



EMP Newsletter 2020



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Welcome to our December 2020 Newsletter

2020 has truly been unprecedented in all of our professional lives, characterized by steep learning curves, huge disruption and much disruptive innovation! This year has been dominated by the effects of the COVID-19 pandemic for us all, including the work of the Emergency Medicine and other National Clinical Programmes. There has been huge change in how we operate our Emergency Department. In this newsletter we attempt to capture some of those changes and two stories from frontline staff.

We also look at some of the other developments of the programme including the launch of the Emergency Department Activity & Profile (EDAP), some of the EMP webinars that were held this year, and an impressive document that a group of our EM colleagues have developed on the topic of Efficient Emergency Care.

There is ongoing progress in other areas of EMP participation, including ongoing work to support the implementation of Trauma Networks in Ireland, the Acute Floor Information System and Activity Based Funding in Unscheduled Care. We have started a research project involving 24-hour cross sectional analysis of patient attendances across a mix of ED types, to gain an in depth understanding of “who our ED patients are and what are their emergency care needs?”. This work commenced in University Hospital Limerick, MRH Tullamore and St. Vincent’s University Hospital just before the pandemic halted its work and will now recommence in the other sites (University Hospital Kerry, and St. James’s Hospital).

This Christmas is likely to be quite different for all of us but, as always, staff in EDs and many other healthcare staff will continue delivering healthcare to our patients 24/7/365. We hope that staff will stay safe and well as they carry out their work and manage to have some time for appropriate and well deserved celebration.

Wishing you a Merry Christmas and Happy New Year from the EMP.

Gerry McCarthy, Clinical Lead, National Emergency Medicine Programme (emp@rcsi.ie)

The Story of the COVID Pandemic

Overview

In preparation for a major pandemic, the physical layout of many Emergency Departments was extensively reconfigured to allow for the separation of patients into two streams: those at risk of having COVID-19 infection and those with no apparent risk. In many cases, this involved changed and/or increased ED footprints. Many EDs also introduced different staff rotas and efforts to work in distinct teams and significant new processes for how patients were cared for in the ED. As we move from a pandemic to an endemic state, delivery of care must adapt to ensure this – and similar transmissible diseases – can be managed safely within our Emergency Departments.

Internationally as well as here in Ireland, hospital occupancy has fallen due to a combination of factors, including fewer “medically fit” patients remaining in hospital, acceptance of different admission and discharge thresholds, improvements in pathways within hospitals and the community and reductions in elective surgery and other scheduled activity. This has all resulted in improved flow in acute hospitals during the pandemic in the short term. Maintaining this flow through the winter months is a huge challenge.

The Royal College of Emergency Medicine recommends that Emergency Departments return to their original core purpose: the rapid assessment and emergency stabilisation of seriously ill, injured or otherwise acutely vulnerable patients. Using EDs as a pressure release valve for capacity issues in the wider system must be minimised, particularly in a pandemic situation where there is a requirement to avoid unnecessary congregation of people in healthcare settings.

The improved flow in acute hospitals during the pandemic illustrates that delayed transfers of care and the resulting exit block is not an insoluble problem, and can be fixed where there is a communal focus. Patient flow has improved, and many Emergency Departments were less crowded as result of all of these changes. Sustaining this flow through the coming winter will need continuous attention and active support at national, regional and local level, together with changes in behaviour from both the public and healthcare practitioners.

Lessons learned from COVID-19

The absence of inpatient boarders on the corridors of the ED was a very welcome change. Nursing staff could focus on delivering emergency care. ED staff did not need to search to find a clinical space to examine a patient. The in-patient teams/services were not congregating in ED as patients were transferred to wards in a timely manner (within 6 hours) which made the environment safer for all. However, boarders started to reappear within months, reducing the EDs ability to treat new patients. The return of “Corridor care” should be avoided at all costs.

The presence of **senior clinical decisions makers** at the front-door reduced waiting time and led to improved patient experiences and outcomes, but many departments were only able to do this because of extra clinical hours and suspension of leave. Inpatient team involvement at the front door also increased, with improved access to timely specialist opinions and investigations.

