

Enhanced Nursing Practice in Emergency Departments

POSITION PAPER

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*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranaís agus
an Chnáimhseachais*

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Introduction

The National Council for the Professional Development of Nursing and Midwifery (National Council) supports the development of enhanced nursing roles in Emergency Departments (EDs) and believes that such roles will greatly improve the service offered to patients/clients.

Approximately 1.2 million patients attend the Health Service Executive's (HSE) EDs each year, which is an average of 3,000 people per day. Studies have shown that satisfaction with this service is high (HSE 2006); however, EDs still experience delays, and there are variations in bed capacity, level and availability of clinical decision-making, and internal control processes (HSE 2007).

The *Emergency Department Task Force Report* published in 2007 recommended a number of innovations to increase capability within the EDs (HSE 2007). This paper details current and future ED nursing role developments to help support improvements in the care pathway for ED patients and the implementation of the recommendations of the Task Force. For example the Task Force identified that Advanced Nurse Practitioners (ANPs) working in EDs supported the efficient management and effective patient flow of particular patient groups, particularly less urgent and elderly patients. It also identified that the success of the ANP role would be augmented with the introduction of nurse prescribing.

The National Council has shown its support for the development of enhanced practice in emergency nursing by developing frameworks for the establishment of Clinical Nurse Specialist (CNS) and ANP posts, conducting a review of nurse-led care (NCNM 2005a) and providing continuing education funding for innovation and development.

Presently, 1,971 CNS/CMS and 105 ANP posts have been approved by the National Council, of which 80 are based in EDs. There are 46 ANP posts (Adult and Paediatric), which provide caseload management for minor injuries/ambulatory care. Table 1 provides examples of current CNS/ANP roles.

Table 1 Current CNS and ANP roles in the ED in Ireland

POST	TITLE	NUMBER
ANP	Cardiology	3
ANP	Children's Emergency	2
ANP	Emergency	44
ANP	Liaison psychiatry	1
CNS	Chest pain assessment	12
CNS	Crisis intervention liaison posts (psychiatry)	4
CNS	Emergency respiratory care	2
CNS	ENT assessment	2
CNS	Mental health liaison	6
CNS	Ophthalmology	4

In addition to CNS and ANP roles there are varying degrees of enhanced nursing roles in place in a number of EDs throughout the country. The range of activities in these expanded roles extends from early assessment of patients following triage, and performing venepuncture and intravenous cannulation to carrying out physical examination, initiating tests, administering immediate care and requesting diagnostic tests, which may include radiology. The use of medication management protocols also allows for more timely administration of medications for pain management and early intervention in the immediate management of acute illness such as myocardial infarction and medical emergencies.

Initiatives such as these should be considered for replication throughout the country. In addition other groups of patients, for example those with acute and chronic medical conditions, stroke care and older persons, present to the ED with specific needs that could be managed by enhanced nursing roles and further development of CNS and ANP roles. It is now time to build capacity around all enhanced nursing roles; this will contribute significantly to increased efficiencies in the management of patients in the ED and improve patient flow through departments.

Evidence Supporting Enhanced Nursing Roles in the ED

Internationally EDs have over time developed many strategies to improve services and develop clinical skills in order to match local service need. Examples of such service initiatives are the introduction of nurse-led care, dedicated minor injury services and medical emergency teams (Galhotra et al 2006).

Specific roles such as chest pain assessment, respiratory care and mental health liaison have also emerged with such roles becoming mainstream in many countries. A review of current ED research found a number of benefits to enhanced nursing roles. These benefits are outlined in Table 2.

