



# Three Years of EMSB in Indonesia: A Journey in Standardizing and Escalating Burn Care in Indonesia

(AUSTRALIA - NEW ZEALAND - INDONESIA)

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Managing severe burn cases is still a problem in many countries, including our country with population of 270 million people



1. SCHEELE F. The art of medical education. FVV IN OBGYN, 2012, 4 (4): 266-269

2. Potokar T, Ali S, Bouali R, Walusimbi M, Chamania S. Training of medical and paramedical personnel in burn care and prevention. Indian J Plast Surg Supplement 1 2010 Vol 43



# EMSB



It's been

# YEARS

Since our 1<sup>st</sup> course in Indonesia

( DECEMBER 2013 )

# GOALS *specific*

"THROWBACK"

1.

To insert **EMSB course** in **National Curriculum for General Surgery** and **Plastic Surgery Training in Indonesia**

2.

To provide **EMSB course** as a **Continuing Professional Development Program** for practicing **general surgeon** in **Indonesia**

3.

To provide **690 health** work forces in **2020** who are able to perform **EMSB standards**

HOW ARE  
WE DOING  
???

???





## Origin of Participants Institution



These are only the institutions, the **true origin** of participants are almost from all parts of Indonesia



# EMSB



1<sup>st</sup> EMSB Course  
(BALI)  
**2013**



**2016**

EMSB Course

INVOLVING 2 COLLEGES :  
ICS & INDONESIAN COLLEGE  
OF PLASTIC SURGEONS



1<sup>st</sup> Independent Course  
**2017**

**2018-now**

courses are held independently in various  
regions of Indonesia  
(Bandung, Jayapura, Jogjakarta, dll)





# EMSB

1 COL  
(2 provider co

201



2016 – August 2019 :

47 provider courses (1102  
participants)

