PACIFIC ISLAND SOCIETY FOR EMERGENCY CARE (PISEC) FRAMEWORK 2025- 2034

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1.0 Pacific Island Society for Emergency Care (PISEC) FRAMEWORK- Executive Address

In 2018, the Pacific Society for Emergency Medicine (PISEC) was established at the inaugural international Developing EM conference in Fiji, where delegates from the Pacific region elected executive members to promote the formation of a specialized emergency care society for the Pacific. The journey for the executive team has been challenging, but with the support of dedicated emergency care colleagues, PISEC officially registered as a Non-Governmental Organization (NGO) on October 9, 2024. Guided by our constitution, PISEC will serve as a representative body, directing policymakers and funding agencies to enhance emergency care (EMC) systems throughout the Pacific.

With the assistance of the executive team and a network of emergency care professionals, PISEC will utilize this framework to monitor progress and assess outcomes in key areas, including policy reform, workforce development, system strengthening, and community engagement. Regular assessments and feedback loops will ensure PISEC's activities stay aligned with our vision and mission, driving ongoing improvements in emergency care systems throughout the Pacific. The PISEC executive team is committed to this journey in the following ways:

VISION

For all people in Pacific Island Countries (PICs) to have access to a safe, efficient, and standardised emergency care health system.

MISSION:

To strengthen and enhance emergency care systems across Pacific Island Countries by building capacity, improving infrastructure, standardizing processes, promoting data-driven improvements, and advocating for strong leadership and governance, ensuring that all people in the Pacific have access to safe, efficient, and standardized emergency medical services.

VALUES

1. Equity

We are committed to ensuring equal access to emergency care services for all people in Pacific Island Countries, regardless of geography, resources, or socioeconomic status.

2. Collaboration

We believe in the power of partnerships—working together with governments, healthcare professionals, international organizations, and communities to create a sustainable and resilient emergency care system.

3. Excellence

We strive for the highest standards of care by promoting continuous professional development, adopting best practices, and encouraging innovation in emergency care across the Pacific.

4. Respect

We honour the diverse cultures, traditions, and values of the Pacific Island Countries and aim to deliver emergency care that is culturally sensitive and responsive to the unique needs of each community.

5. Accountability

We are committed to transparency and the responsible management of resources, ensuring that all actions taken are in the best interest of enhancing patient outcomes and strengthening healthcare systems.

6. Sustainability

We prioritize long-term solutions that foster resilience in emergency care systems, supporting the development of local capacities and creating sustainable healthcare infrastructure.

7. Compassion

We are guided by empathy and care for all individuals in need of emergency services, ensuring that their safety, dignity, and well-being are always at the forefront of our efforts.

PISEC's formal registration as a non-governmental organization (NGO) marks an important milestone in the development of emergency care systems in the Pacific. As we continue this journey, we are committed to providing leadership, support, and advocacy to strengthen the resilience and quality of emergency medical care in our region. With the continued support of our dedicated colleagues, we aim to make meaningful and lasting improvements to emergency care, benefiting communities across the Pacific for generations to come.

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2.0 Introduction

The Pacific Island Society for Emergency Care (PISEC) is leading a transformative initiative to address the growing and critical need for emergency care across Pacific Island Countries (PICs). The region, marked by its vast geography, remote island populations, and limited healthcare infrastructure, faces significant challenges in providing timely and effective emergency medical services to its people. The availability of emergency care in our PICs is often fragmented, inconsistent, and under-resourced, resulting in preventable morbidity and mortality. The World Health Organisation (WHO) estimates that up to 54% to 90% of deaths in low- and middle-income countries (LMICs) are attributable to conditions treatable through stronger emergency care systems. Most PICs are classified as LMICs; hence, there is also a pressing need to develop a cohesive emergency healthcare system in the Pacific as a human right for all our Pacific Island (PI) people, supporting the global health community's advocacy for universal health coverage (UHC) to timely, safe, appropriate health care.

PISEC, as the leading body dedicated to strengthening emergency care systems in PICs, has recognised this gap and is developing a framework to unify and enhance emergency care across the region. This framework will help PICs address critical healthcare challenges by establishing standardised protocols, improving access to essential emergency medical services, and strengthening the capacity of healthcare professionals. The goal is to ensure that everyone, regardless of their location in the Pacific, can receive timely and high-quality emergency care.

PICs face unique health challenges that heighten the need for robust emergency care systems. Geographical isolation, inadequate transportation infrastructure, and long distances to advanced healthcare facilities hinder access to life-saving care, especially for rural and remote populations. Many PICs are also vulnerable to natural disasters, such as cyclones, tsunamis, and volcanic eruptions, which further underscores the need for resilient and efficient emergency response systems. Compounding these issues are the high rates of acute cases of non-communicable diseases (NCDs) like heart disease, stroke, and diabetes, along with ongoing infectious outbreaks, all of which increase the demand for emergency care.

According to WHO data, over 50% of emergency visits in PICs are related to non-communicable diseases (NCDs) or injuries. However, the region has limited healthcare infrastructure, with fewer than one healthcare provider for every 1,000 people in many countries. Additionally, numerous healthcare workers in the region lack advanced emergency care training, resulting in suboptimal patient outcomes for those requiring critical interventions.

An effective emergency care system (ECS) will address these challenges to ensure that timely and safe emergency care is delivered to acutely ill patients and that patients are transported to emergency care facilities with a connection to ongoing care, thereby reducing morbidity and mortality. The essential components for an effective ECS system that facilitates timely responses to medical emergencies include the following:

1) Emergency Medical Services (EMS)

This includes emergency responders, such as ambulances and emergency service providers—police, fire, military personnel, and emergency medical technicians—who deliver pre-hospital care and transport patients to appropriate medical facilities. Emergency service first responders must be well-coordinated, adequately staffed, trained in basic life support, and equipped with essential tools to stabilize patients with continuous monitoring during transportation to medical facilities.

2) Access to Emergency Care – Coordination and Communication

This involves having easy access to communication systems, like emergency hotlines, to ensure the public can quickly reach emergency services. A strong communication system is also essential for coordinating activities among various components of the healthcare system, such as EMS, hospitals, and trauma centers. Additionally, it includes communication between healthcare providers and the public to share vital information during emergencies.

3) Triaging Systems

Triage is essential for prioritising patients based on the severity of their conditions. Effective triage systems in hospitals or at the scene of an emergency help ensure that the appropriate patient is delivered in a timely and safe manner.

4) Hospitals and Trauma Centres

These facilities must have an Emergency Department equipped with the necessary resources, specialised emergency care personnel, and the infrastructure to manage any emergency cases. These facilities should also include operating rooms, intensive care units (ICUs), and speciality units for trauma care, cardiac emergencies, strokes, and other critical conditions.

5) Skilled Healthcare Providers

Doctors, nurses, paramedics, and support staff trained in emergency and critical care are essential to providing timely and effective treatment in emergency situations.

6) Medical Equipment and Supplies

A well-established and regularly updated emergency preparedness plan guarantees that systems are ready to address natural disasters, pandemics, mass casualty events, and other significant emergencies.

7) Training and Education

Continuous training for healthcare providers, first responders, and the general public on emergency procedures, first aid, and life-saving techniques is crucial for improving outcomes in emergency situations.

8) Data Systems and Surveillance

Efficient data management systems in Emergency Departments (EDs) play a crucial role in tracking patient information, coordinating care, monitoring emergency trends, and supporting evidence-based decision-making. Surveillance systems also facilitate the swift identification and response to public health threats.

9) Emergency Preparedness Plan

Emergency Departments are the face of all hospitals and the point of entry for major incidents. A well-established and regularly updated emergency preparedness plan ensures that systems are in place to deal with natural disasters, pandemics, mass casualty events, and other large-scale emergencies.

10) Post Emergency Care and Rehabilitation

Effective recovery plans and post-care services, such as rehabilitation, psychological support, and follow-up care, are crucial for patients after the emergency phase has ended, whether they are discharged from emergency departments (EDs) or admitted to hospitals.

11) Public Education and Prevention Programs

Teaching the public how to prevent emergencies, recognize symptoms of severe health conditions, and perform basic first aid can decrease the incidence of severe events and improve outcomes.

PISEC's framework is designed to address the essential components of an effective EMC system by fostering collaboration between PICs, healthcare institutions, and international stakeholders. The framework emphasizes the significance of a multisectoral approach to enhancing emergency care. This includes engagement with key governmental bodies, such as ministries of health, regional health organizations, and international development partners. By

collaborating closely with these stakeholders, PISEC aims to develop sustainable and contextually appropriate solutions that strengthen national emergency care systems while promoting regional collaboration and knowledge sharing.

The development of this framework aligns with global health initiatives, including the WHO Emergency Care System (EMC) Framework, which emphasizes strengthening emergency care as a fundamental component of universal health coverage. By aligning regional efforts with global standards and best practices, PISEC seeks to ensure that Pacific Island Countries (PICs) are not left behind in the worldwide movement toward improving emergency care for all.

One of the key pillars of this framework is capacity building. PISEC, in collaboration with regional and international partners, will provide training and professional development opportunities to healthcare workers across the Pacific. This training will focus on emergency medical response, trauma care, disaster preparedness, and the management of non-communicable diseases (NCDs) and communicable diseases in emergency settings. By equipping healthcare workers with the necessary skills, PISEC aims to improve patient outcomes and reduce mortality rates from treatable emergency conditions.

PISEC's framework also recognizes the importance of fostering partnerships with international emergency care organizations, academic institutions, and non-governmental organizations (NGOs) that specialize in disaster response and emergency healthcare. These partnerships are crucial for sharing expertise, mobilizing resources, and ensuring that PICs have access to the latest advancements in emergency care. Through collaboration with these international stakeholders, PISEC aims to secure funding, technical assistance, and support for the development of emergency care infrastructure across the region.

Additionally, PISEC plans to collaborate closely with regional organisations such as the Pacific Community (SPC) and the Pacific Islands Forum (PIF), leveraging their expertise in regional health policy, capacity building, and disaster response coordination. This collaboration will ensure that PISEC's initiatives are integrated into broader regional health and development strategies, creating a sustainable and coordinated approach to improving emergency care across the Pacific.

PISEC's framework also acknowledges the systemic challenges that must be resolved to ensure long-term success. These challenges include the need for enhanced health system governance, stronger data collection and monitoring systems, and improved integration of emergency care into national healthcare

policies. The framework will support countries in developing and implementing emergency care strategies tailored to their specific contexts while promoting the harmonisation and standardisation of emergency care protocols across the region.

A key focus will be on developing strong data collection and monitoring systems to track the effectiveness of emergency care interventions and identify areas for improvement. By generating high-quality data on emergency care needs and outcomes, PICs will be better positioned to advocate for increased resources and investment in emergency care systems.

PISEC's framework for strengthening emergency care in Pacific Island Countries represents a vital effort to tackle the region's significant health challenges. By fostering a collaborative and sustainable approach that unites national and regional stakeholders, international partners, and emergency care experts, PISEC aims to ensure that everyone in the Pacific has access to timely, equitable, and life-saving emergency care. This initiative aligns with global health efforts to achieve universal health coverage and reduce preventable deaths from treatable conditions. With the backing of key stakeholders and a strong emphasis on capacity building, PISEC's framework is poised to transform emergency care throughout the Pacific, enhancing health outcomes and saving lives for generations to come.

3.0 PISEC Member Countries

Following a joint research project in 2019 by SPC and the Australian College of Emergency Medicine (ACEM) on the status of emergency care in the Pacific Region, the COVID pandemic further highlighted deficiencies in our emergency management systems, particularly in the pre-hospital care sector, which affect healthcare delivery services across the Pacific. The 2021 Global Health Security Index also reports that our current healthcare systems are not prepared for any future disastrous pandemic.

The PISEC Strategic Framework aims to tackle the specific challenges faced by PICs in delivering high-quality, sustainable emergency care. By aligning with this framework, participating countries can achieve significant enhancements in their EMC systems, improving their healthcare capabilities and ensuring better outcomes for their populations.

The framework outlines five key pillars: Building Capacity, Infrastructure & Equipment, Processes & Systems, Data Information & Research, and Leadership & Governance, that will drive the transformation of emergency care services across the region. Participating countries will play a crucial role in the successful implementation of this strategic plan by contributing local expertise, aligning national health policies, and engaging with both regional and international partners.

3.1 Benefits for Participating Countries

Actively participating in the PISEC framework, Pacific Island Countries in the region that are PISEC members stand to gain a variety of significant advantages that will enhance the overall quality, accessibility, and sustainability of their emergency care systems. The framework is designed to encourage collaboration, build capacity, and standardize practices across the region, ensuring that every participating country can elevate its healthcare services to meet international standards. Specifically, countries in the Pacific region will benefit in the following ways:

3.2 Collaborative Capacity Building:

Countries will gain access to shared educational resources, training programs, and international partnerships designed to enhance the skills of emergency care doctors, nurses, and allied health professionals. This collaboration will cultivate a sustainable, highly skilled workforce that aligns with global standards for emergency medical care.

3.3 Standardized Infrastructure & Equipment:

Participating countries will have access to standardized Emergency Department (ED) designs, along with a list of essential equipment and medications tailored to their specific needs. This ensures that all EDs across the Pacific are prepared to handle common medical emergencies, thereby enhancing patient outcomes and healthcare efficiency.

