



australian holidays **nsw act**

Kangaroos are taking over an Aussie city



Metro and Rural FACEMs- We are all the same

Same

- Value and worth
- Patients treated
- Emotions

Metro and Rural FACEMs- We are all the same

Same

- in our diversity
- in our training
- same FACEM, different location
- different locations, same FACEM

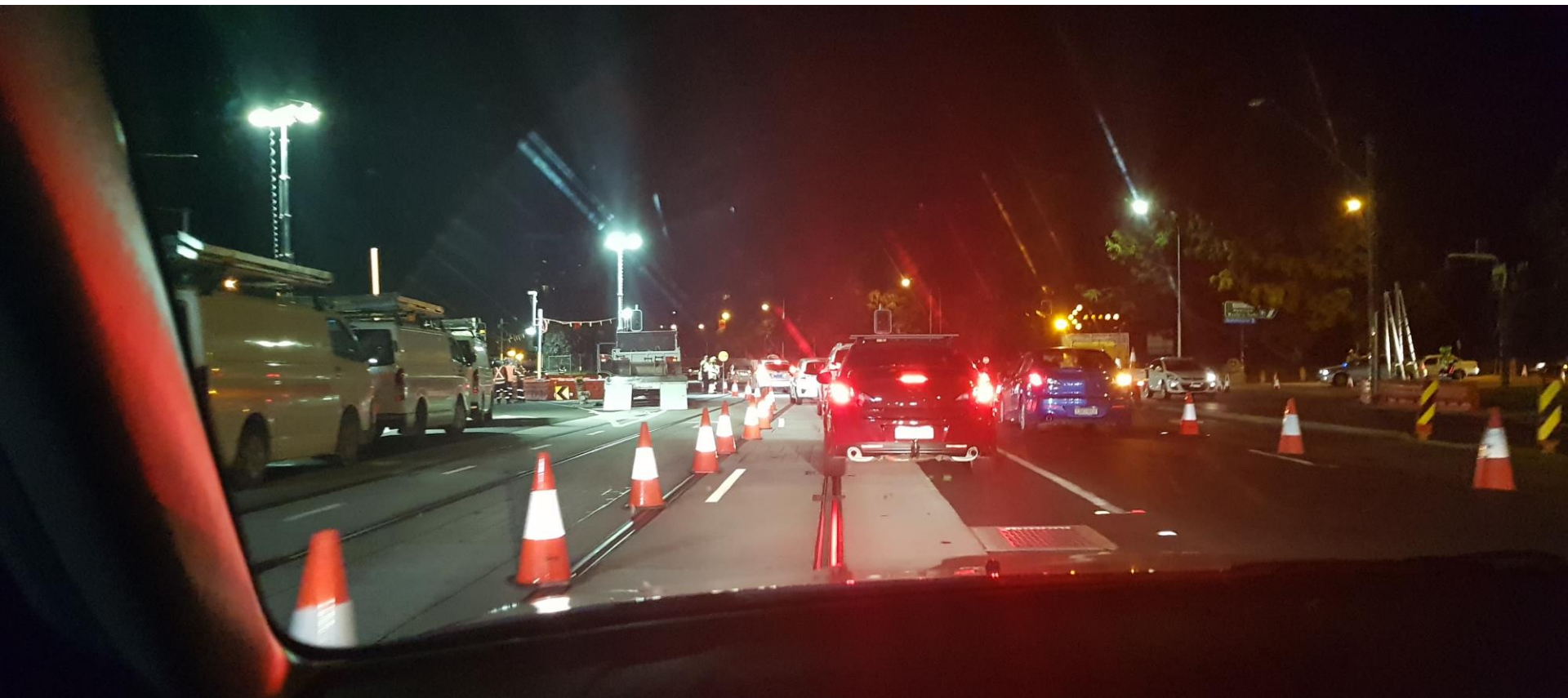






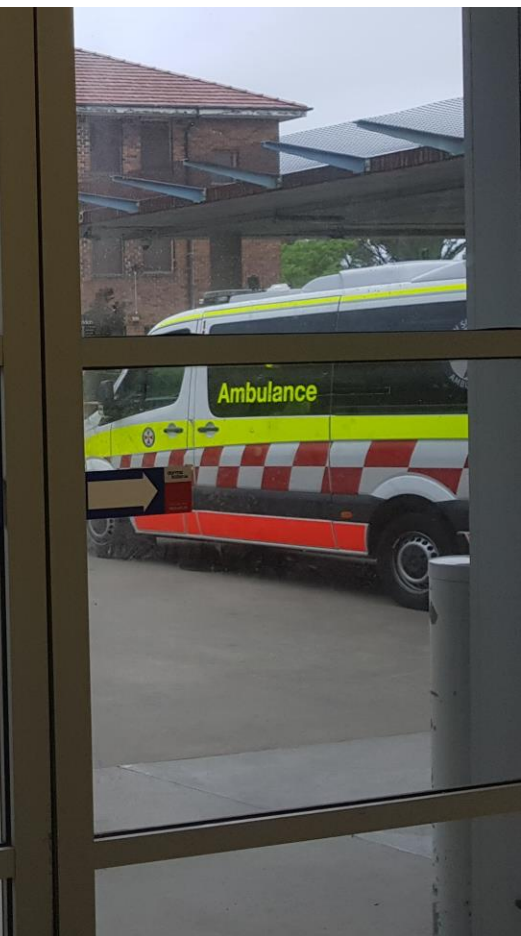






























What do the administrators say?

“they can do anything”

“we know what we are getting”

“ they can work anywhere”

What do the administrators say?

“they can do anything”

“we know what we are getting”

“ they can work anywhere”

“we should pay them more”

“ how can we let them know how much we love them”

What do the administrators say?

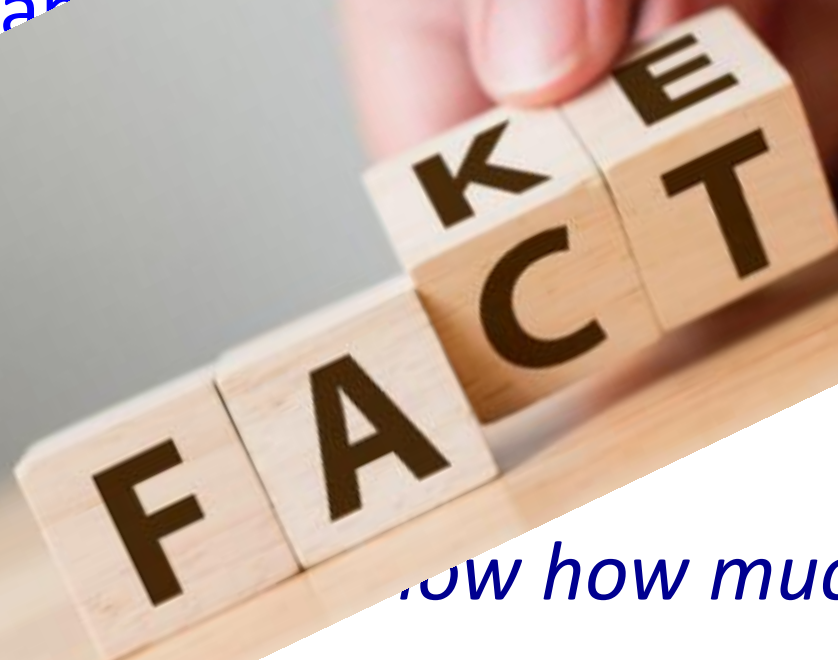
“they can do anything”

“we know”

“it’s

“w

“how much we love them”



Shared leadership challenges

New Metro

Has a negative impact on quality of care, work satisfaction and leads to poor patient outcomes and staff burnout. Measured every month but no longer discussed at meetings. No sense of urgency to deal with the issue because there is no buy-in from executives. This problem will not disappear, as hospital bed capacity is never going to be enough for demand. Need a systems approach to innovative solutions for models of care in ED, and also, health models that result in ED avoidance.

New Rural

Impacts the ED on a daily basis. It leads to crisis management, poor planning, lack of time for other pressing tasks, creates tension between colleagues and is clearly not being managed. The problem is getting worse.



