

Protocolised Care Project

Improving timely emergency care by enabling registered nurses to work at top of scope

Workforce Without Walls: protocol-guided nursing care to improve access, flow, safety and patient experience

Deborah North, ADON ED Protocolised Care Project | Nursing and Midwifery Practice Development Unit | Metro South Health

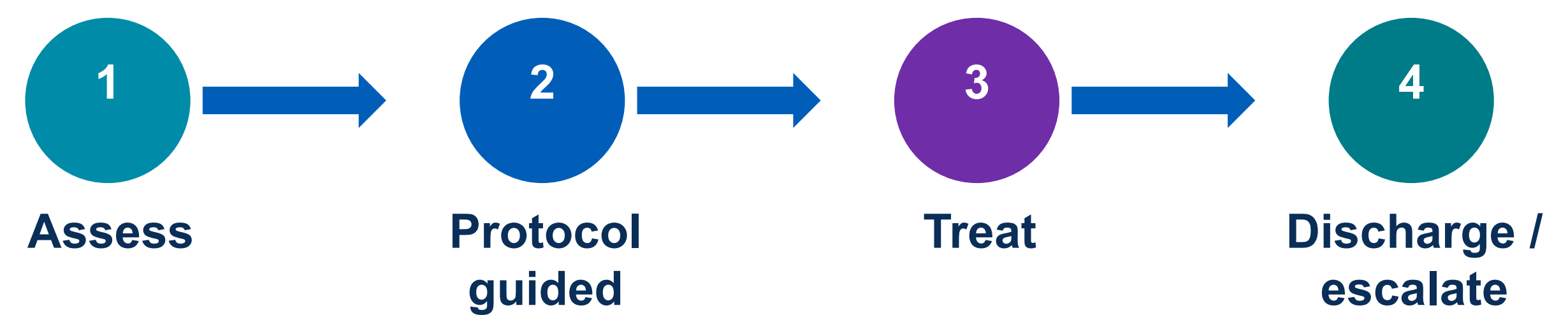
1 Why this matters

ED

- ED overcrowding, congestion and delays in access remain critical system challenges.
- Low-acuity patients often wait despite care needs aligning with experienced RN capability.
- Standardised Health Management Protocols reduce variation and support safe, evidence-based care.

2 The protocolised care model

- Authorised RNs deliver care under EPA-RN Part A and selected PCCM Health Management Protocols.
- RNs assess, investigate, treat, supply treatment-dose medicines and discharge suitable low-acuity patients.
- Escalation to Medical Officer or Nurse Practitioner occurs when clinically indicated.



3 Implementation

Tranche 1
Planning + governance
completed Aug 2024

Tranche 2
Implementation
launched Jan 2025

Pilot sites
Logan ED +
Ripley MIIC

Key enablers

- Structured education package
- 4 targeted education sessions
- Patient information resources
- PCCM HMP endorsement procedure
- Digital workflow integration
- Weekly reporting, chart review and data analysis

4 Evaluation approach

- Mixed methods evaluation with quantitative and qualitative data.
- iEMR KPI analysis: time to meaningful treatment and ED length of stay.
- Staff surveys, Patient PREMs and Medical Officer feedback.
- Chart review, protocol adherence and medication safety audit.

Six weeks of data from Logan ED and Ripley MIIC analysed with QCIF Biostatistics.

5 Key results

29.8%

reduction in wait time to be seen by a clinician

35.9%

reduction in average length of stay

4.76/5

average patient satisfaction rating

78%

medical officers reported beneficial impact

100%

patients received enough information for care at home

97%

patients felt fully informed

Ripley MIIC showed the strongest site effect: 59% reduction in wait time and 69.5% reduction in length of stay.

Workforce impact

- RN “very confident” responses increased by 20%.
- Confidence to discharge patients independently improved.
- Satisfaction with clinical decision-making increased, with no post-implementation dissatisfaction.

6 Safety and quality

0

patient complaints

0

RiskMan incidents

0

protocol deviations identified

0

returns within 24 hours for same issue

68

medication encounters audited

100%

medication audit compliance; 0 medication errors

Strong protocol adherence, safe medication management and effective discharge planning.

7 What this means

- Feasible, safe and effective in emergency and urgent care settings.
- Improves patient flow, timeliness of care and patient experience.
- Strengthens nursing capability, autonomy and workforce sustainability.

8 Next steps

- Transition the model into business as usual.
- Embed governance, credentialing and education pathways.
- Scale across Queensland emergency and urgent care services with ongoing KPI monitoring.

Sources: ED Protocolised Care Project Close Report and Evaluation Report, July 2025.