Royal College of Emergency Medicine

Quality Improvement Programme

Time Critical Medication QIP 2025 National Report

Introduction

The Royal College of Emergency Medicine (RCEM) Time Critical Medication (TCM) Quality Improvement Programme (QIP) represents a collective commitment to improving the care we deliver to patients who depend on us at their most urgent and vulnerable moments. I would like to begin by sincerely thanking everyone who has taken part in this work. Quality improvement is rarely the effort of one individual; it is the result of many clinicians, nurses, pharmacists, managers, and support staff giving their time, energy, and insight to make care safer and more reliable for patients.

Change in healthcare is never simple. Introducing change can be difficult but sustaining that change over time is even harder. We all know that Emergency Departments (ED's) are complex, high-pressure environments where competing priorities, limited time, and constant demand can make even well-intentioned improvements challenging to embed. Yet it is precisely in these environments that reliable systems for TCM matter most. The progress that this project will achieve reflects persistence, collaboration, and a shared determination to keep improving even when the work is challenging.

We are now two years into what is designed to be a four-year process. Through the development of the dashboard, we now have more data and greater visibility of performance than we have ever had before. You will read that there are some encouraging signs of improvement that demonstrate progress and the impact of the work already underway across departments. These early signals matter, because they show that change is possible.

However, the ambition of the TCM project goes further. What we ultimately want to see is every ED reaching its full potential during years 3 and 4 of the programme, embedding reliable systems so that patients consistently receive the medications they need without delay.

When I was a junior doctor working in my first ED post, one of the ED Consultants instilled in me a principle that has stayed with me throughout my career: always remember the individual patient at the centre of everything we do. It can be easy, when discussing pathways, metrics, dashboards, and system redesign, to lose sight of the person behind the process. He emphasised that every improvement we make should ultimately serve the patient in front of us - the person whose outcome may depend on whether a time-critical medication is given promptly and reliably.

As we reflect on the work of this project, it is important that we hold onto that perspective. System change is essential if we are to deliver safer, more consistent care, but the purpose of those systems is always the same: to improve the experience and outcomes of individual patients. If we keep that principle at the heart of our work, we ensure that quality improvement remains grounded in the reason we came into healthcare in the first place.

Thank you again to everyone who has contributed to this project and to the continued effort required to turn improvement into sustained, everyday practice as we move into the next phase of the TCM programme.

Kind Regards,

Jonny Acheson

RCEM TCM QIP Lead

Background

The programme runs from 2023/24 - 2027 and this report presents results from the 1st of January 2025 to the 31st of December 2025. A total of 18, 570 patient cases were submitted from 122 EDs during this period. Of these 18,067 cases met the eligibility criteria for inclusion in the QIP: 7,526 Levodopa and 10,429 Insulin and 112 patients were on both medicines.

The full charts for this period can be found in the TCM QIP Full National Results Handout.

Supporting Organisations

Parkinson's UK

"The timely administration of Parkinson's medication in emergency departments is crucial for people with Parkinson's to prevent avoidable harm from delayed or missed doses. Even short delays can worsen symptoms, while missing doses can lead to severe and irreversible harm, and in the worst cases, can even be fatal.

Our 2025 UK Parkinson's audit found that only 42% of people with Parkinson's get their medication on time every time in hospital. And while 80.5% of all doses were administered on time, only 12.5% of patients got every dose on time, showing that more needs to be done.

We highly commend this Programme's efforts to tackle these challenges on a national scale within emergency departments. While there is still much work to be done, we are encouraged by early signs of progress, such as the decrease in missed doses. The new TCM QIP dashboard could be a 'game changer' by incorporating data into local quality improvement meetings.

We look forward to continued progress in the next phase of the Programme."

For further information on the clinical standards, methodology, and approach to analysis, please see the Information pack on RCEM's Quality Improvement Webpage.

Clinical Standards

The clinical standards set for this QIP are:

- **Standard 1** - All patients taking TCM should be identified within 30 minutes of arrival.
- **Standard 2** - All TCM should be administered within 30 minutes of the expected time.
- **Standard 3** - No doses of a TCM should be missed during a patients stay in the ED.

Standard 1 - All patients taking TCM should be identified within 30 minutes of arrival

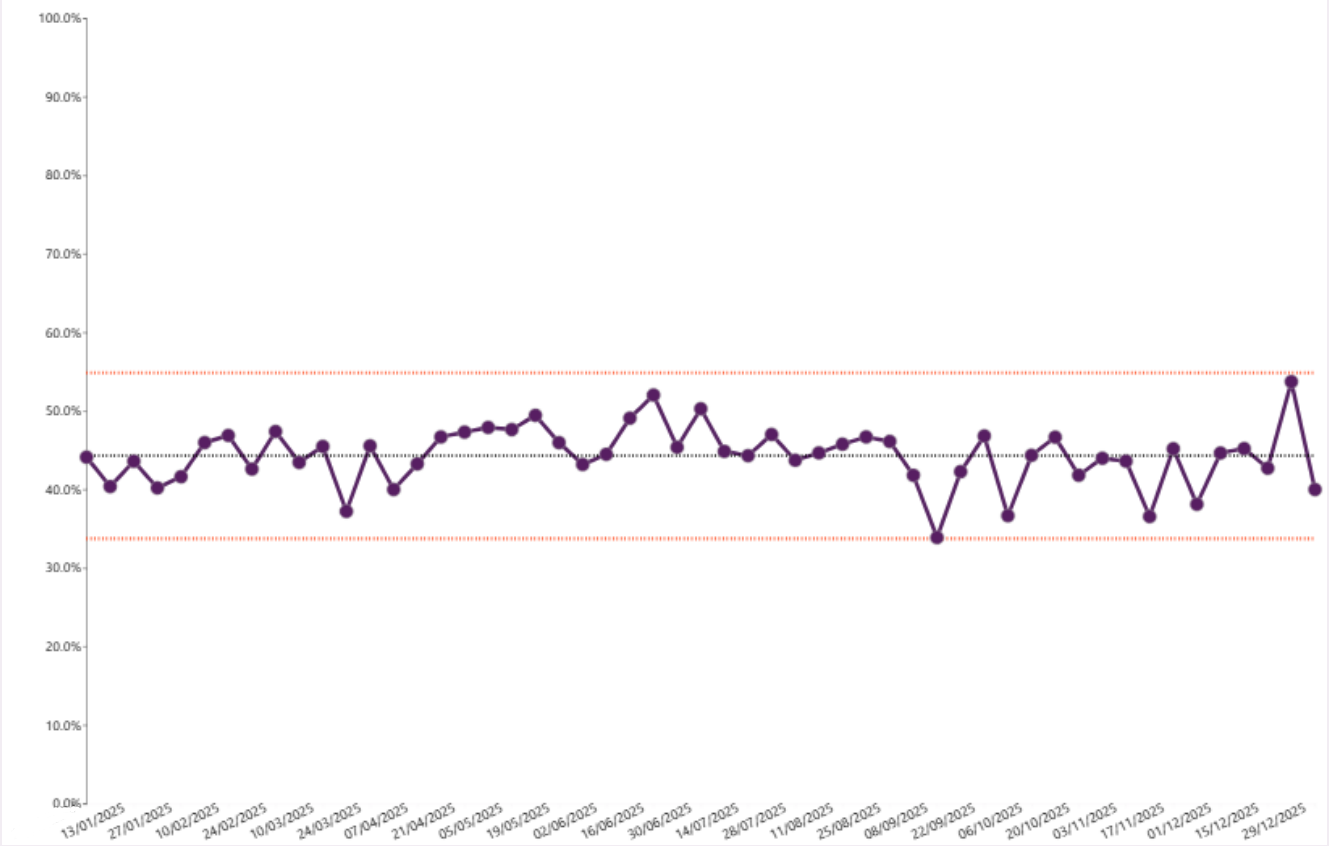
44.4% of all patients identified as being on either Levodopa or Insulin were identified within 30 minutes of arrival in the ED, representing a slight fall on year 1 (46.6%). For patients receiving Levodopa, identification remained stable with performance at 47.6% (47.5% in year 1). Identification of patients receiving Insulin was 41.7% compared with 45.8% the previous year.

