



## **POLICY ON A QUALITY FRAMEWORK FOR EMERGENCY DEPARTMENTS**

### **1. PURPOSE AND SCOPE**

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to a quality framework for emergency departments.

This policy applies to Australasian emergency departments and hospital-based emergency care services. [1]

### **2. POLICY**

ACEM believes that a quality culture is fundamental to the provision of the highest standard of care in Australasian emergency departments.

The role of ACEM in promoting a quality culture in emergency medicine is to provide leadership in, and develop standards for quality, as applicable to the practice of emergency medicine at all levels.

### **3. PROCEDURE AND ACTIONS**

ACEM recommends that:

- a) All emergency departments should have a documented quality framework.
- b) All emergency departments should have a designated quality team with defined roles, responsibility, and reporting. This team should include medical and nursing staff, and may include clerical and allied health professionals and consumer representatives.

ACEM strongly recommends:

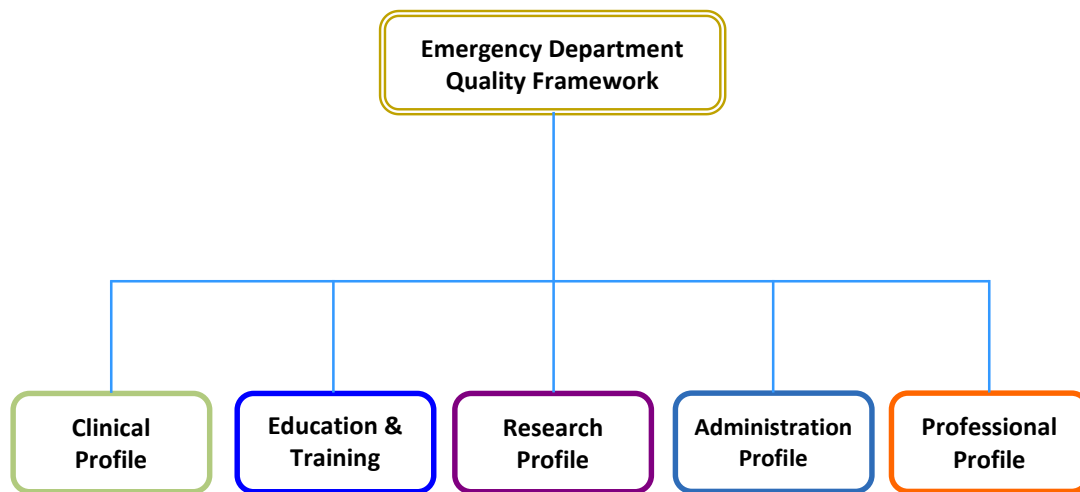
- c) A quality framework for emergency departments based on the following five areas:
  - Clinical
  - Research
  - Education and training
  - Administration
  - Professional profile of the department.

*See Appendix 1: Quality Framework for Emergency Departments.*

- d) The development of a balanced quality program for individual emergency departments with elements drawn from each of the following five areas:
  - clinical
  - research
  - education and training
  - administration
  - Professional profile of the department.

*See Appendix 2: Description of Quality Profiles for Emergency Departments.*

### Appendix 1: Quality Framework for Emergency Departments.



### Appendix 2: Description of Quality Profiles for Emergency Departments

#### CLINICAL PROFILE

Emergency departments should demonstrate and, where relevant, a record should be kept of the following:

- a) Participation in clinical indicator collection – mandatory and non-mandatory (for example, the [Australian Council of Healthcare Standards](#) (ACHS)). [2]
- b) Regular clinical audits (examples):
  - high volume or high risk clinical conditions
  - documentation standards
  - clinical guideline compliance/variance
  - consultant sign-off for high risk patients
  - time to critical interventions
  - time to analgesia
  - triage
  - clinical handover
  - written discharge instructions
  - unplanned returns to emergency department
- c) Audit of procedural complications
- d) Audit of medical imaging (examples):
  - appropriateness
  - turnaround time
  - results checking
- e) Audit of pathology (examples):
  - appropriateness
  - turnaround time
  - results checking
- f) Audit of medication errors

- g) Regular mortality and morbidity meetings
- h) Guidelines for orientation to the emergency department
- i) Involvement in hospital accreditation as per the Australian [National Safety and Quality Health Service Standards](#) and the [Health Quality and Safety Commission](#) (HQSC) New Zealand (examples) [3,4]:
  - Preventing and Controlling Healthcare Associated Infections (includes hand hygiene)
  - Partnering with Consumers
  - Patient Identification and Procedure Matching
  - Clinical Handover
  - Recognising and Responding to Clinical Deterioration in Acute Health Care
  - Medication safety
- j) Participation in national registries submission of data to jurisdictional / national registries relevant to hospital profile.

