



The Advanced Nurse Practitioner

The journal for members of ACAP

Produced in association with
www.Skills4Nurses.com

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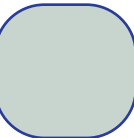
Scotland Leading the way for Acute Care Practitioners



ACAP Scotland is a new and exciting network that will enable all acute care practitioners to register as members allowing provision for 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
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Lilian Redman
Fiona Buchan
David Hunter
Sharon Oswald
Lorna Bruce

Non executive committee Members:
Mr. Eddie Docherty
Dr. Mark Cooper
Elaine Headley



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Evaluations from 2014 Conference

Many thanks to all who attended the Conference in Nov 2014, we had some fantastic speakers, and once again thanks to you all it was a huge success. We value your input and thank you for taking the time to evaluate the day. The evaluations can be found in this journal. ACAP is dedicated to its members and are always looking for suggestions or comments on how to improve. Please contact julesmith69@hotmail.com

Mental Health Collaboration

ACAP is delighted to welcome Lorna Bruce, Senior Nurse Mental Health Advanced Practice as a new member of the steering group. Having Lorna on board as an executive member will help strengthen the bonds of Advanced Practice across the specialities.

Congratulations

ACAP would like to congratulate David Watson, (previous ACAP committee member) . in his new post as Senior Nurse for the ED/ERU services in Monkland's Hospital

ACAP would like to congratulate Lorraine Falconer (HECT ANP), Martin Carberry (HECT & critical care nurse consultant), Dr Chris Lochran & Dr. Rory McKenzie (anaesthetic consultants) for winning the coveted Kevin Cosnar award at NHS Lanarkshire R&D event in March, on their work on improving clinical handovers within Monkland's Hospital.

Congratulations to NHS lanarkshire HECT & Critical care ANP's for successfully having 5 posters accepted for this year's NHS Scotland event in Glasgow in June.

Congratulations to Kelvin Moran, Senior ANP Ayrshire & Arran for having a poster accepted for the NHS event. Congratulations to the Senior ANPs in Ayrshire and Arran for reaching the finals in Ayrshire Achieves Awards - Good luck

Skills4Nurses Recruitment event

GLASGOW : Thurs 22nd October
Unique events targeting Nursing and Midwifery Professionals. Recruitment opportunities - so please come along and visit our exhibitors for a chance to work in the sun or a new field. For FREE ENTRY simply turn up on the day and register at the event!

For further details please email: jim@gmexpos.com or call +44 (0)1292 525970
For updates visit: www.skills4nurses.com

Steering Group

As you are aware Elaine Headley retired from the NHS last year and stood down as ACAP Co-chair but will remain on the steering group as a non executive member. At the AGM in November David Hunter, Senior Advanced Nurse Practitioner, was elected as Co chair, ACAP would like to wish both David and Elaine all the best in their new roles within the group.

We are looking for additional steering group members to join, if you are interested please contact Julesmith69@hotmail.com

2015 Conference

The ACAP team are already working hard on the next conference, speakers will be confirmed soon. However the venue is confirmed as the Carlton Hotel Edinburgh 6th November 2015



6th

NATIONAL CONFERENCE EVENT



ACAP Scotland
SC042116

ACAP IS DELIGHTED TO ANNOUNCE IT'S 6TH NATIONAL CONFERENCE EVENT

The theme of this event:

Developing the Possibilities – Advancing the Boundaries

The hot topics/speakers will include:

Professor Fiona McQueen – Chief Nursing Officer for Scotland

Remote and Rural Advanced Practice – **Mr Eddie Docherty**

ABG Analysis – **Mr. Jacques Kerr**

Patient/Carer experiences – Tommy Whitelaw

A day/night in the life of 3 ANP perspectives

Delirium – **Prof MacLulich**

Mental Health masterclass

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:

julesmith69@hotmail.com
david.hunter@aaaht.scot.nhs.uk



Venue: The Carlton Hotel, Edinburgh

Date: November 6th 2015

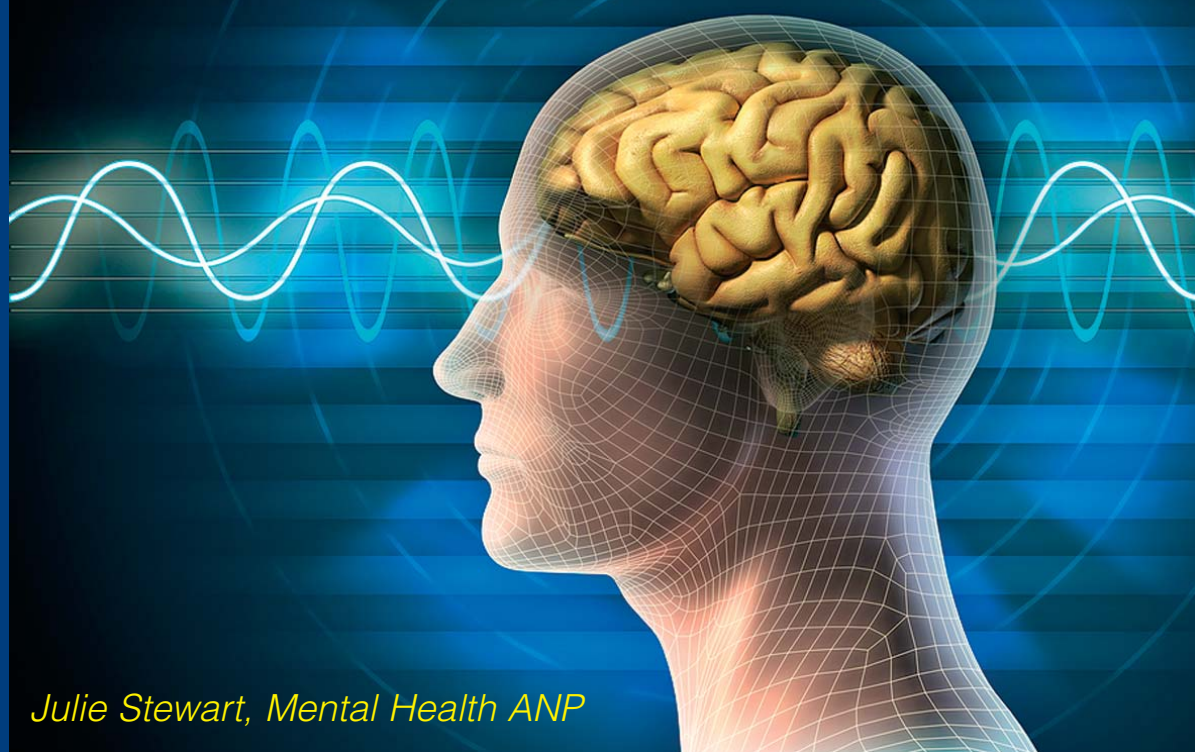
Programme: To be finalised

Cost: £40 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

A DAY IN THE LIFE OF A MENTAL HEALTH ANP.....



Julie Stewart, Mental Health ANP

Mental Health Advanced Nurse Practitioners have established themselves as fundamental constituents of the 'hospital at night' team within Crosshouse hospital since their conception in 2009 (Gilfedder, Barron and Docherty, 2010). Initially cultivated to address the reduction in Junior Doctors working hours requirement of the European Working Time Directive (Department of Health, 2009) and the Modernising Medical Careers Agenda (Scottish Executive, 2007), the role has revolutionized not only to bridge the acknowledged gap but by enhancing the patient journey through the provision of care that is patient centered and recovery focused (Bruce, 2014). Thus, invoking the aspirations of the predated modernising nursing careers (Scottish Executive, 2006) and consequently resulting in the introduction of a new MH ANP service within NHS Lanarkshire replicating the tried and tested approach of NHS Ayrshire and Arran (Bruce, 2014).

Although the 'core' MH ANP role remains the hospital at night role, a role on days within NHS Ayrshire and Arran has been initiated, evaluated, re-defined and re-evaluated for the past 6 years with no clear role as-yet distinguishable or defined. Rolfe (2014) identified 'role' confusion during a review of advanced nursing practice, failing to identify a consensus on the "nature, focus and regulation of advanced nursing practice" (pp. 23) As such, Rolfe encouraged the "opportunity to rethink and re-imagine the concept of advanced practice for this century" (pp. 23) re-considering the debate of

'maxi-nurses' as opposed to 'mini-doctors' (Royal College of Nursing, 2005).

It is with this ethos in mind that I take you on a journey, exploring a recent day in the life of a mental health ANP.....

0900hrs – the morning handover. The ANP on night duty hands over to the day duty doctor and ANP, identifying events overnight and any outstanding jobs requiring attention, namely:

- An informal patient who has failed to return from specially granted time out, and
- A physically unwell patient requiring a medical review.

After a metaphorical arm wrestle it was agreed that the duty doctor would review the physically unwell patient and the ANP the now AWOL patient.

0930hrs – on the ward; a busy acute admission mental health ward which also houses four designated alcohol detoxification beds. The patient in question remains AWOL with no contact established. In conjunction with the named nurse and ward deputy charge nurse a management plan is formulated based upon local policy and procedure and implemented with contingency arrangements cognisant of potential outcomes.

1000hrs – Remaining on the ward working through the 'doctor's diary' supervising one of the ward nurses who has recently undertaken venepuncture training. The taking of bloods is often viewed as a laborious task left to the duty person to undertake with the fundamental skill of patient engagement often overlooked, despite the procedure usually being one of the most invasive undertaken on the ward. As such, to promote therapeutic intervention ward staff are being trained and supported by ANPs to facilitate skills safely and proficiently.

1045hrs – advised that new patient has arrived on ward for their planned alcohol detoxification admission. In partnership with the patient and ward nursing staff a full psychiatric and risk assessment was undertaken with risk management plan formulated. The lead for this assessment was undertaken by the ward nurse as part of 'live' clinical supervision from the ANP. Following completion, initial informal reflection and feedback was undertaken with arrangements made for formal clinical supervision.

1215hrs - contacted by nursing staff on the neighboring acute admission mental health ward, for advice and support regarding one of their patients whom was presenting as acutely unwell and distressed. A full mental state exam and risk assessment was carried out by the ANP, verbally reported to staff and documented.

Within mental Health advanced practice a higher level of communication skills, research knowledge base and the ability to implement research into evidence based practice are key to the ANPs management of risk with a greater degree of confidence and leadership.

1330hrs – attendance at a pre-planned patient management meeting. This meeting focused upon the current care requirements within an in-patient environment but endeavored to consider future care management in joint partnership with social care colleagues, considering the patients best interests against potential risks not only for the individuals themselves but for the wider public. The ANP is able to give insight into both community and in-patient management plans.

1530hrs –attendance at the weekly ward review of detoxification patients, updating the Addictions Consultant Psychiatrist, of the three previously known patients whilst also providing a detailed summary of the earlier admission from today. In partnership, each patient is holistically reviewed in accordance with their stage of detoxification with their clinical management plans updated.

