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## Johns Hopkins Medicine responds to COVID-19: Adjusting patient- family- and staff-centered care

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### Cover Page Footnote

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### Abstract

The extraordinary impact of the novel coronavirus disease 2019 (COVID-19) on the health care industry included a major, nearly immediate paradigm shift in the visitation policy for Johns Hopkins Medicine. This large health system, comprising six hospitals, a home care group, community physician practices and satellite outpatient sites moved from essentially open visitation to no visitation, creating an entirely new set of needs for our staff, patients and their loved ones. We developed new ways of communicating and connecting staff members, staff and patients, staff and the patient's loved ones, and patients and their loved ones. Our intent was to maintain our commitment to patient- and family-centered care, to alleviate the anxiety and stress from this devastating pandemic to the extent possible. This article describes approaches taken by the health system's Patient Experience leadership team and others to develop resources that educate patients, loved ones and staff about the process changes and facilitate incorporation of these new ways of communicating and connecting. The content is organized into three areas: including staff resources, consumer resources and resources that support consumer engagement. Many of the changes have been well received, enhancing our pre-COVID-19 ability to connect with one another and will be assimilated into our culture for the long term. We plan to develop objective measures of the effectiveness for approaches that outlive COVID-19 and enhance patient-centered care.

### Keywords

COVID-19, coronavirus, patient-centered care, family-centered care, communication, visitation policy, visitor restrictions, visitor exceptions, PFAC, Patient and Family Advisory Council, patient experience, surveys, patient and family engagement, patient education, scripting, volunteers, emotional support, music for healing, outpatient clinic, international patient services, child life specialists, academic medical center, health system, community hospitals

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### Introduction

March 21, 2020 Johns Hopkins Medicine (JHM) visitation policy transitioned from allowing loved ones at the bedside 24/7 to one which broadly disallows visitors. The revised policy prevents patients from having anyone visit or accompany them during their hospital admission and

aligns with policies at other health care organizations in our region. Exceptions to these restrictions include end-of-life care, laboring mothers, emergent surgery, new trauma, discharge assistance, patients with disabilities and pediatric admissions. This radical step occurred nine days after admitting our first COVID-19 positive patient and nine days before the Maryland Stay at Home Executive

Order. The change in policy sought to maximize positive public health outcomes and slow the spread of the coronavirus.

JHM is a large health system, comprised of two academic medical centers, three community hospitals, a free-standing pediatric hospital, a home care group, community physician practices and satellite outpatient sites who are committed to patient- and family-centered care. Resulting shockwaves spread through the system and caused rapid changes to our care delivery philosophy, safety protocols and policies and procedures. This paper describes approaches taken by the JHM Patient Experience team and others throughout our health system to create and communicate process changes and support the needs of patients, loved ones and staff in a fluctuating health care environment.

## **Staff Resources**

### ***Daily Nursing Briefing***

We developed a Daily Nursing Briefing entitled “What’s New Today” and delivered it to our nursing staff by way of email to highlight process changes requiring timely implementation, new resources and other nursing-relevant information. The briefing helps nursing staff to focus on changes impacting care delivery as opposed to scanning multiple emails to find this critical information. We utilized a standard template that includes only two sections (1) today’s announcements and (2) previous announcements, a simple structure to deliver very important information about care delivery.

### ***Weekly Management Briefing***

Our health system erected an incident command structure and daily virtual briefings with the executive team and senior leaders, vitally important in defining and implementing responses to COVID-19. Given the volume of decisions made, information shared and concerns raised, it became essential to establish a virtual forum for managers. The manager briefings provide updates on the current situation, addresses topics requested by managers for discussion and responds to questions and concerns with a focus on operations that impact quality, safety and the patient experience utilizing the Zoom© platform.

The first half of the call reviews dashboards, metrics and operational objectives. The second half is interactive, allowing managers to ask questions, provide suggestions, share best practices, and praise and recognize colleagues. The call closes with an inspirational quote and sincere thanks to the group.

The outcomes of the manager briefing are very positive; however, feedback is informal at this time. During each call, managers are encouraged to offer suggestions for

improvement either verbally or via the Incident Command email.

### ***COVID-19 Website***

JHM is a large academic health system with entities in Maryland, the District of Columbia and Florida. To communicate effectively to staff, patients and visitors and provide patient- and family-centered care during a pandemic, the marketing departments from each entity formed a team to develop and maintain an internal COVID-19 website. This collaborative marketing team meets several times a day and updates information related to COVID-19, command center updates, staff guidance, frequently asked questions, human resources information and patient experience resources.

