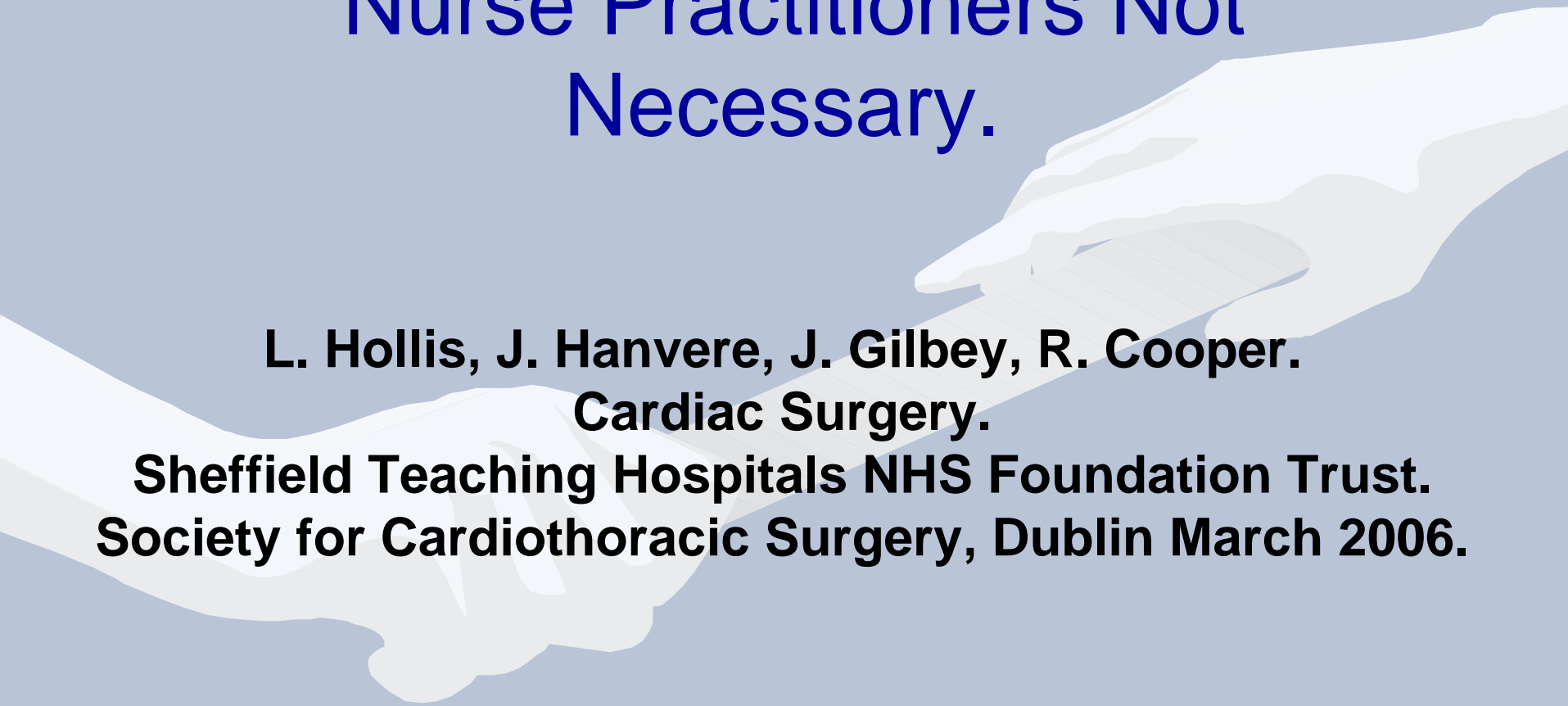


# A Team Approach to Advancing Practice; Nurse Practitioners Not Necessary.

A stylized illustration of two hands shaking, rendered in a light beige color against a blue background. The hands are positioned on the right and left sides of the frame, with fingers interlaced in a firm grip. The style is simple and graphic, with no shading or texture.

