



The National Emergency Medicine Programme

A strategy to improve safety, quality, access and value in Emergency Care in Ireland

Newsletter

June 2014

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Message from the Emergency Medicine Programme (EMP)

It is a great pleasure to present the 2014 update on the progress of the National Emergency Medicine Programme (EMP). As this newsletter illustrates, the past year has been a very busy one for the Programme and the coming year promises lots of opportunities to improve emergency care too.

These are undoubtedly difficult times in emergency care in Ireland. Front-line ED teams are working hard to provide the safest, most effective care possible for patients and their families despite significant challenges, including workforce shortages, ED crowding, resource constraints and inadequate ICT and infrastructure in some units. It is remarkable that despite these barriers, emergency staff are still enthusiastically driving improvement in emergency care.

It would be impossible to name all the individuals and groups who are contributing to the EMP's work. As you will see in this newsletter our collaborations are numerous and varied - sincere thanks to all.

It's time for change and renewal in the EMP – a new Clinical Lead, Dr Gerry McCarthy, has been appointed. Gerry has been a member of the EMP working group since its inception. He is Chair of the National Board for Ireland of the College of Emergency Medicine and a member of the Irish Committee for Emergency Medicine Training. The EMP working group looks forward to many new opportunities for improvement and innovation in emergency care with Gerry at the helm. Our aim remains to steadfastly pursue improvements in safety, quality, access and value in emergency care for the patients, families and communities we serve.

The Emergency Medicine Programme Working Group

If you have any comments or enquiries please e-mail emp@rcsi.ie

Clinical Microsystems Quality Improvement Methodology

The first Clinical Microsystem Ireland Emergency Department Quality Improvement Coach Training Programme pictured in RCSI in June 2013



The Clinical Microsystem Ireland Emergency Department Coach Training Programme commenced in June 2013. The Programme has been made possible through a partnership between the EMP and the Dartmouth Clinical Microsystem Academy, New Hampshire, USA, and the support of the National Centre for Leadership and Innovation of the HSE Office of Nursing and Midwifery Services Directorate (ONMSD). Teams of Clinical Nurse Managers and Consultants from 14 EDs started the Programme in June 2013 and teams from the remaining EDs in the country started in January 2014. Our Dartmouth Faculty Dr Majorie Godfrey and Ms Kathleen Lannachio have been inspirational teachers and have provided incredible encouragement to our ED Clinical Microsystem improvement trainees.

The training the coach trainees are undertaking includes:

- On-site two day training course, RCSI, Dublin June 2013 and March 2014;
- Training in webinar participation and the use of an e-learning tool (Coursites);
- Course reading, tools and training videos (web-based access);
- Monthly webinars, each of 2-hours duration, expanding knowledge, reviewing progress and sharing experiential learning; Web-based evaluation of training sessions.
- Office-hours small group mentorship and training by Dartmouth faculty via the web;
- Progress reports posted with feedback and further direction from Dartmouth faculty;

The ED improvement coach trainees have established and coached improvement teams in their EDs. Overall team progress is very good and participant feedback extremely positive. Teams are already reporting many positive results from the Programme:

- The involvement of clinical and non-clinical staff in improvement groups in EDs, among them porters, catering and administrative staff, reporting improved morale and staff engagement;
- Enhanced leadership, specifically the ability to coach as well as manage teams;
- The use of new skills and tools, including effective meeting skills, process and problem analysis;
- Engagement in reflective practice by coach trainees including journaling, peer support and feedback;
- Experience in web-based education and teleconferencing;
- ED analyses including assessment of patients' experiences, staff feedback and ED processes;
- Measures to improve team communication: pamphlets, email access, notice boards, shared drives;
- Strengthening working relationships with hospital management teams.

What coach trainees have said:

- "Shared experiences which both reassure and motivate"
- "So much to learn, leading and supporting an improvement team in uncertain territory is challenging"
- "This method of learning is completely new for me therefore I find it challenging - however I am getting more comfortable with it at each session"
- "While we are all doing the same course we all had different experiences and have learned from each other"
- "it was good to hear of the challenges that the other coaches are having. it helps prevent the same pitfalls"
- "it was great to hear that everybody is progressing at their own pace. I found it great to ask a question and to get a workable answer. I now feel more confident in moving the team forward."

Further information is available on the Clinical Microsystems website www.clinicalmicrosystem.org.

A summary document of the key elements of the approach is available from your local Quality Improvement team or at emp@rcsi.ie

Major Trauma Audit – Progress to date

Marina Cronin, National Audit Coordinator,
National Office of Clinical Audit

Following recommendations by the National Trauma Audit Committee in the RCSI in 2010 and by the EMP in 2012, the National Office of Clinical Audit (NOCA) is working with hospitals to implement Major Trauma Audit (MTA) in Ireland.

