ACAP
Acute Care
Advanced Practitioners

The Advanced Nurse Practitioner

The journal for members of ACAP

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Produced in association with
Skills4Nurses

Scotland Leading the way for Acute Care Practitioners

ACAP Scotland is a new and exciting network that will enable all acute care practitioners to register as members allowing provision for bi annual forum events. These events will host guest speakers, work shops, master classes and the opportunity for discussion on topical subjects. Most importantly the forum will facilitate educational and professional development.

Members will also be entitled to quarterly newsletters and unlimited ACAP web site access

Acute care practitioners in Scotland have never had until now:

- The privilege of having an arena to showcase areas of good practice,
- The opportunity to bench mark other practices throughout Scotland,
- A national opportunity for education
- And most importantly have their voice heard.

Now with the onset of ACAP forum Scotland all this will be possible.

Mission Statement

The purpose of the forum is to promote and develop the professional role of the acute care advanced nurse practitioner in partnership with stakeholders, in order to advance the quality of care delivered to patients and clients.

ACAP Scotland Leading the way

Support given by:
AANPE
CS MEN

• www.acapscotland.org •

Contents.....

NEWS....NEWS....NEWS....

To receive a copy of future ACAP publications please email elaine.headley@gmail.com or jsmith53@nhs.net

Last Conference Evaluations

The evaluations from the last conference day are once again amazing, the results of which can be found in this issue. ACAP would like to thank you for taking the time to complete these evaluation forms as they give us the right information and motivation to continue to provide you with such incredible days. These forum events allow for continued links with other ACAP's throughout Scotland & even sometimes from the rest of the UK, (we had delegates from Wales at the last event); networking and sharing of practice, therefore improving the care for the patients.

Paediatric Advanced Practice Group

ACAP is currently in discussions, aiming to collaborate with a paediatric ANP group. Led by Robin Hynd, from NHS Lothian and Heather Campbell, from NHS Lanarkshire.

5th Forum Event

Never letting the grass grow, the committee have been working hard to get the next & 5th event arranged. We can tell you it will be in the Carlton Hotel in Edinburgh. A fabulous venue, right in the heart of the city centre (2 minutes walk from Waverley Train Station). We will continue to update in further issues of TANP.

Carlton Hotel Edinburgh

ACAP are delighted to announce at its 5th event our key note speaker & opening the day is Mr. Paul Gray. Mr.

Paul Gray

Gray is the new Director General Health &Social Care & Chief Executive of NHS Scotland, replacing Mr. Derek Feeley last year.

The rest of the programme for the day is well underway. Again filled with incredible speakers & master classes for you the take part in. Want to know the date? Well keep your diary clear for November 7th 2014.

Congratulations

ACAP would like to congratulate 6 Advanced Nurse Practitioners from NHS Ayrshire & Arran: Agnes Allan (ACAP committee member), David Hunter (ACAP Committee Member), Mark McPheators, Kelvin Moran, Gillian McNaughton and Kenny Fulton were all successful in attaining band 8A's; their new role and function will predominately be working on the Island of Cumbrae, providing care in the out of hours period. ACAP would like to wish them every success.

Hospital Emergency Care Team (HECT) 10 years old

In May 2004 advanced practice saw developments happening within NHS Lanarkshire with pioneering work that paved the way in Scotland for what we now have and know as advanced nursing practice. The HECT team, which covers the 3 secondary care hospital sites within NHS Lanarkshire, is now 10 years old. Many of the original team members are still in post, but others have left, or are about to leave to take on new roles and jobs. Elaine Headley HECT ANP& ACAP co-chair and Eddie Docherty AND for NHS Ayrshire & Arran and ACAP non executive committee member are two of the original HECT ANP

Skills4Nurses Recruitment Events

Skills4Nurses are pleased to announce their return to Glasgow for their annual Nursing & Midwifery Recruitment event on Wednesday 9th October in the Grand Central Hotel which proved to be a great venue for 2013. Log on to: www.skills4nurses.com for further details or email: shona@gmexpos.com

Get Involved

We would welcome any articles, case studies or any news of service innovations within your area. Additionally, we would like to ask for any comments or suggestions you may have, as ACAP is about practitioners for practitioners, again please contact Elaine or Julie.

