

Emergency care assessment and treatment (ECAT)

Implementation plan

February 2024

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

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Section 1.

Background and program responsibilities at NSW state level

Introduction

Emergency Care Assessment and Treatment (ECAT) is a statewide, codesigned program that proposes to standardise nurse-initiated emergency care, reduce unwarranted clinical variation and improve patient experiences and staff satisfaction. The ACI and its pillar partners have led the development of 73 clinical ECAT Protocols covering a range of adult and paediatric presentations, prerequisite education modules, an education and recognition of prior learning guide and a policy directive.

The emergency care assessment and treatment (ECAT) implementation plan provides local health districts (LHDs) and specialty health networks (SHNs) the information and tools required to implement the ECAT program locally.

The implementation approach is in two phases:

- Pre-implementation, which focusses on the development of resources, growing change capability for local leads and building readiness at local sites.
- Implementation, which brings together the elements of ECAT and embeds them in a logical, evidence based and replicable approach to enable sustainable change across NSW.

The implementation plan has three parts:

- Section 1 – Background and program responsibilities at a state level
- Section 2 – Implementation milestones
- Section 3 – Implementation at the LHD or SHN level

It is recommended that these documents be referred to when planning to implement the ECAT program.

- [ECAT policy directive PD2023_039](#)
- [ECAT protocol for development consultation and review process](#)
- [ECAT education and recognition of prior learning guide](#)

Emergency department performance indicators

From 2023, EDs are required to adhere to performance indicators which require clinicians to deliver timely care to patients presenting with urgent and life-threatening conditions.

The indicators reflect the percentage of patients that must be seen within the allotted triage time.

- 100% of triage category 1
- 95% of triage category 2
- 85% of triage category 3

Case for change

Nurse initiated models of care and supporting guidelines are well established in NSW emergency departments (EDs). They:

- are relied upon to provide lifesaving care
- result in improved staff and patient satisfaction scores
- safely reduce time to treatment and ED length of stay.¹²³

While there are clear advantages to the use of nurse initiated emergency care, there is significant variation in the education, competency frameworks, implementation, career progression and governance of ED nurse-initiated care across NSW. This leads to variation in patient care, nursing scope of practice and transferability of skills. There are also resulting inefficiencies from duplication of local review and approval processes.

The First Line Emergency Care (FLECC) program and clinical initiatives nurse roles are examples of existing programs. They have variation across NSW in terms of scope of practice, training, assessment requirements, standing orders and guidelines. This impacts the ability for nurses to transfer their skills between hospitals.

The ECAT program aims to provide a standardised approach to nurse-initiated care across all NSW Health EDs, including education and governance. It is anticipated that all nurses working in EDs will undertake the pre-requisite ECAT modules, enabling them to initiate care within their scope of practice using ECAT clinical protocols where appropriate. A key difference in the ECAT program to existing nurse-initiated care is the use of protocol driven care. This is explained further in the ECAT policy directive.

ECAT program objectives

The objectives of the ECAT program are to:

- Standardise high quality and safe nurse-initiated care across all NSW Health EDs.
- Reduce time to treatment and achieve related improvements in patient experience.
- Reduce inefficiency related to the development and delivery of different nurse-initiated care models across LHDs and SHNs.

The ECAT program is led by the Agency for Clinical Innovation (ACI) with the collaborative support of the NSW Ministry of Health, the Health Education and Training Institute (HETI), Clinical Excellence Commission, eHealth NSW, LHDs and SHNs to fully achieve its intended benefits.

The ECAT program consists of the 73 ECAT protocols, an education and training pathway, implementation partnership and several enablers, which are expected to work together to achieve the programs objectives.

ECAT policy directive

The use of emergency care assessment and treatment (ECAT) protocols (PD2023_039) policy directive outlines the requirements for use of the ECAT protocols by registered and enrolled nurses working in emergency care settings. The policy directive describes the governance, roles and responsibilities and education and training requirements for the use of the ECAT protocols.

In NSW Health facilities that have transitioned to ECAT, nurses will be able to initiate care in emergency settings using the ECAT protocols according to the conditions and processes described in the ECAT Policy Directive and an [Authority Instrument](#) under the *Poisons and Therapeutic Goods Act 1966* (the Act) and the *Poisons and Therapeutic Goods Regulation 2008* (the Regulation).

The ECAT protocols can be used until the medication management or care is taken over by a medical practitioner or nurse practitioner or where care is otherwise taken over by a physiotherapist. LHDs must ensure that all ED staff and key stakeholders are aware of the content of the policy directive.

Nurses scope of practice

The 73 ECAT protocols for adult and paediatric patients cover a range of ED presentations. A key consideration in the use of the protocols is the nurses' scope of practice. Registered and enrolled nurses can only use the ECAT protocols within their scope of practice.

The baseline training of all Australian nursing graduates is consistent and regulated by the Nursing and Midwifery Board of Australia. An individual's scope of practice is also determined by the employer's requirement to perform their role, as described in the person's position description. Registered and enrolled nurses must decide whether a task is within their scope of practice, whether they are the most appropriate person to perform that task, and whether they have been supported by their organisation to perform that task. This is consistent with the Nursing and Midwifery Board of Australia decision making framework.⁴

ECAT strategic alignment

The ECAT program aligns with key strategies of NSW Health.

