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Nursing leadership during COVID-19: Enhancing patient, family and workforce experience

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Case Study

Nursing leadership during COVID-19: Enhancing patient, family and workforce experience

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Abstract
The global COVID-19 pandemic has challenged nurse leaders in ways that one could not imagine six months ago. Along with ongoing priorities of providing high quality, cost-effective and safe care, nurse leaders are also committed to creating environments that support excellence in patient and family experience. This article will provide exemplars of how nurse leaders used decisive decision-making, adapted to novel situations and issues, ensured reliable and safe delivery of care and engaged patients, families and their workforce to create excellent experiences of care during the pandemic. Throughout this crisis, nurse leaders have learned how to grapple with quick and often uncertain decision-making, adapted ways to engage patient and family amidst new care situations and operational policies, delivered care reliably with ever changing metrics and measures and created environments to support and bring smiles to nurses and other health care staff. New opportunities to care for and positively engage patients and families have emerged.

Keywords
Nurse, nurse leader, patient experience, COVID-19, crisis leadership, high reliability

Introduction

The World Health Organization designated 2020 as the International Year of the Nurse and the Midwife, highlighting how vital nurses and midwives are to the health and well-being of our global community. The pandemic and the ongoing global health crisis that it caused has reminded everyone of the daily sacrifice and dedication of the nurses and other healthcare workers who are caring for people, often at great risk to themselves. This pandemic repeatedly reminds us as nurse leaders of the way nurses keep the needs of patients and families at the forefront of care, even when faced with a significant crisis. The purpose of this article is to provide several exemplars of how nurse leaders from different sectors of health care, (i.e., public hospitals, regional hospitals, children's hospitals, academic health centers and home and hospice care) have created rapid, innovative and effective ways to enhance the care experience during the COVID-19 pandemic. Nurse leaders from epicenters of the COVID-19 crisis and The Beryl Institute Nurse Executive Council responded to an invitation to share their experiences of leading through this global pandemic. Through their collaborative narrative stories (names and circumstances have been altered to protect confidentiality), compiled through direct observation, interviews and discussions, the authors share successes and lessons learned on enhancing the patient experience during a global crisis.

The global COVID-19 pandemic has challenged healthcare leaders everywhere to rapidly address large numbers of quality, safety, patient-family and workforce challenges. While many rapid organizational responses were mounted by senior leaders and their respective teams by healthcare delivery systems across the globe, the presence, values, and voices of nurse leaders proved central to the rapid and effective translation of crisis leadership precepts. Nurse leaders guided emergency management, adapted infection prevention guidance, prioritized supply chain practices and directly engaged with patients and families while caring for the workforce through continuous on-site presence. Furthermore, nurse leaders translated their substantial experiential learning[1] to lead their respective organizations by applying essential crisis leadership practices[2] that enabled decision-making, adaptation to solve novel challenges, providing reliable, high-quality and safe delivery of care and engagement of

patients, families and their workforces during this global pandemic.

Making Decisions

As health care professionals, nurse leaders pride themselves on using evidence as a basis for decision-making. In times of crisis, when situations are changing rapidly, leaders across health care and other industries rarely have the luxury of time and/or complete or accurate information to make informed decisions. There may be too little, too much, or even conflicting information along with shifting priorities and high anxiety that contributes to inertia and indecisiveness. Former Secretary of State and military leader Colin Powell said when making tough decisions, one should have between 40% and 70% of the information needed; once you have that, you use your intuition, or go with your "gut", to make a timely decision.[3]

Nurse leaders at UCLA Health explain that the most important thing a nurse leader must do in any crisis, especially a pandemic, is to do what nurses always do – be the voice of the patient. Whether it is at incident command briefings or when rounding with interprofessional teams, all decisions, both big and small, need to represent and prioritize patient and family needs. This may sound basic; however, nothing could be more important, or in some cases, more challenging than keeping patients and their care at the center of efforts during a pandemic.

