COMMUNITY HOSPITALS ASSOCIATION

Community Hospitals Association

EXECUTIVE SUMMARY

Community Hospitals: Embedding COVID-19 positive impact changes through shared learning

September 2022

Q is led by the Health Foundation and supported by partners across the UK and Ireland

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Overview

This project captures the experiences of staff working in UK community hospitals during the COVID-19 pandemic, with a focus on positive impact changes.

Through this project, staff working in UK Community hospitals have shared with us, through online interviews, many inspirational examples of how they provided vital, flexible, responsive and resilient services during the pandemic. They describe a strengthening of relationships within and across organisations in the health and care system, and have described examples of more integrated care. Staff themselves saw many benefits including having the freedom to be creative in their responses, being able to make decisions locally, and patients benefiting from compassionate care.

The CHA has used examples of quality improvements drawn from the project in order to develop case studies to share widely across the UK community hospital and beyond.

Introduction

Community hospitals are an important part of local health and care systems, yet there has been very little shared on their role and contribution during the pandemic. This project seeks to redress this, and highlight the role of these local hospitals.

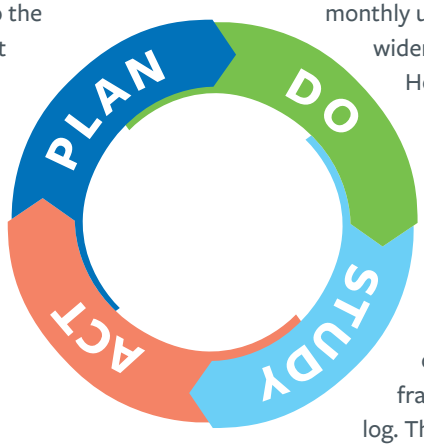
The Community Hospitals Association (CHA) is a membership organisation for staff, patients and community groups concerned with community hospitals across the UK. We were prompted to carry out this project when members from our network made contact during the first year of the pandemic. Staff wanted to share their experiences with us and also seek advice and support.

We designed a two-year project to enable staff to reflect on their experiences and innovations in their community hospitals during the pandemic in a systematic way that facilitated wider sharing and learning. We shared this as an idea on the Health Foundation Q Exchange website. Following many comments, suggestions and support from Q members, we developed it further. Following a competitive process, the CHA was successful in being awarded funding from Q Exchange.

Project Design

We established a Project Team of five committee members all of whom have experience of community hospitals. The team reported monthly to the CHA committee who became the Project Board. We approached national experts in the field who were widely published and had considerable experience, and asked them to form an Advisory Group. The Advisory Group was chaired by a Community Leader who helped give a voice to communities and patients. The CHA nominated the then Chair of the CHA, Chris Humphris, to be the Project Sponsor, who was succeeded in May 2022 by Dr Kirsty Protherough, a Director of the CHA.

The Project Team was supported by staff in a social consultancy who assisted with interviews and data capture.



The Project team reported regularly to the funder, the Health Foundation Q Exchange and shared monthly updates and regular reports with the wider Q community on the Community Hospitals Special Interest Group website page. The project governance combined project management with the Institute for Healthcare Improvement (IHI) quality improvement model. This included developing a Project Initiation Document, Gantt Chart, a theory of change to develop an evaluation framework, and a risk log and learning log. This helped us to review, adapt, modify and learn in line with the PDSA (Plan, Do, Study, Act) cycle. We designed a template for project reporting so that progress against milestones was readily identifiable and consistent.

Method

In order to focus on positive examples of improvement and recognise good practice, we carried out the interviews using an Appreciative Inquiry (AI) approach, which is a strengths-based approach to interviewing which is designed to help focus on positive impacts, innovations and improvements. We selected the sample based on our knowledge and stratified the sample using a number of characteristics such as size and location. We approached 44 organisations, and 20 agreed to participate. These 20 organisations manage 168 (33%) of the 500 community hospitals in all 4 nations of the UK. 85 staff from a range of disciplines volunteered to take part in interviews. Over 30 interviews were held, either individual or in small groups. The project team agreed 3 themes based on our knowledge, communication with members, and an early pilot of the interview process. We used these to frame the semi-structured interviews with staff. The themes were: Practice, People and Planning. The online interviews were recorded, and our field notes from the interviews were shared with staff for validating. The project team agreed quality improvements and initiatives that could be developed as case studies with staff. Staff provided additional information and also photos and diagrams where appropriate.

Findings

The project team and staff developed 31 case studies. 11 case studies are written in detail. 20 case studies are presented in a one-page summary. All case studies illustrate a wide range of quality improvements and provide an accessible way of sharing good practice.

