



Royal College of Emergency Medicine
Quality Improvement Programme



RCEM TCM QIP
2023 - 24

National Chart
Results

Background

Time Critical Medication's (TCMs) are vital to the health and safety of patients attending Emergency Departments in the UK and beyond. Significant harm and emotional distress can be caused by a failure to empower patients to self-administer prescribe and administer them in a timely manner. This national QIP aims to improve that by providing the tools and insights to support locally driven improvement.

The programme runs from 2023-27 and this report presents the results from the 4th of October 2023 to the 3rd of October 2024, where 136 EDs submitted 16848 patient cases.

For further information on the clinical standards, methodology, and approach to analysis, please see the [Information pack](#) If you are part of a participating ED, you can log into to see your live data and national comparisons of your results [Inhouse Portal](#)

National Results

This document contains the complete national results from the 4th of October 2023 to the 3rd of October 2024, presented in charts constructed by the QIP's specialist topic team.

The national interim report for this period can be found here [– add link](#), with analysis of the national results and recommendations from RCEM. All participating EDs that submitted sufficient data also receive a local report with their department's results following the national report's publication

In this document, each chart is accompanied by the following; the total number of patient cases analysed, the inclusion and exclusion criteria for patient cases, and links to any supporting documents relevant to the chart.

For a complete technical analysis plan for each chart please see the [Information pack](#).

Have Your Say

Feedback is essential for RCEM's QIPs and is incorporated in every stage of our programmes.

If you have any queries regarding the report or programme, you can contact RCEM's quality team at RCEMQIP@rcem.ac.uk.

If you have feedback on this report or another aspect of the QIPs, please complete the QIP feedback survey using the QR code or link below.

[QIP Feedback form](#)



Royal College of Emergency Medicine
Quality Improvement Programme

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Chart 1 - Standard 1 - % of patients on levodopa who were identified as being in a TCM within 30mins

[link - [Understanding the Charts](#)]

N= 5873

Inclusion Criteria

All patients conforming to the inclusion criteria of the QIP identified to be exclusively on Levodopa

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recorded

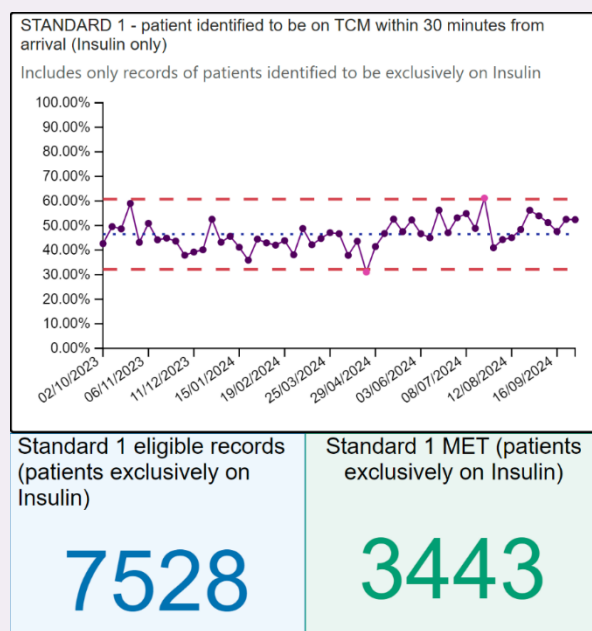
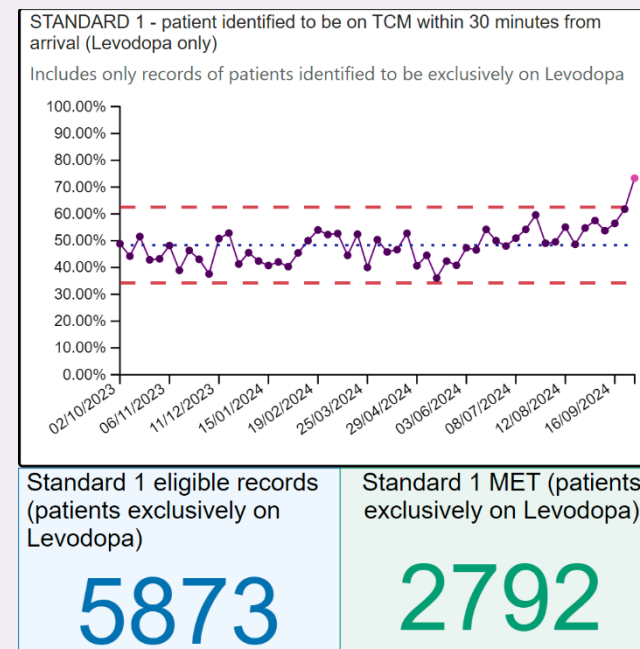


Chart 2 - Standard 1 - % of patients on insulin who were identified as being on a TCM within 30mins

[link - [Understanding the Charts](#)]

N= 7528

Inclusion Criteria

All patients conforming to the inclusion criteria of the QIP identified to be exclusively on Insulin.

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recorded

Chart 3 - Standard 1 - Weekly average of time to identify TCM (from arrival) for levodopa

[[link - Understanding the Charts](#)]

N= 5873

Inclusion Criteria

All patients conforming to the inclusion criteria of the QIP, identified to be exclusively on Levodopa and, where the time when the patient was identified to be on a TCM was recorded.

