



The Royal College of
Emergency Medicine

Emergency Care Invited Service Reviews

Appendix D

Pre-visit information checklist

Pre-visit information checklist

Please send the following essential information to the College prior to the visit. Information should be submitted electronically by email at least four weeks prior to the visit:

ESSENTIAL

- Organisation lead for this review
- Signed terms of reference (see Appendix A)
- Signed terms of business (see Appendix B)
- Completed self-assessment questionnaire (see Appendix C)
- Previous external reports

From the standard list below, please submit any information relevant to the review (please include relevant information even if not listed below). Information should be submitted electronically by email at least four weeks prior to the visit:

DESIRABLE

Domain 1: Workload

- A one page summary from the Clinical Director of strengths, weaknesses, opportunities and challenges to the EM service at present
- Details of annual attendances and casemix breakdown

Domain 2: Configuration of services

- An overview of the local emergency care system (with a one page pictorial summary of flows). This should include service delivery models for adult and paediatric EM
- Outline of your departmental patient flow policies
- Models of care delivery during the night, weekends and periods of extensive service demands ie. bank holidays
- Overview of departmental integration with Primary Care services and/or co-located services. This should include any streaming strategies for GP referrals for direct admission
- Documented evidence of integrated Minor Injuries streams including governance/training/service delivery
- Summary of mental health and alcohol liaison services present with your ED
- Information detailing co-location of inter-disciplinary elderly care/frailty units – including. medicine for the elderly
- Documented evidence of support from in-hospital specialty for ED and any co-located service activity
- Summary of key services required to support a Type 1 ED:
 - Critical Care

- Acute Medicine
- Imaging
- Laboratory Services
- Paediatrics
- Orthopaedics
- General Surgery

Domain 3: Commissioning

- Your Trust's strategic overview & objectives for Emergency Medicine (EM)
- Local commissioning strategy for EM (or equivalent)

Domain 4: Observation Medicine and ambulatory emergency care

- Processes for ambulatory emergency care AEC systems and if present observation units

Domain 5: Medical Staffing in the ED

- An overview of your senior consultant workforce. This should include
 - Consultant staffing figures
 - Consultant positions held ie lead responsibilities and teaching duties
 - A full Consultant rota
 - An overview of how programmed activities are determined and allocation of supporting professional activities
 - Trust policies for remuneration of consultant out of hours work
- A summary of your middle grade workforce. This should include
 - Middle Grade staffing figures
 - Middle Grade rotas
- A summary of your training grade workforce. This should include
 - Training Grade staffing figures
 - Example Training Grade rotas
- GMC Training review for the EM service
- Deanery Training review for the EM service

Domain 6: Safety and governance

- Outline of your departmental patient flow policies
- Summary of patient pathways within your ED
- Evidence of management tools utilised
- Relevant Clinical Governance activity & summary

- Evidence of safety governance. This should include:
 - Relevant reporting on the ED from Risk Management
 - Clinical risk register for the ED
 - Incident reporting processes
 - Identified Safety Lead
 - Details of any projects to optimise safer care
- Relevant Clinical Governance activity & summary
- Relevant reporting on the ED from Risk Management
- Clinical risk register for the ED

Domain 7: Nursing staff and skillmix

- An overview of your nursing grade staff. This should include
 - Nursing staff figures including a breakdown of grades
 - Summary of varying nursing responsibilities within your ED
 - Example nursing rotas
- Service delivery models for ENPs and ANPs. This should include
 - Relevant staffing figures for ENP & ANP workforce
 - Location of service ie ED or ambulatory care pathways
- Service delivery models for Physician Associates. This should include
 - Relevant staffing figures for Physician Associates
 - Location of service ie ED or ambulatory care pathways

Domain 8: Tariffs and informatics systems

- An overview of the information system used within your ED
- A summary of your departmental coding systems

Domain 9: Clinical quality indicators of care

- Documentation of quality improvement programmes
- Key Performance Indicators from the last 3 years. For example:
 - Quality Indicators
 - CQUINs or equivalent
 - Serious Incidents
 - Complaints
 - Staff turnover (EM Consultants, middle-grades & Nurse bands 5-7)
 - Annual sickness levels (EM Consultants, middle-grades & Nurse bands 5-7)

Domain 10: The patient experience

- Guidance for local population on where best to access urgent and emergency care
- Overview of departmental systems for collecting and reviewing patient and relative feedback
- Documented evidence of patient and relative experience

Please send via e-mail only to:

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