

REPORT

Emergency Care Symposium 1 November 2019 Evaluation Report

Emergency Care Institute



The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this through:

- *service redesign and evaluation* – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- *specialist advice on healthcare innovation* – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- *initiatives including guidelines and models of care* – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- *implementation support* – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- *knowledge sharing* – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- *continuous capability building* – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A key priority for the ACI is identifying unwarranted variation in clinical practice. ACI teams work in partnership with healthcare providers to develop mechanisms aimed at reducing unwarranted variation and improving clinical practice and patient care.

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1. Introduction

The ECI Annual Emergency Care Symposium provides an opportunity for people working in emergency care in NSW to come together to discuss topics of interest, hear about innovative projects, listen to the latest clinical updates in emergency care, share experiences and network.

The 2019 Symposium was held on Friday 1st of November at the Kirribilli Club, 11 Harbourview Crescent Lavender Bay.

The program and presentations from the day, including videos, are available on the [ECI WEBSITE](#).

2. Attendees

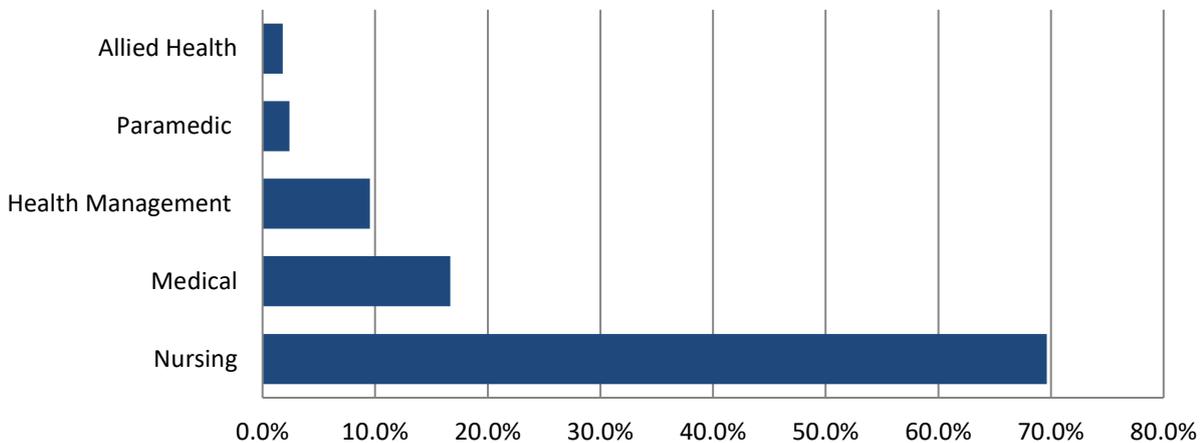
174 people registered to attend the event and 145 (83.3%) attended on the day. ECI supported 23 staff working in rural and remote areas to attend by covering their travel cost (flights).

A total of 53 (30.45%) attendees completed the evaluation forms which were collected at the end of the event.

Attendance by profession

In total, 69.6% of attendees were nursing professionals, 16.7% medical and 13.7% were other health care workers.

