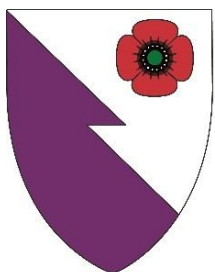


The Royal College of Emergency Medicine

Quality in Emergency Care

**Emergency Department
Standards**

A strategic Overview



May 2020

Overview

Background

The Royal College of Emergency Medicine (RCEM) works to ensure high quality care for patients by setting and monitoring standards of care in emergency departments, as well as providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine. The Quality in Emergency Care Committee (QECC) is focussed on achieving a consistently high standard of care in all UK Emergency Departments. However, please remember that RCEM is not a regulatory body.

All definitions of 'health care quality' have safety, patient centeredness, effectiveness, efficiency and timeliness as central pillars.

QECC is producing three documents to identify the areas of work the committee is focussing on: Safety in Emergency Departments, Patient experience in Emergency Departments, and Quality measurement and Standards in Emergency Medicine.

The function of these documents

The guidance was commissioned by RCEM Council, and written by the Quality in Emergency Care committee, in recognition of the need for a strategic overview of the Royal College of Emergency Medicine approach to safety, experience and quality of care in Emergency Departments, especially in the light of the RCEM CARES campaign. https://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/RCEM_CARES/RCEM/Quality-Policy/Policy/RCEM_CARES.aspx

This document is designed as an overview of QECC work on improving quality of care in Emergency departments. It is strategic in approach, underpinned by several processes within RCEM. The aim is to describe the relationship between the activity of RCEM and Emergency Departments in these areas.

The strategy is underpinned by practical, 'tactical', and operational advice and guidance for Emergency Departments, which RCEM has produced.

What is in these documents?

The document contains, as relevant to standards in Emergency Departments:

- A short summary and the specific issues within Emergency Departments
- A description of QECC activity and processes
- The relationship between RCEM and Emergency Departments w.r.t standard setting
- A summary of the key areas of patient safety in Emergency Departments
- Signposting RCEM advice and guidance on these areas

Scope

This guideline was produced to clarify the strategic approach of RCEM to clinical standards in Emergency Departments (EDs). It outlines the processes within RCEM, the relationship with EDs, and highlights some of the standards of value within EDs.

It does not give detailed practical and operational advice; this is described in the RCEM Quality Improvement documents, and inherent in guidelines, and on the RCEM website.

Introduction

What are 'clinical standards' and 'quality measures'?

Clinical standards are statements (relating to a specific condition) of the necessary steps in patient care. The function of these is to improve patient outcomes, reduce waste and improve efficiency. Quality standards define the quality of clinical care, and to identify areas for improvement.

Quality measures are often limited to one domain (as above) or one part of the patient journey (e.g. within the ED). These metrics are often derived from available (administrative) data sources, and may be measures of process rather than outcomes. Recently there has been a move to 'PROMs' (patient reported outcome measures).

What are the challenges in setting and measuring standards?

The relationship between: 1. inputs in quality of care (e.g. Training, equipment, I.T), 2. Processes (i.e. multiple interactions between staff and patients over time), 3: perceptions of quality (both of patients and staff) 4: interplay of organisational management and political factors (e.g. targets distorting care) and 5: health outcomes, is complex. There are also pragmatic issues of measurement; what can be measured and the ease of measurement, together with the differences in measurement for assurance (audit), and measurement for improvement.

For further discussion see:

Saver BG, Martin SA, Adler RN, Candib LM, Deligiannidis KE, Golding J, Mullin DJ, Roberts M, Topolski S. Care that Matters: Quality Measurement and Health Care. PLoS Med. 2015 Nov 17;12(11):e1001902. doi: 10.1371/journal.pmed.1001902. PMID: 26574742; PMCID: PMC4648519.

<https://www.health.org.uk/blogs/measuring-quality-of-health-care-in-the-nhs-giving-a-voice-to-the-patients>

<https://www.kingsfund.org.uk/sites/default/files/Getting-the-measure-of-quality-Veena-Raleigh-Catherine-Foot-The-Kings-Fund-January-2010.pdf>

<https://www.who.int/bulletin/volumes/95/5/16-179309/en/>

<https://www.ncbi.nlm.nih.gov/books/NBK549260/>

<https://improvement.nhs.uk/documents/2135/measuring-quality-care-model.pdf>

What are the particular challenges in Emergency Departments?

