Emergency Nurse Practitioners

Selected recent references
Emergency nurse practitioners’ perceptions of their role and scope of practice: Is it advanced practice?
McConnell, Donna, Slevin, Oliver D
International Emergency Nursing, 01 April 2013, vol./is. 21/2(76-83)
Abstract: Abstract: There are multiple interpretations of the nurse practitioner role which appear to be shaped by discourses within and outside the profession and its regulatory body. This study aimed to explore and clarify the role and scope of practice of emergency nurse practitioners in a region in the United Kingdom and determine if they fulfil the proposed criteria for Advanced Nurse Practitioners. A survey approach using questionnaires (n = 42) was adopted. The sample included all emergency nurse practitioners working in Accident and Emergency Departments and Minor Injury Units in the region. Statistical data was analysed using SPSS for Windows and qualitative data was content analysed for themes. Results revealed a variation in education. Investigation of role typology and scope of practice revealed a relatively homogenous group where the clinical aspect of the role dominated. The scope of practice was perceived to be influenced by internal factors such as competence; however protocol use, referral rights and prescribing authority could be considered ways that nursing management and medical staff indirectly control the role. Findings suggested that emergency nurse practitioners were working at a level significantly beyond registration, yet do not fulfil the Nursing and Midwifery Council proposed criteria for Advanced Nurse Practitioner.

Abstract: This is a report of an integrative review of the literature examining established nurse-led primary healthcare walk-in centres and their outcomes to understand whether they are effective in improving access to primary health care. Background. Reviews of nurse-led primary care walk-in centres have included centres staffed by family physicians and general practitioners. There is a paucity of evidence about walk-in centres staffed solely by nurses. Review methods. An integrative approach utilizing Bowling’s checklist facilitated a systematic appraisal of studies in regard to clarity of aims, objectives, methods and appropriate analysis of data. Results. Thirteen publications were categorized into five themes: ‘users of walk-in centres’, ‘quality of care provided at walk-in centres’, ‘impact on other healthcare providers’, ‘perceptions of walk-in centres’ and ‘satisfaction with walk-in centres’. Conclusion. The possibility that walk-in centres create demand highlights the need for clearer evidence of the drivers of demand for health care in walk-in centres. Innovations in healthcare provision need to be matched with adaptation to nursing education to ensure an adequately prepared nursing workforce. Improvement in access to primary healthcare needs to be measured in terms of equity and the capacity this access has to fill identified gaps in primary healthcare provision in the community.

The effectiveness of nurse practitioners working at a GP cooperative: a study protocol, Wijers N., BMC family practice, 2012, vol./is. 13/(75)
Abstract: In many countries out-of-hours care faces serious challenges, including shortage of general practitioners, a high workload, reduced motivation to work out of hours, and increased demand for out-of-hours care. One response to these challenges is the introduction of nurse practitioner as doctor substitutes, in order to maintain the (high) accessibility and safety of out of hours care. Although nurse practitioners have proven to provide equally safe and efficient care during daytime primary care, it is unclear whether substitution is effective and efficient in the more complex out of hours primary care. This study aims to assess the effects of substitution of care from general practitioners to nurse practitioners in an out of hours primary care setting. A quasi experimental study is undertaken at one "general practitioner cooperative" to offer out-of-hours care for 304.000 people in the South East of the Netherlands. In the experimental condition patient care is provided by a team of one nurse practitioner and four general practitioners; where the nurse practitioner replaces one general practitioner during one day of the weekend from 10 am to 5 pm. In the control condition patient care is provided by a team of five general practitioners during the other day of the weekend, also from 10 am to 5 pm. The study period last 15 months, from April 2011 till July 2012. Data will be collected on number of different outcomes using a range of methods. Our primary outcome is substitution of care. This is calculated using the number and characteristics of patients that have a consultation at the GP cooperative. We compare the number of patients seen by both professionals, type of complaints, resource utilization (e.g. prescription, tests, investigations, referrals) and waiting times in the experimental condition and control condition. This data is derived from patient electronic medical records. Secondary outcomes are: patient satisfaction; general practitioners workload; quality and safety of care and barriers and facilitators. The study will provide evidence whether substitution of care in out-of-hours setting is safe and efficient and give insight into barriers and facilitators related to the introduction of nurse practitioners in out-of-hours setting.

