

Final Committee Objectives 2024-25

Quality & Patient Safety Committee

Chair: Amber Sabbatini, MD, MPH, FACEP

Board Liaison: Abhi Mehrotra, MD, FACEP

Staff Liaison: Sam Shahid, MBBS, MPH

1. Provide subject matter expertise on and review of ACEP comments on the quality provisions of government and non-governmental proposals requiring review for their impact on the delivery of emergency care, including but not limited to: the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), the Physician Fee Schedule (PFS), Medicare Access and CHIP Reauthorization Act (MACRA).
2. Provide subject matter expertise to the Clinical Policies Committee to review any clinical policies under development or revision with potential implications on quality measurement, patient safety, or performance. (Clinical Policies Committee is the lead committee.)
3. Review the following policy per the Policy Sunset Review Process:
 - Definition of Boarded Patient
 - Standards for Measuring and Reporting Emergency Department Wait Times

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

4. Nominate emergency physicians to represent ACEP to internal and external bodies that are developing quality measures, patient safety, and quality improvement activities that have relevance to the practice of emergency care. Maintain a process for ensuring representation of nominees from women and under-represented groups.
5. Provide subject matter expertise to and support the work of the Sepsis Expert Panel.
6. Review ACEP products, including but not limited to, bedside point-of-care tools, toolkits, etc. as needed.
7. Continue to develop a process for collecting and collating successful local, regional, and national quality improvement and patient safety efforts in the specialty of emergency medicine by:
 - Partnering with the Quality Improvement & Patient Safety Section (QIPS) on coordinating the annual ACEP QI Challenge recognition and award program.
 - Highlighting examples of these quality improvement and implementation efforts through various ACEP communication channels and national outlets.
 - Consider how to facilitate broad dissemination of knowledge of successful programs to feed quality improvement.
 - Spotlighting efforts within emergency medicine to reduce disparities in quality, patient safety, health outcomes, and efforts to improve behavioral healthcare in the ED.
8. Serve as subject matter experts to support the Program Director Patient Safety and Quality (PDPQ) educators' network with the Council of Residency Directors (CORD).
9. Provide subject matter expertise to support initiatives within ACEP that address boarding and staffing as a quality and patient safety issue.
10. Manage the quality measure lifecycle at ACEP by:
 - a. Creating, prioritizing, and suggesting quality measure concepts that align with the CMS Meaningful Measures Initiative to the CEDR Data Validation Subcommittee for development, testing, and implementation of new quality measures.
 - b. Developing quality measures focused on health care disparity gaps.
 - c. Identify the feasibility of developing measure concepts related to behavioral health care in the ED.
 - b. Performing maintenance on current ACEP measures and working with staff and vendors to make improvements or recommend measures for retirement.

Final Committee Objectives 2024-25

11. Assist with the quality measure lifecycle on behalf of external organizations by monitoring quality initiatives and commenting on behalf of ACEP on the appropriateness of quality measures that impact the practice of emergency medicine, the emergency department, and the reimbursement of emergency physicians.
12. Provide oversight and feedback on new quality measures recommended for development.
13. Develop a policy statement and other resources to address the first and second resolves of Amended Resolution 26(24) Ensuring Hospitals Consider Contributions of Boarding and Crowding to Safety Events. [added February 2025]

RESOLVED, That ACEP advocate for and support the development of policies that will ensure appropriate consideration of context of contemporaneous boarding and overcrowding during Root Cause Analysis and related patient safety processes in hospitals; and be it further

RESOLVED, That ACEP commit resources for establishing best practices and assisting hospitals with considering relevant corrective actions for medical errors committed as a result of ED overcrowding; and be it further

RESOLVED, That ACEP provide a written proposal to The Joint Commission and other relevant accrediting organizations suggesting a revision to the framework for Root Cause Analysis and corrective actions that includes emergency department and hospital capacity constraints and overcrowding as a “Root Cause Type” and “Causal Factor” as part of the root cause analysis.

14. Develop a strategy, such as an information paper or best practice resource document, to address Amended Resolution 48(24) Alarm Fatigue. [added February 2025]

RESOLVED, That ACEP collaborate with stakeholders to identify evidence-based solutions to address alarm fatigue in the emergency department setting, with topics including indications for clinical monitoring devices in the emergency department and appropriate silencing of clinical alarms including when latching (silencing the alarm after the initial alert) is appropriate.

15. Work with the American College of Radiology and other stakeholders to develop a policy statement or other resource information as directed in Amended Resolution 57(24) Rationalizing Communication of Imaging Hazards to Improve Care. [added February 2025]

RESOLVED, That ACEP work with the American College of Radiology and other stakeholders, to develop a policy statement or other resource information on the rational communication of imaging hazards to emergency patients.