

Run Description | Te whakaturanga ō mahi Health New Zealand | Te Whatu Ora

Position	ICU Registrar
Department	Intensive Care Unit
Place of work	Nelson
Responsible to	Service Manager Emergency, Orthopaedics & RMO Services
Clinically responsible to	Clinical Supervisor
Functional relationships	Healthcare consumers Hospital and community based healthcare workers RMO Unit Interim Operations Manager Surgical & Perioperative
Primary objective	To facilitate the management of patients needing intensive care services at Nelson Hospital
Run recognition	Awaiting approval for foundation training in intensive care medicine
Run period	6 months

The Health System in Aotearoa is entering a period of transformation as we implement the Pae Ora/Healthy Futures vision of a reformed system where people live longer in good health, have improved quality of life, and there is equity between all groups.

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. The reforms are expected to achieve five system shifts. These are:

1. The health system will reinforce Te Tiriti principles and obligations.
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well.
3. Everyone will have equal access to high quality emergency and specialist care when they need it.

4. Digital services will provide more people the care they need in their homes and communities.
5. Health and care workers will be valued and well-trained for the future health system.

Te Mauri o Rongo – The New Zealand Health Charter

The foundation for how we ensure our people are empowered, safe and supported while working to deliver a successful healthcare system, is Te Mauri o Rongo – the New Zealand Health Charter. It guides all of us as we work towards a healthcare system that is more responsive to the needs of, and accessible to all people in Aotearoa New Zealand.

It applies to everyone in our organisation and sits alongside our code of conduct as our guiding document.

Te Mauri o Rongo consists of four pou (pillars) within it, including:

Wairuatanga – working with heart, the strong sense of purpose and commitment to service that health workers bring to their mahi.

Rangatiratanga – as organisations we support our people to lead. We will know our people; we will grow those around us and be accountable with them in contributing to Pae Ora for all.

Whanaungatanga – we are a team, and together a team of teams. Regardless of our role, we work together for a common purpose. We look out for each other and keep each other safe.

Te Korowai Āhuru – a cloak which seeks to provide safety and comfort to the workforce.

These values underpin how we relate to each other as we serve our whānau and communities.

Together we will do this by:

- caring for the people
- recognising, supporting and valuing our people and the work we all do
- working together to design and deliver services, and
- defining the competencies and behaviours we expect from everyone.

Section 1: Registrar’s responsibilities

Area	Responsibilities
General	<p>Work closely with the multidisciplinary ICU team and contribute to responsibilities where and when appropriate.</p> <p>Assist with the assessment and admission of patients under the care of the department. Undertake clinical responsibilities as directed by the ICU SMO, also organise relevant investigations, ensure results are followed up, sighted and signed.</p> <p>Responsible for taking patient referrals and reviewing patients as necessary, day to day ward management of patients under ICU team’s care, in consultation with others involved in the care of the patient where appropriate.</p> <p>Maintain a high standard of communication with patients, patients’ families and staff.</p>

Area	Responsibilities
	<p>Inform ICU of the status of patients especially if there is an unexpected change in patient condition.</p> <p>Attend handover, team and departmental meetings as required.</p> <p>Assist with teaching of other team members including students, nursing and allied healthcare professionals.</p> <p>Documentation will be detailed, accurate and timely, signed and legible.</p> <p>The results of all investigations will be signed, actioned appropriately before they are filed in the patient's notes.</p> <p>The RMO should at all times be supervised to a level appropriate to their skill and experience and should freely seek advice from their senior colleagues on management of patients. The ICU Supervisor of Training and/or the HOD ICU should be approached about any difficulties they may be experiencing.</p> <p>Ensure relevant documents e.g. discharge summary and follow up appointments are given to the patient on discharge as necessary. Or discharge summary from ICU is available to receiving ward/team.</p> <p>Obtain informed consent for procedures within the framework of the Medical Council guidelines and NM policies and procedures.</p> <p>Clinical practice is to be based upon Treaty of Waitangi principles with a focus upon equity.</p>
<p>Clinical duties (ICU)</p>	<p>The RMO will have detailed knowledge of each patient admitted to the Intensive Care Unit and will modify each patient's management in order to optimise their outcome., with supervision by the SMO ICU/parent team.</p> <p>Assess patients for suitability of ICU admission prior to discussion with ICU SMO on duty/call.</p> <p>Management of patients in the intensive care unit needing critical care services including vasopressor needs, ventilatory requirements and renal replacement therapy.</p> <p>Acquire knowledge and skills needed for identification and management of deteriorating patients in the wards and ED.</p> <p>Gain experience in invasive monitoring including arterial line monitoring, central venous pressure monitoring, and the procedural skills necessary towards the same.</p> <p>Participation in MET calls.</p> <p>Regular communications with the patient's whanau especially if there is a major change in the patient's condition.</p> <p>Will maintain legible notes of changes in patient management.</p> <p>On discharge of a patient from the Intensive Care Unit, personally contact the receiving team and hand over the patient, describing details of suggested further management.</p>

