

# Educational initiatives to improve quality and safety in the workplace

Morning handover, mandatory consultant review, results sign off

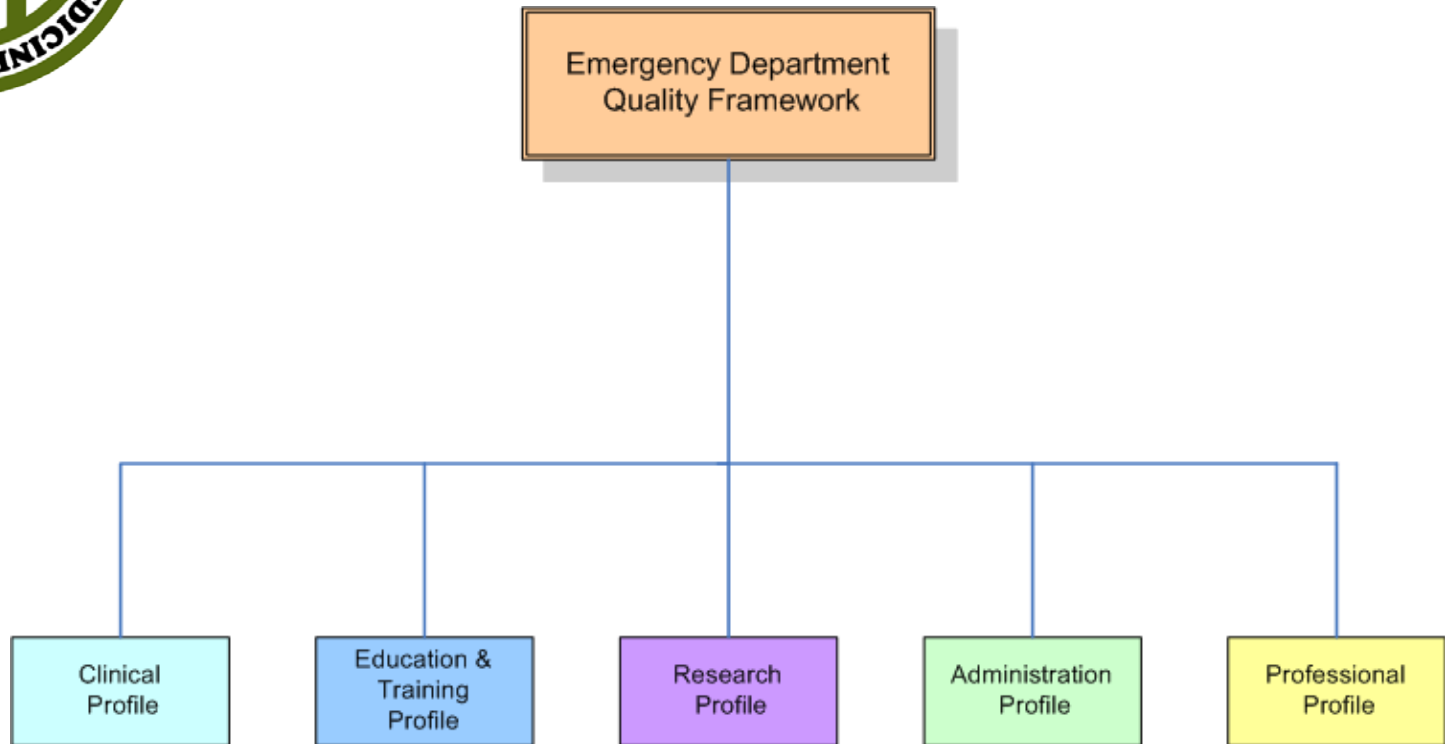
Dr Carmel Crock FACEM B.Litt



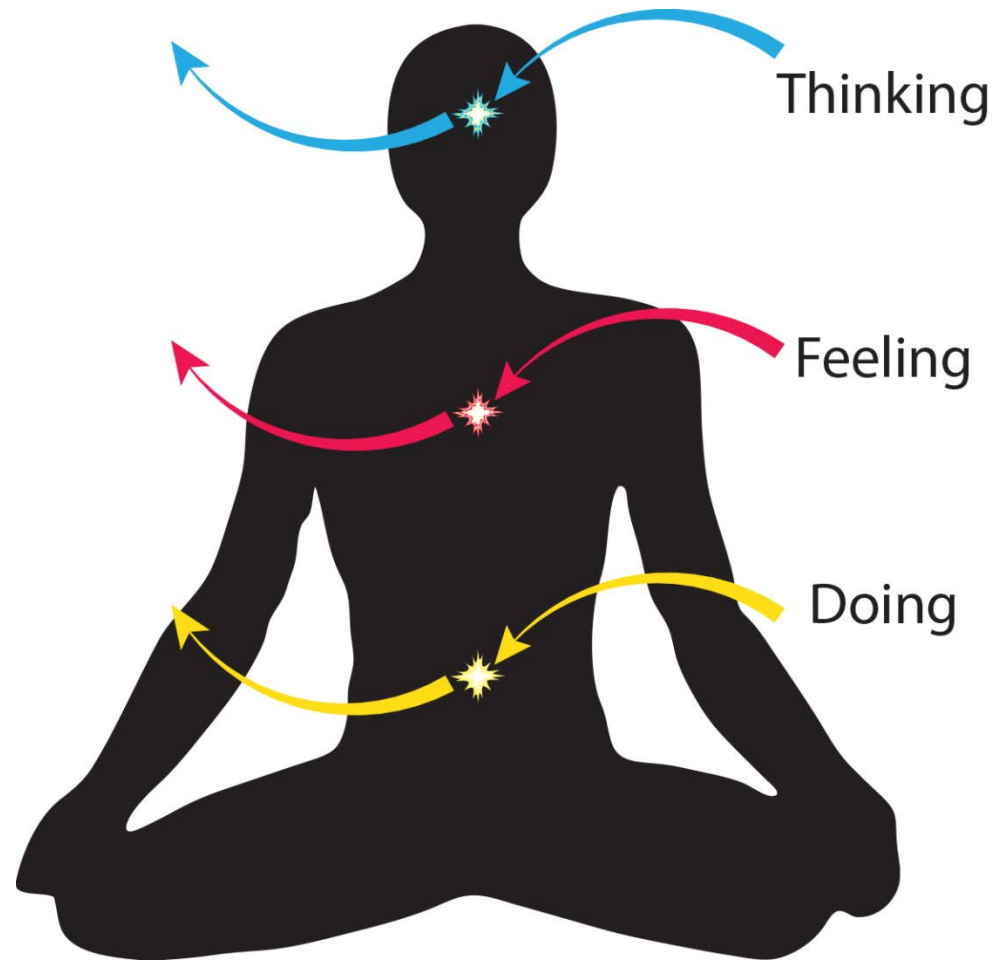
The Royal Victorian Eye and Ear Hospital



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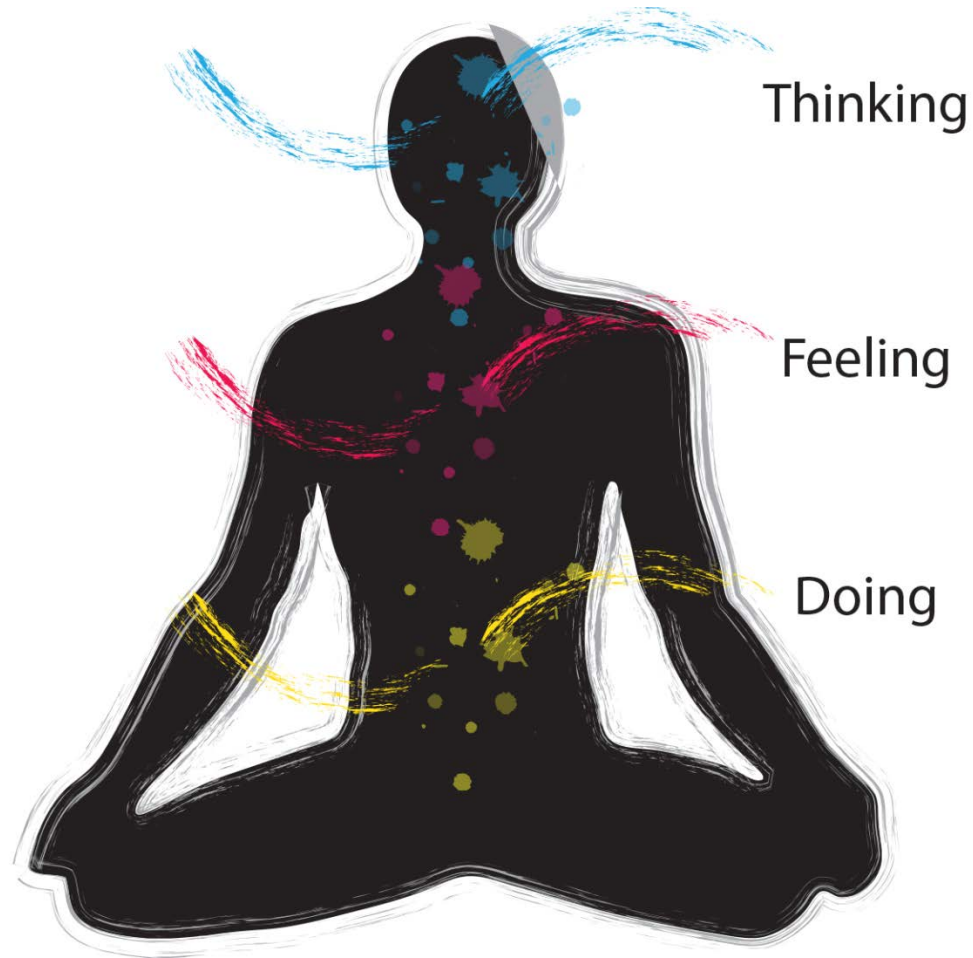








