

## Managing the COVID surge in ICU

# 10 quick wins that can be adopted in 48 hours

Presented by clinicians from the National CLEAR Programme and the **London Transformation and Learning Collaborative (LTLC)** supported by **NHS E/I and Health Education England**.

### Communication



#### Do we need to increase accessibility to the ICU?

e.g. Enhance inclusion of staff involved in ICU care, provide swipe card access for a wide range of professionals, increase access to MDT huddles



#### Do we have immediate capability for effective communications?

e.g. Two members of each MDT to manage communications, share operational algorithms



#### Are we using communications technology to the full?

e.g. MS Teams can reach isolated staff or shielding staff, update home screen on trust computers, try new communications apps



#### Could we do more to support families?

e.g. Establish a Family Liaison Team to provide non-medical support, offer a dedicated phone line for relatives, support in-person visits at end-of-life

### Staff wellbeing



#### Are we providing the right kind of support?

e.g. Enhance awareness of local and regional initiatives, proactively seek feedback from all staff to ensure initiatives are accessible and responsive



#### Do we promote the social fabric of teamwork?

e.g. Create smaller inter-professional teams, create a "wellbeing support hub", telephone check-in with all staff once a week and screen for required support

### Staffing, training and support



#### Can we increase clinical and management support?

e.g. Ensure clear role definition for redeployed staff and categorise staff visibly according to expertise, stagger doctors' breaks, AHPs to support ICU tasks



#### Can we do more to promote motivation and flexibility?

e.g. Ensure staff are paid promptly for overtime, stagger shift times with 15 minute intervals, support communications across staff groups



#### Do we do enough to keep training up to date?

e.g. Shielding staff can provide virtual help with training, update skills database for all staff, review induction process and annual MAST

### Administration



#### Could we be more strategic with our administration?

e.g. Support senior leadership to plan for bank and agency staff, streamline remote induction, create admin hub for support and crossover between wards