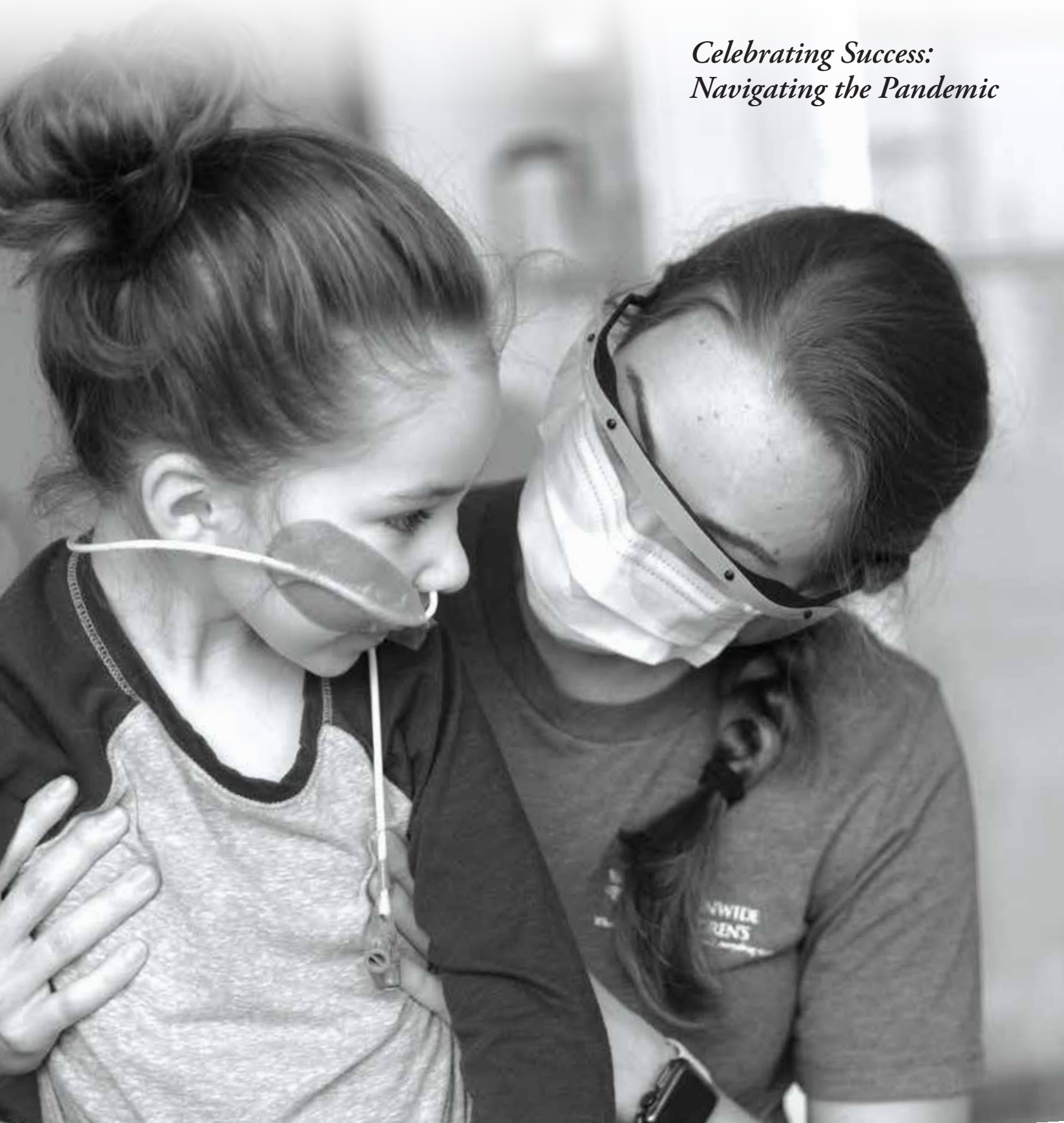


..... Everything Matters In .....

# Patient Care

*Celebrating Success:  
Navigating the Pandemic*



*Nationwide Children's Hospital continues to provide Best Outcomes for patients, even through a global pandemic.*



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# What a Year!



**Lee Ann Wallace**  
MBA, BSN, RN, NEA-BC  
Senior Vice President,  
Patient Care Services,  
Chief Nursing Officer

There's no debate 2020 was a challenging year, and many, maybe most of us, are glad to be in a new year. And while there are many things that we would like to forget, there are many things worth remembering. For me, the early parts of 2020 meant new beginnings, a new role, meeting new people and thinking about the future vision. All of that had to go on pause in early March when a global pandemic hit!

We experienced change and challenge at a pace that most of us have never seen. We had concerns with the supply chain and personal protective equipment. In a matter of days, Nationwide Children's Emergency Department and Emergency Preparedness teams implemented a drive-through testing station. The station could withstand wind, rain, cold and intense summer heat. Through agile and innovative strategies, Information Services (IS) partnered with the clinical teams to find a way to deliver remote care to our patients and families. Our IS teams seamlessly created a work-from-home strategy that allowed us to continue normal operations. We weathered reductions in volumes in many areas resulting in the need for workforce changes and relocations. We experienced rapid changes in policies and algorithms as we felt the impact of the pandemic. We made alterations in how we cared for patients, families, visitors, students and even team members. We implemented universal masking, safe distancing, virtual group meetings and remote learning. All of this, while our team members were experiencing challenges at home with stay at home orders in place, no schools, no daycare and no sports.

But despite these challenges, we have been able to continue to fulfill our mission and care for our children and families to achieve *Best Outcomes*. We continue to have moments of celebration, a Newborn Intensive Care Unit baby going home after months in the hospital, the last chemotherapy infusion or a successful heart surgery. Early in the pandemic, we successfully opened the new pediatric Big Lots Behavioral Health Pavilion. Even though we were coping with all the stress and challenges inside our walls, we were inspired by social justice issues taking a Stand Against Racism and a Stand for Health Equity.

So, as we look ahead, we are filled with hope. Hope for a broad-based vaccination, hope for a return to normalcy for our schools and communities. But if 2020 taught us anything, it taught us that at the heart of Nationwide Children's Hospital we are a team like no other. We are a One Team that successfully conquers the challenges presented to us! I am so proud to work with each of you and look forward to our Journey in 2021.

# Epidemiology Perspective During a Pandemic

Kate Taylor, BSN, RN, CNOR

Infection Preventionist, Nurse Department of Epidemiology







2020 presented one of the greatest challenges many of us have experienced in our careers as health care professionals. A novel Coronavirus, the cause of a worldwide pandemic, would test our resources in ways we could not have predicted. Personal protective equipment (PPE) shortages, staffing shortages, remote work, telehealth, furlough and staff burnout were only a handful of the challenges health care workers faced across the nation and across the world. Nationwide Children's Hospital was no exception. The stress of staying current and up to date on the ever-changing guidance from the Centers for Disease Control (CDC) alone was an uphill climb.

