

WEBINAR CHAT NOTES

April 21, 2020

Maintaining the Human Experience in a Time of Virtual Connection in Healthcare

Moderator

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

Panelists

Jennifer Carron, MSOM, CPXP, Executive Director, Patient Experience, Barnes Jewish Hospital

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Pam Guler, MHA, FACHE, CPXP, Vice President, Chief Experience Officer, AdventHealth

Benjamin Houge, PX Training, Education, and Coaching (TEC) Advisor, Mayo Clinic

Dr. Julie Kennedy Oehlert, DNP RN, Chief Experience Officer, Vidant Health

Lisa Konzen BSN, MA, RN, CCRN-E, Director, ICU Telemedicine, Barnes Jewish Hospital

Chris Palmer, Assistant Professor of Anesthesiology and Emergency Medicine, Co-Medical

Director, ICU Telemedicine, Washington University School of Medicine

Alpa Vyas, Vice President, Patient Experience, Stanford Health Care

Question: How are you using virtual connection during this crisis? e.g. telehealth, virtual visits with pts/family, virtual rounding, end-of-life, other?

Ashley Egan: Zoom

Ashley Egan: Teams

Sue: Zoom

Cheryl Lord-Hernandez: Telehealth, telephonic as much as possible.

April Slowenski: Our child life department is doing virtual play sessions and even group "playroom" sessions using zoom

Linda Biondini: Teams

Stephanie Hillman: learning opportunities - like this one

Cindy Meyerhofer: Zoom for telehealth at Mayo Clinic

Sarah M.: Zoom and Skype

Pam Bell: facetime on ipads for patients/family visits

SANDRA K RUSH: Ambulatory - Telehealth

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

Bertina: patient education classes

Irene Kesler: Zoom & Telephonic

David ga: All of the above - telehealth, FaceTime, virtual rounding, end-of-life...

Miki Arume: Telehealth and virtual hospital visits

Cherie Solie: telehealth

Victoria M.: family connection during end- of- life care.

Hope Fluharty: Telehealth doxy.com

Sandra Bernabe: Rounding, pt visits

Luke Sparkman: iPads, using facetime and WebEx

Polina S: virtual visits to connect families and patients while no visitation is permitted

Charlotte Perrault: lots of phone visits, trying to enhance our video portal

Grasiela Gross: We are doing all of the above!

Barbry Deavers: We have expanded our telehealth services in medical practices, iPads are available for patients/families as needed

Colleen L: Hi from Laramie, WY - we're using virtual for outpatient visits like primary care, oncology, specialty care, etc.

Kellie Wilson: Zoom for meetings; Bluejeans for patient/family meetings

Michael Alvarado: telehealth, video connect

Marnee Downing: Tele Video and Tele Phone calls with new and established patients; based on provider screening of patient diagnosis

Jennifer Owen: Zoom, Skype, Telehealth options,

Richard Satterwhite: Utilizing Webx, zoom, virtual meetings and visits due to restrictions on in person visits

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

Rebecca H: We're using telehealth visits for routine clinic visits, f/u, etc and gotomeeting via ipads in end of life situations so patient's families can see them

Liz Glass: telehealth visits (zoom incorporated into EPIC), telehealth survey implementation

Hang Yin Candy Lo: zoom and moving to go to meeting

Pamela Mertz: zoom with teams I am coaching; telehealth zoom for patient appts; team meetings via Zoom, Blue jeans, Skype (not my favorite); GoToMeeting

Heather Thompson: We are using telehealth visits primarily with our hospice patients who reside in Skilled Nursing Facilities, especially our Social Worker and Chaplain/Spiritual Counselor visits.

Jennifer Owen: family is a variety of platforms

Radine Jones: Telehealth, facetime, etc

Coco: phone calls to patients

Victoria M.: zoom for meetings and phone calls for update calls

jacqueline camp: We are doing training and development virtual, new employee orientation, boot camps etc

Chastity Johnson: Telehealth on the Inpatient Units

Allisa Martel: we are using virtual urgent care as well as clinic visits, also using phone visits.

Molly Eagan: Bluejeans, Zoom, Planned Parenthood Direct system

Pam Bell: we are using teams for virtual support sessions with staff

SANDRA K RUSH: Acute Care - Face Time - Patient visit with family; telehealth using for patient visits,

Connie Bonebrake: At Memory&Movement Charlotte we moved our care to 1300 Dementia and Parkinson's patients and their families to virtual care. It has gone very well.

Ashley Egan: Proactive outreach to patients loved ones to help talk them through virtual options with inpatients. Preset devices at Hosp with ZOOM

Jennifer Owen: as the Chaplain, it's phone calls mainly

oma sunkara: zoom, facetime, telephone

Gina Marie Agosta: We're using telehealth for as many urgent care and clinic visits as possible.

Radine Jones: all others teleconference and zoom huddle meetings

Richard Satterwhite: We've also brought in additional ipads for inpatients floors so that connect with family can be maintained

Jennifer Owen: EOL is family allowed in and I can come as well.

Julie: Telehealth, virtual patient family meetings, incident command meetings.

Gina Marie Agosta: Encouraging families/friends to 'visit' patients through video calls. We're providing tablets for patients who don't have their own device.

Jennifer Owen: leadership is all zoom or phone

Kris: On the outpatient side, using video for clinic visits and urgent care, walk in care clinics

Dawn Farina: We accelerated our implementation of Telemed during this crisis

Lisa Hawthornthwaite: We are using virtual health for telehealth and visits between patients and their loved ones and for EOL in Covid related. We also did our first staff orientation using Zoom. (Zoom, Face

April Slowenski: daily department huddles through zoom

Julie: Also, virtual translation services.

