

CFHI Spotlight Webinar Series
Family & Caregiver Presence and Partnership during COVID-19
Discussion Summary

The COVID-19 pandemic has led to rapid changes to policies and practices that support family/caregiver presence and partnership in care. This webinar focused on what healthcare organizations are considering as they react and adjust.

Partnership in Care:

- In 2014 CFHI and the IPFCC launched the [Better Together](#) campaign and e-collaborative to spread policies and practices that support improvements in patient/caregiver partnership and visitation. It is based on the evidence that family/caregiver presence and partnership in care **reduces** medication errors, falls and reduce injury from falls, and patient/family anxiety and depression, readmissions; and **improves** discharge/transitions, patient experience/satisfaction/emotional well-being, staff satisfaction/engagement, individualized care, recognition of family as allies and partners in care, communication and coordination.¹ The current context of the pandemic is challenging the desire to maintain a patient and family centred philosophy to care and notions of 'families as partners in care' with the imperative of infection control and safety across the health system.

Impact of COVID-19 on Family/Caregiver Presence:

- CFHI worked with a team at [UHN OpenLab](#) to complete a follow up to a 2015 scan of 118 eligible hospitals from all Canadian provinces and territories in Winter 2020 to help understand how the landscape of family/caregiver presence and visitation policies has evolved. Between 2015 and 2020 those with "accommodating" policies (<14hrs per day) increased from 32% to 73% and those using "open/flexible" policies (>14hrs per day to 24/7) increased from 23% to 67%
- Following the onset of the COVID-19 pandemic the larger scan was supplemented with a website/social media scan of 35 of the 118 hospitals conducted in mid-March, which showed that 32 (91%) have new restrictions, 20 (57%) completely eliminated "open/flexible", and almost all hospitals suspended visitation with the exception of active palliative care and critical illness, labour and delivery, and pediatric care.

Lessons Learned:

- Some hospitals and other healthcare settings are trying to balance provincial directives, manage the crisis, make rapid decisions and communicate them, all while engaging and partnering with patients and families who bring important perspectives and insights to decision-making.
- There remains an ongoing need to consider the unintended consequences of restrictions in open family presence policies related to decisions made in the interest of infection prevention and control on patient safety, experience and outcomes, as well as provider experience and the emotional well-being of patients, families and caregivers (now and over the medium and long term), particularly for those most vulnerable.
- Across Canada there have been successes with the rapid emergence of enabling policies and practices to support virtual care as well as patient/family engagement through other electronic means, including virtual (e.g. videoconferencing and e-mail/messaging, virtual town halls to engage patients and families and keep them updated, ICU virtual rounds that welcome family members). There is a desire to maintain, improve upon and increase these developments over time. Privacy and technical considerations for virtual clinical care related to patient and family engagement and electronic medical platforms are being worked through in real time.
- The time is now to establish frameworks and supportive policies for re-integration and prioritization of family caregivers as 'essential partners in care' and not as 'visitors' in the medium to long term, and putting forward solutions to decision-makers that reduce variation in provincial/territorial directives as well as organizational policies across the country.

¹ <https://www.cfhi-fcass.ca/NewsAndEvents/blog/blog-post/cfhi-blog/2020/04/20/family-caregivers-as-essential-partners-in-care-more-than-just-a-visitor>

- There is increasing need to plan for re-balancing and a return to non-COVID care (e.g. more urgent elective surgeries). It is recognized that patients' and family/caregivers' health and well-being suffers the longer other care needs are delayed as a result of pandemic priorities.