The CLAP Study

Summary of Findings

Caring, Learning And Pandemic response during COVID-19: NHS Staff Experience of Working in Critical Care

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Executive Summary

Background and aim

The unprecedented demands on critical care units in the UK as a result of the COVID-19 pandemic have led to a variety of changes in staff working. This study explored frontline NHS staff experiences of working in critical care during the first wave of the COVID-19 pandemic. The study, funded by Medical Research Scotland through a COVID-19 Research Grant [CVG-1739-2020], and supported in part by the Wellcome Trust [209519/Z/17/Z], has helped us generate a set of recommendations. These focus on how to help staff to cope at an individual level, but also for organisations to consider how best to support staff, both now and in future surge situations like the COVID-19 pandemic.

Methods

We conducted semi-structured telephone interviews from August to October 2020 with 40 staff from four critical care units in Scotland and England (HRA ref: (20/HRA/3270). We included a range of professions (nurses, doctors, AHPs, ODPs, ward clerks) and sought the experiences of those both trained and experienced in critical care and those who were redeployed. We employed Rapid Analysis [1,2] to analyse the data and generated several recommendations (overleaf).

Key findings

Themes that were generated through the rapid analysis led to several key findings that centred on:

- Learning and preparation
- Adjusting to new working
- Information
- Practicalities of care
- Communication/End-of-life care
- Impact on self and wellbeing

Conclusions and future work

COVID-19 has changed working practices in critical care and profoundly affected staff physically, mentally and emotionally. Adequate resourcing in terms of trained staff, appropriate equipment, a reliable supply chain of PPE and psychological support services should be made available to the health service to protect staff and mitigate the impacts of the virus.

Study Team

Chief Investigator: Catherine Montgomery **Co-Investigators (listed alphabetically):** Annemarie Docherty[2], Sally Humphreys[3], Corrienne McCulloch[4], Natalie Pattison[5], Steve Sturdy[6]

[1] Centre for Biomedicine, Self and Society, University of Edinburgh; [2] Anaesthesia, Critical Care and Pain Medicine, Usher Institute, University of Edinburgh; [3] West Suffolk NHS Foundation Trust; [4]Anaesthetics, Theatres and Critical Care, Royal Infirmary of Edinburgh, NHS Lothian; [5] School of Health and Social Work, University of Hertfordshire/East & North Herts NHS Trust; [6] Science, Technology and Innovation Studies, University of Edinburgh

The CLAP Study Recommendations

Caring, Learning And Pandemic response during COVID-19: NHS Staff Experiences of Working in Critical Care

Catherine Montgomery[1], Annemarie Docherty[2], Sally Humphreys[3], Corrienne McCulloch[4], Natalie Pattison[5] & Steve Sturdy[6]

IRAS ID: 285891
HRA Ref: 20/HRA/3270

Funder: Medical Research Scotland CVG-1739-2020

4 Critical Care Units in England & Scotland

40 semi-structured telephone interviews between August - October 2020

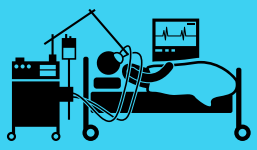
Inclusion Criteria: Critical Care & redeployed Nurses, Drs, AHPs, ODPs & Ward Clerks

Data Analysis: Rapid Analysis technique

Learning & Preparation

Assess & do competency training for all staff up-front, especially newly qualified staff

Recognise burden of training others, supportive leadership/mentorship training needed



Structured orientation & competencies focusing on technical, logistical & interpersonal aspects of Critical Care working

Consistent training in preparation for working in Critical Care & COVID areas

Self-directed learning where requested

Orientation for re-deployed staff to physical layout of Critical Care

Adjusting to New Working

Reassure staff they are not 'wasting PPE' if they take their breaks; aim for maximum 4 hours in PPE

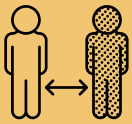
Night shift staff need equitable access to food, mental health support & visibility of senior staff

Social spaces for staff big enough to allow social distancing

Staff should enter and leave the unit in pairs to check PPE & ensure wellbeing

Reassure staff about PPE supply chain

Senior managers visible daily, visiting critical care where possible, regular checking-in is important



Sufficient donning & doffing space so staff don't feel at risk

Flexibility around redeployed staff working patterns & consideration of fixed period of redeployment

Information

Daily huddle for identifying & actioning local issues

Single centralised source of up-to-date trustworthy information accessible in COVID areas

Daily-updated folder in all areas & clear communication at handover

WhatsApp groups as a source of strength & solidarity as well as information sharing

Ability to access information about unit staffing demands when not on-shift to lessen anxiety

Staff Support & Wellbeing

Mental health risk assessment for all staff, with structured support programme

Bookable appointments for mental health support services, not just ad-hoc/ward availability

Consult mental health professionals about appropriate forms/timing of debrief & commit resources

Consider offering group as well as individual psychotherapy

Facilitate exchange & celebrate staff contributions across critical care & re-deployed staff

Recognition to staff of what they have been through

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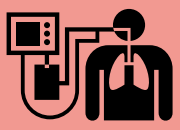
Practicalities of Care



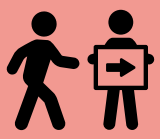
If possible COVID Critical Care should not be set up from scratch in a new area as these are the sickest patients & equipment familiarity/layout is important for swift treatment

Managers prepare staff with appropriate expectations eg patient acuity, staff ratios, role expansion, patient mortality rates, levels of personal care

Buddy system/shadowing for all redeployed staff including those with previous but not recent experience

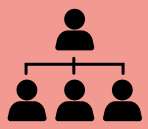
Where unit capacity requires increased staffing, plans in place to facilitate rapid staff deployment

Clear up-to-date signage for equipment & supplies



Redeployed staff included in email/WhatsApp communication circulated to all staff

More proactive support & visibility from senior management



Communication & End of Life Care

Prepare training & equipment for remote consultations early on

Training for staff in how to communicate with families remotely

Training/resources for all staff around communicating difficult news to families & keeping families updated without raising hopes/fears unreasonably

Education on DNA CPR orders

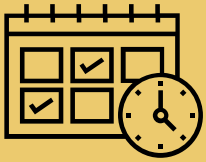
Clear protocols about death, patient care & belongings

Recognition of the impact on non-clinical staff of communicating with families & managing the administration of large numbers of deaths

Prepare a film of the unit, make it widely accessible to families to give them a sense of the place

Enable families to see patient's progress/decline through synchronous & asynchronous secure video conferencing to establish/maintain connections with families

Family liaison team with primary responsibility for providing family support



Schedule calls so families are prepared

Allow at least 1 family member at end of life, with procedures in place

CC BY

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