LONDON TRANSFORMATION LEARNING COLLABORATIVE

SUPPORTING THE EXPANSION OF LONDON'S CRITICAL CARE TEAMS THROUGH AN INTERPROFESSIONAL TRAINING FRAMEWORK

STUDY DESIGN

A rapid qualitative appraisal based on telephone interviews with staff across ICUs in London and documentary analysis to:

- Document the changes made in ICU models of care in London as a result of the COVID-19 pandemic.
- Explore the challenges and enablers in the implementation of these changes.
- Identify the aspects of care delivery that worked well and areas for improvement.

CHANGES IN THE MODEL OF CARE

- Expansion of ICUs into other areas of the hospital, mainly theatres and recovery areas (and movement of equipment).
- Redeployment of staff to work in ICUs and their classification based on skills.
- Shift from a holistic approach to patient care to a task-based approach.
- 1:1 or 1:2 nurse-patient ratios changed to 1:3 or 1:4.

CHALLENGES

- Dealing with new equipment staff were not familiar with (i.e. new ventilators).
- Concerns about potential PPE shortages and not allowing staff enough time for breaks while wearing PPE.
- High rates of staff sickness, particularly during early stages of the pandemic.
- Need to train redeployed staff.
- Negotiation of space, staff and equipment with other areas of the hospital, particularly in cases where elective procedures were not stopped early.
- Infrastructure limitations such as space for beds and O2 capacity.
- Lack of clarity on who would lead the changes in the model of care (mainly mentioned in relation to redeployment).

ENABLERS

	Active leadership role played by critical care (with senior leadership support).
	Buy-in and support at senior Trust level increased the speed of the changes.
	Informal communication (i.e. WhatsApp) with other hospitals/clinical groups to keep up to date on guidance and changing clinical practices.
	Sharing of equipment and transfer of patients across sites.
	Good teamwork dynamics.
	Development of comprehensive training for redeployed staff.

AREAS TO IMPROVE

- Early and more in-depth focus on staff wellbeing.
- Develop a better roster to know which staff members are expected to work each day.
- Delegate responsibilities better across the hospital to use all capacity efficiently.
- Give more flexibility to staff in relation to the types of shifts they would like to do.
- Develop multi-modal training to combine classroom-based training and practice-based training.

PLANNING FOR THE SECOND WAVE OF THE PANDEMIC

- Identify who would like to work in the ICU again and continue to deliver training to prevent deskilling.
- Concerns that limited staff will be redeployed as elective activity will not be stopped.
- Develop a rotation programme through ICU and ED (obtaining clinical as well as leadership skills) and include this in revalidation requirements.
- Improve cross-site working so staff can familiarise themselves with different areas of the hospital.
- Debriefing exercises with staff and patients to learn from their experiences and request input on wave 2 plans.

LESSONS LEARNT

- Focus on the wellbeing of staff (during and after the pandemic).
- Develop a Pan-London critical care course for redeployed staff.
- Establish pastoral care for staff.
- Keep chill-out rooms permanently.
- Senior clinical staff should work clinically to act as role models.
- Understand staff anxieties and pressures and give them the opportunity to work differently and flexibly.
- Establish opportunities to communicate with staff face to face on a daily basis.
- Establish good MDT and cross-site communication.

RREAL Rapid Research Evaluation and Appraisal Lab

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