Newsletter

The National Emergency Medicine Programme

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

December 2012

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Message from the Emergency Medicine Programme (EMP)

The Emergency Medicine Programme Strategy was officially launched on 19th June 2012 by Minister James Reilly in the Royal College of Surgeons in Ireland. The Programme is now in implementation phase which means Emergency Department (ED) teams are assessing their practice against the recommendations of the Programme Report and changes are being put in place that will improve safety, quality, access and value in emergency care. The need to improve patients' experiences of care in our EDs is a key driver for the Programme and we have recently completed a review of patient feedback that will inform future EMP work. Our improvement method, based on a Clinical Microsystems approach, recognises that staff wellbeing and engagement are also essential to providing high quality patient care.

This newsletter provides an overview of some of the fantastic work that has been completed by the EMP and ED teams to date. The Programme appreciates the ongoing support of the HSE, the Special Delivery Unit and the Department of Health. Special thanks is due to all those involved in the Programme, including ED and Local Injury Unit staff, the Emergency Nursing Interest Group, the EMP Working and Advisory Groups, Regional Leads, the IAEM academic committee, the Nursing Guidelines Group and many other volunteers and subgroup members who have all contributed to the success of the Programme to date.

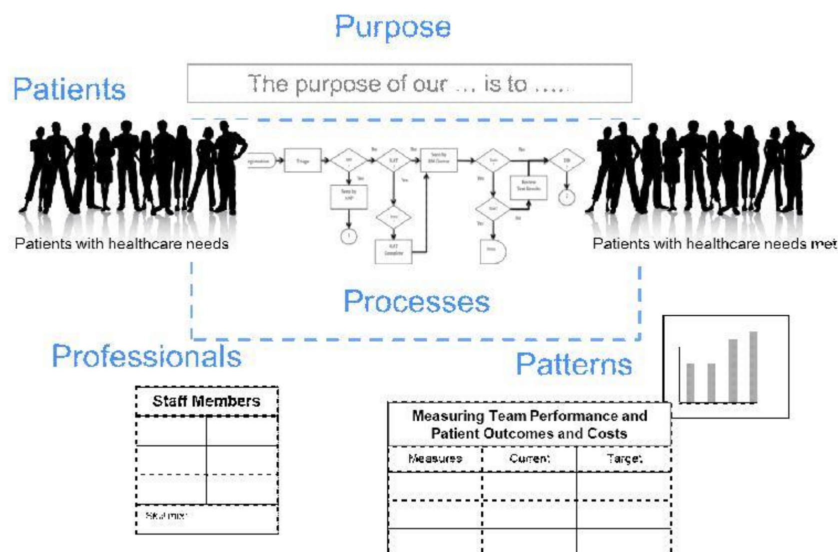
Dr Una Geary; Clinical Lead, Emergency Medicine Programme

The EMP Working and Advisory Group at the Programme Launch

Clinical Microsystems Quality Improvement Methodology

In order to provide all ED teams with a standardised approach to help with change and improvement, the Programme has identified a methodology called Clinical Microsystems, a model which evolved from work at the Institute for Health Policy and Clinical Practice, Dartmouth College, USA and in Jönköping, Sweden. It is an overarching quality improvement methodology that has been chosen for use in the EMP because it is a pragmatic and intuitive improvement approach that has been used to good effect in the ED setting. It places the patient-clinician interaction at the core of all quality improvement activity and can be easily adapted for use in different types of EDs.

A Clinical Microsystem is defined as the front-line unit that provides health care and is described as "*a small group of people (healthcare providers, patients and their families) who work together in a defined setting, on a regular basis to create care*". Clinical Microsystems also include support staff, processes, technology and recurring patterns of information, behaviour and results. Highly performing Microsystems are characterised by patient focus, outcomes, performance and process improvement, intelligent use of information and technology, leadership, culture and staff development.



The Clinical Microsystems approach encompasses the most effective aspects of other methodologies such as Lean, and the IHI improvement method. It can therefore draw upon existing knowledge and experience within EDs and wider teams, as well exploring new ways to identify and implement improvements using small cycles of tests of change.

All aspects of the methodology are available on the Clinical Microsystems website www.clinicalmicrosystem.org. A summary document of the key elements of the approach has been created by the Programme and is available from your local Implementation team or at emp@rcsi.ie

Programme Implementation Status

The implementation of the Emergency Medicine Programme began in July 2012 with an official launch in the RCSI. There are over 300 recommendations on the improvement of emergency care outlined in the Programme report, and its recommendations have been endorsed by HIQA. To facilitate the implementation of these recommendations, a significantly shortened document called *First Steps*, has been distributed all Emergency Departments and linked units in Emergency Care networks. A consultant and nurse manager from each Emergency Department has been nominated as the Implementation Lead and Implementation Coordinator for the Programme in each ED. These are important roles in ensuring that the recommendations of the report, especially those outlined in the *First Steps* document are put in place. Implementation, however, is a team effort and requires the engagement and support of all members of the Emergency Team, the wider hospital and regional Clinical Programme Implementation Leads. The benefits of the EMP extend to patients, their families, the ED team and the wider community and healthcare system. The potential for improving the safety and quality of emergency care and ensuring the same standard of care is available to patients no matter where they access emergency services is one that should be facilitated and supported by all groups working within and outside the Emergency Care Network.

EMP Measures

The EMP has developed patient access Key Performance Indicators (KPIs) to measure system performance and focus improvement efforts across the emergency care system. Many EDs require new Emergency Department Information System (EDIS) to support accurate measurement of these KPIs and this issue is understood and being worked on at national level.

Critical Access KPIs for national reporting are:

- Ambulance Handover Times: 95% < 20 minutes
- Total ED Time: 95% < 6 hours (and no patient to wait > 9 hours)
- Left before completion of treatment: < 5% of new patient attendances
- CDU length of stay: 95% < 24 hours

The EMP plans to also develop EM Quality KPIs that will be aligned with the International Federation for Emergency Medicine Framework for Quality and Safety in the Emergency Department, draft framework available at http://www.ifem.cc/Resources/News/Quality_and_Safety_-_a_Consensus.aspx

MTS the national triage tool for adult patients

The first ED Survey carried out in November 2010 identified that 75% of ED's use Manchester Triage Scale (MTS) for triaging adult patients and the remainder used a variation of Australasian and CAPE systems. The EMP recommended one national standard triage tool. The Manchester Triage System has been chosen as the national triage tool for adult patients. Consequently sites that needed to adapt MTS were provided with training from MTS trainers from other ED's through the Emergency Nursing Interest Group. MTS will be used to triage all adults presenting to EDs and an aligned Paediatric Triage Tool is in development.

Thank you to our MTS trainer colleagues for facilitating this training

ED Survey 2011

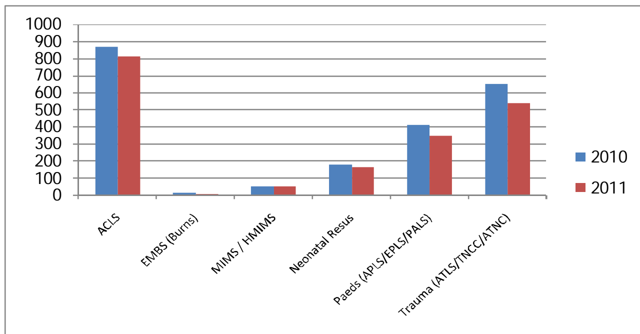
The second Emergency Department Survey was conducted at the end of 2011 and provided a wealth of information regarding the ED workforce, support and infrastructural resources nationally.

Repeating the survey one year on enabled comparison of data over a two year period and will support trending of data over time.

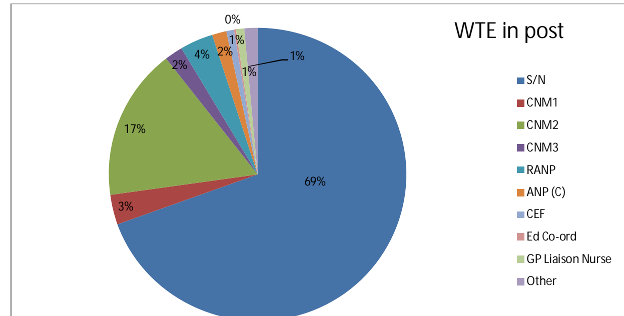
A 100% response rate was achieved, so many thanks to those who coordinated the collection of and return of this information. The data continues to be analysed and findings inform the work of the EMP and implementation on an ongoing basis.

Some of the key findings of the 2011 survey are presented here. susanna.byrne1@hse.ie

