The Clinical Initiatives
Nurse Role in Emergency Departments
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>CIN role description</td>
<td>4</td>
</tr>
<tr>
<td>Purpose of the CIN role</td>
<td>4</td>
</tr>
<tr>
<td>Accountabilities</td>
<td>4</td>
</tr>
<tr>
<td>Outcomes</td>
<td>5</td>
</tr>
<tr>
<td>Experience and knowledge</td>
<td>5</td>
</tr>
<tr>
<td>CIN environment and equipment needs</td>
<td>7</td>
</tr>
<tr>
<td>CIN resources</td>
<td>9</td>
</tr>
<tr>
<td>Team communication</td>
<td>9</td>
</tr>
<tr>
<td>Referrals</td>
<td>11</td>
</tr>
<tr>
<td>Patient and carer communication</td>
<td>12</td>
</tr>
<tr>
<td>CIN documentation</td>
<td>13</td>
</tr>
<tr>
<td>Appendices</td>
<td>14</td>
</tr>
<tr>
<td>Appendix 1: Referal template</td>
<td>14</td>
</tr>
<tr>
<td>Referral example</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 2: Example of CIN activities</td>
<td>16</td>
</tr>
</tbody>
</table>
Purpose of this Document

Target Audience

This booklet has been produced for Emergency Department (ED) nursing staff, particularly Nurse Managers, Nursing Unit Managers, Clinical Nurse Consultants, Clinical Nurse Educators and Clinical Initiative Nurses.

Document Content and Purpose

The material in this booklet has been taken from the Clinical Initiative Nurse role description in addition to information collected in the solutions design phase of the CIN Redesign project. It includes an overview of the key elements of the role, an outline of the physical resources that have been shown to aid the function of the role and details of team and patient communication which support the role. The information found in the booklet will assist with the redesign of the role in EDs and remain an enduring resource for ED managers, educators and for ED nurses working in the CIN role.
Introduction

Background of the CIN role

The CIN role was introduced into NSW Emergency Departments (ED) in 2002.

The aims for the CIN role in 2002 included*:

- "providing education and advice to patients and their carers whilst waiting to be seen"
- facilitating the reassessment / re-triage processes in the ED waiting room
- assessing patients and constructing a plan of care for each patient they have seen in consultation / discussion with a senior emergency medical officer”.

Special Commission of Inquiry

In 2009 The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals recommended the CIN position should be introduced, and ‘embedded’ in all metropolitan EDs and major regional facilities, as it was seen as a vital position caring for people waiting in EDs for medical review. This recommendation (93) was supported and incorporated in the Government Response to the Special Commission of Inquiry under the Caring Together Health Action Plan.

The Inquiry report noted that the CIN position was frequently re-deployed during ‘busy periods’ which was the ‘very time’ that it was most needed to ‘provide close observation of patients in the waiting room and initiation of treatment where required’.

Health and the Ministerial Taskforce

In 2010 NSW Health and the Ministerial Taskforce for Emergency Care commissioned a review of the role, with the objectives of gaining an understanding of the ‘As Is’ picture of the role and developing an agreed state wide role description. The project highlighted several significant structures that are required to be in place to promote effective functioning of the role. This guide outlines the role and supporting framework as defined in the solutions design phase of the project.

* NSW Health Generic Role Description: Clinical Initiatives Nurse (CIN) 2002.
The CIN role is important to oversee the ED waiting room; improving safety, communication and care commencement

The primary purpose of the CIN role is to provide nursing care to patients in ED waiting rooms.

This care is prioritised in the following way:

- Maintenance of an ED nursing presence in the waiting room to facilitate a safe clinical environment.
- Communication with patients and carers regarding ED processes and provision of relevant education on their health issues.
- Assessment of patients following triage with a view to:
  - initiate diagnostics or treatment (with a set end point)
  - escalate care, where required.
- Appropriate referral of patients to suitable services, which may be external to the ED. Eg Medical Assessment Unit (MAU).

What are the key roles and accountabilities for the CIN?

- Review waiting room patients’ conditions regularly to detect changes in clinical urgency.
- Communicate regularly with patients and carers in the ED waiting room to keep them informed of their waiting status, ED processes and promote patient focused service delivery. The visible presence of a CIN in the waiting room, and the proactive management of communication can lead to a reduction of anxiety and aggressive incidents.
- Liaise with the:
  - triage nurse to re-triage patients in accordance with changes in patient acuity
  - nurse and medical team leaders in the ED to escalate care needs as required
  - ED clinical team to provide continuity of care for patients who have been redirected back to the waiting room for monitoring or interventions following clinical review
  - external services to refer patients where appropriate (eg MAU).
- 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 (eg maximum analgesia has been given and the patient has continued pain) or when the patient is moved to a definitive care area such as acute care or fast track.

- Solves problems based on operational knowledge and experience, looking for underlying causes and evaluating applied solutions. 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.

How will we know the CIN role is making improvements?

The CIN Role is expected to contribute to the achievement of the following key outcomes for the ED:

- Sustained improvements on the NSW Health Patient Survey for Non Admitted ED patients in the following categories:
  - Satisfactory waiting time in the ED.
  - Staff doing all they can to control a patient’s pain.
  - 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.

