

A Community Of Practice Implementing Evidence

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Presentation Overview

- About NICS
- Why a Community of Practice
- The Emergency Care Community of Practice
- Our experience



The National Institute of Clinical Studies

Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS is funded by the Australian Government.

What we do:

- test implementation methods in areas where there are important evidence-practice gaps
- develop resources to assist evidence uptake
- provide opportunities for clinicians to increase evidence implementation skills



Why a Community of Practice?

- Opportunity to build on existing knowledge and skill
- A mechanism to promote rapid of sharing knowledge and expertise across diverse interest groups
- Provides a forum to explore and test ideas
- Opportunity to generate new knowledge and practice
- Is responsive to emerging issues and opportunities



‘Communities of practice are groups of people who share information, insight, experience and tools about an area of common interest.’

Etienne Wenger



What is at the heart of it all?

- the **community**, its membership, relationships and interactions
- the **domain or context**, its identity and focus
- the **practice** its methods, knowledge and expertise
- the **value** it brings to its members, the willingness to learn, contribute to existing knowledge and practice





Points of Difference

- Leadership is representative and distributed
- Builds on principles of participation and trust
- Peer to peer relationships
- Knowledge and expertise is more important than position



Why Emergency Care?

- Increasing Pressure on Emergency Departments
- Receptive to innovative approaches
- Emergency care often patient's first experience of the health system
- Emergency Departments interface across systems of care
- Hitting the headlines



Life Cycle of Communities of Practice

Potential

Coalescing

Maturing

Stewarding

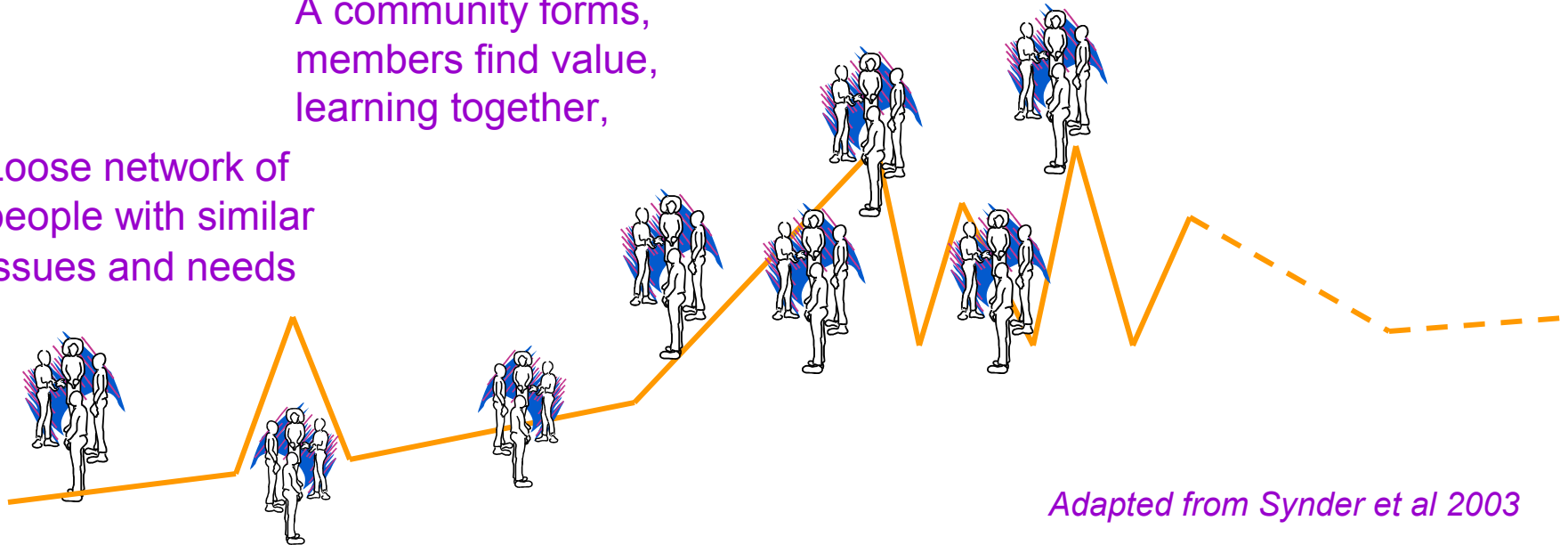
Legacy.....

