

WEBINAR CHAT NOTES

April 16, 2020

What Matters Most to Patients and Families During the COVID-19 Pandemic?

Moderator

Tiffany Christensen, CPXP, Vice President, Experience Integration, The Beryl Institute

Panelists

Dr. Grace Cordovano, Patient Advocate/Healthcare Navigating Solutionist

Erin Moore, CF Mom and co-design advocate

MaryAnne Sterling, CEA, Advocate and Family Caregiver

Melissa Thomason, Patient Advocate & Advisor

Can you share what you are seeing as the biggest impact COVID-19 is having on your patient/family experience right now?

Susan Kemp: The biggest impact we are having is the limitation on visitors. Not performing nonemergent surgeries and/procedures.

Jennifer Symon: obviously loss of Family Presence and visitation. With this we are hearing antidotally that some are declining hospital transfer or admission as they fear dying alone.

Cathy Almost BC Patient Safety & Quality Council, Canada: Covid-19 seems to have caused great fear, fear for cancer patients getting treatment, fear of the ER and fear and difficulty in rehabilitation and elective surgeries that are worsening like eye surgery

Brittany Hendrickson: We have also had to create telehealth and virtual health options to make sure our patients get care. Do you think there will be a push for more tele and virtual medicine options after this is over?

Carissa Ricciarelli: The biggest impact has been on our temporary no-visitor policy, even in end-of-life cases.

Shannon Stafford: restricting visitation for family members who are active participants in care (ie feeding, sitting w/ confused pts)

EVA RAMIREZ HUERTAS: Must agree with Susan one of the biggest impacts are limitation of visitors

Lillian Wright: lack of communication from staff and providers to patients and families
MD: I'm really concerned for patients giving birth during covid19. Without someone to advocate for them in that setting can lead to an uptick of issues and trauma.

David Garrett: Visitor restrictions - lack of connectivity between patients and families

Darcel Jackson: visitation restrictions and individuals afraid to get care they may need (non elective)

Donna Henderson: The biggest impact is family not being able to visit.

Cathy Almost BC Patient Safety & Quality Council, Canada: Has anyone done a consultation with family caregivers about how they can/want to be involved with lack of ppe and concern for their family member during and post covid

Cathy B: In the chaos of COVID the patients dying alone

Brittany Hendrickson: We have iPads for our patients and are trying to set up a service for them to be able to call out to their families who cannot be with them

Kathy Deevers: visitation restrictions

liz narvaez: healthcare professionals being afraid to interact with infected patients and them not receiving the proper care

Pamela Mertz: as a mother of CF patient that needs pain management for disc herniation, it is difficult to navigate any treatment options for him for this "non-essential" need. His pain is level 6-8 constantly, and surgery is not able to be scheduled. Isolation is very hard, but not new to CF families.

Susan Kemp: We have made exceptions for new cancer diagnoses, end of life and also patients coming from long term care facilities that require a sitter.

J Reyes: Some family being infected and not being to help them. Not seeing your family physically. It's saying we always there for you, but now how do we do that if not my phone or camera.

Jennifer Symon: yes nonverbal adult patients are losing there voice

Rory Ditzler, Mercy Iowa City: Because of visitor limitations we have started Compassion Care rounding with Ipads for patients to communicate with loved ones

Brittany Hendrickson: One of the pediatricians in our city has started offering home visits at no extra cost to help families with their fear of putting themselves at risk

Jennifer Symon: move towards care in place

Terry Harrington: Some of our nurses have been going above and beyond to contact family members that patients ask to keep up to date every day for the patients.

Brittany Hendrickson: This all makes me wonder how this will change the overall care model for all patients.

Terry Harrington: Agreed Cathy. Some of our units even have been giving iphones for Facetime too

Dan Spofford: Are any of you seeing local nursing homes restricting admissions?

Shannon Stafford: we are offering free tv service for the duration of the visitor restrictions

Pamela Mertz: working to get curbside blood draw- pushing systems to accommodate the higher risk patient to get required blood work being on meds that can affect liver function. Providers are trying but have not had luck to date!

Cathy Almost BC Patient Safety & Quality Council, Canada: Our nursing homes are on lockdown- nothing in and nothing out- no visitors

DARYNESH CARRASQUILLO LOPEZ: THEY DO NOT PROVIDE THE NECESSARY EQUIPMENT TO THE HEALTH PROFESSIONALS TO BE ABLE TO PROVIDE CARE TO CONTAMINATED PATIENTS

Rory Ditzler, Mercy Iowa City: Yes on nursing homes restricting admissions

Terry Harrington: One of our biggest things thinking ahead is ensuring our patients that our facilities are safe once this is over.

Susan Kemp: Dan our local nursing homes are not allowing visitors at this time.

Janice Lee Juvrud: A chaplain for a NYC hospital takes pictures of the patient to show to the loved ones.

Kristen Kellar: Anyone seen an uptick in inpatient patient falls since visitation has been cut off? And if so, any innovative ideas for addressing?

cathy G: COVID 19 is associated with a lot of unknowns & fears for both the patient & staff, so how are you gathering the staff in daily huddles to support their fears & give them the knowledge that they need to share with families.

Jennifer Symon: how can we learn from this to have better education for patients and families to prevent transmission.

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Dan Spofford: Local nursing homes do restrict visitation for resident safety.

Joy: Our falls are less because our census is down and patients get more 1:1 attention from our staff

Lauri E Santiago: this nation is not prepared to fight this pandemic are is sending our nurses and doctors to deal with this health issue without the PPE need it so if this is the case how we are going to cover the families of those whom needs care is we are unable to take care of the minimal need of the ones caring for them

Jennifer Symon: I worry that there will be increased rehab needs with patient movement being restricted with physical distancing.

Jenny King: Great reflections Erin on the skills patients and families have