

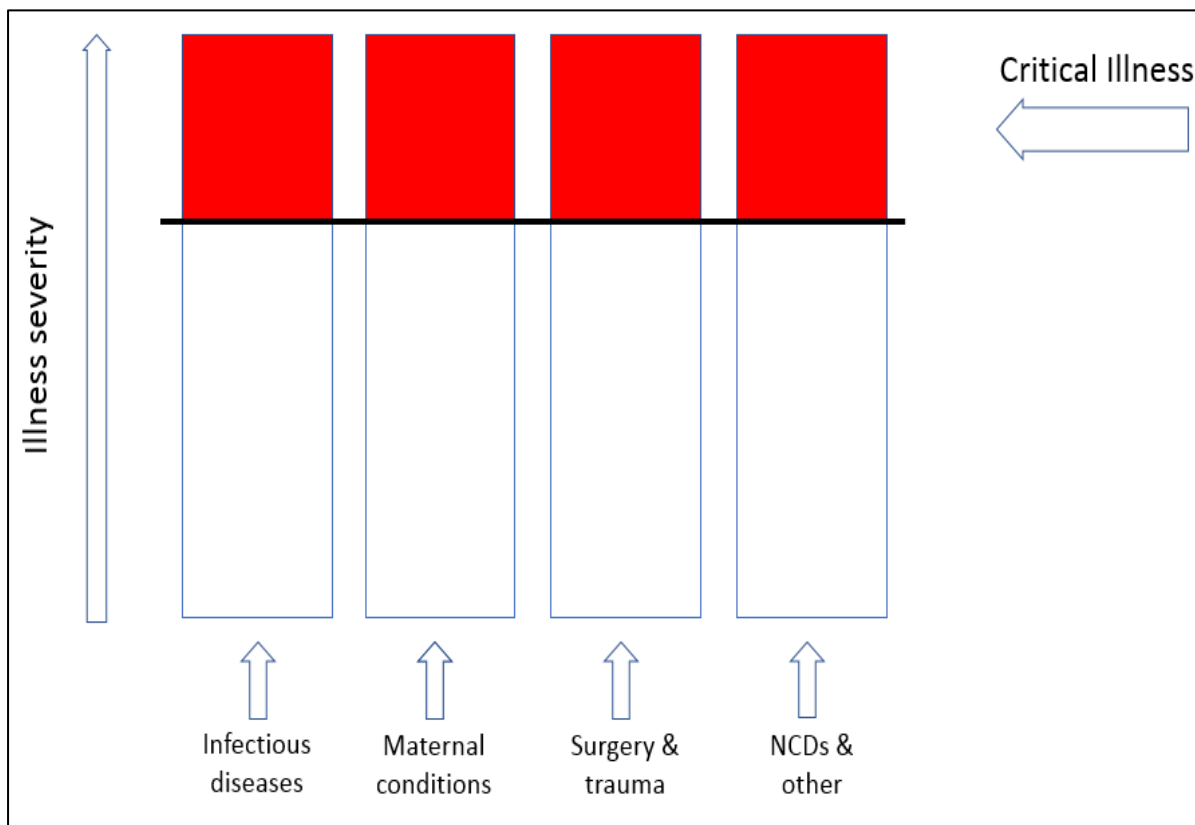
About EECC

What is EECC?

EECC is the care that should be provided to all critically ill patients in all hospitals in the world

What is critical illness?

