Australasian College
for Emergency Medicine

Quality Standards for Emergency Departments and Hospital-Based Emergency Care Services

Acknowledgement of Country

The Australasian College for Emergency Medicine (ACEM) acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

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- Indigenous Health Committee
- Manaaki Mana Steering Group
- Quality and Patient Safety Committee
- Reconciliation Action Plan Steering Group
- Regional, Rural and Remote Committee
- Standards and Endorsement Committee

Disclaimer

The Quality Standards and its associated Toolkit have been developed to assist clinicians with implementing the Quality Standards in their own emergency departments (EDs) and other services providing emergency care.

Whilst the Quality Standards and Toolkit are directed to health professionals working within the ED or other hospital settings providing emergency care, who possess relevant qualifications and skills in ascertaining and discharging their professional duties, they should not be regarded as clinical advice. Patients, parents or other community members should not rely on the information in these guidelines as professional medical advice.

The Quality Standards and Toolkit are not intended to provide a substitute for full assessment and consideration of the recommendations contained do not indicate an exclusive course of action or standard of care. They do not replace the need for application of clinical judgment to each individual presentation, nor variations based on locality and facility type.

The Quality Standards and Toolkit are general documents, to be considered having regard to the general circumstances to which they apply at the time of their endorsement. It is the responsibility of the user to have express regard to the particular circumstances of each case, and the application of the Toolkit in each case.

The authors accept no responsibility for any inaccuracies, information perceived as misleading, or the success or failure of any process detailed. The inclusion of links to external websites does not constitute an endorsement of those websites nor the information or services offered.

The Quality Standards and Toolkit have been prepared having regard to the information available at the time of preparation and the user should therefore have regard to any information, research or other material which may have been published or become available subsequently.

Whilst we have endeavoured to ensure that professional documents are as current as possible at the time of their creation, we take no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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Introduction

Emergency Departments (EDs) across the world have been experiencing increasing pressure due to growing demand, increasingly complex patients, and limited resources for many years. To address this in an Australian context, in 2011 the Australian Federal Government launched the More doctors and nurses for Emergency Departments initiative.

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 EDs.

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 (Quality Standards).

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

The inaugural Quality Standards 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.

In 2021, the Quality Standards have undergone a review and been updated as a second edition. The Quality Standards have been extended to refer to Aotearoa New Zealand, and to be more accessible and easier to implement, especially for EDs outside of the metropolitan areas.

Aim

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

The Quality Standards:

- Encourage a proactive focus on quality and safety.
- 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 EDs.

The Quality 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.

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 Quality Standards and related objectives and criteria are relevant to any hospital-based service that provides urgent or emergency care to patients, as well as emergency telehealth services.

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

Structure

The Quality Standards were developed to augment the existing ACEM Quality Framework P28.[1]

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 – Clinical Care, Administration, Professionalism, Education and Training, Research.

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

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.

Terminology

Patients	For patients who have capacity to make decisions about their healthcare, 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. The ED team will involve the appropriate substitute health decision-maker, as determined by jurisdictional law for those who are assessed as lacking the capacity to make decisions about their healthcare. In all sections of the Quality Standards, 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, where the patient file is referred to, it applies to both paper and electronic formats.
Emergency department	In all sections of the Quality Standards, where ED is referred to, this includes EDs and hospital-based emergency care services.
The emergency department team	In all sections of the Quality Standards, where the ED team is referred to, it is inclusive of all people working in their respective roles within the ED environment.

What is quality health care

The Institute of Medicine (IOM) described six domains of quality in healthcare:[2]

Safety	Care provided to patients should not cause unintended harm.
Effectiveness	Care should be based on best scientific evidence. Misuse, overuse, and underuse should be avoided.
Patient-centredness	Care that is respectful of and responsive to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions.
Timeliness	Reduce waits and sometimes harmful delays for both those who receive and those who give care.
Equity	Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Efficiency	Avoid waste, including waste of equipment, supplies, ideas, and energy.

The Institute of Health Improvement (IHI) Triple Aim Framework complements the IOM domains. It is described as a single aim with three dimensions:[3]

1. The simultaneous pursuit of improving the patient experience of care.
2. Improving the health of populations.
3. Reducing the per capita cost of healthcare.

The cost of healthcare can be viewed through multiple prisms: the unavoidable requirements to exist within budget constraints, having regard for the impact of the healthcare sector on the environment and on our changing climate, and lastly, the physical and emotional costs borne by the people who make up the workforce.

People are central to these frameworks and to the delivery of healthcare – patients and healthcare workers. The patient is at the centre of the delivery of healthcare, and it is increasingly apparent that the experience and wellbeing of the workforce are important foundations of all aspects of the provision of safe and high-quality healthcare. Recently the IHI Triple Aim Framework has been expanded by many to include a fourth aim, acknowledging the importance of the wellbeing of the workforce in their ability to provide care.

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1 ACEM (2019). *P28 Policy on Quality Framework for Emergency Departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/1383ce5e-c9f5-4f93-81b0-06bc45e3d4eb/Policy_on_a_Quality_Framework_for_EDs [accessed 1 March 2022].

2 Institute of Medicine (IOM) (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press

3 Institute for Healthcare Improvement (IHI) (2021). *IHI Triple Aim Initiative*. Available at http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx [accessed 30 September 2021].

Cultural safety

With *Equity* as one of its core values, ACEM acknowledges the disparities in health outcomes that occur across communities in Australia and Aotearoa New Zealand and is committed to improving health equity across both countries. ACEM has a particular focus on Aboriginal and Torres Strait Islander and Māori communities, through its commitment to the principles of *Te Tiriti o Waitangi* in Aotearoa New Zealand, the process of *reconciliation* in Australia and the intent of the *United Nations Declaration on the Rights of Indigenous Peoples*.

Key to achieving these health outcomes are healthcare environments that are **culturally safe** and healthcare practitioners that practice in a **culturally safe** manner.

Cultural safety benefits all patients and communities. This may include communities based on indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability.

As outlined by both the Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Council of New Zealand, the central tenet of **cultural safety** is improving the quality of care by defining the patient experience.

A **culturally safe** healthcare environment is one of spiritual, social, emotional and physical safety, that does not challenge or attack the individual's identity of who they are and/or what they need.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Cultural safety therefore overlays all the Standards, Objectives and Criteria outlined in this document.

In addition to all the criteria outlined through the Quality Standards, ACEM recommends that all EDs also incorporate the following recommended actions as part of building a **culturally safe ED** and delivering **culturally safe care**.

Where required, criteria specific to Aboriginal and Torres Strait Islander Peoples and Māori will be specified.

ACEM's Manaaki Mana Steering Group is developing a specific set of standards for ED care in Aotearoa New Zealand, which will facilitate EDs to embody Pae Ora – providing excellent, culturally safe to Māori in an environment where Māori patients, whānau and staff feel valued and where leaders actively seek to eliminate inequity. These standards are due to be finalised in the coming year and will be incorporated into the Quality Standards as a resource, once this has occurred. Users can find further information on Pae Ora Ara Tiatia Manaaki Mana on the College's website here: https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Cultural-safety/Achieving-Equity-for-Maori-in-Aotearoa-New-Zealand

References and resources

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Standard CS1 Communication and culturally safe care

Intent

The ED team ensure that the department has appropriate systems, structures and support in place so that staff can provide care in a culturally safe environment.

The implementation of cultural safety frameworks provides the ED team with the ability to engage patients about quality and cultural safety issues.

Objective A Building cultural safety

The ED team ensure there are appropriate supports in place for patients that contribute to a culturally safe environment.

Criteria

Patients have access to support staff such as cultural liaison officers and have the opportunity to discuss plans with others (such as family) before making decisions.

Service provision is adapted so that it reflects an understanding of the local diversity between and within cultures, including addressing institutional discrimination.

All staff in the ED provide patient-centred care that includes:

- Taking a cultural history with all patients and their families/carers.
- Incorporating diverse health beliefs and health priorities into ED care and management plans.
- All patients, their family and/or carer having access to support people according to their cultural needs.
- All patients being given the opportunity to speak to a cultural and/or religious representative/s of their choosing.
- All patients who do not speak English as a first language being provided access to a professional interpreter service and information in their primary language, including for Indigenous language speakers.

The ED team establishes effective relationships with local primary health care providers that care for Aboriginal and Torres Strait Islander Peoples, Māori and other culturally and linguistically diverse peoples.

The ED has feedback mechanisms in place for consumer engagement that represents the cultural diversity of the department's patient population (including being available in appropriate languages).

The ED fosters a work ethic of reflection regarding cultural safety and cultural competency and non-judgemental review of both individual clinician practice and the department's care systems.

The physical space of the ED is an environment that enhances cultural safety, including the display of Indigenous artwork and culturally relevant posters and health brochures.

Objective B | Cultural safety frameworks

Criteria	
Aboriginal and Torres Strait Islander Peoples and Māori	The ED team utilises appropriate cultural safety frameworks for Aboriginal and Torres Strait Islander patients, and develops policies, practices and guidelines utilising these frameworks (please refer to Resources section for links).
	The ED team utilises Māori health models to inform clinical practice e.g. *the Meihana Model*, based on the Māori health framework *Te Whare Tapa Wha*, to support ED staff to gain a broader understanding of Māori patients' presentations, and guide clinical assessment and treatment/intervention with Māori clients and whānau.

