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### Improving Effective Communication During a Pandemic

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**Improving Effective Communication During a Pandemic**

by

Stephanie Brooke Greene

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
In partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

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### **Abstract**

The COVID-19 pandemic has negatively impacted communication in healthcare. The purpose of this project was to develop a clear and uniform communication tool for healthcare members to utilize during conversations with patients, families, and caregivers. This communication tool was developed for healthcare workers, as a guide during conversations, to ensure all questions and needs are met. The communication tool is expected to show improvement in healthcare communication during a pandemic. Improvement in healthcare communication will be reflected in improved patient experience scores.

*Keywords:* healthcare communication, communication during a pandemic, covid-19, covid-19 communication tool

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## **CHAPTER I**

### **Introduction**

In the early months of the year 2020, the world was devastated by a global pandemic. This pandemic would now be known as COVID-19. This strain of the coronavirus has devastated healthcare and the population. To date, over 29 million people have been diagnosed with COVID-19 (Centers for Disease Control and Prevention [CDC], 2020). One measure that was recommended to aid in the fight against the spread of COVID, was visitor restrictions in hospitals and other healthcare facilities. By restricting visitors in hospitals, patients are left to grieve and battle diseases on their own. The elder population from ages 65 and up are at higher risk for death related to COVID (CDC, 2020). Residents in long-term care facilities are especially at high risk for COVID-19 infections and the virus may spread quickly (Hado & Feinberg, 2020). This is the part of the population that can be negatively impacted from decreased emotional support and social interactions, leading to their decline (Gaur et al., 2020). While patients have been hospitalized and visitor restrictions placed, there has been no systemic approach to effective communication between families and/or caregivers and the healthcare workers.

### **Problem Statement**

Throughout the span of the COVID-19 pandemic, the need for communication between healthcare workers, patient's families, and/or caregivers has increased. Families and caregivers have been restricted to visit and these families/caregivers have relied on some type of communication from nurses or doctors. Many patients' families have felt isolated from their loved one's care. The need for effective communication between



healthcare workers and patients' families and caregivers is higher than ever (Bowman et al., 2020). Healthcare workers would benefit from a communication tool or guide that could assist in guiding conversations with families/caregivers to ensure all anticipated questions have been answered and are understood.

### **Significance**

Effective communication can be defined as communication where the sender and receiver both gain a clear and mutual understanding of exchanged information.

According to a study conducted by Weiner (2020), patient satisfaction with healthcare communication decreased by 7% after the start of COVID. This could have resulted from the increased demands on healthcare workers and the lack of time. However, effective communication with family members who are restricted from visiting, should not take a backseat (Leiter & Gelfand, 2021; Sprick, 2017). Effective communication between healthcare workers and patient families and/or coworkers has decreased since the start of the pandemic.

### **Purpose**

The purpose of this project was to develop a clear and uniform communication tool for healthcare members to utilize during conversations with patient families and caregivers.

### **Theoretical/Conceptual Framework**

For this project, the interactive model of communication will be utilized. This communication theory emphasizes certain strategies in communication to aid in both sender and receiver understanding. This model includes two-way feedback, as communication from both parties is exchanged. The purpose of this model was to provide

a clearer understanding of communication. This model helps participants to understand information can be processed differently by individuals who have different life experiences, education, etc. (Nurse Key, 2017).

The interactive model has several required components for success. These components include:

- Two sources,
- The message,
- Feedback, and
- Field of experience.

The two sources are defined as the sender and receiver. Both sender and receiver are eligible to send and receive. The message is considered the information being exchanged. The feedback is the message that is returned after the original message. The field of experience is all knowledge behaviors, beliefs, situations, psychological factors, etc. that could alter the way the information is interpreted (Interactive Model of Communication: Definition & Application, 2018).

### **Definition of Terms**

For the purpose of this project, the following terms will be applied:

- COVID or COVID-19 – the strand of coronavirus that has led to the pandemic first identified in China in December 2019 (CDC, 2020).
- Communication – conversations between healthcare workers and patients’ families and/or coworkers. Conversations typically involve the plan of care of patients admitted to the hospital with current visitor restrictions (Ratna, 2019).

