# Betsi Cadwaladr University Health Board

Largest health organisation in Wales, providing a full range of primary, secondary, community and mental health hospital services in North Wales for a population of approximately 688,000.

North Wales region has some of the most deprived areas in Wales.

Betsi Cadwaladr University Health Board is comprised of:

- ✓ 3 district hospitals

- ✓ 22 community hospitals

- ✓ Network of over 90 health centres &, community health teams bases

- ✓ 113 GP practices and the NHS services provided by Dentists, Opticians & Pharmacists across the region.
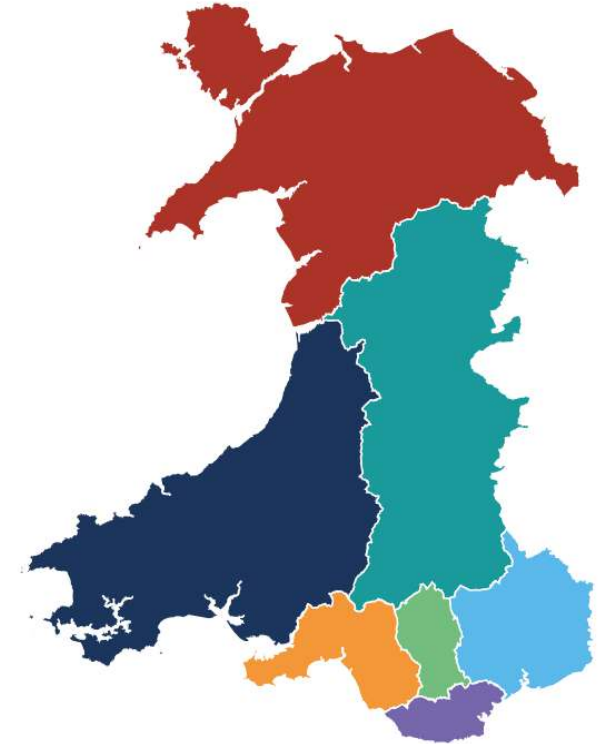
Background

Situation

- When contacting the hospital for updates, it is recognised that relatives can be on hold for long periods of time before their call is answered. Even then, they do not always receive the most up to date or relevant information. This is largely due to precarious staffing issues and high acuity on wards.
- The Health Board wanted to explore how to better communicate with families whilst their loved ones are in hospital.
- Our vision involved testing 2 digital systems that supported staff to communicate frequently and easily by sending messages and voice notes through a digital portal on a daily basis.

Project Aims:

- Enabling allocated relatives to receive an update that is knowledgeable and appropriate.
- Allow the patient's relative to access the updates at a time convenient to them.
- Free up time for health care staff to concentrate on the patients.
- A system that would be easy to access by all.
- Patients feel closer to relatives and recovery is assisted.
- Reduced patient, relative and staff stress.
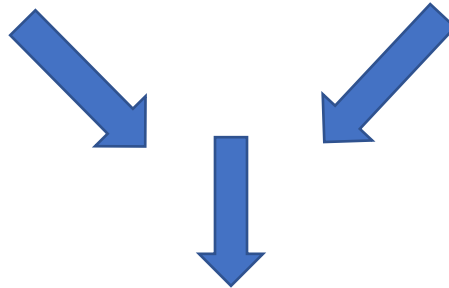- Reduced complaints relating to negative communication.

Our Locations & Approach

Ysbyty Glan Clwyd - REDSTAR

Ward 1 - Care of Older Adults
Ward 5 - Surgical
Ward 9 - Medical

Ysbyty Gwynedd – ROUND SAFELY

Prysor Ward – Acute Medical (Stroke)
Ogwen Ward – Surgical
Glaslyn – Care of Older Adults

- Project Steering Groups – representation from clinical nursing, corporate nursing, digital, data and telephony systems, ward accreditation, communications, patient experience and business improvement.

- Supported by/co-produced with – SBRI project support, ward staff, patients, family carers, ICT, Information Governance and benefits realisation/transformation.

- Two shortlisted suppliers **'Red Star'** and '**Round Safely'**.

Project Activity

Weekly Project Team meetings

Extensive engagement on the ground by Patient Experience Team

Red Star/Round Safely:
- Information leaflets/posters
- Agreed SOPs and a training approach that works
- Baseline data - Staff survey, Patient survey, Family carer survey, pre-pilot interviews
- Piloting and within project discussions with families and patients; feedback post-discharge, telephony data, benefits realisation
- Final experience feedback
- Analysis
- Independent evaluation
- Dissemination planning

Family & Patient Landing Page

View previous updates sent

View hospital and ward details

Choose language preference

Staff Landing Page

NHS Patient communications

My Referrals **33**   Discharged   Logout

All wards > Ward 5

Ward 5   Broadcast   Add a patient

Samuel Clark — 2
98202918
"Will need to rest for..."
02/10 10:16

Mia Harris — 2
98202912
"Will be able to have visitors..."
02/10 09:16

Stephen Lewis
98202919
"We are administering..."
02/10 04:16

Nathan Martin
98202913
"We are administering..."
01/10 10:16

Quinn Martinez
98202916
"We are very happy with the..."
02/10 09:16

Rachel Robinson — 2
98202917
"We are very happy with the..."
02/10 06:16

View patients on ward

See latest messages sent to patient contacts

See at a glance who is overdue updates

Send broadcasts ward - wide

Data Analysis – Summary

Average number of calls per month pre pilot YGC

Ward 1 – 1021
Ward 9 – 1180

Average Volume of calls per month during pilot YGC

Ward 1 – 1097
Ward 9 – 1031

Updates sent during pilot

771

Return messages / enquires in from relatives/carers

129

Average number of calls per month pre pilot YG

Glaslyn – 1089
Ogwen – 1966
Prysor – 846

Average Volume of calls per month during pilot YG

Glaslyn – 1611
Ogwen – 2384
Prysor – 1584

Updates sent during pilot

350

Not applicable for voice messages – one way messaging only

Pre-pilot, an average of 45-50% of direct calls to the wards went unanswered. During the pilots, the percentage of unanswered calls remained high at 50-54%. Although telephony data may show an increase in the volume of calls at YG and no significant change at YGC during the pilots, it is difficult to determine the cause based on the figures alone pilot or other external factors, given the small number of users (both staff and relatives) and the short length of the pilots.

Staff using the Redstar system also reported that they saved time from having to telephone family members or carers to try and book appointments, previously on occasions having to make numerous attempts.

Feedback from both relatives and staff highlighted that only one update a day was not enough for some users so family members and carers were still calling in for additional updates (including clinical updates). Relatives also reported that the updates being sent to all contacts at the same time was beneficial and staff felt that this reduced the need to repeat updates to several family members over the phone during the day.

Feedback and perception from clinical staff and ward clerks was that they did feel there was a relief in the pressure of the usual morning update requests over the phone and it saved them time to focus more on patient care and a reduced amount of questions during visiting times.

Relative/Carer User Positive Feedback

The Patient Advice and Liaison Service engaged with relatives/carers who used the system during the pilot to complete a pre-defined questionnaire. The following positive feedback was received:

Relative Quotes from Ysbyty Glan Clwyd about Redstar

> It was absolutely brilliant! Every morning I received a message, it meant I didn't need to phone up to find out how my relative was. I understand nurses are busy so this is a great thing to offer to reduce people ringing in

> It was really useful as I do not live local, so as I family we struggled visiting daily. Our questions were responded to quickly and I liked the fact I could send messages in

> Really like the system very reassuring to hear daily, would recommend that this is continued in the future if viable. Thank you for asking me to be a part of the trial

> I really liked the ability to ask questions through messages. It was easy to send a quick message when I was in work and not able to ring the ward

Relative Quotes from Ysbyty Gwynedd about Round Safely

> 'It stopped me having to ring in the morning to find out how my mum was. I was happy to receive the message before I visited in the evening. It meant I had to ask less questions to staff as I know from the message mum had a wash and had been sitting in a chair.'

> 'It was a brilliant idea especially when it's difficult to get through to a ward. It gave me reassurance all was ok'.

> 'I found it really useful it was good to know how my relative was. I liked the idea that I can hear the member of staff on the voice note. It's all you need a little update that she is fine. We couldn't check on my relative everyday but we got updates e.g. bring clean clothes in. It really helped us understand my relative's needs. '

> 'Nice to have the updates and to know mum had slept and pain under control. It would be good to get the messages earlier on to stop me phoning in.
>
> When the updates came they were really good and useful as it's a pain to wait on phone.
>
> I liked the idea of a voice note it was better for me.'

Staff User Positive Feedback

19 members of staff that used the system during the pilot completed a pre-defined questionnaire.
The following positive feedback was received:

"Saved time because several relatives phone to enquire about a patient, where the project got several members of the family on board and everybody got the same feedback".

"Excellent idea and could be useful once established."

"At first it was a little tricky to incorporate it into our morning routine but once it got going it was a great tool to have that we enjoyed using".

"Worked well good feedback from families".

"Saved time on phone, more time with patient."

"On one occasion, we were unable to get through to the family of an end of life patient on the phone. We sent a voice note through the platform and within 10 minutes they called the ward and arrangements were made for them to come in."

"The scheme was an excellent project to be a part of, I only jumped in during the latter part of the project but thought this kind of communication tool was excellent as the ward has been without a vital full time ward clerk for 2 years".

Areas for Improvement

Prompts were put in daily safety huddles to remind staff to send messages out before the target of lunch time.

We learnt very quickly there was varied staff approaches to signing up relatives to the system. We asked staff to share these different approaches at weekly meetings.

Each ward benefited from a staff champion/super user.

We ensured the project was advertised thoroughly and talked about openly on the wards.

Weekly progress updates provided at Project Steering Group meetings kept ward staff on track in terms of uptake to the project.

Adapted feedback tools to help strengthen benefits realisation. We decided to include capturing feedback from relatives who did not want to get involved in the project.

Conclusion

The project has not been without its challenges with staff engagement and the staff registration/login processes which have been previously discussed at the Programme Board meetings.

There continues to be issues within Health Boards across Wales informing loved ones of their relatives' condition whilst in hospital, and the length of time spent by relatives and carers trying to contact the correct person on the ward.

This project has shown that relatives benefit greatly from the updates which provides them with reassurance that everything is ok, especially with longer term patients. It was identified that the systems piloted may not be suitable for all types of wards, for example wards with high patient turnover.

However, what is apparent for the system to work effectively is that these projects need to be driven from the top down to encourage commitment and success. Having adequate time for patient care is critical on the wards but as can be seen from feedback from the Ward Manager it can save time if the system is used correctly.

Next steps

Review amount and quality of feedback data final conclusions and reporting

Planning for independent evaluation

Project Team report to BCU Patient Carer Experience Group in September

Project Team debrief year end to check progress and ensure follow-on actions delivered e.g. evaluation, writing for publication

Suppliers to make their case for commissioning