



# National Emergency Medicine Programme

***Guidance for Quality Assessment in Emergency Departments  
and Local Injury Units for the National Standards for Safer Better Healthcare***

February 2015

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# Overview of Quality Assessment in Emergency Departments and Local Injury Units for the National Standards for Safer Better Healthcare

## 1. Purpose

This document provides a resource for Emergency Department (ED), Local Injury Unit (LIU) or hospital management teams to assist with the assessment of the quality of emergency care they provide. This guidance demonstrates how EMP recommendations,<sup>1</sup> implementation actions, guidelines and quality improvement methods can be used as evidence to inform quality assurance for the National Standards for Safer Better Healthcare.<sup>2</sup> Templates are provided to help ED and LIU teams to develop quality profiles as recommended by the HSE Quality and Patient Safety Directorate (QPSD) Quality Assessment and Improvement Tool (QA+I Tool).<sup>3</sup> The approach used has been informed by the National Standards,<sup>2</sup> the HSE QA+I Tool<sup>3</sup>, the Dartmouth Institute Microsystem Academy (TDIMA) Clinical Microsystem quality improvement (QI) method,<sup>4</sup> the International Federation Framework for Quality and Safety in the Emergency Department<sup>5</sup>, Emergency Medicine (EM) quality research and experience from Ireland<sup>6</sup> and EM Quality Indicator from the UK<sup>7</sup> and Australia.<sup>8</sup>

Key elements of this guidance include:

- An overview of how quality assessment and improvement can be embedded in ED governance (fig. 1);
- An outline of factors that influence the effectiveness of quality assurance and improvement in the ED setting;
- Emergency Department Quality Profile Templates. Two templates are provided - an Essential QA template for departments in the early stages of quality assurance and a Comprehensive Template that is aimed at EDs with sufficient resources to undertake and sustain more detailed quality assessment;
- A Local Injury Unit Quality Profile Template;
- A framework to map emergency care evidence for quality assurance against the National Standards for Safer Better Healthcare.

## 2. Background

The National Standards<sup>2</sup> were approved by the Minister for Health and adopted by the HSE in June 2012. They are aimed at protecting patients and improving services and will form the basis for future licensing of healthcare facilities in Ireland. The HSE Quality and Patient Safety Directorate (QPSD) launched the QA+I Tool<sup>3</sup> in June 2013 to enable acute hospitals to self-assess the quality of the services they provide. It is recognised by HSE QPSD that implementing the National Standards<sup>2</sup> may be challenging, given that they are relatively new to the healthcare system. Their implementation is likely to require significant effort by services.<sup>3</sup> A guiding principle of the QA+I Tool<sup>3</sup> is to create a process of continuous quality improvement progressing towards full implementation of the Standards.<sup>2</sup>

## 3. Quality in Emergency Care

The EMP Report 2012<sup>1</sup> outlines a model of care to improve safety, quality, patient access and value in emergency care. The Programme now builds on the approach outlined in the National Standards<sup>2</sup> and reflected in the QA+I Tool<sup>3</sup> to define how ED and LIU teams should describe and assess the quality of care they provide for patients. ED and LIU assessment using QPs and assurance against the National Standards<sup>2</sup> will enable the quality of emergency care to be assessed and reported at the level of Emergency Care Networks (ECN) and at national level. Figure 1 provides an overview of how

quality assessment against the National Standards<sup>2</sup> and the development of ED/LIU quality profiles can be embedded in clinical governance within the ED and inform continuous QI in emergency care, while contributing to directorate and hospital quality assurance against the National Standards.<sup>2</sup>

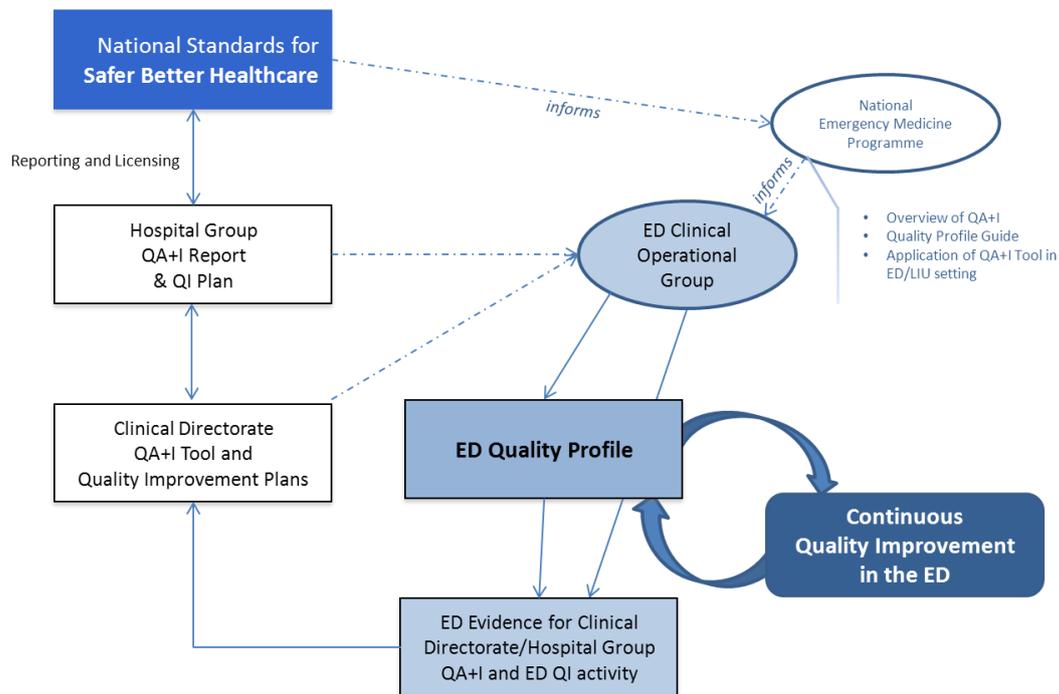


Figure 1: Overview of Quality Assessment and Improvement in the ED setting.

#### 4. Quality Improvement in Emergency Care

In the ED setting, implementation of the National Standards<sup>2</sup> and QI will be supported by:

- Implementation of essential governance structures as recommended by the EMP<sup>1</sup>, including Clinical Operational Groups (COG) and Emergency Care Networks that link EDs and LIUs for operational, training and QI purposes.
- QI capability delivered through frontline improvement coaching by QI coaches developed in EDs in Ireland through training provided the Dartmouth Institute Microsystem Academy (TDIMA)<sup>4</sup> and supported by the National Leadership and Innovation Centre of the Office of the Nursing and Midwifery Services Director.
- National Emergency Medicine Audit, including Major Trauma Audit, supported by the National Office of Clinical Audit (NOCA).<sup>9</sup>
- A standardised approach to QPs, as outlined in the QP Templates.
- Full implementation of the EMP model of care at hospital, network and national level.<sup>1</sup>

#### 5. Multiple Dimensions of the Quality of a Service

HSE QPSD recommends that the quality of a service should not be viewed through the lens of standards alone. Instead, services will benefit from assessing quality from many different perspectives including that of the patient and priority clinical care issues. Examples of these, outlined in the QA+I Tool, that are particularly relevant to EM include:

- Improving patient experience;
- Transfer of care within and between service providers;
- Patient identification;

- Falls prevention.

Assessing the quality of an EM service will also be informed by consideration of the National Emergency Medicine Programme Report<sup>1</sup> recommendations, the International Federation Framework for Quality and Safety in the Emergency Department<sup>5</sup>, Emergency Medicine (EM) quality research and experience from Ireland<sup>6</sup> and EM Quality Indicator from the UK<sup>7</sup> and Australia.<sup>8</sup>

## **6. Quality Assessment**

### *6.1 Quality Assessment Overview*

The HSE recommends that every Directorate and/or hospital undertakes repeated self-assessment of the quality of services they provide according to the themes of the National Standards for Safer Better Healthcare<sup>2</sup> using the QA+I Tool<sup>3</sup> according to the Themes of the National Standards which are:

- Person Centred Care and Support;
- Effective Care and Support;
- Safe Care and Support;
- Better Health and Wellbeing;
- Leadership, Governance and Management;
- Workforce;
- Use of Resources;
- Use of Information.

There are 45 Standards in total across the 8 Themes, making this a very detailed but comprehensive assessment framework. Emergency care-related criteria for evidence are provided in this document to make it as easy as possible for ED and LIU teams to contribute to hospital quality assessments. The examples of evidence provided are not graded according to the QA+I Quality Rating Scale<sup>3</sup> as this rating is undertaken by each site.

## **7. Quality Assessment and Improvement in EDs – enablers and barriers**

There is an indisputable need to improve patient safety and the quality of care in EDs<sup>5,10</sup> and LIUs and QI is at the core of implementation of the EMP.<sup>1</sup> Quality assurance and improvement and the promotion of patient safety in the ED requires appropriate structures, processes, behaviours, attitudes and culture across the ED, the hospital/group and the broader health system.<sup>5,10-12</sup> The barriers to effective assurance and improvement in quality and patient safety in the ED are outlined in Table 1. The current variability in these factors across EDs and Acute Hospitals influences the level QA+I that any ED can undertake or sustain and the ultimate effectiveness of QI efforts. In addition, standardised cost-allocation measurement approaches are required in emergency care so that quality improvement can be aligned with the generation and demonstration of better value i.e. better patient outcomes for the costs involved in the provision of care.

Dimensions	Factors influencing quality assurance and improvement in the ED
Staff	<ul style="list-style-type: none"> <li>• The availability of clinician time for QA work without compromising core clinical work;<sup>6</sup></li> <li>• Adequate numbers of skilled support staff to gather and analyse quality data are essential;</li> <li>• Training of the ED team and support staff in effective QI methods;<sup>5,12</sup></li> <li>• The potential for the creation of additional stress on front-line clinical staff due to managerial pressure to comply with QA reporting requirements must be mitigated and staff burnout is a recognised barrier to quality and safety;<sup>5</sup></li> </ul>
Structure	<ul style="list-style-type: none"> <li>• ED ICT systems are necessary for data capture and reporting;<sup>5</sup></li> <li>• Resource constraints that compromise essential ED infrastructure, staffing and care processes undermine safety and quality improvement efforts;<sup>5</sup></li> <li>• Standard national datasets and indicator descriptors are essential for benchmarking and systems intelligence;<sup>11</sup></li> <li>• Effective clinical governance is necessary to support QA+I;<sup>5,12</sup></li> <li>• Participation in National Clinical Audit must be resourced;<sup>9</sup></li> </ul>
Process	<ul style="list-style-type: none"> <li>• A lack of quality and safety tools including clinical guidelines, protocols and decision-making aides or inadequate time/resources to develop these is a barrier to the delivery of high quality care;<sup>5</sup></li> <li>• Inadequate clinical effectiveness structures and processes, along with limited audit capability within the hospital may inhibit engagement in audit across pathways of care that involve multiple departments and multiple patient outcome measures;<sup>5</sup></li> </ul>
Outcome measurement and reporting	<ul style="list-style-type: none"> <li>• It is important to determine whether commonly used hospital QI measures are applicable to emergency care and valid in the ED setting;<sup>10</sup></li> <li>• Measures that involve many departments outside the ED should be applied and interpreted with caution so as not to lead to erroneous inferences about patient safety in the ED;<sup>10</sup></li> <li>• There should be clear recognition of the elements of ED quality that are external and beyond the control of emergency clinicians and those that are internal to the ED;<sup>5,10</sup></li> <li>• Reporting and regulatory systems should promote a holistic, patient-centred approach to quality assurance and improvement;<sup>11</sup></li> <li>• Every effort should be made to prevent the distortion of practice associated with poorly constructed indicators<sup>10</sup> or quality profiles<sup>11</sup> and the pursuit of targets at the cost of the quality or patient and staff experiences of care<sup>13</sup></li> <li>• Management and ED teams should have realistic expectations of the pace of QI in EDs and what is deliverable within resource constraints;<sup>12</sup></li> <li>• Transparent reporting of quality data is recommended;<sup>12</sup></li> <li>• Quality is enhanced by leadership approaches that foster improvement in patient's clinical outcomes and promote positive patient and staff experiences of care.<sup>11,12</sup></li> </ul>

