Stories from the Field

NAHQ’s volunteer leaders are having conversations with healthcare quality professionals across the continuum of care to hear their stories about the COVID-19 crisis; they include someone in managed care, a director of quality, and someone on an accreditation readiness team. All interviews were conducted by:

Nancy Curdy; MSN, MS, RN, CPHQ, CPPS
NAHQ Former President & current Chair of NAHQ’s Recognition of the Profession Commission

Small, Nonprofit Hospital

I spoke with a colleague who serves as the Director of Quality & Patient Safety for a small community hospital within a larger organization. I wanted to gauge how her role had changed or morphed during the pandemic. In addition, this healthcare quality professional is continuing to prepare for the future and actively pursuing CPHQ certification.

Has your workload and responsibilities changed? Do you do anything outside your normal scope?
Each day is a challenge – although things are hectic with little hope of that tapering off soon, there still needs to be a focus on quality and patient safety. I’ve changed standard operating procedure for coaching; for example, instead of spending time verbally coaching the nurses and staff, I have a quick discussion and offer to perform the task. I make frequent rounds after assessing patients via the EMR, and instead of reminding nurses to obtain restraint or catheter orders (or remove them), I have a discussion and offer to obtain these orders myself. I do have a clinical background, so this is within my comfort zone; it makes me feel good to take something off the list for a busy nurse.

My team and I are also helping to screen patients and staff for COVID; we are putting together guidelines and when appropriate, helping to instruct OR nurses on how to assist the ICU and ED nurses, as their OR duties have been drastically reduced with all elective surgeries cancelled.

Are there any quality tools or techniques that you use?
Sometimes when I ask if someone needs help, the answer is “no, I’m fine.” So, I recommend that everyone keeps a short list in their pockets of their 3 to 4 non-critical tasks of the day. Then, you and others can get in the habit of asking, “what is on your list today?” This eliminates the yes/no question and helps you provide the necessary assistance when someone doesn’t quite know how to ask for help.

Any positive stories you can share?
We are having virtual huddles each day, and the best days are always when they can share ZERO new COVID patients!

There has also been wonderful community support: people hold up signs expressing thanks and support that are visible from the hospital, local restaurants donate meals and treats to hospital staff, local nail salon workers come in to do manicures for staff (while wearing PPE, of course), and donations of masks and supplies. All our people on the frontlines, wearing scrubs or suits, are pulling together to care for those in need!

Be a servant leader!
Managed Care

I spoke with a colleague and long time Healthcare Quality Professional that I met through our state association. She initially served as Director of Quality in an acute care setting, and now she is in Managed Care. She made the change because she enjoyed working with ACOs in her former organization and gets to work more directly with physicians and community providers. I found that she had a unique perspective on how COVID-19 is impacting her section of healthcare.

How have things changed for you during the COVID-19 crisis?
This role really requires a personal touch in order to communicate effectively and develop a trusting relationship. Now that we are all self-isolating and working remotely, I must build these relationships using virtual tools (i.e., Skype, Zoom, etc.). While there is a learning curve, I’m starting to feel much more confident in this format, and able to build those crucial relationships.

What has surprised you most?
I’ve been pleasantly surprised at the quick action from CMS and other payors in developing requirements for telemedicine. It is so important to keep patients seeking care away from physical locations, including those with general COVID questions and concerns. Physicians have been able to utilize virtual platforms on their computers, tablets, and phones, as well, rather than the formal telemedicine programming that is not yet fully formed. CMS led the way with this allowance, and it can be used with any patient or medical issue.

What is your greatest challenge right now?
My biggest challenge is keeping up with the myriad of questions regarding billing, payments, and telemedicine. My team and I thought this would be a smooth transition when the coding was complete but not so; we’re finding that the payors have not been able to flex as nimbly as others have.

Also, we’ve all been incredibly busy, and miss working in physical proximity with each other in the office (we are such social beings!). That said, I am very proud that my organization has been proactive in getting ‘ahead of the curve’ with our response.
Nonprofit, Multihospital System

I spoke with someone on the frontlines at a nonprofit, multihospital system. Normally, my colleague works with the accreditation readiness team and in performance improvement. While the challenges have been many, I was surprised to find many silver linings for quality improvement!

What challenges are you facing?

The accreditation work has been challenging because my stressed-out staff has no tolerance, time, or interest in many of our more routine tasks (e.g., maintaining refrigerator logs, etc.); however, those that accredit healthcare will be assessing organizations on quality and safety, even during a time of crisis. I’ve had to find creative ways to coach my team to continue maintaining appropriate documentation, revising processes, and giving the proper oversight to responsible parties.

I am also part of the Command Center team that was stood up over a month ago; this has been a necessary and effective communication mechanism for physicians and staff to receive up-to-date information. The frustration here has been that the information coming from the CDC and others change frequently, sometimes even hourly, so it’s difficult to provide callers a certain set of directives, and then must contact them again and again to provide a different protocol.

Are there any quality tools or techniques that you use?

I’ve taken a hands-on approach to support and training – my philosophy is to teach a man to fish, rather than just give him a fish, as the proverb goes. We debrief several times a day with various teams, use a shared filing system, post and view information on our intranet, conduct multiple huddles at various levels, and discuss process changes as a result of the current work and knowledge. We also try to capture our observations on OneNote so we can save and analyze them later; that has even been effective in the short term to change processes for more effective and efficient implementation.

Any positive stories you can share?

What I observed of various leaders in the organization was eye-opening. For example, Human Resources often gets the reputation of making an appearance only when something negative has happened with staff. Instead, they committed to provide childcare for staff at no cost for 20+ days, and then modified that plan as the situation shifted. It was amazing to see the effort that went into that initiative, and it paid off in dividends for positive morale.

I’m also impressed with our supply chain – whether it was through foresight, relationship building or sheer luck, it has kept the flow of PPE, including masks, uninterrupted to frontline healthcare providers. The various hospitals in the system have even purchased additional scrubs for staff to use so they don’t have to wear their work clothes home. As we know, one of the biggest fears for our hardworking frontline staff is taking COVID home to their families. Put that in perspective with what you hear about the shortages of PPE across the nation!

Also, like others, I’ve personally witnessed many examples of community support at our hospitals, including meal donations, community parades of encouragement, lawn signs of “Heroes work here!”, prayer services, and chalked in messages of encouragement in the parking lots. As we’ve seen during other difficult times, a crisis can bring out the best and worst of humanity, but the support and positivity I’ve received gives me so much hope.