Executive Summary

Recruiting and retaining an experienced critical care workforce has been identified as a significant issue across Australia in general and particularly in rural areas (NSW Rural Health Report, 2002). Within this context The National Review of Nursing and Nursing Education 2002 – Our Duty of Care (recommendation 14, p22) identifies a need for consistency and quality in the development and delivery of transition programs.

The purpose of a statewide ‘Transition to Emergency Department Nursing’ program is to achieve the following key goals:

- A focus on safe and quality driven essentials of emergency nursing care
- Standardisation of agreed nursing skills for emergency care
- Recognition and transferability of this skill set throughout the state
- A clinically based, hospital program specific to the emergency environment that will encourage and promote the recruitment and retention of nurses to this specialty.

These goals would be achieved through:

- A robust, accessible and appropriately resourced IT&M infrastructure to support E-Learning, Web based education, face to face and distance education modules and video streaming
- Development and implantation of and then ongoing expert review of standardised learning packages to support the novice emergency care nurse for the duration of the program

In addition, it is expected that such a program will be recognised as evidence of continuing professional development to support annual authority to practice certification by future National Nurses and Midwives Boards.

The suggested timeline for implementation would be from early 2008 with a project leader seconded for no longer than 6 months for a statewide roll out. Key Performance Indicators (KPIs) for the project would be through the measurement and evaluation of:

- Improved recruitment and retention of emergency nurses
- Reduced numbers reported in through the NSW Health Incident Information Management System (IIMS)
- Reduced numbers of complaints
- Increased job satisfaction for emergency nurses
Recommendations

In order to progress the development of a statewide Transition to Emergency Department Nursing Program the working party recommends;

1. A statewide Transition to Emergency Department Nursing Program is further developed, implemented and evaluated.

2. A program development committee consisting of ED Clinical Nurse Educator/Nurse Educator/Clinical Nurse Consultant is established.

3. The appointment of a statewide dedicated centralised coordinator who would oversee the development, implementation, facilitation and evaluation of the program. The coordinator will work in partnership with the Development Committee and would be responsible for;

   • Development of program documentation defining;
     o The model for learning and skill acquisition
     o Format and organisation of the program
     o Entry and exit requirements
     o Time frame
     o Opportunities for articulation with ongoing specialty study

   • Development of program modules
     o Self directed learning packages
     o Clinical competence assessment tools

   • Development of mechanisms for communication and sharing information between ED NUMs and Educators such as;
     o Website, email, newsletter
     o Meetings, face to face or videoconferencing

   • Identification of resources required to support the program
     o Access to Clinical Nurse Educator/Nurse Educator/Clinical Nurse Consultants
     o Provision of study leave for tutorials/workshops
     o Remote area needs – development of internet links/videoconferencing for tutorials
**Background**

Recruitment and retention of an experienced critical care workforce has been identified as a significant issue across Australia in general and particularly in rural areas (NSW Rural Health Report, 2002).

Within this context The National Review of Nursing and Nursing Education 2002 – Our Duty of Care (recommendation 14, p22) identifies a need for consistency and quality in the development and delivery of transition programs. This part of the recommendation and the establishment of transitional support for nurses have been supported by all Australian Health Ministers.

Development of a Statewide ED nursing transition program is envisaged to have a positive impact on recruitment, retention, career paths, and increased safety with increasingly qualified and well supported nursing staff.

In relation to critical care services in NSW a Transition to Intensive Care Unit (ICU) nursing group has developed and submitted a report with recommendations to the Chief Nursing Officer.

Registered Nurses (RNs) in the emergency setting require specialised knowledge and skills to safely and effectively care for their patients. Individual Emergency Departments have developed orientation or transition programs to provide a structure for the development of nursing practice to meet the standard of safe and effective care.

These programs are directed at the transitional needs of:
- New employees with little or no Emergency Department experience
- New employees with Emergency Department experience but without formal qualifications
- Experienced Nurses wishing to make a transition to Emergency Department nursing
- Nurses returning to the Emergency Department following an absence from nursing
- Individual nurse professional development

Whilst these programs may provide for the needs of individual Emergency Departments there is currently no formalised process for the sharing of information and experience across Emergency Services State-wide. There is the likelihood of considerable variability in content and outcome objectives across programs and a lack of equity for all nurses working in or wishing to work in Emergency Services in regard to access to these programs. Often individual nurse educators have to “reinvent the wheel” without the guidance of established standards or access to shared educational resources.

