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Project title

A Seven-year Analysis of Emergency Nurse Practitioner Clinic in Hong Kong

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Introduction

With the growth in patient presentations and shortage of medical staff over the past years that has contributed to an ever-growing burden on the delivery of quality patient care. This can be reflected on prolong of waiting times and length of stay in A&E. Evidence suggests that nurse-led services provide high-quality patient care, and may alleviate the problem of increasing in patient attendance.

Objectives

Objectives: The objectives of this analysis are: (i) to evaluate the effect of introducing a nurse-led clinic service on patients' waiting time and patients' length of stay in ED; (ii) to evaluate the diagnostic accuracy and the accuracy of treatment plan of the nurse-led clinic.

Methodology

Methodology: This was a retrospective observational study of data recorded between 1 July 2007 and 31 December 2014 from all patients attending the emergency nurse clinic in the Prince of Wales Hospital. Data reviewed included patient characteristics, documentation adequacy and appropriateness, diagnostic and treatment accuracy, waiting time for consultation, processing time and attendance rate.

Result

Result & Outcome: 8723 patients, 69% aged between 16-60 years were seen. 95% patients were triage category 4. Problems were:- soft tissue injury to limbs 46%, wounds 12%, limb fracture 11%, soft tissue infection 3%, eye condition 4%, foreign body in soft tissue or throat 5%, gout 5%, minor head injury 3%, animal bite 2%, scald 2%, and joint dislocation 1%. Retrospective review of the patient record by a senior doctor showed 100% accuracy in choice of investigation and diagnosis, and 99% accuracy of X-ray interpretation. Clear documentation of the presenting problem for audited items was between 97% and 100%. The Emergency Nurse Service reduced average patients' waiting time (from registration to emergency nurse consultation) and processing time (from registration to discharge) by 71 minutes and 112 minutes respectively. The re-attendance rate was 0.4% with no inaccuracy of initial diagnosis made on the first attendance that affected subsequent patient management outcomes. Reengineering the ED service by fast tracking minor cases to emergency nurses was positive. Patients with minor injuries received safe, effective and holistic treatment in a timely manner.