

Facilitating Goodbyes or Critical Conversations

via personal electronic devices

There are many reasons why a patient may be isolated and therefore separated from their partner, children, parents, family and friends. They could be in ICU or Residential Aged Care or perhaps they have family who cannot travel to be close by. How can they find connection at a critical time of life or at the end of life? Laptops, tablets, smart phones or personal electronic devices are being used to replace face to face contact when the risks of cross infection are high or when family and friends are far away.

These calls or contact via personal electronic devices at critical times of life, such as when a patient is seriously ill or at the end of life require a planned approach for safe compassionate care.

Think about the following points:

- Have you sought permission from the patient/resident and family do they wish to be connected via a device?
- Your health service may use applications that families can easily download onto their computer or smart phone that will allow this to happen. Ensure that you are familiar with your health service's telehealth systems.
- You may need to send the family information via email to be able to set up telehealth from outside the health system.
- Alternatively, if the patient has capacity and their own device that they use (Facebook messenger, facetime, video calls etc), then consider this rather than using health devices where possible – this eliminates the need for families to learn /download new software
- Who is available to assist you? Which staff in your organisation, ward or facility has experience and, or, capacity to manage the communication via personal electronic devices? (is this you or a manager, social worker, pastoral care worker?)
- How will you clean the device in-between use?

As a health professional, the questions you need to ask yourself are these:

- If the patient is too critically ill to provide consent, has the person responsible provided consent about who joins communication via personal electronic devices?
- Are you ready to hold a phone or device to facilitate communications and possibly goodbyes?
- Are you prepared for the emotional aspects of the call for you?

Before connecting patients and families:

- Speak to the patient to ensure they are ready for the call, even if the patient is unconscious.
- Document a plan after speaking to the patient or person responsible or next of kin regarding gaining consent and clarifying which people have permission to communicate via personal electronic device.

Every clinical situation will differ, these points are suggestions for dialogue and are not scripts,

During the call to a family member, outside of the patient's room

- *"Is that Suzie? You are Joan Smith's daughter? My name is and I am a nurse/doctor at"*
- *"I am sorry to be talking to you over the phone, I know that these are unusual circumstances to not have you able to be here with Mum."*
- *"Do you have anyone there with you now for support? Is there someone you could/would like to be there with you?"*
- *"I am sorry to be giving you this serious news over the phone, last night your Mum had another deterioration and we are very worried that she may not survive this illness."*
- Be prepared for a variety of responses: yelling, silence, and crying. If the person receiving the call is alone,
 - ask them if they would like to have a glass of water
 - offer to call a friend for them, someone who could call around.
- If the person receiving the call has someone with them, then ask permission to speak to that person to explain the situation so that they can support the person receiving the call
- Give your name again and encourage them to write it down.
- Give the family member time, silence is ok.
- *"Your Mum would like to see you now/would you like to see your Mum by this device? This can often be difficult, and you may find it confronting."*
- *Is that something you would like to do, or would you prefer to use the telephone or device to only hear her voice (if the patient is conscious) or talk to her (if unconscious)?*
- **If the family member does not wish to talk to or see the patient, respect this and provide support.**
- If the family member does wish to communicate by the device and if the patient is conscious, decide whether you should stay. Ask the patient if they would like you to stay or if they prefer some time alone on their call and to call you when they are ready to have you back in the room.
- At the conclusion ask the family member
 - *When would you like to be called again, anytime, during the night or only in the daytime?*
- What resources in your organisation are available for the family? Make arrangements for follow up for the person receiving the call.

More things to consider:

- Ensure testing of devices and connectivity occurs prior to the call, considering Wi-Fi and data accessibility in your setting. It is important to ensure a live video call is the best possible audiovisual quality it can be, given this sensitive context.
- Other practical points:
 - Ensure the device is charged/powerd
 - Test out where the device will sit in the room. It may be preferable to have it propped up somewhere that is comfortable for the patient and or the health care professional
 - Test sound quality so the patient can hear via the device
 - Ensure the device is cleaned after use with products that will not damage the device

Created and peer reviewed April 2020

Adapted from Irish Hospice Foundation, Hospice ready hospital programme. [How do I break bad news 2007](#). [accessed 2020 March 23].

More information: [COVID Ready Communication Playbook](#) from Vital Talk [accessed 3 April 2020].