

On PAR– Four shots required to establish a Patient at Risk Team

Presentation to Te Tāhū Hauora HQSC Scientific Symposium 08/11/23

Timeline: Shots played

Teeing Off



Fairway shot



Fairway shot



Final putt



2019
First PDSA

2021
Pilot Phase 1

2022
Pilot Phase 2

2022
Permanent
funding

Teeing Off



Premise:

If We dedicate a nursing role to responding to the acutely unwell patient

By rostering a expert nurse on the pm shift

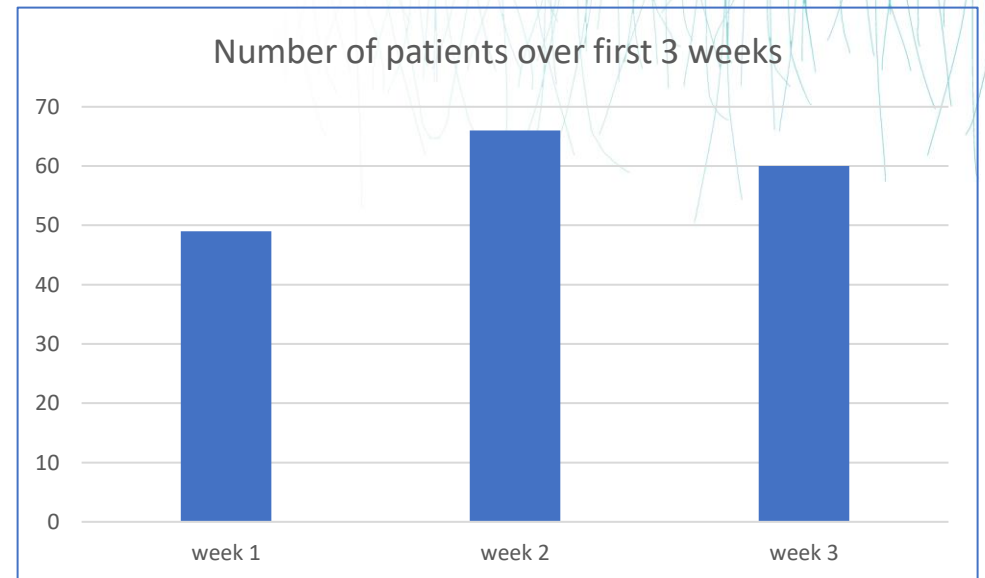
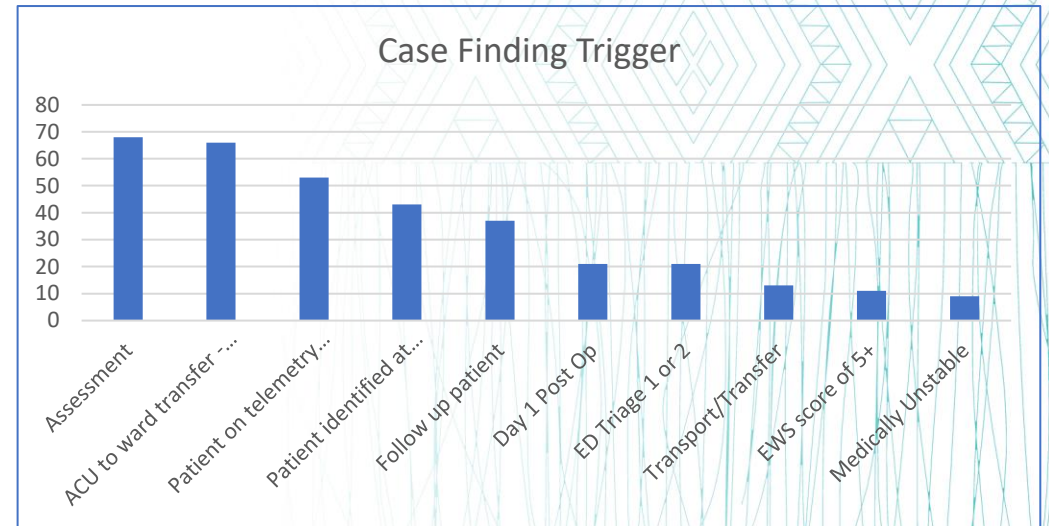
Then we will deliver more effective and timely care to this patient group

