The background of the slide is a blurred image of the United States flag, showing the stars and stripes in shades of red, white, and blue.

Small steps on a long pathway:
Development of minor injury care
pathway in the Emergency
Department

Marie Press CNM ED
Doug King Lead CNS (MI)

Hutt Valley DHB

- 250 bed Level 4 Tertiary facility
- Specialist Plastics Hospital lower half Nth Island / Upper half Sth Island
- 30 kms from L6 Tertiary facility
- Catchment area Hutt Valley multicultural clients
- ED sees 40,000 annually
 - Increasing ~ 3.1% per annum

And home of the.....



And the Tri-Nations
Trophy

The patient was waiting...

- ED Overcrowding
- Increasing acuity
- Long waits small procedures
- Patient dissatisfaction
- DNW's ~ 12 – 15%
- Nursing staff feeling powerless

The Concept

Accredited experienced senior ED nurses independently assess, treat, discharge, arrange follow up and/or refer to other health care colleagues patients who present with minor injuries



The Development Early Stages

- Proposals presented 2000: Board, ED Snrs, ACC, MoH
- Objective self-needs analysis undertaken to identify areas of strength /requiring refinement
- Development of education package, organisational accreditation
- Senior medical oversight

A Plan was hatched

- 6 month Pilot Study (2001) 'Nurse TrackTM'
- Senior Staff designated to undertake Nurse TrackTM
- Nurses to see pts separate from Doctors
- Mainly wounds, wrists, ankles to start with
- Self directed learning and training
- No dedicated space
- Dr's reviewed care, ordered X-rays

The training begins



Nurse Track™

- 2005 Appointment of PCN (ENP from UK)
 - Appointed CNS role Oct 2006
- Designated Role – wider scope of practice
- Internal Training/Development to include other ED staff who pursue activities of NT™
- New CHOED supportive



CNS(MI)

- 2007 Employed CNS/PCN
- Official Start Dec 14 2007
- Work within confinements of ED
- Room availability limited – 4.2% presentations ED
 - Mean Triage to Discharge $\sim 105 \pm 5$ min
- Seen and sent for other investigations
 - Need to get Dr's to sign for X-Rays
 - If room free can be utilised by other services/staff
- Ongoing NTTM / CNS training

We have a space



A designated area

- Remodification of internal environment
- Authorised to request X-rays
- Staff expansion to 2.6 FTE
- 7 day service
- Seeing 8.6% of presentations to ED
 - Mean Triage to Discharge $\sim 95 \pm 5$ min
- Continued NTTM / CNS training

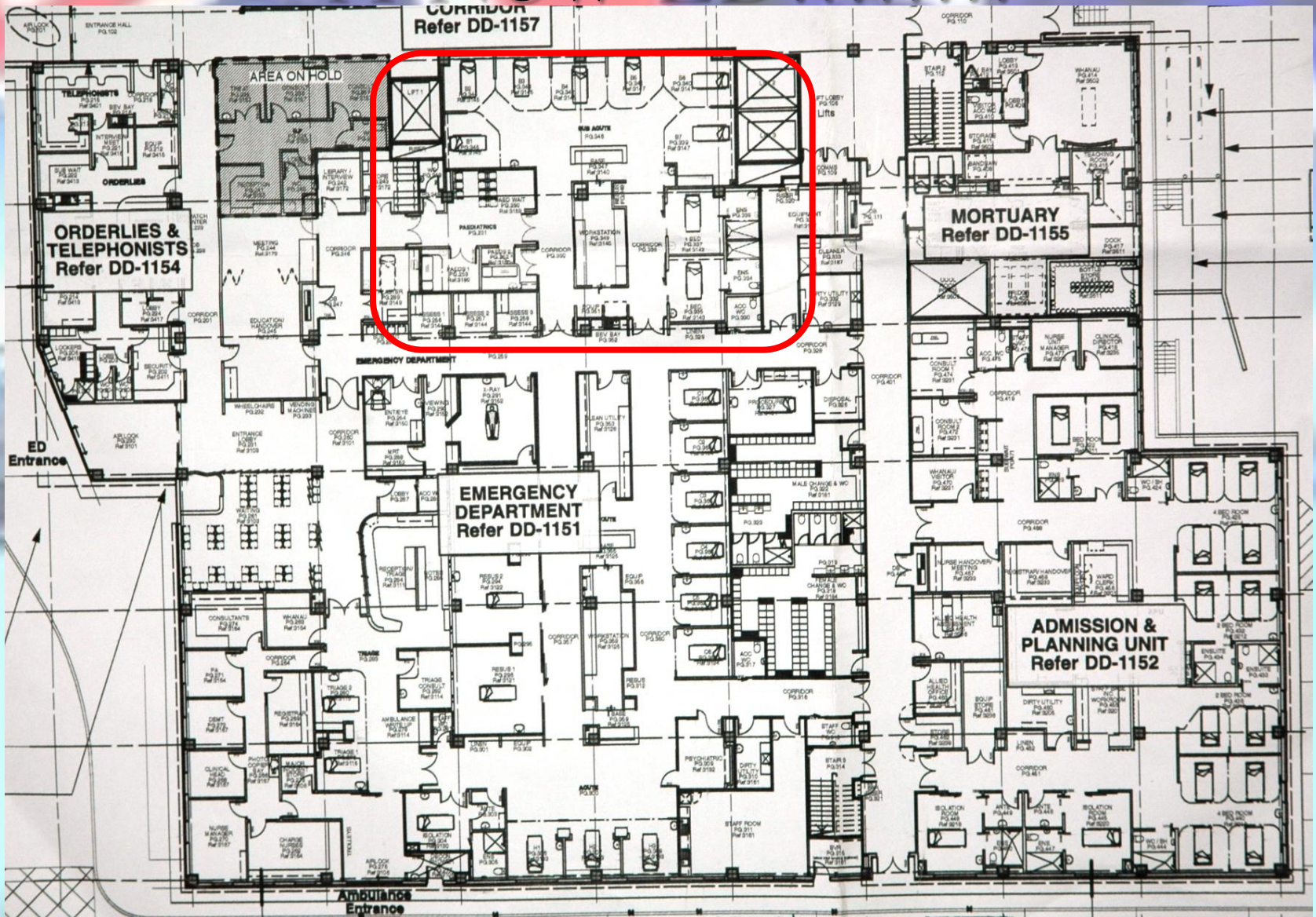
The Minors Clinic



The path ahead.....

- Currently 14.7% presentations to ED
 - Mean Triage to Discharge time now 49 ± 3 mins
- DNW less than 9%
- Potential to see 25% presentations to ED
- Physiotherapist's in the Minors team
 - Soft tissue Injury Clinic
 - Integrated Rehabilitation Program
- Expanding to Minor Illness with Dr
- Expansion of skills and roles of CNS(MI)

A New ED!!!!!!!



Other Considerations

- Space, time and availability
- Whole pt care process – time
- Life has priority (Acute side)
- Review / Supervision
- Development inter-service communication
 - Rotation of specialities
- Seen as elitist
- Limited Prescribing for CNS(MI) staff

And we hold this too...

