

## Implementing an intensive care liaison service: the critical care nurse practitioner's perspective

**Anna Green, MN**

Critical Care Nurse Practitioner and Manager ICU Liaison  
Western Health, Victoria

**In this fact sheet, Anna Green shares her experiences of working as a Critical Care Nurse Practitioner implementing and managing a nurse-led Intensive Care Unit (ICU) liaison service in Victoria. ICU liaison nurses are experienced critical care nurses who provide follow up of patients discharged from intensive care as well as support for ward staff who are caring for patients causing concern.**

The service was implemented nearly 15 years ago at a health service which includes three hospitals, each on a different campus. Each hospital has a recognition and response system in place with the same calling criteria but different response providers. The ICU liaison service is active in the two largest hospitals, operating 7 days per week from 8am to 6.30pm.



### What do ICU liaison nurses do?

- We assess ICU patients before discharge to identify any potential or actual problems, discuss these with the ICU medical team and ensure appropriate management plans are in place.
- We follow up patients recently discharged from ICU – this affords an opportunity to alert ward staff to potential sources of deterioration, and to prioritise and clarify information handed over by ICU.
- We assess, investigate, plan and coordinate care for sick patients who are referred by ward staff – this involves a range of activities from providing simple guidance to junior staff to providing ICU level care on the ward while awaiting access to a bed.
- We aim to review patients of concern at least twice a day depending on their needs - if patients are causing serious concern we may review them many more times, as well as arranging for ICU registrar review overnight.
- We work collaboratively with all the teams across the hospitals and flag sick patients to the appropriate clinicians. We also warn ICU of potential admissions so that they can juggle beds. We provide a vital link between ICU and the ward staff which hugely improves the continuity of care.
- We have developed guidelines so that all the ICU liaison nurses can take and order diagnostic tests and refer to other medical teams (for example requesting intensive care or cardiology consults). The nurses without a nurse practitioner qualification can't prescribe drugs but can request verbal orders from medical staff via telephone – this can be slow but provides an opportunity to educate junior doctors about what medications are being recommended and why.

### What to look for in an ICU liaison nurse

- Critical care skills – ideally more than five years experience and post graduate qualifications. These nurses are rare birds so you might accept less experience for the right person.
- It is an absolute necessity to have great communication skills and advanced clinical assessment skills.
- They must be able to succinctly articulate assessment findings to ICU and ward doctors – using communication tools like ISBAR is brilliant when new liaison nurses are starting out.
- One of the biggest challenges for ICU nurses new to the role is the level of autonomy – they are used to working in a close knit team with senior nurses and medical staff on tap. On the wards you're it!

## FACT SHEET Tips from the real world

### My top tips for implementing and managing an ICU liaison service:

- ICU liaison is not a traditional nursing role – we made little inroads along the way but it took about 6-8 years for our role to be really accepted as part of usual practice.
- The parent team consultants are now highly supportive of the service because they see that it works, but you don't get that support at a high level when you first start – you have to build relationships and grow respect over the years.
- Constantly look for ways to raise the flag that you exist, and to show the good work that you're doing. It's very hard work and uses a lot of energy initially because it's all about self-promotion at every opportunity – no-one else in the hospital is going to do that for you.
- Excellent communication skills are vital – show respect to your ward colleagues, be visible – this triggers referrals and helps build relationships. If you hide in an office and wait for the phone to ring, it won't ring.
- Documentation is the key – include advanced assessment findings and recommendations. We use a dedicated ISBAR form that gets filed in the notes for all new referrals - it has the assessment and management plan on the back. We put a bright orange sticker in the notes for ICU follow ups – a visible alert that we've been and seen the patient and even if they're fine, we document that there are no new issues.
- All referrals are appropriate even if the patient is stable and can be managed on the ward – they provide an opportunity to share your skills and knowledge with ward staff
- As a manager, it's important to have an open door for your staff to offload and debrief, and to find other ways to support your team like ensuring you have regular team meetings and provide access to peer support.
- It's the clinical aspect that nurses love when they come into the role – as a manager you need to help them to grow and develop a broader view. Send them to governance meetings and committees – this helps them to develop awareness of the big picture.
- Think about succession planning – identify who has those extra leadership qualities and nurture them. All my staff have portfolios that help them to develop professionally.
- Join the Australian College of Critical Care Nurses ICU liaison special interest group– membership of this group is open to all members of the ACCCN. It's very supportive and provides a great opportunity to be involved and share ideas of what's working or not working in terms of implementing systems for deteriorating patients.
- Expect to face continued challenges with funding, governance and integration of the service into the organisation – these things are difficult to address and you need other people to take ownership and help you drive the change.
- Sometimes you have to look back at where you first started to see how far you've come. Growing a service like this can be very painful but it provides you with fantastic rewards and learning opportunities. Every challenge along the way has provided me with vital learning. Every time I thought 'oh my, I want to resign' I learned something which turned me into the leader that I am today.
- The rewards of this unique position are insurmountable. You know that you just make a huge difference, not only to patients but to your colleagues out in the ward areas.
- Have a laugh, keep your sense of humour, reflect and celebrate the milestones along the way.



### Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012). This can be downloaded from:

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
Sydney NSW 2001  
Telephone: (02) 91263600  
Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)