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Family Connect: Keeping families informed during the COVID-19 pandemic

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Abstract

NYU Langone Health (NYULH) and Yale New Haven Health System (YNHHS) rapidly developed and deployed Family Connect programs to enhance communication with families and care partners who were unable to visit their inpatient loved ones during the COVID-19 crisis. While they differed in composition, the Family Connect programs at both institutions leveraged providers who had decreased clinical activity during the pandemic. The Family Connect team became integrated with the team. At both institutions, Family Connect teams perform virtual chart review, discuss patient status and care plan with the primary provider and communicate with the patient's designated family member or care partner daily. Conversations are documented in the electronic medical record (EMR), which allows for metric tracking and clear communication to all team members. All Family Connect providers undergo a comprehensive training program focused on workflow, communication, and EMR training. Family Connect can be tailored to the needs of specific health systems based on patient volume and staffing. The NYULH Family Connect model incorporated medical student mentorship, on-site nurse liaisons to assist patients with virtual visits with families, and a 24/7 call center for family support. The YNHHS model was separate from the YNHHS COVID-19 call center and utilized attending and trainee physicians. The program is highly portable and can be easily reinitiated if needed.

Keywords

Communication, family communication, COVID-19, patient communication, visitor restriction, workload reduction, provider satisfaction, front-line support, patient experience

Overview of NYU Langone Health and Yale New Haven Health

NYU Langone Health (NYULH) is a not-for-profit multihospital system with hospitals in Manhattan, Brooklyn and Long Island. The system is affiliated with New York University. The flagship institution, NYU Langone Medical Center, is the primary teaching hospital for NYU Grossman School of Medicine and the origin of NYULH Family Connect.

The Yale New Haven Health System (YNHHS) is a 2,588 bed, not-for profit multihospital system which spans geographically from Greenwich, Connecticut to Westerly, Rhode Island. The system is affiliated with Yale University. The flagship institution, Yale New Haven Hospital, located in New Haven, Connecticut, is the primary teaching hospital for the Yale School of Medicine and

serves as a quaternary referral center for the state of Connecticut, New England and beyond.

Defining the Issue

Patient and family engagement requires the development of partnerships between care providers and those who receive care and is critical to safety culture.¹ In addition, prior studies have shown that less restrictive visitation policies have a positive impact on family satisfaction in both the acute care and critical care setting.^{2,3} Due to the COVID-19 pandemic, NYULH and the YNHHS implemented a strict no-visitation policy (with rare exceptions) at all hospitals in March. This presented a challenge to keeping patients' loved ones informed and engaged. At the same time, during the COVID-19 crisis, frontline physicians are often overloaded with bedside care responsibilities due to the increased volume and complexity of COVID inpatients. The elevated workload

can lead to burnout, which has far-reaching consequences, influencing patient safety, professionalism and patient satisfaction.⁴ Meanwhile, clinical operations within both systems' hospitals and outpatient settings were diminished due to the pandemic, allowing many physicians of varying specialties to be re-deployed in other capacities.

To address these issues, the NYULH Family Connect program was created with the vision to provide the family members of COVID-19 and non-COVID patients in its hospitals with proactive, timely and accurate daily updates from medical professionals. The YNHHS Family Connect program had similar communication goals but with the intention of preferentially covering COVID-19 patients. Both programs were designed to utilize this opportunity to address the challenges of family communication while simultaneously decreasing the workload of the primary providers.

Addressing the Issue

NYULH Family Connect

At NYULH, the project team consisted of a patient experience lead, a physician lead, nursing lead and administrative and project management support. In addition, there were leads for the medical students and participating medical departments.

NYULH Family Connect is comprised of three intertwined, interdisciplinary elements: the duo of medical students and attending physicians who made daily clinical calls to families, the on-site nurses who facilitated direct virtual visits with patients and families and the patient experience office team, responsible for addressing thousands of calls from families.

The exact structure of NYULH Family Connect varied depending on the hospital site where it was operating. The NYULH Family Connect team at the flagship hospital consisted of medical students, attending physicians, nurses and Patient Experience Office team members. The group of medical students were comprised of volunteers and students completing their critical care clerkship who were not allowed to perform direct patient care beginning in early March. Attending physicians were recruited with minimal advertising by the Chairs of Departments. Several groups of attending physicians from the following departments enthusiastically volunteered: Radiology, Pathology, Dermatology, Neurology, Urology, Orthopedic Surgery, Pediatrics and Medicine. NYULH Family Connect recruited two groups of nurses: on-site clinical nurses who facilitated direct patient-family communication via dedicated tablets and off-site nurses who answered family phone calls at night. To accommodate a high volume of calls from families, the Patient Experience Office team was expanded and trained to relay messages to the appropriate team.

