



COVID-19 AND PATIENT- AND FAMILY-CENTERED CARE FREQUENTLY ASKED QUESTIONS

IPFCC has received many questions about how to provide care that is patient- and family-centered in the midst of the COVID-19 pandemic.

This includes questions about how to:

- Communicate with patients and families about changes to family presence policies
- Maintain connections between patients and their loved ones under circumstances where family presence is restricted
- Engage and continue to partner with patient and family advisors

As health care organizations face rapidly-changing circumstances, the core concepts of patient- and family-centered care (PFCC) can help inform decision-making, practices, and policies. Founded on mutually beneficial partnerships with patients and families, PFCC is care that is both safe and respects the values and preferences of the individual patient and his/her family. The core concepts of PFCC are:

- Respect and dignity for all;
- Sharing useful and unbiased information in affirming ways;
- Encouraging patients and families to participate in care, care planning, and decision-making; and
- Collaborating with patients and families in the development of policies, practices, and programs.

► **Communicating with Patients and Families About Changes to Family Presence Policies**

In working to create safe environments for staff, patients, and families, many health care organizations have revised their family presence and visitation policies. Common revisions include limitations on the numbers and types of visitors.

Taking steps to prevent the transmission of the COVID-19 virus is of utmost importance. It also is important to acknowledge that family members are stewards of patient safety and integral to the healing

“While we are charged with protecting our patients, families, and providers, I beg all of us to remember that our patients have family and friends. They are not visitors. They are allies for safe and quality care. They are connections to their community. They provide a link to reality and offer emotional support.”

Terry Griffin
Neonatal Nurse Practitioner
IPFCC Faculty

of loved ones. The ability to maintain connections between patients and their loved ones has both safety, socio-emotional, and ethical components.

Additional guidance about making changes to family presence policies in ways that reflect PFCC includes:

- **Describe changes to family presence policies using patient- and family-centered language.** The language of partnership—including the tone, words used, and messages provided—helps communicate the essential role family members play.
 - Describe revisions to family presence policies in terms of “temporary changes” and “precautions to **protect** patients, families, and staff” rather than “restrictions” or “lock-downs.”
 - Introduce changes by acknowledging the important role of families as “allies for safety and quality” and “essential partners as we work to provide quality care safely and prevent the spread of COVID-19.”
 - Use the term “families and loved ones” instead of “non-essential individuals”
 - Thank families for their partnership—e.g., for “helping us keep our patients, staff, and community safe.” In turn, provide a brief description of the infection prevention precautions the hospital/clinic is taking.
 - Communicate what the hospital **will** do to help patients and families stay connected.
- **Be very clear about specific changes and what they mean for patients and families.**
 - Describe the rationale for changes to family presence policies. In a situation with tiered stages of restrictions, communicate clearly the triggers for each level of restriction and how the triggers are determined. Common triggers include overall incidence of the pandemic in the community; number of cases presenting in screening clinics and in Emergency Departments; number of hospital admissions; number of cases that are in intensive care; and number of staff absences due to the pandemic.
 - Be clear and concise about the specific protections in place—e.g., how many individuals can be with the patient at one time, whether family members can “switch out” and over what period of time, whether there are any limitations on family members’ movement within the hospital, and any screening procedures for family members.
 - Clearly describe any exceptions to family presence policies, for example: end-of-life; pediatric care; maternity care; adults with cognitive, physical, or mental disabilities requiring help; or patients in serious or critical medical condition. Indicate the process for making additional exceptions on a case-by-case basis.

- **Develop a comprehensive and clear communication strategy to provide information about policy changes.**
 - Use a variety of communication mechanisms to ensure a broad reach, including organizational signage, patient and family informational materials in both print and video formats, website postings, public service announcements, and news and social media.
 - Materials should be written as positively as possible, in appropriate languages for the community, and follow best practices for health literacy. A health literacy resource on COVID-19 is available here: <https://covid19healthliteracyproject.com>
 - Patient and family advisors (PFAs) can help develop communication strategies and messages to ensure they are clear and useful to patients, family members, and the community. (See additional information below about opportunities to partner with PFAs during the COVID-19 pandemic).

