

Critical Care across the world: Breaking down Barriers.

Meeting service need: Introducing a critical care ANP service into a large academic teaching hospital

Oonagh A. J. Power critical care RANP
BACCN /IACCN Joint Conference- Belfast
October 2022



The WHY & The How



Sláintecare report calls for a more integrated person –centric, community-based care model

- **Not fit for purpose!!!**
- Unmet need
 - **12% growth in overall population**
 - **59% growth in 65+ population**
 - **95% growth in 85+ population**



Critical care without walls

Hillman, Ken (2002) Current Opinion in Critical Care:
December, Volume 8 - Issue 6 – pp. 594-599



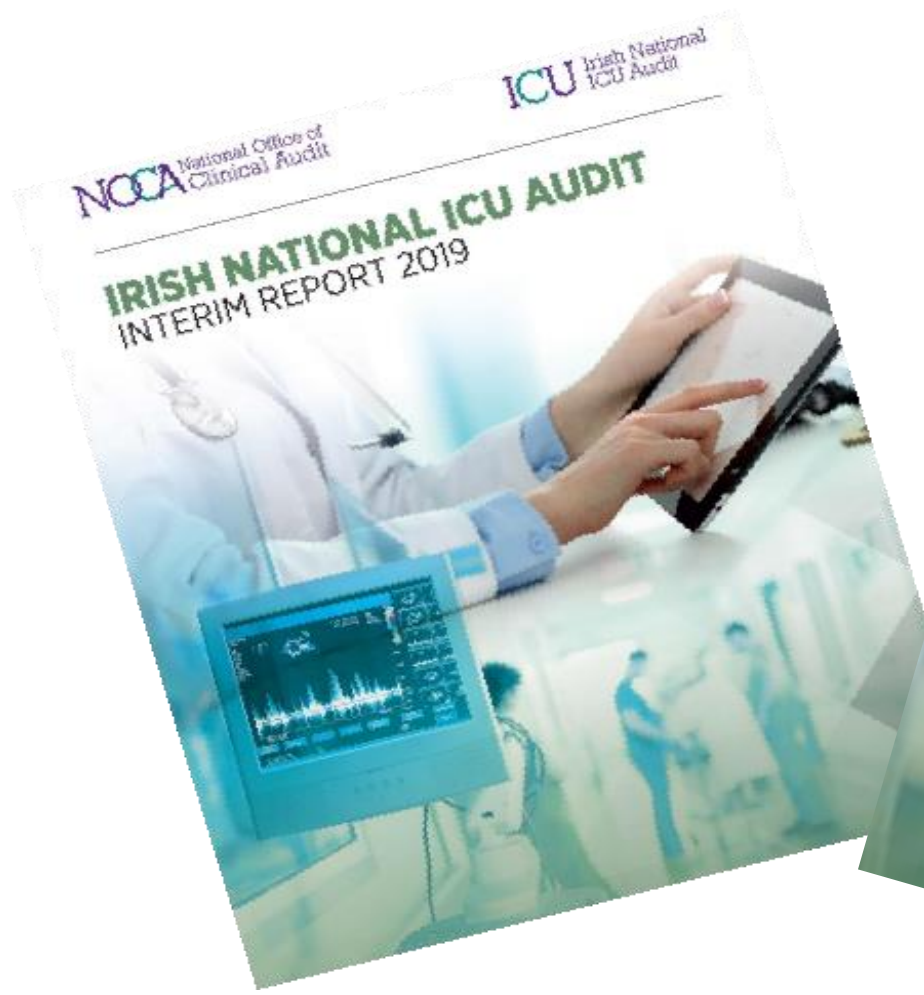
The background of the slide consists of a stack of newspaper pages. The words "BREAKING NEWS" are printed in large, bold, black letters across the pages, which are slightly blurred and overlapping, creating a sense of depth and urgency. The text is repeated across multiple pages, with some appearing more prominent than others due to the perspective.

News flash

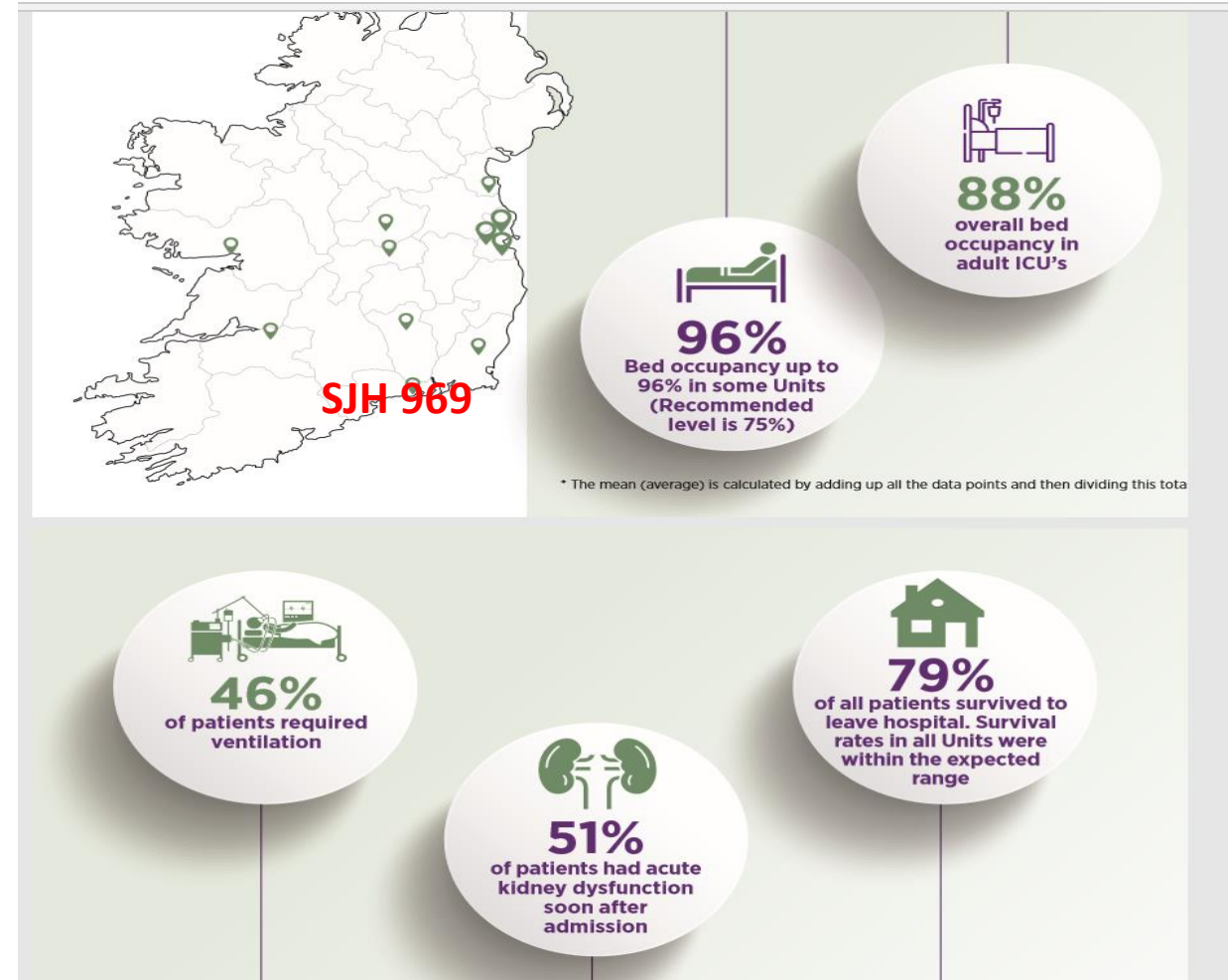
**St James's general ICU
The best ICU in the country ?**