Challenging as it has been, staff members have persevered in order to keep patients, co-workers, and themselves safe and healthy. Through it all, we have much to be proud of and several successes to celebrate. Even a pandemic could not deter the *Journey to Best Outcomes*. Our greatest successes as an institution over the past 18 months are the determination and tireless pursuit to deliver top notch patient care and the unwavering commitment to remain agile and innovative despite the pandemic-sized curveball that 2020 dealt to the world. This certainly deserves recognition and celebration, even if that celebration must be socially distanced, masked and virtual.

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**To confront this extraordinary challenge, Nationwide Children's assembled a PPE taskforce early in 2020 consisting of multi-departmental and multi-disciplinary team members.**

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The CDC, along with state and local health departments, published guidance for health care institutions upon the emergence of the pandemic in the early months of 2020. A novel virus, however, is just that; novel. So much was and continues to be unknown about the SARS-COV-2 virus. As epidemiologists, scientists and governing bodies have continued to learn more, the guidance has changed — seemingly daily.

Early guidance directing hospitals to consider a patient as a person under investigation (PUI) if the patient had a fever or cough and a history of recent travel to a select few countries outside the United States evolved quickly. As the virus spread at a rapid pace, the primary risk factor of travel outside of the United States faded. At that time, health care facilities had to start considering any patient presenting with a variety of non-descript symptoms of illness as potentially contagious with the novel coronavirus. Further complicating matters, these same symptoms are commonly exhibited by

young children during the fall and winter months when the incidence of many respiratory viruses peak. Consequently, it became especially difficult to decipher a patient with concern for COVID-19 from a patient with the common cold.

To assist in this regard, Epic® exposure screening questions were updated frequently as our knowledge expanded about how the virus spread. A COVID alerting system was quickly built into the electronic medical record. Best Practice Advisories and COVID banners were implemented to immediately identify patients who needed isolation, enhanced PPE and infection-control measures until COVID-19 could be ruled out.

While many efforts were focused on prompt identification of PUIs, it was also clear early in the pandemic that Nationwide Children's would require targeted efforts regarding essential resources. The hospital would face the same supply challenges that hospitals across the United States were encountering upon the emergence of SARS-COV-2, specifically PPE. As a health care professional who has been fortunate enough to work at a resource-rich hospital for the entirety of my nursing career, it has been an incredibly unfamiliar yet uniquely humbling experience to find our workplace in need of an essential supply and unsure if or for how long that supply would be available.

To confront this extraordinary challenge, Nationwide Children's assembled a PPE taskforce early in 2020 consisting of multi-departmental and multi-disciplinary team members. These taskforce members have been in constant contact throughout the pandemic to establish current PPE needs while also projecting future utilization rates. They have continually reassessed ways in which we could optimize our current PPE supply, source needed PPE and distribute PPE resources effectively and efficiently.

It has truly been a collaborative effort between many different departments to ensure that we have the necessary stock of N-95 respirators, procedural masks, gowns, gloves, eye protection and face shields. At times it felt as if PPE sourcing was an unwinnable battle, as one resource would become available another would be placed on backorder. The task force remained undeterred and began evaluating alternative forms of PPE (such as N-100, elastomeric and KN-95 respirators) as potential resources if needed inventory became unavailable. Thankfully, these alternative plans were not necessary due to Battelle's groundbreaking reprocessing of N-95 respirators, PPE sourcing from generous partnering hospitals and the tireless efforts of everyone involved in the supply chain process.

Once the PPE task force established methods to source PPE, Epidemiology was charged with implementing processes and procedures consistent with CDC guidance on PPE optimization and conservation. These processes would need to ensure effective utilization of that PPE. In collaboration with managers and front-line staff our department developed





# Staffing Through a Pandemic: Pharmacy Perspective

Matt Sapko, PharmD, MS, Director, Inpatient Pharmacy Services



As a leader, although we know that catastrophic events can occur, being fully prepared for a worldwide pandemic can be a daunting task. In line with our core hospital and departmental values, *the pharmacy team focused on:*

- BEING PRESENT
- BEING TRANSPARENT
- CLEAR, COMPLETE COMMUNICATION
- ASSUMING POSITIVE INTENT

When the COVID-19 pandemic reached Ohio, shutdowns began and patient volumes significantly decreased. This required multiple programmatic and service changes to ensure both patient and staff safety. Once the impending severity of the pandemic was evident in mid-March, the pharmacy team quickly recentralized many operations. Although the department is vast and includes a multitude of specialized functions focused on optimizing patient care and best outcomes, we had to consider pharmacy’s most essential role of safely, effectively and reliably providing medications to patients. As a result, the clinical pharmacists stopped attending rounds to allow for social distancing and were required to re-train in various areas to ensure pharmacy’s operational needs could be met should anyone become sick or quarantined.

Beginning in mid-March, the pharmacy was one of the first departments to move approximately 50 team members to work remotely. In early April, the department transitioned to cohort staffing which continued through mid-June. This resulted in consolidation of positions and roles as well as many schedule changes. The complexities of scheduling were immense, however, the hospital’s generous furlough program made staff feel supported.

To enhance team communication, there were weekly COVID-19 email communications that focused on operational and clinical changes. It was common to have four to five significant operational changes weekly. This included new protocols for cleaning, delivering and handling medications for the special pathogen unit, workspace and physical distancing requirements and implementation of “curbside” prescription pick-up in the front of the main patient care tower. Our team took great pride in the fact that our outpatient pharmacy was one of the first in the country to provide “curbside prescription pick up.”

Though countless challenges and operational changes have occurred as a result of the pandemic, there were also opportunities to recommit to Nationwide Children’s Hospital mission and values. Lessons learned include the importance of being transparent and present for staff, as well as providing clear communication. There continues to be a strong belief in “assuming positive intent” with all of the changes to ensure the ultimate goal of keeping both our patients and staff safe. The pharmacy department’s ability to model One Team values allowed us to successfully manage changes in staffing, operational processes and

and reviewed workflow processes, PPE algorithms and educational PPE resources, which have helped keep both staff and patients healthy.

One of the paramount challenges throughout the pandemic has been balancing Nationwide Children’s core value of delivering family-centered care while recognizing that an unprecedented public-health crisis necessitated significant restrictions, including visitation. The realization that every person entering the hospital increases the risk of transmission of COVID-19 presented our team with a difficult decision. There was no question of our obligation to limit that risk. To this end, a multi-departmental team created reasonable restrictions that would allow patients to continue benefiting from the support of a parent or guardian during their time at Nationwide Children’s. The success of these inpatient and outpatient visitor restrictions lies in the fact that our hospital was able to balance a temporary policy change designed to limit the spread of COVID-19 with our family-centered-care philosophy.

