An ambulance offload nurse in the ED: How and what makes it work?

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Background: The number of patients presenting to Australian Emergency Departments (EDs) continues to increase over time. As a result of this increase, ED and hospital crowding is occurring more frequently and has been associated with poor patient and staff outcomes such as in-hospital mortality. Around 30% of ED patients arrive by ambulance, and delays in offloading ambulance arriving patients onto an ED stretcher has also been noted as a patient safety issue as ramped ambulances are not available to respond to the surrounding community [1,2]. In response to concerns regarding ambulance ramping, a review was undertaken within Queensland EDs [3]. Recommendations from this report instigated the implementation of an Emergency Department Ambulance Off-Load Nurse (EDAOLN) role, to improve flow and care delivery at the input stage for ambulance arriving patients in one ED in South East Queensland.

Aim: To evaluate the structures and processes of introducing an Emergency Department Ambulance Off-Load Nurse (EDAOLN) role.

Methods: A qualitative evaluation of the structures and processes of the EDAOLN role was undertaken as part of a larger mixed-methods evaluation. Semi-structured interviews with 6 key staff stakeholders from the ED and Queensland Ambulance Service (QAS) were undertaken. Interview data were transcribed, analysed and coded according to Bogdan and Biklan's [4] mid-range accounting scheme.

Findings: The EDAOLN role was described as an advanced nursing role able to provide focused rapid triage and assessment for patients arriving to the ED by ambulance and to commence initial meaningful treatment as required (such as X-rays, pathology, analgesia). Key stakeholders indicated that important structural elements of the role included space to care for select patients brought in by ambulance (BIBA) and access to equipment. These components facilitated the ability to offload some patients so that paramedics could respond back to the community. Important process elements of the role were good communication skills, particularly between paramedic staff and the triage nurse. Perceived benefits of the role were noted to include: Improvement in service delivery and patient safety (e.g. identifying 'sick' patients early, especially when ambulance ramping was occurring), clarification around responsibilities for patients during the transfer period, freeing up other staff, assisting with patient flow at the front end including earlier triage of patients BIBA, fewer 'traffic jams' at the front entrance by better coordination with other triage staff, ease of finding a bed for patients BIBA once EDAOLN cares were completed, and development of better direct relationships with the QAS staff so that the transfer process became a more coordinated process.

Conclusion: The EDAOLN role was deemed to be important to patient safety and service delivery, particularly at the input stage of the ED process. A review of quantitative data to identify the impact on health service delivery is recommended. In the study hospital the role was superseded by subsequent changes in client management and staffing changes.

References:

1. Hitchcock M, Crilly J, Gillespie B, Chaboyer W, Tippett V, Lind J. The effect of ambulance ramping on emergency department length of stay and in-patient mortality. *Aust. Emerg. Nurs. J.* 2010; **13**: 17-24.
2. Cooney DR, Millin MG, Carter A, Lawner BJ, Nable JV, Wallus HJ. Ambulance diversion and emergency department offload delay: resource document for the National Association of EMS Physicians position statement. *Prehosp. Emer. Care.* 2011; **15**: 555–61.
3. Metropolitan Emergency Department Access Initiative: A report on ambulance ramping in metropolitan hospitals. 2012. Queensland Government. [Cited June 2015.] Available at URL:

http://www.health.qld.gov.au/publications/medai-report/final_medai_report.pdf
4. Bogdan RC & Biklin SK.1992. *Qualitative research for education: an introduction to theory and methods.* Boston;Sydney: Allyn & Bacon.