Emergency Departments are often described as VUCA environments: volatile, uncertain, complex and ambiguous. Hospitals are 'Complex Adaptive Systems', with the potential to hamper the effectiveness of interventions to effect change. This serves to exacerbate the conditions for safety to be compromised.

Many national audits, and care standards often involve part of the patient journey being delivered within the Emergency Department, and many involve time-based measures. The 'Goodhart' principle holds true when quality measures become targets; what gets

measured gets (micro) managed. **Crowding** and a mismatch of demand and supply can affect the achievement of time based measures.

The Royal College and Standards

The Royal College has training and education functions- clinical standards and Quality improvement (QI) are key elements of these. This includes developing the curriculum for specialty training which has QI as a core element, and educational activities delivered by the College.

Additionally, the College has advisory functions, both generic advice on standards (see next section) and bespoke advice available to individual departments (such as Service review).

Specific standards and QI activity undertaken the College includes:

Audit/National Quality Improvement Projects

Since 2003, RCEM have devised and run a national audit programme for Emergency Departments; specific to EDs there were three audits topics each year. The reports are available on the RCEM website where the audit tools remain available for use by EDs. These audits defined standards to audit against-some based on national guidance, some defined by RCEM and based on RCEM guidance.

In 2019, the process was changed to a Quality Improvement Methodology, supported by on-line tools to produce 'real time' data and control charts to enable EDs to undertake bespoke, individual QI projects within a national framework. Reports are available on the website. For 2020, the Quality Improvement and Audit subcommittee will refine the process and run three further National QI programmes. Common themes will run from year to year (e.g. pain management). See appendix 1.

Standards and guidelines

Standards: In addition to the standards inherent in the audit/NQIP programme, and other national clinical audit standards that involve Emergency Departments (e.g. fractured neck of femur, myocardial infarction and stroke national audits), RCEM have in the past set clinical standards. There are available on the RCEM website. However, in general, relevant national standards (e.g. NICE, SIGN etc) should be followed with specific conditions or presentation. On occasion, RCEM will clarify, using position statements, where required for the Emergency Department setting.

Guidelines: The Best Practice Sub-committee publishes guidelines where definite evidence is not available, such as on pain management, investigation results management, patient advice, management of drug misuse, the alcohol toolkit, those in custody, frequent attenders etc. The sub-committee also produce guidelines that highlight the specific issues and nuances that relate to Emergency Departments where evidence is contentious, or bespoke to EDs (this has included traumatic cardiac arrest, investigation for Cauda Equina, Infection Control and Prevention in COVID-19 etc). Some of these guidelines were used to develop audit standards and QI metrics (e.g. Homelessness guidance).

Emergency Departments and Standards

What departments can do to maintain standards: (See QI+A section of website for detail)

Develop robust QI structures and processes

Involvement in RCEM QI processes, and continual measurement, and effective interventions

Have A QI lead and team

With dedicated time for this!

Measurement should routine

This should include highly visible feedback of results, and interventions

Continuous measurement/regular audit for high importance interventions; e.g. Procedural sedation, pain management, use of MCA and restraint, suicide risk assessment etc

Ensure good design of departments and processes

Departmental design can help with inputs (c.f. QI methodology such as 5S, 6Sigma).

