



RCEM Position Statement Regarding Site Specific Reporting Against Emergency Access Standards and Reporting of Disaggregated Data

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RCEM recommends that performance against the four-hour emergency access standard should be reported on a site-specific basis (i.e.) only facilities on a single (geographical) hospital site should report against the standard.

RCEM recommends that within four-hour reporting the following disaggregated data should be routinely and publicly reported at each site. This is to reduce the risk of the presence or absence of on-site UTCs or ophthalmic EDs skewing performance, making quality improvement, and benchmarking difficult.

- Overall site performance against the four-hour standard
- Disaggregated performance for type 1, type 2, and type 3/4 units on the same sites
- Disaggregated performance against the four-hour and 12-hour standards for admitted, and non-admitted, type 1 patients.

Performance against each of these standards should be measured against appropriate benchmarks. RCEM currently recommends that this should remain at 95% for the four-hour standard for all groups, subject to formal, scientific review.

The performance standard for 12 hours should be 100%.

RCEM believes that where departments are experiencing significant issues with crowding, the distinction between admitted vs non-admitted patients can be unhelpful. This is because patients are spending so long in Emergency Departments that they may be discharged home after prolonged stays that should have occurred in other settings, with skewing of the data as a result. This weakness in the data should be acknowledged. It is possible that including whether a patient has been referred to an inpatient team may prove useful in future data sets.