

COMMUNITY OF PRACTICE: How to Support Families Remotely During **COVID-19**



Topic

While our response to COVID-19 has changed the way we are doing things, our services to West Virginia families continue. As interactions with clients are moving to remote services (i.e. phone, email, video or web conferencing) we know that there are still some challenges to providing direct care.

Aim

The purpose of this Community of Practice (CoP):

- Provide an overview of current COVID-19 restrictions or guidelines in WV
- Discuss recommendations within particular settings (outpatient, inpatient hospital settings, home visiting and general communities for families)
- Discuss common challenges
- Identify potential solutions to challenges to service provision
- Identify places to find resources as COVID-19 continues to restrict ways to provide services
- Establish a comprehensive list of resources as a team across provider group

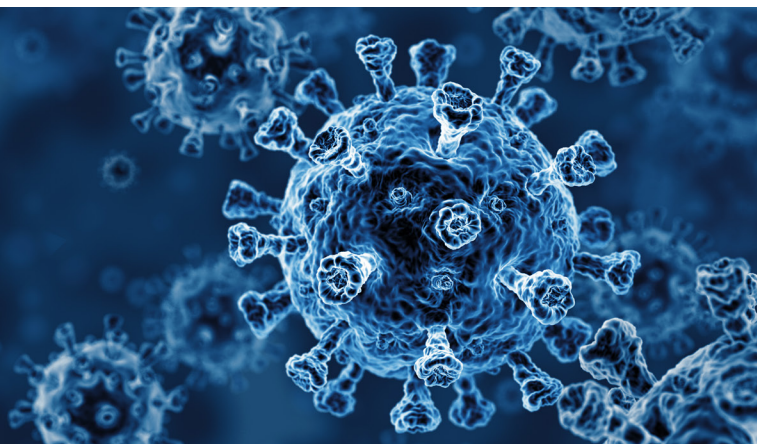
Types of service provider attendees: advocacy, behavior support, communications, home visitors, mentors, patient navigators, pediatricians, social workers, program assistants and managers.

General Info

We realize things are changing rapidly in regard to COVID-19. This is what we know at this point from various providers, agencies and resources regarding recommendations and commonly asked questions.

IMPACT WV – Dr. Lesley Cottrell, IMPACT Principal Investigator

- Compiling resources and guidance for low, moderate and high risk situations by life domain
- Adapting consent procedures for serving clients remotely
- Establishing additional opportunities for increased communication remotely during the pandemic



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General Info Continued

Wheeling Hospital Perinatal Transition Program

– Dr. Judy Romano, Director of Wheeling Hospital’s Center for Pediatrics

- Working with patients in both inpatient and outpatient care settings
- Transitioned IMPACT Patient Navigator to remote work location. Developed system to support families remotely. Adapted consent procedures to be completed by a nurse in the hospital setting
- Provided updated guidance from the American Academy of Pediatrics regarding well child visits. Shared updates on elective procedures, inpatient and emergency needs.

WV Home Visiting Program

– Jackie Newson, Director of West Virginia Home Visitation Program

- Adapting policies regarding home visits based on national guidance and training teams on remote services.
- Shared updates regarding current guidelines and common questions. Home visitors are conducting virtual visits by web or phone. Addressing common questions related to screenings and technology barriers and relaxing some of the timeframes of providing services (i.e. substance use screenings can be awkward to deliver remotely, can be postponed if necessary).
- Many home visitors are being creative in how to engage families remotely. Strategies include community engagement activities like going on a bear hunt, remote dance parties and hosting a Facebook LIVE read aloud story time with activities incorporated like dance, exercise or songs.
- Supervisors are establishing weekly connections with home visitors to stay in contact and address service gaps.

Healthy Grandfamilies – Bonnie Dunn, Project Co-Director

- Approximately 800-1,000 families actively enrolled
- Sharing mass emails with listserv for county coordinators and providing updates with her family contact list by email and phone if necessary.
- Concerns about placement of children if grandparent caregiver becomes ill. Working with state on options. Note: Dr. Romano shared that Cleveland has a crisis nursery called Providence House that West Virginia could use as a model.

