

Caring for the Caregiver and Improving Patient Experience During COVID-19

Introduction

Debrief with nursing after 3rd COVID-19 surge revealed:

- Large call volume interrupted nursing care delivery
- Family member and patient anxiety due to closed visitation
- A need for more bedside support

Nursing leadership met to plan for the 4th COVID-19 surge to address identified issues.

The CEO put out an “all hands-on deck” request for nonclinical and clinical staff to participate .

Purpose

The purpose was to improve patient and family experience through just-in-time status updates and support frontline caregivers by reducing interruptions to patient care.

Participants

CCCC volunteers were primarily from non-clinical departments such as Organizational Development, Operational Excellence, Utilization Review, Revenue Cycle, Senior Administration, Compliance/Privacy, Strategic Sourcing, Information Technology, and Coding.

The family liaison team was comprised of RNs from Clinical Documentation Improvement, Utilization Review, Case Management, Professional Development and Competency, Quality, system clinics, and Safety.

Contact Details

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Actions (August 2021 – November 2021)

Compassionate Connections Call Center (CCCC)

- A new hotline was created, and calls were rerouted from all 4 hospitals

Family Liaisons

- Nonclinical registered nurses (RN) collected information about patients unable to communicate with family and proactively updated the key contact daily
- Virtual calls were offered if in-person visitation was not possible
- In-person visitation was facilitated using exception criteria

Pandemic Partners

- Nonclinical staff were trained to help support clinical staff



The CCCC received over 3200 calls, averaging 60 per day.



Average call time: 3 minutes



Hours added for primary care: 160 hours



Calls placed to loved ones: 8500 calls



Discussion and Conclusions

Throughout COVID-19, consistent family communication remained a significant concern. Each surge altered workflow for many roles, creating an opportunity for nonclinical RNs and staff to be redeployed for communication support.

- Without the CCCC, calls would have gone to the unit or the RN caring for the patient. The center freed up nurses who might otherwise have paused patient care to answer. The process allowed the RN to focus on providing high quality patient care
- Families responded with gratitude for providing updates regarding their loved ones. The calls eased their concerns and allowed them to ask questions otherwise left unanswered. Numerous visits between patient and family were facilitated by identifying visitation exception situations
- The initiatives not only helped offset the workload of the bedside clinical nurse, but they allowed others in the organization to contribute to the greater good! CCCC staff shared the process allowed them to use their expertise to contribute to patient care in a meaningful way, underscoring the importance for compassion and empathy

References

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