DECISION MAKING & CLINICAL REASONING IN A&E

Princess Alexandra Hospital Emergency Department

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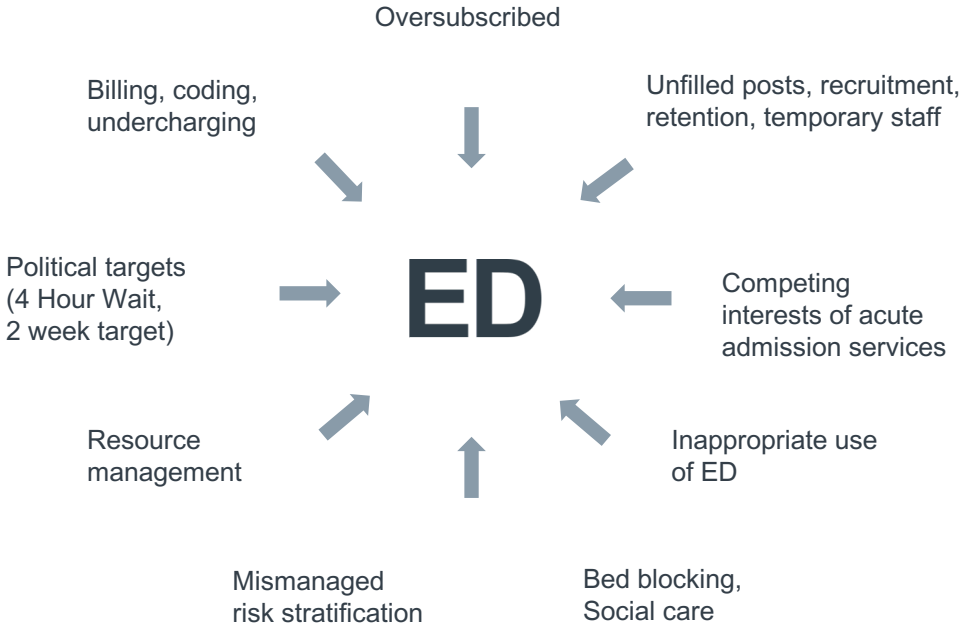
Objectives

- Running ED at Night
- Stress and stress management
- Risk Stratification Exercise
- RAT
- Discussion

Background

Multiple pressures faced by ED nationally



Scenario

- Night SpR in DGH
- DGH does not have an escalation policy
- No neuro, no ENT, no Max Fax, no Urology

Staffing:

- Doctors: 1x SpR, 1x ACCS CT1
  1xGPVTS (not APLS trained), 1xFY2, 1x PA
- Nurses: Majors: full complement, 4x nurses, 1xHCA
  Minors: 1x nurse, 1x HCA – but responsible for ward moves/handovers
  Resus: 2x nurses
  RAT and Ambulances: 2x nurses, 3x HCAs
  Paeds: Full complement
  CDU: 1x HCA and 1x Agency Nurse

Status

65 patients in ED

Bed pressures throughout hospital

Majors:	2/15 Majors beds available, 1x Psych Rm available, SRs occupied
	11 patients seen and referred a/w beds
	1 to be seen but waiting 4 hours
Resus:	1/4 Resus bed available
	Remaining patients stable – referred
Minors:	2 to see, wait time 30 minutes, O&G Rm available
WR / Amb:	17 waiting to book in – 2x in corridor aw H/O from 999 crew
Paeds:	12 waiting, wait time 3:45, HDU empty
CDU:	Open but all beds occupied, only chairs available for likely d/c
Streaming:	Service over
ENP:	Service over
GP:	Service over – GP room free
Porters:	1x for ED, 1x for ward
Radiography:	Only 1x radiographer available for ED, 2nd stuck in traffic!

