

COVID-19 INPATIENT TEAM COMMUNICATION PLAYBOOK



Table of Contents

PLAN OF CARE VISITS DURING COVID-19	4
VIRTUAL COMMUNICATION TIPS AND REMINDERS DURING COVID-19	5
Ensure Appropriate Use.....	5
Communicate Effectively and Empathically.....	5
Virtual Consults	5
LEVERAGING PATIENT-AVAILABLE TECHNOLOGY DURING COVID-19	6
Proxy Access in MyChart	6
Visit Messaging.....	6
SCRIPTS AND TIPS FOR IMPORTANT VIRTUAL CONVERSATIONS DURING COVID-19	7
Daily Phone Updates to Family.....	7
Delivering Bad News.....	7
Informing a Patient of a Potential Exposure to COVID-19.....	8
SUPPORTIVE COMMUNICATION RESOURCES FOR CLINICIANS DURING COVID-19	9
Center for Excellence in Healthcare Communication (CEHC)	9
Ombudsman	9
Spiritual Care and Healing Services.....	9
Caring for Caregivers	9
DEFINITIONS	10
APPENDIX	11

Why Communication Matters, Now More Than Ever

Communication is the most common procedure we do as clinicians. It occurs among colleagues, teams, trainees, patients and loved ones all day long. Beyond keeping loved ones updated and patients feeling comfortable, our ability to prevent medical errors and serious safety events depends on our ability to communicate effectively.

We also know that communication benefits you. During the COVID-19 pandemic, stress is high for everyone. Communication can create meaning and connection. When you have more meaning in your work, you are less likely to experience burnout.

We know that you are doing everything you can to care for yourself and your patients. Not only are we grateful for what you do every day, but so are our patients and their families — just take a look at the [kudoboard](#) if you need to hear more.

When we restricted visitation this year, we heard that loved ones struggled with isolation. Many families felt they were not a part of the care planning for their loved one if they were not physically present at our hospitals.

A patient's loved ones are part of our team — our Cleveland Clinic family — whether they are able to visit in person or not. Because loved ones are critical to the healing process, it is important to discuss how your team can touch base with a patient's loved ones every day.

In the following sections, we outline ways you can engage with families and loved ones to optimize efficiency and your impact on patient care during COVID-19. We hope you will find it a meaningful resource.

With gratitude,

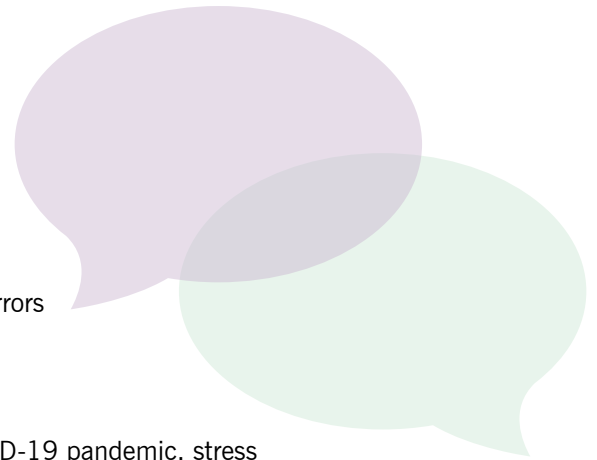
Stephanie Bayer, JD, Senior Director, Patient Experience

Adrienne Boissy, MD, MA, Chief Experience Officer

Beri Ridgeway, MD, Chief of Staff

Kelly Hancock, DNP, RN, NE-BC, FAAN, Chief Caregiver Officer

Meredith Foxx, MBA, MSN, APRN, PCNS-BC, PPCNP-BC, CPON, Executive Chief Nursing Officer



PLAN OF CARE VISITS DURING COVID-19

Using plan of care visits is our best practice approach to communicating a plan of care for **every patient, every day** that is clear to everyone on the care team: patient, nurse and provider. Make the most of these interactions during COVID-19 by using some of the ideas below:

- 1. MAKE THEM HAPPEN.** Taking a few extra minutes to meet with a patient early in the day, especially during visitation, will save you and fellow caregivers' time, pages and phone calls.
- 2. CONNECT OVER THE PHONE OR VIDEO CALL.** If needed, send one care team member into the patient's room during their plan of care visit while other team members call in. Include a family member whenever possible, or call them after the visit, if necessary. Use the white boards to highlight key points.
- 3. COMMIT TO SIT.** Simply pulling up a chair to sit next to the patient's bedside changes the dynamic of the visit for the better. Patients perceive that you spend more time with them if you sit versus stand.
- 4. FIRST, ASK QUESTIONS.** Before you start talking, ask the patient how they are feeling and managing hospitalization. Consider the potential emotional impact of visitor restrictions and other implications of COVID-19.
"Before I start talking, I want to check in with you as a person. How are you feeling? I also want to make sure we start with what you are most concerned about."
- 5. HIGHLIGHT THE TEAM MEMBERS AND THEIR ROLES.** Collaborate with others to coordinate plan of care visits. Verbally recognize all care team members' contributions to patient care.
"I want you to know we do our best to care for you by working as a team. Joe, your nurse, has been phenomenal in communicating your needs. You are an important part of that team."
- 6. SUPPLEMENT VERBAL COMMUNICATION WHEN NECESSARY.** Personal protective equipment (PPE), such as masks and face shields, can prevent us from hearing others and from being heard. Consider showing patients a picture of yourself without PPE to make in-person visits seem more personal and friendly. [Use these communications tips](#) or use teach back language to ensure understanding when plan of care is discussed.
- 7. CONFIRM THE PATIENT'S VISITOR DESIGNATION.** To combat isolation and honor the important role of loved ones, we have a process for visitation in accordance with our color-coded visitation levels. Discuss any updates and changes, which are detailed at clevelandclinic.org/visitation.
- 8. COMMUNICATE YOUR CARING.** Sometimes we forget to say aloud how much we care - even though we do - and patients want to be cared about as a person first. Find a connection point that makes it personal.
- 9. SIGNPOST WHAT IS NEXT.** Especially as it relates to discharge date and planning, signposting means communicating what happens next and after that. This helps patients see what needs to happen in order to leave the hospital.

Additional information on plan of care visits, including the What You Need to Know section of this resource ([Appendix 1](#)) and a plan of care infographic ([Appendix 2](#)), are available.

VIRTUAL COMMUNICATION TIPS AND REMINDERS DURING COVID-19

While in-person connections are more familiar, virtual communication can be just as effective as in-person — it conveys empathy to patients, families and colleagues, when used appropriately. Below are some tips you can refer to when using technology to communicate virtually, particularly during the pandemic.

Ensure Appropriate Use

Confirm HIPAA compliance and a secure connection are in place to reduce the risk of health information being shared. Providers, please use the Virtual Visit section of your department preference list to understand how to use these services appropriately.

Communicate Effectively and Empathically

No matter the method we use to communicate, we should follow the principles of relationship-centered healthcare communication. This means we strive to communicate mindfully with patients and their families.

- » **ESTABLISH THE RELATIONSHIP.** Normalize the discomfort of a virtual platform. Introduce yourself with your name and role. Let the patient or family know what to expect when delivering care.
- » **DEVELOP AND ENGAGE THE RELATIONSHIP.** Listen carefully, embrace the pause and don't rush to fill silence. Before responding, reflect back on what was heard, collaboratively develop a plan and express gratitude.
- » **EXPRESS EMPATHY WITH S.A.V.E.**
 - **Supportive statements:** *"I'm here for you."* or *"Let's work together to figure out a plan."*
 - **Acknowledge state:** *"This has to be really hard for you."* or *"I wish things were different."*
 - **Validate feelings:** *"Many people would feel that way."*

- **Emotion naming:** *"You sound scared/frustrated/etc."* or *"How do you feel about it?"*

Refer to this "[Enhancing Your Webside Manner: Optimizing Opportunities for Relationship-Centered Care in Virtual Visits](#)" resource in the "Journal of Patient Experience for more tips. See Empathy in Virtual Visits ([Appendix 4](#)) and Top 10 Tips for Empathy in Virtual Health ([Appendix 5](#)) for more information.

Virtual Consults

Virtual consults represent one important opportunity to help reduce exposure to COVID-19 while serving patients. When virtual consults occur, providers should review the Inpatient Distance Health Playbook ([Appendix 6](#)) for guidance to ensure billing compliance and consultation etiquette.

In virtual consults, the requesting service informs the consulting service, nurse and patient of the need for the consult. It is the consulting service's role to fulfill the request in a timely manner with communication of the assessment and recommendations to the primary service. The patient's nurse must be aware of the consult to have an opportunity to assist and support. Utilize technology, including shared iPads. View instructions [here](#).

