



A Stepwise Quality Improvement Checklist for Federal Tertiary Hospitals

ACCIDENT AND EMERGENCY

*An Assessment Tool to Strengthen the
Operations, Service Delivery, Safety, Quality and
Management of the Accident and Emergency Department*



INTRODUCTION



Context

Continuous Quality and Safety Improvement in Federal Tertiary Hospital

Accident and Emergency (A&E) Department

The hospital accident and emergency department provides acute care to patients who present without prior appointment; either by their own means or by that of an ambulance. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.

The A&E department remains a vital part of a hospital. It is saddled with the responsibility of saving the life of those people who develop sudden illnesses or suffer injury that cannot wait for routine care. Its effectiveness often determines how the hospital is perceived by people. Therefore, the emergency department of Federal Tertiary Hospitals should have policies and plans to provide effective administration, staffing, facility design, equipment, medication, and ancillary services. They should also operate as follows:

- Operate 24 hours per day, seven days a week
- Staffing levels may vary in attempt to reflect patient volume
- Unrestricted access to appropriate emergency medical and nursing care.
- Appropriate and expedient evaluation, management, and treatment of patients.
- Resources should exist in the A&E department to accommodate each patient from the time of arrival through evaluation, decision making, treatment, and disposition.

Objectives of this Checklist

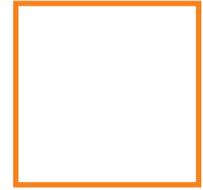
This quality assessment checklist will provide **direction, support, and accountability framework** while focussing on individuals, systems, management of resources and self-governance. It will build corporate accountability for clinical performance into the emergency care management model and develop a corporate culture in which quality improvement becomes a shared enterprise through shared learning and information. It will also provide strategic opportunities to diagnose and repair broken processes.

Frequent, accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively.

This checklist therefore represents a clinical governance assessment tool to determine:

- *The level and quality of the emergency services, resources and operational policies*
- *The capacity of the emergency department to provide safe and quality acute care response*
- The level of process capabilities
- Key drivers of quality and patients' satisfaction in a strategic plan.
- *The competency level of clinical and non –clinical support services in the emergency department.*
- *Areas for improvement.*





A Guide to Implementing this Assessment Checklist

The implementation of a checklist involves many conflicting interest, including organisational culture, cognitive limitations, sunk cost and work flow processes. To successfully implement this checklist, the A&E department need a new approach to leadership, strategic planning, management of processes, patient and staff engagement to identify and focus on drivers of quality and patient satisfaction in strategic planning. The A&E team at all levels also need to have a clear commitment to support the change process.

The following steps are recommended for administering and implementing this checklist:

- Conduct a brief desk review of the department's documents to assess the quality of services, and check if the manuals, policies, Standard Operating Procedures (SOPs) etc., are complete, current and accurate.
- Conduct a brief desk review of departmental records: equipment maintenance records; audit trials, incidence reports, logs, personnel files, internal quality control (IQC) records.
- Physically observe the operational process to determine process capabilities and verify if all operational workflow processes follow written policies and procedures.
- Ask open-ended questions to clarify documentation seen and observations made. Ask questions like, "show me how..." or "tell me about..."

Note: *It is often not necessary to ask all the checklist questions verbatim. An experienced auditor can often learn to answer multiple checklist questions through open-ended questions with the key or designated staff contact.*

- Assess and evaluate the quality and efficiency of supporting work areas and environment.
- Assess the communication, leadership and management styles.
- Assess the staff's strength and competency levels.
- Interact with clients/patients to determine the users' perspective of the A&E.
- Notable findings can be documented in the summary and recommendations section at the end of the checklist.

Assessment Scoring

The contents of this checklist have been awarded point values based on their relative importance. Responses to all questions must be either “Yes” or “No” or “Not Applicable” (NA).

NOTE: Only responses marked yes should be given the allotted points. All the required answers to a particular question must be present before you can indicate a “yes” for any given checklist question and then award the corresponding allotted points.

