

7th

7-9 May 2012

International Conference on Rapid Response Systems and Medical Emergency Teams



Photo: Hamilton Lund. Tourism New South Wales

MONDAY 7 MAY – Day 1

	Parkside Ballroom A	Parkside Ballroom B	Parkside 110 A	Parkside 110B	G04
9:00 - 9:15		Welcome			
9:15 - 10:30		Opening Plenary - Day 1 Redefining Resuscitation			
		Chair: Nicola Dunbar Ken Hillman			
10:30 - 11:00	MORNING TEA				
11:00 - 12:30	1.1 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Implementation in Paediatric Settings Chair: John Welch Escalation triggers for paediatric patients Kevin McCaffrey Minimum standards for paediatric responders Jim Tibballs Should triggers and responses be the same for children in specialist and general hospitals? Jonny Taitz	1.2 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Implementation in Maternity Settings Chair: Suellen Allen Early warning scores in maternity settings Scott Simmons An obstetric rapid response system Michael Nicols Maternity crisis: The human factor element Pauline Lyon	1.3 - ORGANISATIONAL SYSTEMS TO SUPPORT RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION Driving Change with Data Chair: Steve Webb Evaluation as an essential component of recognition and response systems Ken Hillman Initial indicator results for rapid response systems Jen Bichel-Findlay Beyond KPIs Arthas Flabouris Audit standards for rapid response systems Gary Smith	1.4 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Roundtable: Do We Need to Prove RRSs are Necessary Strategies to Care for the Seriously Ill? Chair: Rinaldo Bellomo Daryl Jones Jack Chen Anna Green Brad Winters Chris Subbe Michael Buist	1.5 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Patient Safety and Organisational Culture Chair: Bill Shearer Engaging clinical leaders in patient safety Jeffrey Braithwaite Engaging clinicians at the bedside John Wakefield Relationship between organisational culture and outcomes Hadis Nostrati Moving up the slippery slope Charles Pain
12:30 - 13:30	LUNCH				
13:30 - 15:00	2.1 ABSTRACTS	2.2 ABSTRACTS	2.3 ABSTRACTS	2.4 ABSTRACTS	2.5 ABSTRACTS
15:00 - 15:30	AFTERNOON TEA				
15:30 - 17:00	3.1 RECOGNISING DETERIORATION Vital Sign Abnormalities as Triggers to Escalate Care Chair: Daryl Jones Using laboratory tests to trigger RRSs Rinaldo Bellomo The accuracy of vital sign abnormalities as escalation triggers Gary Smith Is it possible to identify the 'right' triggers? Chris Subbe Using data-driven algorithms in RRS proactive rounding - the air traffic controller has arrived Edgar Jimenez	3.2 - RESPONDING TO DETERIORATION Roundtable: Advantages & Dis-advantages of Different Response System Models Chair: Ken Hillman MET/RRT Brad Winters ICU liaison nurse model Anna Green Nurse-led response team David Ryan Models external to the hospital George Cerchez & Sophie Legge Consultant led models in the private sector Laven Padayachee	3.3 - ORGANISATIONAL SYSTEMS TO SUPPORT RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION Organisational Governance Chair: Maureen Willson Clinical governance of recognition and response systems Bill Shearer Encouraging organisational ownership Vanessa Owen Good governance and recognition and response systems - experience from Ontario Stuart Reynolds Challenges of introducing hospital systems across a health region Freddy Lippert	3.4 - RECOGNISING DETERIORATION Roundtable: Family Escalation of Care Chair: Tracey Bucknell Patient / family perspective Alicia Wood Research perspective Suellen Allen Hospital perspective Heather McKay Jurisdictional perspective Karen Luxford	3.5 - ORGANISATIONAL SYSTEMS TO SUPPORT RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION Education - Basic Requirements Chair: Ann Lippert Basic education for frontline clinicians Theresa Jacques Assessment of Competency in Resuscitation Training/Education Susan Helmrich Multi-professional education for recognising and responding to clinical deterioration Imogen Mitchell
17:30 - 19:30	DRINKS AND CANAPES				

