



Healthcare
Improvement
Scotland

Community
Engagement

Person-Centred Virtual Visiting

19 August 2020

Today's presenters:

Jane Davies, Victoria Edmond, & Claire Curtis,
Healthcare Improvement Scotland

Ann McLinton & Gillian Murphy, NHS Greater
Glasgow and Clyde

Today we will cover

- Purpose & intent of today's session
- Background to Virtual Visiting
- NHS GGC Person-centred Virtual Visiting experience
- Areas for consideration
- Communications
- Virtual Visiting survey and support
- Next steps

Person-centred visiting

Programme for government commitment





Delivering for Today, Investing for Tomorrow

The Government's Programme
for Scotland 2018-19

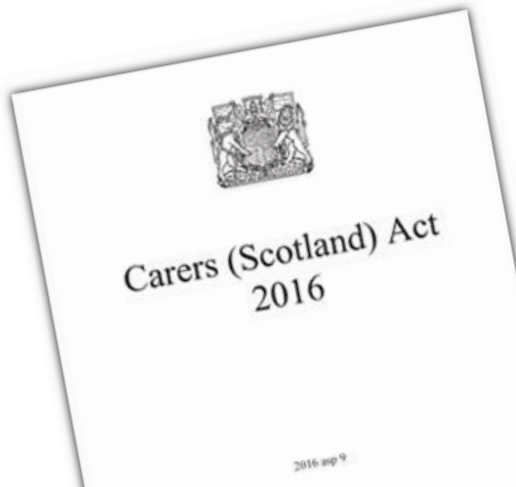
- support the improvements to person-centred visiting in our NHS so that patients can be with the important people in their lives while in hospital – flexible visiting will be in place across our NHS by 2020

year of young people
bliadhna na h-òigridh
2018

NHS 70
SCOTLAND YEARS
#nhs10070



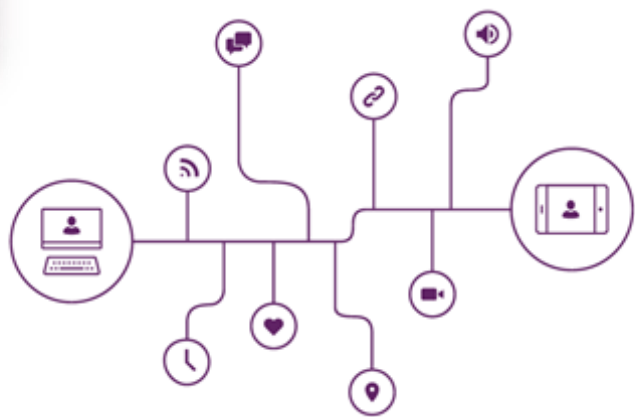
Scottish Government
Riaghaltas na h-Alba
gov.scot



2.18 *I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.*

A stylized illustration of a coronavirus particle. The particle is depicted as a central core with numerous spike-like projections extending outwards, resembling a crown or a starburst. The spikes are rendered in various colors, including blue, green, and red, and have a textured, almost crystalline appearance. A white rectangular banner is superimposed horizontally across the center of the particle, containing the word "CORONAVIRUS" in a bold, black, sans-serif font. The background is a dark, textured black, which makes the colorful particle stand out prominently.

CORONAVIRUS



What is Person-centred Virtual Visiting?

“The ability to connect in-patients with their loved ones using devices such as tablets or smart phones, using platforms like WhatsApp, FaceTime or other similar types of technology.”



The Ask (Overall)

Undertaking scoping exercise to understand the demand for establishing or enhancing person-centred virtual visiting across all in patient settings in NHS Scotland

What does mean in practise?

- ▶ Scoping exercise (July/August 2020)
 - ▶ Demand
 - ▶ Board requirements
 - ▶ IT
 - ▶ Existing practices
 - ▶ Sharing knowledge/experience
- ▶ Connect with the local operational & eHealth leads
- ▶ Support them to collate responses
- ▶ Business case to Scottish Government
- ▶ Establishing funding and support implementation plans

Ask of Operational & eHealth leads

- Ask lots of questions (safe space today)
- Connect with your Engagement Office by phone or email to get support to complete scoping survey (details already shared)
- If already implemented person-centred virtual visiting, please share good practice and any information you may have that could be helpful
- Submit scoping survey by 28th August



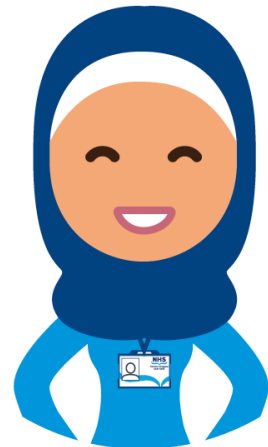
Person-Centred Virtual Visiting

Ann McLinton, PCHC Programme Manager

Gillian Murphy, eHealth Business Analyst/Project Lead

Primary Aim

While normal hospital visiting was suspended (with exception of essential visits), to provide the opportunity and support for **all inpatients** to contact their relatives and friends using their own mobile phone or tablet or by using a hospital PCVV iPad.



