Daily Telephone Call During the COVID-19 Pandemic: Perceptions of Families and Providers

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Background In intensive care units (ICUs), the quality of communication with families is a key point in the caregiver-patient-family relationship. During the COVID-19 pandemic, hospital visits were prohibited, and many ICUs implemented a daily telephone call strategy to ensure continuity of communication with patients' families.

Objective To assess how family members and health care providers perceived this communication strategy.

Methods The study was conducted in a 45-bed ICU during the COVID-19 pandemic. Communication with families consisted of a single daily telephone call from the senior physician in charge of the patient to the patient's surrogate decision maker. Satisfaction was qualitatively assessed via an anonymous online questionnaire with open-ended questions.

Results Participants completed 114 questionnaires. Forty-six percent of surrogate decision makers stated that the key medical messages were understandable, but 57% of other family members expressed that the frequency of information delivery was insufficient. Fifty-six percent of the physicians described the practice as functional for the organization of the unit. Among health care providers other than physicians, 55% felt that not having to interact with families decreased their emotional load and 50% mentioned saving time and the absence of task interruptions as positive aspects.

Conclusion Fixed-time, daily telephone calls in the ICU allowed satisfactory transmission of information between physicians and surrogate decision makers, as perceived by both parties. However, the telephone-based communication strategy could still be improved. (*American Journal of Critical Care.* Published online September 22, 2021.)

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Family members and friends play an important role as surrogate decision makers (SDMs) for critically ill patients in the intensive care unit (ICU).[1] Patients with COVID-19 and acute respiratory distress are often sedated for weeks to facilitate mechanical ventilation.[2] In the past, families had been able to visit patients in ICUs at any time of the day and receive updates from hospital staff, but during the height of the pandemic, visitors were not permitted access to hospitals because of a national lockdown.

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To adapt to this sudden change, most ICUs instituted a single daily telephone call between a senior physician and the SDM. Because of this change, the relationship between the physician and the SDM was only verbal, and other family members and other health care providers were excluded from the discussion. We thought it important to evaluate the perceptions of this practice. Few data have been published on communication between ICUs and patients' relatives during the peak of the COVID-19 outbreak. The satisfaction of the patient's family is an important indicator of quality of care in the ICU,[3] and families' satisfaction in the context of the COVID-19 crisis has not yet been evaluated. The objective of this study was to use a qualitative approach to describe the perceptions of patients' families and health care providers of the practice of using a single daily telephone call for communication in the context of the COVID-19 pandemic.

Methods

A survey was conducted during a 10-day period via an anonymous online questionnaire. During that 10-day period, the 45 ICU beds of our department were occupied with the same patients, all of whom were sedated and receiving mechanical ventilation. Each patient's care was managed by 4 senior physicians alternating day and night shifts. The survey (LimeSurvey) was sent by email to the SDM and other family members of all 45 patients as well as the physicians and other health care providers who provided their care. The survey contained open-ended questions (Table 1)

Table 1
Survey questions

Participant	Questions
All	What did you think of the exclusive telephone call communication strategy? According to you, what are the positive aspects of these telephone call exchanges? According to you, what are the negative aspects of these telephone call exchanges? If you had to provide suggestions to medical teams about improving communication with patients' relatives, what would you recommend?
Surrogate decision makers	How did the transmission of information between you and other family members go? Would you need support for communicating with other friends and relatives of the patient? What sort of support?
Physicians	How did you communicate with the surrogate decision makers? Would you need help in communicating with the surrogate decision makers? What sort of help?
Other health care providers	What feedback did you receive about the physicians' medical communication with the surrogate decision makers?

Table 2
Demographic characteristics of participants and free responses about the communication strategy in the intensive care unit