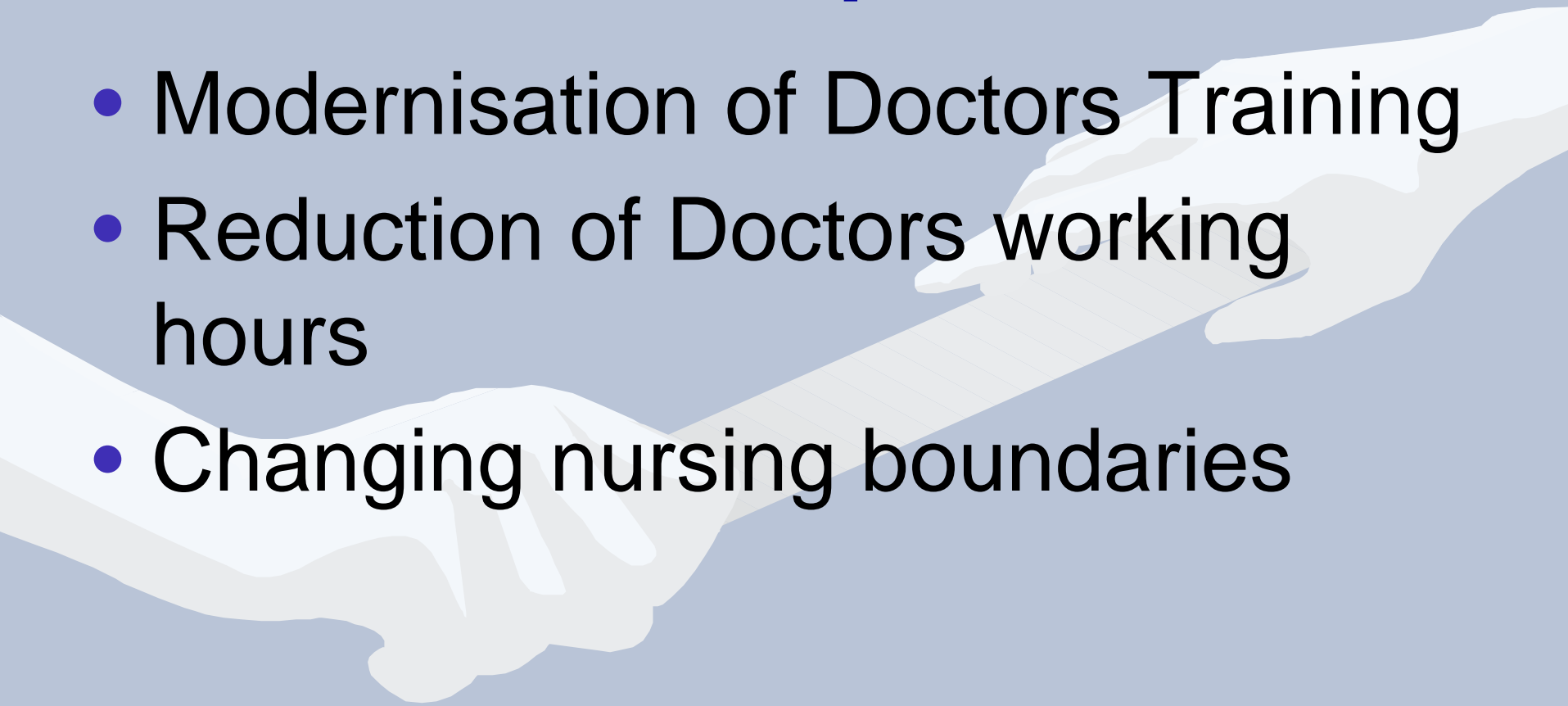
**L. Hollis, J. Hanvere, J. Gilbey, R. Cooper.  
Cardiac Surgery.**

**Sheffield Teaching Hospitals NHS Foundation Trust.  
Society for Cardiothoracic Surgery, Dublin March 2006.**



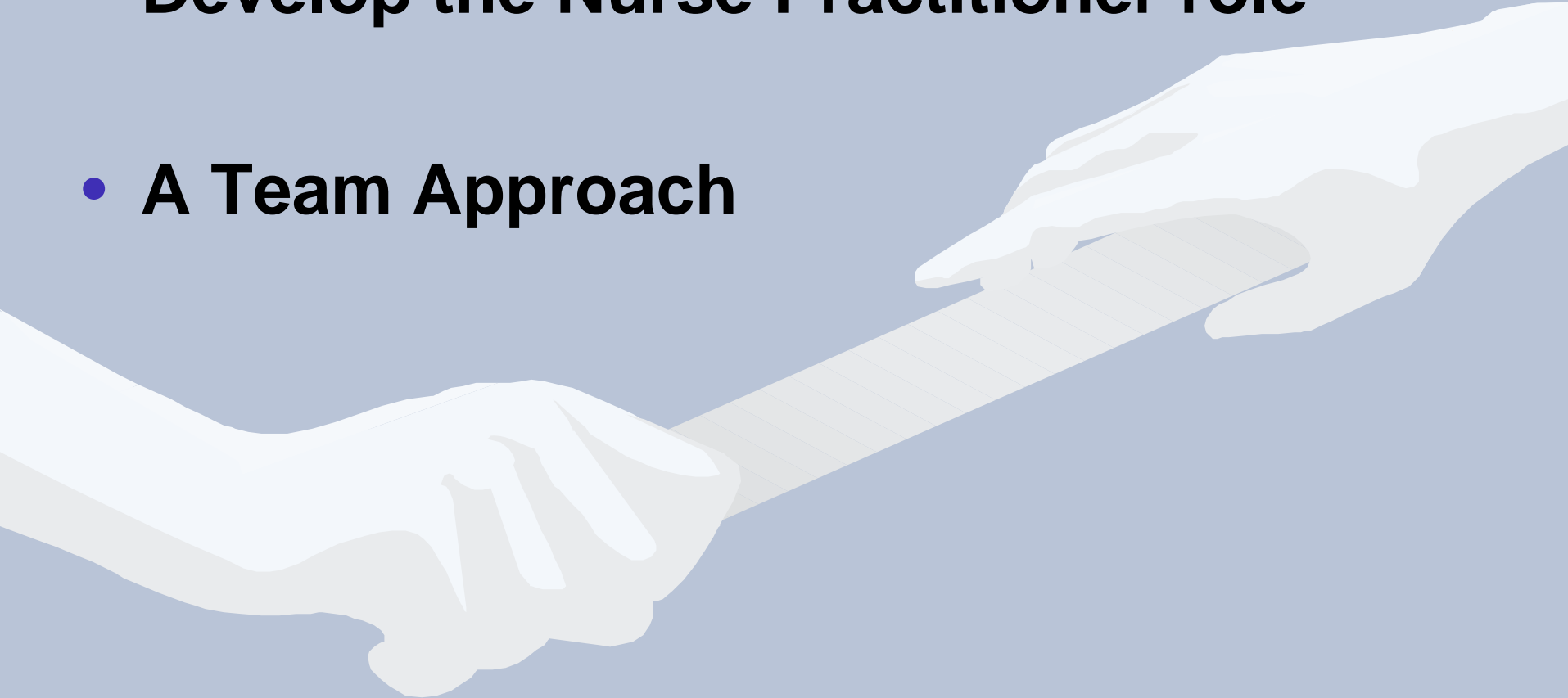
# **Nurses may be the best people to plan the continuous care of our patients.**

