



EMERGING BEST PRACTICES FOR PRESERVING THE ESSENCE OF FAMILY PRESENCE DURING A PANDEMIC

Affirming the importance of family presence as an organizational value

Developed by:



INSTITUTE FOR PATIENT- AND
FAMILY-CENTERED CARE®

CONNECTION WITH HOSPITAL/HEALTH SYSTEM
LEADERS AND THE INCIDENT COMMAND CENTER

PROCESSES FOR CREATING AND
CHANGING FAMILY PRESENCE POLICIES

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FOR EACH PATIENT AND RESIDENT

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INTRODUCTION

Since the beginning of COVID-19, IPFCC has been creating new resources and networking opportunities for the field focused on maintaining patient- and family-centered care and its fundamental partnerships during the pandemic. A key issue we have addressed is family presence. With the advent of the Omicron variant, some new restrictions on family presence have been introduced. Recognizing that the issues are somewhat different than they were in the spring of 2020, we wanted to provide a forum to share challenges as well as emerging best practices related to family presence. Therefore, in mid-January 2022, IPFCC facilitated a PFCC.Connect Informal Conversation with the field. From the Conversation itself and from other information gathered, IPFCC developed this new resource, *Emerging Best Practices for Preserving the Essence of Family Presence During a Pandemic*. The examples show true commitment to family presence – and creativity in finding strategies even during the pandemic. Please learn from them, use them in your own organizations, and continue to share challenges and strategies with IPFCC!

CONNECTION WITH HOSPITAL/HEALTH SYSTEM LEADERS AND THE INCIDENT COMMAND CENTER

- ▶ **Emerging Best Practice:** Connect with hospital senior leaders and other members of the Hospital Incident Command Center and encourage them to affirm the importance of family presence as a strategy to ensure safety and quality of care and to prevent harm to patients, families, staff, and clinicians, in the short- and long-term.
- ▶ **Example/Resource:** Family presence was added as a 5th priority for the Incident Command Center at Luminis Health Anne Arundel Medical Center, Annapolis, Maryland, after their early experience with overly restrictive family presence policies.



PROCESSES FOR CREATING AND CHANGING FAMILY PRESENCE POLICIES

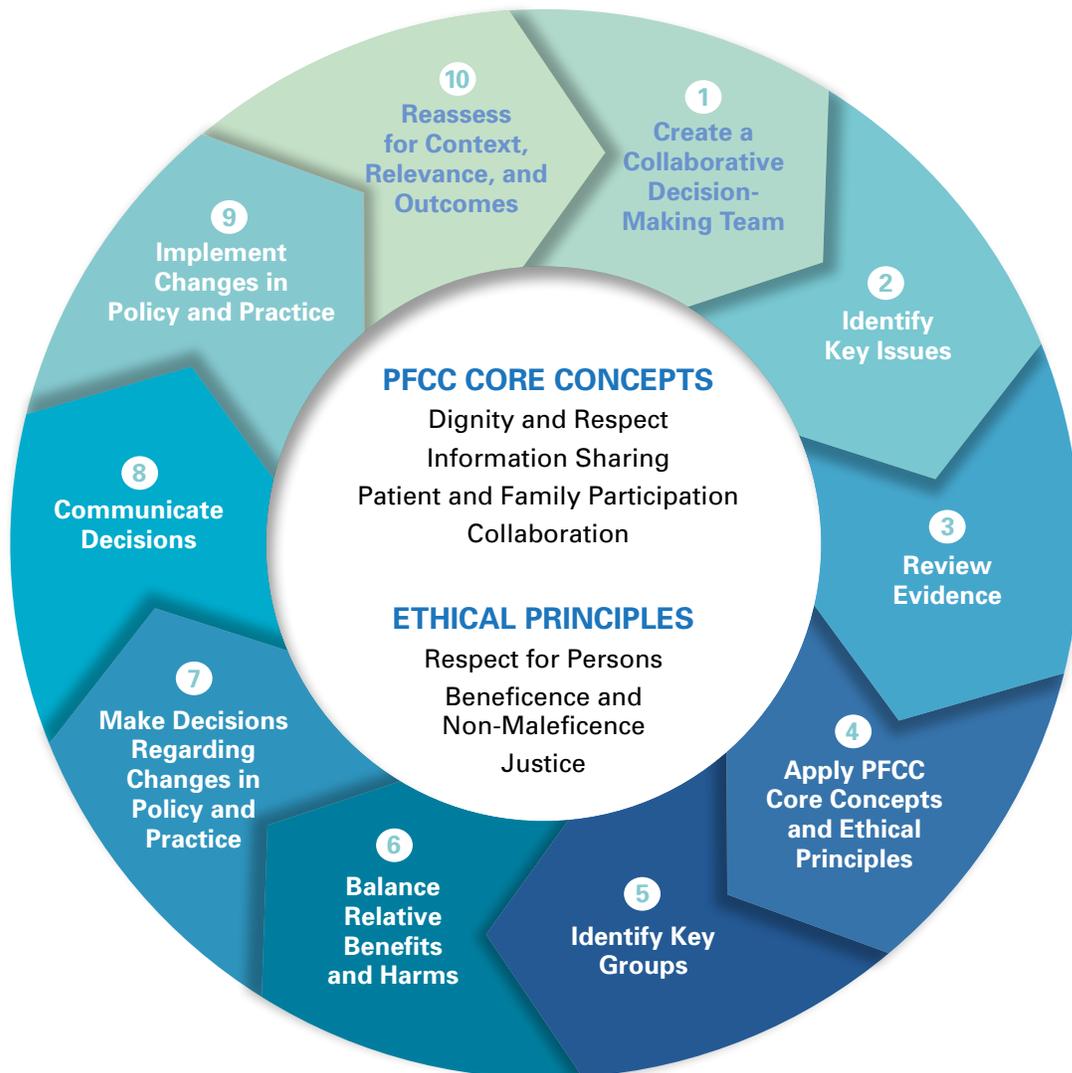
► **Emerging Best Practice:** Use of a structured process to make changes to family presence policies, emphasizing a better balance between benefits and harms.

► **Examples/Resources:**

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE (IPFCC)

Family Presence During a Pandemic: Guidance for Decision-Making
www.ipfcc.org/bestpractices/covid-19/IPFCC_Family_Presence.pdf

This resource integrates the core concepts of patient- and family-centered care (PFCC) and fundamental principles of bioethics into three tools to guide collaborative decision-making in achieving a better balance between benefits and harms – for patients, families, clinicians, and communities.



HEALTHCARE EXCELLENCE CANADA (HEC)

Although the financing of health care in Canada is different than in the U.S., there is much to learn from Canada's extensive work on the roles of essential care partners in both hospital and long-term care settings.

HEC has developed an excellent program, "Essential Together," designed to support the safe reintegration of Essential Care Partners in hospital settings, during COVID-19 and beyond. The program offers a number of free tools and resources, including a Change Package.

Learn more.

www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/essential-together/

Healthcare Excellence Canada's LTC+ Resources and Promising Practices for Those Working and Living in Long-Term Care program has developed and assembled a variety of resources on family presence, mental health and resiliency, and quality of care for residents, families, and staff.

Learn more.

www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/ltc-acting-on-pandemic-learning-together/ltc-resources-and-promising-practices-for-those-living-and-working-in-long-term-care/

Healthcare Excellence Canada commissioned several reports to describe the ongoing challenges facing long-term care throughout the COVID-19 pandemic and identify promising practices being implemented to improve the care of older adults and support for staff.

1. [Promising Practices for Supporting Long-Term Care Provider Resilience](#), is focused on identifying promising practices supporting the mental health and well-being of LTC providers, as well as opportunities for organizational learning. This report was commissioned by HEC but researched and produced by the Translating Research in Elder Care Group at the University of Alberta, with Scientific Director Carole Estabrooks.
2. [Practices of Interest to Support In-Person Family Presence and Communication with Families](#) report, based on interviews with LTC homes, reveals new or updated practices initiated during the pandemic. This report was commissioned by HEC, but researched and produced by Mount Saint Vincent University's Nova Scotia Centre on Aging.
3. [LTC+ – Mental Health and Resiliency Resources for Healthcare Providers, Staff and Leaders](#) is a compilation of resources to assist in providing support, guidance and tools for long-term care.

PLANETREE INTERNATIONAL

At the beginning of the pandemic, Planetree International led the development of guidelines for preserving family presence with an international, multi-stakeholder coalition.



Person-centered guidelines for preserving family presence in challenging times (May 28, 2020)
<https://planetree.org/wp-content/uploads/2020/08/Published-Guidelines-on-Family-Presence-During-a-Pandemic-Final-8.13.20v5.pdf>

A year later, with funding from the American Nurses Foundation, Planetree spearheaded the development of a decision-making toolkit.



Family Presence Policy Decision-Making Toolkit for Nurse Leaders (May 25, 2021)
<https://planetree.org/wp-content/uploads/2021/05/Family-Presence-Policy-Decision-Making-Toolkit.pdf>

FAMILY PRESENCE GUIDELINES

- ▶ **Emerging Best Practice:** In revising family presence guidelines, emphasize the continued importance of families/essential care partners and how their roles can be helpful; be clear about family presence in different care locations within the hospital.
- ▶ **Examples/Resources:**

JOHNS HOPKINS MEDICINE

Care Partner Guidelines: What You Need to Know During COVID-19

www.hopkinsmedicine.org/coronavirus/visitor-guidelines.html#cp-guidelines

The health and safety of our patients, families and staff members is our top priority. Our care partner visitation guidelines balance preventing the spread of the coronavirus that causes COVID-19 with the needs of our patients and their loved ones. A care partner may be a relative, partner, friend or anyone the patient chooses to have at their side during care. For inpatient visits, care partners must be 18 or older, except for those under 18 who are parents of patients. Guidelines may vary slightly depending on care needs and location.

We continue to monitor the spread of COVID-19 in our community and may update the guidelines as needed to provide safe care to everyone.

Last updated on February 8, 2022

THE UNIVERSITY OF VERMONT MEDICAL CENTER

www.uvmhealth.org/medcenter/patients-and-visitors/visitors/visiting-hours

The UVM Medical Center has a longstanding commitment to family presence for the Medical Center, including inpatient psychiatry. This commitment has continued during the pandemic with some adaptations to ensure safety for all.

The University of Vermont Medical Center > Patients & Visitors > Visitors > Visiting the UVM Medical Center

UVM Medical Center Welcoming Policy – COVID-19: Effective Wednesday, December 15

Our current policy permits one support person per day and a maximum of two designated support people per hospital stay in most cases.

We know how vital families and support people are to our patients while they are healing. As the situation with COVID-19 in our community continues to change, we will need to adapt our policy to protect our patients, staff and community.

This welcoming policy is effective December 15, 2021.