Like the rest of the hospital, the Epidemiology Department has been directly impacted by this virus and its consequential effects. At times COVID-19 seemed to take over our daily epidemiological work duties. Nevertheless, the department made certain that our pre-pandemic era infection prevention and surveillance continued. In 2020 we identified a significant reduction in the number of health care associated respiratory viral infections. The 2019 rate of hospital associated respiratory viruses was 0.5 with 95 identified hospital associated respiratory viral infections. The 2020 rate was reduced to 0.3 with 50 identified hospital associated respiratory viral infections.

We attribute this reduction to staff’s hypervigilance and increased compliance of infection control practices, hand hygiene, universal masking and early implementation of transmission-based precautions and is a testament to the efficacy of PPE, if worn properly and when indicated. As we reflect on 2020 and ponder what victories we can claim from this pandemic, this will surely be recognized as one our hospital’s achievements during a difficult time in health care. When we look ahead to a post-COVID era, we should not let these practices falter as we have concrete proof that they are essential on our journey to best practices and optimal patient outcomes.

2020 has tested hospitals and health care facilities across the nation mentally, physically and emotionally. It will only be after cases of novel coronavirus dissipate that we will begin to realize the full scale of the toll this virus has taken. However, through all the adversity and challenges the Nationwide Children’s team can be proud of our perseverance and our continued efforts to keep patients and families at the forefront of all we do. We should not let this success go unnoticed as we move forward.





## One Team Response to COVID-19

**Kelly Kranz, RN, BSN, MS, NEA-BC**, Director Clinical Communications

**Kristie Fiorella, RN, MS, COHN-S**, Manager Employee Health

When you say March 2020, two words come to mind: COVID-19 and One Team. While no one could predict back in March what COVID-19 would mean to our patients, families and staff, we ventured blindly into an unknown as One Team. Nationwide Children's Hospital quickly mobilized a response team comprised of representation from Employee Health Services and the Physician Consult Transfer Center (PCTC) to create and enact clinical guidelines and recommendations based on input from Epidemiology, the Centers for Disease Control and state and local health departments. These guidelines aimed to create and enact exposure mitigation strategies to stop the spread of COVID-19 for employees, patients, their family members, students, residents, contractors and guest workers.

One such strategy was the COVID-19 Call Center. The COVID-19 Call Center was initiated first with three different phone lines: provider line, community line and employee line. The Call Center provided clinical guidance for COVID-19 symptom screening, testing, quarantine, clearance and answers to general questions. Within a week's time, Information Services (IS) responded to set up computer and phone systems to manage the calls. The provider line was merged with the community line after a couple months due to low call volumes and was called the Community COVID Triage Line. The Employee Health COVID-19 Call Center Line was staffed by nurses who triaged the caller based on symptoms and the current algorithm for COVID-19 situations. The nurse could order COVID-19 testing and put employees on quarantine based on the algorithm and established protocol. The COVID-19 Call Centers worked closely with Epidemiology and Infectious Disease to update criteria as new knowledge was available about COVID-19.

The Call Center has changed since its initial conception to adapt to our ever-changing needs around COVID-19. As we learned more information about containing the spread of this virus and how to treat it, protocols were changed, sometimes daily, in accordance with the Ohio Department of Health and other agencies' guidelines. While Call Centers were initially staffed by Employee Health nurses, we quickly oriented furloughed nurses and continued to do so as nurses returned to their home units and new nurses to the Call Center were onboarded. The continual need for revisions based on ever-changing guidelines meant continual changes to manuals and protocols to keep an ever-changing staff competent in current practices.

In July 2020, the Employee Health COVID-19 Call Center Line was merged with the Community COVID Triage Line and managed under one department. This allowed for a better use of resources based on the needs of the two call centers. Staff were cross trained to answer both lines and triage testing needs for both staff and children within the community. The call center averaged between 100 to 150 calls a day, peaking at more than 500 calls in November 2020 during the surge of positive staff, patients and community outbreaks. Currently, the Employee Health COVID Call Center, located in the Near East Office Building, is staffed by approximately 25 nurses consisting of permanent staff as well as per diem staff. This has resulted in a very diverse group of nurses from numerous departments working together. The majority of nurses transitioned from direct patient care to telehealth nursing, which required a very different skill set. Typical of our wonderful Nationwide Children's staff, our Call Center staff onboarded efficiently, responded positively and have been resilient in the face of every challenge. They, in One Team fashion, have created a cohesive and collaborative call center that has aided an entire community as well as our own Nationwide Children's family.

**The Call Center was just one initiative in our procedures for keeping patients and employees safe by preventing the spread of COVID-19. Several other protocols were developed and are currently utilized to create a safe environment for all:**

**A DATABASE CALLED APEX** was created to document and track employee calls regarding travel, exposures, COVID-19 testing and manage employee questions and concerns. Apex allows different team members to work in parallel on different steps in the exposure assessment, COVID-19 testing and communicating quarantine and work status to Human Resources, managers and employees.

**A POST-EXPOSURE HEALTH GROUP** led by APRNs and RNs was established to perform a thorough assessment of all exposures between patients, providers, employees, household members and the community. This allowed Employee Health to track and be aware of potential clusters that would require follow-up based on potential or actual exposures to COVID-19.

**A COVID POD TENT** was operationalized for testing of employees, employee's children under the age of 21 living in the household and children in the community.

These and other initiatives set into place after the beginning of the pandemic have helped contain the spread of COVID-19 and keep our patients, families and staff safe. While we could not predict where we were going in March when all of this began, thanks to our One Team approach, we have kept our environment safe for patients and employees alike.



# COVID-19's Alphabet Soup: ACS, POD, MCM and Other Acronyms You Never Knew You Needed to Know

**Matthew Caudill, BA, CEM**, Director of Emergency Preparedness Emergency Services Division

## DECLARATION AND ACTIVATION

March 11, 2020: Three slides and a stacking of hands. That was the result of a meeting convened outside of our CEO's office to discuss how best to assist in the State of Ohio's efforts to collect and test samples for SARS-CoV-2019 while ensuring the safety of our patients and families, visitors and staff. The hospital developed a plan of action to stand up an alternative care site (ACS) or what is known in the governmental realm as a POD (point of distribution or dispensing) in the main campus Urgent Care parking lot.

PODs come in a few different types and varieties. The FEMA POD concept focuses on providing centralized locations usually located in large parking lots where the public would pick up life sustaining commodities following a disaster or emergency, including food and water. You will most likely associate this type of POD if you read how states' national guard passed out supplies during Hurricane Katrina. A slightly different version of the POD concept is used by our colleagues in public health. PODs at community locations like high schools or conference centers, are used to dispense and administer medical countermeasures (MCMs) to the public to treat adverse health effects related to a public health emergency much like the current COVID-19 pandemic.

How could this type of operation benefit our patients and staff? Pandemics cause medical surges. A local surge in the need for medical care might require jurisdictions to establish alternate care sites (ACS) where patients with COVID-19 can remain and receive medical care or testing. These are typically established in non-traditional environments, such as converted hotels or mobile field medical units. The Secretary of the Department of Health and Human Services (HHS) using section 1135 of the Social Security Act (SSA) can temporarily modify or waive certain Medicare, Medicaid, CHIP or HIPAA requirements, called "1135 waivers." When there's an emergency, blanket waivers help patients access care.

