

ONLINE FAMILY MEETINGS: A SIGNIFICANT CARE RE- SOURCE DURING THE PANDEMIC

CONFERÊNCIAS FAMILIARES ONLINE: RECURSO DE CUIDADO NA PANDEMIA

*CONFERENCIAS FAMILIARES ONLINE: POSIBILIDAD DE ATENCIÓN A LA SALUD EN LA PANDE-
MIA*

Fernanda Gomes Lopes¹, Glenda Sabino Paiva², Rebecca Holanda Arrais³, Renata Rocha Barreto Giaxa⁴

ABSTRACT

The COVID-19 pandemic started in December 2019 and, due to its high degree of transmissibility, demanded a new organization of health services, which resulted in the incorporation of Information and Communication Technologies (ICTs) in the healthcare routine, requiring several adaptations. Therefore, this paper intends to report the experience of a health team with family conferences via ICTs in a hospital in the city of Fortaleza, Ceará, in the context of the COVID-19 pandemic between March and July of 2020, understanding it as a health intervention focused on communication and shared decision making. In sum, the ICT-mediated family conference was shown to be a fundamental element in maintaining bonds and assisting the family of hospitalised patients during the period of rigid social isolation. However, considering the complications inherent to the dependence of technological resources, we emphasise the importance of prior planning - in which preparation for the unpredictable is considered - an investigation of available technology resources and an focus on the development of bonds between team-family-patient.

Descriptors: *Coronavirus Infections; Videoconferencing; Health Communication; Information and Communication Technology; Hospital Care.*

RESUMO

A pandemia de COVID-19 teve início em dezembro de 2019 e, por seu alto grau de transmissibilidade, demandou uma nova organização dos serviços assistenciais, a partir da incorporação das Tecnologias da Informação e Comunicação (TICs) no cotidiano da assistência em saúde e exigência de diversas adaptações. Diante disso, este artigo tem por objetivo apresentar um relato de experiência acerca da atuação de equipe de saúde com conferências familiares via TICs em um hospital da cidade de Fortaleza, Ceará, no contexto da pandemia de COVID-19, entre março e julho de 2020, entendendo a conferência como intervenção em saúde voltada à comunicação e à tomada de decisão compartilhada. Em suma, a conferência familiar, mediada por TICs, apresentou-se como elemento fundamental na manutenção de vínculos e na assistência à família durante o período de isolamento social rígido. Entretanto, considerando intercorrências próprias da dependência de recursos tecnológicos, destaca-se a importância de um planejamento prévio em que se considere um preparo para o imprevisível, uma investigação dos recursos de tecnologia disponíveis e uma ênfase na elaboração de vínculos entre equipe-família-paciente.

Descritores: *Infecções por Coronavírus; Comunicação por Videoconferência; Comunicação em Saúde; Tecnologia da Informação e Comunicação; Assistência Hospitalar.*

RESUMEN

La pandemia COVID-19 se inició en diciembre de 2019 y, por su alto grado de transmisibilidad, demandó una nueva organización de los servicios asistenciales, lo que derivó en la incorporación de las Tecnologías de Información y Comunicación (TIC) en el cotidiano de la atención a la salud, con múltiples adaptaciones. Este artículo objetiva presentar un relato de la experiencia de un equipo de salud con conferencias familiares vía TIC en un hospital de la ciudad de Fortaleza, Ceará, en el contexto de la pandemia de COVID-19 entre marzo y julio de 2020, entendiendo la conferencia como una intervención con foco en la comunicación y toma de decisiones compartida. En suma, la conferencia familiar mediada por las TIC demostró ser un elemento fundamental para mantener los lazos y ayudar a la familia durante el período de rígido aislamiento social. Sin embargo, considerando las complicaciones asociadas a la dependencia de los

¹ Instituto Escutha. Fortaleza, Ceará, Brasil. (0000-0003-1661-3816)

² Universidade Federal do Ceará. Fortaleza, Ceará, Brasil. (0000-0001-7846-8998)

³ Centro Universitário Christus. Fortaleza, Ceará, Brasil. (0000-0001-9744-3163)

⁴ Universidade de Fortaleza. Fortaleza, Ceará, Brasil. (0000-0003-0813-2107)

recursos tecnológicos, se destaca la importancia de la planificación previa, una investigación de los recursos tecnológicos disponibles y un énfasis en el desarrollo de vínculos entre equipo-familia-paciente.

