

EXECUTIVE INSIGHTS

RESILIENCY + RECOVERY



BUILDING A FUTURE-FIT, RESILIENT WORKFORCE

Optimizing clinical workflows to help reduce stress on physicians and nurses

SPONSORED BY:



American Hospital
Association™

PHILIPS

BUILDING A FUTURE-FIT, RESILIENT WORKFORCE: Optimizing clinical workflows to help reduce stress on physicians and nurses



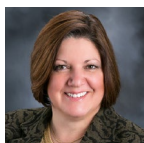
The COVID-19 pandemic has tested the resiliency of America's health care workforce as facilities and caregivers have been stretched to capacity. The shutdown of nonemergent services to limit the virus' spread has challenged the financial solvency of many organizations. Now, with providers at various stages of clearing the backlogs of diagnostic, nonemergency surgeries and other services, many organizations are taking a step back to examine lessons learned and what valuable changes should be carried forward in clinical workflows, virtual care, how teams communicate, and how to keep clinical care teams motivated and less prone to burnout. ●

KEY FINDINGS

- 1** The importance of **virtual care and telehealth visits** will continue to grow, as they promote patient satisfaction, high quality and efficiency.
- 2** Upscaling existing **virtual care tools** presents opportunities to address inefficiencies and reduce potential clinician exposure to COVID-19.
- 3** Lessons in **workforce resiliency** have common themes across organizations, especially in providing flexibility in workflows, giving clinical staff the resources they need, and initiating unique approaches to tap into their resiliency — such as, reflecting together about the most challenging and most rewarding moments during the workday.



VIRTUAL PARTICIPANTS



Mary Brobst

SENIOR VICE PRESIDENT/CHIEF NURSING OFFICER OF PATIENT CARE SERVICES

MERCY MEDICAL CENTER | CEDAR RAPIDS, IOWA



Nicole Escobedo

MANAGER, CLINICAL INITIATIVES

ASCENSION MEDICAL GROUP | BRENTWOOD, TENN.



Jennifer Stanley

CHAIR, CLINICAL ENGAGEMENT AND WELL-BEING COUNCIL

ASCENSION MEDICAL GROUP | NORTH VERNON, IND.



Sylvain Trepanier

CNO

PROVIDENCE | IRVINE, CALIF.



Jeff Wang

HEAD OF STRATEGY AND BUSINESS DEVELOPMENT

PHILIPS | CAMBRIDGE, MASS.



MODERATOR Robert Kehoe

MANAGER, CONTENT DEVELOPMENT, AHA CENTER FOR HEALTH INNOVATION

AMERICAN HOSPITAL ASSOCIATION | CHICAGO

BUILDING A FUTURE-FIT, RESILIENT WORKFORCE

Optimizing clinical workflows to help reduce stress on physicians and nurses

MODERATOR: *(Robert Kehoe, American Hospital Association):* **During the pandemic, what were the biggest challenges to the resilience of your physicians and nurses? What workflow process changes or other steps have you taken to support greater care delivery efficiency?**

MARY BROBST *(Mercy Medical Center):* We set up, through our own employee assistance program and our behavioral health system, a room where people could be supported emotionally. In the beginning, when we stopped our elective procedures, it was a lot easier because we had an entire workforce that we could redeploy and retrain. We had to develop team nursing. We're so used to working independently that we've become task-oriented in how we deliver care, but it's difficult to let go of some of that control.

Our intensive care unit (ICU) nurses were not necessarily well-equipped to take care of nursing home patients, and it was interesting to watch the acuity ebb and flow. They needed help from our medical-surgical nurses because ICU nurses typically care for one to two patients at a time. They also had to be comfortable delegating. That is stressful for nurses, because they don't want anything to happen to the patients under their responsibility. And yet, they know that they probably have the highest-acuity patients they've ever treated throughout their careers.

JENNIFER STANLEY *(Ascension Medical Group):* Fear and the unknown have been the biggest challenges. This has driven us to protect not only our clinicians, but our staff as well. We've worked hard to develop a good communication strategy. Whether it's secure texting, emails, town halls or morning phone calls, we manage our communications so that information can trickle down from the top or concerns can be shared from bottom to top.

There was a lot of uncertainty about finances and job security. Early on, we quickly assured people

that they would not lose their jobs nor receive pay cuts. We provided many flexible staffing models to make sure that we had work for the people who were able, and that we could cover for those who were quarantined or had family needs.

