

WEBINAR CHAT NOTES

April 2, 2020

Elevating the Human Experience in the Face of COVID-19

Moderator

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

Panelists

Harris Baden, MD, Medical Director of Experience, Seattle Children's Hospital

Rosie Bartel, Patient Advisor

Karen Grimley, Chief Nursing Executive, UCLA Health

Dwight McBee Chief Experience Officer, Temple University Hospital

Question: What are you seeing as the biggest challenges you are currently facing in addressing this crisis?

Gary Crull: Staff burnout

Lina Allen: frontline staff moral

Sue Bhella: Decreased mental health of frontline staff in the wake of decreased PPE availability

Bob Abrahamson: Uncertainty

Kathy Calvert: No visitors - patients are not only scared but they are incredibly lonely

Jamie Di Piazza-Rodriguez: How are you supporting the Covid positive patients and staff that are taking care of them?

Becky Royer: Staff concern for their families upon their return home

Amanda Peters: Guiding staff through the furlough process while others are is high demand

Leigh Garrett: Keeping current staff safe while onboarding new staff

SARA KAPINOS: staff burnout as not all staff rotate through the high-risk areas.

Robin Goldberg: Complaints coming in more from patients and families, due to staff being stretched thin.

Sydney Peters: how to communicate to patients in a way that's clear, calming, and doesn't overwhelm

Frances Jones: building staff trust quickly and caring for them to reduce their stress levels.

Louise Malone: bed capacity for COVID patients - no more beds for Non-Covid patients

Jennifer Grim: an outreach of support from the community

Lisa Pierce: Staff emotional overload. It goes against how they operate and how they want to take care of patients. Telemedicine wait times.

Sue Bhella: Patients dying alone

Jason B. Ruda, MS, CXP: JASON - what impact do you see on CAHPS performance measures - specifically. We spoke last time about PPE but not about the perception of care that our patients and members are receiving from our care.

Dwight McBee: COVID (+) patients have dedicated staff who we FEED constantly

SARA KAPINOS: Lack of negative pressure rooms.

AMANDA R CLOUD: Communication with staff - and patients

Katie Sust: Building staff trust

Michele Kennedy: COVID positive patient at end of life.. how are you dealing with visits from family?

Kat: decreased census and job security when your facility is elective based

Gary Crull VHA: fear of the unknown is big

Dwight McBee: Facetime is huge right now with family meetings and end of life where appropriate

SARA KAPINOS: Dealing with the "family experience" when they cannot be present.

WANDALIZ BELTRAN TORRES 2: STAFF BURNOUT AND EMOTIONAL OVERLOAD.

Julie Ruschhaupt: In the midst of visitor restrictions and the stretched staffing, keeping families and patients connected and communicated with.

Gretchen: Michele - We have dedicated iPads - no visitors

T H E B E R Y L I N S T I T U T E

Nicole Cable: Our biggest challenge is the lack of consistency from the various states we are located. Payers are refusing to pay for tele-health for fee for service

Gary Crull VHA: We been making stress days to help them have some quite time to reflect

Rocio Santos: Keeping staff current with so much information coming our way

Katie Sust: Keeping the calm while being transparent!!!

Claire Snyman: Restricted visitor policies and how to manage these?

Damara Gutnick: Telling the family of a COVID patient who died, that they cannot see them again to say goodbye

Gretchen: We also have developed and promoted a patient belongings drop off system

Gary Crull VHA: devoted a large room for quiet and relaxing themes

Jason B. Ruda, MS, CPXP: HOW HAVE ORGANIZATIONS BEEN TRAINING PROVIDERS ON COMMUNICATION DURING THE COVID+ PANDEMIC?

Damara Gutnick: Vital Talk has some great scripts for staff to have difficult conversations

Gretchen: We are communicating our visitor policy via patient portals and individual calls to families

Eva Ramirez Huertas: Dealing with the loss of a loved one when you cannot be present

Nicole Cable: Jason we train through zoom and we created some tips for the providers

Lyudmyla S Feoktistova: Support of the community plays big role for us

Grace Itiowe: Keeping staff safe with limited PPE resources

Rita Horst: Loneliness, of isolated patients, of staff staying away from their families, of family members unable to visit. The "survivor-guilt" anxiety those of us working from home feel because we are by nature, "boots on the ground" people.

Nicole Cable: re deploying our staff to make the calls to our patients for surveys results but more importantly to check on our patients/members because they are the most vulnerable

brian cunningham: keeping everyone up to date on the latest real time changes

Penny L Salter: Is there help for those who work on the front-lines in grocery stores, and other open retail areas to be trained and protected in during this crisis ? I find that this is a huge area that needs to be addressed so that those workers can gain the knowledge that we have, protect themselves, the customers they serve, and their families. How do us as healthcare professionals pass on that support?

