



EMP News

August 2017

- [What is the Emergency Medicine Programme?](#)
- [Who are the Members of the EMP Working Group?](#)
- [Emergency Medicine Programme Report](#)
- [Link to EMNOW](#)
- [EMP News Q1 2017](#)
- [Twitter: @EmergencyProg](#)

- **If you have any Comments or Inquiries please contact: emp@rcsi.ie**

Welcome to the latest EMP Newsletter, which contains articles on efforts to explain the work of an ED to patients (and others), further updates on Clinical Microsystems, an Injury Unit Training Day, a visit to see how Denmark integrates its emergency care delivery with the community and prehospital settings and the EMS Gathering, which emphasises interdependencies and relationships of all parts of the chain of the delivery of emergency care, nationally and internationally.

I found the enthusiasm and lively group discussion at the Injury Unit Day heartening and enlightening. Injury Units are now well-established as an important component of the delivery of emergency care in Ireland for those with nonlife or limb threatening injuries, in a safe and timely manner “as locally as is safely possible”, whilst ensuring that that care, including any necessary follow-up or urgent intervention, is delivered to the same standard and without introducing unnecessary barriers to the patient journey, as if they had attended the local “hub” Emergency Department. Injury units allow patients (or their carers) to self-refer. This, coupled with their being situated in Model 2 hospitals (or on a couple of situations not on a campus with inpatient beds at all) emphasises the unique environment of an Injury Unit and the need to emphasise careful application of inclusion and exclusion criteria to ensure, insofar as is possible, that patients with emergency needs beyond the capability of the Injury Unit do not present there and, if they do, are identified and appropriately managed.

The photograph of the tribute paid at the EMS gathering to the crew of the R116 helicopter that failed to return from a rescue mission is a poignant reminder of the many members of the team delivering emergency services and the not infrequently dangerous environment in which they work.

Gerry McCarthy, Clinical Lead, National Emergency Medicine Programme (emp@rcsi.ie)

The New ED Patient Pathway Poster

The new ED patient pathway poster was developed in conjunction with Acute Hospitals Communications and has been circulated to each ED for display. The aim of the poster is to inform patients about their possible pathways while they are cared for in the ED.



Emergency Department Staff from Midland Regional Hospital, Tullamore displaying the New ED Patient Pathway Poster

Update on Clinical Microsystems

Over the last few months there has been a great enthusiasm from frontline teams in the first hospital group who re-engaged with Quality Improvement through the use of Clinical Microsystems. The collaborative meetings were held across three days in February, April and June 2017 with a wide variety of disciplines from the hospitals and Injury units in the RCSI hospital group.

These newly formed multi-disciplinary teams are all working on important improvement initiatives selected by themselves after each team went through a process for identifying areas for improvement within their own departments.

There has been, and continues to be, a tremendous effort by all teams to make things better! One great initiative involved reducing time spent by porters looking for wheelchairs within the department. The team has drastically increased the availability of chairs, reduced time wasted, assisted ambulance crews arriving at the door, helped to speed time to x-ray among other benefits. Other improvement initiatives include improving the patient experience in the waiting room, improving process of stores within the department with another department looking at the referral pathways.

There have been lively discussions around the use of measurement and how vital this is to the improvement efforts during the training sessions. Staff were challenged with how to sustain their efforts through several



qualitative workshops and this is an on-going process. Frontline staff have been supported by the use of Yammer initially and now Twitter will help teams connect, share ideas, support each other and promote networking.

The next phase of the Microsystems collaborative will be rolled out in September with the Dublin Mid-Leinster hospital group. The hospitals have been invited to participate and we are hoping they'll find it useful and enjoyable. There will be a day of celebration/showcase day for the first phase participants in November.

For further information please contact Lisa Toland (Microsystems Facilitator) : lisa.toland@hse.ie

Governance Training Programme for Injury Units

The first Governance Training Programme for Injury Units took place on 24th May 2017 in the GEMS Building, University of Limerick. The day was sponsored by NMPDU (*Nursing and Midwifery Planning and Development Unit, HSE West*). There were 23 participants on the day.

Objective and Learning Outcomes

The main objective of the programme is to provide guidance and training to IU Teams in the identification and management of patient presentations which fall within and outside the scope of treatment of an IU.

The National Emergency Medicine Programme developed the unit of education specifically designed to support the education and training needs of the Multidisciplinary Team (MDT) working in Injury Units (IU) throughout Ireland. The rationale for the education programme originates from a specific service need identified at local and national level and is required as part of the implementation of *The National Emergency Medicine Programme Strategy Report (HSE 2012)*.



Training was provided in the first instance for the **University of Limerick Hospitals Group** and **South/South-West Hospital Group** with a view to delivering it to the remaining hospital groups over the coming months.