Table 2 Outcomes of enhanced nursing roles in the ED

YEAR	AUTHORS	STUDY	SAMPLE	RESULTS
2007	Carter & Chocinov	Systematic review	36 papers included in analysis	<ul style="list-style-type: none"> • Nurse Practitioners (NPs) reduce waiting times in the ED • High patient satisfaction • High level accuracy x-ray interpretation
2006	Griffen & Melby	Questionnaire survey (Ireland)	Nurses = 25 ED Doctors = 13 GPs = 69	Perceived benefits of ANP service: <ul style="list-style-type: none"> • reduction in waiting times • improved continuity of care • consistency of care • educational role • cost effectiveness
2004	Cooke et al	Systematic review of innovations	Studies from January 1985-July 2003 which report outcome measures relative to ED	<ul style="list-style-type: none"> • Fast-track systems for minor injuries, reduce waits, ideal configurations include senior staff. • Nurse practitioners are safe and effective. Some studies show that they reduce waits and others say their effect on waits was unknown. • Specialist nursing care in heart failure, chronic obstructive pulmonary disease and deep venous thrombosis can reduce hospital admissions.
2002	Cooper et al	Randomised Controlled Trial (senior house officer & emergency nurse practitioner) UK	N=199 patients over 16 years old with specific minor injuries	Higher satisfaction with care, clinical documentation higher quality with emergency nurse practitioner. No difference in recovery times, time off work, unplanned follow-up or missed injuries.
1999	Sakr et al	RCT (junior doctor & NP care) UK	N=704 (NPs) and 749 (junior doctors)	No difference in accuracy of examination, adequacy of treatment, planned follow up or requests for radiography. NPs recorded better medical history and fewer patients seen by NP had to seek unplanned follow up advice re injury.

Factors Supporting the Future Development of Enhanced ED Nursing in Ireland

The National Council has initiated and formalised the processes for developing enhanced practice in emergency nursing in Ireland. In addition, a number of other developments have also taken place to support the development of these roles. Supporting factors for future development include:

- The National Council CNS and ANP frameworks (NCNM 2007, 2008), which provide the templates and describe the processes for developing CNS and ANP posts.
- Funding from the National Council that supports site and role development for ANP posts and essential education programmes which focus on skills development and encouraging innovation in clinical practice.
- A step-by-step guide to systematically review service need and identify future areas for service development has been detailed by the National Council (NCNM 2005b).
- The *Scope of Nursing and Midwifery Practice Framework* (ABA 2000), which supports nurses in their determination, review and expansion of their scope of practice. Scope of practice is defined as '*the range of roles, functions, responsibilities and activities which a registered nurse is educated, competent and has authority to perform*'. The framework acknowledges the evolving roles of nurses and differentiates between the terms 'expansion' and 'extension', favouring the former. Furthermore, it highlights the principles and values that should underpin role development and expansion. These, in turn, inform the standard of practice for which nurses are accountable.
- National and regional demography, epidemiology and geography.
- Guidance for developing individual portfolio documents to support personal development planning (NCNM 2006).

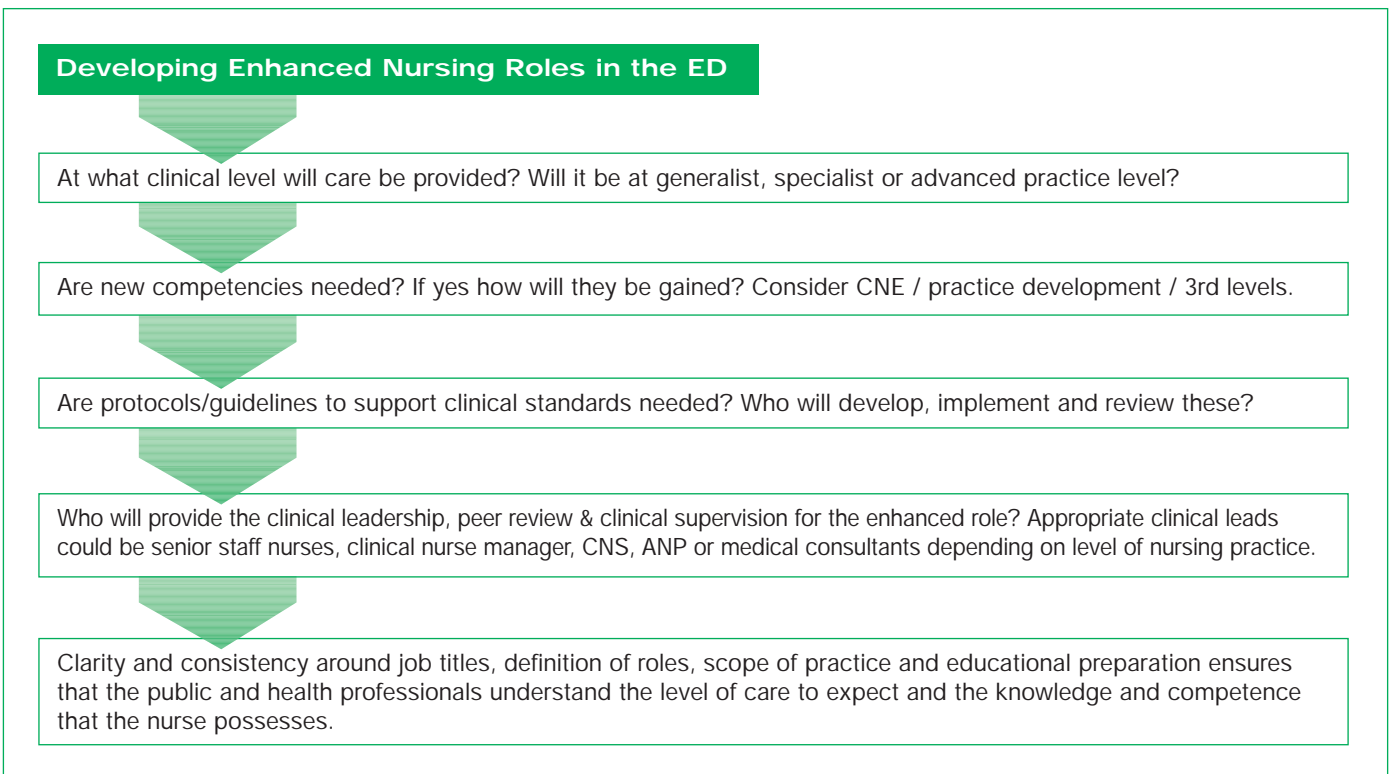
- Development of dedicated education programmes through 3rd level institutions and centres of nurse education (CNE).
- The introduction of nurse prescribing and the use of medication protocols.
- The implementation of x-ray prescribing.