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recoded

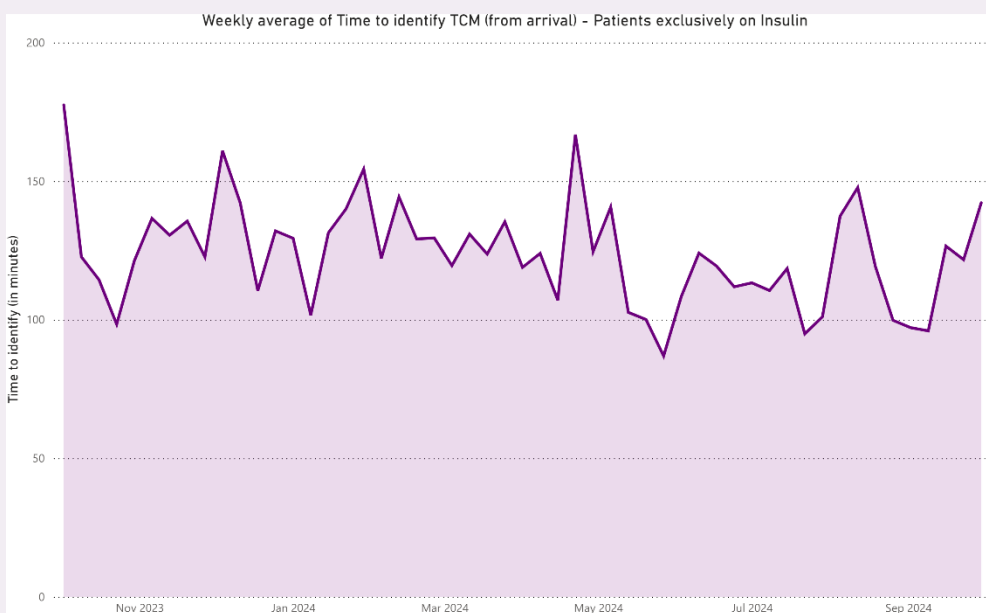
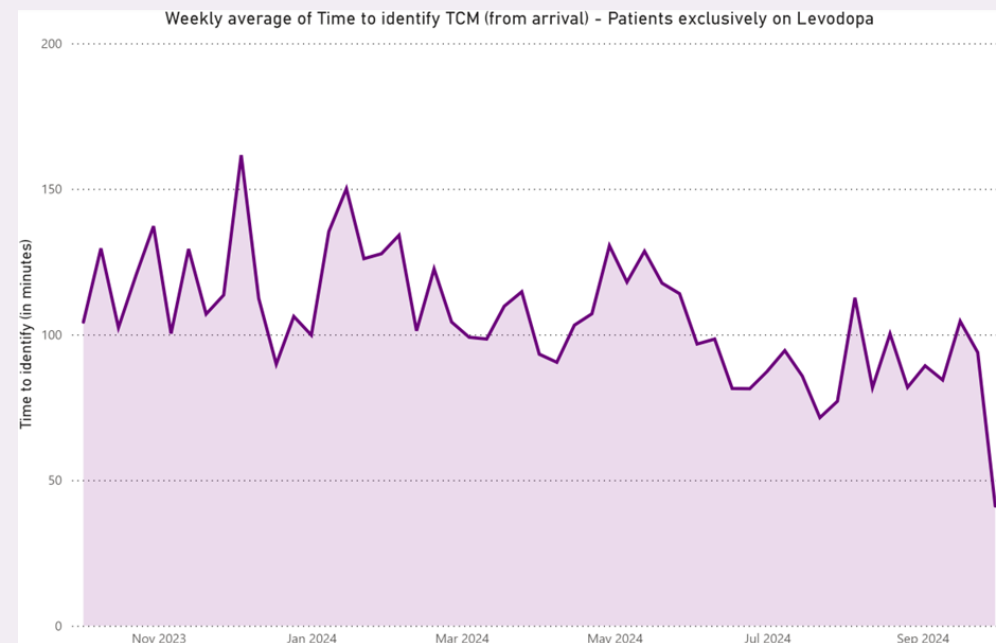


Chart 4 - Standard 1 - Weekly average of time to identify TCM (from arrival) for insulin

[[link - Understanding the Charts](#)]

N= 7528

Inclusion Criteria

All patients conforming to the inclusion criteria of the QIP, identified to be exclusively on Insulin and, where the time when the patient was identified to be on a TCM was recorded.

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recoded

Chart 5 - Standard 1 - Pie chart of who identified that the patient was on levodopa

[link - [Understanding the Charts](#)]

N= 5873

Inclusion Criteria

All patients conforming to the inclusion criteria of the QIP, identified to be exclusively on Levodopa and, where the time when the patient was identified to be on a TCM was recorded.

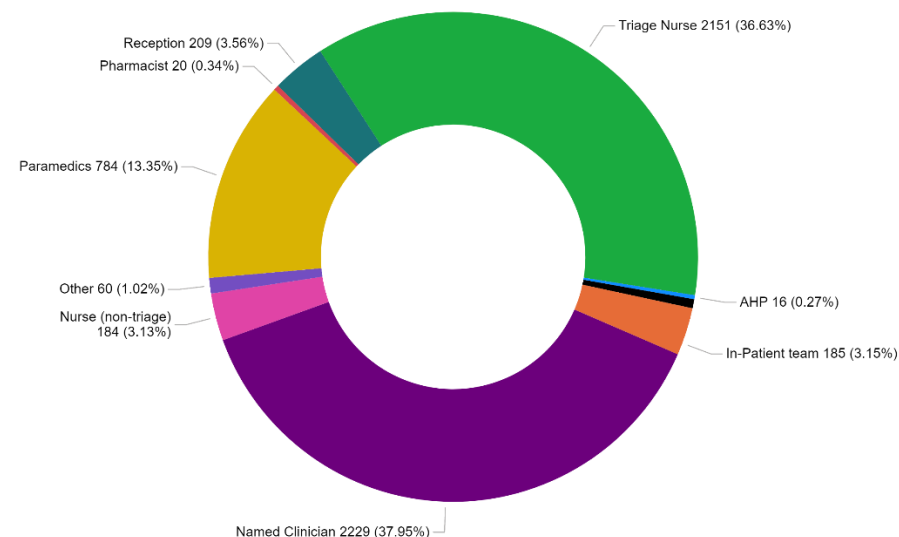
Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recorded

Patient TCM Identified by (ED Staff member) - Patients exclusively on Levodopa



Patient TCM Identified by (ED Staff member) - Patients exclusively on Insulin

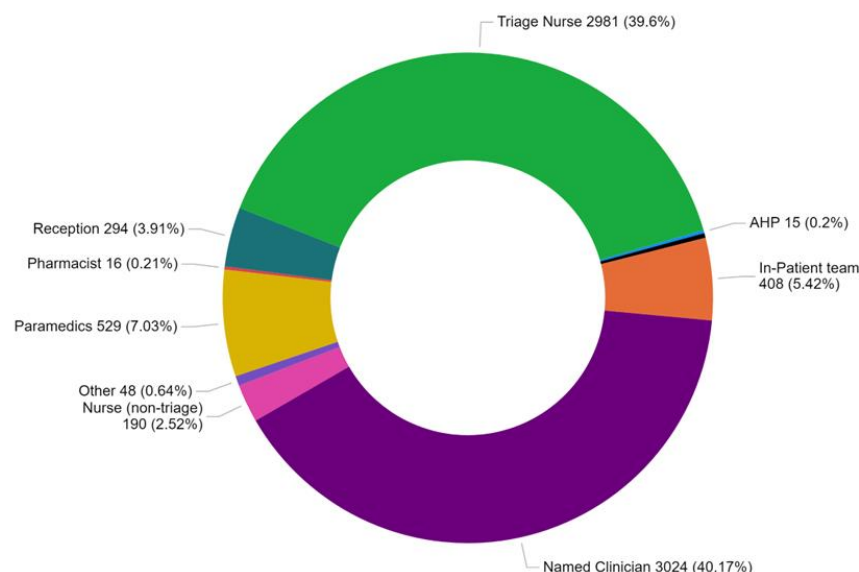


Chart 6 - Standard 1 - Pie chart of who identified that the patient was on insulin

[link - [Understanding the Charts](#)]

N= 7528

Inclusion Criteria

All patients conforming to the inclusion criteria of the QIP, identified to be exclusively on Insulin and, where the time when the patient was identified to be on a TCM was recorded.

