

Evaluating a guideline for the nursing care of hospital patients with COVID-19

Professor David A Richards

Professor of Mental Health Services Research, University of Exeter UK

Professor of Nursing, Western University of Norway

UK National Institute for Health Research Senior Investigator Emeritus

http://medicine.exeter.ac.uk/people/profile/index.php?web_id=david_richards

<https://www.hvl.no/person/?user=David.A.Richards>

FUNDED BY

NIHR | National Institute
for Health Research

The COVID-NURSE Clinical Guideline

A Guide for Nurses on meeting the Fundamental Care Needs of
Patients Admitted to Hospital with COVID-19



COLLEGE OF MEDICINE AND HEALTH

FUNDED BY



National Institute
for Health Research



Western Norway
University of
Applied Sciences

A quote from a patient after COVID....

- ***“It is hard to find the words to express my debt to the NHS for saving my life.”***
- ***“I want to thank the many nurses....whose care has been so astonishing.”***
- ***“because for every second of the night they were watching and they were thinking and they were caring and making the interventions I needed.”***



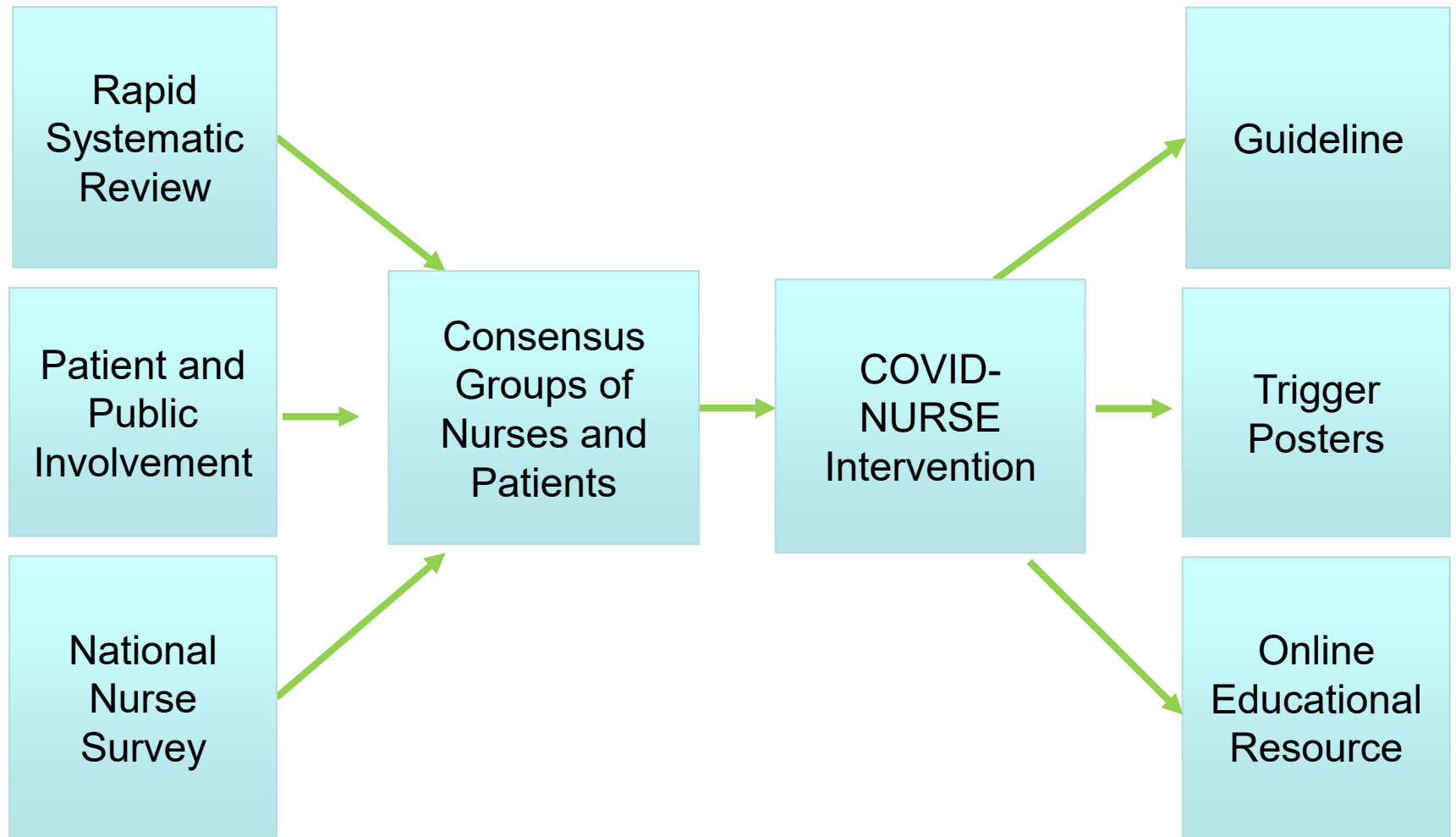
COVID-NURSE Aims

- **to develop and evaluate the impact on patient experience, care quality, functional ability, treatment outcomes and costs of a nursing care protocol specifically addressing the fundamental care requirements of hospitalised patients with the SARS- CoV-2 virus not invasively ventilated compared to care as usual**
- **to compare the effects of using the clinical protocol to care as usual on nurses' moral distress**

Fundamentals of Care Model

| Care area | Sub-category |
