

# #BetterTogether: The Critical Care Team

This document has been created by the Faculty of Intensive Care Medicine and endorsed by the Royal College of Surgeons of England, to support local providers in identifying the training needs and available resources to support deployment of other medical staff groups (e.g. surgical staff) into critical care areas.

## BACKGROUND

We are living in unprecedented times as we step up our efforts to provide the most optimum, safe care to our patients during the global COVID-19 crisis. As doctors, nurses and allied healthcare workers, we want to help our patients while supporting each other to the best of our abilities. The emerging evidence from the COVID-19 pandemic is that, in the absence of any curative option, the best outcome for our patients will be **prompt, organised, systematic supportive care**. This is especially true in the critically unwell patient and with appropriate support and guidance this can be delivered by doctors who do not routinely work in critical care. It is vitally important for non-specialists to appreciate a different way of working.

Assessment, resuscitation and treatment may all be occurring simultaneously without a known diagnosis. A switch to a problem based assessment system focussed on identifying the issues/abnormalities may be different from usual clinical practice. The Royal College of Surgeons CCRISP® course emphasises that approach and its utility when assessing the new patient, the deteriorating patient and when performing daily reviews of patients on the ICU/HDU.

Below are some of the clinical and non-clinical skills particularly relevant to the critical care environment at this time:

### CLINICAL

- **3 Stage Patient Assessment**
  - The New Patient (Standard, GMP, Clinical Frailty Score)
  - The Daily Review (Methodical, Multi-system)
  - The Deteriorating Patient
- **Cannulation**
- **BLS, ALS**
- **Prescribing**
- **Specific Skills**
  - Ventilation (Physiology, Principles & Equipment, Troubleshooting)
  - Blood Gas/Metabolic Assessment & Interpretation
  - Fluids, Electrolytes & Nutrition in the critically unwell patient

### NON-CLINICAL

- **Human Factors**
  - Team Work
  - New Ways of Working
  - Communication Skills
  - Familiarity of Environment
  - Familiarity of Equipment
- **Donning & Doffing**
- **Proning & Positioning**
- **Patient Transfer**
- **Administrative Tasks**
  - Referrals
  - Record Keeping
  - Certification
  - Governance
- **Wellbeing & Resilience**

In turning to our colleagues outside of the ICU, we recognise we already have a valuable, highly trained workforce, capable of many of the above skills. This document is to support and guide the non-Intensive Care practitioner to complement and contribute to vital critical care activities in the coming weeks and months.

## PRINCIPLES

Whilst there is an element of refresher training and up-skilling amongst the workforce, it should be emphasised that the existing skill-set and abilities of every individual is valuable and has a role.

Trusts/Health Boards should be 'skill scoping' their **entire** workforce; Medical, Nursing and Allied Health Professions (AHPs), Clinical and Non-clinical (see the self-assessment competency reporting framework: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0087-specialty-guide-critical-care-standard-operating-procedure-and-coronavirus-v1-28-march.pdf>).

There are many skill-sets from the most varied of our colleagues that can be utilised in these extraordinary times, and Trusts/Health Boards will have to adapt locally within their own operational guidelines: '**Local Solutions for Local Issues**'.

As escalation of care and resource management continues, it will be appreciated that the number of teams working within Critical Care environments will also increase. This includes:

- 'Normal' Critical Care, both COVID and non-COVID patients
- Theatre environments
- Ward environments

There will also be teams without location specifics, with deployment on the following activities:

- Proning/De-proning
- Transfer
- Acute Care/Outreach
- Mobile Emergency Rapid Intubation Teams (MERIT)

Non-Intensivists should be reassured that they will be not working as an individual Intensivist, but that they bring their skills to the teams, and with oversight and governance management by Specialists in Critical Care. It is also recognised that some members of the teams will be more able and prepared than others to extend their own comfort zones, under supervision. Increasing reorganisation and deployment will occur as the Trust/Health Board enters different surge phases, *including* different working patterns, to deliver a uniform 24/7 service.

- Importantly, current jobs/grades/titles should not be a factor in roles performed.
- Everyone should be doing what they're already good at, and comfortable with.

## TRAINING RESOURCES

Aside from the abundance of training videos and information on practicalities and guidelines, the prime aim of any member of a Critical Care team should be to familiarise themselves with their own institution's ways of working and guidance.

- Observation of and participation in simulation sessions
- Orientation and geography
- Location of equipment including emergency equipment, staff facilities, the coffee machine
- Daily routines, what are the shift/working patterns?
- Documentation systems including e-systems

- Daily/other checklists and LocSSiPs
- Equipment including ventilators and infusion devices
- Medication regimes, unit sedation protocols, etc.

Many resources are available and are dynamic in their guidance. NHS England's document is useful for Trusts to identify and organise services: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0087-specialty-guide-critical-care-standard-operating-procedure-and-coronavirus-v1-28-march.pdf>

The 'Critical Care Course<sup>®</sup>', primarily aimed at Anaesthetists venturing into Critical Care, is equally relevant to support other members of the workforce, including Surgeons, Physicians, Foundation doctors, Nurses and AHPs alike. Though detailed, Chapters 4, 5 and 6 on Ventilation and Cardiovascular Pathophysiology provide useful insight.

The Canadian Critical Care Education Pandemic Preparedness (CCEPP) Team have published some helpful videos, guidelines and other resources here: <https://www.quickcutraining.com/>

It is likely that the largest group of clinicians to join the Critical Care teams outside of Anaesthesia will be the Surgeons, and as elective/non-emergency activity reduces, so their availability for deployment and relocation increases. In a collaborative approach, the Royal College of Surgeons of England have released the open access, attenuated CCriSP<sup>®</sup> and START courses. This should be welcome refresher/retraining for most surgeons, and a valuable upskilling resource for many other members of the workforce, including Foundation doctors, Nurses and AHPs and Physicians.

Further examples of resources and training guides are in the Appendix and are by no means exhaustive. Activities already organised using cross-skilling are described below:

## #BETTER TOGETHER IN ACTION

- **Proning teams**
  - Orthopaedic specialty doctors
  - Theatre staff
- **Vascular Access Teams**
  - Pre-existing nurse led teams
  - Vascular and general surgeons
  - Cardiologists
  - Radiologists
- **Doctors with pre-existing Critical Care skills, either curricular or non (such as overseas experience). Facilitated by consultants performing resident ward-based care of own patients to release staff to Critical Care**
- **Medical Emergency Rapid Intubation Teams: using anaesthetists, ODPs, theatre nurses**
- **Research and Education Fellows, Specialist nursing staff re-engaged with clinical activities**
- **Intra-Venous Medication Teams**
- **Palliative Care Teams**
- **Outreach Support Teams**
- **Renal Support Teams, using renal nurses, physicians and technicians**

## APPENDIX

1. NHS England Clinical guide to adult critical care during the coronavirus pandemic: staffing framework: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0087-specialty-guide-critical-care-standard-operating-procedure-and-coronavirus-v1-28-march.pdf>
2. Quick ICU Training: <https://www.quickicutraining.com/>
3. Critical CARE Course link: [https://www.ficm.ac.uk/sites/default/files/critical\\_care\\_course-compressed.pdf](https://www.ficm.ac.uk/sites/default/files/critical_care_course-compressed.pdf)
4. CCrISP® & START Link: <https://updates-rcseng.co.uk/4D4N-T5I2-32/sv.aspx>
5. BACCN Covid-19 Nurse Educational Resource Centre: <https://www.baccn.org/about/covid-19-nurse-educational-resource-centre/>
6. St Emlyn's Covid-19: A Primer on ICU Care for the Non-Intensivist: <https://www.stemlynblog.org/covid-19-a-primer-on-icu-care-for-the-non-intensivist-st-emlyn/>