Dr. Conor Deasy, Cork University Hospital is the *National Clinical Lead* for this project and Chair of the National Emergency Medicine Audit Clinical Governance Committee.

MTA links Irish Hospitals to the long established Trauma Audit and Research Network (TARN). TARN is a web-enabled portal that allows the collection and collation of data across the pathway of care from injury to recovery for patients who have suffered a major trauma.

Figure 1 outlines the MTA process from data collection and submission from individual hospitals, analysis at and feedback from TARN and review of reports at hospital and at national level.

Hospital Clinical Leads and Data Coordinators have direct access to their own hospital's results and can compare their performance against aggregated data for similar hospitals. Using case mix adjusted outcomes, hospitals are benchmarked against national and international comparators and internationally accepted standards of care. These results are then reviewed at Hospital Clinical Governance Committees. Aggregated results from all participating hospitals are reviewed by the National Governance Committee.

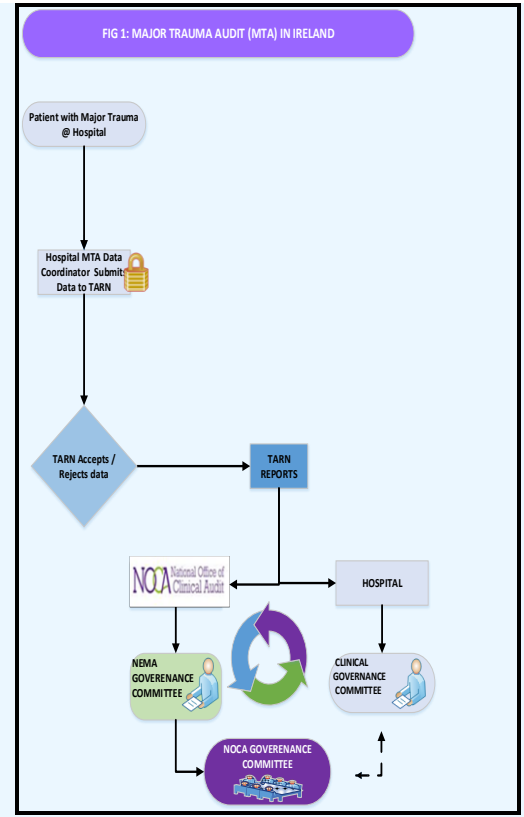
NOCA engaged with TARN for the delivery of training for eleven hospitals participating in the first phase held in RCSI in October 2013. TARN were represented by Maralyn Woodford, Executive Director, and Laura White, Training and Audit Manager.

The second phase of implementation will occur in Quarter 1, 2014.

Requirements at hospital level to participate in MTA are:

- A dedicated Clinical Lead from a trauma specialty,
- AMTA Data Coordinator to collate hospital data,
- A Clinical Governance structure to review results and where necessary champion change.

For further information please contact Dr. Conor Deasy or Ms Marina Cronin marinacronia@nocai.ie.



Karina Caine, newly appointed MTA Data Coordinator at Cork University Hospital comments on the role of data audit:

“Although auditing is a new experience, I'm enjoying the challenges involved. My objective is to collect and input relevant data. This involves identifying patients who fit the TARN criteria, following each stage of their hospital stay and reading through medical notes for the relevant information.

The first few weeks were like a whirlwind but now everything is starting to fall into place. I feel more confident in my role. I find staff are enthusiastic and are focused on achieving our common goal. The TARN support network and NOCA have and continue to be invaluable and having that support behind me I look forward to the challenges to come.”



Irish Children's Triage System

The Emergency Medicine Programme has developed Ireland's first national triage system specifically aimed at the management of paediatric patients - Irish Children's Triage System (ICTS). The tool is an evidenced-based approach to triage that enables the prompt recognition of acuity for ill or injured children and includes clinical elements such as temperature, pain management, physiological vital signs and other special guidelines specific to the needs of children.

Professor Ronan O Sullivan, Ms Bridget Conway, Ms Anne Marie Dowling and Ms Charlotte Dwyer have led on the development and validation of the system, with the support of a steering group composed of senior doctors and nurses from the following hospitals:

- Children's University Hospital, Temple Street;
- Cork University Hospital;
- Galway University Hospital;
- National Children's Hospital, Tallaght;
- Our Lady of Lourdes Hospital, Drogheda;
- Our Lady's Children's Hospital, Crumlin;

The development of ICTS has included a comprehensive literature review and analysis of international triage approaches. The tool has been extensively tested and validated over a number of pilot sites. Following a comprehensive consultation process the final version is now ready for final approval by the steering group and release to the system.

The rollout of the tool nationally will be supported by education days for all EDs.

