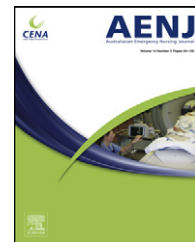




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DISCUSSION AND DEBATE

Revision and evaluation of an 'advanced' nursing role in an Australian emergency department

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Received 24 September 2010; received in revised form 28 February 2011; accepted 28 February 2011

KEYWORDS

Advanced Clinical Nurse;
Emergency nursing;
Advanced practice;
Extended nursing roles;
Implementation study;
Clinical Initiative Nurse;
Extended Practice Nurse

Summary

Background: Extended Practice Nurse roles have been initiated in various forms in many Australian Emergency Departments. Although common, evaluation of these roles is scarce in the literature.

Methods: A four phase practice development project was launched to review contemporary models of Extended Practice Nurse, revise an existing Extended Practice Nurse model called the Advanced Clinical Nurse (ACN), develop and standardise a supporting education and accreditation structure, and implement an evaluative framework for the revised ACN model.

Results: A standardised education and accreditation structure was implemented, an 8 h ACN rostered shift commenced, and a mixed method evaluative framework initiated. Compared to management without an ACN, where an ACN was involved, mean medical management time of limb injuries and mean total length of stay was 42 min and 48 min shorter, respectively. Mean time to analgesia by an ACN was 22 min. Improvement in satisfaction was documented within subacute and waiting room patients. Median 'time to treatment' by an ACN was 6 min.

Conclusions: Preliminary evaluation of the revised ACN model indicated practice benefits within early care delivery and patient flow. Continued standardisation of Extended Practice Nurse roles within New South Wales, Australia is necessary. The evaluative framework enabled greater understanding of this ACN role.

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Introduction

Emergency nursing in Australia has experienced a rapid increase in emergency nurse extended practice models of care during the past decade.¹ Innovations surrounding role introduction have occurred to meet contemporary challenges in providing timely and efficient emergency treatment.¹ Structured evaluation of an Extended Practice Nurse model is critical to ascertain if the role's objectives have been achieved. A four phase practice development project was launched to review contemporary models of Extended Practice Nurse, revise one existing model of Extended Practice Nurse called the Advanced Clinical Nurse (ACN), develop and standardise a supporting education and accreditation structure, and implement a framework to evaluate the revised model of care in relation to patient flow, care delivery, patient and staff experience.

Literature review

Search method

A search of the literature was completed to identify emergency Extended Practice Nurse models of care, education and credentialing practices, published evaluation, and to describe the term 'advanced practice' in nursing. Papers describing credentialed advanced roles such as the Australian Nurse Practitioner were excluded. The Cumulative Index for Nursing and Allied Health Literature (CINAHL), Medline and the New South Wales Health Intranet were searched by the key words 'advanced practice nurs*', 'Clinical Initiative Nurse*', 'CIN', 'advanced clinical nurse', 'extended practice*', 'extended nursing roles', 'extended practice nurs*'. No date restriction was placed. Papers were excluded if they did not address the review's purpose in the Australian context. Sixteen papers were suitable for inclusion after culling papers that did not address review criteria. The search strategy was designed to be inclusive, but the diversity of terminology applied to such roles posed a challenge. Variability in Extended Practice Nurse nomenclature may have resulted in failure to identify all relevant papers.

Extended Practice Nurse roles in emergency departments

In the Australian literature, various terms have been used to describe the model of nursing examined by this paper. For the sake of clarity, and to avoid confusion with other emergency nurse models of care, this paper will use the term 'Extended Practice Nurse' in reference to the target role. Examples of Australian ED nursing roles cited in the literature that fall within the scope of an Extended Practice Nurse role include those titled Clinical Initiatives Nurse (CIN), Advanced Clinical Nurse (ACN), Extended Practice Nurse and Advanced Emergency Nursing Practice (AENP). The Extended Practice Nurse role incorporates an extension of the core knowledge and skills of most Emergency Nurses.¹ Utilisation of extended knowledge and skills to initiate appropriate investigations, interventions and symptom management prior to medical review form the role's central

component. Protocols or 'advanced standing orders' support these extended practices^{2,3}; however, the Extended Practice Nurse is not autonomous, and cannot diagnose or discharge without medical review and input.² The term Extended Practice Nurse does not refer to the advanced practice roles of Emergency Nurse Practitioner, Transitional Emergency Nurse Practitioner, Clinical Nurse Consultant, Nurse Educator or Clinical Nurse Specialist as these roles have agreed scopes of practice other than or in addition to this.

Extended Practice Nurse: role implementation, education and accreditation

Literature describing Extended Practice Nurse roles within ED came predominantly from New South Wales, so the discussion that follows relates to the New South Wales experience. The first significant implementation phase entailed development of the CIN role. Created by the Emergency Nurses Advisory Group in 2002 as an advanced practice role within New South Wales EDs, the role focused on early assessment of patients awaiting medical review.^{1,4} It was designed to help meet key performance indicators (KPIs) for 'time to treatment', to provide the patient with information and education regarding their care and ED processes, review patients outside triage benchmark times, reduce rates of violence in emergency waiting rooms,² decrease anxiety and improve patient satisfaction by initiating appropriate investigations and interventions for patients awaiting medical review.^{2,4}

A draft scope of practice and guidelines were created by the Emergency Nurse Advisory Group, albeit their use in conjunction with the role was not compulsory.⁴ Selection criteria for appointees were not rigid, although the CIN draft guidelines stated they had been designed for use by an emergency Registered Nurse possessing appropriate knowledge and skills to complete the role.⁴ Most commonly, this was interpreted as a nurse already competent in triage.¹ Standardised education packages were not created to support the CIN guidelines, the responsibility for educational preparation being left to individual Area Health Services.⁴

Problems encountered during Extended Practice Nurse implementation

The implementation of Extended Practice Nurse roles has occurred with varied levels of success across New South Wales. Ambiguity over role definition has been identified as a significant hurdle for nurses working within an Extended Practice Nurse framework.⁵ Variability in Extended Practice Nurse models has been partly attributed to the speed of implementation and a concurrent need to meet local demands and resources.¹ Flexibility for New South Wales sites in interpretation of the role is enabled through a New South Wales Health policy directive that states any extension of practice outside that included in their curriculum of basic training, is a matter for the employer and individual professional to determine, limited only by statutory requirements.⁶ Between and within Area Health Services, Extended Practice Nurse curricula, education, credentialing practices and criteria for role eligibility differ significantly. As they have not been subject to external regulation, signif-

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