

Communication strategy in coping with COVID-19: Experience report



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ABSTRACT

Communication is an essential instrument for the effectiveness of health practices, enabling the dissemination of information, experiences and the development of improvement and innovation strategies. This study aimed to report the experience of creating a communication management committee, as a strategy to maintain dialogue with family members in coping with COVID-19. This was a descriptive study of experience report, contemplating the description of the phases of the process of implementation of the strategy developed at the General Hospital Dr. Waldemar Alcântara (HGWA), managed by the Institute of Health and Hospital Management (ISGH) in Fortaleza, Ceará. The results obtained with the strategy were positive, both for the family members as well as for the patient. It is concluded that in addition to communication, it was possible to strengthen the transition of care, through the multidisciplinary record in the medical record and allow greater integration with the sectors, sensitization of professionals, and approximation of family members.

Keywords: COVID-19, Health communication, Health services management.

1 INTRODUCTION

In the face of the COVID-19 pandemic, there was a need to strengthen management capacity as a condition for better health system outcomes. Build a systemic strategy that would allow preparing health services, at all levels, so that they would be able to obtain agile responses, reorganize their work

processes, adapt their physical structure, establish effective communication mechanisms, and ensure commitment and trust, with active leaders (CALDAS; REIS, 2022).

Amid the uncertainty, learning to deal with crises and anticipate them was paramount. The outbreak of COVID-19 has established itself in China, traveling through several countries and regions of the world, in a short time reaching Brazil. The increase in demand in emergencies, exhaustion of hospitalization capacity, reduced number of health professionals, and process disorganization caused health institutions to reshape their management format (CALDAS; REIS, 2022).

Therefore, it has become indispensable the involvement of quality management to support top management in identifying the points of criticality and investment in a proactive and systematized posture (AMARAL et al., 2020). Given this, a secondary hospital in the city of Fortaleza together with a social health organization formulated a document called institutional contingency plan: coping with COVID-19, which was minimally outlined to meet quickly, effectively, and safely the new challenges of coping with this scenario.

Through the contingency plan, the crisis committee was established, where the most relevant and urgent information was discussed for immediate decision-making by senior management. The quality and safety teams, such as the patient management and safety centers, could contribute greatly in this context, both in the implementation of the recommended measures and in the strengthening of other dimensions of the quality of care, such as the centrality of the patient (STAINES et al., 2020).

With the suspension of visits and companions during hospitalization, he highlighted the importance of a strategy to maintain communication and sharing of information about the clinical picture of patients.

According to the Ministry of Health (MS), in its emergency action plan, it cited health communication as one of the fundamental axes in coping with the pandemic, to strengthen the integrality of care (BRASIL, 2020).

The purpose of this work is to report the experience of creating a Communication Management Committee, as a strategy to maintain dialogue with family members in the fight against COVID-19. This initiative aimed to develop accessible and effective communication channels for professionals, managers, and users; support in updating critical information; clarification of the patient's health status to family members, and improvement of communication through feedback and suggestions.

2 METHODOLOGY

This research consists of an experience report about the realization of a Communication Management Committee in the fight against COVID-19, at the Dr. Waldemar Alcântara General

Hospital (HGWA), managed by the Institute of Health and Hospital Management (ISGH) in Fortaleza, Ceará, from March to May 2021.

We sought to point out the path taken from planning to the execution of activities and the benefits of this strategy in the care of patients and families.

3 COMMUNICATION STRATEGY IN THE INSTITUTION

To face the pandemic that imposes continuous and urgent adaptations in a scenario of uncertainties, it is essential to have the involvement of employees directly or indirectly related to each process. The recognition and identification of how each person can contribute to the resolution of the issues that emerge become essential to leverage and sustain improvement actions (AMARAL et al., 2020).

Faced with the increase in unsustainable cases and as a way to limit the exponential transmission of the virus, health services, visits, and follow-ups of hospitalized patients were suspended. Between February and May 2021, the actions of implementation of the strategy of the communication committee began.

The creation of the communication committee enabled the construction of strategies in the face of the need for health barriers, strengthening the integrality of care and the intersectionality of actions to respond to public health emergencies (SANTOS et al., 2021).

In this challenging path, senior management and the multi-professional team played a fundamental and decisive role in providing meetings and articulations to implement the strategy. The multidisciplinary team in partnership with communication and the patient safety center were the protagonists of the communication committee, however, the entire process until its realization involved several collaborators to ensure effectiveness in the dissemination of information.

The increased demand for health care has led to the redirection of pediatric beds and units to the adult profile. In this context, the pediatrics was closed and the pediatricians of the wards relocated to compose the communication committee.