The Quality and Effectiveness of Care Provided by Nurse Practitioners, Stanik-Hutt, Julie, Newhouse, Robin Journal for Nurse Practitioners, 01 September 2013, vol./is. 9/8(492-500)
Abstract: Evidence regarding the impact of nurse practitioners (NPs) compared to physicians (MDs) on health care quality, safety, and effectiveness was systematically reviewed. Data from 37 of 27,993 articles published from 1990-2009 were summarized into 11 aggregated outcomes. Outcomes for NPs compared to MDs (or teams without NPs) are comparable or better for all 11 outcomes reviewed. A high level of evidence indicated better serum lipid levels in patients cared for by NPs in primary care settings. A high level of evidence also indicated that patient outcomes on satisfaction with care, health status, functional status, number of emergency department visits and hospitalizations, blood glucose, blood pressure, and mortality are similar for NPs and MDs.
Interprofessional working or role substitution? A discussion of the emerging roles in emergency care, *Hoskins, Rebecca*

**Journal of Advanced Nursing, 01 August 2012, vol./is. 68/8(1894-1903)**

Abstract: This article presents a discussion of emerging non-medical roles in emergency care against the current policy context and the issues of role substitution and interprofessional working. Background. Non-medical roles in emergency care have grown internationally in response to an increasing demand for emergency care services and to address the growing importance of the quality healthcare agenda. The blurring of role boundaries between professional groups has become more common. Discussion. A theoretical framework that has emerged from the literature is that task, role substitution and interprofessional working lie on a spectrum and evolving non-medical roles can be plotted on the spectrum, usually starting at one end of the spectrum under task substitution and then potentially moving in time towards true interprofessional working. Conclusions. There is still a great deal of progress to be made until non-medical roles in emergency care can truly be encompassed under the umbrella of interprofessional working and that a more robust critical mass of evidence is required to substantiate the theory that interprofessional working within teams contributes to effective, cost-effective care and better patient outcomes. Relevance to clinical practice. It is essential to understand the underlying motivation, policy context and key drivers for the development of new nursing and non-medical roles. This allows services to be established successfully, by understanding and addressing the key predictable barriers to implementation and change.

**Stakeholder perceptions of a nurse led walk-in centre, Parker R.M., Desborough J.L., Forrest L.E.**

**BMC health services research, 2012, vol./is. 12/(382)**

Abstract: As many countries face primary care medical workforce shortages and find it difficult to provide timely and affordable care they seek to find new ways of delivering first point of contact health care through developing new service models. In common with other areas of rural and regional Australia, the Australian Capital Territory (ACT) is currently experiencing a general practitioner (GP) workforce shortage which impacts significantly on the ability of patients to access GP led primary care services. The introduction of a nurse led primary care Walk-in Centre in the ACT aimed to fulfill an unmet health care need in the community and meet projected demand for health care services as well as relieve pressure on the hospital system. Stakeholders have the potential to influence health service planning and policy, to advise on the potential of services to meet population health needs and to assess how acceptable health service innovation is to key stakeholder groups. This study aimed to ascertain the views of key stakeholders about the Walk-in Centre. Stakeholders were purposively selected through the identification of individuals and organisations which had organisational or professional contact with the Walk-in Centre. Semi structured interviews around key themes were conducted with seventeen stakeholders. Stakeholders were generally supportive of the Walk-in Centre but identified key areas which they considered needed to be addressed. These included the service’s systems, full utilisation of the nurse practitioner role and adequate education and training. It was also suggested that a doctor could be available to the Centre as a source of referral for patients who fall outside the nurses’ scope of practice. The location of the Centre was seen to impact on patient flows to the Emergency Department. Nurse led Walk-in Centres are one response to addressing primary health care medical workforce shortages. Whilst some stakeholders have reservations about the model others are supportive and see the potential the model has to provide accessible primary health care. Any further developments of nurse-led Walk-in Centres need to take into account the views of key stakeholders so as to ensure that the model is acceptable and sustainable.

**Evaluation of an Advanced Nurse Practitioner (Emergency Care)—An Irish Perspective, Thompson, Wayne**

**Journal for Nurse Practitioners, 01 March 2012, vol./is. 8/3(200-205)**

Abstract: The purpose of this audit was to provide empirical evidence for the outcomes of care of advanced nurse practitioners (ANPs) within the emergency department (ED). In addition, the audit permitted the comparison of ANPs with other medical clinicians working in the ED setting in relation to results of radiology investigations, analgesia administration, and waiting times. Results show that ANPs have equivalent if not better radiology diagnostic skills, evidence of increased awareness of pain management practices, and a greater impact on reducing patient waiting times compared to other grades of clinician.

**Quality and safety of care provided by emergency care practitioners, O’Hara, Rachel, O’Keeffe, Colin**

**Emergency Medicine Journal, 01 April 2012, vol./is. 29/4(327-332)**

Abstract: The emergency care practitioner (ECP) role in the UK health service involves paramedic and nurse practitioners with advanced training to assess and treat minor illness and injury. Available evidence suggests that the introduction of this role has been advantageous in terms of managing an increased demand for emergency care, but there is little evidence regarding the quality and safety implications of ECP schemes. OBJECTIVES: The objectives were to compare the quality and safety of care provided by ECPs with non-ECP (eg, paramedic, nurse practitioner) care across three different types of emergency care settings: static services (emergency department, walk-in-centre, minor injury unit); ambulance/care home services (mobile); primary care out of hours services. METHODS: A retrospective patient case note review was conducted to compare the quality and safety of care provided by ECPs and non-ECPs across matched sites in three types of emergency care settings. Retrospective assessment of care provided was conducted by experienced clinicians. The study was part of a larger trial evaluating ECP schemes (http://www.controlled-trials.com/ISRCTN22085282). RESULTS: Care provided by ECPs was rated significantly higher than that of non-ECPs across some aspects of care. The differences detected, although statistically significant, are small and may not reflect clinical significance. On other aspects of care, ECPs were rated as equal to their non-ECP counterparts. CONCLUSIONS: As a minimum, care provided should meet the standards of existing service models and the findings from the study suggest that this is true of ECPs regardless of the service they are operational in.
Managing patient flow with triage streaming to identify patients for Dutch emergency nurse practitioners, van der Linden, Christien

International Emergency Nursing, 01 April 2012, vol./is. 20/2(52-57)

Abstract: We developed a stream system to the current triangle system in order to manage patient flow at the emergency department and to clarify ENP role boundaries. Methods: Data on admission and death rates – indicating injury severity – and data on length of stay – indicating resource utilisation – were collected from 48,397 patients triaged in the Netherlands in 2009. Results: A total of 24,294 (50.2%) patients were triaged as ‘suitable for treatment by an ENP’ (ENP-stream). Remaining patients were triaged ‘medium care’ or ‘high care’. In the medium and high care groups, significantly more admissions took place (6100, 25.3%) and significantly more patients died (31, 0.1%) compared to the patient group in the ENP-stream (admissions: 840, 3.5%). The ENP-streaming is an accurate predictor of not needing to be admitted (PPV=97%) and of ED survival (PPV=100%). Mean length of stay was significantly shorter for patients in the ENP-stream compared to the other patients (back transformed values: 74 vs. 147min). Conclusion: This study showed excellent correlation between the ENP-streaming and patients’ injury severity and resource utilisation, suggesting high internal validity of our triage streaming system. It clarifies the ENP role, minimising the subjectivity of patient allocation.

The evolution of the role of the Emergency Nurse Practitioner in Scotland: a longitudinal study, Fotheringham, Diane, Dickie, Sarah, Cooper, Mark

Journal of Clinical Nursing, 15 September 2011, vol./is. 20/19/20(2958-2967)

Abstract: Background. In 2001, Cooper and colleagues published a report on their survey which described the extent and nature of Emergency Nurse Practitioner services in Scotland. They described a nascent nursing role and service that existed in almost half of Emergency Departments and that concentrated its activity on the management of minor distal limb trauma and wound management. Since that date, several relevant and important political, professional and local issues have combined to accelerate the development of this role. Results. Emergency Nurse Practitioners are now practising in the majority (89%) of Emergency Departments and Minor Injury Units compared with 47% in 1998. Most departments (78%) use Emergency Nurse Practitioners in dual roles, and most departments (67%) differentiate their Emergency Nurse Practitioners from other nursing staff by use of a title. Wide variations in pay, role and scope of practice still exist. Conclusions. The role of the Emergency Nurse Practitioner has increasingly become part of mainstream health care delivery in Emergency Departments across Scotland and can now be considered to be common place. This study demonstrates that ‘Advanced Nursing Practitioners’ and ‘Nurse Practitioners’ cannot necessarily be considered to be synonymous, and nursing roles that are allowed to evolve naturally adopt a non-uniform level of practice.

An evaluation of patient satisfaction with the advanced nurse practitioner (emergency) service in an ambulatory care unit, McBrearty P., Conlon C., Drennan J.

