London Health Sciences Centre

Critical Care Outreach Team (CCOT)

Case

- 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.

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

What should I do?

A) Assess and treat the patient

B) The patient is fine, BP is not that low

C) Call CCOT at extension 33333

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 ≤ 90mmHg or ≥ 200mmHg or decrease > 40 mmHg • Heart rate ≤ 40 or ≥ 130
Neurology	• Decreased level of consciousness
Other	• Urine output < 100mL over 4hrs • SERIOUS CONCERN ABOUT THE PATIENT • NEED MEDICAL ASSISTANCE

CALL 33333 to activate the CCOT

London Health Sciences Centre

Critical Care Outreach Team

Activation

33333

Background

- Major advance in hospital practice.
  - Specially trained critical care practitioners
    - Intensivist, ICU RN and RT.

- **Work *collaboratively*** with hospital ward staff to identify, asses and respond to the needs of seriously ill patients prior to the development of progressive and irreversible deterioration.

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, morality, ICU Length of Stay and
  - improving access to Critical Care

Core Functions

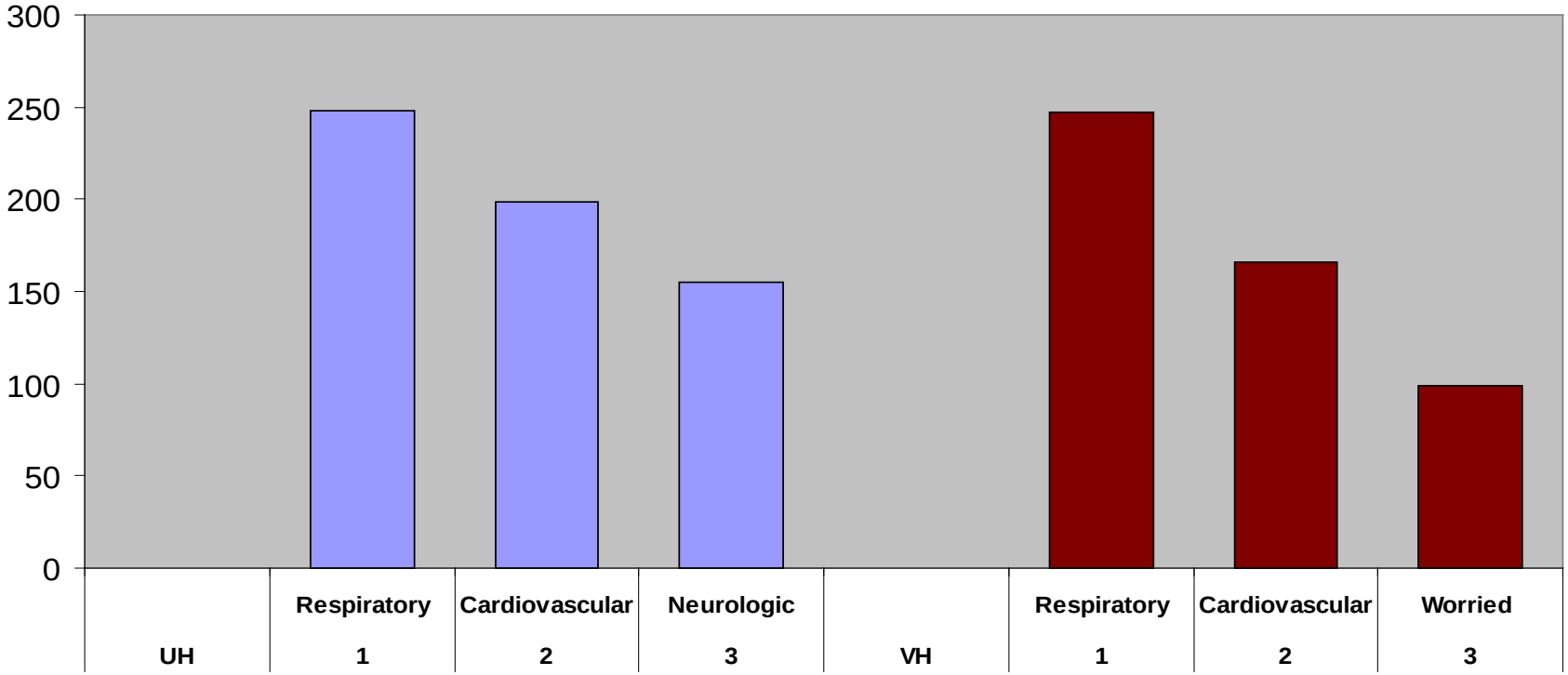
- Early identification
- Prophylactic Intervention
- Knowledge Dissemination
- Support and Coordination
- Education

More than 14,000 since 2007

- Average monthly calls(2015-2016):
  - UH 136 or 4.5 per day,
  - VH 90 or 3 per day

- 24/7

Top Three
Reasons for CCOT Calls



Where do we go?

- All Adult In-Patient areas
- Emergency Room (if admitted)

RESPIRATORY THERAPY

What about Medical Emergencies?

The CCOT team is notified via pager for all Pre-Arrests and Code Blue calls at LHSC

Feedback From Medical Staff

- Makes caring for patients less stressful
- Provides essential patient care and added resources for acutely ill and deteriorating patients.
- A trusted service
- Sometimes the medical residents feel they miss out on dealing with a critically ill patient if they aren’t notified of concerns before CCOT is called?

Team Leads

VH

- Julie Brochu, RN
- Scott Anderson, MD

UH

- Susan Whitehouse, RN
- Wael Haddara, MD