The Royal College of
Emergency Medicine

Emergency Care Service Reviews

Appendix C

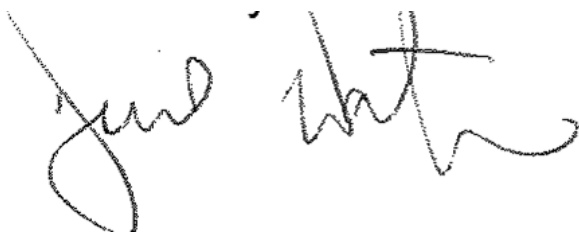# Self-assessment questionnaire

Pre-visit self-assessment questionnaire for emergency care service review visit by the College of Emergency Medicine

Thank you for asking the Royal College of Emergency Medicine to provide expert advice on your Emergency Department service. We would be very grateful if you could share this questionnaire with relevant members of your senior team to gather information and opinion on your system prior to the visit.

All information will be treated in the strictest confidence. We hope it will help identify gaps and issues that we can discuss in more detail when we visit.

Yours sincerely,

David Watson
Consultant in Emergency Medicine
Chair of Invited Reviews

Instructions for completing the questionnaire

This questionnaire can be completed <u>online</u>, or by completing this document if you have trouble accessing the online version.

Please tick one response per row in the relevant column. Please feel free to provide any additional supporting evidence in relation to any question if you so wish. Please return the completed questionnaire to sam.mcintyre@rcem.ac.uk

Underlined fields indicate evidence based and link to relevant documents and resources.

Self-assessment ratings:

Good	**Good systems are in place and where relevant meet national standards/guidance**
Partial	**Systems are in place that partially (< 80% but greater than 50%) meet national standards/guidance with development under way to improve quality over next 12 months**
Not present	**No or ineffective systems (<50%) present that do not meet national standards/guidance**
Don't Know	**Select if you are unable to answer**

Please select your role within the Trust	
Senior manager	☐
Consultant in Emergency Medicine	☐
Senior Nurse	☐
Other (please specify below)	☐

For how many years have you worked in or with the ED?	Choose an item.

Domain 1: Workload				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
EM services that are robust and adequate in coping with demand 24/7	☐	☐	☐	☐
<u>A proven policy for managing surges in demand</u>[1]	☐	☐	☐	☐
Support from in-hospital specialties for your ED	☐	☐	☐	☐
Comments:	Click here to enter text.			

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[1] *Crowding in Emergency Departments,* College of Emergency Medicine, August 2012

Domain 2: Configuration & design of services				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
An EM Consultant led service 16hrs/day 7 days/wk for critically ill and injured (and higher dependency patients) and phased support models of care delivery during the night[2]	☐	☐	☐	☐
Integration with primary care services and /or co-located services to support this stream of work[3]	☐	☐	☐	☐
Integrated Minor Injuries streams and /or co-located services(Governance, training, service delivery)[3]	☐	☐	☐	☐
Co-located inter-disciplinary Elderly Care/Frailty Units (with Medicine for Elderly and relevant Advanced Nurse Practitioners, Community Support Teams and Rehab staff)[4]	☐	☐	☐	☐
Paediatric EM services that meet standards[5]	☐	☐	☐	☐
Effective inter-disciplinary Mental Health and Alcohol Liaison Services working in the ED and supporting services[6]	☐	☐	☐	☐
Accountable and resilient patient flow policies to eliminate ED exit block with senior Executive support strategies	☐	☐	☐	☐
Clear streaming strategies that allow stable GP referrals for direct admission to in-hospital admission areas where appropriate	☐	☐	☐	☐
Effectiveness of ED design to facilitate good patient flow	☐	☐	☐	☐
ED design which allows the direct observation of patients[7]	☐	☐	☐	☐

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[2] *Emergency Medicine Operational Handbook – The way ahead,* College of Emergency Medicine, December 2011

[3] *The drive for quality – How to achieve safe, sustainable care in our Emergency Departments?,* College of Emergency Medicine, May 2013

