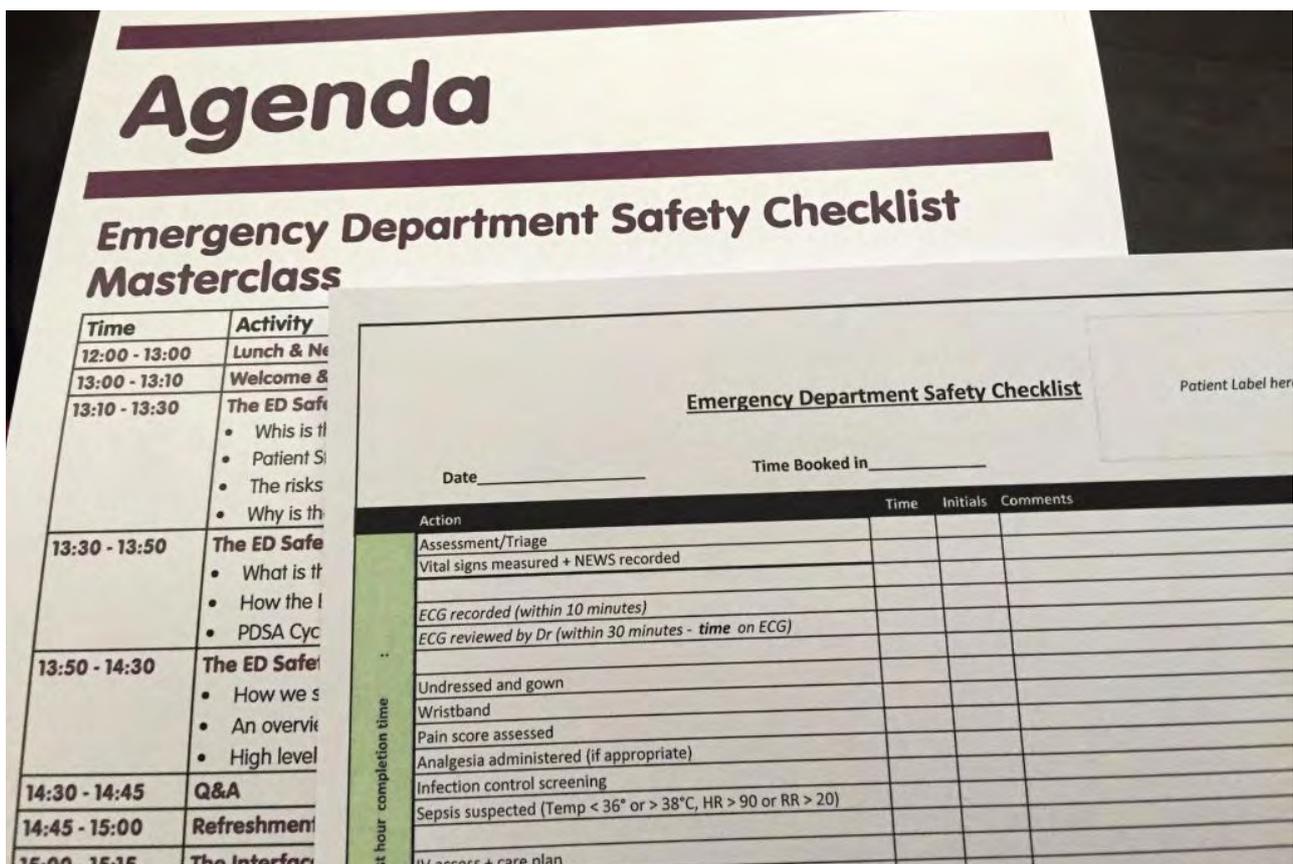


Emergency Department (ED) Safety Checklist Masterclass – Event Report



On Monday 25 April 2016, the West of England Academic Health Science Network (AHSN) hosted a free masterclass on the Emergency Department (ED) Safety Checklist, piloted at University Hospitals Bristol NHS Foundation Trust (UHB).

Delegates were invited from EDs and AHSNs around the country that had expressed an interest in the project.

The masterclass was attended by 22 delegates from 12 different organisations.

The Why

Dr Emma Redfern, ED Consultant from UHB and the clinical lead for the ED Safety Checklist pilot, explained why the ED Safety Checklist is needed.



Due to an ageing and frail population and flow issues throughout acute trusts, crowding is a significant issue for all EDs across the UK.

