Tús Áite do Shábháilteacht Othar
Patient Safety First

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
Clinical Strategy and Programmes Division

Office of the Nursing & Midwifery Services Director

EMERGENCY MEDICINE

A Guide to Enhance Advanced Nurse Practitioner Services across Emergency Care Networks in Ireland (Update 2019)

INJURY UNIT

Version 2 July 2019

Foreword

Registered Advanced Nurse Practitioners (RANPs) play a vital role as members of Emergency Department (ED) and Injury Unit (IU) multidisciplinary emergency care teams. Research demonstrates that RANP-provided emergency care is highly regarded by patients and colleagues. This updated Guide to Enhance Advanced Nurse Practitioner (ANP) Services across Emergency Care Networks in Ireland ('The Guide') is presented by the National Clinical Programme for Emergency Medicine (EMP) and the Office of the Nursing and Midwifery Services (ONMSD) as a review of the progress over the past 5 years in relation to the capacity building to further increase the contribution of RANPs to the provision of emergency care in Ireland. The Guide augments the recommendations of the *National Emergency Medicine Programme Report* (HSE 2012*), Securing the Future of Smaller Hospitals: A framework for Development Framework* (DoH 2013), Developing a Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice (DoH, 2019) and the *EMP Guidance Document for IU Staffing* (HSE 2013, updated 2019) with specific detail relating to:

- current capacity of RANP services
- ANP role development and
- a pragmatic strategy to optimise RANP-delivered patient care across the national emergency care system.

The updated "Guide' is proposed against a backdrop of on-going reorganisation in the way acute health services are planned and delivered in Ireland. It is consistent with the vision of the EMP to improve quality, access and value across the health system. The Guide is presented in two main sections. The first main section profiles the status of the service since 2012 with regards ANP capacity, role development and service activity in Emergency Departments (EDs) in Ireland. This information was ascertained through a national survey of EDs with ANP services. The second main section outlines the strategic direction that is required to develop ANP services to support the workforce planning recommendations of the National Emergency Medicine Programme Report 2012 (p215).

The Guide was prepared by Ms. Valerie Small, Registered Advanced Nurse Practitioner (Emergency), St James Hospital and Advanced Nurse Practitioner Advisor to the EMP and Ms. Susanna Byrne, Director Nursing and Midwifery Planning and Development Unit, HSE Dublin South, Kildare and Wicklow and Service Planner for the EMP.

Continued implementation of the recommendations outlined in this Guide will enhance the already significant contribution that RANPs make to patient care in our EDs and IU and will promote safety, quality of care, access, value and patient experience in emergency care in Ireland.

Dr Gerard McCarthy

Clinical Lead
National Emergency Medicine Programme

Ms Mary Wynne

Director
Office of the Nursing & Midwifery Services

Table of Contents

List of Tables

Context

The National Emergency Medicine Programme (EMP) was established by the Health Service Executive's Clinical Strategy and Programmes Division in 2010 to develop a model of care to improve safety, quality, access and value in Emergency Medicine in Ireland. The Report of the National Emergency Medicine Programme - A strategy to improve safety, quality, access and value was published in 2012. The EMP model of care advocates a co-ordinated system of care within the Emergency Care setting which will facilitate the provision of high-quality patient care that is standardised and easily accessible with high levels of effectiveness and efficiency, accountability, sustainability, good staff morale and strong system resilience. An experienced and competent emergency nursing team is required to ensure the delivery of the highest quality of care for patients. The EMP strategy report outlines how emergency nursing contributes both now and in the future in supporting the implementation of the programme and it provides a comprehensive outline of nursing roles and clinical skills particular to the specialist area of practice. The role of the Registered Advanced Nurse Practitioner (RANP) is also outlined and the development of ANPs is considered essential to implementing the EMP strategy across the Emergency Care Network (HSE 2012).

A Guide to Enhancing Advanced Nurse Practitioners across Emergency Care Networks in Ireland (*The Guide*) was launched in 2013 as the strategy for RANPs for Emergency Care Networks (ECNs). The aim of the strategy was to support the building of ANP capacity to assist improvements in the quality and timeliness of care for patients attending Emergency Departments (EDs) and Injury Units (IUs) across the 40 sites around the country. In addition the document provided direction and support for continuing professional development (CPD) of RANPs and promotes career planning opportunities for emergency nurses wishing to pursue a career pathway in advanced practice in emergency care.

The Guide proposed a four-year plan to meet the projected RANP workforce requirements to develop capacity to ensure an ANP service is available in all locations nationally as determined by local service need. There has been a 100% increase in the number of RANPs in the interim 5 year period, however, there is still room for further development to achieve the recommended ANP requirements nationally (Table 1).

This report outlines progress and achievements of implementing *The Guide* 5 years post publication and makes recommendations for future developments.

Workforce Planning Methodology for ANP Capacity Building

Background

The workforce methodology for determining the requirements for RANPs across the emergency care services in Ireland in 2013 was based on the service needs of EDs and IUs at a point in time (Table 1). The calculations and recommendations for ANP staffing was developed following a review of survey data gathered in 2012 from established ANP services and was based on ED new patient attendance data and ANP service activity and capability (HSE 2013).

