

OFFICE OF PATIENT EXPERIENCE RESOURCE

COVID-19 | Leadership Rounding

Patients

Caregivers

Community

Organization

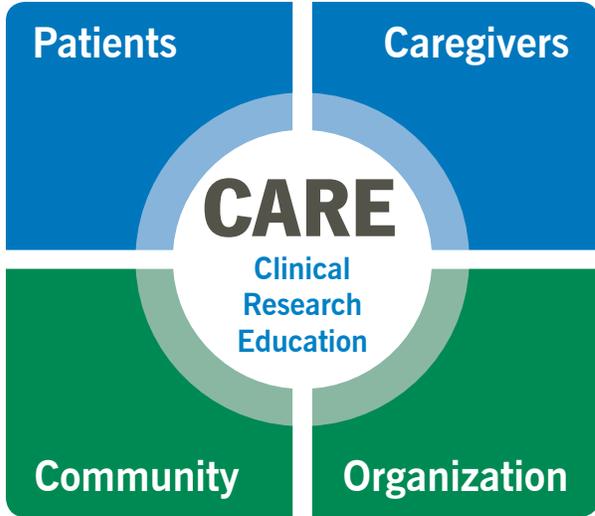


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Leadership Rounding in Era of COVID-19: In-Person Guide/Protocol

COVID-19 has created anxiety, fear and uncertainty among our caregivers and patients. We know that seeing leaders on the floors has value and can reduce suffering. To safely support and recognize our caregivers, patients and our leaders, we suggest the following revised protocol for in-person rounding during COVID-19. This guide is intended to model social distancing, while keeping leaders visible and messaging the care the organization has for its people and patients.

Optional Advance Preparation:

Utilize the links below to familiarize yourself with the subject matter that will be discussed during this adapted COVID-19 Rounding Process.

- [Visitation Policy](#)
- [Virtual Visiting](#)
 - [Google Hangouts instruction](#)
 - [Face Time instruction](#)
 - [Skype instruction](#)
 - [Google Duo Video instruction](#)
- [PPE Guidelines – Clinical Teams](#)
- [PPE Guidelines- Non-Clinical Teams](#)

Caregiver Resources

- [Communication Resources](#)
- [Moral Distress Resources](#)



Process

1. Each week, the Office of Patient Experience (OPE) will email leaders to assess availability to round and preference for COVID-19+ or non-COVID-19 units.
2. OPE will then communicate assignments to each individual leader's administrative assistant and communicate with nursing unit leadership.
3. Administrative assistants will block 1 hour during the duration of that week for the leader to round on assigned unit.
 - a. Leaders will be asked to schedule evening or early morning rounds twice monthly.
4. Leaders will communicate feedback and action items to the Office of Patient Experience ([Database: officeofpatientexperience@ccf.org](mailto:officeofpatientexperience@ccf.org), 216.444.7500).
 - a. No more than two leaders should round together.
5. OPE will distribute two or three positive survey comments from HCAHPS surveys to hospital leaders. In advance, leaders review the comments and themes specific to the unit(s) they will visit and during rounds seek out caregivers and managers for specific recognition.

What to Include in Rounding

Caregivers

- Clinical team members (providers, nurses, medical assistants, health unit coordinators [HUC], respiratory therapist and other therapies)
- Food services team members
- Environmental services (EVS) team members
- Transportation team members
- Red Coat team members
- Security team members
- Inpatient & Outpatient, Ancillary services

Patients (Pending approval by nurse managers/assistant nurse managers):

- **Avoid patients with Do Not Disturb** wishes or contact precautions.
- **Avoid COVID-19 patients to preserve PPE** for caregivers – substitute phone call from unit or enabled iPad.



The Interaction

Leadership Rounding will focus on supporting caregivers and patients during the COVID-19 pandemic and identifying heroes. Review HCAHPS survey commentaries specific to assigned rounding unit and recognize caregivers based upon this feedback.