This checklist is divided into different aspects of Quality Management System for the Accident and Emergency department that the hospital is required to develop and implement regularly as listed below:

Assessment Score Sheet			
Sections		Total Allotted Scores	Assessed Scores
3.0	Staffing Summary	40	
3.1	Facility and Safety	41	
3.2	Equipment	41	
3.3	Organisation and Management	56	
3.4	Patients’/Client Engagement and Communication	26	
3.5	Infection Control	23	
3.6	Occurrence/Incidence Management	6	
3.7	Waste Management	13	
Total Scores		246	

Assessment Score Sheet

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Total Scores		246			

General Information

Date of Assessment:	
Name(s) and Affiliation(s) of Assessor(s):	
Name of Federal Tertiary Hospital:	
Address:	
State:	
Telephone:	Email:
Head of A&E:	Telephone (Head of A&E):
Annual No. of Patients:	Number of beds:
Annual No. of Mortality:	No. of patients referred:

3.0 STAFFING SUMMARY

Profession	Expected Number	Number of Full Time Equivalents (FTEs)	Adequate for Facility Operations			Allotted Scores	Assessed Scores
			Yes	No	Insufficient Data		
A&E Consultant						5	
Qualified Doctors						5	
Doctors with emergency training/certification for ATLS, resuscitation						5	
Nurses						5	
Number of Nurses with emergency training						5	
Auxillary nurses						5	
Porters						3	
Cleaners						3	
Subtotal						40	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
3.1 FACILITY & SAFETY						
Are there visible and adequate signages directing people to the A & E department?	YES	NO	N/A		2	
Standard: <i>The A & E must be easily accessible to the public with efficient direction signages posted at very visible locations around the department.</i>						
Is there a designated reception and registration area?	YES	NO	N/A		2	
Are there security personnel manning the A&E entrance at all times?	YES	NO	N/A		2	
Standard: <i>A & E entrance of the hospital must be manned by security personnel at all times</i>						
Is the A & E entrance easily accessible by the ambulance?	YES	NO	N/A		3	
Standard: <i>The main entrance shall allow for easy U-turn of ambulance and be wide enough for easily moving at least 2 stretchers at the same time. There should be a clear "No party zone" sign outside the emergency entrance to ensure smooth inflow of patients.</i>						
Is the entrance easily accessible by wheel chairs and stretchers?	YES	NO	N/A		2	
Are there adequate number of stretchers, wheel chairs and trolleys?	YES	NO	N/A		2	
Standard: <i>There should be adequate trolleys, wheelchairs and stretchers and kept away separated in a side bay.</i>						
Do all wheel chairs and trolleys have safety belts?	YES	NO	N/A		2	
Standard: <i>All wheel chairs and trolleys must have functional safety belts</i>						
Is there an adequate triage room?	YES	NO	N/A		3	
Is there an adequate and comfortable waiting room?	YES	NO	N/A		2	
Standard: <i>The A & E department must have spacious patient waiting area that is well ventilated with comfortable sitting facility.</i>						
Is there a spacious resuscitation room?	YES	NO	N/A		3	
Is there a well-equipped minor operating room at the A & E department? (At least 2 suturing/minor surgery).	YES	NO	N/A		2	
Are there at least 3 purposed built consulting rooms?	YES	NO	N/A		2	
Are there separate injection and dressing rooms?	YES	NO	N/A		1	
Are there adequate toilet facility designated for male and female patients at the waiting area.	YES	NO	N/A		2	
Is there comfortable staff room for doctors, nurses, and other A & E clinical staff team with adequate toilet facility?	YES	NO	N/A		1	
Standard: <i>The A & E department must have an adequate staff room for staff recess.</i>						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Is there a dedicated pharmacy outlet in the A & E department?	YES	NO	N/A		3	
Standard: A & E department should have a pharmacy unit within for easy access to prescribed medicine.						
Is there a functional side laboratory facility within the A & E?	YES	NO	N/A		2	
Standard: A & E side laboratory must be able to offer minimum services such as PCV estimation, grouping and cross catching of blood						
Are there up to 10 cubicles in the observation area?	YES	NO	N/A		2	
Standard: A & E departments should have cubicles for patient's observation and also isolation area for observing isolated sensitive cases.						
Is there an easily accessible fire-fighting equipment in the A & E department area?	YES	NO	N/A		2	
Subtotal					41	

3.2 EQUIPMENT										
Name of Equipment	None	Available	Quantity Available	Adequate	Functional	Not Functional	Serviced Regularly	Service History Available	Allotted Scores	Assessed Scores
ECG machine									2	
Suction machine									2	
Full resuscitation trolley									3	
Defibrillator									2	
Monitors									2	
Cylinder oxygen									3	
Piped Oxygen									3	
Subtotal									41	

Standard: The type and quantity of equipment will vary with the type and size of the A&E, and must be appropriate to the workload of the department, judged by contemporary standards. There must be a regular system in place for maintenance service and checking the safety of equipment and replacement as when appropriate.

