Clinical Guidelines / Indicators

Clinical Guidelines/Protocols

- Systematically developed statements to assist Dr and patient e.g. trauma calls, STEMI pathways, drug

Pros:

- Use of effective treatment
- Consistent management esp. junior staff
- Patient information e.g. written sheets – head injury advice, paediatric info
- QA – monitoring outcomes, identifying problems

Cons:

- Making the guidelines:
  - May not be up to date, inadequately researched
  - May not include consumer input
  - May not include financial considerations or medico-legal considerations
  - May not include departmental consideration eg access to tests
- Inflexibility of guidelines – cannot be tailored to individual care
  - Can harm clinicians if they are used to unfairly judge quality of care
  - Cannot use other management options
  - Discourage research

Use:

- May be better used if locally adapted
- Increased utility if incorporated into computer programs

Design a protocol / Quality assurance / Purchase equipment

There's never enough room for quality assurance – **P**lease **D**on't **S**wing ***A*** **C**at

Plan

- Research
- Benchmarks (find out what other people have done)
- Stake holders
- Objectives
- Timing (timeline, meetings)

Do

- Draft / Equipment trial

Study

- Input/feedback from stakeholders

Act

- Implement protocol / Purchase equipment

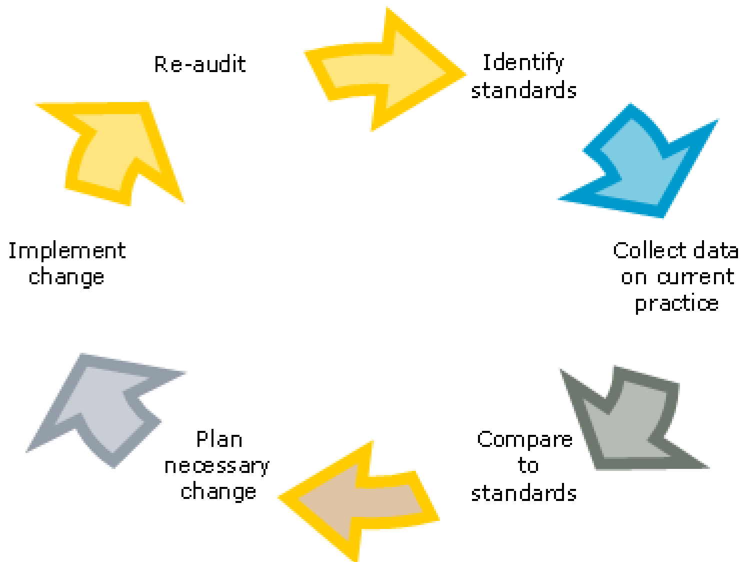
Cycle

- Follow up/review of protocol or purchase

Write a protocol (**ICPDOC**)

- **I**ndications
- **C**ontraindications
- **P**reparation (incl. level of supervision)
- **D**escription
- **O**utcome
- **C**omplications

Audit Cycle



Clinical Indicators

A measure of clinical management (e.g. time to PTCA) or outcome of care (e.g. % access block)

- Measure – data available
- Clinically relevant
- Achievable
- Acceptable to staff

Hospital wide clinical indicators

- Trauma – acute subdural/ extradural <4 hours, missed cervical spine fracture
- Hospital – readmissions, acquired infection, through-put
- Post op – PE, return to OT

Common Emergency Department Indicators

- Triage - **time seen, admission rates**, % meeting wait time, admission to ICU
- **Mortality**
- Time to analgesia, antibiotics (meningitis, febrile neutropenic, compound fracture)
- Access block (e.g. target 20%, current Aust ave 27%)
- Chart audits
- STEMI – **door to needle** (<60min)
- Trauma – missed c-spine, time to craniotomy (<4hrs)
- X-ray and pathology report follow up
- Staff retention

Triage Category:

1 A, B (↑/↓), C (↓), D (GCS<9, current seizure),Ψ (agitated+risk)
2 Pain, time critical, Ψ (severe agitation), (ACS,CVS,PE,Ectopic,AAA,Sepsis,BSL<3,Eyes)
3 By system review, use word moderate, Ψ
4 By system review, use word mild/minor, Ψ
5 Non-urgent. Admin, script, chronic, wound review not requiring repair,
Ψ – requiring social assist

Triage Waiting Times & Targets

1: 2min - 100%
2: 10min – 80%
3: 30min – 75%
4: 60min – 70%
5: 120min – 70%