



A survey of nurse staffing levels in interventional radiology units throughout the UK



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ARTICLE INFORMATION

Article history:

Received 10 August 2015

Received in revised form

15 March 2016

Accepted 29 March 2016

AIM: To supplement previous surveys analysing provision of interventional radiology (IR), in-hours (IH) and out-of-hours (OOH), by specifically surveying the level of nursing support provided.

MATERIALS AND METHODS: A web-based questionnaire was distributed to all British Society of Interventional Radiology (BSIR) members. This addressed several aspects of radiology nursing support for IR procedures, both IH and OOH.

RESULTS: Sixty percent of respondents indicated that they have a formal OOH service. Of these, all have a dedicated nursing rota, with the vast majority operating with one nurse. IH, 77% of respondents always have a scrubbed nurse assistant, but this reduces to 40% OOH. IH, 4% never have a scrubbed radiology nurse assistant, which rises to 25% OOH. IH, 75% of respondents always have a radiology nurse dedicated to patient monitoring, but this reduces to 20% OOH. IH, 3% never have a radiology nurse dedicated to patient monitoring, which rises to 42% OOH.

CONCLUSION: A significant disparity exists in the level of IR nursing support between IH and OOH. The majority of sites provide a single nurse with ad hoc additional support. This is potentially putting patients at increased risk. Radiology nurses are integral to the safe and sustainable provision of IR OOH services and a greater focus is required to ensure adequate and safe staffing levels for 24/7 IR services.

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Introduction

For several years, the British Society of Interventional Radiology (BSIR), in collaboration with various organisations, has been working to improve equity of access to interventional radiology (IR) services.^{1–4} This ambition is increasingly becoming a necessity, especially in wake of the recent Francis report,⁵ and data released on hospital

mortality from Dr Foster Health.⁶ These have highlighted that investing in staff to ensure adequate training and staffing levels is fundamental to providing a quality health service. Patient safety is a fundamental priority for all doctors and nurses, and in particular, for those performing more invasive procedures with inherent complications.

The Royal College of Radiologists (RCR) highlighted the inadequacies in the provision of IR back in 2008.² In 2015, the RCR and BSIR released the latest survey analysis of IR provision.⁷ Although there has been measurable improvement over this time period, significant shortcomings remain in the service provided to many people requiring potentially life-saving interventions. The aim of the present study was to supplement these data by quantifying nurse

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staffing levels in-hours (IH) and out of hours (OOH) in IR units throughout Britain.

Materials and methods

A web-based questionnaire containing 10 questions was distributed via email to all BSIR members (Appendix A). The final question offered an optional free-text section for any additional comments. An initial survey, distributed to the BSIR membership, had to be amended because several of the questions proved too ambiguous, generating responses that were difficult to analyse. This arose because many units depend, to a greater or lesser extent, on radiology trainees to assist; and on ODPs (operating department practitioners), ward nurses, or junior doctors to monitor patients. In addition, the level of support varied depending upon the complexity of the case. The revised survey addressed these discrepancies by stipulating that the answers should reflect radiology nursing support, applied only to vascular (excluding venous access) and biliary procedures. An additional option “sometimes” was added to questions 6–9. IH was defined as Monday to Friday, 9 am to 5 pm; OOH as 5 pm to 9 am, and all day Saturday and Sunday.

Results

A total of 91 responses were returned. Fifty-six (61%) indicated that they had a formal OOH IR service. Of this 56, all (100%) have a formal radiology nursing rota OOH. A significant majority of 41/56 (73%) indicated that they operate with one nurse, and 11 (20%) with two nurses (Fig 1). Those respondents answering more than two have presumably misinterpreted the question to mean the total number of nurses within the rota.

Questions 4 and 5 reflect attitudes and practical delivery of IR OOH nursing cover. Forty-seven (51%) of respondents agree that the same level of nursing cover should be available OOH. In practice, only 10% actually achieve the same number of nurses OOH (Fig 2).

