National Emergency Medicine Programme

Overview of Emergency Nursing related documents

Updated June 2018

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Executive Summary

This document presents an overview of the emergency nursing related documents produced by the National Emergency Medicine Programme (EMP). The National Emergency Medicine Programme was established by the Health Service Executive's Clinical Strategy and Programmes Division in 2010 to develop a model of care to improve safety, quality, access and value in Emergency Medicine in Ireland. The Report of the National Emergency Medicine Programme - A strategy to improve safety, quality, access and value was published in 2102.[1] The Emergency Nursing Interest Group was subsequently formed to offer lead clinical Emergency Nursing staff an opportunity to guide, shape and influence the direction of emergency nursing in Ireland.. The group offers a collective informed view of Emergency Nursing to the national Emergency Medicine Working Group.

Emergency Medicine (EM) provides an essential service for patients and communities and the national healthcare system. EM patients are people who believe that they have an injury or illness that could place their health in jeopardy or lead to an impairment of their quality of life[2] and that attendance at an Emergency Department will remove or reduce this risk. Emergency Departments (EDs) and Injury Units (IUs) form the infrastructure of Emergency Care Networks in Ireland providing continuous access to EM for undiagnosed, undifferentiated patients with varying levels of acuity throughout the life continuum. As of November 2016, there are 29 hospitals in the Republic of Ireland that offer ED services on a 24/7 basis, 1 hospital offers a restricted spectrum 12/7 service and 1 site has a specialist emergency service. In addition, there are 11 IUs and, together, these EDs and IUs make up the infrastructure of Emergency Care in Ireland. The EDs are situated in Model 3 and 4 hospitals and the IUs in Model 2 hospitals with the exception of 2 IUs that are "standalone units" i.e. not situated on the site of an acute hospital.

A well, co-ordinated system of care in each ED and IU will facilitate the provision of high-quality patient care that is standardised and easily accessible with high levels of effectiveness and efficiency, accountability, sustainability, good staff morale and strong system resilience. An experienced and competent emergency nursing team is required to ensure the delivery of the highest quality of care for patients as described in the National Emergency Medicine Programme Report - A strategy to improve safety, quality, access and value (2012)[1].

Emergency nurses work as part of a multidisciplinary team to deliver care to over 1.2 million patients across in Ireland each year. Emergency nurses provide complex nursing care and interventions to patients of all age groups who have acute and urgent illnesses and injuries. Maximising the scope of nurses working in EDs will support the achievement of the goals of the EMP, namely to improve access, quality and cost in EM in Ireland. The EMP envisages that:

- *Emergency nurses, support staff and multidisciplinary team will liaise closely to ensure the patient receives the optimum level of care.*
- *As part of the multidisciplinary team, Emergency nurses will provide standardised evidence based pathways for the care of emergency patients.*
- *Emergency nurses together with the therapy professions and medical social work will develop combined documentation to enhance seamless transfer of patient care within the emergency care network.*

(EMP Report, 2012[1])

Definition of Emergency Nursing.

The emergency nurse accepts without prior warning any person requiring health care with undifferentiated and undiagnosed problems originating from social, psychological, physical and cultural factors; and then leads, initiates and co-ordinates patient care.

The key components of emergency nursing care include:

- *rapid patient assessment and assimilation of information, often beyond the presenting problem;*
- *allocation of priority for care;*
- *intervention, based on the assessment;*
- *on-going evaluation;*
- *discharge or referral to other sources of care undertaken independently by the nurse within guidelines.*[2,3]

The definition above reflects the international literature defining "Emergency Nursing" and complements the international definition of Emergency Medicine.

Mission of Emergency Nursing

Professional development encompassing a range of educational activities, both formal and informal, and contributing to achieving the goals set out in the mission statement on emergency nursing practice, supported by ENIG, and which states:

Emergency Nurses work independently and interdependently with the multidisciplinary team to provide the optimal level of emergency nursing care that is patient focused, family centred, maximises health and social gain, promotes excellence in nursing practice and advocates for all patients who suffer sudden injury or illness. Emergency nursing practice is underpinned by expert knowledge gained through specialist education and clinical experience. It is informed by best evidence and research.

ENIG have developed, and are continuing to develop guidance documents and clinical tools for emergency nursing. ENIG envisages that these documents and tools would be useful reference points for:

- Emergency Nurses
- Nurse Managers
- Advanced Nurse Practitioners
- Directors of Nursing
- Consultants in Emergency Medicine
- Nurse Educators
- Higher Education Institutions
- Hospital Managers
- Service planners
- Quality & Risk Managers

All the documents can be accessed on http://emnow.ie/wordpress/emp/

Further information is available from emp@rcsi.ie

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1. Health Service Executive (2012) Report of the National Emergency Medicine Programme - A strategy to improve safety, quality, access and value. National Clinical Programmes. HSE- https://www.hse.ie/eng/about/who/cspd/ncps/emp/moc/
2. RCN (1994) Accident and Emergency: challenging the boundaries. London: RCN
3. Endacott R, Crouch, Edwards B et al (1999) Towards a faculty of emergency nursing. Emergency Nurse 7 (5): 10-16

2010

Baseline EMP Workforce Survey 2010

A baseline survey was undertaken in 2010 to establish the composition of the Emergency Nursing workforce in Ireland.

Summary of Findings

Workforce

Nursing Workforce

- There are 1,380 nurses (WTE 1156.6) employed in the 39 EDs included in this study
- 70% of all nursing staff employed in EDs are staff nurse grade
- 1,132 postgraduate nursing qualifications are held at postgraduate level by the 1,380 nurses employed in the 39 EDs.
- 234 nurses have a management qualification; this represents 79% of CNM grades
- 2,199 ED nurses were identified as having a current certificate, an expired certificate or instructor status in an Advanced Life Skills course, indicating that many ED nursing staff have completed more than one course. 41 nurses hold instructor status on various programmes.
- It is apparent that nursing staff in EDs have a range of specialist skills and competencies relevant to their role in the ED
- There is inconsistency between EDs in the type and duration of induction / orientation provided for new staff
- Three of the 39 EDs surveyed currently deliver a foundation programme for Emergency Nurses

Health Care Assistant workforce

- There are 128 (WTE 119.3) Health Care Assistants (HCA) employed in the 29 of the 39 EDs nationally and 57% (73) are trained to FETAC 5 level
- The ratio of HCA to nurse employed in EDs is 1: 9.7. This represents a ratio of 9% unqualified staff : 91% qualified staff
- The extent of support staff resource for each ED was explored. Again a large range of resources across similar services was identified
- Healthcare Assistants skills used vary considerably across EDs.

Service Issues

- The cut off age for Paediatric attendances is inconsistent and is 14years in some EDs and 16 years in other EDs.
- The overall nursing turnover from EDs in 2009 was 5.6% (64.9 WTE leavers).
- A total of 120,395 additional nursing hours were required in the 39 EDs for the first 9 months on 2010. This equates to an average of 3,087 hours/week which is equivalent to a WTE of 82.3.
- Sick leave is identified as top reason for requiring additional hours, it was identified by 30 of the 39 sites, followed by maternity leave cover, increased workload and activity and Vacancy cover
- At the end of 2010 there were 66.7WTE nursing vacancies in EDs. Coincidentally; the amount of additional hours required in the first 3 quarters of 2010 was not very much higher (82.3 WTE). Therefore one could speculate that if all nursing vacancies were filled this would greatly diminish the requirement for additional hours.

Infrastructure & Supports

Support Personnel

- Bed managers are available in 31 of the 39 sites.
- ED Business Managers are employed in 6 EDs.
- Data Managers are available in almost half of all EDs (49%), the majority of these are not dedicated specifically to the ED but are a hospital wide resource.
- Casting technicians are available in 13 (33%) EDs.
- Pharmacy technicians/ Pharmacists resource is available to all EDs, 26 sites share this resource with the rest of the hospital and 13 have dedicated pharmacy support.
- Patient liaison officer personnel are present on 18 (49%) EDs.
- Research staff are available in only 1 ED.

Support Infrastructure

- There are units such as CDUs, observation units & chest pain units in close proximity to the ED in 12 of the 39 EDs. Collectively they have 95 beds ranging from 4 to 11 beds per unit.
- Seventeen sites have dedicated X-Ray facilities for ED, whilst as many as 33 (87%) of EDs share X-Ray facilities with other departments in the hospital.
- On-site MRI access is available in just over half of the EDs (51%),
- On-site access to CT is available in 36 (92%) sites.
- Access to Community Intervention teams is available to 16 (41%) EDs.

Children's Services in Adult EDs

- There are 27 EDs nationally that provide emergency services to adult and children. The majority of these EDs are based outside the Dublin area.
- There is audio-visual separation between children and adults in 7 of these ED's.
- A separate Paediatric Medical Assessment is available in 9 sites.
- A play therapist is available in only 2 sites.
- 16 sites have Paediatric qualified nurses (RCN) employed (total of 44.7 WTE) as members of their staff. This ranges from 1RCN to 11 RCN's employed

Mental Health Services in ED

- Eighteen (46%) of all EDs have a dedicated room for patient with mental health/ behavioural problems which conform to RCPsych standards.
- There is Psychiatric liaison services available in 31 (79%) of services
- Access to a crisis intervention team is quite limited and only available to 9 departments nationally.
- There is resident on-site on-call psychiatric registrar cover available in 16 (41%) sites. This is available in majority of sites (14 sites) on a 24/7 basis

Triage

- The most common triage tool used is the Manchester Triage system (MTS) which is used in 74% (29) sites. This is followed by the Australasian system used in 5 sites. The Modified CAPE tool is used in 2 sites. Two more sites (Paediatric EDs) have developed their own tailor made triage tool and one ED does not utilise a formal assessment tool.
- Formal triage training is provided in 85% (33) of sites.