Probably

Not perfect



- **Delay** in admissions / increase patient acuity
 - **Delayed discharges** /cancelled elective surgical case.
- ## Out of hours discharges



Report of The Commission on Nursing
A blueprint for the future

© Government of Ireland, 1998.

<http://hdl.handle.net/10147/627027>



An Roinn Sláinte
Department of Health

A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Evaluation
of the Impact of
Implementing
a Draft Policy to
**Develop Advanced
Nurse Practitioners**
(cANPs/RANPs)
to Meet Health
Service Needs



Address Emerging and Future Service needs

Recommendation 2 p. 84

Deploy nursing and midwifery resources to impact healthcare service needs.

Action A

Align Advanced Practitioners roles with areas of service challenges to address current and emerging service needs.

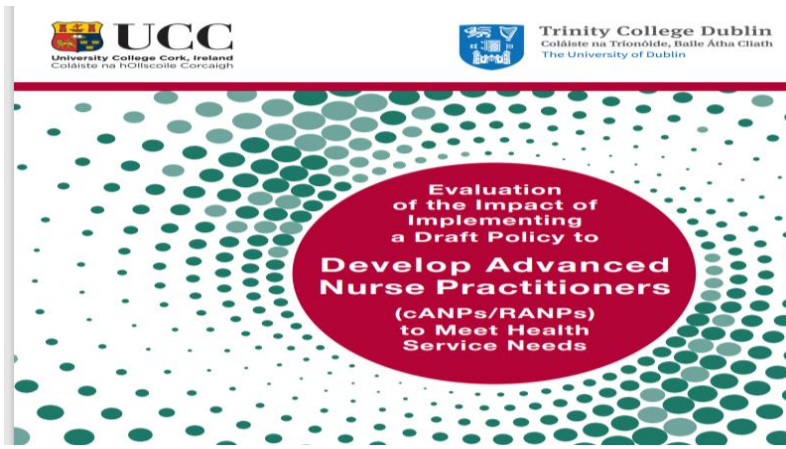
Critical Mass ANPs..

700 ANPs by 2021, 3% of ANPs within the nursing workforce

Office of the Chief Nurse, Department of Health (2017).

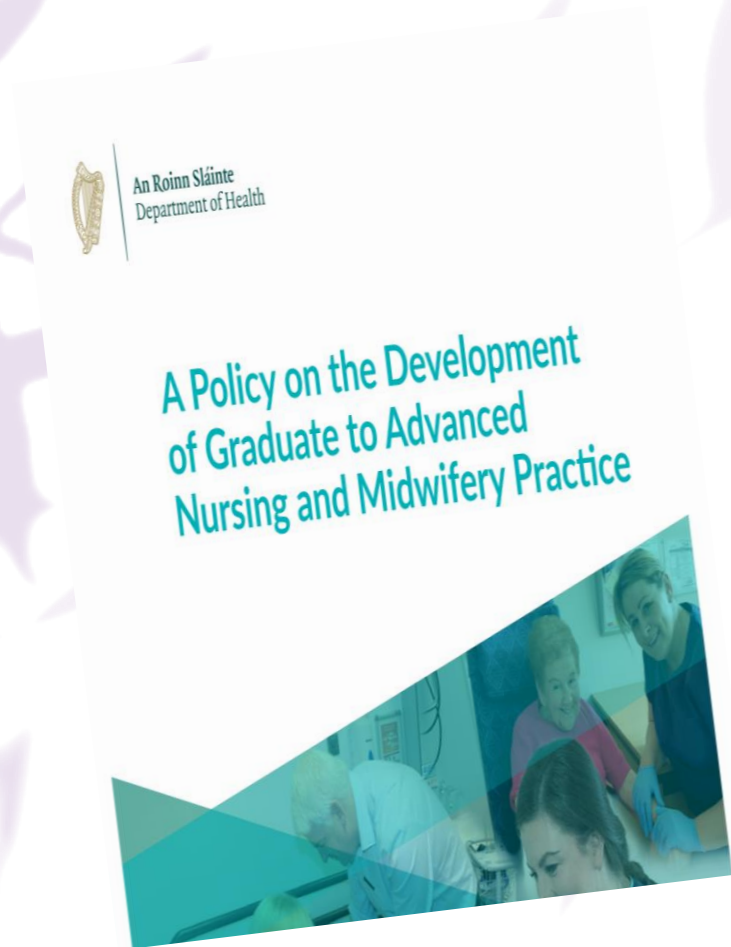
Highest proportion of cANP/RANP roles .. area of older persons' care (41.1%) followed by rheumatology, respiratory care and emergency care

Currently 517 practising ANPs
84% of which are in acute care setting



- ✓ 99% **confidence rating** in cANP/RANP's skills
- ✓ 97.0% **satisfied** with the care they received with 99.4% reporting that the care they received -of a **high quality**.
(ONMSD, 2020, p.15)






- **Success of the role and sustainability of the service is dependent on successful integration.**

Fox, A., Gardner, G., & Osborne, S. (2018). Nursing service innovation: A case study examining emergency nurse practitioner service sustainability. *Journal of Advanced Nursing*, 74(2), 454-464. <https://doi.org/10.1111/jan.13454>

Lowe, G., Plummer, V., & Boyd, L. (2018). Nurse practitioner integration: Qualitative experiences of the change management process. *Journal of Nursing Management*, 26(8), 992-1001. <https://doi.org/10.1111/jonm.12624>