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recorded

Chart 7 - Standard 2 - % of Levodopa doses given within 30mins of when it was expected to be

[link - [Understanding the Charts](#)]

N= 6431

Inclusion Criteria

All levodopa doses

Exclusions

Incomplete doses

Doses of TCMs other than Levodopa

Doses belonging to incomplete records

Doses beyond the 8th dose

Doses that were repeated instances of the same dose within the same patient record I.e., multiple 1st doses

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the administration time was outside of the patient ED stay

Doses where the recorded administration time was prior to the recorded prescription time of the same dose

1st doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

1st doses where the time the patient usually takes the TCM was not recorded

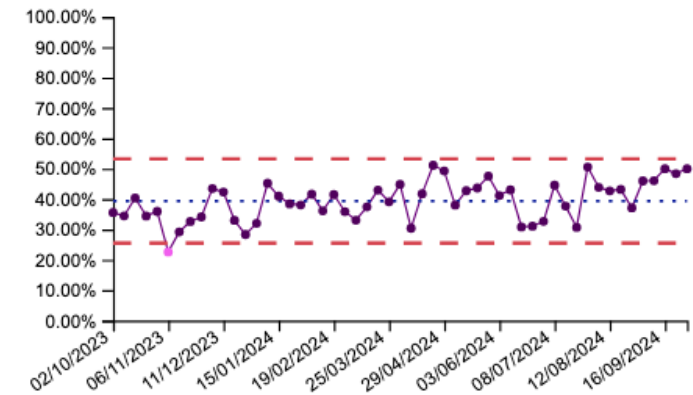
Doses where the prescription and/or administration have been omitted due to a medical reason

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

STANDARD 2 - TCM dose administered within 30 minutes of expected time (All Levodopa doses)

Includes both self-administered and ED administered doses



Standard 2 eligible doses
(All Levodopa doses)

6431

Standard 2 MET (All
Levodopa doses)

2519

Chart 8 - Standard 2 - % of Insulin doses given within 30mins of when it was expected to be

[link - [Understanding the Charts](#)]

N= 4419

Inclusion Criteria

All Insulin doses

Exclusions

Incomplete doses

Doses of TCMs other than Insulin

Doses belonging to incomplete records

Doses beyond the 8th dose

*Doses that were repeated instances of the same dose within the same patient record
I.e., multiple 1st doses*

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the administration time was outside of the patient ED stay

Doses where the recorded administration time was prior to the recorded prescription time of the same dose

1st doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription and/or administration have been omitted due to a medical reason

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

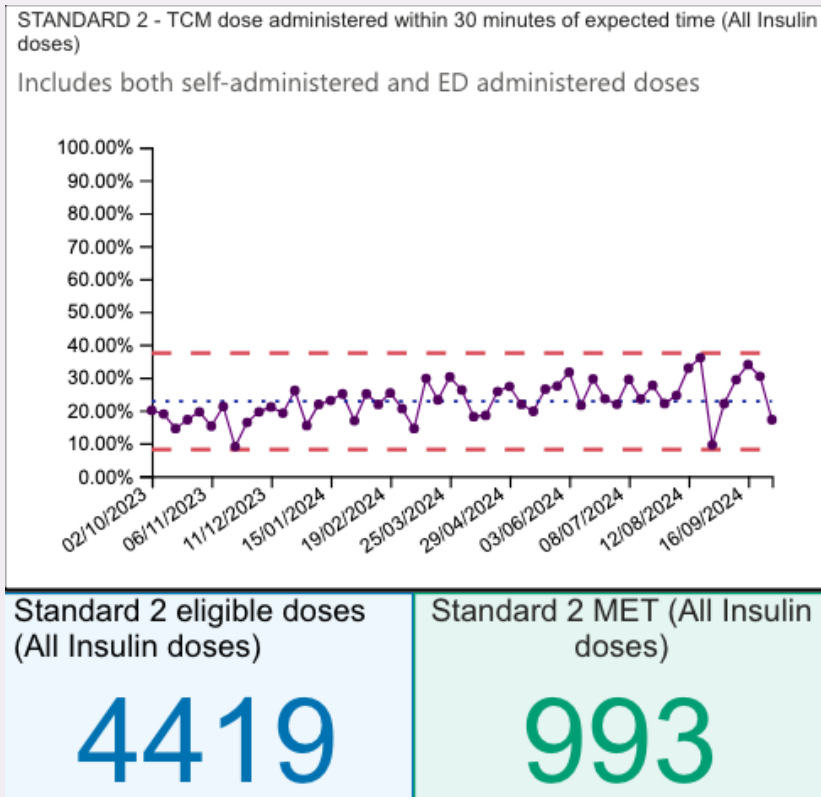


Chart 9- Standard 2 - Average time to administer levodopa for all doses from expected time

[[link - Understanding the Charts](#)]

N= 4775

Inclusion Criteria

All Levodopa doses not recorded as having a missed administration or prescription

Exclusions

Doses where the prescription or administration have been recorded as missing

Incomplete doses

Doses of TCMs other than Levodopa

Doses belonging to incomplete records

Doses beyond the 8th dose

Doses that were repeated instances of the same dose within the same patient record i.e., multiple 1st doses

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the administration time was outside of the patient ED stay

Doses where the recorded administration time was prior to the recorded prescription time of the same dose

1st doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription and/or administration have been omitted due to a medical reason

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

Average time difference to administer TCM (All Levodopa doses)

Does not include doses where the administration or prescription were recorded as missing

