

**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
- 💡 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 ward needing help.

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

## AIM

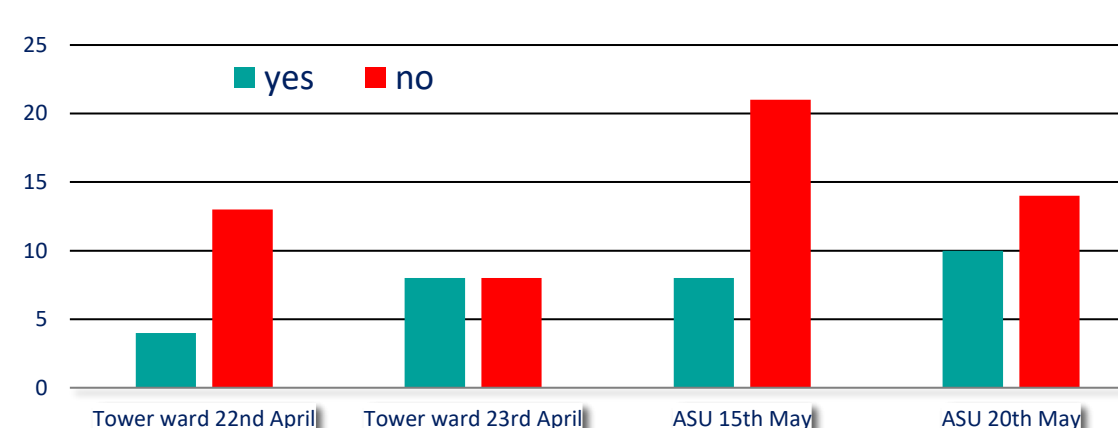
*Improve communication between patients and their loved ones*

*To provide facilitated phone calls for all patients who need it*

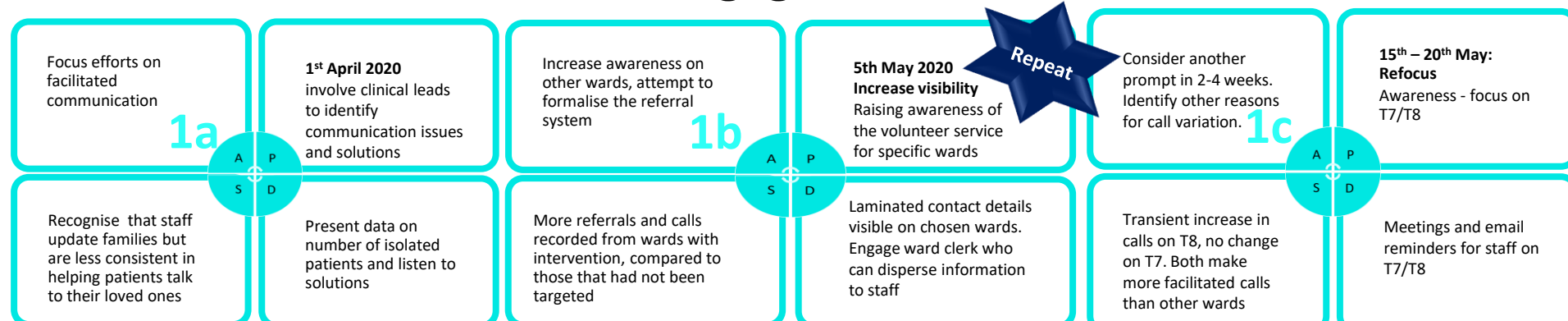
## MEASURE

**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 under-represented in our measurement

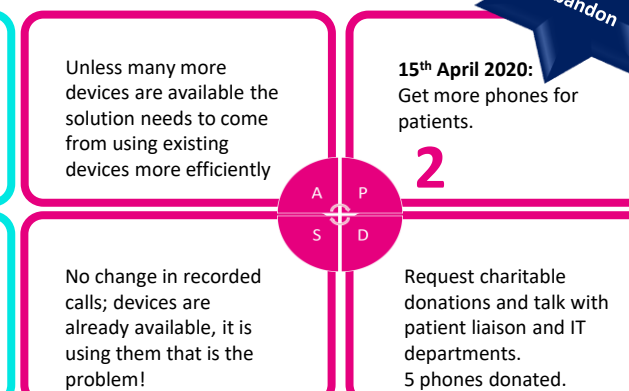
**Figure 1: Has patient spoken to their loved one in the last 24 hours**