Framework for Identifying the Need for Enhanced Nursing Roles

A number of factors must be considered when assessing the need for enhanced nursing roles in the ED. Firstly, the service need should be the key driver for role development. Service managers should consider whether there are gaps in the current care delivery system that could be addressed through the enhancement of nursing roles. Understanding the level of clinical decision-making and competencies required for the role is also of critical importance. Development of nursing practice should be in the context of multi-disciplinary, multi-skilled teams. National, regional and local guidelines and frameworks should provide the process and clinical standards required for best practice by all members of the multi-disciplinary team. The following questions should be asked when assessing the need for enhanced nursing roles in the ED:

- **What gaps are there in the current care delivery system that could be addressed through the enhancement of nursing roles?**
Regional and local demographics and epidemiology including public health data, HIPE (Hospital In-patient Enquiry) and case mix data, patient attendance activity, service gaps, waiting times and quality of care should be reviewed.
- **What is the skill mix currently available? Is it appropriately based on the caseload?**
ED managers should consider the particular needs of their departments in the context of skill mix within the staff compliment, i.e., nursing, medical, support staff and allied health professionals. What are the competencies required (i.e., by all personnel) to provide the care to the patient/client caseload?
- **Are enhanced ED nursing roles required?**
Crucial factors in determining enhanced nursing practice include the level of decision-making and responsibility the post-holder/practitioner will have rather than the nature or difficulty of the tasks to be undertaken. Nursing knowledge and experience should continuously inform the nurse’s decision-making process. The extent of clinical decision-making should be appropriate to the level of practice, i.e., generalist with expanded practice, specialist or advanced practice. The educational preparation and clinical skill should match the level of that practice. Figure 1 details the issues to be considered when establishing enhanced ED nursing roles.

Figure 1 Issues to be considered if enhanced ED nursing roles are required



Roles and Scope of Practice for Enhanced ED Nurses in Ireland

Scopes of practice for ED nurses in Ireland have to date emerged from specific patient management needs and vary throughout the country. A nurse's scope of practice is defined as *'the range of roles, functions, responsibilities and activities which a registered nurse is educated, competent and has authority to perform'*. Examples of the scope of practice and responsibilities of certain enhanced nursing roles in the ED in Ireland are provided in Table 3.