## **CHAPTER II**

### **Literature Review**

A literature review was conducted using a variety of databases. These databases include Google Scholar, Medline, and PubMed. Key terms for the search of the literature were communication in healthcare, communication during a pandemic, effects of visitor restrictions, and importance of communication in healthcare.

#### **Healthcare Communication During a Pandemic**

A positional paper was developed to study the observational results of communication in healthcare and how it has been influenced by the COVID-19 pandemic (White et al., 2021). The purpose of this study was to share the observations based on evidence and experiential knowledge that emerged during the pandemic, with a focus on policy and practice (White et al., 2021). The method for this study was observation. The position paper contains observational findings relating to policy and practice in communication in healthcare relating to COVID-19 (White et al., 2021). After reviewing this observation White et al. (2021) proposed recommendations for policymakers, healthcare providers, and communication experts, as well as highlighting areas for further investigation in healthcare communication in times of healthcare crisis (White et al., 2021). Some of these recommendations were for communication experts and researchers to collaborate with both patients and healthcare providers for the development, implementation, and evaluation of interventions to ensure the product is a co-creation with a wide range of stakeholders. White et al. (2021) also proposed connecting with policymakers and government beyond requesting and reporting of funding. White et al.

(2021) recommends updating teaching materials regularly to ensure they are in line with the most current evidence and to promote open access and data sharing.

Communication in the healthcare setting may continue to be a challenge in the event of future pandemics. This study is beneficial in reconstructing the communication in healthcare during a pandemic. It offers recommendations for areas of improvement as well as a call to review policies and practices to improve communication in healthcare (White et al., 2021).

Wittenberg et al. (2021) performed a systematic review of communication-related to COVID-19 between the provider and the patient/family and how it is impacted by isolation requirements, time limitations, and lack of family/partner access. The goal of this review was to determine the content of the provider communication resources and to investigate information from peer-reviewed articles on COVID-19 communication to therefore identify opportunities for developing future COVID-19 communication curricula and support tools (Wittenberg et al., 2021). A systemic review was performed using the UpToDate clinical decision support resources database, CINAHL, PubMed, PsycInfo, and Web of Science. The literature review was conducted in September 2020 using articles published between January and September 2020 (Wittenberg et al., 2021).

Out of 89 sources included in the review, 36 were provider communication resources and 53 were peer-reviewed articles (Wittenberg et al., 2021). The resources were available for providers and consisted of general approaches to COVID-19 communication. Only four of those resources met best practices for patient-centered communication and all but three of the articles described physician communication where a general emphasis on patient communication was the most prevalent topic. Barriers to

communication were identified as reduced communication channels, absence of family, time, burnout, telemedicine, and reduced patient-centered care (Wittenberg et al., 2021).

In conclusion of this review, it can be determined the resources lacked content addressing non-physician provider communication with family and strategies for telehealth communication to family engagement. This gap in resources reveals the need to develop more material and information regarding provider moral distress, prevention communication, empathy and compassion, and grief and bereavement. Resources developed in the future should also address other members of the interdisciplinary team, communication with family, and engagement strategies for culturally sensitive telehealth interactions, and support for provider moral distress (Wittenberg et al., 2021).

An investigation was conducted of information regarding the experiences and recommendations of family advisors in teaching hospitals across North America (Rosenbluth et al., 2020). Rosenbluth et al. (2020) shared insight on the effects of COVID-19 on communication between families and patients and how to better the communication during this time. The experiences and opinions were gathered from family advisors from 21 teaching hospitals across North America. Nursing colleagues and physicians were asked to make suggestions or reinforce adaptations to directly align with core values of family engagement and patient and family-centered care (Rosenbluth et al., 2020). The suggestions and reinforced adaptations included prioritizing communication, maintaining active engagement with patients and families, and enhancing communication with the use of technology, would contribute to new ways to help maintain high standards of care (Rosenbluth et al., 2020).