Experienced Metro

This affects all functions of the hospital. "The single biggest threat to patient care and the specialty of emergency medicine". Access block is the single biggest cause of clinician burnout and patient risk and harm. Constant struggle, as solutions are often outside ED, taking up a disproportionate amount of time and effort.

Experienced Rural

The lack of sufficient ward beds causes overcrowding in ED. Has significant negative impact on ED performance for all other areas (waiting times, DNW, ED discharged patients performance, etc.). Workforce planning both across ED and the hospital could help alleviate overcrowding and access block.



Mel Venn @doc_indy · 22h

Huge list of challenges for ED directors! No surprise that the worst are administration, challenging colleagues and access block. Andrew Rixon on research into DEM [#ACEM18](#)



FACEM Scope of Practice

Scope of Practice Survey



Direct and indirect patient care



ED shift management



Supervision and training



Administration internal and external to ED

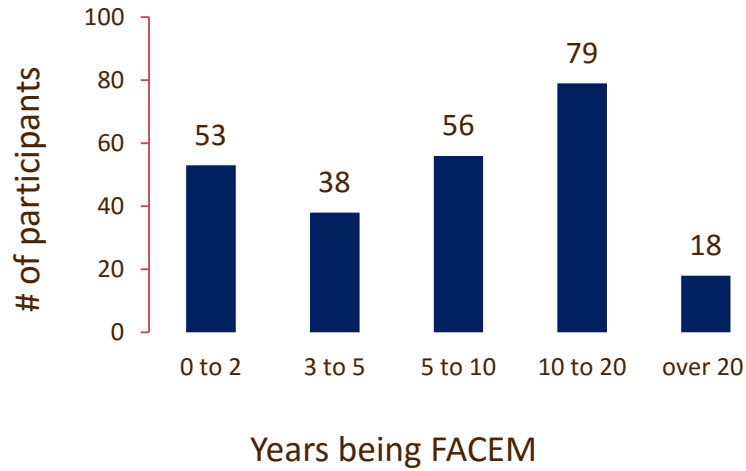


- 60-point survey within 5 major descriptive categories

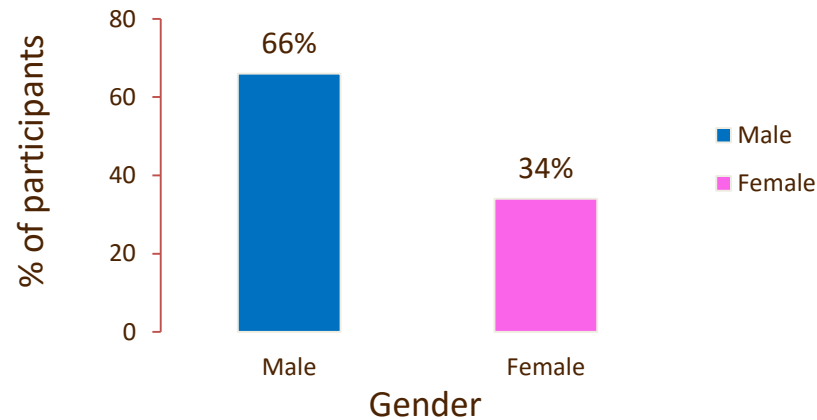
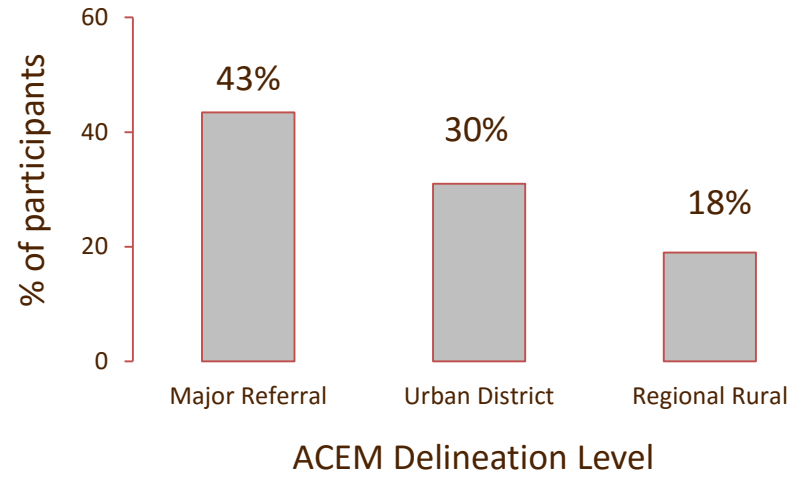
Results:

244 FACEM Respondents

■ Years being FACEM



■ ACEM Delineation Level



Direct & Indirect patient care

In Scope



	Perception (%)
• Provide pre-hospital care guidance to other health professionals	86
• Manage the arrival of a patient via ambulance and/or helicopter	91
• Perform advanced, complex procedural skills (excluding resuscitation)	96
• Perform sedation when required	100
• Participate in resuscitation of a patient	100
• Order investigations	99
• Follow up investigations to ensure results are available within a reasonable amount of time	93
• Complete documentation to reflect clinical decisions, tests, procedures and discharge diagnoses	100
• Provide a patient and their relatives/carers with counselling for serious concerns, serious illness and death in the ED	99
• Arrange admission of a patient to an inpatient bed	88
• Make the decision to discharge a patient. This includes liaising with patient family and carers, community healthcare providers, as appropriate	98
• Arrange for transfer of a patient to another hospital	85

ED shift management

In Scope



Perception (%)

- | | |
|---|-----|
| ▪ Liaise with the nurse co-ordinator regarding deteriorating or a potentially deteriorating patient requiring an escalating level of care in the ED | 100 |
| ▪ Lead disaster and surge management | 94 |
| ▪ Notify manager if required workforce is not present on a shift | 85 |
| ▪ Manage bed allocation within the ED | 83 |
| ▪ Support nursing and allied health colleagues in the performance of their clinical duties | 83 |



Supervision and Training

In Scope



Perception (%)

- Teach clinical skills and clinical acumen to registrars, non-specialist medical officers and medical interns in the Emergency Department 100
- Review the decisions and actions of registrars and provide reassurance to patients, as required 100
- Use advanced or complex skills where registrars are experiencing difficulty 100
- Ensure that registrars are reviewing the results of investigations in a timely manner and that their patient management decisions have senior doctor support 86
- Manage the formal performance appraisal and development of junior medical staff 98
- Supervise the clinical care provided to patients by non-specialist medical officers and medical interns in the ED 96
- Provide multidisciplinary supervision, training and education for nurses, allied health staff, and other members of the ED team 91
- Supervise Emergency Medicine Certificate/Diploma candidates 99
- Ensure that registrars are seeing patients in a timely manner and that there is relative balance of clinical workload 96
- Supervise registrars to ensure completion of paper or electronic medical records so that they accurately reflect clinical decisions, tests, procedures and discharge diagnoses 96



Administration internal to ED

Perception (%)

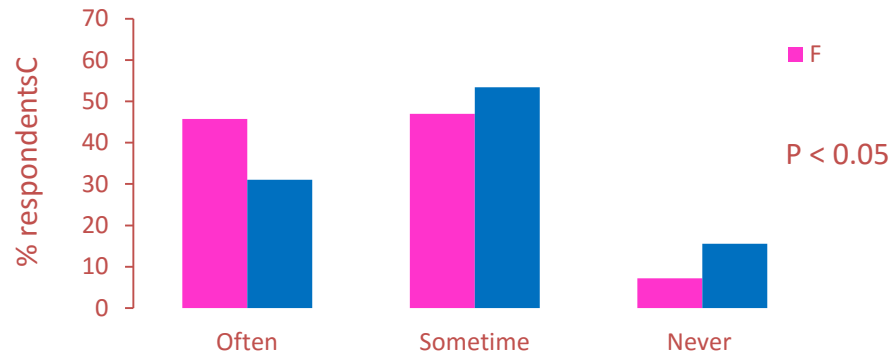
- | | |
|---|----|
| ▪ Field initial patient complaints and attempt to resolve them | 91 |
| ▪ Participate in complaint reviews | 92 |
| ▪ Participate in addressing and resolving departmental conflicts involving medical staff who are directly responsible to me | 94 |
| ▪ Identify sources of inefficient and/or adverse activity in the ED and propose strategies for improvement | 95 |
| ▪ Initiate, participate in and progress emergency medicine research | 90 |
| ▪ Assist in the recruitment of other medical staff, if required | 80 |