Many congratulations to everyone who has been involved for the tremendous work and dedication to that has led to this important development in the care of children in Ireland. *For further information please contact emp@rcsi.ie*

First National Audit of the Manchester Triage System - the national triage tool for adult patients

The Manchester Triage Scale (MTS) for triaging adult patients was recommended by the EMP as the national standard triage tool for adult patients. This was supported by the HIQA Tallaght Report recommended that "The Manchester Triage System must be implemented, managed and periodically evaluated to ensure it is being applied effectively in all hospitals".

The members of ENIG undertook a once-off national audit of triage practice to assess the tool's usability in Irish ED practice in April 2013.

Twenty-five EDs participated in the audit and assessed 2% of their attendances. A total of 1193 patient triage episodes were audited. The audit findings demonstrated that:

- ED teams can apply the MTS audit tool;
- There is reasonable compliance with recommended triage practice;
- There is room for improvement in the recording of pain scores for all patients;
- The lack of robust Information Systems (EDIS) in many EDs was a barrier to efficient and effective audit;
- Ongoing training on MTS is needed.

EMP recommendations on the basis of this audit are

1. All ED nursing staff who triage patients should have the appropriate training.
2. There should be regular update training for all triage staff.
3. Accredited ALSG training of MTS trainers should be provided within each Emergency Care Network (ECN).
4. Standard MTS presentational flow charts and discriminators should be used in all EDs.
5. Electronic triage systems should be implemented in all EDs to support effective triage and audit of triage practice.
6. Pain assessment should be a mandatory field in triage records to improve the recording of pain assessment.
7. Audits to assess the quality of triage should be undertaken monthly following initial roll-out, and at least twice a year thereafter.
8. ED teams should compare the findings of this audit with previous local audits, if available.
9. MTS audits should be peer-reviewed by colleagues within and between ECNs to ensure consistent practice across the network.

For further information please contact Ms Fiona McDaid, Nurse Co-Lead for the EMP fiona.mcdaid@hse.ie

International Recognition for the ANP strategy

The ANP strategy entitled 'A Guide to Enhance Advanced Nurse Practitioner Services across Emergency Care Networks in Ireland' was published in June 2013. It outlines the current status of Emergency Department ANP services in Ireland and provides a four-year plan to enhance the capacity of ANP services in emergency care in Ireland.

Ms. Valerie Small, ANP Lead for the EMP was awarded *The Advanced Practice Innovation Award* at the **Deutsches Netzwerk E.V. 2nd International Congress Advanced Practice Nursing & Advanced Nursing Practice** held in Berlin, Germany on 27th and 28th September 2013 for the strategy. Contributions to the scientific programme came from Advanced Nurse Practitioners, MSc Programme Leaders and Professors of Nursing from Austria, Switzerland, USA, Canada, the UK and Ireland.



Valerie is pictured here being presented with the award by Professor Romy Mahrer, Professor for Family-centred Nursing, Zurich, Switzerland and member of Conference Scientific Committee.

Advanced Nurse Practitioner Forum

In July 2013 an *ANP Forum* was established as a mechanism to support the implementation of the recommendations outlined in the report. Membership of the forum is open and encouraged for all registered ANPs and ANP candidates.

There have been a number of developments since the launch of the ANP strategy and the ANP Forum has been established – NMBI site approval has been granted to St Lukes Hospital, Kilkenny, and assistance is being given to other EDs and LIUs who are preparing for site approval.

As of February 2014 there are 59 registered ANPs working in various departments throughout the country and a further 10 ANP candidates are undertaking education programmes and working towards registration. Capacity building and selection of ANP candidates will also be assisted by the development of a grade code and job description for ANP candidate by HR HSE. Other initiatives include the development of CPD sub-group to support the CPD needs of registered ANPs – the first CPD study day will take place in Waterford Regional Hospital on 27th March, this day has been arranged and coordinated by Emily Lockwood, RANP WRH and the theme for the day is the *Management of Shoulder Injuries in ED*.

The ANP Forum Committee is chaired by Valerie Small, the sub-groups and membership is as follows:

Implementation Subgroup

Joe Coolahan –Lead (Kerry)
Miriam Griffin (Letterkenny)
Shirley Angland (Galway)
Margaret Mallon (Cavan / Monaghan)
Patricia Cahillane (Kerry)

Academic Subgroup

Orla Callender -Lead (NCH)
Gabrielle Dunne (SJH)
Wayne Thompson (Wexford)
Tricia Mc Keown (LIU Nenagh)
Yvonne McCague (Mullingar)
Tracy Mc Fadden (Connolly)

Continuous Professional Development Subgroup

Ciaran Conlon – Lead (OLOL)
Elaine O' Rourke (CUH Temple St)
Patrick Cotter (CUH)
Emily Lockwood (Waterford)
Ruth Howard (Our Lady's Hospital)
Deirdre Gleeson (LIU Nenagh)

For further information contact vsmall@stjames.ie



Award for Kerry ANP Service

Congratulations to ANP Joseph Coolahan and the Kerry General Hospital ANP Service who won the *HSE Kerry Quality & Patient Safety Awards 2013* with an abstract and presentation entitled *Advanced Nurse Practitioners – Delivering an autonomous patient care pathway in the Emergency Department*. The guest speakers and judges were Dr. John Fitzsimons, Consultant Paediatrician (OLOLHD) & Clinical Director at the National Quality and Patient Safety Directorate, and Breda Doyle, Best Practice Manager, Bon Secours Hosp., Tralee.

Role profiles for ED nursing staff

Emergency Nursing Interest Group (ENIG) have developed a suite of role profiles for staff nurses, shift leaders and nurse managers working within the Emergency Care setting. The role profiles provide additional or specific role details with regard to nurses practicing in the ED environment and are complimentary to HSE nationally agreed job descriptions.

Each role profile outlines a role specific competency framework intended to guide emergency nurses towards achieving predetermined practice competencies to meet patients' needs in the challenging clinical environment of the ED. The Nursing and Midwifery Board of Ireland five domains of competence are used in each role profile as the building blocks for competence development.

It is envisaged that the use of these role profiles will support:

- Standardisation of emergency nursing competencies nationally,
- Performance management processes,
- Recruitment processes (build into professional knowledge identification at interview),
- Provision of standard and quality care,
- The enhancement of patient safety,

The development of the role profiles involved wide consultation with key stakeholders including 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. For further information contact Susanna Byrne Service Planner for EMP susanna.byrne1@hse.ie

ED Workforce Planning Framework Project

Appropriate levels of staffing are crucial in meeting Emergency Department (ED) patients' needs and in assuring the quality and safety of the care they receive. The lack of national and international guidance around appropriate staffing for emergency settings prompted the initiation of a workforce planning project. The Emergency Medicine Programme (EMP) Report¹ recommendation for the development of standardised ED Nurse staffing models also created the impetus for this work.

The Office of Nursing and Midwifery Services Director (ONMSD), at the request of the EMP Working Group, commissioned the RCSI Institute of Leadership (following an invitation process) to undertake this national project for the design and development of an Emergency Department Workforce Planning Framework. The project commenced in June 2013.

The aim is to develop a framework to support workforce planning across EDs nationally. The focus is on developing a workforce planning toolkit, along with developing a methodology to enhance the skills of ED nurse managers to analyse patient and workforce data/information and resources available to them to inform workforce decisions and optimise workforce planning for the nursing team. For further information contact susanna.byrne1@hse.ie

Workshop for Emergency Department Health and Social Professionals (HSCP)

A workshop involving Medical Social Workers, Occupational Therapists and Physiotherapists was held in Dr Stevens' Hospital on 29th October 2013. The theme was Interdisciplinary Admission Avoidance in EDs. Rosie Quinn, Therapy Professions Lead for the EMP, Sinead O'Connor Programme Manager, Emma Benton Therapy Professions Advisor and Sinead Lardner EMP Nursing Co-Lead, facilitated the day

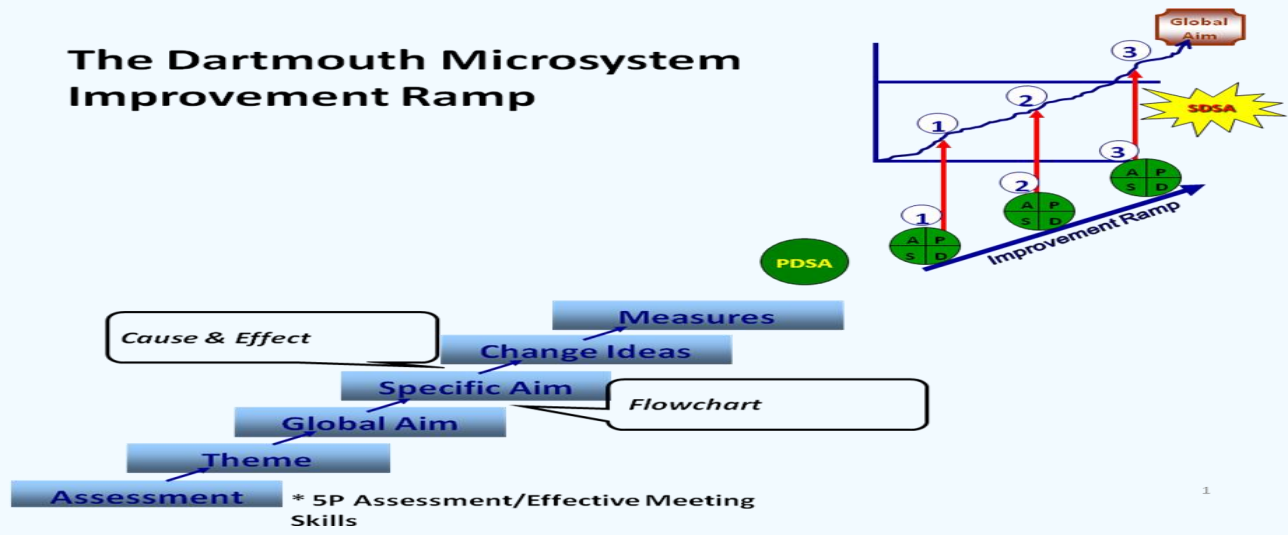
Discussions focused on the vital contribution and expertise that Therapy Professions play in admission avoidance within the work streams of Low Back Pain, mobilities and Medical mobilities.

