Family Presence and Partnership: Promising Hospital Practices in the Time of COVID-19

September 15, 2020

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Hotel Dieu Grace Healthcare

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Beaumont Health

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General Tips

- All participants will be muted upon entering
- Please use the chat box for all questions and comments
- A recording of this presentation and all handouts will be available on www.ipfcc.org
- If you come across any technical difficulties, please call or text Natasha Reed at 646-789-1613

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Objectives

- Discuss short and long term impacts of severe restrictions on family presence
- Learn about how hospital systems responded to COVID-19 and the impact on patient- and family-centered care including family presence practices
- Explore innovative approaches used to mitigate negative impacts and restore partnerships in care and policy development

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Supporting PFCC Practices and Strategies in the Time of COVID-19

Goal: Provide a resource and "clearinghouse" for **up-to-date, easily accessible, information** about ways to stay grounded in PFCC core concepts during COVID-19

- IPFCC will identify, develop, and disseminate information related to COVID-19 across adult health care settings.
- Target audience: Adult healthcare settings across the continuum including hospitals, ambulatory and primary care settings as well as continuing care/retirement communities

- The series of free webinars and online conversations will occur monthly from July through March 2021.
- Funded by a grant from NYS HEALTH FOUNDATION *Improving the state of New York's health*

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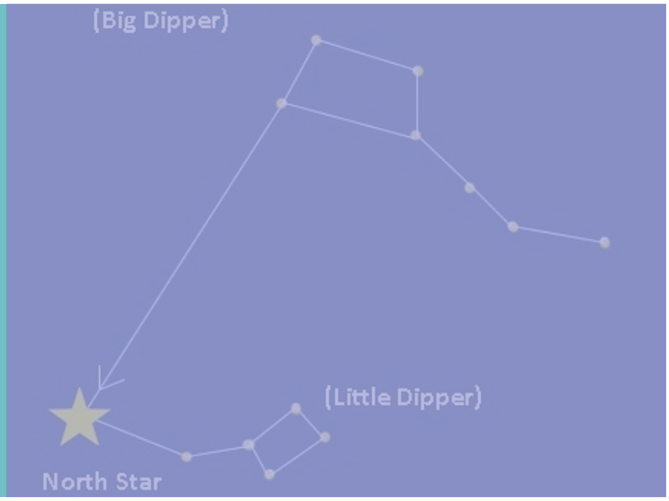
Patient- and Family-Centered Care — True North

In a pandemic, the core concepts of patient- and family-centered care (PFCC) can serve as a North Star, to help inform decision-making, practices, and public health strategies.



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PFCC Core Concepts

- People are treated with **dignity and respect**.
- Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.
- Patients and families are encouraged and supported in **participating in care, care planning, and decision-making** at the level they choose.
- **Collaboration** among patients, families, and providers occurs in policy and program development, QI and safety, professional education, and research as well as in the delivery of care.

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April 29, 2020

The Costs of Social Isolation: Loneliness and COVID-19

Yellowlees Douglas, PhD

The dizzying spread of coronavirus disease 2019 (COVID-19), as well as the ensuing social distancing restrictions and public health interventions, have contributed to an epidemic of another sort: loneliness. The most at-risk population, adults aged over 80 years, face estimated fatality risks from the virus of 9.3% compared with just 0.2% in the general population.[1]

The current period of self-isolation will disproportionately affect the

Under ordinary circumstances, where individuals have control over the number and quality of their

- Elevated blood pressure, morning spikes in cortisol levels, and disrupted sleep
- Significant declines in cognitive performance and increases in cognitive impairments
- 28% of adults who had been quarantined displayed sufficiently severe symptoms of PTSD to warrant a diagnosis of a trauma-related mental health disorder

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Clinician Advocacy thru the Media

"Clinicians and hospital staff said that keeping families away had been among the darkest experience of their professional lives.

The restrictions run counter to a hospital's desire to keep patients and families together, not only for the salutary effect of something as simple as a hand held, or a chair pulled close to a bed, but because having a relative present can ease the workload of the medical team. It can also provide crucial information that a confused patient may not be able to offer."

New York Times, 3/29/20

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Clinician Advocacy thru the Media

"Patients, even those not suffering from COVID-19, now suffer 'in a medical version of solitary confinement'."

ICU Physician, Boston Globe, 3/20/20

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Clinician Advocacy

"Nearly six months into the coronavirus pandemic, an emptiness lingers at the bedsides of our patients in hospital wards and intensive care units . . . too many of our patients (are left) without loved ones at their side.

