

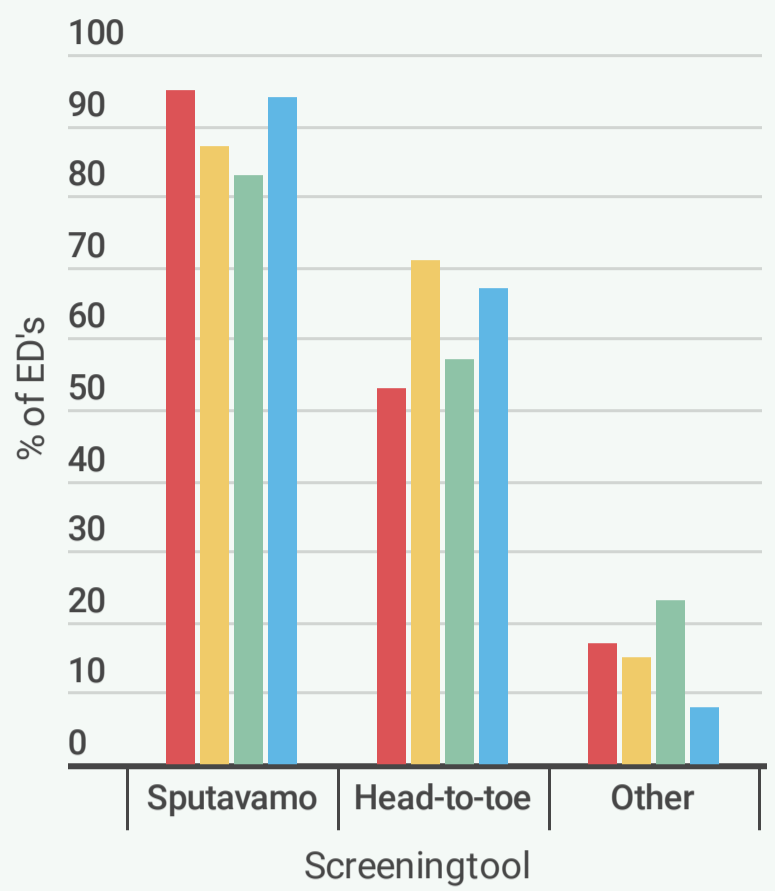
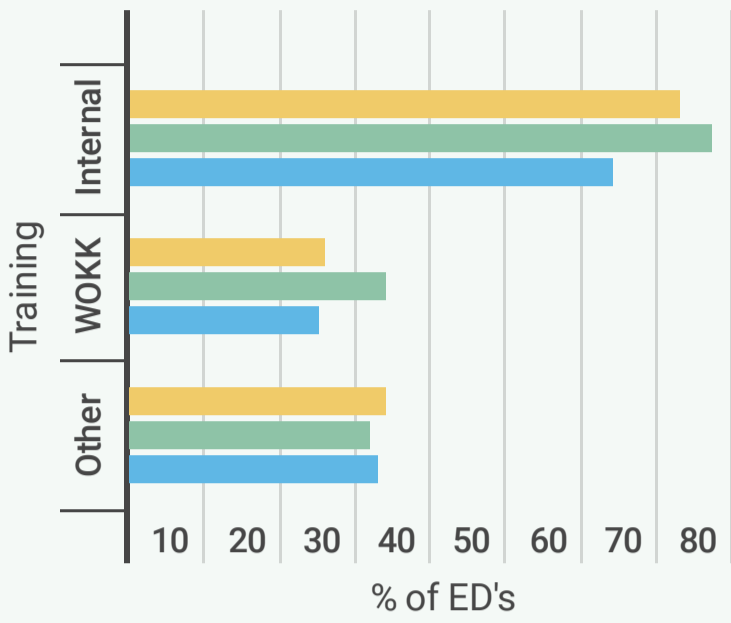
Quality indicators NVSHA

