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The Author thanks Dr. Judith Hepner for her valuable feedback. 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

Positive patient experience in eye care during COVID-19: A case from Eye Hospital Sistina Oftalmologija

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Abstract

COVID-19 was a wake-up call, changing the world we know and our experiences in every possible way. Healthcare systems, as the most exposed and stressed in this situation, were called to urgently respond to the new reality. Physical distancing and stay-at-home directives have flattened the curve and decreased the risk of viral transmission but also decreased the clinical volume in eye care medical practice. Hospitals must work hard to find a balance in responding to the pandemic while providing quality care and positive patient experiences. Previous research on crises has been mostly focused on implementing crisis management strategies to handle the threat against citizens' health, within a relatively bounded geographic area. Novel COVID-19 virus struck globally and urged the need for additional knowledge and practice to successfully manage world crises and create positive patient experiences in a pandemic. The Case of Eye Hospital Sistina Oftalmologija in N. Macedonia answers the call by suggesting four managerial best practices that provide its patients with positive experiences during the pandemic by addressing organizational changes, engaging employees, improving communication with patients and recognizing its social responsibilities. This study also offers recommendations for further action in communication and digital transformations related to acute and long-term care and suggests questions for further exploration. Findings provide important insights for medical institutions and health care providers.

Keywords

COVID-19, positive patient experience, key best practices, eye care, digital transformation, communication, social responsibility

Introduction

"Only a crisis-actual or perceived-produces real change. When the crisis occurs, the actions that are taken depend on the ideas that are lying around." (Milton Friedman, 1982)

The novel COVID-19 virus was a wake-up call, changing the world we know in every possible way. Physical-distancing and stay-at-home directives emerged as the most effective way to fight the pandemic. Coordinated and effective crisis action plans following recommendations from local and national authorities became the top priority issue.^{1,2} Health authorities became part of the prompt crisis management response, developing protocols and identifying resources, focusing on physical and mental health, while working toward the sustainability of economies.³ Companies' operations immediately turned to minimizing human touch and interpersonal interaction, maintaining safety and a healthy environment.⁴ The pandemic challenged organizations to apply innovative approaches in creating positive experience for their customers by integrating digital, physical and social realms.⁵ Social responsibility awareness and the premise of "doing well by doing good" has become a crucial element for long-term business sustainability.⁶ The crisis called for

an immediate response from academia as well as practitioners to prevent negative health consequences and ensure patient emotional stability while at the same time ensuring the survival of businesses and the economy.

Previous research on crisis management was mostly focused on hospital readiness during natural disasters such as earthquakes or floods in which many people are affected within a relatively limited geographic area.⁷ Less is known about how hospitals should react when a global disaster strikes almost simultaneously, outpacing the health system's ability to test, track and contain people with suspected infection, as in the case of the COVID-19 pandemic.

In such a widespread life-threatening situation, patients experience fear of the unknown along with unease from a myriad of changes that are spreading even faster than the virus itself. This combination of circumstances adds to patients' feelings of insecurity, anxiety, loneliness^{8,9} and unpleasant experiences. A previous research in healthcare recognizes patient experiences as an essential indicator of the quality of healthcare^{10,11} focusing mostly on quantitative assessment of patient satisfaction.¹² The ongoing, unforeseen nature of the pandemic urged for expanding the scope of research with even greater and

deeper focus on human experiences. In keeping with the theme of this Special Issue, this case study is addressing the question of providing positive patient experiences in eye care during the COVID-19 pandemic. Best practices described in this case study (implemented from early March to early May 2020) and its future recommendations may be informative for hospitals globally and encourages further research on patients' experiences in situations like the unprecedented pandemic.

