Quality Standards

for EMERGENCY DEPARTMENTS and other HOSPITAL-BASED EMERGENCY CARE SERVICES

1st Edition 2015

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

CENA
College of Emergency Nursing Australasia Ltd

Quality Standards

for EMERGENCY DEPARTMENTS and other HOSPITAL-BASED EMERGENCY CARE SERVICES

1st Edition 2015

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

CENA
College of Emergency Nursing Australasia Ltd

Contents

Acknowledgements

The Australasian College for Emergency Medicine (ACEM) undertook an extensive development and consultation process to develop these standards. It is anticipated that this process has produced a robust set of quality standards that will be implemented in emergency departments and other hospital-based emergency care services across Australasia.

A project reference group was established to support the development of these Standards. This group included internal stakeholders from ACEM as well as relevant external stakeholders:

- College of Emergency Nursing Australasia (CENA)
- Consumers Health Forum of Australia (CHF)
- Australian Commission for Safety and Quality in Health Care (ACSQHC)
- Emergency Care Institute Agency for Clinical Innovation New South Wales (ECI)

ACEM would like to thank:

- ACEM Quality Standards Project Reference Group
- ACEM Standards Committee
- ACEM Quality Subcommittee
- Consumer representatives
- Other external stakeholders
- Other ACEM committees and faculties

In addition we acknowledge the importance of the Australian Commission for Safety and Quality in Health Care's **National Safety and Quality Health Service Standards** which are referred to in this document.

ii Disclaimer

The Australasian College for Emergency Medicine has developed this resource to provide guidance for ensuring the quality of care provided in hospital emergency departments and other hospital-based emergency care services.

These standards were based on best evidence available at the time of development but will require ongoing review and update to ensure they remain contemporary and relevant. Whilst the quality standards are directed to health professionals working within the emergency department who possess relevant qualifications and skills in ascertaining and discharging their professional duties, they should not be regarded as clinical advice.

These standards are not intended to provide a substitute for full assessment and consideration of the patient's history in reaching a diagnosis and treatment based on accepted clinical practice.

The Australasian College for Emergency Medicine and its employees and agents shall have no liability (including without limitation, liability by reason of negligence) to any users of the information contained in this publication for any loss or damage, consequential or otherwise, cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

iii Introduction

Australian emergency departments (EDs) are experiencing increasing pressure due to growing demand, increasingly complex patients, and limited resources. To address this, in 2011 the Australian Federal Government launched the More doctors and nurses for Emergency Departments initiative [1].

This initiative aimed to support the training of more emergency doctors and nurses, so hospitals would have the capacity to provide the frontline resources required to ensure adequate supply of the emergency workforce.

Other key aims of this initiative included increased focus on improving the quality of care provided to patients presenting to emergency departments.

As a result, this initiative gave rise to the development of the Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services.

This project was funded by the Australian Government Department of Health through ACEM's National Program Improving Australia's Emergency Medicine Workforce.

The Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services were developed by a group of healthcare professionals, consumer consultants, writers and administrators for the purpose of continuous quality improvement within Australian hospital-based emergency care providers.

"We have granted the health professions access to the most secret and sensitive places in ourselves and entrusted them to matters that touch on our wellbeing, happiness and survival. In return, we have expected the professions to govern themselves so strictly that we have no fear of exploitation or incompetence.

The object of quality assessment is to determine how successful they have been in doing so, and the purpose of quality monitoring is to exercise constant surveillance so that departure from standards can be detected early and corrected."

Avedis Donabedian (when he was Professor of Public Health at the University of Michigan, 1978).

"Systems awareness and systems design are important for health professionals but are not enough. They are enabling mechanisms only. It is the ethical dimension of individuals that is essential to a system's success.

Ultimately, the secret of quality is love. You have to love your patient, you have to love your profession (...). If you have love, you can then work backward to monitor and improve the system."

Avedis Donabedian (from an interview with Fitzhugh Mullan, in 2001, shortly before he died).

iv Aim

The Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services aim to provide guidance and set expectations for the provision of equitable, safe and high quality emergency care in Australian EDs and other hospital-based emergency care services.

The Standards:

- encourage a proactive focus on quality and safety
- provide defined processes to continuously review and improve quality of care
- illustrate the optimal requirements for running a high quality emergency care service
- offer aspirational criteria for EDs and other hospital-based emergency care services to work towards achieving, thus strengthening the quality improvement culture within emergency departments.

The Standards were written to address the whole ED process, encompassing the patient experience from presentation to discharge, transfer or admission. With this in mind all aspects of care and administration within the ED were considered in order to provide a comprehensive account of how an ED or hospital-based emergency care facility should operate.

v Scope

One of the complexities of emergency care is that it can be required at any time, by any person presenting with a problem that they consider to be urgent.

The Standards and related objectives and criteria are relevant to any hospital based service that provides urgent or emergency care to patients.

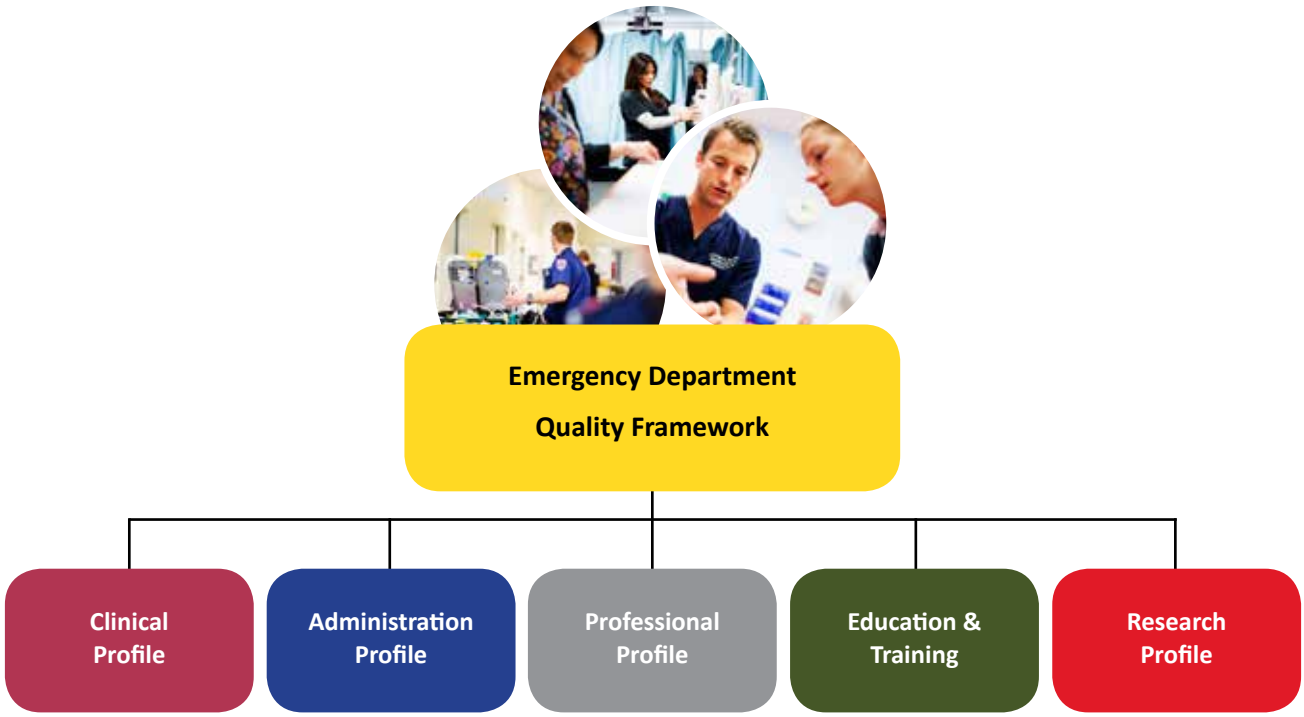
It is anticipated that within a hospital network, all the requirements of these Standards can be met.

vi Structure

The Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services were developed to augment the existing ACEM Quality Framework [3].

The Quality Standards have a hierarchical structure within which there are domains, standards, objectives and criteria.

There are five domains which are considered to encompass the priorities of the ED (Figure 1)



Each domain contains:

- **Standards:** the overall goal wherever possible is outcome-focused and relates directly to the ED. The Standard will always specify the objective that is expected.
- **Objectives:** measurable elements of service provision. Objectives will usually relate to the desired outcome or performance of team members or services within the department.
- **Criteria:** components of service provision (inputs) that are required to be in place in order to achieve the objective.

Each level within the domain provides increasing detail to support EDs in achieving the overall Quality Standard.

Vii

Quality Improvement Cycle

These Standards have been developed to support the involvement of all staff members of the ED in implementing quality improvements. This will empower EDs to measure and track their own quality initiatives and improvements. Internal self-audit processes, supported by additional documentation, will ensure that criteria are measured and identified issues are addressed through continuous quality improvement processes.

Practically, it is not anticipated that each ED should audit against the full document in one go. Instead, it would be most useful to identify areas of need and self-audit against these first. If used in an ongoing manner it is anticipated that these Standards could be incorporated into a continual quality improvement cycle and enhance compliance with mandatory reporting requirements.

A self-audit workbook is available to assist hospitals with their audit process.

These Standards should serve to enhance hospital network communication and also promote the importance of networking remote hospitals with larger regional and metropolitan counterparts.

Viii

Interaction with the other standards and resources

The Quality Standards aim to align with existing documentation and provide further guidance to EDs in providing quality care to patients. In 2013, new National Safety and Quality in Health Service Standards became mandatory across all Australian public hospitals [2]. The Australian Commission on Safety and Quality in Health Care (ACSQHC) developed these standards following extensive public and stakeholder consultation. These standards provide a nationally consistent and uniform set of measures of safety and quality for application across a variety of healthcare services, inclusive of all public hospitals.

References to existing documentation such as the ACSQHC National Standards, relevant legislation or clinical guidelines have been made throughout these Quality Standards. Specific objectives or criteria have been added to the document where additional detail has been considered applicable to the unique environment of the ED.

Where possible, duplication with existing documentation has been removed. This is intended to allow for better interaction with existing work and to accommodate periodic reviews of other documents.

ix
Use of Terminology

Patients

For patients who have capacity, the ED team respects the patient's autonomy to choose whether they wish ED staff to involve their family or carers in medical decision making or care planning. For patients who lack capacity, the ED team will involve the appropriate substitute health decision maker, as determined by jurisdictional law.

In all sections of the Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services, where the patient is referred to, it is assumed that the above has been applied and the appropriate persons (patient and / or substitute health decision maker) are involved in discussions and care-planning.

Electronic filing

In the coming years there will be a significant change in healthcare and in emergency medicine to fully integrated information technology systems capable of performing patient administration functions, electronic medical records, e-prescribing, test ordering, follow up, referral and discharge communication, observation recording, alerts and patient follow up.

Some hospitals in Australia already utilise such integrated electronic systems. This document supports the use of electronic systems where possible. In all sections of the Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services, where the patient file is referred to it applies to both paper and electronic formats.

Emergency department (ED)

In all sections of the Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services where ED is referred to, this includes emergency departments and hospital-based emergency care services.

The ED team

In all sections of the Quality Standards for Australian Emergency Departments and other Hospital-Based Emergency Care Services, where the ED team is referred to, it is inclusive of all people working in their respective roles within the ED environment.

1.0 Domain: Clinical (Patient care pathway)

The clinical domain focuses on the patient care pathway through the ED, from first communication with the ED to admission, discharge or transfer, and aims to maintain a patient-centred approach to improving the quality of care experienced by patients.

Domain: Clinical (Patient Care Pathway)//

1.1 Standard: Triage

Patients who present to the ED are appropriately received and allocated a suitable triage category.

1.1.1 Objective: Access to emergency care

Access to the ED is available to any individual with symptoms that lead them to believe they have an illness or injury that requires emergency or unscheduled care. [20-24]

Criteria

- The ED offers 24-hour care or has in place local arrangements which clearly communicate times of limited access and direct patients to another ED of the same or higher level when they are closed
- The ED team will offer the patient appropriate treatment options after assessment, including options for alternate health care providers
- The ED team will not refuse clinically necessary emergency care to any patient
- The ED team ensures there is equitable access to emergency care on the basis of need
- The ED and whole of hospital team works to reduce barriers in the timely access and provision of emergency patient care.

1.1.2 Objective: Pre-arrival notification

The ED team, in particular triage and senior medical team members, has a system for receiving, recording and sharing relevant information from other care providers prior to the patient's arrival at the ED. [25-29]

Criteria

- The ED team ensures that a senior team member is available to gather information and provide clinical advice prior to the arrival of a patient via ambulance or other community health provider
- The ED team has a clear process that ensures ambulance, GPs, surrounding hospitals and other nearby health facilities can accurately transfer patient information to the ED
- The ED team ensures that calls to a designated notification system are answered in a timely manner
- The ED team utilises a standard template for recording pre-arrival information
- Where deemed necessary, advance notification of a potential need for clinical support by other hospital units for high-risk or high acuity patients should be undertaken (e.g. airway support from Anaesthesia)
- The ED team documents advice given to a health practitioner, including date, time, advice given, the identity and role of the receiver and the patient for whom advice is given
- The ED team seeks to divert telephone advice calls from the general public to a resourced medical advice service
- In the absence of a service for diversion, telephone consultation should include first aid instruction as well as advice to seek further assistance by calling an ambulance or presenting to the nearest ED or other healthcare facility

1.1 Standard: Triage

1.1.2 Objective: Pre-arrival notification (continued)

Criteria

- The ED team documents any telephone advice given to the general public, including date, time and advice given
- The ED team seeks to establish communication networks with other hospitals to enhance referral and transfer processes
- Where possible a medication history is obtained from relevant sources as part of pre-arrival information.

1.1.3 Objective: Triage

Patients who present to the ED are allocated an assessment priority that aligns with the Australasian Triage Scale (ATS). [19, 30-34]

Criteria

- The ED team triages patients in compliance with the ATS and utilises relevant tools from the Emergency Triage Education Kit
- Patients presenting to the ED are triaged on arrival by a specifically trained and experienced health professional
- Triage assessment and ATS code allocated is recorded in the patient file
- Patients who remain waiting are periodically reassessed by a specifically trained health professional to identify whether clinical features have changed and re-triage is required
- The triage area is immediately accessible and clearly signposted
- The triage system is applied in a clear, consistent and non-discriminatory manner
- The triage system applies specific conventions for vulnerable patients or situations.

1.1.4 Objective: Waiting room

Patients required to wait for treatment are informed about waiting times and regularly observed by the ED team. [35]

Criteria

- The ED team ensures that the waiting area for ED care is comfortable
- The ED team provides first aid and pain relief in the waiting room
- The ED team ensures that other treatment occurs in dedicated ED treatment areas
- Patients required to wait for treatment are informed about waiting times
- The ED team ensures that waiting patients are reassessed at least hourly by an ED team member to ensure clinical deterioration is identified in a timely manner
- The ED team has a process to escalate the care of deteriorating patients
- The ED team ensures that patients have access to information explaining the triage and waiting process.

1.1.5 Objective: Initiation of care

Patients who present to the ED receive care as soon as is required and is practicable. [19, 30, 31]

Criteria

- Patients who present with severe physiological and/or psychological disturbance receive immediate care
- Patients waiting for treatment receive effective first aid when required
- Patients who are waiting for consultation are reassessed hourly to ensure changes to clinical condition are identified in a timely manner
- Patients receive early symptomatic care
- Care is initiated within the maximum waiting time defined by the ATS.

1.1.6 Objective: Registration

Demographic information is obtained from each patient to support correct identification and to facilitate subsequent communication and follow up with the patient as well as relevant healthcare providers. [30]

Please also refer to the National Safety and Quality Health Service Standards, Standard 5 - Patient Identification and Procedure Matching. [2]

Criteria

- The ED team has a process to ensure the collection of demographic information will not impede the provision of timely clinical care
- The minimum demographic details that are collected at registration for patients comply with jurisdictional requirements
- The ED team ensures patient ethnicity is asked and recorded at registration
- Where a patient has previously presented to the treating hospital, the patient file will be retrieved in a timely manner for ED team review
- Where a patient has previously presented to another hospital, or care provider, this will be recorded and relevant information retrieved for ED team review
- The ED team obtains registration information from the patient, their family or carer, and community health providers where required
- A patient matching and identification process is implemented using collected demographic data
- Patients should have an identification band placed on them as soon as is practicable.

1.1 Standard: Triage

1.1.7 Objective: Obtaining patient files

The ED team has an effective and efficient process for obtaining patient files.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team has an effective and efficient system for obtaining patient files in a timely manner
- The ED team has a process to obtain clinical alerts recorded within patient files
- The ED team has access to patient files stored offsite
- The ED team reviews these files for Advance Care Directives at admission.

1.1.8 Objective: Identification of the unknown patient

Systematic processes are utilised to ensure patients whose identity is not known receive suitable identification and record of emergency care.

