

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Emergency Department**

EMERGENCY DEPARTMENT

Number of Beds: **Core: 25, Triage: 2 chairs, After Hours Center: 4 beds**

Nurse Patient Ratio: **Level 1 3:1 Level 2-5 patients 1:3-4**

Scope of Service:

The DEM provides a comprehensive emergency service to all patients presenting to the department on a 24 hour basis. The department accepts all patients for treatment. Patients are triaged according to a 5-level triage system; ensuring patients are assessed and sorted according to acuity. DEM staff are specialized emergency healthcare providers who have advanced qualifications and experience. Patients from all medical categories receive emergency care and medical referral as necessary.

An integrated VIP area provides Urgent Care to distinguished members of the community.

The department is able to provide rapid resuscitation, stabilization and transfer of critically ill patients. Although the department is not a designated Trauma Center, it provides advanced Trauma care to patients brought to the department. The department provides disaster care to the community in the event of Major Incidences.

An extended Urgent Care Center operates almost continuously to meet the needs of less acute presentations. A dedicated urgent care service allows for non-emergency presentations to be treated more expediently, freeing the core department to receive emergent cases as they present. The department receives and assesses direct admissions to the hospital, including MediVac patients en route to intensive care areas within the hospital. It caters for both adult and paediatric patients.

The DEM is a an active clinical learning environment as evidenced by a medical residency program for physicians and the integration of nursing students, Nursing Interns and Interim Staff Nurses. The DEM is an active supporter of Saudization through employment of Saudi nursing graduates and their ongoing education towards specialization in emergency nursing.

Patient Presentations include:

Respiratory Emergencies

- Acute airway obstruction
- Acute respiratory failure
- Exacerbation of COPD

Cardiovascular Emergencies:

- Cardiac heart failure
- Myocardial infarction

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- Post cardiac surgery complications

Gastrointestinal Emergencies

- Bowel obstruction
- Gastroenteritis
- Malnutrition
- Vomiting/diarrhoea
- Food poisoning

Neurological Emergencies

- Seizure disorders
- Head injury
- Spinal injury
- Acute rise of ICP
- Cerebral haemorrhage
- Acute pain presentation

Oncological Emergencies

- Spinal cord compression
- Infection in immunocompromised patient
- Haemorrhage
- Tumour lysis syndrome

Genitourinary Emergencies

- Acute urinary obstruction
- Torsion testes

Trauma

- Thermal injury
- Motor vehicle accident
- Explosion injury
- Orthopedic fracture
- Chemical exposure

OB/GYN

- Precipitous Delivery
- PV haemorrhage

Metabolic Crises

- MMA

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- PPA
- MSUD

Frequent Procedures/Services/Functions:

The DEM utilizes numerous nursing diagnostic and therapeutic modalities to facilitate patient care, including the following:

- Rapid sequence intubation
- Mechanical ventilation
- Defibrillation
- Synchronized Cardioversion
- Provision of Advanced Cardiac Life Support
- Provision of Paediatric Advanced Life Support
- Haemodynamic support: inotropes, anti-arrythmics
- Emergency Nursing Process
 - Primary Survey and Secondary Survey
 - Initiation of life-saving measures
 - Recognition of pathophysiological basis to emergency
 - Articulation of Trauma Nursing Process
 - Ongoing assessment of nursing care
 - Review of nursing efficacy
 - Patient advocacy
- Cardiac monitoring and rhythm interpretation
- Recording of 12-lead ECG's
- IV cannulation
- Management of intravenous therapy including blood transfusion
- Assisting with placement of chest tubes
- Assisting with placement of central lines including haemodynamic monitoring lines
- VAD access
- Initiation of cervical immobilisation and spinal precautions
- Placement of nasogastric tubes
- Placement of urinary catheters
- Assessment, reporting and treatment of pressure ulcers
- Ongoing nursing management of critically ill patients, unable to transfer to CCU/ICU
- Family health education
- Acute/acute-on-chronic pain management
- Emergency childbirth
- End of life care

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HOURS OF OPERATION:

24 hours a day, 7 days a week

CRITERIA FOR ADMISSION TO SERVICE

All patients who present to the DEM are triaged and seen by an emergency physician; no patients are triaged away from the department (except during Code Amber). All patients with risk to life or limb are treated in the DEM, regardless of eligibility status.

All other patients who are eligible for hospital services are treated in DEM.

Patients, attending outpatient areas of the hospital maybe referred to DEM if there is an unmanageable change in the patient's physiological stability. The DEM responds to Codes that occur in Outpatient and non-clinical areas; patients from these situations may be transferred to DEM.

STAFFING PLAN

Number and Mix of Staff:

Continuity of emergency nursing care is maintained throughout a 24-hour period by two 12-hour shifts. Each shift consists of twelve Registered Nurses, including a Charge Nurse. In addition, two 8-hour registered nurses are scheduled for the VIP and Fast Track areas.

The After Hours Service runs from 1800 – 2400hr, five days a week. The service is staffed by one registered nurse, one MD and one Ward Clerk.

In order to be able to respond effectively to unpredictable fluctuation in patient census, as well as disaster preparedness, a constant number of RNs is maintained throughout the 24-hour period.

A primary nursing model is utilized; responsibility for individualized patient care is the responsibility of the primary nurse. Nurses are assigned in designated sections of the department according to their skill level and standard of emergency nursing competency.

