

Providing compassionate visiting during the COVID-19 pandemic

Restricted visiting during Covid -19: an uncomfortable oxymoron for hospice staff

Dr Anneka Burge, Specialty Doctor in Palliative Medicine, Dr Jennifer Todd, Consultant in Palliative Medicine, Keetje Gull Head of In Patient Services, Professor Craig Gannon, Consultant in Palliative Medicine, Princess Alice Hospice Esher

Background

- Visiting in a hospice setting during COVID-19 has been incredibly emotive and challenging for patients, relatives and staff.
- Restricting visiting conflicts with holistic patient-centred care, and the complexity of discussions and decision-making cannot be underestimated.
- Has impacted on the emotional burden for staff morale and resilience.

IPU Visiting Principles:

- This is visiting guide is based on principles of compassionate visiting and new NHS guidance (October 2020). They are NOT RULES. There is no right or wrong plan, but we aim to be safe and compassionate.
- The visiting plan that is discussed and agreed with patient and family on admission needs clear documentation and handing over. Ensure they understand that they need to book in either as they leave or the morning of the day and that they may need to be flexible to ensure visiting remains safe.
- The NOK/significant persons need to be made aware on admission visit that if the patient's condition stabilises and they are not deemed to be dying on this admission that the visiting plan will be adjusted as per guide below.
- Mainstay of visits to be between 12am and 7pm

Local/national lockdown in place or Tier 3	<p>Essential visiting: RED</p> <ul style="list-style-type: none"> • Patient's considered to be dying and remaining at hospice for terminal care are permitted circa 4 family members at the bed space (unrestricted time frame but must be in room or out of building), no use of communal areas. • Patient's not considered to be dying (stable/symptom control admissions) are permitted: 1 visit per day, circa 1 visitor (e.g. unless visitor requires a chaperone/support) circa 2 hours. • If pt. is cognitively impaired: negotiate with family (extended/unrestricted). Again, visitor must be in room or out of building. • Essential visiting allowed by children (see guidelines for safe visiting for minors) • No group/garden visiting. • Offer virtual visits. • No pet visits on the IPU.
Known higher infection rates in local and some local community, & national restrictions in place e.g. Tier 2 restrictions	<p>Essential visiting: AMBER</p> <ul style="list-style-type: none"> • Patient's considered to be dying and remaining at hospice for terminal care are permitted circa 4 family members at the bed space (unrestricted can use communal areas, sit in café, if they need to step outside the room and abide by social distancing/PPE rules). • Patient's not considered to be dying (stable/symptom control admission) are permitted 1-2 visit per day, circa 2 visitors (unless a visitor requires a chaperone), circa 2 hours. Can visit together. • If pt. is cognitively impaired: negotiate with family (extended/unrestricted). • Essential visiting allowed by children (see guidelines for safe visiting for minors) • Garden/visiting groups facilitated in garden – if possible • Offer virtual visits. • Pet visits possible
No known COVID positive/outbreak on IPU, no local COVID restrictions, National guidance relaxing e.g. Tier 1	<p>Essential visiting: GREEN</p> <ul style="list-style-type: none"> • Patient's considered to be dying and remaining at hospice for terminal care are permitted circa 4 family members at the bed space (unrestricted can use of communal areas, sit in café, if they need to step outside the room and abide by social distancing/PPE rules). • Pt not on EOL: 2 visit per day, 2 visitors (unless visitor requires a chaperone) no time restrictions but typically less than 6 hours in total. • If pt. cognitively impaired: negotiate with family (extended/unrestricted) • Essential visiting allowed by children (see guidelines for safe visiting for minors) • Garden/visiting groups facilitated in garden. • Pet visits permitted. • Offer virtual visits. <p>Subject to variables: staffing, total number of visitors on IPU</p>

Results

- Feedback from staff members following introduction of Visitor co-ordinator role was extremely positive.
- Demonstrated an improvement in wellbeing at work. Staff reported the role of the co-ordinator relieved a 'huge burden and source of stress' and as a consequence allowed them to 'dedicate more time to patients'.
- Hospice visiting tiered guideline has aligned with the 'Visiting healthcare inpatient settings during the COVID-19 pandemic: principles' NHS guidelines.
- However, some staff still report that the application of guidelines remains extremely challenging.

"Clearer visual guideline"

"Means I can tailor my conversation with family and helps manage expectations"

"Staff being consistent gives us a 'language' to use"



Method

- Three-pronged approach was taken.
 1. Hospice visiting task and finish group.
 2. Visitor Co-ordinator' role developed, using government COVID-19 for initial three-month period.
 - Supported decision making, communication with families, screening / practical support in the use of PPE and facilitated virtual visiting.
 3. Three tiered Visitors Traffic Light Guideline (green, amber, red)
 - Provided clarity for staff around "essential visiting" and adapted to fluctuating local government restrictions.
 - Feedback collated for the visitor coordinator role.
 - Survey underway to evaluate Visitor Traffic light guideline.

Conclusions

- Visitor Co-ordinator role was extremely beneficial during the first weeks of the pandemic.
- Although helpful, a guideline alone does not alleviate all the challenges associated with restricted visiting.
- Remains an uncomfortable oxymoron for hospice staff and a flexible individualised risk approach is still needed to ensure compassionate visiting at the end of life.