# Night Shift



# EMERGENCY DEPARTMENT

○ EMERGENCY EYE REGISTRAR

✓ EMERGENCY REGISTRAR

## MORNING CLINICAL HANDOVER STRUCTURE

1. PATIENTS SEEN OVERNIGHT  
EYE/ENT
2. WARD PATIENTS
3. EXPECTED PATIENTS

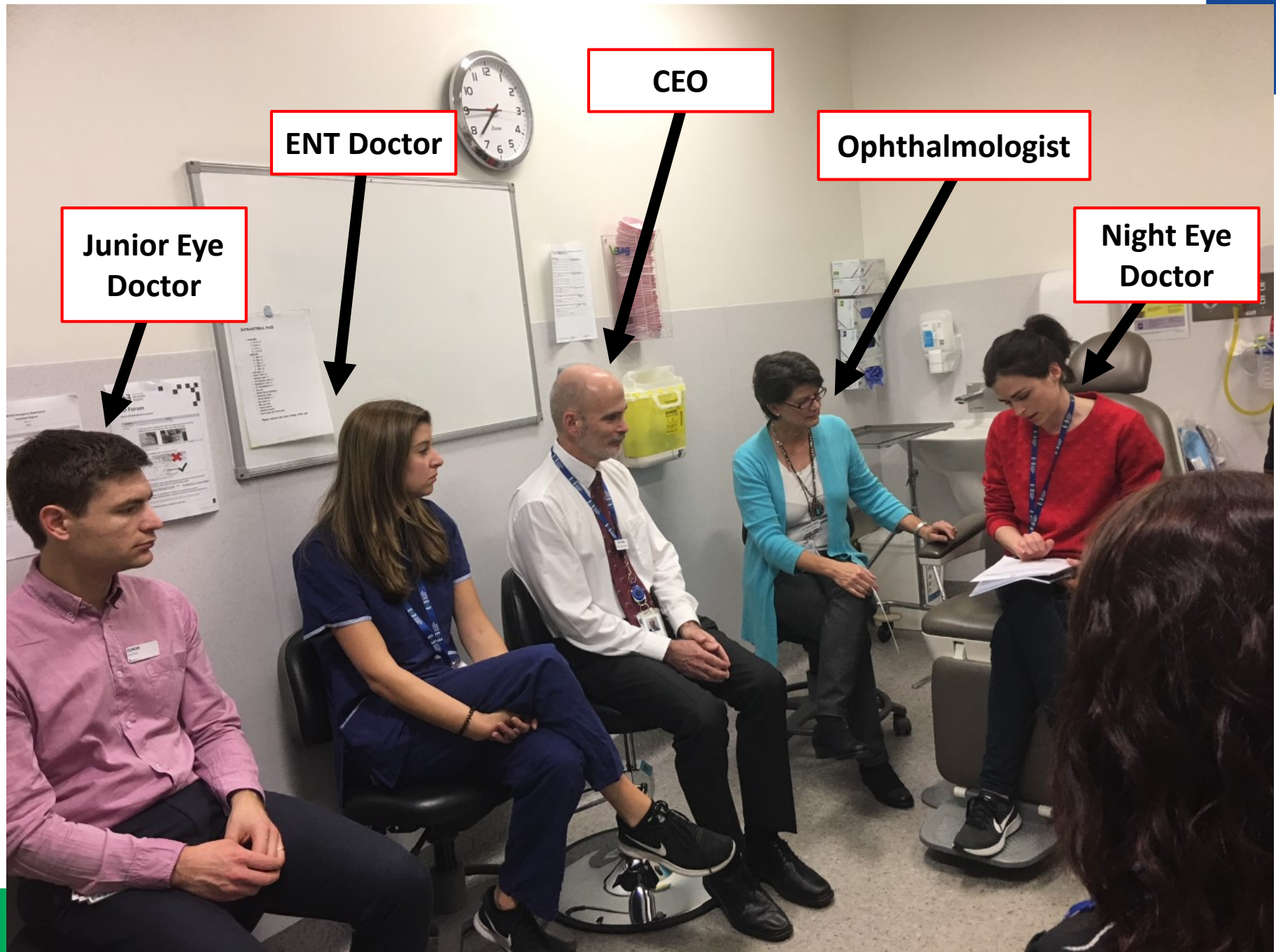


The Royal Victorian Eye and Ear Hospital  
ISBAR Clinical Handover  
EMERGENCY NIGHTS – EMERGENCY REGISTRAR



