

Covid Multi-Modal Communication Model

Baylor University Medical Center (BUMC) – Baylor Scott & White Health
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1. Background

On 3/27/2020, 12 Roberts (12R), a med/tele unit at BUMC, transitioned to a COVID containment unit. The team was challenged to provide exceptional patient experience, despite the challenges of Personal Protective Equipment (PPE) conservation, visitation restrictions, hospital safety, and virtual communication platforms.

Two in-house Microsoft Teams applications were improved based on front-line feedback and current needs. The apps were used on patient consult devices (iPads) to create an advanced virtual communication platform between the care team, our patients, and their families.

2. Problem Statement

In April 2020, 12 Roberts staff at BUMC could not round and communicate with patients the same after transitioning to a COVID containment unit. This resulted in a decreased patient experience, specifically a decline in the RN communication Press Ganey score by 13% (as compared to Jan – Mar 2020).

3. Understand The Problem

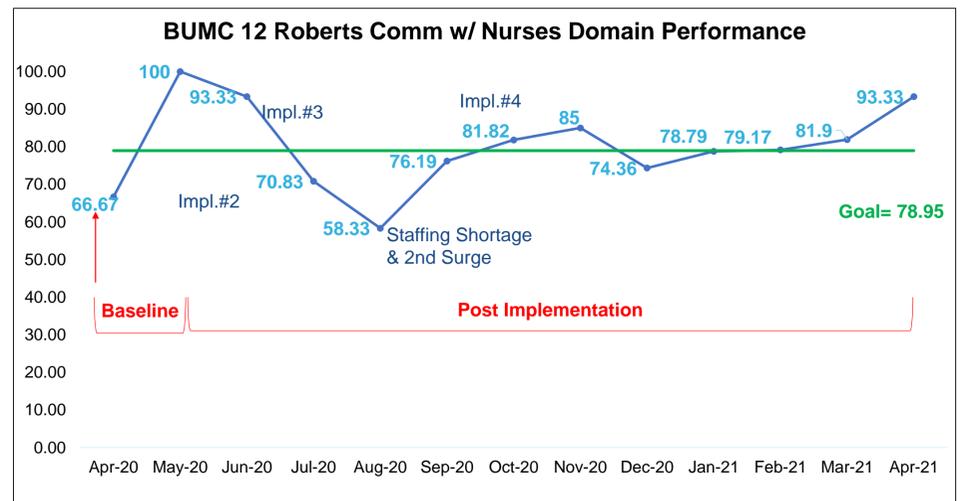
The patient experience was degraded by an absence of communication standards and a virtual platform between team members, patients, and their families. Additional issues that needed to be addressed was training of technology, staff scripting, and Covid-focused multiple disciplinary rounds (MDRs).

4. Implemented Change

The team implemented multiple interventions to meet the goal of creating an equivalent patient experience compared to pre-pandemic practices and ensure patient and staff safety.

- (1) Development of bswMEET and bswROUND:** Modification of standard product from Microsoft and meeting with interdisciplinary team (bedside nursing staff, nursing leaders, providers, and informatics) to improve it for use as a virtual rounding platform. Implemented feedback-based enhancements to provide a secure, private connection for the iPad assigned to the patient room, simplifying the patient's experience, and sending family/guest an invitation to the "always on" meeting.
- (2) Leveraging technology to Learn a new way to "Round":** Production of training videos and tip sheets to educate and disperse a new product and workflow for both clinicians, patients, and their families. Creation of staff resources to troubleshoot devices and applications at the bedside and designed education for ease of use and future spread.
- (3) Expanding to Ancillary Teams and Innovations:** After education and training, adoption among ancillary teams and specialist MDs became widespread and they began to use the applications in their daily practice. With expansion came innovations such as continuous video monitoring (inpatient & ED) for fall prevention, goals of care discussions, oxygen management, and providers being able to round on patients from outside the hospital.
- (4) Covid Communication Toolkit:** Creation of consistent process for communicating with patient's primary contact through a toolkit that provided guidelines on how communication should be standardized and documented in EHR.

5. Calculate & Demonstrate The Success



6. Successes and Testimonials



RN setting up iPad for patient in room



RN virtually rounding on patient from Zebra phone



RN and patient discussing plan of care and needs

"The most memorable experience I have had with bswROUND app was when there was a patient admitted with COVID and end-stage cancer. The family had decided to make the patient DNR/AND. I was able to use the app to connect the family and patient so they could spend time together. The wife and the patient's children were able to see one another and talk for the first time since the patient was admitted with COVID and major goals of care decisions were made. The wife and sons were very, very grateful for that opportunity."

Roslyn Scott, Therapy Manager

7. Lessons Learned

- Creation of clinician-based education for both apps at beginning of initial rollout on pilot unit would have aided in early adoption.
- Earlier securement of devices and chargers on stands for loss prevention.
- Improved early communication scripting for staff to educate patients and families on device purpose, security, and abilities.

8. Team Members

Executive Sponsor: Lisa Florida MSN, RN, NE-BC

Facilitator: Vinai Mathew

Team Members: Alissa Schick MSN, RN, NE-BC, Penny Quinn RN, Angela Kubo RN, Amy Gates MD, Deborah Gordon RN, Steve Kavanagh RN, My Do RN, Emily Cyril RN