The trauma to families, while difficult to measure, is immense, and the absence of loved ones is making things worse for patients and their medical care teams."

Rana Awdish, Washington Post, 8/6/20

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A Snapshot of Beaumont

- Not-for-profit system located in SE Michigan
- 8 hospitals with 3,429 beds
- 187 outpatient sites
- Other: hospice, senior living (2), behavioral health, urgent care, rehab, dialysis
- ~38,000 employees
- ~250 PFAs serving on PFACs, clinical and ops committees, quality/safety teams, boards, speaker's bureau, e-advisors and more

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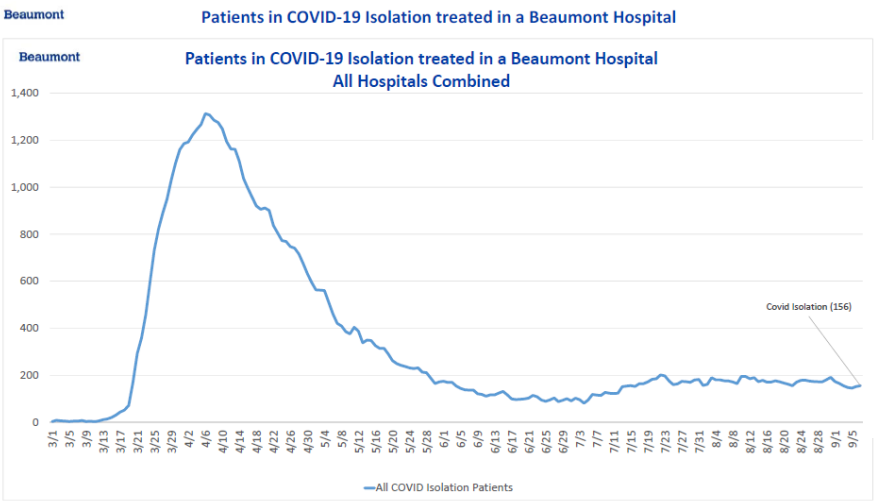
COVID-19 – An Early Surge



FAST FACTS

- MI ranked 3rd most COVID cases (behind NY, NJ)
- Beaumont cared for 70% of states COVID patients
- 1250 inpatients with COVID at height
- Several sites fully dedicated to COVID care
- Massive financial losses in Q2
- 3000 lay-offs in April (temp and perm)

MSNBC

CNN

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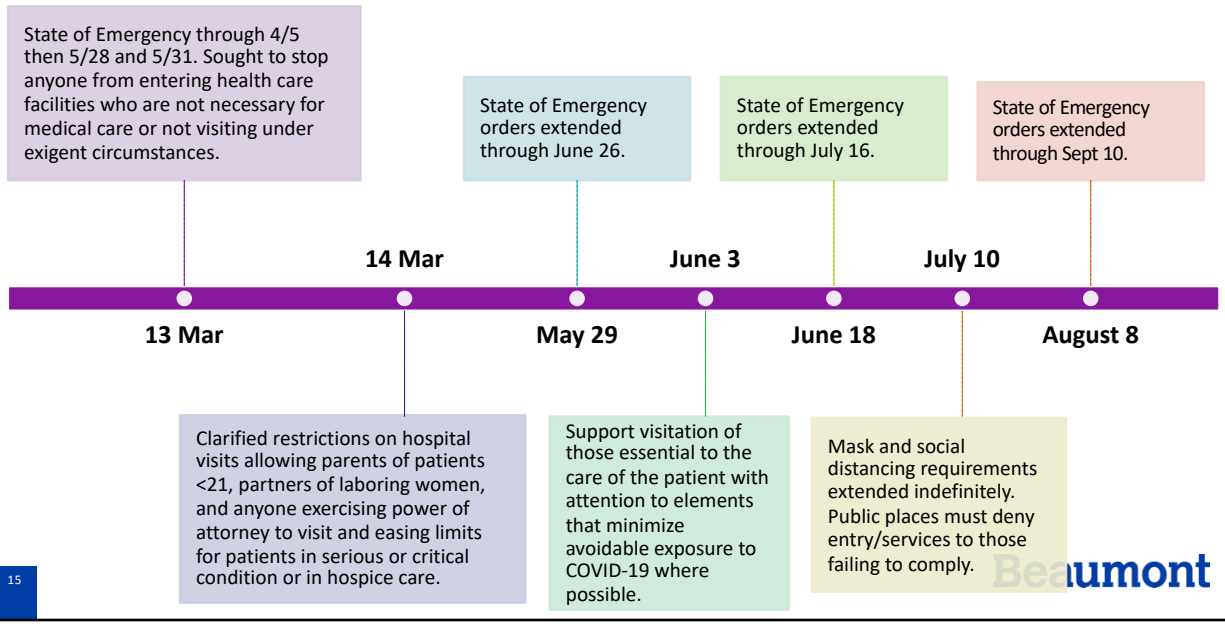
Governor's Orders



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Challenges

Overwhelmed, overworked, and frightened staff.