## PEOPLE, PLACES AND THINGS

March 15, 2020: The COVID-19 POD design team presented their draft plan to leadership for consideration and approval. Phase One commenced on March 16, 2020 launching a quick and cascading series of events to recruit staff from all disciplines, activation of disaster-related equipment and tent-like shelters and building engineering processes and IS infrastructure in an outdoor environment. Nurse triage hotlines were created as well as expanding employee health phone centers including telemedicine. At one point during our pandemic response, four separate phone systems were in operation now merged into a single, central point of entry. On March 17, our first EPIC build-out began with version updates issued on an as needed basis. The design team forecasted the escalation of demand for service and created three levels, or phases, to our POD response. Today, located in the first floor of the NEOB, you see our phase two operation. This operation is expected to accommodate up to 800 daily visits. Phase three, although located at the NEOB, will have a much different looking footprint if service demand requires this level of activation.

## COMMITMENT, INNOVATIONS AND A RELENTLESS SEEKING OF EXCELLENCE

It takes a strong commitment to come to work every day under a myriad of difficult circumstances; rain, sun, snow or wildly ranging temperatures. The COVID-19 POD Team has more than 100 excellent staff committed to being innovative and to always seek excellence as part of the hospital's greater One Team philosophy. Borrowing from the hospital's vision statement, the team seeks for the best outcomes in everything we do and understands that together we can deliver the best health care for children. Even in the first floor of a garage.

*Author's note: At the time of this writing more than 49,000 patients, staff and contractors have been served with numbers growing daily.*

# Maintaining Team Positivity During a Pandemic

**Brandon Kozar, PsyD, MBA**

Director, YOU Matter Staff Support Program & Leadership Coaching and Development



How do we maintain team positivity during periods of chronic stress? Well, one could write a book on this subject (and many have!) but for the sake of time and sanity, allow me to get to the most impactful point. It all comes down to the degree to which you and your team members respond with prosocial behaviors when triggered by stressors. What do we mean by “prosocial”? It refers to “voluntary actions that are intended to help or benefit another individual or group of individuals” (Eisenberg and Mussen 1989, 3). The American Psychological Association defines it as denoting or exhibiting behavior that benefits one or more persons. Simply checking in on another person, offering support, encouragement, forgiveness, holding a door open for someone, offering to pick-up lunch, etc. are all examples of what is collectively referred to as “prosocial behaviors.” Prosocial behaviors help to create bonds and friendships. They are necessary to create a sense of community in people. They are also observably absent during periods of conflict, divisiveness, and anger towards one another.

Human beings are deeply social creatures. We are the most social of all the mammals and arguably the most social species on the planet. In fact, recent brain research has highlighted the importance of communal living and our need to feel secure within a group: When people experience social rejection specific brain regions (dorsal anterior cingulate and anterior insula) are activated (Science, 2003). Why is this important? These brain regions are part of the physical pain detection system. Put simply, social rejection is literally painful to people! From an evolutionary perspective, this suggests that social togetherness and support was so crucial for our survival as a species that our brains process negative social outcomes similar to how it processes immediate pain experiences (which tells our body that something is wrong and action needs to be taken immediately). Social rejection and isolation are associated with increases in anger, anxiety, depression, jealousy and sadness. It reduces performance on difficult cognitive tasks and can also contribute to aggression and poor impulse control (Current Directions in Psychological Science, 2011). However, the opposite occurs when we experience social acceptance and support: Aggressive feelings and tension reduces (Social Psychological and Personality Science, 2010). When people feel socially supported within work environments; they tend to score higher on engagement surveys, have longer tenure, less absenteeism, and less performance/conduct issues (Chat-

ters, and Taylor 2005; Song and Lin 2009; Sarason, Sarason, and Gurung 1997; Umberson et al. 1996). My own professional work as a corporate psychologist has affirmed these findings. In fact, positive social interactions (we refer to as ‘prosocial behaviors’) naturally triggers the release of endorphins in the brain (Hsu et al, 2013). These natural opioids help to increase our mood, sense of pleasure/tranquility, and reduce feelings of pain. In addition, oxytocin, also known as the “love or cuddle hormone” has been found in higher concentration levels within one’s blood stream and brain as they develop trust and bonding with others (Zak, 2017). Why does this matter? Research is starting to see a link between oxytocin production and lower rates of depression, anxiety, and even irritable bowel syndrome (Neumann, 2007). Prosocial behaviors appear to trigger the release of these mood pleasing neurobiological ingredients.

Let’s try to make all of this a little more personal. Take a moment right now to pause and reflect about a time you felt completely welcomed and valued by a group of people. Think about how it felt to be so welcomed, appreciated and desired. Reflect on the impact that this group would have on your mood. I bet that there were moments in which you entered that group not feeling the happiest and yet within a few minutes of being surrounded by them, you would start to feel better.

The feelings triggered by these kind of experiences offers us the clues for how to maintain team positivity during periods of chronic stress. Behaviors that promote feelings of social support works! Unfortunately, we are seeing many team members respond to chronic stress with only personal protective coping behaviors that may help them as individuals but doesn’t necessarily help the overall team. Let me be clear, there is nothing wrong with engaging in personal coping skills to manage stress. At the YOU Matter Staff Support Program, we talk about these kind of self-care tips all the time! Everyone should have a personal stress coping tool bag to use when life gets overwhelming and difficult. With that said, too much of anything isn’t necessarily good and I suspect that the overemphasis of individual coping is no exception.

There is also the problem with how people commonly respond to a stressor - they try to avoid it! Makes sense, right? If something causes you emotional tension and triggers a sympathetic nervous system (SNS) response, commonly known as a fight-flight-freeze response, then

the logical coping response is to avoid that stressor. Unfortunately, that isn’t really an option when the source of that tension is your job and sometimes the people affiliated with it. So, we do the next logical thing which is avoidance of associations with that work environment. Again, this makes some sense on the surface. However, as we begin to examine this further, we start to see the unintentional negative consequences. Team members begin to isolate from one another, there are less prosocial communal behaviors (e.g., checking in with your colleague or engaging in a team debriefing), and often many excuses for not doing them (e.g., not having enough time). The physical distancing requirements specifically associated with the COVID-19 pandemic has exacerbated these isolating/avoidance behaviors even more.

Teams of people can thrive during chronically stressful periods of time. They can also derail destructively. What determines this fate is whether most of the members on the team respond to stressors with behaviors that prioritize group protection versus individual protection. This is what we mean by the term “prosocial behaviors” within this framework. Instead of responding to stressors with a “what do I need to do for me?” the most positive, effective and resilient teams have many members who respond to stressors by first asking the question, “What can I do for us?” To better illustrate this process, please refer to the visual below:



As you can see, when team members respond to a stressor in a prosocial manner it contributes to team cohesion and security. This helps to build bonds, promote trust, and trigger cooperation within the group. Prosocial behaviors are the like the glue that sticks people together through thick and thin, especially during pronounced and elongated times of hardship. As already mentioned, this does not mean that there isn’t a time and place for

individual protection coping behaviors that allow us to briefly avoid or escape the stress and anxiety associated with the stressor. This is all fine and necessary. The larger point to be learned is the degree and frequency to which choosing individual versus group protective behaviors plays a critical role in how effective a team is in maintaining positivity during prolonged periods of stress.