Eye care facing COVID-19 pandemic

The COVID-19 pandemic brought unforeseen changes to peoples' private and professional lives. Emergency safety measures sent mixed messages to the patients to stay home and skip or postpone medical care they need. Hospitals were pushed to restructure operational plans according to risk assessments and epidemiological updates from the local and national authorities.¹³ It reduced the clinical volume in many medical practices, especially those considered to be elective procedures. According to a survey conducted by Harvard University and healthcare technology company Phressia, ophthalmology was the hardest-hit specialty with a 79% drop in patient visits from the beginning of the crisis at early March until early April. To meet the needs of patients for eye care, the American Academy of Ophthalmology has collated a list of emergent procedures that could be performed in eye hospitals during COVID-19 with the authority of the physician to decide and weigh patient risk versus failure to treat their eye disease.¹⁴

Most of the hospitals in our country have faced the "new reality" by closing their practices and postponing their activities until after the pandemic. In line with the epidemiological updates and governmental recommendations, our hospital leadership decided to act differently. We implemented a strategy that anticipated disruption versus reacting to disruption to stay operational and help those in need of eye care. Even while assessing the scope of the crisis, we chose to communicate early with our key communities in an open and transparent way to maintain our credibility. We have adapted our capacities and policies to the dynamic local environment, based on state and national guidelines and protocols, while following societal recommendations. We asked ourselves: How can we provide eye care and positive experiences to those who need it while lowering the possibility of viral transmission? How can we protect our staff during the pandemic to protect their physical and mental health? To answer these emerging questions, we decided to put our focus exclusively on human experience. We reinvented our operational and communication strategies addressing physical and emotional needs of our employees and patients at the same time. As result of our efforts, several key best practices emerged.

Key best practices

During the height of the pandemic, our hospital provided patients with positive experiences addressing four crucial issues: organizational changes, engaging employees, communication with patients and recognizing its social responsibilities (See Table 1).

Organizational changes

In response to the quickly evolving nature of the pandemic, we undertook immediate actions for compiling directions and timely response through structural change, effective internal communication and new workflow protocols as part of the crisis management plan. We established a Crisis Committee in charge of quick situation evaluation and decision-making processes regarding our daily operations. The Committee consisted of six members from the leadership team, medical staff and the Patient Experience office. They met regularly to monitor the situation closely, make decisions and deliver transparent information and understandable messages to our employees.

We also introduced a protocol for new hospital workflows aimed at prevention and protection of patients and medical employees. Protocols referred to physical distancing, compulsory face masks, personal hygiene measures, restricted entrance, restricted hospital fluctuation and compulsory check-in at the safety control stations conducted by the medical staff at hospital entrances. An essential part of this protocol involved measuring temperature and issuing a questionnaire for every patient at their arrival time. We also increased the time between appointments (and lengthened office hours) to decrease the flow of patient visits and minimize the number of people in the clinic at one time. To follow this protocol, we adapted our working hours in accordance with the recommendations and kept our patients up to date about all the changes. To reduce our patient-staff contact time, our two diagnostic centers located in smaller towns were temporary closed, and patients in need were redirected to our central hospital in Skopje.

Engaging employees

Hospitals are healing environments where people serve people. Medical staff should understand and ease patients' fears and negative emotions to improve their experiences. A recent study has found how emphatical relations through moments of care in interpersonal interactions with medical staff can help in overcoming difficult situations and lead to positive patient experiences.¹⁵ However, the reality we witnessed during the crisis was that not only patients being fearful, but doctors and nurses being fearful as well. Medical professionals are likely to experience fear, anxiety and a sense of powerlessness, burnout, as well as compassion fatigue.^{16,17} The survey conducted among nurses in early April on what worries

Table 1. Key Best Practices for positive patient experiences facing COVID-19 (Sistina Ophthalmology Eye Hospital)

Key Best practices	Description
(1) Applying Organizational change	<ul style="list-style-type: none"> • Crisis Committee • New Protocol for hospital's workflow: physical distance, restricted entrance, compulsory check ups • Adapt hospital's working hours
(2) Engaging employees	<ul style="list-style-type: none"> • New protocols for use of personal protection equipment (PPE) and disinfection • On-line meetings adjusted to employees needs • Corporate and personal gratitude for employees through letters, direct phone calls from the leadership • Blog on our website on self-care and mindfulness • Free On-line fitness course for employees • Possibility to contact personal life coach in case of burn out and anxiety
(3) Communicating patients	<ul style="list-style-type: none"> • Create a special COVID-19 web section • Produce a video-presentation on safety procedures • Publish useful information on COVID-19 through our social media profiles on daily basis • Emergency line for free doctor's advice, free of charge • Launch new project "Ask doctor from the comfort of your home" • Launch On-line payment • Launch transportation service for patients in need, free of charge
(4) Social responsibility	<ul style="list-style-type: none"> • Reinforce long-term tenants with partners to ensure trust and loyalty • Solidarity for the socially vulnerable people

them mostly while they are at work showed fear of possible viral transmission at work (47%) at top of the list, followed by implementation of safety security protocols in the hospital (38%), while medical care for the patient was in third place with 15%. Obviously, fear limits medical staff's potential for caring which is in line with what legendary nurse Florence Nightingale said when addressing fear, "How very little can be done under the spirit of fear."

