

Communication at the time of ADMISSION OR TRANSFER (during visitation restrictions)

Clinician Communicating: \*\*\*

Time: \*\*\*

Name of family member or POA contacted: \*\*\*

**INTRODUCE:**

"I am [name] and I am calling from the [team] at [hospital].

"Due to the COVID-19 pandemic/outbreak, you will not be able to visit your loved one in person. We are also upset about this but know that it is necessary to keep your loved one and all our patients safe. You are still important to us and want you to be connected and engaged during this time. We know you have many questions, but we want to first collect some important information from you."

**CONFIRM LEGAL HEALTH CARE REPRESENTATIVE:**

They confirmed that the patient [has/has not] previously designated a health care representative, or the person who makes decisions when the patient cannot speak for themselves. I explained that in accordance with local laws:

Unless a patient designated otherwise, the patient's health care representative will be determined by a statutory list that generally gives priority in the following order:

[CUSTOMIZE FOR LOCAL LAW]

spouse and adult child who is not the child of the spouse

- adult child
- parent
- adult sibling
- adult grandchild
- close friend

They confirmed that \*\*\* [best phone #\*\*\*] is the patient's designated as a health care representative. Other ways of contacting them, such as other phone numbers or email addresses, include \*\*\*

PRIMARY CONTACT: "We can only give out information with your loved one's permission if they are able to give permission. We know there are many people who care about your loved one."

The family has identified the following as the primary contact (**preferably the health care representative who has the legal authority to make decisions if needed**) during the admission:

Name: \*\*\*

Best phone number: \*\*\*

Alternative ways of contacting (other phone numbers, email, etc): \*\*\*

- Technology available for communicating:
- Telephone
- FaceTime via iPhone/iPad/Apple device
- Android smartphone
- Computer with internet

The family has identified the following as **the back-up contact** during the admission:

Name: \*\*\*

Best phone number: \*\*\*

**PLAN WAYS TO STAY CONNECTED:**

To keep the family informed during the hospital stay, we will:

- Assist your family member with contacting you using their phone/tablet/computer
- Call or videoconference with the primary contact/family representative on a daily basis to provide updates and answer questions
- Be available at [phone number of unit] if you need to reach a member of the team

**DIRECT THEM TO FOR MORE INFORMATION:**

[PUBLIC-FACING HEALTH SYSTEM WEBSITE]

**EXCEPTIONS TO VISITATION POLICY:**

[CUSTOMIZE FOR LOCAL POLICY]

Additional information communicated to family members:

- Encouraged they keep a diary or journal
  - Write down the names of your hospital team members to keep things clear
  - Write down the name and phone number for your loved one's hospital ward
  - Write down your questions for the hospital team so that you can ask them all at once
  - You may choose to write down your thoughts and feelings to share with your loved one
- Informed them NOT to send food or flowers. We may not be able to deliver cards and other items during this time.
- Suggested they reach out to their community outside of the hospital. Many faith leaders and community organizations are able to connect to by phone.
- Offered our pastoral care support team, who can support by phone. These individuals are not just for spiritual support, but also work closely with the hospital team to provide additional support.
- Suggested they make a plan to update family and friends. With the patient's permission, they can set up a CaringBridge site ([www.caringbridge.org](http://www.caringbridge.org)) to communicate with other family and friends who may wish to leave messages of support during the hospital stay.

If the patient is not able to communicate, gather this information to improve their care:

Preferred name/nickname: \*\*\*

Favorite TV shows/channels: \*\*\*

Favorite types of music: \*\*\*

Hobbies and interests: \*\*\*

How they spend their days: \*\*\*

Closest family and friends to talk to patient about: \*\*\*

\*\*\* total minutes were spent in family discussion.

