

GEDI role descriptions and responsibilities

GEDI ED Physician role

AS identified above, the GEDI ED physician's role is to provide medical leadership for the GEDI model. This role is multifaceted. The incumbent needs the respect of colleagues that means s/he can influence hospital and ED executive to instigate this model of care and provide medical leadership during the initial planning phase. The ED physician must be involved in influencing the ED medical team as a whole in accepting and advocating for the GEDI role and in educating the medical team about interdependent decision making. This medical position is also vital to ensuring that the medical team is educated about geriatric syndrome management and key principles related to this cohort, such as, end of life decision making and advanced care planning. The ED physician is also engaged in research activities related to developing the evidence to underpin clinical care of older persons in the ED. Finally, the ED GEDI physician needs to work with the GEDI nursing team to develop implementation of evidence-based practice for the older ED patient and on-going monitoring of performance.

GEDI ED Physician responsibilities

Clinical responsibilities

- Enhanced communication and coordinated care for older people through acting as a clinical resource and expert in geriatric emergency medicine
- Oversight of medical staff to promote informed decision making and best practice
- Identify areas GEDI nurses can provide information to enable more informed and rapid assessment of older people in the ED
- Establish clinical networks with hospital inpatient teams.

Administrative responsibilities

- Promote the GEDI model of care in the ED to embed it within the ED culture of care of the older person
- Act as a change agent
- Negotiate resource use in the ED
- Advocate GEDI in strategic planning with senior staff
- Establish and maintain research collaborations
- Administrator of GEDI team, formal documentation and budget.

Joint GEDI team administrative responsibilities

- Providing education for emergency staff in evidence-based care of the frail older person
- Establishment of rapid, direct referral pathways to specialised geriatric and palliative care departments
- Participation in quality improvement projects and research.

Clear delineation of roles and responsibilities

When implementing a new model of care, clear delineation of roles and responsibilities within teams needs to be acknowledged and addressed to reduce issues of change (positions may feel threatened).

GEDI Clinical Nurse Consultant (CNC) role

The GEDI CNC (or senior GEDI at level appropriate to the service) provides leadership of the GEDI nurse team. In this role, the CNC provides support and guidance to the GEDI team, advocates for GEDI inclusion in medical and disposition decision-making and develops relevant clinical assessment and decision making guidelines and documentation. The GEDI CNC works with the GEDI physician to monitor GEDI processes and patient outcomes and works with the medical and nursing educators to deliver staff development activities designed to improve the care of older persons in the ED. The GEDI CNC is also the nurse lead for research projects related to improving the management of older persons in the ED.

The incumbent also works with the Nurse Unit Manager of ED to recruit, manage and develop the GEDI nursing team. Responsibility for supporting and, where required, educating/developing the GEDI nurses to ensure they meet the requirements of the position is an important aspect of this role. If this proves to be problematic the GEDI CNC works with the NUM to manage underperforming staff.

The Nursing Role Effectiveness Model is a useful tool to allow us to examine the role of the CNC in more depth. It was developed to describe nursing functions that could then be used to evaluate nursing practice in relationship to the roles nurses assume in health care (Irvine, 1998). The model links patient and system outcomes to the nurses' role. The key feature of this model is the identification of the independent, dependent and interdependent roles of the nurse. For the role of the GEDI CNC, most functions within the ED are independent and interdependent. Examples of these functions can be seen in Table 1a.

Table 1a. GEDI CNC dependent and interdependent clinical roles

Independent	Interdependent
Clinical expertise and support for GEDI CNs	Multidisciplinary patient-centred decision making related to treatment options and hospital admission or discharge
Identification and implementation and evaluation of new treatments, technologies and therapeutic techniques for aged care	Collaboration with all ED staff in the design and conduct of quality improvement initiatives
Provides complex patient-centred consultancy	
Development and management of the clinical processes, e.g. care maps, clinical pathways	

GEDI is designed with CNC oversight

However, this position may depend on;

- Size of the organisation and aged care presentations to ED
- Number of staff allocated to the GEDI team
- Whether the GEDI CNC will be working across ED departments within a hospital and health service or only within one ED department

GEDI Clinical Nurse Consultant responsibilities

Clinical leadership

- Acts as a role model and expert clinician in the clinical setting

- Contributes to the development and management of clinical processes, e.g. care maps, clinical pathways
- Provides leadership in the ongoing review of clinical practice for a more complex service, i.e. a service provided at multiple sites or by multiple CNCs across an area health service
- Participates on state and on national working parties
- Assumes leadership roles, which promote broader advancement of clinical practice, e.g. membership of editorial boards, leadership of position papers and development of advanced nursing practice standards

Research

- Initiates, conducts and disseminates the findings of locally based research in aged care
- Participates as co-researcher in larger studies
- Manages research projects requiring clinical contribution from others
- Adapts and applies related scientific research to a clinical specialty, i.e. research from other scientific disciplines applied to nursing
- Initiates original research projects
- Disseminates research results through specialist publications and presentation.

