

# RCEM Quality Strategy

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## Strategic Context

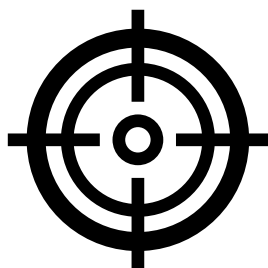
Quality in EM is about definition and delivery. This includes the fields of clinical care, safety, operational management, patient and staff experience, training, education (including QI methodology), and research. It also touches on policy, leadership, and infrastructure (workforce, informatics, buildings).

The Institute of Medicine (IoM) defines quality care as: safe, effective, patient-centred, timely, efficient, and equitable. This is a reasonable starting point.

This document aims to set out a strategy for how RCEM will organise itself and act to improve how we contribute to improving quality in EM in the UK. Related committees are expected to develop complementary strategies and workplans.

We believe our Quality strategy is a vital component RCEM's plan to achieve its strategic aims as set out in our [Corporate Plan 2020-2023](#). The Quality strategy sits underneath the RCEM strategic plan, and will be supported by workplans developed by each relevant Committee.

## RCEM's Overall Strategic Aims

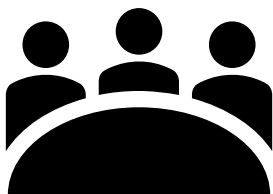


- Improving patient care for those attending Emergency Departments.
- Support our Members and Fellows with the delivery of high-quality day to day care in Emergency Departments.
- Supporting our Members and Fellows to achieve sustainable satisfying careers.
- Advancing the practice of Emergency Medicine in the UK and worldwide through research and engagement in Global Health.

## Where are we today?



The Quality Team, Quality in Emergency Care Committee, and Service Delivery Cluster undertake a wide range of workstreams to support improvements in the quality of care in the UK and beyond. Many other committees are focused on improving quality in education, training, and through research. Our CPD and events programme seeks to support our activities across all these domains.



### Key RCEM committees in this space

- Quality In Emergency Care Committee (QECC)
- Committees in the Service Delivery Cluster (SDC)

### Other key committees

- Lay Committee
- Training Standards Committee (TSC)
- Education Committee
- Research Committee
- CPD and conference Committee

### Current successes include:

- There is good guidance production from Best Practice and other committees
- Work is prioritised according to perceived need.
- Frequent safety flashes are developed and widely distributed
- QIPs have been well subscribed in all 4 nations of the UK and positively reviewed
- ISRs have been well received
- We have developed good relationships with CQC, NICE, HSIB, PRSB, HQIP, GIRFT and other key bodies
- CPD and academic events are well-run and include topic experts to share important educational updates to members
- RCEM learning is highly valued and features a high-quality educational offering developed by topic experts
- The Research Committee supports the development of innovative practices in EM by offering grants and professorships, and reviewing surveys applicable to our membership

**Current challenges include:**

- We are not currently providing a coordinated, integrated and accessible offer around Quality in EM. This includes linkage between committees, and our outputs
- There is a lack of evidence that activities supporting quality are producing sustainable improvements
- Our structure does not support our strategy in some areas
- There is currently no one-stop source for our members or other agencies to easily access information on what good looks like across various domains in EM. Information and guidance has been difficult to locate on the website
- There is a danger that RCEM becomes a follower in how EM is defined, how quality in EM is defined and measured, and how services are configured. This includes responses to key reports from external organisations
- We may not be providing outlets for interested and talented colleagues within RCEM. We struggle to recruit members to some key committees
- There is little work on Patient Experience. Poor utilisation of existing knowledge on improving patient experience and integrating the patient voice
- Improvements are required in the impact analysis of outputs such as guidance produced
- More explicit work and advice is required around reduction of health inequalities

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| <ul style="list-style-type: none"><li>• This includes recognising and rewarding outstanding contributions via committee work</li></ul> |
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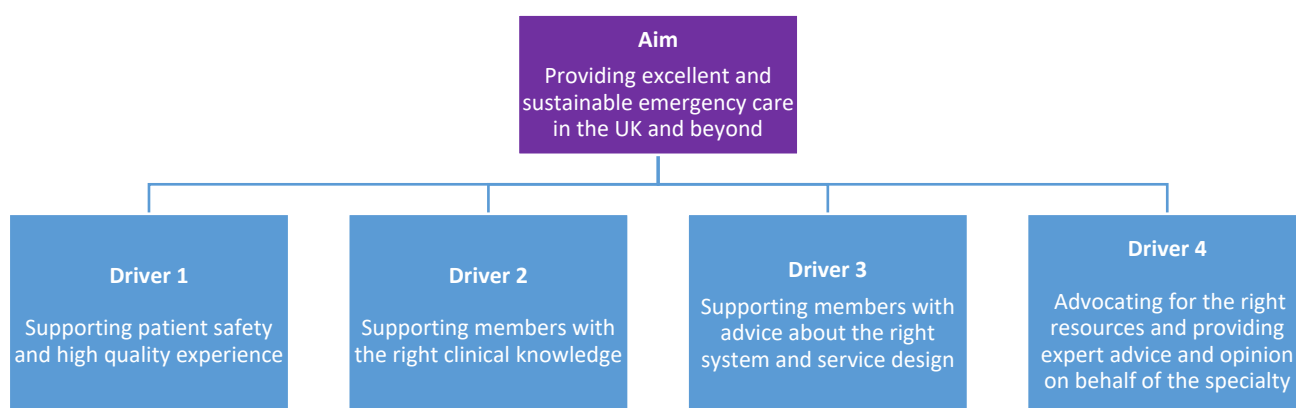
- We need to share our success better. We need to ensure a 4-nation approach throughout all workstreams

## Where do we want to be tomorrow?



We are clear on the principles defining us as an organisation that supports our members and patient needs. Our aim is to support the specialty to support excellent emergency care in emergency medicine in the UK and beyond, organising our work around four primary drivers.

## Primary drivers within the Quality strategy



**1: Supporting patient safety and high quality experience** – a commitment to understand and address patient safety issues and to support improvements to the patient experience when visiting EMs.



**2: Supporting members with the right clinical knowledge** - a commitment to provide up to date, useful clinical information such as position statements, toolkits, guidance, safety updates, education, and training.



**3: Supporting members with advice about the right system and service design** – a commitment to support emergency medicine staff to design a safe, high-quality service within the emergency care system, which provides a good staff experience.



**4: Advocating the right resources and providing expert advice and opinion on behalf of the specialty** - a commitment to listen to the views of members, patients, and lay people to provide commentary, advice and opinions on their behalf. Ensuring emergency medicine staff have the right resources, including workforce, to enable them to perform with excellence.

## **Making a start**

The basic drivers are underpinned by a series of tactical objectives, with some initial high-level actions. These will help us meet the challenges outlined above. These are detailed in the accompanying document “RCEM Quality Strategy: Making it happen”

Key Committees and SIGs will ensure their workplans align with the strategy, and contribute to the four primary strategic drivers. Updates will be provided to Council twice annually covering key activities completed, impact analysis, and forthcoming plans; thus, allowing better organisational oversight of successes and challenges.

## **Important linkages**

- The RCEM Corporate Plan and our developing quality strategy
- Developing intercollegiate strategy
- RCEM CARES and Summer to Recover
- Workforce strategy
- College committee structure
- Website redevelopment
- Curriculum and training
- Education, including events and RCEM learning
- Taxonomy and definitions for EM and quality in EM in the UK (see Appendices)
- ISO9001 process development and satisfaction evaluation
- EDI, WEMSIG, EMTA, EMSAS, ACP Forum