What skills, knowledge and experience is needed to perform 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 problems. 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.
CIN environment and equipment needs

A Dedicated CIN Area supports the position. It can enable the CIN to:

- maintain privacy during patient re-assessment
- respect the needs of the patient and others in the waiting rooms when applying first aid to wounds, injured limbs etc
- undertake diagnostic interventions such as venipuncture, intravenous cannulation or ECG recording in a safe and private environment
- maintain efficiency through ease of access to required equipment in one location.

What is the ideal CIN space?

There are a number of opinions about the ‘best fit’ for a CIN environment, however the agreed principles are that the CIN area should be:

- a private area, located close to triage and the waiting room
- large enough to accommodate two chairs or an examination trolley or a recliner as well as the dedicated CIN equipment
- safe (eg visible, 2 exits, close to, or containing, a hand washing sink)
- easy to access and flow into the ED
- designated as the CIN room, and thus used primarily for this purpose
- supported by ‘business rules’, (such as an agreed maximum timeframe per patient) which are reinforced by the management team.

Equipment set

A ‘minimum equipment set’ for the CIN role can contribute to efficiencies. Clinicians agree that this should include:

- an established clinical area
- equipment to assess patient vital signs
- a bed, recliner or chair for patient assessment
- IV access and pathology collection equipment
- first aid equipment, bandages, ice packs, simple dressing equipment, slings, splints
- simple analgesics, topical preparations such as laceraine / emla / Angel, rehydration solutions
- computer, on wheels or fixed, to update patient notes
- pathology request forms, patient fact sheets etc
- mobile or portable handset phone.

**What other equipment may add value?**

- ECG machine.
- Snellen chart.
- Diagnostic set.
- Small range of medications including:
  - analgesics
  - wound glue
  - bronchodilators
  - antiemetics
  - amethocaine.
- POP trolley.
CIN resources

Team communication

To facilitate performance of the CIN role seamless teamwork is required with key stakeholders.

The key stakeholders are:

Triage Nurse
- To prioritise reviews and care initiatives.
- To facilitate re-triage.

Nurse Team Leader (Clinical NUM/ NM)
- To elevate concerns regarding waiting room management (eg escalating aggression / complaints).
- To facilitate referral.
- To escalate clinical care.

Medical Team Leader
- To facilitate care (especially where patients can be rapidly treated with minimal medical collaboration).
- To facilitate referral.
- To escalate clinical care.
- To promote the CIN role to medical staff that rotate through the ED (as applicable).

Others
- Clerical staff.
- Internal ED services (ASET, Mental Health Liaison, physio).
- External (to ED) referrals.
- Allied health professionals.
- Fast track / Acute Care ED Nurses.
- Nurse Practitioner / CNC 3.

Team communication strategies

Strategies that could be used to build teamwork and improve communication:

Triage Nurse
- Clear role descriptions for triage and CIN outlining accountabilities for each role.
- Communication tool for flagging priorities to CIN (methods may include: FirstNet (utilising comments column) triage whiteboard, handover rounds etc).

Nurse Team Leader (Clinical NUM)
- Regular (eg hourly, phone contact / whiteboard round / waiting room round) updates on ED waiting room
status and issues affecting patients waiting and ED waiting room flow.

- Phone communication to escalate care or to facilitate patient flow through referral as required.

### Nurse Practitioner or CNC 3

- Agreement on role boundaries and referral patterns to provide optimal care delivery and appropriate utilisation of skills.

### Medical Team Leader

In some cases CINs may be able to progress the patient’s care, almost to completion, requiring minimal medical input (Eg Triage and Treat type models). Alternately they may ‘stack’ several patients with diagnostics completed (eg x-rays) who require ‘quick reviews’ to progress definitive care or referral. Strategies to support this include:

- Nomination of a senior medical position in the ED to liaise with the CIN (Eg Fast Track Registrar, Career Medical Officer).

- Agreement regarding CIN access to the nominated MO (Such as regular scheduled updates, hourly, 90 mins).

- Agreement of position to contact regarding care escalation and to assist with referrals (as required).

### Clerical

- Clarification of Triage and CIN role accountabilities with front of house Clerical Staff can assist them to liaise efficiently with the appropriate role.

### Fast track / Acute Care ED nurses

- **The CIN:**
  - informs the Fast Track / Acute Care ED nurse of priorities of care, if they differ from the initial triage (eg the ‘next’ patient may be awaiting x-ray while another patient could be efficiently treated)
  - hands over care when the patient moves from the waiting room.

- **The Fast Track / Acute Care ED Nurse;**
  - hands over care of patients who may be transitioned back through the waiting room.
Referral*

Appropriate referral can improve the patient experience by reducing delays and duplication of assessment or diagnostics. It’s about getting the patient to the right service at the right time. Referral may be to services that co-operatively manage patients in the ED (internal) or external to the ED. These are:

- Internal ED services (ASET, Mental Health Liaison, physio, REAT, EMU) and Allied Health.
- External (to ED) Referrals (eg Short Stay Units such as MAU, Inpatient teams, Specialty CNCs) using established, endorsed protocols.
  - CINs require a working knowledge of the referral guidelines for these services to facilitate care. Additionally these services must be acquainted with the CIN role.