Please also refer to the National Safety and Quality Health Service Standards, Standard 5 - Patient Identification and Procedure Matching. [2]

Criteria

- The ED team ensures there is a clear process for providing a unique identifier to patients whose identity is unknown
- The ED team ensures any disaster management planning includes the identification of unknown patients
- The ED team ensures that temporary patient identifiers are linked to the patient's correct identity once established.

Domain: Clinical (Patient Care Pathway)//

1.2 Standard: Initial assessment

Patients presenting to the ED are accurately identified and their clinical assessment commences in a timely manner. It is understood that treatment and assessment may occur simultaneously.

1.2.1 Objective: Introduction to patient and health professionals

Each patient is correctly identified whenever care is provided and the health professionals identify themselves and their role to the patient. [30]

Please also refer to the National Safety and Quality Health Service Standards, Standard 5 - Patient Identification and Procedure Matching. [2]

Criteria

- Identification and matching of individual patients uses at least three patient identifiers
- During processes to transfer care, the ED team ensure there is an introduction between patients and ED team member
- The ED team ensures the team member is introduced and the following information is provided:
  - Name
  - Position within the team
  - Role in patient's care
- Each member of the ED team works within their respective credentialed scope of practice as defined both by training, and/or by State jurisdictional guidelines or Health Service notation.

1.2.2 Objective: History taking

A history is obtained from each patient relevant to the provision of emergency care. [30]

Criteria

- A history relevant to the presenting issue is obtained as soon as is practicable by a clinical ED team member
- The ED team obtains relevant history from the patient through a process of information exchange
- The ED team obtains additional historical information as required from other sources
- The ED team ensures that history regarding the current, and any previous ED presentations or presentations to other health care providers for this issue is recorded
- The ED team reviews this history including asking Advance Care Directives
- The ED team utilises electronic record keeping where available
- The ED team reduces the requirement for non-contributory repetition of history by the patient, through allocation of a suitably qualified and experienced ED team member from the outset.

1.2 Standard: Initial assessment

1.2.3 Objective: Informed consent

Patients receive sufficient information about the purpose, importance, benefits, risks and possible costs associated with proposed investigations, referrals or treatments to enable patients to make informed decisions about their health. [36-46]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations: Clinical Practice. [2]

Criteria

- The ED team ensures that the requirements of relevant jurisdictional consent legislation are met including signed consent as required by legislation
- The ED team ensures that, where consent cannot be obtained, and the patient's wishes are unknown, medically appropriate treatment is not withheld during an emergency
- The ED team ensures that, prior to consenting, patients, or substitute decision makers, are able to ask questions and have them answered by relevant ED team members
- The ED team ensures that a professional interpreter is engaged if the patient speaks English as a second language or is hearing impaired and interpretation is required
- Information is provided to patients about purpose, importance, benefits, options and risks of care provided in the ED to be borne by the patient
- Written or electronic information is provided to patients in a format suitable to their needs.

1.2.4 Objective: Physical examination

Patients receive a physical examination related to their presenting problem by a suitably qualified and experienced ED team member. [30, 47, 48]

Criteria

- The ED team ensures patients receive a physical examination which is related to the presenting problem and is comprehensive enough to determine any underlying condition or relevant complication
- The ED team is respectful of the patient's particular needs during the physical exam, for example:
    - vulnerable patients
    - cultural sensitivity
    - female or male examiner if requested and available, noting that this may not always be practical in a busy ED
- A chaperone should be available for examinations of an intimate nature if requested by the patient or the ED team member
- Findings and examination processes are documented in the patient file.

Domain: Clinical (Patient Care Pathway)//

1.3 Standard: Diagnosis and investigation

The diagnostic and investigative process is patient-centred and produces timely, reliable and high quality diagnosis.

1.3.1 Objective: Consultation with supervisor

ED team members will initiate resuscitation cases and diagnostic or treatment management plans for patients, and involve senior physician input as soon as is practicable. [2, 30]

Criteria

- The ED team ensures the management of seriously ill or critically ill patients includes senior physician involvement
- Doctors engaged in junior roles will consult with a designated senior doctor in the ED regarding the diagnostic and management plan for patients
- The ED team has a mechanism to consult with onsite or other emergency physicians within their regional network
- The ED team works within their respective defined scope of practice
- The ED team engages in collaborative work practices to ensure effective consultation with senior ED team members
- The ED team has a consistent and clear process for consultation with senior ED team members.

1.3.2 Objective: Diagnostic and management plan

A diagnostic and management plan is generated in consultation with the patient and a senior ED physician, and is documented in the patient file. [30]

Criteria

- The ED team ensures that they maintain a patient-centred approach and involve the patient in the assessment, diagnosis and development of the management plan
- The diagnosis and management plan, and any significant delay in obtaining findings, is clearly communicated with the patient
- The ED team ensures that the patient has the opportunity to ask questions and seek further opinions
- The ED team documents assessment and diagnosis in patient files.

1.3 Standard: Diagnosis and investigation

1.3.3 Objective: Investigation Request

Rational test requesting practices are utilised in the ED to ensure investigations requested are relevant to the patient's presenting problem. [30, 47, 49, 50]

Criteria

- The results of frequently requested biochemical and haematological tests are available within one hour of blood being taken
- The ED team implements an evidence-based, rational test requesting protocol
- The ED team has a process which enables relevant point of care testing to be performed
- The ED team ensures that acting upon results of outstanding tests is an explicit component of the handover of care
- The ED team ensures equitable access to investigations for patients
- Patients transferred temporarily to the care of other departments such as medical imaging are accompanied by relevant clinical information and identification.

1.3.4 Objective: Review investigation results

Investigation results are reviewed by an ED team member and findings, including explanation for abnormal results, are documented in the patient file. Changes to the diagnosis and management plan arising from revision of investigation results are documented within the patient file. [30, 51]

Criteria

- The ED team ensures that the results of investigations requested are followed up within a clinically suitable timeframe
- Admitted patients should remain within the emergency department whilst awaiting the results of only those investigations that are necessary for the provision of their emergency care
- The ED team has systems in place which ensure results of investigations requested are accessible to the responsible clinician
- The ED team has a system in place to ensure results are reviewed by the requesting clinician, or their delegate, unless the responsibility for care of that patient has been handed over to another clinician
- Results of investigations are clearly communicated to the patient
- The ED team has a system to support the review and communication of results that become available only after a patient has departed the ED
- Outpatient investigations requested by the ED team are followed up in a timely manner by the ED team member who requested it, or their delegate
- The ED team advises patients to discuss their ED visit and test results with their GP
- The hospital ensures that test results are routinely sent to the patient's GP and to relevant treating specialists.

1.3.5 Objective: High-risk clinical conditions

The ED has processes to ensure patients with clinical conditions with a high-risk of morbidity or mortality are identified and managed.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations: Clinical Practice and Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care. [2]

Criteria

- The ED team is familiar with hospital policies and procedures relating to high-risk clinical conditions and early consultation with inpatient medical and surgical consultants
- The ED team closely monitors patients with high risk conditions
- The ED team ensures re-attendance of patients with high-risk clinical conditions is actioned
- The ED ensure frequent presenters with high risk clinical conditions have appropriate alerts and management plans for timely effective care
- The ED team regularly audits the care of a selection of patients with high-risk clinical conditions.

1.4 Standard: Patient management

Each stage of patient management is coordinated in a manner that promotes a multidisciplinary team approach.

1.4.1 Objective: ED-performed interventional procedures

The ED team ensure that ED-performed interventional procedures occur in a timely manner and in compliance with existing hospital guidelines and relevant infection control standards, and that consent is obtained according to relevant legislation. [30, 45, 52-62]

Criteria

- The ED team ensures ED-performed interventional procedures are performed in a timely manner
- The ED team ensures consent procedures comply with relevant jurisdictional legislation and quality standards
- The ED team implements processes to ensure correct patient, and both side and site where not self-evident, are identified prior to performing interventional procedures
- The ED team ensures that relevant infection control standards are maintained when performing interventional procedures
- The ED team ensures adherence to best practices in emergency procedures.

1.4.2 Objective: Pain management and procedural sedation

The ED team has systems in place to support best practice management for acute pain and procedural sedation for patients in the ED. [53, 172]

Criteria

- The ED team has robust processes in place, consistent with best available evidence, to identify and manage acute pain and procedural sedation in the ED
- The ED team ensures that pain management and procedural sedation complies with relevant guidelines. [173]
- The ED team ensures there is a system for adequate analgesia and sedation during interventional procedures
- The ED team has standardised processes to document the severity of pain and the ongoing management of pain
- Procedural sedation will be performed in the emergency department unless contraindicated due to the presence of high-risk departmental or patient factors
- The ED team advocates for quality pain management for patients in the ED and on discharge from ED
- The ED team ensures that patients are well informed about their pain management options and are involved in the decision-making process concerning pain management

1.4.2 Objective: Pain management and procedural sedation (continued)

Criteria

- The ED team communicates with a patient's chronic pain or addiction management health provider when appropriate
- The ED team ensures that pain assessment and management takes into account issues such as culture, gender, age, substance use, chronic conditions, cognitive, behavioural and/or sensory impairment, in order to ensure optimal care in all circumstances.

1.4.3 Objective: Review patient condition

The ED has processes in place to ensure any deterioration in a patient's condition will be recognised and acted on in a timely manner.

Please also refer to the National Safety and Quality Health Service Standards, Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care. [2]

Criteria

- The ED team has processes in place to set the monitoring requirements for each patient
- The ED team ensures monitoring is completed
- The ED team ensures that any deterioration noted is acted upon
- The ED team ensure patient's families and carers are encouraged to voice their concerns if they feel the patient's condition is deteriorating.

1.4.4 Objective: Medication safety

The ED has processes in place to ensure that the storing, prescribing and administering of medications is managed to minimise errors and facilitate patient care and safety.

Please also refer to the National Safety and Quality Health Service Standards, Standard 4 - Medication Safety. [2]

Criteria

- The ED team ensures medications are stored safely and securely and in accordance with manufacturer requirements
- The ED team ensures the safe prescribing and administration of medications is facilitated within the ED environment
- The ED team has processes to ensure prescribing information is correct and regularly updated
- The ED team has processes to ensure the correct prescribing, administration, and recording of medication occurs
- The ED team ensures patients are monitored following the administration of medications.

1.4 Standard: Patient management

1.4.5 Objective: Blood and blood products

The ED has processes in place to ensure that the ordering and administering of blood and blood products is managed to minimise errors and facilitate patient care and safety.

Please also refer to the National Safety and Quality Health Service Standards, Standard 7 - Blood and Blood Products. [2]

Criteria

- The ED team ensures blood and blood products are stored safely and securely and in accordance with hospital or blood bank requirements
- The ED team ensures the safe ordering and administration and recording of blood and blood products is facilitated within the ED environment
- The ED team ensures patients are monitored following the administration of blood and blood products.

1.4.6 Objective: Patient identification

The ED has processes in place to ensure that the identification of patients is managed to minimise errors and facilitate patient care and safety.

Please also refer to the National Safety and Quality Health Service Standards, Standard 5 - Patient Identification and Procedure Matching. [2]

Criteria

- The ED team has processes in place to ensure patients are identified in accordance with hospital requirements
- The ED team ensures identification bracelets are used to correctly identify the patient before medication administration and any procedure and transfers.

1.4.7 Objective: Pressure area care

The ED has processes in place to ensure that pressure area monitoring and care is managed to minimise errors and facilitate patient care and safety.

Please also refer to the National Safety and Quality Health Service Standards, Standard 8 - Preventing and Managing Pressure Injuries. [2]

Criteria

- The ED team has processes in place to ensure patients are risk assessed for potential pressure areas
- The ED team monitors patients regularly for signs of pressure areas developing
- The ED team ensures pressure area aids are available and utilised and pressure area care administered regularly to prevent development.

1.4.8 Objective: Falls

The ED has processes in place to ensure that patients are assessed for fall risk and there are procedures to minimise falls and facilitate patient care and safety.

Please also refer to the National Safety and Quality Health Service Standards, Standard 10 - Preventing Falls and Harm from Falls. [2]

Criteria

- The ED team has processes in place to ensure patients are assessed for risk of falls
- The ED team ensures the ED environment does not contribute to the risk of falls
- The ED team ensures there is regular monitoring of patients at risk of falls and preventative measures in place.

1.5 Standard: Referral and consultation

Patients are informed of their differential diagnosis and discussions regarding treatment and referral options are conducted with the patient.

1.5.1 Objective: Explanation of patient condition

The ED team provides the patient with an accurate explanation of their condition. [30]

Criteria

- The ED team ensures the patient is informed and involved in the explanation about their condition
- The ED team ensures that information is delivered in a way that is appropriate for the patient's cultural, language and educational background
- The ED team ensure that interruptions do not impede the transfer of relevant information with patients
- The ED team ensures that the patient's concerns regarding their condition are addressed
- The ED team ensures that the patient's privacy is maintained during discussions regarding their condition
- A range of information resources and support options that are appropriate to the patient's cultural, language and educational background are available to the patient.

1.5.2 Objective: Access to specialist consultation

Patients have access to specialist consultation with emergency physicians and other specialist consultants either on-site or within their regional network. [22]

Criteria

- The ED team has a mechanism to access FACEM advice on-site, or within the regional network
- The ED team has pre-arranged pathways within the hospital or regional network to support consultation with other specialists
- The responsible ED team member ensures that, where clinically appropriate, consultation with other specialties occurs during the patient's presentation at the ED
- The ED team has an after-hours process for specialist consultation including physicians and other specialist consultants.

1.5.3 Objective: Referral to inpatient unit

Following the ED team decision to admit a patient, referral to the inpatient unit occurs in a timely manner ensuring adequate communication between the ED and the relevant inpatient unit. [30]

Please also refer to the National Safety and Quality Health Service Standards, Standard 6 - Clinical Handover. [2]

Criteria

- The ED team ensures that patients requiring consultation from another hospital service are referred as soon as is practicable
- The ED team advocates that patients requiring consultation from other specialties or care providers receive referral or consultation no later than one hour from the time of referral
- The reason for referral is accurately communicated to other specialties or care providers
- When there is a problem regarding consultation or referral this should be escalated to involve the emergency physician or their delegate and consultant on the admitting team
- The patient, at transfer of care, is accompanied by all relevant patient history and treatment records
- Once a referral for admission has been made, systems such as a once only referral for admission policy should be in place to ensure the provision of timely inpatient care is not delayed.

1.6 Standard: Reporting

The ED team fulfils mandatory reporting requirements and the legal responsibility of the ED team.

1.6.1 Objective: Reporting

The ED team members comply with mandatory reporting requirements for clinical presentations to the ED as described by relevant statutory legislation. [30, 63-67]

Criteria

- The ED team receives consistent and relevant training to support identification of mandatory reporting requirements or incidents
- The ED team documents and reports suspected cases of abuse or neglect of children including wards of the state
- The ED team documents suspected cases of intimate partner or elder abuse and recommends reporting to Police
- The ED team documents and reports notifiable diseases as required by relevant jurisdictions.

Domain: Clinical (Patient Care Pathway)//

1.7 Standard: Admission

Patients requiring admission are admitted to the appropriate unit in a timely manner ensuring patient-centred care.

1.7.1 Objective: Access to hospital unit

All patients are eligible for access to hospital inpatient units, and admission should occur in a timely manner.

Criteria

- The ED team works with the hospital to ensure that admission procedures occur in an accurate and timely manner
- The hospital and ED team will ensure that patients who require inpatient specialist review or care including admission, and do not require the specialised services of the ED, have access to inpatient units directly rather than via the ED
- The ED team ensures that patients referred to the ED as a direct admission from an outpatient unit or transferred from another hospital are safe for transfer to the inpatient unit to await further assessment and treatment by the inpatient team
- The hospital and ED team ensure patient admission is decided on clinical criteria, not on bed availability
- The ED team ensures that patients waiting for inpatient beds are in designated, supervised and observed areas
- Hospital policies should be in place to mitigate and equitably share the risks to patient safety between the emergency department and the remainder of the hospital during periods of over census operation (S57/S127).

1.7.2 Objective: For patients requiring admission

Patient admission to an inpatient unit occurs in a timely and safe manner. [30, 68, 69]

Criteria

- The ED team ensures that the decision to admit a patient to hospital from the ED is made by an emergency physician or their delegate and consultation with other specialist healthcare providers where required
- The ED team ensures that the admitting specialist team is informed of every admission including those occurring after hours
- The ED team will advocate that the patient will leave the ED within one hour of the decision to admit, unless this will compromise the care of the patient
- The ED team will advocate for direct to ward admissions wherever clinically indicated
- The ED team will ensure the patient leaves the ED with urgent investigation results obtained and interim treatment orders written for up to 6 hours
- The admitting unit is responsible for the timely development and documentation of the treatment plan and associated medication orders beyond this 6 hour time period

1.7 Standard: Admission

1.7.2 Objective: For patients requiring admission (continued)

Criteria

- Where admitted patients remain in the ED for prolonged periods of time, the regular review and ongoing management of these patients is the responsibility of the inpatient team
- The ED team has systems in place to monitor and action emergent circumstances where admitted patients remain in the ED for prolonged periods of time so that the responsible admitting unit may be notified of their need to attend. Any need for an immediate response to an emergent situation is the responsibility of the ED team, pending the prioritised arrival of the inpatient team.
- Emergency physicians should not be required to perform surrogate roles for deficiencies of other specialties within organisations.

1.7.3 Objective: Discussion with patient

The ED team includes the patient in the admission decision-making process.

Criteria

- The ED team ensures that the decision to admit is discussed with the patient
- The patient is informed about admission processes by the ED team
- The ED team has a process for instances when a patient declines hospital admission.

1.7.4 Objective: Notification to primary care providers

The ED team communicates with the patient's primary care provider to gain additional information to inform treatment in the ED and to notify the primary care provider of an episode of care in the ED.

Criteria

- The ED team has a process to ascertain whether the patient wants their primary care provider to be informed about their ED presentation
- The ED team has a mechanism in place to inform the relevant primary care provider about a patient's episode of care in the ED on every occasion of service
- The ED team has a mechanism in place to obtain information from the primary care provider that is relevant to a patient's admission to hospital via the ED.

Domain: Clinical (Patient Care Pathway)//

1.8 Standard: Discharge

Patients who are discharged to the community or transferred from the ED to another hospital or healthcare facility receive discharge information and instruction to ensure adequate care and follow up is provided.

1.8.1 Objective: Discharge from the emergency department

The decision to discharge a patient from the ED is communicated to the patient and they are informed about discharge processes. [70, 71]

Please also refer to the National Safety and Quality Health Service Standards, Standard 6 - Clinical Handover. [2]

Criteria

- The ED team ensures that the decision to discharge a patient is communicated to the patient
- The ED team ensures that there is a documented discharge plan, developed in consultation with the patient, in the patient file and given to the patient and for every occasion of service is transmitted directly to the patient's nominated primary care provider
- The ED team ensures that the discharge plan is appropriate to the patient's cultural, socio-economic, language and educational background
- The ED team ensures that the patient is informed about community options and when to seek further assistance following discharge
- The discharge processes described above are the responsibility of the relevant inpatient teams in those instances where "admitted patients" have remained within the emergency department as a result of access block.

1.8.2 Objective: Pre-discharge screen

Prior to discharge, patients are screened by the relevant ED team member or delegate to ensure the discharge decision is appropriate and to assess the patient's suitability and safety for discharge; this includes discharge from the ED to an inpatient ward, to another hospital and to the community. [30, 47]

Criteria

- The ED team utilises consistent pre-discharge screening processes for patients
- The pre-discharge screening process includes consultation and authorisation by an emergency physician or the delegated doctor in charge of the ED
- The ED team ensures that the patient's requirements for returning to the community are considered in the discharge screen
- The discharge screen results are recorded in the patient file.

1.8 Standard: Discharge

1.8.3 Objective: Referral

The ED team ensures that on discharge, referrals and discharge letters have been communicated to the patient, and the relevant provider to ensure that the patient is supported through the next phase of care. [30, 72]

Please also refer to the National Safety and Quality Health Service Standards, Standard 6 - Clinical Handover. [2]

Criteria

- The ED team ensures, in conjunction with the patient's primary care physician, that patients requiring consultation from another hospital service (as an outpatient clinic) will be referred as soon as possible
- The ED team ensures that the reason for referral is accurately documented in the referral from ED and recorded in the patient file
- The ED team considers the most appropriate referral with respect to patient's home location and ability to access care
- The ED team ensures the patient, is involved in discussion about treatment and provider options for referral
- The ED team ensures information is provided to ensure the patient is supported in arranging follow up care with the provider to whom they are referred.

1.8.4 Objective: Safe transfer to another hospital, healthcare or residential care facility

The ED team utilises a referral and transfer protocol that ensures safety and continuity of care for patients being transferred to another hospital, healthcare or residential care facility. [26]

Criteria

- The ED team ensures the patient is informed about reasons, risks and benefits of transfer to another hospital or healthcare facility
- The ED team has protocols in place with pre-hospital and retrieval services to ensure suitable transport options are available
- Specifically trained and equipped retrieval teams are used for the transport of critically ill and injured patients
- The ED team is trained in preparing patients for transport
- The ED team ensures that referral documentation contains sufficient information to facilitate ongoing care
- The ED team has access, when needed, to a qualified, equipped and regulated medical transport team
- Specifically trained and equipped retrieval teams are used for the transport of neonates, infants and young children, and other patients requiring specialised care
- Any ED team member performing inter and intra-hospital transports will have undertaken supervised patient transports prior to independent duties and have demonstrated equipment competency
- Where immediately lifesaving, the transport of expert medical assistance to the referring hospital is considered.

1.8.5 Objective: Certificate completion

The ED team ensures relevant certificates are completed prior to the patient's discharge from the ED. [30]

Criteria

- The ED team ensures that the patient file includes documentation of medical certification
- The ED team ensures that medical certificates required are completed prior to discharge and provided to the patient
- The ED team ensures that medical certificates are discussed with the patient prior to discharge
- The ED team ensures certificates comply with relevant legislation
- Certificates for carers will be provided if requested and appropriate.

1.8.6 Objective: Medication instruction

The ED team ensures patients receive adequate instruction regarding medication prescription and administration. [30]

Please also refer to the National Safety and Quality Health Service Standards, Standard 4 - Medication Safety. [2]

Criteria

- The ED team has clear systems for providing patients with instruction regarding prescription and administration of medication post discharge
- The ED team has a process for after-hours dispensing of medication that includes recording the dispense in the notes
- The ED team ensures that the patient is informed about what to do in the event of an adverse reaction to medication
- The ED team ensures that medication information is provided with consideration for cultural, language, educational and health literacy factors
- The patient is involved in the development of a medication management plan.

1.8.7 Objective: Discharge communication and instruction

The ED Team ensures instructions have been provided to the patient regarding requirements to assist in the patient's treatment, including the timing and other services that may be involved to monitor or review their condition. [30]

Criteria

- The ED team ensures patients are provided with information regarding re-presentation to the ED or primary care physician, including symptoms and signs of clinical deterioration
- Written information and discharge instructions are provided in a language that is clear to the patient
- A discharge summary is given to the patient
- Documentation in the patient file reflects the content of discharge instructions
- The ED team has a protocol to determine which patients may benefit from review by their primary care physician, or, less commonly, ED contact post discharge
- The ED team has systems available to follow up with high-risk patients post discharge to assess progress which will include the patient's primary care physician where possible
- Patients with unplanned re-presentation to the ED within 48 hours of discharge receive senior consultation.

1.9 Standard: Communication practices

ED team members ensure that there is effective communication between themselves and the patient, within the ED team and with other healthcare providers.

1.9.1 Objective: Communication with patients

The ED Team ensures effective communication practices occur with the patient in order to keep the patient informed and engaged in their treatment and assessment. [72]

Please also refer to the National Safety and Quality Health Service Standards, Standard 2 - Partnering with Consumers. [2]

Criteria

- The ED team ensures that communication with the patient is consistent, effective and accurate
- The ED team ensures that the patient is engaged in treatment and assessment processes whilst in the ED
- The ED team is trained to communicate using suitable level of language and terminology for the patient
- The ED team has access to professional healthcare interpreters
- The ED team has access to consumer advocates, if requested by the patient
- The ED team ensures the patient is introduced to other clinicians involved in their care
- The ED team ensures that for patients with intellectual disabilities or incapacity of other causes, immediate contact is attempted with the person's family or carer.

1.9.2 Objective: Communication with other clinicians

The ED team ensures that communication with other clinicians, such as allied health or other specialty medical consultants, is effective.

Criteria

- Communication of the patient's diagnostic and management plan occurs with other ED care providers
- The ED team has consistent communication practices with other ED care providers, including a mechanism for referral of patients presenting to the ED out of hours
- The ED team ensures that sufficient information is recorded regarding patient assessment, diagnosis, treatment and suggested follow up to enable timely access to information by other care providers.

1.9.3 Objective: Documentation standards

The ED team documents assessment, investigation and findings in patient files to enable complete records to be maintained. [30, 73]

Criteria

- The ED team ensures that the patient file is maintained with each page identified with the patient's unique identifier and name
- Initial findings and subsequent interactions are accurately documented in patient files
- The ED team ensures that there is a consistent system which guarantees each responsible clinician has completed an entry in the patient file
- The ED team ensures that entries are recorded at the time of review, consultation or treatment
- The ED team ensures that entries are clear and legible, with correct spelling, date and time
- Each member of the ED team annotates or signs where they have made notes in the patient file and there is a designation and contact number or pager number recorded where practicable.

1.9.4 Objective: Use of telemedicine

The ED team can access and use telemedicine, where relevant, in order to enhance the quality of care provided to patients. [27, 28, 74]

Criteria

- Where available, the ED team has access to telemedicine equipment and is skilled in its use
- The ED team participates in a collaborative hospital network which supports the use of telemedicine and provides the specialist expertise required
- The ED team establishes and maintains relationships with specialists who may provide suitable expertise via telemedicine consultation
- The ED team complies with relevant inter-professional requirements for telemedicine.

1.9.5 Objective: Clinical handover

Each patient remains at the centre of the care pathway and they are informed and engaged in the process.

Please also refer to the National Safety and Quality Health Service Standards, Standard 6 - Clinical Handover. [2, 75] Standard: Patient-centred care.

1.9.6 Objective: Consumer participation

Patients, families and other consumers have the opportunity to play a role in improving the quality of care provided at the ED by providing ongoing feedback, or being involved in departmental or hospital-wide committees to share experiences and expectations of care received in EDs.

Please also refer to the National Safety and Quality Health Service Standards, Standard 2 - Partnering with Consumers [2].

1.9 Standard: Communication practices

1.9.7 Objective: Health literacy

The ED team ensures that the health literacy of patients is considered during assessment, treatment and care in the ED.

Criteria

- The ED team is equipped to actively assess the health literacy of patients
- The ED team tailors information in the patient's management plan in order to align with their level of health literacy
- The ED team has strategies to improve understanding and increase the health literacy levels of patients
- The ED team ensures patients have access to rights and responsibility charters
- The ED team seeks to educate patients about community care and treatment options
- The ED team seeks to educate patients about when and how to access emergency care.

1.9.8 Objective: Patient and family-centred care

Patients remain at the centre of the care pathway and their input and engagement is encouraged throughout the ED presentation. [76]

Criteria

- The ED team ensures that the input and engagement of the patient is promoted throughout the care continuum
- The ED team ensures that care provided is respectful of and responsive to individual patient preferences, needs and values
- The ED team ensures that patients, their family or carer, have the opportunity to request information about care provided.

1.9.9 Objective: Cultural competence

The ED team aims to achieve culturally competent healthcare in the ED. [8, 77]

Criteria

- The ED team has the capacity to self-assess its ability to cater to different cultures
- The ED team is aware of cultural factors that impact on the needs of patients
- The ED team has a process to adapt service provision so that it reflects an understanding of the diversity between and within cultures.

1.9.10 Objective: Physical privacy for patients

Patients are ensured physical privacy during their presentation to the ED, including for the periods of initial triage, history taking, assessment, investigation and treatment.

Criteria

- The ED team ensures patient privacy during triage, assessment, investigation and treatment within the ED
- The ED team follows hospital policies and procedures regarding the treatment of patients in a private area
- The ED team considers environmental factors impacting on differing needs for patient privacy.

1.9.11 Objective: Death in the emergency department

Patients, their family or carer receive respectful and dignified care in the event of expected or unexpected death in the ED. [78]

Criteria

- The ED team has adequate services and mechanisms to ensure patients, their family or carer are supported for expected or unexpected deaths in the ED
- The ED team is equipped to provide palliative care to patients within the ED
- The ED team has a process to allow a patient's family members or carer into the resuscitation room
- The ED team has adequate facilities to support bereaved families or carers
- The ED team considers the emotional, cultural and spiritual needs of a patient, their family or carer at the end of life, and have a process to offer contact with a preferred spiritual representative, social worker and/or mental health professional
- The ED team considers potential organ donation requests in Advance Care Directives for patients likely to die in the ED.

1.9.12 Objective: End of life care

Patients, their family or carer are offered information and support about end of life or palliative care in the home following discharge from the ED. [78]

Criteria

- The ED team ensures the patient, their family or carer have access to resources for the care of a dying patient
- The ED team is trained to communicate with patients, their family or carer about end of life care in the ED
- The ED team has a process by which humane care is provided to patients presenting with imminent death
- The ED team has processes in place to preserve a patient's choices, dignity and control
- Patients and their families or carer are involved and supported in making decisions about end of life care
- The ED team is trained to promote goals of care and avoid futile care when providing end of life care.

1.10 Standard: Vulnerable and high-risk patients

Vulnerable and high-risk patients who present to the ED receive care that is focused on ensuring suitable communication and engagement between the patient and caregiver. Care should consider the requirements of the vulnerable patient with respect to environment, equipment and ED team skills.

1.10.1 Objective: Emergency care for vulnerable patients

The ED team provides care that addresses the specific needs of each patient, their family or carer and ensures that there is a consistent mechanism for the provision of specialist advice and care.

Criteria

- The ED team ensures that emergency care is responsive and sensitive to the specific needs of vulnerable patient groups
- The ED team ensures that a skilled workforce is accessible for vulnerable patients, either in person or via telemedicine
- The ED team ensures that patients, regardless of age or ability, have their dignity respected and preserved by systems designed to minimise any functional decline in their abilities, during their ED stay
- The ED team provides care that is respectful of patients' diverse backgrounds and needs, and this is reflected in their practice
- The ED team recognises and respects vulnerable patient groups in the planning and provision of services.

1.10.2 Objective: Care of children

Paediatric patients receive care that addresses their needs, focusing on communication, examination and engagement between the patient and caregiver. Care should consider the special requirements of the paediatric patient with respect to environment, equipment and ED team skills. [79-81]

Criteria

- The ED team has a mechanism in place to identify and follow up high-risk paediatric patients
- The ED has a dedicated area in which to see paediatric patients, which is equipped with appropriate materials for children
- The ED team ensures age-appropriate information is provided for younger patients
- The ED team has a process to inform the parent, guardian or carer of paediatric patients.

1.10.3 Objective: Care of the elderly patient

Elderly patients are provided with respectful and dignified care ensuring they are engaged in the provision of treatment and care. Care should consider the special requirements of the elderly patient with respect to sensory or cognitive impairment, environment, equipment and ED multi-disciplinary team skills. [47]

Criteria

- The ED team recognises the increased medical complexity and specific needs of elderly patients and is resourced to ensure high quality care is able to be provided to this patient cohort
- The ED team implements a model of care that minimizes risk of delirium, falls and pressure injuries
- The ED team supports the intent of advance care directives and advance care plans and advocates for their completion in patients who are being discharged but who do not have such directives or plans in place
- The ED team is trained to provide emergency care to elderly patients with recognition of:
    - the physiological impacts of ageing, and implications for both assessment and management
    - potential for atypical presentations of acute disease
    - functional status
    - often complex social circumstances
- The ED team undertakes and documents cognitive screening for elderly patients
- The ED team documents whether there has been an acute change in mental status from baseline and attempts to identify the cause
- The ED team uses a validated discharge risk screening tool to identify vulnerable elderly patients who may benefit from a more detailed functional and age related assessment, to determine safe disposition.

1.10.4 Objective: Care of the culturally and linguistically diverse patient

Patients from culturally and linguistically diverse (CALD) backgrounds are treated with respect and non-discrimination, and their cultural and linguistic background is acknowledged and incorporated into their care. [72, 82]

Criteria

- The ED team ensures that professional interpreters and information in different languages is available
- The ED team ensures that a patient's cultural history is included during history taking
- The ED team provides patient-centred care that includes diverse health beliefs and health priorities that are incorporated into the care pathway
- The ED team is trained in, and supported to deliver, culturally competent care
- The ED team ensures that patients, their family or carer have access to support people according to their cultural needs
- The ED team seeks to identify cultural barriers within their control, which reduce access to the ED
- The ED team ensures patients from CALD backgrounds are given the opportunity to speak to a representative of their choosing.

1.10 Standard: Vulnerable and high-risk patients

1.10.5 Objective: Care of Aboriginal and Torres Strait Islander patients

Aboriginal and Torres Strait Islander patients receive care that is respectful, provided in a dignified manner and culturally appropriate. Care should consider the special requirements of the Aboriginal and Torres Strait Islander patients with respect to environment, equipment and ED team skills. [82, 83]

Criteria

- The ED team acknowledges Aboriginal and Torres Strait Islanders as the historical occupants of the original nations now known as Australia
- The ED team ensures that all patients are asked about their Indigenous identity at triage
- The ED team ensures that patient's cultural history is taken during history taking and acknowledges the broader role of families in Indigenous care
- The ED team provides patient-centred care that incorporates diverse health beliefs and health priorities that are culturally mediated throughout the care pathway
- The ED team seeks to identify cultural barriers within their control that reduce access to the ED
- The ED team ensures Aboriginal and Torres Strait Islander patients have the opportunity to speak to a cultural representative of their choosing.
- The ED seeks to engage in partnerships with Aboriginal and Torres Strait Islander health services and local communities
- The ED team is trained in Indigenous Health and locally appropriate cultural competency for Aboriginal and Torres Strait Islander culture.

1.10.6 Objective: Care of patient with mental health needs

Patients who present to the ED with mental health issues are treated with respect and non-discrimination. They receive care that addresses their needs, focusing on communication and engagement between the patient and caregiver. Care should consider the special requirements of the patient with mental health issues, with respect to environment, equipment and ED team skills. [33, 34, 84-91]

Criteria

- Patients with mental health issues receive timely access and care within the ED, which complies with the requirements of relevant jurisdictional mental health legislation
- The ED team ensures that the triage of mental health patients complies with the Mental Health Triage tool of the Emergency Triage Education Kit
- The ED team collaborates regularly with the relevant mental health team
- The ED team ensures there is observation, security and care for the patient following triage if warranted
- Mental health assessment in the ED includes consideration of an organic delirium
- Patients with an acute mental health problem or behavioural disturbance are treated urgently with the onsite involvement of mental health professionals
- The mental health team and doctor should be available to the ED team at all times, usually in person but otherwise by videoconferencing and tele-health services

1.10.6 Objective: Care of patient with mental health needs (continued)

Criteria

- The ED team, mental health teams, and hospital ensure that mental health patients are moved from the ED to an appropriate location for ongoing care, within an appropriate timeframe
- The ED team is trained to recognise, assess and treat mental health problems in presenting patients
- The assessment of patients with mental health issues includes attention to assessment of capacity for decision making and consent to treatments.

1.10.7 Objective: Care of patients with drug and alcohol problems

Patients who present to the ED with drug and alcohol issues are treated with respect and non-discrimination. They receive care that addresses their needs, focusing on communication and engagement between the patient and caregiver. Care should consider the special requirements of the patient with drug and alcohol issues with respect to environment, equipment and ED team skills. [92-94]

Criteria

- The ED team is trained to recognise and treat alcohol and drug related problems in presenting patients
- The ED team utilises valid standardised screening tools for drug and alcohol related problems
- The ED team has a mechanism in place to refer at-risk patients to a community resource for culturally sensitive education or intervention for drug or alcohol related problems
- The ED team has access to inpatient resources for the ongoing management of patients affected by drug and alcohol pending their further assessment by specialist teams
- The ED team and hospital recognise that prolonged stays of drug and alcohol affected patients within the ED is not appropriate, and have established mechanisms to prevent this occurring.

1.10.8 Objective: Care of pregnant and post-partum women

Maternity and post-partum patients who present to the ED receive care that addresses their needs focusing on communication and engagement between the patient and caregiver. Care should consider the special requirements of the maternity patient with respect to environment, equipment and ED team skills. [95]

Criteria

- The ED team consider the possibility of pregnancy in all patients of a fertile age and the benefits and risks of investigations and treatments if the patient is pregnant
- The ED team has timely access to ultrasound specific for early and later pregnancy
- The ED team has a system in place to ensure every pregnant woman presenting to the ED is referred for care, as appropriate
- The ED team has a system in place to consult in a timely way with a GP or obstetrician when required
- The ED team has access to resources and consultation to provide care to maternity or post-partum patients
- The ED team ensures that pregnant patients are encouraged to communicate with their GP or obstetrician following an ED presentation
- The ED team is equipped to provide care and support to patients, their family or carer in the event of a miscarriage or adverse event and will notify the patient's GP promptly to permit ongoing support of the patient and their family.

2.0 Domain: Administration (Management)

The administration domain describes the overall management of an ED, within the whole of hospital context and as the interface between acute care and the community, focusing on providing patient-centred care and ensuring the workforce are suitably trained and supported to do so, through the physical environment, facilities and resources, and the cultural and behavioural support obtained through the hospital and departmental administration.

Domain: Administration (Management)//

2.1 Standard: Environment

The ED provides an environment that will cater to the needs of different patient groups and to the needs of ED team members.

2.1.1 Objective: Emergency department design

The ED design reflects considerations including safety and security, amenity, access, image and consumer expectations whilst allowing for a model of care to be delivered to patients presenting to the ED. [35, 96]

Please also refer to the National Safety and Quality Health Service Standards, Standard 2 - Partnering with Consumers. [2]

Criteria

- The ED design complies with relevant guidelines for ED design and other applicable capacity guidelines
- The ED is designed with consideration for the model of care to be implemented by the ED team
- The ED is designed to ensure both patients and ED team members are safe and secure within the ED
- The ED is designed to promote a positive environment for the ED team and patients, families or carer
- The ED is designed to provide privacy and confidentiality for patients
- The ED is designed with consideration of cultural safety issues
- The ED is designed to embrace cultural values and artistry of Aboriginal and Torres Strait Islander people relevant to local communities, as well as respect of women's and men's business through the designation of separate areas
- The ED and its processes are designed to minimise error and risk attributable to human factors.

2.1.2 Objective: Emergency department layout

The ED layout allows for a safe and effective environment for patients and the ED team. [96]

Criteria

- The ED is clearly signposted to enable quick and simple access to services
- The setup and layout of the clinical area is agreed by the ED team
- The ED does not allow patients to be managed or wait in hallways or corridors
- The ED has safe routes for emergency evacuation
- The ED can be clearly identified and accessed
- The layout of the ED allows easy access to equipment and resources by the ED team.

2.1 Standard: Environment

2.1.3 Objective: Specific areas for vulnerable patients

The physical conditions of the ED support the needs of vulnerable patients, ensuring patients feel safe and secure. [47, 79]

Criteria

- The ED team is equipped to be responsive to the needs of vulnerable patients and is able to provide early access to areas suitable for these needs
- The ED team provides an environment which is designed for privacy and quietness to reduce anxiety, noise, confusion and risk of falling
- Light fittings which reduce sensitivity for people with photosensitivity and reduce risk of glare and falls are used in the ED
- The ED has a mechanism that allows for noisy, distracting or aggressive patients to be separated from other patients
- The ED team ensures that vulnerable patients can easily access a functional call button and can easily access their functional aids
- The ED team ensures that vulnerable patients are not separated from carers
- The ED team ensures that patients with functional impairment can easily reach any meal presented to them and receive assistance with the meal when required.

2.1.4 Objective: Accessibility

The ED provides suitable physical access to the premises and services for people with all abilities. [97]

Criteria

- The ED is accessible by ramps
- Access to the ED has non-slip surfaces to enable access by people with all abilities
- Safety railings are available to support entry to the ED
- The ED is located in an accessible part of the hospital from the outside, usually the ground floor, and is accessible by vehicles or pedestrians
- Access to the ED complies with relevant disability discrimination legislation and building guidelines
- The ED has a process to identify and resolve potential trip hazards within the department.

2.1.5 Objective: Infection control

Please also refer to the National Safety and Quality Health Service Standards, Standard 3 - Preventing and Controlling Healthcare Associated Infections. [2]

Criteria

- The ED team has access to isolation rooms which meet relevant design standards, equipped with negative ventilation and dedicated bathroom facilities, to allow early identification and quarantine of airborne healthcare associated infections
- The ED team has a process to alter patient flow through the department in situations that may lead to epidemic infections
- The ED team promotes influenza and other appropriate immunisation for its team members
- The ED team prioritises healthcare associated issues for follow up and review.

Domain: Administration (Management)//

2.2 Standard: Facilities and resources

The ED provides safe and effective facilities and resources for patients, their families and carers as well as the ED team, including the provision of medical equipment that is well maintained for comprehensive acute patient care.

2.2.1 Objective: Functional equipment to ensure patient safety

The ED has access to functional medical equipment which is necessary for care provided to the role delineation of the ED. [35, 55]

Criteria

- The ED team has access to required and functional medical equipment
- The ED team has a regular review process which documents equipment to ensure it is fit for use in the ED
- The ED team, including both medical and nursing providers, is involved in the review and audit of equipment
- The ED team has a process to plan for the purchase of equipment
- The ED team shall ensure that all staff members are trained in the use of new or replacement equipment used in the ED and if required credentialed in its use.

2.2.2 Objective: Maintenance of equipment

The ED ensures that equipment is inspected in compliance with manufacturers' specification or biomedical policies by the relevant hospital biomedical service and ongoing maintenance logs are up to date. [98]

Criteria

- The ED team demonstrates a stewardship obligation for safeguarding and maintaining equipment and consumables within the department
- The ED team complies with hospital biomedical requirements and manufacturers' specifications
- The ED medical equipment is maintained to reduce the risk of breakdown or failure
- Equipment is maintained in accordance with standards determined from manufacturers' recommendations and Australian Standards
- Equipment maintenance is documented and accessible.

2.2 Standard: Facilities and resources

2.2.3 Objective: Resources to support a safe working environment for ED team members

The ED has access to adequate resources to ensure ED team members are safe and secure in the working environment.

Criteria

- The ED team has a protocol to identify and manage behaviourally disturbed patients
- The ED team has protocols for access to security personnel or law enforcement when required
- The ED team has access to duress alarms which link directly to security services or law enforcement
- The ED reception staff have access to safety screens or other equipment to ensure their protection
- The ED team receives training and support in best practice de-escalation techniques
- The ED team are supported by their organisation should care be required for an injury sustained at work
- The ED team are supported by their organisation in the event that criminal proceedings occur as a result of occupational violence against staff
- The ED team reflect on their practice to identify ways in which their actions or attitudes has contributed to the violent behaviour of consumers.

Domain: Administration (Management)//

2.3 Standard: Capacity

The ED employs effective resource management in order to manage capacity demands within the department and the flow on effect to the wider hospital system.

2.3.1 Objective: Availability of resuscitation cubicles

The ED provides an adequate number of resuscitation, general and special purpose cubicles and resources, proportionate to the number of annual presentations, which are efficiently utilised to ensure resuscitation capacity is effective. [35]

Criteria

- Sufficient resuscitation areas are available for use within the ED
- The ED is resourced with resuscitation equipment as specified in relevant guidelines
- The ED team ensures resuscitation areas are maintained in readiness for resuscitation cases
- The hospital and ED team ensures that patient flow is managed to optimise resuscitation area capacity.

2.3.2 Objective: Patient flow through the emergency department

Patient flow through the ED is supported by utilisation of effective flow models, staffing levels to match peak times as well as hospital admission and discharge practices. [24]

Criteria

- The hospital and ED team has established systems to enhance patient flow through the ED and inpatient units
- The hospital and ED team has used best practice and evidence to establish these systems
- The ED team works together to support consistent patient flow practices
- The ED team establishes communication mechanisms with ambulance services, other specialties and inpatient departments to enhance patient flow through the department.

2.3.3 Objective: Model of care

The model of care in the ED allows the allocation of patients to expedite flow through the ED as well as enhancing the patient experience. [99]

Criteria

- The ED team implements a consistent model of care, including consideration for patient streaming and grouping
- The ED team considers using clear and consistent models of care to enhance diagnostic and assessment processes
- The ED team reviews the model of care routinely to ensure it meets the needs of patients presenting to the ED
- The ED team ensures streaming of patients is an effective and safe mechanism to enhance patient flow

2.3 Standard: Capacity

2.3.3 Objective: Model of care (continued)

Criteria

- The model of care is consistent with the department's capacity and ED team members' skills
- The ED team considers models of care from the perspective of hospital management, ED management, clinical team members and patients
- The ED team utilises mechanisms to share information about successful models of care.

2.3.4 Objective: Assessment and diagnostic units

The model of care in the ED utilises assessment and diagnostic units to enable the ED to accurately and efficiently assess and diagnose patients, consequently reducing the risk of diagnostic errors. [35, 99, 100]

Criteria

- The ED team utilises assessment and diagnostic units where sufficient evidence supports their use
- The ED team uses consistent practices when utilising assessment and diagnostic units
- The assessment and diagnostic units are reviewed regularly to ensure they are being correctly and effectively utilised.

2.3.5 Objective: Supported decision-making environment

The ED enables the team to exercise autonomy in decisions that affect clinical care to ensure patients receive timely and quality care.

Criteria

- The ED team has access to clinical decision support tools
- The ED team has access to regularly updated local hospital or network information for referrals to other healthcare providers
- The ED team encourages discussion, questioning and collaboration to support decision-making
- Senior ED team members support junior ED team members in developing decision-making mechanisms within the ED environment
- The ED team establishes cooperative relationships with other hospital departments to enhance shared decision-making processes.

Domain: Administration (Management)//

2.4 Standard: Information and reporting systems

The ED maintains a contemporary information system to support the management of patient information and for reporting and monitoring.

2.4.1 Objective: Management of patient information

Patient data that is collected and retained is accurate and reliable, and maintained in a safe and secure manner. [101]

Criteria

- The ED team ensures data is matched to the correct patient
- The ED team utilises electronic health records where available
- The ED team maintains patient information in a safe and secure manner, ensuring privacy of information
- The ED patient information management system complies with relevant privacy legislation
- The ED team utilises a patient alert system for information regarding relevant patient issues.

2.4.2 Objective: Management of data integrity

Data that is collected and recorded is accurate and reliable, and is utilised to support regular monitoring and reporting for program evaluation. [101]

Criteria

- The ED team ensures that information recorded is accurate and reliable
- The ED team ensures that a minimum data set is recorded for patients which complies with relevant jurisdictional requirements
- The ED team ensures recorded data is reliable and reflects the patient journey through the ED.

2.4.3 Objective: Systems to facilitate monitoring data

The ED has systems in place to facilitate regular and ongoing monitoring of data collected for quality assurance purposes. [63, 101]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team utilises data management systems with consistent processes for generating data for the purpose of audit and review
- The ED team ensures there is regular monitoring and reporting of quality and safety data
- The ED team has established monitoring mechanisms to facilitate regular review of data
- The ED team ensures reporting complies with legislative requirements.

2.4 Standard: Information and reporting systems

2.4.4 Objective: Maintenance of information technology services

Information technology (IT) utilised in the ED is maintained to perform optimally, enabling the best possible communication mechanisms for the ED team both within the hospital and external to the hospital, as well as ensuring information systems are secure and effective.

Criteria

- The ED team engages with the hospital IT service to ensure information management systems are sensitive to ED needs
- The ED team communicates with the hospital IT service and hospital administration to ensure systems are in place and maintained
- The ED team has access to emergency IT repairs at all times
- The ED team utilises IT services to enhance communication between departments and other hospitals or healthcare providers.

2.4.5 Objective: Access to information and data in the emergency department

The ED team have access to adequate resources for obtaining information and data that will support the treatment of patients presenting to the ED.

Criteria

- The ED team has access to computer terminals which have adequate speed and internet access in all clinical and non-clinical areas
- The ED team has open access to information resources including relevant guidelines, handbooks, journals and the Internet
- The ED team is able to access such information on mobile devices
- The ED team can access monitors for primary and secondary image review and a system to view images on CDs e.g. a DICOM viewer.

Domain: Administration (Management)//

2.5 Standard: Workforce

The ED workforce is well supported by hospital management and administration and each constituent of the ED Team is monitored to ensure skill mix, expertise and competency to provide excellent care at the point of service delivery.

2.5.1 Objective: Emergency department team numbers and skill mix

The ED team reflects the number of team members and skill mix in relation to the ED role delineation. [21, 25, 102-104]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team supports access to, and proactive recruitment of Indigenous clinical staff
- The ED team ensures that stewardship of the department's workforce involves reliable planning and management for current and future needs
- The ED team ensures there is environmental awareness within the department and takes responsibility in ensuring the department can absorb change and still maintain function
- The ED team makeup supports the necessary clinical and clinical support functions of the ED, including quality assurance, education provision, administration and research
- The ED team makeup supports functions of the ED, including support and telemedicine where available to smaller EDs in that network.

2.5.2 Objective: Recruitment

Timely recruitment practices are utilised to ensure sufficient resources are available to provide patient care.

Criteria

- The ED team collaborates with hospital leadership and human resources to ensure timely recruitment processes are implemented
- The ED team collaborates with hospital leadership to ensure competence to practice is assured during recruitment processes.

2.5 Standard: Workforce

2.5.3 Objective: Turnover and sick leave

Turnover of ED team members is monitored and a significant change to the rate of turnover is investigated.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team has a system to monitor turnover rates and sick leave utilisation
- The clinical and non-clinical workforce has access to ongoing safety and quality education as well as training for identified professional and personal development to enhance team member retention rates
- Significant increases observed in turnover are reported to the ED team and hospital management
- The ED team is involved in any investigation of increased turnover.

2.5.4 Objective: Wellbeing of the ED team

The health and wellbeing of the ED team is a priority and the ED team are supported by hospital and departmental management to provide quality care to patients and ensure a supportive working environment that improves teamwork and reduces turnover. [105, 106]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team complies with relevant safety and wellbeing standards and guidelines
- The ED team have access to rapid dispute resolution processes for resolving award or other employment related issues
- The ED team has a wellbeing policy which reflects support for the ED team as a priority
- The ED team ensures team members have access to evidence-based counselling, for work related stresses
- The ED team ensures the ED is a safe and secure environment for both team members and patients
- The ED team supports links with mentoring programs
- The ED team supports team members to access an impaired practitioner program
- The ED team monitors absences to observe for signs of stress in the workforce
- The ED team encourages team members to seek support and utilise available resources for debriefing or discussion when required
- Rosters comply with safe working hours recommendations.

Domain: Administration (Management)//

2.6 Standard: Organisational culture

The ED fosters a safe and supportive culture within the hospital that aims to improve the patient and ED team experience.

2.6.1 Objective: System integration

The ED team is in close communication with hospital administration and other hospital departments to ensure the provision of a timely and safe service.

Criteria

- The ED team engages with hospital administration and other hospital departments to enhance communication and accountability, and improve quality, safety and efficiency of care
- The ED team ensures there is transparency in the implementation of practices and policies
- The ED team promotes an approach where the ED integrates with other hospital processes such as inpatient units and diagnostic services to achieve good patient care
- The ED team members and hospital administration team clearly understand and are trained to deliver specific accountabilities and leadership responsibilities
- The ED team and hospital administration encourage a process of patient engagement.

2.6.2 Objective: Interaction between hospital executive and emergency department

Governance of the department in accordance with Australian guidelines and international best practice ensures that the hospital executive and ED team work together to implement governance systems that maintain and improve the reliability and quality of patient care as well as working to improve patient outcomes.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team has regular reporting and feedback mechanisms to executive level of governance
- The ED team has established actions to work collaboratively with hospital executive and inpatient medical and surgical units
- The ED team has clear lines of communication with the executive level of governance.

2.6 Standard: Organisational culture

2.6.3 Objective: Interface with community and primary care providers

The ED team engages with a range of primary care providers and community and disability services to support optimal patient care.

Please also refer to the National Safety and Quality Health Service Standards, Standard 6 - Clinical Handover. [2]

Criteria

- The ED team provides support and engagement to smaller networked hospitals
- The ED team endeavours to interact with local primary care providers
- The ED team engages with Aboriginal and multicultural primary care providers
- The ED team supports interface with GP Networks or Primary Health Networks to enhance communication at acute presentation and discharge
- The ED team recognises the importance of the transfer of care from acute to primary settings
- The ED team has established communication mechanisms with community and primary care providers to enhance presentation, admission and discharge processes.

2.6.4 Objective: Patient experience

The ED team and hospital leadership focus on improving patient experience by providing high quality of care in addition to being responsive to patient, carer and consumer input and needs. [8]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations and Standard 2 Partnering with Consumers. [2]

Criteria

- The ED team has a mechanism to offer patients the opportunity to provide feedback regarding satisfaction and experience of care received
- The ED works to act on feedback given by patients and the community to ensure responsive quality improvement initiatives in the ED
- The ED team provides culturally safe avenues for feedback to patients, their family or carer
- The ED team provides a culturally safe environment and empowers patients, their family or carer to take full advantage of the health care service offered
- The ED team has a process to access cultural liaison officers.

2.6.5 Objective: Healthy workplace

The ED is a healthy workplace that encourages the pursuit of health and wellbeing for the ED team and patients.

Criteria

- The ED team encourages healthy options for team members and patients
- The ED team has close access to facilities for breaks
- The ED team has a healthy workplace plan which encourages the pursuit of health and wellbeing for team members and patients
- The ED team participates in preventative and health improvement initiatives
- The ED team supports a healthy workplace by providing education and training in achieving a healthy lifestyle
- The ED has facilities to support a healthy lifestyle, for example showers, lockers and storage racks.

2.7 Standard: Emergency management

The ED has effective plans to support the team in the event of emergency or disaster management.

2.7.1 Objective: Disaster incident plan

The ED has a disaster management system to direct, control and coordinate response and recovery operations. [9, 107-111]

Criteria

- The ED has an established disaster management plan which is regularly updated and practiced
- The ED disaster management plan describes specific organisational roles, titles and responsibilities for each incident management function
- The ED team is aware of any expectations for providing a team to deliver care outside the hospital
- The ED team establishes applicable policies and procedures for coordinating response, continuity and recovery activities
- The ED team has a clear process for leadership in the case of an emergency
- The ED team is aware of emergency and disaster management plans
- The ED team has a process for a whole hospital system approach to emergency/disasters
- The ED team has a clear communication link with community emergency services such as police, fire and ambulance, and regularly practices disaster management plans
- The ED team has systems in place to ensure safe management of vulnerable patient groups during disasters
- The ED team has systems in place to assist disaster affected team members and patients in managing associated distress or stress, including the provision of mental health advice.

2.7.2 Objective: Epidemic planning

The ED has a plan to manage increased demand during periods of disease outbreak.

Criteria

- The ED team has a mechanism to manage the widespread occurrence of an infectious disease in a community
- The ED team has a plan to increase its workforce to respond to epidemic outbreak of disease
- The ED team has a process to document information and decisions during the event of an epidemic. The ED has a plan to identify, isolate and or manage highly contagious diseases presenting to the ED in designated areas of the ED so as to reduce potential cross infection to unwitting others or ED team members
- The ED team has systems in place to promptly identify notifiable and/or other symptom complex presentations that might indicate a cluster disease outbreak for which State Health Departments should be notified.

Domain: Administration (Management)//

2.8

Standard: Incident and complaint management

The ED has an efficient and effective system for managing patient incidents, complaints and risks.

2.8.1 Objective: Incident management

The ED team participates in effective incident management and investigation, including reporting, investigating and analysing incidents, which results in corrective actions.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

2.8.2 Objective: Management of patient feedback

The process to manage patient feedback includes partnership with patients, their families or carer and is known to ED team members and complies with hospital policies.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

2.8.3 Objective: Risk management

The ED has clinical risk management systems to enhance the quality and safety of patient care.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team has processes to support the ED team to recognise, respond and report risks
- The ED team has systems to implement and analyse improvements in response to identified risks at a patient and departmental level and obtains feedback on the analysis of reported risks
- The ED team ensures that risk management processes are reviewed at the highest level of governance in the organisation
- The ED team supports patients in reporting risks.

2.8 Standard: Incident and complaint management

2.8.4 Objective: Incident reporting

The ED Team reports incidents in compliance with hospital, and where relevant, jurisdictional, processes and the culture of incident reporting is without blame and supports team members to document events. [30]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team encourages the use of national or state incident reporting resources
- Incidents that caused or could have caused harm to patients or team members are reported using the relevant hospital or jurisdictional incident reporting mechanism
- The ED team supports a culture of incident reporting that is without blame and encourages team members to report incidents that occur
- The ED team utilises reported incidents as learning and training tools
- The ED team participates in an open disclosure process
- The ED team ensures that team members involved with incident reporting have sufficient knowledge of supports available to them throughout the process.

2.8.5 Objective: Patient involvement in error reporting

Patients are involved and included in the reporting of errors or incidents.

Please also refer to the National Safety and Quality Health Service Standards, Standard 2 - Partnering with Consumers. [2]

Criteria

- The ED team ensures that patients are involved in the error reporting process in a culturally safe way
- The ED team ensures that patients feel supported throughout the error reporting process
- The ED team fosters an impartial error reporting culture that protects both the ED team and the patient, their family or carer.

Domain: Administration (Management)//

2.9 Standard: Patient safety

The safety of patients and a focus on reducing harm to patients is evident throughout the patient care pathway and the conduct of the ED team.

2.9.1 Objective: Patient safety culture

The ED team demonstrates a commitment to applying core patient safety knowledge, skills and attitudes to everyday work. [112, 113]

Criteria

- The ED team ensures an understanding of key patient safety concepts and processes
- The ED team seeks to apply, disseminate and share patient safety principles, behaviours and knowledge within the ED environment
- The ED team works within its own limitations to ensure a culture of patient safety
- The ED team demonstrates a questioning attitude in routine and non-routine situations to enable high quality patient care
- The ED ensures there are surveillance and auditing systems in place that ensure capture, analysis and remediation of diagnostic and management errors occurring within the ED.

2.9.2 Objective: Patient safety teams

The ED team works within inter-professional teams to improve patient safety and quality of care in the ED. [112-114]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team understand the roles, responsibilities and scope of practice of each team member
- The ED team has a clear protocol to respond to adverse events
- The ED team participates in shared inter-professional team learning.

2.9 Standard: Patient safety

2.9.3 Objective: Human and environmental factors

The ED team seeks to manage the relationship between individual and environmental characteristics in order to ensure optimal patient safety. [112, 113, 115, 116]

Criteria

- The ED team demonstrates understanding of critical thinking processes in the ED environment
- The ED team demonstrates understanding of factors that affect their personal wellbeing and impact on their professional performance and the safety of patients
- The ED team seeks to identify unsafe work environments related to human performance and culture
- The ED team seeks to identify and learn about biases that affect decision-making
- The ED and its processes are designed to minimise error and risk attributable to human factors.

2.9.4 Objective: Recognise, respond to and disclose adverse events

The ED team recognises the occurrence of an adverse event and responds effectively to mitigate harm to the patient, ensure disclose and prevent recurrence of the event. [112, 113]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisation. [2]

Criteria

- The ED team has an understanding of adverse and near miss events
- The ED team is aware of professional obligations and legislated requirements for reporting adverse events
- The ED team has a process to provide care and support to the patient, their family or carer as well as health care professionals affected by an event
- The ED team participates in event analysis for continuous quality improvement practices
- The ED team has an understanding of open disclosure and are supported to use it where relevant.

3.0 Domain: Professional

The professional domain focuses on the professional attributes of the ED team as well as the legal and ethical obligations encountered in the provision of care within the ED. It encompasses the professional standing of ED team members and provides some elements for the delivery of quality care within the community and whole hospital system.

Domain: Professional//

3.1 Standard: Leadership

The ED team provides effective human resource management by encouraging identified leaders to provide effective support and mentoring to the ED team. [117]

3.1.1 Objective: Communication

The ED team implements and utilises effective communication practices whenever possible to ensure high quality patient care and service. [118, 119]

Criteria

- The ED team fosters effective communication and interpersonal skills within the team and with patients, their family and/or carer
- The ED team demonstrates respectful and culturally competent two-way communication practices focused on information exchange
- The ED team has a shared vocabulary and practices clear and concise communication skills within the team
- The ED team leverages technological solutions to enhance communication within the department
- The ED team manages interruptions relating to patient management and ensures quality of patient care is a priority
- The ED team ensures that there are clear lines of communication within the team and to other hospital departments
- The ED team ensures that education of communication skills is addressed in departmental training.

3.1.2 Objective: People management

The ED team has clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care. [104, 120]

Criteria

- The ED team ensures there is clarity amongst team members regarding leadership and responsibility
- The ED team encourages team members and motivates them to work effectively
- The ED team ensures that tasks are delegated amongst team members according to ability
- The ED team monitors and manages team members' behaviour to ensure the common goal of quality patient care is achieved
- The ED team ensures that the roster is structured to allow leadership to be available for junior team members
- The ED team participates in hospital related human resource management and improvement activities.

3.1 Standard: Leadership

3.1.3 Objective: Mentoring

The ED team has a responsibility to provide equal and accessible mentoring and leadership in the workplace to members within the team. [106]

Criteria

- The ED team ensures that mentoring is available to ED team members
- The ED team has access to a designated Mentor Program Coordinator within their hospital network
- The ED team has a clear process to establish mentor relationships which supports both mentor and mentee in achieving goals
- The ED team provides mentoring that is mentee driven, goal focused, action oriented and responsive to the learning needs of the mentee
- The ED team ensures that mentoring pairs receive orientation and training, and are provided with information and resources which support the mentoring relationship
- The ED team has a monitoring process ensuring mentoring relationships are of value
- The ED team has a continuous improvement process in place for the workplace mentoring program.

3.1.4 Objective: Debrief

The ED team has the opportunity to debrief with mentors, or other team members to provide reflection and feedback about participant performance and aspects of a completed situation. [105, 121]

Criteria

- The ED team has access to support systems during investigations, legal proceedings and return to work programs for any team members following an incident or situation
- The ED team ensures each team member has the opportunity to debrief following a complex or stressful situation
- The ED team supports voluntary participation in the debriefing process
- Debriefing processes address both clinical and emotional issues.

Domain: Professional//

3.2 Standard: Legal and ethical

Members of the ED team comply with the professional, legal and ethical obligations required by law and the relevant professional organisation within the boundaries of their knowledge, skill and competence.

3.2.1 Objective: Medico-legal obligations

Day to day conduct in the ED complies with principles and requirements of relevant legislative and regulatory standards. [67, 122, 123]

Criteria

- The ED team is aware of the principles of preservation and collection of forensic evidence
- Contemporaneous documentation of injuries is made to assist with potential judicial processes
- Formal processes must be adhered to when furnishing reports to the police or legal authorities
- The ED team ensures that a police report template is available to assist team members when required
- The ED team ensures that support, from senior team members or legal practitioners, is available for team members who are required to write a police report or when subpoenaed to court as a witnesses
- Patients involved in legal processes should be observed for emotional or mental distress and provided with opportunity to talk with a mental health professional, counsellor, advocate or carer
- The ED team understands legal principles in situations where patients lack capacity.

3.2.2 Objective: Professional ethics

The ED team complies with professional ethical obligations and code of conduct. [124, 125]

Criteria

- The ED team does not take advantage of patients
- The ED team does not make decisions for personal gain
- The ED team ensures that interactions with pharmaceutical, medical equipment or clinical supply companies, or other conflicts of interest, comply with relevant guidelines
- The ED team ensures there is no inappropriate personal use of hospital resources
- The ED team ensures there is a process to refer to another clinician in cases of moral objections
- The ED team refrains from inappropriate conduct toward or discussion about colleagues.

3.2 Standard: Legal and ethical

3.2.3 Objective: Respecting patient autonomy

The ED team seeks to provide the best possible care while balancing best practice, evidence-based medicine and patient autonomy. [126]

Criteria

- The ED team respects the competent patient's right to accept or reject advice and to make their own decisions about treatment procedures
- The ED team ensures that patients are informed about treatment options through the use of effective communication practices and information exchange
- The ED team ensures that, even in an emergency situation, patients are provided with as much information as possible without compromising treatment
- The ED team ensures that the patient's opinions and wishes are respected.

3.2.4 Objective: Assessing competence

The ED team is trained to assess a patient's competence in providing informed consent for treatment or intervention. [36-43, 124, 127-129]

Criteria

- The ED team is trained to assess a patient's competence to make relevant treatment decisions
- The ED team is aware of processes to obtain consent for non-emergency treatment according to the relevant jurisdictional hierarchy of consent
- The ED team has a process to negotiate conflict between family members or between jurisdictional or cultural definitions of NOK
- The ED team is aware of the process of providing emergency treatment if a patient is not competent
- The ED team is aware of their duty of care obligations under local legislation or regulations.

3.2.5 Objective: End of life obligations

The ED team is trained to conduct respectful end of life care in the ED in consultation with the patient and their family or carer. [78, 130-134]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations and Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care. [2]

Criteria

- The ED team has a protocol for screening patients in need of advance care plans and advocating for their completion
- The ED team has a process to identify and involve a nominated decision maker for situations in which the patient's decision-making capacity is impaired
- The ED team has processes for setting a limitation of treatment in the ED
- The ED team ensures that for patients nearing the end of life, a collaborative resuscitation decision is made before leaving the ED and it is documented
- The ED team is trained to have knowledge of death, cremation and extinction of life certification requirements

3.2.5 Objective: End of life obligations (continued)

Criteria

- The ED team has a process to inform relevant primary care providers of a patient's death in the ED
- The ED team is trained to consider cultural differences following death in the ED
- The hospital has facilities to allow relatives to stay or keep vigil with deceased patients in accordance with their belief and customs. This may be within the ED, the chapel or the morgue but the relatives must be able to call on hospital staff if necessary.

3.2.6 Objective: Organ and tissue donation

The ED team is trained to ensure the wishes of patients in relation to organ and tissue donation are respected and where possible, upheld. [135]

Criteria

- The ED team has a system to facilitate organ and tissue donation opportunities
- The ED team has access to jurisdictional advice to enable a patient's intentions regarding organ donation to be known, documented and accessible
- The ED team provides accurate information about organ donation to patients, their families or carer.

3.2.7 Objective: Mental health and the law

Care provided in the ED to patients with mental health issues complies with relevant mental health legislation and regulations. [84-90, 136-138]

Criteria

- The ED team is trained and complies with relevant mental health legislation and regulations
- The ED team provides assessment and management in compliance with relevant jurisdictional mental health legislation
- The ED team clearly communicates the requirements of relevant mental health legislation to the patient
- The ED team seeks to establish links with specialist mental health caregivers within the hospital or healthcare network.

3.2.8 Objective: Privacy and confidentiality

The ED collects personal health information in accordance with relevant privacy legislation and safeguards its confidentiality in accordance with the Australian Privacy Principles. [139-146]

Criteria

- The ED team complies with the requirements for patient privacy and confidentiality under the relevant legislation for the jurisdiction
- The ED team clearly communicates privacy and confidentiality requirements to patients with consideration to health literacy and cultural differences
- The ED team is sensitive to all information discussed in the ED.