Re-deployed staff in new positions.

Staff separated from family.

Overwhelmed and frightened patients and families.

Unnatural separation of families from each other.

Families unable to or have only a few minutes to say good-bye.

People dying alone.

Weekly, daily and sometimes hourly changes to science, federal and state mandates, and internal protocols.

Terminology and guidelines were misinterpreted and inconsistently enforced.

Unclear decisions and incomplete consents - advance directives, portal access, text communication.

Unprepared for discharge.

Financial losses and lay-offs.

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Our Response to the COVID-19 Surge

Maintain commitment to PFCC Culture.

"Il meglio è l'inimico del bene." (The best is the enemy of the good.) -Voltaire

We had to ACT and we had to ACT fast.

Paid patient and family positions carried us through this early phase.

PFAs continued to be part of PFE Steering committee which was never cancelled.

"First seek to understand then be understood." – Stephen Covey

We started engaging PFAs again first through E-advisor feedback.

We provided PFAs with technology education and resumed PFACs.

"Story, as it turns out, was crucial to our evolution -- more so than opposable thumbs. Opposable thumbs let us hang on; story told us what to hang on to." - Lisa Cron

We shared with other institutions following our surge footsteps.

We shared with our board, our foundation and each other. We remembered!

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Innovative Approaches

SUPPORTING PATIENTS & FAMILIES

CREATING POLICY

RESTORING COLLABORATION WITH PFAS

SUPPORTING STAFF

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CREATING POLICY and GUIDELINES

Family may visit but they are not visitors.

Family enters through the community entrance not visitor entrance.

SUPPORTING PRESENCE POLICY

Restriction Considerations: In certain circumstances, such as epidemic/ pandemic, disaster/mass casualty, or security concern, visitation parameters may need to deviate from policy.

COVID-19 VISITATION GUIDELINES

Specific Guidance: With respect to the specific pathogen, event, community impact, details, management, and monitoring will be defined.

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"We do not want to look back and say I wish we would have done things differently."

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CREATING POLICY

VISIT TYPE	Level 4 Post-pandemic	Level 3 Containing	Level 2 Flattening/ Improving	Level 1 Uncontrolled Growth/Persistent Spread
CHILDREN: Appointments, procedures, hospitalizations, emergency/urgent care visits				
ADULTS				
Hospitalized Patients				
Appointments and Procedures (Same day)				
Emergency Center				
Prenatal/Antenatal Appointments				
Labor and Delivery				
Hospice Care				
Senior Residential				
Behavioral Health				

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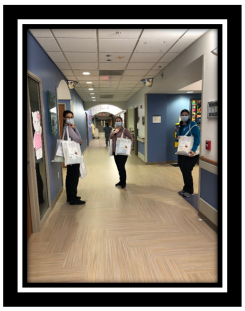

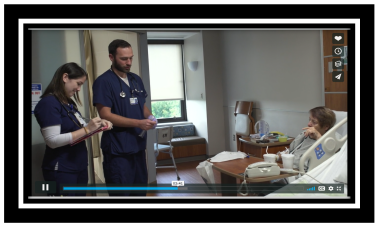

SUPPORTING PATIENTS AND FAMILIES

- Cart offering magazines, books, coloring pages, crossword puzzles
- Audio recorders
- Pandemic Welcome Video

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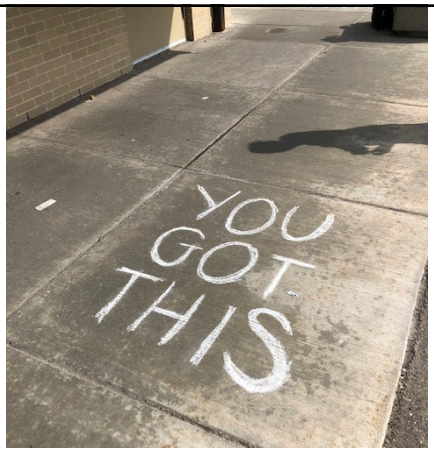

