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Leveraging the agility of the care experience dyad partnership model during COVID-19

Vanessa Mona
Henry Ford Health System, vmona1@hfhs.org

Rana Awdish MD FCCP
Henry Ford Health System, Wayne State University School of Medicine, rawdish1@hfhs.org

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Leveraging the agility of the care experience dyad partnership model during COVID-19

Vanessa Mona, *Henry Ford Health System, vmona1@hfhs.org*

Rana Awdish, MD, FCCP, *Henry Ford Health System, ravidish1@hfhs.org*

Abstract

The extraordinary nature of COVID-19 has presented, and will likely continue to present, unique challenges for care delivery systems; not only in respect to delivery of care to patients, but also in respect to the ways in which health systems care for, and facilitate safe working environments for their employees. It was identified early on that COVID-19 would challenge our Health System, Henry Ford, in its ability to provide an optimal experience of care for our patients. We realized that the feelings of isolation experienced by patients, anxieties experienced by their families and impacts to the well-being of our employees would be significant. Communication was fraught, yet the need for communication had never been greater. Providing difficult news, only to be delivered by phone, injured morale for providers, nurses and support staff. Prior to COVID-19, Henry Ford Health System paired physician and administrative leaders to create high performing dyad partnerships. Clinical and administrative leaders were paired based on their diverse skill sets, competencies and representation. The goals of the Care Experience dyad are to 1) build connectivity; demonstrate support for work being done in times of complex and evolving situations, 2) provide psychological first aid through diffusion and debrief of real time situational stress, utilizing coaching resources, developed by Chief Wellness Officer, 3) assess needs and concerns; assist teams with interpretation and operationalization of rapidly evolving guidelines and protocols; co-discover solutions and escalate concerns, 4) listen with non-judgmental curiosity; normalize and validate feelings and 5) identify and link to resources; identify families who need crisis-level communication.

Keywords

Patient centered care, human experience, employee experience, COVID-19

Issue to address: Drastically shifting needs during a pandemic

The nature of COVID-19 has posed unique challenges not only to the delivery of care for patients, but also to the ways in which health systems both care for and facilitate the work of their employees. Our organization, Henry Ford Health System, has faced these challenges throughout the pandemic, which has struck the Detroit area particularly hard. Michigan has had over 55,000 confirmed cases — over 20,000 in Detroit — with over 5,000 deaths state-wide. Henry Ford Health system has discharged over 2,000 COVID-19 patients across our system.

It was identified early on that COVID-19 would greatly impact our ability to provide an optimal experience of care for our patients. Strict visitor restrictions were enacted; there was a critical need to preserve personal protective equipment; and patients were quarantined alone. We realized that the feelings of isolation experienced by patients, anxieties experienced by their families and impacts to the well-being of our employees would be significant.

Additionally, care teams experienced the unique stress of caring for a large volume of critically ill patients while also having an increased risk of contagion themselves.

Communication was fraught; and yet the need for optimal communication with patients and their families had never been greater. Because of the lack of physical presence at the bedside, which normally allowed for casual updates and patient- and family-centered rounds, there was an increasing need for proactive communication with families of hospitalized patients. Providing difficult news by phone increased risk of morale injury for our providers.

Practices applied to address the issue: Care experience dyad partnerships to identify emerging needs and offer practical solutions with rapid implementation processes

Prior to COVID-19, Henry Ford Health System had been using dyad partnerships in which physician and administrative leaders are paired based on diverse skills, competencies and representation to create small teams that can achieve broad goals by working together. Capitalizing on the strengths of a dyad partnership, the care experience

team at Henry Ford Health System created a new process we called Triage and Experience Rounds to address the issues we faced during COVID-19.

An experience-driven rounding scheme was devised to allow for regular in-person check-ins with teams caring for COVID-19 patients led by staff who are experts in skilled communication and oriented to care experience resources. This process evolved over time and eventually became the script for leader rounds. Leader rounds were specifically intended to build on the successes of wellness rounds and scale throughout the system.

Outcomes from the dyad partnerships leading our Triage and Experience Rounds during COVID-19

Due to the rapidly evolving crisis, our team was not afforded the typical timeline and structure needed to capture measurable data outcomes. However, through this new daily rounding process, we noted several anecdotal successes as we adapted processes and solutions in response to COVID-19. These overarching successful outcomes, as well as the process used to identify and address them, are outlined below.

Building connectivity with patients' families

Triage and Experience Rounds by clinical leads identified the issue of communicating the abstract nature of the illness to families who could not be present. Teams observed that in addition to the anxiety that is naturally present with having an ill loved one, families were now physically removed and unable to generate their own assessment of severity. Teams were functioning under a heightened level of stress without being able to use their previously established communication patterns. Recognizing the need for proactive communication to increase trust, while also decreasing unscheduled interruptions to workflow and stress for teams, we reprioritized and reemphasized communication as our core ideal.

Administrative dyad leaders devised a solution utilizing mobile technology. More than 300 iPads and cell phones were deployed across the system equipped with FaceTime and WebEx aids in support of patient-centered care and family connection. With these tools, the care team was able to update families at least once a day, more often if there was a change in the patient's clinical status.

These conversations were guided by core communication training, CLEAR Conversations, that has been in place in our institution since 2012. In

CLEAR Conversations, the emphasis is on responding to emotion with empathy, acknowledging the difficult situation of the family and respecting their individual needs. CLEAR is based on the Vital Talk format and utilizes improvisational actors to train providers in communication skills in real time. Due to the pandemic, it has been converted to a virtual format with actors calling in as if they are on a FaceTime family conference.

