



*Emergency
Care Institute*
NEW SOUTH WALES



ACI NSW Agency
for Clinical
Innovation

Research Advisory Committee Update

A/Prof Kate Curtis, Co-Chair

Friday, 13 November 2015
Stamford Plaza Sydney Airport,
Cnr Robey and O'Riordan Street, Mascot

COMMITTEE MEETINGS

2015 - Two meetings

2016 - Three meetings proposed

EOIs - Currently open for new members. See Hatem if you are interested in joining

- ACI research funding for 2015/2016.
- Oversee current projects and support others in partnership.
- Seeking alternative funding opportunities as they arise.
- Review the TOR in 2016.
- Proposed Research Symposium in 2016

AIRWAY

- Phase 2 data collection – complete
- ~3,700 intubation records collected from 42 hospitals
- ECI and RNSH “Closing the audit loop” publication in the EMA
- Future publications:
 - Descriptive paper on RSI practices in Australia and New Zealand
 - Does Apnoeic Oxygenation Decrease Desaturation During Emergency Intubations in Australian EDs?
 - Looking at the behaviours of second and subsequent attempts – are we “stuck on stupid”
 - Trauma centres v pre hospital RSIs
- Poster presentation at lunch

The Royal North Shore Hospital Emergency Department
Airway Registry:
Closing the Audit Loop



EVALUATION OF 'OVER-CENSUS' PATIENT TRANSFERS FROM ED TO THE WARD

- 'over census' policy introduced to facilitate transfer ED patients to the ward, even when no ward bed was immediately available
- Significant reduction in ED 'bed block' and ED waiting times and LOS
- Evaluate the safety of the 'over census' process (measured by the number of adverse events) and to prospectively evaluate the flow of 'over census' patients once they reach the ward

