See it, say it, sorted!

Raising the nursing voice to promote safe and quality care.

~ a lived experience of redeployment from critical care ~

Maggie Wilson

Staff Nurse / ITU / Borders General Hospital

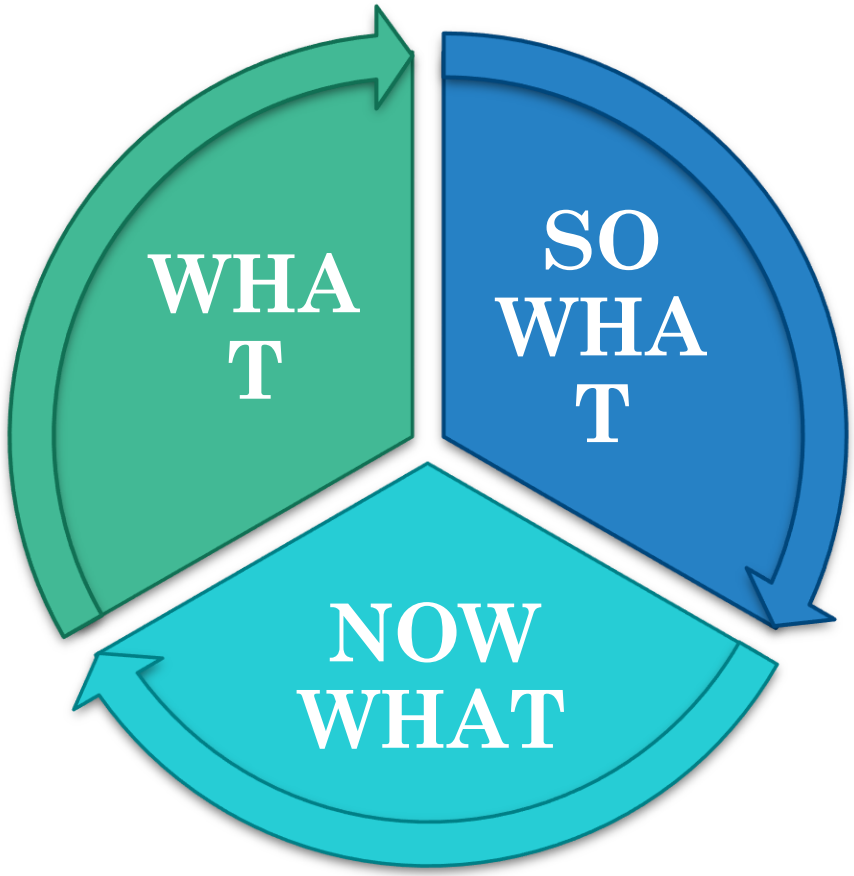
BACCN / Aberdeen / Oct '24

Introduction

My Story

- RGU Hons course
- Qualified in 2020
- First job in Covid ward
- Medical wards
  - Stroke and palliative care
  - Medicine for the elderly
- ITU in 2021
- Critical care course

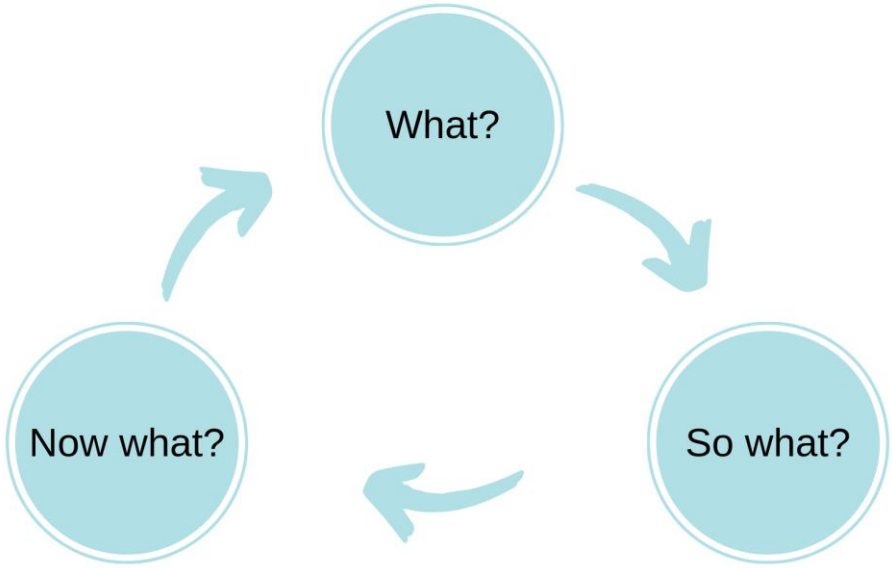
What happened?



Model of reflection

It is our duty as practicing members of the Nursing and Midwifery Council (NMC), to use reflection as a means of learning from and making sense of situations in our practice (NMC, 2019; NMC 2021).

