

# ED Quality Framework

## 2<sup>nd</sup> Quarterly Report - Executive Summary

### Introduction

The ECI received funding to establish Quality Support Officers (QSOs) across 25 sites in Emergency Departments. Applications were sought from interested Emergency Departments (EDs). Recruitment for the positions started in late 2012. Positions were variously filled between November 2012 and May 2013. Blue Mountains were unable to recruit a QSO.

The main aims of the QSOs are to:

- Establish multi-disciplinary quality teams in the ED
- Implement the Australasian College of Emergency Medicine (ACEM) Quality Framework
- Provide support and assistance in quality activities to support attainment of the Quality Framework and the quality objectives of the ED
- Facilitate two state wide quality projects: Sensible Test Ordering Project (STOP) and Standardised Death Review.

In addition, QSOs will support those activities considered to be high priority by their local quality teams.

### QSO support

Following the 2 day introductory workshops provided the monthly teleconferences have continued with strong attendance and engagement from all sites. In addition, there has been a high degree of individual communication between the ECI and QSOs to provide support and clarification, trouble shoot and share resources.

In addition to the initial resources at the outset of the project further resources provided in this quarter include:

- STOP
- Death Reviews

The secure login webpage continues with the sharing of relevant resources and tools encouraged and there is the gradual increase in the number of tools hosted on the site.

### Self assessments

All sites were asked to undertake a self assessment against the ACEM Quality Framework to determine their baseline and identify gaps which could be addressed through the project. The collation of that self assessment is at Attachment 1. Research awards, audit of procedural complications, research grants, a designated Quality Team, audit of medical imaging, audit of pathology criteria scored the lowest but many of which will have improved significantly already with project work undertaken in establishing the quality teams and audit schedules and implementing the STOP project.

### Quality Improvement Plans

QSO's were asked to develop quality improvement plans based on their self assessment results and the priorities of their Quality Teams.

The sites were asked to include all quality activities being undertaken throughout the emergency department and therefore please note that the QSO might not be directly involved with all those listed.

Three sites have not yet submitted their work plan:

- Sydney Children’s Hospital
- Campbelltown
- St Vincent’s

A spreadsheet collating all the activities has been compiled by the ECI and is available to interested stakeholder. It documents a vast array of activity with over 250 activities identified at the sites. The following graph indicates the split of activities being undertaken as per the ACEM domains.