In EDs with excess of 37,500 new patient attendances to provide a full 12 hour day, 7 day per week ANP service with 2 ANPs on duty there would be a requirement for 6 whole time equivalent (WTE) ANPs. In EDs with less than 37,500 new patient attendances to provide a full 12 hour day, 7day per week service with 1 ANP on duty there would be a requirement of 3 WTE ANPs. In 2013 IUs were in their relative infancy therefore ANP staffing projections were based on hours of opening/days of service rather than patient attendances.

Table 3: Workforce planning projected requirements for 150 Registered ANP's across Emergency Departments, Injury Units, Paediatric Emergency Departments.

Projected requirements based on service needs analysis			
24/7 ED with patient Attendance > 37,500	**24/7 ED with patient Attendance< 37,500**	**Injury Unit**	**Paediatric EDs**
2 RANPs on duty per 12hr/7days (6WTE)	**1 RANP on duty per 12hr/7days (3WTE)**	**1 RANP on duty per hours of opening (3WTE)**	**1 RANP on duty 12hr/7days (3WTE)**
10 sites	16 sites	11 sites	3 sites
60	**48**	**33**	**9**
Total 150			

Healthcare Reform Initiatives

Since the initial *Guide* was published the delivery of emergency services in Ireland has undergone and continues to undergo immense change and reform. The *Establishment of Hospital Groups as a Transition to Independent Hospital Trusts* (Department of Health 2013a) and the *Framework for Development - Securing the Future of Smaller Hospitals* (DOH 2013b) has resulted in determining how emergency services are delivered through regional networks of Emergency Departments (24/7) attached to Model 3 and 4 hospitals. The EMP Model of Care recommends a hub and spoke model for Emergency Care Networks (ECNs) and in this regard IUs play a major role in treating a specific cohort of patients most of whom could be managed entirely by an ANP.

More recent national healthcare reform policies include the HSE Acute Hospital Division's *Developing an Acute Floor Model for Ireland* (HSE 2017), the Acute Floor is defined in the document as *'an integrated service configured to manage unscheduled care demand...this may be co-or proximately located clinical and support services which work together to manage unscheduled demand on a daily basis* (HSE 2017). The success of the Acute Floor model is underpinned by multidisciplinary and interdisciplinary working and integrated clinical governance. A well designed, well-resourced acute floor will require the development of the capacity and capability of the existing nursing workforce as part of the MDT. Registered ANPs currently make up a small percentage of the workforce, however following the launch by The Department of Health, Office of the Chief Nurse '*A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice'* in 2019, funding was agreed to support 120 nurses to undertake an advanced practice education programme in Older Person, Rheumatology, Respiratory and Unscheduled Care. Unscheduled care is the umbrella term which includes emergency care, acute medicine and acute surgery which aligns with HSE plans for the Acute Floor model.

The launch of the Government's *Sláintecare Report* (DOH 2018) which sets out an ambitious programme of reform commencing with implementation of an initial set of key actions over the next three years. Strategic Action 5 outlines specific actions with regard to tackling long waiting times and crowding in EDs (p44), while supporting the implementation of existing national strategies and policies developed by National Clinical Programmes and Integrated Care (p45). *Sláintecare* also cites the commitment to the

implementation of the *National Trauma Strategy* (2018) in accordance with an agreed implementation plan (5.4.4 p 47).

Current workforce capacity of ANPs

Table 2 reports the current capacity against the projected requirements per Hospital Group. The current deficit of 56 is the actual number of RANPs required as per the strategy, however there are 24 candidate ANPs at various stages of their education and training pathway.

Following the launch *'A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice'* in 2019 by the Office of Chief Nurse in the Department of Health funding was allocated to 18 posts in emergency nursing. Of the 18 posts supported through the DOH initiative 2 ED nurses who had already completed their education and training but were not in funded posts, have since been registered and are in full time WTE posts. It is anticipated that the remainder of the DOH cohort will be ready for NMBI registration in Q3, Q4 2019.

Table 4: Current Capacity ANP Workforce

ANP Supply & Demand Gap analysis

ANP Resource & Workforce Planning Projected Numbers per Hospital Group - Jan 2019				
Region	Sites	Registered ANP's (WTE)	Projected RANP's	RANP Deficit / cANPs in training
RCSI Group	**6 sites**	**20**	**24**	**4 (7 in training)**
Dub Midlands Group	**5 sites**	**18**	**21**	**3 (2 in training)**
Ireland East Group	**8 sites**	**18**	**30**	**12 (3 in training)**
Saolta Group	**6 sites**	**16**	**21**	**5 (4 in training)**
UL Group	**4 sites**	**6**	**15**	**9 (1 in training)**
South/Sth West Group	**8 sites**	**15**	**30**	**15 (3 in training)**
Children's Hospitals	**3 sites**	**5**	**9**	**4 (4 in training)**
Overall Total		**98**	**150**	**52 (24 in training)**

