

AN ANP Scheduled Return Clinic



A Tallaght Hospital Quality
Improvement Initiative
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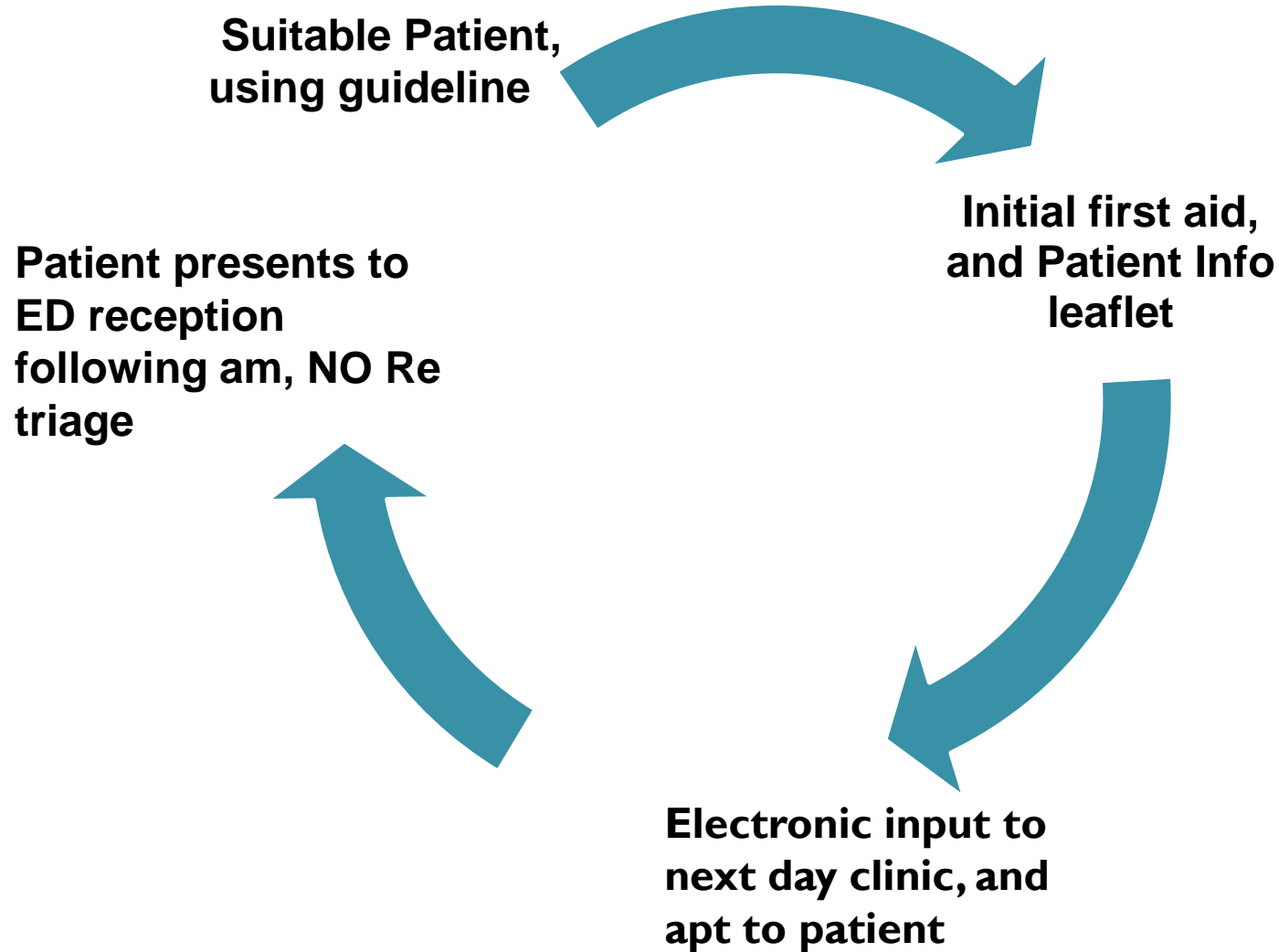
Why did we choose this project/quality improvement Initiative ?