1700hrs - Completion of documentation and audits of the day's work, then home.

Upon reflection of this day in respect of Rolfe (2014), the distinction of roles between a duty doctor and ANP may remain unclear. Perhaps on paper some tasks are not recognisable as 'advanced (nursing) practice'. However, with the pillars of advanced practice provided by NHS Education for Scotland (NES, 2008) in mind, the practical application of undertaking such tasks are core in mental health advanced practice. In essence, the highlight is in not "what" ANPs in mental health do but "how" they contribute to advanced nursing in practice.

REFERENCES

Bruce, L. (2014) Mental Health Advanced Nurse Practitioners – An Evolutionary Process. The Advanced Nurse Practitioner: The journal for members of ACAP. Vol. 11 (November 2014), pp. 5-7. [Online] Available: <http://www.acapscotland.org/wp-content/uploads/2014/02/TANP-issue-11.pdf> [Accessed 10th February 2015].

Department of Health (2009) What is the European Working Time Directive? DH: London. [Online] Available:http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/managingyourorganisation/workforce/workforceplanninganddevelopment/europeanworkingtimedirective/dh_077_304 [Accessed 10th February 2015].

Gilfedder, M., Barron, D. and Docherty, E. (2010) Developing the role of advanced nurse practitioners in mental health. Nursing Standard. Vol 24 (30), pp. 35-40.

NHS Education for Scotland (2008) Advanced Nursing Practice Toolkit. NES: Edinburgh. [Online] Available:[http://www.advancedpractice.scot.nhs.uk/media/1248/advanced%20practice%20themes%20and%20underpinning%20principles%20\(3\).pdf](http://www.advancedpractice.scot.nhs.uk/media/1248/advanced%20practice%20themes%20and%20underpinning%20principles%20(3).pdf) [Accessed 10th February 2015].

Rolfe, G. (2014) Advanced nursing practice 1: Understanding advanced nursing practice. Nursing Times. Vol. 110 (27), pp. 20-23.

Royal College of Nursing (2005) Maxi nurses: nurses working in advanced and extended roles promoting and developing patient-centred health care. RCN: London. [Online] Available: http://www.rcn.org.uk/__data/assets/pdf_file/0004/78646/002511.pdf [Accessed 10th February 2015].

Scottish Executive (2007) Modernising Medical Careers. SEHD: Edinburgh. [Online] Available: www.scotland.gov.uk [Accessed 10th February 2015].

Scottish Executive (2006) Modernising Nursing Careers: setting the direction. SEHD: Edinburgh. [Online] Available: www.scotland.gov.uk [Accessed 10th February 2015].

That Light Bulb Moment

Morag McNulty Senior Charge Nurse NHS Ayrshire & Arran

**Change can be difficult!
Or you can embrace it and run with it if you can keep up.**



Our journey started in March 2014 at Ayr racecourse when NHS Ayrshire and Arran held their SPSP relaunch event. I went along and found Jason Leitch to be somewhat inspirational, highlighting issues about the patients' journey and how we can all improve; simple you would think? The SPSP event was quickly followed up by the national SPSP Indicator Learning Session. This event encouraged us to work with our local Boards and develop local plans and test sites for improvement, as a result I was asked to join 'the deteriorating patient group' so now we had a focus or did we?

A lot of useful discussion took place at this event and we all left feeling pretty upbeat but unsure how exactly to take this work forward to improve the care for our patients. It really got me wondering - I was sure I knew what was going on in my area but did everybody else? More importantly could we do things better and safer for our patients and my staff? It got me thinking about what we did in my own area, while we felt the ward patients were 'safe', we understood that we could improve our communication regarding patients within the ward. While the charge nurse would be aware of the wider issues, such as investigations or high risk of malnutrition, not every member of the team were aware of these issues for all of the patients. We identified that this lack of awareness could have a detrimental effect on the safety of patients.

As a Senior Charge Nurse I have always striven to ensure that all staff within my realm of care are appropriately trained and committed to providing a person centred safe environment.

The Light Bulb Moment

I was already thinking how much more work will this generate, and how will this impact on the staff who are already working under immense pressure to ensure we meet local and national guidelines. Then the light bulb moment happened – I thought why don't we check what is being done in a formal way in the afternoon? We already have in place a safety brief and handover formally twice a day but after the ward round however this was usually just me checking with individuals what was required.

The individual teams all knew what was happening regarding the patients in their care but now I wanted reassurances that this information was being shared amongst the wider team but how would I achieve this? I quickly devised a checklist consisting of things I felt were important for patient safety - but what would be the best way of implementing it? After some thought I decided to call it Clinician Led Acute Patient Safety

(CLAPS) and went with a brief meeting at 2pm, lasting no more than 10-15 minutes. I felt it was important to have representatives from as many of the multi disciplinary team but thought this would never happen due to everyone's busy schedules.

We developed a meeting on the ward where these issues could be raised and all staff made aware. The clinician-led acute patient safety (CLAPS) meeting which helps teams to effectively assess, plan, implement and evaluate individualised patient care, was introduced in April 2014.

Verbal invitations were given to doctors, nurses ANP's, Pharmacy and AHP staff and I waited to see what would happen. To my surprise we had an excellent turnout the middle grade medical staff where really keen to be involved in this venture. After the meeting was concluded we realized the time was wrong and so began my venture into the PDSA cycle.

That'll never happen

I then went on annual leave fully expecting the meeting to go ahead intermittently as I realized this was a big change for us. I returned from my holiday to be bombarded with suggestions for adapting the CLAPS and did I want it carried out over the weekend as well.

