

# April Newsletter

## Welcome to the April ECI newsletter

In this edition we focus on two reports published recently on the Emergency Care Institute (ECI) website: the *2013 ECI Stakeholder Survey* and the *Review of Internet Access and Usage in Emergency Departments*. Both of these reports provide a valuable insight into the issues and pressures facing staff in emergency departments (ED).

We are busy preparing for the [ECI Leadership Forum](#) on Friday 4 April. If you do not make it, the full presentations will be available as normal on the ECI website.

## Contents

Welcome to ECI News .....	1
Public health alert page .....	1
Clinical issues du jour .....	2
Review of internet usage in ED .....	2
ECI Stakeholder survey .....	3
NSW Police crash investigation .....	3
ECI events calendar .....	4
ECI new appointments .....	4

## Public health alerts and patient safety notices

The ECI has a dedicated page for **public health alerts and patient safety notices**. Here you will find links to the latest information. For example, the NSW Health media release for the ongoing measles outbreak in NSW. Since the beginning of 2014, 26 cases of measles have been reported in NSW. The release states that "Measles continues to be brought back to Australia by under-vaccinated young travellers to Philippines and South-East Asia. As a result, people have now been infected with measles in Bathurst, on the Central Coast and in various parts of metropolitan Sydney".

The page provides a NSW Health Information for Emergency Departments "Measles Alert", key points for EDs being:

1. Measles cases reported in returning overseas travellers
2. Isolate suspected cases
3. Ring the public health unit and arrange for urgent tests

There is also a link to the NSW Health Measles Triage Flowchart, January 2014.



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## The ECI Year in review

The ECI is committed to formally providing information to our stakeholders on a regular basis about our activities. The ECI has prepared this new look report card on the key achievements and activities for 2013. Click [here](#) to check it out.

## Clinical issues du jour

### New Asthma Guidelines on ECI website

On our [respiratory page](#) we have provided a new link to the new Australian Asthma Handbook, National Asthma Council Australia. This is an update from the 2006 guidelines. The Australian Asthma Handbook provides best-practice, evidence-based guidance translated into practical advice for all health professionals. We've highlighted some of the most useful resources in the handbook for EDs, including several flowcharts for managing acute asthma in adults and children and life-threatening presentations. The respiratory page is also currently being revised. There will be new ECI clinical tools released on emergency asthma treatment, pleural effusion, COPD and pneumonia.

### Abbreviated Westmead Post Traumatic Amnesia Scale

The ECI together with the Institute of Trauma and Injury Management (ITIM) have developed a statewide Abbreviated Westmead Post Traumatic Amnesia Scale (A-WPTAS) Form. On the ECI [website](#) you will find a suite of resources for sites to use to support the implementation, utilisation and evaluation of the form. The aim of the A-WPTAS state form is to:

- Provide a consistent framework and format for assessing and monitoring patients with Post Traumatic Amnesia (PTA) in an acute care setting
- Reduce length of stay and avoid unnecessary admissions and inappropriate discharges

## Review of Internet Access and Usage in Emergency Departments

The ECI has published its [survey and review](#) of Internet Access and Usage in EDs. Access to online resources and the Internet has been identified by emergency care clinicians as a major issue in NSW EDs.

Key findings from the report were that the information needs of ED staff are primarily clinical in nature, and the primary means of answering clinical questions is via the Internet.

While demand for information and Internet use is high, the supply of Internet accessibility in EDs is generally not meeting the needs of ED clinicians. One half of respondents reported that their level of Internet access available at work was poor or that they had no access.

The main barrier was blocking firewalls / blocked sites (73%). However, there were a significant number of other technical/resource factors, these included:

- Lack of computer/ insufficient computers (51%)
- Slow computer /out-dated technology (51%)
- Poor/no wireless access (48%) and volume of staff needing to use shared computers (46%).

The majority of respondents (89%) felt that these barriers to Internet access affected their work.

*"I have seen the lack of response to attempting to get sites unblocked, so why continue wasting time and effort. It was easier and got timely results, to buy a smart phone and sign up for a new phone plan"*

The report concludes that Internet access should be regarded as an essential clinical tool in Emergency Departments. In 2013, Internet access in NSW EDs is variable and does not meet routine clinical needs for immediately required information for the delivery of quality patient care.

*"Hard to imagine another industry in which employees are blocked from accessing websites which are directly relevant to the work being performed and would improve their ability to perform their jobs"*

## ECI 2013 Stakeholder Survey

The ECI has now published the results of its 2013 Stakeholder Survey. The survey provides feedback on issues and trends as they are seen directly from the ED.

In the last ECI newsletter a pre-publication snapshot of the results reported the “Top Challenges” facing EDs, and highlighted an increased appreciation of “Inefficient hospital systems/poor communication” as a key challenge. This reflects a significant increase in awareness amongst emergency care stakeholders of the factors affecting access block and the importance of efficient hospital systems and processes. This is likely to be related to the introduction of the NSW Ministry of Health Whole of Hospital Program (WOH) to address the National Emergency Access Target (NEAT).

### The implementation of NEAT

The Stakeholder Survey included a number of questions about the implementation of NEAT and WOH (figures 1,2 and 3). The key findings from this were that:

- There has been an improvement evident to emergency care stakeholders in the provision of activities in support of NEAT implementation at sites
- Specific ED focussed solutions implemented at sites include ED’s “right to admit” policy implementation, the navigator role and team-based care

However, changes at the ‘back of hospital’ were significantly less evident to ED stakeholders. This suggests potential for further actions to assist the implementation of NEAT.