Of the 11 full case studies, examples include quality improvements such as providing enhanced care, designing new models of care, and developing new clinical arrangements. Staff describe communication initiatives in many of the case studies. One of the case studies described how the service extended to be a 7-day service, showing how health care could be transformed for the benefit of patients and staff. We heard about the concerns for staff health and wellbeing during this traumatic time. A staff survey, called Corona Voice, was launched by a Trust and achieved an impressive level of engagement, with active listening and rapid and appropriate responses. We were moved by the way that staff offered compassionate visiting showing the efforts made to create safe spaces for visiting patients at the end of life when COVID-19 restrictions suspended visiting. We were impressed by the many examples of local decision-making, with one case study showing how staff made early interventions to keep a community safe.

The 20 short case studies are one-page summaries and provide small but significant quality improvements to the experiences of patients and staff. We have chosen case studies that include different ways that the community provided support, initiatives to care for isolating patients, and thoughtful measures to help staff during the emotional challenges of the pandemic.

Feedback on the case studies to the project team from a member of staff summed it up:

> ***"The case studies are such a celebration of the work of the teams and as a whole they are a wonderful reminder of the importance of community hospitals and the role they played at this epic moment in time, during the pandemic. The case studies tell a wonderful story of how Community Hospitals improve lives for people and community.***

We also revisited CHA award winners from 2020, and expanded and updated these for 2022 with staff. These award-winning examples provided the driving force for this study.

Key Features

We carried out an analysis of the data, from the recordings, field notes and the developed case studies. Our thematic analysis of cross-cutting themes led us to conclude that there were six features of community hospitals that we wanted to draw attention to. We believe that the data shows us that community hospitals are resilient, flexible, responsive, creative, compassionate and integrated.

- RESILIENT
- FLEXIBLE
- RESPONSIVE
- CREATIVE
- COMPASSIONATE
- INTEGRATED

The resilience and flexibility of community hospitals was shown through their continued operation at such a challenging time. Locally devolved decision-making created the space for responsiveness and creativity. Staff described the compassion and care shown to patients through thoughtful initiatives. Existing relationships were strengthened during this time, leading to more integrated working. We would like community hospitals to be recognised for these positive attributes, and their overall contribution to patients, staff, the community and the whole health and care system during the pandemic.

Learning

The project has shown the variety of roles that community hospitals played during the pandemic, illustrating the speed and flexibility of adapting to rapidly changing needs. Staff reported that the role and contribution of community hospitals is now more fully understood and appreciated within their local health and care system, and that relationships have been strengthened with more open data sharing and intensive collaborative working.

The project itself provided vital learning about the critical importance of robust governance and a clear project management system. We also learnt to recognise when the project needed to change and evolve, within a clear structure. We benefited considerably from the many people involved in managing the project, including Q Exchange, Q Community Hospitals Special Interest Group members, the Project Board and the Project Advisory Group.

The project enabled staff to talk about their innovations, quality improvements and positive changes during COVID-19. There is scope to carry out further research on the specific quality improvements described, to further enhance the learning. There is also scope to involve patients and families in future studies.

Recommendations

We have considered the conditions that helped create the opportunities for staff to make quality improvements during COVID-19. We have talked to staff about innovative practice and the changes they have made to improve the service for all concerned. We have discussed how such improvements may be shared and sustained.

IN ORDER TO HELP STAFF LEARN FROM THESE INITIATIVES WE HAVE IDENTIFIED **4 KEY RECOMMENDATIONS:**

IN ORDER TO MAKE THE MOST OF OUR COMMUNITY HOSPITALS WE NEED TO BE:

1. **Making Decisions Locally**
   - Making decisions locally through local autonomy
   - Playing a full part in the local health and care system
2. **Benefiting from Excellent Leadership**
   - Being led by bold and compassionate leaders
   - Being truly person-centred in all that we do
3. **Recognising Community Hospitals as a Community Asset**
   - Providing care, treatment and support
   - Supporting the wider community as a community asset
   - Investing in community hospitals
   - Making the most of digital options
4. **Looking After Our Staff**
   - Attending to staff health and wellbeing
   - Providing staff with opportunities for development and growth

Conclusion

Those working in community hospitals have shared their stories openly in moving accounts that describe how they delivered care and support to patients and families in the context of the fear and anxiety of the pandemic. Where appropriate these positive changes are being sustained and further developed as the learning has informed on-going quality improvement. We hope that this project illuminates the contribution that community hospitals continue to make to the health and wellbeing of their local communities.

> ***Community hospitals are brimming with expertise often untapped! The pandemic demonstrated the true place for them as a major team player in community care provision. Let's be brave in the development of these wonderful places. Lets get it absolutely right for our communities.***
>
> NURSE CONSULTANT

Acknowledgements

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- Thank you to the staff who gave their time and shared their thoughts.
- Thank you to the organisations that agreed to participate, and support their staff in sharing their experiences with us.
- Thank you to Jennie Prodger for undertaking a literature review
- Thank you to Just Ideas, a social consultancy for their assistance
- Thank you to everyone who volunteered their time from the Community Hospitals committee and network.
- Ethics approval was not required for this project. This requirement was tested using the Health Research Authority (HRA) tool.

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'The national voice for Community Hospitals'