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Standard CS2 Organisational management

Intent

The ED team ensure that the department has appropriate systems, structures and support in place so that staff can provide care in a culturally safe environment.

Objective A Aboriginal and Torres Strait Islander health

Criteria

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has described six actions (as part of the National Standards) to assist organisations to improve the quality of care and health outcomes for Aboriginal and Torres Strait Islander people based on the National Safety and Quality Health Service Standards.

The ED team should ensure that the ED's safety and quality priorities align with these actions to address the specific emergency care needs of Aboriginal and Torres Strait Islander people.

The ED team assess the cultural safety of the department by the systematic monitoring and assessment of inequities (in health workforce and health outcomes). For Australian EDs, please refer to the Australian Institute of Health and Welfare's Cultural Safety Monitoring Framework.

The ED team receives regular, locally targeted cultural awareness and cultural safety training to meet the needs of its Aboriginal and Torres Strait Islander patients.

Objective B Reconciliation action plans

The reconciliation movement is about recognising and healing the past and committing to a better future – a future in which First Australians are valued, and justice and equity is provided for all. The Reconciliation Action Plan (RAP) program provides a framework for organisations to support the national reconciliation movement. A RAP is a strategic document that supports an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates.

Criteria

The ED has policies, clinical care guidelines and frameworks and other relevant protocols that reflect and/or incorporate their hospital's organisation-wide RAP.

Objective C | Te Tiriti obligations and Pae Ora Standards

Pae ora is the New Zealand Government's vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life. Pae ora is a holistic concept and includes three interconnected elements:

- Mauri ora – healthy individuals.
- Whānau ora – healthy families.
- Wai ora – healthy environments.

Te Tiriti o Waitangi is New Zealand's founding document and encapsulates the relationship between the Crown and Iwi. Te Tiriti o Waitangi provides a framework for Māori development and wellbeing.

The five principles of Te Tiriti o Waitangi are:

- **Tino rangatiratanga**: The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity**: The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection**: The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options**: The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership**: The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

Criteria	The ED team and/or hospital has policies in place outlining their commitment to the Te Tiriti o Waitangi principles.
	The ED team undertakes regular Te Tiriti training and has an understanding of Te Tiriti obligations.
	The ED team undertakes any research with reference to Pae Ora standards, *Te Ara Tika* and *Kaupapa Māori* research principles.

Objective D Tikanga

Tikanga includes Māori beliefs that are inherited values and concepts practised from generation to generation. Values include the importance of te reo (language), whenua (land), and in particular whānau (family and extended family group).

Criteria

The ED staff has an understanding of tikanga and has access to any local tikanga guidelines.

The ED develops and implements local tikanga guidelines and ED staff receive training in the implementation of these guidelines. This work should be done in partnership with the relevant District Health Board (DHB) Māori Health Team.

References and resources

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Domain 1
Clinical care patient pathway

Intent

This domain focuses on the patient journey through the ED as an episode of acute care within the patient's life, from first contact with the ED to admission, transfer or discharge.

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. The ED team strive to provide high-quality care to all who seek it in a manner that is timely, evidence-based and effective, culturally safe, physically and psychologically, and involves shared decision-making with the patient, their family and/or carers.

Note: The word **patient** has been used throughout for the sake of brevity. **Patient** may also be read as the **patient and whānau, family, carers and/or guardian** at various points, acknowledging the role of whānau, family members, carers and guardians in the provision of care and involvement in decision-making.

The phrase **ED team** refers to any member of the ED workforce involved in providing care for patients, both clinical and non-clinical. In the case of smaller hospitals or virtual care services, the ED team may have members at multiple sites.

References and resources

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Standard 1.1 Communication and documentation

Intent

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

Objective A Communication with patients

The ED team ensures effective communication practices occur with the patient in order to keep the patient informed, engaged and central to their assessment and treatment.

Criteria	The ED team ensures that communication with the patient is consistent, effective, and accurate. Active listening is utilised.
	The ED team is trained to communicate using the suitable level of language and terminology for the patient.
	The ED team ensures that communication is culturally appropriate. The ED team is aware that different priorities and previous experiences may impact on the patient's sense of safety and engagement.
	The ED team has access to professional healthcare interpreters and cultural safety liaison officers, and utilises their assistance in preference to relying on the patient's family members.
	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, carer, or guardian.

Objective B 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	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.

Criteria cont.	The ED team has consistent communication practices with other 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.
	Standardised communication tools and formats are available to the ED team.

Objective C Documentation

The ED team documents and maintains all aspects of the patient visit to ensure that complete records are available to other healthcare providers.

Criteria *for electronic health records*	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.
Supplemental criteria *for paper-based files*	The ED team ensures that the patient file is maintained with each page identified with the patient's unique identifier and name.
	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.

References and resources

- Australian Commission on Safety and Quality in Health Care (2019). *Emergency department clinician's guide to My Health Record*. Sydney: ACSQHC. Available at https://www.safetyandquality.gov.au/publications-and-resources/resource-library/emergency-department-clinicians-guide-my-health-record [accessed 27 October 2021].
- ACEM (2020). *S785 Position Statement on Indigenous health liaison workers and language interpreters in Australian emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/57006dce-4909-4766-9fcc-629eb2629798/Indigenous-Health-Liaison-Workers-and-Language-Interpreters-in-Australian-Emergency-Departments [accessed 1 March 2022].
- ACEM (2019). *P54 Policy on follow-up of results of investigations ordered from emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/8aa38420-fcaa-488b-bdc6-325575326d6a/Policy_on_Follow_Up_of_Results_of_Investigations_Ordered_from_EDs [accessed 1 March 2022].

Standard 1.2 Pre-hospital care

Intent

The ED team has a system for receiving, recording, and sharing relevant information exchanged with other care providers prior to the patient's arrival at the ED. Advice calls from the general public are handled appropriately.

Objective A Advice calls

Advice given by telephone does not constitute a full assessment and emergency staff should err on the side of caution.

Criteria

The ED team seeks to divert telephone advice calls from the general public to an appropriately staffed and resourced medical advice service, including virtual care or telehealth services where available. Where this is not possible, telephone consultation should include first aid instruction and the advice to seek further assistance by presenting to a community healthcare provider or nearest ED, or by calling an ambulance.

ED teams in rural and remote areas have locally agreed upon processes for managing advice calls in line with relevant ACEM policies that are suitable for the local community.

Objective B Alternatives to ED presentation

Criteria

The hospital has systems in place to provide appropriate care to suitable patients in non-ED settings such as outpatient clinics.

Objective C Notifications

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.

The ED team has a clear process that ensures ambulance, General Practitioners (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).

Where necessary, the ED team can make special preparations for the arrival of the patient including identifying any need for decontamination, isolation, Personal Protective Equipment (PPE), and/or resuscitation preparation.

References and resources

- Australian Commission on Safety and Quality in Health Care (2019). *Emergency department clinician's guide to My Health Record*. Sydney: ACSQHC. Available at https://www.safetyandquality.gov.au/publications-and-resources/resource-library/emergency-department-clinicians-guide-my-health-record [accessed 27 October 2021].
- ACEM (2019). *P181 Policy on the provision of emergency medical telephone support to other health professionals*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/ffd98e06-d5fd-4052-b3f9-81e648748f67/Policy_on_the_Provision_of_Emergency_Medicine_Telephone_Support_to_Other_Health_Professionals [accessed 1 March 2022].
- ACEM (2020). *P44 Policy on the provision of emergency medical telephone advice to the general public*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/b16f598d-4ec1-43aa-9a3c-e90963c8536d/Policy_on_the_Provision_of_ED_Telephone_Medical_Advice_to_the_General_Public [accessed 1 March 2022].

Standard 1.3 Arrival

Intent

Patients who present to the ED are allocated an assessment priority that aligns with the Australasian Triage Scale (ATS). Patients are identified using demographic data, relevant medical notes are obtained or linked to.

Patients required to wait for treatment are informed about anticipated waiting times and regularly observed by the ED team. Any clinical deterioration that occurs whilst waiting is identified and acted upon.

Objective A Triage

Patients who present to the ED are allocated an assessment priority that aligns with the ATS.

Criteria	The triage area is immediately accessible and clearly signposted.
	The triage area and processes ensure privacy is maintained for patients.
	Patients presenting to the ED are triaged on arrival by a specifically trained and experienced health professional.
	Relevant vital signs are recorded at triage or as soon as is practical.
	The ED team triages patients in compliance with the ATS and utilises relevant tools from the Emergency Triage Education Kit (ETEK).
	Triage assessment and ATS code allocated are recorded in the patient file.
	The triage system is applied in a clear, consistent, and non-discriminatory manner.
	The triage system applies specific conventions for vulnerable patients or situations.

Objective B Registration

Relevant medical notes are obtained or linked to. Recent presentations are flagged.

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

The patient is accurately identified using demographic data.

