settings. Ridge Regional Hospital (RRH) is a high volume obstetric referral center in Accra with 8,000-9,000 annual births. Approximately 70% of the women referred are high-risk and many are in labor. Conducting midwife-led obstetric triage in referral facilities is new as most have utilized a first-come, first-serve approach irrespective of patient risk. An obstetric triage training program that modified patient flow was developed, and a job aid involving red, yellow, and green color-coded wristbands to identify high, medium and low risk patients, respectively, was introduced in 2013-2014 for 62 midwives at RRH. A novel, free-standing triage pavilion with an emergency bay was then locally sourced and staffed with designated nurses in 2015. This study measured wait time among pregnant patients at RRH before and after training and the opening of the triage pavilion.

Structure/Method/Design: Before and after wait time data from arrival until assessment was collected from September 9-November 11, 2012 and September 15-November 19, 2015, respectively. Patient and labor characteristics, referral patterns and timeliness of care were assessed and wristband compliance was measured. Median time before and after was compared using a Mann-Whitney U test.

Outcome & Evaluation: Waiting time was measured for 926 (69%) of the 1351 patients presenting to RRH for obstetric care before the triage pavilion opening and 794 (54%) of 1465 patients afterwards. The median [IQR] wait from arrival until assessment decreased from 40 [15-100] min in 2012 to 7 [2-19] min in 2015 ($p<0.0001$). In the "after" group, 98% of patients had a banding code applied.

Going Forward: The novel obstetric triage system implemented at RRH resulted in dramatic clinical care improvements. Waiting time has markedly reduced and approximates the internationally recommended standard that triage assessment begins within 10 minutes of arrival to a facility. Further analysis of patient outcome based on risk assessment will be conducted.

Source of Funding: Funding was provided by Kybele and PATH.

Abstract #: *2.025_HHR*

Improving Continuing Education in a Hospital System in Ecuador

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Program/Project Purpose: Many times in developing countries hospitals struggle to maintain properly trained medical personnel. A successful project for continuing education in a hospital system in Ecuador was initiated with cooperation from a nursing college in the United States. The education program was to help improve outcomes in patient care. In addition, health care workers morale and satisfaction was low due to staffing shortages and high patient load.

To spark a renewed interest in their careers, and foster a sense of comradery within the hospital the decision was made to start implementing education classes. Project objectives included up-to-date skills and basic life support. It was hoped this increased education, as well as improved satisfaction, could then trickle down to improved patient outcomes.

It was also imperative to study the effects and outcomes of the classes that were taught as much of the concepts were new to Ecuadorians. Furthermore, it is essential to determine education outcomes to provide direction for further teaching in subsequent years.

Structure/Method/Design: Basic life-saving (BLS) courses were taught for the neonatal, pediatric and adult care nurses and ancillary personnel. Technical skill classes also were taught which were identified by the hospital organization. Over 900 hospital personnel attended classes over a 3 week period. Excitement over the classes and new knowledge was phenomenal. The hospitals were very cooperative in providing transportation, time, and access for their employees to attend the classes.

A year later, questionnaires and interviews were conducted to determine recall of skills and concepts that were previously taught.

Outcome & Evaluation: Results from the follow up survey varied. The highest retention was from the BLS class that was taught, with at least 85% attendees remembering at least two or more steps (from the four steps taught). However, it was a concern to see only 50% of attendees remembered the right order. Other results will be shown.

Going Forward: When teaching new skills, planned repetition of continuing education should be an important part of health care worker development. The following year, we were able to train local leaders to carry on efforts for continuing education.

Source of Funding: None.

Abstract #: *2.026_HHR*

Effects of Public Health Insurance on Labor Supply in Rural China

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Background: Since the implementation of the New Cooperative Medical Scheme (NCMS) in 2003, there has been a proliferation of research about the effects of public health insurance, healthcare resource utilization, and its associated clinical outcomes. However, there is little evidence regarding the association between the NCMS and labor force supply behaviors in rural China. The aim of this paper is to contribute substantively to the literature by examining the effect of the NCMS on these behaviors, specifically hours of farm work, the likelihood of not working, and the likelihood of off-farm labor force participation.

Methods: Using data from three waves (1997, 2000, and 2006) of the China Health and Nutrition Survey (CHNS), we employ a difference-in-difference approach to compare the labor supply outcomes of individuals in NCMS and non-NCMS households before and after implementation to estimate the average treatment effect of NCMS on those treated populations. As effects of the NCMS on labor supply may vary by individual characteristics, further analyses stratified by gender, age, and per capita household income were performed.

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Findings: Overall, the findings suggest that the NCMS has a positive effect on annual hours worked on the farm, with a 4-5% decrease in the likelihood of not working and a 5% increase in the likelihood of off-farm labor force participation. When stratified by individual characteristics, the effects on labor supply are similar for males and females, while statistically significantly different for older, those older than 35 years of age, and poorer, those households with per capita income below the median level in China, individuals.

Interpretation: Studies concerning the effects of public health insurance on labor supply in developing countries remain limited. The findings of this study provide important insights into how public health insurance programs, like the NMCS, may affect patterns of labor supply among rural residents, and can help policymakers improve health policies aimed to reduce the number of uninsured farmers while maintaining high levels of labor supply and productivity as well as health status among the most vulnerable of populations.

Source of Funding: None.

Abstract #: *2.027_HHR*

A Qualitative Approach to Evaluating the Global Barriers of International Emergency Medicine Development

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Background: The ACEP International Ambassador Program was developed as a venue for international experts to provide current status and progress of Emergency Medicine (EM) in their assigned countries. An annual one-day conference was created to convene ambassadors and allow for collaboration to reach the common interest of advancing emergency care. Our objective was to analyze the major perceived barriers for the evolution our specialty.

Methods: Open-ended interviews conducted during the program's annual conference were collated from 2013-2015. Ambassadors (N=75) were divided into focus groups. Interviews were centered on themes: barriers by stage of EM development; local, regional, and international needs for EM development; and barriers and needs of International EM education. Data collection obtained by real-time scribes and grouped into key findings. An inductive approach was used to identify barriers for the evolution of EM abroad.

Findings: Ambassadors represented 83 countries (almost 50% of the world's nations). The definition of EM is very country specific. Identifying local stakeholders that could advocate for EM can be difficult. Even though the motivations of local governments are difficult to recognize at times, the involvement of Ministers of Health, public officials, and local leaders are an essential part in advancing the specialty. Furthermore, international organizations could provide quality control for the development of EM through a process of merit. A heterogeneous curriculum and lack of knowledge of EM as a specialty has been a major challenge for residency programs. Centralizing educational resources can reduce duplication of efforts and would benefit educational processes for EM residency programs and health personnel.

Interpretation: International Emergency Medicine remains underdeveloped. No clear definition of EM as a specialty exists. The scope of practice of EM abroad is still not widely recognized, which further increases the difficulty of its evolution. The indispensable expansion of EM will be exponential with the support of regional leaders to form a unique identity of the specialty. Leaders play a vital role in standardization and communication, while serving as catalysts in resolving shared concerns. It is important to attempt to professionalize IEM education. With the support from ACEP and IFEM, initial steps to professionalize IEM education would include course maps with milestones and guide for a core curriculum.

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Abstract #: *2.028_HHR*

State of Emergency Medicine Residencies in Colombia

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Background: Emergency medicine is in different stages of development around the world. Colombia has made significant strides in the development of emergency medicine in the last two decades and recognized it as a medical specialty in 2005. The country now has seven emergency medicine residency programs, three in the capital city of Bogota, two in Medellin, one in Manizalez, and one in Cali. The seven residency programs are in different stages of maturity, with the oldest founded 20 years ago and two founded in the last two years. The goal of this study was to characterize this seven residency programs.

Methods: Semi-structured interviews were conducted with faculty and residents from all the existing programs in 2013 and 2016. Topics included program characteristics and curricula.

Findings: Colombian emergency medicine residency programs last three years, except for one that is four years. Programs accept 3-10 applicants every year. Only one program has free tuition and the rest charge a fee to the resident. The number of emergency medicine faculty ranges from 2-15. Emergency medicine rotation requirements range from 11% to 33% of total clinical time. One program does not have a pediatric rotation. The other programs require one to two months of pediatrics or pediatric emergency medicine. Critical care requirements range from 4 to 7 months. Other common rotations include anesthesia, general surgery, internal medicine, obstetrics, gynecology, orthopedics, ophthalmology, radiology, toxicology, psychiatry, neurology, cardiology, pulmonology, and trauma. All programs offer 4-6 hours of protected didactic time each week. Some programs require ACLS, PALS and ATLS, with some programs providing these trainings in house or subsidizing the cost. A majority of programs require one research project for graduation. Resident evaluations consist of written tests and oral exams several times per year. Point-of-care ultrasound training is provided in four of the seven programs.