Future Health: Guiding the next decade of health care in NSW 2022-2032⁵

Future Health guides the next decade of care in NSW while adapting to and addressing the demands and challenges facing our system. The framework reflects the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031. ECAT aligns with three key Future Health strategic outcomes:

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- Our staff are engaged and well supported.

NSW Regional Health Strategic Plan 2022-2032⁶

The *Regional Health Strategic Plan for 2022-2032* is a roadmap for the future provision of health services that will deliver improved outcomes for people living in regional, rural and remote NSW. This will be achieved through the effective use of the resources and networks of NSW Health and through collaboration with our communities and all our partners in care.

The ECAT project contributes to the following *Regional Health Strategic Plan* priorities and strategic objectives:

1. Strengthen the regional health workforce
 - 1.4 Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers
 - 1.5 Accelerate changes to scope of practice while maintaining quality and safety – encouraging innovative workforce models and recognition of staff experience and skills
2. Enable better access to safe, high quality and timely health services
 - 2.2 Deliver appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home
 - 2.4 Enable seamless cross-border care and streamline pathways to specialist care ensuring access to the best patient care regardless of postcode
 - 2.5 Drive and support improved clinical care, timely access and safety and quality outcomes for patients in hospitals and other settings

NSW Health Workforce Plan 2022-2032⁷

The *NSW Health Workforce Plan 2022-23* is designed to position the future health workforce to be fit-for-purpose. The ECAT project contributes to and supports the following Health Workforce Plan priorities and outcomes:

1. Build positive work environments that bring out the best in everyone
 - 1.2 Wellbeing and self-care are organisational priorities
 - 1.3 Our workplaces provide fair opportunities for all staff and a systemic approach to talent management
3. Empower staff to work to their full potential around the future care needs
 - 3.1 Expanded scopes of practice for clinicians suit the local community need
 - 3.2 We have consistent use and scope of multidisciplinary teams across the system
 - 3.3 Better patient outcomes derived from existing, developing and new ways of working are showcased
4. Equip our people with the skills and capabilities to be an agile, responsive workforce
 - 4.1 We have ongoing opportunities to learn and upskill, so our workforce are fit-for-purpose for now and the future
5. Attract and retain skilled people who put patients first
 - 5.3 We have closed workforce gaps in rural and remote areas in collaboration with local stakeholders

- 5.4 We use cross sector workforce planning to better understand opportunities in rural areas
6. Unlock the ingenuity of our staff to build work practices for the future
- 6.1 Our modern employment arrangements enable new care models and new ways of working aligned to worker and patient preferences
- 6.2 Our workforce works flexibly in terms of hours or location and can respond in an agile way during times of crisis, e.g. surge demand

Elevating the human experience⁸

Staff experience: In a study by Douma et.al., anonymous before and after surveys completed by nurses indicated a 100% increase of nurse satisfaction at being able to initiate care and diagnostics.⁹

Patient experience: The ECAT program provides an opportunity to elevate the human experience. LHDs and SHNs are encouraged to review the current [ED patient experience initiative](#).¹⁰

ECAT program governance

Initiation and planning phase

The initiation and planning phase of the ECAT program has been governed by the ECAT Executive Steering Committee since March 2021. The committee has included representation from across the NSW Health system. During this phase of program planning, stakeholder engagement, protocol and education development took place. Six subcommittees collaborated in the governance: clinical, education, medication safety, implementation, eHealth preliminary design and evaluation. Each subcommittee consisted of 20-40 representatives from NSW LHDs, SHNs and pillar organisations.

