

A NEW PATIENT EXPERIENCE

Patient experience, as defined by the Agency for Healthcare Research and Quality, “encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses and staff in hospitals, physician practices and other health care facilities. As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.”²³

As we begin to recover from the first wave of the COVID-19 pandemic, one critically important component to consider is a new patient experience. Patients’ perceptions of teamwork, communication and cleanliness continue to be highly correlated with their perception of a positive interaction with a hospital visit.²⁴

The “true north” for this new patient experience is: How can we make the patient feel safe? This is the aspect of care that is most important to a patient today.

Below are considerations for hospitals and health organizations.

ACCESS

- During the pandemic, many new modes of patient contact were put into place to avoid person-to-person contact.
- Maintain technology-enabled approaches for patient scheduling and registration.
- Introduce artificial and augmented intelligence-enabled communication protocols to patients for purposes of responding to patient calls in lieu of emergency room visits.
- Introduce digital triage protocols and practices.
- Increase use of technology for care management, communicating with patients to ensure they maintain care for chronic care conditions such as diabetes, heart failure, asthma, COPD, etc.
- The AHA is a partner with [AVIA](#), a company specializing in the acceleration of digital transformation; consider connecting with AVIA for an assessment of opportunities.

CLEANLINESS AND INFECTION PREVENTION AND CONTROL

- Patient evaluations and comments indicated heightened fears regarding cleanliness and infection control even before the first reported U.S. COVID-19 cases.
- Use appropriate signage in languages spoken by the community to communicate social distancing practices and mask protocols for those in waiting rooms and public spaces in the health care facility.
- Make infection control practices visible (e.g., wiping down key pads between registrants, sanitizing touched surfaces).
- Augment communication regarding infection control (e.g., signage at entryways with protocols for entering the building and scripting during interactions: “We are not shaking hands during this time to keep everyone safe.”).

- Communicate to COVID-19 patients about the use of PPE and reduced interactions with staff and how that will protect them; script this as much as possible for each touch point with patients, from scheduling/registration through care processes.
- Communicate to non-COVID-19 patients about protocols implemented to maintain their safety; script this as much as possible for each touch point with patients, from scheduling/registration through care processes.
- Announce the washing of hands/use of sanitizer before every interaction with non-COVID-19 patients to assure them this practice is occurring even if out of sight.
- Communicate about universal masking practices by staff.
- Prominently display hand sanitizer stations and use signage to encourage their use.

COMMUNICATION

(Also see the section on [Communications: Internal and External](#))

- Develop a comprehensive communications plan about safety practices related to COVID-19 for patients, families, community members, staff and volunteers, as well as a process for updating the plan as information changes. Ensure the right communication goes to the right audience at the right time. Use multiple message formats (e.g., social media, signage, letters/written materials).
- In scripting an introduction, acknowledge the current situation, reinforce trust and safety, and create a connection.
- Consider: How do we make our communications as transparent as possible while maintaining privacy?
- Provide information to patients and families related to the mechanics of entering the hospital (which entrance, where to present to be tested, etc.). Emphasize how the hospital team is enlisting them as partners in safe interactions for greater compliance.
- Consider written materials and signage about compliance with CDC and state guidelines and what the organization is doing to keep patients safe. Examples: following evidence-based guidelines, ensuring cleanliness, screening/testing, separating COVID-19 and non-COVID-19 patients.
- Work with clinical family liaisons and patient and family advisory councils to help guide policy and practice in tandem with clinical leadership, with emphasis on literacy levels and multiple languages spoken in the community.
- Address patient fears of inability to connect with family (use of phones, iPads, etc.).
- **Narrate the care provided to ensure and strengthen connections between staff and patients/families:**
 - Explain what patients should expect, such as masked caregivers with gloves/gowns, etc.
 - Explain care as it is delivered to increase patient autonomy and perception of safety.

EDUCATION

- Use a multipronged approach with different methods to educate patients, families, community members, staff and volunteers. Partner with community providers so education is coordinated.

- Consider educational offerings to the community about COVID-19, infection prevention practices and how care/practices are being modified based on the latest science. Consider working with community and faith-based organizations and other trusted community groups to spread the message.
- Educate patients and families about the impact of COVID-19 on their condition or diagnosis (if COVID-19 positive). For vulnerable populations, what is the specific messaging?
- Educate patients and families about the safety aspects of new technologies and care models, such as telehealth, cohorting, team-based care, etc.
- Provide training opportunities for staff about the use and potential use of telemedicine.
- Provide training for staff on new protocols for communicating about COVID-19 processes, including special training for front desk/admission staff who will be the first staff members to encounter patients and families and will be the first to get questions.

TELEMEDICINE AND OTHER TECHNOLOGIES

Telehealth technologies offer new opportunities to support follow-up care and to communicate with all sites of care to support patients in their communities. See the list of waivers for telehealth below. While these waivers are still in place under the public health emergency declaration, consider:

- Are there opportunities to use technology to change current processes, e.g., pre-admission testing, intake admission information gathering, pre-operative teaching, screening, care delivery?

WAIVERS

- Waiver of originating and geographic site restrictions, allowing telehealth services to be performed in any area of the U.S. and allowing patients to receive telehealth services in their place of residence, including their homes.
- Waiver of penalties for HIPAA violations against health care providers that serve patients in good faith through non-public-facing everyday communications technologies, such as FaceTime or Skype, enabling providers to connect with patients through these readily available applications.
- Reactivation of CPT codes for delivering evaluation and management services through audio-only phone calls.
- Waiver to allow clinicians to provide remote patient monitoring for acute conditions, whether for COVID-19 or another condition.
- Waiver to allow direct supervision to be provided using real-time interactive audio and video technology, thus allowing billing practitioners to observe via telecommunication technology patient interaction with in-person clinical staff.

PATIENT AND VISITOR SCREENING/TESTING

(See [Testing and Contact Tracing](#) section, which provides additional information regarding the current guidance for staff, community and patient/visitor screening and testing.)

- Evaluate current guidance and standards from the CDC, The Joint Commission, state and other authorities; routinely monitor these sources for changes as the pandemic experience unfolds.

- Consider working with other providers in your community (and, potentially, across your state through your state hospital association) to provide consistency and avoid sending confusing messages to the public.
- Develop comprehensive screening/testing protocols that include specific procedures for patients in various settings, e.g., clinics, emergency rooms, before admission, etc.
- Develop screening/testing protocols for patients who exhibit symptoms while hospitalized, after being admitted as COVID-19 negative.
- Develop screening/testing protocols for defined special-need populations, e.g., maternity, dialysis (outpatients), behavioral health, etc.
- Establish protocols for screening visitors and for managing any visitors who display symptoms.
- Support your screening/testing protocols with a comprehensive communications plan.

COLLABORATION WITH ALL PROVIDERS

- Is there an opportunity to standardize processes/procedures across the care continuum with all providers and community services? For example, with local departments of health, social service agencies, pharmacies, etc.?
- Consider this an opportunity to establish innovative partnerships, with scripting for continuity and consistency of messages.

HUMAN CONNECTION

CLINICIAN AND STAFF WITH PATIENT

- Explain why there may appear to be fewer staff interacting with patients, why they may be more covered (masked and gowned) and how that promotes patient and staff safety.
- Reassure the community that staff are available and routine care is important to ensure optimum health of each individual.
- Provide outreach to patients (e.g., calls or iPad “visits” from chaplains, clinicians, volunteers and leaders) to supplement staff’s reduced physical presence in the room.

VISITATION/FAMILY SUPPORT

Social and family support is an important component of the care process.

- Revise policies and procedures for visitation and social distancing consistent with CDC and state guidance, and communicate these, along with underlying purposes. Assure that no medical jargon is included and that information shared is easy to understand. Ensure providers and their offices have the same information so that they can set expectations ahead of non-emergent procedures.
- Develop other methods of communication with families and allow patient/family choice, whenever possible (e.g., FaceTime, cell phone, scheduled conversations with clinicians, etc.).

CULTURAL SENSITIVITIES AND SOCIAL DETERMINANTS OF HEALTH (SDOH)

- What are our capabilities beyond our normal processes for translation?
- What are the impacts of SDOH on the admitting and discharge processes?
- Does the patient have access to new technology we may employ?
- How do patients in underserved areas access and comply with care needs?

ALTERNATIVE SITES OF CARE

- If considering or opening alternative sites of care, do we have adequate testing?
- How are we communicating this to patients/families?
- How do we reinforce the message that equivalent, safe care is delivered in these sites?
- How are we preparing the space to be compliant with all patient safety and infection prevention practices?
- How are we training staff to respond to questions from patients regarding the alternative sites of care?

DIFFERENT PROCESSES AND CARE MODELS (EMERGENT, NON-EMERGENT, COVID-19)

Due to the separation of COVID-19 patients and the introduction of different staffing/care models (team-based, for example), this encounter may appear very different from a previous hospital stay or clinic visit for both COVID-19 and non-COVID-19 patients.

- Have we inventoried what will be different, as perceived by the patient?
- How are we explaining this to the patient?
- Will the patient be seeing different providers than expected? If so, how will we orient the patient to these changes and the reasons behind these changes?
- Evaluate current guidance and standards from the CDC, The Joint Commission, state and other authorities relative to staffing, oversight, licensure, etc.; routinely monitor these sources for changes as the pandemic experience unfolds.

MEASUREMENT

Current measures of the patient experience include the CAHPS surveys, although reporting of required elements to CMS is suspended for Q1 and Q2 of 2020. By looking at various aspects of the patient experience, one can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values. Evaluating the patient experience, along with clinical effectiveness and patient safety is essential.²⁵

- Determine whether changes in who monitors patient experience or what is monitored are appropriate (e.g., suspending typical “report cards” to units and sharing the most useful comments).
- Examine trended views of data, based on discharge date or visit date, to monitor changes in experiences across the pre-surge, surge and post-surge timeframes.

- Assess themes in patient comments to understand how patients are experiencing new protocols and identify new concerns such as testing sites.
- Consider alternate methods in addition to phone or electronic surveys, especially for new and innovative programs and processes such as testing sites.
- Employ new methodology using artificial or augmented intelligence combined with natural language processing, which allows extracting insights from patient comments that can guide organizations in understanding issues and opportunities.
- Because care delivery, settings and processes are rapidly evolving, perform measurement with enough frequency to guide nimble leadership/management.

ADDITIONAL RESOURCES

“Person-Centered Guidelines for Preserving Family Presence in Challenging Times.” Planetree. May 28, 2020. bit.ly/familypresence