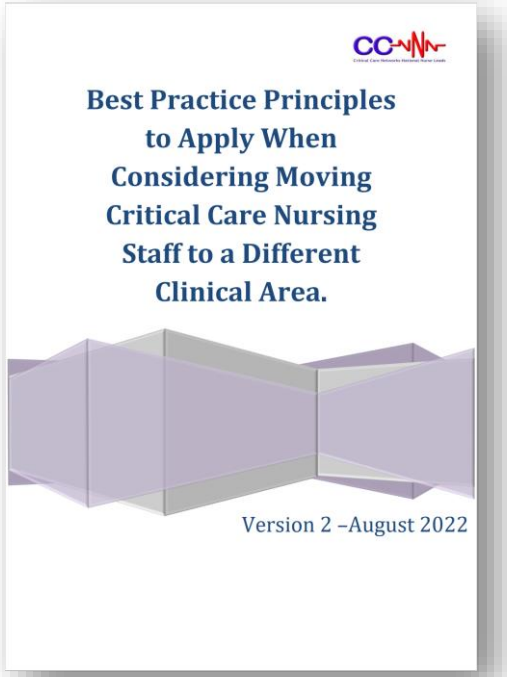
This not only facilitates an understanding of personal affect, but also contributes to safe and effective practice (NMC 2019; NMC



NMC (2019) *How to revalidate with the NMC.* Available at: https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf (Accessed: 10/3/24)
NMC (2021) *Guidance sheet: reflective practice.* Available at: https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-practice-guidance.pdf (Accessed: 10/3/24)
Cambridge University Libraries (2023) *Models of reflection.* Available at: https://libguides.cam.ac.uk/reflectivepracticetoolkit/models (Accessed: 9/9/24)

So what?

Now what?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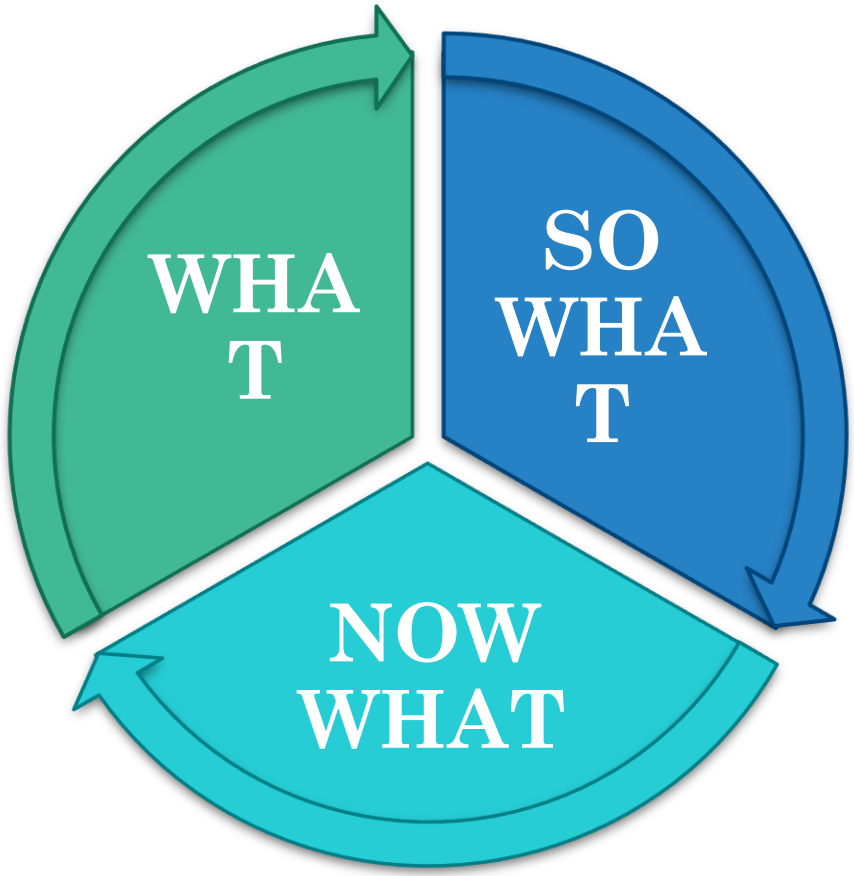
Version 2 –August 2022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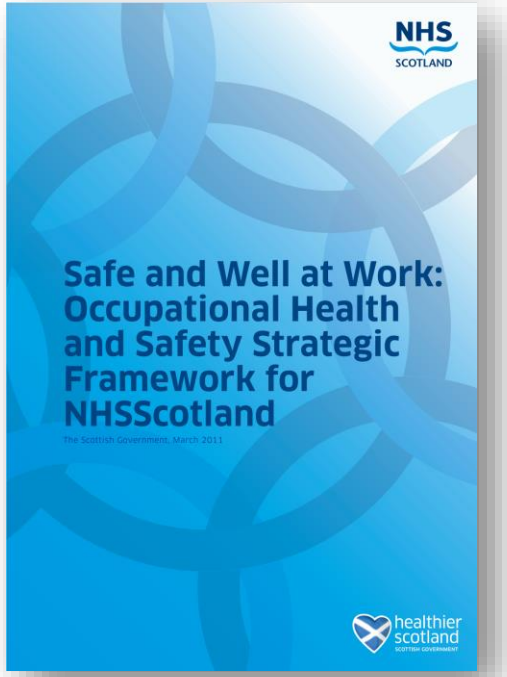
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Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHSScotland
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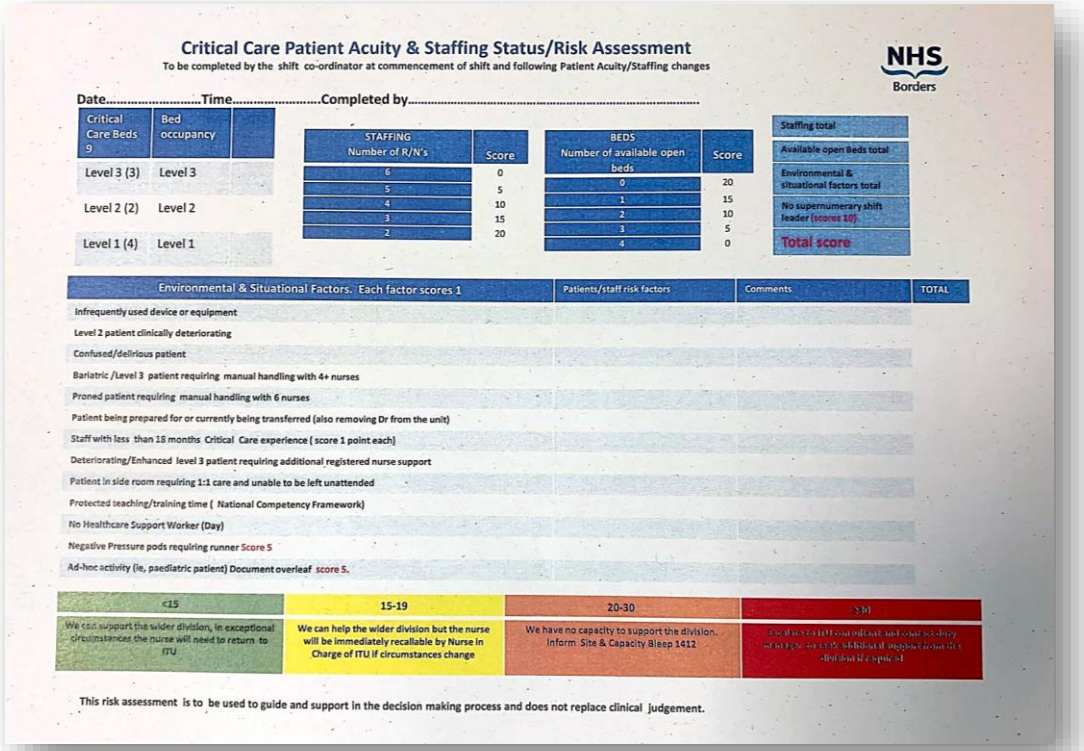