Academic Emergency Medicine, June 2012, vol./is. 19/6(742)

Abstract: A recent report by the Health Service Executive found that 43% of patients presenting to the emergency department in Ireland do so with minor injuries. The objective of this research was to measure patient outcomes following a consultation with an Advanced Nurse Practitioner Service in an emergency department and a rapid injury clinic of a large inner city hospital. The primary outcome measure was patients’ satisfaction with the consultation process. The sample consisted of patients who had direct and sole contact with the ANP service in the main emergency department and a community-based rapid injuries clinic. Data were collected by a postal survey. A modified version of the Medical Interview Satisfaction Scale (MISS) was distributed to patients over a three-month period. Results: Patients overall reported high levels of satisfaction with levels of care received by an ANP. Overall satisfaction levels were greater than 90%. Patients also reported high levels of compliance intent and the vast majority (98.7%) would recommend the service to another person. Results also found that 5.8% of patients surveyed would have preferred to be seen by a doctor. Conclusion: The results found that patients are highly supportive of the care received from ANPs in emergency departments. Patients also reported that they were given support, time to clarify issues surrounding their treatment and were highly satisfied with the outcomes of care. The introduction of ANPs to the emergency department setting is a useful addition to the health care team providing care to patients with minor injuries.

Refining a triage system for use in emergency departments, van der Linden, Christien, Lindeboom, Robert

Emergency Nurse, 01 May 2011, vol./is. 19/2(22-24)

Abstract: This article reports on the implementation of an adapted version of the Manchester triage system (Mackway-Jones et al 1997) in a Dutch hospital to allow trained nurse practitioners to treat patients with minor injuries or illnesses, and to assess, treat and discharge patients autonomously. The project has helped to prevent long waits in emergency departments for patients with less urgent conditions.
Diagnostic accuracy of emergency nurse practitioners versus physicians related to minor illnesses and injuries, van der Linden C, Reijnen R, de Vos R

Abstract: Our objectives were to determine the incidence of missed injuries and inappropriately managed cases in patients with minor injuries and illnesses and to evaluate diagnostic accuracy of the emergency nurse practitioners (ENPs) compared with junior doctors/senior house officers (SHOs). METHODS: In a descriptive cohort study, 741 patients treated by ENPs were compared with a random sample of 741 patients treated by junior doctors/SHOs. Groups were compared regarding incidence and severity of missed injuries and inappropriately managed cases, waiting times, and length of stay. RESULTS: Within the total group, 29 of the 1,482 patients (1.9%) had a missed injury or were inappropriately managed. No statistically significant difference was found between the ENP and physician groups in terms of missed injuries or inappropriate management, with 9 errors (1.2%) by junior doctors/SHOs and 20 errors (2.7%) by ENPs. The most common reason for missed injuries was misinterpretation of radiographs (13 of 17 missed injuries). There was no significant difference in waiting time for treatment by junior doctors/SHOs versus ENPs (20 minutes vs 19 minutes). The mean length of stay was significantly longer for junior doctors/SHOs (65 minutes for ENPs and 85 minutes for junior doctors/SHOs. DISCUSSION: ENPs showed high diagnostic accuracy, with 97.3% of the patients being correctly diagnosed and managed. No significant differences between nurse practitioners and physicians related to missed injuries and inappropriate management were detected.

Best course of action, Chell P

Emergency Nurse, 01 February 2010, vol./is. 17/9(38-38)

Abstract: Former paediatric nurse, health visitor and bank nurse Paula Chell is now the manager of an urgent care unit in Stoke-on-Trent, where she has developed a ‘nurse navigator’ system to ensure that nurse practitioners and emergency care triage nurses can identify the appropriate forms of treatment for a wide range of patients.

Evaluating new roles within emergency care: A literature review, Hoskins, Rebecca

International Emergency Nursing, 01 July 2011, vol./is. 19/3(125-140)

Abstract: In recent years economic and political drivers have strongly influenced the development and introduction of new roles such as medical substitution roles within emergency care in the National Health Service (NHS) in the United Kingdom. The aims of this literature review were to establish the national and international evidence available which examine the scope of practice of emergency nurse practitioners, emergency care practitioners and extended scope physiotherapists; to establish the national and international evidence which explores patient satisfaction with non-medical roles in emergency care; to establish the national and international evidence which explores the acceptability of emergency nurse practitioner, emergency care practitioner and extended scope physiotherapists services from a healthcare professional perspective. Critical assessment of the literature is presented. Results: A high level of patient satisfaction was found with all the new roles. Interestingly the scope of practice of Emergency nurse practitioners appears to be most limited in the UK. Five major themes were identified from healthcare professionals’ perceptions of these new roles. Conclusion: There is general agreement that non-medical roles help to reduce waiting times in emergency departments, as well as attracting a high level of patient satisfaction, confidence and acceptance of these roles. Several issues were identified which warrant further study; including the current UK evidence surrounding the limited scope of practice of these roles.

