

Advanced Practice Nurse Co-Lead of Critical Care Outreach Team at HDGH

As part of a strategy by the Ministry of Health & Long term Care to reduce wait times and improve access to critical care services, Hôtel-Dieu Grace Hospital received \$1.3 million in annual funding to establish a Critical Care Outreach team (CCOT) in September 2007. Dr. Eli Malus, Medical Director, ICU took the lead on this project and worked closely with co-lead Mary Cunningham, an Advanced Practice Nurse in the ICU to create the CCOT.

Mary was responsible for coordinating advanced training for ICU nurses so that they could provide rapid response to patients who are critically ill throughout the hospital, outside the doors of the ICU. This group of nurses have now been applying the principles of acute medicine and resuscitation across the hospital, bringing their specialist knowledge and skills from the ICU directly to the bedside on a 24/7 basis for almost two years.

The CCOT is made up of 19 registered nurses and seven physicians who have received advanced training so that they can provide rapid response to patients who are critically ill throughout the hospital, outside the doors of the ICU. CCOT members Dr. E. Malus, Dr. N. Malus, Dr. A. Wasserman, Dr. C. Rosen, Dr. A. Briskin, Dr. M. Haddad, Dr. J. Shahin, Dr. R. Tan, Mary Cunningham, Doris Motruk, Pam Groh, John Koekuyt, Charlene LeBlanc, Andrea Brearly, Sherry Shipper, Bobbi Reimneitz, Marc Conte, Emily Bohdal, Sharon Alejandria, Sue Smith, Karen MacKinnon, Denise Deimling, Barb Hamilton, Sharra Hodgins, Sue Ravija, Jody Shepley, Trish Jarvis and Colleen Berthiaume see approximately 40-60 patients on consult each month.

The CCOT also created a calling card that lists the clinical parameters to follow to activate the team, including a pager number that was distributed to 400 staff on the units. "The Critical Care Outreach Team is a major innovation in hospital practice. Comprised of dedicated Critical Care Specialists,

Intensivists and ICU nurses, this team brings the skills and expertise of the critical care unit beyond its walls to meet the needs of patients at risk wherever they are in the hospital," said Mary Cunningham. "The basic concept was to educate staff to monitor for a series of clinical signs - indicators of serious and imminent deterioration and empower them to activate a mobile team of specialists who deliver timely intervention, resuscitation triage and follow-up throughout the hospital 24/7," added Cunningham.

As the CCOT Co-Lead, Mary states that the CCOT mandate followed is two fold. "Our first priority is to always provide quick access to critical care services to all in-patients and our second function is to follow all ICU patients for 48 hours after discharge from ICU which is approximately 180-200 patients each month."

Most of the calls the team receives are problems with breathing or circulation. "When the team is called, we spend as much time as the patient needs, to either give fluids or to transfer the patient to ICU," said Cunningham. "In looking back, we have admitted about 10 patients a month to ICU either for more intensive monitoring or lifesaving interventions like mechanical ventilation. The CCOT has also helped our nursing staff manage their patients on the units, in fact, about 80 percent are able to stay on the unit with their primary team."

Another unique aspect of the CCOT is an awareness of end of life issues and care planning states Cunningham. "As experts in resuscitation and critical care, we can help patients, families and primary health providers assess to see if ICU can be of benefit."

As Co-lead of the CCOT, Cunningham states, "I am thrilled that the CCOT is able to provide this calibre of care beyond the doors of the ICU and I think I can speak for the team when I say that we all thoroughly enjoy reaching out to the rest of the hospital."

How to become a Nurse Practitioner

When Kelly Humphrey returned to school to become a Nurse Practitioner, she faced the daunting challenge of balancing family, work and school. But with the support of her family and the program itself, she is almost there.

"The Nurse Practitioner Program and the people are fantastic – they know we have families and have to juggle. But they want us to succeed so it's a very collaborative atmosphere.

Humphrey has been a registered nurse for 22 years and spent half of that working in the US and half in Canada.

"Most recently, I'd been in the States. My goal is to work with patients before they ended up with a chronic illness and I want to work in Canada, in my own community. When I heard about the Nurse Practitioner program, I knew it was right for me."

To encourage more nurses to enter the program, the Ministry of Health created the "Grow Your Own Nurses Practitioner" program that offers grants to agencies that been looking for more than one year for a nurse practitioner but has been unable to hire one. The grant funds are used to sponsor an RN to go back to school and also pay for education-related expenses.

The Sandwich Community Health Centre sponsored Humphrey through the program, and has committed to hire her for two years when she graduates. In exchange, the new nurse practitioner must agree to a service commit-

ment to the agency. The Centre receives government funding to pay Humphrey her regular salary while she is in school.

The 12-month program results in a nurse practitioner certificate. Humphrey applied a year in advance, submitting her Bachelor of Science in Nursing marks and answering a questionnaire focused on why she wanted to do become a nurse practitioner, as well as detailing her previous experience. Applicants need five years experience, including one year in critical care. They also need to provide references from nurse practitioners or physicians they've worked with to make sure the nurses has the technical and critical-thinking skills necessary for the position.

Humphrey began the program in September 2008 and has just finished her spring exams.

It wasn't the first time she had gone back to school:

"In Sept 2001, I returned to school to earn my BScN. It took three years attending part time. So I was ready for what this would be like."

Humphrey did not work during the time she was in school: "The full-time certificate program does not really allow you to work. You are taking four courses as well as putting in clinical time – it's pretty much impossible to do it all. The program coordinators actually recommend that you do not work during the practicum which I will start in May and finish in August."

Humphrey will take her Canadi-

an registration exam in October. Results are available in December. It is the same exam for all nurse practitioner candidates – whether they have taken the certificate program or the degree program to prepare.

Humphrey plans to return to the University to earn her master's degree in nursing after she finished the NP program.

There have been many rewards to the experience. "It is adding to my credentials – but it is also being able to be part of building the health of the community that drives me. I want to help through health promotion and illness prevention. I plan to focus on implementing programs that achieve those goals."

The Grow Your Own Nurse Practitioner program is valuable on a community level, says Humphrey: "The goal is to improve access to primary health care because there is a short of nurses and physicians in the health care field."

As a nurse practitioner, Humphrey will enjoy privileges that a registered nurse does not, such as the ability to prescribe certain medicines and order diagnostic tests.

"NPS can see patients for annual physicals or episodic care such as ear infections, working with them to prevent illness before it happens."

"I really feel that this is going to help me make a positive difference. And I look forward to that."

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