

# Getting It Right First Time (“GIRFT”) publishes clinical practice guide for improving the management of adult COVID-19 patients in secondary care

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GIRFT aims to help to improve the quality of care provided by the NHS by reducing variations in the way that healthcare is provided across Trusts. As part of their ongoing programme the GIRFT team have recently published their “Clinical Practice Guide For Improving the Management of Adult COVID-19 Patients in Secondary Care”, which sets out findings and recommendations that seek to spread good practice relating to care provision during the pandemic throughout the NHS.

Following the first wave of the pandemic, whilst limited national variations in care standards were identified, GIRFT was able to recognise six leading Trusts from whom it is hoped learning can be disseminated on a wider scale. By identifying and rolling out key strategies across all impacted medical specialities in this way, it is hoped that the whole of the NHS will be able to better meet any future challenges of the pandemic.

GIRFT recognised that Trusts learned at pace during the first wave, and with a clear appetite to learn through sharing, it is hoped that improvements in care can be pre-emptively made by adopting proven best practices.

## Key Messages

GIRFT analysed national and local trends of the pandemic, before identifying the six lead Trusts by assessing mortality rates and identifying evidence of improved performance. Once identified, virtual deep dives of each of these Trusts were undertaken and a cross-speciality approach used in order to identify specific learning points.

The seven medical specialities impacted by the pandemic considered as part of GIRFT’s review were:

- Infection prevention and control.
- Emergency medicine.
- Critical care and Anaesthesia.
- Acute and general medicine.
- Respiratory medicine.
- Geriatric medicine and Community care.
- Diabetes.

Additionally, three cross cutting themes were considered, i.e.:

- Trust leadership and management.
- Research.
- Coding.

Under each category the programme identified key principles for Trusts to consider and recommendations to implement, with real life case studies from the first wave supporting best practices.

Examples of the learning shared by the programme within the medical specialities include:

- electronic monitoring of patients’ COVID status by using heat maps to reduce the risk of nosocomial infection;
- a scoring system to risk-stratify patients according to the likelihood of them having COVID-19;
- physical structural changes to Emergency Departments to optimise patient flow and care;
- utilisation of WhatsApp to communicate between Emergency Department sites;
- consideration of local patient population characteristics (disease prevalence and demographic) to plan for critical care surges;
- redeployment of staff to critical care on a staged basis to preserve and optimise care for all patients for as long as possible;
- joint ED/medicine clerking documents to reduce duplication;
- delivery of advanced respiratory support outside critical care and run by medical specialities, to reduce the demand

for invasive ventilation;

- discussions between hospitals and ambulance services to develop diversion pathways to manage strain;
- named contacts within estates to assist with physical space alterations;
- increased interdisciplinary training;
- multidisciplinary acute respiratory response teams;
- care home support to avoid inappropriate admissions;
- nurse-led virtual community multidisciplinary team to support frail patients post discharge to reduce re-attendance;
- utilisation of conference calling technologies to facilitate better communications.

In relation to the cross cutting themes, the programme also identified examples of proven learning including:

- an adaptable and relatively flat command and control structure allowing for better interaction with clinical teams;
- wellbeing hubs and tiered physiological support for staff;
- invaluable local collaboration within the regions;
- significant benefit from updated electronic patient data records;
- a one-stop framework for research;
- coding recommendations including areas at risk of poor accuracy.

## Conclusion

This latest publication from GIRFT will be an invaluable resource for healthcare providers across the NHS as they seek to continue to ensure the provision of high quality care under the very challenging conditions caused by the pandemic.

The GIRFT publication can be accessed [here](#).

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