## Routine family communication

Clinician Communicating: \*\*\*

Time: \*\*\*

Clinician's relationship to patient:

- Attending, primary team
- Resident/APP/fellow, primary team
- Bedside RN
- Pastoral care representative
- Consultant:
- Longitudinal clinician:
- Other:

Conversation conducted: {Video vs Phone}

Patient participating: {YES, IF NOT WHY?}

Name of family member or POA contacted: \*\*\*

Other family members present: \*\*\*

- General medical updates given
- Questions answered
- Plan for engaging family with patient made: \*\*\*
- Plan for next update from medial team made: \*\*\*

**Comments or other needs for next update:**

\*\*\*

\*\*\* total minutes were spent in family discussion

## Disclosure of COVID diagnosis: family communication

Clinician Communicating: \*\*\*

Time: \*\*\*

Clinician's relationship to patient:

- Attending, primary team
- Resident/APP/fellow, primary team
- Bedside RN
- Pastoral care representative
- Consultant:
- Longitudinal clinician:
- Other:

Conversation conducted: {Video vs Phone}

Patient participating: {YES, IF NOT WHY?}

Name of family member or POA contacted: \*\*\*

Other family members present: \*\*\*

- General medical updates given
- Questions answered
- Plan for engaging family with patient made: \*\*\*
- Plan for next update from medial team made: \*\*\*

**STEP ONE:** Introduce yourself and your role on the care team.

**STEP TWO:** Disclose the diagnosis:

"We know now that your family member has COVID-19. The lab test we sent found the virus. This virus is a reason your family member is sick."

**STEP THREE:** Answer questions or provide additional information. Check boxes of the information you gave.

### What is COVID-19?

- COVID-19 is an infection caused by a virus that has spread all over the world. It is new, so there is no vaccine available.

### How did my family member get COVID-19?

- This virus is spread person-to-person just like other respiratory viruses. Anyone can get the virus by breathing in tiny material sprayed into the air with coughing, sneezing, or breathing. Or from touching a surface that a person with the infection coughed or sneezed on.
- It is very difficult to tell exactly how your family member caught this virus. We know that this virus is spreading in our Philadelphia community and other communities. It usually takes a few days to become sick after first catching the virus.

### What is going to happen now? Will my family member survive?

- We are expert in caring for patients with this type of illness.

- We are currently treating your family member with:
  - oxygen and breathing support using: \*\*\*
  - specific medications to help fight the virus: \*\*\*
  - close monitoring of their oxygen levels, breathing, temperature, and other "vital signs"
  - other: \*\*\*
- In the next day, we anticipate: \*\*\*

**Why can't I visit or stay with my family member?**

- We wish that you could. Family members are so important to us here. We know that you know your family better than we do. We're thankful that you're here to support your family member.
- The risk of spreading the virus is so high that we cannot allow families to come to the hospital right now. This is to keep our patients and community safe.
  - We do want you to stay connected to your family member and to us. We can help you with:
    - daily routine updates from the medical team
    - urgent updates when something has changed
    - virtual visits where we videoconference (like FaceTime) with your family member
    - calls directly from you to your family member using their personal device or hospital bedside phone

**Does this mean I have COVID-19? What do I do if I get sick?**

- My top priority is taking care of your family member. If you have questions about your own health or risks, please call your personal doctor or [CUSTOMIZE WITH LOCAL INFORMATION].

**I'm scared.**

- This is such a tough situation. Could you share more with me about your worries?
- We are expert in caring for patients with this type of illness.
- Let's set up a plan to check back in with you to be sure you get updates.

**I don't trust you.**

- This is such a tough situation. I want to understand more about why you feel that way.
- I hear that you're worried we won't provide good care, what are the things we need to know to take care of your loved one?
- We are expert in caring for patients with this type of illness. How can I help you feel more comfortable with our team, especially since you can't be here in person.
- I can see that you're frustrated. Please realize that our top priority is taking care of your family member and your family member needs me right now. I want to talk about this more when we have more time.

**Offer practical supports.**

- Encouraged they keep a diary or journal
  - Write down the names of your hospital team members to keep things clear
  - Write down the name and phone number for your loved one's hospital ward
  - **Write down your questions for the hospital team so that you can ask them all at once**
  - You may choose to write down your thoughts and feelings to share with your loved one

- Suggested they reach out to their community outside of the hospital. Many faith leaders and community organizations are able to connect to by phone.
- Offered our pastoral care support team, who can support by phone. These individuals are not just for spiritual support, but also work closely with the hospital team to provide additional support.
- Suggested they make a plan to update family and friends. With the patient's permission, they can set up a CaringBridge site ([www.caringbridge.org](http://www.caringbridge.org)) to communicate with other family and friends who may wish to leave messages of support during the hospital stay.

