

# The Development of an Advanced Practice Role in Emergency Nursing: insights from an Irish experience

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The role of advanced nurse practitioner has been established in the emergency department in St James's Hospital for the last twelve years. The success of this role is evident in the many achievements to date in terms of improvements in the quality of service delivery, professional development and the replication and proliferation of the role nationally. Testament to a high quality service is the satisfaction expressed by the service users. The research outcomes and other quality outcome measures such as improved consultation to discharge time and extended hours of service support the expansion of the scope of practice to include more clinical conditions to the ANP caseload. The development of the ANP service in the emergency department has paved the way for other innovations in advanced nursing practice within St James's Hospital and in hospitals around the country. Emergency departments such as St James's Hospital, where the role of the ANP is well developed provide a model of good practice and demonstrate the ethos of strong multidisciplinary. [Emergencias 2010;22:220-225]

**Key words:** Advanced nurse practitioner. Emergency.

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## Introduction

The introduction of advanced nurse practitioner roles into the Irish health service has been relatively recent. This new concept in health service provision started in St James's Hospital, Dublin with a pilot project that commenced in the Emergency Department in 1996. The pilot project was evaluated positively resulting in the first emergency nurse practitioner post in the Republic of Ireland being established in 1997. In 1998 a Report of the Commission on Nursing was published which recognised that promotional opportunities should be open to nurses and midwives wishing to remain in clinical practice and accordingly recommended a clinical career pathway leading from registration to clinical specialisation and to advanced practice. The development of this career pathway serves to develop clinical nursing and midwifery expertise in the interests of holism and excellence in patient care<sup>1</sup>.

This article outlines the history of that development and describes the clinical caseload and scope of practice of an Advanced Nurse Practitioner in Emergency Nursing in Ireland today.

## The National Council for the Professional Development of Nursing and Midwifery

The National Council for the Professional Development of Nursing and Midwifery (NCNM) was established in 1999 (SI No 376) following the recommendations of the Commission on Nursing<sup>2</sup>. The Commission identified gaps in the system in relation to continuing professional development, innovation and development of clinical practice, lack of a clinical career pathway and strategic leadership. It was considered that an independent body separate from regulation, industrial relations issues and service was needed to drive significant change for nurses and midwives. Such change should be in direct response to health service need. The establishment of a clinical career pathway is a function vested in the NCNM and since its inception has developed a definition, core concepts and competencies for the role of the Advanced Nurse/Midwife Practitioner (ANP/AMP) and determines the requirements for nurses and midwives to be accredited as ANPs/AMPs.

Since its foundation, NCNM has provided

much needed leadership to the professions of nursing and midwifery. It has established itself at the forefront of professional development and adaptation to change to meet the emerging challenges of the health services.

As a result of its work there are within the health services in Ireland today almost 2,000 Clinical Nurse Specialist/Clinical Midwife Specialist and 100 Advanced Nurse Practitioner/Advanced Midwife Practitioner posts. This surpasses international benchmarks in the development and implementation of specialist and advanced practice.

### Definition of Advanced Nurse Practitioner

'ANPs /AMPs promote wellness, offer health-care interventions and advocate healthy lifestyle choices for patients/clients, their families and carers in a wide variety of settings in collaboration with other healthcare professionals, according to agreed scope of practice guidelines. They utilise advanced clinical nursing/midwifery knowledge and critical thinking skills to independently provide optimum patient/client care through caseload management of acute and /or chronic illness. Advanced nursing /midwifery practice is grounded in the theory and practice of nursing/midwifery and incorporates nursing/midwifery and other related research, management and leadership theories and skills in order to encourage a collegiate, multidisciplinary approach to quality patient/client care.

Advanced nursing and midwifery practice is carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. They are highly experienced in clinical practice and are educated to masters degree level (or higher). The postgraduate programme must be in nursing/midwifery or an area highly relevant to the specialist field of practice ANP/AMP roles are developed in response to patient/client need and healthcare service requirements at local, national and international levels. ANP's/AMP's must have a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing/midwifery practice and a commitment to the development of these areas'.

### Core Concepts of Advanced Nursing Practice

Four core concepts underpin advanced nursing practice<sup>1</sup>.