Over the past three months, nurse leaders at UCLA Health shifted the way of working in directions never dreamed possible. When faced with this degree of uncertainty, it might have been easy to dismiss patient-centered care as inconvenient, and yet, studying responses to the needs of patients paved the way to solutions that provided benefits and a level of engagement necessary to deliver high quality care safely. One of the most profound improvements in the ability to reach patients and their families came in the form of telehealth visits and the use of video visits to keep patients in touch with providers and services necessary for care and, more importantly, their families. The first use of telehealth visits was inspired after fielding hotline calls from people who believed they might have COVID-19. Just-in-time response from a nurse helped allay fears and quickly got people to testing sites rather than crowding hospital emergency departments in the community. Virtual visits were just the beginning for UCLA Health. Telehealth visits promoted timely medical intervention and some feeling of personal safety and well-being.

Nurse leaders at Yale New Haven Health/Bridgeport Hospital share another example of difficult decision-making during the COVID-19 pandemic. Working in a hospital in Connecticut where the virus's impact led them to be one of the epicenters of the pandemic in the United States, nurse leaders were in a constant state of crisis and change. Nurse leaders wore hospital scrubs, were side-by-side with staff with a "boots on the ground" attitude, leading the team and hospital community through the crisis. When considering questions and pressing issues, leaders focused on the ethical and moral responsibility to the patients and their families. With the restrictions imposed on providing emotional support and care through the healing touch of a hand or the comfort of a hug, nurses shifted their support to warm, reassuring voices and smiles reflected in their eyes above their masks. With the daily rise in number of cases for months, there were many rules imposed, and these rules changed frequently. Nurse leaders questioned themselves often, "When is it ever the right time for an exception to the rules, and is it worth the risk?" One nurse leader explained,

> *As part of a new normal, I began my COVID rounds checking on the patients', staff, and providers' well-being. I asked Susan, one of the OR nurses, "How are you?" Immediately, that simple greeting brought a flood of emotions for both of us. Susan, who had been re-deployed to provide nursing care on a medical-surgical unit while elective surgeries were cancelled, began to speak to me with tears in her eyes about a patient she cared for this week. She said, "It was so hard to watch this patient; he was dying and alone. I felt so helpless; there was nothing I could do but sit with him."*
>
> *Listening to Susan's story broke my heart. Our patients, like many others, were dying alone from COVID-19 because the rules stated no visitors during this pandemic crisis. Nursing is the heart of caring, and they strive to provide comfort to those in distress. This pandemic brought to light the need to balance creating a safe and patient-centered environment amid the need to limit visitation and contact.*
>
> *As I consoled Susan and tried to share words of encouragement, I was compelled to reveal the moral distress surrounding this same patient and my post-mortem experience with the family. I was called to the reception desk to speak with family members who had just arrived, some from 2000 miles away, requesting to see their deceased relative. I was conflicted knowing that we had implemented a strict no visitation policy, deceased or not. As nurse leaders, it is our responsibility to follow the rules, which were made to keep us and others safe. That said, when is it OK to make the decision for an exception?*
>
> *My initial impulse was to apologetically tell this family that we are under strict visitation restrictions and that they would have to wait until the funeral to view the body. The words behind my mask were policy, but my eyes told the truth. In my heart, I knew we had to make the exception*

to heal this family. During these unprecedented times, nurse leaders need to make rapid decisions and allow exceptions with careful thought. In the end, the family members were escorted to the morgue to view their loved one.

As I write this excerpt, I believe this experience has made me a better nurse leader. I realized that sometimes you can make exceptions, balancing the risks and benefits carefully, to assure our patients and families are provided with the compassion and support they need.

Adapting Boldly

Not only do nurse leaders have to decide what to do, they also must make decisions on what NOT to do during uncertainty.[1] The ability to be nimble and shift priorities followed by innovative actions have promoted positive patient experiences during a very challenging time in health care. Internal and external communication during any crisis is an essential part of leadership's role.[4]

Communication became critically important when one nurse leader accepted a new opportunity within a multi-hospital system in the Midwest – six weeks before the onset of COVID-19 infections. At Mount Carmel Health, in addition to orienting to the new position, the nurse leader volunteered to serve as the Incident Command Section Chief for Clinical and Operations for the region. Inserting the nurse's voice as a patient-centered collaborator and effective member of the senior leadership team was essential to providing a focus on staff, provider and patient communication and engagement. Leading in a faith-based health system, the nurse leader found inspiration in the Mission: *We serve together at Mount Carmel in Trinity Health in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities, and to steward the resources entrusted to us.*

Within the health system, Incident Command calls began with an inspirational reflection by leaders. This reflective communication fostered the opportunity to pause and take a moment to breathe, which re-centered nurse leaders and staff on priorities - the "WHY" behind what each employee does to provide the best care and experience for patients and families.

A daily Chief Nursing Officer regional conference call was held just prior to the Incident Command daily update. A variety of mechanisms were used to communicate with patient care staff during the ever-evolving challenges of patient care (i.e., patient cohorting, visitor restrictions, Personal Protective Equipment (PPE) conservation and ventilator and medical supply and equipment shortages, etc.). These daily calls supported ongoing prioritization of patient care, patient experience issues and staff concerns for Incident Command. From the prioritization list, Incident Command leaders would commission workgroups for deep-dive problem-solving and rapid resolution. Additionally, in collaboration with marketing and communications, a twice-a-week Question and Answer Update with the regional nurse leader for all patient care services staff was initiated. Staff would submit issues/concerns to a dedicated email portal. The Regional Nurse Leader investigated the issues or concerns and responded during the conference calls; a summary of these responses was posted on a Frequently Asked Question section of the health system intranet.

While hospitals and health systems develop plans for disaster management and other threats to community health, most nurse leaders found the current surge plans inadequate for COVID-19 requiring creation of new playbooks for action.[1] Within communities, hospitals and health systems collaborated to create alternative care sites in anticipation of substantial increases in COVID-19 infected patients. Gymnasiums, convention centers, vacant department stores, parking lots and underutilized perioperative and procedural areas were prepared for patient care sites. New and creative ways to quickly create patient-centered care environments with a focus on quality, safety and experience emerged across the nation serving as a model for future pandemics or disasters.

As the pandemic played out, it became clear that the number of people accessing the health systems needed to be minimized to protect patient and employee health. One nurse leader explained, "The visitor restrictions imposed to protect both patients and staff left huge gaps in regular communication with families at Anne Arundel Medical Center." At its peak, the inpatient census included over 100 hospitalized COVID-19 positive patients in the 380-bed hospital. Managing complex patients through critical illness without family presence was emotionally challenging, not only for patients and families, but also for staff.

Anne Arundel Medical Center prides itself on the engagement of patients and families in care models. Patients, families and staff shared stories about the pain of the separation that they were experiencing. Nurses were learning how to care for a rapidly increasing number of very ill complex patients and at the same time trying to provide emotional support to patients and families. The pace of the physical care needed for these patients left staff feeling like they were unable to satisfactorily communicate with stressed family members. Nurse leaders saw the need to adapt to this new situation and implemented innovative solutions to communicate with patients and families.

As with most other hospitals, the visitor restrictions were put in place and all but emergent surgery and procedures ceased. Many highly skilled staff from the perioperative

Image 1. Illustration of Anne Arundel Medical Center expanded Family Coordinator Role

"Dad? Can you hear me?"

Jim slowly opens his eyes at the sound of a familiar voice overriding the beeping of the medical monitor he has been hearing next to him for the past few weeks. He is a little weak and has a sore throat. It takes him a few seconds to clear his vision and see the electronic tablet held in front of him. Blinking quickly, his gaze brightens the moment he recognizes the three eager faces on the screen waiting for a response. Happy tears follow immediately. And they are not just his. Tears flow from him, his family, and the nurse working as the family coordinator holding the electronic tablet. Jim communicates with his family for the first time since being admitted to AAMC's Intensive Care Unit with severe COVID-19 symptoms.

