

Practical considerations in establishing advanced practice in Critical Care Outreach Teams (CCOT).

Siobhan Tierney-Pyke

Candidate advanced nurse practitioner,
Beaumont hospital, Dublin .

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Aims of session

Rationale & service delivery process

Stakeholder buy-in, governance & autonomy

Data collection

Challenges

Recommendations for new CCOT's

How are we doing now?

Rationale for introducing CCOT

2009 Towards Excellence in Critical Care review of adult critical care services in Ireland, The Prospectus report

2017 The Irish national ICU audit

2018 The Irish national ICU audit

2018 Deteriorating patient committee

2019 Pilot study for CCO service

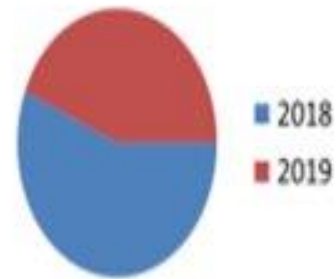
2019 Impact on cardiac arrests

2020 Introduction of 2 candidate ANP

roles in CCO & INEWS

Impact on cardiac arrests

Cardiac Arrests



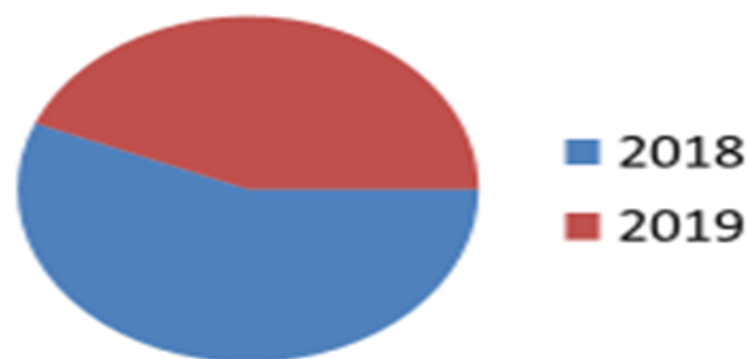
Comparative data pre CCOT 2018 with 2019 during CCOT



Overall reduction of 22.22%. Figures based on June to December of comparable years

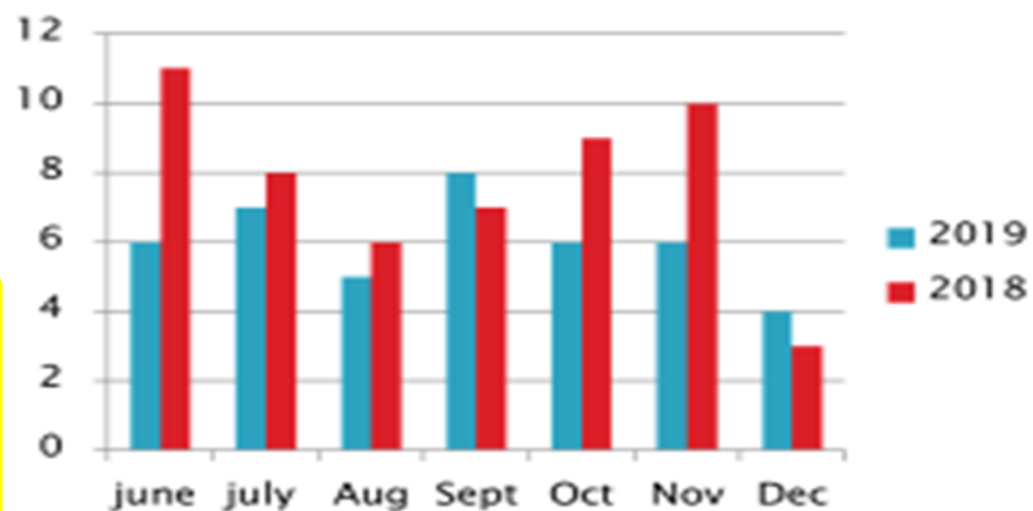
Impact on cardiac arrests

Cardiac Arrests



Overall reduction of 22.22%. Figures based on June to December of comparable years

Comparative data pre CCOT 2018 with 2019 during CCOT



Service delivery process:

Networking

Out of hours hospital at night team

Proactive v's Reactive or both

National outreach forum operational standards for CCOS (2012)



Critical Care Outreach Team

Monday – Friday 8am -8pm

When might you call!



Dect: 7701

What else do we do & review!

• Review post ICU discharge



• Tracheostomy care



• Education



• Cardiac Arrest



Right Time, Right People, Right Place



Show what it is you do!



