



**Dr Taj Hassan, President, RCEM**

**Staying strong in 'the storm' and the power of AEC to be the shield!**

# Staying strong in 'the storm'

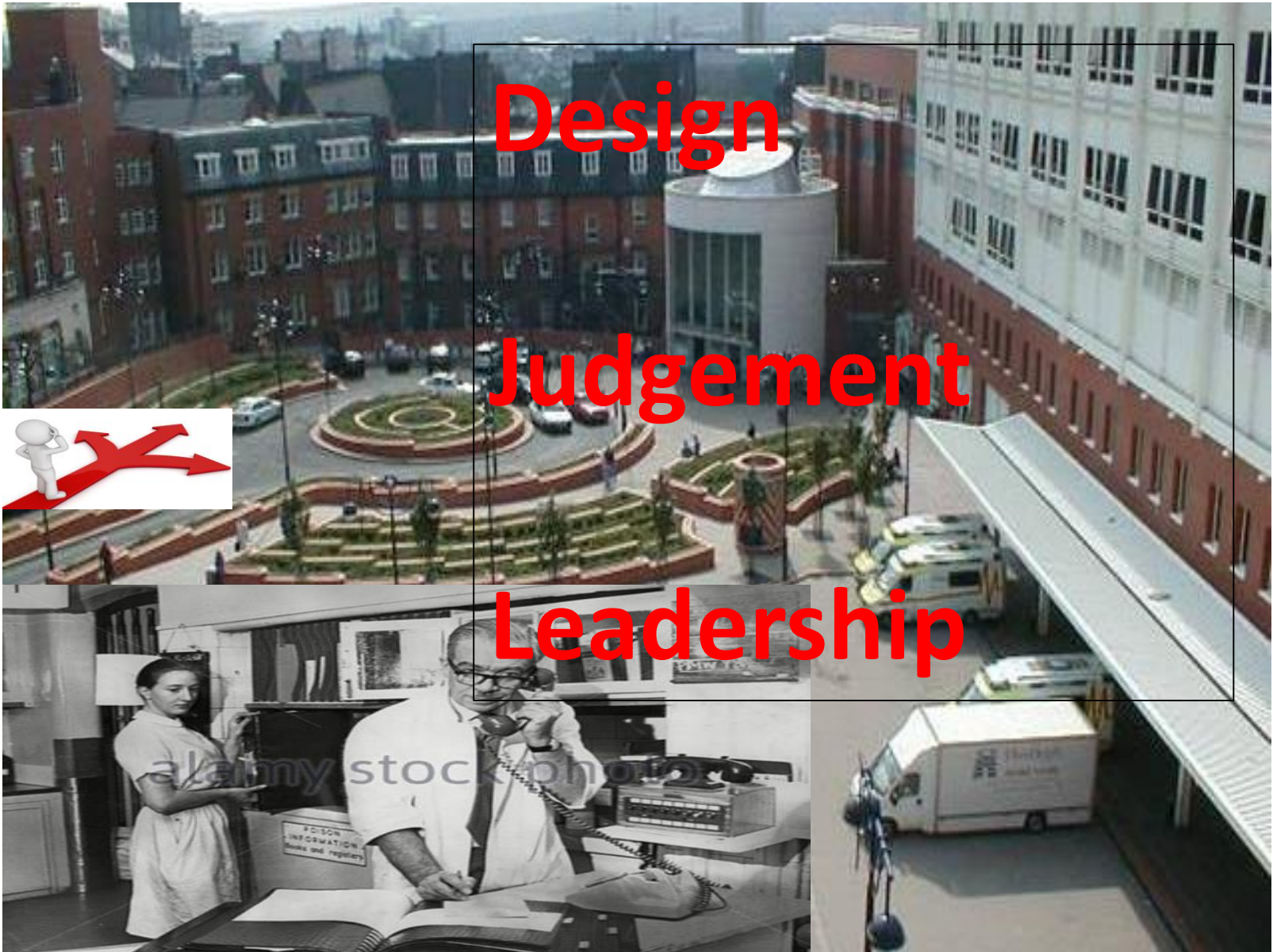
**Dr Taj Hassan**

**@RCEMpresident**

**Design**

**Judgement**

**Leadership**



# Defining reality & living in adverse environments





**Editorials****Winter all year round in the emergency department**

*BMJ* 2018 ; 363 doi: <https://doi.org/10.1136/bmj.k4438> (Published 25 October 2018)

Cite this as: *BMJ* 2018;363:k4438

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*Tajek B Hassan, president1, Simon Judkins, president2*

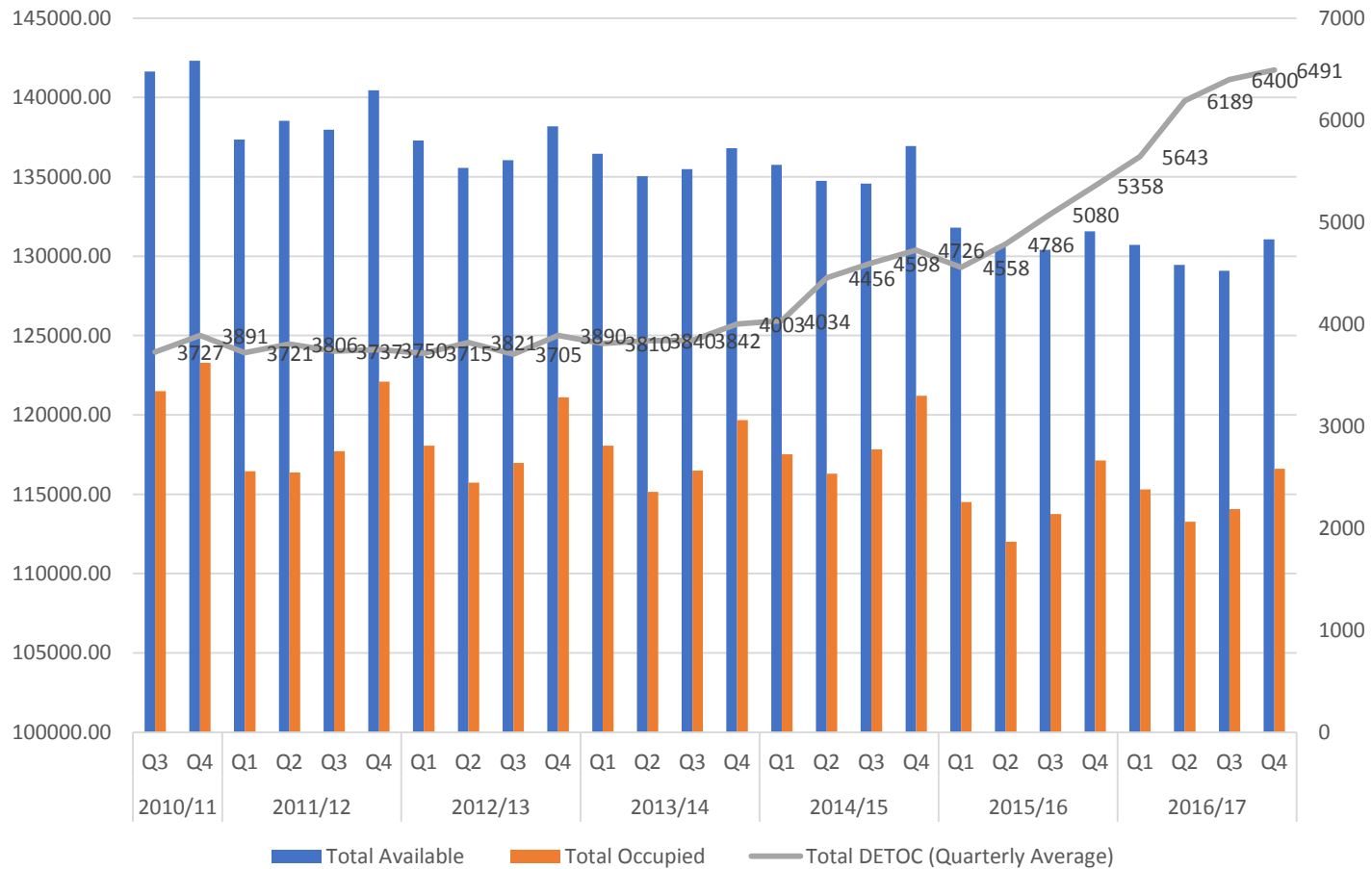
[Author affiliations ▾](#)