Link/Steering Group Members

ACAP would like to invite practitioners to become either link practitioners or even to join the steering group. So, if you have time, commitment and the drive to contributing to leading Advance Practice forward, please contact Julessmith69@hotmail.com or Elaine.Headley@gmail.com

NEWS....NEWS...

ACAP is delighted to announce its

5TH NATIONAL CONFERENCE EVENT

Venue: **The Carlton Hotel, Edinburgh**
Date: **November 7th 2014**
Programme: To be finalised
Cost: £35 per head

Includes: tea/coffee/snacks on arrival,mid morning & mid afternoon and buffet lunch

Also includes delegate packs and the latest hard copy issue of
THE ADVANCED NURSE PRACTITIONER 5TH NATIONAL CONFERENCE EVENT
ACAP Scotland
SC042116

The theme of this event: Pride & Performance in Patient Care

The hot topics:

- Paul Gray - Director General Health and social care and Chief Executive NHS Scotland
- Melanie Johnson - Nurse Director NHS Lothian
- ERAS And The Patient Perspective- Angie Balfour
- Stroke Thrombolysis- Sandi Haines (Stroke Specialist Nurse)
- XRay Interpretation – John Reid (Consultant Radiologist)
- NSTEMI Classification and Management – Gaynor Campbell (ANP)

Further speakers and topics to be confirmed

In response to much of the requests from previous evaluations ACAP now have more interactive workshops as part of the master-classes

For further information contact: elaine.headley@gmail.com or julessmith69@hotmail.com

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ADVANCED PRACTICE FORUM

ACAP
Acute Care Advanced Practitioners

• www.acapscotland.org •

Charity Registration No SCO42116

Call for POSTERS

We are looking for examples of clinical effectiveness initiatives, Clinical Audit, Clinical Guidelines, Clinical Research, Integrated Care Pathways, Accreditation projects which have informed advanced practice and made a difference to the quality of patient care. This is an exciting opportunity for healthcare professionals to publicise their work and share good practice with colleagues.

Posters should be size A0 or A1, enquiries about submitting posters should be made to:

julessmith69@hotmail.com or
elaine.headley@gmail.com

Scottish Paediatric Advanced Practice Network (S.P.A.P.N.)

Background
The Scottish Paediatric Advanced Practice Network was established in 2009. Initially, SPAPN was a NHS for Education Scotland (NES) initiative formed following two stakeholder events in the summer of that year liaising with nurses and allied health professionals whom were either working in an Advanced Practice role or studying towards. The events served to establish the main role and remit for the network which was to offer an area to share information with regards to advanced practice whilst providing a medium to contribute to national discussion around role development and educational provision.

NES developed a community page for the network on the Children and Young Peoples Service Managed Knowledge Network http://www.knowledge.scot.nhs.uk/childservices/communities-of-practice/scottish-paediatric-advanced-practice-network.aspx. This page was populated with an array of information for practitioners looking for links through to advanced practice sites including the NES Advanced Practice Toolkit. Also, the page included areas to share work such as evidenced based practice presentations, audit work, information regarding network meetings and events.

In 2010, a working group was formed with the aim to eventually take on the 'day to day' running of the network. This group consisted of Advanced Nursing and Allied Health professionals from across Scotland. From 2011/12, SPAPN slowly became less associated with NES with the working group taking full responsibility for the direction of the network.

Work to Date
The network has held two successful events since 2011 predominantly to showcase the development and extent of advanced practice across Scotland and the UK. The evaluations from these events have dictated the strategic plans for the networks future. Also, the working group has contributed to discussions nationally with regard to educational provision.

