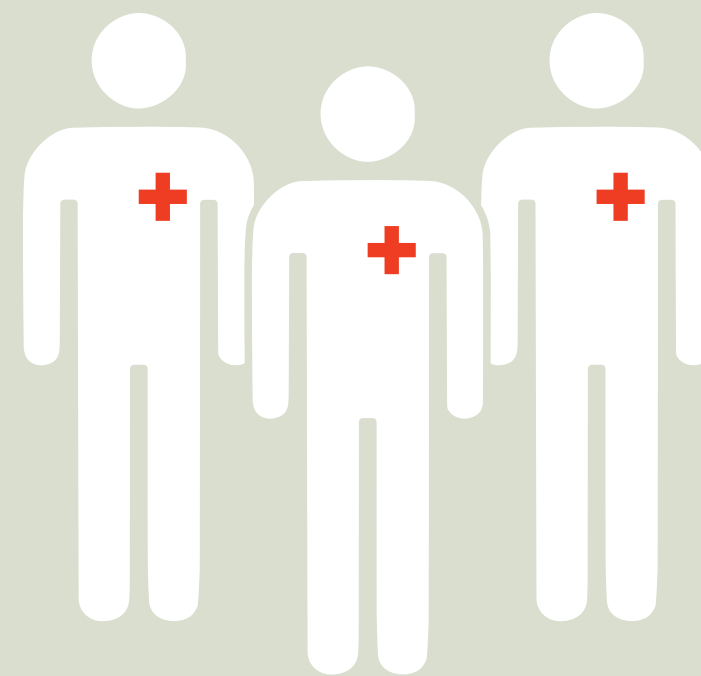
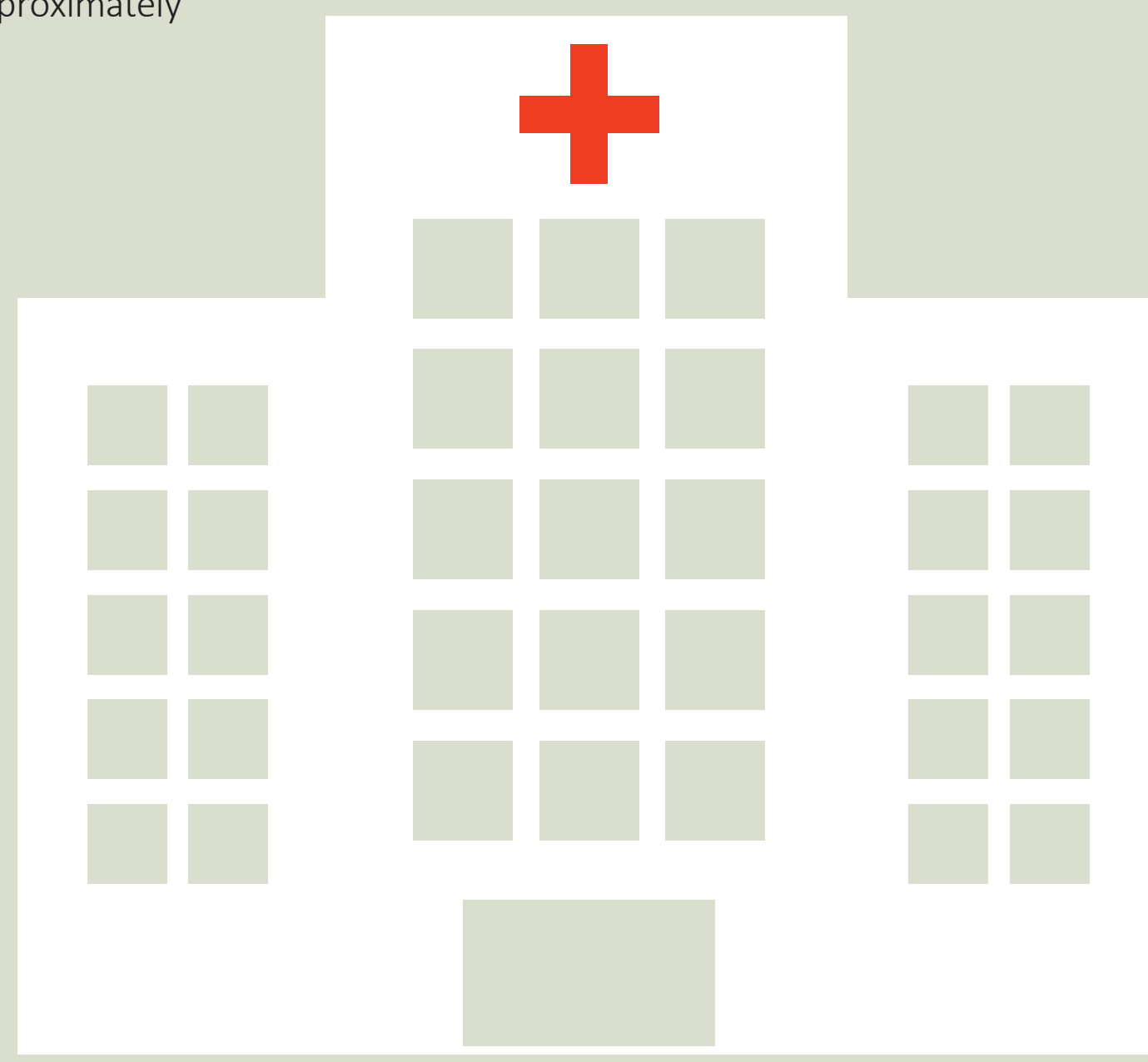