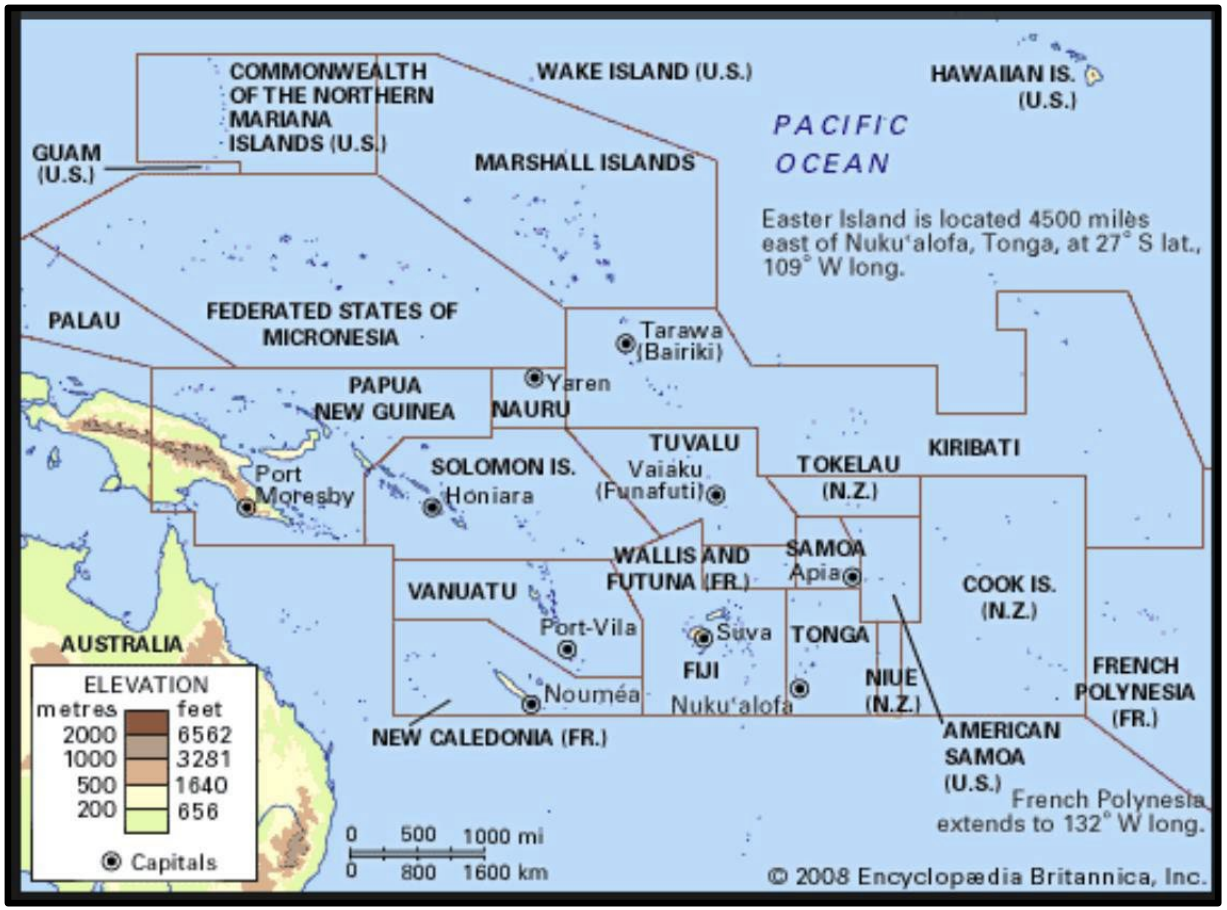

Figure 1 Pacific Island Map, Source Encyclopedia Britannica, https://www.britannica/com/place/Pacific- Islands#/media/1/43764/61639

3.4 Streamlined Processes & Systems:

The integration of standardized triage systems and emergency care guidelines will ensure that participating countries adopt uniform procedures, which will reduce variability in care delivery and enhance patient safety across the region. Each country will implement these systems in its emergency departments, promoting consistency in emergency care practices.

3.5 Robust Data Information & Research Capabilities:

By implementing a standardized data management system, participating countries will be able to track patient outcomes, conduct audits, and generate research to inform policy decisions. This shared data will enhance regional research efforts and enable countries to benchmark progress and identify areas for improvement.

3.6 Stronger Leadership & Governance:

PISEC will advocate for recognizing emergency care as a national priority, providing participating countries with the political leverage and international support necessary to secure resources and sustain emergency care programs. Formal partnerships with international organizations and hosting biannual scientific meetings will keep countries engaged and accountable.

4.0 Purpose of the Strategic Framework- PISEC Pillars

The Pacific Island Society for Emergency Care (PISEC) adopts the World Health Organization (WHO) strategic framework, which serves as a blueprint for enhancing emergency care services across Pacific Island Countries (PICs). The framework is structured around five critical pillars, each designed to address the unique challenges these nations face in delivering effective and sustainable emergency care. These pillars align with PISEC's vision of ensuring that everyone in the Pacific has access to a safe, efficient, and standardized emergency care system, regardless of geographic location or resource limitations.

The pillars not only serve as the foundation for building the systems needed to provide emergency care, but they are also responsive to the unique cultural, infrastructural, and economic realities of the Pacific region. In many PICs, emergency care is either underdeveloped or inconsistent, contributing to preventable deaths and poor health outcomes. By strategically targeting key areas of capacity building, infrastructure, process standardization, data management, and governance, PISEC's framework offers holistic solutions tailored to the specific needs of each country while adhering to global best practices in emergency medicine.

Each pillar provides both immediate and long-term solutions to strengthen emergency care. For instance, building local capacity in emergency care is essential to ensuring that the region has the necessary human resources to sustain these services. Training and certifying emergency care professionals will create a dependable workforce capable of responding promptly and effectively to medical emergencies. Similarly, focusing on infrastructure and equipment guarantees that Emergency Departments (EDs) are well-equipped to handle medical emergencies and are designed to operate efficiently within the constraints of available resources.

Standardizing processes and systems, including triage and patient management, helps create consistency in care delivery across all PICs. This is crucial in a region where emergency care can vary significantly from one country to another, often leading to unequal levels of care. Furthermore, establishing robust data management systems will enable PICs to monitor performance, conduct research, and implement quality improvements that are essential for the sustainability of emergency care services.

Finally, the emphasis on leadership and governance ensures that emergency care is prioritized at both the national and regional levels. Advocacy efforts led by PISEC aim to raise the profile of emergency care within health systems, guaranteeing that it receives the necessary resources and support for long-lasting success.