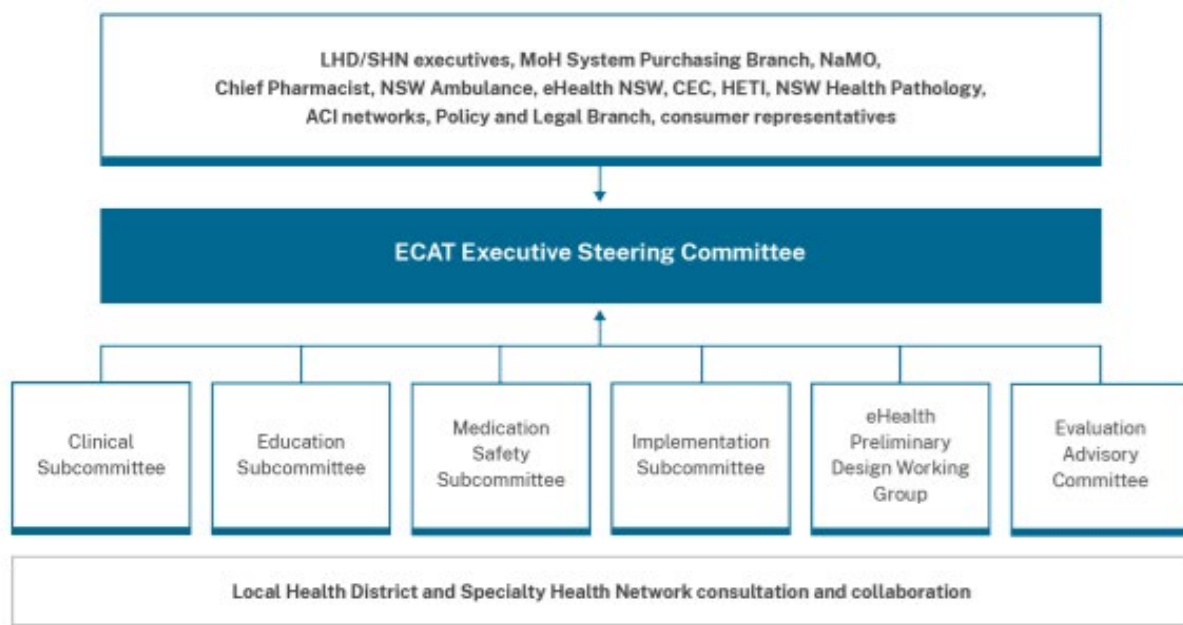


Figure 1. Governance structure of ECAT initiation and planning phase

Implementation phase

The governance structure for the implementation phase provides leadership and strategic advice on the implementation, evaluation and monitoring of ECAT. It includes an Implementation Advisory Committee and a community of practice to ensure there is robust clinical engagement in the program. The ECAT community of practice will focus on implementation and providing stakeholders with the opportunity to share learnings.

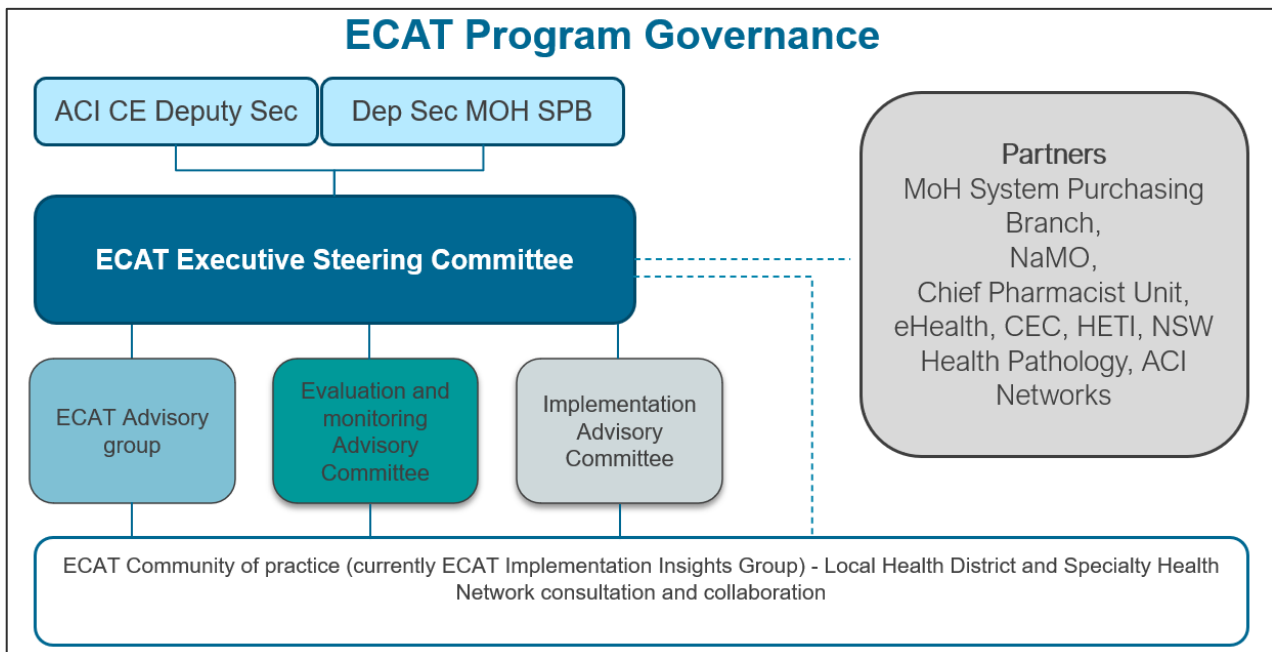


Figure 2. Governance structure of ECAT implementation phase

Key consultation groups

As ECAT is a statewide transformational program, consultation has occurred at the following executive groups:

- Health System Strategy Group
- NSW Executive Directors of Nursing and Midwifery
- Clinical Risk Action Group
- Senior Executive Forum and Rural Senior Executive Forum

ECAT deliverables

The ECAT program has three key deliverables. Additional enablers have been developed through the program to support delivery.