Administration external to ED

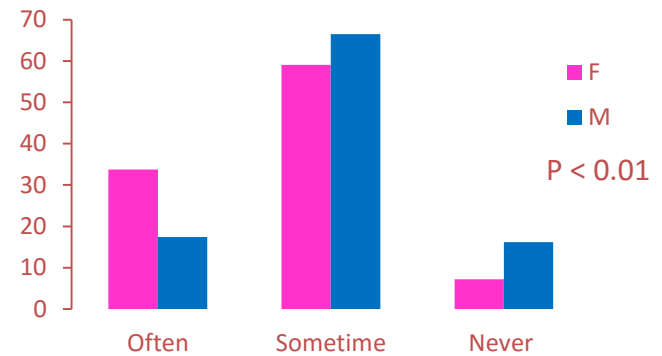
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| • Discuss with inpatient medical staff about the need for admission if the initial request is denied | 95 |
| • Participate in addressing and resolving inter-departmental conflicts involving medical staff who are directly responsible to me | 90 |
| • Provide advice to the Director of Medical Services on matters relating to emergency medicine and the ED | 82 |
| • Attend to and/or provide advice to the Medical Administrator/Director of Medical Services regarding medico-legal issues that arise concerning patients that have been under care | 90 |

Significant findings : Gender

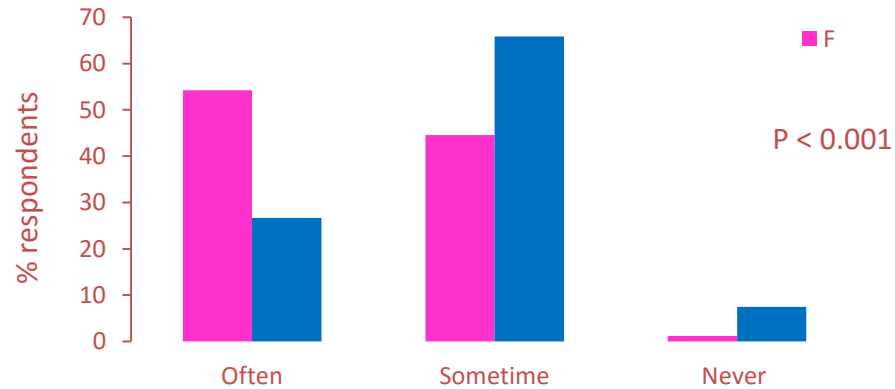
Request and/or obtain meals or fluids for a patient



