FACT SHEET Tips from the real world

The critical care outreach nurse specialist

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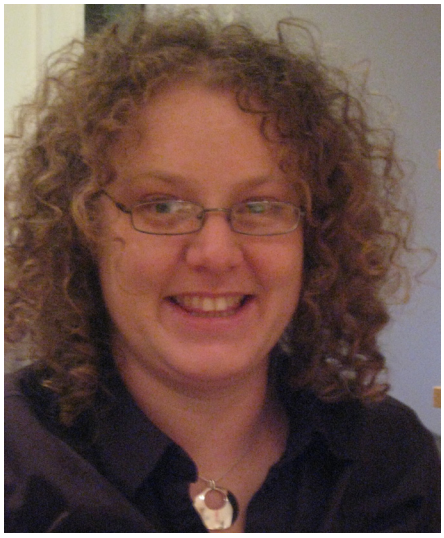

In this fact sheet, Jennifer Hill shares her experience of implementing a critical care outreach service at a 400 bed tertiary hospital.

Jennifer was responsible for setting up a critical care outreach (CCO) service (with support from the nurse unit manager for intensive care) and implementing a new observation chart that incorporated an early warning score (EWS) and an accompanying graded response escalation protocol. Initial funding allowed the service to operate for 14 hours per day, 7 days per week. After 18 months this increased to allow 24/7 cover.

The CCO nurses' role was to work alongside the primary teams to provide support, advice and clinical expertise to ward staff caring for at risk and deteriorating patients. CCO nurses were responsible for following up patients discharged from ICU, attending clinical emergency calls, and taking referrals for patients who triggered an escalation of care according to the protocol, or who were causing concern. The CCO nurses in the team worked each shift alone and covered all the hospital wards.

The first year was very hard work. My unofficial job description included:

- teaching myself Excel so I could manage data and design an observation chart, data collection tools, patient assessment forms, spreadsheets etc
- organising phones, pagers and other necessary equipment for the CCO service to run effectively
- piloting the system in two wards for a month then rolling it out to all the other wards across the hospital
- figuring out what the clinical role of a CCO nurse should be as I piloted the system so that I could employ and train other nurses for the CCO team
- teaching nurses, doctors and physiotherapists about the track and trigger system at ward meetings, team meetings, handover meetings, governance committees, morbidity and mortality meetings, grand rounds, in lifts and corridors, at the bedside, in the car-park, at the pub after work...
- teaching about deteriorating patients for the ALERT course for a full day each month
- mopping up tears and arbitrating various conflicts as the new CCO nurses figured out the boundaries of their role in the wards
- learning very quickly that communication training was absolutely crucial because each clinical area has a lot of unwritten rules of engagement and patch protection behaviours that CCO nurses need to navigate
- figuring out how to report episodes of suboptimal care without creating enemies
- collecting, collating and reporting data (endless audits of observation charts!)
- doing the day-to-day administration to make sure people turned up and got paid
- dealing with lots of politics as I figured out how to sustain, improve, and grow the service
- working clinically 4 days a week as a CCO nurse.

My top tips for implementing a CCO service

- Figure out the clinical governance structure and the support you need from the organisation's leaders and don't start until you have the right commitment – you need resources, back-up and meaningful leadership.
- Develop a shared leadership model with your ICU medical colleagues – you need somewhere to go for advice, clinical expertise and support (and some organisational heft – intensivists are a pretty powerful bunch if you can get them on your side!).
- Collect lots of local evidence and use it to further your cause – nurses respond to stories backed up with evidence and doctors respond to evidence backed up by stories.
- Don't try and do it all. Clearly identify who is responsible for what in your system (for example, ward staff are responsible for recognising and reporting deterioration and CCO staff are responsible for responding appropriately) and ensure responsibilities are allocated accordingly.
- Expect that it will take time to embed your service – CCO nurses need to gain the trust and respect of ward colleagues and that can take some time. Make sure to celebrate small successes along the way.
- Agree what the rules of engagement are – what are the communication processes and who is responsible for what aspects of a patient's care during episodes of clinical deterioration? Practice these in simulated scenarios to work out the kinks.
- Develop an agreed system for reporting suboptimal care that achieves review of adverse events and near misses without causing unnecessary conflict.

- Develop agreed systems that allow feedback to flow in both directions – you need to know how your team are doing and you need ways to report issues to ward teams
- Clarify the roles and responsibilities of the CCO nurse and make sure everyone knows what they are: be specific, clearly identify what they do as well as what they don't do (is their time reserved just to attend to deteriorating patients or will they do other things like cannulation and phlebotomy/patient transport/general clinical support etc?).
- Train your staff properly and support them well – peer support and clinical supervision are vital for CCO nurses who work autonomously most of the time.
- Build positive working relationships with everyone, everywhere, at every opportunity (helping to wash the stressed out junior nurse's patient today means she feels comfortable calling for your help tomorrow).

Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012). This can be downloaded from:

www.safetyandquality.gov.au

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