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<b>Summary</b>	The EMP Programme Meeting Framework Terms of Reference provides guidance on meeting management outlining the recommended meetings in an ED and providing sample Terms of Reference for each to support effective, time-efficient meetings.
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<b>Applies to</b>	All ED Teams and wider hospital management and staff.
<b>Audience</b>	ED Teams, Consultants in Emergency Medicine, Clinical Nurse Managers, Hospital Management teams.
<b>Approved by</b>	Emergency Medicine Programme
<b>Document status</b>	Guidance document
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<b>Contents</b>	Good meeting skills, Meeting Structures, Sample Terms of Reference Meetings
<b>Associated documents</b>	National Emergency Medicine Report 2012.

## Overview

### ***Purpose of this document***

The purpose of this document is to provide guidance on a framework of ED meetings to support effective governance, management, optimal team working, quality improvement and implementation of the Emergency Medicine Programme (EMP). Effective meeting guidance is provided in recognition of the time pressures on ED teams and the need for meetings to be effective, efficient and deliver good value for the staff resources invested in them. This document supports the 'First Steps' EMP Implementation Guidance 2012 and the EMP Quality Improvement Methodology outlined in the 'Assessing, Diagnosing and Treating your ED' and has been prompted by feedback from ED teams, including requests for advice as to how ED meetings might be structured.

The document outlines the cascade of meetings that are recommended to occur within EDs. It is envisaged that these meetings will also cover issues relating to linked Local Injury Units and Emergency Care Networks (ECNs). It provides a template Terms of Reference (ToR) for these meeting groups to be adapted for local use as a guide to clarifying the objectives of each meeting group, how they might work, who should be included in each and what issues could be addressed in each. The recommended meetings are:

- Huddles (daily)
- Clinical Operational Group Meetings (weekly)
- Quality Improvement/EMP Implementation Group Meetings (weekly)
- ED Hospital Management Meetings (monthly)

### ***Introduction***

It can be difficult for ED teams to schedule time for meetings given the pressures of ED clinical demands. Staff rosters can make it challenging for team members to commit to regular attendance at meetings and for meeting outcomes to be communicated to relevant team members. Each meeting group needs to consider a communications strategy to ensure that key messages are shared with relevant people in a timely, effective and sustainable manner.

Setting up regular, formal, team meetings has the following advantages. They:

- provide a mechanism for good clinical governance e.g. identifying and managing safety and quality incidents which can be addressed quickly and efficiently;

- allow the management of day-to-day operations, clinical governance requirements and quality improvement within a single framework supporting effective management, preventing conflicts in priorities and duplication of effort;
- fast track decision-making through a transparent and effective line of communication and accountability from the ED front-line to the senior hospital management team;
- help to improve communication among the ED team and across the ED/hospital interface;
- save time by reducing the need for ad-hoc conversations or multiple discussions with individual team members to address management;
- help embed patient safety and quality improvement in the daily work of the ED.

