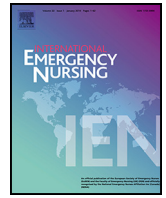




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## CONTEMPORARY ISSUES

### Making the link and spreading the word – The Emergency Nursing Interest Group

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This paper outlines the development of the National Clinical Programme for Emergency Medicine in Ireland with particular emphasis on the role of emergency nursing in the development and implementation of the strategy. Similar approaches were taken in England – Transforming Emergency Care (Department of Health, 2004), and New South Wales – Models of Emergency Care (NSW Department of Health, 2006).

In 2009 the Health Service Executive (HSE), which is responsible for the provision of public health and social care in Ireland, established a Directorate for Clinical Strategy and Programmes. The Directorate is led by a National Clinical Director who reports to the Chief Executive Officer (CEO) of the HSE. The aim of the Directorate is to improve the quality, access and cost of healthcare through the engagement of senior, front line clinicians to develop national strategies and supporting standard models of care for medical specialities and major diseases. Each Programme is led by a Hospital Consultant in the role of Clinical Lead, and supported by a multidisciplinary working group. As of 2014 there are 33 Clinical Programmes, each with a national remit.

The National Emergency Medicine Programme (EMP) was established in 2010. Emergency Care in Ireland is provided by approximately 1800 care providers to 1.2 million patients annually through 28 Emergency Departments (EDs) and 11 Local Injury Units (LIUs). The strategic vision of the Programme is that all patients should receive the same standard of high quality emergency care regardless of where in the country they present for treatment. The multidisciplinary working group of the EMP comprises

six Consultants in Emergency Medicine, the Medical Director of the National Ambulance Service, the Director of the Pre-Hospital Emergency Care Council, two Emergency Nurse Managers, an Advanced Nurse Practitioner (ANP), a Workforce Service Planner, an Allied Health Professional, the Programme Manager and a part-time administrator.

The Report of National Emergency Medicine Programme (Health Service Executive, 2012) outlines a comprehensive strategic blueprint for emergency care and is the first of its kind to be developed in Ireland.

#### Engagement of nursing on the National Emergency Medicine Programme

From the earliest stages of the EMP it was understood that wide stakeholder engagement of all members of the multidisciplinary team at both national level and on the front line would be critical to the success of the programme. In the past, the implementation of national standards and structures were often hampered by a lack of understanding and buy-in from members of the front line teams. In turn, there was no mechanism to ensure that successful initiatives and good practises developed in individual hospitals could proliferate across the country.

The Office of Nursing and Midwifery Services Director (ONMSD) is responsible for the strategic development of nursing and midwifery nationally. The members of the EMP working group who represent nursing report directly to the ONMSD. The ONMSD provides guidance and leadership advice, and is an advocate for the EMP at the most senior levels of the HSE and the Department of Health. The ONMSD also provides the link to Directors of Nursing

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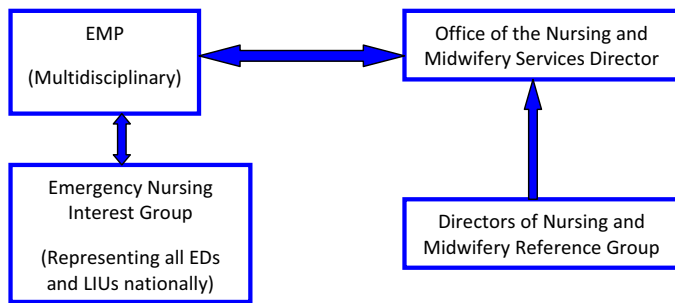


Fig. 1. Nursing governance structure.

and Midwifery Strategic Reference Group which is a forum attended by representative Directors of Nursing and Midwifery from all disciplines of nursing and midwifery nationally (Fig. 1). This forum enables proposed models and tools related to Emergency Nursing to be reviewed and approved by Directors of Nursing and Midwifery prior to release and national rollout.

EMP engagement with front line nursing is provided through a forum of emergency nurses which was established to support the work of the programme. The Emergency Nursing Interest Group (ENIG) is composed of a representative of senior nursing management from each Emergency Department in the country and chaired by a lead nurse from the EMP working group. The purpose of ENIG is to seek and develop opinion and expertise on a wide range of key nursing issues in relation to the delivery of quality, safe, timely and cost efficient emergency care to patients. Representation of nursing management of Local Injury Units (LIUs) is provided by a dedicated subgroup of ENIG.

### The work of Emergency Nursing Interest Group (ENIG)

ENIG meetings are held every 6–8 weeks and have been consistently well attended. The members of ENIG have helped to review and have provided their insight into each of the subject areas of the National EMP strategy and they have engaged their frontline teams in this process. Since the publication of the report, ENIG members have been critical to the implementation of many of the report recommendations through driving and communicating the changes locally within each of their own departments.

ENIG acts as a forum from an emergency nursing perspective, to advise and support other National Clinical Programmes including Acute Medicine, Asthma, Chronic Obstructive Pulmonary Disease, Acute Coronary Syndrome, Stroke, Critical Care and Diabetes.

ENIG has been active in identifying and prioritising opportunities for standardisation and improvement in the delivery of emergency nursing. The national projects have been established and are overseen by a nursing lead, a subgroup of ENIG and relevant key stakeholders from the health service and report on a monthly basis to the EMP Clinical Lead and Working Group and Programme Manager. Each subgroup reviews the evidence pertaining to the project, contextualising it to the Irish health system prior to either adapting an existing protocol/tool or developing a new one.

The projects undertaken to date include:

- An Ambulance Handover Protocol developed in collaboration with the Pre-Hospital Emergency Care Council, National Ambulance Service and Dublin Fire Brigade which sets the standard for clinical handover between pre-hospital and emergency department teams using an innovative e-learning programme. The streamlining of the clinical handover in EDs will also assist in meeting the national Access Key Performance Indicator for Ambulance Patient Handover Time in ED of 95% of all patients to wait less

than 20 minutes for the completion of clinical handover (Health Service Executive, 2012);

- The establishment of Manchester Emergency Triage (Mackway-Jones et al., 2006) as the national standard for adult (16 years and over) triage following a review of all the triage systems used in Ireland. This was followed by a national audit to ensure that all EDs were applying the Manchester Emergency Triage System Audit Tool effectively;
- The development of an Irish Children's Triage System for patients aged under 16 years by a multidisciplinary team of key stakeholders from paediatric emergency medicine and nursing;
- The development of an Emergency Department Monitoring and Escalation Protocol for Adult Patients which is a system of physiological monitoring of patients post triage. The Protocol assists ED clinical staff in establishing appropriate and effective monitoring and escalation schedules for ED patients to optimise the quality and safety of their care. The Protocol is aligned with a National Early Warning Score (Health Service Executive, 2013) and the Irish Maternity Early Warning System (Health Service Executive 2013). A children's protocol will be introduced following the national implementation of the Irish Children's Triage System and development of a Paediatric Early Warning System. This project is led by one of the Nursing Co-Leads and supported by a multidisciplinary steering group overseeing the development phases of the project;
- A post-triage mental health observation assessment tool to optimise the safety of patients with mental health needs during their episode of care;
- A national guideline for family and friends visiting ED patients to ensure a consistent approach in all EDs developed in collaboration with the health services patient advocacy unit;
- The development of a national standard for the management of patients with intellectual disability in EDs to ensure a consistent approach to minimising the distress caused by the change in environment;
- A Guide to Advanced Nurse Practitioner Services in Ireland (Health Service Executive, 2013) which outlines current capacity of Registered Advanced Nurse Practitioners (RANP) services, and recommends ANP role development and a pragmatic strategy to optimise ANP delivered patient care across the emergency care system;
- A workforce survey to identify and establish baseline data pertaining to the ED workforce across the all 39 emergency care settings nationally;
- National Role Profiles for Nursing Staff in Emergency Care Settings (Health Service Executive, 2014) in Ireland which provides clarity and standardisation of the competencies required by nursing staff working in ED settings;
- The development of a workforce planning framework which will enable ED staff to determine the most effective and appropriate utilisation of nursing resources. This project is led by the Service Planner on the Working Group and supported by an Advisory Group comprised of key stakeholders across the spectrum of Emergency Nursing and health care system in Ireland and in collaboration with the Institute of Leadership, Royal College of Surgeons in Ireland.

These standards and tools are at various stages of design, development, pilot, local consultation, national consultation and implementation. The uptake and use of the completed tools and national standards at local level has been considerable and their implementation has occurred at a faster rate than many previous change initiatives introduced nationally. The approach of ENIG has been to identify the required standards, involve the membership in their development and through the work of specific subgroups

and extensive consultation with both front line teams and national leadership, this has been hugely successful.

### Bottom up quality improvement

The work of ENIG is not confined to the development of top down national standards and recommendations. The EMP with the support of the ONMSD National Leadership and Innovation Centre (NLIC) has introduced a Quality Improvement methodology, Clinical Microsystems ([The Dartmouth Institute for Health Policy and Clinical Practice, 2013](#)) which is being implemented in to all EDs nationally. Clinical Microsystems utilises an approach that focuses on coaching the multidisciplinary team in the ED in “Assessing, Treating and Diagnosing your Emergency Department” to improve the care environment for both patients and the teams that care for them. The methodology provides the ED teams with the skills and tools to assess, identify and implement the improvements which are most relevant to the particular context of their ED. ENIG has been instrumental in providing support, communication and learning for the implementation of Clinical Microsystems.

These initial ENIG projects being developed and the quality improvement work being undertaken by EDs and LIUs will assist them in measuring the quality of the care they give and their performance against the Health Information and Quality Authority National Standards for Safer Better Healthcare ([Health Information and Quality Authority, 2012](#)) which will form part of the licensing framework for healthcare in Ireland in the future.

### Conclusion

Variation in the care provided to patients in emergency care and other settings is known to be a key cause of adverse events and reduced quality of care for patients. The design and implementation of national standards to help reduce variation can be problematic if the appropriate structures for engagement, communication and

local validation with the front line teams and their patients are not in place. Additionally, top down national standards can only be a part of the solution to improve patient care. Bottom up approaches, which focus on providing the skills and tools for teams to develop quality improvements within their own context, is an important component in ensuring the continuous adaption and adoption of improved models of emergency care.

ENIG is a group that is inclusive rather than exclusive and with the right emotional commitment, skill mix and experience. The Group will continue to be a key instrument into the future to ensure that the strategic vision and blueprint of the National Emergency Medicine Strategy Report is realised in a relevant way across all Emergency Care settings in Ireland.

For further information on any of the projects mentioned in this article please contact [Fiona.mcdaid@hse.ie](mailto:Fiona.mcdaid@hse.ie) or [emp@rcsi.ie](mailto:emp@rcsi.ie).

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