# EMER

Emergency Medicine Events Register

# EMER SITE CHAMPION NEWS

Edition 13 | January, 2017

## Welcome!

Another year, another EMER newsletter! Hope you all had a safe and enjoyable Christmas and New Year season.

So, what's been happening over the last few months with EMER? Contract negotiations have been under way and ACEM have committed to continued funding of EMER. Great news! This demonstrates the value ACEM sees in EMER contributing to making our ED's a much safer place.

Those of you who attended the ACEM Annual Scientific Meeting held in Queenstown, NZ in November may have had the opportunity to hear Dr Carmel Crock and Dr Kim Hansen speak about EMER. To read more about the ASM and EMER presentation, go to page 3 of this newsletter.

Other news……reporting numbers continue to increase but your input is still vital. I'm sure the start of a new year has bought new faces into your department making it a perfect time to rejuvenate EMER promotion amongst both clinicians and consumers. It may also be a perfect opportunity to enlist someone to assist you as the EMER Site Champion.

Best wishes,
The EMER Steering Group

## In This Issue



| State | Number of sites |
|---|---|
| Qld | 17 |
| Vic | 11 |
| NSW | 9 |
| WA | 7 |
| NZ | 3 |
| SA | 3 |
| ACT | 2 |
| Tas | 1 |
| NT | 0 |
| **SUM** | **53** |

## EMER Database Update

We have 351 clinician and 25 consumer reports in the EMER database. Currently there are 53 EMER sites with 48 Site Champion across Australia and New Zealand. We still have no representatives for NT. If you know someone who may be interested in being an EMER representative please ask them to contact us. Or give us their details. We are always looking for new recruits to help spread the word.

And don't forget consumers are valuable data sources too. They see what clinicians don't see……the other side of the event. Please encourage them reporting anything that they express as a complaint, incident or compliment via the EMER (consumer reporting form).

*Remember, ALL incidents are valued —near misses and "good saves" included. So keep reporting!*

**EMER: Anonymous Confidential Protected**

# Incident in Focus

***The incident below was reported by a clinician into www.emer.org.au***

Clinical Presentation - Collapse in waiting room of a person who was not a patient/not registered.

What happened? - Nurse noticed person sitting in waiting room, looking pale. Nurse ran into department and called for help, leaving person in waiting room unattended. Team of doctors/nurses ran into waiting room, to find the individual sitting upright but non responsive. Chaos ensued. Eventually a trolley arrived and the individual was lifted by 4 people on to trolley and taken to resus cubicle.

Contributing factors - Occurred during morning handover. End of night shift. Unexpected event.

Minimising factors - Team work and the fact that the individual recovered spontaneously once laid flat. ? had a fit. ? cardiac or vasovagal event

Consequence or outcome - Staff felt that the nurses and doctors did not manage the emergency well. There was a lot of blame and accusations around competency of staff. The overall result, after multiple debriefs is that we will be running fortnightly simulations for night staff to help with them getting more familiarity in managing unexpected events /emergencies such as this.

Prevention - Better monitoring of the waiting room -we have no clerical staff after 2 am (up till 7am) so nurses do the clerical work and the waiting room is not always well monitored.

Immediate actions taken - Code called and team assembled, individual put in resus, monitored, given oxygen etc.

Notifier designation - ED Physician

# Publications of interest


1) West, A. (2016) Letter to the editor: One register to rule them all: Emergency Medicine Events register? *Emergency Medicine Australasia.* doi: 10.1111/1742-6723.12692. **https://www.ncbi.nlm.nih.gov/pubmed/27748015**

2) Leistikow, I., Mulder, S., Vesseur, J. and Robben, P. Learning from incidents in healthcare: the journey, not the arrival, matters. *BMJ Quality & Safety.* 0:1–5. doi:10.1136/bmjqs-2015-004853. (2016). **http://qualitysafety.bmj.com/content/early/2016/04/01/bmjqs-2015-004853.full**

3) O'Hara, J.K. and Lawton, R.J. At a cross roads? Key challenges and future opportunities for patient involvement in patient safety. *BMJ Quality & Safety.* doi:10.1136/bmjqs-2016-005476 (2016) **http://qualitysafety.bmj.com/content/early/2016/06/28/bmjqs-2016-005476**

4) Glickman, S.W., Mehrotra, A., Shea, C.m., Mayer, C., Strckler, J., Pabers, S., Larson, J., Goldstein, B., Mandelkehr, L., Cairns, C.B., Pines, J.M. and Schulman, K.A. A Patient Reported Approach to Identify Medical Errors and Improve Patient Safety in the Emergency Department. Journal of Patient Safety (2016) **https://www.ncbi.nlm.nih.gov/pubmed/27811598**

5) Goldman, B. Doctors make mistakes, can we talk about that? (2011) TEDxToronto. **https://www.ted.com/talks/brian_goldman_doctors_make_mistakes_can_we_talk_about_that.**

# ACEM ASM 2016

The ACEM Annual Scientific Meeting was held in Queenstown in November 2016. We were fortunate enough to be able to showcase EMER over 2 sessions. Dr Kim Hansen presented the deaths in EMER as part of the Patient Safety session, and Dr Carmel Crock in the Quality session summarised studies on, and taxonomies of, error in emergency medicine and how EMER adds to this body of research. Both were well attended and generated considerable discussion.

From the speaker's podium, there were several mentions of how emergency medicine is a "risk business" (the theme), the importance of incident monitoring and how to ensure your department has Patient Safety at the forefront. High risk topics were discussed such as testing for PE and MI, cardiac arrest and intubations. Dr Crock was also interviewed 'on the couch' with Dr Chris Mobbs on physician wellbeing and career sustainability, where the effect of error on ED trainees and physicians was discussed, and how it can contribute to stress and burnout. The benefits of EMER allowing and encouraging open discussion of error by our specialty was also mentioned during this interview.

# Targeted reporting


Targeted reporting continues. The incidents we are continuing to focus on include:

1) Airway management
2) Interhospital transfers
3) Conflict between teams

# Meet the Steering Group

With increased communication between the EMER Steering Group and Site Champions we would like to take this opportunity to introduce one of the EMER Steering Group members to you via this newsletter! In this edition, it is with great pleasure we introduce you to ***Ms Anita Deakin.***

Anita is the Research Fellow/Data Analyst at the APSF. She has been working in incident monitoring and patient safety since 1999, initially for APSF, then for 7 years at Patient Safety International (now CSC), and returned to APSF in 2012. Initially her journey into patient safety began in 1999 as the AIMS Senior Incident Classification Officer. She then moved into Client Services and Support which then led to her role in software development as the Principal Ontology Developer responsible for the management and design of the AIMS classification system. She has also been involved as a consultant in the development of the WHO International Classification for Patient Safety. Since her return to the APSF she has been involved in various projects utilising her vast knowledge and experience in data management and incident classification. Anita's background in health began as a Registered Nurse. She holds a Bachelor of Applied Science (Nursing), Cert IV in Occupational Health and Safety, along with various other certificates. She has been an active member of the EMER steering group since 2012.

## Contact Us

If you have any questions or comments about EMER, please contact us on **emer@acem.org.au**

This email is monitored by Australian Patient Safety Foundation staff, who can also be contacted on (**08) 83022447**

www.emer.org.au

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Info@ausdem2017.com

Ph +61 2 8204 0770