



Osservatorio Nazionale

delle Buone Pratiche sulla sicurezza nella Sanità

Scheda per la rappresentazione dell'esperienza

Level: Hospital

Topic: Organizational solutions for COVID patients' management

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Doctors-family communication

At the University Teaching Hospital Città della Salute e della Scienza in Turin (Italy), COVID-19 patients who need hospital care are placed in specific areas (COVID department) and cohort isolation is used based on intensity of care.

Given the extremely high contagiousness of the SARS-CoV-2 virus and the consequent need to wear appropriate PPE, for which specific training must be delivered, family members are not allowed to visit patients.

As it is impossible for patients and doctors to meet with the patients' family members, the hospital management set up a team, composed of physicians and psychologists, to communicate with families.

Direct communication between patients and family is possible by using smartphone or tablet. Thanks to donations, hospital departments were equipped with these devices and healthcare workers were invited to provide support to those who cannot use them on their own. Thus, both verbal and visual communication between patients and their family is preserved, at least for those who are able to communicate, albeit helped.

Communication between doctors and patients' family members is made more difficult by the PPE professionals must wear, which make it harder to use communication tools rapidly and safely. Therefore, a communication model including setting up of a team composed of physicians and psychologists was introduced. In the early afternoon, the team receives daily news on



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patients' clinical conditions. Information is provided by the attending physicians, who fill in a standardized form including all content to be communicated to the families.

The form is designed to be easy-to-use and to fill in. In general, information about hospitalized patients include personal details and summary information about cognition and consciousness, clinical parameters considered in the overall framework, the therapy administered and the clinical activities to be carried out in the days to come.

Lack of contact with the patient and the treating doctors generates feelings of insecurity giving rise to doubts and fears that can be contained with detailed information so as to allow family members to figure out what is going on during hospitalization.

The forms filled out by the doctors of the COVID department are sent to the communication team in the early afternoon via the organization encrypted email system. The team analyzes and discusses upon the documents received and reaches the family members indicated by the patient.

During the first talk, the team doctor introduces himself/herself and the psychologist, then explains the meaning and the ways of communicating between the hospital and the patient's family. In particular, information about the service provided are given, with special regard to psychological support provided.

After the introduction, the team provides information about the patient's clinical conditions, allowing family members to make questions and request clarifications. A summary of the communication is recorded on a specific register, which is essential both to record feedback and questions made by family members and to ensure continuity of communication considering the communication team's work shifts.

Talks are scheduled the same way all days, from Mondays to Sundays.

Feedback and specific questions made by family members are sent by email to the treating physicians and doctors and nurses of the COVID department.

The communication team, in agreement with the physicians and nurses of the COVID department, takes on responsibility to inform patients about possible bad news, being essential in these circumstances the support from psychologists.

The restrictions in place due to COVID-19 epidemic in terms of accessibility to the facility, but also regarding funerals, make it possible that families may no longer see their loved ones, once they are hospitalized.

Collaboration with Clinical Psychology department proved to be essential: besides ensuring communication about clinical conditions, the communication team supports family members in facing problems related to isolation and distress. An empathic approach was deemed essential alongside with professional skills, so as to ensure that no one was left alone.

Relatives' requests are often about the patients' clinical conditions, but they also asked to give small objects to patients, pictures or other "comfort objects". Sometimes, the communication team took care of the patients, who are themselves in household isolation, providing helpful information about their "new" daily life during the emergency.

Psychological support service is provided to patients' family members upon request, at the end of the daily talks.

Good communication reassures family members about the patients' management, especially in a moment where fear may arise that the healthcare system is not struggle to handle it. Therefore, it



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is crucial to communicate to the families that their loved ones are taken care of and receive the assistance they need.