Trend analysis 2016 - 2019

2016 2017 2018 2019

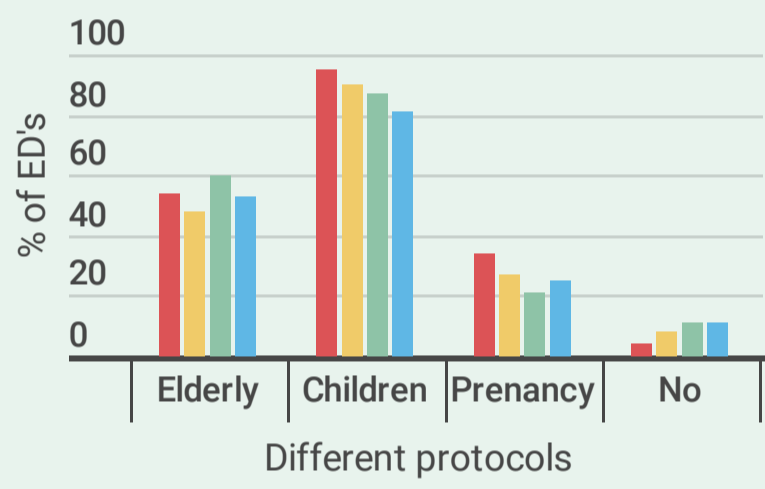
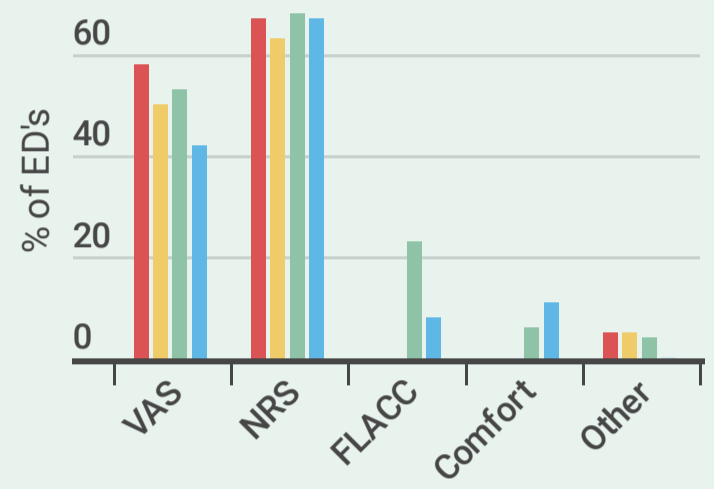
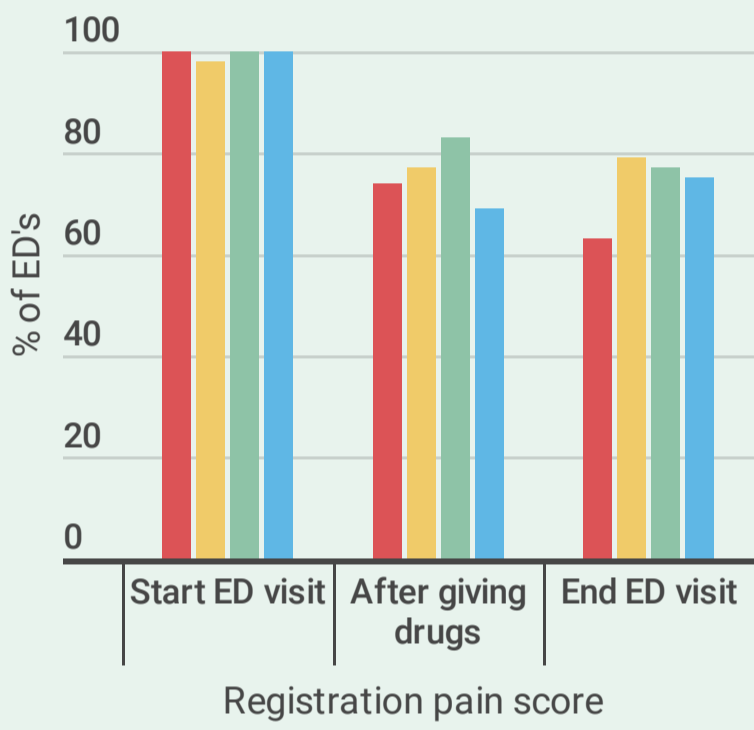
1. Child abuse

All hospitals use a protocol and screening tool for detection of child abuse and have a multidisciplinary team in place

