



COMMUNICATING MEDICAL REPORTS TO FAMILY MEMBERS IN TIMES OF COVID-19

LA COMUNICACIÓN DE REPORTES MÉDICOS A FAMILIARES EN TIEMPOS DE COVID-19

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Mr. Editor

Communicating medical reports to family members is a challenge for our health system. For this reason, providing information must be a priority and efforts must be made to do it daily through a constant reporting protocol to guarantee this right. In this current situation where the context is affected by the pandemic, it is important to have flexible contingency plans capable of responding efficiently. That way, communication is a priority in the face of a disaster, yet it is usually a great weakness of institutions. Therefore, having communication plans capable of responding to the needs of family members in this pandemic is an urgent and necessary situation⁽¹⁾.

In the current scenario of COVID-19, family visits to patients are considered reckless, because of the epidemiological consequences this implies. Therefore, the break of the physical link between patients and their relatives is painful, but necessary. Another factor to be considered is the limited time available of healthcare staff that prevents the guarantee of a safe family visit⁽²⁾.

During this pandemic, the protocol for reporting information to relatives of COVID-19 patients states that visits are not allowed inside the hospitalization rooms of adult patients. Communication is achieved through telephone or institutional e-mail, and its aim is to provide facilities to family members who are in social isolation. In the event that this means of information presents delays or is ineffective, temporary areas were set up in the medical units in which reports of their relatives or loved ones will be received in an organized manner⁽³⁾.

We introduce below the data of medical reports of COVID-19 patients made at the Hospital Nacional "Edgardo Rebagliati Martins" to their respective relatives. A medical team of the emergency service was organized to carry out this work. Their main common feature was the proximity of their homes to the hospital; while also being functionally united in the clinical, technical and operational aspects and capable of managing reports of patients hospitalized in the emergency area. All of them are general practitioners and specialists hired to care for COVID-19 patients who provided the information process related to clinical evolution and patients prognosis, expanding anamnesis when appropriate. In addition, the use of technological facilitators such as digital medical records and mobile telephone services, helped to collect corresponding information of May 2020. It was reported that, of 3655 report records, 83% were referred to the family and 5% were not effective because the phone assigned was not answered or was out of service. It is of concern that 12% of the total report records could not be carried out because of the phone number omission in the digital clinical records. This is a weakness of the computer system

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that prevents it from complying with efficiency and to improve the perception of the service quality.

The quality of the relationship and communication between the healthcare team and family members during the grief is a basic element to decrease the prevalence of symptoms of anxiety, depression and post traumatic stress in family members⁽²⁾.

The sustained and humanized information to the patients relatives is a priority. The greatest effort should be made to inform daily, trying to answer the phone calls of the relatives as far as possible. It is ideal for the information to be provided through a formal protocol to ensure that it is given regularly and in the best possible way⁽⁴⁾.

Without a doubt, the digital medical records are

the engine of medical information and the support for communication between health professionals and direct family members. It is important that the collection of information in the electronic medical records is defined in advance, in order to be able to process and use it correctly⁽⁵⁾.

Communication to family members in the COVID-19 emergency service, with the use of digital medical records, is a preventive communicational alternative that has allowed to provide facilities to family members in social isolation. It is a response to the lack of specialist physicians and has been partially achieved after the adoption of a process improvement program with a COVID-19 medical report team.

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