RANP Deficit = 52 (24 in training)
Recruitment deficit = 28

Developments in ANP Activity/Outcomes

Scope of Practice

The Scope of Practice of RANPs in ED/IU is mainly focused on a cohort of ambulant patients with musculoskeletal injuries and conditions, however there are a number of EDs with RANPs who have developed an expanded caseload to include general medical and surgical presentations. These roles are evolving in response to a growing service need and the requirement to deliver more timely access to care and treatment for a greater cohort of ED patients. Currently, 4 out of 29 EDs have developed the medical/surgical caseload with 5 RANPs in total competently functioning within that service. A further 3 EDs have candidate ANPs (7 in total) who are currently undertaking education and training to develop a similar service. This type of RANP service has been commonly referred to as **Rapid Assessment and Treatment** or **'RAT' Service**. While the development of this role is broadly welcomed, the caseload involves a range of clinical presentations which require comprehensive physical examination, serial radiological and

laboratory investigations. Patient care episodes are rarely of short or 'rapid' duration thus, the title of the role is causing some concern amongst the registered ANP cohort (see recommendations). Rapid Assessment and Treatment is a well described practice in bringing senior clinical decisions “upstream” in the ED patient journey, but it is felt the name should be reserved for this practice as opposed to the a descriptor of RAT ANP (*vide infra*).

ANP Activity

A snapshot of ANP activity from a sample of ANP services with electronic ED information systems (Q3 2015 to Q2 2018) shows an average yearly number of completed episodes of patient care per RANP of approximately 1,300 (range 1,000 - 1,500). There are several factors that influence the number of episodes of care undertaken by an ANP i.e. scope of practice, the demographic of the presenting patient cohort, location of service (ED or IU).

Other data gathered from 21 out of 26 units reveal that over sixty-five percent (65%) of patients managed by RANPs are categorised as Category 4 (standard) on Manchester Triage Scale (MTS) or the Irish Children's Triage System (ICTS). Also of note RANPs are managing patients in Category 3 (semi-urgent) patients (24.83%) and Category 2 (urgent) 2.17% (Appendix 1). A number of factors are likely to influence this increased capability related to RANPs managing more urgent triage categories, namely length of time the ANP service is in operation, with increasing acceptance of their competence by other specialties, the number of RANPs working in the service and the on-going CPD and development of competences in managing more complex clinical presentations as described previously (HSE 2013a).

The caseload for IUs consists of ambulant patients with musculoskeletal injury presentations only. Due to the nature of such presentations there is no requirement for a formal triage system. Where there are instances of 'Out of Scope'* presentations these patients are assessed and safely re-directed to an appropriate alternative facility. RANPs working in an IU manage a caseload which is 100% category 4 (standard); therefore where WTE capacity allows, a rotation system has been introduced in some ECNs so that there is improved flexibility among the ANP team allowing for movement at predetermined intervals between the main ED and the IU within the ECN. This arrangement supports flexibility around service needs while facilitating ANP professional activities such as formal and informal clinical supervision, exposure to frequent education opportunities with the wider MDT and on-going expansion of competency, scope of practice and achieving compliance with mandatory CPD.

***** *Out of Scope - Injury Units (IUs) treat patients with injuries that are not life-threatening and unlikely to result in serious long-term disability. IUs will not treat medical conditions, pregnancy-related or gynaecological problems, injuries to the chest, abdomen or pelvis and serious head and spine injuries. Lists are provided to try to direct patients with single, isolated and uncomplicated injuries to these units.*

Patterns of working

The RANP is a unique role in that they can manage a full episode of care, attending to all the clinical needs of the patient, this can often extend the length of the consultation time, but patient satisfaction is proven to be very high with the one to one care that is provided (Griffin & Mc Devitt, 2016). RANPs working in EDs often work single handed due to demands on ED nursing staff who are required to support the management of more complex patients in the resuscitation and urgent care zones. Crowding also has implications on how streaming and patient flow operates across various departments throughout the

country. The RANPs in ED therefore are likely to operate their own model of "streaming", by pulling patients who fall into their scope of musculoskeletal injury and conditions from other areas. In addition there is an increased opportunity for NCHD trainees to develop competence and skills in managing musculoskeletal injuries and wounds in this environment and the RANPs share their expertise and clinical knowledge by demonstrating best clinical practice and provide clinical supervision of junior staff when required.

As IUs expand in number and there is now an established cohort of RANPs working in these units there are some observed patterns of work emerging. For example, RANPs work as part of a small team in IUs. Collaborative engagement with the Multidisciplinary Team (MDT) is essential to maximise efficiencies in the IU whilst encouraging staff nurses and allied nursing staff to develop clinical skills and competencies in managing the caseload of patients.

Service Planning

The Guide recommended that an ANP service should be available between the core hours of 08:00 to 20:00 over 7 days per week. Data gathered from a review of patient presentation times would suggest that 90% of patients with conditions suitable to be treated by an RANP present (register) between the core hours of 09.00 hr and 21.00 hr. Incidentally, these data also support the opening hours of IUs. Monday, Tuesday, Wednesday and Thursday remain the busiest days of the week (Appendix 1). Many units have conducted their own service need analysis and have adapted a roster to suit their particular service needs. However, this level of service is only possible where there are 3 or more RANPs within an ED/IU is. The current deficit of RANPs means that there are a number of units with less than three RANPs in post (Table 2), this could result in longer waiting times for patients who fall within the remit and scope of practice of an RANP.

From a total of 40 units (29 EDs) and (11 IUs) there is an ANP service in 37 units. Eight out of 11 IUs have an established ANP service, however, none have recruited the recommended minimum of 3 RANPs and this in turn may have an impact on the hub ED within the ECN which has an ANP service (Table 3). Active recruitment and development of ANP services in respect of the 3 IUs in Cork has been slow and requires some attention if the IU is to potentially become an ANP led unit as per EMP Guidance document on staffing Local Injury Units (HSE 2013b) -see recommendation under ANP Workforce Planning ED/IUs below.

Table 3: Location of Injury Units & capacity of ANP Service

Injury Unit Status : January 2019				
Region	No	ED/IU Site	Number of RANP's	Deficit
RCSI Group	**2 sites**	**Dundalk IU** **Monaghan**	**1** **1**	**2** **2**
UL Group	**3 sites**	**Ennis** **Nenagh** **St John's**	**1** **1** **1 & 1 cANP**	**2** **2** **1**
South/Sth West	**3 sites**	**Bantry IU**	**0**	**3**

Group		**Mallow IU** **Mercy IU**	**0** **0**	**3** **3**
Saolta Group	**1 site**	**Roscommon**	**1**	**2**
Ireland East Group	**2 sites**	**St Colmcilles** **Mater IU**	**2** **1**	**1** **2**
Overall Total			**9 & 1 cANP**	**23**

Age related patient profile

Age related data was also gathered from units capable of returning this level of information. Adult presentations were predominantly within the age range 16-64yrs (82.7%), 15.3% of patients were aged 65-84yrs while 2% of patients were older than 85yrs (Appendix 1). On-going collection of this data is important in order to inform requirements for CPD and expansion of scope of practice of ANPs particularly related to the older patient cohort.

Key Performance Indicators

Patient Experience Time (PET)

A sample of collated data on patient experience time returned from EDs with electronic information system demonstrate that RANPs are managing patients within the EMP recommended Total Emergency Department Time (TEDT) of six hours (HSE 2012) and recommended MTS time from triage to clinician assessment for triage category 4 (standard) of 120 minutes.

Table 4: Sample collated patient experience time

EMP recommends use of Manchester Triage System (MTS)	MTS recommend Triage 4 patients should be seen within 120 minutes
MTS Triage 4 seen by ANP	Range 5 to 140mins Mean 38.72 minutes
EMP recommended Total Emergency Department Time Standard (TEDT)	Total ED Time (TEDT) standard of 95% of patients having their emergency care completed within 6 hours of arrival in an ED.
Time Seen by ANP to Discharge	Ranged from 35.5 minutes to 78 minutes Mean 53.44 minutes (full episode of care)

Patient Satisfaction

Patient satisfaction surveys have been conducted in a number of units with positive results. RANPs in Letterkenny University Hospital have published an evaluation of their service in a peer reviewed international journal which suggests that the majority of patients had a high level of satisfaction associated with waiting times, pain management, advice given and communication (Griffin & Mc Devitt 2016).

Unscheduled Returns

Unplanned or unscheduled returns are also considered a key performance indicator in relation to ED/IU attendances. An analysis of 'Unscheduled Returns' was carried out by the RANPs in University Hospital Kerry in 2015 (Coolahan, 2015). The rate of unscheduled returns by patients who had care provided by RANPs was reported at 1.9% of total patients seen by them. This finding compares very favourably with the EMP Strategy Report (HSE 2012) and the measure of 1-5% recommended by the Royal College of Emergency Medicine (2011).

Non-clinical activity

The collation of non-clinical activity of RANPs has been a recommendation since the publication of the *Guide* details of these activities have been described in terms of the following categories.

Local, regional and national groups

Local committees such as falls prevention, drugs and therapeutics, research capacity and ANP forum. National committees such as HSE programmes, NMBI education and standards, Nurse Prescribing.

Research and Audit

Local ANP related audit, ANP activity, medicinal prescribing, health promotion in ED. Condition specific research and publications

Expansion of Scope of practice

Continuing education and development of clinical competency to match expansion of service need. Review and updating protocols and guidelines to support evidence based practice. Attendance at specific CPD education events and courses.

Teaching and supervision

The teaching and supervision of doctors in training on General Practice and emergency medicine training programmes. Education and clinical supervision of candidate ANPs on education programmes. Facilitation of nursing students and therapy professional students (physiotherapy and radiography).

The allocation of protected time for non-clinical activities remains an on-going issue for some RANPs particularly where service need far out ways the WTE capacity of the unit. The average allocated time for non-clinical activity is 10hrs per month.

Implementation of the Guide recommendations

National Emergency Medicine Programme ANP Forum

The EMP ANP Forum was established in July 2013 to support the implementation of the recommendations outlined in *The Guide* and address the CPD needs of RANPs. The Forum comprises all RANPs, ANP

candidates and other ED nurses who are undertaking an education pathway towards registration as an ANP. The ANP Forum Committee which operates under a terms of reference agreed by the wider forum group comprises of representative RANPs from urban, rural, adult ED, mixed EDs, Paediatric ED and IUs. The ANP Forum Committee comprises three sub-groups who have worked towards supporting the implementation of a number of recommendations in *The Guide.* Terms of reference for the ANP Forum have been updated and sub-groups have been reconfigured to continue supporting the on-going implementation of recommendations into the future .

Sub group 1 Continuing Professional Development sub-group:

This group has co-ordinated quarterly CPD days since Q3 2013 and to date there have been 12 study days with specific emphasis on clinical aspects of the caseload of ANPs in EDs and IUs (Appendix 2). One such study day facilitated the theoretical education of 75 RANPs/ANP candidates in Nurse Prescribing Ionising Radiation for Children. All CPD study days have had CEUs approved by NMBI and have had 75% - 80% attendance rate. The continuation of this group remains key to providing specific, relevant education for the growing cohort of RANPs across the country, and plays a major role in communicating to the cohort on clinically relevant issues and projects .

Sub group 2 ANP Service Activity/Metrics/KPI sub-group:

This group provided support to nurses and nurse managers in EDs and IUs working towards building capacity of RANPs or preparing site approval documents for NMBI. This work is largely completed now therefore the focus of the group will change towards collating service activities and measures that reflect RANP outcomes. A National ANP Activity Data set has been developed by this group and the first national statistics were presented at an ANP seminar in April 2016 (Appendix 1). There is merit in continuing to gather this data especially in light of the DOH /HSE Demonstrator Project which will measure similar data in the overall evaluation of the impact of the development of ANP services over a range of specialties from a national perspective. Data is essential for the individual ANP to quantify the impact of their role from an organisation and national point of view. Equally, the EMP can continue to monitor and evaluate the impact of these roles and they continue to evolve and establish in the medium to long term.

Sub group 3 Research/Innovation sub-group:

This group has a remit in relation to setting up links with the third level institutions in order to enhance the research opportunities between RANPs and academics. A number of projects have taken place over the past five years and publications are now collated on the RCSI facilitated hub EMNOW.ie a sample of publications by RANPs in provided in Appendix 3.

A Twitter© account has been opened to disseminate information to a national and international audience and has been steadily gaining followers over the last year. There are a number of master classes in progress which will involve international academics in collaboration with third level institutions. It is recommended that this group continues to forge links with the ANP Forum through individual and collaborative activities.

National ANP Job Descriptions

As recommended in the *Guide*, a suite of ANP Job descriptions was developed through the ANP Forum - RANP (Adult), RANP (Adult & Children), RANP (Children) and shared with Directors of Nursing (DoNs), Nursing and Midwifery Practice Development Units (NMPDU) and HSE/National Recruitment Service (NRS). In addition HSE/NRS have developed a national ANP/AMP (candidate) job description and more recently a national RANP/RAMP job description which are generic documents intended to be used across all clinical settings and specialities for the recruitment of both candidate and registered ANP/AMPs. The nationally approved documents standardise the recruitment and selection of suitably qualified nurses into a clinical career pathway within a recognised pay grade. The ANP Forum has had a positive and very welcome impact on this outcome.

Education Preparation & NMBI Regulations

The ANP Advisor of the EMP has been a member of the Nursing and Midwifery Board of Ireland (NMBI) Working Group on Advanced Practice which published *Advanced Practice Standards & Requirements* in 2017 (NMBI 2017). These standards will be applied to all third level education providers of education for the preparation of RANPs and will inform the development of standard curricula across all third level colleges providing ANP education programmes from 2018. In addition the Nurses Rules were published in June 2018 which further supports the registration processes for ANPs (NMBI 2018). In the future NMBI will no longer require the approval of a specific ANP post and site preparation will be a matter of local governance for Hospital Group/organisation.

Career Development/Succession Planning

As reflected earlier, career development is being supported at a strategic level by the DOH and HSE through the development of a policy initiative to recruit and educate RANPs for certain specialist areas of clinical care. Emergency Nursing and the EMP to continue to advocate for the additional 35 nurses required to realise the capacity laid out in the Guide. Support for the demonstrator sites by way of encouraging and enabling the candidate ANPs to record specific data points within the minimum data set will provide the evidence required as proof of concept. In relation to succession planning, there is evidence that this is taking place in units where retirements are expected as part of natural attrition. However, in many instances, there is an inadequate response to unexpected resignations and external movement which leaves an established service exposed in terms of managing an established patient flow, which will in turn impact on the overall ED/IU ability to deliver timely care to patients. This risk needs to be recognised and managed particularly as the absence of a succession plan may render an IU unable to provide any service from time to time. Now that education programmes are widely available, standardised and accessible, every effort should be made to encourage suitable ED nurses to undertake an Advanced Practice Education Programme. This could be done through standard Professional Development Plan (PDP) as per the EMP Workforce Planning Framework document (HSE 2016) and Role Profiles for ED Nursing Staff (HSE 2018) and also in light of the recent changes to NMBI registration processes (NMBI 2018).

Recommendations

Building Capacity & Capability

Where there are sufficient numbers of RANPs in a hub ECN, frequently scheduled rotation from IUs in to EDs should occur. This arrangement will support a best practice approach for the continuing professional development of the RANPs, allow for improved capability and support succession planning by keeping the role of RANP visible to all members of and the ED multidisciplinary team (MDT).

Titling

The use of titles of **ANP in Minor Injuries** and **ANP in RAT** should be standardised in line with the title used by the Nursing and Midwifery Board of Ireland when registering ANPs in a specialised area of practice. The title of **ANP in Emergency Nursing** should be the only title or term used to describe the role and function of an ANP working in this specialist area of clinical practice. The scope of practice in each ECN should be linked to the service need and requirements of the population of the region and configuration of the Hospital Group.

