

Utilizing Watson's Caring Science Principles and a Clinical Nurse Specialist/Caritas Coach for COVID-19 Isolation Rounding

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He leadeth me beside the still waters and restores my soul - Psalm 23:2-3

The Infection Prevention and Control (IP) department at Ascension St. John Hospital (ASJ) in Detroit, Michigan conducts rounds on isolation patients. Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. In the first week of the pandemic, the IP department quadrupled the number of persons under COVID-19 precautions. Faced with a rapidly growing number of persons under investigation (PUIs) for COVID-19 infection, rounding quickly became problematic.

The IP team identified a need for assistance with daily in-person rounding as the hospital began to fill with PUIs. As the pandemic quickly unfolded, the Clinical Nurse Specialist (CNS), who is also a Caritas Coach/HeartMath trainer, volunteered to lead the challenge. With the pandemic, isolation rounding became more than checking for appropriate signage and electronic medical record orders. The need was critical for skilled clinicians who could assess

patients receiving aerosol-generating procedures, ensure proper room placement, and communicate the most up-to-date recommendations to frontline caregivers. There was also a need to help facilitate appropriate infectious disease and pulmonary consultation, support frontline staff, and give valuable on-the-spot and daily feedback to the IP department that assisted with decision making.

Isolation Rounding Team

An Isolation Rounding team was quickly assembled with the help of IP and the Incident Command Center who reassigned registered nurses to the team. These nurses have the clinical skills to review electronic charts and think critically. The addition of the Isolation Rounding team significantly increased the IP team's rounding capacity. The Isolation Rounding team helped to rapidly disseminate changing guidelines, increased healthcare provider safety and knowledge, and decreased confusion. Their assistance improved Health Care Workers (HCW) safety through education, support, and ensuring their patients' isolation status was correct. Rounding teams simultaneously identified gaps in practices across multiple areas of the hospital and provided real-time solutions,

including coaching and collaborating, in consultation with the IP department. The CNS/Caritas Coach quickly took this opportunity to support the IP department and the Isolation Rounding team. A Caritas Coach is defined as a knowledgeable, experienced, and reflective healthcare professional who is prepared and committed to personally and professionally practice and model intelligent heart-centered approaches to health care by translating and sustaining the ethic, philosophy, theory, and practice of the Science of Human Caring into our systems and society (Watson, 2008).

The CNS/Caritas Coach worked with the IP team to develop a process and identify key rounding components; then worked with hospital team leads to identify displaced nurses with the clinical knowledge to provide assistance with computer charting, critical thinking, and supporting frontline staff. The Caritas Coach also worked with the Incident Command to update and get updates as the pandemic evolved. This information was shared with frontline associates (e.g., nurses, Patient Care Techs, physicians, residents) and with ancillary associates (e.g., respiratory therapy, environmental services, dietary) as isolation rounds were made. The goals of the team centered on building resilience – allowing for a calmer, more resilient workforce, keeping everyone safe (see team goals at right).

Isolation Rounding Process

The team was led by a Caritas Coach who introduced Jean Watson's 10 Caritas Processes and HeartMath resilience training to the team. Prior to rounding, the team grounded and centered themselves via breathing, reflecting, and/or meditating. Then the rounders audited each patient's chart for:

Nursing Orders – Were the proper isolation orders written? If not, orders were obtained/written.

Laboratory – Were the orders written for COVID-19 lab draws? Orders reviewed for results. Sometimes an electronic chart review was necessary as some draws/results were from outside facilities; these were then used as a coachable moment for associates and physicians to find these lab results for future reference.

Consults – Did each patient have the required infectious disease and pulmonary consult ordered? If orders were not found, the isolation team wrote orders per protocol.

Oxygenation – Have oxygen levels been checked? How were medications dispensed? Anything aerosolized required airborne isolation orders.

MAR – Did the patient have any aerosolized treatments, and could they be changed to a Metered Dose Inhaler (MDI)?

Banner Bar – Is the proper COVID-19 status (i.e., PUI, Neg or Pos) reflected prominently on the electronic chart when the chart is opened/displayed?

Isolation Rounding Team Goals

- ✓ Accept the sacred act of rounding on all the COVID-19 patients and associates in our facility to become the healing environment.
- ✓ Educate displaced associates on Caring Science principles and practices and on rounding procedures prior to joining the team.
- ✓ Keep associates safe and reduce exposure to COVID-19 by ensuring isolation orders were accurate and visibly displayed in patient rooms.
- ✓ Require COVID-19 patients or PUI isolation orders to include droplet, contact, eye protection, and/or airborne precautions as well as infectious disease and pulmonary consults.
- ✓ Ensure that either required COVID-19 labs were ordered on every patient or that existing documentation was on file for labs drawn from another source (outside our facility).
- ✓ Coach frontline associates on how to find labs that were done at outside facilities.
- ✓ Coach, collaborate, and update associates with real-time information on rapidly changing isolation orders.
- ✓ Reduce the daily workload of the IP department.
- ✓ Update the IP department and/or Incident Command daily on issues found during rounding.

The isolation team then went to each patient's room to inspect the signage that was on the door. Did the signage match to the orders found in the computer? If there was a discrepancy, this allowed the team to engage in coachable moments with the associates, and signage was changed to reflect each patient's level of isolation. This also allowed the isolation team to express our holistic principles and Caring Science practices and care for our associates through breathing, centering, grounding, listening, understanding, and holding them in sacred space.

These moments were crucial to associate morale as we allowed for positive and negative feelings to be expressed during the pandemic. Associates wanted information and to be heard. We always took a moment to stop and speak to them, to answer questions, and get PPE. We also utilized our holistic approach and offered essential oils, or we simply took a pause to share a breath with them.

