

NURSES RESPONDING TO THE *WHO* PRIORITY FOR EMERGENCY CARE SYSTEMS FOR UNIVERSAL HEALTH COVERAGE

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"We have simple, affordable and proven interventions that save lives. All people around the world should have access to the timely, life-saving care they deserve." WHO Director-General Dr Tedros Adhanom Ghebreyesus¹.

Improving emergency care saves lives, prevents secondary morbidity and reduces time to recovery. Emergency presentations are increasing exponentially around the world. The timely recognition, treatment and management of the acutely ill and injured at the appropriate levels of the health system is fundamental to the quality and safety of healthcare. This is particularly true in the emergency environment because emergency care is uniquely challenging. The practice of emergency nurses and the care they provide is starkly different to other specialties². Emergency nurses assess and initiate care for patients of all ages, with varying degrees of clinical urgency and severity, most of whom are undiagnosed and undifferentiated. Failure to recognise and respond to clinical deterioration increases the incidence of high-mortality adverse events^{3, 4}.

2020 is the WHO year of the Nurse and Midwife. Nurses are by far the largest part of the professional health workforce and achieving universal health coverage globally will depend on them being able to use their knowledge and skills to the full. Yet they are too often undervalued and their contribution underestimated. Developing nursing so that nurses can achieve their potential, will also have the wider *triple impact* of improving health, promoting gender equality and supporting economic growth⁵.

To achieve this, **the World Health Assembly (WHA) in 2019 recommended emergency care training** for all relevant health provider cadres through the creation of speciality training programmes and integrating dedicated emergency care training into undergraduate nursing curricula¹. The resolution also acknowledged the shortage of fixed staff assigned to emergency units; lack of standards for clinical management and documentation; but noted that many high-impact improvements in emergency care can be made at very low cost. These include implementing simple systematic processes to improve the quality of emergency care and save lives. For example, the use of a formal triage protocol in emergency units to prioritize care based on a patient's needs rather than the order of arrival improves outcomes even where resources are limited. Simple checklists can ensure that life-threatening conditions are recognized and that critical actions are taken.

Here lies the evidence practice gap. Structured approaches to trauma patient assessment, such as the primary survey, improve care delivery and patient outcomes⁶. However, standardisation in generic emergency assessment beyond ABC – Airway, Breathing, Circulation – is required. A more comprehensive assessment is crucial. Frontline emergency nurses, are responsible for the initial assessment, management and safety of critically ill and injured patients. They are the first and sometimes only clinicians that patients see, so the quality of their initial assessment and treatment is vital⁵. This is especially so in pandemic times such as these. An emergency nurse must perform a comprehensive assessment and escalate care to meet each patient's clinical condition. This may include investigations (e.g. pathology tests) and interventions (e.g. analgesia) as indicated. The quality and timeliness of this assessment is crucial as emergency patients often have extended wait times for higher level review. This assessment underpins clinical decisions and safe care by preventing,

detecting and acting upon deterioration. We propose a nursing solution for emergency care delivery that addresses many of the WHA priorities.

A NURSING SOLUTION FOR EMERGENCY CARE DELIVERY - HIRAID

HIRAID (History, Identify Red flags, Assessment, Interventions, Diagnostics, communication and reassessment⁷(Figure 1)) is a structured emergency assessment framework for application by nurses in any emergency presentation (medical or trauma related) and is based on the best available evidence⁸. HIRAID is the only comprehensive assessment framework that can be applied to all patients in the emergency setting⁶. HIRAID improves the quality of patient assessment⁹, in particular detection of clinical and historical indicators of urgency. The use of HIRAID also improves the quality and relevance of information collected and handed over to nursing and medical colleagues. Further, the use of HIRAID reduces clinician anxiety and increases self-efficacy¹⁰ which are associated with clinical performance^{11, 12}. The operationalisation of HIRAID as a basic nursing assessment process, and foundation for nurse initiated care protocols could be a tool to meet the WHA recommendations.

The application of HIRAID is not dependent on context, clinical skill level or resources. HIRAID has been formally evaluated in Australia by novice and senior emergency nurses as acceptable, feasible, practical and appropriate for use in the clinical environment¹³. Nurses who already use this instrument report it to be a useful, easy to use assessment and documentation tool that provides clinical consistency. The majority of respondents in a multicentre evaluation¹³ believed HIRAID is reflective of their responsibilities as emergency nurse. The HIRAID tool was viewed by medical officers as an improvement from previous clinical handover tools¹³.