Descriptor: *Infecciones por Coronavirus; Comunicación por Videconferencia; Comunicación en Salud; Tecnología de la Información; Atención Hospitalaria.*

INTRODUCTION

Covid-19, the name given to the infection caused by the SARS-CoV-2 coronavirus, started in China in December 2019. Due to globalization and its high level of transmissibility, in January 2020, the World Health Organization (WHO) defined the moment as a Global Public Health Emergency, which evolved, in March 2020, into the classification of a pandemic¹.

Thus, measures of distancing and social isolation¹ were recommended, demanding the reorganization of care services and requiring the adaptation of interventions by health professionals. Thus, new forms of care were established from the incorporation of Information and Communication Technologies (ICTs).

One of the multidisciplinary interventions that needed adaptations was the Family Conference (CF). Important clinical tool that allows effective communication between health professionals and family members in contexts of severe illness and terminal illness². So far, the guidelines for conducting this process are geared towards the face-to-face format, revealing the need to describe their online practice.

That said, in this manuscript, aiming to contribute to the scenario of building references on the topic, we aim to present an experience report on the performance of the health team with family conferences, via ICTs, in a hospital in the city of Fortaleza, Ceará, in the context of the COVID-19 pandemic, between March and July 2020.

METHODS

This is an exploratory descriptive research, in the experience report model, which deals with the performance of a health team with family

conferences, via ICTs, in a hospital in the city of Fortaleza, Ceará, in the context of the COVID-19. The report was prepared based on participant observation in this team and comparison of the experience with the available literature on family conferences²⁻⁶, in order to demarcate the specificities brought about by the use of ICTs.

The hospital was equipped and adapted by the State, in 2020, to meet the needs of the emergency context of the pandemic, and has 230 beds, 30 of which are reserved for Intensive Care Units. The hospital is, therefore, a reference for Covid-19 care and has teams with different specialties.

Family conferences were held daily by teams created exclusively to facilitate communication between family members and teams, consisting of physicians, social workers and psychologists. The period of interventions described and analyzed took place between March and July 2020, with the aim of attending to hospitalized patients.

RESULTS

Family conferences are characterized as an important therapeutic intervention, aiming to favor a more effective communication between the team-family-patient triad. They should be indicated in specific situations, such as: the worsening of the patient's clinical condition; the proximity of imminent death; when family members have multiple demands; or when there are conflicts between patient, family and healthcare team².

This intervention must be previously planned, with a specific objective and organization³, and therefore it has national and international guidelines for its conduct^{2,4,5}. Based on these guidelines, in conjunction with communication protocols⁷, the multidisciplinary team created a process adapted to the needs of the pandemic moment and the online context, as shown in the table

below. It is important to highlight that this team was created to maximize the organization of work flows, considering biopsychosocial needs, in addition to the high demand and intensity of care necessary for Covid-19.

Table 1 - stages of family conference via ICTs.

<p>STEP 1: Pre-conference</p> <ul style="list-style-type: none"> • Definition of the conference objective • Definition of family members and team members <ul style="list-style-type: none"> • Scheduling • Collection of clinical and psychosocial data
<p>STEP 2: Initial recognition</p> <ul style="list-style-type: none"> • Environment preparation • Presentation of the team and family • Explanation of meeting objectives
<p>STEP 3: Establishing communication</p> <ul style="list-style-type: none"> • Perception of family members about the past history and current disease, with expectations and doubts <ul style="list-style-type: none"> • Preparation for bad news • Communication of essential information <ul style="list-style-type: none"> • Reception of emotions • Summary of what was talked about <ul style="list-style-type: none"> • Final Orientations
<p>STEP 4: Post-Conference</p> <ul style="list-style-type: none"> • Recording in medical records • Forwarding of identified demands

Source – organized by the authors.

