

Community Briefings and Conversations

CHAT NOTES

May 15, 2020

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Question: What are the biggest issues you are addressing / considerations you have as you look to reopen care delivery and balance the needs of the crisis we are in?

Ann O'Brien: Dealing with the extreme financial losses across the health system that are now resulting in layoffs, staffing cuts

Kimberly Hiles: ensuring the engagement and safety for caregivers while also ensuring our patients feel safe

Kimberly Hiles: ensuring the humanity of healthcare remains a central focus

Jerry Painter: Wondering about a resurge.

stephanie hillman: reassuring patients/families of safety within our walls

Kelly Wilson: Public perceptions...other places may open up, but our visitor restrictions remain

David Garrett: I think re-visiting visitation policies will be a big focus as we re-open.

Kellie Wilson, CPXP: Communicating safety to the patients. Testing and contact tracing. Physical distancing and masking.

Pam Bell: Needing to manage the processing of the trauma staff have experienced in the face of needing to get "regular" care back up and running

Karen D: triaging which patients we serve, due to limiting capacity

Angie M: Visitation, Team encouragement and balancing act of it all

Tiffany Christensen: As a patient, not feeling safe and worried about being a burden to my healthcare system.

Ricardo Davis: visitor and support person management

Linda Biondini: We are testing all pre op patients at least 4 days before procedure. All OB are tested at 38 weeks. Worry about false negative reports the most.

stephanie hillman: balancing the economics of our HC delivery system

Bryanna Gallaway: Rushing/squeezing visits to "catch" up, not leaving time for necessary wellbeing check-in and getting up to speed on physical and mental wellbeing.

Margaret Borders: I fear how to balance those that are very fearful to those that have no fear - losing the ability to physically touch patients without fear - how to remember to keep buildings germ-free but remember that most folks don't think like hospital folks "think"

Jodi: Patients coming in for elective procedures wanting assurance that they will not be in same building/space as COVID positive patients

Ellie McCarrier: Assuring the public of their safety, visitation policies, delivering compassionate care while wearing a mask.

Sue Onsurez: Making the patients feel comfortable enough to return to MD offices, urgent/prompt care settings, hospital and EDs

Linda Biondini: Visitors, celebrations, sustaining the workforce.

Naj Wikoff: Addressing clinician burnout

Linda Biondini: Spiritual Health

Ellie McCarrier: Workforce mental health

Angie M: Travel... this still exists, team member burnout, sustainment

Queens Office of PX: The mental and physical wellbeing of our teams

Sandra Holdsworth: Acknowledging the mental health issues of healthcare providers following this crisis. They will need help.

Angie M: Sustainment of working remotely and supporting the frontline

Mary Linda: Deal with the trauma have been through - consider their experiences while we put new processes in place.

Tiffany Christensen: When do our frontlines get to take a break in order to rest and process?

Angie M: Virtual Training

Star Rivera: Creating safe physical boundaries, while still allowing for humanistic connection

Maria Rivera: Cultural and language barriers preventing some populations to get the right or sometimes complete message.

stephanie hillman: #mentalhealthmay - anticipating the emotional needs of everyone within the system to pause, reflect and move forward

Angie M: Role modeling best practices and mental health

Guest: Ensuring the quality of customer service in an environment of limited face-to-face interactions.

Karen D: communicating changes on an ongoing basis

Sandra Holdsworth: Process in place, where caregiver and SDM are not referred to as visitors but an important member of the patient's healthcare team.

Ellie McCarrier: Supporting leaders...giving them resources for supporting staff during this time.

Question: What are we already doing that we should ensure remains in place?

stephanie hillman: increased collaboration, focus on growth mindset and learning

Pam Bell: Resilience support for staff top priority

Dan Spofford: telehealth

Kelly Wilson: Virtual visits with others, even without COVID, some people may need this opportunity

Margaret Borders: more telehealth

Tori Scott: more options for telehealth visits for primary care

Sue Onsurez: Provide multiple options (online/by phone) scheduling and pre-registration for patients

Tiffany Christensen: telehealth, more flexibility for staff/clinicians working from home, continue to customize care for patients based on their urgency and specific physical challenges

Kristen Ryan: Virtual Visitation has been a great success!

Jerry Painter: PX around telehealth

sherma lashley 2: patient education

K Ali: Compassionate Rounding for patients without visitors- we are using modified staff to round on patients

Christina Martin: Telehealth

Linda Biondini: Telehealth, screening, security, supplies of PPE and essential tools; IT support, mental health support for caregivers, thanking each other

Jerry Painter: Health literacy

Thomas Corvallis: A transparent awareness on the safety first of patients and staff

Mary Matson: importance of family in discharge conversation

Ellie McCarrier: Showing appreciation and gratitude for all staff.

