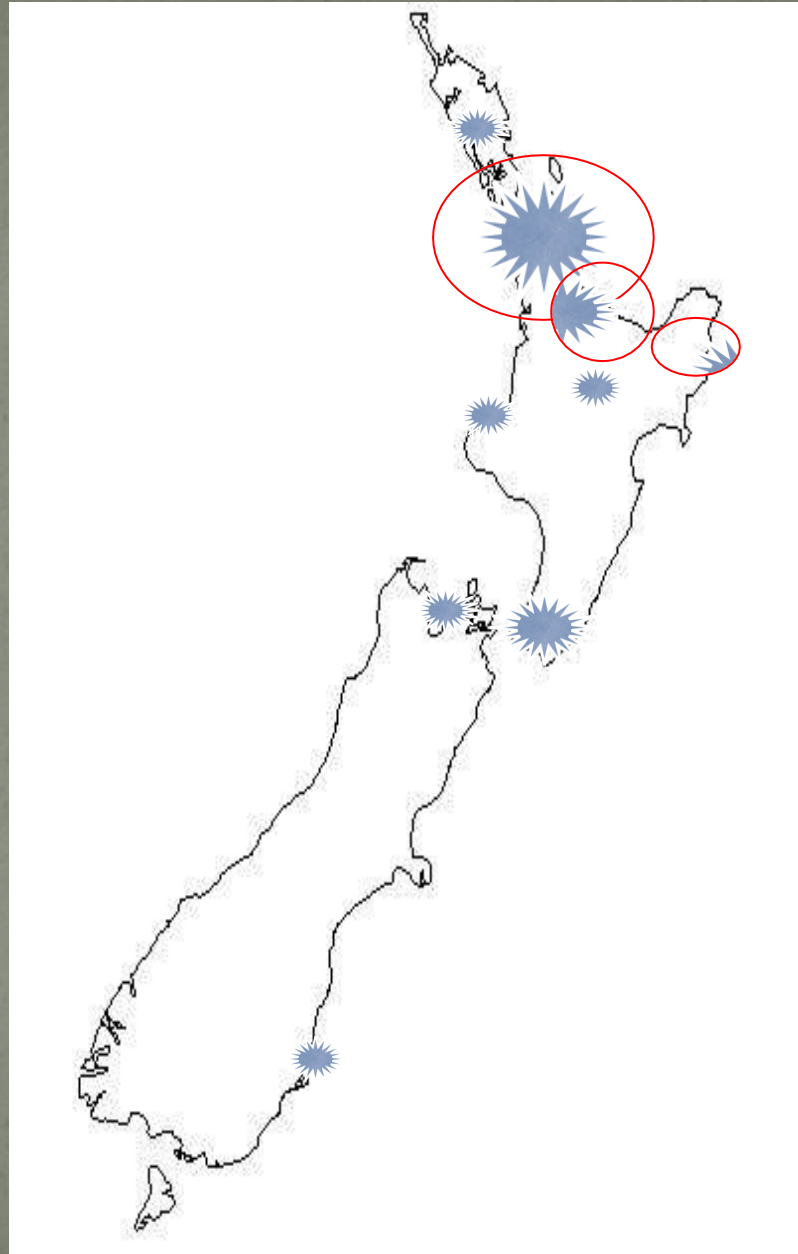


Managing Risk and the Advanced Nursing Role

Michael Geraghty - Nurse Practitioner
ADHB

CENNZ 2013
Nelson

- 2001 – Zero.
- 2013 Six NP's
50 (ish) CNS's



The Good

- Well received by consumers
- Embedded in *many* ED's
- Time to expand ?

The Not So Good ...??

- A victim of own success
- 24 hour cover ??
- Time to expand ?

