Emergency Medicine Programme

HSE National Directorate of Clinical Strategy and Programmes
Advisory Committee on Emergency Medicine Training
Irish Association for Emergency Medicine
Irish National Board of the College of Emergency Medicine
Royal College of Surgeons in Ireland

EMP Team

Working Group:

Una Geary (Programme Lead)
Advanced Nurse Practitioner- Val Small
Nursing Co-leads – Fiona McDaid & Mary Forde
Allied Health Professionals – Maire-Bríd Casey
PHECC – Geoff King
Medical Director NAS- Cathal O'Donnell
Paediatric EM - Ronan O'Sullivan
Dublin EDs - John McInerney
Medical Informationist- Maura Flynn
Service planner – Susanna Byrne

Regional Leads:

Fergal Hickey	West (NW)
Gareth Quin	West (MW)
Gerry McCarthy	South
Conor Egleston	Leinster NE

Advisory Group

Emergency Nurse Interest Group

Therapies Reference Group

Major Incident Planning

Primary Care Interface

Patient Representative Groups

Programme Support

Kieran Tangney Programme Manager, RCSI
Caroline McGuinness Administrator, RCSI

Casualty

Accident & Emergency (A&E)

Emergency Room (ER)

Emergency Department (ED)

Emergency Medicine

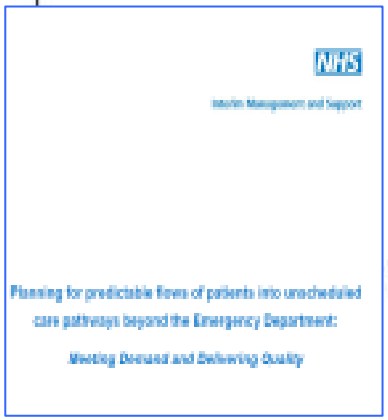
Emergency Care

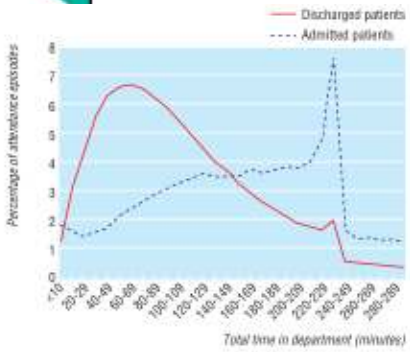
Emergency Medicine

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

International Federation for Emergency Medicine

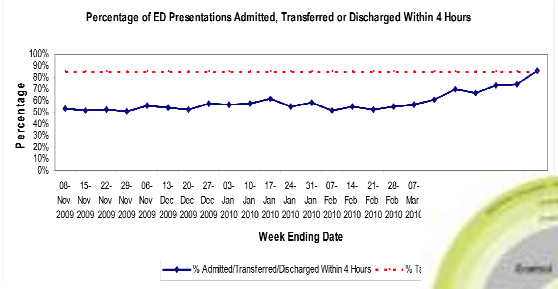
International Experience of Service Improvement in EM





Distribution of total time in emergency department for episodes resulting in admission or discharge

Percentage of ED presentations admitted , transferred or discharged within four hours



Emergency Medicine – the facts

- 1,041,868 new patient attendances in 2009
- C&AG Report 2010:
  - Direct costs of EM - € 196 million (wages = € 164 million)
  - Cost per attendance € 85 to €281
  - Emergency patients accounted for 55% of inpatient care
  - Care of emergency cases in hospitals = € 1.7 billion

Emergency Medicine Programme

Our Current Reality

- Overcrowding
- NCHD staffing shortage
- Patient / community expectation
- Reconfiguration of services
- Economic situation
- Regulatory environment

Overarching Programme Aim

To Improve the Safety and Quality of Care in EDs and Reduce Waiting Times for Patients

Programme objectives:

Quality:

- Maximise access to consultant provided care - decreased mortality and morbidity
- Development and attainment of quality targets (HIQA compliant)

Access:

- Patients admitted or discharged within 6 hrs
- Ambulance patient hand-over time
- Patients with high-risk conditions to be assessed by a consultant/registrar.
- Decreased number of patients leaving before completion of treatment.