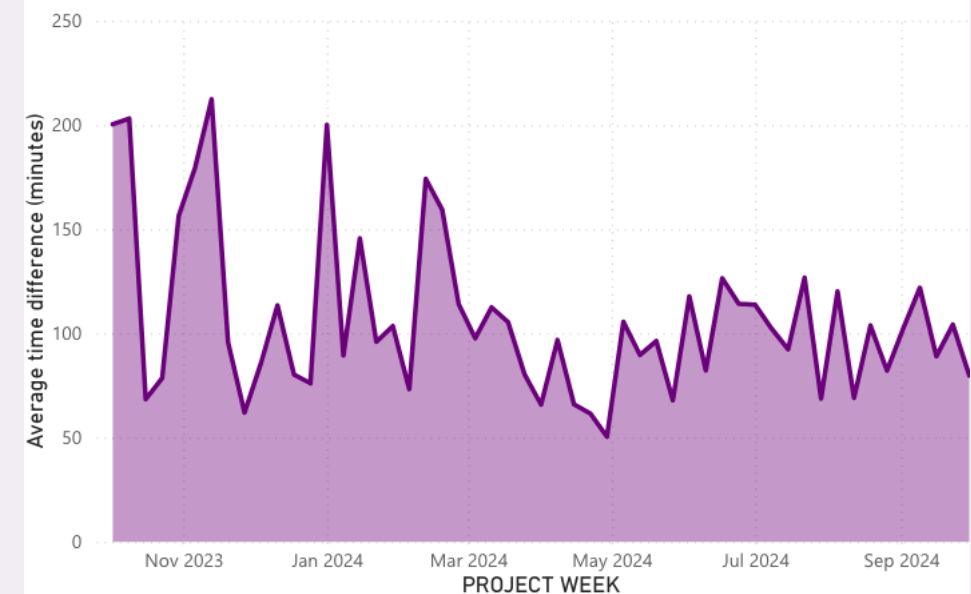
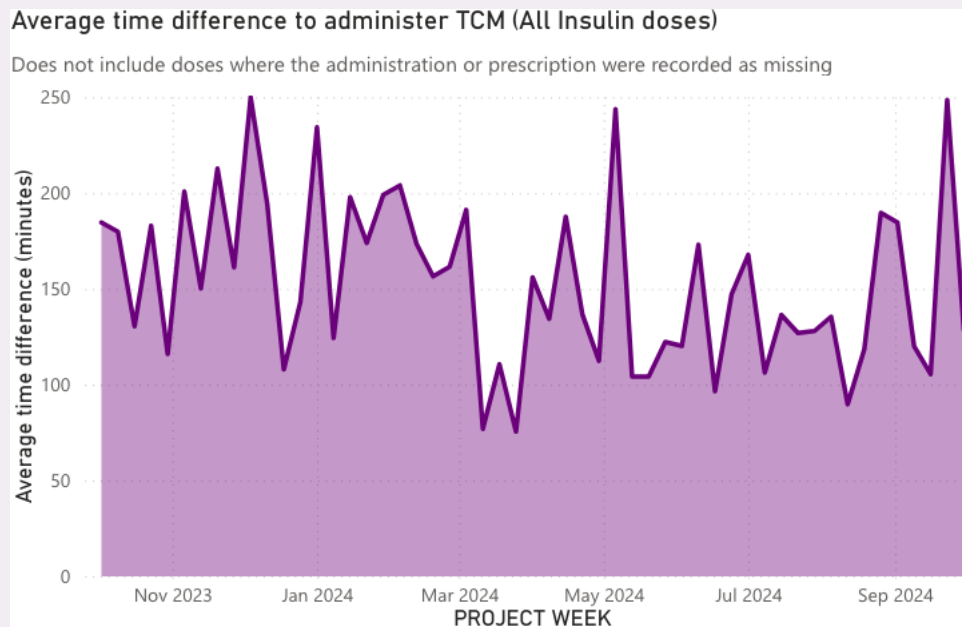


Chart 10 - Standard 2 - Average time to administer Insulin for all doses from expected time

[link - [Understanding the Charts](#)]

N= 2985



Inclusion Criteria

All Insulin doses not recorded as having a missed administration or prescription

Exclusions

Doses where the prescription or administration have been recorded as missing

Incomplete doses

Doses of TCMs other than Insulin

Doses belonging to incomplete records

Doses beyond the 8th dose

*Doses that were repeated instances of the same dose within the same patient record
I.e., multiple 1st doses*

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the administration time was outside of the patient ED stay

Doses where the recorded administration time was prior to the recorded prescription time of the same dose

1st doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription and/or administration have been omitted due to a medical reason

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

Chart 11- Standard 2 - self-administration of levodopa within 30mins

[[link - Understanding the Charts](#)]

N= 765

Inclusion Criteria

All levodopa doses recorded as self-administered by the patient

Exclusions

Incomplete doses

Doses not recorded as being self-administered

Doses of TCMs other than Levodopa

Doses belonging to incomplete records

Doses beyond the 8th dose

*Doses that were repeated instances of the same dose within the same patient record
i.e., multiple 1st doses*

Doses where the administration time was outside of the patient ED stay

*Doses where the recorded time when the patient usually takes it is before the
recorded patient arrival time*

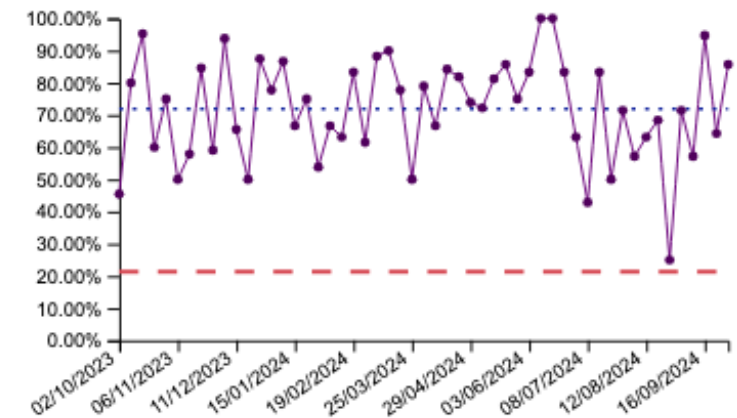
Doses where the time the patient usually takes the TCM was not recorded

Self-administered doses where the patient self-administration was not recorded.

*Self-administered doses where the patient self-administration recorded time was
outside of the patient ED stay*

STANDARD 2 - TCM dose administered within 30 minutes of expected time
(Self-administered Levodopa doses)

Includes self-administered doses only



Standard 2 eligible doses
(Self-administered
Levodopa doses)

765

Standard 2 MET
(Self-administered
Levodopa doses)

566

Chart 12- Standard 2 - self-administration of Insulin within 30mins

[link - [Understanding the Charts](#)]

N= 469

Inclusion Criteria

All Insulin doses recorded as self-administered by the patient

Exclusions

Incomplete doses

Doses not recorded as being self-administered

Doses of TCMs other than Insulin

Doses belonging to incomplete records

Doses beyond the 8th dose

Doses that were repeated instances of the same dose within the same patient record I.e., multiple 1st doses