Secondary Aim

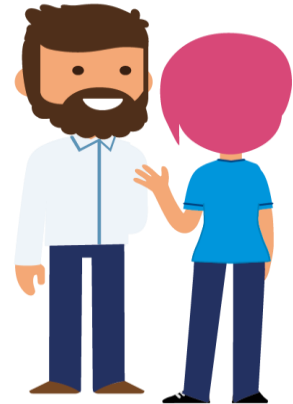
Allocation of at least one iPad for the sole purpose of supporting Person-Centred Virtual Visiting per ward.

Revised Aim is for at least two ipads per ward with support from the BND & Chief Executive



Project Team

- eHealth Team
- Person-Centred Health & Care Team



Key Partners

- Infection Control Team
- Equality and Human Right's Team
- Corporate Communication & Engagement
- Information Governance Team
- Knowledge Services
- Clinical Governance Support Unit
 - Administrative Support
 - Communication, Analysis, Reporting and Evaluation Team (CARE)



Project overview



Scope

Patient needs
Resource needs
Profile of Apps/Icons
Key Stakeholders



Test and develop

Phased Approach
Iterative approach to
improve reflect &
learn
Communication &
support needs

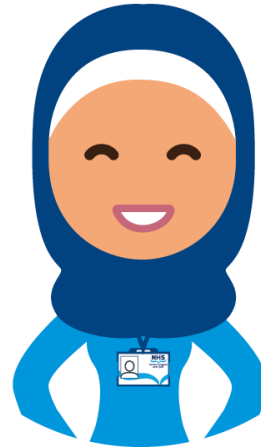


Implement and spread

Consolidation of
approach
Evaluation &
feedback

Project Plan

- Based on PCV implementation plan with exception of engagement
- Focus on core principles
- EQIA for PCV



Phased Approach

Phase	Number of iPads	Allocation
1	Approx 100	One iPad per floor on each hospital site/building by Easter Weekend
2	Approx 100	One iPad per in-patient ward
3	Approx 150	Two iPads per in-patient ward and other areas with identified need
4	Approx 150	150 iPads in carts and 450 infection control covers

Funding Support

- eHealth
- Corporate Endowment Management Fund
- Public and Private Donations



Additional Resource

- A number of iPads on wards have been repurposed for PCVV

eHealth – Key Points

- Procurement of iPads from factory to comply with NHS GGC requirements – enables quick distribution
- Mobile Device Manager (Airwatch) – allows central control of iPads
- Use of Corporate Wi-Fi rather than Patient Wi-Fi
- Agreement with services to provide support with implementation
- NHS Scotland Apple User Community

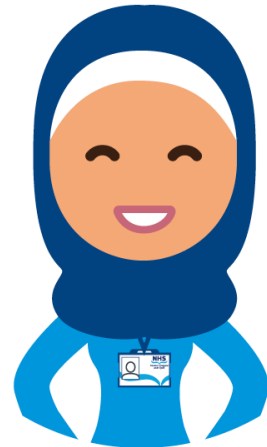


iPad PCVV Profile - Apps and Icons Available

- FaceTime
- Skype
- Zoom
- Interpreter Now
- Contact Scotland BSL
- Attend Anywhere/NHS Near Me
- AVA
- Capita Live Link
- vCreate
- MS Teams
- Care Opinion
- NHS GGC PCVV Website Link
- Covid-19 Website Link

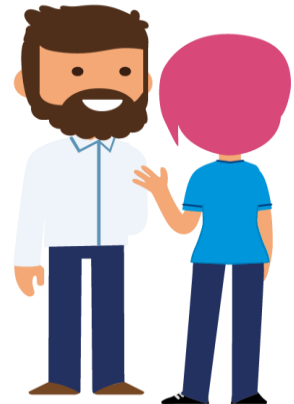
Creating Conditions for Success - Supporting Documents

- Standard Operating Procedure
- eHealth Service Level Agreement
- How-to-Guides
 - For Staff
 - For Patients
 - For Family/Visitors
- Public and Staff facing Website
- FAQ's for the support team
- Generic email account for support & enquires



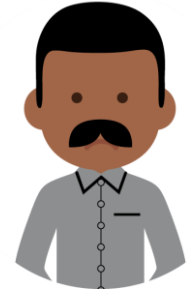
Other factors to consider...

- Infection Control
 - Sanitisation of the devices
 - Use of PPE
- Information Governance
 - How to comply with GDPR
- Equality and Diversity
 - Ensuring all patients had access (EQIA)
- Security
 - Lost and stolen devices



Inventory of Assets

- All iPads have a unique asset tag
- FaceTime account details
- Skype account details
- iPad cart serial numbers
- Name and contact details of the main custodian and location of the ward/dept and hospital site
- Additional notes for reference purposes



Evaluation and Feedback

- Experience of using digital technology
- Experience of the virtual visiting call
 - Benefits
 - What could be better
- Satisfaction with the experience



Evaluation - What difference does this make?