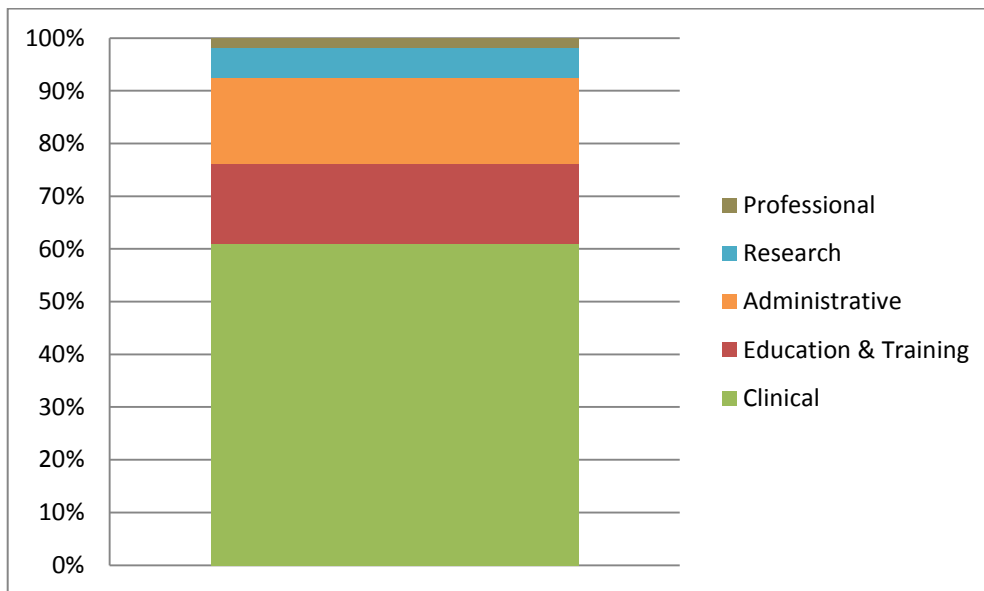


Chart 1: Percentage of activities across all sites falling into each domain

## 2<sup>nd</sup> Quarterly Reports

This 2<sup>nd</sup> Quarterly Summary Report follows on from the 1<sup>st</sup> Quarterly Summary Report compiled in May. It covers the period April – June 2013. Much work has occurred across all sites. All sites are asked to rate their progress against their work, project highlights and project concerns and this is displayed in Chart 2 with 70% of sites rating themselves as on track and no sites rating themselves as red.

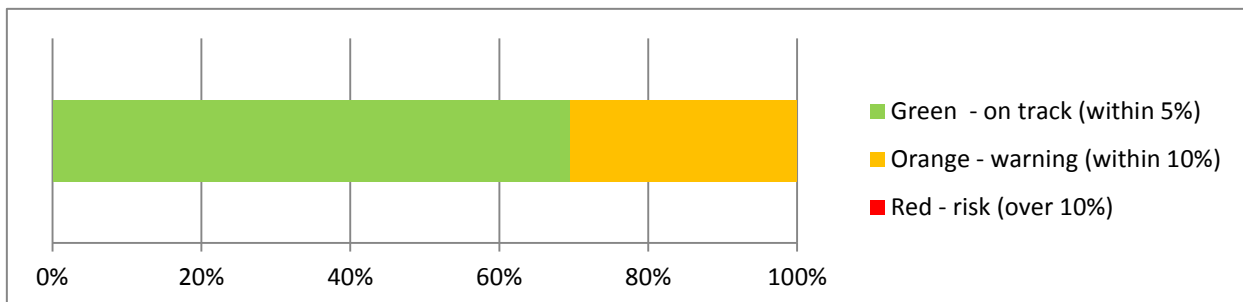


Chart 2: How sites rated their progress against their project plan

## Summary

It is clear from the second quarter reports that there is a great deal of work being undertaken at all sites. Most pleasing is the reported increase in engagement from staff demonstrated by the spread of those taking on quality projects in EDs and attendance at Quality Team meetings and reinvigorated M&M meetings. For many sites, particularly those who recruited the QSOs later in the project, this quarter involved establishing the structural and process foundations to allow the effective and efficient undertaking of quality projects. For other Departments where this foundation already existed they have been able to progress projects at a faster rate.

Common themes which emerge through the reports are:

- Ongoing issues with engagement of staff at some sites, heightened by the winter increase in activity.
- Lack of buy in and support by some senior staff.
- Difficulties with obtaining useful timely data to support the STOP project.
- The ability to feedback audit results to staff in a meaningful and timely manner.
- Difficulties identified with the rollover of funding into the 2013/2014 financial year at some sites resulting in concerns that QSO positions will not remain for the duration of the 12 month project.

In order to mitigate these issues the ECI will:

- Hold a one day face to face session for QSO's focusing on project continuance, staff engagement and celebrating successes.
- Hold a teleconference with all Directors to assess how the project is tracking from their perspective and encourage better engagement where required.
- Continue to share ideas and troubleshoot on the monthly teleconferences.
- ECI to have discussions with any site where the issue of QSO continuation post June 2013 has been identified as a concern.

## Appendix I – Initial Self-Assessment Analysis

### Purpose

To provide the first draft of analysis of the self-assessment gap analysis.

### Background

All sites were asked to complete the self-assessment at the outset of the project so as to give a stocktake of where sites were at prior to the project. For each standard, sites were asked to choose whether they met the standard, did not meet it or only met it in part.

