THAMES VALLEY EMERGENCY MEDICINE RESEARCH NETWORK

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OASHN PATIENT SAFETY COLLABORATIVE MEETING 5TH AUGUST 2018

OVERVIEW

- Introduction
- Current Challenges
- Current solutions/previous successes
- Thames Valley Emergency Medicine Research Network
- Benefits
- Structure and organisation
- Potential projects
- Questions/Discussion

INTRODUCTION

- Emergency Medicine (EM) = new(ish) specialty (50 years old)
- First Accident and Emergency Professor appointed 1996
- Royal College of Emergency Medicine established 2015
- James Lind Alliance – Research Priority Setting Partnership 2017
- Early stage – enormous future scope for development

EM RESEARCH UK – CURRENT CHALLENGES

- Day-to-day pressures demand highly focussed and pro-active approach to engagement with potential study participants – needs significant resources and organisation
- Current Emergency Department (ED) studies often not led by EM:
  - Relative lack of ED-centric research
  - Slows growth of EM as academic specialty
- Demands on trainees in region makes it difficult to complete studies
- Relatively few clinicians currently involved in EM research
- Very broad casemix - can be difficult to power certain study areas

EM RESEARCH UK – PREVIOUS SUCCESSES

- RCEM – James Lind Alliance
- Trainee Emergency Research Network (TERN)
- NIHR Injures and Emergencies Study Group
- OAHSN
- Regional ED-led research - LEAK, POEM

- BUT - none of them are directly concerned with developing the research infrastructure of the regional Emergency Departments to deliver EM-orientated research

THAMES VALLEY EMERGENCY MEDICINE RESEARCH NETWORK (TVEMRN)

- Regionally-orientated research organisation/collaboration
- Link all 5 TV EDs – OUH, RBH, SMH, WPH and MK
- Organised and structured approach to development of new regional collaborative studies
- Encourage and facilitate the development of locally-initiated research projects which may then be included in the NIHR portfolio
- Coordinate research resources at ground-level across region
- Proposed as meeting held prior to/after IESG meetings to facilitate attendance

TVEMRN – INTENDED BENEFITS

- Improved efficiency in developing research capacity and infrastructure e.g. GCP training
- Improved trainee engagement with research (follow studies throughout training posts)
- Pool resources e.g. staff, teaching sessions
- Peer review and support – share strategies/solutions to impedances to research activity
- Expand portfolio recruitment by encouraging and supporting uptake of studies across the region as a whole
- Increase power of studies (especially difficult-to-research areas)

TVEMRN – STRUCTURE AND ORGANISATION

- 3 representatives from each site (Consultant, Research Team, Junior)
- Involvement accounted for in SPA time
- Regional rotation of leadership (1-3 years)
- ? Additional permanent administrative position for continuity

TVEMRN – LEADERSHIP RESPONSIBILITIES

- Setting out strategy and key targets for the network
- Encouraging collaborative development of local ED-focussed studies
- Liaison with the various stakeholders, both in terms of participating EDs and external agencies such as NIHR CRN, OAHSN, TERN
- External and internal communication and reporting of progress back to steering committee
- Chairing and coordination of meetings

PROJECT 1: INFRASTRUCTURE – GCP TRAINING

- Each ED to create a register of current GCP-trained clinicians in their department (and those currently without a valid GCP certificate) – combined to form a regional register
- Strategies to increase this population within the ED workforce to be discussed and compared within TVEMRN
- These strategies to be implemented and maintained over six month period, then GCP registers re-assessed to measure effect

PROJECT 2: RESEARCH – CT CHEST IN ELDERLY TRAUMA

- Regional study into the utility of plain CT chest criteria in elderly patients who have sustained chest injury from a low-force fall (e.g. from standing)
- Use set of threshold criteria for initiating CT developed by Lois Brand *et al* in OUH derived from local audit data
- Compare groups using threshold/plain CT versus standard care over three months
- Compare variables such as mortality, Length of Stay, injuries identified and prevalence, cost of admission, re-attendance/readmission rates
- Aim to publish results as pilot – consider larger scale study e.g. HTA

QUESTIONS/THOUGHTS?