

Nurse Practitioners Can Safely Provide Sole Resident Cover For Cardiac Intensive Care Units

Nanjaiah P, Skinner H, Jutley RS,
Mitchell IM, McCartney S, Richens D

Trent Cardiac Centre, Nottingham





Drivers for Change

- Working hours restriction
- Reduced attraction of CT surgery as a career
- Increased training time at expense of service provision for NTNs
- Immigration law
- Shifts – lack of continuity of care



Proposed Solutions

- Merger of rotas – 1st & 2nd tier/H@N
- Resident intensivists on site
- Employ more non-career grade doctors
- Enhanced role for Nurse Practitioners



Our Adopted Solution

- 7 nurse practitioners
- 12 months training
- CALS, drug prescribing, patient assessment, data interpretation
- Formal assessments, competency-based



Our Adopted Solution

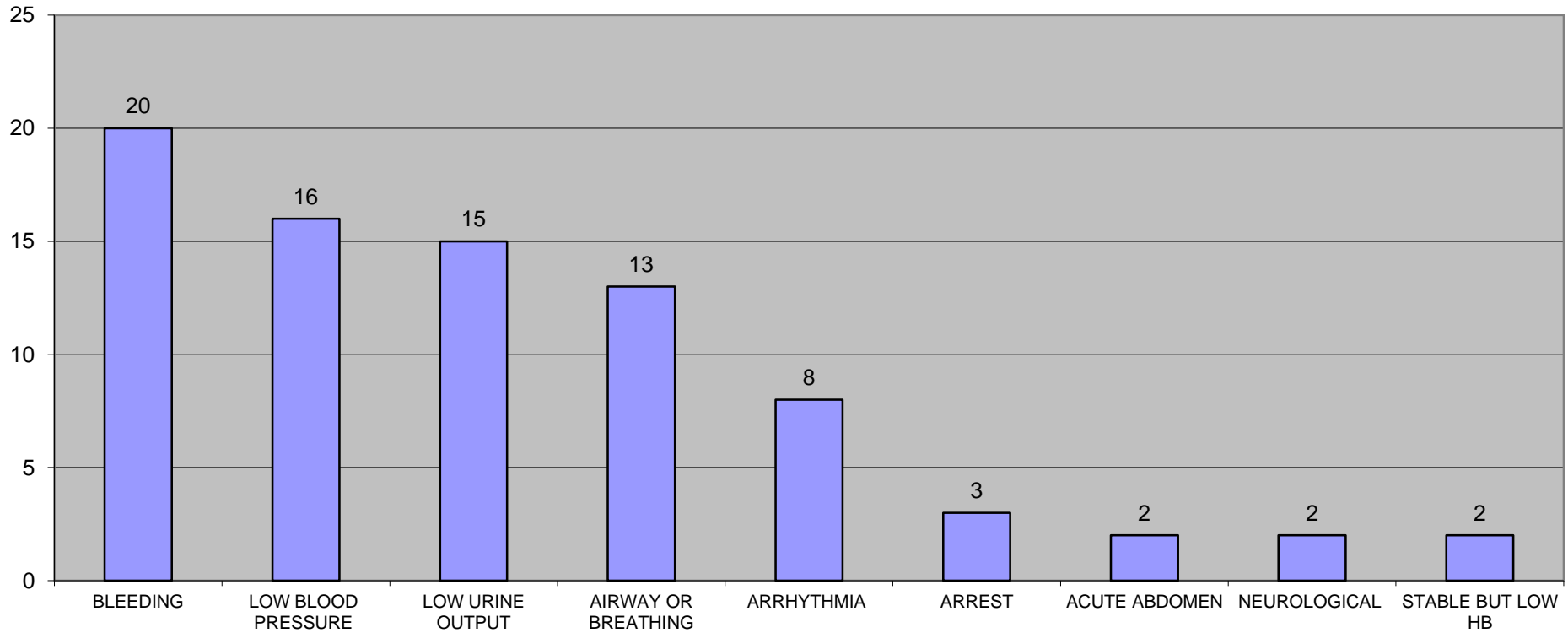
- May 2010 – first-line cover weekdays supported by resident registrar at weekends
- Sept 2010 – full first-line cover with non-resident registrar
- Prospectively audited