The NSW Chief Nursing Officer has undertaken to facilitate the development of a transition program to Emergency Department nursing that has the following features:

- An hospital based, clinically focussed introduction to Emergency Department nursing
- A Program of core theoretical and clinical components that will form the baseline competency development undertaken by all nurses commencing work in the Emergency Department.
The NSW Area Directors of Nursing and Midwifery approved nominated representatives of NSW ED nurses to the steering group and together with State-wide Critical Care Services and the Nursing and Midwifery Office, support the transition program concept. From within that body, a small working party was established to identify:

- The level of clinical competence / practice required to form the minimum outcome standard of the transition program.
- Educational objectives that will underpin this level of clinical practice and define the scope of the program.
- Individual clinical competencies to be achieved to provide the level of care defined by the outcome standard.

The Transition to ED Nursing Working Party

- Surveyed the resources currently available in NSW EDs with the distribution of the Educational Resources Survey Questionnaire to NUMs in all NSW public hospital Emergency Departments in April 2006.
- Prepared a document of definitions, educational objectives and competencies, recognising and including work from previous discussion groups, working party discussions and existing Emergency Department orientation / transition programs.

**Process**

In January 2006, the NSW Rural Critical Care Taskforce identified that a transition to ED program was a key component in regard to standardising education across the state. The NSW Chief Nursing Officer was approached and with support from the Nursing and Midwifery Office, a survey of educational resources and an expression of interest to be involved in the project were sent to all NSW Emergency Departments in April 2006. (Results of the survey are summarised in Appendix 1). A meeting of the 35 ED nurses from across the state that expressed interest in the Transition to Emergency Department nursing project took place in November of 2006 to decide on a way forward. From this group a core working party of 8 individuals was formed.

This working group has developed the program outline as a starting point and guide for the development of a Transition to Emergency Nursing Program for NSW.

**Program Outline**

**NB:** the following outline was developed by the core working group and reviewed by members of the steering group and is considered to be the starting point for the development of the transition program. The working group has also developed a more detailed list of competency requirements for each core competency area, which will be provided to the program development committee if and when one is appointed.

**Duration** - not more than 12 months

**Assessment of participants**

- Via competency assessment of individuals either clinical or simulated.
- Theoretical assessment via case presentation
- Pre and post test

**Program evaluation**

- Peer feedback
- Retention rates
- Complaints
- Participant evaluation
- IIMS
- Progression to further study in Emergency Nursing
ED Transition Target group

- Currently Registered as an RN with NSW NMB
  - Completed a first year transition program for new graduates or Re-Connect program or wishing to change clinical focus / career change
- NSW Health Role delineation 3-6 Emergency Departments
  - Emergency Departments servicing adult and paediatric patient groups.

Note:
The program may have components that may be applicable to other levels of nursing staff. However it is beyond the scope of this document to make recommendation for those groups.

Definitions.

Emergency Department
“The Emergency Department is the dedicated area in a hospital that is organised and administered to provide a high standard of Emergency care to those in the community who perceive the need for or are in need of acute or urgent care including hospital admission’ (Australasian College for Emergency Medicine, Policy Document – Standard Terminology, 2001)

Transition Program
Formal program of education and clinical support designed to facilitate the transition to Emergency nursing.

Transition
“The period of learning, adjustment and socialisation, when the nurse applies, consolidates and increases their existing knowledge, gaining competence (knowledge, skill, and attitude) that is applicable to the nursing practice of the clinical setting or patient population in which they are expected to perform” (Patterson K. Transition. What is it and what does it mean for nurses? N³ET Discussion Paper, 2005)

Participant Outcome standard
A Registered Nurse is able to move from a novice to an advanced beginner/competent Emergency Department Nurse able to provide safe and effective care for patients in the Emergency Department in line with Benner’s Stages of Clinical Competence (1984). (Appendix 2)

Competence
Competence is considered to have three components, educational outcomes (or knowledge) psychomotor skills and attitude/behaviours.
ED Transition Program Core Competency Statements