Correspondence to: T B Hassan [President@rcem.ac.uk](mailto:President@rcem.ac.uk)  
@RCCEmpresident

Protecting patient safety is the top priority



# Not enough acute beds in the system





**Taj Hassan** @RCEMpresident · Mar 13

Many thanks to @MyiED at St James @LTHTrust Today. We came onto 10hr wait 2c clinician with ED & system recurrently struggling at 50%+ 4hrperf. All complications of crowding present. All managed brilliantly by a great team. Thank you all for being fantastic! Ps no cases of flu!



6



50



75



**Taj Hassan**  
@RCEMpresident

Following

So then u get asked-what's it like incrowded ED? My best way 2 describe to say that it is an assault on your senses, your clinical skill set & most imp your values! All are compromised! Mental energy burns, frustration grows, dignity ebbs away- get the idea!  
[@RCollEM](#) [#RCEMsolutions](#)

2:32 PM - 13 Mar 2018

38 Retweets 63 Likes



2



38



63



**Taj Hassan** @RCEMpresident · Mar 14

Finally - it is relentless no doubt at present. But we are a strong strong specialty with excellent leaders & teams in ED. We will get through this. I promise you [@RCollEM](#) is working hard with all players to find tangible solutions to make things better. We will get there!!



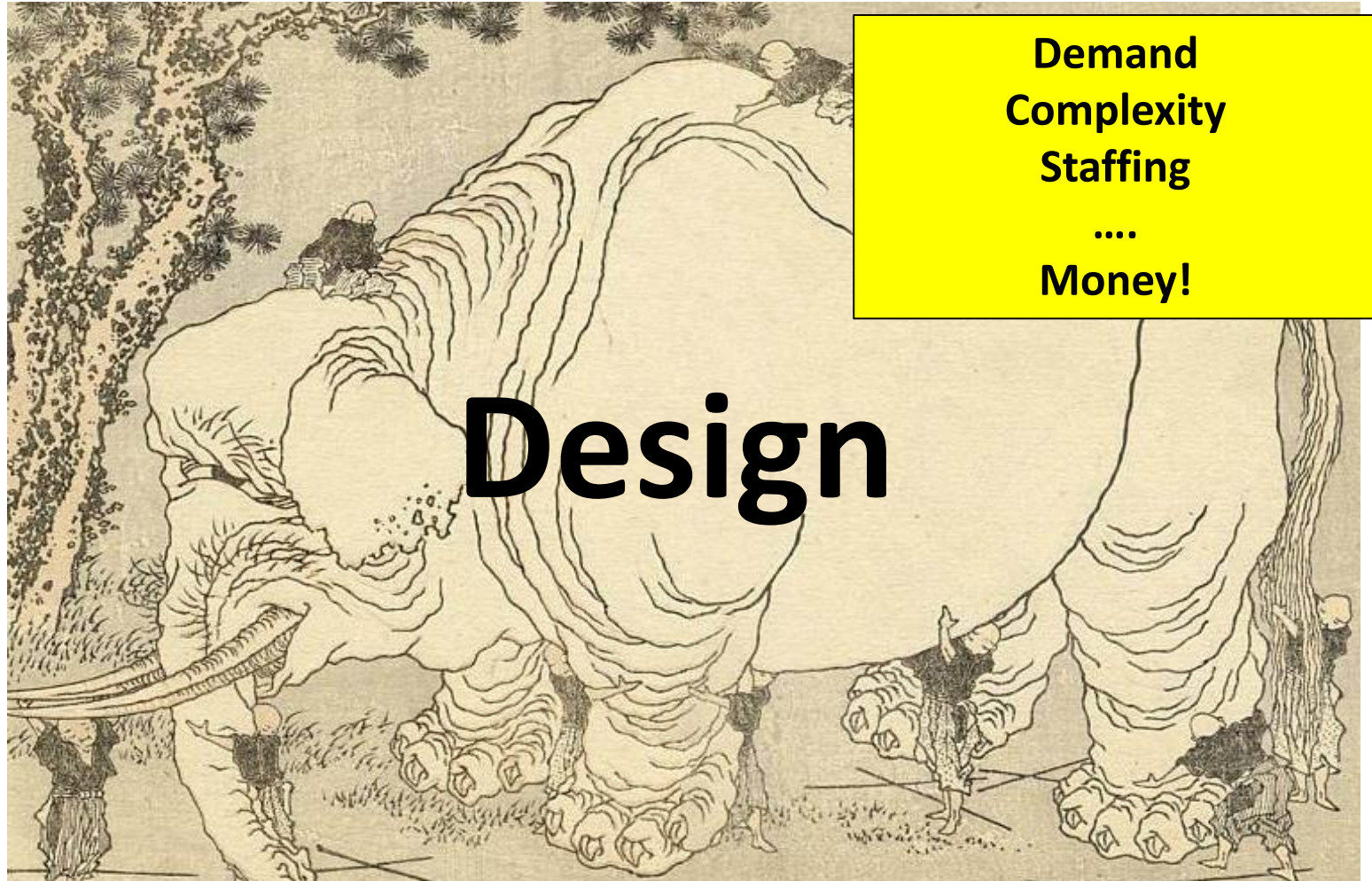
11



26

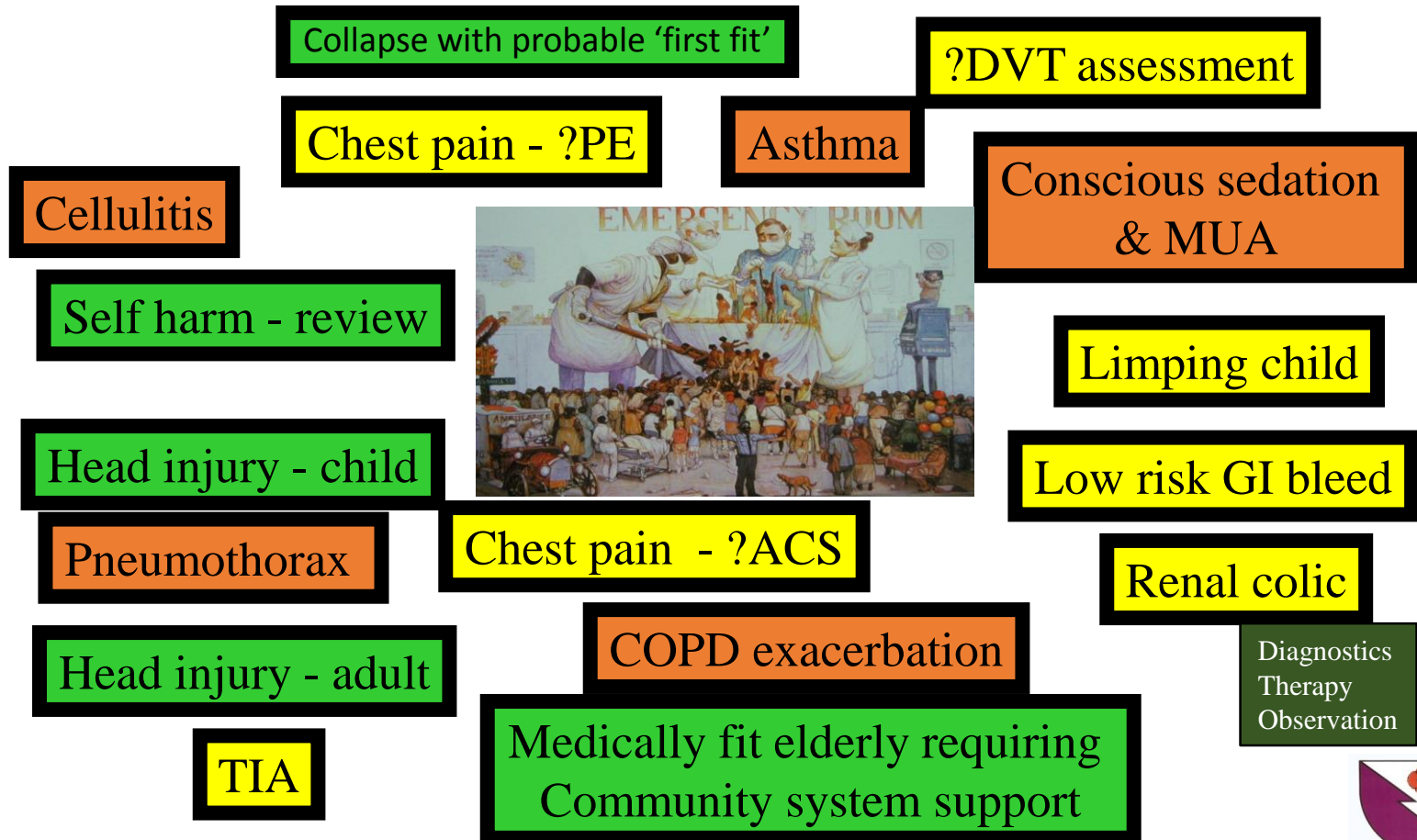


# Elephants in the room!

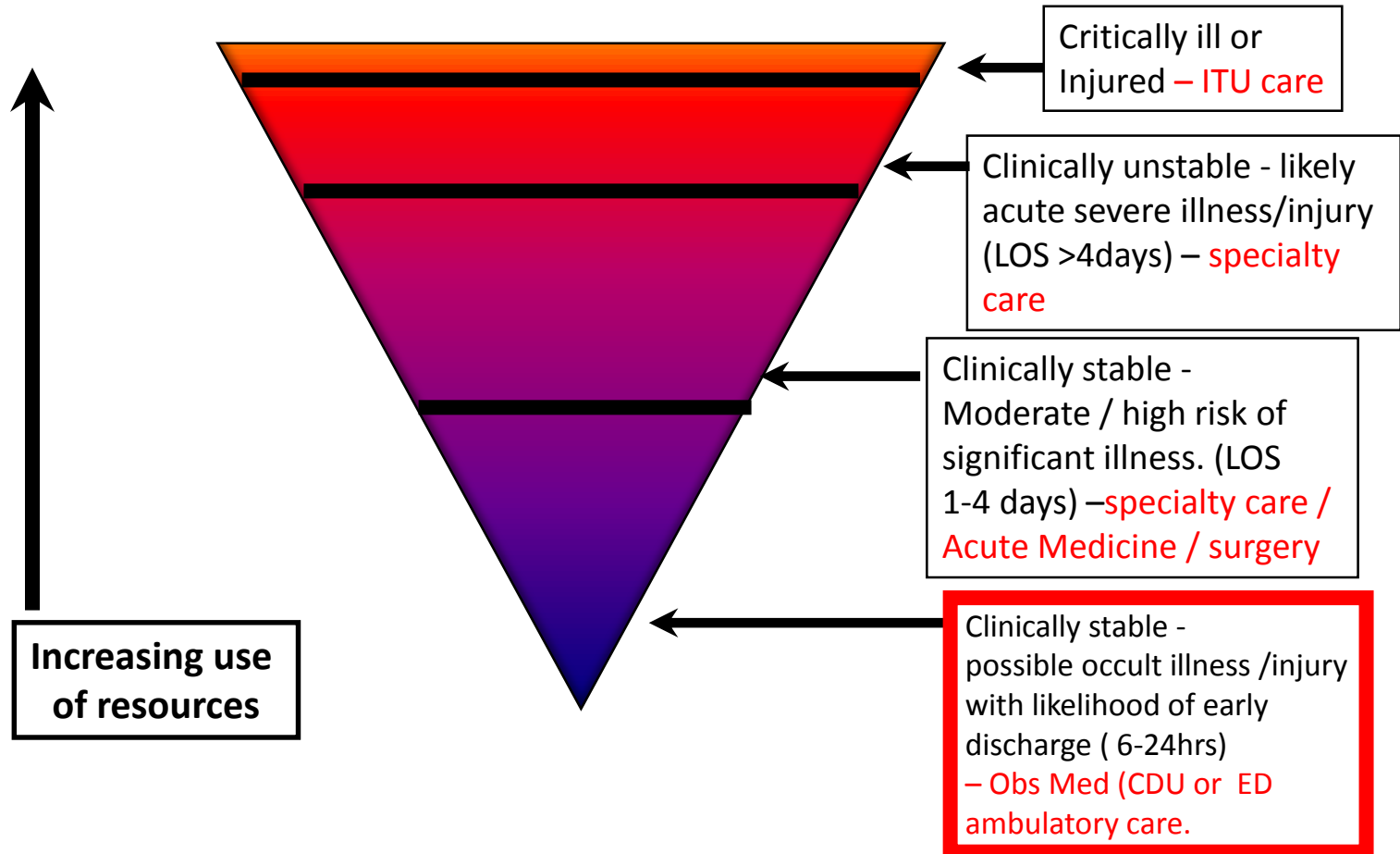




