FREQUENTLY ASKED QUESTIONS

Nurse Delegated Emergency Care

Emergency Care Institute NSW

Nurse Delegated Emergency Care (NDEC) is designed to provide timely, quality care for patients presenting to EDs in rural and remote areas with less-urgent conditions. Under this model the care of these patients is delegated by the facility's Medical Officer/s to specially trained and credentialed registered nurses. In a defined range of patient care episodes, NDEC-accredited nurses are authorised to undertake assessment, investigation, intervention and discharge, following detailed protocols and guidelines.

Common Questions Asked by Stakeholders

Why was the Nurse Delegated Emergency Care model created?

The *Nurse Delegated Emergency Care* (NDEC)[1] model was created to address increasing strain on an individual GP in a small rural community. The GP covered the ED 24 / 7 and required some sort of relief. With the aid of a multidisciplinary group, the local clinicians developed this Model of Care. It has since been adapted for state-wide use.

Is NDEC safe?

NDEC is designed to address the most common less-urgent ED presentations. It has robust clinical governance and education frameworks and many safety mechanisms built in, including strict exclusion criteria.

In the LHD where NDEC was piloted, thousands of patients were cared for using the Nursing Management Guidelines and the Standing Orders, over 4 years. To date, when NDEC has been appropriately used, no

[1] Previously the *Walcha Multi-Purpose Service Emergency Model of Care*

adverse events have been recorded. Community and staff satisfaction has consistently been rated very highly. A formal external review of the model was positive, while suggesting improvements which have since been incorporated into the model.

What governance arrangements are in place?

NDEC sites need to meet certain requirements to be endorsed by the ECI to support implementation. It may only be only implemented with express support and cooperation from the facility's Medical Officer/s, HSM/NUM and LHD executive. Medical leads need to sign off on each NDEC occasion of service and administration of Medication Standing Orders. The key clinical elements of NDEC, i.e. the Nurse Management Guidelines and Medication Standing Orders also require LHD endorsement. To assist with this process, these two documents have been published on the NSW Health Policy Distribution System:

- PD2015_024 - Standing Orders for the Supply or Administration of Medication under the NDEC Model; and
- GL2017_009 - Nurse Delegated Emergency Care Nurse Management Guidelines

Does NDEC put RNs at risk professionally if there's an adverse event?

No. Under this model LHDs are essential signatories and care is delegated to accredited NDEC RNs by medical officer/s. Therefore the responsibility for patient care remains with the delegating medical officer and the health service. They authorise NDEC RNs to care for NDEC patients in accordance with the protocols. So as long as the model is being used appropriately, NDEC RNs are protected against professional risk.

When can NDEC be used?

This is a decision that needs to be made by the implementation team, local medical officer/s, executive and LHD executive. NDEC generally functions in one of three ways: either a 24/7 model, an out-of-hours model or during a Critical Operations Standard Operating Procedure (COSOP – when no medical coverage is available).

Why do we need NDEC? Isn't this already happening in most EDs?

Anecdotal reports suggest nurses in rural and remote settings sometimes stretch the boundaries of nursing care. This practice, while well-intentioned, can leave nurses vulnerable to adverse professional conduct findings. NDEC provides a framework that allows nurses to provide basic nursing care within the boundaries of national registration and competency frameworks, NSW MoH and LHD endorsed processes.

Can all patients be treated under NDEC?

No. NDEC has been designed for less-urgent patient presentations. For a patient to be eligible for care under NDEC they must have a triage category 4 or 5, have a presenting problem that links to a Nursing Management Guideline and have no red flag (higher risk) exclusion criteria.

Can I use the Standing Orders for patients not managed under NDEC?

No. Standing Orders are only approved for use within NDEC. They cannot be used outside of NDEC. However, it is likely that other standing orders, pathways and / or nurse initiated medication protocols exist at specific sites that are ratified by a LHD or the NSW MoH. NDEC does not replace these other mechanisms.

Do nurses require any special training?

Yes. NDEC contains an extensive education and competency assessment framework. E-Learning modules are available here and generally face-to-face education is coordinated locally. The education and accreditation framework aims to train nurses in NDEC and revise necessary nursing skills to assist in NDEC

credentialing. A nurse needs to be deemed suitable to commence NDEC training by an appropriate manager. A senior nurse with extensive ED experience will coordinate the training, complete competency assessments and document the credentialing process.

Does NDEC extend a Registered Nurse's scope of practice?