27 active instructors

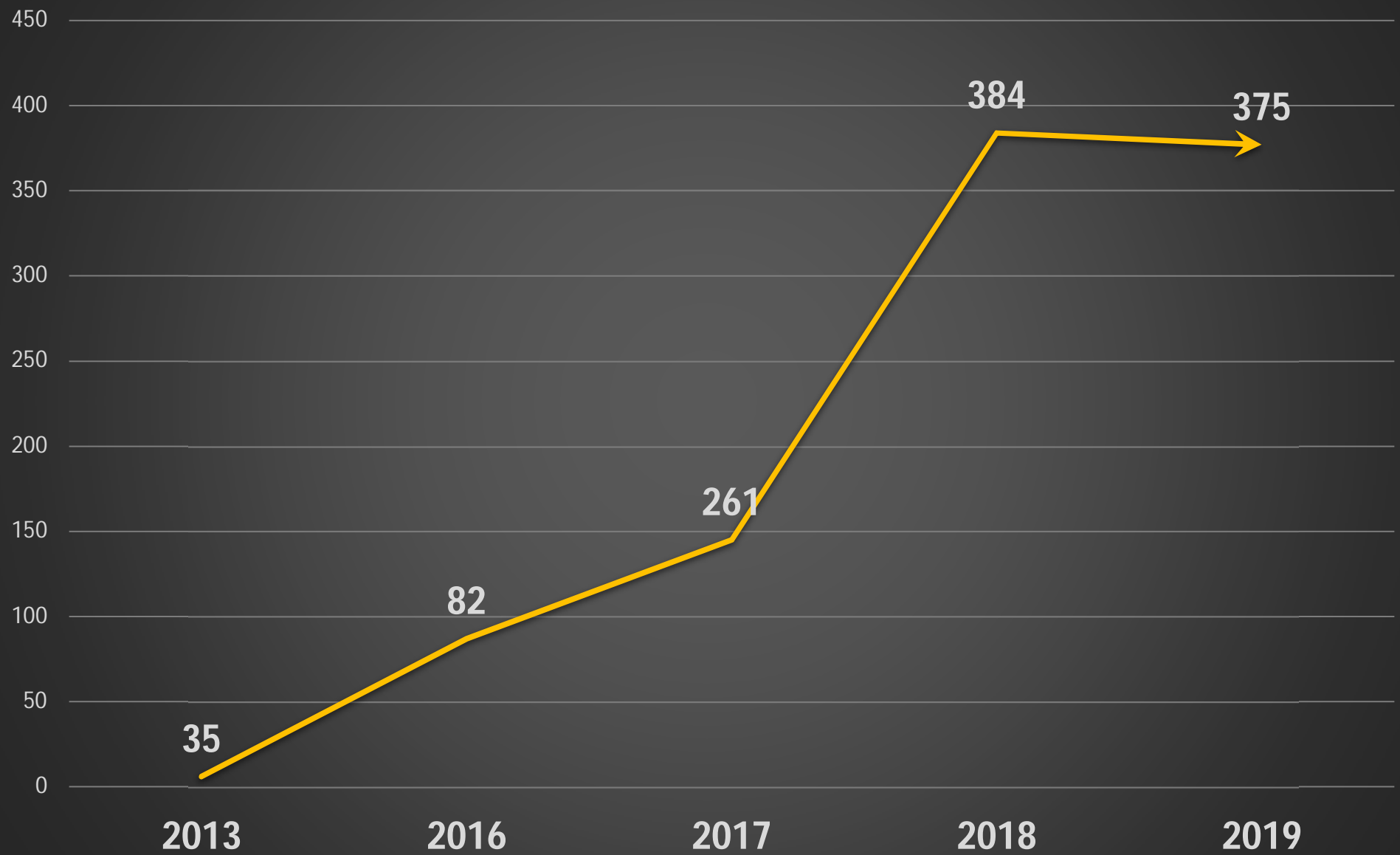
9 coordinators

RSES  
courses)

now



## Number of Participants



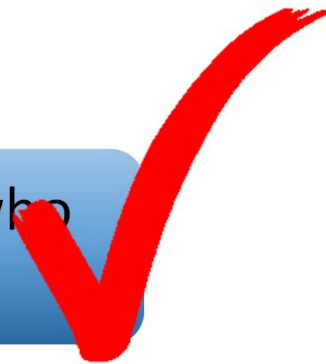


*(until now)*

**1102**

*doctors and nurses*

To provide **690 health** work forces in **2020** who  
are able to perform **EMSB standards**





