

Guidance:

CRITCON Levels

August 2023



CRITCON Levels



Executive summary

- CRITCON translates the real-time observation & assessment of strain by clinical leaders in both
 routine circumstances and rapidly evolving situations, into a succinct communication score. This
 enables local, regional & national understanding, escalation, operational decision-making and loadbalancing.
- Strain is the subjective consequence of the demand placed on a critical care unit or network given the capacity it has available.
- CRITCON & co-ordinated mutual aid are tools specifically designed to distribute resource, ensure
 equity of access, and avert the possibility of ANY unit or site being forced into a state of resource
 triage while there remains accessible capacity in the system.
- CRITCON describes the strain status of individual units, networks of units and the country as a whole, accepting that strain will be shared and distributed across the system.
- Individual units can report CRITCON from 0-3.
- Where strain is shared across a system, network or region, the declaration of CRITCON 4 or 5 will be made automatically through the NCDR report, based on the number of units within a region at CRITCON 3, and then the number of regions at CRITCON 4.
- Where CRITCON 4 or 5 is declared, System or Regional EPRR leads will communicate the CRITCON status to Networks and individual units for their broader awareness and their twice daily reporting in the Directory of Services (DoS).

Expectations

- Every effort should be made by a Trust to discharge ward ready patients from critical care to optimise bed capacity and staffing standards in a primary attempt to reduce CRTICON score.
- CRITCON scoring is specific for critical care units. It does not replace the OPEL score used by
 organisations. OPEL score and CRITCON score should be seen as complimentary in helping to
 describe an overall picture of strain for a critical care unit within an organisation.
- CRITCON has been written for use by adult critical care units.
- A critical care unit should upload it's CRITCON score into the DoS twice a day, as part of usual reporting of critical care activity.

References

- The Guidelines for the Provision of Intensive Care Services (GPICS). Intensive Care Society and Faculty of Intensive Care Medicine https://ics.ac.uk/guidance/gpics.html [accessed 14th April 2023]
- NHS England Adult Critical Care Surge Planning guidance: NHS commissioning » Adult critical care surge plan guidance (england.nhs.uk) (to be updated September 2023)

Supported by

- Adult Critical Care Operational Delivery Networks
- NHS England, Adult Critical Care Programme

Endorsed by

- Faculty of Intensive Care Medicine (FICM)
- Northern Ireland Intensive Care Society (NIICS)
- UK Critical Care Nursing Alliance (UKCCNA)
- Welsh Intensive Care Society (WICS)



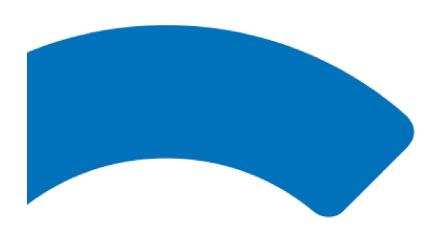
CRITCON Levels

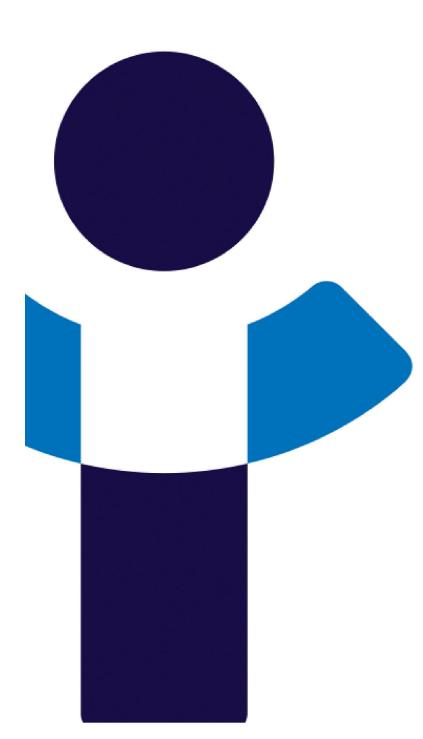


CRITCON Levels	Society
CRITCON Criteria	Level
BUSINESS AS USUAL - Consistent delivery of usual care without impact on other services	0
 ALL of the following: Within funded or physical bed base and level 3 equivalent occupancy <100% Critical Care nurse and medical rota within expected GPICS staffing ratios All education, training, audit, research and governance arrangements are delivered a 	ıs normal
GROWING PRESSURE - Delivery of best possible care in the context of available resources	s and staff 1
 Within funded or physical bed base Critical Care nurse and medical rotas within expected GPICS staffing ratios WITH ANY of the following: Occupancy 100% against funded or physical bed base, or level 3 equivalent occupar Cancelled planned surgery because of a lack of staffed critical care bed One capacity transfer to a different Trust planned, in process or completed Cancellation of education, training, audit, research or governance in order to achieve standards for at least 24 hours. Staffing ratios only maintained by redeploying staff from other key critical care service practice educators, follow up clinic, IT or outreach 	bedside staffing
SURGE - Derogation of some elements of usual care for some critically ill patients within a Trust/Health Board ANY of the following:	2
 Critical care patient numbers mandating expansion beyond funded or physical bed by (theatre recovery, other acute areas) for more than 24 hours Unable to meet nurse OR medical rota expected GPICS staffing ratios for up to 48 hours Cancelled planned surgery because of a lack of staffed critical care beds for 2 or more than one capacity transfer to a different Trust or Trusts within 48 hours Other resources becoming limited because of high demand e.g. renal replacement the 	ours re consecutive days
SURGE CAPACITY EXCEEDED - A sustained derogation from usual care, for all critically ill patients within a Trust/Health Board	3
 ANY of the following: Sustained (more than 48h) use of GPICS non-compliant nurse and medical staffing redeployed non-critical care staff necessary to support critical care Critical care and escalation areas (theatre recovery, other acute care areas) saturate technological/equipment capacity at any point, with no ability to admit more critically in 	d at full physical OR
CRITCON 3 should trigger immediate and unhindered mutual aid. The prime imperative must be to prevent any region entering CRITCON 4	during CRITCON 3
REGIONAL DECOMPENSATION - Significant and sustained derogation from usual care for critically ill patients within a region or more than one Health Board • Service operating at risk despite all local and regional efforts to mitigate sustained processes.	•
 AND 10% or more of units within a network (or equivalent) at CRITCON 3 OR Any capacity transfers outside of usual (regional or network) transfer boundaries due 	
NATIONAL DECOMPENSATION - Significant and sustained derogation from usual care, for critically ill patients across several regions or a nation	3
 Service operating at sustained risk (CRITCON 4), in more than one region despite a national efforts to mitigate. This requires Government level escalation and enacting e contingency measures. 	



contingency measures







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