

DISCUSSION GUIDE FOR CLINICAL LEADERS: EMERGENCY MEDICINE SUPPLEMENT

This guide presents a list of emergency medicine-specific considerations that affiliating organizations should jointly consider, with a goal of increasing the value of care for their joint patient population.

INSTRUCTIONS

Working together, consider the following discussion prompts as you seek to make explicit the similarities and differences between your organizations and collaborate on how you can protect and improve patient safety.

EMERGENCY SITUATIONS

How does your existing equipment for managing pediatric emergencies compare with the 2010 AAP/ACEP/ANA guidelines?

ROLES AND RESPONSIBILITIES

Which physician decides whether a patient in the Emergency Department (ED) will be admitted and to what service?

What are the criteria for staffing the ED (e.g., Board Certification status of physicians) and what are the physicians' designated responsibilities? Examples:

- » ability to admit
- » involvement in patient work-up

Describe the orientation for all new providers in the ED.

Describe your OPPE/FPPE processes.

Describe how you manage critical conditions. Examples:

- » STEMI
- » aortic dissection
- » spinal cord injury
- » sepsis
- » airway emergency
- » pediatric emergency

INFRASTRUCTURE AND RESOURCES

What are your Emergency Department (ED)'s internal resources to manage codes involving:

- » intubation
 - » septic shock
 - » complex intubation
 - » critically ill patient
 - » surgical airway
 - » cardiopulmonary resuscitation
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Describe how the capabilities of inpatient units and on-call staff are reflected in your criteria for:

- » hospital admission
 - » transfer out of the ED for specific conditions
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Describe your mechanism for scheduling outpatient follow-up prior to a patient's departure from ED.

How many shifts per month are staffed with nurses trained in Pediatric Advanced Life Support or Advanced Pediatric Life Support?

PATIENT SAFETY AND QUALITY IMPROVEMENT

Describe your Emergency Medicine QI committee.

- » Which services participate?
 - » Which professionals (e.g., physicians, nurses, etc.) participate?
 - » How often do they meet?
 - » How do they review trended quality data?
 - » How do they oversee improvement work?
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Describe your physician peer-review process. Examples:

- » participants
- » regular meetings
- » standardized evaluation criteria
- » tracking of results
- » feedback of all evaluations to providers

QUANTITATIVE PATIENT SAFETY PARAMETERS

What percentage of ED physicians are board certified/eligible or highly experienced in emergency medicine?

What are the patient-to-staff ratios (actuals, not targets) for nurses on each shift?

How many patients per hour do you expect physicians and APCs to see on each shift?

What was your staff turnover rate (all non-physicians) last year?

What is the average response time to a page for a consult to the ED?

What proportion of patients return to the ED within 72 hours of discharge?

How many times were peer-protected, multidisciplinary case review conferences held last year?

How many “Never Events” did you have in the last 12 months?

Percentage of arrivals who left without being seen last year.

Percentage “Good” or “Excellent” on patient survey question:

» “Likelihood of your recommending our Emergency Department to others”

What proportion of patients are children? (Both under 16 years and under 2 years)