|--------------|---|
| Physical | Hygiene, personal cleansing and toileting |
| | Eating and drinking |
| | Rest and sleep |
| | Mobility |
| | Patient comfort |
| | Patient safety |
| | Medication management |
| Relational | Establishing a relationship with patients |
| | Talking and listening |
| | Non-verbal communication |
| | Shared decision-making |
| | Communicating with relatives, carers and significant others |
| Psychosocial | Dignity and respect |
| | Respecting patients' values and beliefs |
| | Wellbeing, anxiety and depression |

Guideline Development



Example quotes from SARS 2003

- ***“The establishment/maintenance of therapeutic nurse-client relationship required additional time given the barriers of mask, gloves and gowns”.p4 (Canadian Nurses Association, 2003)***
- ***“Restrictions on visitors were difficult for staff because family members are usually involved in the social, psychological and, to some extent, physical care of patients”.p6 (Baumann, 2003)***
- ***“Interaction time decreased, and patients began to feel more abandoned”. p28 (Registered Nurses Association of Ontario, 2003)***

Review Results I

- **64 articles spanning five pandemics;**
 - 19 empirical research
 - 45 review articles, commentaries, protocols and guidance documents
- **There is no existing guideline for the nursing care of patients in a pandemic**

Review Results II

- **Barriers to delivering fundamental care were:**
 - wearing PPE (comms, tasks, nurses' health),
 - adequate staffing (workload; roles),
 - infection control (contamination, visitors),
 - fear of contracting or transmitting the disease
 - other challenges of care (support, burden)