In step 1, the pre-conference stage, the importance of preparing all the elements for the meeting is highlighted. Initially, as a team, we sought to define the objective of the conference, considering the clinical condition of the patient and the biopsychosocial needs of those involved. From this outline, family members and team members were defined, according to the essentiality of participation at that time. In other words, only those with the greatest bond with the patient or involvement with emerging demands should be present. Considering the distance, these decisions needed to be articulated via telephone contact with family members, and, when possible, with the participation of the patient.

Data collection was a fundamental step before meeting family members. The team should be prepared to obtain as much information as possible, accessing the medical record and dialoguing with professionals about information not only of a physical nature, but also of the psychological and social

context of this patient. Access to the electronic medical record or a telephone dialogue with the direct assistance team was essential.

In step 2, initial recognition was sought, with the main focus on establishing bonds. We understand that, in the online modality, this process deserves more attention, as essential elements to the connection are absent, which, in a more natural way, are established in person. For this, in the reception of family members, it was essential to prepare the environment, which in the online modality refers to checking the internet; the place where the communication will take place, avoiding interruptions and noises that could hinder the dialogue; the need to guide family members to establish the connection, envisioning that everyone is able to get closer in the best possible way.

For this meeting, we prioritized the use of audio and video technological resources, so that there was consonance with the proximity that the presential moment provides. However, it was also important that we prepare for possible connection problems, as they depended on the infrastructure of the space in which the family members were, and, therefore, it was important to prepare for possible sudden disconnections, checking ways contact alternatives such as a phone call; or for identification and access to the support network, in case there was an emotional mobilization of the person who needed to be absent from the video call. The presentation of the team and family members was made highlighting the place that the subject occupied in the patient's life or treatment, so that the meeting objectives could be highlighted, in a brief and objective manner.

The third step more directly alludes to effective communication. In this process, it was important to understand that, before transmitting information, we should listen to the family members' perceptions about their past history and current illness, with expectations and doubts. This indication was already recurrent in the face-to-face modality, when we thought about establishing good communication⁷; however, when the family is distancing

itself from the patient's follow-up, it becomes more important to have access to what they were able to learn, given the limitations of contact with the patient and the team.

After understanding the family members' views, it was important to prepare them, gradually and carefully, for the reception of difficult news, so that, only later, the necessary information could be provided. It is important to remember that, at all times, we should be aware of the verbal and non-verbal language of the participants, so that communications are adequate to the emotional and cognitive conditions of the recipient.

We should constantly be attentive to the emotional demands raised, with extra attention after the transmission of information. Therefore, welcoming emotions is essential for the continuity of the process, with attempts to approach them through words or eyes, and respect for the time of everyone involved.

Finally, we sought to summarize everything that was discussed, highlighting key information, decisions and plans, and ensuring alignment between everyone involved. So that, then, we could provide guidance and make the necessary referrals to available professionals and services, considering the possibilities at the pandemic moment.

In the last stage, the post-conference, it was essential to record it in the medical record, a necessary condition for the alignment of the care process, as well as carrying out the referrals agreed upon during the conference.

Thus, the relevance of this process conducted between the health team and family members, in an attempt to approach and better manage the case, is highlighted, recognizing the need to adapt to the new requirements of the online model.

DISCUSSION

The COVID-19 pandemic, as an international public health emergency¹, brought impacts of different orders, requiring several adaptations to maintain comprehensive care for the affected population. In the national context it was no different.

