

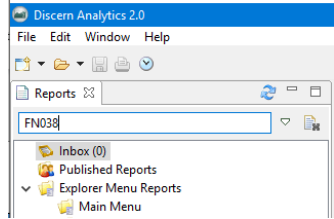
ECAT safety and quality monitoring resources

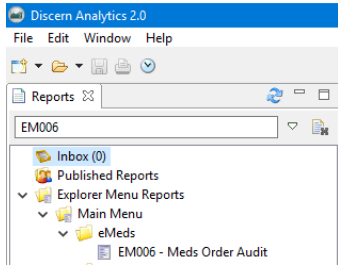
May 2024

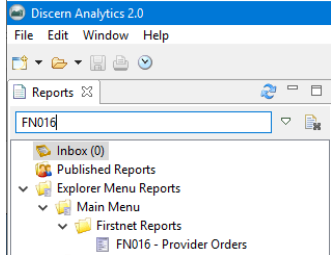
Emergency care and assessment treatment (ECAT) is a statewide, co-designed program that aims to standardise nurse-initiated emergency care. This document outlines available reports and resources to monitor safety and quality in emergency departments that can be used to monitor implementation of ECAT protocols. Our aim is to integrate ECAT into embedded local safety and quality systems. This includes resources provided by the Clinical Excellence Commission (CEC). It may need to be adapted to suit the local context.

Sound governance and safety and quality monitoring is essential.

Reports to monitor safe use of ECAT protocols

Title and description	Location	Purpose	Frequency	By whom	Reporting to
<p>Powerform report (FN038)</p> <p>Protocol use report</p> <p>Unit record level and facility level snapshot reports available</p>	<p>Discern Analytics 2.0 – each local health district (LHD) has a different structure or display name</p> <p>Use the search section in top left side above the menu, enter: FN038</p> <p>If the LHD has not released the report, it will display as below:</p> 	<ul style="list-style-type: none"> • Monitor uptake of protocols, i.e. number of protocols started • Monitor variation in use • Compare time to treatment for patients who have had an ECAT protocol initiated 	<p>Weekly during implementation (go-live to two months)</p>	<p><i>As determined by emergency leadership team</i></p>	<p><i>NSQHS (National Safety and Quality Health Service Standards) committees</i></p> <p><i>Clinical governance department committees</i></p> <p><i>Facility committees</i></p> <p><i>District committee</i></p> <p><i>As agreed locally</i></p>

Title and description	Location	Purpose	Frequency	By whom	Reporting to
<p>Meds order audit (EM006)</p> <p>eMeds report</p> <p>Unit record level and facility level snapshot reports available</p>	<p>Discern Analytics 2.0 – each LHD has a different structure or display name.</p> <p>Use the search section in top left side above the menu, enter: EM006</p> <p>If the LHD has released the report, it will display as below:</p> 	<ul style="list-style-type: none"> • Support audit use, i.e. whether medications were correctly ordered according to protocol or that the registered nurse (RN) only ordered according to their level of training and education • Identify trends in medication ordering and use of ECAT PowerPlans 	<p>Weekly during implementation (go-live to two months)</p>	<p><i>As determined by emergency leadership team</i></p>	<p><i>NSQHS committees Clinical governance department committees Facility committees District committee As agreed locally</i></p>
<p>Quality audit reporting system (QARS) audit</p> <p>Proactive identification of clinical safety issues related to the use of ECAT protocols</p>	<p><u>Login - Quality Audit Reporting System (QARS) (nsw.gov.au)</u></p>	<ul style="list-style-type: none"> • Identification of red flags • Quality of history taking and clinical assessment • Appropriateness of protocol selection and radiology and pathology requests • Quality of medication administration under protocol 	<p>Weekly during implementation (go-live to two months)</p> <p>Quarterly (two months post go-live date to six months post go-live date)</p> <p>Twice per year – ongoing</p>	<p><i>As determined by emergency leadership team</i></p>	<p><i>NSQHS committees Clinical governance department committees Facility committees District committee As agreed locally</i></p>

Title and description	Location	Purpose	Frequency	By whom	Reporting to
<p>QARS audit – Hunter New England LHD and St Vincent’s Hospital Sydney only</p> <p>Manual review of medication orders and administration</p>	<p>Manual audit</p> <p>Login - Quality Audit and reporting system (QARS) (nsw.gov.au)</p>	<ul style="list-style-type: none"> Support audit use, i.e. whether medications were correctly ordered according to protocol or that RN only ordered according to their level of training and education Identify trends in medication ordering 	<p>Weekly during implementation</p>	<p><i>As determined by emergency leadership team</i></p>	<p><i>NSQHS committees Clinical governance department committees Facility committees District committee As agreed locally</i></p>
<p>Provider orders (FN016)</p> <p>Pathology and imaging ordering by specific provider</p> <p>Unit record level and facility level snapshot reports available</p>	<p>Discern Analytics 2.0 – each LHD has a different structure or display name. Use the search section in top left side above the menu, enter: FN016</p> <p>If the LHD has released the report, it will display as below:</p> 	<ul style="list-style-type: none"> Support audit use, i.e. whether pathology or imaging were correctly ordered according to protocol or that the nurse only ordered according to their level of training and education Identify trends in pathology or imaging ordering and use of ECAT PowerPlans 	<p>Weekly during implementation (go-live to two months)</p>	<p><i>As determined by emergency leadership team</i></p>	<p><i>NSQHS Committees Clinical governance department committees Facility committees District committee As agreed locally</i></p>