Belasen et al. (2020) conducted a study that was used to highlight clinical and operational issues in hospitals related to COVID-19 by testing the correlation between composite measures and overall hospital ratings. The purpose of the study was to identify factors that affect patient responses in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and the relationship these factors have in determining overall hospital ratings (Belasen et al., 2020). In this study, a review of the HCAHPS patient satisfaction surveys from 3,382 United States hospitals was reviewed and the data was analyzed. The researchers used Pearson correlation coefficients for the six composite measures and overall hospital rating (Belasen et al., 2020). The partial correlations for overall hospital rating and three composite measures were positive and moderately strong for care transition and nurse communication and weak for doctor communication (Belasen et al., 2020). In conclusion, the researchers recommended hospital administrators stress open and clear communication between providers and patients to avoid problems ranging from misdiagnosis to incorrect treatment (Belasen et al., 2020).

### **Importance of Family-Centered Care During a Pandemic**

The purpose of a discussion by Hart et al. (2020) was to explore the importance of family support and family-centered care. Hart et al. (2020) also presented a framework for family-centered care related to COVID-19 and provided a toolbox of strategies. Hart et al. (2020) proposed new ideas to correct problems in communication in healthcare and centers communication around patients and families. Hart et al. (2020) stressed the importance of family support and stated that it is more, not less, important during a crisis.

Hart et al. (2020) discussed strategies in which patient and family-centered communication can be improved during this time of visitor restrictions and social distancing. These strategies included the establishment of communication plans by clinical teams, especially at admission, transfer, and discharge; linking community resources to the website; establishing a mechanism for delivery of essential items; providing the family with asynchronous activities to maximize coping; and communication efficiency (Hart et al., 2020).

Hart et al. (2020) offered the idea that structured, predictable communication with families should occur daily unless otherwise requested. The communication is not only between the provider and patient and family but patient to the family as well. Not only could these adaptations be beneficial during the COVID-19 pandemic, but could also lead to long-lasting progress.

### **Communication in Healthcare**

A systematic review describes the importance of communication in healthcare (Institute for Healthcare Communication, 2011). Results from the review stress research evidence indicating a strong positive relationship between communication skills of healthcare team members and a patient's capacity to adhere to compliance, self-manage chronic medical conditions, and adopt preventative behaviors. Not only does the information imply a strong positive correlation between health outcomes and a healthcare clinician's communication skills, but it also indicates patient satisfaction and satisfaction of experience of care (Institute for Healthcare Communication, 2011). The systemic review of research on healthcare communication was conducted to determine the impact of communication in healthcare. The review of the research determined that efficient

healthcare communication was associated with better healthcare outcomes. Improved healthcare communication can improve diagnostic accuracy, adherence, patient satisfaction, patient safety, team satisfaction, and decrease the risk of malpractice (Institute for Healthcare Communication, 2011).

In conclusion, the research evidence determined a strong positive correlation between outcomes and healthcare communication. It also suggests that like training for professional skills, training for communication skills can also be learned and improved. Training for communication skills will require commitment and practice (Institute for Healthcare Communication, 2011).

### **Communication Interventions**

Gaur et al. (2020) discussed communication tools and a structured approach to advanced care planning conversations with patients and families of long-term care residents regarding COVID-19. This tool is specific for patients with the COVID-19 infection. The tool, COVID-19 Communication, and Care Planning Tool is used to aid in the conversation regarding prognosis and expected outcomes (Gaur et al., 2020). The COVID-19 Communication and Care Planning Tool were designed to assist in conversations addressing expected disease course and outcomes for nursing home patients. The draft of the tool was given to 10 medical directors and those directors provided feedback and modifications were made. After those modifications, the tool was emailed to providers and nurses. During a span of 15 days, 18 residents at two nursing homes tested positive for COVID-19. Nine of the residents were symptomatic. The staff members utilized the tool as part of the process of notifying the residents and family members of results and navigating through accompanied conversations regarding



advanced care planning. After the use of the tool, staff provided feedback by telephone or email (Gaur et al., 2020).

The 10 medical directors also provided feedback. They indicated that the communication tool utilized conversation elements essential for effective advanced care planning. The directors also felt that by incorporating the expected course of COVID-19 infections, it provided important context for families. Of the 18 residents who were tested positive, only one of those died before a clinician could schedule a call with the family (Gaur et al., 2020). This tool was received well among the team members. The structured tool addresses key elements of the shared decision-making process (Gaur et al., 2020).

