Implementation of the Clinical Support Worker Role in Paediatric Critical Care: The Long Journey

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The Journey...

An exploration of our journey to introduce the Clinical Support Worker role into the Paediatric Critical Care workforce as an innovative model for supporting care provision of children and young people within the critical care environment.

An opportunity to share insight into our experience of developing a bespoke programme of training and education to equip PCC-specific clinical support workers with sufficient knowledge and skills to deliver safe and effective clinical care.

Consider the challenges encountered

The challenges that persist and



Our vision for the future.





National PCC Vacancies

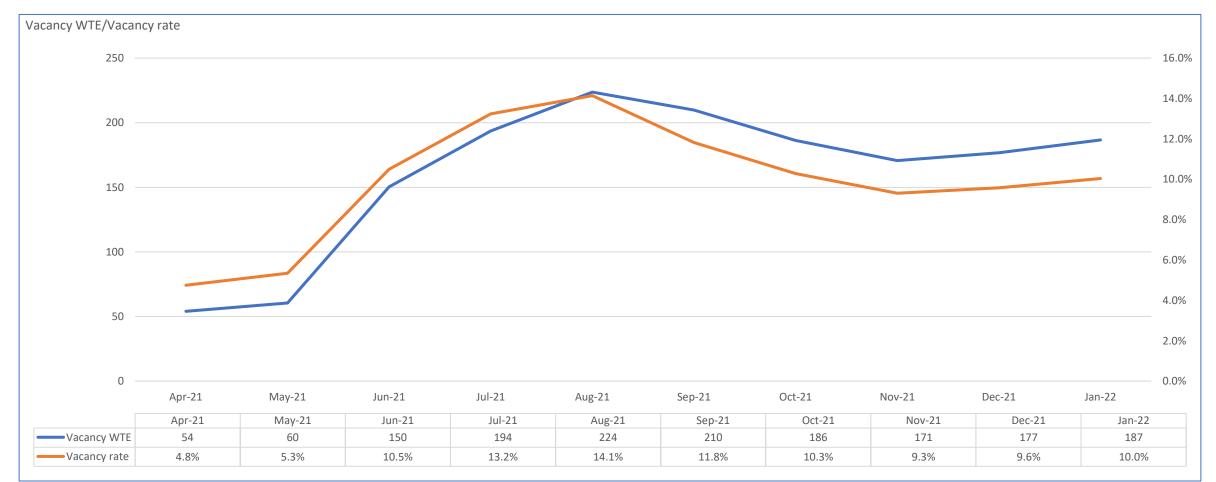
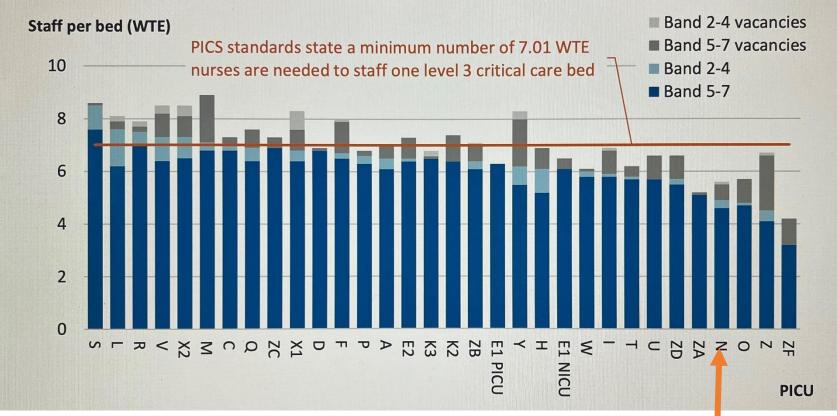






Figure 10: Number of registered and non-registered nursing staff providing clinical care in post (WTE) per bed by band and by health organisation, 2020