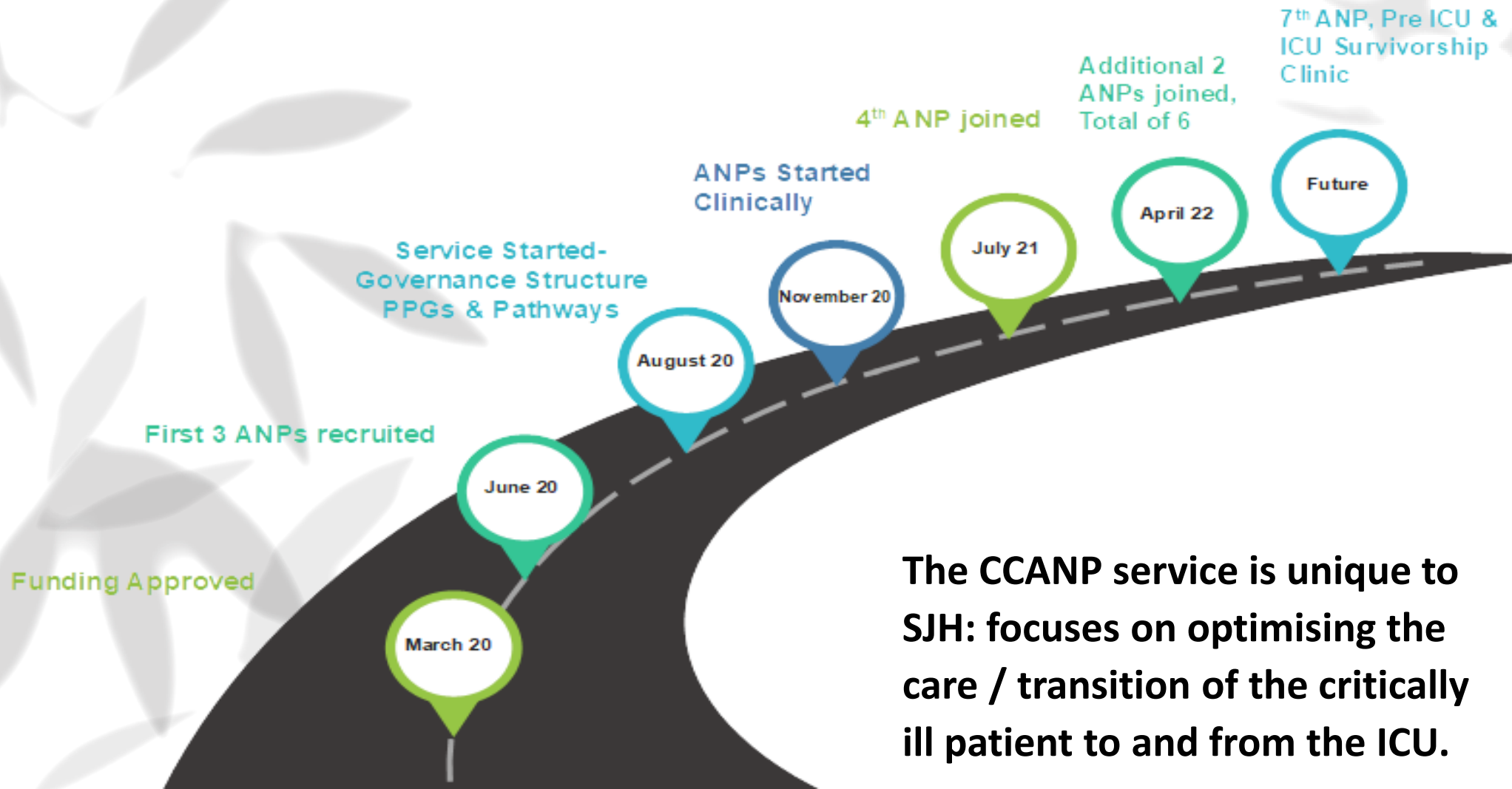
A survey of nurse practitioner perceptions of integration into acute care organisations across one region in Ireland

Mary Ryder MSc Nursing (Advanced practice), PhD, Assistant Professor¹  | Paul Gallagher, Chief Director of Nursing²

“nurse practitioner **integration is not currently structured**. A **framework** to support nurse practitioner integration is required to **ensure ongoing support for the role**. **integration is not currently optimized**”...

...

Failure to successfully integrate the nurse practitioner role **risks the long-term sustainability of the role** and is a **missed opportunity** to **demonstrate the success of advanced clinical leadership to health care**” p. 1053



The CCANP service is unique to SJH: focuses on optimising the care / transition of the critically ill patient to and from the ICU.

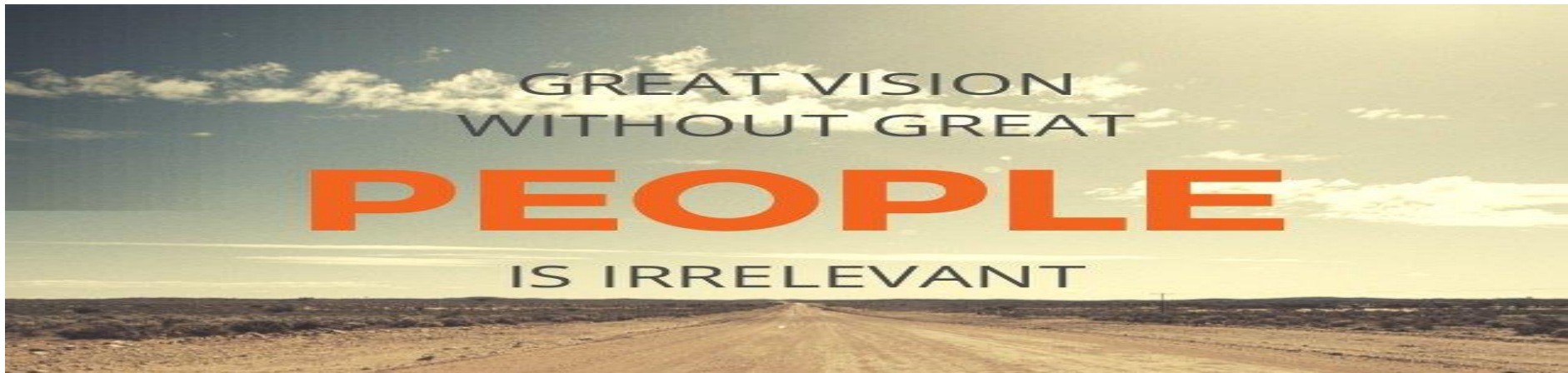


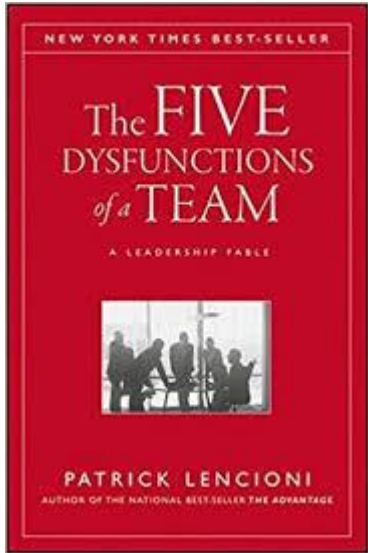
Vision

“Providing safe, quality care to the critically ill patient and their families throughout their hospital journey”