First PDSA



Case finding Criteria

- ACU to ward transfer - Day 1
- Patient on telemetry (new today)/respiratory support etc
- Patient identified at DNM/RMO/Te Pou Kokiri handover
- Day 1 Post Op
- ED Triage 1 or 2
- EWS score of 5+



Halted – hit by bad weather



Fairway Shot # 1



Formal pilot approved

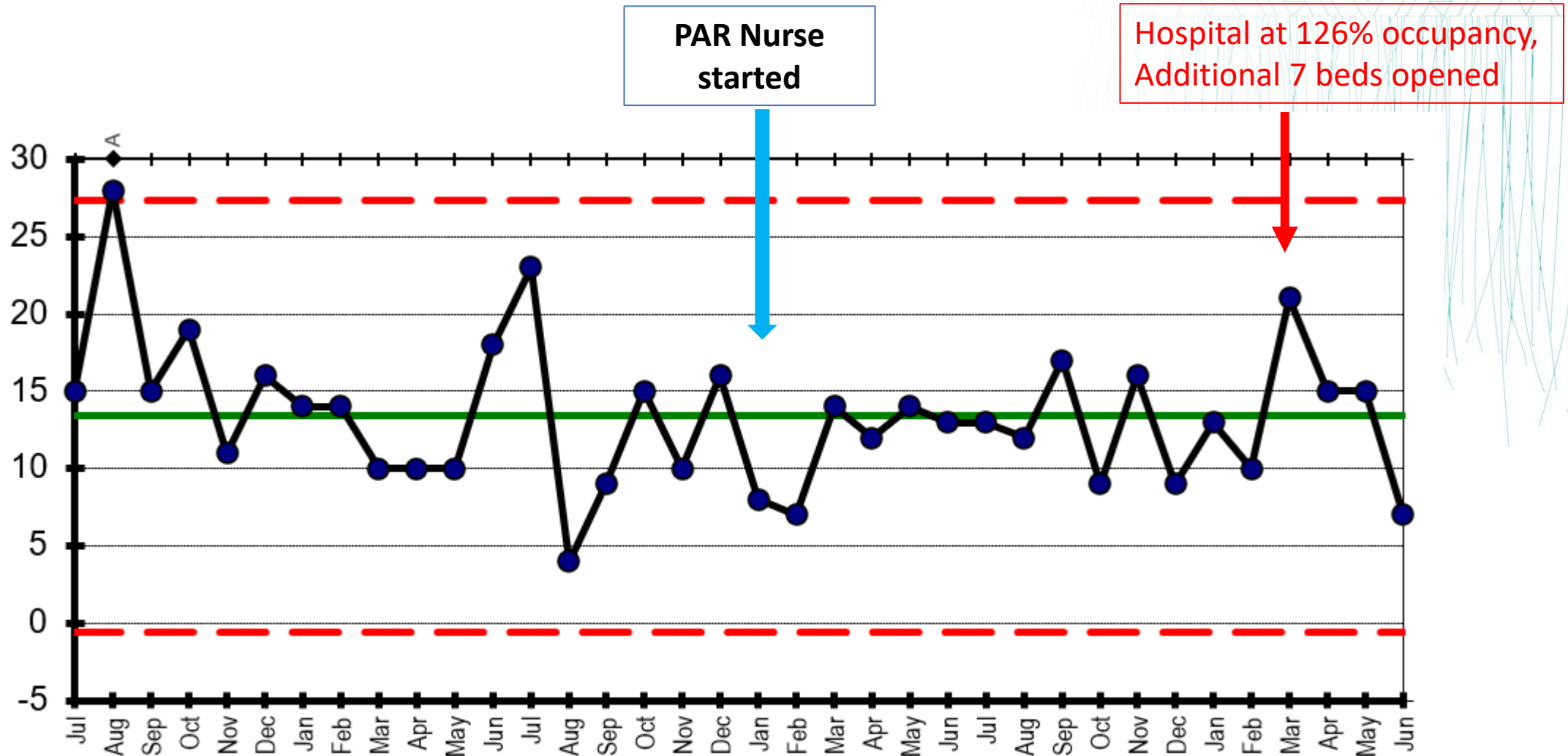
1 FTE split across 2 nurses wed-sunday

Database developed

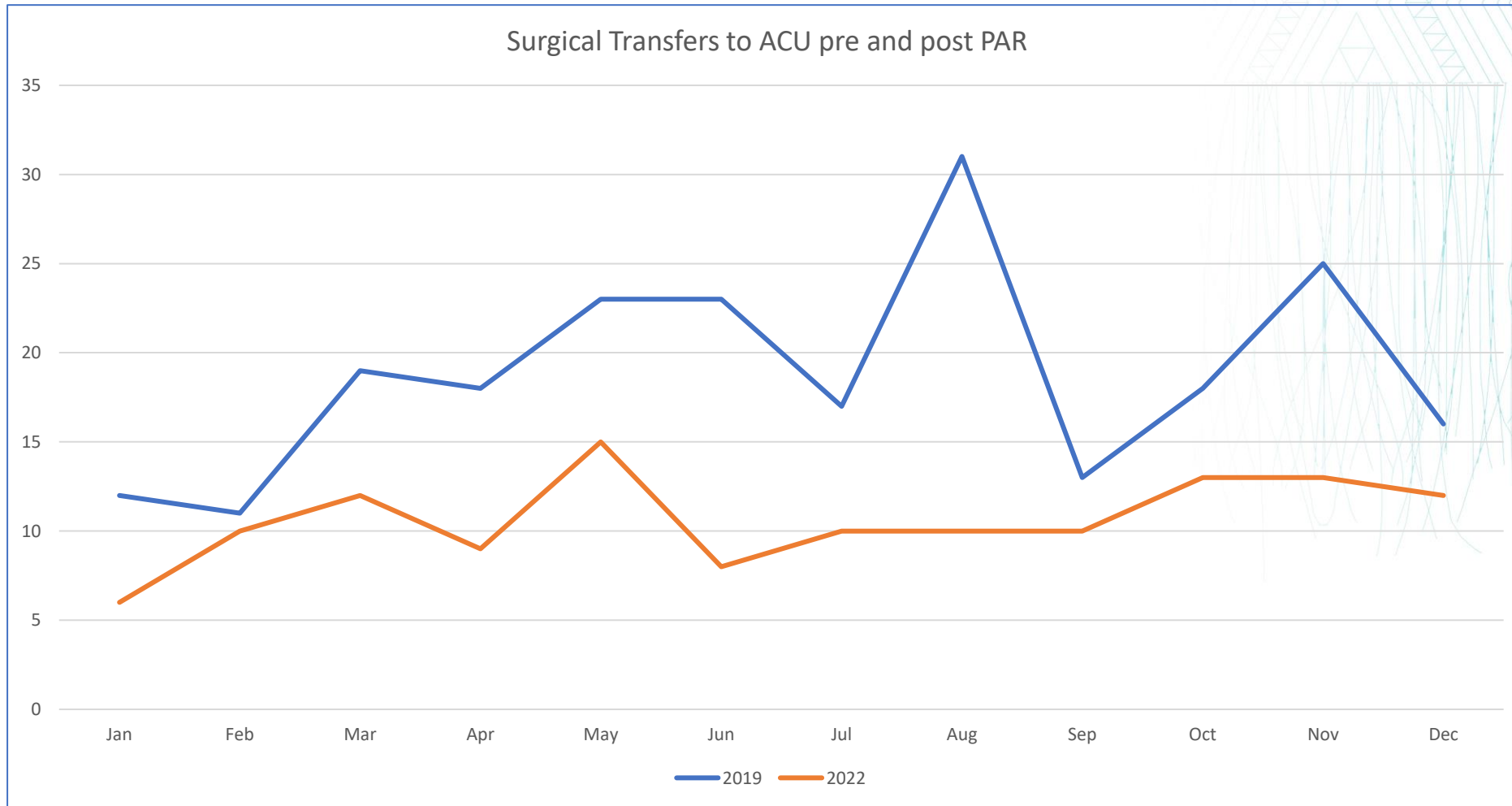
Interventions and Outcomes tracked

Outcome- Prevention of Deterioration

Transfers to ACU from Inpatient Bed