The Charge Nurse is responsible for the clinical management of the shift; duties include placing patients in rooms, managing nursing, ward clerk and patient care assistant staff; trouble-shooting clinical problems that arise; liaising with case management and areas around the hospital who send/receive patients; monitoring and providing feedback on work performance of staff.

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Within each shift, three senior registered nurses are assigned to the Code Team. This team is responsible for any participating in any code/resuscitation situation that occurs within the department; additionally, one member of the Team will attend Codes in outpatient/non-clinical areas of the hospital.

DEM Medical staff hold Board Certification in Emergency Medicine. Physicians are specialized in adult or paediatric groups. Continuous medical coverage is provided by emergency consultants throughout the 24-hour period.

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

Registered Nurses:

- Licensed Registered Nurse in KSA and country of origin
- Previous experience as emergency nurse
- BLS / ACLS / PALS / NRP
- Successful completion of DEM Core Skills
- Competency in dysrhythmia interpretation.
- Successful completion of orientation requirements
- Recent previous PICU experience.

Ward Clerks:

- Saudi national
- English speaking
- High School Diploma required
- Previous experience as Ward Clerk or graduate from tertiary program

Patient Care Assistant:

- Saudi national

How are in-services/continuing education programs provided to maintain staff competency?

A comprehensive DEM education program is coordinated by the Clinical Resource Nurse with support from the Clinical Instructor (NE&R). The DEM Core Skills are part of this program; assessment of clinical competency matches with education packages to ensure learning opportunities are offered where needed. Emergency nurses present at least one in-service per year; poster boards are continually updated with staff presentations topics that reflect the specialized knowledgebase of emergency nursing. In-services are supplemented with teaching/information sharing sessions by Clinical Resource Nurse and other staff representatives (e.g. POCT, Pyxis, and Disaster Committee)

Required Competencies

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- Basic Dysrhythmia Interpretation
- DEM Core Critical Skills
- POCT testing
- Hospital Mandatory Education (e.g. fire safety etc.)
- Age Specific Care Review
- DEM Medication Review
- Adult Physical Assessment
- Paediatric Physical assessment

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication:

Information within the emergency department flows in a dynamic pattern. Staff have considerable input into the functioning of their workplace. Nurses are members of at least one of the following emergency nursing committees:

- Leadership Committee
- Environmental Committee
- Nursing Practice / QI Committee
- DEM Nursing Disaster Committee
- Education Committee

Committees meet at least on a monthly basis. Staff provide input to the workgroups leading to projects and activities to improve the emergency nursing service.

Patient handover between shifts occurs at the patient's bedside. Report is called to receiving Units before patients are transferred.

Communication Books are maintained and read daily for each of the nursing affairs disciplines: nurses, ward clerks and patient care assistants.

Emergency Department Academic Rounds provide a collaborative forum, whereby presentations on emergency care are shared not only amongst DEM staff but are open to employees across the hospital.

The DEM management committee is made up of senior members of staff groups within the department. Senior representatives from nursing, medicine, reception, and Executive on Duty meet regularly to review departmental issues.

Externally, staff members attend a number of Hospital committees including:

- Nursing Management Council
- Critical Care Practice Committee
- Critical Care Leadership Committee

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- Education Committee
- Quality Improvement Committee
- Point of Care Testing Committee

Collaborative Relationships with Other Departments

The Department of Emergency Medicine intersects with all departments in the hospital. The Department of Ambulance Services provides pre-hospital emergency care as well as MediVac transportation of critically ill patients. These patients are assessed by triage nurses as they pass through the DEM. A phlebotomist from Laboratory Services is stationed in the department 24 hours a day. Respiratory Therapy provide assistance in cases of intubation. The department responds to all outpatient and non-clinical situation Codes as a member of the multi disciplinary code team.

GOAL OF DEPARTMENT

- To reflect the Mission statement of KFSHRC and to provide the highest quality emergency care, in the most effective and efficient manner, to all patients presenting to the DEM.
- To provide an efficient transition into the hospital for patients requiring admission.
- To provide accurate triage assessment of all direct admission patients who pass through the department.
- To deliver high quality, culturally sensitive care
- To strive to improve the quality of emergency care provided by reviewing practice and adopting performance improvement projects as a vehicle for change.
- To reflect contemporary practice in emergency care
- To respect the family as a fundamental unit of Saudi society.

VOLUME

Annual census: 44,500 annually

Average daily census: 126 patients

- Daily range: 90 – 200

Patient mix:

Resuscitation	5%
Emergent:	5%
Urgent:	40%
Less Urgent	25%
Non Urgent	25%

Adult	70%
Paediatric	30%
VIP Patients	11%

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Family Medicine 15%
New Patients 6%
Active Patients 69%

PROBLEMS FOR STAFF / PATIENTS

- Holding of patients when no admission bed available
- Transfers to outside hospitals
- New patients in DEM
- Prolonged waiting times
- Direct admissions passing through DEM
- L+D closing leading to all OB/GYN cases having to stay in DEM

PERFORMANCE IMPROVEMENT ACTIVITIES

- Collaborative MD-RN Academic Rounds
- Departmental Quality Improvement meetings
- PI Projects:
 - Fast track area
 - CTAS triage system
 - Trauma room and Trauma Team set-up
 - Response to labour in DEM
 - Documentation audit
 - Admission wait time audit

MEASURES OF QUALITY

- Monitoring of number of patients who Left Without Being Seen
- Statistical Database: Time intervals for admitted patients
- POCT Quality Control
- Patient response forms
- Case review by collaborative Quality Improvement Group