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Maintaining a positive patient experience during COVID-19 in a rehabilitation and complex care setting

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Abstract

West Park Healthcare Centre located in Toronto, Ontario, Canada provides specialized rehabilitative and complex care after a life-altering illness or injury such as lung disease, amputation, stroke and traumatic musculoskeletal injuries. This narrative showcases the strategies, processes and the lessons learned and subsequently utilized throughout the COVID-19 pandemic to engage patients and their family and peers.

Keywords

Patient experience, patient engagement, family experience, family engagement, COVID-19

Introduction

West Park Healthcare Centre [therein West Park] located in Toronto, Ontario, Canada provides specialized rehabilitative and complex care after a life-altering illness or injury such as lung disease, amputation, stroke, and traumatic musculoskeletal injuries. On March 11, 2020 when the World Health Organization (WHO) declared the COVID-19 pandemic, followed by the province of Ontario declaring a State of Emergency on March 17, 2020, a range of measures were implemented in hospitals, including West Park, to protect the safety of patients and staff. However, West Park also wanted to continue to prioritize a positive patient experience for all our patients and families, which align with our core values of Excellence, Trust, Respect, Collaboration and Accountability. A Patient Engagement strategy was developed by the Patient Experience Department in consultation with patients and families. The strategy was built to include (1) consistent access to information, (2) reduction in social isolation and (3) continuous connection with loved ones. It is important to note that the patient population at West Park is unique, with many patients having a physical disability and requiring specialized rehabilitation and care such as our amputee and long-term ventilated patients. The needs of our patient population varies; however, there is a significant portion of patients at West Park who communicate using alternate methods or patients who have paralysis relying on Augmentative and Alternative Communication (AAC) to interact with their care team, family and peers. This key aspect was considered when building our COVID-19 Engagement Strategy with the fundamental goals of firstly, maximizing the patient experience; secondly, promoting continued

patient engagement where appropriate; and thirdly, continuing to connect patients to families and peers. This case study reviews the practices, processes and programs continued and implemented as part of the Patient Engagement Strategy during the COVID-19 pandemic that addressed the identified needs as they related to the patient experience.

We will share the early lessons learned and outcomes related to maintaining a positive patient experience. There is no true research question, due to the rapid impact COVID-19 has had at our hospital and within the health care system in general. We hope the sharing of the experience at West Park can provide others valuable information and useful examples of programs that could be implemented elsewhere to pursue a high quality of care and engagement despite the ongoing challenges faced with the COVID-19 pandemic. More specifically, within the clinical care setting, the introduction of novel ways for patients to engage in socialization, strategies to focus care on patients despite COVID-19 and the significance of having a Patient Experience Department embedded within Clinical Programs.

Access to Information

Regular and clear communication has been integral throughout the duration of the pandemic. Patients and their families must be kept up to date and informed on the ever-changing status and response to COVID-19. Information includes how the centre is responding, how many active cases of COVID-19 are being reported, the impact on patient care, as well as emotional and mental health information such as coping strategies, techniques,

resources and regularly scheduled support groups. Reliable communication to all patients and family members takes place through various mediums. Early findings clearly indicated that to reach our diverse population, different methods work well. For example, meal tray announcements, utilizing the public facing website, posting on internal televisions, sharing bi-weekly email bulletin updates with patients and family (with their consent) and posting to social media (when appropriate) with the intention of informing the broader West Park community.

Forums to Engage Patients and Families

Patients and families require a forum to have their voice heard, concerns raised and questions addressed on a regular and timely basis. Prior to the pandemic, West Park had been hosting monthly unit-specific forums for patients and families to address unit-specific questions and issues. These have continued during the pandemic on a monthly basis; however, instead of meeting in person these now take place virtually using a teleconference line or a secure video platform. Patients who require real time support for access are offered assistance from staff to dial in and facilitate communication as required. These forums prove to be continually beneficial for patients and families to raise questions or hear unit-specific updates from the Service Manager, Care Coordinator, Social Worker and Patient Experience Coordinator. In addition, they help mitigate potential concerns to Patient Relations by having an open dialogue about potential unit-based solutions.

