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

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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

- Bleeding: 20
- Low Blood Pressure: 16
- Low Urine Output: 15
- Airway or Breathing: 13
- Arrhythmia: 8
- Arrest: 3
- Acute Abdomen: 2
- Neurological: 2
- Stable but Low HB: 2
Response to Call

- Telephone Advice Only: 32
- Junior Surgeon Attended: 33
- Consultant Attended: 16
- Theatre Team Called In: 4
- Other: 4
Resulting Interventions

- Prescribe Blood: 16
- Review Only: 13
- Airway/Ventilator Changes: 9
- Reopen Patient: 4
- Chest Drain: 3
- Refer to Other Specialty: 3
- Other Theatre Activity: 2
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