Cost:

- Reduction in number of admissions
- Decrease LOS for in-patients referred from ED

Key Solution Areas

Develop Model of care:

- Staffing, work practices, role & responsibilities, workforce models/skill mix
- Define governance & clinical audit system requirements
- Pre-Hospital care – develop interface, medical support, training opportunities
- Paediatric Emergency Medicine

Performance Improvement:

- Implement national clinical guidelines top 20 EM conditions & other DCSP programme's guidelines
- Suite of KPIs for process efficiency and quality of clinical care
- Develop data definitions around measures
- Enhance Clinical Decision Unit work
- Case-mix/clinical acuity measures
- Best Practice Project

Sustaining Improvement:

- Strategic plan for EM
- Inter-programme implementation across acute hospital system and regions
- Change management and embed continuous improvement

Best Practice Workshops

Rated	Best Practice Workshops Overall Rating
1	National / Standardised Care Pathways
2	Access to Diagnostics
3	ICT Systems
4	Standardised model of care including staffing and workforce planning
5	Equity of Resource Distribution
6	Audit /Data Collection Standard Key Performance Indicators

Consultation

- Directors of Nursing
- Regional Directors of Operations
- HIQA
- Department of Health and Children
- Patient Representative Groups
- Therapies Group & Medical Social Work
- Royal Victoria Eye & Ear – Ophthalmology
- HSE Patient Record Group – ED document

