

# Position Statement

## Definition of an Emergency Service \*

### INTRODUCTION

Emergency Services which incorporate Emergency Departments (ED's) provide the community with emergency health services throughout the life span and across a range of disciplines. An ED is a unique practice setting dealing with unstable, undiagnosed patients[1]. The expectation of the community is that the services provided are of a high standard. The ED provides a range of services including preventative health care and education, as well as support to the broader community in disaster preparedness and response.

### POSITION

An ED is a discrete unit within a public or private Hospital or Health Service. An ED provides a service to people requiring a variety of emergency medical and nursing care ranging from resuscitation to non-urgent care. An ED must be able to deliver emergency health care services in a timely and appropriate manner, and may provide a range of services including retrieval services, preventative health care, health education, access to allied health, community based and acute care services.

The Australasian College for Emergency Medicine (ACEM) holds the position that "a hospital based emergency service must have facilities and functions greater than the minimum standard for 'Rural Emergency Service' Role Delineation in order to be considered an Emergency Department. Smaller or less well equipped services are not considered to be 'Emergency Departments', but may be considered to be hospital based emergency services in accordance with this policy." [2]

While Emergency Services are provided to communities across Australia, not all of these services are conducted within an Emergency Department. An Emergency Department must be capable of providing the following minimum services:

1. 24 hour access
2. Triage
3. Resuscitation
4. On site and timely care within ATS guidelines
5. Management to definitive care
6. Access to radiology and pathology services
7. Medical staffing suitable to service capability and role delineation [3]
8. Availability of a 24 hour nursing service
9. Referral pathway to specialty services
10. Facilities for admission transfer and discharge

### FUNCTION

The function of an Emergency Service is to assess, diagnose and manage sick and injured patients whose condition may be unstable. Patients are categorised according to acuity and urgency of need for clinical intervention. This process is recognised as emergency triage. The primary goal of the service is to provide initial resuscitation and/or stabilisation of the critically ill patient. Ongoing management may include a period of monitoring/observation and investigation, followed by admission to hospital or safe discharge to community or specialist services whilst some patients may require no further treatment.

The Emergency Department needs to be equipped and resourced to provide a disaster response to the community, and have suitably experienced and qualified staff to provide expert advice. An Emergency Department may provide medivac or retrieval services.

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\* Emergency Service refers to the discipline of Nursing, not pre-hospital care

An Emergency Department needs to engage in health promotion activities and advocate against risk taking behaviours within the local community.

## STAFFING - NURSING

An Emergency Department/Service has designated staffing based on minimum requirements to meet service capability. Emergency Departments who see a larger range of patients with a broader case mix will have a full time medical director with specialist qualifications, a number of emergency medicine specialists (FACEMs) and advanced training registrars, a Nurse Unit Manager, NUM or NM or equivalent, CNC, Clinical Educators, CN/CNS, experienced RNs, a high proportion with post graduate qualifications, and nursing staff of various levels - Endorsed Enrolled Nurse, (Div 2RN) and Assistants in Nursing or personal care assistants or equivalent. Smaller areas may have designated areas with visiting senior medical staff and on call nursing staff from inpatient areas that can provide emergency nursing care. The staffing will be sufficient to provide 24 hour/7 day a week cover. [4]

The staffing listed below specifically refers to nursing staffing.

Emergency Departments incorporate a variety of roles designed to meet the specific local demand, and the evidence based practice changes. These roles form part of a continuum from new Registered Nurses into an Emergency Department and Emergency Nurses to Advanced Practice Emergency Nurses and Nurse Practitioners. Enrolled Nurse and Assistant Nurse roles complement the registered nurse staffing within an ED, and these numbers should be small in relation to the RN workforce. An ED will have RNs and ENs with varying degrees of experience, training, skills and expertise. ED nursing staff requires ongoing education for professional development.

Recognised positions are incorporated into ED's and include:

1. Registered Nurse (Division 1 in Victoria). A nurse that is registered with the relevant Registering Authority.
2. Clinical Nurse Specialist (CNS) or Clinical Nurse (CN). Provides expert nursing care and is a role model and resource person for ED staff. A CNS practices at an advanced level. A CNS is involved in provision of education and policy development.
3. Clinical Nurse Consultant (CNC) A senior nurse clinician and consultant in an ED. Is an expert in emergency nursing, provides leadership, advice and recommendations on all aspects of emergency nursing, formulates policy and practice development, engages in education and research activities Provides clinical supervision to nursing staff.. The CNC practices at an advanced clinical level.
4. Clinical/Nurse Educator (CNE/NE). A senior nurse who leads and supports the nursing team through education and professional support. Is engaged in setting the education plan for the nursing staff in consultation with the clinical experts, CNC, and NUM.
5. Nurse Unit Manager (NUM)/Nurse Manager (NM). A senior nurse who leads the nursing team and engages in the management of human, physical, and financial resources of the ED. Manages the department from an operational perspective. A senior nurse, an expert in emergency nursing practice, who leads and manages a large team of nursing staff and possibly a number of non-nursing personnel. Is involved in strategic development, policy development, and planning for the ED.
6. Nurse Practitioner (NP). A senior nurse clinician who is recognised by the relevant Registering Authority as an expert in the field of emergency health care, who practices in accordance with relevant legislation. A NP practices at an advanced level utilising a repertoire of therapeutic responses, and decision making justified by the application of advanced knowledge. The NP is autonomous, independent and collaborative. A NP is responsible for leading and delivering nursing services at an expert level, health assessment, formulating a diagnosis/provisional diagnosis and a management plan. This management plan may involve a number of clinical practices including: prescribing pharmacologic/non-pharmacologic agents; requesting and interpreting diagnostic investigations; referral to specialists and other allied health professionals;