A community forms,
members find value,
learning together,

Focus on projects,
methods, standards,
and capacity building

Sustain energy, renew
interest, gaining
influence

Loose network of
people with similar
issues and needs

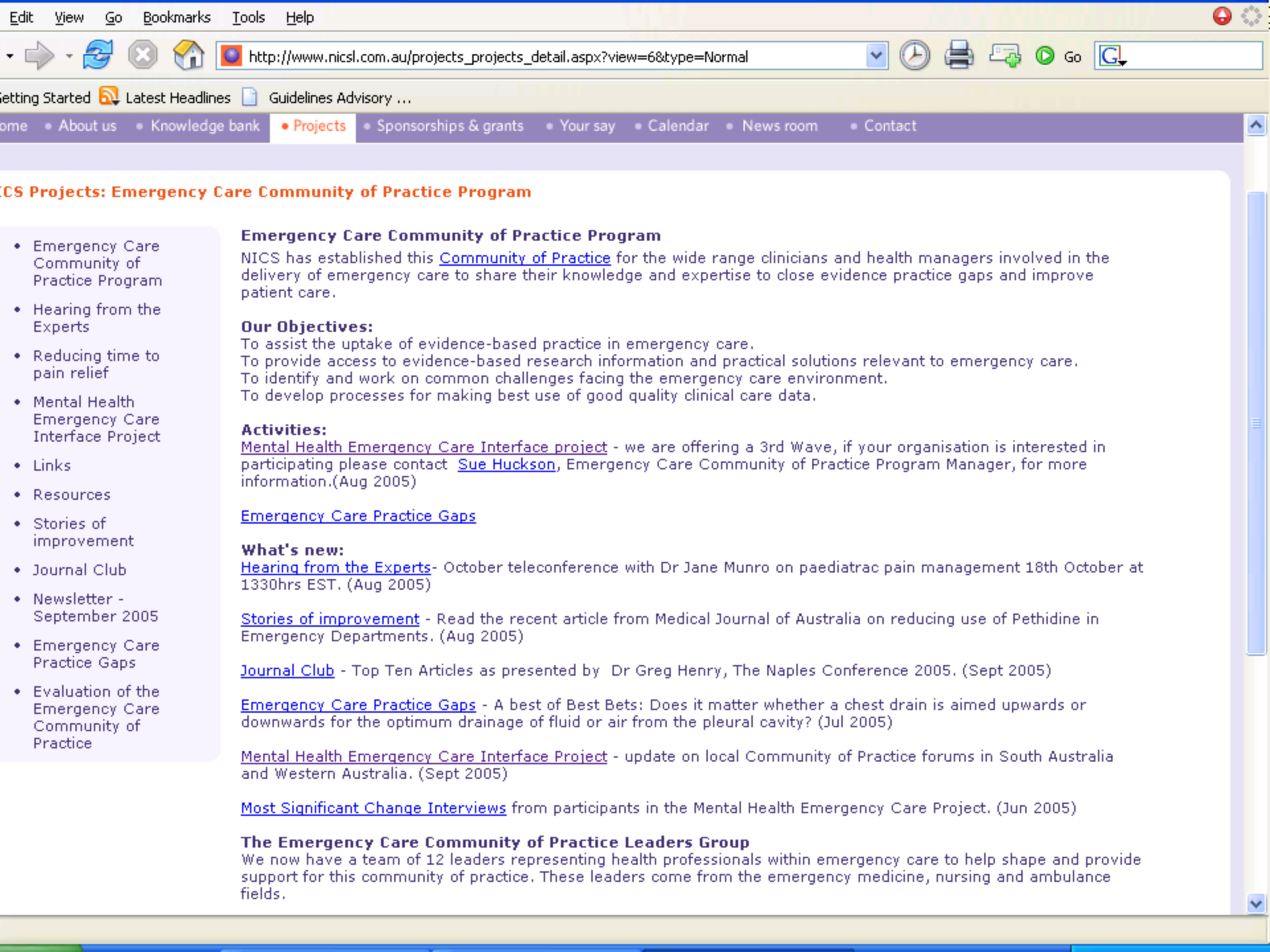


Adapted from Synder et al 2003

After Two Years

- A major project across the Mental Health and Emergency Care Interface
 - 41 multidisciplinary evidence implementation teams
 - Rapid spread of guidelines and protocols
- Established an evidence implementation leaders' group
- Development of high quality resources
 - ~ 2500 hits a month to EC CoP webpage
- Development NICS CoP Implementation model





ICS Projects: Emergency Care Community of Practice Program

- Emergency Care Community of Practice Program
- Hearing from the Experts
- Reducing time to pain relief
- Mental Health Emergency Care Interface Project
- Links
- Resources
- Stories of improvement
- Journal Club
- Newsletter - September 2005
- Emergency Care Practice Gaps
- Evaluation of the Emergency Care Community of Practice

Emergency Care Community of Practice Program

NICS has established this [Community of Practice](#) for the wide range clinicians and health managers involved in the delivery of emergency care to share their knowledge and expertise to close evidence practice gaps and improve patient care.