To ensure effective communication with family members and everyone's knowledge about the clinical status of each patient, the implantation process went through the following stages:

Step 1 - Definition of the professionals involved in communication – defined that pediatricians would be responsible for disseminating the news about the state of patients with covid-19, isolated, to their families. As a result of the low demand for hospitalized children, they were transferred to a children's referral unit, which led to a change in the profile of the institution for exclusive care of the adult public.

Step 2 - Disclosure of the definitions and actions to be carried out for the leaders - **the latest updates, decision-making of the** top management and the definitions to be implemented were presented at the committee meeting, with the presence of the managers and coordinators of all services, who acted as multipliers to the care team. The data from the medical report issued to the family were collected from the electronic medical record (examinations, updating of the clinical picture). The physician who provided direct care to the patient, as well as the multidisciplinary team, recorded the daily evolution for consultation with the pediatrician and passed it on to the family.

Step 3 - **Method used for communication** - the family was contacted utilizing an institutional cell phone. Elected two family members to receive the information. If the number of the first one did not meet, a second attempt was made to another registered member. Right from the start, they informed us that no amount should be charged for the service, a moment of alert so that the family members did not fall into scams practiced by opportunists.

Step 4 - **Definition of the place for the calls** - the pediatricians were allocated to the outpatient offices that were inactive for care. Quiet environment, with computers available that enabled the collection and transfer of information.

Step 5 - **Recording of the communication in the electronic medical record** - the name of the family member who received the information from the patient was mentioned in the evolution, for the knowledge of the care team.

4 FEEDBACK ON COMMUNICATION STRATEGIES

The results obtained with the binding protocol were positive, both for the family members as well as for the patient. Each conversation was charged with hope and respect for those eagerly awaiting on the other end of the line. The time doctors spent on the phone with families depended on the condition of each patient, the most severe ones required more time. Those who were more stable were allowed to send a message, a desire for improvement, and comfort that could help in the treatment and evolution of the patient.

For more severe cases, family members were asked for some more private information, such as the name the patient liked to be called. There was also the opportunity for the loved one to write a more effective and private message, read by the professionals of the Intensive Care Unit. The result was gestures, emotional responses, and unexpected reactions of the patient, until then never noticed. This act contributed in some cases to improvement, even if subtle, of the patient's clinical state.

For pediatricians, this mission was a difficult experience, especially in spreading bad news. Since this information carries enormous emotional valence and has the potential to change people's lives and prospects (RIBEIRO et al., 2021). At the end of the day, the professionals felt exhausted, but

with a feeling of gratitude, because they knew that it was the only means of contact between patient and family.

The sensitive way of communicating was the reason for several compliments registered by the Ombudsman to the Communication sector. The contact, made daily, was a source of comfort, of passing on information and that often also served as a listening for those on the other side of the line.

In late July, HGWA pediatricians received a symbolic plaque in honor of their work during COVID-19 care. The occasion also marked the return of the hospital's two pediatric clinics.

5 REPERCUSSION IN THE MEDIA

During the period when the medical professionals of pediatrics were in the function of communicating with the relatives of patients hospitalized for COVID-19 there was, through the Communication Office, the dissemination of these actions and reports in the national press. Among the many news, one of them published on the portal of the movement 'Reasons to Believe', with the title *'In a humanized way, EC doctors welcome relatives of patients with Covid-19'*. In it, the story of some professionals of the General Hospital Dr. Waldemar Alcântara (HGWA) was told.

"Every call is very important and intense. We are happy when they are calls for improvement and suffer when we need to give tougher news. We want to show that we are with them, that we are always by their side," an excerpt from the testimony of a pediatrician doctor.

The reports and articles published in the media could exemplify the daily lives of these professionals. Among the various demonstrations, after the period of increase in cases, in the HGWA, the professionals of pediatrics were honored with a symbolic plaque for the work carried out at the peak of the pandemic. The sensitive way of communicating was the reason for several compliments to the Pediatrics professionals registered by the Ombudsman to the Communication sector, linked to the Center for Management and Patient Safety (NUGESP).

6 CONCLUSION

Communication is an essential tool in the practice of health workers. Using the strategy of the communication committee was a positive experience both for the family members, who were welcomed and involved in this process and for the professionals who were able to transmit the information and be useful in this moment of pain and uncertainty.

It also allowed the care practice, to strengthen the transition of care, through the recording in the medical records of procedures, examinations, clinical conditions, and interurrences of the patients, which served as a basis for the pediatricians in the transfer of information to the family members.

Given the above, it is believed that with the committee it was possible a greater integration with the sectors and sensitization of the professionals, who were able to participate and contribute to the history of several patients, through a song sung, a letter read, a way to bring the family members closer even if distant from their loved ones.

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