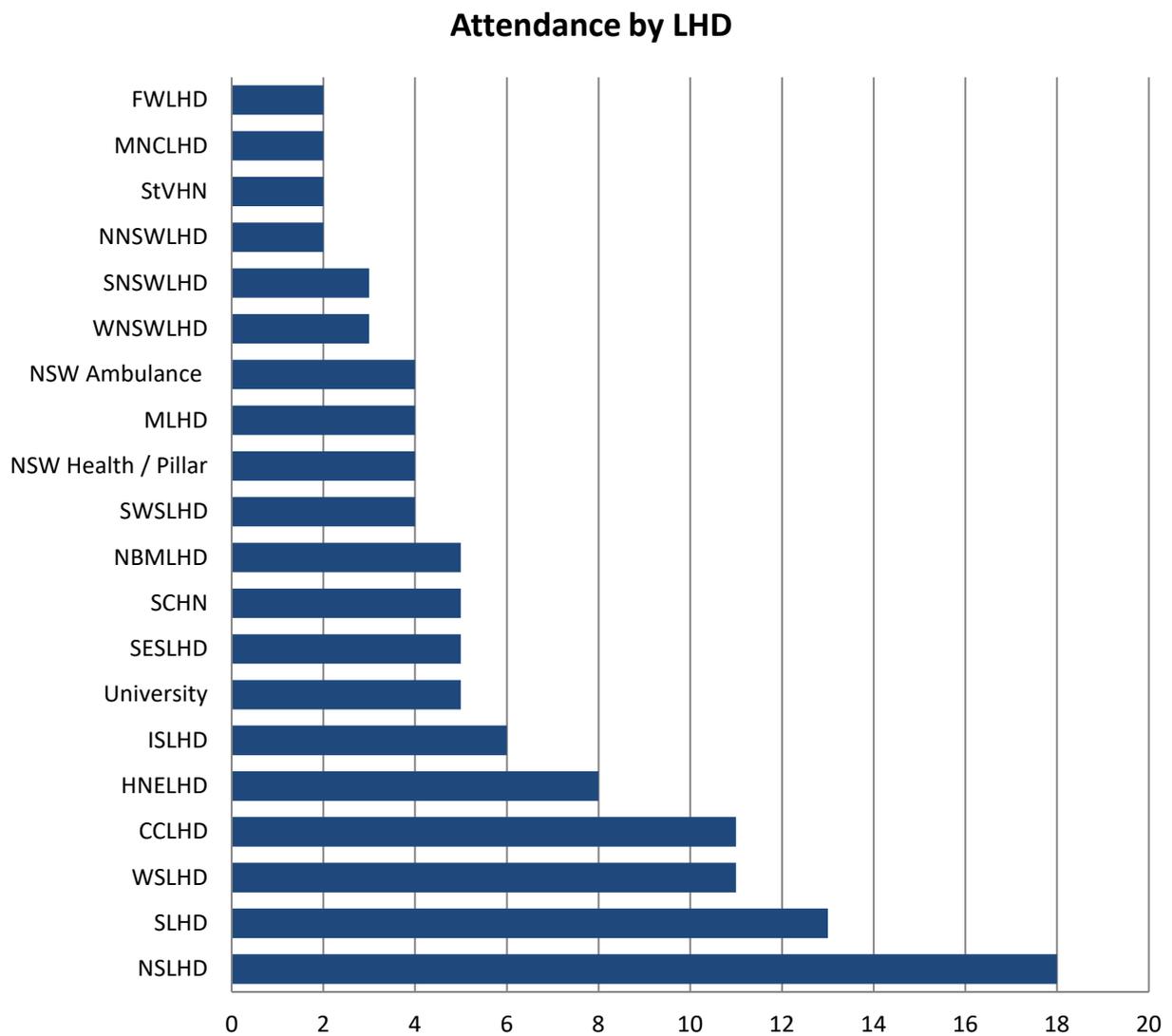
Figure 1: Attendance by discipline



Attendance by Organisation

The majority of attendees work in the NSW health system – either in a Local Health District or Specialty Health Network, a pillar organization or the Ministry of Health. A small number of attendees represented universities and for 12 attendees, information about their place of employment was not available.

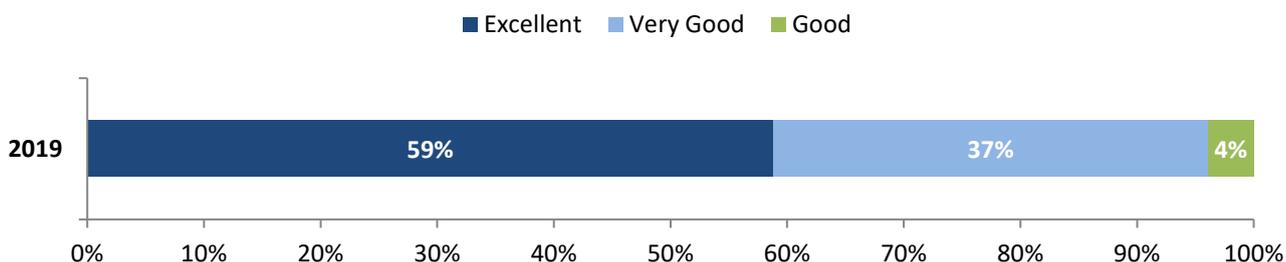
Figure 2: Attendance by Local Health District (LHD)



3. Overall rating of the day

The overall 'rating for the day' shows that the Symposium scored very well, with 96% of respondents rating it as 'Excellent' or 'Very Good' (Figure 3).