Key Solution Areas

Model of Care

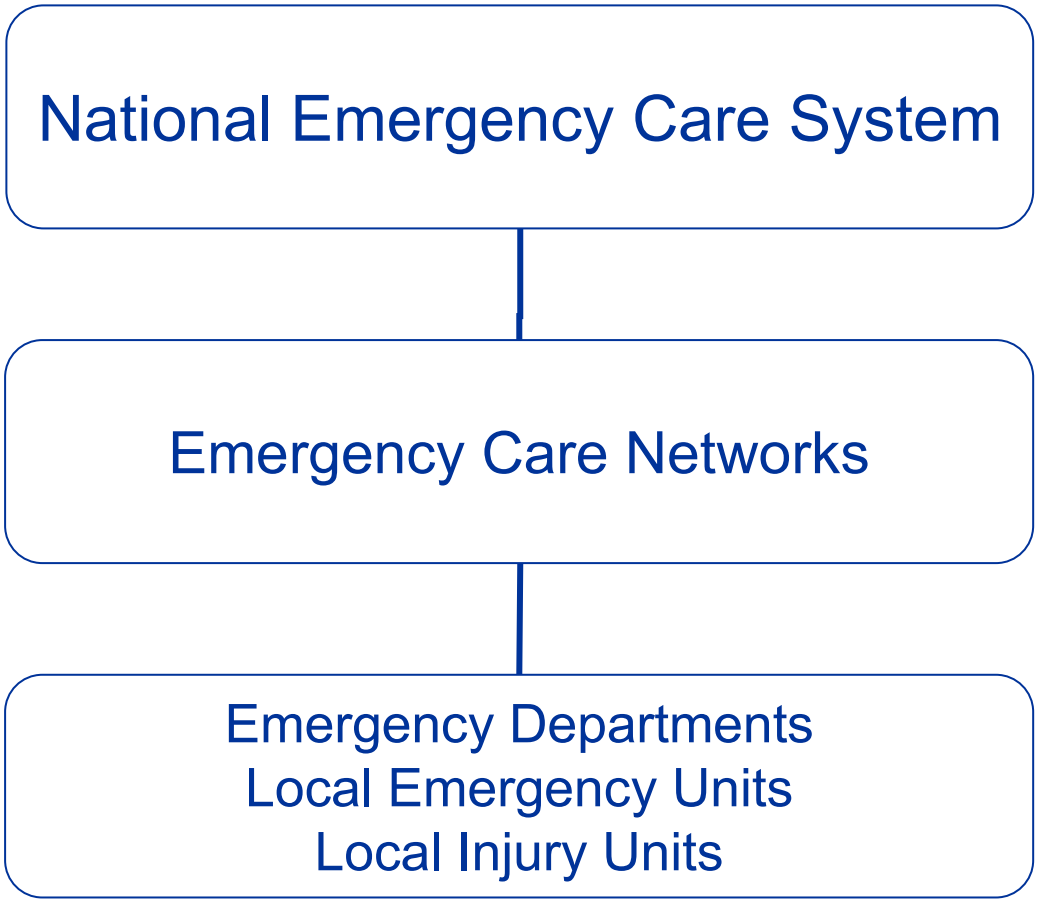
Governance

Senior Staffing

Process Improvement

Measures and KPIs

Emergency Medicine Programme



Emergency Medicine Programme

A National Emergency Care System

- Equitable access to high quality care, irrespective of geography
- Standardised care - clinical guidelines
- National KPIs and defined process measures
- Governance framework
- Strategic focus and workforce planning
- Comprised of Emergency Care Networks as "functional units" within regions
- EDs are only one component of emergency care
- Integration with National Ambulance Service
- ICT support for NECS

Examples of networks in some regions

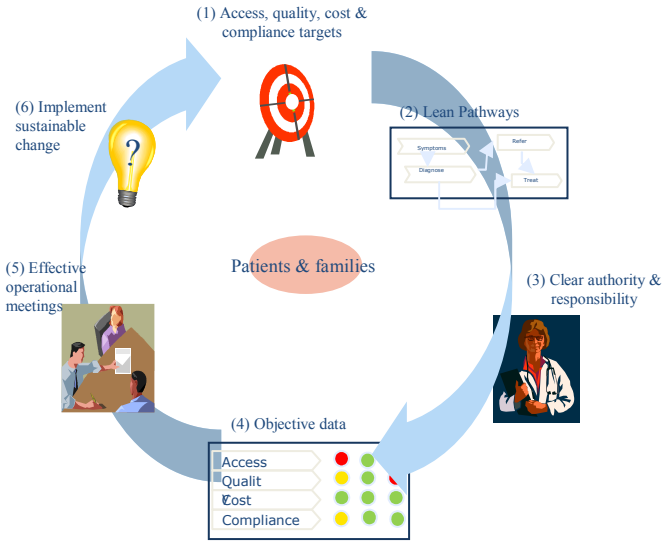
Senior Staffing

- 65 Consultants in EM, including 6 in PEM
- Comparing consultant staffing levels to Australia - 180 consultants in total
- PEM in General EDs
- 14 New Consultant posts in 2011
- EDs should have 5 Consultants minimum, 8 to 10 in larger units
- Senior EM staffing will not solve overcrowding
- Increased senior staffing will:
    - Increase hours of direct consultant care
    - Decrease admissions,
    - Decrease length of stay
    - Decrease returns
    - Decrease consultations and referrals

Governance

Roles of all members of ED team:

- Responsibility
- Authority
- Accountability



National Strategic and Operational, Network, ED level Governance Structures.

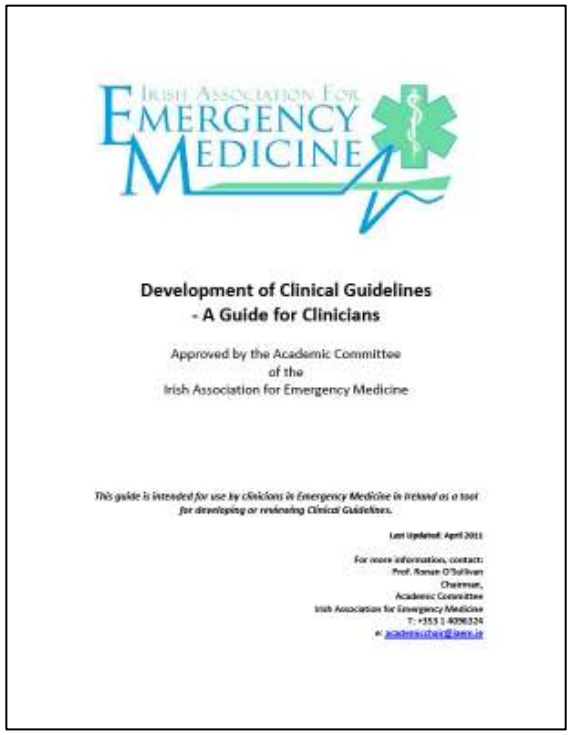
Monthly clinical operational meetings in all EDs – data driven quality improvement

