

Inclusivity of the Deteriorating Patient: Is this just the tip of the iceberg?

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Critical Care Outreach Teams (CCOT) are a team of highly knowledgeable and skilled individuals that provide support to deteriorating patients outside of critical care. A review of the local demographics has highlighted a large proportion of patients admitted to hospital are not candidates for escalation to critical care. Evidence suggests that intervention with the use of CCOT or similar may ultimately improve the outcomes of deteriorating patients (Hall et al, 2020). As the aim of CCOT services is to prevent further deterioration, should this group of patients be given the same opportunity and access to care as everyone else?

Life Expectancy in the UK



Nationally, the average life expectancy has increased by 12.40% over the last 50 years. With this, 3 of the 5 top causes of death in the UK include:-

1. Cardiovascular disease – 10.3%
2. Pulmonary disease – 5.2%
3. Cerebrovascular disease – 5.1%

There are well established links between these conditions and risk factors such as smoking, obesity, hypertension, and excess alcohol consumption; all of which are prevalent in the local area (ONS, 2023:TMBC, 2020).

Sepsis is also thought to be leading cause of death in the UK, attributing to 48,000 deaths annually, of which 25% of these could be preventable (The UK Sepsis Trust, 2023).

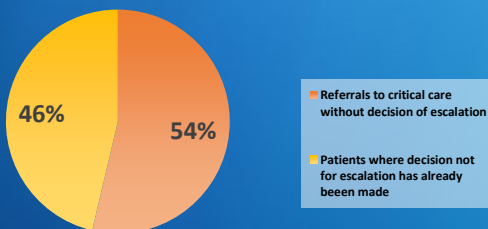
In conclusion, with the implementation of the 4 key points discussed below, the chances for the high proportion of patients not for escalation to critical care could be improved; and both patients and staff could be supported at a ward level to improve the patient journey and overall outcomes.

Right person
Right place
Right time

The CCOT referrals were reviewed, which identified 26% of patients were deemed not appropriate for CCOT input.

Locally, medical patient admissions were reviewed. 30 random days were selected over a period of 3 months to ascertain the type of patients attending and whether these patients would be suitable for escalation to level 2 or 3 care should it be needed.

Decision vs no decision made for escalation to critical care



This information demonstrated that on average 46.31% of patients admitted to medicine were not suitable candidates for escalation to level 2/3 care.

This data combined demonstrates almost $\frac{3}{4}$ of the medical admissions locally are not getting equal access to care.

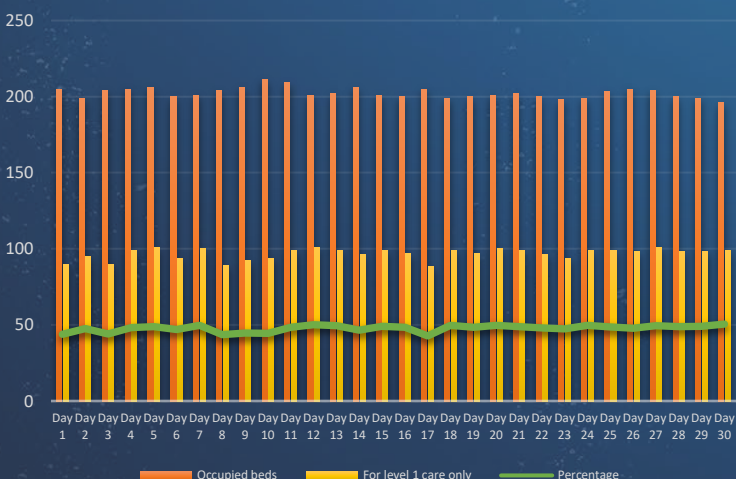
Development of the team into a full MDT RRT

Standardisation of the documentation of a deteriorating patient with clear decisions on escalation of care

Development of an enhanced care area that would care for patients requiring more support than can be offered on a ward but for those not suitable for critical care

Inclusivity: Everyone Matters
Inclusivity of all deteriorating patients across the trust regardless of their escalation status

30 day average of medical occupied beds



Of these patients there was a high incidence of patients presenting with sepsis secondary to a multitude of issues. Arguably a reversible cause of acute deterioration regardless of their underlying health status.

What is the solution?

These patients who are currently excluded from the service generates significant inequality of care provision across the trust.

References: Hall, K., Liu, A., Goh, B. (2020) The Use of Rapid Response Teams to Reduce Failure to Resuscitate Events: A Systematic Review. J Patient Saf 16(3) 2-Suppl, 53-57 doi: 10.1177/1753122220939999; Office for National Statistics (ONS) (2023). Accessed <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/birthsdeathsandmarriages/deaths>; Office for National Statistics (ONS) (2023). Accessed <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/birthsdeathsandmarriages/deaths>; The UK Sepsis Trust. (2023). Accessed <https://www.uksepsistrust.org/>; Barnside, MRC (2023). Accessed <https://www.barnside.com/>