*Table 1: Factors that influence the effectiveness of quality assurance and improvement in the ED setting.*

## Quality Profiles for Emergency Departments and Local Injury Units

### 8. Quality Profiles for Emergency Departments and Local Injury Units

This template has been adapted from the HSE Quality and Patient Safety Directorate Quality Assessment and Improvement (QA+I) Tool Hospital Quality Profile Template.<sup>3</sup> It has been modified to include National Emergency Medicine Programme recommendations<sup>1</sup> and to include relevant material from the International Federation for Emergency Medicine (IFEM) *Quality and Safety Framework for Emergency Departments*,<sup>5</sup> the Dartmouth Microsystem Academy Clinical Microsystem Curriculum (TDIMA),<sup>4</sup> national<sup>6</sup> and international research and experience<sup>7,10</sup> in Quality Improvement (QI) in emergency care. The templates have been developed for Emergency Departments (EDs) and Local Injury Units (LIUs). The Quality Profile elements reflect the HSE QA+I Tool.

The EMP recommends that ED teams assess and report QP components according to the National Standard<sup>2</sup> themes of Safe and Effective Person Centred Care and Support, Effective Care and Support, Safe Care and Support, Better Health and Wellbeing, Leadership Governance & Management, Workforce, the Use of Resources and the Use of Information. These and similar quality themes have been identified as being critical to ED quality and safety in the international EM literature.<sup>5-8,10</sup>

The QP approach has been further modified by the EMP to enable all EDs to participate in some degree of QA+I activity, irrespective of current deficiencies in resources and structures at ED and hospital-level. Two QP templates are presented – an essential QP to assist EDs with limited QA+I reporting capacity and a comprehensive QP, based on international best practice, which describes the recommended range of QA+I activity that should be possible to deliver in an appropriately resourced ED within a mature emergency care system. It is envisaged that future enhancement of EDs will enable them to transition from being able to engage in and provide evidence of essential QA+I activity only to being able to consistently deliver a broader range of QA+I activity as outlined in the comprehensive template. Better QA+I activity in each ED, LIU and Emergency Care Network (ECN) will contribute to the ongoing improvement of quality and patient safety across the National Emergency Care System.

### 9. Using the Template

A QP is a tool to guide service development and improvement - it should not be considered a “tick-box” compliance exercise. Developing a QP should be undertaken in the context of the broader QA+I Tool.<sup>3</sup> Compiling even the most basic QP will enable ED and LIU teams to bring together significant information that describes the quality of care provided by their service. ED and LIU teams are encouraged to customise these templates to reflect their unit’s approach to quality. ED and LIU teams are advised to include any relevant additional material but not to exclude any of the essential components listed in the QPs. Each unit’s individualised QP will reflect its capability to engage in QA+I. QPs should include all the essential elements and as many of the elements of the comprehensive profile as possible.

It will take time and resources for EDs to gather the material required for their QP. Quality Improvement (QI) work arising from analysis of the QP will be an ongoing endeavour. QP analysis should be used to determine and review ED/LIU QI priorities and activity in the longer term. Issues that come to light through this work that are risks to patient safety should be prioritised for timely action.

The Comprehensive ED QP describes an extensive range of monitoring and audit activity that will need to be planned and implemented over a number of years. The momentum of this work will depend on staff engagement and the resources

available at ED and hospital/group level. No ED team could be expected to complete all the audit activity listed in the QP in a specified time-frame nor would it be advisable to rush this essential work. Learning from implementation of the QPs in EDs and LIUs should be shared through the EMP.

Some tools, policies and guidance listed in the template are in development. These materials are indicated by an asterisk (\*) in the Template. The Template and EMP QA+I recommendations will be reviewed and modified as new national and international evidence emerges and standards of care evolve over time.

## 10. Governance

The QP should be reviewed by the ED Clinical Operational Group (COG) and updated regularly, ideally on a quarterly basis if not more often. The EMP recommends that LIU QPs and QA+I activity are governed through ECN structures.<sup>1</sup> Information gathered through the ED and LIU QPs should be shared within the unit teams and should be used to contribute to ECN/Directorate and/or Hospital-level quality assessments. ED QPs and QI activity should be reported by the ED COG to the hospital group quality management team and LIU activity should be reported through the ECN. The intensity of assessment, QI and clinical audit that the ED/ECN can sustain will depend on the resources available in the ED and hospital/group/network to support this work. Resource deficiencies that are barriers to the delivery of safe, high-quality care that are identified through the development of QPs should be addressed by hospital management teams.

## 11. Emergency Department Quality Profile Structure

The essential and comprehensive EDQP templates reflect the themes of the National Standards for Safer Better Healthcare<sup>2</sup> and the HSE Quality and Patient Safety Directorate Quality Assessment and Improvement (QA+I) Tool Hospital Quality Profile Template<sup>3</sup> as outlined in Table 3. Figure 2 illustrates how the specific elements of QPs that are not themselves National Standards themes are linked to the relevant themes.

Emergency Department Quality Profile Elements	Safer Better Healthcare Themes
Purpose	Effective Care and Support
Patient experience	Person Centred Care and Support;
Staff experience	Effective Care and Support; Safe Care and Support Better Health and Wellbeing
Quality and Safety	Effective Care and Support; Safe Care and Support
Better Health and Wellbeing	
Leadership, Governance and Management	
Workforce	
Use of resources	
Use of Information	

Table 2: ED Quality Profile Structure



Figure 2: Quality Profile Elements and National Standards for Safer Better Healthcare Themes.

## 12. Emergency Department Quality Profile Template – Essential Quality Profile

Quality Profile Components	Profile Descriptors /Evidence for Essential QA+I Reporting
<b>Purpose</b>	Define your ED's purpose and use this vision to guide your quality assessment and improvement work. <sup>4</sup>
<b>Patient Experience</b>	
Analysis and responses to complaints and feedback	What improvements have you implemented in response to complaints and patient feedback in your ED?
Patient Partnership	Do patient representatives participate in your ED COG <sup>1</sup> and/or Unscheduled Care Governance Groups? If yes, describe how this has contributed to improving patient safety, quality and patient experiences of care.
<b>Staff Experience</b>	
Staff Experience and Wellbeing Indicators	Staff feedback, exit interviews etc. <sup>5</sup> Staff absenteeism Staff injury sustained at work, <sup>5</sup> including nosocomial infection <sup>6</sup> and reports of assaults on staff <sup>5</sup>
Staff education and training profile	Staff engagement in orientation, education, mandatory training and service development activities in the ED <sup>5</sup> Staff instructors for/participation in Advanced Life Support Courses e.g. ACLS, ATLS <sup>5</sup>
<b>Quality and Safety – Section 1 – Structures, policies and procedures</b>	
Implementation of National Policies	Adherence to Best Practice in Child Protection and Welfare <sup>14</sup> Regular testing and improvement of hospital (*) and ED Major Emergency Plans <sup>1</sup> HIQA Hygiene Audit report recommendations implemented
Implementation of Clinical Guidelines	Implementation of EMP Clinical Guidelines including monitoring and audit of Pain Management in Adults and Children <sup>1,5,6,15</sup> Evidence of implementation of learning from ED Mortality and Morbidity meetings <sup>5</sup>
Implementation of Standards	Implementation of EMP access standards, including 6-hour Total ED time standard <sup>1</sup>
Appropriate Infrastructure and Equipment	ED infrastructure compliance with minimum design standards <sup>16</sup> and management of infrastructural risks including AV separation of children <sup>1</sup> , if relevant
	Access to ED bedside ultrasound, in keeping with College of Emergency Medicine guidance <sup>5,17</sup>
	Monitoring and improvement of processes for equipment cleaning and maintenance <sup>1</sup>
<b>Quality and Safety – Section 2 - Indicators, Audit and Outcome Measures</b>	
Clinical Audit	Participation in National Emergency Medicine Clinical Audit*, including National Major Trauma Audit <sup>1,6</sup> Document local audits, including analysis of ED deaths <sup>1</sup> (e.g. Morbidity and Mortality meetings)
EMP Access Indicators	% Compliance with the Ambulance Patient Handover Standard of 20 minutes <sup>#</sup> % Compliance with the 6-hour standard for admitted and discharged patients and median length of ED stay <sup>1#</sup> Number of patients spending 9 or more hours in the ED <sup>1#</sup> Number of Clinical Decision Unit patients discharged within 24 hours <sup>1#</sup>
Recommendations from the HIQA Tallaght Report <sup>12</sup> in addition to the EMP Access KPIs	Audit of use of Manchester Triage System in the ED (local audit) <sup>#</sup> Numbers of Unscheduled ED returns <sup>1,5,6*#</sup> and Patients who Leave before Completion of Treatment <sup>1,8*#</sup>

	Implementation of EMP Consultant in EM staffing recommendations <sup>1</sup>
Compliance with National Unscheduled Care Governance Group Guidance	There is a named Consultant responsible for a patients care at all stages of the patients journey <sup>18</sup> Transition of care recommendations are monitored <sup>#</sup>
<b>Leadership, Governance &amp; Management</b>	
	Records of ED governance activity including ED COG meeting minutes, meetings with Hospital Management Teams <sup>1,19</sup> and ED team participation in Hospital Unscheduled Care Governance Groups (or similar).
<b>Workforce</b>	
	Staffing vacancies, locum and temporary posts <sup>5</sup> Medical staffing status and development plans (as per EMP guidance) Nursing workforce including ANP Staffing (compliance with EMP Guidance); use of EMP Nursing Workforce Planning Tool* Therapy & Medical Social Worker staffing status compared to patient need
<b>Use of Resources</b>	
	Financial/annual budget information is shared with ED staff to enable staff to contribute to improving value <sup>5</sup>
<b>Use of Information</b>	
	Does the ED have a fit for purpose EDIS <sup>1,5,6</sup> and access to information to improve quality and safety?
<b>Notes:</b> * denotes EMP clinical tools and guidance that are in development # indicates measures that require EDIS for accurate data capture and analysis The Theme of <i>Better Health and Wellbeing</i> is considered in the Comprehensive Quality Profile	