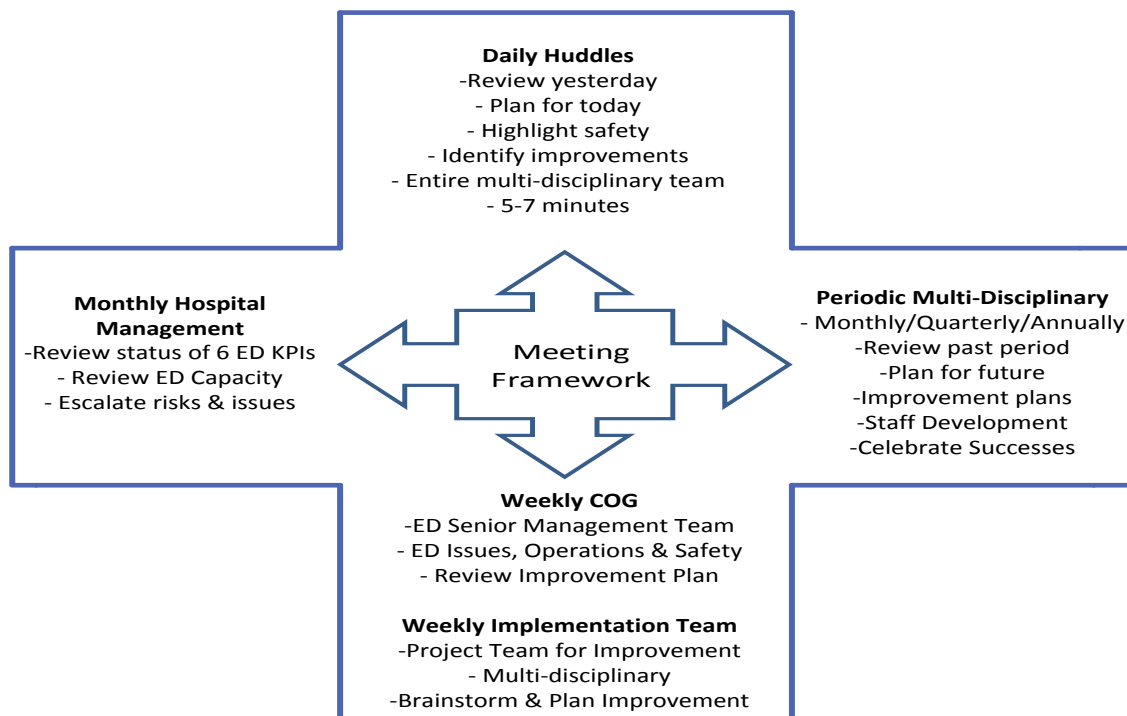
### ***Meeting Cascade Structure & Frequency***

All EDs should aim to have:

- A short **daily** meeting of representatives of the ED team on duty including doctors, nurses, healthcare assistants, reception staff, porters and other multidisciplinary team members to brief the team on key safety concerns and issues affecting patient care in the ED for the day ahead (see TOR). This meeting can feed into or work back-to-back with shift handovers in the morning and should be of no longer than 5-10 minutes duration. This concept of daily, team-wide ‘huddles’, ‘stand ups’ or ‘briefing sessions’ has been shown to be a very useful in EDs across the country and have enhanced ED team working and communication. End of shift briefings may also be useful.
- A weekly meeting of the **senior ED management team** to go through operational issues and priorities and review status on EMP implementation for the ED or ECN. This meeting may include or alternate with department/network meetings e.g. Patient Safety, Risk Management, Health & Safety, Healthcare Acquired Infection reviews etc.
- A weekly meeting of a **quality improvement team** to lead quality improvement in the ED and drive initiatives necessary for EMP implementation.
- A monthly meeting between representatives of the ED management team and the **hospital management team** to support optimal governance and management of the ED, ongoing service development and implementation of the EMP. This meeting may take the form of an Unscheduled Care Operational Management Group in some hospitals whereby other specialities involved in Unscheduled Care are also present or it may simply involve the Hospital CEO/General Manager/Operations manager with ad-hoc attendance by the Director of Nursing and/or Clinical Director. Many hospitals have alternative arrangements in place that fulfil the function of this meeting. The importance is to have a forum where ED issues are discussed with senior Hospital Management and decisions made as to actions to address these issues can be made.

- Quarterly **ED Multidisciplinary Team meetings** as information sessions covering a review of all ED or ECN activity, service development and planning. These sessions are important for team cohesion and to ensure a clear vision for the future is shared with the wider ED team. These meetings need an effective communications strategy to support effective two-way communication between the ED management group and the entire ED team.

The following structure outlines the recommended meeting framework. The periodic ‘all hands’ meeting across the department can be held on a bi-monthly or quarterly basis and may include a half day ‘off site’ departmental get-together on an annual basis.



<b>Meetings Overview</b>		
<b>Meeting</b>	<b>Purpose</b>	<b>Frequency/Attendees</b>
Daily Huddle	Get together for communication of key messages, identification of safety issues & quality potentials, setting out of daily priorities and addressing operational issues.	<b>Daily.</b> All team on floor. 5 - 15 minute duration. Chaired by Shift Leader
Weekly COG	Address operational issues as senior ED management team; oversee progress of quality improvement project team	<b>Weekly.</b> ED Management team. 30-60 Minutes Chaired by Lead Consultant in EM
Weekly QI/ EMP Implementation lead team meeting	Review progress of quality improvement initiatives; assess data gathered on current state of ED, review suggestions for quality improvement from huddles and other sources, brainstorm ideas for improvement; review outcomes of PDSA (Plan-Do-Study-Act) cycles and plan further implementation of changes	<b>Weekly.</b> EMP Implementation Team. 30-60 Minutes  Oversight by EMP Implementation Lead though meeting leadership may rotate within the QI team.
Monthly ED Hospital Management Team update	Highlight progress and manage issues that need to be resolved at hospital level.	<b>Monthly.</b> ED management team & Hospital senior management. 30-60 minutes Chaired by Hospital Manager or their delegate.
Periodic ED Multidisciplinary Team Meeting	Communication of key messages and success stories from previous period.	<b>A few times per annum.</b>