### **Issues Related to Changes During COVID-19**

A study was conducted in Michigan Intensive Care Units (ICUs) during the COVID-19 pandemic (Valley et al., 2020). The purpose of this research was to study the changes made to visitor policies in ICUs and how those changes impacted communication and the strategies that were implemented as a response to COVID-19 (Valley et al., 2020). This study was conducted by using a survey from 49 of the 89 Michigan hospitals with ICUs. The participants were asked a series of questions related to visitor restrictions and communication with families. Participants were also asked what strategies the ICUs were using to communicate with family members (Valley et al., 2020).

All 49 hospitals that participated in the survey reported changes to the visitation policies due to COVID-19. All but one of those hospitals implemented a “no visitor” policy. One hospital implemented a one visitor per ICU patient restriction. Nineteen of the visitor-restricted hospitals restricted all visitors with no exceptions and 29 hospitals

restricted visitors but allowed for certain exceptions. The hospitals leaned heavily on virtual forms of communication with family, with telephone usage for the clinician-to-family communication and video for the patient-to-family communication (Valley et al., 2020).

As a result of the visitor restrictions, the study reported high rates of delirium and sedation requirements in COVID-19 patients (Valley et al., 2020). The study also mentioned the risk of depression and anxiety rise in family members. The ability for family members to visualize the patient at the bedside in critical care situations is important for understanding the experience, promoting effective surrogate decision-making, and preparing for post-discharge recovery (Valley et al., 2020). The virtual communication for COVID-19 patients can also be affected by the location of the hospital and the resources in the community. The underserved communities may lack resources for effective communication due to less access to technology and digital communication as well as the ability to adapt to the difference in communication styles (Valley et al., 2020).

### **Literature Related to Theoretical Underpinning**

A literature investigation was performed on a review of the linear communication model. This model describes how communication is communicated, received, channeled, and barriers to communication. The model has been advanced and broken down into different models of communication (Nurse Key, 2017). The first model is the interactive model of communication. This model incorporated the communicators' fields of experience and includes more barriers to communication including semantic, psychological, and interpersonal. The most important advancement to this linear model is

two-way feedback. This is a more accurate way to represent what happens when we communicate (Nurse Key, 2017). The second model is the transactional model of communication. Additional key elements this model has added include the simultaneous and continuous nature of communication. The interpersonal barrier was also added, which in human communication is fundamental (Nurse Key, 2017).

The fields of experience that were included in the advancement of the linear model, are what individuals bring to the communication experience. Some variables that can affect the field of experience can be individual, cultural, psychosocial, and environmental. Some of these factors could include, values, sex, occupation, education, financial status, mood, memory, family background, and personal relationships (Nurse Key, 2017). The linear communication model also mentions time, place, and relationships as possible factors that can affect communication. Time could be described as the time in a person's life or the specific time the conversation is held. The place is the location of the communication experience. Relationships are viewed as how a person relates to the individuals (Nurse Key, 2017).

Gaudet and Howett (2018) discussed Ida Orlando's theory of the dynamic nurse-patient relationship and how it was incorporated into an environment with the use of a wide variety of technology. The importance of Orlando's theory is discussed and the improvement it has made in nursing care (Gaudet & Howett, 2018). Communication is described as verbal and nonverbal. With the use of technology, sometimes patients are overlooked, and the clinician views the patient as an electronic device. The importance of applying this theory to the use of communication is to remember that the nurse-patient relationship comes first, and the technology is an aide. Technology should be used

cautiously while remembering the importance of communication (Gaudet & Howett, 2018). This theory of the dynamic nurse-patient relationship keeps nursing care focused on the patient and provides a framework for the nurse to improve patient outcomes (Gaudet & Howett, 2018). The nurse uses both indirect and direct knowledge about the patient including nonverbal and verbal behaviors (Gaudet & Howett, 2018).

## **CHAPTER III**

### **Needs Assessment**

#### **Population and Setting**

The population that this communication issue has been affected by most are healthcare workers, patients, and families when the patient has been diagnosed with COVID-19. The population for this project will be located in a hospital in the southeastern part of the United States. The organization associated with this population values commitment, caring, integrity, and teamwork. This organization stands for health, hope, and healing for all.

