Development of a Critical Care Outreach Nursing Service
Tallaght Hospital.

Siobhan Connors
NMPDU “Sharing Developments in Nursing and Midwifery Practice”
September 17th 2015
TALLAGHT HOSPITAL

- Opened in 1998
- Adult Children & Psychiatry services on one site
- 559 beds with circa 2500 staff
- Emergency Response System (ERS) commenced August 2012.
- Paediatric Early Warning Score (PEWS) active since 2010.
Activity 2014

- 77,199 Emergency Department Attendances
- 25,839 Inpatients
- 33,973 Day Cases
- 232,973 OPD Appointments
Definition of CCO

• Extending of services beyond current or usual limits.

• 3 essential objectives:
  – Avert admissions to critical care areas by early recognition of deterioration and instituting early treatment. Facilitate timely admission to higher level of care.
  – Support continued recovery of previously critically ill patients discharged to ward.
  – Share critical care expertise and experience.
Why Critical Care Outreach?

• McQuillan et al (1998)
• Audit Commission Report (1999)
• Comprehensive Critical Care: A Review of Adult Critical Care Services (2000) DOH UK.
• NCEPOD (2005)
• National Outreach Forum (2012)
• NICE (2007)
• HIQA (2010) Track and Trigger
Requirement for CCO?

- Lack of ICU beds.
- Ageing population.
- More complex surgery.
- Advancements in anaesthetic and critical care techniques.
- Recruitment/Retention of staff, Drs and Nurses.
- Dilution of skill mix/ temporary staff/reduction in paid study leave.
- Ongoing Capacity and Demand Issues.
Background to Initiative

• Increasing numbers of ERT calls in Tallaght Hospital presents significant challenges to existing Critical Care Nursing Services (CCNS) to provide critical care expertise to areas external to ICU.*

• Critical care outreach nursing services have been established internationally to support nursing staff caring for deteriorating patients in ward areas.

• *Audit of ERS 2013/2014(Anne-Marie Barnes ERS Co-ordinator and Dr Maria Donnelly, ICU)
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**Number of ERT Calls**

Tallaght Hospital
Increase in Higher Level of Care Admission
2013/2014

- ICU: 39 in 2013, 58 in 2014
- PACU: 34 in 2013, 61 in 2014
- HDU: 0 in 2013, 10 in 2014
- CCU: 24 in 2013, 10 in 2014
- Theatre: 8 in 2013, 6 in 2014
- Other: 2 in 2013, 3 in 2014
ERT Staff Workload
Weeks per Year
1 week = 39 hours

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2013 | 2014
Members of ERS Steering Group
Aims and Objectives

• Implement CCO nursing service to provide a critical care consultative, educational and direct clinical intervention approach to support nursing staff and junior non-consultant hospital doctors caring for deteriorating patients in ward areas.

• Aim to seek to understand the problems fully before setting about designing the solutions.
Role and Responsibilities

• ERT nurse responder Mon-Fri, 07.30-16.00.
• Handover after hours to alternating rota ICU/Theatre Clinical Nurse Manager.
• Support staff in caring for deteriorating patient while awaiting transfer to higher level of care and facilitate safe transfer.
• Follow up patients discharged from ICU/HDU/Post-Anaesthetic Care Unit (PACU) as indicated.
• Tracheostomy support/education/management.
• Early Warning Score (EWS) criteria. Any patients causing concern for staff.
Interventions

- Blood Transfusion: 12
- Telemetry: 15
- Central Line: 20
- Chest drain: 20
- Urinary Catheter: 23
- Arterial line: 27
- Intubated: 38
- Nebulisers: 46
- NIV: 65
- Anti-biotics: 82
- Fluids: 123
- Anaesthetic/other: 157
- Oxygen: 421
Outcomes

• Tallaght Hospital ERS Activity and Outcome Reports 2013/14 have demonstrated improvements in recognition and treatment of deteriorating patients since introduction of ERS.
• It is anticipated that role of CCO should ease some of the challenges to existing Critical Care nursing services, reduce re-admission rates to ICU, improve ward nurse knowledge and skills in management of deteriorating patients and care of patients with tracheostomy.
• Audit of Outreach Nursing Services.
• Diverse role that will adapt and evolve according to patient/organisational needs.
• Networking with other Critical Care Outreach Teams (CCOT), primarily UK.
• Work collaboratively within Critical Care Services and ERS Steering Group, ERS co-ordinator and Nurse Practice Development Department.
Moving Forward
• Commenced Professional Certificate in Advanced Health Assessment, UCD.
• Data collection and Audit activity/services.
• Continued support and education to ward staff and non-consultant hospital doctors.
• Monthly Tracheostomy education.
• Tallaght Hospital commencing “Recognition and Nursing Management of the Acutely Ill Patient Programme” Oct 2015.
• Development of PPPGs to support role and service in collaboration with Nurse Practice Development Department/Critical Care Services/ERS steering group.
• Determine best process of referral to Critical Care Outreach Nurse.
• National Sepsis Screening Tool ? Launch date Tallaght Hospital.
• Continuing own Professional/Personal Development.
The Nurse Practice Development Department and Emergency Response System Steering Group acknowledge the support of the NMPDU in this initiative.

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THANK YOU