Multidisciplinary team involvement in governance activities at all levels of ECN

Clinical Guidelines & Quality Indicators

Guidelines and Pathways:

- Top 20 EM Conditions
- Common and high risk conditions
- Pre-hospital, PEM and ED-based guidelines
- Guidelines from other programmes:
  - Academic Committee IAEM
  - Usability
  - Consistency
  - Support implementation
- Integrated Care Pathways vs undifferentiated presentations



http://www.iaem.ie/images/stories/iaem/publications_position_statements/2011/iaem_academic_committee_development_of_clinical_guidelines_-_a_guide_for_clinicians_april_2011_050411.pdf

Emergency Medicine Programme

Programme	Guidelines / Care Pathways / Bundles relevant to EM
Acute Coronary syndrome	NSTEMI / ACS guidelines
Acute medicine	All medical guidelines common to AM and EM
National Ambulance Service	Trauma Access Protocols
Asthma	Acute Asthma; adults and children
COPD	Acute Exacerbation COPD
Diabetes	Management of DKA. Hyperosmolar Hyperglycaemic State. The Diabetic going for Surgery. In-patient worksheets and daily prescription for patients with diabetes with brief guidelines for hypo- and (non-emergency) hyper-glycaemia. Referral from the ED to the Diabetic Day Centre
Diagnostic Imaging	Guidelines for the Appropriate Use of Imaging Modalities in ED to be co-developed.
Epilepsy and Neurology services	Guidelines for seizure management
Heart Failure	Protocol for management of acute decompensated Heart Failure
Obstetrics and Gynaecology	Assessment of suspected ectopic pregnancy guideline to be shared. Recent Rape/Sexual Assault: National Guidelines on Referral and Forensic Clinical Examination in Ireland 2010.
OPAT	OPAT Guidelines applicable to EM patients
Palliative Care	Pain management for the patient with advanced cancer (adults ad children)
Rehabilitation Medicine	Head Injury Guidelines for non-admitted patients (TBC)
Stroke	Stroke thrombolysis, Acute Stroke Care, TIA management.

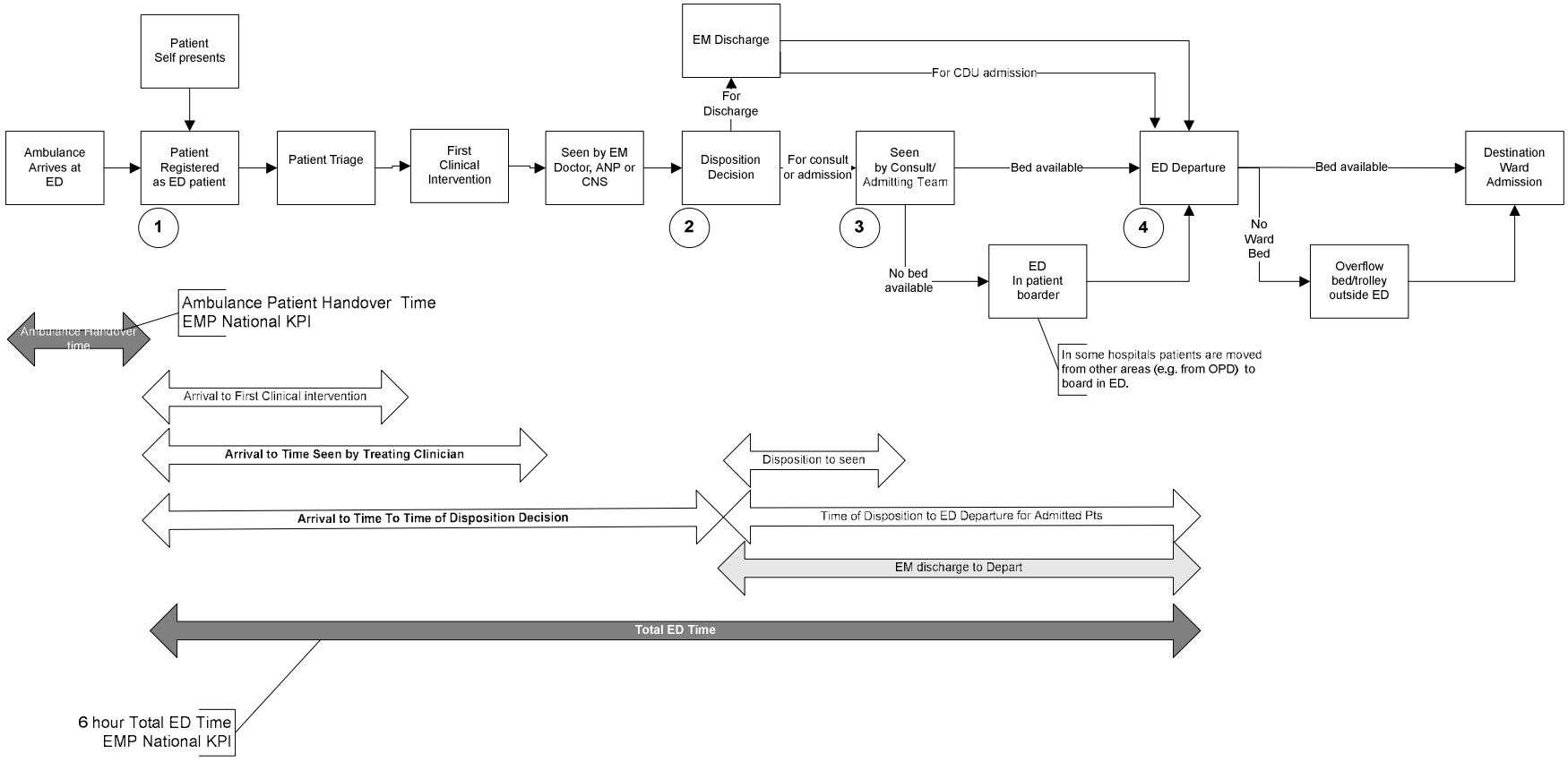
Clinical Guidelines & Quality Indicators