Purpose

“To advance Nursing, strengthen staff capability, promote leadership, and pursue excellence in patient outcomes”







Barriers and facilitators to the implementation of the advanced nurse practitioner role in primary care settings: A scoping review

Claire Torrens^{a,*}, Pauline Campbell^b, Gaylor Hoskins^a, Heather Strachan^a, Mary Wells^c,
Maggie Cunningham^d, Hannah Bottone^a, Rob Polson^e, Margaret Maxwell^a

^a Nursing Midwifery and Allied Health Professions (NMAHP) Research Unit, Stirling University, Scion House, Stirling FK9 4NF, United Kingdom

^b Nursing Midwifery and Allied Health Professions (NMAHP) Research Unit, Glasgow Caledonian University, United Kingdom

^c Imperial College Healthcare NHS Trust and Imperial College London, United Kingdom

^d Cork Kerry Community Healthcare, HSE, Ireland and University College Cork, Ireland

^e Centre for Health Science, University of the Highlands and Islands, United Kingdom



Conclusion:

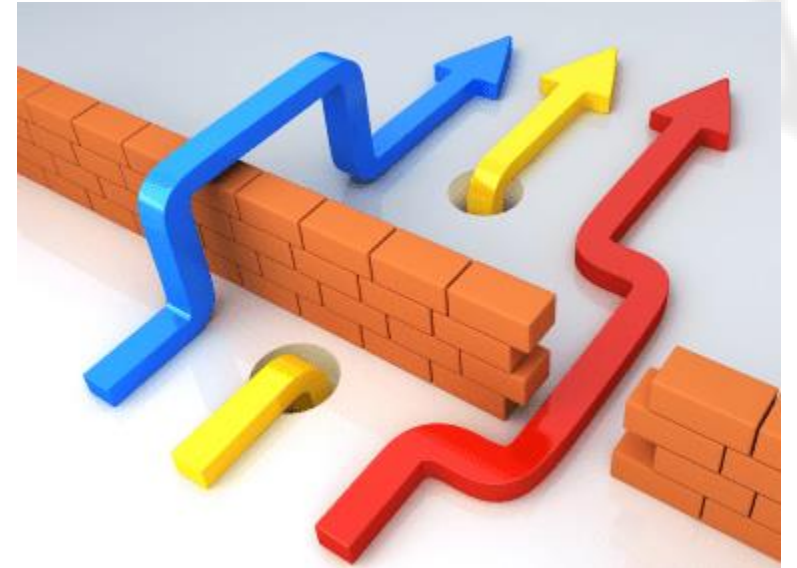
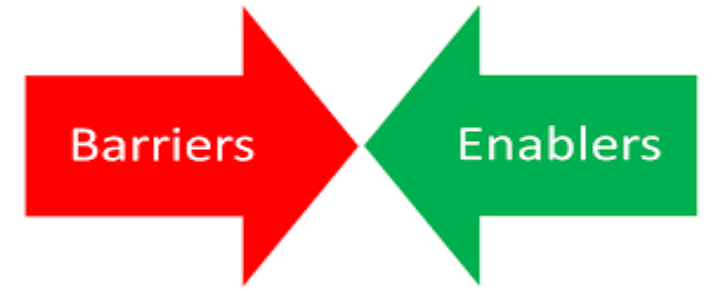
“Building collaborative relationships with other healthcare professionals and negotiating the role are critical to the success of the implementation of the advanced nurse practitioner role. Team con-sensus about the role and how it integrates into the wider team is also essential”

Healthcare .. A
complex Human
system!!!

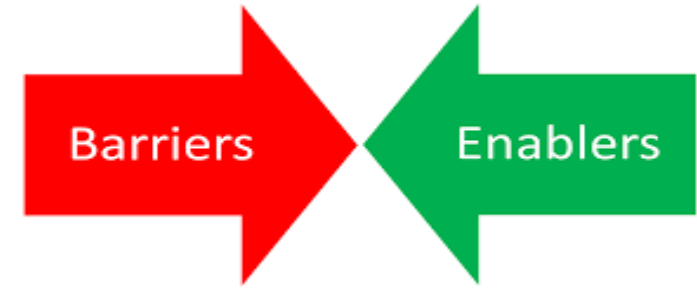


The top three factors that facilitated cANPs/RANPs in their role included:

- **The physicians with whom cANPs/RANPs worked**
- **The cANP/RANP's level of clinical experience prior to entering the cANP/RANP programme**
- **Multidisciplinary team with whom the cANP/RANP worked.**



The top three barriers to the role included:



- ✓ **The physical working environment: lack of space, clerical support**
- ✓ **Other healthcare professionals' perception of the role**
- ✓ **The organisation in which the cANP/RANP is employed**
- ✓ **Underdeveloped organizational governance structures and mechanisms**
- ✓ **Role resistance from administration/ secretarial services, allied healthcare professionals and nursing colleagues**

RESEARCH AND THEORY

Barriers to the Integration of Care in Inter-Organisational Settings: A Literature Review

Carolin Auschra

Introduction: In recent years, inter-organisational collaboration between healthcare organisations has become of increasingly vital importance in order to improve the integration of health service delivery. However, different barriers reported in academic literature seem to hinder the formation and development of such collaboration.

Theory and methods: This systematic literature review of forty studies summarises and categorises the barriers to integrated care in inter-organisational settings as reported in previous studies. It analyses how these barriers operate.

Art. 5, page 6 of 14

Auschra: Barriers to the Integration of Care in Inter-Organisational Settings

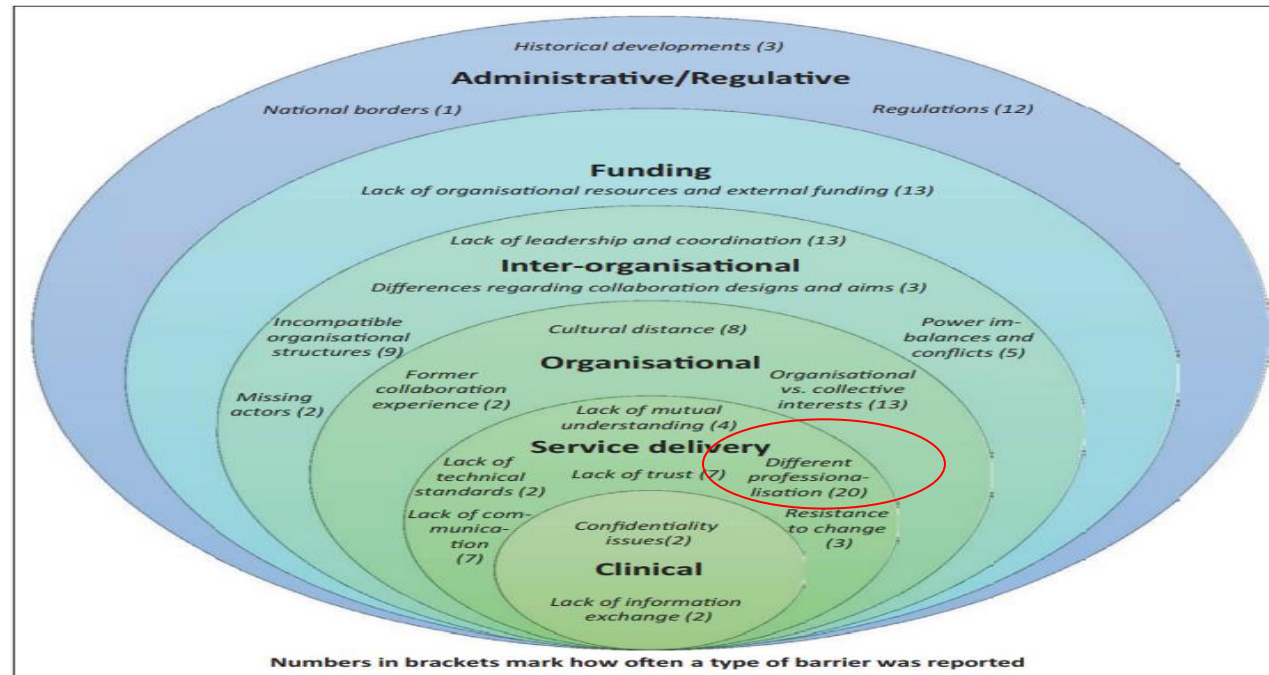


Figure 2: Barriers to the integration of care in inter-organisational settings.

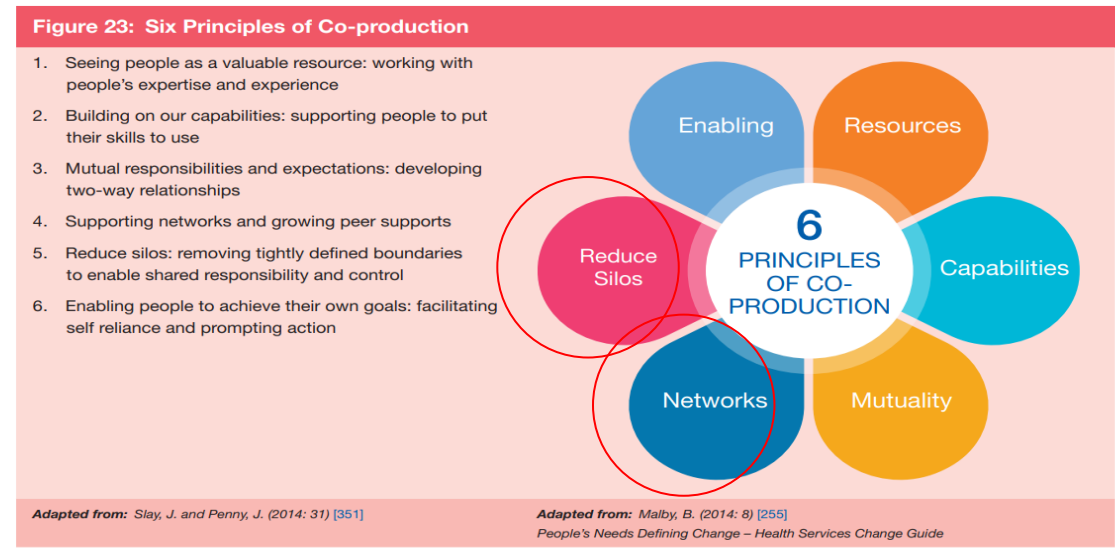
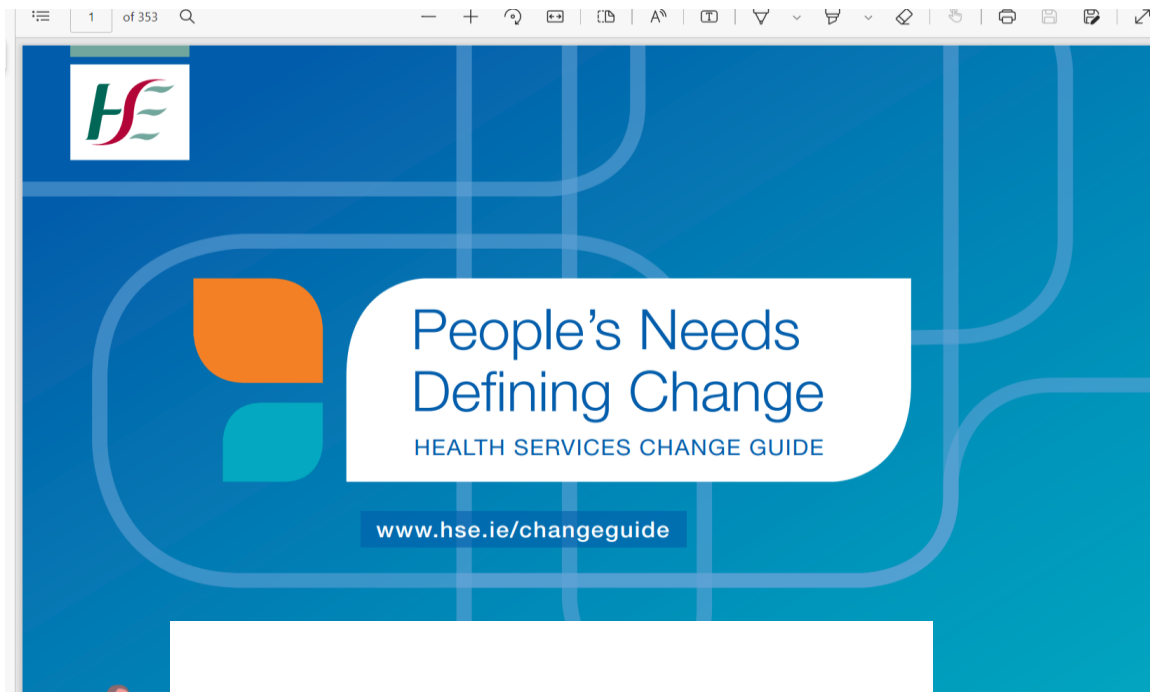






