

West of England ED Collaborative

Working together to spread the Emergency Department Safety Checklist

Background and aim

Overcrowding has an impact on the ability of staff in the Emergency Department (ED) to deliver safe care. Delays in recognition and treatment of severe illness are common, with associated poor outcomes. This is particularly problematic for patients suffering with strokes, heart attacks or sepsis.

Staffing challenges in the ED workforce often results in a reliance on agency staff and non-ED trained staff. As staff become overwhelmed by tasks needing to be complete as well as constant interruptions, there is a risk of omissions in the delivery of basic care elements, which contributes to harm and difficulty in identifying the deteriorating patient in a crowd.

Following a successful pilot at University Hospitals Bristol NHS Foundation Trust (UHBrstol) funded by the Health Foundation SHINE innovation programme in 2015, the West of England Academic Health Science Network (AHSN) supported the remaining trusts across the West of England region to successfully introduce the ED Safety Checklist within their own EDs.

By implementing the Checklist, teams aimed to:

- standardise and improve the delivery of basic care in EDs
- improve resilience in EDs during periods of over-crowding
- improve the safety and clinical outcomes for patients accessing ED.

Method

Implementation was delivered using the Institute for Healthcare Improvement (IHI) model for improvement, which allows each ED to benefit from the pilot learning and also encourages local adaption. Quality Improvement methodologies used included Plan, Do, Study, Act (PDSA) to test the ED Safety Checklist, measurement strategy with baseline, and ongoing key performance metrics to measure the impact.

To support the roll out across the West of England, we developed an ED Safety Checklist toolkit. The toolkit includes a project plan, educational/promotional material, data collection tools, role specifications and a generic dashboard.

The ED Collaborative was set up in August 2016 with a primary focus of implementing the ED Safety Checklist. It is an opportunity to regularly share learning and discuss issues. The West of England AHSN hold regional learning set events twice yearly, which provides staff the opportunity to regularly share learning, discuss issues, and receive the latest updates.

Staff culture was an important point to consider in the roll out of the ED Safety Checklist. The ED Safety Checklist was initially seen as over-prescriptive in tasks so there was some reluctance to accept they were not already being performed well. By providing staff with demonstrable evidence and sharing patient stories they were able to understand the importance of the ED Safety Checklist and the link between the cumulative effect of several omissions in basic care through to unrecognised deterioration and harm, so that they might realise improvements in their own settings.

Conclusion

The ED Safety Checklist is now nationally recognised and NHS Improvement has recommended all trusts use it.

Based on our learning, our recommendations for successful implementation are:

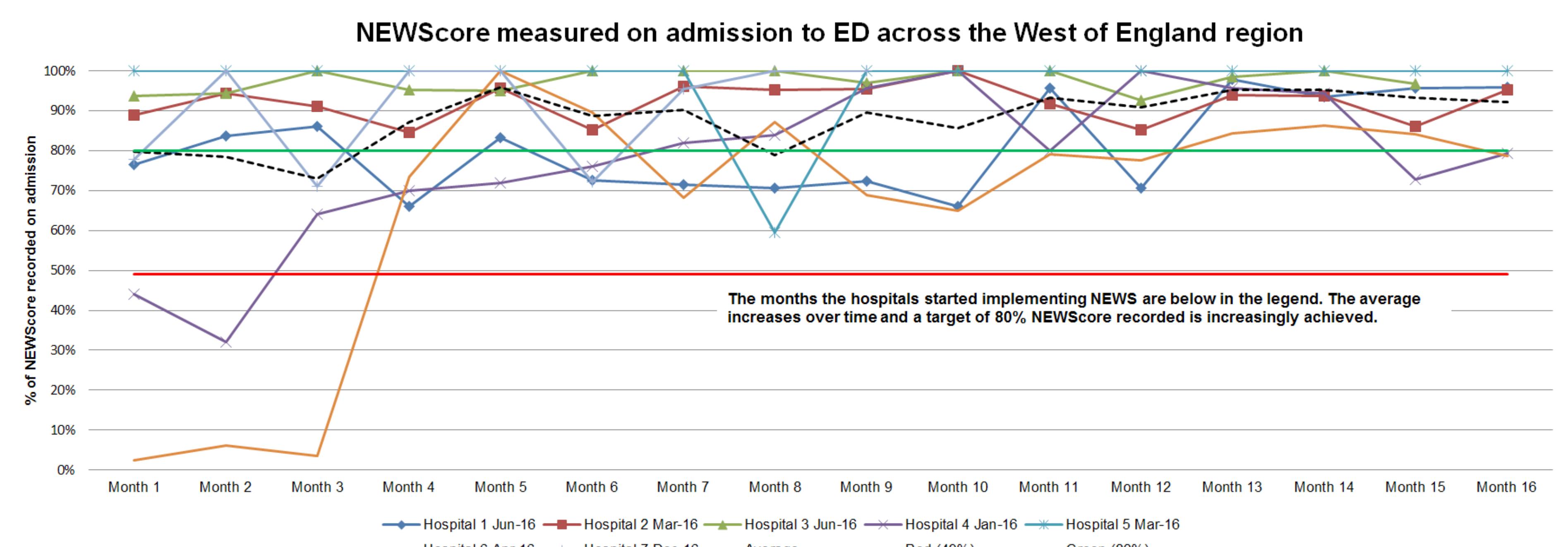
- The Checklist should be integrated with current processes, eg included within the current booklet/paperwork.
- Monitoring of the ED Safety Checklist in terms of compliance and quality.
- Strong leadership from senior nursing and medical leads
- Staff to be involved in the implementation through a trial and feedback process.
- The ED Safety Checklist is presented as a departmental tool for all to ensure patient safety.

