Ward Nurses Experiences' and Perceptions of A Critical Care Outreach Service.

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Critical Care Outreach in UHG

- Commenced 2016.
- Team of 5 nurses.
- Cover Mon –Fri 12 hour days and 24 hour cover at weekends.
- Attend cardiac arrests, stroke alerts, code reds
- Review all patients d/c ICU/HDU.
- Review all patients we are called to re high EWS, non-invasive ventilation, deteriorating patients
- Review trachy pts and cvc line patients.

Background of the Critical Care Outreach Service

- Critical Care Outreach Services (CCOS) have been established since the concept was first recommended in the Department of Health Document 'Comprehensive Critical Care Services' (Department of Health, 2000).

- Critical care outreach can be defined as an interdisciplinary organisational approach to ensure safe, equitable and quality care for all acutely unwell, critically ill and recovering patients irrespective of their location or pathway (National Outreach Forum, 2010).

Background of the Critical Care Outreach Service

- The past decade has seen an increasing focus on recognising and responding to the deteriorating hospital patient (NICE, 2007).
- The establishment of the CCOS was hoped would provide an extension of critical care services and support between ICU and the wards (Pirret et al, 2015).
- With ever increasing pressure on ICU resources, CCOS seems to offer a solution to providing vitally needed care to critically ill patients outside of the ICU.

Aim of Study

- The aim of this study is to explore ward nurses experiences' and perceptions of a critical care outreach service (CCOS).

- To identify areas of care which can be improved or developed to enhance quality practice.

Literature Review

- Several databases were used; the Cumulative Index to Nursing and Allied Health Literature (CINAHL), The Cochrane Library, PubMed, Medline (Ovid) and Google Scholar.

- Key words included, 'ward nurses' or 'general nurses', 'views' or 'opinions' and 'critical care outreach' and 'critical care outreach services'.

- No specific limitations were placed on the search as researcher wanted to locate all articles from introduction of outreach to present day 1990- 2017.

Methodology

- Qualitative descriptive methodology was chosen as it sought information directly from those experiencing the situation.

- Data was collected using semi-structured interviews from 12 ward nurses from medical and surgical wards within one site. (170 forms to 17 wards).

- Critical care areas were not included in study.

- Data was transcribed verbatim and analysed using Braun and Clarke (2006) framework.

Findings

- A number of initial themes were identified i.e communication, knowledge, skills sharing, guidance and support.

- Finally three core themes were decided upon which were, clinical support and decision-making, education and teaching and communication.

- These core themes included a number of subthemes which included, the provision of support through advice and guidance, escalation of care, informal teaching, recognising the deteriorating patient and characteristics of the critical care outreach nurse.

Clinical Support and Decision Making

- This was mentioned by all 12 nurses.

- Each nurse felt that the main purpose of the CCOS was to support members of the multidisciplinary team in their clinical decisions and work practices.

- Ward nurses felt it gave them the support that they felt was lacking on the wards in the current climate of poor staffing and inadequate resources.

Clinical Support and Decision Making

- *'It definitely provides such good support, when you are on your own saying even like tonight I would have like 14 patients on my own and a patient deteriorates to have someone there to initially get things started when you have to call a doctor they may not actually come to you within, could easily be half an hour to an hour and at that stage half the time the patient is going off quick and you want them to be seen by someone and especially someone from the outreach team they give such good guidance in amm, oxygen, fluids, getting bloods taken -amm, it just it gives us great support and help when you are under a lot of stress'* (Sally, line 7-14.)

Clinical Support and Decision Making

- Calling the outreach team had become a daily occurrence for the ward nurses.

- They felt it provided them with a direct link to answer any questions they may have. This was a huge relief to them.

- *'The outreach nurses are an absolute excellent link to see how things are actually done properly and amm it's just an excellent resource for us to be able to rely on, if we have any questions they are able to be answered'* (Maureen, line 20-22).

Clinical Support and Decision Making

- The provision of support was mentioned by all 12 nurses.

- They felt knowing there was someone there as back up allowed them to feel like they could manage the deteriorating patient.

- *'I find it very good for if you have a patient really sick or you have concerns, that you can phone someone who understands when a patient is very sick and can give us a boost as to what to do and it is back-up for the nurses'* (Sinead, line 1-3)

Clinical Support and Decision Making

- *'Well, I find they are a great support since they have come into the hospital onto the ward, you feel like you always have back-up when doctors won't listen to you in particular and you know you have got somebody to turn to if someone gets sick, if a patient gets really sick and the doctors aren't answering their bleeps'* (Julie, line 1-4).

Nurses felt the current escalation system on the wards to be very much hit and miss but since the introduction of CCOS they identified this as their first means to escalate patient care.

