



# The Royal College of Emergency Medicine

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The Minutes of the meeting of the **Quality in Emergency Care Committee**, held in the Council Room at 7-9 Breams Buildings on Thursday, **11<sup>th</sup> October 2017, 13:00 – 17:00.**

## In attendance:

Name	Initials	Position in Committee
Adrian Boyle	AB	Chair, QECC
Catherine Hayhurst	CH	Chair, Mental Health Sub-Committee
Fiona Beech	FB	Mental Health Sub-Committee
Dorothy Apakama	DA	Mental Health Sub-Committee
Kate Swires-Hennessy	KSH	Mental Health Sub-Committee
Matt Edwards	ME	QEC Committee
James France	JF	Best Practice
Michelle Jacobs	MJ	Best Practice
Tara Sood	TS	Best Practice
Fiona Wisniacki	FW	Best Practice
Emma Redfern	ER	Chair, Safer Care Sub-Committee
Glyn Barnett	GB	Safer Care Sub-Committee
Sally Jones	SJ	Safer Care Sub-Committee
Elizabeth Hutchinson	EH	Safer care Sub-Committee
Sally Anne Wilson	SAW	Safer Care Sub-committee
Jeff Keep	JK	Chair, QA&I Sub-Committee
Rob Stacey	RS	QA & I Sub-Committee
Mohbub Uddin	MU	Secretariat, RCEM
Sam McIntyre	SM	Secretariat, RCEM
Alex Griffiths	AG	Secretariat, RCEM
Jon Jones	JJ	Chair, Major Trauma Sub-Committee
<b>Apologies:</b> Mary Dawood (MD) (Nurse Rep, QEC), Simon Smith (SS) (Chair, Best Practice Sub-Committee) Derek Prentice (DP) (Chair LAG) Sally Jones (SJ) (Safer Care Committee) Elizabeth Saunders (ES) (Safer Care Committee)		

### 1. Welcome, apologies and declarations of conflicts of interest

The members approved the minutes of the previous meeting. Action points were reviewed and completed items have been removed from the list.

AB welcomed members and reported one conflict of interest. This was item 5 c) iii. Software Tender.

AB explained the sensitive nature of this document to the Committee members and reported the topics to be discussed are highly confidential and were not to be discussed elsewhere.

### 2. Previous minutes and updates on action points not covered elsewhere

The members approved the minutes of the previous meeting. Action points were reviewed and completed items have been removed from the list.

### 3. Internal discussion items:

#### a) Sub-Committee and SIG Work plans

The Sub-Committees and SIG's submitted their work plan summaries (500 words only) for the Council to review on 21<sup>st</sup> September 2017. On the whole, AB reported the Council were

satisfied with the documents provided. However, out of the 9 documents submitted, there were a few points that needed attention. These were:

### **Major Trauma Committee**

It was noted that the future plans section of the work plan document submitted to the Council was a little light. JJ confirmed there will be a programme and comprehensive plan in place for a study day in 2018.

Silver Trauma in Elderly patients was discussed with a focus on the HECTOR plan.

JJ suggested considering 'Silver Trauma', however there already seems to be sufficient guidance available on this topic already.

**ACTION POINT: To work on patient silver trauma surveys with junior doctors. To draw out key themes and learning points from the surveys with an aim of developing a safety alert.**

**ACTION POINT: DONE - SM to connect JJ and Charlotte Bates to discuss Silver Trauma.**

#### **b) Publication of standards and guidance in EMJ Supplement**

A short synopsis was discussed as possibly being more effective than a guidance document. Discussions also took place on the idea of a rolling guidance box to be amended and updated when deemed necessary.

**ACTION POINT: AB to meet with Diana Hulbert to discuss possibility and in what format.**

**ACTION POINT: All Committee chairs to write articles for EMJ outlining their respective activities.**

#### **4. External discussion items:**

##### **a) RCP standardised mortality review form – ER**

This item is on-going and to keep a rolling agenda.

##### **b) Preventing future deaths report – Peter Kollar (attachment)**

The Prevent Future Death Report touching the death of Master Peter Kollar (aged three and a half) was sent to Mr Gordon Miles (RCEM, CEO) for a response.

