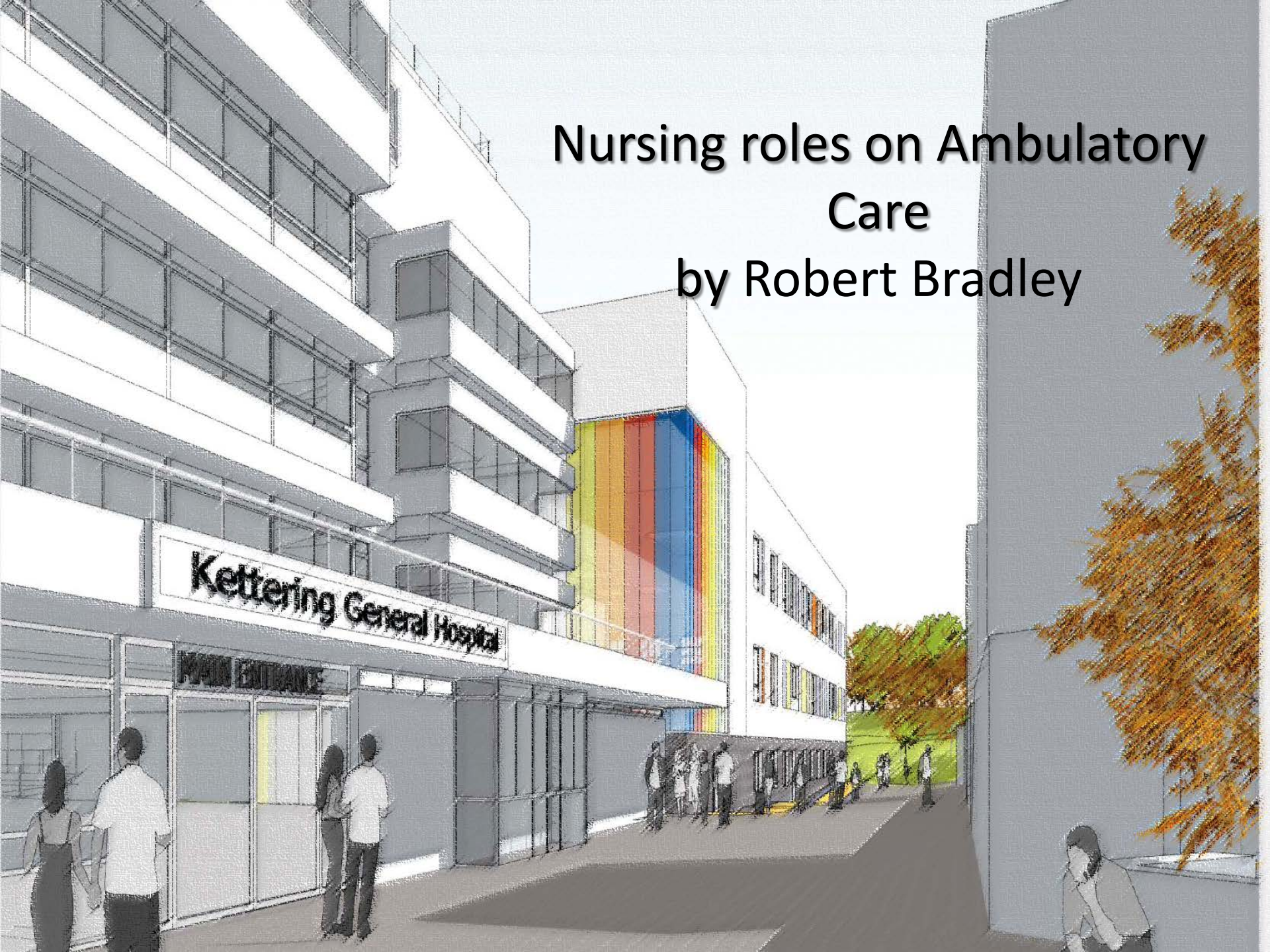

Nursing roles on Ambulatory Care

by Robert Bradley

Background

- Opened June 2013
- Opening Hours 08.30-20.30 (Now 7 days a week)
- Staffing

  -Acute Physician + Medical registrars rotating 10-1800

  -ACP's working in ED & ACU 0800-2000

  -Band 2 Nursing and Clerical

  -3 Band 5 and one band 6 co-ordinating unit

  -Band 7 manager

Band 5 nursing role on ACU

To assess patients as they arrive using the 'S.O.A.P.E.' model.

