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ORIGINAL ARTICLE

The influence of outreach in the development of the nurse consultant role in critical care: Cause or effect?

Deborah Dawson[a,*], **Andy McEwen**[b]

[a] *General Critical Care, 1st Floor St. Jame's Wing, St. George's Hospital NHS Trust, Blackshaw Road, London SW17 0QT, UK*
[b] *Cancer Research UK Health Behaviour Unit, University College London, 2-16 Torrington Place, London WC1E 6BT, UK*

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KEYWORDS
Nurse consultant;
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Summary
Background: Critical care nurse consultant roles have evolved against a background of service innovation that has resulted in the development of critical care outreach services. Despite compelling evidence that there was a serious problem with the management of critically ill patients in the ward environment, there is little evidence to support outreach as a concept or as a role for nurse consultants.
Aims: The aims for this part of the study were to:

- investigate what critical care outreach functions have developed in acute hospitals;
- analyse whether there was a significant role difference between the whole group of critical care nurse consultants and those defined as critical care outreach.

Methods: A national postal survey of all 72 critical care nurse consultants in post in England by August 2003; response rate 72% ($n = 52$). All data was entered on to a computer anonymously and analysed using SPSS version 11.5. A factor analysis revealed a sub-set of nurse consultants who had a significantly greater involvement in outreach activity.
Results: Critical care nurse consultants have a high involvement in the development of care for critically ill patients outside the traditional boundaries of critical care. A sub-set emerged that has a significantly greater involvement in outreach activity. This includes roles such as working with an individual or team to develop their practice (whole group mean involvement score $M = 4.45$, *outreach* $M = 4.88$, $p < 0.001$);

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* Corresponding author. Tel.: +44 208 725 3129.
E-mail address: deborah.dawson@stgeorges.nhs.uk (D. Dawson).

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developing education outside the ICU/HDU (whole group $M = 4.13$, *outreach* $M = 4.88$, $p < 0.001$) and receiving nurse led referrals from the wards (whole group $M = 3.92$, *outreach* $M = 4.81$, $p < 0.001$).
Conclusions: Given the lack of evidence for outreach, organisations should consider the high level of involvement of the nurse consultant outside the traditional boundaries of the ICU/HDU.

Prelude

A fuller description of the literature, background to the role of the nurse consultant and the methods can be found in Dawson and McEwen (2005).

Introduction

When nurse consultant posts were first announced in the United Kingdom (UK) (Department of Health (DH) 1999a,b) they were expected to combine the core functions of expert practitioner with professional leader; educator; practice and service developer and researcher. In April 2000, the new role of nurse consultant was formally launched (DH, 1999b); shortly followed by publication of an adult critical care review (DH, 2000). This review proposed that critical care should no longer be seen purely in terms of a geographical location but as a level of illness and associated patient need. New systems, leadership and expertise were required to deliver the aims and recommendations of the review and many acute hospitals used this report, and the subsequent funding, as an opportunity to develop the nurse consultant role in critical care. Recommendations were made that the roles of the critical care nurse consultant should be patient focused (Ball, 2001) and concentrate on patient related outcomes (Coombs, 2000).

Critical care outreach (subsequently referred to as outreach) is defined as 'an organisational approach to ensure equity of care for all critically ill patients irrespective of their location' (DH, 2003). Outreach in the UK developed from numerous sources including the introduction of medical emergency teams (MET) in Australian hospitals (Lee et al., 1995; Hourihan et al., 1995; Buist et al., 2002); physiological scoring systems such as the early warning system (EWS) (Morgan et al., 1997; Stenhouse et al., 2000; Subbe et al., 2001); substandard ward care of patients prior to admission to a critical care facility (McQuillan et al., 1998; Mc Gloin et al., 1999; Goldhill et al., 1999) and an identified need to develop skills in general ward areas in caring for the acutely unwell patient (Coad and Haines, 1999). These sources provided compelling evidence that there was a serious problem with the management of critically ill patients in the ward environment, but outreach remained an unproven set of responses to these problems (Robson, 2002). However, following an Audit Commission report (1999) and a review of adult critical care services (DH, 2000), there was a rapid expansion of these services. In 2000, there were six outreach services and by 2002 there were 119 (Welch, 2004); this rapid growth of critical care outreach is surprising given the limited evidence base (Cuthbertson, 2003). The outreach service in the UK is characterised by being almost entirely delivered and led by nursing staff (National Outreach Survey, 2002), suffering from difficulties in service provision (Welch, 2004), a variety of service configuration (DH, 2003; Coombs, 2002) and lack of funding (DH, 2003; Welch, 2004).

The critical care outreach initiative occurred at the same time as the development of the nurse consultant role, and the subsequent call for financial bids to support the objectives of the critical care review. This has led to speculation that many acute hospitals have deployed critical care nurse consultants almost solely to develop outreach services (Fairley, 2003). In August 2003, there were approximately 70 critical care nurse consultant posts with no evaluation of their roles. This paper reports on some of the findings of a national survey of role involvement of critical care nurse consultants in England (Dawson, 2004). The study aimed to elicit the perceived level of critical care nurse consultant participation across a wide variety of critical care activities.

The Study

Aims

The aims for this part of the study were to:

- investigate what critical care outreach functions have developed in acute hospitals;
- analyse whether there was a significant role difference between the whole group of critical care