AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

POLICY ON A QUALITY FRAMEWORK FOR
EMERGENCY DEPARTMENTS

Policy Nr: P28

1.   PURPOSE AND SCOPE

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

This policy is applicable to emergency departments in general, and all Fellows of the College.

2.   POLICY

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

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

3.   PROCEDURE AND ACTIONS

ACEM recommends that:

(a)   all emergency departments should have a documented quality framework.

(b)   all emergency departments should have a designated quality team with defined roles, responsibility, and reporting. This team should include medical and nursing staff, and may include clerical and allied health professionals.

ACEM strongly recommends:

(c)   a quality framework for emergency departments based on the following five areas:
- clinical
- research
- education and training
- administration
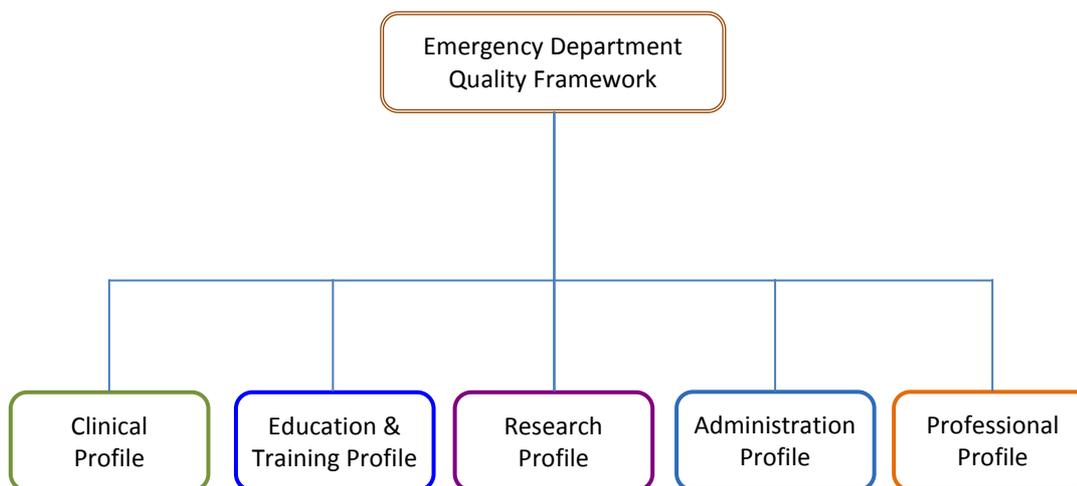- professional profile of the department.

   See Appendix 1: Quality Framework for Emergency Departments.

(d)   the development of a balanced quality program for individual emergency departments with elements drawn from each of the following five areas:
- clinical
- research

- education and training
- administration
- professional profile of the department.

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

Appendix 1: Quality Framework for Emergency Departments.

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                    │  Emergency Department   │
                    │    Quality Framework    │
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Clinical Profile	Education & Training Profile	Research Profile	Administration Profile	Professional Profile

Appendix 2: Description of Quality Profiles for Emergency Departments

CLINICAL PROFILE --

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

(a)   Participation in the clinical indicator collection – mandatory and non-mandatory (www.achs.org.au)

(b)   Regular clinical audits (examples):
- high volume or high risk clinical conditions
- documentation standards
- clinical guideline compliance/variance
- consultant sign-off for high risk patients
- time to critical interventions
- time to analgesia
- written discharge instructions
- unplanned returns to emergency department

(c)   Audit of procedural complications

(d)   Audit of medical imaging (examples):
- appropriateness
- turnaround time
- results checking

(e)   Audit of pathology (examples):

- appropriateness
- turnaround time
- results checking

(e)   Audit of medication errors

(f)   Regular mortality and morbidity meetings

(g)   Guidelines for orientation to the emergency department

(h)   Involvement in whole of hospital initiatives (examples):
- hand washing
- clinical handover
- recognition of clinical deterioration
- safety survey
- procedure for patient identification and procedure matching