[4] *'The Silver Book': Quality Care for Older People with Urgent and Emergency Care Needs ,* Multiple, June 2012

[5] *'The Red Book': Standards for Children and Young People in Emergency Care Settings,* RCPCH, 2012

[6] *Mental Health in Emergency Departments – A toolkit for improving care,* College of Emergency Medicine, February 2013

[7] Health Building Note 15-01: Accident & emergency departments Planning and design guidance, Department of Health, April 2013

Adequate facilities for the number of patient numbers attending the ED	☐	☐	☐	☐
Capacity of the resus room to meet demand	☐	☐	☐	☐
Appropriate facilities for staff including changing rooms and rest areas [7]	☐	☐	☐	☐
General state of repair within the ED.	☐	☐	☐	☐
Comments:	Click here to enter text.			

Domain 3: Commissioning				
How would you rate your Trust's provision of the following:	Good	Partial	Not present	Don't Know
Local health services for urgent and emergency care configured to provide high quality care for the local population[3]	☐	☐	☐	☐
Key services required to support a Type I ED service are in place 24/7 - Critical Care, Acute Medicine, Imaging, Laboratory Services, Paediatrics, Orthopaedics and General Surgery[3]	☐	☐	☐	☐
Effectiveness of key services to support a Type 1 service at providing a 7 day support (ie at evenings and weekends)				
Comments:	Click here to enter text.			

Domain 4: Observation medicine and ambulatory emergency care				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
EM led ambulatory emergency care (AEC) systems within the ED (and Observation Units where available) that optimise gatekeeping and safe discharge from ED[3]	☐	☐	☐	☐
Patient pathways with key specialties that optimise efficiency	☐	☐	☐	☐
Management tools that create better efficiency and integration are available and experienced managers provide the EM team with appropriate support	☐	☐	☐	☐
Comments:	Click here to enter text.			

Domain 5: Workforce				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
Sufficient numbers and quality of EM Consultants in the ED to provide both breadth and depth (at busy times) of service delivery[2]	☐	☐	☐	☐
An EM workforce which is fully configured to meet service demands and peaks				
Job planning for EM Consultants is sustainable and effective in delivering high quality safe care with adequate recognition for out of hours working premiums[8]	☐	☐	☐	☐
Job planning for EM Consultants is sustainable and effective if night time consultant working has been negotiated to ensure safety and sustainable working[8]	☐	☐	☐	☐
EM Consultants are provided sufficient time for service development and quality improvement work[8]	☐	☐	☐	☐
EM Consultants are provided sufficient time for personal development[8]	☐	☐	☐	☐

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[8] *Creating satisfaction and maintaining wellbeing in EM,* College of Emergency Medicine, September 2013

Senior staff have sufficient and protected time for training EM trainees[8]	☐	☐	☐	☐
Trainees have sufficient and protected time for training[9]	☐	☐	☐	☐
Study-leave encouraged and straight-forward for junior doctors to obtain[9]	☐	☐	☐	☐
A study leave budget for junior doctors and middle grades[9]	☐	☐	☐	☐
Regular teaching provided for all junior doctors and included in their rotas [9]	☐	☐	☐	☐
Sufficient numbers and quality of middle grade doctors in the ED	☐	☐	☐	☐
Middle-grade rotas compliant, and distributed prior to junior doctors commencing their posts[10]s	☐	☐	☐	☐
Junior & middle grades rotas are able to achieve workplace-based assessments (WPBAs) and have regular meetings with their educational supervisor [9]	☐	☐	☐	☐
The support provided for junior doctors and middle-grades in their clinical work [9]	☐	☐	☐	☐
Involvement of junior doctors and middle-grades involved in clinical governance work	☐	☐	☐	☐
Support for non-training grade middle-grades in their continuous professional development i.e. maintaining a portfolio and department teaching	☐	☐	☐	☐
Allocated time for junior doctors and middle-grades admin and other non-clinical commitments [9]	☐	☐	☐	☐
Comments:				