Initiating the Interaction with CAREGIVERS

- Check-in with nursing unit leadership to determine which caregivers and patients to interact with.
- Ask any caregiver if they have a moment to talk with you.
- Introduce yourself, explain that you're conducting executive rounds and WHY.
 - "Hi, I'm Jane and I'm doing executive leader rounds today. Your well-being and safety is our top priority during COVID-19. I'd like the opportunity to speak with you if now is a good time."
- Introduce any guests that you may have with you for rounds that day.
- Limiting the number of individuals rounding in any one unit to one or two.
 - Limit risks of exposure and utilization of PPE.
- Ask questions outlined below and explore fears and worries in particular as it relates to COVID-19.
- **Be genuine**, kind and respectful.
- **Thank the caregiver** for their time.
- **Acknowledge hard work** and dedication.
- **Recognize** caregivers identified in the patient survey commentaries. If there are no comments specific to the unit, review the unit's huddle board for additional recognition opportunities.

SPECIFIC QUESTIONS

Ask probing questions for impactful sharing; if unit is significantly stressed, please focus on italicized questions.

1. Well-Being

- What can we do for you today?
- COVID-19 + SPECIFIC: Do you have patients diagnosed with COVID-19 here? If so, how does it feel to care for them?
- What support did your team offer you today?
- How is this impacting your life? Your family?
- What worries do you have?
- Have you used any resources for your well-being? What has been most helpful?

2. Safety

- What is your understanding of the PPE guidelines? What questions do you have?
 - Address misunderstanding or misuse
- COVID-19 + SPECIFIC: What ideas do you have that might enhance the care of our patients or yourself during COVID-19?
- What more can we do to support you? What can we keep doing/consider stopping?

3. Inspiration

- **Who would you like to recognize as a hero and why?**
- What happened that gave you hope today? What is something that surprised you today?
- Infuse patient feedback from survey commentaries.
 - Example: “Patients appreciate you very much. I reviewed this unit’s patients’ comments from our HCAHPS surveys, and we receive countless notes of praise. Thank you for the care, compassion and safety you are providing to our patients.”

INITIATING THE INTERACTION WITH PATIENTS

Ask the caregiver if there are any patients that should not be disturbed or on contact precautions. Ensure that permission is granted to speak with patients.

- **Introduce yourself and the purpose for visit.**

- **Make it feel genuine.**

“Hi, I’m Dr. Smith. We are here conducting leadership rounds today with patients and caregivers. This is something we do on a regular basis to visit with our patients and families to see how their experience is going and to identify any opportunities to improve. May we speak with you for a bit about your experience?”

“Hi, I’m Jon Smith. As leaders, we often round to check on the experience and safety of our patients – especially given everything going on today. I’d like your permission to speak with you today and want to be sure now is a good time.”

- **Introduce any guests you have with you.**

“I want to introduce the team that is with me today. Is it okay with you if they join in on our discussion?” (double check for permission)

- **Keep the discussion with patients about their experience.**
- Unless offered by the patient, **minimize any discussion about their clinical diagnosis, condition or treatment.**
- **Demonstrate empathy**, provide rationale and address concerns as indicated.
- **Report any concerns or recognitions** that surface to the unit Nurse Manager as usual or manage yourself.
- Ask if there is **anything you can get the patient** at the moment.
- **Thank the patient** for trusting us with their care.

SPECIFIC QUESTIONS

1. Well-being

- Acknowledge that it must be difficult to be in the hospital during COVID-19 when they are unable to have visitors.
 - “We made the tough decision to limit all visitors to keep everyone safe. How has that impacted you?”
 - “We have healing resources available to you and your family 24/7 through spiritual care and ways for you to connect with your family on your own phone or with an iPad.”
- What worries/frightens/scares/angers/frustrates you?
- **COVID-19 + SPECIFIC:**
 - If unable to communicate, consider calling family member instead.
 - “We are working to provide the best care for you and recognize how difficult this must be for you. We also want you to know that we are committed to caring for your medical condition, and also your well-being.”
- Review resources as needed for spiritual care and visitation.
 - “Although you can’t always see their faces, I want you to know you have the best people taking care of you.”