Performance against this standard remained relatively steady between April and August. This coincides with periods of reduced overcrowding, as shown in the chart in Appendix 1, which demonstrates that time spent in the ED was lower during these periods.

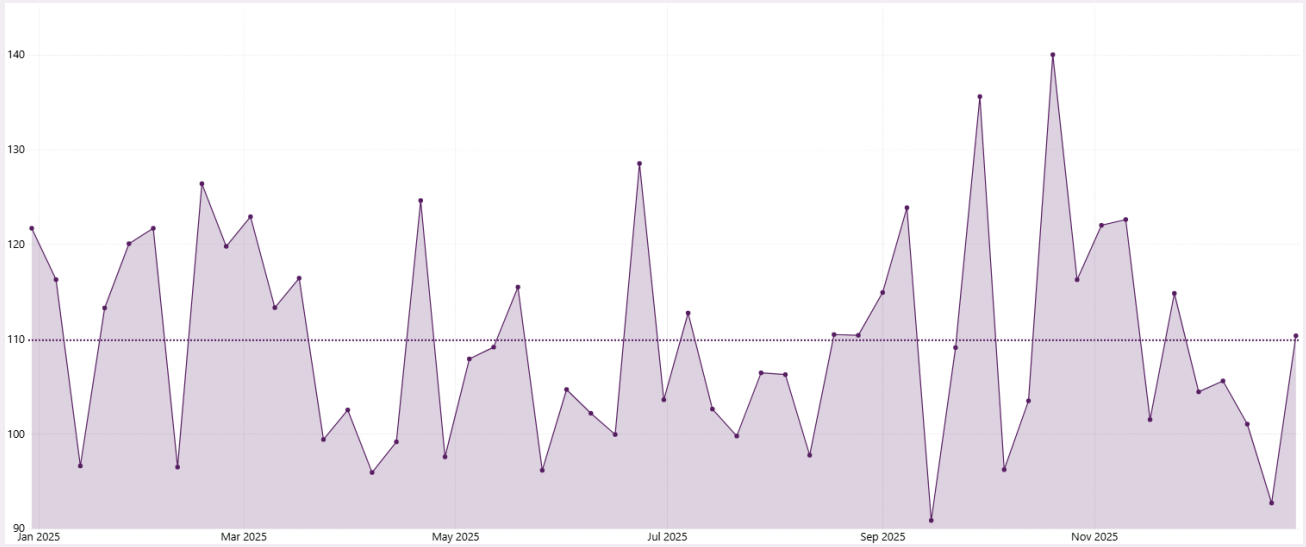
Recommendations

Patients on TCM need to be identified early to start the process of getting all their TCM whilst in the ED. The sooner the identification happens after arrival the more time ED staff have to action this.

Standard 1 – Percentage of patients identified as being on a TCM within 30 minutes from arrival



Weekly average time to identify TCM from arrival (minutes)



Standard 1 – Average time to identify TCM from arrival

The average time to identify a patient on either Levodopa or Insulin from arrival in the ED was 110 minutes, decreasing slightly from 116 in year 1.

Standard 1 - Who identified patients on TCM?

In total 4% of patients were identified as being on a TCM by reception staff and 37.8% by the Triage Nurse which is similar to last year's results where 3.76% of patients were identified by reception staff and 38.84% were identified by the triage nurse.

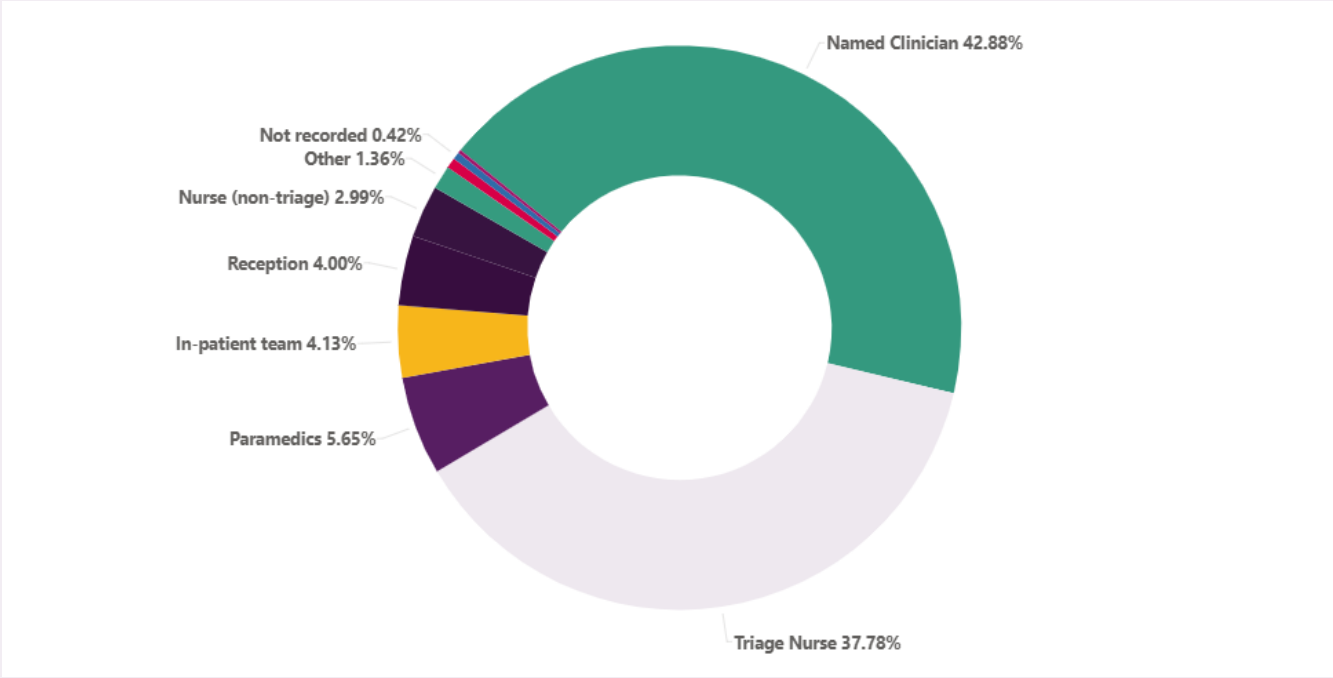
The majority of patients on TCM were identified by the named clinician (42.88%)

This was similar for both levodopa and insulin.