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clinical management for admission or discharge; counseling of individuals and families; and health education and promotion. The NP will provide clinical leadership, supervision and education to other nursing staff. [5-7]

7. Enrolled Nurse (EN); or Division 2 Nurse. A nurse that is enrolled on the register of the relevant Registering Authority. An EN works under the supervision and guidance of the RN. The ENs responsibilities may differ from state to state. EN's may perform assessments under direct supervision of an RN, take observations and engage in a number of clinical interventions depending upon the relevant EN scope of practice and competencies of the EN. Interventions may include, but are not limited to, haemodynamic observations, performing personal care; recording ECG's, obtaining simple intravenous access, and administering medications via oral, intramuscular or intravenous routes. The routes and schedule of drugs administered is dependant upon the relevant Registering Authority and local hospital/health service policy. The EN is not suitable to act in the role of Triage Nurse for instance. Triage is a dynamic process requiring split second decisions by a skilled clinician and as such it is not possible to delegate this role to anyone other than an experienced RN skilled in triage. The EN must not perform this role under either direct or indirect supervision.
8. An EN must not work as a solo clinician, alone or in isolation within an ED.

### **Primary Care/ Remote Area Service**

Defined as a single practitioner managing a specific client population  
RN available to triage 24 hrs a day  
Access to a medical officer for consultation

### **Rural Emergency Service**

Designated assessment and treatment area with resuscitation facilities Medical Officer available on site or on call.  
In larger facilities staffed by a designated emergency nurse.  
Designated Registered nursing staff available 24 hours a day for triage  
Designated NUM  
Nurse capable of leading in resuscitation in line with Australian Resuscitation Council Guidelines, and in transfer of the acute patient to a higher level facility  
Access to Nurse Educator

### **Metropolitan**

Designated resuscitation area  
Designated staff allocated to the resuscitation area  
Designated triage RN 24 hours a day  
Designated NUM  
Designated Team Leader/Shift Coordinator  
Emergency Nurse Educator and Clinical Facilitator support  
Access to Clinical Nurse Consultant as clinical expert  
Appropriate numbers of nursing staff to manage the patient acuity, presentations, and workload of emergency presentations and admitted patients remaining in the ED due to access block.  
Thirty to forty percent of staff with post graduate qualifications, or undertaking these, in emergency nursing or related fields

### **Major Referral**

Designated resuscitation area  
Designated staff allocated to the resuscitation area  
Designated triage RN 24 hours a day  
Designated NUM  
Designated Team Leader/Shift Coordinator  
Emergency Nurse Educator and Clinical Facilitator support

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Clinical Nurse Consultant as clinical expert

Access to a Nurse Researcher

Appropriate numbers of nursing staff to manage the patient acuity, presentations, and workload of emergency presentations and admitted patients remaining in the ED due to access block.

Forty to fifty percent of staff with post graduate qualifications, or undertaking these, in emergency nursing or related fields.

## QUALITY/AUDIT

There needs to be a process to audit and review operational and clinical outcomes. Performance indicators, as determined by relevant health authorities, must undergo continuous multidisciplinary review. A process of clinical review must also be part of the ED culture. This may be achieved via morbidity and mortality meetings and root cause analysis of sentinel events. [8]

## Role variation

Emergency Departments incorporate a variety of roles designed to meet the specific local demand, and the evidence based practice changes. These roles form part of a continuum from Advanced Practice Emergency Nurses and Nurse Practitioners, to roles of Assistant in Nursing and Enrolled Nurse roles in a variety of patient settings.

## References

1. CENA, *Standards for the Emergency Nurse Specialist*. 2008, CENA: Sydney.
2. ACEM, *Standard terminology*. 2001: Melbourne.
3. ACEM, *Statement on Emergency Department Role Delineation*. 2004: Melbourne.
4. CENZ, *Position Statement on Nursing Staff requirements in Emergency Departments*. 2006: Auckland.
5. AANP, *Standards of Practice for Nurse Practitioners*. 2007, AANP.
6. ANMC, *National Competency Standards for the Nurse Practitioner*. 2006, ANMC: Canberra.
7. NMB, *Nurse Practitioners*. 2006, Nursing and Midwives Board of NSW.
8. NSW Health, *the Clinician's Toolkit for Improving Patient Care*, Health, Editor. 2001: Sydney.

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