Ensure training in place for all

Ensure QI training in place for staff, and support administrative time for QI activities including data collection and review

Review RCEM guidance

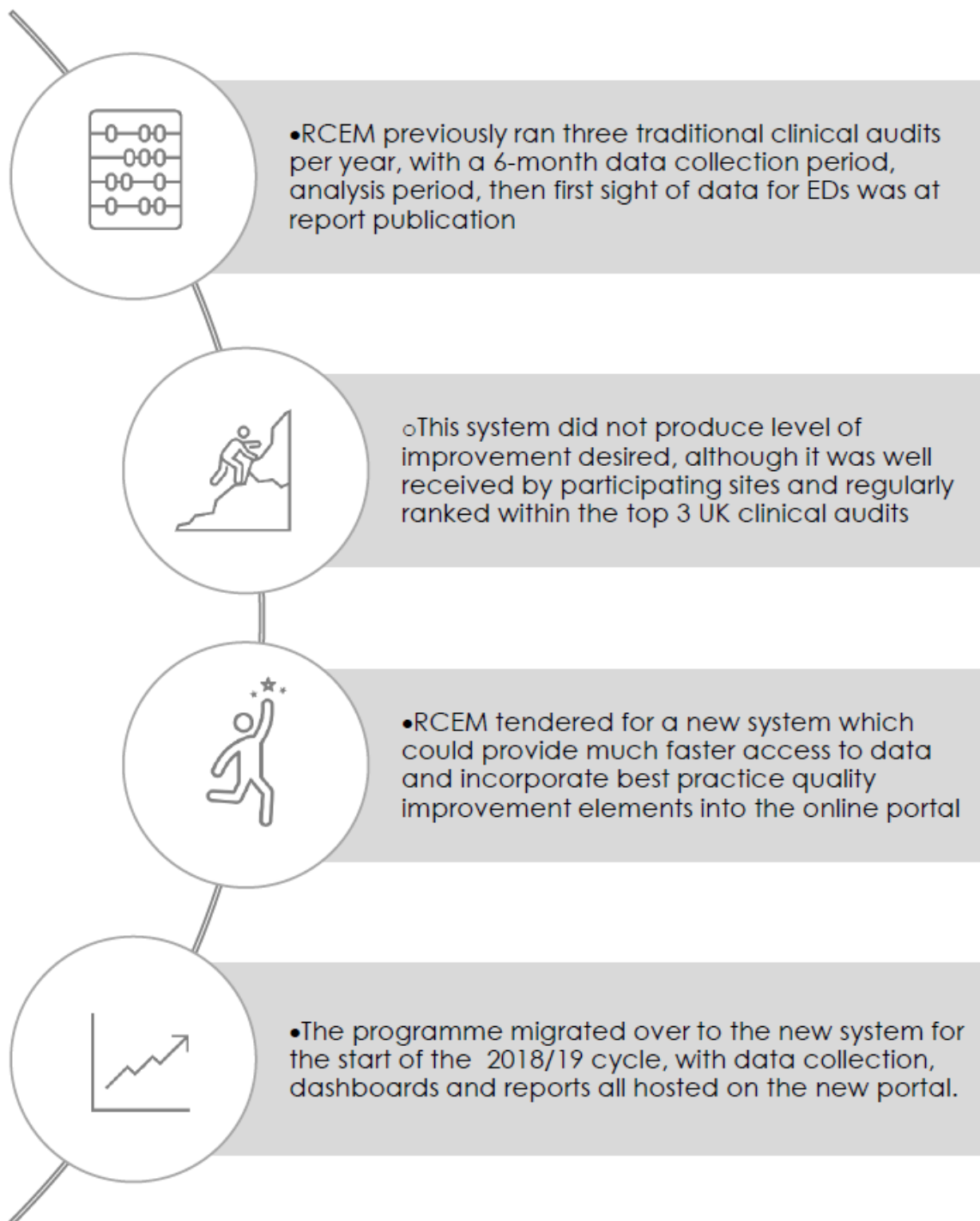
Consider how these apply within your department, and how these inform you QI programme

Ensure senior ED involvement in organisational audit

Many of the national programmes, and organisational audits (NELA, MINAP, NOF#, Sepsis, IPC etc) have parts of care pathway within the ED, and it can be difficult for those outside the ED to influence change within the ED. ED clinicians have the understanding, training, skills set, and influence to effect this change.

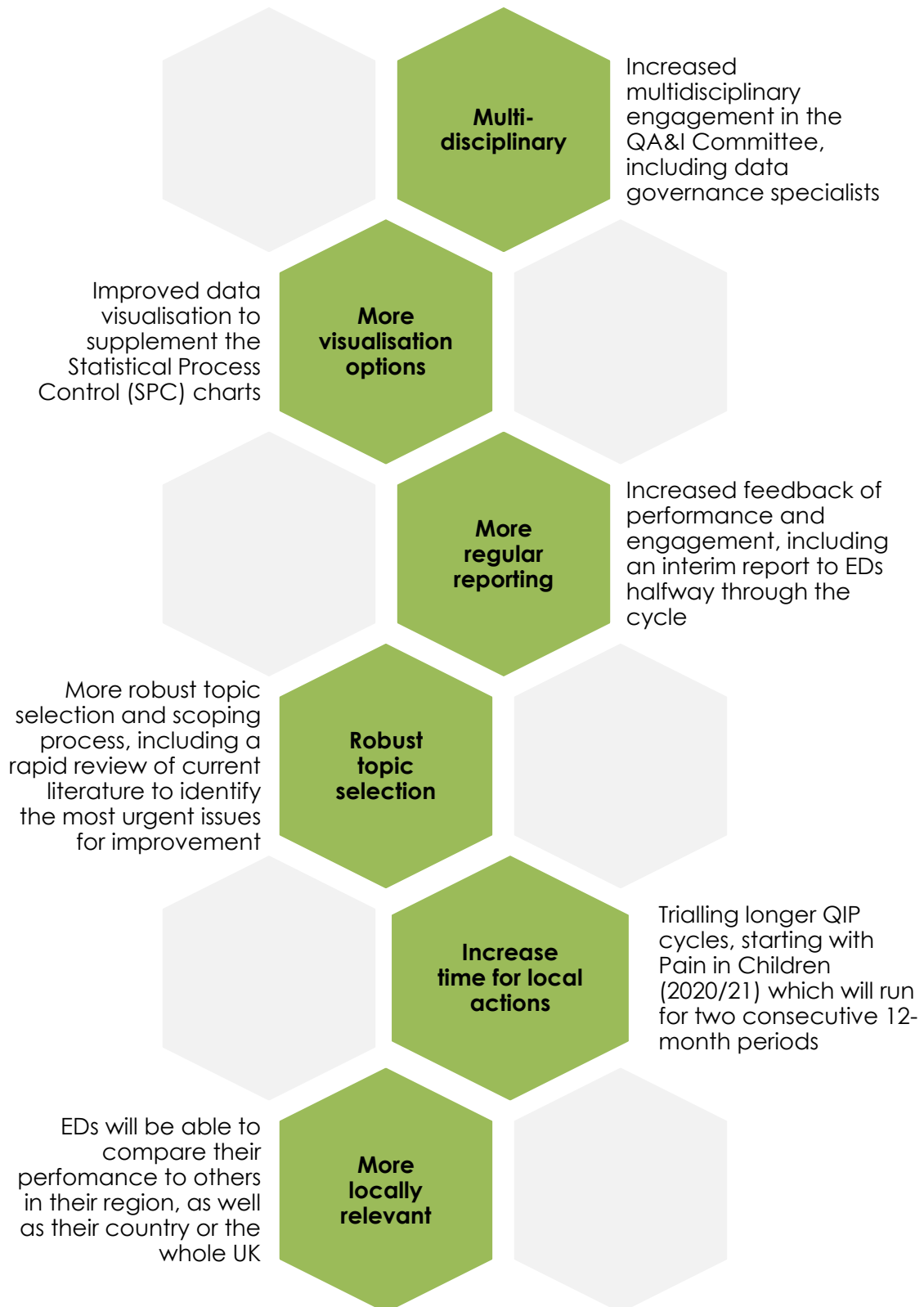
Appendix 1: The developments of National QIPs

Overview of the past



Future directions

The Quality Assurance and Improvement Committee are continually looking for new ways to improve the user acceptability and impact of the QIPs. Below we outline plans for future directions and improvements.



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Acknowledgements

QEC committee and subcommittees

Review

Usually within three years or sooner if important information becomes available.

Conflicts of Interest

None

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Research Recommendations

Research into the effectiveness of safety intervention is suggested

Audit standards

None

Key words for search

Safety, Emergency Department



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