National PCC Workforce

PICANet-2021-Annual-Report v1.1-22Apr2022.pdf

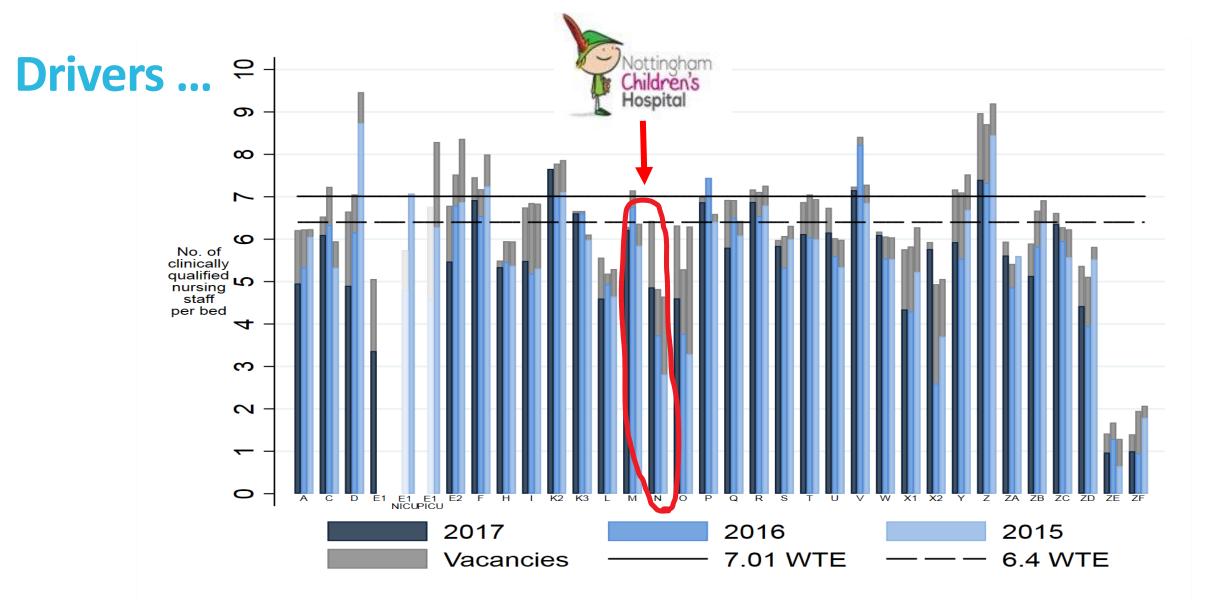
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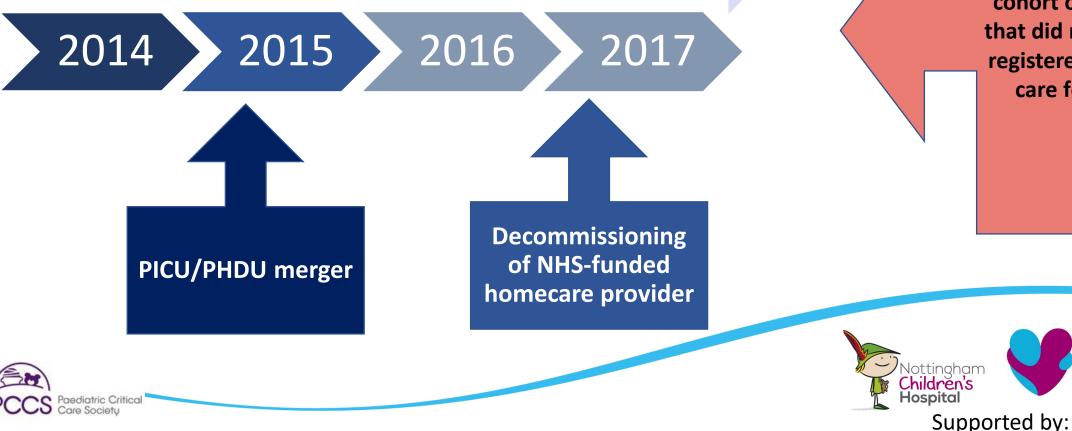






Increased nursing vacancies Reduced retention Impact on bed capacity

Delayed discharge of CYP medically fitfor-discharge



INCREASING cohort of patients that did not require registered nurse to care for them

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PICANet take home...

• Widespread vacancies





- Band 2- 4 non-registered professionals is widespread
- The addition of bands 2–4 delivering clinical care has enabled five additional PICUs to meet this standard.
- Non-registered staff (health care assistants) with appropriate competencies may be included in calculations of staffing levels per child requiring critical care so long as they are working under indirect supervision of a registered nurse at all times.





