



2020

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Brittany Branson

Yale School of Medicine, Yale New Haven Health System, brittany.branson@yale.edu

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Recommended Citation

Branson, Brittany (2020) "Cards from the community: Engagement of the local community to enhance patient and staff experience during the COVID-19 pandemic," *Patient Experience Journal*: Vol. 7 : Iss. 2 , Article 30.

DOI: [10.35680/2372-0247.1467](https://doi.org/10.35680/2372-0247.1467)

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Cover Page Footnote

Thank you to Joan Kelly, MBA, MSEd; Alan Friedman, MD; Anesta Williams, RN; Fernanda Clariana, MSOL; Cynthia Whitcomb, John Havens-McColgan, MPH; Cindy von Beren, Vinamre Gupta, MSIS; Lynda Pasquarella, James White, Jim Liska, CBET; Alan Olson, PA; Demetrios Stratos (TeleHealth Services), Keenan Hagenburg (TeleHealth Services), Amy Gordon-Fisher (Medcalm) This article is associated with the Patient, Family & Community Engagement lens of The Beryl Institute Experience Framework. (<http://bit.ly/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_PtFamComm

Cards from the community: Engagement of the local community to enhance patient and staff experience during the COVID-19 pandemic

Brittany Branson, *Yale School of Medicine, Yale New Haven Health System, brittany.branson@yale.edu*

Abstract

During the COVID-19 pandemic, in accordance with recommendations from the Centers for Disease Control and Prevention (CDC.gov), strict visitation restrictions were implemented across the six hospital Yale New Haven Health System (YNHHS) in an effort to protect patients, visitors and staff. In addition, to the extent that it is possible, YNHHS staff have been encouraged to work remotely. While these measures achieve the goal of reducing the number of people within the hospitals and enable successful social distancing, they also may contribute to social isolation for both patients and staff. A program called “Cards from the Community” was developed to help retain the human connection between our community to our staff and patients and advance feelings of gratefulness. The “Cards from the Community” program engages with local schools and institutions to encourage the creation of cards expressing hope, appreciation and well wishes for both patients and staff by children from the community. The cards are collected and displayed electronically to ensure that potential fomites are not brought into the hospital environment. The program is successful in meeting its goals of harnessing the benefits of volunteering for involved community members and providing emotional support to patients and staff within the hospital by widely collecting and broadly displaying the cards.

Keywords

Patient experience, human connection, COVID-19, community engagement, greeting cards

Description of the Issue

During the COVID-19 pandemic, in accordance with recommendations from the Centers for Disease Control and Prevention (CDC.gov), strict visitation restrictions have been implemented across YNHHS to protect patients, visitors and staff. In addition, to the extent that it is possible, YNHHS staff have been encouraged to work remotely. While these measures achieve the goal of reducing the number of people within the hospitals and enable successful social distancing, they also may contribute to social isolation for patients and staff.

Prior research has shown that isolation measures put into place to manage the spread of infectious diseases can lead to deleterious effects on mental health even months after release from isolation.¹ In addition, feelings of loneliness have been shown to have negative consequences on both physical and mental health, with studies showing increased mortality in lonely individuals.² Research on the mental health outcomes of populations that have suffered major disasters has also shown that up to one third of severely affected individuals develop mental health disorders.³

The COVID-19 pandemic and lockdown response certainly qualify as a disaster and can be presumed to have major negative effects on the well-being of the wider community, YNHHS patients and staff. One of the

methods YNHHS has sought to counteract some of the feelings of loneliness and isolation is the YNHHS Cards from the Community program. The program engages the local community by requesting that school age children create well wishes cards for patients and gratitude cards for hospital staff. These cards are then collected and displayed electronically. These contributions are intended to actively engage those in the community who create the cards, as volunteering has been shown to have mental health benefits to both adults and children,^{4,5} as well as those who receive them, as receiving cards has been shown to increase feelings of social embeddedness.⁶

The Practices, Processes or Programs Applied

The concept of soliciting well wishes cards for patients was one of several suggestions to enhance inpatient experience brought forward by a Physician Assistant working on the hospitalist service at one of the YNHHS hospitals. This was conveyed to a member of the department of Patient Experience, and the concept was further expanded to include cards of gratitude for hospital staff. Department leadership was enthusiastically supportive of the initiative. Since restrictions were put into place to reduce or altogether eliminate the delivery of outside objects into the hospital (for example, flower deliveries are currently prohibited), the entire process is digital, with no “hard copy” exchange of cards.

