Critical Care Outreach Service
Operational Policy

V2.0

1st May 2017
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1. Introduction

Definition

Comprehensive Critical Care Outreach (3CO) can be defined as “a multidisciplinary organisational approach to ensure safe, equitable and quality care for all acutely unwell, critically ill and recovering patients irrespective of location or pathway”.

The seven Core Elements of Comprehensive Critical Care Outreach (3CO) function are:-

- **Patient Track and Trigger**
- **Rapid response**
- **Education, training and support**
- **Patient safety and clinical governance**
- **Audit and evaluation; monitoring of patient outcome and continuing quality care**
- **Rehabilitation after critical illness (RaCI)**
- **Enhancing service delivery**

The introduction of Critical Care Outreach Services (CCOS) was recommended in Comprehensive Critical Care (2000) in response to the growing body of evidence demonstrating failure to recognise, and respond to obvious physiological deterioration. The aim was to ensure patients received timely intervention regardless of location, with Outreach staff sharing critical care skills with ward based colleagues to improve recognition, intervention and outcome. Subsequently there have been further recommendations for the implementation of CCOS inclusive of the Intensive Care Society (ICS) 2002, NorF 2003, NCEPOD 2005, Critical Care Stakeholder Forum (CCSF) 2005 and NHS Improvement 2016.

This policy outlines the operational arrangements for the Critical Care Outreach service at the Royal Cornwall Hospitals NHS Trust.

This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

Outline the roles and responsibilities of the critical care outreach team to ensure the efficient and appropriate use of the team.

3. Scope

3.1 This policy is to be used by all hospital personnel and has been implemented in the Trust in respect of all adult and paediatric patients.

3.2 It is important that all staff working with patients are aware of the policy and implement it where required

3.3 The Critical Care Outreach Service forms part of the Surgical Service.

4. Ownership and Responsibilities

4.1 The Chief Executive and the Trust Board are responsible for ensuring that the policy is in place.
4.2 The Director of Nursing and Midwifery/Medical Director are responsible for development of the policy and its effectiveness.

4.3 The Director of Nursing, Medical Director and Head of Quality, Safety and Compliance are responsible for ensuring that the policy is implemented and monitored.

4.4 The Matron for Critical Care and the Outreach Team are responsible for ensuring that all staff are advised of the policy and of any revisions/new developments. They are also responsible for ensuring that the effectiveness of the policy is monitored by audit and dissemination of those findings to senior nurses.

4.5 All staff that fall within the scope of this policy must comply with this policy and report any adverse incidents in relation to the use or omission of the policy in line with the Trust’s reporting systems.

5. Role of the Critical Care Outreach Team

5.1 Critical Care Outreach Team will operate 24hrs a day, 7 days per week.

5.2 Sub-optimal care in the acutely ill patient has been well documented in national policies and international evidence based studies. Deficits have been identified in the assessment of the deteriorating patient and their subsequent escalation and treatment.

5.3 At risk patients may have one or more of the following conditions:-

- Surgical or medical emergencies.
- Patients requiring surgery expected to start or finish after 22:00 hours.
- Patients with recent or current cardiac arrest.
- Patients developing organ failure due to shock from whatever cause. These patients will have NEWS scores > 5 (and in particular: hypotension, tachycardia, tachypnoea, high oxygen requirements to maintain oxygen saturation) in association with metabolic acidosis, raised lactate, low urine output and raised creatinine.
- Patients with recent or resuscitated shock.
- Patient with sepsis (high or low temperatures, low BP despite fluid resuscitation, raised WCC and CRP and raised lactate).

5.4 Critical Care Outreach has been established to provide enhanced/ specialist clinical support to these patients ‘AT RISK’, be they requiring Level 1, 2 or 3 Care.

5.5 These patients should be prioritised, assessed and appropriate advice/support requested at an early stage.

5.6 Clinical support will take the form of assessing patients to highlight deterioration, ensuring appropriate care is commenced, actions and referrals are made, at the same time developing ward nurses clinical skills.

5.7 Alongside this, the role provides education and audit focused on enhancing the skills and knowledge of clinical staff in relation to the identification of deficits.
6. Standards and Practice

The Critical Care Outreach Team will have competencies as detailed in the (NoRF) National Outreach Forum Operational standards and Competencies for Critical Care Outreach Services (2012).

Classification

Patients should be classified by the level of care that is required rather than by the area in which they are cared for. The assessment of the required level of care takes into account the patient’s current needs, as well as their potential for change over time.

6.1 LEVEL 0.

Patients whose needs can be met through normal ward care in an acute setting.

6.2 LEVEL 1.

Patients at risk of their condition deteriorating, or those recently transferred from a higher level of care whose needs can be met on an acute ward with additional support from the Critical Care Outreach Team.

6.3 LEVEL 2

Patients requiring more detailed observation or interventions due to failure of one organ system, post-operative care or those “stepping down” from a higher level of care.

