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 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 Docherty2, Sally Humphreys3, Corrienne McCulloch4, Natalie Pattison5, Steve Sturdy6

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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
- Reassure staff about PPE supply chain
- Night shift staff need equitable access to food, mental health support & visibility of senior staff
- Senior managers visible daily, visiting critical care where possible, regular checking-in is important
- Social spaces for staff big enough to allow social distancing
- Staff should enter and leave the unit in pairs to check PPE & ensure wellbeing
- Flexible 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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Data Analysis: Rapid Analysis technique

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

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

4 Critical Care Units in England & Scotland

40 semi-structured telephone interviews between August - October 2020

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