

Because . . .

CRITICAL CARE
is a **NEED**

not a place

CCOT



London Health Sciences Centre

Critical Care Outreach Team

Because . . .

CRITICAL CARE
is a **NEED**

not a place

What should I do?

- 68 year old man is day 4 post hospital admission. He was admitted with abdominal pain and is being investigated for ischemic bowel.
- You receive a call at 0345 that his Bp is 85/48.
- His baseline BP is 160/90.

Because . . .

CRITICAL CARE
is a **NEED**

not a place

What should I do?

- A) Assess the patient
- B) The patient is fine, BP is not that low
- C) Call CCOT
- D) Call my senior

Because . . .

CRITICAL CARE
is a **NEED**

not a place

What should I do?

- A) Assess and treat the patient
- B) The patient is fine, BP is not that low
- C) Call CCOT
- D) 500 ml NS bolus, reassess in 6 hours

Because
CRITICAL CARE
is a **NEED**
not a place

Call the Critical Care Outreach Team (CCOT) if there is Serious Concern about the patient or

Acute change in:

Signs:

Airway

- Threatened
- Stridor
- Excessive secretions

Breathing

- Respiratory rate ≤ 8 or ≥ 30
- Distressed breathing
- Saturations $< 90\%$ on $\geq 50\%$ O_2 or 6 litres/min

Circulation

- Systolic blood pressure $\leq 90\text{mmHg}$ or $\geq 200\text{mmHg}$ or decrease $> 40\text{ mmHg}$
- Heart rate ≤ 40 or ≥ 130

Neurology

- Decreased level of consciousness

Other

- Urine output $< 100\text{mL}$ over 4hrs
- **SERIOUS CONCERN ABOUT THE PATIENT**
- **NEED MEDICAL ASSISTANCE**

CALL 333333 to activate the CCOT



London Health Sciences Centre

Critical Care Outreach Team

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Activation

33333

Critical Care Outreach Team

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Background

- Major advance in hospital practice.
 - Specially trained critical care practitioners
 - Intensivist, ICU RN and RT.
- **Work *collaboratively*** with hospital ward staff to identify, assess and respond to the needs of seriously ill patients prior to the development of progressive and irreversible deterioration.

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Background

- Primary goal is to prevent deaths among patients who are failing outside of the Intensive Care setting.
- Initiative of Ministry of Health Care, aimed at
 - reducing cardiac arrest, mortality, ICU Length of Stay and
 - improving access to Critical Care

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Core Functions

- Early identification
- Prophylactic Intervention
- Knowledge Dissemination
- Support and Coordination
- Education

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Total Calls 2009

- UH= 1083, VH=943
- Average monthly calls:
 - UH 90 or 3 per day,
 - VH 75 or 2.5 per day
 - 24/7

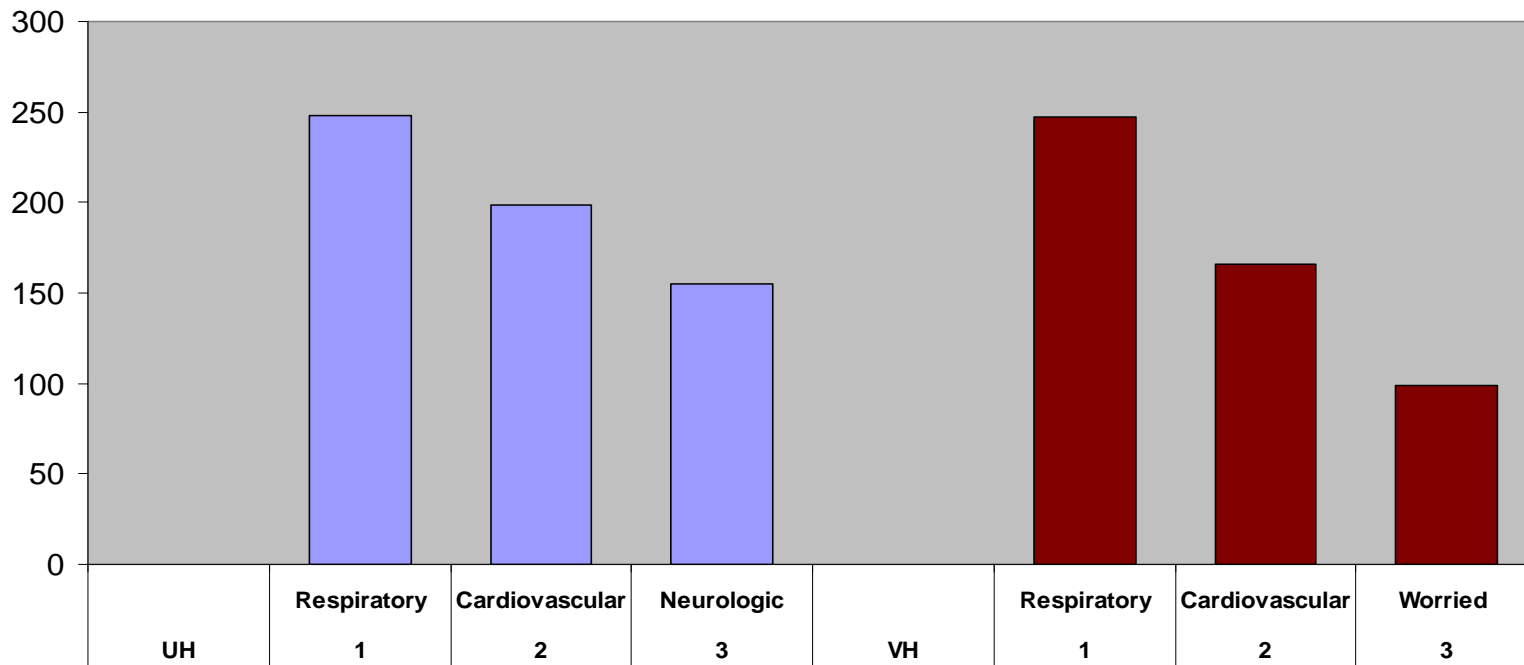
Critical Care Outreach Team

Because . . .

CRITICAL CARE
is a **NEED**
not a place



**Top Three
Reasons for CCOT Calls**



Critical Care Outreach Team

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Feedback From Medical Staff

- Service well received
- Makes caring for patients less stressful
- Occasionally residents feel they are “missing out”

Because . . .

CRITICAL CARE
is a **NEED**

not a place

Team Leads

VH

- Jasna Gole, RN
- Neil Parry, MD

UH

- Jackie Walker, RN
- Wael Haddara, MD

Critical Care Outreach Team