6.4 LEVEL 3

Patients requiring advanced respiratory support only or basic respiratory support together with support of at least two other organ system failures. This level includes all critical patients requiring support for multi-organ failure.

7. Service Provision

7.1 A nurse led service, operating 24 hours a day, 7 days a week. It which functions with the support of the Critical Care Consultant.

7.2 The team consists of an Advanced Practitioner in Critical Care and Senior Nurse Practitioners.

7.3 From 19:00 to 07:30 an unregistered nurse, (health care assistant or assistant practitioner) supports the team, currently they undertake urgent requests to cannulate and venepuncture. However this role will develop in the future as the Critical care outreach team is embedded throughout the Trust. a referral made via Maxim

7.4 The Critical Care Outreach Team can be contacted by either a bleep - 3504, or on extension 3149.

7.5 The team will be alerted to the deteriorating patient by the E-observations module (where implemented) which utilises the NEWS (National Early Warning Score). Scores over 5 will request that the user escalates for specialist review. The user and or ward
doctor will decide who to escalate to. All escalations to the Critical care outreach team will result in either a telephone call or visit to evaluate the patient’s condition and need.

7.6 Referrals can be made by all members of the multi-disciplinary team throughout the Trust.

7.7 Patients referred to the Critical Care Outreach team will remain under the care of their ward Consultant, but advice will be sought from the Consultant in Critical Care and the parent team during Outreach activity.

7.8 In the event that an appropriate critical care bed is delayed or unavailable for patients who have been accepted for admission to the Critical care unit, the team will support the ward and assist with the safe transfer of the patient.

7.9 The Critical care outreach team will gain feedback following 6 months of service to evaluate the effectiveness of the implementation of the service and to identify any areas of improvement.

8. Key Functions

8.1 Facilitate in the early identification of patients ‘At Risk’ of deterioration – using the Trust’s track and trigger system (e-observations) or referral from a member of the multi-disciplinary team.

8.2 Liaise at all times with the ward staff and the parent team when a patient condition deteriorates. Contacting the relevant Medical/Surgical Team and/or liaise with Critical Care Consultant when required.

8.3 Provide advice and/or clinical support where required for the deteriorating patient.

8.4 Contribute to the decision making process in patients for whom admission to Critical Care is not deemed appropriate.

8.5 Make referrals to and liaise with other clinical services, for example pain service and respiratory physiotherapist.

8.6 Undertake/ request appropriate investigations e.g. Bloods, X-Ray, ECG.

8.7 Where appropriate support the admission process to the Critical Care and other specialist wards and departments.

8.8 Provide a service to undertake the safe transfer of acutely unwell patients requiring Intra or inter hospital transfer.

8.9 Share critical care skills through education and training programmes for all members of the multi professional team.

8.10 Offer educational placement opportunities to relevant hospital staff and students to facilitate their learning and development.

8.11 Provide a follow-up service to support patients discharged from Critical Care areas.

8.12 This list is not exhaustive and more detail can be found in (NoRF) National Outreach Forum Operational Standards and Competencies for Critical Care Outreach Services (2012) with more specific detail locally - RCHT Critical Care Outreach Competencies (2017).
Referral Criteria

8.13 All patients within the wards and departments who trigger NEWS of 5 or more, or who are giving cause for concern can be referred to the Critical Care Outreach Team.

8.14 All patients discharged from Critical Care or who have received input from CCOT or Critical Care as part of an emergency response will be followed up by the Critical Care Outreach Team.

8.15 All patients referred to CCOT will be followed up until their clinical condition is stable and no further CCOT input is required. Such patients may be referred back to the service at any time.

Protocols.

8.16 All care provided by the Critical Care Outreach Practitioners will be delivered in accordance with the Scope of Professional Practice, Patient Group Directives and Trust policies/guidelines.

8.17 Where appropriate, new protocols/guidelines will be developed and ratified in accordance with Trust policy.

Record Keeping

8.18 The Critical Care Outreach Team will record all their patient interventions in the Medical Notes and on Maxims (Outreach Database).

Audit and Evaluation

8.19 The Outreach service will be audited against the (NoRF) National Outreach Forum Operational Standards and Competencies for Critical Care Outreach Services (2012). Competencies and changes in the service will be made in accordance with the outcomes of the audit and evaluation processes.

8.20 Further evaluation will be undertaken 6 months after the implementation of the 24/7 service to evaluate its effectiveness and identify any areas of improvement required.

Continuing Professional Development

8.21 The individual training and development needs of each member of the Critical Care Outreach Team will be identified and reviewed appropriately. This will be undertaken with their line manager, at least annually using the appraisal and personal development planning process.

8.22 All Critical Care Outreach Team members will undertake mandatory training in accordance with Trust policy.

8.23 The Critical Care Outreach Team will offer educational placement opportunities to other relevant hospital staff including student nurses / medical students to facilitate training and development.

