



Communication with “remote” caregivers during the COVID-19 pandemic: Early results of a mixed method study

Zachary Cost¹, BS, Anny Fenton², PhD, Rebecca N. Hutchinson^{3,4}, MD, MPH



¹Tufts University School of Medicine, Boston, MA

²Division of Population Sciences, Dana-Farber / Harvard Cancer Center, Boston, MA

³Division of Palliative Medicine, Maine Medical Center, Portland, ME

⁴Center for Outcomes Research and Evaluation, Maine Medical Center, Portland, ME

Introduction

- Hospital visitor restrictions have been prevalent during the COVID-19 pandemic.
- These restrictions prevent informal caregivers, including family or friends, from helping their loved ones with communication and medical decision making. Additionally, caregivers provide needed emotional support and serve as advocates for patients.
- The aim of this study is to describe the patterns of communication between healthcare providers and caregivers of hospitalized patients with heart failure or cancer who have been rendered remote by the visitor-restricted period of the COVID-19 pandemic and to investigate the potential impact of caregivers being remote on patient care and outcomes.

Methods

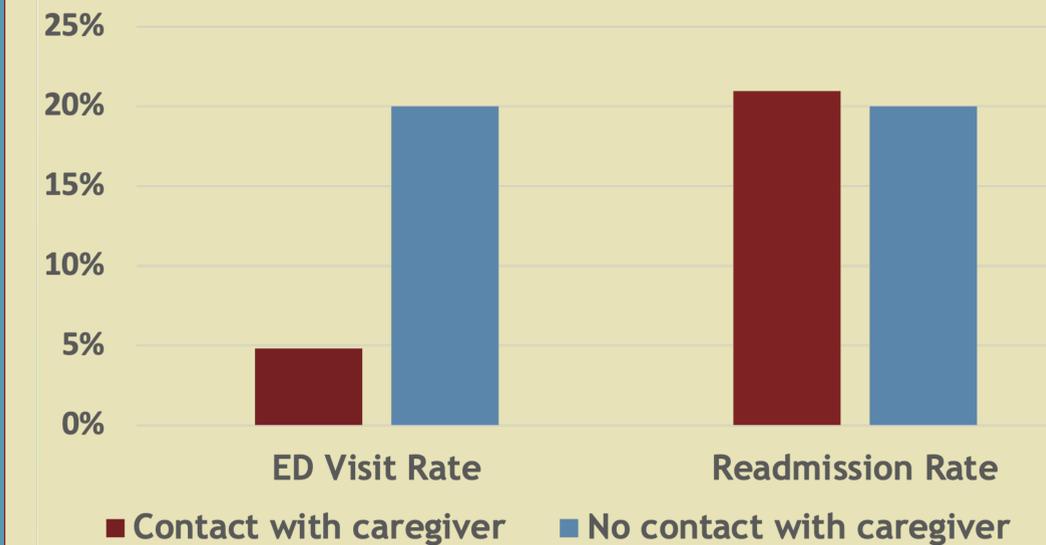
- 97 adult patients admitted to 6 hospitals in Maine for oncologic issues or heart failure exacerbations for 3 or more days between 3/25/20 and 5/30/20 with caregivers were randomly selected.
- Data were retrospectively collected from the electronic medical record.
- Statistical association was measured using odds-ratios and Chi-square difference tests (statistical significance at $p \leq 0.05$).

Results

- The sample was evenly divided between cancer and heart failure as the primary admission diagnosis.
- Most of the patients were white (93%), about half were men (51%) and the median age was 70 years old. The most frequent caregiver relationship was adult children ($n=56$), followed by spouses ($n=41$).
- **62 (64%) patients had documented communication between their care team and their caregiver. Among those 62 patients, communication occurred on just under half of the days the patient was admitted (44%).**
- **The primary mode of communication was by telephone with only 5 patients having documented videoconferencing communication.**
- 53 patients had at least one documented goals of care (GOC) conversation. **Patients whose caregivers were contacted during their admission were 4.5 times more likely to have a GOC conversation (OR=4.58, $p=0.001$).**
- 10% of patients visited the emergency department (ED) and 21% of patients were readmitted at least once within 30 days of discharge. **Patients whose caregivers were not contacted during their admission were almost 5 times more likely to visit the ED within 30 days of discharge (OR=4.92, $p=0.018$).** Readmission rates were similar irrespective of caregiver communication (21% vs 20%, $p=0.910$). ED visit and readmission rates are shown in Figure A.

Figure A

30-Day Post-Discharge Emergency Dept Visit & Readmission Rates



Conclusion & Ongoing Research

During the visitor-restricted period of the COVID-19 pandemic, lack of caregiver contact during hospital admission was associated with statistically significantly higher rates of 30-day post-discharge ED visits, but did not affect hospital readmission rates.

We will compare outcomes between this sample and a matched sample of patients hospitalized prior to the pandemic. We will also conduct qualitative interviews with 25 patients hospitalized during the pandemic and their caregivers to understand their experiences; how these experiences were impacted by the caregiver’s lack of physical access to the patient and the patients’ care team; and how care teams successfully involved “remote” caregivers.