Criteria ***Patient identification***	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 obtains registration information from the patient or their family, carer, community health providers or external agency where required.
	Information gathered for registration may also include ethnicity, language spoken and special communication needs, preferred name, gender as well as sex assigned at birth*, nominated next of kin, primary healthcare provider.
	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.
Criteria ***Identification of an unknown patient***	There is a clear process for providing a unique identifier to a patient whose identity is unknown.
	There is a clear process for assigning unique identifiers to multiple patients in disaster situations.
	Temporary patient identifiers are linked to the patient's correct identity once established.
Criteria ***Obtaining medical notes***	There is an effective and efficient system for obtaining patient files in a timely manner.
	Clinical alerts recorded within patient files are flagged.
	The ED team has access to patient files stored offsite or on other digital platforms.
Criteria ***Flagging of recent presentations***	Multiple presentations to healthcare providers over a short time period as a sign of risk of potential deterioration is recognised.
	There are mechanisms for flagging recent presentations of the same patient, and ensuring they are reviewed by senior staff.
Criteria ***Preservation of privacy and anonymity***	Patient privacy is preserved.
	There is a process to allow for anonymity for certain patients, such as fellow ED team members.

Objective C — Waiting for definitive care

Criteria ***Waiting room***	The waiting area is clean, safe, and comfortable.
	Information is provided about triage processes, expected waiting times, and alternate care options.
	Separate waiting areas are available for patients requiring isolation for infection control.
	Other waiting areas may be available for children or for people with behavioural disturbance.

Criteria ***Early initiation of treatment***	First aid and symptom control are provided if needed whilst the patient is waiting for full assessment.
Criteria ***Ongoing monitoring and escalation of deterioration***	The ED team ensures that patients waiting are reassessed regularly by an ED team member to identify any clinical deterioration, to enable a timely and appropriate response. The ED team has a mechanism to allow patients, family members or carers to escalate their concerns about deterioration to senior ED or hospital staff, this is made clearly available and accessible, and will be responded to appropriately.
Criteria ***Shared care with ambulance services or other agencies***	When the ED lacks capacity for the ambulance service to safely handover care of their patient, there will be a clear system for identifying clinical responsibility for the patient until such handover can occur.
Criteria ***Rapid assessment while waiting***	An appropriately skilled team is available when ED workforce capacity allows to initiate assessment, investigation, or management when ED occupancy exceeds capacity.

References and resources

- ACEM (2013). *P06 Policy on the Australasian Triage Scale (ATS)*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/484b39f1-7c99-427b-b46e-005b0cd6ac64/Policy_on_the_Australasian_Triage_Scale [accessed 1 March 2022].
- ACEM (2016). *G24 Guideline on the implementation of the ATS in emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/51dc74f7-9ff0-42ce-872a-0437f3db640a/Guidelines_on_the_Implementation_of_the_ATS_in_EDs [accessed 1 March 2022].
- ACEM (2021). *P32 Policy on violence in emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/6496564f-8330-47a3-9ae5-16af7453808f/P32-Violence-in-the-ED [accessed 1 March 2022].
- Australian Commission on Safety and Quality in Health Care (2019). *Emergency department clinician's guide to My Health Record*. Sydney: ACSQHC. Available at https://www.safetyandquality.gov.au/publications-and-resources/resource-library/emergency-department-clinicians-guide-my-health-record [accessed 27 October 2021].

* Australian Bureau of Statistics (ABS) (2021). *Standard for sex, gender, variations of sex characteristics and sexual orientation variables*. Available at https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release [accessed at 02 November 2021].

Standard 1.4 Assessment

Intent

The assessment, investigative and diagnostic process is patient-centered, timely, reliable, and of high-quality. A working diagnosis or list of possible diagnoses will be developed and discussed with the patient. Treatment and assessment may occur concurrently. Repeated assessment may be required.

Objective A Introductions between patient and health professionals

Criteria

Patients are correctly identified using at least three patient identifiers.

The ED team ensures that each healthcare professional involved with the patient is introduced and their position within the team and role is explained to patient.

Objective B Vital signs

Each patient will have observations of their vital signs recorded whilst in the ED.

Criteria

Vital signs are recorded as soon as is practicable at or after triage.

Vital signs may include but are not limited to the following: pulse, blood pressure, oxygen saturations, respiratory rate, temperature, blood sugar level, level of consciousness (AVPU Scale and Glasgow Coma Scale).

Ongoing monitoring of relevant vital signs will be conducted according to clinical need.

Objective C History taking

The ED team views the patient as the co-narrator of their story.

Criteria

A history is obtained from each patient relevant to the provision of emergency care. Additional information may be sought from other sources with the patient's consent.

The ED team has efficient processes for sharing relevant information with other members of the team to ensure a complete understanding of the patient's situation is achieved.

Objective D Examination

A focused examination of physical condition or mental state is performed, and repeated when indicated.

Criteria	Patients receive a physical and/or mental state examination related to their presentation by an appropriate member of the ED team, which is comprehensive enough to determine underlying conditions or relevant complications.
	The patient's privacy, dignity and safety are maintained throughout the examination.
	Consent for examination is obtained from the patient (or guardian).
	Where possible, patient preference for gender of examiner is taken into consideration.
	Chaperoned examination is available and utilised appropriately.

Objective E Investigations

Rational investigation-requesting practices are used in the ED to ensure investigations are relevant to the patient and their presenting problem, and the results are acknowledged, documented, and acted on appropriately.

Criteria	The ED team implements an evidence-based, rational investigation requesting protocol.
	Relevant point of care testing is available.
	The results of frequently requested biochemical and haematological tests are available within one hour of blood being taken.
	Results of investigations are clearly communicated to the patient.
	Results of investigations are communicated with the patient's other healthcare providers.
	The results of investigations initiated by the ED team must be reviewed and documented by the ED team when available. The ED team has a system for reviewing and acting on delayed or amended results and communicating important results to the patient.
	The follow-up of outstanding test results is an explicit component of clinical handover, ensuring results are followed up within a clinically suitable timeframe.
	Investigation results that are not immediately necessary for the provision of emergency care should not delay patient movement to another area e.g. admission to the ward, return to a waiting area.

Objective F — Development and communication of provisional or working diagnosis

Criteria	
Development of provisional diagnosis	The ED team works together to develop a working diagnosis and differential diagnoses, acknowledging that a definitive diagnosis might not be reached during the patient's time in the ED.
	The ED team recognise the effects of cognitive bias, working conditions and other human factors that may compromise clinical decision-making and work to minimise their impact.
	Decision support resources are available.

Criteria	
Communication of provisional diagnosis	The ED team ensures the patient is informed and involved in the explanation about their condition, provisional and differential diagnoses.
	The uncertainty inherent in diagnostic processes is shared with the patient, including that understanding of the patient's condition, and the condition itself, are likely to change over time.
	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 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 fact sheets that are appropriate to the patient's cultural, language and educational background regarding specific diagnoses are available to the patient.

References and resources

- Graber, M.L. et al. (2018). *Improving diagnosis by improving education: a policy brief on education in health care professions*. Diagnosis: Vol 5, Issue 3, p. 107–118.
- Agency for Healthcare Research and Quality. (2021). *Toolkit for engaging with patients to improve diagnostic safety*. Available at https://www.ahrq.gov/patient-safety/resources/diagnostic-safety/toolkit.html [accessed 27 October 2021].
- ACEM (2019). *P54 Policy on the follow-up of results and investigations ordered from emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/8aa38420-fcaa-488b-bdc6-325575326d6a/Policy_on_Follow_Up_of_Results_of_Investigations_Ordered_from_EDs [accessed 1 March 2022].
- ACEM and the Royal College of Pathologists of Australasia (2018). *G125 Guidelines on pathology testing in the emergency department*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/57501811-e932-4c74-85be-159f0621917f/Guidelines_on_Pathology_Testing_in_the_ED [accessed 1 March 2022].

Standard 1.5 Development of care plan

Intent

The investigative and diagnostic process is patient-centred and produces timely, reliable, and high-quality results. Whilst a definitive diagnosis might not be achieved by the ED team, a comprehensive care plan based on a differential diagnosis list will be developed in consultation with the patient and other team members as required.

Objective A Shared decision-making approach

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.

The ED team is aware that patients may have different needs in addition to their most pressing clinical needs. Culturally and psychologically safe care is provided, taking into account each patient's unique background and circumstances.

Criteria

- Plans for management are to be made with the patient as co-creator of the plan, taking into account any mismatch of priorities between patient and ED team.
- Patients have access to support staff such as cultural liaison officers and have the opportunity to discuss plans with others (such as family) before making decisions.
- Patients have opportunities to ask questions and seek further opinions.

Objective B Access to consultation with senior staff

Assistance from senior members of staff is available when required.

Criteria

- Seriously or critically ill patients will have a senior emergency medicine physician involved in the care as early as is practicable.
- Junior doctors will consult with a designated senior doctor in the ED regarding diagnosis, investigation, and care plan of all patients.
- The ED team has a mechanism to access FACEM advice on-site, or remotely within the regional network.
- The ED team has processes to access consultation from senior staff or specialists from other craft groups outside of the ED, including documentation of advice and decisions.