Emergency Department Safety Checklist		
Date _____	Time Booked In _____	Patient Label here...
Action _____		
Assessment/Triage		
Vital signs measured + NEWS recorded		
Chest Pain		
ECG recorded (within 10 minutes)		
ECG reviewed by Dr (within 30 minutes - time on ECG)		
Undressed and gown		
Wristband		
Pain score assessed		
Analgesia administered (if appropriate)		
Infection control screening		
Sepsis suspected (Temp > 36° or > 38°C, HR > 90 or RR > 20)		
Investigations Initiated (as appropriate):		
IV access + care plan		
Blood tests		
Stroke (Stroke & NOF within 1 hour)		
Specific Pathway Triggered (see box 1)		
PFC informs CST - specialty bed required		
Pathway commenced (e.g. Stroke, DKA, NOF, GI bleed, Sepsis)		
Vital signs measured + NEWS recorded		
Pain score assessed		
Analgesia administered (if necessary)		
Next of kin aware		
Patient has dementia (This is me - commenced)		
Refreshments offered (if not NBM)		
Pressure Area Care:		
Assessment undertaken		
CPR commenced (as appropriate)		
Patient ready to go		
Patient ready for transfer		
Speciality bed confirmed		
Vital signs measured + NEWS recorded		
Pain score assessed		
Analgesia administered (if necessary)		
Refreshments offered (if not NBM)		
Review by senior doctor		
Regular medication administered (if appropriate)		
Vital signs measured + NEWS Recorded		
Pain score assessed		
Analgesia administered (if necessary)		
Refreshments offered (if not NBM)		
Regular medication administered (if appropriate)		
Adult safeguarding referral		
Child cause for concern referral		
Mental health matrix completed		
Mental health referral		
Domestic sexual violence - Yes / No		
DVT referral		
Paddington Alcohol Test - Yes / No		
Referral to Alcohol Clinical Nurse Specialist		
Referral to Drug Clinical Nurse Specialist		
Box 1 - Specialty Bed Trigger		
Stroke/TIA : Stroke Unit (8504)		
Upper GI Bleed : Ward 11 (B404) or MAU (A300)		
DKA : MAU (A300) or ITU/HDI		
NIV : Respiratory (A522) or MAU (A300)		
DVT referral		
Paddington Alcohol Test : Yes / No		
Referral to Alcohol Clinical Nurse Specialist		
Referral to Drug Clinical Nurse Specialist		
ITU : T.R.O.(A500)		
Tracheostomy : Ward 700, A522 or ITU/HDI/CICU		

Authors: Jason Lugg & Hayley Thomas (November 2014)

The ED Safety Checklist acts as an aide-mémoire for busy staff to ensure vital sign observations, tests and treatments required by patients are completed in a time-based sequence. This makes it clear what has been done and what needs to be done. By following this structure, any doctor, nurse, bank or agency staff can join the department and provide the right care.

A full evaluation of the implementation of the ED Safety Checklist is due to be published in late 2017 by the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West.



Resources: to help support trusts to implement the ED Safety Checklist we have produced a number of resources, including an implementation toolkit which can be found on our website www.weahsn.net/ED-Checklist

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