LEVERAGING PATIENT-AVAILABLE TECHNOLOGY DURING COVID-19

During the pandemic, technology has offered critical opportunities to communicate and help inform patients and their designated support persons. You can help support and encourage the use of this technology to make communication more streamlined and available.

Proxy Access in MyChart

Patients with MyChart can designate certain individuals to receive full access to their MyChart information by utilizing the Proxy Access feature. This proxy has the same viewing permissions as the patient and it cannot be restricted, therefore it is only available when a patient specifically grants such rights. This can help family members receive test results and read notes in MyChart as they are available.

More information on Proxy Access can be found in [Appendix 7](#).

Visit Messaging

Another feature that was introduced during COVID-19 is the ability for a licensed independent practitioner to send emails or text messages to identified individuals regarding the patient's status. A provider could use this feature to send a text to arrange a time for an update call or send an email to give brief updates to ensure good communication.

The visit messaging function is in Epic. Learn how to best access this feature in the MyPractice Alert in [Appendix 8](#).



SCRIPTS AND TIPS FOR IMPORTANT VIRTUAL CONVERSATIONS DURING COVID-19

While there are many forms of communication, it should always be authentic, transparent and timely. The sample frameworks for common conversations below can help providers communicate with patients and loved ones and find ways to adjust language as necessary.

Daily Phone Updates to Family

If a patient's condition prevents them from updating their loved ones, caregivers must communicate care plans effectively. A communicator should be aware of how to "translate" medical language into common terms, as well as address concerns and anxieties, while also establishing goals of care.

SAMPLE LANGUAGE:

"I am calling on behalf of Cleveland Clinic. My name is ___, and I'm with the team that is caring for your loved one in the hospital. I'm calling to connect, keep you informed and answer any questions you might have."

"What are your questions? OR What is most important to know today?" Add your own agenda items and summarize the list.

"I know this is a terribly difficult time for you. Here is what we know..." Address agenda items.

If answers are unknown, you can state, *"These are good questions... I will find out and get back to you. Here's how we are trying to figure that out."*

In between each piece of information, check understanding and use reflective listening. You can share, *"Tell me what you know so far. Does that make sense to you? What else can I help clarify?"*

At the end of the call, set the stage for the next update. Discuss expectation for the frequency of updates and ensure one family representative is in contact. Thank them for the time.

A tool is available in [Appendix 8](#) to offer additional tips for phone communication.

Delivering Bad News

Given unknowns of hospitalizations, especially with the course of COVID-19 patients, it may be possible that you have to share bad news or prepare a family to receive bad news about the patient. Remember, even under visitation restrictions, compassionate exceptions for in-person visits are permitted for reasons such as end of life. We trust our teams to use the best judgment and experience to extend these opportunities for patients and families when available.

SAMPLE LANGUAGE:

"I am calling on behalf of Cleveland Clinic. My name is ___, and I'm with the team that is caring for your loved one in the hospital. Are you in a place we can easily talk?" Try to ensure that the family member is in a safe place where they can receive information, away from dangerous distractions like driving in a car.

"I promised I would keep you informed, and I want to give you an update." OR *"What do you know about (use the patient's name)'s illness?"*

"I am afraid I have some bad news..." Use clear and plain language. Avoid medical jargon that can cause confusion. Speak clearly and slowly and allow time for questions.

Validate any emotions expressed with phrases like, *"You have every right to feel that way."* OR *"This is upsetting, and that is OK."*

Apologize for the situation and offer reassurance of support. *"I am sorry we find ourselves here. Please know that we will continue to support you."*

Offer to connect to resources and close. *“We have compassionate exceptions available for moments like this if you would like to come visit in person.”*
OR *“We have an outstanding spiritual care department, can I have them call you?”*

Informing a Patient of a Potential Exposure to COVID-19

Despite the strong infection prevention and proactive testing protocols upon admission in place, it is possible that a patient may be inadvertently exposed to COVID-19 by a roommate or a caregiver. When this occurs, the primary provider is responsible for informing the patient of the potential exposure.

SAMPLE LANGUAGE:

“How are you doing today?”

I want to share with you what I just learned from our Infection Prevention team about a potential exposure you may have had to COVID-19 while you have been here in the hospital.

We take the safety of our patients very seriously during this pandemic. And I am sorry to say that you were exposed, despite our best efforts to prevent this.

This is probably scary to hear.

This does not mean that you are going to become infected.

We are committed to monitoring your COVID status really closely during the course of your hospital stay and after you go home to ensure that you receive the best care possible.

What questions do you have?” Answer clinical questions. If they are angry, please advise the patient that an ombudsman will follow up with them directly.

Document as part of the daily progress note:
“COVID exposure - Discussed with patient. All questions were answered and follow up established.”

Disagreement with Hospital COVID-19 Policies

Sometimes patients or families may disagree with hospital guidelines such as restricted visitation or mandatory masking. Such differing opinions may be raised during care conversations, and it can be difficult to continue to convey care information if not addressed. Concerns can be addressed honestly and non-judgmentally with a focus on safety.

SAMPLE LANGUAGE:

“Others have shared similar concerns. Help me understand what concerns you most?”

“This has to be stressful. I wish there were an easier way to keep everyone safe.”

“Because there is no way to know who has COVID-19 and who does not, these measures must be taken to reduce the spread of infection by limiting potential exposures.”

“Thank you for trusting us to care for your loved one.”



SUPPORTIVE COMMUNICATION RESOURCES FOR CLINICIANS DURING COVID-19

Clear and empathetic communication is difficult in the best of times. It can feel impossible in pandemic times when resources are stretched and barriers to in-person connection exist. Below are some resources we have to support caregivers' communications efforts:

Center for Excellence in Healthcare Communication (CEHC)

In addition to providing training materials and quick videos to empower caregivers to drive relationship-centered healthcare communication, CEHC helps customize and create new communications. They offer a variety of COVID-19 specific resources, including videos and courses on teaming, rounding, etc. [Learn more](#) about how to submit requests for additional CEHC resources.

Ombudsman

Despite best efforts, sometimes communication with patients or families does not go as intended. The Ombudsman Department can help navigate any patient complaints so providers can focus on the direct care. In addition, ombudsmen can help establish boundaries and support caregiver needs. The Ombudsman office also collects letters of praise for our caregivers, and these can be a powerful resource for staff meetings and discussion. They can be reached at 216.444.2544 or at ombudsman@ccf.org.

Spiritual Care and Healing Services

Spiritual Care and Healing Services are highly trained professionals able to support patients and families - and you. They offer virtual bereavement groups, consults, Reiki and healing services. You can access Spiritual Care through Epic or by calling 216.444.2518.

Caring for Caregivers

A number of resources are available to support caregivers, including professional staff assistance programs, licensed professional health programs and employee assistance programs. These offerings can include assessments, counseling and resources for caregivers and family members. Our [Wellbeing Resource and Referral Center](#) can also offer useful tools. Call 216.445.6970 for more information.



DEFINITIONS

EXPOSURE:

- Caregiver or patient with prolonged close contact to a COVID-19 patient or caregiver without wearing a facemask/respirator.
- Caregiver not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator during aerosol generating procedure).

LEGALLY AUTHORIZED REPRESENTATIVE:

An individual, judicial, or other body authorized under applicable law to consent or make decisions on behalf of a patient.

PLAN OF CARE VISIT:

Collaborative medical rounds in which the physician and the nurse make rounds together and include the patient and patient family in developing the plan of care for the day so that it is clear to everyone on the team: patient, nurse, and provider.

PROXY ACCESS:

A patient can assign MyChart access to another individual. This offers the same access the patient has to the identified person, without limitation. A patient must have capacity and grant permission for this access to be assigned.

VISIT MESSAGING:

A tool in EPIC, available to licensed independent practitioners, that gives providers an option to send text messages or email updates to patients' family members and other identified contacts.

APPENDIX

- APPENDIX 1 – [Plan of Care Visits: What You Need to Know](#)
- APPENDIX 2 – [Plan of Care Visits Infographic](#)
- APPENDIX 3 – [Empathy in Virtual Visits](#)
- APPENDIX 4 – [Top 10 Communication Tips for Virtual Visits](#)
- APPENDIX 5 – [Playbook for Inpatient Virtual Consult](#)
- APPENDIX 6 – [Proxy Access](#)
- APPENDIX 7 – [Visit Messaging](#)
- APPENDIX 8 – [Phone Communication](#)
- APPENDIX 9 – [A COVID-19 Communication Guide for Patients and Families in the Hospital](#)
- APPENDIX 10 – [Enhancing Your Webside Manner: Optimizing Opportunities for Relationship-Centered Care in Virtual Visits](#)