



Australasian College for Emergency Medicine

ABN 76 009 090 715

POLICY DOCUMENT

QUALITY MANAGEMENT IN EMERGENCY MEDICINE

INTRODUCTION:

The purpose of this document is to state the policy of the Australasian College for Emergency Medicine on Quality Management.

ACEM believes that a system of Quality Management is fundamental to the provision of the highest standard of care in Australasian Emergency Departments.

The role of ACEM in quality management is to provide leadership in, and develop standards for quality, as applicable to the practice of emergency medicine at all levels. The college will achieve this goal through:

- Education
- Policy development
- Formulation of minimum standards
- Communication of quality issues within the college
- Support for benchmarking processes
- Liaison with other bodies (including accreditation organizations, academic bodies and learned colleges)
- Integration of quality management into its training curriculum and departmental accreditation
- Further development of quality management within the maintenance of professional standards process (MOPS)
- Inclusion of quality management in its scientific agenda
- Support for development of standardised national tools for use in quality management in emergency medicine
- Encouragement for the development of quality culture
- Encouragement for the inclusion of consumers in service provision review and planning
- Representation of emergency medicine on appropriate national bodies

PRINCIPLES OF QUALITY MANAGEMENT:

Quality management requires a sound framework and culture of commitment to analysis, action and achievement. This quality culture is characterised by the following general components:

- Effective, inclusive leadership
- Organisational vision and direction
- Development of strategy and planning methods
- Support for personal development and growth
- Communication
- A commitment to analysis and improvement strategies (eg PDCA cycles)
- Application of benchmarking to practice
- Appropriate reward and recognition systems

SPECIFIC FEATURES OF QUALITY SYSTEMS IN EMERGENCY MEDICINE WILL INCLUDE:

Clinical Indicators

Emergency departments will monitor a valid and meaningful range of indicators, to measure achievement of improvement in each of the dimensions of quality: access, safety, acceptability, effectiveness, efficiency, and continuity. The number and range of indicators in use will vary from time to time within departments, and will vary between departments. Thresholds and action points for performance levels of each indicator are required. Specific definition of each indicator and its components is required.

Example indicators that comprise a recommended base suite:

Quality Dimension	Indicator
Access	Waiting Time Access Block
Safety	Lost time to work related injury Body fluid exposures Patient falls
Acceptability	Patient satisfaction survey ratings Written complaint rate
Effectiveness	Admission rate by triage category Time to thrombolysis Unplanned representation within 48 hours
Efficiency	Waiting time by Australasian Triage Scale
Continuity	Provision of written health information for sentinel conditions: <ul style="list-style-type: none">• Asthma• Wound care Provision of discharge summary

Risk Management

Activities to include:

- Risk avoidance
- Sentinel event monitoring
- Adverse event management

Emergency departments will actively address risk exposure and management of adverse events through systems of monitoring and analysis, to inform improvement strategies.

Consumer participation

Effective community and consumer feedback and participation in health care and health systems is a right of community members and may have significant impacts on improving the safety and quality of healthcare, improving health outcomes, ensuring more equitable health service provision and enhancing management practices.

Complaint analysis and resolution

Responsive and rapid systems for complaint analysis and resolution contribute to improvement strategies and patient satisfaction with emergency services.

Clinical audit and review

Review of clinical cases in a collaborative, constructive peer environment fosters teamwork, communication and group problem solving and education. A focus on no-blame approaches, and optimising systems will achieve the best results.

Occupational Health and Safety

The emergency department will participate in organization wide and internal occupational health and safety systems, to optimise the environmental health for staff and patients and other users of the department.

Human resource development

Equitable, just and nurturing systems for recruitment, credentialing, performance management and staff retention are required in all emergency departments.