

What are best practices for engaging family care providers during a pandemic?

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Key Findings:

Core concepts of family engagement include dignity and respect, information sharing, participation in care and decision making, and collaboration (Hart 2020).

A careful balance needs to be maintained between attending to patients' physical and psychological needs and adhering to infection control guidelines, while offering psychological support to family members (Chan 2006).

The word 'visitation' does not adequately describe family members' involvement. Family presence is a more suitable term as it redefines families as partners in care (Hart 2020). However, it is important to recognize that family presence is not a substitute for adequate staffing levels.

Very little guidance is provided in the literature on innovative or specific approaches engage family care providers during a pandemic. The literature mainly focuses on supporting alternate forms of communication such as telephone calls, or technology assisted communication through social media or video/voice calls.

Enhanced communication strategies that provide regular information to a primary family contact on the patient/resident condition and allow chosen care partners to contribute to decision making as much as possible are recommended (Koller 2006).

The negative impact of visitation restrictions places increased stress on patients/residents and families who are unable to provide or receive non-healthcare specific supportive care. Those with neurocognitive disorders or communication barriers are more significantly impacted.

Staff also report increased stress during family visitation restrictions due to the additional time required to take on a "familial role" for the patient/resident. These roles may include providing a supportive environment, social interaction, information sharing, and opportunities for play (Koller 2006a – pediatric hospital setting).

The search question did not specifically look at impact of visitation on infection rates; therefore, there is insufficient information to determine if visitation policies affect infection rates. However, a systematic review in pediatric hospital setting in Ontario found no connection between liberal visiting hours and increased SARS infection rates (Smith 2009).

When facilitating sibling visitation in the NICU, a pre-visit education process is recommended. Maternity settings may wish to consider a 'combination' policy, where the women's partners and/or significant other would have open visiting (all day), with restricted visiting for others. In other general hospital ward settings, open visiting with a 'quiet hour' is suggested (Smith 2009).

Category: Administration

Subject: Facilities
Decision Making
Family
Long Term Care

Population: All

Clinical Setting: ICU
Long Term Care
Medicine Unit
NICU
Oncology

Priority Level: Level 4 completed within 1 week

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