#### **Desired Outcomes**

With the use of this project, the communication process between healthcare workers and patients and/or families can improve, particularly during a pandemic. However, by improving the lack of communication during a pandemic, overall communication has the potential to improve. At the conclusion of this project, nursing should be able to demonstrate effective communication between staff and patients and/or families. The outcome of this project will be measured by patient /family satisfaction scores or HCAHPS scores.

#### **Sponsors and Stakeholders**

The nurse manager on the unit and the hospital nurse educator will be asked to assist in unit participation, disbursement of educational materials, and evaluation of current communication guidelines. Hospital staff including nursing, ancillary departments, and providers on the COVID-19 unit will be the participants most affected

by updated procedures. Patients and their families will be positively affected with an improvement of communication during pandemic situations.

### SWOT Analysis

A SWOT analysis was conducted to determine strengths, weaknesses, opportunities, and threats to the project and is reflected in Figure 1.

**Figure 1**

*Project SWOT Analysis*

<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> <li>• Provider/Nurse rounding</li> <li>• Answer to family questions</li> <li>• Time Saver</li> </ul>	<p style="text-align: center;"><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• Lack of information</li> <li>• Short timeline</li> </ul>
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> <li>• Improvement in all areas of communication</li> <li>• Effective communication</li> <li>• Improvement inpatient and family experience</li> </ul>	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none"> <li>• Staff compliance</li> <li>• Travel Nurses</li> <li>• Amount of time needed to initiate project</li> </ul>

A strength of this project will be effective communication. The project will present a developed communication tool to serve as a guideline for communication between patients/families and healthcare workers. This tool will aid in ensuring all questions have been covered. Another possible strength while using this tool will be to

use it during provider rounding each day. Providers visit patients both virtually and face-to-face and are required to round on patients with the nurse at the bedside. Each patient's family member should be updated on a regular basis. If the nurse and provider are rounding together and call to update the family together this could save time for the nurse and the provider.

There are some weaknesses to this project as well. The COVID-19 pandemic surfaced and spread very quickly. There was very little time to review current policies on communication and review updated information related to communication. There has also been minimal time to develop thorough research and investigate research publications. The lack of research regarding communication during a pandemic could affect the development of the project. Another weakness would be the development of a timeline for the project. Ineffective communication during a pandemic is an issue that requires immediate action. The timeline for requiring a change in communication policy and education for staff will be short.

By developing this project, many opportunities can be achieved. Not only can communication improve between staff and patients/families for COVID patients, but this is also a tool that could be modified to assist in the conversation between all patients in the future. The communication tool will also help to facilitate effective communication, along with improving communication between personnel. Lastly, improving communication between staff and patients and families will also improve patient/family experience.

As with any project, barriers are a threat. One threat to this project will be compliance or adherence to using the communication tool. Nurses and providers will

need to be educated on the process of using the communication tool as well as held accountable. For the unit the project will be based on, travel nursing is a huge factor. With travel nurses coming and going, this could create another threat. The last threat will be the amount of time to initiate the project. With the pandemic arising unexpectedly, the need for a quick turnaround to changes in policies and procedures is necessary.

### **Resources**

For the development of this project, certain resources will need to be available. These resources will include access to the education department to create educational material and assist with the development of staff education, access to unit nurse managers, lists of unit employees to aid in education verification, and project budget approval from the facility. The education for staff will be presented via PowerPoint presentation.

### **Team Members**

The project leader will collaborate with other members who will facilitate the design of the project. These team members will include the project chair, facility nurse educators, the unit clinical nurse educators, unit nurse managers, as well as the hospitalist nurse. The hospitalist nurse will be asked to stand in as an advocate for physicians and will be responsible for their education. The unit nurse managers will assist in providing educators and project leaders a list of current employees. The clinical nurse educators and the facility nurse educators will work with the project leader in the development of the communication tool and education for staff members. Facility nurse educators and clinical nurse educators will also assist the project leader in the initiation of the project on the unit.