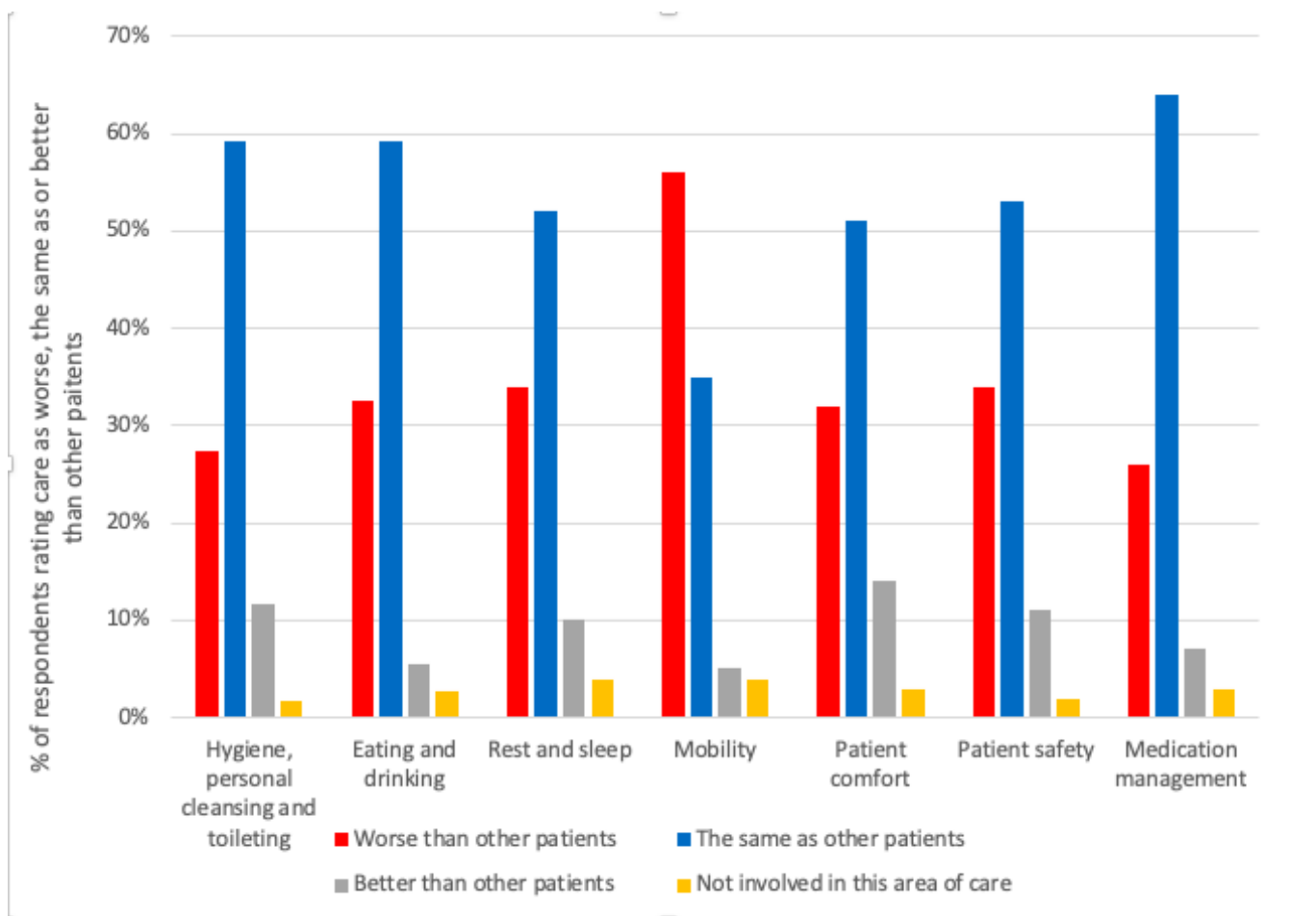
Review Results III

- **Nurses' adaptations – four themes**
 - communication,
 - organisation of care,
 - support for nursing staff
 - nurse leadership
- **Almost no/very poor quality empirical evidence for the effect of these adaptations on patient experience, care quality, functional ability and treatment outcomes**

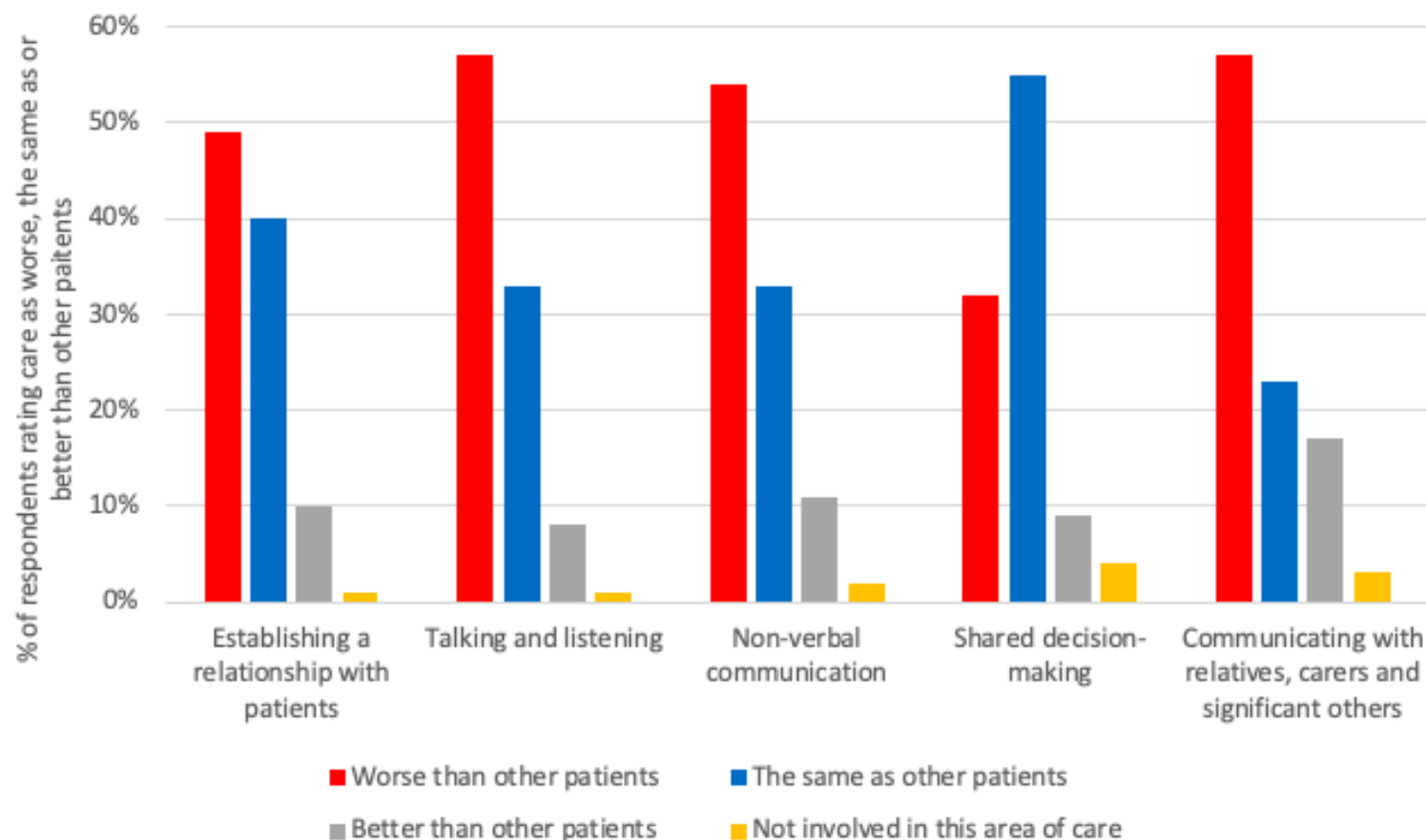
Nurse Survey Results

- **Barriers (in one of 3 fundamental care area top fives)**
 - wearing PPE,
 - the severity of patients' condition,
 - inability to take items in and out of isolation rooms without donning and doffing PPE,
 - lack of time to spend with patients,
 - lack of presence from other services e.g. physiotherapists,
 - lack of knowledge about SARS-CoV-2,
 - insufficient stock,
 - reluctance to spend time with patients for fear of catching SARS-CoV-2