Figure 3: Overall rating



Following are some general comments on the day.

“Fantastic day.”

“Thank you for making this day free, food was amazing, venue was awesome great topics. Maybe could be a 2 day event.”

“I feel it was relevant that people are working in Silos and in their own bubbles, instead of coming together as one united front.”

“Great free event! Thanks for making it accessible for all staff in EDs.”

“Very informative day, sessions rushed, but there was a lot of content to get through could be over two days!”

“Very well organized.”

“Really great conference, thank you.”

“The welcome to country was so sincere and real! Loved it.”

“Thank you for an excellent and thought provoking forum. Thanks for the travel support.”

“Premiers Priority- the ECI needs to remember and advocate on ED's behalf in that access block is the still the single biggest block to us being able to perform well. Nursing especially is effected as looking at patients from yesterday and the day before and therefore has less ability to see new patients space is also a major delay. Not focusing on ETP is a major mistake and triage performance will never be achieved while EDs are blocked up with admitted patients.”

“Thank you for holding the Symposium on a Friday. It was great to arrive Thursday evening and able to squeeze in some late night shopping. Location is fantastic”

“Great day-Thanks you.”

“Enjoyed the opportunity to attend from rural and remote areas thoroughly enjoyable –

educational, thought provoking, up to date information. Q&A very informative with supported participation.”

“Wonderful presentations.”

“Could you please design an app that acts like a NETS calculator for adults?”

“Would like to see an adult calculator like that on NETS one to assist staff in the EDs.”

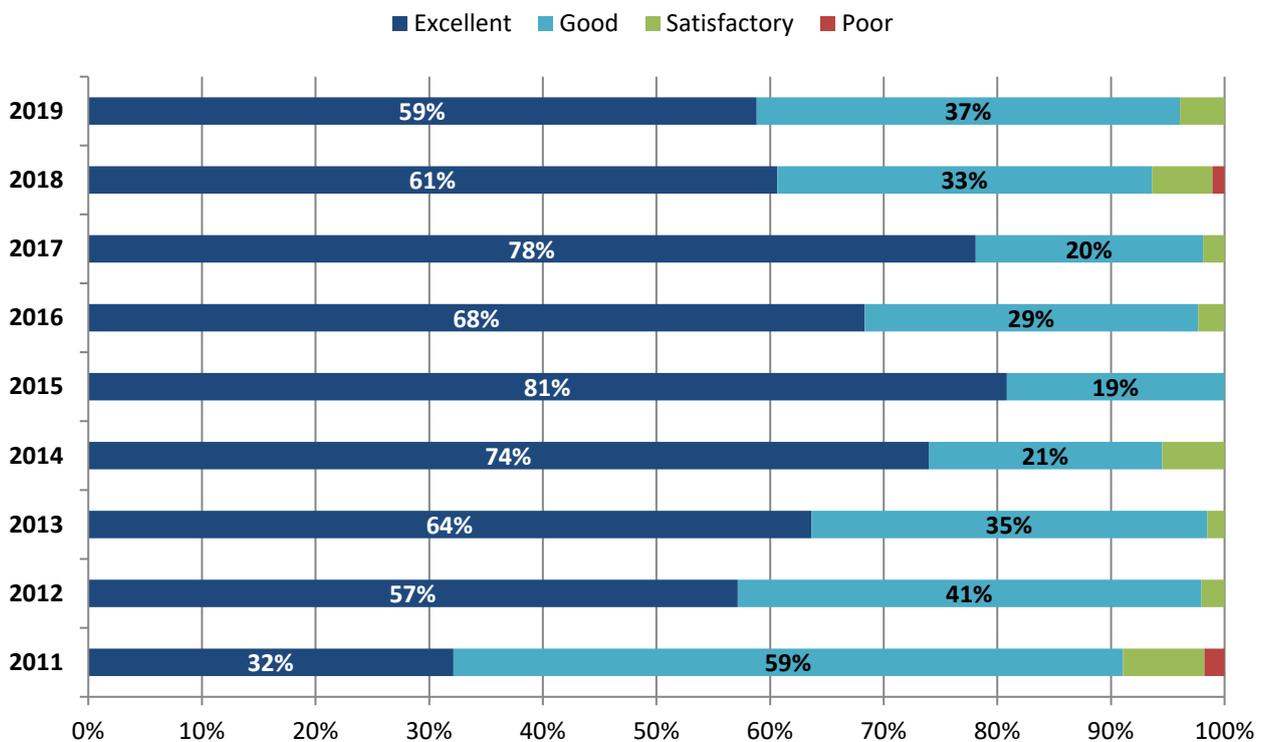
“Proximity to airport.”

