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Case Study

Caring for the caregiver during COVID-19 suspended visitation

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Abstract
During the 4th surge of COVID-19, August to November 2021, visitation was suspended in a hospital system in North Georgia. The Compassionate Connections Call Center (CCCC) was created to alleviate staff stress and to manage calls and communication. The goal of the initiative was to reduce interruptions to patient care caused by the increased number of calls to the clinical units by patients, families, loved ones and personal caregivers. The CCCC managed all incoming calls and communicated with the patient's primary nurse through a coordinated process which limited interruptions. By caring for the caregiver, the aim was to improve the workplace experience of the nurses. Ninety-seven volunteers from over 13 departments across the organization worked in the CCCC and managed 3200 calls. With an average call time of roughly three minutes, the center freed up approximately 160 hours daily for nurses who might otherwise have paused patient care to answer calls. In addition, a family liaison role was created to proactively provide updates to families. This team of forty-six Registered Nurses worked a total of 2925 hours proactively updating families and facilitating virtual visits.

Keywords
COVID-19, visitation, visitation restrictions, nurse communication, call center, family liaison, zoom, patient experience, Patient and Family Centered Care

Introduction

As the 4th surge of COVID-19 started in Georgia in August 2021, an organization in North Georgia started preparations to ensure adequate staffing, supplies, and resources and evaluated visitation for needed changes. The leadership team of this four-hospital system surveyed the nursing staff from across the organization to identify challenges from prior surges that should be addressed to ensure they felt supported at the bedside. Nurses expressed distress about the high acuity of the patients and the lack of family support at the bedside with limited or paused visitation. The increasing volume and acuity of COVID-19 patients left caregivers spread thin. The visitation limitation led to an increase in phone calls and video conferencing requests from concerned and often frustrated family members who could not come to the hospital during the suspended visitation. Increasing volumes of patients coupled with increasing volumes of calls created an unsustainable feedback loop for those caring for patients at the bedside. Caregivers needed to provide care but also needed to communicate with the patient's family and loved ones. They expressed that they felt unable to do one without neglecting the other. Both factors led to an increased risk of overburdening caregivers and warranted attention as the organization prepared to endure another surge. The goal was to provide the best care possible for our patients and their families while also recognizing the burden on the staff and alleviating it wherever possible. The goal of limiting visitation was to prevent transmission of COVID-19.[1] Negative consequences of visiting restrictions were found for patients, families and caregivers.[3]

Implementation

Compassionate Connections Call Center

The Compassionate Connections Call Center (CCCC) was created to alleviate staff stress and to manage calls and communication. The goal of the initiative was to reduce interruptions to patient care caused by the increased number of calls to the clinical units by patients, families, loved ones and personal caregivers. The CCCC managed all incoming calls and communicated with the patient's primary nurse through a coordinated process which limited interruptions. By caring for the caregiver, the aim was to improve the workplace experience of the nurses.

With full support from the hospital leadership team, a small, cross-functional team identified a suitable location,

retrofitted the space with additional phone lines, headsets, and computers, and routed all inpatient unit calls through the call center's hotline number. The call center went from concept to full operation in five days. Public communication and the organization's website were utilized to share the new process. Information about the hotline number and call center was shared with patients at three acute care hospitals in the healthcare system, and they were asked to communicate the phone number to their loved ones.

A request for volunteers was communicated by the Chief Executive Officer of the organization. She asked staff to "dig deep" to look for ways to volunteer to help support the staff providing care to the large volume and high acuity of COVID-19 patients. A Pandemic Partner Initiative was launched, allowing staff from across the organization to pick up extra shifts or be reallocated during their regular work hours to serve in roles outside of their normal job duties and responsibilities.

Ninety-seven volunteers from over 13 departments across the organization worked in the CCCC. Operational Excellence staff assumed oversight of the CCCC team coordinating orientation, scheduling and support. Volunteers were primarily from non-clinical departments such as Organizational Development, Operational Excellence, Utilization Review, Revenue Cycle, Senior Administration, Compliance/Privacy, Strategic Sourcing, Information Technology and Coding. A script was created for answering the hotline with guidelines about who could receive information. It was common for multiple people to call about the same patient. To coordinate the flow of information, the key contact person listed in the patient's chart was asked to be the main point of contact with the hospital. They could call in for information, and they were contacted for daily updates. Call center staff answered calls, logged them, and sent them to family liaisons who communicated directly with the patient's nurse or provider using Epic's Secure Chat feature.