Decide what data to capture



Avoid resistance through collaborative engagement



Build trust and establish collegial relationships with other staff



Data protection impact assessment



Audit

Stakeholder
buy-in

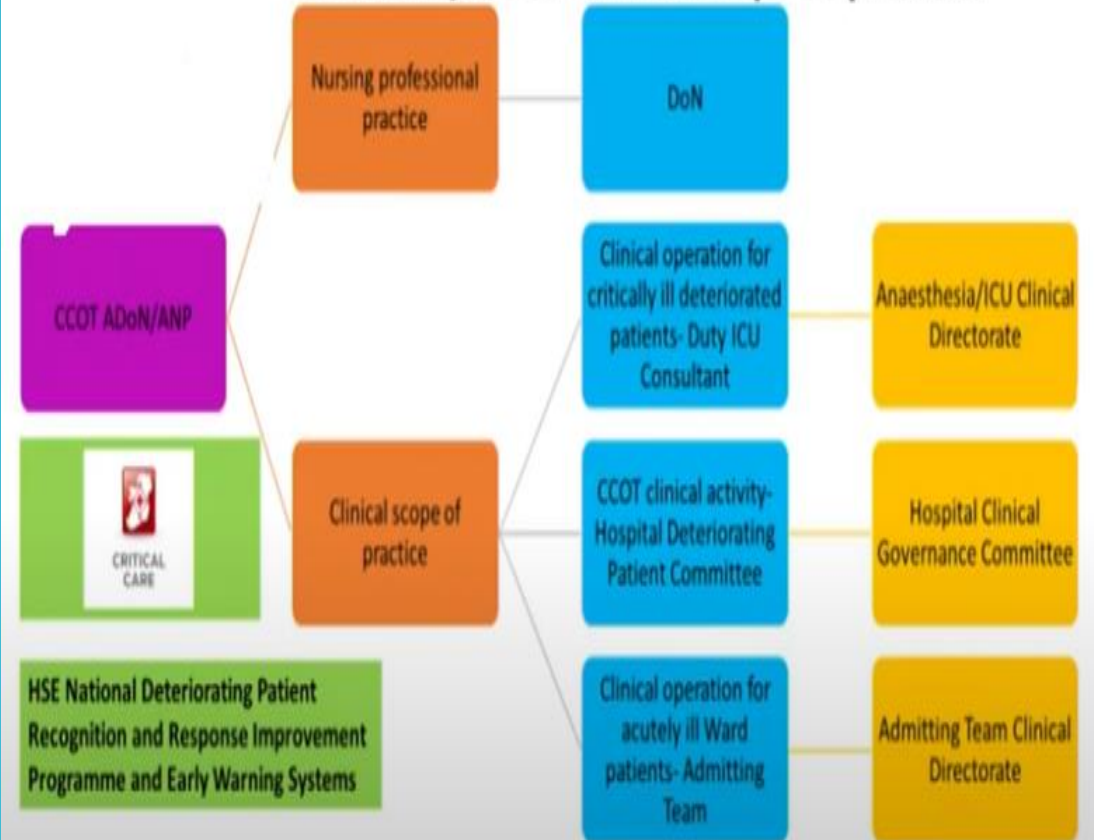
Clinical Governance

Service must meet the needs of the patient and the organization .

Diverse mix of wards.

Heterogeneity as a result.

Clinical Governance arrangement for CCOT ANP/ADoN clinical scope of practice



What we do...

Facilitate

- Discharge of ICU patients by supporting ward staff.

Avert

- Appropriate ICU admissions by early identification and intervention of treatments plans.

Enable

- Timely admission to ICU following decision to admit.

Share

- Application of critical care knowledge and skills to ward teams

What we do not do.....

- Don't attend to patients in ED.
- Don't provide care to children under the age of 16 without the supervision/support of ICU doctors.
- Don't provide care to pregnant patients without the supervision /support of ICU doctors.
- Don't provide care for patients who are DNAR and are not for escalation to ICU.
- Don't take over care of the patient.
- Don't replace doctors.

Autonomy

- Being autonomous does not mean you are alone!
- It takes time to build confidence as a new leader as an ANP in a critical care outreach service.
- ANP's clinical autonomy is directly related to self-determination and effective clinical decision making



Designed for
comprehensive auditing

- ✓ SBAR
- ✓ NEWS2 Score
- ✓ Escalation time
- ✓ Sepsis
- ✓ Tracheostomy Follow-up
- ✓ NIV / CVC
- ✓ On/Off line data collection
- ✓ Summarised dashboard

Contact us

01753 480460 | medicus@mela.co.uk



Data Collection

MEDiCUs

What were the Challenges?

Gaining support from our ICU teams

Only 2 people in the service

Building rapport with ward teams

Setting up the MEDiCUS database

Covid-19

Undertaking Masters in advanced practice

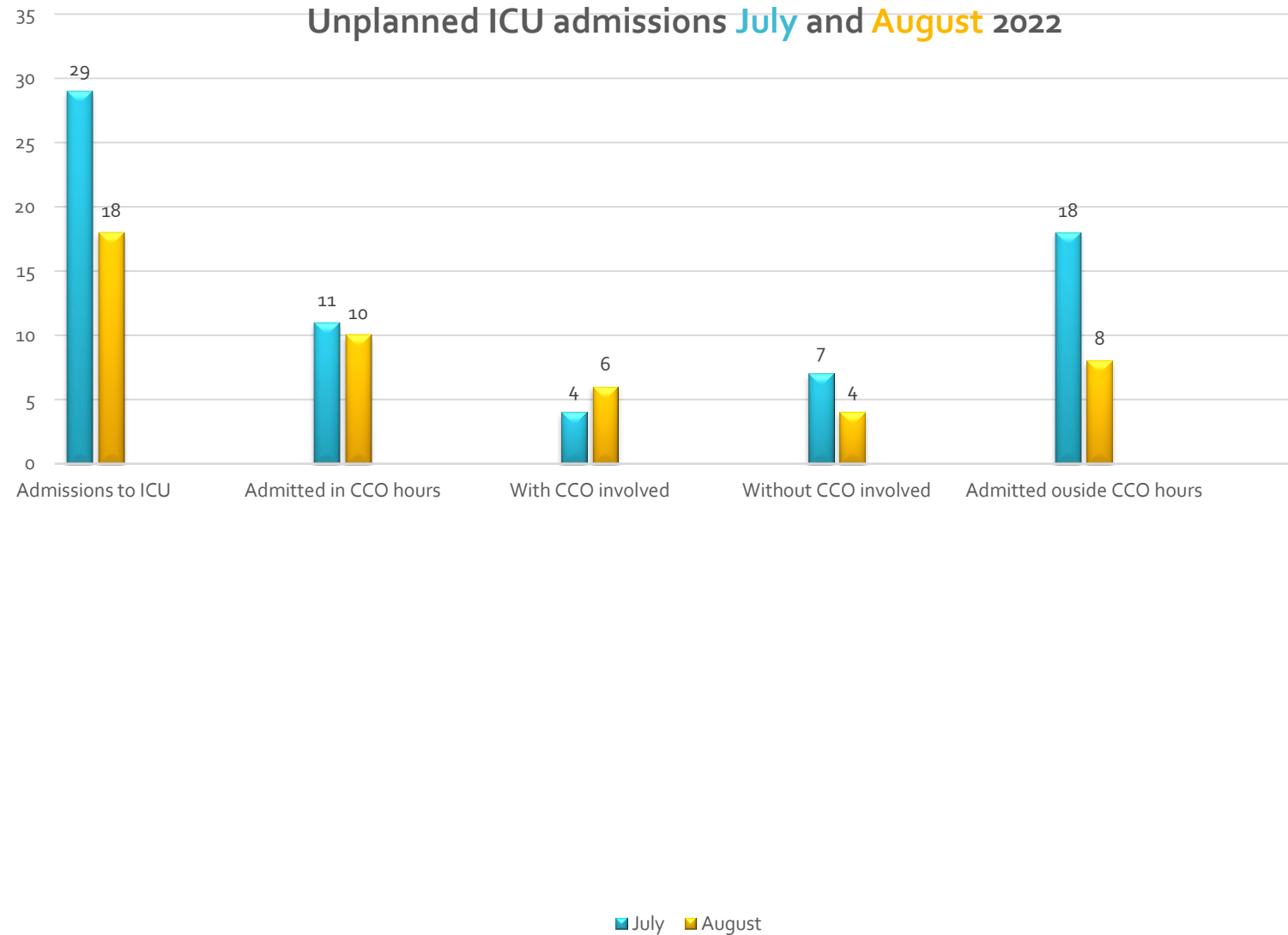
Recommendations for new CCOT's

- Outline scope of practice through implementation of local policy from the outset.
- Work within the ICU with clinical mentors to bring the service out to the wards.
- Provide clinical expertise that encompass teamwork, support and collaboration.
- Ensure protected time for research.
- Present your data to key stakeholders.
- Decide what metrics you want to collect, start small and aim big.
- Create a WhatsApp group between ICU team and CCOT.
- Network with other established teams.

How are we doing?

Between July & August there were 47 unplanned admissions to ICU.

There have been 7 patients readmitted to ICU within 48 hours of discharge from January to September.



**If you do not go after
what you want, you'll
never have it. If you do
not ask, the answer will
always be no. If you do
not step forward, you
will always be in the
same place.**

— nora roberts



THANK YOU



References

- International Council of Nurses (2002) Definition and Characteristics of the Role. Available from: <https://international.aadvancednursepractitioner.org/Practice/APN/Roles>
- National Outreach Forum. Operational Standards for Critical Care Outreach Services. National. Outreach Forum, (2012). Available at www.norf.org.uk.
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- The Irish National ICU audit (2017) National Office of Clinical Audit:<https://www.noca.ie/documents/irish-national-icu-audit-annual-report-2017>.
- The Irish National ICU audit (2018) National Office of Clinical Audit:<https://www.noca.ie/documents/irish-national-icu-audit-annual-report-2018>
- [Towards-Excellence-in-Critical-Care-Report.pdf\(anaesthesia.ie\)](#)