The Future
As the network has become less associated with NES it is evident that the current web page presence for SPAPN is no longer fit for purpose. Similarly, in the modern age we are more reliant on technology and social media to drive forward enthusiasm whilst connecting with a wider audience. The working group are at this present time drafting plans for the development of a new purpose built web page separate to its current location which will allow a more user friendly space, members area, and links to social media.

Furthermore, the group are looking to revise the vision for the network including looking at the strategic priorities for 2014-2016. We are keen to learn from others and share our experience hence more recently we have opened dialogue with our colleagues at ACAP with a view to working more closely in the future. If you would like to learn more about SPAPN or are interested in becoming more involved or have something to share please get in touch using the link above.

Robin L Hyde
Chair, Scottish Paediatric Advanced Practice Network (S.P.A.P.N.)

Clinical Skills Managment Education Networking

For full spec on all the CS MEN detail please go to their website **www.csmen.scot.nhs.uk**

CS MEN Research & Development Conference 23rd June 2014, Stirling Management Centre

Booking for the Annual CS MEN R&D Conference.

The R&D Conference is one of the highlights of the CS MEN Year. This year we are delighted that Dr Vivien Swanson NES and Professor Peter Davey, University of Dundee are joining us. Previous award winners who have completed their research will present along with the 2014 award winners who will outline their proposals. Please circulate to your colleagues that maybe interested in attending. Places are limited so please book early. The Registration form can be accessed by following this link:-
http://www.csmen.scot.nhs.uk/events/cs-men-annual-rd-conference.aspx

Kind regards

CS MEN Team
Clinical Skills Managed Educational Network
NHS Education for Scotland
East Deanery
Level 7, Ninewells Hospital
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www.csmen.scot.nhs.uk

Mobile Skills Unit

A key objective for the Scottish Clinical Skills Strategy is to address the inequity of access to high quality multi-professional education across both geographical and professional boundaries. There was a particular challenge to deliver state of the art, simulation-based education to remote and rural areas of Scotland. Depending upon the definition used, up to one in five people in Scotland live in remote and rural areas. Following a scoping exercise, NHS Education for Scotland agreed to fund the build of the Mobile Unit and a two year pilot period to allow full evaluation of the educational potential for such a Unit in the longer term and to determine the optimal use of the Unit.

The Mobile Clinical Skills Unit was launched on Friday 21 November 2008 by Ms Shona Robison MSP, Minister for Public Health, during the Scottish Clinical Skills Alliance conference, and has been on the road since January 2009.

The Unit provides the safe learning environment, part-task trainers and state of the art midfidelity simulation equipment (including SimMan, SimJunior and SimBaby) to allow a broad range of clinical skills education to be delivered.

Over 1700 healthcare practitioners took part in education on the Unit during the pilot period (January 2009 to December 2010), visting 26 venues and providing 227 courses throughout Scotland. In the majority of venues there has been an excellent balance between national and local programmes.

For more information contact Lynn Hardie
lynn.hardie@nes.scot.nhs.uk or call 01382 425735.

Facilities

The Unit is equipped with a wide range of simulation equipment, including SimMan, SimJunior and SimBaby. To enable video recording and debriefing, the smots(tm) audio-visual system has been installed. Three smots(tm) cameras are fixed in the Unit, and a fourth mobile camera is also available to allow recording in real-ward situations. The Unit can then be used to debrief from that camera. For more about the smots(tm) system, please visit Scotia's website.

A control room is separated from the main classroom area by a one way mirror, in front of which rises the screen for delivering PowerPoint presentations/videos. The control room houses the computer equipment to run scenarios.

An equipment brochure, listing the simulators, part-task trainers and the skills each can be used for, is available to download or in hard copy from lynn.hardie@nes.scot.nhs.uk

Education

Skills that can be taught on the unit.

