Implementing an Acute Intervention Team in a Specialist Orthopaedic Hospital

MATTHEW PHILLIPS
LEAD CLINICAL PRACTITIONER
ACUTE INTERVENTION AND CLINICAL SITE TEAM
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL
Quality Improvement Project

- Service review commissioned in 2017 following two Serious Incident reviews

**Identified Issues with the Site / Outreach provision**

- No dedicated team lead
  
  **Clinically:**
  - The team only worked ‘out of hours’
  - Advanced practice not embedded within the team
  - No operational Policy or referral criteria
  - Limited training opportunities

  **Operationally:**
  - The site provision between 1530-2000hrs was inadequate
  - No operational policy / out of hours protocols
Acute Intervention Team

- Business case to increase the team to 7 WTE band 7’s and one WTE 8A
- Introduce the Medical Emergency Team – February 2018
- Service lead started in June 2019
  - Meeting the existing team
  - Meetings with stakeholders
  - Review of national guidelines
- Standard operating procedures – policy
- Competencies document
- Recruitment phase
Acute Intervention and Clinical Site Team

- 21st January 2019 – launch!

- 24/7 Nurse/Clinical Practitioner Led service

- 24/7 Acute Intervention cover for the Trust (Stanmore site)

- Dedicated out-of-hours Clinical Site Coordination
  - Mon to Fri (exc Bank Holidays) 1530-2330hrs
  - Weekends / Bank holidays 0900-2130hrs

- Joint clinical / operational role
  - Mon-Fri (exc Bank Holidays) 2330-0730hrs
  - Weekends and bank holidays 2130-0930hrs
Acute Intervention and Clinical Site Team

- Highly specialised orthopaedic surgery
  - Hindquarter amputations
  - Anterior approach scoliosis correction
  - Spinal tumours
- 4-10 admissions daily to ITU, HDU / Children's HDU (enhanced recovery)
Acute Intervention and Clinical Site Team

- Highly specialised orthopaedic surgery
  - Hindquarter amputations
  - Anterior approach scoliosis correction
  - Spinal tumours
- 4-10 admissions daily to ITU, HDU / Children's HDU (enhanced recovery)
- Referral criteria
Acute Intervention and Clinical Site Team

Alan Bray Unit (ITU / HDU)

Has the patient received any level 2 or 3 therapy whilst an in-patient on ABU?

Yes

Length of stay (on ABU) >24hrs (unless delayed discharge)

Yes

Is the patient receiving any high risk medication / therapy?

Yes

Is the patient at increased risk of developing cardiac failure (including arrhythmia), renal, respiratory or liver failure?

Yes

NEWS score >5

Yes – AIT will review the patient (A-E Physical assessment) and discuss / alter management plans according to their findings.

Yes – Radar list.

AIT will be aware of the patient but no need to review at this stage

No

NEWS score 3-5

No – the patient does not require AIT, please consider alternative referral. E.G. Patients own team, on-call SHO, H@N etc.

No

NEWS score <3

This flow chart does not take away clinical judgement, if you feel the patient requires an Acute Intervention Team review please discuss with the AIT Clinical Practitioner on duty.

Acute Intervention team

Bleep 665
Acute Intervention and Clinical Site Team

May 2019
132 new referrals

AIT

- Ward staff
- ITU / HDU
- Theatres
- Spinal injuries
- Outpatients
May 2019
132 new referrals

Acute Intervention and Clinical Site Team

AIT

- Respiratory
- Cardiovascular
- Neurological
- Renal
- Emergency Call
- Other
Acute Intervention and Clinical Site Team
2019

Crash calls
MET Calls
Acute Intervention and Clinical Site Team

- Opportunities to study – Advanced Clinical Practitioner / Advanced Nurse Practitioner
- Expanded practice
- Non-Medical Prescribing
- Competencies aligned with national guidance (National Critical Care Outreach Forum 2012)
  - Venepuncture / Cannulation / Intraosseous (IO)
  - Arterial Blood Gas sampling / analysis
  - Radiology requesting and interpretation (IRMER Course)
  - Advanced physical assessment skills
- Simulation practice
- Dedicated time with team lead (daily review of the patients on the AIT list)
- Advanced life support course’s (Adult and Paediatric)
- Conference’s
Acute Intervention and Clinical Site Team

• Anecdotal evidence at present
  - but it would appear the team are happier in their new roles
  - Feedback received is positive from ward staff, managers, service leads and senior management
  - No serious incidents since 2017

• Audit
• Involvement, adjusting and writing local protocols
• Far less documentation
• Database – Insight (local trust key indicators)
• Training
• Resuscitation / Emergency equipment
• Next steps.................................................................?
Acute Intervention and Clinical Site Team
Acute Intervention and Clinical Site Team

References:
