



Being alone in the hospital, isolated from family and friends is stressful if not downright terrifying for patients. If patients are COVID-19 positive, there is another layer of fear. The following are some strategies to lessen some of the anxiety.

### Supporting and Engaging Patients: Inpatient

1. Using simple terminology to describe respirators, ventilators, DNR, etc. can avoid confusion around care and treatment. These terms can cause fear and anxiety in the general public due to media coverage. Have a Patient Family Advisor or patient representative review materials for clarity and ease of understanding.
2. Use a strength-based approach with patients. Help them remember that they have faced difficult situations before. Ask what has worked for them in the past to cope. Assist them in identifying ways to feel calm and secure.
3. Are you smiling under that mask? Removing facial expressions from human interactions take away an important part of communicating and connecting. Studies show that patients perceive providers to be less empathetic when wearing masks. Here are simple ways to improve communication while wearing a mask:
  - a. Add a picture to your PPE (see example on next page).
  - b. Focus on ensuring you are making eye contact.
  - c. Smile under your mask. Real smiles reach our eyes (Duchenne Smile) and promote a connection even if a patient cannot see your mouth.
  - d. Most people process some speech through lip reading even if they are doing it subconsciously. This is especially true in noisy environments or when people have mild hearing loss.
    - i. Use Teach Back <https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html> or other communication tools for important information to be sure the person hears and understands what has been said.
    - ii. At first encounter, acknowledge to patients that communicating with masks can be difficult. Encourage patients to let you know if they have difficulty hearing or understanding information.
    - iii. If patient is also wearing a mask, frequently encourage them to let you know how they are feeling, as it may be difficult to interpret their non-verbal communication.
4. Ask for patience and compassion. Don't be hesitant to express things honestly. "None of us have faced this situation before and we are all learning together."
5. Think about what they are hearing from the media and how it might be clarified while they are in the hospital through accurate information and reassurances. Examples include:
  - **Not enough PPE, Not enough ventilators**
  - **Wear masks, don't wear masks**
  - **Projections of many widespread deaths**
6. During all interactions with patients, add on a minute or two of human connection. Ask what matters to the patient.
7. With the importance of family support in patient care and recovery, encourage connections with the outside world. Support phone and video visits with families and friends. Provide note paper and envelopes. Collect donated stamps. Encourage families to send letters.
8. As you observe practices that help how patients are coping, promote sharing the ideas amongst staff and other patients.
9. Partner with those who provide emotional support, including chaplains, social workers, psychologists and employee assistance. Create guidelines on having effective, meaningful meetings with patients and families.
10. Messages of Hope: Use windows and doors to provide images and words demonstrating hope, entertainment and connection to patients who are in isolation. Examples:
   
<https://www.cnn.com/2020/03/26/us/cleveland-clinic-coronavirus-patient-message-trnd/index.html>
  
<https://www.cnn.com/2020/03/26/world/window-hope-messages-trnd/index.html>

With the COVID-19 pandemic, healthcare has changed. It is confusing to everyone. Here are a few suggestions on how to help support and engage patients during this confusing time.

### Supporting and Engaging Patients: Outpatient

1. **Words Matter:** especially in terms of what is said and what is heard. Consider some of the terms that are being used and how they might impact patients who may interpret them differently.
  - Non-essential care**  
This may give them a sense that they are not important. Tell the patient that in order to keep them safe their appointment must be rescheduled.
  - Not critical**  
If a patient is being rescheduled, discharged or moved to another unit because of lesser acuity, use positive terms such as 'stable' or 'well enough'.
  - Elective procedure**  
Patients who are scheduled for procedures may not view them as "elective". Perhaps the procedure will help reduce pain or enhance daily living. Explain what the term means and reassure them that their needs will be taken care of in the safest way.
2. **Include the "Why" in all communications with patients.** Providing an explanation of what is happening, or what has changed, will help reassure patients in this time of turmoil. A "safety for all" type message may be helpful.
3. Language in all patient facing education materials should be simple and straightforward. Include FAQs and methods to get more information, such as phone numbers and websites.
4. Front desk staff and operators should provide consistent messaging to patients and families, especially around testing, visitor guidelines and staying safe. Providing a script or talking points may be helpful.
5. Having compassionate understanding with patients' belief regarding COVID-19 will help develop trust and adherence to treatment. Provide clear explanations regarding your practice's approach to testing and treatment.
6. Keep up to date and accurate information for patients and families such as website links to the CDC and Department of Health as well as local and hospital specific information. Consider a community hotline or daily bulletin to communicate information.
7. Consider a "what you need to know" section on your website for those needing to come to the practice or hospital. Advise patients of updated safety initiatives such as visitor policies, portable device guidelines, open entrances and parking procedures.

## Resources:

1. The Beryl Institute: <https://www.theberylinstitute.org/page/COVID-19Resources>

2. Vital Talk <https://www.vitaltalk.org/guides/covid-19-communication-skills/> has many valuable talking points regarding the various conversations you may need to have.

