

Clinical Nurse - CLINICAL SUPPORT:

Redcliffe Hospital

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CNCS Role?

- Clinical Nurse
- An alternative on call resource working collaboratively with medical and nursing staff
- 1630 to 0100
- Support and resource situations where acuity and activity increase
- Utilise advanced assessment and interventional skills
- Teach
- Reassure

CNCS Attributes

- Advanced clinical skills – Credible
- Contemporary – eg familiar with HEAPS and medication safety initiatives
- Aware of scope of practice issues
- Familiar with the organisation
- Communication skills
- Team worker
- Ability and willingness to teach

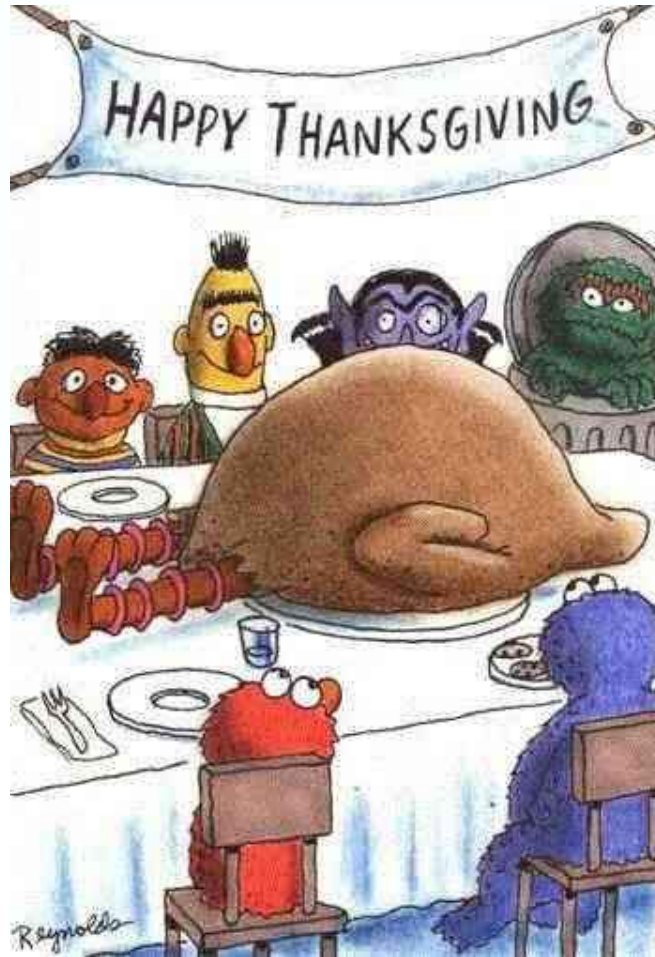
Background:

- Initial trial of this role in 2007 – 3 month trial with positive results – primarily nursing focused.
- Increasingly busy after hours Medical Ward Call service (1 MO).
- Ward call recognised as fatigue producing by junior medical staff – 14 hour shift.
- IVC, phlebotomy major time commitments for ward call.
- After hours nursing staffing and skill mix is variable and subject to change at short notice due to sick leave
- Need for Clinical Nursing back up after hours.