# Delivering ambulatory care in the ED – a 'virtual Clinical Decision Unit' concept

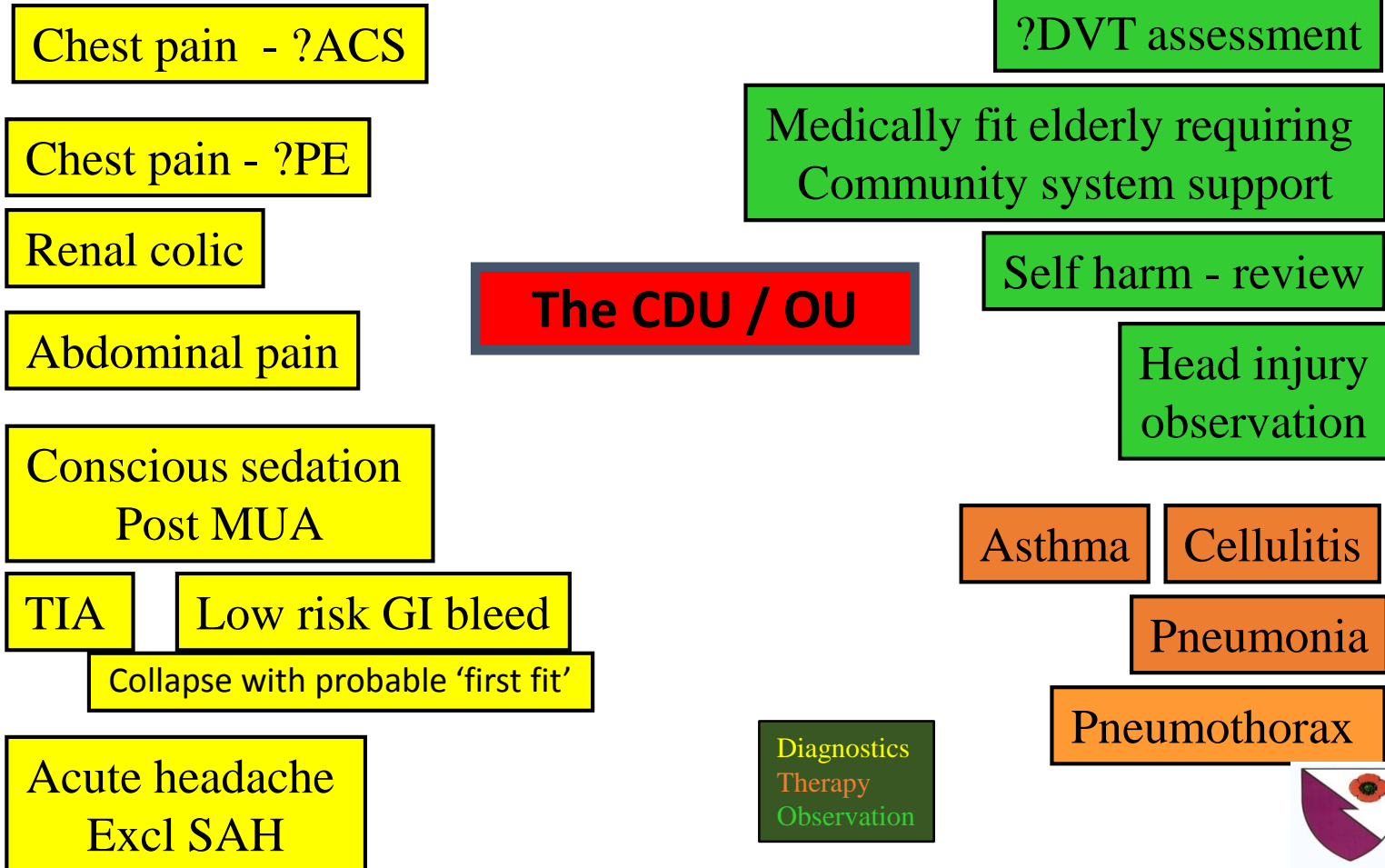


# Finding the target population for ambulatory assessment and management

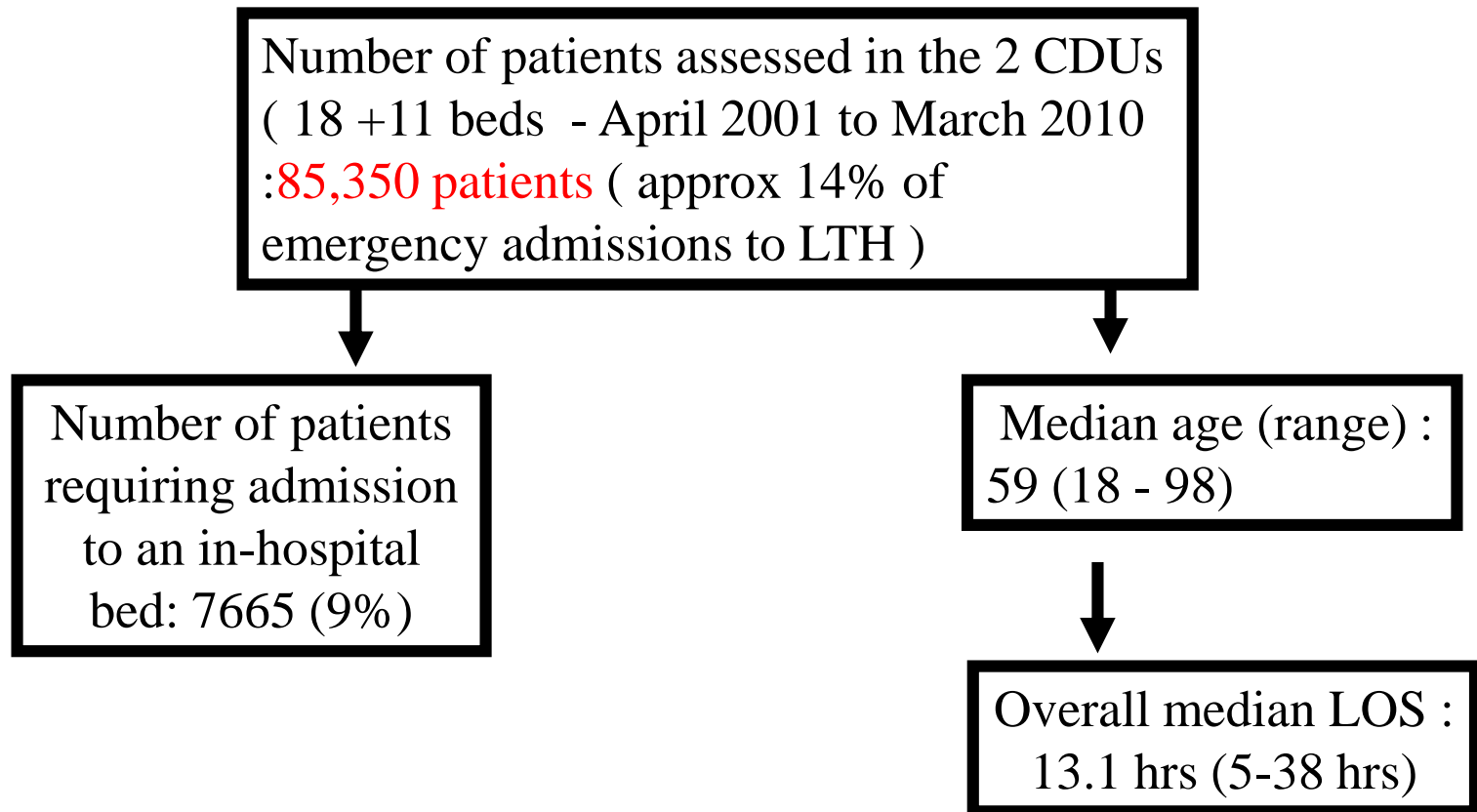


# Delivering ambulatory care on the CDU

## Key pathways

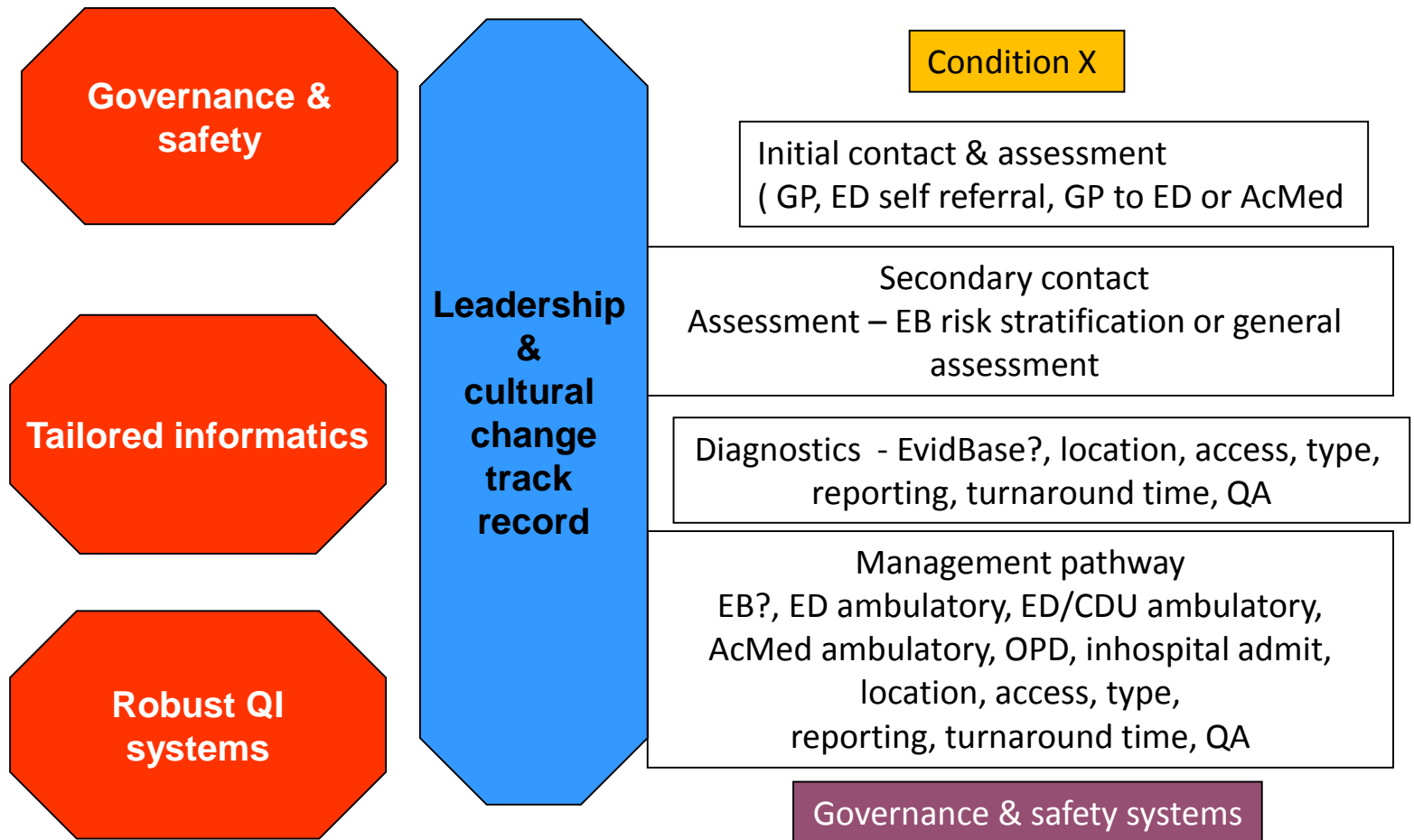


## Outcomes – CDUs in Leeds





# Mapping ambulatory pathways



Recognising 'value for money' for short stay admissions & ambulatory care – Same Day Emergency Care Tariff development

## **DH guidance for the PbR Business Rules and National Tariff for 2009-2010**

Good IT infrastructure

Tight process mapping of how you code & QA

Build clear concise business plans around the QIPP template that will be easily understood by your COMMISSIONERS!

Review at regular intervals & calibrate to minimise missing out on funding!

Know the key aspects for SDEC vs Admitted Patient Care Tariffs – “What are the top tips”



# Judgement

# Evolution and experience

- Accident and Emergency Services (The Platt Report) *Standing Medical Advisory Committee CHSC. London 1962*
- The holding area : a new arm of the ED. *Tabenhaus et al, JACEP 1972;1;15-19*
- The observation holding area : a prospective study. *Bozien WF. JACEP 1979;8: 508-512*
- An evaluation of the functions of a short stay observation ward in the A&E department.  
*Dallos V, Mouzas G. BMJ 1981*





# *Observation* Medicine in the ED

The Healthcare System's **Tincture of Time**

*Louis G. Graff et al*

*American College of Emergency Medicine 2004*



## Quality Indicators in the Emergency Dept

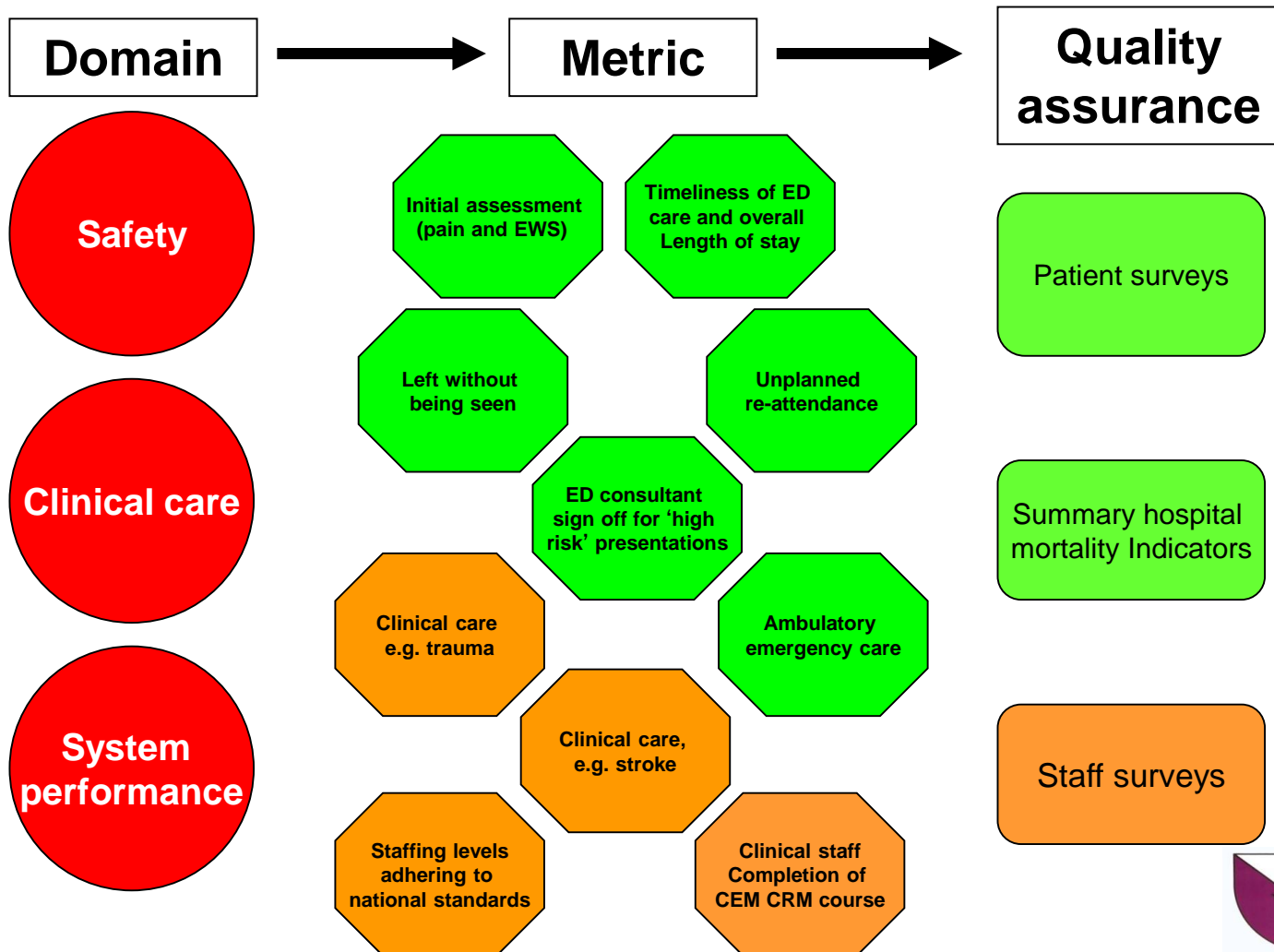
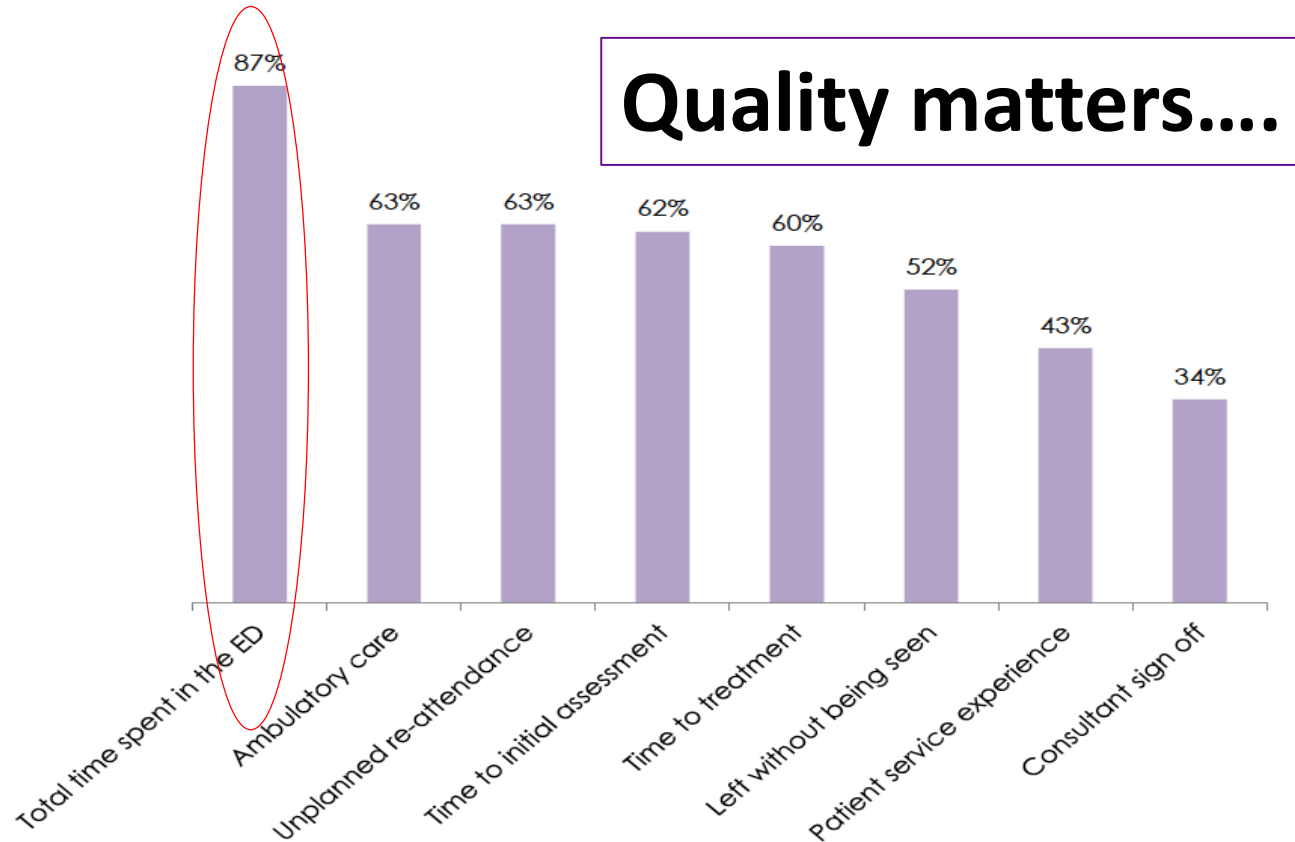


Chart G3 - Clinical quality indicators being used to commission urgent & emergency care – by % of responses (England only)