Objective C Referral for ongoing care or opinion

The ED team ensures that patients requiring consultation from another specialist service are referred as soon as is practicable.

Criteria	The reason for referral is accurately communicated to other specialties or care providers.
	The ED team advocates those patients requiring consultation from other specialties or care providers receive review or advice no later than one hour from the time of referral.
	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.
	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.
	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.

Objective D 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.

Criteria	The ED team is familiar with hospital policies and procedures relating to high-risk clinical conditions and consult early with appropriate specialists.
	The ED team closely monitors patients with high-risk conditions.
	The ED ensures that frequent presenters with high-risk clinical conditions have appropriate alerts and management plans for timely, effective and safe care.
	The ED team regularly audits the care of a selection of patients with high-risk clinical conditions.

Objective E Clinical care standards

Criteria	Clinical care standards and pathways are used when available to reduce unwarranted variation in care.

References and resources

- ACEM (2019). *G19 Guidelines on the role of interns in the emergency department*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/af19e7c8-b33c-42d1-8b89-905452a39d5a/Guidelines_on_the_Role_of_Interns_in_the_ED [accessed 1 March 2022].
- ACEM (2019). *P53 Policy on the supervision of junior medical staff in the emergency department*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/afbeb137-a983-41ec-9cbf-ca38397dffb0/Policy_on_Supervision_of_Junior_Medical_Staff_in_the_ED [accessed 1 March 2022].
- ACEM (2019. *P67 Policy on extended role of nursing and allied health practitioners working in emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/860beaa5-c3f8-49fe-8a43-caa3027c7d10/Policy_on_Extended_Role_Nursing_and_Allied_Health_Practitioners_Working_in_Eds [accessed 1 March 2022].
- ACEM (2021). *P435 Policy on resource stewardship*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/3a246ebd-a786-4026-ba2d-59bf55c4d715/Policy_on_Resource_Stewardship [accessed 1 March 2022].
- Australian Commission on Safety and Quality in Health Care (2021). *Clinical Care Standards*. Available at https://www.safetyandquality.gov.au/standards/clinical-care-standards [accessed 27 October 2021].
- Choosing Wisely Australia (2021). Available at https://www.choosingwisely.org.au/ [accessed 15 October 2021].

Standard 1.6 Implementation of care plan

Intent

Each stage of implementation of the comprehensive care plan is coordinated in a manner that promotes a multidisciplinary team approach as well as patient-centered care.

All attempts to prevent unnecessary harm are made.

Objective A Preventing and controlling infections

The ED team minimise the risk of hospital acquired infections.

Criteria	Hand hygiene is taught, utilised, and monitored.
	Aseptic and sterile techniques are used.
	Judicious use, safe insertion, and timely removal of invasive devices.

Objective B 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.

Criteria	The ED team has processes to ensure medication reconciliation takes place.
	The ED team ensures medications are stored safely and securely and in accordance with manufacturer and legislative requirements.
	The ED team ensures the safe prescribing and administration of medications is facilitated within the ED environment.
	The ED team advocates for the involvement of pharmacists in the ED to minimise risks associated with prescription and administration of medication.
	The ED team ensures the patient is identified correctly before medication administration.
	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.

Objective C — Preventing and managing pressure injuries

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.

Objective D — Preventing falls and harm from falls

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.
- The ED team ensures early review of any patient who may have fallen in the ED.

Objective E — Nutrition and hydration

The ED team ensures that the nutrition and hydration needs of the patient are met.

Criteria

- The ED team has systems for providing or allowing access to food and fluids for patients.
- Allergies and dietary requirements, including psychosocial, cultural, and religious needs are considered.
- Patients who require assistance with eating and drinking are supported.

Objective F — Preventing delirium and managing cognitive impairment

Criteria

- Risks are minimised by undertaking strategies to recognise, prevent, treat, and manage cognitive impairment, including endeavouring to allow restorative rest and sleep for patients.
- Clinicians, patients, carers, and families work together to minimise anxiety or distress experienced by any person with cognitive impairment.
- The use of antipsychotics and other psychoactive medicines is in line with best practice and relevant legislation.

Objective G — Predicting, preventing and managing self-harm and suicide

Criteria

The ED team has the skills and knowledge to engage collaboratively to identify and respond to patients at risk of self-harm or suicide.

The ED team partners with available mental health services to provide support for patients at risk of self-harm or suicide.

Objective H — Predicting, preventing and managing aggression and violence

Criteria

The ED team has a protocol to identify and manage behaviourally disturbed patients.

The ED team receives training and support in best practice de-escalation techniques.

The ED team receives training on and promotes trauma-informed care to achieve best outcomes for all patients.

Objective I — Minimising restrictive practices: restraint

Criteria

Physical or chemical restraint are minimised or avoided if possible.

Where restraint is clinically necessary to prevent harm, the ED team has systems to provide restraint safely and for the shortest possible time.

Careful monitoring of the restrained patient is provided at all times.

Restraint is documented and notified as required.

Objective J — Minimising restrictive practices: seclusion

Criteria

Seclusion is minimised or avoided if possible.

If clinically necessary to prevent harm the ED team has systems to govern the use of seclusion in accordance with legislation.

The use of restraint by seclusion will be documented and notified as required.

Objective K — Managing blood and blood product

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.

Objective L — Recognising and responding to acute deterioration

Criteria

The ED team has processes in place to identify the monitoring requirements for each patient.

The ED team ensures any required monitoring is carried out.

The ED team ensures that any deterioration noted is acted upon.

The ED team maintains processes by which any concerns raised by patient, family or carer about deterioration will be heard and acted upon, including clear paths for escalation of concerns.

Objective M — Procedural sedation and interventional procedures

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.

The presence of high-risk departmental or patient factors are contraindications to the safe administration of procedural sedation in the ED.

Objective N	VTE risk assessment

Criteria

VTE risk assessment will be considered for patients admitted or discharged through the ED where relevant.

Decision and dose calculation aids will be used where available.

References and resources

- ACEM (2019). *G29 Guideline on ensuring correct patient, correct side and correct site procedures in emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/b5293ce9-3749-44c9-af31-f0e69cca9a27/Guidelines_for_Ensuring_Correct_Patient_Side_and_Site-Procedures [accessed 1 March 2022].
- ACEM, ANZCA, CICM, & RANZCP (2018). *G637 Guidelines for safe care for patient sedated in health care facilities for acute behavioural disturbance*. Melbourne: ACEM. Available at https://www.anzca.edu.au/getattachment/eccd42fd-1463-4964-9059-d49396d10472/PS63-Guideline-for-safe-care-for-patients-sedated-in-health-care-facilities-for-acute-behavioural-disturbance [accessed 1 March 2022].
- ACEM (2021). *P32 Policy on violence in emergency departments*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/6496564f-8330-47a3-9ae5-16af7453808f/P32-Violence-in-the-ED [accessed 1 March 2022].
- ACEM (2022). *S817 Statement on the use of restrictive practices in the emergency department*. Available at https://acem.org.au/getmedia/2f351ebe-c139-4f8b-b8e5-a7578561e0d4/S817_Restrictive-Practices-ED-Statement
- Australian Commission on Safety and Quality in Health Care (2021). *Clinical Care Standards*. Available at https://www.safetyandquality.gov.au/standards/clinical-care-standards [accessed 27 October 2021].
- Australian Commission on Safety and Quality in Health Care (2021). *Hospital Acquired Complications*. Available https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications [accessed 27 October 2021].
- Australian Commission on Safety and Quality in Health Care (20210. *Resources for the National Safety and Quality Health Care Service Standards*. Available at https://www.safetyandquality.gov.au/standards/nsqhs-standards/resources-nsqhs-standards#workbooks,-risk-matrices-and-monitoring-tools [accessed 27 October 2021].

Standard 1.7 Handover of care

Intent

There is a structured clinical handover at all points of transition of care, including when a patient leaves or returns to the ED, and whenever staff changeovers occur.

Relevant, accurate and current information about a patient's care is transferred to the right person or people and continuity of patient care is maintained.

Prior to leaving the ED, patients are screened by the relevant ED team member or delegate to ensure the destination and manner of transfer are suitable and safe.

Objective A Admission to inpatient unit or short stay unit – decision to admit

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, in consultation with other specialist healthcare providers where required.
	The hospital and ED team ensure patient admission is decided on clinical criteria, not on bed availability.
	The ED team ensures that the decision to admit is made 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.

Objective B Referral to inpatient unit for ongoing care

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.

Criteria	The ED team ensures that referrals for admission are made as soon as is practicable.
	The ED team advocates that any patient referred for review or admission is reviewed within one hour from time of referral.
	The reason for referral is accurately communicated to other specialties or care providers. Standardised handover tools such as ISBAR or iSoBAR are available.
	The ED team has effective and efficient processes for escalating and managing problems relating to referrals or consultation, including any need for further referral or consultation.
	The ED team ensures that the admitting specialist team is informed of every admission including those occurring after hours.

Objective C — Safe and timely transfer to inpatient 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 processes occur in a safe, appropriate, and timely manner.

