

RANP (Emergency)

Rapid Assessment & Treatment

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RANP (Emergency) in Rapid Assessment & Treatment

Naas General Hospital

Background

- Naas General Hospital(NGH)-acute 243 bedded hospital
- 24hour, 7 day emergency service
- Rapidly expanding population
- Growth & expansion of ED services underpinned by close interdisciplinary working relationships
- 3 RANPs in Non-life Non-Limb threatening Injuries
- 1 Cardiology RANP

CHALLENGES

- Prolonged waiting times for less urgent cases
- Patient overcrowding
- Adverse patient outcomes
- Breach of patient experience times (PET)
- High patient dissatisfaction
- High incidence of patients leaving before assessment/completion of care

Rapid Assessment & Treatment

- Interchangeable term
- Opens up a separate stream of low – moderate acuity patients
- Operate during peak times
- Decreases the length of time lower complexity cases waiting
- Earlier initiation of treatment
- Earlier diagnostic interventions

Role Development of RANP (Emergency) in Rapid Assessment & Treatment

- Meeting of key stakeholders
- Service needs analysis
- Development of post viewed as part of strategic development of ED services
- Overall purpose of RANP (Emergency) RAT identified

KEY OBJECTIVES

- Contribute to the total quality management of patient care within the ED
- Assess, diagnose, treat, evaluate, refer or discharge patients under the RANPs care
- Improved patient outcomes
- Improve the flow of patients & quality of care
- Share caseload management
- Facilitate the continuing professional development & education of the ED team
- Decrease clinical risk
- Promote a collaborative approach to emergency care
- Evaluate & enhance the quality of ED services

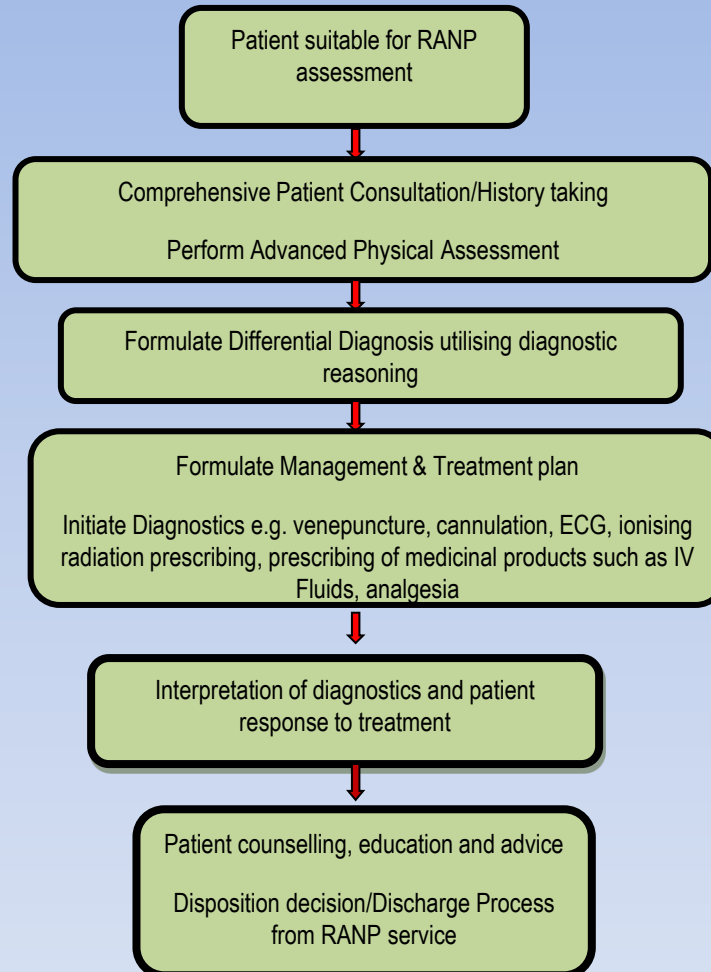
Scope of practice RANP (Emergency) RAT

- Caseload management of patients aged 16 and over
- Not an exhaustive list
 - ✓ Non-Traumatic Abdominal Pain
 - ✓ Gastrointestinal (GI) Disturbances-haemodynamically stable
 - ✓ Pleuritic Type Chest pain
 - ✓ Soft skin and tissue Infections/Abscesses
 - ✓ Lower Limb Deep Vein Thrombosis
 - ✓ Ear, Nose, throat (ENT)