Clinical Support and Decision Making

- *'It's nearly automatic now when we have someone that is unwell and we also like think its valuable advice we get from the critical care team, amm, and it's funny it's actually that you listen to them more that the intern (laughter), because they have so much more experience'* (Sally, line 55-58).

- *'The outreach nurse is just amm, excellent at getting what needs to be done, done, and from a patient's safety point of view even just getting the bloods sent off in a timely manner just to get the results back, the ABG back to know where we are at with the patient. Everything is done in a quicker manner, it's much more safe, amm, it's just very clinically efficient'* (Maureen, line 12-15).

Clinical Support and Decision Making

- Ward nurses felt their feelings of being overwhelmed were reduced by knowing that the outreach service was close at hand.

- *'I do sometimes when someone gets sick you are wondering are you missing something or that and it's good to be able to call outreach, they come and help us and it's kind of like a weight off our shoulders that we know that you are there and ye know if someone is really sick and to kind of tell us or prompt us what to expect next'* (Sinead, line 15-18).

Education and Teaching

- Nurse in this study felt that it was the informal teaching that was carried out most of the time by the CCOS.

- It was when situations arose or when the outreach team were called to review the deteriorating patient that nurses felt they learned the most.

- *'The informal education is by them coming and 1 on 1 and they are with the patient and they are with the nurses looking after them and they are telling you what to watch for and they, you know, they show you things, just say it's a tracheostomy patient again, that they are able to show you how to use the Airvo, how to do the suction, whatever it might be'* (Olivia, line 93-96).

Education and Teaching

- Ward nurses felt that the education and teaching provided by the outreach team would add to their knowledge development and help them to recognise or more effectively treat the deteriorating patient.

- *'Ya, I would say it makes people a bit more comfortable caring for someone who is critically ill and gives them a little bit more knowledge and insight into you know what needs to be done at the time or something like that'* (Susan, line 69-71).

Education and Teaching

- All 12 nurses interviewed identified the valuable role the CCOS now plays in caring for the critically ill patient on the wards.

- They identified that with the high acuity of patients on the wards that the potential for patients deteriorating was substantial.

- *'It's an invaluable service, we couldn't be without it now I don't think. Considering the patients are much sicker than they used to be or maybe it's because of the early warning score is actually working amm, it's brilliant, couldn't be without it'* (Julie, line 5-7).

Communication

- Communication was interlinked in all themes in these research findings.

- Two nurses outlined how they felt it was easier communicating nurse to nurse as opposed to nurse to doctor and that the outreach nurse seemed to have a greater ability to communicate.

- *'Also, you know yourself, if you have a concern or worry, I find it is much easier talking nurse to nurse than sometimes nurse to doctor, sometimes the doctors I don't know seem to want facts and figures, they don't realise that very often as a nurse, you are going on instinct'* (Olivia, line 17-20).

Communication

- Ward nurses felt that having the outreach nurse to review patient post ICU/HDU discharge without herself having to contact them as enhancing the communication between the ward and critical care.

- *'I hadn't even made a phone call, they were just here, so it was good communication between the ward and the patient transferring. . and they followed up again a couple of hours later and the next day . . . from a communication point of view, I just think it's flowing freely'* (Karen, line 9-11, 13-14).

Communication

- The ward nurses identified that the outreach nurse communicated what to look for in the deteriorating patient and this they felt helped to maintain a plan of care for the particular patient.

- *'I guess they come down and they give you more of a guideline on what you need to do for the next few hours, if that's like to keep obs checked every hour or to maintain stats at a certain level for that patient or you know that type of thing which really forces the care plan I suppose'* (Julie, line 44-47).

Communication

- All 12 nurses identified that their major expectation of the CCOS was the recognition of the deteriorating patient.

- The CCOS provided reassurance to the ward nurses when accepting patients from ICU/HDU as they felt the patient would benefit from the expertise when they were followed up.

- *'So in relation to post ICU discharge they tend to come out and actually review the patient on the ward, amm, so a full examination is done with them from checking that their chest is clear to their heart sounds and everything , amm, in comparison the doctors don't always listen to their chests so I find that the outreach nurse in assessment and picking on a patient going back into deteriorating again, amm, is much better with the outreach nurse'* (Maureen, line 73-77).

Communication

- All ward nurses interviewed gave their views on the essential characteristics that they felt the outreach nurse needed to possess.

- Professional ability, approachability, leadership skills, change agent, organisational and management and a physical presence were among a few.

- *'I suppose good leadership skills are necessary and they are evident when people are left with a situation where they have to kind of organise things and get people organised and get things moving'* (Susan, line 53-55).

Communication

- All ward nurses were asked if they could identify any negative aspects of the CCOS.

- Two of the nurses identified that the amount of outreach nurses was not sufficient for the acuity of patients currently on the ward.

- They felt the demand for the outreach nurses to review the deteriorating patient was on the increase and they believed the number of outreach nurses should increase to reflect this.