82 EDs in England responded to this question

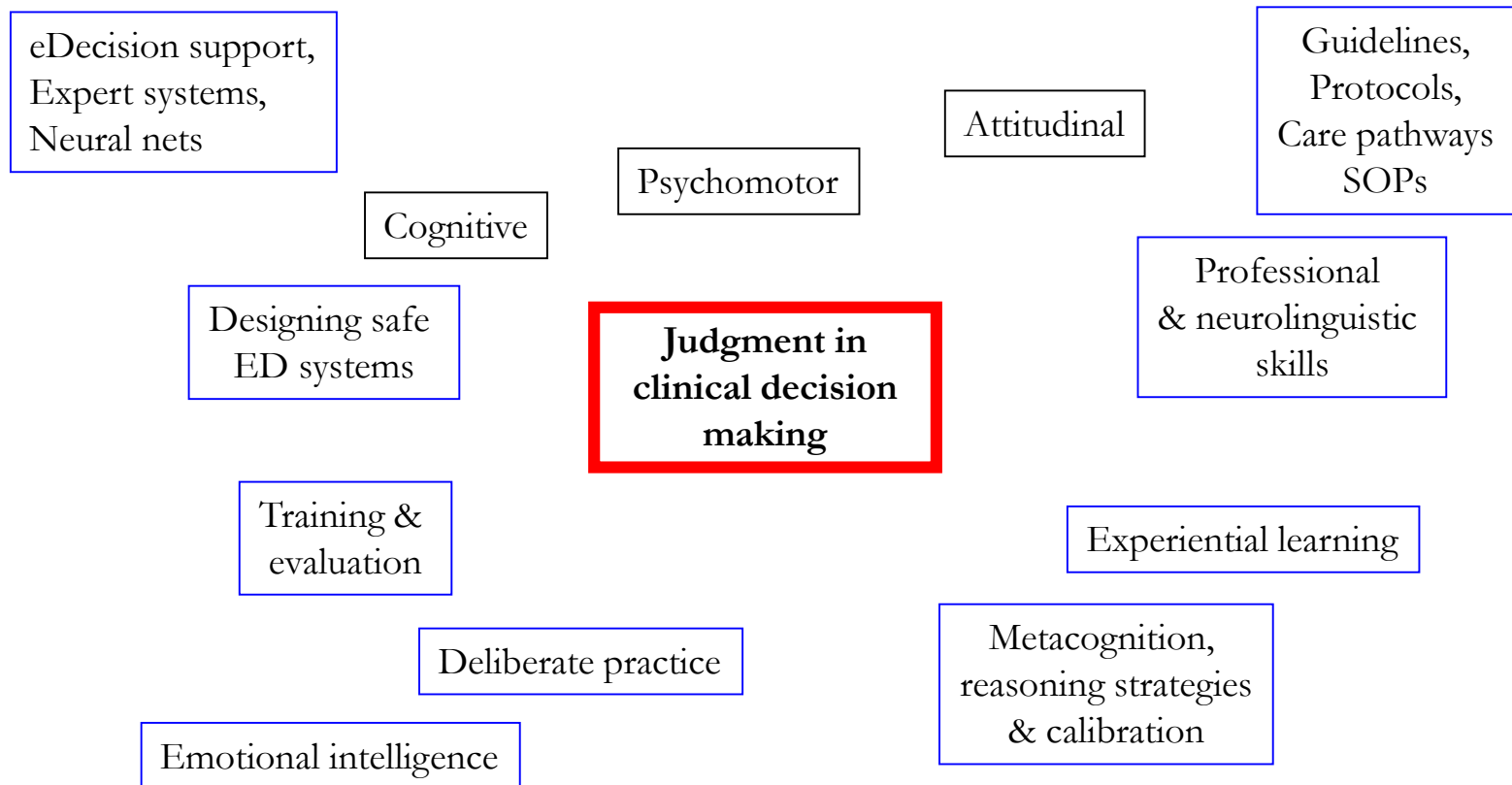
## Competency defined as :

- Implies integration of knowledge, skills, **judgement** and attitudes.
- Context specific
- Linked to professional roles
- Linked to process and outcome
- Require experience of and reflection on professional practice.
- Applies at any level of experience.
- Ongoing competence development needed due to changes in practice

**Marjan Govaerts**  
**Med Educ 2008**



# Teaching clinical judgment and decision making in a dynamic ED setting.



# Leadership

National priorities for acute hospitals 2017

# Good practice guide: Focus on improving patient flow

July 2017

# Collaborate



Royal College  
of Physicians



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES



British Geriatrics Society  
Improving healthcare  
for older people



Royal College  
of Surgeons  
ADVANCING SURGICAL CARE



The Royal College of  
Emergency Medicine

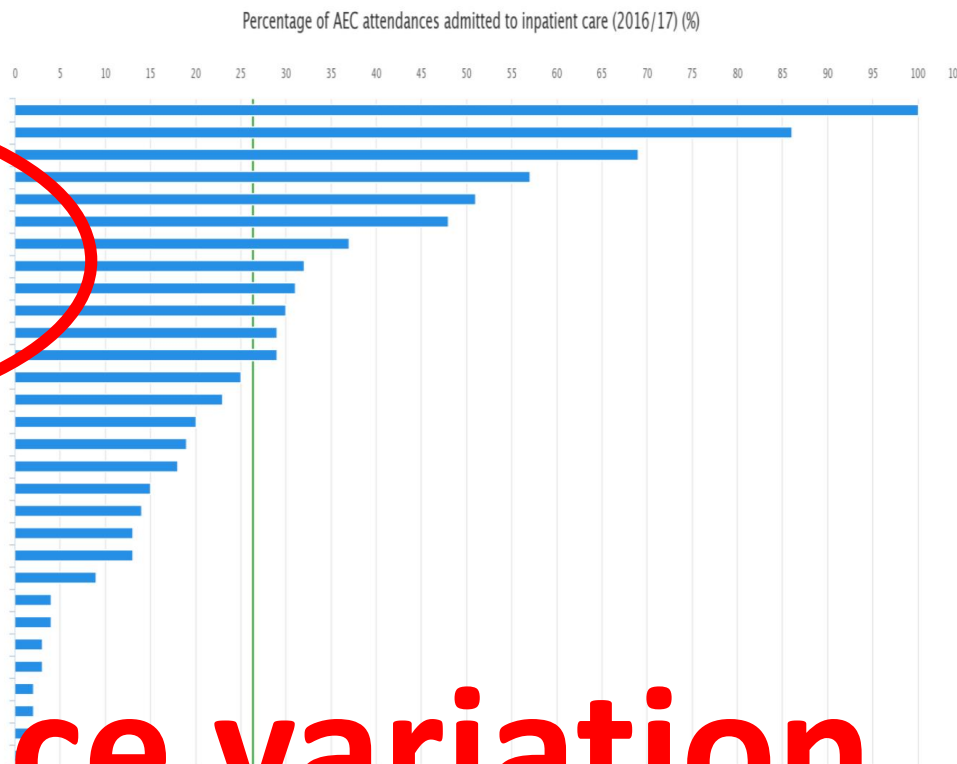


THE SOCIETY FOR ACUTE MEDICINE

## Ambulatory Care: Inpatient care

- The chart opposite shows the percentage of attendances in an ambulatory care unit that converted to an inpatient admission.

- The mean number reported was 26%, which is in line with the overall A&E conversion rate. Around one quarter of AEC sites demonstrated conversion rates of less than 10%.



# Reduce variation





# Workforce planning

## Multidisciplinary Clinical Workforce

FY1/2

EM CT1-3

Clin Devopm Fellows

MTI

Adv Care Practitioners

Phy Associates

ENPs

SAS

GP CT1-3s

**ATTRACT**

**RECRUIT**

## Senior Decision Maker

ST4-6

**Consultant EM**

with "depth & breadth"  
delivery models of 1-4 Cons  
on shift - depending upon  
demand

CESR

Specialty Doctor

**RETAIN**



The College of Emergency Medicine

## Stretched to the limit

*A survey of Emergency Medicine consultants in the UK*

### Emergency Medicine Journal

An international peer-reviewed journal for health professionals and researchers in emergency medicine

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*Emerg Med J* doi:10.1136/emmermed-2015-204752

#### Commentary

### Averting compassion fatigue and burnout. Who should help us conquer our demons?

Tajek B Hassan

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## JAMA Internal Medicine

Formerly Archives of Internal Medicine

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October 8, 2012, Vol 172, No. 18 >

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Original Investigation | Oct 8, 2012

### Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population **FREE**

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, PhD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

[\[+\] Author Affiliations](#)

*Arch Intern Med.* 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199.

Text Size: [A](#) [A](#) [A](#)

A horizontal bar with a rainbow color gradient from blue on the left to red on the right. The bar contains several text labels in black, serif font, arranged in two columns. The left column contains positive terms, and the right column contains negative terms.

