

COVID-19 Community Briefings and Conversations CHAT NOTES

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Question: What are the most critical issues you are facing right now in addressing this crisis?

Pam: finding ways to support frontline staff since we cannot gather in groups

Helen Julia: How to care for the front-line staff and clinical teams when I am unable to be in the hospital and am working remotely

Amy Mora: A widespread misunderstanding of what social distancing means.

Karen Doy: communication between patient and family members

Anne Coit: At our hospitals, it seems to be staff well being

Jerry Painter: Knowing what to do next

Janiece Gray: Thinking of new and additional ways to help support and change our models while being supportive but not disruptive to the teams doing the work

Brittney Lawrence-Stephens: Anxiety and fear of the unknown that staff are faced with every day

Catherine Heath: lack of PPE ... staff anxiety

Ricardo: Addressing fears and needs of staff.

Donna Henderson: Staff morale, keeping spirits lifted

David Garrett: Not having any direct contact with patients now, and limited contact with staff.

Marcelo Alvarenga: PPE availability and Emotional support to frontline staff

Wes: How do we address family members calling for status updates with sensitivity. Also seeing media calling pretending to be family.

Allyson Miller: Supporting Frontline staff with limited contact

Laura Crooks: Trying to support staff in unprecedented levels of change (what we do, what we need to do, what are the protocols) are all changing on a day to day and hour to hour moment. This is true for staff and for our families

Alla Borsen: Just 3 tests left. Awaiting to get more, hopefully today.

Jill L: seeing our small health care business is seeing our own staff getting ill and how to keep our patients are being care for as they need.

Melissa: emotional support for staff, Pope

Julie: Helping my staff transition from SAVING lives; they are having difficulty with the emotional transition - they are feeling unsuccessful at what they're daily charge usually is.

Michele Kennedy: I think the most difficult issue is the issue of end of life with limited visitors or no visitors to COVID patients. Honoring the family in the process at end of life.

Julie Barnes: I am worried about the patients who cannot have family with them...how do we keep them mentally engaged, particularly our aging population. I worry about the consequences of isolation.

Marcelo Alvarenga: Family experience when patients are isolated

Christy: Quick decline in healthcare needs because of isolation; staff reductions and furloughs

leah abbondandolo: How to support our staff, cope with anxiety, providing hope to frontline

Kim: Emotional support, providing inspiration to them , staff flexing and furlough

Juanita Al-Abbadi: communication between family and patient with Covid-19 that are dying

Janiece Gray: Been having free coaching conversations to help support people all over the world as they are dealing with the continued reality of this ongoing stress

leah abbondandolo: Not only how to support our frontliners but our immediate family member with underlying health issues and anxiety

Alla Borsen: I worry about our residents. They are old, it is very hard for them not to see their families.

Joanne Ganton 2: Supporting patients who still have ongoing chronic care needs

Peggy Creany: Not losing sight of the value of compassionate, empathetic communication delivered to our patients, families, residents, from all of us.

David Garrett: Supporting staff and preventing burnout.

Janiece Gray: Helping physicians understand the art of an e-visit that helps to achieve outcomes and still connect well with their patients

Dawn: How to ensure covid patients and families are connecting/seeing each other prior to admission and throughout admission... especially when patient is not doing well.

David Garrett: Navigating public perception and social media in regards to current visitation policies.

Alla Borsen: Many families were crying when visiting restrictions were announced. It was heart breaking.

Juanita Al-Abbadi: supporting the nursing and medical teams that are at the hospitals working while many of us telecommute

Marcelo Alvarenga: Managing capacity x high demand issue

leah abbondandolo: I think a lot of anxiety is also from people who lost their jobs and are worried for the future

Peggy Creany: What suggestions on how to get c-suite to continue to value the importance of rounding?

Dawn: I worry about losing the human component throughout this. As a patient family member commented recently... "please ensure patients and family are able to see each other prior to admission when visitation is no longer allowed. It may be the last time we get to see each other"

Marcelo Alvarenga: Great challenge for leaders to be close to the team

Julie: Peggy: My c-suite is wearing scrubs everyday and is much more VISIBLE on the floors - great to see!

Alla Borsen: I think a lot of anxiety is because we are on the unknown territory, not knowing what's awaiting us while we are all fighting this invisible enemy...

Julie: Yes - it is refreshing to see VP's in scrubs :)

Ricardo: Peggy ...we are engaging them to round on staff and department leadership so those on the frontlines do not feel they are alone in these times

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Deanna Buelow: as staff are re-deployed, harness and engage with their positive contribution to patient care and teamwork.

leah abbondandolo: Unfortunately, many people are depending on social media platforms which can be an issue because a lot of these channels are feeding mis information to viewers for likes, shares, etc... this causes panic and anxiety