- Modernisation of Doctors Training
- Reduction of Doctors working hours
- Changing nursing boundaries



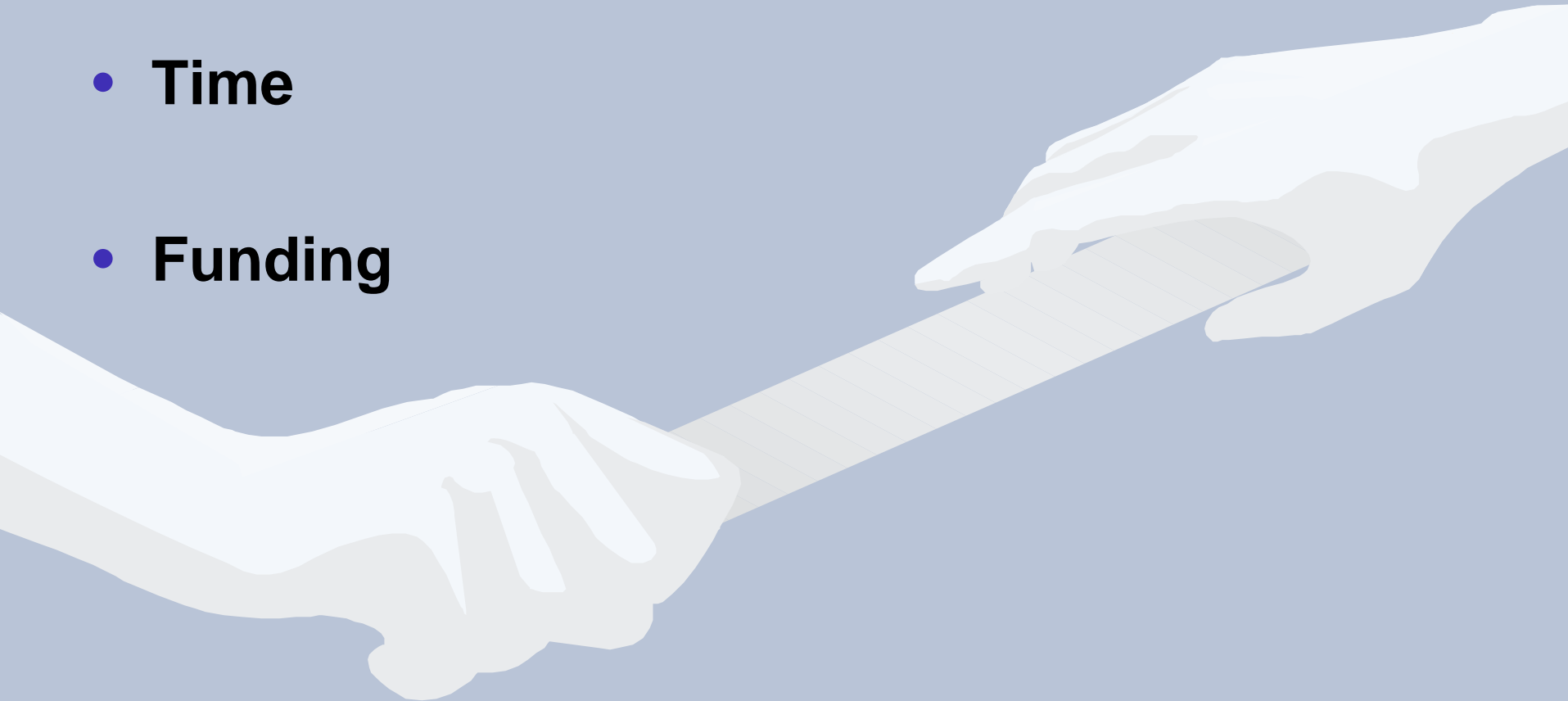
# How could we do it?

- **Develop the Nurse Practitioner role**
- **A Team Approach**

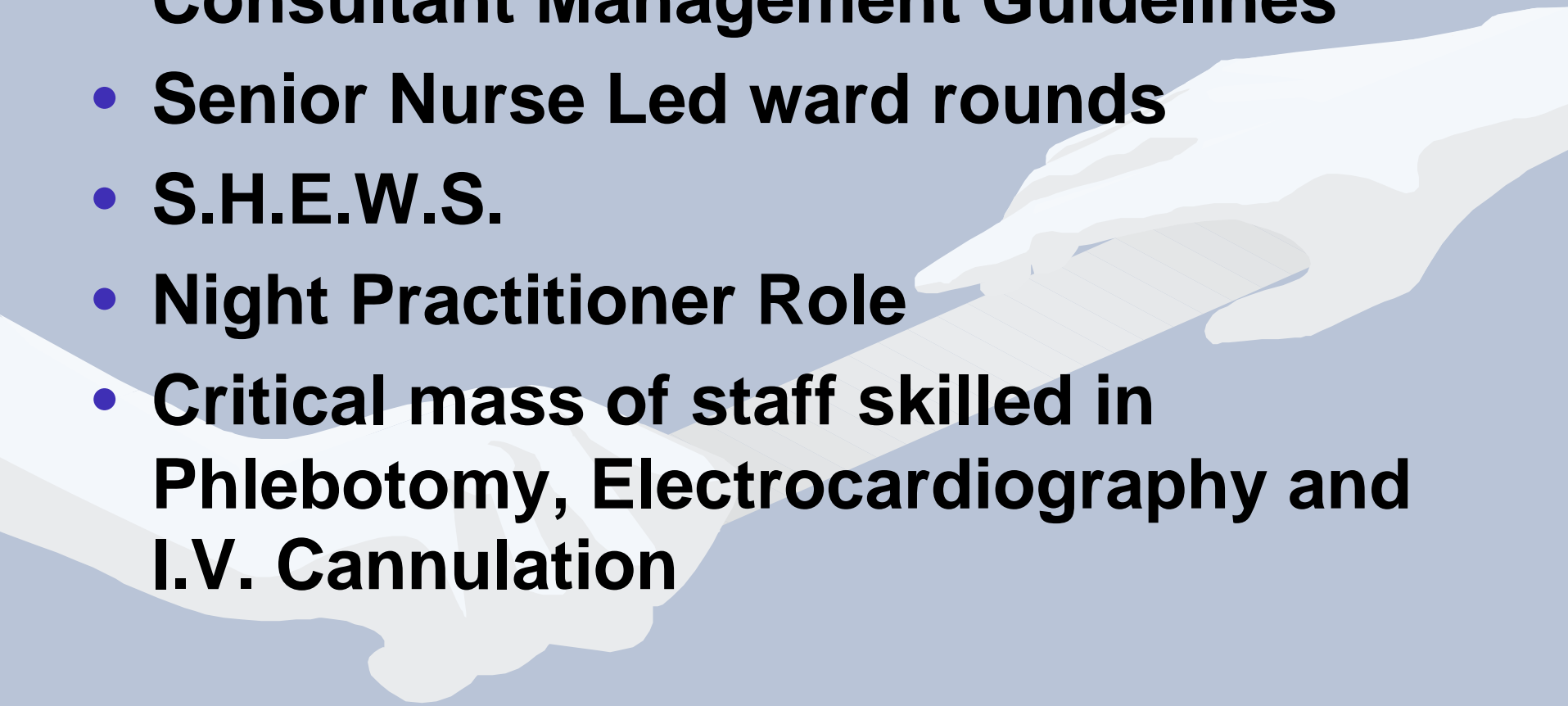


# Why a team approach?

- Existing core of in house nursing expertise
- Time
- Funding

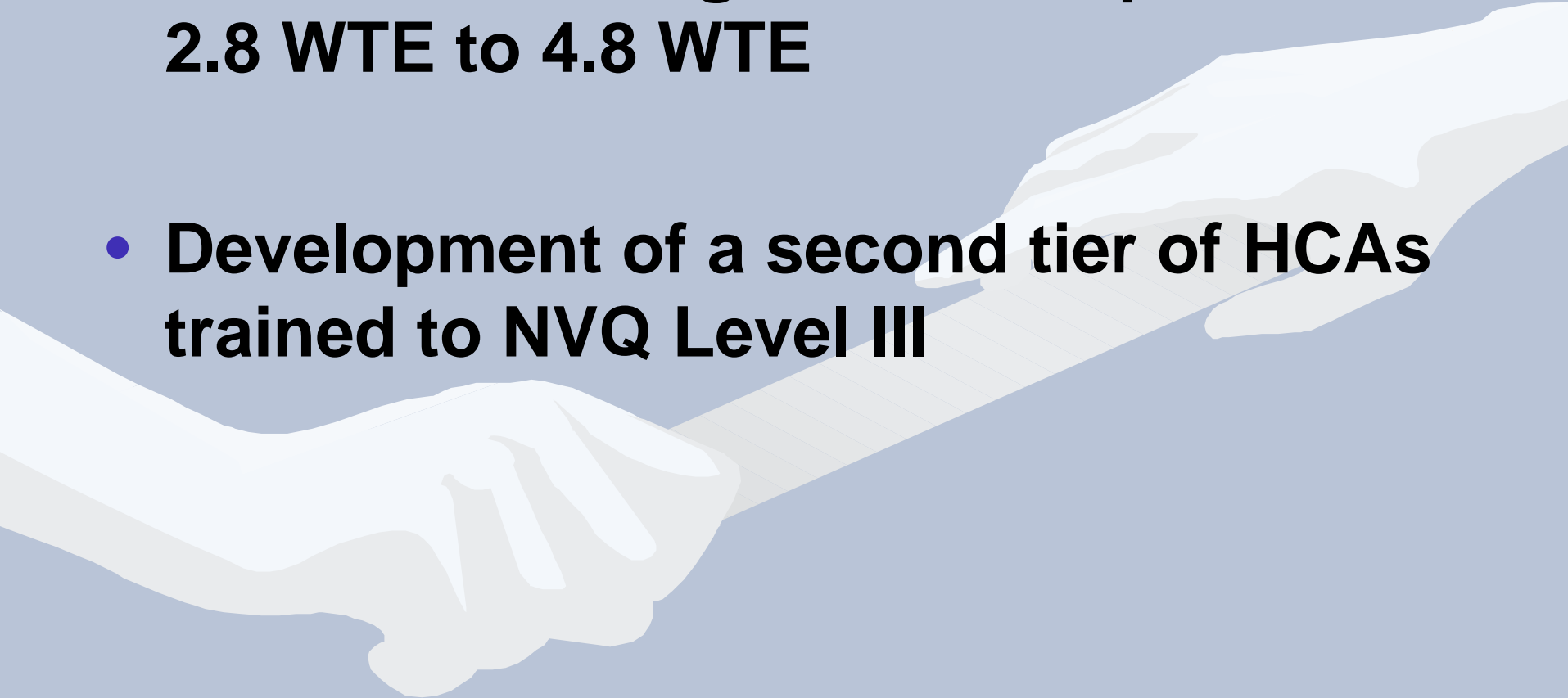


# Starting Point

- **Established I.C.P.s; supported by Consultant Management Guidelines**
  - **Senior Nurse Led ward rounds**
  - **S.H.E.W.S.**
  - **Night Practitioner Role**
