In summary, it is important to educate staff about opioid-induced sedation, and to screen patients prior to administering narcotics. Monitoring should include respiratory status, as well as sedation, and frequency of monitoring should be according to patient condition, unit policy, and nursing judgment. Despite any technology-supported monitoring devices, there is no replacement for strong clinical assessment skills. Are you sure the patient is just sleeping? Don't just guess, convince yourself, and wake up the patient. Patient safety starts with you.

## About the author

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NENA AT WORK

# How attending the NENA conference changed patient flow in our ED: Implementation of a Rapid Assessment Zone

**By Marie Grandmont, RN, BN, ENC(C)**

I call it serendipity… Who knew that an encounter on that cool drizzling morning running on the sea wall in Vancouver would change the pathway for patients in our emergency department in Winnipeg? I was in Vancouver attending the NENA conference in May 2013. Part of the organized events for the conference was morning yoga or a walk or run along the sea wall. I chose the run and met Sherri Morrish. This was the moment that began the wave of change for patients coming to Concordia Hospital Emergency Department (ED).

Sherri and I began running together and talking about where we were from and where we worked. We had many similarities in our lives, but the discussion of what both brought us to Vancouver did not come out till the end of the run. When I discovered she was speaking at the conference about streaming, I knew our conversation that started on the sea wall had only just begun.

Prior to coming to Vancouver, I had read the article Sherri published in the spring 2013 edition of the *Canadian Journal of Emergency Nursing (CJEN),* Streaming in the emergency department: An innovative care delivery model. I knew she was speaking at the conference and I signed up for the breakout session on streaming, which I will now refer to as a Rapid Assessment Zone (RAZ). The Concordia Emergency Department leadership team had some brief discussion on Rapid Assessment Zones prior to my attendance at the conference. Our Director of Patient Services and Physician Director for the emergency department had both attended a conference in Toronto in the fall of 2012 where they had an opportunity to tour two EDs that had effectively implemented a Rapid Assessment Zone. A Minor Treatment Area, staffed by a nurse and nurse practitioner, already existed and worked effectively within Concordia Emergency to see CTAS level 4 and 5 patients. We were

investigating ways to improve patient flow for the more acute CTAS level 3 and some CTAS 2 patients who were ambulatory and hemodynamically stable. I informed the leadership team that I was going to attend the session RAZ at the NENA conference and I would report back to them.

A Rapid Assessment Zone is an area located within the emergency department where patients can be assessed who have urgent, but less-serious conditions, functioning to improve patient flow and resulting in improved ED efficiency (Kelly, Bryant, Cox, & Jolley, 2007). Unlike the traditional manner patients are assessed in the ED where they occupy a stretcher for the duration of their stay, RAZ is an unconventional model of care for these patients. They are placed in an exam room to be assessed and receive treatment, and then are moved back to a waiting area to await further testing and results. This, in turn, frees up stretchers in the main ED for patients who are in need of more urgent care (Morrish, 2013).

I attended the presentation on Rapid Assessment Zones, which was a panel presentation, delivered by several hospitals in British Columbia, including representatives from Nanaimo and Kamloops. I listened to all perspectives and methods of establishing RAZ, gathering information to bring back to Concordia Hospital. After her presentation, Sherri and I spoke very briefly and exchanged contact information. She informed me she was going to be in Winnipeg the next week with her family. I insisted she come and present her information to Concordia ED Leadership. Once again, I believe this was not a coincidence.

The next week, Sherri was in Winnipeg and graciously donated her time to present to the Chief Nursing Officer and the Concordia ED leadership team on implementation of a Rapid Assessment Zone. Having come from a similar ED in Kamloops, Sherri toured Concordia ED after her presentation and made multiple suggestions to create RAZ within the existing infrastructure of the ED without having to change the layout of the current space and staffing levels. Ideas that had come from the directors' attendance at a conference in Toronto now seemed to be coming to fruition, as Sherri discussed Kamloops' experience with establishing RAZ in its ED. Sherri's presentation and site visit were the catalyst for change at Concordia ED.

Planning began immediately to ensure implementation of RAZ was successful. A conference call between Kamloops ED leadership and Concordia ED leadership was the beginning. Sherri shared her Master's thesis with us and we poured over her supportive literature. Last September, several members of Concordia ED staff and leaders went to Kamloops and Kelowna on a site visit to examine their RAZ layout, discuss staffing levels and physician coverage. Change management strategies were implemented immediately by Concordia leadership, with our primary sponsor being the Chief Nursing Officer. We met weekly over the summer with a goal to open our Rapid Assessment Zone in the fall of 2013.

Our RAZ at Concordia ED has recently had its first anniversary. It required the efforts of the entire ED staff to get it established and functioning effectively. RAZ has had it challenges, since there were many changes that occurred during this time. It is the hard working nurses and physicians of Concordia ED who deserve the credit for its success. Thanks to the Concordia Chief Nursing Officer and the ED leadership team who were the driving force behind this initiative. The story of RAZ at Concordia ED is a detailed one, but that story will be for another *CJEN*.

The next time you are considering whether or not you should attend the NENA conference, think about what initiatives are at work in your emergency department. Consider all the possibilities for networking with nurses and sharing information that you may miss if you do not attend. After all, you never know who you may encounter running on the sea wall…

## About the author

*Marie is the Educator for the emergency program at Concordia Hospital in Winnipeg and has worked in the emergency department there for 20 years. She began her career as a baby emergency nurse in Dawson Creek, BC.*

*Marie graduated with her diploma from the Misericordia School of Nursing in Winnipeg, MB in 1991. She completed her Bachelor's Degree in Nursing from the University of Manitoba in 2009. She is currently the Manitoba Director for the Emergency Department Nurses Association of Manitoba, the provincial affiliate to NENA.*

*In her spare time, Marie loves to standup paddleboard. Marie and her husband Scott have two children, Jeremy and Jenna.*

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*Sherri and her husband have two daughters, Anna and Victoria.*

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