Senior clinicians provide better care in the emergency department; performing fewer unnecessary investigations, receiving fewer complaints and making fewer errors. Seniority is dependent on retention. Exodus from training and consultant grades is expensive.

The problems of staffing an emergency department has not been previously addressed by focusing on how those who work in them manage to do so.

Methods/Design Ethnography conducted at a UK emergency department for 12-weeks, totalling nearly 200-hours of observation. A second site was planned but not possible due to COVID-19.

Interviews with emergency physicians of all grades from the two initially planned sites, with doctors who have left emergency medicine, and with individuals working for stakeholder organisations. 40 interviews in total, averaging 45 minutes.

Systematic scoping review of the relevant academic and policy literature.

Reflexive thematic analysis of the ethnographic field notes, interview transcripts and literature.

Results/Conclusions Emergency physicians are active in managing their working day to mitigate the labour and environment. These actions have multiple overlapping motives but are demonstrably forms of retention work. They utilise objects and the environment in creative ways (materialities), for example completing paperwork in the resuscitation room because it is calm and air-conditioned.

They utilise humour in a primarily self-deprecating manner and prioritise education as a means of valuing other staff and creating variety in their workday. Emergency physicians describe teamwork as vital to retention, but this is disparate and developed over long periods of time and therefore better described as *community*.

The principle sustainability strategies employed limit exposure to shop floor working. This is achieved through less-than-full-time working and portfolio careers. These strategies predate policy which describes them in terms of flexible working.

748 SECURE -A MULTICENTER SURVEY OF THE SAFETY OF EMERGENCY CARE IN UK EMERGENCY DEPARTMENTS

Lynsey Flowerdew, Michelle Tipping. *Frimley Park Hospital*

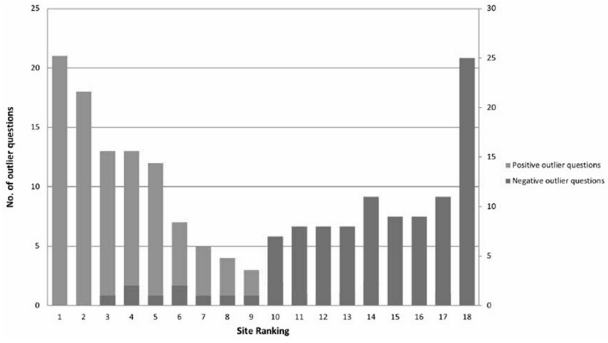
10.1136/emermed-2022-RCEM.38

Aims/Objectives/Background According to safety theory, frontline staff are often best informed to identify problems that threaten safety in their workplace. Surveying emergency department (ED) staff is a straightforward method to assess safety culture including investigating risks, identifying solutions and evaluating interventions. This study's aim was to validate an ED safety questionnaire specifically for use in the UK and provide an overview of safety culture and risks. Differences between doctors and nurses' perception of safety were also analysed.

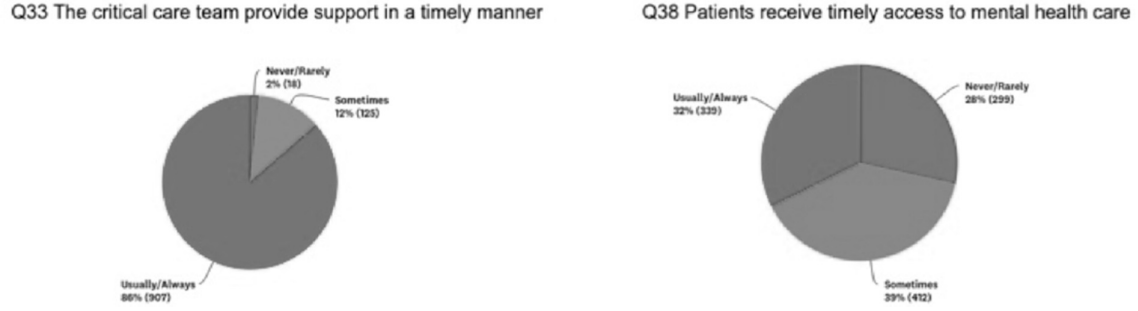
Methods/Design According to safety theory, frontline staff are often best informed to identify problems that threaten safety in their workplace. Surveying emergency department (ED) staff is a straightforward method for investigating risks, identifying solutions and evaluating interventions. Safety culture has been the focus of a succession of high-profile reports, including the Francis Report. This study's aim was to validate an ED safety questionnaire specifically for use in the UK and provide an overview of safety culture and risks. Differences between doctors and nurses' perception of safety were also analysed.

Using groupings similar to the US safety questionnaire, Cronbach's Alpha was calculated across five categories as an estimate of reliability. Simple descriptive statistics were used to identify risks or good practice. Chi Square test compared individual sites' results with national results to highlight outlier questions (i.e. the department's strengths and weaknesses). Chi Square was also used to identify significant differences between responses from nurses and doctors.

Results/Conclusions 1060 participants were recruited across 18 sites (see attachments). Analysis highlighted risks posed by interruptions, negative effects of targets, deficient mental health care (especially compared to critical care) and ED crowding. Identifying outlier sites provided opportunities to learn from excellence. Comparing doctors and nurses' responses highlights additional support is needed for nursing staff. This study provides the first step towards assessing ED safety culture and describing risks in the UK.



Abstract 748 Figure 2



Abstract 748 Figure 1

Emerg Med J: first published as 10.1136/emermed-2022-RCEM.38 on 21 February 2022. Downloaded from http://emj.bmj.com/ on April 20, 2024 by guest. Protected by copyright.

Abstract 748 Table 1

Category	Item statement	Overall respenses to Questions (%)			Respenses to Questions (%)			Sig. difference
					Doctors/ Nurses			(p<0.05)
		Never/ Rarely	Sometimes	Usually/ Always	Never/ Rarely	Sometimes	Usually/ Always	
Teamwork (Cronbach's alpha = 0.65)								
	Interruptions disrupt the ability of staff to provide care	5	40	55	8/3	45/37	47/60	*
	Doctors and nurses work well together in the ED	0	5	94	0/0	4/6	96/94	
	Nurses feel empowered to question instructions from doctors when necessary	2	15	84	1/3	10/16	89/81	*
	Important clinical information is lost in handovers between doctors at the change of shift	48	45	6	54/45	42/48	5/7	*
	There is good communication of patient management between ED doctors and nurses	1	13	86	1/1	6/18	93/81	*
	Important clinical information is lost in handovers between nurses at the change of shift	44	50	6	45/43	50/50	5/7	
Safety Leadership (Cronbach's alpha = 0.78)								
	There is an open, non-judgemental environment for reporting safety concerns	6	22	71	4/8	14/28	82/64	*
	In providing clinical care, patient safety is a top priority in the ED	2	13	85	1/3	10/14	89/82	*
	New nurses are well mentored by nurses with more experience	9	24	67	2/14	17/28	81/58	*
	ED leadership takes action to improve safety of clinical care for patients in the ED	3	21	76	1/4	12/27	87/68	*
	Protocols are used for high risk or complex medication administration (e.g. sedation, thrombolytic therapy, blood transfusion)	1	5	94	1/1	5/5	94/94	
	Junior doctors are adequately supervised in the ED	4	16	80	1/6	7/23	92/72	*
	Incident reporting is used to improve patient safety	6	22	72	4/7	24/22	72/71	
Physical Environment & Equipment (Cronbach's alpha = 0.80)								
	It is easy to find the doctor/clinician caring for a patient	5	25	70	2/7	15/32	83/62	*
	Mental health patients are cared for in a safe environment	25	33	42	14/33	33/33	53/34	*
	Functioning routine physical examination equipment (e.g. ophthalmoscopes, lights for a gynaecologic examination, manual blood pressure cuffs) is available	11	24	65	7/14	23/25	70/61	*
	Monitoring devices (e.g. pulse oximeters, vital sign monitors, cardiac monitors) function in the ED	7	15	79	0/11	4/22	95/67	*
	There is sufficient space in the ED for the delivery of care	36	32	32	29/41	32/32	38/28	*
	ED personnel feel physically safe while working in the ED	6	19	74	1/10	9/36	90/64	*
	It is easy to find the nurse caring for a specific patient	6	31	63	8/5	35/28	57/67	*
Staff & External Team (Cronbach's alpha = 0.76)								
	Appropriately experienced staff carry out triage/assessment	4	17	80	3/4	15/18	82/78	
	Clinician staffing is sufficient to handle the patient care load during busy periods	30	39	31	23/35	38/39	39/26	*
	Nurse staffing is sufficient to handle the patient care load during busy periods	43	33	24	36/47	35/33	29/20	*
	Stat medications are administered in a timely manner	6	32	63	6/6	36/29	58/65	
	CT (computed tomography) scans are completed within 1 hour when clinically indicated	6	32	62	5/7	30/33	65/60	
	The number of patients cared for exceeds the capacity of the ED to provide safe care	8	42	50	11/6	46/38	42/56	*
	Monitoring of vital signs/Early Warning Scores are used effectively in the ED	2	14	84	1/3	13/14	86/83	
	Initial assessment/triage works well in my department	3	20	77	2/4	19/21	79/75	
	The critical care team provide support in a timely manner	2	12	86	1/2	10/14	90/84	*
	Patients receive timely access to mental health care	28	39	32	20/35	37/41	44/25	*
Organisatisational Factors & Informatics (Cronbach's alpha = 0.73)								
	ED staff feel unduly pressurised by hospital managers to prioritise targets over patient care	10	42	48	17/6	47/38	35/56	*
	Patients are transferred to an in-patient bed in a timely manner	30	36	34	30/29	35/36	34/34	
	Hospital escalation procedures are effective at improving flow in the ED	28	36	36	33/25	33/38	34/37	*
	Hospital managers support improvements in patient safety in the ED	15	40	44	11/18	40/41	49/41	*
	Procedures to report errors and near misses are user-friendly	16	21	63	18/15	26/18	56/68	*
	Effective systems are in place to highlight patient alerts (e.g. allergies, dementia) to ED staff	6	18	76	4/7	18/18	78/75	
	It is difficult to obtain a patient's primary care records when needed	20	44	36	22/20	32/52	46/28	*
	It is difficult to gain access to a patient's hospital medical record when needed	54	34	12	61/50	28/38	22/12	*
	There are an adequate number of functioning computers in the ED	20	21	58	21/20	23/21	56/59	

Emerg Med J: first published as 10.1136/emermed-2022-RCEM.38 on 21 February 2022. Downloaded from http://emj.bmj.com/ on April 20, 2024 by guest. Protected by copyright.