"Having the ability to do these video calls gives patients and their families a sense of hope," Nurse Karen says. "I get choked up every time I do these. It's such a wonderful feeling of happiness to witness the moment families reconnect," Karen adds. "Some patients cry because they haven't seen their families for weeks, others pray together, and others laugh and joke."

areas were suddenly asked to train to support the inpatient front-line staff. The move from the perioperative roles to inpatient was not without stress. Rather than utilize all staff in clinical inpatient care roles, some assumed the vital role of facilitating communication between patients, families and staff. The Family Coordinator Role – nurses who were assigned as communicators between nurses, patients and families – made a significant difference to the patient and families experience. Also, it provided the clinical care nurse with the reassurance that the communication and family connection needs of their patients were being cared for while they focused on the clinical aspects of care.

Like Anne Arundel, nurse leaders at Yale New Haven Health/Bridgeport Hospital wanted to make a difference for hospitalized patients without visitors. During the COVID-19 pandemic, the need for social distancing and visitor restriction separated patients from their families. As a result of the pandemic, the telehealth team rapidly expanded telehealth capabilities across the health system to address the inpatient needs at each delivery network hospital as well as responding to needs for a broad implementation of ambulatory telehealth services. With a focus on enhancing the patient and family experience during the pandemic, 375 iPads were deployed system wide.

Carol, a nurse in the Medical Intensive Care Unit who recently lost her grandmother, wanted to find another way to contribute during this crisis by connecting patients and their families. She was acutely aware of the loss, pain and separation that her patients and families experienced, as she could not be with her grandmother during her final hours. Carol was working two days a week caring for COVID patients in the ICU and saw first-hand the isolation of these patients and the need for families to connect with their hospitalized loved ones. She began by calling the families of ICU patients asking if they wanted to have a virtual visit with their loved one and set-up a "Zoom Schedule." Three days a week she donned her PPE and went room-by room providing virtual visits for these patients and their families. Virtual visits could be as brief as five minutes or extended beyond 30 minutes. Patients were often on ventilators, unable to communicate verbally and sedated, but that did not matter. It was important for families to connect, for a son to see his father's face or for a daughter to tell her mother about her day. Carol also knew that these virtual visits were supporting her nursing colleagues who were stressed and exhausted at the height of the pandemic.

Fred Rogers once said, "If only you could sense how important you are to the lives of those you meet; how important you can be to people you may never even dream of. There is something of yourself that you leave at every meeting with another person."[5]

Carol received a thank you from a grateful family, "We have been deeply touched and humbled at the tender care

that you've showered on our uncle. You have truly displayed genuine patience and compassion toward him. During the Zoom call, we witnessed how you tried to let him know that he was not alone. Even though we could not be there, he knows that he was loved through your touch, and for this we are eternally grateful."

As of May 15, 2020, patients at Yale New Health/Bridgeport Hospital have completed over 1000 virtual care visits with over 3800 family members.

Early in the pandemic, UCLA Health put strict visitor restriction policies in place regardless of the patient's prognosis. These restrictions were gut wrenching, not only for patients and their families, but for the nursing staff as well. Yet, even in this restricted environment, innovative efforts to unite patients and their families prevailed because of virtual technology.

It was early in the evening and the patient was close to passing, alone. He would have, if not for his nurse who tried to arrange a virtual connection with the family. She feared she might not have time to be at the patient's bedside due to the demands of providing care to other patients but she was able to program the tablet with video capabilities and virtually connected her patient and family. Together, they prayed, sang songs, and told stories until, finally, the patient passed peacefully knowing that his family was all around him.

Another elderly patient lay quietly in her hospital bed when her nurse decided to try to t virtually connect the patient with her family. The nurse was surprised by the immediate sighs of relief and happiness. It was then this 100 year old patient told her she had not been able to see or speak with her children in over 30 days.