  - **Critical mass of staff skilled in Phlebotomy, Electrocardiography and I.V. Cannulation**
- 
- A stylized illustration of two hands shaking over a document, symbolizing agreement or partnership. The hands are rendered in a light beige color with soft shadows, and the document is a light grey rectangle with horizontal lines. The background is a solid light blue.

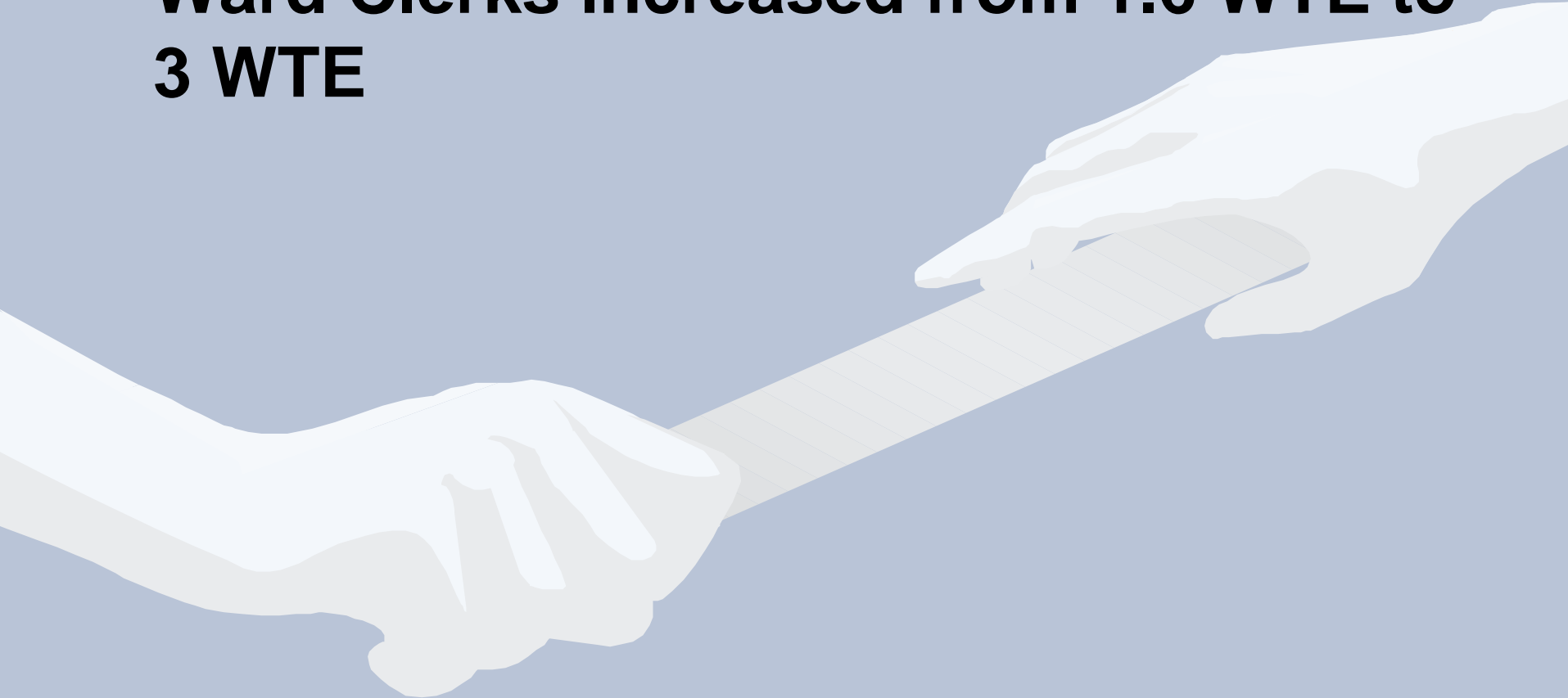
# How we implemented it.