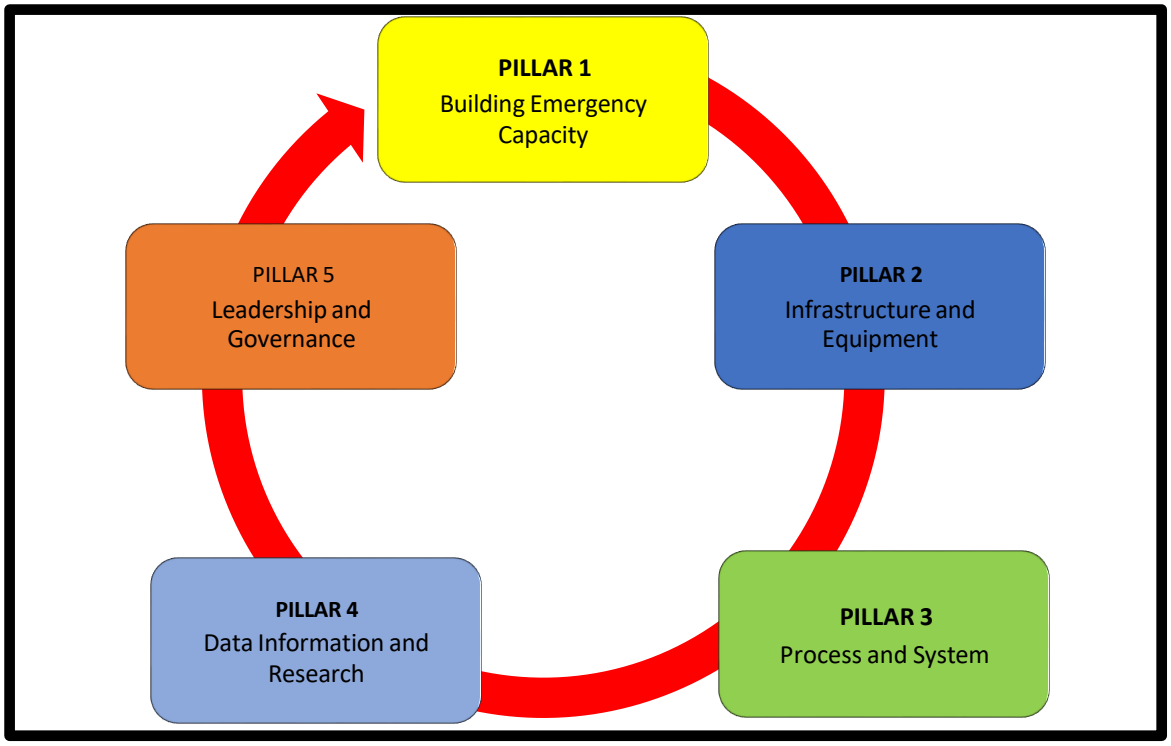

Figure 2 Pacific Society for Emergency Care (PIISEC) Framework Pillars

4.1 PACIFIC ISLAND SOCIETY FOR EMERGENCY CARE (PISEC) STRATEGIC PLAN AND KEY PERFORMANCE INDICATORS

This strategic plan outlines PISEC's vision for strengthening the framework pillars of a functional emergency care system in the Pacific, with the mission to ensure that by 2030, all PICs have access to a standardized Emergency Care (EC) system.

4.1.1 PILLAR 1: BUILDING CAPACITY

Objective:

To empower that all Emergency Care (EC) in PICs have the necessary human resources—doctors, nurses, allied health professionals, and emergency technicians—trained in emergency care to deliver high-quality services. This includes creating pathways for ongoing training and professional development to retain skilled healthcare workers and maintain emergency care standards across the region.

Relevance to PICs:

Pacific Island Countries (PICs), including Timor-Leste, face a critical shortage not only of emergency care doctors but also of emergency-trained nurses, paramedics, and allied health professionals such as physiotherapists, occupational and respiratory therapists, clinical recorders, healthcare assistants, porters, social workers, and emergency medical technicians (EMTs). A strong and effective emergency care system depends on a multidisciplinary team that works cohesively to respond to urgent medical situations.

This pillar recognizes that building a resilient and sustainable emergency care workforce requires investing in the training and development of all healthcare providers involved in emergency response. By equipping nurses and allied health personnel with specialized emergency care skills, PISEC supports the creation of a responsive, capable workforce that can address the diverse and evolving needs of Pacific communities.

More broadly, building emergency care capacity in Pacific Island Countries is essential to strengthening national health systems, improving outcomes for critically ill and injured patients, and ensuring preparedness for disasters and public health emergencies. This transformation must be locally led, anchored in the leadership and expertise of Pacific health professionals who best understand the regional context and challenges.

External support plays a vital role, but it must align with national priorities, demonstrate long-term sustainability, and prioritize capacity building. Effective support involves empowering local systems through knowledge transfer, mentorship, and the development of appropriate infrastructure and training pathways.

Investing in a skilled, multidisciplinary emergency care workforce and fostering regional collaboration and clinical governance, Pacific Island Countries can establish resilient, locally owned emergency care systems. These systems—strengthened by strategic and respectful partnerships—form the foundation for lasting impact and improved regional health security.

Key Goals:

- By 2034, the goal is for 75% of emergency care staff across Pacific Island Countries—including Timor Leste—to be certified in key emergency and critical care programs such as Advanced Cardiac Life Support (ACLS), Advanced Paediatric Life Support (APLS), Primary Trauma Care (PTC), and Basic Emergency Care (BEC). This includes doctors, nurses, paramedics, and allied health professionals. To ensure long-term sustainability, succession pathways will be established to retain and support continuous professional development of emergency care professionals within their home countries.
- Strengthening the emergency care workforce remains a central focus. This includes the training and certification of emergency nurses, doctors, EMTs, and allied health professionals in regionally adapted competencies. Career pathways must be clearly defined to promote workforce retention and ongoing professional development.
- To promote local ownership, there is a need to develop and support Pacific-based emergency care trainers, mentors, and clinical leaders. Establishing national and regional training hubs will ensure that education remains context-specific and culturally relevant.
- A resilient emergency care system also requires full integration of all roles within the multidisciplinary team. Capacity building efforts will target key professions such as physiotherapists, respiratory therapists, social workers, porters, and healthcare assistants, fostering a collaborative and coordinated emergency response.
- Emergency care infrastructure must be improved through the enhancement of emergency department design, availability of essential equipment, and implementation of standardized triage systems. This will be complemented by the introduction of digital health tools and clinical documentation systems that support efficient care delivery and real-time data use.
- To strengthen health system preparedness, emergency care must be integrated into national disaster risk management and pandemic response strategies. Emergency teams will be trained in mass casualty management, surge capacity, and disaster response protocols.

- Regional collaboration and knowledge sharing will be promoted through the establishment of emergency care networks that enable peer learning and shared resources. Partnerships with academic institutions, professional bodies, and global agencies will be fostered, provided they align with Pacific-led priorities.
- External support must be sustainable and aligned with national strategies. Donor and technical assistance should emphasize capacity building, knowledge transfer, and local system empowerment. All external engagement must be coordinated to avoid duplication and ensure effective, long-term impact for Pacific emergency care systems.

Global Support:

The WHO's Global Strategy on Human Resources for Health: Workforce 2030 emphasizes the need to develop a skilled healthcare workforce that includes not only doctors but also nurses, allied health professionals, and support staff to ensure universal health coverage. This aligns with PISEC's goal of enhancing capacity through comprehensive training for all emergency care personnel.

4.1.2 PILLAR 2: INFRASTRUCTURE & EQUIPMENT

Objective:

To advocate and support a standardized Emergency Department (ED) infrastructure and ensure the availability of sustainable, up-to-date equipment necessary for the resuscitation and treatment of life-threatening conditions in PICs.