\* Please note that two sites are not included:

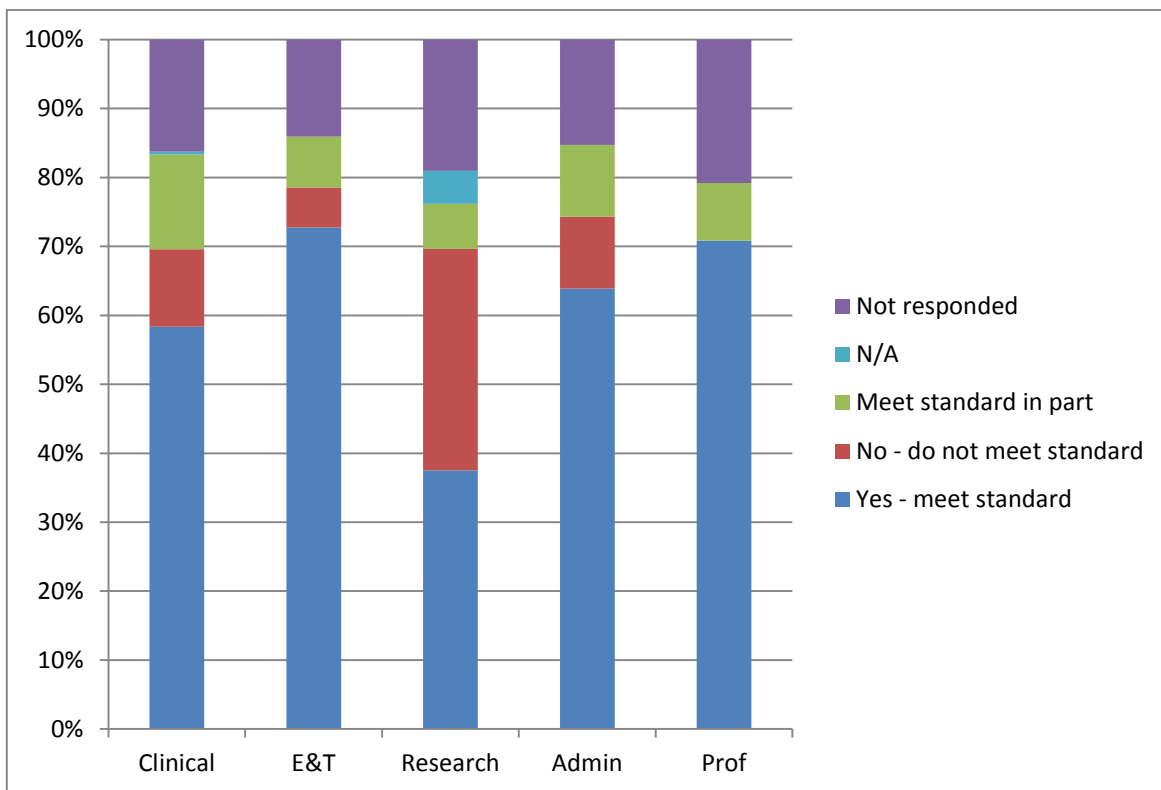


Chart 1: Chart to show the split of compliance for all sites split by the domain in which the standard sits