In response to our questionnaire's results, we undertook a firm course to protect our employees through acts that put everyone's mind at ease, protecting their physical health

and provide hope for the future. We introduced special protocols for wearing personal protective equipment (PPE) along with disinfection of medical, non-medical personnel and the hospital area. Medical employees were equipped with protective masks, glasses, visors, gloves and protective single-use overalls which were disposed of or disinfected at the end of every shift. To maintain crucial hygiene standards, all hospital areas were disinfected on a regular basis before and after each patient.

Our employees' work schedules were changed for the purpose of responding to the emergency. We divided our medical and administration staff into two teams, rotating in two-week intervals, to provide safety and continuity of our clinical service while some of the non-medical employees worked from home. Daily online team meetings continue for the purpose of coordinating hospital activities, which has an additional positive ongoing effect of motivating our team members.

To maintain high productivity of our team members, we adjusted meeting times to accommodate specific family and child-care situations. To address the challenges associated with "Zoom fatigue" (fatigue from recurring online meetings), we sometimes used telephone calls rather than video meetings when connecting one-on-one or for small group discussions.

Due to physical distancing directives, the leadership team sent two letters addressed to each employee personally highlighting their valuable contributions and the responsibility we all share in this unprecedented time of crisis. The leadership team showed gratitude to employees at different organizational levels for their acts of courage and humanity through direct phone calls and on social media.

Through the activities of the Patient Experience department, we published a blog on our website on self-care and mindfulness; additionally, personal life coach consultations provided immediate response to employees in need. Studies show that physical activities help overcome mental stress and anxiety.¹⁸ Therefore, we organized an on-line fitness course for our employees twice weekly led by one of our employees from the Patient Experience office who also happens to be a professional fitness instructor.

Communication with patients

During the height of the pandemic, information flow and communication tools turned into essential system components, putting safety measures at the forefront. Digital communication with patients appeared to be the best possible safe option that both ensured patients' access to medical care and reduced the risk of viral transmission.¹⁹ The Cleveland Clinic has reported that during the crises, 80% of all their patients' visits were done via telehealth technology. In addition, a recent survey in the USA examined the relationship between cutting edge technologies and patient experience during COVID-19 pandemic. In the inter-COVID and post-COVID period, almost 63% of the patients were prepared and wanted to share their health records through wearables, 73% would provide access through mobile devices and 71% of the healthcare consumers would use mobile apps which rated higher compared to the pre-COVID period.

In response to COVID-19, our hospital has introduced several projects and implemented measures to react to immediate patients' needs and ensure effective acute and long-term medical care. At the beginning of the pandemic in mid-March, we opened a free emergency line for doctors' consultation providing immediate response, available every day from 08:00 to 20:00. This opportunity provided immediate response to any patient who needed consultation, advice or therapy and those who were experiencing an emergency. Our communication channel was compatible for remote monitoring, telephone advice, SMS, Viber and WhatsApp.

Additionally, we started with the project "Ask from the comfort of your home" as an online consultation for those who wanted to learn more about their eye problem and available medical treatments. Three doctors were selected to participate in this project coordinated by the Patient Experience department.

We created a special COVID-19 section on our website that has useful information for our patients including various recommendations about the virus and how it can affect the eyes, protection recommendations, protecting children, as well as advice on how to overcome stress in these difficult circumstances. Our web site was updated on a regular basis with the latest relevant and verified information.

We determined that the visual representation of the safety measures applied during the patient journey at our hospital eases the minds of our patients, helping them to feel more comfortable about contacting us. Therefore, our Patient Experience department produced and uploaded a video on the safety protocols we implement in our hospital during patients' visits. Additionally, we published daily useful information, and we are available to our patients through our social media profiles: Facebook, Instagram and Twitter.