Doses where the administration time was outside of the patient ED stay

Doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

Doses where the time the patient usually takes the TCM was not recorded

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

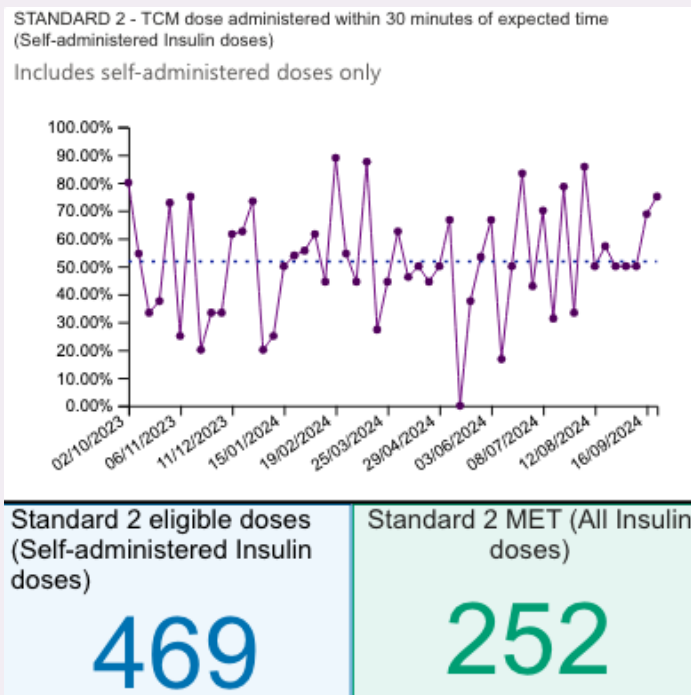


Chart 13 - Standard 3 - Consistency of levodopa administration in the ED

[[link - Understanding the Charts](#)]

N= 3443

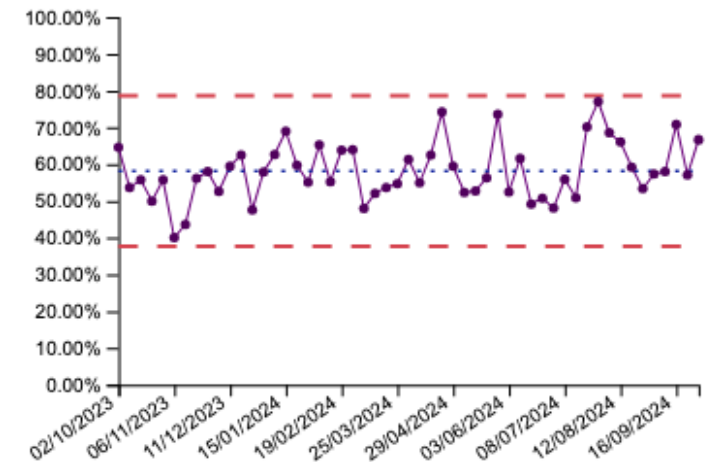
Inclusion Criteria

All patients exclusively on Levodopa with at least one Levodopa dose expected to be administered by ED. ED administered doses are all standard 2 eligible doses that have not been recorded as self-administered.

Exclusions

Does not include Standard 3 eligible patients identified to be on both Insulin and Levodopa

STANDARD 3 - Patients that have not missed any ED administered TCM dose during their ED stay (Patients identified to be exclusively on Levodopa)



Standard 3 eligible records
(patients identified to be
exclusively on Levodopa)

3443

Standard 3 MET (patients
identified to be exclusively
on Levodopa)

1995

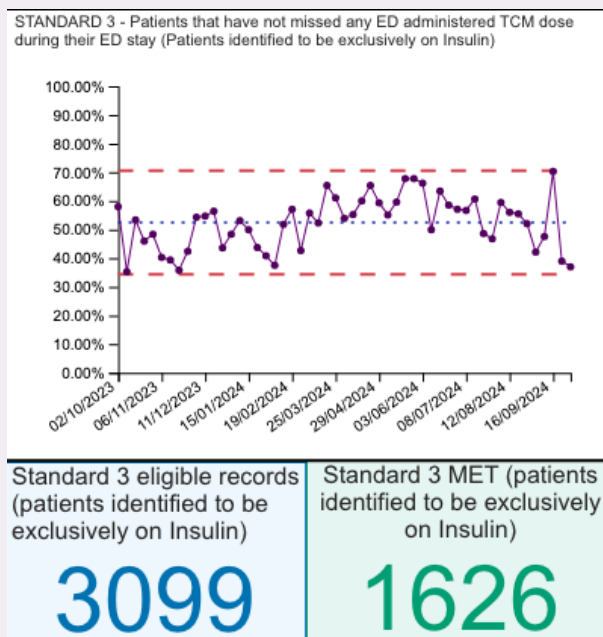


Chart 14 - Standard 3 - Consistency of Insulin administration in the ED

[[link - Understanding the Charts](#)]

N= 3099

Inclusion Criteria

All patients exclusively on Insulin with at least one Insulin dose expected to be administered by ED. ED administered doses are all standard 2 eligible doses that have not been recorded as self-administered.

Exclusions

Does not include Standard 3 eligible patients identified to be on both Insulin and Levodopa

Chart 15 - Standard 3 - Missed doses (Levodopa)

[link - [Understanding the Charts](#)]

N= 5666

Inclusion Criteria

All Levodopa doses not recorded as being self-administered

Exclusions

Incomplete doses

Doses attached to incomplete records

Doses of TCMs other than Levodopa

Doses beyond the 8th dose

Doses that were repeated instances of the same dose within the same patient record i.e., multiple 1st doses

Doses recorded as being self-administered

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the recorded administration time was outside of the patient ED stay

Doses where the administration time was prior to the recorded prescription time of the same dose

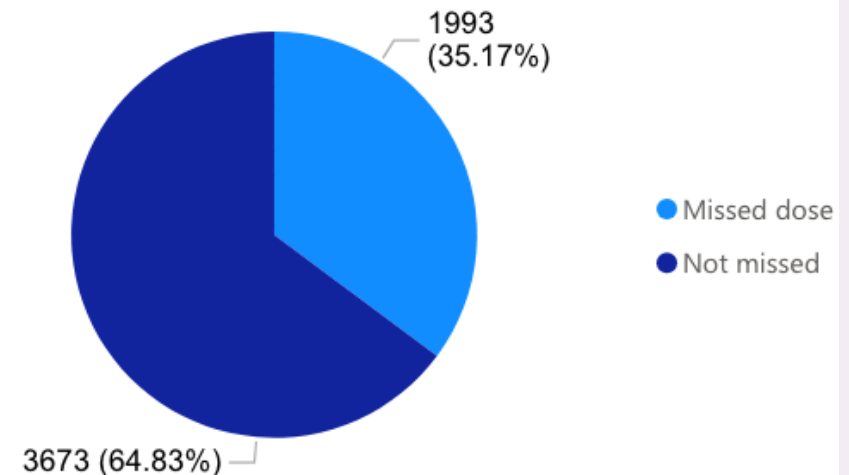
1st doses where the time the patient usually takes the TCM was due before arrival

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription or administration have been omitted by a medical decision

Breakdown of Standard 3 eligible doses (Expected to be administered by ED staff)

