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Stand by me 2.0. Visits by family members at Covid-19 time

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Summary. *Background:* In the complex health emergency situation of our country, the application of Information Technology tools has a decisive role in supporting health insurance, creating a highly performing and technologically advanced system that reduce distances, suffering of disease and the weight of necessary isolation. The theme of the humanization of care, understood as attention to the person as a whole, is a highly topical issue today. The humanization in the healthcare is intended as the ability to make the places of care and the same medical care practices more open, safer and painless, reconciling hospitality, information and comfort with care paths as much as possible in sharing with the patient and his family. *Materials and Methods:* Pursuing the purposes inherent in the concept of humanization of care and assistance, with the aim of offering Apulian citizens a complementary, but also fundamental, service in clinical-therapeutic assistance to the patient affected by COVID-19, in the hope of improving the quality of care, also in relation to the perception of the user, the Strategic Management of the AOU Policlinico of Bari has launched an experimental project that fits into the context of care quality, a crucial and not negligible issue, despite the extreme difficulties dictated by the ongoing medical emergency. *Results:* The experimental project proposes an innovative clinical-organizational model which, through Information and Communications Technology (ICT), intends to make the management of COVID-19 patients optimal, safe and better, in all the spheres that jointly define the concept of Health. (www.actabiomedica.it)

Key words: humanization of care, care quality, Information and Communications Technology (ICT) for healthcare

Background

Humanization of clinical care, that is the attitude of taking in charge the patient as "a whole", since made up of unique disease-related, psychological and relational needs, is today a topic of best clinical practice. This approach requires performing the entire diagnostic-therapeutic process in a "patient-centered" manner and seeking an organizational model oriented towards reconciling clinical paths with hospitality and comfort as much as possible in sharing with the patient and his surrogates.

In this perspective, the issue of appropriate communication and adequate information is paramount and is part of the radical redefinition of the doctor-patient relationship, being nowadays among the leading indicators of professional competence and quality of treatment by hospital teams.

The best strategy of information and communication in the hospital setting takes place in the "family conference", a structured "vis-à-vis" meeting that includes the caregivers and the patient and/or its surrogates (usually his family members). On the one side, the family conference allows the patient and his family to be updated on clinical conditions, treatment options and prognosis, with the aim of adapting their hopes to the reality and to have the opportunity to make explicit the desire for involvement in the decision-mak-

ing process. On the other side, the conference allows caregivers to be kept informed of the patient's clinical history, values and preferences in order to administer adequate care.

The dramatic epidemiological context we are experiencing, characterized by the pandemic spread of SARS-CoV2, seriously undermines the humanization of clinical care. First of all, current national legislation requires Healthcare Organizations to prohibit access to hospitalized patients by visitors, including close family members. Moreover, to deal with emergency, ward teams have been numerically implemented, with each patient possibly managed by multiple, overworked and changing attending physicians. Without creating an "ad hoc" structured family conference, in the best-case scenario patient's relatives are forced to obtain information by phone from any number of healthcare workers during the course of a day and shift changes. This could leave families, already stressed by the isolation and the serious condition of their loved one, confused as to who is in charge and to whom they should address their questions. In other words, when clear information is most needed to assist families with timely and well-informed decision-making, the quality of information and communication could be inconsistent.

By anticipating this scenario and with the aim to help to provide a clear and consistent line of communication with patient's relatives, at the beginning of the SARS-CoV2 pandemic, the Strategic Management of the AOU Policlinico of Bari has launched the experimental project "Remote family conference and patient visits in the COVID hospital ". In parallel with this project and according to the principles of humanization of clinical care, a listening and psychological support unit dedicated to both relatives and healthcare workers has been instituted.

To our knowledge, the effects of an integrated family approach during COVID19 pandemic have not been yet investigated. Here we present the *ad interim* analysis of family satisfaction during the pilot stage of our experimental project, performed at the Intensive Care Unit of the COVID hospital of the Policlinico of Bari.

Materials and Methods

The project "Remote family conference and patient visits in the COVID hospital", launched by the Strategic Management of the University Hospital Policlinico of Bari at the beginning of the COVID-19 pandemic, involves three stages.

Stage I. In order to test the feasibility and the validity of the family approach in the worst clinical scenario, the stage I of the project concerned only the Intensive Care Unit (ICU) of the COVID Hospital. In this phase, the clinical coordinator of the ICU managed the flow of medical information to the family, which included giving clinical updates daily in an accurate and comprehensible manner by phone call, usually in the late afternoon. During the family conference, a special emphasis was given to relative's information needs and to explain relevant medical information pertinent to the patient's condition, in order to facilitate well-informed decision-making. The healthcare team was informed by the ICU clinical coordinator on the family's concerns about the patient's condition, prognosis, and treatment plan. When possible and when clinical evolution was favorable, remote visits to the patient by relatives were allowed by video calls in dedicated time slots.

Stage II. The stage II was performed by members of the Strategic Management of the hospital. A patient evaluation form containing patients' demographic and clinical information was filled out by the ICU clinical coordinator. The topics investigated were age group, clinical severity, duration of hospitalization and patient's ability to support video calls with family members.

Moreover, a structured questionnaire was administered by phone call by a member of the Strategic Management of the hospital to evaluate patient relatives' satisfaction with regard to the remote family daily conferences and visits to the patient. On the occasion of the administration of the evaluation questionnaires, the relatives were informed of the possibility of accessing, after telephone contact, the psychological listening desk, managed by 12 psychologists who rotate in several shifts.

The preliminary data regarding the stages I and II of our project have been reported in the present study. The stage III of the project is currently un-

derway and involves physicians and residents of all the clinical units (internal medicine, pulmonology, infectious disease) dedicated to the management of the patient with COVID-19, all adequately trained and instructed on the operating protocol. During this stage, patient satisfaction with regard to the remote family visits will also be evaluated. Moreover, the Information Technology (IT) management system will allow to perform a precise and advanced analysis of the data collected by tracking information on who is calling, who answers, duration of the call and time when the call started. Finally, the IT system will allows to record the chat session with the related attachments and the data collected will be processed by the Company Strategic Management to evaluate the effectiveness of this project in terms of help and support for users and healthcare professionals, improvement of perceived quality and offer, corporate performance in the process of humanizing care and assistance.

Results

Out of 40 critically ill patients admitted to the ICU of the COVID Hospital of the Policlinico of Bari from 12 March to 7 April 2020, 25 patients were enrolled in the "Remote family conference and patient visits in the COVID hospital" project. Patients mean age was of 61 ± 11 years, 72% were males and mean APACHE II score on ICU admission was 28. Overall, 12 ICU patients were able to interact with their relatives by video calls during ICU stay.

On the day of family phone survey by members of the Strategic Management of the hospital (stage II), the daily family conferences were in place by a mean of 10 ± 8 days. Due to the clinical severity of six patients, their relatives were not involved in the family satisfaction survey. Therefore, 19 families (76%) were administered the questionnaire assessing the quality of service perceived by the user.

The results show that the information given by the medical staff, the courtesy of the staff and the initiative of the AOU Policlinico di Bari to be close at a distance are considered 100% excellent.

Moreover, for 100% of the interviewees, continuous contact with the patient and with the physicians has greatly alleviated the suffering status of families and patients who are clinically in clinical condition to participate in the telephone contact.

Finally, the telephone survey on the qualitative evaluation of the experimental project showed that it would be desirable to increase the frequency of interviews with medical staff by families, to implement an updated system through SMS in the morning with news relating to the clinical situation, to provide a collection center and subsequent sorting of personal effects that families can indirectly deliver to the patient, to improve the recovery of personal effects of hospitalized patients.

Conclusions

Communicating with family members is not a compassionate, discretionary task, but a necessary and professional responsibility of the team that operates in departments dedicated to the health emergency COVID-19. In this context, adequate and consistent communication and information technology tools may have a decisive role in supporting health insurance, creating a highly performing system that reduce distances, suffering of disease and the weight of necessary isolation. The purpose of this study was to open a channel for listening to users, to collect their stories and take advantage of their experiences, in order to improve the humanization of care in a dramatic epidemiological situation.

The preliminary data of this study show that the project "Remote family conference and patient visits in the COVID hospital" may represent an innovative and successful clinical-organizational model which, through Information and Communications Technology, could make the management of COVID-19 patients optimal, safe and better, in all the spheres that jointly define the concept of Health.

Conflict of interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article

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