# Everything Matters in Family Presence: Parent Visitation During COVID-19

Jeanette Thomas, Manager, Patient & Family Relations/Information Desks



**Now that you want to be more prosocial in your responses to stressors (applause to you!), here are some practical steps you can begin taking today:**

- Develop your self-awareness to the moments you want to socially disengage the most when at work. Are there certain situations? Specific times of the day? Physical or emotional triggers?
  - Being able to know when and where you are most likely to engage in individual protections can help you resist this urge if you can better anticipate it.
- When you start to feel overwhelmed, go check-in with another colleague and ask them about their stress. This can give you an opportunity to share where you are at. Be willing to support them and let them support you. We all need help from others in this work.
- Pay attention to the non-verbal communication you are sending out to those around you. You may not realize it, but many of us send powerful “leave me alone” signals when we are feeling overwhelmed.
- Share kind words of appreciation to your colleagues. Remember, social acceptance is critical for our health and well-being. If you happen to be a tenured, senior, or leadership staff member on a unit, your words will carry weight, especially to the younger and newer staff.
- Get out of your head. One thing I like to remind myself is, “Less in here (my head) and more out there (life and people around me).” It is so easy for us to get stuck in our thoughts that it can us to unknowingly dissociate from others.
- Finally, have some grace for yourself and show some grace for others. Perfectionism and rigid expectations are the enemies of healthy interpersonal relationships. When life and work are chronically hard, we all deserve a little forgiveness.

Taking the time to engage in more prosocial responses to chronic stressors takes effort and intent. The payoff is not only good for the team around you but ultimately good for you as well. We all contribute to the experience of social support, cohesion, and feelings of security and trust in our teams (no matter your status). As the old saying goes, “we get what we give.” This is true for many aspects of life, maintaining team positivity during periods of chronic stress appears to be another example of it.

A fundamental principle of Nationwide Children's Hospital is family presence and family-centered care. In the spring of 2020, the hospital was preparing to lift the viral visitation restrictions when we found ourselves faced with the COVID -19 pandemic, necessitating stricter policies. The challenges began in April when inpatients were limited to one guest per day with a limit of two people on the visitation list. This restriction included parents/legal guardians and lasted for the duration of the patient's admission. Staff were sympathetic to the hardships this policy change placed upon families and worked hard to find ways to be consistent and fair. Outpatient visits were also affected with only one outpatient visitor - no siblings or additional people - allowed to accompany the patient. Appointments were scheduled to maintain fewer people in the waiting and procedure rooms to allow for physical distancing.

It is certainly a challenge to do all that we can to keep our patients, visitors and staff safe by preventing unnecessary community exposure. During this time of COVID-19, we have policies and guidelines that seem to disregard our family centered care values by restricting the essential individuals. Our patients and practitioners depend on these important caretakers to partner with us in caring for their child. While exceptions have been made for end-of-life situations or initial oncology consults, etc., we continue to weigh requests for exceptions to our visitor restrictions with our family-centered values and the benefits of keeping our patients, families, visitors and staff safe. In one sad circumstance, it was almost Christmas and the patient's clinical care team had determined the patient might not survive. Given our current visitation restrictions, the team was tasked with providing the patient and family time together while keeping the group safe and minimizing exposure. With compassion and creativity, the team reserved

a conference room on the hospital's first floor and alerted the appropriate staff so that temperature screenings and visitor badges were readily available. When the parents and siblings arrived, team members met them at the entrance and escorted them to the conference room. It took out-of-the-box thinking by the team to ensure everything went smoothly. The family was appreciative and enjoyed the time together immensely.

So how do we keep families in touch with their patient when we must maintain physical distance? As Patient Relations coordinators, we listen with empathy to concerns knowing that each family feels an exception for their unique situation should be granted. While compassionately explaining they are not alone in their concerns, we focus on what parents can do. We encourage sending electronic greeting cards. These cards are filled out on the hospital website, printed by Nationwide Children's and hand delivered to the patient's room. One patient received more than 250 cards in one day! We also encourage the use of technology by allowing patients to borrow laptops and iPads from the Family Resource Center to video chat with their friends and family. Parents have been very appreciative of this resource, especially over the holidays. Families and visitors can also contact our gift shop and purchase a gift card, balloons or other surprises that are sent directly to the patient's room.

Our caring staff at Nationwide Children's know how to make families feel that their loved one is in excellent hands. Our staff also appreciates the anxiety families must feel with not everyone being able to visit the patient during these unprecedented times. The safety of our patients, parents, visitor, and staff will always be a top priority and we are excited at the possibility of being able to welcome all our visitors back to our normal visitation privileges soon. Everyone really does matter with visitor restrictions too!

# Promoting and Maintaining Access: Primary Care in a Pandemic

Kim Regis, DNP, RN, NEA-BC, PNP-BC, BCC, Vice President of Operations, Chief Nurse Executive, Ambulatory

In November 2020, the Primary Care Network at Nationwide Children's Hospital was again recognized as a Patient-Centered Medical Home (PCMH). The network achieved the highest level of standards, Level 3, from the National Committee for Quality Assurance (NCQA), in recognition of the evidence-based, patient-centered and interdisciplinary team care they provide. This recognition came in the midst of a year marked by unforeseen challenges in care delivery during the COVID-19 pandemic. Despite those challenges, the Primary Care Network was able to promote and maintain access to care for patients in the community through operational changes, outreach, communication and commitment.

## OPERATIONAL CHANGES

To ensure the safety of staff, patients and families, several steps were taken at the onset of the pandemic to limit exposure and transmission of COVID-19. The first major step implemented was to separate sick and well sessions into morning and afternoon so that patients with any acute illness would not be in waiting rooms with well patients. In addition to these measures, the operations coordinators and clinic leadership worked together with our property management partners to customize “banker’s glass” type barriers to fit our leased properties for patient access representatives to have barrier protection when registering patients. All other practices including masks and physical distancing were implemented.

Primary Care’s rapid implementation of best practices enabled them to be an early adopter of allowing COVID-19 positive patients and families into the clinic setting so that medically necessary care would not be delayed. This was especially true for newborns recently discharged from the birth hospital. In April 2020, Epidemiology requested a plan for mothers that tested positive for COVID-19 to bring their newborns to their first well-child visit. The Primary Care Network Newborn Services coordinated a process that merged with the newborn nurseries’ existing discharge pathway to ensure reduced transmission risk and optimized access to care. This innovative approach was integral to maintain access for this vulnerable population.

