**Annual meeting of the**

**NZ Critical Care Outreach Forum (NZCCOF)**

**15 September 2017**

**HQSC Boardroom Wellington.**

**Present:** Anna Lawson, Kate Smith, Leslie Kazula, Susan Takerei, Kiri Matiaros, Sara Olley, Rae Thornton. Rodney Bowen, Maria Hurford, Irene Walden, Donna Tofts, Teresa Smith, Emma Bradley, Amanda Harrison, Catherine McNamara, Kate Duplan, Eve Christophers, Waina Strickland, Karen Bradley, Jennifer Hill

Apologies: Luke Flynn, Sarah Pickery

On the 15th September the National Critical Care Outreach Meeting was held at the Health Quality and Safety Commission’s boardroom in Wellington. This national group has been regularly meeting for the past few years and has a core group looking at terms of reference, the future direction of the group, and possible operational standards for critical care outreach services.

The meeting was attended by a wide range of either outreach nurses or those who have an interest in providing outreach services. We had nurses from far and wide – Wellington (public and private), Auckland (Waitemata and Counties Manukau), Dunedin, New Plymouth, Rotorua, Wairarapa, Whanganui and Waikato. It was great to hear from all of these places about what services they provide, what they hope to provide and challenges that are occurring within small and large hospitals around the country.

An agenda was run for the day and after the welcome Jennifer Hill (Specialist – Patient Deterioration HQSC) updated the group on the HQSC program about the five year quality improvement programme on Patient Deterioration. There are five key areas with time frames with the rapid response systems (EWS) July 2016 – June 2018. Jennifer shared the learnings from the five DHBs who ran the trial of the National EWS (Whanganui, Auckland hospital, Tairawhiti, Nelson Marlborough, and Christchurch – public and private). There was a site which had electronic scoring systems and those who were working with paper based systems. Escalation plans had to be site specific and be able to provide rapid response to deteriorating patients within the resources available at each site. The programme is now out to the rest of the DHB’s to implement going into 2018. Trial sites are happy to be contacted with any questions from all other DHB’s who are now working through the implementation phase. The next part of the program is the move into family and whanau activation of concern and shared goals of care. The shared goals of care workshop was held at the end of October at Te Papa.

Eve Christophers from the Middlemore Outreach team presented their project about patient and family initiated call for concern – Call for Concern 24/7. This is a resource for patients and family/whanau members to call for immediate help if they become concerned about changes in a patient’s medical condition. This is part of the five year HQSC programme at improving the recognition and timely response to patient deterioration. This patient and family whanau escalation has the target dates of implementation July 2017 – June 2019. The project was piloted on two wards – adult general medical and general surgical. As part of the study 41 patient or family members were interviewed by the research team. Of the 41, 28 had experienced deterioration either via medical emergency (MET) call or at patient at risk (PAR) review, and 13 ward patients were interviewed as part of their admission. Five themes emerged – knowledge of illness and deterioration, what matters most to patients and families, cultural/spiritual and personal beliefs, feelings of relief and reassurance on escalation, and support for a ‘call for concern’ service.

There is overwhelming support for a call for concern service and patients, family/whanau and staff have been interviewed. Pro’s and cons have been listed and ideas for implementation have been identified. The project was run with a partnership model which included nurse leader sponsorship, project wards supported by a project team, consumer involvement, PAR team and the quality team. There are posters and pamphlets about the project to help advertise it in the project wards.

Sara Olley form the Waitemata Outreach team presented their Acute Care Training (ACT) for the Multidisciplinary Team on behalf of Sonya English who had presented it to the ANZICs Deteriorating Patient Conference in Sydney earlier this year. This course which has been 10 years in the making utilises the familiar ABCDE assessment process and communication tool ISBAR. The course has pre course e-learning, that includes use of the communication tool, scenarios, and relevant information about the patient. The course has a 70/ 30 split of time – 70% of the time being spent in practical training and simulation and 30% of the time in discussion and review of theory. Waitemata DHB had five key goals which were underpinned from the ACT course – evidenced based oxygen therapy and humidified high flow nasal prongs, CLAB prevention, Surviving Sepsis, ISBAR referral and practical vs technical interface. The Waitemata team like to own their own course as it allows course to be inclusive and flexible, and for them to run a realistic multidisciplinary team approach.

The outreach core group had decided to canvas the wider outreach nursing community by undertaking a survey monkey about the future direction of the group, official name and if we should head down a competencies route. Susan Takerei presented the results on behalf of the core group. There were 50 responses, with 28 of those working within outreach/PAR teams, 8 from critical care/ICU/flight nurses, 4 nurse practitioners and 4 clinical nurse specialists (and a scattering of other areas). 76 % of respondents were members of NZ College of Critical Care Nurses, 55% worked at a tertiary hospital, 25% secondary hospital, 5% rural hospital and 15% private hospitals. 60% of responders had attended the national outreach meeting in the past. There was a canvas of what people would find interesting to be presented at future meetings, with education, networking, research sharing and core competency training all scoring well. We asked how often the meeting should be held – 57% stated yearly, with the remaining 43% saying twice yearly. The UK has national outreach forum which advises and provides specific guidance regarding core competencies – we canvased the group about if our national group should take this path – most respondents strongly agreed that we should follow this path. 83 % said that a website would be useful and that they would be prepared to pay a small membership fee (82%). The final question was about what name the national group should adopt – there were three choices which suggestions also an option – the final name that was agreed on by the group present at the meeting was New Zealand Critical Care Outreach Forum.

The core group (Susan Takerei, Leslie Kazula, Kate Smith and Anna Lawson) lead a discussion about the National Outreach Forum Operational Standards and Competencies for Critical Care Outreach Services. This document has been generated from The National Outreach Forum (NOrF) in the United Kingdom – it is endorsed by the National Early Warning (NEWS) Score Development and Implementation Group of the Royal college of Physicians and The Intensive Care Society. The NOrF document is very comprehensive and outlines core elements of comprehensive critical care outreach as a continuum with seven core elements: Patient track and trigger, rapid response, education, training and support, patient safety and clinical governance, audit and evaluation; monitoring of patient outcomes and continuing quality care, rehabilitation after critical illness and enhancing service delivery. The feedback from the survey monkey indicated that the NZ group should look at adopting competencies. NOrF are happy to share as long as they are acknowledged. The core group would like the wider group to consider this document and how we can possibly adopt here. The document can be found at: [www.norf.org.uk](http://www.norf.org.uk)

The next NZCCOF meeting will be held in Hamilton in October in 2018.

If you have any enquiries about NZCCOF or wish to be added to the email database please email either: Kate Smith (Waikato) [Kate.Smith@waikatodhb.health.nz](mailto:Kate.Smith@waikatodhb.health.nz) or Anna Lawson (Whanganui) [anna.lawson@wdhb.org.nz](mailto:anna.lawson@wdhb.org.nz)

The NZCCOF would like to thank the HQSC for the use of their boardroom for the day and for Emma Mountier who assisted with refreshments and being the point of contact.

Anna Lawson

NZCCOF meeting host.