# ACROSS THE GREAT DIVIDE

**500**

★ Approximately

emergency departments and urgent care services around Australia do not have specialist emergency physicians.



These hospitals are staffed by medical officers, locums, visiting GPs and nurses, some who have had **little training in emergency medicine**. Patients are transferred to regional base hospitals for a level of care and expertise that is not available at the local hospital.

**630**

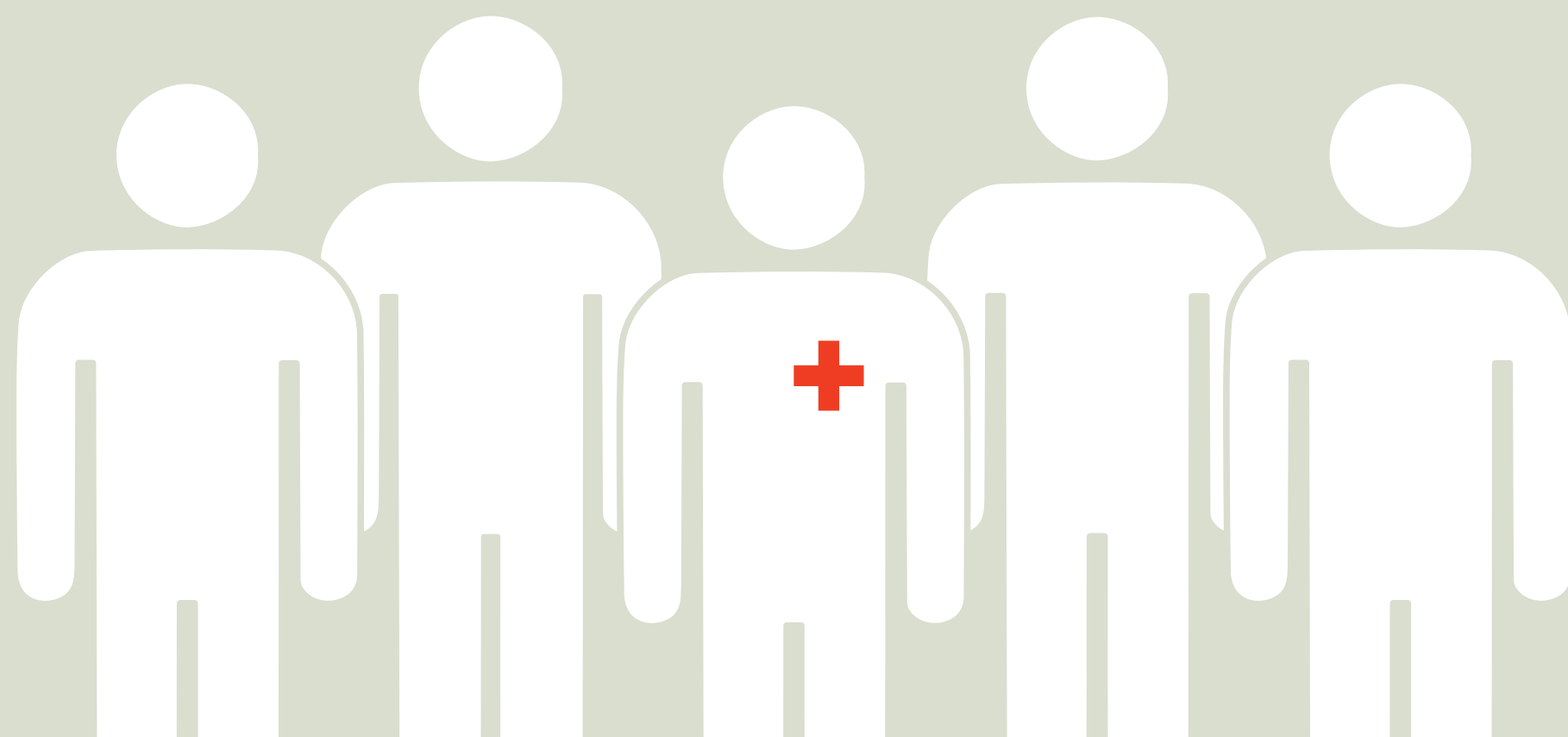
Total hospitals or urgent care services

**160**

With EM specialist

Source: Australian Government 'My Hospitals' website

These hospitals have one of the following staffing models with variable/often minimal phone or telehealth critical care support from a larger hospital or state based service:



Experienced Nurse with or without sole General Practitioner (GP) or Royal Flying Doctor Service providing GP services to remote healthcare service.

Nurses with local GPs providing day cover and on call after hours.

Career Medical Officer (CMO) on day shift, and night shift cover by a CMO and/or GP, and /or non-specialist locum.

The Australasian College for Emergency Medicine (ACEM) has embarked on an ambitious national program of work, 'Improving Australia's Emergency Medicine Workforce' with a number of federally funded projects, one of which is the College's **Emergency Medicine Education and Training (EMET) Program**.

The EMET Program funds regional hospitals as a hub to provide education and training at that hospital and at surrounding local smaller hospitals. It supports the Emergency Medicine Certificate

(EMC) and Diploma (EMD) course participation at those hospitals.

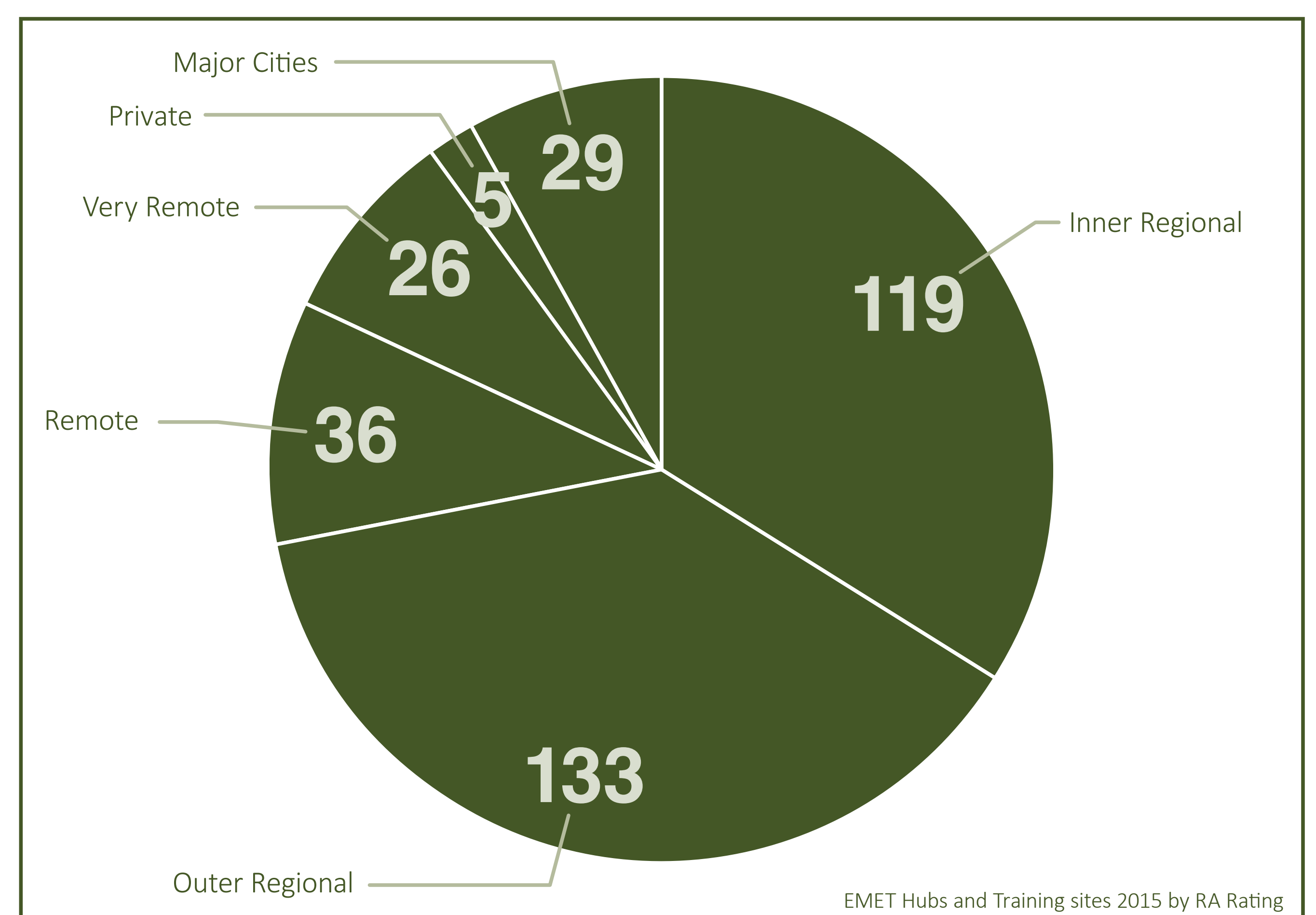
The EMET Program:

Provides supervision, training and work-based assessment for doctors completing the College's Emergency Medicine Certificate or Diploma.

Provides training in Emergency Medicine as outreach or onsite training sessions to clinicians providing emergency care in outer metro, regional and small hospitals across Australia.

## EMET 2012-2015 ACHIEVEMENTS

**15** Emergency Medicine Diploma graduates  
**215** Emergency Medicine Certificate graduates  
**250** Regional, rural and remote training sites  
**4,215** Individual training sessions were held  
**32,200** Clinicians attended training sessions



- ✓ Improved and updated skills and knowledge of doctors and nurses
- ✓ Improved relationships between small EDs and larger hospitals
- ✓ Increase in use of telehealth from small EDs to larger EDs
- ✓ Improved timeframes for administering correct emergency procedures
- ✓ Improvement in confidence of GPs and hospital staff in rural settings
- ✓ Reduced transfers of patients to hub hospitals from smaller hospitals
- ✓ Better team work and morale within EDs of the network and increased staff retention

### Dr Stephen Gourley

Alice Springs Hospital, Northern Territory

"The change in Tennant Creek Hospital since [EMET] commenced has been remarkable... The overall level of care has vastly improved with better continuity, better supervision, better systems and processes in place and better morale."

### Carley Howe

CMO, Byron Bay Hospital

"Did night shift last night and had a MET call in Birthing suite, a Post Partum Hemorrhage that I needed to transfuse a couple of units. Pretty glad that I went to your SHOCK simulation workshop the other month"

## CONCLUSIONS

EMET and the EMC and EMD emerge as key to cultural change, increased efficiencies and improved quality care in emergency medical care across Australia.

Funding that is targeted and facilitates local solutions is powerful in harnessing motivation to improve healthcare and better meet local needs.