

Quality Improvement Project for next of kin communication in the Covid-19 pandemic

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BACKGROUND

Hospital visiting restrictions during Covid-19 meant that next of kin relied on telephone discussions from the medical teams to be updated.

In a geriatric setting, further restrictions to communication include limited access to technology, high prevalence of dementia and/or delirium and end of life patients.

AIM

- To improve communication between the medical team and the Next of Kin (NOK) of patients on the geriatric wards during the time when NOK are not allowed to visit due to COVID-19.
- To improve patient interaction with family via video calls using the tablets on the ward.

METHOD

Communication white board to prompt the multidisciplinary medical team to update NOK daily and courtesy call before the weekend

Introduction of tablets and cordless telephones to facilitate communication between patients and NOK, including video calls

Easing visiting restrictions for end of life patients

Figure 1: Driver diagrams illustrating the process of developing the QIP

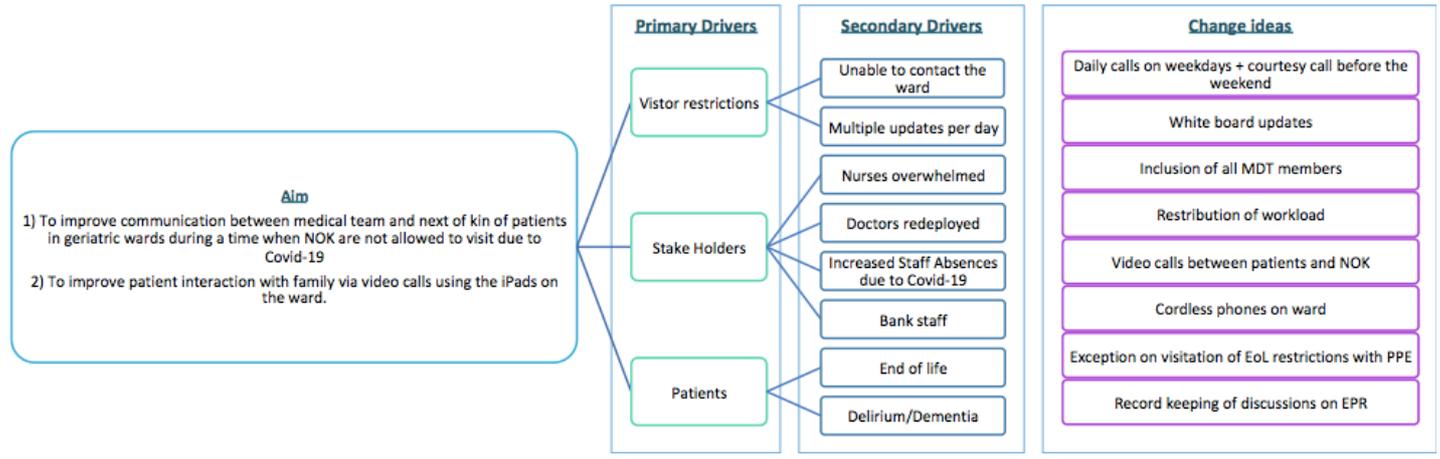
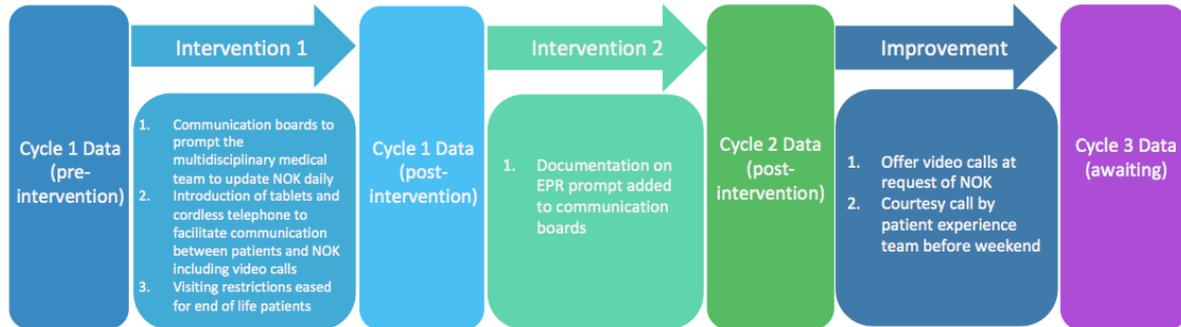
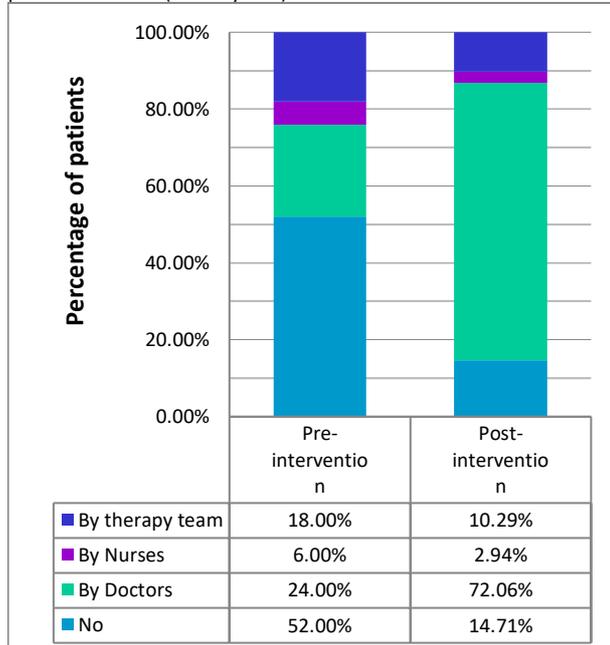


Figure 2: PDSA cycles



RESULTS

Figure 3: EPR-documented next of kin updates compared pre and post intervention (PDSA cycle 2)



DISCUSSION OF FINDINGS

Following the interventions, there was a significant improvement in updating of NOKs and documenting of the discussions on EPR, with discussions increasing by 77%.

When collecting the data, it was apparent that the documentation was inconsistent, varying from detailed documentation of what was discussed with the NOK, to one sentence buried within other notes. A further PDSA cycle can be done to try to improve this.

Feedback from relatives highlighted that most were satisfied with our communication. However, feedback regarding video calls was mixed, with some finding it distressing.

It should be noted that the doctors did most of the updates, which is currently feasible with the added support doctors. Looking forward for long term planning, consideration should be made to redistribute the workload, as support doctors will be redeployed to their home specialities.

SUGGESTIONS

- 1) To include a communication whiteboard in each ward to help update NOK when visiting restrictions are in place
- 2) To provide video calls and portable phones to all wards to allow patients to speak with their friends and families.

ACKNOWLEDGEMENTS

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