As a result of the novel coronavirus over 500 hospital systems in Pennsylvania have created some form of restricted or adjusted visitation policies.

The presence, tone, readability, and accompanying rationale or resources of the policies may vary across health systems.

Family Centered- Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.

Our overall objective is to improve health system communication of novel crisis-era policies, particularly those affecting family- and patient-centered care.
Patient and Family Centred Care Principles

Respect & Dignity

Participation

Collaboration

Information Sharing
• Characterize the content and qualities of consumer-facing communication of physical presence, or visitation, policies enacted during the COVID-19 pandemic.

• Evaluate the impact of consumer-facing information about novel crisis-era policy on community members’ perceptions of the health care facility.
The communication of these pandemic-era policies may promote or detract from relationships between health systems and the greater community during crisis. Clear communication from the health system about novel policies that is well-received by community members will bolster community adherence to and support for such policies.
Open Coding - method is the analytic process by which concepts (codes) to the observed data and phenomenon are attached during qualitative data analysis.

Function Coding - The determination of specific linguistic functions that phrases or sentences serve

Tone Coding - Coding for the overall tone portrayed by sentences or phrases

Qualitative Data Analysis (QDA) consists of three parts: Noticing, Collecting and thinking about interesting things [2]. QDA is generally a non-linear process and often can be recursive. As you continue on collecting information, you may notice new things and need to think about them. As a result, you sometimes have to go back to old data and analyze them again.
Familiarized myself with literature regarding open coding, content coding, lumping, and splitting. Coded for possible buckets and macro areas of linguistic significance to create a codebook. Explicitly defined the meaning of short hand variables in order to have a consistent method of function coding.

Using predominantly splitting, I function coded portions of the visitation policies based upon the codebook. Based on the established content groups, I coded for tone and general themes within the content subgroups.
<table>
<thead>
<tr>
<th>Name of Code</th>
<th>Subcode</th>
<th>Abbreviation</th>
<th>Definition of Code</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Statement</td>
<td></td>
<td>FIRST</td>
<td>The first statement of the visitation policy. Always double coded. Encompasses the entirety of the first sentence, unless the main code extends beyond the first sentence.</td>
<td></td>
</tr>
<tr>
<td>Statement of Change</td>
<td></td>
<td>CHANGE</td>
<td>Acknowledgement that the visitation policy differs from the normal policy. Any statement that may imply that another policy is normally in place. Effective dates ARE NOT included in this category. Key words like &quot;effective immediately,&quot; &quot;no longer,&quot; and &quot;revised&quot; ARE. <em>We have updated our visitation policy</em></td>
<td></td>
</tr>
<tr>
<td>Temporality</td>
<td></td>
<td>TEMP</td>
<td>Any statement that applies that the policy will be revised in the future or is subject to change. Coded with the whole sentence, not just the phrase. Only regards future changes. For changes in the past, see above.</td>
<td>These restrictions will be continuously evaluated as the COVID-19 situation evolves and are subject to change. Guidance from the CDC and PA DOH.</td>
</tr>
</tbody>
</table>
| Statement of Policy  | POLICY  |              | The general statement of the visitation policy, both on site and off-site visitation. Includes any and all clear exceptions, and exceptions on a case by case basis. Also includes any discussion of who is NOT allowed in the hospital. Any special requirements that must be met in order to allow visitation. This includes details on mobility and switching restrictions, screening, mask policies when inside the facilities, special entrances, visitation times, identification measures such as banding and badges, hand washing, etc. Also includes removal or exclusion criteria. | *Anyone without a band will not be allowed entry.*  
*No visitors.*  
*Visitors to those areas will be screened before entry into facility.* — Allegheny Valley Hospital |
<p>|                      | X. PROCESS |              | Description of what must be done in order to be granted an exception to the generalized policies                                                                                                                                                                                                                                                     | <em>Exceptions may be made on a case by case basis.</em>                                      |</p>
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</table>
| 17 | Statement of Values | -- | VALUES | Acknowledges and reassures the hospital or health system's core values. May include statements of priority or mission statements. | "The health and safety of our patients, visitors, and community remain a top priority." -- Indiana Regional Center Healthcare
| 18 |   |   |   |   |   |
| 19 | Recognition of Hardship | -- | REC HARD | Any broader recognition of difficult/challenging circumstances. Acknowledges the hardship that policies may bring. | "We understand the important role that family plays in improving patient well-being." -- Allied Services of Rehabilitation Medicine
| 20 | Expressing importance of patient/family centered care | -- | REC: FCC | Acknowledges the importance of family presence. May point to the benefit of family presence with respect to the patient. | "We are grateful for your cooperation." -- Allied Services of Rehabilitation Medicine
| 21 | Gratitude | -- | REC: GRAT | Any statement of gratitude or thanks. Also includes statements of partnership, togetherness, or trust. |   |
| 22 | Solutions for Family Members | -- | SOLUTNS | Offering or describing alternate methods of visitation, such as by virtual means. | "We strongly encourage the use of electronic methods to stay connected with loved ones." -- Brooke Glen Behavioral Health
| 23 | Non-physical presence | -- | SOL: NPP | Cancellation of comforting services, such as flower and food delivery. | "Delivery of food, flowers, or other items from outside sources will be restricted." |
| 24 | Limitations to family solutions | -- | SOL: LIMIT | Any other information about the visitation policy, including links or call lines. Can be double coded with EDUCATION based on the content of the link or additional information. | "For additional information of the recommended guidelines, visit the Pennsylvania Department of Health website." |
| 25 |   |   |   |   |   |
| 26 | Additional Info or Resources | -- | INFO | Additional information about the pandemic itself, related to the spread of COVID-19, measures one should take to protect oneself, and/or other precautions. | "Covid-19 is a rare type of virus. While its not a deadly virus, people have not developed immunity to it."
| 27 | COVID-19 Education | -- | EDUCATION | Updates about facility procedures that have changed due to COVID-19. May include information about facility closings, limited occupancy, changes to staff procedures, increased security measures, limited entrances, etc. | "Non-essential clinical personnel are restricted.
| 28 | COVID-19 Processes/Changes | VISIT UNRL | VISIT UNRL: CARE | Any statement that reassures that patients will receive quality care, or that facilities remain fully operational. May detail the acceptance of all patients. DOES NOT detail additional measures such as changes to facility cleanliness or changes to staffing. | All patients who present to these units will continue to receive appropriate medical and obstetric care." -- Lehigh Valley Hospital
| 29 | Unrelated to Visitation | -- |   |   |   |
This project is still being researched, however, there are a few takeaways:

- Subtle choices in language used by a hospital system is very reflective of the community-health system relationship.
- Ambiguity exists regarding restrictions and exceptions within visitation restriction policies.
Next steps

We will conduct an internet-based survey among Americans in which we will present examples of consumer-facing communication collected in Aim 1 in a randomized manner. We will assess associations of the communication of novel, crisis-era institutional policy with respondents’ trust in the health system, their perception of the health system’s commitment to patients and public health, and their likelihood of seeking care at that institution.
Lessons learned

- Working with a team is an energizing experience
- Qualitative research is very structured and has well-established processes and procedures
- Think critically and creatively about your analysis and conclusions
- Welcome differing opinions and always be ready to learn
THANKS!

Dr. Hart and the Hart Lab team

Joanne Levy

SUMR’ 20 Cohort

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