Our Patient Family Advisory Committee (PFAC) has continued throughout the entire pandemic with the agenda driven by our PFAC Co-Chairs. PFAC is continuously and regularly informed on subject matters that patients and families want to learn more about, have access to key members of staff who share information and garner their input as the advisory body representatives, and further collaborate with staff to drive continuous quality improvements.

In addition, patients and families identified a need to have the West Park Senior Leadership Team communicate in real time with patients and families during the pandemic. To respond, we implemented patient and family town halls using virtual technology. The town hall offers patients and families the opportunity to hear directly from hospital leadership. At all the town halls, the President and CEO, VP Programs and CNE, Director Rehabilitation Programs, Director, Complex Continuing Care Programs, Manager of Infection Prevention and Control, Manager of Public Relations and Patient Experience Coordinator attend to answer patient and family COVID-19 related questions. Patients and families are appreciative of this effort to have hospital leadership respond directly to their questions, concerns, thoughts and suggestions in real time.

Enhanced Communication Approaches

With visiting restrictions implemented at West Park as part of the COVID-19 precautions, the shared patient and caregiver experience has changed. We listened to feedback from our patients, families and Patient Family Advisors (PFAs) on how to improve our existing communication approaches and strategies during the pandemic. Two examples of enhanced communication approaches are remote communication touch points with clinical care providers and the use of the compassionate guide to communication during COVID-19. This guide provides communication principles to enhance comfort, reassurance and acknowledgement to family members who are not able to be on site at this time. The purpose of the clinical care provider touch points is to have a designated time with a member of the clinical care team to review the top areas of care that caregivers are hoping to have updates on. These discussions, in addition to routine calls made related to changes in patient care, are scheduled with patient consent. They provide a proactive measure for the team to intentionally connect with caregivers on a regular basis and provide structured updates on the medical status of their loved ones that they would otherwise get from being at the hospital.

Coping with COVID-19 Virtual Sessions for Patients and Families

With the uncertainty that COVID-19 presents to our patients and families, we identified immediately the need to have regularly scheduled virtual group sessions to create a sense of community for everyone going through this time and also to offer the vital supports patients need to take care of themselves as individuals. Led by our hospital psychologist and neuropsychologist, daily sessions take place for patients on the topics of stress, fear, anxiety, sadness, loss, depression, social isolation, sleep and managing time. These sessions have proven to be valuable for a large number of patients. A separate session now takes place weekly for family members offering coping strategies and resources for dealing with the stress and anxiety that comes from not being able to visit their loved ones during this critical time.

Reduce Social Isolation

West Park temporarily suspended all visitors in accordance to the Ontario Health guidance at that time, with the exception of essential visitors at the end of life. In addition, group therapy, specifically recreation therapy groups, were also suspended as guidelines indicated that groups larger than 5 and close contact within 2 meters were not permitted. As a result of this, a top and immediate priority was to reduce the occurrence of social isolation and mitigate the risk of any mental health and wellness consequences that may have resulted from this response.

Friendly Visits

Commencing immediately after visitor restrictions were put in place, West Park created a larger team of redeployed staff, recreation therapists, recreation therapy assistants, social workers and other allied health members to conduct daily friendly visits with patients at West Park, specifically focusing on the CCC patients who have less rigorous rehabilitation appointments and daily therapy. In an effort to reach all patients in an equitable fashion, a schedule was created, and specific staff members were accountable for specific units. These friendly visits mainly consisted of offering the required support to connect patients with family members who are not able to visit. Through telephone calls and videoconferencing methods, we were able to keep patients connected with their support systems.

Modified Recreation Therapy

The recreation therapy team was tasked with adjusting how services were delivered with the suspension of group programming and immediate directive to maintain adequate physical distancing. The goals of meaningful engagement in leisure pursuits that are inherent in recreation therapy remained, in addition to providing another opportunity to ensure patient isolation is reduced and quality of life is maintained. While the team's primary task throughout each day is to support friendly visits and family phone calls, some modified programs have remained. These include the facilitation of virtual therapeutic clown visits once every 3 weeks, virtual pet therapy visits every other week, video bingo once a month, ice cream delivery, movies in patient rooms and individual birthday celebrations with the delivery of a birthday card and family phone call. This is a significant decrease from the usual complement of programming; however, combined with the family connections, positive feedback and appreciation has been received by staff, patients and family alike.

