

10. Excellence in Emergency Services

Assessment criteria for Excellence in Infection Control Practices

1. Policy, Procedures and Statutory Requirements

- a) There is documented policy and procedures for care of patients in Emergency
- b) Scope of Critical services are defined and displayed outside Emergency
- c) IEC (Information, Education and Communication materials are displayed in the emergency/waiting area for community education
- d) Patients and family rights in emergency department are protected and respected, and displayed along with patient and family responsibilities
- e) All the applicable legal compliances in emergency are in place (Medico-legal case, found dead on arrival, death in emergency after arrival)

2. Infrastructure

I. Physical Resources

- a) There is easy and direct access from the approach road / main gate to the emergency department for the patients including patient with disabilities.
- b) There is adequacy of space, layout (ground floor, resuscitation room, procedure room etc.) and amenities for patients and staff.
- c) There is designated Triage area to segregate and prioritize patients visiting emergency department.
- d) Ambulance services are available (in-house or outsourced) and ambulance is appropriately and adequately equipped (BLS, ACLS) with emergency drugs and consumables, medical and support equipments, trained manpower and a proper communication system.

II. Medical Equipments

- a) Appropriate and adequate Medical Equipments are available as per scope of emergency department and patient needs, and are functional all the time. e.g Patient Monitoring Devices, Life support Equipments, Diagnostic Equipments.
- b) Preventive and breakdown maintenance and calibration of Equipments are in place

III. Drugs and Consumables

- a) Appropriate and adequate drugs and consumables are available as per scope of emergency department and patients needs, and at no time there is stock out of emergency drugs

IV. Staffing

- a) Emergency department is manned 24x7 and there are appropriate and adequate staffing to handle patient load and emergencies.
- b) Staff are credentialed and there is continuous education and certification of ED personnel in basic and advanced cardiac life support, and emergency procedures.
- c) Preventive and regular medical check-up of staff are done periodically and staff welfare measures are in place

**Submit the list of Medical Equipments, Furniture and Fixtures, Drugs and Consumables, Manpower*

3. Process

- a) There is defined process for registration and criteria for admission and discharge are in place
- b) There is adherence to evidence-based clinical protocols and guidelines for emergency conditions particularly for Trauma, Cardiac Emergencies, Stroke and Pain Management and ED staff are made aware of the same.
- c) There is adherence to triage process in ED.
- d) Timely assessment and reassessment of patient vital signs and clinical status are in place.
- e) There is systems in place to optimize patient flow, manage crowd and reduce wait times.
- f) There is established disaster response plan and regular mock drills and readiness for mass casualty incidents.
- g) There is robust medication management and safety protocols to prevent errors and adverse drug events.
- h) There is provision of clear and understandable patient information education materials (IEC) and integration of patient and family preferences in care planning.
- i) There is completeness and accuracy of medical records.
- j) There is integration of electronic health records (EHR) to facilitate real-time documentation and data-driven decision-making.
- k) There is effective intra and interdepartmental communication and external coordination with referral hospitals and public health agencies
- l) Informed and valid consent is taken where appropriate.
- m) Safety measures such as fire safety, infection control, and hazardous materials handling are in place
- n) Pre-hospital care is provided in the ambulance.
- o) Discharge summary is given to patient during discharge, transfer or referral to other facility
- p) Continuous quality improvement initiatives are in place based on regular audits, feedback, and benchmarking against national standards

4. Monitoring of clinical and non-clinical indicators and Outcome

- a) There is monitoring the adequacy of staffing (nurses, physicians, and support staff) to ensure optimal care and prompt response to patient needs
- b) Feedback from patients and families are taken on their experience and complaints are managed efficiently
- c) Response time by nurse and doctor including specialists is monitored in ED
- d) Rates of patients returning to the ED (readmission rates) shortly after discharge are monitored
- e) There is monitoring and assessment of patient wait times for various stages of care (e.g., triage, physician evaluation, treatment).
- f) Utilization of evidence-based practices to optimize care delivery is monitored to assess clinical efficiency
- g) Root cause analysis and appropriate corrective and preventive actions are taken for the deficiencies pointed out after monitoring the indicators or any deviation from the benchmarks set for the indicator