“ Within Older People’s Services the interruption to ‘all but essential’ visiting has posed a challenge... Increased feelings of loneliness and isolation as well as joint sessions with relatives of patients with physical or cognitive difficulties to gauge function and help facilitate rehabilitation have also been affected. The introduction of iPads has enabled us to facilitate virtual calls with patients and relatives as an alternative method of communication. The impact is palpable... Seeing patients faces light up with smiles and laughter and happiness is really very special and has kept our patients upbeat during a time of uncertainty. ”

Ward 2, NVACH



Evaluation - What difference does this make?

“ We used the iPad to allow a patient to see his family on his birthday. We threw a makeshift party for him on the ward and used the video call to allow his family to be part of the excitement – surprising him, singing happy birthday and seeing him opening his presents. This made a big impact on this patient and was very touching to be part of.”

Ward B1, BWOSCC



Evaluation - What difference does this make?

“ We had a patient who was EoL... his three nieces had been to visit but don't stay particularly close by and were finding it too distressing to visit. During one of the visits one of the nieces made love heart signs over him with her hands. When they could no longer visit we suggested using 'Zoom'... during one call I held their uncles hand while they talked to him... to which he responded by squeezing my hand. He then went on to raise his arms trying to make the same heart shape his niece had done on her visit. He passed away about two hours later... his nieces took great comfort from the time spent on the call and the interaction they had in his last few hours. ”

Ward 2A, QEUH

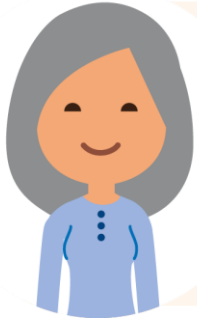
Evaluation - What could have been better?

“ The Wi-Fi signal is awful and needs improved. There has been many times that we couldn't get any calls due to the Wi-Fi signal in the hospital. This needs to be improved. ”

Ward 15, VoL Hospital



Evaluation - What could have been better?



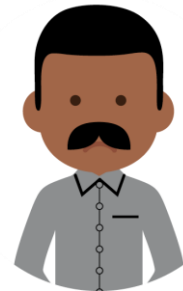
““

Potentially having a small stand/tripod would allow our ladies to use the ipad at a distance for calls to enable partners to become more involved in baby activities like bathing and feeding.””

West of Scotland Mother and Baby Unit, Leverndale Hospital

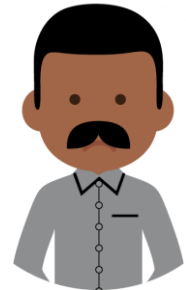
““ Patients with dexterity issues need flexible stand to use the iPad without holding it. ””

Ward K North, IRH



Mitigation of Challenges

- 4G enabled iPads
- Infection Control approved cases
- Procurement of iPad Carts
- Monday – Friday 09.00 – 17.00 support in place
- Electronic survey for evaluation



Operational Management of PCVV

- Variety of approaches used:
 - Diary system for bookings
 - Ward 'sweep' 2-3 times per day
 - Flexible and responsive approach depending on clinical activity
- Multi-disciplinary involvement and ownership
- Airwatch report to monitor iPad Activity



Reflection and Learning

- The benefits by far out-weigh the challenges
- A workable solution needed to be found to balance the risk and harm associated with the loss of visiting.
- Time and resource needed for the project team and for ward staff to implement should not be underestimated
- Now considered as core to our person-centred approach to visiting
- Value of digital technology to support quality of care experience



Top Tips

- eHealth is a crucial partner for implementation
- Be clear about what is to be achieved and the resource required to support
- Start small and learn as you go
- Be open to learning and not getting it right first time
- Use a QI approach



Going forward

- How will be PCVV future proofed and sustained?
 - What is the resource required to support?
 - How will this be funded?
- How will PCVV compliment and be integral to our existing approach to PCV when re-established?



How can everyone benefit equally?

- Communicating with patients and families
- Access to support
- Interpretation (spoken and visual language)
- Digital security
- Data protection



Communication Plan

- Full communications plan implemented
- Key messages created
- Created an online presence, social media campaign, bespoke graphics, virtual events and regular progress updates

Web - www.hisengage.scot/virtual-visiting

Social media - @HISengage #VirtualVisiting

We can share all our comms resources

Future Comms Needs?

- Promotion of person-centred Virtual Visiting in your NHS board
- Patient information leaflet
- Web content



Next steps

- Develop FAQs based on questions asked today and publish to website
- Continue to liaise with Engagement offices regarding support from completion of survey
- Collation of survey responses from each health board
- Publish report for Scottish Government regarding requirements for person-centred virtual visiting
- Negotiate funding for delivery of devices etc.
- Engagement offices to support Boards and HSCPs with development of implementation plans

Thank you all for your time.

Healthcare Improvement Scotland look forward to continuing to work with you on this person-centred virtual visiting project and remember we are here to support you.

www.hisengage.scot/virtual-visiting