## • Meeting Sample Terms of Reference: Daily Meeting

ED Huddle (Status Briefing)	
<p>This template, adapted from Clinical Microsystems and the IHI Safety Briefing models, is recommended for use by ED teams for briefings at the beginning of shifts to embed safety awareness and service improvement in their daily work. Some teams may wish to have end of shift de-briefings also. Briefings or huddles enable teams to be more proactive about the challenges faced in providing high quality emergency care for patients.</p>	
Aim:	Enable the ED to proactively anticipate and plan actions based on patient need and available resources and contingency planning
Conducted by:	Team Shift Leader
Anticipated duration	5 – 10 minutes
Approach	Non-judgmental (may need ongoing reassurance), positive, team-building approach
1. Safety Briefing	<p>Questions to ask:</p> <p>What patient safety issues do we need to be aware of on this shift?</p> <p>Examples include:</p> <p>Patients: Two patients with similar names; patients with challenging behaviour;</p> <p>Professionals: Agency or locum staff who may not be familiar with ED on shift;</p> <p>Process: New equipment – are all staff trained in its use?</p> <p>Infection prevention and control issues: isolation procedures in use;</p> <p>Awareness of any recent near misses or recently identified safety issues that affected patients or staff. These must be communicated in a way that respects patient and staff confidentiality. Feedback and actions taken to prevent recurrences should also be included.</p>
2. Follow-ups from yesterday	Issues raised and solutions introduced or being developed.
3. Heads-up for today	<p>Anticipated challenges e.g. illness-related leave, staffing levels, demand surges;</p> <p>Meetings/training sessions staff may need to attend;</p> <p>New initiatives/information e.g. new protocols; feedback ED performance data.</p>
4. Planning for tomorrow and the week ahead.	Anticipated challenges.
5. Team morale	Remind staff of recent achievements, compliments from patients and what works well in the ED.
<p>At end of shift staff may be asked to report any safety issues, near misses or risks identified during the shift. The ED management team should maintain a summary record of each briefing.</p>	

## Meeting Sample Terms of Reference: Clinical Operations Group

Weekly Clinical Operational Group (COG)	
<p>The COG is a key meeting, forming the backbone of clinical governance and management of the ED/ECN. It provides a forum for timely decision making, allows robust risk and other issue resolution and the management of implementation and improvement plans.</p>	
Aim:	<p>To oversees the operations of the ED and any linked units and to:</p> <ul style="list-style-type: none"> <li>• Ensure effective clinical governance of activities of the ED to ensure that patient safety, risk and quality of care issues are managed</li> <li>• Oversee the effective clinical operations of the ED and ensure performance metrics are being met</li> <li>• Ensure improvement initiatives and projects for improvement of quality and safety in the ED are progressing according to plan, including HIQA Tallaght recommendations</li> </ul>
Conducted by:	Lead Consultant in Emergency Medicine (EM). Attended by Consultants in EM, Nurse management, a patient representative on a periodic basis and any other members of ED team as required.
Duration & Frequency:	One hour, once a week.
Approach:	Scheduled minuted formal meeting of Senior ED management team; key reports that show activity and performance of the ED should be monitored, suggestions and issues from daily all team briefings should be reviewed and any issues and risks that cannot be resolved in the ED should prepared for escalation to hospital management.
Suggested agenda Items:	<ul style="list-style-type: none"> <li>- Review draft minutes of previous meeting</li> <li>- Safety incidents, near misses and potential near misses</li> <li>- ED operational issues including staffing levels, workforce development and resource management etc</li> <li>- Review status against target of ED KPIs and progress of actions to address</li> <li>- Monitor feedback from daily briefing meetings and address any issues</li> <li>- Management of ED interface issues with hospital services, community and Primary Care.</li> <li>- Review progress of QI/EMP Implementation team</li> <li>- Consider service innovation based on new international clinical evidence, guidelines and adoption of best practice from other EDs.</li> <li>- Report back from meetings with hospital management team</li> <li>- Report on patient feedback</li> <li>- Review training and educational activity within the ED, including updates on mandatory training.</li> <li>- Report on clinical audit and research activity for ED and linked groups</li> <li>- Summarise and agree action points.</li> </ul>