Specialties

• Medical Team	No SpR, SHO acting up + 2x SHOs for A&E
• ITU	Airway issues in HDU
• Anaesth	No issues
• Surgery	No issues
• O&G	No issues

Red Phone

- Major incident on local motorway
- 2x trauma calls arriving shortly – 1x adult ?EtOH arrest, 1x child
- ETA 45 minutes as motorway blocked
- Multiple minor injuries expected in 2-3 hours (as walk-ins as no ambulances available)

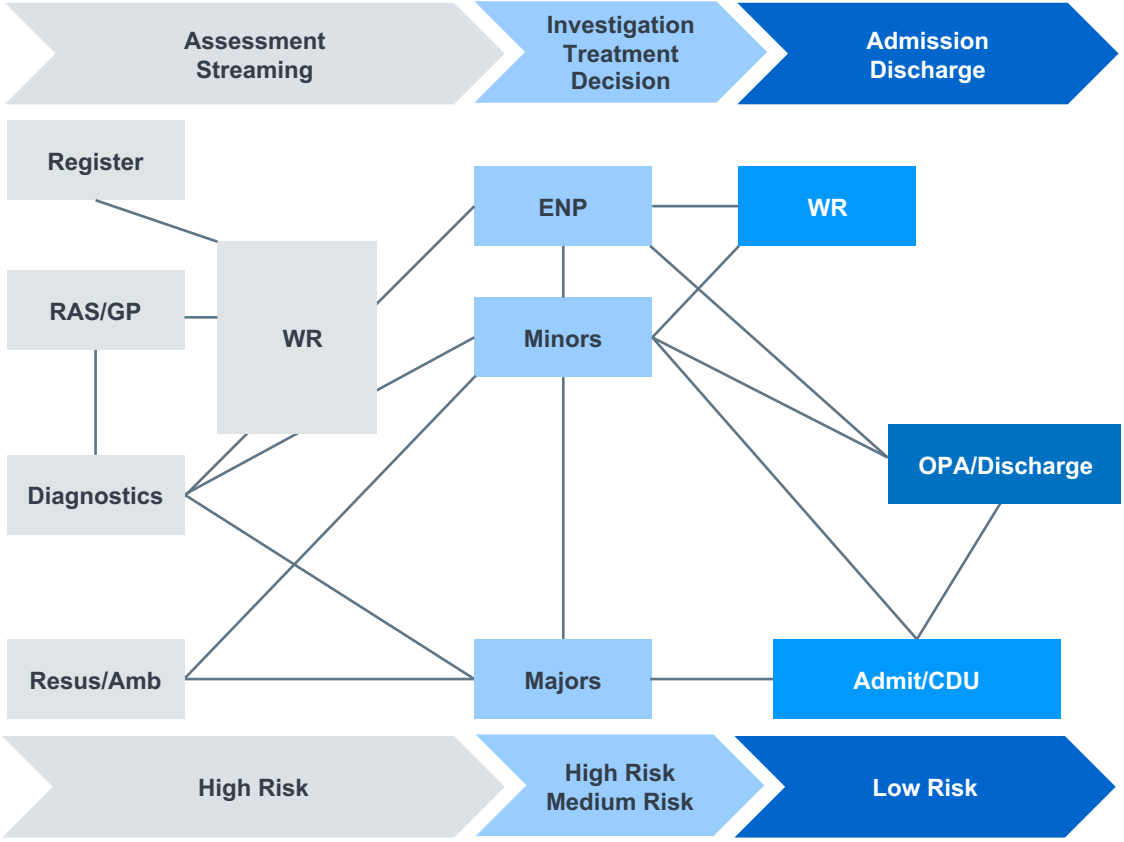
Group Exercise

- Identify and rank risks
- Identify available resources
- Identify Skill set

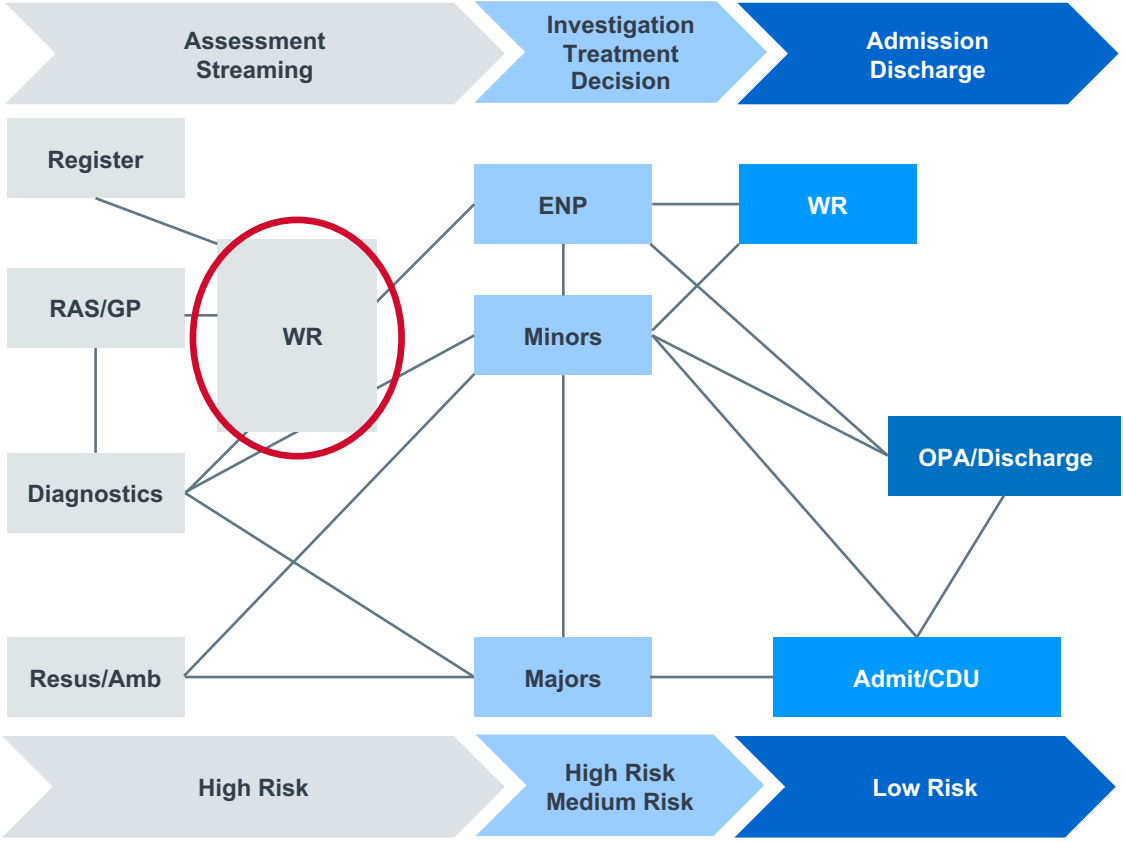
- Develop Strategy
  - Who will you get to help you formulate your plan?