INPATIENT: PSYCHIATRY	2 <u>vaccinated</u> , designated support people permitted per hospital stay. Only 1 may visit per day. <i>Due to the environment on these units, the support persons must be vaccinated</i> <i>Support persons must be 18 years or older.</i>	5am - 9pm
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LEVEL RED	COVID-19 POSITIVE patients (PPE provided)	COVID-19 NEGATIVE patients
ADULT PATIENTS		
 Hospitalized patients	One visitor (ages 18+) per day.	One visitor (ages 18+) per day.
 Appointments and procedures (without a hospital stay)	One visitor (ages 18+).	One visitor (ages 18+).
 Emergency department	One visitor (ages 18+) per day.	One visitor (ages 18+) per day.
 Prenatal appointments	One visitor (ages 18+).	Two visitors (ages 18+) during scheduled fetal ultrasounds. One visitor (ages 18+) for regular prenatal appointments.
 Labor and delivery	One visitor during labor (ages 18+).	Two visitors (ages 18+).
PEDIATRIC PATIENTS		
 Appointments, procedures and hospitalizations	One parent or guardian.	Two parents or guardians.
 Emergency department	One parent or guardian.	Two parents or guardians.

CLEVELAND CLINIC

<https://my.clevelandclinic.org/landing/preparing-for-coronavirus#visitors>



We know you want to be with your loved ones while they are in the hospital. Visitors are important to the healing and wellbeing of our patients, and we're happy to welcome you to Cleveland Clinic.

Following safety guidelines and showing mutual respect is extremely important in a hospital setting – especially during this time of heightened emotions. We promise to provide the best care for our patients and treat them like they're members of our family. But we're asking for your help, too.

As can be seen in the chart, guidelines for Pediatrics, including the Emergency Department, and Labor and Delivery are different and support two people present with COVID negative patients, and one person with COVID positive patients.

THE OTTAWA HOSPITAL

Patient and family guide to Essential Care Partners at The Ottawa Hospital, Ottawa, Ontario, Canada

www.ottawahospital.on.ca/en/patients-visitors/essential-care-partners/

Visitor restrictions are currently in effect at The Ottawa Hospital (January 24, 2022)

The Ottawa Hospital is currently in "full visitor restriction" status as part of the hospital's ongoing response to COVID-19 and the Omicron variant.

Full visitor restrictions:

- No visitors are permitted, except in exceptional circumstances or for essential reasons.
- Essential Care Partners are permitted, with one designated Essential Care Partner allowed for each patient.

Essential Care Partners and visitors entering The Ottawa Hospital will need to provide proof that they have been fully vaccinated against COVID-19 along with a piece of identification. This is to ensure the safety of everyone in the hospital.

ATTENTION TO LANGUAGE

► **Emerging Best Practice:** Limit the use of the terms “visitation, visitor, and visit” in policies, on websites, in materials for patients and families, and in communications to the community. Introduce the concept of a family member or trusted friend as an essential care partner. This person is a support person for the patient during care in the hospital, transitions, and the community. The care partner is a key member of the patient’s health care team. Visitors are distinct from care partners.

► **Examples/Resources:**



Website Template

www.ipfcc.org/bestpractices/better-together-toc.html

The Better Together section of IPFCC’s website includes a template for developing a hospital/health system section of a website for patients and families. Review this template and structure, developed before the COVID-19 pandemic, as you update changes in guidelines and policies. Preserve the intent of the language to respect and support family/care partners as essential to safety, quality, care transitions, and mental health of patients, families, staff, and clinicians.

Home About Us Locations Services Patients & Families Find a Doctor Contact Us	
Patients & Families	
Your Hospital Stay	<p>You, your family, and your Care Partner(s) are essential members of the health care team. Working together with you and taking the time to listen to your goals, concerns, and needs builds understanding among all members of the health care team and helps us develop the best plan of care with you. During your stay, we encourage your participation by urging you to speak up, ask questions, and use our resources.</p>
Your Health Care Team <small>[create a page describing different roles, including Care Partners]</small>	<p>When you arrive at the hospital, we will ask if you want to identify one or two people to be Care Partners [or you can substitute other terms such as support person]. These are family/friends whom you want to be actively involved in your care during your hospital stay and the transition back home. You decide how much you want them to be part of your care.</p> 
Your Care Partners <small>[see sample page]</small>	
Visiting Information <small>[see sample page]</small>	<p>Typically, your Care Partner(s) can be with you at any time, day or night, without restriction. Other than you, they will be the main contact for your health care team. The team will update your Care Partner who can then update family and friends about your progress and communicate your wishes to them.</p>
Your Electronic Medical Record <small>[Patient Portal]</small>	<p>More information about Care Partners</p>
Safety and Quality	
Educational Programs, Peer Support, and Other Resources	
Patient- and Family-Centered Care	
Billing and Insurance	
Services and Amenities	

For examples of language to use in communicating during a pandemic about family presence policies and guidelines, see Johns Hopkins Medicine, UVM Medical Center, the Cleveland Clinic, and The Ottawa Hospital on pages 6 and 7.

ESSENTIAL CARE PARTNER DESIGNATED FOR EACH PATIENT AND RESIDENT

▶ **Emerging Best Practice:** Each patient and resident identifies an essential care partner(s) who is a key support person for all health care settings (inpatient, outpatient, long-term care), and can be involved in care planning, decision-making, and the assurance of safe continuity of care. The name(s) and contact information of the care partner are documented in the patient's chart and on bedside whiteboards.

▶ **Examples/Resources:**

The Caregiver, Advise, Record, and Enable (CARE) Act, U.S. legislation passed in at least 40 states, provides a structure to support the concept of an essential care partner. www.aarp.org/content/dam/aarp/ppi/2019/03/the-care-act-implementation-progress-and-promise.pdf

Healthcare Excellence Canada (HEC): Evidence Brief (Nov. 2020) and Addendum (Aug. 2021) for the Essential Care Partner Concept www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/essential-together/evidence-brief-caregivers-as-essential-care-partners/

HEC's Evidence Brief and Addendum not only define essential care partners (as distinct from visitors) but provide evidence that family presence does not increase transmission of COVID-19 and that restrictions on family presence have many risks.

