Management of Renal Colic
Ballarat Hospital

Why this project is important to our Emergency Department

In March 2012, the Emergency Care Improvement and Clinical Network (ECIICN) embarked on its fourth round of evidence-based improvement projects in Emergency Departments (EDs). The aim of these projects is to enhance the use of evidence-based care in EDs, to reduce variation in clinical practice and to improve consistency of care.

Ballarat Hospital Emergency Department selected ‘Improving the management of renal colic’ as the topic for improvement. Renal colic is a common condition at ED and causes great distress for patients. The project has presented the ED with the opportunity to improve management for patients suffering renal colic and to ensure uniformity in care of these patients.

What we did

• Systematic education of staff through face-to-face presentations, posters and leaflet propaganda, with handover reinforcements.
• Introduction of a standardised protocol of nurse-initiated analgesia and NSAID’s
• “Showbags” containing all pre-filled pathology test requests and containers, prescription stickers, and discharge prescription recommendations were stored in a visible area in the triage room
• All patients assessed at triage as being likely to have renal colic were given a Category 2 allocation
• The Short Stay Unit pathway for Renal Colic management was updated to reflect best practice.

What we achieved

1. Non-steroidal agents within 60 minutes of ED presentation increased from 27% to 70% (p<0.01)
2. Pain score ≤2 at 60 minutes after ED presentation increased from 30% to 39% (p=NS)
3. Discharged on NSAID (unless have reduced renal function) increased from 3% to 32% (p<0.01)
4. Has documented pain score, temperature measurement, renal function test, white cell count and MSU increased from 10% to 72% (p<0.01)

What we learnt

• There are multi-factorial barriers to implementing practice changes, from apathy and forgetfulness, to righteous independence and distrust of the “new”
• Change needs to be repetitively reinforced
• Motivation for sustained change remains elusive
• If you don’t offer a person a choice, they will usually choose what you tell them to do.

What we would do differently next time

• Administrative limitations upon the handling and dispensing of S8 class drugs limits nurse independence of practice. Attention is best focused on supporting staff in the department that are enthusiastic about innovation and use these people as champions to spread process change.
• Implementing change is a difficult process. It takes time, encouragement and constant reviewing. Be happy with small victories!

Impact on patient care, staff and ED

• Increased nursing POWER
• Improved time to effective analgesia, relief of pain and improved patient satisfaction
• Reduced length of stay and improved through-put within E.D
• Increased the project team’s investment and awareness of quality projects
• MASSIVE SUCCESS!!