Focusing on

Fatigue

Our Hospital After Hours

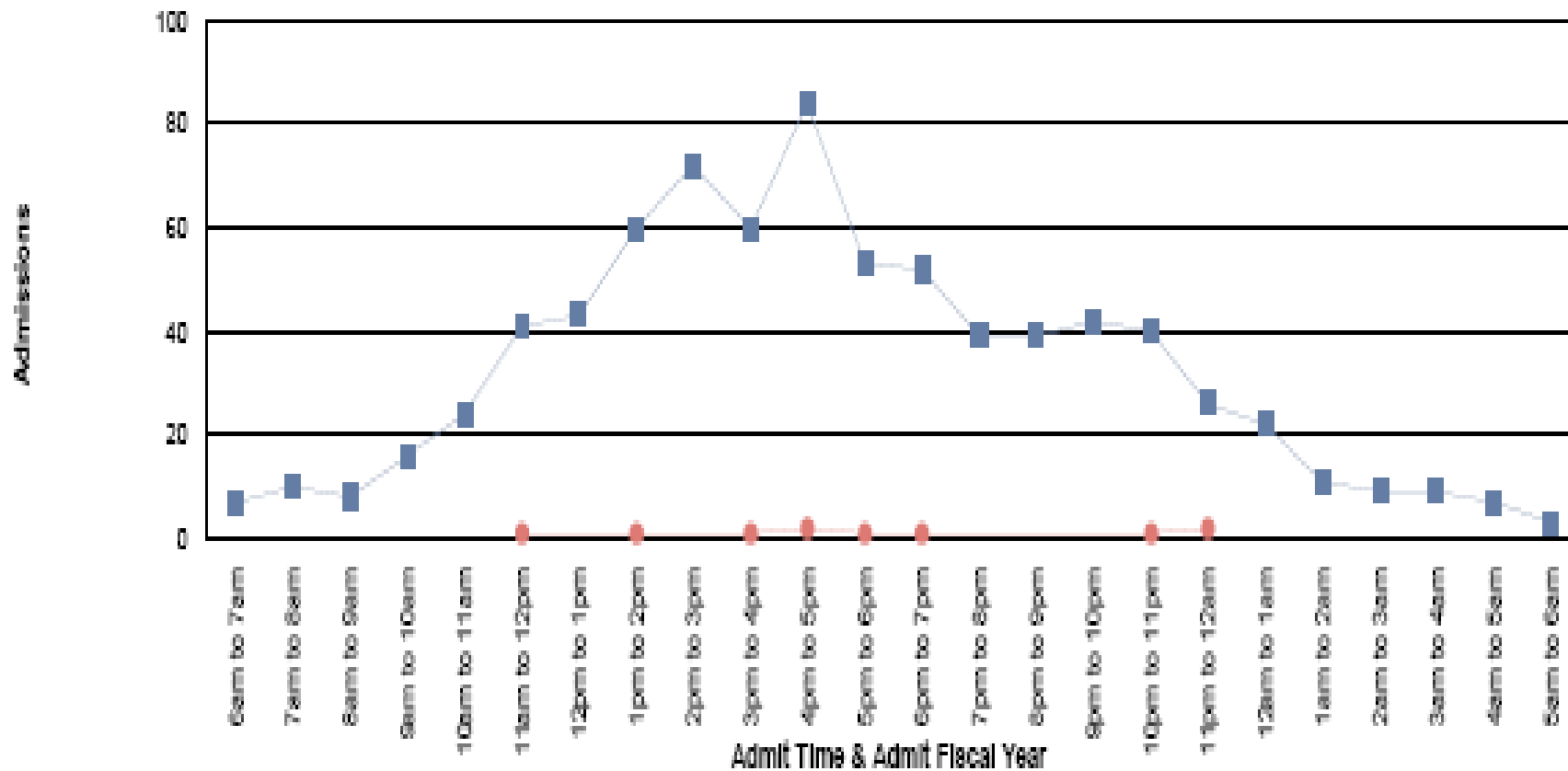


Our Hospital After Hours

- Approx 200 beds
- 5 acute inpatient units
- One Nurse manager coordinates all bed and staffing management
- For non ICU Nursing staffing levels
 1. Evening staffing is 69% of day staffing
 2. Night staffing 41% of day staffing
 3. Medical wards E 80% N 40%
 4. After hours medical officer staffing 15% of daytime – Medical inpatient units

