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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Hospital 1** | **Hospital 2** | **Hospital 3** | **Hospital 4** | **Hospital 5** | **Hospital 6** |
| (e.g. Acute provider 1) | (e.g. Acute provider 2) | (e.g. MH  provider 1) | (e.g. MH  provider 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 |  |  |  |  |  |  |