Exclusion Criteria

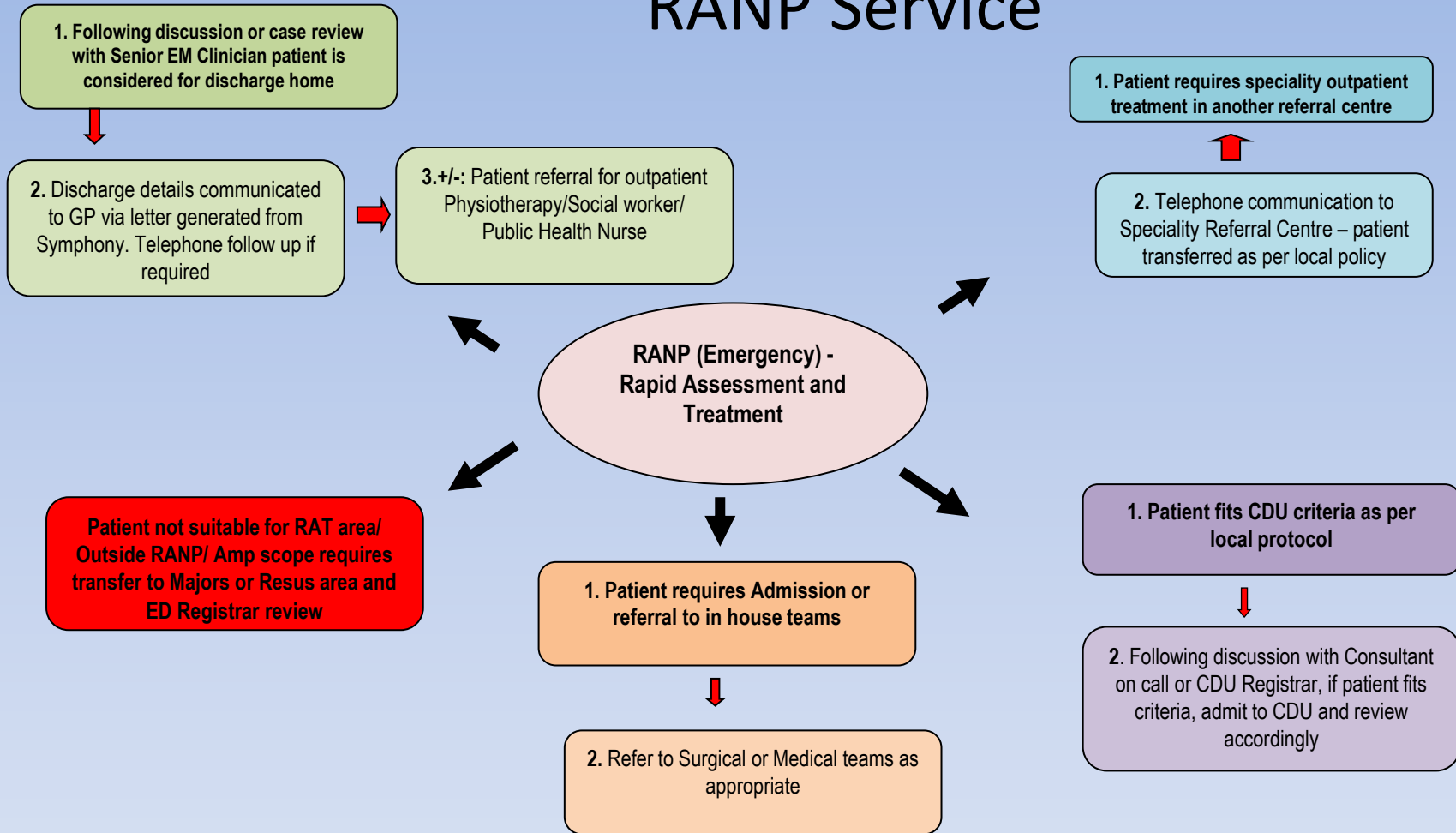
- Patients under the age of 16
- Patients who present with Shock/ SIRS
- Patients with multiple medical issues or complex past medical histories
- Patients who are pregnant
- Patients haemodynamically unstable, confused or agitated

Process of Patient Management by RANP



Referral to RANP (ED) RAT	Referral from RANP (ED) RAT
Patient self referral	Medical Team (internal)
GP Referral	Surgical Team (internal)
K-Doc (out of hours GP) referrals	Gynaecological Team (Tallaght Hospital)
Different Departments within NGH e.g. Oncology/Haematology Medical OPD clinics Surgical OPD clinics Physiotherapy Department	ENT Team (Tallaght Hospital)
Nurses –post triage	Orthopaedic Team (Tallaght Hospital)
Other RANPs	Urology Team (Tallaght Hospital)
VHI clinics	Max Fax Team (St James' Hospital)
Other hospitals	Plastics Team (St James' Hospital)
Via ambulance	GPs
Clinics (including community and nurse led satellite clinics)	Social Worker
Multidisciplinary Team	Physiotherapy
	Occupational Therapy
	Dietician
	TVN RANP
	Cardiology RANP
	Acute Medical Assessment Unit (AMAU)
	RANPs Non-Life-Non-Limb Threatening Injuries

Disposition Decision/Discharge Process from RANP Service



Clinical Supervision

- Integral part of the RANP role
- Promotes shared learning
- Informs future practice
- Identifies areas of audit or research

Continuing Professional Development

- Mandatory & regulatory requirement
- Supports competence in clinical practice
- Academic links with TCD established
- Protected CPD hours
- Support from hospital, nursing management & NMPDU to facilitate role fulfilment

Conclusion

- Scope of RANP practice
- Levels of accountability
- Supporting regulations

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THANK YOU