Connection with Loved Ones

There is a large complement of inpatient services at West Park, both in rehabilitation and CCC. When visitors were suspended as part of the COVID-19 response strategy, there was a significant impact on patients and families. Many families visited their loved ones daily and were suddenly being asked to remain away for an indeterminate amount of time. West Park responded very quickly by recruiting the recreation therapy team, social workers and redeployed staff to operationalize and execute a process that also addressed the risks of social isolation by maintaining a virtual connection between patients and their loved ones.

Virtual Communication

Unit by unit, staff met with each patient to determine which family members they wished to stay connected to,

how frequently, and if they had their own technology devices to support the communication. Each family member was then contacted to make arrangements to connect using an agreed upon technology platform and a day(s) and time that was suitable. While the resources available to support this process fluctuated, most patients have remained in weekly contact with their family throughout the duration of the pandemic. The biggest barrier to maintaining a high frequency of contact was the access to electronic devices.

Communication Devices

To address this barrier, West Park was able to secure several devices to support various communication needs. The Information Technology department developed an equitable process to prioritize and distribute smartphone and tablet devices to patients, fulfilling their need to continue to connect with their families. Distribution is prioritized to support connection between patients and families at the hospital as well as the Long-Term Care Centre onsite. The devices are loaned out on a short- or long-term basis, depending on the request and need, to encourage the connection to individual's social network and community outside of the hospital.

Measurable Outcomes

During this time of uncertainty and unparalleled events, West Park committed to delivering an excellent patient experience with modifications that meet the identified needs of patients and families, while ensuring the highest level of safety for our patients and staff.

The following outlines the outcomes of the practices, programs and processes selected to support the goals:

1. Patients will participate in organized or independent leisure activities that provide meaningful experiences.
2. Patients will remain at the centre of their circle of care; their needs, wants and preferences will be incorporated as much as possible, and "Person Hoods" will be further implemented in order to provide personal and historical information to guide patient-centred interactions.
3. Patients will have adequate access to necessary provisions to remain clean and comfortable.
4. Patients, families and PFAs will continue to have a method to contribute to the patient experience.
5. Patients and families will be provided a suitable way to remain socially connected.

These goals were measured through observation, informal feedback, and formal feedback through patient relations processes, patient narratives and PFAC feedback.

Maximize the Patient Experience

To continue with combating social isolation and reduced participation in meaningful activities, care packages were produced for each of the rehab patients to have something to do during downtime and in between treatments. Over 180 care packages were distributed in the first month and continued to be distributed throughout the duration of the pandemic. Additionally, specific leisure resources were provided on an individual basis by the recreation therapy team. Verbal feedback was received from patients and staff that patients were appreciative of the supports provided.

Prior to COVID-19 and as part of our dedication and commitment to a person-centred experience, we have been implementing “Person Hoods” on the units. This approach aligns with our ongoing work to maintain our Best Practice Service Organization (BPSO) designation with the Registered Nurses’ Association of Ontario (RNAO). The implementation of the Person and Family Centred Care best practice guideline components assisted in developing a plan of care in partnership with the person that is meaningful to them within the context of their life. If the individual agrees and feels comfortable, it is displayed in their patient area to help spark a conversation among patient and staff that is beyond their care needs and about who they are as a person. The Person Hood outlines key things the patient wants to share with the care team. For example, where they are from, a hobby, a care goal or a bit more about their family, and a few photos, if they feel comfortable, to illustrate who they are beyond their identity as a patient. Both staff and patients have reported these to be good conversation starters, promoting a dialogue beyond personal care rooted in a common human experience. These have continued throughout the entire pandemic and have been beneficial to facilitate conversations beyond the daily COVID-19 happenings and creating a bridge between staff and patients, since we are all in this together.