## OUTREACH

At the end of 2019, Nationwide Children's Primary Care Network was seeing great success in reaching the community through expanding services and increasing access to care. The improvements in access and improved patient outcomes continued into early 2020 prior to the onset of the changes to operations that came about with COVID-19. Increased access equals more vaccines, decreased acute illnesses and decreased infant mortality.

When COVID-19 made its way to our community, the impact on primary care services became immediately apparent as visit volume began to decline. Families heard the message that staying home was the safest thing for them to do. National reports indicated that childhood vaccination rates declined significantly following stay at home orders consistent with the trend. In response to the decline Primary Care launched a massive outreach strategy.

The staff in Primary Care completed more than 25,000 live phone calls. Marketing worked with the teams to create messaging for patients and families to update them on the safety precautions and operational changes implemented to keep them safe. Leveraging technology through text messaging, enrollment of families for MyChart and engaging active users also enabled Primary Care to increase outreach capacity and promote return to care for patients.

## COMMUNICATION

Keeping the lines of communication open is critical during stressful times. The Primary Care teams stayed connected at all levels with weekly calls for the whole network. The entire leadership team participated in the calls providing pertinent updates and information regarding new workflows, policy changes and successes. A best practice that came from these meetings involved leaving the chat open at the end of the call so that people could type their questions. After the meeting a FAQ was compiled with the questions and answers and sent out to the team.



## COMMITMENT

*"The best way to find yourself is to lose yourself in the service of others."  
— Mahatma Gandhi*

Primary Care in a pandemic is uncertain. The staff, the patients and the families are tired and looking for answers. The operational changes, outreach and communication strategies provided some of the answers. As a network and a hospital we have done a great deal to slow the spread, promote and maintain access to care. The work that we have done could not have been done without commitment from the staff. When the staff do not know what to do, we continue to serve. Nationwide Children's Primary Care Network is where everything matters for our families.



# Increase of PTSD Both During and Following the COVID-19 Pandemic

**Nancy Noyes, RN, MS, PPCNP-BC, PMHCNS-BC**

Fellowship Program Director- Child and Adolescent Psychiatric Nurse Practitioner Program

The COVID-19 pandemic has posed many challenges for health care workers both in the United States and internationally. During the pandemic, health care workers report acute stress related to long work hours, concern with having adequate access to personal protective equipment (PPE), fear of exposure to the virus at work and subsequent exposure to family members as well as balancing work-life demands. Other identified concerns include the ability to provide competent care with clinical reassignments, economic stressors, uncertainty about the future and how long the pandemic will last, and the lack of access to up-to-date information with clear communication from hospital leadership.

Tragically, due to the pandemic, many caregivers have witnessed an unbearable amount of patient deaths and have served in the difficult role of comforting dying patients due to absent family members at the time of death. This prolonged, chronic exposure to stressful events

disparity and inequity of health care access including mental health services. The Center for Infectious Disease Research and Policy estimates that Black people are three times more likely than Caucasians to get the COVID virus and the Centers for Disease Control (CDC), as of October 2020, reports that Black Americans are experiencing mortality rates that are two or more times as high as the rate for Caucasian Americans.

To proactively assist with preventing PTSD, both individual and systems-based interventions are needed. For individual health care workers, it is important to be proactive in identifying warning signs of individual changes in mental health wellness in order to promote strategies fostering resiliency and healing. Co-workers play an important role in recognizing significant changes in a peer's behaviors and reporting this to their supervisors.

Resilience assists individuals with the ability to utilize healthy coping skills during periods of adversity and

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**The Employee Assistance Program (EAP) and YOU Matter Program are available to all Nationwide Children's employees and offers a variety of programs to promote emotional well-being.**

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leads to physical and emotional exhaustion, work burnout and absenteeism, medical errors, anxiety, loneliness, depression, substance abuse, poor sleep, disrupted relationships, physical symptoms (headache, stomachache), memory and concentration deficits. Chronic daily stress can also lead to poor physical health long-term.

Individuals with Post-Traumatic Stress Disorder (PTSD) experience intense and disturbing thoughts and feelings that are directly related to a traumatic experience. These experiences can last long after the traumatic event has subsided. Although PTSD is usually associated with military veterans or victims of abuse, health care workers have experienced similar symptoms during the pandemic. In addition, personal experiences described by people of color exposed to chronic racism validates the presence of PTSD. Racism also contributes to health

promotes emotional healing. Incorporating daily self-care strategies such as increasing physical activity, improving sleep and nutrition, limiting media coverage exposure with the pandemic, mindfulness or yoga, and reduction of social isolation with the advent for the need to continue social distancing can be helpful. System-based organizational strategies must promote a safe work environment, foster diversity and inclusion and create a work culture where mental health wellness is valued, and self-care is encouraged. Nationwide Children's Hospital has been proactive in response to the COVID-19 pandemic and continues to build organizational infrastructures to keep employees healthy and safe. The Employee Assistance Program (EAP) and YOU Matter Program are available to all Nationwide Children's employees and offers a variety of programs to promote emotional well-being.





## Remote Epic Training During the COVID-19 Pandemic

**Amanda Brown, MSN, RN** Clinical Leader, Nursing Informatics and **Reena Patel, MSN, RN** Nurse Educator Informatics

The COVID-19 pandemic created a unique situation for the onboarding process of new and transfer employees at Nationwide Children’s Hospital. The Nurse Educator Informatics (NEI) team at Nationwide Children’s is responsible for Epic® education for all nurses, respiratory therapists, social workers, licensed practical nurses, medics, patient care assistants, mental health assistants and medical assistants. Prior to the pandemic, Epic classes were incorporated into new employee orientation and held in the traditional classroom setting with a maximum of 18 students and two instructors. With the implementation of social distancing guidelines, in-person meetings were limited to 10 people in a room at one time. An innovative approach was needed to continue onboarding employees, despite these social distancing guidelines. The NEI team made a rapid transition, over a two-week period, from traditional classroom education to remote Epic training.

The NEI team worked together to review the traditional classroom curricula and make the changes necessary for remote learning. Since employees could attend class via a Skype meeting, from home or on a clinical unit, the NEI team investigated how training would work on a variety of computer types. Additionally, the employees would need access to the Epic Training environment on their personal computer. The NEI team members worked closely with a variety of departments to streamline this process. Prior to class, employees were provided with instructions for how to access the training environment, along with their train username and class activities.

Two instructors facilitated class; one as the primary instructor and one as the backup. The primary instructor was responsible for delivering the class content, while the secondary instructor assisted with any technical troubleshooting and monitored the Skype chat box for any questions during class. These roles were like the in-class roles of the primary and backup instructor, however, the remote delivery created more technical challenges. Each instructor had clearly defined responsibilities for class preparation; such as ensuring the training environment was added to the employees’ access, emailing the Skype invite, and sending the hyperlink for Epic access.

The NEI team identified several considerations for remote classes to be successful. It was vital for the instructors to click and navigate through the Epic training environment more intentionally, while verbalizing the directions for where the employee should be looking on the screen. Since the employees were toggling between the Epic training environment (where they practiced activities) and the Skype meeting (where the instructor was demonstrating), there was an increased risk that employees would become confused or get lost. It was crucial for the instructor to verbalize when the employees should be watching the instructors screen and when they should be practicing on their own in the training environment. The instructors also had to be cognizant of the pace of content delivery to allow employees time to process the information and account for connectivity lag times.

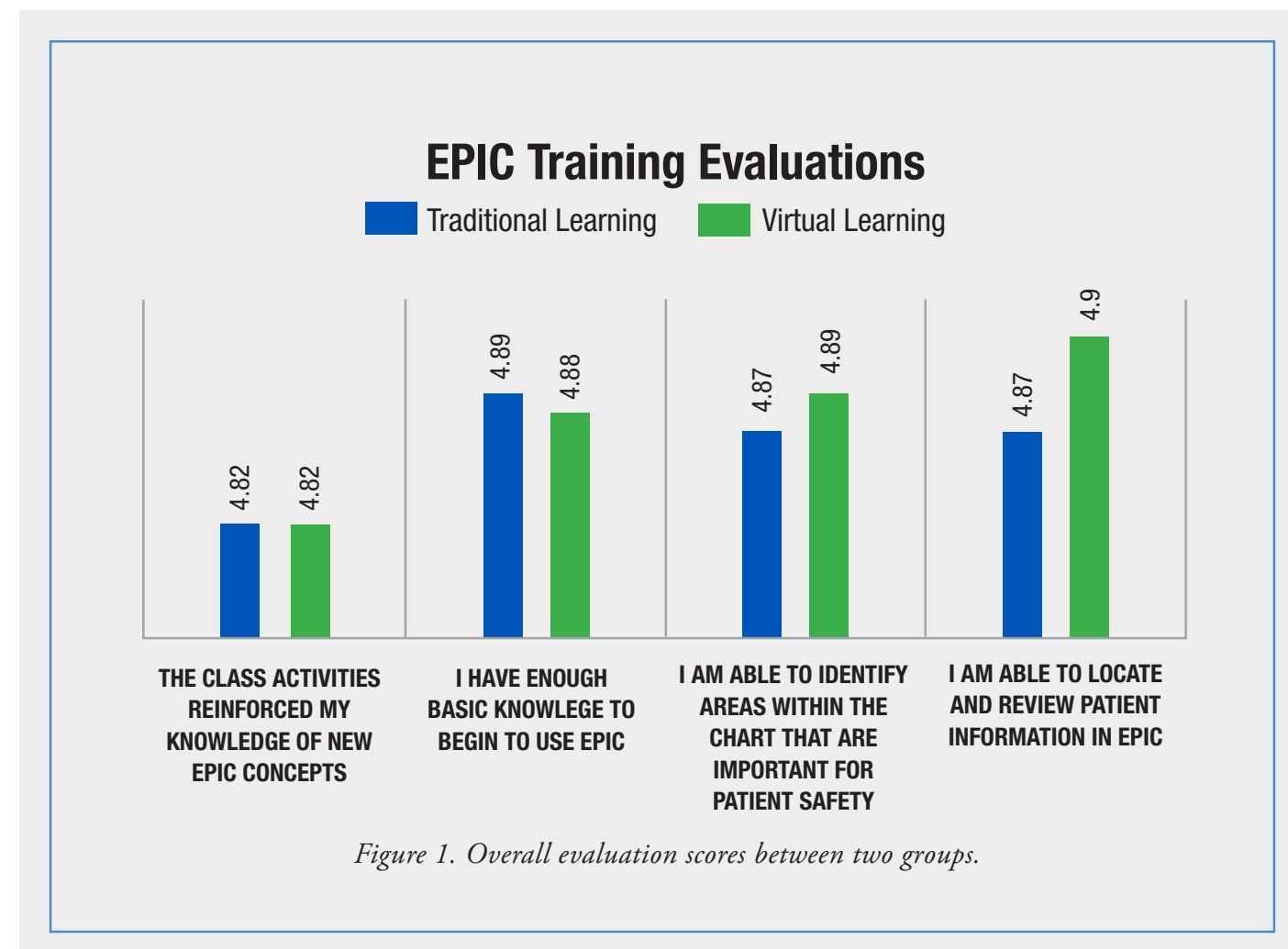


Figure 1. Overall evaluation scores between two groups.

Course evaluation surveys were completed by employees after both traditional classroom and remote learning classes. We compared the results of 204 employees who participated in our classes: 110 participants from our traditional classes from February 1, 2020 to February 26, 2020 and 94 participants from our remote learning classes from April 1, 2020 to May 18, 2020. The results demonstrated that students found the instruction in remote learning classes to be equivalent to traditional classes (Figure 1).

Each instructor had clearly defined responsibilities for class preparation; such as ensuring the training environment was added to the employees’ access, emailing the Skype invite, and sending the hyperlink for Epic access.

The NEI team was successful at finding an agile and innovative approach to provide Epic education to new and transfer employees at Nationwide Children’s amidst the COVID-19 pandemic social and physical distancing. As a team, we were able to identify potential issues early to prevent them from occurring during class. We continue to make adjustments to our classes and pre-class communication to provide the best educational opportunities for new and transferring employees. As the pandemic persists, we will continue to offer remote Epic classes to adhere to the social and physical distancing guidelines. In the future, we can consider other opportunities for offering remote Epic education to our end users.





## Central Orientation in a COVID-19 Driven Environment

Becky Thorne, MSN, RNC, Program Supervisor, Professional Development

The COVID-19 pandemic has created many challenges for onboarding new employees at Nationwide Children's Hospital. This includes both Learning and Understanding Nationwide Children's Hospital (LAUNCH) and Unlicensed Assistive Personnel (UAP) centralized orientation. With new social distancing restrictions implemented on March 15, we had only two weeks until the next LAUNCH session to implement programmatic changes.

Changes had to occur with Multiple Systems and Process. These include the following:

- Conversion of live presentations to online modules; incorporating speaker points not included on PowerPoint slides
- Reformatting videos to allow inclusion in The Learning Center (TLC) modules
- Creation of The Learning Center curriculum templates for multiple roles and areas
- Creation of multiple TLC curricula using the templates
- Revision of recruitment new hire letters reflecting the new process
- Creation of general welcome letters to include in new hire packets provided by Organizational Development
- Creation of a resource guide to assist in accessing and navigating vital Nationwide Children's resources
- Creation of role/area specific new hire letters for first day email communication
- Communication of new virtual process to managers and leadership
- Communication /creation of skill performance checklists to be completed on each unit

These changes required input and support from several departments. This process was immediately repeated for UAP scheduled on April 14. Skill content provided during UAP included adding photos and videos to replace visual and hands-on opportunities provided during live sessions.

