



EMER

Emergency Medicine Events Register



Getting involved in EMER (the Emergency Medicine Events Register)

The EMER is an online specialty-specific adverse event and near miss reporting system funded by ACEM in collaboration with the Australian Patient Safety Foundation (APSF). The data collected will be used to better understand “what’s going wrong” in EDs across Australia and New Zealand. The aims of EMER are to:

- identify and mitigate risks to patient safety,
- inform ACEM of the challenges faced by ED staff on a daily basis, and
- use this information to improve safety and quality in emergency departments in Australasia.

Who can report?

Anyone working in EDs can report into EMER. Participation is anonymous, voluntary, and free. Using EMER is protected from disclosure under Commonwealth legislation and all information is confidential and de-identified in reporting. CPD points are available from using EMER.

Benefits

There are a range of potential benefits for Emergency Medicine from participating in EMER:

- accurately recording system deficiencies to support arguments for improvement
- identifying problem areas in EDs and potential preventative strategies
- feedback (eg case studies, educational material, journal articles)
- informing and coordinating risk management and quality assurance activities.

What to report

We are encouraging ED staff to report incidents (a near miss or an adverse event) including:

- any patient safety concerns (eg an unsafe situation in which a patient was harmed)
- diagnostic error
- inter-professional issues within and between hospitals and healthcare professions
- procedures (eg lumbar puncture, procedural sedation, intubation, chest tube insertion)
- resourcing and access to functioning equipment
- human factors (eg work hours, sleep and fatigue; interruptions; equipment design; teamwork, leadership, situation awareness)
- staff training
- system design and workflow issues
- violations.

Existing hospital-based reporting systems

Most hospitals have a reporting system in place. For EMER, we are interested in incidents that could recur in other hospitals’ EDs, and we are targeting “quality” over “quantity” - we want incidents that can inform system change because of the broad representativeness of what happened and/or the high level of detail and knowledge about the incident. These incidents can also be reported into hospital systems. EMER has been especially designed for ease of use and relevance to EDs.

More information

See www.emer.org.au for more information, including a short demonstration video of how to use EMER.