NYULH Family Connect

Training

Medical students and attending physicians were trained virtually in separate groups over five days. In addition to providing detailed orientation guides, each group was trained virtually for four hours with electronic medical record (EMR) training and listening sessions with real-time feedback on practice calls. Training was composed of five key elements: chart review, attending interdisciplinary team rounds, communication, documentation, and response to call center requests. As in authentic workplace settings, students and attending preceptors were trained on how to perform chart reviews of assigned patients and gather key COVID-related information, including risk factors and comorbidities, trends in oxygen requirements and inflammatory markers and treatment regimens. Both students and attending preceptors participate in rounds and interact directly with the care team, so they were trained on how to use the web conferencing tool WebEx. During training, scripting was introduced to help guide the NYULH Family Connect team calls to the health care proxy (HCP). Scripting included how to convey whether the patient is the same, better or worse and the plan for the day, as well as provide empathy and reassurance. Trainees were taught how to write a brief, templated note detailing the contact and bi-directional information conveyed. Finally, response to Patient Experience Call Center workflow was discussed, with the attending physician responsible for responding to all clinical questions that families would direct to the call center from 8am-6pm.

From 6pm – 8am, off-site nurses who were similarly trained in chart review and documentation were responsible for addressing incoming phone calls from the call center. After a group training session on the tablet, on-site clinical nurses also performed a liaison role connecting patients with families and would work closely with the medical student/attending duo to facilitate virtual visits, when appropriate.

The Patient Experience team was trained to direct clinical calls to the appropriate Family Connect team and close the loop in ensuring a follow-up phone call occurred. They were critical in managing the increase in volume of calls to the 24/7 call center. Participants were provided with “FAQ” documents that supported their training.

Program Launch

Initial Phase

The first phase started April 6, 2020 and consisted of 65 radiologists and 65 medical students who covered acute care level inpatients.

Expansion Phase

The second phase, which consisted of 86 additional attendings from other specialties and 35 additional medical students, started April 13, 2020 and covered additional acute care level inpatients as well as expansion to cover critical care level patients.

YNHHS Family Connect

The YNHHS Family Connect program was adapted from the program at NYULH. The role of the YNHHS Family Connect physician is to perform chart review and discuss patient status with the attending physician, then to assist by communicating the status and plan of care of a patient to the person the patient identifies on a daily basis through a phone call. This program was implemented because it would simultaneously decrease workload on primary teams, capitalize on the increased bandwidth of underutilized physicians to be active participants in the COVID-19 pandemic system response and close inevitable communication gaps with patient families created by the visitor restrictions.

To initiate the program as quickly as possible, a team of a physician lead, two project managers and administrative project support was brought together with as needed input provided by Patient and Family Advisors, the Patient Relations department and a pre-existing internal Communications Effectiveness Team made up of physicians. The core project team used daily virtual meetings to build out the program.

Family Connect within the Yale New Haven Health System required several steps to begin, which can be categorized into three main phases: pre-launch, pilot week and expansion. From pre-launch to starting the pilot group was approximately 10 days; to full expansion was another 4-5 days, or a total of two weeks.

Pre-Launch Phase

At pre-launch, the project team was assembled by system Patient Experience leaders and tasked with initiating the program as quickly as possible. The team immediately put together a project charter, including a problem statement, objective, benefits, scope, resources and metrics. Concurrently, the team began work on a training program for volunteers along with a Resource Guide to accompany the training. The training program and Resource Guide have become key to the program's success, as they were designed to be as detailed as possible, giving YNHHS Family Connect physicians every tool they might need to complete their role.

A workflow for the program was created and used in both the training and the Resource Guide. The project team worked with the Language Services Department to identify the appropriate steps for calling a non-English speaking

family. The project team also worked with Patient Relations to address a callback process. It was determined that having a specific phone number for families to call would be the best course of action for all parties, so unique phone numbers were obtained for the program at each of the hospitals at which Family Connect would be launched.

The project team adapted the call-to-families scripting that NYULH provided for use within YNHHS by meeting with an internal team of communications experts as well as a group of Patient and Family Advisors. Once finalized, the modified YNNHS-tailored scripting was put into a training PowerPoint presentation as well as an accompanying Resource Guide. Both the training and the Resource Guide also included the aforementioned workflow and EMR training, to help non-hospitalist physicians access and leave notes in patient records correctly.

YNHHS Patient Experience leadership worked with the legal department to create a brief form outlining the YNHHS Family Connect physician roles and responsibilities. All volunteer physicians were required to sign it before participation, which enabled doctors from all specialties to participate.

