# Clinical risk share across Integrated Care Board North-East London risk check list

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| --- | --- | --- | --- | --- | --- | --- |
|   | **Hospital 1** | **Hospital 2** | **Hospital 3** | **Hospital 4** | **Hospital 5** | **Hospital 6** |
| (e.g. Acute provider 1) | (e.g. Acute provider 2) | (e.g. MHprovider 1) | (e.g. MHprovider 2) | (e.g. Community provider 1) | (e.g. Community provider 2) |
| Boarding additional patients on wards (Plus one) |   |   |   |   |   |   |
| Reducing/relocating non urgent care (for example. elective surgery, outpatient based care) to provide additional inpatient capacity  |   |   |   |   |   |   |
| Review of patients – LOS (length of stay) > 7 days (What and how) |   |   |   |   |   |   |
| Review of patients LOS (length of stay) >14 days (What and how) |   |   |   |   |   |   |
| Mixing patients of different sex in the same bay |   |   |   |   |   |   |
| Having COVID-19 and non-COVID-19 patient bays on the same ward (in discussion with Infection Prevention Control - IPC) |   |   |   |   |   |   |
| Having COVID-19 and non-COVID-19 patients in the same bays(in discussion with IPC) |   |   |   |   |   |   |
| Pre hospital cohorting - Ambulance Receiving Centre (ARC) |   |   |   |   |   |   |
| Cohorting post Emergency Department (ED) review (Decision To Admit - DTA) |   |   |   |   |   |   |
| Maximising use of community / Urgent community response   / rehab pathways  |   |   |   |   |   |   |
| Other additional risks or mitigations  |   |   |   |   |   |   |