- **Provide regular updates to patients, family members, and the community**
 - Consider establishing a hotline number that community and family members can call to obtain up-to-date information about family presence policies and ask questions. Post the number prominently on the hospital’s website.
 - Use calls to the hotline number or the hospital’s general information number to monitor concerns and to develop a “Frequently Asked Questions” document that can be posted on the hospital website.
 - Provide the community with regular updates about the hospital’s response to the COVID-19 pandemic, using a variety of communication channels.

- **Support staff to communicate with patients and families about changes**
 - Prepare individuals who are working directly with patients, families, and the public to clearly and respectfully communicate changes in family presence policies.
 - Ensure that staff have knowledge about and access to up-to-date resources for patients and families that communicate information about changes.

- **Reassess policies as circumstances change.** The evidence is strong that family presence (1) improves the quality, experience, safety, and outcomes of care; (2) provides support to the patient; and (3) reduces burden on health care staff. It is important to have a mechanism and a timeline to review policies relating to restrictions on family presence with a clear intention to return policies to normal as soon as is safely possible.

► **Maintaining Connections Between Patients and Their Loved Ones**

Changes to family presence policies create challenges for keeping patients and families connected and informed. The rapid adoption of virtual platforms provides new options for families to be with their loved one and receive information about the patient's condition and progress when they are unable to be physically present. Applications such as Skype, Zoom, FaceTime, and Google Duo can be used on personal or hospital-provided devices.

- **Develop policies and systems that support connections between patients and families and provide information about opportunities.** Proactively developing policies and systems helps ensure that there is a common understanding of:
 - Importance of connecting patients to loved ones for their health and well-being.
 - Opportunities for virtual communication between patients and families, either in real-time interactions or through other mechanisms (e.g., recording of video messages).
 - Hospital's ability to provide or loan tablets or smart phones to patients who may not have their own.
 - Staff who will assist patients with any technology issues and help patients who are not able to operate the device on their own.
 - How devices owned by the hospital will be shared, and when they are shared, how they will be sanitized.

- **Identify specific opportunities to connect virtually with families as important members of the care team.** Virtual processes provide a way for families to participate in care planning and decision-making, receive updates on patient's status, have their questions answered, share their concerns and observations, and serve as an advocate for their loved one.
 - Encourage patients or families to identify one person as the designated care partner to facilitate communication with the care team.
 - Develop processes for involving families virtually—for example, in meetings of the care team, in bedside shift report, and bedside rounds. Identify the staff member who is responsible for organizing and facilitating family participation.
 - Record the family's communication preferences and their contact information on the patient's whiteboard and include it in their EMR.
 - Identify one member of the care team who will serve as the key contact for families to receive patient status updates and record contact information on patient's whiteboard.
 - Consider how other staff members—social workers, chaplains, non-clinical staff whose responsibilities have shifted, or clinical staff who may be in quarantine—can assist with facilitating patient and family connections and providing routine patient status updates to families.

► **Supporting Patients, Families, Clinicians, Staff, Learners, and Leaders During COVID-19**

The COVID-19 pandemic has affected everyone—health care professionals, staff, patients, and families—in some way either physically or emotionally, or both. Emotions such as fear, anxiety, and stress run high within hospitals and health systems. Implementing and working with restrictions for family presence is stressful not only for patients and families but also for clinicians, staff, and leaders whose values and practice is counter to these restrictions. It is essential to identify ways to provide appropriate support for emotional health and well-being.