## Meeting Sample Terms of Reference: Quality Improvement / EMP Implementation Lead Team

Weekly QI/ EMP Implementation Lead Team	
<p>The implementation team should drive quality improvement initiatives within the ED. The group's progress should be overseen by the EMP Implementation Lead and Coordinator but the lead for each meeting may rotate through the group. The QI/EMP Lead Team should include representatives from the multi-disciplinary team. The group should meet once a week and use the forum to review and plan QI work to support EMP implementation. The group's work should also encompass initiatives needed for EMP implementation. The team's activities will include data analysis, consideration of quality improvement suggestions from daily huddles and working through the phases of the Microsystems Improvement Methodology. The group should have a communications plan to ensure learning from the group is shared with all staff members and involve as many colleagues as possible in improvement activity. Groups may include an ED data manager or should at least establish access to data that will be required to support improvement work.</p> <p>As the lead group increases in experience, group members may support other improvement subgroups focussed on specific improvement areas in the ED. Experienced QI Lead teams may also consider inviting a patient representative to participate in the group. ED QI teams need to link with colleagues involved in QI activity in services that interface with the ED. Learning and improvements achieved through the group's work should be shared across the hospital/group and with other ED teams through the EMP.</p>	
Aim:	To drive quality improvement and EMP implementation in the ED by bringing together a multidisciplinary team on a weekly basis to review data and share learning on quality improvement work in the ED
Conducted by:	Implementation lead, implementation coordinator, representatives from the multi-disciplinary team including porters, reception team, NCHD representative (e.g. SpR).
Duration & Frequency:	One hour, once a week. Outcome of meeting should feed into the weekly COG.
Approach:	Using the Clinical Microsystems approach, the meeting should be interactive with contributions from all team members and review improvement activities such as simple survey results, data analysis or PDSAs from the previous week; diagnose problems; brainstorm solutions and identify plans for the coming weeks. Because this is an improvement meeting it is recommended that the team evaluates the meeting to improve the effectiveness of future meetings. A data-wall (notice board) may be used to share information with the ED team and each representative should develop a system of notifying their colleagues of improvement progress.
Agenda Items:	<ul style="list-style-type: none"> <li>- Agree previous meeting notes</li> <li>- Agree today's agenda and timings.</li> <li>- Ongoing improvement work according to Microsystems Improvement Method <i>Assessing, Diagnosing and Treating your ED</i>. This may include:               <ul style="list-style-type: none"> <li>o Patient, professional, patterns, process and purpose data</li> </ul> </li> </ul>



	<ul style="list-style-type: none"><li>○ Measures that matter to your ED including status against target of ED KPIs</li><li>○ Reviewing improvement suggestions from daily huddles</li><li>○ Using lean, brainstorming, fishbone cause and effect diagrams or other diagnostic tools to identify problems and solutions</li><li>○ Review results of any PDSA cycles and group workstream activities</li><li>- Identify any issues to be escalated to the COG</li><li>- Define a plan for the coming week</li></ul>
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# Meeting Sample Terms of Reference: Hospital ED Management Meeting