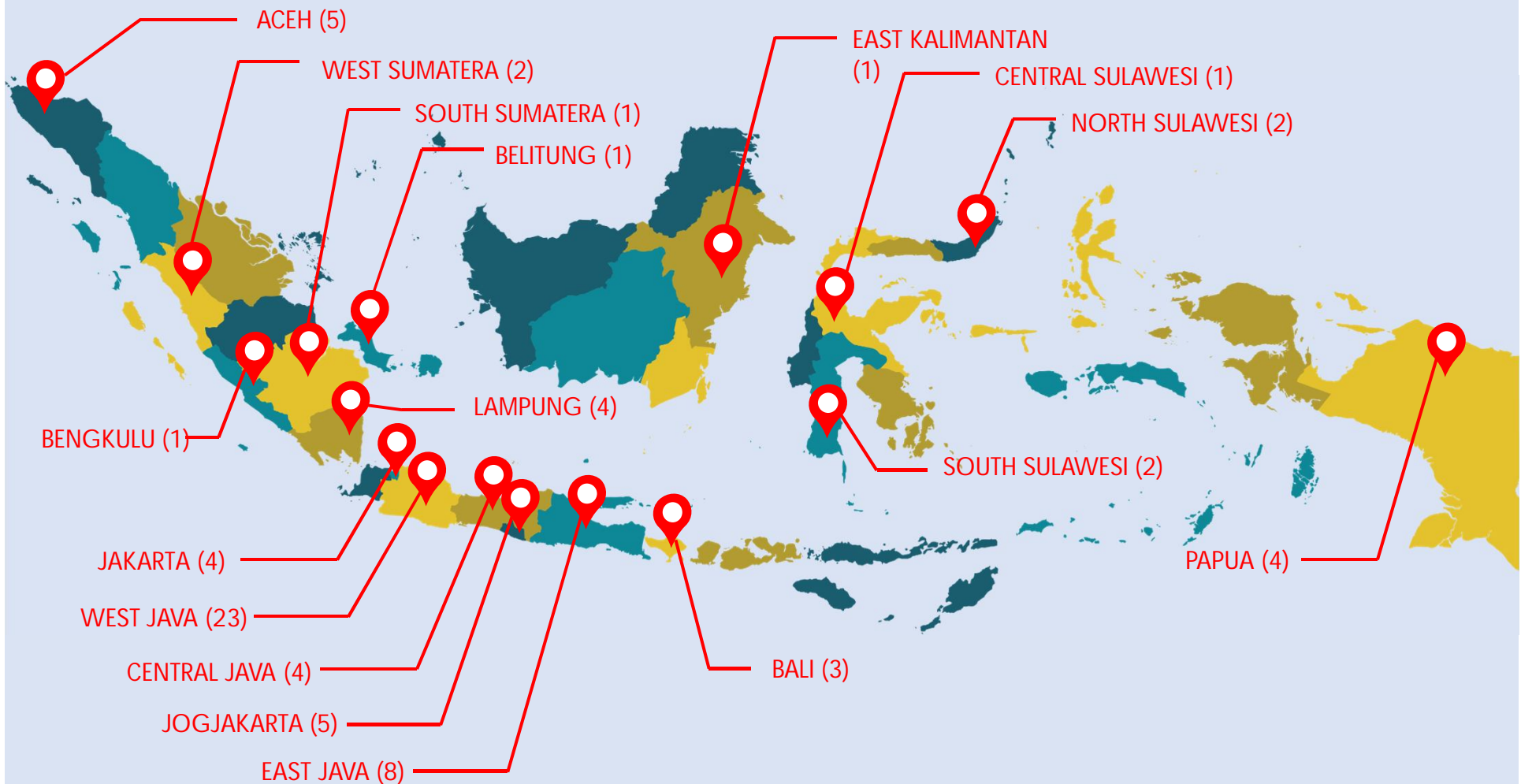
so we did a little  
**SURVEY**



The background of the slide features a large target with concentric rings of blue, white, and dark blue. Three arrows with red fletching and white shafts are shown hitting the bullseye. A bright sun is visible in the upper left, creating a lens flare effect. Two text boxes are overlaid on the right side of the image.

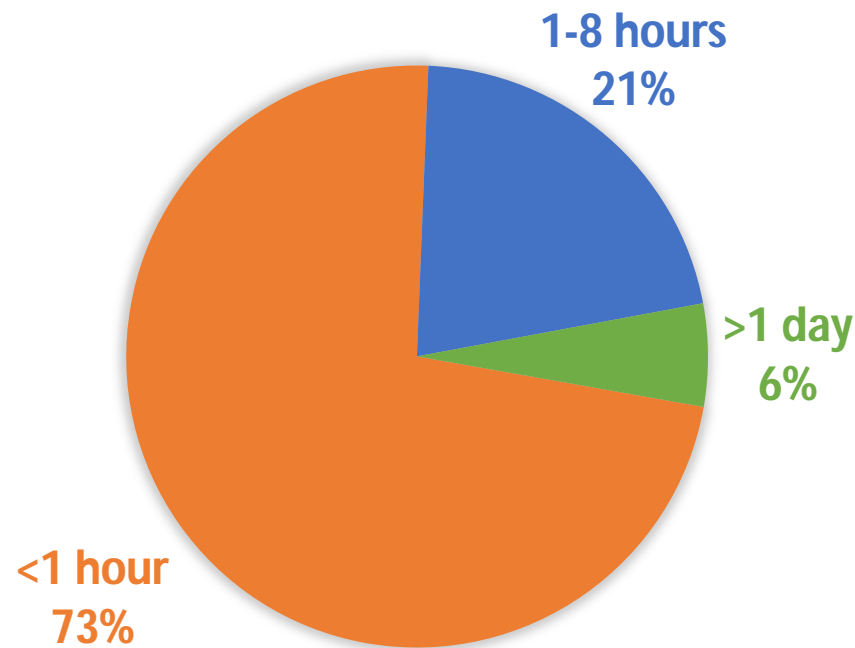
# ULTIMATE GOAL

To provide health work  
forces **competent in early  
burn resuscitation in all  
hospitals all across  
Indonesia**