The average time to identify patients on a TCM was 6 minutes for reception staff, 30 minutes for the triage nurse and 178 minutes for the named clinician.

The earlier a patient is identified to be on a TCM, the greater the chance of them receiving their medications when they need them.

Which ED staff group identified the patient to be on a TCM?



Standard 2 - All TCM should be administered within 30 minutes of the expected time.

A total of 19,243 medication doses were entered for this QIP in year 2. Of these 11,733 (60.97%) were eligible for this standard.

A total of 33.84% of TCM doses were administered within 30 minutes of their scheduled time, showing a slight improvement on year 1 (32.37%). For levodopa this was 38.4% which shows a slight decrease on year 1 (39.17%) and for insulin it was 26.6% showing an improvement on year 1 (22.47%).

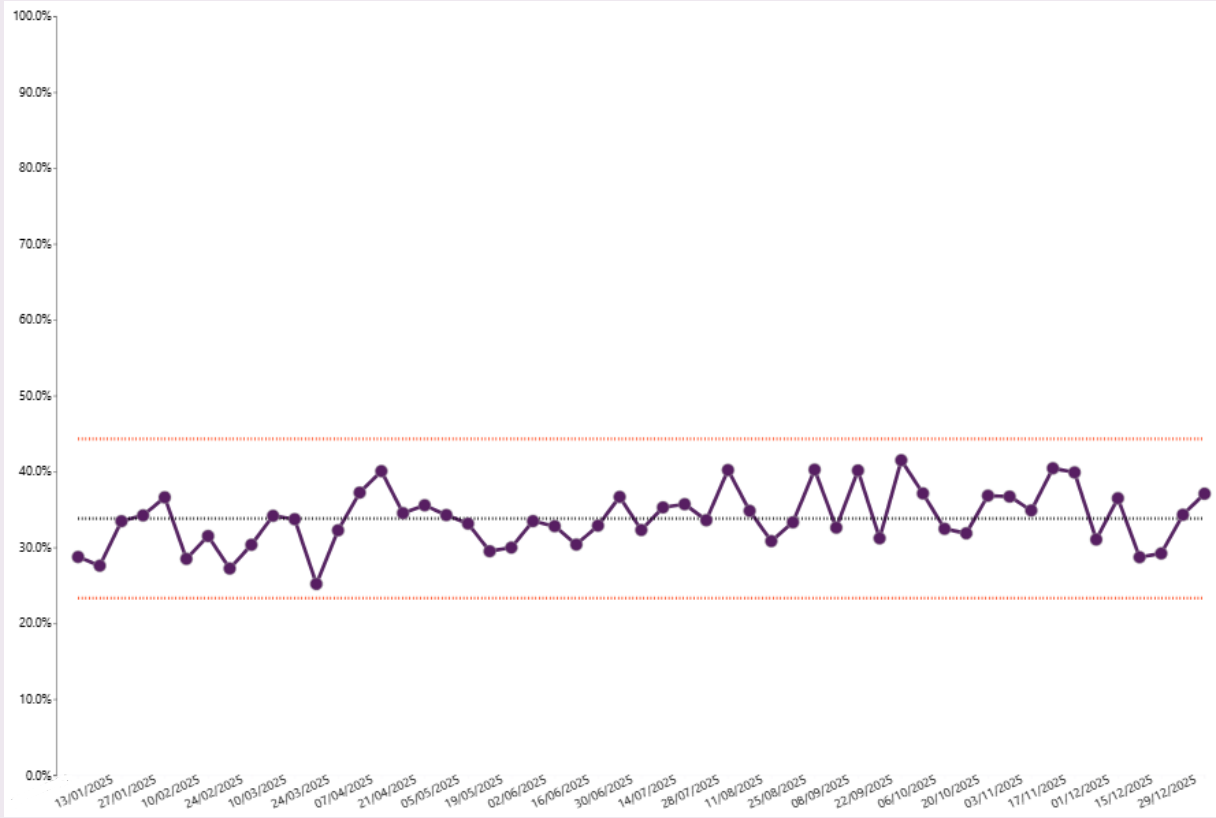
While the results from this year do not see a significant change from last year, there are still signs which show this is moving in a positive direction, especially for those on insulin.

Recommendations

Systems must be in place that facilitate the timely administration of TCM, including the identification of patients who are able to self-administer.

There must be access to up-to-date patient medication list as it's vital for all TCM to be prescribed.

Standard 2 – Percentage of TCM administered within 30 minutes of expected time



Standard 2 - Average time to administer TCM

The average time to administer a TCM from either prescription or time usually taken (or where a patient self-administered) was 185 minutes.

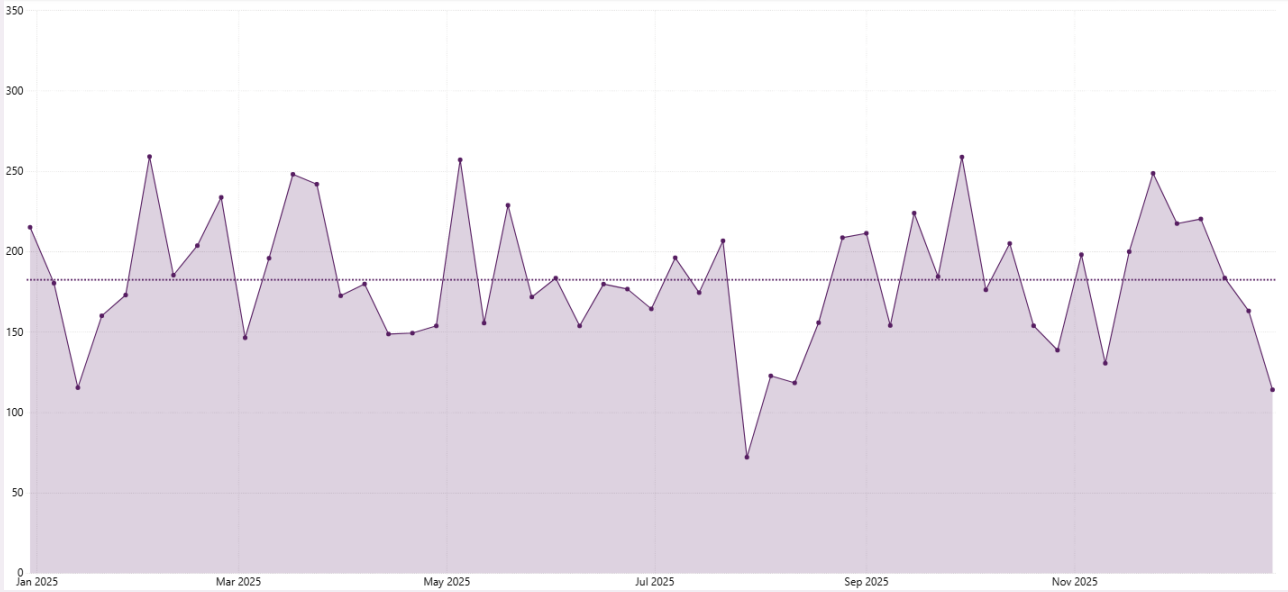
Similar to last year, there is variation in the average time throughout the year, with peak averages at 259 minutes but lower of 72 minutes.