Relevance to PICs:

Emergency care infrastructure in PICs is often outdated or inadequate, limiting the ability to deliver effective care during critical situations. By focusing on standardizing ED designs and ensuring access to essential equipment, this pillar addresses the need for infrastructure that can accommodate emergency care needs and support a multidisciplinary team in managing emergencies.

Key Goals:

- By 2034, all PICs will have emergency departments with standardized, functional designs outfitted with appropriate resuscitation equipment and life-saving medications.

Global Support:

The WHO's Health Systems Building Blocks highlights infrastructure and medical products as critical components of a robust health system. PISEC's emphasis on enhancing emergency department infrastructure and equipment aligns with this global priority.

4.1.3 PILLAR 3: PROCESSES & SYSTEMS

Objective:

To promote and advise on standardized triage systems, treatment guidelines, and referral processes across all Emergency Departments in PICs, ensuring timely and effective care for all patients.

Relevance to PICs:

Inconsistent triage and patient management systems can lead to delays in treatment, misdiagnosis, or inappropriate care in emergency settings. PISEC aims to standardize these processes across PICs, ensuring that all emergency care professionals—doctors, nurses, and allied health workers—adhere to clear guidelines for patient assessment, diagnosis, treatment, and referral.

Key Goals:

- By 2034, all PICs will adopt a standardized triage system and emergency care management guidelines, ensuring consistency in the delivery of care.

Global Support:

The WHO's **Emergency Care Systems Framework** advocates for coordinated and standardized processes in emergency care, from triage to treatment. PISEC's focus on process improvement aligns with this framework, ensuring that all emergency care professionals, including nurses and allied health workers, adhere to the same procedures, which results in better patient outcomes.

4.1.4 PILLAR 4: DATA INFORMATION & RESEARCH

Objective:

To guide and inform robust data management systems that support audits, research, and continuous quality improvement in emergency care services across PICs.

Relevance to PICs:

Many PICs lack the necessary data management systems to track emergency care outcomes, conduct audits, or undertake research to improve the quality of care. This pillar emphasizes the need for a unified approach to data management that enables all healthcare professionals, including doctors, nurses, and allied health workers, to access and contribute to data collection for quality improvement and evidence-based practice.

Key Goals:

- By 2034, all PICs will establish data management systems to support emergency care audits and research.

Global Support:

The **WHO Global Strategy on Digital Health** promotes the development of data systems that enhance the delivery of healthcare. PISEC's commitment to data-driven quality improvement aligns with this strategy, empowering multidisciplinary emergency care teams to improve care based on real-time data and research.

4.1.5 PILLAR 5: LEADERSHIP & GOVERNANCE

Objective:

Cultivating leaders in Pacific Emergency Care to advocate for the recognition of emergency care as a specialty, ensuring that all PICs establish robust governance structures that prioritize emergency care services within their national health systems as effective and sustainable innovations to support and promote EMC growth in the Pacific.

Relevance to PICs:

Leadership and governance are essential to the sustainability of emergency care services. This pillar focuses on ensuring that emergency care—including the contributions of doctors, nurses, and allied health professionals—is recognized as a vital component of healthcare in PICs. By securing support from national governments and developing partnerships with educational and professional institutions, PISEC seeks to establish emergency care as a recognized specialty, complete with the necessary resources and support.

Key Goals:

- By 2034, emergency care will be recognized as a priority service in all PICs, with formalised governance structures to ensure its continued development.

Global Support:

The WHO's **Health System Governance** framework emphasizes the role of leadership in building strong healthcare systems. PISEC's advocacy for emergency care, including the recognition of emergency nursing and allied health services, reflects this global priority and ensures that PICs will have the leadership necessary to sustain emergency care as a key component of universal health coverage.

Advocating for the improvement of EMC systems in the Pacific aligns with WHO World Health Assembly (WHA) Resolution 76.2, which calls for actions to strengthen integrated emergency, critical, and operational (ECO) services, promoting universal health coverage for all.

Table 1: Strategic Plan And Key Performance Indicators for the Pacific Island Society for Emergency Care (PISEC) Framework Pillars.

PILLARS 1	**BUILDING CAPACITY**
OBJECTIVES	By December 2034**,** 75% of emergency care personnel (including doctors, nurses, and prehospital)in Pacific Island Countries and Timor Leste will be certified in at least one recognized emergency care program (ACLS, APLS, PTC, or BEC), supported by the establishment of national training centers**,** locally led education programs**,** and clear career development pathways**,** to ensure a sustainable, multidisciplinary, and regionally responsive emergency care workforce**.**

GOALS	**1. Achieve Workforce Certification** • By 2034, ensure 70% of emergency care staff (doctors, nurses, paramedics, and allied health professionals) are certified in emergency and critical care programs such as ACLS, APLS, PTC, and BEC. **2. Establish Succession and Career Pathways** • Create structured succession plans and professional development tracks to retain and advance emergency care professionals within their home countries. **3. Strengthen the Emergency Care Workforce** • Train and certify multidisciplinary emergency care personnel in regionally adapted competencies to meet the diverse needs of Pacific populations. **4. Promote Locally Led Education and Leadership** • Develop Pacific-based trainers, mentors, and clinical leaders, and establish regional training hubs that deliver context-specific emergency care education. **5. Ensure Multidisciplinary Team Integration**

	• Build capacity across all emergency care roles—including allied health workers, EMTs, social workers, and healthcare assistants—for coordinated emergency response.

	6. Strengthen Health System Preparedness • Integrate emergency care into national disaster and pandemic response strategies, and train teams in mass casualty management and surge capacity. **7. Foster Regional Collaboration and Knowledge Sharing** • Establish regional networks for peer learning and shared resources and promote aligned partnerships with academic and professional organizations. **8. Ensure Sustainable and Aligned External Support** • Advocate for long-term external support focused on sustainability, capacity building, and alignment with national health priorities and strategies.

STRATEGIES	**1. Develop and Implement Regional Training Frameworks** • Standardize emergency care curricula based on WHO and regional guidelines (e.g., BEC, PTC, APLS) and adapt them to the Pacific context. • Embed certification programs into national training plans for medical, nursing, and allied health schools. **2. Strengthen In-Country Training Capacity** • Establish national and regional training centres as hubs for continuous education and simulation-based learning. • Train a cohort of local master trainers, assessors, and clinical mentors to deliver and sustain emergency care education. **3. Create Structured Career Pathways** • Integrate emergency care roles into national health workforce planning with defined scopes of practice and professional growth ladders. • Recognize emergency care as a specialty for nurses and allied health professionals through credentialing systems. **4. Foster Multidisciplinary Team Development** • Deliver joint inter-professional training that includes doctors, nurses, paramedics, and allied health staff to improve team-based care. • Encourage inclusion of EMTs, physiotherapists, social workers, and others in emergency care protocols and rosters. **5. Embed Emergency Care into National Preparedness Plans** • Collaborate with disaster risk management agencies to include emergency departments and prehospital services in national surge plans.