2. Improvement

- What can we do better? Tell me more about...
- What concerns for your safety do you have? How often are people washing their hands before entering your room?
- How is the team supporting you?

3. Inspiration

- **Who would you like to recognize as a hero today and why?**

ROUNDING FOLLOW UP

- Discuss issues or concerns discovered with patient/caregiver interviews with Nurse Manager/Assistant Nurse Manger

SUGGESTED ROUNDING OBSERVATIONS

Physical space:

- Make observations about the safety of the environment
- Storage of PPE
- Cleanliness and other EVS related issues
- Check that employees’ model social distancing while on units to reduce risks.
- Check that employees are following the Personal Protective Equipment Guidelines and engage in clarifying conversations as indicated.
- Pay particular attention to morale, teamwork and distress.

Rounding Debrief

Following rounds, share experiences and highlight key concerns or issues identified by caregiver and patients in one of three ways:

- **Database**
 - Can be entered on any smart device or computer
 - Preferred Method
- **OPE Email**
- **Phone:** 216.444.7500

Please share significant findings

- Opportunities
- Patient stories and HEROES
- Resources
- Actionable issues.
 - If an issue arises that is able to be fixed in the moment, leaders should work to resolve it.
 - If it is an issue that will need further assistance, leaders should take note and forwarded to the appropriate manager or the Patient Experience manager.



COVID-19 Leadership Rounding

Leader Name(s):

Rounding Location:

Contact:

COVID-19 Specific Instructions:

- **To preserve PPE for our caregivers**, do not enter rooms of patients with COVID-19
- The recommended alternative is to call the patient via phone from the unit or use enabled iPad for visitation
- Make observations about the safety of the environment
 - Storage of PPE
 - Check that employees are following the Personal Protective Equipment Guidelines
 - Engage in clarifying conversations as indicated
 - Model social distancing while on units to reduce risks
- Pay particularly attention to morale, teamwork, and distress

Rounding Questions CAREGIVERS

Ask probing questions for impactful sharing. If unit is significantly stressed, please focus on italicized questions.

1. Well-Being

- *What can we do for you today?*
- *COVID-19 + SPECIFIC: Do you have patients diagnosed with COVID-19 here? If so, how does it feel to care for them?*
- *What support did your team offer you today?*
- *How is this impacting your life? Your family?*
- *What worries do you have?*

- *Have you used any resources for your well-being? What has been most helpful?*

2. Safety

- What is your understanding of the PPE guidelines? What questions do you have?
- Address misunderstanding or misuse
- COVID-19 + SPECIFIC: What ideas do you have that might enhance the care of our patients or yourself during COVID-19?
- What more can we do to support you? What can we keep doing/consider stopping?

3. Inspiration

- Who would you like to recognize as a hero and why?
- What haPPeNed that gave you hope today? What is something that surprised you today?

PATIENTS

Ask the caregiver if there are any patients that should not be disturbed or on contact precautions. Ensure that permission is granted to speak with patients.

1. Well-being

- Acknowledge that it must be difficult to be in the hospital during COVID-19 or at a time in which they are unable to have visitors
- “We made the tough decision to limit all visitors to keep everyone safe. How has that impacted you?”

- “We have healing resources available to you and your family 24/7 through spiritual care and ways for you to connect with your family on your own phone or with an iPad.”
- What worries/frightens/scares/angers/frustrates you?

COVID-19+ SPECIFIC:

- If unable to communicate, consider calling family member instead.
- “We are working to provide the best care for you and recognize how difficult this must be for you. We also want you to know that we are committed to caring for medical condition, and also your well-being.”
- Review resources as needed for spiritual care and visitation
- “Although you can’t always see their faces, I want you to know you have the best team of the best people taking care of you.”

2. Improvement

- What can we do better? Tell me more about...
- What concerns for your safety do you have? How often are people washing their hands before entering your room?
- How is the team supporting you?

3. Inspiration

- Who would you like to recognize as a hero today and why?