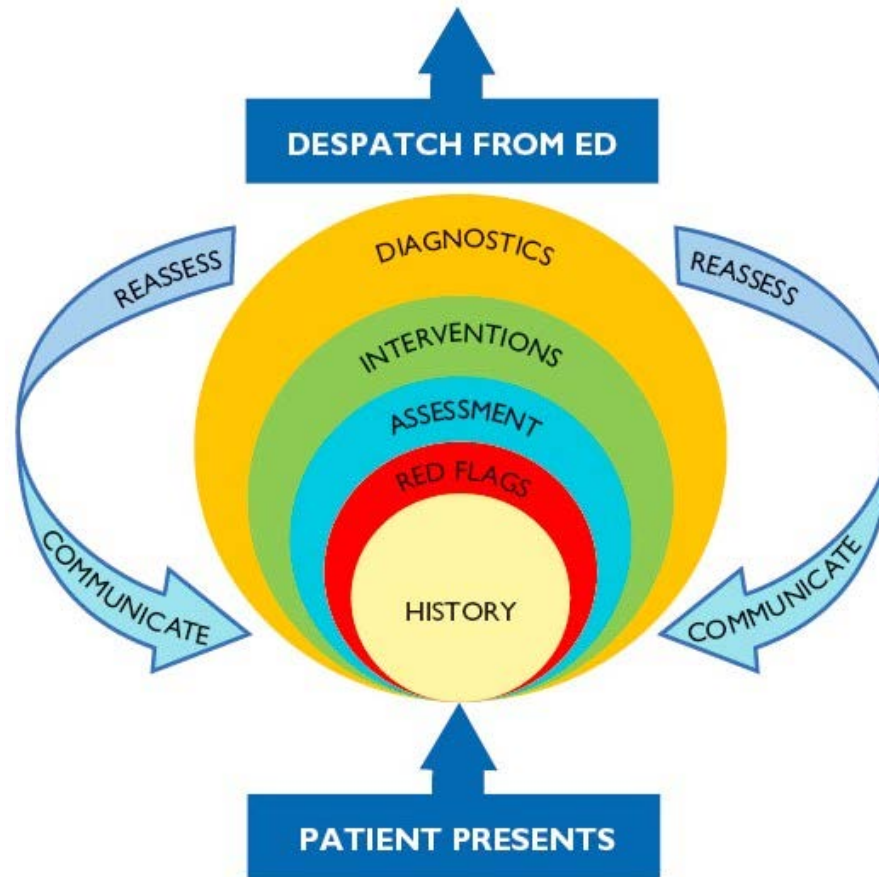


PHYSIO

- Multi-ED evaluation of the relative efficiency of Physiotherapy Practitioners compared with the usual provider/clinician in the treatment of musculoskeletal injuries
- 19 EDs where a physiotherapy service is provided has finished
- Project awarded best poster AND oral presentation at the Allied Health Research Symposium at WSLHD
- Future publications:
 - Primary contact physiotherapy practitioner reduces waiting times and length of stay for patients with isolated musculoskeletal conditions in NSW EDs
 - Patient and staff satisfaction of the emergency physiotherapy practitioner in ED
- Poster presentation at lunch



HIRAID: an evidence-informed emergency nursing assessment framework





Variable	n	Pre-HIRAID education	Post-HIRAID education	p value
Anxiety mean (SD)	38	53.26 (10.76)	47.46 (9.96),	< 0.01
Self-efficacy mean (SD)	38	189.32 (66.48)	214.06 (51.35)	< 0.01
Percentage of patient history elements collected Mean (SD)	38	39.7 (11.0)	45.0 (10.0)	0.02
Percentage of Red flags collected Mean (SD)	38	63.4 (17.7)	70.8 (15.3)	0.02
Percentage of red flags handed over Mean (SD)	35	48.8 (16.6)	55.4 (14.1)	0.02
Percentage of reassessments performed Mean (SD)	38	51.2 (28.8)	63.0 (28.9)	0.01
Frequency of communication performed				
MO review requested: n (%)	38	8 (21.0)	27 (71)	<0.01
Graded assertiveness used: n (%)	38	18 (47.4)	33 (86.8)	<0.01
MO handover structured using ISBAR n (%)	38	10 (26.3)	26 (68.4)	<0.01
Nurse handover structured using ISBAR n (%)	35	11 (31.4)	22 (62.9)	0.03

Key Outcomes

Satisfaction

- 73.7% (n=28) more confident understanding the process of initial patient assessment
- Majority = HIRAID workshop before or within three months of commencing work in ED

Application in clinical setting (4-6 months later)

- 52.2% (n=12) reported using in their clinical practice

Next?

- 4 publications
- App, textbook
- NSW roll out?
- NZ, Canada



DESTINY

- Population based study of Emergency Department utilisation and length of stay (4yrs)
- 1st since 2006
- Better choices in the allocation of finite health resources, provide a basis for ED best practice models of care can development and improvement.
- Data coding and cleaning complete. Data analysis in progress
- Poster presentation at lunch



ASSESSMENT & MANAGEMENT OF THE COGNITIVELY IMPAIRED OLDER PERSONS PRESENTING TO EDs WITH MSK CONDITIONS OR INJURIES

- Cognitive impaired patients with longbone # wait 2x for analgesia
- FG – no tool
- Cluster RCT using PAINAD (8 Eds) – 122 vs 144 (22mins)
- Helping, but not enough
- Developing NHMRC tool + new intervention



PARTNERSHIP & IN KIND SUPPORT

PARTNERSHIP

- With UNSW to support CriTSAL: The Criteria for Screening and Triaging to Appropriate aLternative care aims to minimise prognostic uncertainty. Six NSW hospitals are enrolled and 11 hospitals overseas. Poster

IN KIND SUPPORT

- To UNSW research team (R.F) looking at “*Validation and impact of the four hour rule/NEAT in the emergency department: A large data linkage study*”. Ethics approval received and most data is available in NSW, WA and Queensland. Work in progress to link Ambulance data across all states and territories.
- To ACEM research project “*Emergency Physician Scope of Practice and Workforce Utilization*”.



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