A Community Of Practice
Implementing Evidence

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Emergency Care Program
The National Institute of Clinical Studies
Presentation Overview

• About NICS

• Why a Community of Practice

• The Emergency Care Community of Practice

• Our experience
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 sharing of 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

Loose network of people with similar issues and needs

A community forms, members find value, learning together,

Focus on projects, methods, standards, and capacity building

Sustain energy, renew interest, gaining influence

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
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)


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.
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 Huckscon

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 space ............and 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 Huckscon

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 Huckscon

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
<table>
<thead>
<tr>
<th>Topics</th>
<th>Category</th>
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<tbody>
<tr>
<td>Sedation Guideline Armadale Health Service</td>
<td>Protocols</td>
<td>12.09.2005</td>
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<tr>
<td>Armadale Health Service (WA) have developed these guidelines for the</td>
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<td>management of mental health patients requiring sedation.</td>
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<td>050912 Armadale Health Service Sedation Guideline.pdf</td>
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<tr>
<td>Rapid Assessment Tool from Gosford Hospital</td>
<td>Protocols</td>
<td>01.09.2005</td>
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<td>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.</td>
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<tr>
<td>Rapid MH Assessment Tool - Central Coast Health.pdf</td>
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<tr>
<td>17th August Teleconference Notes</td>
<td>Teleconference Summary</td>
<td>30.08.2005</td>
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<td>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.</td>
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<td>050817_MHEC_teleconference_minutes.pdf</td>
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<td>Lismore Base Hospital</td>
<td>Protocols</td>
<td>05.08.2005</td>
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<td>A draft medical assessment tool for Mental Health presentations specifically developed to support more junior clinical staff.</td>
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<td>LBH ED Psych Medical Assessment Tool.pdf</td>
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<td>Rod Anderson Teleconference 13 July</td>
<td>Teleconference Summary</td>
<td>18.07.2005</td>
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<td>Rod's tips for the 'Mid Project Blues'</td>
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<td>050713 Rod Anderson teleconference.doc</td>
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<tr>
<td>Mental Health First Aid Program</td>
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<td>18.07.2005</td>
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<td>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 <a href="http://www.mhfa.com.au/course_manual.htm">http://www.mhfa.com.au/course_manual.htm</a></td>
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<tr>
<td>Geraldton MH Education Program</td>
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<td>15.07.2005</td>
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<td>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.</td>
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<tr>
<td>050715 Geraldton ED Mental Health Study Day Program.pdf</td>
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<tr>
<td>Geraldton ED MH Triage Guidelines</td>
<td>Protocols</td>
<td>15.07.2005</td>
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MONTH: September 2004
What improvement activities did you implement this month?
Project planning (see below)

Team Assessments
Rating: Formed A Team
Comments:
- project planning
- ease with IT dept. RE obtaining data/reports
- obtaining baseline data for last month, and a review of previous 12-month 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
Regularly meetings arranged, has offered to make himself available when required
Negotiates barriers on behalf of teams: No
Promotes the work of the team more broadly: Yes
Provides additional resources or support for the project teams: Yes
non-clinical time available for team members

MONTH: October 2004
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: Absolutely no changes
Comments:
We have identified a list of 15 projects that we have began to work through

Executive Sponsorship
Aware of the teams progress: Yes
regular contact via email including data review
Actively engaged in project meetings: Yes
Regularly meetings arranged, has offered to make himself available when required
Negotiates barriers on behalf of teams: Yes
Promotes the work of the team more broadly: Yes
Provides additional resources or support for the project teams: Yes

MONTH: November 2004
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 NICCS EDMM project with an afternoon tea open to all hospital and community staff to promote NICCS 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 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