Caregiver Support Team Resources

You are part of our Cleveland Clinic family of caregivers. We are here to help with:

- Meal delivery.
- Connecting to child and elder care services.
- Well-being apps and behavioral health support.
- Virtual programming and chats to keep connected to the Cleveland Clinic community.
- If you have other needs, please inform your Caregiver Services Team member or contact us at CES@CCF.org.
- **Food ordering locations:** While we are able, Cleveland Clinic will cover the cost of meals for caregivers diagnosed with COVID-19 and their families while the caregiver is out ill. During your services triage call, the Caregiver Services Team member will explain the simple ordering process. Check back regularly, as vendors are subject to change.

Well-Being, Self-Care and Emotional Support for Caregivers

Please note: A connection to the Cleveland Clinic network is required to access many of these resources.

- **Caring for Caregivers:** confidential services that preserve, restore and enhance well-being of our caregivers. Available at [1.800.989.8820](tel:18009898820) or the **COVID-19 Caregiver Hotline 216.445.8246**.
- **OneClick to Well-Being:** resources for emotional, physical, spiritual and social well-being in one place.
- **OPSA OneClick to Well-Being:** well-being information and resources for staff.
- **Connect Today/Learner Connect:** resiliency resources to help you manage complex, changing times (virtual meetings, change and stress management, and communication).
- **Caregiver Experience Wellness Portal:** **disconnect**, unwind or say thank you virtually.
- **Moral Distress Resources:** resources to support caregivers experiencing moral distress, enable peers and leaders to identify moral distress and provide general education.
- **Moral Distress Reflective Debriefs and Dialogues (MDRD):** a safe forum for individuals and teams experiencing moral distress. To request an MDRD, e-mail Georgina Morley at morleyg@ccf.org.
- **Ethics Consultation Services (ECS) Flyer:** information about the Ethics Consultation Service and how to request an ethics consult.
- Cleveland Clinic Office of Caregiver Experience on [Facebook](#) and [Instagram](#).

Brief Conversation Guide

Examples of empathic responses and questions around sensitive subjects for patient and caregivers.

CAREGIVERS

Addressing Emotion

- This is such a tough situation.
- Your concerns are completely valid.
- Help me understand how you're feeling right now?
- You're not alone. I think a lot of people are scared.
- I wish we had better alternatives.
- You're taking every precaution you possibly can to [be safe/help others].
- I'd feel [emotion – e.g., frustrated, exhausted, worried] too.

Fear of Exposure

- It's hard to work without the worry of getting exposed to COVID-19.
- It can be helpful to talk about our worries with others. There are no simple answers, but our worries are easier to bare when we share them.

Addressing PPE Use

- I know you are worried about your safety and that of your family. I also know how committed you are to your patients.
- I wish we had an unending supply of PPE.
- What worries you most about the current PPE guidelines?

- How might we help you feel safer in your line of work?