Communication

- *'I feel that the numbers that ye have is completely insufficient for the amount that ye have to cover like it is such a broad hospital with so many numbers and it is just absolutely ridiculous that ye have so many patients to be called to'* (Maureen, line 113-115).

- There was an expressed wish to have the CCOS 24/7.

- *'I suppose, funding (laughter) get more staff trained in the critical outreach and I suppose having them more readily available on the ward it's hard to have them here 24/7, 7 days a week'* (Sally, line 99-101).

- *'Just that it's fantastic and get a 24/7 service as quick as possible'* (Olivia, line 107).

Communication

- When probed further regarding if they felt that the CCOS would lead to their deskilling in aspects of patient care all 12 nurses felt that the CCOS would help to increase their clinical skills and confidence in caring for the critically ill patient.

- *'No, I think the completely opposite of amm, it's actually completely up skilling the ward nurses. It's not that we rely on ye to come and sort the patient out, it's that ye come and sort the patient out whilst educating us how to sort the patient out, so it's not that we are being deskilled, we are actually being up skilled because ye are guiding us in how to care for the patient when they are deteriorating rapidly'* (Maureen, line 119-123).

Communication

- *'I have not seen that happen, amm, and it's probably the opposite where they are telling us exactly what we should be looking out for, amm, it's no, there is no negative aspects of it'* (Sally, line 108-110).

- The outreach role it seems is important in up skilling the ward nurses and it is the sharing of knowledge and skills by the outreach nurses that helps to increase the skills of the ward nurses.

Discussion of Findings
Theme One- Clinical Support and Decision Making

- Ward nurses felt that the main role of the CCOS was the support that they received from the outreach service in terms of clinical decision making and workplace practices.

- Chaboyer et al (2005) and Massey et al (2013) also identified that it was this supportive role that was essential to aid ward nurses in caring effectively for the critically ill patient.

- All ward nurses ranked highly the back-up support and advice provided by the outreach nurses.
- Salamonson et al (2005) also identified that the nurses felt the outreach service provided such a support system that was always available to them if they were dissatisfied with the medical management of the patient.
- In contrast however, Jones et al (2006) identified that ward nurses sometimes felt intimidated by the supportive role of the outreach nurses.
- This was not evident in this study.

- Study participants felt that the outreach nurse using their vast experience knew immediately when patients needed more expert care.
- Athifa et al (2011) in their study also found this to be the case.
- Ward nurses in this study felt that the current escalations of care systems to be substandard. They felt that the support of the outreach nurse allowed the patient's condition to be assessed quicker and escalations in care to be activated earlier.

Discussion of Findings
Theme Two- Education and Teaching.

- Education and teaching was highlighted as being hugely important, with the informal teaching at bedside in relation to signs of clinical deterioration providing the most opportunity for learning.

- Wood et al (2017) found similar results that of identifying clinical situations as essential to everyday practice.

- However, Baker-McClearn and Carmel (2008) identified that organisational deficiencies may prevent successful implementation of the informal teaching.

- They did however acknowledge that education and teaching at bedside directly improved outcomes for the deteriorating patient.
- Ward nurses in my study wished for more informal teaching but acknowledged that would require more outreach resources.

Discussion of Findings
Theme three- communication

- Participants identified that communication was easier between the outreach nurse and ward nurse as opposed to nurse to doctor as the ward nurses felt the outreach team listened and understand their concerns more than the doctor.

- This was also supported by Athifa et al (2011) who found that the CCOS had benefits in relation to communication and this helped to expedite care for the patient.

- Ward nurses in this study highlighted that having the CCOS to review recently discharged patient from ICI/HDU as helping to improve communication between wards and the critical care environment.

- This was further echoed by Baker-McClearn and Carmel (2008) who found that the CCOS helped to communicate issues regarding the former ICU patient which staff felt led to improved communication.

- However, Astroth et al (2013) identified several barriers to effective communication.
- They found that ward nurses at times felt the communication from the outreach nurse to be abrupt and condescending placing unrealistic goals on the ward nurses.
- This was also identified by McIntyre et al (2012) and Salt (2013).
- In this study all ward nurses commented on the benefits of good and effective communication and no nurse reported any problems with the CCOS.

Conclusion

- This study found that ward nurses value the role of the CCOS in supporting ward nurses caring for the critically ill and deteriorating patient at ward level.

- Ward nurses believe the CCOS to have a positive impact on both themselves as nurses and on patients through providing high quality care at a time when resources are lacking at ward level and patient acuity is on the rise.

Strengths of this study

- The major strength is that this study is the first of its kind in Ireland!

- The qualitative semi-structured interviews allowed ward nurses to fully express their experiences and perceptions of the CCOS.

- The 12 nurses interviewed ensured a true representation of nurses utilising the CCOS.