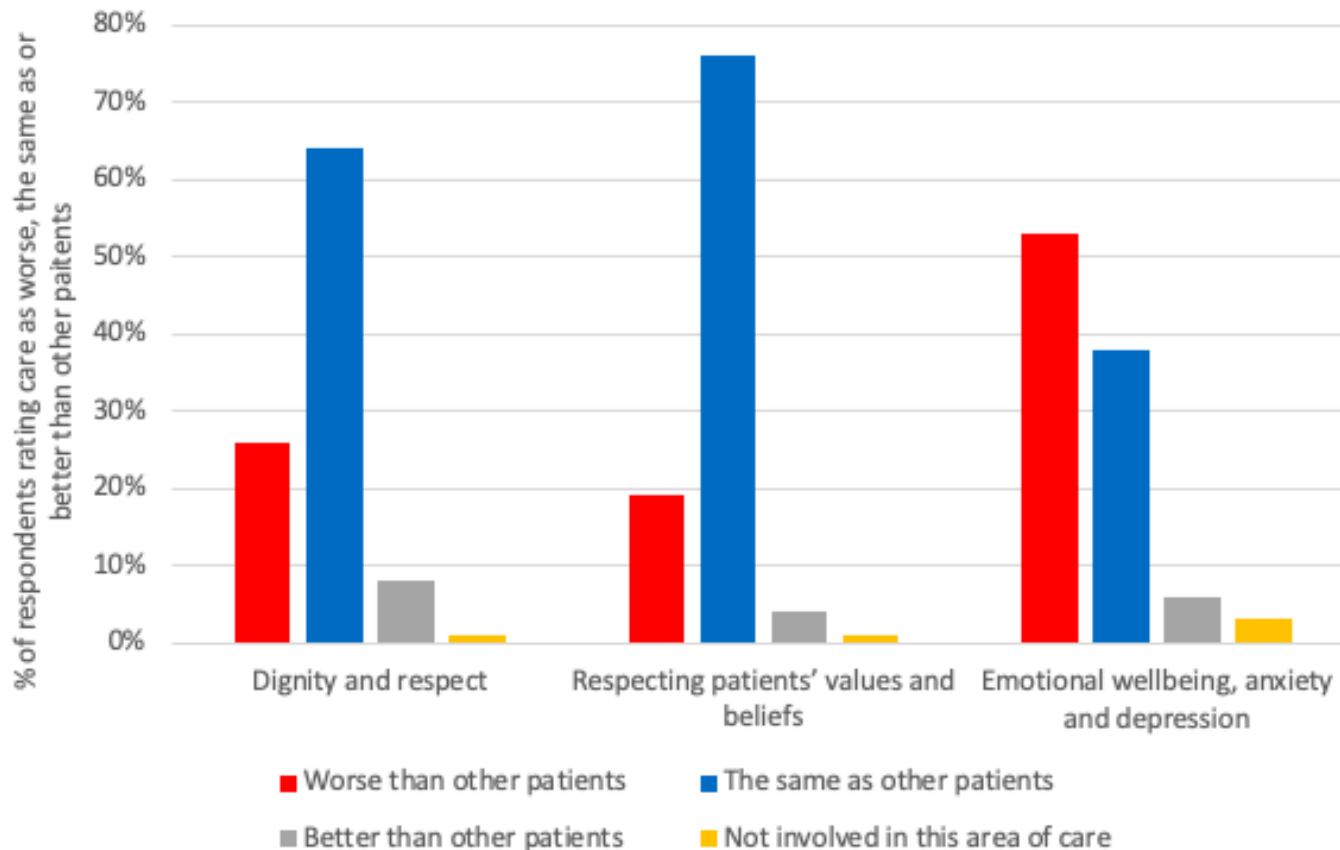
Physical Care Worse (Missed)



Relational Care Worse (Missed)



Psychosocial Care Worse (Missed)



Nursing Guideline

- **26 potential strategies identified in our survey and systematic review that can be used by nurses to address barriers to**
 - physical,
 - relational and
 - psychosocial nursing care
- **Implemented via:**
 - a printed and online guideline,
 - trigger reminder posters,
 - staff education programme,
 - leadership from ward managers and senior nurses

The COVID-NURSE Clinical Guideline

A Guide for Nurses on meeting the Fundamental Care Needs of Patients Admitted to Hospital with COVID-19

This guideline has been produced by a team of nurses, patients, allied health care professionals and health scientists from the Universities of Exeter, Kings College London, Leicester, Nottingham, Salford, Southampton and NHS Trusts in Exeter, Nottingham, and The Royal Marsden London as part of the 'COVID-NURSE' clinical study.

