

**High Acuity Nursing
Programs as a prerequisite
for Critical Care –
Developing extraordinary
future Critical Care nurses**

Samantha McWilliams

BScN RN MScN CNCC(c)



Presentation Objectives

- Outline changes in Critical Care (CC) and CC nurses in current health care system.
- Differentiate between High Acuity (HA) Care units and CC Units.
- Differentiate between the nursing roles in HA care areas and CC units.
- Explore the model in which education and competencies can be layered to best meet the needs of CC nurses.
- Explore the benefits of how this educational model would strengthen the knowledge skills, and abilities of nurses entering CC.
- Demonstrate how HA Nursing programs would reduce workload from current CC Nursing Programs.

Changes in Critical Care

More CC nurses needed in Europe d/t demographic changes, increased pt numbers, ageing workforce, exit from nursing due to job strain (Lakanmaa, et al., 2014)

Fast-changing healthcare systems characterized by an increasing number of patients with acute, chronic and complex co-morbidities (Willman, et al., 2022).

Global prevalence of acute/chronic disease has increased over the years. Drastically increasing need for acute & CC services (Bongar, et al., 2019)

Using care rapidly changing d/t Pt morbidity, increased complexity, constant shortage of nurses, particularly experienced nurses (Willman, et al., 2020).

Health care is rapidly changing and has become increasingly specialized and complex (Øvrebø, Dyrstad & Hansen, 2022).

...due to the increasing complexity and care needs of hospitalised patients (Wakefield, et al., 2023).

In Germany, increase in complex patients exceed regular nursing units but do not meet admission criteria for ICU (Waydhas et al., 2018)

Changes in Critical Care Nurses

- New Grad Nurse's (NGNs) make up 42% of annual new hire workforce
- Nursing shortages & increased patient complexities = NGN's in CC in 1st year of practice.
- NGNs nursing responsibilities are > level of competence.
- NGNs need more advanced skills d/t increased patient complexity.
- NGNs expected to take on same responsibilities as experienced nurses.
- Canadian CC nurse turnover rates higher than national average (26.7% vs 19.9%)

New Critical Care Nurses Perception

- NGNs must adapt to CC while simultaneously adapting to new role as RN.
- Not equipped to work in CC areas d/t lack of knowledge/skills – require higher level of competencies.
- Need more advanced skills compared with past d/t increase complexity/acuity.
- Development lag or ‘theory-practice gap’.
- Fear alienation of colleague's d/t lack of knowledge, feelings of inadequacy, promotes resistance to seek help.
- Dissatisfaction/high work loads = new nurses to burnout and leave profession.

What Do New Critical Care Nurses Need?

- Competence in CC nursing: specific knowledge, skill, attitude/value, experience base.
- Safe, high-quality care obtainable if nurses receive CC education (specialized knowledge & skills).
- CC competencies must be adapted to current nursing context.
- Exposure to variety of clinical situations early in transition = professional experience, expertise, clinical reasoning skills.
- Competence developed by gaining experience + theoretical knowledge & ability to be reflective.
- Factors connected positively with better CC competence= completed CC studies, desire to work in CC, age, length of work experience.

What Can We Do?

- Post graduate CC Nursing Programs are imperative for all new CC Nurses
- To allow easier and successful transition from NG to RN, experience is required (6 mts to 1 yr min)
- Pathway to allow for better prepared nurses to enter CC environments could involve HA education and experience prior to entering CC course & environment.

High Acuity Care: What is it?

- Middle ground between CC and med-surg units.
- AKA progressive care, step-down, step-up or intermediate care units
- Lower nurse-to-patient ratios
- Allows closer monitoring for patients at risk of deterioration/instability.
- Higher nursing skills and education.
- Improves hospital flow, reduces pressures on CC areas, decrease LOS.
- Alternative to ICU admission for specific support, monitoring or procedures.

How High Acuity Care Exposure Helps

- Allows new nurses easier transition to becoming RN
- Provides lower level of knowledge/skills than CC which can be built upon.
- Allows experience to build critical thinking, clinical reasoning, reflection, time management skills.
- Improves confidence in nursing practice.
- Feel supported.
- Allow for an easier and streamlined transition into CC.
- Improves retention rates.

