



## Critical Care Outreach National Meeting held Friday 15th June 2012

**Venue:** O Hara Building, Fisher and Paykell, East Tamaki, Auckland.

**Chair:** Kay Davies WDHB

**Minutes:** Peter Groom WDHB

**Apologies:** Gillian Bohm

**Present:** Peter Groom, Kay Davies, Anne Pederson, Carla Van Diggele, Marilyn Beken, Collen Hartley, Kate Smith, Ayshea Green, Lynn Salt, Stephanie Walker, Lee White, Wendy Sullivan, Justine Kime, Janine Rouse, Mary Anne Johnson, Bev Marshall, Waina Strickland.

Thanks to Martin at Fisher and Paykell for supporting and hosting this meeting.

Item / Issue	Outcome	Action / Time Frame
Recognition that the group had not met up for over a year. Update from each team present on their current situation, progress and challenges.	<b>Waitemata DHB:</b> 2.4 fte CNS, covering 7 days a week 07:30 – 16:30 with ICU registrar covering out of hours. All wards using EWS with mandatory response. Positive audit results. 2059 patient referrals in 2011. Strong educational component running Acute Care Training monthly. <b>Capital and Coast DHB:</b> 4.5 fte CNS, covering 24/7 as PAR team. Seen as an integral part of the 24/7 hospital system.	No action; session update.

Mandatory MET calls and EWS. Clear evidence of a reduced cardiac arrest rate. The future; EWS for peripheral hospitals, computer based EWS and active involvement in end of life care. Revamped resuscitation committee with aim of zero arrests.

**Auckland DHB:** 24/7 Hybrid service between DCC and CNA groups. CNA team linked to code calls and EWS, working closely with hospital duty nurse management. DCC team undertaking ICU follow up, discharge planning and education.

**Counties DHB:** Well resourced 24/7 team, 13 fte lead by Nurse Practitioner. NP internship and strong education drive. Adult service, paediatric emergencies only. MET calling criteria with mandatory EWS. Strong links with Critical Care.

**Wakefield Hospital. Wellington:** PART linked to accreditation audit. ICU nursing staff covering pager, ICU follow up service. All acute admissions reviewed by PART. Nursing staff can admit to ICU.

**Starship Hospital. Auckland:** No funding currently staffed by PICU team. Nurse allocated from roster daily. EWS in use, undertaking EPOCH study. EWS no mandatory response but Paediatric MET. In-situ simulation undertaken.

**Northland DHB:** 7 day service, 10 hour shifts 12:30 – 23:00 3.0 fte. EWS with

	<p>mandatory response. EWS is used at outlying hospitals but poor utilisation of the Rapid Response Team. Part of medical handover team. Issues with not having a 24hr service staff sometimes forget to call the team.</p> <p><b>Hutt Valley DHB:</b> 7 day 15:00 – 2300 service 4 fte. Utilizing computer based response system SPADE. Roaming role. Excellent compliance with EWS, improving relationships with junior doctors.</p> <p><b>Christchurch DHB:</b> Still some specific Christchurch issues. ICU aligned 24/7 service with 1 fte funded for Critical Care Outreach. EWS in place with mandatory response, codes and paediatrics covered.</p> <p><b>Waikato DHB:</b> No formal programme currently. CRN 6 fte cover wards during afternoons, evenings and nights. There is a roaming role. EWS rolling out. CRNs respond to codes.</p>	
<p>Reports from Sydney, the Rapid Response Systems and Emergency Team conference. May 2012. Anne Pederson, Stephanie Walker and Justine Kime and Lynn Salt attended.</p>	<p><b>See attachment.</b> Sydney update. Contacts with Gillian Bohm NZ MOH formed, enthusiasm from wider group for active involvement in national observation chart.</p>	<p>Anne Pederson and Kay Davies to liaise with Gillian Bohm re. working group. Feedback at next national meeting. November 2012</p>

Group discussion: chaired by Peter Groom.  
The way forward for this group.

- 1.** National learning group to review options re. a national observation chart. Supported by Gillian Bohm at the MOH. Issues noted, complications expected but general enthusiasm. Recognition that paediatrics and maternity will need to be actively involved.
- 2.** Requirement for a minimum data set for Critical Care Outreach, MET and Patient @ Risk Teams. To enable meaningful analysis and research.
- 3.** National meeting contact lists and meeting frequency. How often and where? Could this be linked to ANZICS or the NZ "seniors" meeting. Recognition that linking to conferences ↑ cost.
- 4.** Clinical grading for CCOT, MET and PART nurses. Recognition that grading / pay is variable across the country. WDHB have been through the MOH Job Evaluation Review Committee (JERC). Currently they are CNS grade 4.

Anne Pederson and Kay Davies to liaise with Gillian Bohm re. working group. Feedback at next national meeting. November 2012

Anne Pederson conducting survey currently, teams to ensure survey completed. Please liaise with Anne re. other DHB / staff involved in this work who are not represented at this meeting.

Kay Davies to co-ordinate contact list until next Critical Care Outreach National meeting.  
Wellington to host next national meeting in November 2012. Date TBC ideally a Friday 08:30 start. Lee and Mary to mention this at the next Private hospital Association meeting.

WDHB are happy to share these documents and their experience of this process with others. Wellington has requested further information. This will be sent within 2 weeks, Peter Groom to action.

	<p><b>5.</b> CCNS website and options for Critical Care Outreach / MET / Patient at Risk Team microsite. Currently only has the Position Statement on it. Co-ordinated by Rebecca Jardine NZNO. Content suggested included the minutes from these meetings, links to conferences, education sessions and contact lists.</p>	<p>Kay Davies will co-ordinate entries to website. She will also write a report on this meeting for Critical comment, NZNO CCNS newsletter.</p>
<p>Presentation by Dr Jonathan Casement on Liver Function Tests and Clinical Significance.</p>	<p>See attached powerpoint I.</p>	<p>Thanks to Jonathan for his session and input. Much appreciated.</p>
<p>Presentation by Kay Davies on her Masters thesis on the Implementation of Critical Care Outreach in a NZ Hospital.</p>	<p>Kay has completed her thesis on implementation of Critical Care Outreach in a NZ hospital. This thesis completes her masters from Massey. It highlights the importance of these support services and how they are appreciated by ward nursing staff. Her presentation will be available for the website in the near future.  Updates on other research by meeting staff.  Janine Roux ADHB: Looking at discharge planning and transition to the wards.  Stephanie Walker ADHB: Review of NZ observation charts, recognition of</p>	<p>Thanks to Kay for her session and input.</p> <p>Recognition that Stephanie's work will be useful for the MOH group looking at a national Observation Chart.</p>

	variability and documentation. Also reviewed observations pre code calls at ADHB and this linked with international findings. 75% of patients showed clinical deterioration pre arrest.	
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