

Policy Number: OP16
Title of Policy: Critical Care Outreach Team Operational Practice Policy

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Attachments

None

Appendices

None

1.0 Policy Statement (Purpose / Objectives of the policy)

This practice policy has been developed to define the purpose of the critical care outreach service and the processes for referral in the management of acutely ill patients.

2.0 Definitions

CCOT - Critical care outreach team.

DNAR or DNACPR - Do Not Attempt Resuscitation or Do Not Attempt Cardiopulmonary Resuscitation. To withhold the techniques of cardiopulmonary resuscitation following formal agreement of a Do Not Attempt Resuscitation order without the withdrawal of thoughtful and humane care.

"Early warning" and "Track and trigger" systems - System(s) that through periodic physiological observations assist in the identification of deteriorating patients and provides a predetermined graded response that includes the frequency of observations and attendance by appropriately trained staff.

eObs system - An electronic observation system that enables timely collection and recording of a patient's observations, automated calculation of the Early Warning Score (EWS) and based upon the score, prompts staff to escalate care.

ICCU - Integrated Critical Care Unit.

ReSPECT: Recommended Summary Plan for Emergency Care and Treatment

SBARD - (Situation Background Assessment Recommendation Decision). This is a structured tool that aims to improve communication and assist in the exchange of vital patient information.

VitalPAC - An electronic EWS system presently implemented at New Cross and Cannock Chase Hospitals.

WTE - Working Time Equivalent.

3.0 Accountabilities

Healthcare organisations have an obligation to provide safe and effective care to their patients and appropriate training to their staff. A suitable infrastructure is required to establish and continue support for these activities.

4.0 Policy Detail

4.1 The critical care outreach team

- 4.1.1 The CCOT service was developed following the recommendation of the comprehensive critical care document (DOH 2000). It is a service which comprises 7 WTE at band 7 and 6.36 WTE band 6 nurses who provide a 24-hour seven-day service on the New Cross Hospital site only.
- 4.1.2 In the unusual event a CCOT nurse is not available on-site, such as when on an inter-hospital transfer, a band 6 ICCU nurse will respond to calls by primarily providing telephonic advice and attending only if there is a risk of significant patient deterioration.
- 4.1.3 The CCOT practitioner on shift is accountable to the consultant intensivist on-call and ultimately to the medical lead for the CCOT service. It is anticipated that CCOT practitioners may seek advice from the specialist trainee or consultant intensivist in assurance of proposed management plans but that patient referrals to ICCU must be by consultant to consultant referral.

4.2 The purpose of the CCOT service

- 4.2.1 CCOT provides a service to support, advise and educate medical and nursing staff to enable identification and recognition of patients with established or impending critical illness. This is supported by electronic and paper-based patient track and trigger systems and EWS.
- 4.2.2 Facilitate timely assessment, treatment and the subsequent further management by alerting the parent or on-call team to the severity of a patient's illness. In immediately life-threatening circumstances, this may also involve contacting the cardiac arrest team or critical care team.
- 4.2.3 To prompt the parent or on-call team to involve the patient's named or on-call consultant to determine treatment ceilings and whether appropriate to escalate to critical care.
- 4.2.4 Assist in the early management of acutely ill patients (18 years and above), prevent their deterioration and where a decision has been made to admit to critical care, facilitate the timely admission to critical care.
 - 4.2.4.1 For patients < 16 years, please follow the Paediatric Vitals escalation and Transfer of Children requiring Paediatric Intensive Care policy.
 - 4.2.4.2 For patients 16-17 years,. The Parent team consultant must make referrals to ICCU to the on-call ICCU consultant. Once the referral has been made, the ICCU consultant or the ICCU registrar will review the young person promptly.
- 4.2.5 Assist in intra- and inter-hospital transfer of acutely ill patients (see section 4.5).
- 4.2.6 To follow-up all patients who are discharged from ICCU, provide support to patients and their families and to staff by bridging the gap between critical care, wards and discharge; and promoting continuity of care.
- 4.2.7 In conjunction with other formal training, support medical and nursing staff in the care for patients with tracheostomies and laryngectomies (see section 4.6).
- 4.2.8 Assist in out-of-hours acute pain management equipment issues (see section 4.7).

- 4.2.9 CCOT reviews are documented in the patient's medical record.
- 4.2.10 CCOT to carry a cardiac arrest bleep and respond when able (CP11).

