What does good look like in ED - Patient FIRST

Pressure resilience in EM 5 - PR5 plus

1. Clinical care

i. **Initial assessment**. There must be a safe, validated and reliable system in place at the front end to identify critically ill patients, whether arriving by ambulance or walk-in.This should include a robust infection control process, to identify patients with infectious diseases, or risk of, at attendance.
ii. **Critically ill**. Once identified, there needs to be a robust system in place to manage these patients, as directed by national guidelines. This should be audited regularly.
iii. **Deteriorating patients in ED**. There should be an easily reproducible and accessible system in place to identify deteriorating patients in any part of the department, as well as a process to ensure this is acted upon.

2. Infection prevention and control

Overall aims should be to prevent the spread of and control infectious diseases:

i. Between patients.
ii. Patient acquiring infection from clinical staff.
iii. Staff acquiring infection in their workplace.
iv. And manage patients with infectious diseases or risk of, according to recognised clinical guidelines in the right environment, for example, COVID-19.

3. Patient flow

There should be a structured approach to patient flow to ensure that all components of the system are appreciated and managed appropriately, and always escalated when necessary.

4. Work force

There should be an appropriate staffing model in the Emergency Department, one which takes variation in demand into account, not just average demand. To include a flexible system to manage infection risk, for example COVID surge.

5. Leadership and culture

For the above initiatives to be successful, it is imperative that there is resilient leadership which encourages a positive and caring culture within the team, that has safety and patient care at the forefront.