

Communicating Through COVID-19: Keeping Patients Connected to Loved Ones

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We learn early in medicine to be leery of making promises, especially when it pertains to death and dying. But we promise that a family member's last words to their dying loved one are heard and that they matter.

Notice went out hospital-wide: dying patients with COVID-19 could have up to two visitors for only fifteen minutes. As hospitals confronted the dual realities of PPE shortages and that anyone could be a silent carrier of the novel coronavirus, a new dictum went out: no patient – ambulatory or dying, with or without COVID 19 – could have any visitors. No exceptions.

Suddenly, nurses, residents and attendings would find themselves breaking bad news through telephone. Patients would now be surrounded by healthcare workers separated by layers of PPE rather than the embraces of their loved ones. How would patients respond? Would they avoid the hospital until too late? Would the patients who were already hospitalized rush to leave the hospital to avoid an isolating hospitalization?

Hospital visitation is essential. It provides comfort to patients, promotes family-driven patient advocacy, prevents sundowning and most important of all, chaperones patients and their most cherished from living through dying. The heightened anxieties around the pandemic in light of societal upheaval and real concerns about the disease's lethality make patient visitation even more important.

With so many pressing priorities of hospital systems – obtaining PPE, developing infection control protocols, preparing for the surge, flattening the curve, up-training staff – who would worry about patient visitation? The emotional well-being of our patients was lagging behind loads of new policies to address their physical well-being.

Technology was an intuitive workaround, one that many providers started to use on their own, with their own devices. We shucked the 'protective' Ziploc bags from our cell phones, and placed them on speakerphone next to an intubated patient's head, promising family members, "They can hear you. I promise." We learn early in medicine to be leery of making promises, especially when it pertains to death and dying. But we promise that a family member's last words to their dying loved one are heard and that they matter. "I'm going to walk away to give you a moment alone. Just hang up when you feel you are finished."

Although the voices of family members is certainly better than no contact at all, the voices themselves could be overwhelmed by the whirring of high-flow oxygen and the incessant cacophony of I.V. pumps. We sought a way to allow patients to connect face-to-face with their loved ones and for the critically ill and intubated, a way for their families to truly see their condition. Video-conferencing via tablets was the agreed upon solution, a technique that has been tried at the institutional scale at other hospitals settings.^{1,2}

Given the small geographical nature of the State of Rhode Island – it takes barely an hour to drive from top to bottom – we envisioned a statewide solution. Partnering with the Rhode Island Medical Society, a group of committed individuals, physicians and non-physicians, a website was created to solicit donations of used tablets. The message resonated and within one week we had obtained seven hundred devices, with a large contribution from Amazon. We reached out to every hospital in the state, reformatted each device thanks to the support of information technology (IT) wizards and distributed devices based on the percentage of hospital beds a hospital had of total Rhode Island hospital beds.

Each hospital has implemented the devices in various ways. At one, social work took on the task of distributing the devices, scheduling meeting times with families, and setting up the device for patients; at other hospitals, IT staff, palliative care and chief internal medicine residents led the effort. In an era marked by profound stress and competing priorities one would think families would not find time to thank hospitals for their efforts to connect loved ones. And yet, the thank yous are pouring in. "Letting them see each other on the iPad before [she] died is so special. Thank you."

Thank you for letting us care for your loved one. We will do everything we can to help you say goodbye. We promise. ❖

References

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