The COVID-NURSE study has been funded by the United Kingdom's National Institute for Health Research and the United Kingdom Research Initiative rapid funding programme for research into COVID-19. Study Grant Ref: MR/V02776X/1

The guideline is one element of a three-part implementation package including the COVID-NURSE training programme available online on the FutureLearn® platform, and a set of posters and signage available from the COVID-NURSE research team at Exeter.
PROTOCOL VERSION NUMBER AND DATE V10 02/ 10/ 2020, IRAS Number: 288479



The ROYAL MARSDEN
NHS Foundation Trust



University of
Nottingham
UK • CHINA • INDIA • JAPAN



Royal Devon and Exeter
NHS Foundation Trust



University of
Salford
MANCHESTER

UNIVERSITY OF
Southampton

KING'S
College
LONDON



University Hospitals of Leicester
NHS Trust



Nottingham University Hospitals
NHS Trust

The COVID-NURSE Guideline

the quick guide

We definitely recommend that you look through this guideline carefully. There is a lot of great stuff here. But to help you, if you want a very quick guide, here it is:

C is for Communication

When we nurse patients with COVID-19, all forms of communication can be more difficult. This includes communication with patients, other nurses, the interdisciplinary care team, and patients' relatives and significant others. Find out how to overcome these barriers by reading the 'communication' section of this guideline

O is for Organisation

Infection control procedures require us to reorganise the way we do things. Some aspects may be your employer's responsibility. But there are also many things we as nurses can do to overcome organisational barriers to care. Read about them in the 'organisation' section.

V is for Values

Nursing patients with COVID-19 can make it more difficult to express our nursing values and to understand the values held by patients. Some tips about dealing with these issues can be found in the 'values' section of the guideline.

I is for Interventions

If you want to know how to ensure that the actions you take as a nurse – nursing interventions – are best able to meet the fundamental care needs of patients with COVID-19 then take a look at the 'interventions' section.

D is for Do Remember Mental Health and Emotional Wellbeing

Last, but certainly not least, if you have been struggling to work out how to acknowledge and respond to the distress patients with COVID-19 feel, consult the 'Do Remember' section where you will find lots of great advice on how to support patients emotionally as well as physically.

Guideline includes actions from nurses which address:

- **C communication**
 - with patients,
 - with patients' significant others,
 - between patients and their significant others,
 - between nurses,
 - between nurses and other members of the care team;
- **O the organisation of fundamental nursing care activities;**
- **V addressing the values of patients and their significant others;**
- **I delivering specific fundamental nursing care interventions;**
- **D identifying and responding to the mental health and wellbeing needs of patients' and their significant others.**
- **M Management and Leadership**

Online Educational Resource

Online Courses / Healthcare & Medicine



A Guide for Nurses on Meeting the Fundamental Care Needs of Hospitalised Patients with COVID-19 (1)

Implement a clinical guideline for patients with COVID-19 to optimise patient care and enhance the wellbeing of you and your team.

[Go to course](#)



