

Adaptations to Evidence Based Practices during Pandemic Restrictions

While we encourage keeping the Evidence Based Practices in place, during a pandemic, certain routines and practices may need to be adapted to meet all patients' needs. While modifications may exist, we must still strive for Patient and Family Centered Care. This provides suggestions of how to maintain the practices with slight modifications, and can be used as a guide for other practices that may change during the pandemic.

Adaptations to Leader Rounding and Debrief

- Leaders maintain their current assignments by calling into patient room and assuring patients that they are in good hands
- Leaders not entering patient rooms alternatively round on staff
- Hold Safety and Patient Experience Debrief by WebEx

Adaptations to Pastoral Care or Chaplaincy

- Consider virtual visits via phone or FaceTime/Skype

No Visitation resulting in loneliness of patients

- Consider a remote bank of volunteers or staff to call patients
- Make a connection with patient in a meaningful way whenever someone goes into the room (eye contact and a kind word prior to focusing on tasks and care)

Adaptations to Bedside Shift Report for Isolation Patients

- During last interaction prior to going home, the off-going nurse tells patient he/she will be leaving and manages up on-coming nurse (if known) and provides a quick update on what will be shared with on-coming nurse
- The on-coming nurse, on first contact with patient, introduces self to patient and tells patient that they will be rounding throughout the shift to check on their comfort and safety
- Nurse offers to call the support person during shift to introduce self and assure support person of great care (may reduce frequent family calls to nurse)

Adaptations to Intentional Hourly Rounds for Isolation Patients

- Incorporate the steps of Intentional Hourly Rounds each time staff is in the patient room