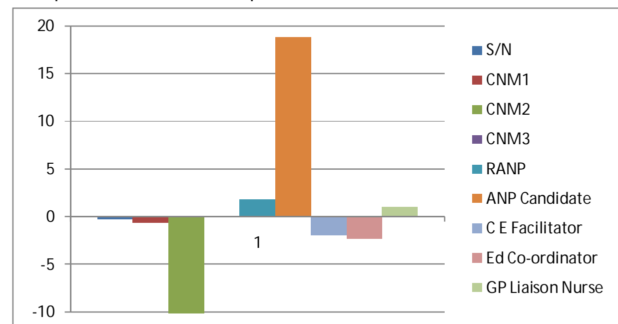
Advanced Life Support Skills



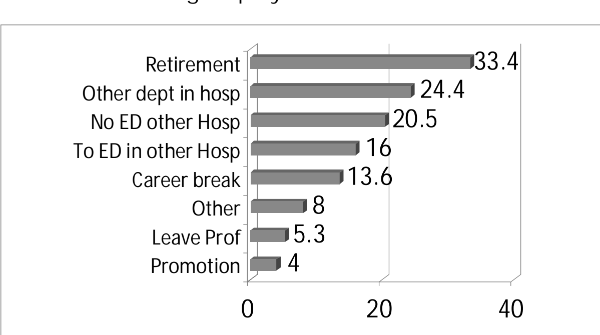
Nursing staff in post Nov 2011



Comparison with staff in post 2010



Reasons for leaving employment



Role profiles for ED nursing staff

The HSE nationally agreed job specification and job descriptions outline that nurses must 'demonstrate practitioner competence and professionalism in order to carry out the duties and responsibilities of the role'. To assist this process and to compliment documentation already in place, role profiles are being developed which will provide additional or specific role details with regard to nurses of varying grades practising in the ED environment.

The five domains of competence defined by An Bord Altranais will be used within the role profiles as the building blocks for competence development. It is anticipated that these role profile will guide nurses towards achieving predetermined practice competencies to meet patients' needs in the challenging clinical environment of the ED.

The staff nurse role profile is ready for sign off at national level and shift leader and ED Nurse manager role profiles are in development.

susanna.byrne1@hse.ie

ED Medical Staffing Surveys

The Irish Association for Emergency Medicine has undertaken successive surveys of ED medical staffing levels that demonstrate particular deficits in staffing at Middle-Grade and Consultant level in many EDs. These surveys together with the EMP ED Surveys provide essential data to inform future workforce planning for the emergency care system.

Emergency Nursing Interest Group (ENIG)

This group was established and had its inaugural meeting in January 2011.

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

Objectives

1. To provide a forum for nurses to be involved in the future strategic development of emergency nursing services
2. To seek ED nurses views with regard to future resource planning, nursing developments and service delivery
3. To assist in the preparation and development of discrete pieces of nursing related work to support the EMP
4. To prepare and support local implementation of the EMP
5. To share best practice in Emergency Nursing
6. Support Emergency Nursing Leaders in strengthening ED multidisciplinary team working
7. Developing links with hospital and regional management teams and other Clinical Programmes.

As the ENIG became established it was clear that the forum was essential to progressing the work of emergency nursing within the EMP. Another benefit of the group was the obvious creation of links and sharing of practice, advice and peer support among emergency nursing colleagues. .

ENIG also has the function of enabling bidirectional information flow between ED nursing staff and the EMP working group. The role of ENIG in recruiting local champions for the EMP will be further enhanced as the strategy is implemented nationally.

Membership

Hospital	ENIG Rep
Beaumont Hospital	Fiona Hillary/Tara Curran
Connolly Memorial Hospital	Fiona Brady
Mater Misericordiae Hospital	Liz Whelan/U Marren/ C Roche
Our Lady Lourdes Drogheda	Angela Boyle/Ciara Finnerty
Louth County Hospital , Dundalk	Being confirmed
Our Lady's Hospital Navan	Ray Denning
Cavan General Hospital	Mary Marren
Monaghan General	
Naas General Hospital	Fiona McDaid (Chair)
St Vincent's University Hospital	Sinead Reynolds
St James Hospital	C OConnor/V Small/ D Thomas
St Columcille's Hospital	Margaret Ging
St Michaels Hospital DLaoghaire	Colette Gleeson
Tallaght Hospital	Niamh Hearne/Keith Barter
MRH - Mullingar	Loretto Carroll
MRH Portlaoise	Joe Hoolan
MRH Tullamore	Ann Calvert
Cork University Hospital	Mary Forde
Mercy Hospital Cork	Gerard White / Ann O Keeffe
South Infirmary Hospital Cork	Liam Donohue
Kerry General Hospital	Anita Keane
Waterford Regional Hospital	Joanne Long/ A Coughlan
Wexford Regional Hospital	Rebecca Pierce/ Ita Larkin
St Luke's Hospital Kilkenny	Emer Tyrrell
South Tipperary General Hospital	Mairead Vaughan
Bantry	Ann O Sullivan
Mallow	Karen Breen
MWRH Limerick	Liz Barry
MWRH Nenagh	Patricia McKeown
MWRH Ennis	Patricia Donovan
University Hospital Galway	Helen Hanrahan
Portiuncla Hospital Ballinasloe	Eilish Quinlan
Roscommon County Hospital	Mary Crehan
Letterkenny General Hospital	Vera McArdle
Sligo General Hospital	Helen O Shea
Mayo General Hospital	Justin Kerr
St Johns Hospital, Limerick	Sandra Hannon
Our Lady's Hospital Crumlin	Bridget Conway
Children's University Hosp Temple St	Anne Marie Dowling
National Children's Hosp Tallaght	Charlotte O Dwyer
Nurse Practice Development	Aine Lynch
Service Planning	Susanna Byrne

Recent publication:

'A New Era for Emergency Care Services in Ireland'

An article written by members of the EMP working group was recently published in *Emergency Nurse Journal*, UK. It outlines the contribution of nurses to the development of a national emergency nursing strategy through the EMP. September 2012 Volume 20; Number 5, p 18 – 20 (www.emergencynurse.co.uk)

Change in action in Mullingar Emergency

Loretto Carroll, CNM2, ED MRH, Mullingar tells the story of how small cost neutral change has been extremely successful and critical to the functioning of the department

'As we tried to overcome the impacts of increased acuity levels and overcrowding, the very physical design, location and layout of our waiting room was causing a constant gridlock in our Emergency Department at the Midland Regional Hospital, Mullingar. The challenging and testing conditions were adversely impacting on our staff, our patients and their relatives. The waiting room lay directly adjacent to and in view of our main clinical treatment area, our check in/reception area and our triage room. The time had come when this waiting room was no longer fit for purpose. Relocation was necessary to facilitate and manage separation of and prevent access to the most sensitive areas of the department. Access control was a must.

Following quick and prompt discussions, an area adjacent to, but separate from the Emergency Department was identified. This was previously a six bedded clinical area in the old day ward which now has been relocated to another location within the hospital. A decision was made to use this area as the new waiting room. While we were ultimately aiming at reducing congestion, maximising the privacy and dignity of our patients, little did we realise the significant and rapid impact to be gained by this cost neutral change.

Suddenly there was a reduction in work related stress amongst staff. They no longer felt challenged by patients and their relatives as they entered and exited the clinical areas of the department. There was a reduction in the day to day complaints by patients and their relatives re waiting times. Relocation of the waiting room has led to improved supervision of the patients in our care due to the reduction in congestion in and around the clinical treatment areas and all along the corridors. Three new observation cubicles were created in the previous waiting room space. This facilitated the removal of trolleys from the corridors, clearing cubicles within the clinical areas for more acutely ill patients and thus improving patient flow within the department.

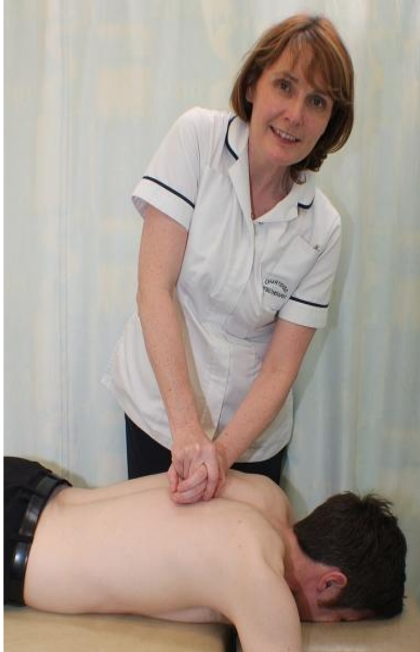
Patients and relatives constantly acknowledged the privacy of the new waiting room facility. They are happy to be no longer exposed to emergency patients entering and leaving the department. They also acknowledge the improved ventilation and natural lighting in this new facility. Our only expense was the erection of curtain rails and curtains in the newly created observation bays and the erection of new signage directing the public to the new waiting room. This small change has been critical to the functioning of our department.'

lorettom.carroll@hse.ie

Date for your Diary:
Seminar Spring 2013.
More details page13

A PhAst Service in ED

Physiotherapy Assessment and Treatment in Our Lady of Lourdes ED, Drogheda



I am Musculoskeletal Clinical Specialist Physiotherapist in Our Lady of Lourdes Hospital in Drogheda. Since 2005, I have been based in the Emergency Department (ED) which is a relatively new area for physiotherapists to work from. My primary function is the assessment, management, triage and onward referral of soft tissue injuries presenting to a Consultant-Led Soft Tissue Injury Clinic

Our ED is one of the busiest in the country with nearly 54,000 attendances in 2011, an 8% increase on the previous year. We are always looking for new and innovative ways of dealing with the increasing numbers of patients presenting to the ED.

I was aware of the potential contribution of physiotherapy in an ED environment to improving patient pathways for mobility patients. With the support of the ED team, my manager and physiotherapy colleagues, a pilot physiotherapy mobility project was introduced. An audit of this pilot project showed a 70-80% discharge rate for patients referred for mobility assessment. This was greatly enhanced by the support from the public health liaison nurse based in ED and the introduction of a community response team (CRT). The development of the CRT has been pivotal as they guarantee to see patients within 24 hours of discharge, which is an excellent support.