Using Plan, Do, Study, Act (PDSA) methodology for improvement, the CLAPS was tested and refined, before we developed a robust sustainable checklist to direct the conversation at the meeting.

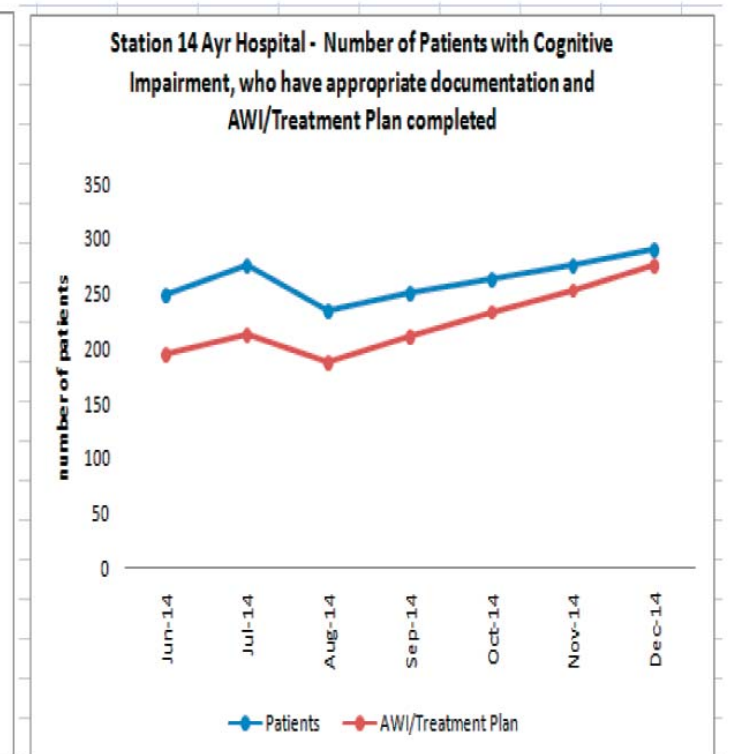
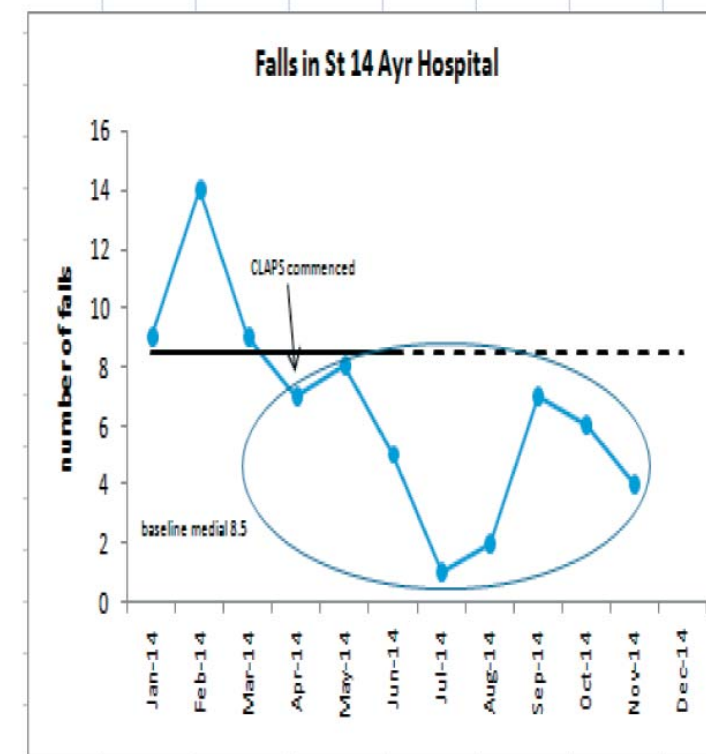
As I had attended a local Improvement Science Fundamentals Course which offers an opportunity for staff to gain the skills and knowledge in relation to the Model for Improvement and learn and apply the principles and tools of improvement methodology. This gave me the insight and confidence to quickly adapt and we began to make the changes required to move through our PDSA cycles. All disciplines were now fully on board and the ANP's approached us with ideas and suggestions for improvement and for trial.

Total Curve ball

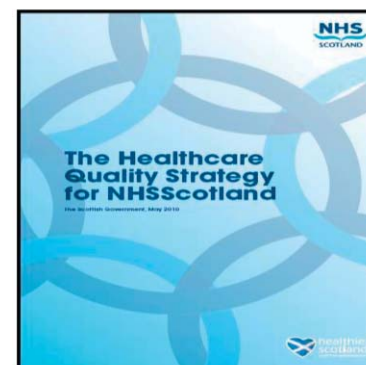
Our improvement project started late March and within three weeks we had a very workable tool which was adapted and improved by review and testing. We could feel that the ward felt safer, we now have evidence that shows tests are performed and results followed up quickly, drug prescriptions and fluid prescriptions are completed within day time hours which has not only improved the running of this area but has had a considerable impact on reducing the out of hours workload of the ANP's.

CLAPS is a structured ten to 15-minute multidisciplinary team meeting that incorporates the core values of safety, quality and person-centeredness. This has resulted in a 26 per cent reduction in falls, and people being treated holistically with a focus on adults with incapacity and treatment plans.

Compliance with Adults With Incapacity and treatment plan is also above 95 per cent. We have a documented compliance of 96 per cent with appropriate DNACPR. We have also witnessed a more cohesive and team approach from all members of the MDT.



Spreading Good Practice



CLAPS project. It is important to note however that our success has been down to the enthusiasm and determination of our nursing and medical team who

The NHS Quality strategy asks us, as practitioners, to help contribute to making the NHS in Scotland a world leader in the quality of health care services that it delivers. We believe here in Station 14 we are fulfilling that request by driving improvement initiatives such as our

have ensured the success of this work. Without their input and the additional support from the rest of the MDT we would not have progressed as far.

To date we have had numerous visitors to the area and great interest in the spread to other areas within the organisation. All feedback has been positive and we feel that we are witnessing a noticeable change in culture. To add to our success we were recently awarded the 'Ayrshire Achieves' learning achievement in recognition of our success. Following on from the Deteriorating Patient work and our improved compliance in many others areas I have been approached to develop and support a more robust roll out of the concept to ensure that we all continue to do the right thing at the right time in the right place. I have had positive interest not only from my own health board but also the local hospice and a GP surgery.

Neutropenic Sepsis; Improving Performance in Patient Care.

Karen Smith & Marie Pringle-Advanced Nurse Practitioners Beatson West of Scotland Cancer Centre. NHS Greater Glasgow and Clyde

Introduction
Sepsis claims 37,000 lives in the UK each year (1). For each hour delay in administration of antibiotics, mortality increases by 7.6% (2), with immunocompromised patients being particularly susceptible.

In the NCEPOD report „For Better For Worse? (3) the shortcomings in the management of cancer patients experiencing treatment toxicity including, substandard management of neutropenic sepsis resulting in avoidable deaths were highlighted. (4)

Sepsis 6 is a Scottish Patient Safety Programme (SPSP) to reduce the incidence of morbidity and mortality related to sepsis, by improving recognition and initial management of sepsis in acute hospitals. (5)

The 8-bedded Acute Oncology Assessment Unit (AOAU) at the Beatson West of Scotland Cancer Centre (WoSCC) was developed as part of a national drive to address these issues. The nurse-led assessment unit operates 8am-8pm Monday to Friday created to provide rapid assessment, investigation and treatment of patients with oncological conditions including sepsis and neutropenic sepsis.

Patients can access the unit directly themselves or G.P. referral via the Beatson Cancer Treatment Helpline, which is a dedicated helpline for patients receiving anti-cancer treatment at the Beatson WoSCC or within 6 weeks of completing treatment.

AOAU is staffed by a combination of Advanced Nurse Practitioners (ANPs), Nurse Practitioners (NPs), a Staff Nurse and a Health Care Support Worker, supported by on call Registrar and Consultant medical staff .

Our Nurse Practitioners (NP) and Advanced Nurse Practitioners (ANP) carry out initial clinical assessment of patients with suspected sepsis/neutropenic sepsis. This includes clinical history taking and examination, blood sampling for full blood count, kidney and liver function tests, C-reactive protein, lactates and blood cultures. Other interventions are considered as appropriate such as catheterisation for measurement of urine output, commencement of oxygen therapy to achieve saturations >94%, (or 92% in known CO2 retaining patients), and IV fluid resuscitation even if not hypotensive.(6) Antibiotics are prescribed and administered as per NHSGGC Neutropenia Sepsis Guidelines and Empirical Infection Management Policy.

In October 2013, the unit became a pilot site for

implementation and evaluation of the sepsis six care bundle. This short article describes how, as one of the pilot settings, the introduction of the Scottish Patient Safety Programme's Sepsis 6 Care Bundle into the AOAU has enhanced clinical pathways, nursing practice, and patient outcomes.

AIM
The aims of our study were two-fold. The first aim was to evaluate the introduction of the Sepsis 6 Care Bundle Tool including incidence of sepsis-related morbidity and mortality.

The second aim was to deliver the sepsis six care bundle within one hour of time zero, in patients who met the following triggers for suspected neutropenic sepsis/ sepsis.

Time zero was set at time of first National Early Warning Score (NEWS) ≥4 and/or two or more Systemic Inflammatory Responses (SIRs) criteria and suspected infection.

Establishing NEWS scores and SIRs history means that we do not need to wait for the results of full blood count tests to enable initiation of treatment and the implementation of the sepsis 6 care bundle.

METHOD
The Scottish Patient Safety Programme (SPSP) developed a collection tool with trigger criteria modified to encompass neutropenic sepsis. (Figure 1)

All nurse practitioners received training on anti-microbial prescribing in infection, sepsis and neutropenic sepsis. A blood gas analyser within the unit enabled point of care lactate measurement.

The collection tool was used in the first twenty patients in whom the sepsis 6 care bundle was initiated at the start of each month. Data were collected using nine separate criteria to measure compliance and results collated on a rolling monthly basis. (Figure 2)

RESULTS
Since the unit has opened results have shown consistent improvement. Median time to first antibiotic has reduced from 67 minutes in the first month to 39 minutes in December 2014 (Figure 3).

The percentage of patients who have a complete sepsis six care bundle within one hour of time zero has increased from 50% in the first month of opening to 100% according to our latest figures (Figure 4).

Implementation of a nurse-led model has resulted in an efficient, holistic approach to patient assessment and treatment.