- Triage training was seen as a requirement in 32 ED but not seen as a requirement in remaining 7 EDs.
- There are protocols/ criteria for conducting triage available in all but 3 EDs.

Baseline EMP Workforce Survey 2010- http://emnow.ie/wordpress/home-page/emp/workforce/

2011

National ED Workforce Survey Findings 2011

The Emergency Department (ED) Workforce survey developed and implemented in November 2010 by the National Emergency Medicine Programme Working Group to collect information and data from all ED's nationally pertaining to workforce, support and infrastructural resources was repeated in November 2011. The purpose of collecting this information one year on was to establish current situation and to compare with data from previous year to establish a trend.

38 Departments were surveyed and 100% response rate was achieved. These departments comprise of adult only departments, children's only departments and mixed (adult & children) departments that are open 24/7 and 12/7.

Summary of Findings

- There were 1188.1 WTE nursing staff in post in the 38 Emergency Departments on 31/10/2011 and an identified vacancy of 87.8 WTE.
- Compared with 2010 data, it is evident that there has been an increase in some nursing grades and a decrease in others. Most notable is the increase in Advanced Nurse Practitioner Candidate posts. This indicates an investment in succession planning and a focus on the development of this role within ED's nationally
- Staff nurses make up the majority of nursing staff working in EDs (69%), followed by 17% CNM2, Registered ANPs (4%) and remaining grades <3%
- 119.2 WTE nurses left employment in EDs since the previous year, (86 staff nurses, 30 CNMs, 2 ANPs, 1 education staff). This represents a turnover of 10% in the 12 month period compared to a turnover of 5.9% (70.16 WTE leavers) in the previous year. 6 HCAs/ MTAs left employment in the same period
- Reasons for leaving employment were explored; 27% of nursing staff leavers retired, 19% moved to another department within the hospital, 16% moved to an ED in another hospital, 13% took a career break.
- The survey revealed that 49% of all nursing staff in post have a post graduate qualification in emergency nursing (a reduction by 2% on previous year)
- 62% of all CNMs have a management qualification (compared to 78% the previous year). It can be presumed that all CNMs who left service in the intervening year held a management qualification hence significant reduction in this percentage.
- Significant number of ED nursing staff have a Masters qualification (124) and half of these are either Registered or candidate ANPs. This was not collected in the previous year and therefore cannot be compared.
- There was a 5% increase in the number of nursing staff with both medicinal product prescribing and ionising radiation prescribing.

- The number of ED nurses with Advanced Life Support Skills had decreased from 2,233 to 2,017 within the year. This may be due to lack of funding availability to support these courses or inability to release staff to attend.

- ED nurses continue to enhance and maintain their clinical skills and competencies as reflected by positive variation in number with various skills such as ECG interpretation (+134 with this skill since previous year), Administration of 1st dose IV antibiotics (+57) and male catherisation (+ 62). However some skills and competencies experience a decline such as nurse defibrillation (-292) and ABG sampling (-78)

- Education initiatives such as induction and orientation remain as hoc and there is no consistency in approach to or duration of same across EDs

- De-escalation training is provided in 29 EDs and is directed at various staff groups. This was not explored in the previous survey therefore trend not available.

- The range of non-clinical skills amongst ED nurses was explored for the first time in 2011. 825 staff to include business managers had basic IT skills; 174 staff had advanced super user skills; 59 staff had education in systems improvement techniques; 86 has project and change management and 191 had capacity and service planning skills.

- A wide variety of shift patterns are being utilised within EDs which reflect flexibility in rostering practices to meet fluctuating demand within the ED environment

- The number of Health Care Assistants employed has increased marginally since the previous year by 8.7 WTE to 145.7 WTE

- 63% of these HCA's have a FETAC qualification, 30% have received in-house training and remaining 7% have no specific training

- There was little increase in the number of HCA with additional skills specific to ED.

- Information in relation to additional hours (overtime, bank and agency) was not available/ completed by a number of departments and therefore cannot be analysed accurately.

National ED Workforce Survey Findings 2011- http://emnow.ie/wordpress/home-page/emp/workforce/

2012

National Emergency Medicine Programme Report (2012)

The National Emergency Medicine Programme Report (June 2012), a strategy to improve safety, quality, access and value in Emergency Medicine in Ireland, is the first strategic plan for Emergency Care ever undertaken in Ireland. The Programme is led by a multidisciplinary working group Consultants in Emergency Medicine, Emergency Nurses, representatives of Pre-hospital Care and the Therapy Professions. It is supported by the Irish Committee for Emergency Medicine Training, the Irish Association for Emergency Medicine, the National Board for Ireland of the College of Emergency Medicine, the Office of the Nursing and Midwifery Services Director, the Therapies Professions Committee and the Clinical Strategy and Programmes Directorate (CSPD) of the Health Service Executive (HSE).

