



On February 22, the Minnesota Alliance for Patient Safety (MAPS) held its first meeting of 2021 [note: knowing that patient/resident and family input is critical to safety during the COVID-19 pandemic, MAPS launched this innovative Council for virtually sharing concerns, perspectives, and insights in 2020 when the activities of PFACs at many major health systems ‘went on hold’ due to pandemic).

Lisa Juliar (Engagement Specialist/Patient Partner) and Heather Keyes (MAPS’ new Interim Executive Director) led this first meeting of 2021, which was a listening session to guide work for the remainder of 2021 and specifically to understand Council members’ recent experiences related to in-person care partners and/or visitor restrictions.

Council members discussed the following:

- What have Council members’ recent experiences been regarding visitor restrictions?
- Have Council members shared the In-Person Care Partner document developed by this group last year? If yes, what has the reaction been?

Conclusions from the discussion:

Council members’ recent experiences regarding visitor restrictions have been mixed. In general, it seems that compassionate care has improved (though inconsistencies remain) with regards to visitor restrictions. There are bright spots for other types of care including surgeries (e.g., some facilities have issued cards or wrist bands to enable an in-person care partner to be screened one time after which the partner can leave and be readmitted) but there have also been experiences of in-person care partners being denied access to patients, a lack of consistent understanding regarding partners’ needs for reprieve and substitution, and inconsistent messages from staff to both partners and to patients.

Council members have shared—or plan to share—the In-Person Care Partner document developed by this group last year. One council with which the document was shared requested more guidance regarding the partner and the partner’s role (to give patients and families additional information that will help them select a partner or partners).

Next Steps for this Advisory Council

- Council members are encouraged to share the In-Person Care document.
- A small workgroup will meet to create an addition to The Essential Role of the In-Person Care Partner document that further details the partner and the partner’s role.

Key Takeaways for Health Systems

1. Use the In-Person Care Partner document developed by this Council.
2. Create a policy to prevent inconsistencies in understanding among your staff and inconsistencies in communications to patients and their care partners.
3. Educate in-person care partners on the rules at your facility including handwashing and mask policy.