



POSITION STATEMENT ON THE DEFINITION OF CRITICAL CARE OUTREACH NURSING

Purpose

The aim of this position statement is to define Critical Care Outreach Nursing and a Critical Care Outreach service.

Background

Critical Care Outreach Services in Aotearoa/New Zealand were introduced in response to growing concern that ward patients, who were either critically ill or had the potential to deteriorate, were not being identified and appropriately treated. Critical Care Outreach Services extend the boundaries of intensive/high dependency care by taking specialist critical/acute care nursing knowledge and skills to other clinical areas within a hospital. The term Critical Care Outreach Services (CCOS) is used in this document to represent the services and teams that are responsible for the coordination of prevention, detection, and response to the deteriorating hospital patient.

Critical Care Outreach Nursing

Critical outreach nursing is the use of specialist critical/acute care knowledge and skills when providing care to inpatients outside the intensive care unit (ICU) and/or high dependency unit (HDU). These specialist knowledge and skills enable early identification of the deteriorating patient and timely, appropriate intervention.

Critical Care Outreach Service

A Critical Care Outreach Service is defined as:

A service provided by designated specialist critical/acute care staff with a defined role outside of the ICU and/or HDU. This service provides early identification of clinical deterioration and timely intervention for patients who are critically ill or have the potential to deteriorate. A critical care outreach service provides specialised critical/acute care nursing expertise to support the interdisciplinary management of deteriorating patients. These services must have a defined relationship with, and ready access to, the expertise and resources of a critical care facility via mutually agreed policy.

The aims of the critical care outreach service are to:

1. To optimise the quality of inpatient's treatment, care, and experience by:
 - Ensuring all patients receive timely and effective care,
 - Supporting the interdisciplinary team to identify patient deterioration in order to deliver timely and appropriate care,
 - Supporting patients, whānau and the interdisciplinary team following the patient's discharge from an ICU/HDU,
 - Facilitating the admission of ward patients to an ICU/HDU when appropriate,

- Supporting the interdisciplinary team in determining limitations to medical treatment or the need for palliative care.
 - Demonstrating a commitment to *Te Tiriti o Waitangi* and to *Tiriti*-based practice that promotes Māori health equity, and wellbeing.
2. To ensure that the approach toward the delivery of outreach services nationally, aligns with the goals of the New Zealand College of Critical Care Nurses (NZCCCN).
 3. To underpin outreach practice and service development with the best available evidence.

References

Duncan, K., Wells, T., & Pearson, A. (2017). Nurse-led rapid response teams. In M. A. DeVita & R. Bellomo (Eds.), *Textbook of Rapid Response Systems* (2nd ed., pp. 181-191). Cham, Switzerland: Springer.

HQSCNZ. (2017). *Capabilities for recognising and responding to acute deterioration in hospital*. Health Quality and Safety Commission New Zealand, Retrieved from https://www.hqsc.govt.nz/assets/Deteriorating-Patient/PR/Factsheet_-_Recognising_and_responding_to_acute_deterioration.pdf.

HQSCNZ. (2017). Patient deterioration Retrieved February 2018, from <https://www.hqsc.govt.nz/our-programmes/patient-deterioration/>

HQSCNZ. (2020). Kōrero mai – patient, family and whānau escalation Retrieved 25th November 2020, 2020, from <https://www.hqsc.govt.nz/our-programmes/patient-deterioration/workstreams/patient-family-and-whanau-escalation/>

Jones, D., & Bellomo, R. (2017). MET:Physician-led RRT's. In M. A. DeVita & R. Bellomo (Eds.), *Textbook of Rapid Response Systems* (2nd ed., pp. 193-200). Cham, Switzerland: Springer.

NORF. (2019). National Outreach Forum Quality and Operational Standards for Critical Care Outreach Services.

Pedersen, A., Psirides, A., & Coombs, M. (2014). Models and activities of critical care outreach in New Zealand hospitals: results of a national census *Nursing in Critical Care*, 21, 233-242.

Pirret, A., Takerei, S., & Kazula, L. (2015). The effectiveness of a patient at risk team comprised of predominately ward experienced nurses: A before and after study *Intensive and Critical Care Nursing*, 31(3), 133-146.

Strickland, W., Pirret, A., & Takerei, S. (2019). Patient and/or family activated rapid response service: Patients' perception of deterioration and need for a service. *Intensive and Critical Care Nursing*, 51. doi: <https://doi.org/10.1016/j.iccn.2018.11.007>

Williams, G., Pirret, A., Credland, N., Odell, M., Rafferty, C., Smith, D., Winterbottom, F., & Massey, D. (2022). A practical approach to establishing a critical care outreach service: An expert panel research design, *Australian Critical Care*, <https://doi.org/10.1016/j.aucc.2022.01.008>

Date adopted: 2010

Reviewed: 2016, 2021, 2023.

Review date: 2028

Correspondence to: nurses@nzno.org.nz

Principal author: New Zealand College of Critical Care Nurses

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery.

NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

© 2024 This material is copyright to the New Zealand Nurses Organisation.

Apart from any fair dealing for the purpose of private study, research, criticism, or review, as permitted under the Copyright Act, no part of this publication may be reproduced by any process, stored in a retrieval system or transmitted in any form without the written permission of the Chief Executive of the New Zealand Nurses Organisation (NZNO), PO Box 2128, Wellington 6140.