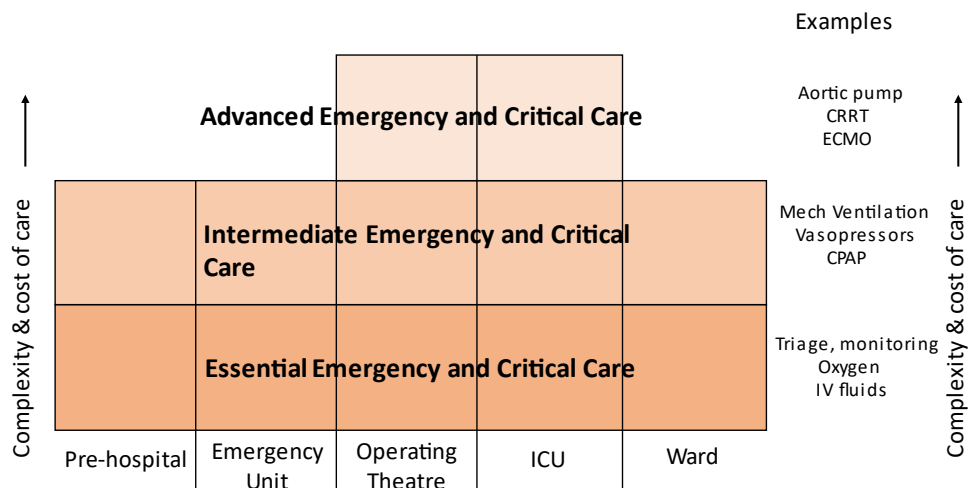
Critical Illness is a state of ill health with vital organ dysfunction, a high risk of imminent death if action is not taken and the potential for reversibility. Critical illness is the most severe form of all acute conditions.



Care at different levels of complexity

Critically ill patients are cared for in different locations in the hospital – the emergency unit, in operating theatres, ICUs and wards. Critical care can be provided at different levels of complexity and care in these locations. EECC is the first-tier level of care for critically ill patients.

Relationship between the complexity of the care of critical illness and its location in hospitals



Care in EECC is

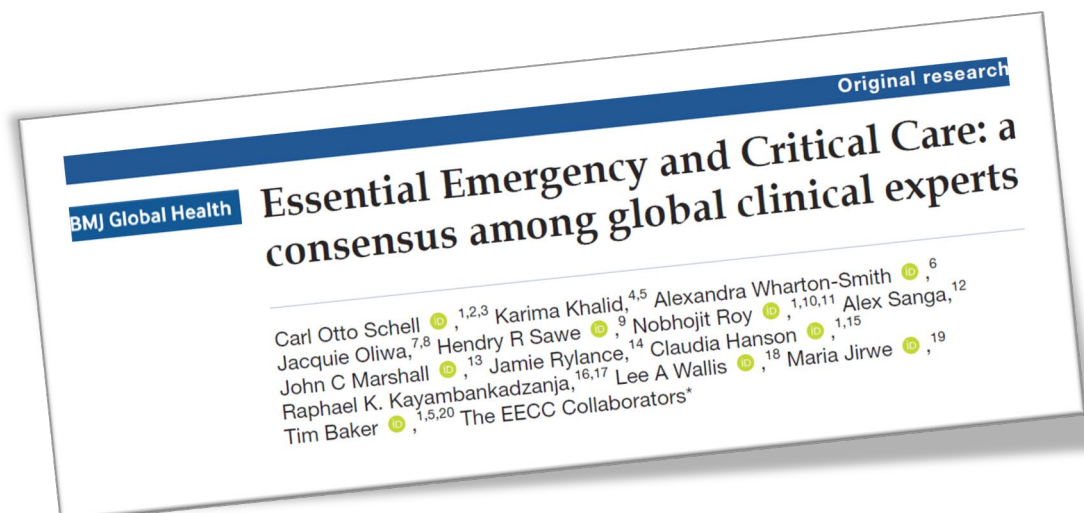
Effective: Established or proven to be safe and to reduce mortality.
(compression to stop bleeding is effective; treating with leech therapy is not).

And Universal: Supports vital organ function rather than being the definitive care of a diagnosis.
(IV fluids for shock are universal; thrombolytic therapy is not).

And Feasible: Low-cost and low complexity. Possible to provide in a low-staffed, low-resourced setting without the immediate presence of a doctor.
(placing a comatose patient in the recovery position (lateral position) is feasible; continuous haemodialysis is not).

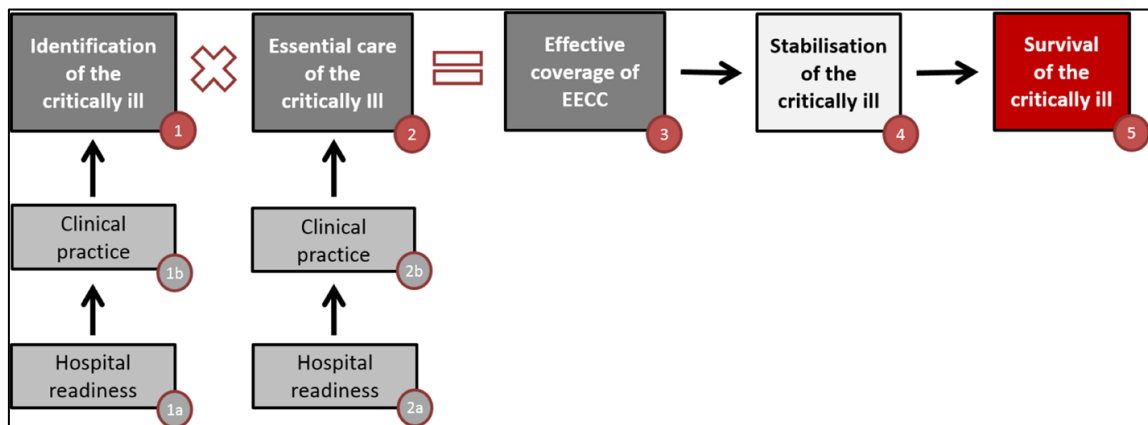
The Content of EECC

The content of EECC has recently been defined using a global Delphi consensus process. 269 experts with clinical experience in different acute medical specialties from 59 countries and from all resource settings reached consensus on 40 clinical processes and 67 hospital readiness requirements needed for the identification and care of critically ill patients. (Source <https://doi.org/10.1101/2021.03.18.21253191>)



The key features of EECC

- It includes two domains - the identification and the essential care of critical illness. (see figure below)
- It is the most simple, effective treatments & actions that can save lives in critical illness: the "first tier" of care for critical illness
- It is the care that supports vital organ functions, the universal care for all critical illness, irrespective of the patient's age, underlying condition, or medical specialty. It is not the definitive care of the patient's condition.
- It is feasible in all parts of the hospital, and can be task-shared between doctors, nurses, and other health workers.
- It is intended to complement speciality-based care and guidelines.
- It provides a means to bridge the commonly-found quality gap between current practice of care for critical illness and best-practice guidelines.
- It is relevant everywhere in the world. EECC is the simple life-saving care for critical illness that can be provided in a night shift in a specialist ward in a high-income country and in a general ward of a district hospital in a low-income country.
- It does not aim to be comprehensive— as well as EECC, patients should receive other care such as nursing care, diagnostics, definitive and symptomatic care of their condition, and if available, higher levels of emergency and critical care.



Impact

What would be the impact of improving the effective coverage of EECC? Hospitals providing EECC to all their patients would have a system-wide approach for managing critical illness, an approach that could prevent deterioration and save lives at a low cost. Critically ill patients would be identified and treated quickly throughout the hospital. Critical care gaps that exist between the emergency department and the wards, between the ICU and the wards, and between specialties would be closed. No patient would die from a condition that EECC could prevent.

If EECC could prevent one-in-ten deaths from critical illness, an estimated 500,000 lives could be saved each year.*

* 30 million cases critical illness. 18% mortality = 5.4 million deaths, 10% averted

Source:

Schell CO, Gerdin Wärnberg M, Hvarfner A, et al. The global need for essential emergency and critical care. *Critical Care* 2018; **22**(1): 284.