### ***Visitor Restriction Grid***

A visitor restriction grid was created for our frontline guest service and security staff to make it easier to locate the appropriate visitor policy information for various areas throughout each hospital. Staff have described this resource as convenient and simple to use.

### ***Weekly Patient Experience Calls***

Once social distancing precautions were in place, the system-wide patient experience team moved to weekly Zoom© calls that allows connection and consistency as new processes are implemented and resources created. Our goals are to support staff and the patients we serve across the system with consistent messaging and to provide an opportunity for patient experience staff to learn from our collective successes and challenges. Prior to the pandemic, our team met monthly and in person. Weekly calls have successfully kept us all abreast of emerging patient experience challenges that require our attention and response.

During our weekly calls, each entity provides an update on their goals, including wins and challenges. Practice changes are discussed, and efforts are made to standardize a system approach. Our discussion and collaboration has resulted in consistent policies related to visitors and belongings, welcome letters for our patients that describe operational changes related to the pandemic, instructions to support virtual connections between patients and their loved ones and a program to provide cell phone chargers to our patients in need.

### ***Scenarios & Scripting***

Hospital safety requirements including donning of face masks, physical distancing and rapidly changing policies have challenged our ability to effectively communicate. We realized that we needed to take extra care when choosing our words to ensure our patients and their loved ones comprehend the positive intent behind our actions.

To support effective communication, we created scripting and talking points for our staff to use to explain care delivery changes using our research-based caring communication model, *Connect Partner Reflect*, discussed in “Getting Back to Basics in Communication”<sup>1</sup>. This model has enhanced communications between staff members, staff and patients, and staff and patients’ loved ones. The tools we developed help staff share information about visitor restrictions, virtual communication between loved ones and patients and process changes that enhance safety and minimize exposure. One example is a communication tool we created for staff use to prepare patients for what to expect in the newly erected COVID-19 testing tents. To monitor the impact of these tools, we review patient survey responses to staff communication questions and engage in discussion with patients and loved ones.

### ***Emotional Support***

The physical, emotional and psychological toll of COVID-19 on healthcare workers is recognized but not fully grasped. Although there are amazing stories of sacrifice, courage and dedication of healthcare workers, there are also stories of suffering and trauma. Prior to the onset of COVID-19, JHM offered MESH (Mental, Emotional, and Spiritual Health) to comprehensively support our staff. Staff coping with uncertainty and operational and financial changes brought about by the pandemic can access MESH services to support their health and well-being.

Below is a list and brief description of MESH services:

- MySupport: Emotional support provided for staff and their family members
- RISE: Peer-to-peer support for staff who have experienced stressful, patient-related incidents
- Spiritual Care: Spiritual and bereavement support for staff, patients and loved ones
- Healthy at Hopkins: Resources and programs to support staff wellness, including stress relief, mindfulness and movement
- Psychiatric Assessment: Rapid staff referral and management of acute mental illness

We plan to assess the effectiveness of these program in the future by analyzing staff insurance claims, number of medical leaves of absence, staffing levels and costs to cover staff who are out, staff turnover and work engagement. Although these are staff-related metrics, they impact the patients’ care experiences, health system reputation and pay-for-performance metrics.

## **Consumer Resources**

### ***Visitor Restrictions and Virtual Connections***

The JHM Patient Experience team created a multi-pronged approach to clearly and empathetically express the positive intent of the revised visitor policy. To meet

the need to connect patients with loved ones, we developed patient education guides and staff talking points to promote virtual visits, in collaboration with the virtual JHM Patient and Family Advisory Council, to support our unit staff, security team and information receptionists in communicating the policy and virtual options for connection such as Zoom®. Patient experience team members rounded to provide coaching and guidance. While this approach has led to nominal grievances and positive satisfaction survey comments, we anticipated that grievances may increase as stay-at-home and other executive orders are lifted but visitor restrictions remain in place.

JHM does identify exceptions to the no-visitation policy. For patients facing the end of life, we allow two visitors at a time so loved ones can support each other and the patient through this difficult visit. To ensure a caring and safe process, clinical or Spiritual Care staff meet the loved ones at the entrance to provide protective equipment and escort them to the patient’s room to avoid visitors from facing the challenge of navigating an unfamiliar building. At the end of the visit, a staff member escorts the family to the exit and escorts two more members in if others are waiting. Loved ones understand the need to limit visitors and have not expressed dissatisfaction. We continually monitor these challenging situations to ensure patients and their loved ones are treated equitably and kept safe.

