

Emergency Care Bulletin

About this bulletin

This bulletin is for everyone working in emergency care. Please:

- Print and display the bulletin on all relevant noticeboards
- Forward the bulletin to members of your team who may benefit from this information
- If applicable, please note in the nurses' communication book that a new bulletin has been issued.

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The Department of Health also circulates targeted bulletins to GPs, nurses, allied health professionals, medical directors and human resource directors. They are available at www.doh.gov.uk/publications/bulletins.htm

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TOP NEWS

Money for A&E modern matrons now available

The £2 million Modern Matrons' A&E Patient Experience Fund, for matrons based in accident and emergency departments, has been released to PCTs.

This fund is to raise standards of cleanliness, hygiene and other aspects of the A&E environment. Each A&E matron will get £10,000 per department to spend in consultation with patients on things like extra cleaning, enhanced painting and decorating, drinks and snack machines, improvements to children's play areas, redesigning reception areas to make them more patient-friendly and information boards.

Matrons can obtain the views of local A&E patients through consultation with their patient advice and liaison service, by reference to the local results of the national A&E

Patient Survey, the output of the Patient Environment Action Team inspection or in some other meaningful way.

A leaflet has also been distributed to all frontline A&E staff providing useful contact details about how to involve patients in decisions about their care and explaining how they may be able to help improve the experience of patients in their A&E department. The fund guidance is at www.doh.gov.uk/emergencycare/patients.htm

For further information please e-mail clare.allcock@doh.gsi.gov.uk or telephone 020 7210 5161.

A&E patient champion is appointed

Jonathan Asbridge has been appointed to the new role of director for patient experience in A&E.

Minister of state Rosie Winterton has charged the former chief nurse at Barts and The London NHS Trust to lead the drive for improvement.

Jonathan's role will involve supporting NHS staff to be responsive to the needs of patients and acting as a national spokesperson to improve the whole experience of the many millions of patients and carers who visit NHS A&E departments every year. He will be working closely alongside the Modernisation Agency, national director for emergency access Professor Sir George Alberti and chief nursing officer Sarah Mullally.

Jonathan said: "Patients are at the centre of everything we do in the NHS, and I am delighted to have this



Leading the drive for change: Jonathan Asbridge

opportunity to help improve their experience of emergency care. The A&E department is very often the first impression of a hospital for patients and I am looking forward to working with them and with staff to deliver real improvements."

CASE STUDY

Flow co-ordinator improves the patient experience

Birmingham Heartlands Hospital has improved the experience of patients and its performance by introducing a new role of 'flow co-ordinator' into its GP emergency assessment area.

As part of an information mapping exercise, consultant nurse Liz Lees identified two areas that needed to be improved – communication between patients and other departments and patient flows – to assist departmental efficiency.

In partnership with the Ideal Design of Emergency Access (IDEA) programme they employed a flow co-ordinator, who centralises communications and documentation at peak times.

Jackie Ferreday, who was appointed as the flow co-ordinator, said: "I carry out a number of administrative tasks that help to free up nurses' time, for example contacting doctors or the X-ray department and continually chasing the progress of bed availability. I also promote patient involvement and choice by carrying out satisfaction surveys then following through suggested actions arising, for the patients' benefit."

The impact of the role was tested through patient process mapping, both before the flow co-ordinator role commenced and after its introduction. It was also recorded on film to view the real impact.

Patients are also happy with the improvements. Patient satisfaction surveys suggested that information booklets provided by the flow co-ordinator were informative and an accurate reflection of what to expect. The trust has acted on further suggestions from patients. Notice boards have also been erected to answer commonly asked questions.

Liz said: "Visiting staff are gradually beginning to understand the positive impact the new role of the flow co-ordinator is having. They frequently comment on the improvement in the organisation of the department – from chaos to calm!"

For more information contact Liz Lees on 0121 424 2350 or e-mail Liz.lees@heartsol.wmids.nhs.uk

MORE NEWS

New emergency care web forum launched

We have updated and developed the department's emergency care web forum. All messages that are posted will automatically alert the workstream leader for that area.

Log onto www.doh.gov.uk/emergencycare/forum.htm

The password is included in the e-mail alert or is available from your Emergency Care Lead.

Royal College audits standards of care

The department is committed to reducing mortality due to injuries.

In 2000 the Royal College of Surgeons of England and the British Orthopaedic Association (BOA) published *Better Care for the Severely Injured*, which set standards across all relevant specialties for the emergency management of seriously injured patients.

As a first step towards revising these standards, the college is undertaking a survey to determine the extent to which the standards are being applied. A questionnaire has been sent to the BOA's link orthopaedic surgeon at each acute trust who will co-ordinate completion of the document. Chief executives and medical directors are asked to provide assistance for this project. The deadline for returns is 30 September 2003.

For more information contact Vicky Preston on 020 7869 6034 or e-mail vp Preston@rcseng.ac.uk

Emergency Services Collaborative update

On average, wave 1 sites have been exceeding or meeting the 90 per cent four-hour target since week 16, suggesting that improvements made thus far are sustainable, long-term changes.

Meanwhile, waves 2 and 3 were able to see, treat, admit or discharge on average more than 86 per cent of patients within four hours of arrival at A&E.

Wave 1 continues to post better-than-expected results, compared to its trajectory, while waves 2 and 3 are meeting expectations.

Trajectories show the expected performance of each wave against the four-hour target; occasionally, however, additional external factors will influence the figures, such as the March 2003 target week. It is important to stress that the ESC is only one amongst a set of strategies for achieving *The NHS Plan* four-hour target.

Also, individual sites have their own trajectories that have been agreed within their local delivery plans.

For further information on the ESC, its events and monthly report, contact Kerrin Howard at 020 7061 6780 or via e-mail at Kerrin.Howard@doh.gsi.gov.uk or visit our website at www.modern.nhs.uk/emergency

Additions to electronic library and toolkit

A summary of recent additions to the National electronic Library for Health's emergency care specialist library is available at

www.nelh-ec.warwick.ac.uk/ and recent additions to the emergency care toolkit are available at www.nelh-ec.warwick.ac.uk/ECL_Toolkit/index.html

Use of names for medicinal substances

The Medicines and Healthcare Products Regulatory Agency (MHRA) is proposing to replace British Approved Names (BANs) with recommended International Non-Proprietary Names (rINNs) for all medicinal substances where BANs are currently used, with the exception of adrenaline and noradrenaline.

This decision – which will bring the UK into line with European law – has been taken in consultation with DH, the Devolved Administrations, and endorsed by independent advice from the Medicines Commission. Because use of the rINN has not been strictly applied in the UK it is possible to find the same substance on the UK market with two different names. This inconsistency could possibly contribute to medication errors and it is therefore necessary to regularise the current naming situation in order to protect public health by reducing this risk.