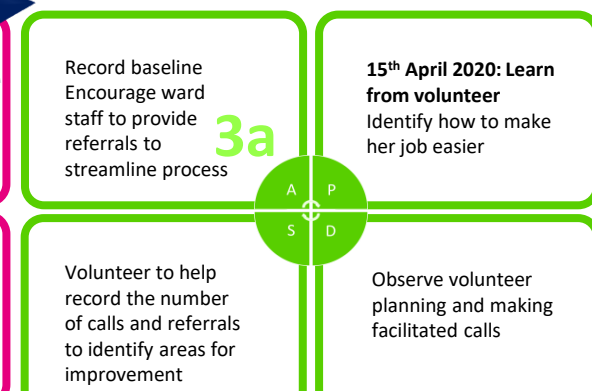
## PDSA series 1: Engagement and Awareness



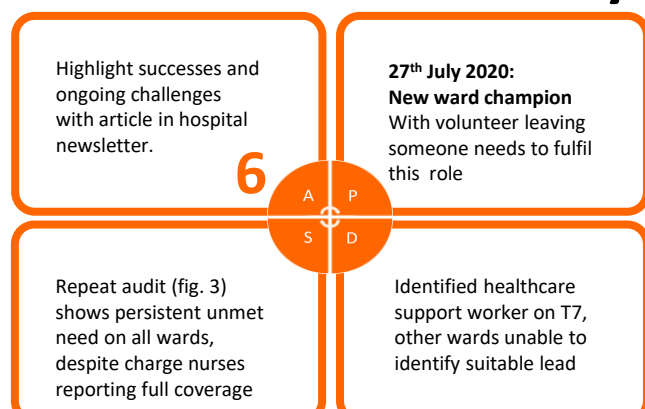
## PDSA 2: Devices



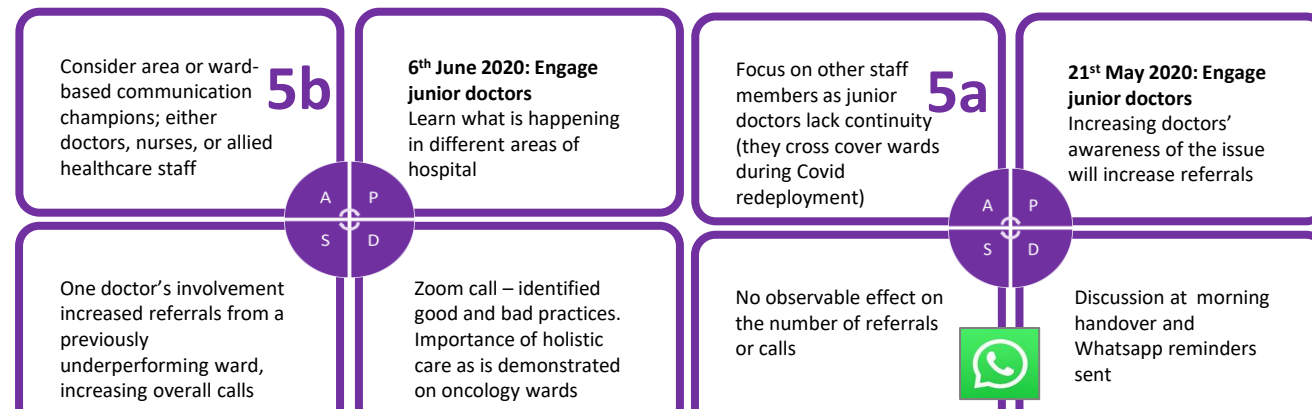
## PDSA 3a: Volunteers



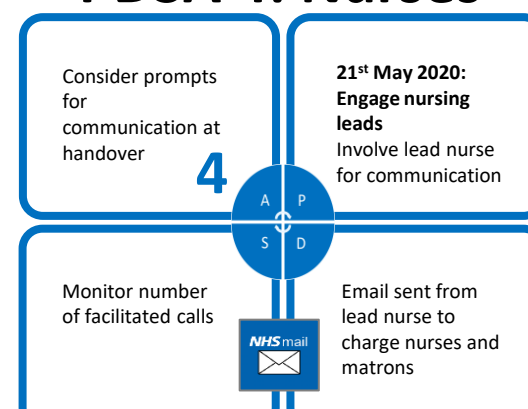
## PDSA 6: Sustainability



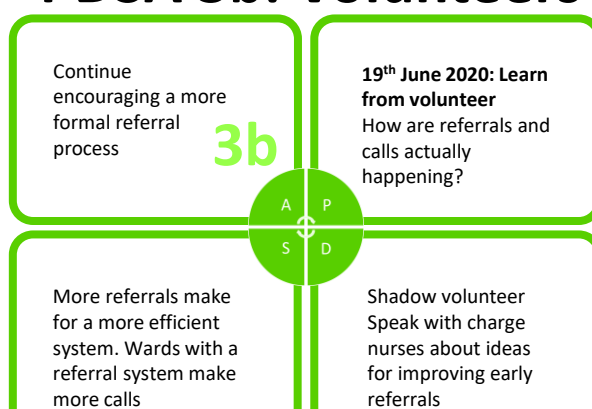
## PDSA series 5: Junior doctors



## PDSA 4: Nurses



## PDSA 3b: Volunteers

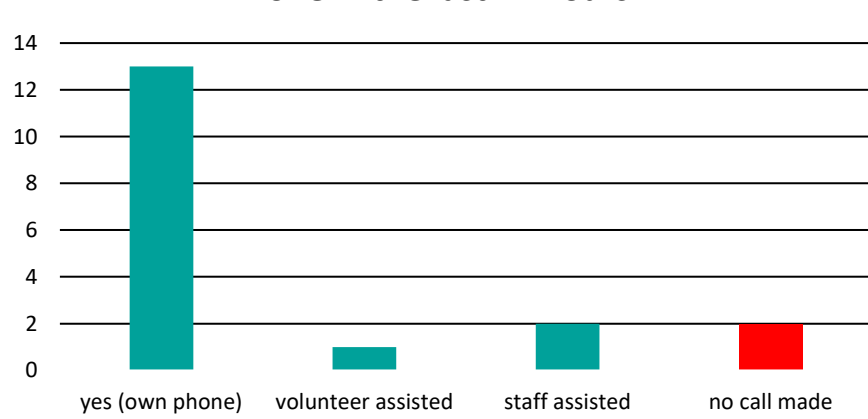