Critical Care Patient Acuity & Staffing Status/Risk Assessment

To be completed by the shift co-ordinator at commencement of shift and following Patient Acuity/Staffing changes

NHS Borders

Date.....Time.....Completed by.....

Critical Care Beds 9	Bed occupancy	
Level 3 (3)	Level 3	
Level 2 (2)	Level 2	
Level 1 (4)	Level 1	

STAFFING Number of R/N's	Score
6	0
5	5
4	10
3	15
2	20

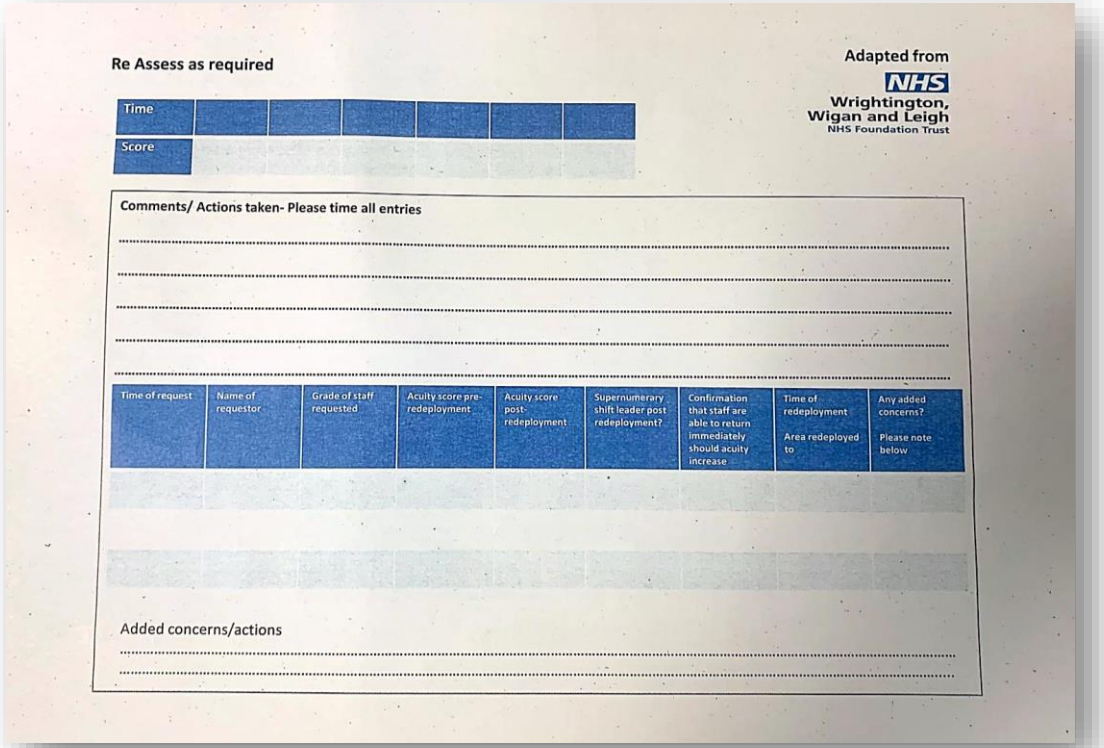
BEDS Number of available open beds	Score
0	20
1	15
2	10
3	5
4	0

Staffing total
Available open Beds total
Environmental & situational factors total
No supernumerary shift leader (scores 10)
Total score

Environmental & Situational Factors. Each factor scores 1	Patients/staff risk factors	Comments	TOTAL
Infrequently used device or equipment			
Level 2 patient clinically deteriorating			
Confused/delirious patient			
Bariatric /Level 3 patient requiring manual handling with 4+ nurses			
Proned patient requiring manual handling with 6 nurses			
Patient being prepared for or currently being transferred (also removing Dr from the unit)			
Staff with less than 18 months Critical Care experience (score 1 point each)			
Deteriorating/Enhanced level 3 patient requiring additional registered nurse support			
Patient in side room requiring 1:1 care and unable to be left unattended			
Protected teaching/training time (National Competency Framework)			
No Healthcare Support Worker (Day)			
Negative Pressure pods requiring runner Score 5			
Ad-hoc activity (ie, paediatric patient) Document overleaf score 5.			