Our Objectives:

- To assist the uptake of evidence-based practice in emergency care.
- To provide access to evidence-based research information and practical solutions relevant to emergency care.
- To identify and work on common challenges facing the emergency care environment.
- To develop processes for making best use of good quality clinical care data.

Activities:

[Mental Health Emergency Care Interface project](#) - we are offering a 3rd Wave, if your organisation is interested in participating please contact [Sue Huckson](#), Emergency Care Community of Practice Program Manager, for more information.(Aug 2005)

[Emergency Care Practice Gaps](#)

What's new:

[Hearing from the Experts](#)- October teleconference with Dr Jane Munro on paediatric pain management 18th October at 1330hrs EST. (Aug 2005)

[Stories of improvement](#) - Read the recent article from Medical Journal of Australia on reducing use of Pethidine in Emergency Departments. (Aug 2005)

[Journal Club](#) - Top Ten Articles as presented by Dr Greg Henry, The Naples Conference 2005. (Sept 2005)

[Emergency Care Practice Gaps](#) - A best of Best Bets: Does it matter whether a chest drain is aimed upwards or downwards for the optimum drainage of fluid or air from the pleural cavity? (Jul 2005)

[Mental Health Emergency Care Interface Project](#) - update on local Community of Practice forums in South Australia and Western Australia. (Sept 2005)

[Most Significant Change Interviews](#) from participants in the Mental Health Emergency Care Project. (Jun 2005)

The Emergency Care Community of Practice Leaders Group

We now have a team of 12 leaders representing health professionals within emergency care to help shape and provide support for this community of practice. These leaders come from the emergency medicine, nursing and ambulance fields.

- Home
- Input data
- Site reports
- Discussion board
- Resources
- Events
- Team profiles
- Contribute

News [Contribute news item](#)

12 month evaluation of the project

The evaluation team are looking to analyse the data for the 12 month evaluation - please ensure that your data is up to date and a quick scan of the numbers to pick up any typo's. One site dropped a 1000 presentations in a month - I'm sure that it was a typo! We are very keen to identify the 'most significant change' each organisation has experienced - that may be in terms of the indicators or a cultural change within the organisation. Questionnaires have been sent to each of the project facilitators, this information is often not captured but critical to the understanding of change. Look forward to hearing your responses. Cheers Sue

[Sue Huckson](#)

Have you noticed something different!

We have extended the reporting period for Wave 1 to finish in March 2006. There has been so much interest generated by this project and this website that there may be opportunities to continue to beyond March 2006. Watch this spaceand there is more

You will notice that we now have capacity for a 3rd Wave - we had a number of requests for additional sites to join the project. Opportunities for more new ideas and sharing of resources are always welcome.

[Sue Huckson](#)

Sedation Guidelines from Armadale

Armadale Health Service (WA) have just submitted guidelines for the management of mental health patients that require sedation. It is encouraging to continue to receive new resources, if you have any tools to share please forward them to us. Cheers Sue

[Sue Huckson](#)

New member of the team

Zoe has just joined the Emergency Care Community of Practice team as project support and will be helping to maintain this site. We are pleased to have her join our team - you will see Zoe keeping us up to date with news items and managing the resources.

[Sue](#)

New Resources

For those that didn't get a chance to join the teleconference on the 17th August, the notes are now available. Jonathan Knott discussed the fast track process being tested at the Royal Melbourne for low acuity mental health presentations. David Hains also discussed the role of the social worker in ED at Noarlunga which improved their management of mental health presentations to the ED. Over the next few months we will share more stories of improvement from participating sites - please let us know if you

Resources [Contribute resource](#)

- Sedation Guideline Armadale Health Service 12.09.05
 - 050912 Armadale Health Service Sedation Guideline.pdf
- Rapid Assessment Tool from Gosford Hospital 01.09.05
 - Rapid MH Assessment Tool - Central Coast Health.pdf
 - Evaluation of Rapid Assessment Triage Stakeholders Survey June 2005.pdf

Discussion boards

- Investigating of DNW 15.09.05 (2 replies)
- Evaluation of Mental Health Triage Tool 31.08.05 (0 replies)
- SUMMING UP / PREPARING A REPORT 27.07.05 (1 reply)
- Review of Data with target times for discharge 14.07.05 (1 reply)
- Emergency Extended Care

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[https://eccop.nicsl.com.au/resources.aspx](#)

[Getting Started](#) [Latest Headlines](#) [Guidelines Advisory ...](#)