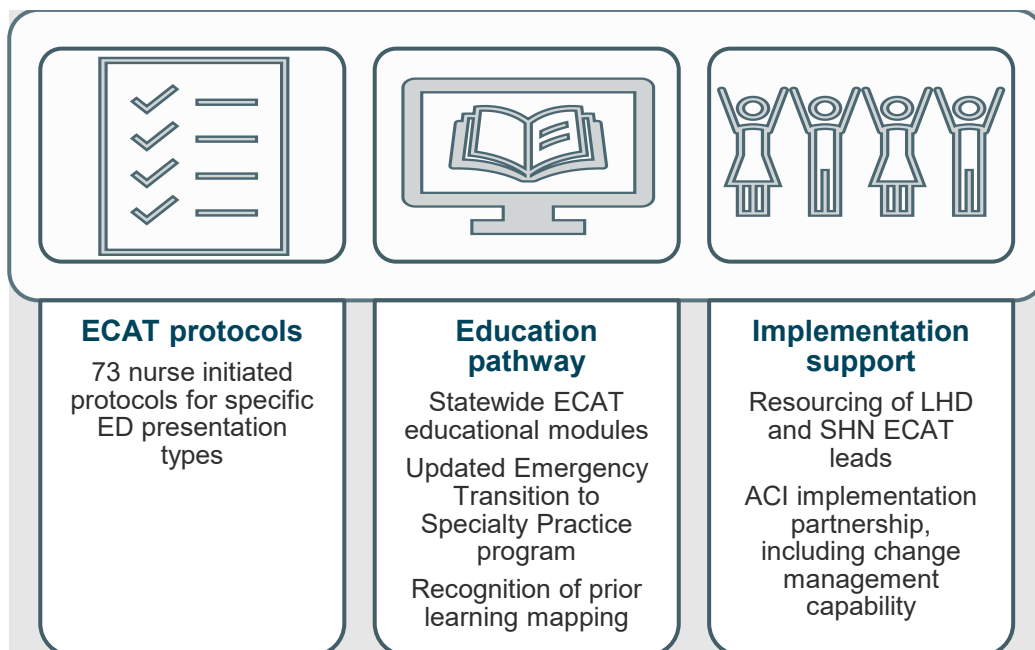


Figure 3. ECAT deliverables

Deliverable 1: Publication of standardised clinical protocols for the use of registered and enrolled nurses in an emergency care setting

- 73 ECAT clinical protocols available for EDs, published by NSW Health in 2023, provided via ECI web page and in print form.
- The ECAT protocols (41 adult and 32 paediatric) include the key components of assessment, intervention and escalation to provide emergency nurses with an evidence-based, structured approach to emergency nursing care post triage.
- Each protocol includes medication, radiology and pathology orders and requests that are supported by the NSW Health policy directive to provide statewide central governance.

This deliverable is led by ACI.

Deliverable 2: Development of a standardised education program for emergency nurses which supports nurse-initiated care

Successful completion of the program equips nurses with the knowledge and skills for effective use of protocols. It is expected this will lead to improved patient outcomes and standardisation of care.

Key outputs

- [Emergency nursing capability framework](#)
- [Revised NSW emergency nursing education pathway](#)
- ECAT Education and recognition of prior learning guide. Recognising the prior education, training and experience of emergency nurses is a key component of transitioning to the ECAT program, reducing duplication and supporting transferability of the skilled nursing workforce.
- Two prerequisite modules to support the use of ECAT protocols.
 - Nursing in emergency care settings, course code: 493013476
 - ECAT – Introduction to protocols, course code: 493029240

This deliverable is led by HETI.

Deliverable 3: Implementation partnering with LHDs and SHNs including training and development of relevant change management resources

- Identification of pre-implementation and implementation activities for LHDs and SHNs to complete, including:
 - Development of go live checklist.
 - Development of templates to adapt for use, e.g. project management plan, communication plan.
- Extensive change management capability training for ECAT leads based on the Accelerating Implementation Methodology principles.
- Support to integrate processes and systems that will enable the implementation of ECAT.

Enabler – eMR state-based build

A state-based build is being developed by eHealth for Cerner eMR (Electronic Medical Record) and will be integrated into the electronic health records system to enable nurses to order medications and investigations as per the ECAT protocols and Policy Directive. LHDs/SHNs will import and integrate the state-based build as part of the go live plan. The ACI will continue to lead state-wide implementation activities, engagement and collaboration for the program.

LHDs/SHNs that are unable to adopt the state-based build will continue to use their local equivalent for the selection of ECAT protocols and ordering of medications and investigations as per the ECAT protocols.

ECAT funding

The implementation approach supports LHDs and SHNs undertaking the pre-implementation and implementation activities. A budget supplement was provided by the NSW Ministry of Health in September 2022. It provided funding across the 2022-23 and 2023-24 financial years for the implementation and evaluation of the ECAT program.

LHDs and SHNs used this funding to employ an ECAT lead to undertake pre-implementation activities, building readiness for change until 30 June 2023. A list of the pre-implementation activities is listed in Section 3. Some LHDs and SHNs have provide internal funding to support the extension of ECAT leads. The ECAT partnership guide supports LHDs and SHNs working together with the ACI to implement the ECAT program. Below is an extract outlining commitments from both the ACI and LHDs/SHNs.