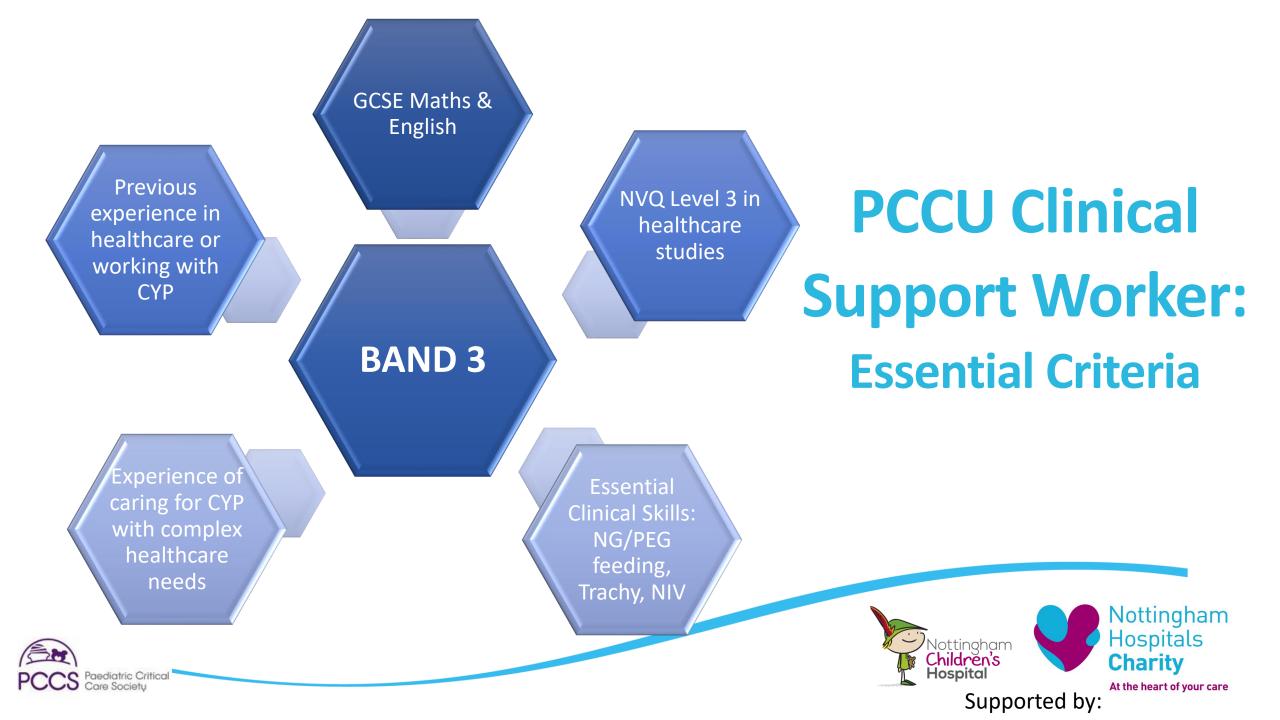
Nottingham Children's Hospital PCCU

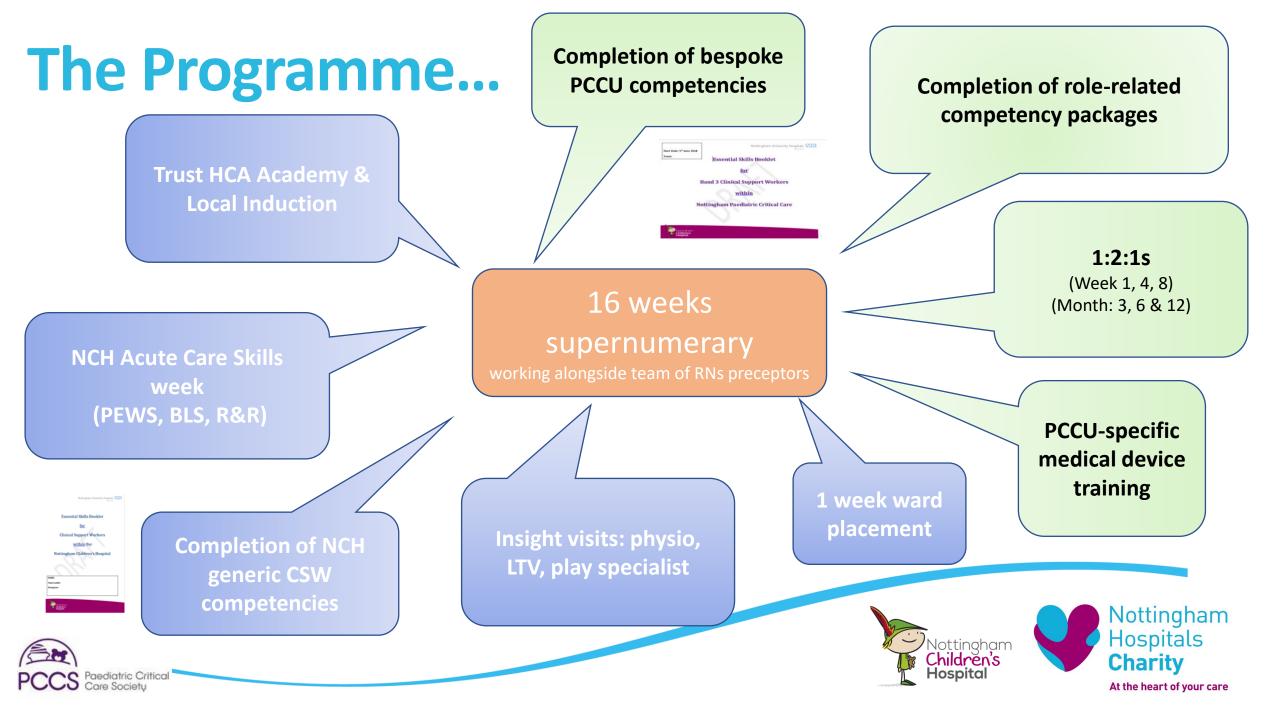
- 14 critical care beds (flexible)
- Co-located with AICU and NICU
- Non-cardiac surgery centre
- 500-600 admissions/year
- 13 children had >3 week stay on PCCU
- 6 children had > 6 week stay on PCCU
- 12 children had a greater than 3 months stay on PCCU











So what are they allowed to do....

- ✓ Care for level 1/2 patients on PHDU or PICU
- ✓ General personal care
- ✓ Clinical observations
- ✓ Skin assessment
- ✓ NIV and tracheostomy ventilation (LTV)
- ✓ Suctioning
- ✓ Enteral feeding via PEG/PEJ/NGT
- ✓ Medical device authorized trainers
- ✓ Capillary blood sampling

" ... Under indirect supervision of registered staff use own initiative to be able to assist patients in all activity's of daily living within own level of competence"

Overseen by allocated Registered Nurse





But what would they like to do....



X Administer medicationsX Administer oxygen

? Support and deliver care to sicker patients







The Challenges: Systemic











