

# Swiss Working Group for Practice Development in Intensive Care Nursing

## 1. Starting Point

Swiss University Programms in Nursing Science only began in 2000, thus, there are relatively few academically-trained nurses. Clinical Nursing Specialists (CNS) and Advanced Practice Nurses (ANP) are isolated, particularly in smaller hospitals and ICUs. CNSs/APNs are unaware of the work of colleagues in other ICUs and of others struggling with similar problems.

## 2. Chronology

- 2008** - Formal request to the IGIP/CISI to launch a working group for CNSs and APNs.
- Open appeal in the journal and at the annual meeting of the IGIP/CISI.
  - Personal invitation to CNSs and APNs known from trainings, congresses and other meetings.
- 2009** - First two meetings to establish rules of action.
- Admission as a official sub-group of IGIP/CISI at the annual meeting by election.
  - Initiating the first project: literature review about Nursing Sensitive Outcomes of Intensive Care.
- 2010** - Publication of the results of the first project in the journal of the Swiss Nursing Association (SBK/ASI).



## 3. Method: Rules of Action

**Status:** Independent sub-group of IGIP/CISI

**Aim:** Developing Intensive Care Nursing by:

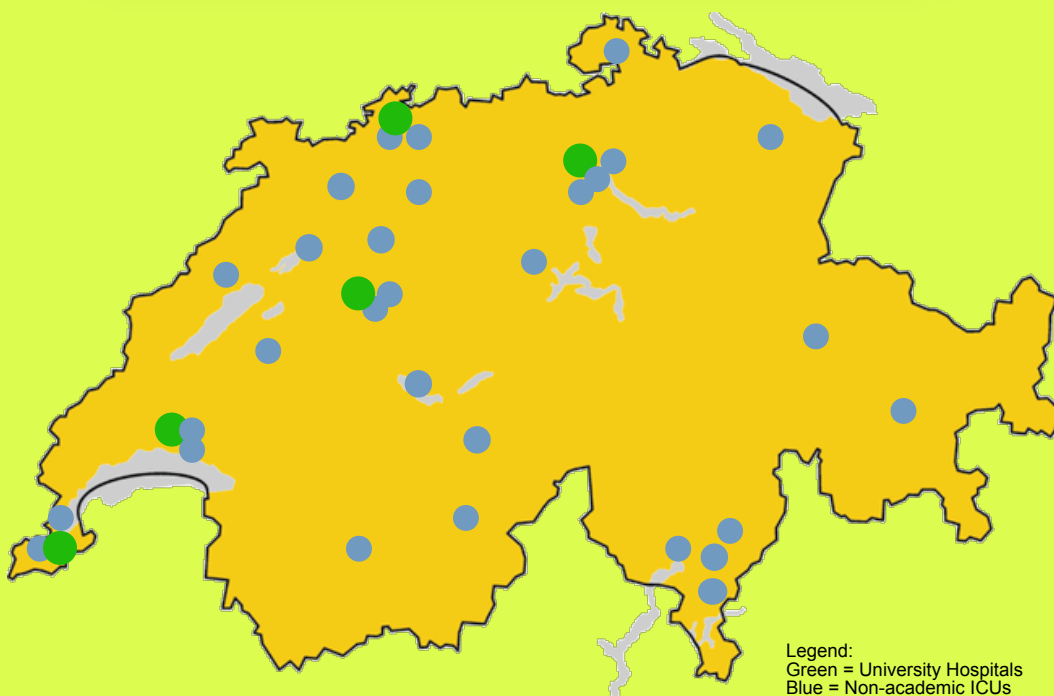
- ⇒ assessing the strengths, weaknesses, opportunities
- ⇒ exchanging information and making use of synergies
- ⇒ collaborating on specific topics

**Condition for Membership:**

- ✓ Degree: BNSc, MNSc or PhD
- ✓ Function: CNS or APN
- ✓ Member of IGIP/CISI

**Approach:**

- 3-6 half-day-meetings each year
- additional meetings for temporary working group
- teamwork across language regions within Switzerland



## 4. First Results

**Network of experts in Intensive Care** for

- formal collaboration about specific issues
- requests and interchange about ICU practice

**“Intensive Care Nursing Sensible Patient Outcomes”<sup>1\*</sup>:**

- functional status, e.g. organ function, vital parameters
- self-care, e.g. mobility and ability to communicate
- symptom control, e.g. level of pain, anxiety, weakness
- safety/adverse events, e.g. pressure sores, VAP, infection
- patient satisfaction, e.g. about information, waiting times

**“Agenda for Developing ICU Nursing in Switzerland”<sup>2\*</sup>:**

List of >100 issues and 10 priorities related to problems and approaches to the nursing care of various patient groups, e.g. ventilated, malnourished, advanced geriatric obese patients

**Proposal** for reviewing the State of the Art of Nursing Care of Chronically Critically Ill (CCI) patients (NNN Classification<sup>2</sup>)

\*see Internet page of IGIP/CISI: <http://www.intensivpflege.ch>

## 5. Factors Influencing Further Work

### Negative factors

- ★ few educated/experienced in academic in nursing science
- ★ multilingualism: difficulty understanding each other
- ★ different roles of CNSs and APNs in individual Swiss ICUs
- ★ different level of development of individual Swiss ICUs
- ★ need to volunteer

### Positive factors

- ★ ever-increasing number of academically-educated nurses
- ★ Switzerland: small country ⇒ easy to meet
- ★ financial support from IGIP/CISI (out-of-pocket expenses)
- ★ moral support by (most) Nursing Managers
- ★ readiness to volunteer during off-hours

## 6. Conclusion: Extra-work is Valuable

The meetings and results of the teamwork provide professional knowlege and strategical support to the group and to ICUs. The group provides orientation, stimulation and motivation to each participant – especially to those new to the CNS/APN role.

<sup>1</sup> Structured after Doran (2003). Nursing Sensitive Outcomes. Sudbury: Jones & Bartlett.

<sup>2</sup> See NANDA International (2005). Philadelphia, USA.