In a transparent way, we have been sharing photos of our staff striving to give our patients the best possible care and resolution for their eye problems and demonstrating safety for patients and staff. We have been consistently sharing and updating useful information about eyes conditions, surgeries and motivational messaging to help get through this period.

We also added online payment features to our website to reduce the amount of time patients and employees spend dealing with payments or handling cash or credit cards. Forbes reports that mobile payments and other contactless payment methods ensure a safe environment for all and create positive experiences for customer on their journey.²⁰

To ensure continuity of both urgent and non-urgent care for our patients, we also organized special taxi transport service that applied safety protocols for disinfection and travel.

Social responsibility

The pandemic has created stress for individuals and businesses while challenging healthcare providers to demonstrate more of their strength and leadership and connect firmly with their community needs.^{21,22} Our clinical teams insisted that our actions during the crisis must be socially responsible and respect the needs of our community. COVID-19 was an opportunity to rise to the challenge of social responsibility and leverage our influence to build a stronger community.

We decided to launch several new projects, such as our free emergency line and complementary transportation service to respond to patients' need for eye care and lessen their financial burden during the first weeks of the pandemic.

We have transparently and notably communicated our COVID-19 recommendations, actions and experiences through social media and through direct communication with our business partners: banks, suppliers, agencies, and others, reinforcing our long-term tenants of loyalty and trust. As a small community, we offered help and manifested solidarity for the socially vulnerable people. Specifically, the hospital employees have shown their solidarity by donating food and clothes for the most vulnerable families and older persons in several municipalities throughout the country, as well as through cooperation with Red Cross centers.

Results

Organizational changes following the protocols and rigorous safety measures have protected the health of both our hospital staff (doctors, nurses and administrators) and our patients by avoiding the risk of virus transmission. At the same time, we avoided excessive waste of protective materials and equipment. There were two cases with potential viral transmission with COVID-19 positive patients that were prevented by implementing the pre-entrance safety protocols. Recently appointed Chief of Administration Staff, Valeria, shared her experience:

"I work at the front-desk of the hospital. We are the first ones to welcome the patients and mostly exposed to possible viral transmission; but at the same we are responsible to apply safety protocols for everybody entering the hospital. At the top of it all, I am wearing my protective equipment. Can you imagine? It is tiring, physically and mentally. But, somehow, I am proud of myself, that I can contribute in this crisis; and it was recognized by the management. I received a special recognition letter for my devotedness and a personal phone call from one of the directors just to ask me how

I feel, professionally, personally, and do I need some assistance. You feel that we are together in this." (Valeria, 27)

The emotional, mental, and financial support we offered to our employees has engendered loyalty, and our staff is even more dedicated to our patient experience philosophy and culture. Luna, one of our most experienced nurses said:

"It is stressful time for all of us, for me especially, because my son is in the vulnerable group. But I feel protected here, in this community, with all the safety measures undertaken in the hospital, and with my colleagues and doctors being responsible." (Luna, 36)

We observed that with the transparent and patient-centered approach we applied in our communication strategy during the period between March 15 and May 15, 2020, we retained 40% of our total patients' visits compared to the same period last year. Ana, one of the patients who underwent urgent surgery during the COVID-19 crises, shared her experience on extra security measures during her free transport patient service:

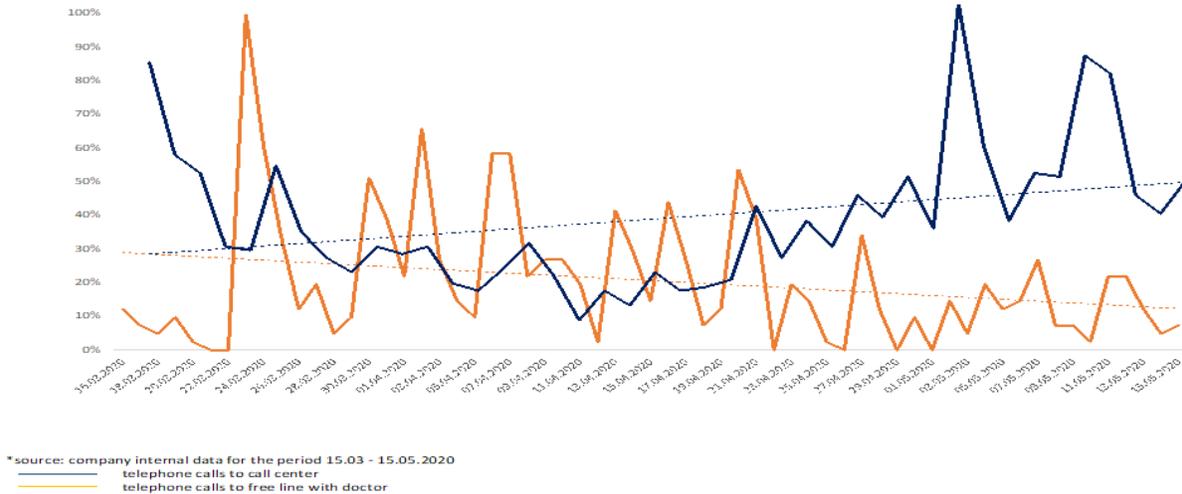
"I knew that I could trust you; you are a serious hospital, especially important in this troubled situation. The extra effort you have made - but did not have to - meant the world to me. On the day of my operation, I was offered to use your free transport patient service, as explained, for those in need during the crises. It was so clean, and with all disinfection measures undertaken, I felt safe. I really felt special! I did not expect such a gesture. Although on the day of the surgery I felt really scared, such a devoted and caring approach has helped me a lot to overcome my anxiety". (Ana, 57)

Our experience during the height of the crisis proved that patients want healthcare providers who see social good as a necessity, not just a marketing strategy or advertising. Our results show that positive experiences and trust emerge from social responsibility activities as well. A 45-old mother, Maria, expressed her gratitude for the possibility to consult a doctor through a free emergency telephone line at the most vulnerable time for her son:

"I truly appreciated the possibility to consult an ophthalmologist at the time when I needed it the most, and free of charge; can you imagine? That builds trust. My son woke up in the morning and his eye was red, just like that. And I did not know what to do; I did not want to take him to the hospital; I was afraid. My husband saw the hospital's number somewhere on internet, some advertisement, I don't know where; and I called. The doctor gave me clear instructions what to do, how to prevent further eye infection. And thank God, my son now feels much better (Marija, 45.)

Our internal data analyses additionally demonstrate the effectiveness of our timely launched free emergency phone at the most critical moment. It helped patients to cope better with psychological stress by offering immediate answers to their questions. With the flattening of the

Chart 1. Comparing numbers of telephone calls to call center for making appointments and telephone calls to emergency free line with doctor



COVID-19 outbreak curve and the subsequent lifting of restrictions at beginning of May 2020, patients are moving back to normal communication channels with the hospital, making appointments through the official call center office (Chart 1).

What does the future bring for “traditional” hospitals?

The COVID-19 virus will remain a health threat until treatments and vaccines are discovered. Our transition phase will become our future reality. Healthcare providers will have to make decisions about protocols for use of personal protective equipment, antibody testing of staff, expectations as to social distancing and scheduling templates to accommodate new clinical protocols. Patients will not be comfortable sitting shoulder to shoulder in a packed waiting room. The faster we adapt, the better we will create positive experiences for our patients, employees and medical businesses. This case study clearly shows what future managerial practice will look like to respond to this pandemic and other future crisis while providing patients with positive experiences. Recommendations are as follows (See Table 2):

Re-designing of physical environment and new healthy policies. Hospitals should look toward continually providing safe high-quality care, including upgrading their ventilation systems and hospital air filtration. Developing Servicescape²³ with clear plastic barriers according to latest safety directives would be an essential part of future hospital designs. Discussions will continue regarding the

appropriate use of personal protective equipment (PPE) for medical workers and screening of patients to prevent the spread of COVID-19 within the hospital setting. Such policies will inevitably continue to change with PPE supply, evolution of testing, knowledge regarding the spread of the virus, treatment protocols and vaccine development.

Focus on the wellbeing of medical staff. Physicians' needs, attitudes and suggestions about the way they practice medicine in the new circumstances are becoming extremely important to ensure high quality care and deliver excellent patient experiences. The medical profession is one of the most educated and experienced with “licensed authority” over humans’ health and lives; it is also the most needed and most vulnerable profession during the COVID-19 pandemic. Therefore, hospital management should invest additional efforts and resources in self-care practices for the medical staff to reduce their psychological stress levels and increase their wellbeing. Such programs should include e-coaches, such as social workers, nutritionists and others who can provide personalized guidance for the caregivers. Supporting group or individual activities for medical staff, engaging them in physical activities, practicing mindfulness and meditation techniques and yoga, as well as self-help sessions with a therapist or counselor could help medical staff to accept the new rules more rapidly, safely and voluntarily in their personal and professional environment.