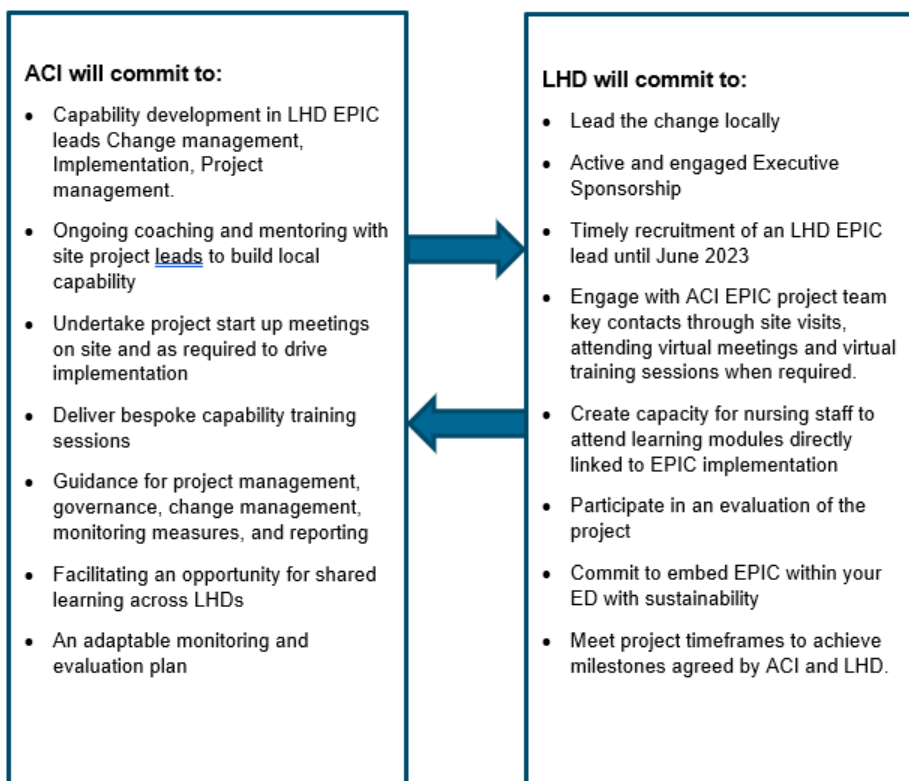


Figure 4. ACI and LHD/SHN commitments

Section 2.

ECAT program implementation milestones

Milestones

The implementation phase incorporates the release of the protocols, educational component and completed pre-implementation activities. The ECAT implementation milestones are:

- Recruitment of LHD and SHN ECAT leads and extensive change management training and local implementation preparedness processes delivered in partnership with ACI.
- Regular communication from ACI with key stakeholders (LHD and SHN executive leads) and ECAT insights meetings to build system readiness for change.
- Policy directive approved and endorsed (including Authority Instrument of the Poisons and Therapeutic Goods Act 1966).
- Protocols approved and published via Emergency Care Institute webpage.
- Printed versions of ECAT protocols available for LHDs/SHNs.
- Health Education and Training institute (HETI) deliver ECAT prerequisite education modules (to be available in My Health Learning)
 - Nursing in emergency care settings, course code: 493013476
 - ECAT – Introduction to protocols, course code: 493029240
- Electronic solution (PowerForm or equivalent) available and implemented to support protocol selection and documentation.
- Systems and processes developed to support safe and accurate ordering of medications and investigations from the ECAT protocols. LHDs/SHNs notify ACI of their intended go live date LHDs/SHNs complete go live checklist.

The completion dates for the [ECAT implementation](#) milestones are recorded in a living document, and updated as the project progresses. These allow LHDs and SHNs to understand what is to be delivered at an ECAT program level. The [ECAT implementation plan](#) is a living document, therefore as dates for milestones become available, the date column will be updated. Figure 4 is a snapshot of the progress to date.

ECAT implementation milestones															
			1/07/23	1/08/23	1/09/23	1/10/23	1/11/23	1/12/23	1/01/24	1/02/24	1/03/24	1/04/24	1/05/24	1/06/24	30/06/24
		Owner	Status												
Milestone															
Policy directive approved and endorsed		ACI	Completed												
Protocols approved and published via ECI webpage and/or printed versions available for LHDs / SHNs		ACI	Completed												
The 'proposed authority' under the Poisons and Therapeutic Goods Act 1966 (the Act) and the Poisons and Therapeutic Goods Regulation 2008 (the Regulation) amended to enable Registered Nurses who have completed an approved education package to initiate and administer Schedule 4 and 8 medications according to approved protocols		ACI	Completed												
HETI develop and publish the recognition of prior learning document to be used for Transition to Specialist Emergency Practice program.		HETI	In progress												
HETI deliver ECAT prerequisite education modules (to be available in My Health learning) - ECAT - Introduction to protocols - ECAT - Nursing in Emergency Care Settings		HETI	Completed												
eMR solution (powerform) available and implemented to support protocol selection and documentation		ACI / LHDs / SHNs	In progress												
ECAT state base build developed by eHealth for CERNER eMR		ACI / LHDs / SHNs	In progress												
LHDs / SHNs complete go live checklist and notify ACI of their intended "go live" date		LHDs / SHNs	In progress												
HETI delivery of the refreshed Transition to Specialist Emergency Practice program.		HETI	In progress						TBC	TBC	TBC	TBC	TBC	TBC	TBC

Figure 5. ECAT implementation milestones snapshot 12 February 2024

Section 3.

