



## PRESERVING FAMILY PRESENCE DURING CHALLENGING TIMES: PRINCIPLES AND PRACTICAL STRATEGIES WEBINAR

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*Greetings! Thanks again for joining this recent webinar. While we were able to answer several questions live, there were more that came through chat and/or the registration process that we wanted to address for you. Here are some of the additional questions.*

- **What is the current consensus for exceptions when family members can be present, especially in hospital ED department?** This is an important question, and one that is certainly based on a number of variables. A first step would be to refer to the first point of the *Person-Centered Guidelines to Preserve Family Presence*. Guideline #1 advises organizations to: “Assess whether there is a need for restrictions to family based on current factual evidence. Continually reassess and adjust policies as conditions evolve.”

Several variables for consideration are also outlined, including depth of community transmission, availability of PPE, and others.

As we know, restrictions are put in place to protect health. However, one critical consideration is if *restrictions to family presence and participation create a safety, clinical or emotional risk to the patient that outweighs the risk of COVID-19*. This may very well be the case for pediatric and geriatric patients, patients with physical and/or cognitive disabilities, individuals with behavioral health conditions, as well as patients that rely on a care partner for their physical or emotional well-being.

**How do we determine who has the authority to recommend essential supports as per the May 7 Federal Covid-19 guidance document?** There are publications available from the CDC and CMS that address visitors. They can be found accessed through the links below:

- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage\\_access](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access)
- <https://www.cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care.pdf>

The CDC provides specific details on considerations for visitors.

- **How do you differentiate between a care partner vs a visitor?** The [Guidelines to Preserve Family Presence](#) specifically pertain to family caregivers who would be considered Care Partners. Care Partners are key support persons who are integral members of their loved one's care team. A Care Partner could be a relative, partner, friend, neighbor or anyone who has a significant relationship with the patient or resident. As the name suggests, Care Partners are really partners in care. They know their loved ones best so they can be instrumental in developing a care plan that takes into consideration personal values, goals and barriers to self-management. They may pick up on subtle changes in their loved one that they can bring to the attention of doctors and nurses. They are an extra set of eyes and ears for patient education and discharge information. This makes a difference. [Research](#) has shown that readmission rates decrease when family caregivers are involved as Care Partners in this way. Care Partners differ from casual visitors who primarily provide companionship and a positive diversion for a patient or long-term care resident.
  
- **Can you share your process for COVID+ patients and visitors?** A response to this question was shared via the chat during the webinar. Hospital Israelita Albert Einstein in Sao Paulo, Brazil, welcomes one family support person to visit patients with Covid 19 who have been at the hospital for more than one week. If they are nearing end-of-life, two family members are able to be present. Visitors have their temperatures checked and are provided with the appropriate personal protective equipment to minimize risk. This includes gloves, a gown and a surgical mask. In addition, virtual visits are supported.
  
- **Who makes decisions about humanitarian or compassionate exceptions? What is the process for gathering/triaging requests for visitor exceptions, and communicating those decisions? What measures can be taken to prevent bias in those decisions?** Some healthcare organizations have convened Compassionate Exceptions Committees to make case-by-case decisions on exceptions to family presence restrictions. The [Guidelines for Preserving Family Presence \(#4\)](#) recommend including representatives from nursing, social work, the medical staff and patient/family partners on this team. You may also consider engaging chaplains and staff from the patient experience/person-centered care team. Team members would be on-call to meet on an as-needed basis to review specific cases. Developing a common set of criteria or considerations to apply to each case can help to prevent bias in the decisions.
  
- **How can we make sure that the visitors adhere to the precautions necessary to protect themselves and others? What are the best practices happening elsewhere to support adequate safety measures for family members, patient support persons and visitors?** It is important that visitors understand not only what precautions they must take, but also the reasons for the precautions and the risks to themselves and others if they fail to do so. This

information should be conveyed in plain language, with written and visual materials reinforcing the messages using a low literacy format. Including this information as part of the Care Partner orientation process underscores that as a member of their loved one's healthcare team, it is essential that they follow the necessary guidelines to maintain a safe environment for all. Some organizations have developed written "contracts" that Care Partners sign off on, agreeing to abide by the infection control measures required of them.

- **What PPE did you require or provide to visitors? What impacts did your one visitor for non Covid patients have upon your PPE supply chain?** At Griffin Hospital, the visitor screening includes asking all screening questions and taking temperatures. If the visitor is asymptomatic, the visitor is given a surgical mask or may wear their own mask. Visitors are instructed to keep their mask on all times while in the hospital. PPE supplies have not been significantly impacted by the family presence policy, partly due to a lower number of visitors associated with the suspension of some services. At this time, all services have been re-opened, which has resulted in increased visitation, but to date, the supply of PPE has been adequate.
  
