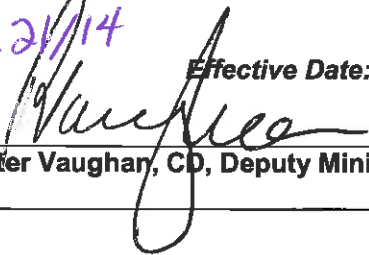

NOVA SCOTIA
Health and Wellness

Policy:	Emergency Care Standards (EC Standards)		
Originating Branch:	<i>Nov. 21/14</i>		
Original Approval Date:	[Date]	Effective Date:	[Date]
Approved By:			
	Dr. Peter Vaughan, CD, Deputy Minister Health and Wellness		

Version #:2

1. POLICY STATEMENT

- 1.1 This policy aims to improve Emergency Care in the District Health Authorities (DHAs) and Izzak Walton Killam (IWK), through the establishment of a Department of Health and Wellness (DHW) framework which sets expectations of activity and performance in the health system through the development and monitoring of standards.
- 1.2 The duties and powers for development and implementation of Emergency Care Standards are legislated under the *Health Authorities Act*.

2. DEFINITIONS

- 2.1. N/a

3. POLICY OBJECTIVES

- 3.1 Emergency Care Standards are implemented, maintained and administered according to the Emergency Care Standards Accountability Plan.
- 3.2 Effective mechanisms are in place to effectively measure, monitor, and evaluate DHAs/IWK compliance with Emergency Care Standards.

4. APPLICATION

- 4.1 This policy applies to the DHAs/IWK.

5. POLICY DIRECTIVES

- 5.1 DHW will support and enable DHAs/IWK through implementation of the EC Standards. This includes defining the standards and compliance & reporting requirements, collating provincial data, and evaluating compliance to and effectiveness of the EC standards.
- 5.2 EC standards defined by DHW will be managed, monitored and maintained using best practices including identification and understanding of:
 - the issue or problem being addressed by the standard
 - evidence of the problem
 - various options for addressing the problem
 - impacts of the standards
 - stakeholder perspectives and/or input
- 5.3 The DHAs/IWK will adhere to the standards and policy established by DHW.

6. POLICY GUIDELINES

- 6.1 Many of the indicators used to measure compliance to the EC Standards are static, so that once met, are not affected by daily emergency department operations. Maintaining compliance to these indicators is within the control of DHA/IWK.
- 6.2 There are a small number of performance indicators that may vary based on daily circumstances and demands on emergency departments. Contingency plans need to be defined to ensure standard-safe levels of emergency care are maintained.

7. ACCOUNTABILITY

- 7.1 For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.
- 7.2 The Chief of Program Quality & Standards has responsibility to align policy direction with the achievement of the standards.
- 7.3 The Acute & Tertiary Care (ATC) Branch of DHW has the responsibility for on-going monitoring and enforcement of this policy and its attached standards.
- 7.4 The ATC Branch of DHW is responsible for providing DHAs/IWK the tools/templates, directions and timelines regarding reporting on the degree to which provincial standards are being met.
- 7.5 The Health Information Office has the responsibility to collect, analyse and report on performance.
- 7.6 The DHAs/IWK, and emergency physicians are responsible for demonstrating adherence to the EC Standards and to report as set out by the DHW.

8. MONITORING / OUTCOME MEASUREMENT

- 8.1 The ATC Branch will monitor the implementation, performance and effectiveness of this policy and the attached standards.

9. REPORTS

- 9.1. n/a

10. REFERENCES

- 10.1 Quality Framework, Background Document, Processes and Procedures Supporting the Department of Health Role in Setting Health System Standards, 2004.
- 10.2 The *Health Authorities Act* 2014

11. APPENDICES

- 11.1 Emergency Care Standards Accountability Plan
- 11.2 Emergency Care Standards March 2014
- 11.3 Emergency Care Standards Compliance & Reporting Requirements March 2014

12. VERSION CONTROL

Version Control:	<i>Emergency Care Standards</i>
	Version New, March 2014 (Original)
	Version 1, June 2014
	Version 2, September 2014

13. INQUIRIES

- 13.1 Acute & Tertiary Care Branch
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