4.3 Referring patients to outreach

- 4.3.1 Patients can be referred to the CCOT by use of bleep 7441. Guidance for referral is available as eObs system prompts and on the VitalPAC intranet page.
- 4.3.2 The parent team and ward **should refer** to outreach any patients that have triggered the NEWS 2 score of 7 and above or NEWS2 of 5 or single parameter of 3 **if concerned** even if they have received or are receiving intervention.
- 4.3.3 This must also be an opportunity for senior review and document discussions and decisions related to escalation, DNACPR status and/or end of life care on the ReSPECT form.
- 4.3.4 All referrals to CCOT are continually prioritised according to a patient's clinical condition and capacity demands. CCOT will provide prompt, urgent or routine review of patients referred to them and, where appropriate, provide telephonic support, advice and escalation pathway guidance.
- 4.3.5 The CCOT can also offer advice on management of certain medical devices or specialist care e.g. central venous lines, tracheostomy care, patient controlled analgesia (PCA) and epidural pumps.
- 4.3.6 Consultant intensivists may also refer patients directly to CCOT. In this situation the modus operandi is that the patient will be reviewed by the CCOT practitioner, during the same shift, who will report to the referring intensivist irrespective of whether or not they are the on-call consultant intensivist. If the CCOT practitioner cannot review the patient in a timely way, the specialty trainee intensivist should be contacted; and if they cannot see the patient, the referring consultant intensivist will be contacted. If upon review by CCOT the patient needs escalation, the referring consultant intensivist will make appropriate arrangements for escalation of care to ICCU.
- 4.3.7 All referrals of patients potentially requiring admission to general critical care should be made by a consultant from the parent or on-call team directly to the general ICU consultant on call. If time critical, the referral may be made by the parent team to the second on call general ICU doctor with the knowledge of the referring consultant.

4.4 Admission to critical care

- 4.4.1 The outreach nurse has no influence on admission to critical care. It is the responsibility of the named or on-call consultant clinician to determine if appropriate to refer to critical care and to lead in the management of the care of the patient pending their transfer to critical care. Please refer to **Integrated Critical Care Unit – Operational Policy**.
- 4.4.2 The specialist trainee or consultant intensivist on-call for critical care can be contacted by switchboard for immediate advice or review.
- 4.4.3 If admission to ICCU is agreed, the outreach nurse is able to support nursing staff

to ensure all correct equipment is available to facilitate a safe and timely transfer to ICCU.

4.5 Inter- and intra-hospital transfers

- 4.5.1 If a patient requires transfer from New Cross Hospital to another hospital, the outreach nurse will provide experienced nursing support to the transferring specialist trainee for critical care. This encompasses all ventilated patients irrespective of the transferring department or area and may include time critical paediatric transfers in rare circumstances.
- 4.5.2 CCOT may also be available to assist with intra-hospital transfers between departments e.g. Emergency Department to ICCU.

4.6 CCOT role in the care of patients with tracheostomy and laryngectomy

- 4.6.1 Provide ward-based training to staff on care of patients with tracheostomies and laryngectomies; and to ensure essential equipment is available at the patient's bedside.
- 4.6.2 Support the multidisciplinary team in the weaning and decannulation of patients with a tracheostomy.
- 4.6.3 Utilise the trust tracheostomy care bundle in conjunction with the Ear, Nose and Throat (ENT) tracheostomy care general clinical practice pathway ([CP01](#)).
- 4.6.4 Liaise and refer patients to ENT nurse specialists to ensure continuity of care for patients with long term tracheostomy or laryngectomy.
- 4.6.5 Liaise with the tracheostomy lead to ensure best practice and coordinated care.

4.7 Acute pain management

In addition to the first and second on-call anaesthetists, CCOT can offer advice and assistance to medical and nursing staff in equipment and acute pain management between the hours of 4pm - 8am Monday to Friday and 24 hours on weekends and bank holidays.

4.8 Education and training

- 4.8.1 Alongside the day to day advice and teaching carried out on the ward, the outreach team give formal lectures to promote awareness of CCOT service at:
 - Monthly trust induction to all new starters;
 - Induction for student nurses from Wolverhampton University;
 - Medical staff induction in August and at other ad hoc times;
 - Tracheostomy study days.
 - Acute Illness Management (AIM) Course as a Faculty
- 4.8.2 Provide in-house rotational programme and secondment opportunities for critical care nurses to aid their professional development and their potential to transition to

a critical care outreach role.