A wide range of presentations on the day provided examples of best practice and Rapid Assessment and Treatment initiatives demonstrating the role of therapy professions in admission avoidance and unnecessary care costs. Following on from the workshop, the group plan to progress the development of algorithms, collect data relating to HSCP inputs and activity in ED, liaise with other key stakeholders to develop shared pathways and improve communication channels to share best practice.

Other actions include the development of other work streams to further advance the roles of Physiotherapists, Occupational Therapists, Medical Social Workers as well as Dieticians and Speech and Language Therapists and Orthoptists within Emergency Medicine.

For further information contact Rosie Quinn, Clinical Specialist Physiotherapist Therapy Lead Emergency Medicine Programme, A/ Chairperson HRAC rosie.quinn@hse.ie

The Dartmouth Microsystem Improvement Ramp



Improving the electronic recording of the patients location in ED using Clinical Microsystems at Naas General Hospital

The first Microsystems meeting with the LEAD Improvement Team was held on the 5th of July 2013, one of the issues that the team opted to improve was the correct location of the patient at all times in the ED.

Quantifying the problem

It was noted that there were many incidences when the location of the patient on the computer did not correspond with where they were situated in the ED. Consequently there were many time delays in accessing the patient for investigation. The Team decided data would be collected on a "Tick and Tally chart" by two groups; Radiographers and the Multitask Attendants to ascertain the extent of the problem. The Multitask Attendants and the Radiographers undertook the task of recording hourly on a chart the number of breaches over a seven day period. The result showed it was a significant problem that required improvement.

Communicating the Plan

All Emergency Department staff were informed of the importance of the patients location being correct on the Symphony computer system, saving time and reducing frustration with patients being in the wrong location. The ED clinician would also ensure that the patients' location is clear on all investigation requests.

Extolling the benefits of correct location

The benefits to all were less time spent trying to locate patients, nursing time saved as there were less interruptions relating to patient location. Cardiology, Radiology and Pulmonary Laboratory Technicians were able to inform the Multitask attendants where the patient was located when arranging them to be collected to attend their investigations, reducing the turn-around time.

Continuous evaluation

To ensure the change is sustained a "tick and tally" check audit is carried out weekly and reported at the weekly Lead Improvement Team meeting.

A win –win for all concerned!

Brid Crennan, A/CNM 3, Emergency Department, Naas General Hospital

Safety Huddles

Many EDS are now including Safety Huddles in their daily work, thanks to the Clinical Microsystem Improvement Programme. The Safety Huddle is a tool to embed safety awareness and quality improvement in the daily work of the ED.

What is a Safety Huddle?

- A Safety Huddle is a very short informal meeting of the ED team on duty
- Huddles are held at least **daily**, usually first thing in the morning or may be held at the beginning and end of each shift.
- Huddles should be of no longer than 5-10 minutes duration.
- A simple format to brief the team on key safety concerns is recommended – see below. The team leader, usually the CNM in charge leads the huddle group through a very focussed meeting structure that covers “critical issues for today, look back, look forward”:
- Safety issues raised are escalated to the ED Clinical Operational Group or the Hospital Management team as appropriate. Feedback is provided to the ED team on the follow-up of all issues raised.

Safety Huddles are also often called Safety Briefings or Safety Pauses – for further information see - [http://www.hse.ie/ena/about/Who/auditandpatientsafety/Clinical Governance/CG docs/safetypause.html](http://www.hse.ie/ena/about/Who/auditandpatientsafety/Clinical_Governance/CG_docs/safetypause.html)

Emergency Department Safety Huddle Format	
Safety Briefing	<p>Questions to ask:</p> <p>What patient safety issues do we need to be aware of on this shift? Examples:</p> <p>Patients: Two patients with similar names; patients with challenging behaviour; patients who left before completion of treatment; patients' isolation requirements.</p> <p>Professionals: Agency or locum staff who may not be familiar with ED on shift;</p> <p>Process: New equipment – are all staff trained in its use?</p> <p>Patterns: Awareness of any recent near misses or recently identified safety issues that affected patients or staff.</p>
Heads-up for today	Anticipated challenges e.g. illness-related leave, staffing levels, training sessions.
Follow-ups from yesterday	Concerns and issues raised - actions to resolve problems; New solutions being developed
Planning for tomorrow and the week ahead	Anticipated challenges e.g. staffing problems, events likely to cause demand surge. Quality improvement tests of change (PDSAs) planned.
Quality Improvement	Any suggestions from team to improve the processes, streaming, equipment usage or any other potential areas for improvement in the ED
Team morale	Remind staff of recent achievements, compliments from patients and what works well in the ED.

