



BEAUMONT HOSPITAL EMERGENCY DEPARTMENT RANP DEVELOPMENT MAJORS STREAM

Stephen Kelly RANP Emergency

Rationale for an RANP Emergency post

- ▣ Increased patient numbers in category 2 and 3 that waited a protracted period of time to see medical staff.
- ▣ Need to think differently to decrease the patient experience time (Pet)
- ▣ External Pressures from the Special Delivery Unit (SDU) to decrease lengths of stay in the Emergency Department.
- ▣ Research from Emergency Medicine programme to utilise senior decision makers to expedite the patient journey.

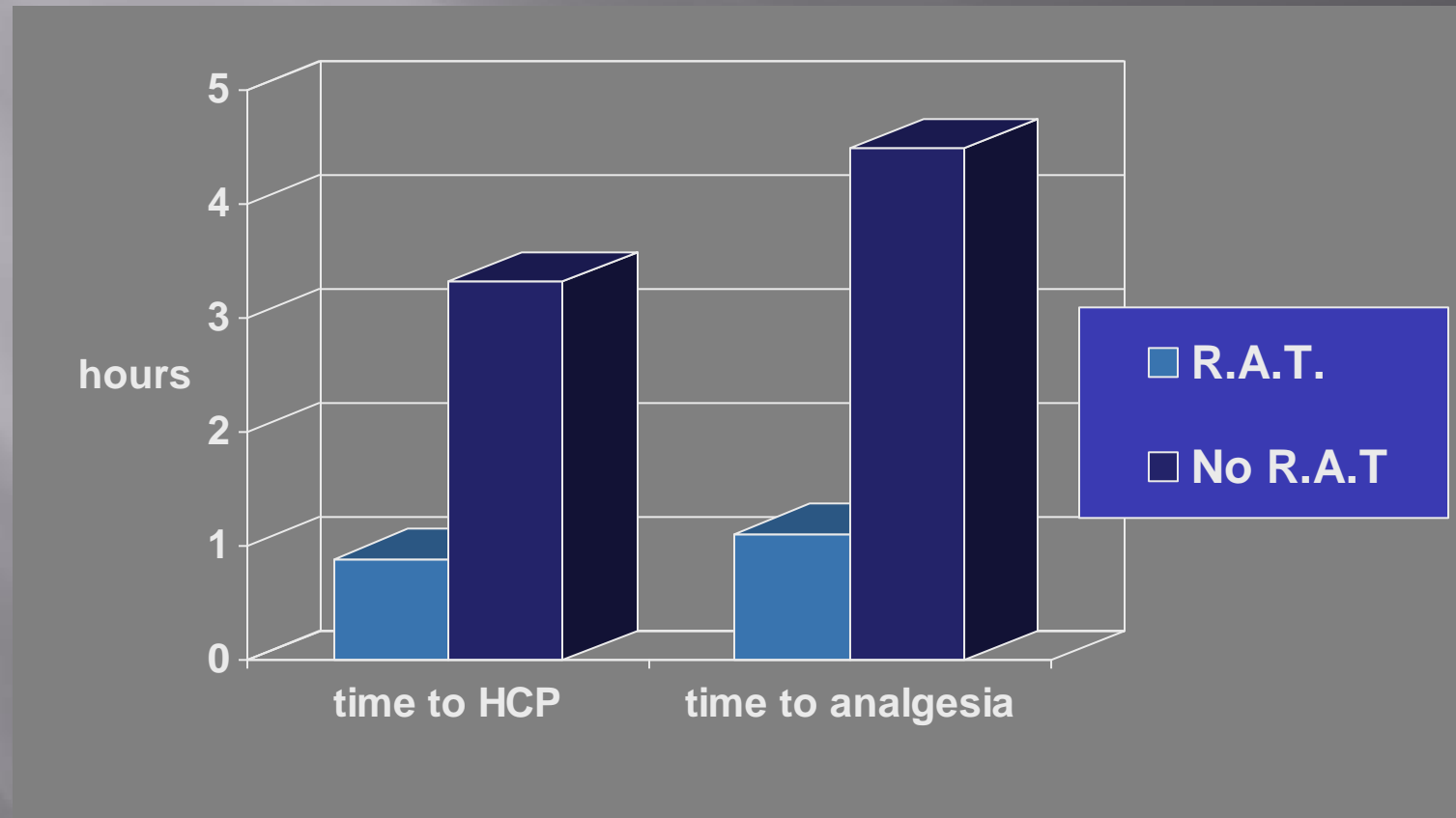
Why is the RANP Emergency Necessary

- ❑ The overarching aim of the Emergency Medicine Programme (EMP) is to improve the safety and quality of care and reduce waiting times for patients in Emergency Departments (EDs) throughout the country.
- ❑ Patients should receive the same high standard of treatment irrespective of when or where they seek emergency care and they should not experience excessive waiting times in EDs. The safety and quality of patient care must be the primary focus of the Programme. The timeliness of care is an important component of quality and research has demonstrated that prolonged ED waits are associated with poorer outcomes for patients.
- ❑ Patient satisfaction surveys have identified prolonged waiting times as a major reason for patient dissatisfaction with ED services. Many patients, their families and ED staff members have expressed concerns regarding the delays endured by patients in EDs.

Goals of the Emergency Medicine Programme

- ▣ Introduce national Key Performance Indicators (KPIs) for clinical quality and process efficiency;
- ▣ Agree national process measures and standard ED data sets;
- ▣ Implement the 6-hour standard for ED attendances so that 95% of patients are admitted or discharged within six hours of attending an ED;
- ▣ Improve the efficiency of ED processes including triage, assessment, patient streaming etc.;
- ▣ Implement national clinical guidelines for the top 20 emergency conditions and associated clinical KPIs;
- ▣ Roll-out the development of, and optimise the work of, Clinical Decision Units;
- ▣ Disseminate existing good practice, identified through regional workshops;

The St Vincent's Hospital experience



Caseload of RANP Emergency

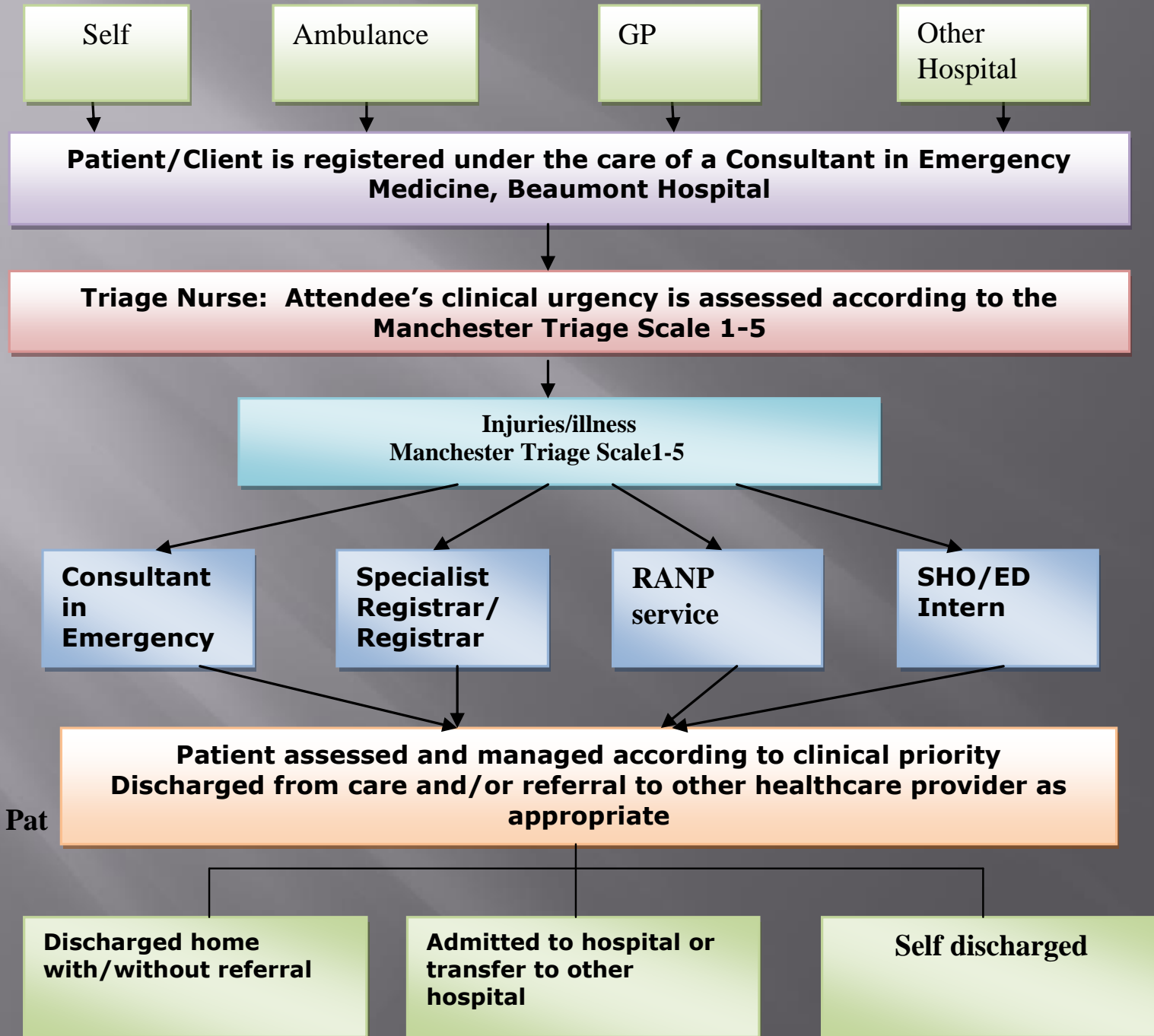
- ▣ Shortness of Breath
- ▣ Chest pain
- ▣ Soft tissue Abscesses including pilonidal and peri-anal abscess and hemorrhoids.
- ▣ Abdominal Pain/Flank Pain.
- ▣ Head Injury with or without Loss of Consciousness.
- ▣ Possible Deep Vein Thrombosis (DVT), possible pulmonary embolus.
- ▣ Trauma
- ▣ RTA - Removal of patients from c spine precautions utilizing the Canadian c Spine rule
- ▣ Traumatic and a traumatic back pain
- ▣ A Possible Fractured Neck of Femur/pelvic fracture
- ▣ Ear nose and throat.
- ▣ Needle stick injuries
- ▣ Diabetic Emergencies (DKA and HHS)
- ▣ AKI

Exclusion criteria

- ▣ Patient under 14 years of age.
- ▣ Patients that do not fall within the inclusion criteria

Our Team

- ▣ Currently we have 3 WTE Registered Advanced Nurse Practitioners
- ▣ 1 Advanced Nurse Practitioner Candidate
- ▣ Advertisement for one Clinical Nurse specialist in the role



Self

Ambulance

GP

Other
Hospital

Patient/Client is registered under the care of a Consultant in Emergency Medicine, Beaumont Hospital

Triage Nurse: Attendee's clinical urgency is assessed according to the Manchester Triage Scale 1-5

**Injuries/illness
Manchester Triage Scale 1-5**

**Consultant
in
Emergency**

**Specialist
Registrar/
Registrar**

**RANP
service**

**SHO/ED
Intern**

**Patient assessed and managed according to clinical priority
Discharged from care and/or referral to other healthcare provider as
appropriate**

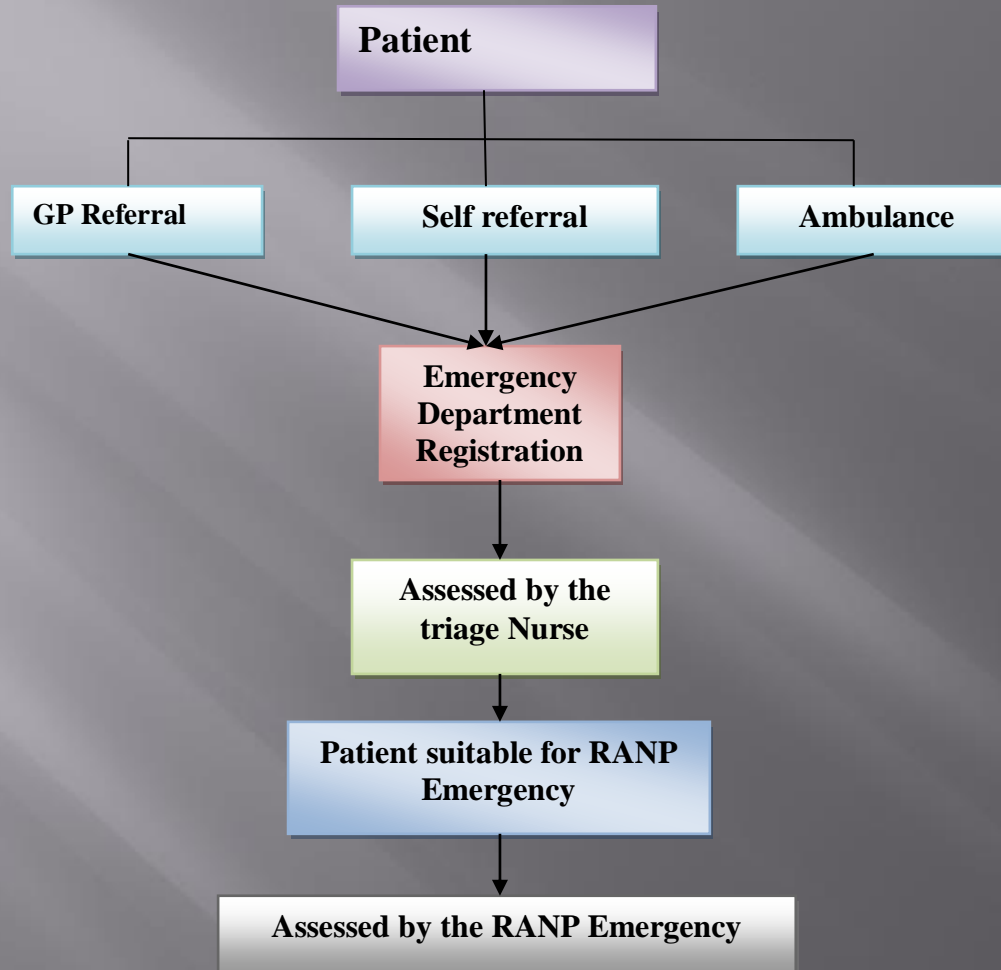
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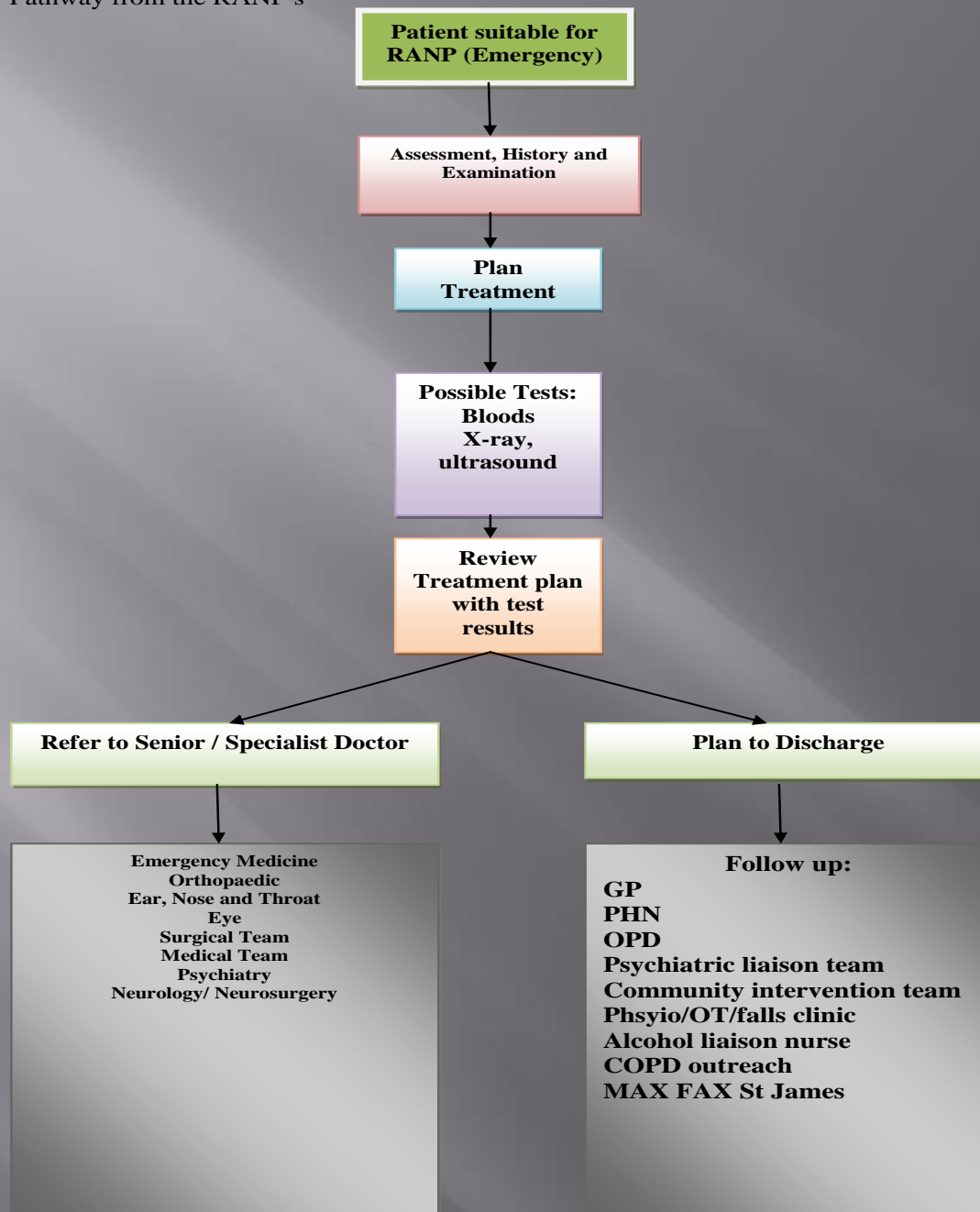
**Discharged home
with/without referral**

**Admitted to hospital or
transfer to other
hospital**

Self discharged

Pathway to RANP Service





6 month data Jan 17-June 17

- ▣ Total of 1693 patients seen.
- ▣ 43% of these patients were admitted/discharged within two hours.
- ▣ A further 38% had PETs of between 2-4 hours.
- ▣ Overall, 93% of patients were seen within the national target of 6 hours.
- ▣ 82 % of patients were discharged and 18% were referred for admission.

QUESTIONS?