

The ICU LN role: activities and outcomes

Suzanne Elliott

Prof Ruth Endacott¹, Prof. Wendy Chaboyer²

Ms Suzanne Elliott³

1. La Trobe University

2. Griffith University

3. Box Hill Hospital

Aim

- To determine the best available evidence for the activities undertaken by ICU Liaison Nurses (and their counterparts in other countries) and outcomes from these roles.
 - How is the ICU LN role defined?
 - What activities are included in the role?
 - What are the measurable outcomes from the role?

Methods

1. Standard medical/health databases were searched.
2. Reference lists of retrieved articles were hand searched.
3. Selected conference proceedings were hand searched for relevant titles, where abstracts were not published in medical/nursing journals

Results



Results

- Studies undertaken by UK researchers focus on outcomes.
- Australian authors focus on structures and processes.

Results- ICU LN role

- ICU LN roles vary in service provision.
- The starting point - needs analysis and a mapping process to identify how best those needs could be met.
- The ICU LN is adapted to ensure all gaps are attended to.

Results-ICU LN Role

- ICU LN service- a 'bundled intervention'.
- Complex issues such as patient discharge from the ICU to the ward require several interventions:
 - Ward staff support
 - Patient education
- Delivered in individualised treatment packages -
-ICU LN service

Results-ICU LN role

Stakeholder consultation ICU LN services:

- Improved ability to detect patient deterioration at an early stage.
- Extended practice for ICU LNs resulted in:
 - Improved responsiveness of the service
 - Feedback mechanisms to expedite management of complex patients –including ‘fast track’ transfer to ICU

Results-ICU LN activities

- 1. Support for patients recently discharged from ICU
- 2. Support for acutely ill patients on general wards
- 3. Formal and informal education and skills training for ward staff
- 4. Support for families

Results-ICU LN activities

- Facilitation of ICU patient discharge.
- Follow up, management of unstable patients in ward areas.
- Providing a resource for ward staff

Results-Outcomes

- The ICU LN/CCOS were found to have a statistically significant [beneficial] impact on:
 - Unplanned ICU admissions
 - ICU readmissions
 - ICU mortality
 - Hospital mortality
 - Discharge delay
 - Adverse events

Results-Outcomes

- Small scale studies highlighted benefits for ward staff in terms of
 - levels of support
 - Improved access to critical care services
 - Development of critical care skills



Results-Outcomes

- The over-riding benefit of the ICU LN is
 - Improved formal and informal communication pathways between geographically defined critical care units and acute care ward staff.



Mapping the ICU Liaison Nurse Services in Victoria

S.Elliott, A.Doric, D.Ernest

Intensive Care Unit, Box Hill Hospital, Melbourne, Australia

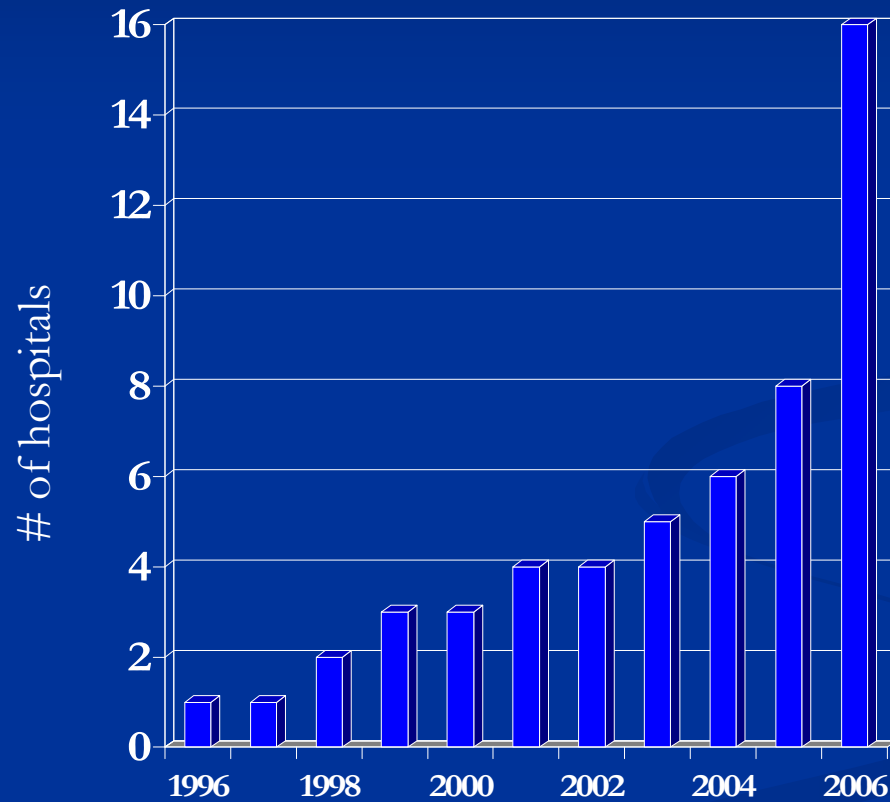
AIM: To map the ICU LN services in Victoria and determine the diversity in practices of the ICULN workforce.