### 13. Emergency Department Quality Profile Template – Comprehensive Quality Profile

Quality Profile Components	Profile Descriptors / Evidence for Comprehensive QA+I Reporting
<b>Purpose</b>	The ED team will have defined its purpose, ideally through its Quality Improvement activity based on the Dartmouth Institute Clinical Microsystem Academy Quality Improvement ED assessment method. <sup>4</sup>
<b>Patient Experience</b>	
Patient Feedback	Actions for QI in your ED in response to patient feedback, compliments and complaints <sup>20</sup>
	Responses in your ED that address issues raised in the EMP/HSE National Advocacy Unit report <i>Emergency Departments Taking Patient Feedback Seriously</i> <sup>21</sup>
Patient Experience Surveys	ED patient surveys and related improvement exercises <sup>4</sup>
	National Patient Experience Survey, if data available from your ED/hospital
Patient Forums	Patient participation in ED <sup>5</sup> , in the ED QI group activity <sup>4</sup> and scheduled participation in COGs <sup>19</sup> and/or Unscheduled Care Governance Groups
Analysis of complaints and other feedback	Evidence that your ED improved through the analysis of complaints
	Evidence of improvements have you implemented through ED patient profiling for QI <sup>4</sup>
Incident Investigation	Evidence of ED learning from the investigation of quality incidents
<b>Staff Experience</b>	
Staff Experience Indicators	National Safety Culture Survey data if available for your ED
	Staff Feedback and Activity analyses from QI activity <sup>4</sup>
	Staff feedback, exit interviews etc. <sup>5</sup>
Staff engagement	Measures of staff participation in QI activity <sup>4</sup>
	Quality Improvement Coach development <sup>4</sup>
	Staff involvement in other service development, quality or patient safety activity
	Staff compliance with mandatory training e.g. fire safety, manual handling etc
	Staff involvement in education, <sup>5</sup> leadership and service development roles at local, network and national level
Staff Wellbeing	Staff absenteeism
	Staff injury sustained at work <sup>5</sup> , including nosocomial infection <sup>5</sup>
	Reports of assaults on staff <sup>5</sup>
Staff education and training profile	Staff engagement in education, training and service development activities in the ED <sup>1,5</sup> including records of attendance and evaluation of the education programme <sup>5</sup>
	Staff orientation to the ED
	Staff instructors on Advanced Life Support Courses e.g. ACLS, ATLS <sup>5</sup>
	Staff participation in Advanced Life Support Courses e.g. ACLS, ATLS <sup>5</sup>
	Academic emergency appointments <sup>5</sup> and multidisciplinary education roles <sup>5</sup> in the ED
Staff Health Promotion Programmes	List any staff health or wellbeing programmes available to your staff and document any outcomes measured
<b>Quality and Safety – Section 1 – Structures, Policies and Procedures</b>	
Implementation of National Policies	Implementation of EMP First Steps recommendations in the ED and hospital <sup>22#</sup>
	Adherence to Best Practice in Child Protection and Welfare <sup>14#</sup>
	Regular testing and improvement of hospital and ED Major Emergency Plans <sup>1</sup>
Implementation of Clinical Guidelines	Implementation of EMP Clinical Guidelines <sup>15</sup>
	Evidence of implementation of learning from ED Mortality and Morbidity meetings <sup>1,5</sup>

	Evidence-based practice and service development initiatives that have been developed in your ED and/or Emergency Care Network (ECN), including clinical effectiveness and quality improvement initiatives across interfacing services
Implementation of Standards	Implementation of EMP access standards including 6-hour Total ED time standard <sup>#</sup> (see Quality Indicators, Audit and Outcome measures for other standards and related audits)
Appropriate Infrastructure and Equipment	ED infrastructure compliance with minimum design standards <sup>16#</sup> and management of infrastructural risks to safe, effective care, particularly for vulnerable groups <sup>6</sup> /patients with particular care needs <sup>1</sup> and including AV separation of children <sup>1</sup> , if relevant
	Access to ED bedside ultrasound, in keeping with College of Emergency Medicine guidance <sup>5,17</sup>
	Monitoring and improvement of processes for equipment cleaning and maintenance <sup>5</sup>
Quality Improvement	Improvements resulting from risk management processes including incident analysis and legal claims <sup>3</sup>
	Responses to findings from Senior Hospital Management Quality and Safety Walk-rounds <sup>23</sup> and ED Safety Huddle feedback <sup>4</sup>
	Patient safety outcomes achieved through QI activity <sup>4</sup>
Evaluation of Quality Improvement Plans	Demonstrate how QI activity in the ED is continuously monitored, reported and evaluated. This may include documentation of QI outcomes <sup>4</sup> and evidence of resolution of QI gaps and risks identified in previous QPs.
Implementation of internal report recommendations	List any improvements in practice generated by internal reports from your hospital
Use of CEM Safety Tool-kit	Evidence of use/adaptation of elements of the CEM Safety Toolkit <sup>24</sup>
Implementation of external reports, quality audits or inspections	Implementation of HIQA Tallaght Report Recommendations <sup>25</sup> (see EMP guidance documents)
	HIQA Hygiene Audit report recommendations implemented
	Feedback from external QA+I Assessments of the hospital relevant to the ED
<b>Quality and Safety - Section 2 - Indicators, Audit and Outcome Measures</b>	
Mortality analysis <sup>#</sup>	Hospital Mortality indicator (in development by QPSD)
	Analysis of ED deaths <sup>6</sup> (e.g. Morbidity and Mortality meetings)
National EM Audit <sup>#</sup>	Participation in National Major Trauma Audit <sup>1,9</sup> and improvements from analysis of hospital feedback
	Participation in National Emergency Medicine Clinical Audit <sup>9*</sup>
EMP Access Indicators <sup>#</sup>	<ul style="list-style-type: none"> <li>• % Compliance with the Ambulance Patient Handover Standard of 20 minutes;<sup>1</sup></li> <li>• % Compliance with the 6-hour standard for admitted and discharged patients and median length of ED stay;<sup>1,5</sup></li> <li>• Number of patients spending 9 or more hours in the ED;<sup>1</sup></li> <li>• Number of Clinical Decision Unit patients discharged within 24 hours;<sup>1</sup></li> </ul>
Audit of Quality Indicators from other National Clinical Programmes <sup>#</sup>	<p>These currently include:</p> <ul style="list-style-type: none"> <li>• Time to reperfusion for AMI and stroke patients;</li> <li>• Time to hip fracture surgery from ED arrival (recorded in hours);</li> </ul>
Infection Prevention and Control indicators in the ED	<ul style="list-style-type: none"> <li>• Hand Hygiene Audit Reports</li> <li>• Number and percentage of people who develop catheter related blood stream infections after ED cannulation, including central line placement</li> <li>• Number of patients who cannot access appropriate ED isolation facilities<sup>#</sup></li> </ul>
Serious adverse events and/or total adverse events reported from the ED	<p>The recommended indicators include:</p> <ul style="list-style-type: none"> <li>• Falls in the ED</li> <li>• Transfusion reactions</li> </ul>

	<ul style="list-style-type: none"> <li>Medication errors<sup>1,5</sup></li> </ul>
Indicators recommended by the HIQA Tallaght Report <sup>12</sup> in addition to the EMP Access KPIs and recommendations outlined under other QP components <sup>#</sup>	<ul style="list-style-type: none"> <li>Audit of use of Manchester Triage System in the ED (local audit – see EMP guidance)<sup>1</sup></li> <li>Monitoring of Ambulance Patient Handover Times (Access KPI)<sup>1</sup></li> <li>Number of Unscheduled ED returns<sup>1,5,6*</sup></li> <li>Number of Patients who Leave before Completion of Treatment<sup>1,6*</sup></li> <li>Number of ED patients cared for in inappropriate space (HSE/SDU to define in consultation with EMP)</li> <li>Implementation of EMP Consultant in EM staffing recommendations<sup>1</sup></li> <li>Audit of use of the ED Monitoring Tool and Clinical Escalation Protocol*</li> </ul>
Other recommended Clinical Audits <sup>#</sup>	<ul style="list-style-type: none"> <li>Audit of Pain Management in Adults and Children<sup>1,5,6,15</sup> (priority audit)</li> </ul>
	<ul style="list-style-type: none"> <li>Audit of care of patients with Mental Health needs including ED prioritisation, transport needs/transition of care</li> </ul>
	<ul style="list-style-type: none"> <li>Audit of care of patients with particular care needs in the ED, including older patients with dementia<sup>1</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Audit of blood and blood product usage in the ED<sup>5</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Audit of cardiac arrest and resuscitative/critical care</li> </ul>
	<ul style="list-style-type: none"> <li>Audit of antibiotic stewardship in the ED<sup>5</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Audit of diagnostic imaging – appropriateness, turnaround times results checking<sup>5</sup></li> </ul>
Quality Indicators recommended by IAEM Delphi Research Project, in addition to those recommended above	<ul style="list-style-type: none"> <li>Audit of laboratory tests and Point of Care Testing – appropriateness, turnaround times results checking<sup>5</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Audit of the use of Sepsis Bundles and national guidance on recognition of sepsis*</li> </ul>
	<ul style="list-style-type: none"> <li>Analysis of ED patient times<sup>#</sup> from arrival to being seen by a treating clinician (decision-maker)<sup>1,5,6</sup></li> <li>Audit of time from patient arrival to first ECG<sup>#</sup> for patients with suspected cardiac chest pain<sup>5,6</sup></li> <li>Audit of time to antibiotic for children with suspected bacterial meningitis<sup>6</sup></li> </ul>
Compliance with Guidance from the National Unscheduled Care Governance Group	<ul style="list-style-type: none"> <li>Evidence that a named Consultant is responsible for the care of patients at all stages in the clinical journey<sup>18,25</sup></li> <li>Evidence of implementation of transition of care recommendations.<sup>18#</sup></li> </ul>
<b>Better Health and Wellbeing</b>	
Protecting and improving the health and wellbeing of service users	<ul style="list-style-type: none"> <li>Evidence of needs assessment in the ED informing health promotion and staff training for health promotion e.g. patients with particular care needs, falls prevention, recognising and intervening in social problems, cardio-vascular health promotion.</li> </ul>
<b>Leadership, Governance &amp; Management</b>	
	<ul style="list-style-type: none"> <li>Records of ED governance activity including feedback from ED Team Safety Briefings, ED COG meeting minutes, documentation of meetings with Hospital Management Teams, as per EMP guidance<sup>19</sup> and ED team participation in Hospital Group Unscheduled Care Governance Groups and/or similar to improve quality across interfacing specialties</li> </ul>
<b>Workforce</b>	
	<ul style="list-style-type: none"> <li>Staff absenteeism rates (as per staff experience component)</li> </ul>
	<ul style="list-style-type: none"> <li>Staffing vacancies, locum and temporary posts<sup>5</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Medical Staffing status and development plans (reference EMP guidance)</li> </ul>
	<ul style="list-style-type: none"> <li>ANP Staffing - compliance with EMP Guidance</li> </ul>
	<ul style="list-style-type: none"> <li>Management of nursing staffing using EMP Nursing Workforce Planning Tool*</li> </ul>

	<ul style="list-style-type: none"> <li>• Therapy &amp; Medical Social Worker staffing status compared to patient need</li> <li>• Outline administrative staffing and work practices<sup>#</sup> that support high quality care*</li> </ul>
<b>Use of Resources</b>	
	Evidence of systems and improvements the ED team implemented to improve value e.g. process redesign <sup>4</sup>
	The ED has a budget and a business plan <sup>5</sup> (This will depend on Hospital Group financial management procedures but ED staff should at least be aware of the ED budget <sup>1</sup> )
<b>Use of Information</b>	
	Does the ED have a fit for purpose EDIS <sup>1,5,6</sup> that is regularly maintained and updated? <sup>#</sup>
	Availability of reports to ED staff to monitor and support improvement in EMP access KPIs including the 6-hour standard <sup>#</sup>
	QI activity and use of the QP demonstrate the use of information to drive improvements in patient care <sup>1</sup>
<b>Notes:</b> * denotes EMP clinical tools and guidance that are in development # indicates measures that require EDIS for accurate data capture and analysis	