Additional capacity for acute hospitals was accessed, although the acuity of cases presenting to the acute hospitals led to challenges in identifying suitable cases for transfer.

Increased physical footprint facilitated streaming, physical distancing and adequate clinical space. This worked best when it was relatively close to the main ED and was achieved in many cases by moving scheduled outpatient services offsite or into virtual online formats.

Adequate staffing with appropriate skill mix is necessary for pathways of care to be expeditiously applied. Although there is a need to maintain and increase nurse staffing levels, redeploying key staff such as Clinical Skills Facilitators and Advanced Nurse Practitioners is probably detrimental to the overall running of the ED, impacting training and patient flow.

Protocols and guidance need to be clear and simple: the Health Protection Surveillance Centre guidance on the level of PPE required along with donning and doffing procedures were readily available, with training occurring locally. There were concerns in the early days of the pandemic about the ability to keep pace with new versions of the protocols.

Frontline Story: COVID Days by Siobhan Kenny-Mater University Hospital

My name is Siobhan Kenny and I have been a proud nurse for the past 13 years. For most of my nursing career I have practiced in the emergency department (ED) and in more recent years I have branched out into dermatology. Seven months ago I was redeployed back to the emergency department, as Covid-19 (Coronavirus) took hold of our wee country. I was happy to return to help, to do what I could to not only help the community but to help alleviate the stresses this virus put on my former department and my friends who work there. I was worried that I may have forgotten how to be an emergency nurse with my time away from the department but in true ED fashion, I was assisted with my updating and upskilling from all disciplines and all grades. The first thing that struck me on returning to ED were the vital changes that had been made, practically overnight. New pathways for patients to prevent cross contamination, updated equipment, even adapted nursing and medical roles. I have always been inspired by the people who choose to work in emergency. They are a special breed of people. They are the kind of folk you want on your team -fearless, practical, warriors. They are the type of people who in the face of huge adversity, roll up their sleeves and dive in to get the job done, without complaint.



During this crisis, I am acutely aware of how scary coming to hospital is for some of our elderly population. We know Coronavirus is incredibly dangerous for our older loved ones and during this time no patient family members are allowed to visit the hospital. Since I have returned to ED, I have often worked in the resuscitation area and I see the fear in my older patients' eyes. They are afraid. Afraid that they will die, that they will die alone, that they will never see their families again. I know that on a regular day, the nurse can be the only source of comfort for a patient, sharing a smile, a joke, or perhaps a kind look. These days however we are unrecognizable in our Personal Protective Equipment (PPE), often looking alien to our patients. These days I hold hands with my patients and talk openly about their fears. I call their family members more often than I normally would with any little updates that are available, as I can imagine how I would feel if it were my parents.

These are strange times, but I feel privileged and honored that I am in a position to help. I love being part of such an amazing adaptable and dynamic team whose primary focus is always on excellent holistic patient care.

Most recently, I have landed my dream job as candidate advanced nurse practitioner in emergency. I am excited for the new learning opportunities and challenges it brings. I am happy to be permanently back in my emergency home.

I am proud to be an emergency nurse. I am proud of the Mater hospital. They have moved mountains to enable us to provide the best possible care to our community and I am proud of all my colleagues clinical and non-clinical. I am also proud of my family, who constantly worry about my health and safety but also understand there is nowhere else I could possibly be during this pandemic but shoulder to shoulder with the Mater emergency team.

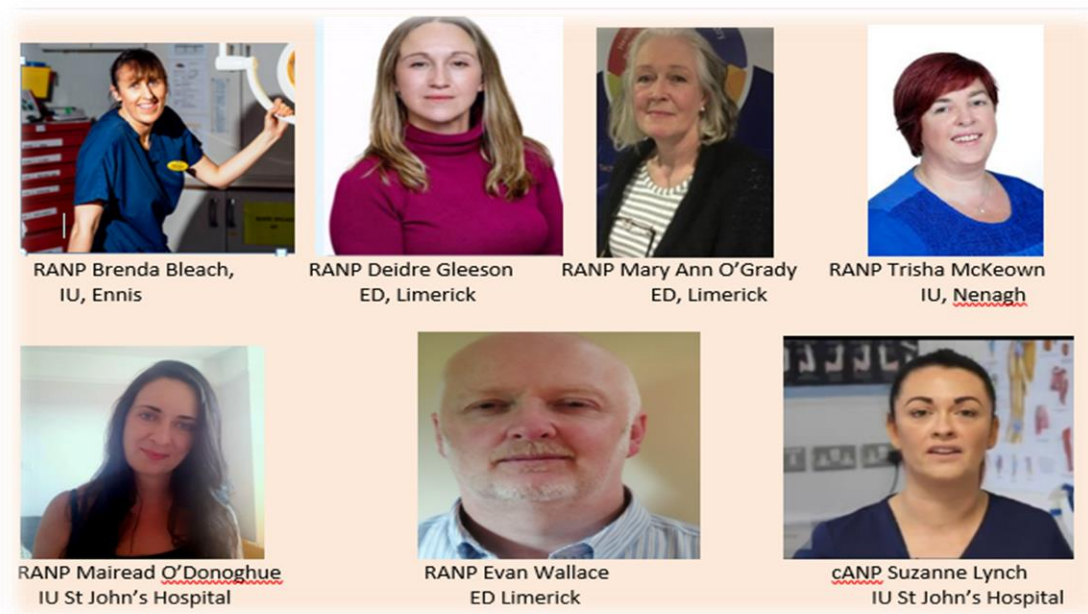
Frontline Story: University Limerick Hospital Group, Emergency Care- Network RANP team

These unprecedented times have challenged us to adapt and review how we deliver care to our patients. It is no longer "business as usual".

In response to the Covid-19 crisis, and in preparation for surge capacity management within the ED, the Emergency RANP team relocated to the 3 Injury Units within the Emergency Care Network, supplementing the existing service.

The 6 RANPs and 1cANP developed a combined rota across the 3 units. Cross cover was provided as required thus ensuring an RANP service on all 3 sites 7days per week.

This has allowed the RANPs to continue to offer high quality safe effective care for this cohort of patients in an environment that instils confidence and encourages attendance for treatment. It has also allowed for effective streaming of injures from the ED to the Injury Units.



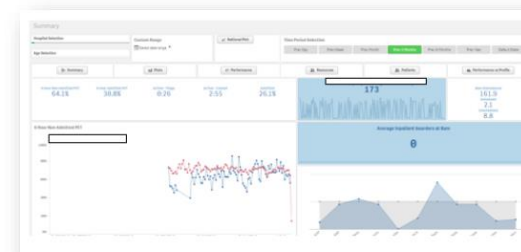
Launch of EDAP

The **Emergency Department Activity & Profile (EDAP)** is a software programme that was developed by the HSE and EMP after an extensive scoping process with staff in EDs and software developers. EDAP provides ED data analysis that is clinically and managerially relevant; it is supported by the Office of the Chief Information Officer for expansion into EDs and incorporation into HSE Operations dashboards. EDAP enables the user to understand the profile and performance of their own EDs in the context of the resources available including staff, infrastructure and access to beds, diagnostics and other resources. An events log can also be maintained by each hospital, noting events that impacted upon the ED (e.g. in-patient ward closures). The activity data within EDAP is taken from the Patient Experience Time data.

The system displays information such as

- KPIs for each ED (compared to the national average)
- Average attendances per day.
- Average in-patient boarders at 8am
- Age profile
- % patients admitted
- Total ED time
- ED arrival to triage time

EDAP Dashboard Summary Page



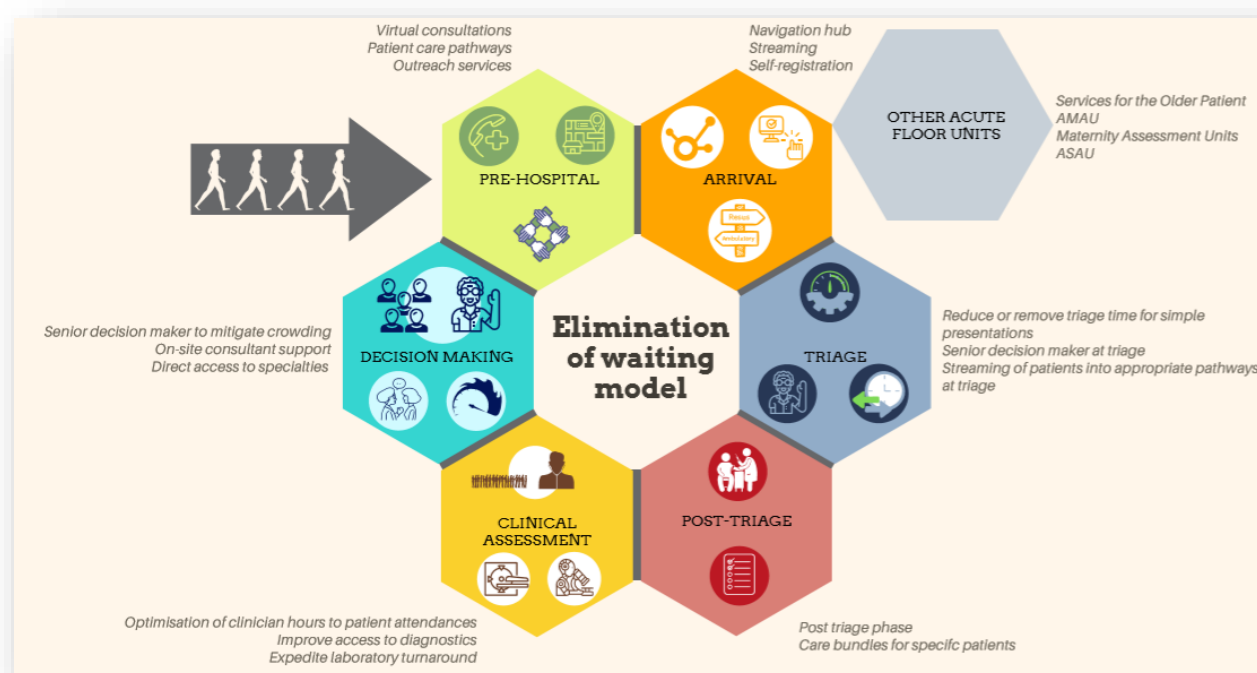
EDAP Patient Boarders at 8 am Display



"hovering over a tile tells you how many patients had a Decision to Admit entered and were still in the ED (i.e. the true number of boarded inpatients) for the relevant time period (a given hour of the day/week)".

EDAP is now live and available for staff in EDs. Please contact emp@rcsi.ie for account details.

"It's about time": Efficient Emergency Department care in Ireland



This document was produced by frontline Emergency Department (ED) staff in response to a request from the Emergency Medicine Programme (EMP) to describe the core functioning of the ED as part of the Acute Floor.

The background for this is EMP considering new ways of working in an era of transmissible infections where prolonged wait times need to be minimised. This document describes the stages of waiting as a patient presents to an Irish Emergency Department and moves through the assessment, treatment and decision making phases of their care. A group of front-line clinicians describe what re-designed emergency care could look like.

EMP would like to thank the authors of this report:

- Dr Niamh Collins, Consultant in Emergency Medicine
- Dr Aoife Fox, Core Specialist Trainee in Emergency Medicine
- Dr Owen Keane, Specialist Registrar in Emergency Medicine
- Dr Elizabeth Little, Specialist Registrar in Emergency Medicine
- Ms Fiona McDaid, Nurse Lead for National Emergency Medicine Programme
- Dr Des Fitzgerald, Consultant in Emergency Medicine

The report is currently being considered by the National Clinical Advisor and Group Lead for Acute Operations. Please contact emp@rcsi.ie for more details.