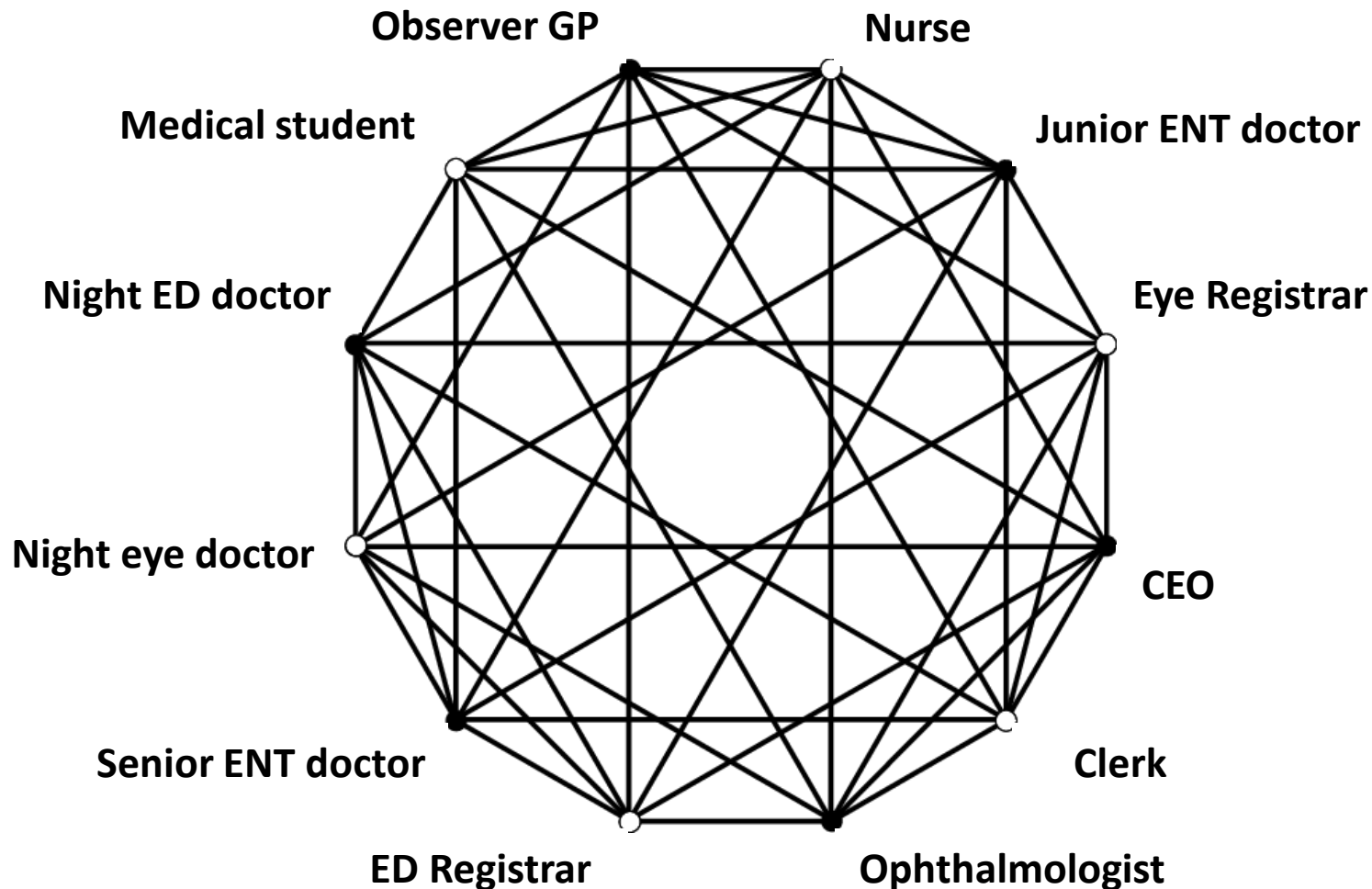
NIGHT DOCTOR:		DATE:
Identification	Situation/Background	Assessment / Request
PATIENT STICKER	DIAGNOSIS/PROCEDURE	CONSULTATION (eg. Eye Registrar, AO, ENT consultant etc.)
Please attach patient label here or print patient's name, DOB and UR Number		
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Please attach patient label here or print patient's name, DOB and UR Number		





# Diagnostic Cross-checking


-a strong network of communication



# Procedural safety at night



...deferring the non urgent. The Royal Victorian Eye and Ear Hospital

- 
- Cross checking to enhance diagnostic resilience
  - Timely feedback on diagnosis
  - Thinking out loud
  - Cross fertilization between craft groups
  - Modelling behaviour for medical students
  - Storytelling .....listening
  - Team building
  - Discussing uncertainty and error
  - Thanking / acknowledging night efforts