<15	15-19	20-30	≥30
We can support the wider division, in exceptional circumstances the nurse will need to return to ITU	We can help the wider division but the nurse will be immediately recallable by Nurse in Charge of ITU if circumstances change	We have no capacity to support the division. Inform Site & Capacity Bleep 1412	[illegible]

This risk assessment is to be used to guide and support in the decision making process and does not replace clinical judgement.



Re Assess as required

Adapted from NHS Wrightington, Wigan and Leigh NHS Foundation Trust

Time						
Score						

Comments/ Actions taken- Please time all entries

.....

.....

.....

.....

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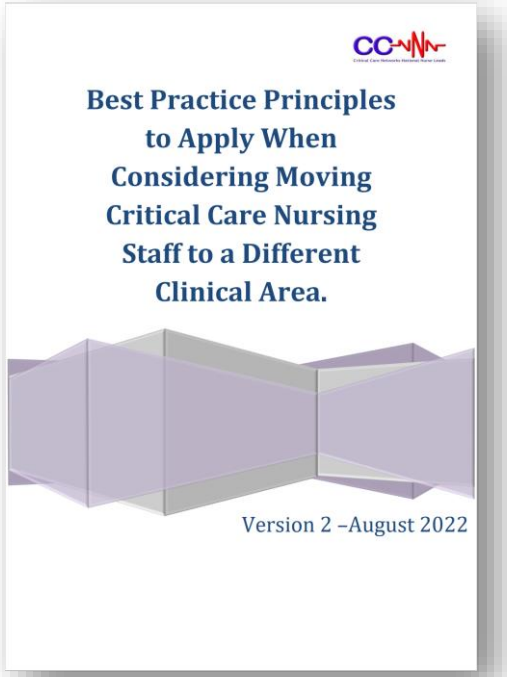
Time of request	Name of requestor	Grade of staff requested	Acuity score pre-redeployment	Acuity score post-redeployment	Supernumerary shift leader post redeployment?	Confirmation that staff are able to return immediately should acuity increase	Time of redeployment Area redeployed to	Any added concerns? Please note below

Added concerns/actions

.....

.....

Now what?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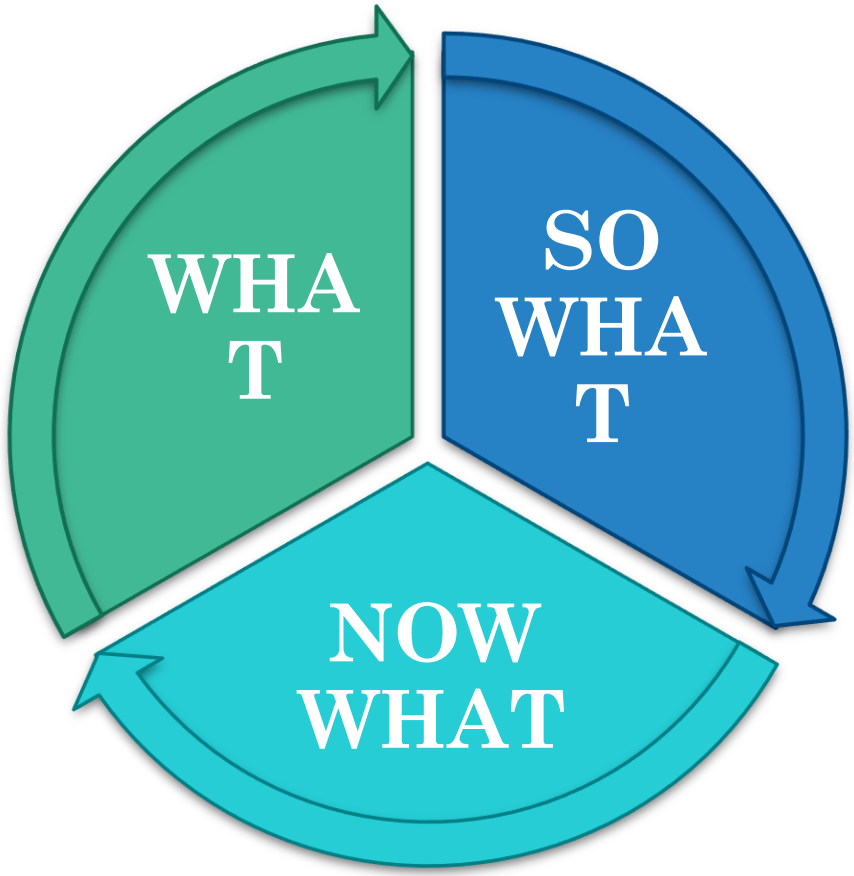
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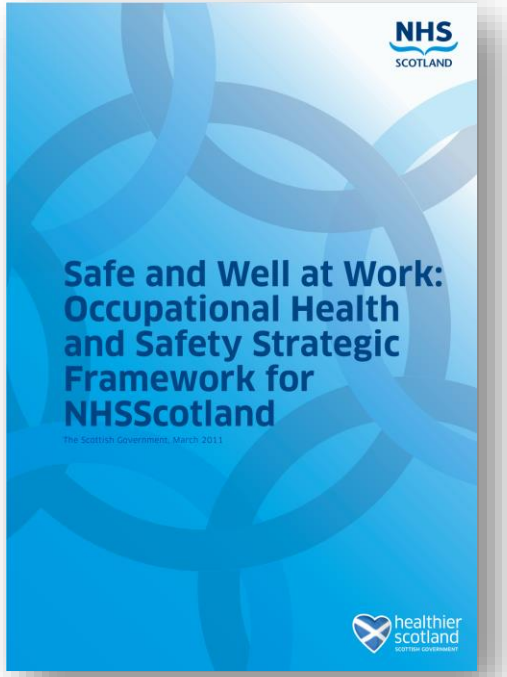
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Relevance