Topics	Category	Created
<p>Sedation Guideline Armadale Health Service Armadale Health Service (WA) have developed these guidelines for the management of mental health patients requiring sedation. 050912 Armadale Health Service Sedation Guideline.pdf</p>	Protocols	12.09.2005
<p>Rapid Assessment Tool from Gosford Hospital This tool was adapted from St Vincents Hospital, NSW in consultation with the Emergency Department clinical staff. The tool was implemented for trial in December 2004 and has been designed to assist the triaging staff to identify Mental Health Patients, risk and level of urgency. The evaluation of this tool is now available. Rapid MH Assessment Tool - Central Coast Health.pdf Evaluation of Rapid Assessment Triage Stakeholders Survey June 2005.pdf</p>	Protocols	01.09.2005
<p>17th August Teleconference Notes Notes from this teleconference where Jonathan Knott from the Royal Melbourne and David Hains from Noarlunga shared their interventions on fast tracking mental health presentations and the role of a MH social worker in ED. 050817_MHEC_teleconference_minutes.pdf</p>	Teleconference Summary	30.08.2005
<p>Lismore Base Hospital A draft medical assessment tool for Mental Health presentations specifically developed to support more junior clinical staff. LBH ED Psych Medical Assessment Tool.pdf</p>	Protocols	05.08.2005
<p>Rod Anderson Teleconference 13 July Rod's tips for the 'Mid Project Blues' 050713 Rod Anderson teleconference.doc</p>	Teleconference Summary	18.07.2005
<p>Mental Health First Aid Program The Centre of Mental Health Research at ANU have developed a Mental Health First Aid program that provides basic information on the signs and symptoms of mental health problems and what sort of help has been shown by research to be effective. A useful resource for families and for base skills in Mental Health assessment. The course manual can be downloaded at http://www.mhfa.com.au/course_manual.htm</p>		18.07.2005
<p>Geraldton MH Education Program Geraldton Hospital team have developed an innovative education program that uses simulated sessions with actors to help staff assess mental health presentations. The document outlines the aims and objectives, provides guidance for the simulation and also an evaluation form. 050715 Geraldton ED Mental Health Study Day Program.pdf</p>		15.07.2005
<p>Geraldton ED MH Triage Guidelines</p>	Protocols	15.07.2005

eccop.nicsl.com.au

Percentage of patients Discharged in 4 hours



Percentage of 'did not wait'



Percentage of patients that re-presented within 72 hours



MONTH: September 2016

What improvement activities did you implement this month?
Project planning (see below)

Team Assessments

Rating: Formed A Team

Comments:

- project planning
- liaise with IT dept. RE obtaining data/reports
- obtaining baseline data for last month, and a review of previous 12 months data
- begin to introduce project to the ED, psych ward, and community mental health

Executive Sponsorship

- Aware of the teams progress: Yes
- regular communication via e-mail
- Actively engaged in project meetings: Yes
- fortnightly meetings arranged, has offered to make himself available when required
- Negotiates barriers on behalf of team: No
- Promotes the work of the team more broadly: Yes
- Provides additional resources or support for the project team: Yes
- non-clinical time available for team members

MONTH: October 2016

What improvement activities did you implement this month?
lots more planning
working on a model for "medical clearance"
team building and promotion
working with IT RE data collection

What stopped you from achieving your goals this month?
ED Medical Director away for approx 2 months

General Comments:

We aren't really sure why things have improved this month, but if we find out we will let you know

Team Assessments

Rating: Active but no changes

Comments:

We have identified a list of 13 projects that we have begun to work through

Executive Sponsorship

- Aware of the teams progress: Yes
- regular contact via email including data review
- Actively engaged in project meetings: Yes
- fortnightly meetings in-house
- Negotiates barriers on behalf of team: Yes
- Promotes the work of the team more broadly: Yes
- Provides additional resources or support for the project team: Yes

MONTH: November 2016

What improvement activities did you implement this month?
No new activities implemented.

What stopped you from achieving your goals this month?

- Shortage of Psych medical staff - has prevented us from changing the ED psych Reg.
- ED medical director away for part of month.
- ED medical director not happy with the concept of introducing a policy for medical clearance.

What worked well or has been a 'win'?

- Official launch of NICS ED/MIH project with an afternoon tea open to all hospital and community staff to promote NICS project.
- Bringing ED doctors into the project to review medical clearance protocol.

General Comments:

Data collection methods to be checked with IT as we are not sure if it is accurate

Team Assessments

Our Key Messages

- Community leadership
- Passion and will of the membership
- An identity the community can relate to
- Credible sponsoring agency
- A range of opportunities to be involved
- Make it easy to participate
- Be responsive to the community



The Challenges We Face

- Complex environments
- Managing expectations – time to develop
- Measuring the effectiveness of the Community of Practice model
- The ongoing sponsorship of, and support for the Community of Practice
 - Changing role for NICS



Thank You

Emergency Care Community of Practice

www.nicls.com.au
Follow 'Project' links

