

Assessing community health worker capacity to appropriately identify and refer malnourished children in rural India

C. Silver¹, J. Gupta²; ¹University of Rochester Medical Center, Rochester, NY, USA, ²Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

Background: The two primary aims of this study are 1) to assess the ability of Community Health Workers (CHWs) to correctly identify and refer undernourished children and 2) to verify that patients seek care at the appropriate referral treatment center. Assessment was done of an existing Community Health Worker program implemented in 2009 by Seva Mandir in rural tribal Rajasthan, India. The CHWs were trained to identify undernourished children and refer them to treatment centers. This is particularly important given that 43% of children in the working area are underweight.

Methods: This study undertakes implementation research to better understand the capabilities of CHWs and the challenges faced by beneficiaries in accessing higher levels of care. Semi-structured interviews were conducted with randomly selected CHWs to assess their knowledge of childhood nutrition and identification of malnutrition. They were also tested on their ability to use growth charts. Purposive sampling was then used to identify mothers whose children had been identified as underweight by the same CHWs in the past 6 months.

Findings: Interviews were done with 10 randomly selected CHWs and 24 mothers whom had been referred. 100% of CHWs surveyed were able to demonstrate correct use of growth charts, though 33% reported using a method other than the taught weight-for-age to identify malnourished children. 38% of the mothers referred to physicians for malnutrition treatment did not seek care, with the most common reasons cited involved misconceptions about undernutrition.

Interpretation: CHWs are able to accurately use growth charts, however the use of charts as the primary method of identifying malnourished children should be emphasized during training. In counseling mothers of malnourished children CHWs should help dispel myths and stress the importance of treating undernutrition as a medical condition that needs to be treated a physician.

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Assessing trauma care at Naivasha County Hospital, Nakuru, Kenya

E.E. Stoy¹, K.N. Hosey², C. Farquhar³, J. Lacsina⁴, J.M. Mburu⁵; ¹University of Washington School of Nursing, Seattle, WA, USA, ²University of Washington School of Nursing Department of Psychosocial and Community Health, Seattle, WA, USA, ³University of Washington Department of Global Health, Seattle, WA, USA, ⁴University of Washington Global Health Chief Resident, Naivasha, Kenya, ⁵Naivasha County Hospital, Naivasha, Kenya

Program/Project Purpose: The Accident and Emergency Department at Naivasha County Hospital opened in July 2015 funded by Bloomberg Philanthropy in collaboration with John Hopkins University International Injury Research Unit. Naivasha has one of the highest percentages of road traffic accidents (RTA) in Kenya and was selected as a location for the Bloomberg

Philanthropies Global Road Safety program.² Road traffic accidents account for between 3000 to 13,000 deaths per year in Kenya alone.³ According to Bloomberg Philanthropies, Kenya is one of the top ten countries that account for the majority of road traffic deaths annually,⁴ and 90% of the world's traffic accident fatalities occur in low and middle income countries.⁵ The study assesses the needs and opportunities for growth related to trauma care, and compares findings to a previous study performed in 2013.

Design: This was a mixed-methods needs assessment. Informal key informant interviews focused on the participants' understanding and experience of trauma care at Naivasha County Hospital. Observations of practices and management of trauma care were performed over a one-month period. A literature review was conducted on trauma training, trauma and injury management in Kenya and road traffic accidents and provided the context for recommendations.

Outcome & Evaluation: Three key areas were identified for improvement in trauma care: expanded staffing and additional resources; formal and informal trauma and emergency training for all staff; and improved utilization of current trauma registry. Additional findings included a lack of a formal triage process and unclear guidelines and expectations for the Accident and Emergency Department.

Going Forward: Major limitations of the case study were the short duration of observation and interviews; language and cultural barriers; and lack of access to trauma registry data for further analysis. Future interventions would benefit from longer duration and continued development of partnerships at Naivasha County Hospital as well as analysis of the trauma registry that is in place. Further development of the trauma registry would help guide training and practice.

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Physician influence on the signing of do-not-resuscitate orders in surgical intensive care units in Taiwan

Melany Su¹, Yen-Yuan Chen², Kuan-Han Lin²; ¹New York University School of Medicine, New York, NY, USA, ²National Taiwan University School of Medicine, Taipei, Taiwan

Background: Decisions to withhold or withdraw life-supporting treatments (LSTs) at the end of life are respected when patients or their surrogates decline them. In Taiwan, the Hospice and Palliative Care Act, issued in May 2000, gives patients with terminal illness or their surrogates the right to refuse CPR by signing DNR orders. Although laws may permit the practice of DNR orders when appropriate, the way in which DNR orders are operationalized may influence whether they enable treatment plans to match patient goals. Factors such as physicians' religious beliefs, medical specialty, and level of communication may influence patients' decisions to sign DNR orders. This study seeks to determine whether patterns of patient DNR status vary among attending physicians.

Methods: This is a retrospective observational cohort study using the medical records of patients admitted to surgical intensive care units (SICUs) in a hospital in northern Taiwan. After excluding patients