



COVID Communication

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Helping isolated patients to see their family

COVID-19 causes fear and isolation.

This is exacerbated when patients cannot have visitors. Lack of communication leads to emotional distress for patients and their loved ones

BACKGROUND

Being in hospital can be a distressing experience. Restricted visiting created an unprecedented challenge for patients, isolated from their loved ones.

I was asked to see an elderly gentleman because he 'did not want to go on living'... Talking with him it became apparent that he felt lonely. I helped him call his sister whom he had not spoken to in 6 days... Following this conversation he has been much brighter and hopeful, saying he feels more alive.

CHANGE IDEAS

- Raise awareness amongst staff
- Make referrals easier

Focus efforts on

communication

Recognise that staff

update families but

are less consistent in

helping patients talk

facilitated

- Identify a 'champion' or lead for each ward
- Involve senior doctors and nurses to regularly review communication needs
- Celebrate success with Greatix and newsletter

DIAGNOSIS

Patients were engaged to discover how many had not been able to talk with their loved ones. This suggested that there were patients on every ward in need of help.

After exclusion of those who did not have anyone they wished to contact or were unable to communicate due to either pre-existing condition or severe illness there were still between 3 and 9 patients per

Every single day there are patients who want to speak to their family but are unable to do so

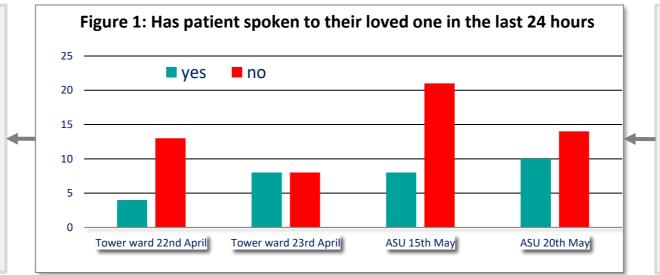


MEASURE

Number of facilitated phone calls made by volunteers per day

Includes: all facilitated voice and video calls made by volunteers on adult wards

Excludes: no. of calls made by other staff. Some wards may have well established methods of addressing patients' needs that are underrepresented in our measurement



PDSA series 1: Engagement and Awareness

1st April 2020 involve clinical leads to identify system communication issues and solutions

Present data on number of isolated patients and listen to

Increase awareness on 5th May 2020 other wards, attempt to Increase visibility formalise the referral Raising awareness of the volunteer service for specific wards

More referrals and calls visible on chosen wards. recorded from wards with Engage ward clerk who intervention, compared to can disperse information those that had not been

onsider another prompt in 2-4 weeks. Identify other reasons for call variation.

calls on T8, no change on T7. Both make more facilitated calls

15th - 20th May: Refocus Awareness - focus on T7/T8

Increasing doctors'

awareness of the issue

will increase referrals

Transient increase in Meetings and email reminders for staff on T7/T8

PDSA 2: Devices Unless many more 15th April 2020:

devices are available the

solution needs to come

devices more efficiently

from using existing

No change in recorded calls; devices are already available, it is using them that is the problem!

Monitor number

of facilitated calls

RESULTS

Request charitable

Get more phones for

donations and talk with patient liaison and IT departments. 5 phones donated

Record baseline 15th April 2020: Learn Encourage ward from volunteer staff to provide Identify how to make referrals to her job easier streamline process

PDSA 3b: Volunteers

PDSA 3a: Volunteers

Volunteer to help record the number of calls and referrals to identify areas for

encouraging a more

formal referral

process

Observe voluntee planning and making facilitated calls

PDSA 6: Sustainability

Highlight successes and 27th July 2020: ongoing challenges New ward champion with article in hospital newsletter this role

Repeat audit (fig. 3) Identified healthcare shows persistent unmet need on all wards. despite charge nurses identify suitable lead reporting full coverage

With volunteer leaving someone needs to fulfil

One doctor's involvement support worker on T7, increased referrals from a other wards unable to previously underperforming ward, increasing overall calls

champions; either

PDSA series 5: Junior doctors

Consider area or ward-6th June 2020: Engage based communication 5 iunior doctors Learn what is happening doctors, nurses, or allied in different areas of hospital

Laminated contact details

Zoom call - identified good and bad practices. Importance of holistic care as is demonstrated on oncology wards

21st May 2020: Engage Focus on other staff members as junior junior doctors

doctors lack continuity

(they cross cover wards

during Covid

redeployment)

No observable effect on the number of referrals handover and or calls Whatsapp reminders

PDSA 4: Nurses

21st May 2020: Consider prompts **Engage nursing** leads communication at handover Involve lead nurse

for communication Email sent from

More referrals make lead nurse to for a more efficient charge nurses and system. Wards with a referral system make

calls actually happening?

Speak with charge

nurses about ideas

for improving early

from volunteer

19th June 2020: Learn

How are referrals and

CHALLENGES

Volunteers are going back to work and their contribution may go unnoticed – there must be plans in place to fill the gap they leave if patients are not to be left isolated. Repeat random sampling shows there is still an unmet need for facilitated communication (see bar chart above) and a more systematic approach is needed.

We look forward to new and innovative ideas to address the challenges faced and ensure our patients and loved ones get the best holistic care possible.

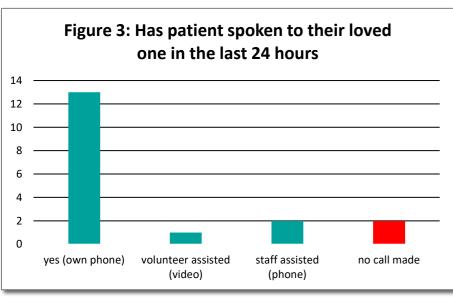


Figure 2: Volunteer Facilitated Calls 25 20 Ca Number of

SUCCESSES

Calls have provided patients and their loved ones solace and support during this most difficult time – one lady even got the opportunity to speak to her favourite football player!

– UCI

Increased awareness amongst staff (especially ward clerks) and accessible contact details led to more referrals to the volunteer (9.5 per day in week 1, 12 per day in the final week). **Pre-arranged calls allowed the volunteer to plan their day and make more phone calls (see** statistical process chart). There has been a statistically significant step change towards more calls in the final week of data collection.

Junior doctor 'champions' increase calls: specific awareness and support on ward T7 + T8 led to higher median no of calls per day (4 and 6) than other wards (T2,3,4,5,6 = 0). Having a junior doctor involved on the acute surgical unit increased median from 0 to 3 calls. > There has been rapid uptake of the new technology in a challenging time







— Mean