Table 3 Scope of practice in relation to CNS and ANP ED roles in Ireland

Post description	Scope of Practice
CNS (Respiratory Care) in the ED	Provision of efficient and effective care for those attending the ED with respiratory illness using clinically managed care pathways. The patient is provided with focused education in relation to inhalers, health promotion, medication management. A weekly nurse-led respiratory clinic in the ED supports patients to return for further advice and review. A phone support line is available which provides added continuity of care to the patient.
ANP (Emergency) Adult and Paediatric	Minor injuries/illness account for between 30% to 60% of attendances to the ED. An ANP service has been established in a number of institutions throughout the country to rapidly manage such a caseload of patients. The ANP assesses, diagnoses, manages and discharges a range of minor injuries/conditions within agreed protocols. The type of injuries/conditions include acute upper and lower limb injury, acute traumatic and chronic wound presentations, minor head injuries, facial injuries, dental trauma/conditions, hand/fingertip injuries, minor burns, soft tissue infection and inflammatory conditions.
ANP (Emergency Cardiology)	The ANP (Emergency Cardiology) provides timely, expert assessment and intervention for patients with acute coronary syndrome through an integrated care pathway. Patient assessment involves history taking, physical examination, ECG interpretation, phlebotomy, cannulation and administration of medication. The ANP admits low to moderate risk chest pain patients to the chest pain assessment unit for further monitoring and assessment. Unstable patients are referred to cardiology for appropriate management and admission. Patients who are discharged from the chest pain assessment unit are reviewed by the ANP in a nurse-led review clinic where cardiovascular risk, lifestyle modification and health promotion are reviewed.
ANP (Liaison Psychiatry)	The ANP (Liaison Psychiatry) provides a comprehensive service to those patients who present to the ED with a variety of mental health problems. Patients are referred directly to the ANP by ED staff. The ANP carries out a comprehensive patient assessment and devises a patient management plan to include brief intervention, medication management, follow up care and referral to other healthcare professionals and services. The ANP also provides much needed expert advice and support to the ED and other department staff in relation to managing a variety of mental health problems.

Competency Development for Enhanced Roles

In order to ensure safe and effective care ED nurses require development and maintenance of specific competencies. Competencies are developed in a number of ways such as formal education programmes, continuing professional development, clinical exposure, clinical supervision and experience.

The number of nurses who hold a specific post-registration qualification in emergency nursing is on the increase. Such courses are currently delivered at level 8 and level 9 on National Qualifications Authority of Ireland (NQAI) Framework. Additionally there are a number of higher and postgraduate diplomas in specialist nursing such as respiratory care and care of older persons that can support the development of enhanced nursing roles in the ED.

These courses have developed through partnership between 3rd level institutions and service providers and are based on service need. This type of development has ensured a more regionalised approach to education that facilitates participants to undertake academic education and clinical supervision in their own institution or region. Continued development of these education programmes is supported by collaboration and matching programmes with education needs arising from service developments.

The academic level of education for the ANP role is at master's degree level and a number of 3rd level institutions offer advanced practice programmes. For example the MSc in Nursing from Trinity College Dublin, in association with St James's Hospital, offers an advancing clinical skills module which provides clinical diagnostic skills for an ANP in emergency nursing. The Master of Health Science (Advanced Practice Nursing and Midwifery) at National University of Ireland Galway and University College Dublin (MSc Nursing Advanced Practice) are also examples of education programmes which provide specific education to prepare nurses to practise as ANPs. It should be noted that the National Council hosts a database of all 3rd level education programmes in Ireland.

Many ED nurses undertake a number of short courses as part of their continuing professional development. These courses provide for the development of competencies and skills to support their practice specific to areas within the ED. Courses include, Pre-Hospital Trauma Life Support, Advanced Cardiac Life Support, Paediatric Advanced Life Support, Neonatal Advanced Life Support, Advanced Trauma Nursing Course, and Advanced Trauma Life Support. In-service education, attendance at conferences and workshops also contribute to the continuum of life-long learning that is expected of the registered nurse.

In line with the *Scope of Nursing and Midwifery Practice Framework* (ABA 2000) nurses also develop competencies through experience and skills development under the supervision of senior nurses or other appropriate healthcare professionals. Preceptorship and mentorship initiatives are in place in many EDs and these facilitate the structured development of specific competencies relevant to the area of practice. This type of local arrangement allows for individual nurses to gain the specific competence and confidence required for enhanced roles, for example, cannulation and phlebotomy, medication management, history taking, physical assessment and prescribing.