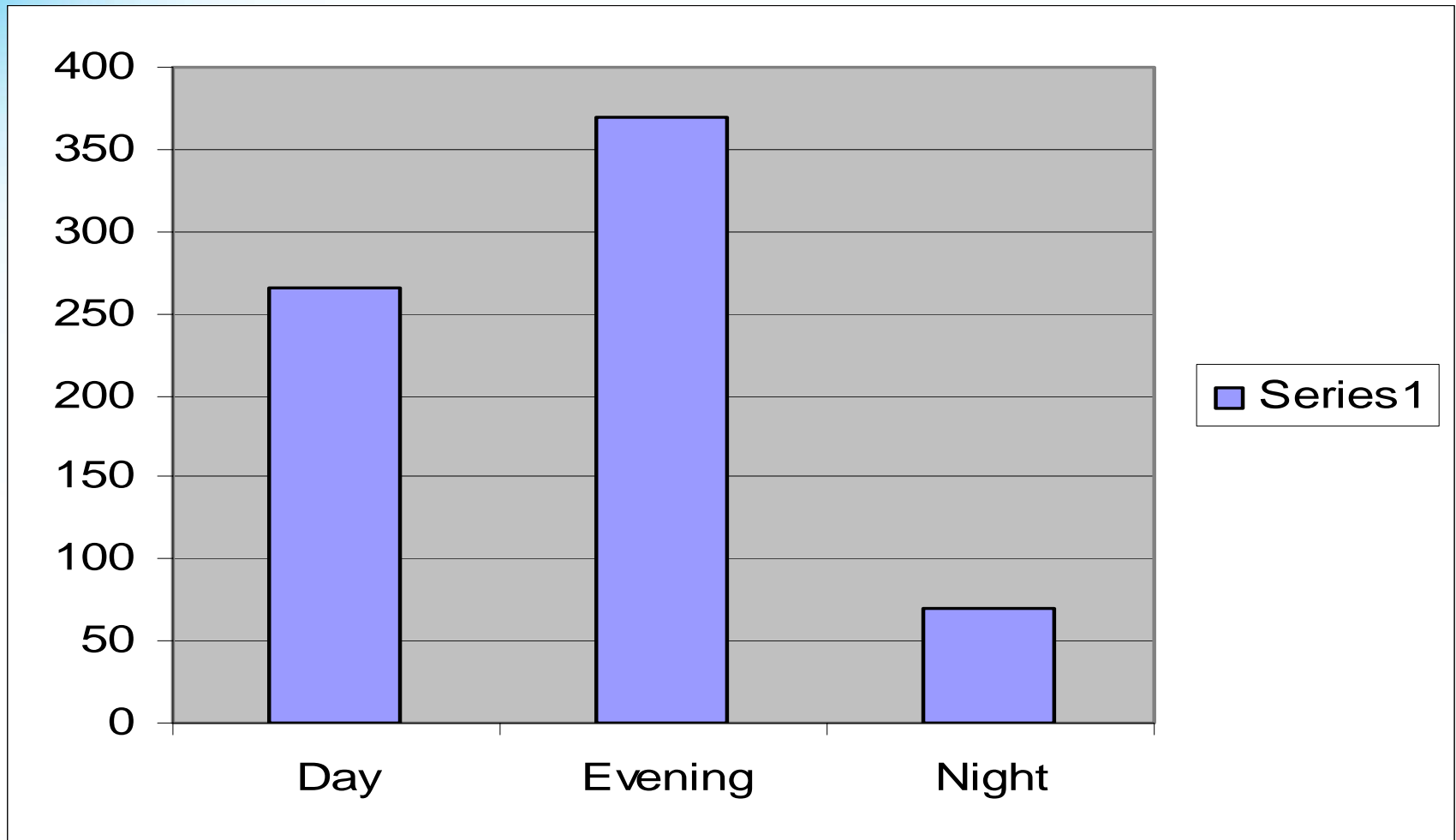
Acute Admissions to Med Units

Admissions by Time of Day



Focusing on  Fatigue →

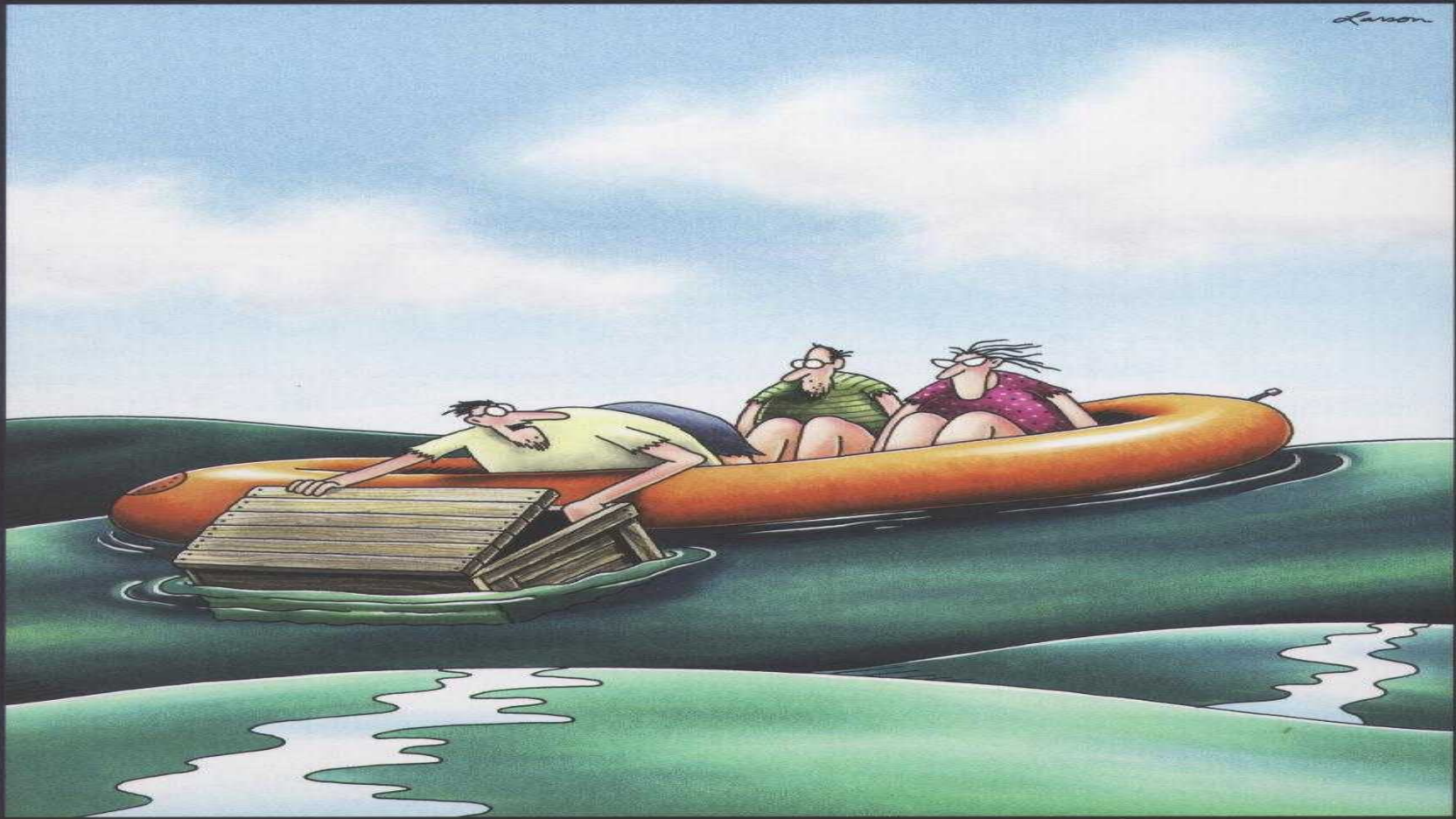
Admissions per shift – Medical Wards



Cost Benefit Analysis

- CN at top pay rate, 7 day service for 08-09 would cost \$182,614.02 inclusive of all on costs
- There are some offsets - of staffing for escorts, meal relief, “specials” etc.
- Benefits - role has been evaluated;

The Benefits??



“Well, we might as well put it on board—
although I’m not sure what use we’ll have for
a box of rusty nails, broken glass, and throwing darts.”

Evaluation

- Ward Call Data Collection
- Resident Satisfaction Survey – education, fatigue monitoring, handover
- CN-CS data base – log of all services
- Focus group feedback
- Regular meetings with participants

Patient safety / Risk management

- No identifiable or conclusive reduction in MET calls
- No identifiable or conclusive reduction in reported incidents

