

EMERGENCY DEPARTMENT CARE EXCELLENCE PLAN

Goal

The goal of the ED Care Excellence (EDCE) plan is to promote excellent patient care that meets or exceeds national standards for quality. This aim is achieved through case monitoring and peer review process that seeks opportunities to improve current processes and care quality.

ED Quality Review Committee (EDQRC)

The EDQRC will be composed of the following individuals:

- 1) EDCE Director (a practicing emergency physician serving as EDQRC chair)
- 2) ED Chair/Medical Director
- 3) Emergency physicians
- 4) ED Nurse Director/Manager
- 5) Emergency nurses
- 6) Hospital-wide Quality liaison

Members may be excluded from parts sensitive discussions at the discretion of the EDCE Chair. For instance, issues primarily involving nursing care may not require physician attendance and vice versa.

Identifying Cases for Review

Cases for review are identified through a variety of mechanisms including:

- 1) Risk management referral
- 2) Hospital unusual occurrence reporting
- 3) Malpractice claim
- 4) Valid patient complaint (referral from grievance committee or patient advocate)
- 5) Referral from another department
- 6) Referral from a hospital committee
- 7) Referral from a concerned caregiver
- 8) Screening indicators established by the EDQRC and focused on high volume/high risk encounters or identified opportunities for care improvement (see ADDENDUM)



Initial Screening

The EDCE Director (or designee) will screen the case and determine either that care is acceptable and no further review required or that the case requires referral for discussion at EDQRC. If the case involves care rendered by the EDQE Director, the ED Chair/Medical Director must appoint someone else to review the case.

All screened cases that require no further action should be brought to the attention of the ED Chair/Medical Director.

EDQRC Case Review

Cases referred to EDQRC will be summarized by the EDCE Director in a manner that retains pertinent facts and removes patient and caregiver identifiers. The EDCE Director will lead a discussion of the case. Appropriate visual images (i.e., radiographs, ECG) will be included. Physicians and nurses involved in the care will be invited to the meeting to offer further insight (see below). The EDQRC will then discuss the case and categorize as outlined below.

The EDCE Director may not summarize or lead the discussion of his/her own case. If a case involving the EDCE Director is determined to be brought before the committee, a physician appointed by the ED Chair/Medical Director will summarize the case and lead the discussion.

Involved Nurse/Physician Representation

The involved nurse/physician will receive at least one week's notice (written or verbal) that the case will be discussed at the next EDQRC and encouraged to participate in the discussion.

If the nurse/physician is unable to attend s/he may waive the right to be present or the case be tabled until the next meeting. If, for some reason, the case discussion cannot be delayed (i.e., risk manager requires an immediate opinion), the EDCE Director will notify the involved nurse/physician that the case will be re-discussed until the next meeting and before a final conclusion is drawn.



Categorization of Cases

The EDQRC will ultimately determine if care was acceptable or unacceptable. If the care appeared unacceptable and input from the involved nurse/physician was not yet provided, this will be sought prior to a final determination. Additionally, the EDQRC may seek input from another department's QRC prior to a final determination.

After the final discussion or input from another department, the EDQRC will categorize the case by consensus as follows:

1. Care was acceptable, no further action needed
2. Care was acceptable and documentation opportunity exists
3. Care was acceptable and education opportunity exists
4. Care was acceptable and process improvement opportunity exists
5. Care was unacceptable with a minor opportunity for improvement
6. Care was unacceptable with a major opportunity for improvement

Actionable Findings

The EDCE Chair, ED Chair/Medical Director and ED Nurse Director/Manager should initiate appropriate education and process improvement opportunities for the department.

When a nurse's care was deemed unacceptable, the ED Nurse Director/Manager should become involved. For improvement opportunities, often a letter to the individual (and to his/her personnel file) is necessary. In addition, for major improvement opportunities, the ED Nurse Director/Manager will need to counsel the individual and may require some form of remediation.

When a physician's care was deemed unacceptable, the ED Chair/Medical Director should become involved. For improvement opportunities, often a letter to the individual (and to his/her credentials file) is necessary. In addition, for major improvement opportunities, the ED Chair/Medical Director will need to counsel the individual and may require some form of remediation.



Interdepartmental Referral

Whenever the EDQRC has concerns regarding the care delivered by another department, the EDQE Director should make a formal request for the other department to review the case through its QRC.

Minutes and Reporting

The EDCE Director should prepare minutes of each EDQRC meeting and distribute them at the next meeting for review and approval. Those minutes will then be submitted to the Hospital-wide Quality Committee. The EDQC Director will serve as a representative on the Hospital-wide Quality Committee.

Credentialing Reappointment

The EDQRC findings and the ED credentialing reappointment process must be linked. At the time of reappointment, the ED Chair/Medical Director must review EDQRC determinations of improvement opportunities for each physician.

If, during a reappointment cycle, a concern arises related to an individual's performance, the Hospital Board (Quality Committee), Medical Executive Committee, or Department Chair/Medical Director may consider special conditions of reappointment or to withhold reappointment. Such reappointment actions must comply with the Medical Staff Bylaws and applicable hospital policies.

Confidentiality

The proceedings of the EDQRC meetings are confidential. It is expected that all members of the committee will abide by this policy. Materials presented at EDQRC and discussions held within the purview of the QI process are protected by applicable State law.



ADDENDUM

Screening Indicators

The ED Chair/Medical Director and EDCE Director will establish a list of screening indicators. These indicators will be periodically examined by the EDQRC and may change as the focus of QI initiatives changes.

Examples of common screening indicators include:

1. Return visits to ED within 72 hours, which result in admission (see draft data collection form)
2. Patients admitted and upgraded to the ICU or CCU within 24 hours
3. Deaths in the ED (excluding DOA and hospice patients)
4. Discrepancy in Radiograph Reads that result in a return to the ED or significant change in treatment