	• Train emergency teams in disaster response, including simulation exercises and scenario planning. **6. Establish Regional Emergency Care Networks** • Facilitate forums for knowledge exchange, mentorship, and peer review among emergency care practitioners across PICs.

	• Support the creation of a Pacific Emergency Care Community of Practice under PISEC or a regional professional body. **7. Ensure Donor Alignment and Sustainable Investment** • Engage development partners to co-design programs that prioritize sustainability, local leadership, and national health strategies. • Advocate for pooled funding and long-term commitments to reduce fragmentation and support coordinated efforts. **8. Monitor, Evaluate, and Adapt Programs** • Develop key performance indicators (KPIs) to track certification rates, workforce retention, facility readiness, and patient outcomes. • Use data from facility-level audits and national health information systems to inform adaptive planning and continuous improvement

KEY PERFORMING INDICATORS (KPI)/ ACTIVITIES	**1. Workforce Capacity and Training** • % of emergency care staff certified in core programs (e.g., ACLS, APLS, PTC, BEC). • Number of local emergency care trainers and assessors accredited and active. • % of facilities with multidisciplinary emergency care teams (nurses, doctors, allied health). • Annual retention rate of emergency-trained staff in-country. • % of emergency staff completing CPD hours or refresher training annually. **2. Regional Collaboration and Policy Alignment** • Number of joint regional trainings or conferences conducted annually. • Number of countries adopting national emergency care policies or standards. • % of external partners aligned with national emergency care strategies. **3. Monitoring, Evaluation, and Reporting** • Frequency of emergency care data reporting to national health information systems. • % of countries collecting emergency care indicators as part of HMIS or facility-level dashboards. • Existence of national or regional emergency care scorecards for performance tracking.

Outcomes	**1. Improved Patient Outcomes and Safety** • Reduced morbidity and mortality from time-sensitive emergencies such as trauma, sepsis, cardiac arrest, and paediatric emergencies. • Faster triage and treatment times for critically ill and injured patients. • Increased survival rates from mass casualty incidents and disasters. **2. A Competent and Sustainable Emergency Care Workforce** • Availability of a certified, multidisciplinary emergency care workforce across all major hospitals and emergency departments. • Increased retention of emergency care staff through structured career pathways and continuous professional development. • Locally led training programs run by accredited Pacific-based educators and mentors. **3. Stronger Health System Readiness and Resilience** • Emergency care systems are embedded in national disaster and public health emergency plans. • Facilities are able to rapidly scale up services during natural disasters, disease outbreaks, and other emergencies. • Improved coordination between prehospital, facility-based, and community emergency care systems. **4. Standardized and Integrated Emergency Care Services** • Uniform triage, treatment, and referral protocols implemented across hospitals and regions. • Functioning emergency departments with clearly defined infrastructure, staffing models, and clinical pathways. • Integration of emergency care into the broader continuum of care and referral systems. **5. Improved Quality of Care and Governance**

	• Systematic use of data to drive quality improvement through audits, M&M reviews, and performance monitoring. • Increased reporting and documentation quality through digital health systems and standardized clinical forms. • Greater accountability and transparency in emergency care delivery through clinical governance structures. **6. Empowered Local Leadership and Regional Collaboration**

	• Pacific-led emergency care initiatives driven by local champions and aligned with national and regional priorities. • Strengthened collaboration between countries through shared learning, mentorship networks, and policy alignment. • A regional identity and community of practice in emergency care supported by PISEC or similar bodies. **7. Aligned and Sustainable External Support** • External funding and technical assistance are harmonized with national strategies, avoiding duplication and fragmentation. • Long-term donor engagement supports system strengthening, not dependency. • National ownership of emergency care reforms is firmly established.

PILLARS 2	INFRASTRUCTURE & EQUIPMENT
OBJECTIVES	To advocate, support, and or guide all PICS EDs to have standardized infrastructure designs for up-to-date resuscitation equipment for the treatment of life-threatening conditions.
Goals	By 2034 all PICs EDs with have standardized, functional designs equipped with resuscitation equipment and lifesaving medications.
Strategies	To advocate, support, and develop a standard required ED equipment list and medications for resuscitation of common life-threatening injuries and medical emergencies
KEY PERFORMING INDICATORS (KPI)/ ACTIVITIES	1) Advocate standard ED design suitable for all PICs to ensure functionality to the level of need and the ability to scale up emergency care service support by a well-planned structural design. 2) Develop a standard required ED equipment lis and medications for resuscitation of common life-threatening injuries and medical emergencies. 3) Secure funding and support for infrastructure development
Outcome	By 2027-2029: 1) All PICs have a developed ED design to improve functional EMC services with all the appropriate required equipment and

	medications for resuscitations of all medical emergencies.

PILLARS 3	PROCESSES & SYSTEMS
OBJECTIVES	1) To advise and support the implementation of a standardized triage systems, treatment guidelines and referral processes across all EDs in PICs to ensure timely and effective care for all patients. 2) To provide advice and guidance for treatment protocols and referral processes 3) To provide advice and guidance for the development of pre-hospital and retrieval services. 4) To ensure the PIC'S have standardized Triage system suitable to the population demographics of the country. 5) PISEC to provide e=recommendation and advise to ensure that PICs have implemented standardized triage, that is both efficient and effective. 6) Support Triage training for PICs requiring revision of their triage system 7) PISEC to provide support where needed, to ensure there is access to formal triage training
Goals	1) By 2034 PICs will ensure that there is standardized triage system and d EMC management guidelines ensuring consistency in EMC delivery. 2) By 2030 there is completed guidance material for how to establish /implement prehospital and retrieval services. 3) By 2028 there are standardized performance and quality indicators for emergency departments across PICs
Strategies	Guide and support PIC standard EMC Management guideline Ensure that across the pacific we have a standardised guiding framework the development of treatment protocols encompassing: • Medical Emergencies • Paediatric Emergencies • Surgical Emergencies • Obstetric Emergencies • Trauma emergencies • ACTIVITY: PISEC should develop templates for treatment guidelines with suggested treatment protocols which PICs can adapt to local context. Standardized guiding framework for the delivery of prehospital and retrieval services.

KEY PERFORMING INDICATORS (KPI)/ ACTIVITIES	By 2030: 1) All PICs EDs will aim to adopt triage system, EMC guidelines and standardized protocols developed in line with PISEC guidance 2) Promote audits in PIC's 3) By 2030 PICs that have capacity to implement retrieval, and prehospital services do so in accordance

	guidance from PISEC. 4) By 2030 there is standardized performance and quality indicators adopted by PICs in accordance with benchmarks set by PISEC. 5) Develop standardized ED Performance and Quality Indicators (set benchmarks) • Waiting times • Length of Stay • Door to provider • Time to triage • Patient satisfaction • Mortality rates • Re-attendance rates • Bed Occupancy • Access block Time to ECG
Outcomes	All PIC have an effective and efficient triage system and are using clinical care management guidelines for common emergencies. An established pre-hospital and retrieval services in all PICs. A better patient outcome – reducing morbidity and mortality.