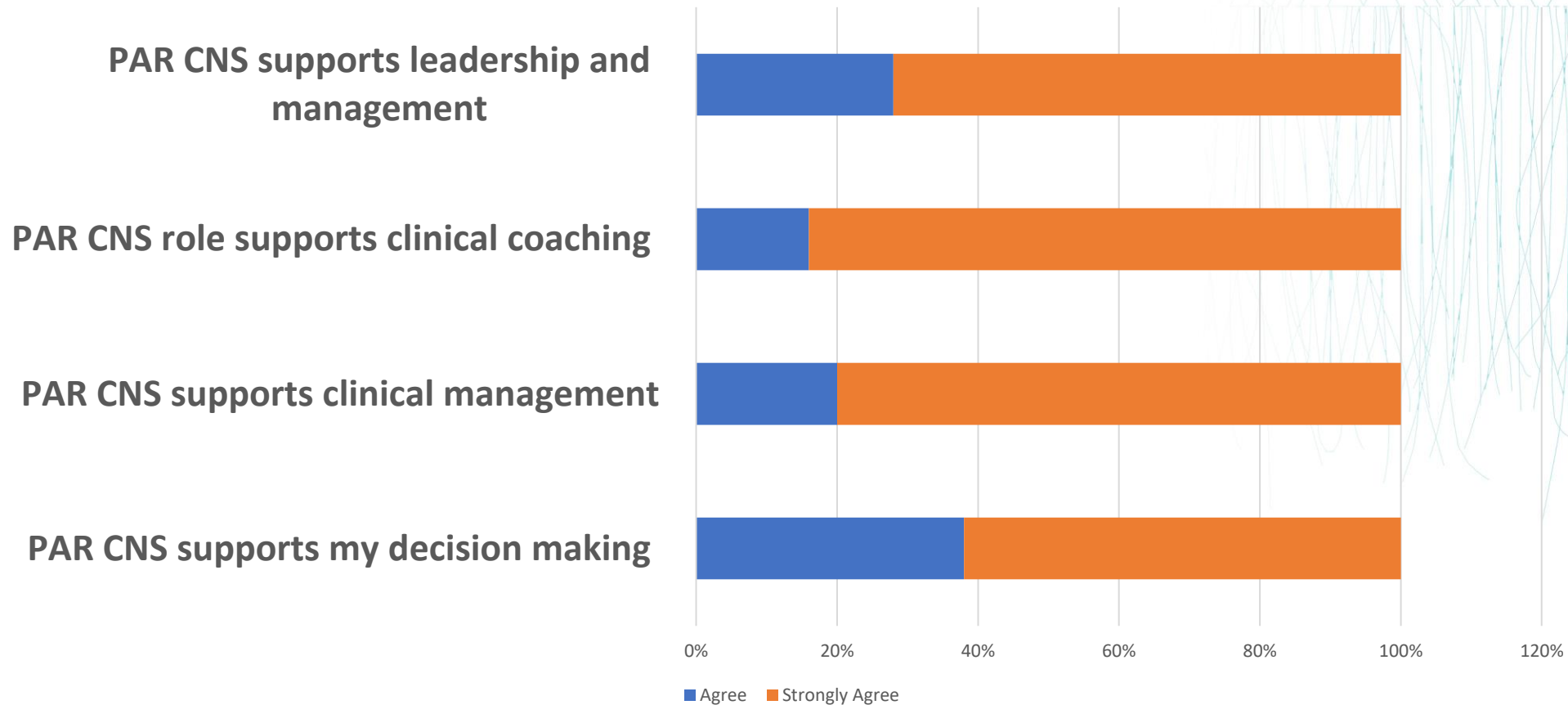


Outcome-Prevention of Deterioration



Outcome- Clinical Coaching

Staff Feedback on PAR role



Fairway shot #2



Business case approved
5 days to 8 shifts a week
service, 7 pms and 1
weekend day shift.

The power of story telling