MODERATOR: **How have you flexed the use of beds to handle critical surges, particularly in the ICU? What other challenges have you faced?**

SYLVAIN TREPANIER *(Providence):* We have had to flex and change bed status as many other facilities have done. Within Providence, we've leveraged a great deal of virtual care, especially our ability to care for patients in nontraditional settings, such as our hospital-at-home program and virtual hospital-in-the-home settings.

JEFF WANG *(Philips):* First, I would note that Philips shares some of the same concerns as our customers. We have 20,000 employees in North America, and the largest cohort are those in the field working with your organizations to make sure that everything's up and running. At Philips, this has been an all-hands-on-deck effort in terms of making sure that we are doing what our CEO calls "the triple duty of care" — covering our customers, their patients and our own employees.

We've seen virtual care collide head-on with COVID-19. Virtual care itself is not new, but COVID-19 has led to higher demand for these digitized, data-driven models of care. We work with a number of health systems that use our virtual care technology in their critical care units, and we are continually finding new ways to leverage the technology for critical care workflows.

We've been working with our customers to implement [electronic ICUs](#) where data feeds are centralized into a critical care hub so that clinicians may monitor individual ICU beds from their workstations. Care teams have been adjusting rounding procedures to be able to leverage those data more

BUILDING A FUTURE-FIT, RESILIENT WORKFORCE

Optimizing clinical workflows to help reduce stress on physicians and nurses

directly, perhaps saving them an additional visit to the bedside, or giving them a chance to prioritize which patients to check on with the help of the data. In this way, they use data to be more precise in how they check on patients and when to expose the provider to the bedside as well as save an additional set of personal protective equipment.

We have also been working with health systems to bring virtual care and monitoring to the home. The other virtual care setting — monitoring the patient in the home — involves a patch device. We recently brought a patch device and sensor into our portfolio that tracks a patient's vital signs in real time while they are at home and can sense the motion of your chest to detect coughs. We're working with health systems to send patients home with these technologies after they leave the hospital, both to ensure continuity of care and to uncover opportunities to reduce lengths of stay.

MODERATOR: How has your organization morphed and built more resiliency during these difficult months? What steps have you taken to ensure the same levels of consistency, high quality and patient experience when treating patients at home? How do you measure that?

STANLEY: By using the virtual visit platform, some of our clinicians have days without a commute. They can be at home for Medicare wellness visits, hospital follow-ups and more. We've had a fairly robust remote care monitoring strategy across Ascension over the last several years. That has become a nice tool because we already have blood pressure cuffs, scales and other supplies in our patients' homes. We've been able to match the remote care monitoring to our virtual work to monitor patients in their homes.

NICOLE ESCOBEDO (*Ascension Medical Group*): In terms of measuring and ensuring that quality is

consistent, we have rolled out both patient and provider satisfaction surveys with the virtual care platform. Our virtual care team and our virtual care Chief Medical Officer (CMO) are reviewing the data so we can provide education and additional operational training to increase satisfaction between visits.

WANG: What you described is something that multiple health systems have also shared with us. In truth, technology has never been the primary rate-limiter in determining the expansion of virtual care. Instead, what truly drives success in virtual care has been the level of commitment on the part of health care to reshape workflows, realign staffing models and transform the model of care. There was always a concern about cost, and whether there was sufficient need in the community, etc.

"We've seen virtual care collide head-on with COVID-19. Virtual care itself is not new, but COVID-19 has led to higher demand for these digitized, data-driven models of care."

— Jeff Wang —

MODERATOR: Now that community need is enormous, are your organizations feeling any permanence in the change? Are your organizations starting to say, 'Hey, we need to start reorganizing our scheduling. We need to start reorganizing our staffing model or our care team models.?'

STANLEY: COVID-19 has given us a nice shove into that space to figure out how to do workflows differently. For example, if someone needs to be quarantined, but she still wants to work and feels well, she can work on pre-visit planning and chart prep from afar. Then, that medical assistant in the office is freed up a bit. If she can run patients for two of us, we've just redistributed that work a little. We're finding more efficiencies, and I anticipate we will carry this into the future.

TREPANIER: We started forcing ourselves to use virtual care efficiently, and we're now doing much better in leveraging the entire team. We're finally

BUILDING A FUTURE-FIT, RESILIENT WORKFORCE

Optimizing clinical workflows to help reduce stress on physicians and nurses

realizing what we knew intellectually. We're leveraging our practice to deliver much greater value. Patients are getting much more value out of virtual care right now.