Adapted with permission from Clinical Microsystems “The Place Where Patients, Families and Clinical Teams Meet. Assessing, Diagnosing and Treating Your Emergency Department” ©2001, Trustees of Dartmouth College, Godfrey, Nelson, Batalden.

Operational Definition of Paediatric Age in EDs

The operational definition of a Paediatric ED patient as being younger than 16 years has been agreed by the EMP in conjunction with the National Paediatric Programme, the HSE Quality and Patient Safety Directorate and the HSE Unscheduled Care Governance Group. This is a pragmatic cut-off age that aims to standardise practice across the country.

The legal definition of an adult remains 18 years.

Pain Management in the Emergency Department

The Academic Committee of the Irish Association for Emergency Medicine published two clinical guidelines on Pain Management in the ED setting – one for adults and one for children. Pain is the commonest presenting symptom in patients attending EDs. There is international evidence that pain is managed sub optimally in EDs and the purpose of these guidelines is to help ED staff provide better pain management for patients of all ages. The full guidelines are available at:

<http://www.iaem.ie/index.php/academic?id=104:clinicalguidelines&catid=6:introduction>

ABCED of Pain Management in the ED

- A** Ask about pain regularly. **Assess** pain systematically;
- B** **Believe** the patient and family in their reports of pain and what relieves it;
- C** **Choose** pain control options appropriate for the patient, pain level and setting;
- D** **Deliver** intervention in timely, logical and coordinated fashion;
- E** **Empower** patients and their family. **Enable** them to control their pain to the greatest extent possible

Guideline for Emergency Department Management of Patients with Implantable Cardiac Defibrillators

Dr Aileen McCabe, Specialist Registrar in Emergency Medicine, led the development of a clinical guideline to improve the care of patients who have implantable cardiac defibrillators. This guideline was prompted by patient representatives who contacted the EMP through the Irish Heart Foundation (IHF) to advocate for better care for ICD patients, following a 2011 survey that demonstrated variance in the care patients received in EDs. The guideline was co-developed by the EMP, the Academic Committee of IAEM and the IHF, with thanks to support from Drs Joseph Galvin, Consultant Cardiologist and Dr Angie Brown, Medical Director of the IHF. The full guideline is available at: [XXX](#)

The key guideline recommendations are that:

- Advanced Cardiac Life Support protocols should guide the initial management of patients with ICDs.
- All EDs should have a cardiac magnet to disable ICDs if required.
- Automatic External Defibrillator (AED) can be used as normal – as per BLS protocols.
- Ensure all ICD patients have appropriate self-care advice and a discharge summary prior to hospital discharge.

Guidelines in Development

The Academic Committee of IAEM is developing other clinical guidelines for the EMP including:

- **Paediatric Emergency Care Guidelines**
- **Head Injury**
- **Suspected Renal Colic**
- **Fractured Neck of Femur**



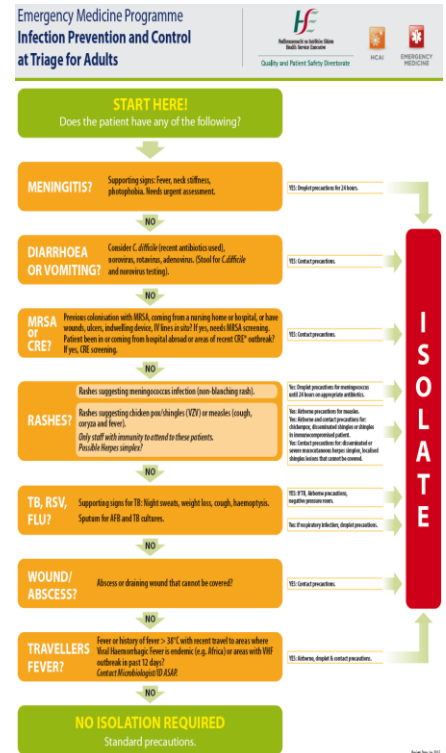
Managing the risk of patients who present with potentially infectious conditions at triage

The “Guide to Adult Infection Prevention and Control at Triage in the Emergency Department” was launched in October 2013.

The primary objective of the tool is to ensure that patient safety and quality of care is optimised through appropriate infection prevention and control in the ED.

- The protocol provides an evidence based approach to infection prevention and control across the emergency care system.
- It supports clinical decision making with regard to the symptoms and clinical management of patients with suspected infectious diseases.
- It identifies the appropriate screening and diagnostic tests to be used at the point of first clinical contact for ED patients.
- It enables staff to determine the appropriate type of isolation precautions for each patient group, thereby enhancing patient and staff safety and ensuring the optimal use of resources.