## ***2 recent quotes...***

### **Night doctor**

*“If it’s not the right diagnosis, someone will look into it”.*

### **Morning senior (admitting officer)**

*“Shall we revisit the diagnosis?”*



**Ophthalmologist**

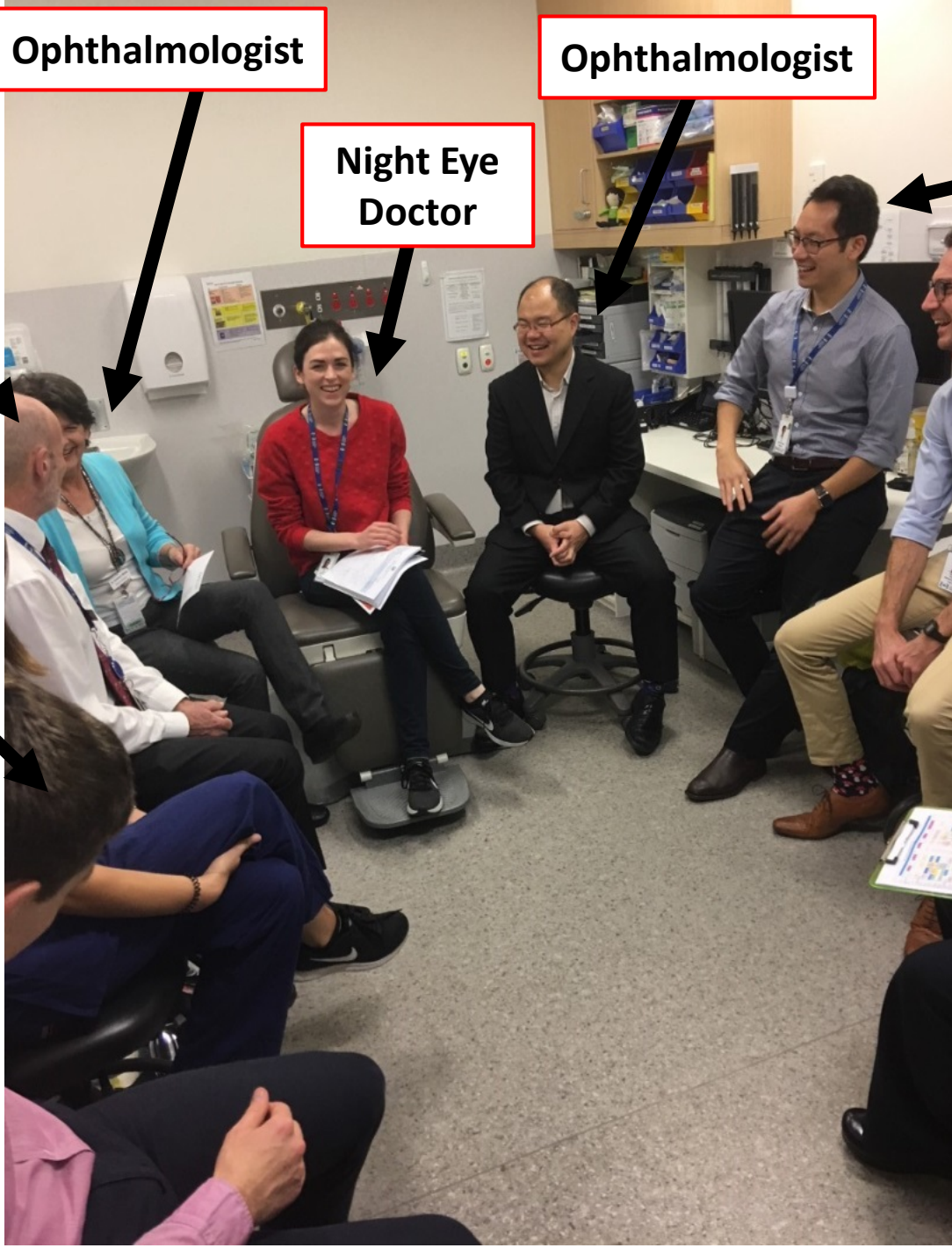
**Ophthalmologist**

**Night Eye  
Doctor**

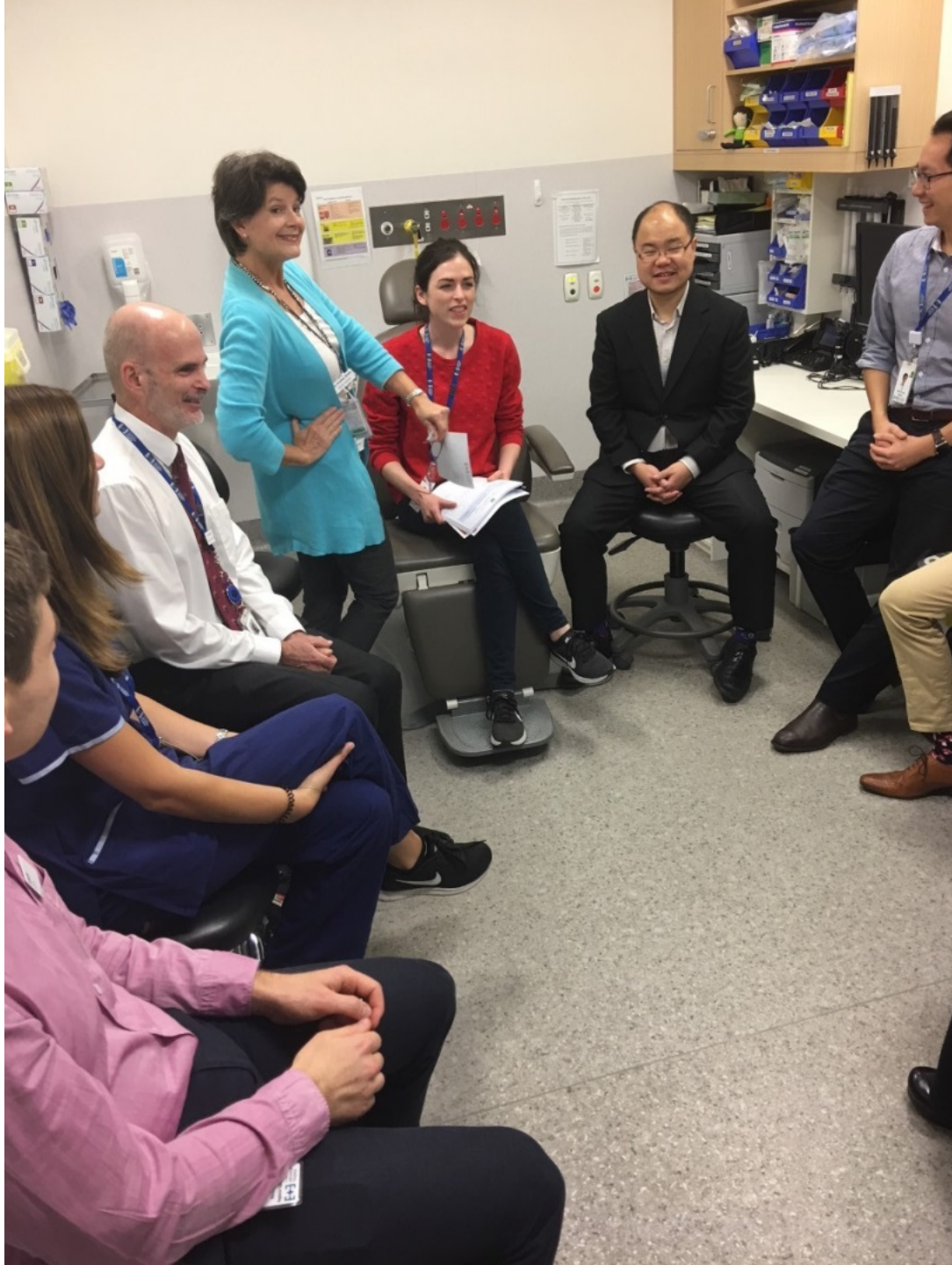
**Junior Eye  
Doctors**

**CEO**

**Junior Eye  
Doctor**







# Initiatives – patient safety

- Morning handover
- Consultant Supervision -2<sup>nd</sup> opinions mandated
- Results checking process (2 doctors)
- CPGs
- Riskman/Complaints
- ED flow/streaming – less chaos
- Acute Ophthalmology and Acute ENT clinics (ED reviews)

