On the 27 June 2014 the Waikato Patient At Risk (PAR) Team hosted the National Critical Care Outreach Meeting (NCCOM) at The Veranda Café Function rooms, located at lake Rotoroa in Hamilton. It was attended by 24 delegates representing nine different hospitals from around New Zealand. The chair person and organiser of this meeting was Kate Smith, ACNM Intensive Care and PAR portfolio holder for Waikato hospital.

Kate welcomed all the delegates from around New Zealand and then presented the Waikato journey of the clinical resource nurses (CRNs) and the PAR service. The greatest changes have occurred in the last three years. The CRN role started at Waikato hospital in the late 1990s based out of the hospital agency, involving largely task oriented duties. In 2011 the CRNs were incorporated into the critical care service with the introduction of the adult early warning scores (ADDs) on observation charts.

Further rebranding of the service occurred in 2013 with the name change to Patient at risk (PAR) service. At the same time two new services were added; the paediatric early warning score (PEWs) on observation charts with an escalation process and the outreach component following up ICU and HDU patients in the ward after exiting critical care. The PAR team consists of seven ex-ICU nurses (FTE 5.2) working 8, 10, or 12 hour shifts. The service provides one nurse to cover for the whole hospital (including ED, adult, paediatric, maternity and mental health) from 1400-0700hrs week days (2 shifts), and 24 hour cover in the weekend (3 shifts). The development of new documentation for the PAR team has enabled more extensive data collection of patient interactions and team activities to occur. Results showed that in 10 weeks (low peak) the service saw 517 patients, with 60% of these being referrals for ADDs or PEWs elevation, 6% ICU discharged, 6% HDU discharges, and 13% emergency calls. The continuation of data collection will be used to build a case for increasing the services FTEs, increased IT input and data base development.

Martyn Gibson from Fisher & Paykel, our sponsors for the day presented their Optiflow product for the delivery of high flow humidified oxygen. His presentation outlines clinical evidence relating to financial and patient benefits from this system. There was a lot of interest from the delegates, with some hospitals already using this system on the wards to treat sick respiratory patients and preventing ICU/HDU admissions.

After a very taste morning tea Peter Kimble, the Nursing team leader for Hospice Waikato reflected on his experiences as a CRN at Waikato hospital and how this guided him into palliative care. Peter discussed the Liverpool care pathway and how it has influenced end of life care delivered by health professionals and created a more holistic approach to caring for the dying patient. Peter outlined some palliative care leaders and their theoretical frame works such as Elisabeth Kubler-Ross, Cecily Saunders and others. He ended his talk with some interesting questions, what makes nurses different from other health professional and what are our care values. Peter also identified ways too centre yourself, such as while washing your hands say goodbye to the patient you have just seen before moving on to the next patient, and the need to focus on the present not the past or future so you give your now to the patient.

Just before lunch Elaine Fernandes a Waikato Hospital PAR nurse opened the floor for the regional updates where delegates introduced themselves and talked about their service and team.

North shore and Waitakere hospitals

They outlined the difference between the outreach service provided in each hospital, and the difficulty in keeping RNs around once the outreach nurses had arrived to assess patients, something all delegates

agreed with. They highlighted the importance of critical care outreach teams being created to manage sick patients and not being there to fill gaps in staffing levels.

Waikato hospital

Discussed the challenges of increased paper work and data collection and limited IT support. They are hopeful for an increase in FTE to address their significantly increased workload. There was also discussion around PAR nurses role in assessing patients' requirements for watches.

Hutt hospital

Their role includes follow up of ICU/HDU discharges, assessing elevated EWS for adult patients and support ward nurses with teaching, transporting patients and administrating medications.

Auckland hospital

The outreach nurse role includes tracheostomy and HFNP management on the wards, with ICU/HDU follow up being a recent addition to the job.

Wellington hospital

Their data collected by the PAR service showed an increase in MET calls by 23%, with cardiac arrest calls decreasing by 30%. The PAR service continues to follow up ICU discharges but because of increased work load this had been decreased to one visit.

Christchurch hospital

Their service is 3-4 years old with a nurse and registrar rostered on each shift to cover the hospital. The service covers ICU discharges with one follow up visit and assessing elevated EWS.

Middlemore hospital

Their PAR service has a paperless system with all patient interactions entered into a database. Patients' visits are documented into the clinical records. The service has two nurses each shift (sometimes three) with 24 hour cover, they respond to MET calls, ICU/HDU discharge follow up and have seen 3852 patients in 12 months. The service feel they are missing 5% of patients who should be MET calls as there is no value on observation charts for oxygen requirements or saturations.

Wakefield Hospital

This is a private hospital in Wellington that has an outreach service driven from the top down and run out of the ICU. The role consisted of ICU follow up with little time for data collection and analysis.

Blenheim hospital

Currently, there is not an outreach service provided in Blenheim. The purpose of attending this meeting was to gather ideas and contacts to aid in trying to setting up an outreach service.

After a very tasty lunch, stimulating conversation and networking amongst delegates, Dr. Jamie Harvey a paediatric surgeon from star ship hospital spoke about the differences between adult and paediatric surgery and patient care. He felt that in paediatrics it was a more holistic overview of patient care from all specialities. Using an algorithm he discussed different surgical conditions, diagnostic tools and possible treatments. He finished by identifying that when diagnosing or gaining a differential diagnosis, always keep an open mind and when you are busy stop think again.

After Jamie Kirsten Pereira, the PEWs project manager at Waikato Hospital spoke about EWS implementation in paediatrics at Waikato hospital. The reason for PEWs introduction was due to deteriorating children being missed resulting in poor patient outcomes. To aid in the process a working group was formed consisting of nurses, paediatric doctors and CRNs, with a review of other hospitals PEWs and observation charts. Challenges for the project where getting RNs to escalate when required, engagement with medical staff, and some medical conditions, such as bronchiolitis, did not quite fitting the PEWs trigger criteria.

The next speaker was Wendy Sullivan a Clinical charge nurse from Starship PICU. There PEWs has been up and running on the wards for one month. The project group for development consisted of 10 people (medical staff, RN, research RN, and RN educators) who reviewed charts from NZ and around the world. With the new chart they also found that patients with bronchiolitis where triggering often inappropriately. A nurse from PICU responds to PEWs triggers on the wards. The new charts are now used for paediatric patients heading to the ward from NICU, PICU, and ED to enable base line PEWs scores to be obtained. The new charts are audited monthly by ward charge nurses.

After afternoon tea Kate Smith open up the floor for discussion relating to the next outreach meeting. Wellington kindly volunteered to host next years' meeting. The need for a point of contact via NZNO critical care nursing section was suggested and Lesley Kazula from Counties Manukau, put herself forward as that contact person. Kate then thanked all the delegates for coming and closed the meeting.

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