[9] Generic standards for specialty including GP training, GMC

[10] Recommendations for safe trainee changeover, AoMRC & NHS Employers

Domain 6: Safety and governance				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
A structured and integrated safety strategy[11]	☐	☐	☐	☐
Relevant reporting on the ED from Risk Management and measurement strategies leading to successful change[12]	☐	☐	☐	☐
Clinical risk register for the ED [10]	☐	☐	☐	☐
Robust incident reporting processes (including follow-up and actions) [10]	☐	☐	☐	☐
Identified Safety Lead [13]	☐	☐	☐	☐
Structured and robust communication strategy for safer care in the ED for all staff [10]				
Comments:	Click here to enter text.			

Domain 7: Nursing staff and skillmix				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
Sufficient numbers and quality of ED Nursing staff[14]	☐	☐	☐	☐
ENP and ANP models that support service delivery (main ED and/or ambulatory care pathways)	☐	☐	☐	☐

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[11] Integrating safety checklist, College of Emergency Medicine, October 2013

[12] Safety in your ED, College of Emergency Medicine

[13] Safety Leads, College of Emergency Medicine

[14] Baseline Emergency Staffing Tool (BEST), Royal College of Nursing, 2013.

	Good	Partial	Not present	Don't Know
Physician Associate models that support service delivery (main ED and/or ambulatory care pathways) [15]	☐	☐	☐	☐
Recurrent funding for degrees/courses/professional development relevant to ED nursing staff	☐	☐	☐	☐
A study leave budget for nursing staff	☐	☐	☐	☐
Regular departmental teaching provided for all nursing staff, and included in their rotas. An ethos of multidisciplinary learning	☐	☐	☐	☐
Senior nursing staff have sufficient and protected time for appraising and teaching juniors	☐	☐	☐	☐
Comments:	Click here to enter text.			

Domain 8: Tariffs and informatics systems				
How would you rate your Trust's provision of the following:	Good	Partial	Not present	Don't Know
Effective coding system to allow accurate remuneration for ED activity[16]	☐	☐	☐	☐
ED Information System that supports coding, activity analysis and quality improvement in the ED[17]	☐	☐	☐	☐
ED Information System that is fully integrated with hospital systems and effectively supports governance	☐	☐	☐	☐

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[15] Physician associate, NHS Careers website

[16] CEM Unified Diagnostic Dataset (UDDA), College of Emergency Medicine

[17] CEM Minimum Dataset, College of Emergency Medicine

Comments:	Click here to enter text.

Domain 9: Clinical quality indicators of care				
How would you rate your Trust's provision of the following:	**Good**	**Partial**	**Not present**	**Don't Know**
Key performance indicators that measure quality rather than process are available apart from the nationally agreed CQIs[18]	☐	☐	☐	☐
Application of the Clinical Quality Indicators as a suite of products that have been agreed with commissioners to fund services and measure quality trends[19]	☐	☐	☐	☐
A quality improvement programme that focusses on safety, Evidence based clinical care and system performance	☐	☐	☐	☐
Comments:	Click here to enter text.			

[18] CEM Guide to the clinical quality indicators for the ED, College of Emergency Medicine, 2011

[19] Provisional Accident and Emergency quality indicators for England, Department of Health, May 2011

Domain 10: Patient experience				
How would you rate your Trust's provision of the following:	Good	Partial	Not present	Don't Know
Emergency care services that are focussed on patients' needs and evidence to support this	☐	☐	☐	☐
Clear guidance available to the local population on where best to access Urgent & Emergency Care [3]	☐	☐	☐	☐
Compassionate patient and relative experience and evidence to support this [3]	☐	☐	☐	☐
Robust systems for collecting and reviewing patient feedback and implementing changes for quality improvement. Please provide evidence of your systems and how you have refined them.	☐	☐	☐	☐
Comments:	Click here to enter text.			

Thank you. Please return the completed questionnaire to sam.mcintyre@rcem.ac.uk