3. NAMI Resource and information for general population: <https://www.nami.org/getattachment/About-NAMI/NAMI-News/2020/NAMI-Updates-on-the-Coronavirus/COVID-19-Updated-Guide-1.pdf>

4. Terms defined in a way that is easy to understand: <https://www.vox.com/science-and-health/2020/3/27/21190774/ventilator-respirator-quarantine-isolation-definitions-covid-19-pandemic-terms>

6. To better understand ventilation use from a patient's perspective: [https://www.theberylinstitute.org/blogpost/593434/344415/Lessons-from-the-Lived-Experience-What-Your-Vented-Patients-Would-Ask-if-they-Could#.XoUCXdasvO0.facebook\\_k](https://www.theberylinstitute.org/blogpost/593434/344415/Lessons-from-the-Lived-Experience-What-Your-Vented-Patients-Would-Ask-if-they-Could#.XoUCXdasvO0.facebook_k)

7. Center to Advance Palliative Care (CAPC) [CAPC COVID-19 Response Resources](#)

- Communication Tips (including conversation scripts)
- Palliative Care Team Tools
- Using Telehealth
- Patient and Family Support Services
- Additional Resources
- Communicating with Patients and Families during COVID-19

8. Institute for Patient- and Family-Centered Care (IPFCC) [Pandemic Planning and Patient- and Family-Centered Care](#)

9. Planetree International

[Let's Talk About Person-Centered Care During Pandemics](#)

- Webinar Recording and Slides
- Ideas and Inspiration from Webinar Attendees
- Additional Resources





Under normal circumstances it is stressful to have a loved one in the hospital. However, it heightens stress for family when they are not able to visit. Be creative and remember the importance of connection with families has on healing and health. The following tips can help families cope and support their loved ones, even from a distance.

### Supporting and Engaging Families

1. Be honest and transparent with all communication. Prepare staff for crucial conversations, including how to respond if a patient or family gets upset or has questions about:
  - Visitation policies
  - Personal Protective Equipment availability
  - Ongoing changes in processes, such as points of entry and visiting hours
2. Create a hotline or other system that allows families to receive updates and have their questions answered, without having to go through the hospital operator. Identify ways to make this HIPAA compliant. The more communication there is, the less stressed families will be.
3. When possible, ask families to designate one person as point of contact on behalf of the family. Identify times for regular updates on patient status. Provide designee with specific phone number to call in case of emergency. Establish standard time for regular contact. For example, contacting families once a shift, or at a specific time.
4. Be sensitive to the fact that family dynamics may not allow for there to be one point of contact.
5. Contact families while in presence of patient, when possible. This will reassure patient that communication is taking place with their family.
6. Post visitor guide on website to explain delivery/drop off instructions of items for patients. Provide FAQs outlining what items are permissible to leave for patients. Explain that staff may not be available to answer individual questions.
7. Not all families will have access to technology or other resources to stay connected. Create a family resource area where families can bring essentials for patients or drop off cards and small gifts or use technology to communicate with patients. Have materials for families to create cards for patients. Be clear about what items a patient can and cannot have. This resource is especially important for families who would not otherwise have access to their loved ones. When possible staff it with an RN to assist with any medical questions that may come up.
8. Provide conversation tips for families to use to comfort the patient. Include scripting for specific scenarios, such as when patient may experience confusion, fear or express an urge to go home.
9. Designate smart phones and/or tablets throughout the hospital with apps/programs for the providers, nurses, and patients to consult with family.



10. Consider a Compassionate Care Rounding Program where staff can facilitate communication between patient and family. Example: Compassionate Care Rounding Program: <https://vimeo.com/404776890>
11. Categorize complaints and develop planned responses to be shared among staff. This will ensure consistent messaging to public.
12. Use in-house TVs to provide updated messaging, community well wishes and appreciation. i.e.: <https://www.henryford.com/news/2020/03/well-wishes>
13. Use “Cheer cards” to create online, personalized greetings to patients, which can be printed at hospitals or emailed to patients.  
i.e.: <https://www.concordhospital.org/patients-visitors/cheer-cards/>  
<https://www.ksbhospital.com/cheer-cards/>
14. We are in uncharted times. Family actions/inactions may be difficult to understand. Compassion and patience are critical.
15. Use telehealth systems for family meetings around plans of care or end of life conversations. Include family members who are in separate locations. Designate DPOA /DPOAH to speak on behalf of family but allow family to listen.

