Illawarra Shoalhaven Local Health District

Emergency Medicine Fellowship Program

Topic-Based Quiz: Qs and As

ADMINISTRATION

Candidate Instructions

- Duration = 30min
- Props are included within the examination booklets
- Allocated marks for each question are shown
- Each mark is of equal weight
- There is no negative marking
- Write answers CLEARLY, and cross out any errors
- Answer within space provided
- Do not begin until instructed
- You may take examination book home with you

Good Luck!

Acknowledgement: Thank you to the trainees who have written these SAQs with the hope of making their colleagues sweat, but ultimately gain more exposure to exam practice. Good job.

Topic-Based SAQ Quiz: Administration

Question 1

You are a new consultant and asked to attend a meeting with hospital management regarding emergency department key performance indicators. Prior to attending you ensure you adequately understand some of the relevant areas:

Regarding triage, please complete the table (5 marks)

AUSTRALASIAN TRIAGE SCALE CATEGORY	TREATMENT ACUITY (Maximum waiting time for medical assessment and treatment)	PERFORMANCE INDICATOR THRESHOLD
ATS 1		
ATS 2		
ATS 3		
ATS 4		
ATS 5		

Explain ETP including the relevant target figure (3 marks)

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What is 'Transfer of care? What is the target?'(2 marks)

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Question 2

It has been noticed that a middle-aged male patient has been presenting to the emergency department several times per week with chest pain. He has a prior history of AMI requiring a stent but his most recent angiogram is normal and his disease is judged to be under control by his cardiologist. Each presentation his ECG is normal and his troponins are not elevated. So far there hasn't been a concern regarding alternate pathology.

You have been asked by the Director of Emergency Medicine to draft a management plan given his frequent presentations.

Name 4 goals of an individualised care plan for a 'frequent presenter' (4 marks)

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Who are the likely key stakeholders in this instance (5 marks)

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Question 3

You are a new consultant working in an urban emergency department. The director approaches you and asks you to investigate the high proportion of 'did not wait' presentations. She is concerned these DNW figures represent

What is the (generally accepted) maximum accepted percentage of patients who DNW? (1 mark)

_____

Name two patient groups who are often over-represented within DNW statistics (2 marks)

_____

_____

Name 4 reasons for high DNW numbers and propose 4 solutions (4 marks)

Reason	Solution

Question 4

You are the prehospital consultant who has been called to a major incident in which a tourist bus has collided with a train at a rail crossing. There are many casualties. You are 10km from a tertiary referral hospital with full trauma capabilities. You find yourself in the roll of medical commander at the scene.

Outline the structured approach to a major incident (3.5 marks)

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Once you have made your initial assessment of the scene, outline your structure approach to communicating this information (3.5 marks)

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What are the main differences between initial medical care during a disaster versus usual ED care (2 marks)

_____

_____

Question 5

You are the consultant in the emergency department of a tertiary referral hospital when you receive a notification of a large-scale incident that has resulted in 50 casualties approximately 10 minutes away. The department is currently full and you have been told to expect the first wave of patients to arrive in approximately 20 minutes.

Outline your strategy for preparing for the incoming wave of patients (10 marks)

Name 3 ways in which your medical care of patients will change during this response, give examples (3 marks)

Topic-Based SAQ Quiz: Administration

ANSWERS

Question 1

Regarding triage, please complete the table (5 marks)

AUSTRALASIAN TRIAGE SCALE CATEGORY	TREATMENT ACUITY (Maximum waiting time for medical assessment and treatment)	PERFORMANCE INDICATOR THRESHOLD
ATS 1	Immediate	100%
ATS 2	10 minutes	80%
ATS 3	30 minutes	75%
ATS 4	60 minutes	70%
ATS 5	120 minutes	70%

Explain ETP including the relevant target figure (3 marks)

ETP = emergency treatment performance
Designed to be a whole of hospital process
81% of patients presenting to a public hospital ED will, within 4 hours be:

- Admitted (and be on ward)
- Discharged
- Transferred

4 hours begins at first point of contact (triage or admin) and ends when they physically leave the ED

What is 'Transfer of care? What is the target?'(2 marks)

Clinical hand over of patient from ambulance staff to ED staff – usually into ED bed or waiting room
Target = 90% within 30min, 100% 1hr

Question 2

Name 4 goals of an individualised care plan for a 'frequent presenter' (4 marks)

- not to miss serious illness
- help patient in the long term
- improve patient care
- minimise ED stay
- improve engagement with community supports/services
- reduce disruption to staff

Who are the likely key stakeholders in this instance (5 marks)

Patient
GP
Emergency physicians + medical staff
Cardiology department
Emergency nursing staff
Emergency Department Management Team – Directors / Managers etc
Maybe psychologist

Question 3

What is the (generally accepted) maximum accepted percentage of patients who DNW? (1 mark)

<5%

Name two patient groups who are often over-represented within DNW statistics (2 marks)

Children
Mental health patients

Name 4 reasons for high DNW numbers and propose 4 solutions (4 marks)

High DNW is mainly caused by long-wait times which is generally due to ED overcrowding and access block. Any reasonable reasons/solutions are ok. Examples below.

Reason	Solution
WR not suitable for patients awaiting care	Access to food / water / entertainment / nurse in WR
Long wait to fast-track / paed cases	FT/paed stream / separate staff allocation
Inadequate medical staffing	Hire more staff
Poor access to ED beds due to admissions	Hospital-wide approach to access block – early discharge, senior review etc

Question 4

Outline the structured approach to a major incident (3.5 marks)

C	Command
S	Safety
C	Communication
A	Assessment
T	Triage
T	Treatment
T	Transport

Once you have made your initial assessment of the scene, outline your structure approach to communicating this information (3.5 marks)

M	Mass casualty incident or not?
E	Exact location
T	Type of incident
H	Hazards present at site
A	Access to site
N	Numbers of casualties (and specific types of injury)
E	Emergency services present and required

What are the main differences between initial medical care during a disaster versus usual ED care (2 marks)

- Demand overwhelms resources/capacity
- Greatest good for greatest number
- Critical patients who are likely to die do not receive advanced interventions (simple airway mx ok), as opposed to in hospital where these patients consume most resources
    - E.g. withhold CPR +/- intubation

Question 5

Outline your strategy for preparing for the incoming wave of patients (10 marks)

- Activate hospital disaster pathway (cascading calls notifying key stakeholders)
- Increase ED space
    - Announcement to WR: Long wait, GP appropriate presentations to GP, Any patient willing to wait will be seen
    - Divert ambulances to other facilities if possible
    - Decant: Admissions to ward (incl stable referrals)
    - Discharge: Appropriate ED and ward discharges
- Organise / allocate / Increase staff
    - Call in extra staff / non-clinical consultants and registrars
    - Plan for next shift / day – likely to have long-lasting effect on ED functioning
    - Be mindful of staff fatigue
- Organise department / systems
    - Triage area (medical and nursing) – change to disaster triage system (incorporate all patients presenting to ED – disaster or not)
    - Team-based care (consultant in charge of different areas) – increase decision-making
    - Ambulatory patients to clinic area etc
    - Dedicated areas for: Media / Security / Family
    - Liasions surgery / critical care – early senior decisions
- Increase Supplies
    - Analgesia / Antibiotics / Plaster / IVC and fluids – all likely to be consumed
    - Allocate staff to re-stocking

Topic-Based SAQ Quiz: Administration

Name 3 ways in which your medical care of patients will change during this response, give examples (3 marks)

- Simple documentation / patient cards – exhaustive notes not done
- Xrays and labs used restrictively so as to not overwhelm resources
- Limb radiology unnecessary – plaster before XR / review later if NV intact