ICS Guidance on the use of video communication for patients and relatives in ICU

The Intensive Care Society's Legal and Ethical Advisory Group (LEAG), has developed this good practice guide to assist units looking to utilise videoconferencing technology. This guidance has been reviewed by our Patient and Relatives Committee and ICU Steps and has been endorsed by the above organisations.

The COVID-19 pandemic has resulted in restrictions on hospital visits for patients' relatives. This has led Intensive Care Units to explore alternatives to physical visits including videoconferencing.

The use of videoconferencing in Intensive Care raises a number of legal and ethical issues whilst having the potential to improve the experience of patients who would otherwise be completely isolated from family and friends.

The number of patients in intensive care is rapidly expanding, and the visiting restrictions may last months, so we anticipate that a large cohort of patients could potentially benefit from this technology if it is implemented well.

ICO statement of support

The ICO has issued a statement supporting the responsible use of videoconferencing technology and recognising its particular value during the pandemic. The full statement can be found here:

https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2020/03/data-protection-and-coronavirus/

Uses for Videoconferencing in ICU

Video calls can be used to facilitate discussion between clinicians and friends/relatives. These discussions are an important part of Intensive Care Medicine, and usually happen face to face. Patients should have the same opportunity to be involved in these discussions (between relatives and clinical staff) as if they happened face to face, and the same opportunity to control the information that is disclosed and to whom it is directly disclosed.

Video calls can also be used to facilitate communication between patients and friends/relatives/carers. These interactions are an important part of Intensive Care in the absence of visiting restrictions, and can have a vital therapeutic, spiritual and social value. Separation of patients from friends and relatives can cause distress, and video calls are a means to offer some contact. Patients should be given the opportunity to express their preferences for such calls as early as possible in their hospital stay.

Audio-only calls should be considered where video calls are not possible or appropriate. Units will usually have more experience facilitating these calls, which provide important interactions with a lower risk of inadvertent disclosure.

Factors to consider before using videoconferencing technology

Distress during and after consultations

- Videoconferencing has the potential to cause distress as well as comfort and explanation, just as interactions in person.
- Where a patient becomes distressed, they must have the opportunity to cancel the call, and the opportunity to access support. The wellbeing of the patient is the justification for these calls, and this should be the primary factor in decision-making.
- Departments should not overlook the distress which may be caused to patients after a call if they discover information has been inappropriately disclosed.
- Relatives and friends may also become distressed during and after calls. It is important to warn them of this possibility in advance, especially given the difficulties of providing support remotely.
- Providing information about the purpose of the call in advance may help to minimise uncertainty.
- It is important to consider how friends and relatives in distress can be supported, ensuring contact details are provided along with a plan for a follow up call.

Location and timing

- Where ICU patients are included in the video call, the location of the patient will determine the location of the call. Where patients are cohorted in one area, the risk of inadvertent disclosure via video or audio feeds must be minimised.
- Others in the area should be informed of the call, bay curtains should remain completely closed, and calls should ideally occur when the bay is quiet.
- It should not be possible for call recipients to view other patients, or the monitors or medical equipment of other patients.
- Where patients are not included in the call, locations ordinarily used for family discussions may be the most appropriate location for video calls, as long as the infrastructure is available there.
- The room should be quiet with minimal interruptions, and the video call should occur against a neutral backdrop without posters, staff notices or warning signs.
- Everyone in the room should be visible, and everyone should be introduced at the start of the call and again if anyone joins.
- It must be made clear that departments are under immense pressure, and so prearranged calls may not always happen at the scheduled time.

Administrative, management and infrastructure support

- The priority for clinical staff must be the direct care of the patient. Video calls may allow therapeutically and socially important interactions, but they must not prevent staff from providing patient care.
- IT and administrative staff should support departments making use of videoconferencing, so that the time of clinical staff is used effectively.
- IT and administrative staff must be made aware that a fully-featured video conferencing solution may not be possible to implement. Extended procurement or authorisation procedures may deny patients the opportunity to have valuable interactions with family and friends.
- Administrative staff may be able to assist with identity verification before a call, providing information about the platform used, setting up equipment before a call, and even performing a test call without clinicians present.
- Managers should understand the importance of such calls as the only possible contact for some patients, and should support staff who facilitate calls.

Patients without capacity

- For patients over the age of 16, attention must be paid to the five principles of the Mental Capacity Act (MCA) 2005, in particular ensuring patients who lack capacity are encouraged to participate in decision-making as far as possible.
- The lower the level of patient participation in a video call, the greater the scrutiny required as to whether the call is in the patient's best interests.
- Where a patient is unable to participate in a video call at all, the call should not go ahead without clear evidence that the patient would have wanted it. An audio call may be a suitable alternative, allowing patients to benefit from hearing familiar voices.
- It is of paramount importance to use video calls sensitively and responsibly, being aware at all times of the best interests justification for the call.
- The best interests process outlined in the MCA should be followed, including consultation with those with an interest in the patient's welfare.
- The MCA does not apply to those under 16. Where a patient is under 16, it is presumed that communication should be maintained between the treating team and those with parental responsibility unless there are clear reasons this should not occur. The welfare of the child is the paramount consideration.
- Where appropriate, the child patient should also be involved in all such discussions and, for those rare instances where the child patient does not wish those with parental responsibility to be included in any discussion about their treatment, legal advice should be sought.

Verifying identity

- The principles applicable to phone calls also apply to videoconferencing.
- The addition of the video stream increases the potential for inadvertent disclosure, for example where patient monitoring, medical devices, whiteboards or other patients are visible.
- It is vital to verify the identity of those on the call. This can include a preparatory call to a family member recorded as Next of Kin and using contact details provided by the patient where possible.
- Next of Kin contact details should be recorded on admission to hospital.

Quality of the video stream

- The technology is well developed but its efficacy still depends on the familiarity of users with the hardware available. Expectations should be managed appropriately.
- Relatives/friends should be made aware that a phone call will be necessary if there is any doubt about the quality or security of the videostream.
- Use of a single videoconferencing platform within an institution allows clinical staff (and IT staff where applicable) to develop expertise and manage technical problems.

Documentation

- Patients should be encouraged to express their preferences for video calls as early as possible in their hospital stay, including any particular spiritual, religious or privacy requirements or concerns. Documented preferences must be easily available to ICU staff, who should confirm them on admission to ICU.
- Where the call includes a clinician, the standard for documentation of a video call should be the same as for a meeting in person.
- In addition, it is important to document where call quality or technical difficulties may have affected comprehension, so that issues can be clarified in subsequent calls.
- Where decisions about video calls are made for patients without capacity, it is essential to clearly document the best interests decision, including identified information governance risks balanced against the benefit to the patient.
- Just as in face to face interactions, relatives may wish to record interactions with staff. Clinical staff should assume all video calls are being recorded. Trusts should not keep recordings except in accordance with the General Data Protection Regulations.

References

http://www.legislation.gov.uk/ukpga/2005/9/contents - Mental Capacity Act 2005

https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2020/03/data-protection-and-coronavirus/ - ICO statement on data sharing during the Covid-19 pandemic

https://digital.nhs.uk/binaries/content/assets/legacy/pdf/a/a/videoconf.pdf - Guidelines from the Information Governance Alliance

http://www.wales.nhs.uk/sites3/documents/49/17Videoconf.pdf
-Good Practice Guide to Videoconferencing, Ceredigion and Mid Wales NHS Trust

https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance/use-of-mobile-devices-by-patients - NHSX guidance on the use of mobile devised by patients