



Sinai
Health

Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

Providing Excellent Care in the Absence of Family Presence

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Background

- In March 2020, at the beginning of the pandemic, Canadian hospitals restricted all visitor access.
- Visitor restrictions significantly impacted the care experience for patients, their families and their healthcare providers.
- Vulnerable older adults now had to navigate their hospital admission alone, without the physical presence of their support people.

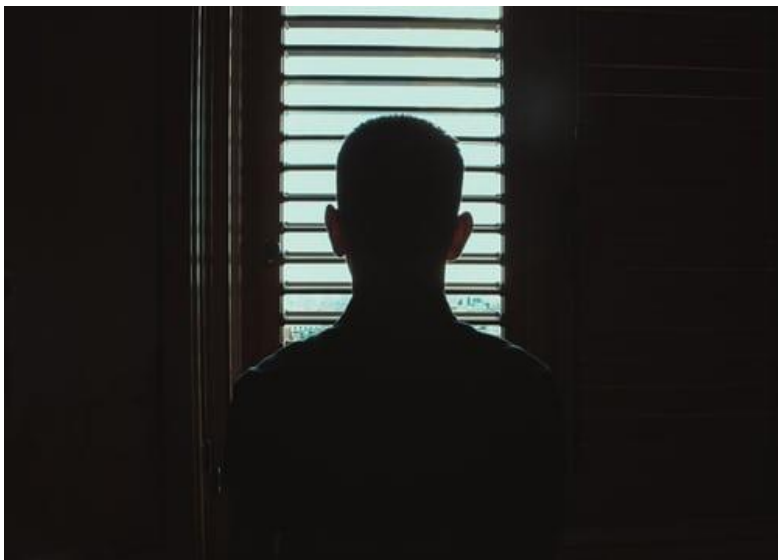


Marty & Jennifer McFly



- Married couple in their 80s.
- Jennifer was recently diagnosed with dementia, relying more on Marty.
- Jennifer fell at home and broke her hip and was sent to hospital for treatment.
- Due to COVID-19 visitor restrictions, Marty was only allowed to visit once per week.
- Jennifer developed delirium and the health care team had difficulty managing her care without Marty's presence.

Patient experience with no visitors due to COVID-19



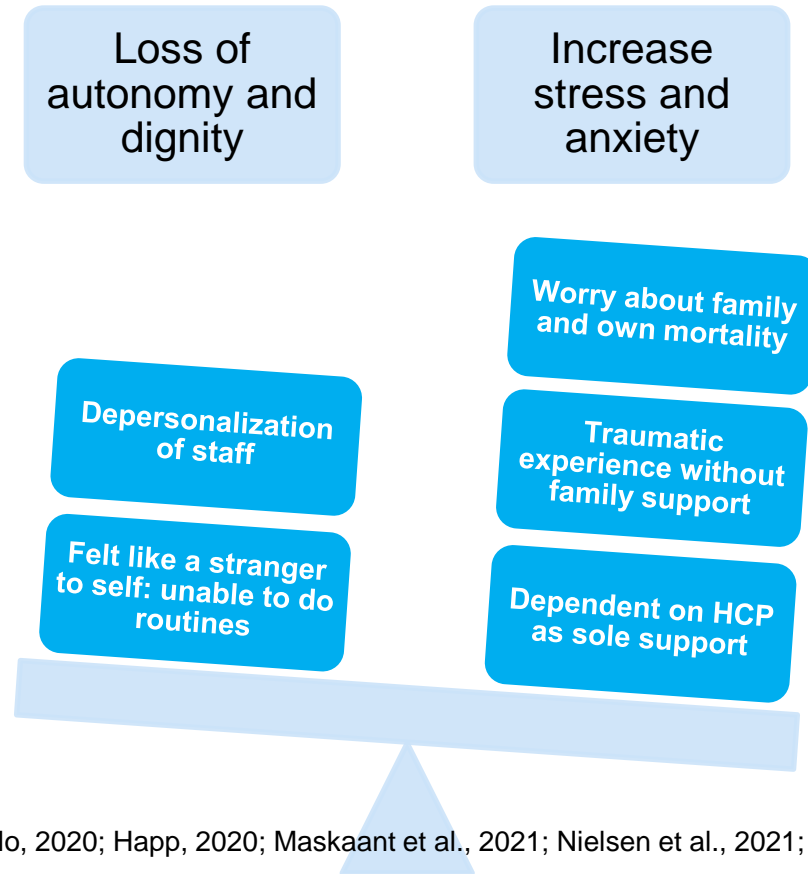
Feelings of loneliness and sadness

- Felt abandoned by their family.
- Less human interaction due to infection control prevention.
- Suffering from lack of social connection, and physical contact from loved ones.

“It is such a long time since I saw my wife, I hardly remember how she looks. I am afraid of forgetting her”.

(Nielsen et al., 2021, p.5)

Patient experience: Person to patient



“I feel like *I’m in a zoo* with everyone staring at you through the glass but not saying anything.”

(Woong et al., 2021, p.1)

(Costello, 2020; Happ, 2020; Maskaant et al., 2021; Nielsen et al., 2021; Woong et al., 2021)



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Patient experience: Lack of connection



**Dependent on others
to create virtual
connections via
technology**



**No access to personal
items**



**Dependent on a
working TV for
stimulation &
connection to outside
world**

(Nielsen et al., 2021)

Patient experience: People with Dementia

- Not understanding COVID-19 restrictions
- Sight of staff in PPE can be scary, misinterpreted
- Depersonalized care: Staff not familiar with behaviors identifying care needs
- Delay in recognition of delirium

(Lapid et al., 2020)



Family experience



“The benefit of family witnessing the care we give, leads to increased trust and creating bonds with staff, feeling like members of the health care team.”

(Montauk & Kuhl, 2020, p.S96)

Family experience: Burden of decision making

Families as decision makers took on undue burden without being physically present:

“For now, a wife needs to make **life-altering decisions** over the phone about her husband of many decades, who is laying in a room she has never seen, being cared for by people she has never met, **undergoing treatment she doesn’t understand**”.

(Montauk & Kuhl, 2020, S96)



Nurses experience



Increased stress & burden

Decrease in quality care

Witness to moral & ethical dilemmas



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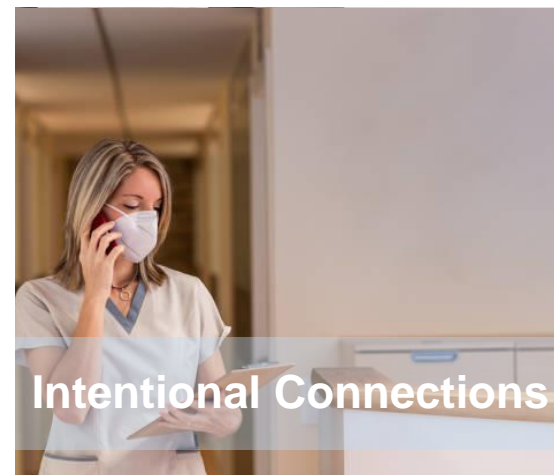
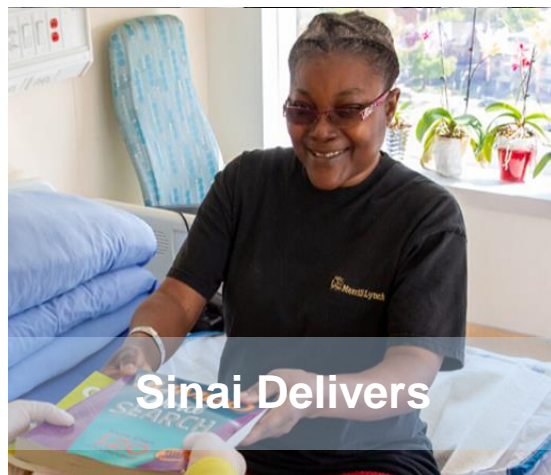
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“It’s up to us, the healthcare workers who are seeing these patients on the front lines, to find ways to maintain connection, to balance our fear with tenderness...We need to find a way to mitigate the overwhelming isolation COVID-19 has created.”