What is the impact of Health and Social Care Professionals in the ED?

In 2017, the Emergency Medicine Programme (EMP) at RCSI in collaboration with Dr. Rose Galvin from UL submitted a research proposal to the HRB-funded Research Collaborative in Quality and Patient Safety scheme to look at the impact of early assessment and intervention by a dedicated Health and Social Care Professional team (HSCP). The proposal was successful and a randomised controlled trial, carried out in the University Hospital Limerick, questioned if the HSCP team could reduce the Emergency Department (ED) length of stay and likelihood of hospital admission among older adults when compared to usual ED care.

353 people, who were over 65 years, were randomly assigned to either receive care from the HSCP team or the usual ED care. There was no significant difference between the two groups, in terms of demographics, presenting complaint and comorbidities. The HSCP team worked together with ED medical and nursing staff to reach decisions on the care for the patients, their discharge plans and relevant interventions.

The intervention group who received care from the HSCP team spent approximately 50% less time in the ED than the control group. Participants who did not receive the HSCP care were three times more likely to be admitted to hospital. 30 days after the visit, there were no differences in terms of ED or hospital re-presentation, healthcare utilisation or quality of life. At 6 months, patients in the intervention group had fewer unscheduled hospital admissions.

The researchers concluded that early assessment and intervention by a dedicated ED-based HSCP team reduced ED length of stay and the risk of hospital admissions among older adults, as well as improving patient satisfaction and quantified the degree of benefit for the cost of the intervention

More information and details of the study are available from:

Dr Gerry McCarthy, Clinical Lead, Emergency Medicine Programme, RCSI (emp@rcsi.ie). **Research Collaborator**

Dr Rose Galvin, Senior Lecturer in Physiotherapy, School of Allied Health, University of Limerick (rose.galvin@ul.ie). **Principal Investigator**

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EMP events for 2020

➤ Emergency Medicine in the COVID era

The purpose of this webinar, which was held on the 9th June 2020, was to describe how the practice of Emergency Medicine has adapted to the COVID-19 pandemic. The agenda for the event was:

- **Introduction to Emergency Medicine in the COVID Era - The Big Picture and the Challenges**
 - Dr Gerry McCarthy -National Clinical Lead for Emergency Medicine Programme & Consultant in Emergency Medicine, Cork University Hospital
- **Going Forward - How the HSE Hospitals Acute Operations will support Capacity Requirements**
 - Mr Robert Morton – Assistant National Director, HSE Acute Operations
- **A Pre and Post COVID Emergency Medicine perspective based on data**
 - Professor John Ryan - Consultant in Emergency Medicine, St Vincent University Hospital
- **Emergency Medicine in the COVID Era – The Challenges in a Model 3 Hospital**
 - Dr Ashraf Butt, Consultant in Emergency Medicine, Cavan General Hospital
- **IAEM Recommendations for Resetting Care in Ireland’s Emergency Departments**
 - Dr Emily O’Conor - President Irish Association for Emergency Medicine
- **Drivers for Change**
 - Dr Vida Hamilton - National Clinical Advisor and Group Lead, HSE Acute Operations

The recording of the event can be found here: <https://www.rcsi.com/dublin/sitecore/content/surgery/home/coronavirus/surgical-practice/weekly-webinar-series>

➤ Celebrating 50 years of Emergency Nursing Education

2020 marked 50 years since the introduction of post-registration education in Emergency Nursing in Ireland. The inaugural six-month Post-registration Accident and Emergency Nursing Course commenced in 1970 and on 15th October 2020, the EMP held a celebratory webinar to mark the occasion.