*Essential care partners are identified and **designated** by patients, or by their substitute decision maker or power of attorney. They play a significant role in providing physical, psychological, and emotional support, including support in decision making, care coordination, and continuity of care. Essential care partners can include family members, close friends, caregivers, or any person identified by the patient.*



<https://caregivers4compromise.com/>

With Facebook groups in every state in the U.S., this coalition highlights the harms of isolating residents of long-term care facilities during the pandemic and advocates for the presence of "essential caregivers." Among other resources, its website includes powerful stories of the impact of isolation in long-term care. This organization was developed and is led by a family leader whose husband resides in a long-term care facility.

PREPARATION AND SUPPORT OF ESSENTIAL CARE PARTNERS

► **Emerging Best Practice:** Preparation and support are provided to essential care partners so that infection prevention and control as well as other safety measures can be maintained. Prepared essential care partners can be supportive of front-line staff as “eyes and ears” on the patient, and as communicators for other members of the patient’s family or social network.

► **Examples/Resources:**

THE OTTAWA HOSPITAL

Patient and family guide to Essential Care Partners (ECP) at The Ottawa Hospital
www.ottawahospital.on.ca/en/patients-visitors/essential-care-partners/

Why can ECPs visit patients in the hospital?

Having a familiar person available to patients to provide different types of support can help improve their health outcomes. The ECP designation provides a consistent and equitable way for patients to have access to this support as safely as possible despite visitor restrictions and is consistent with the hospital's vision to provide each patient with the world-class care, exceptional service and compassion we would want for our loved ones.

For the safety of everyone at The Ottawa Hospital, steps are being taken to minimize the number of people in the hospital at any one time, while also taking into account the needs of our patients. We are all working together to minimize the number of people in the hospital. In-person visits are not the only way an ECP can support a patient effectively.

How can an ECP support their loved one?

There are many ways an ECP could offer support to their loved one. Some examples could include:

- advocating for them*
- supporting their decision making*
- providing emotional and cognitive support*
- being a part of planning their care while in the hospital and once they are discharged*
- helping them use technology to connect with friends or loved ones*
- helping them eat, move around, bathe, communicate etc. as needed*
- participating in patient and family education*
- letting the care team know when they see a change in the patient*

To access the hospital's online training for ECPs:
www.ottawahospital.on.ca/en/patients-visitors/essential-care-partners/online-training-for-essential-care-partners/

THE ROYAL OTTAWA MENTAL HEALTH CENTRE

Essential Care Partners

www.theroyal.ca/patient-care-information/family-caregivers/essential-care-partners

The Royal provides materials on its website defining essential care partners (ECP) and their role at this mental health center. In addition, it has an online educational module for ECPs.

ALBERTA HEALTH SERVICES

Knowing Your Risks, Role and Responsibilities

www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-dfsp-know-your-risks-role-responsibilities.pdf

This pamphlet clearly describes the roles of designated support persons and outlines factors that increase and lower COVID risk. It was developed with the Alberta Health Services (AHS) COVID-19 Family Presence and Visitation Taskforce, in partnership with the provincial Patient and Family Advisory Group (PFG). It is available on the AHS website, [COVID-19 Family Support & Visitation of Patients](#). The pamphlet has been promoted through AHS all-staff and management communications and is available to over 900 AHS locations across the province of Alberta for distribution to Designated Support Persons at the point of care.

Knowing your Risks, Role and Responsibilities

A guide for designated support persons during COVID-19



Designated support persons are individuals identified by patients and residents as needing to be involved in their health matters.

As a designated support person you play an important role in the safety, comfort and recovery of your loved one.

Designated support persons:

- Support the mental, emotional, and physical well-being of the patient
- Are physically and mentally able to assist staff with patient care
- Must be 14 years of age or older
- Are strongly recommended to be fully-immunized
- Provide the health team with vital information about your loved one
- Participate in care planning and assist with mobility, feeding and hygiene
- Deliver needed belongings to the patient
- Assist with transitions and discharge
- Should not be a close contact of someone with a possible, or confirmed, COVID-19 case
- Cannot be on isolation or quarantine for a possible, or confirmed, COVID-19 case

Patients and residents must maintain the same designated support person; however, a replacement can be named if you cannot fulfill your role.

Factors that increase COVID-19 risk:

- You are not fully vaccinated, this means it has not been 14 days after your last shot of a two-dose series
- You regularly interact with individuals who are not immunized
- You socialize indoors
- You are a close contact of someone with a possible, or confirmed, COVID-19 case
- You have risk factors associated with severe outcomes to COVID-19
- Potential exposure to COVID-19 from being in high-risk environments

If you are at high risk, please consider connecting with the patient virtually or designating someone else.

Factors that lower COVID-19 risk:

- You are fully-immunized
- You socialize outdoors
- You maintain a small social circle
- You stay home when sick
- You consistently practice masking and physical distancing

To protect yourself, patients and staff:

- Do not come to the site if you are ill, have tested positive for COVID-19 or are awaiting test results
- Do not come to the site if you are a close contact of someone with a possible, or confirmed, COVID-19 case
- Complete the site entry health screening appropriately and honestly
- Follow all precautions as instructed by staff including hand hygiene, physical distancing and continuous masking over your nose and mouth
- Go straight to and from the patient's room and do not move around the facility
- Wear Designated Family/Support Person identification

If you have questions or concerns, please speak with any member of your healthcare team or contact Patient Relations at 1-855-650-2555.