- **Increased the F grade Sister posts from 2.8 WTE to 4.8 WTE**
- **Development of a second tier of HCAs trained to NVQ Level III**



# How we implemented it.

- **Ward Clerks increased from 1.6 WTE to 3 WTE**



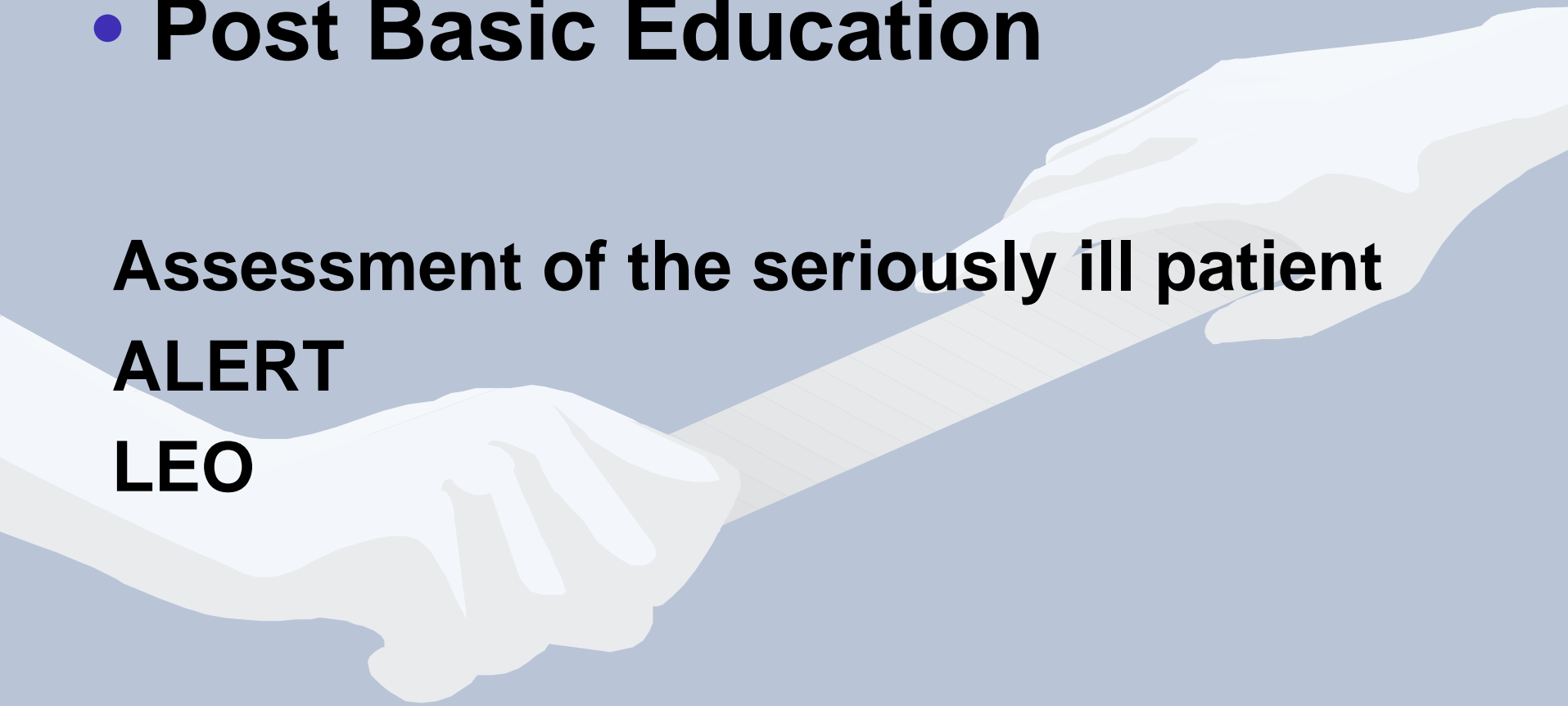
# How we implemented it.