# Consultant supervision

- Mandated 2<sup>nd</sup> opinions
- 3/12 front of eye, 6/12 back of eye




# Results checking

- Critical incidents – delay diagnosis cancer, incidental findings not communicated
- 2 doctors daily
- Rostered
- Sit side by side, comraderie
- “Time out” from picking up patients

# Clinical practice guidelines

- Template
- Importance of history
- Importance of exam
- “Red flags” (don't miss diagnoses)
- Written by juniors
- Form basis of audits
- Sent to ED registrars



the royal victorian  
eye and ear  
hospital

EMERGENCY DEPARTMENT  
CLINICAL PRACTICE GUIDELINES

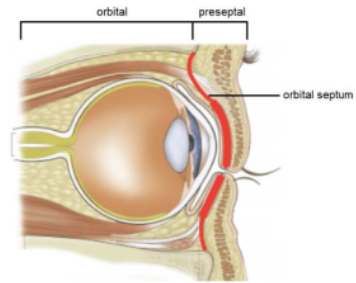
### Preseptal and Orbital Cellulitis

SEE ALSO: dacryocystitis, chalazion

**DESCRIPTION**

Preseptal cellulitis is infection of the skin and subcutaneous tissues anterior to the orbital septum.

Orbital cellulitis (or 'postseptal cellulitis') is infection of the soft tissues posterior to the orbital septum, and poses risk of vision and life-threatening complications.



**BACKGROUND**

- Preseptal and orbital cellulitis occur with higher frequency in children
- Often occurs in association with sinusitis and upper respiratory tract infection (URTI)
- Pathogens: Gram positive cocci (Staphylococcus and Streptococcus species), Haemophilus species, anaerobes

**HOW TO ASSESS:**

**Red Flags:**

- Urgent surgical intervention may be required in cases of orbital cellulitis with sinusitis, subperiosteal abscess, intraorbital abscess, or foreign body. Consult oculo-plastics (OPAL) and ENT.
- Intracranial infection should be suspected in patients with headache, nausea and vomiting, altered conscious state, or multiple cranial nerve palsies.
- Children with preseptal and orbital cellulitis can rapidly deteriorate. Children <4 years of age have an incomplete orbital septum and are at risk of retrograde spread of infection from the preseptal to orbital space.
- Children who are systemically unwell requiring paediatric input may need to be transferred to The Royal Children's Hospital (RCH). All inter-hospital transfers to and from RCH must be made consultant to consultant, involving the oculo-plastics team.
- If immediate transfer/retrieval to RCH is required call ambulance or PIPER (Paediatric Infant Perinatal Emergency Retrieval - 1300 137 650)

# Use of Riskman and Complaints

- Monthly report
- Code Blue/MET, medication incidents (Pharmacy)
- Discuss recommendations from serious case reviews
- Complaints management







# Future Directions...

- Automated Feedback on diagnosis  
(eg From review clinics back to ED)
- Physician wellbeing

# Physician wellbeing

- Regular breaks/good food
- Art of Communication- Improv workshops
- Mindfulness
- 'Wellbeing doc'



# *The patient perspective... anxious waiting*



The Royal Victorian Eye and Ear Hospital



# Connie our cleaner



SAVE THE DATE



## 2<sup>ND</sup> AUSTRALASIAN DIAGNOSTIC ERROR IN MEDICINE CONFERENCE

*Communicating for safer diagnosis*

GRAND HYATT, MELBOURNE



28 – 30 APRIL 2019

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