3.3 Standard: Teamwork and collaboration

The ED team works collaboratively within the ED and the wider hospital system to promote a positive work environment ensuring patients receive the highest quality of care available.

3.3.1 Objective: Team work

The ED team is comprised of professionals with complementary backgrounds and skills, and who share common health goals. The ED team is encouraged to work together and promote patient safety initiatives to improve patient care.

Criteria

- The ED team establishes effective inter-professional teams
- The ED team incorporates proven methods of team training
- The ED team participates in simulation-based multidisciplinary teamwork training
- The ED team utilises positive, transparent and open communication techniques
- The ED team gives recognition and appreciation to team members
- The ED team promotes an accountability model that clearly defines acceptable and unacceptable behaviour
- The ED team has access to a hierarchical referral process in the event of treatment disagreement and enhancing patient safety.

3.3.2 Objective: Collaboration

The ED team collaborates with other EDs and other agencies to enhance assessment, diagnosis and treatment of patients during their ED presentation as well as following discharge to the community. [22]

Criteria

- The ED team establishes effective collaborative mechanisms with other hospitals within their health network
- The ED team has collaborative working relationships with other specialists or clinicians who may provide support to the ED team.

3.3.3 Objective: Prioritisation and decision-making

The ED team is supported to prioritise patients and make decisions within the ED environment.

Criteria

- The ED team receives training to support prioritisation and decision-making in the ED
- The ED team receives training to enhance situational awareness
- The ED environment is suitable for enhancing decision-making for the ED team.

Domain: Professional//

3.4 Standard: Public health awareness and advocacy

The ED team are responsible for providing patients and team members with advocacy relevant to their needs and available resources.

3.4.1 Objective: Public health advocacy

The ED provides public health awareness and advocacy, illness prevention and preventive care based on patient need and best available evidence. [92, 108, 147-150]

Criteria

- The ED team participates in public health promotion and advocacy for patients
- The ED team has procedures in place which ensure that every clinical contact is an opportunity to promote health and prevent illness or injury
- The ED team ensures best available information is accessible by patients within the ED
- The ED team endeavours to identify areas of health-related need within its local community
- The ED team engages in information sharing for the purposes of advocacy and public awareness.

3.4.2 Objective: Professional advocacy

The ED team provides leadership and advocacy for professional team members.

Criteria

- The ED team act as advocates for the profession of emergency medicine
- The ED team support and provide leadership to professional team members within the ED
- The ED team participate in opportunities to promote and support the provision of emergency healthcare.

3.4.3 Objective: Personal health and wellbeing

The personal health and wellbeing of team members is considered by hospital and departmental leadership as being essential to running an effective ED. [126, 151]

Criteria

- The ED team promotes healthy personal lifestyle choices
- The ED team supports team members to access formal healthcare when necessary and discourages clinical team members from treating themselves
- The ED team encourages team members to take responsibility for their own physical and psychological health
- The ED team practice responsible rostering and work hours
- The ED team supports team members to recognise the dangers to others associated with a reluctance to admit illness or failing competence, and continued or regular self-diagnosis, treatment and prescription
- The ED team supports team members in the mandatory reporting of impaired clinicians.

3.4 Standard: Public health awareness and advocacy

3.4.4 Objective: Media interaction

ED interaction with the media is in compliance with relevant privacy and confidentiality legislation and principles, as well as with hospital policy, to ensure the department is represented and that patients continue to receive quality care. [152]

Criteria

- The ED team ensures interaction with the media is in compliance with relevant privacy and confidentiality standards
- The ED team is familiar and compliant with hospital policies for media interaction
- The ED team does not use any media modality as a communication tool about any patient, work colleague or departmental clinical activity.

4.0 Domain: Education and Training

The education and training domain describes those components of practicing emergency care that are related to ongoing maintenance and development of knowledge, skills and professional attributes. This domain includes provisions for ensuring high quality supervision of trainees and students, which in turn enables a high quality of care to be nurtured within the department.

Domain: Education and Training//

4.1 Standard: Departmental training

The ED team participates in departmental training opportunities that seek to enhance teamwork and collaboration as well as the capacity of the team to work together.

4.1.1 Objective: Orientation and induction

Members of the ED team, including students, receive orientation, induction and support in the initial period of employment at the ED.

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team ensures that new team members have access to resources for orientation and induction
- New ED team members, including locum staff, receive orientation and induction, prior to commencing work
- Overseas trained health professionals are required to work supervised until assessed as competent by their ED and relevant regulatory body.

4.1.2 Objective: Inter-professional learning

Relevant training and education is routinely provided to the ED team to foster collaborative practice and ensure members provide consistent care to patients. [153-155]

Criteria

- The ED team encourages team members to participate in inter-professional and learning opportunities
- The ED team demonstrates clear leadership through the provision of inter-professional education and learning
- The ED team ensures there are mechanisms in place to respond to feedback from inter-professional learning
- The ED team ensures that the provision of inter-professional learning opportunities results in consistent work practices and expectations amongst the ED team.

4.1.3 Objective: Access to educational resources

The ED Team has access to departmental, hospital and regionally-based educational opportunities and resources. [156]

Please also refer to the National Safety and Quality Health Service Standards, Standard 1 - Governance for Safety and Quality in Health Service Organisations. [2]

Criteria

- The ED team schedules time to access hospital and departmental training opportunities
- The ED team supports team members to participate in education opportunities within the hospital
- The ED team has access to adequate educational resources and physical spaces for learning

4.1 Standard: Departmental training

4.1.3 Objective: Access to educational resources (continued)

Criteria

- The ED team ensures training and education opportunities are made available to team members
- The ED team has access to the Internet and other IT resources within the ED
- The ED team ensures annual training programs are provided to meet relevant hospital and departmental quality and safety standards
- The ED team promotes inter-professional education forums where clinical management of patients that spans the ED-inpatient interface is discussed with colleagues from inpatient medical and surgical teams.

4.1.4 Objective: Patient involvement in learning

Patients, their family or carer are involved in training and education for the ED team.

Please also refer to the National Safety and Quality Health Service Standards, Standard 2 - Partnering with Consumers. [2]

Criteria

- The ED team ensures that informed consent is obtained from patients involved in learning opportunities for the ED team
- The ED team ensures that the safety and comfort of patients is paramount during participation in learning opportunities for the ED team.

Domain: Education and Training//

4.2 Standard: Continuous education and training

The ED team supports and encourages continuous quality improvement and risk management through ongoing education, training, and audit cycles.

4.2.1 Objective: Continuous professional development

The ED team ensures that clinicians and professionals participate in continuing professional development, peer review and reflection on practice, to maintain and improve knowledge and skills relevant to their clinical work, and comply with relevant regulating bodies. [102, 157, 158]

Criteria

- The ED team continues lifelong self-education to improve the standard of medical care provided to patients
- The ED team recognises professional limitations and seeks to identify training or professional development to address inadequacies
- The ED team endeavours to keep up to date on relevant healthcare knowledge, codes of practice and legal responsibilities
- ED team members comply with relevant professional development expectations of the hospital or professional organisation and participate in effective, ongoing professional activities
- ED clinical team members participate in and comply with the requirements of relevant regulatory bodies.

4.2.2 Objective: Intra-departmental learning

The ED team ensures that there are sufficient opportunities for training and learning available for team members within the ED.

Criteria

- The ED team has access to relevant training that enables the ED to provide high quality care to patients
- ED team members attain relevant competencies in emergency care skills
- The ED team participates in cultural competence training relevant to local needs
- ED team members participate in hospital training, development and quality requirements to ensure that the ED operates within the confines of its hospital system.

4.2 Standard: Continuous education and training

4.2.3 Objective: Training and education needs

The ED team has the opportunity to conduct needs analysis, and match training opportunities to the needs of team members.

Criteria

- The ED team seeks to engage in training courses that will enhance the skills and knowledge of clinical team members providing care to patients in the ED
- The ED team encourages team members to identify and participate in training courses relevant to the provision of care in the ED
- The ED team have dedicated time to access relevant training, upskilling and maintenance of skills
- The ED team has a process to evaluate training courses to ensure suitability and relevance to the ED team.

4.2.4 Objective: Training as clinical educators

Senior ED clinical team members are encouraged to become accredited for instructing training courses within the ED, to promote the participation in and completion of training courses by the ED team.

Criteria

- The ED team members involved in supervision and training receive training in the provision of education and/or supervision
- The ED team ensures that team members involved in training and education receive regular feedback about their performance
- The ED team is supported to engage in the education of others.

4.2.5 Objective: Orientation to new procedures and equipment

The ED team identifies and utilises new procedures and equipment in the ED.

Criteria

- The ED team ensures that team members are orientated to the implementation of any new procedures, protocols or equipment in the ED
- The ED team ensures that new procedures and protocols undergo a suitable review process to ascertain relevance and evidence-base prior to implementation
- The ED team ensures that team members wishing to extend their scope of practice, beyond that usually considered part of their profession, complete a formal educational program and are appropriately credentialed in their workplace
- The ED team ensures that there is a process in place to ensure team members are familiar with new procedures, protocols or equipment.

4.2.6 Objective: Credentialing

Clinical ED team members participate in, and complete relevant accredited training courses, which may be provided as part of departmental or independent training opportunities. [26, 54, 159, 160]

Criteria

- The ED team ensures team members have access to relevant training and discussion opportunities within the ED and/or hospital to contribute to professional development
- The ED team has support to access and participate in training opportunities that are allocated for relevant credentialing requirements
- The ED team ensures team members have attained and maintained competence in emergency care skills in order to effectively provide quality care to patients.

4.3 Standard: Clinical education

The ED team supports clinical students and trainees to develop their knowledge and skills, and to work within the limits of their competence and scope of practice.

4.3.1 Objective: Principles of clinical education

The ED team promotes evidence-based, high quality clinical education to trainees and students with a focus on knowledge generation and translation to improve the health and emergency care available to the population. [161-163]

Criteria

- The ED team ensures that any training provided within the department complies with the requirements of relevant legislative, educational or professional bodies
- The ED team focuses on allowing equal opportunity and access to students within the ED
- The ED team has the capacity to provide appropriately qualified senior staff to support training endeavours
- The ED team ensures that student training provided within the ED covers knowledge, skills and requirements of relevant professional bodies
- The ED team ensures that clinical training addresses knowledge, skills and professional attributes with regards to patient assessment, decision-making, management and procedural skills
- The ED team promotes reflective practice in clinical students to aid the student's future learning
- The ED team ensures patient safety education within the ED
- The ED team seeks to audit, evaluate and improve the quality of education provided to trainees and students within the ED
- The ED team looks to provide support to universities and colleges in the local area, for the purpose of continual education and community outreach
- The ED team seeks to teach and coordinate assessment of clinical students in the ED
- The ED team forms collaborative relationships with higher education providers in order to further specialist education at the postgraduate level
- The ED team engages inpatient medical and surgical teams in collaborative joint education sessions for trainees and consultants in patient care that spans the ED-inpatient interface.

4.3.2 Objective: Supervision of clinical students

Junior team members and students within the ED team receive supervision and support to ensure quality care is provided to patients. [120, 164]

Criteria

- Junior team members and students within the ED are exposed to a wide spectrum of emergency presentations
- Supervision is provided to junior team members and students
- Clinical students in the ED are easily identified and receive support and supervision
- The ED team ensures that the role of training junior team members and students does not compromise the clinical service provision role of the ED
- The ED roster allows direct supervision of junior medical staff by a senior medical practitioner experienced in emergency medicine and junior nursing staff by a senior emergency nurse
- The ED team welcomes and assists trainees and students as required, providing confidence in shared and cooperative knowledge within the ED team.

4.3.3 Objective: Simulated learning environment

The ED team provides adequate opportunities to clinical students to participate in authentic teaching and simulation activities. [165]

Criteria

- The ED team ensures that clinical students have the opportunity to participate in clinical simulation either onsite or offsite
- The ED team utilises simulation education for clinical students as an adjunct to ensuring clinical competence
- The ED team utilises simulation education to enhance the transfer of theoretical knowledge to the clinical ED context
- The ED team utilises simulation education to enhance the provision of team based care to emergency patients.

4.3.4 Objective: Bedside teaching

The ED team provide opportunities for teaching and learning in a practical and relevant manner. [166]

Criteria

- The ED team ensures that time is allocated for experienced team members to teach clinical students at the bedside
- The ED team ensures that only patients who have given informed consent are involved in bedside teaching
- The ED team ensures that bedside teaching opportunities are safe for students and patients
- The ED team ensures opportunities for teaching and learning are leveraged and accessed wherever possible
- The ED team promotes the complementary principles of teaching in the workplace and the provision of optimal patient care.

4.3 Standard: Clinical education

4.3.5 Objective: Safety

Trainees within the ED are supported to ensure safe and quality care is provided to patients.

Criteria

- The ED team has a process to establish effective working relationships with trainees and senior team members to ensure correct clinical care and quality training outcomes
- The ED team has a process to support students and trainees in understanding the complexities of hospital administration
- The ED team has a process to promote a balance between work and home life for students and trainees
- The ED team seeks to use critical incident reports as educational tools.

4.3.6 Objective: Assessments

The ED team provides accurate and timely assessment to team members and trainees.

Criteria

- The ED team ensures the accurate and timely completion of assessment requirements for students and trainees
- The ED team supports team members, students and trainees in the preparation for formal assessments required by educational institutions
- The ED team participates in assessment of students and trainees as required by educational institutions and professional organisations.

5.0 Domain: Research

The research domain focuses on the conduct of research within the ED that complies with ethical requirements and good clinical practice guidelines, as well as encouraging the collaboration and participation in research to ensure the ED provides high quality, contemporary and evidence-based care to patients.

Domain: Research//

5.1 Standard: Research principles

Research conducted within the ED or with patients of the ED has appropriate approval from ethics committees, and methods reflect reliable research methodology.

5.1.1 Objective: Planning research

Research to be conducted in the ED is planned and scoped to ensure it is relevant and that any negative impact on the clinical activity occurring within the department is weighed against the potential benefits of the research to the profession and broader community. [167, 168]

Criteria

- The ED team participates in planning for research being conducted in the ED
- The ED team considers proposed research in the context of the ED environment to ensure patient-centred care is maintained
- The ED team maintains research integrity principles when planning research for the ED
- The ED team ensures there is transparency in the conduct of research in the ED
- The ED team ensures that research planned adheres to the mutual responsibilities between investigators and their research participants.

5.1.2 Objective: Ethics in research

Research conducted in the ED complies with institutional and relevant human research ethics requirements.

Criteria

- The ED team ensures that planned research complies with relevant standards and guidelines
- The ED team ensures that planned research has been approved by relevant ethics and governance committees
- The ED team ensures adverse effects to a patient, as a result of participating in the research project, are reported to the human research ethics committee as per institutional requirements.

5.2 Standard: Participation in research

Patients and team members of the ED have the opportunity to be informed of research opportunities and participate where desired.

5.2.1 Objective: Patient participation in research

Patients are given the opportunity to participate in research and are informed that their decision to participate is voluntary and will not affect any treatment or care received. [30]

Criteria

- The ED team ensures the correct use of patient information statements, with particular regard for levels of health literacy and language, when communicating with patients to participate in research
- The ED team ensures that researchers, clinicians and ED team members work in partnership to enable patients to participate in research if desired
- The ED team ensures any potential participants have the opportunity to refuse participation in the research project and are not required to give any reason or justification for their decision
- The ED team acknowledges the participation of the patient, their family or carer in the research process
- The ED team ensures the correct consenting process is followed for patients who are unable to give informed consent at the time of commencing the research process.

5.2.2 Objective: Emergency department team participation in research

Members of the ED team are encouraged to participate in research and are informed that their decision to participate is voluntary and will not affect their involvement or position.

Criteria

- The ED team is encouraged to participate in relevant and approved research in their department
- The ED team ensures the correct use of information statements when communicating with team members regarding participation in research
- The ED team has the opportunity to participate in relevant research activities within or impacting upon the ED
- ED team members have the opportunity to decline individual participation in research.

5.2.3 Objective: Consent in emergency department research

Patient participation and consent is sought through discussion about both the benefits and the risks of medical research. [170]

Criteria

- The ED team ensures there is an effective process for obtaining consent for participants including when, how and by whom it is obtained
- Consent for research in the ED is undertaken according to approval by the human research ethics committee
- The ED team ensures that research is designed so that each participant's consent or process of obtaining consent (waiver) is clearly established and documented
- The ED team ensures that absolute care and respect is exercised in obtaining consent from participants or their guardians.

5.3 Standard: Collaboration and participation

Collaboration with external research bodies and participation in research activity is actively supported in the ED and evidence-based practice is implemented.

5.3.1 Objective: Participation in research activities and development

The ED is encouraged to participate in research activities and in the development of innovative quality care to support ongoing quality improvement.

Criteria

- The ED team supports research activities that focus on innovative quality of care and translational research outcomes
- The ED team supports research activities that align with NHMRC health priority areas
- The ED team supports research that contributes to continuous quality improvement processes within the ED.

5.3.2 Objective: Consistent evidence-based practice

The ED has a consistent approach for the critical review and implementation of research and evidence-based practice. [171]

Criteria

- The ED team promotes the use of the best available evidence, clinical expertise and patient values relevant to emergency medicine
- The ED team ensures innovations and new technologies undergo adequate health technology assessment prior to implementation
- The ED team ensures there is a consistent approach to diagnosis and management of patients based on relevant and up to date evidence
- The ED team has a process to assess the quality of relevant literature and strength of evidence pertaining to best practice in the ED
- The ED team has a process to systematically review and implement research and evidence-based findings relevant to the ED.

5.3.3 Objective: Collaboration with external research bodies

The ED is encouraged to collaborate with external research bodies, such as universities, research institutions and research arms of professional societies whose members are involved in care of patients that span the ED-inpatient interface, to support up to date treatment and emergency care provision.

Criteria

- The ED team accepts relevant opportunities to collaborate with external research bodies
- The ED team promotes the benefits of collaborating with research bodies
- The ED team offers collaborative opportunities with external research bodies to ensure expertise is available in research for various facets of emergency care
- The ED team seeks collaborative opportunities with external research entities and research arms of professional societies whose members are involved in care of patients that span the ED-inpatient interface
- The ED team ensures that roles and responsibilities in collaborative research initiatives are well defined.

5.3.4 Objective: Quality, research and education

Patients may be asked to participate in quality and research projects or educational sessions, when suitable. [30]

Criteria

- The ED team ensures patients are engaged in quality and research projects within the ED, when suitable opportunities arise
- The ED team ensures that there are processes and protocols available to engage with patients regarding participation in educational sessions
- The ED team ensures that individual patient care takes precedence over patient participation in research or educational endeavours
- The ED team ensures that the requirements of quality, research and educational activities are considerate of participants' time and effort.

Glossary of terms

Aboriginal and Torres Strait Islander: Patients identified as being of Aboriginal or Torres Strait Islander origin. [4]

Access: The ability of patients to obtain services from the ED. [4]

ACCRM: Australian College of Rural and Remote Medicine.

ACEM: Australasian College for Emergency Medicine.

ACSQHC: Australian Commission for Safety and Quality in Health Care.

Advanced Rural Skill training in Emergency Medicine: These are 1 year training posts administered by the Royal Australian College of General Practitioners and/or the Australian College of Rural & Remote Medicine which provide GPs with emergency medicine skills to practice non-specialist emergency and or urgent care medicine predominantly in rural Australia.

AHPRA: Australian Health Practitioner Regulation Agency.

Alternate Health Care Providers: A health professional who works in a medical, nursing or allied health profession registered by AHPRA.

Assessment and diagnostic units: A clinical model of care utilised in some hospitals to manage subsets of patients that may require specific levels of assessment, in order to maximise efficiency.

ATS: Australasian Triage Scale.

Culturally and linguistically diverse (CALD): People from culturally and linguistically diverse backgrounds. [4]

Carers: People who provide personal care, support and assistance to people with a disability, medical condition (including terminal or chronic illness), mental illness, or frailty due to age. [5]

CENA: College of Emergency Nursing, Australasia.

Certificate of ACEM: A certificate granted to doctors who have demonstrated reaching a basic baseline standard required for non-specialist emergency and or urgent care medicine medical practice in Australia.

Clinical handover: The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. [6]

Complaint: An expression of dissatisfaction or concern with an aspect of the ED. Complaints may be expressed verbally or in writing and may be made through a formal complaints process, consumer surveys or focus groups. [4]

Consultant: A senior hospital-based medical practitioner who has completed their specialist training and been placed on the specialist register in their chosen specialty.

Consumer: Patients and potential patients, carers and organisations representing consumers' interests. [7]

Credentialing: Attaining a competent and safe level of practice by meeting a minimum set criteria, as defined by State jurisdictional guidelines and Health Service notation.

Cultural competence: The capacity of the health worker to improve health status by integrating culture into the clinical context. [8]

Glossary of terms

Cultural safety: The effective care of a person or family from another culture by a medical practitioner who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own medical practice. Cultural safety aims to enhance the delivery of health services by identifying the power relationship between the medical practitioner and the patient, and empowering the patient to take full advantage of the health care service offered. [8]

Disposition destination: Patient destination upon leaving the ED. [9]

Emergency department (ED): The ED is the dedicated area in a hospital that is organised and administered to provide a high standard of emergency care to those in the community who perceive the need for or are in need of acute or urgent care, including hospital admission. [10]

Emergency medicine (EM): Emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.

Emergency Medicine Certificate: ACEM's six month clinical training program in Emergency Medicine for non-specialist doctors and visiting GPs.

Emergency Medicine Diploma: ACEM's eighteen month advanced clinical training program in Emergency Medicine for non-specialist doctors and visiting GPs.

Emergency nurse: A registered nurse who holds a postgraduate qualification recognised by the Australian Qualifications Framework in emergency nursing and has professional preparation and significant experience in the emergency practice setting.

Emergency physician: An emergency physician is a registered medical practitioner trained and qualified in the specialty of emergency medicine. The recognised qualification of an emergency physician in Australasia is the Fellowship of the Australasian College for Emergency Medicine (FACEM).

Environment: The overall surroundings where health care is being delivered, including the building, fixtures, fittings and services such as air and water supply. Environment can also include other patients, visitors and the workforce. [2]

Fellowship of ACEM (FACEM): Fellowship of ACEM is granted to doctors who have demonstrated that they have reached the standard required for specialist emergency medical practice in Australia.

FRACP: A Fellow of the Royal Australasian College of Physicians.

GP: General Practitioner. A family physician who holds fellowship of RACGP or ACRRM or, is otherwise so credentialed by the appointing health service or, recognised as such by AHPRA and or Health Insurance Commission for Medicare payment purposes.

Health literacy: The skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action. [11]

Human Research Ethics Committee (HREC): A committee that reviews applications from people or investigators/ institutions undertaking research projects involving human subjects. The committee needs to be constituted according to National Health and Medical Research Council (NHMRC) requirements. [4]

Impaired practitioner: When a physical, mental or substance-related disorder interferes with the practitioner's ability to engage in professional activities competently and safely. [12]

Incident: An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, and/or complaint, loss, damage or claim for compensation. [4]

Infection control: Actions to prevent the spread of pathogens between people in a healthcare setting. Examples of infection control measures include targeted healthcare associated infection surveillance, infectious disease monitoring, hand hygiene and personal protective equipment. [13]

Infection: The invasion and reproduction of pathogenic or disease-causing organisms inside the body. This may cause tissue injury and disease. [14]

Informed consent: A process of communication between a patient and their medical officer that results in the patient's authorisation or agreement to undergo a specific medical intervention. This communication should ensure the patient has an understanding of all the available options and the expected outcomes such as the success rates and/or side effects for each option. [15]

Initial or interim treatment orders: The prescription of medications, fluids and other management required to ensure patient care following their departure from the emergency department for the interim period, up to 6 hours, pending assessment and review by the inpatient team. (S18)

Inpatient unit: The term used to describe both the physical space where hospital beds are, such as the general medical ward, as well as a specialist unit such as the intensive care unit or an assessment and diagnostic unit.

Inter-professional learning: Training and education that enables two or more professions to learn from, with and about each other to improve collaboration and quality of care.

IT: Information technology.

Jurisdiction: The geographical area over which a legal authority exists.

Medication history: An accurate recording of a patient's medicine. It comprises a list of all current medicines including all current prescription and non-prescription medicines, complementary healthcare products and medicines used intermittently; recent changes to medicines; and past history of adverse drug reactions. [2]

Medication: The use of medicine for therapy or for diagnosis, its interaction with the patient and its effect. [2]

NHMRC: National Health and Medical Research Council.

NOK: Next of Kin. Usually defined as a person's closest living blood relative or relatives; however, in some cultures NOK may not necessarily refer to blood relatives at all.

Open disclosure: An open discussion with a patient about an incident(s) that resulted in harm to that patient while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings. [16]

Orientation: A formal process of informing and training workforce upon entry into a position or organisation, which covers the policies, processes and procedures applicable to the position or organisation. [2]

Glossary of terms

Patient: A person receiving health care. [2]

Patient-centred care: The delivery of health care that is responsive to the needs and preferences of patients. Patient-centred care is a dimension of safety and quality. [2]

Plain English: Communication that emphasises being clear and concise, and avoiding technical language.

Patient file: Information held about a patient, which may include contact and demographic information, patient history, notes on treatment, observations, correspondence, investigations, test results, photographs, prescription records, medication charts, insurance information and legal and occupational health and safety reports. [4]

Patient flow: This term describes the movement of patients through the specific health system, for example an ED or a hospital. With respect to an ED, patient flow includes patient access to the ED, flow through the ED and departure via admission, transfer or discharge from the ED.

Patient identifiers: Items of information accepted for use in patient identification, including patient name (family and given names), date of birth, gender, address, patient file number and/or Individual Healthcare Identifier. Health service organisations and clinicians are responsible for specifying the approved items for patient identification. Identifiers such as room or bed numbers should not be used. [2]

Point of care: The time and location where an interaction between a patient and clinician occurs for the purpose of delivering care. [2]

Point of care testing: Laboratory tests taken and analysed close to the patient rather than sent to the main laboratory.

Professional interpreter: An interpreter who is capable of interpreting across a wide range of semi-specialised situations and is capable of using the consecutive mode to interpret. [17]

Physician: A Medical Practitioner.

RANZCR: Royal Australian and New Zealand College of Radiologists.

RCPA: Royal College of Pathologists Australasia.

Referral: To send on or direct a patient to another practitioner. [4]

Risk management: The design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the institution. [2]

Risk: The chance of something happening that will have a negative impact. It is measured by consequences and likelihood. [2]

Role delineation: A description of the responsibilities and functions of a health care service.

Safety: The degree to which potential risk and unintended results are avoided or minimised. [4]

Scope of Practice: Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Senior doctor: Considered to be qualified as a registrar or above. Some tertiary hospitals may consider this to be a consultant or specialist in their field.

Situational awareness: Involves being aware of the surrounding environment, in order to understand how information, events and one's own actions will have an impact both immediately and in the future.

Streaming: A system whereby patients are allocated to different streams according to their needs and these streams may be individually resourced, thus able to function regardless of the pressures in other streams. The principle goal of streaming is to improve flow through the ED. Streaming must not detract from an ED's capacity to provide care which is prioritised according to clinical urgency. [18]

Timely: A length of time that might reasonably be expected by the patient, their family or carer and health professionals for a defined situation. [4]

Training: The development of specified knowledge and skills. [2]

Triage: The initial process of determining the priority of patients' treatments based on the clinical urgency of their condition. [19]

Vulnerable patients: A person who is at greater risk of adverse events within the health care system.

Workforce: All those people employed by a health service organisation. [2]

References

1. ALP, *Let's move Australia Forward*, N. Martin, Editor. 2011, Australian Labor Party: Canberra, Australia.

2. ACSQHC, *National Safety and Quality Health Service Standards*. 2012, Australian Commission for Safety and Quality in Health Care: Sydney.

3. ACEM, *Policy on a quality framework for emergency departments*. 2012, Australasian College for Emergency Medicine: Melbourne.

4. RACGP, *Standards for general practices 4th edition*. 2010, The Royal Australian College of General Practitioners: Melbourne.

5. *Carer Recognition Act in 123, 2010*, C.o. Australia, Editor. 2010: Canberra.

6. *Seven steps to patient safety*. 2004, London: National Patient Safety Agency.

7. *Consumer representatives program policy*. 2014 [cited 2014 21 May]; Available from: https://www.chf.org.au/consumer-representatives-program-policy.php#link11.

8. RACP, An *Introduction* to Cultural Competency. 2004, Royal Australasian College of Physicians.

9. ACEM, *Policy on the Disposition of Patients in the ED on Notification of a Mass Casualty Incident*. 2007, Australasian College for Emergency Medicine: Melbourne.

10. ACEM, *Policy on Standard Terminology*. 2009, Australasian College for Emergency Medicine: Melbourne.

11. ACSQHC, *National Statement on Health Literacy*. 2014, Australian Commission for Safety and Quality in Health Care: Sydney.

12. Dhai, A., C.P. Szabo, and D.J. McQuoid-Mason, *The impaired practitioner - scope of the problem and ethical challenges*. South African Medical Journal, 2006. 96(10): p. 1069-1072.

13. Cruickshank, M. and J. Ferguson, *Reducing harm to patients from health care associated infection: The role of surveillance*. 2008, Australian Commission on Safety and Quality in Health Care: Sydney.

14. ACSQHC, *Reducing harm to patients from health care associated infection: The role of surveillance*, ed. M. Cruickshank and J. Ferguson. 2008, Sydney: Australian Commission on Safety and Quality in Health Care.

15. Carey-Hazell, K., *Improving patient information and decision making*. The Australian Health Consumer Issue 1. 2005, Australia: Consumers Health Forum of Australia.

16. ACSQHC, *Australian Open Disclosure Framework*. 2013, Australian Commission for Safety and Quality in Health Care: Sydney.

17. NAATI. *Outlines of NAATI Credentials*. 2010 [cited 2014 4 June]; Available from: http://www.naati.com.au/PDF/Misc/Outliness%20of%20NAATI%20Credentials.pdf.

18. NHS, *NHS Data Dictionary Version 2*. 2003, NHS Information Standards Board.

19. ACEM, *Policy on the Australasian Triage Scale*. 2013, Australasian College for Emergency Medicine: Melbourne.

20. ACEM, *Policy on Patients' Right to Access Emergency Department Care*. 2011, Australasian College for Emergency Medicine: Melbourne.

References

21. ACEM, *Statement on the Delineation of Emergency Departments*. 2012, Australasian College for Emergency Medicine: Melbourne.

22. ACEM, *Statement on Rural Emergency Medicine*. 2012, Australasian College for Emergency Medicine: Melbourne.

23. ACEM, *Statement on Ambulance Diversion to Manage Emergency Department or Hospital Overcrowding*. 2013, Australasian College for Emergency Medicine: Melbourne.

24. ACEM, *Statement on Emergency Department Overcrowding*. 2011, Australasian College for Emergency Medicine: Melbourne.

25. ACEM, *Constructing an Emergency Medicine Workforce*. 2008, Australasian College for Emergency Medicine: Melbourne.

26. ACEM, *Guidelines for Transport of Critically Ill Patients*. 2013, Australasian College for Emergency Medicine: Melbourne.

27. ACEM, *Policy on the Provision of Emergency Medical Telephone Support to other Health Professionals*. 2013, Australasian College for Emergency Medicine: Melbourne.

28. ACEM, *Policy on the Provision of Telephone Medical Advice to the General Public*. 2013, Australasian College for Emergency Medicine: Melbourne.

29. Mistovich, J.J. and K.J. Karren, *Prehospital Emergency Care*. 8th Edition. 2010: Pearson Education.

30. ACEM, *Policy on the Components of an Emergency Medicine Consultation*. 2008, Australasian College for Emergency Medicine: Melbourne.

31. ACEM, *Implementation of the Australasian Triage Scale*. 2013, Australasian College for Emergency Medicine: Melbourne.

32. CENA, *Position Statement Triage Nurse*. 2009, College of Emergency Nursing Australasia.

33. DOHA. *Emergency Triage Education Kit*. 2013 [cited 2014 26 March]; Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-triage+Review+Fact+Sheet+Documents

34. ACEM, *Policy on Access to Care for Patients with Mental Health Conditions*. 2012, Australasian College for Emergency Medicine: Melbourne.

35. ACEM, *Emergency Department Design*. 2014, Australasian College for Emergency Medicine: Melbourne.

36. *Guardianship Act*. 1987: New South Wales.

37. *Guardianship and Administration Act*. 1986: Victoria.

38. *Guardianship and Administration Act*. 1990: Western Australia.

39. *Guardianship and Administration Act*. 1993: South Australia.

40. *Guardianship and Administration Act*. 1995: Tasmania.

41. *Guardianship and Administration Act*. 2000: Queensland.

42. *Guardianship and Administration Act/Adult Guardianship Act*. 1988: Northern Territory.

43. *Guardianship and Management of Property Act*. 1991: Australian Capital Territory.

44. *Health Records Act*. 2001: Commonwealth of Australia.

45. *Medical Consent*. 2012 [cited 2013 13 May]; Available from: www.publicadvocate.vic.gov.au/medical-consent/

46. *Privacy Act*. 1988: Commonwealth of Australia.

47. ACEM, *Policy on the Care of Elderly Patients in the Emergency Department*. 2013, Australasian College for Emergency Medicine: Melbourne.

48. AMA, *Patient Examination Guidelines 2012*. 2012, Australian Medical Association: Australia.

49. ACEM, *Guideline on Pathology Testing in the Emergency Department*. 2013, Australasian College for Emergency Medicine: Melbourne.

50. ACEM, *Guidelines on Diagnostic Imaging*. 2012, Australasian College for Emergency Medicine: Melbourne.

51. ACEM, *Policy on the Follow-up of Results of Investigations Ordered from Emergency Departments*. 2008, Australasian College for Emergency Medicine: Melbourne.

52. ACEM, *Guidelines for Ensuring Correct Patient, Correct Side and Correct Site Procedures in Emergency Departments*. 2009, Australasian College for Emergency Medicine: Melbourne.

53. ACEM, *Joint Policy on Emergency Department Pain Management*. 2009, Australasian College for Emergency Medicine: Melbourne.

54. ACEM, *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medicine, Dental or Surgical Procedures*. 2010, Australasian College for Emergency Medicine: Melbourne.

55. ACEM, *Policy on Early Access to Defibrillation for Cardiac Arrest*. 2011, Australasian College for Emergency Medicine: Melbourne.

56. ACEM, *Policy on the Use of Bedside Ultrasound by Emergency Physicians*. 2012, Australasian College for Emergency Medicine: Melbourne.

57. ACEM, *Statement on Intravenous Thrombolysis for Ischaemic Stroke*. 2012, Australasian College for Emergency Medicine: Melbourne.

58. *Asthma Management Handbook*. 2006, National Asthma Council Australia: South Melbourne, Australia.

59. *2011 Addendum to the National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand Guidelines for the management of acute coronary syndromes (ACS) 2006*. Heart, Lung and Circulation, 2011. 20(80): p. 487-502.

60. *Clinical Guidelines for Stroke Management*. 2010, National Stroke Foundation: Melbourne, Australia.

References

61. NICS, *Emergency Care Acute Pain Management Manual*, N.I.o.C. Studies, Editor. 2011, National Health and Medical Research Council: Canberra.

62. NICS, *Emergency Department Stroke and Transient Ischaemic Attack Care Bundle*, N.I.o.C. Studies, Editor. 2011, National Health and Medical Research Council: Canberra.

63. ACEM, *Statement on National Time Based Emergency Access Targets in Australia and New Zealand*. 2010, Australasian College for Emergency Medicine: Melbourne.

64. ACEM, *Policy on Child at Risk*. 2012, Australasian College for Emergency Medicine: Melbourne.

65. ACEM, *Policy on Domestic and Family Violence*. 2012, Australasian College for Emergency Medicine: Melbourne.

66. DOHA. *Australian national notifiable diseases case definitions*. 2012 [cited 2013 12 May]; Available from: www.health.gov.au/casedefinitions.

67. NHS, *Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care, in NICE Clinical Guideline 16*. 2004, National Institute for Health and Clinical Excellence: UK.

68. ACEM, *Policy on the Definition of an Admission*. 2006, Australasian College for Emergency Medicine: Melbourne.

69. ACEM, *Statement on Responsibility for Care in Emergency Departments*. 2012, Australasian College for Emergency Medicine: Melbourne.

70. BMA, *Hospital discharge: the patient, carer and doctor perspective*, B.P.L. Group, Editor. 2014, Science and Education Department, British Medical Association.

71. Lees, L., *Exploring the principles of best practice discharge to ensure patient involvement*. Nursing Times, 2010. 106(25): p. 10-14.

72. *BreastScreen Aotearoa National Policy and Quality Standards, in Version 2*. 2008, Ministry of Health, BreastScreen Aotearoa: New Zealand.

73. Service, W.W.H., *Medical Record Documentation Policy*. 2012, West Wimmera Health Service.

74. RACGP, *Guidelines for inter-professional collaboration between general practitioners and other medical specialists providing video consultations,* in *Appendix: ACEM Guidelines for inter-professional collaboration between general practitioners and other medical specialists providing video consultations - Emergency medicine appendix*. 2013, Royal Australian College of General Practitioners.

75. ACEM, *Guideline on Clinical Handover in the Emergency Department*. 2010, Australasian College for Emergency Medicine: Melbourne, Australia.

76. ACEM, *Policy on Organ Donation*. 2011, Australasian College for Emergency Medicine: Melbourne.

77. NHMRC, *A Cultural Competency in Health: A guide for policy, partnerships and participation*. 2005, National Health and Medical Research Council: Canberra, ACT.

78. ACSQHC, *National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care in Acute Hospitals*, C. draft, Editor. 2014, Australian Commission on Safety and Quality in Health Care: Sydney.

79. ACEM, *Statement on Hospital Emergency Department Services for Children*. 2012, Australasian College for Emergency Medicine: Melbourne.

80. RACP, *Standards for the care of children and adolescents in health services*, . 2008, Paediatric and Child Health Division, Royal Australasian College of Physicians: New South Wales, Australia.

81. IFEM, *2012 International Standards of Care for Children in Emergency Departments*. 2012, International Federation for Emergency Medicine: Melbourne.

82. ACEM, *Statement on Cultural Competency*. 2010, Australasian College for Emergency Medicine: Melbourne.

83. ACEM, *Statement on the Health of the Indigenous Peoples of Australia and New Zealand*. 2007, Australasian College for Emergency Medicine: Melbourne.

84. *Mental Health (Treatment and Care) Act* 1994: Australian Capital Territory.

85. *Mental Health Act*. 1996: Western Australia.

86. *Mental Health Act*. 2000: Queensland.

87. *Mental Health Act*. 2007: New South Wales.

88. *Mental Health Act*. 2009: South Australa.

89. *Mental Health Act*. 2014: Victoria.

90. *Mental Health and Related Services Act*. 1998: Northern Territory.

91. ACSQHC, *Accreditation Workbook for Mental Health Services*. 2014, Australian Commission of Safety and Quality in Health Care: Sydney.

92. ACEM, *Statement on Alcohol Misuse*. 2012, Australasian College for Emergency Medicine: Melbourne.

93. D'Onofrio, G. and L.C. Degutis, *Screening and Brief Intervention in the Emergency Department*. Alcohol research and health, 2005. 28(2): p. 63-72.

94. Babor, T.F., et al., *Screening, Brief Intervention, and Referral to Treatment (SBIRT): Toward a public health approach to the management of substance abuse*. Substance abuse, 2007. 28(3): p. 7-30.

95. RANZCOG, *Standards of Maternity Care in Australia and New Zealand*. 2011, Royal Australian and New Zeealand College of Obstetricians and Gynecologists: Melbourne.

96. ACEM, *Policy on Emergency Department Signage*. 2013, Australasian College for Emergency Medicine: Melbourne.

97. *Disability Discrimination Act (1992 as ammended)*, in 135. 2014, Australian Government ComLaw.

98. Victoria, A.G., *Managing medical equipment in public hospitals*. 2003, Government Printer for the State of Victoria.

99. *Emergency Department Senior Assessment and Streaming Model of Care Toolkit*. 2012, NSW Government, NSW Ministry of Health.

References

100. *Emergency Department Short Stay Unit policy*. 2012, Queensland Government, Queensland Health.

101. ACEM, *Policy on Data Integrity Relating to Data Collection within Emergency Departments*. 2011, Australasian College for Emergency Medicine: Melbourne.

102. ACEM, *Policy on Clinical Privileges for Emergency Physicians*. 2011, Australasian College for Emergency Medicine: Melbourne.

103. ACEM, *Statement on Clinical Support Time Allocation*. 2011, Australasian College for Emergency Medicine: Melbourne.

104. ACEM, *The Role of Interns in the Emergency Department*. 2013, Australasian College for Emergency Medicine: Melbourne.

105. ACEM, *Policy on Violence in Emergency Departments*. 2011, Australasian College for Emergency Medicine: Melbourne.

106. ACEM, *Mentoring Program*. 2013, Australasian College for Emergency Medicine: Melbourne

107. ACEM, *Infectious Disease and Biohazard Exposure in the Emergency Department*. 2009, Australasian College for Emergency Medicine: Melbourne.

108. ACEM, *Policy on Heatwave*. 2010, Australasian College for Emergency Medicine: Melbourne.

109. ACEM, *Policy on Emergency Department Hazardous Material Response Plan*. 2011, Australasian College for Emergency Medicine: Melbourne.

110. ACEM, *Policy on ED Management of Medical and Nursing Volunteers during Disasters*. 2011, Australasian College for Emergency Medicine: Melbourne.

111. ACEM, *Policy on Disaster Health Services*. 2012, Australasian College for Emergency Medicine: Melbourne.

112. *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*, ed. J.R. Frank and S. Brien. 2008, Ottawa, ON: Canadian Patient Safety Institute.

113. WHO, *WHO patient safety curriculum guide: multi-professional edition*. 2011, World Health Organisation: Geneva, Switzerland.

114. Fay, D., et al., *Getting the most out of multidisciplinary teams: a multi-sample study of team innovation in health care*. Journal of Occupational Organisational Psychology, 2006. 79(4): p. 553-567.

115. Croskerry, P.G., *The cognitive imperative: thinking about how we think*. Academic Emergency Medicine, 2000. 7(11): p. 1223-1231.

116. Croskerry, P., *The importance of cognitive errors in diagnosis and strategies to minimize them*. Academic Medicine, 2003. 78: p. 775-780.

117. ACEM, *ACEM Emergency Medicine Leadership Capability Framework*. 2013, Australasian College for Emergency Medicine: Melbourne, Australia.

118. Spencer, R., P. Logan, and E. Coiera, *Supporting communication in the emergency department*, ed. C.f.H. Informatics. 2002, Sydney: University of New South Wales.

119. WHO, *WHO guidelines for safe surgery: 2009: Safe surgery saves lives*. 2009, World Health Organisation: Geneva, Switzerland.

120. ACEM, *Supervision of Junior Medical Staff in the Emergency Department*. 2013, Australasian College for Emergency Medicine: Melbourne.

121. Theophilos, T., J. Magyar, and F.E. Babl, *Debriefing critical incidents in the paediatric emergency department: current practice and perceived needs in Australia and New Zealand, Peadiatric Research in Emergency Departments International Collaborative (PREDICT)*. Emergency Medicine Australasia, 2009. 21(6): p. 479-483.

122. ACEM, *Policy on Forensic Testing and Examination in Emergency Departments*. 2011, Australasian College for Emergency Medicine: Melbourne.

123. Parker, H.L., *Writing a police statement*. Australian Family Physician, 2004. 33(11): p. 927-930.

124. AMC, *Good Medical Practice: A code of conduct for doctors in Australia*. 2009, Australian Medical Council.

125. RACP, *Guidelines for ethical relationship bewteen physicians and industry*. 2006, The Royal Australasian College of Physicians: NSW.

126. AMA, *AMA Code of ethics*. 2006: Australian Medical Association.

127. Appelbaum, P.S., *Assessment of patients' competence to consent to treatment*. The New England Journal of Medicine, 2007. 357: p. 1834-1840.

128. Biegler, P. and C. Stewart, *Assessing competence to refuse medical treatment*. Medical Journal of Australa, 2001. 174: p. 522-525.

129. *Guardianship: Final Report 24*. 2012, Victorian Law Reform Commission.

130. Biegler, P., et al., *Determining the validity of advance directives*. Medical Journal of Australa, 2000. 172: p. 545-548.

131. CEM, *End of life care for adults in the emergency department: best practice guidance*. 2012, Clinical Effectiveness Committee, College of Emergency Medicine: UK.

132. Institute, N.C. *End of life care for people who have cancer.* [cited 2013 26 June]; Available from: www.cancer.gov/cancertopics/factsheet/support/end-of-life-care.

133. Forero, R., et al., *A Literature Review on Care at the End-of-Life in the Emergency Department*. Emergency Medicine International, 2012. 2012.

134. *Advance Planning for Quality Care at End of Life: Action Plan 2013-2018*. 2013, NSW Government, NSW Ministry of Health.

135. *Increasing Organ Donation in NSW*. 2012, NSW Government, NSW Ministry of Health.

136. *Mental Health Statement of rights and responsibilities*, C.o. Australia, Editor. 2012.

References

137. Victoria, S.G.o., *A new mental health act for Victoria: A Summary of proposed reforms*. 2012, State Department of Health: Victoria.

138. *Mental Health (Forensic Provisions) Act*. 1990: New South Wales.

139. *ACT Health Code of Conduct*. 2014 [cited 2014 19 February]; Available from: http://www.health.act.gov.au/new-employees-medical-officers/act-health-code-of-conduct.

140. *Code of conduct.* 2012, Workplace Relations, NSW Government, NSW Ministry of Health.

141. *Code of Conduct for South Australian Public Sector Employees*. 2005, Government of South Australia, Commissioner for Public Employment.

142. *Code of Conduct for the Queensland Public Service.* 2013, Queensland Government, Queensland Health.

143. *Code of conduct for Victorian public sector employees*. 2007, State Government of Victoria, Public Sector Standards Commissioner: Victoria.

144. Safe, *N.W. Code of Practice.* [cited 2014 19 February]; Available from: http://www.worksafe.nt.gov.au/Publications/

145. Tasmania, *W.S. Codes of Practice.* [cited 2014 19 February]; Available from: http://worksafe.tas.gov.au/whs_laws/codes_of_practice

146. *WA Health Code of Conduct*. 2012, Government of Western Australia, Department of Health.

147. ACEM, *Policy on Immunisation in Emergency Departments*. 2012, Australasian College for Emergency Medicine: Melbourne.

148. ACEM, *Policy on Water Safety.* 2012, Australasian College for Emergency Medicine: Melbourne.

149. ACEM, *Policy on Public Health.* 2009, Australasian College for Emergency Medicine: Melbourne.

150. ACEM, *Statement on Tobacco Smoking.* 2012, Australasian College for Emergency Medicine: Melbourne.

151. AMA. *Health and wellbeing of doctors and medical students*. 2011 [cited 2013 26 June]; Available from: www.ama.com.au/position-statement/health-and-wellbeing-doctors-and-medical-students-2011.

152. ACEM, *Policy on Media.* 2006, Australasian College for Emergency Medicine: Melbourne.

153. ACEM, *Minimum Criteria for Ultrasound Workshop*. 2013, Australasian College for Emergency Medicine: Melbourne.

154. *Interprofessional Education: a National Audit, in Report to Health Workforce Australia.* 2013, The Interprofessional Curriculum Renewal Consortium: Australia.

155. Nisbet, G., et al., *A Literature Review: Overview of international and Australian Developments in interprogessional health and education (IPE)*, U.o.T. Centre for Research in Learning and Change, Editor. 2011, Interprofessional Health Education: Sydney.

156. ACEM, *Minimum Requirements: Accreditation of Adult and Mixed Emergency Departments*. 2013, Australasian College for Emergency Medicine: Melbourne.

157. ACEM, *Constitution*. 2013, Australasian College for Emergency Medicine: Melbourne.

158. *Continuing professional development registration standards*. 2010, Medical Board of Australia, Australian Health Practitioner Regulation Agency.

159. ACEM, *Policy on Credentialing for Emergency Department Ultrasonography: Trauma Examination and Suspected AAA*. 2013, Australasian College for Emergency Medicine: Melbourne.

160. ACEM, *Policy on Credentialing for Echocardiogram in Life Support*. 2013, Australasian College for Emergency Medicine: Melbourne.

161. Roff, S., *The Dundee Ready Educational Environment Measure (DREM) - a generic instrument for measuring students' perceptions of undergraduate health professions curricula*. Medical Teacher, 2005. 27(4): p. 322-325.

162. WHO, *The multi-professional patient safety curriculum guide*. 2011, World Health Organisation: Geneva, Switzerland.

163. ACEM, *Policy on Medical Undergraduate Curriculum in Emergency Medicine*. 2007, Australasian College for Emergency Medicine: Melbourne.

164. Graham, I.S., et al., *Australian curriculum framework for junior doctors*. Medical Journal of Australa, 2007. 186(7 Suppl): p. S14-19.

165. Weller, J.M., et al., *Simulation in clinical teaching and learning*. Medical Journal of Australa, 2012. 196(9): p. 594-599.

166. Aldeen, A.Z. and M.A. Gisondo, *Bedside teaching in the emergency department*. Academic Emergency Medicine, 2006. 13(8): p. 860-866.

167. *Integrity in scientific research: creating an environment that promotes responsible conduct*. 2005, Washington: The National Academies Press, National Research Council of the National Academies.

168. Melbourne, T.U.o. *Office for Research Ethics and Integrity.* [cited 2013 25 June]; Available from: www.orei.unimelb.edu.au/content/definition.

169. NHMRC, *Human Research Ethics Handbook*. 2002, National Health and Medical Research Council: Canberra.

170. NHMRC, *National Statement on Ethical Conduct in Research Involving Humans*. 1999, National Health and Medical Research Council.

171. IHPA, *Impact of New health Technology Framework*. 2013, Independent Hospital Pricing Authority.

172. *Acute Pain Management: Scientific Evidence, 3rd edition.*

173. *The ANZCA Professional Document PS09*: Cited as the standard for health practitioners by AHPRA/MBA.

Quality Standards for EMERGENCY DEPARTMENTS and other HOSPITAL-BASED EMERGENCY CARE SERVICES

The Australasian College for Emergency Medicine (ACEM)
34 Jeffcott Street, West Melbourne VIC 3003, Australia
Telephone: +61 3 9320 0444
Fax: +61 3 9320 0400
Email: admin@acem.org.au
Web: www.acem.org.au