Feedback obtained through patient narratives has shown how patients both benefit from, and value our new service. One of our patients interviewed for a video by the Macmillan cancer organization quoted “When I stepped into the unit I felt safe. The nurse instantly took ownership of all my problems and I instantly relaxed. One of the things that greatly impressed me was I expected a doctor to take over halfway through because that is what would happen in the past, and was amazed to find out it was the nurse and this was better for me because it gave me continuity”

<http://www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Networking/Macmillanprofessionalsawards/Serviceimprovementaward.aspx>

One of our advanced nurse practitioners recently accepted a Macmillan „Service Improved Excellence? Award <http://www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Networking/Macmillanprofessionalsawards/Serviceimprovementaward.aspx>

All nurse practitioners within the unit have now completed the clinical assessment and management course and all advanced nurse practitioners are now also independent prescribers, helping to make the patient journey even more patient-centred.

The role of the Advanced Nurse Practitioner has facilitated effective implementation of the sepsis six-care bundle, improving performance in patient care, and has helped reduce the burden upon the oncology wards within the cancer centre.

Acknowledgements
AOAU clinical team
Denise Collinson (Acute Oncology Audit Coordinator)
Macmillan Cancer Support
Scottish Patient Safety Programme

References
1.Daniels R. Surviving the first hours in sepsis: getting the basics right (an intensives? perspective). Review. J Antimicrob Chemother 2011;66(Suppl 2)ii11–23

2.Kumar A, et al.: Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Crit Care Med 2006, 34:1589-1596.

3.NCEPOD, 2008 “For better or worse: A review of the care of patients who died within 30 days of receiving systemic anti-cancer therapy” <http://www.ncepod.org.uk/2008sact.html>

4.NICE, 2012 “Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients.

5. Rooney, K., “Sepsis is a Medical Emergency” PostScript Safety Issue 11, Feb. 2012 page 1.

6. Dellinger, R. P., Levy, M. M., Rhodes, A., et al., (2013) Surviving Sepsis Campaign: international guidelines for management of severe sepsis and septic shock: 2012. Critical Care Medicine, 41(2), pp. 577 – 637. Available online: < <http://www.ccmjournal.org>

Figures and tables

SEPSIS 6 Time and Date of NEWS ≥ 4 _____

Aim: to complete Sepsis 6 Care Bundle within 1 hour in patients identified with NEWS ≥ 4 or 2+ SIRs criteria, AND suspected infection

SIRS Criteria: Tick all that apply

☐ Respiratory Rate >20 ☐ Heart Rate > 90 bpm ☐ WCC <4 or >12 ☐ Temperature <36 or >37.5

OR

☐ Neutropenia: Neutrophils <0.5 or < 1 and falling or clinically septic and known to be immunocompromised

Sepsis 6 Care Bundle: (complete in 1 hour) Time Initiated _____

1. Oxygen titrated to achieve saturation ≥ 94% _____

☐ If patient known CO retainer aim for 88-92% _____

2. Blood Cultures prior to antibiotics _____

3. IV antibiotics as per local guidelines _____

4. IV fluids, even if not hypotensive _____

5. Measure serum lactate & FBC _____

6. Measure urine output & consider catheter _____

Figure 1

SEPSIS SIX DATA COLLECTION TOOL

Ward: _____ Site: _____ Date: _____ Data Collector: _____

	CH	Enter "Time Zero"	SIRS documented where NEWS triggered	TEAD (NEWSM)	Oxygen Administered to saturation of 95%	Blood Cultures taken within 1 hour of time zero	IV Antibiotics commenced within 1 hour of time zero	IV fluids commenced within 1 hour of time zero	Lactate & FBC measured within 1 hour of time zero	Urine output measured within 1 hour of time zero	Sepsis Six performed within 1 hour of time zero	Compliant with policy on microbiology
PT 1												
PT 2												
PT 3												
PT 4												
PT 5												
PT 6												
PT 7												
PT 8												
PT 9												
PT 10												

Figure 2

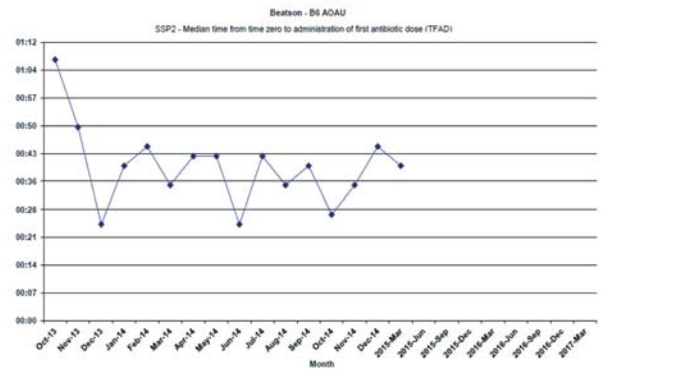


Figure 3

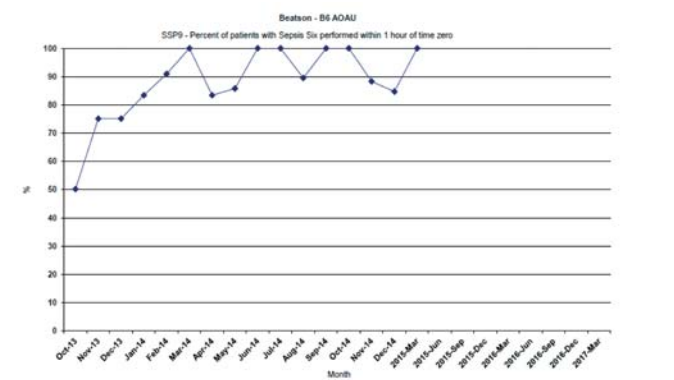


Figure 4

6th



NATIONAL CONFERENCE EVENT

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 and you should indicate the number and size of your poster(s), along with an abstract of 100 words to:

Julie Smith

Julesmith69@hotmail.com

Book Token will be awarded for the best poster

Venue: The Carlton Hotel, Edinburgh

Date: November 6th 2015

Programme: To be finalised

Cost: £40 per head.

