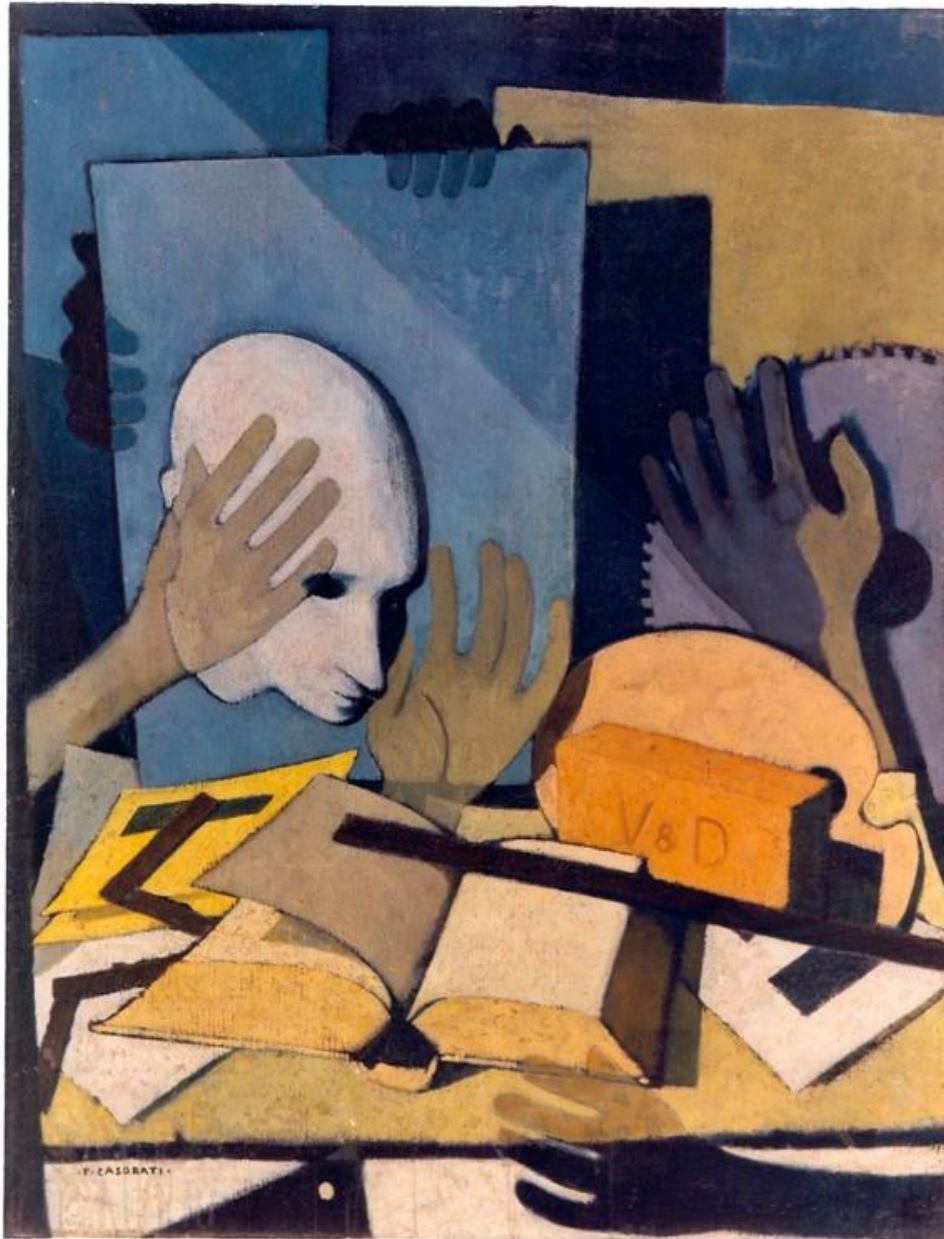




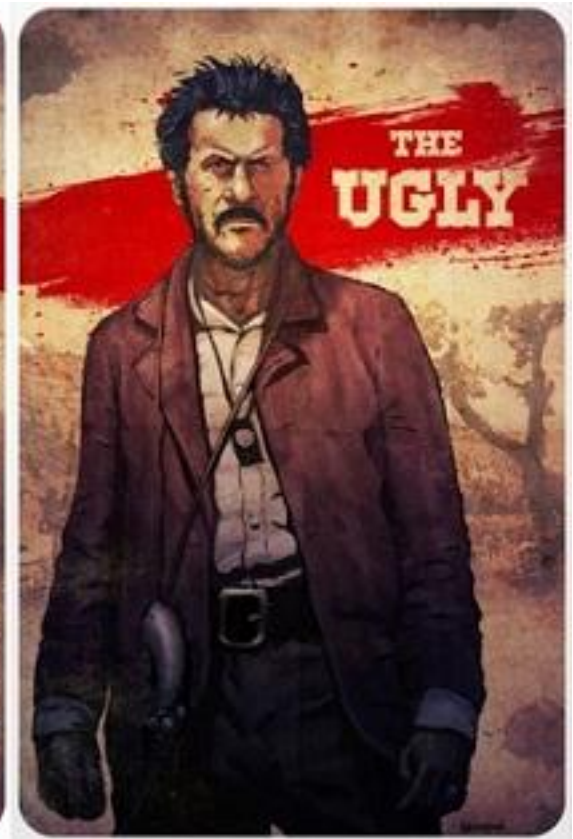
The importance of experiencing for management the crisis in ED