Once initial sessions began, content was refined to improve learner engagement utilizing voice over, additional pictures and videos. Required skills and a modified version of Basic Life Support were added. With attendance restrictions and physical distancing guidelines, sessions occurred with a staggered schedule to minimize crossing exposure of attendees and instructors. Most recently, we added a virtual respiratory simulation session with scenarios where participants identify patient symptoms and treatment options.

Stressors for new employees include accessing hospital resources from home devices, understanding expectations, communication through multiple emails, conflicting priorities with new hire orientation and unit requirements, unfamiliarity of unit leadership, and lack of socialization and a sense of belonging. Contact information is shared throughout our communications with both LAUNCH and UAP. As one of the first contacts for new hires, Professional Development encourages and welcomes email communication or phone calls to assist, clarify, listen to frustrations and address other concerns.

Recent leadership survey results regarding the current Virtual/Online format program compared to previous live program for both LAUNCH and UAP yielded the following results:

LAUNCH: N=47

| Topic   | Not as prepared | Better prepared | No difference in preparation | N/A*  |
|---|-----------------|-----------------|------------------------------|-------|
| Regulatory content                                    | 11.4%           | 2.3%            | 86.4%                        |       |
| Clinical focused content                              | 15.9%           | 0%              | 84.1%                        |       |
| Clinical skill content on TLC only                    | 47.7%           | 2.3%            | 50%                          |       |
| Non-Ambulatory skill content on TLC and live sessions | 25%             | 4.5%            | 34.1%                        | 36.4% |
| Ambulatory skill content on TLC and live sessions     | 13.6%           | 4.5%            | 34.1%                        | 47.7% |

\*Attendees attended one of the two live skill content sessions

UAP: N=47

| Topic                                  | Not as prepared | Better prepared | No difference in preparation | N/A*  |
|--|-----------------|-----------------|------------------------------|-------|
| Regulatory content                     | 6.3%            | 0%              | 93.8%                        |       |
| Clinical focused content               | 31.3%           | 0%              | 68.8%                        |       |
| Clinical skill content on TLC only     | 37.5%           | 0%              | 43.8%                        | 18.8  |
| Skill content on TLC and live sessions | 18.8%           | 6.3%            | 62.5%                        | 12.5% |

\*Not all UAP attendees attend skill sessions

Although results appear to indicate a virtual/online format is as effective as live sessions, we recognize there are a variety of learning styles and a virtual/online format does not address all adult learning principles. Anticipating that we will remain in a virtual format for the foreseeable future, we continue to assess and explore methods to increase engagement, learning and retention of knowledge.





# Collaborating in Crisis: Keeping Employees Safe Through a Pandemic

**Cheryl Camacho, MBA**, Paramedic, Director of Simulation and Outreach Education

**Joanna Sutton, RN, MSN, NPD-BC**, Education Nurse Specialist, Professional Development

The Professional Development and Simulation Departments at Nationwide Children's Hospital have always worked closely on education for hospital staff, but the COVID-19 pandemic led to opportunities for an even greater One Team collaboration. Early in the spring of 2020, COVID-19 cases in Ohio were on the rise. A need for education regarding safe utilization of personal protective equipment (PPE) within our organization was identified overnight. The Professional Development and Simulation Teams were approached by the Emergency Preparedness department at Nationwide Children's with an urgent request to develop and implement education that would prepare an estimated 8,000 clinical staff for a potential surge of COVID-19 cases.

A method used often for staff training is hands-on education and return demonstration. Due to the complexity and severity that the COVID-19 pandemic created, the teams faced unique challenges to this standard approach. The first challenge was the volume of staff to be trained in a short period of time. The second obstacle was the need for safe physical distancing which precluded group training. The third difficulty was the anticipated worldwide shortages of PPE and the need for supply conservation, which limited the availability of equipment for hands-on practice. The teams came together to develop a multi-phase plan that would ensure successful implementation of the education despite these challenges.



Due to the complexity and severity that the COVID-19 pandemic created, the teams faced unique challenges to this standard approach.

Videos on proper use of PPE were quickly created through the collective efforts of Professional Development, Emergency Preparedness, Audio-Visual and members of the COVID-19 Strike Force Team at Nationwide Children's. These videos were placed into The Learning Center and assigned to approximately 8,000 staff with an expected two-week timeline for completion. Data were collected through a survey to assess staff knowledge and level of comfort regarding PPE use after viewing the videos. A small group of super-users were then trained to provide reinforcement education and support to staff in the clinical setting. Over an eight-week period, these super-users traveled to units and departments on main campus and off-site areas to talk with staff and review PPE practices. Employees on all three shifts were included in this education and more than 500 PPE reviews were completed.

During that same eight-week period, the Simulation Team conducted real-time observations of more than 160 clinical staff performing PPE donning and doffing while caring for ruled-out or positive COVID-19 patients. These observations were completed on all shifts and on nine different units. Just-in-time education was provided for any breaks in technique that would create a safety concern for staff and patients.

While Nationwide Children's is internationally known for the culture of safety for our patients, we also strive for the safety of our employees. This interdepartmental collaboration to provide PPE resources, education and support for staff during the COVID-19 pandemic is a testament to our One Team values and our belief that at Nationwide Children's Everyone Matters. Through daily collective efforts, we continue to reach toward our goals of Zero Harm and becoming the safest healthcare organization around!





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## Daisy Award

**Amber Ball, RN, BSN, CPEN, P-SAN**

The quarterly Nationwide Children's Hospital Daisy Award was presented to Amber Ball, RN, BSN, CPEN, P-SAN, nursing supervisor. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of our patients and families at Nationwide Children's.

Amber received the Daisy Award for her commitment to family-centered care. Recently, Amber helped advocate for a patient and family dealing with an unthinkable outcome.

Says Sabrina Hamilton, a Nationwide Children's employee and Amber's nominator: "Amber Ball is an amazing resource to this hospital both as a floor nurse and as a night shift



nursing supervisor. She always goes above and beyond for staff, patients and families. This was very evident in a very difficult situation that presented to the emergency department. Unfortunately, we deal with death and dying far more than we would ever like, but working here at Nationwide Children's Hospital, we all have made the commitment to be present during these most difficult of times. ... I would like Amber to be recognized for her hard work and amazing advocacy for this patient and family.

To learn more about our Daisy winners, and read their full nomination, visit [NationwideChildrens.org/Daisy-Award](https://NationwideChildrens.org/Daisy-Award)

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EVERYTHING MATTERS IN PATIENT CARE, previously published as *Heartbeat*, is a quarterly publication of the Patient Care Services Division of Nationwide Children's Hospital, Inc., Columbus, OH. Comments regarding the content of this publication are welcomed. References for articles are available by calling (614) 722-5962. Articles may be reprinted with permission. Send all inquiries and material for publication to EVERYTHING MATTERS: IN PATIENT CARE in care of Joanna Kinner, Administration, Nationwide Children's Hospital, Inc., or call (614) 722-5962. Nationwide Children's Hospital is an affirmative action, equal opportunity employer. Copyright 2021, Nationwide Children's Hospital, Inc. All Rights Reserved.