Note re Special populations
While not specifically mentioning the following population subsets within the following statements it is the intention that they will be included in the program when needed
- The Elderly
- Mental Health
- Neonates
- Oncology patients
- Care of the pregnant women in ED
- Paediatrics
- Toxicology
- Trauma patients

At the completion of the program the participant will be able to:

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<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Discuss the context of Emergency Department care within the health care continuum</td>
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<tr>
<td>2.</td>
<td>Assess the adequacy of a patient's airway including c-spine and provide safe and effective care to the patient</td>
</tr>
<tr>
<td>3.</td>
<td>Assess the adequacy of a patient's respiratory status and provide safe and effective care to the patient including respiratory and oxygenation support</td>
</tr>
<tr>
<td>4.</td>
<td>Assess the adequacy of a patient's cardiovascular, fluid and electrolyte status and provide safe and effective care to patients requiring non-invasive haemodynamic monitoring and cardiovascular support</td>
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<tr>
<td>5.</td>
<td>Assess the patient's gross neurological function and provide safe and effective care of patients with neurological dysfunction and/or disability</td>
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<tr>
<td>6.</td>
<td>Assess the patient's level of pain and plan safe and effective management</td>
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<tr>
<td>7.</td>
<td>Demonstrate performance of Emergency Nursing essentials</td>
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**ED Transition Program Core competencies**

1. **Context of Emergency care**

Discuss the context of Emergency Department (ED) care within the health care continuum.

Discuss the context of Emergency Department care in the prevention, diagnosis and management of acute and urgent aspects of illness/ injury affecting all age groups with a full spectrum of undifferentiated physical and behavioural disorders within the health care continuum.

To provide care to the emergency patient the participant must be familiar with the role of the Emergency Department together with the operational elements and principles that support the ideal patient journey through an ED. Competency extends beyond psychomotor skills to include the requisite knowledge base, interpersonal skills and attitudes.

The following outline of knowledge underpins the participant's ability to develop and expand both clinical and professional knowledge in Emergency nursing.

- Communication and appropriate escalation for clinical care
- Ideal Emergency Department patient journey
- Emergency Department key performance indicators.
- Models of Emergency care
- Australasian triage scale
- Preventing and responding effectively to difficult/ challenging behaviour
- Nursing in the Emergency environment

2. **Airway**

Assess the adequacy of a patient's airway including c-spine and provide safe and effective care to the patient

- Basic applied Anatomy and Physiology
- Recognition of compromised airway
- C-spine, assessment and management
- First line interventions
- Common presentations

3. **Breathing**

Assess the adequacy of a patient's respiratory status and provide safe and effective care to the patient including respiratory and oxygenation support

- Basic applied Anatomy and Physiology
- Recognition of normal breathing patterns
- Recognition of compromised/Distressed Breathing
- Oxygen therapy.
- Respiratory monitoring
- Adjunct therapies
- Common presentations
4. Circulation

Assess the adequacy of a patient’s cardiovascular, fluid and electrolyte status and provide safe and effective care to patients requiring non-invasive haemodynamic monitoring and cardiovascular support.

- Basic applied Anatomy and Physiology
- Recognition of normal and abnormal Cardiovascular status
- Cardiovascular assessment and monitoring
- Neurovascular assessment
- Recognition of Sinus rhythm and life threatening arrhythmias (VF, VT, asystole, PEA)
- Recognition of normal and abnormal 12 lead ECG
- Fluid therapies/ resuscitation, types of fluids used.
- Common presentations

5. Disability Neurology

Assess the patient’s gross neurological function and provide safe and effective care of patients with neurological dysfunction and/or disability.

- Basic applied Anatomy and Physiology
- Recognition of normal and abnormal neurological status
- Neurological assessment and monitoring
- Altered LOC
- Delirium/dementia
- Common presentations

6. Pain

Assess the patient’s level of pain and plan safe and effective management.

- Basic applied Anatomy and Physiology
- Classification of pain
- Assessment and monitoring
- Pharmacological and non-pharmacological management of pain

7. Emergency nursing essentials

The following Emergency Nursing skills are viewed as fundamental to the daily provision of care to the ED patient population. The development of the ED nurse is dependent on these core basic skills being effectively initiated. Many of these core skills are necessary to facilitate best practice in Emergency Department Models of Care such as Fast track zones and See & Treat models.

Demonstration of these core skills will be utilised as a quality indicator to measure ‘time to patient care’, which is evidenced through the NSW Health Triage Benchmarks.
Demonstrate performance of emergency nursing essentials

- Primary and secondary survey
- Focused history taking
- Recognition of the Sick Child
- Effective and appropriate documentation
- Fitting and education re Crutches
- Compression bandaging
- Splinting of limbs
- Ocular injuries/irrigation
- Jewellery removal
- Dental trauma
- First line burn management
- First line wound management
- Drug/ETOH assessment and management
- Legal requirements
- Safe disposition of patients including intra and inter-hospital transfers and retrievals
- Knowledge of Clinical guidelines issued by the DOH or branches such as Paediatric guidelines, ITIM guidelines, Rural Emergency clinical guidelines etc.

References


The National Review of Nursing and Nursing Education 2002 Our Duty of Care
Appendix 1

Outcomes of Survey

Transition to Emergency Nursing
Survey of Existing Education/Transition Programs and Resources- Results

A survey was formulated by the NSW Rural Emergency/Critical Care CNC Planning Group in order to gain an understanding of what types of Emergency Nursing Transition Programs are available in NSW, if any. This survey was distributed to the Nursing Unit Managers of all Emergency Departments (EDs) in NSW by the Nursing and Midwifery Office, NSW Health (139 Sites) in April 2006. A total of 34 surveys were received and collated; of these, 17 were from rural sites, and 17 from metropolitan (including 2 Paediatric Emergency Departments). The results of the survey are only reflective of the sites that provided feedback, as the response rate was 24%.

The role delineation of the respondent sites was from Level 2 up to Level 6 Emergency Departments. Some sites did not provide their role delineation. Most of these sites provide Emergency care across the entire life span; only 2 were specifically Paediatric EDs.

65% of rural sites have a nursing position that is responsible for education in EDs. 94% of metropolitan sites have a nursing position that is responsible for education in EDs.

Not all of the rural respondents indicated the award classification of the nursing position responsible for education in their ED. Of those who did respond, 18% had cluster or area based CNC or NE or CNE or CNS responsible for their education; 6% was a CNE that was hospital based; 6% was the NUM; and others had a combination of some or all of the following: RN, CNS, or NUM.
24% of the metropolitan sites have a CNE responsible for the education in their ED; 41% had both a CNE and a CNC; 18% had a NE; 6% CNC and NE; and 6% a CNC. 6% of sites did not respond.

The nursing position responsible for education in these EDs is supernumery in 35% of rural sites, and 82% of metropolitan sites.

The FTEs in these positions ranged from 0.2-1 in rural sites, and 1-2 in metropolitan sites.
The ED orientation/transitional education support program is delivered by the NUM/NM in 18% of rural sites; 6% of sites by the Area CNC; by the CNE in 18%; and by a mixture of RN, CNS, CNE, NUM, CNC in 47% of rural sites.
The ED orientation/transitional education support program is delivered by the CNE/NE in 47% of metropolitan sites; by a CNS in 6% of sites; a NUM in 6%; and a mixture of nursing staff in 41% of metropolitan sites.

The coordination of the ED orientation/transitional education support program is performed by the NUM/NM in 35% of rural sites; by the CNE/NE in 18%; by the Area CNC in 12%; and by a mixture of nursing staff in 35% of rural sites.
The coordination of the ED orientation/transitional education support program is performed by the NUM in 6% of metropolitan sites; by a mixture of staff in 47% of sites; by the CNE/NE in 29%; by the CNC in 12% of metropolitan sites.

The ongoing education of staff in the ED is the responsibility of the NUM/NM in 18% of rural sites; the Area CNC in 6% of sites; an RN in 6%; the CNE/NE in 24% and is the responsibility of a mixture of staff in 41% of rural sites.
The ongoing education of staff in the ED is the responsibility of the CNE/NE in 18% of metropolitan sites; the CNS in 6%, and the responsibility of a mixture of staff in 76% of metropolitan sites.

