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Addendum regarding Peace Corps China Volunteer ME 13-0037

October 21, 2013

Abbreviations/acronyms

NC – index case
PCMO – Peace Corps Medical Officer
PCV – Peace Corps Volunteer
IST – in-service training
ORS – oral rehydration solution
BRAT – bananas, rice, applesauce, and toast
KC – a PCMO at China post, physician assistant
GJ – a PCMO at China post, medical doctor
BZ – a PCMO at China post, medical doctor
CY – a regional medical officer stationed in Bangkok, medical doctor
All other abbreviations are standard medical terminology

Addendum to the original narrative:

I went to Chengdu, China, from 9/22 to 9/28/2013, to assess the health unit's response to our RCA. Three important pieces of information that I did not have access to previously came to light.

1) The ambulance got lost and had to be called twice, once by GJ about 3:15 to 3:20, and a second time by BZ around 3:25 to 3:30. The hotel where NC was staying is situated in a neighborhood comprised of a warren of alleyways and small roads. The ambulance got lost trying to find the hotel. They finally arrived at the front doors but were unable to enter there with the stretcher. They then had difficulty finding their way to the back doors, along a different alley. The elevator was not working and they had to use the stair case. NC's room was on the 4th floor. The ambulance team didn't arrive until around 3:45, half an hour after the first call for them.

2) The PC vehicle was in use that afternoon by the Country Director. Because of known concerns over the ambulance companies that served the area of the hotel, the PCMOs would have much preferred getting their own vehicle and driver, however none of them felt empowered enough to request the vehicle when the CD was using it, even during an emergency. The PCMOs also did not feel empowered to compel the medical assistant to bring IV fluids. The MA has had a longstanding belief that her boss is the CD, not the PCMOs.

3) GJ had serious concerns about transporting NC to HuaXi Hospital. While this is a university-affiliated hospital and the best doctors practice there, a recent change in the national health insurance program changed its service area to a population of nearly 400 million people in Western China. It might be the largest hospital in the world, with 4000 beds. The doctors have an overwhelming case load, seeing an average of 14,000 patient visits *each day*. See photos below.

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(There is a separate, much less busy, hospital building designated for foreigners on the HuaXi campus, but it does not support emergency, surgical, or intensive care, and it is typically used for convalescence only.)

GJ had long experience with PCVs at this hospital and was very concerned that Peace Corps would lose all control of NC's case. She worried that many therapies which are not standard of care in the United States would be imposed on NC. The PCMO team deliberated on these concerns before ultimately deciding to call an ambulance.

There are 14,000 patient visits each day, with Mondays and Tuesdays being heavier, and Thursday being lighter. I took these pictures on a Thursday. One PCV likened the experience to being in a busy airport.

The ER has 75 stations for beds, although overflow beds are everywhere. Each station has its own monitor, but the PCMOs have considerable concerns about how closely the monitors are followed. There are so many patients that each individual patient usually receives only about a minute or two of the doctor's attention.

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The ER has its own ICU behind the main department, with 16 additional beds. After NC was resuscitated in the main ER, he was moved here. The window in the wall, shown in the picture, is where ER doctors will call for a family member (waiting in the hallway) to go to the pharmacy to get medications. The ER does not stock its own meds. BZ slept in the hallway here, waiting for orders from the ER doctor for NC's medications.

The cashiers are at windows to the left (just out of view); 24 pharmacy windows are to the right. When BZ received a doctor's order from the ER, she would have to stand in line to pay at the cashier first, then stand in line with the receipt to get the medication from one of the pharmacy windows. Looking at the crowded conditions, recall that the day I visited was considered a light day. The tickers above the pharmacy windows are listing available meds and current prices. The total effect is chaos.

Commentary:

The China PCMO team estimated that GJ arrived at NC's hotel room at around 2:30 on that Monday afternoon, BZ arrived around 2:45, and KC arrived around 3:15. BZ felt that they should call the ambulance shortly after her arrival, but BZ was not aware of GJ's many concerns regarding HuaXi hospital. It was upon KC's arrival that there was finally consensus that they should move NC to HuaXi hospital, despite it being a Monday.

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Until now, we were unaware of GJ's serious concerns regarding moving NC to the hospital, including the low quality of ambulance service in the area and the chaos at the hospital on Mondays, and we were unaware of her desire to confer with KC on that point (since KC is the other experienced PCMO at post). When KC arrived, NC was sitting upright and talking; nonetheless, the decision was made almost immediately to make the first ambulance call, and we had been unaware of that call. We were also unaware of the delayed response by the ambulance itself. With this new information, it would appear that some deliberation was, in fact, prudent and necessary to NC's care.

RCA follow up:

High acuity situation: I now have less concern about the "incident leader" issue raised in the RCA. It appears that due to many factors, including cultural dynamics and PCMO knowledge about local hospital conditions, that consensus building might have been the best, and perhaps only, path forward in NC's care.

Anchoring bias: I reviewed this concept at length with the PCMOs and left with them an electronic version of the book *Evidence Based Practice: Logic and Critical Thinking in Medicine*, M. Jenicek & D. L. Hitchcock, AMA Press, 2005.

Equipment and supplies issues: The China health unit maintains a "go-bag" for each individual PCMO, for a total of 3 bags. At this time, every go-bag at the health unit is equipped with manual BP cuffs, bags of IV fluids, and the supplies necessary to provide an infusion. The fluids are synchronized with the rest of the perishable medical inventory and are routinely replaced prior to expiry.

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