Questions 6 and 7 assess the availability of a scrubbed radiology nurse for complex vascular (excluding venous access) and biliary cases. IH, 77% of respondents always have a

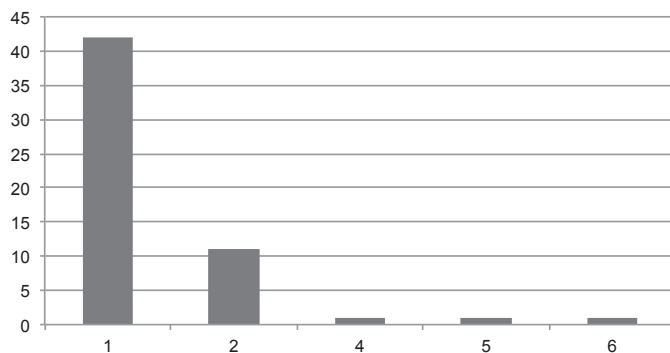


Figure 1 Number of nurses on-call at any one time OOH, for those units that have a formal OOH nursing rota (Appendix A, Question 3).

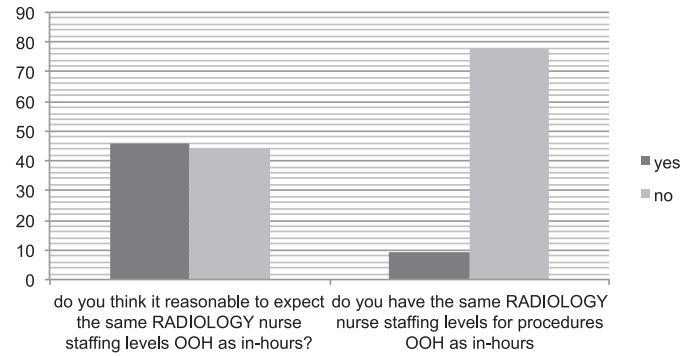


Figure 2 Number of respondents answering two separate questions concerning the level of nursing support provided OOH (Appendix A, Questions 4 and 5).

scrubbed nurse assistant, but this reduces to 40% OOH. A further 19% sometimes have a scrubbed nurse assistant IH, and this expands to 35% OOH. IH, 4% never have a scrubbed radiology nurse assistant, which rises to 25% OOH (Fig 3).

Questions 8 and 9 refer to the availability of a radiology nurse dedicated to patient monitoring, again only for more involved procedures. IH, 75% of respondents always have a radiology nurse dedicated to patient monitoring, but this reduces to 20% OOH. A further 22% sometimes have a radiology nurse dedicated to patient monitoring IH and this expands to 38% OOH. IH, 3% never have a radiology nurse dedicated to patient monitoring, which rises to 42% OOH (Fig 4).

The survey also asked for free-text comments, which will be presented in the discussion.

Discussion

The British IR community has been working to improve service delivery, with strong emphasis on OOH provision.^{1–4} A major influence behind these guidelines has been the well-publicised reports criticising current standards in patient care within the National Health Service (NHS).^{5,6,8} As a rapidly growing specialty reforming the management of complex illnesses across many specialties, IR should strive to be at the forefront of implementing safe patient care.

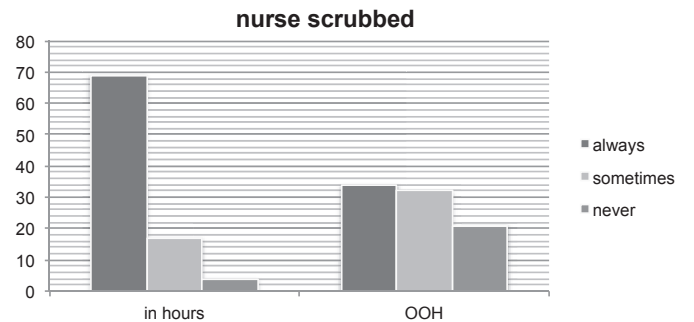


Figure 3 Number of respondents answering to the availability of a scrubbed radiology nurse for complex vascular (excluding venous access) and biliary cases (Appendix A, Questions 6 and 7). OOH, out-of-hours.

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