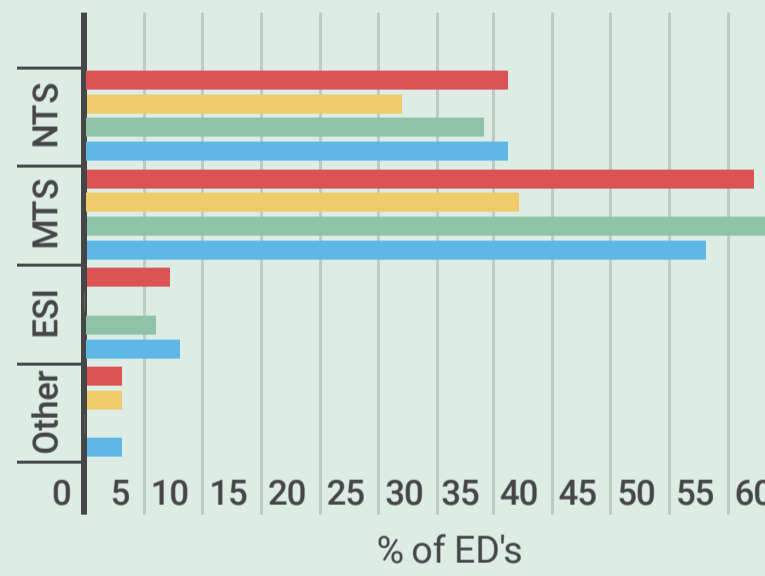
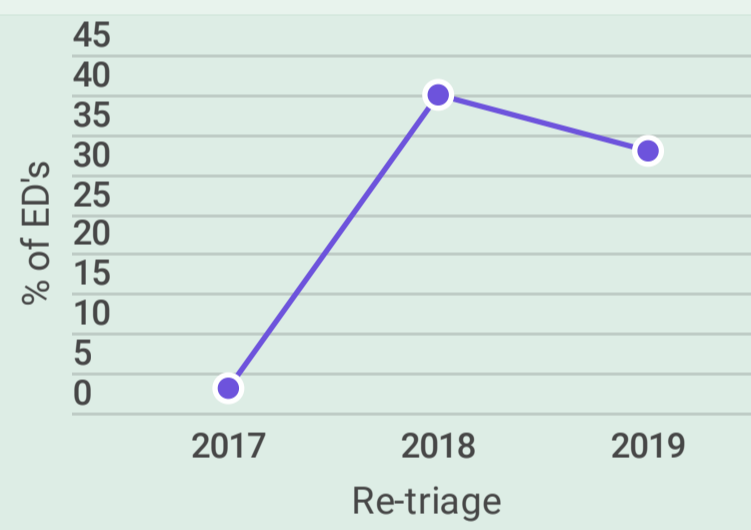
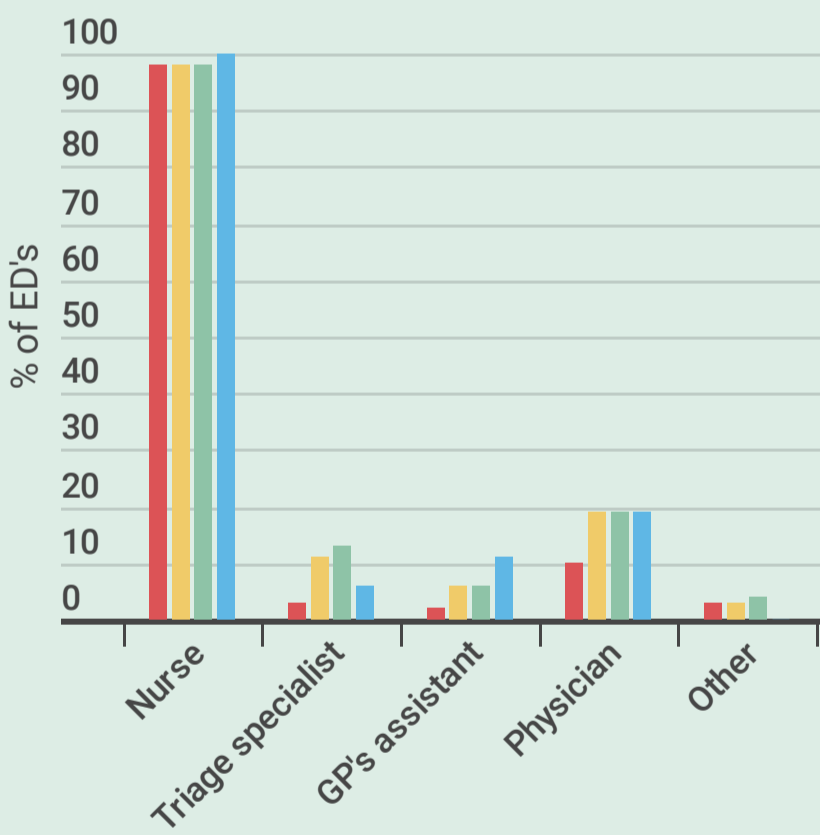


2. Pain management

The use of a protocol, registration of the pain score and timing of administration pain medication in the EPD is generally > 95%