SUPPORTING STAFF

Window and sidewalk art, tree ribbons, cards, thank you signs, zen den

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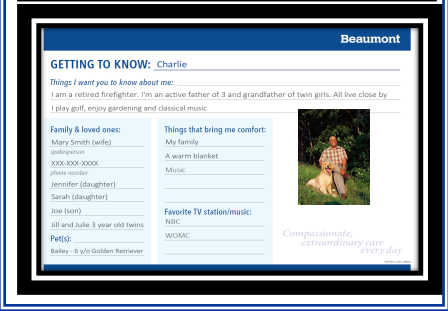

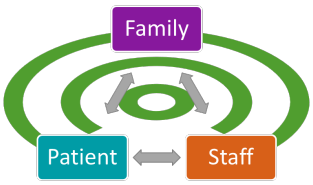

SUPPORTING PATIENTS AND FAMILIES
SUPPORTING STAFF

What helps one helps the other.

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Grant Funding

$458,000
Support 176 ICU beds
June 29-December 31, 2020

- 8 FTEs RN Staffing
- 176 iPads with Otterboxes
- 176 Pole Accessories to hold iPads
- 50 Audio-recorders
- IT Staffing Support
- 0.2 FTE PM Support
- Additional Use Cases:
  - Patient Monitoring (e.g. fall risk, dementia)
  - Interpreter Services
  - Therapies (e.g. psych, exercise)
  - Music, Art and Pet Therapies
  - Patient Education

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Communication Liaison (RN)

Provide staff support:

- Collect and deliver information and updates
- Field calls
- Identify family spokesperson and set schedule to receive daily updated and participate in medical rounds, shift change report, discharge planning and medical decisions
- Help family/patient prepare for conversations with provider
- Prepare for and facilitate visitation for EOL, consent, PPE

Support connections among patients, families, team:

- Patient with family (tablet/voice recorders)
- Connect family with team (text/tablets)
- Connect patient with team (MyStory/Get to Know Me)

Facilitate completion of paperwork: (MyStory, Portal Access, Advanced Directive, Texting Authorization)

Facilitate practical, social, and emotional support and information among clinicians, patients and family members.

"COVID rooms are very, very lonely places."
Dr. Chadi Ibrahim

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PFCC Survey Questions

Beaumont Health Patient and Family Centered Care Questions 2020		
Type	**NRC Question Inpatient (Pre-Covid)**	**PFCC Questions Covid**
Participation	During this hospital stay, how often did the hospital staff include your family or someone close to you in discussions about your care?	How often did hospital staff offer alternative ways of communicating, including phone calls, video chats, as text messages, as a way of including your family or someone close to you in discussions about your care?
Presence	During this hospital stay, how often was your family or someone close to you allowed to be with you as much as you wanted?	Remove
Teamwork	How often were the different doctors and nurses consistent with each other in providing you information and care?	How often were the different doctors and nurses consistent with each other in providing you information and care?
Safety		Did our team make safety from Coronavirus/COVID-19 a priority during your visit?

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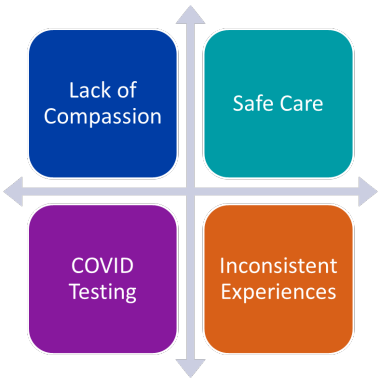
RESTORING COLLABORATION WITH PFAs

- Visitation and Health Screening
- Website Information and PSAs
- Humanizing Care
- Advance Directives
- Social Equity Programs
- Patient Experience Data (Discharge/Med Mgmt)
- Digital Patient Experience
- COMMUNITY OUTREACH – Chaldean incidence rate



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THANK YOU
kelly.parent@Beaumont.org

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HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

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ABOUT HÔTEL-DIEU GRACE HEALTHCARE

HDGH is a unique community hospital offering Rehabilitation Services, Specialized Mental Health and Addictions, Complex Medical and Palliative Care, and Children and Youth Mental Health Services.

MISSION

- The Mission of HDGH is to serve the healthcare needs of our community including those who are vulnerable and/or marginalized in any way be it, physically, socially, or mentally.
- As a Catholic sponsored healthcare organization, we provide patient-centered care treating the body, mind and spirit.
- We do this by providing holistic, compassionate and innovating care to those we serve.