As needs changed, the team changed. We had associates from Seton Medical Center, Austin, Texas join us for two weeks to help. They were introduced to our holistic principles and practiced alongside us as we rounded. We taught them the importance of being grounded and centered, breathing with the associates as we rounded, and being that calm in the storm. They gratefully accepted the calling and understood the

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passion and importance of this process. More importantly, as this process unfolded, they saw the value in our holistic, caring approach, asked great questions, and expressed a desire to take these teachings back to their facility.

Outcomes

Isolation rounding coupled with Caring Science principles and practices resulted in multiple positive outcomes, especially for frontline associates:

- Increased exposure to Watson's Caring Science Principles and the Caritas Coaches' role across the healthcare continuum.
- Educated/demonstrated/modeled Caritas behaviors as we made daily rounds.
- Calmed associates as we rounded through breathing, aromatherapy, music, and meditation.
- Offloaded the IP department so they could concentrate on COVID-19 reporting and documentation as well as urgent issues and problems.
- Diligently worked to keep associates safe by ensuring proper and appropriate isolation signage on patients' doors. Updated and corrected signage as the patient's condition changed.
- Gathered PPE supplies for associates during stressful times.
- Reported daily to Infection Prevention and Incident Command and updated the departments on our findings or associate concerns.

The sheer volume of patients reached by our team has been astounding – with almost 10,000 encounters (and counting) during the pandemic. (An encounter is the number of patients on the daily rounding list for all the days the team rounded, March 12 through May 19, 2020). Additionally, this team will quickly reassemble if there is a spike in COVID-19 patients or a second wave of infection.

This project aligns with Ascension St. John Hospital's mission, vision, and values of being of service to the poor and vulnerable. The vulnerability of our patients and associates were at the forefront of this endeavor. We called upon our holistic principles and Watson's Caring Science practices by utilizing the following Caritas Processes (Watson, 2008, 2020):

CARITAS PROCESS #1: EMBRACE (LOVING-KINDNESS)

As we rounded on the patients in isolation, we practiced humanistic-altruistic values to our associates by continuously cultivating personal/professional practices of loving kindness, compassion, and equanimity with self/other. We were the calming voice, the pause, the breath for a moment.

CARITAS PROCESS #2: INSPIRE (FAITH-HOPE)

The team provided our authentic self to allow for faith and hope belief systems of all that honors inner life of self/others. While not being able to come into direct contact

with the patients in isolation, we were able to knock on the windows and provide a thumbs up and a smile to the patients. They really appreciated the gesture and began to look forward to us coming to cheer them up a bit. That human contact was crucial to the chaos of their day.

CARITAS PROCESS #3: TRUST (TRANSPERSONAL)

We were sensitive to ourselves and others by cultivating our own growth and spiritual practices, breathing/centering before rounding, becoming still, and allowing a space for inner resilience prior to rounding and meeting with associates. We had many team meetings in order to stop, breathe, and meditate as a group to center ourselves before we went to the floors.

CARITAS PROCESS #4: NURTURE (RELATIONSHIP)

As we rounded on COVID-19 patients and our frontline associates, we developed trusting and caring relationships. The associates felt comfortable asking us a wide variety of questions and voiced concerns over the rapidly changing environment, concerns for the patients, and for themselves and their families.

CARITAS PROCESS #5: FORGIVE (ALL)

Because we developed trusting, caring relationships and authentically listened to our associates, they felt free to express positive and negative feelings which then allowed us to explore creative problem solving and solution seeking.

CARITAS PROCESS #6: DEEPEN (CREATIVE SELF)

We could see countless ways of artistry of self, embracing creative ways of knowing/being/doing/becoming to understand the COVID-19 pandemic. For example, we came up with ways to position equipment and furniture to help reduce the use of PPE and keep everyone safe. Something as simple as having soothing music at the nurses' station or break room helps calm a troubled moment.

CARITAS PROCESS #7: BALANCE (LEARNING)

This team had multiple ways of engaging in transpersonal teaching and learning within caring relationships. We shifted from teaching to coaching associates, helping them preserve their own health and wellness.

CARITAS PROCESS #8: CO-CREATE (CARITAS FIELD)

By physically going to each isolation room every day, the team helped create a caring-healing environment at all levels, while attending to the energetic field of the frontline associates. Examples included: allowing for positive and negative expressions, offering to breathe with the associates, demonstrating meditation, and reviewing health and wellness apps on associates' phones so they could continue this self-care and share with their co-workers.

CARITAS PROCESS #9: MINISTER (HUMANITY)

This Caritas Process calls for reverently assisting with basic needs, which in our case was the basic need for the safety of our associates. By standing before each room every day, seven days a week, to ensure that the proper isolation signs were on each and every door, we worked to keep our frontline associates safe. This allowed the associate to enter and leave with confidence that they had the right level of PPE for their protection. There were many times that the isolation rounders found errors or that the patient's condition had changed so rapidly that the associate didn't even have the opportunity to change the isolation signs themselves. We always carried signs and tape with us for quick resolution.

CARITAS PROCESS #10: OPEN (INFINITY)

This final step of opening to the process allows for miracles. The rock solid process of this group continues to be a miracle. That we all came together, displaced and out of our normal routines, to make a cohesive and comprehensive group was a miracle itself. The fact that the team stayed with this process – entering the ICUs, working with units not accustomed to taking inpatients, coaching along the way, and cheerfully helping fellow associates – continues to be a miracle.

Thank you to the team of colleagues who worked so hard on such short notice to keep our associates and patients safe in these unprecedented times. You showed up every day in difficult circumstances to answer the calling of our profession. I would also like to thank the Executive Leadership team at Ascension St. John Hospital, who have the vision and drive to be a Watson Caring Science affiliate and live the principles. I am deeply grateful and honored to have been a part of this awesome team!

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