ECAT implementation at LHD and SHN level

Pre-implementation phase

In the lead up to implementation, the ACI worked with LHD and SHN ECAT leads to implement readiness approaches and criteria for sites.

Activities completed

- Development of LHD and SHN governance structures.
- Development of local project management documents
 - project management plan
 - communication plan
 - risks and issues log.
- Completion of site readiness assessment.
- Stakeholder engagement and communication.
- Completion of nursing gap analysis to guide recognition of prior learning mapping targeted go live nurses.
- Completion of co-designed ECAT process map.

Pre-implementation baseline surveys

A nursing and medical survey was designed by the ECAT team and the ACI Implementation and Evaluation teams. It uses the principles of the COM-B model for behaviour change framework. The COM-B model for behaviour change cites capability (C), opportunity (O) and motivation (M) as three key factors capable of changing behaviour (B). The COM-B model recognises that behaviour is influenced by many factors and that behaviour changes are induced by modifying at least one of these components.¹¹

The nursing and medical survey was emailed via ED managers to ED nursing and medical or nurse practitioner staff across 13 LHDs and SHNs. The purpose of the survey was to assess ED nursing and medical staff experience and attitudes of nurse-initiated care prior to transitioning to ECAT, as well as their attitudes and perceptions of the upcoming ECAT program. The pre-implementation baseline survey informed implementation. It will provide the opportunity to make comparisons with post implementation results.

Local results were collated by the ACI and disseminated to LHDs and SHN, to identify areas for further change management focus prior to and during the implementation of ECAT. The survey results have been mapped using the theoretical domains framework (TDF) to identify barriers and enablers around the implementation of ECAT.¹²

The TDF is a comprehensive framework which can be used to identify factors that may influence behaviour as well as desired behaviour changes. The TDF focusses on individual, social and environmental factors. It can be used to address previously identified barriers and enablers to positively impact outcomes influencing implementation.

Strategic actions have been developed to address barriers and enablers. These will inform the development of change strategies at state and LHD and SHN levels.

Identified need	Strategies
<p>TDF domain: 6 - Beliefs about consequences</p> <p>Awareness of ECAT</p> <p>64% of nurse respondents and 49% of medical or nurse practitioner respondents reported being aware of the ECAT program</p>	<ul style="list-style-type: none"> • Development of a digital communication toolkit with ECAT messaging that can be used for posters, flyers, newsletters and social media to inform LHDs and SHNs about ECAT. It can be adapted for their local progress in the program. Build in feedback loops to monitor and refine. • Targeted ECAT briefings in LHDs and SHNs for medical staff and nurse practitioners.
<p>TDF domain: 1 - Knowledge</p> <p>Scope of practice</p> <p>Open text response themes suggest there is a low understanding of nurses' current scope of practice and the perceived increase in skills and practice from nurses</p>	<ul style="list-style-type: none"> • Development of communication around nurses' scope of practice. The development of a frequently asked question list to provide nurses with an understanding of their scope of practice while using the ECAT protocols. • Development of a communication strategy to include local leaders that are supportive of ECAT to influence nurses' opinions regarding ECAT. • Development of a template for hosting targeted shift huddles (5-10 minutes) to address specific sections of ECAT to increase confidence.
Transition to ECAT	
<p>TDF domain: 11 - Environmental context and resources</p> <p>Support from senior nurses in the clinical environment to transition to ECAT</p>	<ul style="list-style-type: none"> • Development of a digital communication toolkit with ECAT messaging that can be used for posters, flyers, newsletters and social media to inform LHDs and SHNs about ECAT. It can be adapted for their local progress in the program. Build in feedback loops to monitor and refine. • Development of a communication strategy to include local leaders who are supportive of ECAT to influence nurses' opinions regarding ECAT. • Development of a template for hosting targeted shift huddles (5-10 minutes) to address specific sections of ECAT to increase confidence.
<p>Opportunity to attend question and answer sessions</p>	<ul style="list-style-type: none"> • Virtual and face to face briefings to be scheduled with a focus on specific deliverables once they are available, e.g. policy directive, protocols, education modules, go-live schedule.

	<ul style="list-style-type: none"> • Monthly community of practice will include a dedicated question and answer time. • Questions from the ECAT feedback form will inform topics to be discussed at the community of practice meetings.
Visual prompts	<ul style="list-style-type: none"> • Co-designed ECAT process map to be made available for LHDs and SHNs.
Local feedback about transition	<ul style="list-style-type: none"> • Development of a digital communication toolkit with ECAT messaging that can be used for posters, flyers, newsletters and social media to inform LHDs and SHNs about ECAT. It can be adapted for their local progress in the program. Build in feedback loops to monitor and refine. • Development of a template for case studies to showcase change as it progresses locally.
Simple access to the ECAT protocols	<ul style="list-style-type: none"> • LHD and SHN virtual care managers have been contacted to identify iPads and monitors that can be repurposed to be used in the ED to access the ECAT protocols. • The go live schedule states “Local IT digital access points for ECAT protocols confirmed, e.g. links on computers, iPads, phones, etc.”

