ED nurses in the watch house: how and what makes it work

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Background: Approximately 50,000 patients nationally present to the Emergency Department (ED) via Police/ Correctional Services each year [1]. The proportion BIBP from watch houses is unknown. In response to several factors including coronial recommendations arising from deaths in custody [2], the increasing medical care requirement of prisoners whilst in custody (particularly the early stages), and concerns regarding the cost of Police waiting long times with prisoners in the ED who require medical care, a new model of care was trialled on the Gold Coast. The new model involved triage competent ED nurses covering late and night shifts in the local Police Watch House, supplementing domiciliary nurses so that a 24-hr nurse presence in the watch house was provided. The broad objective of the new model was to reduce the number of transfers to the ED whilst providing safe, considered and appropriate health care in the watch house.

Aim: To evaluate the structures and processes of introducing an Emergency Department Nurse in the local watch house.

Methods: As part of a larger mixed-methods evaluation, this component involved a qualitative evaluation of the structures and processes of the Watch House Emergency Nurse (WHEN) model of care. Semi-structured interviews were undertaken with 12 key stakeholders from the Emergency Department, Queensland Police Service and Queensland Ambulance Service. Interview data were transcribed, analysed and coded according to Bogdan and Biklan's [3] mid-range accounting scheme.

Findings: The WHEN model was described as requiring an advanced nursing role able to provide triage and assessment for prisoners in the watch house requiring health care. Key stakeholders indicated that important structural elements of the role were: triage competent registered nurses, space to undertake assessments, access to basic equipment (e.g. BSL machine, BP monitor), and clear guidelines outlining protocols that could be understood and followed by nurses and police. These factors facilitated the ability to communicate, assess, monitor and (where appropriate) continue the observation of the prisoner so they could remain in the watch house. Important process elements of the role were good communication skills, particularly between the ED nurse and the Forensic Medical Officer and the ED nurse and Police staff. Perceived benefits of the role were noted to include: improvement in patient safety (e.g. identifying prisoners at risk of deterioration), freeing up Police staff (especially if ED transfer was avoided), and improving inter-professional relationships between services (particularly ED – Police).

Conclusion: The WHEN model of care was deemed to be important to patient safety and the delivery of emergency care across three services: the emergency department, ambulance and Police. A review of quantitative data to identify the impact of the WHEN model on patient, health service and economic considerations is recommended.

References:

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