

# Advantages and disadvantages of using existing ED staff in GEDI roles

Advantages	Disadvantages
No additional FTE is required if using existing roles.	You will need to source funding for the dedicated roles.
Extension of staff knowledge and skills e.g. CHIP nurses working as GEDI nurses and need to work in acute areas of ED and provide clinical interventions.	ED will not have governance over the GEDI model due to differences in job description and control over the staff employed through another service/department.
Standardising the intervention and role supports therefore individuals willing to adopt and engage with the GEDI model's philosophy would be required to ensure the model's success.	No ability to select the most appropriate candidate for the position.
	ED may not benefit from the investment of a geriatric nursing portfolio.
	Allied Health professionals have a scope of practice which does not include the variety of skills and interventions required for the GEDI role. For example, medication administration, wound management, in-patient referral for admission, AHDs, IDC insertion.
	Nurses working between departments/roles may result in role confusion, for example, the CHIP nurse role is not ED based and is that of a consultant liaison role primarily focussing on discharge planning, therefore, the ability to front load assess may be diminished due to not being a constant presence in ED.