

Quarterly Report Summary (January – March 2013)

Executive Summary

Introduction

The ECI received funding to establish Quality Support Officers (QSOs) across 25 sites in Emergency Departments (EDs). Applications were sought from interested EDs. Recruitment for the positions started in late 2012 with positions filled between November 2012 and May 2013. Two sites have not yet recruited to their QSO position. Figure 1 shows the recruitment of positions by month.



Figure 1: QSO Recruitment by month

The main aims of the QSOs are to:

- Implement the Australasian College for Emergency Medicine (ACEM) Quality Framework
- Establish multi-disciplinary quality teams in the ED
- Coordinate and provide support and assistance in quality activities to support attainment of the Quality Framework and the quality objectives of the ED.

All sites have been asked to work on two projects: Sensible Test Ordering of Pathology and Radiology (STOP) and Standardised Death Review. In addition to these mandatory projects, QSOs will support those activities considered to be high priority by their local quality teams.

QSO support

Two 2 day introductory workshops were provided in Sydney and all but two QSOs have attended (POW and Wyong were not yet in post or available). Monthly teleconferences have been conducted with strong attendance and engagement from all sites. In addition, there has been a high degree of individual communication between the ECI and QSOs to provide support and clarification, trouble shoot and share resources.

Standardised resources have been provided to support:

- Self assessment
- Project management
- Quality improvement activities
- Reporting
- Sensible Test Ordering Project (STOP)
- Death Reviews.

A web page with secure log on has been established which hosts a range of links and documents. The sharing of relevant resources and tools is encouraged and there is the gradual increase in the number of tools hosted on the site for all sites to be able to use.

Quarterly Reports

Quarterly reports have been submitted by all sites bar one. Despite a standardised template there was a wide variety of information reported as well as level of detail provided.

The quarterly reports submitted would suggest all sites have completed a self assessment, although not all have yet submitted these. The quality improvement plans have been are still being completed by the majority of sites, noting that some have used a more informal approach such as prioritising activities to be undertaken. Others are in their infancy of establishing the quality team, and hence the planning has not progressed fully.

All sites have commenced work on the mandatory STOP project. Some sites have also started on the death review process in anticipation of the guidance being provided by ECI, which is yet to be released.

The following details the projects being undertaken at the sites which will continue over the coming months, please note that this is not a full list as more will be submitted.

- Abdominal Pain Project
- Aggressive behaviour reporting
- Airway management
- APHIRST
- Audit of all PC, screens and printers within ED
- Care set use*
- Chest pain pathways*
- Consumer feedback*
- Credentialing of staff in ED*
- Develop nurse initiated protocols for the application of topical anaesthetics for paediatric patients
- Development of quality repository
- DNW/Left at own risk audit
- ED access plan for clients presenting from a local Women's Refuge
- ED equipment review
- ED observation charts using between the flags audit tools as criterions for audit
- ED registrar in quality role
- EMR downtime procedures
- Handover*
- IMMs*
- Implementation of documentation System for phone advice
- Improved student training and education
- In charge minimum skill set and standards
- Increasing effectiveness of the professional practice work environment
- M&M*
- Medications*
- Mental health patients LOS
- Pain management protocol*
- Patient flow /streaming*
- Patient identification
- Reduce 1st Troponin turnaround times
- Reduce CT and US turnaround times
- Register of quality activity*
- Representations*
- Research
- Retrospective audit of CT in head injury
- Review Clinical Audit and Clinical Indicator Process
- Review of CIN guidelines
- Sepsis*
- Staff Satisfaction Survey*
- Standardised orientation*
- Time to analgesia*
- Triage*
- Urine collection in Emergency
- Use of i-Pads as communication devices

* Multiple sites are undertaking a project in this area

Risks/Issues

The following are commonly reported issues and risks by many sites. Many are indicative of the reality of driving quality agendas in busy work environments with competing priorities. Common risks include:

- Delay in appointment of the QSO position
- Staff release time
- Availability and timeliness of data
- Staff leave during Dec – Feb
- Scope creep
- Communication and linkages
- Lack of engagement from some staff, particularly medical.

All sites appear to be implementing appropriate mitigation to minimise risk. At sites where there are significant concerns, the ECI is intervening with discussion with appropriate staff.

Next Steps

The ECI will continue to support the progression of this project and will undertake the following in the next quarter:

- Continue to conduct monthly teleconferences to share ideas, achievements and risks
- Work with individual QSOs, particularly those who have had slow progression to date
- Provide exemplar progress reports for next report to improve the consistency of reporting
- Release Standardised Death Review resources
- Upload on the web page key documents considered to be of value to all sites
- Plan a mid project face to face workshop
- Meet with state wide representatives to encourage support of quality activities in EDs for example – Clinical Governance Managers, statewide pathology and radiology services and the CEC.

Conclusion

The project has been established and sites are progressing well, despite significant delays in recruitment. The ECI will follow up with sites to ensure all documentation is submitted as required and work to improve the consistency of reporting for the next quarterly reports. Follow up will occur specifically with sites of concern to ensure ongoing optimisation of the project and role of the QSO.

The next quarterly report will report on some early outcomes of projects that have been implemented by sites, particularly the STOP and Standardised Death Review projects.