### ***Delivery of Essential Personal Items***

Patients arriving for emergent care rarely bring essentials with them. In the past, loved ones would bring personal items when visiting their admitted patient. In our new world, we narrowly defined a list of allowable *essential* items to limit the number of deliveries staff would facilitate, limiting the amount of time they are taken them away from critical duties and to prevent delivery of items potentially contaminated with the virus. Essentials include personal items that cannot be supplied by the hospital and assist in the patient’s plan of care (e.g., eye glasses, hearing aids, dentures), devices that facilitate communication with loved ones (e.g., cell phones, tablets, laptops, chargers) and inexpensive, pocket-sized religious items.

### ***Telemedicine***

Pre-pandemic, JHM had a small telemedicine patient population and routinely received 7-10 virtual visit survey responses each month. When social distancing necessitated mass conversion from in-person to virtual visits, the explosion of virtual visit survey feedback alerted us almost immediately to issues that needed to be addressed. We noticed that many patients who scheduled virtual visits actually had phone visits because the video platform did not work at the time of their appointment, which supported the change to our current practice of guiding patients through the process and testing their devices up to a week before the visit. Also, our survey was

targeted to video visits only, so we changed the survey making it appropriate for both video and phone visits. Finally, because we had not received many telemedicine surveys before the pandemic, we had not prioritized standard sharing of survey data with our clinics. We now share survey results, including data on virtual visits and patient comments with clinic leaders, alerting them to telemedicine visit issues that require attention and sharing words of gratitude from their patients to keep clinic morale and motivation high. One patient shared “My physical symptoms...would have made it very uncomfortable to physically come into the office...COVID-19 [also] made it dangerous...and [the video visit] was more personal than a phone call.” Comments such as these underscore that there is a place for telemedicine in the delivery of health care.

### ***Welcome Letters***

When we began restricting visitors and modified the way the clinical team interacted with patients, unit staff asked us to create a patient welcome letter to explain changes to the care environment.

Two versions of the welcome letter were developed: one for COVID-19 positive patients and one for other hospitalized patients. The letters explain universal masking, personal protective equipment (PPE) worn by staff and how to communicate with staff when assistance is needed (call bell speaker, phone and Zoom®). Also described are how to order food, meal presentation and delivery times based on whether the patient is isolated for COVID-19, the visitor policy, resources available to connect with loved ones and the discharge process.

### ***Scripted Calls to Loved Ones***

We appreciate that loved ones are confused and anxious about our new processes. Although the local media covered visitor restrictions across the state, loved ones are often unfamiliar with how hospital operations are impacted. To support information sharing with loved ones, we created a website outlining operational changes and resources and contacted loved ones as a more proactive means of getting the information to the people who need it. The patient’s designated primary contact received a call from non-clinical staff and medical students who followed a script designed by the Patient Experience team. The goal of this process is to link loved ones with staff, helping them understand available resources and preparing them for what to expect while their patient is receiving our care.

### ***MyChart Bedside***

Several years ago, JHM began installing iPads with the MyChart Bedside App in patient rooms. The App gives patients access to their inpatient medical record and features a “MY CARE TEAM” section of staff photos.

This tool humanizes our care team by allowing patients to see past the mask and other PPE.

We also installed the Caring Bridge® app enabling patients and/or loved ones to communicate with the patient’s broader support group of family and friends. This App allow for self-directed report-outs about progress, needs, concerns and emotional support and reduces the number of calls from loved ones to clinical staff, allowing them more time at the bedside.

### ***Phone Chargers***

We developed educational resources to support the virtual communication between patients and loved ones, but soon realized that although patients often had their cell phones, they often did not have their cell phone chargers. In response, the Patient Experience office at each affiliate hospital purchased universal chargers for patients in need. This seemingly small addition has made a huge difference in connecting our patients and their loved ones.

### ***Music for Healing***

JHM and the Johns Hopkins University Peabody Institute partnered in 2018 to use the power of music to reduce stress, promote wellness and improve patient and staff experience (<https://peabody.jhu.edu/explore-peabody/community-engagement/sound-rounds/>). The virtual Sound Rounds bedside musicians program brings professionally trained musicians under the supervision of the Peabody Conservatory to patients and staff at The Johns Hopkins Hospital (JHH). The JHH Department of Volunteer Services schedules virtual Sound Rounds, connecting musicians to patients via Zoom® technology for one-on-one interaction. Visits can be interactive and may include conversation or may simply provide calming background music. The patient and musician mutually guide the visit based on the patient’s requests and condition.

We received overwhelmingly positive feedback from patients and staff when Sound Rounds were occurring in-person. When surveyed about the virtual format, patients found the music experience enjoyable and noted they would like to participate in this experience again in the future. During a recorded survey on 5/13/2020, a patient commented: “I really enjoyed the music. [It] got my mind thinking about something else besides [the] hospital stay and being bored.”