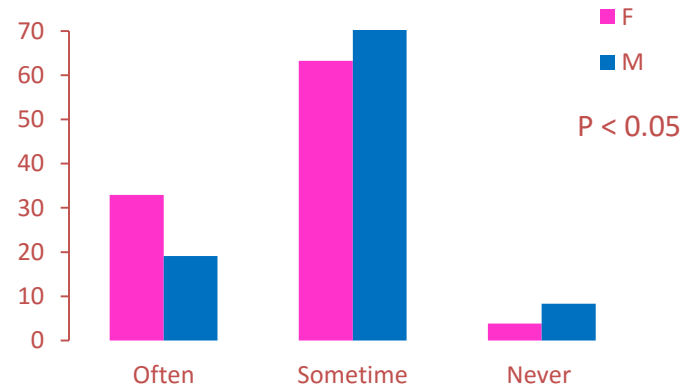
Administer oral medication to a patient



Request or obtain pillows, blankets for a patient

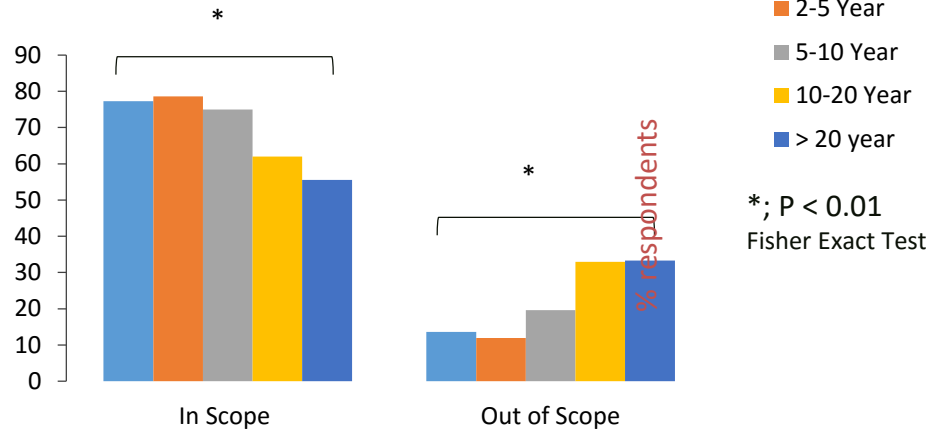


Locate relatives on a patient's behalf



Staff seniority

Manage IV fluids in progress



Request and/or obtain meals or fluids for a patient

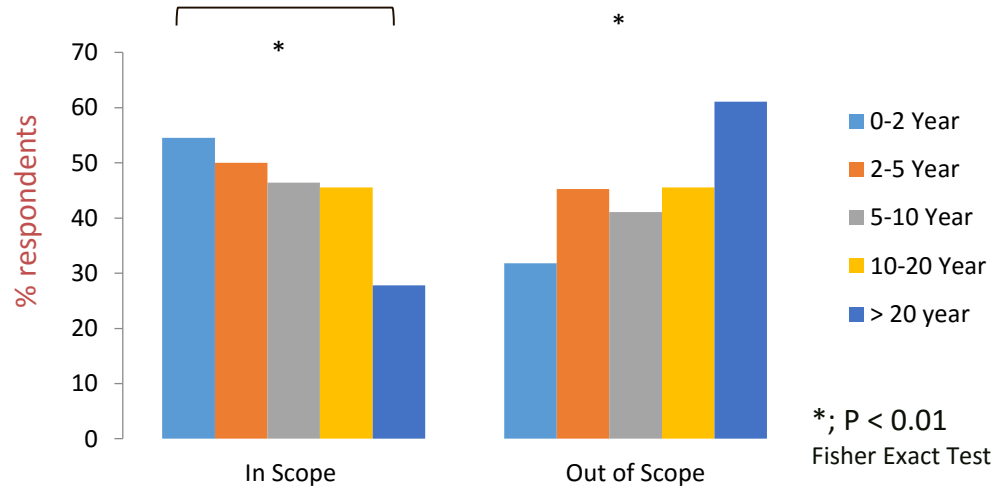


Table-3: Ranking of top challenges for emergency care stakeholders by ED role delineation level

ED Challenges

Challenges	2016 Survey						
	Combined	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Increased demand for services	1	13	2	2	1	1	2
Access block	2	14	14	11	3	2	1
Lack of staff	3	2	1	1	2	3	4
Inefficient hospital systems / poor communication	4	15	16	7	6	5	3
Mental health	5	16	3	3	5	11	10
Patient and public expectations	6	3	5	6	10	14	6
Ageing population	7	4	11	10	8	4	8
Safety and security	8	5	4	5	11	9	13
Time based targets	9	9	21	21	12	6	5
Lack of senior clinicians	10	6	17	8	4	10	9
Health bureaucracy	11	17	10	9	7	7	11
Lack of resources	12	18	8	12	9	15	12
Transfer of patients	13	1	6	4	15	21	22
Overcrowding	14	19	20	20	19	13	7
Recruitment and retention	15	10	9	15	13	12	14
Lack of education / professional development	16	11	15	16	14	8	15
Poor or blocked Internet access	17	7	12	14	18	17	18

















