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THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



PRESIDENT'S MESSAGE

The Seven Pillars of Emergency Medicine Excellence

by Tom Scaletta, MD FAAEM

During my tenure as President of AAEM, I would like to help move our specialty toward the development of a nationally recognized designation for excellence in emergency medicine. Some of us work at hospitals that have achieved such accolades for cardiovascular or orthopedics services. It is time to firm up measurable, universal criteria that define distinction in emergency medicine and to explore a manner of applying them to medical centers requesting consideration.

For those wondering if such a goal is really worthwhile, let me explain my rationale. First of all, I am confident this will happen whether or not professional societies take the lead. Publicizing quality markers is a direction the public, the government and regulatory agencies seem to be heading. We emergency physicians should actively participate in defining our future rather than having it foisted upon us. Secondly, process improvement efforts begin and succeed with performance measurement. This project may seem overly complex though it really represents a compilation of independent analyses of basic emergency medicine conditions.

AAEM position statements on a variety of topics can be promoted by incorporating them into this blueprint for excellence. For instance, it could be required that physicians are board certified (or prepared) in emergency medicine. Appropriate staffing levels could be mandated directly or indirectly such that average time to see a physician is under 30 minutes and time to disposition under 120 minutes. The number of hours that admitted patients board might need to be maintained below a certain threshold. The number of emergency department beds and type of equipment would have to be commensurate with the annual census. Radiology and laboratory services would need to be appropriately broad and turnaround times short. Basically, your current administrative wish list would need to be granted.

What could be more desirous to a hospital CEO or board member than to be nationally recognized? What could be more important to the public than to have a trusted destination for emergency services based on objective criteria? And, what could be more destructive to unfair profiteers than having to meet reasonable physician qualification and staffing benchmarks? How can this be anything but a good thing?

It will be important to set the bar sufficiently high. Perhaps only five percent of emergency departments would immediately meet the criteria with little or no improvement. However, every emergency department would have potential, no matter if community, academic, urban, suburban or rural. Unlike the percentile ranking system of certain satisfaction survey companies that create external competition, the struggle would be internal. The assessment will need to adapt to each institution rather than a one-size-fits-all approach. Clearly, the devil would be in the details.

I have devised a "Seven Pillars" model that defines distinct areas to assess when measuring the strength of an emergency department. These are listed in the side bar and not necessarily equal to one another in level of importance. Please consider this outline as a starting point in defining true Centers of Excellence in Emergency Medicine and send your feedback to President@AAEM.org.

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THE SEVEN PILLARS OF EMERGENCY MEDICINE EXCELLENCE

SAFETY

This Pillar is extremely important as it incorporates objective quality of care and outcomes. The work of the emergency department quality improvement committee as well as clinical practice and outcome measures assess the integrity of this Pillar.

SATISFACTION

This Pillar relates patient perception of quality, which may or may not be technically accurate. This can be measured by third party surveyors or through timely callback systems.

SOLVENCY

This Pillar addresses financial balance and survivability. It covers such areas as utilization management, optimal hospital subsidy (if necessary) and cost-efficiency.

SPACE

This Pillar represents the functionality of the facility and equipment from the standpoint of both staff and patients/family.

STAFF

This Pillar incorporates the quantity, quality, and ratios of physicians, nurses and technician/clerical staff. It encompasses education, experience, professional satisfaction (enjoyment) and retention.

SUPPORT

This Pillar involves relationships with other departments, administration, expert resources and medical staff. Emergency departments are inter-dependent in a complex healthcare system and should work with the medical staff and hospital administration to assure that patients are well cared for when admission and specialty consultation or transfer is required.

SYSTEMS

This Pillar involves all emergency department processes such as work systems, policies, guidelines and care pathways. This area most overlaps with technologic advances like implementing advanced information systems.



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AAEM Mission Statement

The American Academy of Emergency Medicine (AAEM) is the specialty society of emergency medicine. AAEM is a democratic organization committed to the following principles:

1. Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
2. The practice of emergency medicine is best conducted by a specialist in emergency medicine.
3. A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
4. The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
5. The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
6. The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patients.
7. The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.

Membership Information

Fellow and Full Voting Member: \$365 (Must be ABEM or AOBEM certified in EM or Pediatric EM)

*Associate Member: \$250 (Associate-voting status)

Emeritus Member: \$250 (Must be 65 years old and a full voting member in good standing for 3 years)

International Member: \$125

AAEM/RSA Member: \$50 (Non-voting status)

Student Member: \$50 (Non-voting status)

*Associate membership is limited to graduates of an ACGME or AOA approved Emergency Medicine Program

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