The event described how Emergency Nursing courses have developed to meet the changing needs of the undifferentiated, undiagnosed patient attending Emergency Departments in alignment with international best practice. These courses are now co-ordinated by the Higher Education Institutes and accredited with the National Framework of Qualifications for Ireland (NFQ IE) at Level 9 (Higher Diploma). Masters of Science and Doctorate programmes are also available in Emergency Nursing. To support nurses new to Emergency Nursing a Foundation Programme at NFQ Level 8 has also been developed by the National Emergency Medicine Programme, supported by the Office of the Nursing and Midwifery Services Director and in association with a consortium of 5 Institutes of Technology.

Clinical education in Emergency Departments is supported by Clinical Skills Facilitators, though currently this role is not available in all departments.

The recording of the event can be found here: <https://vimeo.com/476228614>

➤ **How We Prioritise in Paediatric Emergency Care**

This webinar on the prioritisation of children in Emergency Departments which was held on the 21st of October included talks on:

- The purpose and practice of triage in general – Ms Fiona McDaid, Emergency Medicine Programme (EMP) Nurse Lead
- The journey that brought us to Irish Children’s Triage System (ICTS) first edition – Dr Fergal Hickey, President IAEM, Consultant in Emergency Medicine, Sligo University Hospital (SUH)
- How children and adult emergencies differ – Dr Rory O’Brien, Consultant in Emergency Medicine, Cork University Hospital (CUH)
- What’s new in Irish Children’s Triage System (ICTS) second edition – Dr Carol Blackburn, Consultant in Paediatric Emergency Medicine Children’s Health Ireland (CHI) at Crumlin

The recording of the event can be found here: <https://www.rcsi.com/dublin/sitecore/content/surgery/home/coronavirus/surgical-practice/weekly-webinar-series>

➤ **ANP CPD Day**

Midlands Emergency Departments Advanced Practice held a CPD webinar on Friday, 4th December 2020, 10:00 -12:00 for ED ANPs, ED nurses, ED doctors, physiotherapists and occupational therapists. Topics included were: uncommon fractures, shoulder injection techniques & soft tissue injuries. Target audience: ED ANPs, ED Nurses, ED Doctors, physiotherapists & occupational therapists.

The link to view the full webinar is <https://vimeo.com/487605141/4add2112d1>

➤ **Valerie Small Bursary for Excellence in Emergency Nursing Winner**

The year’s winner of the Valerie Small Bursary for Excellence in Emergency Nursing is Maighread O’Driscoll for her abstract on ***The management of critically ill, mechanically ventilated patients in the ED.*** The bursary was awarded at the Annual Scientific Meeting of the Irish Association of Emergency Medicine which took place virtually on the 10th October 2020.



Maighread’s research was on critically ill mechanically ventilated patients being managed by nurses for exceedingly long periods of time in the ED due to an unprecedented lack of bed availability. Nurses have highlighted significant knowledge deficits in caring for the sedation needs of mechanically ventilated patients. Maintaining light levels of sedation with the aid of validated sedation scoring tools and established protocols is associated with improved clinical outcomes. Protocols and guidelines may assist ED nurses in making effective clinical decisions, but the effectiveness of sedation administration is still largely dependent on nurse related factors such as knowledge, skills, experience, and confidence.

Maighread’s research concluded that educational programmes in the sedation management of mechanically ventilated patients should be developed and implemented in the ED. This will help to improve nurses’ sedation assessment and management practices, improve patient safety, and aid in the successful implementation of evidence-based practices into the ED. Sedation policies and guidelines of mechanically ventilated patients to include the use of sedation scoring tools should be developed and implemented into the ED to align the ED with best practice clinical guidelines.

Forthcoming events:

- EMP will deliver the RCSI Webinar on 27th January 2021, on the subject of Trauma Teams in Trauma Units and Major Trauma Centres.
- IAEM will deliver a session on Team Leadership in the Resuscitation Room at the RCSI Charter Day Meeting on 5th February 2021.

Other Documents and Resources

- [Emergency Department COVID-19 Streaming Process](#)
- [Interim Guidance for the Adult Unscheduled Care Pathway in the COVID-19 era; The Acute Floor](#)
- [Information on the Certificate in Emergency Nursing \(Level 8 award\) which is commencing in Jan 2021](#)