The HIRAID framework is intended to provide a simple, one size fits all way to apply knowledge and skills. HIRAID does not replicate existing courses or rely on upskilling. The operationalisation of HIRAID as a basic assessment process, and foundation for nurse initiated care protocols can be readily adapted for implementation in other cultures and languages. However, HIRAID has only been tested in Australia. Prior to the implementation of any intervention that requires clinicians to alter their behaviour, a detailed diagnostic process should be undertaken to identify facilitators and barriers to successful uptake. While HIRAID train-the-trainer courses have been delivered in Sri Lanka, Fiji, Nepal and Colombia, it requires formal consultation with frontline clinicians in low- and middle-income countries. Global intervention in our Emergency Departments is required to: improve emergency nursing assessment; reduce unwarranted variation in care; recognise and respond to clinical deterioration; reduce time to treatment and; escalate care to medical officers as needed.

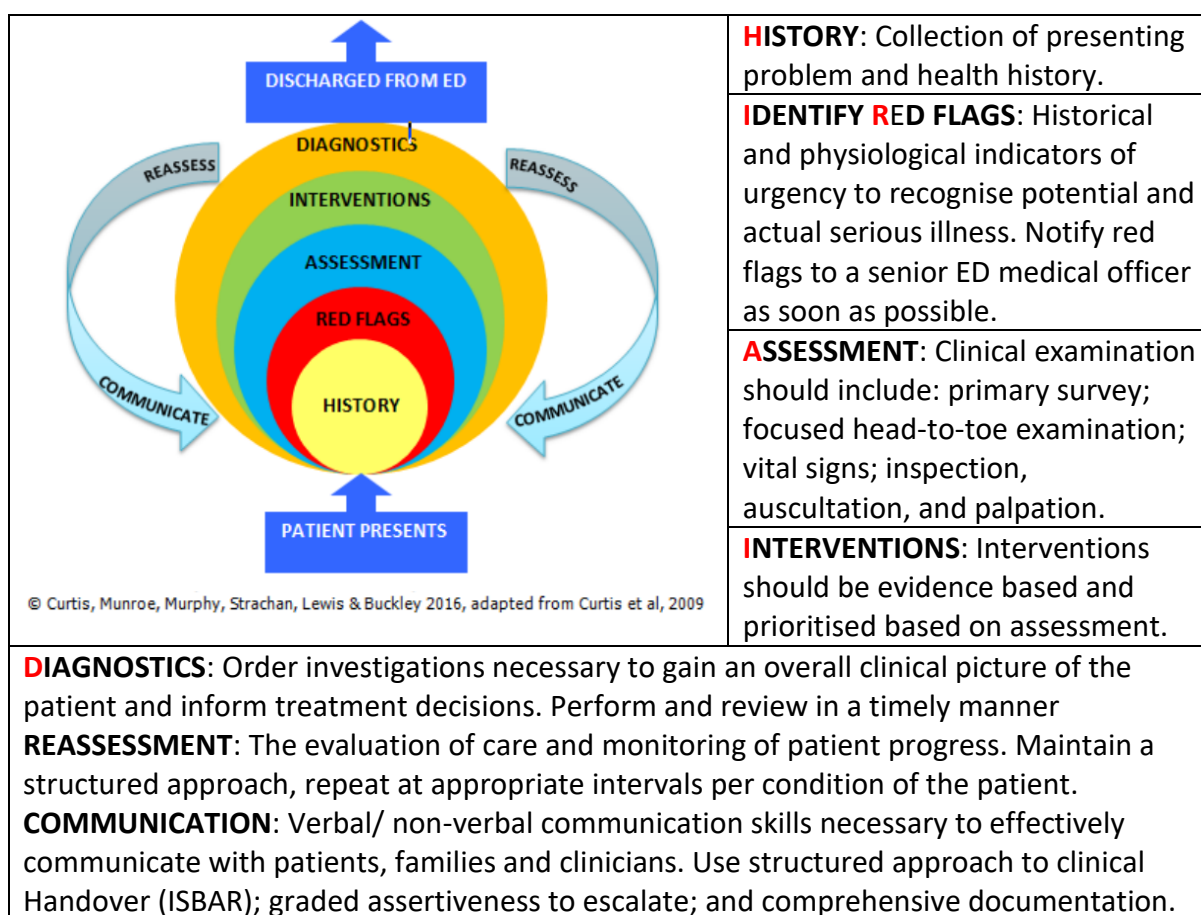


Figure 1: HIRAID Emergency Nursing Assessment Framework⁷

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