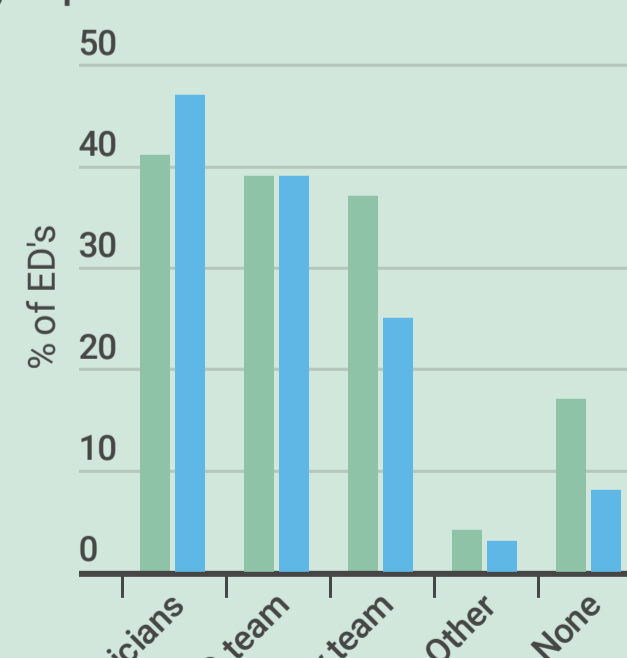
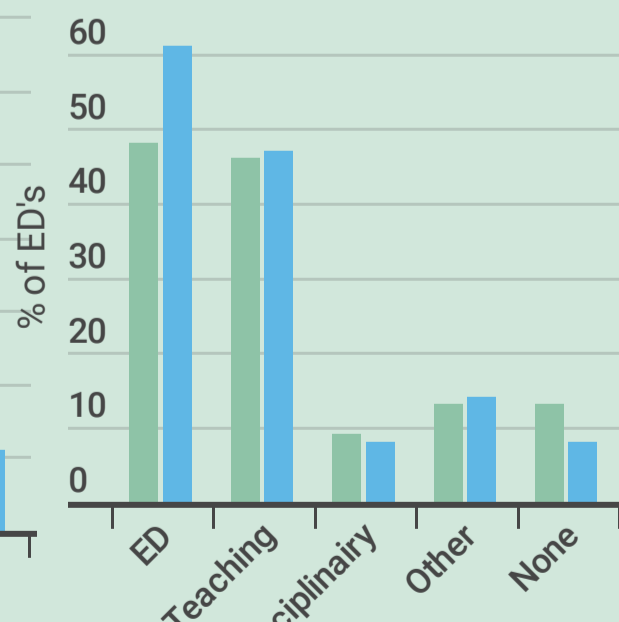
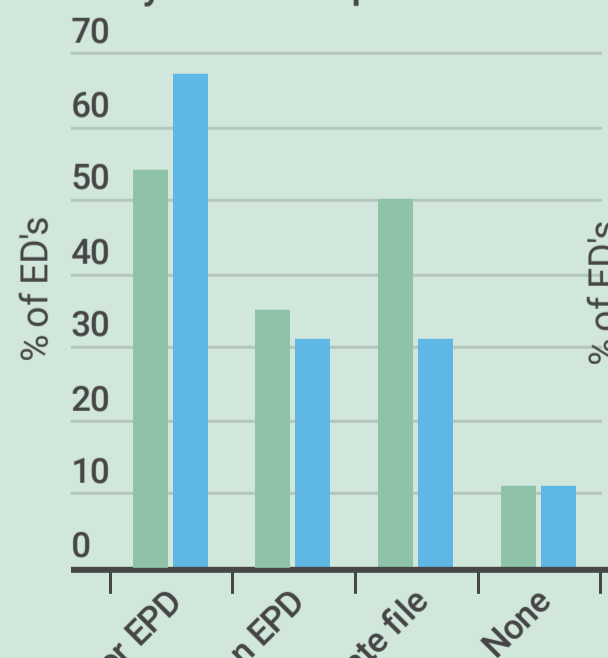


3. Triage



4. Complication registration

The NVSHA recommends to register all complications in the EPD, to evaluate at least 4x per year all complications and to connect a PDCA cycle for quality improvement