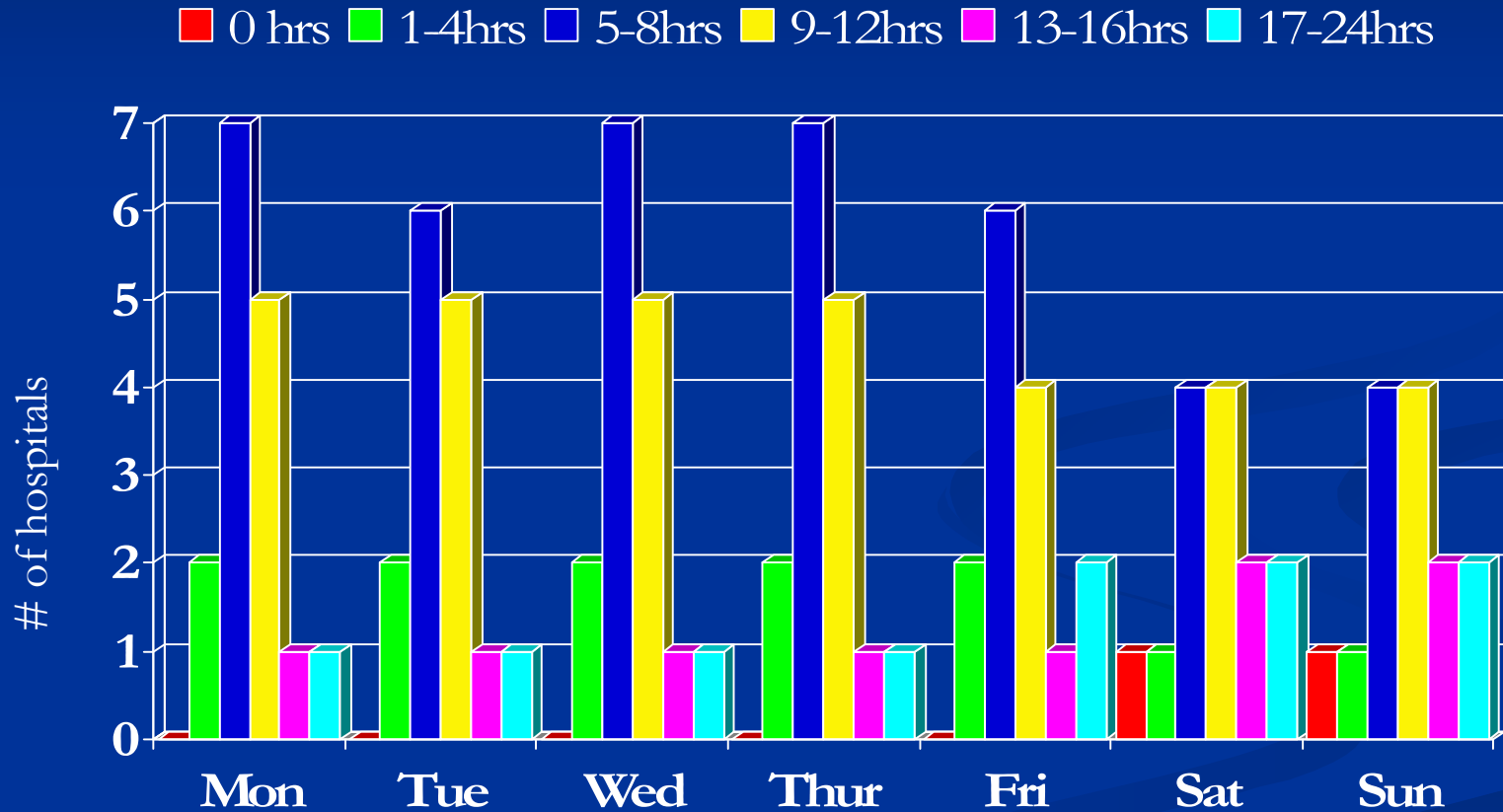
ICU LN-Victorian Survey

- 27 hospitals - 19 metropolitan, 8 regional (73% response rate.)
- ICU LN services operated in 16 (59%) of these hospitals.
- The ICU LN acted as a member of the Medical Emergency Team (MET) in 10 (77%) of the 13 hospitals that provided both ICU LN and MET services.

