



Creation of Virtual Support Groups During COVID-19: Danielle Andrews, Community Outreach Coordinator NW2

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How did the Network pivot during the COVID-19 pandemic to create a virtual support group?

In the early weeks of the COVID-19 pandemic, the Network facilitated a weekly meeting as a way to assess the needs of our Patient Subject Matter Experts (PSME) and Patient Advisory Committee (PAC) members. The main intent of the meeting was to discover how the Network could efficiently apply peer mentoring to help patients who felt socially isolated within their facility as social distancing started to be implemented. However, during the first meeting many of our PAC members disclosed that they were in crisis. They explained that their worries and anxieties had taken a toll on their mental health. They were experiencing information overload and needed a place to vent their feelings. The Network changed the meeting to serve as a virtual support group with topics

based on patient conversations regarding their feelings related to the pandemic.



How often do these meetings take place?

Initially, the meetings took place every Thursday 4:45 pm. However, due to patient demand, the Network hosted this event two times a week on Wednesday and Thursday. The Wednesday meeting was added to accommodate patients that have treatment on Tuesday/Thursday/Saturday.



Is the meeting similar to a standard support group format with one facilitator?

The meeting replicates an in-person support group that allows each participant a certain amount of time to express his or her feelings. After everyone has had a chance to speak, there is a five-minute open period, during which participants can express any last-minute thoughts or remarks before the meeting ends. Recently patients have been ending each meeting with a positive quote that promotes hope for the future.



What has been the feedback from the patients so far?

The patients have expressed immense gratitude for the virtual support group. Patients have stated that they were unaware of some of the feelings that they were harboring. They have also shared that they are glad that the Network has provided them with a safe space to express their fears surrounding COVID-19.

What steps would facility staff need to take to take to start a virtual support group?

The first step that facility staff should take in starting a support group is tuning into their community. When social workers are completing their rounds, either in person or over the phone, they should note similar themes or feelings that patients are expressing. These overarching themes can be used as to establish a framework for the support group. Facilities should also look to utilize patient advocates, PAC members or PSMEs. These individuals are well known within the facility and can help galvanize patients to participate.

Five steps to form a support group in your facility.

- 1.** Tune in to your community; during rounds ask specifically which topics or issues your patients are interested in discussing.
- 2.** Utilize Patient Advocates, PAC Members and PSMEs to help organize a meeting. Ask for their perspective about which virtual platform would be the easiest for patients to use. Be sure to identify an alternative platform that can be accessed through both the internet and the telephone to accommodate less tech-savvy patients. (e.g., WebEx, Go-to-Meeting)
- 3.** Promote the support group program based on the most popular topic (Example: COVID-19 and Dialysis Treatment). Try to make the topics as relevant to current issues as possible.
- 4.** Promote the meetings at least two times a week. The Network sends email reminders and text messages and makes reminder phone calls, to ensure that the community is well aware of upcoming meeting dates and topics.
- 5.** Set guidelines and boundaries. Reinforce to patients that the meetings offer a safe space for them to express their opinions and that everyone should be treated with respect.

The Mission of the End Stage Renal Disease Network of New York is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely and equitable.



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