Roberta Petrino
President EUSEM



Felice Casorati 1882-1930 Italy
Hands, objects, head?

Emergency medicine



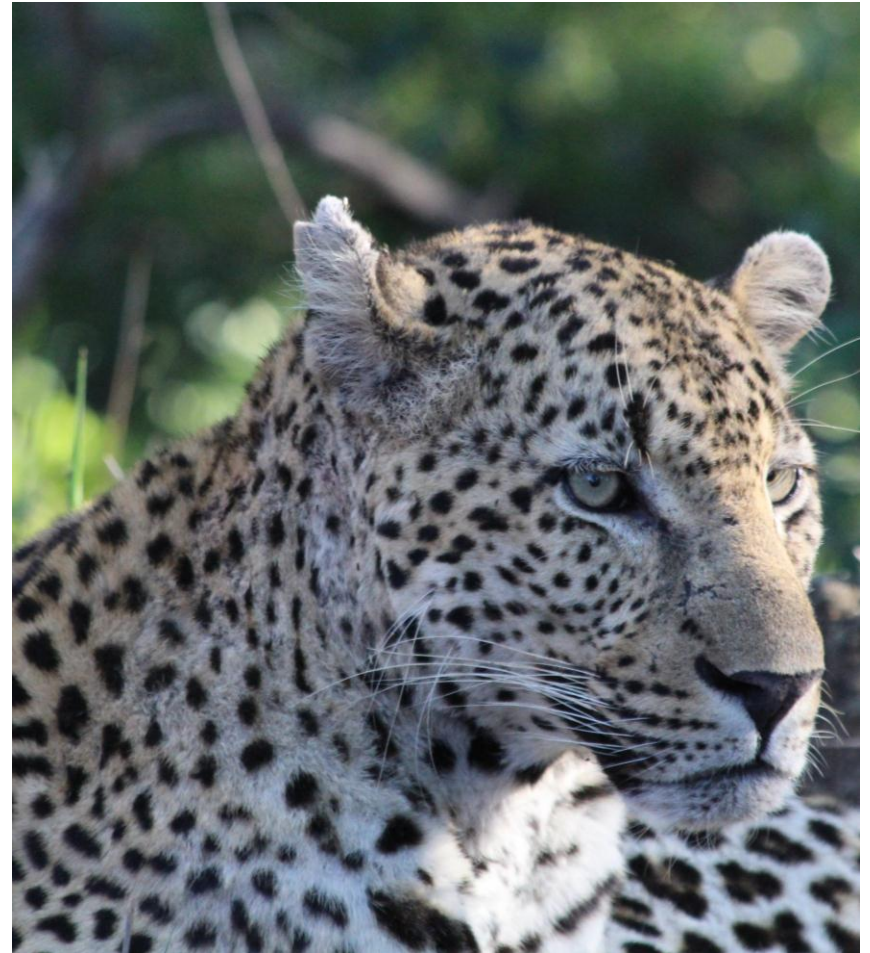
Emergency Medicine

The evaluation, stabilization and initial treatment of any patient, in any moment, for any symptom or disease or injury, that requires immediate or urgent medical action...



Emergency Medicine professional

The one that has to deal with crying children, dying people, hopeless elders, violent people, colleagues that don't want to admit patients, patients that have no faith in doctors, patients anxious or depressed, overcharged colleagues...



What else...

- Training
- Organisation of care
- Observation and clinical decision
- Critical care
- Disaster preparedness and response
- Research
-





An event that is perceived as overwhelming.





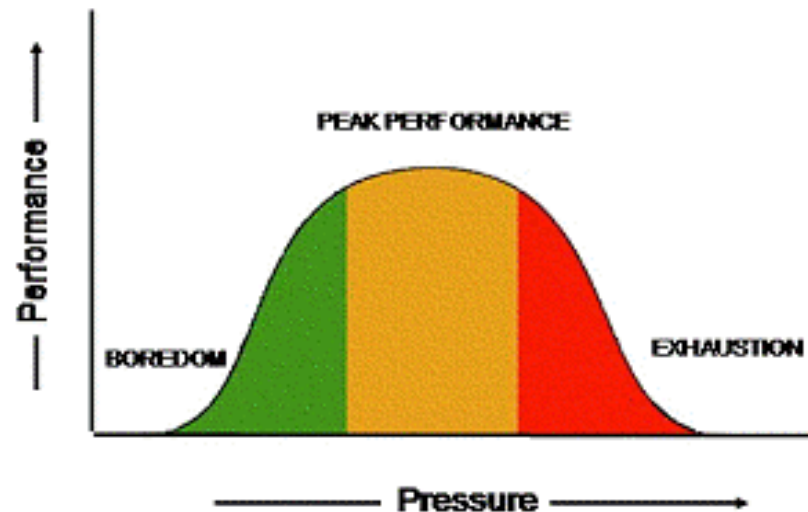
When subjects believe that they have exhausted their resources and coping abilities.

**What is perceived as a *crisis* by one person,
may not be perceived as a crisis by someone
else.**

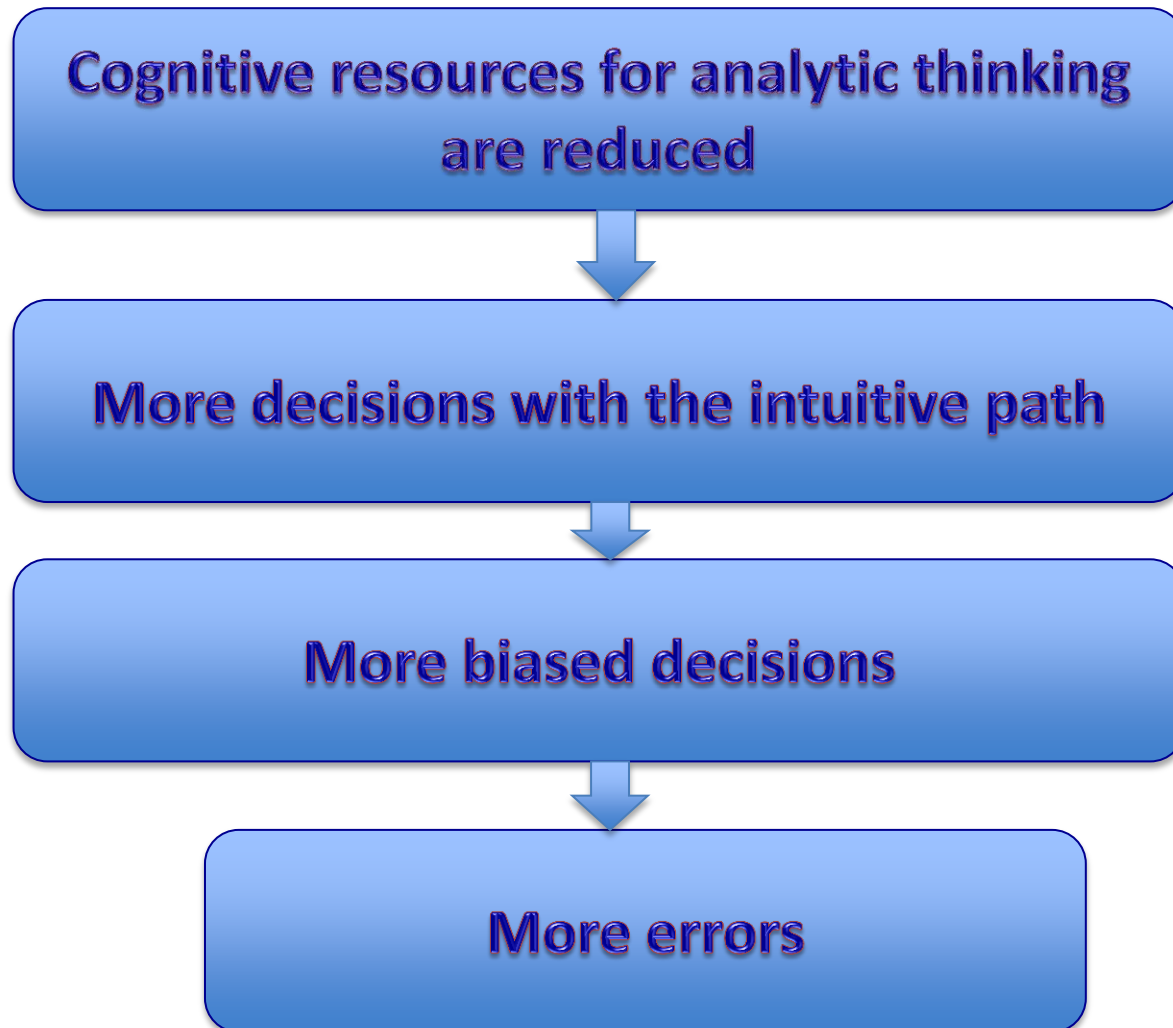


Relationship between stress and performance

The Pressure / Performance curve



Cognitive overload



Human factors that may alter perception of a crisis

HALTS – hungry, angry, late, tired or stressed



Team related factors

- Confusion of roles
- Not a recognized team leader
- Lack of communication



Environment related factors

- Interruptions, noise, confusione, takeover
- Inefficient equipment
- Non familiarity with the equipment