- **Post Basic Education**

**Assessment of the seriously ill patient**

**ALERT**

**LEO**



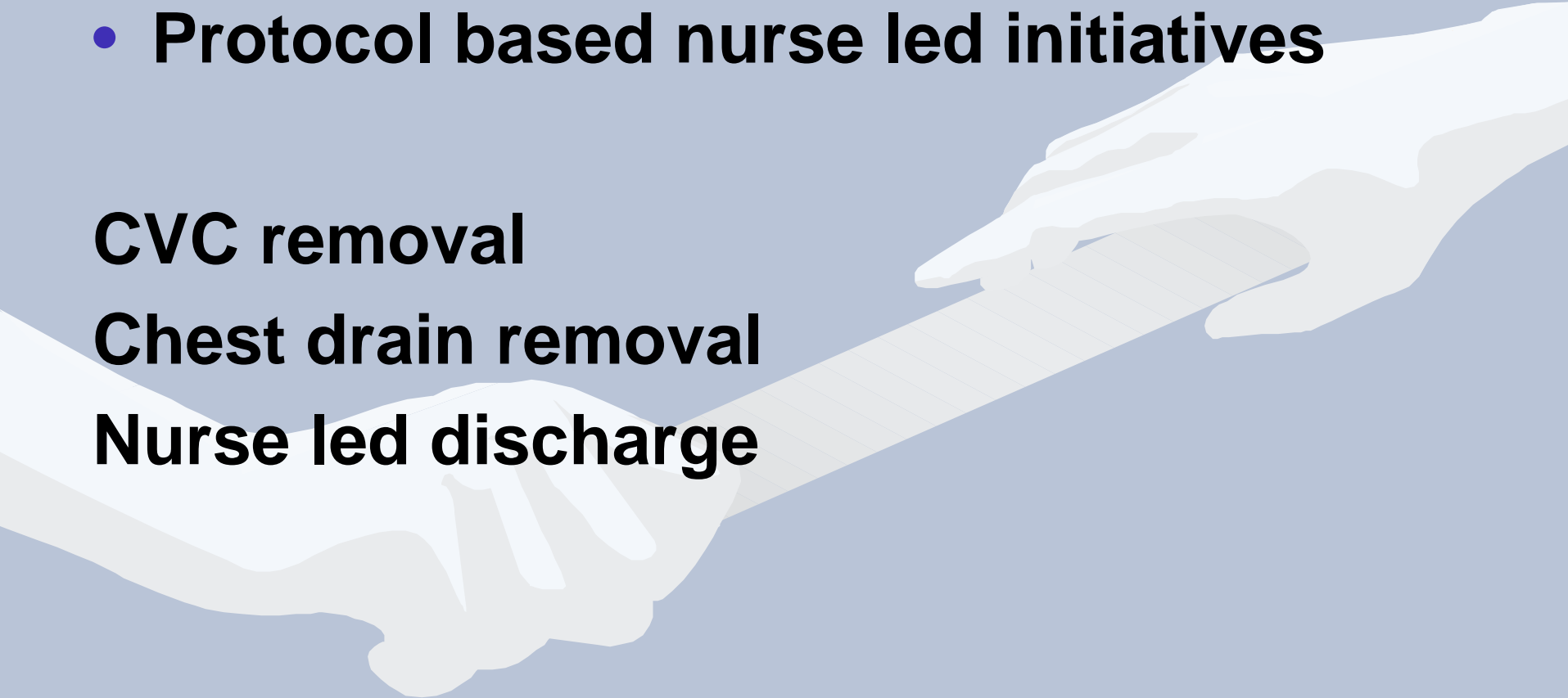
# How we implemented it.

- **Protocol based nurse led initiatives**

**CVC removal**

**Chest drain removal**

**Nurse led discharge**



# How we implemented it.

- **Development of a 7 day management plan**



Date of surgery 2<sup>nd</sup> March 2006 Renal Status Good

Procedure MVR & CABG x 3 (Mechanical)

INR Range 3.5 –4.5

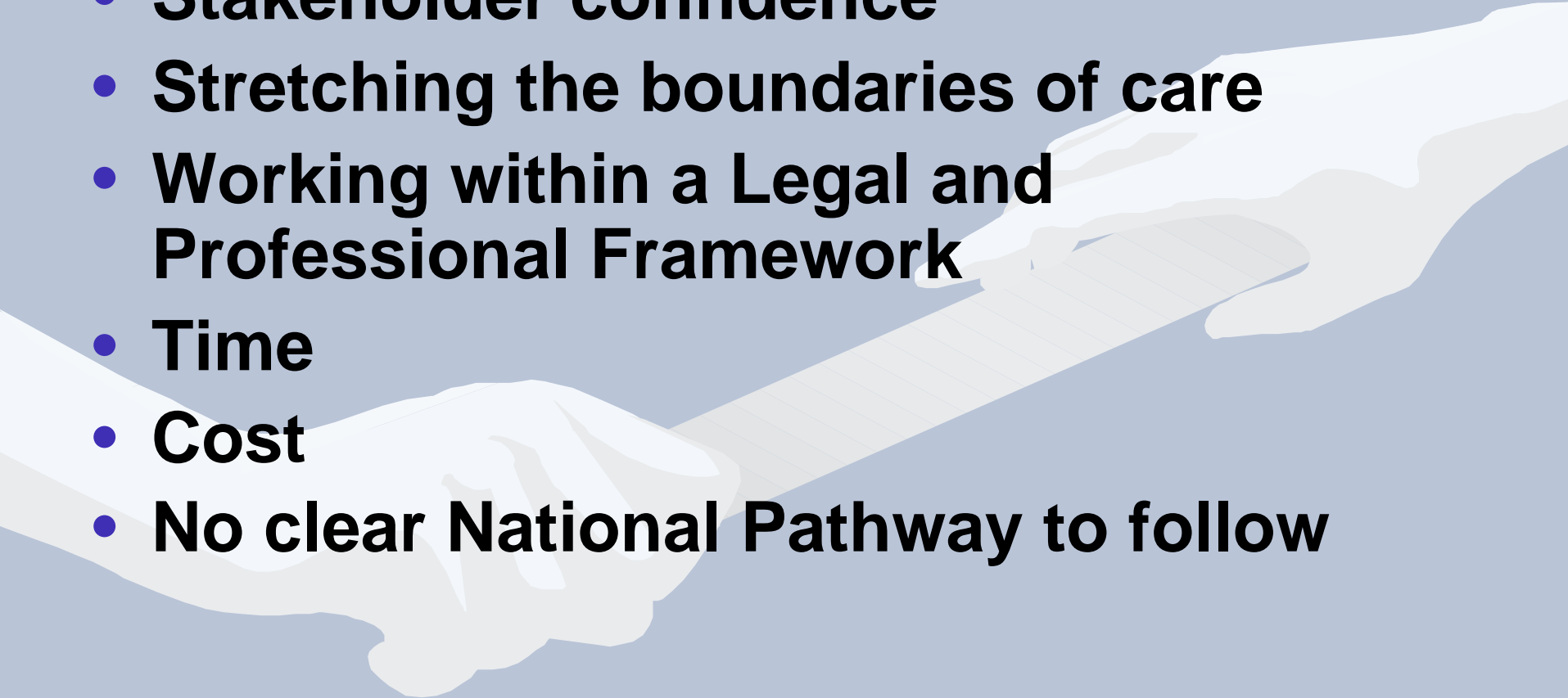
Medical history: Hypertensive. MI 2004 LV Status Good

