



## Proposed activities under the Outcome and Performance categories

### A: Morbidity and Mortality Meetings

Resources	MO Focus	MO Activity	RP Focus	RP Activity
NSW CEC M&M guidelines  Your own site's M&M protocol / guide  ACEM M&M guidelines	Assessing against minimum and gold standard for M&M conduct	Activity A: Assess own M&M delivery against one or more of the six core principles in the NSW CEC M&M guide	How well is the M&M run? <ul style="list-style-type: none"><li>– My own perspective</li><li>– Other attendees' perspectives</li><li>– Is there a patient perspective to consider?</li><li>– How effectively does the M&amp;M message get through to external stakeholders?</li></ul>	Activity B: Survey all discipline groups participating in M&M: <ul style="list-style-type: none"><li>– How effective is M&amp;M delivery in enhancing quality / avoiding error?</li></ul> Activity C: How do others rate my M&M delivery?  Activity D: How do I rate M&M delivery of my peers?

\*Up to 5 hours preparatory reading plus 22 -28 hours from activities below for a total of 22 – 33 hrs.

#### Activity A (MO) [suggested total hours = 7 - 9]

1. Read and reflect on the NSW CEC guidelines and any site-specific guides you have [1- 3 hr]
2. Compare your site's M&M operation against the NSW CEC minimum and gold standard benchmarks for each of the six core M&M principles [2 hrs]
3. Which, if any, of your core principles do not achieve the CEC minimum standards?
  - a. Recommend changes to bring the underperforming principles up to CEC minimum standard [2 hrs]
4. What changes to your M&M processes would recommend bringing your M&M performance up to the CEC gold standard? [1 – 2 hrs]

**Note:** you could implement these changes as part of your next year CPD activity (and write them up in your PDP as CPD goals)



## Activity B (RP) [suggested total hours = 7.5 – 9.5]

1. Read and reflect on the NSW CEC guidelines and any site-specific guides you have [1 – 3 hr]
2. Create a list of all relevant stakeholders in the delivery of M&M meetings at your site [0.5 hr]
3. Design a verbal or written survey of these stakeholders that ascertains their impression of the M&M meeting's capacity to: [2 hr]
  - a. Enhance clinical care quality
  - b. Avoid error
4. Conduct the survey [2 hr]
5. Develop a strategy to improve delivery [2 hr]

**Note 1:** this activity relies on memory recall and may only be effective at sites with frequent M&M meetings or when used prospectively

**Note 2:** you could implement these changes as part of your subsequent years CPD activity (and write them up in your PDP as CPD goals)

## Activity C (RP) [suggested total hours = 7.5 – 9.5]

1. Read and reflect on the NSW CEC guidelines and any site-specific guides you have [1 – 3 hr]
2. Create a list of all relevant stakeholders who have observed your delivery at M&M meetings at your site [0.5 hr]
3. Design a verbal or written survey of these stakeholders that ascertains their impression of your delivery [2 hr]
  - a. choose one or more of the NSW CEC principles. (eg leadership) and ask stakeholders to rate you on a Likert (eg 1 → 5) or binary (yes / no) scale [2 hr]
4. From the survey results, develop a strategy for improving your M&M delivery [2 hr]

**Note 1:** this activity relies on memory recall and may only be effective at sites with frequent M&M meetings or when used prospectively

**Note 2:** you could “generalise” this activity by asking stakeholders to rate the collective M&M delivery of the whole ED team participating rather than focussing on yourself

**Note 3:** you could focus on your M&M delivery improvement as part of next year's CPD activity (and write it up in your PDP as a CPD goal)



### B: Short Stay Unit performance

Resources	MO Focus	MO Activity	RP Focus	RP Activity
ACEM ED SSU guidelines (G554 2019)	- How well does my SSU comply with ACEM's (2019) guidelines for staffing / patient inclusion and exclusion criteria / design principles?	Activity A: Complete the ACEM EDSSU module on e-Learning site	How well are we running our SSU?	Activity C: Use the Leadership domain of the DHHS SSU self-assessment worksheet to rate your conduct of the SSU:
ACEM SSU evaluation module			How well do other clinicians in my SSU think I am performing in my SSU work?	Self-assess
Observation Medicine self-assessment tool (DHHS)	- how effective is my SSU in achieving good clinical outcomes?	Activity B: Complete the DHHS SSU self-assessment worksheet:	How well do I think other clinicians in my SSU are performing?	Peer assess
SSU guidelines (DHHS)	How effective is my SSU in achieving better patient flow / disposition (refer ACEM SSU KPI benchmarks)	Rate your service against the guidelines		Activity D: Use either the DHHS document's "self-assessment process" flowchart or your reflection on completion of the ACEM SSU module to plan performance improvement
Suite of articles and protocols embedded within ACEM SSU module	What do our patients think of their experience in SSU?	Identify gaps Propose actions		

Up to 5 hours preparatory reading plus 23 - 27 hours from activities below for a total of 22 – 33 hrs.