Patient example



Mahi

Clinical Assessment

Manaakitanga for whānau

Mahitahi- team work with RN and RMO


Navigation and negotiation

Reflection

Patient: Seamless transfer from ED to ACU

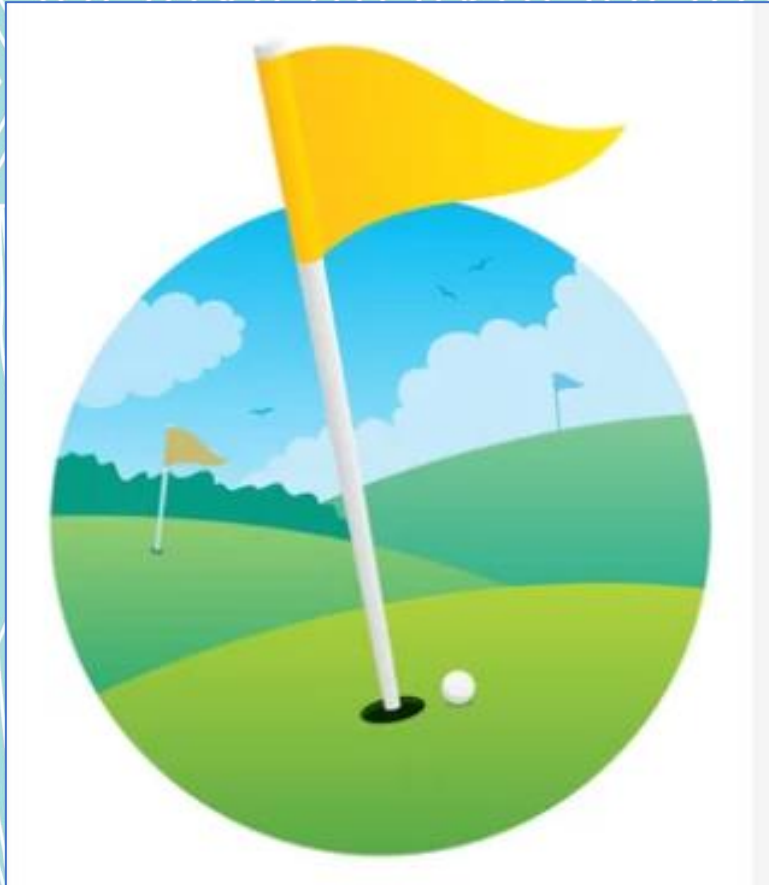
Whānau: Trust vital/partnership/ Manaakitanga