When accounting for only those self-administering, the average time to administer drops to an average of 37 minutes.

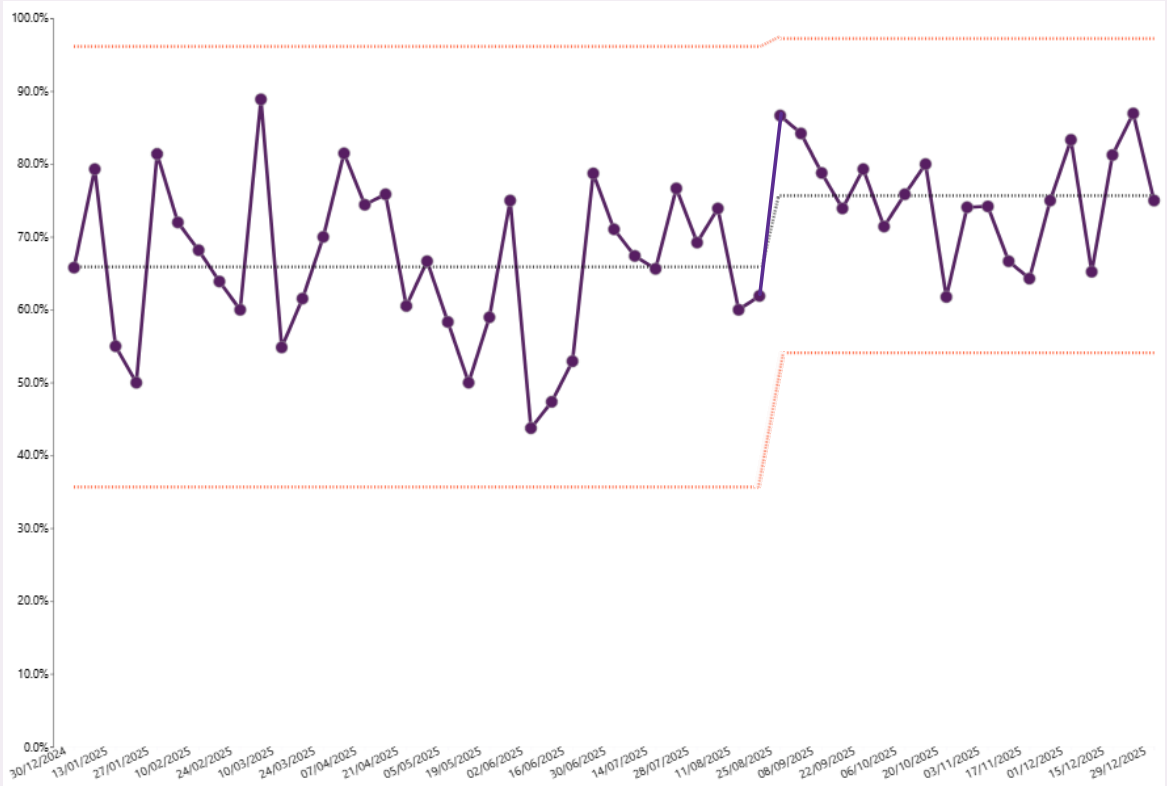
Recommendations

EDs should encourage and support those patients who are able to self-administer their own time critical medications to do so.

Weekly average time to administer TCM from expected time (minutes)



Percentage of self-administered TCM doses given within 30 minutes of prescription



Self-Administered Doses

At the start of year 2, 65.9% of patients were self-administering their doses within 30 minutes. In August 2025, there was a significant increase, with 75.7% of patients who self-administered their own TCM doing so within 30 minutes of their scheduled time (up from 66.2% in year 1).

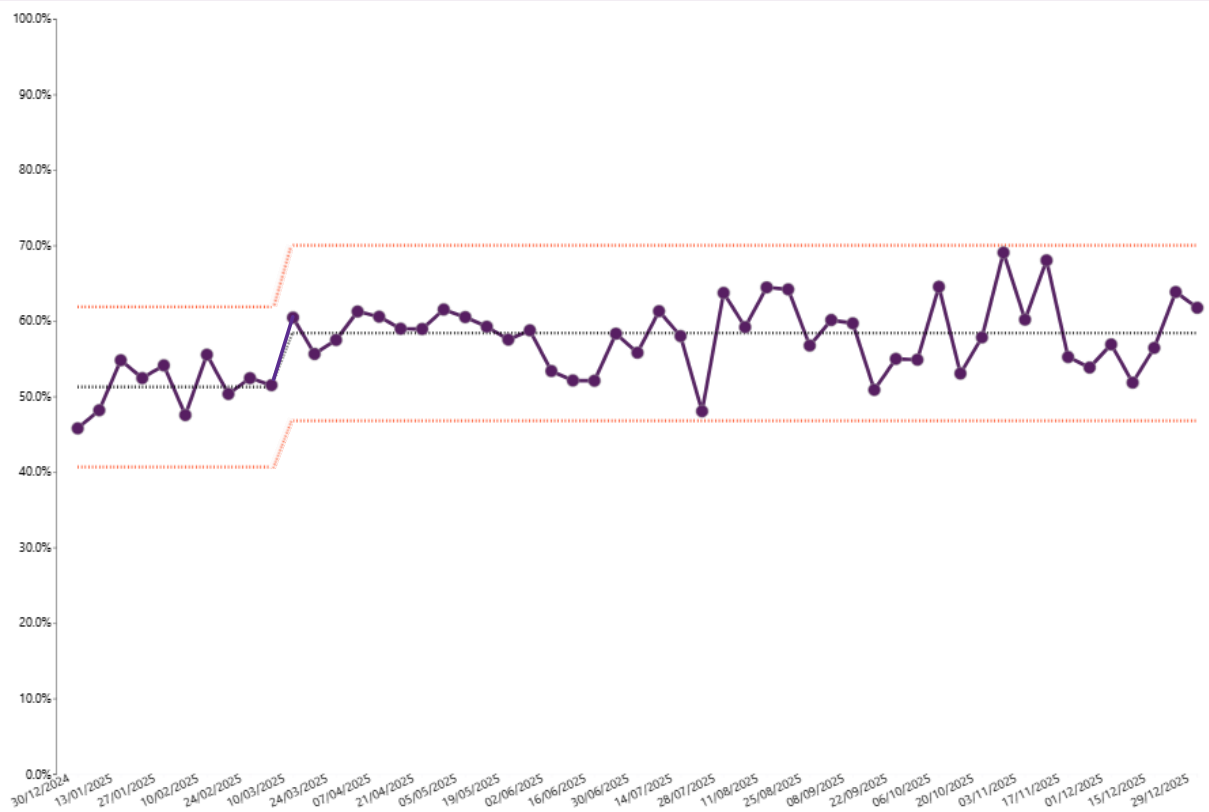
For Levodopa, self-administered doses this was 78%, for Insulin, this was 59% of doses.

