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.

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Abstract #: *2.025_HHR*

Improving Continuing Education in a Hospital System in Ecuador

S. Palmer[1], E. Montgomery[2]; [1]Brigham Young University, Provo, UT, USA, [2]Brigham Young University, Provo, USA

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.

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Effects of Public Health Insurance on Labor Supply in Rural China

Z. Shen[1], **M. Parker**[2], D. Brown[3], X. Fang[4]; [1]China Agricultural University, Beijing, China, [2]Georgia State University School of Public Health, Decatur, Georgia, USA, [3]Washington University, St Louis, USA, [4]Georgia State University, Atlanta, USA

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.