(i)   Participation in national registries submission of data to jurisdictional / national registries relevant to hospital profile

EDUCATION AND TRAINING PROFILE--

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

(a)   Departmental educational program including:
- regular meetings
- guaranteed staff access to program (protected teaching time)
- a record of attendance
- evidence of periodic evaluation of education program

(b)   Presence of Director of Emergency Medicine Training (DEMT):
- Primary/Fellowship Exam Program
- satisfactory registrar feedback

(c)   Instructors for accredited training courses (examples):
- Advanced Paediatric Life Support (APLS)
- Advanced Trauma Life Support (ATLS)
- Advanced Complex Medical Emergencies (ACME)
- Emergency Life Support (ELS)

(d)   Staff who have completed accredited training courses (examples):
- Advanced Paediatric Life Support (APLS)
- Advanced Trauma Life Support (ATLS)
- Advanced Complex Medical Emergencies (ACME)
- Emergency Life Support (ELS)
- Advanced Life Support (ARC)
- Front desk staff training courses

(e)   Departmental educational roles (examples):
- DEMT/medical educator
- nursing educator
- administration staff educator

(f)   Academic emergency appointments (examples):
- professor of emergency medicine

- lecturer in emergency medicine
- research Fellow
- postgraduate students

(g)   Medical student teaching and training

(h)   Participation by staff in scientific meetings including hosting, attendance

(i)   Collaboration with medical educational institutions (examples):
- universities
- learned colleges

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

(k)   Credentialing of staff (examples):
- ultrasound
- procedural sedation

(l)   Staff competencies (examples):
- Basic Life Support (BLS)
- Advanced Life Support (ALS)

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

RESEARCH PROFILE--

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

(a)   Academic emergency appointments (examples):
- professor of emergency medicine
- lecturer in emergency medicine
- research fellow
- postgraduate students

(b)   Research grants:
- number of grants
- type of grants
- funding received

(c)   Research awards

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

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

(f)   Publications by emergency department staff (examples):
- book chapters
- refereed journal articles

ADMINISTRATION PROFILE --

The administrative function of an ED should include the following:

(a)   A designated Quality Team (including medical and nursing staff, may include clerical and allied health professionals)

(b)   Regular audits (examples):
- waiting times
- death audit
- trauma audit
- complaints/patient satisfaction
- clinical practice guideline and protocol compliance/variance.

(c)   Risk management (examples):
- formal pathology and radiology results checking process
- incident monitoring with feedback to clinicians

(d)   Financial considerations (examples):
- departmental budget
- business plan

(e)   Equipment considerations (examples):
- Maintenance and replacement as per G15
- Access to bedside ultrasound

(f)   Workforce considerations as per G23 (examples):
- Number of filled full time equivalence (FTE) / Total FTE – for FACEMs, Trainees, nurses, and clerical
- sick leave rates
- turn over rates at each level and for each discipline
- vacant positions and time to recruit
- completion rates of contracts
- staff satisfaction
- staff complaint resolution
- clinical support time
- accumulation of professional development leave
- occupational safety including nosocomial infections, and violent incidents
- performance appraisal
- staff meetings to ensure continuity of communication
- structured administration

PROFESSIONAL PROFILE --

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

(a)   Participation of staff in committees and faculties of ACEM Council

(b)   Participation in Health Departments (Australasian, Commonwealth and State/Territory)

(c)   Representation of emergency medicine on appropriate national bodies

(d)   Participation in submissions on health policy

(e)   Health advocacy roles (examples):
- World Health Organisation (WHO)
- Australian Medical Association (AMA)
- medical colleges

(f)   Participation in public health

(g)   Liaison with quality and accreditation organisations (examples):
- Australian Council on Healthcare Standards (ACHS)

- Australian Commission on Safety and Quality in Healthcare (ACSQHC)
- Australian Institute of Health and Welfare (AIHW)

(h)   Liaison with academic bodies and learned colleges

(i)   Participation in hospital committees

(j)   Participation in ethics committees

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History: Adopted by Council   July 2007
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