- **Any strategies to make the family's presence more flexible with security?** All staff, regardless of their role, should be informed of the organization's current policy and practice around family presence. In addition to providing information, create avenues where staff can ask questions and express concerns they may have, and invite their input into the changes. Providing coaching to staff on how to communicate these messages with compassion will prepare them for these interactions. See this [Caring Communications Tool](#) developed by Planetree and Language of Caring for examples.
  
- **How can family caregivers be involved as co-designers of the policies related to them being present in hospital and other congregant settings?** Involving patient and family partners in co-designing a responsible and compassionate approach to family presence ensures decisions that will have a significant impact on the patient and family experience are made in consideration of their perspectives on the issue. This will help to yield a more multi-dimensional and layered examination of both the risks associated with family presence, as well as the risks of restricting family presence. Organizations with established patient and family partners can draw on these advisors to support this work. (Many organizations are finding that virtual meetings of PFACs can be very effective.) If your organization does not currently have any patient and family partners, solicit recommendations from staff of individuals who may be interested in getting involved. You may also be able to recruit patient/family partners through social media channels or by inviting individuals who have sent in letters of compliment and/or complaint about this issue.

- **Any tips for "virtual" family presence with use of cell phone (Facetime) or iPads?** From the My Planetree community message board: *At Edward-Elmhurst Health, we obtained iPads for our Patient Experience team and have been using them to facilitate Facetime or Skype video visits for families. In both cases, you can add multiple family members to each call, so they can have a visit all together. We created profiles specifically for Patient Experience on each of these platforms, so no staff member has to use their personal information. Most of these visits have been facilitated by a Patient Experience team member. We have found that offering up someone to arrange and facilitate the visit, instead of just providing the technology, has helped it be adopted more readily by the nursing staff.*
- **How do you get the patient's signed onto a virtual visit if they haven't done it before? Do you create an account for each patient or use the nurses account or have a hospital account (for example zoom)?** [See above response.](#)
- **Other than telephone or video chat, what are other recommended ways to communicate the discharge plan with caregivers not permitted to be with the patient during a procedure, etc. due to visitor restrictions?** [See #5 and #8 in the Guidelines document.](#)
- **In the USA, chaplains trained through CPE (Clinical Pastoral Education) help patients and institutions co-develop visit procedures, often on a case by case basis and which can evolve when end of life approaches. In other countries, do chaplains have this role? How are issues of ethics and ultimate meaning addressed? Is there a planetree chaplain network?** *There is involvement of clergy/spiritual/pastoral care in the support of patients' spiritual well-being, which can include visitation. We find this involvement at varying levels all over the world. It is very beneficial to have the opportunity to have those involved in spiritual care, as well as ethics, involved in policy development. Of course, the involvement of patients and families is a critical component as well.*

With regard to ethics, if there is concern from any party involved, be it patients, family members, staff or clergy, these case are sometimes brought to a staff ethicist and/or ethics committee for resolution. It is important to point out that consideration for family presence will hopefully be honored before a patient who potentially facing end of life, is still able to interact, and know of their loved one's presence in some way.

The suggestion of a Planetree Chaplain network is an excellent one. Members of the clergy lead the implementation of person-centered care initiatives in a number of our member organizations. The following is a resource that may be helpful:

<http://morrismosesfoundation.org/dying-persons-bill-of-rights/>

- **I would like to learn more about the patient-directed visitation policy at Griffin. How is that enforced at the facility?** You can read more about Griffin Hospital’s approach to family presence during this time at <https://www.griffinhealth.org/griffin-hospital/patient-visitor-information>. In addition, you can access a free toolkit from Planetree about patient-directed visitation at <https://resources.planetree.org/patient-directed-visitation-primer/>.
- **What specific steps can providers take to reduce the stress and trauma among front line care givers?** This is such an important component of this discussion about family presence. A number of specific strategies were explored during a recent webinar on *“Going the Extra Mile to Care for our Caregivers.”* You can access the recording [here](#).

Started by a patient in 1978, Planetree International is a not-for-profit organization that partners with healthcare organizations across the globe to create cultures of person-centered care. The Planetree approach emphasizes the quality of human interactions and caring communication, the importance of connecting personnel to the deeper purpose of their work, and practical strategies for engaging patients, families and communities as partners in care. As a person-centered care advocacy organization, Planetree International promotes respect, inclusion and compassion toward all who interact with healthcare systems. Our core philosophy of kindness, caring and respect seeks to humanize healthcare around the world.

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