5.0 Financial Risk Assessment

A financial risk assessment has been undertaken and no financial risk has been identified as a result of implementing this policy.

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An assessment has been undertaken and no adverse effects have been identified for staff, patients or the public as a result of implementing this policy.

7.0 Maintenance

The CCOT nurse lead and clinical lead for outreach will be responsible for reviewing this policy every three years to ensure that it reflects best evidence-based practice and meets the needs of the Trust.

8.0 Communication and Training

This policy will be communicated at Trust induction and available via the trust intranet page. Escalation prompts are available on the eObs system

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
CCOT activity: <ul style="list-style-type: none"> • Follow-up • Track and trigger • Referrals • Inter- and intra- hospital transfer • Acute pain management 	CCOT nurse lead	Routine monitoring with CCOT database	Monthly	CCSD
Tracheostomy Care	CCOT nurse lead	Routine monitoring	Monthly	CCSD Trust tracheostomy lead

10.0 References - Legal, professional or national guidelines

Department of Health. *Comprehensive critical care - A review of adult critical care services (2000)*. London DOH.

Department of Health. *Competencies for recognising and responding to acutely ill patients in hospital (2009)*. London DOH.

National Institute for Health and Clinical Excellence. *Acutely ill patients in hospital - Recognition of and response to acute illness in adults in hospital. NICE clinical guideline 50 (2007)*. London NICE.

National Confidential Enquiry into Patient Outcomes and Death. *Emergency admissions: A journey in the right direction? (2007)*. London NCEPOD.

National Patient Safety Agency. *Recognising and responding appropriately to early signs of deterioration in hospitalised patients (2007)*. London NPSA.

Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: OP16 Version 1.0	Policy Title Critical Care Outreach Team Operational Practice Policy	Status: Final		Author: Saibal Ganguly, Donna Clift, Yat Li Chief Officer Sponsor: Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	April 2021	Saibal Ganguly, Donna Clift, Yat Li	Adopt Trust template, update previous operational policy and additional clarity with Consultant ICU referrals and responsibility
Intended Recipients: All Clinical Staff				
Consultation Group / Role Titles and Date: DPG 20/08/21				
Name and date of Trust level group where reviewed		DPG 20/08/21 Trust Policy Group – December 2021		
Name and date of final approval committee		Trust Management Committee – January 2022		
Date of Policy issue		February 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		December 2024 (Standard review frequency)		
Training and Dissemination: Communicated at Trust induction and available to all staff through the Trust Intranet				
Publishing Requirements: Can this document be published on the Trust's public page: Yes				
To be read in conjunction with: CP61 - Management of the deteriorating patient CP57 - Prescription and administration of emergency oxygen in adults OP88 - VitalPAC policy CP05 - Transfer of patients between wards, departments, specialist units and other hospitals OP10 - Risk management and patient safety reporting policy				

<p>OP41 - Induction and mandatory training policy IP12 - Standard precautions for infection prevention Sepsis screening and action tool CP11 – Resuscitation Policy Maternity care record NEWS2 clinical observation chart (West Park) Paediatric Early Warning system NEWS2 clinical observation chart (Cannock) NEWS2 clinical observation chart (New Cross) SBARD communication tool End of life care Tracheostomy care bundle</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes Impact assessment (as required): N/A</p>	
<p>Monitoring arrangements and Committee</p>	<p>CCOT activity and service is monitored on a continual basis with monthly reports.</p>
<p>Document summary/key issues covered. The operational practice policy details the role of the critical care outreach team in the management of acutely ill patients.</p>	
<p>Key words for intranet searching purposes</p>	<p>Outreach Team, Critical Care,</p>
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p>No</p>

Part B

Ratification Assurance Statement

Name of document: Critical Care Outreach Team Operational Practice Policy

Name of author: Dr Saibal Ganguly Job Title: Consultant Intensivist & Anaesthetist

I, Dr Saibal Ganguly, the above named author confirm that:

- The Policy presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: Saibal Ganguly

Date: 30/09/2021

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title: Chief Medical Officer

Signature: Brian Mckaig

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Critical Care Outreach Team Operational Practice Policy	
Reviewing Group	DPG	Date reviewed: 20/08/2021
Implementation lead: Dr Saibal Ganguly and Donna Clift		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	N/A	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Vital Pac training to nurses and HCA's	Continuous
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Communicated at Trust induction and available to all staff through the Trust Intranet.	Continuous
Financial cost implementation Consider Business case development	N/A	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		