The following excerpts relate to the emergency nursing specific sections of the Report

Chapter 14: Emergency Nursing (p 231)

This chapter provides an overview of emergency nursing in Ireland and informs the nursing agenda for the National Emergency Medicine Programme. It provides a definition of emergency nursing and a specific competency framework that underpins the role and scope of practice of nurses working within the specialist area of emergency care. The current nursing structure which exists in our EDs is outlined and areas where strategic planning and professional development will be required to support service development within Emergency Care Networks are highlighted.

Recommendations:

- Emergency Nursing is defined as the provision of immediate nursing care and intervention to adults and children who have undiagnosed, undifferentiated healthcare needs arising from social, psychological, physical and cultural factors (adapted from Emergency Nurses Association, 2009).
    - The key components include:
        - Rapid patient assessment and assimilation of information, often beyond the presenting problem
        - allocation of priority for care
        - intervention, based on the assessment
        - on-going evaluation
        - discharge or referral to other sources of care undertaken independently by the nurse within guidelines (Endacott, 2003).
    - This definition reflects the international literature defining “Emergency Nursing” and complements the international definition of Emergency Medicine.
- The National Emergency Medicine Programme recommends that the Emergency Nursing Competency Framework which underpins the minimum competencies expected of an emergency nurse working across the National Emergency Care Networks is adopted nationwide (EMP Report, 2012 Chp. 14).

- The National Emergency Medicine Programme recommends standardising nursing roles and job descriptions across the National Emergency Care Networks. Workforce planning and the use of an Emergency Department appropriate patient dependency and acuity measurement tools will support the standardisation of staffing levels, grade and skill mix which match with each type of emergency unit throughout the system.
- The National Emergency Medicine Programme recommends that a cohesive national strategy be adopted to facilitate postgraduate education and continuing professional development specific to emergency nursing. A minimum level of education at Postgraduate Diploma in Specialist Nursing will support the career development of the entire nursing team.
- Each Emergency Care Network should implement competency skills development and specific in-service education that is focused on enhanced nursing roles.

Chapter 17: Academic Emergency Medicine and Emergency Nursing Education, Professional Development and Academic Activity (p 270)

This chapter focuses on the development of;

- Academic posts in Emergency Nursing
- Nursing Education and Professional Development in Ireland
- Emergency Nursing Undergraduate Education
- Academic Emergency Nursing

Appendix 13: Emergency Nursing Competency Framework (p 436)

This appendix contains definitions of the following terms as they apply to nursing:

- Behaviour Indicators
- Competence
- Competency
- Competency Framework
- Scope of Practice

Domains of Competence

1. Professional /Ethical Practice
2. Holistic Approaches to Care and the Integration of Knowledge
3. Interpersonal Relationships
4. Organisation and Management of Care
5. Personal and Professional Development

Competency Assessment

Appendix 14: Specific Nursing Competencies for the National Emergency Care System (p 449)

This appendix contains information relating to education and training initiatives that are recommended to ensure that all nursing and nursing support staff acquire relevant, clinical competencies for their particular role and scope of practice.

EMP Model of Care- http://emnow.ie/wordpress/wp-content/uploads/2015/03/2.The-National-Emergency-Medicine-Programme-Report-2012.pdf

2013

Ambulance Patient Handover Protocol (2013)

The Ambulance Patient Handover Protocol describes a standard national protocol for the integrated handover of care of patients transported by ambulance to the Emergency Department (ED). The protocol is intended for use by Pre-hospital Emergency Care Practitioners and ED nurses and doctors who are involved in the reception and handover of patients, including but not limited to pre-alert notification, preparation for patient arrival and effective communication. It also provides direction to administrative and reception staff who complete ED patient registration records and record ED process data. It provides guidance to ED Clinical Operational Groups as to how ambulance patient handover procedures should be structured, monitored and quality assured. It recommends that a structured feedback mechanism between the ED and Ambulance Service Provider be created. These processes allow for the generation of both the quantitative and qualitative data necessary for governance. It applies to all patients who are brought to the ED by ambulance.

The Protocol is supplemented by a multi-disciplinary e-learning training package available on www.emnow and www.HSELanD.ie

Ambulance Handover Protocol- http://emnow.ie/wordpress/wp-content/uploads/2016/10/EMP-Ambulance-Handover-Protocol-2013-Final.pdf

Guide to Enhance Advanced Nurse Practitioner Services across Emergency Care Networks in Ireland (2013)

The Guide to Enhance Advanced Nurse Practitioner (ANP) Services across Emergency Care Networks in Ireland (June 2013) was developed against the backdrop of a radical reorganisation of the way in which health services in Ireland are planned and delivered. The National Emergency Medicine Programme (EMP) Report outlines how emergency nursing and the multi-disciplinary team contribute to the implementation of the programme. It provides a comprehensive outline of nursing roles and clinical skills particular to the specialist area of emergency nursing practice. The role of the ANP is also outlined (HSE 2012, p238) and the development of ANPs is considered essential to implementing the EMP strategy at national level. The Minister for Health published 'Future Health: A Strategic Framework for Reform of the Health Services 2012 – 2015' (DoH 2012). This framework describes the vision for the future configuration of health services, outlining four pillars of reform and specific strategic goals for reforming the service delivery system to include hospital reforms and tackling the capacity deficit. In addition at the time, the Minister for Health recently published two key documents to support Hospital System Reform: The Establishment of Hospital Groups as a transition to Independent Hospital Trusts (DoH 2013a) the Securing the Future of Smaller Hospitals: A Framework for Development (DoH 2013b). These DOH documents support the development of services in line with demographic needs and endorse the role of ANPs in relation to service delivery across ECNs.

The Guide makes recommendations on building ANP capacity based on feedback from the Regional Consultation Workshops – Focus Groups. The Guide also evaluated the caseload of existing ANPs to inform the recommendations relating to the appropriate hours for ANP services in the various types and size of units reflective of demand and patient caseload. The appendices list conditions suitable for treatment in an Injury Units (formally known as Local Injury Units), the survey tool used,

conditions suitable for rapid assessment and treatment (RAT) advanced nurse practitioner services and the number of approved ANP Posts per ED (2012).

Guide to Enhance Advanced Nurse Practitioner Services http://emnow.ie/wordpress/wp-content/uploads/2015/03/A-Guide-to-Enhance-ANP-Services-across-Emergency-Care-Networks-in-Ireland-July-2013-Final_4.pdf

Guidance document on staffing for Local Injury Units (2013)

In 2013 Local Injury Units were being established in Model 2 Hospitals. The Guidance document on staffing for Local Injury Units (August 2013) provides guidance from the National Emergency Medicine Programme (EMP) with regards to the staffing of Injury Units (IUs) (formally known as Local Injury Units) to provide safe, high-quality patient care.

IUs provide limited hours of access for patients with non-life or non-limb threatening injuries. These units will operate within an Emergency Care Network (ECN) framework under the governance of a Network Coordinator for Emergency Medicine (EM) based at the Lead Emergency Department (ED) for the network. Staff recruitment, rostering and professional development will be managed at network level.

This document represents the first standardised, national guidance for minimum staffing requirements for IUs. This standardisation does not preclude the employment of additional staff on the basis of service demand or service characteristics at hospital, network or regional level. IUs will vary in attendance volumes and geographical settings (e.g. urban versus rural and remote) and ECN Consultant in EM leads and hospital group/regional management teams should extend this guidance to implement, develop and sustain multidisciplinary teams with appropriate staff compliment and skill-mix to optimise patient safety, quality of care and value in the ECNs for which they are responsible.

Staffing allocations for IUs evolved historically through the transition of EDs to IUs on a limited number of sites, driven by regional reconfiguration. More recently, experience has been gained in the establishment of IUs without on-site hospital services and future IU development is likely to occur in conjunction with the establishment of hospital groups and implementation of 'Future Health; a strategic framework for reform of the health service 2012 - 2015' (DoH 2012).

In order to support the requirements of working across a network, certain staff grades will be required to rotate across the sites of the ECN in order to match capacity with demand.

The guidance document provides recommendations and guidance on:

- Baseline assumptions for LIU staff modelling
- Staff requirements for a 12-hours on-site clinical activity
- Whole time equivalents for each staff grade
- LIU Staff Roles
- Staff skill-mix and training Staff turnover and retention

The appendices provide guidance on staff availability and time-out factor and the conditions suitable and unsuitable for care in a Local Injury Unit.

Guidance document on staffing for Local Injury Units http://emnow.ie/wordpress/wp-content/uploads/2016/10/EMP-Guidance-document-LIU-Staffing-August-2013.pdf

Health Care Associated Infection Algorithm (2013)

The Health Care Associated Infection (HCAI) algorithm aims to identify infectious or potentially infectious conditions, or those who have an increased risk of acquiring infection due to pre-existing medical conditions or current treatment in adults who presente to Emergency Care settings as early as possible following their arrival. The alogorithm was developed in collaboration with the National Clinical Programme for Healthcare Associated Infection.

The algorithm was reviewed and revised in September 2017.

http://emnow.ie/wordpress/wp-content/uploads/2017/07/HSE-AE-Infographic-A1.pdf

2014

Role Profiles for nursing staff in Emergency Care settings in Ireland (2014, updated 2018)

The Role Profiles for nursing staff in Emergency Care settings in Ireland (January 2014) document presents a suite of role profiles for the grades of staff nurse, shift leader and nurse manager working within the Emergency care setting. The role profiles are complementary to the HSE nationally agreed job descriptions for staff nurse (Grade code 2135), CNM 1 (Grade code 2127), CNM2 (Grade code 2119), and CNM 3 (Grade code233X). in 2018 3 additional profiles were added Clinical Nurse Manager 1, Clinical Skills Facilitator and GP/Community Liaison. The HSE nationally agreed job descriptions outline that nurses must 'demonstrate practitioner competence and professionalism in order to carry out the duties and responsibilities of the role'. In support of this, the National Emergency Medicine Programme (EMP) Emergency Nursing Interest Group (ENIG) developed role profiles that provide additional or specific role behavioural indicators / performance criteria with regard to nurses practising in the ED environment.

It is envisaged that these role profiles will also assist by:

- Providing clarity for the emergency nursing staff and supporting the standardisation of competencies required by nurses working in ED settings nationally.
- Ensuring provision of standard and quality care.
- Supporting the enhancement of patient safety.
- Supporting implementation of performance management in the future.
- Support future recruitment processes (build into professional knowledge identification at interview).

The role profiles present a specific competency framework intended to guide each nursing staff grade towards achieving predetermined practice competencies to meet patients' needs in the challenging clinical environment of the ED. The Nursing and Midwifery Board of Ireland (formerly An Bord Altranais) has defined six domains of competence which each nurse and midwife must demonstrate in order to be registered to practice. These six domains of competence are used in each role profile as the building blocks for competence development.

The six domains of Competence:

1. Professional values and conduct of the nurse competences

2. Nursing practice and clinical decision making competences

3. Nursing practice and clinical decision making competences

4. Communication and inter-personal skills competences

5. Management and team competences

6. Leadership potential and professional scholarship competence

Each domain of competence consists of performance criteria and their relevant behavioural indicators. A behavioural indicator is a statement of the behaviour that would be observed when effective competence is demonstrated. The indicators are not intended to be complete or all-inclusive but should be interpreted in the context of the specific practice setting (in this case the emergency nursing setting) and may be further developed to address specific contexts of practice and required competencies. The competencies outlined within each role profile reflect the common and role specific competencies for ED nurses.

The Staff Nurse grade (80.7%, 2016) is the largest group of nursing staff working in the ED. Staff Nurses are responsible for providing 24/7 nursing care which involves assessment, planning implementation and evaluation of nursing care to an increasingly complex cohort of undifferentiated undiagnosed patients.

The Shift Leader in the ED has a pivotal role in co-ordination and management of activity and resources within the clinical area on a day-to-day basis. The main responsibilities are ensuring delivery of safe quality patient care, resource management, service provision, staffing and staff development, facilitating communication and providing professional and clinical leadership.

The competencies of the shift leader overlap with many of those included in the EMP Role Profile for an ED Nurse Manager as many of the elements of the ED Nurse Manager role are also performed or supported by the ED Shift Leader in the course of their daily work.

The ED Nurse Manager applies specially focused knowledge and skills to manage and lead a high quality service for emergency patients. The role encompasses key result areas including planning of services in terms of needs analysis, activities, targets and priorities, ensuring delivery of safe quality patient care and deployment of resources to include budgeting and workforce planning. The ED nurse manager acts as a focal service contact point and primary liaison person with other disciplines and service collaborators and provides direction, support and supervision to frontline staff in the discharge of their roles and promotion of evidence-based clinical decision making.

The development of the role profiles involved wide consultation with key stakeholders including, nursing staff working in Emergency settings via the Emergency Nursing Interest Group, the Director of Nursing and Midwifery Reference Group, HSE HR, HSE Recruitment, Department of Health Nursing Division and the Office of Nursing and Midwifery Services.

Role Profiles for nursing staff in Emergency Care settings in Ireland

http://emnow.ie/wordpress/wp-content/uploads/2015/03/Role-Profiles-for-Nursing-Staff-in-Emergency-Care-Settings-in-Ireland-January-2014_2.pdf

Assessing, Diagnosing and Treating Your Emergency Department - The Path Forward: Clinical Microsystems (2014)

Assessing, Diagnosing and Treating Your Emergency Department - The Path Forward: Clinical Microsystem outlines the quality improvement methodology identified by the EMP to be the most appropriate model for Emergency Care Settings as it focusses on the interface between patients and clinical teams. The Clinical Microsystem improvement model was developed at the Institute for Health Policy and Clinical Practice, Dartmouth College, USA[1,2], and was further evolved through work in Sweden[3]. Further information and resources are available at http://www.clinicalmicrosystem.org.

The purpose of this document is to support Emergency Department (ED) teams in using the Microsystems approach to better understand the care needs of the patients they serve and to assess

how their EDs work, so that they can start to improve the quality of patient care they provide. It is through improvement at ED level that the aims of the EMP will be realised for patients.

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3. Andersson-Gare B., Neuhauer D.: The Healthcare quality journey of Jönköping County Council, Sweden. Qual Manag Health Care 16:2-9,Jan./Mar. 2007.

