

assisting clinicians in accurately diagnosing patients and excluding other possible causes.

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Improving PET and Reducing Coagulation Sample Requests in ED

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Introduction: Front loading tests reduce Patient Experience Time (PET) in Emergency Departments (ED). “Blanket” or “scattergun” approach to test requests results in prolonged PET, increase in laboratory workload with wastage of resources. Coagulation studies are one of the most commonly ordered investigations. Previous to the 2020 audit, it was suggested that 70% of ED coagulation requests were unnecessary not changing management. By establishing local guidelines, we worked to reduce coagulation test requests.

Method: The aim of this study was to assess reduction in coagulation tests following implementation of local guidelines in ED. The coagulation indicator checklist was introduced to ED areas storing coagulation bottles. Presentations, small group education, reminders about clinical indications for appropriate coagulation requests were given to nurses, doctors, and advising about audits of practice. From February 1-14, 2022, nurses and doctors were instructed to send coagulation samples after filling out audit forms for the laboratory indicating the purpose of the request.

Results: Prospective data in February demonstrates a 20% decline in coagulation requests. Only 47% of requests had accompanying coagulation forms filled and the remaining 53% was not filled. In 57% of cases, coagulation samples were requested appropriately, and in 43% there were no indications.

Conclusion: Through microsystem interventions and awareness campaigns, unnecessary coagulation requests can be reduced. By introducing local guidelines, regular training of new doctors and nurses at induction and intervals, clinical practice changes can be embedded. Consideration should be given to specific coagulation request forms stating the indication for the request. The cost of each sample is 2.87 euro. Obtaining 90% compliance with coagulation requests can save approximately 100,000 euros annually.

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Enhancing Severe Weather Planning and Preparedness Across the Health Service Executive South Cork & Kerry Region

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Introduction: According to the Climate Change Advisory Council, Ireland is woefully unprepared for future extreme weather events such as heatwaves, flooding, and coastal surges, which are going to be more extreme and frequent in the future. Met Éireann issued numerous red weather warnings since the inception of the severe weather forecasting system. Storms Ophelia (Ex. Hurricane) and Emma (Snow Storm) proved to be extremely challenging weather events for the Health Service across Ireland.

Method: A comprehensive review of debriefs and lessons identified processes completed across the health system was conducted, in connection with lived experiences of emergency management staff, following Storm Ophelia and Storm Emma.

Results: As part of the emergency management life cycle and an attempt to enhance severe weather preparations, this study lists over 50 actions (development of specific HR policies, creating 4X4 capacity, severe weather preparations sessions, development of service-specific red weather event action cards, development of severe weather care plans for community palliative care and renal dialysis patients, sharing critical health care facilities with Local Authorities for road salting and gritting etc.) that were taken across the Health Service Executive South (Cork and Kerry) to enhance the preparations for severe weather events,

Conclusion:

The frequency and intensity of severe weather events will increase in Ireland over the coming years, as a result, it is essential that healthcare facilities and services have learned from previous severe weather events to ensure that the necessary plans and procedures are in place for future events, ensuring the delivery of safe and effective patient care and staff safety.

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What do you Need to Know to Respond to a Disaster? A Review of Competencies and Skills Needed Among Health Professionals

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