The medical cause of death was:

- Multi-organ failure with pulmonary haemorrhage
- Acute liver failure
- Unidentified inborn error of metabolism
- Viral infections

The conclusion was natural causes. In essence, Professor Kelly, Professor of Paediatric Hepatology, Birmingham, gave an expert opinion and recommended that RCEM and RCoPCH should be notified of the risk of future deaths occurring through under recognition of the seriousness of jaundice. Her recommendations are that jaundice should be added to the Paediatric Early Warning Score (PEWS) as a matter requiring immediate escalation.

This case was discussed at length and QEC members concluded that although this is a tragic case and jaundice is recognised as an incident of illness, this case should not be a part of PEWS as it is not important enough.

## 5. Sub-committee and SIG updates:

### a) QEC update – (AB)

Nothing further to report for this item.

### b) Safer care update – ER

ER tabled a paper updating the Committee on progress with the Safer Care Sub-Committee work streams. Key points discussed were:

- A key part of the groups work in the last year has been to scrutinise the incidents reported nationally and identify themes. These have included certain clinical situations, crowding, and drug errors.
- The SCC have developed a strategy to raise awareness of certain safety topics by releasing 'safety bulletins'. These brief posters are carefully designed to contain a specific message and a picture and are eye catching and topical. They are emailed to all members and fellows and are released on social media, including podcasts. Topics so far include: Aortic Dissection, Insulin, Hip fractures, Never Events- intravenous oramorph and retained guidewires.
- Future newflashes to be published: abnormal results, time critical medicines, absconders and silver trauma.
- SCC have reviewed the NatSSiPS work (national standards for safety in invasive procedures) and issued a generic WHO style checklist and published in the EMJ supplement on this topic.

### c) Quality Assurance & Improvement update (JK)

#### i. 2017/18 audit update: #NOF, Pain in children, Procedural sedation

- Audit registration is open and data collection is well underway.
- Already over 90% of Trusts in England have signed up for participation in the 2017/2018 audits which is an improvement on this time last year.
- There is 100% participation from the Welsh Trusts.
- Some interest in Ireland and Scotland but participation currently remains low.
- The Quality team and JK had a video conference call with the team from L2S2 to go through the draft reports. They discussed the layout and design of the charts to be used in the reports.

**ACTION POINT: IN PROGRESS - Quality Team to put together second draft for L2S2 with agreed changes.**

#### ii. 2018/2019 audit update

JK provided an overview of the audits chosen for 2018/2019: These are: VTE, Vital Signs and Feverish Children.

The standards are to be reviewed fully, agreed, and published by July 2018.

**ACTION POINT: JK - Standards to be considered and agreed at next QA & I meeting.**

HQIP brought forward the deadline for submitting 2018/2019 audits topics; as a result, there was enormous pressure to choose the above topics within the specified time frame.

**ACTION POINT: DONE - SM to add to agenda an item for choosing the 2019/2020 topics for next small QEC.**

#### iii. QIP update – software tender

RCEM have been using L2S2 for the last 5-6 years and are now looking for a new software provider to better support and implement the change to National QI's. They are looking to procure a system that can provide real time updates to ED performance, rather than staff waiting for the publication of an annual report. RCEM wishes to upgrade its current

annual clinical audit system to a dashboard-style quality improvement system. JK reported they are currently out to tender.

The tender document has been created to provide information to companies wishing to tender to design and build a Quality Improvement System for RCEM.

JK provided an outline of the QIP software tender document and invited all members to thoroughly read the document and provide feedback. As previously mentioned under item 1 above, this document is highly confidential and not to be discussed with colleagues outside of QEC.

### **Points raised by the Committee on section 4 of the report were the following:**

#### **Data entry**

- The new system should be able to record time as well as the date of entry as it is easy to miss data entry.

#### **Results**

- System should allow the results to be printed out in a poster format or emailed.
- Consider designing a system to allow national results to be published in 'real time' e.g. a national run chart.
- Log for interventions so we can input data and record a change.
- To include a facility to feedback system glitches.
- National comparative information would be useful on how we perform against other charts.
- National bench marking performance shown in a run chart. Broken down into departments to see how yours compares.
- Online forum for sharing results and discussing best practice ideas. Some were sceptical about this idea.
- AB suggested finding a way to identify a high performance Trust and implementing an awards based system.

#### **Concerns**

- The financial and implementation risks. JK confirmed the software has been road tested and there is already a company that exists that provides exactly what we need so they should be able to "re-badge" it with RCEM. Essentially, we buy the license and adapt the software to meet our needs.

