

NURSES CONSISTENTLY ASSIGNED TO THE CATHETERIZATION LABORATORY

Evidence Brief

DEDICATING A SPECIFIC POOL OF NURSES TO THE CATHETERIZATION LABORATORY as opposed to cross-training nurses from the intensive care unit (ICU) is associated with better performance in care of patients with acute myocardial infarction (AMI).¹ Possible reasons for this association include: 1) the fine choreography required among team members to rapidly implement complex procedures in emergent situations, 2) direct and efficient communication that is developed through time and trust, 3) deep familiarity with routines and ways of working under pressure and time urgency, 4) confidence among team members that the nurse is capable of problem solving and trouble shooting, and 5) use of complex devices which require familiarity and experience. These conditions may be challenging for cross-trained nurses, who have more intermittent exposure to the catheterization lab environment and fewer opportunities to develop collaborative relationships with staff. Safe and efficient inter-professional collaboration in acute, highly technical settings requires continuous investment in the team's development and learning.²⁻⁴

CROSS-TRAINING ICU NURSES to cover the catheterization lab can offer important benefits, including improved nursing morale and mitigating the negative consequences of nurse absenteeism and turnover,⁵⁻⁷ more efficient allocation of staff to meet patient census needs,⁸⁻¹⁰ and less frequent use of temporary/agency nurses,¹⁰ a practice that has been associated with decreases in quality of care.¹¹ In practice, however, efficiency gains associated with cross-training may not be as great as mathematical models predict.¹² Cross-training also poses challenges including task overload and decreased work memory,¹³ and quality may degrade with cross-training since those not regularly using the skills may forget their training.¹⁴ Catheterization lab nurses are highly trained and undergo substantial supervision, as the skills and knowledge required are distinct from those required for nursing in even the most advanced ICU settings. Most importantly, although proponents of cross-training often cite the financial benefits,⁸ cross-training between ICU and catheterization lab nurses may be a marker for the overall financial status of the hospital; AMI volumes that do not warrant dedicated catheterization lab staffing; or other drivers of insufficient resources to pay for a dedicated on-call catheterization lab nursing staff. In facilities where a nursing team dedicated to the catheterization lab is not feasible, alternate staffing models can manage cross-coverage and minimize some of the major safety and quality issues.¹⁵



References

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