Complete admission documentation and document vital signs.

Perform investigations requested

Escalate any concerns to seniors

Keep the patients well informed

Band 6 Nursing Role on ACU

To co-ordinate the unit

Encourage hourly board rounds

Senior support and guidance

Audit of notes to ensure good practice

Teaching for band 5 nurses and HCA's

The way forward

The NHS is facing significant challenges in terms of resources available to deliver safe, quality, effective care.

Patient and public demands and expectations will govern the way services are commissioned in the future.

One of KGH responses to this is the evolving role of the Advanced Clinical Practitioner.

Fawdon H, **Adams J** (2013) Advanced clinical practitioner role in the emergency department. Nursing Standard. 28, 16-18, 48-51. Date of submission: September 10 2013; date of acceptance:

The NHS Plan

There have been many political and economic drivers for workforce reconfigurations in the UK including 'The NHS Plan' (2000) from the DoH. (DoH 2000).

A later document, 'The NHS Plan – An action guide to nurses, midwifes and health visitors' (DoH 2001) details how staff could meet the objectives of the NHS Plan

European Working Time Directive

The introduction of the EWTD necessitated most NHS Trusts to redistribute some of the tasks traditionally carried out by doctors to non-medical members of the healthcare team

(Rutherford et al 2005).

It set out minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers and became law in October 1998 (DoH 2002).

NHS Service Delivery and Organisation Programme (SDOP)

In 2004 the SDOP commissioned a systematic review of literature evaluating extended roles of 5 AHP groups. It concluded that there should be extension and enhancement of roles for non-medical practitioners to help solve the medical workforce shortages (DoH 2006).

Allied Health Professional Development

The key driver for Allied Health Professionals (AHPs) to take on Advanced Practitioner roles came from the Department of Health in 2003, when they launched “Ten Key Roles for AHPs”. This document stated that one of these roles was to develop extended clinical and practitioner roles which cross professional and organisational boundaries (DoH, 2003).

TIMELINE: REGULATING / GOVERNING ADVANCED PRACTICE

1994

UKCC agrees on post-registration education and practice arrangements. The regulatory body pinpoints two levels of post-registration practice.

1996

UK taskforce set up to look at regulation of new nursing roles.

1997

UKCC decides not to set standards for advanced practice.

1998

UKCC launches consultation document A Higher Level of Practice looking at how registrants can be assessed and recognised as advanced practitioners. It proposes that all applicants should hold a UK degree or equivalent and have practiced for a minimum of three years full time. When the consultation ends, the UKCC's governing body agrees regulation is needed.

2002

Nursing and Midwifery Council (NMC) takes over from the UKCC as nurses' regulatory body.

2004

NMC launches consultation into how nurses in advanced roles should be known and regulated. It proposes 'master's level-thinking'. Competency's set out

2005

NMC agrees to open a further sub-part of the nurses' register for advanced nurse practice (ANP), but has to seek permission from the Privy Council so that legislation can be drawn up. The earliest anticipated date for legislation to be in place is estimated as August 2006. Only nurses who have achieved NMC-set competencies for a registered advanced nurse practitioner will be permitted to use the title advanced nurse practitioner.

2007

The UK-wide White Paper Trust, Assurance and Safety: The Regulation of Health Professionals is launched following the government's response to recommendations set out in the Fifth Report of the Shipman Inquiry.

2008

Department of Health commissions health regulator umbrella body the Council for Healthcare Regulatory Excellence (CHRE) to put together evidence on the changing roles of health workers

2009

The CHRE publishes calls for a risk-based approach to the use of job titles.

2010

The Commission on the future of nursing and midwifery recommends that advanced practice is regulated. The NMC sets up a project group to examine ANP competencies.