Less siloed / Stop Turf Guardingwork together to make things better for us all





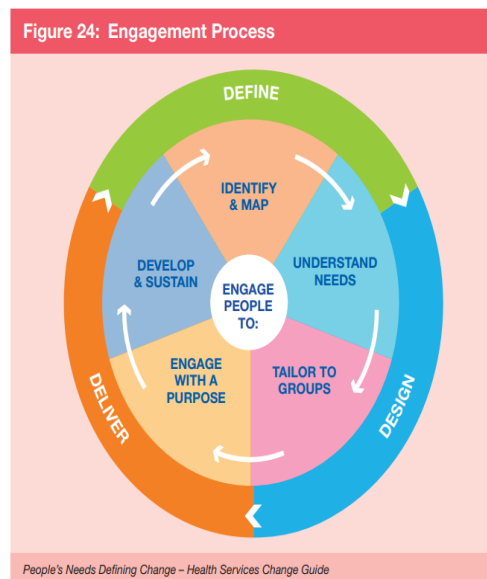
the outset of the change process, connections, stakeholders and you secure their input and the edge? Who can assist at the management team to oversee the timing to establish this team? Who take up different roles during the implementation (Management Team). Early clarification of changes with key leaders in the change early with partner services provided at this early stage will help and communication needed to

(4) are:

and engagement

your engagement activities,

the on Stakeholder



- Identify and map people connections
- Understand key stakeholders
- Tailor engagement to key groups
- Plan and engage with a purpose
- Develop and sustain communication and engagement



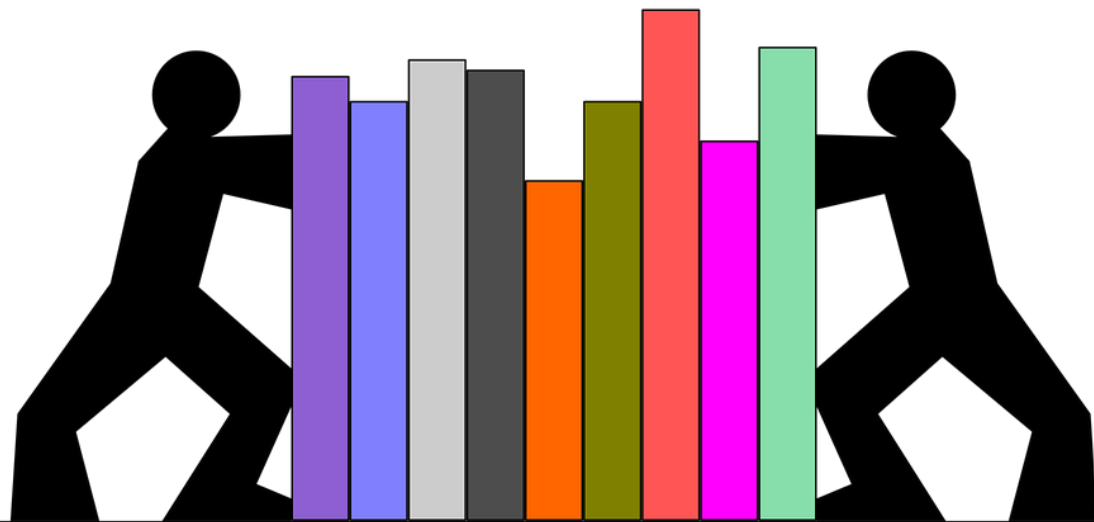
Staff & Patient Surveys



Not outreach.
But we do
reach out !!!!!

ICU without walls

..Bring Patient care full circle



X3 Pillars critical care ANP service



TASKs

Patient caseload

ARTERIAL LINE
INSERTION

TRANSPORTING
CRITICALLY ILL
PATIENTS

TRACHEOSTOMY
TUBE CHANGES



Cardiac Echo

BRONCHOSCOPY

PICC lines

Hospital wide simulation

ACLS

ALERT

ICU Foundation Program

ICU HDip

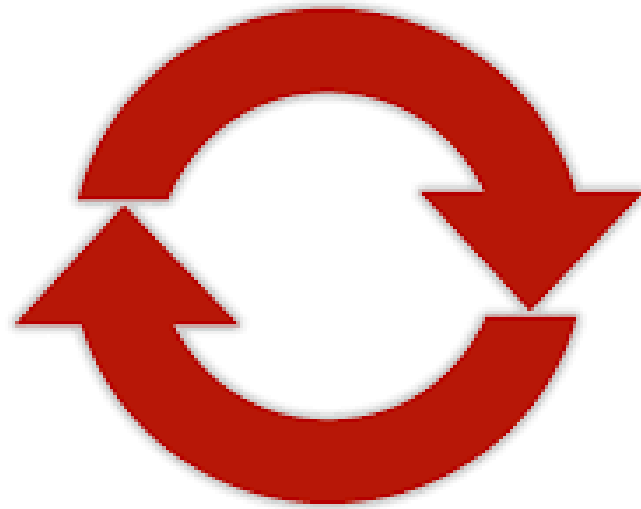
Med/surgical programme

Intern skills training



Pre ICU

- Pre op visits
- Arrest team
- Retrieval



Post ICU

Patient follow up

Nurse led ICU patient
Survivorship clinic

(patient diaries)

Consensus

Transparent

oriented

Robust Governance

Participatory

Good

Governance

Responsive

Follow the

Equitable

rule of law

- **Robust governance & accountability arrangements required to encourage, enable and support the safe and consistent development of ANP roles for patient benefit (DOH,2019,p. 60)**

and Inclusive

SJH ANP Council/National ANP group





Establishing value from contemporary Nurse Practitioners' perceptions of the role: A preliminary study into purpose, support and priorities



Stuart Clifford^{a,*}, Matthew Lutze^b, Michael Maw^c, Natasha Jennings^d

^a Emergency Department, Mudgee Health Service, Lewis Street, Mudgee, NSW 2850, Australia