**ACTION POINT: DONE - SM to send email to Gordon about risk register.**

**ACTION POINT: DONE - SM to find out whether HQIP will support this on the Quality Accounts.**

#### **Price**

- There will be a small increase in price but in line with inflation

#### **Questions JK put to the Committee**

##### **1) When should the data collected expire and for how long should one have access?**

CH and TK would like to see it open across all training years. ER reported that her Trust uses the same software and said it should run for at least one year with a 6 month follow on period, so 18 months in total.

##### **2) Would it be useful to have an APP that links to it?**

SAW reported on the huge costs to developing an APP: Scope work £20k and £40K for the prototype. QEC decided it was not economically viable.

**ACTION POINT: All Committee chairs to write articles for EMJ outlining their respective activities.**

**iv. Annual review/revision of QI guide due November (attachment)**

In short, the guide is intended to assist Fellows and Members who are undertaking Quality Improvement (QI) work in their EDs. It is intended to help bridge the gap between improvement science and implementation.

There has been increasing recognition that traditional audits and performance management tools are not always effective at improving the delivery of healthcare. Instead QI methods have been adopted from industry and are effective in improving the safety, efficiency, and effectiveness of care.

As there was not enough time for the Committee to go through this document in detail, AB urged everyone to go away and read it and put forward any comments.

**ACTION POINT: All to read QI guide and put forward any comments.**

**d) Best Practice (SS)**

**i) SIG Updates**

**Ambulatory Emergency Care Committee - TS**

- TS reported there is a study day organised for February 2018 and the RCEM President has agreed to open it.
- TS will also be speaking on AEC at the scientific conference.
- Ambulatory care is a hot topic and a joint statement from the Colleges will soon be published.
- The Committee agreed the mission statement: 'Ambulatory Care is varied across the country and direct access to ambulatory care is needed.'
- TS has spoken at every network event to help promote this work. These include, two cohorts of Trusts going through a year of development with the ambulatory care network and TS has also spoken at the "ABC of AEC" National Conference to publicise and promote the role of Emergency Medicine in Ambulatory Care.
- Useful resources have been gathered and published on the RCEM website.
- Currently working on producing an article for the EMJ supplement to be produced by the end of the year.

**Public Health Committee - HLH**

- 1 face to face meeting and 4 virtual meetings with the group have taken place.
- TOR has been completed.
- Vision: 'To share the group's vision with health care workers nationally and internationally. To work with partners in the development of policies, research, training, and clinical practice related to EM and PH. To foster an environment that encourages healthcare workers to pursue their professional interests in the field.'
- Produced an opinion piece on the interface between public health and emergency care
- All members have been involved in networking to increase awareness of the SIG e.g. attendance at NAPSAG meetings and WHO.
- Currently looking to deliver a one day engagement event to bring together health care workers from both emergency medicine and public health, January 2018. Application has been submitted and planning started.

**Frailty and Geriatric Emergency Care Committee - JB**

- 1 meeting date and members are drawn from all over England. Although none currently from Scotland and Wales.
- The SIG will contribute to three activities at the RCEM Liverpool conference 2017. These are: presentation on Delirium, a workshop on frailty and end of life care, and chair a keynote on older people's care.
- Proposal is being finalised to run a study day in frailty in March 2018.

- Plan submitted to have a learning page linked to best practice guides.

## **ii) Intravenous Regional Anaesthesia for Distal Forearm Fractures (Biers' block) Revised: October 2017**

In summary, the scope of this document is to assist emergency physician using intravenous regional anaesthesia (Bier's Block) for adults in the Emergency Department requiring manipulation for distal forearm fractures. The reason for development of this guidance is to help the clinician in performing an intravenous regional anaesthesia (IVRA), standardise and improve patient care.

On the whole the Committee were satisfied with the narrative of the guidance document, however members suggested some amendments to make. These include:

- Inclusion of NatSSIPs.
- The checklist needs to be put in to a WHO Check List.
- Reference to "children" needs clarifying.
- The dosage of lidocaine should be indicated when it is used place of prilocaine.
- To keep intralipid and ensure this is referenced.
- Rotation of cuff needs clarifying in terms of its usage.
- 2 mentions of hypertension under contra indications and delete extraneous reference.
- Text needs to include 'well-lit and equipped.'

QEC happy to publish providing the necessary minor edits are made.