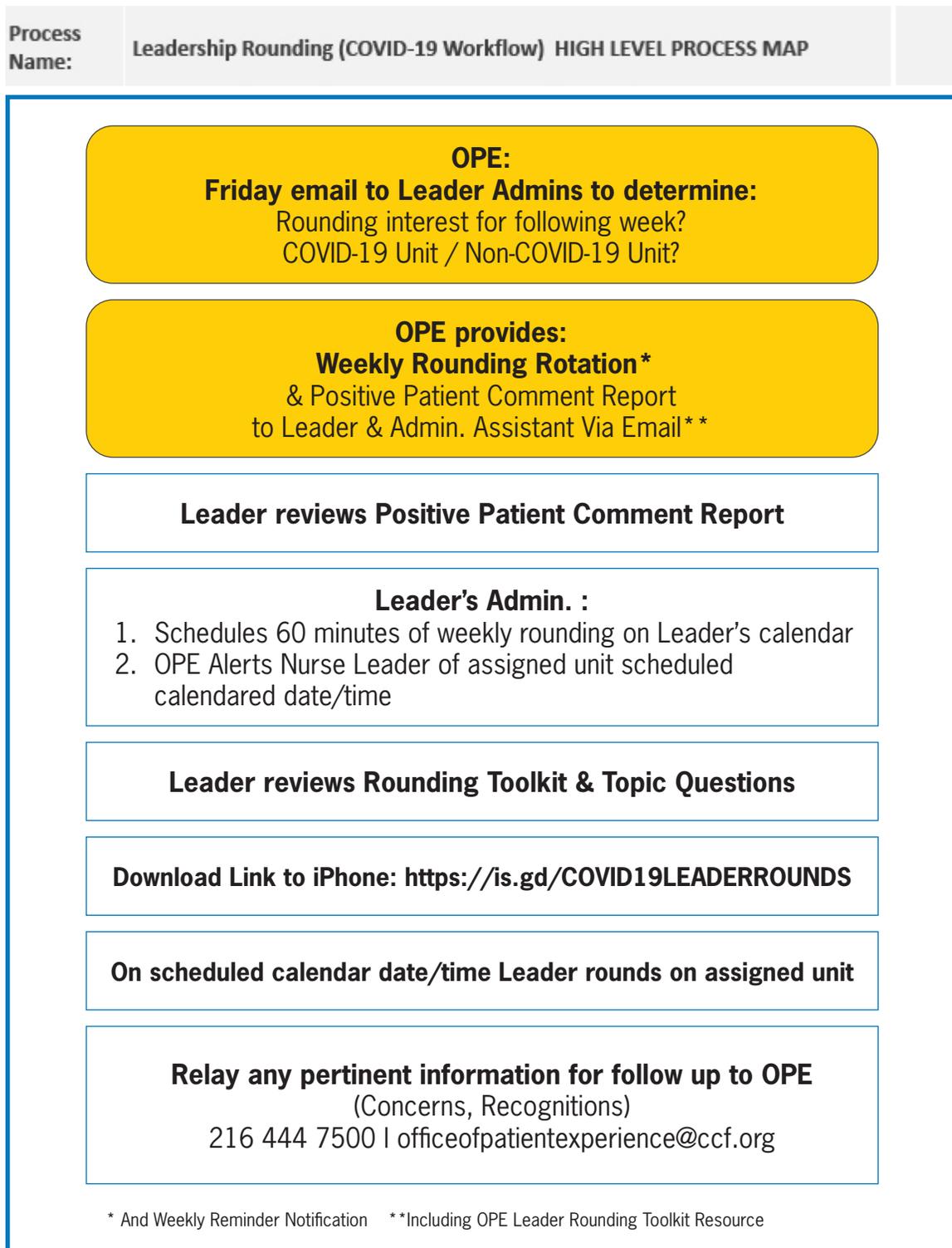
Example: “It’s a scary time. I think most people are worried about COVID-19 exposure. I wish it wasn’t necessary to conserve PPE to ensure those working with patients who are COVID-19 + patients remain safe. Until we have a better sense of when this will end, I need to ask you to follow the current guidelines.”

PATIENTS

Visitation Policy & COVID-19 Specific

- “We are working to provide the best care for you and recognize how difficult this must be for you.”
- “It must be difficult to be in the hospital and not allowed to have visitors.”
- “How have the visitor restrictions impacted you?”
- “Suspending visitation helps protect patients and caregivers because people with COVID-19 often don’t experience symptoms for several days.”
- “We encourage loved ones to connect virtually and can provide assistance with how to use Facetime, Google Hangout, Google Duo, or Skype.”
- “We have healing resources available to you and your family 24/7 through spiritual care by calling 1.844.204.7433.”
- “Although you can’t always see their faces, I want you to know you have the best team of people caring for you.”

