

# Changes in Visitation on Palliative Care Unit During Covid-19



April Meeks, BSN, RN, PCCN, Assistant Nurse Manager; Tae Lee, MD, Medical Director; Qing Cao, MD; Craig Bogenn, BSN, RN; Kathy Gilbert, BSN, RN-BC, Nurse Manager

## RATIONAL:

- Family, including children, are an essential part of the care given to a dying patient by providing reassurance in helping the patient to feel safe & loved by hearing familiar voices in unfamiliar surrounds<sup>(1)</sup>
- End-of-Life (EOLC) involves the medical team, nursing staff and family to optimize the care given to a patient.
- The death of a loved one can present strong memories for the bereaved and must be handled delicately<sup>(1)</sup>
- Amidst a global pandemic, restrictions were created limiting visitors.
- The unit based council (UBC) used inter-professional communication with multiple departments to help facilitate needed visitation change with safety a core component.

## PROBLEM/GOAL STATEMENT:

- Palliative Care Unit specialized in the transition of patients to comfort and hospice care.
- Dying patients should be in a private setting with minimal equipment to allow privacy for not only the patient but the grieving family (1).
- Pandemic visitation for the unit was reduced at 2 visitors rotation per patient with only 4 visitors at the bedside for the withdrawal of life sustaining treatments.
- These restrictions also had age & relation limitations affecting extended families and children.
- This policy was revisited and given a 50% increase in November.
- The UBC recognized that even with the increase in current visitation policy set forth by the palliative team & hospital, it was not conducive to the needs of our patients and families.
- Members of the council set forth to get resolve of this issue and foster a needed change in the visitation protocol.

## PROJECT DESIGN/STRATEGY

- The project has a pre/post design. The intervention had two components: (a) Connection with the office of experience & hospitality, (b) establish a set number for not only visitation but treatment withdrawal as a collective whole

## CHANGES MADE (PDSA CYCLES)



## RESULTS/OUTCOMES

- Visitation was increased again at 50% regardless of life-support withdrawal.
- Increase in the number of families members allowed in a dying patients room regardless of relation including lightened discretion of child visitation

## CONCLUSIONS & RECOMMENDATIONS FOR PRACTICE

- This enhanced visitation has created a peaceful patient transition.
- Staff spend less time with exasperated visitors about restrictions and more time giving compassionate care to patients while providing bereavement management to families.
- Grieving is a complex process which is multifactorial affecting patients and families<sup>(2)</sup>.
- Expanded visitation for palliative patients creates an atmosphere conducive to the fostering of patients along with bereavement attention to families.

## ACKNOWLEDGEMENTS

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- (2) Soria-Oliver, M., Aramayona, B., Lopen, J., Martin, M., Martinex, J., Saenz, R., & Garcia-Sanchez, R. (2020). Grief Reactions of Potential Organ Donors' Bereaved Relatives: An Observational Study. *American Association of Critical-Care Nurses*, 29(5), 358-368.
- (3) Wendy Leguents, DNP, RN, Senior VP Clinical Services & Dawn Tetteron, MSN, RN-BC, Nursing Administrator, Patient Care Services Cancer, Surgical & Palliative Care.

April Meeks  
Palliative Care Unit  
Vidant Medical Center  
Greenville, North Carolina 27858  
2528474273  
april.meeks@vidanthealth.com