



# Developing the paediatric Critical Care Outreach Outreach Team (PCCOT): The challenges and successes at 20 months

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## Aim:

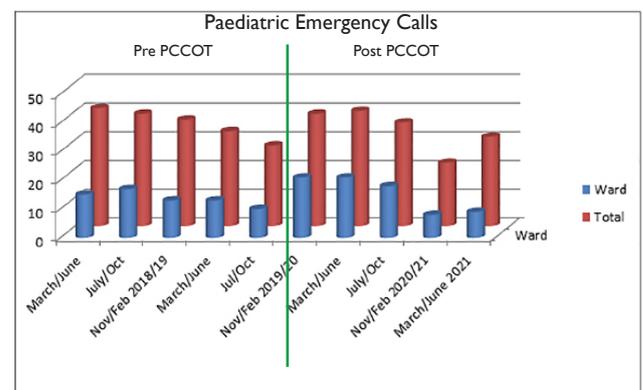
As the complexity of the paediatric inpatient population has risen, in recent years, coupled with the constraints of limited paediatric intensive care beds and staffing, a high number of emergency calls to the paediatric ward had been observed. Through the introduction of PCCOT we aimed to assist the paediatric wards in timely management of the deteriorating patient.

## Methods:

Post the escalation of adverse events and near misses, funding was made available to appoint a team of six nurses to offer an outreach service to the Royal London Children's Hospital. Clinical governance and leadership of the team was shared between the paediatric Critical Care Unit and the General Paediatric team. From Nov 2019, Quality Improvement methodology was utilised to define the aim of the service, draw up a service, draw up a driver diagram whilst ensuring focused interventions such as improving education, the use of early warning scores and refining the escalation pathway.

## Results:

The patient encounters by PCCOT increased from 140 in November 2019 to June 2021. The number of cardiac or respiratory arrest calls from the wards decreased by 16% as compared to the previous 20 months before the introduction of the PCCOT team. Qualitative data from the service users (nurses, doctors and parents) indicated helpfulness, responsiveness and the opportunity for bedside teaching identified as positive factors. Suggested improvements included resilience in the team and defining the scope of practice.



## Conclusion:

By establishing a new PCCOT service and using Quality Improvement methodology and the input of service users the outcomes for deteriorating patients should continue to improve. Other notable benefits post PCCOT introduction are parent satisfaction, staff confidence, reducing unexpected admission to the critical care unit from the ward.

