

The Emergency Services Foundation Scholarship Scheme

Report by - Paul Jennings - 2006 Scholarship Recipient

Clinical Effectiveness, Audit and Incident Reporting in the United Kingdom

Introduction

This report is the result of a fifteen day study tour to London, England to study different approaches to clinical effectiveness monitoring, critical incident identification and audit processes. The specific objectives of the tour were to:

- Investigate 'Clinical Effectiveness' process and measures of clinical performance
- Investigate incident identification and reporting methods
- Examine research activities and the methods employed to disseminate findings
- Attend the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) - Annual Conference

The UK was chosen because of the similarities to the Victorian Prehospital system and because of their well developed Clinical Effectiveness programs and specific prehospital audit expertise.

Study Tour Program

The study tour took place over 15 days from Sunday 26th November until Sunday 10th December 2006.

<i>Date (2006)</i>	<i>Visit Location</i>
Sunday 26 th November	Arrive London, UK
Monday 27 th November	Ambulance Services Association HQ Central London <ul style="list-style-type: none">• Meet with Mr Mark Cooke, Manager Clinical Effectiveness Program manager
Tuesday 28 th November	Joint Royal College Ambulance Liaison Committee (JRCALC) Conference
Wednesday 29 th November	London Ambulance Service <ul style="list-style-type: none">• Meet with Mr Richard Lee, Ambulance Operations Manager - Wimbledon and Battersea• Attend District clinical manager meeting
Thursday 30 th November	London Ambulance Service - Battersea Ambulance <ul style="list-style-type: none">• On road with Battersea ambulance crew
Friday 1 st December	London Ambulance Service - Control Room <ul style="list-style-type: none">• Tour of Control Room and Incident Management facilities• Meet with ePCR Data Manager
Saturday 2 nd December	At Leisure
Sunday 3 rd December	At Leisure
Monday 4 th December	London Ambulance Service - Battersea Education and Development College <ul style="list-style-type: none">• Basic Ambulance Attendant Assessments
Tuesday 5 th December	London Ambulance Service - Battersea Education and Development College <ul style="list-style-type: none">• Paramedic Skills update
Wednesday 6 th December	London Ambulance Service - Extended Care Paramedic (ECP) <ul style="list-style-type: none">• On road with Extended Care Paramedic• Visit of trust 'Walk in' Centres

Thursday 7th December	London Air Ambulance <ul style="list-style-type: none">• Death and Disability Conference
Friday 8th December	London Air Ambulance <ul style="list-style-type: none">• Day Shift - Professional Development Day - Skills Review• Evening shift - On road with LAA crew
Saturday 9th December	At Leisure
Sunday 10th December	Depart London for home

Study Tour Objectives

Investigate 'Clinical Effectiveness' process and measures of clinical performance

The process of Clinical Practice Guideline (CPG) development is remarkably similar to that within the Victorian prehospital setting; a multidisciplinary committee identifies best practice using evidence based medicine literature review principles and then seeks expert opinion. JRCALC, the committee responsible for the governance of clinical practice within the UK then produce a set of detailed CPGs. The manner in which the key changes are disseminated to operational staff is by a summary document known as the 'Report of Key Changes' which is easy to read and would be a useful adjunct to the material currently developed within our services.

The ASA and LAS collaborate with a number of registries and databases which provide them with a powerful information base from which to conduct various audits and interrogate for trends. The following registries are directly related (to varying degrees) to the clinical business activities of LAS:

- LAS Cardiac Arrest Registry
- Central Cardiac Audit Database (CCAD)
- Myocardial Infarction National Audit Project (MINAP)
- Prehospital Thrombolysis Register

One of the information fields collected by the MINAP that would be a useful comparator in ASV would be the reporting of 'Aspirin administration' for patients who are suspected to be suffering from a cardiac event. This would enable the ongoing monitoring of appropriate clinical management and allow benchmarking against other ambulance services, both national and international.