Title and description	Location	Purpose	Frequency	By whom	Reporting to
<p>Auditing ECAT protocol hard copy binders</p> <p>Ensure ECAT protocol binders are complete and current</p>	Local audit tool	Part of emergency equipment and disaster preparedness audits	As determined locally	<i>As determined by emergency leadership team</i>	<p><i>NSQHS committees</i></p> <p><i>Clinical governance department committees</i></p> <p><i>Facility committees</i></p> <p><i>District committee</i></p> <p><i>As agreed locally</i></p>

Resources to support safe use of ECAT protocols

Resource	Purpose	Audience	Resource location
<p>Emergency Department (ED) Safety Huddle Implementation Guide and Safety Huddle Script Template</p>	<p>Safety huddles are a brief (≤10 minutes), focused exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. They are multidisciplinary, occur at the beginning of every shift and follow a three point agenda.</p> <p>Resources include:</p> <ul style="list-style-type: none"> • Safety Huddle Script Template: A script to support a leader to run a safety a huddle • Implementation Guide: Guidance on how to implement safety huddles in your emergency department. 	<p>All staff involved in patient care, including clinical and non-clinical, should be included in safety huddles</p>	<p>Safety Huddle Script Template</p> <p>Implementation Guide</p>
<p>CEC Safety Huddles</p>	<p>Safety huddles are a brief (≤10 minutes), focused exchange of information about potential or existing safety risks.</p> <p>A suite of resources is available from the CEC.</p>	<p>All staff involved in patient care, including clinical and non-clinical, should be included in safety huddles</p>	<p>Teamwork, Culture and Person Centred Care - Clinical Excellence Commission (nsw.gov.au)</p>

Resource	Purpose	Audience	Resource location
ECAT QARS Audit Tool	<p>The audit tool will support proactive identification of potential clinical safety issues related to the use of ECAT protocols.</p> <p>The audit tool will cover identification of red flags, the quality of history taking and clinical assessment, the appropriateness of protocol selection and radiology and pathology requests, and the quality of medication administration under protocol.</p>	Managers and leadership teams	<p>QARS (Login details are required)</p>
Protocol reprint trigger	<p>As protocols are updated, there will be a need to replace the protocol binder hard copies (Downtime procedures).</p> <p>The website provides guidance on the process to reprint and maintain currency of your hard copy sets.</p>	<p>Managers and leadership teams</p> <p>Administrative staff ordering reprints</p>	<p>ECAT website: Hard copy printing</p>
ims+ Quick Reference Guide: Notifying an ECAT Protocol Related Incident	<p>The purpose of ims+ is to capture incident and near miss information to identify system gaps and opportunities for improvement that enhance clinical outcomes for our patients.</p> <p>ims+ Quick Reference Guide: Notifying an ECAT Protocol Related Incident provides guidance to the clinician or manager on how to notify and report ECAT related incidents and near misses in ims+.</p>	All staff involved in patient care, including clinical and non-clinical, administrative and support staff	<p>eHealth ims+ sharepoint (Need to be on the NSW Health Network to access and select quick reference guides (QRGs))</p>

Resource	Purpose	Audience	Resource location
<p>Morbidity and mortality meetings (M and Ms)</p>	<p>Morbidity and mortality meetings (M and Ms) or clinical review meetings allow departments, specialties and facilities to review the quality of the care that is being provided to their patients.</p> <p>M and Ms are a key opportunity for clinical staff to engage in the processes of patient safety and quality improvement. They provide an opportunity for education regarding these processes and allow senior staff to model appropriate professional behaviour.</p> <p>The CEC has a suite of resources available on M and Ms including guidelines, guiding principles, cue cards for presenters, checklists for chair and report templates.</p>	<p>Multidisciplinary team involved in patient clinical care</p>	<p>Morbidity and Mortality meetings - Clinical Excellence Commission (nsw.gov.au)</p>
<p>ECAT Website - Managing disruption to service delivery</p>	<p>This relates to any event where an electronic system used to support and document patient care is not available for use.</p> <p>This information outlines the process for managing clinical documentation during downtime and notifying interruptions.</p> <p>LHDs and SHNs are encouraged to have clear procedures.</p>	<p>All staff involved in patient care, including clinical and non-clinical</p>	<p>Managing disruption to service delivery</p>
<p>A range of the safety and quality resources have been adapted from the guidance provided by the CEC with thanks.</p>			

Published May 2024. Next review 2029. ACI/D24/2089 (ACI) 240347 [ACI_9507]

© State of NSW (Agency for Clinical Innovation) CC-ND-