<b>Monthly ED Hospital Management Meeting</b>	
The ED works as part of the wider hospital and relies on senior hospital/group management for ongoing support to sustain and develop EM services on site.	
Aim:	To support optimal governance and management of the ED and interfaces between the ED and other hospital, group, ECN, primary care and community services.
Conducted by:	Chaired by Hospital Manager/ CEO/Operations manager. The Clinical Director, Director of Nursing or other members of the hospital management team may attend as appropriate. Representatives of the ED management team should attend.
Duration & Frequency:	The EMP suggests that most EDs need at minimum a meeting once a month with the Hospital General Manager/CEO or Operations Manager. Additional meetings arranged on an <i>ad hoc</i> basis may also be required when issues arise that need to be addressed urgently e.g. access block.
Approach:	This meeting may be structured to involve ED representatives and the hospital management team or it may take the form of an Unscheduled Care Operational Management Group in some hospitals whereby other specialities involved in Unscheduled Care are also present. Hospitals may have alternative arrangements in place that fulfil the remit of this meeting.
Suggested Agenda Items:	<ul style="list-style-type: none"> <li>- Review ED governance issues, including patient safety concerns and actions to address.</li> <li>- Review issues relating to ED/hospital interface:               <ul style="list-style-type: none"> <li>o In-patient bed access</li> <li>o Hospital performance against the 6-hour standard</li> <li>o Transitions of care</li> <li>o Access to diagnostics and other essential supporting services</li> </ul> </li> <li>- ED-specific issues:               <ul style="list-style-type: none"> <li>o Staffing and workforce issues, current or potential, in the ED</li> <li>o Status of implementation of EMP and HIQA Tallaght Report recommendations</li> <li>o Review status against target for ED KPIs</li> <li>o Review ED quality improvement outcomes</li> <li>o ED budgetary issues and resource management</li> <li>o EM service development</li> </ul> </li> <li>- Define plans for resolution of issues and follow-up activities</li> <li>- Define plans for any linked units within the ECN if applicable</li> </ul>

## Meeting Sample Terms of Reference: Periodic ED Multidisciplinary Team Meeting

Periodic ED Multidisciplinary Team Meeting	
Periodic meetings to communicate across the multi-disciplinary team.	
Aim:	To bring together the wider multi-disciplinary team in the ED to review previous period, inform of priorities for coming period and share information across the wider team.
Conducted by:	Lead Consultant in Emergency Medicine with Lead Nurse (CNM3 or ADON)
Duration & Frequency:	A half to full day would be ideal on a periodic basis such as annually, half yearly or quarterly. Duration and frequency can tailored to local need to achieve the aim of bi-directional sharing of departmental information within the team. .
Approach:	This meeting may be structured to communicate key messages to the wider team and may have a more informal component used to gather feedback and stimulate the generation of ideas from the team. Information sharing may be supported by other communication methods to ensure that shift-work does not impede communication within the ED. Training in team management and leadership skills may also be provided to enhance the effectiveness of these meetings.
Suggested Agenda Items:	<ul style="list-style-type: none"> <li>- Review and reflection of previous period, celebrating successes</li> <li>- Outline priorities for the coming period and the challenges and risks anticipated</li> <li>- Opportunity for more informal networking and team activity across the multi-disciplinary team</li> <li>- Training and knowledge sharing</li> </ul>

## Appendix 1 – Effective Meeting Skills for ED meetings

Meetings are such a common part of everyday working life that the format and approach to the meeting is often not given much consideration. Productive, effective meetings have a common format – a set timed agenda prepared ahead of time, clear roles for attendees and an agreed list of meeting ground rules. By following a set approach for all meetings every time, meetings can be more effective and productive with issues resolved more quickly and time spent more efficiently. Consider the cost of a meeting in terms of the total staff hours consumed and ensure that this resource is used effectively.

These three elements of effective meetings are outlined below and can be tailored to your local requirements.

### 1. Agenda

In all cases, the agenda should be sent out to the team members before the meeting. If it is not possible to send an agenda beforehand, the agenda should instead be outlined and agreed by meeting participants at the start of the meeting. By setting the agenda and assigning timings for agenda items, people are prepared for the work that is expected to be accomplished and can focus the discussion to be completed within the stated agenda times. In the agenda specific tasks are listed and responsible persons noted. In a typical agenda, the first part of the meeting is to assign the roles listed for meetings (see item 2 below). This may feel unnecessary, especially in smaller meetings, but is key to a well structured and facilitated meeting and takes less than a minute to complete.