Indicators & Measures:

- Access indicators:
  - Ambulance Handover – 20 minutes
  - 6 hour total ED time – 95% compliance
  - Left before completion of treatment- 5% target
- Clinical indicators
  - Provision of analgesia
  - Indicators from other programmes
  - Time to CT in SAH
  - Time to imaging in Head Injury
  - PEM
- Need for National Trauma Audit

- Diagnostic and referral coding at end of ED episode – measure cost-effectiveness
- Limitations of ICT

ED Processes and Trolley Wait Measures



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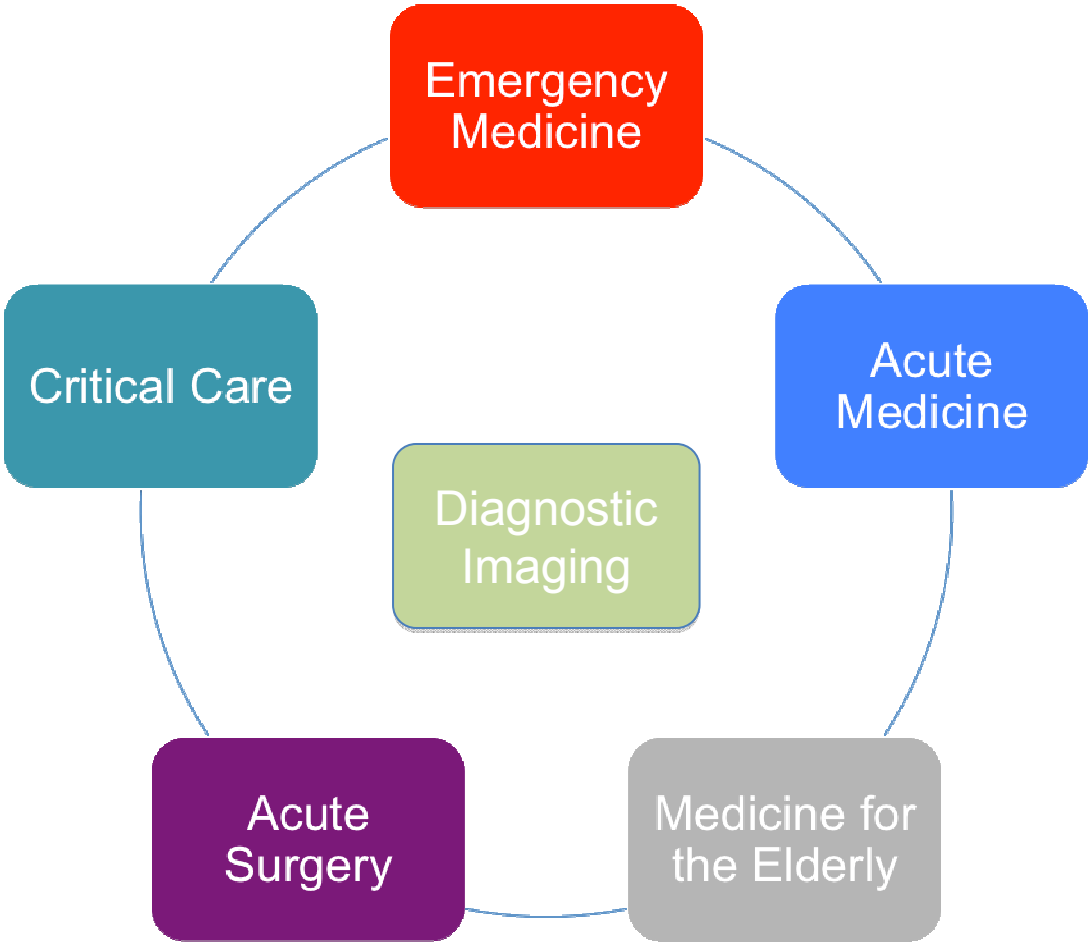
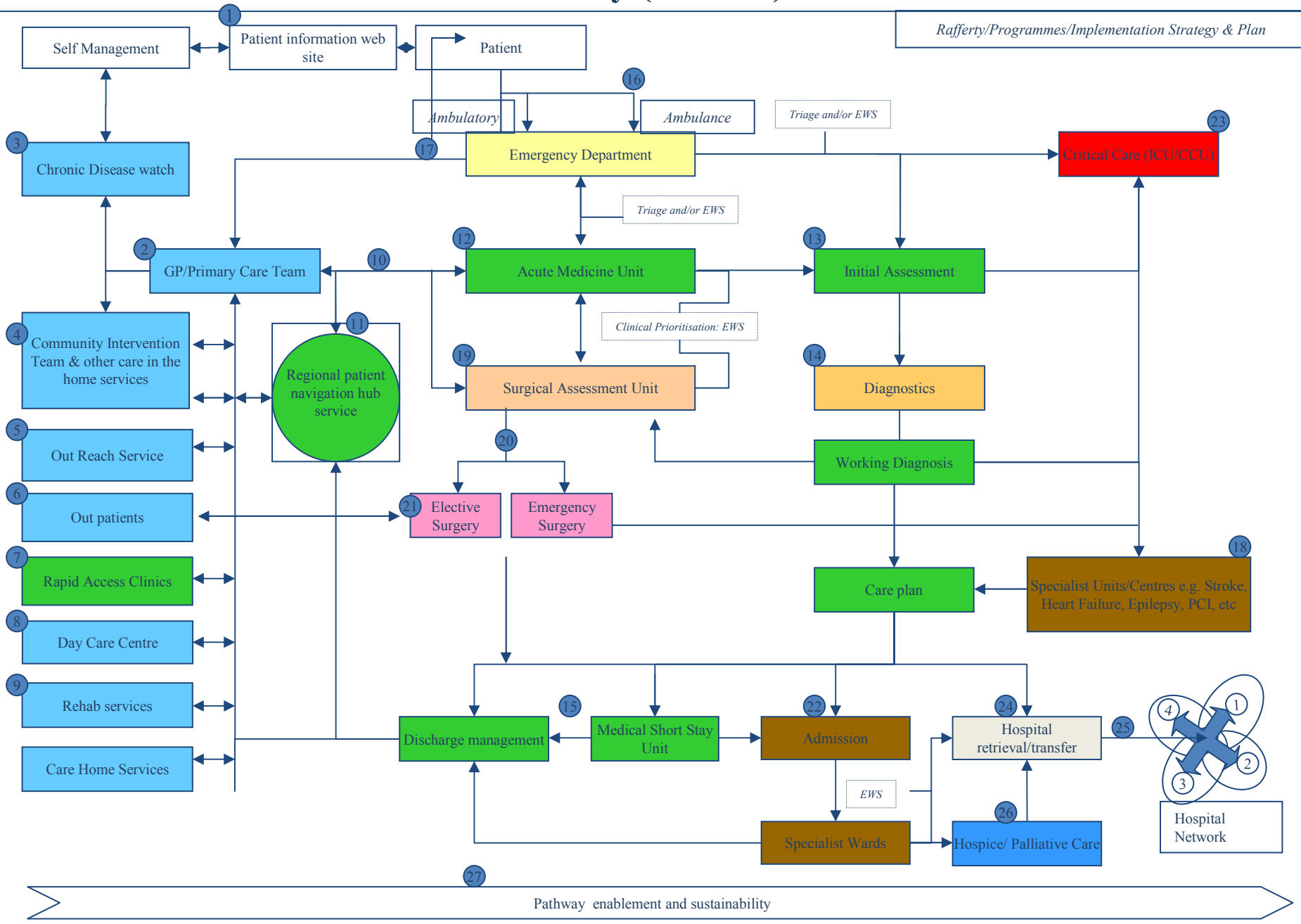
Acute Access Programmes

