



PLAY 2 Consistent Communications with Family & Care Partners

12/3/2020

GOAL: Communicate with Residents' Families & Care Partners Openly, Compassionately & Supportively



PLAY STRATEGY

COVID-19 and its mitigation strategies pose a double threat to congregate living facility residents: the possibility of contracting the disease, and the well-being challenges posed by broken routines, cancelled activities, and isolation from family and friends. Residents and families are suffering as the global pandemic upends daily life for an uncertain and prolonged period of time. Compassionate communication is essential to supporting residents and families. How will congregate living facility leadership develop and maintain clear messages as the local context changes? How can leaders foster ongoing and open dialogue with families and care partners?



HOW TO RUN THE PLAY

A. Senior leaders develop multiple direct, open communication channels with families.

- Leaders send families/care partners written communication by email at least weekly (see B below) and/or record automated phone call updates.
- Senior leaders attend meetings of the facility's family and resident councils as requested.
- Leaders hold individual conversations about safety measures with families/care partners, especially in case of quarantine.

B. Senior leaders reach out directly to families/care partners at least weekly with updates by email and/or robocalls.

- Communication template includes: facility and community conditions, patient well-being, specific and clear information around opportunities for family visits, reasons for any visitation restrictions, and the role of families in implementing current safety measures (e.g., quarantine, mask-wearing, social distancing, hand hygiene, testing).
- When there is an outbreak in the facility, leaders develop a plan for one-on-one contact with each resident's family or designated care partner, at least including residents of the unit experiencing the outbreak. Leaders and the care team divide the resident list, each contacting a



small number of people. Short, proactive conversations will stem the flow of calls and emails, ultimately saving staff time.

- When one-on-one calls to family and care partners are not possible due to time constraints, leaders ensure that a combination of mass emails and robocalls are sent to families and care partners.

C. Senior leaders designate a staff member to serve as liaison to family/care partners.

- Liaison is directly overseen by a senior leader to ensure that s/he is empowered to quickly make some decisions related to family and care partners' concerns.
- Liaison holds individual conversations about safety measures with families/care partners.
- Liaison gathers questions and concerns from families/care partners, through direct solicitations by email, and maintains a policy of responding to family and care partners within 24 hours.
- Liaison elevates family/care partner concerns to senior leader, who then communicates directly with affected families on that topic, includes topic in next senior leader email communication to families/care partners, and suggests the topic for inclusion in upcoming meetings of resident and family councils.

D. Senior leaders, working with local public health and in-house resident and family councils, develop and communicate a robust visitation policy.

- See more on this in Play 5, *Develop a robust family visitation plan*.

E. Senior leaders and care team communicate with family and care partners the importance of having an updated advance care directive for each resident.

- Leaders support staff to frame a family's conversation about care directives, including POLST (physician orders for life-sustaining treatment) form, to document resident's treatment preferences as medical orders.
- Senior leaders ensure that staff teams are confident using POLST forms and advanced care directives, offering training as needed.
- Care teams work with each family/care partner to keep advance care directives updated to reflect the possibilities presented by COVID.
- Leaders identify simple advance care directive resources to support families to have conversations about end-of-life care, and care teams share such resources with families and care partners for their review with, or on behalf of, the resident.
- Senior leaders ensure on a monthly basis that all residents' advance care directives are up to date.





TIPS AND TRICKS

- One-on-one conversations with family and care partners around visitation policy and safety measures are a good time investment when starting to reopen the facility to visitors and new residents after an outbreak. When it is not possible, a combination of thorough, clear emails and robocalls is an acceptable alternative.
- Schedule regular outgoing communication with families and care partners, and use templates to frame emails in a streamlined way. Consider developing email templates for different circumstances: 1. COVID outbreak at facility; 2. No COVID cases at facility; 3. Community spread. Include in each template: regular updates on staffing, infection control practices, de-identified aggregate summary of resident health, current visitation policy, and infection control practices.
- Designate a hotline for family and care partners; disseminate a set of answers to frequently asked questions (FAQs) to be included in weekly outgoing emails and posted on the website; develop a pathway to prioritize incoming communication for follow-up.



