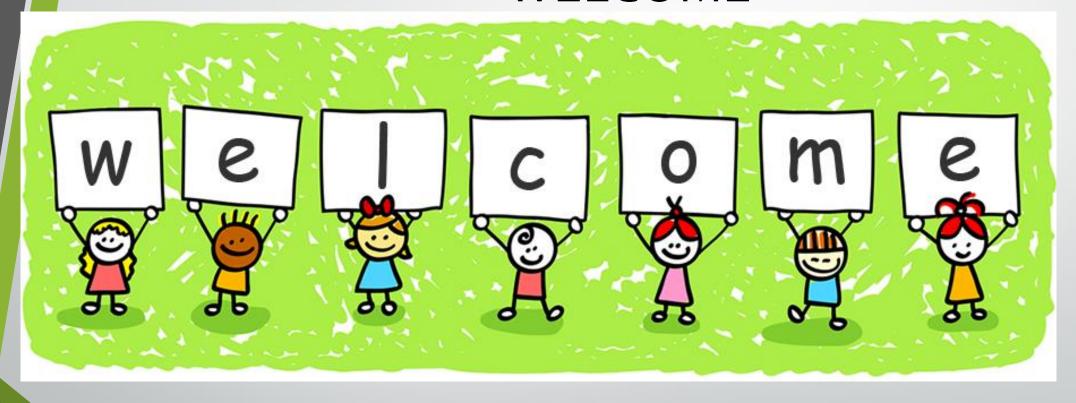


Finding A Path in Critical Care 30 years on

Christine Sheehan



WELCOME





A few questions for reflection

Why did you go into critical Care nursing?

What do I like most about being a critical care nurse?

How do I want to develop as a critical care nurse?

How far have we come

Then

- Doctor lead
- Drs insert lvs, CVCs
- ACLS complicated multiple drigs multiple stacked shocks lots of time off the chest
- Minimal training courses

Now

- MDT lead
- Nurses insert ivs including CVCs and PICCs
- ACLS streamlined team leader nurse or doctor
- Concentration on good CPR
- Post graduate and master level training





Things are getting complicated

Then

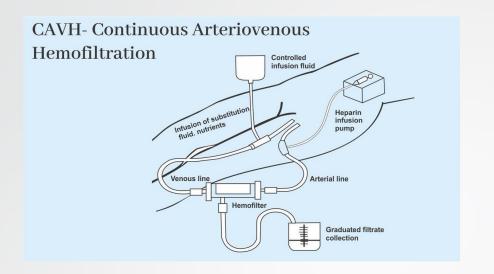
- 3 modes of ventilation
- VC
- PCV
- SIMV



Now

VC	BIPAP
PC	NIV
VAC	NAVA
PAC	PSV
PSIMV	VSV
VSIMV	APRV
PRVC	CPAP
SH ASSOCIATION OF	

















The goal post keeps moving

THEN

- Intubate and ventilate (HFOV)
- High tidal volume low PEEP
- Sedate sedate
- Bedrest
- CVP EGDT
- Nor adrenaline bad

NOW

- NIV and HiFLOW
- Low tidal volume High PEEP
- Awake awake awake
- Progressive mobility
- Whats a CVP
- Noradrenaline GOOD
- Prone position

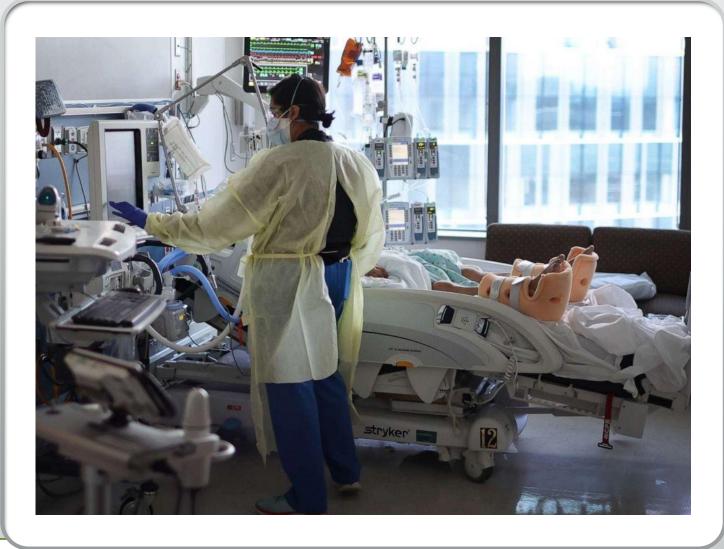




Some things never change

Never Alone







The power of your touch



Remain high touch in a high-tech environment



Now where are we going

Growing, post the pandemic

Recommended read evolution in critical care nursing (2017) Bambi, S.