Version 1: 10.12.2021

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

[Guidelines for Care Partners](#)

Thunder Bay, in Ontario, Canada, not only acknowledges essential care partners (ECPs) as “an integral part of care provision” in its Guidance Document for COVID-19 but also created the position of Care Partner Liaison to support ECPs in their role.

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE (IPFCC)



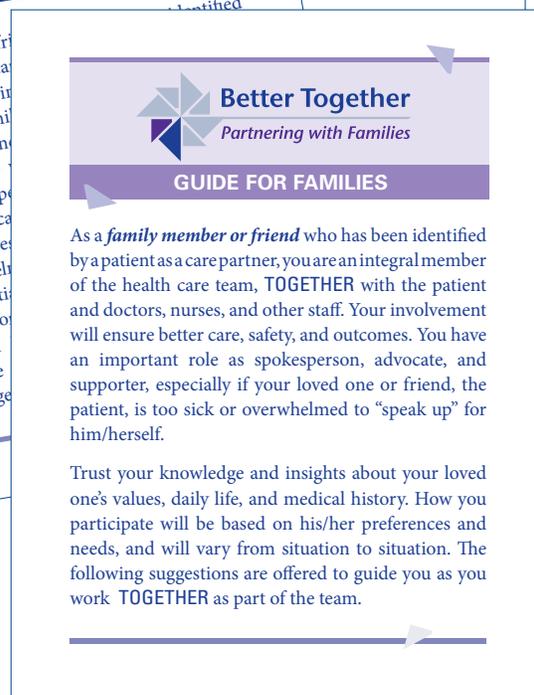
Better Together Pocket Guides (for families and staff)

www.ipfcc.org/bestpractices/guides-for-teams.html

Although they were developed before the COVID-19 pandemic, these three companion guides, plus an accompanying poster, highlight the important role of care partners and outline practical ways to work together as a team.



Family members and friends, identified by patients as their care partners, and other staff, are integral members of the care team. These family members can provide comfort and assistance. They can also help with decisions. They can be too overwhelmed. They are essential. Transitions to home care once a patient's suggestions are PARTNERS together.



As a **family member or friend** who has been identified by a patient as a care partner, you are an integral member of the health care team, **TOGETHER** with the patient and doctors, nurses, and other staff. Your involvement will ensure better care, safety, and outcomes. You have an important role as spokesperson, advocate, and supporter, especially if your loved one or friend, the patient, is too sick or overwhelmed to “speak up” for him/herself.

Trust your knowledge and insights about your loved one's values, daily life, and medical history. How you participate will be based on his/her preferences and needs, and will vary from situation to situation. The following suggestions are offered to guide you as you work **TOGETHER** as part of the team.

Talk about your role with your loved one. Introduce yourself to staff and describe your relationship to the patient and how you'd like to participate in care.

Observe changes (physical, behavioral, emotional) in the patient and report them to health care providers. Ask staff what observations they would like you to routinely share.

Gather helpful information (current medications, medical history, other health care providers, and insurance) and bring it all to the hospital.

Ensure that you're present, if possible, at times when information will be shared and decisions need to be made. Keep your schedule for coming to the hospital manageable. Let staff members know how to reach you and be sure you know whom to contact for information when you're away from the bedside.

Tell staff if you have any concerns about the patient's condition or safety or if you are uncomfortable because “something just doesn't feel right.”

Help with decision-making about care and treatment. Be a second set of eyes and ears for the patient. Ask questions and take notes. Encourage your loved one to participate in decision-making to the extent he or she chooses.

Enlist help from staff members with whom you are comfortable so that they can support you and your loved one as you participate in care and decision-making.

Ready yourself for the transition to home or community care. Before you leave the hospital, make sure your questions and those of the patient have been answered. Know what will be needed afterwards (medications, treatment, equipment, follow-up appointments) and what changes in the patient's condition should be reported to health care providers.

INVOLVEMENT OF PFACS AND PFAS

► **Emerging Best Practice:** A recent national study of PFACs in U.S. children’s hospitals provided initial information about PFAC/PFA integration in pandemic planning and response. It also highlighted the need for a more active role of the PFAC and PFAs to help address issues like family presence policies, staff morale and capacity, and communication with communities about vaccines and COVID-19 prevention strategies.

► **Examples/Resources:**

NORTHWELL HEALTH

The Patient & Family Partnership Council (PFPC) at Northwell Health in New York celebrates seven years of sustainment in supporting the organization’s journey of patient- and family-centeredness. Amidst two challenging years navigating the pandemic, resurgences and restrictions – the PFPC continued to meet virtually to share unique and valued perspectives including hospital “visitation,” care transitions, aging and supportive care, storytelling via video testimonials, and the support and recognition of patients, families, and staff. Dedicated focus on caregiving also sparked the launch of an Executive Caregiving Council to further optimize the role of family care partners as a key component of the care team, promoting an age-friendly, family-centered care model across the continuum.

MUSC HEALTH



David W. Zaas, M.D., MBA
Chief Executive Officer, Charleston Division
Chief Executive Officer, Shawn Jenkins Children’s Hospital
Chief Clinical Officer, MUSC Health
169 Ashley Avenue
Room 205-D MSC 332
Charleston, SC 29425-3320

December 31, 2021

Communication with Families re: Emergency Operations

Our primary goal at MUSC Health is the safety of our patients, families, and care team members. We continue to closely monitor the COVID-19 pandemic and make changes in response to the challenges and uncertainty resulting from this situation. In addition to direction from the state of South Carolina, MUSC Health closely follows CDC guidelines and is learning from other hospitals around the country as we deal with this virus.