The Challenges: Personal





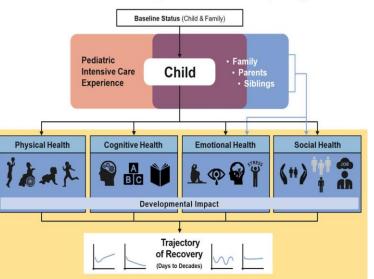


Post Intensive Care Syndrome - Pediatrics (PICS-p)









Manning, J.C., et al (2018) **Conceptualizing Post Intensive Care Syndrome in Children – The PICS-p Framework.**

A Vision for the Future?

- Significant workforce gap
- Evaluation role within PCC
- Professional development
- National CSW competencies



...but what does the team think?

https://drive.google.com/file/d/1z3x6ovDwc0-YUyBSMdSJvcvSbTN7s1jf/view?usp=sharing









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With special thanks to Rachael, Sam & Chloe – our wonderful Band 3 CSWs!



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References

Manning, J.C., Pinto, N.P., Rennick, J.E., Colville, J.E. & Curley, M.A.Q (2018) Conceptualizing Post Intensive Care Syndrome in Children – The PICS-p Framework. **Pediatric Critical Care Medicine** 19(4): 298 – 300

PICANet (2016) PICANet Annual Report (Data Collection Period Jan 2013 – Dec 2015) https://www.picanet.org.uk/wp-content/uploads/sites/25/2018/05/PICANet_Annual_Report_2016_Summary.pdf