VALUES

- Respect • Teamwork • Compassion • Social Responsibility

OUR CULTURE

- Patient and Family-Centered Care

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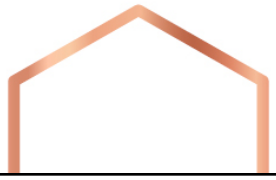
PATIENT RIGHTS & RESPONSIBILITIES



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IMPACT OF COVID-19

- Incident Management Response Team
- Support and Protect – Restrictions and Changes
- Limit Risk - Screening, Masks
- COVID -19 – no family presence or visitation except end of life
  - Extremely difficult for patients and care partners
  - Very difficult for staff
- Non-negotiable
- Safety and health of patients was our priority
- Focus for patient advocacy was supporting this decision

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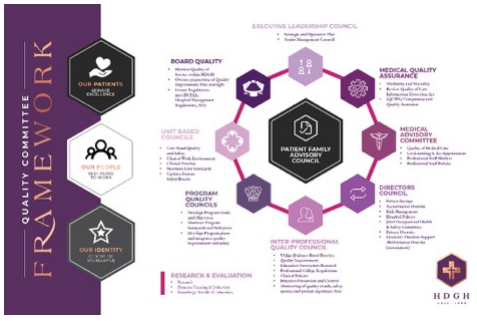
VALUE FOR PATIENT AND FAMILY-CENTERED CARE

- Part of our Culture



- Embraced by Leadership
  - Decision-making
  - Continual learning
  - Family presence
- COVID-19 - Disruption
  - How do we get back to where we were and where do we begin?

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PATIENT AND FAMILY ADVISORS DURING COVID-19

- Invited to participate on IMRT
- Invited into all conversations about family presence and visitation
- Ethics Committee
- Review communication materials
- Coordinated Care Policy
- Designated Care Partner Program
- **How?**
  - Telephone
  - Teleconference
  - Zoom

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RE-OPENING

Tiered Visitation

- Mirrored Province of Ontario Framework for re-opening province
- Re-opening in Phases
- Principles
  - Responsible
  - Monitored
  - Responsive and Effective
  - Clear
  - Ethical
- Coordinated Care Program (CCP)
  - Policy
  - Designated Care Partner

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CCP POLICY

- Hôtel-Dieu Grace Healthcare (HDGH) aspires to deliver health care and treatment that is patient-and family-centered. Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.
- In patient- and family-centered care, patients and families define their "family" and determine how they will participate in care and decision-making.
- HDGH recognizes the important role of families as allies for safety and quality and acknowledges that connections with family members are integral to the health, well-being and healing of loved ones.
- Active relationships between patients and their loved ones has safety, emotional and ethical considerations.

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DESIGNATED CARE PARTNER

DESIGNATED CARE PARTNER (DCP)

Differentiating Designated Care Partner and *Visitor*

- DCPs partner in care and communicate with the healthcare team; they participated in healthcare team conversations and decision-making; actively involved
- The Coordinated Care Program (CCP) is a program that enables educated Designated Care Partners (DCP) to provide specific aspects of the care plan as defined by the patient and care team in a carefully planned and coordinated approach.
- Care that is being provided by the DCP will be assessed, monitored, evaluated and documented by staff as being carried out by the DCP in the clinical record. The DCP will be advised of their roles and responsibilities as Designated Care Partners and will be accountable to abide by the DCP contract.
- Why we chose the term ***Designated*** instead of *Essential*

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DESIGNATED CARE PARTNER

PURPOSE

The CCP is designed to incorporate patients and families into the care delivery model at HDGH. A DCP can be asked to provide physical, emotional and cognitive care to their loved one. The DCP effectively functions as another member of the care team to be included in the care planning and decision making processes.

SOME OF THE COMMON ASPECTS OF A DCP VISIT INCLUDE:

Visits for cognitive reasons

Reality Orientation
Current events
Personal connection for those with dementia
Communication assistance
Memory support

Visits for emotional reasons

Palliative Care and end of life
Supportive decision making as it relates to life altering events
Compassionate Care

Visits for physical care

Assistance with personal care
Assistance with meals
Assistance with mobility

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DESIGNATED CARE PARTNER

ROLE OF THE DCP

To work in partnership with the patient and clinical unit care team.