Changing the Rhetoric



The Frontline vs The Point of Care



WHO declared 2020 as The Year of the Nurse

- biggest challenge for critical care ever seen across the globe
- Critical Care is a team sport. No professional discipline can work alone to deliver successful critical care
- This admirable ability to work together on a shared goal or task is a hallmark of successful ICU team





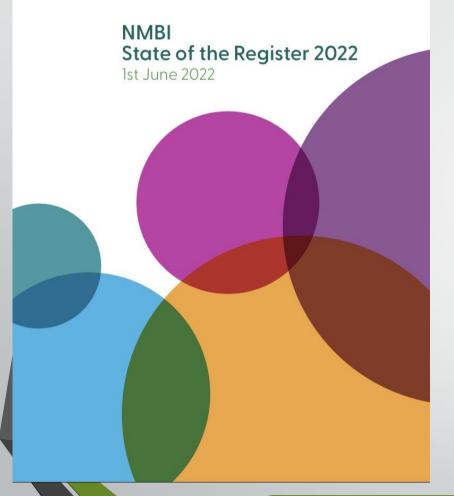




2018-2020







78,871/66,471poc 4,937 new registrants 1,555/3,382 ANP n98/517t





Report of the Expert Review Body on Nursing and Midwifery



HSE/NMBI to develop 5 year strategy for retention
Introduction of graduate entry to nursing programs

review undergraduate curricula expand locations for clinical placements development of nationally agreed academic career framework

DH develop workforce strategy forcasting requirements including enhanced roles review access and capacity of undergraduate training



Where are we headed







 The ICU work environment is complex, as a result of three different determinants involved: the physical environment, emotional environment and professional environment

Working in an ICU is not a simple matter.





Q

ONLINE COURSE

IMPROVING WORKING ENVIRONMENTS FOR NURSES IN THE CRITICAL CARE UNIT











The Standards

AACN's six essential standards provide evidence-based guidelines for success. The healthiest work environments integrate all six standards to help produce effective and sustainable outcomes for both patients and nurses.



Skilled Communication

Be as proficient in communication skills as you are in clinical skills.



True Collaboration

Be relentless in pursuing and fostering true collaboration.



Effective Decision Making

Be committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.



Appropriate Staffing

Staffing must ensure the effective match between patient needs and nurse competencies.



Meaningful Recognition

Be recognized and recognize others for the value each brings to the work of the organization.



Authentic Leadership

Fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.



We Need More Beds

 Press releaseMinister for Health announces plan to expand critical care capacity to 446 beds



Goal is 446 beds



AN ICU BED WITHOUT A QUALIFIED ICU NURSE IS JUST A BED



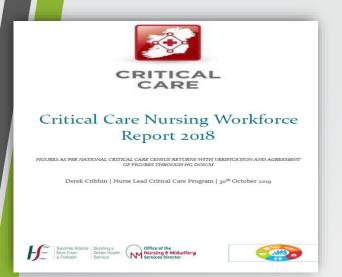


BUT ALL THE SENIOR/EXPERT NURSES ARE LEAVING THE POINT OF CARE

Some things are improving

- ANP 47 funded posts 43 in post
- 8o educational posts funded
- However, there are 300 vacancies









Critical Care Nursing Workforce Report 2021

FIGURES AS PER NATIONAL CRITICAL CARE NURSING WORKFORCE CENSUS RETURNS SEPTEMBER 2020 WITH VERIFICATION AND AGREEMENT OF FIGURES THROUGH HG DON/M & NATIONAL STEERING GROUP FOR CRITICAL CARE NURSE WORKFORCE PLANNING & EDUCATION