Unfortunately, during the pandemic we had to restrict delivery and inflow of supplies into the hospital; therefore, only items deemed essential (at the time of writing this case study) and not available onsite have been allowed. We defined essential items as clothing (especially for patients coming for rehabilitation treatment from acute care) and communication devices to help with regular communication between patients and their social networks outside of the hospital. Toiletries were not deemed essential as they can be purchased from our onsite pharmacy. We knew this may be financially limiting for some patients and implemented a process that allowed for purchasing from the onsite pharmacy to ensure patients had the necessary provisions to keep them clean and comfortable. Products were subsidized by a grant made available through the West Park Foundation and delivered once a week to the units for patients with financial

constraints. On average, toiletries were delivered to a dozen patients each week.

Promoting Patient Engagement

Maximizing engagement of PFAs during COVID-19 has been a challenging area to continue. There were limited engagement opportunities during this time frame due to the rapid nature of decisions required to ensure the safety and well-being of all patients and staff. When appropriate, PFAs have been involved in collecting and sharing feedback regarding COVID-19 communications, new ideas and potential strategies. For example, suggesting the communication touch point with clinical care providers and developing the compassionate guide to communication during COVID-19. Moving forward, there is increased engagement specifically regarding the Quality of Life Clinical Services Recovery Task Force.

Our annual Patient Experience Week did not go unnoticed. Revised activities included a supportive patient handout delivered to all patients and a video message from our President and CEO, Vice President of Programs and Chief Nursing Executive and PFAC Co-Chair. The handout included a letter from the PFAC Co-Chairs, support material during this time and calendar with inspirational thoughts. In addition, a collaborative thank-you board was posted where patients and staff could share messages of inspiration to each other. We felt it was important to recognize this work especially during the pandemic, since “Together, we are all the Patient Experience” and we are all in this together.

Continued Connection

With the addition of resources to the important goal of maintaining continued connection with loved ones, the donation of communication devices as well as redeployed staff allowed the teams to facilitate 150 separate phone calls at approximately 20 minutes each in duration and 330 friendly visits each week for patients on the CCC units.

Conclusion

Our early efforts have demonstrated a positive outcome and will continue to be monitored and evaluated. The COVID-19 pandemic has given us the opportunity to think outside the box and adapt our approaches to patient experience and engagement. We have been able to reach patients and families in innovative ways to support a positive experience during these unique and demanding times. We have heard directly from patients and families that they are appreciative of the efforts and the different approaches being taken. An early audit of these approaches has helped us identify: firstly, how to further enhance and improve the patient experience by breaking down the technical terms of COVID-19 and its messaging for all audiences to be able to understand; secondly, to identify new technological solutions to keep

communication consistent during this time period; and lastly, to introduce new ways to keep patients and families meaningfully involved during an unprecedented and usual time.

Further Exploration

As West Park embarks on Clinical Services Recovery and enters a “new normal” amid COVID-19, considerations regarding sustainability and revisiting strategies to reach all members of our population will need to be further explored. West Park will continue to identify additional ways to enhance engagement and support patients; in particular, we are focusing our strategies on enhancing the experience of patients that use alternative methods of communication as well as finding a more sustainable methods of connection and communication with family over an extended period of restricted visits.

In addition, broader questions remain for all patients, families and staff not unique to West Park. Moving forward, we must think about how the patient engagement best practices will shift and co-design principles that will evolve as we enter the “new normal” way of living. These changes will need to occur in a timely manner to coincide with the rapidly changing needs of COVID-19.

Looking Ahead

Now, more than ever, the human experience is an integral foundation, and we are hopeful that the efforts West Park has made to acknowledge each person have helped build this foundation. We strive to listen, work with dignity, communicate in diverse ways that are clear and understandable, and demonstrate how we stand together to overcome the challenges presented by COVID-19. More specifically, our goal is to maintain or improve the innovative intervention techniques and consultation activities that emerged as a result of COVID-19, continue with the processes, programs and other opportunities that enhance or improve the patient experience.

There is a change in the landscape in light of the pandemic, and ongoing enhanced Infection Prevention and Control measures will require creative and innovative ways to continue to support and enhance patient experience and engagement across the system. West Park continues to be a leader in patient experience and engagement in the CCC and Rehabilitation sector.