Two versions of a "Frequently Asked Questions" document were created about YNHHS Family Connect: one for potential inpatient units looking for YNHHS Family Connect support, and one for the Patient Relations department, to ensure their staff were well versed in the program and its purpose.

Finally, the team recruited inpatient units to support with YNHHS Family Connect to have matches for the pilot group of volunteer physicians.

Initial Phase (Pilot Week)

A pilot group of physician volunteers participated in a small-scale launch ("pilot week") and helped further refine the program based on their experience before a larger expansion. The pilot group was recruited from a single service line (diagnostic radiology). During the pilot week, the first virtual training session was held, and the pilot group of volunteer physicians started on service the following day. The project team met with the group to debrief at the end of the first day, and again at the end of the first week.

Throughout the pilot week, several workflow improvements were uncovered, and suggestions were made which were then incorporated into regular workflows, future trainings and the Resource Guide. For example, a daily checklist was also created and added to the resource guide for physicians.

During the pilot week, the project team was also working to finalize some of what was needed for expansion. To allow for measurement of the program, the project team created a tracking spreadsheet for use by the volunteers during the pilot week. The EMR note template builds, done by the system's internal EMR analyst, were completed, and instructions on how to use them were added to the training and Resource Guide. A dashboard was also built by an internal specialist to allow the project team to easily see the calls being made. The team asked for and received a program-specific email address to allow for a central hub for communication and also created an internal website to direct volunteers to and to house documents that would frequently be needed by volunteers or the project team. Two additional trainings of volunteers were held during pilot week in preparation for expansion.

Expansion Phase

During expansion, the team recruited additional volunteers by publicizing in internal COVID-19 staff emails and expanded support to primary teams six-fold. Volunteers came from a range of specialties and the majority were attending physicians. The project team also made small but important updates to the Resource Guides, worked out the best process for matching YNHHS Family Connect physicians with primary providers and continued to offer training sessions (a total of six trainings have been held as of submission; the final training was recorded and posted to the internal website for future use). Throughout, the project team has been available to volunteers to address any problems as they arose and continued to hold debrief sessions at the end of a volunteer's first day and first week.

Comparing Programs

While it is a similar program with the same premise, Family Connect is an adaptable program that can be tailored to the unique needs of the system at which it is being used. The geographic regions were differently affected by COVID-19 and the resources are different in each medical system. As such, differences between the programs were natural. Some of those differences include utilization of non-physician staff at NYULH and having the support of the program being opt-in for primary teams at YNHHS, while at NYULH the support was automatically assigned to primary teams. Major differences in return call capacity between the two institutions impacted the workflow of how families were able to contact Family Connect staff, as the call center was not utilized for this purpose at YNHHS. YNHHS implemented debrief sessions at the end of physician volunteers' first and last day on Family Connect allowing for continued revision to the program's operations as well as the collection of impact stories. While there were differences between these two programs, both met the needs of their respective health systems.

Measurable Outcomes

As previously stated, the program was designed to (1) increase timely physician communication with families, (2) to support frontline staff by decreasing workload and (3) to capitalize on the increased bandwidth of underutilized health system physicians. The Family Connect project saw positive outcomes in each of its goals.

To measure for these outcomes at YNHHS, the pilot group of Family Connect physicians were given a tracking spreadsheet to capture whether they spoke with a family or left a message, how many calls they made, how long each call took, and whether the families they spoke with had questions to bring back to the primary team. That data set was then used to extrapolate the average time on calls tracked using note template documentation in the EMR.

Two EMR note templates were built for YNHHS: for answered calls and for un-answered calls. The "call answered" template included a space for free text to document the conversation and any questions. Data from the EMR can be used to track note template usage, and a dashboard was created to measure the uses of the note templates to include patient medical record numbers so that the number of patients covered could also be determined.

The project teams at both institutions also measured the number of people trained to offer Family Connect support (Table 1) over the course of four 4-hour training sessions at NYULH and six one-hour sessions at YNHHS. This allowed non-medicine attending physicians and NYU medical students to be active in the fight against COVID during the peak of the pandemic in their geographic areas.

From April 21-May 30, 2020, 294 patients were supported by 35 deployed YNHHS Family Connect physicians over six weeks who made 935 calls and spent approximately 6,232 minutes calling families. YNHHS frontline physicians opted into the program, and the vast majority continued to request a Family Connect partner, which strongly implies that they found the program to be beneficial.

