

Implementation of an emergency department model of patient care.

Tracey Millichamp¹, Kate Stock², Sarah Howarth³

¹Emergency Department, Logan Hospital, Cnr Armstrong & Loganlea Roads, Meadowbrook, Qld, 4131
Tracey.Millichamp@health.qld.gov.au

²Emergency Department, Logan Hospital, Cnr Armstrong & Loganlea Roads, Meadowbrook, Qld, 4131
Kate.Stock@health.qld.gov.au

³Patient Safety & Quality, Logan Hospital, Cnr Armstrong & Loganlea Roads, Meadowbrook, Qld, 4131
Sarah.Howarth@health.qld.gov.au

The international healthcare environment has undergone significant change in the last 20 years, most noticeably in the areas of budget constraints and registered nurse shortages. Various models of nursing care have been introduced in response to these particular challenges. The last decade has seen a decisive move away from traditional care delivery methods; total patient care, functional nursing and primary nursing to a variety of team-nursing models.

In April 2014, the Logan Hospital Emergency Department (LH ED) was utilising an inconsistent and ambiguous team-nursing model that could loosely be called *team leader tasking*. Contemporary evidence suggested that nurses working in *team leader tasking* teams were dissatisfied with skill mix, workload and availability of clinical advice, leading to a decrease in job satisfaction, decrease in patient safety and a decrease in quality of care. This lack of a robust framework for care delivery that supports nursing staff to provide safe, high quality patient care was identified as an urgent priority area for service improvement in the LH ED.

The authors developed a collaborative quality initiative to support the development and implementation of a hybrid model of team nursing. The aim of the project was to create a supportive transparent model of care that provides structure regardless of staff profile, business or other demands, improve workloads and promote individual responsibility and accountability for patient care.

A significant challenge within this quality initiative incorporated a relocation from the original 40 treatment-space LH ED to the newly built 80 treatment-space LH ED in October 2014.

Methodology

A mixed methodology was utilised including staff focus groups and pre and post implementation surveys incorporating quantitative and qualitative data.

Analysis

Two analytical methods were adopted. Quantitative data were analysed using IBM SPSS 22.1 software. Qualitative data were analysed using an emergent theme methodology.

Results

- There were 128 nursing personnel in the original LH ED prior to the implementation of the new model of care and 187 nursing personnel in the new LH ED at the post-implementation survey phase.
- A total of 55% (N = 71) of nursing personnel participated in the pre-implementation survey and 50% (N = 94) of nursing personnel participated in the post-implementation survey.
- 2 focus groups were held with a total of 15 participants overall.
- Participants in each aspect of the project were drawn from all occupational levels including Nursing Director of Medicine & Emergency, Nurse Manager, Clinical Nurse Consultants, Clinical Nurses, Registered Nurses, Enrolled Nurses, Assistants-In-Nursing.
- Some preliminary results indicate improved use of a consistent model of care; increased perception of support during a shift and an improvement in workload equity. Formal results and implications for nursing practice and further research will be presented at ICEN.

Conclusion

On the evidence thus far analysed, it appears that the project has achieved its aims.