- High DNW's (19.2 %) ANP suitability
- EMP KPI's of Improving PET (Patient experience time)
- Initially in 2015, 3 ANP's, not all weekends were covered

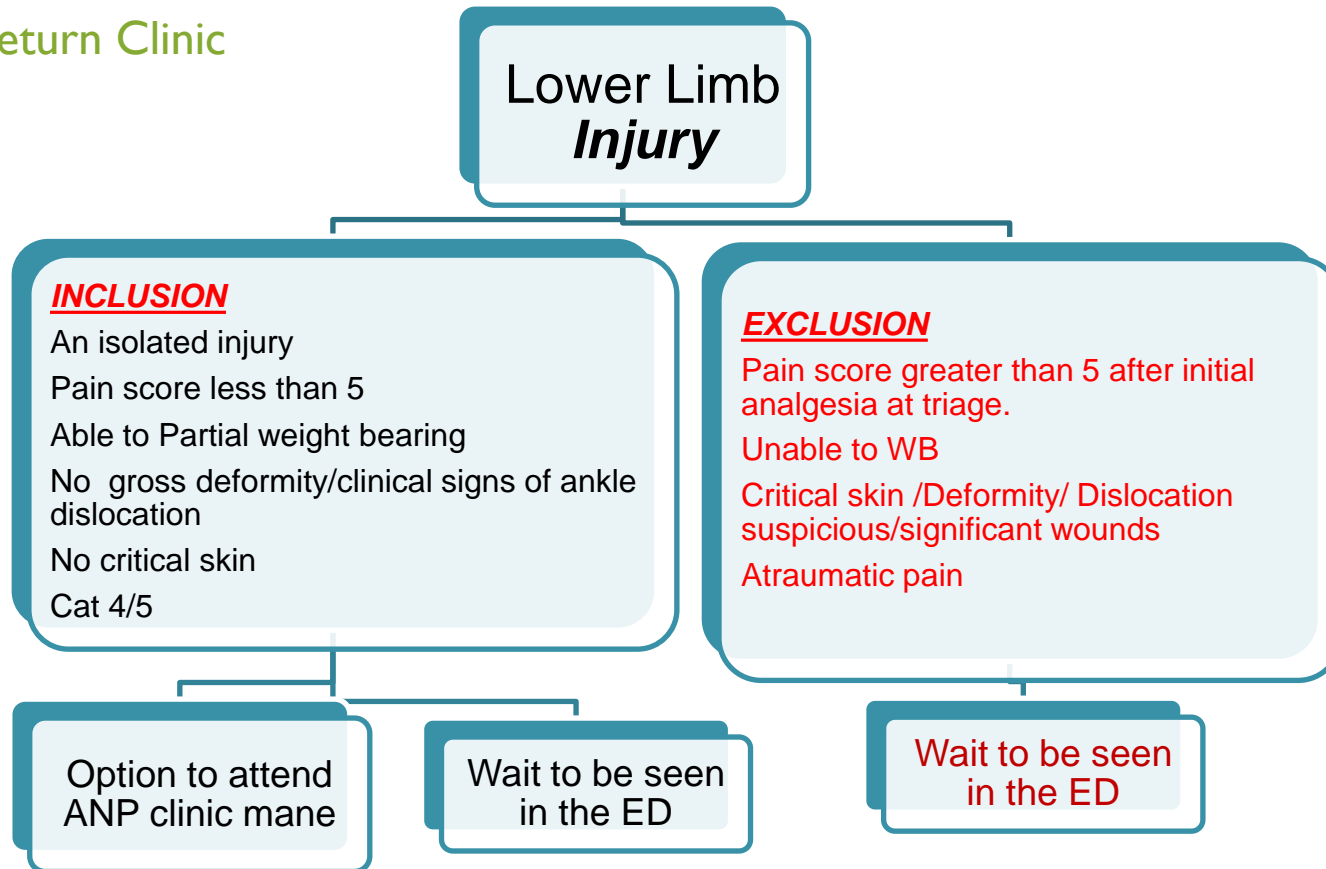
Getting started —

- Discussion with Beaumont/Mercy hospital
- Initial over arching policy/SOP with clinical guidelines agreed by ANP team ,ED Consultants, Hospital operations management, nursing management, ED clinical facilitators
 - Education of all Triage nurses of the new initiative, with clinical guidelines instruction at triage study days, foundation and post grad days
 - Devise a patient information leaflet
 - IT Input for symphony clinic set up .

