



Introducing MEDL Guidelines

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SITUATION

The fragmented landscape of emergency medical guidelines across individual Trusts has resulted in inefficiencies in accessibility, maintenance, and real-time applicability. Clinicians often struggle to locate relevant, up-to-date information quickly in time-critical situations. This leads to delays in patient care and clinical decision-making. The absence of a centralised, user-friendly resource contributes to inefficiencies and risks to patient safety. This risk is recognised in multiple specialties and addressed in documents such as Resus Council ALS algorithms, the WHO Surgical Checklist and the anaesthetic Quick Reference Handbook.

Initial assessment of existing trust guidelines at Barnet Hospital showed them to be lacking in number, difficult to access, often outdated, and not user friendly in a time critical situation. This results in healthcare professionals frequently using guidelines from other trusts or not at all. A survey amongst 70 healthcare professionals affirmed this situation with the following results

- 85%** Regularly use guidelines from other trusts
- 50%** unable to find appropriate guideline when managing a medical emergency
- 57%** Found existing long-form guidelines very difficult to navigate
- >95%** felt it would be extremely useful to have accessible one-page guidelines for medical emergencies

VISION

To implement the **Medical Emergency Document Library (MEDL)**, that is standardised one-page, localised and evidence-based, guidelines for management of medical emergencies, easily accessible in time critical situations

WHAT WE DID?

A preliminary assessment of existing Trust guidelines revealed a lack of standardisation, limited accessibility, and outdated protocols

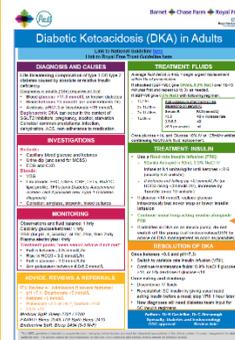
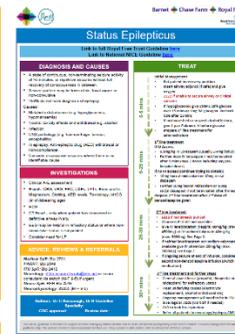
Collaborative and collegiate working with trusts regionally to expand the MEDL library, share specialist knowledge and minimise duplication of work

Ratified guidelines published on the Intranet accessed daily by healthcare professionals. Data collection identified positive results with 100% of respondents finding them useful and beneficial to patient safety

Pilot testing conducted within a single hospital (Barnet), requiring the establishment of a local governance framework (departmental, divisional and executive sign off) to expedite guideline approvals and a steering committee to navigate operational challenges

We created a library of one-page protocols covering a range of medical emergencies. The format of the short form guidelines was made in conjunction with the regional MEDL committee and based on an established MEDL template in use at UCLH and Whittington Hospitals (See figures), guidelines were designed for brevity, clarity, and adherence to evidence-based practice and local procedure.

Example of guidelines created: DKA, hyponatraemia, HHS, hyperkalaemia, end-of-life care, anaphylaxis



IMPACT SO FAR

- Creation of standardised MEDL proforma with 25 new guidelines
- Identification and documentation of clear governance structure
- 100% users found them useful and easy to use with a beneficial impact on patient care
- Involvement of 12 medical specialties. Collaborative and collegiate working with trusts regionally → beneficial impact on rotational doctors and organisations

The MEDL initiative has successfully addressed challenges in emergency guideline accessibility, standardisation, and usability. By fostering regional collaboration and enabling a scalable model, MEDLs have improved consistency in emergency medical care, leading to enhanced clinical efficiency and patient safety. Future expansion of MEDLs at Royal Free Trust is to make them the primary source of local guidelines for medical emergencies and available Trust-wide via the Eolas App (already freely available and in use for microbiology guidelines). In addition, to continue to expand the MEDL library to incorporate all medical specialties.

This initiative serves as a model for broader NHS-wide implementation, driving sustainable improvements in emergency medicine and patient outcomes.

LEARNING

- Application of our understanding of the MBTI when working collegiately across specialties and hierarchy
- Need to address concerns from stakeholders up front to ensure adequate planning for sustainability and appropriate governance for localised guidelines
- Development of professional relationships with senior leadership and previously unknown roles within the organisation allowing for further personal development
- Delays are inevitable with regards to quality improvement and organisational change, we developed an ability to work with, rather than against, the challenges posed