Supporting person-centred virtual visiting for people with dementia in hospitals

During the COVID-19 pandemic visiting to all hospitals was suspended, except in end-of-life and other exceptional circumstances.

This meant many patients and service users had no access to family and friends throughout their stay in hospital. They may also have had no access to mobile phones or other devices to enable them to stay in touch with their families and friends virtually. This has been particularly difficult for people with dementia and their families and carers.

To help frontline health and care staff who care for people who have dementia we developed this Person-centred Virtual Visiting guide.

Our top tips for Person-centred Virtual Visiting for people with dementia are:

- Take a person-centred approach. Try and make Virtual Visiting as person-centred as possible, from preparation through to completion.
- An important aspect is the physical environment. Where does the person seem most comfortable and relaxed when in the ward? Their own room with pictures of family and loved ones may help as a prompt for the call.
- Avoid background noise which can cause distractions.
- Consider things like the room temperature and the person's physical comfort during the call – including appropriate seating.
- Consider privacy - perhaps providing a quiet space for privacy and supporting patients to have a chat over their meal.
- Remember, taking a person-centred approach may mean that virtual visiting is not always right for that person at that particular time, but that doesn't mean you can't try again at a different time, in a different setting. Virtual visiting might just not be suitable for that person due to the impact of dementia and issues such as stress and distressed behaviour- *that's not a failure*.

For more information about person-centred virtual visiting for people with dementia in hospitals please read on where you can find advice on how you can help set up calls and support the people you care for.

Webinar

This guide was developed following a webinar hosted by Healthcare Improvement Scotland called, '*Dementia in Hospitals Virtual Visiting'.* Watch the webinar if you missed it. It included contributions from Healthcare Improvement Scotland - Community Engagement and Focus on Dementia teams

and presentations on implementing person-centred virtual visiting by Alzheimer Scotland Dementia Nurse Consultants, Lyn Irvine (NHS Grampian) and Helen Skinner (NHS Fife). This guide incorporates the learning and discussion from the webinar, and its content outlines some of the basic steps which will enable you to progress with person-centred virtual visiting in your area. Its aim is to support staff working with people with dementia in hospital settings but it is also applicable to care homes.

What is person-centred virtual visiting?

Person-centred virtual visiting is the ability to connect inpatients with their loved ones using devices such as tablets or smartphones, with platforms like WhatsApp, FaceTime or other similar types of technology. For more information about Virtual Visiting visit our Community Engagement website.
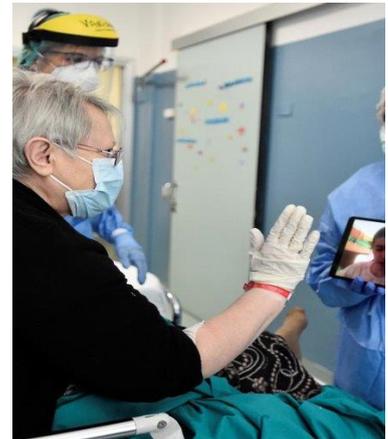
Person-centred virtual visiting should not replace face-to-face visiting but can be an option where in-person visiting is not possible and should complement the existing person-centred visiting offered across NHS Boards.

The impact of COVID-19

COVID-19 resulted in immediate changes to visiting for hospital patients, with visiting being either restricted or stopped completely. Although person-centred virtual visiting was being used before COVID-19 in some hospital settings, the pandemic has accelerated its development. There is now an opportunity to build on this work and further develop person-centred virtual visiting as a positive legacy of the COVID-19 pandemic.

A scoping exercise by Healthcare Improvement Scotland - Community Engagement identified:

- Inpatient areas where person-centred virtual visiting had been implemented fully or partially across Scotland
- Good practice examples of person-centred virtual visiting protocol and user guidance
- Further staff support needed to implement person-centred virtual visiting
- Gaps in virtual visiting – care of the elderly and dementia inpatient areas

Some of the key challenges for person-centred virtual visiting have been identified as:

- Secure broadband connectivity
- Accessibility for patients with cognitive impairment, dementia, and dexterity issues
- Security and privacy
- Confidence in use
- Staffing capacity to support

Nine steps to setting up person-centred virtual visiting

Below are nine key steps to setting up virtual visiting, many of which are practical examples from the webinar.

1. **Get informed**
   Make use of virtual visiting resources provided by Healthcare Improvement Scotland and NHS boards.
   [Virtual Visiting page Healthcare Improvement Scotland](#) and [Virtual visiting resources NHS Greater Glasgow and Clyde](#)
   [NHS Grampian](#)
   [NHS Forth Valley](#)

2. **Contact your local operational lead for Virtual Visiting in your NHS board area**
   Operational leads will be able to help you with person-centred virtual visiting. Their role is to oversee and help implement virtual visiting in each NHS board area. If you would like support to connect with your local operational lead, please [contact your local Healthcare Improvement Scotland Community Engagement office](#) for further information.

