

**TOPIC CALL NOTES**

March 26, 2020

***Addressing human experience and your most crucial efforts in the face of COVID-19***

Moderator: Jason A. Wolf, Ph.D., CPXP, President & CEO, The Beryl Institute

**Question: As a professional committed to the human experience and patient experience in healthcare, what challenges are you tackling in the face of this current crisis?**

Christina Beyer MD CPXP: challenge: end of life COVID positive patients - my system wants to restrict to one visitor or 2 at most for one time visit for only 15 mins! how can we balance conserving PPE reducing transmission and honoring human experience of death of loved one and dying process of persons?

Susan Osborne: Running out of PPE.

Kristina Healey: being an advocate at a system level for patients at end of life and adapting to the restricted visitor policies, specifically a 15-minute visitation period which doesn't seem humane

Toni Hightower: Being able to train PX in person

Susan Osborne: We are making masks, and looking at making gowns

Janet Lacey: Constant change-hourly basis change

Linda Biondini: Re-using N-95 up to 5 times

Layla Powell: Hospice patients unable to see their loved ones, even when transitioning

Jerry Painter: Not knowing what to do next

Sandy Rush: all communication is written in "war" tone instead of patient and family centered - PEX needs to be at that table

Lisa Pierce: Connecting patients to family and loved ones (low income area with lack of access to technology) creating a process for accessing

Kelly Holland: certainly restrictions in our welcoming policy while still trying to meet the needs of our patients/families

Erica Rubinstein: Challenge: How to ensure staff safety while also helping them to manage their own stress and anxiety.

Anne Brown: Managing no visitor policy

Linda Biondini: daily changes to processes

Stacy Laumann: employee fear of getting sick or causing family members to get sick

Sydney Peters: Our challenge is communicating with patients the importance of coming to their treatments during 'stay at home' challenges

Sue Rice: Our hospice patients in nursing homes and ALF's in Florida are not allowed visitors unless in the actual dying process... very difficult time that is now compounded!

Sarah Gilstrap: How do we care for the caregiver? So many providers, nurses, frontline staff were already at a point of burnout - how do we effectively meet their needs during this difficult time?

Kristina Healey: language guidelines during this crisis, what to say, do, respond, etc.

Frances Bishop: Developing empathetic responses to patients who are indifferent to the virus and steps being taken to keep everyone safe

Sandy Rush: Providing means for virtual presence of family

MJ: Patients not feeling alone and not feeling "diseased"

Debbie Oliphant: We have moved to no visitors except patients under 18yo and death/dying

Kerry: Kerry from SC- Keeping staff safe with PPE, preventing burnout, ensuring a personal connection with the patient exists despite limited contact, combating loneliness with patients who cannot see their friends and family

Susan Davis: staff losing courtesy and respect and empathy

Dan Spofford: Time for rounding

Lisa Pierce: Employee fears, staff morale at a low

Dawn Crawford: Struggling with new processes to handle the huge influx of patients.

Maia Hendrickson: Employee anxiety about PPE, a potential surge, and moving quickly enough as a system to provide what the staff need.

Lina 2: trying to support family presence policy in light of visitor changes

Becky: closing clinics and not knowing exactly what they means for unemployment for those staff members.

Karen Doy: Significant others calling nursing staff, which is delaying care.

Julie Ruschhaupt: Coordination of efforts to keep patients families informed in the midst of visitor restrictions across 17 hospitals and 4 provider groups.

Kimberly N: Visitation is one for delivering moms and end of life visitors on case by case basis

Deb Petrucelli: We are allowing one visitor at this time for end of life but we are also using virtual technology to connect family to patient to care team for this difficult time.

Jill Little: With Joliet Area community Hospice we have patients that are not able to have loved ones present when they are dying. We are seeing outlying support refusing (priests refusing to see and bless the patient)

Jodi: Supporting caregivers and providing staff with adequate PPE

Dawn Dille: Same as Sandy... Communications are coming across from a fear perspective versus an experience. Although we have asked repeatedly, PX is not being brought to the table

Anne Brown: We have provided scripting for security, operators, admissions, registration, and ED registration on managing visitor policy

Arnold Tovar VHA: Use of tech has been helpful. Providing tablets for patient's families to face time with loved ones

Lina Allen: System is moving from being patient-focused to be public health focused

Jen Faultner: Visitor policies that are keeping families apart when one child is in the hospital long-term

Renee Rieder: From Florida--keeping connection with leaders with our patients in isolation due to maximizing PPE

Ellen Harry: containment, limiting the spread of the virus; ensure safety of patients, families, and staff; making sure we have enough supplies

Sandy Rush: Caring for care givers and adaptation to Evidence Based Practices instead of eliminating

Theresa Varughese: team member anxiety

Theresa: Making sure families having the PIN number when they try to call back in.

Jen Faultner: Supplies

Tara Bristol Rouse: Facilities I work with are looking for guidance/scripting re: crucial conversations related to limited equipment (e.g., vents)

Anne Brown: We have zero visitor policy but exceptions are laboring moms, children under 18, and dying patients

Megan McCook: Seamless transitions in physical to digital journeys in care (telehealth)

ClaireS: Ensuring the patient/family/caregiver is being taken into account in key decisions that impact them, messaging

Julita Willis: Supplies

yvette: How do we communicate human experience focus in a way that our caregivers will receive at this difficult time?

Liz Glass: My biggest challenge is b/c of previous lack of internal PX dept structure my current workload has been stalled and not wanting to engage or see how valuable PX is now.

CJ Merrill: we are not allowing routine visitation except for 1 visitor for peds....we are going to provide iPads for tele visiting to help in this issue

Theresa: Should we still be Nurse Leader Rounding on Non-COVID pt's

Renee Rieder: Creating a culture of resiliency

Susan Davis: patients with dementia and no visitor for admit

Susan Osborne: We are using IPADS for patients to facetime and have added SKYPE to all of our IPADS on each unit. We also help patients do this on their phones.

Marie Perillo: In Home Health, some patients are scared to receive the post acute care that they need, just having additional people in their homes. We are doing everything to assure them our staff are updated and taking every precaution to provide care, while ensuring their safety

Theresa: Best practices for digital platforms to facilitate virtual visitation with friends and family.

Jen Faultner: How to facilitate patient and family centered rounds during this time

Thomas Herrera: The challenges around clear communications both internally and externally with regards to the rapidly changing procedures, protocols, and workflows. My recommendations: Open, Honest, Transparent Communications; leveraging video- web based forms of communications for staff and the community.

Lori Allen: covid PUI, dementia, no visitor allowed

Rory Ditzler: We have used Ipads and Skype as a way for patients to communicate with their loved ones.

Jodi: Idea of rationing resources and related bioethical concerns

Susan Osborne: We have asked the staff to call the family members while in the patient room so the patient knows we have spoken with their loved one.

Becky: Because of clinic closure and visits being cancelled -- lack of revenue

Kimberly N: with limited PPE patient experience have been asked to work remote, how are other able to support their healthcare teams

Ricardo Davis: We currently have a no visitor policy. End of life is one of the few exceptions. We allow 4 visitors during a end of life withdrawal. Each of those names are submitted ahead of time and this family members are screened prior to being escorted to the unit.

Julie Strider: How you engage patient visitors to respect shelter in space within the hospital walls

Lina 2: @Susan Osborne, who helps the patients use facetime/skype on their phone? Clinical staff or others?

Hunter Akers: We are not allowing any visitors in our facilities right now. Our system is 21 hospitals total. Only visitors are allowed in our birthing unit. They are not allowing any other visitors; including for the patient that are end of life. We are very limited on PPE in the area and are restricting the use of it. It has been very hard to engage patients when they are upset that they are not allowed to see family during this time.

Arnold Tovar VHA: Patient experience staff are being pulled to assist with screening, logistics, etc.

Susan Osborne: Many of our staff feel comfortable helping them if they have an Iphone or Droid. It is apps.. Face time for Apple and Skype for Droids.

Laura Maushard: Challenges with PPE and the regulations around PPE with patients in the home care environment. One example is challenges in scripting when worker must wear mask who has been exposed to a PUI and how to help the patient understand the changes in their safety

Mendy Goonan: Caregiver anxiety around PPE and keeping themselves safe. as well as the families they go home to. In addition, supporting front line staff who were already presenting burnout before this.

Sarah Gilstrap: How are systems supporting the employee experience in the face of this difficult time? How are we supporting employees diagnosed with COVID and quarantined at home?