#### Activity A (MO) [suggested total hours = 8 - 9]

1. Complete and reflect on the EDSSU module on the ACEM eLearning site [4 hr]
2. Plot the barriers to better clinical outcomes in your SSU as an Ishikawa diagram [2 hr]
3. Recommend changes to SSU processes that remove these barriers [2 - 3 hr]

**Note:** you could implement these recommended changes as part of next year's CPD activity (and write it up in your PDP as a CPD goal)



## Activity B (MO) [suggested total hours = 4 - 6]

1. Review the DHHS SSU self-assessment worksheet [ 1 hr]
2. Modify the worksheet to your jurisdiction / local situation (if necessary) [1 hr if needed]
3. Assess your SSU against this worksheet to identify problem areas [1 hr]
4. Recommend strategies to address these problem areas [2 - 3 hr]

**Note:** you could implement these Recommended changes as part of next year's CPD activity (and write it up in your PDP as a CPD goal)

## Activity C (RP) [suggested total hours = 8]

1. Review and reflect on the four leadership guidelines (2.1 to 2.4) in the DHHS SSU self-assessment worksheet [1 hr]
2. If you have the ability or responsibility to ensure these four guidelines are met:
  - a. Conduct a self – assessment on how well you are meeting these four guidelines [ 1 hr]
  - b. Seek feedback from others (either informally or via a simple survey tool) on their assessment of your leadership of these four guidelines [ 2 hr]
3. If there is group responsibility for these four leadership guidelines:
  - a. Conduct an assessment on how well the group is meeting these four guidelines [ 2hr]
  - b. Seek feedback from other stakeholders (not in the leadership group) on their assessment of the group's leadership of these four guidelines [ 2 hr]

## Activity D (RP) [suggested total hours = 3 - 4]

1. Reflect on how well your site's SSU is managed by either considering what you covered in the ACEM SSU module or by mentally walking through the six steps of the DHHS "self-assessment process" flowchart (pages 2 and 3 of the DHHS document) [1 hr]
2. Develop a performance improvement plan which seeks to address any current weaknesses arising from: [2 -3 hr]
  - a. The case mix characteristics or changing trends of patients admitted to / excluded from SSU
  - b. The SSU service model (including patient flow, staffing level and mix, cost efficiency)

**Note:** you could carry out this performance improvement plan as part of next year's CPD activity (and write it up in your PDP as a CPD goal)



### C: Training and education delivery

Resources	MO Focus	MO Activity	RP Focus	RP Activity
ACEM trainee survey metrics	<p>What are the pass rate metrics for ACEM trainees at our site?</p> <p>How does our site compare with ACEM average for trainee-rated placement quality?</p>	<p>Activity A: Explore pass rate trend over past 5 years and look for patterns / trend explanations. Recommend changes</p> <p>Activity B: Map your site's trainee rated placement quality and develop a strategy to improve underperforming areas</p>	<p>How well do we support ACEM trainees at our site?</p> <ul style="list-style-type: none"><li>– Self-evaluation</li><li>– My evaluation of my co-educators</li><li>– Trainees' evaluation of me / us</li></ul>	<p>Activity B: Compare your site's trainee survey scores with the all-sites average scores</p>

Up to 5 hours preparatory reading plus 12 – 17 hours from activities described below for a total of 12 – 22 hours.

#### Activity A (MO) [suggested total hours = 6 - 9]

1. Retrieve the last five years of exam pass rate records for trainees at your site [ 1 hr]
2. Look for trends (eg increasing pass rate) or associations (eg gender based differences) [2 - 3 hr]
3. Seek explanations for the trends / associations (perhaps by discussing with relevant others) [1 - 3 hr]
4. Develop strategies to optimise trainee pass rates based on these explanations [2 hr]

#### Activity B (RP) [suggested total hours = 6 - 8]

1. Obtain your site's most recent ACEM trainee survey report [ 1 hr]
2. compare your site's survey scores against the supplied ACEM "all-sites average" scores (score pairs) [ 1 hr]
3. Plot score pairs on a radar graph or bar chart to get a good visual overview of the differences [ 0.5 hr]



4. Select those score pairs where your site score is substantially lower than the all-sites average [0.5 hr]
5. Seek to find plausible explanations for these differences (perhaps by discussing with relevant others) [1- 3 hr]
6. Develop strategies to improve your site score [2 hr]

**Note:** you could reverse the logic in this activity and focus on the areas where your site scored better than the all-sites average and seek strategies to ensure that this higher performance is maintained in future. You could also share your success with other sites by conducting a workshop, posting a report on an appropriate training forum, inviting other sites to join you in a peer evaluation.