Emergency Department Use 2011/12

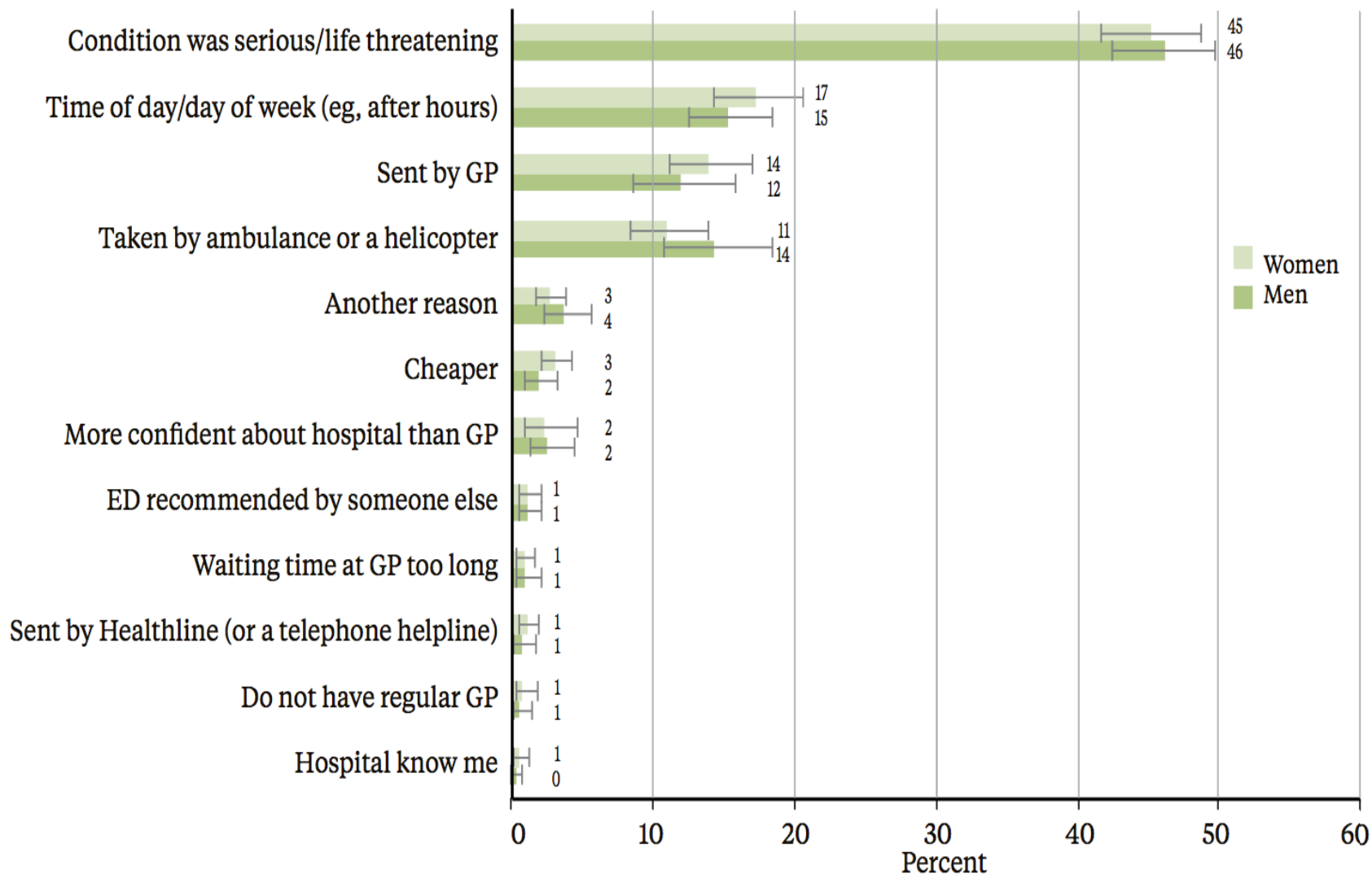
Key findings of the
New Zealand Health Survey



Survey findings: Patients experience of waiting in the ED

- 2/3rds reported waiting less than **one hour** to be *treated*
- Older adults (>55 yrs) MORE likely to report waiting less than 1 hour than younger adult (15-24 yrs)
- Approx 55% of all participants did not mind the length of their wait
- The percentage of people who reported that communication about waiting time was poor or very poor also increased with the actual length of (patient-reported) waiting time, up until a point.

Figure 8: Main reason for most recent visit to an emergency department in the previous 12 months (adults), by sex



Source: 2011/12 New Zealand Health Survey (adults 15 years and over who had visited an ED in the previous 12 months)

Risk Management in ED

- Retrospective –
something goes wrong,
we hear about it and
then do something
about it

Mortality /Morbidity
meetings.

Instigate new policy.