A young ICU patient was about to be extubated when a quick-thinking member of the team virtually connected his wife using the tablet. The first words this patient heard and first person that he saw was his wife smiling and reassuring him.

Deliver Reliably to Enhance Employee Well-Being and Safety

Despite any crisis, nurse leaders are accountable and may have to establish new metrics to measure progress and service. Top priorities should be articulated clearly and often using many different avenues including informal Zoom chats, evening physicians' meetings, town halls and more. Success in managing the crisis was measured in new and creative, quantitative ways. New daily metrics for the virus included counts of COVID-19 positive and Persons Under Investigation cases (admitted and/or sent home to self-quarantine), counts of medical-surgical and critical care beds, staffed beds, PPE, days of stash on hand and the daily PPE burn rate, number of staff exposed and in quarantine, counts of ventilators, etc.). Many hospitals and health systems communicated metrics across the broader community, as infection progression created surges in prisons and congregate living facilities. For example, Yale New Haven Health/Bridgeport Hospital created a dashboard to model the progression of the COVID-19 hospitalizations that helped plan for the peaking census point. The ability to generate community-level situational awareness permitted nurse leaders to communicate to front line staff what was happening in competitor health systems and helped mitigate rumors. Gaining broader knowledge of the crisis helped the front-line nurses gain perspective and learn information that ensured optimized patient care delivery experiences.

At Boston Children's Hospital, experience is built upon a high reliability organizational (HRO) framework and subsequently operationalized through a value system to establish employee safety and well-being as foundational to the ability to prioritize the needs of patients and families. The organization fully embraces a perspective that without a safe environment of care, meaningful employee and patient/family experiences do not exist. The organization translates this value set using the phrase, *Every Moment Matters*. Nurses and team members always see themselves as mutually accountable to attend to the physical safety and emotional well-being of one another through interactions. Attention to detail, a pre-occupation with failure, a reluctance to simplify operations, a commitment to resilience and a deference to expertise are considered essential elements of HRO settings. In 2014, Boston Children's not only embraced these HRO tenets, but established the physical *and* psychological safety of employees and providers as essential pre-requisites to effectively meet the myriad of clinical and psychosocial needs of patients, family and members of the extended regional, national and global community they serve.

From the earliest US-based COVID-19 case identification in January 2020, nursing and patient care operational leaders guided the activation of the hospital incident command (HICs) structure through an HRO lens. Essential communication mechanisms were immediately established to receive information, synthesize data and to set direction throughout the organization. Front-line nurses and hospital team members spanning every role recognized the need to provide for one another's immediate safety and sense of security in order to care for both COVID-19 positive patients as well as all children and families who sought care during this time. Nearly everyone arriving at the hospital presented with overwhelming fear and anxiety given the many unknowns related to the transmission, presentation and course of this novel virus.

The Senior Vice President, Patient Care Operations and Chief Nursing Officer at Boston Children's Hospital

noted, "The truth is that while every member of the hospital team has contributed to the organization's response and risk mitigation efforts to deliver essential care required during this pandemic, it is increasingly clear that front-line registered nurses (RNs) and advance practice registered nurses (APRNs) directly and positively impacted the rise in quality and patient and family experience measures noted nationally. Nurses' contributions span their consistently empathic presence, a wide-range of professional practice innovations, boundary-spanning care coordination skills, and their use of HRO practices to mitigate incalculable latent risks." She further stressed, "As senior nursing and healthcare leaders, we also have a concomitant responsibility to provide for the well-being of these talented and committed care givers throughout the initial stabilization and reentry phases through ongoing advocacy to promote healthy and safe work environments, now and into the future as we reshape how we will deliver healthcare together."