### D: Mental Health Care

64 hours as per the activities described in the Mental Health CPD guide below

Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
<b>Reviewing Performance</b>					
Counselling skills simulation	<p><b>Activity aim:</b> To review performance in a counselling skills simulation.</p> <p><b>Learning outcomes:</b> Effectively perform counselling skills and identify strengths and areas for improvement.</p>	<p><b><u>Instructions:</u></b></p> <p>One participant takes the role of an ED doctor and the other the role of a patient with a mental health issue</p> <p>Gather an audience to observe the simulation</p> <p>Observers to provide verbal feedback at the end of the simulation</p> <p>Simulation should take approximately 30 minutes and an additional 30 minutes spent discussing feedback</p> <p>The clinician will also undertake self-evaluation and discuss the overall feedback with a relevant colleague</p> <p>Participants can take turns to perform each role.</p> <p><b><u>Counselling skills simulation:</u></b></p> <p>Elicit the presenting problem from the patient and demonstrate required skills (e.g. rapport building, history taking, assessment, cultural competence, confidentiality)</p>	<p>Clinician and patient role (including preparation, simulation and evaluating feedback)</p> <p>= 3 hours.</p> <p>Observer role only (including observation of simulation and providing feedback)</p> <p>= 1 hour.</p>	Participatory, minor activity.	Documentation <sup>1</sup> showing evidence of involvement, confirming the clinician's role, the date(s), and duration of activity.

<sup>1</sup> Documentation may include meeting minutes, correspondence between participants, or other relevant documents.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
<i>Counselling skills simulation continued</i>		<b><u>Ideas for providing feedback:</u></b>  Observers invite the clinician to consider how they felt during the simulation and share how their experience influenced their performance. Invite the patient to share their experience  Ask the clinician how they thought the simulation went, including what went well and areas for improvement  Identify learnings to implement in practice.			
Mental status examination	<b>Activity aim:</b> To review performance of a mental status examination.  <b>Learning outcomes:</b> Identify key elements of a mental status examination and reflect on revaluations.	<b><u>Instructions</u></b>  Observer(s) watch clinician conduct patient assessment  Clinician evaluates the patient's presentation according to the components of the mental status examination tool / guide  Clinician and observer(s) reflect, discuss, and compare observations as a group.	1 hour.	Participatory, minor activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician's role, the date(s), and duration of activity; de-identified copy of mental status examination, certifying the clinician's role, the date(s), and duration of activity. <sup>2</sup>





Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Case for peer review	<p><b>Activity aim:</b> To present a mental health-related case for peer review.</p> <p><b>Learning outcomes:</b> Contribute to case discussions effectively, and identify lessons learned and opportunities to improve care-provision.</p>	<p><b><u>Instructions:</u></b></p> <p>Select a mental health case to present for peer review</p> <p>Choose a case where a “difficulty” arose</p> <p>The case should be presented using a structured conversation style</p> <p>Observers provide verbal feedback on the case presentation during the same session.</p> <p><b><u>Ideas for cases for peer review:</u></b></p> <p>Select a case that was difficult for reasons involving diagnosis, treatment, making a referral decision, lack of knowledge/ confidence, or had concerns raised by colleagues.</p> <p><b><u>Ideas for providing feedback:</u></b></p> <p>Identify clinician’s strengths and areas for improvement</p> <p>Discuss lessons learned and opportunities to improve care-provision such as quality and safety of mental health care.</p>	<p>Presenter role (including preparation, presentation, and discussion)</p> <p>= 4 hours.</p> <p>Participant role</p> <p>= 1 hour.</p>	Participatory, minor activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician’s role, the date(s), and duration of activity.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Reviewing performance of a risk assessment	<p><b>Activity aim:</b> To review performance of risk assessment skills in a simulation.</p> <p><b>Learning outcomes:</b> Effectively perform a risk assessment.</p>	<p><b>Instructions:</b></p> <p>One participant each takes the role of an “ED clinician” and another, a “patient”</p> <p>Relevant colleagues will observe and provide verbal feedback at the end of the simulation</p> <p>Simulation takes approximately 30 minutes and an additional 30 minutes to be spent providing feedback</p> <p>The “clinician” will undertake self-evaluation and discuss the experience in the simulation with the observers.</p> <p><b>Risk assessment simulation:</b></p> <p>All participants should have skills and experience commensurate to the simulation</p> <p>Use an approved risk assessment tool or approach in your hospital and review performance based on the key components</p> <p>Risk may include suicide, deliberate self-harm, and/or harm to others.</p>	<p>Clinician and patient role (including preparation, simulation and evaluating feedback)</p> <p>= 3 hours.</p> <p>Observer role only (including observation of simulation and providing feedback)</p> <p>= 1 hour.</p>	Participatory, minor activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician’s role, the date(s), and duration of activity.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Resource kit	<p><b>Activity aim:</b> To develop a “resource kit” to enhance the skills of ED clinicians responding to mental health presentations.</p> <p><b>Learning outcomes:</b> Evaluate ongoing, self-reflective practice of skills.</p>	<p><b>Instructions:</b></p> <p>Compile a resource kit to gain skills in responding to patients presenting to the ED with mental health issues</p> <p>For continued improvement, practice ongoing, self-monitoring and reflection of the skills gained by using the tools in the resource kit.</p> <p>Ideas for tools to include in the resource kit:</p> <p>Symptom scales such as the Depression Anxiety Stress Scale (DASS 21) or <a href="#">Kessler Psychological Distress Scale</a> (K-10)</p> <p>Patient handouts including what to do in an emergency, contact details for referrals/services, fact sheets on mental health issues.</p>	3 hours.	Individual; minor activity.	Copy of the resource kit.
Build and strengthen connections with GPs	<p><b>Activity aim:</b> To build and strengthen connections with GPs in the local area to improve care coordination for mental health patients.</p> <p><b>Learning outcomes:</b> Can identify strategies to improve care coordination for patients who present to the ED with a mental health issue.</p>	<p><b>Instructions</b></p> <p>Contact a local GP in your network</p> <p>Discuss ways to improve care coordination for patients who present to the ED with a mental health issue</p> <p>Facilitate a discussion with relevant ED colleagues who may also benefit from building/strengthening a similar professional relationship.</p> <p><b>Ideas for discussion:</b></p> <p>Consider how GP and ED clinician views on decision-making and referrals could facilitate reductions in non-urgent ED consultations</p> <p>Discuss the barriers and enablers for actioning discharge plans or providing follow-up care.</p>	4 hours.	Individual or participatory, minor activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician's role, the date(s), and duration of activity or de-identified written record of lessons learned.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
<b>Measuring Outcomes</b>					
Feedback and reflection of patient experiences	<p><b>Activity aim:</b> To understand patient experiences of health service provision in the ED.</p> <p><b>Learning outcomes:</b> Evaluate aspects of patient reported outcomes to inform service quality improvement.</p>	<p><b>Instructions:</b></p> <p>At ED disposition ask patients to provide verbal feedback on their experience of the healthcare received for their current episode of care in the ED</p> <p>Reflect on the feedback provided and consider the implications for service quality improvement</p> <p>Discuss patient experiences and reflections with colleagues.</p>	10 hours minimum. <sup>3</sup>	Individual, major activity	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician's role, the date(s), and duration of activity; documentation of ethics approval.

<sup>3</sup> Hours will vary depending on the defined observation/time-period for the activity.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Review of de-escalation processes	<p><b>Activity aim:</b> To review de-escalation processes.</p> <p><b>Learning outcomes:</b> Can apply effective de-escalation processes in a situation to manage aggression or violence in the ED.</p>	<p><b><u>Instructions:</u></b></p> <p>Recall a recent patient who required a de-escalation intervention in the ED</p> <p>Evaluate the occurrence including what went well and areas for improvement against relevant principles or guidelines</p> <p>Discuss the findings with a relevant colleague and consider possible changes to improve de-escalation practice in the future</p> <p>Apply learnings to practice and engage in on-going self-monitoring of de-escalation skills.</p> <p><b><u>Ideas for examination:</u></b></p> <p>Consider aspects of the de-escalation process against relevant principles or site-specific guidelines</p> <p>Consideration may be given to ACEM's resources on <a href="#">restrictive interventions</a>.</p>	4 hours.	Individual or participatory, major activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician's role, the date(s), and duration of activity; documentation of ethics approval; de-identified written report of findings.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Identify mental health dispositions and referrals	<p><b>Activity aim:</b> To identify dispositions and referrals made for patients presenting with a mental issue.</p> <p><b>Learning outcomes:</b> Can identify patterns of dispositions and referrals made for patients presenting to ED with a mental health issue and consider implications for practice.</p>	<p><b><u>Instructions:</u></b></p> <p>Identify an observation period</p> <p>Using previous experience, reflect on the dispositions and referrals made for patients who presented to ED with a mental health issue</p> <p>Consider possible barriers and enablers to dispositions and referrals made</p> <p>Discuss findings with a relevant colleague and consider implications for future practice.</p> <p><b><u>Ideas for identifying types of dispositions and referrals:</u></b></p> <p>Identify potential patterns of dispositions and referrals made:</p> <p>Within the hospital (e.g., transfer to inpatient psychiatric ward, referral to clinical mental health team)</p> <p>Outside the hospital setting (e.g., referral to GP, advice given to contact advocacy service).</p>	10 hours minimum. <sup>3</sup>	Individual or participatory, major activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician's role, the date(s), and duration of activity; documentation of ethics approval; de-identified written report of findings.