The ED team will advocate for direct to ward admissions wherever clinically indicated.

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 ensure the patient leaves the ED with all relevant patient history and treatment records, urgent investigation results obtained, and interim treatment orders written for up to six hours, ideally by the admitting team.

The admitting unit is responsible for the timely development and documentation of the treatment plan and associated medication orders beyond this six hour time period.

The ED team ensures that patients referred for direct admission are safe for transfer to the inpatient unit to await further assessment and treatment by the inpatient team.

Objective D — Care of admitted inpatients remaining in ED

Criteria

The ED team ensures that patients waiting for inpatient beds are in designated, supervised and observed areas.

Where admitted patients remain in the ED, the regular medical review and modification of the care plan of these patients is the responsibility of the admitting inpatient team. The ED team will provide ongoing nursing care of the patient and support to the admitting inpatient team for acute emergencies.

Hospital policies should be in place to mitigate and equitably share the risks to patient safety between the ED and the remainder of the hospital during periods of over census operation.

Objective E — Transfer to another site – referral for ongoing care

Criteria

The ED team and hospital have clear agreements as to the responsibility for referral for transfer to another hospital or healthcare facility when appropriate care cannot be provided locally.

Objective F — Safe transfer of care

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.

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.
	The ED team is trained in preparing patients for transport.
	The ED team ensures that referral documentation contains sufficient information to facilitate ongoing care and that the patient is accompanied by all relevant patient history and treatment records.
	The ED team has access, when needed, to qualified, equipped, and regulated medical transport teams for the transport of critically ill or injured patients, neonates, and other patients requiring specialised care.

Objective G — Discharge – pre-departure screening

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.

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.

Objective H Decision for discharge

The decision to discharge a patient from the ED is made with the patient and they are informed about discharge processes.

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 for every occasion of service, developed in consultation with the patient, recorded in the patient file and shared with the patient. This is transmitted directly to the patient's nominated primary care provider, unless instructed otherwise by the patient.

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 ED as a result of access block.

Objective I Follow-up arrangements

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.

Criteria

The ED team has processes to determine which patients may benefit from review by their primary healthcare provider, or, less commonly, from 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 healthcare provider, where possible.

Patients with unplanned re-presentation to the ED within 48 hours of discharge receive senior consultation.

Objective J Referral for outpatient review

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.

Criteria

The ED team ensures, in conjunction with the patient's primary healthcare provider, that patients requiring consultation from another healthcare service as an outpatient 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.

Criteria cont.	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.

Objective K — Provision of instructions

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.

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 (safety-netting), and discussion of the potential for evolution of the patient's condition and possible change in working diagnosis.
	Written information and discharge instructions are provided in a language that is clear to the patient.
	Documentation in the patient file reflects the content and provision of discharge instructions.
	A summary of the ED visit is given to the patient.

Objective L — Provision of certificates

The ED team ensures relevant certificates are completed prior to the patient's departure from ED.

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.

Objective M Medication safety

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

Criteria

The ED team has clear systems for providing patients with instruction regarding prescription and administration of medication post discharge.

These instructions may be shared with relevant caregivers e.g. at home, residential aged care facility, prison etc.

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.

References and resources

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Standard 1.8 Special consideration for particular groups of patients

Intent

Marginalised, 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, endeavouring to meet the identified needs of the patient. Care should consider the requirements of such patients with respect to environment, equipment, and ED team skills.

Objective A	Care of special patient groups

Criteria

The ED team provides care that is respectful of patients' diverse backgrounds and needs.

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 ensures that a suitably skilled workforce is accessible for all groups of patients, either in person or via telemedicine.

The ED team ensures that emergency care is responsive and sensitive to the specific needs of marginalised patient groups.

The ED team collaborates with marginalised patient groups or their advocates in the planning and provision of services.

The ED team is trained in the delivery of culturally safe care.

The ED team is trained in the delivery of trauma informed care.

The ED environment is designed to allow the provision of culturally sensitive and safe care.

This group may include but is not limited to	Children, adolescents
	Pregnant and post-partum people
	Elderly or physically frail people
	People with disabilities and impairments
	First Nations people – Aboriginal and Torres Strait Islander, Māori, Pacific peoples
	Gender diverse people, including those transitioning, LGBTQI people
	People of CALD background including migrants, asylum seekers, refugees
	People with mental health conditions
	People with alcohol or drug use disorders
	People exposed to trauma – current or past, physical/sexual/psychological
	People subject to family and domestic violence and abuse
	People in custody or care who may have reduced agency in accessing healthcare
	People experiencing housing instability and/or poverty

References and resources

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Standard 1.9 Care of the dying person

Intent

Processes and systems are in place to ensure the provision of end-of-life care according to patients' wishes.

The ED team provide care that includes clinical expertise in recognising and managing end-of-life scenarios, facilitation of end-of-life discussions, management of multidisciplinary input, and also supporting the needs of family and/or carers.

Objective A	Patient care

Criteria

The ED team has a protocol for screening patients approaching the end of life who may benefit from advance care plans and advocate for their completion.

Patients and their families or carer are involved and supported in making decisions about care for a person who is dying.

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 is trained to promote goals of care and avoid futile treatments when providing care for the dying person and has processes for documenting clear goals of care made in collaboration with the patient and their family.

The ED team is equipped to provide palliative care to patients within the ED.

The ED team has a process by which humane care is provided to patients presenting with imminent death.

The ED team has a process to allow a patient's family members or carer into the resuscitation room.

The ED team has processes in place to preserve a patient's choices, dignity, and control.

The ED team receive training to support them in providing care to patients who are dying.

End of life care pathways are utilised where available.

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 ensures the patient, their family or carer have access to resources for the care of a dying patient if discharge home is considered.

Objective B Support after a patient's death

Patients, their family, or carer receive respectful and dignified care in the event of expected or unexpected death in the ED. Support is also available for ED team members.

Criteria	The ED team has adequate facilities to support bereaved families or carers.
	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 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.
	The ED team is trained to have knowledge of certification and notification requirements following the death of a patient.
	Support is available for ED team members following the death of a patient.

Objective C Organ and tissue donation

The ED team is trained to ensure the wishes of the patient in relation to organ and tissue donation are respected and upheld where possible.

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 ensures accurate information about organ donation is provided to patients, their family or carer.

References and resources

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Standard 1.10 Virtual care

Intent

The ED team can access and use secure telemedicine or messaging services when needed to enhance the quality of care provided to patients.

Objective A — Use of telemedicine – audio and video

Criteria

The ED team participates in a collaborative hospital network which supports the secure use of telemedicine and provides the specialist expertise required.

Where telemedicine is used, the ED team is adequately resourced and has access to functional equipment and is trained and supported in its use.

The ED team establishes and maintains relationships with specialists who may provide suitable expertise via telemedicine consultation.

Virtual care is provided in alignment with relevant regulations, legislation, and guidelines.

Objective B — Use of text-based messaging services

Criteria

The ED team is provided with clear guidance regarding secure use of text-based messaging services on departmental or private devices, including for delivery of images of patients.

References and resources

- ACEM (2019). *P181 Policy on the provision of emergency medical telephone support to other health professions*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/ffd98e06-d5fd-4052-b3f9-81e648748f67/Policy_on_the_Provision_of_Emergency_Medicine_Telephone_Support_to_Other_Health_Professionals [accessed 1 March 2022].
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Domain 2
Administration

Intent

This domain describes the overall management of an ED, within the whole of hospital context and as the interface between acute care and the community. It details how EDs deliver patient-centered care by ensuring that physical environment, facilities and resources are fit for purpose, the workforce is suitably trained and supported, and the culture and organisation of the hospital, network, and departmental administration is aligned with this aim.

Standard 2.1 Built environment

Intent

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

Objective A ED design

The ED design reflects considerations including ergonomics, safety and security, amenity, accessibility, image, and consumer expectations whilst allowing for optimal care to be delivered.

Criteria

- The ED is designed to promote a positive environment for the ED team and patients, families, or carer, embracing cultural values of the local communities including First Nations people.
- The ED team is equipped to be responsive to the needs of marginalised or vulnerable patients and is able to provide early access to areas suitable for these needs.
- The ED team ensures that marginalised or vulnerable patients are not separated from carers.
- The ED team provides an environment which is designed for privacy and quietness to reduce anxiety, noise, confusion, and risk of falling.
- The ED has a mechanism for safe placement of noisy, distracting, or aggressive patients separate from other patients.
- The ED utilises good work design, where hazards and risks are removed or minimised and the wellbeing of workers is prioritised. Optimally, risks to workforce health and wellbeing are "designed out" of the work where possible.

Objective B ED layout

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

Criteria

- The ED complies with relevant guidelines for ED design.
- The ED layout is designed with consideration for the models of care to be implemented by the ED team.
- The layout of the ED allows easy access to equipment and resources 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 provide privacy and confidentiality for patients.

Objective C ED capacity

The ED is fit for purpose, able to provide optimal safe and comfortable spaces for the patients presenting.

The ED has sufficient and appropriately equipped bays and rooms for all models of care provided.