Patient Type	Description	Patient Population
Life altering events	Time limited, absence of a visitor may result in devastating long term emotional, psychological or other health effects.	- End of life Care - Major Surgical intervention required - Critically ill - Mental Health Crisis
Vulnerable patients	Designated care partner is the primary advocate for the patient.	- Children under 18 - Those with significant cognitive impairment (dementia, stroke, brain injury, etc.) - Significant developmental or intellectual disability - Unable to communicate effectively (aphasia, language barriers, etc.)
Long stay patients that require DCP to support	Absence of DCP may result in unmet care needs.	- Patients that require a caregiver to avoid undue hardship (physical, mental, cognitive) - Patients that are expected to be in hospital for a period of greater than 30 days
Patients that require support for transitions in care	DCP provides support and coordination of care at major transitions (discharge, follow up instructions, orientation to new long stay or permanent care environment)	- Discharge from HDGH - Admission to HDGH
Short stay low acuity patients	DCP work augments the clinical unit work	- Rehabilitation patients that are not expected to stay beyond 30 days

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DESIGNATED CARE PARTNER

RESPONSIBILITIES

- Attend a 75-minute DCP Orientation
- Complete mandatory infection control training including the proper use of personal protective equipment prior to coming to hospital;
- Provide accurate self-assessment of being physically, cognitively and emotionally able to provide the care elements that have been identified for the patient;
- Read, understand and agree to the HDGH Coordinated Care Policy;
- Wear picture identification at all times.
- Be considerate and respectful of the patient and all members of the care team;
- Communicate and ask questions
- To utilize a designated bathroom on the unit and will not use the patient's bathroom;
- Abide by public health guidelines
- Accept the responsibility for the consequences of violating the DCP contract

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KEY INGREDIENTS FOR SUCCESS

- Value for patient/family leadership
- Organizational Leadership
- Continual Learning
- How might we?

PATIENT & FAMILY
ADVISORY
COUNCIL

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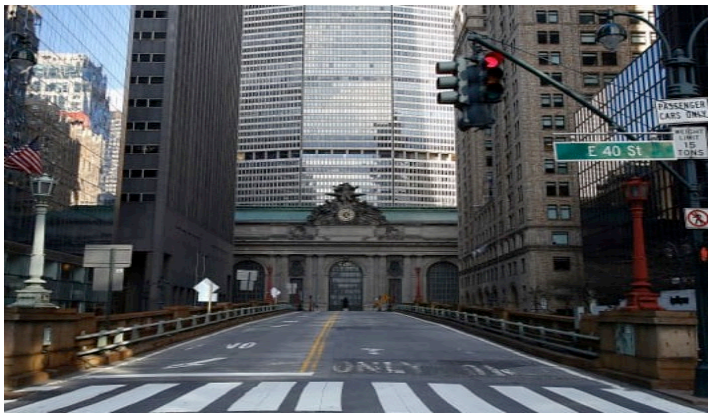

Learning from NY Hospitals - Pandemic's Epicenter

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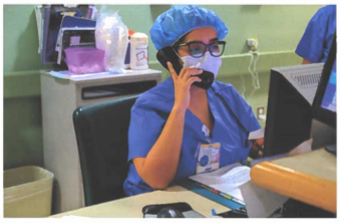
Huntington Hospital
Northwell Health

Keeping patients' families in the know

A new clinical liaison team ensures concerned families are getting updates on their loved ones



- Volunteer physicians
- Round with ClinicalTeam
- Communicate with families

Cheryl Miranda, BSN, RN, CPXP
Director Patient & Customer Experience
Culture Leader
Huntington Hospital

Other Ways to Connect:

- Immediately created virtual visitation with iPads
- "Virtual Champions" coordinated all visits
- Went into rooms with patients and full PPE to facilitate
- Used email, hold messages, hospital TVs, cards to broadly communicate the service
- 2000 virtual visits in April – May

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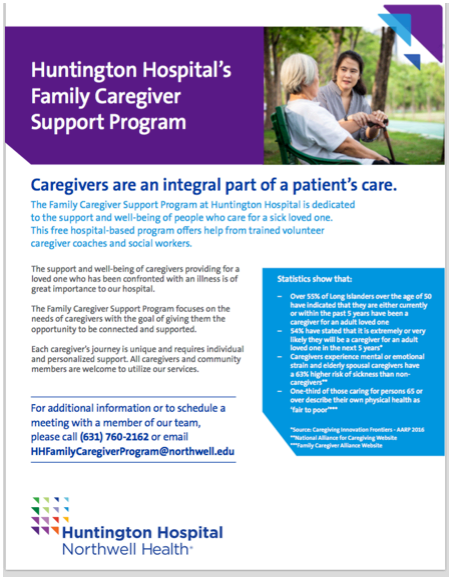
Supporting Families



- PFAs/Volunteers
- Receive training for conducting outreach stay-in-touch calls
- Provide resources; listen without judgment
- Will soon open a Family Caregiver Center in Hospital Lobby

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NewYork-Presbyterian

"We're committed to family and loved ones at the bedside. Restricting family presence was extremely painful for patients, families and staff."