PILLARS 4	DATA INFORMATION. & RESEARCH
OBJECTIVES	• To advocate robust data systems in EC to track performance, conduct audits and support research. • To integrate EC information into national data management systems to support national audits, research and continuous quality improvement for EC systems in all PICs • To advocate for key indicators for EC • To advocate for collaborative regional research in EC
Goals	By 2034, all PICs will have established EC data management systems to support EMC audits and research.

Strategies	*1) Collaborate and network with PARTNERS who have a working relationship in the Pacific and international EC institutes to develop RESEARCH capacity building.* *2) Recommend a standard Key Indicators set, that is a regionally scalable system for EC in PICs and enables assessment of regional capacity building.* *3) Encourage regional data and systems sharing and development in between Private and Public Sector Partners, building bridges.*

	4) Assist countries in development of Emergency Department Plans through knowledge sharing initiatives.
KEY PERFORMING INDICATORS (KPI)/ ACTIVITIES	*By 2034* *1) 75% of PICs have regionally standardized Key Indicator data.* *2) 75% of PICs to develop information systems for sustainability and effective use amongst EC staff in all PICs.*
Outcome	*All PIC have quality improved EMC services from ED data information and research*

PILLARS 5	**LEADERSHIP & GOVERNANCE**
OBJECTIVES	1. To advocate for emergency care as a recognized specialty in all PICs. 2. To ensure that all PICs have strong governance structures that prioritize EMC services within their national health systems.
Goals	1. By 2034, emergency care will be recognized as priority service in all PICs with formalized governance structures to ensure its continued development, at a national and sub-national level. 2. By 2034 EM nursing will be formally recognized as a specialty with standardized education, formal certification and professional development pathways established and acknowledged by relevant national and international nursing and health care bodies.

KEY PERFORMING INDICATORS (KPI)/ ACTIVITIES	By 2026-2027 1. PISEC to have Annual Scientific Meeting with AGM and election of Executives to develop the society

	2. EMC is recognised nationally and by all PICs heads as a speciality that intersects multiple emergency services in the prehospital space, primary healthcare, and across specialised medical services, and is one of the critical components of an effective healthcare system. 3. 90% of PICs have formal MOUs with international institutions to ensure the sustainability of EMC training and ED systems development. 4. Advisory body to the development of the scope of the emergency nursing body 5. Promote emergency nursing program
OUTCOMES	1. All PICs actively participate in PISEC's leadership and governance activities, including annual or 2 yearly scientific meetings contributing to regional emergency care governance. 2. Promote of Emergency nurses in PIC's.

5.0 Strategic Operation: Integrating Pacific Island Countries into the PISEC Framework

5.1. National Collaboration and Policy Alignment

Pacific Island Countries (PICs) will incorporate the Pacific Island Society for Emergency Care (PISEC) framework into their national health strategies by aligning policies to promote the development of emergency care. This will involve collaborating with PISEC to establish emergency care guidelines tailored to each country's healthcare needs while ensuring consistency with international standards and best practices.

5.2. Capacity Building Initiatives

Participating countries will engage in region-wide training and certification programs to enhance the skills of healthcare professionals in emergency care. By the 2034 certification goal, all countries will ensure that their Emergency Department (ED) staff are certified in key emergency courses, such as Advanced Cardiac Life Support (ACLS) and Advanced Paediatric Life Support (APLS), strengthening the expertise of healthcare providers across the region.

5.3. Infrastructure Development

Each country will devise and implement plans to upgrade or establish ED infrastructure by standardized designs outlined by the PISEC framework. By collaborating with international partners, countries will secure funding to procure essential equipment and medications, ensuring that by 2034, all EDs are fully equipped to provide high-quality emergency care services.

5.4. Implementation of Systems and Processes

Countries will adopt triage systems, emergency care guidelines, and standardised protocols developed by PISEC. National healthcare authorities will monitor the implementation of these systems, ensuring that hospitals across the region follow consistent and high-quality processes for emergency care delivery.

5.5. Data Collection and Research Participation

Each country will establish a national data management system aligned with PISEC's regional goals. Countries will actively participate in data collection, auditing, and research efforts to improve emergency care services. By 2034, all countries will utilise data to inform policy, enhance service quality, and contribute to regional research initiatives that benefit emergency care across the Pacific.

5.6. Leadership and Governance Engagement

Countries will actively participate in PISEC's leadership and governance activities, including attending bi-annual scientific meetings and contributing to regional emergency care governance. National leaders will advocate for emergency care as a top priority, ensuring the allocation of sufficient resources to maintain high-quality emergency services.

5.2 Outcomes for Participating Pacific Island Countries

As a participating country in the Pacific Island Society for Emergency Care (PISEC) framework, we commit to strengthening our emergency care systems to ensure that all citizens receive timely, safe, and effective medical services. By aligning our framework with national policies and international best practices, we will enhance training, infrastructure, and standardized processes to improve the delivery of emergency care.

Through collaboration and continuous improvement, we aim to build a sustainable emergency care workforce, contribute to regional data-driven research, and position ourselves as leaders in emergency healthcare across the Pacific, improving health outcomes for our people

5.2.1. Improved Patient Care:

Adopting standardized processes, based on best practices and evidence from within the Pacific region and internationally, will lead to more efficient and effective emergency care. These processes include triage systems, clinical guidelines, and response protocols that are tailored to the unique healthcare

contexts of Pacific Island Countries (PICs). By implementing these evidence-based practices, EDs can provide timely and appropriate care, resulting in improved patient outcomes, reduced complications, and lower mortality rates. With a focus on rapid identification and management of critical conditions such as trauma, sepsis, and cardiac emergencies, countries will elevate the overall quality of care provided.

5.2.1 Sustainable Workforce Development:

To ensure the long-term sustainability of emergency medical services, comprehensive training and certification programs will be implemented to equip healthcare professionals with the latest skills in emergency care. Courses such as Advanced Cardiac Life Support (ACLS) and Advanced Pediatric Life Support (APLS) will be mandated for ED staff, fostering a skilled workforce capable of handling complex medical emergencies. When healthcare workers receive continual professional development, retention rates improve, and patient care outcomes are enhanced. Through these programs, PICs endeavors to support the development of a robust cadre of emergency care specialists who can respond to both routine and large-scale emergencies.

5.2.3 Resilient Healthcare Infrastructure:

Building a resilient healthcare infrastructure is essential for enabling PICs to respond effectively to emergencies. By updating and standardizing emergency department designs and ensuring access to crucial equipment, PICs can better meet the increasing healthcare demands of their populations. Evidence from the Pacific region highlights the importance of dedicated spaces for emergency care, including trauma rooms and resuscitation areas, which enhance response times and improve patient outcomes. By investing in modern infrastructure and emergency preparedness, countries will strengthen their capacity to manage routine emergencies and health crises, ensuring that critical care is available when needed.

