

Manitoba Developmental Centre

Effective Date: June 1, 2010	TITLE: COMMUNICATION WITH FAMILY/SUPPORT NETWORK	POLICY NO. V-03 RAD
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OBJECTIVE: Residents will be supported in maintaining communication with their family/support network through telephone calls, mail, and electronic/digital communication.

POLICY: Communication with the residents' families/support networks is supported and encouraged. Questions and concerns will be addressed within the Freedom of Information and Protection of Privacy Act and Personal Health Information Act guidelines. The Substitute Decision Maker (SDM) for personal care will be consulted and a signed consent will be obtained prior to using electronic communication. This signed consent will be scanned and filed in the electronic health record. Information regarding other residents will not be shared with families or others. Staff should refer to the electronic health record to determine what information can be shared and with whom.

- Telephone – Residents have the right to make and receive telephone calls. Residents who are unable to use a handheld receiver will have access to a speakerphone.
- Mail – Residents have the right to receive and send mail to/from their family/support network. Residents who have the ability to open their own mail will be encouraged to do so.
- Email – Residents have the right to send and receive emails from their families/support networks.
- Virtual Visit – Residents have the right to contact family and friends via peer-to-peer electronic communication using a personal computer, device or through the Government of Manitoba electronic network utilizing approved software.

All modes of communication will be conducted in a confidential manner. Residents who require assistance to maintain communication with family and support network will have staff assistance with the process.

PROCEDURE:

Telephone Communications

- All outgoing and incoming telephone calls will be noted on the electronic health record under Monitor Social Contact.

Mail

- Social mail received will be presented to the resident.
- The care provider must sign their name and position on the written correspondence when assistance is provided.
- All mail correspondence will be noted on the electronic health record under Monitor Social Contact and retained for the resident's enjoyment.

Email

- The care provider must sign their name and position in the email correspondence when assistance is provided. All emails must have the confidentiality notice listed beneath each message as follows:
"**Confidentiality Notice:** This e-mail message (including any attachments) is confidential and may also be privileged, and all rights to privilege are expressly claimed and not waived. Any use, dissemination, distribution, copying or disclosure of this message and any attachments, in whole or in part, by anyone other than the intended recipient is STRICTLY PROHIBITED. If you are not the intended recipient, please return to sender."
- Personal health information is not to be included in "social" emails.
- All care providers participating in correspondence through emails must read and follow MDC Policy I-10 Electronic Network Usage and sign form A-98 (signed forms are to be sent to personnel files).
- Email accounts will be set up by designated care providers who will ensure log-on names and passwords are kept in a secured area.
- All efforts should be made to have the resident attend with the staff for sending emails and residents

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should have as much input as possible into the email message. If it is not feasible for the resident to attend, staff may compile the message with the resident's input prior to sending the email.

- Emails sent or received are to be printed or saved to the resident's email account.
- Pictures sent to the resident's email account will be saved to the resident's email account and may be printed on the public access work station. If coloured photos are required, a CD may be ordered from Materials Management and the pictures downloaded to the CD and printed offsite. All email correspondence will be noted in the electronic record under Monitor Social Contact.
- If a resident passes away or moves, the pictures saved on their email account can be transferred to a CD to be included in their personal belongings.

Virtual Visit

Prior to Visit:

- RC/Nurse to provide the name and relationship of the family member/friend wanting a virtual visit to the care provider assigned to the task. Consent is required.
- Ensure a dedicated quiet room is utilized. Existing space with necessary equipment is available and can be accessed by booking either the Aspen Boardroom or Virtual Visit Room (Westgrove).
- Assigned care provider to determine the form of Virtual Visit and if required, send the meeting link to the visitor through their preferred email.
- Assigned care provider to schedule the Virtual Visit in the electronic health record and write a progress note indicating it is booked.

Day of Visit:

- Ensure privacy. Only members participating in the peer-to-peer virtual visit session at hand should be present in the room.
- Before first session, be sure that the person initiating the session is fully aware of any body cues (if individual is non-verbal) to make sure that both parties are able to interact efficiently.
- Virtual Visit "In Session" signs should be utilized to avoid walk-ins while session is in progress.
- Assigned care provider to accompany the resident to the designated room and prepare the virtual visit session by opening the software application/link and wait for the visitor to join. Ensure the resident can see the screen and is visible in the camera view for the family/friend. If you are unable to connect – phone the visitor to explain.
- When the session begins, always introduce yourself and your role.

Post Visit:

- The area must be cleaned/disinfected after each session to ensure it is ready for the next user.
- Document the virtual visit in electronic file under "Social Contact Monitoring Assessment", write a progress note regarding response to visit.
- Report any equipment concerns to the Residential Coordinator (or designate) or Systems Admin & Support Coordinator for prompt resolution.
- If utilizing resident personal equipment, Residential Coordinator (or designate) to ensure the equipment is stored when not in use in a locked but readily accessible room.

Other Forms of Communication

- Residents whose personal resources allow will be encouraged to use other forms of communication with approval from their SDM for personal care/property.

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Changes to Contact Information

- Any changes to Next of Kin contact information should be forwarded to Health Information Services by email or interdepartmental mail. Health Information Services will update the electronic health record and email Clinical Coordinator, who will update the Residential Coordinator and SDM for personal care if applicable. Residential Coordinator will print off a new Individual Profile to reflect the change in contact information.

REFERENCES:

MDC Policies I-10 Electronic Networks Usage, I-30 Retention & Disposal of Records, II-35 Confidentiality, I-37 Standards for Service Delivery and Recording/Entries in Health Record, IV-30 Photographing and/or Recording of Residents, Staff and Areas of the MDC
Freedom of Information and Protection of Privacy Act
Personal Health Information Act
Residents' Bill of Rights and Responsibilities
Council on Accreditation (COA) Standard CA-CR 4