NMC Code

- Treat people as individuals and uphold their dignity
- Treat people with kindness, respect and compassion
- Listen to people and respond to their preferences and concerns
- Work in partnership with people to make sure you deliver care effectively
- Work co-operatively
- Respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
- Maintain effective communication with colleagues
- Work with colleagues to preserve the safety of those receiving care
- Recognise and work within the limits of your competence
- Take account of your own personal safety as well as the safety of people in your care
- Raise your concerns immediately if you are being asked to practice beyond your role, experience and training

NHS Values

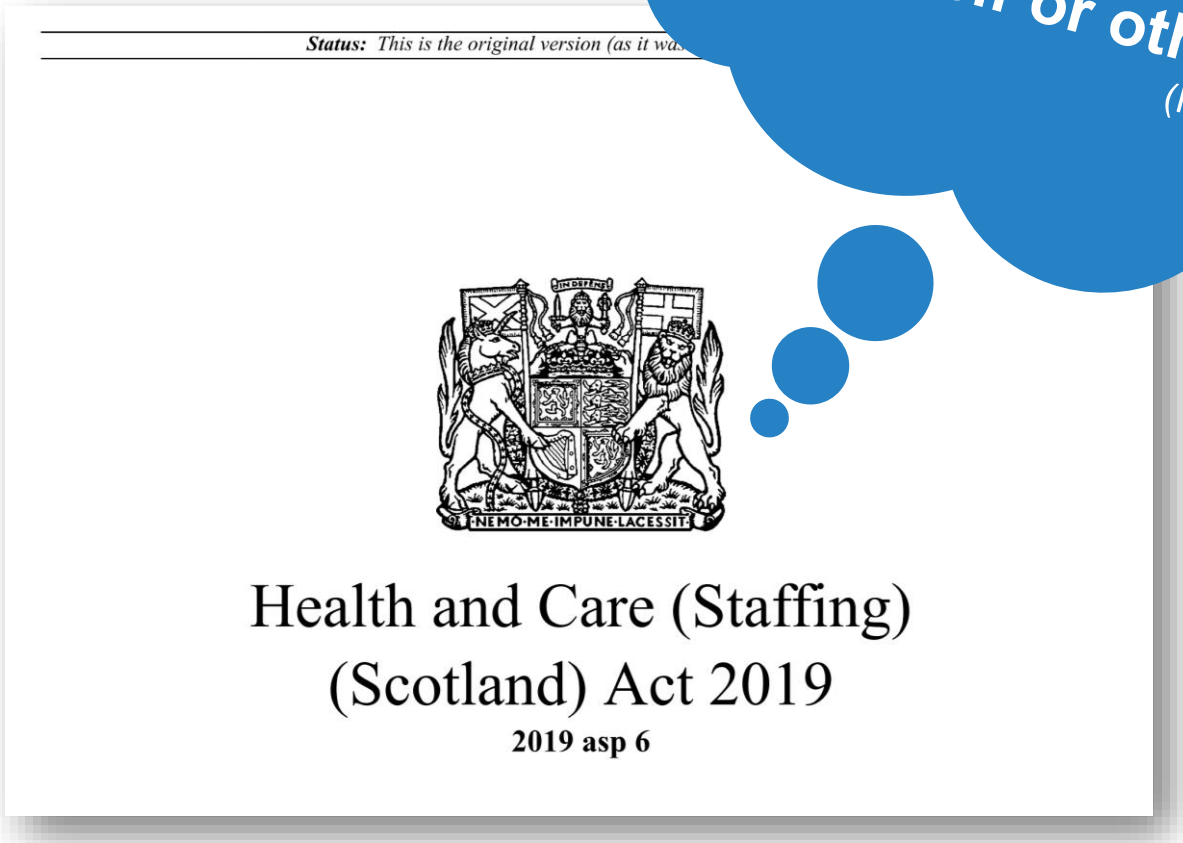
- Dignity
- Respect
- Responsibility
- Teamwork
- Compassion

Next steps

- DATIX
- Senior Charge Nurse
- Management
- Leadership Council

Safe Staffing Act

‘if I let the situation carry on, is it likely to result in harm to myself or others?’ (RCN, 2024)



RCN (2024) *Raising concerns toolkit.* Available at: https://www.rcn.org.uk/employment-and-pay/raising-concerns/Raising-concerns-toolkit#raisingconcerns (Accessed 9/9/24).