  - When will you review your situation and plan?
  - How will you distribute your resources?

- Escalation Plan
- Breaks
- Consider impact of your plan on other emergency services
- Communication with nursing team and other specialties
- Horizon Scanning

Area of Greatest Risk?



Area of Greatest Risk?



Update

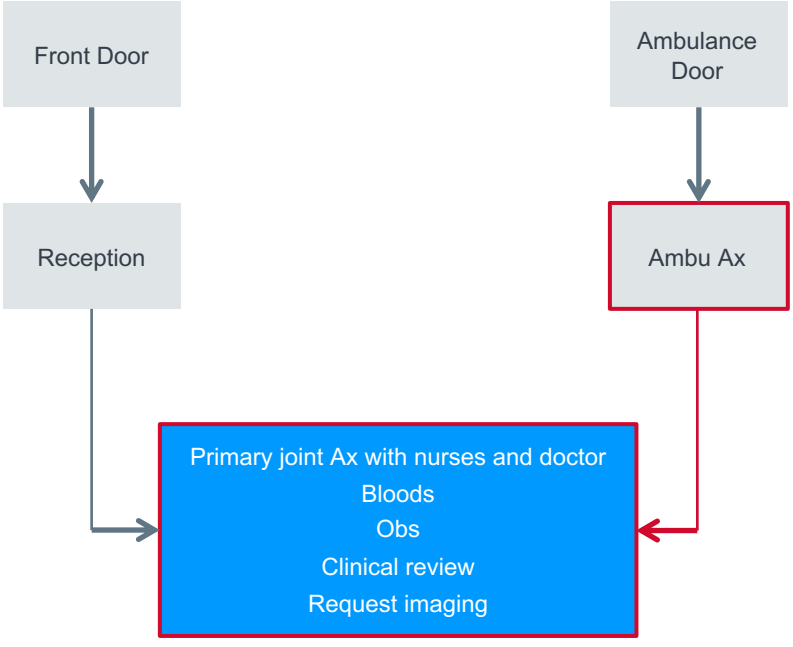
- Bed manager has asked you to escalate to consultant
- Consultant stuck in traffic as motorway closed
- Consultant tells you to:
- Go to front door and see patients directly with RAT team with PA
- GPVTS to Paeds, FY2 in Majors, CT1 in minors

Anything Else?

