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Royal Cornwall Hospitals NHS Trust

# Critical Care Outreach Service Operational Policy

## V4.1

## January 2021

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**Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team rch-tr.infogov@nhs.net

# 1. Introduction

1.1. 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”.

1.2. 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**

1.3. **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.**

1.4. **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.**

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

1.6. 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 Anaesthetic, Critical Care and Theatres Care Group.

# 4. Definitions / Glossary

- 3CO - Comprehensive Critical Care Outreach
- CCOS - Critical Care Outreach Services
- RaCI - Rehabilitation after critical illness
- ICS - Intensive Care Society
- CCSF - Critical Care Stakeholder Forum

# 5. Ownership and Responsibilities

## 5.1. *Role of the Chief Executive and Trust Board*

- Responsible for ensuring that the policy is in place.

## 5.2. *Role of the Director of Nursing and Midwifery/Medical Director*

- Responsible for development of the policy and its effectiveness.

## 5.3. *Role of the Director of Director of Nursing, Medical Director and Head of Quality, Safety and Compliance*

- Responsible for ensuring that the policy is implemented and monitored.

## 5.4. *Role of the Matron for Critical Care and the Outreach Team*

- Responsible for ensuring that all staff are advised of the policy and of any revisions/new developments.
- Also responsible for ensuring that the effectiveness of the policy is monitored by audit and dissemination of those findings to senior nurses.

## 5.5. *Role of Individual Staff*

- 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.

## 5.6. *Role of the Critical Care Outreach Team*

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

- 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.
- These patients should be prioritised, assessed and appropriate advice/support requested at an early stage.
- The Critical care outreach team forms part of the cardiac arrest, trauma, paediatric emergency response, maternal response and the non-clinical area emergency teams activated via an emergency bleep system.
- Clinical support will be offered to paediatric and obstetric specialties as required. If appropriate, outreach will assist in the transfer of these patient groups to the critical care area. If transfer is not deemed necessary they will offer support to the ward areas until such time as the patient has stabilised and their condition is improving.
- 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.
- 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

6.1. 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) and reassessed in line with National competencies when they are released (anticipated 2021).

## 6.2. *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.

| | |
|---|---|
| LEVEL 0 | Patients whose needs can be met through normal ward care in an acute setting. |
| 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. |
| 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. |
| 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. |

## 6.3. ***Service Provision***

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

6.3.2. The team consists of Senior Nurse Practitioners with a rotational lead practitioner elected by the Clinical matron every two years.

6.3.3. 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. Referrals are made via Maxims.

6.3.4. The Critical Care Outreach Team can be contacted by either a bleep 3504, or on extension 2469.

6.3.5. 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.

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

6.3.7. Patients referred to the Critical Care Outreach team remain under the care of their ward Consultant and the responsibility of the parent team. During the patient review, advice will be sought from the parent team and the Consultant in Critical Care.

6.3.8. Referral to the Critical Care Outreach team **does not** constitute a referral to the Critical Care Unit. If on review by Critical Care Outreach, and after advice from both teams, a referral to Critical Care is deemed necessary, this **MUST** to be undertaken by the parent team either directly to the duty Critical Care Consultant or via the SAT bleep 3513.

6.3.9. 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.

6.3.10. The Critical Care Outreach team will continually gain feedback to evaluate the effectiveness of the implementation of the service and to identify any areas of improvement.

## 6.4. *Key Functions*

6.4.1. Facilitate in the early identification of patients 'At Risk' of deterioration – using the Trusts track and trigger system (e-observations) or referral from a member of the multi-disciplinary team.

6.4.2. 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.

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

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

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

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

6.4.7. Where a patient has been referred (by the parent team) and accepted for admission to Critical Care, support the admission process and other specialist wards and departments.

6.4.8. Provide a service to undertake/support he safe transfer of acutely unwell patients requiring Intra or inter hospital transfer.

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

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

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

6.4.12. 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).

## 6.5. ***Referral Criteria***

6.5.1. 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. NEWS 2 and Nervecentre scores of 7 and above trigger an automatic alert to CCOT at unless altered by parent team.

6.5.2. 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.

6.5.3. 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.

## 6.6. ***Protocols***

6.6.1. 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.

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

## 6.7. ***Record Keeping***

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

## 6.8. ***Audit and Evaluation***

6.8.1. 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.

6.8.2. Audits of the service, demand, function and effectiveness will be conducted and evaluated in order to make service improvements.

## 6.9. *Continuing Professional Development*

6.9.1. 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.

