DECISION MAKING & CLINICAL REASONING IN A&E
Princess Alexandra Hospital
Emergency Department

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7th November, 2019
Objectives

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

Multiple pressures faced by ED nationally

Oversubscribed

- Billing, coding, undercharging
- Unfilled posts, recruitment, retention, temporary staff

Political targets
- (4 Hour Wait, 2 week target)

Resource management

Mismanaged risk stratification

Competing interests of acute admission services

Inappropriate use of ED

Bed blocking, Social care
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
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, 2\textsuperscript{nd} 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?

Assessment Streaming

Register

RAS/GP

Diagnostics

Resus/Amb

High Risk

High Risk

Medium Risk

Low Risk

Investigation Treatment Decision

ENP

Minors

WR

Majors

Admit/CDU

OPA/Discharge

Admission Discharge
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

- Front Door
  - Reception
  - Primary joint Ax with nurses and doctor
    - Bloods
    - Obs
    - Clinical review
    - Request imaging
- Ambulance Door
  - Ambu Ax
WHAT DOES MD STAND FOR?
WHAT DOES MD STAND FOR?

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

1. Measuring success
2. Continuous monitoring
3. Critical analysis
4. Adaptation & Intervention
Stress – Where are you?

Heart Rate
Beats Per Minute
(Copyright 1997 Siddle & Grossman)

- Above 175 bpm:
  - Irrational fight or flee
  - Freezing
  - Submissive behavior
  - Voiding of bladder and bowels
  - Gross motor skills
    (running, charging, etc. at highest performance level)

- 175 bpm:
  - Cognitive processing deteriorates
  - Vasoconstriction
    (= reduced bleeding from wounds)
  - Loss of peripheral vision (tunnel vision)
  - Loss of depth perception
  - Loss of near vision
  - Auditory exclusion

- 145 bpm: Complex motor skills deteriorate

- 120 bpm:
  - 115 bpm: Fine motor skill deteriorates

- 80 bpm:
  - 60-80 bpm = normal Resting heart rate

EFFECTS OF HORMONAL OR FEAR INDUCED HEART RATE INCREASE

Condition
Black

Condition
Gray

Condition
Red

Condition
Yellow

Condition
White
(Psychological Condition)
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

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• 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.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/
Thank you