

Communication strategies during the COVID pandemic

--Prepared by CVGSC and SAGES Communications Committee

Since implementation of the no visitor or restricted visitor policies in hospitals affected by the COVID-19 pandemic, communications between patients, families and their care teams have become extremely difficult. This is important for all patients in the hospital, regardless of COVID status. As a result of strict isolation protocols from high-risk of viral exposure, clinical interactions are limited, clinical assessment preferentially conducted remotely, through glass doors, with in-person evaluations and conversations kept short and focused for infectious patients. In addition, as a result of the constraints from wearing PPE's, patients complain that they cannot hear healthcare professionals clearly, and language barriers amplify the communication gaps. To complicate matters further, patients are unable to speak full sentences, particularly those on positive airway pressure ventilation, and therefore unable to ask all their questions and express their concerns about their condition. Cumulatively, all these circumstances render COVID patients particularly vulnerable to confusion, anxiety and deep feelings of isolation. Patients rely heavily on family members to stay informed about their condition and medical decisions and advocate on their behalf, which presents a great opportunity for health care providers to improve communications and reduce patients' anxiety.

Some key points to remember for hospitalized patients with without COVID with visitor restrictions in place are the following:

1. Providers must ensure frequent communication with families. At least twice daily, a member of the team should be designated to update patients' families on their medical condition. Team members who speak the patient's first language are ideally suited to make those calls, but interpreters can otherwise be used as needed. This is particularly important following transfer to other units, changes in clinical status, and changes in treatment plans. Reporting back to patients that their families have been updated on their clinical status provides patients significant comfort and helps foster trust in their medical providers.
2. Communication platforms between COVID-19 patients, their families and medical providers for COVID patients in isolation are particularly vulnerable to anxiety, fear of the unknown, and may have limited understanding of their condition and medical decision-making. Strategies to improve 2-way and/or 3-way communication include phone calls, video chats via tablets, smartphone and laptops using cellular networks or video conferencing applications. Even within the hospital ward, writing on glass windows or speaking via telephone or telemedicine can facilitate conversations. Most hospitals have made tablets available to patients without their own devices, to communicate with their families and/or healthcare team.
3. Communications strategies for COVID-19 patients with severe illness are also important. Patients who are intubated or with altered mental status, or too weak to communicate verbally may be able to communicate with their care team via paper/pen. Providers should in turn facilitate video interaction with their families when, and as much as, possible.

4. Creative strategies for improved communications with COVID-19 patients in isolation have also been employed in many facilities, Some suggestions have been made by frontline providers in stepdown units and medical floors to use baby monitors and home surveillance video monitoring devices at patient's bedside that not only provide visual monitoring of patients on-demand, but also facilitate verbal communications between patients and health care providers via 2-way audio features.

We hope, with these strategies, that we can make the healthcare experience patient and family centric despite this time of medical crisis.