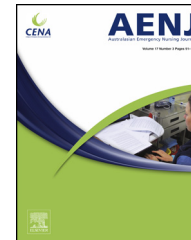




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RESEARCH PAPER

Evaluating patient presentations for care delivered by emergency nurse practitioners: A retrospective analysis of 12 months



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KEYWORDS

Emergency nurse practitioner;
Quality of care;
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Summary

Background: The delivery of quality patients care in the emergency department (ED) is emerging as one of the most important service indicators to be measured in health services today. The emergency nurse practitioner role was implemented as a service innovation in one Melbourne, ED, Australia, in July 2004. The primary aim of the role was intended to enhance healthcare services, improve the efficiency and timely delivery of high quality care to patients.

Aim: To conduct a retrospective study of patient presentations at the ED to obtain a profile of the characteristics of patients managed by emergency nurse practitioners. Specifically the objectives of the study were to: (1) examine the demographics of the patient population and (2) evaluate data on emergency department service indicators for this patient cohort.

Method: A descriptive exploratory design was used. All patients presenting to the ED from January 01, 2011 to December 31, 2011 and managed by emergency nurse practitioners were included in the review. Data collection included baseline demographics, waiting times to be seen, length of stay, ED discharge diagnoses and referral patterns. Data were extracted and imported directly from the ED patient information system (Cerner log), for the specified time frame.

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Results: A total of 5212 patients were reviewed in the study period. The median age of patients was 35 years and 61% of patients were male. The most common discharge diagnosis was *open wounds to hand/wrist*. Waiting times to be seen by the emergency nurse practitioner were 14 min and length of stay for patients with a discharge disposition of home were 122 min.

Conclusions: This study has provided information on patient baseline characteristics and performance on important service indicators for this patient sample that will inform further research to evaluate specific outcomes of the emergency nurse practitioner service.

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Why is this research or review needed?

- The delivery of quality patient care in the emergency department is emerging as one of the most important service indicators to be measured in health services today.
- Research on the clinical and service characteristics of patients managed by emergency nurse practitioners is scant.
- The emergency nurse practitioner model is the fastest growing NP model in Australian with a 61% increase in the last three years.

What are the key findings?

- This paper provides a profile of the characteristics of the patient cohort managed by emergency nurse practitioners in a major urban emergency and trauma centre.
- The study provides a baseline on the performance on service indicators for patients managed by emergency nurse practitioners.

How should the findings be used to influence policy/practice/research/education?

- The challenge facing services today is to provide quality of care to emergency department patients while balancing the need for increased demand of services.
- As a rapidly expanding service innovation model there is scant local information on pattern of service and the influences on safety and quality of patient care.
- Providing baseline characteristics and results on service indicators will inform further research to evaluate specific outcomes of emergency nurse practitioner services and quality of patient care.

Introduction

Emergency departments (ED) have seen more than 7% growth in patient presentations over the last 5 years and this has contributed to an ever-growing burden on the delivery of quality patient care.¹ The capacity of EDs to consistently deliver timely, high quality patient care is impacted by the increase in the number and complexity of presentations. The

increasing incidences of chronic disease in the community, reduced access to primary healthcare and fewer general practitioners have contributed to increased demand in ED services.^{2–4}

The delivery of quality patient care in the ED is emerging as one of the most important service indicators to be measured in health services today. The emergency nurse practitioner (E-NP) model is the fastest growing NP model nationally with a 61% increase in the last three years.⁵ Emergency nurse practitioners have been viewed as one potential solution to address this increased demand and overcrowding in the ED and have been employed to improve service indicators such as access and efficiency, directly impacting on quality patient care.^{6–8}

A framework for measuring quality patient care in the ED was developed in 2011.⁹ The framework was formulated due to concerns that ED medical care was of varying quality and ill defined. The framework listed eight domains of quality patient care. The domains were defined as safe, effective, patient centred, timely, efficient and equitable health care to all patients. This concept has produced considerable debate within the literature,^{1,8,9} around the constructs of quality patient care in the ED. A universally accepted definition of quality patient care is not available as the notion is considered multi faceted and complex.¹⁰ Hence for the purposes of this review the domain referring to timely patient care will be examined. Patients, clinicians, administrators and policy makers use time performance indicators as a measure of service effectiveness and efficiency. Although, there is limited evidence on the effectiveness of E-NP on ED service outcomes and the quality of patient care. Therefore the purpose of this research is to evaluate E-NP service indicators as a measure of quality patient care. This descriptive exploratory review will:

1. Examine the demographic and clinical characteristics of the patient population.
2. Evaluate ED service indicators for this cohort including:
 - Waiting time.
 - Overall length of stay in the emergency department for both admitted and discharged patients.
 - Disposition diagnosis and destination.

Design

A descriptive exploratory design utilising a sampling frame of 12 months from 1st January 2011 to 31st December 2011 was used. All patients managed by the E-NPs during the study period were included in the review.

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