

## Patient and Family Centred Care National Dialogue – Synthesis of Data

Demographics 17 participants including 6 members of the committee. Participants in the discussion were self-reported from Vancouver, AB, and Ontario (7, and 4 did not disclose where they were from or where they worked)

Participants worked in adult ICUs as well as Pediatric ICUs

How has COVID changed your practice and perspective?

### 1. Work:

- a. Frequently changing policies ie: **visitation restrictions** that led to frustration (families and nurses) and moral distress (nurses → patient passing and broke rules to allow short visit, case by case decisions)
  - i. No visitors
  - ii. Then extended to end of life only for all patients
  - iii. Then extended to visits once per day
  - iv. Then 2 essential visits for 12 hours per day
  - v. Now 2 essential visitors anytime, except for covid positive patients, only EOL
  - vi. Rules for visitors were location based and changed frequently \*
  - vii. Want to challenge the term visitor to family presence

Con of family visiting:

- How to staff care for visitors as well, such as use of bathrooms, how do they eat, especially if restricted to the child's room
- Bedside nurses are juggling a thousand things so they need help to coordinate the visitor access

- b. Led to positive changes in **communication** between nurse/staff, patient, family
  - i. Virtual communication via Ipads for facetimes between family and patient
  - ii. Family conferences to update care plans or change in status or make decisions
  - iii. Physicians would call family daily for updates
  - iv. Create schedule to update from health care staff
  - v. Living document of ideas/ living diary via shared drive and updates as new
  - vi. Ipads will change communication between critical care staff and families moving forward
  - vii. Positive experience felt by the nurse
  - viii. Iphones were used as back up by the charge nurse
  - ix. Units were only to call out via ipads, not families call in

- x. Zoom discussions and decision-making, including end of life and organ donation → well received by family

Other forms of communication strategies:

- Learn about patient through poster or “about me” website. SW would assist. Send poster back to family after death to provide assurance they were cared for
- Knitted heart initiative; one heart would be given to the patient when passed away and the other would be given or mailed to the family. They would always have this remembrance of their loved one when they passed away.
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c. Ipads also had negative consequences

- i. Patient confidentiality
- ii. Staff confidentiality when families post without consent

2. Personal:

- a. One nurse made sure their will was up to date and communicated with family about level of care should they get sick.
  - b. Fear to go to work (first time in career)
3. Family were delaying treatment and procedures for fear of covid → issues with inpatient and outpatient delivery

Suggestion:

- Need patient/family support nurse for the unit