Rick Evans
Senior Vice President &
Chief Experience Officer

Insights from NYS visitation pilot:

- Seek input from patient family advisors; recognize patients and families in hospital can provide useful and heartfelt feedback as well as nursing leaders
- When easing restrictions, be mindful of operational impact and sustainability
- Allow for clinical judgment to address patient needs
- Be fair by listening to community advocates to ensure equity and inclusion

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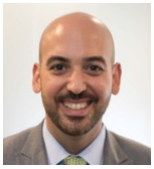

Joe Leggio
Associate Executive Director
Lenox Hill Hospital

Prior to March 2020

- Welcome & Open
- 24/7 no limit on numbers; ok for family overnight

March 2020

- Began to reduce hours until zero NY pilot
- Exceptions- Maternity; EOL; pediatrics

PFAC partnered throughout the crisis using Zoom technology

Also interviewed patients real-time

May 2020

- Developed rapid touch-less screening process
- Phased in: 1 family member from 3 pm-7pm; then eventually 11am-7pm (2)
- Families lining up around block to get in

Now

- Open 9am-7pm
- Clinical condition exceptions
- Created Family Lounge 7am-7pm to provide space with social distancing, WIFI - a waiting space that is street accessible

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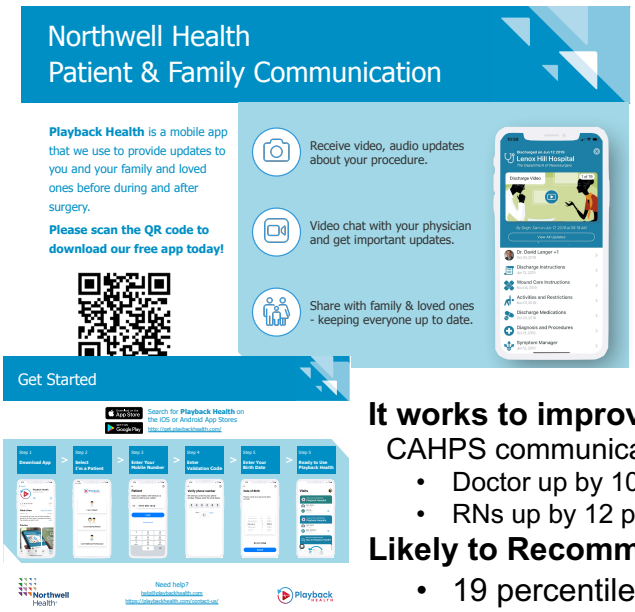
PFAC asked: *"How are families kept up-to-date, especially COVID families?"*



Playback Health

- HIIPA compliant App that creates audio, text, and video recording
- Enrolls Family
- Used during rounds to update family by clinical nurse specialist
- Both doctors and nurses use daily

It works to improve communication!

CAHPS communication scores improved:

- Doctor up by 10 percentile points
- RNs up by 12 percentile points

Likely to Recommend:

- 19 percentile point improvement!

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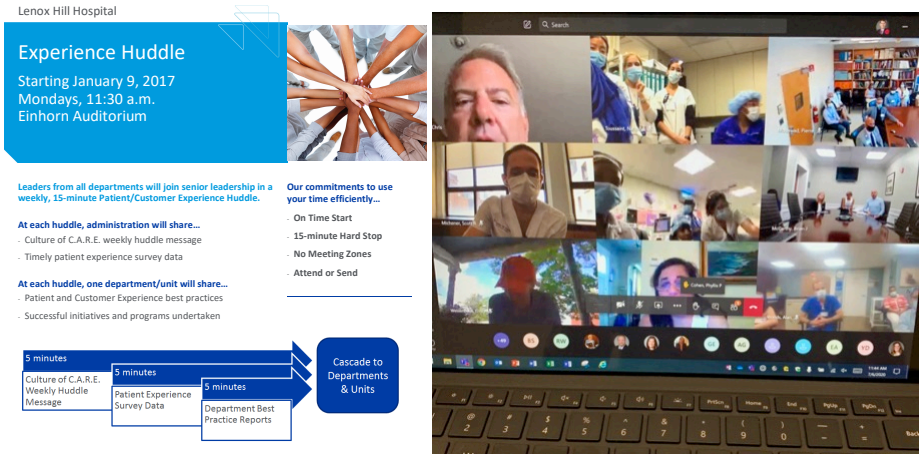

- Experience Huddles went virtual
- Tremendous morale booster
- Patient and family attendees invited to share their stories
- Over 200+ staff attend each week

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" Monday is the best day of the week, and we have seven new days to make a difference in the lives of our patients, families and each other!"

