# Critical Care Outreach Team (CCOT) Newsletter

February 21, 2019 1st Edition

Theatres, Critical Care and Anaesthetics

#### In our next issue.....

**01.** Formally introducing NEWS2.

**02.** How we work with alongside the Hospital Out of Hours (HOOH) team.

**03.** We will explain the new PGD Emma has been developing for fluid administration.

**04.** Look out for our hottopic sections where we will aim to teach you something new to enhance your current practice.

**04.** The launch of a newly qualified nurse day.

#### What do we do?

Although you meet and chat with us regularly, you may want to understand a little more about our role. It has been recognised that much of our work is not always obvious to see. For those of you who are interested and for those who may even want to get involved yourselves, we are going to help keep you up to date with a regular newsletter. We will hope to explain some of the extra bits and pieces that we get up to, in addition to our daily routines.

#### Meet the Outreach team!!

Some you would have known for years, however recently, we have had many new faces join our team.

## **The Outreach Team**



Rhona Hayden (Lead)



Govinden Samy



Angela Meads



**Jacqueline** Stone



Mandy Laird



**Emma** Mitchell



Jisha Nice



Danielle Haupt



Madeleine **James** 



Reena Raju



Dana Horeanga

We are the Critical Care Outreach team and are the 'eyes and ears' of the hospital. We all have a Critical Care background and identify patients who may benefit from care within our Critical Care Unit or Higher Dependency Units. We aim to avoid disruptive transfers by facilitating specialist care which can come directly to you. We do this by sharing our knowledge and expertise.

We are here to help you to provide the very best care to your acutely unwell patients and our number one priority is patient safety. Thanks to technology we have real-time, 24/7 mobile access to an electronic patient observation system (nervecentre). This allows us to review remotely the patient's vital signs that you input. As with most things, this is not failproof; therefore, we rely on you to contact us by bleep (3329) or mobile, following Trust guidelines. We are contactable 24/7. We may feel telephone advice is appropriate, however will mostly visit in person. We will always aim to support you to our best ability.

We are all nurses, but have extensive knowledge and experience in caring for the sickest patients. Additionally, we have excellent support from our Critical Care medical team. However, there is only ever one of us on per shift, so your patience is hugely appreciated!

#### **Critical Care and The High Dependency Units**

As well as our Outreach role, we are all rostered shifts within these units. We understand these units can be a little daunting to some who may have never been. So, don't be scared, pay them a visit and somebody will

happily show you around!



## Recognition of the Deteriorating Patient Course

Angela and Jacqui have been busy for nearly a year designing a new course 'Recognition of the deteriorating patient'. The fantastic course is split between an online module and a practical part, taught by us. Many of you are likely to be familiar with some of the course content already, however we hope it will refresh your knowledge in recognition and management of a deteriorating patient. There are a few finishing touches still to make, but we hope to see this up and running very soon.

### **Peri/Cardiac Arrests**

You're likely to know we are on the Peri/Cardiac arrest team. Last year we attended 942 emergencies!! Don't forget; make sure you are aware of your patients current Treatment Escalation Plan (TEP) and that it is visible on Nervecentre for all to see. Trust guidelines state all patients with a NEWS>5 must have a completed TEP as well as a completed sepsis screening tool.

**NEWS>10 = a medical emergency!** If the patient is for escalation, you must put the call out and we will come and help you!!



**Contact Us:** 

Phone: 07795590723

Bleep: 3329

Cardiac Arrest: 2222

**Medical Emergency: 3333** 

## Call for Concern to be rebranded as We're Listening

Although the Call for Concern service has been around for many years, very few people use it and it has huge potential to help recognise deterioration in patients that may otherwise have slipped through our nets. Dani recently compiled and audit and found the main problem was because staff were unaware of the service and few understood it properly, therefore public were totally oblivious of its existence. For this reason, we are 'rebranding' the service as 'We're Listening' and will be advertising it as much as possible....please help us to spread the word.

The service provides patients, relatives and carers the ability to escalate their concerns directly to the Outreach team. It is understood that patients and visitors can sometimes recognise that something is wrong before anyone else and before it is reflected by any physical measurement. The service empowers these instincts and aims to detect patient deterioration by alternative means.

Dani is in the process of designing and producing a new information leaflet to use Trust-wide, as well as insuring the details are readily available on the hospital website and accompanying stationary. As you can imagine there is a lot of red-tape to slow down the process, but hopefully you will start hearing more soon.

### **Students/Observers**

We regularly welcome observers to shadow us and receive really positive feedback. Many of these are student nurses, but recently we have welcomed senior staff who are perhaps new to the trust or wanting to expand their skills and knowledge, ODP's and paramedics. Dani has been mentoring a senior midwife through her MSc. We also hold regular teaching sessions with the physio team. With our very own Professor John Kinnear being the Head of School of Medicine at Anglia Ruskin University, we will soon be welcoming medical students too.

We love sharing our skills and knowledge and ultimately, we hope this will be passed on to the patients themselves. Contact Emma or Dani if you would like to arrange some time shadowing us. Please be aware, if you are a student nurse, you must be in your 3<sup>rd</sup> year for your time with us to be beneficial.

## **Tracheostomies and Laryngectomies**

Much of our role involves informal teaching and supporting ward staff. The Trachy/Lary study day is very limited and extremely sort after; only running twice per year by Jacqui on her own! We are desperately trying to give ad-hoc teaching sessions to you on the wards, aiming to support the bed availability and safety of these patients.

As our time is very limited, we have also asked the Critical Care team to help support this training. If any of you would like to get together in small groups and visit Critical Care or the BRAND NEW High Dependency Unit for a brief informal teaching session, please email us and we will aim to facilitate this for you.

It is essential you contact us with details of any patient with a trachyostomy or laryngectomy so that we can help you to care for these vulnerable patients safely and using best practice. A new SOP will be published soon. Please keep your eyes peeled as it will provide useful information and links to external learning.