



Case Study

Creating a Communication Open Door

The Robinson Memorial Hospital

Context

The Robinson Memorial Hospital is part of the Northern Health and Social Care Trust in Northern Ireland which has Community care beds in 5 sites. Robinson Memorial Hospital has 16 beds.

In Community Hospitals communication has always been important and staff at Robinson have always tried to communicate well taking time to involve the patient and their family.

Prior to Covid, they engaged in a frailty project. This highlighted the need to be even more person centred and involve the patient and their family and loved ones in their care and rehabilitation journey. Engaging the family in rehab sessions was a different way of working but was embraced by the multi-disciplinary team members. This did require a mind shift for staff as the ward routine needed to change to accommodate involvement in therapy sessions and more open discussions. The result was positive. Patients and families were more engaged and communication was more proactive with greater shared decision making.

At the start of the pandemic it was decided between the Trust and Robinson Hospital staff that the ward would provide step-down care for Covid positive patients. One effect of this was that patients were admitted from a wider geographical area. It was a shock for the team to have to move away from this model of open dialogue to a situation where families could not visit and there was no face-to-face discussion. It felt like a step backwards.

In the beginning, the team's focus was on getting to grips with Covid and understanding what they were going to do, how they were going to work, what an assessment would look like and what would be prescribed for patients who were Covid positive.

The team thought quickly and creatively about how they could communicate more effectively with families and professional colleagues.



THE ROBINSON MEMORIAL HOSPITAL





What we did

PATIENTS

- Staff, especially nursing staff, needed to fill the gaps for patients. They needed to be able to replace the family members and loved ones and increase the intensity of contacts with patients. Holding someone's hand took on increased meaning and became even more essential.
- Staff needed to advocate for patients in a unique way – there was no one else.
- The team managed communication and outside visiting compassionately, considering individual needs of patients and visitors and they rose to all the challenges that presented themselves whether it was harsh weather, distressed patients and visitors or changing guidance.

FAMILIES

- With families it was important to establish a connection and create an “open door” to ensure they felt reassured that their loved one was being well cared for, informed of their clinical condition especially when the patient was deteriorating and comforted that they were not alone when dying. There was a lot of positive feedback.
- Some families felt that for the first time they clearly understood what was happening with their loved one who may have come into hospital following a fall, were discovered to have Covid, and were now dying. The team felt it was a privilege to be able to communicate with families throughout their stay and in bereavement where appropriate.
- It was important to keep in communication with families daily. Some were not local and would not have any knowledge of the hospital. Forming a good bond with families so they understood staff were doing their best to care for their loved ones allowed them to build trust. Clear, proactive communication was key to achieving the level of trust needed.
- It was important families felt that their loved ones were cared for by professionals who cared and cared enough to take time to communicate as fully as possible.
- Technology was used to facilitate communication with families but staff were mindful that not all relatives had access to it or could use it unaided. It did not replace the face-to-face contact well but was better than no contact at all. The iPads to support this were bought by the Robinson Memorial Hospital (Charitable) Trust Board. These were invaluable and will be staying in practice.

THE TEAM REFLECTED THAT

“ It was borne out of the reality that these were ordinary patients in extraordinary circumstances and families were not able to be part of their care so we had to communicate better.



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- The MDT were all involved in communicating with families. Social Workers were having more conversations with families as they were not seeing the patient who would have passed information on previously. This was positive. It was good for relatives to know rehab or discharge planning was in place and be able to ask questions.
- Relatives understanding of Covid and testing was often poor so effective communication was required to provide explanations when they could visit and what limitations were in force due to current infection control guidance.

