



Paediatric Outreach ACP service as a hybrid model



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Background

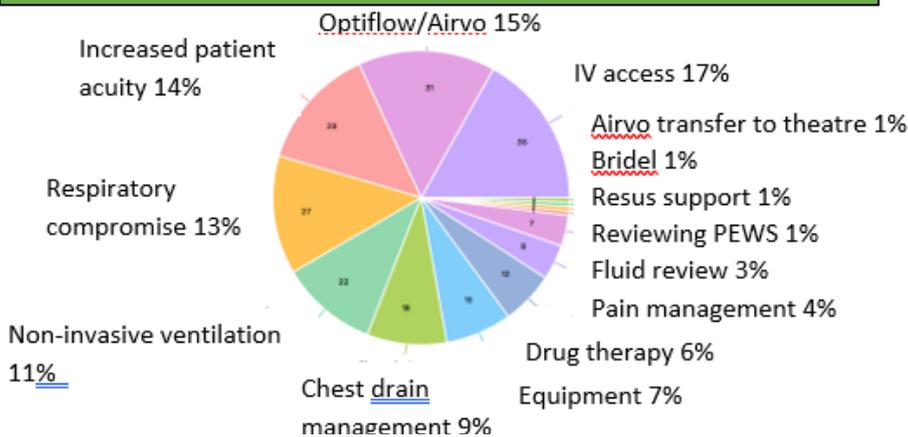
It is well recognised that the complexity and acuity of paediatric patients admitted to a tertiary teaching hospital is increasing, with many children now on long term respiratory and pharmacological support. With the implementation of safer working hours for medical staff, Southampton Children's hospital (SCH) recognised the need for an MDT approach to provide consistency across the organisation with a robust system for identifying patients with the highest acuity being able to safely escalate care.

In 2013, SCH developed a hybrid service of Hospital at Night and Critical Care Outreach which consisted of a team of highly skilled nurses who were trained and empowered to work alongside the medical team and provide acuity support throughout the organisation. This project reflects on the success of the Paediatric Outreach Service and the future plans for onward development.

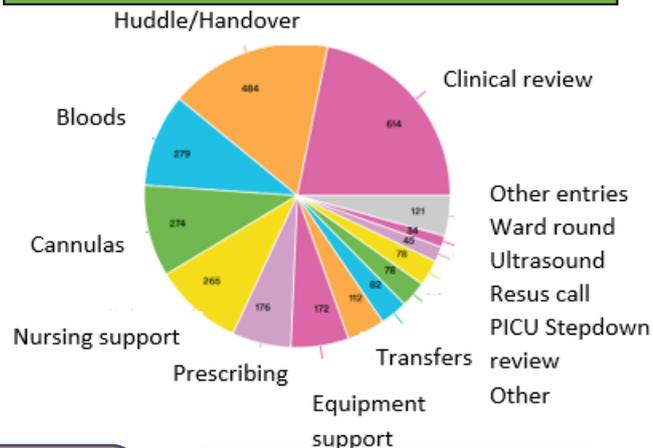
Method

Paediatric Outreach Practitioners at SCH are trained through a modular MSc or more recently the apprentice pathway to Advanced Clinical Practitioners with supervision by a senior Practitioner and Medical Consultant. Daily work is varied and includes ward review of deteriorating or high acuity patients, close working with PICU to facilitate level 1/2 discharges, balancing hospital wide acuity and practical procedures, equipment and nursing support. The goal is to achieve a balance of the four pillars of advanced practice, clinical expertise, formal and informal education, leadership across SCH and undertaking research to develop the service and enhance patient care episodes.

Staff survey results - Reasons for contacting Outreach



Data collection - outreach workload



Invaluable resource, highly value their opinions, advice, expertise, and teaching

Important & valuable role in supporting management of sick patients & supporting trainees

87% of survey were very happy with an outreach review, 10 % were happy

The future...

As a standalone ACP service not integrating into the medical model allows the team to continue to support both medical and nursing colleagues whilst remaining a consistent presence for all. The model allows the team to utilise their nursing experience alongside the advanced practice skills and knowledge developed with Consultant support and ACP training, developing skills such as POCUS and initiating future research.

The hybrid service allows for greater flexibility as a service, supporting prompt PICU discharges/admissions and importantly supporting nursing staff at ward and HDU level to care for patients requiring level two care with greater confidence and competence.

Benefit of an ACP service means the medical team have a constant level of support. The team aims to continue to provide in house education and contribution to M&M, CDAD meetings. Well established team days allow for clinical supervision and continued education for post ACP training.

Ongoing audits of the service will provide further information on areas of development and increasing patient management.