Nurse / Paramedic Practitioners in the retrieval environment – the beginning of a new era.

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Overview

➢ The journey so far…

➢ Where are we now?
  • Service delivery model
  • Scope of practice

➢ Discoveries along the way
  • Challenges
  • Opportunities

➢ Where are we going?
The journey so far...

> 2008
  • SA Health discussion paper

> 2010
  • MedSTAR RP Pilot Program concept
  • Nurse practitioner scholarship
  • Selection of candidates

> 2011
  • Masters degree of Advanced Clinical Practice
  • Skills development / supervised practice

> 2012
  • Business case!
  • Publish scope of practice / tasking matrix
  • Nov 2012 - start Practitioner roster
Where are we now?

> Solo RP roster
  • Tues – Fri 0800-1800

> Supervised practice
  • Medical consultant

> AHPRA endorsement - Retrieval Nurse Practitioner

> Pilot Program Review
  • Due Dec 2013
Service Delivery Model

Medical Retrieval Consultant (+ NRC)

RCN

MS kids Paediatric + Neonatal IHT

2x Teams Dr + RN

RCP

MS General Primary response + Adult IHT

2x Team Dr + RN or PM

Practitioner

SRC

MedSTAR Emergency Medical Retrieval
Service Delivery Model

Medical Retrieval Consultant (+ NRC)

RCN

RCP

MS kids
Paediatric + Neonatal IHT

MS General
Primary response + Adult IHT

2x Teams
Dr + RN

2x Team
Dr + RN or PM

Practitioner

SRC
Scope of Practice – Pilot Project

Based on:

> Patient cohort
  • Typically IHT
  • Suitable for single clinician transport

> Procedural skills
  Independent
  Consult
  Emergency
Scope of Practice (cont’d)

> Airway
  • Maintenance of anaesthesia +/- NMB

> Breathing
  • Transport of I+V pts
  • Non-invasive ventilation

> Circulation
  • Arterial / central access and monitoring
  • Vaso-active / inotropic infusions
  • Blood / blood products
  • Pacing – internal / external
  • IABP
Tasking Matrix

> IHT – Metro / rural

> “Stability” vs “Acuity”

> Retrieval team augmentation

> Other cases
  • MRC / RP discussion
Case Mix - Location

Cases by Location

- Metro IHT
- Metro Primary
- Rural IHT
- Rural Primary
- Interstate

Legend:
- Practitioner
- Team
Case Mix - Procedures

Procedures by Team Composition

- Arterial cannulation
- CVC
- ICC insertion
- NIV
- RSI / ETT
- Mechanical ventilation
- Transcutaneous pacing
- Ultrasound
- IABP
- iNO

Practitioner
Team
Transport Platforms

> Road vs RW vs FW

> Patient safety considerations

> Crew composition
Specialist Transport

> Solo +/- augmentation of team

> Examples:
  - IABP
  - Inhaled Nitric Oxide (iNO)
  - Inhaled prostacyclin
  - VAD
Skills Development and Maintenance

> Clinical placements
> Supervised practice
> In-service training
> Case review / audit / presentations
Advantages of an RP Program

- Preservation of teams
- Career pathway
- Solo “Specialist” transport
- Augmentation of teams
- Mentoring of registrars, nurses, paramedics
Challenges Identified

> Case load / skills maintenance

> Supervision

> Acceptance of role
  • Internal
  • External

> “Standardisation” of capability
  • RN / Paramedic
So what have we learned?

> Implementing change is a challenge
  • Management plan was vital

> Well supported role within the service

> Critical patients can be safely transported by the RP

> BUT… Pt selection is paramount
Where are we going?

> Consolidate the RP role

> Expand scope of practice

> Additional RP positions
  • 24/7 capability / day only?

> Research / Publication
Summary

> Nurse / Paramedic Practitioner is a useful addition to a physician-based retrieval service

> Personal / Professional development

> Flexibility and patient selection are the keys to success
Questions