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Introduction:
An Outreach Team, akin to a Rapid Response Team, is made up of healthcare professionals assembled together for quick and effective reviews in managing of rapidly deteriorating or gravely deteriorated patients. This study aimed to look at the variety of patient referrals in terms of their severity, patient dynamics, reasons for referral and their subsequent dispositions.

Methods:
258 patient records were randomly reviewed retrospectively from July to October 2017. Data were collated in an excel spreadsheet for comparison and then sorted in accordance with the clinical questions and percentages calculated.

Results:
From the 258 referrals, the severity criteria was done by calculating the National Early Warning Score (NEWS). It was found that 51% patients had a score of 0-4, 23% had a score of 5-6, and 26% scored more or equal to 7. 50% of patients were in the age range 61-70 years old. 78% referrals came from the Emergency Department (ED) where a consultant was involved in the decision of the referral; of this, 46% were referred during office hours of 8AM to 5PM where there was greater manpower to aid management. 19% referrals came from inpatients on the General Wards; 32% were done during office hours. 65% of referrals were transferred to IC/HD upon review; 35% were not, from whom 9 died and 7 were later admitted after procedures (2%) or because they deteriorated further (1%). For reasons for referrals and disposition decisions, see Figure 1.

Conclusion:
Despite having no set criteria for Outreach Team referrals, the accuracy rate was nearly 65% admissions to IC/HD based on clinician concerns. There was only 1% re-admission rate having been re-reviewed when the patients had not been deemed suitable for IC/HD admission initially. Therefore referrals were done accurately and safely with the protocol of clinician referral openness directly to IC consultants.

References:

Image 1:
258 patients

Reasons for referrals
- Abnormality in blood test result: 39
- Cardiac arrest: 8
- Staff provider worried/concerned: 32
- Symptom trigger: chest pain: 16
- Symptom trigger: mental status change: 53
- Symptom trigger: respiratory distress: 50
- Abnormal vital signs: 60

167 admitted to IC/HD
81 not admitted to IC/HD

9 died because of "DNR" status
72 remained on ICU Outreach

7 were later admitted into ICU

4 post-PCI
3 from further deterioration

Figure 1: Consort diagram of reasons for referral and various dispositions

Consort diagram of reasons for referral and various dispositions