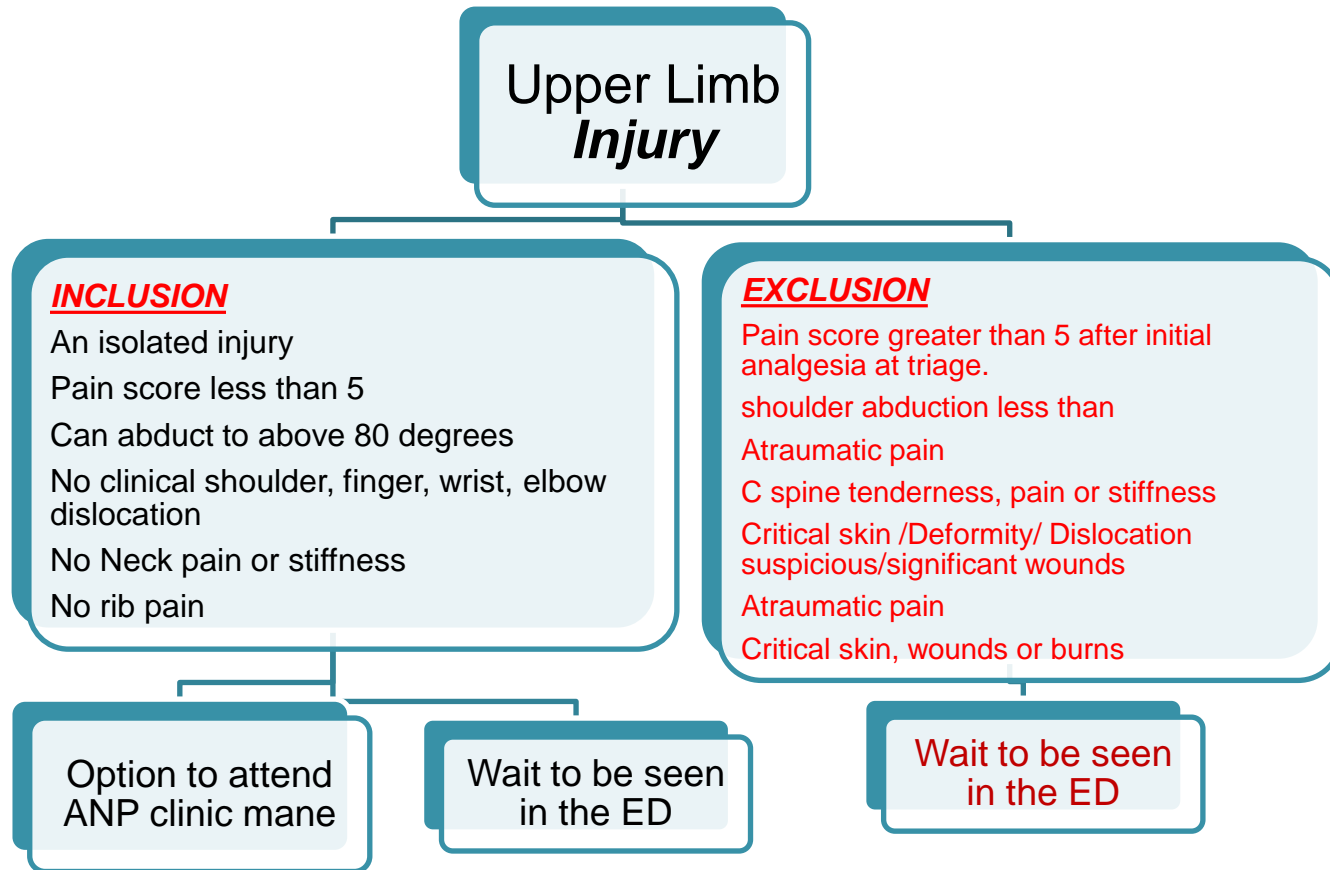
The Process



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Return Clinic



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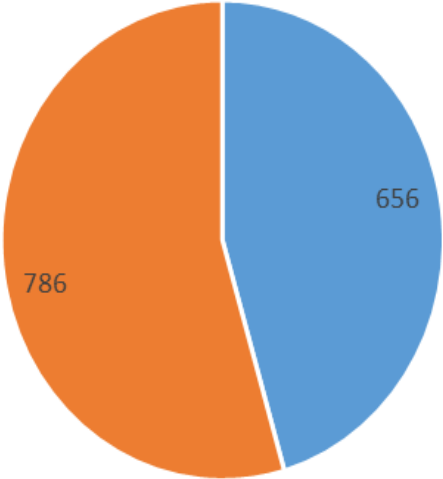
Initial Barriers

- Education and re education is time consuming
- Audit, ANP suitability
- Triage nurse forgetting about clinic
- Nurses apprehension to discharge
- IT element /having discharge rights
- Thought patient wouldn't be waiting long

What progress have we made so far?

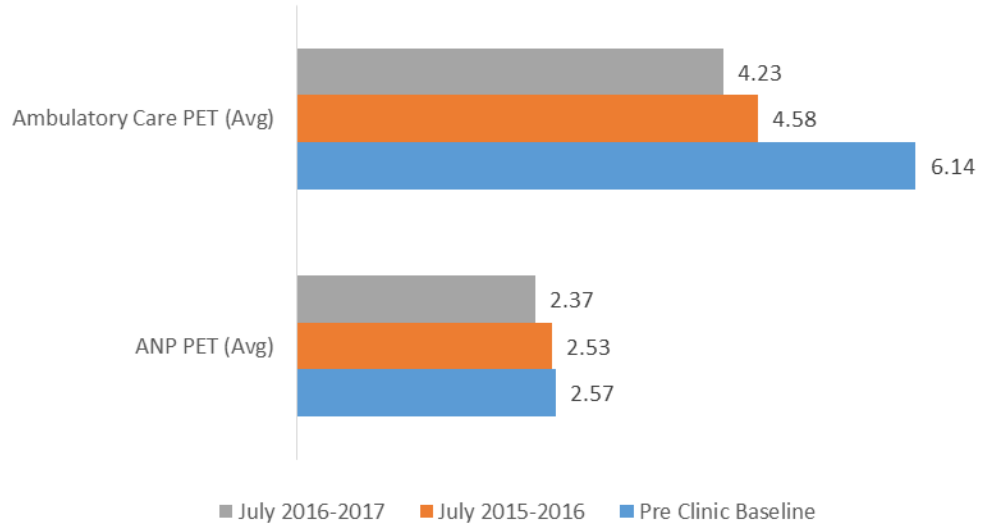
- Reduction in DNW's and improved PET's
- Through audit noted improvement on those suitable/not offered amounts
- IT improvement with all zone 2 patients having an ANP clinic reminder drop down box when triaging
- Clinic increased from 4-6
- ? Weekend clinic
- Still work in progress, updating guidelines at present

ANP Scheduled Clinic Attendances

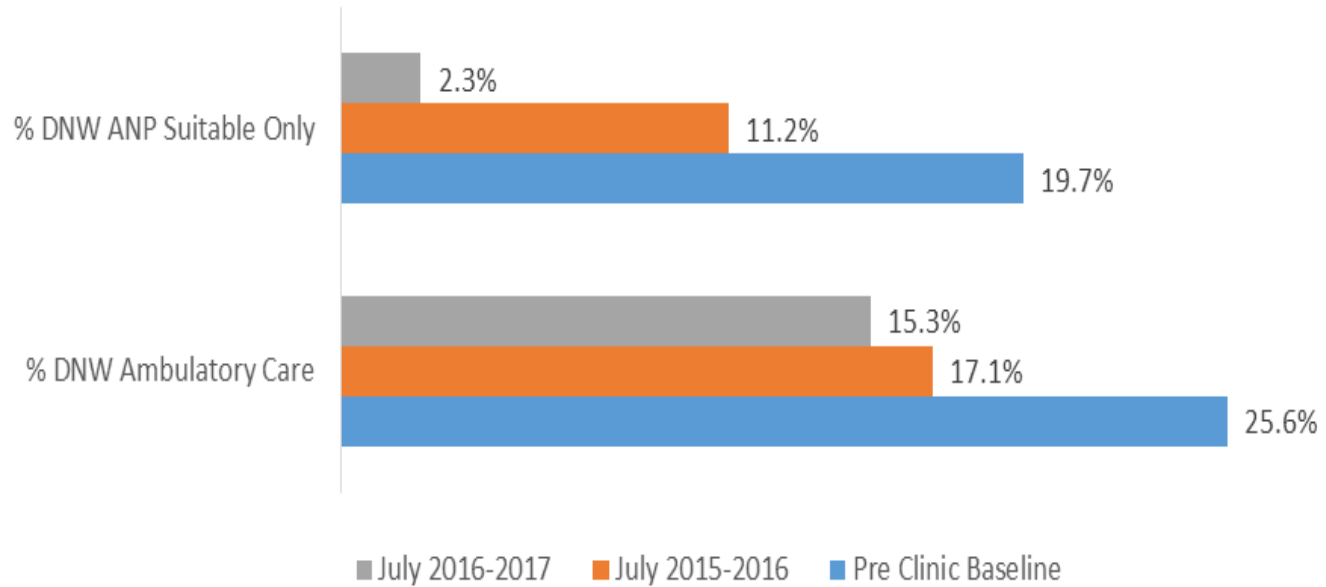


■ July 2015-2016 ■ July 2016-2017

Ambulatory Care PET



Ambulatory Care Did Not Wait Percentages DNW calculated for 7pm to 7am patients only



Scheduled ANP clinic



What are the next steps for this initiative project/ANP team?

- Patient satisfaction and staff evaluation of this initiative .
- Succession planning would include a Mon-Sunday clinic.
- Publishing this initiative
- Validity of guidelines
- Continuous audit