

APP's in the emergency department in Gødstrup Hospital



EXPERIENCES AND PERSPECTIVES FROM RHG

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FYSIOTERAPIEN
GØDSTRUP

The ED setting

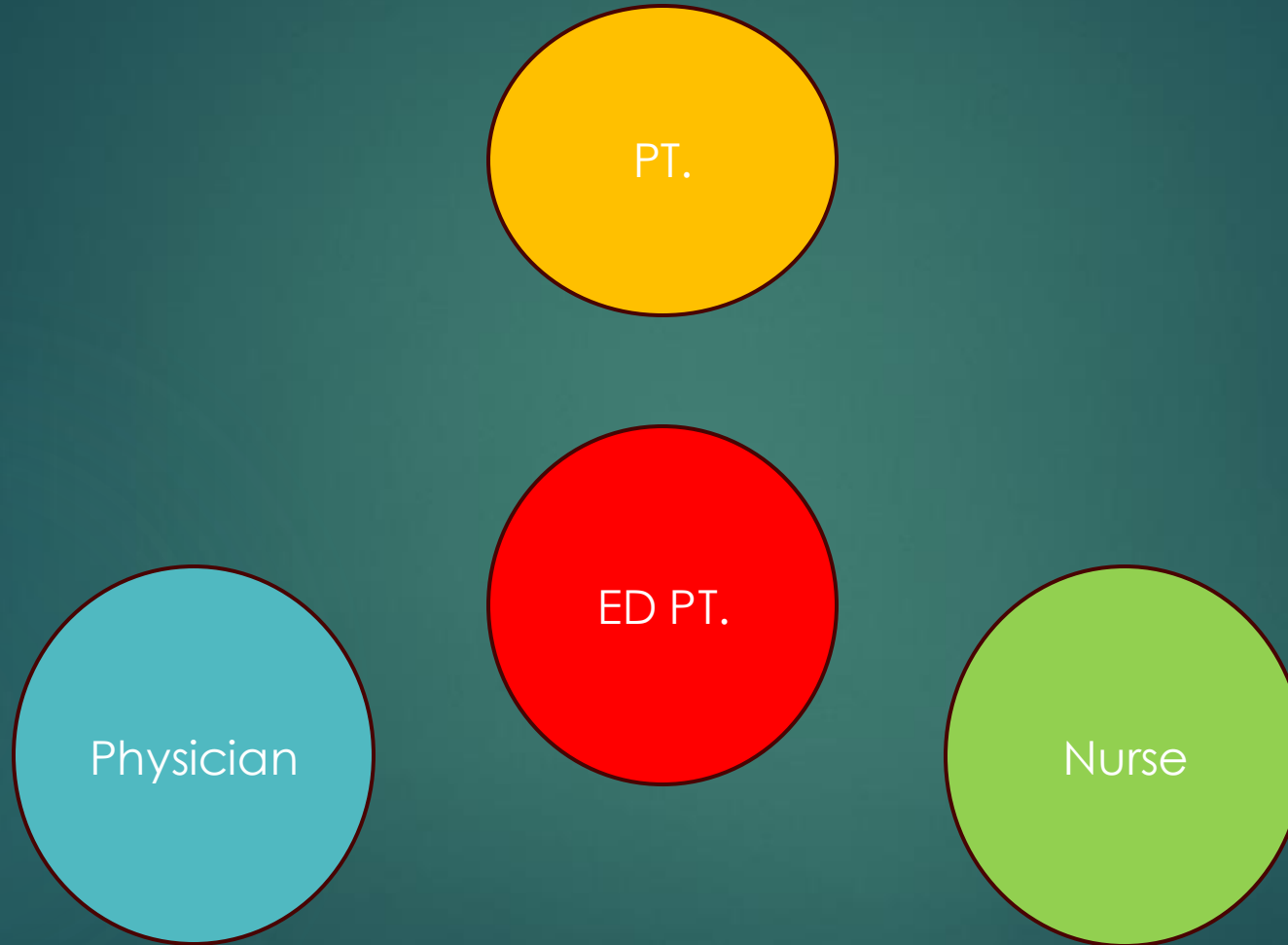
- Part of the AW with total of 50 beds. Av 130 patients pr day.
- ED: 16 beds - primarily allocated to minor orthopedic injuries. Av. 40 patients pr day.
- The ED team:
- 2 physicians
- 4 nurses
- 1 physiotherapist (ED PT.)



Objective for the ED team

Reduce the amount of patients in the ED
until 11 PM

The ED PT. trinity



Nurse tasks

- ▶ Making casts for fractures
- ▶ Assisting with repossessions of fractures, dislocated joints
- ▶ Assisting with patient care
- ▶ Measuring vital parameters e.g. sat. BP, temp.
- ▶ Observing the amount of patients and diagnoses in the waiting area – optimizing flow



Physician tasks

- ▶ Acquiring and assessment of x-rays and CT scans.
- ▶ Assessing and treating minor orthopedic traumas e.g. distortions and fractures
- ▶ Injecting local anesthesia e.g. fingerblock
- ▶ Using C- arm x-ray e.g. UCL rupture, ultrasound
- ▶ Dictating the injury journal



12 hour shift in the ED RHG 01.05.24

PT task:

Mobilization of elderly patient

Total 1 patient

nurse tasks:

Cast during repositioning

Cast on elbow fracture

Total 2 patients

ED PT primary provider tasks (physician+nurse+PT):

3 Ankle distortions

3 Metatars fracture

2 Kontusion elbow

2 Colles fracture

Patella fracture

Malleol fracture

Clavicle fracture

Achilles rupture

LCL knee injury

Shoulder kontusion

Olecranon fracture

Total 17 patients

Education of the ED PT, RHG

Course education

Theoretic education

Practical education

Course education of the ED PT, RHG

14 days course (RM) on the acute patient:

- Advanced HLR training + ABCDE
- Acute illness, vital parameters – triage
- Geriatrics, MSK, orthopedics, medicin etc.
- Multiple choice exam + 7 days of internship



Theoretic education of the ED PT, RHG

- ▶ Litterature on local RHG guidelines, sportphysiotehrapy, radiology, acute physioterapy.
- ▶ Videos on basic musculoskeletal assesment
- ▶ Ongoing participation at the x-ray conference
- ▶ Journal dictation



Practical education of the ED PT, RHG

- ▶ Training the art of casts
- ▶ Training the art of bandages
- ▶ Training skills of C arch, ultrasound, injections
- ▶ Training assessment of various injuries



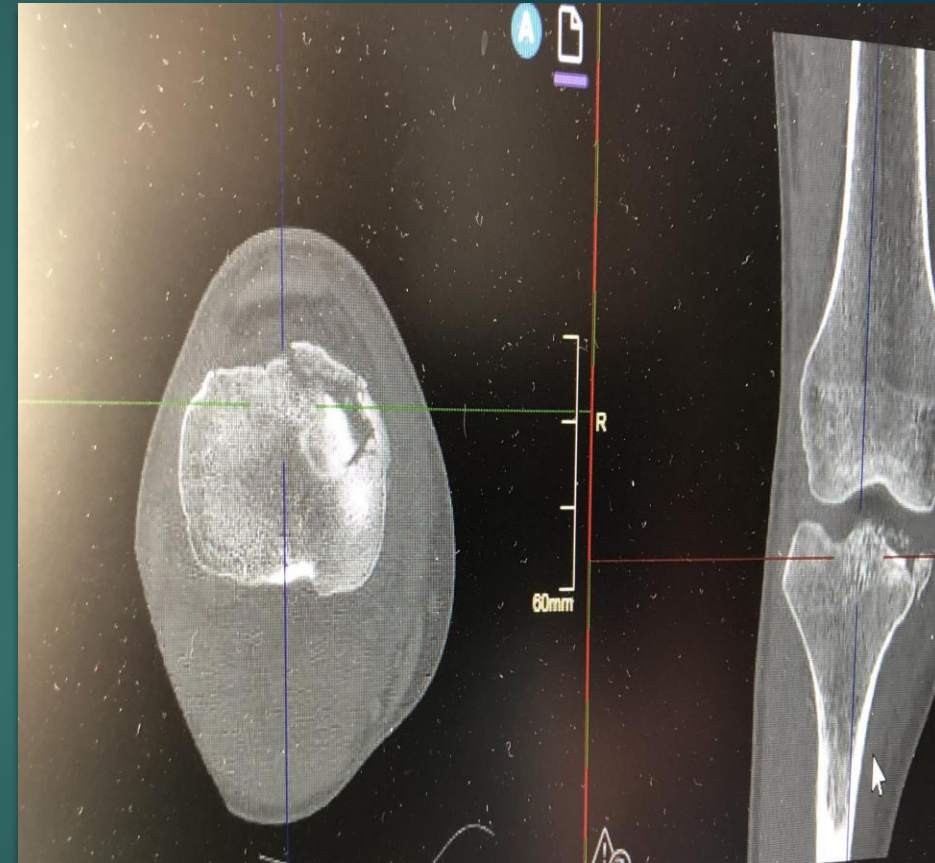
Progression of the education

Step 1 : Apprentice for 3 months. Secondary provider.

Step 2 : 21 months of ongoing education/ training on topics and patients seen in the ED. Mentor scheme and checklist with mandatory topics. Primary provider in simple tasks.

Step 3 : Building/maintaining competencies continuously. Primary provider in complex tasks.

Step 4 : Evolving new PT approaches in the ED.



Important characters for the ED PT.

- ▶ Strong communicative character
- ▶ High end multidisciplinary character
- ▶ Good organizational character
- ▶ In short: A team Player



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Effects of having ED PT's

Reducing
waiting time
for patients

Relieving
nurses and
physicians

High quality
assessment of
muculoskeletal
disorders

More
rehabilitation
to the patients

Better
discharges

Fewer
admissions

Challenges for the ED PT

- ▶ Need to have/nice to have?
- ▶ Financing from the ED or the PTD or additional resources
- ▶ Politics, media, evidence, PT union strategy
- ▶ Professional boundaries
- ▶ Lack of multidisciplinary cultures and internship ED's

Perspectives

- ▶ Better resource utilization – (Health reform 2024)
- ▶ Better sector transition - (Health reform 2024)
- ▶ Reducing waiting time in ED's in DK
- ▶ High quality education of other professions in the ED
- ▶ Expanding and evolving physiotherapy into a new area
- ▶ PT's in all the ED's and akut clinics in DK.



Thank you!