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Depart-mental workforce audit	<p><b>Activity aim:</b> To undertake a workforce audit and consider implications for mental health patient flow.</p> <p><b>Learning outcomes:</b> Can interpret workforce factors that may contribute to patient flow issues.</p>	<p><b>Instructions:</b></p> <p>Obtain de-identified data on mental health roles and associated full time equivalent (FTE) allocations (consider contacting senior management/human resources as appropriate)</p> <p>Consider workforce factors that may contribute to mental health patient flow issues</p> <p>Facilitate a discussion with colleagues and recommend actions to mitigate patient flow issues that may be attributable to workforce numbers/roles.</p> <p><b>Ideas for exploring workforce factors and patient flow:</b></p> <p>Workforce factors may include the size, skill, distribution, and pressure points</p> <p>For sites that are rurally located, consider resources on patient flow/mental health workforce on ACEM's Mental Health in Rural ED website.</p>	20 hours.	Individual or participatory, minor activity.	Document denoting the recommendations discussed, endorsed by colleagues involved in the discussion



Activity name	Activity aim and learning outcomes	Description	Estimated hours—including preparation time	Individual participatory; major/minor activity	Title/description of suggested evidence
Profile frequent mental health attendances	<p><b>Activity aim:</b> To explore factors that are associated with frequent ED attendances for mental health issues.</p> <p><b>Learning outcomes:</b> Identify patient and attendance level factors that are associated with frequent mental health presentations in the ED.</p>	<p><b>Instructions:</b></p> <p>Recall encounter(s) with a patient who was identified as a 'frequent attender' of the ED for mental health issues</p> <p>Consider patient and attendance level factors that may have contributed to the patient being identified as a 'frequent attender'</p> <p>Discuss the findings with relevant colleagues and consider implications for reducing frequent attendances in the future.</p> <p>Ideas for exploring the attendances:</p> <p>Frequent attendances may be defined according to local ED clinical indicators or by reviewing the literature</p> <p>Patient level factors to explore may include age, sex, gender, ethnicity, nationality, education, or work status</p> <p>Attendance level characteristics may include number of attendances, time/day of arrival, arrival method, triage category/level, disposition/ outcome.</p>	3 hours.	Individual or participatory, major activity.	Documentation <sup>1</sup> showing evidence of involvement, certifying the clinician's role, the date(s), and duration of activity; documentation of ethics approval; de-identified written report of findings.





### E: Sepsis Management

Resources	MO Focus	MO Activity	RP Focus	RP Activity
Safer Care Victoria Sepsis "change package"	What trigger tools does my ED have in place for early identification of sepsis?	How effective is / are our trigger tools at preventing death by early sepsis detection / rapid antibiotic administration?	How well am I following the tools and triggers for early sepsis detection in my ED?	Self-assessment by comparing my performance against site / literature sepsis management protocol on a case series of x patients that I have managed in our ED
ACSQHC Sepsis trigger tools	How well have I / we disseminated information on adverse outcomes for septic patients?	Where did I report adverse / enhanced outcomes for patients with sepsis	How well are others in my ED following the tools and triggers for early sepsis detection?	Assessment of my ED's performance against site / literature sepsis management protocol on a case series of x patients in our ED
Own site sepsis protocol			An M&M presentation on sepsis outcomes in my ED  An ACEM EMER file submission detailing an adverse outcome for a sepsis patient	

### Activities

Review the available resources and then consider MO and RP foci to develop your own activities from the suggestions in the table above