The role of an Acute Care Consultant Nurse in Emergency Ambulatory Care

Ian Setchfield – Acute Care Nurse Consultant
My Trust..

East Kent Hospitals University NHS Foundation Trust

One of the largest NHS Trusts in England

Serves a local population of almost 670,000 people plus a wider population for some specialist services (i.e. renal and PPCI) of over 1 million people

Five hospital sites plus several community sites across east Kent.

Over 200,000 A&E attendances; 94,000 inpatients; 80,000 day cases and 727,000 outpatient
Almost 670,000 people live in east Kent. By 2020 this number will increase by over 21,000.

+21,000 by 2020

We have a growing number of people living with long-term conditions like diabetes, lung diseases and heart disease.

The number of people over the age of 70 will rise by 20% in the next 5 years.

1 in 4 of east Kent residents are affected by a mental health problem.
What is a consultant nurse?

- expert practice function
- professional leadership and consultancy function
- education, training and development function
- practice and service development, research and evaluation function
Consultant practitioner is the pinnacle of the clinical career ladder for all health care disciplines in the United Kingdom. Consultant nurse, midwife and health visitor roles build on the clinical credibility and expertise characteristic of advanced level practice, but also possess expertise in: clinical systems leadership and the facilitation of culture change, learning and development; advanced consultancy approaches, and research and evaluation to prioritise person-centred, safe and effective care across patient pathways.
My role ..

• Trust already had a small number of nurse consultants
• Opportunity to be part of a unique aspiring consultant practitioner programme facilitated by Professor Kim Manley
• 6-month pilot of the role
• Presented to executive board
Acute Medicine

Facing the future: smaller acute providers

Exploring international acute care models
New care models

Trialling the reinvention of the acute medical model in small district general hospitals

Network meeting
Emergency Ambulatory Care (EAC)

Manded initiative 4 - Flow

Priorities to enhance patient flow and reduce hospital bed occupancy – individual action and timeline. ‘Must’ refer to essential priorities that all local health communities will resource and plan to deliver as part of their 2016/17 STPs. ‘Should’ refer to important priorities that are complex and of a longer term nature and included in STPs for resourcing and delivery during 2017/18.

Issues

- Implement ambulatory emergency care
- Implement frailty pathways

How we would address the issues

- All acute hospitals must have a consultant led AEC service operating at least 10 hours each weekday before the end of Nov’16. A 7 day service should be looked to be introduced this year and be fully established during 2017/18.
- All trusts should have consultant led, multidisciplinary frailty teams working at front of the pathway by Sept’16. Trusts should have processes systematically to identify people with frailty syndromes and provide them with comprehensive geriatric assessment within 24 hours of admission. Phased implementation should be completed before end of Oct’17.

Potential benefits

- Reduces inpatient bed occupancy
- Reduces harm and inappropriate LoS
My role in EAC..

• We currently have 20 ‘pathways’ in EAC
• Invasive procedures
• Working towards enabling EAC to be nurse led adopting an acute physician in-reach model
• Education
• Whole system clinical leadership
• Society of Acute Medicine
• Involved in strategic development of acute medical model – rapid integrated assessment hub
Benefits..

• Senior clinical career pathway
• Ability to influence the political agenda both locally and nationally
• Clinical system leadership—transforming and sustaining cultures
• Enabler for whole system approach to health care delivery is to be achieved
• Development of audit and research culture, education
Feedback..

• You provide expert care, role modelling, influencing and developing people and practice. Innovation is key aspect to your role. You are my eyes and ears with regard to professional and clinical issues.

• You have clinical credibility and I know you know what you are talking about. I have been impressed at your passion and tenacious manner you take forward the service you run.

• I think have a calming influence on junior doctors when faced with an acutely ill patient and can help connect all members of acute team to get the best for the patient.

• You are thought highly of in your role and you should feel very proud about this. You are a good example of how these roles can be so very beneficial in a clinical and managerial context – to bring different clinicians together.

• You are grasping the political nettle so influencing more broadly outside of the trust through your national leadership opportunities.

• I would like to see you taking forward a more formal research agenda when you are ready – I know this is something you would like to do in the future – it will further embellish you strengths.
The future..

If someone offers you an amazing opportunity and you are not sure you can do it, say yes and learn how to do it later.