3. **Select apps to use**
   NHS Greater Glasgow &Clyde have used various communication tools which are preloaded onto iPads to support British Sign Language or interpreters, this also support equality of access. A range of apps can be used: Some are video calling apps such as FaceTime, Google Duo, and Skype. Others can be used to support communication and inclusion such as Language Line interpreter, and Signlife. Here are some examples:

   - NHS Grampian have provided options for connectivity on their secure public Wi-Fi for patients and families including Facetime and Skype and supported the use of these with useful visual guides.
   - Ayrshire and Arran staff support patients with the use of Zoom and vCreate.
   - In NHS Fife, all IPads have FaceTime (for Apple devices) and Google Duo (for Android devices) which were configured by their e-Health team
   - As broadband speeds can vary significantly across the islands, NHS Orkney decided that using the existing NHS Near Me platform would enable a more sustainable IT connection for users.
   - NHS Greater Glasgow and Clyde used vCreate in ICU and end of life care and if the Wi-Fi signal strength is inadequate in the ward/department, they arranged for a 4G enabled device to be made available.
   - Within NHS Dumfries and Galloway they use a 'Facebook Portal' with WhatsApp preloaded, which is secure and easy for ward staff to manage. It can be used for up to four participants at a time.

4. **Use familiar technology**
   If you can, use technology patients are familiar with, e-health colleagues can advise on this. A [study](#) in England found that uptake of virtual visiting was improved by using Smart TV's, technology that patients were used to using – iPads and phones can be connected to large screen televisions and larger screens can help those with visual problems.

5. **Develop your person-centred virtual visiting staff team**
   Identify a team of staff to help support virtual visiting on your ward along with your local virtual visiting operational lead and e-health team. Consider a range of staff and supports from healthcare support workers, students, and volunteers to support calls. Some areas have also developed staff training, including guides on how to make and accept FaceTime and Skype calls. NHS Grampian hosted virtual visiting Q and A Sessions for staff. They set up a virtual visiting email address to help answer staff queries quickly. They also established a person-centred virtual visiting group which met weekly and had representation from all hospital sites. Information was posted in wards and social media used to raise the profile of the work.

6. **Organise your documentation**
   Person-centred virtual visiting requires documentation to support implementation. Here are examples of three key documents you will need.
   - Standard Operating Procedure (NHS Grampian)
   - Infection Control Guidance (NHS Fife)
   - Equality Impact Assessment Virtual Visiting (NHS Fife)

   Remember that your documentation will need to be updated regularly as circumstances change and develop.

7. **Set up processes for the practical aspects**
   a. **Charging devices**
      It is easy to forget to charge devices and a good idea to have a clear process in place for this to ensure iPhones and tablets are always charged, this could be on a nightshift for example. Charging should be done in a safe space away from patients. You may also wish to buy spare chargers in case one gets lost.

   b. **Security and safety**
      Devices must be cleaned after each use, see Infection Control Guidance and stored safely and securely, being signed in and out by staff.

   c. **Additional equipment**
      A good, robust case for the device is essential to protect the technology. It will also need to meet local infection control guidance as the case will need to be cleaned with a chlorine solution and not have ridged areas that are difficult to clean. A protective, easy clean case with an incorporated stand for table top use is advised. Case covers shouldn't cover iPad speakers. An incorporated stand can help patients who may have difficulty holding the equipment whilst iPad carts enable mobility across wards.

   d. **Test the processes.** When trying something new, you might want to start small, evaluate and build on this. This was the experience of NHS Grampian and gave them time to learn how to overcome some of the obstacles to virtual visiting. They made use of local quality improvement support to help with this.

   e. **Support patients to use the equipment**
      Some patients including those with dementia may need additional support to engage in

virtual visiting. Ward staff in NHS Greater Glasgow & Clyde identify patients who do not have their own equipment and support them to make use of the hospital iPad. Patients who need support to make and receive a virtual visiting call are also identified by ward staff and support is put in place before, during and after the call.

8. **Take a person-centred approach**

   Try and make virtual visiting as person centred as possible, from preparation through to completion. An important aspect is the physical environment.

   - Where does the person seem most comfortable and relaxed when in the ward? Their own room with pictures of family and loved ones may help as a prompt for the call.
   - Avoid background noise which can cause distractions.
   - Consider things like the room temperature and the person's physical comfort during the call – including appropriate seating.
   - Consider privacy - perhaps providing a quiet space for privacy and supporting patients to have a chat over their meal.

   Remember, taking a person-centred approach may mean that virtual visiting is not always right for that person at that particular time. Virtual visiting might just not be suitable for that person due to the impact of dementia and issues such as stress and distressed behaviour- *that's not a failure*.

   During the webinar, the example of Simulated Presence Therapy was provided. It has also been used where a carer's message is recorded and played back to the patient. The intention is that the recorded voice of a family member is reassuring, and that anxiety and distress are reduced by making the environment of the person with dementia as familiar as possible.

   With dementia, some simple communication tips can help support virtual visiting. Alzheimer Scotland have provided 12 Helpful Hints.

9. **Work with carers**

   It is important to work closely with carers to support virtual visiting. If a designated visitor is able to visit the ward, they can support the patient's calls to others. Let carers know about the person-centred virtual visiting service and how to get involved. Provide practical information and guidance for them – and remember to consider the carers taking or receiving the call at home. Carers at home may also need to be supported to set up and use the technology for calls. This can be done by friends and family who may be more experienced using devices and apps. Here are some examples:

   - Information leaflet Virtual Visiting Leaflet (NHS Grampian)
   - Support carers to engage with the technology with practical guidance
     How to accept a FaceTime call (NHS Grampian)

Contributors

Thanks to our colleagues at Alzheimer Scotland
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