1. *Autonomy in Clinical Practice.* An autonomous ANP/AMP is accountable and responsible for advanced levels of decision-making which occur through management of specific patient/client caseload. ANPs/AMPs may conduct comprehensive health assessment and demonstrate expert skill in the clinical diagnosis and treatment of acute and/or chronic illness from within a collaboratively agreed scope of practice framework alongside other healthcare professionals. The crucial factor in determining advanced nursing / midwifery practice, however, is the level of decision-making and responsibility rather than the nature or difficulty of the task undertaken by the practitioner. Nursing or midwifery knowledge and experience should continuously inform the ANP's/AMP's decision-making, even though some parts of the role may overlap the medical or other healthcare professional role.

2. *Expert Practice.* Expert practitioners demonstrate practical and theoretical knowledge and critical thinking skills that are acknowledged by their peers as exemplary. They also demonstrate the ability to articulate and rationalise the concept of advanced practice. Education must be at master's degree level (or higher) in a programme relevant to the area of specialist practice and which encompasses a major clinical component. This postgraduate education will maximise pre- and post-registration nursing/midwifery curricula to enable the ANP/AMP to assimilate a wide range of knowledge and understanding which is applied to clinical practice.

3. *Professional and Clinical Leadership.* ANPs/AMPs are pioneers and clinical leaders in that they may initiate and implement changes in healthcare service in response to patient/client need and service demand. They must have a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing / midwifery practice and a commitment to the development of these areas. They provide new and additional health services to many communities in collaboration with other healthcare professionals to meet a growing need that is identified both locally and nationally by healthcare management and governmental organisations. ANPs/AMPs participate in educating nursing/midwifery staff, and other healthcare professionals through role-modelling, mentoring, sharing and facilitating the exchange of knowledge both in the classroom, the clinical area and the wider community.

4. *Research.* ANPs/AMPs are required to initiate and co-ordinate nursing/midwifery audit and research. They identify and integrate nursing/midwifery research in areas of the healthcare environment that can incorporate best evidence-based practice to meet patient/client and service need. They are required to carry out nursing/midwifery research which contributes to quality patient/client care and which advances nursing/midwifery and health policy development, implementation and evaluation. They demonstrate accountability by initiating and participating in audit of their practice. The application of evidence based practice, audit and research will inform and evaluate practice and thus contribute to the professional body of nursing/midwifery knowledge both nationally and internationally.

### Factors Supporting the Development of Enhanced Nursing Roles in Emergency Departments 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 role development include:

- The National Council CNS and ANP frameworks<sup>1,3</sup>, which have provided the templates and describe the processes for developing CNS and ANP posts.

- Funding from the National Council that supports site and role development and supports essential education programmes which focus on skills development and encouraging innovation in clinical practice.

- The Scope of Nursing and Midwifery Practice Framework<sup>4</sup>, 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.

- Development of dedicated education programmes through 3rd level colleges and centres of nurse education.

- The introduction of nurse prescribing and the use of medication protocols<sup>5,6</sup>.

- The implementation of nurses prescribing ionising radiation<sup>5</sup>.

### Emergency Department Activity in Ireland

Approximately 1.2 million patients attend Emergency Departments in Ireland each year, which is an average of 3,000 people per day. Studies have shown that satisfaction with this service is high<sup>7</sup>; however, Emergency Departments still experience delays, and there are variations in bed capacity, level and availability of clinical decision-making, internal control processes and community and continuing care capacity and processes<sup>8</sup>.

St James’s Hospital is a major academic teaching hospital located in inner city Dublin. It is one of six emergency departments in the city and the department operates a 24-hour, 365-day service to deal with the emergency needs of the local population. It allows emergency access to specialist services offered by St James’s Hospital for patients who require resuscitation prior to admission and for patients with less urgent needs to access high quality care in a designated ambulatory care area.

The hospital is situated in inner city Dublin in an area of high unemployment and social deprivation. The age profile of the community is mixed although is increasing towards the older age group<sup>9</sup>. Problems of drug use, domestic violence and poor housing affect its younger population. The emergency department provides a twenty-four hour service for accident and emergency cases and also acts as a primary care facility for many of the 216,428 people who live in the catchment area<sup>10</sup>.

### The Context of Advanced Nursing Practice

The international literature is replete with examples of the development of nurse practitioner and advanced nurse practitioner roles. Research evidence suggests that such roles prove to be effective, efficient and safe and have a high degree of patient and practitioner satisfaction<sup>11,14</sup>. Advanced nursing practice in Ireland began in St James’s Hospital, Dublin with the development of the first nurse practitioner role in 1996.