No. NDEC is within their scope of practice. NDEC deals with symptom recognition and symptom management. This is core nursing care. The delegated care concept allows nurses to discharge patients with planned follow-up GP review.

Do nurses need to complete the First Line Emergency Care Course (FLECC)?

No. There is some basic prerequisite training including NSW MoH *Between the Fla*gs, *DETECT* and *DETECT Junior* programs, Paediatric Clinical Practice Guidelines and the *Emergency Triage Education Kit* (or equivalent). However more advanced qualifications including FLECC and ALS (or equivalent) are not required as NDEC reflects a basic level of RN care.

Are there any additional education materials available?

Yes. The ECI website contains a number of modules and instructional videos that can help develop or enhance skills relevant to NDEC:

- Eye examinations using a slit lamp
- Wound care e-Learning module
- 'Closing the Gap' laceration repair

The ECI regularly adds to its clinical tools and education materials. Be sure to check the ECI website regularly for new content.

Will NDEC impact a GP financially?

If a GP has a fee for service arrangement from the ED, then yes, it may have financial implications. However since NDEC patients are given instructions to follow up with a GP, the GP can receive a fee for seeing those NDEC patients in their clinic.

NDEC was designed by a GP as a trade-off of income versus quality of life; particularly after-hours. NDEC has increased attraction and retention of GPs to rural communities where it is functioning due to a lessened demand for out-of-hours GP contact (in person or via phone).

What if the patient still wants to see a doctor?

The patient is given instructions for follow-up with a GP. However, an NDEC patient may still request to see a doctor. It is up to the discretion and assessment of the nurse if a formal medical review is warranted. Under NDEC, the nurse is empowered to manage an entire episode of care so a medical review is not mandatory even if a patient / carer requests one.

What if the patient doesn't follow up with the GP as instructed by the nurse?

It is beyond the control of the nurse to force a patient / carer to complete follow-up. Assuming the patient / carer was given appropriate instructions on discharge follow-up, and the nurse has a reasonable belief that the instructions were understood, and it is believed (and documented) that the patient is safe to discharge; the patient / carer is responsible for their actions after discharge.

As an additional measure, a follow-up phone call to the patient from an ED RN establishes another opportunity to encourage follow-up with a doctor. But again, is up to the patient / carer to complete this.

Why does the patient receive a follow-up phone call?

As an added safety mechanism, the patient receives a phone call within 24 hours of discharge from an ED RN. This phone call establishes compliance with follow-up and allows further assessment of presenting problem progression.

My facility/department doesn't have access to panadeine. Can I still manage pain appropriately?

This is an increasingly common situation. Expert clinicians advise that while panadeine is useful for relieving moderate pain, combining paracetamol with ibuprofen is a suitable alternative for NDEC patients.

Why do you need to do two full sets of observations?

This is an important safety measure of the model. There are two main reasons:

1. A standard Red Flag on each of the Nurse Management Guidelines is *Yellow or Red Zones observations or additional criteria outlined in the NSW Health Standard Observation Charts*, so the full set of observations is required to determine this.
2. If a patient's condition deteriorates, falling into the range of observations above, they are no longer suitable for NDEC and a doctor needs to be notified so again, the full set of observations is required to determine this.

Is NDEC only for rural and remote settings?

Not necessarily. The ECI has prioritised implementing NDEC in rural and remote EDs because of the specific challenges that exist in these settings that do not occur in larger facilities. Often there is no doctor in the facility (the doctor is on-call) or there is no doctor available at all. NDEC is designed to reduce the impact of these scenarios.

NDEC should theoretically function in larger facilities, however it has not been tested in these contexts.

Why does the NDEC program contain implementation resources?

NDEC has been adapted by the ECI to facilitate implementation across the state. It is identified that NDEC may be implemented at sites that have limited experience with implementation and change management. It is also expected that frontline clinical staff will play a primary lead role in site implementation. A decision was made to equip an implementation team with as many resources as possible to maximise implementation success with a minimal burden on the implementation team.

How long does it take to implement NDEC?

It can vary significantly, especially since some aspects of NDEC implementation are beyond the control of the local implementation team. However, the ECI suggests that if there is strong leadership, an enthusiastic implementation team and minimal delays along the way, sites should be able to get NDEC up and running in 6-12 months.

Will the ECI provide further assistance with implementation and maintenance of NDEC?

Yes. There is a comprehensive suite of project management resources to assist with implementation. The ECI will review NDEC resources periodically and notify sites of any changes.