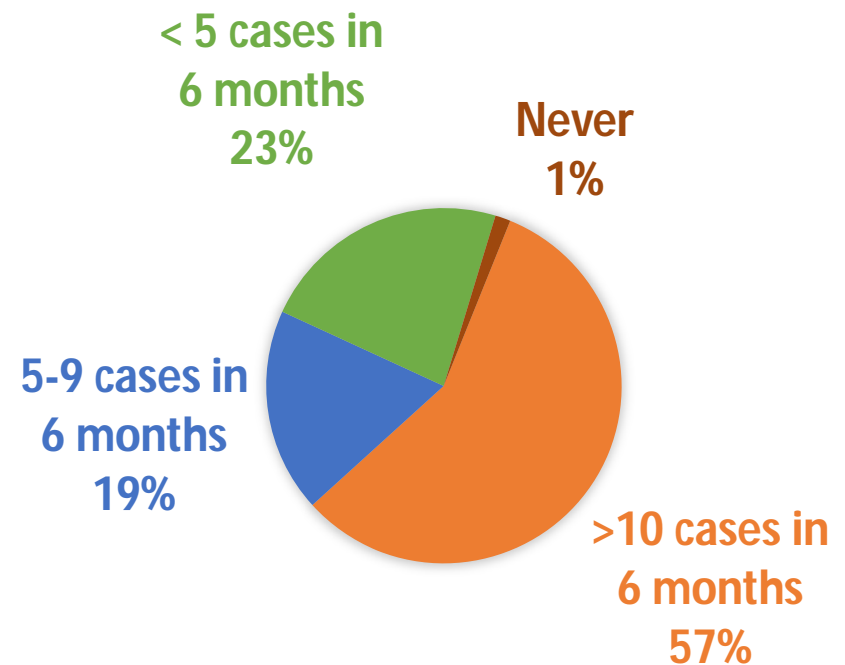


70 responders of 511 questionnaires distributed randomly to our EMSB participants