Next steps

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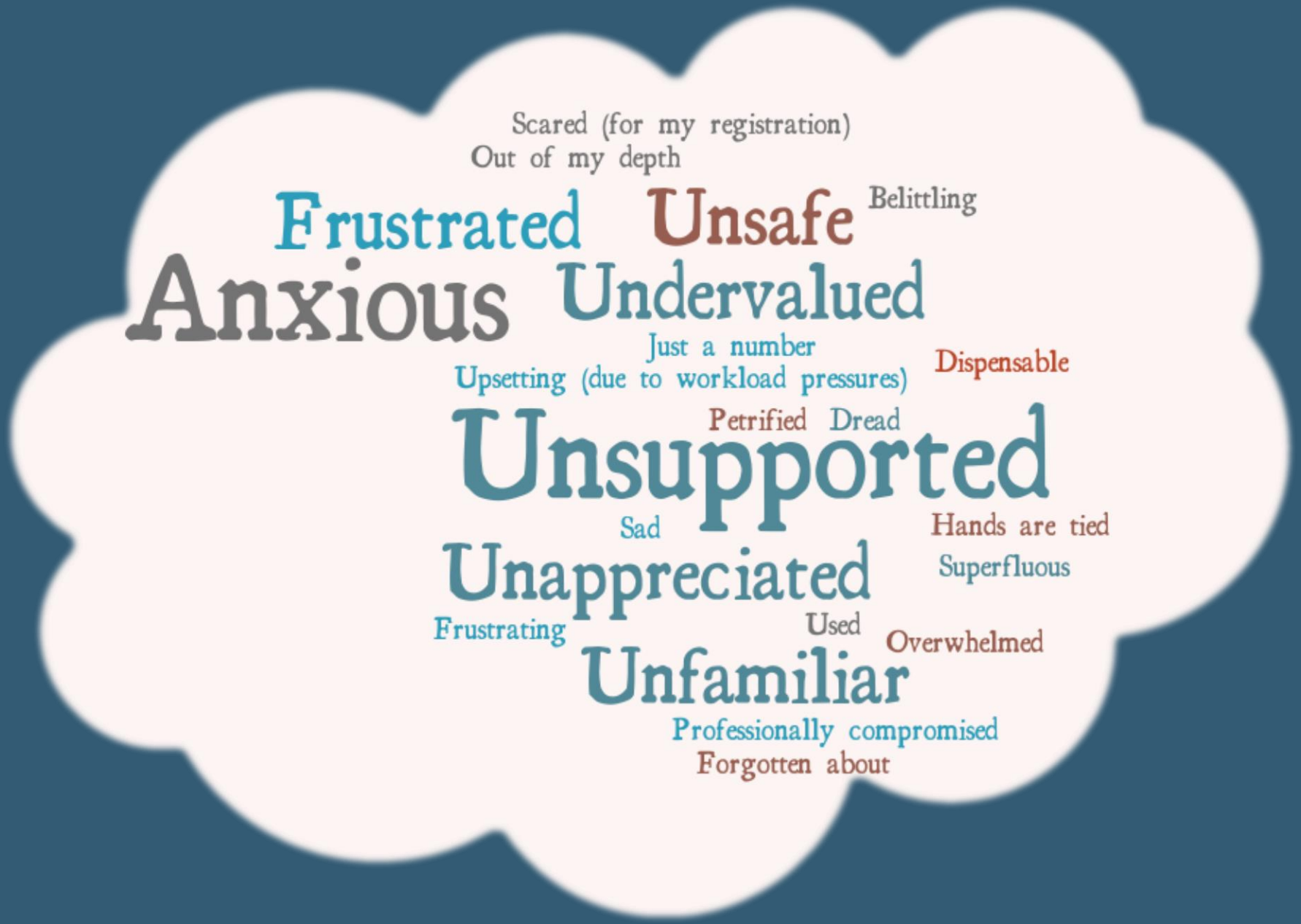

Scared (for my registration)
Out of my depth
Frustrated
Unsafe
Belittling
Anxious
Undervalued
Just a number
Upsetting (due to workload pressures)
Dispensable
Petrified
Dread
Unsupported
Sad
Hands are tied
Unappreciated
Superfluous
Frustrating
Used
Overwhelmed
Unfamiliar
Professionally compromised
Forgotten about

OK, so now what?

26th August 2024

Dear SCN/Team Lead/Nursing Team

Behavioural Framework

The Professional Nursing and Midwifery Leadership Council as part of its agenda heard the story of a powerful reflection from a Staff Nurse describing her experience when moved from her substantive clinical area to another part of the hospital to support demand and shortfalls in staffing. Unfortunately, this is becoming a common practice with significant demands on clinical services.

The council truly appreciates that at times of extreme pressure and in a prolonged setting, patience can be tested leading to increased frustration impacting on how we behave as professionals towards others including colleagues, patients and their relatives/carers. Despite the pressures it is imperative that we uphold our professional status in line with our NMC Code and NHS Borders Behavioural framework. The organisation also supports the Compassionate Leadership principles by Michael West and applications are welcomed from all staff to join the programme run by our education team.

The council would ask that a reminder is given to all your respective teams with discussion and attention at your next team meeting regarding NHS Borders Behavioural Framework and consider actions that you can take as a senior leader to support your teams in practicing the values day to day.

NHS Borders Behavioural Framework is embedded below –

NHS Borders Behavioural Framewo

Civility Saves Live's - www.civilitysaveslives.com

Yours sincerely

The Professional Nursing and Midwifery Council

Welcome Document

Welcome & Thank you so much for coming to help toady!

We hope this summary of our Day Shift Routine helps. If there's anything you're unsure of (and we expect there should be) please don't hesitate to ask for help. We know how nerve wracking this can be and we are happy to help. There's no such thing as a 'stupid question.' Patient safety is our ultimate goal.