Dr. Jill Kalman
Executive Director

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COVID-19

Uniting our care team in a time of uncertainty.

Responsive Approach to Pandemic:

- Peri-Op Nurses Re-assigned to creating Virtual Visits & Face- timing Families of COVID Patients
- Community support, gratitude, and generosity fueled staff
- Launched Code "Clap-out" for COVID-19 discharged patients and "Light the Night" staff entry
- Created Lavender Room to encourage self-care

Nicole Cintorino
Senior Director, Patient & Customer Experience
ncintorino@northwell.edu

North

Plainview Hospital
Northwell Health®

*Consent forms have been obtained for all patient photos

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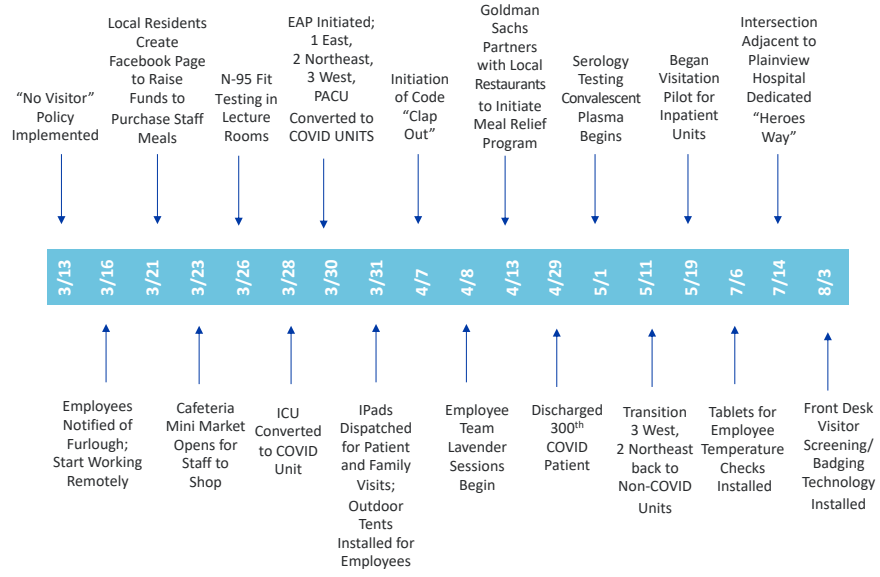
COVID-19 Time-Line at Plainview Hospital



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Gratitude Motivates & Inspires Team Members

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Self-Care & Team Lavender Sessions




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Launched Code ‘Clap Out’ (Click play to watch Video)
For patients being discharged after COVID

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Organizational Advocacy to Re-Visit Restrictions on Family Presence

Person-Centered Guidelines for Preserving Family Presence in Challenging Times

May 2020

Developed by a coalition of 60 organizations led by Planetree International and the Pioneer Network

www.planetree.org

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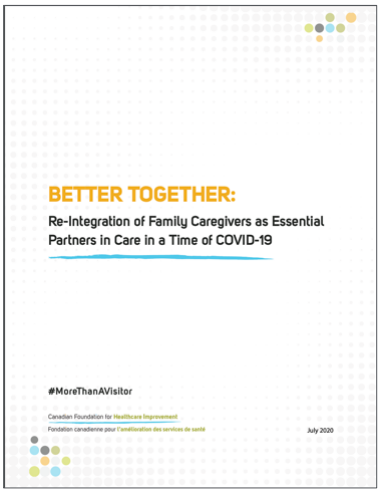
Organizational Advocacy



Re-Integration of Family Caregivers As Essential Partners in Care: Case Report

July 2020

Developed by Rapid Response Expert Group led by

Canadian Foundation for Healthcare Improvement

www.cfhi.org/

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Organizational Advocacy: Shared Findings

- Distinction between family caregivers
  - and "visitors"
- Risks result from restrictions on
  - family presence
- Reliance on evidence, with re-assessment
- Need for compassionate exceptions and appeals process
- Involvement of PFAs and PFACs

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https://www.ipfcc.org/bestpractices/covid-19/index.html

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Please chat in any additional questions now….

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Supporting PFCC Practices and Strategies in the Time of COVID-19

Informal Conversations

- Tuesdays, October 13th and October 27th, noon ET
- Tuesday, November 24th, noon ET
- Tuesdays, January 12th and January 26th, noon ET

Webinars

- Thursday, November 12th, noon ET
- Thursday, December 17th, noon ET
- Thursday, February 11th, noon ET

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