

# Yorkshire and Humber Critical Care Networks

## CRITICAL CARE ESCALATION

### Proposal for CRITCON scoring system for understanding ICU demand and capacity

1. We enclose a proposed CRITCON scoring system for ICU demand and capacity in pandemic flu to operate across Yorkshire and The Humber. The aim of this is to provide a clear escalation process in response to critical care demand and capacity and to maintain consistency with other SHAs.
2. Adoption of a fast and effective reporting system, coupled with SHA-wide action planning, will assist effective mutual aid and will ensure equity between Trusts with regard to capacity, elective surgery, and minimising risk of triage.
3. The proposed CRITCON model (appendix 1) is intended as an adjunct to FLUCON (the current winter/panflu reporting mechanism for Trusts to SHAs/DH in place in England) . It is intended primarily as an intuitive tool that is independent of unit size, bed numbers, or detailed data collection. It measures ICU pressure by scoring local pressure by impact on services, and is intended to be easy to collect and rapidly disseminated, daily or per shift. It is intended primarily as a reporting tool rather than a detailed action plan, which can be added. In its simplest form, it ranges from 'normal operating' (CritCon 0), to 'normal winter pressures' (CritCon 1), to 'unprecedented (worse than any previous winter)' (CritCon 2), to 'full stretch (we have taken every possible measure)' (CritCon 3), and ultimately 'triage' (CritCon 4). This is, deliberately, partially subjective as it aims to capture a local assessment of capacity, flexibility, and system stress.
4. The key trigger levels between each CRITCON stage are intended to ensure that any Trust declaring the higher levels becomes instantly visible on any daily reporting sheet without the need for complex analysis, and that similarly any discrepancies (such as one hospital being in CritCon 3 while another is at CritCon 1 with partial capacity or continued elective operating) will be easily identifiable at Network or SHA level, without specialised knowledge of the units. This should allow co-ordinated escalation, and the maintenance of equity of access. In particular it enables triggering of increased SHA co-ordination within CritCon 2, and a full 'group surge' strategy at levels 3 and 4, to ensure that no Trust reaches CritCon 4 (triage) before the entire region is at full capacity.
5. Data will be collected by daily Trust sitrep, alongside FLUCON.

**Authors: Critical Care Capacity Planning Task Group (adapted from London document)**

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### Appendix 1: CRITICAL CARE FLUCON STATUS

<b>SECONDARY CARE</b> (including Acute, Specialist & Foundation Trusts etc)	
<b>DEFINITION</b>	<b>STATUS</b>
<b>NORMAL</b>	
<p><i>'Business as usual'</i></p> <ul style="list-style-type: none"> <li>• Normal, able to meet all critical care needs, without impact on other services.</li> <li>• Current status as 'normal' for season</li> </ul>	<b>CRITCON 0</b> (FLUCON 0)
<b>LOW SURGE</b>	
<p><i>'Swine Flu impacting beyond 'normal' winter pressures'</i></p> <ul style="list-style-type: none"> <li>• May include limited local expansion, elective cancellation, and/or non-clinical patient transfers.</li> </ul>	<b>CRITCON 1</b> (FLUCON 1)
<b>MEDIUM SURGE</b>	
<p><i>'Unprecedented'</i></p> <ul style="list-style-type: none"> <li>• Level of pressure on critical care which is previously unseen in most organisations.</li> <li>• May include significant expansion into non-ICU areas, and/or use of adult facilities for paediatric critical care.</li> <li>• Staff working outside normal areas, or at increased patient:nurse ratios.</li> <li>• Significant critical care transfers (clinical and non-clinical).</li> <li>• Trusts beginning mutual aid and phased reduction of elective work as necessary to support critical care needs, by local decision.</li> <li>• <u>No triage</u> (refusal or withdrawal of critical care due to resources).</li> <li>• When a significant proportion of Trusts in Yorkshire and The Humber are reporting CRITCON 2 the SHA will assume command and control arrangements</li> </ul>	<b>CRITCON 2</b> (FLUCON 2)
<b>HIGH SURGE</b>	
<p><i>'Full stretch'</i></p> <ul style="list-style-type: none"> <li>• Maximum expansion for mutual aid with extensive impact on services.</li> <li>• SHA instruction for all critical care units in region to double capacity (so all organisations in SHA move to CRITCON 3 in one step).</li> <li>• Trusts at or near maximum physical capacity (may be more than double in some cases).</li> <li>• Elective operating reduced to lifesaving surgery only.</li> <li>• Elective medical and other procedures similarly prioritised to free staff, space, or equipment.</li> <li>• <u>No triage</u> (refusal or withdrawal of critical care due to resources).</li> </ul>	<b>CRITCON 3</b> (FLUCON 3)
<b>TRIAGE</b>	
<p><i>'Last resort'</i></p> <ul style="list-style-type: none"> <li>• SHA will declare CRITCON 4 for all of region when region is unable to meet all critical care needs despite full surge capacity in place.</li> <li>• <u>Triage processes</u> for accessing critical care will be instigated. This will result in adverse outcomes to one or more flu or non-flu patients due to resource limits caused by the pandemic.</li> <li>• Will be reviewed every 12 hours.</li> </ul>	<b>CRITCON 4</b> (FLUCON 3)