Personal Development Planning (PDP) can facilitate nurse managers and ED nursing staff to consider carefully the clinical experience required to support the development of competencies of the individual and identify the optimum education required to support the individual whilst matching ED service demands. Supports to assist with PDP include practice development units, line managers, centres of nurse education, 3rd level institutes, the National Council and accredited ANPs.

Comparison of Clinical Decision-Making and Core Competency Levels

The level of clinical decision-making and competencies required for a role are critical to the consideration of service need.

The staff nurse, CNS and ANP have distinct roles and responsibilities. These roles are defined by the scope of practice, level of clinical decision-making, educational preparation, responsibility and subsequent autonomy attached to the roles. CNS preparation must include a relevant level 8 post-registration qualification, and the ANP, a relevant level 9 qualification. Core competencies for CNS and ANP roles are clearly outlined in the National Council framework documents (NCNM 2007, 2008)

The clinical career pathway enables ED nurses to continue to practise in their chosen clinical area while allowing them to increase their levels of responsibility, develop additional skills and gain expertise. This facilitates higher levels of clinical decision-making through appropriate assessments and interventions for ED patients in a timely and effective manner.

In line with the *Scope of Nursing and Midwifery Practice Framework* (ABA 2000), nurses develop specific competencies, some of which are considered enhanced roles such as cannulation, venepuncture, requesting diagnostic tests and prescribing. Table 4 gives an example of scope of practice, level of decision-making, competence and autonomy for a staff nurse, CNS and ANP in the ED. The areas of practice specified are intended as a snapshot and as such are not exhaustive.

Table 4 Example of clinical decision-making and competency level for an ED staff nurse, CNS and ANP

Staff Nurse

The staff nurse working in the emergency department will be assigned to a designated patient group or area within the unit. The nurse's clinical experience and competence will determine the level of responsibility and degree of decision-making. These in turn will govern the degree of clinical supervision that the staff nurse will require and will be further determined by his/her scope of practice. Suitably experienced and competent staff nurses will carry out formal triage and assign patients into appropriate categories for ongoing assessment and care. Staff nurses assigned to specific care areas or categories of patients will engage in nursing assessment and carry out interventions utilising enhanced clinical skills as per their level of competence along agreed guidelines. They will carry out interventions as requested by the appropriate clinical lead, who, depending on the specific patient caseload, may be an ANP or emergency consultant. Some examples of enhanced skills utilised by the staff nurse may range from venepuncture, cannulation, male catheterisation, application of plaster of paris, management of patient medication through medication management protocols and prescribing. The staff nurse will be engaged in monitoring and evaluating the patient's response to intervention and treatment and will report to a senior/clinical lead at appropriate stages throughout the patient journey. The decision to conclude an episode of care rests solely with the clinical lead. Ongoing clinical supervision, support and mentorship is provided by senior nursing staff such as clinical nurse managers, CNSs and ANPs as appropriate.

Clinical Nurse Specialist

Following formal triage the CNS may select a patient from an agreed caseload. The caseload may include patients with uncomplicated minor injury, surgical, respiratory, cardiac, mental health conditions or other. The CNS performs focused assessment relevant to the clinical condition. The CNS will initiate investigations and holistic care based on his/her findings and initiate continuous monitoring of the patient's response to interventions whilst liaising with the staff nurse assigned to the patient care area and an identified clinical lead. Decision-making regarding the definitive management and further care of the patient is shared by the CNS and clinical lead (or clinical link). The ultimate decision to conclude an episode of care will rest with the clinical lead who may be an ANP, emergency consultant or designated clinical link such as a registrar in emergency medicine. Patient assessment and management by the CNS is based on specific education and clinical experience in relation to a defined area of practice. Continuing clinical support and clinical supervision is provided by an ANP or consultant in emergency medicine.