2011

The Command Paper – says regulators who wish to introduce registers for advanced practice must provide compelling evidence that it is an appropriate move and best use of fees.

Barton, 2014

What is an Advanced Clinical Practitioner?

Advanced Clinical Practitioners are autonomous non-medical registered healthcare professionals who are highly experienced and well educated to masters level.

ACP's are generalists not specialists.

They are able to assess and manage all types of cases in all clinical streams for adults >18 presenting to the emergency department.

How is this achieved?

- Take a good Systematic patient history
- Complete a full system physical examination
- Order appropriate investigations and use them to help make diagnostic decisions
- Devise an individual plan of care (inc treatments.)
- Knowledge of MDT available and referral pathways.

- Screen patients for early signs of disease and risk factors
- Carry out invasive and non-invasive diagnostic procedures where appropriate
- Refer on to other healthcare professionals accordingly
- Discharge or admit to hospital as required

Assessment strategies of ACP's

Mini clinical evaluation exercise: work placed direct observation of history take.

Cased based discussion: Senior advice and feedback

Directly Observed Procedural skills- Senior direct observation of a procedure, with feedback.

Acute Care assessment tool: Handover skills, Ward round, team work, time management ….

KGH Advanced Clinical Practitioner
Where it all began

- Started off on small CDU with 5 beds and seated area
- Then moved to A&E assessing medical patients referred by GP
- Now working on A&E and ACU assessing all adult patients (with very few exemptions)
- Development of an extended clinical examination portfolio.

ACP role on ACU

- Hold referral phone – referrals from A&E, GP's and wards
- Available for discussion with wards if patients are suitable for discharge via AECU e.g. awaiting specialist review.
- Clerk patients as they arrive after they have been seen by nurses.
- Order Investigations and Chase results
- Midline insertions

ACP role on ACU

- Refer to members of the MDT internally and externally
- Prescribe drugs as required
- Commence a management plan according to a differential diagnosis
- Hand over to consultant for a senior r/v
- Discharge advice and letter

How to become an ACP at KGH

- >3 years experience in an Acute assessment area
- Educated to at least Degree level to apply which includes a qualification and experience in clinical assessment
- Some managerial experience desirable
- Complete in-house portfolio (signed by clinical lead)
- Complete the nurse Prescribing course and Masters in Autonomous practice

Is it safe?
What do the studies show?

Research into the safety and effectiveness of ANPs has provided overwhelmingly positive conclusions regarding the value of the role and the patient satisfaction that arises from ANP care (Horrocks et al., 2002; Laurant et al., 2005).

A randomised controlled trial in 1999 over England and Wales indicated clinical care and health service costs per patient of nurse practitioners and general practitioners were similar. If nurses were able to maintain the benefits while reducing their return consultation rate and shortening consultation times, they could be more cost effective than general practitioners in the future (Venning et al, 1999).

Obstacles

The RCN's *Nurse practitioner survey 2006* (Ball, 2006) found that 44 per cent of ANPs had had an x-ray request refused, 22 per cent had other investigations refused, and 44 per cent reported that they had had referrals refused – all on the grounds that they were nurses not doctors.

Obstacles

- Medical Rota not nursing Rota
- Colleagues understanding the ACP role
- Making referrals to specialties
- The concept of a nurse practitioner undertaking a consultation is still relatively new for some patients, especially the older generation who are used to seeing a doctor (Baird, 2004).

What does the ACP future hold?

- Teaching sessions for band 5 nurses monthly
- Consultant teaching for ACP's once weekly
- Development of band 5 competency scheme to train more ACP's internally.
- Liaising with other ACP teams in the midlands to discuss improvements in service provision
- ACP's to increase knowledge and extended skills i.e. fast scan, drain insertions etc.

What does the future hold?

- Two of our ACP's have been asked to be guest lecturers at Northampton University on the Msc Clinical Examination module starting in November 2014.
- Year long Msc module in care of the sick child to enable us to see all patients who attend A&E.

THANKS FOR LISTENING

ANY QUESTIONS?