Local institutions were identified by members of the Department of Patient Experience (and other YNHHS employees) for inclusion in the program, primarily based on word of mouth communication through the YNHHS staff members via their own social and familial connections within the local institutions. For example, after hearing of the initiative at departmental meetings, many YNHHS staff members with grade school aged children from a variety of locations across Connecticut helped connect Patient Experience staff with teachers, principals and others to establish contact with the institution. The connections were made via E-mail. Once an institution agreed to participate, they were instructed to designate a point person to collate the cards for their institution (Figure 1.).

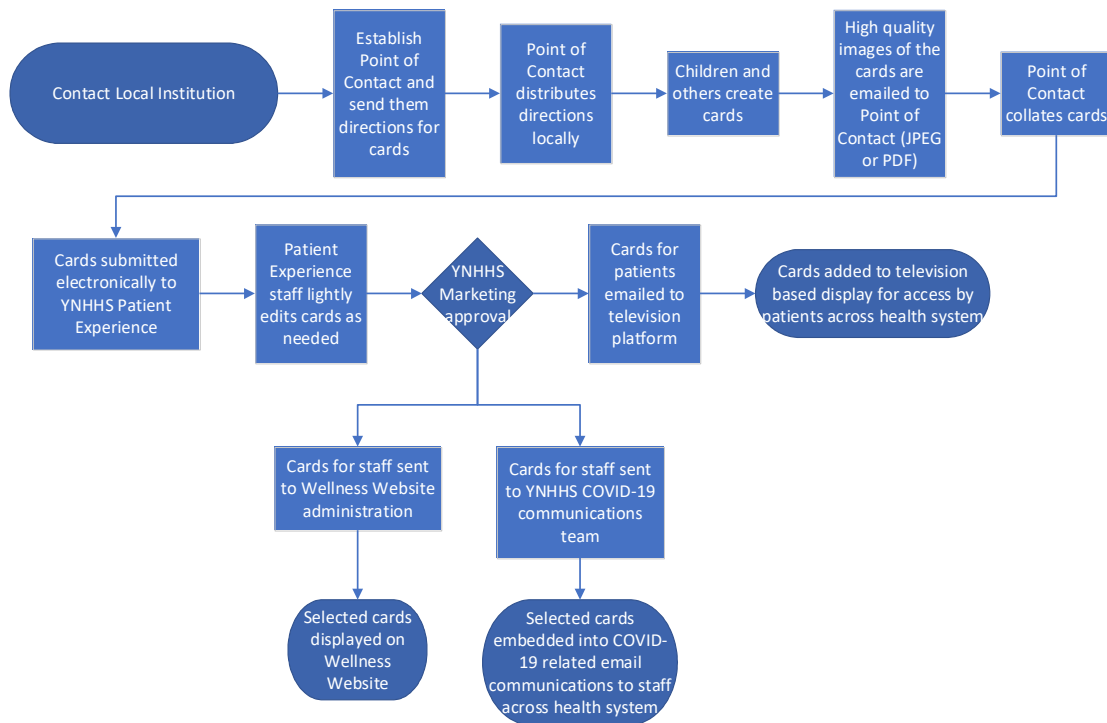
A document was sent to the designated point person intended for distribution to the participating children. The document explains the program and directs each child to create two separate cards, one intended for view by patients and the other by staff. A few example phrases were included in the directions to help spark creativity. The children were instructed to write their first name and age on the cards, and then they (or a parent) take a high-quality photograph of each card and email the image to the designated point of contact at their institution.

Once the images are collected by the designated point of contact, that individual submits the collection file electronically to the YNHHS Cards from the Community program lead. Minor photo edits are made to ensure that there is no additional identifying information apart from first name and age on the card, and then the cards are vetted by the YNHHS Marketing.

After marketing approval, the cards for patients are batched and sent to the TeleHealth Services (telehealth.com) and Medcalm representatives for YNHHS for incorporation into a rotating visual display with upbeat background music. The initial display included 30 cards, with new batches of cards continuously added to the beginning of the display so that they would be visualized first. The display for patients can be selected for play on smart TVs within patient rooms throughout the health system. In parts of the health system which do not have smart TVs, the display is played continuously on a dedicated channel. The card display was made available to patients at all hospitals across the health system.

Cards for staff are posted to the internal YNHHS wellness website. In addition, a single card is included in all COVID-19 System Incident Management E-mails to all staff at YNHHS, which are part of a centralized, high frequency communication strategy to designed to keep staff informed on COVID-19 related issues.

Figure 1. Process Map for Card Solicitation



Measurable Outcomes

The goals of the Cards from the Community program were to engage with local groups to share a broad array of hopeful messages and pictures created predominantly by school age children from communities within the YNHHS catchment area and display them in locations that are high visibility for their target audiences (patients and staff within the hospital).

The number of cards received and the number of times they are viewed are considered measures of success. At the time of article submission on May 28, 2020, 612 cards have been sent in for both patients and staff. The on-demand display created for patients is available on 1,122 televisions and was selected for view 992 times since going live on April 18, 2020. Since it is not possible to measure how many times the cards are viewed on the continuously running channels used on standard (not smart) TVs, the measurement of exposure via on-demand selection represents an underestimate of views. The display length is 14 minutes, 23 seconds long, and always contains 75 cards, as older ones are removed after newer ones are added. Therefore, each card is shown for 11.5 seconds, and the display cycles approximately 100 times per day on channels where it is show continuously.

The service vendors for our televisions, TeleHealth services and Medcalm, shared their enthusiasm for this program and have adopted it for use in other hospitals. Per the account manager at TeleHealth, the concept of the program was presented at an internal company meeting where colleagues “were really impressed with the idea and the feeling they got watching the video clip themselves” and collectively asked if they could be allowed to share the content with their client hospitals. After consent was granted, at least 13 additional institutions have elected to make the display of patient cards available to their patients.

Cards for staff have been included in the health system-wide emails. There are over 27,000 employees of the health system, so exposure to the cards through this distribution method has been high. In addition, select cards have been posted to our internal employee wellness website since April 18, 2020, yielding further exposure. They have also been highlighted in widely distributed newsletters for staff.

Implications and Recommendations

Overall, the program has been successful in both engaging our community and sharing the cards widely with patients and staff. Positive feedback from community members can be summated with a quote from a school principal who said, “It is extremely gratifying to know that we can help in some way to those working and suffering on the front lines of COVID-19.” Staff members have also given

positive feedback, with one stating “So moving...just something about hearing these messages from children [is] so sweet!” and another saying “the pictures [of cards] for patients and staff are great. I have been turning the TV to [the continuously running channel] ...to let patients know about it.”

Exposure to the cards at multiple institutions outside of YNHHS was an unforeseen but welcome additional success of the program. In contrast to prior ways of displaying cards, this program leverages existing technology to allow each card to be visualized thousands of times, resulting in an increase in the positive impact that is orders of magnitude greater than distribution of hard copies of cards would provide. In addition, the technological platforms utilized for display allow for easy increases in scale and customization of messages.

Suggestions for Further Exploration or Research

In the future, patient television platforms should not simply be viewed as a passive source of entertainment, but rather as an opportunity to be a primary method to communicate with patients and actively enhance experience. Consideration should be made for displaying other uplifting content, with further research into the impact of visualization of that content on mood. This could be explored by surveying the mood, satisfaction, and overall perceptions of experience after watching positive displays with uplifting messages and comparing these with outcomes with patients who view neutral or negative displays.

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