

A proactive nursing resource that provides early detection of clinical deterioration and assistance with timely transfers is vital in the effort to improve patient safety. The outreach RN (ORN) role is a nurse-led initiative that was implemented to facilitate safe patient transfers to either the telemetry unit or stepdown unit. This article describes the development of the ORN role as an additional clinical resource to promote interprofessional care, provide expert nursing assistance to unit staff, and enhance patient safety.

AT A GLANCE

- Critically ill patients with cancer often need escalations in care to critical care areas, such as the stepdown unit.
- The ORN role provides education and support to primary nurses, boosting their confidence to manage patients with complex medical needs.
- ORNs are expert nurses who deliver holistic patient-centered care, including advance care planning, during times of critical care transitions for patients.

KEYWORDS

outreach nurse; critical care; escalation of care; patient safety; care transitions

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Outreach RN

A nurse-led initiative to improve transitions in care for critically ill patients with cancer

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Critically ill patients with cancer require highly specialized care during hospitalization because of the nature of their disease and prescribed treatments. The care they receive can, at times, exceed the resources available on a general oncology unit. As a result, patients often require transfer to settings capable of managing their critical status. During these crucial times, continuity of care remains equally important for a safe and optimal patient care experience (Hull & O'Rourke, 2007). Oncology nurses are expected to provide outreach services that tend to the critical needs of patients and function to ensure continuity of care. Research supports the need for a nursing role that helps to bridge the gap between critical care and general units during escalation of care (Plowright et al., 2005). This role may decrease length of hospital stay, enhance communication between staff and patients, improve continuity of care, and facilitate a safe patient transfer to an advanced care unit (Chaboyer et al., 2005).

In the spring of 2019, a nurse-led initiative at Memorial Sloan Kettering Cancer Center in New York City, New York, prompted the development of the outreach RN (ORN) role. The ORN intervenes in patient care prior to the need for the activation of a rapid response and provides timely transfer and referral to coincide with the patient's escalation of care. The ORN aids in patient safety by preventing further patient decompensation; supporting patients, their families, and colleagues; and enhancing

interprofessional collaboration. The purpose of this article is to describe the clinical application of an evidence-based nursing initiative for patients requiring an escalation of care and its effect on patient outcomes and nursing satisfaction.

Outreach RN

The ORN initiative began in September 2019 as a four-month pilot program. The pilot program used the ORN role as a resource for inpatient units eight hours per day, five days a week. During the pilot program, the ORN saw an average of one to two patients per day and spent an average of 70 minutes with each patient. Because of the positive impact on patient care and increased nursing satisfaction, the hospital implemented the ORN as a full-time 12-hour position in January 2020. Once full-time, the ORN assisted three patients per day on average for about 83 minutes per patient. A team of stepdown unit (SDU) nurses received training from the individual SDU nurse who piloted the ORN role to support day and night shifts.

The ORN role initially included assistance in the management of care for newly upgraded telemetry patients from unmonitored units or patients newly admitted to the SDU. The ORN's initial role also included assisting with nursing care, monitoring for dysrhythmias, and remaining with the patient until safe transfer to the appropriate designated unit was complete. The ORN began proactively rounding on inpatient units using the Rothman Index tool, a mortality algorithm driven by vital signs, nursing assessments, and laboratory values. Its purpose is to facilitate