York Times

Dr. Daniela J. Lamas, March 24, 2020, New

Maintaining Connection at Sinai Health



ACE Talk

PLEASE DO NOT REMOVE



**DO YOU WANT TO
CONNECT WITH YOUR
FAMILY AND LOVED
ONES?**

WE CAN HELP! 😊

WE HAVE IPADS AND PHONES
AVAILABLE.
PLEASE ASK STAFF TO HELP YOU
MAKE A PHONE OR VIDEO CALL.



ACE TALK

FOR ALL STAFF

Some patients can't see their loved ones while they are in hospital because of COVID and the visitor policy. When this happens, phone calls and video calls can help.

- For normal calls – use bedside phones
- For video calls – Facetime (iPad) or Zoom (📧) can help set up

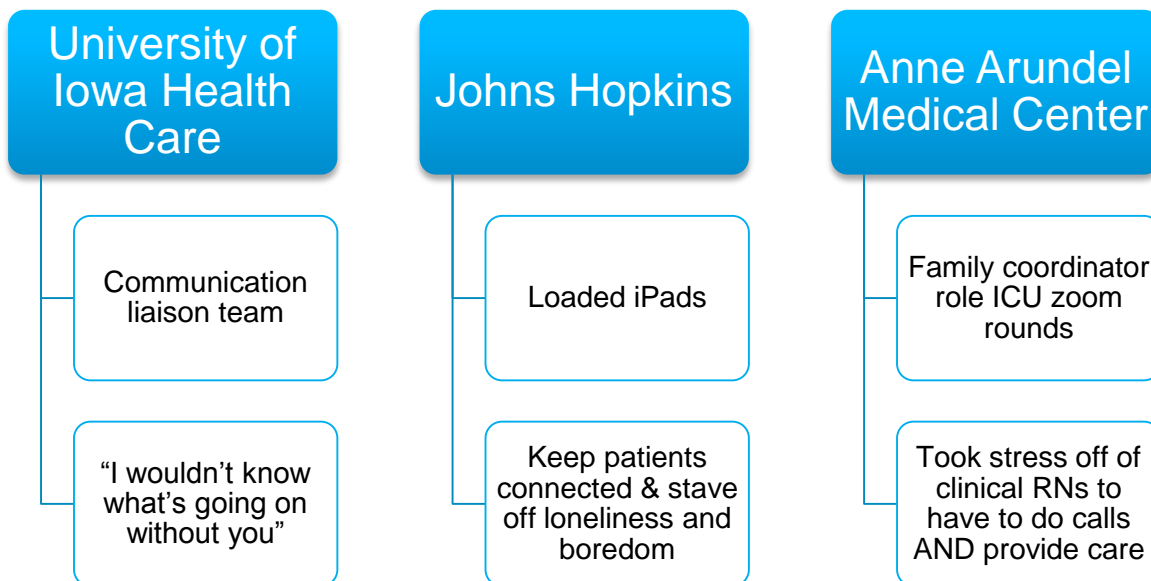
How to use FaceTime

- Press green FaceTime symbol on iPad
- Press blue "+" sign
- Type in number and press return
- Click green "video" button and the call should begin

Visitor Navigator



What are other hospitals doing?



Connecting with families to improve care of the older adult

Information for the Hospital Team about a Patient with Memory Problems*

PATIENT'S NAME: _____ What does he or she like to be called? _____


Patient lives: _____ (at home) alone, or with you or someone else? in a nursing home or other facility?

Person completing this form: _____ (name and relationship to the patient)