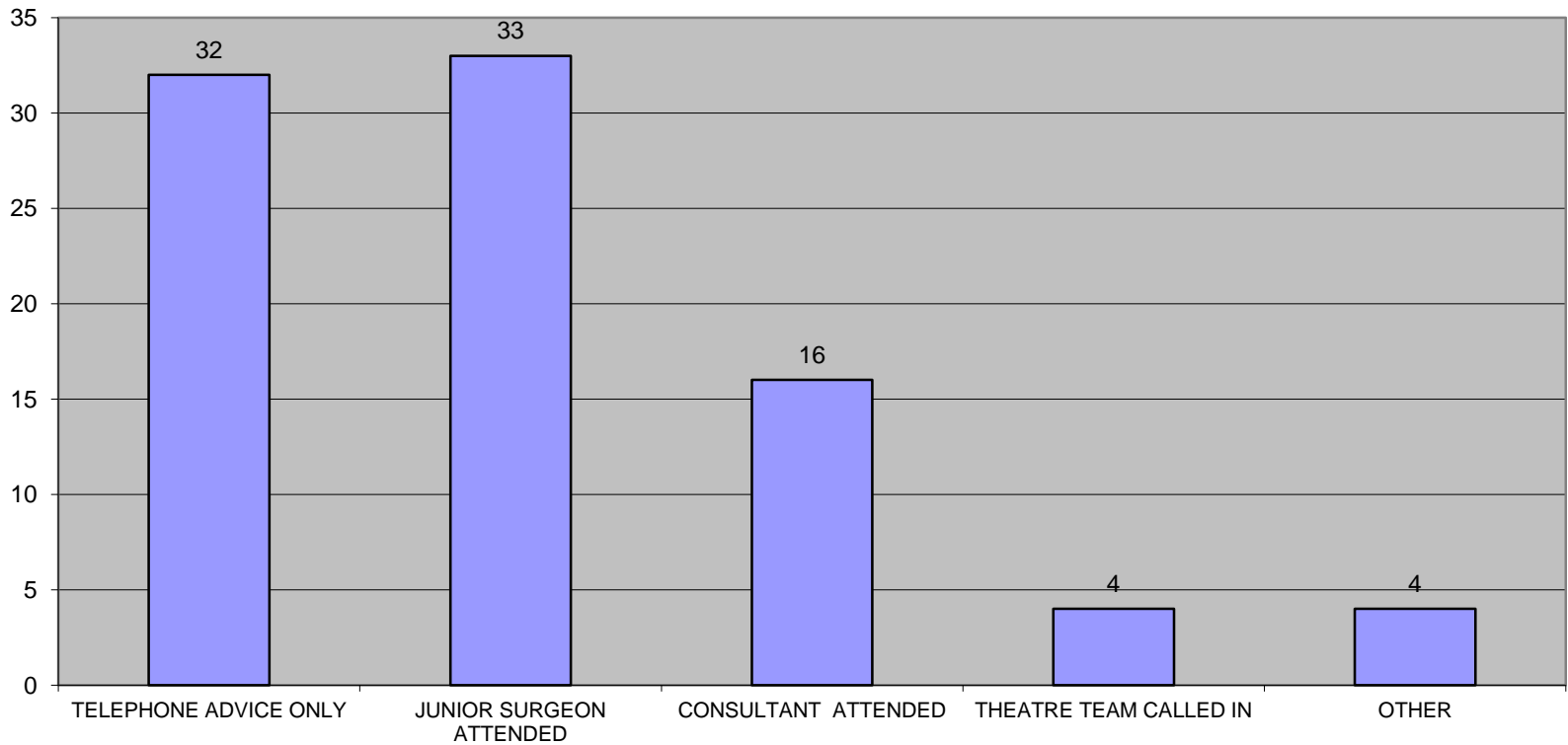
Results

- 7 month period
- 356 open-heart procedures – logistic ES 8.1(0.88- 84), mortality - 1.4%
- 82 calls made to medical staff
- 60% doctor attended
- 3 unheralded arrests handled by NP – all good outcomes
- No reported clinical incidents

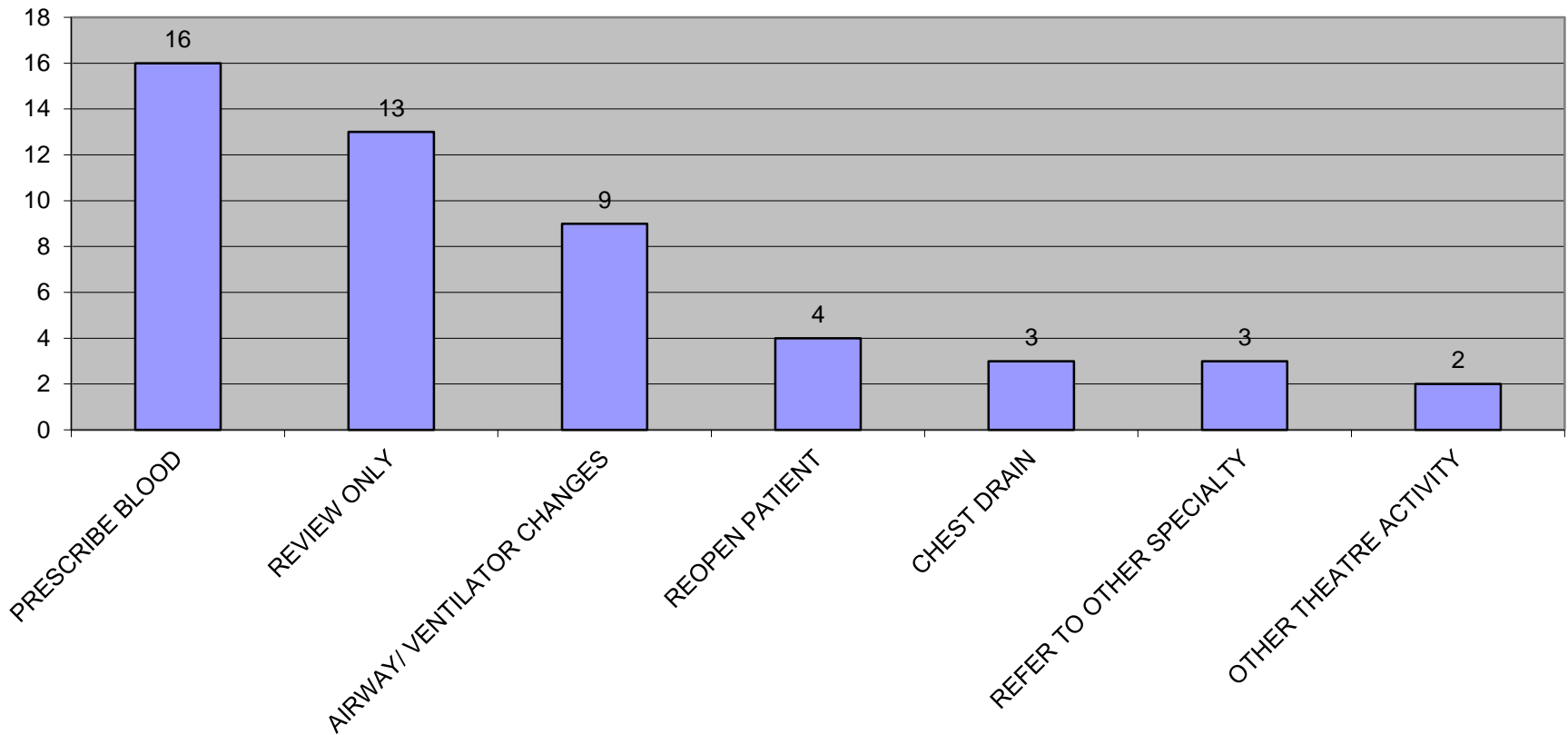
Reason for Call



Response to Call



Resulting Interventions





Conclusion

- Radical changes to front line CICU cover appear inevitable
- A safe, sustainable alternative model has been presented and is currently in use
- Blood prescribing needs addressing
- Training opportunity maximised



THANK YOU