Allergies NIL Known

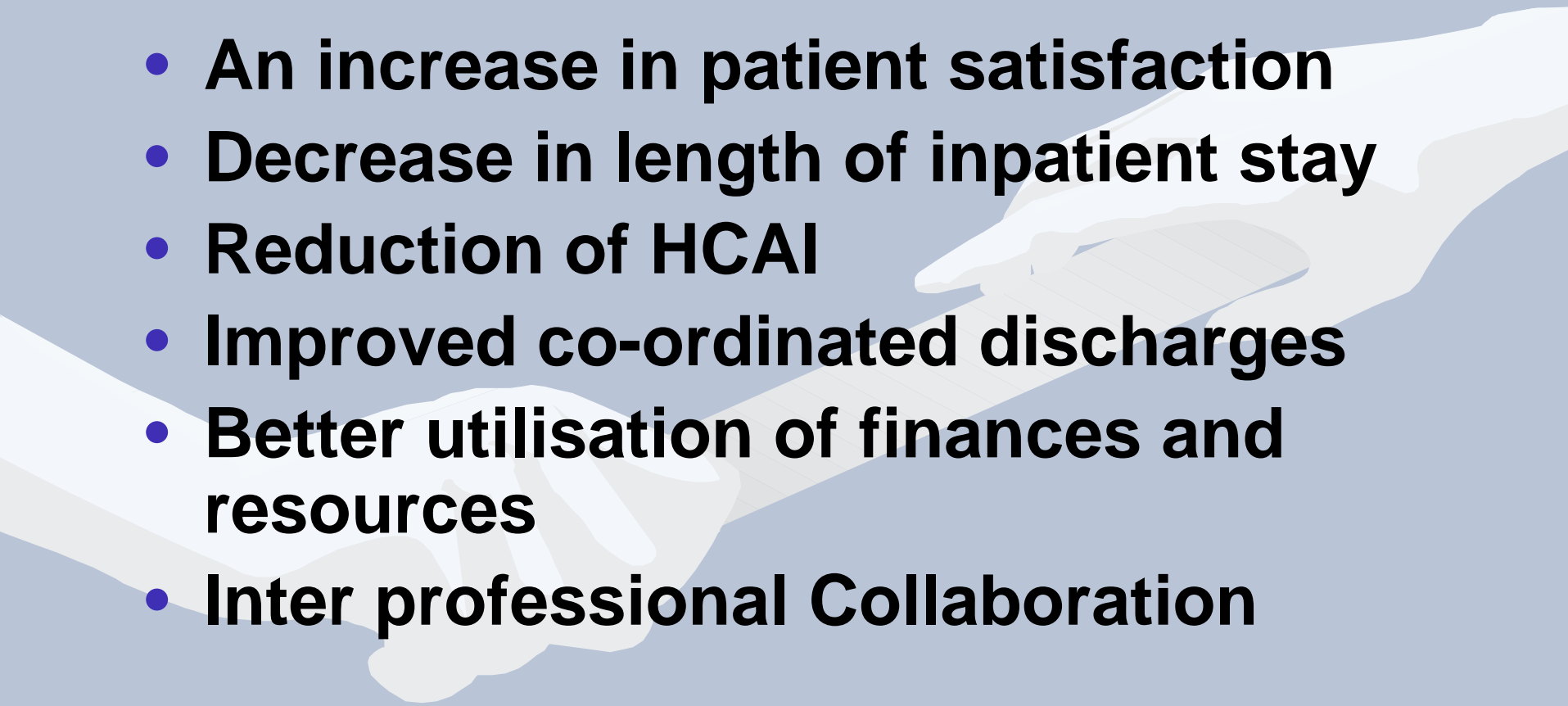
| Date                | Pop day | Medical & Nursing plan  | Bloods             | Ix         | INR |
|---------------------|---------|---|--------------------|------------|-----|
| 3 <sup>rd</sup> Mar | 1       | CVC CBD O2 40%<br>M & P Drains  | FBC<br>U/E<br>INR  | CXR        | 1.2 |
| 4 <sup>th</sup> Mar | 2       | CVC CBD M & P s ↓<br>If INR < 2 on day 3 → c/o<br>Heparin<br>In A/F c/o loading Amiodrone | INR                | CXR<br>ECG | 1.5 |
| 5 <sup>th</sup> Mar | 3       | Low INR → c/o Heparin.<br>APT due 1600hrs   | FBC<br>U/E<br>WHEP | ECG<br>CXR | 1.7 |

# What are the Challenges?

- **Massive cultural change**
- **Stakeholder confidence**
- **Stretching the boundaries of care**
- **Working within a Legal and Professional Framework**
- **Time**
- **Cost**
- **No clear National Pathway to follow**



# By auditing we expect to see

- **An increase in patient satisfaction**
  - **Decrease in length of inpatient stay**
  - **Reduction of HCAI**
  - **Improved co-ordinated discharges**
  - **Better utilisation of finances and resources**
  - **Inter professional Collaboration**
- 



**Thank You.**

