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An expanded focus in advanced wound care for geriatric emergency management [GEM] nursing: A case study analysis

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Aim: The aim of this study is to understand and present the cost-benefit analysis of geriatric emergency management [GEM] nursing in expanding the scope of practice involving advanced wound care management catering to the geriatric population (65 years and older) visiting the emergency department.

Method: The researcher surveyed 43 frontline clinical staff, and each patient flow leaders regarding their point of view (research variables) of immediate wound care management by an advanced practice clinician in the emergency department both in hospital X and Y improving patient flow and navigation, patient experience, and the clinician self-actualization for the expanded scope of practice.

Results: Those patients who received GEM referral for wound care management waited a minimum of 1.5 hours and a maximum of 4 hours wait time at a median rate of 2.4 hours. While those patients who received a CNS referral waited a minimum of 6 hours and a maximum of 24 hours wait time at a median rate of 13.8 hours. In addition, patient experience, outcomes, and satisfaction received almost an equal percentage (49-51%) this perhaps is due to the same level of education and experience both the GEM/Wound Care and CNS/Wound Care have. But there was a huge difference between “patient wait times” if seen by a GEM/Wound Care (90% improvement) or CNS/Wound Care (10% improvement).

Implication: The implications of this initiative if implemented in any acute care hospital can: improve patient satisfaction: less waiting and better service leads to satisfied patients; improve quality of care: standard work and improved flow reduce staff stress and minimizes the risk of patients decompensating or having patients leave before they receive treatment and; reduce total cost through higher utilization: more patients can be serviced within the same physical space and without an increase in staff. Overall, hospitals that engage staff in an improvement effort can derive substantial cost, quality, and patient satisfaction benefits.

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