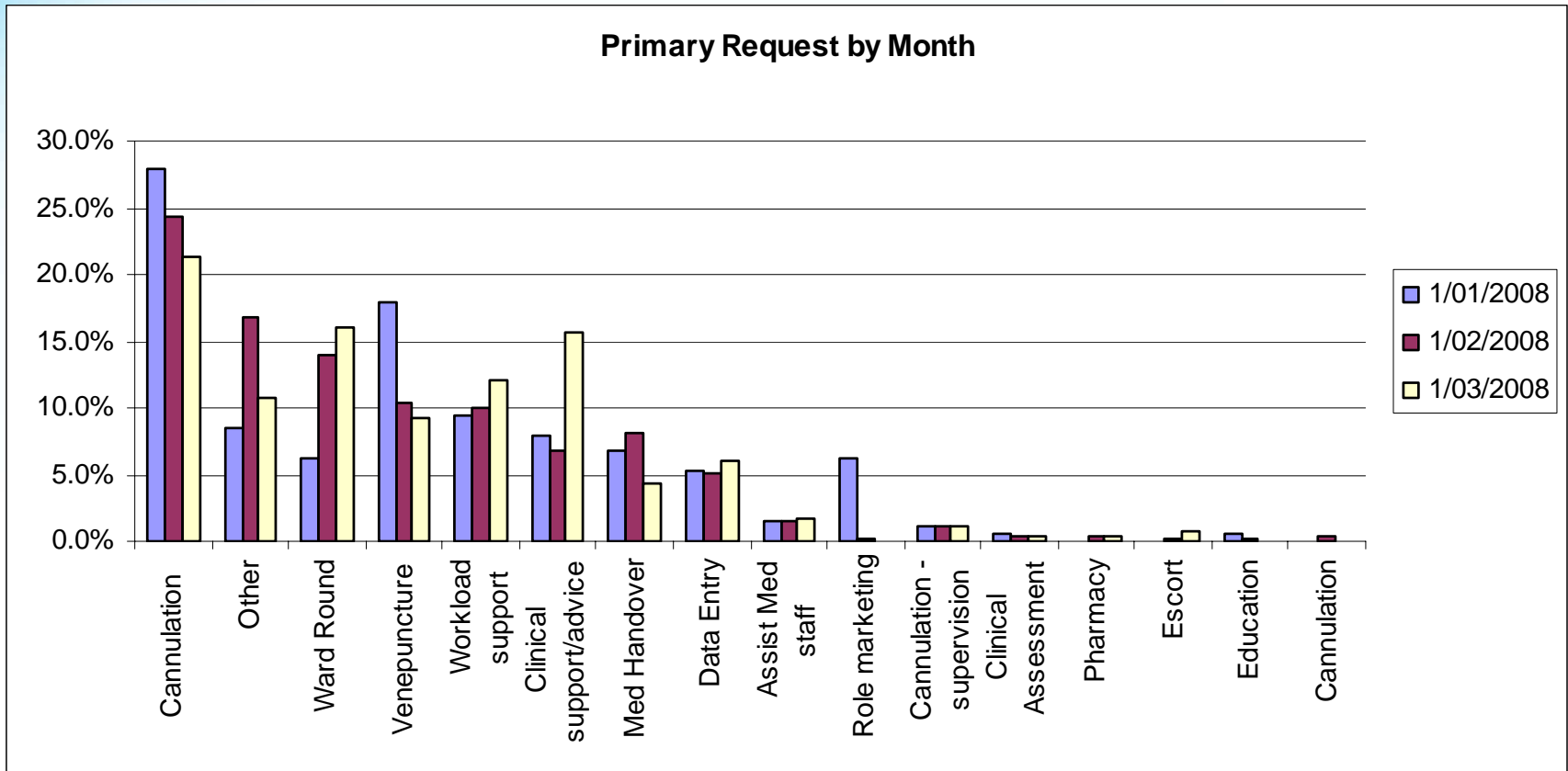
Feedback from participants

- The role is satisfying and well received
- Staffing – work hours “not sociable”
- Potential for fatigue depending on rostering arrangements
- Education role important
- ‘Cannulation service’
- Experienced staff grow in this role