- **Respond to the concerns of patients and families.**
 - Ask patients and families about how they are feeling emotionally.
 - Assure them that their fears and anxieties are a natural response to COVID-19.
 - Discuss how they have managed strong emotions in the past and how they can use these strategies.
 - Provide options for support (e.g., behavioral health hotlines; virtual visits from chaplains, social workers; in-hospital patient education television channel offering self-care practices).
 - For hospitals with existing peer support programs, establish methods for providing virtual peer support.

- **Mobilize support to patients who may not have family or other loved ones available.**
 - Develop virtual visitor programs, working with volunteers, peer mentors, and patient and family advisors to implement.
 - Create and share videos via TV/educational channels to send messages of hope and encouragement.
 - Work with community organizations to create electronic greetings and pictures that can be shared with patients.

- **Identify ways to support clinicians, staff, learners, and leaders proactively.**
 - Offer several mechanisms for staff to discuss their concerns openly (e.g., leadership town halls, team huddles, individual daily check-ins with supervisors/managers, leader to leader support, debriefing with residents, behavioral health hotlines through employee assistance programs).
 - Create a process for frontline staff to talk about challenges they are facing and receive appropriate support and resources.
 - Provide education and resources for practicing self-care.
 - Consistently communicate that their work is highly valued and appreciated.

► Engaging Patient and Family Advisors in the Response to COVID-19

During this time, patient and family advisors (PFAs) can serve as important partners in ensuring safety, communicating credible and understandable information, and facilitating outreach to communities. Collaborating during this crucial time offers PFAs the opportunity to fulfill their commitment to assist the organization in improving care for all. Efforts to engage PFAs during COVID-19 also support the development of a group of PFAs who are positioned to partner in future pandemic planning.

- **Create opportunities for connection and information-sharing.** Establishing virtual ways for PFAs to connect and remain active partners is critical when in-person meetings and activities are restricted.
 - Set up individual calls with PFAs. The PFAC coordinator or staff liaison can call PFAs to check in and also identify preferences for continued involvement during this time.
 - Hold weekly “Office Hours” that offer PFAs the opportunity to connect with the PFAC coordinator. Office hours can help PFAs stay informed and ensure they are prepared to respond quickly to requests for assistance.
 - Use an existing platform or set up a new system that enables PFAs to safely and virtually connect with each other.
 - Convene virtual Town Halls in which senior leaders, clinicians, and staff provide updates on the organization’s COVID-19 response and obtain input from PFAs.
 - Hold virtual meetings of the entire PFAC to work on pandemic-related efforts, continue previous work, and reinforce the importance of partnership with PFAs.
- **Engage PFAs in pandemic-related efforts.** PFAs can help ensure that patient and family perspectives are incorporated into an organization’s response. Opportunities to partner with PFAs include asking them to:
 - Share information about patient and family concerns. This can include asking PFAs to gather input from people in their networks and communities to help obtain more diverse perspectives.
 - Review and provide recommendations for proposed messaging related to new or revised policies.
 - Help communicate accurate and science-based public health messages about COVID-19 to the public (e.g., how to maintain health and safety at home and in the community).
 - Assist in the development of training for front-line staff, particularly related to communicating with patients and families about changes to family presence policies and ways to facilitate connections between patients and their families.
 - Serve on organizational teams helping shape policies and procedures.

- **Enlist PFAs in providing support and comfort.**
 - Offer virtual visits with hospitalized patients, especially those who have limited family and community support.
 - Communicate appreciation for staff by writing notes, creating posters, producing short video clips, and creating other visual displays of gratitude and support.

► Resources

IPFCC's special website section, ***PFCC and COVID-19***, provides profiles from the field and additional resources. Visit <https://www.ipfcc.org/bestpractices/covid-19/index.html>

PFCC.Connect, IPFCC's free online learning community, offers a COVID-19 community for members to post and respond to questions and share resources. Informal conversations are currently held on a bi-weekly basis. Members can participate in the live conversation and access recordings, chat transcription, and materials. Visit <https://pfcc.connect.ipfcc.org/home>