FELLOWSHIP Admin SAQ answers

1.
You have been asked by the Head of your Emergency Department to give a presentation on Access Block and the National Emergency Access Target (NEAT).

a) What is the definition of Access Block?

This refers to the percentage of patients who were admitted or planned for admission but discharged from the emergency department (ED) without reaching an inpatient bed, transferred to another hospital for admission, or died in the ED whose total ED time exceeded 8 hours, during the 6 month time period. Taken from ACEM Policy on Standard Terminology P02v4 March 2009

b) What is the National Emergency Access Target?

The National Emergency Access Target requires that by 2015, 90% of all patients presenting to a public hospital Emergency Departments will be admitted, transferred or discharged within four hours - Applies to all of Australia. Taken from WA Government Emergency Access Reform Web Site.NOTE - New Zealand Access Time Target is 95% within six hours.

c) Outline potential solutions to improving Access Block & Overcrowding.

2 Solutions to access block and overcrowding

Reducing demand

In the community

- Improved funding of complex care for general practitioners and community providers
- Improved planning for end-of-life care
  - ➢ Mandate for residential care
  - ➢ Improved education of community and providers
- Coordination of community services
  - ➢ Reduce duplication between state, federal and community services
- Integrated and coordinated care of "frequent attenders"
- Hospital outreach — hospital-in-the-home, hospital-in-the-nursing-home, and medical assessment teams

In the emergency department

- Senior decision making (24/7)
- Short-stay units
- Accelerated evidence-based protocols
- Access to consultations and investigations

Balancing demand between elective and emergency programs

Increasing capacity

Emergency department processes

- Fast-tracking
- Laboratory and x-ray turnaround times
- Senior staffing 24/7
- Full capacity protocol (send patients to ward when emergency department is full)

Emergency department beds

- Only to the levels recommended by the Australasian College for Emergency Medicine.

Ward processes

- Whole-of-health-service bed coordination 24/7
  - ➢ Designated bed coordinator
  - ➢ Daily coordination rounds
  - ➢ Improved information technology for bed tracking and demand prediction
  - ➢ Long-stay monitoring
- Clinical inpatient rounds at least daily
- Improved speed of investigations and consultations

Ward beds

- Increase to > 3 acute hospital beds per 1000 population

Improving exit

Ward processes

- Morning discharge
- Weekend discharge
- Improved allied health and pharmacy access
- Better use of transit lounge

Community capacity

- Increased residential aged care beds
- Post-acute care services

Monitoring of acute health sector

- Emergency department processes
- Hospital processes
- Community processes

Non-solutions (unproven to reduce overcrowding)

- Nurse on call
- Ambulatory care clinics
- Ambulance bypass ◆

2.
You have been asked to write a protocol for chemical restraint in the Emergency Department.

a) List five key stakeholders

Stakeholders
- *ED medical*
- *ED nursing*
- *Pharmacy*
- *Mental health*
- *General medicine*
- *Patient/ consumer*
- *Aged care*
- *Toxicology*
- *Security*
- *Paediatrics/adolescent medicine*

b) List five essential generic elements of any written protocol document.

- *Title*
- *Who must comply*
- *Setting applicable*
- *(Background – indications)*
- *Precautions & Contraindications*
- *Equipment*
- *Procedure / Outline steps*
- *Tools & resources*
- *Document management – author, review*

c) List three drugs to be included in the protocol. Include doses and route.

MonashHealth

EMERGENCY DEPARTMENT

Patients aged 18 – 65 years*

Patient accepting oral agents and no imminent threat to safety: Oral agents

	Medication	Initial dose	Repeat	Maximum dose in 24 hours
1st line	Diazepam oral	5 – 10mg	30 minutes	80mg
2nd line	Risperidone oral *or*	2mg	60 minutes	6mg
	Olanzapine oral	5 – 10mg	60 minutes	30mg

Patient refusing oral agents or imminent threat to safety: Parenteral agents

Close observation of conscious state, HR, BP, respiratory rate and O2 saturation required

	Medication	Initial dose	Repeat	Maximum dose in 24 hours
1st line	Midazolam IM *or*	5 – 10mg	10 – 15 minutes	20mg
	Midazolam IV	2 – 5mg	5 minutes	20mg
2nd line	Olanzapine IM	5 – 10mg	60 minutes	20mg
3rd line	Droperidol IM *or*	5 – 10mg	20 minutes	20mg
	Droperidol IV	2.5mg	20 minutes	10mg

(*Obtain specialist advice from the psychiatric service for patients less than 18 years.)

EMERGENCY DEPARTMENT

Patients aged over 65 years

Patient accepting oral agents and no imminent threat to safety: Oral agents

	Medication	Initial dose	Repeat	Maximum dose in 24 hours
1st line	Olanzapine oral *or*	2.5 – 10mg	12 hours	10mg
	Oxazepam oral	7.5 – 15mg	6 – 12 hours	30mg
2nd line	Risperidone oral (1st line in dementia)	0.5 – 1mg	8 hours	3mg

Patient refusing oral agents or imminent threat to safety: Parenteral agents

Close observation of conscious state, HR, BP, respiratory rate and O2 saturation required

	Medication	Initial dose	Repeat	Total dose per episode
1st line	Olanzapine IM	2.5 – 5mg	60 minutes	10mg
2nd line	Midazolam IM *or*	2.5 – 5mg	20 minutes	20mg
	Midazolam IV	2 – 5mg	5 minutes	10mg

d) List three indications for chemical restraint in the Emergency Department.

- *Actual or high-risk of harm to self, others and/or property*
- *Verbal de-escalation inappropriate or ineffective*
- *Requires assessment & management*
- *Mental illness (compulsory order)*
- *Delirium / organic illness (capacity impaired)*
- *Drug / alcohol intoxication (capacity impaired)*

3.
You have been invited to join your Emergency Department's Quality Improvement Workgroup.

a) List the key steps in the Quality Improvement Cycle.

Plan - the change
Do - implement the change
Check - monitor and review the change - audit
Act - revise / review the plan and repeat the cycle

b) List six clinical indicators used in Emergency Medicine to measure clinical care and outcomes.

ATS Compliance
% Access block
STEMI - time to angio / thrombolysis
Admission rates
DNW Rates
Number of deaths in ED
Time to antibiotics
Time to analgesia
NEAT Compliance
Trauma audits
Satisfaction surveys - patients or staff
Staff retention / sick leave
Patient complaints audit
Notes audits
Occupational health and safety audits - staff injuries or needle sticks etc.
Missed results audit