How This Assists Critical Care Nursing Programs

- Shorten the duration of CC programs
- Improves performance in program due to experience, knowledge and skills obtained.
- Improves confidence entering CC environment.
- Feel more supported and able to ask appropriate questions entering CC.
- Shorter orientation times.
- Safer and higher quality care to be delivered to CC patients.
- Better retention of CC nurses.

Literature Review on HANP as Prerequisite

- No literature that has looked at this exact model
- ++ support for providing training for NGNs prior to entering the CC.
- Many recommendations on types of patients/skills should be in HA vs. CC units.
- Discussion supporting different combinations of HA units with CC units.

Pathway Proposal

Four Step Pathway

- **Step One:** Enroll in High Acuity Nursing Program
- **Step Two:** Transition to High Acuity care environment
- **Step Three:** Enroll in Critical Care Nursing Program
- **Step Four:** Transition to Critical Care environment

Pathway to Critical Care

Step One: Enroll in a High Acuity Nursing program

Goal: Prepare nurses to monitor and treat patients with moderate – potentially severe instability who require close monitoring. Provide education and skills.

- Includes:
 - Cardiac monitoring
 - Arterial line management/monitoring
 - Stable temporary cardiac pacing
 - Mild respiratory failure (NIV/HFT)
 - DKA/HHS
 - Stable GI bleeds
 - Post operative patients following some identified major procedures.
 - Sepsis (without shock)
 - Single vasopressor

Pathway to Critical Care

Step Two : Transition to High Acuity Care Environment

Goal: Prepare nurses to monitor and treat patients with moderate – potentially severe instability who require close monitoring. Transition to practice.

- Includes:
 - Completing clinical shifts in a HA environment.
 - Preceptor led shifts.
 - Must achieve set of competencies to successfully complete program.
 - TTP as independent nurse in this environment.
 - Work in this area for pre-determined amount of time (i.e., one year).

Pathway to Critical Care

Step Three: Enroll in Critical Care Nursing Program

Goal: To care for critically ill patients that are characterized by life-threatening disorders of one or more body systems. Education and skills.

Includes:

- Hemodynamically unstable patients
- Mechanical Ventilation
- Advanced hemodynamic (PA catheters) or intracranial pressure monitoring
- CCRT/ECMO
- Multiple vasopressors/inotropes
- Shock

Pathway to Critical Care

Step Four : Transition to Critical Care Environment

Goal: To care for critically ill patients that are characterized by life-threatening disorders of one or more body systems. Transition to practice.

Includes:

- Completing clinical shifts in CC (preceptor led shifts).
- Achieve set of competencies to successfully complete program.
- TTP as independent nurse in this environment.
- Sign a ROS agreement to work for predetermined amount of time.
- Continue support, educational opportunities, maintenance of knowledge and skills.

How this Retains nurses

- Specialty education/certification associated with personal & professional value.
- Accomplishment, individual satisfaction, specialized knowledge/skills.
- Improved recognition from peers, health care professionals and employers.
- Feel more comfortable working in CC environments

Barriers

- NGNs perspective: lack of time, fear of failure, lack of institutional reward.
- Barriers from institution: difficult to release nurses, time, financial constraints.

Overcoming Barriers

- More willing to participate when receive contact hours, tuition reimbursement, peer support, organized timelines.
- Provide access to resources, organized activities to create social connection.
- Encouragement/support by peers/management/leaders, celebration, certificates.
- Recruitment: recruit early from nursing school
- Financially = consider the retention rates

Conclusion

- Changes in patient demographics and nursing shortages = change is required
- NGNs need to be supported and educated to work in CC units
- Pathway for NGNs through HANPs to CCNPs allows for better trained CC nurses
- Allows easier transition to CC environment
- Shortens duration of CCNP's
- Increases satisfaction and retention rates
- Invests in nurses adding personal and professional value
- Safer, higher quality care provided to CC patients

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Questions?