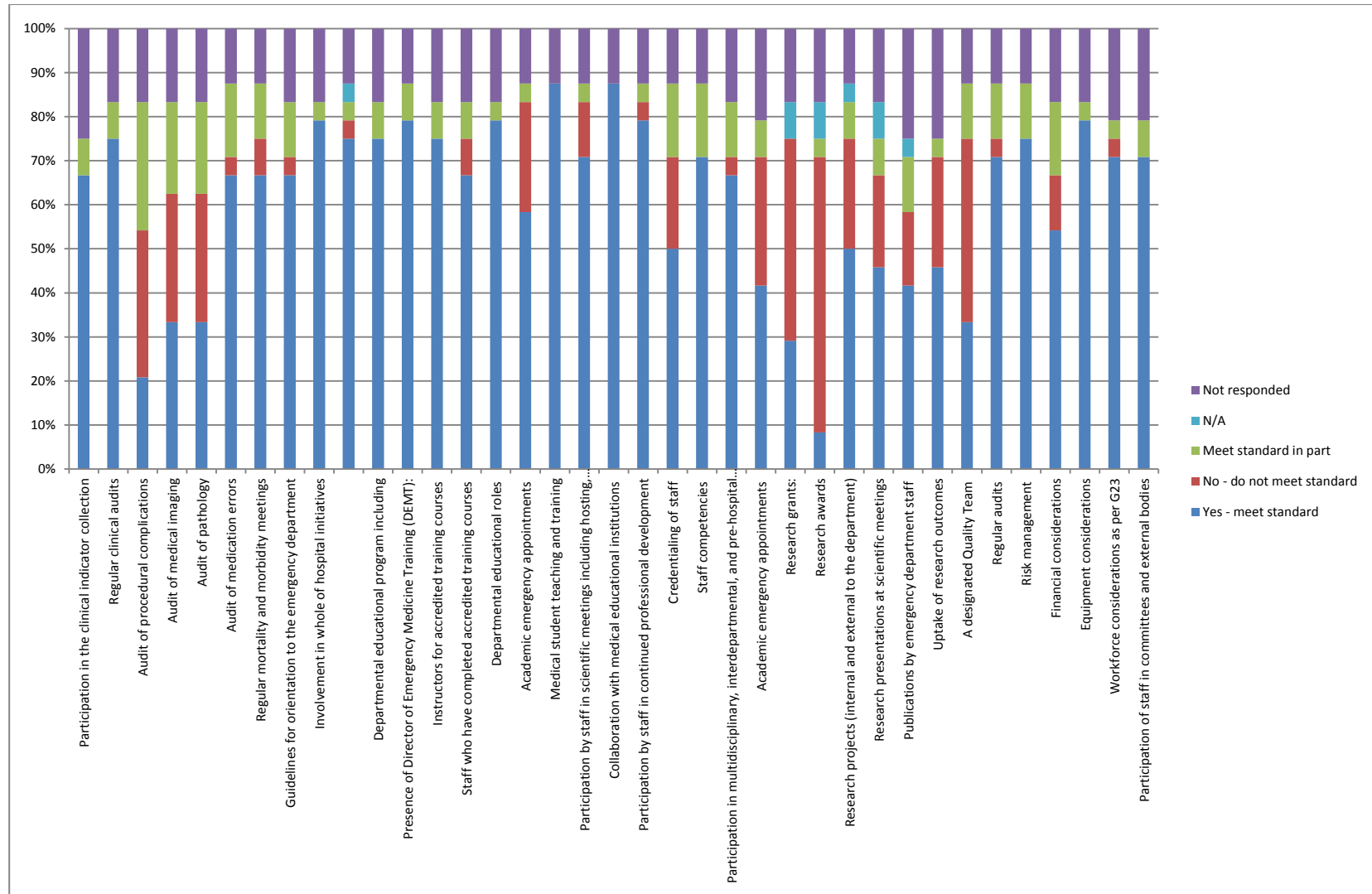


Chart 2: Chart to show the split of compliance for all sites split by the individual standard

Domain	Standard	% of sites meeting standard
E&T	Collaboration with medical educational institutions	88%
Clinical	Involvement in whole of hospital initiatives – attach list of initiatives and extent of involvement	79%
E&T	Presence of Director of Emergency Medicine Training (DEMT):	79%
E&T	Departmental educational roles	79%
E&T	Participation by staff in continued professional development (CPD)	79%
Admin	Equipment considerations	79%
Clinical	Regular clinical audits(attach schedule of audits)	75%
Clinical	Participation in national registries submission of data to jurisdictional / national registries relevant to hospital profile – attach list of registries and schedule of data submission	75%
E&T	Departmental educational program including	75%
E&T	Instructors for accredited training courses	75%
Admin	Risk management	75%

*Table 1: The standards with the highest compliance by all sites*

Domain	Standard	% of sites meeting standard
Research	Research awards	8%
Clinical	Audit of procedural complications	21%
Research	Research grants	29%
Admin	A designated Quality Team	33%
Clinical	Audit of medical imaging	33%
Clinical	Audit of pathology	33%

*Table 2: The standards with the lowest compliance by all sites*