Action points should be summarised and the person responsible clarified at the end of every meeting. Some teams have found it helpful to spend a couple of minutes at the end of each meeting evaluating the meeting's effectiveness. Attendees highlight what went well and what could be improved, to help develop open communication within the team and provide feedback on the meeting process. Again, this may feel a little uncomfortable or unnecessary in many cases but is nonetheless recommended to enhance the productivity of meetings and minimise the risk of meetings starting to 'taper off' because of lack of effectiveness, structure or relevance to participants.

### 2. Meeting Roles

**Leader:** Prepares agenda, moves agenda, elicits participation. This person does not necessarily have to be the most senior person in the meeting group; it could be the person who calls the meeting and/or the

person who is presenting the majority of agenda items. This person provides the structure for and keeps control of the meeting and ensures that the agenda items are being followed.

**Recorder:** Record key issues discussed by the group, next steps and action list. Using flip charts may help with the discussion. Documenting the agreed outcomes at least on a flip chart can speed up discussions and ensure every participant is aware of what has been agreed. Handwritten notes can be taken if a flip chart is not available or acceptable. It is important that draft notes are circulated promptly after meetings so that the momentum is not lost. Final notes should focus on agreed actions and next steps rather than a detailed record of discussions. Notes should be marked 'draft' until approved by the group at the next meeting. All meeting documentation should be recorded and saved with due consideration for patient confidentiality, hospital document management policies, data protection and appropriate governance.

**Timekeeper:** Verbally announces when time is up for each agenda item, with a warning (e.g. 2 minutes) beforehand. The warning allows the meeting lead to decide to continue the issue and readjust the agenda or to defer further discussion of the issue to the next meeting. This is an important role in ensuring meetings finish on time and that all agenda items are covered.

**Facilitator:** Helps to manage group, balances participation and keeps group focused on its objectives. This role can be combined with the leader but another person may take this role to support the leader in ensuring that meeting participants are not excluded from discussions and bringing the discussion back to agenda items if the meeting is losing focus.

**Participant:** Team members are encouraged to participate in active, constructive and respectful discussion during the meeting.

Go to [www.clinicalmicrosystem.org](http://www.clinicalmicrosystem.org) and click "**Toolkits - Getting Started**" to find the "**Effective Meeting Skills in Action Video**" and **meeting cards** to support the meeting roles.

### 3. Meeting Ground Rules

Ground rules can be outlined at the beginning of a meeting or agreed as a standard set of ground rules for all ED meetings. They may be displayed on a wall in the meeting room during the meeting. Examples of ground rules are given below but there are many others and each team should develop their own. Agreeing or reviewing ground rules helps all participants contribute effectively to the meeting.

- 1) Be present and ready to begin on time (Arrive early to start on time).
- 2) No side conversations.

- 3) Minimise distractions from mobile phones. It is understood that on-call clinicians will need to maintain contact through phones or pagers but only essential communication should be allowed to interrupt team meetings.
- 4) Cut off lengthy discussions and assign offline actions as necessary.
- 5) Assign a leader, facilitator, recorder and time keeper at the beginning of each meeting.
- 6) Have and follow an agenda - add times for each agenda item.
- 7) If you oppose, you must propose an alternative solution.
- 8) Assign action items only to people present at the meeting.
- 9) Choose action item due dates with about 80% confidence – be realistic.
- 10) Strive to be 100% on time with action tasks but provide advance warning if an action item will not be completed on time.
- 11) Use process checks e.g. *“Is this what we want to be discussing right now? Should the subject be taken off line from here?”*
- 12) If there are significant differences of opinion or discussions get heated, focus on the situation or issue, not the person.
- 13) Demonstrate respect for each other no matter how contentious the topic.

(Adapted from Scholtes Peter R, Joiner Brian L, Streibel Barabara J. *The TEAM Handbook, 3rd Edition*, Oriel Incorporated, Madison, WI, 2003)

ICT Tips for more effective meetings:

- Electronic meeting requests, if available, are very effective because the meeting time and place is saved in all participant calendars and the agenda can be attached to the meeting request in the form of a Word document or simply outlined in bullets in the meeting request or email. Team members can be notified if meeting arrangements are changed.
- Draft notes can be taken directly into a lap-top by the recorder to save time.
- Hospital email can be used to share meeting documents with due consideration of data protection issues.
- Shared drives or a secure electronic document sharing facility can be used to archive and share meeting notes and resources (e.g. data analysis, improvement project work etc.)