From April 6-May 30, 2020 at NYULH, 1,738 patient families were supported by 302 NYULH physicians, students, and nurses over the course of eight weeks. NYULH Family Connect team members made 13,624 calls, which were tracked via a dedicated Care Coordination note in the EMR. The efforts of both programs ostensibly decreased the amount of time spent on this task by frontline physicians.

Table 1. Family Connect Program Operational Outcomes

	NYU Langone Health	Yale New Haven Health System
Program Start Date	April 6, 2020	April 21, 2020
# Training Sessions	4	6
# Trained		
Attendings	151	55
Fellows	n/a	7
Residents	n/a	3
Medical students	100	n/a
Nurses	51	n/a
# Patient Experience staff answering incoming phone calls	43	5
# Calls (total)	13,624	935
Physician Calls	4,559	935
Medical student Calls	6,499	n/a
Nurse Calls	2,111	n/a
# Minutes Spent on Calls with Families	Data not available	6,232
# Unique Patients Supported	1,738	294

Family members at both institutions reported feeling very grateful for the program and the increased communication it provided. The wife of one NYULH patient stated, “This program and having a 24/7 line has been a Godsend.” The daughter of another NYULH patient was able to calm her delirious elderly mother with the aid of the NYULH Family Connect nurses who initiated a virtual visit (FaceTime call). This patient subsequently stopped pulling out her IVs.

To further elucidate the benefits at YNHHS, impact stories and interviews from Family Connect physicians were recorded as a way to document the human impact of the program and highlight some of the positive outcomes from the YNHHS Family Connect program. Beyond routine medical updates, there were multiple instances where YNHHS Family Connect providers helped to ease family members’ anxieties related to COVID, lack of insurance or a newly discovered diabetes diagnosis, amongst many other challenges.

Particularly moving, for instance, was the time that a YNHHS Family Connect physician realized that the family contact he was trying to speak to regarding his assigned patient was, in fact, now also a patient herself. The new contact person was the granddaughter of his patient and the daughter of the original contact. When the YNHHS Family Connect physician connected with the granddaughter, he learned that the grandfather had just been buried due to COVID-19, and the mother and grandmother were both now in the hospital with COVID-19. Understandably, the granddaughter was terrified of losing her other two family members. She also shared that her mother – not the patient of the YNHHS Family Connect physician – was concerned about having recently

been cohorted with a patient who seemed to have more active COVID-19 than she herself did, and that she (the mother) was very agitated about “getting sick again.” The YNHHS Family Connect physician was able to notify the primary teams of both inpatients of the connection and change in contact person, notify the mother’s primary team and patient relations about the mother’s concerns due to her new roommate, and alleviate the anxiety of the granddaughter. In this instance, the YNHHS Family Connect program physician went above and beyond to help two patients and their family during what has been a traumatic and stressful time.

Implications for Further Practice and Recommendations Based on Outcomes

Family Connect is an innovative strategy that provides families with clinical updates and deeply meaningful experiences for families, faculty, students and staff. As the experience at NYULH and YNHHS has shown, the program is customizable to the needs and resources of an organization, which makes it easily transferrable to any health system.

At NYULH, the involvement of medical students provided an opportunity for mentorship and practice with the critical skill of medical communication.

Based on the success of YNHHS Family Connect, the project team will be suggesting to leadership that pieces of the Family Connect program become embedded into daily operations, possibly by the creation of a permanent family liaison role for inpatient units to sustain gains made in communication with families.

Suggestions for Further Exploration or Research

Too often medical teams practice reactive medicine, calling families only when triggered by clinical events. NYULH Family Connect changes this paradigm to proactive daily phone calls. More research is needed to better understand the impact of proactive calls on patients and families, potentially with the aid of Family Advocacy Committees.

In the future, the YNHHS project team plans to research length of stay and readmission rates for patients covered by Family Connect against those not covered by the program to determine if there was a measurable impact on outcomes.

Two questions still remain for YNHHS. The Family Connect program saw a dramatic increase in the amount of communication to families. Did this impact patient satisfaction scores? Family Connect physicians spent hours doing work for the program. How much time was saved for primary doctors who had a Family Connect partner?

To answer these questions, the project team is looking into (1) calling families impacted by YNHHS Family Connect to determine satisfaction and (2) surveying primary doctors as to how much time they felt the YNHHS Family Connect program saved them and what impact that had on their practice, work/life balance, ability to care for other patients, etc.

As the program winds down, plans are in place at both institutions to send out an exit survey to capture any final suggestions that can help with the operationalizing of elements of the process, as well as any stories that will illustrate the impact of the program.

While the COVID-19 peak has passed, the Family Connect programs at both NYULH and YNHHS can be easily reinitiated if needed in the future.

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