Allyson Rochlin, JHCP: Abating staff fears, not just with the virus itself, but when they see all other workers be placed on furlough (especially for those in family practice clinics). While we need all levels of staff and employees, they see others around them losing their jobs outside of healthcare. Also showing kindness and compassion to staff who do not have access to childcare without them feeling fear.

Irada Jerusa Campos: In the spirit of transparency, do your facilities advise the staff that there are covid positive patient in the facility or not? Or do you all assume that the staff knows that there are covid positive patients and not inform them at all? and if this is the case, doesn't that break down trust?

Danie Turpin: Leaders need extra emotional support, so they have what they need to lead their teams through this crisis

Peggy Creany: Is stay at home orders working to help flatten the curve to reduce ED crowding in your hospital?

Gretchen: Communicating to the families has also helped to affirm the reason for the new restrictions

amy tufano: What forms are you using to communicate to your Patient Family Partners / volunteers during this time? Are you considering weekly updates/newsletter?

Lyudmyla S Feoktistova: We have daily updates

Rocio Santos: Can you please provide us with strategies to improve the patient's experience through Telehealth?

Danie Turpin: Another thing is creating an open forum to collect staff concerns that can be addressed in real time; we are setting up virtual office hours via webex where they can connect with senior leaders.

Sue Bhella: Mount Sinai in Toronto is leveraging ipads to connect patients with families using Zoom, FaceTime etc.

jennifer grim: We are using Ipads and facetimeing or zooming patient's families. They love it.

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Frances Jones: DANIE- I agree... creating a safe way to collect staff concerns so they can be addressed. What methods are others using?

Jason B. Ruda, MS, CPXP: IS ANYONE DOING FACETIME / ZOOM PATIENT/MEMBER OUTREACH?

Gretchen: Food has been a BIG thing here at Geisinger Holy Spirit

Irad Jerusa Campos: at my hospital we offer them free breakfast ever day until further notice. This is for the day and night staff...

Gretchen: Our Foundation is ordering meals for our front-line staff in our large screening tents

jennifer grim: Yes RN's and the patient Liaisons are helping with video calls. The RN is best because as the family speaks and sees the patient, the RN can update on the plan of care.

Sarah Gilstrap: Thank you Dwight for examples of tangible ways to support and sustain staff and their basic needs

Irad Jerusa Campos: And we also have food pantry at the hospital that sells basic food items such as milk, eggs, and even toilet paper!!!

jennifer grim: We are also soliciting email messages to our website for patients and then we print and deliver the message.

Gretchen: Also, I have started to manage the massive amounts of donations coming in to ensure safety and distribution

Terry Harrington: Jason Ruda, I have been reading that Zoom has been having security issues - would recommend some additional research just in case that is an option

Jane Ottman: Cambridge Memorial in Canada is also utilizing iPads to connect patients with families. Redeployed SW staff are the primary staff doing this. Only using Apple product face time right now as easy to implement

Ruth Hatchuel: We have a daily Skype meeting with the executive Leadership team / Incident command where staff can ask and have their questions and concerns answered. In addition, our Associate Director sends out a daily e-mail with updates and links to additional information

SARA KAPINOS: We offer food bags to patients (esp elderly) that need to go into quarantine.

Gary Crull VHA: Are giftshop takes grocery orders from employees and delivers it to them so they don't have to worry about going out after work

T H E B E R Y L
I N S T I T U T E

ShannonS: how are your facilities responding to offers of home-made ppe (ie masks)?

Peggy Creany: We have opened a portal on our website for family to send notes to patients. PXP managers deliver to nurse taking care of COVID -19 patients

Gretchen: We are accepting them, stockpiling them for use in the worst-case scenario

Jen McClean: We have a grocery store on campus selling food and hygiene items for coworkers at hospital cost, a "red door" market which is a food pantry for coworkers and also are making take home meals for coworkers at a reduced cost (\$4/2 person, \$8/4 person) so that they can take home fresh healthy meals to their families when they come off shift.

Frances Jones: Shannon S: our site is accepting homemade masks at a drop off location near the ED and they are instructed to make them so they can be washed in hot water, they are washed and then distributed (at this time) to patient family visitors and those staying in our housing unit.

Frances Jones: Shannon S: We have also posted a video with a pattern and how to make the face masks to help.

Danie Turpin: We kept our coffee shop open; considered essential for staff

amy walker: Our Starbucks is essential for staff and stayed open as to go only.

ShannonS: we had tim hortons in afghanistan--it was a bright spot in our storm there

Robin Goldberg: Our Caregiver Center is now open to staff - to unwind - snacks and drinks in there....comfy places to rest for a bit