“Safe and effective” nursing care by nursing staff new to the ED is reportedly ensured by a variety of methods. These methods included:

**Rural sites:**
- First Line Emergency Care Course (FLECC);
- Supervision;
- Supernumery time;
- Competency based education;
- Mentoring;
- Orientation packages;
- Incident monitoring;
- Audits;
- In-services;
- Self-directed learning packages;
- Competencies.

**Metropolitan sites:**
- Clinical pathways;
- Incident monitoring;
- CNE support;
- Supernumery time;
- Orientation;
- Competency assessments;
- Clinical ladders;
- BLS and ALS training;
- Clinical review;
- Preceptorship;
- Learning packages;
- E-learning;
- Triage audits;
- Paediatric Advanced Life Support;
- Venepuncture and cannulation training;
- Workbooks for triage and resuscitation;
- Simulated education;
- Complaints monitoring;
- Multidisciplinary morbidity and mortality reviews;
- Documentation audits; structured orientation program.

Unit orientation is available to all new staff in 94% of the rural sites, and in 100% of the metropolitan sites.

Continuing educational support is available to all new staff in 82% of the rural sites, and in 100% of the metropolitan sites.

Ongoing competency development is available to all new staff in 71% of the rural sites, and in 100% of the metropolitan sites.
None of the rural respondents had a formal transition/extended orientation program. Some sites have supernumery time and then the Nurse is rostered on duty with a FLECC or experienced staff member where possible for a short period of time.

The metropolitan sites had a variety of programs available, ranging from preceptorship, 2 day workshops, clinical ladders, and supernumery time. Only one metropolitan ED had a 2 year program available. The length of these programs ranged from 2 days to 2 years. Supernumery time for staff in rural sites ranged from 1 shift to 10 days, while it ranged from 1-7 days in metropolitan sites.

A certificate on completion of the program was provided to the staff member at 24% of the rural sites, and 24% of the metropolitan sites.

Assessment tools are available in 53% of rural sites and in 82% of metropolitan sites. Learning packages are available in 53% of rural sites and in 94% of metropolitan sites. Competency assessments are available in 65% of rural sites and in 94% of metropolitan sites.

Staff members are assigned a mentor/preceptor in 53% of rural sites, and in 76% of metropolitan sites.

Postgraduate Emergency courses available to staff:

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<tr>
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<th>Hospital based</th>
<th>College of Nursing</th>
<th>University</th>
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<tbody>
<tr>
<td>Rural</td>
<td>29%</td>
<td>94%</td>
<td>47%</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>47%</td>
<td>94%</td>
<td>71%</td>
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88% of the rural sites and 41% of the metropolitan sites think that Emergency orientation/transition programs should be integrated with postgraduate specialty education programs.

Distance education resources available to emergency nursing staff:

<table>
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<tr>
<th></th>
<th>Videoconferencing</th>
<th>Internet</th>
<th>Intranet</th>
<th>Teleconference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>71% + 6% have one off site</td>
<td>76%</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>12%</td>
<td>71%</td>
<td>82%</td>
<td>41%</td>
</tr>
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</table>

A tutorial room for teaching is available in 71% of rural sites; 18% have a tea room or conference room which is/can be used for teaching, and 6% has a room in an external building that can be used for teaching. 76% of metropolitan sites have a tutorial room, plus 6% has a tea room that can be utilised, and another 6% have a room in another part of the hospital that can be utilised.

Access to a librarian/library and current critical care texts/journals is available in 82% of rural sites (this includes sites where the library is some kilometres away at the Base Hospital). 100% of metropolitan sites have access, 6% of these does not have on-site access.
DEVELOPMENT PATHWAY FOR CRITICAL CARE NURSING.
(Benner 1984 / Osmond 2005)

Principles:
- Time/duration: individual
- Maintain/evidence of ongoing competence

Activities may involve any of the following:
- Orientation Program
- Introductory programs (e.g., Orientation to Crit Care/Periop/Specialty) can be competency-based, does not necessarily articulate with Higher degrees
- Formal postgraduate study
- Moving towards proficient practice roles/specialisation of practice
- Working towards or has completed Masters degree
- Moving towards expert practice roles