STAFF

- Healthcare Assistants developed enhanced communication skills, feeding back what patients had done with, for example, pictures or items from home. This could then be relayed back to the families which gave a full and person-centred update as well as reassurance. They became skilled in managing patients with delirium, a common condition the team saw in patients with Covid. They developed skills in communicating to calm and reassure the individual but also in reporting back changes in the patient's clinical condition.
- The student Advanced Nurse Practitioner used the iPad to communicate with GPs. The GPs were on site each weekday morning and could return in the afternoons if needed but wanted to minimise movement from an Infection Prevention and Control perspective. The iPad allowed them to be virtually "in the room" during patient assessments and discussions. This helped manage the site in a safe and effective way as well as ensuring proper communication and appropriate clinical decision making.
- The team are good at communicating with each other. They have been together for a long time. They were joined by redeployed staff, who were very welcome and who the team learned a lot from. Many came from different clinical backgrounds, such as school nursing, and brought additional communication skills with them.
- The core team are long standing and know each other well. This means they are good at spotting when someone might need to talk. They regularly talked about the difficult conversations and situations they faced, in an informal way.

PROFESSIONAL COLLEAGUES

- Traditionally, there has been a reluctance to pick up the phone and ring families, consultant colleagues or other teams about a specific issue or patient despite all wanting the best for the individual. The patient's own GP or the consultant who has recently cared for them in the acute setting will have a wealth of information about them that can help decision making when you have only met them for the first time.
- From the beginning of Covid, the Robinson team knew it was going to be important to engage in communication with their professional colleagues. They wanted to have more communication with Consultant Geriatrician colleagues who they already had a good working relationship with. They developed stronger links with Palliative Care colleagues and with the increase in delirium associated with Covid were keen to ensure enhanced links and communication with the Mental Health Liaison team.



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- The Trust itself realised that there was a need for supportive communication so that appropriate patients could be transferred and ceilings of care agreed and ensured this was in place.
- Communication with the Infection Prevention and Control Team improved through open dialogue and joint decision making.

ORGANISATION

- Communication was especially important to help reduce fear of the unknown and manage staff anxiety, particularly in the early days where there were constant changes in guidance and policy. Staff were anxious about an unknown disease, the risk to themselves and their families as well as patients and their families. Staff wanted assurance and guidance that was not always possible to provide.
- Daily meetings were put in place led by the Locality Manager with the Ward Manager to ensure two way communication. They were open about what was happening, the gaps in information and the pace of change. Although creating the time for these was difficult, it was seen as a necessary investment to support staff and achieve the required changes to the service.
- Staff had to learn to use Zoom for meetings which they did well although it took time to get to grips with information governance and infection control measures when working in this way. Staff were accessing the intranet more as this was the central hub for up to date information.
- The Trust understood the need for regular communication with all the Community Hospitals so there was an understanding of the number of Covid positive patients in the acute, who might be transferred and what support the Community Hospitals needed. Regular Zoom meetings were held throughout the pandemic between the Trust and the clinical lead GPs.
- The Trust facilitated calls between GPs and staff in Robinson and the Consultant Geriatricians which were helpful and meant the team did not feel isolated or out of their depth.

END OF LIFE CARE

- Prior to Covid the team at Robinson had brought in documentation to prompt them to think daily about what the patients' needs might be when receiving end of life care. The person's wishes are fundamental to this. Communicating with families to ensure they understood these wishes was vital. This was difficult. Staff might be talking to the family on an iPad in the patient's presence instead of bringing them in and sitting them down with a cup of tea and talking things through. Sometimes it felt brutal.
- Discussions with relatives needed different and enhanced skills. There was an added intensity to the conversations and usual feedback such as non-verbal cues were often absent. Conversations needed to be more direct at times and with people you had not met face to face. Staff were experiencing the same anxieties and fears as relatives and may have been dealing with their own unwell or dying relatives and that afforded a different connection with them. Difficult conversations had to happen remotely and often quickly. The need to communicate well was brought home more than ever. Staff were reminded of the importance of involving family in care in whatever way possible.



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- Early in the pandemic, when there was a real pressure to maintain patient flow in anticipation of overwhelming numbers of admissions, there were a number of discussions between staff about the appropriateness of transferring a patient to a Care Home when previously they might have stayed in Robinson for end of life care. These were difficult discussions and made the team question the care they were delivering and the decisions they were making. Reflecting on that time, the rationale is understandable but this way of working was contrary to the values of the team. The support they gave each other allowed them to come to terms with this.