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

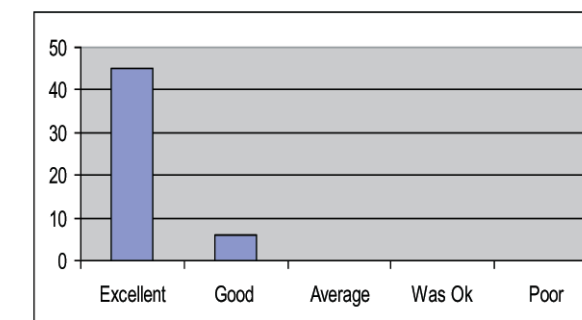
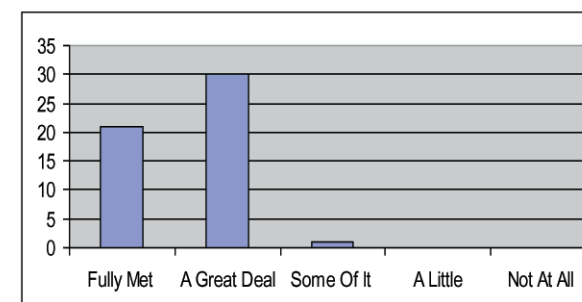
Also includes delegate packs and the latest hard copy issue of THE ADVANCED NURSE PRACTITIONER

ACAP 5TH ANNUAL EVENT ANALYSIS

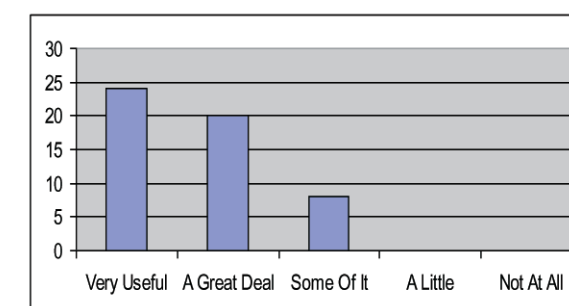
BACKGROUND: • ACAP 5th annual event – Carlton Hotel, Edinburgh • 54 evaluation returns

HAS TODAY RAISED YOUR AWARENESS AND IMPROVED YOUR UNDERSTANDING OF THE ISSUES DISCUSSED AND DEMONSTRATED

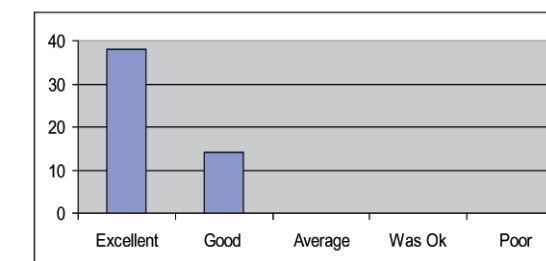
PAUL GRAY – DIRECTOR GENERAL FOR HEALTH & SOCIAL CARE AND CHIEF EXECUTIVE NHS SCOTLAND



