

Critical Care Paramedics & The Critical Care Unit – A Nurses Perspective

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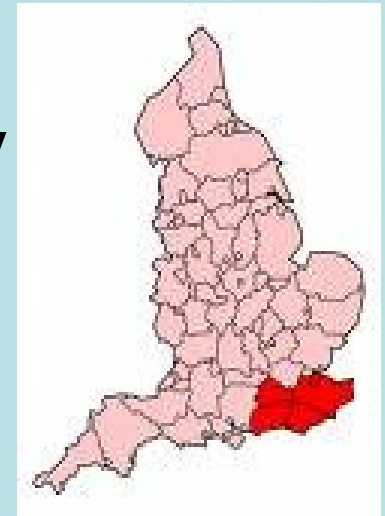
Aim:

- We intend to inform you about our involvement from a nurses' perspective, from initial conception of the CCP programme to the current situation.
- The potential benefits and risks to patients and staff will be highlighted and discussed



South East Coast Ambulance Service **NHS**
NHS Trust

- Covers a geographical area of 3,600 square miles (Brighton & Hove, East Sussex, Kent, Surrey, North East Hampshire, West Sussex)
- Covers a population of 4.5 million
- Responded to 460,000 emergency calls during 2005/06
- Responds to a 999 call every 1.14minutes



Background

- SECAmb has been working with a number of the critical care units in the South East Coast Strategic Health Authority over the last few years to develop a Critical Care Paramedic practitioner programme
- Staff from Medway NHS Foundation Trust and Brighton & Sussex University Hospitals involved from beginning

Nurses involvement

- Right at the beginning
 - Along with doctors, university staff, ambulance staff
 - Helped with planning of programme particularly the practical placements
- 10 month training programme

The modules

- Patient assessment
- Foundations of critical care
- Advance airway management
- Critical care transport

- Clinical placements
 - 70 hours A&E, 70 theatres,
 - 140 hours critical care
- Critical care nurses heavily involved when CCPs are in critical care

Cohort 1



To date

- To date two cohorts of Critical Care Paramedics students have had placements within our critical care units
- 5 students at Medway
- 5 students at Brighton
- All concerned have had positive experiences

How they will work

Ground units

- Teams of 6 CCP's
- 1 CCP and 1 crew member per shift 24/7
- Attached to acute hospital sites
- Primary retrieval role
- Transfer role



Air units

- Based at 3 sites
- Work as currently do but with enhanced skills
- Rotate into ground crews



Potential benefits

- Responds to patient expectations
- Recruitment & retention benefits for ambulance staff
- Staff in hospital like teaching different groups of staff
- Integration with Critical Care Networks
- First in the country !

Potential risks

- First in the country !
- No evaluation data yet
- Pace of rollout vs. available resource
- ? Impact on SECAMB's operational targets
- MPET funding – unclear
- Low numbers to make evaluation meaningful at this stage
- ??deskilling of staff in hospital or other ambulance staff

What do CCP's do differently?

- Increased portfolio of clinical skill
- Higher level of proficiency in skills
- Enhanced ITU and transfer skills
- Superior equipment & skills to use
- Reduce length of time it takes to provide care to critically ill patients
- Tasking and triage

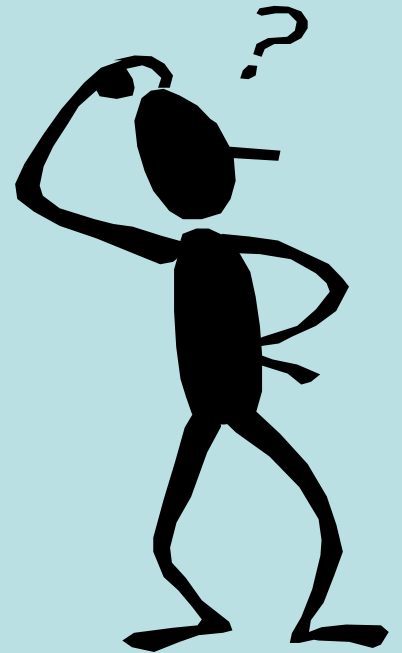
Examples of Clinical skills

- Understanding of blood results e.g. ABG's
- Titrating of vasopressors
- Undertaking RSI – rapid sequence induction
- Working knowledge of ventilators and modes of ventilation
- Assist with line insertions e.g. arterial, central lines

The future from a critical care perspective??

- Working on units alongside nurses & doctors
 - Maintain CCP skills
 - Help with staffing issues
- Undertaking Level 2 and 3 transfers
 - With no nurse
 - With no doctor
- Transferring patients directly out of an A&E to another ITU

By being involved at the conception of CCP programme nurses are able to assist shaping the future of this development



Any questions?

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