Nicole Kirchhoffer: Challenge is keeping staff focused on their purpose which is to make a difference because they are entirely consumed with fear right now.

Deb Petrucelli: @theresa Varughese... I wrote a poem to try to inspire and extend gratitude to all who work in healthcare. Just a lift of spirit in difficult times

Rachel Norrick: I am concerned about group meetings for some of our patients with mental health issues. I worry about them being so secluded.

Jessica Brest: Along with zero visitors with exception to peds, disable and end of life. We are utilizing our chaplains by giving family members their contact information and they are able to mediate some of the communication between the family and patients. We are also utilizing iPADS for face time options.

Sandy Rush: new employee orientation

karen 2: How are hospitals/systems connecting patients and families who are separated due to visitor restrictions?

Pam Bell: Focus of work has totally shifted to care of staff...they are scared, burning out already and physically and emotionally exhausted. What creative things are people doing to connect with staff with the limitation we have of not gathering people together??

Dawn Dille: Also access to community resources... so many are closing or limiting services

Megan Marshall: Focus on supporting staff and they will care well for the patients and families :)

Adam: @Nicole We are having our PFAC write letters expressing their appreciation

karen 2: Sandy Rush- we hosted orientation virtually with 300+ on Monday. was a huge success!

Janiece Gray: I worry about the fatigue for the leaders as well as we move into multiple weeks of incident command centers. I've been focused on the idea of gratitude and it's power to help with resiliency. Some incident command centers are starting each day/shift with 3 good things

Jan Althouse: In support of the employee experience we have opened a temporary daycare facility so that those that have child care issues can come to work and support our patients and families.

Denise Tackett: Echo of others - How to prioritize patient experience when staff are so consumed with fear and just trying to get through each day.

Arnold Tovar VHA: Dealing with non-covid positive patient's needs

Susan Osborne: Caring for your staff is first most important. Rounding with them, Daily huddles at the beginning of the shift and throughout the day i/ night if needed.

Susan Osborne: Communication is key

Linda Biondini: We are offering free call in opportunities with counselors; our PX officer has sent out 5 minute audio exercises for stress reduction

Erica Rubinstein: I completely agree regarding communication and how it has been a challenge as things are changing constantly. Staff are struggling to keep up.

Sarah Gilstrap: I saw that CMS is not requiring HCAHPS submissions during this time - how are you listening to the voice of the patient today and in the coming weeks?

Jan Althouse: Also in support of the employee experience, our restaurant is offering to-go meals, bread and milk for employees to save them from having to go to the grocery store.

LaTonya Macklin: How we capture our patients experience and feedback with all the changes to ensure their safety and quality of care?

Lina 2: Community members are leaving painted rocks showing appreciation for staff in front of the Hospitals

Philip Johnson: My fellow Chaplain and I are putting together a Hospitality Cart to take to our nursing units. It will include hot tea, cocoa, and homemade goodies. We'll use tongs for serving and keep our 6-foot distance. We're calling this our C

Christina Beyer MD CPXP: VitalTalk open source COVID Ready Communication Skills put out by Seattle and larger team including Bob Arnold Tony CHu, info@vitaltalk.org.

Philip Johnson: our Corona Care Cart!

Hunter Akers: Jan, We are selling bread, milk, eggs, etc in our cafe for our hospital staff. This also included their employee discount. Our local grocery stores are low and it is a service we can provide.

Dominique Transue: Today we did a virtual Schwartz Rounds on "Stressors and Self-Care During the Covid-19 Response". It was incredibly successful and uplifting. And because it was a call-in, even more staff were able to call in and participate. Our CNO spoke candidly with empathy and support for all staff and patients. We will be doing these weekly rather than monthly throughout this difficult time.

Linda Biondini: Virtual department birthday party

Sarah Gilstrap: @Christina Beyer here's the link: <https://www.vitaltalk.org/guides/covid-19-communication-skills/>

Susan Osborne: Rounding with patients. We are still rounding but have changed our philosophy. Women's service, getting seen in Labor and Delivery and then on mother baby, we are seeing only on discharge. On the units with no positive patients we are still seeing them. we are wearing surgical masks in rooms and telling patients we are wearing them for their safety and to keep our staff safe.