Also, to maintain their health and minimize the physical and emotional stressors of caring for others, nurse leaders need to focus on self-care for themselves and their teams. Sources of anxiety among health care providers during COVID-19 have been well documented: Access to appropriate PPE, being exposed to COVID-19 at work and taking the infection home to their family, not having paid access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work, the uncertainty that their organization will support/take care of their personal and family needs if they develop the virus, access to child-care during increased work hours and school closures, support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation), being able to provide competent medical care if deployed to a new area (e.g., non-ICU nurses having to function as ICU nurses), and lack of access to up-to-date information and communication.[6] Nurse leaders are challenged to provide support and resources – not only for nursing staff but for the entire health care team. In many cases, nurse leaders are the executive sponsors of such efforts within their respective hospitals and health systems. Considering this, nurse leaders would do well also to take care of themselves.

Nurse leaders at Seasons Hospice and Palliative Care, an organization that supports end-of-life with 31 programs across the country, provided multiple opportunities for employee self-care. Realizing that the COVID-19 pandemic set the stage for intense end of life dynamics compounded with complex, anticipatory grief for the families, it became clear that a focus on employee wellness was paramount to delivering reliable care. By taking care of the nurses, they are better able to meet the patients' physical and emotional needs and those of their families during a very emotional and vulnerable time. Throughout the pandemic, several resiliency and self-care tools for nurses were offered (e.g., virtual yoga, meditation, and counseling, etc.). An internal expert on resiliency provided acontinuing education event via Adobe Connect for over 1200 nurses. This presentation has been recorded for others in the organization or community to view. In addition, multiple Facebook Live events were held that supported nurses. The organization created a specific intranet page to house mindfulness resources, virtual fitness training, health advocate programs, and family resources for children. Music therapists offered "Virtual Music Therapy Moments," short five to ten minute "moments" that are skillfully and artfully (and sometimes humorously) designed by an incredible team of music therapists across the nation using the power of music therapy in all of its forms to help connect as a community, cope with social isolation and to keep us focused on "why" we do what we do for our patients and families every day. The staff was encouraged to use these moments to relax, unwind, laugh, cry, find strength and peace in themselves and others and to remind themselves that they are more than the circumstances and obstacles before them.

In addition, an organizational COVID-19 email hotline was staffed by leadership and was always available to all employees. Town-hall meetings and daily email communications included pertinent updates, encouraging messages and an anonymous survey question that kept open lines of communication. The employees were recently asked, "What is your best self-care tip while working on the pandemic front lines?" The answers, listed below, included a wide range of strategies that were actively embraced across the organization, colleague to colleague.

Self-care Tips "Colleague to Colleague:"

- Take the time to stay mentally and physically healthy.
- It is essential to have daily "me time."
- Leave work at work.
- Make sure to get 7-8 hours of sleep at night.
- Know when you need to say NO.
- Use the employer paid "self-care day"!
- Giving yourself the gift of grace and patience.
- Ben & Jerry's ice cream!
- Do crafts.
- Keep in contact with your friend, family and colleagues.
- Shut the radio off while driving.
- Walk every morning before work.
- Limit electronic time (phone, email)
- Take all the day's worries, put them in a box, and leave it in the garage. Give yourself a mental

break from all the craziness in the world. Part of getting ready in the morning – let the worries out of the box and handle them one at a time – reminding them – YOU are in control – THEY are not going to control you. YOU have the power to put them back in the box at any time.

- Get a good cup of coffee
- Go for a beautiful country drive.
- Find time to move your body! Do whatever serves you – yoga, running, dancing, whatever!
- Listen to XM radio to the comedy channel. Laughter will always lift those spirits.
- Journaling.
- Do not watch the news.
- Prayer.
- Breathe…. take time to breathe, get back to center before rushing to the next task at hand. Pause, take a breath, Selah….and then back to it!

Engage to Impact the Patient and Family Experience

The importance of working with your team is heightened ten-fold or more during a crisis. Taking care of your people becomes essential for navigation through challenging and chaotic times. Nurse leaders understand that the focus should include both employees and the customers (i.e., patients and families) and that it is necessary to maintain positivity. One exemplar that provided a positive experience for employees at Yale New Haven Health/Bridgeport Hospital was the celebration of a new beginning.