As a result of this project, a further physiotherapy post has been allocated to the ED allowing us to offer extended hours of cover and to further develop our ED physiotherapy service. We also offer a Physiotherapy service for the management of soft tissue injuries during and outside clinic time, and also assessment of respiratory conditions. We continue to develop patient pathways and act as an educational resource to other staff.

I believe due to the diversity, flexibility and expanding roles of the physiotherapy professions, we can significantly improve patient satisfaction, facilitate discharge, reduce overcrowding and re-attendances for patients with soft tissue injuries. We are continuing to audit and re-evaluate our ED physiotherapy assessment and treatment service.

The aim of the ED physiotherapy team is to improve patient access, offer equity of service and provide value for money, which ultimately improves patient satisfaction and patient outcomes. On the positive side, I am working with a strong, resilient, highly motivated multi-disciplinary team, with strong governance, which supports my role within the team. One of the most significant challenges we face is reducing overcrowding and ensuring the patient pathway is not hampered by the unavailability of a specific team member or resource. As Therapy Lead in the Emergency Medicine Programme, I see the expansion of therapy services in ED as an integral part of optimising patient care and contributing to the reduction of waiting times.

rosie.quinn@hse.ie

Beaumont Rapid Assessment Team (BRAT) – A Mupti Disciplinary Approach

Introduction:
It has been consistently identified that the elderly population need specialist functional and social assessment to maximise functional recovery and optimise the social care environment. This minimises the risk of re-injury and re-presentation to the Emergency Department (ED).

Objective:
A report outlining the Emergency Care Pathways in Beaumont Hospital advocated for a multi-disciplinary approach to reduce unnecessary admissions of patients into the acute hospital.

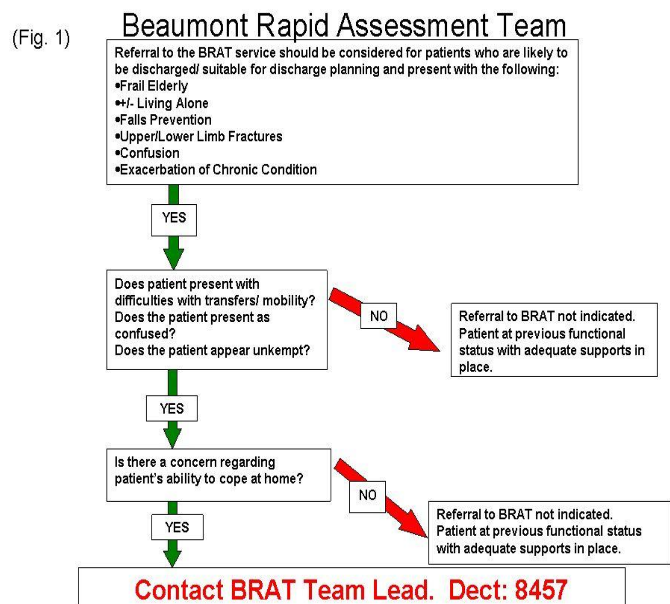
In response to this, Beaumont Rapid Assessment Team (BRAT) was launched in July 2011. This team is lead by representatives from Occupational Therapy (OT), Physiotherapy (PT) and Medical Social Work (MSW).

It was hoped that this service would reduce the number of unnecessary admissions to acute hospital beds and where appropriate, support early discharge from hospital, improve patient flow and prevent re-admission

Methods:
A steering group was established with representatives from the key stakeholders to discuss various aspects of service provision. In addition, senior therapy staff established care pathways and designed a single assessment tool.

Referrals are received from medical and nursing staff in the ED and from medical\surgical teams on call. A representative from OT/PT/MSW acts as team-lead. Appropriate patients are screened by the team-lead and the common assessment form completed. Relevant professions are notified in a timely manner, should their input be required.

(Fig. 1)



Findings: To date:

- 132 patients have been assessed by the BRAT service
- 88/132 (67%) patients discharges were expedited by timely MDT assessment
- 82 of these were discharged directly home while 6 were transferred from ED to a more appropriate health institution
- Of the 44 patients admitted, 25% could have been discharged home if appropriate community services were available
- 50% of the 62 patients medically admitted prior to BRAT review were discharged home
- The average response time for the team is 18 minutes

Conclusion:
Varying forms of ED multidisciplinary team working are in place around the country. The structure used in Beaumont Hospital has been found to be an example of effective multi-disciplinary working. This initiative enhances care of the older person preventing unnecessary hospital admissions and reducing the risk of re-presentation to the ED.

peterward@beaumont.ie

(Peter recently presented this initiative at the ICEM Conference 2012)

Protocol for Handover of Ambulance Patients in Emergency Departments

Development of the *Ambulance Patient Handover Protocol* has been led by Fiona McDaid lead nurse EMP, and supported by Valerie Small and Dr. Niamh Collins with collaboration with Medical Advisory Group of the Pre-Hospital Emergency Care Council (PHECC).

Patient handover is a key component of quality patient care as the clinical information gathered during this process influences the patient's pathway through the ED. The new handover process is underpinned by the general principles of mutual respect, courtesy and professionalism being demonstrated by all members of the multidisciplinary team involved in patient care.

The protocol is intended for use by Ambulance Personnel and ED nurses and doctors who undertake ambulance patient handover. It also provides direction to administrative and reception staff who compile ED patient registration data. The data collected assists in monitoring compliance with the national Ambulance Patient Handover Time Access KPI.

The protocol is currently in the final stages of completion with the aim to have it released for general use in early 2013. Please contact Fiona.mcdaid@hse.ie for further information.

I MIST AMBO

Communication tool to support Ambulance handover

I Identification

M Mechanism/Medical Complaint

I Injuries/Information relative to complaint

S Signs

T Treatment & Trends

A Allergies

M Medications

B Background history

O Other information

Objectives of the Protocol

- To ensure that patient safety and quality of care is optimised during the transition of care between Pre-Hospital and Emergency Department (ED) teams
- To support timely and efficient patient handover, optimising ED compliance with the EMP Ambulance Patient Handover Time key performance indicator (KPI)
- To provide a standardised and reliable process for data capture to monitor Ambulance Patient Handover Time KPI.

Infection Prevention and Control Assessment in Emergency Care

This screening tool is being developed in collaboration with Dr Fidelma Fitzpatrick, Consultant Microbiologist and Clinical Lead for Prevention of Healthcare Associated Infection. The tool is designed to ensure safe management of patients presenting with potentially infective illnesses within the ED environment, enabling the efficient use of the limited isolation / cubicle spaces available. The tool is in algorithm format and has been piloted in one paediatric and one adult ED to date; the findings of the pilot phase are currently under review. Fiona.mcdaid@hse.ie

Key Objectives of the Infection Prevention & Control Assessment algorithm

- Safe management of potentially infective patients
- Optimisation of the use of limited cubicle / isolation spaces available in EDs

The National Major Emergency Planning Template

What is it?

Developed by the EMP in partnership with HSE Major Emergency Department, the template provides hospital personnel with a plan of action to provide a structured, coordinated and timely response to a major emergency, using an "all hazards" approach. The plan outlines the responsibilities of individuals and departments, prioritises major emergency requirements / actions and conceptually establishes how a major emergency should be managed. It enables a standardised approach to be used in all acute hospitals.

Status

The planning template is in the final stages of consultation and will be released before the end of 2012. For further information please contact Mr. Mark Doyle at Mark.Doyle@hse.ie

Data Sub Group

What is it?

A subgroup of the EMP has been set up to make recommendations for the standardisation of essential data elements for use across all EDs. The group's members are: Dr. Robert Eager, Consultant in Emergency Medicine Tullamore Hospital; Dr. Gemma Kelleher, Consultant in Emergency Medicine Cork University Hospital, Ms. Helen Kieran, Data Architect, Tallaght Hospital; Ms Jacqueline Egan Programme Development Officer, PHECC Council; Ms. Fiona Brady, CNMIII Connolly Hospital;

The group is working on defining standards for the following datasets: Presenting Complaints, Diagnostic Codes, Temporary ED Cards, and Registration. The group is liaising with the HSE Primary Care Directorate on the development of a standard ED Discharge Letter to GPs.

Status

The various workstreams will complete and distribute the standards at various stages over the next 10 months. For Further information please contact sineadaoconnor@rcsi.ie

Patient Participation – Taking Patient Feedback seriously

What is it?

A report has been developed as collaboration between the National Advocacy Unit, Patient Safety and Quality Directorate, HSE and the National Emergency Medicine Programme (EMP), to provide patient feedback to Emergency Department (ED) teams to assist them in improving the safety, quality and patient experience of care in EDs. It contains information received from 81 people who used EDs across Ireland in 2011 and provides an explanation of how Emergency Department teams are responding to patient concerns and prioritising work for the Emergency Services across Ireland according to patient needs.