Complete the Bed & Patient Checks: After introducing yourself to your patient and colleagues this is the FIRST thing to do, even before observations or drugs (unless clinical need dictates otherwise) Checks are listed on the back of your 24 hour observation chart & should be signed when completed. If your bedspace is equipped and kept tidy it is much easier to care for your patient in a safe & timely manner. This will also orientate you to your workspace. Wall mounted protocols at the back of the bed will help with NG feeding, sedation holds, rhythm recognition etc. and your patient should have a 'Daisy' which will help you get to know them and allow you to apply a Person-Centred Approach to your care. Please add to this or start one if it's not there.

Complete the Checks on the Invasive Device Chart: This includes checking invasive lines & feeding tubes. Looking for signs or dislodgment or infection. Ensuring dressings are clean & intact. Checking the PH of NG aspirate etc. Just ask if there's anything you're unsure of.

Check Your Pumps/Infusions: Take a note of when they are going to run out & plan to make them up about half an hour in advance. NEVER let inotropes (Nor Adrenaline, Adrenaline, Phenylephrine, Metaraminol, Vasopressin etc) run out & NEVER pause or switch them off. They can be identified by their purple drug labels. Inotropes are used to increase BP – if you notice a change in BP, ask for help to adjust the dosage. A 'target MAP' should be documented on the back of the 24 hour chart or in the patients daily review (red folder). Please ask an ITU nurse to change inotrope syringes.

Briefly Examine Your Patient: Check if peripheries are warm, assess RASS score (guidance on 24 hour chart), look at any wounds/drains/areas of concern & do observations.

8am Drugs: The drug Kardex is in the blue folder. Keys hang to the right of the door frame heading to the Drs office at the nurses station. They are labelled to help you find what you need and cupboards are colour coded to match. Just ask for checks. Someone will always oblige. There's a folder of IV drug monographs under the drug cupboards or they can be accessed through the drop down menu on the intranet (IV monographs: Medusa). Note: some drugs can be given in stronger concentrations via central line to reduce fluid intake. Ask the NIC. There are laminated prescription guides at each bedspace indicating how to prepare all of our common infusions (usually above or in the top drawer).

Breaks start at 9am: You'll know before that when you're going. Plan ahead to ensure your obs & infusions are up to date before you go, and handover to whoever is covering your break before you leave the unit.

9am Bloods: Someone will bring labels, tubes and show you how to obtain samples from the Arterial Line. If not please ask so they don't get missed. Also remember to make sure gent levels etc. are checked if required (from handover).

After breakfast – If your patient needs washed, now is a good time. Physios may be around to help. Always use sliding sheets & ensure you have enough helpers. Take time to detangle lines & plugs prior to movement. If appropriate, get them up and out of bed.

Dr's will also be around doing their daily reviews prior to the ward round at 11.30. They are all very approachable. Any concerns, let them know.

If you're up to date and its safe to leave your patient, an offer to help elsewhere will always be appreciated. Never leave a ventilated or delirious patient unattended though (ask NIC if unsure).

11.30 Ward round: The Dr's will complete 'Daily Goals' in the red folder. Sign to acknowledge you have read them and do what is planned (or ask for help if out with your skillset). Transpose your Target MAP, SpO2 and Urine output goals onto the back of your 24 hour chart and let the NIC know if your patient is struggling to meet these throughout the shift.

12.00: Drugs, if any. Its sometimes worth laying your 14.00 drugs out now to allow time for them to be checked. Check your IV prescription chart for electrolytes prescribed on the Ward Round.

Lunch Breaks start at 12.15: Usually in same order as breakfast. If patients are eating the HCA usually orders but just double check as they may be busy elsewhere.

1400: Drugs.

Afternoon: Keep your trolley stocked up and complete SSKIN etc. Have your notes written up in plenty of time using the daily goals & obs charts as your guide.

Any help with general housekeeping would be greatly appreciated. Tying up linen, cleaning any equipment no longer in use etc.

Evening breaks start around 17.15: Again, be prepared. Lay out drugs you need checked for 18.00. Ensure infusions have plenty of time on them.

18.00: Drugs. If post op or had lines/epidural removed recently check if Daltaparin should be given now or later & clearly document.

Night shift come in at 19.30: Give a full handover then go through the drug Kardex & pumps too.

It's home time! Thanks so much for helping us and our patients.

☺ If you'd like to come back, please speak to the NIC ☺

Redeployment Document

Redeployment Document

Must completed by receiving nurse in charge (NIC) **and redeployed nurse before work starts.**

Name receiving areas NIC		Name of redeployed nurse	
Ward receiving help		Base ward	
Band required		Band of redeployed nurse	
Can redeployed nurse return to base if required?		Do you need to return to base to facilitate admissions?	
If not have base ward & 1412 been informed?			
Agreed plan from above			

What is required of redeployed nurse today? Please include any specific competencies.	
Have you given a tour including fire evacuation plan & fire panel? If not, why not?	
Have you given an adequate handover & safety brief? If not, why not?	
Have you outlined the ward routine? If not, why not?	