DID YOU FIND THE POSTER PRESENTATION AND STANDS USEFUL AND INTERESTING

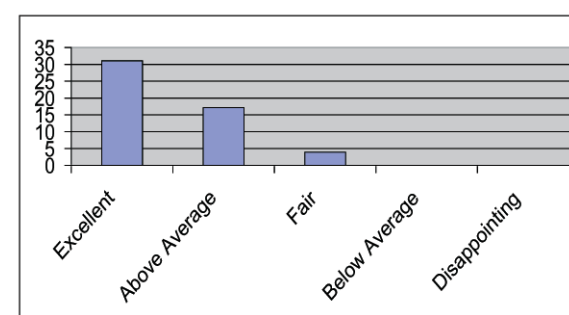


SANDY HAINES – STROKE NURSE SPECIALIST – STROKE THROMBOLYSIS

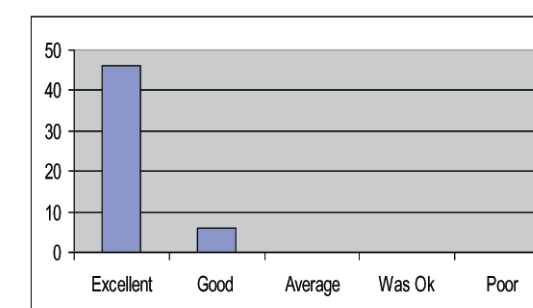


Comments: Not enough time for questions

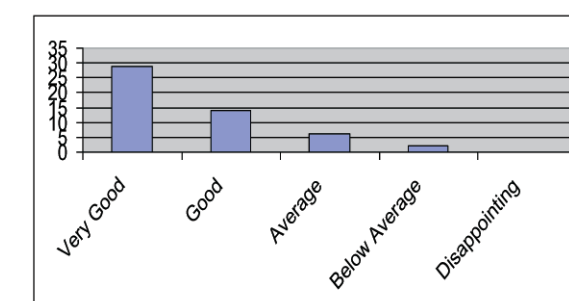
HOW DID YOU FIND THE VENUE



DR ANDREW BATHGATE – CONSULTANT SCOTTISH LIVER TRANSPLANT UNIT – LIVER TRANSPLANT

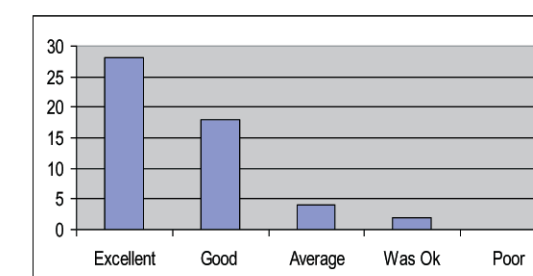


HOW WAS THE CATERING

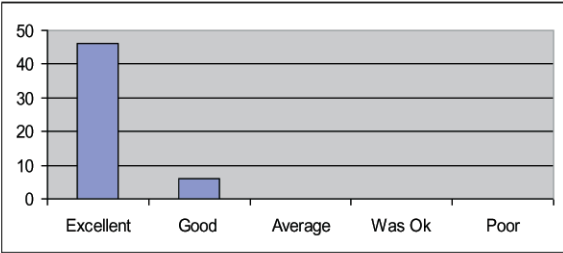


MORSE CLINICAL LEAD FOR H@N – LEADING ADVANCED PRACTICE AND H@N SERVICES IN Lothian

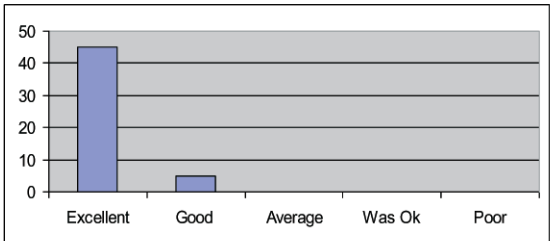
Jane Mc Nulty ANP Lead and Dr. Tim Morse



MRS MELANIE JOHNSON – EXECUTIVE
DIRECTOR NURSING, AHPS AND
UNSCHEDULED CARE – LEADERSHIP A
PERSONAL VIEW

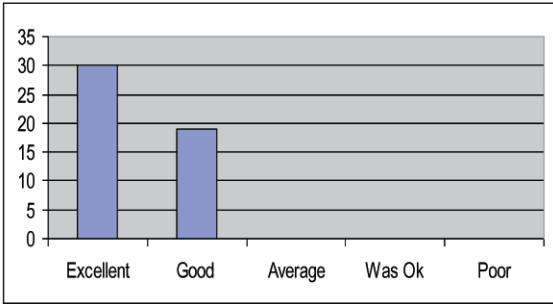


ANGIE BALFOUR & MR DOUGLAS MILLS –
ERAS THE PATIENT PERSPECTIVE

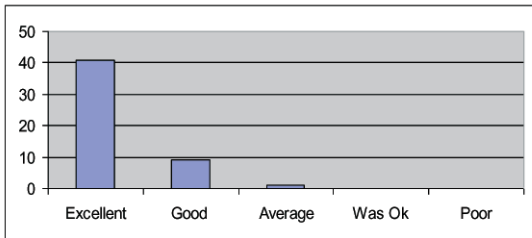


Comments: Excellent, sad the general ward experience was so bad; patient perspective was very good

DR LAUREN HARRIS – CONSULTANT
RADIOLOGIST – CHEST XRAY INTERPRETATION

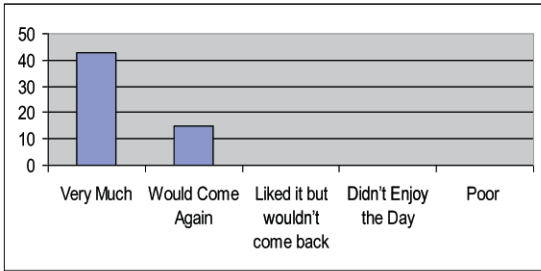


GAYNOR CAMPBELL – ANP – NSTEMI
CLASSIFICATION & MANAGEMENT



Comments: over my head at times, did not understand abbreviations; new classification for me

OVERALL DID YOU FIND THE
CONFERENCE WORTHWHILE



COMMENTS

What Delegates Asked For :

- ❖ information and updates that are being implemented in older peoples care both acute and primary care
- ❖ Frailty pathways
- ❖ Advanced practice in addressing “front door” in ED service to identify frail elderly
- ❖ A speaker from primary care
- ❖ More views from ANPs in other areas –their roles, what they have accomplished, future for them
- ❖ Very interesting from Paul Gray –more speakers from Government
- ❖ Maybe its time to have 20/30 minutes to discuss as a group our concerns/expectations/potential solutions as practitioners to take forward i.e national representation –appreciate this may be difficult to chair/manage

COMMENTS

General Comments:

- ❖ 1st time I have been will definitely come again, very efficient – pleasantly pleased
- ❖ Fantastic event –thank you all
- ❖ Rounded topics which promote discussion
- ❖ Masterclasses were enjoyable
- ❖ Hopefully we will be able to push for a standardised uniform
- ❖ Excellent conference, very well organised
- ❖ All topics very informative, speakers very approachable
- ❖ Masterclasses would have been beneficial if maybe more time
- ❖ Will presentation slides be available
- ❖ Excellent venue, very well organised
- ❖ Informative day, they just get better
- ❖ Great way to network and learn from others
- ❖ Enjoyed the mix of clinical skills and experiences
- ❖ As a new nurse practitioner it is great to part of the NP/ANP family and see where I can take my role
- ❖ I am excited for the future of advanced practice and the improvements we can bring to our patients
- ❖ Working as an advanced AHP –hopefully as AHPs develop in such areas could allow more staff to attend

Some
images
taken from
last years
event,
our 5th
Annual
Conference
in Edinburgh.



We look forward to another successful event in November 2015 and welcome you all to attend.



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