### **Cost-Benefit Analysis**

The cost of the project will be minimal compared to the benefits. Not only will improving education improve patient and family satisfaction; but it will potentially decrease patient length of stay. By improving communication for patients diagnosed with COVID-19, will also benefit the hospital by improving patient outcomes.

## **CHAPTER IV**

### **Project Design**

#### **Project Goal and Objective**

The goal of this project was to improve communication in healthcare between healthcare workers and patients/families during a pandemic. The project objective is: Healthcare workers will utilize the communication tool to improve communication in healthcare during a pandemic. The goal and objective will be measured by assessing patient and family satisfaction scores at discharge.

#### **Plan and Material Development**

After determining the areas of communication that needed improvement, a communication tool was developed to assist hospital staff in guiding conversations with patients and families regarding COVID-19. An example of this tool can be viewed in Figure 2.

**Figure 2***COVID-19 Communication Tool*

<b>Communication Tool for COVID-19</b>
<p><b>What is COVID-19? Briefly describe:</b></p> <ul style="list-style-type: none"> <li>• What is the cause?</li> <li>• Who is at risk?</li> <li>• Range of symptoms</li> </ul>
<p><b>How COVID-19 is currently affecting the hospital</b></p> <ul style="list-style-type: none"> <li>• Visitor Restrictions</li> <li>• Mask requirements</li> <li>• Virtual MD rounding</li> <li>• PPE requirements</li> </ul>
<p><b>Expected Treatment Plan</b></p> <ul style="list-style-type: none"> <li>• IV Remdesivir (5 days)</li> <li>• Steroids (IV vs PO)</li> <li>• Supplemental Oxygen</li> <li>• Additional treatment</li> </ul>
<p><b>Expected Long term Needs</b></p> <ul style="list-style-type: none"> <li>• Projected length of hospital stay</li> <li>• Expected need for long term oxygen use</li> <li>• Physical deconditioning and the need for therapy services</li> </ul>
<p><b>Oxygen Requirements</b></p> <ul style="list-style-type: none"> <li>• Room air</li> <li>• Nasal Cannula</li> <li>• High Flow Nasal Cannula</li> <li>• Optiflow</li> <li>• BiPAP</li> <li>• Ventilator</li> </ul>
<p><b>Daily Updates</b></p> <ul style="list-style-type: none"> <li>• Patient's symptoms</li> <li>• Oxygen requirements</li> <li>• Discharge disposition in accordance with discharge planner and therapy recommendations</li> <li>• Course of treatment plan</li> <li>• Labs/tests/consultations</li> </ul>
<p><b>Questions</b></p> <ul style="list-style-type: none"> <li>• Does the patient/family understand diagnosis/prognosis?</li> <li>• Does the patient/family have any additional questions that have not been answered?</li> </ul>

Healthcare staff will be expected to utilize this tool when communicating with patients and families. The staff will be educated on this tool through the use of an educational PowerPoint. The project leader created the PowerPoint and tool, and will present it to the unit manager, clinical nurse educator, and facility nurse educator.

### Timeline

The timeline for this project is outlined in Figure 3.

**Figure 3**

#### *Project Timeline*

<b>Week 1</b>	<b>Week 2</b>	<b>Week 3-4</b>	<b>Week 5-10</b>	<b>Week 11-12</b>
Development of educational material and communication tool by project leader.	Collaboration with project leader, facility nurse educator, unit nurse manager, and unit clinical nurse educator to review material and tool.	Facility nurse educator and clinical nurse educator will assist project leader in implementation of education of hospital staff.	The communication tool will be utilized by hospital staff during conversations with patients and families.	The unit manager, clinical nurse educator, and project leader will review patient satisfaction surveys to determine effectiveness of tool.

The overall timeline for this project will span over 12 weeks. Week 1 will be designated for the project leader to develop the communication tool and education for hospital staff. Week 2 will be spent collaborating with facility leaders and the education department to make any indicated adjustments to the education. Weeks 3 and 4 will be used to educate all participating hospital staff including providers. At the end of week 4 when education is complete, the staff will be expected to adhere to the communication tool when having conversations with families or patients. Weeks 5-10 will be spent utilizing the communication tool during conversations between healthcare staff and

patients and families. Week 11 and 12 will be spent reviewing patient satisfaction scores to determine if there is an improvement in patient and family perception of communication in healthcare. The timeline for reviewing the effectiveness is very short due to the need to adapt to new protocols and policies related to the pandemic.

