

ED Review Clinic: Bridging the Gap

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Background: EDs across Australia are increasingly challenged to meet rising patient demand for timely emergency care; prompting innovative changes in the way that clinical care is delivered, both through new models of care, and challenging traditional role boundaries. Current models of care have focused on streaming patients to appropriate care areas in ED, however no models of care exist in the adult ED setting for patients that have already entered into the medical system, but who have become 'lost' or encountered remedial delays. These patients are disproportionately represented in increased length of stay groups and poor outcomes.¹⁻³ At the same time, they are often patients that are amenable to rapid assessment, focused treatment and short-term management. In the UK, review clinics are a common feature within EDs for the purposes of re-evaluating certain sub-sets of ED discharged patients, and provide a safety net for junior staff.⁴ The incorporation of a nurse-led ED review clinic has not been explored within current Australasian emergency care practice.

Aim: To establish a review clinic to provide short-term healthcare management for patients with low risk differentiated conditions suitable for rapid discharge or unable to access a primary/community care provider (e.g. out-of-state or overseas visitors) but require review within 48hrs.

Method: Project implementation was guided by design-based implementation methodology. Evaluation utilised a mixed-methods research framework.

Results: Over a 12-month period (September 2012 to September 2013), 3372 patients with largely (ATS 4, n=1900; 56%) semi-urgent complaints were managed by the Extended Practice Nurse (EPN), and discharged within four hours (ED Review Clinic n=1375; 95%, fast-track patients n=260; 76%). The EPN was able to complete patient care for the majority (n=2765; 82%) of patients independently following discussion with the fast-track senior medical officer, with few cases (n=305; 18%) requiring changes to the EPN management plan or admission (n=36; 1%). NEAT performance improved (41% vs. 64%); fewer patients left ED prior to commencing/completing care (12.1% vs. 0.9%), fast-track waiting times (2.2h vs. 1.4h) and unplanned representations decreased (n=301; -56%). Patients (n=512) rated the level of access, quality of care, EPN professionalism and knowledge as above average (88-94%).

Conclusion: The addition of a nurse-led review clinic improved ED performance, patient flow and safety. Further, this project has provided a platform from which to support and build advanced nursing practice roles.

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