

# Emergency Department Navigator Role



This section has been prepared based on information kindly provided by members of the Sydney Children's Hospital Network and provides an example of how a Navigator role can function.

A Navigator role aims to help facilitate the patient journey through the Emergency Department (ED) to ensure that it is as efficient and timely as possible, taking action when this is not the case. The role also aims to support staff delivering care in the department.

There has been criticism of navigator roles for being too over zealous or intimidating. It is therefore crucial to ensure that the person in the role has excellent communications skills, works alongside the whole hospital and that the functions and aims of the role are carefully defined to meet the local needs, which vary from facility to facility.

## 1. Key functions

- Provide clinical leadership to nursing, medical and allied health staff to enhance patient journeys through the ED.
- Display excellent interpersonal and leadership skills.
- Understand the way the ED works operationally and the ED patient journey. Guide and support staff in delivering appropriate patient care and service delivery.
- Support staff and look at resources available, including at a hospital wide level.
- Liaise with patient flow team via ED senior staff.
- Identify transfers in or direct admissions and redirect to the ward within a predetermined time if accepted by team.
- Facilitation and utilisation of allocated resources to ensure efficient flow.
- Early identification and recognition of patients for admission and collaborate in their care using an appropriate model of care. There are multiple models of care that support early recognition such as the Safe-T Zone.
- Use the Medical Assessment Unit (MAU), Short Stay Units (SAU) and Emergency Medical Units (EMU) appropriately and coordinate with the relevant manager.
- Identify areas in crisis (where there is overcrowding, surge activity or severe access block) and respond appropriately according to local escalation plans.
- Use effective change management strategies to improve patient journeys engaging appropriate clinicians.
- Commit to enhancing the extended skills of nurses working in the ED.
- Review patient journeys looking at strategies for improvement with particular emphasis on what went well and what could have been done better.

- Act as the patient advocate so that the patient's care progresses. When care is complete, expedite the patient's discharge.
- Work closely with the Nurse Unit Managers (NUMs)/Team Leaders/Clinical Coordinators in identifying patients that are close to breaching or that have breached. Identify the reason for the delay and work with the team to create an action plan to ensure appropriate patient care.

## 2. Tips to implement the role successfully

### Overall

- **Assessment** – Data needs to be collected prior to the introduction to assess if there is a need for change and reflect on existing department performance data. If demand continues to rise and access to inpatient beds is reduced, this role can significantly improve patient flow.
- **Planning** – The role needs to improve patient flow through the ED and aim to meet KPI benchmarks. The delivery of safe clinical care of the highest quality remains the most important component. Planning needs to take place to identify the ways in which the role will address these issues, depending on the local circumstances.
- **Implementation** – The plan should be put into action by educating people on the role and what is required of each staff member and people involved. Change management strategies should be used.
- **Evaluation** – The role needs to be monitored using the planned criteria, evaluated against the original role description criteria and reviewed to determine if it has been effective.

### Key actions

- Inform key stakeholders about the roll out of the role – including doctors, nurses, hospital NUMs, clerical staff, and ward staff.
- Inform all staff within the ED about what is happening. Reiterate that clinical management should be attended to first.
- Support staff in the change process ensuring proactive communication.
- Support the NUMs/Team Leaders/Clinical Coordinators in entering data accurately.
- Ensure documentation of the delay reason, reinforcing the importance of this.
- Review existing work flows for clerical processes, identifying more efficient processes for admission or discharge to assist with patient flow.
- Review patient journeys and have conversations with staff regarding the change and if it has been effective.
- Undertake a staff survey to evaluate the process, obtain thoughts on the implementation and what could be done better or differently.

- Undertake patient surveys to ascertain if it has improved patient experience, This can be done through a variety of ways depending on the facility.
- Ensure that quality of care is maintained e.g. through audits, monitoring incidents and adverse events, use of guidelines, return visits etc.