Complication registration

Complication discussion

PDCA cycle

Conclusion

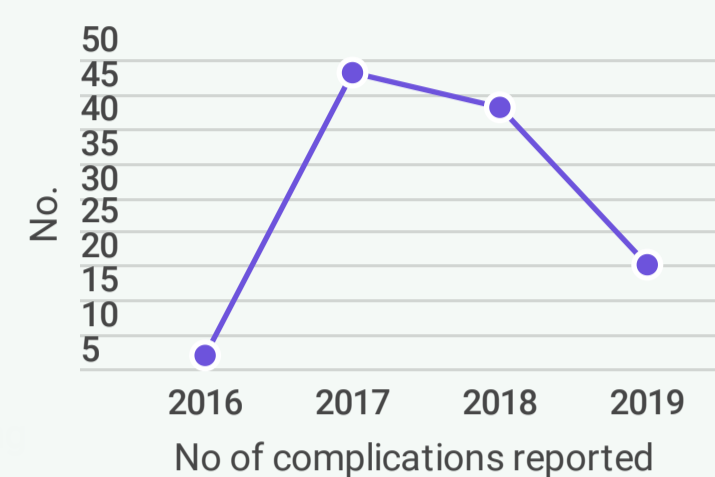
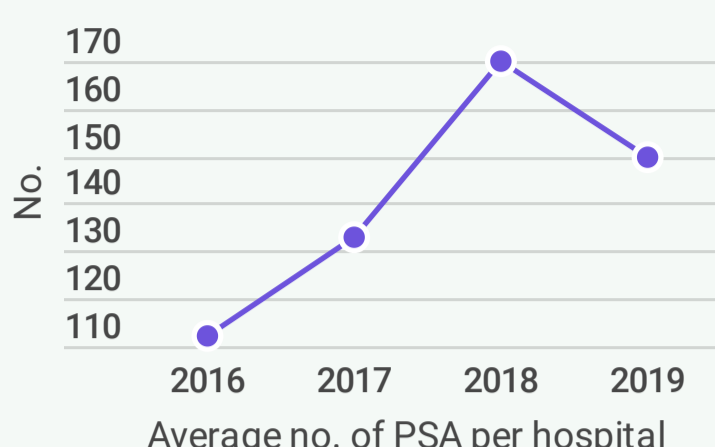
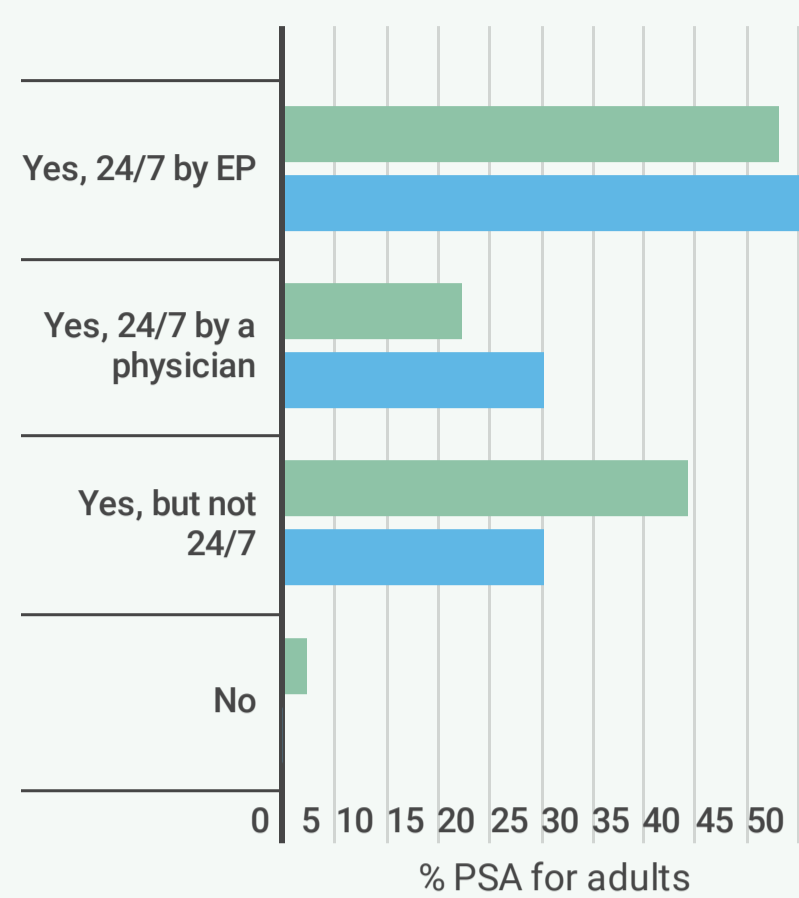
1. High use of protocols, screening tools for detection of child abuse and institution of multidisciplinary teams in the hospital. Sputavamo is the most used screening tool.
2. We can improve on registering the pain score after administering of drugs and at the end of the ED visit. In our pain protocols more attention should go to the elderly.
3. The MTS is the most used system in the Netherlands. Triage is mostly done by nurses but also increasingly by the GP's assistant. We should focus on retriage in busy waiting rooms.
4. We can all improve on registration of our complications and have systems in place for continuous quality improvement.