Visiting Guidance (2014, updated 2016)

The Visiting Guidance document aims to provide a fair and standardised approach to policy with regard to families, carers and friends visiting patients while they are being treated in Emergency Departments and Injury Units.

Visiting Guidance http://emnow.ie/wordpress/wp-content/uploads/2016/11/Visiting-Policy-updated-June-2016.pdf

2015

2016

Emergency Department Nursing Workforce Planning Framework (2016)

The Emergency Department Nursing Workforce Planning Framework (February 2016) is a framework to assist standardisation of workforce planning approaches across Emergency Departments in Ireland.

For ease of use the Framework is divided into 3 parts:

- Part 1 - Literature Review
- Part 2 - ED Workforce Planning Toolkit
- Part 3 - Implementation plan – Education workshop programme design to support implementation

Information relating to the development of the Framework and other supporting documentation can be located in the 5 appendices;

- *Appendix 1*: Project methodology
- *Appendix 2*: Survey Data Collection Tool
- *Appendix 3*: Participating Site Observation Analysis Data Collection Tool
- *Appendix 4*: Emergency Nursing Workforce Planning Toolkit Evaluation
- *Appendix 5:* Blank Templates

The education workshops to support the implementation of the Framework were delivered early 2017 and are available on HSELanD.

Emergency Department Nursing Workforce Planning Framework http://emnow.ie/wordpress/wp-content/uploads/2015/03/EMP-Nursing-Workforce-Planning-Framework-1.pdf

Irish Children's Triage System (2016)

The Irish Children's Triage System (ICTS) (June 2016), is a child-specific triage tool that was developed by the National Emergency Medicine Programme (EMP) for the prioritisation and assessment of paediatric patients presenting to an Emergency Department (ED) in Ireland.

The objectives of the ICTS are;

- To develop a specific triage tool to clinically assess children attending EDs that facilitates the prompt recognition of acuity for ill or injured children.

- To develop a tool tailored to include clinical elements such as physiological vital signs, pain assessment, temperature and other special guidelines specific to the needs of children.
- To provide an evidence-based approach to the triage of children that supports clinical decision making with regard to the symptoms and clinical management of the patient.
- To provide a National Standard for Children's Triage which ensures that children receive the same standard and quality of care regardless of where in the country they present for treatment.

The approach taken by the development group was that the ICTS tool should have a similar "feel" to the system used for adults, the Manchester Triage System (Mackway-Jones et al 1997, 2006 & 2014) as it was considered appropriate to build on a system that was already familiar to staff rather than introduce a completely new system that would require substantial re-education and training.

The document contains background information related to the generic triage process, triage tools and nursing assessment as well as guidelines related specific cohorts of children that may present for treatment. The ICTS Flowcharts represent the common presentations to Emergency Departments facilitating accurate prioritisation of children for treatment.

The document also contains information on the;

- Educational Requirements for Performing ICTS
- Pilot Phase and audit
- Audit
- Limitations of Irish Children's Triage System

The appendices provide supplemental information on

- Vital Sign Reference Grid/s
- Levels of Dehydration
- Major Trauma Guidelines
- Levels of Respiratory Distress
- ICTS Validation & Sample Audit Tools

ICTS http://emnow.ie/wordpress/wp-content/uploads/2015/03/National-Emergency-Medicine-Programme-Irish-Childrens-Triage-System-June-2016-1.pdf

Protocol for the administration of Paracetamol (Acetaminophen) at Triage (2016)

This document provides a template for a protocol to facilitate the administration of Paracetamol (Acetaminophen) for pain relief at the point of Triage in Emergency Departments for patients who meet the specified criteria. Each site is required to complete the template and submit it to their local Drugs and Therapeutics Committee for agreement prior to introducing the protocol.

Protocol for the administration of Paracetamol (Acetaminophen) at Triage

http://emnow.ie/wordpress/wp-content/uploads/2015/03/Triage-Paracetamol-Policy.pdf

2017

Injury Unit Governance Training Programme (2017)

This document provides a detailed description of a unit of education specifically designed to support the education and training needs of the Multidisciplinary Team (MDT) working in Injury Units (IU) throughout Ireland.

A framework to support the delivery and recording of Nursing Care in Emergency Care Networks in Ireland (2017)

The framework to support the delivery and recording of Nursing Care in Emergency Care Networks in Ireland is designed to provide sites within Emergency Care Networks with a structure to support the delivery and recording of nursing care.

The document provides an overview of emergency nursing in Ireland and details the development of a framework to support the delivery and recording of nursing care in Emergency Care Networks as defined by the National Emergency Medicine Programme Report (EMP, 2012).

A framework to support the delivery and recording of Nursing Care in Emergency Care Networks in Ireland (2017) http://emnow.ie/wordpress/wp-content/uploads/2018/07/Framework-to-support-the-delivery-recording-of-nursing-care-in-ECNs-Nov-2017.pdf

Orientation Workbook for Emergency Departments (2017)

The Orientation Competency Workbook assists in the facilitation of the development of core skills in Emergency Nursing for staff new to the emergency care setting to accomplish in their first 12-18 months. The Orientation Programme is the first level for those wishing to pursue a career in Emergency Nursing.

Orientation Workbook for Emergency Departments (2017)- http://emnow.ie/wordpress/wp-content/uploads/2018/07/Competency-Book-Foundation-Programme-Final-Feb-2018.pdf

Level 8 Foundation Programme in Emergency Nursing (2017)

The Level 8 Foundation Programme in Emergency Nursing aims to enhance the skills and competence of the junior nurse in Emergency Care settings. The programme has been developed in conjunction with the Office of the Nursing and Midwifery Directorate, HSE and will be delivered in association with a consortium of Institutes of Technology. The programme has been accredited by both the NMBI & the HEIs (Institute of Technologies).

The programme is delivered over a six month consisting of 8 study days, successful completion of academic assessment and a competency workbook.

The first course commenced in February 2018 and the formal launch was held on 13th June 2108.

Level 8 Foundation Programme in Emergency Nursing (2017) http://emnow.ie/wordpress/wp-content/uploads/2018/07/Orientation-Programme-December-2017-Final.pdf

Post Triage Mental Health Triage Tool (2017)

The Post-triage Mental Health Triage Tool guides Emergency Department (ED) Staff in prioritising and caring for patients presenting with apparent emergency mental health needs. It provides descriptors of observed and reported behaviours to assist in allocating the appropriate triage category. The tool is intended to guide ED staff in their care of attendees whose behaviour is of concern. It is not to assume disturbed behaviour equates to mental illness but to ensure the correct safeguards are in place to manage the behaviour and where, clinically indicated i.e. thought secondary to mental illness, to refer for a psychiatry opinion.

Post Triage Mental Health Triage Tool http://emnow.ie/wordpress/wp-content/uploads/2018/05/Post-Triage-Mental-Health-Triage-Tool-Final-Dec-2017-.pdf

2018

Orientation Workbook for Injury Unit Nursing Staff (2018)

The Orientation Competency Workbook for Injury Unit Nursing Staff assists in the facilitation of the development of core skills in for staff new to the Injury Unit setting to accomplish in their first 12-18 months. The Orientation Programme is the first level for those wishing to pursue a career in the nursing care of patients attending Injury Units.

Orientation Workbook for Injury Unit Nursing Staff (2018) http://emnow.ie/wordpress/wp-content/uploads/2018/07/Orientation-Programme-December-2017-Final.pdf

In Development

Emergency Medicine Early Warning System (EMEWS)

In conjunction with the National Clinical Effectiveness Committee, DoH.

The Emergency Medicine Early Warning System (EMEWS) has been developed in response to staff concerns that Emergency Department (ED) patients are at risk of clinical deterioration between the time they have been triaged and the time they are assessed by a Treating Clinician and that there may be a delay in recognising this deterioration if the patient is not appropriately monitored. It is also a specific recommendation in the Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) for patients who require acute admission, (Health Information and Quality Authority May 2012 (Tallaght HIQA Report)). These patients have undifferentiated presentations with the potential for rapid change in their physiological status and have only been assessed on one occasion in the ED i.e. at triage. Crowded and under-resourced EDs will have relatively larger numbers of such patients waiting for longer periods of time, thus increasing the clinical risk. The international literature reports examples of ED patients who have deteriorated and died in ED waiting rooms whilst awaiting assessment by a Treating Clinician.

EMEWS is intended to address the risk of a patient's clinical deterioration going unnoticed in the ED setting. It cannot address the root cause of this risk which requires appropriate demand-capacity management and resourcing of EDs. The guideline has been designed to interface seamlessly with the Manchester Triage System which is the nationally recommended ED triage approach for adult patients and align with the National Early Warning Score, Irish Maternity Early Warning System and Paediatric Early Warning System.

EMEWS has fulfilled all the NCEC national clinical guideline criteria and is currently being prepared for publication. Discussions are on-going between the DoH & HSE in relation to implementation.

Nursing related publications from the National Emergency Medicine Programme

Byrne, S., Small, V., McDaid, F., Forde, M., Geary, U., O'Connor, S. (2012) A new era for emergency care services in Ireland, Emergency Nurse, Sept 2013, Vol 20 (5) pp18-28

McDaid, F., Lardner, S., Small, V., Byrne, S., Geary, U., O'Connor, S. (2015) Making the link and spreading the word – The Emergency Nursing Interest Group. International Emergency Nursing Journal 23(2015) 112-114

The Emergency Medicine Programme acknowledges the assistance of the Emergency Department staff in EDs nationally in the development of this guidance.

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Summary

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Contents

Associated documents