Teaching

- Proactive Risk
Management

A change in culture
(airline industry)

Process change - RSI

Clinical Error

- Clinical error:
clinical, systems, organizational issue.....
the failure of a planned action to be completed as
intended or the use of a wrong plan to achieve an aim
...
- **Negligence**: legal issue, clinically related but implies
significant departure from an expected 'standard of
care'

Error Types

Diagnostic	Treatment	Preventive	Other
Error / delay in diagnosis	Procedural error	Failure to provide prophylactic treatment	Communication failure
Failure to use indicated investigations	Drug administration / dose error		Equipment failure
Use of inappropriate investigations	Delay in treatment	Inadequate follow-up	Systems failure
Failure to act on results of investigations			

Outcomes from Clinical Error

Muliaga vs Hart

- Very public
- Very costly (NZNO indemnity)
- Very distressing
- Very lonely
- Very long – years

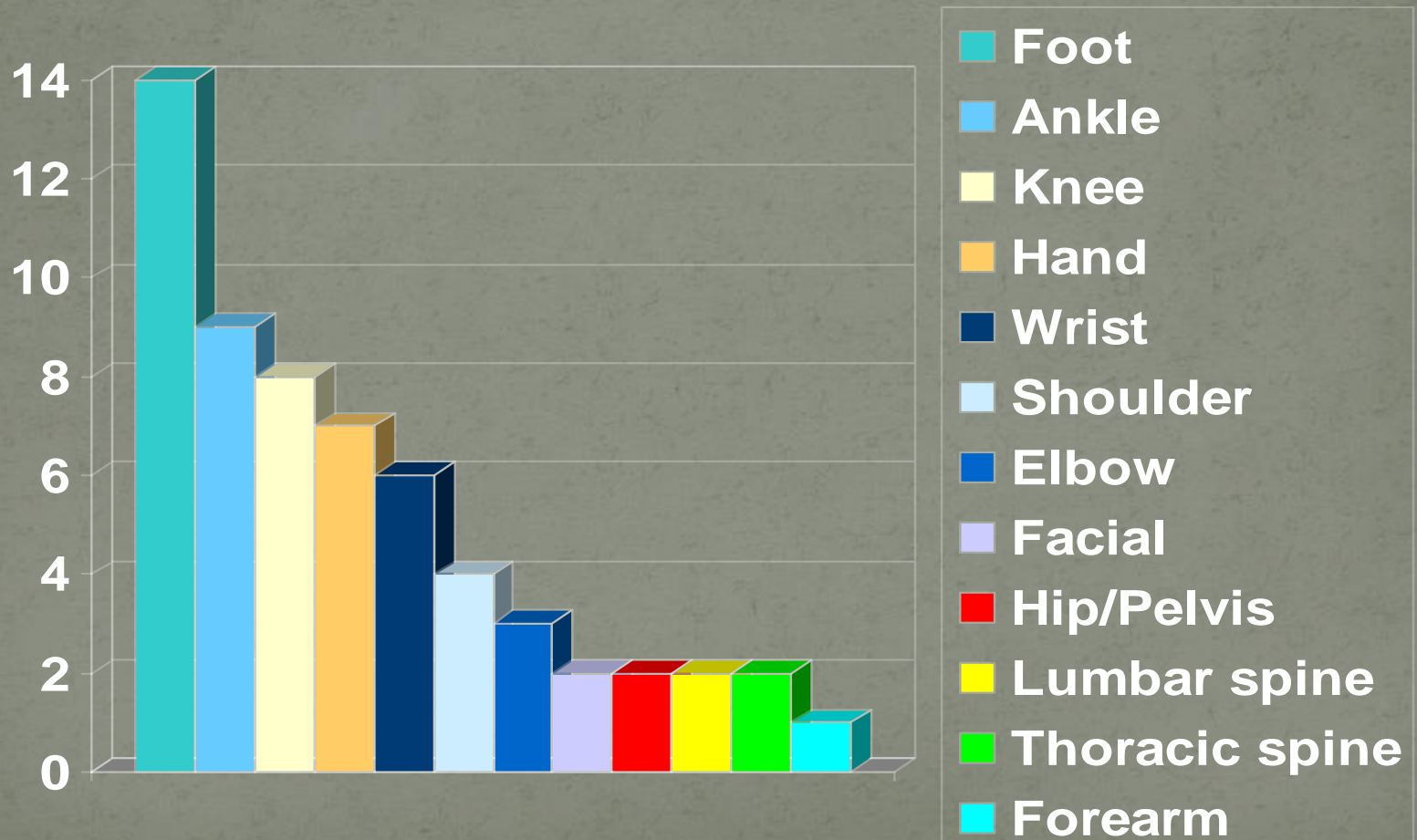
Misinterpreted radiology

- Ooops, sorry
- Recall patient (sometimes)
- Further treatment / investigations (sometimes)
- Reflect

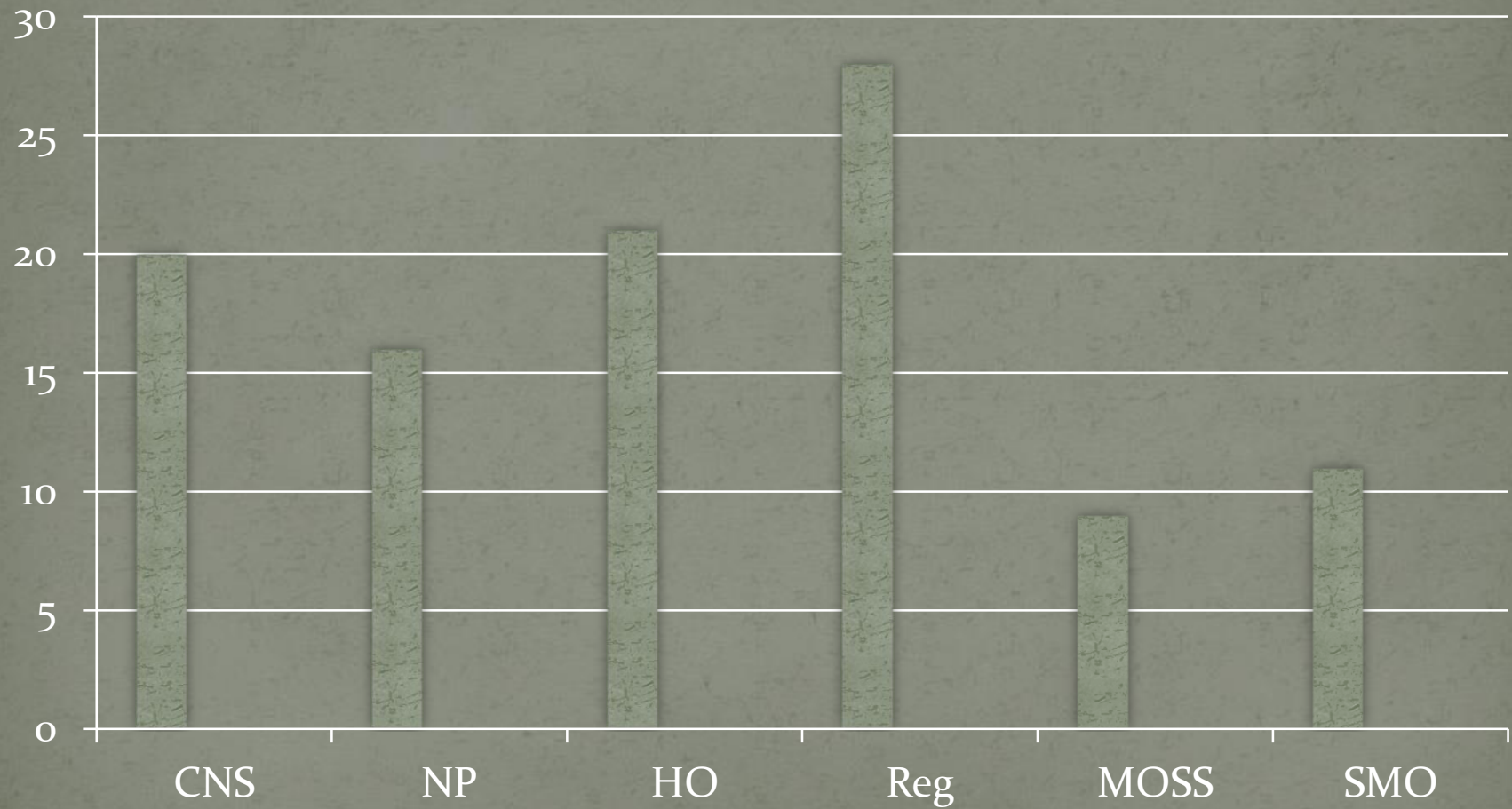
ACH ED Radiology Database

- ED Clinician (Doc/CNS/NP) – day of admission
- Specialty Radiologist (MSK, Neuro etc) @ 24 hours
- Formal report sign off at 24 – 48 hours (ED CNS/NP)

70 Plain films



11 months data



Mitigating risk in the advanced nurses role -

- RN -> CNS = Big Jump
CNS -> NP = Not so much
- Training – academic vs in-house or both ? job specific and on-going (including case reviews etc)
- Support – Nursing, Medical COLLABORATIVE practice
- Guidelines / Clear scope of practice
- Communication – ready access to help
- Documentation !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Discharge advice

The patient should know – IN WRITING !

- what diagnosis is (if known)
 - where, when to be seen again.
 - time frame and indications of progress
 - where, when to seek early review
 - Patient advice sheets
 - Effects, side effects of any meds given.
-
- ACC / Med Cert