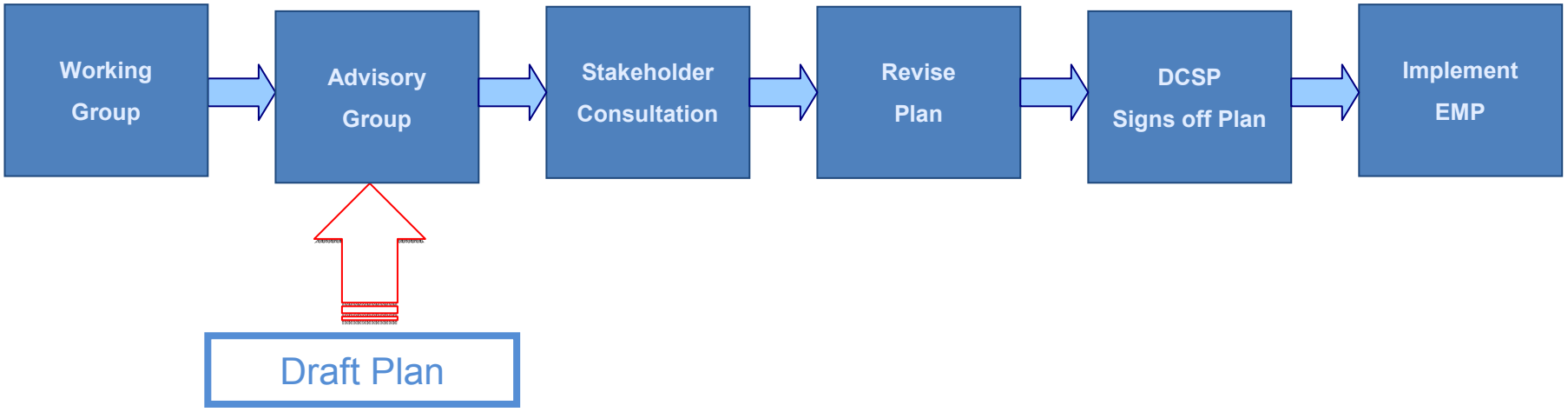


3. Patient Pathway (Phase 1) Blue Print

Rafferty/Programmes/Implementation Strategy & Plan



Time Line


Working Group
Advisory Group
Stakeholder Consultation
Revise Plan
DCSP Signs off Plan
Implement EMP
Draft Plan

Implementation

- Co-implementation of DCSP programmes
- New Consultant posts – Funded 2011
- **New** focus on 6 hour standard for Total ED Time
- Governance structures
- Quality of care – best practice feedback and actions; workforce planning etc
- ICT needs, process data, standard dataset, process measures etc.
- Guidelines from other programmes

A National Emergency Care System