

Clinical Nurse Consultant in the Emergency Department

Multifaceted and Evolving

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Bendigo Health



Bendigo Health. . .

- A proud part of the community*
- Provider of a broad range of specialist services*
- Supports regional health care initiatives*
- Leads regional education and research*
- Largest employer in the region*



Bendigo Health ED

Staff Matrix

32 Medical Officers

56 Nurses

5 Critical Care Students

2 Nurse Practitioners

1 Clinical Nurse Consultant



History

- ❖ An ageing nursing population
- ❖ Above average attrition of nursing staff in a short time frame
- ❖ Difficulty in recruiting and retaining skilled staff in a regional Emergency Department

**Result: a less skilled
Emergency nursing workforce!**

Increased Demand for Services

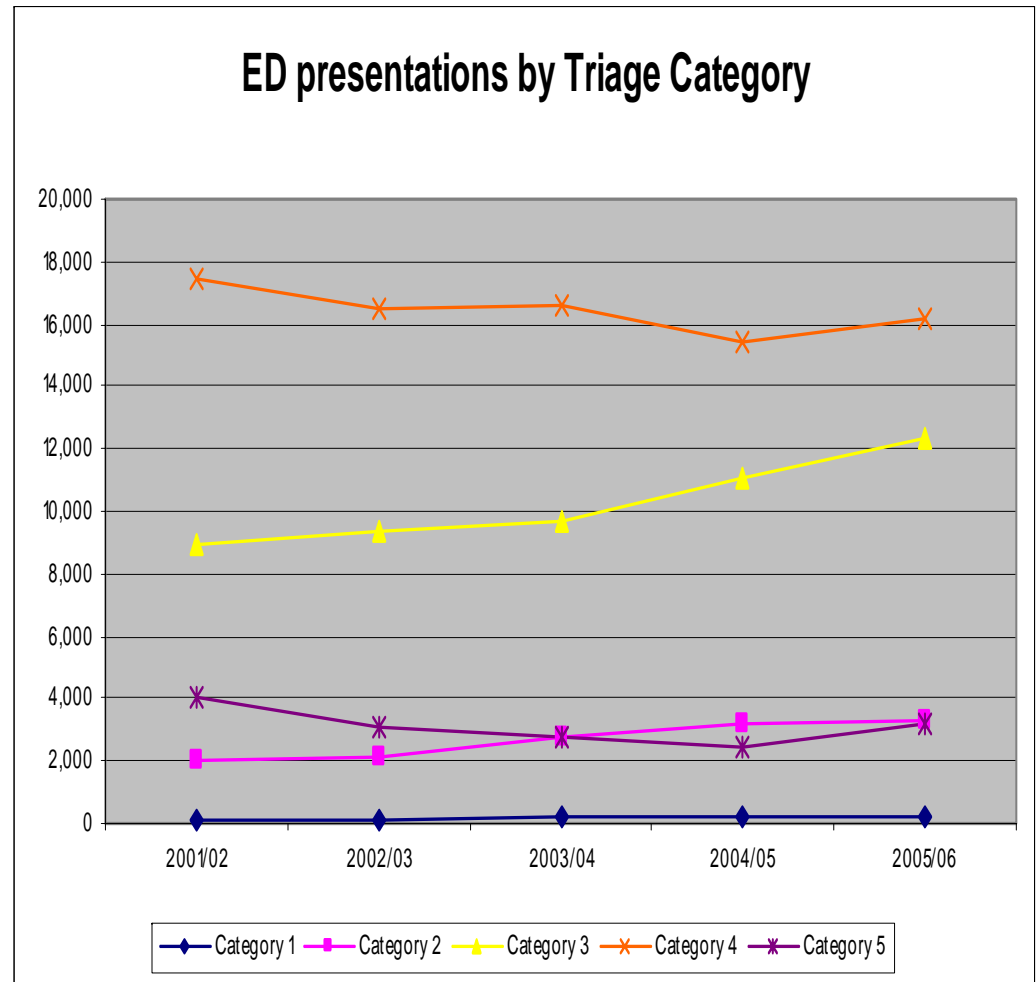
2004 - 2005 32,449 pts

2005 - 2006 35,127 pts

2006 - 2007 39,144 pts

7.5% increase in acuity of patients (Cat.1 and 2.)

Presentations projected to rise 4 - 5% annually



What To Do ?



What To Do ?

Funding was obtained through the Victorian Department of Human Services Better Skills Best Care program

Clinical Nurse Consultant position in Emergency was developed for a six month trial period

What Is A “CNC”?

- ***A Change Agent***
- *An educator*
- *Identifies knowledge deficits of nursing staff at all levels*
- *Empowers staff to take control of their professional development*
- *Identifies Emergency process constraint and provides access to available resources*
- *Assists Business Unit Manager*

Teaching

- Mentoring
- Nurturing
- Applying the principles of adult learning
- Providing a one to one learning environment
- Assisting with provision of patient care
- Building knowledge by relating physical presentation, symptoms, & pathological process
- Building understanding of the principles of invasive and non invasive investigation and treatment
- Increasing knowledge and skill, and enabling appropriate nursing care in a collaborative team environment

Professional Development

Using a professional development review type reporting process the CNC set's...

- ✓ Agreed objectives
- ✓ Provides clear review timelines for those objectives
- ✓ The CNC may also facilitate direction to existing available resources such as education programs, conferences or higher education opportunity
- ✓ Assist individuals to visualise their professional future

Leadership

The CNC assists the Business Unit Manager in areas of

- Clinical governance
- Clinical leadership
- Motivating staff to take ownership of **their** emergency department
- Mentoring senior staff to take on and develop in leadership roles
- Facilitating succession planning

Analysis & Planning

- Collect and analyse data
- Identify gaps in care provision
- Identify hurdles to provision of timely pt. care

Analysis & Planning

Where resources do not exist, the CNC will liaise with health professionals from other disciplines to assist with developing and delivering programmes to increase knowledge and skill

Example Oncology study day, focussing on venous access device management

Analysis & Planning

The CNC analyses, researches & develops...

- Nurse initiated X-ray
- Plaster of Paris application education
- Nurse initiated Plaster of Paris review
- Introduction of nitrous oxide analgesia

Analysis & Planning

The CNC identifies, & problem solves...

1. Analysis showed process constraints at triage
2. Triage nurse “fast-tracking” identified as possible way to alleviate pt waiting times
3. Data collection supports nurse initiated fast tracking at triage

Analysis & Planning

- ❖ Assesses available programs for use within the department
- ❖ Tie in with state / national initiatives
- ❖ Disseminate information & educate
- ❖ Introduction of & education re: pilot programme for Nurse on Call
- ❖ Introduction of & education re: Non-occupational Post Exposure Prophylaxis service

Food for the Professional

- A need was identified for regular in-house teaching
- “By ED for ED”
- A regular ½ day of teaching/week was promoted
- All staff encouraged to attend & present
- Time in Leiu offered
- CNE points

Lessons Learnt

- Support during role development from existing resources
- Suspicion: “If your working with me, I must be bad!!”
- Lack of understanding: “Aren’t you just an educator?”
- Acceptance, that as a new role it will continue to develop and create new boundaries

Questions