## 14. Local Injury Unit Quality Profile

Quality Profile Components	Profile Descriptors / Evidence for Local Injury Unit Reporting
<b>1. Purpose</b>	The LIU team will have defined its purpose through its Quality Improvement (QI) activity using the Dartmouth Institute Clinical Microsystem Academy (TDIMA) <sup>4</sup> . QI training will be provided through the Emergency Care Network Lead ED.
<b>2. Patient Experience</b>	
Patient Feedback	Actions for QI in your LIU in response to patient feedback, compliments and complaints
	Responses in your LIU that address relevant issues raised in the EMP/HSE National Advocacy Unit report <i>Emergency Departments Taking Patient Feedback Seriously Issue 1; October 3013</i> <sup>20</sup>
Patient Experience Surveys	Patient surveys and exercises <sup>4</sup>
	National Patient Experience Survey, if data available for your LIU/hospital
Patient Forums	Patient participation in Lead ED/ ECN COGs <sup>1,19</sup> and/or Unscheduled Care Governance Groups that influence care in your LIU
Analysis of complaints and other feedback	Evidence, if available, of how has your LIU improved through the analysis of complaints and other forms of feedback
Incident Investigation	Evidence, if available, that your ED learned from the investigation of quality incidents
<b>3. Staff Experience</b>	
Staff Experience Indicators	National Safety Culture Survey, if data is available for your hospital/LIU.
	Staff feedback, activity analyses <sup>4</sup> and information from exit interviews <sup>6</sup>
Staff engagement	Staff participation in QI activity <sup>4</sup>
	Staff involvement in education, <sup>5</sup> leadership and service development roles at local, network and national level
Staff Wellbeing	Staff absenteeism
	Staff injury sustained at work, <sup>5</sup> including nosocomial infection <sup>5</sup> and reports of assaults on staff <sup>5</sup>
Staff education and training profile	Staff engagement in orientation, education, mandatory training and service development <sup>5</sup> activities in the LIU or ECN including records of attendance
	Staff participation in training for LIU-specific competencies and skills*
Staff Health Promotion Programmes	List any staff health or wellbeing programmes available to your staff and document any outcomes measured
<b>4A. Quality and Safety – Section 1 – Structures, Policies and Protocols</b>	
	Adherence to Best Practice in Child Protection and Welfare <sup>14#</sup>
	Regular testing of hospital and network Major Emergency Plan <sup>1</sup>
Implementation of Guidelines	Implementation and Audit of EMP Clinical Guidelines relevant to LIUs;
Evidence-based practice	Evidence-based practice and service improvement initiatives developed within your LIU and/or ECN;
Implementation of Standards	Implementation of EMP standards for LIU-appropriate care (see also Quality Indicators and Outcome measures)
Quality Improvement	Improvements resulting from risk management processes including incident analysis and legal claims <sup>1,3</sup>
	Responses to findings from LIU Safety Huddle feedback* <sup>4</sup>
	Monitoring and improvement of processes for equipment cleaning and maintenance <sup>5</sup>
Implementation of internal reports	List any improvements in practice generated by internal reports in your hospital

Implementation of external reports, quality audits or inspections	<p>HIQA Hygiene Audit report recommendations implemented</p> <p>Feedback from external QA+I Assessments of the hospital relevant to the ED;</p>
Evaluation of Quality Improvement Plans	Demonstrate how QI activity in the LIU/ECN is continuously monitored, reported and evaluated, including resolution of QI gaps and risks identified in previous QPs.
<b>4B. Quality and Safety Section 2 - Indicators, Audit and Outcome Measures</b>	
EMP Access Indicators:	<ul style="list-style-type: none"> <li>• % Compliance with the 6-hour standard<sup>1</sup> for admitted and discharged patients and median length of ED stay;<sup>5#</sup></li> </ul>
Serious adverse events and/or total adverse events reported from the LIU	<p>The recommended indicators include:</p> <ul style="list-style-type: none"> <li>• Falls in the LIU</li> <li>• Medication errors<sup>1,5</sup></li> </ul>
Recommended clinical audits	<ul style="list-style-type: none"> <li>• Audit of Pain Management in Adults and Children<sup>1,5,6,15</sup> (priority audit)</li> <li>• Audit of antibiotic stewardship in the LIU<sup>5</sup></li> <li>• Audit of diagnostic imaging – appropriateness, turnaround times results checking<sup>5#</sup></li> <li>• Audit of laboratory tests/Point of Care Testing – appropriateness, turnaround times results checking<sup>5#</sup></li> </ul>
<b>Better Health and Wellbeing</b>	
Protecting and improving the health and wellbeing of service users	<ul style="list-style-type: none"> <li>• Evidence of needs assessment in the ED informing health promotion and staff training for health promotion e.g. identifying patients who would likely benefit from falls prevention strategies.</li> </ul>
<b>Workforce</b>	
	<ul style="list-style-type: none"> <li>• Staff absenteeism rates (as per staff experience component)</li> <li>• Staffing vacancies, locum and temporary posts<sup>5</sup></li> <li>• Medical Staffing, ANP and Staff nurse staffing status and workforce development plans (reference EMP guidance)</li> </ul>
<b>Leadership, Governance &amp; Management</b>	
	<ul style="list-style-type: none"> <li>• Records of LIU governance activity with feedback from LIU Team Safety Briefings,<sup>4</sup> LIU governance within its ECN and Hospital Group contexts, including LIU representation at Unscheduled Care Governance Groups.</li> </ul>
<b>Use of Resources</b>	
	<ul style="list-style-type: none"> <li>• Evidence of systems and improvements the LIU team implemented to improve value in emergency care (Value is a measure of patient outcomes versus costs; evidence may include process redesign to reduce non-value added work)</li> </ul>
<b>Use of Information</b>	
	<ul style="list-style-type: none"> <li>• Does the LIU have a fit for purpose EDIS<sup>1,5,6</sup> that is regularly maintained and updated?<sup>#</sup></li> <li>• Availability of reports to LIU staff to monitor and support improvement in LIU throughput times and EMP Access KPIs</li> </ul>
<p><b>Notes:</b></p> <p><sup>4</sup> indicates quality activity and evidence deliverable through the Dartmouth Microsystem Improvement Academy EMP QI method</p> <p>* denotes EMP clinical tools and guidance that are in development</p> <p># indicates measures that require EDIS for accurate data capture and analysis</p>	

## Emergency Medicine Programme Guidance on Evidence for Quality Assessment and Improvement for the National Standards for Safer Better Healthcare

### 15. EMP Guidance on ED and LIU Evidence for the National Standards

Evidence from Emergency Medicine (EM) practice and the National Emergency Medicine Programme (EMP) is mapped to the eight National Standard themes and the associated Standards and Essential Elements against which clinical services are assessed according to the QA+I Tool.

How to use this guidance:

- Many Essential Elements include examples of evidence that are relevant but not specific to emergency care. Generic evidence that relates to many elements of acute hospital services and which is not specific to EM is excluded from this document to avoid potential duplication and focus instead on EM-relevant contributions to the assessments.
- The examples of evidence listed are not exclusive, but are intended to help users of the QA+I Tool see how quality information from emergency care can be included. Many EDs will have additional evidence to contribute to their hospitals' assessments.
- The evidence has not been rated but may be rated through self assessment in each hospital, directorate or ED/LIU. Please reference the QA+I Tool<sup>3</sup> for the full range of examples of evidence and for guidance on the rating of assessments.
- Examples of evidence from the QA+I Tool<sup>3</sup> for each standard are bulleted (●) with relevant supporting evidence from emergency care documented below each bullet and indicated by a hyphen. Evidence and tools that are in development are indicated by a star symbol (\*).

## 16. Emergency Care Evidence for the National Standards and QA+I Tool

### Person-Centred Care and Support (Theme 1)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed for each standard.

Standards	Essential Elements	Examples of Evidence
<p>1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences.</p>	<p>Service User Involvement</p>	<ul style="list-style-type: none"> <li>• Arrangements support service user involvement               <ul style="list-style-type: none"> <li>– Patient representative participation in ED Clinical Microsystem Improvement Group<sup>4</sup></li> <li>– Service users and ED staff are made aware of the National Healthcare Charter<sup>20</sup></li> </ul> </li> <li>• Patient experience outcome measures are identified, measured and monitored               <ul style="list-style-type: none"> <li>– Monitoring of TDIMA patient experience surveys<sup>4</sup></li> </ul> </li> <li>• Evaluation of the extent to which service user needs are being met is undertaken to improve patient experience.               <ul style="list-style-type: none"> <li>– Patient experience surveys inform ED Clinical Microsystem QI work-streams<sup>4</sup></li> </ul> </li> <li>• Evaluation of arrangements for service user involvement informs improvement plans               <ul style="list-style-type: none"> <li>– Evaluation of the service user involvement leads to its improvement e.g. increasing patient representative involvement in the ED Improvement Group, at some Clinical Operational Group (COG)<sup>19</sup> meetings and other ED forums.</li> </ul> </li> <li>• Service users are regularly informed of changes made as a result of their assessed needs and feedback on their preferences.               <ul style="list-style-type: none"> <li>– Feedback to patient representatives on QI group and if regularly invited to participate in and receive feedback through COG.<sup>19</sup></li> </ul> </li> </ul>
<p>1.2 Service users have equitable access to healthcare services based on their assessed needs</p>	<p>Fair Access to Healthcare Services</p>	<ul style="list-style-type: none"> <li>• Service assesses performance against national access targets.               <ul style="list-style-type: none"> <li>– Compliance with 6-hour Standard and Ambulance Handover Standard.<sup>1</sup></li> <li>– Monitoring of rates of patients leaving before completion of treatment.<sup>1</sup></li> </ul> </li> <li>• Referral criteria are in place and are communicated to all stakeholders &amp; Policies for the management of referrals are implemented.               <ul style="list-style-type: none"> <li>– Transition of care recommendations from Unscheduled Care Governance Group.<sup>18</sup></li> </ul> </li> <li>• Referral pathways based on national guidance and population needs facilitate access               <ul style="list-style-type: none"> <li>– Recommendations of EMP and relevant National Clinical Programmes.</li> </ul> </li> <li>• Governing committees review reports on performance including access targets and agree improvement plans.               <ul style="list-style-type: none"> <li>– ED COG meetings and meetings between ED and Hospital Management Teams (EMP Governance recommendations<sup>1</sup> and Meetings Framework<sup>19</sup>).</li> </ul> </li> <li>• Environment and facilities are reviewed to ensure accessibility for all service users               <ul style="list-style-type: none"> <li>– Assess ED infrastructure using IAEM ED design guidance<sup>16</sup></li> </ul> </li> <li>• Service providers review complaints and evaluate the experience of service users in relation to access and address</li> </ul>