Status

The report will be available in November 2012. For further information please contact Dr Una Geary at ugeary@stjames.ie

Current Collaborations and Workstreams

The EMP engages in consultation with all Clinical Programmes that interface with emergency care. Current workstreams include:

- Mental Health –a pathway for mental health patients in EDs, including a decision support tool and guidance on patient transport is being developed in collaboration with the Liaison Psychiatry Faculty of the College of Psychiatry, the National Ambulance Service and PHECC, and along with consultation with the Psychiatry Programme on the ED care of patients who self-harm.
- The Palliative Care Programme and the Irish Hospice Foundation – development of quality improvement initiatives for patients with palliative care needs who present to EDs.

EMP subgroups are also developing:

- A standardised approach to the management of patients who leave before completion of treatment and unscheduled returns to EDs.
- Protocols for Clinical Decision Units and Ambulatory Care.
- Clinical guidelines.
- Guidance on workforce planning and staffing models for the National Emergency Care System.

Further information please contact ugeary@stjames.ie

ED Monitoring & Response system

Good patient care in Emergency Departments requires that systems are in place to minimise the risks for patients who are waiting to be seen by emergency clinicians. 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 recommends that an ED-specific system of physiological monitoring and triggered responses comparable to the NEWS, should be implemented.

ENIG have developed a protocol which aims to optimise the quality and safety of care for ED patients throughout their ED patient journey.

The protocol ensures that timely and appropriate review and monitoring of patients occurs from triage to ED discharge or admission. It includes guidance on Post-triage Monitoring, and defining an individualised Patient Monitoring Plan after the patient has been seen by a treating clinician. A protocol for children will be initiated at a later stage, in conjunction with development of the children's triage tool. The Protocol is currently under review following completion of its initial pilot.

For further information contact Fiona.mcdaid@hse.ie

Objectives of the ED Monitoring & Response Protocol

- Ensure the safe, timely and appropriate monitoring and management of patients from triage to assessment by a treating clinician;
- Form part of the patients clinical care pathway;
- Improve management of clinical risk;
- Represent a standard for service provision and assist in the auditing of the service;
- Reduce patient concerns and enhance satisfaction with the service;

Irish Children's Triage System

The Emergency Medicine Programme is supporting development of a national triage system specifically aimed at the management of paediatric patients - the Irish Children's Triage System (ICTS). Professor Ronan O'Sullivan, Ms Bridget Conway, Ms Charlotte O Dwyer and Ms AnneMarie Dowling have led on this work in collaboration with ED colleagues from the three children's hospitals, Our Lady's Hospital for Sick Children, Crumlin, the National Children's Hospital Tallaght, and the Children's University Hospital, Temple Street. The ICTS represents a modification of the Manchester Triage system, with additional focus on children's physiological variables and a standardised post-triage monitoring protocol. A phase 1 pilot has commenced and will be followed by further testing, validation and consultation. The team aims to have the Irish Children's Triage System fully evaluated and ready for deployment later in 2013. An education programme will be developed to support national roll-out of ICTS. For further information contact mary.forde@hse.ie.

ANP Capacity building strategy

The National Emergency Medicine Programme Strategy Report (2012) provides a comprehensive outline of nursing roles and clinical skills particular to the specialist area of emergency nursing practice. The ANP Capacity Building Plan, currently in development, compliments and follows-on from this work. It outlines the role of Advanced Nurse Practitioners (Emergency) and the development of ANPs, considered essential to the future of emergency care in Ireland.
The main focus of the ANP plan is to maintain and develop the capacity of Advanced Nurse Practitioners in the Emergency Medicine System (EMS) in order to support the improvements in quality and timely access to care for patients attending emergency departments throughout the country.

A set of key outcomes for the ANP plan were derived from the terms of reference of the ANP Sub-group of ENIG cover the following areas:

- Workforce Planning
- Education for ANP Practice
- Career Guidance/Planning
- Continuous Professional Development of Registered ANP's
- Scope of practice

First steps of the project were to carry out a workforce survey of the current ANP resource. This was followed by Regional Consultation Workshops which elicited the views and experiences of key stakeholders from around the country. Important information gathered from both quantitative and qualitative data provided key baseline data for the strategy upon which recommendations and projections and service estimates can be made. A draft strategy report will be circulated shortly to the EMP working group and key stakeholders for consultation. For further information contact vsmall@stjames.ie

Communication Tool ISBAR

ISBAR has been chosen as the health sector communication tool for ensuring succinct communication between professionals when discussing patient care, especially across transitions of care and in team responses to critically ill patients

ISBAR in the Emergency Department

IDENTIFY: identify yourself & who you are talking to

SITUATION: patient identification & location of patient

BACKGROUND: presenting complaint, significant history, meds

ASSESSMENT: working diagnosis, planned investigations

RECOMMENDATION: treatment required & when, recommended monitoring – modalities, frequency, triggers for immediate clinical review. ED clinical area in which patient should be treated pending clinical review. Time of next planned clinical review, if indicated

Advanced Nurse Practitioners – From service plan to service reality

A Seminar was hosted by Kerry General Hospital (KGH) on September 21st, entitled '*Advanced Nurse Practitioners – From service plan to service reality*'. This seminar, which had An Bord Altranais (ABA), Category 1 Approval, was targeted at ANP/AMP candidates, nurse managers and staff nurses. It provided a road map for developing this specialised service from inception to post accreditation and candidate registration as a registered Advanced Nurse Practitioner). The seminar was facilitated by nurses who were previously involved in this process, sharing their personal experiences of the challenges and successes achieved in their various clinical settings.