Set up the plan for the next update: \*\*\*

**Comments or other needs for next update:** \*\*\*

\*\*\* total minutes were spent in family discussion

## FOR PATIENTS NEAR THE END OF LIFE:

### Family presence may be physically possible

- [CUSTOMIZE WITH LOCAL POLICY]

### Family presence should always be supported:

- **Video- or phone-conferencing**
- Help the patient record **voice or video messages** for their family
- Help the patient write **messages or letters** for their family
- Encourage the patient to share favorite **stories or memories**



### For patients who cannot speak or write

- **Describe** the sights, patients' activities, and the care you are providing to the family
- Share recorded **voice or video messages, songs, or stories** the family prepared for the patient
- **Read** messages or letters from the family to the patient
- Ask the family to share favorite **stories or memories** with you that you can talk about with the patient
- Play the patient's favorite **music**
- Request **pastoral care** support for prayer (full chaplaincy services may be limited)
- It is appropriate to provide videoconferencing with distanced family members **during or after the death** if they would find that helpful for closure and connection and with the prior permission of the patient (or legal surrogate decision maker)



### Encourage the family (and patient, when possible) to keep journals of their thoughts and feelings including:

- Write down their favorite stories or memories
- Collect stories and memories from other people in the patient's life
- Reflect on the patient's life and legacy

### If family members or patients need help thinking of things they may want to say:

- Please forgive me
- I forgive you
- Thank you
- I love you
- Goodbye

### Reassure families:

- that a **hospital team member will sit with their loved one** during the dying process (as staffing allows) to avoid "dying alone"
- that the goal is for the patient to be **free from distress** during the dying process, and explain the medications and care you will provide



### Options for hospice services:

EXAMPLE HOSPICE POLICY*	COVID-19 NEGATIVE	COVID-19 POSITIVE/PUI
Home Hospice	Yes	Yes
Hospice in the Hospital	Yes (may have visitation restrictions)	No – consult palliative care (to reduce exposures and PPE use)
Hospice in the Nursing Home	Maybe – discuss with nursing home (depending on visitation restrictions)	Virtual palliative care program – consult palliative care
Inpatient Hospice Units	Yes – highly encouraged allows for preservation of inpatient resources (may have visitation restrictions)	Maybe, but probably not — discuss with the hospice agency (may have visitation restrictions)

\*Hospice policies may change during the COVID-19 period and vary by agency. CUSTOMIZE WITH LOCAL POLICIES.

### AFTER A DEATH:

#### Disclosing a death by phone

1. Ask if they are in a place where they can talk
2. Use the word “dead” or “died” to notify
3. Allow space for silence and emotion
4. Express sadness, validate their feelings
5. Answer questions
6. Sign-post conclusion of the call

#### Bereavement resources for families

- Hospice agencies will provide bereavement support to families: Use the “Bereavement Locator” link at [LOCAL RESOURCE WEBSITE]
- Support for children and families: <https://elunanetwork.org/resources/category/childhood-grief/> Online grief resources: [www.aftertalk.com](http://www.aftertalk.com)

#### Can families have funerals?

Funeral services may be limited during physical/social distancing. Refer them to their funeral home. Encourage patients/families to think about **how to best honor** the patient after death:

- Have a private (small) service. Consider using videoconferencing or live streaming for all or portions of the service if some loved ones cannot attend
- Record a private (small) service and share selectively with loved ones who could not attend
- Collect written remarks, stories, and memories from family and friends and read them at a service or compile and share
- Use memorialization pages that encourage others to share comments or memories

**Death certificate completion for patients with COVID-19 should be done per [CUSTOMIZE WITH LOCAL POLICY]**



## What happens to the body of a patient with COVID-19 after death? [CUSTOMIZE WITH LOCAL POLICIES]

1. The body will be taken to the hospital morgue. Typical respiratory precautions should be used, but there are not additional special procedures needed. More information at:  
[https://www.cdc.gov/coronavirus/2019ncov/faq.html#anchor\\_1584390222777](https://www.cdc.gov/coronavirus/2019ncov/faq.html#anchor_1584390222777)
2. There will not be on-site viewings for families at the hospital morgue.
3. **Families should identify and contact a funeral home.** The funeral home will contact the hospital to arrange release of the body. There may be delays.
4. Please contact the morgue and/or pastoral care to discuss any **specific religious requirements** for handling of the body the family requests.