Contest related factors

- Wide range of illnesses
- High decision density



Tuesday morning at 8.30

- A patient arrived 30 minutes ago for hematemesis has a new, massive bleeding
- She is in shock and is brought to the shock room

With her 1 doctor, 1 nurse and 1 auxiliary personnel

- Another red code with a respiratory distress is arriving
- She is brought in another resus room

In the room 1 doctor, 1 nurse,
1 auxiliary and another
nurse is arriving



- The third doctor and a nurse are treating a large wound

Non available resources



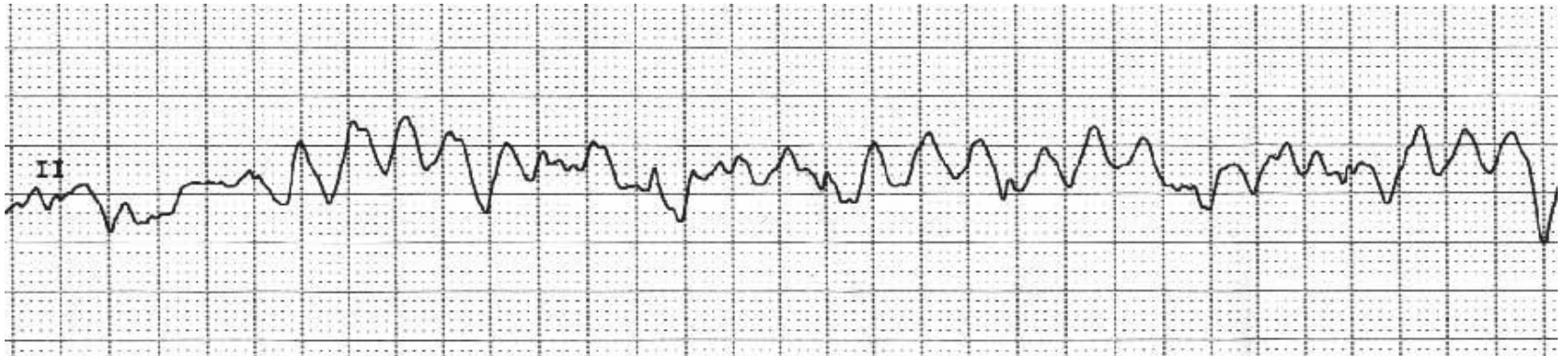
- In the second room the defibrillator is in use by a patient that is cardioverting an acute atrial fibrillation
- The patient on respiratory distress is on a monitor, is in ACPE and is treated with C-PAP



- A wise person throws into the room a patient that is crying: “I’m dying, I’m dying!!”



- In the mean time the patient in CPAP....



CRISIS....



Competences of the Emergency Physician

3.1.1 PATIENT CARE

Emergency Physicians care for patients with a wide range of pathology from the life threatening to the self limiting and from all age groups. **The attendance and number of these patients is unpredictable** and they mostly present with symptoms rather than diagnoses. Therefore the provision of care **needs to be prioritised**, and this is a dynamic process. The approach to the patient is global rather than organ specific. Patient care

Competences of the Emergency Physician

3.1.5 ORGANISATIONAL PLANNING AND SERVICE MANAGEMENT SKILLS

This competence is needed to enhance the safety and quality of patient care and the work environment. Emergency Physicians must continuously adapt and prioritise existing and available resources to meet the needs of all patients and maintain the quality of care.

3.1.5.1 Case management

EPs must be able to provide and balance the different care processes between the individual patient and the total case-mix. After primary and secondary assessment, they may refer a patient to another point of contact within the health care or social network. They must provide clear guidance to those patients discharged without formal follow up.

Immediate questions

- Which are the priorities?
- Which are my resources?
- What is the best strategy to reduce or avoid damage or errors?



Priority

- The lady in VF
 - I need a defibrillator- IMMEDIATELY



Organise yourself

- Doctor and 1 nurse start RCP
- The auxiliary brings another defibrillator from the other room
- The second nurse is calling the anesthesiologist, that will arrive with a nurse

