



MEASURING OUTCOMES ACTIVITIES

1. BACKGROUND

An Audit of Medical Practice will now be recorded under the Measuring Outcomes category in the ACEM CPD Program online record.

2. GUIDANCE

The ACEM CPD program provides guidance for completing and recording the AMP, to assist CPD participants.

The following document supports the AMP process:

- [Audit of Medical Practice Record Form](#)

3. ENTERING THE AMP INTO YOUR CPD ONLINE RECORD

When completed, the Audit of Medical Practice must be entered into your CPD Online record in the following way:

Category: Measuring Outcomes

Activity Type: Audit of Medical Practice

- Add new activity
- Search using the keywords Audit of Medical Practice
- Select the appropriate Audit of Medical Practice activity type and activity (or create your own activity)
- Complete the entry by amending the date and hours, if required.
- Complete the [AMP Record Form](#) and add as an attachment to the activity in your CPD Online record or retain it for your records.

4. EXAMPLES OF COLLABORATIVE PROJECTS

An integral component in the practice of Emergency Medicine is teamwork. Much of the day to day practice of EM specialists involves working collaboratively with other team members. Departmental audits conducted by a team of Emergency physicians may be considered as meeting the AMP requirements.

The following section gives examples of collaborative projects that be suitable for recording an AMP.

4.1 Clinical Quality Audits

- **Mortality rates for specific conditions, benchmarked against expected rates.**

These are likely to be done in conjunction with other departments and might be occurring continuously as part of a registry or trauma system.

Examples:

- Fractured neck of femur
- STEMI
- Major Trauma
- **Time to PCI (Thrombolysis)**
- **Time to adequate analgesia**

This is a common quality measure in EDs. Ideally time to adequate analgesia should include time to performance of a pain score, administration of an appropriate analgesic, and re-assessment of the pain score. In this respect, this activity is about the timely performance of quality care and not simply a time stamp.

- **Time to antibiotics in sepsis**

For example:

- Sepsis
- Pneumonia
- Immunocompromised fever (especially neutropenia)
- **Procedural and other audits**

For example, audits into the numbers, appropriateness, success and complications of:

- Procedural sedation
- Endotracheal intubation
- Central lines
- Audit of appropriateness of imaging
- Audit of appropriateness of pathology testing
- **Other clinical audits**

Other examples are listed below, (including countries where they are recommended):

- Paediatric fever (0-28d) with septic workup % (Canada 2010)
- Paediatric fever (0-28d) who get ABs % (Canada 2010)
- Paediatric croup (3m-3y) who get steroids % (Canada 2010)
- Time to treatment for asthma
- Asthma patients (moderate and severe) who are discharged from the ED who get a discharge prescription for steroids % (Canada 2010)
- Time to Abs in meningitis % (Canada 2010)
- Cellulitis that ends in admission % (NHS Eng 2012)
- DVT that ends in admission % (NHS Eng 2012)
- Audit of high risk or high-volume conditions (ACEM 2012)
- Audit of clinical guidelines compliance (ACEM 2012)
- Audit of medication errors (ACEM 2012)
- Patient falls
- Missed fractures on x-rays %

4.2 Documentation and Communication Audits

- **Audit of quality of notes - documentation standards**

Such audits will examine documentation standards under locally selected criteria but would normally include attention to recording of doctors' and nurses' names, times of clinical encounters, good clinical information, appropriate details of discharge condition of the patient and discharge instructions.

- **Audit of quality of discharge instructions**

This measure is considered of particular importance. It might be achieved by specific attention to this issue in a notes audit, or a focus on the proportion of patients who get written discharge advice, or those with specific conditions (e.g. sutures, or a minor head injury), who get appropriate written discharge instructions.

- **Audit of quality of communication with GP for discharged patients**

Handover of care to the patient's GP, (and provision of appropriate follow up arrangements), is important. This might be a focused part of a general notes audit, or it might be a count and quality appraisal of written or electronic notes to the patients' GPs.

4.3 Patient flow audits

This would involve audits of part /whole of the patient journey. Improvements/changes may be made to individual /departmental practices with ongoing audits to measure the impact of any intervention e.g.

- **Audit of waiting times**
- **Audit of "did not wait" patients**
- **Audit of representations to the Emergency department**
- **Audit of observation or short stay units**
- **Audit of patient satisfaction**

4.4 Workforce audits

- **Audit of staff satisfaction**
- **Audit of staff burnout**
- **Audit of staff turnover and leave**
- **Audit of staff performance**

4.5 Education audits

Assessing education which occurs in the workplace enables a feedback mechanism to ensure CPD extends Fellows' specialist knowledge, is relevant to the profession and has tangible benefits to the patient care.

- **Audit of CME activities (e.g. Morbidity & Mortality rounds, Journal Clubs etc.)**

Collection and analysis of evidence to demonstrate improvement in practice resulting from

Pre and post educational activity (e.g. the ACME course) data

- **Audit of Formal Mentoring,**

Investigating the evidenced base for Case studies