

Development of an RANP role, Acute Medicine

Emily Bury

RANP, Acute Medicine



Background

2010



National Acute Medicine Programme
NAMP recommends the development of ANP posts with emphasis on independent assessment and development of treatment plans



June 2013



Acute Medical Unit/Acute Medical Assessment
SVUH business plan which stipulated ANP role, acute medicine



March
2014

2 clinical nurse managers appointed.
A need for clinical nursing role models and development of acute medical nursing as speciality



2015

Business plan for ANP post approved and
ED Task force - Development of ANP model of care both in the ED and AMAU to assess





Change is like a planned journey into uncharted waters on a leaky boat with a mutinous crew.

The Acute Medicine philosophy of care – how does ANP role fit ?



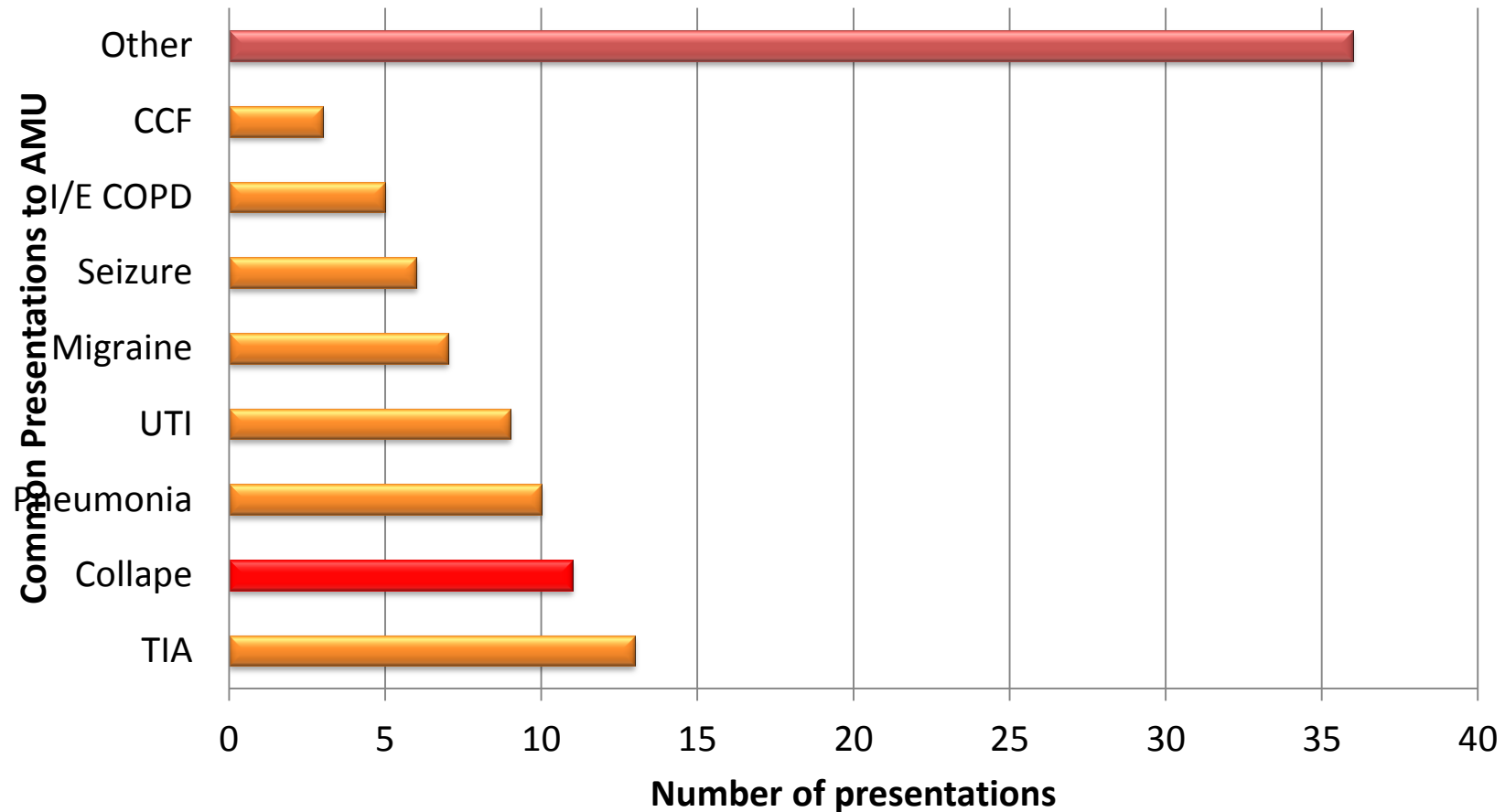
Where next?

