



EMERGENCY
MEDICINE

Emergency Medicine Programme

Implementation Progress July to October 2012

November 2012

Overview of EMP Implementation Progress July to October 2012



The first four months of implementation of the National Emergency Medicine Programme within EDs has been enabled by -

- The initiation of EMP Implementation teams in each ED;
- Nursing peer support through the Emergency Nursing Interest Group;
- Developing working relationships with hospital operational management teams;
- ED team commitment .

The progress to date has been achieved without any additional resources.

Achievements



Many ED teams have already:

- ✓ Established Clinical Operational Groups, that meet regularly, with defined terms of reference to oversee ED governance and EMP implementation;
- ✓ Completed gap analysis of their EDs against EMP recommendations in *First Steps*;
- ✓ Collected 2011 baseline data to measure improvement;
- ✓ Commenced assessment of their EDs, including patients' needs, using a Clinical Microsystems approach;
- ✓ Improved ambulance handover times and compliance with 6-hour standard;
- ✓ Planned Rapid Assessment and Treatment;
- ✓ Reorganised ED infrastructure;
- ✓ Upgraded existing EDIS to capture time points;
- ✓ Participated in hospital Unscheduled Care Operations Groups;
- ✓ Introduced new clinical pathways and care bundles.

Barriers Identified



- X Time demands for busy clinicians;
- X Inadequate ICT to provide data to drive improvement;
- X Poor infrastructure for Rapid Assessment and Treatment (RAT);
- X Medical and nursing staffing levels;
- X Duplication of work by clinical teams;
- X Difficulties spreading enthusiasm for change;
- X Lack of administrative support in ED;
- X Hospital management support needs to increase;
- X Other specialties not understanding Clinical Programmes;
- X Change demands on in-patient teams.

Next Steps - 2013



The EMP is actively seeking resources to support ED teams in improving patient care in their EDs through Programme implementation. The work done to date without resources is evidence of ED teams' commitment to implementation and improving patient care.

The EMP will work with ED Implementation Teams to support their work through:

1. Sharing of ideas and information through newsletters and the EMP website (in development).
2. Providing training for ED staff to support implementation (planning in progress).
3. ENIG meetings.
4. Participation in HSE and SDU work to implement the HIQA Tallaght Report. recommendations, 6-hour standard and removing identified barriers.
5. Collaboration with other Clinical Programmes, HSE and SDU .
6. Advocating for essential support to accelerate EMP implementation.