A CRITICAL CARE OUTREACH SERVICE A DECADE ON; A SERVICE EVALUATION

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INTRODUCTION

The role of the Critical Care Outreach Team (CCOT) is to identify and treat deteriorating patients within the hospital, to prevent admissions to the Critical Care Unit or ensure a timely admission. The majority of NHS trusts have some form of CCOT service; however there is inconsistency in services offered, (DOH, 2000).

AIM

Have the service additions (Figure 2) over the last 10 years improved deteriorating patient outcomes and staff engagement with CCOT at Royal Stoke University Hospital?
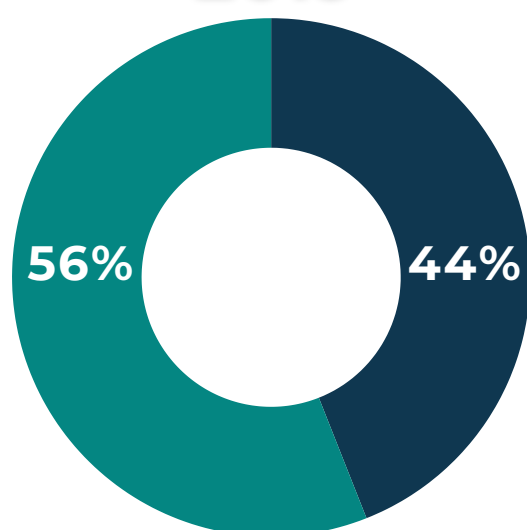
METHOD

Data were collected from the CCOT's daily activity sheets, on deteriorating patient referrals made in two 3-month periods:
1. February - April 2015
2. January - March 2024

Collated data included:
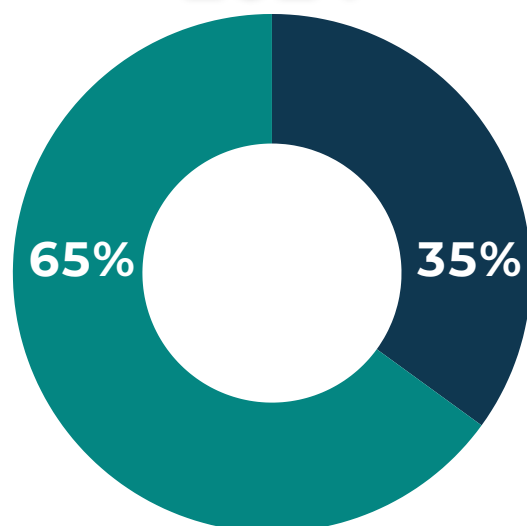- Referrals to CCOT
- Attended referrals
- Patient outcomes

2015
56% | 44%

2024
65% | 35%

Figure 1. Patient outcomes -
Managed on ward Vs CCU admission

SERVICE PROVISION

Figure 2.

2015 service	2024 additions
24/7 service	⊕ **50%** staff increase
6 nurses with **1** non-medical prescriber	**5** additional non-medical prescribers
Used as surge capacity for critical Care	Protected service
Reviewing critical care step-downs	Part of the Medical Emergency Team
Respond to deteriorating patients	Lead on teaching AIMs for the trust
Major trauma team	X-ray interpretation and ultrasound skills

RESULTS & DISCUSSION

Figure 3. Between February - April 2015 there were 57 deteriorating patient referrals, 37% were missed due to 50.7% of CCOT hours being used for surge capacity, leading to ward staff disengagement. Of these referrals, 56% avoided admission to critical care (Figure 1).

Figure 3. Between January - March 2024 there were 348 deteriorating patient referrals, a six fold increase in referrals and complete eradication of missed referrals. Of these patients, 65% avoided admission to critical care (Figure 1).
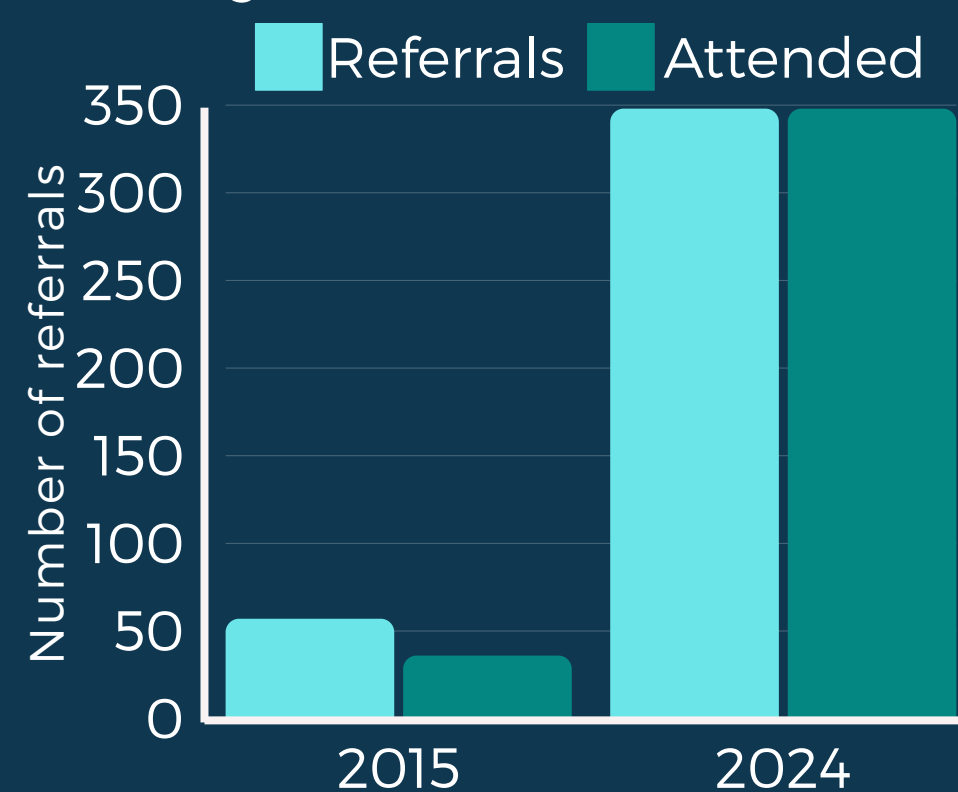
Referrals | Attended

Figure 3. Service referrals 2015 vs 2024

Additions to the CCOT service at Royal Stoke University Hospital over the past decade have shown clear and tangible quality improvements.

Implementation of a protected and properly staffed CCOT can improve ward staff engagement, contributing to increased patient referral, elimination of missed referrals and a decrease in unnecessary critical care admission.

SCAN ME

Reference: Department of Health, 2000. Comprehensive critical care: a review of adult critical care services. The Stationary Office. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=d8446b917ea8afe9eae79f114b9aa76e37322b11