- Collaborative approach
- Local implementation group
- Agree scope of practice/caseload
- Agree appropriate referral pathways
- Clinical supervision arrangements



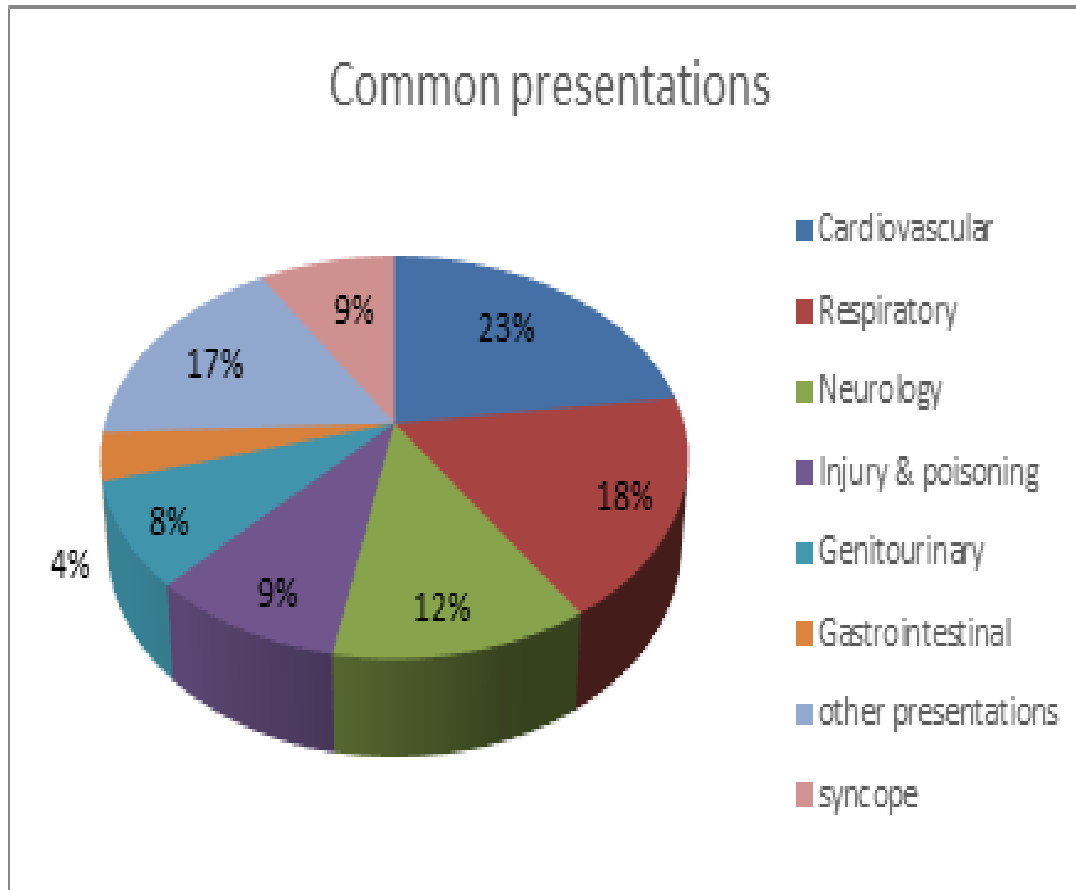
Local Need

Audit of common presentations to the AMAU/AMU at SVUH



Caseload

Winter month



In Depth Analysis

Cardiovascular

(CV):

Diagnosis	Percentage of CV conditions
Transient Ischaemic attack (TIA)	25%
Thrombophlebitis and thromboembolism	17%
<i>Total</i>	<i>42%</i>

Inclusion criteria – Symptom based

RESPIRATORY

Acute SOB, Pleuritic chest pain, acute onset of cough

CARDIO VASCULAR

- Acute onset of symptoms of focal limb weakness, speech disturbance, visual field defect, unsteady gait and/or dizziness