12.55% of patients (1,473 out of 11,733 eligible doses) were recorded as self-administered.

If more patients are identified and supported, where appropriate, to self-administer their own TCM in the ED, it will increase the proportion of patients getting their medicines on time and potentially shift staff resources to those who need help with their medications.

Standard 3 – Percentage of patients who didn't miss a TCM dose

Percentage of patients that have not missed any ED administered TCM dose during their stay



Between January and March 2025, the mean percentage of patients who did not miss a dose of their TCM in the ED was 51.5%. From March and throughout the rest of the year, there was a significant rise to 58.4%. This was 55.3% in year 1.

For patients exclusively on Levodopa this was 55.4% (1,880 out of 3,393).

For patients exclusively on Insulin this was 58.3% (1,717 out of 2,947)

A missed dose in this chart was defined as either a dose taking longer than six hours to be administered from the time prescribed or not given at all.

More doses were missed in the first few months of the year which correlates with the time that patients spent in the ED (Appendix 1). This suggests that overcrowding has a direct impact on performance against this standard.

Recommendations

A clear informed protocol must be in place for the timely prescribing and administering of TCM in the ED from when the patient arrives to when they are admitted to the ward or discharged from the ED.

Standard 3 - Total Doses Given

Results show that 60% of TCM were administered which is the same as year 1.

61% of Levodopa doses were given.

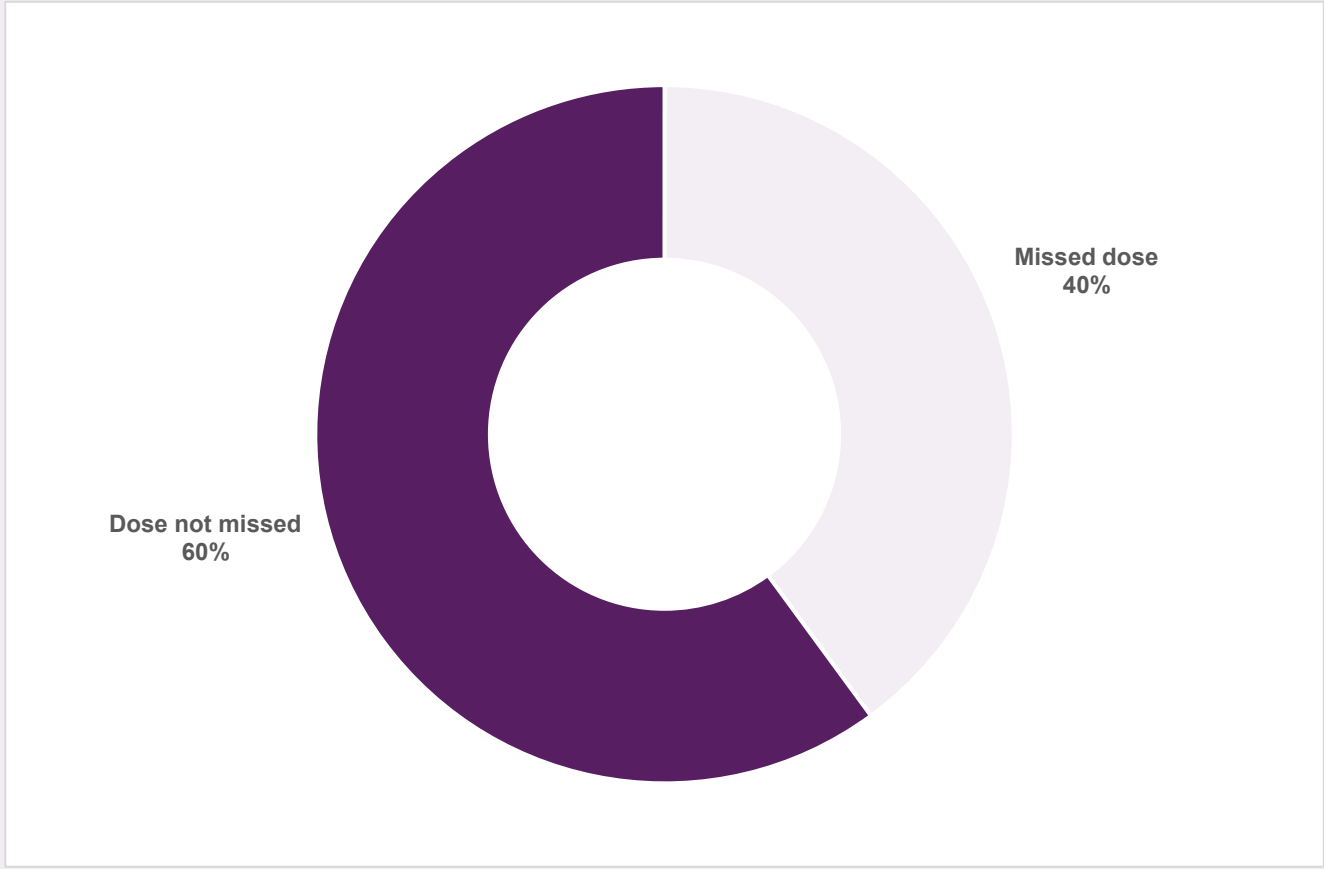
59% of Insulin doses were given.

A missed dose in this chart was defined as either a dose taking longer than six hours to be administered from the time prescribed or not given at all.

This is for staff administered doses excluding self-administered.

These charts indicate that the improvement against standard 3 is due to an increase in self-administered doses being administered on time.

Percentage of doses given and missed (ED administered doses only)



Key Trends in 2025

- Statistically significant increase in Self-Administration of TCMs which has contributed to an improvement in the % of patients receiving their TCMs. Although this improvement is welcomed, it has not resulted in a significant change to standard 2. However, there are still signs which show this is moving in a positive direction, especially for those on insulin.