5.2.4. Regional Data-Driven Improvements:

Active participation in data collection, auditing, and research will enable PICs to contribute to and benefit from a regional knowledge base that fosters continuous improvement in emergency care. By establishing national health information systems that align with regional goals, countries will collect crucial data on patient outcomes, system efficiency, and care quality. This information will support evidence-based policy decisions and identify areas for

enhancement. PICs that engage actively in research and data-driven quality improvement initiatives will be better equipped to adapt their healthcare systems to emerging challenges, such as pandemics or natural disasters, while continually improving the care provided to their populations.

5.2.5. National and Regional Leadership in Emergency Care:

By actively shaping emergency care policies and driving innovation, participating countries will emerge as leaders in both national and regional emergency care development. Strong leadership, informed by evidence-based practices, will empower countries to advocate for essential resources and investments in emergency care, including training programs, infrastructure, and system-wide protocols. Countries that excel in emergency care governance will set high standards, facilitating the harmonization of practices across the region. This leadership will promote a collaborative approach to enhancing emergency medical services, positioning PICs as key contributors to the global conversation on emergency care innovation and development.

The integration of the PISEC framework across all PICs presents a strategic opportunity to strengthen emergency care systems through collaboration, capacity building, and regional cooperation. This unified effort will drive significant improvements in healthcare delivery throughout the region, ensuring that all citizens have access to safe, efficient, and standardized emergency medical services. Furthermore, this collaboration supports broader health objectives, including achieving universal health coverage and improving overall health outcomes for the Pacific region.

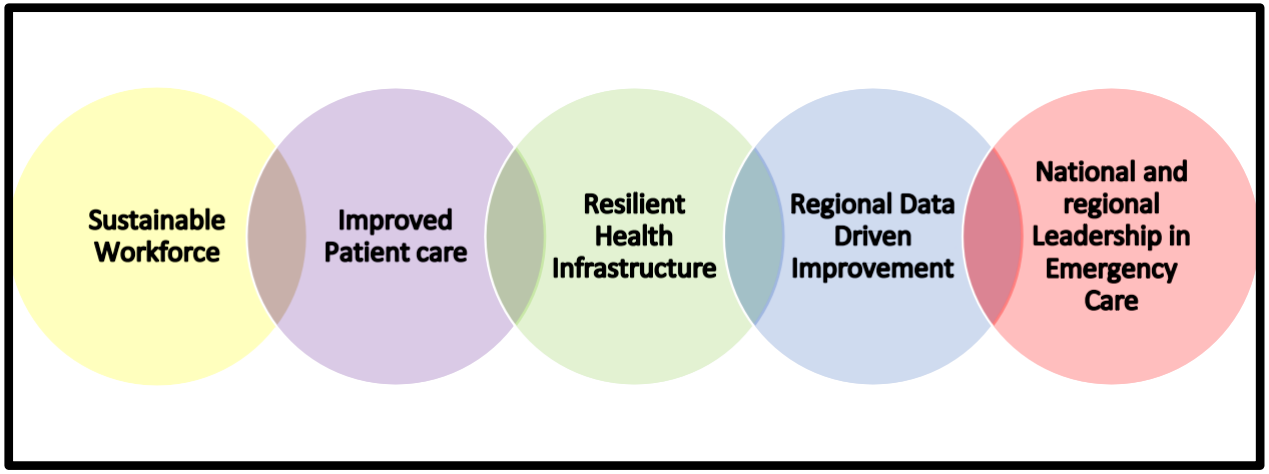

Figure 3 Pacific Island Society for Emergency Care (PISEC) Framework Pillar Outcomes

6.0 Summary

The integration of best practices and evidence-based approaches into the emergency care systems of Pacific Island Countries (PICs) presents a transformative opportunity to enhance healthcare outcomes across the region significantly. By adopting standardized processes and evidence-based clinical guidelines, countries will improve the efficiency and effectiveness of emergency care delivery. These systems, tailored to the unique needs of each country, will enable healthcare professionals to provide timely, high-quality care, thereby reducing mortality rates and improving overall patient outcomes. This focus on improving emergency care will not only address immediate healthcare needs but also strengthen the region's ability to manage future health crises.

The implementation of comprehensive training and certification programs will play a vital role in building a skilled and sustainable emergency care workforce. By equipping healthcare providers with the knowledge and skills necessary to handle complex medical emergencies, PICs will retain a competent workforce capable of delivering high-quality care for years to come. Training initiatives, such as Advanced Cardiac Life Support (ACLS) and Advanced Paediatric Life

Support (APLS), will equip healthcare workers with the latest knowledge in emergency care, ensuring they are well-prepared to manage critical care scenarios. This investment in human capital will enhance the long-term sustainability and resilience of emergency medical services throughout the region, especially during national emergencies from global climate change.

Equally important is the development of a resilient healthcare infrastructure that can meet the growing demands of the population. By upgrading and standardizing Emergency Department (ED) designs, PICs will establish healthcare facilities capable of managing both routine emergencies and large-scale disasters. The integration of modern equipment and dedicated emergency spaces, such as trauma rooms and resuscitation areas, will significantly improve patient care and response times. As countries continue to enhance their infrastructure, they will be better positioned to manage health emergencies, ensuring that all individuals have access to the care they need, when they need it.

The collection of data and participation in regional research initiatives will further enhance the quality of emergency care services. Through active involvement in data collection, auditing, and research, PICs will develop a robust knowledge base that drives continuous improvements in healthcare delivery. This evidence-based approach will allow countries to identify areas for improvement, adapt to emerging healthcare challenges, and contribute to the overall body of knowledge in emergency medicine. By leveraging data to inform policy decisions and drive system improvements, participating countries can strengthen their healthcare systems and continually enhance patient outcomes.

Leadership at both national and regional levels will be a cornerstone of this transformation. By actively participating in the development of emergency care policies, advocating for necessary resources, and driving innovation, PICs will establish themselves as leaders in emergency care across the Pacific region. Strong leadership will not only help to harmonize emergency care standards and protocols across countries but also foster a culture of excellence and collaboration within the region. As PICs take on leadership roles in shaping the future of emergency care, they will help guide the region toward achieving high-quality, sustainable healthcare services for all.

In conclusion, the strategic integration of best practices, evidence-based approaches, and regional collaboration, as outlined in the PISEC framework, provides a clear path for PICs to strengthen their emergency care systems. By aligning national health policies, investing in workforce development, enhancing healthcare infrastructure, and fostering data-driven improvements, PICs will create a more resilient and sustainable healthcare system. Through their leadership and commitment to continuous improvement, participating countries will not only improve patient care and health outcomes for their populations but also set a regional standard for excellence in emergency medical services. This collaborative effort will ensure that all people in the Pacific have access to safe, effective, and high-quality emergency care, contributing to the broader goal of achieving universal health coverage and improving the overall health and well-being of communities across the region.

PISEC Framework Approved BY:

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President	Vice President	Secretary
Samoa (6/6/2025)	**PNG** (6/6/2025)	**Fiji** (6/6/2025)

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