Another example of key evidence / information dissemination is the ASA's use of information posters. The ASA develop posters relating to key topics and distribute these to all operation centres for display. During the study tour it was plain to see that this medium was embraced by prehospital staff as evidenced by their prominent display. Staff believed the posters had an important role in the dissemination of key information. The posters addressed topical issues such as; recognition and emergency management of suspected stroke, and management of patients suffering capsicum spray contamination.

Investigate incident identification and reporting methods

Incident identification and reporting methods seem consistent across nations; the LAS use similar, ad hoc identification and reporting practices. Patient Care Record clinical audit procedures are similar to that of ASV and form the primary mode of incident / error identification.

The London Air Ambulance utilise a proactive process of case review during bimonthly 'Death and Disability Conferences'. These multidisciplinary conferences rely upon peer review and promote 'no blame', in depth reviews of high risk cases. Cases that are identified through routine audit to have potential errors or management processes that could have been performed differently are selected for review, and all personnel involved in the case present their 'part'. Personnel including call takers, pilots, observers, doctors and paramedics are involved and describe the case and any issues in a temporal manner. Following this the crew's peers ask questions and critique decisions, and finally the senior clinician (usually the Medical Retrievalist) summarises any lessons learnt. What was particularly interesting about these case reviews was the 'no blame' and supportive environment that was maintained throughout; the sole purpose was to identify any system related problems and to allow the audience to learn from the attending crew's experience.

Another interesting aspect of this conference was that the vast majority of attendees were attending in their own time! Very few of the registrants were paid yet there would be 40 to 50 people regularly attending the meetings.

Examine research activities and the methods employed to disseminate findings

The London Ambulance Service have collaborated in a number of research projects including cardiac arrest outcomes research, specificity of emergency dispatch systems and extensions to the scope of paramedic practice. An area where they perform particularly well is the dissemination of research findings across their organisation. One strategy that the LAS use very effectively is the Research Bulletin. This document is distributed to all staff branches to be displayed on branch pin boards and coffee tables. The bulletin is informative, well read and respected.

Having spoken with a number of LAS and ASV staff it is clear that prehospital care providers are becoming increasingly interested research findings, and the evidentiary basis for contemporary practice. Disseminating such information requires a number of different mediums. The LAS 'Bulletin', as a hardcopy medium effectively serves a purpose, however a number of people (interestingly in both the UK and Australia) indicated that they would prefer similar information to be available in a web based form.

Attend the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) - Annual Conference

The JRCALC Conference was an excellent opportunity for networking and transference of UK practices to Victoria. The conference program was very relevant to contemporary prehospital care and the majority of presentations were directly related to the study tour objectives.

Recommendations

As a result of this study the author recommends that Ambulance Service Victoria:

1. Adopt a similarly formatted document as the 'Report of Key Changes' for dissemination of key CPG changes in ASV.
2. Implement the collection and reporting of 'Aspirin administration' for presumed acute coronary syndromes in RAV.
3. Adopt a poster medium for dissemination of key information / evidence in ASV.
4. Implement a 'case review conference' to discuss high risk cases in ASV.
5. Implement a 'bulletin' type document to disseminate research outcomes and contemporary evidence in an easy to understand format in RAV.
6. Implement a 'web based' portal to disseminate research outcomes and contemporary evidence in an easy to understand format in RAV.

Acknowledgements

Mr Tony Walker, General Manager Clinical Effectiveness, Rural Ambulance Victoria, for his support of the tour and assistance with logistical considerations.

My employer, Rural Ambulance Victoria has and continues to be very supportive of the professional development of staff through this and other scholarships as they arise.