- From March and throughout the rest of the year, there was a significant rise in the percentage of patients who did not miss a dose in the ED, this shows that we are becoming more consistent in our administration

- Key trends in the data suggest that ED overcrowding is having an impact and may be adversely affecting the ability of ED staff to administer TCM. This was seen in standard 1 and standard 3 as the performance improved when the departments were not overcrowded.

Considerations

RCEM has successfully migrated the QIPs to a new in-house platform, marking an important step forward in how they are delivered and supported. This transition, which began in late 2024, has enabled significant enhancements to the data submission process, including an upgraded and more user-friendly submission form designed to streamline data entry for participating sites.

In addition, from the start of 2026, sites have been able to access interactive dashboards, allowing for clearer visualisation of their data and supporting more timely, informed quality improvement work.

While the transition period did impact data visualisation, we are grateful for the patience and engagement of participating EDs during this time. The Time Critical Medications topic team would like to thank all those involved in developing and implementing the new platform including the sites that were instrumental giving their feedback during the piloting process.

By bringing the platform in-house, RCEM is now better positioned to provide responsive support, continuously improve functionality, and enhance the delivery of the QIPs in the future.

Overall Recommendations from 2025

- Department level recommendations

  <u>EDs should:</u>

  ED should implement this TCM chain – Appendix 3

  1. Early Recognition
     a. Having a visible list of the MISSED TCM at reception, or other handover areas, that prompts patients and ambulance staff to confirm a TCM is being taken.
     b. Having a TCM sticker (either a specific Parkinson's or Insulin or a generic TCM one) applied to the notes once identified or a TCM wristband applied to the patient.
     c. Having a mandatory dropdown list of MISSED TCM on the EPR which is selected once identified.

  2. Early prescribing
     a. Allow accurate prescribing by having access to the most recent outpatient or discharge letter or by confirming approved prescriptions with the patient on their NHS app (NHS England only).
     b. Allow ED staff to only prescribe TCM at specific times (i.e. not morning, afternoon or evening).
     c. Ensure patients who have been identified to be on TCM (without contraindications to taking) have an alert or task added by the triage nurse, assessment team, ED nurse or ED pharmacist, which highlights that all TCM doses need to be prescribed.

  3. Access to meds
     a. Ensure they are working towards previous RCEM recommendations regarding embedding clinical pharmacy services to support timely access to time critical medications.

  4. Immediate administration when due
     a. Allow suitable patients who are safe to self-administer their own TCM to do so (See RCEM TCM position statement on self-administration). The TCM team are working with NHS England to produce a self-administration policy which can pragmatically be implemented safely into emergency departments

Organisational Data

Below are some key findings from the organisational data for 2025 compared with the first year's report.

1. National Compliance has Improved

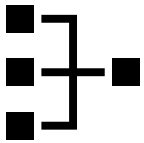
Overall compliance (defined as the number of organisational policy questions answered "Yes") improved between 2023–24 and 2024–25. The mean compliance score increased from 3.2/10 to 5.6/10. The proportion of high-compliance EDs (scoring 7 or above) rose from 8.7% to 40.0%. No ED scored zero in 2024–25, compared to 16 in 2023–24.

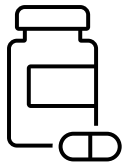
2. Gains in frontline practice and visibility

The largest gains were seen in emergency department staff education, which increased from 41% to 77%, TCM visual aids at reception, which rose from 18% to 51%, and ED patient identification systems, which improved from 30% to 59%. Pharmacist-led stock ordering remained the most widely adopted standard across both years at 83%.

3. Persistent Gaps in System-Level Governance

Despite this progress, two standards remain critically low, although both showed meaningful year-on-year improvement. Trust-wide mandatory training is in place in only 25% of EDs, and just 28% have a formal ambulance handover policy for TCM patients. The gap between ED-specific education (77%) and Trust-wide mandatory training (25%) suggests that TCM has not yet been fully embedded as a Trust-wide patient safety priority.





4. Improved Availability of Time-Critical Medicines

Drug stocking also improved across most classes. Levodopa availability increased from 64% to 89%, reflecting growing awareness of the severe consequences of missed doses in Parkinson's disease. Insulin (99%) and steroids (92%) are now almost universally available.

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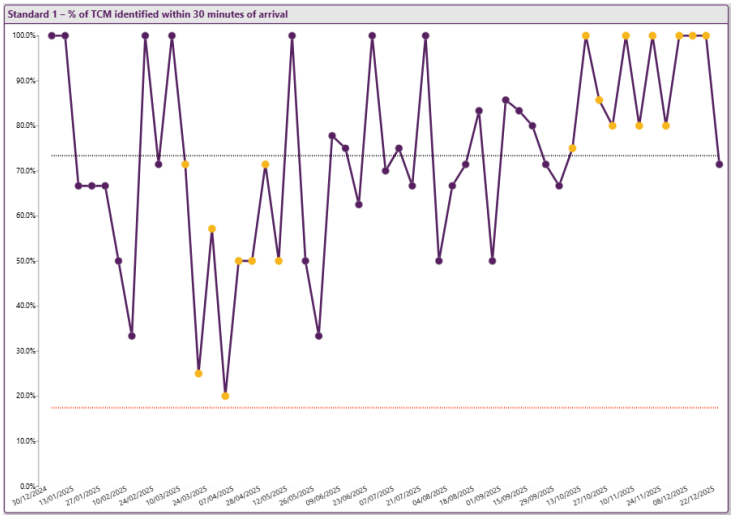
Case Study of Improvement

Northampton General Hospital



In July 2025 Northampton Emergency Department introduced a mandatory question by the 1st or 2nd assessor in which they asked directly if the patient was on a TCM. A red electronic tag was put onto Nerve Centre if they were.

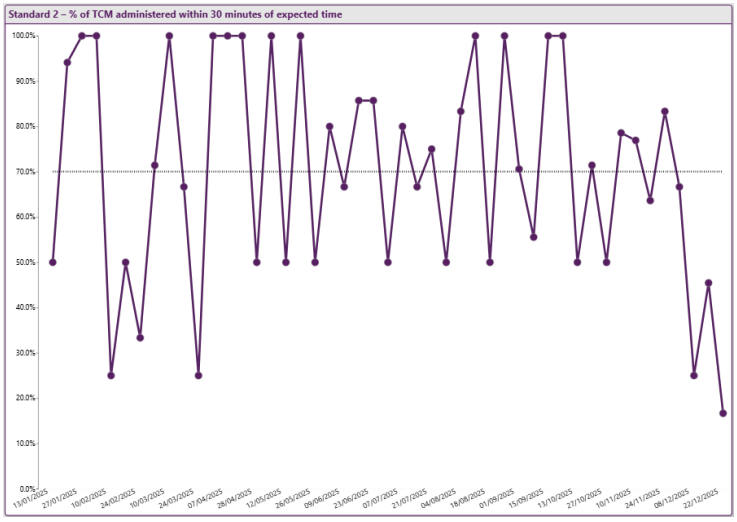
The graph below shows 11 consecutive points on the Standard 1 SPC above average from July to Dec 2025.