## CHALLENGES

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.

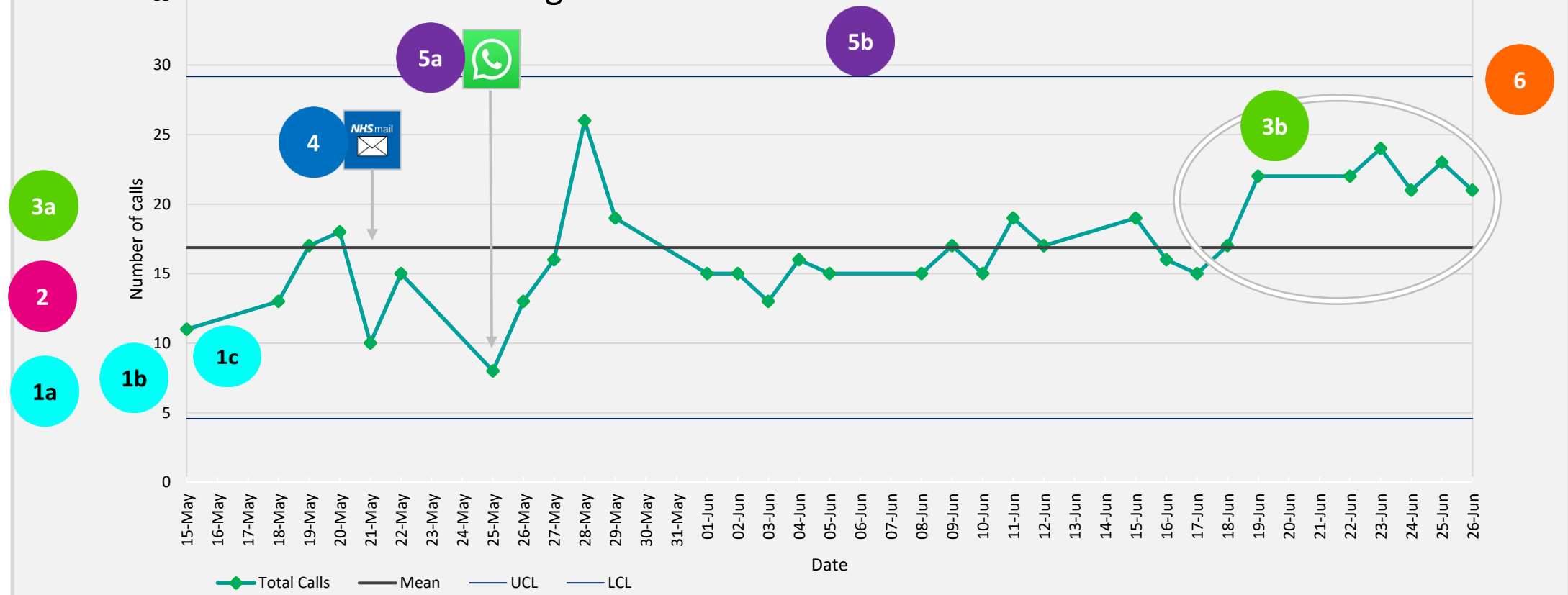
We look forward to new and innovative ideas to address the challenges faced and ensure our patients and loved ones get the best holistic care possible.

**Figure 3: Has patient spoken to their loved one in the last 24 hours**



## RESULTS

**Figure 2: Volunteer Facilitated Calls**



## 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!

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**

