Welcome

2016 has started with a flurry of activity that has continued over the past 6 months. From February to June we have successfully organised the:

- 2016 Evidence into Action forum
- ‘Collective Leadership for High Quality Care’ forum that was attended by emergency department nurse leaders
- Training day for 2016 evidence based care project leads
- Critical LINK alumni for 2013 and 2014 participants

For the first 6 months of the year we have had in excess of 400 emergency department staff attend our functions, it has been wonderful to see you all at our events and to be able to hear of the innovations and improvements that are being made across the emergency sector.

The pace does not seem to be abating in the second half of 2016 with a ‘Maintain the Pace’ evidence based care (EBC) project lead day scheduled for August and a nursing and medical leadership day in November. All of our events will have detailed reports of each day on our website.

‘Evidence into Action’ Forum

The 2016 ‘Evidence into Action’ forum was held at the MCG on 24 February 2015 with almost 200 participants. Clinicians from 34 emergency departments attended from a mix of metropolitan, rural and regional, interstate and New Zealand.

It was great to see so many of you attend from all over the state!

The expert panel session this year was on behavioral emergencies. There were three informative presentations by police, Ambulance Victoria and Professor George Braitberg from Melbourne Health.

The afternoon sessions saw the new 2016 EBC projects introduced and project leads from 2015 were chosen to show case their project. Presentations from the 2015 improvement projects were: Trish Mant, Barwon Health (urinary catheter), Kelly Styles, Box Hill (peri intubation) and Therese Richardson, Ballarat (COPD). The day was a great success with demonstrations of high caliber work being completed in the sector, it is important to share and celebrate our success.

All presentations from the forum will be on our new website at the end of July.
2016 Evidence-Based Care (EBC) Improvement Projects

The Emergency Care Clinical Network’s (ECCN) eighth cycle of evidence-based care is underway! Launched at the annual Evidence into Action forum, 7 topics have been offered in this cycle with some uptake of old topics. Topics for 2016 include:

- Deteriorating patient
- Intranasal fentanyl for children
- Peri intubation bundle of care
- Urinary catheter bundle
- Return ED visits
- Rapid rule out ACS
- Severe sepsis

‘Maintain the Pace’ day for project leads
25 August 2016

The ‘Maintain the Pace’ project lead day is on the 25 August. Invites have been sent to all project leads. Please contact us if you have not been included in this invitation and you are a member of one of the project teams.

This day re-engages project leads with the ECCN team, re-connects you with other site project leads and reinvigorates project leads for the final stretch of the 2016 EBC projects.

Clinical updates

Lessons from coroner’s cases

Deep Vein Thrombosis

Two recent coroners’ cases highlight the importance of risk assessment for the development of deep vein thrombosis (DVT) and provision of information to patients about steps they can take to prevent and symptoms and signs of DVT to watch out for.

In the first case, a man was involved in a motorcycle accident, sustaining an ankle fracture which was immobilised in plaster. About 14 days later, he died suddenly of pulmonary embolism (PE). In the second case, a woman fell from a low height rupturing her Achilles tendon. This was treated with immobilisation in plaster. She died suddenly about 2 weeks later from PE. Both patients had been treated and discharged from emergency departments (ED). Both also had the additional risk factor for DVT due to high body mass index (BMI).

These cases are a timely reminder of the risk of DVT/ PE in patients with lower limb injuries treated in plaster casts as outpatients. While current national and international guidelines vary in their recommendations regarding treatment of outpatients with lower limb injuries, there is some evidence that at-risk patients might benefit from treatment with anticoagulants to prevent DVT. Thus a risk assessment based on patient and injury characteristics is advisable. It is also important to provide patients with information about how to prevent and recognise DVT such as the National Health and Medical Research Council information brochure entitled ‘Stop the clot: Reducing the risk of blood clots in your legs and lungs’ It is available on line and in 13 languages in addition to English.

The online URL is (https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cp134a_stop_the_clot_brochure.pdf).
The Emergency Care Clinical Network has written to all Directors of Emergency Departments in Victoria highlighting the importance of providing written information to patients and their families about the risk and symptoms of DVT and PE.

**Button battery ingestion**

Prevention of button battery related injury is a child safety issue that is managed by Kidsafe Victoria, and Consumer Affairs Victoria (Department of Justice) also manage it as a product safety issue. Both of these organisations have information resources and an active public awareness campaign to warn the public and parents of the risks associated with button-battery ingestion by children and how to prevent these. The Royal Children's Hospital has Clinical Practice Guidelines for the management of button battery ingestion (link below). The Victorian Poisons Information Centre at Austin Hospital also provides information to parents to help manage such incidents when they call the poisons hotline of 13 11 26.

Resource links:

http://www.rch.org.au/clinicalguide/guideline_index/Foreign_Bodies_Ingested/

http://www.poison.org/battery/guideline

**Medication updates**

**Intranasal Fentanyl**

AV has recently introduced Fentanyl 250mcg/ml intranasal tamper evident pre-packaged medication; this comes complete with nasal actuator. Contact us at ECCN for further information.

**Nurse administration of adrenaline and amiodarone**

A secretary approval allowing registered nurses and midwives to possess and administer adrenaline and amiodarone, without an order from a medical officer, has been endorsed. Health services are responsible for developing appropriate organisational policies and procedures that align with the approval and the Australian Resuscitation Council guidelines. Links to the approval and set of FAQs are on our website:

Further information can be obtained at:


**Road Safety Act blood samples – procedural change**

In late October, the Road Policing Drug and Alcohol Section of Victoria Police released new procedures for taking Road Safety Act blood samples. A significant proportion of people injured in road crashes attend emergency departments so it is important that emergency clinicians are aware of key changes which include:

- Who to test: the legislation states that any person aged over 15 years involved in a motor vehicle accident that comes to a hospital for examination or treatment must allow taking of a blood sample.
- Who can take the test: a doctor or registered nurse. Make sure that you have the latest version of the forms as previous versions only permit a doctor and not an approved health professional (registered nurse) to sign them.
- Testing uninjured people: Police may request a doctor or nurse to take a test from an uninjured person if Police reasonably believe that they were the driver of a vehicle involved in a crash resulting in death or serious injury.
- What if the preliminary breath test was negative? In the past, taking these blood samples could be avoided if a preliminary breath test was negative and the relevant form was filled out. While this is technically still the case, a preliminary breath test does not test for drugs so clinicians are strongly encouraged to take a blood test if at all possible.
An evidence based review and training resource on smooth patient flow. Its aim is to enhance and consolidate research evidence on the theory and practise of patient flow systems and to make this an accessible training resource for healthcare professionals.


In early 2015 the Victorian Government appointed Dr Douglas Travis to undertake a review of the current capacity of Victoria’s public hospitals and to provide recommendations on strategies to improve this capacity.

The findings of the Travis Review were released in June 2015. The review noted that demand for public hospitals will continue to increase at a faster rate than funding for additional capacity and optimising innovation would achieve a sustainable increase in capacity.

Better Care Victoria (BCV) was a key recommendation of the Travis Review. The BCV board is chaired by Dr Travis and its members bring extensive clinical and leadership experience.

The purpose of BCV is to enable and support the highest quality of care for Victorians through the identification, scaling and embedding of innovative practice across the Victorian health system. BCV received 192 EOI’s from across the sector and 24 have successfully made it to business case development. It is anticipated that business cases that receive funding will be announced by the end of July.

To find out more visit the BCV website at <www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/better-care-victoria>.

In July 2016 our new ECCN website will be launched, emails will be sent to all sites with our new website address.