Preparation for LHD and SHN implementation

The ACI will continue to work with LHDs and SHNs prior to, and during, the implementation phase in the following ways.

- Change management capability training for ECAT clinical champions, including understanding and managing local enablers and barriers.
- Completion of readiness assessment from pre-implementation phase.
- Development of mitigation and monitoring strategies for emerging risks and issues in partnership with LHDs and SHNs.
- Targeted stakeholder briefings for LHDs and SHNs as deliverables are made available, e.g. ECAT policy directive, ECAT protocols.
- Participate, when required, at LHD and SHN site steering committee meetings at the 90, 60, 30 14-day key points.
- Attend sites and work with local teams on go live activities in the first week of go live.

- Host monthly ECAT communities of practice to create an opportunity for learning across LHDs and SHNs.
- Present at executive directors of nursing meetings as standing agenda items to provide program updates and surface program challenges.

Communication strategies

The ACI will develop the following communication strategies for LHDs and SHNs.

- Regular communication with LHD and SHN executive and local change leads.
- Communication strategies linked to the local go live plan.
- Fortnightly communications for project teams on implementation progress.
- Direct communication pathway to the ACI for LHD and SHN questions and issues, which will be accessed and responded to weekly.
- Digital communication toolkit for LHDs and SHNs with ECAT messaging that can be used for posters, flyers, newsletters and social media. It can be adapted for their local progress in the program.

Implementation phase

Within the implementation phase, the focus moves to planning for the release and implementation of the enablers for ECAT. This includes the ECAT Policy Directive, protocols, PowerForm, education and training resources and systems and process to support the use of the ECAT protocols. LHDs/SHNs will be required to identify nurses targeted for go live and transition to business as usual during the implementation phase. Nurses targeted for go live are recommended to be nurses already initiating care in Emergency Departments, e.g. CIN, FLECC. Transitioning these nurses during go live will enable sites to develop a model where these nurses can support the next phase of nurses using the protocols during the transition to the business as usual phase.

ACI will continue to provide:

- statewide leadership of the program
- coaching for LHD and SHN change leads
- a regular community of practice meeting for shared learnings and troubleshooting
- advice for LHD/SHN governance groups.

Go live

An LHD and SHN ECAT [go live schedule](#) has been developed by the ACI and should be used by LHD/SHNs during the implementation phase. It provides a checklist for governance groups to ensure all activities are complete and enable readiness for go live across the LHD or SHN. LHDs and SHNs should refer to the go live schedule on a regular basis to ensure they are tracking to implement ECAT successfully.

Go live is when an LHD or SHN switches exclusively to using ECAT protocols for nurse-initiated care. The go live of the ECAT program is the culmination of extensive groundwork, discovery sessions, preparation, quality review and controls involving internal and external stakeholders.

The steps for go live are in a 90-60-30-day sequencing format. Scheduling go live will be the responsibility of the LHD or SHN. It should consider local priorities, workforce and seasonal activity. It is anticipated that each LHD or SHN will present their readiness for go live to the ECAT Executive Steering Committee in a presentation template.

Transition to business as usual and sustainability

During the transition to business as usual phase, all other emergency nurses will have the opportunity to begin using the unshaded areas of the ECAT clinical protocols after completion of the two pre-requisite modules. This phase is where the change needs to be embedded with adequate post go live training, recognition of staff making the change, troubleshooting and active monitoring. Staff will need to feel encouraged about the transition to using the ECAT protocols and feel confident that any issues that arise are managed, reassuring them about the management approach going forward.

The governance structure developed for implementation will provide opportunities for LHDs and SHNs to report in any issues around pre and post go live. The ACI will hold ECAT community of practice meetings where LHDs and SHNs will have an opportunity to present lessons learned around pre-go live and go live activities.

Governance: organisational and departmental level

LHD and SHN ECAT governance will oversee the go live schedule, monitoring program implementation and managing any statewide risks or issues as they arise.

The LHD and SHN governance structures will liaise with the state level ECAT governance structures to determine appropriate and regular opportunities for ECAT program briefings, go live schedule, change management coaching and risk management.

LHD and SHN roles and responsibilities

LHD or SHN ECAT Executive Steering Committee

Responsible for the business issues associated with the project that are essential to ensuring the delivery of the project outputs and the attainment of project outcomes.

Governance responsibilities

- Keep the project aligned with the organisation's strategy.
- Address project barriers.
- Validate decisions, including scope modifications.

Project responsibilities

- Review recommendations and make decisions.

- Sign off deliverables and milestones.
- Resolve project risks and escalated issues.
- Determine appropriate stakeholder involvement.
- Express, model and reinforce change to direct reports.
- Ensure schedule is respected.
- Report project outcomes.

