

Emergency Care Clinical Network News

April 2009

Welcome

Welcome to the April 2009 edition of Emergency Care Improvement and Innovation Clinical Network (ECIICN) news. We are thrilled to report that our website was launched in January 2009. The website contains information about the emergency care network, latest news, activities and relevant publications and resources. It will also be used as an active place for emergency departments to participate in network activities. The address is: www.health.vic.gov.au/clinicalnetworks/emergency

What's happening

Improving assessment of chest pain in emergency departments project



Enhancing the use of evidence based care to reduce variation in clinical practice is a key area of focus for the network. Assessment of chest pain is a very common reason for presentation to emergency departments (ED) and the process to 'rule out acute coronary syndrome' (ACS) varies across ED. It was identified as a high priority area for work at the propriety setting forum last year.

On March 17 2009, the network launched a project with interested ED to refine their assessment process using the best available evidence. This is an action research project focusing on three main areas of the assessment process:

- formal risk stratification
- timing of biomarker testing
- improved processes.

There are 25 ED's who are participating in the project. The project commenced with a workshop with 62 clinicians and the program consisted of presentations on best evidence/ best practice, managing change, engaging stakeholders and project requirements. The excellent caliber of speakers included Professor David Brieger and Professor Anne-Maree Kelly (pictured right), Professor George Braitberg, Professor Richard Harper and Ms Sue Huckson. The program, presentations and project outline are available on our website

www.health.vic.gov.au/clinicalnetworks/emergency



*Professor Anne-Maree Kelly and
Associate Professor David
Brieger*

Ambulatory Emergency Care (AEC)

The use of AEC has been identified as one way of providing effective and safe care to certain groups of patients without admission to hospital. Examples of specific patient conditions for which AEC is available include Deep Vain Thrombosis (DVT), cellulitis, rule out Acute Coronary Syndrome pathways, blood transfusion for anaemia and rehydration for vomiting and diarrhoea.

To better understand the current state of AEC in Victoria, the network undertook a survey of ED to assess the use of this model in their department. Most reported treating a variety of conditions with AEC processes. It is hoped that this data will inform development of future work to extend/ improve AEC in Victorian ED. The full report can be accessed on our website.

News

New Steering Committee members

We would also like to announce that two new members have joined our steering committee, Catherin Daniel, Consultant Liaison Psychiatry Nurse from Melbourne Health and De Villiers Smit, Emergency Physician from The Alfred. We look forward to utilising their skills and expertise in guiding the work of the network.

Key people

Steering committee member: Renee Blight



What do you do and where do you work? I manage the Response Assessment Discharge (RAD) team at Peninsula Health. I trained as a social worker.

What influenced you to get to where you are now? Interested in social justice and wanting to assist people.

What do you like most about your job? ED team atmosphere, support and comradery.

What do you like least about your job?

Seeing the affect following a tragic event. **Can you describe what the RAD team does?** RAD team is responsible for seeking alternative care and support for patients in the emergency department who do not require acute admission.

Can you describe a successful project have you led recently? In response to the DHS 2008 Winter Demand Management Strategy we developed and implemented a range of initiatives. This included establishing a 24 hour phone service with access to a emergency physician for Ambulance Victoria, residential care facilities and GP's. They would call seeking advice and/or assistance in the management of patients with conditions such as gastroenteritis, chest infections, palliative pain management, minor wounds, catheters and PEG tubes. In 3 months we received 277 referrals from which 189 patients had their needs met in the community avoiding an ED admission. **What personal attribute led to the success of that project?** Good communication skills and a broad understanding of the health sector.

NICS ED stroke bundle project

NICS is in the final stages of developing a package of resources aimed at improving ED uptake of the National Stroke Foundation's Clinical Guidelines for Acute Stroke. NICS aim to conduct a pilot implementation project in late 2009. To find out more contact Annette at Annette.lenstra@nhmrc.gov.au.

Helpful tools

Improvement and change

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organisation helping to lead the improvement of health care throughout the world. The website highlights various topics for example, leading system improvement, patient - centered care and patient safety. Within its many topics it offers content descriptions regarding how to improve, measures, change, improve, tools, resources, literature, FAQ's and emerging content. Check it out at: www.ihl.org

How to get involved

This is your network so there are several ways to get involved. This could be through:

- Contribute your knowledge or expertise to a project
- Bring a particular issue to the attention of the network
- Contribute to this newsletter with interesting news or upcoming projects in your ED.

Useful links

NHS Institute for Innovation and Improvement
www.institute.nhs.uk

ED fact sheets recently updated
www.health.vic.gov.au/edfactsheets/

Contact us

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