Calls with a patient's family summarize the current thinking in terms of prognosis, input from consultants, new studies and findings, as well as plans for disposition. Additionally, each nursing shift was able to proactively communicate an update with the designated family spokesperson early in the shift utilizing the technology preference of the family.

Addressing concerns regarding staff safety and patient assistance

Triage and Experience Rounds by clinical leaders identified the significant concern of contagion and risk many clinicians felt of bringing home COVID-19 to their families. Best practices were disseminated in terms of creating a decontamination procedure upon leaving the hospital and prior to entering the home. Evidence-based guidelines were shared, which provided a sense of control and agency; however, some employees chose to self-isolate themselves for fear of transmitting the virus to their own families. Many nurses and respiratory therapists elected to stay in alternate housing, at their own cost.

During rounding, care teams also identified that many patients had anxiety about the cost of their treatment: Would they still have insurance, childcare while they are in the hospital or food for their family still at home?

As a result, the Henry Ford Health System COVID-19 Fund was established to support emergent needs experienced by patients and employees as a result of the pandemic including, though not limited to, assistance with unanticipated hardships, testing, screening and associated equipment and educational materials and supplies for vulnerable populations. Administrative leaders also connected those identified to be in need with free housing resources available in the area.

Facilitating personalized communications

During rounds, clinical leaders identified that teams were concerned about the depersonalization of the patient care experience. Due to the high volume of admissions that did not have family at the bedside, personal items in rooms or a way to personally and frequently communicate, the teams felt they were losing their personal connections with patients.

In response, administrative leaders spearheaded a project whereby patient information cards were created. With input of patients and families, care experience staff completed cards with personal details and topics for passive discussion with patients. These patient information cards were placed on patient doors to help care teams learn more about their patients who were on a ventilator, critically ill or otherwise unable to communicate. Cards may have included information about favorite music, pets or loved ones that provide a source of comfort. If the patient has a religious affiliation, specific verses from their holy text could be included.

Providing comfort to isolated patients

Triage and Experience Rounds elicited that providers worried about the lack of visitation for their patients, who often rely on loved ones in the room to provide them support and comfort. At times, providers also felt overburdened by the fact that they were the only point of human connection with their patients, and their drastically increased workloads made it difficult to spend as much time with the patient as they might wish to.

In response, a letter was placed on the patients' tray table to welcome the patient into our hospital, acknowledge the restrictions in place, give resources to contact if they needed anything and direct them to their interactive patient television. The interactive television platform kept patients informed and comforted via TV banner, educational videos and encouraging messages from the community through a new Well Wishes program we created.

To keep our clinicians connected to patients, administrative leaders transitioned leader rounding to remote rounds completed by the care experience team. Daily patient experience rounds are now completed via phone to the patient's room to check in on them and ask if there is anything they need. This also allows for the completion of patient

information cards with the input of patients who can communicate.

In response to the visitor restrictions, we launched a Well Wishes program to keep patients' spirits up and spread kindness. A page on the Henry Ford Health System website includes a form for families and community members to share an encouraging note with patients. Submitted messages are screened by the Henry Ford care experience team to de-identify any patient details before the messages are posted on the interactive patient system. In the first month of the program, more than 5,500 well wishes and messages were shared with patients via Henry Ford TV, a dedicated digital channel on the in-room televisions.

In follow-up, we have received many thank you notes from family members who felt comforted after their loved one said they saw their message, and they extend appreciation to our care experience team for how quickly we turned around the messages from submission to display.

Supporting staff and boosting employee morale

Rounds identified that some providers felt the gravity and intensity of their work was not being witnessed or fully understood and the chronic stress felt isolating.

The Well Wishes program for patients was so well received that we quickly expanded it to include sending messages to hospital workers to help show support to them as well. Community members have sent more than 2,500 notes of appreciation and gratitude to our employees, from housekeeping to nurses and doctors and everyone working on the front lines. These messages, including drawings from children and images depicting employees as superheroes, are displayed on our intranet and as screensavers on employees' workstation computers. As messages from the community poured in, Badge Buddies were created for our front-line team members to connect each team member with words of appreciation from community. Employee Assistance Program resources were included to ensure they were easily accessible to our teams. Team members have said they love seeing the messages, and they feel more supported in the critical role they play.

Implications and recommendations based on our care experience efforts during COVID-19

The dyad partnership allowed us to accelerate interventions that were needed in an acute and rapidly evolving situation. This pairing proved to be an ideal format for leveraging the strengths of care experience administrative leaders to assist care experience clinical leaders in times of crisis for both our patients and our employees.

We believe the Triage and Experience Rounds were key in helping us identify and address the unique needs we faced in the height of COVID-19 and may continue for quite some time. With this approach, we were able to rapid cycle test and implement many patient-centered care ideas and employee-specific processes, bring teams together, create more effective communications, use technologies and resources in new ways and identify simple solutions to address complex issues.

We are evaluating what initiatives can be sustained post-pandemic. The root of the successes we have experienced, though, will undoubtedly carry forward as we continue to prioritize the value of communication and collaboration in delivering exceptional care experiences throughout the Henry Ford Health System.

One thing that is clear is that patient experience cannot be deprioritized in a pandemic; rather, the needs are ever greater to be flexible, present and able to solve complex problems in real time. Organizations facing similar crises could capitalize on existing relationships within the organization to identify, innovate and solve problems in an expedited manner.

Further exploration of the care experience dyad partnership concept

Though in our case we were fortunate in that we had skill sets that interdigitated and did not significantly overlap, this is not always the case. Identifying complementary skill sets and strengths to create synergy within a dyad partnership is something that could be formally studied.