

# Staff experience of the Virtual COVID ward service at King’s College Hospital

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## Background

During the second wave of the COVID-19 pandemic, King’s College Hospital staff were redeployed to implement a telephone-based post-discharge service for safety-netting patients with Covid-19. Standardised clinical assessment carried out included the use of numerical rating scales (NRS) for breathlessness, cough, and use of pulse oximetry.

### Aims

- To evaluate staff confidence and competencies in performing a remote cardiorespiratory clinical assessment.
- To assess staff perceptions and patients’ comprehension of breathlessness and cough rating scales, and impact on clinical practice.

## Methods

Data were obtained from an anonymous online survey distributed to staff working in the Virtual Covid Ward, summarised in themes and analysed with descriptive statistics.

## Results

9/19 staff responded to survey; 9/female; 5 nurses, 3 physiotherapists, 1 Operating Department Practitioner; 8 were senior, 1 junior.

Responses were split into 4 themes for analysis: Prior experience, Training, Confidence and Usefulness of Breathless and Cough NRS.

## Responses were divided into 4 themes:

Prior experience	<ul style="list-style-type: none"><li>• 100% had acute or respiratory medicine experience</li><li>• 66% had experience in remote assessments</li></ul>
Training	<p>78% reported receiving in-service training</p>
Confidence	<ul style="list-style-type: none"><li>• 100% of staff reported absence of breathlessness at rest the most reassuring sign when discharging patients</li><li>• 100% reported being confident/ very confident when assessing breathlessness over the phone</li></ul>
Usefulness of breathlessness and cough numeric rating scale (0 – 10)	<ul style="list-style-type: none"><li>• 100% thought that breathlessness was a “red flag ” 66% found the breathlessness numeric rating score tool useful</li><li>• 67% found the rating useful for cough</li><li>• 89% believed that patients’ responses were meaningful at least half of the time.</li><li>• 78% believed that patients overestimated the breathlessness score at least half of the time</li><li>• 55% believed that patients underestimated respiratory distress levels</li></ul>

## Conclusions

Staff were confident in assessing patients remotely and in using the numerical rating scale (NRS). Staff found assessment of breathlessness useful in predicting adverse patient outcomes, but were less confident that using the NRS (0-10) rating scale to quantify breathlessness was clinically valuable.