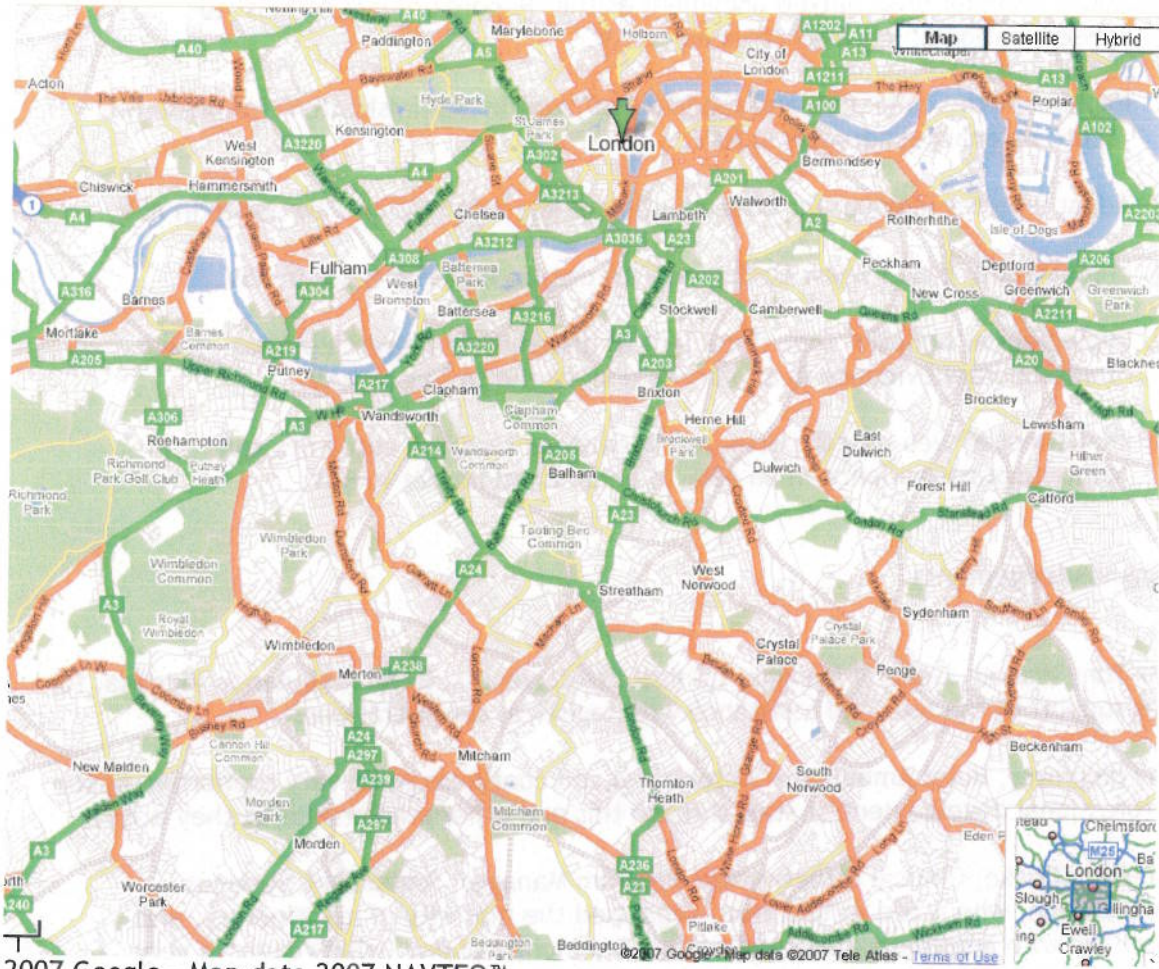
Mr Mark Cooke, Clinical Effectiveness Program Manager, Ambulance Services Association, who acted as tour host, organised the majority of my itinerary, and assisted with accommodation and access to a mobile phone (which came in very handy).

Mr Richard Lee, Ambulance Operations Manager and Mr Phil Grieve, Paramedic Team Leader also ensured that my visits flowed seamlessly and provided transport and contacts as required.

The Emergency Services Foundation, for without their assistance this study tour would not have been possible.

Finally, to the support and understanding of my wife, Natasha. Thank you.

Appendix 1 - Map of London



2007 Google - Map data 2007 NAVTEQ™