



Winner 2020 CHA Innovation and Best Practice Award related to Covid-19

Communication Team

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Summary:

During the start of the Covid-19 pandemic and the change of use for Abbeyview ward into a Covid End of Life care unit, family were not able to visit the hospital as normal. The Communication Team provided a vital communication support link between patients, family and local community partners and other hospital and community services. The team consisted of staff predominantly deemed high risk health-wise and staff with expertise in communication, IT and End of Life Care. The team also benefitted from having a rolling cohort of staff, designed to give a 'change of scenery' to staff who were identified as requiring a break from the ward. The Communication teams' role was a mix of processes, devised in less than a week, through vigorous and challenging role play and discussion, with the flexibility to veer 'off-script' should this be in the patient or relatives' best interests. The team was supported by the local community and many other stakeholders to ensure all the patients and family's needs were met.

Background:

In March this year, because of the Covid-19 pandemic, services in Tewkesbury Hospital were suspended. Abbeyview Ward remained operational and was asked to care for End of Life patients who were Covid-19 positive. This presented a range of difficult challenges that needed to be met within a seven-day deadline. The initial discussions that were part of the 'whole team' approach to problem solving how this transition would be undertaken, quickly identified that due to Covid-related infection Control processes, family would no longer be able to visit patients being cared for on the ward until the last few hours of life or in exceptional circumstances. This was something that was viewed as extremely upsetting not only for patients and family but also the multidisciplinary staff who had volunteered to work on Abbeyview Ward.

Julie Ellery (Matron) and Lisa Ryland (Theatre Sister) recognised that during this extremely difficult and emotional stage of a person's life, we wanted to provide information, comfort and wellbeing to patients and relatives to ensure that they were able to communicate effectively with each other in the most beneficial and appropriate fashion, dependent on both party's needs. We also aspired to deliver a holistic approach to the exchange of information by ensuring family's own needs were met, as we understood their anxieties, not only around their relatives but also the effect of the pandemic on their own lives.

A communication team, dedicated to fulfilling these objectives was set up, comprised of a group of volunteers from a wide range of professions, most of whom were unfamiliar with working on an impatient ward and end of life care. The team also included staff, unable to work on the ward due to health reasons, who otherwise would have been at home awaiting redeployment.

The communication team was supported by Senior Nursing and Allied Health Professionals (Physio and OT) as well as local Mental Health colleagues, Psychologists and the Working Well (Occupational Health) team.



The team was also mindful that their purpose wasn't to take away an important part of the ward Nurses role. They positioned themselves as an extension of inpatient ward care, acting on the advice of the ward nursing staff to complement the practical aspect of patient care provided on Abbeyview Ward, in a constantly changing environment.

Description:

When a patient arrived on Abbeyview Ward, the Arrival Communication form was completed by the ward staff, this gave staff in the Communication Team the relevant information most appropriate for understanding the needs of the patient and family.

Following this, the Communication Team contact the patients' next of kin, introduce themselves, explaining the service that was being offered and if this was something they would find beneficial. The family would receive daily scheduled telephone calls, where they were able to send poems, stories or messages that could be read to the patient by a member of the ward staff, and skype calls, in the first instance (iPads supplied by Tewkesbury Hospital League of Friends for this purpose).

Visiting restrictions were explained and family were informed that they could visit should the patient deteriorate, under set protocols and infection control guidelines.

Then the 'All About Me' form would be completed with the nominated relative to enable the ward staff to 'get to know' patients who were unable to relay that information to staff themselves.

The Communication Team would then arrange daily scheduled telephone appointments with the family to give updates and pass on messages along with ensuring the staff were able to gain insight into the family's own wellbeing to ensure they could be supported. Each telephone conversation would also be documented to enable staff not familiar with either patient or family, the ability to ensure continuity and ensure questions or conversations were not repeated. The team also had the support of the Psychology team and the local vicar who could also ensure multi-faith colleagues could meet the needs of a diverse local population.

During morning and afternoon handover a member of the Communications Team attended the ward to ensure staff were aware of the daily changes and to inform Communications Team of any medical aspects of the patient's care. Nursing staff caring for the patient were also able to speak with the family if they felt it was more appropriate.

On commencement of the Shared Care Pathway, discussions with the family were had to ensure the pathway paperwork was completed to the same high standard as pre-Covid. Extra care was required to ensure all new SOPs were adhered to, without causing additional stress to the family. The new funerary process was also explained.

The local community made knitted hearts and purchased keyrings with hearts in the middle (one half with patient, other with family). These were offered to the family. Other gifts were also donated for this purpose.

The team would also arrange for the family to pick up washing, also with explanation of infection control process associated with this.

When a patient passed away the family was sent a personalised card signed by members of both the Communications Team and ward staff involved in their care.

Feedback was encouraged and patients and families were very grateful of the service and the way in which the Communications Team staff conducted themselves. Cards were also received by the team to thank them

for their help. The role of the communication team was so successful in Tewkesbury that it was used as a blue-print and adapted by the Forest Hospitals with local amendments.

2022 Update

The team are continuing to utilise Skype and mobile technology to aid patients in communicating with their relatives on Abbeyview. The technology has also been transferred into Theatre where the iPads are used for Friends and Family surveys

Theatre staff continue to support Abbey View ward when short staffed, even covering shifts over Christmas/New Year 21/22

Competencies, such as hoisting, learned on Abbeyview ward, have been used in theatres. Previously patients who required hoisting could not be operated on. That is now not the case.

There is a much closer relationship between Abbeyview and Theatre (in the past, there has almost felt like a disconnect between the two departments due to a lack of understanding of each other's roles). This improved relationship has continued with new staff who have recently joined the ward and theatre, so a definite culture shift.

New personal relationships have blossomed between staff during the redeployment. Now everyone has to listen to Aprils' terrible jokes!

For further information contact:



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In December 2020 the Community Hospitals Association Innovation and Best Practice Awards took place.

The judging panel were unanimous in identifying this as one of two projects carried out at Tewkesbury Hospital which were combined to form one of two winning entries for the category related to Covid-19.

Our judges said:

The dedication to the wellbeing of the patients and their families was exemplary

This is an excellent example of developing a new process and utilising all staff who are available and able to be involved as much as possible. You have shown what good looks like and set an amazing precedence. So much so that following reading your application in the shortlisting process you inspired me to take forward some aspects of the communication team that you created to develop a mini communication team, consisting of shielding staff, during the recent lockdown while visiting was suspended. This shows how adaptable your project is, be so proud of what you achieved and the difference that has made and will continue to make to those families whose relatives lives you touched – well done.

This is a great example of maintaining a patient centred compassionate approach to care amid such a challenging time. Staff were supported and the learning from this will continue to bear fruit moving forward.