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Bridging the Gap: A Nurse Practitioner's Role in the Surgical Intensive Care Unit

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# BRIDGING THE GAP

## A Nurse Practitioner's Role In The Surgical Intensive Care Unit

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**UC** San Diego Health operates the region's first Level I Trauma Center since 1976 and provides care for critical injuries in San Diego and Imperial Counties. Currently, UC San Diego Medical Center in Hillcrest operates as the primary center for trauma. Directed by Raul Coimbra, MD, PhD, the Trauma Center operates as part of the San Diego Trauma System. Approximately 3,200 patients a year who experience traumatic injuries are admitted by the Trauma Center. Uniquely designed, the Trauma Center opened a state-of-the-art trauma resuscitation unit to provide comprehensive care to traumatically injured patients in 2013. The trauma bays, resuscitation suites and surgical intensive care unit (SICU) are all connected and staffed by Advanced Trauma Life Support (ATLS) and Trauma Nursing Core Course (TNCC) faculty, residents, advance practice providers, and nurses. In addition, the trauma bays are staffed by respiratory therapists, trauma technicians, and radiology and ultrasound specialists staff the trauma bays.

From this transformational and innovative healthcare system, stems a deep commitment to interdisciplinary health care teams driven by collaborative practice. UC San Diego currently employs Advance Practice Nurses (Nurse Practitioners, Clinical Nurse Specialist, Certified Nurse Anesthetists, and Certified Midwives) in many departments in most of its facilities.

In the spring of 2015, the Division of Trauma, Surgical Critical Care, Burns and Acute Care Surgery hired the first Nurse Practitioner for the Surgical Intensive Care Unit at UC San Diego's Hillcrest Medical Center. In an effort to continue the mission and in coordination with its Magnet status, my current

position is to function within a collaborative practice model. The responsibility of ensuring constant quality and evidence-based care for every patient seen by the Surgical Critical Care Team is my primary goal. Accountability of my function intersects and interacts with attending physicians and residents as they rotate on and off service. My presence represents a continuity of care not only physically, but also with regards to knowledge based on the sequelae of events for each patient. In addition to interacting with medical staff, I serve as a bridge of communication between the nursing staff of the SICU and the medical providers on the Surgical Critical Care and Trauma Intensive Care teams.

Structural empowerment, a key component to our magnet status is practiced in our unit. Jay Doucet, MD, PhD, Surgical Intensive Care Director, works directly with nursing leadership to facilitate exemplary nursing practice. In collaboration with Juana Burkhardt BSN, RN, CCRN, SICU Nurse Manager and countless others, Dr. Doucet empowers nursing to innovate new ideas. Recently, as part of this we began Nurse Lead Rounds as part of an initiative partnering with the ACCN (Association of Critical Care Nurses) collaborative in San Diego. The components of its inception were conceptualized by several SICU registered nurses seeking to increase collaborative care. Nurses lead the rounds with presentation of patient information followed by provider input. This allows a discussion regarding patient needs as a team and then immediate order entry.

A typical day in the SICU encompasses active management of patients by order entry, diagnostic interpretation of radiology and



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Samantha Gambles Farr is a Board Certified Family Nurse Practitioner with a career in nursing spanning nearly 20 years. She currently works as the Surgical Intensive Care Nurse Practitioner for UC San Diego in the Department of Trauma, Burns, Surgical Critical Care and Acute Care Surgery. She is also a Registered Nurse First Assist and travels internationally on mission trips. In an effort to further her education, she recently began her journey to obtain a Doctorate of Nursing Practice with post Masters Adult Gerontology- Acute Care Specialty from the University of Arizona. Upon graduation in 2018, she will become a double board certified, doctoral prepared Nurse Practitioner. She is very active in her professional and personal volunteer activities including: California Association for Nurse Practitioners, San Diego North County Chapter Treasurer, Member-at-Large for Society of Critical Care Medicine Nurse Steering Committee, San Diego Black Nurses Association, North County African American Women's Association, and recipient of the North County NAACP Woman of Distinction Award for community service for 2017. Samantha is married to the love of her life, Afshin, and has a daughter in college, Kai.

laboratory, and plan of care development. The ICU has 20 patient beds with the possibility of 6 over flow beds housed in the PACU. My position requires knowledge of diagnosis, plan of care and management of all patients in the unit. In addition to these duties, I assist with the patients as they are admitted via the trauma bay as needed. Within the unit, I am certified to perform bedside procedures such as central line insertion and arterial line placement for patients requiring hemodynamic monitoring.

In recent studies, the presence of advance practice registered nurses (APRNs) within the intensive care unit has been shown to increase patient satisfaction, decrease length of stay, decrease mortality, improve resource utilization, improve family satisfaction and increase adherence to protocols. Patient and family satisfaction with quality and overall care delivery is a challenge for many intensive care units. Inclusion of family and patients with goals of care discussions were frequently reserved to medical staff within the intensive care unit. Advanced practice registered nurses now play a crucial role in these conversations. Within the unit, we have instituted a mandate to conduct these meetings with every patient requiring ICU care after 72 hours and every seven days after the initial discussion. The intention of these meetings is to gain insight into the patient prior to hospitalization and update the family regarding prognosis, current treatment plans, and possible patient outcomes. The inclusion of Goals of Care conversations gives the family and patient (if medically able) an opportunity to receive consistent updates with their medical providers. An integral part of care, these conversations are held to promote understanding and teaching. Currently I am collaborating with the SICU department and Palliative Care Team to offer educational opportunities for residents that promote care to improve patient quality of life.

Additionally, my position requires knowledge of up-to-date evidence based practice regarding protocols for ICU, surgical, and trauma patients. In

### ICU LIBERATION: ABCDEF BUNDLES

SYMPTOMS	MONITORING Tools	CARE ABCDEF Bundle
Pain	Critical-Care Pain Observation Tool (CPOT) NRS Numeric Rating Scale BPS Behavioral Pain Scale	<b>A:</b> Assess, Prevent and Manage Pain <b>B:</b> Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT) <b>C:</b> Choice of Analgesia and Sedation <b>D:</b> Delirium: Assess, Prevent and Manage <b>E:</b> Early Mobility and Exercise <b>F:</b> Family Engagement and Empowerment
	Richmond Agitation-Sedation Scale (RASS) Sedation-Agitation Scale (SAS)	
Delirium	Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) Intensive Care Delirium Screening Checklist (ICDSC)	

turn, I provide education and surveillance to ensure adherence to key protocols set forth by renowned entities including the Society of Critical Care Medicine and American College of Surgeons. Protocol bundles such as the ABCDEF bundle – an acronym for protocol used to reduce delirium, improve pain management and reduce long-term complications – have been shown to improve patient outcomes and decrease mortality in the critical care setting. During daily rounds, my role is to ensure that every patient that meets criteria has: spontaneous breathing trials, appropriate pain, agitation & delirium prevention, exercise, and family collaboration. Adherence to ICU specific bundles decreases patient ICU and hospital length of stay.

Finally, quality metrics specific to hospital-acquired infections must be evaluated daily. The necessity for invasive lines, Foley catheters, and restraints are examined by the nurse practitioner and team. In an effort to decrease our hospital acquired infections, the nursing and medical teams must work in collaboration to address these issues. Nurses are empowered to discuss concerns during insertion, maintenance and removal of central lines. Furthermore, nurses and providers strive to ensure timely removal of central lines and urinary catheters.

Currently, I am working on my Doctorate of Nursing Practice with Adult-Gerontology Acute Care Nurse Practitioner specialty degree.

As part of my proposed research, I would like to examine two key components of the ABCDEF bundle. The implementation of an aggressive exercise practice for ventilated, geriatric trauma patients and the effects it has on ICU delirium are two key components the bundle. Specifically, I would like to examine the ambulation of patients while mechanically ventilated and its effect on patient outcomes. Currently, I serve to empower other Nurse Practitioners by serving as a board member of California Association of Nurse Practitioners~ North County Chapter and nationally as the Member-At-Large for the Society of Critical Care Medicine, Nurse Steering Committee. I am active in my community and participate in many mentoring programs, medical missions, and invited podium discussions.

In conclusion, the creation of roles for NPs within the intensive care setting continues to be a trend embedded in evidence-based practice. Nurse practitioner presence in the ICU is supported as APRNs are linked to adherence to bundles; increased patient safety, quality care and continuity of care. All are key factors for continued support of Nurse Practitioners in the ICU setting. Personally, I strive daily to provide excellent evidence-based care to our patients, develop collegial relationships with nursing and medical staff, and exemplify the UC San Diego standard of excellence by 'leading the way'.