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

6.9.3. The Critical Care Outreach team will complete ALS, APLS and ATLS (observer only) courses and maintain those competency standards.

6.9.4. 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.

6.9.5. 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) and national competencies when ratified.

6.9.6. 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.

## 6.10. *Management Arrangements*

6.10.1. The Critical Care Outreach Team is part of the Critical Care Service which forms part of the Anaesthetics, Critical Care and Theatres Care group.

6.10.2. 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 a function of the site team.

6.10.3. Medical support will be provided by the second consultant intensivist covering Critical Care in hours and the advanced anaesthetic trainee out of hours.

6.10.4. The Critical Care Outreach team will be clinically led by a Critical Care consultant. . This consultant will provide education and support to the team in the form of regular clinical supervision sessions.

# 7. Dissemination and Implementation

7.1. This policy will be available to all Trust employees through the Trust's Document Library.

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

7.3. 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.

# 8. Monitoring compliance and effectiveness

| | |
|---|---|
| **Element to be monitored** | 1. The appropriate escalation of Acutely Ill Patients as described within the NEWS/E-Obs Policy. |
| **Lead** | 1. Clinical Matron Critical Care and Outreach. |
| **Tool** | 1. Monitor compliance with the NEWS/E-Obs Policy regarding the appropriate escalation of the Acutely Ill Patient.<br>2. Monitor the number of re-admissions to Critical Care with an aim to reduce.<br>3. Monitor the number of Cardiac Arrest Calls –contribute to reduction across the Trust.<br><br>Adherence to guidelines will be monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic. |
| **Frequency** | Bi Yearly for each element. |
| **Reporting arrangements** | The report will initially be sent by the Lead for the Critical care Outreach Team 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. |
| **Acting on recommendations and Lead(s)** | 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. |
| **Change in practice and lessons to be shared** | Required changes to practice will be identified 6 monthly; October and April and actioned within a 2 month time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders |

## 9. 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.

## 10. Equality and Diversity

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

10.2. Equality Impact Assessment. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

# Appendix 1. Governance Information

| | | | |
|---|---|---|---|
| **Document Title** | Critical Care Outreach Service Operational Policy V4.1 | | |
| **This document replaces (exact title of previous version):** | Critical Care Outreach Service Operational Policy V4.0 | | |
| **Date Issued/Approved:** | 22nd January 2021 | | |
| **Date Valid From:** | January 2021 | | |
| **Date Valid To:** | December 2023 | | |
| **Directorate / Department responsible (author/owner):** | Lisa Niemand – Clinical Matron – Critical Care, Outreach and Recovery | | |
| **Contact details:** | 01872 253149 | | |
| **Brief summary of contents** | Procedure for the Critical Care Outreach Team | | |
| **Suggested Keywords:** | Critical Care, Outreach, Procedure | | |
| **Target Audience** | RCHT | CFT | KCCG |
| | ✓ | | |
| **Executive Director responsible for Policy:** | Medical Director | | |
| **Approval route for consultation and ratification:** | ACCT Care Group Governance | | |
| **General Manager confirming approval processes** | Douglas Riley | | |
| **Name of Governance Lead confirming approval by specialty and care group management meetings** | Anneka McBride, Governance Lead | | |
| **Links to key external standards** | If there is none include 'none required' here. | | |
| **Related Documents:** | Audit Commission (1999) National Report. Critical to Success, The place of efficient and effective critical care services within the acute hospital. http://www.wales.nhs.uk/sites3/Documents/768/CriticalToSuccess.pdf [Online] (Accessed 12th May 2017)<br><br>Department of Health. (2000) Comprehensive critical care: a review of adult critical care services. London.<br><br>Recording Physiological Observations and NEWS2 in Adults Clinical Policy | | |

| | | | | |
|---|---|---|---|---|
| | /DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/CriticalCareAndResuscitation/RecordingPhysiologicalObservationsAndNEWS2InAdultsClinicalPolicy.pdf<br><br>NCEPOD (2005) An acute problem? NCEPOD, London.<br>NCEPOD (2012) Time to intervene? NCEPOD. London.<br><br>Acutely unwell patients in hospital. NICE CG50.<br><br>The 2004 working party from the Royal College of Physicians “Acute medicine, making it work for patients”<br><br>Acute medical care: the right person in the right setting first time. 2007 RCP working party.<br><br>NPSA (2007a) Safer care for the acutely ill patient: Learning from serious incidents. NPSA, London.<br><br>NPSA (2007b) Recognising and responding appropriately to early signs of deterioration in hospital patients. NPSA. London.<br><br>Resuscitation Policy Royal Cornwall Hospitals NHS Trust.<br><br>National Outreach Forum. (2012)Operational Standards and Competences for Critical Care Outreach Services.<br><br>NHS Improvement (2016) The adult patient who is deteriorating: sharing literature, incident reports and root cause analysis investigations. London. | | | |
| **Training Need Identified?** | No | | | |
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet & Intranet | ✓ | Intranet Only | |
| **Document Library Folder/Sub Folder** | Clinical / Critical Care and Resuscitation | | | |