SPECIAL CONSIDERATIONS FOR PEOPLE WITH DEMENTIA AND/OR IN MEMORY CARE UNITS

Families and care partners of residents with dementia or in memory care units (MCUs) have unique concerns stemming from the pandemic, related to restrictions on communal life, changes in visitation policies, and requests for residents to participate in infection control practices.

Leaders reflect those concerns in communications to families and care partners and share the ways that the facility is ensuring safety while accommodating the behaviors that result from the cognitive deficits of dementia.

Leaders discuss in COVID huddles the special considerations for supporting families and care partners of residents with dementia or in MCUs, soliciting ideas, surfacing bright spots, and brainstorming solutions to challenges that arise during the pandemic.



ADDITIONAL RESOURCES

- [Advance care directive fillable form](https://bit.ly/3obHyE6) (bit.ly/3obHyE6)
- [Advance care planning training presentation for congregate living facility staff](https://bit.ly/3fVWrHA) (bit.ly/3fVWrHA)
- [A mass communication system](https://bit.ly/2VnKCAz) (bit.ly/2VnKCAz)
- [Contra Costa County health care coalition](https://bit.ly/33Q1hSf) (bit.ly/33Q1hSf)



PLAY 2.A EMAIL EXAMPLES FOR FAMILIES

EMAIL EXAMPLE: No outbreak in facility and limited community spread

[Date]

Most Recent Update

- Over the past 24-hours there have not been any material changes within the community. There are no residents or staff that have tested positive for COVID-19.
- A reminder: Assisted living family visitors are not permitted back into the community after completing their outdoor visits. Screen, visit, leave. Please!
- *Please be aware that the community discourages window visits. These can be disruptive to other residents, pulls staff away from their assignments, and, is potentially dangerous given the location and access to resident room windows.*
- **If temperatures outdoors exceed 80 degrees, Assisted Living visitors will be directed to an indoor location for their visit.**

General Visitation and Screening Process

All visitors, employees and healthcare personnel are screened at our front entrance between 4:30 AM and 11:30 PM. Anyone entering after 11:30 PM will be screened by a nursing supervisor at the front entrance. Individuals permitted to enter the building must sanitize their hands at the check-point station, don a mask and wear a gown. *There are no exceptions.* Personnel arriving from another community, e.g. Hospice, etc., must wear clean scrubs upon entering.

Under Phase 2 we will permit one-adult visitor per day for compassionate/end of life care visits. While the visitor may stay as long as he/she likes, we do request that you visit during normal business hours in order for the staff to be able to sanitize the apartment or room after you leave. Please reach out to your respective nurse manager for additional details.

Scheduled outdoor family visits - one adult visitor only - with residents residing in Assisted Living and Memory Care are now permitted.

In order to schedule a visit, please follow the instructions below:

1. **Schedule and confirm a time. The new number to call-in to reserve times is # and is specifically for visits.** You'll receive updated instructions under separate cover.
2. Arrive 5 – 10 minutes before your scheduled appointment. Visiting hours are limited to 10 AM – 11:45 AM; 2 PM – 4:45 PM; and, 6 PM – 7 PM.
3. Proceed to the main entranceway and screening table in the main lobby. You must have a mask on before entering the building. Any of these type masks are acceptable: Cloth masks must be 3-ply; surgical masks must be certified; N-95 masks must be properly fitted.



4. After screening, sanitize hands and move back outside. Once back outside make a left and another left toward the Main Dining Room patio area.
5. Please remain at least 10-feet from your loved-one and refrain from hugging, touching, kissing, etc. The chairs and/or tables will be in the correct distance for visits. Please do not move these.
6. You will be permitted to visit for 45 minutes; a caregiver will be present should you need assistance or your visit is shorter than the allotted time.
7. Following the visit, please leave the area to allow staff time to sanitize the surfaces and prepare for the next visitor; You may not re-enter the building for any reason.
8. Since it can be quite warm here, please bring your own water to remain hydrated; staff will provide water for residents.

If you have any questions, please reach out to (name) at (number) for assistance.

Employee COVID-19 Testing

Baseline testing for employees resumes [DATE] for on-going monthly testing.

- On-going monthly testing is required for all employees. CCCDPH has made this a ‘condition of employment.’
- Contra Costa County drive-up site testing for employees is easy: Call (844) 421-0804 to schedule an appointment (make sure to tell them you are a health care worker), drive to the site and get tested while remaining in your vehicle the entire time, and receive results in 24-48 hours. You don’t need a doctor’s order to get tested. There is no up-front cost for testing. You do not need medical insurance to get tested, however, if you have health insurance, your insurance will be billed. You will not be asked about your immigration status.
- While we encourage all individuals to get tested regularly – residents, employees, families – we will not collect or track results of family members. We expect that if you test positive, you will not enter the community and follow your care provider’s and CDC guidance for quarantine and/or hospitalization.

Masks

Employees are required to wear *surgical* masks at all times based upon the recommendations issued by the CDC. All employees and visitors *must* wear a face covering upon entering the building.

Social Distancing

Social Distancing reminder: Resident groups may expand to a maximum of 10 total (residents and staff) per group as long as they are able to maintain standing/sitting at least 6-feet apart. Please wear your masks at all times when leaving your apartment, and, when caregivers enter your apartment.



EMAIL EXAMPLE: Outbreak in the Facility

[Date]

To our Residents, Families and Employees

During this pandemic crisis, as you know, we have taken proactive measures to protect our residents as much as we can. Unfortunately, since [DATE] our SNF unit has been placed in COVID-19 Outbreak status by Contra Costa Health Services (CCHS) due to one positive case in the SNF unit.

At this time, there are no additional cases to report. Regardless, to limit the spread of COVID-19 within our community, CCHS has requested the following:

- The SNF unit is closed for new admissions
- Communal dining and group activities are closed
- All SNF employees and associated, including ancillary departments staff (Dining Services, HSKP/Laundry, Maintenance, Life Enrichment, Rehab) as well as all SNF residents will be tested weekly until all results negative for at least 2 consecutive weeks.
- Essential visitors only (internally)
- Outdoor Visitation is opened for SNF residents with no known exposures: at this time, some of the SNF residents have been placed on a 14-days quarantine (just a preventive measures) and can't have visitors

Please review the included Visitation Guidance for Facilities While in an Outbreak/Being Monitored by Public Health after Positive Case Identified

- Visitors must be informed of the COVID-19 status of the facility
- Visitors must be screened for COVID-19 symptoms and fever
- Visitors to complete a Visitor Screen Form after being screened
- After screening, visitors are asked to sanitize hands and move to assigned locations: Main Dining Room patio – AL/MC; SNF patio – SNF.
 - At this time, visitation takes place outside only, and be in a location that allows 6 feet or more distancing and includes no hand shaking, hugs, etc.
- Visitors and residents should wear masks during the visits
- Following the visit, visitors are asked to leave the area to allow staff time to sanitize the surfaces and prepare for a next visitor
- Visitors may not re-enter the building for any reason
- No pets allowed during the outdoor visit.



This is a fluid time with circumstances changing daily. We will continue to communicate with you on a regular basis when updates are available.

Again, with the assistance of our residents, family members and valued staff, [facility name] is committed to keeping our seniors safe, healthy, and comfortable. We are grateful for your partnership on this journey.

This playbook, available at cchealth.org/covid19/clf, was developed by the Institute for Healthcare Improvement (IHI), Contra Costa Health Services and the Contra Costa County COVID-19 Congregate Care Team, with generous support from the Contra Costa Regional Health Foundation and the Silicon Valley Community Foundation.