Home phone: _____ Cell phone: _____

1. Patient usually drinks these liquids best: _____
2. Patient usually drinks from a cup or glass: with a straw? or without a straw? (circle one)
3. Does the patient wear dentures? _____ If so, does the patient have the dentures with him/her? _____
4. Patient usually eats these foods best: _____
5. Patient eats best if he/she: (circle all that apply)
 - a. is helped with tray set up
 - b. is shown how to use spoon or fork
 - c. is given finger foods
 - d. is reminded to chew and swallow
 - e. is given smaller portions
 - f. is fed
6. Does the patient wear glasses? _____ If so, are the glasses with him/her? _____
7. Does the patient wear hearing aid(s)? _____ If so, are the hearing aid(s) with him/her? _____
8. Does the patient speak and understand English? _____ If not, does the patient speak and understand another language? If so, what language? _____
9. Does the patient express his or her needs verbally? (thirst, hunger, go to the bathroom?) _____
10. Does the patient usually go to the bathroom alone or need help or supervision? _____
11. How does the patient usually express pain? _____ (verbally? facial expression? agitated body movements?)
12. Does the patient usually need help with: (Please write yes or no for each activity)
 - a. Bathing? _____ Usual bath time? _____
 - b. Brushing teeth and mouth care? _____
 - c. Getting from bed to chair and back? _____
 - d. Dressing _____
 - e. Walking _____ Does he/she usually use a cane, walker, or wheel chair? _____
13. Has the patient fallen recently? _____ How often? _____ Why? _____
14. How does the patient act when he or she is anxious or frightened? _____
15. Does the patient get angry or physically aggressive? _____
16. What helps to calm or comfort the patient at difficult times? _____
17. Does the patient usually watch TV or listen to the radio? _____
18. Does the patient have an advanced directive? _____
19. Is there anything else you want us to know about the patient? _____
20. What else does the family want to know from the physician or hospital staff? _____

* Adapted from forms developed by the Dementia Responsive Care Initiative, Mission Hospitals, Asheville, NC; and Mittelman, M., & Epstein, C. (2003). *The Alzheimer's health care handbook*, pp.179-184. NY: Markwee & Co.



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HARTFORD INSTITUTE FOR GERIATRIC NURSING
NYU RORY MEYERS COLLEGE OF NURSING

“Working with Families of Hospitalized Older Adults with Dementia”
 Information for the Hospital Team about a Patient with Memory Problems

(Maslow, Mezey, & Richards Hall, 2016).

Connecting with families to improve care of the older adult



**Hartford HealthCare
Cares About Me...**

I like to be called:

What I do or used to do for work:

What I do for fun and activity:

My favorite TV shows, music, books are:

My family, friends, pets names are:

My favorite food:

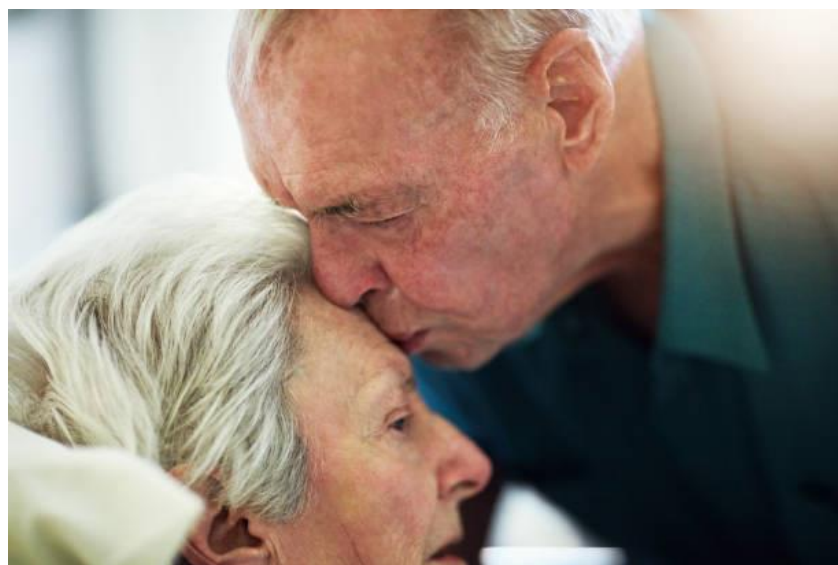
I brought with me:

Dentures: No / Yes: Upper / Lower / Both
Glasses: No / Yes
Hearing Aides: No / Yes: Right / Left / Both

(Hartford Hospital, 2015)

Marty & Jennifer

- Connecting with families
- Getting to know the person behind the patient
- Individualized care, supporting routines
- Paying attention to the little things





“A test of a people is how it behaves toward the old. It is easy to love children. But the affection and care for the old, the incurable, the helpless, are the true gold mines of a culture.”

-Abraham Joshua Heschel, Rabbi & Civil Rights activist

Thank You

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