

## Case Study

# PROVIDING THE GIFT OF COMMUNICATION IN CRITICAL CARE SETTINGS

Easy, Scalable Patient-Family Communication in Hospital ICUs



## Overview

King's Health Partners is an Academic Health Sciences Centre in London which consists of universities, NHS hospitals and other organizations that are engaged in world class research, education and clinical practice. The Life Lines Project came to fruition because of a need to connect ICU patients under lockdown to their families on the outside. ICU access for family members of those undergoing critical care were barred. National guidance called for using mobile devices and video-calling to facilitate virtual communication, particularly for those who were approaching the end of their lives.

It is important to note that UK was one of the first countries with an influx of COVID-19 patients in ICUs. It was not so much about flattening the curve, but rather provide a communicational support to those who needed it most, the patients and their respective families. The goal was to see that all communicational needs were met throughout the hospitalization period in what was a sensitive time for all involved.



# Approach

With expertise from Prof. Louise Rose, Prof. of Critical Care Nursing at King's College London and Dr. Joel Meyer, a critical care consultant at Guy's and St. Thomas's Hospital, we were able to design a solution that would reliably and securely connect patients in ICUs all across UK to their dear ones. After a successful trial at Guy's and St. Thomas, the program was rolled out to 172 more hospitals in a countrywide operation.

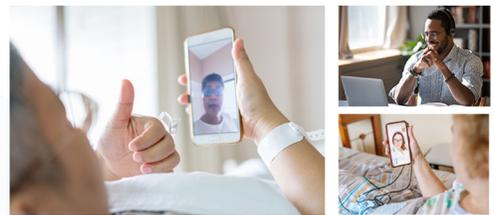
Our platform aTouchAway™ was loaded onto the 4G enabled tablets donated by partners. Where possible, patient consent for virtual visits was gained prior to intubation or sedation. If not, presumed consent was assumed which reflects the protocols for regular in-person ICU visits. Each ICU unit added their patients to the platform using their names only. Their family members were sent invites using their email address to add them as contacts.

ICU staff would coordinate a time for video calls with the family members via messaging in the platform. When the time for the call arrived, both parties would be connected virtually. By switching back and forth between the front and back camera, the staff could update the family on the patient's condition and also show the patient where private talks between the patient and family member could ensue. If bad news had to be delivered to the families, follow up check-in calls were scheduled to see if they were doing okay.

Upon the deletion of the patient from the system, their name and the family member's contact details were both erased permanently. All the information was stored in local UK servers as per compliance.

## Results

24,000 video calls were made on 1,099 tablets in UK from April to June, 2020. At its peak, 600 video calls were being made a day.



**128,000 call minutes were captured.**

These minutes allowed the following to take place:

### Reduced stress for intensive care nurses

Especially took the burden off bedside nurses who were now equipped with a tool to facilitate communication to boost morale.



### Alleviated family and patient distress throughout the care journey

The emotional benefits of communication are backed by studies which lead to better patient engagement, which in turn leads to better health outcome.



### Allowed a broad range of call activities:

simple conversations about the current status in the rehabilitation process, mealtime conversations where families were successfully able to get their loved ones to eat, chatting with family pets, allowing family members to say final goodbyes where the patient's condition was fading fast, speech therapy sessions where family members would prompt words out of the patient's mouth, and even one or two marriage proposals!



## Conclusion

The project Life Lines by Aetonix has been instrumental for bringing virtual communications at a mass scale to an area of healthcare that is usually starved off any communication, let alone at a crisis time where isolation is mandatory. It has eased the workload of ICU staff by giving them a virtual mechanism to connect folks, and it has provided much needed solace to patients, families and also clinicians, who only want to provide higher quality of care to their patients. Such type of bold initiative has further potential for continental scale, either in Europe or North America.

“

I asked my husband whether he'd heard my voice when he was so ill on the ventilator, fighting for his life, and he said he remembered hearing me and that it had given him strength.

**Diane, whose husband spent 15 days on the ventilator**

“

They have been very easy to set up and use and have been well received by the staff and by the families of our patients. They have made the most upsetting and difficult times a little bit easier by bringing our patients' families in touch with, and able to see, their loved ones.

**Lead Nurse Critical Care**



**aTouchAway™**  
by Aetonix



At Aetonix, we know that choosing the right digital tool to empower your chronic and complex care patients to self-manage their health at home can improve outcomes and reduce the strain on you and your team -- as well as the overall system. The right technology can prevent costly emergency room visits, hospital admissions and other clinical interventions.

aTouchAway™ is an innovative software platform built to manage the care of chronic and complex patients at home by connecting the entire circle of care to ensure effective, accountable and coordinated care. aTouchAway is the only home health platform that offers secure video and text communications, a robust Workflow Engine, integrated Care Plan management, and comprehensive reporting dashboards – all in one secure digital platform.

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