Ongoing facilitation of GEDI model implementation

- Identify culture and most effective means of communication with stakeholders
- Liaise with key stakeholders
- Education of new and changing staff on the GEDI model
- Share successes within the department
- Reflection on key activities that are not working to explore how these could be done differently
- Focus on activities designed to keep the GEDI model on track
- Consider external organisational context.

Education

- Participates in formal and informal education programs
- Identifies clinical education needs
- Collaborates with others in the development and delivery of education programs
- Undertakes primary responsibility for the planning and implementation of specialist clinical education for the HHS
- Develops significant education resources for nurses and other health care professionals
- Participates in the development and delivery of postgraduate tertiary programs
- Ongoing personal self-development.

Clinical services planning and management

- Identifies future issues and new directions for the services
- Understand audit process and quality improvement projects
- Contributes to formal service and strategic planning processes within the organisation
- Provides ongoing comprehensive analysis of current practice and the impact of new directions of the clinical specialty service
- Initiates, develops, implements and evaluates strategic change for the clinical specialty/service.

GEDI Clinical Nurse (CN) role

The GEDI clinical nurse is a nurse with education and/or experience in both emergency and gerontological nursing. These nurses are part of the ED team and as such are line managed by the NUM with additional professional guidance and day-to-day support in coordinating activity from the GEDI CNC. As with all CN roles in the ED, GEDI CNs have included as part of their role a specific quality improvement portfolio related to one of the national standards. The specific functioning of the CN centres around the GEDI model including screening, assessment, contributing to decision making, disposition planning, advocacy and clinical interventions.

The GEDI clinical nurse (CN) role has independent and interdependent functions facilitating potential evaluation of practice. Examples of these functions can be seen in Table 2a. The GEDI CN has high level communication skills, ability to multitask, knowledge of clinical pathways and protocols and has confidence in approaching all levels of staff. Key to the GEDI CN role is the geriatric risk screening and rapid assessment of patients of 70 years of age and over who present to the ED. This screening identifies frailty in this cohort, therefore those that require further input from GEDI. A modified targeted geriatric assessment is performed to fast track clinical needs and decision making regarding the appropriate pathway. This action results in earlier consultation liaison and coordination with junior and senior medical officers within the ED and other specialties. The GEDI CN provides ED and RACF staff with a single point of contact when having difficulty managing a frail older person with an acute illness.

Table 2a. GEDI CN independent, dependent and interdependent roles

Dependent	Interdependent	Independent
Provision of non- nursing initiated medications and investigations	Decision making involving patient, carers, multidisciplinary team members including SMOs, nurses and allied health. Patient flow including facilitation of discharge or admission, i.e. appropriate disposition planning Ensure all patients have discharge summaries to provide continuity and informed collaborative care planning involving GP, RACF, families and community services Establish rapid, direct referral pathways to specialised and palliative care departments	Geriatric screening Targeted geriatric assessment Co-ordinated care of older people through enhanced communication and being a dedicated single point of contact within ED for RACF staff, NPs, community services, paramedics and GPs Liaison with older person, enduring power of attorney (when in place) and ED medical team for health-related decision-making and end of life care planning. Nurse initiated interventions such as, nurse initiated medications, wound care, IDC management, education. Wound care assessment, management and advice for older people in ED Evidence-based education for ED staff on care and management of the frail elderly person

GEDI Clinical Nurse responsibilities

Clinical responsibilities

- Works collaboratively with all ED staff
- Enhanced communication by providing a dedicated single point of contact within the ED for RACF staff, NP community services, paramedics and GPs to obtain support and advice regarding optimal care and management of acutely unwell or injured frail older person or RACF resident
- Rapid assessment and management of frail older persons in the ED in collaboration with the primary nurse
- Provides evidence based clinical care for older persons in the ED in collaboration with the primary nurse
- Provision of a consultative service for patient centred care of the frail older person or RACF resident within the ED
- Direct referral to Geriatricians and rapid consultation pathways with other medical service streams
- Pre-hospital communication with the RACF, GP, NP and Ambulance service, facilitating appropriate transfer decision making and early arrival triage
- Liaison with hospital acute-care substitution services such as the Hospital in The Home and palliative care services.

Administrative responsibilities

- Facilitation of both discharge back to place of residence or admission – i.e. appropriate disposition planning
- Ensuring discharge summaries are provided to all care providers e.g. GPs, RACF, primary carers, community services following acute ED care to allow seamless transition of care
- Provide education for ED staff in evidence based care of the frail older person or RACF resident
- Facilitate education/clinical exposure in the ED for NP candidates specialising in care of the frail older person or RACF resident to enhance skill base and knowledge of the ED setting
- Establishment of rapid, direct referral pathways to specialised geriatric and palliative care departments.

Clear role delineation is required

It is important during this pre-implementation phase that role delineation is made clear to all ED staff. The role of the CN in ED is not a primary care role; it is a specialist adjunct role in ED.