Criteria	The ED has an adequate number of appropriately equipped resuscitation, general and special purpose bays, and decontamination facilities, proportionate to the department's workload and case-mix.
	A short stay unit or acute assessment unit is accessible where possible.
	These are efficiently utilised to optimise resuscitation capacity at all times.
	Appropriate overflow space is available so that patients are not placed in inappropriate spaces such as corridors and hallways.

Objective D ED accessibility

Criteria	The ED can be clearly identified and easily accessed by anyone.
	The ED is located in a part of the hospital easily accessible from the outside, by pedestrians or vehicles.
	Access to the ED complies with relevant building guidelines and accessibility legislation.
	The ED is accessible by people using mobility aids.
	The ED is clearly signposted to enable quick and simple wayfinding.

Objective E Infection control

Criteria	The ED team has access to isolation rooms which meet relevant design standards, equipped with negative ventilation and dedicated bathroom facilities, to allow isolation of patients with suspected contagious illnesses.
	The ED team has a process to alter patient flow through the department in situations that may lead to epidemic infections.
	The ED has been designed with optimal ventilation and air filtration systems.

Objective F Staff facilities

Criteria	Adequate facilities are provided for staff including change rooms, showers and toilets, secure storage, meal or break areas, office space, areas for group education, areas for breastfeeding, rest, reflection, prayer.

Objective G Facilities for patients and visitors

Criteria Adequate facilities are provided for patients and visitors including seating, toilets, areas for families to gather, areas for rest, reflection, prayer.

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Standard 2.2 Equipment, medication, disposables

Intent

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

Objective A Functional equipment

The ED team has access to required and functional medical equipment.

Criteria

- 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, 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.
- Cognitive aids are available to minimise risk of error.

Objective B Maintenance and replacement of equipment

Criteria

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

Objective C Appropriate PPE

Criteria

- Appropriate PPE is easily available for the ED team, correct fit is ensured, and training in safe usage has been provided.
- Precautionary principles are used when selecting PPE.

Objective D Medication supply

Criteria

- Medication is stored securely and in line with legislative and regulatory requirements.
- Human factors and ergonomics are considered in designing safe storage of medications.
- Medications available on imprest match the requirements of the ED team and their patients.

Objective E Disposables storage and supply

Criteria

- Disposables are stored in an easily accessible manner.
- Supply of disposables is ensured.
- The environmental impact of the use of disposables is considered.
- Adequate safe disposal equipment and processes are available, including for products involving cytotoxic or hazardous substances.

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Standard 2.3 IT resources

Intent

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

Objective A Management of patient information

Patient data that is collected and retained is accurate and reliable, and maintained in a safe and secure manner, and is accessible by the ED team.

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.

Objective B 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.

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.

Objective C Systems to facilitate monitoring data

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

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.

Objective D Maintenance of IT 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 support and repairs at all times.

The ED team utilises IT services to enhance communication between departments and other hospitals or healthcare providers.

Hospital IT teams are vigilant in ensuring IT systems cybersecurity.

Objective E Access to information and data in the ED

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 obtained externally in other formats.

References and resources

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Standard 2.4 Workforce management

Intent

The ED workforce is monitored to ensure the provision of appropriate skill mix, expertise, and competency to match the department's workload and case mix. The ED workforce is well supported by hospital management and administration.

Objective A — ED team numbers and skill-mix

Criteria

The ED team encompasses a range of clinical and non-clinical staff to match the department's needs.

The ED team ensures that stewardship of the department's workforce involves reliable planning and management for current and future needs, including providing surge capacity, and supporting other sites within a healthcare network.

The composition of the ED team supports the necessary clinical and clinical support functions of the ED, including quality assurance, education provision, administration, research, maintenance, security, cleaning.

The ED team supports diversity in recruitment for all staff roles, ideally reflecting the composition of local communities.

Objective B — Recruitment

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 and human resources to ensure competence to practice is assured during recruitment processes.

Contracts are issued in a timely and fair manner.

Onboarding and orientation processes for all ED team members are well-supported by the hospital leadership and human resources team.

Objective C Feedback and performance appraisal

Criteria	
	Performance appraisals are undertaken on a regular cycle.
	Underperforming team members are identified and supported with mutually agreed upon plans for improvement.
	Misconduct is identified and managed appropriately.
	Mechanisms are in place for notification of impaired practitioners and students to relevant regulatory bodies when required, and support programs in place and accessible for all involved in such notifications.

Objective D Monitoring of turnover

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

Criteria	
	The ED team has a system to monitor turnover rates and sick leave utilisation.
	'Presenteeism' during illness is monitored as well as absenteeism 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, including conducting exit interviews.
	Turnover is minimised by system level interventions aimed at improving workforce experience.
	The ED team monitors absences to observe for signs of stress in the workforce.

References and resources

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Standard 2.5 Workforce safety

Intent

The ED team has a healthy workplace plan which encourages the pursuit of health and wellbeing for team members. This includes providing education and training in achieving a healthy lifestyle and participating in preventative and health improvement initiatives.

Objective A	OHS

Criteria

Occupational Health and Safety (OHS) representatives are supported and easy to contact.

Effective safety reporting systems are available.

Psychological safety is supported as well as physical safety.

There is strong safety leadership within the ED and the broader hospital that contributes to a positive safety culture, resulting in improved worker safety behaviours.

The ED team advocates for the ED to be a safe and secure environment for team members.

The ED team ensures team members have access to evidence-based counselling, for work related stresses.

The ED team has access to relevant training for their work tasks and safety requirements, including assessments of competency.

The ED team has systems in place where staff are regularly consulted in relation to how work is conducted and departmental health and safety issues.

The ED team is provided with information about potential risks associated with their work, the safety policies and procedures in place and how to work safely and deal with workplace emergencies.

The ED has systems in place to identify, assess and control both physical and psychological risks of harm in the workplace.

There are processes in place for identifying, assessing and controlling physical, psychological and psychosocial hazards and risks e.g. fatigue, high workloads, emotional demands, traumatic events, occupational violence, bullying and harassment, manual tasks.

Objective B — Safe workload, safe working hours

Criteria

- The ED team complies with relevant safety 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 monitors absences to observe for signs of stress in the workforce.
- Rosters comply with safe working hours recommendations.

Objective C — Access to leave

Criteria

- Staff are able to access leave entitlements including sick leave, parental leave, annual leave, professional development, carer's leave, leave for cultural obligations and celebrations.

Objective D — Individual health and wellbeing

Criteria

- The ED team has a healthy workplace plan which encourages the pursuit of health and wellbeing for team members including providing education and training in achieving a healthy lifestyle and participating in preventative and health improvement initiatives.
- There are processes in place to monitor staff wellbeing, provide early intervention, and referral to appropriate support.
- The ED has facilities to support a healthy lifestyle, for example showers, lockers and bike storage racks, access to healthy food options.
- The ED team has close access to facilities for breaks including meals, prayer, rest, and reflection.
- The ED team supports links with mentoring programs.
- The ED team encourages team members to seek support and utilise available resources for debriefing or discussion when required.
- The ED team supports team members to access an employee assistance program if needed.
- The ED team advocates for team members to have their own primary care practitioner, independent of the work team.

References and resources

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Standard 2.6 Organisational management

Intent

The ED team has regular access to the executive level of governance through reporting and feedback mechanisms.

Objective A Hospital integration

The ED team is in close communication with hospital administration and other hospital departments, nurturing relationships 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.

Objective B Interface with hospital executive

The hospital executive and ED team work together in accordance with Australian and New Zealand guidelines and international best practice to implement governance systems that maintain and improve the safety and wellbeing of the workforce as well as working to improve patient outcomes.

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 units.
- The ED team has clear lines of communication with the executive level of governance.

Objective C Emergency medicine networks

Emergency care is provided by a wide range of providers and facilities working within supportive and collaborative networks.

Criteria

- The ED is part of an established emergency medicine (EM) network.
- Specialist support, advice and training is provided to non-specialist providers within this network.

Criteria cont.	Retrieval, patient transport, disaster planning, governance, research, education, and training is coordinated throughout the EM network.
	Where possible, the EM network works to minimise workforce maldistribution.

Objective D — 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 beyond the acute episode of care provided in the ED.

Criteria	The ED team works within a network of hospitals to share support and engagement.
	The ED team endeavours to interact with local primary care providers.
	The ED team engages with First Nation and multicultural primary care providers.
	The ED team supports the 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 between acute and primary settings.
	The ED team has established communication mechanisms with community and primary care providers to enhance presentation, admission, and discharge processes.

Objective E — Consumer engagement

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

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, and they feel safe and welcomed in the ED as part of the team.
	The ED team has access to consumer representatives to engage in quality assurance and improvement activities.

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Standard 2.7 Patient flow

Intent

Patient flow through the ED is supported by the utilisation of effective models of care, streaming models, staffing levels to match workload, hospital admission and discharge practices, and coordinated whole-of-hospital responses to ED overcrowding.

Objective A Models of care

The ED team implements consistent models of care, such as resuscitation, acute and subacute care, fast track.

