Worcestershire Acute Hospitals NHS Trust

Critical Care Outreach Service
Operational Policy

Key Document code:	WAHT-KD-022
Approved by:	Intensive Care Forum
Date of Approval:	15th September 2022
Date of review: **This is the most current document and is to be used until a revised version is available**	15th September 2025

Key Amendments

Date	Amendment	Approved by
14th October 2019	No amendments made	ICM Forum
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
September 2022	Document re-approved for 3 years.	ICM Forum

Introduction
The Critical Care Outreach Team service has been developed following recommendations outlined in the Comprehensive Critical Care Review Document (Department of Health 2000).

This document states that patients should be classified by the level of care that is required rather than by the area in which they are cared for.

This policy is for use by the following staff groups:
All clinical staff groups

Service Operational Policy
The Critical Care Outreach Team service has been developed following recommendations outlined in the:

Comprehensive Critical Care Review Document (Department of Health 2000)
Acutely ill patients in hospital (CG50) NICE (2007)
Core Standards for Intensive Care Units (2013)

The service is modelled on the National Outreach Forum Standards and Competencies

This document states that 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 team.

LEVEL 2

Patients requiring more detailed observation or interventions for failure of one organ system, post-operative care or as 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.

By implementing the ideas in this document, we aim to break down traditional boundaries, extending Critical Care support to all areas within the hospital setting.

Aims of the Service

The overall aim of Critical Care Outreach service is to improve patient outcome and to avert ICU admissions by facilitating:

- The early identification of those "at risk" patients. By intervention and optimisation of their care in liaison with all members of the multi-disciplinary team.
- The early identification of patients who do require Critical Care in order to improve outcome.
- The identification of those patients for whom Critical Care would not be in their best interests.
- To enable discharges by supporting the continuing recovery of patients discharged to the wards from a level 2 or 3 area.
- To share Critical Care skills with ward staff by identifying educational needs and provide training opportunities to meet those needs and support their practice.
- To audit patient progress discharged from Critical Care areas. Providing feedback of audit to appropriate departments within the Trust.

Close collaboration between Nursing, Medical and Outreach teams are required to ensure best patient outcome.

Service provision

✓ A nurse led service, which functions with the support of the ICU Physicians.

✓ Continuous development of the Outreach service relies on feedback from all members of the multidisciplinary team to continue to improve and develop the service.

✓ A Senior Sister with supporting Junior Sisters leads Outreach. All team members have completed a recognised Intensive Care course and have extensive ICU experience.

✓ The Outreach service operates from 730am to 8pm 7 days a week. Out-of -hours Nurse Practitioners are available at night to support ward staff. "At risk" patients are handed over at the commencement of each shift. A risk assessment was performed earlier this year regarding 24hour Outreach provision.

✓ At Worcester Royal, the Outreach Nurses carry bleeps and can be contacted on **ext 39555 or bleep no. 421/422**

At the Alexandra Hospital, Outreach can be contacted on **ext 44233 or bleep no. 1216/1217**

✓ The service is available to all staff in all wards and departments who may find themselves caring for "at risk" patients. The service applies to all adult areas only.

- ✓ In the event that an appropriate critical care bed is unavailable for patients who have been referred to and managed by the Outreach service from the ward environment, the outreach team will support the ward staff until patient transfer and will assist with the safe transfer of the patient.

- ✓ The outreach teams are **NOT** responsible for caring for patients being managed out of the ICCU environment (i.e. post-operative) due to lack of staff or available critical care beds. However, in extreme circumstances and dependent on outreach commitments at that time, outreach may offer support and assistance. This would be a temporary measure only and ultimately is dictated by the hours of service. Each case should be assessed on an individual basis.

- ✓ An early warning system has been implemented and continuous training is in place to aid ward staff in recognising patients at risk of deterioration.

  The National Early Warning Score (NEWS2) should be used on all adult wards where observations are used to assess patients and also with children from the age of 16 years.

Key functions of the Outreach Nurse.

- To facilitate the early identification of patients at risk of deterioration and offer support and advice to ward staff and liaise with medical staff if required.
- Offer specialist advice to staff caring for dependent patients on the wards, i.e. those with tracheostomies, on CPAP or NIPPV or central lines.
- Visiting patients at regular intervals prior to discharge from the Outreach service.
- "Step down" review of patients from a level 3 or 2 area in order to support and advise ward staff in the care of these patients.
- Maintain a visible presence on the wards to encourage and facilitate a collaborative and multi-disciplinary approach to patient care.
- Identify ward staff learning needs and provide formal and informal training sessions to meet those needs.
- Provide a link between the ICU and all other patient areas within the hospital.
- The Outreach Team will not take over care of the compromised ward patient but will guide and offer specialist knowledge and support in the care of those patients.
- The Outreach Team will aim to be available within normal operational hours to provide specialist knowledge and support in theoretical and practical ways to any member of the multi-disciplinary team.
- Promote, teach and actively encourage a culture and awareness of patient safety to all levels of staff, advising and reporting as necessary.

Medical Responsibilities

- NEWS2 is designed to enable ward staff to recognise "at risk" patients and to trigger referral to the Outreach team and medical staff so that early intervention can help to prevent deterioration to where a higher level of care may be required.
  - It is the parent team's responsibility to respond to these critical illness "triggers". A clear medical management plan must be formulated, which should include clear guidelines regarding the level of medical intervention and the patient's resuscitation status (NICE 2007).
- If the parent or on-call team is unable to respond, Outreach nurses will, if indicated, refer the patient to the ICU physicians for support, advice and review. This however should not be used to bypass the normal route of a critical care referral.
- Referrals to ICU from the parent team should be Consultant to Consultant or from a senior member of the parent team.

All members of the multi-disciplinary team, including Physiotherapists, Diabetic and Acute Pain Specialist Nurses may refer patients to the Outreach Team.

References

- DOH (2000) Comprehensive Critical Care
- NICE (2007) Recognition of and response to acute illness in adults in hospital
- National Outreach Forum 2012 Operational Standards and Competencies for Critical Care Outreach Services
- ICS (2013) Core Standards for Intensive Care Units
- National Early Warning Score – Standardising the assessment of acute illness severity in the NHS. Royal College of Physicians
- Royal College of Physicians. National Early Warning Score (NEWS2): Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017

Supporting document one – Equality impact assessment tool

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the treatment pathway affect one group less or more favourably than another on the basis of:	
	Race	**NO**
	Ethnic origins (including gypsies and travellers)	**NO**
	Nationality	**NO**
	Gender	**NO**
	Culture	**NO**
	Religion or belief	**NO**
	Sexual Orientation	**NO**
	Age	**NO**
2.	Is there any evidence that some groups are affected differently?	**NO**
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	**NO**
4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	**NO**
5.	What alternatives are there to achieving the policy/guidance without the impact?	**NO**
6.	Can we reduce the impact by taking different action?	**NO**
7.	Other comments	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting document two – financial impact assessment

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

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

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval