The Clinical Initiatives Nurse Role in Emergency Departments
Learning Objectives

Appreciate the history of the CIN role
Identify from the CIN Role Description
  - Purpose of the CIN Role
  - The CIN role as an ED team member
  - Accountabilities and role boundaries
  - Outcomes for the role
  - Experience and knowledge required for the role
Analyse and reflect on what constitutes care initiation
CIN Background

- 2002: The CIN role was introduced into Level 5 & 6 EDs + 4 Major Regional NSW Emergency Department waiting rooms (18 sites). It was funded at a senior RN rate with the aims of
  - Re-Assessment & Re-Triage – Patient Safety
  - Reassurance & Education - Communication
  - Care Commencement
- 2008: Garling Special Commission of Inquiry recommended expansion of CIN role for more EDs, this was implemented as part of the Caring Together Government response in 2009 (to 38 sites)
- The Inquiry noted that the role was used in various ways in EDs – and was often re-routed away from the waiting area in the busiest times
- A review of the role was commissioned by the Ministerial Taskforce on Emergency care, and completed in 2010.
- The state wide role description is the result of the project, which consulted widely across Emergency Department staff.
What Did the Project Find?
Staff Believed the Role Delivers Clear Benefits

Outcomes for ED Services

Outcomes for ED Patients and Carers
Staff Describe the Benefits for ED Nursing

Outcomes for ED Nursing

- Decreased interruption for Triage
- Increased support for Triage
- Reassurance of safety for ED NUM
- Educational pathway for ED nurses - improved skills
- Sharing of workload for ED Nurses
This is a patient/parent experience of the CIN role, and the what it meant to them in their "own words"
This is a patient experience of the CIN role, and the what it meant to them in their 'own words'.
These are quotes about how staff saw the various CIN roles in 2009
The CIN role had been changed into a number of different roles, and was barely recognisable from the original intention
Solutions

ED Clinicians attended a Workshop to Decide on the CIN Role should be.
These are the 4 priorities of the state role. This is in order of priority, so if it is really busy the first priority is trying to ensure people are safe in the waiting room.
This is a pictorial description of how the role works, click on it and the nurse will move around.
It shows that if the waiting room is quiet, the CIN takes the patient into the CIN room and commences care. In the busy waiting room (at the bottom, the CIN does a round in the waiting room, checking and communicating with patients / carers, prior to undertaking care commencement / further assessment in the CIN room.
What are the Key Accountabilities for the CIN?

- Ongoing review of waiting room patients to detect changes in clinical urgency
- Regular communication with patients and carers in the ED waiting room
- Liaise with the:
  - Triage Nurse
  - Nurse and Medical team leaders
  - ED clinical team
  - External services
- Prioritise patient management and initiate CIN protocols in accordance with local guidelines and policy. Assessment and management of patient’s pain is a key priority.
- Hand over patient care to the appropriate caregiver when the CIN has reached the boundaries of the CIN protocol
- Solve problems based on operational knowledge and experience, refer unresolved problems.
- Document patient care and/or interventions
- Utilise a team approach to facilitate patient flow and reduce repetition in patient care.
- Practice in a safe manner and maintain a safe care environment for self and others.
What Skills, Knowledge and Experience is needed to fill the CIN Role?

- Registered Nurse with appropriate emergency nursing experience across a broad range of ED roles
- Confidence, knowledge and experience to practice proactively in a self-directed role with awareness of role scope and boundaries. This requires a balance of judgment and assertiveness to seek assistance where required.
- Demonstrated ability to interact and respond to others in a personable and professional manner which takes into account unexpressed concerns. This requires well-developed listening and questioning skills and ability to negotiate for desired outcomes.
- Demonstrated ability to read situations effectively and use a range of conflict resolution strategies to address conflict. This includes the ability to build rapport and negotiate to assist in resolving conflict and to seek guidance from others when needed.
- Demonstrated team approach to ED care with the ability to liaise confidently across professional boundaries.
- Knowledge and application of analytical thinking skills demonstrated by ability to apply experience and knowledge to initiate interventions and solve problems.
- Working knowledge of local service delivery models and appropriate referral pathways.
- Completion of CIN educational program and competency in the use of relevant CIN practice protocols

*More information on this can be found in the CIN Role Description document*
Examples of CIN Activities

Review, Re-assessment and Reassurance
Regular contact with patients and carers. This may include:
- A quick catch up to foster ongoing communication and to check the patient’s condition within their triage benchmark time
- A repeat set of vital signs as required (particularly if they have been outside of normal range)
- An initial or repeat set of observations as required (E.g. neurological, neurovascular, urinalysis, urine HCG, pad checks)
- Update on the waiting time
- Addressing concerns they have, conflict resolution as required.
- Reassurance and education regarding their clinical condition

Commencement of Definitive Diagnostics or Care Initiatives
- Provision of first aid (splint application, RICE, wound care, cooling burns
- Provision of analgesia / Ordering of x-rays
- IV Cannulation / venipuncture and ordering of pathology / Initiation of oral rehydration therapy
- ECG recording / Wound care
- Commencement of CIN pathways for specific patient presentations

Follow up with patients diagnostic tests

Referral
- Escalate care in ED in collaboration with Nurse / Medical Team Leader ± Triage Nurse
- Appropriate referral to ancillary services in the ED, e.g. ASET, Mental Health Liaison
- Appropriate referral to services external to the ED

Documentation
The CIN Role is expected to contribute to achieving the following outcomes for the ED / Patients

- Sustained improvements on the NSW Health Patient Survey for Non Admitted ED patients:
  - satisfactory waiting time in the ED,
  - staff doing all they can to control patient’s pain and
  - enough information about condition / treatment.
- Did Not Wait numbers reduced
- Improved time to analgesia for patients triaged to the waiting room
- Reduction of adverse events in the waiting room
Figures are available for individual hospitals – on the patient survey link found in the CIN resource Manual.
Discussion:

What are the Challenges Ahead for You in the CIN Role?

What constitutes care initiation for Nurse Seen Time in your CIN role?
References & Acknowledgement

• References
  – NSW Health: Project Report CIN Project 2010

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