MEMORANDUM RE: FAMILY COMMUNICATION AND ENGAGEMENT FOR HOSPITALIZED PATIENTS

1. At time of hospital admission (POINT OF ENTRY but ALSO REITERATE INFORMATION ON ADMISSION)

- **Use the "ACP" tab in Epic and SMARTPHRASE .COVIDFAMILYADMIT to do the following:**
- Describe temporary visitation policy
- If appropriate, document contact information for patient's health care representative/power of attorney
    - If the patient has capacity, the patient should determine this if not previously done.
- Identify and document one person as the primary point of contact (preferably their health care representative, but not required) and one back-up person.
    - If possible, document the technologies available to the primary point of contact for communication (e.g., smartphone/tablet/computer with internet)
- Share expectations for communication during hospitalization (e.g., routine family conversations and family meetings) and highlight relevant suggestions from the smartphrase
- Refer to website (www.pennmedicine.org/coronavirus) for more information for patients and their families which will contain the following as it is finalized:
        - Hospital visitation policy letter and additional FAQs
        - Family communication tips
        - Information sheet with screenshots for using BlueJeans (videoconferencing platform)
        - Information about receiving Comcast Essentials (free internet for low-income families)
        - List of local resources
        - COVID-19 information

2. Routine family communication

- Standard procedure will be videoconferencing with the patient's designated primary contact on a daily basis using BlueJeans, Skype, or FaceTime unless otherwise requested by the primary contact.
    - Teams and units should download BlueJeans to their devices.
    - Unit should request at least 1 workstation on wheels have BlueJeans and camera.
    - Clinical and support staff should familiarize themselves with BlueJeans use. Links can be sent to patients' family members and longitudinal or consulting clinicians for multi-user conferencing.
- During rounds, designate a member of primary team (or, in select cases, longitudinal care or consultant team member) each day who will initiate this routine daily contact. This is to provide clinical updates and address questions and concerns.
    - If the patient's primary contact is unable to use videoconferencing, a telephone call can be used.
- **Document daily family communication. (.COVIDFAMILYUPDATE)**
    - Describe plan for the day's engagement and the attempts or successful engagement the previous day.
    - In the MICU, this will appear as "E" in FASTHUGBIDE.
    - During restricted visitation periods, patients' families need MORE communication, not less.
    - Use pastoral care, social work, and palliative care resources to assist in additional engagement as possible. Recognize they may have limited availability during this time.
- Offer to facilitate a patient-family or caregiver call if the patient cannot do so themselves.

  - MINIMIZE technology brought into the room. Any technology entering/leaving the room must be appropriately sanitized. Preferentially use the bedside hospital phone or the patient's own equipment and store bedside. If the patient does not have access to such technology or does not have functional ability to use it:
  - Use videoconferencing through glass (via glass doors or windows) to allow family member to visualize patient and room, explain technology.
    - **These "through the glass" visits will be used for patients on respiratory isolation who do not have their own devices for teleconferencing. DO NOT bring hospital-owned or personal clinicians' devices into the room for this purpose.**

3. Disclosing COVID-19/SARS-CoV-2 diagnosis (.COVIDFAMILYDX or .COVIDPATIENTDX)

- Explain that while there is lots of information in the news, Penn Medicine is expert in caring for patients with this virus and the illness it causes
- Direct to www.pennmedicine.org/coronavirus for FAQs and basics, including what to do themselves if they were in contact with the person
- Encourage them to write down a list of specific questions so that you can be sure to answer all that they have

4. Family meetings/Goals of care

- Discussions about goals of care, including comfort-focused care or other limitations on life-sustaining therapies should be conducted by videoconferencing with the family member(s) unless the patient declines their involvement.
  - Conduct in a call room or empty family room **if not done at bedside** (i.e., do not conduct from the nurses station or work room)
  - Include chaplain or other support staff who has been in touch with family during the hospital stay. Include the patient's longitudinal clinicians via BlueJeans link, when applicable.
  - Alternatively, use FaceTime, Skype, or (if no other option available) a phone call.

- **Use the "ACP" tab in Epic and consider using SMARTPHRASE .COVIDFAMILYGOC for guidance on these conversations.**

  Additional resources:
    - Serious Illness Care Program COVID-specific adaptations (communication about goals of care): https://www.ariadnelabs.org/coronavirus/clinical-resources/covid-conversations/
    - VitalTalk:https://www.vitaltalk.org/guides/covid-19-communication-skills/

  **Recognize that virtual family meetings may initially be more emotionally and physically challenging. Do not de-prioritize these important discussions. They are essential for patient- and family-centered care. These conversations also facilitate goal-concordant care and appropriate use of hospital resources.

5. "Nearing end of life" exception to restricted hospital visitor policy (updated last 4.6.2020)

- One family member is allowed to be in the the hospital if the patient's prognosis is hours left of life.
  - **Family members who are COVID-19 positive, sick, or who have had high-risk exposure to SARS-CoV-2 may not enter the hospital under any circumstances.** In that circumstance, consider having the family identify another support person to be at the bedside with their loved one.
  - **No one under 18 may enter the hospital.**
  - **The family member entering the hospital is subject to symptom screening, thermal screening, and ongoing health monitoring.**
  - **The family member may enter the hospital ONE time (may not come and go). Once they leave the hospital, they may NOT return.**
  - **There are many ways to support family presence WITHOUT physical presence. Please refer to EOL guidance document.** It is appropriate to do videoconferencing, including observing death or the body after death, during this time if the family requests this.

- If family cannot arrive safely in time, a hospital staff member (e.g., member of the nursing staff) will sit with an actively dying patient to provide a caring presence, as staffing allows. **Let families know this.**
- Provide family with information sheet on how to protect themselves and their loved ones from COVID-19 after leaving the hospital. (https://www.pennmedicine.org/coronavirus/frequently-asked-questions-about-covid-19)

6. Offer pastoral care support for patient and family as it is available. Pastoral care staff can do teleconferences or phone visits if they do not feel comfortable entering the room or PPE is limited. Recognize these services may be limited at this time. Encourage use of their own clergy or community supports when possible.

7. Consider palliative care consult or curbside for additional support of patient, family, and medical team. Recognize these services may be limited at this time.

8. Standard exceptions to inpatient visitation policy are:

a. Patient nearing the end of life, as detailed above
b. Pediatric patient including NICU patients
c. One coach or partner for each patient on our labor and delivery units and post-partum (not allowed to come and go)

These policy exceptions will be made on a case-by-case basis by the unit Nurse Manager and Medical Director, not by the primary clinical team. This can be escalated to the CMO/CNO level.