### Budget

The projected budget for this project is summarized in Figure 4.

**Figure 4**

#### *Project Budget*

<b>Income Category</b>	
Facility Nurse Educator @ \$35/hr for 30hr	\$1,050.00
Clinical Nurse Educator @ \$35/hr for 30hr	\$1,050.00
Unit Manager @ \$40/hr for 30hr	\$1,200.00
<b>Subtotal</b>	<b>\$3,300.00</b>
<b>Expense Category</b>	
<b>Project Materials</b>	
PowerPoint Slide Handouts	\$500.00
Communication Tool Print Out with Lamination	\$250.00
<b>Subtotal</b>	<b>\$750.00</b>
<b>Meeting Space and Logistics</b>	
Meeting Room Charge	\$150
Educational Classroom	\$200.00
<b>Subtotal</b>	<b>\$350.00</b>
<b>Total Expenses</b>	<b>\$4,400.00</b>

The budget for this project includes the salary for the facility nurse educator, the clinical nurse educator, and the unit nurse manager participating in this project. The budget also includes the materials used for education. The meeting room and classroom used for education are also items on the budget list. However, the budget for this project

will be absorbed into the hospital's annual fiscal budget. The items on the budget list are items already included in the hospital budget.

### **Evaluation**

To determine the effectiveness of this project, a plan for evaluation has been developed. The project leader, clinical unit educators, and facility nurse educators will review patient satisfaction scores based on surveys patients and families complete after discharge. These surveys will then be compared to surveys before the implementation of the communication tool. This will determine if the use of the tool has been successful. The surveys will be analyzed every 4-6 weeks for the first 6 months to evaluate the success of the project. Information obtained from the surveys will be considered for future adjustments of the communication tool. After the first 6 months, the surveys can be audited quarterly. This will contribute to the ongoing success of the communication tool. The communication tool will be utilized as long as it is beneficial and for the entirety of the pandemic.

## **CHAPTER V**

### **Dissemination**

For the dissemination of this project, a voice-over PowerPoint presentation was presented to the facility nurse educator. The facility nurse educator was provided the PowerPoint presentation as well as the COVID-19 communication tool. This type of presentation was most appropriate due to COVID-19 restrictions. The facility nurse educator shared the presentation with all members of the education department. The department was pleased with the content and layout. The educators did not have any additional recommendations for change.

### **Implications and Recommendations for Nursing**

This project is expected to improve communication in healthcare between staff and patients and families. This communication tool will act as a guide during conversations. The communication tool would be recommended for use throughout the length of the COVID-19 pandemic. This tool could also be reformed as a general communication tool for use after the pandemic. It would also be recommended to revisit the tool and make proper corrections for any future pandemics that may arise.

### **Conclusion**

The COVID-19 pandemic has forced mandatory visitor restrictions and isolation protocols that have negatively impacted communication between healthcare staff and patients and families. A COVID-19 Communication Tool has been created to improve communication throughout the pandemic. The tool will be used by healthcare staff during conversations with families and patients to ensure all information is delivered and questions are answered. The success of this communication tool will be based on the

patient satisfaction scores. The use of this tool is expected to improve healthcare communication during the COVID-19 pandemic as well as future pandemics.



## References

- Belasen, A. T., Hertelendy, A. J., Belasen, A. R., & Oppenlander, J. (2020). Provider-patient communication and hospital ratings: Perceived gaps and forward thinking about the effects of COVID-19. *International Journal for Quality in Health Care*. <https://doi.org/10.1093/intqhc/mzaa140>
- Bowman, B. A., Back, A. L., Esch, A. E., & Marshall, N. (2020). Crisis symptom management and patient communication protocols are important tools for all clinicians responding to COVID-19. *Journal of Pain and Symptom Management*, 60(2), e98–e100. <https://doi.org/10.1016/j.jpainsymman.2020.03.028>
- Centers for Disease Control and Prevention [CDC]. (2020). *Coronavirus disease 2019 (COVID-19)*. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- Gaudet, C., & Howett, M. (2018). Communication and technology: Ida Orlando's theory applied. *Nursing Science Quarterly*, 31(4), 369-373. <https://doi.org/10.1177/0894318418792891>
- Gaur, S., Pandya, N., Dumyati, G., Nace, D. A., Pandya, K., & Jump, R. L. P. (2020). A structured tool for communication and care planning in the era of the COVID-19 pandemic. *Journal of the American Medical Directors Association*, 21(7), 943–947. <https://doi.org/10.1016/j.jamda.2020.05.062>