Contains only Levodopa doses



Breakdown of Standard 3 eligible doses (Expected to be administered by ED staff)

Contains only Insulin doses

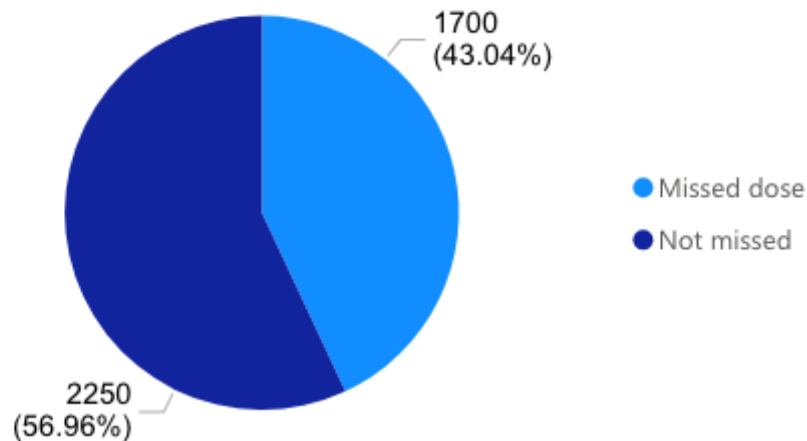


Chart 16 - Standard 3 - Missed doses (Insulin)

[link - [Understanding the Charts](#)]

N= 3950

Inclusion Criteria

All Insulin doses not recorded as being self-administered

Exclusions

Incomplete doses

Doses attached to incomplete records

Doses of TCMs other than Insulin

Doses beyond the 8th dose

Doses that were repeated instances of the same dose within the same patient record i.e., multiple 1st doses

Doses recorded as being self-administered

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the recorded administration time was outside of the patient ED stay

Doses where the administration time was prior to the recorded prescription time of the same dose

1st doses where the time the patient usually takes the TCM was due before arrival

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription or administration have been omitted by a medical decision

Chart 17 - Standard 2 - Breakdown of levodopa within 30mins for 1st, 2nd, 3rd and 4th doses

[[link - Understanding the Charts](#)]

1st dose sample size (n= 3604)

2nd dose sample size (n= 1382)

3rd dose sample size (n= 724)

4th dose sample size (n= 361)

Inclusion Criteria

All levodopa doses up to the 4th dose

Exclusions

Incomplete doses

Doses of TCMs other than Levodopa

Doses belonging to incomplete records

Doses beyond the 4th dose

Doses that were repeated instances of the same dose within the same patient record I.e., multiple 1st doses

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the administration time was outside of the patient ED stay

Doses where the recorded administration time was prior to the recorded prescription time of the same dose

1st doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

1st doses where the time the patient usually takes the TCM was not recorded

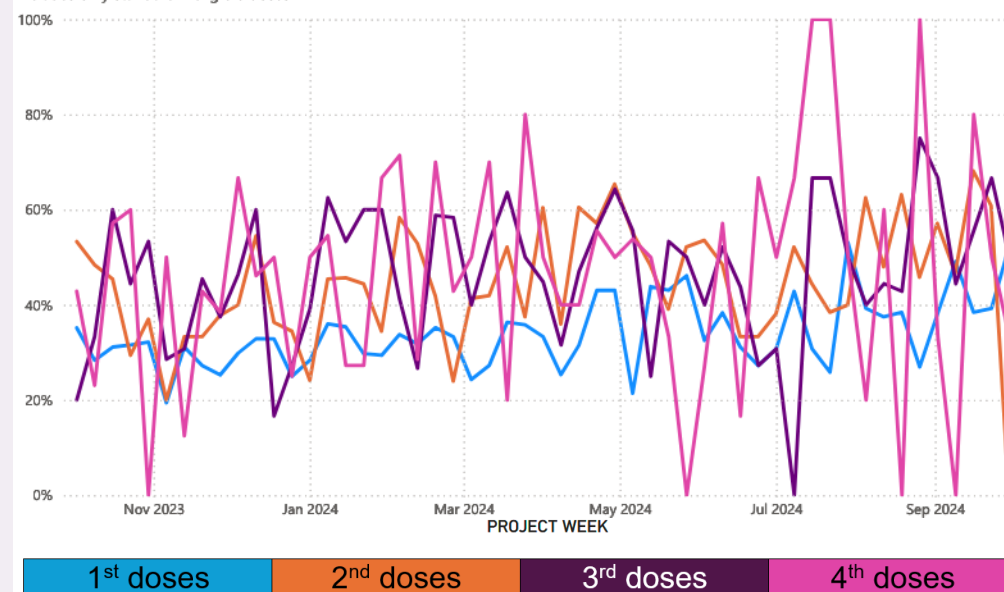
Doses where the prescription and/or administration have been omitted due to a medical reason

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

Doses 1, 2, 3 and 4 - % within 30 minutes (All Levodopa doses)

Includes only standard 2 eligible doses



Doses 1, 2, 3 and 4 - % administered within 30 minutes (All Insulin doses)

Includes only standard 2 eligible doses

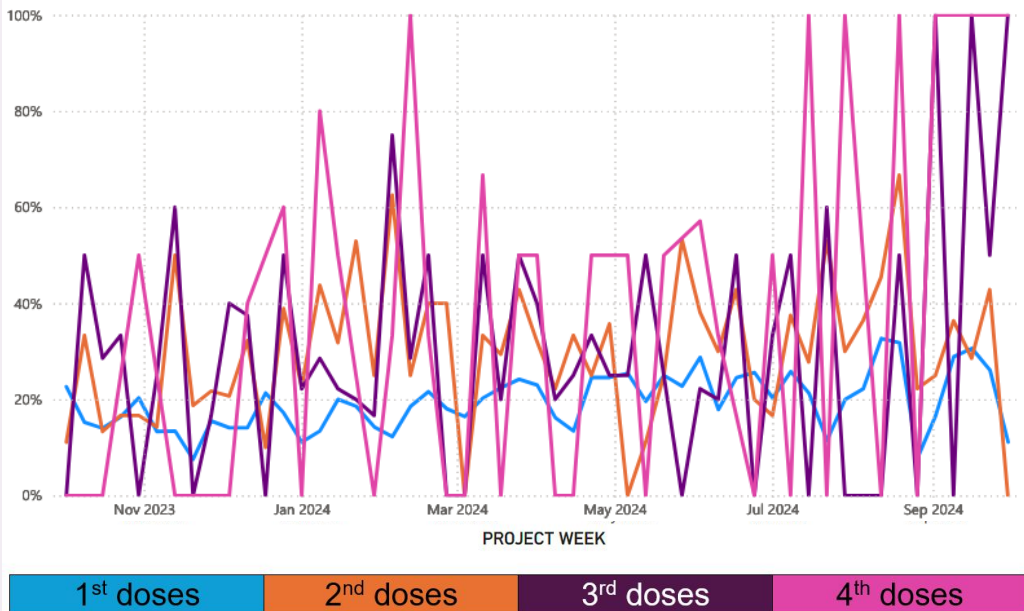


Chart 18 - Standard 2 - Breakdown of Insulin within 30mins for 1st, 2nd, 3rd and 4th doses