## Purpose of Post of Advanced Nurse Practitioner (Emergency)

The initial rationale for the development of an advanced nurse practitioner role in St James's Hospital was:

- To develop a clinical career pathway for experienced nurses in the emergency department.
- To enhance the quality of service delivered by the multi-disciplinary team to patients with minor injury and illnesses.
- To provide a timely, but safe, service for patients thus enhancing patient satisfaction.
- To provide professional development, academic continuance and personal satisfaction for the experienced emergency nurse.
- To promote autonomous nursing practice by developing reflective and reflexive problem solving practitioners to deliver holistic care to a specific group of patients along protocol driven guidelines.
- To release physician time to deal with the increasing burden of problems which could not be handled by an emergency nurse practitioner.

## Scope of Practice of the Advanced Nurse Practitioner

The conditions deemed suitable for ANP emerged from a caseload previously managed by doctors but fell into the category of minor injury. The majority of patients deemed suitable for the ANP were primarily from triage categories 4 and 5. Through continuing audit of the caseload there was a positive evaluation of the safety and effectiveness of the service which prompted further expansion of the range of clinical presentations to include more acute presentations, therefore patients in categories 2 and 3 with non-complex conditions are now included in the caseload.

The term 'minor injury' in the context of the Scope of Practice of the Advanced Nurse Practitioner and the entire emergency directorate has been replaced by the designation 'Ambulatory Care' which the multidisciplinary team believes more appropriately describes the profile and needs of the patient group involved. Webster's New Millennium Dictionary of English (2005) describes ambulatory care as 'any non-emergency or outpatient medical care at a clinic, doctor's office, or hospital'. An entirely separate area has been designated for ambulatory care patients and has been refurbished and newly equipped to manage medium to low acuity patients thus improving the

environment for this specific group of patients. By changing the title and connotation, which accompanies the profile 'ambulatory care', the patient group is expanded to encompass a broader range of injuries and illness of which a larger percentage has the potential to be managed by an Advanced Nurse Practitioner service.

Over the last number of years the Advanced Nurse Practitioner Service has expanded as predicted in response to the changing service demands. Aligned with these changes in the scope of the ANP caseload has been the collaborative development and maintenance of clinical skills and competence in clinical practice which is achieved through continued clinical supervision, peer review and participation by ANP's in the education of others within and outside of the emergency department. Clinical caseload includes the following clinical presentations (Table 1).

## Referral pathways by Advanced Nurse Practitioner to other Healthcare Teams

Following a comprehensive health assessment and management of the patient complaint the ANP will use his/her clinical judgment to refer patients who require further investigation or evaluation to be carried out by other healthcare professionals. The following referral pathways have been in place since the commencement of the service and provides a more seamless episode of care for the patient.

- Following the history taking and physical assessment if the patient condition falls outside of the scope of practice of the ANP the patient is then referred to the consultant in emergency medicine or the most appropriate senior medical practitioner

- Following the completion of physical assessment and clinical examination the ANP may rationalize that the patient requires diagnostic investigation such as radiology. The ANP can make radiology requests directly too the diagnostic imaging department without requiring the sign off by a medical practitioner. This arrangement is achieved by the use of a collaborative protocol for Radiology Requests.

- Following the appropriate treatment and evaluation of diagnostic investigations the ANP may conclude that the patient requires the expertise of other healthcare professionals and referral either for in-patient or out-patient treatment may be appropriate. Referral arrangements have been arranged with the following services: Or-

**Table 1.** Clinical caseload assigned ANP (*Advanced Nurse Practitioner*)

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| - Abscesses and Infected Sebaceous Cysts (minor) |
| - Hand and Wrist Injuries                        |
| - Achilles Tendon/Gastrocnemius Injuries         |
| - Head Injuries (Minor)                          |
| - Ankle Injuries/calcaneum injury                |
| - Humerus Injuries                               |
| - Bites (Animal)/Stings                          |
| - Ingrown Toenails                               |
| - Burns  |
| - Injuries with Glass                            |
| - Bursitis                                       |
| - Knee Injuries and Conditions                   |
| - Clavicle Injuries                              |
| - Mandible Injuries                              |
| - Dental Trauma/Bleeding Socket/Dental Abscess   |
| - Mucosal and Tongue Wounds                      |
| - Dislocations                                   |
| - Nasal Fractures                                |
| - Earache  |
| - Sexual Health Issues                           |
| - Elbow Injuries                                 |
| - Skin Infections/Pre-tibia Lacerations          |
| - Eye Conditions and Injuries                    |
| - Wounds/Lacerations/Suturing                    |
| - Facial Injuries                                |
| - Finger Injuries and conditions                 |
| - Foot and Toe Injuries and Conditions           |
| - Foreign Bodies (except in throat)              |

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thopaedic Team, Plastic & Reconstructive Team, ENT Team, Physiotherapy, Social Work, Primary Care Team.