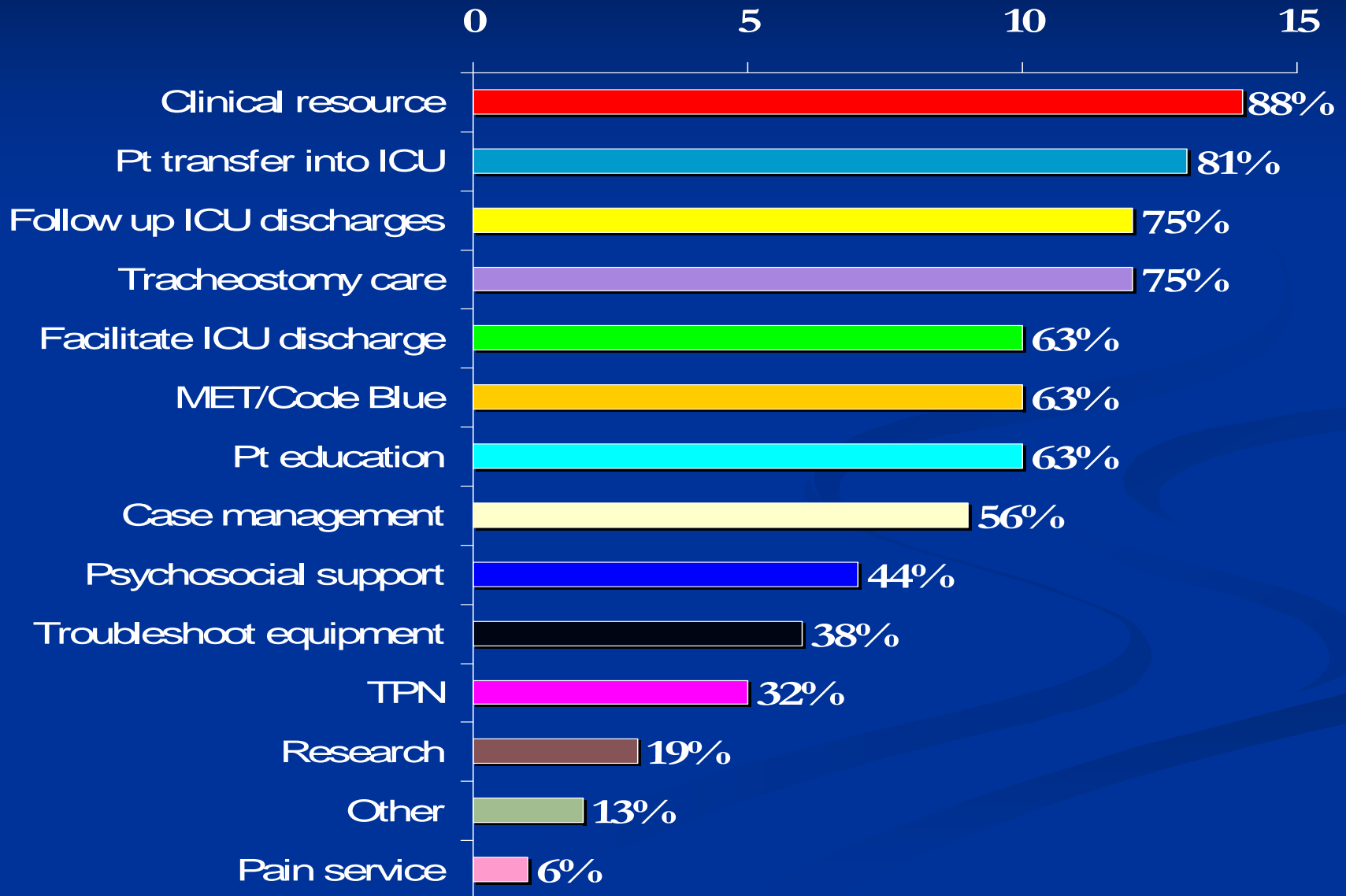
Operational ICULN Services by year.



