

ABSTRACTS OF INVITED AND SCIENTIFIC PAPERS

Symposium-1

Quality Management of Emergency Medical Services

Monday, 10 May, 13:00–15:00 hours

Chair: *Jean Marie Fonrouge; Naruo Uehara*

S1-1

An Overview of Current Approaches to Quality in Health Services

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“Quality Assurance and Improvement in Healthcare” currently is a worldwide trend, and various approaches are being undertaken toward enhancing the quality of emergency medical care and emergency medical service systems. In addition to the traditional approaches, such as Continuous Medical Education, Specialty Development of Emergency Physicians, and Accreditation of Emergency Departments, new approaches are being developed and tested. These approaches adopt the concept of KAIZEN or Total Quality Management (TQM) have been tested in many countries, and include: 1) Quality Control (QC) Circles; 2) Continuous Quality Improvement (CQI); 3) Evidence-Based Medicine; 4) Critical Pathways; 5) Practice Guidelines; 6) Customer Satisfaction Surveys; and 7) Performance Indicators.

The primary features of the concept of TQM are system-wide, process-oriented, patient-centered, and evidence-based. In TQM, “certainty” of care is of greater concern than is “excellence” of care. This is illustrated with the well-known catch-phrase of “failure is treasure land” (Failure cases provide us with invaluable improvement opportunity.)

After reviewing the original concept of TQM/KAIZEN in Japanese industries and the evolution of the concept of quality in health care in the USA, an overview of various quality approaches will be introduced and discussed with the aim of facilitating the following panel discussion.

Keywords: continuous quality improvement (CQI); health care; management; quality; quality assurance (QA); total quality management (TQM)

S1-2

Quality Improvement for Emergency Medicine in Australia

Peter Cameron

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Historically, Australian hospitals have had extensive Quality Assurance programmes in an attempt to maintain standards. Like other industries, during the last 10 years, there has occurred the realisation that better processes developed when employees focused on quality

improvement rather than maintaining standards. Now, in most hospitals, the useless accumulation of mountains of data purporting to measure quality has ceased. Quality Councils have been implemented with a view to identifying areas of concern, instituting changes, and measuring the effects of these changes. Strategies that appear to have resulted in improvements in Emergency Medicine performance include:

- 1) *The Victorian Emergency Services Enhancement Program* — Financial bonuses attached to reducing waiting time and admission delays have resulted in significant improvements;
- 2) *The Australian Council of Hospital Standards (ACHS)* has changed its focus from measuring “standards” to examining Quality Improvement (QI) processes, thus forcing hospitals to demonstrate working models of the QI process on inspection.
- 3) *Round Table/Benchmarking Exercise* — Hospitals now compare performance in key areas including emergency medicine and identify potential targets for improvement.
- 4) *Systems of Care* — Emphasis on continuity of care from prehospital to hospital and back to the community again. Emergency Medicine plays a key role in the interface between community and hospital.

Improvements in access to hospital care are dependent on the efficient use of hospital beds. Emergency Medicine plays a critical role in this triage process.

With respect to prehospital care, the focus still clearly is on improving response times, especially for cardiac arrest and trauma. There is a trend to greater medical control and audit. The value of many prehospital interventions is being questioned. A database with common elements is being developed at State and National levels. This should lead to better National and International benchmarking.

Keywords: beds; benchmarking; continuity; Emergency Medicine; hospitals; prehospital; quality assurance; quality improvement; standards

S1-3

Effects of Comprehensive Quality Management on Reduction of Emergency Patient Processing Time

Dong Pill Lee

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Objective: To determine whether the use of a quality assurance program in Emergency Medicine was able to shorten patients’ waiting time in the Emergency Department (ED).

Method: Following a baseline study of the delay of patients in the ED, we developed serial goals of patient-processing time, and analyzed the factors related to the process delay, conducting various meetings periodically with feedback of the results from each study and applied new management skills. The statistical methods used