The use of an algorithm to ask key questions at triage makes the tool user friendly, facilitating the identification of patients at the first point of contact with clinical staff. Contact: Fiona.mcdaid@hse.ie for further information.



Ambulance Patient Handover Protocol

We are delighted to announce that the rollout of the Ambulance Patient Handover Protocol has commenced in the South East. The project is being managed by Ms Elizabeth Dillon (CNM2, ED, St James’s Hospital), Ms Fiona Brady (CNM3, ED, Connolly Hospital) and from the National Ambulance Service (NAS) Mr Declan Lonergan, Senior Training Officer and Anthony Byrne Education Officer.

The Protocol intended for use by Pre-Hospital and ED Personnel who undertake ambulance patient handover and will include:

- The collection data to benchmark the protocol for evaluation;
- Organising that all members receive the protocol and training by an appointed time and that results of training completion are satisfactory;
- Coordinating with the Ambulance service to ensure that Paramedic teams in the pilot area receive the training at the same time;
- Collecting feedback and making adjustments to the training as required, in order to improve the quality and impact of the training;
- Additional coaching and advice on the protocol when needed;
- Implementing the protocol by a ‘go-live’ date and providing support in the first days of go-live;
- Selecting the next sites and repeating the process until all ED staff nationally have been trained in the protocol.

ED Nursing staff who complete receive Continuing Education Unit from NMBI.

Please contact fiona.brady@hse.ie or elizabeth.dillon@hse.ie for further information.

ED Monitoring and Escalation Protocol - update

The EMP is currently developing an ED Monitoring and Escalation Protocol for adult patients to comply with the with the HIQA recommendation that "an ED-specific system of physiological monitoring and triggered responses comparable to the National Early Warning Score (NEWS) should be implemented".

The Protocol will assist in providing a structure for the monitoring of patients from triage until they leave the ED (discharged home or admitted). It outlines the steps that should be taken to ensure that timely and appropriate review and monitoring of patients occurs in a way that optimises patient safety and the quality of patient care. The Protocol also aims to align with Pre-hospital EWS, when it is developed, thus facilitating the continuity of physiological monitoring from pre-hospital care through to hospital discharge for all patient groups.

The Protocol and chart has been developed by a group of experts and has completed its pilot phase. Evaluation is currently being undertaken with national roll out for all adult patients anticipated in mid 2014.

For further information contact Fiona.mcdaid@hse.ie

Patient Visiting Guidance

A document that outlines guidance for the visiting of patients in the Emergency Department by families and friends has been completed and will be circulated once consultation with the Acute Hospital Directorate is complete. The aim is to provide a template to EDs on visiting times, policies and guidance for staff, patients, families and friends that can be tailored to the particular context of each ED.

For further information contact sinead.lardner@hse.ie

EMP Standard Data Sets

The EMP Standard Data Set document was released in November 2013. The document provides national standard definitions for EDs and LIUs covering Patient Details, Presenting Complaints, Mini-Registration Data set and discharge information for General Practitioners.

Thanks to the Data Subgroup for the considerable work in putting this together.

For further information contact emp@rcsi.ie

Mental Health Transport Guidance

A guide to assist matching staff clinical level and mode of transport with the care needs of patients with mental health problems in the ED has been developed with the assistance of the Ambulance Service and Mental Health Programme.

The guide helps to ensure that patients with mental health problems who present to EDs, many of whom are significantly distressed, are effectively assigned to the appropriate transport mode according to their need.

For further information contact emp@rcsi.ie

Audio Visual Separation of Paediatrics in EDs

A number of Emergency Departments have been provided with funding for infrastructure changes to the layout of EDs that aims to improve the experience of care for paediatric patients and their families. The recommendation from EMP is that there should be audio-visual separation in both waiting rooms and treatments areas in EDs that see children.

EDs which have AV work either completed or in progress are as follows:

- Galway University Hospital
- Sligo Regional Hospital
- Portiuncula Hospital, Ballinasloe
- University Hospital Limerick
- South Tipperary General Hospital
- Cavan General Hospital
- Mayo General Hospital
- Midlands Regional Hospital, Tullamore
- Midlands Regional Hospital, Portlaoise

Additionally there are a number of EDs where major infrastructure upgrades are in progress or in planning phase:

- Midlands Regional Hospital, Mullingar
- St. Luke's Hospital, Kilkenny
- Wexford General Hospital
- Tallaght Hospital

Guidance Document on staffing for Local Injury Units (LIUs)

In August 2013 the guidance document on staffing for Local Injury Units (LIUs) was issued. The document provides guidance with regard to the staffing of Local Injury Units (LIUs) to provide safe, high quality patient care. It supplements the Department of Health Publication *Securing the Future of Smaller Hospitals: A framework for Development* (DoH / HSE 2013).