[[link - Understanding the Charts](#)]

1st dose sample size (n= 3211)

2nd dose sample size (n= 787)

3rd dose sample size (n= 250)

4th dose sample size (n= 104)

Inclusion Criteria

All Insulin doses up to the 4th dose

Exclusions

Incomplete doses

Doses of TCMs other than Insulin

Doses belonging to incomplete records

Doses beyond the 4th dose

Doses that were repeated instances of the same dose within the same patient record i.e., multiple 1st doses

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the administration time was outside of the patient ED stay

Doses where the recorded administration time was prior to the recorded prescription time of the same dose

1st doses where the recorded time when the patient usually takes it is before the recorded patient arrival time

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription and/or administration have been omitted due to a medical reason

Self-administered doses where the patient self-administration was not recorded.

Self-administered doses where the patient self-administration recorded time was outside of the patient ED stay

Chart 19 - Time to identify TCM from arrival, patients exclusively identified to be on Levodopa with recorded capacity issues vs patients recorded not to have capacity issues (Standard 1 eligible patients)

[link - [Understanding the Charts](#)]

Inclusion Criteria

Standard 1 eligible patients exclusively identified to be on Levodopa with recorded capacity issues (n= 1016)

Standard 1 eligible patients exclusively identified to be on Levodopa with recorded not to have capacity issues (n= 4018)

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include patients identified to be exclusively on a TCM that is not Levodopa

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recorded

Does not include patients where capacity issues have not been recorded

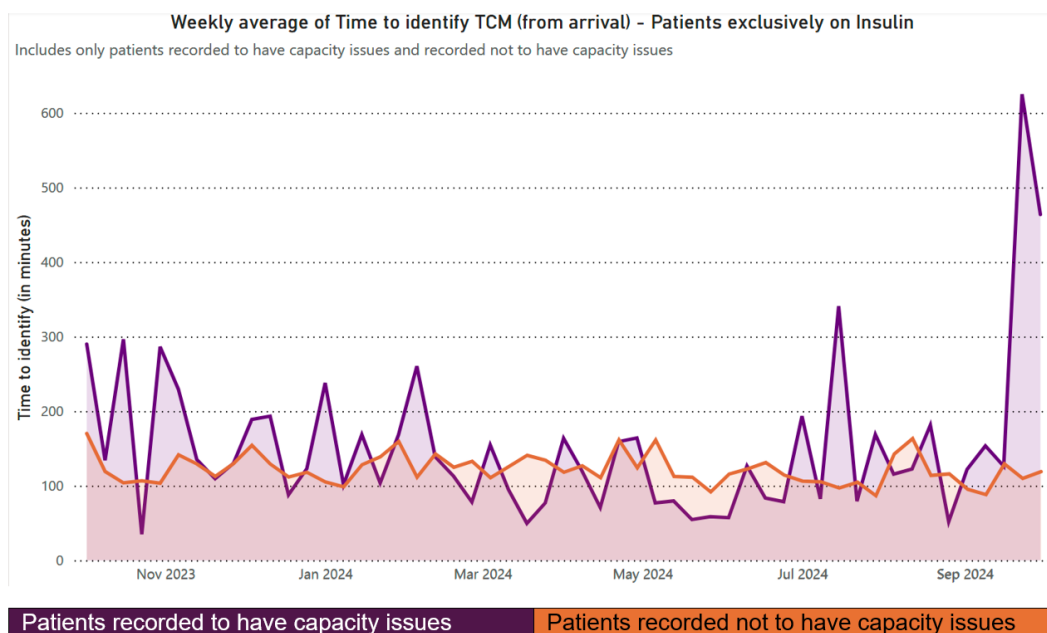
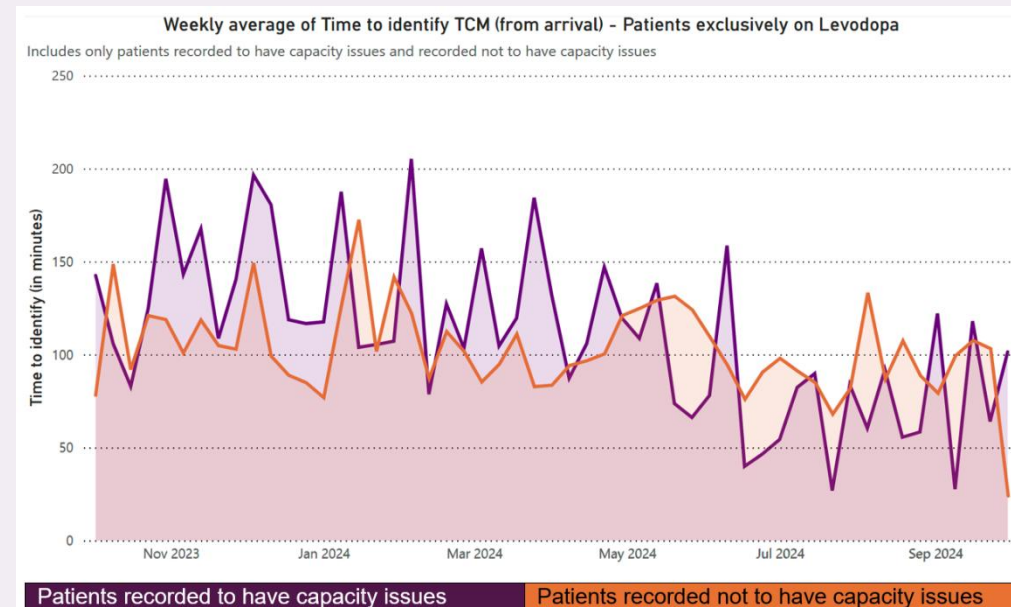


Chart 20 - Time to identify TCM from arrival, patients exclusively identified to be on Insulin with recorded capacity issues vs patients recorded not to have capacity issues (Standard 1 eligible patients)

[link - [Understanding the Charts](#)]

Inclusion Criteria

Standard 1 eligible patients exclusively identified to be on Insulin with recorded capacity issues (n= 657)

Standard 1 eligible patients exclusively identified to be on Insulin with recorded not to have capacity issues (n= 5937)

Exclusions

Does not include patients identified to be both on Levodopa and Insulin

Does not include patients identified to be exclusively on a TCM that is not Levodopa