Process Map



Nurse Leader Contact

Nursing Units:			
Unit	Description	Nurse Manager	Contact #
E17	Emergency Department	Jessica Staab	216.318.5953
G100	Renal/Hypertension/Gastro	Corey Deremer	216.213.4035
G101	Specialty Care Transplant Unit	Peter Rozman	216.312.4931
G110	Bone Marrow Transplant	Patti Akins	216.410.5367
G111	Leukemia	Patti Akins	216.410.5367
G20/H22	Neuro ICU	Carlos Hendrix	216.903.4853
G50/51	Medical ICU	Terri Murray (interim)	216.317.7730
G60/61	Medical ICU	Claire Strauser	216.319.5925
G62	Medical ICU	Tiffany Lang	216.314.0384
G70	Hematology/Oncology	Vanessa March	216.938.1235
G71	VIP/Surgery/OBGYN	Delphine Boyd	216.509.4394
G80	General Med/Surg/TELE	Jared Leal	216.559.8544
G81	General Medicine/ENT/Plastics	Jessica Staab	216.318.5953
G90	Urology/Med/Surg/Telemetry	Amy Noll	216.409.6497
G91	Endo/Pulm/ReSCU	Christina Ashcraft	216.904.9778
H50	Colorectal Surgery	Rebecca Garazatua	216.407.4178
H51	Colorectal Surgery	Christine Perez	216.213.3015
H60	Neurosciences	Dannelly Perdion	216.956.0598
H62/H63	Neuro SD	Megan Lobello	216.319.5924
H70	Orthopaedics	Tonya Moyses	216.218.3229
H71	Surgical Telemetry	Sheila Fansler	216.956.0959
H80	Internal Medicine/Telemetry	Josalyn Meyer (interim)	216.317.7735
H81	Internal Medicine/Telemetry	Sarah Nash (interim)	216.218.1517
J3-1	Coronary ICU	Sandy Galvin	216.319.5922
J3-2	Heart Failure ICU	Sandy Galvin	216.319.5922
J3-3	Cardiac Short Stay	Daelle Waldron-Geehart	216.407.2436
J5-1	Cardiovascular SD	Alex Nydza	216.308.7921
J5-2	Thoracic Surgery SD	Mark Martucci	216.308.1925
J5-3	Cardiovascular SD	Alex Nydza	216.308.7921
J5-4	Cardiovascular ICU	Brent Whitaker	216.217.3160
J5-5	Cardiovascular ICU	Brent Whitaker	216.217.3160
J5-6	Cardiovascular ICU	Allison Griffith	216.956.7018
J6-1	Cardiovascular SD	Sydney Lakos	216.218.9030
J6-2	Cardiovascular SD	Mark Martucci	216.308.1925
J6-3	Cardiovascular SD	Sydney Lakos	216.218.9030
J6-4	CV Surgery ICU	Allison Griffith	216.956.7018
J6-5	CV Surgery ICU	Karrie Foster	216.318.6189
J6-6	Vascular Surgery ICU	Karrie Foster	216.318.6189
J7-1	Cardiology SD	George Rouse	216.215.7735
J7-2	Cardiology SD	Jason Heiss	216.218.2138
J7-3	Cardiovascular SD	George Rouse	216.215.7735
J8-1	Vascular Surgery SD	Kelly Lichman	216.317.7734
J8-2	Heart/Lung Transplant	Kelly Lichman	216.317.7734
J8-3	Cardiac VIP/1921 Suites	Zoe Zelazny	216.312.2014
M30	Intermediate Care Unit (Children's)	Eileen Jamieson	216.952.7391
M31	Neonatal ICU	Eileen Jamieson	216.952.7391
M33	Pediatrics	Amy Cox	216.312.9620
M40	Pediatric Cardiac SD	Eileen Jamieson	216.952.7391
M43/M53	Peds ICU	Michelle Bruno	216.952.7542
M50	Pediatrics	Lisa Bell	216.952.7635
M51	Clinical Research	Melanie Ramos	216.536.9582
M52	Peds Epilepsy Monitoring	Lisa Bell	216.952.7635
M60	Adult Epilepsy Monitoring	Cindy Sutton	216.952.8110
M62	Bariatric Metabolism	Karen Schultz	216.217.5951
M63	Metabolic Surgery	Sheila Fansler	216.956.0959
M71	Palliative Medicine	Curt Westrick	216.337.4430
M80	Epilepsy/Neuro SD	Cindy Sutton	216.952.8110



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Rounding Questions

CAREGIVERS

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- How is the team supporting you?

3. Inspiration

- Who would you like to recognize as a hero today and why?





Every life deserves world class care.

9500 Euclid Ave., Cleveland, OH 44195

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