THE NEW ROYAL ADELAIDE HOSPITAL

Critical Care Services
Emergency Department (ED)
New RAH
Introduction

- ENVIRONMENT
  - Design principles
  - Overview of the Emergency Department (ED)
- DIRECTORATE NURSING STRUCTURE
- ED NURSING LEADERSHIP STRUCTURE
- ED DAILY STAFFING
- CONSULTATION PROCESS
New RAH Design principles

FLEXIBLE BEDROOM ACCOMMODATION TO ALLOW A RANGE OF PATIENT ACUITY LEVELS AND CARE NEEDS
INTERNAL AND EXTERNAL VIEWS FROM EACH BEDROOM
PROVISION FOR A FAMILY MEMBER/CARER TO STAY OVERNIGHT
CENTRALISED CLEAN AND DIRTY UTILITIES FOR EASY ACCESS
CENTRALISED STAFF HUBS TO SUPPORT OBSERVATION AND CONSUMER PRIVACY (EXCELLENT LINES OF SIGHT)
MINIMISATION OF NOISE AND ACCESS TO NATURAL LIGHT
SMALL MEETING ROOMS THAT SUPPORT MOBILE TELEHEALTH
THE INPATIENT AREA WILL BE SUPPORTED WITH WI-FI
INTERVIEW SPACES WITH DUAL EGRESS
Overview of Emergency Department

> ED HAS 78 ENCLOSED PATIENT BAYS CONSISTING OF
  > 8 Resuscitation Rooms
  > 26 cubicles in the Diagnostic Assessment Unit (DAU)
  > 38 in the Ambulatory and Treatment area; and
  > 6 in the Observation area – closed Day 1, opened and staffed during periods of high demand/surge

> THIS INCLUDES 2 SECLUSION ROOMS, 5 NEGATIVE PRESSURE CUBICLES AND ONE QUARANTINE ROOM

> CUBICLES IN EACH AREA ARE IDENTICAL AND GROUPED INTO PODS

> MEDICAL IMAGING SUITE IS LOCATED DIRECTLY ADJACENT ED

> HOT LIFTS CONNECT ED TO HELIPAD, ICU AND TECHNICAL SUITES

SA Health
Overview of Emergency Department

INCLUDED WITHIN EACH STREAM OF THE ED ARE

> SINGLE PATIENT CUBICLES
> CLEAN AND DIRTY UTILITY ROOMS
> STAFF HUBS
> MULTI-PURPOSE ROOMS
> DISTRIBUTED STORE
> AUTOMATIC DISPENSING CABINET (PHARMACY)
> ALL FUNCTIONS HAVE BEEN GROUPED WITHIN A STREAMED AREA TO MINIMISE STAFF WALKING AND ASSOCIATED FATIGUE
> CORRIDOR WIDTHS ALLOW FOR THE EASY PASSING OF TWO BEDS, ASSOCIATED EQUIPMENT AND STAFF TO ENSURE MINIMAL OBSTRUCTION IN STAFF ACCESSING PATIENT ROOMS
The new RAH Emergency Department

ED Staff Hub

ED Internal Meeting Room

ED Cubicle

ENT Room

Eye Room
Proposed Critical Care Nursing Structure
(Status Quo)

Nursing Co-Director
Critical Care Services CALHN

Nursing Director
Emergency Services CALHN

Nursing Director
Intensive Care Services CALHN
New RAH ED Nursing Structure
(status quo)

Nursing Director
Emergency Services CALHN

- NUMs
  - ANUMs
  - RNs, ENs

- NEs

- NM
  - Casual Pool

- NP/NPc

- Trauma NC
  - ANUM

- Radiology/Nuclear Medicine CSCs (NUMs)
  - ANUMs
  - RNs, ENs
ED Nursing Leadership

NURSING LEADERSHIP POSITIONS UNCHANGED

- 1 ED NUM per stream (DAU, Amb & Tx, Resus/EECU) as current (3 in total)
- 1 Trauma NC

NUM ROLE AND RESPONSIBILITIES FOR EACH FUNCTIONAL AREA INCLUDE:

- Expert clinical oversight across their specialised functional areas
- Management of patient oversight – with a focus on patient safety and quality care outcomes and consumer engagement
- Management of human resources
- Management of budget
- Ensuring staff capability/professional development
- Creating a positive work environment
- Fostering strong collaborative multidisciplinary relationships
- Support on the floor at times of increased demand
New RAH (Tertiary) ED Staffing in accordance with Appendix 1

BASE STAFFING
1:3 NURSE TO PATIENT RATIO
2 TRIAGE NURSES 24/7
SENIOR ED TRAINED SHIFT COORDINATOR 24/7
2 DEDICATED RESUS TEAMS 24/7
NURSE PRACTITIONER MODEL OF CARE
24/7 MENTAL HEALTH NURSE (STAFFED BY MH)

EXTENDED SHORT CARE (EECU, SS, CDU FUNCTION)
1:4 NURSE TO PATIENT RATIO (INCLUDED SHIFT COORDINATOR)
## ED Daily Staffing Plan

### Staffing Model – 65 cubicles, 6 Resus bays

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<th>Role</th>
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<tbody>
<tr>
<td>NUM</td>
<td></td>
<td></td>
<td>3 (five day roster)</td>
</tr>
<tr>
<td>ANUM</td>
<td></td>
<td></td>
<td>3 per stream (seven day roster)</td>
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<tr>
<td>CN</td>
<td></td>
<td></td>
<td>As per personal reclassification</td>
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<tr>
<td>RN:EN</td>
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### Proposed shift plan

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<td>Shift Coordinator</td>
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<td>Resus team</td>
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<tr>
<td>Triage Nurse</td>
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<td>2</td>
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<tr>
<td>Direct Care</td>
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<td>22</td>
<td>21</td>
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Staffing allocation will match acuity, complexity and demand within functional area.
Consultation Process

COMMITMENT TO ONGOING CONSULTATION

CONSIDERATION TO STAFF FEEDBACK (BOTH THROUGH ANMF AND NURSING DIRECTOR)
Questions?