Emergency nurse practitioners: the views of patients and hospital staff at a major acute trust in the UK, Melby V, Gillespie M.

Journal of Clinical Nursing, 01 January 2011, vol./is. 20/1/2(236-246)

Abstract: The study reported in this paper aimed at exploring the views of staff and patients of a potential emergency nurse practitioner service in an acute trust in the UK. The role of the nurse in emergency care has changed considerably in recent years, and the evolution of the emergency nurse practitioner role has changed emergency service provision dramatically. The emergency nurse practitioner role is not uniformly defined across emergency care in the UK, and the resulting blurring of the role of emergency nurse practitioners with that of emergency department medical staff is not helpful to hospital staff or patients. A quantitative and qualitative mixed method design was used that enabled exploration of an individual’s viewpoint within their own practice or natural surroundings. Self-completed questionnaires were used to determine health professionals’ opinions, and semi-structured interviews were employed to explore patients’ views. A total of 144 health professionals responded to the questionnaire survey giving a response rate of 28-5%, and 10 patients participated in qualitative interviews. Health professionals and patients alike were generally supportive of an emergency nurse practitioner service, but there were some concerns in relation to the role and functions of the emergency nurse practitioner and associated accountability issues. This paper contributes further data that demonstrate the inter-professional and patient support of the advanced role of the emergency nurse practitioner and highlights potential conflictual issues and barriers to implementation that can and must be resolved successfully through proper consultation prior to the service being introduced. This paper provides important information to health professionals and service providers that should help to facilitate the introduction and maintenance of a successful and effective emergency nurse practitioner service in any trust.
Wound Care and Laceration Repair for Nurse Practitioners in Emergency Care Part II, Hoyt, K.
Advanced Emergency Nursing Journal, 2011, vol./is. 33/1(84-101)
Abstract: This is Part II of a 2-part series on wound care and laceration repair for advanced practice nurses. In Part I, the phases and categories of wound healing were outlined. The factors that affected wound healing were also discussed along with an approach for systematic wound management. Patient assessment, special circumstances involving underlying structures, and foreign bodies were also reviewed. Patient preparation, including wound cleansing, irrigation, scrubbing, and debridement were also covered along with anesthetic and analgesic tips and techniques for advanced practice nurses (APNs) in emergency care. In Part II, wound closure (e.g., sutures, staples, and adhesives) and wound closure techniques are discussed along with the pertinent aftercare instructions for patients with these wounds. Implications for APNs caring for patients with wounds in emergency care are also presented in this article.

Effectiveness of GPs in accident and emergency departments, Boeke A.J.P., Van Randwijck-Jacobze M.E
British Journal of General Practice, October 2010, vol./is. 60/579(e378-e387)
Abstract: Many self-attending patients make inappropriate use of accident and emergency departments. Aim To determine whether a new care method consisting of the involvement of a GP during the day with the staff of the accident and emergency department of an academic city hospital and application of the Nederlands Triage Systeem by a practice nurse is more effective than usual care. Design Before and after intervention design. Setting Accident and emergency department in the VU University Medical Center in Amsterdam. Method Participants were patients (n = 1527) attending the accident and emergency department without a referral, on weekdays from 10.00-17.00 hours, from 1 November 2006 to 30 April 2007. The Intervention consisted of a new care method that combined the involvement of a GP in the accident and emergency department and allocation of patients by triage to either the GP or the accident and emergency department physician. Main outcome measures were patient satisfaction, number and type of additional examinations, quality of diagnosis, process time, and treatment time. Results Patient satisfaction with the treatment increased significantly. Compared to the usual care method, this new care method resulted in a 13% decrease in additional examinations. The percentage of incorrect diagnoses (1%), as a measure of quality of care, was similar with the two methods. The mean process time decreased from 93 to 69 minutes (P<0.001). The mean treatment time decreased from 60 to 35 minutes (P<0.001). Conclusion The new care method resulted in greater patient satisfaction and maintained the quality of care, with fewer additional examinations. It reduced both the process time and the treatment time.

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