ANP Workforce Planning ED/IUs

It is anticipated that increasing numbers of ANPs in the hub ED will allow scheduled rotation between IUs and EDs in Cork. Scheduled rotation of medical staff from IUs to the hub ED began in 2017.

Medical workforce planning

The role of RANP needs to be examined in the context of the multidisciplinary team and alongside consultants, NCHDs and Health and Social Care Professionals (HSCPs). Current initiatives for delivering timely, high-quality care includes first contact physiotherapists and direct referral from triage to other health and social care professionals. Future developments of the RANP role will need to be within the context of these service developments.

In terms of fulfilling senior decision making roles for ECNs, ANPs are well placed to fill this role in IUs which is currently delivered by registrars. Governance arrangements with rotation of RANPs (as mentioned previously) to EDs will enable these RANP-led Injury Units.

DOH Office of Chief Nurse policy

Continue to collaborate where appropriate with DOH/HSE/NMPDU in relation to supporting the Department of Health, Office of the Chief Nurse ''A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice" in 2019 initiative.

EMP / ANP Forum

The continuation of the ANP Forum and committee is essential to enable the sub groups to co-ordinate and monitor the continuing development of RANPs in the specialist area of emergency nursing. Continuing professional development, data gathering and sharing of research and audit opportunities need to be promoted within and outside of the EMP.

References

Coolahan, J (2015) *An analysis of 'Unscheduled Returns' to the Emergency Department who are treated by the ANP Service as a KPI of the ED ANP Service*. Unpublished report. Emergency Department, Kerry General.

Department of Health (2019) A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice Office of Chief Nurse, Department of Health, Dublin. https://health.gov.ie/blog/publications/a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midwifery-practice/

Griffin, M & Mc Devitt, J (2016) *An Evaluation of the Quality and Patient Satisfaction with an Advanced Nurse Practitioner Service in the Emergency Department*. The Journal for Nurse Practitioners Vol 12 (8) p 553-559.

Health Service Executive (2012) *National Emergency Medicine Programme - A strategy to improve safety, quality, access and value in Emergency Medicine in Ireland*. HSE. Available http://www.hse.ie/eng/about/Who/clinical/natclinprog/emergencymedicineprogramme/empreport2012.pdf

Health Service Executive (2013a) A Guide to Enhance Advanced Nurse Practitioner Services across Emergency Care Networks in Ireland. Available http://www.iaem.ie/wp-content/uploads/2013/02/guide-to-enhancing-anp-services-july-2013-final.pdf

Health Service Executive(2013b) Guidance document on staffing for Local Injury Units. HSE. Available www.iaem.ie/uploads/2013/02/emp-guidance-document-liu-staffing-august-2013.pdf

Government of Ireland (2018) Sláintecare Implementation Strategy and Next Steps. https://www.gov.ie/en/campaigns/Sláintecare-implementation-strategy/

Government of Ireland (2018) S.I. No. 221/2018 - Nurses and Midwives (Registration) Rules 2018 http://www.irishstatutebook.ie/eli/2018/si/221/made/en/print?q=nurses+rules&years=2018

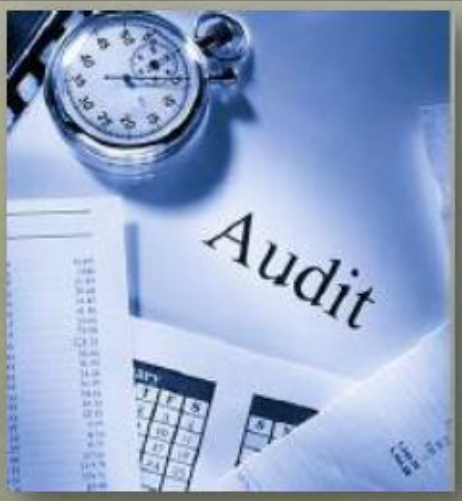
Nursing and Midwifery Board of Ireland (2017) *Advanced Practice (Nursing) Standards and Requirements*. NMBI. Dublin. Available https://www.nmbi.ie/NMBI/media/NMBI/Advanced-Practice-Nursing-Standards-and-Requirements-2017.pdf?ext=.pdf

The Royal College of Emergency Medicine (2011) *Emergency Department Clinical Quality Indicators*. RCEM. Available. https://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0ahUKEwikhIPBmeHUAhVeF8AKHS33CswQFgg1MAQ&url=https%3A%2F%2Fsecure.rcem.ac.uk%2Fcode%2Fdocument.asp%3FID%3D5832&usg=AFQjCNETaypFt-oZv3Bb8pyrykIhgL4ocg

Appendix 1

ANP Activity Presentation

National ANP Activity Audit 2016



National Emergency Medicine Programme
Wayne Thompson
RANP Wexford General Hospital

January 2017

Appendix 2

Advanced Nurse Practitioner Forum
Continuing Professional Development Study Days: 2014-2019

Hospital/Group Location	Topic/Subject	Date	NMBI CEU
Waterford University Hospital	Management of Shoulder Injuries	March 2014	Yes
Our Lady of Lourdes Hospital, Drogheda	Treatment of Traumatic Knee	June 2014	Yes
Childrens' University Hospital, Temple Street, Dublin	Paediatric Upper Limb Injuries	December 2014	Yes
Beaumont Hospital, Dublin	Head Injury & ENT	March 2015	Yes
St James' Hospital, Dublin	Update on Hand & Wrist Injuries	June 2015	Yes
University of Limerick Hospital Group	Treatment of Maxillo-Facial Injury	November 2015	Yes
St James' Hospital, Dublin	Ionising Radiation Paeds	December 2015	Yes
St James' Hospital, Dublin	Ionising Radiation Paeds	February 2016	Yes
St James' Hospital, Dublin	ANP 20 year Celebration Seminar	April 2016	Yes
St James' Hospital, Dublin	Professional Development RANPs	November 2017	Yes
Mater Misercordiae University Hospital, Dublin	Ultrasound Workshop & Seminar	March 2018	Yes
Tallaght University Hospital	Management of Lower Limb Presentations in Paediatric and Adult Patients	January 2019	Yes
Mercy University Hospital	Pain management in the ED	September 2019	Yes

Appendix 3

Advanced Nurse Practitioner (Emergency)
Sample of Academic Publications 2008-2018

Book Chapters

Small, V., 2013b. Surgical Emergencies & Abdominal Injuries, in: Accident and Emergency Nursing: Theory into Practice.

Small, V., Dunne, G., McCabe, C., 2014. Principles of Emergency Nursing, in: Fundamental of Medical-Surgical Nursing: A Systems Approach. Wiley Blackwell.

Journal Articles

1. Bonham, J., 2016a. How to suture a wound. Nursing Standard 31, 42–46.
2. Bonham, J., 2016b. Assessment and management of patients with minor traumatic wounds. Nursing Standard 31, 60–71. https://doi.org/10.7748/ns.2016.e10573
3. Bonham, J., 2011. Comparison of suture types in the closure of scalp wounds. Emergency Nurse 19, 34–39.
4. Breen, B.M., McCann, M., 2013. Healthcare providers attitudes and perceptions of "inappropriate attendance" in the Emergency Department. International Emergency Nursing 21, 180–185. https://doi.org/10.1016/j.ienj.2012.08.006
5. Byrne, S., Small, V., McDaid, F., 2012. A new era for emergency care services in Ireland. Emergency Nurse 20, 18–20.
6. Canty, L., Kearney, A., 2018. Advanced nurse practitioner scheduled return clinic: a clinical audit of a quality initiative. Emergency Nurse 25, 31–34. https://doi.org/10.7748/en.2018.e1787
7. Conlon, C., O'Connor, C., Mc Brearty, P., Carpenter, B., 2009. Minor injury attendance times to the ED. International Emergency Nursing 17, 169–172. https://doi.org/10.1016/j.ienj.2008.12.006
8. Duignan, M., 2018. A Close Encounter: Hand Injuries in the ED. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2018.03.004
9. Duignan, M., 2015. Shoulder instability: A myriad of decisions for optimal emergency department care. International Emergency Nursing 23, 334–337. https://doi.org/10.1016/j.ienj.2015.02.005

10. Duignan, M., Duignan, O., 2017. Physical activity: is it time for emergency department nurses to step up? Emergency Nurse 24, 23–27. https://doi.org/10.7748/en.2017.e1640
11. Duignan, M., Dunn, V., 2009. Perceived barriers to pain management. Emerg Nurse 16, 31–35. https://doi.org/10.7748/en2009.02.16.9.31.c6848
12. Duignan, M., Dunn, V., 2008a. Congruence of pain assessment between nurses and emergency department patients: a replication. Int Emerg Nurs 16, 23–28. https://doi.org/10.1016/j.ienj.2007.09.003
13. Duignan, M., Dunn, V., 2008b. Barriers to pain management in emergency departments. Emerg Nurse 15, 30–34. https://doi.org/10.7748/en2008.02.15.9.30.c8179
14. Duignan, M., Gibbons, L., O'Connor, L., Denning, R., Honari, B., McKenna, K., 2018. GPs' opinions of discharge summaries generated by advanced nurse practitioners in emergency care settings. Emerg Nurse. https://doi.org/10.7748/en.2018.e1818
15. Duignan, M., Jamal, A., 2015. Injury to the posterolateral corner of the knee: emergency department assessment and management. International Emergency Nursing 23, 105–108. https://doi.org/10.1016/j.ienj.2014.07.008
16. Duignan, M., McGibney, M., 2017. Patellar dislocation: Not the bees knees. International Emergency Nursing 31, 36–40. https://doi.org/10.1016/j.ienj.2016.09.002
17. Duignan, M., O'Connor, N., 2017. Female athlete triad: At breaking point. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2017.03.005
18. Duignan, M., O'Connor, N., 2016. Concussion management in the ED: beyond GCS. International Emergency Nursing. https://doi.org/http://dx.doi.org/10.1016/j.ienj.2015.11.005
19. Duignan, M., O'Connor, N., Tillett, E., Kipps, C., 2017. Clinician knowledge and practice habits when evaluating sports related concussion in the emergency department. Br J Sports Med 51, A48. https://doi.org/10.1136/bjsports-2016-097270.125
20. Dunne, G., 2014. The use of Action Learning as strategy for improving pain management in the Emergency Department. International Emergency Nursing 22, 172–176. https://doi.org/10.1016/j.ienj.2013.10.005
21. Fealy, G., McCarron, M., O'Neill, D., McCallion, P., Clarke, M., Small, V., O'Driscoll, A., Cullen, A., 2009. Effectiveness of gerontologically informed nursing assessment and referral interventions for older persons attending the emergency department: systematic review. Journal of Advanced Nursing 65, 934–945. https://doi.org/10.1111/j.1365-2648.2009.04961.x

22. Fitzsimons, M., Normand, C., Varley, J., Delanty, N., 2012. Evidence-based models of care for people with epilepsy. Epilepsy & Behavior 23, 1–6. https://doi.org/10.1016/j.yebeh.2011.10.019
23. Gibbons, L., 2016. “A torn shoulder”: an emergency department case study. International Emergency Nursing. https://doi.org/http://dx.doi.org/10.1016/j.ienj.2015.11.003
24. Gibbons, L., 2013. Diagnosing Achilles tendon injuries in the emergency department. Emerg Nurse 21, 26–30; quiz 31. https://doi.org/10.7748/en2013.09.21.5.26.e1108
25. Gibbons, L., 2011. Dealing with the effects of domestic violence. Emerg Nurse 19, 12–16; quiz 17. https://doi.org/10.7748/en2011.07.19.4.12.c8607
26. Gibbons, L.J., 2014. Managing acute shoulder injuries in the emergency department. Emerg Nurse 22, 20–29. https://doi.org/10.7748/en.22.6.20.e1350
27. Gibbons, L.J., Stoddart, K., 2018. “Fast and frugal heuristics”: Clinical decision making in the Emergency Department. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2018.04.002
28. Gibbons, L.J., Towers, M.J., 2018. “Tricep tear instead of Tricep Curl”: Management in the Emergency Department. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2018.01.004
29. Griffin, M., McDevitt, J., 2016. An Evaluation of the Quality and Patient Satisfaction With an Advanced Nurse Practitioner Service in the Emergency Department. The Journal for Nurse Practitioners 12, 553–559. https://doi.org/10.1016/j.nurpra.2016.05.024
30. Higgins, A., Downes, C., Varley, J., Tyrell, E., Normand, C., Doherty, C.P., Begley, C., Elliott, N., 2018. Patients with epilepsy care experiences: Comparison between services with and without an epilepsy specialist nurse. Epilepsy & Behavior 85, 85–94. https://doi.org/10.1016/j.yebeh.2018.05.038
31. Kearney, A., Canty, L., 2016. Assessment, management and treatment of acute fingertip injuries. Emergency Nurse 24, 29–34. https://doi.org/10.7748/en.24.3.29.s28
32. Lynch, R., McCague, Y., Barlow, M., 2014. Luxatio Erecta – “Hands-up” shoulder dislocation. African Journal of Emergency Medicine 4, e26–e27. https://doi.org/10.1016/j.afjem.2014.01.005
33. McBrien B (2018) Lisfranc injury: assessment and management in emergency departments. Nursing Management. doi: 10.7748/en.2018.e1841
34. McBrien, B., 2016. Fight bite injury: emergency department assessment and management. Emergency Nurse 24, 34–37. https://doi.org/10.7748/en.2016.e1611

35. McBrien, B., 2015. Personal and professional challenges of nurse prescribing in Ireland. British Journal of Nursing 24, 524–528. https://doi.org/10.12968/bjon.2015.24.10.524
36. McBrien, B., 2010. Emergency nurses' provision of spiritual care: a literature review. British Journal of Nursing 19, 768–773. https://doi.org/10.12968/bjon.2010.19.12.48655
37. McBrien, B., 2008. Evidence-based care: enhancing the rigour of a qualitative study. British Journal of Nursing 17, 1286–1289. https://doi.org/10.12968/bjon.2008.17.20.31645
38. McDaid, F., Lardner, S., Small, V., Byrne, S., Geary, U., O'Connor, S., 2015. Making the link and spreading the word – The Emergency Nursing Interest Group. International Emergency Nursing 23, 112–114. https://doi.org/10.1016/j.ienj.2014.07.005
39. O'Connor, L Carpenter, B; O'Connor, C, O'Driscoll, J (2018) An interprofessional learning experience for trainee general practitioners in an academic urban minor injuries unit with advanced nurse practitioners. International Emergency Nursing. 10.1016/j.ienj.2018.05.002
40. Smyth, O., McCabe, C., 2017. Think and think again! Clinical decision making by advanced nurse practitioners in the Emergency Department. International Emergency Nursing 31, 72–74. https://doi.org/10.1016/j.ienj.2016.08.001
41. Varley, J., Delanty, N., Normand, C., Coyne, I., McQuaid, L., Collins, C., Boland, M., Grimson, J., Fitzsimons, M., 2010. Epilepsy in Ireland: Towards the primary–tertiary care continuum. Seizure 19, 47–52. https://doi.org/10.1016/j.seizure.2009.11.002
42. Varley, J., Delanty, N., Normand, C., Fitzsimons, M., 2011. The health care journeys experienced by people with epilepsy in Ireland: What are the implications for future service reform and development? Epilepsy & Behavior 20, 299–307. https://doi.org/10.1016/j.yebeh.2010.10.020
43. Walsh, C., Sills, M., Markey, G., 2018. An 11-year-old with mallet finger. Emerg Med Journal 35, 679–680.https://doi.org/http://dx.doi.org/10.1136/emermed-2017-207361