BROBST: What we found surprising when we started deploying telehealth was that behavioral services experienced some of the highest users. We were able to deploy virtual health relatively quickly, which was a benefit. There's so much demand for it, and it's working. We need to continue to plan for it to be part of the care delivery system in the future. Interestingly, within behavioral health, we're struggling with the number of people we can have in our chemical dependency and substance-use platform. Figuring out how to do group Zoom meetings for chemical dependency has been a challenge.

MODERATOR: What can technology partners and other suppliers do to support front-line clinicians during a health crisis like this and to stay ahead of impending patient surges or other challenges facing clinical teams? Are you working differently with some partners today?

TREPANIER: From a supply perspective, we've all had to work differently with our suppliers. They had to reinvent themselves because their supply chain was broken — everyone's chain was broken.

Being part of a large health care system certainly was to our advantage because we have been able to move about with all suppliers, vendors and partners. Regardless of the specific widget, we can move it from state to state or from region to region within a state. The workarounds that we've developed will be helpful to us in the future. We are much more effective at this than we were in March 2020.

STANLEY: Practice efficiency, which we've worked on across Ascension, has become a more acute

need now because our clinicians don't have time to be fooling around. For example, electronic health record vendors with whom we've partnered, have essentially asked, 'What is it you need? What would make it easier?' When we have an opportunity to see their proposal, they are receptive to our feedback and often circle back within a week with a possible solution. That's been a huge gift so that we don't have to figure it out ourselves. We can tell them what the vision is and what would make it better.

MODERATOR: What are the greatest lessons you've learned from this experience that will help your physicians and nurses be more resilient in the months and years ahead? What will you carry forward as important lessons learned?

"What we found surprising when we started deploying telehealth was that behavioral services experienced some of the highest users."

— Mary Brobst —

BROBST: My favorite lesson is that if we could just operate in instant-command mode all the time, we could make changes much quicker. As far as resiliency, it's really making sure that we, as a faith-based organization, remember why we chose the careers that we did, why we do the work and why we continue to show up every day. Similarly, we need to make sure people have alternative ways to take

care of themselves.

TREPANIER: Everyone has shown an enormous amount of resiliency. We've instituted a process in which we're being deliberate about asking everyone to learn how to let go before they go. This means that, as a team, we check in with each other and ask, 'What was the hardest thing that happened to us today? What was the greatest thing that happened to us today?' — before we go back to our organizations and our families. That has been enormous. Allowing people to tap into the resiliency that already exists within them is a small thing, but it provides a venue and a process to learn how to let go before they go.

ESCOBEDO: It's been so rewarding to watch folks

BUILDING A FUTURE-FIT, RESILIENT WORKFORCE

Optimizing clinical workflows to help reduce stress on physicians and nurses

grow around the value of appreciating the work that all team members come together to do. We're continuing to build our confidence and come together as a true, collective team.

STANLEY: Improved communication and ensuring that all team members have the resources they need have been important. We remind our associates and clinicians to take care of themselves. We send emails to staff to remind them to use their paid time off, and to make sure that they know it's OK to do so. Those constant reminders are important. One fun thing that Ascension set

up early in the pandemic was a kudos board and anyone from across Ascension could participate. That's been a good way to recognize our associates and lift them up.

WANG: Everyone's comments reflect how personal this is to all of us. My wife is a nurse. I am so grateful to all of our front-line health care workers for their sacrifices and leadership during this pandemic. I'm confident that we all will continue to learn and adapt as we start to turn the corner in 2021.

SPONSOR

PHILIPS

Philips is a leading health technology company focused on improving people's health and enabling better outcomes across the health continuum from healthy living and prevention, to diagnosis, treatment and home care. Guided and inspired by the purpose to improve 2.5 billion lives per year by 2030, Philips leverages advanced technology and deep clinical and consumer insights to deliver integrated solutions. Headquartered in the Netherlands, the company is a leader in diagnostic imaging, image-guided therapy, patient monitoring and health informatics, as well as in consumer health and home care.

.....

FOR MORE INFORMATION, VISIT:
www.Philips.com/partnership

OR FOLLOW ON TWITTER, LINKEDIN,
YOUTUBE AND FACEBOOK:
#futuretogether