Quality indicators NVSHA

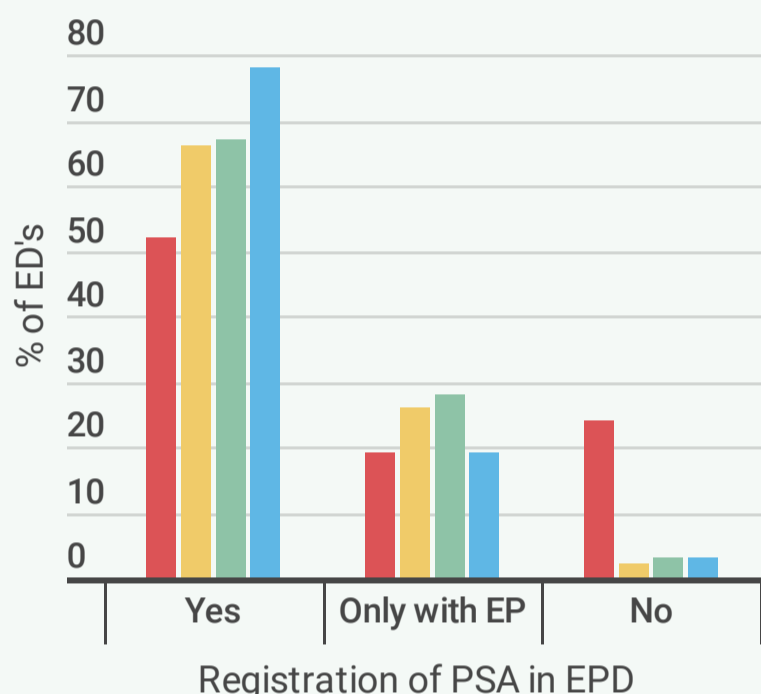
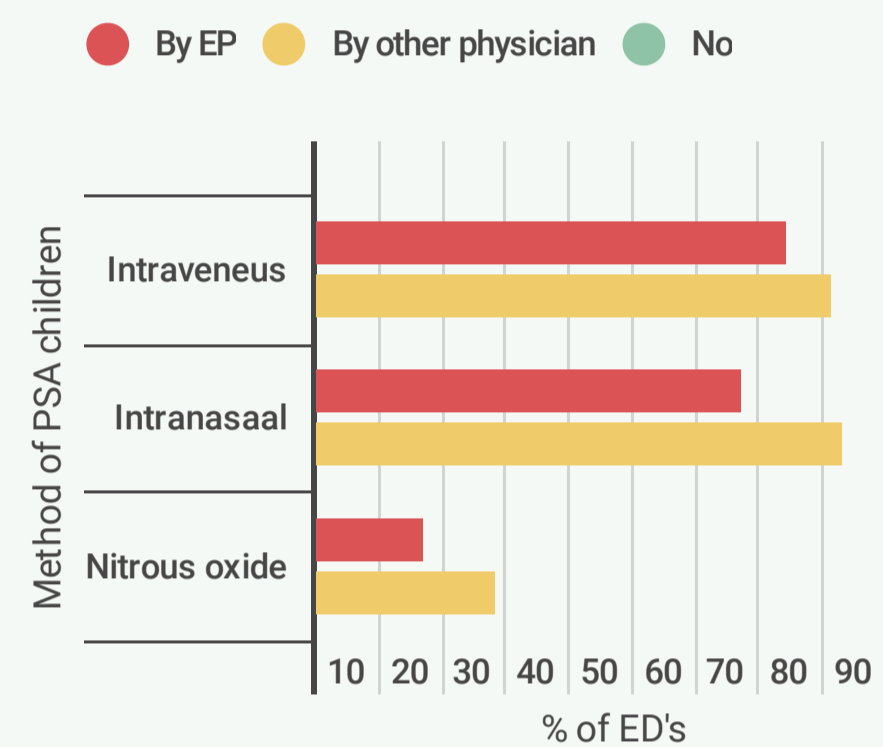
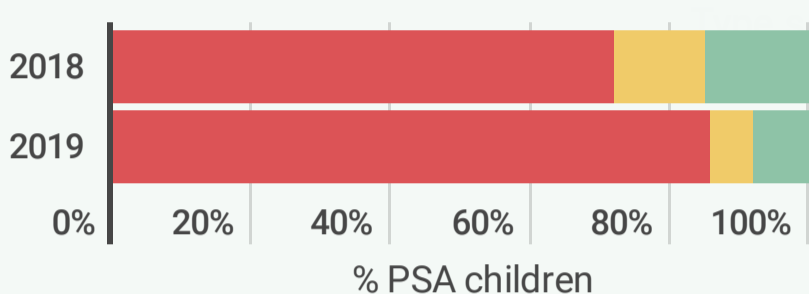
Trend analysis 2016 - 2019

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5. Procedural sedation and analgesia

