



Top 10 Emergency Medicine Research Priorities

23 January 2017

The rankings were established by consensus at the final prioritisation workshop run by the James Lind Alliance Emergency Medicine Priority Setting Partnership on 19 January 2017.

Rank	Research question
1	What is the best way to reduce the harms of emergency department crowding and exit block? We need a better measure of crowding that drives sensible improvements for the seriously ill and injured, adolescents and the frail elderly.
2	Is a traditional ED the best place to care for frail elderly patients? Would a dedicated service for these patients be better (involving either a geriatric ED, or geriatric liaison services within the ED), or given that this population is expanding should our current services be tailored towards this group?
3	How do we optimise care for mental health patients; including appropriate space to see patients, staff training, early recognition of symptoms, prioritisation compared to physical illness, and patient experience?
4	With regards to how ED staff development is managed, what initiatives can improve staff engagement, resilience, retention, satisfaction, individuality and responsibility.
5	How can we achieve excellence in delivering end of life care in the ED; from the recognition that a patient is dying, through symptomatic palliative treatment, potentially using a dedicated member of staff to work with palliative patients and their relatives, and handling associated bereavement issues?
6	The effects of implementing new techniques in assessing patients with chest pain (which include new ways of using high sensitivity troponin tests, and decision rules such as the MACS rule and the HEART score) in practice. Would patients like a say in what is an acceptable risk, and should these tools be used alongside shared decision making to provide safe and appropriate care, minimise unnecessary risk and inconvenience for patients?
7	What is the ideal staffing for current UK EM practice, including doctors, nurses, health care assistants, porters, radiographers, clerical and reception staff.
8	Do early undifferentiated (broad spectrum) antibiotics in suspected severe sepsis have a greater benefit and cause less harm to patients than delayed focussed antibiotics in the ED?
9	In adults who are fully alert (GCS 15) following trauma does cervical spine immobilisation (when compared to no cervical spine immobilisation) reduce the incidence of neurological deficit, and what is incidence of complications?
10	Which trauma patients should be transferred to a Major Trauma Centre rather than going to another hospital first?