Discussion question:

How are attendees reaching caregivers who may have a technology gap or limited resources that make it difficult for them to receive services?

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Ways you or your clients might be at risk during COVID-19

1. A pregnant mom is immunocompromised and considered a part of the high risk category because we do not know the effects of COVID-19.
2. Home visiting staff are facing increased transitions and are adjusting to working remotely.
3. Grandparents may also be at increased risk due to age and underlying health conditions along with facing technology and transportation challenges.

Signs you or your clients may be experiencing during COVID-19

- Coronavirus symptoms
- Emotional due to increased transitions and worrying about the unknown
- Feeling isolated and lacking connections

What to do about the effects of COVID-19

- Bill for telehealth virtual visits and obtain verbal consent
- Create well child clinics separate from ill child clinics
- Bi-weekly Home Visitor Supervisor meetings to address staff needs
- Keep constant contact and engage families
- Keep equipment at eye level with family when remoting in
- Use a dark background with no distraction on your laptop
- Let children see you and hear your voice
- Read book with child to connect and add enjoyment of reading
- Use unique ways of social distancing:
 - Virtual dance parties, music lessons, museum, zoo or Disney tours
 - Bear walk around the neighborhood
 - Drive by birthday parties
- Set up a crisis nursery for child care if grandparents fall ill
- TV use to connect with and update families without internet
- Sustain grandparent connections by connecting to other grandparent or community groups
- Encourage sanitation

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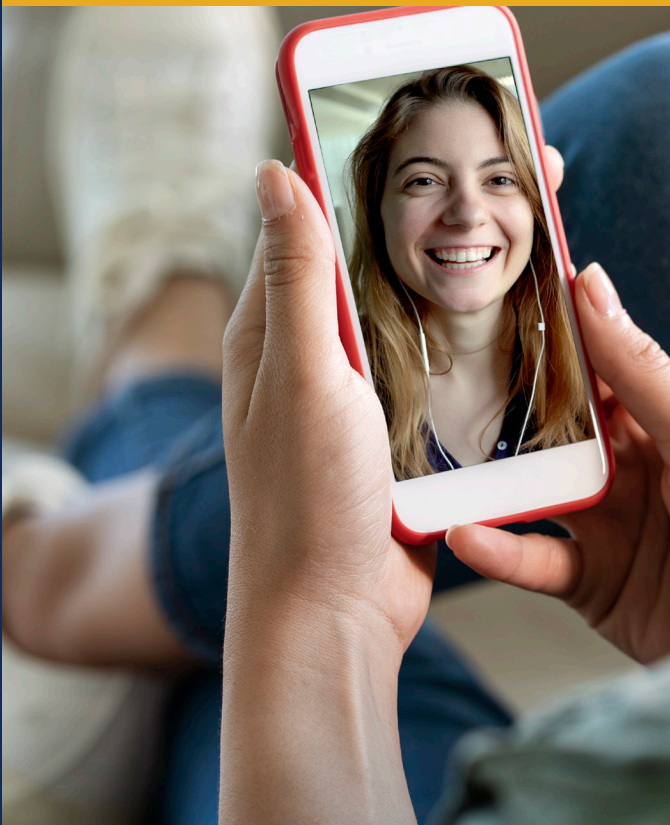
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RESOURCES

- IMPACT WV Life Domain and Risk Level: Resources for COVID-19 <http://cedwvu.org/resources/life-domain-and-risk-level-resources-for-covid-19/>
- American Academy of Pediatrics www.aap.org
- Ohio Chapter of American Academy of Pediatrics www.ohioaap.org
- Healthy Children www.healthychildren.org
- Providence House Crisis Nursery www.provhouse.org
- WVSU Healthy Grandfamilies www.healthygrandfamilies.com



Tips

- Stay in contact with clients to offer support
- Remember mental and physical health are important
- Set boundaries for families and self by using normal times as routine
- Review IMPACT Life Domain Resource Table for strategies to engage clients remotely and safely

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