Limitations of the study

- This study was performed on a single site within a large teaching hospital in the West of Ireland.
- This can limit the findings making it difficult to gain an insight into the outreach service.
- The researcher was a colleague to the participants which may have showed a degree of familiarity and could have resulted in participants feeling they had to participate.
- The outreach service was only running for one year which you could argue was not enough time to generate a true picture of its impact.
- Future research may help to alleviate this.

Implications for practice

- Practice needs to change within the Irish hospitals.
- Critical care outreach needs to be implemented in a permanent capacity within all large teaching hospitals.
- Funding and training of critical care outreach nurses needs to be established to support and guide ward nurses in caring for the acutely ill patient.
- Outreach nurses need to be trained to a high level like that of an advanced nurse practitioner (ANP).
- Nursing, hospital management and the HSE need to recognise the need for this role and provide these opportunities within the Irish hospitals.
- Ward nurses need to feel more supported and ensuring this may even contribute to a higher retention of ward nurses within Irish hospitals.

Recommendations

- The findings of this study indicate the need now for critical care outreach to be extended to all large teaching hospital within Ireland.

- Within our site based hospital outreach is needed in a full-time capacity.

- There needs to be an increase in resources to achieve this.

- The local outreach nurses now need to be recognised as advanced nurse practitioners in their own right.

Recommendations cont'd

- These recommendations are based on education, practice, research and current acuity of patients within the healthcare system with the hope of changing nursing practice in a positive direction.

Questions

- Any Questions?

- Thank you.

References

- Astroth, K. S., Woith. W. M., Stapleton, S. J., Degitz, R. J. & Jenkins, S. H. (2013). Qualitative exploration of nurses' decisions to activate rapid response teams. *Journal of Clinical Nursing*. **22**(19-20), 2876-2882.

- Athifa, M., Finn, J., Brearley, L., Williams, T., Hay, B., Laurie, K., Leen, T., O'Brien, K., Stuart, M., Watt, M. & Leslie, G. (2011). A qualitative exploration of nurse's perception of Critical Outreach Service: A before and after study. *Australian Critical Care*. **24**(1), 39-47.

- Baker-Mcclearn, D. & Carmel, S. (2008). Impact of critical care outreach services on the delivery and organization of hospital care. *Journal of Health Services Research & Policy*. **13**(3), 152-157.

- Braun, V. & Clarke, V. (2006). 'Using thematic analysis in psychology'. *Qualitative Research in Psychology*. **3**(2), 77-101.

- Chaboyer, W., Gillespie, B., Foster, M. & Kendall, M. (2005). The impact of an ICU liaison nurse: a case study of ward nurses' perceptions. *Journal of Clinical Nursing*. **14**(6), 766-775.

- Department of Health. (2000). *Comprehensive Critical Care Review: a review of adult critical care services*. Department of Health. London.

- Jones, D., Baldwin, I., McIntyre, T., Story, D., Mercer, I., Miglic, A., Goldsmith, D. & Bellomo, R. (2006). Nurses' attitudes to a medical emergency team service in a teaching hospital. *Qual Safe Health Care*. **15**(6), 4274-432.

- Massey, D., Chaboyer, W. & Aitken, L. (2013). Nurses' perceptions of accessing a Medical Emergency Team: A qualitative study. *Australian Critical Care*. **27**(3), 133-138.

- McIntyre, T., Taylor, C., Eastwood, G. M., Jones, D., Baldwin. I. & Bellomo, R. (2012). A survey of ward nurse's attitudes to the Intensive Care Nurse Consultant service in a teaching hospital. *Australian Critical Care*. **25**(2), 100-109.

- National Institute for Health and Clinical Excellence (NICE). (2007). *Acutely ill patients in hospital*. National Health Service. Retrieved March 2017 from http://www.nice.org.uk.libgate.library.nuigalway.ie/guidance/cgso/niceguidance/pdf/English.

- National Outreach Forum (2010). Accessed at http://www.norf.org.uk on 30/01/2018.
- Pirret, A., Takerei, S. & Kazula, L. (2015). The effectiveness of a patient at risk team comprised of predominantly ward experienced nurses: A before and after study. *Intensive and Critical Care Nursing*. **31**(3), 133-140.
- Salamonson, Y., VanHeere, B., Everett, B. & Davidson, P. (2005). Voices from the floor: Nurses' perceptions of the medical emergency team. *Intensive Critical Care*. **22**(3), 138-143.
- Wood, T., Pirret, A., Takerei, S. & Harford, J. (2017). Staff perceptions of a patient at risk team: A survey design. *Intensive and Critical Care Nursing*. **43**(2017), 94-100.
- Salt, L. (2013). Evaluating critical care outreach and the early warning score tool- the ward nurse's viewpoint. *Kai Tiaki Nursing Research*. **4**(1), 17-24.