

Nurse Delegated Emergency Care Quality Improvement Audit Guidelines

Introduction

The Emergency Care Institute's (ECI) Nurse Delegated Emergency Care (NDEC) model empowers Registered Nurses (RNs) to manage low risk / low acuity patients presenting to rural and remote Emergency Departments (EDs). Patient care is provided through a delegation model. Local medical officers delegate care responsibility to accredited RNs, authorising them to provide basic nursing care and symptom management within the RN scope of practice.

There are several essential RN skills that are critical to the safety of NDEC. These include appropriate patient assessment, compliance with the Australasian Triage Scale (ATS), documentation and discharge practices.

This audit regime is a quality improvement activity within the scope of quality activities under the clinical profile of the Australasian College for Emergency Medicine Quality Framework for Emergency Departments¹.

Purpose

The NDEC auditing regime has the following objectives:

- to provide a snapshot evaluation of RN practices relevant to NDEC
- to ensure the quality and safety of the model
- to promote and enable learning and improvement in a safe environment

Method

Clinical Practice audits will take place:

1. **Pre-implementation** (or prior to an RN completing NDEC accreditation)
AND
2. **Post-implementation** –
 - a) monthly for the first 3 months post-implementation (or subsequent to an RN completing NDEC-accreditation), and;
 - b) every 6 months thereafter

The *auditing period will be the first week of the previous month* (for example, if it is currently August, the audit period is the first week of July).

Select *10 - 20 sequential files* from the auditing period where a patient received an *ATS of 4 or 5* and had a disposition registered as *discharged from ED*.

The auditor should be a different RN from the clinicians who originally cared for the patient.

Assess each file for compliance with the following (the ECI provides a data entry template for collation). The expected compliance rate is 80%.

- * Patient demographics

¹ http://www.acem.org.au/media/P28_v03_Quality_Framework_for_EDs.pdf

- * Arrival date and time
- * Time to triage
- * Nursing history and assessment
- * Minimum of 2 sets of observations including full “general” observations and relevant specific observations
- * ATS category allocation
- * Was the ATS category allocation agreed by the auditor
- * Correct use of Clinical Practice Guideline (where available)
- * Medications administered and documented appropriately
- * Discharge process documented including provision of discharge letter and follow-up instructions
- * Possible suitable candidate for NDEC

Data is to be entered into the **Excel Data Collection Template** provided by the ECI. This data represents a quality improvement activity of the ECI, as part of the Agency for Clinical Innovation. Once completed, the de-identified data file is to be returned to the ECI for collation.

To assist in local data management, an **Audit Tracking Master Template** is available from the ECI to assist auditor/s track specific patient medical records. *This document must not be forwarded to the ECI* as it contains patient details. It is to be retained within the LHD and be kept in lockable storage or a secure access area when not in use as per the Privacy Manual for Health Information (<http://www.health.nsw.gov.au/policies/manuals/Pages/privacy-manual-for-health-information.aspx>) and associated privacy legislation.

Results

Pooled, de-identified data will be collated by the ECI, and results provided to individual sites. No information identifying individual patients or clinicians will be collected or stored by the ECI.

Locally, the results will be used by the site to assess the department’s “readiness” for NDEC implementation and highlight any practice improvement/s that need to be addressed. The results will also provide a baseline dataset for comparison once NDEC has been implemented. The auditing process and results will be used for quality projects not directly related to NDEC up to, and including the Australian Council on Healthcare Standards hospital accreditation processes.

Unsatisfactory Audit Results

When an audit highlights opportunities for improvement, education and guidance should be provided, targeting the relevant clinical material. The mode and format of this can be determined locally.

In the event that an audit reveals practice that is unsafe and/or outside the scope of NDEC the following action is recommended:

1. The results should be communicated to the RN involved.
2. Consider suspending or revoking the RN’s NDEC accreditation – either for the relevant Nurse Management Guideline (if applicable) or for the entire model. The NDEC education and accreditation process will need to recommence from the beginning at the discretion of the local management and medical officer.