Digital transformation of communication. Digital transformation of communication with patients will significantly influence

Table 2. Key recommendations for future practice facing COVID-19 (Sistina Ophthalmology Eye Hospital)

Recommendations for further practice	Description
(1) Re-design of physical environment	<ul style="list-style-type: none"> Hospital design according new safety regulations (plastic barriers, ventilation systems, virus scanning entrances)
(2) Change in healthcare policies	<ul style="list-style-type: none"> Implementing safety protocols in line with the evolution of testing, knowledge regarding the spread of the virus and vaccine development. New health polices to emerge from patients' needs and values
(3) Focus on the wellbeing of medical staff	<ul style="list-style-type: none"> Invest efforts and resources in self-care practices for the medical staff: personal coaching, supporting groups, mindfulness, yoga, physical activities
(4) Further digital transformation of communication	<ul style="list-style-type: none"> Use personal engagement tools: mobile devices, mobile apps, and wearables) Use health technology: patient-centered record Apply big data analytics
(5) Further research	<ul style="list-style-type: none"> Ensuring privacy of medical reports Reimbursement policies in digital era Diagnoses and services in eye care suitable to be digitalized Next skills for medical staffs to embrace digital future Empathy and human touch in the new digital era

patient experience and innovations in healthcare in the future. It will involve several aspects, such as personal engagement tools (through mobile devices, mobile apps for monitoring and tracking and wearables); health technology (patient-centered records); as well as analytics of big data to reap the expected information benefits and assemble knowledge assets. Additional efforts should be invested in ensuring an effective regulatory environment for digital health along with official country policies and strategies to open the market for public reimbursements in digital health. Digital health strategies will be essential for every healthcare provider, whether used as a preventive

examination or used in a mix of in-person and on-line examination, as is the case of Fundus Explorer device in eye examinations. Advanced use of certain innovative digital tools through remote monitoring will also improve mobility of patients ensuring accuracy of medical results. The digitalization of the medical practice will definitively help reduce the time patients spend in hospitals, reduce risk of viral transmission and possibly improve clinical outcomes.

However, many questions regarding patient experiences remain. These include privacy of medical reports, together

with the list of diagnoses and services in eye care suitable to be digitalized, next generation of skills and staff's ability to adapt to a digital future, as well as patients' experience of digital care because, contrary to prevalent belief, digital transformation is less about technology and more about the people and their positive experiences.

Conclusion

While there is no definitive prescription for how healthcare can be permanently change as a result of the unforeseen COVID-19 crisis, we continue to adapt and find ways to work together and uplift one another while isolated physically. Our aim is to rise to the occasion and leverage our influence to build a better world for all, including ourselves.

Strategies based on responsiveness to patients' individual preferences, needs and values¹⁸ will become focal points of future healthcare policies. Therefore, further exploratory research on what patients perceive as positive experiences in the state of the pandemic would be of great importance not only for healthcare providers, but for academia as well. Patients and the wider community will need to be supported with reliable information about how to reduce their psychological burden, and medical staff will continue to require services to overcome risk of burnout.

Further academic and managerial practice effort is advisable to establish pathways for crisis management, including elective surgeries, because those affected most seriously by the crisis will require extra resources to recover from the backlog. A joint international effort is desirable to face the COVID-19 fallout and establish paths for crisis management, thereby minimizing contact exposure where possible. While guidelines and protocols are considered universal, every practicing surgeon should adapt and modify his/her practice on the recommendations and guidelines of their local professional medical society and their national and institutional guidelines.

We can use the COVID-19 crisis to produce positive change: rethink our personal values and morals; reinvent our business strategies to be more helpful and reliable for our patients and employees; and reconsider our contribution to the society that we are an integral part of. "The only true standard of greatness of any civilization is our sense of social and moral responsibility in translating material wealth to human values and achieving our full potential as a caring society."²⁴

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