



Better patient safety

Emergency and urgent care: The long-term system opportunities

This is a supporting document to our detailed report, ***Preventing patient harm in emergency and urgent care settings***, and should be read and considered in the context of the detailed report.

The recommendations presented in our detailed report target risk factors for patient harm in emergency and urgent care settings. However, these recommendations must be recognised as being part of continuous, ongoing improvement in the quality of care and patient safety in Victorian health services.

During our clinical focus groups and consultations, many important topics were highlighted as areas for long-term attention and improvement. We've developed these further into 13 system opportunities with input from our partner organisations and steering committee.

These system opportunities highlight the complex nature of our health system and a compelling need for system-wide partnerships and collaboration to provide high quality and safe care to all Victorians.

While these opportunities go beyond the scope of our current work, it's important we continue towards high quality and safe care, with collaborative, system-level engagement and action. A significant amount of work has already been done on many of these initiatives. Continuous progress in these areas mean patients can get the care that they need, in as safe an environment as possible.

The system opportunities

Organisations involved in delivery

1 Continue to advocate for, and work towards a **whole-of-system response** to the complex and multifactorial issue of **crowding in the emergency setting**. Optimise local patient flow and systems between pre-hospital, emergency, inpatient and community settings, while working towards system level changes to help improve the situation at a statewide level. Empower consumers to be part of the solution by sharing information and improving understanding of the challenges and barriers contributing to system crowding. This is a recognised challenge both nationally and internationally, however requires meaningful action at a state/jurisdictional level to best effect change. Advance and support solutions that bring together different organisations and have system-level impact.

2 Support development of **models of care that optimise use of multi-disciplinary teams and that flex to meet variations in demand**. Ensure adequate staffing at all stages of the patient journey and consider use of a dedicated nurse resource to monitor patients awaiting allocation to an assessment and treatment area. Develop clinician skills and capability to **encourage top-of-scope clinical practice** and enable early involvement of senior staff in clinical decision making where this is needed.

3 Support and **enable individual self-audit of clinical practice and decision making, and emergency department/urgent care centre internal audit** for the purpose of service improvement and clinician learning. Encourage mechanisms that allow audit by clinicians after a patient has left the emergency department (for example to compare patient triage level or provisional diagnosis with final diagnosis, or to review cases with feedback from outpatient clinics where full illness evolution may be visible).

4 Support the development and implementation of a system-wide **electronic health record** (or platform to connect existing systems) **to enable appropriate information sharing for optimal transfer of care across the many interfaces involved in a patient journey** including between health services, ambulance and pre-hospital services, emergency and urgent care centres, inpatient and outpatient environments, GPs and community services, and most importantly with the consumer themselves.

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The system opportunities

Organisations involved in delivery

5 Provision of a **statewide realtime data, activity and performance dashboard** for the purpose of quality improvement and patient safety. The dashboard should enable health services to independently self-evaluate to improve performance, and health system administrators to monitor and track trends to manage risk at a statewide level. Encourage transparent information sharing between health services, system owners and consumers while maintaining data security and appropriately managing privacy, confidentiality and information governance.

Valuable dashboard elements would include realtime occupancy reporting for system level activity management, and agreed quality indicators to monitor service delivery in high priority clinical areas.

6

a) **Review the Australian Triage Scale** to improve its reliability in categorising urgency to better manage risk and ensure best patient care in the context of the Victorian and Australian health systems experiencing significant demand.

b) **Review the Emergency Triage Education Kit (ETEK)** and update as necessary to ensure this represents best practice and equips staff for work in the current context. Ensure a consistent approach to the delivery of training and implementation of the program.

7 **Implement and maintain currency of the capability framework** for urgent, emergency and trauma care services developed by the Victorian Department of Health. Continue to standardise relevant frameworks and practices to support decision making and processes related to patient transfer between health services.

8 Support initiatives to address **workforce distribution challenges**, in particular relating to senior medical staff availability in rural and regional areas. Ensure the skill mix, staff resourcing and support available allows all services to meet the requisite safe standard of care. Support capability development programs such as the Rural Urgent Care Nursing – Capability Development Program, and the Emergency Medicine Certificate and Diploma Training Program.

9 **Follow-up sentinel event review recommendations** with health services after adverse patient safety events, to understand challenges and success factors related to implementation of recommendations that can then be leveraged for system-wide learning.

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The system opportunities

Organisations involved in delivery

10 Identify and support at-risk and vulnerable patient groups seeking emergency and urgent care including but not limited to paediatrics, older people, people with mental health presentations, Aboriginal and Torres Strait Islander people, and people with culturally and linguistically diverse backgrounds.

Management of people presenting with mental health conditions was highlighted as a priority area for the sector. We recognise the work of the Mental Health Royal Commission and encourage involved parties to work to deliver on the recommendations from this, including support for services to embed Safewards (Recommendation 54).

11 Identify and highlight examples of best practice in patient safety, outcomes, harm prevention, and risk management. Encourage collaboration through clinical networks and connection between high-performing organisations and other services to share learning, support improvement and reduce unwarranted variation.

12 Embed team-based training across disciplines and specialities as part of education and quality improvement, to help build teamwork and facilitate open and constructive feedback for learning. Encourage shared responsibility for patient safety as part of a safety culture and to support detection and response to a deteriorating patient condition.

13 Incorporate Harm Prevention in the Emergency Department project recommendations 'for action' into accreditation processes (such as ACEM and ACSQHC accreditations). As initiatives are developed, implemented and evaluated, align them to national standards to help embed changes into ongoing practice. Consider incentivising safety models to support best care and enable continued sector-led quality improvement and harm prevention.

	VMIA	SCV	ACEM	CENA	AV	VAHI	DH - Victoria	DoH - Australia	Health services	ACSQHC
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VMIA	Victorian Managed Insurance Authority
SCV	Safer Care Victoria
ACEM	Australasian College for Emergency Medicine
CENA	College of Emergency Nursing Australasia
AV	Ambulance Victoria
VAHI	Victorian Agency for Health Information
DH-Victoria	Victorian Government Department of Health
DoH-Australia	Australian Government Department of Health
ACSQHC	Australian Commission on Safety and Quality in Health Care