

Silver Command Group:	Clinical
Purpose:	<p>To provide an overview of decisions made by COVID-19 Command Groups since the last Board meeting on 29 April 2020.</p> <p>The pro forma must provide a clear statement of the risks associated with any proposals / decisions, any actions required of the Board, or assurance being provided.</p>
Author:	Dr Alastair Cook
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Risk being addressed

Patient flow in acute hospitals would be adversely affected by requirements for isolation of shielded patients and also the testing requirements for patients stepping down from covid pathway.

Discussion and options explored

The demand for single rooms within hospitals because of patients needing to isolate either because they were symptomatic and awaiting a test result or because they were in the highest risk shielded group meant that the “available” bed numbers was considerably reduced on all three acute sites. All sites had examples of one or two patients occupying 4 or 6 bed bays with the other beds unable to be used. In addition the requirement to test patients before transfer to care homes was regarded as a potential additional delay.

Options explored included exploration of the potential to “cohort” shielded patients together but maintain their shielded status as a group. Consideration was also given to the ability to cohort patients in “red” and “green” flows including in off-site beds.

Decision taken

Decision was taken to issue guidance on the safe cohorting of shielded patients as agreed by silver command. It was agreed that the risk to these patients could be minimised through the steps set out in the guidance and that the risks of not cohorting and the consequent reduced bed availability would be higher.

Decision taken to not create a “red” (covid positive) area off site. After an assessment of the numbers involved and clarification of the guidance on stepping down patients from red to green pathways the group agreed that creation of a designated “red” offsite area would not be justified. The risk is that some patients could be held in acute wards longer than necessary up to 14 days maximum. In most cases this would not happen due to testing regime that would allow earlier transfer.

Review period (if any)

A specific code on TrakCare has been set up to monitor bed days resulting from delays in transfer of “red” patients. If this increases to a significant level there is potential to designate an off-site area for covid positive patients no longer requiring acute care. This will be monitored regularly alongside routine delayed discharge monitoring.