⌚ Duration
9 weeks

🕒 Weekly study
2 hours

🔄 Digital upgrade
Extra

Online Educational Resource

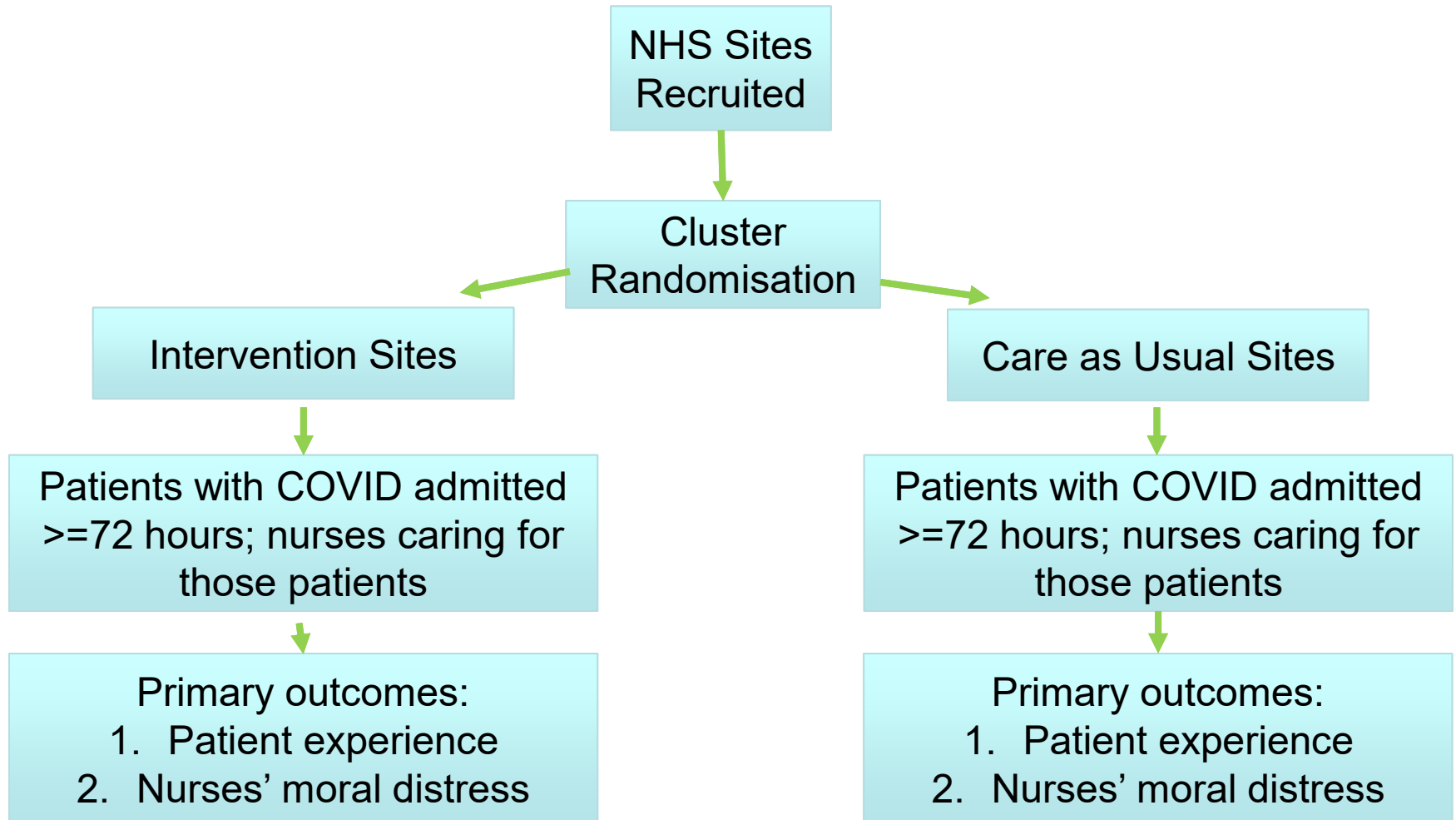
Lana's Story
2 comments
Listen to Lana sharing her experience of being a carer for someone in hospital with COVID-19.
Download video: [standard](#)

Glenn's Story
1 comment
In this video Glenn discusses his psychosocial needs hospitalised with COVID-19. Glenn is interviewed by Pr.
Download video: [standard](#)

Hannah
3 comments
Listen to Hannah Booth, Critical Care Nurse, summarising strategies for organisation of care in COVID-19 situations.
Download video: [standard](#)

Is it really any worse than the 'flu?
9 comments
Dr Bharat Pankhania is a Senior Clinical Lecturer at the University of Exeter Medical School, a Consultant in Communicable Disease Control and an Infectious Disease Epidemiologist. Listen to his presentation to learn more about SARS-CoV-2.
Download video: [standard](#)

Clinical Trial



Summary

- **COVID-NURSE guideline developed by nurses for nurses and grounded in real world experiences of nurses and patients**
- **Built from literature, nurses' experiences and voices of patients and carers**
- **(Quite) rare example of a clinical trial in nursing care**

But.....

- It has been a very difficult trial to undertake due to non-prioritisation, pressures on nurses and rapid changes in admission rates
- **WE NEED YOUR HELP!**



- **More NHS sites needed for the trial ASAP!**
- Email: CovNurseTrial@exeter.ac.uk

The COVID-NURSE Clinical Guideline

A Guide for Nurses on meeting the Fundamental Care Needs of
Patients Admitted to Hospital with COVID-19



COLLEGE OF MEDICINE AND HEALTH

FUNDED BY



National Institute
for Health Research



Western Norway
University of
Applied Sciences