Presentations focused on how ANP services were adding value to the nursing role, the proven economic benefit of the role, sharing experiences, identifying common pitfalls and outlining practical steps in helping to develop sites and candidates as well as sharing audit findings. The ANP Capacity Building Strategy which is being developed by EMP will be used as a blueprint for the development of the ED ANP service in the future.

Speakers at the seminar, from left Valerie Small, Eileen Fleming, Joseph Coolahan, Patricia Cahillane and Amanda Coulson

All speakers identified how most of the key elements and experiences were transferrable across specialties and sites. The question and answer sessions illustrated the challenges Advanced Nurse/Midwife practitioners candidates currently experience in trying to develop their posts and in trying to expand existing services.

Staff attended from a variety of hospital sites throughout the country with specialist posts in development and from a variety of clinical fields including ED, Endoscopy, Mental Health and the private and community sectors attended.

Forthcoming Event

EMP Seminar Spring 2013

Enhancing Quality and Patient Safety in the ED

through implementation of the

National Emergency Medicine Programme Strategy

Target Audience: Emergency nurses of all grades, doctors, members of ED/LIU multidisciplinary teams and other healthcare personnel interested in change and quality improvement

Topics:

- EMP Implementation Update from First Steps to the Path Ahead with Clinical Microsystems
- Quality Improvement in the ED - new examples of effective practice
- Leadership - a team attribute in emergency care
- Multidisciplinary roles in emergency care
- Value in emergency care - improving services despite resource constraints.

This Seminar will be free

Further details and date for your diary will be available in due course

There will be a call for Poster Presentations so get yours ready!

National Emergency Medicine Programme; Working Group 2012

Dr	Una	Geary	Consultant in Emergency Medicine, St James Hospital	Programme Lead
Ms	Sinead	O'Connor	RCSI	Programme Manager
Ms	Niamh	Keane	RCSI	Programme Administrator
Ms	Fiona	Mc Daid	CNM 3 ED, Naas General Hospital	Nurse Lead
Ms	Mary	Forde	CNM 2 ED, Cork University Hospital	Nurse Lead
Ms	Valerie	Small	ANP (Emergency), St James Hospital	ANP Representative
Dr	Cathal	O'Donnell	Medical Director, National Ambulance Service	Pre Hospital Emergency Care
Dr	Geoff	King	Medical Director, Pre-Hospital Emergency Care Council	Pre Hospital Emergency Care
Prof	Ronan	O Sullivan	Consultant Paediatric Emergency Medicine Our Lady's Children's Hospital Crumlin	Paediatric Emergency Medicine
Ms	Rosie	Quinn	Senior Physiotherapist, Our Lady of Lourdes Hospital Drogheda	Therapy Professionals Rep.
Ms	Susanna	Byrne	Interim Director, Nursing & Midwifery Planning & Development, Palmerstown	Service Planner

National Emergency Medicine Programme; Regional Leads

Dr	Gareth	Quinn	Consultant in Emergency Medicine, Limerick University Hospital
Dr	Fergal	Hickey	Consultant in Emergency Medicine, Sligo Regional Hospital
Dr	Gerard	McCarthy	Consultant in Emergency Medicine, Cork University Hospital
Dr	Mark	Doyle	Consultant in Emergency Medicine, Waterford Regional Hospital
Dr	Conor	Egleston	Consultant in Emergency Medicine, Our Lady of Lourdes Hospital, Drogheda

New appointment to the EMP Programme team

Ms Geraldine Shaw, Director of Nursing, ONMSD has been appointed by Dr Michael Shannon, HSE Director of Nursing and Midwifery, Clinical Strategy & Programmes Directorate, to join the National Emergency Medicine Programme team. Geraldine will be working with the team in the implementation of the NEMP and the development of quality improvement in emergency care. She brings a wealth of experience in nursing leadership, health service management, supporting patient participation in services, Lean improvement methods, developing education and training programmes for nurses and is currently undertaking a Doctorate in Governance. Geraldine will be working closely with the nurses on the EMP Working group; Fiona, Mary, Val and Susanna as well as the Emergency Nursing Interest Group.

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

The next edition of this EMP Newsletter will be issued in Spring 2013. 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