- Ask bed manager to recruit specialties to see pt directly
- Borrow nurses/HCA from ward
- Escalate to Exec
- Keep waiting patients informed

Scenario 1: “Pit-Stop” Model

Capacity Greater than Demand



WHAT DOES MD STAND FOR?

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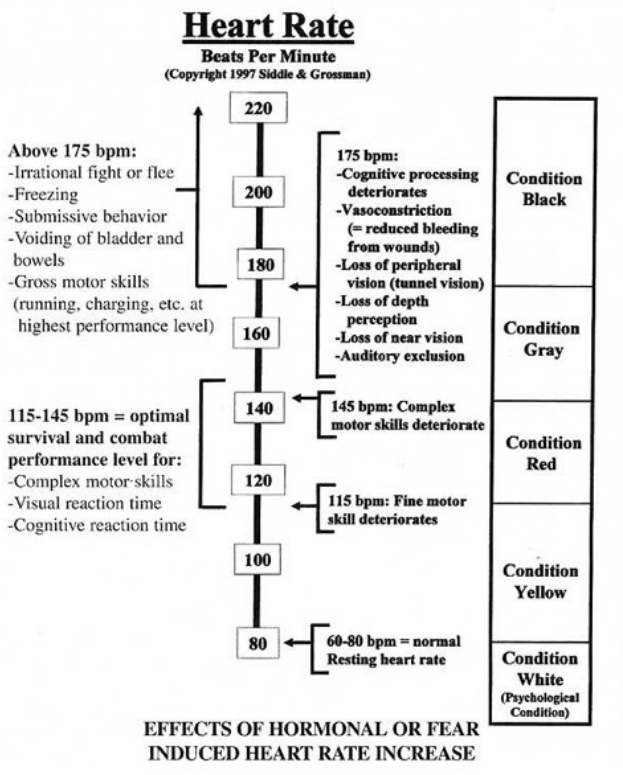
MAKES DECISIONS

WHAT DOES MD STAND FOR?

- Make a decision – go left or go right but make a decision
- Is the decision can be justified using the available info
  "As long I as I can live with the decision, that's what matters"
- Avoid "decision paralysis"
  Common if practising defensively
- Process important – not the outcome
- Strategy has to be fluid / adaptable
  Especially true in ever evolving environment

Feedback Loop

Stress – Where are you?



EFFECTS OF HORMONAL OR FEAR INDUCED HEART RATE INCREASE

Stress Coping Mechanisms?

How do you cope?

Stress Coping Mechanisms

- Stress preparation for you and the team – the briefing
- Stress Mx during the shift:
- Breath (tactical breathing), Talk (self talk), See (visualization), Focus (or any keyword to bring yourself back into the present)
- Self-awareness (mindfulness) – am I getting emotional, defensive? how am I communicating?
- Am I getting overwhelmed? Am I being too controlling?
- Break between pt?
- What if I make a mistake? Not “If” but “when”
- Accept that you WILL make a mistake

Stress Coping Mechanisms

Stress Coping Mechanisms

Recap

- Running ED at Night
- Risk Stratification Exercise
- Scenario
- Stress and stress management
- Discussion

References

Essential Reading

https://first10em.com/performance-under-pressure/

https://www.rcem.ac.uk/docs/College%20Guidelines/5z23.%20ED%20crowding%20overview%20and%20toolkit%20(Dec%202015).pdf

Recommended Reading

https://www.health.org.uk/sites/default/files/ImprovingPatientFlowAcrossPathwaysAndOrganisations.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5994854/

https://www.fmlm.ac.uk/news-opinion/creating-leadership-resilience-in-emergency-care

http://www.emtraineesassociation.co.uk/stress-burnout--resilience.html

https://www.researchgate.net/publication/297371141_Resilience_in_the_emergency_department

http://resiliencecentre.org.uk/2017/06/paper-understanding-emergency-department-escalation/

https://www.leanblog.org/2014/02/flow-push-and-pull-in-a-hospital/

https://www.advisory.com/research/clinical-best-practice-collaborative/studies/2015/the-emergency-care-strategy-guide

Thank you