**PPNO List Serv Query Summary Template**

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Contact for further information:

Date of Summary: September 9, 2020

1. Staff model for the Emergency Department of smaller rural hospitals annual visits of about 15,000 – 17,000?

2. How do Emergency Department of small rural hospitals (annual visits 15,000 – 17,000) deal with Triage and CTAS standards of 2 years’ experience before nursing can triage?

Abbreviated Question (as it will appear on search results page)

[ ]  **Policy/Procedure** [ ]  **Practice**  [ ]  Program Info [ ]  Committee Structure info [ ]  Role [ ]  Students

[ ]  Model/Structure [ ]  Care Delivery [ ]  Collaboration [ ]  Regulation/Legislation [ ]  Pt. Safety

[ ]  Quality/Outcome/Indicator [ ]  PP Culture/Leadership [ ]  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| **Responder Info** |  | **Attachment(s)\*** |
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| AnneMarie VanSickle, RN, BScN, MHA(Ed)Director Emergency, Periop & MDRWest Haldimand General Hospital75 Parkview RoadHagersville, OntarioN0A 1HOTel:  (905) 768 3311  Ext.  1147Fax: (905) 768 1820 | Our visits are just over 17,000.  We have a helipad, all patient transfers (CT, consults, transfers etc all require a nurse to accompany as per our local EMS policy)Staffing0700 to 1900 – 2 RN1900 to 0700 – 2 RN0900 to 2100 – 1 RN1300 to 2100 – Ward Clerk0800 to 2000 – 1 family doc2000 to 0800 – 1 family docCTAS-TriageAll our nurses have to be able to triage (we don’t have a specific triage nurse). We have several nurses who have worked at the facility for many years.  We only recruit staff with Triage training  |  |
| **Mary-Lou Albers RN, BScN**Professional Practice and Education CoordinatorListowel and Wingham Hospitals Alliance [www.lwha.ca](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.lwha.ca&d=DwMGaQ&c=JZUmuHfvZaOkNOGiUpQbGyGsM8Jf9oFbjpAib-DiM1Q&r=kURj2IMF58DCZJAnaWaxazhr3GBv3feime99az_rQgg&m=xKPPna6r6yv9OQZeGZJi10HMTiKcuNJ8S0944lT4Yhg&s=950YiWjIL_U5Kcz93BMOsC797ThR8ik1-uKV8j1-gS8&e=)519-291-3125 ext 5374 | We are 2 different small sites but both run similarly in the ED.07-1900- 2 RN’s, 1 Doc19-0700- 2 RN’s, 1 DocWe have a float shift on the Inpatient unit from 07-1500 and 15-2300 that will float to the ED as needed for help and patient transfersWe require all of our nurses who work the ED and who float to be able to triage since we don’t have a designated triage nurse. We have in house instructors who teach the course as needed. Nurses do not work ED until they have the course and have proper orientation time to triage. Comfort is individual. Our departments are small and our triage area is near the main desk so staff new to triaging can seek assistance from their peersWe see about 10-12000 and 13-14000 at the 2 sites It’s not always feasible for us to have 2 years minimum before triaging. Ideally we hire experienced staff for the ED but if its someone new to the ED then they are paired with an experienced nurse Hope this is helpful |  |
| Anastasia CarronProfessional Practice SupervisorProfessional PracticeBluewater Health89 Norman Street Sarnia, ON   N7T 6S3CanadaPhone: 1-519-464-4400 ext. 5287Email: acarron@bluewaterhealth.ca [www.bluewaterhealth.ca](http://www.bluewaterhealth.ca)    | Good afternoon.  I hope this response finds you well.  The rural site for Bluewater Health typically serves around 20,000 annually.  I am interested in the responses I’ll see in your summary as our numbers have declined.  The model of care is listed below.Days2 RNs – 0700-19001 RN – 0900-2100Nights2 RNs – 1900-0700Our formal CTAS training begins after one year of the onboarding (unit based training, Cardiac care, ACLs, PALs, TNCC).  From this point the new nurse is mentored for 6 months by a senior nurse reviewing her triage assessments actively with her.  We have completed this process successfully with 2 junior staff.  Being a rural site we have not had experienced nurses apply for positions in quite some time. |  |
| **Wendy MacLeod, RN BScN**Manager, Professional PracticeHôpital Glengarry Memorial HospitalT 613.525.2222 x433220260 County Road 43, Alexandria, ON K0C 1A0 613.360.9585F 613.525.5673www.hgmh.on.cawww.facebook.com/glengarrymemorialwmacleod@hgmh.on.ca | We are a small rural hospital that on average see 22-24000 visits per year although that has significantly dropped since COVID.  We have 1 RN TL + 3 RNs on days with a clerk, 3 RNs on evenings with a clerk and 1 RN on nights with a RN float that goes between ED and Medicine/CCC/Rehab (wherever he/she is needed) and 1 RN standby on nights (we work 8 hour shifts) – no clerk.  Needless to say, we don’t meet the standard!  We try our best to strive toward it but to be honest, most times, it is less than a year.  We CTAS train all of our ED staff as those that are working cubicles cover for the triage nurse for breaks. |  |
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\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.