LIUs are in evolution phase and this document represents the first standardised, national guidance for minimum staffing requirements for these units. It should be used 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 LIU.

The document has undergone extensive stakeholder consultation. The recommendations contained within are based on operational experience to date. The EMP will review and update on a regular basis as activity data from LIUs becomes available and further operational experience of LIUs within ECNs is gained.

For further information contact susanna.byrne1@hse.ie

Facing the challenges of transitioning to a Local Injury Unit

On the 27th March 2013, Mallow General Hospital Emergency Department (ED) closed and was replaced by a Local Injury Unit (LIU) and Medical Assessment Unit (MAU). The opening of the unit meant that there would be a very different approach to the provision of healthcare for the people of Mallow and its surrounding areas.

Nursing staff have had to learn and develop communication skills when meeting patients whose condition is outside the nationally agreed criteria for LIU's. New policies and pathways have been developed. Prior to the establishment of the ED, minor injuries were not always rated very highly when triaging patients in the ED. We now have time to deliver high quality care to patients with non-life or limb threatening injuries. Patients can be assessed and treated in a timely fashion and are given the privacy, dignity and space that all patients deserve.

Communication with both local GPs and public about services now offered has been important. GPs are only just beginning to realise that although services have changed, an excellent facility exists for patients within a defined criteria, who can now be seen in a very timely manner.

Nursing staff have developed new skills, such as the prescribing of ionising radiation and the application of orthopaedic casts. They have embraced the education opportunities that the new direction has offered and will continue to enhance their skills as the service develops.

The Nursing staff at Mallow General have always been open to new challenges and this change has been a considerable one, but is one that has been greeted with open minds. The excellence of care provided in the LIU reflects the professionalism and dedication of the nursing team in providing holistic, effective and quality care to the people of Mallow and its surrounds.

Kathryn Reid Clinical Nurse Manager 2, Sharon Kennedy, Staff Nurse, Mallow Local Injury Unit. Contact Kathryn.reid@hse.ie

Local Injury Unit Subgroup

The Local Injury Unit (LIU) group offers LIU Emergency Nursing staff an opportunity to guide, shape and influence LIU Emergency Nursing in Ireland, currently and into the future. The group offers a collective informed view of LIU Emergency Nursing to ENIG and the national Emergency Medicine Working Group.

The aim of this group is to seek and develop constructive critical opinion and expertise on a wide range of key nursing issues in relation to the delivery of quality, safe, timely and cost efficient nursing care to patients in need of such services in LIUs.

The group is chaired by Patricia Donovan CNM2 LIU/MAU Midwestern Regional Hospital Nenagh and membership includes LIU Emergency nurses and ANP's and the EMP Team. For further information contact patriciaa.donovan@hse.ie

Royal College of Surgeons in Ireland Faculty of Nursing and Midwifery

33rd Annual International Nursing and Midwifery Research and Education Conference

'Fundamentals of Nursing and Midwifery Practice'

The areas of nursing presented at the conference were wide ranging with many international speakers. Emergency Nursing was well represented at the conference with one of the morning concurrent sessions focusing on Emergency Nursing. Fiona McDaid presented the findings of the National Triage Audit, Valerie Small presented the ANP Strategy and AnneMarie Dowling presented Children's Triage System in the Paediatric session in the afternoon. There poster presentations on the Children's Triage System, the role of ENIG and the ED Monitoring and Escalation Protocol.

Oral Presentations

The First National Audit of the Manchester Emergency Triage System – the triage system for adult patients attending Emergency Departments in Ireland (Fiona McDaid)

A Guide to Enhance Advance Nurse Practitioner Services in Emergency Care Networks in Ireland (Valerie Small)'s

Irish Children's Triage System – the story so far (Annemarie Dowling)

Poster Presentations

Inter-rater reliability study – phase 1 (Children's Triage System)

Making the link and spreading the word – the Emergency Nursing Interest Group (Fiona McDaid)

The Emergency Department Monitoring and Escalation Protocol for Adult Patients (Fiona McDaid)

Emergency Nursing Interest Group members



If you have any comments or enquiries
please e-mail emp@rcsi.ie

If you work in an emergency setting and would
like to share news about any quality
improvement or best practice initiatives in your
work area in the next edition, please e-mail
emp@rcsi.ie

A special 'thanks' from the EMP Programme team

A special word of thanks is due to Ms Geraldine Shaw, Director of Nursing, ONMSD who was a member of the National Emergency Medicine Programme team for the past year but who has recently been appointed as Director of Nursing for the Directorate of Clinical Strategy and Programmes. Geraldine's support and leadership has been key to much of the work completed by the programme – wishing you every success in your new role and Thanks from us all! Thanks also to former members of the EMP team Ms Mary Forde and Prof Ronan O'Sullivan – your contributions are very much appreciated.