**High performing**

**Disengagement**

**Satisfaction**

**Anxiety**

**Compassion fatigue**

**Resilience**

**Career burnout**

**Wellbeing**

**Exhaustion**

The following table shows additional funding given to the National Health Service for winter and seasonal resilience between 2011-12 and 2014-15:

Year	Additional Funding	Date
2011-12	£300 million (winter resilience)	January 2012
2012-13	£330 million (winter resilience)	September 2012
2013-14	£400 million (winter resilience)	November 2013
2014-15	£700 million (winter resilience)	Start of the financial year
2015-16	£400 million (seasonal resilience)	Start of the financial year
2016-17	£400 million (seasonal resilience)	Start of the financial year

# Influencing



Improving safety in the  
Emergency Department  
this winter

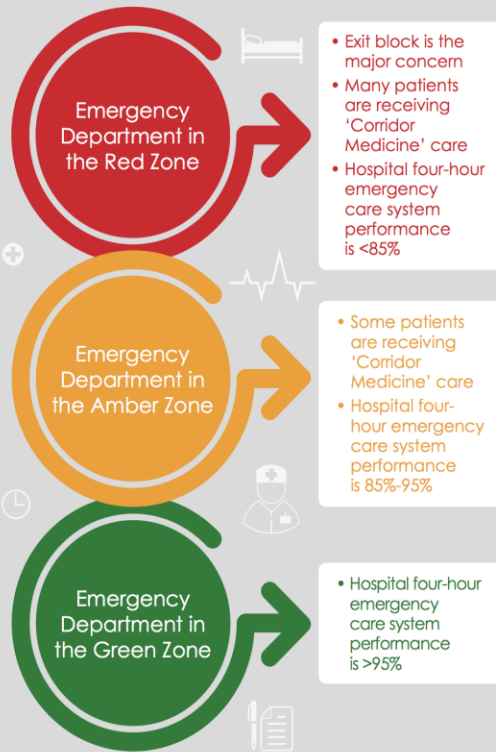
# RCEM Winterplanning System leadership

## Emergency Departments need:

- High quality patient experience
- Adequate staffing
- Wider system engagement
- Excellent system leadership

## Priorities:

1. Maintaining safety, time-critical care (based on clinical acuity) and dignity for all patients
2. Supporting system performance (adequate staffing and acute bed capacity for system flow)
3. Ensuring training is always supported

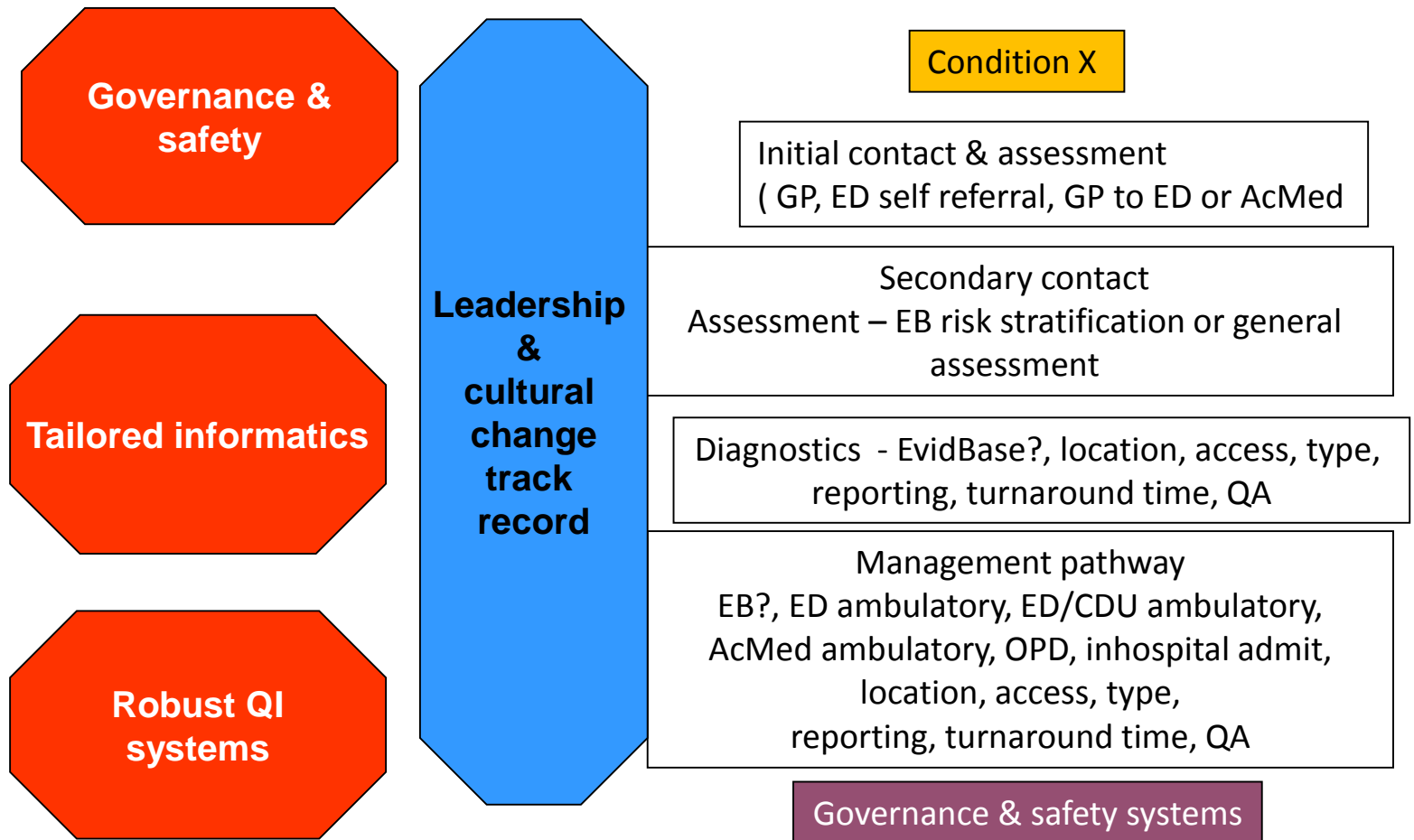


## Quality checklist for Hospital Boards and Executive Teams



- 1 How will you maintain safety, quality and dignity for patients in your crowded Emergency Department this winter?
- 2 What are your plans for safe staffing in your Emergency Department this winter in order to cope with demand?
- 3 What are your plans for safe staffing of assessment and escalation areas, medical wards and for 'outliers'?
- 4 Does your hospital and system respond to demand in the evenings, at weekends and over holiday periods?
- 5 Is the wider system engaged to support achievement of the four-hour emergency care standard?
- 6 Is safety and performance against the four-hour standard at the highest level on your hospital risk register if your ED is in the Amber or Red Zone?
- 7 How will you value staff and maintain morale during periods of sustained pressure?

# Mapping ambulatory pathways



*“Action without vision  
is only passing time,  
vision without action  
is merely day dreaming,  
but vision with action  
can change the world.”*

- Nelson Mandela

A black and white portrait of Nelson Mandela, showing his face from the nose up, looking slightly to the left. The image is grainy and has a high-contrast, artistic feel.

**Design**

**Judgement**

**Leadership**