Criteria

- The ED team reviews the models of care routinely to ensure they meet the needs of patients presenting to the ED.
- The models of care are consistent with the department's capacity and ED team members' skills.
- The ED team utilises mechanisms to share information about successful models of care.

Objective B Streaming models

The ED team ensures streaming of patients is an effective and safe mechanism to enhance patient flow.

Criteria

- The ED team advocates for safe and timely access to the ED and hospital for all patients.
- The hospital and ED team has established systems to enhance patient flow through the ED and inpatient units, including criteria for direct admission and use of acute assessment and diagnostic units where available.
- 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.
- The ED team advocates against patients being managed or left to wait in hallways, corridors, or ambulance bays.

Objective C — Response to ED overcrowding

When resourcing and capacity do not match demand for inpatient services, access block may occur, resulting in ED overcrowding and delays in transferring care of patients from ambulance services.

Predictable surges in presentations such as seasonal outbreaks of respiratory illness or unpredictable demand pressures such as a disaster may also result in ED overcrowding.

Patient care may be compromised when ED overcrowding occurs.

Criteria	
	Rostering of the ED team takes into account anticipated times of increased demand.
	The ED team and hospital or EM network executive teams have established processes for identifying, escalating, and responding to ED overcrowding and episodes of capacity and demand mismatch.
	The ED team participates in whole-of-hospital responses to increased demand and reduced hospital capacity.

Objective D — Supported decision-making environment

Criteria	
	The ED team has access to clinical decision support tools.
	The ED team has access to regularly updated local hospital or network information regarding 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.

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Standard 2.8 Patient safety

Intent

The ED team strives to provide safe care for all patients through the provision of culturally safe care, by minimising and mitigating unintended harms and by having robust patient safety systems.

The ED team have processes in place for managing aspects of patient safety including adverse incidents, patient feedback and complaints, risk management, quality assurance, education on patient safety and human factors topics.

Objective A Recognise and respond to adverse incidents

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

The culture of incident reporting is one without blame and supports team members to notify events.

Criteria

- The ED team has an understanding of adverse and near miss events.
- The ED team recognises the occurrence of an adverse event and responds effectively to mitigate harm to the patient.
- The ED team has an understanding of open disclosure and are supported to use it where relevant.
- 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 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 and subsequent investigation.
- The ED team reports incidents in compliance with hospital, and where relevant, jurisdictional, processes. The ED team encourages the use of local and jurisdictional notification systems and the ACEM Emergency Medicine Events Register (EMER).
- The ED team participates in adverse event analysis, participating in the development and implementation of appropriate recommendations for improvement. The ED team utilises reported incidents as learning and training tools.
- The ED team ensures that team members involved with adverse incidents have sufficient knowledge of supports available to them throughout the process.

Objective B — Manage complaints and feedback from patients

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.

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 ensures that patients feel supported throughout the process.

Objective C — Risk management

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

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.

Objective D — Quality assurance

The ED has processes to monitor the quality-of-care delivery to identify emerging problems.

Criteria	The ED team monitors quality indicators as well as time-based process measures, participating in regular audits and surveys.
	The ED team is supported by hospital management in quality assurance processes.

Objective E — Patient safety culture

The ED team applies core patient safety knowledge, skills, and attitudes to everyday work.

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

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.

Criteria cont.	The ED team works within its own limitations to ensure a culture of patient safety.
	The ED team participates in shared inter-professional team learning.
	Educational curricula include teaching about human factors, including cognitive bias, diagnostic errors, minimising error, graded assertiveness, optimising human performance.
	The ED team demonstrates a capacity to learn from everyday successes as well as from adverse events.

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Standard 2.9 Extraordinary situations

Intent

The ED team is supported to adapt normal work processes when faced with temporary or sustained increased workload.

Objective A	Disaster incident plan – temporary disruption to normal processes

The ED has a disaster management system to direct, control and coordinate response and recovery situations.

Criteria

- The ED team or network has an established disaster management plan which is regularly updated and practised.
- 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 practises 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.

Objective B — Disease outbreak – non-sustained disruption to normal processes

The ED has a plan to manage increased demand during seasonal or non-sustained periods of disease outbreak.

Criteria	
	The ED team has a mechanism to respond to the widespread occurrence of an infectious disease in a community.
	The ED team or network 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 people who may have highly contagious diseases presenting to the ED in designated areas of the ED so as to reduce potential cross infection to ED team members, other patients or members of the general public.
	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.

Objective C — Pandemic planning – sustained disruption to normal processes

The ED team works with the hospital or health service network in preparing and enacting an integrated hospital pandemic plan.

Criteria	
	The ED team has a mechanism to respond to the widespread occurrence of an infectious disease in a community.
	The ED team or network is supported in endeavours to increase its workforce to respond to pandemic outbreak of disease.
	The ED team has a process to document information and decisions during the event of a pandemic.
	The ED has a plan to identify, isolate and or manage people who may have highly contagious diseases presenting to the ED in designated areas of the ED so as to reduce potential cross infection to ED team members, other patients or members of the general public.
	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.

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Domain 3
Professionalism

Intent

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.

Standard 3.1 Leadership

Intent

The ED team works together optimally as a high reliability organisation.

Objective A Communication

Criteria

- The ED team demonstrates respectful, effective, and culturally competent communication.
- The ED team ensures that there are clear lines of communication within the team and with other hospital departments, and with external agencies.
- Speaking up about concerns is welcomed and encouraged.
- The ED team ensures that communications skills are enhanced through departmental training.

Objective B Culture

Criteria

- Managers engage readily and frequently with front-line staff.
- Staff are empowered and supported to lead.
- Hierarchies are flattened as much as possible.
- The ED team encourages team members and motivates them to work effectively.
- A blameless reporting culture is cultivated, with open discussion of error and incidents as learning opportunities.
- The ED team acts with integrity and individual accountability.
- Diversity is embraced and valued, and a respectful and culturally safe environment is maintained.

Objective C Mentoring

Criteria

- The ED team ensures that mentoring is available to ED team members, is separate from supervision or appraisal processes, and is responsive to the learning needs of the mentee.

Objective D Debriefing

Criteria	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 clinical and emotional issues.

Objective E Code of conduct

Criteria	The ED team does not take advantage of any patient.
	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 entities that may pose a conflict 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.
	The ED team has processes available for addressing unprofessional conduct.

References and resources

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Standard 3.2 Legal and ethical

Intent

Members of the ED team comply with the professional, legal, and ethical obligations required by law (and relevant professional organisations) within the boundaries of their knowledge, skills and competence.

Objective A Ethical obligations

The ED team utilise an ethical framework to guide decision-making. Fundamental premises include:

- Every person matters and every person deserves respect.
- We never abandon a patient: care is never futile though treatment may be.

Criteria	
	Personal bias is checked prior to and during decision-making.
	Well-known and ethically rigorous principles are used to guide decision-making – autonomy, beneficence, non-maleficence, justice.
	In times of resource scarcity, an objective, evidence-based threshold test is available to guide decision-making to ensure consistency and reduce latent bias.

Objective B Medico-legal obligations

Day to day conduct of the ED team complies with principles and requirements of relevant legislative and regulatory standards.

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 providing 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 witness.
	Staff involved in legal processes should be supported in case of emotional or mental distress and provided with opportunity to talk with a mental health professional, counsellor, advocate, or carer.

Objective C Competence and capacity

Criteria

- The ED team understands legal principles in situations where patients lack capacity.
- The ED team is trained to assess a patient's competence to make relevant treatment decisions.
- 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 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 next of kin.
- 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.

Objective D Mental health and the law

Criteria

- The ED team is trained and complies with relevant mental health legislation and regulations, including relevant notification requirements.
- The ED team provides clinical care in compliance with relevant jurisdictional mental health legislation including observing least restrictive practice approaches.
- The ED team clearly communicates the requirements of relevant mental health legislation to the patient.

Objective E End of life obligations

Criteria

- The ED team is aware of obligations to notify death under certain circumstances according to relevant legislation.
- The ED team is trained to have knowledge of death, cremation, and extinction of life certification requirements.

Objective F Privacy and confidentiality

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.

Objective G 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.

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.

ED team members are aware of and abide by relevant policies on the use of social media.

Objective H Mandatory notifications

Criteria

The ED team is aware of and complies with relevant mandatory notification requirements in their jurisdiction.

References and resources

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Standard 3.3 Advocacy

Intent

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

Objective A Public health advocacy

The ED provides public health awareness and advocacy, illness prevention and preventive care based on patient need and best available evidence.

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 strives to reduce barriers to accessing healthcare for marginalised people.
- The ED team engages in information sharing for the purposes of advocacy and public awareness.
- The ED team advocates for improvements in social determinants of health for individuals and populations, and for equitable health outcomes for all.
- The ED team advocates good resource stewardship in all areas.

Objective B Professional advocacy

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

Criteria

- The ED team acts as advocates for the professions of emergency medicine and emergency nursing.
- The ED team supports and provide leadership to professional team members within the ED.
- The ED team participates in opportunities to promote and support the provision of emergency healthcare, including advocacy around addressing barriers to hospital access.