		<p>problems.</p> <ul style="list-style-type: none"> <li>- Assessing complaints as per hospital risk management procedures and EMP ED Quality Profile Guidance.</li> <li>• Consistent achievement of the national access targets which are reported publicly. <ul style="list-style-type: none"> <li>- SDU and HSE reporting</li> </ul> </li> <li>• Referral pathways and criteria are evaluated and updated to meet service user assessed needs.</li> <li>• Audit of evidence based pathways</li> <li>• Audits on compliance with policies for the management of referrals are undertaken <ul style="list-style-type: none"> <li>- Audit Transition of Care<sup>18</sup> and referral patterns; audit specialty referrals to identify where alternative services (e.g. rapid access OPD clinics) would better meet patient need<sup>1,22</sup></li> </ul> </li> <li>• Benchmarking of performance in relation to access is undertaken <ul style="list-style-type: none"> <li>- SDU data</li> <li>- EDIS may be a barrier to the reliable collection of access-related data</li> </ul> </li> <li>• Service examines international and national innovative approaches to improving access</li> <li>• EMP report<sup>1</sup> and new international high-quality evidence as it emerges.</li> </ul>
1.3 Service users experience healthcare which respects their diversity and protects their rights.	Protecting Service User Rights	<ul style="list-style-type: none"> <li>• Information on advocacy and interpreting services is accessible.</li> <li>• Results of patient and carer feedback inform improvement plans <ul style="list-style-type: none"> <li>- Patient experience surveys inform ED Clinical Microsystem QI work-streams<sup>4</sup></li> </ul> </li> <li>• Staff attend training on advocacy and effective communication skills.</li> </ul>
1.4 Service users are enabled to participate in making informed decisions about their care.	Shared Decision Making	<ul style="list-style-type: none"> <li>• Patient information is available in many formats and languages.</li> <li>• Patient information is evaluated and informs improvements.</li> <li>• Audit of healthcare records to demonstrate provision of information.</li> <li>• Analysis of service user feedback and improvement plans <ul style="list-style-type: none"> <li>- Patient experience surveys inform ED Clinical Microsystem QI work-streams<sup>4</sup></li> </ul> </li> <li>• Availability of interpretation services.</li> </ul>
1.5 Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	Informed Consent	<ul style="list-style-type: none"> <li>• Service has a policy and procedure on obtaining and acting in accordance with the informed consent of service users.</li> <li>• Policy includes arrangements that protect the best interests of children<sup>14</sup> and service users who lack capacity to give informed consent.</li> <li>• Reports of analysis and trending of Incidents pertaining to consent that is included in the service's Quality Profile.</li> <li>• Staff training on obtaining consent.</li> </ul>
1.6 Service users' dignity, privacy and autonomy are respected and promoted.	Respecting Privacy and Dignity	<ul style="list-style-type: none"> <li>• Arrangements are in place that promotes respect for the dignity and privacy of service users. <ul style="list-style-type: none"> <li>- ED crowding is a recognised barrier to service user dignity and privacy<sup>1,5</sup></li> </ul> </li> <li>• Environment and facility reviews are undertaken to ensure privacy and dignity is protected through appropriate design and management. <ul style="list-style-type: none"> <li>- Assess against IAEM ED design guidance<sup>16</sup></li> <li>- Local evidence of safety reviews e.g. health and safety, fire safety reviews</li> </ul> </li> <li>• Service user feedback is actively sought in relation to their experience of privacy, dignity and confidentiality <ul style="list-style-type: none"> <li>- Patient experience surveys in ED Clinical Microsystem</li> </ul> </li> </ul>

		<p>tools<sup>4</sup></p> <ul style="list-style-type: none"> <li>• Staff receive training on protecting confidentiality and training relating to privacy, dignity and autonomy of service users.</li> <li>• Analysis of incidents pertaining to privacy, dignity and confidentiality is undertaken, included in QP and improvement actions implemented.</li> <li>• Employee handbook outlining staff code of conduct</li> </ul>
1.7 Service providers promote a culture of kindness, consideration and respect	Embedding a Culture of Kindness, Consideration and Respect	<ul style="list-style-type: none"> <li>• Their service has a code of conduct which promotes a culture of kindness, consideration and respect throughout the service.</li> <li>• There are arrangements to seek feedback from service users on their care experience and outcomes from surveys and analysis of service user feedback inform improvements.</li> <li>• Strong leadership in improving the culture of kindness, consideration and respect is evident in the ED.</li> <li>• Learning from supporting the development of a culture of kindness, consideration and respect is shared throughout service and with other service providers.</li> <li>• Attendance at training on dealing with bad news.</li> <li>• Evaluation of training including staff feedback and findings from analysis of service user feedback <ul style="list-style-type: none"> <li>– Patient experience surveys in ED Clinical Microsystem tools<sup>4</sup></li> </ul> </li> </ul>
1.8 Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Effective Management of Service User Feedback	<ul style="list-style-type: none"> <li>• Minutes/agenda of COG meetings include review of QP.</li> <li>• Attendance at staff training on complaints management.</li> <li>• Visible signage prompting service user feedback and service users receive information on how to provide feedback.</li> <li>• Quality improvement initiatives to gather and action service user feedback and regular analysis of feedback informs improvement plans</li> <li>• Patient experience surveys leading to ED Clinical Microsystem QI<sup>4</sup></li> <li>• Learning from feedback is used to promote improvements both locally and nationally <ul style="list-style-type: none"> <li>– Sharing QI learning through the EMP meetings and training forums.</li> </ul> </li> </ul>
1.9 Service users are supported in maintaining and improving their own health and wellbeing.	Enabling Better Health and Wellbeing	<ul style="list-style-type: none"> <li>• Health Promotion information is easily accessible for service users</li> <li>• There are opportunities built within care pathways to improve the health and wellbeing of service users</li> <li>• Partnerships with other service providers and external agencies support joint health and wellbeing initiatives</li> <li>• Use of Media and information campaigns to support local health promotion programmes.</li> </ul>

## Effective Care and Support (Theme 2)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed for each standard.

<b>Standards</b>	<b>Essential Elements</b>	<b>Examples of Evidence</b>
2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users	Implementing Best Available Evidence	<ul style="list-style-type: none"> <li>• Opportunities exist for staff to access best available information to deliver appropriate care</li> <li>• National Clinical Programmes implementation plan and monitoring of outcome measures occurs                             <ul style="list-style-type: none"> <li>– EMP First Steps<sup>22</sup> Implementation Assessment, implementation status updates and implementation risks assessments</li> </ul> </li> <li>• Clinical Care Pathways established, implemented and evaluated.</li> <li>• Care bundles implemented, evaluated and outcomes benchmarked e.g. sepsis bundles and guidance.*</li> <li>• Risk assessments and quality improvement plans to support the implementation of National Clinical Programmes, guidelines, policies and care pathways.                             <ul style="list-style-type: none"> <li>– Risk assessments on the implementation of EMP Clinical Guidelines</li> </ul> </li> <li>• Reports and improvement plans from the implementation of a clinical audit programme, including internal and external audit reports                             <ul style="list-style-type: none"> <li>– Clinical Audit recommendations as outlined in the EMP Quality Profile.</li> </ul> </li> <li>• Attendance at staff training and education and training programmes that focus on implementing agreed evidence based initiatives.</li> </ul>
2.2 Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users	Comprehensive Documented Assessment of Care	<ul style="list-style-type: none"> <li>• Audits of recording of ED Monitoring Tool and Clinical Escalation Protocol* occur.</li> <li>• There are audits of compliance with HSE Standards for Healthcare Records Management.</li> <li>• Service user's assessed needs that cannot be met within the scope of the service are appropriately managed.</li> <li>• Assessment of care is based on best available evidence by staff with necessary competencies.</li> <li>• Learning from national and international investigations and reports inform improvements.</li> </ul>
	Recognising and Responding to Clinical Deterioration	<ul style="list-style-type: none"> <li>• Staff receive training in recognising and responding to clinical deterioration                             <ul style="list-style-type: none"> <li>– ED Monitoring Tool and Clinical Escalation Protocol.*</li> </ul> </li> <li>• Analysis of audits, feedback from staff and incidents inform improvement actions.</li> <li>• Patients, families and carers are informed of signs/symptoms of deterioration relevant to their condition and how to raise concerns.</li> <li>• Attendance at staff training for ED Monitoring Tool and Escalation Protocol.</li> <li>• Audit of compliance with national and local policies and guidelines (ED Monitoring Tool*).</li> <li>• Implementation of learning from national and international incidents.</li> </ul>
	Palliative Care	<ul style="list-style-type: none"> <li>• Implementation of the Quality Standards for End-of-Life Care in Hospitals<sup>26</sup> and in the ED.                             <ul style="list-style-type: none"> <li>– EMP/Palliative Care Programme Guidance Palliative Care in the ED*</li> </ul> </li> <li>• Availability of Palliative care resources e.g. spiral symbol and</li> </ul>