**ACTION POINT: JF to lead on revision with Ray McGlone.**

**ACTION POINT: JF to send checklist for all invasive checklists.**

**ACTION POINT: ER and NATSSIPS: to publish guidance on local guidance page on RCEM website about compiling a checklist.**

It was reported that some have a checklist for all procedures whereas others have a separate document for each procedure. A discussion lead by GB also took place with regards to these documents and how having a live version of the document that people can edit would be useful.

**ACTION POINT: All to submit examples of LocSSIPS to AG.**

## **iii) Mental Health Committee**

- KH reported the mental health toolkit, 'Mental Health in Emergency Departments: a toolkit for improving care,' has been published on the RCEM website to coincide with the RCEM Jubilee mental health day and World Mental Health Day. The report was well received by the Committee and only a minor modification required.
- AB suggested adding a further point to the toolkit on commissioning which should say how this only specifically applies to patients in England.

**ACTION POINT: KH to include sentence, 'this specifically only applies to patients in England.'**

- KH reported that they will be producing a generic and easy to understand flowchart that can be used as a guide for assessments to help understand Section 136.
- A randomised coffee trial was also proposed as a networking opportunity to talk about issues.

- NCEPOD report "Treat as One." KH reported that we contributed to the report and tried to promote its finding for College Members.

**e) Major Trauma Sub-Committee (JJ)**

Nothing further to report.

**f) Toxicology (JG)**

No updates were received.

**g) Lay Advisory Group (DP)**

No updates were received.

**6. Feedback from external activity:**

**a) Emergency Eye Care Guidance development group**

SJ represented RCEM at the meeting in June 2017. Points to note are the following:

- The Group agreed on the top 10 conditions requiring emergency eye care. The list included the common presentations to the ED. Conditions purely managed in ED such as corneal abrasions were not included.
- The Group were then tasked to review literature with respect to each of these 10 conditions.
- Guidance is for commissioners of specialist eye services not ED services for eye emergencies.
- SJ suggested the Group looked at Manchester triage as many eye units do not have standardised triage tool in use.
- The Group may make the case for guidelines for management to be developed at the next meeting in October.

The Committee acknowledged the report.

**b) NHS E Mental Health – CH**

- CH outlined its work and CH presented the gaps between their work and EM work. It was reported they are currently not doing mental health surveys, but are collecting section 136 data.
- "CLEAR" still relevant, review not needed.

**ACTION POINT: All to send cases to CH examples of cases where mental health patients have experienced delays.**

**ACTION POINT: CH to using findings to help promote better care for children and adolescents.**

**7. Study days:**

**a) Upcoming:**

- Major trauma in the trauma unit (8 Nov 2017)

**b) Planning 2018 study days**

- The forgotten Tribe: Adolescent (21<sup>st</sup> March 2018)
- Ambulatory Care – collaboration with RCP (30<sup>th</sup> Jan 2018)
- Challenging scenarios (dates to be confirmed, provisionally booked for March, 2018)
- QA & I (TBC 2018)

**8. Future meeting dates:**

- QEC large – 11<sup>th</sup> Oct 2017 (Octavia House)
- QEC small – 11 Jan 2018 (pm)
- QEC large – 7 Mar 2018

d) QEC small – 5 July 2018 (pm)

e) QEC large – 3 Oct 2018

## 9. AOB

- RCEM 50<sup>TH</sup> celebration week is underway (9-13 October 2017) and features a different theme each day:
  - Monday: basic life support and world record attempt for the most people learning CPR at the same time
  - Tuesday: mental health
  - Wednesday: prevention of violence
  - Thursday: prevention of accidents, especially in the very young and very old
  - Friday: wellness and exercise
- JK reported that a review on the clinical audit and standards webpage is required with the view to archiving old documents where appropriate. The idea of moving old documents to other Committees and other areas of the website was discussed.

**ACTION POINT: JK to circulate documents to other Committees to consider and advise on what to do with them.**

- NCEPOD: request has been sent by AB and awaiting decision by NCEPOD in relation to abdominal pain in over 75s.
- FW asked the Committee where alcohol fits in. Should it be a SIG or part of Best Practice or Toxicology? AB confirmed it was not possible to create a SIG and the best place for it was to remain within Best Practice.