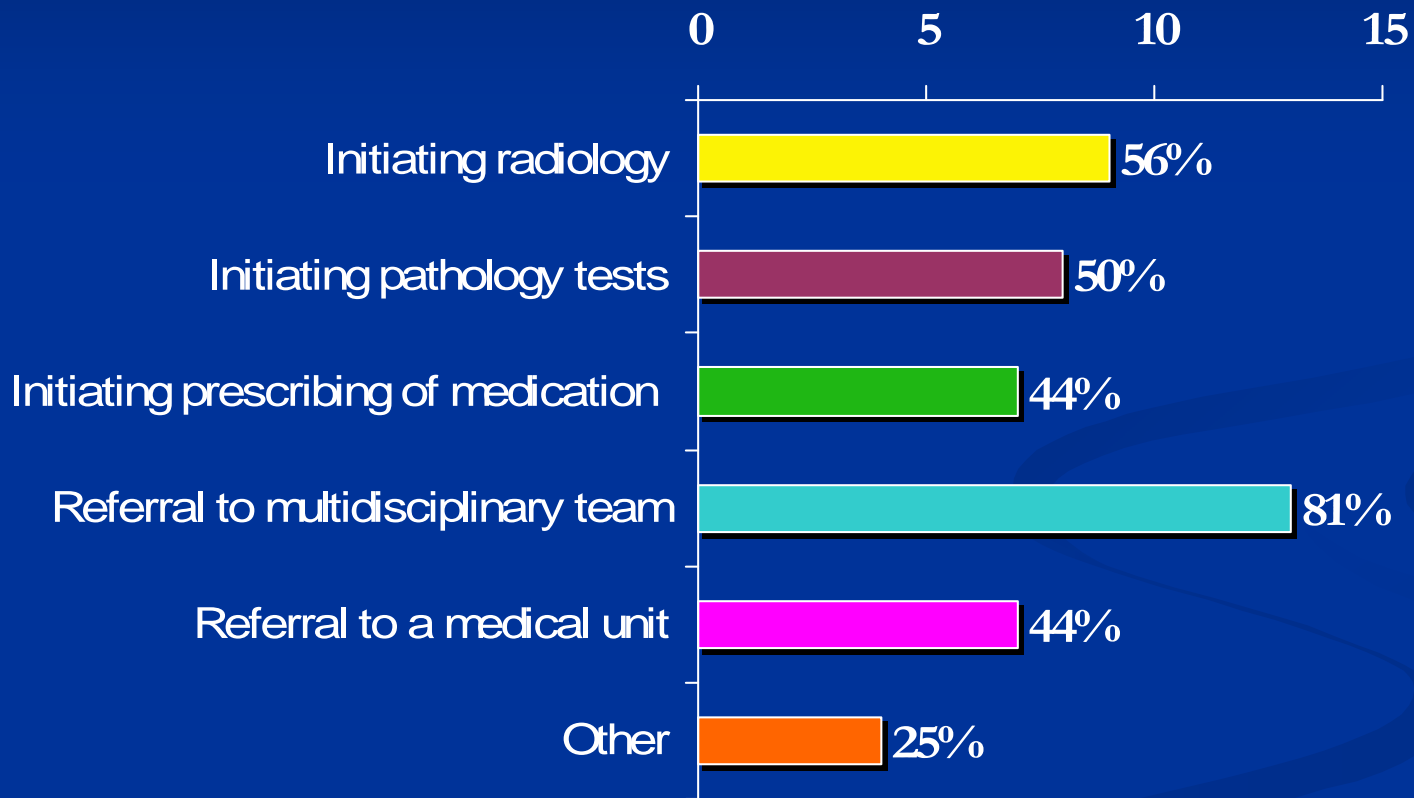
ICULN Service (hrs)- by Day of Week



ICU LN Key responsibilities



ICU LN Extended practices



Conclusion

- There is much variation in the types of research that has been undertaken and the data collected.
- The LN service is an example of a bundled intervention
 - Delivering a **'treatment package'** of care

The Future

- The ICU LN shows promise for future development of services and improved patient outcomes in terms of
 - Unplanned ICU admissions
 - ICU readmissions
 - ICU mortality
 - Hospital mortality
 - Discharge delay and adverse events.

The Future

- Flexibility in service development to meet local needs is a core principle of the ICU LN role.
- Some degree of standardisation of: education preparation for the role, reporting mechanisms and career structure should be considered in the next stage of ICU LN development.

The ICU LN role: activities and outcomes



suzanne.elliott@easternhealth.org.au

Bridging the gap between ICU and the ward