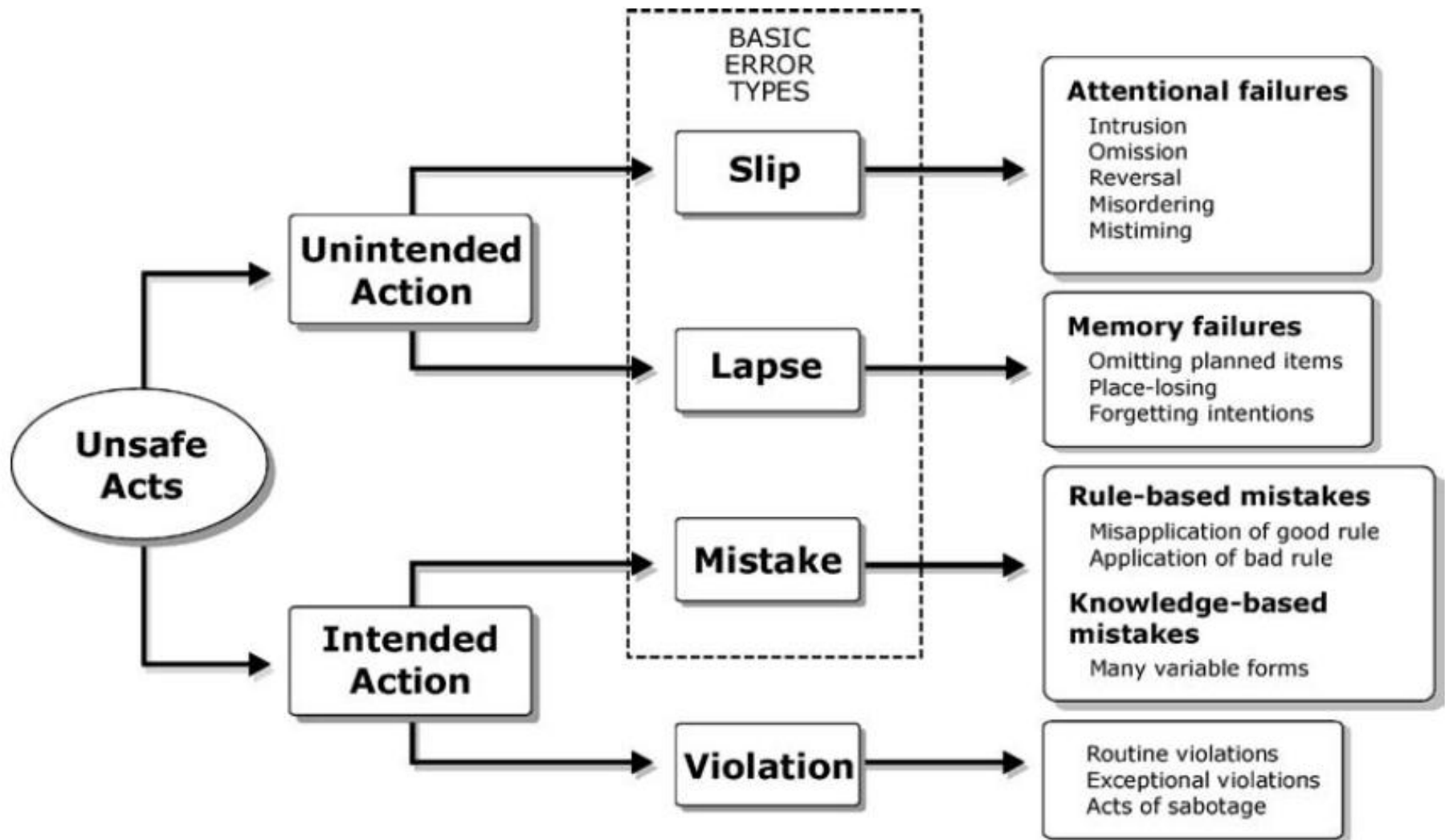
INCREASE OF RESOURCES

IN THE MEANTIME

- The agitated patient is not an emergency: he stands and shouts so ABC are ok
- Nevertheless, he increases stress and risk
- The second nurse gives him some sedatives and send him out with a relative