We also offer daily concerts on the local CCTV station in patient rooms. Concerts present a collection of classical and jazz performances from the Peabody Institute.

### ***Virtual Volunteering***

The Department of Volunteer Services launched virtual volunteering and offers three programs that provide comfort and companionship to patients: Cyber Sidekicks,



virtual Spiritual Care, and virtual Sound Rounds. These programs connect volunteers with patients through Zoom©. Cyber Sidekicks brings volunteers and patients together to read, play online video games and discuss favorite TV shows. Virtual Spiritual Care is a collaboration with the JHH Department of Spiritual Care and Chaplaincy that provides emotional or spiritual support for patients' loved ones 24 hours a day, 7 days a week. See Music for Healing (above) for the virtual Sounds Rounds description. Virtual volunteers have become an additional source of companionship for our patients and loved ones, relieving feelings of loneliness and isolation. We hope to expand these valuable programs in the future.

### ***Safe+Well Packs***

The departments of Nursing, Patient Safety, and Service Excellence collaborated to create Safe+Well packs to send home with COVID-19 patients at discharge. These packs contain essential items patients may not have readily available as we send them out into a different world than the one they came from when admitted. Each pack contains a mask, guidance for proper masking, hand hygiene instructions, hand sanitizer, pen, notepad, tissues, tips for self-care, tips for resiliency and a handwritten card from the care team. Our goal is to recognize our patients and respect the difficult and personal experience they and their loved ones have faced. We invite patients to ring a bell and accept their Safe+Well pack to mark their care transition.

### ***COVID-19 Response Outpatient Clinic***

JHM created the COVID-19 Response Outpatient Clinic to treat patients infected with COVID-19. Physicians see patients in negative-pressure exam rooms complete with HEPA filters. The clinic is equipped to perform X-rays and other limited procedures, has a private entrance and dedicated free parking to minimize exposure risk for other patients, visitors and staff members.

### ***Childhood Vaccines***

It is critical that children continue to receive scheduled vaccinations, yet stay-at-home orders and social distancing have presented barriers. JHM pediatric practices, clinics and other health care locations have remained open to administer vaccines and provide other essential care services in a safe environment.

Pediatric clinics physically separate well patients from sick patients, reducing the risk of infection during visits. We communicate these infection prevention measures to families through MyChart, email, postal mail and local media.

### ***International Patient Services***

The International Patient Services team provides compassion and establishes trust with our patients who are far from home. While video conferencing is common to

meet interpretation needs, these technologies have been especially helpful in connecting our patients with their care team and loved ones. The benefit of virtual connections during a pandemic heightens the need to support adoption of video conferencing in the health care system of all countries. Frequent communication in a way our patients can understand regarding their clinical condition, our visitor policies, non-urgent appointments, screening procedures, updated COVID-19 information and JHM's preparedness plans have been well received and seem to have inspired trust.

### ***Engaging Loved Ones in Patient Care Plan***

During this sensitive time where the desire for connection is crucial, our staff became the bridge between patients and loved ones. We implemented a process for regular patient updates and care plan discussions by phone or a virtual platform, such as Zoom©. The voices, images and interaction of the care team, patient and their loved ones creates a compassionate environment, easing concerns for all involved. Staff ask loved ones if they have additional information about the patient that they would like to share to create an even more personalized experience for the patient. One patient told us that her doctor was "happy to do a FaceTime [with my husband] and explain my condition in detail while she gave me [an assessment]," going on to say, "she showed us that she cares, and I felt in good hands having her as my doctor."

### ***Child Life Specialists Support Children of COVID-19 Positive Patients***

Our child life specialists provide emotional support for children and patients, explaining the diagnosis, treatment and bereavement support at the end of life. This support is essential for children and teens to prevent the long term, psychological impact on a child who endures the pain of losing a parent and not being able to say goodbye. JHM's child life department quickly adapted their services within the COVID-19 environment. They developed child-friendly resources to help loved ones and adult caregivers explain the disease and visitor restrictions to the involved children. They also facilitate telehealth visits, carefully matching both tone and content of the visit to the child's developmental and emotional needs. Finally, they created specialized bereavement kits to provide the child and loved ones lasting memories if the patient passes away.

### ***Patient and Family Engagement***

#### ***PFAC Adaptations***

Patient and Family Advisory Councils (PFAC) include patients, family members and caregivers who volunteer their time on PFAC and hospital committees, collaborating with staff to improve the patient experience. Across JHM's six hospitals, Home Care Group, and Community Physicians practices, there are >20 PFACs and 500 members, most meeting monthly. To ensure

PFAC operations continued uninterrupted, the JHM team coordinated the PFAC network to communicate their intent to continue PFAC operations, schedule multiple training sessions on virtual meetings using Zoom® and established a PFAC newsletter. Training sessions were well-attended and in April 2020, and almost all the PFACs resumed their monthly meetings virtually.