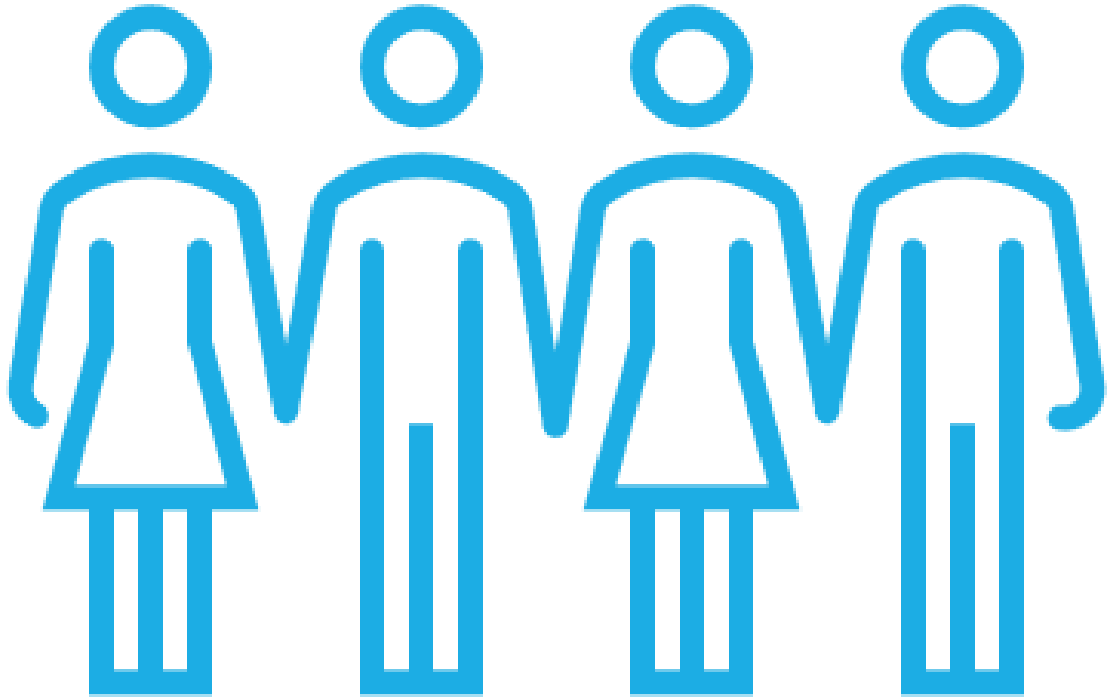
Do you have any concerns regarding your role today? Is there anything you are not competent or confident in doing?	
Are you satisfied with all information received from NIC?	
Is there anything else you need to discuss before starting work?	

After discussion, what roles were agreed?	
What concessions were agreed?	

Do you have any concerns after discussion?	
Can you mitigate?	
If necessary, have you escalated concerns to 1412?	

Signature of receiving NIC: **Signature of redeployed nurse:**

Date & Time:



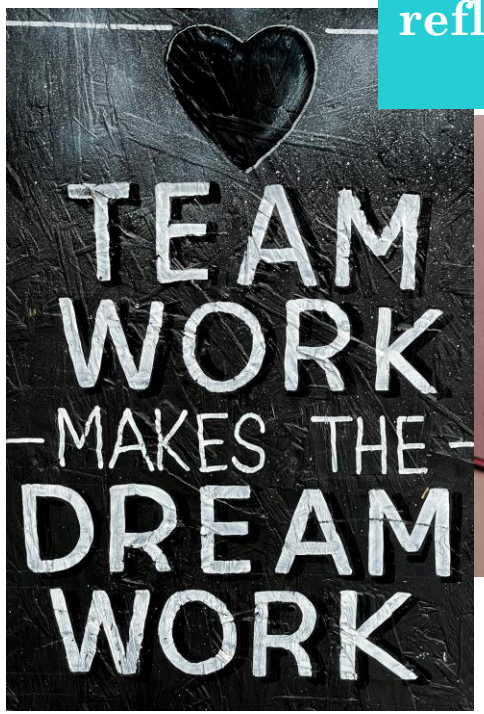
Thanks for listening!

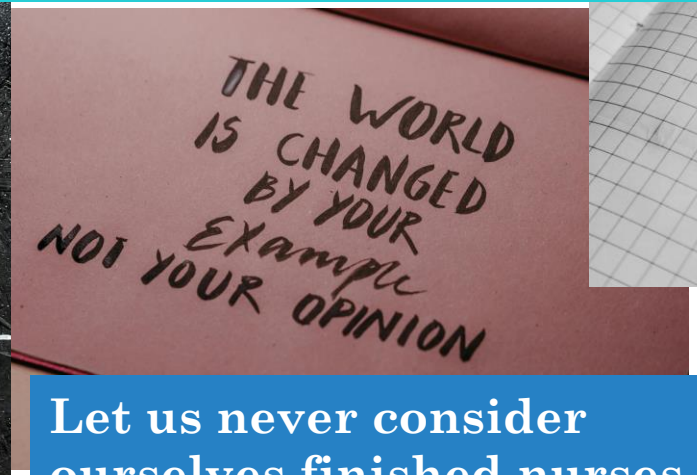
We do not learn from experience; we learn from reflecting on experience.

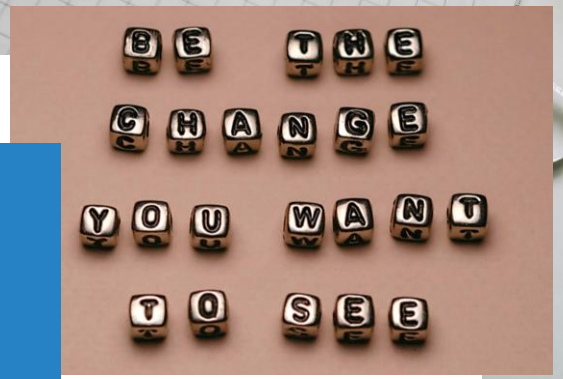
- John Dewey

The more reflective you are, the more effective you are.

- Hall & Simeral







Let us never consider ourselves finished nurses. We must be learning all of our lives.

If you'd like to get in touch my e-mail is:
maggie.wilson@borders.scot.nhs.uk ☺