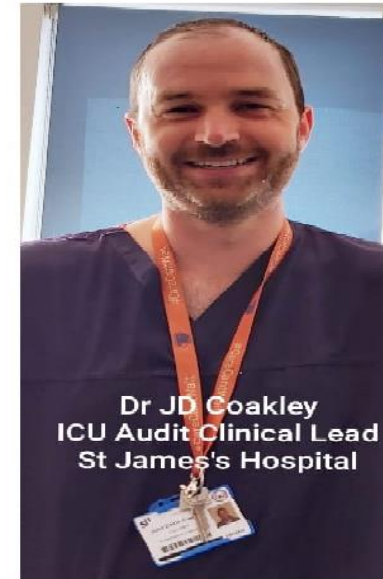
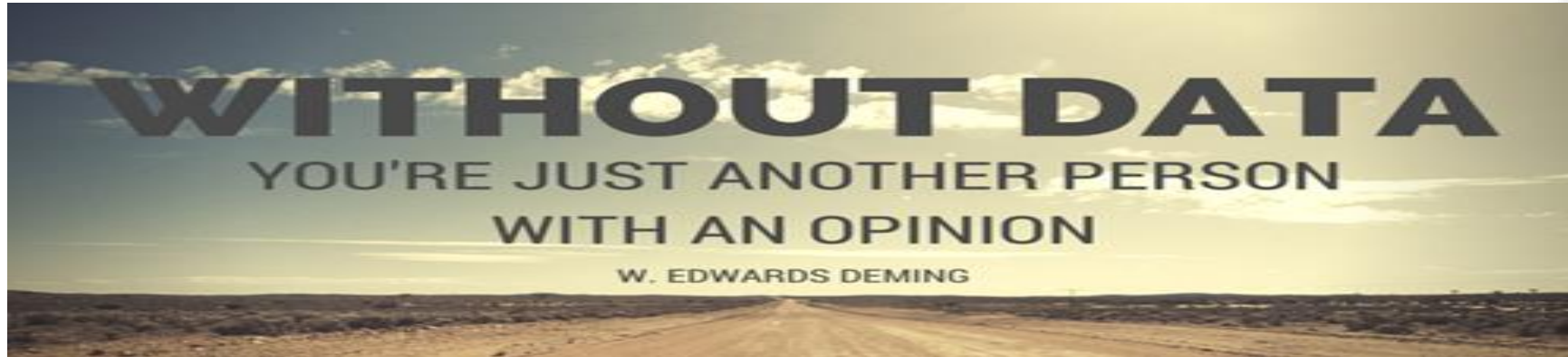
^b Emergency Department, Hornsby Hospital, Palmerston Road, Hornsby, NSW 2077, Australia

^c The MORDUN Group, P.O. Box 532, Wagga Wagga, NSW 2650, Australia

Value, combined with Cost should be the measure of healthcare. Increasing understanding of the ANP profession allows for informed creation of a value proposition

Contributions often **hidden, misunderstood and difficult to measure.**

Acknowledging these individual contributions can enhance our understanding of the individual impact an ANP makes in a particular service p. 98



Make Data your friend!

**Admit 80% patients within
1hr decision to admit**

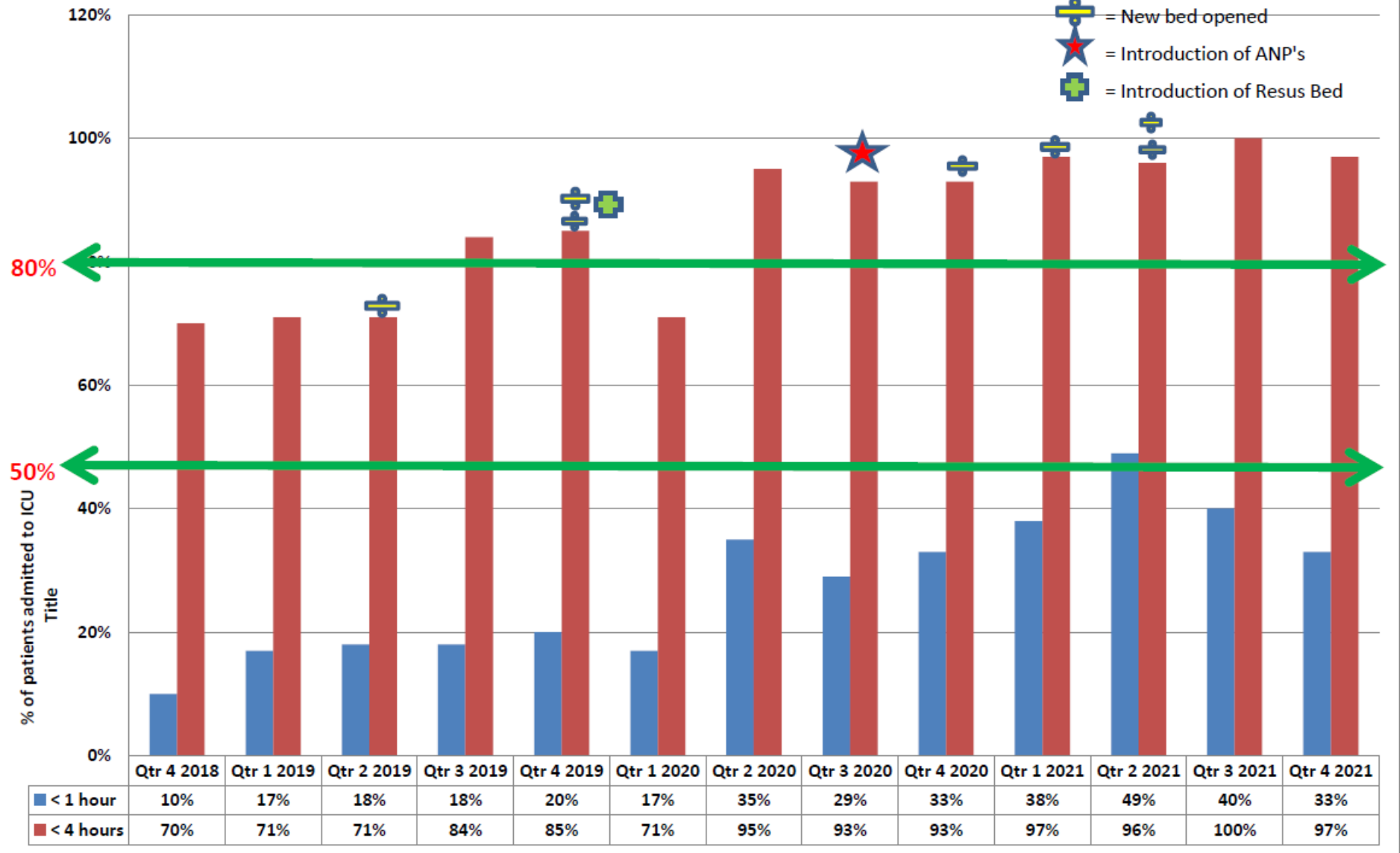
100% within 4hrs

**Follow up selected
patients within 48hrs of
discharge**

**Outcomes demonstrate
the value of a service
and are a requirement
in the Irish context**

(Department of Health, 2019).