8.24 The Critical Care Outreach Team will function at an advanced level and have developed their role in accordance with professional standards and guidelines. Competencies are taken from those recommended by the (NoRF) National Outreach Forum Operational Standards and Competencies for Critical Care Outreach Services (2012).
8.25 The role of the Critical Care Outreach Team will evolve as the service evolves. Protocols/clinical guidelines will be developed in the light of changing patient needs and in collaboration with the multi-professional team.

**Management Arrangements**

8.26 The Critical Care Outreach Team is part of the Critical Care Service which forms part of the surgical service.

8.27 The clinical aspects of the Hospital at night service previously managed by the Corporate Division will be replaced by the Critical Care Outreach Service and no longer function of the site team.

8.28 Medical support and/or clinical reviews will be provided by the second consultant intensivist covering critical care in hours and the advanced anaesthetic trainee out of hours.

9. **Dissemination and Implementation**

9.1 This policy will be available to all Trust employees through the Trust’s Document Library.

9.2 Managers will be sent a personal e-mail highlighting the existence of the policy and instructions on how to locate it.

9.3 The main users of this policy are the Critical Care Outreach Team, who have been instrumental in developing, updating the policy and commenting on the content.

10. **Monitoring compliance and effectiveness**

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The appropriate escalation of Acutely Ill Patients as described within the NEWS/E-Obs Policy.</td>
<td>1. Clinical Matron Critical Care and Outreach.</td>
<td>1. Monitor compliance with the NEWS/E-Obs Policy regarding the appropriate escalation of the Acutely Ill Patient.</td>
<td>Bi Yearly for each element.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Monitor the number of re-admissions to Critical Care with an aim to reduce.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Monitor the number of Cardiac Arrest Calls –contribute to reduction across the Trust.</td>
<td></td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>The report will initially be sent by the Advanced Nurse Practitioner to the CCO team then forwarded to the Critical Care governance lead. This will be discussed at the governance meeting with actions identified. It will then be disseminated through the normal governance process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The Clinical Matron for Critical Care and Outreach will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations identified in consultation with the Critical Care Outreach Team.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Updating and Review

This policy must be reviewed within 3 years, or sooner should local or national policy imply or demand revision at any earlier date. The policy shall be reviewed by the Clinical Matron – Critical Care and Outreach.

12. Equality and Diversity

12.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

12.1 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Critical Care Outreach Service Operational Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>1st June 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>Immediately</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>11th November 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Claire Blake – Clinical Matron – Critical Care and Outreach</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Email :- <a href="mailto:Claire.Blake7@nhs.net">Claire.Blake7@nhs.net</a></td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Standard operating procedure for the Critical Care Outreach Team.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Critical Care Outreach.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>15/05/2017</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>As above and H@N SOP</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>xxx</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Sue Preston</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
</tbody>
</table>
## Links to key external standards


5. Acutely unwell patients in hospital. NICE CG50.

6. The 2004 working party from the Royal College of Physicians “Acute medicine, making it work for patients”

7. Acute medical care: the right person in the right setting first time. 2007 RCP working party.


NPSA (2007b) Recognising and responding appropriately to early signs of deterioration in hospital patients. NPSA. London.


## Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>23 Jan 15</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Peter T. Johnson. Advanced Practitioner Critical Care.</td>
</tr>
<tr>
<td>15 May 17</td>
<td>V 2.0</td>
<td>Updated as 24/7 service</td>
<td>Claire Blake. Clinical Matron – Critical Care and Outreach.</td>
</tr>
</tbody>
</table>
All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

| Name of the strategy/policy/proposal/service function to be assessed (hereafter referred to as policy) (Provide brief description): Critical Care Outreach Service Operational Policy |
| Name of individual completing assessment: | Telephone: |

1. Policy Aim*
Who is the strategy/policy/proposal/service function aimed at?

2. Policy Objectives*

3. Policy – intended Outcomes*

4. *How will you measure the outcome?

5. Who is intended to benefit from the policy?

6. a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
   b) If yes, have these *groups been consulted?
   c) Please list any groups who have been consulted about this procedure.

7. The Impact
Please complete the following table.

| Are there concerns that the policy could have differential impact on: |
| Equality Strands: | Yes | No | Rationale for Assessment / Existing Evidence |
| Age |
| **Sex** (male, female, transgender / gender reassignment) |
| Race/Ethnic communities/groups |
| Disability - Learning disability, physical disability, sensory impairment and mental |

Critical Care Outreach Service Operational Policy
| Health problems |  |
| Religion/other beliefs |  |
| Marriage and civil partnership |  |
| Pregnancy and maternity |  |
| Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian |  |

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  

| Yes | No |

9. If you are not recommending a Full Impact Assessment please explain why.

| Signature of policy developer/lead manager / director | Date of completion and submission |
| Names and signatures of members carrying out the Screening Assessment |

1.  
2.  

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ________________________________

Date ________________________________