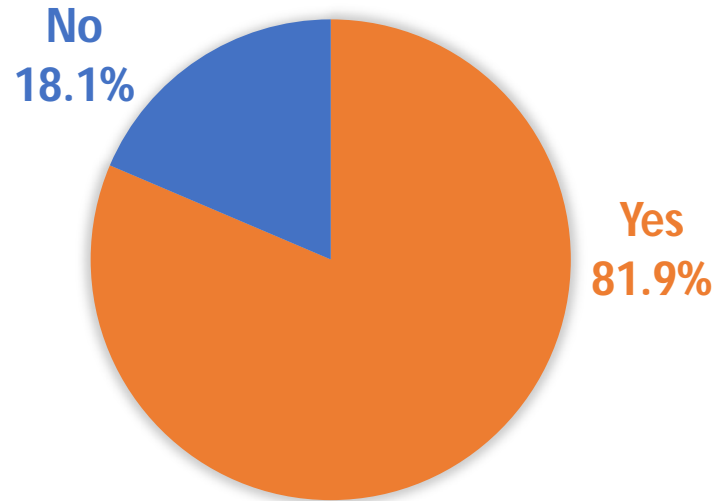
## DISTANCE BETWEEN PARTICIPANT'S HOSPITAL TO THE NEAREST BURN CENTER



## FREQUENCIES IN TREATING SEVERE BURN INJURY AFTER ATTENDING EMSB COURSE



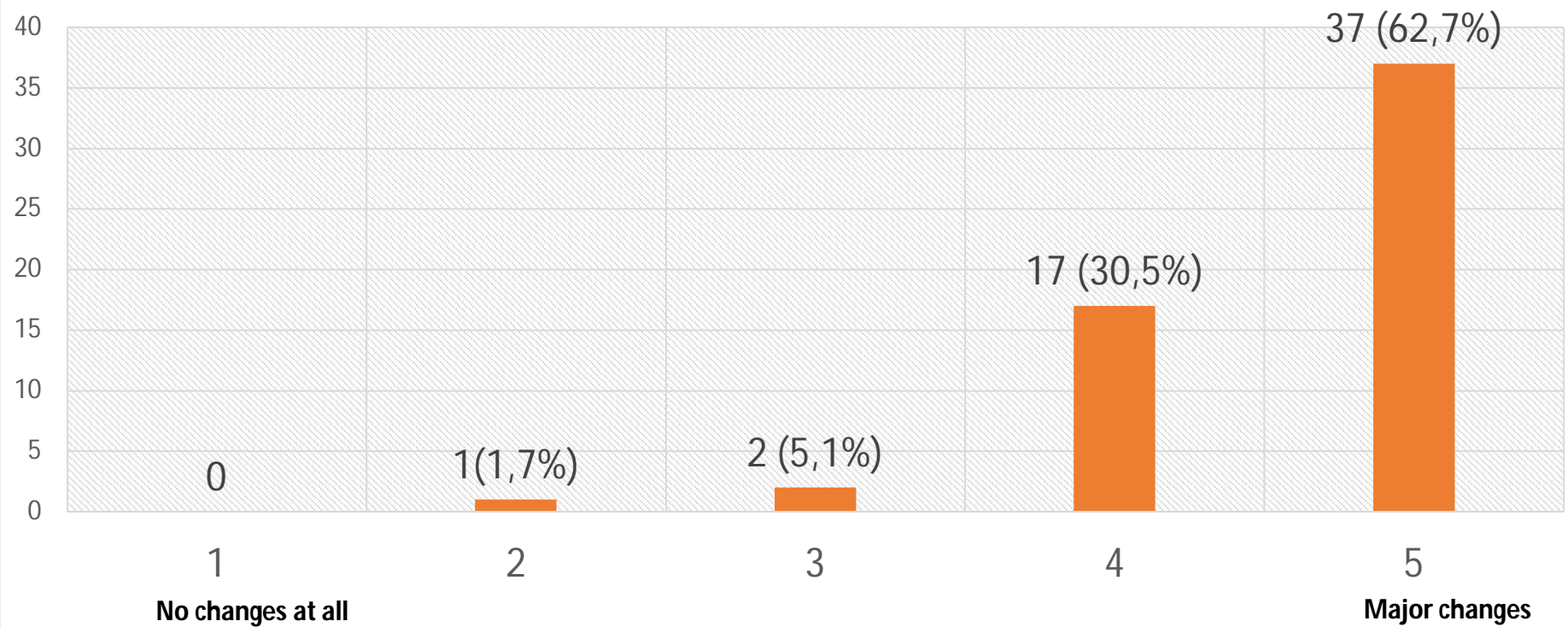
# ANY EXPERIENCE OF TREATING SEVERE BURN PATIENTS AFTER EMSB?



