What’s happening?

It has been a busy year for the ECIICN with many projects in train. Here’s an update on some of these activities.

Evidence-based care in EDs

The fourth annual evidence-based care in emergency departments (EDs) project is well underway. A successful evidence-based care forum was held earlier in the year with over 120 ED clinicians attending from across the state. The program included: using evidence and data to improve the quality of patient care; results and stories from the 2011 evidence-based projects; and clinical experts presenting on clinical topics for this year’s projects. You can find presentations from the forum on the ECIICN website at: http://health.vic.gov.au/clinicalnetworks/emergency/em2012-activities.htm

Twenty-five EDs are undertaking an evidence-based care project in their ED. The topics are: asthma, bleeding in early pregnancy, nerve block for adjuvant analgesia in patients with fractured neck of femur (NOF), oxygen therapy in chronic obstructive pulmonary disease, paediatric gastroenteritis and renal colic. Local project leads attended an introduction to project management workshop in April and the projects are due to be completed in late November 2012.

Understanding Aboriginal people’s experience of ED investigation of chest pain

The ECIICN is undertaking a project looking at Aboriginal people’s experience of ED investigation of chest pain. The project has support and funding from the Department of Health’s Aboriginal Health Branch under Closing the Gap. The project aims to better understand the barriers and enablers to follow-up for Aboriginal people who come to the ED with chest pain.

Three EDs Frankston, Northern and Mildura are participating in the project. A number of project staff including a project lead and Aboriginal Health Liaison Officer (AHLO) attended the project reference group meeting in July to share their experiences in undertaking the project and to discuss the next steps.

The ECIICN will provide results to each of the participating health services and spread the lessons to the sector in early 2013.

What’s next?

2012 Evidence-based care in EDs—project lead workshop
Updated ED factsheets and new website

(l–r front row) Karen Milward, Jason Eades, Karen Bryant
(l–r back row), William Glenbar, Tracey Bradley and Shane Wright
Implementing paediatric procedural sedation in EDs

The ECIICN launched a training resource Preparing a child for a procedure in the ED DVD in April as part of the Implementation of Paediatric Procedural Sedation project.

The 15 participating EDs concluded the implementation of the project in June. The project was a collaboration of the ECIICN and the Victorian Managed Insurance Authority (VMIA). The ECIICN is currently finalising the results from EDs and will share them with you in the near future.

Celebrating success stories

The ECIICN’s Senior Clinical Advisor, Professor Anne-Maree Kelly, recently presented the network’s work on reducing variation in practice by implementing best available evidence in Victorian EDs at the International Conference on Emergency Medicine in Dublin. The Paediatric Procedural Sedation project also presented a poster, Design and rollout of standardised approach to paediatric sedation. It generated quite a bit of interest, in particular from clinicians from the United Kingdom and South Africa.

How to get involved

This is your network. Get involved by:

- sharing your local innovations
- contributing your knowledge or expertise
- bringing a particular issue to our attention
- contributing to forums and workshops.

Contact us

Phone: 03 9096 0578
Email: EmergencyCare.ClinicalNetwork@health.vic.gov.au

Articles of interest


This paper describes a model of front-loaded patient assessment by senior clinicians and its effect on ED performance metrics. The paper presents an interesting approach that has been successful overseas to help manage patient flow.


This study investigated the usefulness of the National Heart Foundation risk criteria (from the 2006 NHF Guidelines for the management of ACS) in an ED chest pain population. It found them to be very sensitive for heart attack or major cardiac adverse event but to have only 50 per cent specificity. It suggests that this is not an ideal tool to drive admission decision making.