

Developing and evaluating a nurse- led service

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objectives

- Building the case
- Convincing the Board
- Preparation for change
- Evaluating impact
- Future directions??

Building a case...

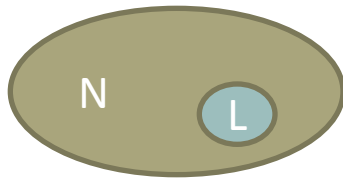
- Evidence that change is needed:
 - local audit – patient outcomes
 - Research evidence (often national)



- patient satisfaction
- staff recruitment and/or retention
- future service demand
- Appropriate skill mix in place
- Evidence-based change

Building a case

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- Pts admitted to ICU “too sick and too late”
- Local audit shows similar picture
- Current systems for monitoring ward pts inadequate
- High number of night time discharges from ICU – wards at risk
- Overall acuity of ward pts likely to rise
- ICU nurses have appropriate skill-level to manage the service
- Up-skilling opportunity for ward staff
- Proactive and reactive service planned
- It has been demonstrated to work in other places
- Already happening in informal way

Convincing the Board

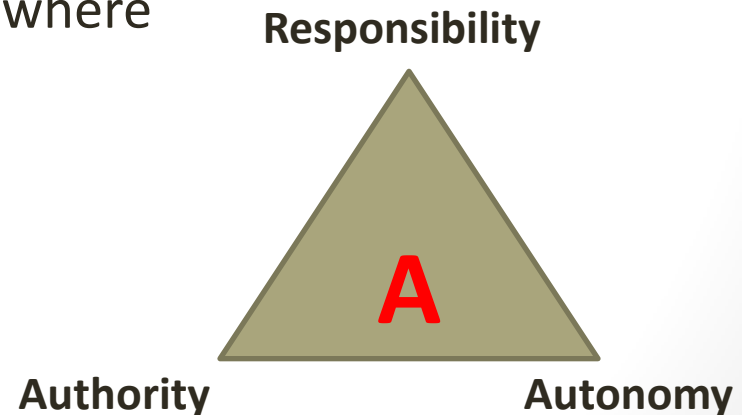
- Need for service change: current problem or future need - *'if it ain't broke, don't fix it'*
- Nature of the service change: innovation, cost-saving, target-driven, improve outcomes
- Fully costed proposal
- Evidence that the change is likely to 'work'
- Legislative changes in place
- Proposal fit for Board level scrutiny – EDs and NEDS
- Timeframe for the change: expected milestones

Convincing the Board

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 - Timeframe for the change: exp
- Type of service: outreach, in-reach, proactive/reactive
 - Local impact of the ICU LN service
 - Impact on other services (+ve and –ve) and how this will be managed
 - Any innovative 'tweaks' in this Trust, e.g. use it to build skills of ward staff
 - Milestones (and warning points)
 - Exit strategy

Preparing for change

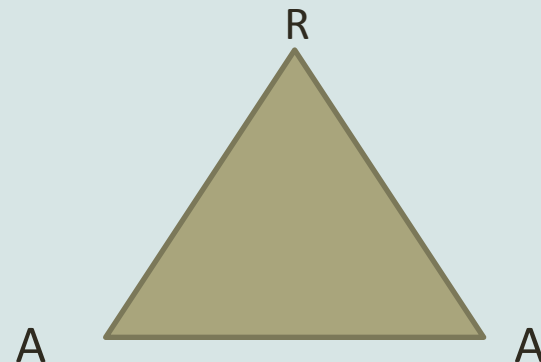
- Skill-mix – any preparation for current staff? Need to recruit extra staff? Implications for other areas?
- Competency-based education if necessary
- Risk assessment
- Change management programme, incl inter-professional
- Support mechanisms
- Links with similar initiatives elsewhere
- Incentives/rewards necessary
- Accountable for what?



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- Skill-mix analysis – effect of using staff from ICU – strategy for backfilling
- Other resources needed: introduction of Early Warning Scoring (track and trigger)
- Training programme for outreach team: decision making, working with medical colleagues
- Accountability upwards: direct reporting to DoN
- Changes needed to enact accountability:



Evaluating impact

Patient/relative outcomes, for example....

- Improved M&M, quality of life
- Satisfaction

Organisation outcomes, for example ...

- Service delivery & uptake (supply and demand)
- Cost neutral or cost-saving
- Targets achieved: bonuses achieved, future contracts secured
- Achieved CNST requirements
- No litigation!

Clinician outcomes, for example....

- Appropriate skill-mix, timely decisions, staff satisfaction, no complaints!

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Clinician outcomes, for example....

- Appropriate skill-mix, timely decisions
- Fewer complaints!

- ICU bed days saved
- Reduction in re-admissions to ICU
- EWS scoring completed
- Number of calls to ICU OR Team (and source)
- Support for junior medics
- Identify trends in deterioration on specific wards (e.g. dehydration in pts following NoF surgery)
- Staff satisfaction
- Number of complaints
- Fewer cancelled operations
- **Case made to increase from 5 days/daytime only to 24/7**

Future directions??

- Strategic intent – nurse-led services costed into budget
- Appropriate lines of accountability
- Mechanisms in place for:
 - Supervised practice
 - Support
 - Succession planning
- Needs-based staffing models

Thank you!