Advanced Nurse Practitioner

Following formal triage the ANP may select a patient from an agreed caseload. The caseload includes more complex conditions, illnesses and injuries than those managed by the CNS. The ANP will accept referred patients who fall within the agreed scope of ANP practice from the CNS, medical staff and professions allied to medicine or patients who self-refer. The ANP will elicit a full history and carry out a comprehensive physical examination. The ANP will formulate a working diagnosis, initiate investigations and carry out specific interventions/treatments based on patient history and physical assessment. The ANP will initiate continuous monitoring of patient response to interventions and treatment. Staff nurses assigned to the patient care area or the CNS may provide support in the continuous monitoring of the patient and report to the ANP on the patient response to interventions. Interpretation of investigation results will assist the ANP to formulate a definitive diagnosis and plan of management for each patient episode. The decision to refer the patient for further immediate specialist care (for advice or admission), to out-patient clinics or discharge home, thus concluding a complete episode of care, rests with the ANP. Clinical judgment and decision-making carried out by the ANP is based on expert knowledge, specific education and vast clinical experience grounded in the art and science of nursing. On-going clinical support, clinical supervision and peer review is provided by other ANPs in the specialist area and the consultant in emergency medicine.

As shown in Table 4, the CNS provides assessments and interventions at a clinical decision-making level beyond that of a staff nurse and provides specialist nursing practice to a discrete group of clients within a defined scope of practice, working closely with the multi-disciplinary team. Autonomy in decision-making is within agreed protocols and in consultation with a clinical lead.

The ANP service provides autonomous caseload management with high levels of clinical decision-making. While ANPs work within the multi-disciplinary team, they have a greater level of autonomy than the CNS. ANPs provide leadership in the area of clinical practice by role modelling and providing clinical supervision for other members of the nursing team. They also identify areas of practice that require further development through reviewing up-to-date evidence and progressing the research agenda. The ANP role has the potential not only to greatly affect the quality of patient care on a day-to-day basis, but to also impact on the practice

of other members of the multi-disciplinary team and to continually develop the practice setting in response to patient need. Nurses working at an advanced practice level are striving to develop their expertise, and initiate nurse-led services and practice in collaboration with other healthcare professionals in an effort to provide the highest quality care to the patient.

In determining service need with respect of skill mix, the primary consideration should be the level of clinical decision-making required for the post. Other factors contributing to the level of decision-making include the anticipated client caseload; the level of support available from the multi-disciplinary team; availability of resources; and the expertise, skill and educational level of the nursing workforce.

Exemplars of Enhanced Nursing Roles in Ireland

Flexibility and innovation in practice have been central to the development of a number of roles designed to meet patient needs in EDs in Ireland over recent years. Outcomes associated with these roles are shorter waiting times, increased patient satisfaction, and improved health education for patients (Small 1999, Dunne 2001, Keenan 2002). A recent survey initiated by the National Council examined the impact of enhanced ED nursing roles in Ireland. Audit data provided by hospital services examined effectiveness of new and enhanced nursing roles and suggested that improvements have taken place in a number of key areas. The information outlined below is at a point in time and is not exhaustive. The audit outcomes vary and as such do not allow comparison; however the information below serves to demonstrate the effectiveness of local initiatives by nurses in EDs in the areas of care of minor injuries, cardiology services and others.

Results from the audit reports outline quality indicators that are important when evaluating services. Waiting times, service efficiency, patient safety, clinical outcomes and patient satisfaction are key indicators, which support the continuation and on-going development of similar service initiatives.

Minor Injury/Ambulatory Care

The ED in St James's Hospital (SJH) initiated a nurse-led minor injury service in 1996. Since then the ANP (Emergency) service has expanded from one ANP (2002) to seven in 2007. The results of audit demonstrate that a total of 60,000 patients with a variety of injuries and conditions have been treated during that time. A review of waiting time demonstrates a mean waiting time of 55 minutes from consultation to discharge. The ANP service is provided over seven days and extends from 7.30am to 9pm. The scope of practice and range of conditions treated by the ANP has expanded over time to meet with the increasing demands of the service.

Cork University Hospital (CUH) appointed the first ANP (Emergency) to manage a caseload of adult minor injuries in 2006. The number of patients treated from July 2006 to March 2008 totalled 2,552. The average age of patients treated was 37.8 years with the majority of patients treated (63.5%) being male. The average waiting time for a patient to be seen by an ANP was 63.8 minutes. It was reported that waiting times for patients when the ANP was not on duty could exceed 480 minutes. The percentage of patients seen by the ANP was 5.1% of the total. Four additional posts have been approved in the ED of CUH. The increase in the number of ANPs is expected to significantly impact the number of patients treated by the ANP service and will allow for further expansion of service in terms of hours of service and caseload.

The Beaumont Hospital ED recently had four posts for ANP (Emergency) approved. Heretofore the department had developed the role of CNS (Minor Injuries). Audit of this role demonstrated a mean time of 166 minutes from registration to discharge time and results of a patient satisfaction survey of the service initiative rated satisfaction as very high.

Cardiology Services

The role of ANP (Emergency Cardiology) was developed in St James's Hospital in 2005 as an essential role in the development of a designated Chest Pain Assessment Unit (CPAU). The ANP provides rapid cardiology consults to the ED in the area of chest pain assessment and admits suitable patients to the CPAU. Other posts such as ANP (Cardiology) at St Vincent's University Hospital (SVUH) were approved in 2006. Audit results from SVUH suggest that the majority of all patients (82%) were discharged after a short stay. Sixty-five per cent of those patients had undergone exercise treadmill testing and there were no deaths or non-fatal myocardial infarctions at 30 days post discharge in the audit group. These types of audit results provide evidence that initiatives such as these, which are ANP-led under supervision of the cardiology department, compare favorably with results from countries such as the UK that examined population equivalence, discharge percentages and adverse event rates. The level of expertise demonstrated by the ANP in patient management and the resultant patient outcome of such initiatives validate the contribution that these posts make in reducing hospital admission in a safe and effective manner.

St Luke's Hospital, Kilkenny has developed a care pathway which involves the CNS educating staff in the administration of first dose thrombolysis agent in the ED or Medical Assessment Unit. The introduction of this initiative has decreased the 'door to needle time' from 29 minutes in 2004 to 23 minutes in 2007.

Other Initiatives

Clinical nurse specialist-led initiatives have also been developed to improve the management of other groups of patients who present to EDs such as ear, nose and throat (ENT)/ophthalmology and orthopaedic patients. Cork University Hospital has developed an Orthopaedic Trauma Nurse Co-Ordinator post, which is affiliated to the orthopaedic division but involves the assessment of orthopaedic patients in the ED. The function of the role is to expedite and enhance the patient journey from the ED to orthopaedic surgery. The benefits of the role include sharing clinical information with staff in the ED, providing links with the orthopaedic service and providing early interventions for patients with more serious conditions in collaboration with ED personnel.

The Royal Victoria Eye and Ear Hospital has developed CNS roles in ENT and Ophthalmology services which involve managing patients who present to the ED with discreet conditions, thus decreasing the overall waiting time for patients in the ED while improving the quality of care and satisfaction rates among patients with specific conditions.

Areas for Further Development

The National Council believes that careful consideration must be given to the appropriate implementation of enhanced roles in EDs in order to maximise their potential impact on patient experiences and outcomes. Roles must be developed in line with international standards, there must be clarity and consistency around job titles, definition of roles and educational preparation to ensure that the public and health professionals understand the level of knowledge and competence that the nurse possesses and what level of care to expect from nurses practising in these roles.

In addition, further CNS and ANP posts in EDs should be developed and replicated as determined by service need. Staff nurses in the ED should be supported to embrace enhanced roles through developing clinical skills appropriate to the acuity and level of activity of the ED. In addition it should be noted that new developments such as CNS and ANP posts in the community and outreach hospital services will support an improvement in the quality, effectiveness and efficiency of both primary and secondary care and should result in a reduction of new and return patients to the ED.

Conclusion

This paper provides an update on developments in emergency nursing and identifies key components of role development for enhanced nursing practice within an emergency context. It outlines the areas that require further development in order to enhance service. A focused needs assessment guide for managers is provided with some examples from practice to outline specific patient caseloads and illustrate the variety of roles that exist.

Enhanced nursing roles are of critical importance to support the Health Service Executive's plans to enhance care delivery in the ED. It is envisaged that this paper will assist in identifying opportunities for the appropriate strategic progression of a range of posts and enhanced roles within EDs.

Development of nursing practice should be in the context of multi-disciplinary, multi-skilled teams. National, regional and local guidelines and frameworks should provide the process and clinical standards required for best practice by all members of the multi-disciplinary team.

The National Council welcomes discussions with service providers and nurse managers of EDs with regard to enhanced nursing practice. The National Council will continue to provide seminars, open days, telephone, web and email support, and site visits to progress post development.

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