



EMERGENCY
MEDICINE

Emergency Medicine Programme

Implementation Guide 1:

Establishing a Meeting Framework in ED including Daily Meetings, ED Clinical Operational Group and EMP Implementation Team

January 2013

ED Meeting Framework Overview



ED Clinical Operational Group and EMP Implementation Team



ED Clinical Operational Group (COG):

The COG will oversee governance activity in the ED and linked units and will be responsible for implementation of the EMP recommendations at ED level. The Group is made up of the leadership team of the ED including Consultants , Senior Nurse Management and the Administrative Team lead.

EMP Implementation Team (EMPIT):

The ED COG will carry ultimate responsibility for EMP implementation but will be supported by a dedicated EMP Implementation Team in the ED that will plan, implement and monitor improvement in the ED and liaise with other programme implementation teams in the hospital. The team should be multi-disciplinary where possible, include all ED staff working on improvement workstreams and led by a member of the COG.

Daily Huddle, Hospital Management Meeting and Periodic Multi-Disciplinary Meeting



Daily Huddle:

All members of multidisciplinary team available on the ED floor should attend a daily 5-10 minute safety briefing where key communication messages are given, safety incidents and quality improvements identified and priorities of the day outlined.

ED Hospital Management Meeting:

There should be a forum at hospital management level to review operational issues, the status of ED KPIs and critical risks and issues central to ED activity such as trolley waits. The meeting should occur on a monthly basis with a more frequent escalation process possible for any serious issues around overcrowding etc

Periodic Multi-Disciplinary Meeting:

All members of the multi-disciplinary team should be called together for an information and planning session on a few occasions throughout the year.

Clinical Operational Group Meetings



Most EDs already hold management team meetings and the ED COG concept represents a standardisation of meeting structure across the National Emergency Care System.

Structure:

- Weekly meetings;
- Scheduled for times that are less likely to be clinically busy;
- Meetings should be minuted;
- Actions and outcomes must be reviewed to ensure that COG objectives are achieved.

Participants



ED COG core participants:

- Lead Consultant in EM and Consultant colleagues as available;
- ED Clinical Nurse Manager/ Divisional Nurse Manager;
- Specialist Registrar (SpR) representative;
- Development/Business Manager (if available);
- Data manager;
- EDs should consider the addition of a patient representative to attend the COG on a periodic basis;

Invitees to COG meetings:

- Representatives from Pre-hospital care, other specialties, community groups and hospital groups as required;
- Regular review of inter-specialty issues in conjunction with the hospital Unscheduled Care Operational Management Group or ED Hospital Management Group;
- Service users should participate in COG activity as per hospital policy.

COG Terms of Reference (I)



- Oversee the effective clinical operations of the Emergency Department and ensure performance metrics are being met Review progress in implementation of EMP recommendations;
- Review progress in achieving KPI targets and improving process measure data;
- Manage interface with other specialties;
- Review operational issues and outcomes including capacity, rostering, bed management, review clinics and CDU care;
- Monitor patient access to diagnostic tests and response times in conjunction with the hospital Management Team or Unscheduled Care Operational Management Group;
- Meet with hospital Acute Access Specialty leads;
- Address ED staffing issues;
- ED COG representatives will contribute to the hospital Unscheduled Care Governance Group and or ED Hospital Management team meeting;

COG Terms of Reference (II)



- Ensure service users and stakeholders are engaged in service improvement activity;
- Address risk management issues;
- Review implementation of national clinical guidelines;
- Oversee local audit activity;
- Evaluate the effectiveness of Quality Improvement initiatives;
- Review the care of patient groups with particular emergency care needs;
- Report on research activity in the ED and linked units;
- Develop and oversee educational programmes for the ED/ Network.

EMP Implementation Team



- The Lead Consultant in EM and Clinical Nurse Manager/Divisional Nurse Manager will be expected to direct and support the work of the EMPIT.
- The team should be composed on wider multi-disciplinary team and everyone who is participating in workstreams or other aspects of improvement work;
- The size of the team will depend on the size and complexity of the ED;
- The Implementation Coordinator may be a senior nurse, doctor or other clinical team member;
- A staff member with ICT skills to support ICT system implementation (if necessary) and data manager/analyst experience would be ideal;
- Project management experience within the team would also be of benefit.

EMPIT Terms of Reference



- Provide local leadership for ED quality improvement initiatives sponsored by the EMP;
- Act as a point of contact between the ED and the EMP Working Group;
- Ensure that the ED team is kept up to date on future EMP developments and new recommendations.
- Monitor and improve the efficiency of the EM Pathway of care as directed by the ED COG;
- Report to the ED COG on implementation progress;
- Maximise ED multi-disciplinary team involvement in EMP implementation activity;
- Link with hospital and regional Programme implementation teams.

Further Information



For further information on the material in this presentation please see:

- National Emergency Medicine Programme Report 2012
- First Steps Implementation Guidance
- EMP Guidance document 2013 – 001 – EMP Meeting Framework Terms of Reference

or contact emp@rcsi.ie