Their Year 2 Standard 1 ED average was 73.2% compared to Year 1 59.7%

This increase in identification did not lead to a change in Standard 2 for Year 2 – the % of patients receiving their TCM within 30mins of when they usually took them. However, for Year 3 they have introduced a TCM medication to be prescribed task which the ED staff can apply after the red tag identifying them has been added. They also will have a focus on self-administration of TCM in the ED.

Case Study of Improvement

Royal Derby Hospital



In Year 2 the Royal Derby Emergency Department made two changes for the QIP. They introduced educational teaching sessions twice a year for their ED nurses which ran in March 2025 and August 2025. They also placed a yellow TCM wristband on every patient who was identified as being on TCM, which acted as a visual reminder throughout the patients stay.

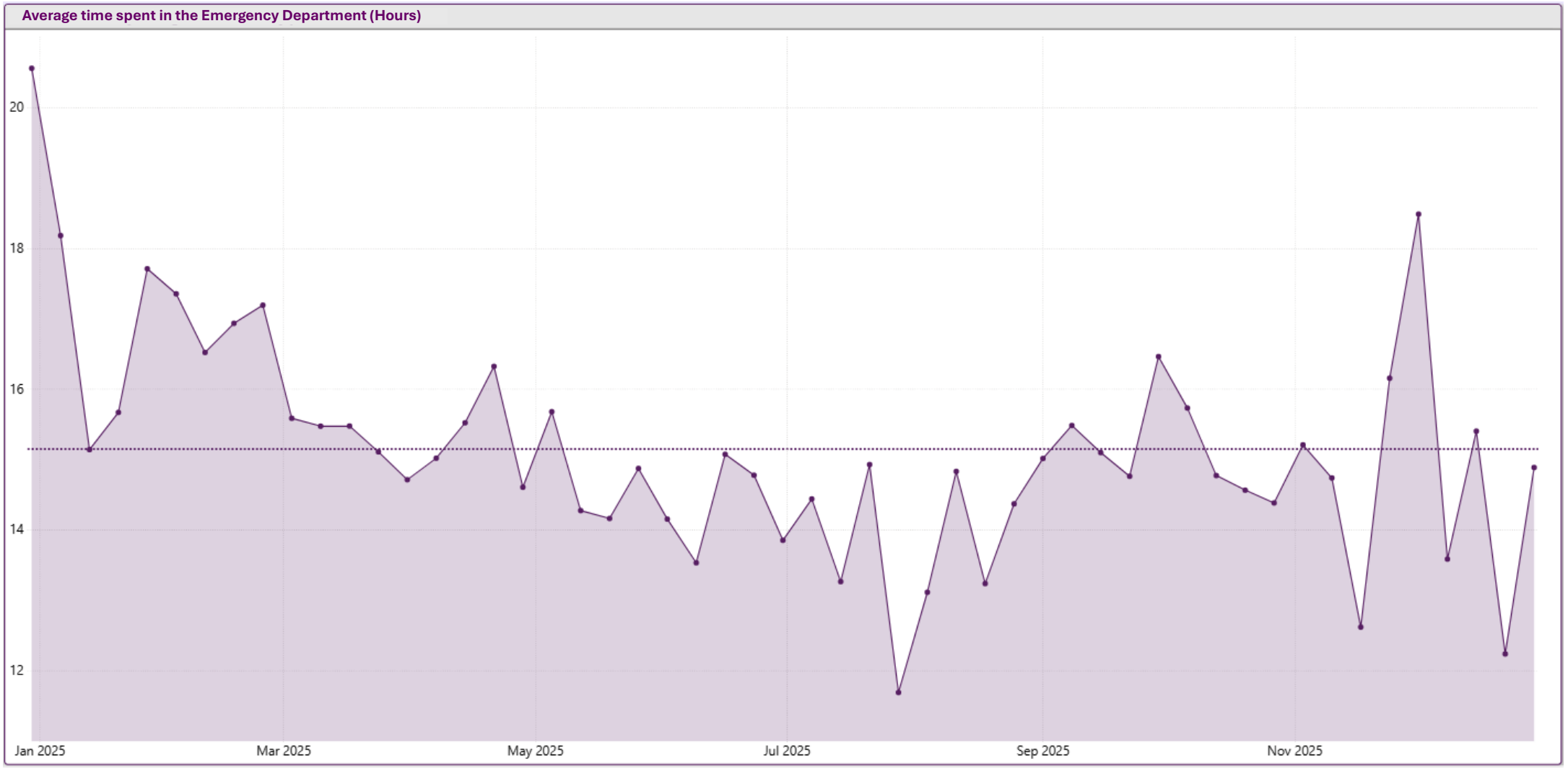
The 2025 Standard 2 average was 67.9% (80.1% for levodopa and 51.6% for insulin) when compared to the national average of 33.8%.

Although there was no step change the foundations are in place to achieve this in Year 3 when they will be concentrating on the RCEM Advisory Statement on Time Critical Medication Self-Administration in Emergency Departments.

https://rcem.ac.uk/wp-content/uploads/2025/03/FINAL_RCEM_TCM_Patient_Self-Administration_Advisory_Statement.pdf

These can be ordered via https://www.wristbands.co.uk/wristbands/3-4-tyvek-wristband-custom/?order=56664&item_id=88490