The main objective of the programme is to provide guidance and training to IU Teams in the identification and management of patient presentations which fall within and outside the scope of treatment of an IU.

Learning outcomes include;

- The appropriate selection of patients for treatment in an IU based on their presenting complaint;
- The recognition of patients who have presenting complaints, complications or underlying conditions which render them unsuitable for IU care/management;
- To provide appropriate care for the patient who presents to an IU out with the scope of IU criteria, but has an emergency need, in a Model 2 Hospital setting or where there is no adjoining hospital on campus, in the period before they can be safely transferred to a major acute centre;
- To standardise the process of communication and logging of decisions to transfer or refer patients to alternative services that are GP referrals, self-referrals and telephone enquiries;
- Improve collaborative working with other members of the healthcare team across the Emergency Care Network (ECN) in order to enhance therapeutic outcomes for patients (adults and children);
- To evaluate patient outcomes and promote continuity of care in collaboration with the multidisciplinary team across the healthcare continuum.
- Improve understanding of Duty of Care, patient autonomy and patient capacity in the emergency setting.



Injury Unit Training Day- 25th April 2017-GEMS Building, University of Limerick

Study visit to Copenhagen, Denmark 19th - 21st June 2017 visit

(Fiona McDaid-Lead Nurse-EMP)

On June 19th -21st, 2017, I was part of a delegation from Health Service Executive Ireland (HSE), led by staff from the Centre for Health Policy and Management at Trinity College Dublin (TCD), that visited Copenhagen, Denmark, to learn from Danish experiences in healthcare management and innovation including acute care and psychiatry. The visit was organised and hosted by Healthcare Denmark.

On 19th June, the delegates visited Denmark Technical University Executive School of Business, for an introduction to the Innovation Leadership Challenge Programme, a senior executive programme that focuses on establishing and supporting innovation activities within healthcare and life science.

The programme included the DTU Skylab, an innovation hub located at campus, which enables student innovation and entrepreneurship. Part of the programme included an overview of two different innovation projects - the Rigshospitalet home chemotherapy project and the North Zealand Hospital presented examples of innovations implemented at the hospital. In the afternoon, we had a site visit to Monsenso, an innovative Danish technology company that develops m-health solutions for people with mental health and psychiatric disorders to hear about on-going research and the application of the Monsenso solution in the clinical setting.

On 20th June, we visited the Copenhagen Centre for Cancer and Health. The visit included a guided tour at the centre and presentations on various topics such as organisation and rehabilitation, activities targeting men, and inequality in cancer rehabilitation. In the afternoon we visited the headquarters of Copenhagen Emergency Medical Services where Dr Peter Berlac (Medical Director) spoke of innovations in the delivery of emergency medical services within the Copenhagen (capital) region including the introduction of a Medical Helpline in 2014. Since the introduction of the Medical Helpline (1813) 80% of people who attend the Emergency Departments have contacted the helpline prior to attending the Emergency Department. This innovation has had a significant impact on waiting times in Emergency Departments. In the evening I was given the opportunity to ride along as an observer with a doctor and paramedic crew which was a great experience, dealing with a variety of cases including a major trauma which was transferred to the Level 1 trauma centre and an inter-hospital intensive care transfer.

On 21st June we visited the World Health Organisation European Headquarters to hear presentations on the role of eHealth in the WHO European Region. To end our visit to Copenhagen we had the pleasure of attending a reception hosted by Ms Cliona Manahan the Irish Ambassador to Denmark, where health policy in Ireland, Denmark and Europe was discussed.



*Cliona Manahan Irish Ambassador to Denmark & Fiona McDaid (Nurse Lead for EMP)
Irish delegation visiting Healthcare Denmark*



Healthcare Innovation in Denmark

EMS Gathering

The EMS Gathering took place in Kinsale, Co Cork on the 4th and 5th of May 2017
Here are some of the photos from the Event by Photographer Kieran Minihane
<https://www.facebook.com/EmsGathering/>





Up Coming Events

- 4th National Sepsis Summit (HSE) - 5th September - Convention Center Dublin Castle Dublin 2. To Book: <https://www.eventbrite.ie/e/4th-national-sepsis-summit-tickets-35355928534>
- 2nd National Patient Safety Office Conference 2017 – October 25th & 26th - The Printworks, Dublin Castle
- Saolta Sepsis Summit Clayton Hotel Galway-22nd November 2017 contact: Ronan O’Cathasaigh (ronan.ocathasaigh@hse.ie) Sepsis ADoN , Saolta Hospital Group

If you work in an emergency setting and would like to share an upcoming event with the EM community, please e-mail emp@rcsi.ie