Characteristic/response	No. (%) of respondents				
	Total (N=114)	Surrogate decision makers (n=26)	Other family members (n=21)	Physicians (n=18)	Other health care providers (n=49)
Female sex	74 (65)	15 (58)	12 (57)	13 (72)	34 (69)
Age, y					
18-24	5 (4)	0 (0)	1 (5)	0 (0)	4 (8)
25-34	51 (45)	1 (4)	9 (43)	12 (67)	29 (59)
35-44	28 (25)	11 (42)	2 (10)	5 (28)	10 (20)
45-54	12 (11)	3 (12)	3 (14)	0 (0)	6 (12)
55-64	13 (11)	8 (31)	4 (19)	1 (6)	0 (0)
65-74	3 (3)	2 (8)	1 (5)	0 (0)	0 (0)
>75	2 (2)	1 (4)	1 (5)	0 (0)	0 (0)
Positive themes					
First comment contained positive content	87 (76)	23 (88)	17 (81)	12 (67)	35 (71)
Regularity of phone calls	51 (48)	10 (38)	15 (71)	7 (39)	19 (39)
Reassuring for families	37 (32)	9 (35)	7 (33)	6 (33)	15 (31)
Provides information		17 (65)	11 (52)		
Good understanding		12 (46)	7 (33)		
Good communication with surrogate decision makers			18 (86)	15 (83)	
Organizational benefit (comment about daily work planning)				10 (56)	27 (55)
Physician's credibility in information transmission				2 (11)	11 (22)
Negative themes					
First comment contained negative content	18 (16)	5 (19)	3 (14)	5 (28)	5 (10)
Family members experiencing an anxious wait	17 (15)	5 (19)	5 (24)	2 (11)	5 (10)
Frequency of calls is insufficient	25 (22)	5 (19)	12 (57)	0 (0)	8 (16)
Variability of the contact person	14 (12)	5 (19)	1 (5)	3 (17)	5 (10)
Degraded relationship				13 (72)	5 (10)
Worry about the quality of information transmission				9 (50)	21 (43)
Relational loss for caregivers				1 (6)	33 (67)
Insufficient feedback from physicians					33 (67)
Not functional (general comment on communication strategy)				5 (28)	
Not adapted to particular cases (comment on end of life or communication with family with a young child)				4 (22)	
Improvement themes					
Information transmission techniques (comment about blog, WhatsApp use for daily news)	35 (31)	7 (27)	4 (19)	12 (67)	12 (24)
More frequent news	15 (13)	4 (15)	5 (24)	0 (0)	6 (12)
Videoconference	11 (9)	2 (8)	2 (10)	4 (22)	3 (6)
Respect of phone call schedules	6 (5)	1 (4)	3 (14)	1 (6)	1 (2)
Improved transmission of information to other health care providers					8 (16)
Inclusion of other health care providers					7 (14)
Photos of the intensive care unit for relatives					4 (8)

about the participants' perception of the telephone calls as the only way of delivering patient-related information. Participants' responses were analyzed through a thematic analysis according to the recommendations of Thomas[4] regarding inductive coding.

Results

A total of 340 emails with links to the questionnaire were sent from April 16 to April 26, 2020, and 114 questionnaires were fully completed and analyzed. The response rates were 58% for SDMs, 78% for physicians, and 20% for other health care providers (nurses, nursing assistants, and residents). The demographic characteristics of respondents are presented in Table 2. The relationship of the SDM to the patient was spouse (38.5%), adult child (26.9%), parent (3.8%), sibling (19.2%), or friend/other (11.5%). One-third of the respondents acknowledged the

highly specific context of the pandemic and the constraints that it imposed on the hospital staff. Forty-six percent of the SDMs stated that the key medical messages were understandable. The frequency of information delivery was described as a negative aspect by 22% of participants, including 57% of other family members, who considered the daily telephone call to be "insufficient" as the only way to get news. Thirteen respondents (3 SDMs, 5 other family members, and 5 other health care providers) suggested that 2 telephone calls a day would be helpful; 2 respondents (1 SDM and 1 other health care provider) suggested that 3 telephone calls a day would be helpful.

Regarding communication within the family, 86% of the other family members described positively the transmission of information by the SDM to other family members. However, 62% of SDMs reported difficulties regarding this task, including 38% who mentioned the burden of responsibility and 12% who reported that they were overwhelmed by the numerous requests for news that they had to handle. Eighty-three percent of physicians described good communication with the SDM, although 72% reported a degraded quality of interpersonal interaction with the telephone versus in-person communication. Other health care providers evaluated this communication method as positive because it simplified the organization of care: 50% mentioned that telephone calls performed exclusively by physicians was time-saving and prevented iterative workflow interruptions. In addition, 55% of other health care providers felt that not having to interact with families decreased their emotional load, but 67% reported relational loss.

Discussion

Many participants mentioned that the regular telephone calls helped to structure their daily routine during the lockdown. The emotional burden mentioned by SDMs highlights the need to systematically offer psychological support. Our study assessed whether a single daily telephone call communication strategy was perceived as satisfactory by SDMs and met their needs and expectations. Most SDMs and caregivers (physicians and other health care providers) suggested that a minimum of 2 telephone calls per day would be helpful, an idea that has support in the literature.[5] Some respondents suggested using devices for videoconferencing. However, video interfaces and smartphones are not suitable for unconscious ICU patients, and such technology is expensive and would need to be secure in terms of data protection before being implemented in an ICU environment.[6] The communication strategy used during this study relieved caregivers from answering incessant phone calls from families, and their responses showed that this was valuable to them. This element is particularly important in the case of a highly contagious disease, given that telephones are potential vectors[7] in the spread of COVID-19. In addition to this, a reduction in task interruptions mitigates common patient hazards, especially in ICU settings.[8]

Conclusion

Fixed-time, daily telephone calls in the ICU allowed satisfactory transmission of information between physician and SDM, as perceived by both parties. Should this strategy be necessary again in the future, possible improvements include greater frequency of calls and the use of videoconferencing.

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FINANCIAL DISCLOSURES

None reported.

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