Figure 1 Implementation of NEAT/WOH - existence of essential<sup>1</sup> managerial systems, priorities and tools for delivery



Figure 2 Implementation of NEAT/WOH - proportion with the following selected initiatives

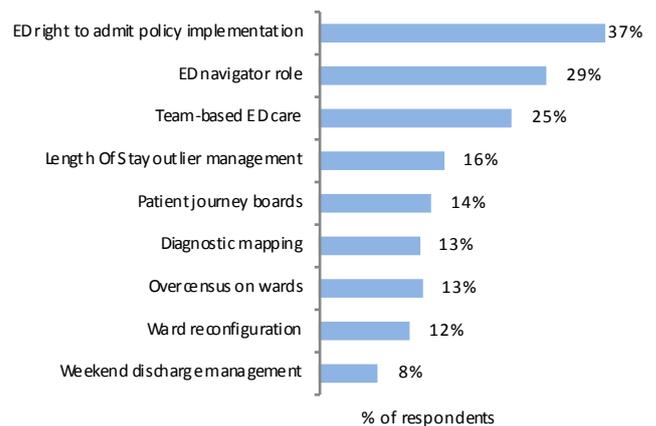
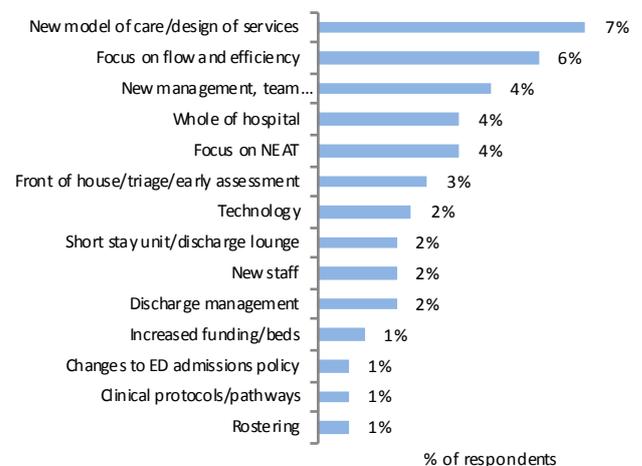


Figure 3 Implementation of NEAT/WOH - please describe any new initiatives introduced (open question)



<sup>1</sup> The factors were derived from an analysis undertaken on the implementation of the Four Hour Program at Royal Perth Hospital see presentation by Frank Daly.

## NSW Police crash investigation

Timely attendance of Police Crash Investigators to serious motor vehicle collisions is vital to police investigation of these incidents and the efficient clearing of major road incidents. To assist in the proper assessment of these incidents and to assess the level of police resources deployed to investigate these collisions the assistance of Admitting Officers in Hospital Emergency Departments is vital. The ECI website [page](#) provides links to the procedures that will be followed by Police Crash Investigators in obtaining information regarding injuries received by victims involved. These protocols are consistent with current government policy and legislation for the sharing of information between government agencies for law enforcement purposes.

## Past events

### Achieving NEAT Forum

The Achieving NEAT Forum took place on Friday 13 December 2013. This highly regarded event, organised by the Agency for Clinical Innovation (ACI) and NSW Ministry of Health, brought together key stakeholders to consolidate and share what has been learned already, and have the opportunity to plan efforts as part of a whole system. One the ECI [webpage](#) there is an evaluation report for the day, together with video links to see the presentations again, such as:

- Transforming NEAT performance: the executive role, Dr Richard Ashby, Health Service Chief Executive, Metro South Health, Queensland
- NEAT within the hospital: culture, strategy and how to embed timely quality care, A/Prof Harvey Newnham, Director of General Medicine, Alfred Health, Victoria

### Emergency Care Symposium 2013

The ECI Emergency Care Symposium took place took place on Friday 8 November 2013 with over 200 delegates in attendance. You can listen to the presentations [again here](#).

### ECI Event calendar

#### ED Leadership Forums:

Friday, 4 April 2014 @ Mary McKillop Place, North Sydney

Friday, 27 June 2014 @ ACI Training Rooms, Chatswood

Friday 17 October 2014 – Venue TBC

For more information on these events click [here](#)

#### Annual Emergency Care Symposium:

Friday, 14 November 2014 @ Sydney Airport Stamford Plaza

#### Emergency Care Skills and Education Workshops:

May 2014, @ Lismore Rural Clinical School, Lismore

Thursday, 21 August 2014 @ Twin Towns Resort, Tweed Heads

For more information on these events click [here](#)

### ECI appointments

We say a sad goodbye to Dwight Robinson the Nurse Project Officer at ECI. We will miss Dwight's dry observations! We also have new appointments:

#### Research fellow

##### Hatem Alkhouri

Hatem will be leading a number of important research initiatives.

#### Advanced trainees

##### Darmas Hardjo-Soekatmo

##### Kirsty Short

Darmas and Kirsty are advanced trainees undertaking a medical administration term accredited by the Australasian College for Emergency Medicine (ACEM). It is designed to provide trainees with an opportunity to work in a health organisation with a statewide remit and has a significant role in supporting emergency departments.

### The ECI team

[Sally McCarthy](#) Medical Director

[Vanessa Evans](#) Network Manager

[Sophie Baugh](#) Special Projects Manager

[John Mackenzie](#) Medical Project Officer

[Matthew Murray](#) Data and Information Manager

[Hatem Alkhouri](#) Research Fellow

[Darmas Hardjo-Soekatmo](#) Registrar

[Kirsty Short](#) Registrar