### ***Ongoing Communications to PFAC***

As PFAC meetings resumed, the agenda included an update on the organization's efforts to care for patients during COVID-19. Nearly every PFAC meeting includes staff or senior leadership who review changes in processes, operations and policies. Following this review, PFAC members ask questions and suggest communications they would like to see from the organization to remain informed.

The first bi-weekly PFAC newsletter was sent to the PFAC co-chairs for distribution in mid-April 2020. The purpose is to share important information with PFAC members through one source. Content is collected from websites, publications, emails and internal JHM communications and includes both COVID-19 related topics and patient- and family-centered care topics. PFAC members are also welcome to submit events or information to include in future newsletters. Each edition includes information such as:

- JHM COVID-19 websites and resources (e.g., <https://www.hopkinsmedicine.org/coronavirus>)
- Open committees and current projects looking for PFAC participation
- Virtual events occurring in JHM entities and surrounding communities
- Webinars and articles from national organizations, such as The Beryl Institute, the Institute of Patient- and Family-Centered Care and Planetree International
- National holidays/weeks being observed (e.g., National Hospital Week)
- Helpful tips, such as what to do if you suspect you have COVID-19, how to use Zoom® to participate in virtual meetings and how to sew and donate masks
- Resources to help manage COVID-19 related stress and practice mindfulness

The newsletter is an informative resource and unites our network of PFACs and lets them know “we are all in this together.” PFAC members have provided positive feedback about the newsletter. Many members found it helped them stay in the loop on current affairs in JHM and in the community at large. One member stated, “Thanks so much for this helpful and uplifting resource – and for the extra effort to keep us informed and connected to all the amazing work happening across the hospital.”

In the short time between March and May 2020, PFAC members have supported time-sensitive COVID-19 related projects. Members volunteered to be “test family members” for medical students to practice scripted calls, preparing them for hard, real-life conversations with family members who have a loved one in the medical intensive care unit. A subcommittee of PFAC members reviewed COVID-19 web content for compassionate language and readability. Finally, as JHM moves in the direction of reinstating patient- and family-centered policies, such as family presence at the bedside and opening up elective visits and outpatient appointments, hospital leaders will rely on PFAC members and patient and community feedback to establish new norms in a collaborative, communicative fashion.

### **Conclusion**

Our patients and staff are responding positively to the initiatives implemented in response to the COVID-19 pandemic. Virtual connections, though a pale comparison to in-person meetings and patient visits, have safely brought people together to make needed changes and support one another. Many of the initiatives we hurriedly implemented have proven to be valuable. Moving forward, we will refine standard work and develop more objective means of measuring the effectiveness of initiatives that outlive the COVID-19 pandemic and enhance patient- and family-centered care.

Telemedicine is a virtual service that exploded and suddenly emerged as the rule as opposed to the exception it had been prior to the pandemic. Health care providers were used to practicing in an arena that allowed an evaluation of a patient's ailments using all five senses, touch not the least of those senses that contributes to trust and connection with their patients. Being forced to embrace telemedicine, literally overnight, provided the opportunity for our providers to use eye contact and nonverbal expressions to communicate directly with their patients—and the patients responded, very positively. One patient shared “I absolutely loved being able to do this type of visit and wish it was available all the time...I did not find the visit to be any less personal even though the visit was not in person. I hope Hopkins will consider this a viable option moving forward.” JHM is evaluating the integration of telemedicine into our traditional care model and will further develop this tool to meet the needs of our patients.

Our experience of this pandemic reinforced the importance of communication along the continuum of care delivery and revealed areas of opportunity to refine our communication process. In particular, we will re-evaluate how we communicate our visitor policies, create a safe space for loved ones while they wait for their patient and refine our process that supports visitor



exceptions. During the height of this crisis, one or two individuals at each entity hospital were responsible to review all proposed visitor exceptions and communicate their approval decision. In the future, we will design a review process that is less centralized so that no burden of approval will be placed solely on one or two individuals.

During this very trying time, our staff's morale was fueled by the global recognition of health care workers as heroes. As we move into the post-COVID-19 world, it is important to remember that health care heroes are heroes every day. We at JHM will do all we can to reinforce that message for our team and in our valued communities.

## References

1. Allen, L. (2020). Getting Back to Basics in Communication. *Quality Management in Health Care*, 29 (2). 126-127. <https://doi.org/10.1097/0000000000000249>.