		<p>information leaflets.</p> <ul style="list-style-type: none"> <li>• Review of the design and dignity within the physical environment in partnership with patients and families.</li> <li>• Attendance at staff training e.g. dealing with bad news.</li> <li>• Implementation of improvement plans from local and national audits e.g. National Audit of End-of-Life Care. <ul style="list-style-type: none"> <li>– Implementation of EMP/Palliative Care QI guidance.*</li> </ul> </li> </ul>
2.3 Service users receive integrated care which is co-ordinated effectively within and between services	Co-ordinated Integrated Care	<ul style="list-style-type: none"> <li>• Evaluation of implementation of clinical handover policy which emphasises confidentiality.</li> <li>• Review of referral and transfer protocols and policies to inform improvement plans.</li> <li>• Care pathways are developed and implemented.</li> <li>• Audit of compliance with transfer protocols and policies.</li> <li>• Development of strong links and partnership working with primary care and other service providers to enhance integration and co-ordination of care.</li> <li>• Implementation and audit of national referral pathways and protocols. <ul style="list-style-type: none"> <li>– e.g. Pathway for the management of patients with Subarachnoid Haemorrhage.<sup>27</sup></li> </ul> </li> </ul>
2.4 An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care	Lead Healthcare Professional	<ul style="list-style-type: none"> <li>• Arrangements support an identified lead healthcare professional responsible and accountable for the care of each patient whilst receiving healthcare. <ul style="list-style-type: none"> <li>– This is a Consultant in the Acute Hospital setting.<sup>18</sup></li> </ul> </li> <li>• Arrangements support the formal handover of care between healthcare professionals.<sup>5</sup></li> <li>• Information is provided to patients on how to contact the lead accountable person.</li> <li>• Audits of compliance with governing arrangements inform improvement plans.</li> <li>• Effectiveness of clinical handover is monitored, reported and improvement plans implemented; incidents are analysed and trended.</li> </ul>
2.5 All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making	Information Enabling Clinical Decision Making	<ul style="list-style-type: none"> <li>• Arrangements which facilitate staff in accessing timely relevant information to assist clinical decision making. <ul style="list-style-type: none"> <li>– Access to hospital clinical notes.</li> </ul> </li> <li>• Arrangements support the sharing of patient information internally and externally in a confidential manner.</li> <li>• Staff receive training on their obligations of complying with legislation when sharing information.</li> <li>• Service adopts innovative approaches to improving access to best available healthcare information. <ul style="list-style-type: none"> <li>– EDIS implementation;</li> <li>– Electronic transmission of ED Discharge summaries to GPs.*</li> </ul> </li> </ul>
2.6 Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare	Service Delivery Model	<ul style="list-style-type: none"> <li>• Plan to support implementation of service delivery model with audit of transfer protocols and discharge plan.</li> <li>• Review of staff and service user feedback inform improvements.</li> <li>• Review of volumes and casemix of service users and staff skill mix to inform changes to model <ul style="list-style-type: none"> <li>– ED Information Systems may limit access to volume and casemix data</li> <li>– Staff skill mix recommendations in EMP guidance on Medical and ANP staffing</li> <li>– Nursing staff skill mix analysed using EMP Nursing Workforce Tool.*</li> </ul> </li> <li>• Review of effectiveness of local implementation of National Clinical Programme <ul style="list-style-type: none"> <li>– EMP First Steps Implementation Assessment, implementation status updates and implementation risks assessments.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Attendance at staff training.</li> <li>• Audit of compliance with legislation e.g. EWTD.</li> <li>• Publicly available statement of purpose. <ul style="list-style-type: none"> <li>– ED Purpose defined in ED Clinical Microsystem ED assessment tool<sup>4</sup> is shared with service users.</li> </ul> </li> <li>• Reporting of outcome measures e.g. National Clinical Care Programmes key performance indicators. <ul style="list-style-type: none"> <li>– Listed in ED and LIU Quality Profiles.</li> </ul> </li> <li>• Service uses the learning from incidents, service user, staff feedback and external report recommendations to inform changes to model. <ul style="list-style-type: none"> <li>– EMP Report 2012,<sup>1</sup> guidance documents and ongoing Programme updates.</li> </ul> </li> <li>• Service receives recognition for innovative effective changes to service delivery model.</li> </ul>
2.7 Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users	Supporting a Safe, Healthy Work Environment	<ul style="list-style-type: none"> <li>• Audit of compliance with Health and Safety Legislation and National PCHAI Standards.</li> <li>• Environmental risk assessments and resultant improvement plans.</li> <li>• External risk assessments and report recommendations are implemented.</li> <li>• Environmental improvement plans including accessibility. <ul style="list-style-type: none"> <li>– Assess against IAEM ED design guidance.<sup>16</sup></li> </ul> </li> <li>• Improvement plans that support a safe, healthy work environment are consistently implemented and monitored.</li> <li>• All training programmes are reviewed and amended to reflect changes in legislation and findings from audits, incident analysis and inspection reports e.g. PCHAI inspection reports.</li> <li>• Innovative approaches are adopted to facilitate staff in maintaining knowledge of all relevant legislation, standards and national guidance.</li> </ul>
2.8 The effectiveness of health care is systematically monitored, evaluated and continuously improved	Monitoring and Improving Healthcare Quality	<ul style="list-style-type: none"> <li>• An ED Quality Profile that is regularly updated.</li> <li>• Evaluation of implementation of audit programme <ul style="list-style-type: none"> <li>– ED Audit Programme as per ED QP Template.</li> </ul> </li> <li>• Monitoring and reporting of national key performance indicators. <ul style="list-style-type: none"> <li>– EMP Access KPIs including 6-hour Total ED Time standard.</li> </ul> </li> <li>• Reporting of notifiable information to relevant national bodies e.g. HPSC, CIS.</li> <li>• Arrangements support the reviewing, monitoring and reporting on healthcare quality. <ul style="list-style-type: none"> <li>– ED ICT deficiencies may limit access and quality data reporting;<sup>1</sup></li> <li>– ED QP used to drive QI.</li> </ul> </li> <li>• Staff receive relevant training on measuring and monitoring quality of healthcare. <ul style="list-style-type: none"> <li>– ED TDIMA Clinical Microsystem Improvement coaching.</li> </ul> </li> <li>• Service participates in national audits and quality assurance programmes. <ul style="list-style-type: none"> <li>– Participation in National Major Trauma Audit.<sup>9</sup></li> </ul> </li> <li>• Staff receive regular updates on quality of care provided by the service. <ul style="list-style-type: none"> <li>– Staff feedback on ED QP and TDIMA Clinical Microsystem Improvement activity.<sup>4</sup></li> </ul> </li> <li>• Service evaluates current sources of information to improve its assurance processes of quality <ul style="list-style-type: none"> <li>– EDIS deficiencies may limit available information.</li> </ul> </li> </ul>

## Safe Care and Support (Theme 3)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed for each standard.

Standards	Essential Elements	Examples of Evidence
3.1 Service providers protect service users from the risk of harm associated with the design and delivery 3.2 Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally	Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations	<ul style="list-style-type: none"> <li>• Arrangements support the implementation of standards, policies, guidelines and report recommendations.                             <ul style="list-style-type: none"> <li>– Evaluation of implementation of EMP and clinical guidelines.</li> </ul> </li> <li>• Audits of implementation of national guidelines e.g. national guidelines for wound management</li> <li>• Training needs are identified based upon findings from audits, reports and investigations and staff receive training based on these needs                             <ul style="list-style-type: none"> <li>– Staff training recommendations from EMP including inter alia ED nursing competency framework, LIU staff training, CPD Programme for ANPs.*</li> </ul> </li> <li>• There is an audit programme with regular reporting to the governing committees.                             <ul style="list-style-type: none"> <li>– ED Clinical Audit Programme as outlined in ED QP Template.</li> </ul> </li> <li>• There is leadership and involvement in local, regional and national quality initiatives that promotes a culture of improvement and learning throughout the service e.g. participation in national quality collaboratives.                             <ul style="list-style-type: none"> <li>– Participation in EMP TDIMA Clinical Microsystem Quality Improvement.<sup>4</sup></li> </ul> </li> </ul>
	Effective Risk Management System	<ul style="list-style-type: none"> <li>• Relevant members of staff receive training on risk management policies and procedures.</li> <li>• Outputs from the risk management system relevant to the ED are reviewed and used to inform QI.                             <ul style="list-style-type: none"> <li>– Use of resources from the CEM Safety Toolkit.<sup>28</sup></li> </ul> </li> <li>• Risk management is included in staff induction and as deemed necessary by the service.</li> </ul>
	Effective Prevention and Control of Healthcare Associated Infections	<ul style="list-style-type: none"> <li>• PCHAI Audit Programme e.g. hand hygiene audits.</li> <li>• Implementation of PCHAI QI plans.</li> <li>• HIQA PCHAI inspection reports.</li> <li>• Attendance by staff at training programme on PCHAI.</li> <li>• Arrangements ensure visiting clinical; undergraduates and agency staff are competent in the core principles for PCHAI.</li> </ul>
	Medication Management	<ul style="list-style-type: none"> <li>• Access to hospital formulary/ medicines guide.</li> <li>• Education and training for staff and patients.</li> <li>• Medication safety alerts acted on.</li> <li>• Evaluations and implementation of evidence based medication safety initiatives e.g. electronic prescribing, medication reconciliation and management of high alert medications.</li> </ul>
	Management and Use of Medical Devices and Equipment	Generic evidence not specific to emergency care.
	Decontamination Management of Reusable Invasive Medical Devices (RIMD)	<p>Needs analysis for medical devices and equipment replacement and procurement. Evaluations of medical devices and equipment prior to procurement.</p> <ul style="list-style-type: none"> <li>• Inventory of medical devices / asset management system.</li> <li>• Staff attendance at medical device and equipment training.</li> <li>• Compliance with PCHAI in relation to medical devices.</li> </ul>

		<ul style="list-style-type: none"> <li>• Medical device and equipment alerts acted on.</li> </ul>
3.2 Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally	Responding to and Learning from Quality and Safety Information	<ul style="list-style-type: none"> <li>• Agendas with quality and safety as a standing item and minutes reflecting discussion. <ul style="list-style-type: none"> <li>– ED COG meetings.<sup>19</sup></li> </ul> </li> <li>• Quality and safety improvement plans informed by analysis of information. <ul style="list-style-type: none"> <li>– Participation in EMP TDIMA Clinical Microsystem Quality Improvement.<sup>4</sup></li> </ul> </li> <li>• Presentations by your service at local, national and international meetings and conferences. <ul style="list-style-type: none"> <li>– EMP encourages academic presentations relating to ED QI.</li> </ul> </li> <li>• Learning from the quality and safety information analysed is shared across the service and externally as appropriate. <ul style="list-style-type: none"> <li>– Sharing of QI learning through EMP and other fora.<sup>1</sup></li> </ul> </li> </ul>
3.3 Service providers effectively identify, manage, respond to and report on patient safety incidents	Effective Incident Management	<ul style="list-style-type: none"> <li>• Communication to staff regarding incident analysis and learning.</li> <li>• The sharing of learning from outcomes of national and international investigations. <ul style="list-style-type: none"> <li>– HIQA Tallaght Report.<sup>23</sup></li> </ul> </li> <li>• Arrangements are in place to identify, manage, respond to, investigate and report patient safety and staff incidents. <ul style="list-style-type: none"> <li>– ED COG responsibility in conjunction with hospital governance structures.</li> </ul> </li> </ul>
3.4 Service providers ensure all reasonable measures are taken to protect service users from abuse	Protecting Service Users from Abuse	<ul style="list-style-type: none"> <li>• Service co-operates to protect service users from abuse with all relevant agencies both internally and externally. <ul style="list-style-type: none"> <li>– Child protection best practice<sup>14</sup> protocols are in place and audited.</li> </ul> </li> <li>• Staff receive training on their responsibilities in relation to identifying, reporting and responding to concerns. <ul style="list-style-type: none"> <li>– ED staff receive training with regard to child abuse, abuse of the elderly and other vulnerable<sup>5</sup> groups.</li> </ul> </li> </ul>
3.5 Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed	Open Disclosure	Generic evidence not specific to emergency care.
3.6 Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety of healthcare	Supporting and Embedding a Culture of Quality and Safety	<ul style="list-style-type: none"> <li>• Quality and patient safety is a standing agenda item of governing committees. <ul style="list-style-type: none"> <li>– ED COG meetings with QI activity reported</li> <li>– Use of resources from the CEM Safety Toolkit.<sup>28</sup></li> </ul> </li> <li>• Use of safety tools e.g. safety pause. <ul style="list-style-type: none"> <li>– ED Safety Huddles.<sup>4,28</sup></li> </ul> </li> <li>• Staff training on quality improvement methodologies, quality and leadership programmes.</li> <li>• Engagement by leaders and arrangements to gather feedback from service users and staff. <ul style="list-style-type: none"> <li>– EMP TDIMA Clinical Microsystem QI coach training<sup>4</sup> and ED QI team achievements.</li> </ul> </li> </ul>
3.7 Service providers implement, evaluate and publicly report on a structured patient safety improvement programme	Patient Safety Improvement Programme	<ul style="list-style-type: none"> <li>• Patient safety improvement projects. <ul style="list-style-type: none"> <li>– ED Monitoring and Clinical Escalation Protocol*</li> </ul> </li> <li>• Staff training on quality improvement initiatives. <ul style="list-style-type: none"> <li>– EMP TDIMA Clinical Microsystem QI training.<sup>4</sup></li> </ul> </li> <li>• Implementation plan for National Clinical Care Programmes. <ul style="list-style-type: none"> <li>– EMP Implementation;</li> <li>– Implementation of NCPs relevant to emergency care e.g. Acute Coronary Syndrome.</li> </ul> </li> </ul>

## Better Health and Wellbeing (Theme 4)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed

Standards	Essential Elements	Examples of Evidence
4.1 The Health and Wellbeing of service users are promoted protected and improved	Supporting a Culture of Better Health and Wellbeing	<ul style="list-style-type: none"> <li>• Needs assessment of population identifies health needs and priorities and inform health promotion programmes.               <ul style="list-style-type: none"> <li>– ED assessments that identify groups with particular care needs<sup>1</sup> or those requiring health promotion input e.g. substance misuse, low-risk chest pain patients receiving risk modification advice.</li> </ul> </li> <li>• Clarity around individual and team responsibilities for promoting health and wellbeing.               <ul style="list-style-type: none"> <li>– e.g. Nurse Specialists in the ED providing health promotion advice to patients.</li> </ul> </li> <li>• Staff receive necessary training and education to implement programmes and initiatives to promote further health and wellbeing.               <ul style="list-style-type: none"> <li>– e.g. staff training in recognising and intervening in problem alcohol use.</li> </ul> </li> </ul>

## Leadership Governance and Management (Theme 5)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to Emergency Care is listed for each standard.

<b>Standards</b>	<b>Essential Elements</b>	<b>Examples of Evidence</b>
5.1 Service Providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.	Clear Accountability	<ul style="list-style-type: none"> <li>• Staff are made aware of their roles, responsibilities, accountabilities and reporting lines on induction.                             <ul style="list-style-type: none"> <li>– Evidence in ED induction programme curriculum/materials</li> </ul> </li> <li>• There is a clear scheme of accountability and delegation from the Board to the CEO and Executive Management team (General Manager to Management team) which cascades down to directorate, team and individual level.                             <ul style="list-style-type: none"> <li>– ED Governance structures including COG<sup>19</sup></li> </ul> </li> <li>• Staff are aware of the accountability arrangements within the service for quality and safety.                             <ul style="list-style-type: none"> <li>– Evidence of ED induction programme curriculum</li> </ul> </li> <li>• Clear job descriptions set out accountability, responsibility and reporting structures for each position in the service and with accountability for quality and safety outlined.                             <ul style="list-style-type: none"> <li>– Use of EMP nursing role profiles.*</li> </ul> </li> </ul>
5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.	Strong Governance	<ul style="list-style-type: none"> <li>• The organisational structure reflects integration of corporate and clinical governance.                             <ul style="list-style-type: none"> <li>– Evidence of integration of governance through ED COG and ECN structures.<sup>1,19</sup></li> </ul> </li> <li>• Accountability and governing arrangements are communicated to staff on induction.                             <ul style="list-style-type: none"> <li>– Evidence in ED induction programme curriculum/materials</li> </ul> </li> <li>• Structured governing meetings with agendas, minutes, reports, action plans and signed off decisions.                             <ul style="list-style-type: none"> <li>– ED COG meeting documentation.<sup>19</sup></li> </ul> </li> </ul>
5.3 Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.	Statement of Purpose	<ul style="list-style-type: none"> <li>• The organisation outlines the profile and location of services provided.</li> <li>• The statement of purpose is developed and publicly available, regularly reviewed and amended to reflect changes in service.                             <ul style="list-style-type: none"> <li>– ED Statement of Purpose from EMP TDIMA QI activity.</li> <li>– Development of LIU Statement of Purpose, with support from EMP LIU subgroup.*</li> </ul> </li> <li>• Approval is sought from relevant stakeholders prior to changes being made to services delivered.                             <ul style="list-style-type: none"> <li>– Evidence of stakeholder engagement in changes in emergency service reorganisation/reconfiguration.</li> </ul> </li> </ul>
5.4 Service providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services.	Effective Strategic Planning	<ul style="list-style-type: none"> <li>• The service has a strategic plan that sets clear direction and objectives for the service.                             <ul style="list-style-type: none"> <li>– Evidence of inclusion of ED/LIU services in hospital/group/network strategic plans.</li> <li>– Evidence of consultation as necessary with ED service users and staff on the plan's development.</li> <li>– Evidence that elements of the plan and achievements that relate to EDs/LIUs are accessible by service users and other stakeholders.</li> </ul> </li> <li>• A regular review is undertaken to ensure there is necessary capacity and capability available to achieve planned objectives and to address any gaps (and)</li> </ul>

		<ul style="list-style-type: none"> <li>The service is constantly evaluating achievement of objectives and targets. <ul style="list-style-type: none"> <li>ED COG and hospital management team assessment of capacity and capability.</li> </ul> </li> <li>Review of national and international quality strategies influences the development of strategic plans, as does population need, national standards, policies and legislation, staff and service user consultation. <ul style="list-style-type: none"> <li>Strategic planning for emergency services reflects EMP recommendations and guidance and international approaches to quality in emergency care.</li> <li>Evidence that strategic planning for emergency services reflects best practice and relevant legislation.</li> </ul> </li> <li>Performance against key performance indicators is published. <ul style="list-style-type: none"> <li>Publication of ED performance with regard to 6-hour standard</li> <li>National Emergency Medicine Audit<sup>5</sup> publications of audit outcomes.*</li> </ul> </li> </ul>
5.5 Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	Effective operational planning	<ul style="list-style-type: none"> <li>Arrangements support the development and implementation of operational plans. <ul style="list-style-type: none"> <li>ED COG contribution to operational planning and implementation, including ED staff involvement and consultation.</li> </ul> </li> <li>Contingency plans for increased demand and capacity are developed, implemented, reviewed, evaluated and improved. <ul style="list-style-type: none"> <li>ED COG, hospital/group management team collaboration to address unscheduled care demand and capacity and prevent ED crowding.</li> </ul> </li> <li>Reports to governing committees are provided by the lead accountable person. <ul style="list-style-type: none"> <li>ED COG reports relayed by/on behalf of Lead Consultant in EM to appropriate governing committees.</li> </ul> </li> </ul>
5.6 Leaders at all levels promote and strengthen a culture of quality and safety throughout the service.	Promoting a Culture of Quality and Safety	<ul style="list-style-type: none"> <li>Arrangements gather service users and staff feedback on the culture of quality and safety. <ul style="list-style-type: none"> <li>ED staff contributions to hospital-level quality and safety feedback</li> <li>ED staff engagement in quality and safety improvement through the EMP TDIMA QI activity.</li> </ul> </li> <li>Leaders define quality and safety objectives of the service and share them with staff. <ul style="list-style-type: none"> <li>EMP TDIMA QI activity in the ED.<sup>4</sup></li> </ul> </li> <li>Quality and safety is a standing agenda item for governing committees. <ul style="list-style-type: none"> <li>ED COG activity and reports.</li> </ul> </li> <li>Active visible engagement by leaders with frontline staff to improve quality and safety (<u>and</u>)</li> <li>Leaders at all levels are facilitated to improve their knowledge and skills to fulfil their roles and responsibilities. <ul style="list-style-type: none"> <li>EMP TDIMA QI activity in the ED.<sup>4</sup></li> </ul> </li> <li>Leaders deliver consistent, positive and reinforcing messages to motivate staff <ul style="list-style-type: none"> <li>ED COG activity and communication within the ED.<sup>6</sup></li> </ul> </li> <li>Staff training which promotes a quality and safety culture. <ul style="list-style-type: none"> <li>EMP TDIMA QI activity in the ED.<sup>4</sup></li> </ul> </li> </ul>
5.7 Members of the workforce at all levels are enabled to exercise their personal and professional	Supporting Staff in delivering Quality and Safety	<p>Staff are enabled to fulfil their roles and responsibilities in providing quality, safe care.</p> <ul style="list-style-type: none"> <li>Job descriptions include a clear understanding of the roles, responsibilities and accountabilities for all staff in providing</li> </ul>

<p>responsibility for the quality and safety of services provided</p>		<p>quality, safe care.</p> <ul style="list-style-type: none"> <li>- EMP Nursing Role Profiles*</li> <li>- Description of role of a Consultant in EM in the EMP Report 2012<sup>3</sup></li> </ul> <ul style="list-style-type: none"> <li>• Managers create opportunities which support staff in exercising their responsibilities and accountabilities in improving the care they provide (and)</li> <li>• Initiatives undertaken by staff are presented and shared with other providers through different media. <ul style="list-style-type: none"> <li>- Manager support for EMP TDIMA QI activity.<sup>4</sup></li> </ul> </li> <li>• Structures and processes support and facilitate staff feedback and discussion with senior leaders on the quality and safety of the service (and)</li> <li>• Service recognises work undertaken by staff in improving quality and safety of the service <ul style="list-style-type: none"> <li>- Senior leader involvement in EMP TDIMA QI activity.<sup>4</sup></li> </ul> </li> <li>• Staff who receive training consistently share their learning throughout the service. <ul style="list-style-type: none"> <li>- ED staff involvement in sharing learning with other departments and health care organisations.</li> </ul> </li> <li>• Training programmes for staff on protected disclosure <ul style="list-style-type: none"> <li>- To be included in ED induction and CPD activity.</li> </ul> </li> <li>• Training programmes for staff quality improvement initiatives. <ul style="list-style-type: none"> <li>- EMP TDIMA QI coaching in the ED.<sup>4</sup></li> </ul> </li> <li>• Patient safety briefings e.g. safety pause, use of surgical safety checklist. <ul style="list-style-type: none"> <li>- ED Safety Huddle<sup>4</sup>/Pause<sup>28</sup>, as promoted through EMP TDIMA QI coach training.</li> </ul> </li> </ul>
<p>5.8 Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.</p>	<p>Monitoring Arrangements for Quality and Safety</p>	<p>There are arrangements to support the collection, monitoring and response to quality and safety information.</p> <ul style="list-style-type: none"> <li>• Governance arrangements support the monitoring of quality and safety information at all levels within the service.</li> <li>• Arrangements support the collection of information from different sources within the service on the quality and safety of services. <ul style="list-style-type: none"> <li>- ED COG activity and reports;<sup>19</sup></li> <li>- ED quality analysis for DTIMA QI activity.<sup>4</sup></li> <li>- Data gathered through use of CEM Safety Toolkit.<sup>29</sup></li> </ul> </li> <li>• Information collected forms a Hospital Quality Profile. <ul style="list-style-type: none"> <li>- ED and LIU Quality Profiles contributing to Directorate and Hospital Quality Profiles.</li> </ul> </li> <li>• An annual report is publicly reported focusing on the quality and safety of services provided. <ul style="list-style-type: none"> <li>- ED and LIU contribution to annual report.</li> </ul> </li> <li>• Review of national and international quality indicators inform local measures which can be used to support the measurement of quality and safety. <ul style="list-style-type: none"> <li>- EMP/IAEM development of quality indicators for emergency care.*</li> </ul> </li> </ul>
<p>5.9 The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.</p>	<p>Service Agreements</p>	<p>Generic evidence that is not specific to EDs or LIUs.</p>
<p>5.10 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.</p>	<p>Compliance with Legislation</p>	<p>Arrangements are in place to review and monitor compliance with statutory legislation.</p> <ul style="list-style-type: none"> <li>• There is a clear understanding of all Irish and European legislation which applies to the service;</li> <li>• Reviews are undertaken to determine any new or changed applicable legislation;</li> </ul>