Family Liaisons

In addition to creating the hotline, it was identified a few days before opening the call center, that a team of nurses was needed to establish regular communication with the families. Due to the large volume and high acuity of patients, experienced clinical nurses were needed at the bedside. To fill this need, RNs from across the organization not currently working at the bedside were recruited from various departments including Clinical Documentation Integrity, Utilization Review and Coding, Case Management, Professional Development and Competency, Quality, clinics and doctor's offices, and Patient Safety. This group of nurses was referred to as the family liaisons. The lead for the family liaisons was the Manager of Professional Development & Competency. She coordinated and trained volunteers, facilitated scheduling, and acted as a resource for complex situations.

It was established that these nurses would proactively call and update the families of those that were not able to communicate on their own. Family liaisons maintained a running list of patients unable to communicate with their loved ones independently. Each patient was asked to identify a primary contact at the time of admission. This information was kept in the electronic medical record, and that contact was the sole recipient of patient status updates. The family liaisons received a brief status update and plan for the day, for each patient, from their shift primary nurse. This information was used to provide consistent daily updates to the patient's primary contact. This coordinated effort freed up the nurses working at the bedside so they could focus on patient care without constant interruptions.

Virtual Visitation

In addition to providing telephone call updates, family liaisons worked closely with the patient experience representatives to coordinate virtual visitation utilizing Zoom and Facetime calls to allow friends and family to see their loved one. In addition to the Zoom calls facilitated by the patient experience representatives, family liaisons helped to complete an additional 75 Zoom calls. Using technology through social media platforms to maintain social connection during the pandemic and times of limited or discontinued visitation is recommended.[2] Regularly scheduled video visits were identified as a need. The end of life is particularly distressing for all involved and creating this opportunity for communication was an attempt to allow family members to see their loved ones and to say goodbye. Strict visitation guidelines not only take a toll on the patients and family members, but also on the healthcare workforce, particularly when the patient is at end of life, as noted in the literature.[4] In addition, the family liaison staff reported satisfaction and fulfillment from being able to help coordinate this important connection and sometimes act as the surrogate for families at the end of life.[2]

Outcomes

Between August 27, 2021, and November 7, 2021, the call center received over 3200 calls, averaging about 60 calls per day. The calls averaged about three minutes each. This initiative freed up approximately 160 hours of bedside nursing time which allowed bedside nurses to focus on patient care. Forty-six Registered Nurses worked a total of 2925 hours as family liaisons between August 27, 2021, and November 7, 2021. The lead for the family liaisons worked 464 hours.

Implications for practice

Significance to the Field of Patient Experience
This initiative had a positive impact on patient experience; however, this case study is focused on the impact that suspended visitation had on the healthcare worker. The aim of this case study regarding human experiences was to reduce the burdens and stresses of nurses working in patient care areas.

Debrief and Opportunities for Improvement
As the 4th surge of COVID-19 declined, visitation was reinstated, and the CCCC and family liaison team were disbanded. Upon debrief of the process, there were some aspects of the CCCC that could be improved. First, communicating the purpose and benefits of the call center to all units throughout the health system proved challenging. The center stood up quickly to keep pace with the rapid increase of COVID-19 patients. If the CCCC is needed for a future surge, advanced and frequent communication about the CCCC will be a priority. Second, it was a struggle to ensure that the communication loop was closed between the family liaison and the patient's shift primary nurse. When the family liaison spoke to the families, they often had questions that could only be answered by the patient's shift primary nurse, the physician or advanced practice provider. These questions or messages were delivered, but there was not a process for knowing if the patient's RN or the providers responded to the message and called the family member back. When sending the request for a call through Secure Chat, the family liaison would request a response if unable to contact the family member within 30 minutes. If no response was received within 30 minutes or confirmation was received that a call was not possible in that timeframe, the family liaison would escalate the need to another caregiver. Future iterations of the CCCC must address this communication gap through better coordination and follow up with each nursing unit.

Finally, designating a single point of contact for patient updates was intended to reduce communication burden by managing updates with multiple family members through a sole source. However, the complexities of family dynamics often created unanticipated challenges. The point of contact was to communicate updates to the family and friends at large. However, this did not always occur for a variety of reasons: interpersonal conflicts, complicated relationships, or the stress of the situation leading to forgetfulness. As a result, the call center would often get calls from those not on the contact list. When this occurred, they were referred to the point of contact for updates, which created a source of unintended frustration for some callers.

Conclusion

The implementation of the Compassionate Connections Call Center demonstrated this health system's commitment to caring for the healthcare worker during this COVID-19 surge. By standing up this call center, the bedside nursing staff was able to focus on delivering high quality patient care while knowing that there was a support team to help with vital communication and updates to families. The leadership of this organization demonstrated a commitment to employee engagement as well as patient and family experience by supporting this innovative way to adapt to the situation encountered by suspended visitation.

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