> *Amid the pandemic crisis, two visitors in PPE marched down the Yale New Haven Health/Bridgeport Hospital hallways to "Here Comes the Bride." Heads turned, and for a moment, a smile among patients and caregivers alike. The celebration of love and family reconnected our passion as to why we are providers of healthcare. A granddaughter of a patient and her fiancé, both first responders, a policewoman and firefighter respectively, had planned an August wedding, the venue, dress, menu, guests, all complete. Disappointed with postponing, the granddaughter and her fiancé dove deeply into the front lines of the crisis. Like other essential employees, they worked tirelessly in what turned out to be a COVID-19 epicenter. All focus shifted when her beloved grandfather found himself admitted to the hospital in a non-COVID emergency. Family comes first. The happy couple decided having a ceremony with her grandfather present would be a priority. They were not sure he would be able to weather the storm of his illness and did not want to wait.*

Nurse leaders understood the need to have a joyful experience and made a special exception for this couple to hold their wedding ceremony in their grandfather's hospital room. As first responders, they understood the necessary precautions of the illness and how to safeguard themselves and others. Nurses and staff were ready for some positive news as the growing number of cases and grim forecast of COVID persisted. Nurses decorated the patient room (Image 2), connected family thorough iPads, and gave the bride flowers. The bride wore a white dress as the wedding march filled the halls and gazed lovingly at her husband-to-be as the hospital chaplain officiated the wedding. Staff lined the hallways in PPE maintaining a safe distance to hear the ceremony. As they were announced husband and wife, family and staff cheered as Kool and the Gang's "Celebrate" song blasted from the overhead speakers. Food and Nutrition Services made sure the newlyweds and grandpa had a cake to enjoy and sparkling cider to sip for their toast! Everyone – patients, staff and virtual family – were blessed to be part of the celebration of love and family.

Image 2. Patient's room decorated for a wedding

Nurse leaders at Seasons Hospice and Palliative Care implemented new approaches to patient and family experiences that created positive experiences for nursing and other staff members. Nurses created special moments to celebrate important life events including birthday celebration parades and socially distanced courtyard concerts. Creative methods to safely create legacy projects, like picture books or thumbprint necklaces, were employed. On Memorial Day, the hospice team hosted

virtual ceremonies to honor the veterans and their families. With the increasing complexity of end-of-life care during the pandemic and associated guilt, these projects became even more critical to patient and family's experiences of care. Furthermore, finding creative ways to create lasting memories and legacy projects helped bring joy to nurses during this challenging time.

Reflection

The COVID-19 pandemic brought new challenges to health systems including an uneven distribution of cases with some at the virus's epicenters seeking additional beds and equipment, while others prepared for a surge in volume but experienced low patient census. Early in the pandemic, little was understood about COVID-19 transmission. The shortage of PPE caused the nursing and other healthcare workforce to have significant concerns over their personal safety and the safety of the family members to whom they were returning home after work. And, for the first time, to minimize potential exposure of patients and staff to COVID-19, hospitals across the country changed policies that severely restricted or eliminated visitation. Despite the challenges of a global pandemic, nurse leaders and the healthcare team, courageously found innovative and creative ways to enhance patient and family experiences of care.

Through this pandemic crisis, nurse leaders learned how to grapple with quick and often uncertain decision-making, adapted ways to engage patient and family despite managing new care situations and operational policies, delivered care reliably as measured by new performance metrics and measures and created environments to support and bring smiles to nurses and other health care staff. New opportunities to care for and positively engage patients and families have quickly emerged. Most nurse leaders believe that health care will never be the same; perhaps it should not be. As demonstrated by so many new approaches to care emerging throughout this pandemic, nurse leaders will continue to lead forward and innovate to improve experiences of care in ways yet to be envisioned.

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