The Unified Health System (SUS), despite experiencing a chronic underfunding crisis, needed to reformulate care strategies to serve the population affected by this disease⁸. In terms of mental health, we understand that, with the suspension of hospital visits and the monitoring of the patient's support network, it became important to create more effective resources to maintain communication between the team and the family, in favor of mitigating the suffering caused by such a situation. It is in this context that the use of ICTs is now recommended to enable the family's involvement in communication, with the emergence, among other possibilities, of online family conferences⁸.

Dealing with the illness process and the disruptions resulting from hospitalization is already a source of suffering for family members, and feelings of fear and anguish can emerge, which can intensify in view of the imposed distance. Thus, it is believed that the search for effective and contextualized communications between this patient-family-team triad, at the present time, can effectively contribute to minimizing anxiety and dissolving fantasies⁹. Therefore, the use of technological resources that facilitate communication can be an effective strategy for quality care.

The benefits of FC for patients, family members and the healthcare team have been recurrently listed in the literature. Among them, we highlight: greater articulation of a comprehensive and consensual care plan; expansion of the perception of the needs of patients and families; improvement in the care process; greater openness to exposure and clarification of doubts; and maximizing trust⁶. Based on the experience reported, we observed that, at the time of the pandemic, not only could the benefits be achieved in the online model, but the resource was also enhanced, responding to the psychosocial damage arising from distancing.

As elements that hinder the use of this device, via ICTs, we highlight: limitations related to the connection infrastructure, both for family members and for the health institution; limitations related to crisis management; possible complications

related to connection failure and difficulty in maintaining effective contact for emergency assistance; need for intense attention to details that, in physical presence, are naturally established, promoting possible mental wear to those involved. In this way, the established care required from the professionals a more intense and strategically thought-out preparation, as we see that a communication carried out with sensitivity and appropriate techniques has an effective impact on the mental health of family members and patients¹⁰.

Finally, we point out the potential for incorporating family conferences, online, in the permanent range of therapeutic interventions, especially in cases where moving family members is difficult or not possible, as large health institutions receive patients from municipalities different, and the displacement of family members to the institution may be difficult. We understand, in fact, that the transition from the face-to-face model to the online model is not easy and automatic, but we bet that, with the necessary adaptations and specific care, family conference via ICTs is characterized as an important resource.

FINAL CONSIDERATIONS

The family plays a fundamental role in the patient care process. Therefore, in this moment of withdrawal, the feasibility of communication channels is necessary to enable comprehensive care that is attentive to the biopsychosocial needs of everyone involved.

As potentialities of the experience, we highlight that online family conferences are configured as an important therapeutic tool for maintaining communication between the team and family members in the pandemic, in favor of mitigating the suffering caused by the patient's hospitalization and aggravated by social distancing. In addition, in the professionals' perception, the benefits, already reported in the literature, regarding face-to-face family conferences were maintained. As limitations, we highlight the difficulties related to the connection infrastructure, crisis management and the

difficulty of maintaining effective contact for emergency assistance.

Thus, we conclude that the family conference mediated by ICTs presented itself as a fundamental element in the maintenance of bonds, and in the assistance to the family, during the period of rigid social isolation. However, the need for specific guidelines and care for the use of this tool is understood, considering the limitations and complications that come from the use of technological resources. Thus, it is understood the need for prior planning by the multidisciplinary team, in which preparation for the unpredictable is considered, an investigation of available technology resources and an emphasis on the development of links between the team-family-patient.

In view of this, the need to develop more systematic guidelines on the use of family conferences, permeated by the use of information technologies, is highlighted. These guidelines will be able to provide subsidies for the use of this mechanism during the Covid-19 pandemic, and in other contexts, where it can be configured as an alternative for communication between family members and the healthcare team.



EDITORIAL INFORMATION

Corresponding Author

Fernanda Gomes Lopes

E-mail

fernanda.gomeslopes@hotmail.com

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