

Quality and Patient Safety

An IFEM Perspective

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QUALITY

EXCELLENCE

To Err Is To Be Human

‘ED Hub’ Model of Emergency Care

**Patients regard EDs providing
accessible, timely and high quality
care**

Problems of ED Hub

- Use of EDs exceeds population growth
- Changes in population morbidity
- Overcrowding
- Challenges of Assessment and treatment delays

LEADING to

Reduction in quality and safety of care

UK's Four Hour Target

- Is there a potential for universal standards to be developed and applied?

What we look at..

- What ED delivers to patients
- Examine how EDs differ from other healthcare settings
- Present theoretical framework for the domains of quality and safety
- Identify enablers and barriers to quality care in EDs
- Suggest areas where measurements of indicators may prove valuable

What ED delivers

- Unique location, guaranteed access to emergency care 24/7

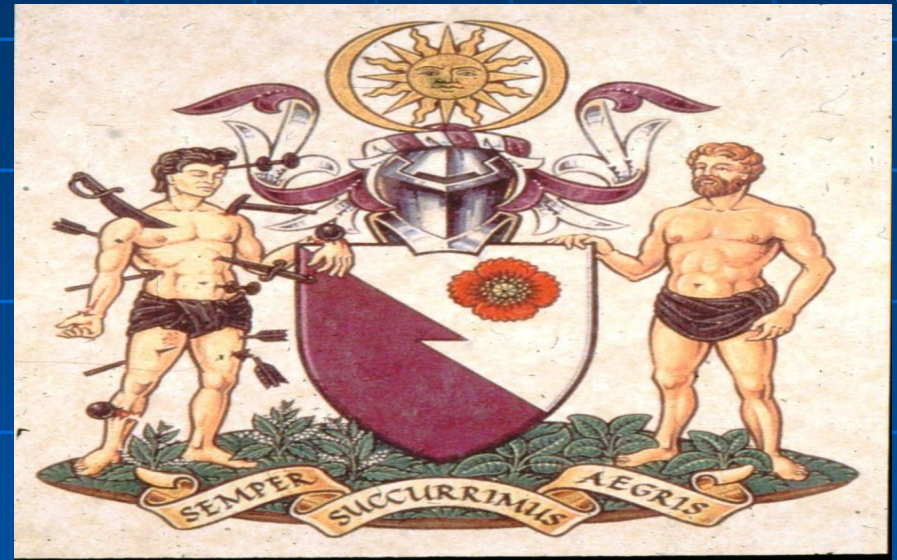
- Patients expect

Right Personnel

Right Facilities

Right Decision Making

Quality and Patient Safety Symposium



15th/16th November 2011
British Museum, London

How the ED differs from other healthcare settings

- High density of clinical decision making
- Clinicians have to identify a set of diagnostic and therapeutic priorities
- Limited time
- Limited information

How the ED differs from other healthcare settings

- Crowding – inflow rarely regulated and outflow not under its control
- Crowding has direct effect on quality of care, morbidity and mortality
- Crowding presents a substantial threat
- Crowding undermines ability of clinicians

So We Need....

Right Personnel

Right Facilities

Right Decision Making

Right processes

Right Results

Right Approach

Right Support

Enablers and barriers to quality care in the ED

- Staff
- Physical Structure
- ED Processes
- Coordinated care through out patient's pathway
- Monitoring outcomes

A Theoretical Framework for the Domains of Quality and Safety

- Safe
- Effective
- Patient Centred
- Timely
- Efficient
- Equitable

Leadership and culture of quality are critical to sustaining all the activities mentioned above

Suggested Indicators

STRUCTURE

- Facilities Adequate?
- Number and Skill mix of staff adequate?
- Is there a culture of quality?
- Data Support adequate?
- Key process measure

Suggested Indicators

PROCESS

- Key process measures in place?
- Access block present?

Suggested Indicators

OUTCOME

- Clinical Outcome satisfactory?
- Patient experience measured and acted upon?
- ED staff experience measured and acted upon?

Conclusion

All EDs have an obligation to deliver care that is demonstrably safe and of the highest possible quality

EM is a unique and rapidly developing specialty which forms the hub of the emergency care system and strives to provide a consistent and effective service 24 hrs a day, 7 days a week



Only the union of Medicine and Surgery constitutes the complete doctor. The doctor who lacks the knowledge of one of the branches is like a bird with one wing only.

Sushruta, An Indian Surgeon
4th Century AD