Please take a moment to **introduce yourself** via the chat and let us know where and how you are.
Ground Rules

• All participant phone lines are muted.

• Participant contributions will be collected through the chat pod.

• Chat pod is for sharing of ideas, asking questions, interacting with participants; not for promoting services and products.

• Recording and chat notes will be available on our COVID-19 Resource site shortly following the call.

• This active dialogue will offer a wealth of information to all members of The Beryl Institute community. We thank you in advance for your contribution.
The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
Changing healthcare by ensuring an unwavering commitment to the HUMAN EXPERIENCE
Tackling a Resurging Crisis
A Delicate Balancing Act
Managing Resurgence & Elevating Public Health Considerations

- Reopening Operations
  - Helping Patients/Consumers Feel Safe
  - Reassessing visitation/volunteers
  - Recharging the workforce

- Managing Financial Realities

- Maintaining COVID Care

- Enacting Reactivation Plans

Where we remain today
Daily confirmed COVID-19 cases: which countries are bending the curve?

Because not everyone is tested the total number of cases is not known. Shown is the 7-day rolling average of confirmed cases.

Source: European CDC – Situation Update Worldwide – Last updated 9th July, 11:00 (London time)  OurWorldInData.org/coronavirus - CC BY
What are the **biggest lessons** we must carry forward from the first few months of this crisis and how can we best continue to support one another?
Taking Action on Health Disparities:
A community Conversation
Coronavirus cases per 10,000 people, by age and race

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Source: Centers for Disease Control and Prevention | Note: Data is through May 28.
These are trying times. We remain caught in the grips of a global pandemic that is taking its toll on communities economically, placing strain on healthcare workers committed to tackling this crisis head on and revealing the very systemic weaknesses and inherent biases that have been just beneath the surface of our society for years. The challenge of disparity and inequity is not unique to healthcare, but in the era of COVID-19, the realization of what many knew to be true has been laid bare for all with a commitment to truth and a respect for evidence to see.

At this instance when the deep-rooted realities of racial and social imbalance have been revealed with a raw and tangible result, so too has the institutional and implicit racism many also acknowledged existed. But the compounding effect of a heinous crime with the revelations of and tensions building in a time of crisis pushed us, as a society, to a boiling point. In the United States this has manifested itself in protests, both peaceful and in some instances unfortunately destructive. While a society that respects all voices and honors each with equity remains a work in progress for all democracies, we believe that speaking with purpose, speaking truth to reality and speaking truth to power must be a fundamental commitment.

We cannot stand by in declaring an unwavering commitment to human experience if we cannot ensure that all humans are seen in that light, as people who deserve the same rights, opportunities, freedoms and respect regardless of race, ethnicity, socio-economic status, gender, gender identity or beliefs. It is incumbent on each of us as individuals to gauge our own stand, dig in to understand our privilege, uncover our biases and then work diligently to honor the essence of what humanity calls from all of us. For we are only as strong as a community in the strength of respect we give to and show for one another.

human beings caring for human beings. Now, we must translate that to all we do in society. Our commitment to human experience must be unwavering and at the Institute that will remain our driving force.
“Healthcare’s sustained inability to address disparities and ensure equity in care is not just one nation’s problem; it is a systemic illness in its own right that has limited access for some and led to varying outcomes for many.”

https://www.theberylinstitute.org/HX2030
Addressing Human Experience & Disparities in a Time of Crisis

Ron Wyatt, M.D., MHA
IHI Fellow
VP & Patient Safety Officer
MCIC Vermont, LLC

Marsha Sinanan-Vasishta
MSN, MBA, RN, NEA-BC, CPXP
Deputy Chief Nursing Officer, Patient Care Services
Mount Sinai/Morningside

James Hildreth, Ph.D., M.D.
President and Chief Executive Officer
Meharry Medical College

https://www.theberylinstitute.org/PXPodcast
We cannot stand in silence or make an unassuming commitment to human experience if we cannot recognize that all humans are seen in that light, as people who deserve the same rights, opportunities, freedoms and respect, regardless of race, ethnicity, socio-economic status, gender, gender identity or beliefs. It is incumbent on each of us as individuals to gauge our own standing, appreciate our privilege, uncover our biases and then work diligently to honor the essence of what humanity calls from all of us. For we are only as strong as a community in the strength of respect we give to and show for one another. Reid our Full Statement on an Intraorganizational Commitment to Human Experience.

We have worked to curate content on systemic racism and health disparities as part of our library of resources provided below. We also acknowledge we can and must do much more as an organization, and as a community, to drive change in healthcare and beyond. We will continue to add to these resources and commit to sustaining conversations and leading action through which these critical issues can be addressed.

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Community Briefing and Conversation
Podcasts:
On Demand Webinars
Learning Hubs
RX Connect
Topic Calls
Grant Research Reports
Patient Experience Journal

https://www.theberylinstitute.org/Racism_and_Health_Disparities
Learning series in development...

Addressing Systemic Racism and Disparities in Healthcare:
A Community Learning & Conversation Series

- History of Racism and Disparities in Healthcare
- Understanding privilege: Unconscious/implicit biases in healthcare
- Leveraging the moment: Addressing the impact of racism/disparities on experience
- ...
As a community what **should we be teaching, sharing with and learning** from one another to address the issues of systemic racism and health disparities?

What **specific learning** should the Institute offer directly?
What level of engagement do you believe the Institute should be taking to address the issues of systemic racism in healthcare and health disparities?

Organizational Members (n = 61)

- None – No action at all: 3.28%
- Minimal – Provide statement of support: 4.92%
- Moderate – Offer resources and engage the community in dialogue and learning: 40.98%
- Significant – Advocate for and engage in driving policy change: 50.82%

Experience Leaders (n = 32)

- None – No action at all: 0.00%
- Minimal – Provide statement of support: 9.38%
- Moderate – Offer resources and engage the community in dialogue and learning: 40.63%
- Significant – Advocate for and engage in driving policy change: 50.00%
In what ways do you believe the Institute and our community can **advocate for and drive policy change**?

What specific ideas, proposals, actions should we consider?
Where we go from here

We will...

- Ensure the voices of all engaged in healthcare are heard, respected and acted on for what matters to them
- Advocate for and act to sustain practices, processes, and policies that have supported experience excellence
- Address the systemic issues that undermine our capacity to support the health and well-being of all global citizens
- Co-create a future in which new possibilities sprout from the deep roots of human experience
Includes links to:

- Community briefings
- Webinars
- Podcasts
- Blogs
- Caring for yourself
- Supporting your community

and more...

https://www.theberylinstitute.org/COVID-19Resources
Engage in learning from home or work.

While we will not meet in person for Patient Experience Conference 2020, we offer you the opportunity to connect with the PX community where you are through a virtual conference held via Zoom, April 27 - September 19, 2020.

- Over 50 breakout sessions
- Conference community interaction via PX Connect
- Virtual exhibit hall
- PX2020 T-Shirt
Sharing stories of extraordinary human care in a time of crisis

During the trying times of the COVID-19 pandemic, the power of community and shared experience has never been more important. We encourage you to submit your own story highlighting the tremendous ways that patients, families and healthcare providers have shown incredible strength, love and resilience, in the most difficult circumstances. Through these stories we aim to help community members find comfort and honor those who have given so much.

Video Overview >

Submit a Story
THANK YOU, BE SAFE and STAY WELL!

https://www.theberylinstitute.org/COVID-19Resources

https://www.theberylinstitute.org/Racism_and_Health_Disparities