Clinical team: Coaching RMO and nurses

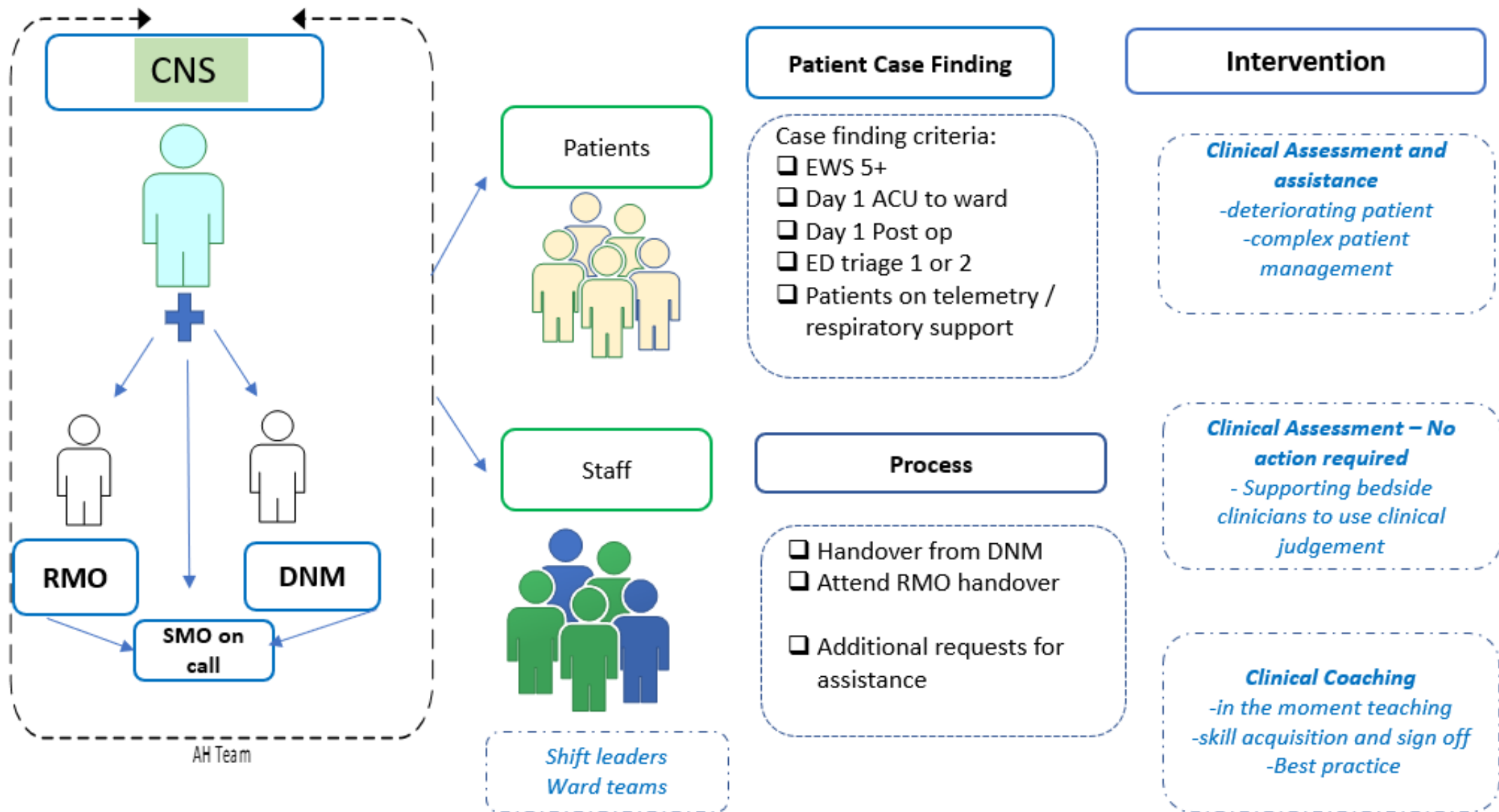


*The care and compassion shown towards
me and my whānau during my stay
was out of this world.
We will be forever grateful.*

Final Putt



Patient at Risk Clinical Nurse Specialist: Partnership with After Hours team



Ngā mihi nui