Appendix 1
Average Time spent in ED Chart

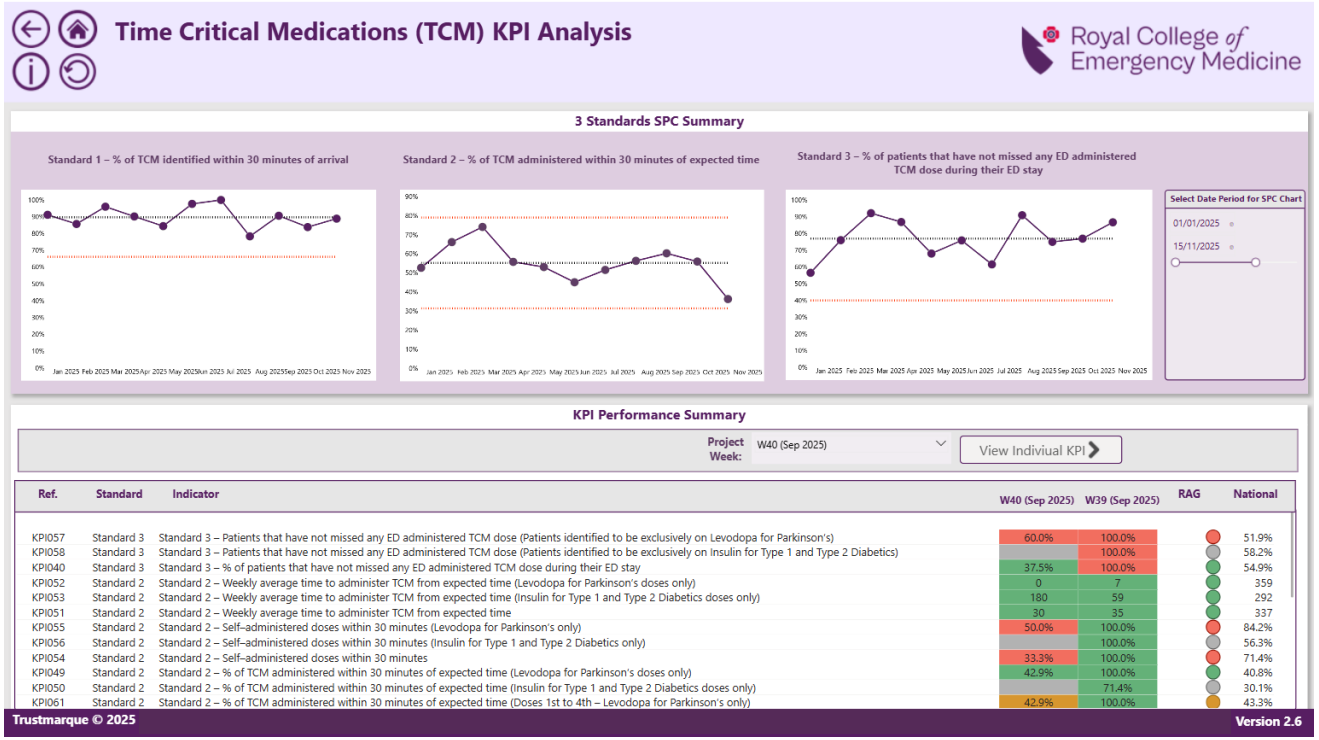


Appendix 2

The QIP dashboard and TCM

Using the Dashboard

Users can log into the RCEM QI portal, select the relevant QI topic, and choose their site to view performance graphs aligned to key standards. The dashboard allows users to tailor time periods and review trends over time.



Benchmarking

Performance is aligned against national averages using a RAG (Red, Amber, Green) rating system:

- **Red:** Performance is below the national standard
- **Amber:** Performance is slightly below the national standard
- **Green:** Performance is above the national standard

This allows performance to be quickly assessed and easily compared with national benchmarks.

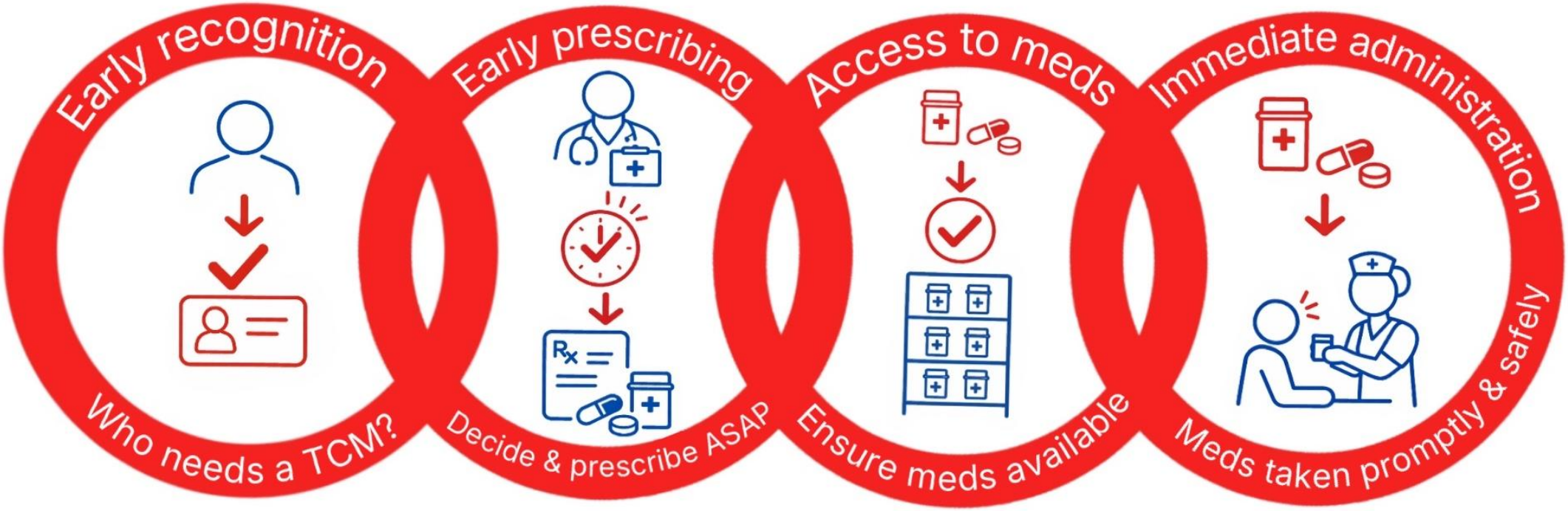
Assessing Performance

The dashboard provides charts aligned to national standards that support ongoing performance assessment. These charts allow teams to:

- Monitor processes over time and determine whether changes represent real improvement or normal variation.
- Identify trends (five or more consecutive increases or decreases) and shifts (six to eight consecutive points above or below the centre line).
- Assess whether performance has improved, worsened, or remained stable.
- Understand variation using upper and lower control limits to identify whether a process is stable or showing special cause variation.

Appendix 3

The Chain of TCMs



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Participating sites

Thank you for taking part in this QIP. A full list of participant EDs can be found below.

Please note, all sites are noted who registered and submitted a data to this programme.

Participating sites (link)

Authors and Contributors

This report is produced by the Quality Assurance and Improvement Committee subgroup of the Quality in Emergency Care Committee, for the Royal College of Emergency Medicine (RCEM).

The authors of this report were:

Dr Jonny Acheson, Dr Ali Cracknell, Natalie Dean, Kunal Gohil, Dr Adekolawole Longe, Dr Anju Menon, Dr Simin Nikou, Clare Sutherland and Amy Stanton.

Register for 2026

Registrations for the 2026 RCEM QIPs are now open to all Type 1 UK Emergency Departments. Take part and improve patient care in 2026.

Details of the QIPs running in 2026 and how to take part can be found on at RCEM's Quality Improvement Page.

To register your ED, please complete and submit the 2025 registration form using the QR code or link below.

2026 RCEM QIP Registration Form (link)

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.

RCEM QIPs Feedback Form (link)

Invited Service Reviews

RCEM undertakes reviews of emergency care services at the invitation of NHS organisations. A service review will provide a detailed assessment and key recommendations to support service's improvement at both a clinical and organisational level.

If your trust is interested in the service, please e-mail Quality@rcem.ac.uk or complete the invitation form using the QR code or link below

RCEM Invited Service Review Request

Published: June 2026

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