The role of a family communications team in the intensive care unit during the COVID-19 pandemic



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Background

- Family visiting in ICU during the COVID-19 pandemic has been commonly restricted to end of life. ^{1,2}
- The Aneurin Bevan University Health Board created a dedicated family communications team (FCT) as part of their response to the COVID-19 pandemic.
- The FCT was initially split between two hospitals, Royal Gwent Hospital (RGH) and Nevill Hall Hospital, during the first wave of the pandemic, and later combined after the ICUs were merged at the new Grange University Hospital (GUH).
- The medical team would handover to the FCT, who would update families on their relative's clinical picture and future plans. Families were also able to request a call from a doctor, who would contact them later that day.

Aims

- To understand family perceptions of the FCT throughout the COVID-19 pandemic.
- To identify strength and potential improvements of the FCT.
- To assess for any differences in perception of the FCT between the two hospitals or over time.

Methods

- A retrospective questionnaire was used to assess different aspects of the FCT — including frequency of calls, ease of asking questions or raising concerns, supportiveness and suggestions for improvement.
- Patients admitted to ICU in GUH between inception (November 2020) and the end of the FCT (June 2021) were identified.
- A sample of patients were randomly selected. Their families were then contacted by telephone, inviting them to anonymously complete the questionnaire.
- Data was added to that previously collected at RGH to allow for comparison.

	Nov	Dec	Jan	Feb	Mar	Apr	May
Frequency	4.3	4.5	4.3	4.2	4.2	4.7	4.6
Detail	4.3	4.2	4.5	4.2	4.3	4.4	4.6
Consistency	4.3	4.7	4.2	4.2	4.2	4.4	4.3
Understanding	4.5	4.2	5	4.7	4.3	4.7	4.9
Questions/	4.3	4	4.8	4.5	4.3	4.6	4.9
Helpfulness of	4.2	4.3	4.5	4.7	4.5	4.9	4.9
answers							
Support	3.7	4.7	4.7	4.3	3.8	5	4.9
Overall	4.5	4.7	4.3	4.7	4	4.7	4.7

Table 1 – Table to show the average score given for the FCT across different domains between Nov 2020 and May 2021 at GUH

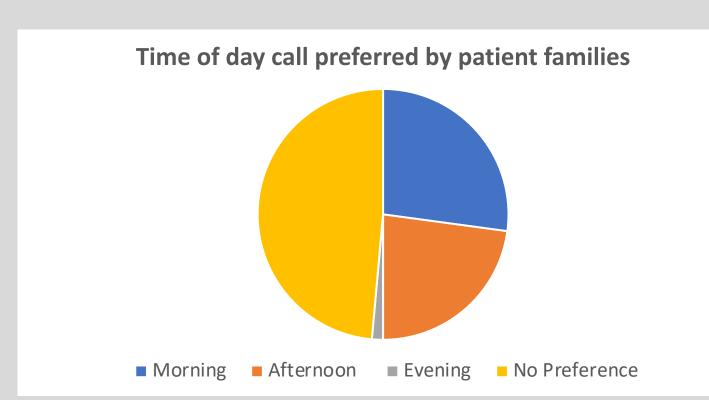


Figure 1 - Time of day preferred for a telephone call from the FCT

Results

There were a total of 70 family participants – 44 families of patients admitted to GUH, added to the previously collected data from 26 families of patients admitted to RGH.

- Table 1 shows that family perceptions of aspects of the FCT were consistent over the 7 months it was implemented at GUH.
- The results from Figure 1 show that around half of families had no preference for time of call.
- Figure 2 shows that there was overall a good response for the FCT, with most ratings for each domain being scored at the maximum. 65/70 (92.9%) families rated the FCT overall as a 4 or 5 out of 5.
- The average scores comparing ratings for the FCT between RGH and GUH showed little difference.
- Exploration of key themes identified the importance of consistency, up-to-date information and the possibility of a FCT beyond the COVID-19 pandemic.

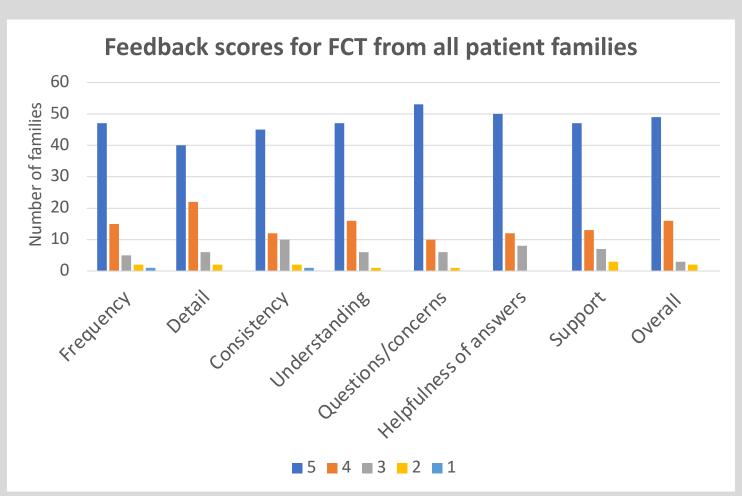


Figure 2 – Feedback scores for the FCT across different domains

"The best thing was consistency – knowing you would get a call everyday"

"It made sense to be called after the ward round when there was up to date information"

"Going forward post-COVID, if service could be kept going for people in ICU, especially when families can't get in everyday"

Quotes from patient families highlighting identified key themes

Conclusion

- Overall, there was a positive response for the FCT.
- Feedback has been consistently positive, with little difference reported between RGH and GUH, and across time at GUH.
- COVID-19 has made communication with families more difficult, however, having a dedicated FCT helps families through a relative's admission, by providing them with consistency, honesty and support.

Moving forward – a FCT would be an asset to ICU and may have a role in the future of ICU care, whether this is in potential further waves of the pandemic or one day as a new normal.

References: