

# Special Interest Group Emergency Care (SIG5)

18-19 July 2018 - Melbourne

Meeting code HRT1813

## Why Participate?

- ❑ *Improve patient care by learning how 'exemplar' health services operate*
- ❑ *Learn about new trends from international and national experts*
- ❑ *Discuss issues of specific concern to your hospital*
- ❑ *Meet and share solutions with senior clinicians facing similar issues*

SUBSCRIBE

Select Roundtable SIG5 on your subscription agreement and return by email to: [accounts@healthroundtable.org](mailto:accounts@healthroundtable.org)

COST

\$A5,750\* for first facility in your network. \$A4,750\* for each additional facility. \*excl GST

Individual delegate venue fees are billed separately.

ENQUIRIES

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A new Special Interest Group (SIG) has been established to take advantage of the Health Roundtable's substantial Emergency Department data set. *Explore key trends and identify the predictive nature of emergency demand to meet national standards.*

The Health Roundtable Emergency Department Report shows trends for your hospital, other member hospitals, and the Roundtable as a group.

The reports have recently been modified to utilise the same hospital peering system that is used in the Inpatient Briefings.

Share with your colleagues innovations to improving patient flow, in key areas such as triage models, expanding roles and increasing a multidisciplinary staff mix in the Emergency Department.



## Who should participate?

- ❑ *This Interest group is intended to share "good practice" ideas and innovations for Emergency Care programs*
- ❑ *Ideally, a cross-disciplinary team of those who are responsible for Emergency Departments*
- ❑ *You may bring up to five people per health service*

## The Health Roundtable will:

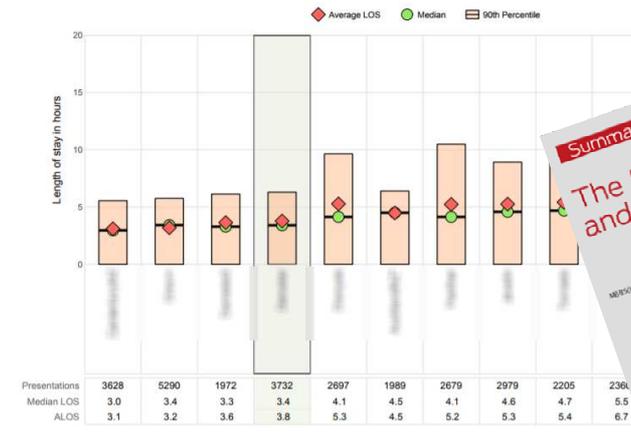
- ❑ *Work with experts to identify key trends and innovations*
- ❑ *Survey participating health services for innovative practices*
- ❑ *Collate and analyse results*
- ❑ *Summarise the meeting and circulate all presentations*

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## How long do patients wait compared to peers?

90% of admitted patients at **Dementia** spent less than 6.3 hours in ED, compared to the peer average of 9.7



**Summary** Embargo - Monday 16 May 2016 - 12.01am Research

### The National Emergency Access Target (NEAT) and the 4-hour rule: time to review the target

**Study question**  
The National Emergency Access Target (NEAT) stipulates that a pre-determined proportion of patients should be admitted, discharged or transferred from Australian emergency departments (EDs) within 4 hours of presentation. However, the target that balances the dual needs of hospital efficiency and safe, effective care remains unclear. We investigated the relationship between NEAT compliance rates and risk-adjusted inpatient mortality for emergency admissions.

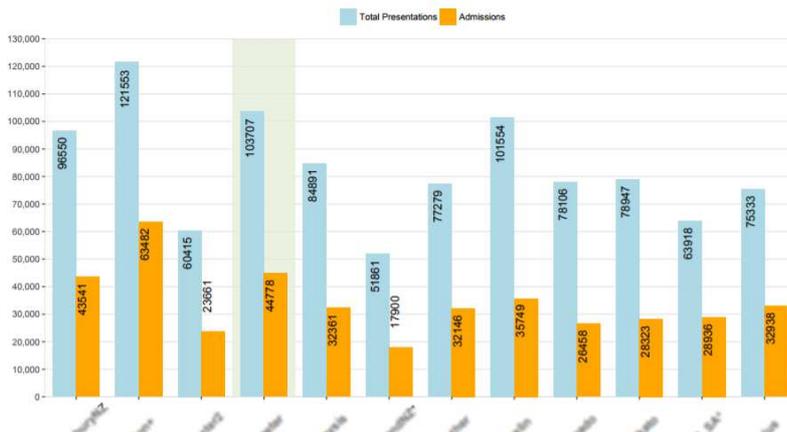
**Methods**  
This retrospective observational study used routinely collected, de-identified data provided by the Health Roundtable. Complete data were provided by 59 hospitals on patients who presented to emergency departments (EDs) between 1 July 2010 and 30 June 2014.

**What this study adds to current knowledge**  
episodes of care and 11.6 million inpatient episodes of care. Highly significant ( $P < 0.001$ ), linear, in-

## Mortality reduction 13% as NEAT exceeds 80%

## What patients are admitted compared to peers?

43% of emergency presentations at **Dementia** were admitted as inpatients in the July-2016 to June-2017 period



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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.