Innovations in Critical Care Nursing

The ACCP Role: Innovation or not?

Carole Boulanger
Consultant Nurse / ACCP
Royal Devon & Exeter NHS Foundation Trust
Background - National Demands

- Increasing Intensive care population
- Increasing dependency of ward patients
- Changes to medical staffing
- Quality issues
- Adverse effect on clinical continuity and compliance with protocols, etc
- High-risk patients managed on wards
- Out-of-hospital transfers
Background - Local Demands

- Exeter one of 6 pilot sites selected by ‘New Ways of Working in Critical Care’
- Two arms to scheme – Advanced and Assistant practitioner
- Pilot funded for 18 months
- Results from the pilot contributed to the development of the National framework.
- 13 bedded ITU/HDU DGH – yearly throughput 890
Definition of an ACCP

“A healthcare professional who has acquired knowledge, skills and attitudes to deliver advanced level of holistic care and treatment within the critical care team, under defined levels of supervision and within the scope of practice of their role.”
KEY ELEMENTS OF THE CAREER FRAMEWORK

1. **Initial Entry Level Jobs - Level 1**
   - Such as 'Dometics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.

2. **Support Workers - Level 2**
   - Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.

3. **Senior Healthcare Assistants/Technicians - Level 3**
   - Have a higher level of responsibility than support workers, probably studying for or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).

4. **Assistant Practitioners/Associate Practitioners - Level 4**
   - Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.

5. **Practitioners - Level 5**
   - Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.

6. **Senior Practitioners/Specialist Practitioners - Level 6**
   - Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

7. **Advanced Practitioners - Level 7**
   - Experienced clinical professional who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and well often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

8. **Consultant Practitioners - Level 8**
   - Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

9. **More Senior Staff - Level 9**
   - Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.
How and where ACCP role fits into the ITU
Experiences of the role in Exeter

- Patient assessment and initiation of management-regardless of location.
- ITU referrals
- Maintain standards of care according to unit protocols.
- Manage episodes of care.
- Junior doctor training and induction
- Advanced clinical skills
e.g Intubation, CVC/A line insertion, solo critical care transfers, initiation of management.
Advantages of the Role

- Career structure potential
- Flexible quality base on the unit.
- Managed episodes of care
- Provides an early & effective “triage” for ITU consultant to prioritise critically ill patients in ward areas.
- Accessibility for ward staff.
- Continuity of care.
- Bridging the gap for relatives of post ITU patients.
- Promotes patient rather than occupational boundary based care.
Benefits to the ITU Team

- Stable consistent team member
- Practicing to agreed standards of care.
- Flexible to respond to patient need.
- Improved interface between medical and nursing team members.
- Focus is patient rather than occupational grouping.
A New career path?
Addressing the critics!
Welcome To

THE DARK SIDE
THE STEWARDESS IS FLYING THE PLANE!

AMERICAN FILMS OF THE 1970s

RON HOGAN — A CONVERSATION WITH PETER BOGDANOVICH
"What is thy bidding, my Master?"

Sigh!
Through a nursing lens
Evaluation of the role ?
Appropriate Skills for Nurses?

Percentage of respondents who feel a role is appropriate for a CCP
Solo transfer of the critically ill.

- Transfer of intubated ventilated patients for tertiary care/ repatriation.
- Training, education, assessment.
- Patient selection / safety
- Risk and Governance vs. National Standards.
- Results [Hill M, Boulanger C 2008]
Developing the profile in line with service needs and current staff skills.

- Workforce planning
- Career structures?
- Traditional models?
- CC3N critical care competencies - Level 3
The CCT for

Advanced Critical Care
Practice

Core and Common
Competencies

Curriculum for Training in
Advanced Critical Care
Practice
Final Thoughts - The Bottom Line?
ACCP ROLE
Nursing Innovation or not?
Thank you for your attention

Carole.Boulanger@nhs.net