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
3.3 ORGANISATION AND MANAGEMENT						
Does the department have in place a long and short-term strategic plan for quality improvement?	YES	NO	N/A		3	
Does the hospital have a senior clinical officer in charge of the A & E department ?	YES	NO	N/A		3	
Standard: <i>The hospital management should appoint/assign a senior clinical officer to lead and over see the management and day to day running of the A & E department.</i>						
Does the management have developed policies, protocols and procedures applicable to handling emergency cases for the hospital A & E department consistent with the hospital by-laws?	YES	NO	N/A		3	
Standard: <i>The management team should develop policies and relevant protocols for handling emergency cases such as protocols for treating snakebite, poisoning, pain management, training of patients, transfer of stable and unstable patients, handling brought dead cases etc.</i>						
Are these protocols made easily accessible to A & E staff?	YES	NO	N/A		2	
Standard: <i>Management should make sure that A & E staff have access to these protocols, read and understand them.</i>						
Are A & E services monitored and evaluated periodically by the management team?	YES	NO	N/A		3	
Does the A & E management ensure that all relevant names and contact telephone numbers including those of call consultants & police stations, are visible?	YES	NO	N/A		3	
Standard: <i>The A & E must ensure that this vital contact list of on call duty clinical staff and security contacts must be posted clearly and always very visible in the A & E department premises.</i>						
Are there adequate number of qualified doctors, nurses and support staff in the A&E department?	YES	NO	N/A		3	
Standard: <i>Only qualified doctors and nurses who have been adequately trained on handling basic and advanced emergency and life threatening events should be posted to the A & E department.</i>						
Are A & E staff trained regularly on life-saving support, resuscitation and referral skills?	YES	NO	N/A		3	
Is there a written procedure for orientation of new personnel to the A & E department?.	YES	NO	N/A		2	
Are daily routine work task established and assigned to each A & E staff team member?.	YES	NO	N/A		2	
Are staff meeting held regularly to discuss operations improvement and staff matters?	YES	NO	N/A		2	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Is there a designated call room?	YES	NO	N/A		2	
If YES, is it comfortably furnished & equipped for call officers? i.e. fridge, microwave, air conditions/fans.	YES	NO	N/A		2	
Is there a documented procedure for making and receiving emergency or out of hours calls?	YES	NO	N/A		3	
If YES, does this procedure document include levels of calls to the different levels of on-call duty officers?	YES	NO	N/A		3	
Does this document contain the compulsory inclusion of recruited in-house consultants in the day-to-day on-call duty roster?	YES	NO	N/A		2	
Does this document include guidelines for weekend call duty rostering?	YES	NO	N/A		2	
Do you always get prompt response from the following on-call duty officers when rostered including weekend calls?	YES	NO	N/A		5	
Senior consultant						
Junior consultant						
Senior Registrars						
Junior Registrars						
House officers						
Matrons						
Is there a system for periodic monitoring on-call duty performance for all level officers/staff?	YES	NO	N/A		3	
If YES, does the management ensure that on-call duty performance are monitored regularly including weekend call duty?	YES	NO	N/A		3	
Subtotal					56	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
3.4 PATIENTS'/CLIENTS ENGAGEMENT AND COMMUNICATION						
Is there an established process and documented guidelines during referrals that ensures the transfer of correct and accurate patient information between care givers?	YES	NO	N/A		5	
<i>Standard: There must be an established written and accurate policy to guard the correct and accurate hand over of patient's care plan and update between care givers.</i>						
Is there a written policy guideline for receiving verbal and telephone orders?	YES	NO	N/A		2	
<i>Standard: Policy must include writing down the orders and reading it back to confirm the correct information given.</i>						
Does the policy document clearly identify and state the conditions and situation when verbal and telephone orders would be accepted?	YES	NO	N/A		2	
<i>Standard: The policy document must clearly state the conditions and situations when verbal telephone orders would be accepted.</i>						
Are staff trained and educated on the patient's bill of rights and their expected responsibilities?	YES	NO	N/A		2	
Does the team respect the patient A & E rights, belief and values according to the hospital policy at all time?	YES	NO	N/A		2	
