

*As the world steps back, healthcare professionals from around the globe are going above and beyond to serve those in need during this COVID-19 crisis. Dr. Kristofer Smith, naviHealth's President of Home-Based Medical Care, is one of these dedicated workers, tirelessly answering the call to volunteer for the cause despite not practicing acute care medicine in over a decade. These are his daily stories - uncut and untouched, as told from the front lines.*

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## **Day 2 - Creating connections**



As our COVID-19 unit fills with mostly frail seniors, the most important challenge is becoming evident. Many of these patients have had no contact with their loved ones in days to weeks. The only contact they have had is with medical staff who are hidden behind gowns, masks, goggles and bouffants. Everyone looks the same, worse yet, the staff are constantly rotating in and out of units as surge plans go into place and physical human

contact is mandated to be at a minimum.

All of this puts our elderly patients at high risk for deteriorating either from delirium or depression. Not to mention family members and friends often are left guessing as to how their loved ones are doing. The [John A. Hartford Foundation](#), as part of their [Age-Friendly Health System initiative](#), has argued that attention to mentation is critical for the success of elderly patients and we are seeing this in action.

On our unit, we are fortunate to have staff and leadership who are quick to act. Knowing how important seeing a familiar face can be, tablets were procured, and by day three, patients were having video visits. Since there were more patients than tablets and since many families don't have Wi-Fi, we procured cell phones for patients to call one another. Now throughout the unit, patients can be heard talking to those who love them. They can even take in a movie on YouTube or Netflix or virtually visit their family through video conferencing.

Our clinicians have also started to attend vigorously to mentation. We assess mental status each morning, but more importantly, we work to understand the patient's story. By asking a few questions, we have uncovered that our unit has authors, actors, train operators, Uber drivers, barbers, home makers and construction workers. Patient share the foods they are most missing and, when we can, we order it in to make convalescing a little more familiar. Each day, we try to foster human connection in a time of disconnect. It galvanizes the staff and reassures patients and families. It is strange to notice, but the crisis has made us try to be more attentive to patient centeredness.

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