

HOMERuN COVID-19 Collaborative Patient Experience Working Group

June 21, 2021 Newsletter



The Hospital Medicine Reengineering Network (HOMERuN) is a national network of Hospital Medicine investigators at 12 academic medical centers (AMCs) and 50 affiliated sites. During the COVID-19 pandemic, HOMERuN leadership formed the “COVID-19 Collaborative” as a mechanism to share information and practices regarding pandemic responses across participating institutions.

The HOMERuN Patient & Family Advisory Council (PFAC) is an essential part of HOMERuN. Our PFAC includes patients, family members, and caregivers from locations across the country who meet monthly. PFAC members share their experiences and perspectives in order to inform topics for research and quality improvement projects across HOMERuN sites. PFAC members partner with HOMERuN investigators to ensure that the patient voice is included in the development, implementation, and dissemination of projects.

If you are interested in joining the HOMERuN PFAC or would like to present your project for feedback, please contact James.Harrison@ucsf.edu

Patient Experience Environmental Scan

The Patient Experience Working Group partnered with the HOMERuN PFAC to look at the impact of hospital visitor policy. We conducted an environmental scan of local policy documents and public facing websites to describe adult inpatient visitor restrictions within 70 hospitals within the network in October 2020.

- We identified large variations in how centers describe and operationalize exceptions to visitor policies, especially for end-of-life situations (see Table).
- Other notable gaps relate to explicit guidelines for when patients are admitted or discharged from the hospital, or for those with behavioral and mental health issues.
- Public facing websites were found to be unclear, inconsistent, and lacked sufficient detail - often resulting in more questions than answers.
- Translation of information for those with limited English proficiency was seldom provided and there was an overall lack of consideration of the health literacy for patients and caregivers accessing information.
- Communication of clear expectations for visitors on arrival to the hospital – related to infection control policies and availability of amenities – was also largely missing.
- Our findings have informed the development of a set of patient- and family-centered recommendations for implementing and communicating inpatient visitor policies. Many of these recommendations can be applied to visitor policies outside of the COVID-19 pandemic.

Our next meeting will be July 2, 2021.

Summary of n=70 Sites and COVID-19 Visitor Policies[^]

Number of visitors allowed		
	0	12 (17)
	1	51 (73)
	Not described	7 (10)
Exceptions to visitor restrictions by hospital area or patient population*		
	Admission	0
	Behavioral Health Issues	9 (13)
	Disability	34 (49)
	Discharge	8 (11)
	Emergency Department	39 (56)
	End-of-Life	43 (61)
	Infusion Center	10 (14)

Limited English Proficiency Patients	3 (4)
Maternity/Labor and Delivery/Obstetrics	52 (74)
Neonatal ICU	28 (40)
Pediatric	59 (84)
Surgery and Procedures	36 (51)
Contact information for patients and caregiver with visitor policy questions?	
Yes	13 (19)
Visitor screening elements*	
Check for COVID-19 symptoms	40 (57)
Fever screening / temperature check	20 (29)
Masks required	49 (70)
Negative COVID-19 test	1 (1)
≥ 18 years old only	22 (31)
Restrictions and accommodations for hospital visitors*	
On-site food options	21 (30)
Bathrooms open	4 (6)
Bathrooms restricted	1 (1)
Cafeteria open	7 (10)
Cafeteria restricted	9 (13)
Chapel open	1 (1)
Food not allowed	5 (7)
General restriction for public meeting places / hallways	7 (10)
Gift shop open	2 (3)
Gift shop restricted	4 (6)
Recommendation to stay in patient's room	34 (49)
End-of life visitor exceptions	
Stated policy exception exist and details provided	31 (44)
Stated policy exception exist but no details provided	12 (17)
Not described or provided	27 (39)
Number of visitors allowed at end of life	
≤ 2	5 (7)
2	19 (27)
≥ 2	5 (7)
"Exceptions for family"	3 (4)
Definition of end-of-life provided	
Yes	12 (17)

^ As of October 2020; *sites can provide multiple responses meaning denominator is 70 for each category

- Distribute changes to inpatient visitor restriction policies rapidly/consistency – ensure website information is up-to-date and that current visitors are notified of policy changes.
- Ensure visitors are aware of different visitor restriction policies based on an inpatient’s COVID-19 status; communicate when those restrictions might change (e.g., when precautions are cleared, at end-of-life).
- Clearly indicate rules for allowed visitors: number allowed, rules for rotation or coming/going from facility, how visitors are identified, visiting hours, screening policies on arrival to institution.
- Provide a publicly available point of contact for questions about visitor restriction policies and a clear chain-of-command for escalation of questions as needed.
- Clearly communicate which hospital facilities are available for visitors, if restrictions on visitor movement have been implemented, and accommodations for visitors including parking, food, and housing (both generally and at time of patient discharge/admission).
- Specify exceptions or address concerns relating to vulnerable patient populations:
 - patients with intellectual impairments/dementia/delirium or who are unable to make health care-related decisions without assistance
 - patients with limited English proficiency
 - patients at end-of-life
 - patients at time of admission/discharge from hospital
 - patients in the hospital for procedures or surgery
 - Provide a clear and consistent definition for “end-of-life” for the purposes of visitor exceptions and note if/what hospital accommodations will be available for grieving family/advocates
- If PPE is required for visitors, specify those needs prior to visitor arrival or have hospital-provided PPE available for use.
- Provide clear expectations on how/how often outpatient advocates should expect communication with inpatient care teams.
- Be prepared to facilitate communication between inpatients and their family/advocates who are unable to come to the hospital, either with hospital-provided technology, or provision of detailed instructions for use of alternative communication methods (e.g., video-conferencing tools) with hospital staff/resources to assist as able; specifically address patient populations who are not able to use these technologies on their own or who do not have access to these technologies.

Check out the [HOMERuN COVID-19 Knowledge Base](#) for more details.

If you would like to join the HOMERuN COVID-19 Collaborative calls, please reach out to Tiffany.Lee@ucsf.edu

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