St George's University Hospitals NHS
NHS Foundation Trust

The rationale and operation guidance for the use of WhatsApp for communication between clinical decision-makers on shift for GICU - the "GICU today" group

Background
The GICU team is a large, busy, multi-disciplinary team. Decisions regarding admission to, and step down from, the unit involve the collaboration of multiple individuals, who may not be present in a specific location at a specific time to formulate an optimal plan. Co-ordination therefore relies on multiple conversations which may result in fragmented messages and ineffective communication, which in turn, may result in avoidable delays in patient flow and the potential to introduce error.

WhatsApp is a cross platform and multiple device communication application that is already used extensively in this hospital and others within the NHS. It has been used successfully in emergency situations including the recent terror and cyber attacks. NHS England has endorsed its use to allow staff to communicate with each other. However, NHS England has been clear that WhatsApp should not be used to share confidential patient data. In addition, Chris Flint, security operations lead at NHS digital's data security centre, has agreed that it is a good way for teams to communicate with each other and that he would, "Expect local data controllers to make sensible decisions about the data they share, in response to the situation at the time." See https://www.nursingtimes.net/news/policies-and-guidance/nhs-chiefs-relax-position-on-nurses-use-of-whatsapp/7020848.article

Based on this experience and the lack of an alternative with the same functionality, the GICU team have conducted a 2 week pilot of using a WhatsApp group called "GICU today" to manage team communications during each shift. This pilot has been a great success and is popular with all those who have used it.

Given the pragmatic advice from NHS England regarding WhatsApp's use in the clinical setting, and the existing widespread use by members of the GICU clinical team, it makes sense to formalise the use of this tool. The following instructions are to clarify the role of this tool and the precautions needed so that we may improve our own team dynamics and ensure that the use of this app is in accordance with information governance rules and the latest recommendations from NHS England.

Intended outcome
An improvement in the quality and timeliness of communications between decision-makers during every shift on GICU. This should result in the more effective use of time, reduced repetition of information delivery, improved clarity of decision-making, better organisation, increased efficiency in task allocation, a reliable audit trail (including the timings of referrals, reviews, decisions to admit, availability of a step down bed), and ultimately, more timely unit and patient management.

Cost
Nothing as this utilises devices owned by individuals and the application is free.

Training
Minimal training will be required as the technology is used currently and is therefore familiar to the vast majority of staff. Instructions to ensure media is not automatically uploaded to individual devices will be provided.

Information Governance (IG) - NHS England IG resources
All personal devices (phones / tablets / laptops) used for work related purposes, including WhatsApp, must have strong passwords plus / minus biometric locks to ensure that if the device were lost or stolen, a third party cannot access the device.

WhatsApp messages within the "GICU today" group have end-end encryption. Any documents, videos or photos taken within WhatsApp will not be saved to the individuals camera roll. This is the default setting and can be confirmed via group settings. All "GICU today" group users will ensure their first name and surname are completed in their WhatsApp profile.

To ensure information governance standards are being upheld, the conversations will be audited regularly to ensure correct and appropriate use whilst protecting patient confidential data.

Most communications within the "GICU today" group will refer to the admission of patients to, and step down from, the unit. It should not be used to discuss specific patient issues that breech confidentiality. Examples of appropriate uses include:

- The Outside Registrar has reviewed a patient in ED who requires transfer to GICU in <30 minutes. They communicate this to the "GICU today" WhatsApp group so that the Nurse in Charge can organise the bed and the nursing team immediately. Simultaneously, the Registrar of the week / Consultant on call can plan to receive this patient.
- A patient needs admission to GICU but we have no available bed in the next 60 minutes. Immediate steps can be undertaken to consider admission to CTICU, Neuro ICU or an escalation area.
- Theatres call to see if the ICU bed is available for a planned admission. The Nurse in Charge gives ETA to theatre staff and informs group of when and where patient is likely to be admitted. This allows medical team to plan ahead so that handover can be completed effectively by the delivering team to the receiving team.
- During the sit down teaching ward round the Step down and follow up nurse messages the group that a patient is ready for step down but the episode summary is incomplete. An appropriate individual can leave the ward round and complete the summary with minimum disruption to ward round progress.

Participants
- Consultants for the week
- Registrar of the week
- Outside Registrar
- Other long day doctors
- Shift leader
- Nurses in charge of specific areas (e.g. HDU; Brodie-GICU)
- Step down and follow up nurse (day shift only)
- Critical Care Liaison Project Nurse (day shift only)
- SG591 bleep holder

Shift-to-shift group membership
Individuals on shift join the "GICU today" group at the beginning of their shift and leave after handover to the next shift. This ensures that they are not be able to see past communications (that have occurred prior to them joining the group) and are not privy to messages after they leave. Any information that needs to handed over can be forwarded within the group or exchanged using more appropriate means (verbal, paper, iCLIP).

Joining the group can be done by manually adding an individual or via QR code scanning.

Messaging etiquette
All messages in this group should adhere to general professional standards. If you wouldn't want it read out in court don't message it. See NHS Digital guidance at https://digital.nhs.uk/cyber-security/policy-and-good-practice-in-health-care/social-media/user-guide)

What should be included in a message?
1. Primary Intended recipient(s) e.g. shift leader or ward round
2. Patient's initials, hospital number, GICU bed number or location.
3. Primary reason for admission. If further clinical details are required, upload to iCLIP so they can be viewed remotely.
4. Urgency of admission ("immediate" = less than 30 mins, "urgent" = less than 1 hour, elective/post op)
5. Immediate organ support required (what needs preparing)
6. Any infection control or spinal precaution issues
7. Any factors that may complicate transfer e.g. patient requires CT scan prior to admission; need for transfer equipment AND is anyone available to bring it to the patient; pain in recovery.

The response should include:
1. Acknowledgement of receipt by key individual(s).
2. Answers to any questions posed
3. Estimated time that the bed will be available if applicable, and likely bed number.
4. Foreseeable complications or delays

WhatsApp calls
WhatsApp can also be used for verbal communication over WiFi if a more detailed conversation is required. This has been unreliable on testing but to maximise the chance of success:
1. Use the eduroam WiFi network: username = your StGH username@net.stgeorges.nhs.uk password = your usual StGH password
2. In WhatsApp Settings - Data and Storage Usage - Call Settings - Low Data Usage ON
3. As a backup try using the voice over internet protocol (VOIP) / WiFi calling app of you mobile phone provider [for O2 the app is called TU].
4. Send an message over WhatsApp detailing a landline extension you can use