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TUESDAY 8 MAY – Day 2

	Parkside Ballroom A	Parkside Ballroom B	Parkside 110 A	Parkside 110B	G04
9:00 - 9:15		Welcome			
9:15 - 10:30		Opening Plenary - Day 2 Intensive Care Sans Frontiers Chair: Alison McMillan Rinaldo Bellomo John Welch			
10:30 - 11:00	MORNING TEA				
11:00 - 12:30	4.1 - RECOGNISING DETERIORATION The 'Worried' Criterion Chair: Julie Considine Impact of the worried criterion Ken Hillman Does the worried criterion empower nurses? John Welch The worried criterion - challenging the hospital hierarchy? Jeffrey Braithwaite		4.3 - ORGANISATIONAL SYSTEMS TO SUPPORT RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION Education - Advanced Training Requirements Chair: Sara Quike Education for the high level responder Michael DeVita The role of simulators Anne Lippert Simulation in 18 th century obstetric training: recognising the deteriorating patient and the clinical handover Harry Owen	4.4 - RECOGNISING DETERIORATION Observation Charts Chair: Jillann Farmer Human factors design and observation charts Melany Christofidis Lessons from usability and pilot testing of Commission observation charts Doug Elliott The politics of charts Charles Pain Putting the chart into perspective Imogen Mitchell	4.5 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Failure of Implementation Chair: Bernard Fickers Afferent limb failure Arthas Flabouris Efferent limb failure Rinaldo Bellomo How To Lose Friends And Alienate People - Medical Emergency Teams & Organisational Failure Alex Psirides
12:30 - 13:30	LUNCH				
13:30 - 15:00	5.1 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS The Role of Technology in Supporting Recognition and Response Systems Chair: Gary Smith Short presentations from technology providers with review and commentary of products	5.2 ABSTRACTS	5.3 ABSTRACTS	5.4 ABSTRACTS	5.5 ABSTRACTS
15:00 - 15:30	AFTERNOON TEA				
15:30 - 17:00	6.1 - RECOGNISING DETERIORATION Roundtable: What is the Best Type of Track and Trigger System? Chair: Imogen Mitchell Single parameter - one tier Rinaldo Bellomo Single parameter - two tier Rob Herkes Scoring systems - paediatrics Kevin McCaffrey Scoring systems - adult Gary Smith	6.2 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Recognition and response in mental health settings Chair: Steve Webb Monitoring the physical health of mental health patients Jonathan Laugharne Minimising psychological morbidity and maximising recovery after critical illness John Welch Recognising and responding to psychiatric deterioration Richard Newton	6.3 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Roundtable: Strategies for Rapid Uptake of Recognition and Response Systems Chair: Jeffrey Braithwaite Rollout of BTF Charles Pain Rollout of ADDS Jillann Farmer Implementation in rural WA Jill Porteous Knowledge translation Tracey Bucknall	6.4 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Recognition and Response Systems and End-of-Life Care Chair: Brian Robson Dying in hospital - the problem Ken Hillman Diagnosing dying by the rapid response system Daryl Jones End-of-life care and intensive care Anne Lippert An organisational-wide system to care for end-of-life patients Sue Hanson	6.5- RESPONDING TO DETERIORATION Different Response Teams Chair: Freddy Lippert Rapid response teams for different clinical conditions Michael DeVita Rapid response in the emergency department Julie Considine Separate cardiac arrest and rapid response teams Chris Subbe Clinical co-ordination in country WA: a role in patient deterioration systems? Justin Yeung
19:00 - 22:30	CONFERENCE DINNER – The Waterfront Restaurant				

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WEDNESDAY 9 MAY – Day 3

	Parkside Ballroom A	Parkside Ballroom B	Parkside 110 A	Parkside 110B	G04
9:00 - 9:15		Welcome			
9:15 - 10:30		Opening Plenary - Day 3 Patient-Centred Systems Chair: Rinaldo Bellomo Cliff Hughes Nicola Dunbar			
10:30 - 11:00	MORNING TEA				
11:00 - 12:30	7.1 - RECOGNISING DETERIORATION Epidemiology of the Deteriorating Patient Chair: Arthas Flabouris What are the characteristics of patients who deteriorate in hospital? Michael DeVita The epidemiology of the MET patient Daryl Jones How can we improve hospital patient outcomes? Steve Webb	7.2 - ORGANISATIONAL SYSTEMS TO SUPPORT RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION National Safety & Quality Health Service Standards Chair: Jill Porteous What are the National Safety & Quality Standards and what is the new model of accreditation Margaret Banks Overview of the Recognising and Responding Standard Nicola Dunbar Implementation - the real challenge Maureen Willson	7.3 - RESPONDING TO DETERIORATION Response Systems in Rural and Remote Areas Chair: George Cerchez Alice Springs Penny Stewart Greater western NSW Lynda McKenzie NSW Ambulance Paul Middleton - TBC Links to retrieval services Leanne Smith	7.4 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Barriers to the Effective Operation of Recognition and Response Systems Chair: Brad Winters Clinical futile cycles Michael Buist Making it work in the real world Sara Quirke Are we dumbing down our hospitals? Bill Shearer	7.5 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS International Implementation Models Chair: Charles Pain Holland Bernard Fikkers Scotland Brian Robson Denmark Anne Lippert Ontario Stuart Reynolds
12:30 - 13:30	LUNCH				
13:30 - 15:00	8.1 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Research Update Chair: Anna Green Reviewing the reviews Jack Chen Research update and where to next Brad Winters	8.2 - RECOGNISING DETERIORATION Clinical Judgement and Decision Making Chair: Stuart Reynolds Decision making under duress Tracey Bucknall Multidisciplinary decision making in action to achieve good outcomes Scott McDonnell Calling for help in the Netherlands - do systems support clinical judgement? Bernard Fikkers	8.3 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Cost of Recognition and Response Systems Chair: Alex Psirides What is the cost of quality? John Wakefield Cost of recognition and response failures Liz Cox The business case for recognition and response systems Jonathon Barratt	8.4 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Wider Integration of Recognition and Response Systems Chair: Michael DeVita Which acute hospitals should not have a rapid response system? Imogen Mitchell Using RRS/MET criteria to predict mortality Chris Subbe Moving recognition and response upstream Daryl Jones Identifying and managing the at-risk ward patient before actual deterioration: using the Ward Safety Checklist John Welch	8.5 - IMPLEMENTATION OF RECOGNITION AND RESPONSE SYSTEMS Moving to automated systems Chair: Gary Smith The inevitability of technology Ken Hillman Automated ward based monitoring Rinaldo Bellomo Automated RRS John Lambert - TBC Automated early warning systems as part of a wider e health initiative Brian Robson
15:00 - 15:30	AFTERNOON TEA				
15:30 - 17:00		Closing Plenary Where to now? Chair: Ken Hillman Michael DeVita Tracey Bucknell Brian Robson Alison McMillan			