For those managing and working in ED, identifying the sickest patients or those at risk of deterioration, and managing flow through the department according to those patients' needs and priorities, is a huge challenge. It's the 'Where's Wally' effect.

The ED Safety Checklist systemises the care of individual patients but also allows ED staff to identify where Wally is; they can

manage patients according to their level of acuity - by applying the National Early Warning Score (NEWS) to all patients - and give an appropriate clinical response.

The What

Caroline Clark and Alex Hastie, both ED nurses at UHB, then presented on how the ED Safety Checklist was developed.

They described the Plan, Do, Study, Act (PDSA) cycles the department went through to test various versions of the checklist and how they received feedback from staff at all levels and patients before fixing on the checklist in its current form.

They explained the benefits they have realised from using the ED Safety Checklist:

- an aide memoire for basic clinical care,
- NEWScores used to differentiate the sickest patients,
- a tool for measuring performance in real time
- a tool to support staff when they are at full capacity
- a tool to resource plan during periods of crowding
- a 'how to' guide for bank and agency staff unfamiliar with the setting
- a reduction in free-text writing in notes, which has consequently improved patient contact time.



The How

Ellie Wetz, Improvement Lead at the West of England AHSN, then introduced the delegates to the implementation toolkit that has been developed.

This is a guide developed from the lessons learnt from the pilot team at UHB and gives pointers on things to think about when introducing the ED Safety Checklist.

These include: quality improvement methodology, communication strategies, local implementation teams and role specifications, human factors and training considerations, operational factors, the use of NEWS in ED, the interface with the ambulance trust, the importance of measuring the impact of the intervention with key performance indicators and other tools and strategies to support the implementation.



Dr Phil Cowburn, Acute Care Medical Director at South Western Ambulance Service NHS Foundation Trust (SWASFT) and Consultant in Emergency Medicine at UHB, described how the ED Safety Checklist interfaces with the Ambulance Trust at UHB.

Phil talked about the challenges of differentiating patients in need of urgent care, but also the challenges of differentiating who is caring for those patients – who carries the risk of those patients in the queue?

It is recommended that a Standard Operating Procedure (SOP) between participating organisations is agreed to clarify responsibilities at the handover of care, particularly during periods of crowding and queuing.

Kevin Hunter, Programme Manager at the West of England AHSN, then took the delegates through the principles of key performance indicators and presented the 'Life System' – a web based platform designed to assist front line staff running Quality and Safety improvement projects.

Further information on this system can be reviewed on the presentation slideshow, [which you can view here](#).

Delegates heard about the West of England ED Collaborative and the support the West of England AHSN is giving to local EDs to implement the ED Safety Checklist.

Feedback

We invited feedback from the delegates on their thoughts on the checklist, the barriers they perceive to implementing it in their Trust and where they think they could benefit from additional support. The main points raised and discussed were:

Funding: without financial support it would be operationally challenging to release staff to focus on a structured implementation plan.

Initiative and checklist fatigue: not another one!

What about the impact on workload? The checklist identifies sick patients more quickly not identifying more sick patients - The workload hasn't increased due to increased acuity.

Human factors: the checklist is empowering! Staff are more willing to ask for help earlier – it gives them greater confidence in clinical judgement.

Buy in needed: the checklist is predominantly a nursing tool but needs 'buy in' from senior medical staff.

Aide memoire: it's hard to work in ED. We are required to multi-task. The checklist is an aide memoire and helps ED staff do their job better.

No more micro-managing: the checklist releases senior staff from 'micro-managing' teams, particularly bank/agency staff. Once you show them the checklist, they can just get on with it.

Reducing paperwork: It may be another bit of paper, but it actually cuts down on paperwork.

Relevance: is NEWS relevant for ED? The Royal College of Emergency Medicine are considering developing professional standards for NEWS.

Triage and stream: The checklist is clearly a powerful tool to triage patients who are the most sick. However, it can also be used to stream the queue for patients who you can 'rule out', such as those who have been for imaging, or those who haven't got a fractured neck of femur.

CQC inspections: The checklist and KPI data can demonstrate improvements in patient safety and patient care – this could provide supporting evidence for CQC inspections.

Quality Improvement: QI tools and expertise would support the implementation of the checklist in ED.

Resources

All resources presented at the Masterclass **are available here** on the West of England AHSN website.

Thank you

We would like to thank all delegates and participants for their input into this Masterclass. We will host a similar Masterclass if there is continued national interest in this project – if you have colleagues who would be interested in attending subsequent Masterclasses, please contact ellie.wetz@weahsn.net.