Additional referral pathways are now in place to match with the expansion of the Scope of Practice of the ANP: Occupational Therapy, Maxillo-Facial Team, Vascular/Veins Unit.

### Hours of Service

Typically there is an ANP service which runs over seven days per week with daily cover spanning a twelve-hour period. From early 2001 until June 2006 the National Council for the Professional Development of Nursing and Midwifery approved the Site Preparation and Job Description for seven Advanced Nurse Practitioners and has accredited suitably qualified and educated nurses as Advanced Nurse Practitioners in Emergency Nursing

The hours of service increased in tandem with the increase in the numbers of ANP's and the expansion of the caseload. This increase in the hours of service continues to contribute to the goal of delivering a quality-driven efficient service that meets the challenging demands of healthcare and the client group who attend the emergency department. Forty-three percent (43%) of patients who attend the department have a condition that is suitable to be treated by an ANP.

### Specific achievements of the ANP service

- Improved waiting time –median waiting time from triage to consultation time 55 mins. Examination of consultation to discharge times shows the following median times per triage category: 65 minutes for cat II, 50 minutes for cat III, 20 minutes for cat IV y 15 minutes for cat V.

- Improved patient satisfaction<sup>16,17</sup>.

- Improved outcome- no litigation pending against ANP's-overall reduction in the incidence of litigation in respect of the emergency department in general.

- Perceptions of staff of ANP service favourable/role accepted<sup>18</sup>.

- Expansion of scope of practice has included more complex presentations and this continues to be reviewed.

- Referral pathways have been expanded to match patient need (Occupational therapy, dietetics).

- Hours of service extended.

- ANP's were involved in the Hospital Accreditation process resulting in generous feedback regarding the quality and efficiency of the service.

### Clinical and Theoretical Education for Advanced Practice

The ANP's expertise in clinical practice and level of clinical responsibility is underpinned by masters degree education (or higher) and greater than five years experience in clinical practice<sup>3</sup>. The ANP's have undertaken specific post-registration education to equip him/her with the knowledge and competence required for practice in the specialist role. Along with formal education preparation the ANP will also have undergone substantial hours (1,000 hours) of clinical supervision and have formal assessment of competence in managing the complete caseload as outlined in the Scope of Practice for the specialist area.

### Continuing Professional Development

The ANP (Emergency) will maintain competence in clinical practice in the following ways:

- Engage in clinical supervision and peer review.

- Contribute to the in-service education and training for the multidisciplinary team.

- Collaborate in the expansion of the scope of practice of the ANP by identifying areas of need within the current service provision and undertake



further clinical and theoretical education to support that expansion.

- Practice in accordance with legal, ethical and professional standards for practice.

- Maintain a portfolio of evidence of professional development and apply for re-accreditation after five years<sup>3</sup>.

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## El desarrollo de un rol de práctica avanzada en enfermería de urgencias y emergencias: reflexiones desde la experiencia en Irlanda

### Small V

El rol de los practicantes de enfermería avanzados [*advanced nurse practitioner (ANP)*] ha sido establecido en los servicios de urgencias en el Hospital de Saint James en los últimos 12 años. El éxito de este rol se ha hecho evidente en múltiples logros hasta la fecha: mejora en la calidad del servicio prestado, desarrollo profesional, imitación y proliferación de este rol a nivel nacional. La satisfacción expresada por los usuarios del servicio es el testimonio de un servicio de alta calidad. Los resultados de las investigaciones y otros indicadores de calidad como la mejora de los tiempos de consulta y alta, y el incremento de las horas en que prestan servicio sustentan la expansión de más entidades clínicas a los casos por tratar. El desarrollo del ANP en los servicios de urgencias ha pavimentado el camino para otras innovaciones en la práctica de enfermería avanzada (*advanced nursing practice*) en el Hospital de Saint James y en otros hospitales alrededor del país. Los servicios de urgencias como el del Hospital de Saint James, donde el papel del ANP está bien desarrollado, aportan un modelo de buena práctica clínica y demuestran el espíritu de un trabajo fuertemente multi-disciplinar. [Emergencias 2010;22:220-225]

**Palabras clave:** Práctica avanzada. Urgencias y Emergencias.