The Mobile Unit is a multiprofessional resource designed to be used for training and updating skills of all healthcare professionals whether working in the primary or secondary care sector. The Mobile Clinical Skills Unit can also be used for training the public in resuscitation and other health promotion skills. It is equipped to enable delivery of technical and non technical skills, according to local needs. An example of a training programme for a two-week visit is available. A variety of skills can be taught onboard, depending on the needs of the staff in the local area. These range from airway management, suturing, venepuncture to ILS, chest trauma and multiagency emergency scenarios.

Remote and Rural Training Needs Analysis

In spring 2008 we surveyed Remote and Rural practitioners through the BASICS, RRHEAL and SCSN Networks, and received 143 responses. The full analysis of this questionnaire is available to download or from the CS MEN Office on request. The results were used to determine some of the equipment available on the unit, and to source/develop appropriate quality-assured skills packs for use on the unit for the oft-requested skills.

Skills Packs

Online packs have been developed for use on the unit, with input from each of the regions and are available to access from theresources section. These are:

- IV Medicines Administration
- Safe Communication
- Chest drains
- Suturing
- IO cannulation
  Skills packs are also available on the unit include several developed by the multiprofessional skills project run by NHS Fife, NHS Tayside and the University of Dundee.

These are:

- Venepuncture
- IV cannulation
- Arterial Puncture and ABGs
- Central venous access
- Urinary catheterisation

These packs are also available to download from the Knowledge Network section.

Quality Assurance

We (the Clinical Skills Managed Educational Network) are accountable to NES for the quality assurance of the education delivered through the mobile unit. We have developed a simple self-assessment questionnaire to be used by the facilitators of each session run on the unit to check that the education meets nine criteria for best practice in skills delivery. The checklist is available to download or from the lynn.hardie@nes.scot.nhs.uk

Faculty Development Course

Faculty Development Course at Scottish Clinical Simulation Centre.

The two day Faculty Development course run by the Scottish Clinical Simulation Centre at Larbert (formerly at Stirling) has been created specifically for educators who will use the Mobile Clinical Skills Unit. A minimum of two professionals from an area must complete this course before the Mobile Clinical Skills Unit can be scheduled for a visit.

The main focus of the course is to ensure all participants are equipped with the knowledge and training on how to get best use of the equipment on the Mobile Clinical Skills Unit.

The key components of the course include:

- Identifying learning objectives for scenario training
- The use of SimMan to create realistic clinical scenarios
- Use of Audio-visual equipment to assist debriefing
- Knowledge and application of facilitated debriefing skills

This is achieved through a combination of presentations, small group work and a lot of handson practical application of the material covered.

A full description of the Faculty Development course is available to download or from lynn.hardie@nes.scot.nhs.uk

What do we know about breaking the communication barriers?

Elaine Headley

The literature review is part of a published survey carried out in NHS Lanarkshire in 2013, which initiated an attempt to provide a tool to improve communication of potentially unwell adults by facilitating ward nurses a new means to improve communication barriers.

For the full articles including evidence please refer to: *Carberry M, Clements P, Headley E. (2014) Early warning systems 2: ward nurses' perceptions of clinical trigger questions. Nursing Times; 109: 1/3, 15-17*

Barriers to effective communication are an ongoing issue in all walks of life, but it is of particular importance with regards to the potential adverse effects on health care. Reader et al (2007) argue that poor communication in critical care has been frequently shown as a contributing factor to adverse events. Further highlighting that, there is a strong emphasis on identifying the communication skills that can contribute to, or protect against, preventable medical errors. Likewise, www.health.vic.gov.au (2010), highlight that ineffective communication is reported as a significant contributing factor in medical errors and inadvertent patient harm, which subsequently contributes to causing physical and emotional harm to patients and their families.

The Audit Commission (1999) when considering critical care services, highlighted one of its highest priority recommendations as a development of an outreach service from critical care specialists to support ward staff in managing patients at risk. These recommendations were subsequently followed by the Comprehensive Critical Care report (DOH, 2000) which stated that outreach services should be an integral part of comprehensive critical care. According to Leary and Ridley (2003), the tenet behind outreach is to extend critical care services beyond the usual physical limits of ITU and act as a service and educational partnership between critical care and the general ward. Goldhill (2001) states that critical care facilities in the UK are underprovided, and there is evidence that critical care patients are sicker than those in comparable countries. As such, Goldhill (2001) argues that critical care bed numbers need to increase at least two or three-fold to satisfy the requirements. To address some of these issues The Comprehensive Critical Care Review (DoH, 2000a) outlined a conceptual shift of delivering services to patients based on need and not on locality, *'critical care without walls'*, placing the patient firmly at the front of service provision. Furthermore, there is strong evidence to suggest that the majority of patients who suffer in-hospital cardio-respiratory arrests have abnormalities in their vital signs in the hours preceding the event (Smith and Woods, 1998; Goldhill et al.,2005). Hence, at the core of these government initiatives was the early identification of the deteriorating patient allowing early intervention, thereby creating the potential to improve outcome.

There are key seminal pieces of research from the early 1990s that are worthy of comment. As early as 1990 Schein et al (1990) studied a group of 64 consecutive in hospital cardio-pulmonary arrests and reported that 84% (n=54) of patients showed documented signs of clinical deterioration or new complaints within the preceding eight hours of arrest .Franklin and Mathew's study in 1994 supported Schein et al (1990) findings and reported that clinicians noted clinical deterioration in 66% of patients (n=99) prior to arrest (Franklin and Mathew 1994). In the UK, an important confidential enquiry was undertaken by McQuillan et al (1998) who reviewed the quality of care in two groups of 50 consecutive patients prior to admission to intensive care unit; it found evidence of suboptimal care and despite significant limitations these findings were subsequently validated by external assessors who agreed suboptimal care existed in approximately 50% of patients. Suboptimal care is often defined as a failure to recognise clinical signs of deterioration or failure to act on these signs.

The concept of EWS was introduced by the department of health as part of the recommendations in the comprehensive critical care report (DOH, 2000). The EWS is the calculation of an aggregate trigger score based on physiological abnormalities of heart rate, blood pressure, respiratory rate, temperature, urine output and level of consciousness. However, the timely recognition of physiological changes that precede the deteriorating patient is still of concern with some often overlooked or misinterpreted (NCEPOD, 2005; NPSA, 2007). Worryingly, failure to rescue the deteriorating patient is often linked to staff having difficulty in asking for advice, relaying or interpreting information across occupational, professional and hierarchical boundaries (NPSA, 2007; Cooper et al., 2009; MacIntosh et al., 2011). Interestingly, The Critical Care Stakeholder Forum (2005) identified three key areas which delay in identification and referral could be attributed; low standards of documentation and observations on general wards; poor knowledge of critical illness and its presentation; sub-optimal treatment of at-risk patients due to inadequate skills and knowledge and organisational failings. Indeed, these key areas have also been highlighted by Rowan and Harrison (2007) as a potential life-threatening concern. Andrew and Waterman (2001) argue that EWS can be used as a tool to overcome these clinical and communication barriers, as the tool facilitates the nurse to present their concerns as quantifiable evidence to medical staff.

An important point in relation to EWS is raised by Subbe (2010) who suggested that many track and trigger questions have been adapted so often that their validity is now questionable. To this end and in an attempt to standardise practice, the Royal College of Physicians (2012) published a report recommending the use of a National Early Warning Score (NEWS) in the UK (RCP 2012).

Furthermore, when considering the efficacy of EWS, O'Kane, et al., (2011) have identified two major issues which require to be addressed to maximise the benefits of EWS. Firstly, collecting vital signs data at a sufficiently high frequency to detect patient deterioration and, secondly, data processing should be recorded correctly to yield accurate information and knowledge about the patient (O'Kane et al., 2011). The progress in computer technology has led to the development of electronic warning systems in a bid to overcome these issues.