Objective C Advocacy for workforce safety and wellbeing

The health and wellbeing of the ED team and its members is essential to the provision of quality healthcare. A systems approach to caring for the workforce is taken by the ED leadership, as well as the promotion of individual wellbeing.

Criteria	ED leaders advocate for the psychological and physical safety and wellbeing of all team members, and work to address system factors that cause harm to the workforce.
	The ED team implements responsible rostering and work hours and supports the use of sick leave.
	The ED team supports and 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 or colleagues.

References and resources

- ACEM (2021). *P435 Policy on resource stewardship*. Melbourne: ACEM. Available at https://acem.org.au/getmedia/3a246ebd-a786-4026-ba2d-59bf55c4d715/Policy_on_Resource_Stewardship [accessed 1 March 2022].
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Domain 4
Education and training

Intent

The education and training domain includes the ongoing development and maintenance of knowledge, skills, and professional attributes. This domain includes provisions for ensuring high quality supervision of trainees and students, junior team members, which in turn enables a high quality of care to be nurtured within the department. Education and training may be provided by the department, hospital, network, or external agency.

Standard 4.1 Departmental training

Intent

The ED team are provided training to enable participation in the day-to-day running of the department.

Objective A Orientation and induction are provided

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

Criteria

- The ED team ensures that new team members have access to resources for orientation and induction.
- New ED team members receive orientation and induction, prior to commencing work.

Objective B Inter-professional training is supported

Relevant training and education are routinely provided to the ED team to foster collaborative practice and teamwork.

Criteria

- The ED team encourages team members to participate in inter-professional education 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.

Objective C — Orientation to new procedures and equipment is provided

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.

Objective D — Non-technical skills training

Criteria	The ED team has access to relevant non-technical skills training that enables the ED team to provide high quality care to patients including communication skills, graded assertiveness, human factors, patient safety, continuous quality improvement, teamwork.
	The ED team participates in cultural competence training relevant to local needs.
	The ED team participates in training around the experience of LGBTI people.

Objective E — Practical support for health service mandatory training

Criteria	The ED team is supported in completing their employer's mandatory training requirements.

Objective F — Educational needs of the ED team identification

Criteria	The ED team has a process to identify educational needs of the team.
	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 has 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.
	The ED team ensures annual training programs are provided to meet relevant hospital and departmental quality and safety standards and accreditation.

Objective G — Equitable access to educational resources

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

Criteria

The ED team is supported in accessing hospital and departmental training and education opportunities, including mandatory training, including by ensuring time is made available.

The ED team has access to adequate educational resources and physical spaces, including resources for simulation-based training, lectures, and workshops.

The ED team has access to the Internet and other IT resources within the ED to enable the provision of virtual classrooms and completion of online training.

References and resources

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Standard 4.2 Formal clinical education

Intent

The ED team supports clinical students, junior team members and trainees to develop their knowledge and skills, and to work within the limits of their competence and scope of practice with appropriate levels of supervision.

Objective A Access to education and training

Criteria

The ED team focuses on allowing equitable access to training and educational opportunities for students, junior team members and trainees within the ED.

The ED team or ED network has the capacity to provide appropriately qualified senior staff to support training and education.

The ED team supports the teaching and assessment of clinical students in the ED.

Objective B Access to clinical supervision

The ED team/network has the capacity to provide appropriately qualified senior staff to provide appropriate supervision of trainees, students and junior team members to ensure high-quality care is provided to patients.

Criteria

Appropriate supervision is provided at all times to students, junior team members and trainees.

Students, junior team members and trainees within the ED are exposed to a wide spectrum of emergency presentations.

Clinical students in the ED are easily identified and receive tailored support and supervision.

The ED team ensures that the role of training students, junior team members and trainees does not compromise the clinical service provision role of the ED.

The ED roster allows direct supervision of junior medical staff and trainees by a senior medical practitioner experienced in emergency medicine and junior nursing staff by a senior emergency nurse.

The ED team welcomes and assists students, junior team members and trainees as required, providing confidence in shared and cooperative knowledge within the ED team.

Objective C Patient involvement

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

Criteria	The ED team ensures that informed consent is obtained from patients involved in learning opportunities for the ED team such as bedside teaching.
	The ED team ensures that the safety and comfort of patients is paramount during participation in learning opportunities for the ED team.
	The ED team ensures that only patients who have given informed consent are involved in bedside teaching.
	The ED team provides opportunities for consumer co-development in relevant training and education opportunities.

Objective D Content of educational curricula

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 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 the provision of patient safety education within the ED.
	ED team members attain relevant competencies in emergency care skills.

Objective E Modality of delivery of training

Criteria	Multiple teaching modalities are utilised including bedside teaching, simulation, workshops, face-to-face lectures, and online modules.
	The psychological safety of students, junior staff and trainees is maintained during education and training.

Objective F Collaboration with other agencies

Criteria

The ED team or ED network looks to provide support to universities and colleges in the local area, for the purpose of continual education and community outreach.

The ED team or ED network forms collaborative relationships with higher education providers to further specialist education at the postgraduate level.

The ED team or ED network engages other healthcare craft groups in collaborative joint education sessions for staff in patient care for the whole patient journey.

Objective G Reflective practice

Criteria

The ED team promotes reflective practice to aid future learning.

The ED team seeks to audit, evaluate, and improve the quality of education provided.

Objective H Assessment requirements

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.

References and resources

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- ACEM (2022). *Curriculum – Fellowship of the Australasian College for Emergency Medicine*. Available at https://acem.org.au/getmedia/9af41df8-677f-44ed-b245-440164155f56/FACEM-Curriculum-2021

Standard 4.3 Ongoing training and learning

Intent

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 to ensure compliance with relevant regulating bodies.

Objective A Continuing professional development

Criteria

The ED team continues lifelong self-directed 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 any identified or perceived deficits.

The ED team endeavours to keep up to date on relevant healthcare knowledge, codes of practice and legal responsibilities.

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.

ED team complies with relevant professional development expectations of the hospital or professional organisation.

Objective B Maintenance of competency and credentialing

Criteria

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 to effectively provide quality care to patients.

ED clinical team members participate in and comply with the requirements of relevant regulatory bodies with respect to maintenance of professional skills and knowledge.

Objective C Training as educators

Criteria

The ED team members involved in supervision and training receive training in the provision of clinical education, supervision, and other educational processes.

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.

Objective D Training as assessors

Criteria

ED team members who provide supervision or assessment on behalf of other professional or academic institutions such as ACEM, AMC, universities are supported in being trained in assessment processes.

References and resources

- ACEM (2022). *ACEM CPD Program*. Available at https://acem.org.au/Content-Sources/Members/CPD [accessed 1 March 2022].

Domain 5
Research

Intent

The research domain covers the development and implementation of high-quality, contemporary and evidence-based clinical care.

Research is conducted within the ED as required to address clinical uncertainties and drive optimal patient outcomes, complying with ethical guidelines and good clinical practice guidelines.

Patient and staff participation and collaboration in research quality improvement is encouraged.

The ED team has processes to systematically review and implement relevant research findings and evidence-based practice.

The ED team participates in continuous quality improvement to improve the delivery of clinical care.

Standard 5.1 Research principles

Intent

Research conducted within the ED or with patients of the ED has appropriate approval from ethics committees, and methods reflect reliable research methodology. Research involving critically ill patients is supported. Culturally safe research processes and methodologies are promoted.

Objective A 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.

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 any research being undertaken is culturally safe.
	The ED team ensures that research planned adheres to the mutual responsibilities between investigators and their research participants.

Objective B Ethics in research

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

Objective C Consent in research

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

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 is clearly established and documented.

The ED team ensures that absolute care and respect is exercised in obtaining consent from participants or a suitable proxy decision maker.

The process of obtaining waiver of consent for critically ill patients is conducted and documented according to pre-agreed protocols.

Standard 5.2 Participation in research

Intent

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

Objective A 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.

Critically ill and injured patients have a right to participate in clinical research to improve the evidence base for high-quality emergency medical care.

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 ensures any participants have the opportunity to discontinue 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.

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.

Objective B ED 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.

Objective C 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.

Standard 5.3 Implementation of research

Intent

The ED team has processes to systematically review and implement relevant research findings and evidence-based practice.

Objective A Review of research findings

Criteria

- Training in critical appraisal of research is encouraged, supported, or provided.
- Journal club and other meetings are available to enable team members to discuss new research with peers.
- The ED team has a process to assess the quality of relevant literature and strength of evidence pertaining to best practice in the ED.

Objective B Implementation

Criteria

- The ED team has a process to systematically review and implement research and evidence-based findings relevant to the ED.
- The ED team promotes the use of the best available evidence and clinical expertise.
- 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.
- Clinical guidelines are developed, available, and updated as required.

Standard 5.4 Quality improvement

Intent

The ED participates in a formal and systematic approach to quality improvement to improve the delivery of care. All team members are recognised as possessing critical knowledge about workflow and organisational processes and are empowered by the organisation to develop solutions for the problems they encounter.

Criteria	All members of the ED team are encouraged and empowered to participate in or contribute to quality improvement.
	Training and resources are provided to the ED team to conduct quality improvement.
	Patient involvement in quality improvement processes is encouraged and supported.

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