

NURSE PRACTITIONERS IN THE EMERGENCY DEPARTMENT

Nurse practitioners (NPs) are “registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice. (Canadian Nurses Association [CNA], 2006, p. 19). The NP role is derived “from blending clinical diagnostic and therapeutic knowledge, skills and abilities within a nursing framework that emphasizes holism, health promotion and partnership with individuals and families, as well as communities” (Robinson Vollman & Martin-Misener, 2005, p. 2). “The education and experience of NPs uniquely positions them to function both independently and collaboratively in a variety of settings across the continuum of care” (CNA, 2009, p. 1).

A review of the literature reveals that NPs are working in a variety of emergency-care settings, including urban and rural emergency departments, minor injury units, emergency fast-track sites, urgent care centers (Cole & Ramirez, 2002) and pediatric emergency departments (Organ et al., 2005). In these settings, NPs are performing various roles including clinical practice, research and development of clinical practice guidelines, education for other health-care professions and administrative tasks (Considine, Martine, Smit, Jenkins, & Winter, 2006).

The Canadian Institute for Health Information (2005) reveals that more than half (57%) of emergency department (ED) visits in 2003-2004 were for less urgent or non-urgent conditions. The literature consistently demonstrates that NPs are prepared and more than able to manage and treat minor injuries and conditions. It is thought that at least 30 per cent of all cases presenting to EDs do not need to see a physician, that this treatment can be managed by NPs (Corker & Kellopourey, 2008). Recent data shows that 4.6 per cent of Canadian NPs are working in the ED setting (CNA, 2013).

BENEFITS OF NPS WORKING IN THE ED

- NPs presence in the ED brings benefits at many levels, promoting positive outcomes for the patient, the provider and the system. NPs increase patient choice on alternative health-care models, providing a holistic and interpersonal approach to care, increasing patient access to quality care, relieving pressure on medical providers, promoting efficient use of health human resources and reducing ED wait times while promoting patient flow through the ED (Corker & Kellopourey, 2008).

PATIENT SATISFACTION AND CONFIDENCE

- Strong evidence exists for high patient-satisfaction levels when NPs are used in the ED setting. A Canadian study, which found that 71 per cent of 113 patients preferred seeing an NP over a physician, mentioned favorable views of NPs on attentiveness and comprehensive care (Thrasher & Purc-Stephenson, 2008).
- Thrasher & Purc-Stephenson (2008) bring a Canadian perspective to the international literature on patient satisfaction and quality of care that arises from using NPs in the ED. Patients in the study consistently report being comfortable communicating with NPs, satisfied with the health promotion and injury-prevention educational materials given, and pleased with the extent NPs’ explained each patient’s injury (Carter & Chochinov, 2007; Cooper, Lindsay, Kinn, & Swann, 2002). In addition, Carter & Chochinov (2007) report that NPs provide better discharge instructions.

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- Beyond their high satisfaction levels, 93 per cent of patients surveyed in a Wilson and Shifaza (2008) study said NPs were competent in providing care. This finding supports a study conducted in an emergency department serving pediatric populations, where 98 per cent of 123 patients said they were satisfied with the way NPs' managed their child's care (Organ et al., 2005). This same study also showed that NPs interpreted X-rays with a high degree of accuracy.
 - Patient satisfaction with NP care in the ED appears to lead to a greater willingness to receive NP treatment in that setting. One study indicates that 65 per cent of ED patients surveyed are willing to be treated by a NP and an increased willingness when patients previously received NP care (Hart & Mirabella, 2009).

QUALITY OF CARE

- Further studies are required to evaluate NP care standards specific to the ED; however, studies evaluating NP standards of care in various primary health-care settings are promising and may provide insight into NP performance in the ED. A review of 11 trials and 23 observational studies conducted in primary care settings, including EDs, revealed that NPs provided care comparable to that of physicians. Data from these studies indicate no difference in patient health status or quality of life, or in number of prescriptions, return consultations or referrals, regardless of the provider being seen (Horrock, Anderson, & Salisbury, 2002). It was also noted that NPs spend more time with their patients.
- A systematic review of 36 international studies analyzing the impact of NPs in the ED by Carter and Chochinov (2007) concluded that NPs are equally competent to physicians, with equivalent performance in X-ray interpretation and superior performance in documentation, physical exam accuracy, appropriateness of urgent referrals and adherence to protocols (Carter & Chochinov, 2007).
- Patients felt they received higher quality care when it was individualized and when they were encouraged to make their own health-related decisions (Sidani, 2008). NPs were said to provide proficient, conscientious and comprehensive care (Ryan & Rahman, 2012).

COST-EFFECTIVENESS

- While actual cost savings data on NPs in the ED remain to be explored at greater depth, studies show that NP presence can increase ED efficiency. In a British study, both nursing and medical staff report a greater efficiency in patient-time usage when an NP is on shift (Organ et al., 2005). This study also reports that, three months after formal funding of the NP role in the ED, 99 per cent of 838 patients seen were able to leave the ED in less than four hours.
- Other studies on NPs in the ED report a positive impact on patient flow (Wilson & Shifaza, 2008; Ducharme, Alder, Pelletier, Murray, & Tepper, 2009), and on wait times (Steiner et al., 2009). Steiner et al. (2009) associated NP use in an Alberta ED with a seven-minute reduction in mean wait time for low-acuity patients and a reduced proportion of patients leaving without seeing a health provider. A retrospective study conducted in a major urban ED in Australia also demonstrated reduced ED wait times and lengths of stay, by 19 minutes and 76 minutes respectively (Jennings et al., 2008). Results from these studies add support to the international literature review by Carter and Chochinov (2007), demonstrating that NPs in the ED reduce wait times while providing high quality of care and a high level of patient satisfaction.



FACILITATING NP IMPLEMENTATION IN THE ED

- Priorities for facilitating a fuller implementation of NPs in the ED setting include support from emergency care consultants and clarifying the NP role within a well-defined scope of practice, while communicating this role and scope to ED staff (Norris & Melby, 2006). Thrasher & Purc-Stephenson (2007) also recommend regular communication with staff and administration to review changes when NPs are introduced into the ED and long-term funding to recruit and retain NPs in the ED.

*This document has been prepared by CNA to provide information.
The information presented here does not necessarily reflect the views of the CNA board of directors.*

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