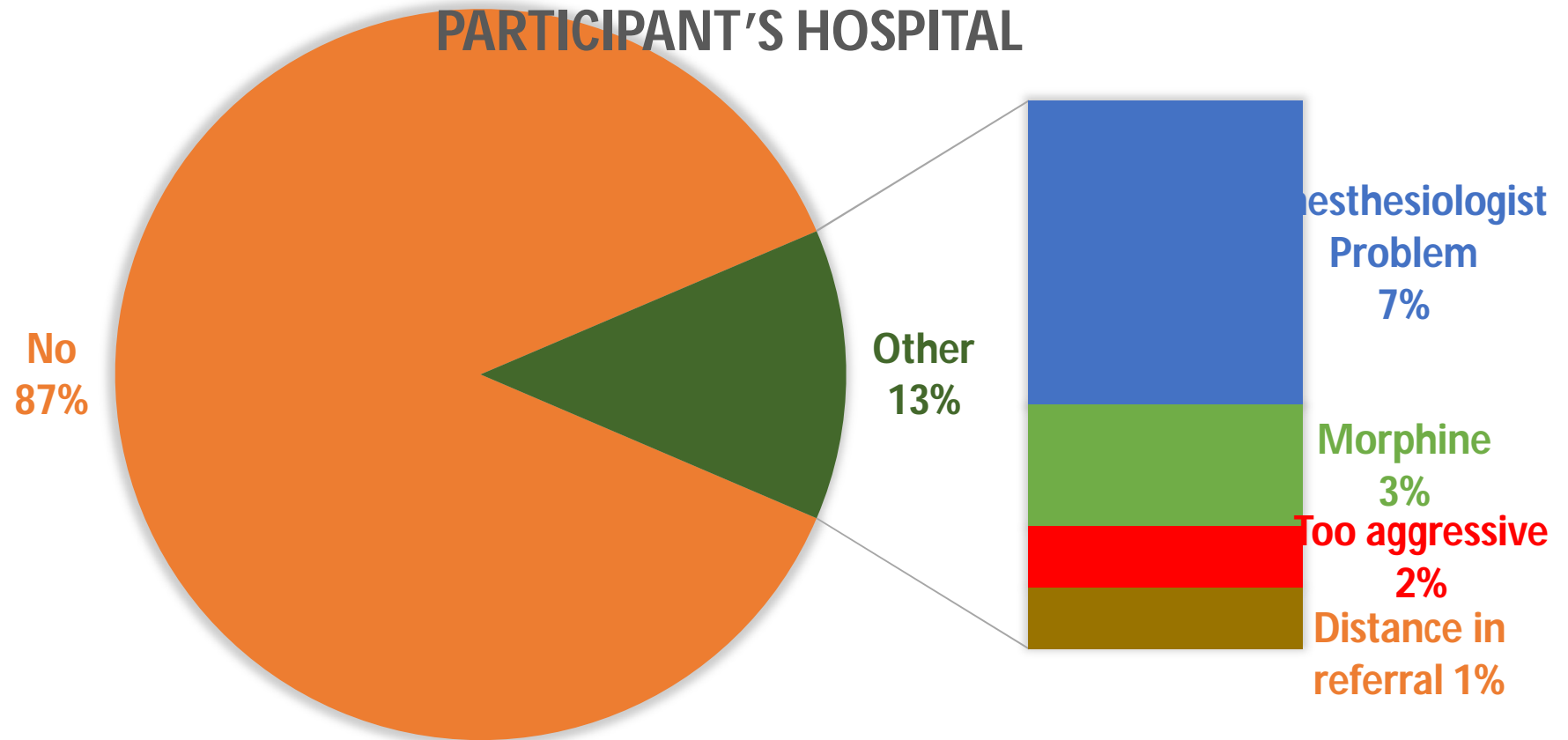
In treating severe burn cases

	Yes	No	No cases yet
Able to identify and manage inhalation trauma	57 (100%)		
Able to resuscitate	57 (100%)		
Able to identify the indications and perform escharotomy	43 (75.4%)	2 (3.5%)	12 (21.1%)
Able to refer in SPAM and ISBAR format	45 (78.9%)	12 (21.1%)	

## Changes and improvement in treating severe burn cases after EMSB



## DIFFICULTIES IN APPLYING EMSB PRINCIPLES IN PARTICIPANT'S HOSPITAL



## Our GOALS

AS A  
REMINDER

To educate  
educators in  
institutions

To increase  
knowledge and  
skill for severe  
burn management  
in the first 48  
hours

To increase the  
quality of burn  
care in the first  
48 hours

To educate first-  
line doctors who  
are responsible in  
early management  
of burn  
patient

# CONCLUSION

1

EMSB is increasingly known and practiced in Indonesia → we have achieved beyond the expected goal

2

The path has been started to have a standardized and qualified burn care all over Indonesia

3

Still many challenges to face :

- having every doctors participating in the National Burn Registry,
- building a good Burn Referral System and
- also educating the people about burn prevention



# THANK YOU



**FOR FIGHTING TOGETHER FOR INDONESIA**