Resources:

1. CDC information for families: [https://www.cdc.gov/coronavirus/2019-ncov/faq.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Ffaq.html](https://www.cdc.gov/coronavirus/2019-ncov/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Ffaq.html)
2. Example of Visitor Guidelines: <https://www.hopkinsmedicine.org/coronavirus/visitor-guidelines.html>
3. Guidance in communicating with patients and families:  
<https://www.vitaltalk.org/guides/covid-19-communication-skills/>  
<https://www.capc.org/events/virtual-office-hours/communicating-patients-and-families-during-covid-19/>
4. Scripted responses to patients and families: <https://www.chcf.org/blog/finding-right-words-about-covid-19/#undefined>

Many organizations are turning to remote strategies to provide care to their patients while simultaneously training their staff on technology, all in record time. As more providers use telehealth, it is equally important that patients and families receive education and understand this new method of communication and care. The following strategies can help to ease the transition to telehealth.

## Supporting Patients and Families: Telehealth

1. When possible, provide telehealth as an option instead of canceling appointments. If it is necessary to cancel or reschedule, avoid terminology that may indicate that a patient's concern is not important. Words such as non-essential or not serious can feel uncaring to a person experiencing pain or anxiety.
2. Provide all patients with information on how to access care. Updates via email, websites, newsletters, etc. can help to eliminate misunderstandings. Provide information about what equipment is needed.
3. Develop or use an existing one- page document or video to explain the remote process. Provide access to instructions via email, on website, or in letter form and then review over the phone before appointment.
  - a. Ask your telehealth provider if they have printed education or tutorials to help patients to learn how to use the system
  - b. Check with patients if they have the required technology needs such as computer, phone, internet, camera, or audio.
  - c. Work with the family/community to supply appropriate technology if needed.
4. Avoid medical jargon. Terms such as *telehealth* or *telemedicine* can be confusing. Consider terms such as video appointment, virtual appointment, online appointment, video chat with your doctor, or telephone call (if video is not being used).
5. Address patient concerns up-front during the setup of the appointment or in the first appointment. A study on ***Physician and Patient Attitudes Toward Technology in Medicine*** showed that the number one concern of patients when using telemedicine is receiving an inaccurate diagnosis.
  - a. It is ingrained in patients that they need to be in the physical presence of a provider to receive quality care. The sudden change may be interpreted as a lack of patient-centric care as opposed to effective strategies to provide safe care.
  - b. Recognize that we are in uncertain, frightening times. Patients may strike out in frustration or anger as they experience significant changes in access to care. Be aware of concerns, engage the patients as best you can, and provide thorough education to everyone involved.
6. Provide guidelines on what vital signs, supplies and/or information patients may need for their upcoming appointment, such as blood pressure cuff, current weight, and/or temperature. Provide information/alternatives on what to do if these items are not available. Partner with the community and family when supplies are needed.



7. Discuss privacy concerns. The use of headphones may help to prevent others in the home from hearing the providers discussion.
8. Tell them that the appointment is not being recorded in any way.
9. Explain the need, and ask for, patience. Let them know that this is new to everyone and that we can all learn together. Glitches are likely to happen. When they do work through them as best as possible and always switch to a phone call if other methods are not working.
10. Allow patients time and opportunity to practice and become familiar with the new software. Most telehealth platforms have the option to sign in early and allow patients to view a tutorial. Share websites that they can visit to become familiar with how to use it.
11. Debrief with a sampling of patients following the call to see what worked and how things might have gone better. Adapt based on the input received from patients.
12. Recognize that many patients may not want to return to care delivery the way it has always been. Telehealth may be the way that they want to continue to receive care. If regulations make this more difficult in the future explain this to them and how you will continue to treat them.
13. Ask a sampling of patient representatives to review patient education material for using telehealth before sending it to patients. If you have a PFAC bring them together virtually to review. In the absence of a PFAC consider sending it to staff and provider, non-clinical, family members to review for clarity.
14. Practice telehealth calls with Patient Family Advisory Council members to solicit feedback.
15. Telehealth is not just for appointments with providers. It is also an effective method for patient education, especially about chronic conditions. If patients would typically be referred to a class such as a pulmonary or congestive heart failure class than consider doing it virtually using Zoom or another method.
  - a. As a Zoom host you are can change names of participants so you can change the names to first names only.
  - b. As a Zoom host you are can mute, stop video or remove someone if need be.
  - c. You are also able to do a live Zoom webinar which does not show attendee information or have them on camera. This is a good alternative if there isn't going to be much interaction. Patients would still be able to use the chat function
  - d. <https://support.zoom.us/hc/en-us/articles/206618765-Zoom-Video-Tutorials>

#### Resources:

1. Physician and Patient Attitudes towards Telehealth  
[https://www.medscape.com/features/slideshow/public/technology-in-medicine?src=ban\\_techinmed\\_stm\\_mscpmrk\\_hp#page=1](https://www.medscape.com/features/slideshow/public/technology-in-medicine?src=ban_techinmed_stm_mscpmrk_hp#page=1))
2. Patient Education on telehealth: <https://patientengagementhit.com/news/patient-education-support-key-for-senior-telehealth-care-access>
3. Using virtual resources for telehealth and SUD: <https://forefdn.org/resources/>