**Version Control Table**

| Date | Version No | Summary of Changes | Changes Made by *(Name and Job Title)* |
|---|---|---|---|
| 23/01/2015 | V1.0 | Initial Issue | Peter T. Johnson. Advanced Practitioner Critical Care. |
| 15/05/2017 | V 2.0 | Updated as 24/7 service | Claire Blake. Clinical Matron – Critical Care and Outreach. |
| 18/07/2018 | V 3.0 | Updated to include paediatrics | Lynne Donohue. Lead for Critical Care Outreach Team. |
| 13/11/2020 | V4.0 | Inclusion of NEWS2, updated reporting structure (Care Group) and service provision | Roisin MacSweeney. Lead for Critical Care Outreach Team<br>Lisa Niemand. Clinical Matron – Critical Care and Outreach |
| 13/11/2020 | V4.1 | Inclusion of Senior Anaesthetic Trainee (SAT) bleep number and referral to critical care consultant section 6.3.8. | Roisin MacSweeney. Lead for Critical Care Outreach Team<br>Lisa Niemand. Clinical Matron – Critical Care and Outreach |

# Appendix 2. Equality Impact Assessment

<table>
<tr><th colspan="6">Section 1: Equality Impact Assessment Form</th></tr>
<tr><td colspan="6">Name of the strategy / policy /proposal / service function to be assessed<br>Critical Care Outreach Service Operational Policy V4.1</td></tr>
<tr><td colspan="3">Directorate and service area:<br>Critical Care</td><td colspan="3">Is this a new or existing Policy?<br>Existing</td></tr>
<tr><td colspan="3">Name of individual/group completing EIA<br>Lisa Niemand. Clinical Matron – Critical Care and Outreach</td><td colspan="3">Contact details:<br>01872 253149</td></tr>
<tr><td>1. Policy Aim<br>Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">The aim of the policy is outline the roles and responsibilities of the Critical Care Outreach team to ensure the efficient and appropriate use of the team</td></tr>
<tr><td>2. Policy Objectives</td><td colspan="5">The objective of the policy is to outline the roles and responsibilities of the Critical Care Outreach team to ensure the efficient and appropriate use of the team</td></tr>
<tr><td>3. Policy Intended Outcomes</td><td colspan="5">To provide the roles and responsibilities of the Critical Care Outreach team to ensure the efficient and appropriate use of the team</td></tr>
<tr><td>4. How will you measure the outcome?</td><td colspan="5">1. Monitor compliance with the NEWS/E-Obs Policy regarding the appropriate escalation of the Acutely Ill Patient.<br>2. Monitor the number of re-admissions to Critical Care with an aim to reduce.<br>3. Monitor the number of Cardiac Arrest Calls –contribute to reduction across the Trust.</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Staff</td></tr>
<tr><td rowspan="3">6a). Who did you consult with?<br><br>b). Please list any groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>X</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Please record specific names of groups:<br><br>ACCT Care Group Governance</td></tr>
<tr><td>c). What was the outcome of the consultation?</td><td colspan="5">Agreed</td></tr>
</table>

**7. The Impact**

Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.

Are there concerns that the policy **could** have a positive/negative impact on:

| Protected Characteristic | Yes | No | Unsure | Rationale for Assessment / Existing Evidence |
|---|---|---|---|---|
| **Age** | | X | | |
| **Sex** (male, female non-binary, asexual etc.) | | X | | |
| **Gender reassignment** | | X | | |
| **Race/ethnic communities /groups** | | X | | |
| **Disability** (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions) | | X | | |
| **Religion/ other beliefs** | | X | | |
| **Marriage and civil partnership** | | X | | |
| **Pregnancy and maternity** | | X | | |
| **Sexual orientation** (bisexual, gay, heterosexual, lesbian) | | X | | |

**If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

| | |
|---|---|
| **Name of person confirming result of initial impact assessment:** | Lisa Niemand. Clinical Matron – Critical Care and Outreach |

**If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:** Section 2. Full Equality Analysis

**For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead** debby.lewis@nhs.net