Recommended membership

Executive project sponsor, ED medical director, ED nurse manager or nurse unit manager, ED nurse educator, chief nursing and midwifery information officer, communication lead, Aboriginal liaison officer or community lead, redesign or change management lead and heads of department for medical imaging, pharmacy and pathology.

Local executive project sponsor

Overall accountability for the project and ensuring the project delivers the agreed business benefits. The executive project sponsor plays a vital leadership role.

Recommended role to be LHD or SHN Executive Director of Nursing and Midwifery.

Governance responsibilities

- Escalate risks and issues not being managed to hospital executive.
- Make final decisions.
- Manage authority of significant resources.
- Monitor budget.
- Monitor project performance.
- Manage scope.

Project responsibilities

- Provide project leadership.
- Manage stakeholders.
- Express, model and reinforce change to direct reports.
- Ensure schedule is respected.
- Report project outcomes.
- Communicate internally and to LHD executive.

ED director and/or ED nurse manager or nurse unit manager

Provide clinical expertise and governance throughout the project. Foster change and engage with all ED staff.

Governance responsibilities

- Monitor project performance.
- Identify and escalate risks.
- Validate decisions, including scope modifications.
- Clinical lead and reinforcing sponsors.

Project responsibilities

- Provide project leadership.
- Express, model and reinforce the change to direct reports.
- Provide specialised information regarding clinical services.
- Facilitate change on a local level.
- Communicate with colleagues.
- Support the engagement of relevant stakeholders in project.

ECAT clinical champions and stakeholders

Responsible for contributing, through advocating and engaging with peers and colleagues, to the overall project objectives and specific team deliverables.

Stakeholders may include ED clinical nurse consultants, nurse educators, clinical nurse educators, medical imaging representatives, pharmacists, pathologists, Aboriginal liaison officers or community leads and ICT representatives.

Governance responsibilities

- Identify and escalate risks.

Project responsibilities

- Advocate project objectives.
- Advise on requirements according to expertise and provide specialised information.
- Express, model and reinforce change to direct reports and peers.
- Participate directly in project work related to their specialty.

ECAT LHD and SHN local quality and safety processes

LHDs and SHNs are encouraged to utilise existing clinical governance processes to monitor the use of ECAT protocols. Measures that reflect take-up of new processes or changes in behaviour are often the best early monitoring measures. This may include audits, members of the nursing leadership team observing the use of the protocols and providing timely feedback to staff. It is important that nurses are involved in the feedback sessions to receive positive feedback and provide feedback on opportunities for improvement.

Incidents and safety

Any actual or near miss incident that occurs while an ECAT protocol is in use must be reported according to the NSW Health policy directive [Incident Management \(PD2020_47\)](#).¹³ This includes:

- reporting all actual or near miss incidents in IIMS+
- ensuring the term ECAT is included if an ECAT protocol has potentially caused or contributed to the reporting.

Reporting results to the ECAT governance team ensures any emerging significant risks or issues can be addressed.

Regular ECAT safety huddles in ED to promote the change, address any concerns in real time and reinforce the change can be held by change leads with ED managers.

ECAT program evaluation

The ECAT program evaluation will assess the design and quality of implementation as supported by the various components;

- the uptake of the protocols
- effectiveness in terms of improving the delivery of ED care
- the sustainability of the ECAT protocols for the NSW health system.

The purpose of the evaluation is to inform continuous improvement of the ECAT program as it is being implemented, assess progress in achieving its intended outcomes, and determine what is needed to support sustainability of ECAT protocol use.

The evaluation will rely on a combination of methods, including analysis of administrative and clinical data from various sources including Emergency Department Data Collection, electronic eMR data, HETI My Health Learning data, workforce data, incident data, nurse and medical staff surveys, and focus groups with nurses and nurse leaders.

Aboriginal community engagement

The Aboriginal health impact statement supports NSW Health staff and organisations to improve the health and wellbeing of Aboriginal people by systemically applying an Aboriginal health lens to all policies and programs.¹⁴ It is recognised that access to services and appropriate healthcare is inhibited by a lack of cultural safety, discrimination, institutional racism and distance from home.

ECAT provides an opportunity to engage with Aboriginal communities and Aboriginal liaison officers to understand how local emergency care needs for Aboriginal people can be met. By involving LHD or SHN and community stakeholders in Aboriginal healthcare delivery in the co-design of local implementation and communication plans, a more targeted approach will highlight gaps, local needs and feedback. Each LHD and SHN will be encouraged to develop a local action plan for a co-designed strategy.

Conclusion

In conclusion, the information outlined in the ECAT implementation plan represents a comprehensive and strategic approach to addressing the needs for LHDs and SHNs to successfully implement the ECAT protocols. It is the result of careful consideration of the unique challenges and opportunities that NSW EDs face.

The success of implementation will depend on the commitment of stakeholders within LHDs and SHNs. As implementation occurs, it is important to remain adaptable and open to adjustments as circumstances and priorities evolve. Regular monitoring and evaluation will be essential to ensure LHDs and SHNs implement the ECAT program successfully.

For a full list of implementation resources, see the NSW Health [ECAT webpage](#). If you have questions about ECAT implementation, use the [ECAT communication form](#).

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