COLLAPSE

Syncope and falls

Exclusion criteria – Generic and specific

RESPIRATORY

RR > 28 RPM, SaO₂ < 92% RA, GCS < 14/15

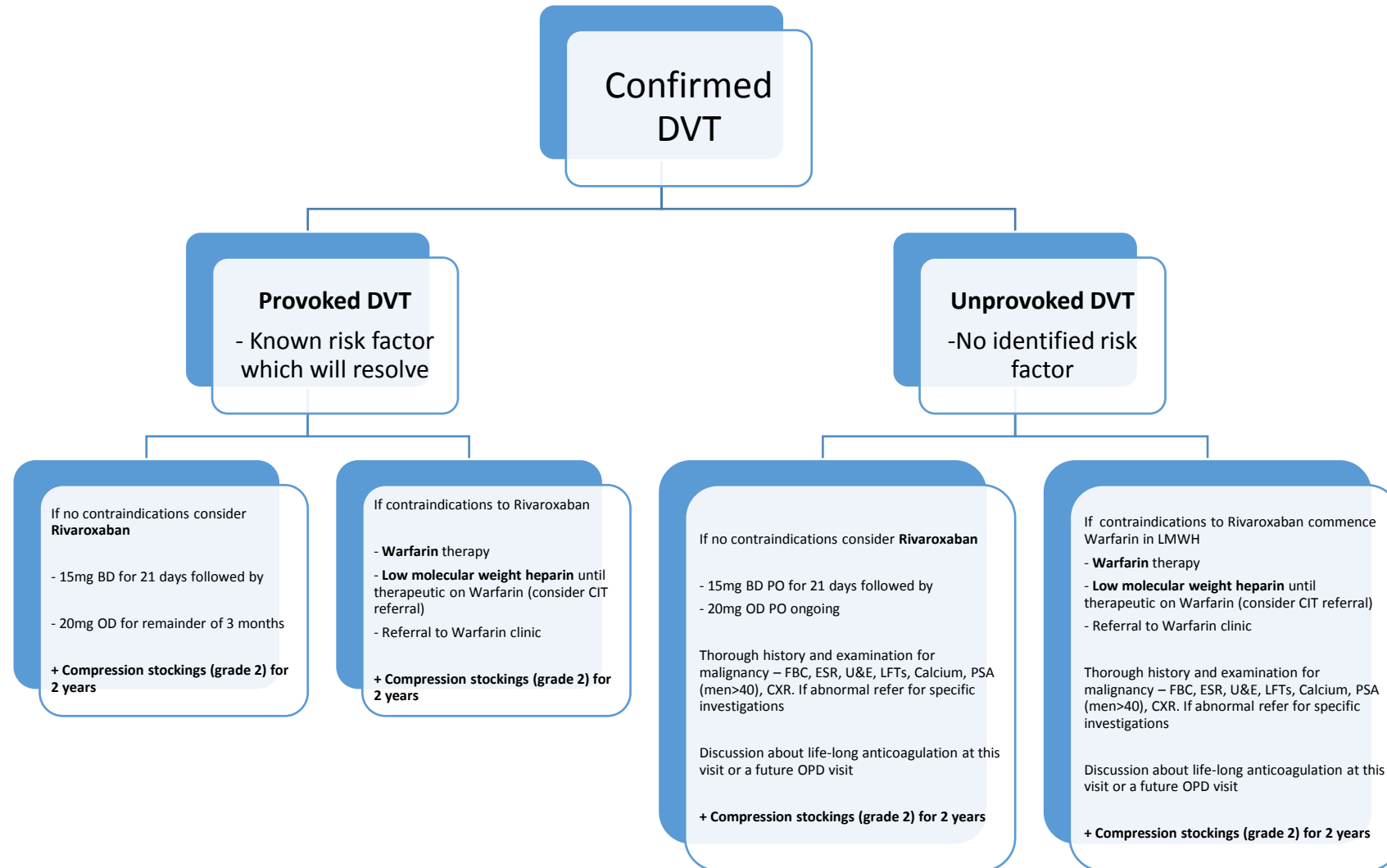
CARDIO VASCULAR

- Patients commenced on the stroke pathway in ED and/or NIHSS score greater than 4

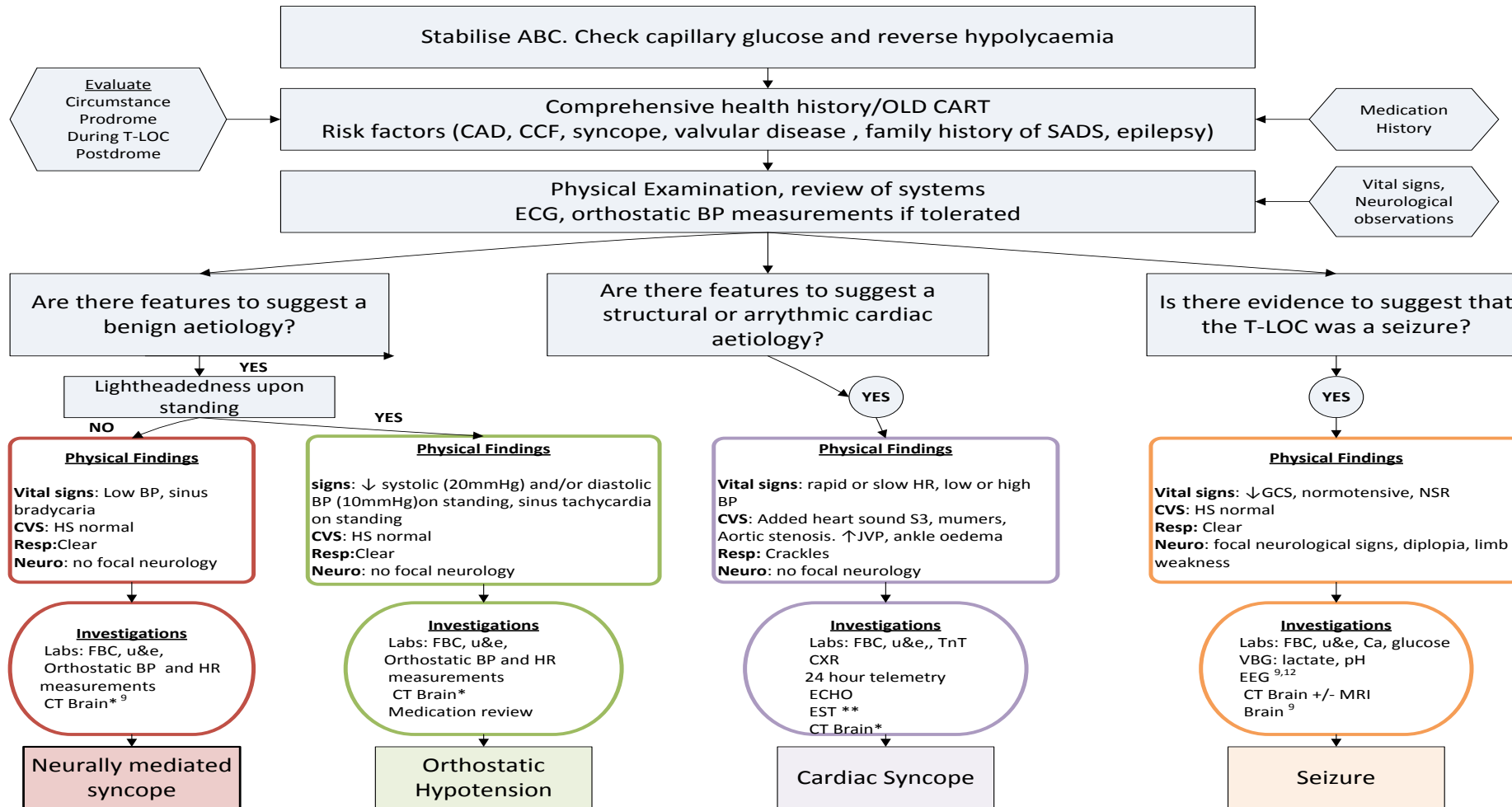
COLLAPSE

Hemodynamically unstable

Integrated DVT/AMAU Pathway



Syncope algorithm



Memorandums of Understanding

Memorandum of Understanding

between

Department of Speech and Language Therapy

and

Registered Advanced Nurse Practitioner Service, Acute Medicine

This Memorandum of Understanding (MOU) sets out for the terms and understanding between the Department of Speech and Language Therapy (SLT) at St. Vincent's University Hospital, Dublin and the Registered Advanced Nurse Practitioner (RANP) Service, Acute Medicine to enable the RANP Acute Medicine to refer to the SLT service in the Acute Medical Assessment Unit and Acute Medical Unit within a defined and agreed caseload as outlined in the RANP Acute Medicine Job description.

