lead agency, it can take the lead in forming the unit and coordinating its work. The LRC can also ask the MOPH for additional funds to support the unit, its work and the implementation of the strategies developed.

The main functions of the unit could be:

Function	Stakeholders involved	Time frame
Develop strategies for resource management, coordination planning and funding mechanisms unified for the EMS system, to be able to:	<ul style="list-style-type: none"> → All agencies involved in EMS (public or private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF) 	1.5 years
<ul style="list-style-type: none"> → On the short term: increase funds, unify EMS agencies and utilize resources wisely, while improving quality of care through implementing BLS among all agencies. → On the long- term: find new alternatives to increase funds (earmarking, P4P, 		

Function	Stakeholders involved	Time frame
privatization) and implement ALS and medical oversight to EMS agencies.		
Develop evidence-based standards and Standard Operating Procedures that should be based on international standards and adapted to the Lebanese healthcare system. The LRC guidelines could be used as a starting point after being reviewed by a scientific board. The standards should cover:	<ul style="list-style-type: none"> → Guided by Clinical Experts including EMS medical directors → All other EMS agencies (public or private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF) → MOPH → Lebanese Order of Physicians → Syndicate of hospitals → Academic institutions <ol style="list-style-type: none"> 1) system organization and management, 2) financial management 3) staffing/ training, 4) equipment and facilities 5) communication and inter-agency relations, 6) response/ transportation, 7) facilities/ critical care, 8) clinical standards 9) data collection/ system evaluation, 10) public evaluation and education, 11) disaster management response 	1 year
Raise EMS related standards to the MOPH so that they can be integrated into the broader healthcare accreditation system	<ul style="list-style-type: none"> → MOPH → LRC 	6 months
Disseminate the standards to all agencies and train	<ul style="list-style-type: none"> → MOPH → All EMS agencies (public or 	8 months

Function	Stakeholders involved	Time frame
representatives on their implementation	private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF)	
Create a monitoring and evaluation team to follow up on the implementation of the standards based on specific indicators.	→ MOPH → All EMS agencies (public or private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF)	1 week to develop the team, but the team's work should be on-going
Create or designate a unified dispatch center, this includes: → Facility, equipment and staffing → Developing Standard Operating Procedures (SOPs) based on international best-practices → Training of dispatch center staff on best-practices → Integrating a unified communication system among all agencies that provide EMS → Implement fast communication routes with hospitals to determine the closest most adequate hospital, including the use of the MOPH application	→ MOPH with LRC as the lead agency → All EMS agencies (public or private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF) → Lebanese Order of Physicians → Syndicate of hospitals	1 year
Develop unified EMS training and education standards based on international standards and	→ Guided by Clinical Experts including EMS medical directors → All other EMS agencies (public or private)	9 months

Function	Stakeholders involved	Time frame
adapted to the Lebanese system	<ul style="list-style-type: none"> → Ministry of Education and Higher Education → Ministry of Interior and Municipalities → Ministry of Defense (LAF) → Lebanese Order of Physicians → Syndicate of hospitals → Academic institutions 	
Conduct collaborative and unified EMS trainings to EMTs. The trainings should make use of resources from various agencies	<ul style="list-style-type: none"> → All EMS agencies (public or private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF) 	Training provided: <ul style="list-style-type: none"> → In the first month to all EMTs → To all new comers → Repeatedly to all EMTs based on the need and on whenever evidence- based advancements in the field are made
Organize community and lay-person trainings on BLS (for targeted and non-targeted people)	<ul style="list-style-type: none"> → All EMS agencies (public or private) → Ministry of Interior and Municipalities → Ministry of Defense (LAF) 	On- going

Next Steps

It was agreed that the K2P Dialogue Summary along with the revised K2P Policy Brief will be used by each stakeholder organization as a guiding policy document and that they will communicate internally and externally with relevant bodies, agencies, and department, in order to push agendas and advocate for improvements. All relevant stakeholders, experts, and organizations shall be engaged in the process. Further work is needed to create an implementation plan, with special attention to the implementation considerations that would arise from these recommendations and the subsequent policies/interventions.

Knowledge to Policy Center draws on an unparalleled breadth of synthesized evidence and context-specific knowledge to impact policy agendas and action. K2P does not restrict itself to research evidence but draws on and integrates multiple types and levels of knowledge to inform policy including grey literature, opinions and expertise of stakeholders.

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