ICU nurses now

Workforce planning,

How many ICU nurses moving forward

Stakeholder representation for Hospital Group Critical Care **Nurse Workforce Planning Working Groups**

Hospital Group Representation (Critical Care Experience if possible)

Critical Care Programme i.e. Clinical Lead, Programme Manager and Nurse Lead

Hospital Group Chief Director of Nursing & Midwifery

DON

Office of Nurse & Midwives Service Director

Nurse & Midwives Practice Development Unit

Senior Nursing Faculty from Hospital Group Academic Partner

Senior Nursing Faculty from Undergraduate Colleges

Critical Care Clinical Director

Senior Nursing each Critical Care Unit

(ADON over Critical Care and CNM 2 or Higher in Critical Care)



The ICU Nurse 2022



SUCCESSION PLAN









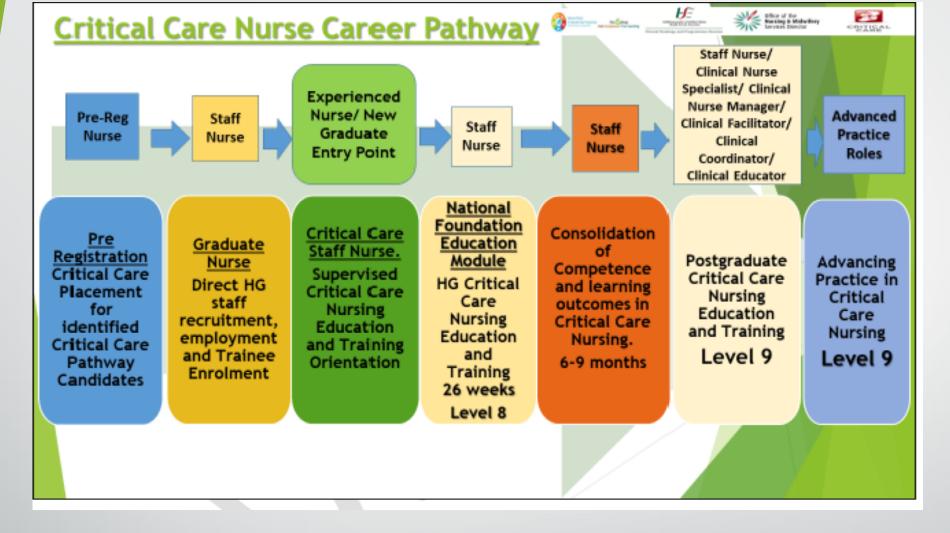
POSITION			
CURRENT INCUMBENT			
LEAVING DATE (if applicable)			
Number of Direct Reports	2.31		
TEMPORARY/SHORT-TERM COVER			
READY NOW			
READY IN 6 - 12 MONTHS			
READY IN 1 - 2 YEARS			
READY IN 2+ YEARS			
CONTENT IN CURRENT ROLE OR NOT			

TEAM NAME:

DATE OF COMPLETION: DATE OF NEXT REVIEW:

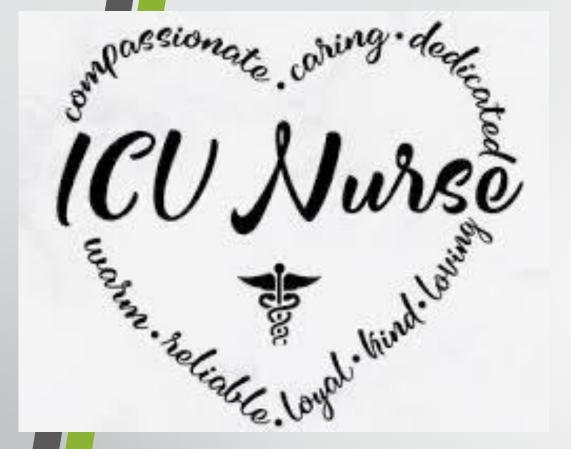
DIVISION/DIRECTORATE/SERVICE NAME:

SUCCESSION PLANNING



https://www.aacn.org/blog/why-im-staying-at-the-bedside







THANK YOU