ICU KPI re decision to admit Qtr 4 2018-Qtr 4 2021





Silo Platform

ICU Reg on referrals

**Timestamp decision to
admit to ICU**



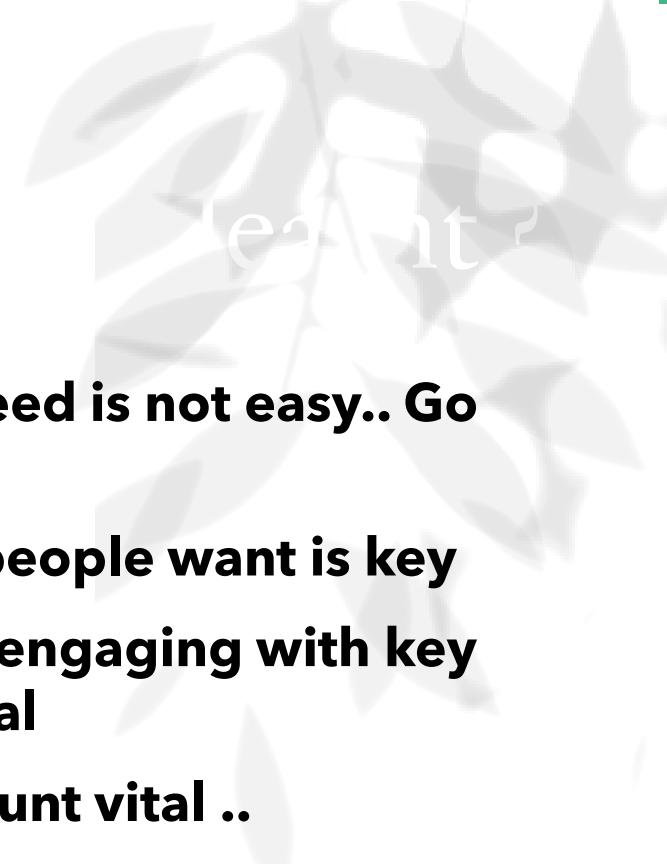
Data are just summaries of thousands of stories, tell a few of those stories to make data meaningful

Dan Heath



**SMALL STEPS TO BIG
GOALS. IMAGINE THE END
RESULT AND ATTACK ONE
STEP AT A TIME.**

- Ellen Jackson, Potential Psychology

- 
- **Meeting service need is not easy.. Go slow to go fast!**
 - **Finding out what people want is key**
 - **Building trust and engaging with key stakeholders critical**
 - **Being held to account vital .. Governance !!!**
 - **Demonstrating value ...Data/ Outcome measurement essential**
 - **Job satisfaction .. A no brainer!! Takes time to find your way**

ANP Role....

Fundamentally a Nursing role built on Nursing principles ..

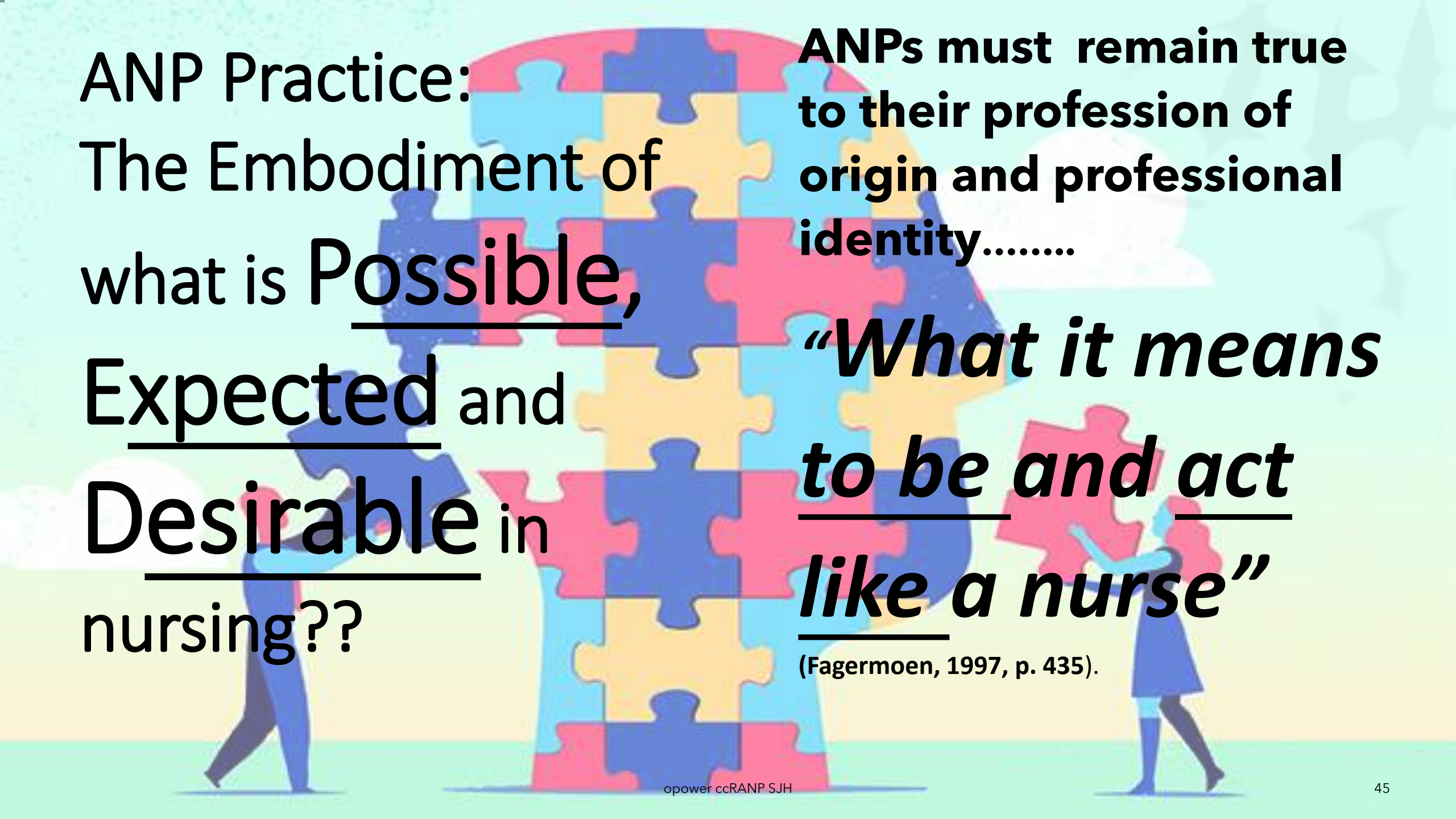
Not
in competition with other healthcare professionals, nor is the adoption of the domains of other healthcare providers viewed as the core of APN practice.” (p.11)



INTERNATIONAL COUNCIL OF NURSES

GUIDELINES ON ADVANCED PRACTICE NURSING 2020





ANP Practice:
The Embodiment of
what is Possible,
Expected and
Desirable in
nursing??

**ANPs must remain true
to their profession of
origin and professional
identity.....**

***“What it means
to be and act
like a nurse”***

(Fagermoen, 1997, p. 435).

~ 200 ...Clinical & Professional leaders
(ANPs) still needed !

Learn & Motivate

Innovate

Change agent



Advance nursing

**JOB
VACANCIES**

WANTED

Temporary ... it wanted
Minimum 3 months / 30 Hrs p/w

friendly
wanted
Outgoing
Full train
Email

WOR
No exp
Flexible

CALL U
Opport
Caree

NEV
Busy cl
requires
Salary
35 hrs p

Any questions ????

