

# Using the C-O-V-D Framework in Supporting PC **Virtual** Visit During the COVID-19 Pandemic

Geraldine Q. Cruz DNP, RN, CHPN, CCRN-K  
[gacruz@trinitas.org](mailto:gacruz@trinitas.org)

## Purpose Statement

- To maximize iPad technology in highlighting the communication for Palliative Care patients and families especially during the COVID-19 pandemic
- To standardize the virtual visits using the iPad technology
- To improve patient care outcomes in the utilization of iPad for communication and family virtual visit

## Background/ Description of the Issue

• Last March, April, and May of 2020 our hospital saw a surge of the COVID-19 patients. At the peak of the pandemic, April 2020, our hospital had 417 cases. New Jersey was one of the states greatly affected by the COVID-19 pandemic. As of August 26, New Jersey reported a total of 190,306 cases of COVID-19 (NJHA, 2020). Our Palliative Care (PC) team played a central role in response to COVID-19. The issue is the barrier created between the patients, family, and health-care providers due to the visiting restrictions, contact isolation, and personal protective equipment use. PC consults were called early to assist in (a) improving goals of care communication, (b) providing emotional support, (c) improving quality of life, and (d) bereavement support

• The hospital visitor restrictions were enacted to control the spread of the infection but these have significantly impaired the communications between patient and their families. The patients felt socially isolated and afraid of being alone.

## Methods/ Program Description

### **C**-ontact:

A PC team member will contact the family for initial contact. The family will be updated on patient's current condition. The goals of care can be discussed at this time or after the virtual visit.

### **O**-ffer:

The PC team member will offer the virtual visit via video-call if the family members are willing to avail of the virtual visit. The family will be informed of the privacy risks involved with the video-call. Schedule the video-call.

### **V**-irtual Visit:

Virtual Visit: Inform the primary nurse of the scheduled virtual-visit. Prepare the patient, create a therapeutic environment. Connect the call. Provide privacy if possible.

### **D**-ocument:

Document in the electronic health record (EHR).

- Phone conversations were initially used to discuss goals of care with the family. The phone assisted the staff to connect patients with their families. The challenge of phone-based communication is not visually seeing their loved ones. Families have expressed that seeing their loved one is important for the family when making medical decisions.
- Each patient care unit in our hospital has its own iPad used for on-line video language translation. The PC team, in collaboration with the nurse informatics team, facilitated to download video-call access to all the iPADS. These iPADS were then used for family virtual visits.
- Steps were formulated to maintain a structured framework for the virtual visit process with the use of the iPad. The virtual visit framework is C-O-V-D

## Lessons Learned/ Implications

• The COVID-19 pandemic brought new challenges in providing end-of-life (EOL) care. The use of video-call technology provided an important tool in providing patient and family to stay connected. It kept the communication open during this critical time. The application of the structured framework standardized the video-assisted virtual patient visit.