Purpose:

The RANP Acute Medicine service includes a caseload that requires the input of the SLT service to ensure provision of optimal care and management of patients. This caseload includes patients complaining of respiratory conditions i.e. Pneumonia, COPD; cardiovascular conditions i.e. TIA and minor stroke, falls and collapse, and care of the frail older patient.

Reporting relationships for the RANP Acute Medicine:

The RANP Acute Medicine will be professionally accountable to the Director of Nursing.

The RANP Acute Medicine will be clinically accountable to the Consultants Acute Medicine

Indemnity:

Indemnity arrangements for the post and service are provided by the State Claim Agency's Clinical Indemnity Scheme; the Registered Advanced Nurse Practitioner, Acute Medicine works within a defined and agreed scope of practice and in accordance with approved protocols, policies, procedures and guidelines (PPPGs) and clinical supervision arrangements.

Head of SLT Department,

Acute Medical Consultant,

Interim Director of Nursing,

Virtual clinic

- nurse led AMU virtual clinic
- interpretation of agreed diagnostic tests and acting on results, supported by the AMU consultants.

- Benefits
- safe discharge, reduction in length of stay, re admission avoidance, reduction in outpatient clinic reviews and the improvement in communication with primary care.

Other benefits to ANP service in Acute Medicine?

CLINICAL PRACTICE

- Reduce PET times & trolleyGAR
- Expedite diagnostics and initiation of tx plans
- Initiate safe discharge planning

LEADERSHIP

- Implements change in health service delivery
- Mentorship, teaching and perceptorship

RESEARCH

- Non clinical time for research
- Audit of clinical practice to shape local service

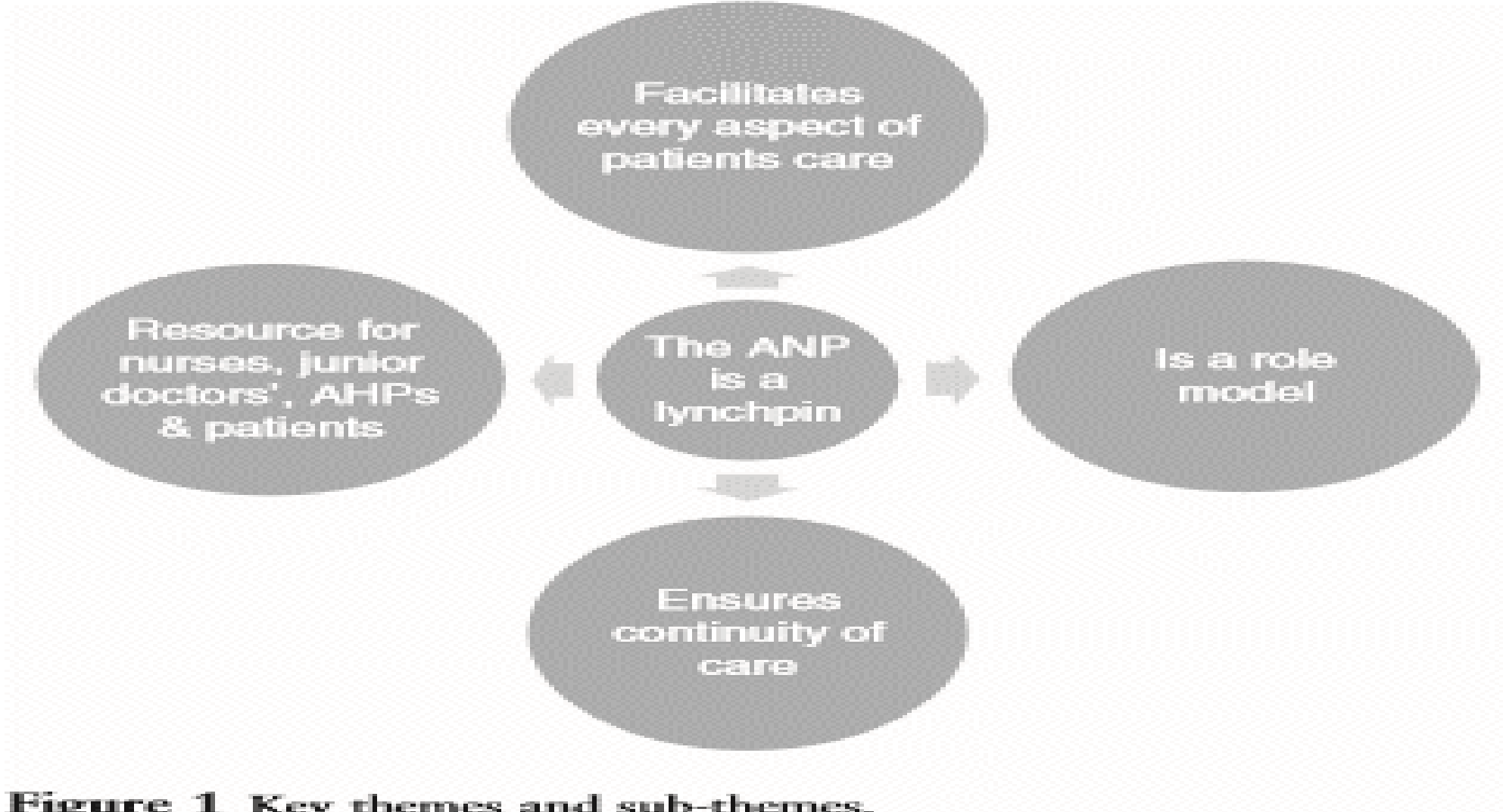


Figure 1 Key themes and sub-themes.

Key Performance Indicators

- In alignment with NAMP targets
- Including patient satisfaction with RANP Service



COMPETENCY ATTAINMENT

Alas, a perfect portrait of my social calendar as a nurse practitioner student.



Competency attainment

Clinical attachments in relevant specialities

Formative case based discussions

Clinical and professional mentorship

Academic education and conferences

Advanced Nurse Practitioner Candidate – Acute Medicine

Formative Case Based Discussion

Candidate name: EMILY BURY Case 7

Assessor:	<u>DR O'LEA</u>	<u>COLLINS</u>	
Grade of Assessor:	<u>CONSULTANT</u>	Date:	<u>24/8/16</u>
Case Discussed (brief description):		Diagnosis:	
<u>ACUTE CONFUSION IN ELDERLY MAN IN CONTEXT RECENT URINARY SYMPTOM</u>		<u>DELIRIUM SECONDARY TO METABOLISM</u>	

Please TICK to indicate the standard of the Candidate's performance in each area	Not observed	Further core learning needed	Demonstrates good practice	Demonstrates excellent practice	Should address learning points highlighted below
Record Keeping				✓	
Review of investigations				✓	
Diagnosis				✓	
Treatment				✓	
Disposition decision				✓	
Clinical reasoning				✓	
Patient safety issues				✓	
Overall clinical care				✓	

Advanced Nurse Practitioner Candidate – Acute Medicine

Formative Case Based Discussion

Things done particularly well
IDENTIFYING DELIRIUM IN CONTEXT SEPSIS
USE OF ANTIBIOTICS AS PER SMM ANTI MICROBIAL GUIDELINES

Learning points
SCREENING FOR DELIRIUM - 4AT PATHWAY.

Action points
EDUCATE WITH 4AT PATHWAY.
EDUCATION / REVIEW 4AT PATHWAY FOR SCREENING DELIRIUM IN ED/AMU.

Assessor Signature: <u>[Signature]</u>	Trainee Signature: <u>Emily Bury</u>
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National Strategy RANPs, Acute Medicine

- Currently aiming to establish ANP services within AMAUs with 17 candidates commencing posts
- ANP forum - Establish support network for candidate ANPs and identify learning and service needs
- AMNIG work closely with ONMSD and DoH and demonstrator sites
- Vision to create further posts nationally

SVUH - the future

- 2 candidate ANPs commencing post (+ 1 candidate ANP with defined respiratory caseload)
- Extended working day
- Access (GP referral, pathways from ED)
- nurse led clinics (ie VTE clinic)
- protected non clinical days for research/audit/ quality initiatives and continuous review of service needs

APRIL...



**NOT SURE IF IT'S
A MONTH OR AN
ACE INHIBITOR**