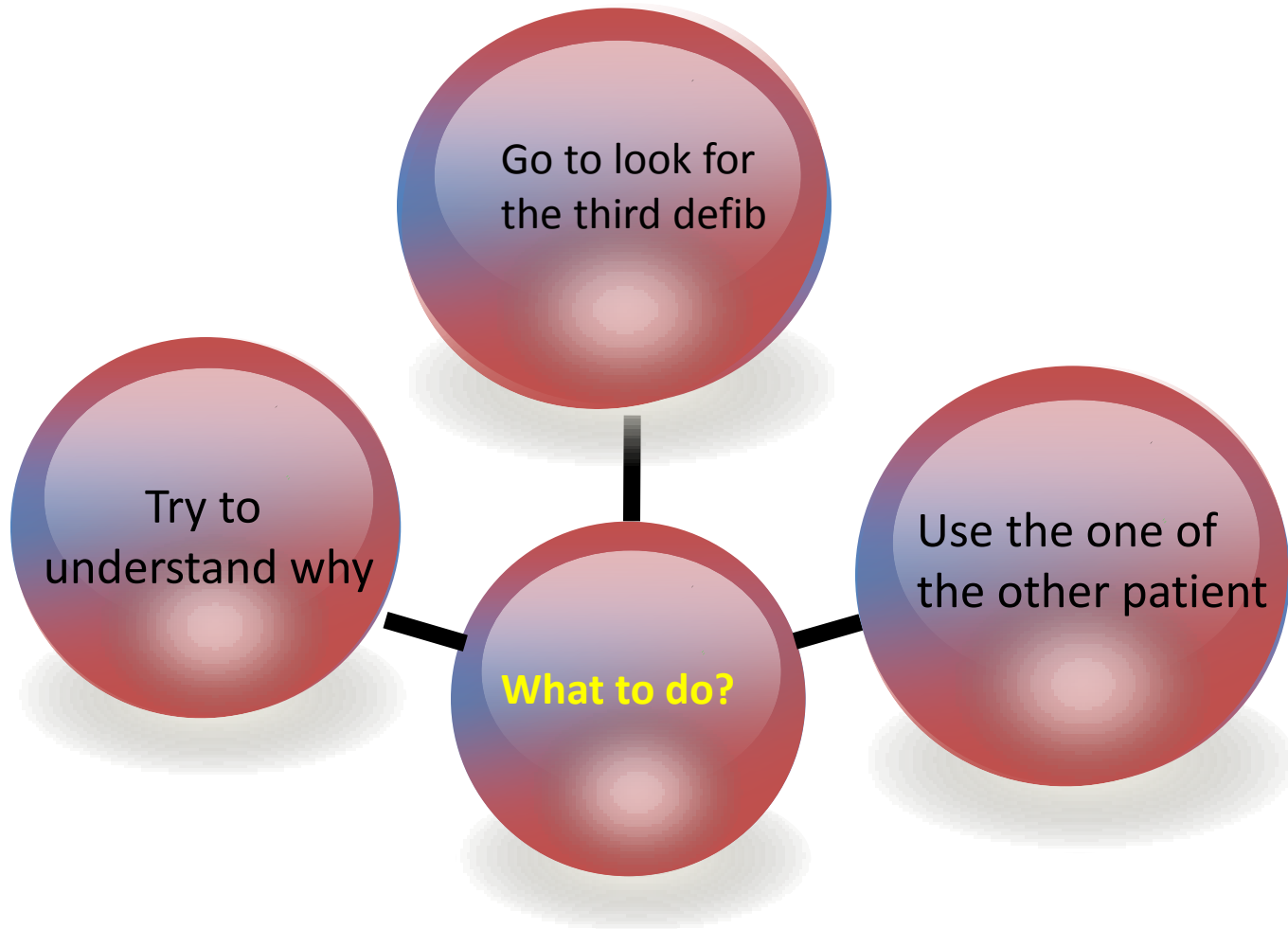
Meanwhile.....the defibrillator
DOESN'T SHOK!





Taxonomy of errors. Reason 1990

Immediate solution

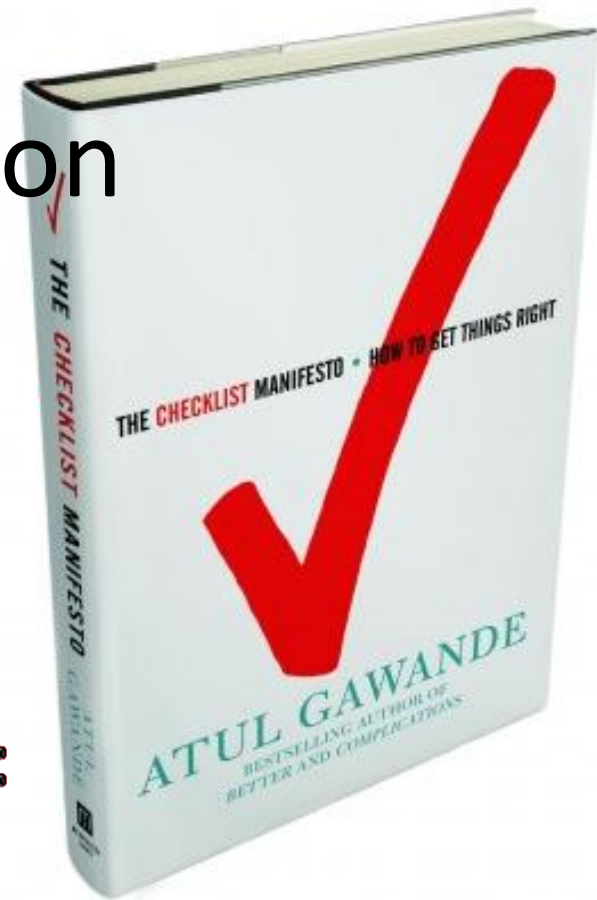


Long term solution

Checklists

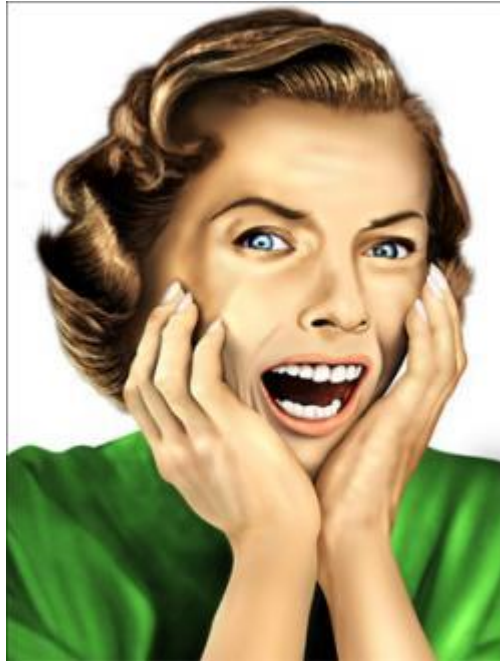
- Checks and balances
- Incident reporting
- Organisational communication:

Let's take a pause and think to
what happened and to our action plan



Learning point

Never panic: things could only worsen



The bio-psycho-logical reasoning

Environment → Cognition → Behavior

Diagram a illustrates a linear model of behavior. It shows a sequence of three components: 'Environment', 'Cognition', and 'Behavior'. A blue arrow points from 'Environment' to 'Cognition', and another blue arrow points from 'Cognition' to 'Behavior'. The 'Cognition' component is highlighted in a white box.

a

Environment → $\begin{matrix} \text{Cognition} \\ \swarrow \quad \searrow \\ \text{Emotions} \longleftrightarrow \text{Motivation} \end{matrix}$ → Behavior

Diagram b illustrates a more complex model of behavior. It shows a sequence of three components: 'Environment', a central box, and 'Behavior'. A blue arrow points from 'Environment' to the central box, and another blue arrow points from the central box to 'Behavior'. The central box is white and contains three red text elements: 'Cognition' at the top, 'Emotions' at the bottom left, and 'Motivation' at the bottom right. Red double-headed arrows connect 'Cognition' to 'Emotions', 'Cognition' to 'Motivation', and 'Emotions' to 'Motivation', indicating reciprocal relationships between these three internal states.

b

Learning point

Always know yours resources and your competences – never be a hero



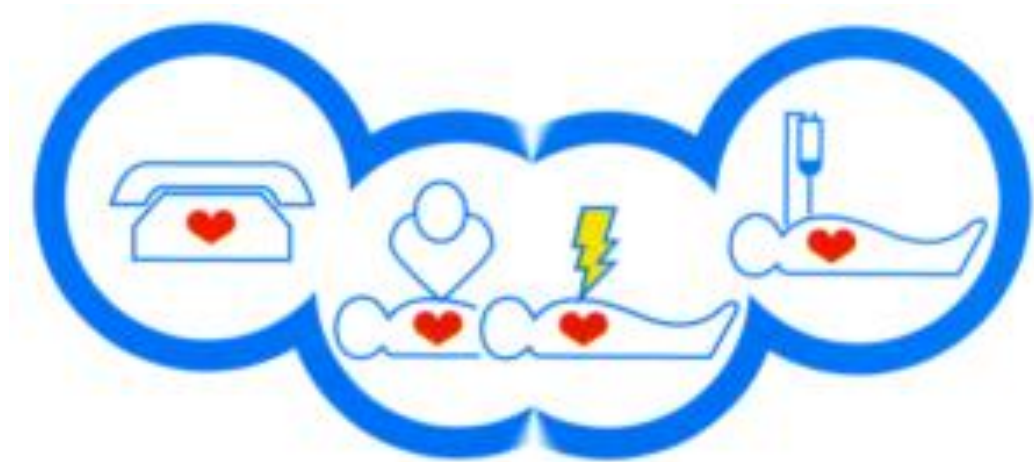
Hazardous attitudes

Attitude	Thoughts in emergency situation	“Antidote”
Macho	I can do it, I'll show you!	Showing off is foolish
Anti-authority	Don't you tell me what I'm supposed to do	Stick to the rules, they are meant for everybody
Impulsivity	I have to act now – there's no time	Not so fast – think first
Invulnerability	Nothing will ever happen to me	It can happen to me
Resignation	What's the use of even trying?	I always can make a difference, so I'm not helpless