Computer programmes have functions that chart variables, calculate scores and generate immediate alerts to the appropriate teams regarding deteriorating patients (Nwulu et al., 2012). Nonetheless, as with all of the EWS, these are in the main reliant on timely and complete observations (Nwulu et al., 2012). Furthermore, a fundamental component of EWS is the calling and response criteria. NICE (2007) recommended specific experience and skill sets for the increased acuity of the EWS trigger, specifically critical care skills for the sickest patients, however this may not be within the human resources of many health boards in NHS Scotland.

In relation to the response to patient deterioration Hillman et al., (2005) conducted the multicentre MERiT study in Australia in order to investigate the use of Medical Emergency Teams (MET) hospitals versus non MET hospitals. Hillman and colleagues (2005) noted an increase in calls to MET, but there was no statistical difference in incidence of cardiac arrest, unplanned ICU admissions, or unexpected deaths (Hillman et al., 2005). However Hillman et al (2005) argued that MET calls did not occur timeously when appropriate physiological triggers occurred, thus potentially influencing the measured outcomes above.

From a British context, Endacott et al (2009) conducted a meta-analysis to determine the activities and outcomes of intensive care unit liaison nurses and outreach teams. They found that these teams provided a beneficial impact on intensive care mortality, hospital mortality, unplanned admission and readmission to ICU, delayed discharges and rates of adverse events. However, despite a range of methods being used in this study, there were limitations to conclude that intensive care liaison outreach services resulted in improved outcomes. There were, however, non-measured improvements identified in communications, confidence, knowledge and critical care skills. The findings from Endacott et al (2009) are supported by McGaughey et al (2009), despite limitations on meta-analysis of their work due to heterogeneous influence, two-cluster randomised control trials showed that there was no evidence of effectiveness of outreach services or reduction in mortality of patients receiving outreach services.

Evidence from the literature suggests that EWS alone is often not enough to identify patients at risk of clinical deterioration and thus maintain patient safety. In relation to patient safety in Scotland, the work carried out by the Institute of Healthcare Improvement (IHI, 2008) was introduced by the Cabinet Secretary in 2008 in the form of the Scottish Patient Safety Programme (SPSP, 2008), which now has clear aims at reducing patient harm and identifying patients at risk of deterioration.

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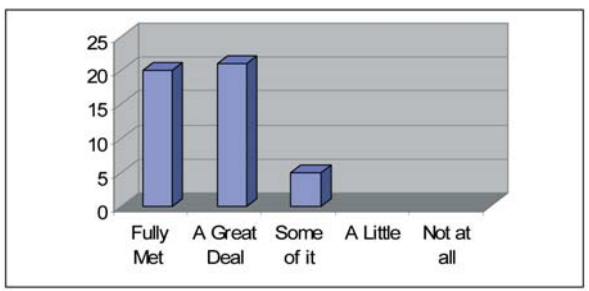
Evaluation – 4th Annual ACAP Conference 2013

Agents of Change

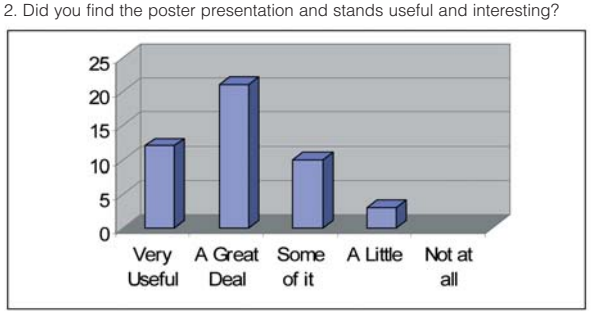
ACAP would like to thank everyone for their continued support and for attending the 4th Annual conference at Grand Central Hotel Glasgow. Your evaluation is extremely valuable to us, and helps to guide future conferences, tailored to you the practitioners' needs. There were 69 delegates (10 of which were steering group members), with 46 evaluation returns (steering group members did not evaluate the day), making a fantastic 67% return rate – Thank you.

Breakdown evaluation of the day is as follows:

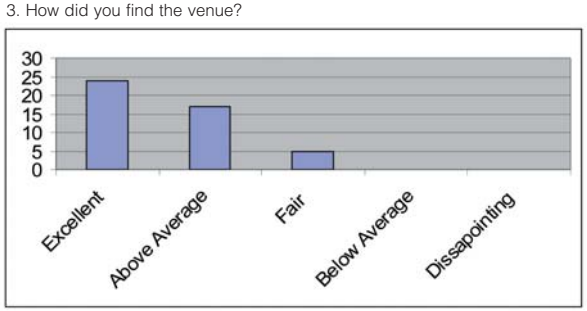
1. Has today raised awareness and improved your understanding of the issues discussed and demonstrated?



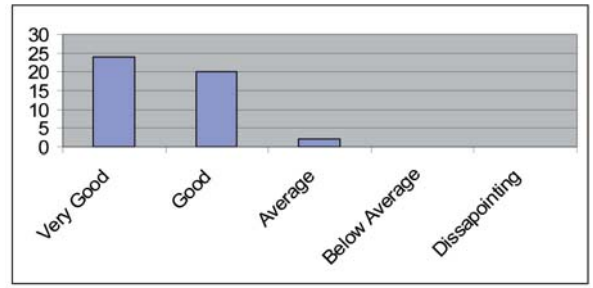
2. Did you find the poster presentation and stands useful and interesting?



3. How did you find the venue?

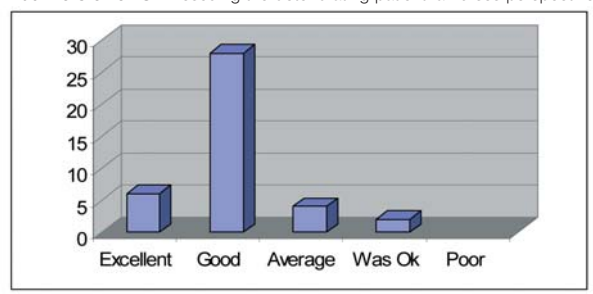


4. How was the catering?

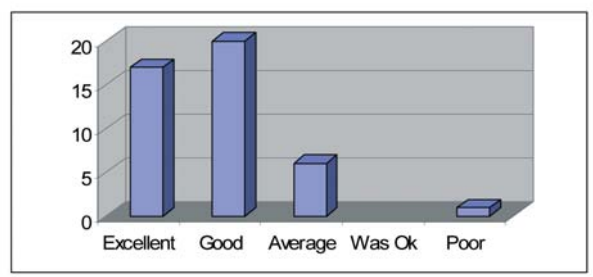


5. Some Feedback on the Speakers

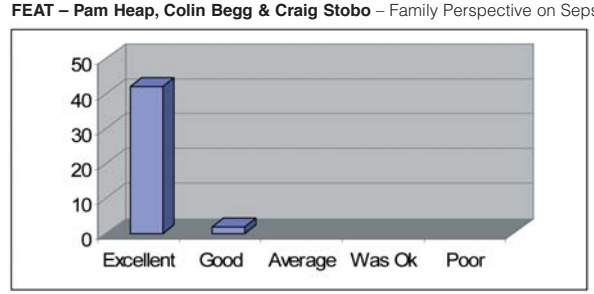
Pauline Clements – Rescuing the deteriorating patient: a nurses perspective



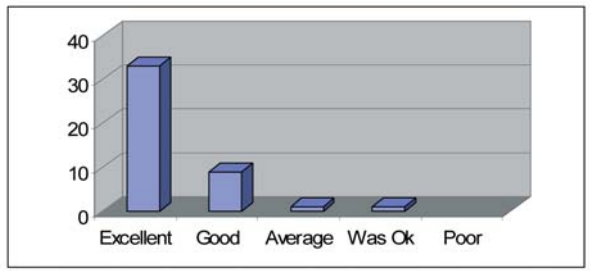
Karen Leighton & Noreen McMahon – ANP role within the respiratory setting



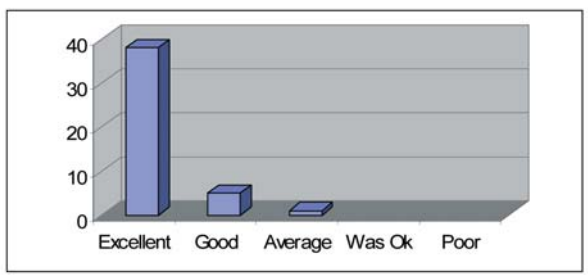
FEAT – Pam Heap, Colin Begg & Craig Stobo – Family Perspective on Sepsis



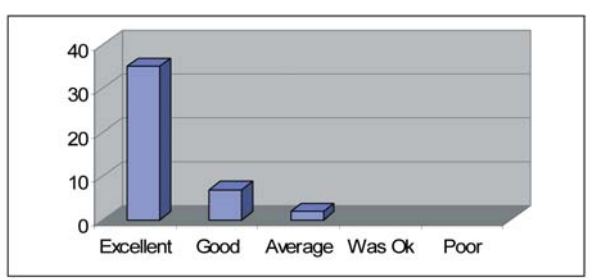
Ronnie Dornan – Outreach Service Development



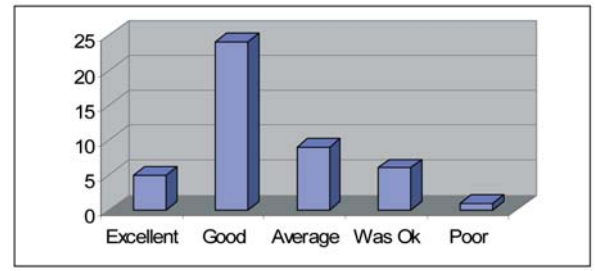
Dr. Alan Japp – Heart Failure



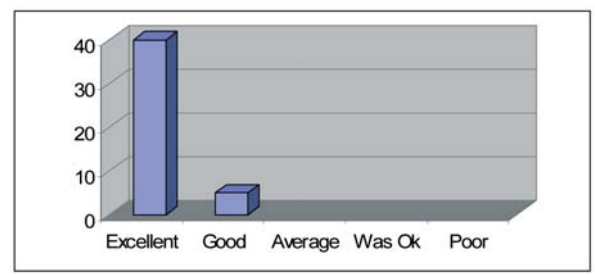
Pennie Taylor – Leadership and Motivation



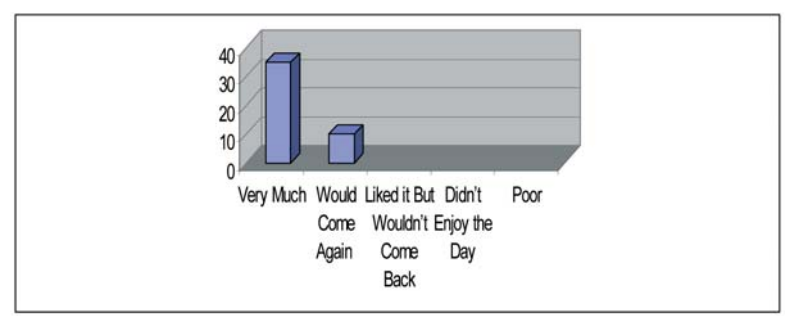
Masterclasses:
Amy Drewery – Chest Drain Management



Dr. Scott Oliver – Interactive Case studies



6. Overall did you find the conference worthwhile



The ACAP team would like to thank everyone for their attendance and for participating in the evaluations – your views are important to us. They continue to keep us motivated to keep going with ACAP

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