

# 'Paediatric Critical Care Outreach'

## 2 Centres Experience - Inception to Ingrained Practice



Leeds Children's Hospital  
Leeds Teaching Hospitals NHS Trust  
Bristol Royal Hospital for Children  
University Hospitals Bristol & Weston  
NHS Foundation Trust



# Inception

## A Fast Track Set Up Of A Paediatric Outreach Service

Abigail Slater (ACP) and Leanne Lane (Lead Nurse)



**LIONS**  
Leeds Inpatient Outreach Nursing Service



# Why Outreach?

- Recommendations stemmed from failure to recognise and respond to deterioration at ward levels
- Three aims:
  1. Reduction of critical care admissions
  2. Greater recognition of acute deterioration
  3. Expedition of critical care discharges

*But what about paediatrics?*



# Respiratory Surge Drivers



# Implementation

## September/October:

- Formation of Steering Group
- Allocation of funding

## January:

- Appointed Band 7 Lead Nurse (PICU background)
- Role specific competency document created
- Pre-implementation auditing

## March:

- Staff training completed
- Pre-implementation staff survey
- Audit proforma created
- Intranet page goes live



## November:

- Job advertised
- Development of Key Performance Indicators
- Development of service outline/SBAR

## February:

- Appointed five Band 6 nurses
- Created 'LIONS' brand
- Developed SOP including referral and escalation criteria

## April:

- Service goes live
- Team teaching and training
- Month 1 data collection

# Service Preparation

- **8 week training period** consisting of online teaching, equipment training, supervised practice and condition specific simulations
- **Team members enrolled** on Level 7 Module: '*Advanced Clinical Decision Making for Nurses*' at Leeds Beckett University, completed within the first month of going live
- **Awareness** - team building, role clarification, education within LCH and advertising the service: website, attending meetings and producing staff and patient facing posters

# Going Live



## April 2022 - Went Live

Covering 12 paediatric wards and 8 specialities

- Week 1: Monday to Friday, day time hours (07:15-19:45)
- Weeks 2-4: Seven day service daytime hours

2 staff members per shift to provide support and consolidate learning

## From May 2022:

24/7 service with one team member on per shift



# What We Offer

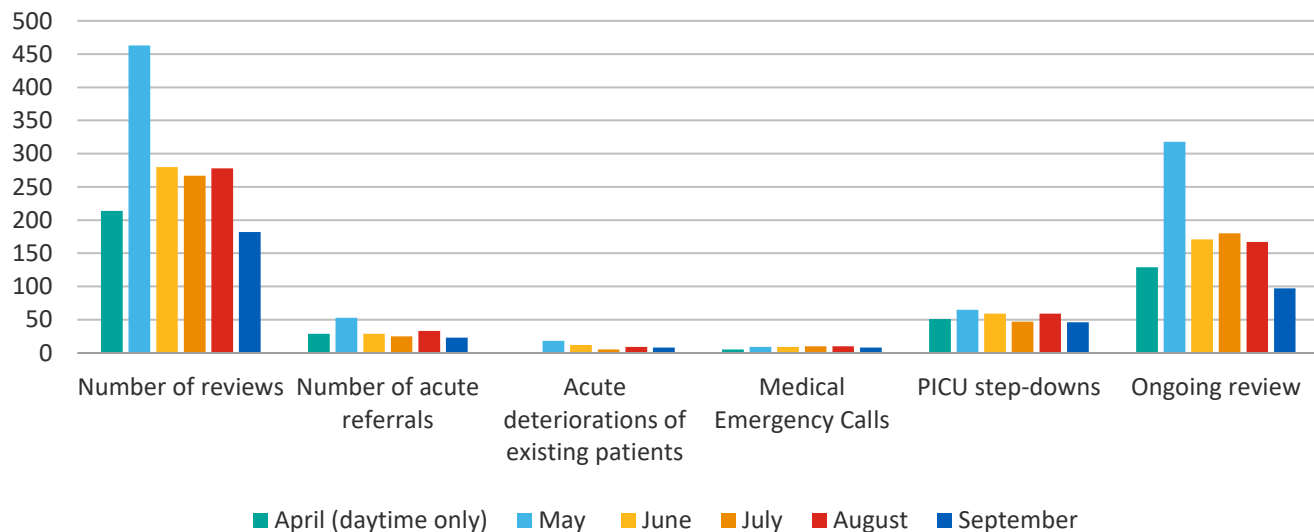
- Attend all emergency calls within the Leeds Children's Hospital
- Assessment, advice and support for any deteriorating patient within the inpatient bed base
- Escalation of seriously ill children, support transition to critical care bed
- Review all Critical Care step downs for the first 24 hours (minimum)
- Provide training/education/support with unfamiliar equipment and medications



# So Far ...

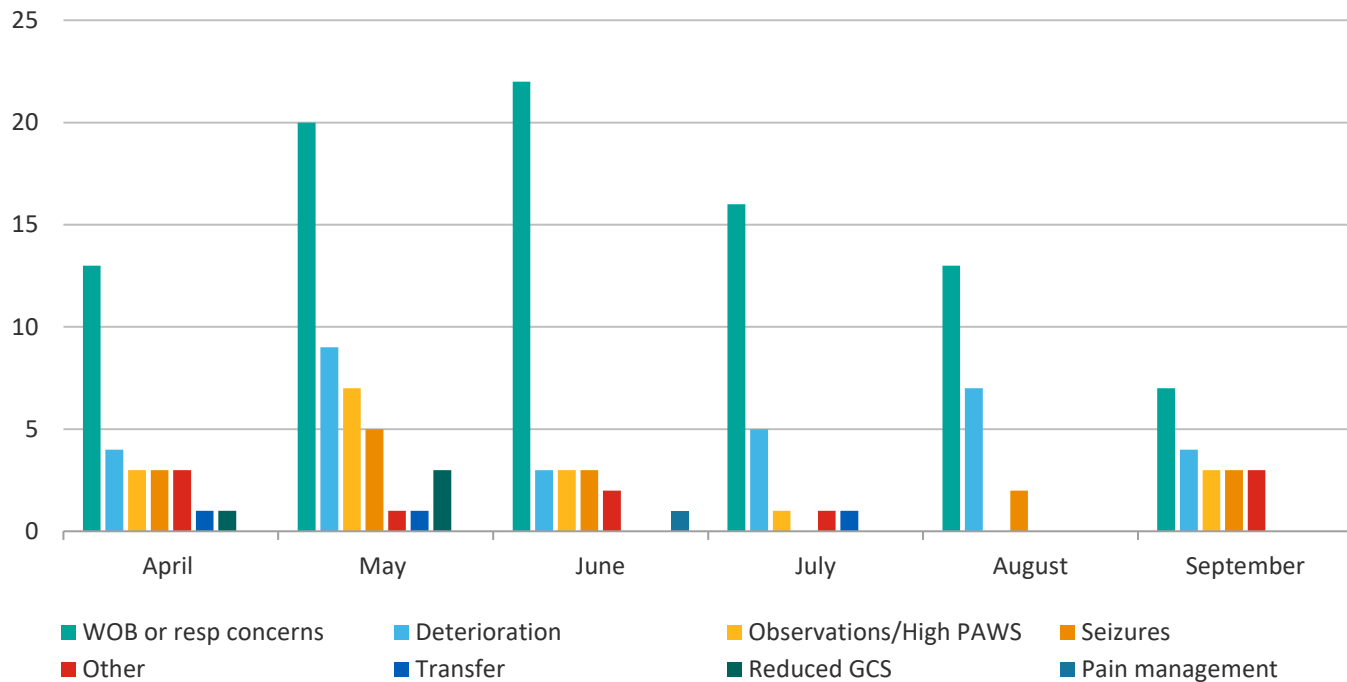
1684 patient reviews in 6 months

## Outreach reviews



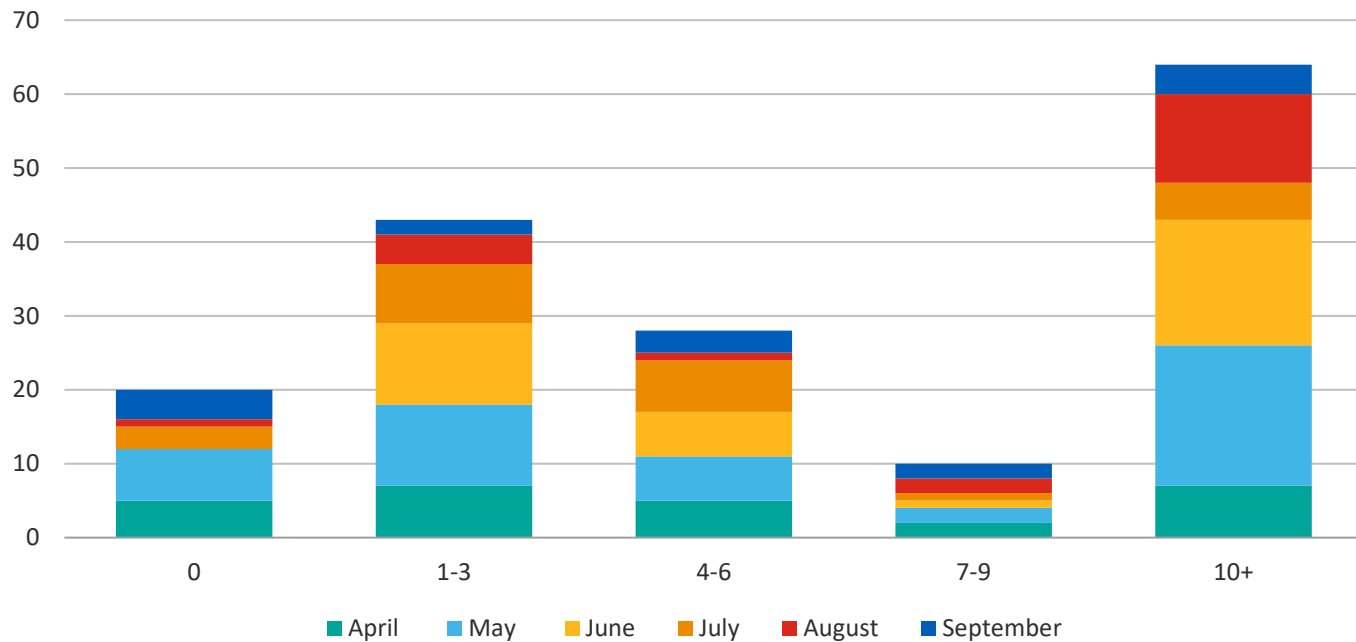
# So Far ...

## Reason for referral



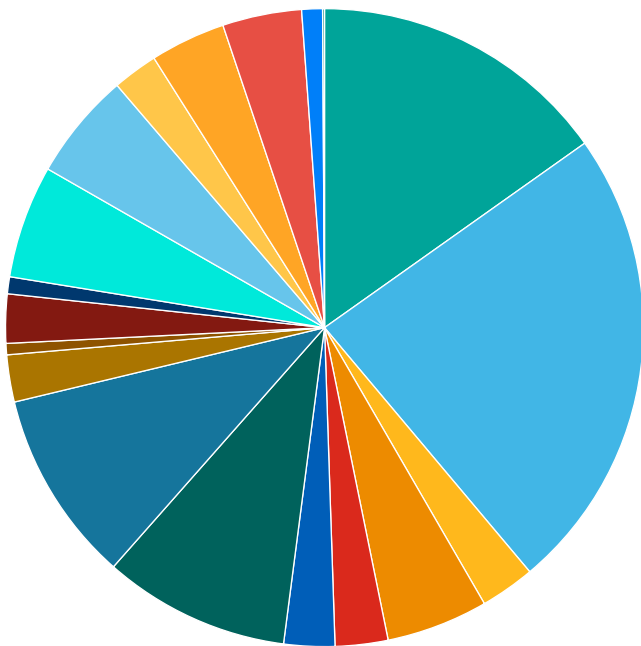
# So Far ...

## PAWS at referral



# So Far ...

## Action following review



- Liaison with ward nurses
- Liaison with medical teams
- Liaison with surgical teams
- Liaison with PICU
- Liaison with AHPs e.g. physio, pain team
- PICU admission
- Blood gas/ Access support
- HFNC support/ Oxygen interventions
- Airway Support/Suctioning
- Catheter/ Bladder scan
- Nutrition or Fluid support/Advice
- NGT Insertion
- Medication support/ administration
- Parental support
- Analgesia support/advice
- Transfer
- General patient cares
- Dressings/ wound care
- Blood transfusion support

# Staff Feedback



97% of staff feel that their patients and families benefit from the service

*"Helped develop my confidence"*

*"Extra assurance that step-down patients are monitored closely"*

*"Share workload - other patients on ward not abandoned"*

*"Aids with prompt escalation of care"*



# Parent/Carer Feedback

*“Provided continuity of care in the middle of a nightmare for our family”*



*“Had the time to chat and answer all of my questions when the ward staff were rushed”*

*“Another avenue to go to if worried”*

# What Next?

## Listening to Our Staff and Families

### *“More staff to ensure service does not close”*

- Greater funding to grow the team providing further bedside support
- 24/7 cover including sickness cover

### *“Learning bursts for Nurses/Further teaching and knowledge sharing ”*

- Aim to provide more bedside teaching with greater staffing
- Continue links with universities and increase the student placement allowance
- Support EPLS/ALS training



# What Next?

## Listening to Our Staff and Families

*“Be flexible to the needs of different areas and specialties”*

- Individual meetings with clinical leads
- Provide ‘Time Out’ support after traumatic events
- Further development of ‘enhanced nursing roles’, PGD’s etc.

*“Further development to ensure consistency in escalation and management”*

- Involvement with development of policies within LCH
- Involvement with ward simulation training
- Development of Intranet web-page to feedback the activities of the team to the wider trust





# CRITICAL CARE OUTREACH

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Beth Goodwin

Critical Care Outreach Nurse  
Bristol Royal Hospital for Children



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

# Right Time, Right People, Right place

National Outreach Forum



As part of its “vision for future critical care services”, the Department of Health promoted the establishment of critical care outreach services.

The dependency of children in hospital is increasing and ensuring the early recognition and timely treatment by a team of health personnel experienced in the care of these children is paramount to ensure their optimal outcome.

Establishment of the Critical Care Outreach Team derived from the design and development of the Paediatric Early Warning Tool. A physiologically based system for the identification of acutely ill children in hospital environments.

Funding was secured in 2004 for the establishment of a paediatric Critical Care Outreach team. Initially, 4 WTE and 9am–5pm service.

24 hour service

9 WTE Band 7 positions

# KEY ROLES AND RESPONSIBILITIES

Support and facilitate care within Cardiac, Medical, Neuro/ Surgical and Burns High Dependency areas.

Avert admissions to PICU by identifying and managing patients who are deteriorating.

Ensuring that admission to a critical care bed is timely.

Enable discharges from PICU by supporting the continuing recovery of patients.

MDT Collaboration

Patient Group Directives.

Share critical care skills with ward staff by enhancing training opportunities and skills practice.

Key role in rapid patient assessment and medical emergency management.

## CASE LOAD MANAGEMENT

High dependency level care.

Ventilatory support and airway management.

Post operative transplant care.

Electrolyte Derangement.

Palliative care.

Acute GCS <11

Rapid reviews, MET Calls and Major Trauma



# Roles across the **Division**

Medicines management  
Clinical governance  
Nurse practice group  
Education and student resources  
HDU operations  
Patient safety  
Resuscitation management



# MEDICAL EMERGENCY MANAGEMENT

Since October 2017 BRHC has used a two-tier system for clinical emergencies as part of the **'The Deteriorating Patient'** patient safety initiative.

The aim of the rapid review process is to improve the timely assessment and management of unwell patients and prevent unrecognised deterioration.

Escalating PEWs scores are one of the triggers for a rapid review, other triggers include clinical staff and parental/carer concern and pre-agreed escalation pathways.

Following clinical assessment, detailed ongoing plans are made and documented on specific rapid review paperwork.

No apparent reduction in the number of MET calls since the roll out of rapid reviews, if anything use of the whole system has increased over time. Suggestive that rapid review calls have become ingrained within hospital culture and use has risen year on year, suggesting improved awareness in recognising deterioration and preventing emergency PICU/HDU admissions.

## THE HUDDLE

Medical Emergency Team meeting co ordinated by the Outreach Nurse that occurs at the start of each shift..

Identify team members, skill deficits assign roles in preparation for medical emergency

Identify high risk patients and their locations. improvement in situational awareness

Identify patients with limited resuscitation plans.

Identify any environmental, operational or safety factors.

## Paediatric Rapid Review Call Pathway



Scan Me





# Ongoing Service Development

## FURTHER EDUCATION

Paediatric Physical Assessment and Clinical Reasoning  
Pathophysiology and Diagnostic Reasoning for Advancing Practice  
Non Medical Prescribing  
Enhancing Practice in Burn Care  
Leadership and Innovation  
Advanced Paediatric Life Support  
Advanced Clinical Skills  
Paediatric Care After Resuscitation – Trauma  
Health and Social Care Research Methods and Methodology  
Palliative Care



## Service Provision

Expansion of the team to meet service demand  
Undergraduate and Divisional Education  
Student Nurse Development  
Advanced Clinical Practitioner Pathway



# Any Questions?



[Leedsth-tr.lions@nhs.net](mailto:Leedsth-tr.lions@nhs.net)

[leanne.lane1@nhs.net](mailto:leanne.lane1@nhs.net)   [abigail.slater1@nhs.net](mailto:abigail.slater1@nhs.net)

Tel: 0113 39 22174



[BRHCCriticalCareOutreachTeam@UHBW.nhs.uk](mailto:BRHCCriticalCareOutreachTeam@UHBW.nhs.uk)

Tel: 0117 342 8447