CNCS Workload

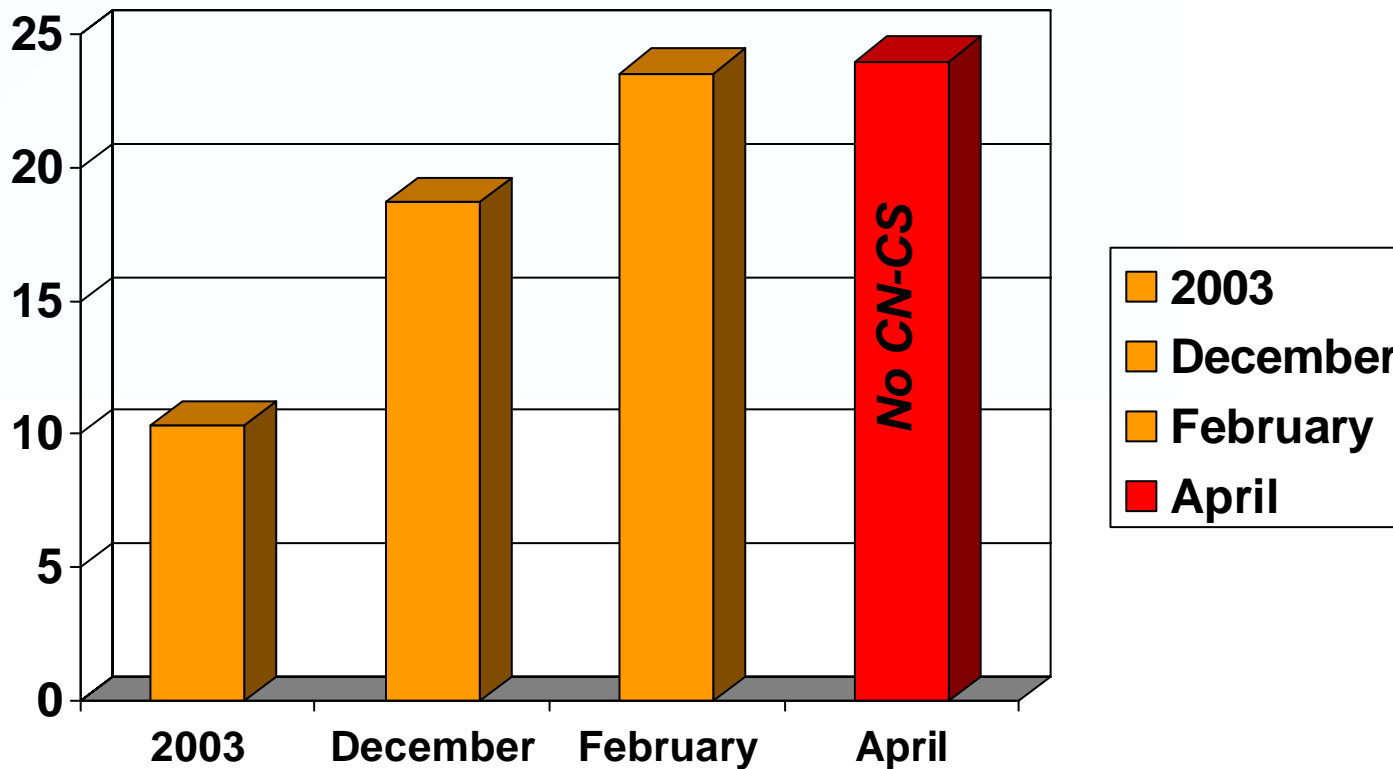
- 2007
 - 80 days of service
 - 756 episodes
 - Average 9.45
 - Range 4 - 16
- 2008
 - 45 days of service
 - 676 episodes
 - Average 16.67
 - Range 6 – 22
 - = approx 5483Yr
 - = \$27.83 per episode

Primary Request:



Average Percent of Workload/Shift

DATA: Ward Call



Average Number of Calls/Ward Call Shift

Resident Satisfaction Survey

- 100% awareness of CN-CS role
- 90% noted reduction in clinical load on ward call with introduction of role.
- With temporary cessation of the role at the end of 2007, 90% noted a change in workload.
- 90% had contacted the CN-CS and 90% had been contacted by the CN-CS.
- Firm demand to have role reinstated

Resident Satisfaction Survey

General Comments:

- IVC and phlebotomy common task for CN-CS.
- Training of other nurses with procedures and triaging useful
- Good to have experienced nurse to help planning when ward call is busy – particularly with assessing priority.
- Have been helpful with clinical non-emergent patient review.

Conclusion

- Role is well utilised
- Perceived to be of value and assist with workload
- Efficacy Vs additional medical staff uncertain
- MUCH MORE THAN A CANNULATION SERVICE
- Promotes a sense of “team” Nursing – Medical
- From a patient safety and risk point of view - must at least extend the trial