HOSPITAL TRUST BOARD

- The Robinson Memorial Hospital (Charitable) Trust Board members are highly active and raise funds to support the hospital. There are 17 board members and they are very rooted in the local community. They were all keen to be involved where they could and stayed in communication with the team throughout. When the team were short of face shields the board quickly sourced some from someone who previously made window blinds. This was important in helping staff to feel protected.
- Food and toiletries were sent in several days per week for staff as the board members understood little was available on site and staff could not leave at times. Knowing that they were being thought about was important to staff wellbeing.
- They bought 2 iPads for the hospital and one board member who is an IT expert helped set them up.
- The Chair of the Trust Board is a respected local undertaker. They were able to educate the team about care after death for Covid patients and new cremation processes. This helped when talking to families as staff were able to explain the practicalities alongside providing emotional support. This made a significant positive difference to bereaved families.

Outcomes and Benefits

The situation forced staff to think more about communication. They already knew it was important but Covid made it even more so and as a team they wanted to achieve the best communication with families that was possible. Some team members had received additional communication training but this situation reinforced that you could learn to communicate better whether you are a newly qualified staff nurse or an experienced clinician.

“ We could not change the outcome for patients but the thing we could change was our communication with the families as this was what was going to make the biggest difference to the perception of care.

DR SHAUNA FANNIN





One Health Care Assistant has gone on to do nurse training based on their learning from being involved with patients with delirium.

The team feel they know professional colleagues much better, even if they haven't met them face to face. Building these relationships made it easier to support each other during challenging times and when complex decisions needed to be made.

There has always been a good relationship with the Robinson Hospital Charitable Board but it has been strengthened by the communication and work done during the pandemic.

Communicating with families was difficult but staff understood the importance of clarity and compassion while supporting the wider health system. This allowed relatives to have the greatest confidence in the care that was being delivered and be as involved as they could be.

Learning and Sustainability



TOP TIPS FOR OTHERS

- Staff now have new and enhanced communication skills which they will continue to use to improve care in the future. They have a deeper understanding of the multiple layers of communication needed with a range of people to enable person-centred care to be delivered.
- The team at Robinson managed Covid positive, mainly elderly, patients throughout the pandemic and have a lot of experience in managing this patient group.
- They have learned a lot about managing delirium. Around eighty percent of patients with Covid coming to them had some degree of delirium and it was the most common symptom they saw. They team got better at knowing what they could manage and when to reach out to colleagues and seek support as well as how to care expertly for patient with this condition.
- Nurses have greater knowledge about cohorting patients, managing what can and can't be done in relation to airborne viruses. They have greater confidence in managing outbreaks because of their learning during the pandemic and the support from the Infection Prevention and Control team.
- Team members feel their palliative care skills have improved and excellent communication is core to this.
- The team have reflected that they don't need to be overwhelmed when faced with novel situations, they will learn the clinical things they need to know as this is what clinicians do every day. This is just another illness and patients need the same care even if it needs to be delivered differently.
- Communication is the most important thing when you are isolated from the family, it is one of the most important aspects of the care given.





- You can forget your compassion. So many people have lost loved ones, it is important to remember to have compassion for each other.
- Technology will never replace face to face communication but it has a place in ensuring families can be connected with the patient journey, distance is no longer insurmountable.

“ We have done more good through communication than many other measures. Communication was the thing we could do and do well.

ROBINSON TEAM MEMBER

Next Steps

The team won't lose what has been learned during Covid.

The team will not be letting go of using technology to support communication when appropriate.

As a team they will build on communication skills and access training for all staff to do this through NI Hospice and Advanced Communication training. The Robinson Hospital (Charitable) Trust Board will support this through funding.

The team want to get back to their way of working pre-Covid and will need time to rebuild this. Being open and engaging families with the patient journey takes work and they acknowledge they will need to invest time and thought into reintroducing previous frailty project measures. Their improved communication will help support this.

Creating a communication “open door” with families, professional colleagues and the wider organisation allowed the team to deliver the most patient centred care that was possible and they will continue to ensure the door remains open.

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