Lisa Hawthornthwaite: internal meetings

Stacey Haas: Froedtert Health is using virtual communication

Dawn Farina: Using ipads to connect patients and families

Roseanna Ryan: We created email address for family to send a picture or scanned image to patient. We print it and bring it to the patient's room to be posted.

Ashley Egan: also use telemedicine for non clinical members to connect with the patient through a virtual visit

Julie: Peer to peer consults for treatment recommendations

Emily Jweid: We have created a virtual recognition plan to keep employee engagement and gratitude at the forefront of connection during these times

Roseanna Ryan: Has anybody connected TEAMS with CyraCom to access interpreter services?

David ga: Roseanna, we are doing the same thing. We have a PX email address and families send photos which we print and hang in the patient rooms.

Jennifer Owen: Emily I like the idea of virtual recognition

Jennifer Owen: Roseanna, we use an interpreter for 1 resident, not sure which one

Ashley Egan: love the idea of family photos in pt room. fantastic!

Mendy Goonan: We are using telehealth and Zoom functionality to keep internal teams connected

Lisa Hawthornthwaite: We are promoting eCards for staff and patients and printing and delivering them to units

Julie: Clearest presenter sound wise.

Richard Satterwhite: we have call in interpreter services available

Kellie Wilson: We have a virtual gratitude/celebration board for staff.

Emily Jweid: Thank you! we currently have a virtual recognition program in place and creating new ways to keep that consistent in our messaging

Jennifer Owen: We use our Employee FB page and emails for team members

Allison Chrestensen: Is anyone enabling patients (who are able) to participate in virtual rounds?

Jennifer Owen: We have a Resident who shares once a week with Staff. He's Independent Living

Pamela Mertz: wow, that is an incredible ramp from 100- 5700 providers, Sven. it sounds like the prework done has helped much.

Julie Piazza: music therapy visits; telehealth; family end of life connections

Trena: how has telehealth helped with your ROI

deb sprague: what was the application for the Playback?

Mendy Goonan: We also stood up an internal team Facebook page, allowing for teams to share their stories; encourage and recognize each other

Sheila MOroney: We are doing "phone" hospitality, making a phone call into each newly admitted patient's room to welcome them to hospital and make sure they have a way to connect with their loved ones. Also confirming emergency contact with patients. About 10% are making changes, which is helpful. Haven't had a surge yet, but increasing. Not sure if we can keep it up if we double our census.

Stephanie Hillman: love that people are moving away from "who will take this for themselves" to "we want to support our patients and families, and recognize their humanity"

Renee Rieder: Virtual Nurse Leader Rounding

Radine Jones: Can you describe virtual nurse leader rounding?

Sheila MOroney: Would love to hear from anyone who has incorporated interpreters into video visits. Are they linking in via video or just phone?

Julie: We have ipad based interpreter services.

Pamela Mertz: How are you capturing virtual/telehealth experience of care - mostly in outpatient/ambulatory care?

Heather Thompson: Has there been any level of partnership with Hospice providers when working with patients who will ultimately and unfortunately die from the COVID-19 associated conditions? Hospice is able to provide support to the family, even after the patient/loved one passes away via the Hospice provider bereavement programs.

Renee Rieder: Virtual Nurse Leader Rounding is our traditional NLR happening via telephone so our leaders can still build personal connections and ensure high quality care is being delivered. Information is captured and trended for feedback.

Pamela Mertz: How can patient and family voice be included in telehealth care model?, and even help to design experience of care survey, as telehealth is here to stay in many areas of care

David ga: Are any of you seeing challenges with patients understanding and grasping discharge instructions when no family members are present to participate?

Jennifer Owen: We are making a binder of coloring sheets, notes, etc in a binder in plastic coverings that can be wiped down between rooms. for residents to see community love and outpouring

Victoria M.: in the ED, without family there is can be challenging to get a hx for documentation for pt's that are poor historians.

April Slowenski: Has anyone found a creative solution for parents of NICU babies who are not allowed to visit?

Ashley Egan: David Ga, i notice this happens. we try to encourage the clinical care team to involve the family or loved one (which the patient gave us approval to communicate with a call) with the discharge instructions

Denise Schoen: We got our local casino to donate playing cards and also have been giving out sticker mosaics which create beautiful paintings like paint by numbers

Ashley: Our team made "Patient Busy Bags" with suduko, word search, crossword, adult coloring pages, a mechanical pencil and some crayons for teams to hand out to patients as needed

Jennifer Owen: i love the sticker mosaic idea!

Vicki Kelley: HOW are you doing caregiver support virtually?

Roseanna Ryan: We provide every pui patient a comfort bag with colored pencils, coloring books, mindful activities, crossword puzzles (english and spanish), dry erase board (this is used to help with communication with the team - patient holds it up to the window), stress balls, aromatherapy, eye mask, ear plugs, information about spiritual care. We then also call each patient on the 2nd day of their admission to check in on them.

Ashley Egan: Love the "patient busy bag" Ashley

Jennifer Owen: Our Health Center Residents have a door card that has on what type of activities they enjoy (we didn't do that earlier): 1:1, crosswords, coloring, books, music, etc

Renee Rieder: Recording family member voices to play back for patients who are EOL to help when they are agitated.

April Slowenski: Roseanna that sounds very similar to something we are doing in the pediatric world. We created Covid Coping Kits with similar items but they are created specifically for each developmental level but include things like guided meditation, chair yoga instructions, mindful coloring, etc.