

COVID-19 ECHO Knowledge Network

Case Presentation

ECHO ID: *(for administrative use)*

Name of presenter: St. Luke's Hospice, Sheffield

Brief Overview of Organisation

St Luke's Hospice provides a 20 bed In Patient centre, Active Intervention Day Centre and Integrated Community Palliative Care team based in Sheffield in South Yorkshire.

Sheffield has a population of 580000 citizens.

Clinical services, fund-raising and business operations all located on one site sharing dining facilities, reception area and multiple meeting rooms.

Organisational

Having recognised the threat to operation of clinical services from potential exposure related isolation requirements (complicated by lack of level 3 PPE) St Luke's identified and separated essential clinical and non clinical services 'creating the bubble' physically seperating business functions and enabling and encouraging home working for services for which being on site was not essential. Designation of all staff to different areas

Identified separate entries and exhibits with hand gel and hand washing stations at each entry

Created isolation room with separate ventalation

Entry for Visitors and Staff by separate routes

Development of daily COVID update meeting

COVID affected Shops and non clinical elements of service to. Acting as a whole organisation has been a critical requirement

IPU

- **Plans for managing IPU patients in the context of COVID-19**

Developed closed door and visiting by arrangement only policy.

COVID-19 screening for all admissions

Developed comms strategy including patient/ relative and press briefing

Briefing for admitting teams

Early attempts to procure PPE

Standard Operating Procedure for potential and confirmed cases

- **Challenges in managing patients in the context of COVID-19**

Attempts to procure level 3 PPE where hampered by not being part of the NHS supply chain.
Risk of potential case/confirmed case requiring closure of unit
Establishing role of St Luke's IPC in city-wide Accountable Care partnership response to COVID epidemic. Hot site or Cool site?

Managing evolving situation regarding at risk individuals and requirements around self isolation for staff with family contacts

- Biggest learning point this week

Hospice may be known but isn't connected to the correct Health and social care messaging and escalation processes unless we are very proactive and ask

We have an amazing workforce but many are anxious and even scared. Leadership and communication is critical and the learning is iterative.

Community

- ***Plans for managing Community patients in the context of COVID-19***

Developed new visiting and non-visiting care and assessment pathways including expanded use of telephone and implementation of video assessment.

Developed and Implementing altered triage, pre-visit COVID-19 telephone and door step screening to establish appropriateness

Proactive engagement of the Accountable Care Partnership to understand how supportive and palliative care services can be coordinated. Partnership is Key

Trying to understand the scope and scale of anticipated deaths

- ***Challenges in managing patients in the context of COVID-19***

Establishing if GDPR is relevant or whether we can take a pragmatic view

Managing evolving situation regarding at risk individuals and requirements around self isolation for staff with family contacts – community consultant

Engagement of the Accountable Care Partnership organisations has only been possible through mobilising contacts and being proactive. There have been no clear lines of communication targeted at engaging hospice services

Understanding scope and scale of what is to come cant be done alone.

Anxiety about what is to come.

- Biggest learning point this week

LRF means local resilience forum

Kindness and Leadership and Key. Our community team are not always use to being together