- Hado, E., & Friss Feinberg, L. (2020). Amid the COVID-19 pandemic, meaningful communication between family caregivers and residents of long-term care facilities is imperative. *Journal of Aging & Social Policy*, 32(4-5), 410–415. <https://doi.org/10.1080/08959420.2020.1765684>
- Hart, J. L., Turnbull, A. E., Oppenheim, I. M., & Courtright, K. R. (2020). Family-centered care during the COVID-19 era. *Journal of Pain and Symptom Management*, 60(2). <https://doi.org/10.1016/j.jpainsymman.2020.04.017>
- Institute for Healthcare Communication. (2011, July). *Impact of Communication in Healthcare*. <https://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/#:~:text=%20Impact%20of%20Communication%20in%20Healthcare%20%201>
- Interactive Model of Communication: Definition & Application. (2018). *Study.com* <https://study.com/academy/lesson/interactive-model-of-communication-definition-application.html>
- Leiter, R. E., & Gelfand, S. (2021). Even during a pandemic, hospitals must make family visits and communication the standard of care. *First Opinion*. <https://www.statnews.com/2021/01/09/even-during-a-pandemic-hospitals-must-make-family-visits-and-communication-the-standard-of-care/>
- Nurse Key. (2017). *Communication Theory and its Applications in Nursing and Healthcare*. <https://nursekey.com/communication-theory-and-its-applications-in-nursing-and-healthcare/>
- Ratna, H. (2019). The importance of effective communication in healthcare practice. *Harvard Public Health Review*, 2019(23).

- Rosenbluth, G., Good, B. P., Litterer, K. P., Markle, P., Baird, J. D., Khan, A., Landrigan, C. P., Spector, N. D., & Patel, S. J. (2020). Communicating effectively with hospitalized patients and families during the COVID-19 pandemic. *Journal of Hospital Medicine*, 15(7), 440–442. <https://doi.org/10.12788/jhm.3466>
- Sprick, E. (2017). The importance of clear, effective communication in healthcare. <https://blog.hhs1.com/the-importance-of-communication-in-healthcare>
- Valley, T. S., Schutz, A., Nagle, M. T., Miles, L. J., Lipman, K., Ketcham, S. W., Kent, M., Hibbard, C. E., Harlan, E. A., & Hauschildt, K. (2020). Changes to visitation policies and communication practices in Michigan intensive care units during the COVID-19 pandemic. *American Journal of Respiratory and Critical Care Medicine*. <https://doi.org/10.1164/rccm.202005-1706le>
- Weiner, J. (2020). Study shows COVID impact on patient communication preferences. <https://www.modernhealthcare.com/patient-care/study-shows-covid-impact-patient-communication-preferences>
- White, S. J., Barello, S., Cao di San Marco, E., Colombo, C., Eeckman, E., Gilligan, C., Graffigna, G., Jirasevijinda, T., Mosconi, P., Mullan, J., Rehman, S. U., Rubinelli, S., Vegni, E., & Krystallidou, D. (2021). Critical observations on and suggested ways forward for healthcare communication during COVID-19: pEACH position paper. *Patient Education and Counseling*, 104(2), 217–222. <https://doi.org/10.1016/j.pec.2020.12.025>

Wittenberg, E., Goldsmith, J. V., Chen, C., Prince-Paul, M., & Johnson, R. R. (2021).

Opportunities to improve COVID-19 provider communication resources: A systematic review. *Patient Education and Counseling*.

<https://doi.org/10.1016/j.pec.2020.12.031>