

Community Briefings and Conversations

CHAT NOTES

May 1, 2020

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Question: As we consider reopening, what actions will it take to help our patients/families feel safe?

Rebecca: Giving them time to voice their concerns or just be there for them.

Stephanie Hillman: listen to them

Tanya: Be transparent about cleaning, testing, PPE and fear

Linda Biondini: Continue Hand Hygiene!! PPE. Listen.

Sonya Fleming: Communicating how we are keeping them safe

Steven Fry: Asking people what would help them feel safe and offer the options that are at hand

Debra Johnson: Visible steps to address new changes to processes (distancing, cleaning)

sherma lashley: Reassurance

David Garrett: Transparency and communicating why certain precautions and policies are necessary for their safety.

Cindy Wright: Communication and education.

Ronald Pierce: Remain available during these difficult times

Donna Henderson: Patient Directed Visitation will be key in reopening visitation

Linda Biondini: "We're glad you are here".

Mary Lynn Elsmo: Involvement from PFAC

Gary Jones: Tap into our PFACC committee, surveys

Juanita S Hill: every concern is important and are here to help

Sonya Fleming: Let them see us living it out when they arrive - they will certainly share with others

Kathleen Ferguson: Education communication- outreach to patients phone email

Kellie Wilson CPXP: Role model best practices such as physical distancing, hand hygiene, masks, etc. and communicating that we are doing that for everyone's safety

Grace I.: Feel - Perception of safety, empowering them through effective communication.... partnership

leilani: commitment to safety, consistent communication

Question: As we assess the impact of this crisis on our workforce what must we consider to help recharge and refresh our teams?

Rebecca: Listening and supporting your colleague to what they're going through. Validate their concerns.

Sonya Fleming: This is not a quick fix. We need a plan that is on-going (not just short-term)

Allison Chrestensen: The safety question extends to the workforce as well. People must have agency to speak out when they believe their safety & wellbeing are at risk.

Steven Fry: Offering trauma informed care, peer support groups, wellness spaces

Liz Glass: leaders need to feel comfortable to have these tough conversations

Stephanie Hillman: same as for patients...listen to them, ask them about their primary/secondary trauma, what would improve it

Linda Biondini: Nurses week and Healthcare week are coming up next week. We must celebrate and continue to thank our caregivers at all levels.

sherma lashley: management support

David Garrett: Ask and truly listen, then respond and act.

Donna Henderson: Keep supporting staff with ways to relax and self-wellness

Cindy Wright: Recognition and Reward.

Dawn: Be present with our teams. Sit with them where they are (go to them) don't ask them to come to us for support.

Dawn 2: Realize that employees have families and every situation is different as are people and how they manage stress

Allison Chrestensen: Johns Hopkins and others are offering free continuing ed courses in psychological first aid.

Linda Biondini: Ongoing mental health support; meditation and other resources that have been offered need to continue.

Stephanie Hillman: they will have to recruit the next generation, help them recover, and share how it can be different

Gary Jones: Ask the ones who have been there everyday

Bryanna Gallaway: Offer flexibility and patience - everyone will recharge and refresh differently and in different time periods

Grace I.: Demonstrate empathy in all interactions

Julie: Transition to FINANCIAL challenges for healthcare

Linda Biondini: Make sure that caregivers get a break and have a place to take a break.

Sonya Fleming: Has this resulted them in trusting their leadership more or less. Trust is essential for our relationships with employees and with our patients

Kellie Wilson CPXP: Leaders send thank you notes to the families of staff

Julie: Support for the caregivers in the face of deniers

Peter DeTrempe: We need to redefine what/how safety nets protect the most vulnerable among us.

Question: As we move through this crisis and look at how we assess experience, what should we really be measuring (and how)?

Sonya Fleming: We should measure what patients and families say they care about

Kellie Wilson CPXP: Using multiple venues to capture stories - phone calls, letters, cards, etc.

Gary Jones: Its more than HCAHPS

Rebecca: Leadership Rounding- getting patient/family feedback

Linda Biondini: Did they feel heard? Were their concerns addressed? Were they cared for in a safe manner? Hand hygiene, etc.

Liz Glass: how prepared are HCO really when the bottom falls out

David Fresse: We should measure what families are telling us about how we all worked together to care for them.

Laura Crooks: safety - both measurable items such as adherence to pathways, reduction in errors, but also perceived safety - both for the staff and families/patients

Linda Biondini: More support for post discharge follow up phone calls. It is not an afterthought.

Jake Herndon: Measuring confidence; effectiveness and frequency of messaging around safety

David Fresse: Patient's and families perceptions of how we have worked together

Stephanie Hillman: i would be curious to know if they felt that they heard consistent messages from the individuals and the institutions - was there consistency. would require some qualitative exploration

Cindy Wright: Access to resources and care...

Keenila: we should measure communication efforts

Ronald Pierce: Stay consistent and recognize trends moving forward. Hold town meetings, employee surveys...ect

Cynthia Mackey: Measure flexibility and timeliness of test

Steven Fry: finding what changes people like-telehealth? Virtual learning and telephone support to manage conditions? Pharmacy delivery?

David Garrett: Communication with families - this has shown just how important it is. How included and respected do they feel?

Allison Chrestensen: We need to go back to COVID-recovered community members to understand what works and where there are gaps

T H E B E R Y L
I N S T I T U T E

sherma lashley: Be very sensitive with our patient

Grace I.: Partnership parameters and follow through

Donna Gunter: try to capture how families are doing post COVID-19 when we get there with not being able to be there with loved ones.

Carol Korman: What works in terms of outcomes for pt experience vs. those efforts that may need to be changed with possible budget cuts in mind

Liz Glass: Jason-thank you for these briefings - feel connected when it is has been challenging

Kellie Wilson CPXP: Thank you, these briefings have been great! I am really blessed to be able to be a part of this conversation.

Jason Wolf: Also please let us know what else we can be doing and thank you for taking the time in this moment to be with us! We truly appreciate it!!