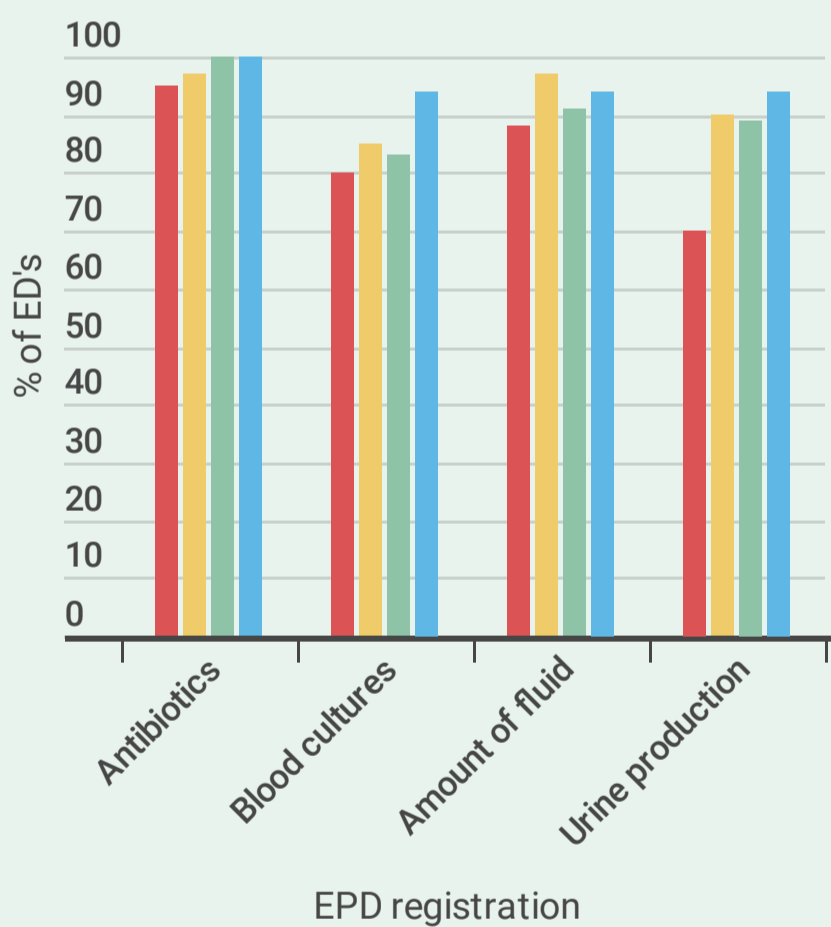
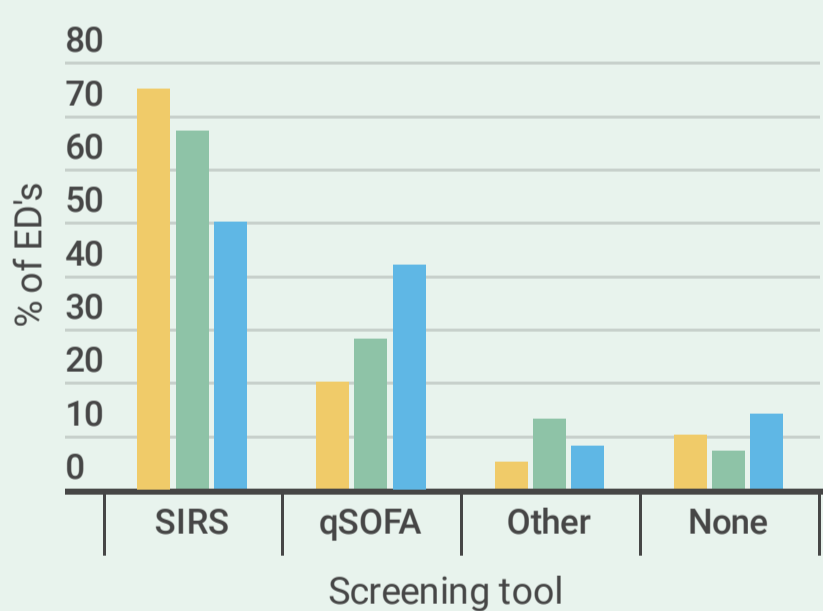


The number of complications and adverse events are difficult to extract from EPD

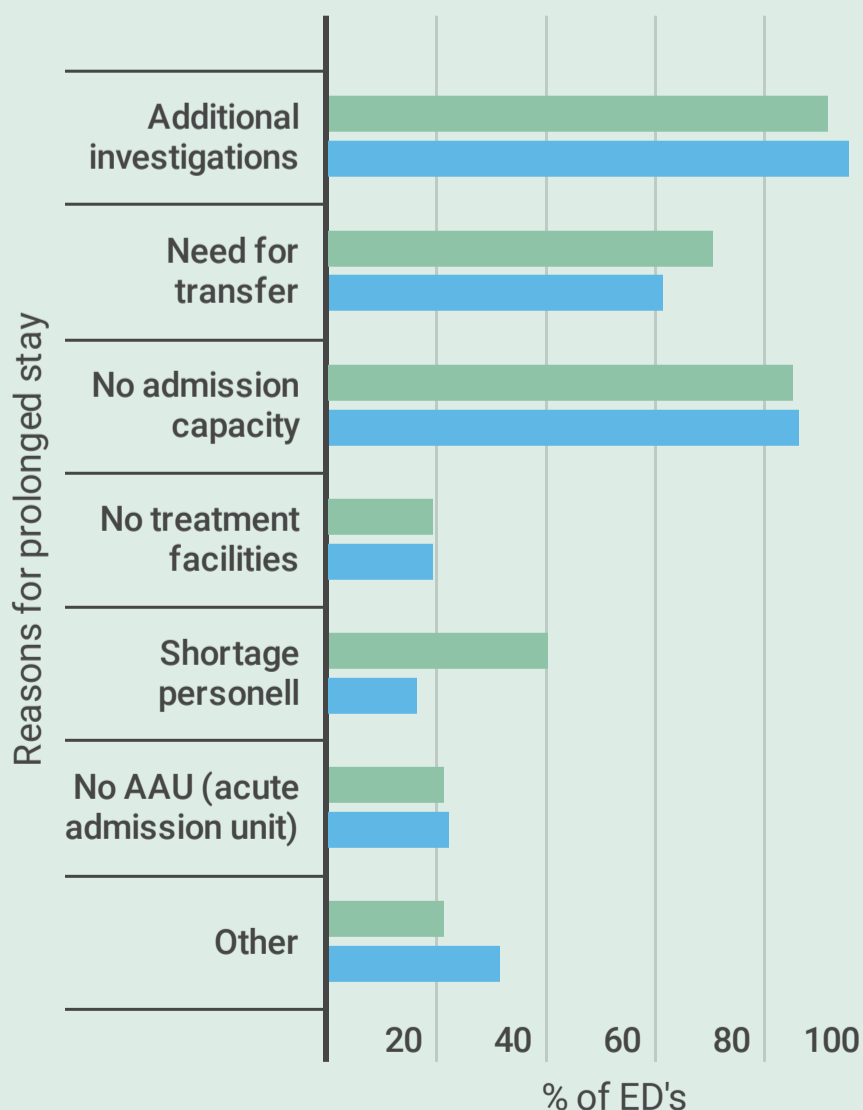
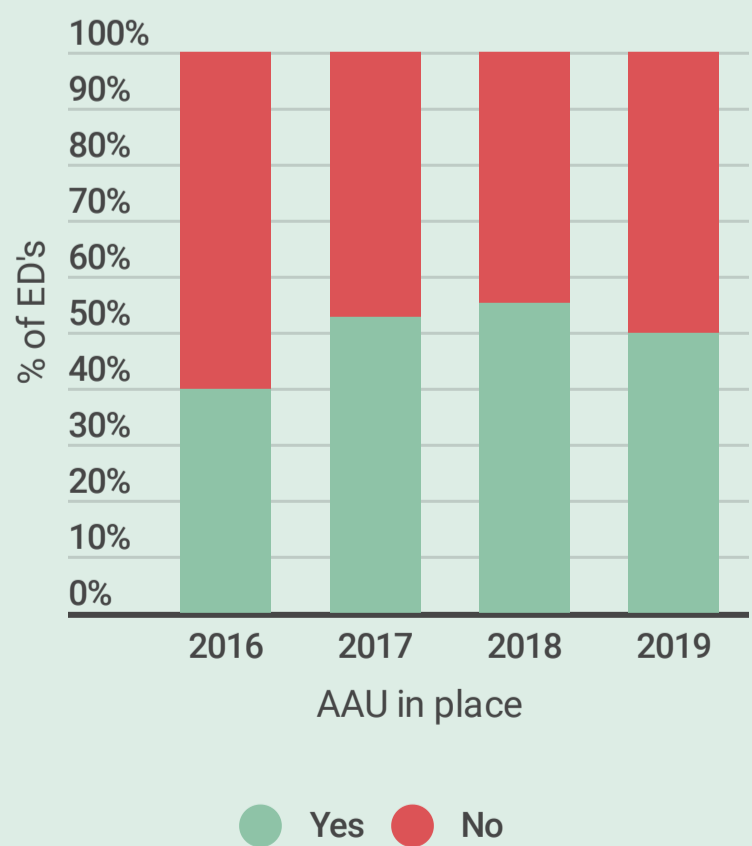


6. Sepsis management

The majority of hospitals (> 94%) have a protocol for the management of sepsis



7. Duration ED visit



Conclusion (2)

- 5. Many hospitals do provide PSA in the ED and an increasing number of hospitals have started PSA in children. We should improve on registration of PSA and its complications.
- 6. As a screening tool for sepsis, qSOFA is increasingly being used at the cost of the SIRS criteria. Registration of antibiotics, blood cultures, fluids and urinary production is > 90%.
- 7. The most frequent reasons for prolonged stay in the ED were the need for additional investigations and lack of admission capacity. 50% of hospitals currently have an AAU.