* A CIN Referral Template is located in Appendix 1.
Improving patient and carer information about the CIN role

Promoting the CIN role

Promoting the CIN role to patients and carers allows them to understand how the position works and how they can work with it.

Promoting the CIN can be done in several ways including:

- Referring patients and carers to the CIN brochure / poster.
- The triage nurse briefly explaining the CIN role at point of triage.
- The clerical staff referring suitable patients to the CIN if they return to the clerical desk after triage with clinical questions.
- The CIN introducing themselves to patients and giving an explanation of what their role is, how to contact them, and what the patient can expect from the role.
- The CIN being identifiable in the waiting room. This may take the form of a badge or a sign denoting the CIN area.

Patient and Carer communication strategies

Regular contact with patients and carers in the waiting room can assist greatly in ‘getting the ED visit off on the right foot’, relieving anxiety and engaging people to work with you.

The A-E of better communication is a strategy to successful regular interaction with patients and carers.*

Acknowledge their presence

- Make eye contact.
- Use the patient’s name.
- Acknowledge patients and carers present.

Be yourself

- Explain who you are and what you do.
- Establish teamwork.

Communicate the plan

- Explain what you are doing and why, and let them know if you are commencing their care.
- Explain what to expect and what will happen next and use active listening to confirm that this is understood.

Duration and timeframe

- Tell them the expected wait time.
- Explain when you will be back and how they can contact you.

Explore their needs

- What questions do they have?
- Is there anything they need while they are waiting?

* Developed by Campbelltown ED in partnership with Studer as part of the Improving Staff and Patient Experience Program.
CIN documentation

In meeting professional standards for documentation CINs are required to document:

Routine clinical documentation including:
- interactions with patients including time and date and outcomes in the patient’s notes
- changes in patient’s condition and what action resulted
- CIN history and assessment, investigations / treatments commenced, nursing care plan, and consultations / referrals and re-assessments.

Did Not Waits
- As much detail as is available if a patient chooses not to wait for medical review. Eg any further assessments, advice given and who (name and position holder) this was referred to in the ED / hospital (as applicable).

Care commenced on information system
- Care commencement in CIN Intervention under `protocol commenced’ (eMR FirstNet or equivalent in other systems).
Appendix One – Referral template

Referral template

<table>
<thead>
<tr>
<th>Referrals from emergency departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE NAME</td>
</tr>
<tr>
<td>Brief description of service model</td>
</tr>
<tr>
<td>Service hours</td>
</tr>
<tr>
<td>Patient presentations suitable for referral / admission criteria</td>
</tr>
<tr>
<td>Patient presentations unsuitable for referral / exclusion criteria</td>
</tr>
<tr>
<td>REFERRAL PROCESS</td>
</tr>
<tr>
<td>Activities that must be undertaken prior to referral</td>
</tr>
<tr>
<td>Activities that may be undertaken prior to referral</td>
</tr>
<tr>
<td>Contact number</td>
</tr>
<tr>
<td>Suitable for CIN referral?</td>
</tr>
</tbody>
</table>
Referral example

<table>
<thead>
<tr>
<th>Referrals from emergency departments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERVICE NAME</strong></td>
</tr>
<tr>
<td><strong>Brief description of service model</strong></td>
</tr>
<tr>
<td><strong>Service hours</strong></td>
</tr>
<tr>
<td><strong>Patient presentations suitable for referral/admission criteria</strong></td>
</tr>
<tr>
<td><strong>Patient presentations unsuitable for referral/exclusion criteria</strong></td>
</tr>
</tbody>
</table>

**REFERRAL PROCESS**

| Activities that must be undertaken prior to referral | Patients identified at the ED triage, or by CIN, if they meet the inclusion criteria: – Refer to the MAU senior registrar – ED assessment to commence – MAU SRMO will perform a brief assessment in ED and identify investigations required – MAU SRMO will notify the admitting specialty consultant on call and the MAU team either prior to transfer or following assessment in MAU. – The Bed Manager will facilitate transfer to the MAU |
| Activities that may be undertaken prior to referral | In Hours 0800-1630 – Pathology or radiology investigations can be initiated in ED |
| Contact number | |
| Suitable for CIN referral? | Yes / No | Requires prior consultation with Nurse Team Leader? Yes / No | Requires prior consultation with Medical Team Leader? Yes / No |
Appendix Two – Examples of CIN activities

Review and re-assessment

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 (eg guided by the A-E of communication)
- a repeat set of vital signs as required (particularly if they have been outside of normal range)
- an initial or repeat set of targeted observations as required (eg neurological, neurovascular, urinalysis, urine HCG, pad checks for patients with PV bleeding, blood glucose levels)
- an update on the waiting time
- addressing concerns and resolving conflict
- 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 and/or Triage Nurse.
- Appropriate referral to ancillary services in the ED.
- Appropriate referral to services external to the ED.

Documentation