“Good event.”

Comparison with previous years

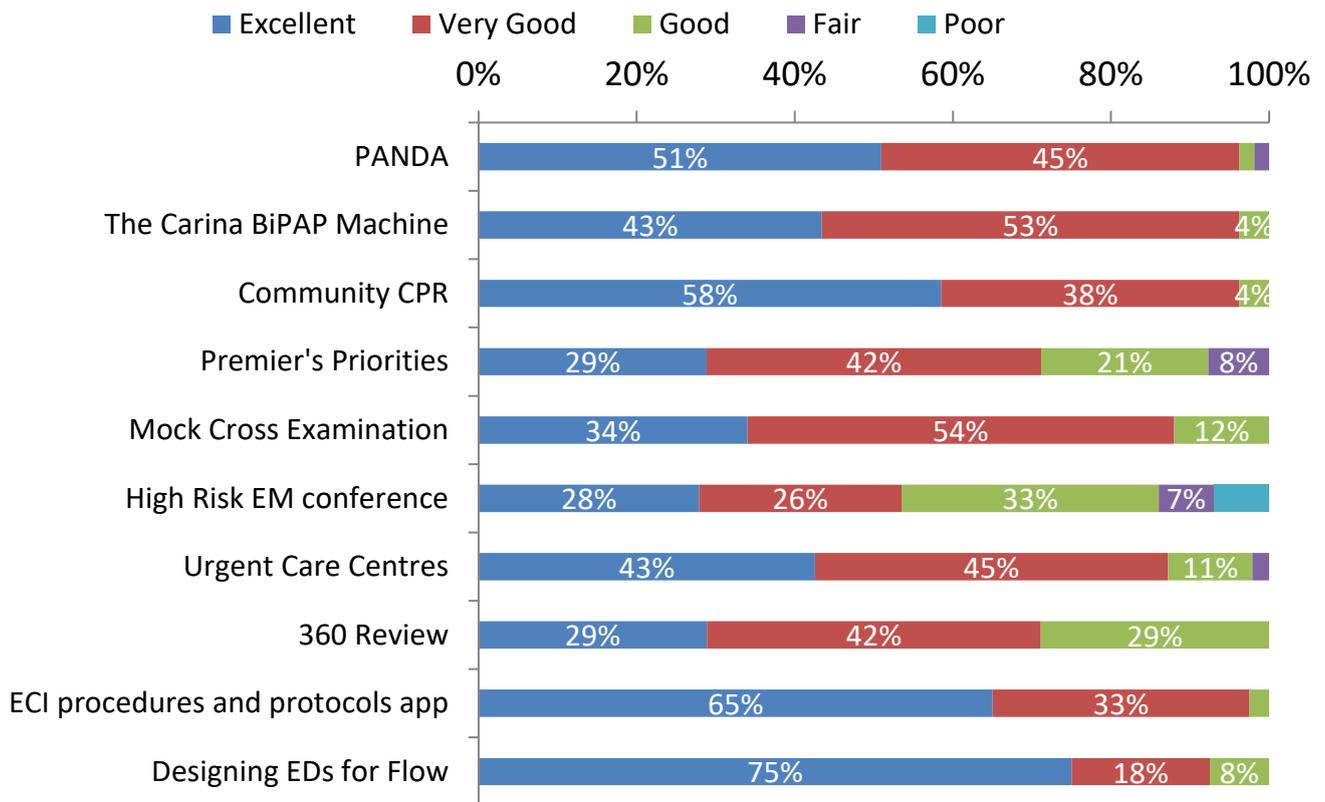
The reported high satisfaction with the 2019 Symposium continued the trend of previous years, as shown in Figure 4 below:

Figure 4: Overall rating – previous years



4. Feedback on individual presentations

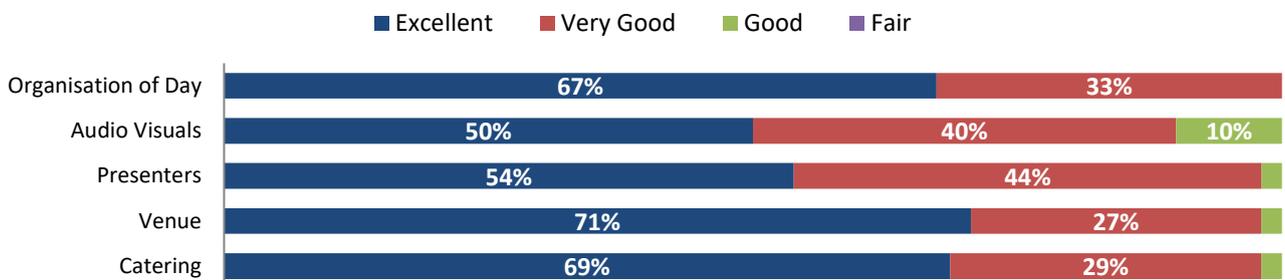
Figure 5: Individual presentations



5. Feedback on facilities and organization

Respondents reported high satisfaction with facilities the organization of the event, as illustrated in the graph and comments below:

Figure 6: Facilities and organization



6. Which presentation did you find most relevant?

Overall, 43 respondents answered this question, several of whom listed more than one session as the most relevant. Each mention of a session was counted. Altogether there were 65 mentions.

The session mentioned the most as most relevant was “PANDA” with 22 mentions followed by *Designing EDs for Flow* which received 18 mentions.

Further comments which were received when the respondents were asked to clarify why these sessions were most relevant to them:

PANDA:

“Thought it was a brilliant concept and wish we had one in our regional hospital”.

“A great way to approach MoH due to the increase in presentations with drug alcohol MH issues trying to manage this with acute medical patients”.

“Our ED would benefit from a unit/model of care like PANDA increasing number of patient’s fitting this in this area.”

“Interesting valid concept treating chemical/Physical restraint like a procedural sedation”.

ED Design for Flow:

“Interesting and relevant, I wish I had seen it 18 months ago”.

“Such a great concept and is the way forward”.

“Very interesting and addressing an issue for all EDs”.

“Currently looking at this model designing ED for flow”.

“Relevant to my work- Interesting way for the future”.

7. Which presentation did you find least relevant?

Only 19 respondents answered this question. The “Premiers Priorities” and “Mock Cross Examination” sessions were each reported as least relevant by 4 respondents.

Further comments which were received when respondents were asked to clarify why they found these sessions least relevant:

Premier’s Priorities

“Would like to see them see the staff on the front line who are experiencing increased violence, staffing issues lack of resources, more than ETP”

Mock Cross Examination

"Needed to be more case based i.e Say this not this."

"Too long, too much information to absorb. Not very relevant but maybe just keep it to the practical side"

8. Suggestions for future events

There were 20 responses to this question.

"Some actual scenarios that has happened and brought catastrophic changes to healthcare in current times"

"More on clinical updates, results of recent clinical trials"

"More topics from various EDs that has relevant to the collective"

"The police presence in the ED, do they stay, weapons, do they have jurisdiction"

"Cases on Paediatric presentations"

"Status and Crash III and current status and stroke"

"How EDs are meeting KPIs"

"Keep the external to industry presenters, Lawyers health care solutions"

"More on improving flow"

"Continue to showcase innovative models, both in successes and pitfalls on ED alternatives which reduce the pressure on that system but fulfil community requirements"

"Something about inter-hospital transfers and the barriers with this and potential ways to overcome"

"End of Life conversations, the role of the ED, ED exit block to ICU and issues of late referral to critical care"

"Pathways, new ones, what is being used and what hospital"

"With Premier focus on Cat 1-3 triage, it would be great to hear about how different EDs do it (Triage/Screening)"

"Evidence based clinical"

"Love to hear about new innovations being rolled out"

"Aged Care"

9. What could we have done better?

15 respondents answered this question. 12 respondents indicated they felt nothing could be done better and the event was perceived positively.

3 respondents left the below comments:

“Court sim: prepared actors and facilitators prior. Audience members are not suitable”.

“Court sim was too long”.

“Better use of multidisciplinary considering the shortage of medical officers within our EDs, and many departments are nurse lead”.