## ACTION POINT SUMMARY

Work stream	Action	Action by:	Progress:
BP	Review guideline and submit comments to vascular society, then to publish on RCEM website	SS	On GOING
BP & AEC	SS and Tara Sood to consider developing guidance for EDs on arranging on-going care for patients who have been discharged from the ED	SS & Tara Sood	ON GOING → NEXT MEETING
QEC	Ian Higginson & AB to ensure the safety checklist is included in the revised crowding toolkit.	AB & IH	ON GOING → NEXT MEETING
QEC	Review crowding guidance and toolkit, to be led by Ian Higginson	AB, ER & IH	On GOING (for review by council before publication)
<b>Previous action points from Large QEC 11<sup>th</sup> October 2017</b>			
Major Trauma	To work on patient silver trauma surveys with junior doctors. To draw out key themes and learning points from the surveys with an aim of developing a safety alert.	All	
Major Trauma	SM to connect JJ and Charlotte Bates to discuss Silver Trauma.	SM	DONE
QEC	AB to meet with Diana Hulbert to discuss possibility and in what format.	AB	
QEC	All Committee chairs to write articles for EMJ outlining their respective activities.	All Chairs	
QI & A	Quality Team to put together second draft for L2S2 with agreed changes.	QT	IN PROGRESS
QI & A	Standards to be considered and agreed at next QA & I meeting.	JK	
QI & A	SM to add to agenda an item for choosing the 2019/2020 topics for next small QEC.	SM	DONE
QI & A	CH to using findings to help promote better care for children and adolescents.	All	
QEC	JF to lead on revision with Ray McGlone.	JF	
JF	JF to send checklist for all invasive checklists.	JF	
ER	ER and NATSSIPS: to publish guidance on local guidance page on RCEM website about compiling a checklist.	ER	
ALL	All to submit examples of LocSSIPS to AG.	All	
QEC	KH to include sentence, 'this specifically only applies to patients in England.' Make slight modifications to the mental health toolkit.	KH	
QEC	All to send cases to CH examples of cases where mental health patients have experienced delays.	All	

<b>MHC</b>	CH to using findings to help promote better care for children and adolescents.	CH	
<b>QA &amp; I</b>	JK to circulate documents to other Committees to consider and advise on what to do with them.	JK	
<b>Previous action points from small QEC 13<sup>th</sup> July 2017</b>			
<b>QEC</b>	Lead the design of a study day focussing on Tough Cases, with support from SM/MU	CH	ORGANISED FOR MARCH 2018
<b>BP</b>	Liaise with Chris Walsh and produce podcasts, prioritising the Mental Health and the MCA toolkits	CH, DA	CH and DA to record interview style podcast at conference
<b>QA&amp;I</b>	Draft business case and technical specification for rapid cycle audit	JK	TO DISCUSS / ON GOING
<b>QEC</b>	AB to hold discussion with Fiona Beech about producing a one-page guidance on section 136	FB	In progress → NEXT MEETING
<b>QEC</b>	AB to review all standards and archive those that are no longer current or relevant.	AB	ON GOING
<b>BP</b>	ER to draft a list of NatSSIPs procedures and QEC to review and approve once drafted	ER	TRUST DEPENDENT – SUGGEST BRIEF GUIDANCE & SHARE LOCAL EXAMPLES
<b>QEC</b>	AB to record podcast on new RCEM QI guide	AB	TO DO AT CONFERENCE
<b>QEC</b>	<u>RCP standardised mortality review form</u> : ER's colleague, Becky Maxwell, is to create the form and produce at next QEC.	ER	→ NEXT MEETING
<b>SC</b>	<u>Abscinding document</u> : ER to release safety news alerts on deaths after absconding on the same day as this	ER	DRAFTED AND QUEUED FOR PUBLICATION
<b>Quality Team</b>	<u>Abscinding document</u> : SM to publish both documents on the same day	SM	TO PUBLISH
<b>QEC</b>	Emergency department care: all to send in information and comments from their Trusts that will help implement	All	DONE – COMMITTEE CHAIRS TO DISCUSS STANDARD & GUIDANCE IMPLEMENTATION → NEXT MEETING
<b>QEC</b>	<u>Toxicology</u> : MU to copy dialogue to AB and establish future of SIG  Update internally concealed drugs guidance	MU/SM  Tox SIG	JG TO REMAIN AS INVITED TOX EXPERT
<b>LAG</b>	DP to meet with RCPCH LAG regarding feedback from children attending EDs  DP to feedback progress and decisions and inform the adolescent lead MJ	DP	→ NEXT MEETING