Jensen 1995

Strategies for reducing risk of errors

Assign your priorities according ABC



Strategies for reducing risk of errors

Don't be overwhelmed by unexpected events,
even the most unlikely



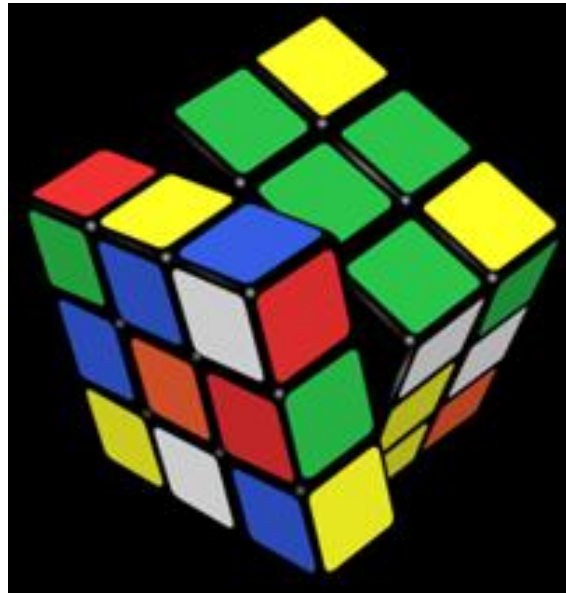
Strategies for reducing risk of errors

Neutralize distracting elements, possible cause of errors



Strategies for reducing risk of errors

Always look for the simplest solution !

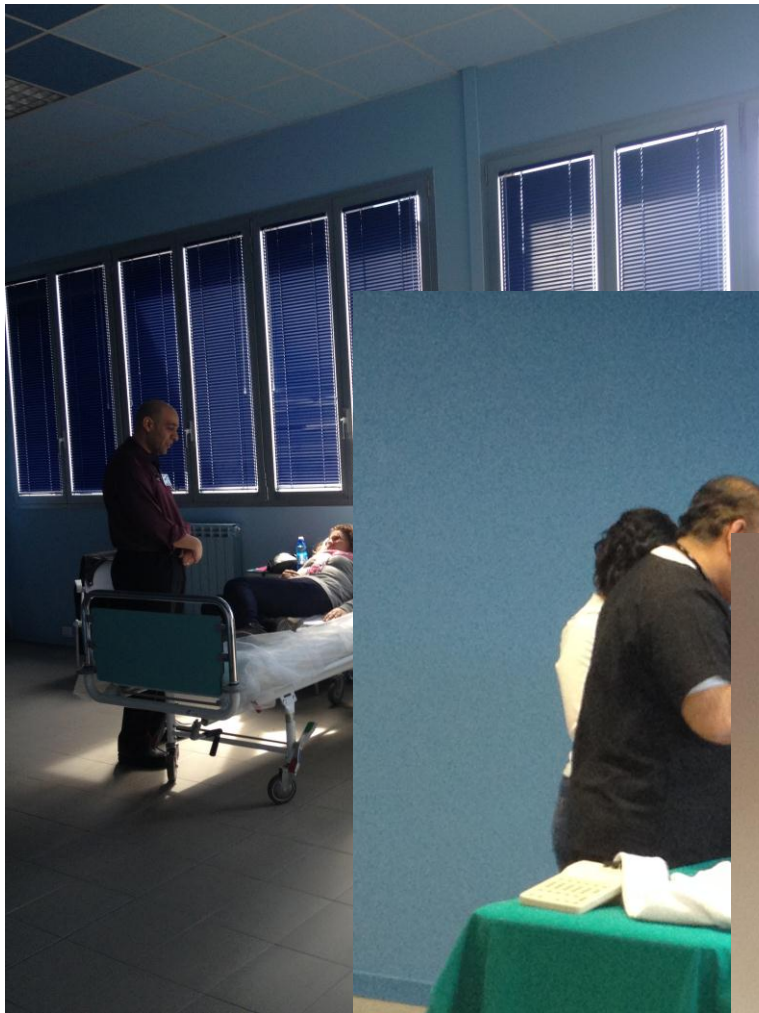


Team-process factor	Action
Team formation and positive team climate	Develop a “we” feeling
	Demonstrate mutual respect in all communications
Establish team leadership	Encourage leadership behavior in non-routine situations
	Establish a team leader
	Assign roles and responsibilities
Solve conflicts constructively	Try to see the positive aspects of a conflict
	Avoid struggle for power with team members
	“What is right” not “who is right” counts
Apply problem-solving strategies	Use problem-solving strategies whenever appropriate
Improve team skills	Engage in informal and formal team training measures (personal feedback, team debriefing)

Fleishmann and Zaccaro 1992, Sexton 2004

How to achieve this

- Training:
 - **Simulation** on difficult situations, multiple scenarios, so to test your ability to avoid the errors
 - **Specific training** on probability rules, bayesian thinking and critical evaluation of data
 - Use guidelines and digital app to **help memory**
 - Ask and give **immediate feedback** once the error has occurred





How to cope with CRISIS

- Right attitude
- Exposure
- Competence
- Training
- Life-work-rest balance
- Organisation and checklists
- Control of emotions

TEAM



Together **E**veryone
Achieves **M**ore