Therefore, in addition to the screening and hand hygiene protocols currently in place, we are now limiting family presence and visitation. For the safety of you, your family and our care team members, the following guidelines will be in effect for MUSC Hospitals and Ambulatory Sites:

- One supportive care person/visitor may be at the bedside at all times.
- Patients under 18 years of age may have two parents or caregivers at the bedside at all times.
- Up to four supportive care persons (total) may be designated by the patient. However, no more than one person may be at the bedside at a time for patients over 18 and two designated people at a time for patients under 18.
- Children under 12 years of age are not permitted at the bedside.
- Waiting spaces are temporarily closed.
- Please refer to our website for additional questions regarding our temporary family presence and visitation policy:
<https://muschealth.org/patients-visitors/coronavirus-information/visitor-restrictions>

We realize these policies place additional stress on you and your family. Any special concerns and questions can be routed through the Hospital Supervisor. Please let us know what we can do to help you navigate this experience while receiving care at our hospital.

Sincerely,

David W. Zaas, M.D., MBA

Patient & Family Advisory Council
Charleston

“An equal opportunity employer, promoting workplace diversity.”

MUSC Health’s Patient and Family Advisory Council (PFAC) collaborated in the development and dissemination of a letter to families regarding MUSC guidelines for all hospitals and ambulatory sites within the health system. Co-signed by the health system CEO and the PFAC, this letter is distributed broadly through all welcome desks, with admitting welcome packets, during emergency department admissions, and via social media outlets.

<https://muschealth.org/patients-visitors/coronavirus-information/visitor-restrictions>



The screenshot shows the MUSC Health website navigation bar with a search box. Below the navigation bar, the breadcrumb trail reads: Health > Patients & Visitors > Coronavirus Information > Visitor Restrictions. The main content area features a 'Coronavirus Information' section with a 'Visitor Restrictions' link. To the right, a large heading reads 'Family Presence and Visitor Policy for Hospitals + Ambulatory Sites'.

CHILDREN'S NATIONAL HOSPITAL

[We will get through this together - Patient and Family Advisory Council \(PFAC\) Visitation Message Video](#)

The PFAC at Children's National Hospital in Washington, D.C. has been an ongoing resource to patients, families, and staff during the pandemic. After acknowledging the impact of limitations on family presence, the PFAC developed a parent-to-parent video with suggestions for ways to stay connected. The video is available through the GetWellNetwork in all patient rooms and on the hospital's website.



Family Presence and Visitor Restrictions at Health-Care Facilities

www.saskhealthauthority.ca/intranet/about-sha/news/covid-19-information-health-care-providers/general-information-all-health-care-providers/family-presence-and-visitor-restrictions-at-health-care-facilities

Within the Saskatchewan Health Authority (SHA), Patient Family Partners serve on a variety of committees and groups related to COVID-19 (see below) and have been involved in co-design of a number of the family presence tools and resources available to SHA staff.

- Vaccine Committees (including Proof of Vaccination for Essential Family/Supports and Visitors)
- Pandemic Planning and Response Committees and Working Groups (e.g., field hospital planning, transportation, surge planning, alternate levels of care)
- Family Presence Expert Panel, Family Presence Task Team, and Family Presence Support Team
- Emergency Operations Command Centers
- Patient and Family Leadership Council, linked to the SHA Board and the HSA Executive team
- Patient and Family Partners Rapid Response (providing messages to the province regarding COVID-19)
- Patient and Family Partner Influencer Group (working on messages to, from, and with communities during COVID-19)
- People Centered Measurement Team (collaborating on the development of experience measures including survey development during the pandemic)



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE®

Patient- and Family-Centered Care and Partnerships with Patients and Families During COVID-19

Expanded Roles for PFACs and PFAs

- ◆ Serving on COVID-19 planning, implementation, and evaluation teams
- ◆ Meeting regularly with key staff from the Emergency Operations Committee
- ◆ Working with Communications/Marketing on developing new content for websites, social media, and other messages about COVID-19 to inform the communities served
- ◆ Developing COVID-19 resources and other materials to prepare, guide and empower patients and families to be active in reducing the risk of infection and its spread
- ◆ Collaborating with community organizations, pharmacies, and hospital and health system teams to address COVID-19 vaccine hesitancy
- ◆ Participating as patient and family faculty and co-designers of training for new roles created during the pandemic for frontline staff and administrative leaders
- ◆ Providing encouragement and support to frontline healthcare staff to help strengthen resiliency and alleviate burnout
- ◆ Partnering in evaluation and research about impact of changes and initiatives related to the pandemic

Partnering with PFACs and PFAs to Develop Telehealth

- ◆ Serving as members of Digital Engagement Committees
- ◆ Participating in the planning of each step of the telehealth experience
- ◆ Preparing patients and families for telehealth visits through peer support and creating website resources
- ◆ Serving as faculty to share communication best practices in telemedicine with clinicians (e.g., eliciting patient/family voice, building trust, making a connection, sharing test results and other clinical information)
- ◆ Reviewing and responding to information about telehealth from patient experience reports
- ◆ Partnering in evaluation and research about the impact of telehealth
- ◆ Advocating for appropriate funding and other support for telehealth

Partnering with PFACs and PFAs in Mental Health

- ◆ Serving as members of a Mental/Behavioral Health PFAC
- ◆ Highlighting mental/behavioral health needs arising during the pandemic in discussions at all PFAC meetings
- ◆ Helping develop communication for patients and families about mental/behavioral health concerns during the pandemic
- ◆ Collaborating in the development of new resources for patients and families about mental/behavioral health and available support to include on the organization's website
- ◆ Collaborating with community organizations to disseminate information about mental health resources for individuals and families during the pandemic

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IPFCC's resource, "Patient- and Family-Centered Care and Partnerships with Patients and Families During COVID-19" offers suggestions for involving PFACs and PFAs in family presence as well as other COVID-related issues.

- ◆ Collaborating in the development of messages of appreciation, and other activities and programs that support the mental health of staff, clinicians, and leaders
- ◆ Partnering in research and evaluation of mental health resources and programming related to the pandemic

Partnering with PFACs and PFAs to Address Family Presence

- ◆ Reviewing changes to policies related to family presence and participation during the pandemic
- ◆ Participating as members of interdisciplinary teams weighing the benefits and harms of alternative family presence and participation policies and practices for intensive care, and other inpatient and ambulatory care settings
- ◆ Participating in the development of messaging (website, signage, informational materials) for communities served about changes in policies and practice
- ◆ Helping develop and conduct training for frontline staff and administrative leaders related to communication with patients and families about changes in policy and practice due to the pandemic
- ◆ Participating in the development of training for families related to the use of PPE and adherence to other COVID-19 safety precautions when in the hospital and ambulatory facilities
- ◆ Helping to design, implement, and evaluate processes to include families or designated care partners virtually in supporting patients

Partnering with PFACs and PFAs to Address Health Inequities and Structural Racism

- ◆ Partnering with Diversity, Equity, and Inclusion Officer(s) within the organization to connect them with advancing patient- and family-centered practice
- ◆ Integrating advisors into committees and workgroups formed to improve equity across the system (e.g., implicit bias training)
- ◆ Working with diverse populations to identify their concerns and issues and seeking their input on strategies to address them
- ◆ Designing and implementing systems to provide additional support and services to vulnerable populations during the pandemic
- ◆ Collaborating with community organizations to connect with these populations during the pandemic
- ◆ Involving PFAs reflective of the diversity within communities served in addressing pandemic priorities
- ◆ Collecting and using data to bring about change in the representativeness of PFAC members and other PFAs, and the work that they are doing to improve diversity, equity, and inclusion

With funding support from:



For additional resources, visit IPFCC's special webpage at [PFCC and COVID-19](#).

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ADDITIONAL APPROACHES FOR MAINTAINING FAMILY CONNECTIONS

▶ **Emerging Best Practice:** The continuing commitment to patient- and family-centered care provides a vision and structure for developing innovative approaches to support authentic partnerships with patients and families and preserving essential patient and family connections safely during a pandemic.

▶ **Examples/Resources:**

UMASS MEDICAL CENTER AND CARINGBRIDGE®

CaringBridge is a communications platform designed for patients and their families to allow them to safely communicate health updates and mobilize social, emotional, and spiritual support. UMass Medical Center implemented CaringBridge during the pandemic as part of the Patient- and Family-Centered Care (PFCC) Department's 5-year PFCC strategic plan. This work was featured in a [Massachusetts Hospital Association webinar](#). To learn more about CaringBridge, visit www.CaringBridge.org/partnerships

YALE NEW HAVEN HEALTH SYSTEM and NYU LANGONE HEALTH

Family Connect: Keeping Families Informed During the COVID-19 Pandemic
<https://pxjournal.org/cgi/viewcontent.cgi?article=1473&context=journal>

These two academic medical centers recognized the critical importance of two-way communication between families/care partners and the hospital-based care team. At the epicenter of the pandemic in the Spring of 2020, the health systems rapidly created Family Connect programs, involving redeployed staff and clinicians to join direct care teams and assume responsibility for communication with families.

SUPPORT AND APPRECIATION OF STAFF

► **Emerging Best Practice:** Because health care providers put themselves and their families at risk for infection, their commitment to caring for others, after more than two years of the pandemic, needs to be both supported and appreciated. Additionally, staff shortages are making this work harder for all disciplines, but especially for nurses. To support staff who are experiencing such stress during the prolonged pandemic, some hospitals and health systems have adapted safety calls, huddles, and support rounds to address the new needs brought on by the pandemic. Other organizations have offered bonuses, extra leave time, and additional “COVID holidays” to staff. Special events have been designed to appreciate the contributions of staff and provide opportunities to relax and celebrate.

► **Examples/Resources:**

LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER (LHAAMC)

The ethics team at LHAAMC in Annapolis, Maryland developed and facilitated Unit-based Listening and Support Rounds. Their purpose was to provide ongoing support to front-line staff, recognizing that, while nursing is always an especially demanding profession, bedside care during the pandemic became fraught with new levels of anxiety, moral injury, unique pressures, and suffering. The sessions were designed to be inclusive and involved nursing, environmental services, security, radiology, physical/occupational therapists, surgical services, patient care technicians, and speech-language pathologists. Each session provided an opportunity for participants to openly share personal challenges and concerns as well as coping strategies and lessons learned. At the end, participants were asked to describe the pandemic experience in one word. Responses ranged from “terrifying” and “chaotic” to “empowering” and “rewarding.”

Throughout the pandemic, Northwell Health, New York's largest healthcare provider, has appreciated and supported staff in a variety of ways.