		<ul style="list-style-type: none"> <li>• Documented risk assessments are undertaken to determine any gaps in compliance with legislation and appropriate action is taken to achieve compliance;</li> <li>• All plans to address non compliances are monitored, updated on the risk register and reported through appropriate governance arrangements (<u>and</u>)</li> <li>• Recommendations within external reports on compliance with legislation are implemented. <ul style="list-style-type: none"> <li>– Evidence that ED COG<sup>19</sup> and staff are aware of legislation relevant to emergency care services.</li> </ul> </li> <li>• Staff training on relevant legislation is provided (<u>and</u>)</li> <li>• Analysis of breeches with legislation are undertaken to inform targeted training. <ul style="list-style-type: none"> <li>– ED CPD/staff induction and training curricula.</li> </ul> </li> </ul>
<p>5.11 Service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.</p>	<p>Implementation of Standards, Alerts, Guidance and relevant Recommendation</p>	<p>Arrangements support services in implementing standards, alerts, guidance and relevant recommendations.</p> <ul style="list-style-type: none"> <li>• There is a clear understanding of all standards which are relevant to the service,</li> <li>• Governance arrangements support the implementation of standards and alerts,</li> <li>• Arrangements are in place for recording and responding to guidance and recommendations,</li> <li>• There is monitoring and review of these arrangements and reporting of progress to governance committees,</li> <li>• Evaluation of these arrangements is undertaken and improvement plans developed (<u>and</u>)</li> <li>• Learning from these evaluations is shared with other service providers. <ul style="list-style-type: none"> <li>– Evidence of relevant ED COG activity.</li> <li>– ED COG<sup>19</sup> oversees development/sharing of a comprehensive list of all applicable standards and alerts to emergency care practice.</li> </ul> </li> <li>• Staff training is provided to support implementation of plans. <ul style="list-style-type: none"> <li>– ED CPD/staff induction and training curricula, attendance and evaluation.</li> </ul> </li> <li>• The service provides peer support to other service providers to enable them in improving compliance with standards (<u>and</u>)</li> <li>• Engagement with national groups which support the implementation of standards. <ul style="list-style-type: none"> <li>– ED and LIU staff involvement with EMP, ENIG, IAEM, ICEMT, PHECC and other national groups that promote implementation of standards in emergency care.</li> </ul> </li> </ul>

## Workforce (Theme 6)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed for each standard.

Standards	Essential Elements	Examples of Evidence
6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable health care.	Maximising staff resources.	<p>There are effective evidence based arrangements to support staff recruitment.</p> <ul style="list-style-type: none"> <li>• Maximising Staff Resources Staff are effectively managed to meet the service's current and projected future needs. <ul style="list-style-type: none"> <li>– EMP Workforce Planning for Emergency Medicine Medical Staff</li> <li>– EMP Emergency Nursing Staffing Tools*</li> <li>– EMP Guide to enhancing Advanced Nurse Practitioner Services<sup>30</sup></li> <li>– EMP Guidance on Local Injury Unit Staffing<sup>31</sup></li> </ul> </li> <li>• There are structures and processes to support the management and engagement of staff. <ul style="list-style-type: none"> <li>– ED COG activity;</li> <li>– Evidence of staff engagement in QI and other ED activity.</li> </ul> </li> <li>• Management of staff takes account of deployment and the short term needs of the service. <ul style="list-style-type: none"> <li>– ED staff rosters and flexibility of staff deployment</li> </ul> </li> <li>• Systematic review of staff resources ensures alignment to the quality and safety objectives of the service. <ul style="list-style-type: none"> <li>– EMP workforce and staffing tools as listed above.</li> </ul> </li> <li>• Staffing deficits are risk assessed and linked to the service's risk management process. <ul style="list-style-type: none"> <li>– ED COG activity on staffing</li> </ul> </li> <li>• Implementation of contingency plans. <ul style="list-style-type: none"> <li>– EMP Plan for ED NCHD Staffing Shortages<sup>32</sup> and local contingency planning.</li> </ul> </li> </ul>
6.2 Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare	Effective Staff Recruitment	<ul style="list-style-type: none"> <li>• Staff involved in recruitment and selection receive relevant training. <ul style="list-style-type: none"> <li>– Evidence that ED staff involved in recruitment and selection have received training.</li> </ul> </li> <li>• Innovative approaches to recruitment.</li> </ul>
6.3 Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.	Maintaining Competent Staff	<ul style="list-style-type: none"> <li>• Service Providers have arrangements to support staff in maintaining and developing their competencies.</li> <li>• Structures and processes support staff induction, performance management, maintenance and development of competencies. <ul style="list-style-type: none"> <li>– ED staff induction and professional development</li> </ul> </li> <li>• Induction programme includes the quality and safety objectives of the service, legislation and communication skills for all new staff (including temporary and locum staff). <ul style="list-style-type: none"> <li>– Evidence of inclusion of quality and safety and legislation in induction support for all ED staff including temporary and locum staff</li> </ul> </li> <li>• A system to retain and access training records is in place and training education and development plans are based on training needs analyses.. <ul style="list-style-type: none"> <li>– Training needs, records of staff training and participant feedback are reviewed by ED COG.</li> <li>– Reports of attendance at induction and training are reviewed by ED COG.</li> </ul> </li> <li>• Staff are supported in maintaining competencies required for professional registration. <ul style="list-style-type: none"> <li>– Evidence of clinical audit and CPD activity in the</li> </ul> </li> </ul>

		<p>ED/LIU.</p> <ul style="list-style-type: none"> <li>- Evidence of innovative approaches to facilitating staff learning e.g. e-learning</li> <li>- Evidence of staff supervision, mentoring and coaching in the ED.</li> </ul>
6.4 Service providers support their workforce in delivering high quality, safe and reliable healthcare.	Support Systems for Staff	<ul style="list-style-type: none"> <li>• Governance arrangements support clarity on roles, responsibilities and lines of accountability for all staff. <ul style="list-style-type: none"> <li>- Use of EMP nursing role profiles.</li> </ul> </li> <li>• Arrangements support staff engagement, consultation and responding to staff feedback,</li> <li>• Arrangements for engaging with and gathering feedback from staff are reviewed, improvement plans implemented and there is reciprocal feedback on outcomes <u>and</u></li> <li>• The findings from risk assessments inform improvement plans which are implemented. <ul style="list-style-type: none"> <li>- ED COG activity</li> <li>- Staff feedback captured through EMP TDIMA Quality Improvement activity.<sup>4</sup></li> </ul> </li> </ul>

## Use of Resources (Theme 7)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed for each standard.

Standards	Essential Elements	Examples of Evidence
<p>7.1 Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably.</p>	<p>Governance and Management of Resources</p>	<ul style="list-style-type: none"> <li>• Consultation and transparency on resource decisions with service users and staff.               <ul style="list-style-type: none"> <li>– Evidence of consultation and transparency on resource decisions with ED staff and service users.</li> </ul> </li> <li>• Ongoing service planning takes into account capital and equipment needs and reduction of waste.               <ul style="list-style-type: none"> <li>– Evidence of waste reduction through ED quality improvement activity;</li> <li>– Evidence of planning to meet essential ED equipment needs.</li> </ul> </li> <li>• Resource decisions are informed by quality and safety priorities, ethical implications, risk assessments, benchmarking and the views of service users and the workforce.               <ul style="list-style-type: none"> <li>– Evidence that ED and LIU quality and safety priorities inform resource decisions.</li> <li>– Evidence that the views of ED staff contribute to resource decisions.</li> </ul> </li> <li>• Systems are developed to gain better understanding of the costs of the service.               <ul style="list-style-type: none"> <li>– Evidence that ED resource utilisation is assessed and audited.</li> </ul> </li> </ul>
<p>7.2 Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used</p>	<p>Best Outcomes and Value for Resources Used</p>	<p>The healthcare service continually seeks better outcomes and value for resources used in delivering healthcare services.</p> <ul style="list-style-type: none"> <li>• Individual and collective accountability and responsibility for resource management is clear to staff.               <ul style="list-style-type: none"> <li>– Evidence that ED staff are aware of accountability and responsibility for resource management.</li> </ul> </li> <li>• Staff are encouraged to submit their views and ideas on opportunities for improving quality and safety outcomes, efficiencies and elimination of waste and duplication.</li> <li>• Evidence that staff are encouraged to submit achievements and ideas from EMP TDIMA Clinical Microsystem QI activity.<sup>2</sup></li> <li>• Implementation of initiatives that improve outcomes and reduce costs e.g. HAI prevention, falls prevention, medication safety.               <ul style="list-style-type: none"> <li>– Evidence from EMP TDIMA QI work and audits as per ED/LIU Quality Profile.</li> </ul> </li> <li>• Job descriptions reflect accountability for use of resources.               <ul style="list-style-type: none"> <li>– Emergency Nursing Role Profiles;</li> <li>– Standardised Consultant Job Description.</li> </ul> </li> <li>• Compliance with national procurement policy.</li> <li>• Implementation and evaluation of cost saving initiatives e.g. preferred drugs list initiative and improved performance against quality indicators with no increase in resources.               <ul style="list-style-type: none"> <li>– ED improvement achievements that are cost neutral or result in cost savings.</li> </ul> </li> <li>• Implementation of initiatives based on staff feedback to reduce duplication and waste.               <ul style="list-style-type: none"> <li>– Evidence from EMP TDIMA QI work.<sup>4</sup></li> </ul> </li> </ul>

## Use of Information (Theme 8)

Please reference the QA+I Tool for generic evidence that is not specific to emergency care. Evidence that relates to EDs and LIUs is listed for each standard.

Standards	Essential Elements	Examples of Evidence
8.1 Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.	Effective organisational decision making is supported by quality information from multiple sources.	<p>Service arrangements support the collation and analysis of available information to enable effective decision-making.</p> <ul style="list-style-type: none"> <li>• Service uses this information to strategically plan for current and future service needs. <ul style="list-style-type: none"> <li>– Information is available to the ED and ECN to plan future emergency care services</li> </ul> </li> <li>• Staff are supported in accessing evidence based information <ul style="list-style-type: none"> <li>– Staff access to Clinical Guidelines, decision support tools and decision-making support.<sup>1,15</sup></li> </ul> </li> <li>• Relevant staff are trained on new information systems to maximise their full benefits.<sup>1</sup> <ul style="list-style-type: none"> <li>– Evidence of ED staff training on new EDIS</li> </ul> </li> <li>• Relevant clinical staff are involved in procurement of information systems. <ul style="list-style-type: none"> <li>– Evidence of ED staff involvement in EDIS procurement.</li> </ul> </li> <li>• Service supports national priorities regarding data collection for research and quality improvement initiatives. <ul style="list-style-type: none"> <li>– Use of EMP data set;</li> <li>– Participation in National Emergency Medicine Audit.<sup>9</sup></li> </ul> </li> <li>• Hospital information systems support electronic interfaces with GP practice management systems, within hospital groups and with other service providers. <ul style="list-style-type: none"> <li>– ED GP discharge letters if transmitted electronically.</li> </ul> </li> <li>• Audits of performance against turnaround time KPI's e.g. access to diagnostic test results. <ul style="list-style-type: none"> <li>– Monitoring and management of ED KPIs as described in the Quality Profile Templates.</li> </ul> </li> </ul>
8.2 Service providers have effective arrangements in place for information governance.	Information governance	<p>Governance arrangements protect service users' information by ensuring that services comply with legislation and use information ethically.</p> <ul style="list-style-type: none"> <li>• Staff receive training on information governance applicable to their role. <ul style="list-style-type: none"> <li>– ED staff training on information governance and ethical use of information.</li> </ul> </li> <li>• The service undertakes data quality assurance activities. <ul style="list-style-type: none"> <li>– ED data quality audit and assurance and use this information to improve.</li> </ul> </li> </ul>
8.3 Service providers have effective arrangements for management of healthcare records.	Effective management of healthcare records	<ul style="list-style-type: none"> <li>• Arrangements support the effective management of healthcare records. <ul style="list-style-type: none"> <li>– ED records management systems comply with best practice</li> </ul> </li> <li>• Relevant staff receive induction training and ongoing training for effective records management. <ul style="list-style-type: none"> <li>– ED staff induction programmes include healthcare records management</li> </ul> </li> <li>• Incidents reported are analysed, trended and inform improvements.</li> <li>• Achievement of outcome measures is monitored and reported.</li> <li>• Internal and external audit findings inform staff training programme and improvement initiatives. <ul style="list-style-type: none"> <li>– Evidence of audit, risk management and improvement in ED healthcare record management</li> </ul> </li> </ul>

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