<i>Area</i>	<i>Responsibilities</i>
	<p>At the time of discharge, a typed discharge summary will be produced by the RMO, a copy of which will accompany the patient.</p> <p>Attend family meetings where possible with the ICU SMO.</p>
Clinical duties (Anaesthetics)	<p>ICU RMO will always be under the direct clinical supervision of the Anaesthetic SMOs</p> <p>Pre-assessment and consent for anaesthesia.</p> <p>Provision of anaesthesia / analgesia / monitored anaesthesia care as appropriate.</p> <p>Supervision of recovery from anaesthesia.</p> <p>Post-operative care including Acute Pain Management Service, ward rounds, new referrals and rescue regional anaesthesia.</p> <p>Vascular access referrals.</p> <p>Assistance to the Emergency Department/ anaesthetic team for severe trauma, airway emergencies or as requested.</p>
Administration	<p>Comply with documentation standards as per medical council and NM requirements.</p> <p>Be responsible for certifying death and complete appropriate documentation.</p> <p>At the direction of the ICU SMO team, assist with operational research in order to enhance the performance of the Service.</p> <p>If absent due to unexpected circumstances (e.g. health, other) contact the RMO Unit (or Duty Manager directly if after hours) as well as the SMO to whom the RMO is clinically responsible in the absent duty.</p> <p>If not in a training programme be enrolled with BPAC Inpractice Recertification Programme.</p>

Section 2: Training and Education

A total of 4 hours protected training time per week, inclusive of the designated training sessions, the timing of which will be agreed between the RMO and senior clinician to ensure appropriate cover can be arranged.

If on a rostered day shift, attendance at any designated training sessions is compulsory.

It is expected that the RMO will keep up to date with new development by reading relevant texts and journals (i.e. library, study or research, attendance at other education session within the hospital).

Section 3: Roster

ICU Registrars work a shift roster as follows:

- Monday-Friday Day shift 0800-1600 with handover at 1500
- Monday-Friday Mid shift 1500-2300 with handover at 2200
- Monday-Friday night shift 2200-0800 with handover at 0800
- Saturday and Sunday Day shift 0800-2030 with handover at 2000
- Saturday and Sunday Night shift 2000-0800 with handover at 0800
- Public holidays have both a Day 0800-1600 and a Mid 1500-2300 shift

Section 4: Performance feedback

<i>Registrar</i>	<i>Service</i>
<p>The RMO will:</p> <ul style="list-style-type: none"> • At the beginning of the run meet with their designated clinical supervisor to discuss goals and expectations for the run. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervisor. • At end of run complete a feedback assessment of the run. 	<p>The service will provide:</p> <ul style="list-style-type: none"> • An initial meeting between the Supervising SMO and RMO to discuss goals and expectations for the run. • An interim assessment report on the RMO 2 months into the run, after discussion between the RMO and the SMO responsible for them. • The opportunity to discuss any deficiencies identified during the attachment. The SMO responsible for the RMO will bring these to RMO's attention and discuss and implement a plan of action to correct them. • A final assessment report on the RMO at the end of the run, a copy of which is to be sighted and signed by the RMO.

Section 5: Hours and salary category

The hours for this run are calculated to be a Category E but as a shift roster it is paid at two categories above (Category C) in line with the requirements of the SECA.