- Creation of "tranquility spaces" where behavioral health professionals were available free of charge, as well as chaplaincy services and well-being resources. <https://jobs.northwell.edu/blog/2020/05/21/delivering-moments-of-peace-on-the-front-line-with-tranquility-tents/>

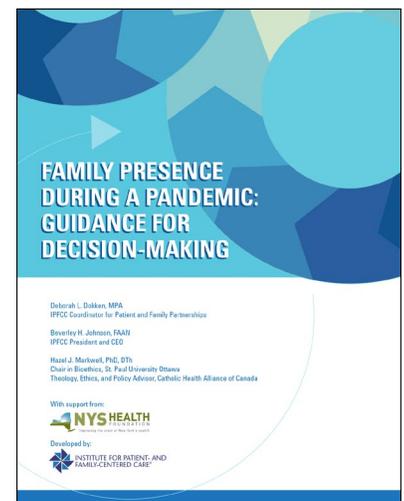


- Northwell Celebrates: A variety of staff appreciation activities including pop-up gratitude stations at various Northwell facilities where executive leaders from across the health system participate to give their personal thanks and offer a well-being gift box to employees. Other events included drive-in family movie nights, a family fun book, concerts and an invitation to have six free chef-prepared meals delivered directly to employees' homes. <https://jobs.northwell.edu/blog/2021/08/03/northwell-celebrates-celebrating-and-thanking-northwell-employees/>

- Lump-sum payment up to \$2,500 and one week of paid time off (PTO) that can be used at any time during employment with the health system.
- Establishment of the Northwell Heroes Caregiver Support Fund to provide resources to employees who were financially impacted by the pandemic, such as a spouse's job loss or a family member's death.

RECENT ARTICLES ON FAMILY PRESENCE

As the pandemic has continued, a growing body of literature about the impact of restrictions on family presence has emerged. IPFCC's publication, [Family Presence During a Pandemic: Guidance for Decision-Making](#), includes an extensive bibliography. Since its release, other articles have been published. In addition to those cited earlier in this document, IPFCC recommends the following:



Family Presence in Long-Term Care During the COVID-19 Pandemic: Call to Action for Policy, Practice, and Research

www.ncbi.nlm.nih.gov/pmc/articles/PMC7704077/

In this call for action, the authors urge that the protection of psychosocial needs of residents, families, and staff must be balanced with infection control in long-term care. They further suggest that emphasis on infection control only "is a short-sighted approach that, over time, will lead to resident, family, and LTC staff harm."

Coronavirus Disease 2019 Policy Restricting Family Presence May Have Delayed End-of-Life Decisions for Critically Ill Patients

www.ncbi.nlm.nih.gov/pmc/articles/PMC8439643/pdf/ccm-49-e1037.pdf

A research project conducted at Johns Hopkins Hospital and Bayview Medical Center suggests that "restricting family presence may lead to longer ICU stays and delays in decisions to limit treatment prior to death."

Refocusing COVID Visitation Policies Through a Safety Lens, an Interview for the Betsy Lehman Center for Patient Safety, *Patient Safety Beat*, February 2022

https://betsylehmancenterma.gov/news/patient-safety-beat?utm_source=newsletter&utm_medium=email&utm_campaign=feb-17-psb

Tejal K. Gandhi, MD, MPH, CPPS, Chief Safety and Transformation Officer at Press Ganey, was interviewed by the Betsy Lehman Center for Patient Safety, about restrictions on family presence during the pandemic. She said, "We have concentrated our attention on the risks of visitation and lost sight of the benefits. When we close our facilities to visitors because we fear a few individuals, many are harmed." For the future, she suggests returning to "the vision of family presence," strategizing how to do it safely, and collecting data to measure the impact.

Don't Go to the Hospital Alone: Ensuring Safe, Highly Reliable Patient Visitation

[www.jointcommissionjournal.com/article/S1553-7250\(21\)00270-1/fulltext](http://www.jointcommissionjournal.com/article/S1553-7250(21)00270-1/fulltext)

Earlier, in an October 2021 article in the *Joint Commission Journal on Quality and Patient Safety*, Dr. Gandhi had written, "family members provide an important safety net for patients in the hospital, and across the entire continuum of care." In the same article, she shared data about harms that might have been prevented if families had been present.

ONGOING LEADERSHIP FOR EMERGING BEST PRACTICES

To continue their work related to family presence, IPFCC and Healthcare Excellence Canada (HEC) have created online opportunities to connect and share strategies and emerging best practices.



PFCC.Connect Informal Conversations

<https://pfcc.connect.ipfcc.org/home>

COVID Engagement Projects

Patients, residents, and their families who have experienced COVID-19, especially those from diverse and underserved communities, have perspectives and insights essential to inform future research about the impact of approaches to family presence implemented in hospital and long-term care settings during the pandemic. To bring those perspectives to the forefront of future research, IPFCC is conducting two new COVID projects related to family presence with Eugene Washington PCORI Engagement Awards from the Patient-Centered Outcomes Research Institute (PCORI).

The projects are titled “*Learning from Experience: Exploring the Impact of Approaches to Family Presence in Hospitals During COVID-19*” and “*Building Capacity for Long-Term Care Stakeholders in COVID-Related Patient-Centered Outcomes Research/Comparative Effectiveness Research (PCOR/CER)*.”

To learn more about these projects and/or to share information about related initiatives in your own organization, please contact:

- Deborah L. Dokken for the Hospital Project: ddokken@ipfcc.org
- Beverley H. Johnson for the Long-Term Care Project: bjohnson@ipfcc.org



Essential Together Huddles

www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/essential-together/essential-together-huddles-connecting-for-peer-to-peer-learning-and-support/

LTC+ Webinar Series

www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/ltc-acting-on-pandemic-learning-together/webinar-series-next-steps-in-covid-19-response-in-long-term-care-and-retirement-homes/