<i>Standard: Patient's rights, belief and values must be respected as far as it's practicable when receiving care.</i>						
Are patients educated on their medical conditions and intended procedures so they can make informed decisions?	YES	NO	N/A		2	
Are patients informed decisions clearly documented in patient's note?	YES	NO	N/A		2	
<i>Standard: Informed consent must be received from all patients and documented in accordance with the government law before care providers initiate any procedure.</i>						
Are patients communicated with in the language they mostly understand?	YES	NO	N/A		2	
Is patient waiting time in the A & E less than 30 minutes?	YES	NO	N/A		2	
Is there a copy of the patient's bill of rights in the hospital?	YES	NO	N/A		1	
Are staff trained and educated on the patient's bill of rights and their expected responsibilities?	YES	NO	N/A		2	
Does the A & E clinical and support team practice the minimum of 2 patients identifier system in which the patient also participate?	YES	NO	N/A		2	
<i>Standard: The hospital must adopt at least 2 patients identifiers system which the patient also participate to confirm the right care is being given to the right patient per time.</i>						
Subtotal					26	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
3.5 INFECTION CONTROL						
Is there any hand hygiene guidelines posted within the A & E unit?	YES	NO	N/A		3	
Standard: <i>The WHO or CDC hand hygiene guideline must be followed and visibly posted around the A & E units area for all staff to see and comply.</i>						
Are Personal Protective Equipment (PPE) readily available for use in the A & E?	YES	NO	N/A		3	
Standard: <i>PPE must be readily available in the A&E department, and must be used by all A&E clinical and non-clinical staff.</i>						
Are new A & E staff trained on the appropriate use of PPEs?	YES	NO	N/A		3	
Is there any guideline available in the A & E department for post exposure prophylaxis after needle stick injury?	YES	NO	N/A		3	
Standard: <i>Guideline/protocol document must be available and accessible to all A & E staff to manage post-exposure prophylaxis after needle stick injury.</i>						
Is a hand washing area/basin easily accessible to the A & E staff within the department?	YES	NO	N/A		2	
Is there constant running water in the A & E department?	YES	NO	N/A		3	
Is the A & E area and cubicles cleaned regularly even when not in use?	YES	NO	N/A		2	
Are the patients toilets kept clean throughout the day?	YES	NO	N/A		2	
Are used gowns/aprons separated into a leak proof container for the laundry?	YES	NO	N/A		2	
Subtotal					23	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
3.6 OCCURRENCE/INCIDENCE MANAGEMENT						
Is there any incident record book in the A & E unit?	YES	NO	N/A		2	
<i>Standard: There must be an incident record book in the A & E unit according to hospital policy and a designated senior clinical officer must oversee the management of recorded incidents in the A & E unit.</i>						
Are A & E staff made aware and encouraged to fill in the incidents record book?	YES	NO	N/A		2	
<i>Standard: Management are expected to practice a non-punitive and no-blame culture on reported incidences so as to encourage staff to report and respond to incidents in a timely manner except when it becomes obviously necessary to do otherwise.</i>						
Are patient safety incidents identified, managed and responded to on time?	YES	NO	N/A		2	
<i>Standard: Hospital management are expected to use collated incidence records to inform strategic actions that will prevent or reduce reoccurrence rate of these adverse events and near miss.</i>						
Subtotal					6	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
3.7 WASTE MANAGEMENT						
Are all the A & E clinical and non-clinical staff conversant with the hospital waste management policy?	YES	NO	N/A		5	
<i>Standard: A&E must have a documented waste management policy and ensure that all relevant clinical and non-clinical staff are aware, trained and understand the policy and procedures..</i>						
Are waste segregation performed as appropriate at the site of generation?	YES	NO	N/A		2	
<i>Standard: Waste segregation done at its generation site reduces the volume of cross-contamination during transportation to the disposal site.</i>						
Are wastes from the A&E collected in covered leak-proof containers?	YES	NO	N/A		2	
Are medical waste collected to the centralised disposal site daily?	YES	NO	N/A		2	
<i>Standard: Wastes generated from A&E must be collected daily to the centralised waste collection area.</i>						
Are used PPEs discarded in appropriate disposal bags and disposed as per the hospital policy?	YES	NO	N/A		2	
Subtotal					13	



SUMMARY

Noted Challenges:

Noted Recommendations: