

# 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 load-balancing.
- 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 3, and then the number of regions at 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 CRITCON 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 its 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 Criteria	Level
<b>BUSINESS AS USUAL</b> - Consistent delivery of usual care without impact on other services	0
<p><b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>• Within funded or physical bed base and level 3 equivalent occupancy &lt;100%</li> <li>• Critical Care nurse and medical rota within expected GPICS staffing ratios</li> <li>• All education, training, audit, research and governance arrangements are delivered as normal</li> </ul>	
<b>GROWING PRESSURE</b> - Delivery of best possible care in the context of available resources and staff	1
<ul style="list-style-type: none"> <li>• Within funded or physical bed base</li> <li>• Critical Care nurse and medical rotas within expected GPICS staffing ratios</li> </ul> <p><b>WITH ANY</b> of the following:</p> <ul style="list-style-type: none"> <li>• Occupancy 100% against funded or physical bed base, or level 3 equivalent occupancy ≥100%</li> <li>• Cancelled planned surgery because of a lack of staffed critical care bed</li> <li>• One capacity transfer to a different Trust planned, in process or completed</li> <li>• Cancellation of education, training, audit, research or governance in order to achieve bedside staffing standards for at least 24 hours.</li> <li>• Staffing ratios only maintained by redeploying staff from other key critical care services e.g. coordinator, practice educators, follow up clinic, IT or outreach</li> </ul>	
<b>SURGE</b> - Derogation of <b>some</b> elements of usual care for <b>some</b> critically ill patients within a Trust/Health Board	2
<p><b>ANY</b> of the following:</p> <ul style="list-style-type: none"> <li>• Critical care patient numbers mandating expansion beyond funded or physical bed base into escalation areas (theatre recovery, other acute areas) for more than 24 hours</li> <li>• Unable to meet nurse OR medical rota expected GPICS staffing ratios for up to 48 hours</li> <li>• Cancelled planned surgery because of a lack of staffed critical care beds for 2 or more consecutive days</li> <li>• More than one capacity transfer to a different Trust or Trusts within 48 hours</li> <li>• Other resources becoming limited because of high demand e.g. renal replacement therapy equipment</li> </ul>	
<b>SURGE CAPACITY EXCEEDED</b> - A sustained derogation from usual care, for <b>all</b> critically ill patients within a Trust/Health Board	3
<p><b>ANY</b> of the following:</p> <ul style="list-style-type: none"> <li>• Sustained (more than 48h) use of GPICS non-compliant nurse and medical staffing ratios AND use of redeployed non-critical care staff necessary to support critical care</li> <li>• Critical care and escalation areas (theatre recovery, other acute care areas) saturated at full physical OR technological/equipment capacity at any point, with no ability to admit more critically ill patients</li> </ul> <p><b>CRITCON 3 should trigger immediate and unhindered mutual aid. The prime imperative during CRITCON 3 must be to prevent any region entering CRITCON 4</b></p>	
<b>REGIONAL DECOMPENSATION</b> - Significant and sustained derogation from <b>usual</b> care for <b>all</b> critically ill patients within a region or more than one Health Board	4
<ul style="list-style-type: none"> <li>• Service operating <b>at risk</b> despite all local and regional efforts to mitigate sustained pressures</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• 10% or more of units within a network (or equivalent) at CRITCON 3 <b>OR</b></li> <li>• Any capacity transfers outside of usual (regional or network) transfer boundaries due to inadequate capacity</li> </ul>	
<b>NATIONAL DECOMPENSATION</b> - Significant and sustained derogation from <b>usual</b> care, for <b>all</b> critically ill patients across several regions or a nation	5
<ul style="list-style-type: none"> <li>• Service operating at sustained risk (CRITCON 4), in <b>more than one region</b> despite all local, regional, and national efforts to mitigate. This requires Government level escalation and enacting extraordinary national contingency measures</li> </ul>	



Intensive Care Society  
7-9 Breems Buildings  
London  
EC4A 1DT

[info@ics.ac.uk](mailto:info@ics.ac.uk)