Does not include incomplete records

Does not include patients where the time they were identified to be on a TCM was not recorded

Does not include patients where capacity issues have not been recorded

Chart 21 - Average time to 1st Insulin dose administration, patients with recorded capacity issues vs patients recorded not to have capacity issues (Standard 2 eligible doses, ED administered only)

[link - [Understanding the Charts](#)]

Inclusion Criteria

Standard 2 eligible 1st Insulin doses, administered by ED, from patients with recorded capacity issues (n= 187)

Standard 2 eligible 1st Insulin doses, administered by ED, from patients recorded not to have capacity issues (n= 1350)

Exclusions

Incomplete doses

Doses from patients where capacity issues were not recorded

Doses attached to incomplete records

Doses of TCMs other than Insulin

Doses beyond the 1st dose

Doses that were repeated instances of the same dose within the same patient record i.e., multiple 1st doses

Doses recorded as being self-administered

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the recorded administration time was outside of the patient ED stay

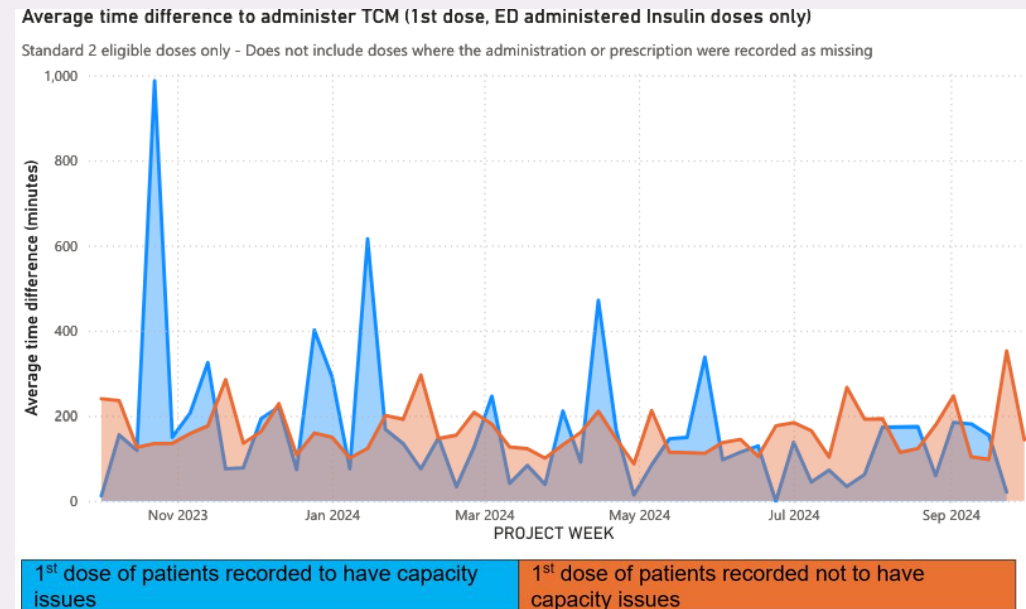
Doses where the prescription or administration were recorded as missed.

Doses where the administration time was prior to the recorded prescription time of the same dose

1st doses where the time the patient usually takes the TCM was due before arrival

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription or administration have been omitted by a medical decision



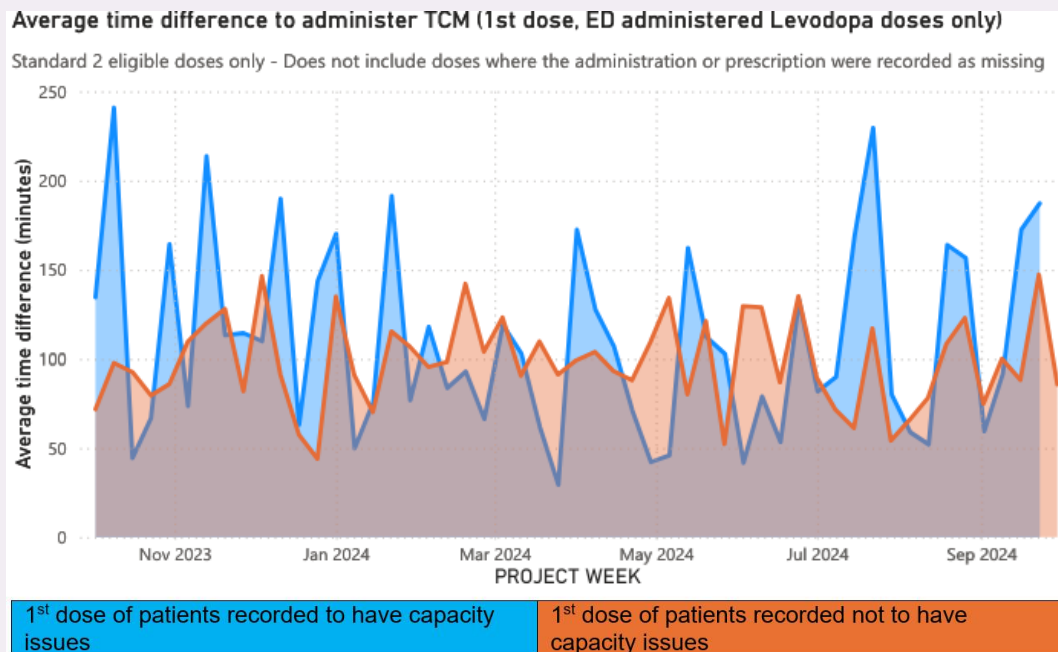


Chart 22 - Average time to 1st Levodopa dose administration, patients with recorded capacity issues vs patients recorded not to have capacity issues (Standard 2 eligible doses, ED administered only)

[[link - Understanding the Charts](#)]

Inclusion Criteria

Standard 2 eligible 1st Levodopa doses, administered by ED, from patients with recorded capacity issues (n= 390)

Standard 2 eligible 1st Levodopa doses, administered by ED, from patients recorded not to have capacity issues (n= 1390)

Exclusions

Incomplete doses

Doses from patients where capacity issues were not recorded

Doses attached to incomplete records

Doses of TCMs other than Levodopa

Doses beyond the 1st dose

Doses that were repeated instances of the same dose within the same patient record i.e., multiple 1st doses

Doses recorded as being self-administered

Doses where the recorded prescription time was outside of the patient ED stay

Doses where the prescription or administration were recorded as missed.

Doses where the recorded administration time was outside of the patient ED stay

Doses where the administration time was prior to the recorded prescription time of the same dose

1st doses where the time the patient usually takes the TCM was due before arrival

1st doses where the time the patient usually takes the TCM was not recorded

Doses where the prescription or administration have been omitted by a medical decision

Accident & Emergency

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