### **EDUCATION AND TRAINING PROFILE -----**

Emergency departments should be involved in education and training relevant to emergency medicine and, where relevant, a record should be kept of the following

- a) Departmental educational program including:
  - regular meetings
  - guaranteed staff access to program (protected teaching time)
  - a record of attendance
  - evidence of periodic evaluation of education program
  - ACEM non-specialist certificate and diploma program
- b) Presence of specialist emergency medicine training program:
  - Primary/Fellowship Exam Program
  - satisfactory trainee feedback
  - Work Based Assessment (WBA) program
- c) Instructors for accredited training courses (examples):
  - Advanced Paediatric Life Support (APLS)
  - Advanced Trauma Life Support (ATLS)
  - Advanced Complex Medical Emergencies (ACME)
  - Emergency Life Support (ELS)
- d) Staff who have completed accredited training courses (examples):
  - Advanced Paediatric Life Support (APLS)
  - Emergency Management of Severe Trauma (EMST)
  - Advanced Complex Medical Emergencies (ACME)
  - Emergency Life Support (ELS)
  - Advanced Life Support (ALS)
  - Customer focused staff training courses
  - Cultural competency training
- e) Departmental educational roles (examples):
  - Director of Emergency Medicine Training (DEMT)/medical educator
  - An educator trained in ultrasound
  - nursing educator
  - administration staff educator
- f) Academic emergency appointments (examples):

- professor of emergency medicine
- lecturer in emergency medicine
- academic nursing appointments
- research Fellow
- postgraduate students

g) Participation by staff in team-training

h) Clinical student teaching and training

i) Participation by staff in scientific meetings including hosting, attendance

j) Collaboration with medical and nursing educational institutions (examples):

- universities
- learned colleges

k) Participation by staff in continued professional development (CPD)

l) Credentialing of staff (examples):

- ultrasound
- procedural sedation

m) Staff competencies (examples):

- Basic Life Support (BLS)
- Advanced Life Support (ALS)

n) Participation in multidisciplinary, interdepartmental, and pre-hospital & retrieval education

## **RESEARCH PROFILE** -----

Departments should be involved in research relevant to emergency medicine and, where relevant, a record should be kept of the following:

a) Academic emergency appointments (examples):

- professor of emergency medicine
- lecturer in emergency medicine
- research fellow
- postgraduate students
- academic nursing appointments

b) Research grants:

- number of grants
- type of grants
- funding received

c) Research awards

d) Research projects (internal and external to the department)

e) Research presentations at scientific meetings (including 4.10 poster, and oral presentations)

f) Publications by emergency department staff (examples):

- book chapters
- refereed journal articles

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**ADMINISTRATION PROFILE** -----

The administrative function of an ED should include the following:

- a) A designated Quality Team (including medical and nursing staff, may include clerical, allied health professionals and consumers; the team should also have administrative support)
- b) Regular audits (examples):
  - waiting times
  - death audit
  - trauma audit
  - complaints/patient satisfaction/patient experience
  - clinical practice guideline and protocol compliance/variance.
- c) Risk management (examples):
  - formal pathology and radiology results checking process
  - state-based and specialty specific incident monitoring (for example, the [Emergency Medicine Event Register](#) (EMER)) with feedback to clinicians
  - participation in staff safety culture survey
  - ensure availability and appropriate utilisation of clinical decision support tools
- d) Financial considerations (examples):
  - departmental budget
  - business plan
- e) Equipment considerations (examples):
  - maintenance and replacement as per G15
  - access to bedside ultrasound
- f) Workforce considerations as per G23 (examples):
  - number of filled full time equivalence (FTE) / Total FTE – for FACEMs, Trainees, nurses, and clerical
  - sick leave rates
  - turn-over rates at each level and for each discipline
  - vacant positions and time to recruit
  - completion rates of contracts
  - staff satisfaction
  - staff complaint resolution
  - clinical support time
  - accumulation of professional development leave
  - occupational safety including nosocomial infections, and violent incidents
  - performance appraisal
  - staff meetings to ensure continuity of communication
  - structured administration
- g) Information Technology (IT) considerations as per the ACEM [P395 Policy on Internet Access in the Emergency Department](#) (examples) [5]:
  - 24 hour IT technical support must be available to ensure clinical continuity
  - open internet access to clinical guidelines and other clinically relevant material for all staff (for example, online videos)

**PROFESSIONAL PROFILE** -----

The professional profile of an emergency department includes, but is not limited to:

- a) Participation of staff in committees and faculties of ACEM Councils and other clinical professional bodies
- b) Participation in Health Department committees (Australasian, Commonwealth and State/Territory)
- c) Representation of emergency medicine and nursing on appropriate national bodies
- d) Participation in submissions on health policy
- e) Health advocacy roles (examples):
  - World Health Organisation (WHO)
  - Australian Medical Association (AMA)
  - Council of Medical Colleges in New Zealand (CMC)
  - medical colleges and Committee of Presidents of Medical Colleges (CPMC)
  - International Federation of Emergency Medicine (IFEM)
- f) Participation in public health
- g) Liaison with quality and accreditation organisations (examples):
  - Australian Council on Healthcare Standards (ACHS)
  - Australian Commission on Safety and Quality in Healthcare (ACSQHC)
  - Australian Institute of Health and Welfare (AIHW)
  - Medical Council of New Zealand (MCNZ)
  - Health Quality and Safety Commission New Zealand
- h) Liaison with academic bodies and learned colleges
- i) Participation in hospital committees
- j) Participation in ethics committees

**4. REFERENCE LIST**

1. ACEM and the College of Emergency Nursing Australasia (CENA). [Quality Standards for Emergency Departments and other Hospital-Based Emergency Care Services](#). Melbourne (VIC): ACEM and CENA; 2015. 106 p.
2. The Australian Council on Healthcare Standards (ACHS). Clinical Indicator Program [Internet]. Ultimo (NSW): The Australian Council on Healthcare Standards; 2015 [cited 2015 Nov 18]. Available from: <http://www.achs.org.au/programs-services/clinical-indicator-program/>.
3. Australian Commission on Safety and Quality in Healthcare. National Safety and Quality Health Service Standards. Darlinghurst (NSW): Australian Commission on Safety and Quality in Healthcare; 2012. 80 p.
4. Health Safety and Quality Commission New Zealand. Health Quality & Safety Indicators [Internet]. Wellington: Health Safety and Quality Commission New Zealand; 2016 [cited 2016 May 27]. Available from: <http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/>.
5. ACEM. [P395 Policy on Internet Access in the Emergency Department](#). West Melbourne: ACEM; 2015. 3 p.

## 5. DOCUMENT REVIEW

Timeframe for review: every two (5) years, or earlier if required.

### 5.1 Responsibilities

Document authorisation: Council of Advocacy, Practice and Partnerships  
 Document implementation: Quality Management Subcommittee  
 Document maintenance: Policy and Research Department

### 5.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	Jul-07	Approved by Council
V2	Mar-12	Approved by Council
V3	Jul-16	<p>Approved by Council</p> <p>Change to 'Purpose and Scope' to include hospital-based emergency care services.</p> <p>Reference to <i>National Safety and Quality Health Service Standards</i> and Health Quality and Safety Commission incorporated under 'Clinical Profile' (i).</p> <p>ACEM non-specialist certificate and diploma program referenced under 'Education and Training Profile' (b).</p> <p>Under 'Education and Training Profile', item b edited to reference the specialist emergency medicine training program.</p> <p>Inclusions under 'Administration Profile', such as EMER (c).</p> <p>Reference to the ACEM P395 <i>Policy on Internet Access in the ED</i> included under 'Administration Profile' (g).</p>

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