Kimberly Hiles: engaging patients on the front end of care to ensure optimal communication

Kellie Wilson, CPXP: We've been doing weekly leadership trainings that have been really well received. So, looking ahead, how do we continue rapid leadership development in ways that meets the needs of the leaders.

Julie: Increased interaction between CSuite and frontline

Dominique Cain: Increased communication from senior leaders to support staff

Maria Rivera: We need to reevaluate the way we care for our seniors.

Katie Cavanaugh: more options for care method, location, process

Dan Spofford: defining the future of CAHPS and patient experience surveys

Julie: Additional services to shut-ins

David Garrett: Refocusing on empathy and seeing things from the patient/family perspective - becoming creative in developing ways to connect - doing whatever it takes to create the best experience possible for patients and their families.

Angie M: Virtual Training, Staff encouragement - with patient positive comments in a Monday newsletter, increased communication,

Kimberly Hiles: caring for caregivers and cultivating a culture that expresses and actualizes compassionate care

Kellie Wilson, CPXP: Flexibility, rapid adjustments, transparency, and frequent communication.

Melissa R Thornburg: Continued virtual conversations with patients and families - are they doing okay? Do they need resources? Do they have questions or fears?

Karen D: Without touch or seeing a smile, we need to work harder at communicating in positive, caring ways.

Linda Sample: increased communication and collaboration

Sonja Frye: creating and fostering emotional connection and compassion with physical distance

David Garrett: Embracing and taking advantage of technology

Kimberly Hiles: virtual work

Isabela CASTRO: we are making history in health care

Question: What have we done that we may be able to do less of or not at all?

Dan Spofford: meetings

Angie M: face to face meetings!

Melissa: in person meetings

Kellie Wilson, CPXP: LOL, yes, meetings!!!

Christina Martin: Work in an office all the time

Linda Biondini: Analysis Paralysis

Angie M: yes - more remote working works!!!

stephanie hillman: mistrust of working from home

David Garrett: Yes, less in-person meetings!

Gene: Face to Face meetings

Julie: Yes allow for more telecommute

Kristen Ryan: Yes, working remotely when it makes the most sense for the role

Margaret Borders: all of the CMS reporting that is addressed usually just by hospital administration, but doesn't address real time issues and changes

K Ali: Remote working

Chris M: Yes, more virtual work! Less cost in "buildings" for staff, support working from home when possible.

Kellie Wilson, CPXP: Avoiding technology, e.g., virtual contact due to concerns that it won't work, no one will use it, we can't make it private.

Angie M: Invite more people to the large/administrative meetings - transparency works

stephanie hillman: working alone on a problem (outreach to continuum is key!)

Ronald Muecke: Culture of honesty.

Angie M: Also in healthcare in general - we are working together better!

Linda Biondini: Silo work

Maria Rivera: Encourage families to having early conversations about end of life when we are healthy.

Sandra Holdsworth: Collaboration with all those involved with the patient's journey in the healthcare journey.

Sandra Holdsworth: Their voices need to be at the table at the beginning of all initiatives. Yes I'm a patient. I also help our healthcare system in planning, standards & research. Our lived experience is a valuable asset to care providers.

Question: What new ideas should we be considering or putting in place?

K Ali: Compassionate Rounding for lonely patients

Jerry Painter: Improve PX around telehealth

Melissa R Thornburg: More opportunities for Telehealth...let go of the fear.

Christina Martin: Proactive outreach to patients, especially seniors

Ron Mattoon: Revisit and update HIPPA laws.

Angie M: PX forums such as this!

Dan Spofford: increasing family communication virtually

Kristen Ryan: Ensure quality rounding versus only compliant rounding

Kelly Wilson: Checking in with families proactively

Tiffany Christensen: More integration with home health so patients can get labs, assessments etc without leaving home

Linda Biondini: Reimbursement for new models of care

Julie: Yes Christina! We've been delivering groceries to our seniors!

Julie Piazza: sharing lessons learned from pediatrics and resource sharing across the age span and care continuum especially non-pharm

David Garrett: Adding things to our tool box from being forced to get more creative.

Angie M: What type of visit does the PATIENT want... not just the family

Gene: Virtual Listening sessions with all customers

Maria Rivera: Shared understanding of patient wishes for family communication when unable to be with loved ones.

Linda Biondini: Universal policies for IP

Chris M: heightened awareness of mental health as part of overall patient health

Katie Cavanaugh: broadening our vision for what it means to care for and engage patients and families

Melissa R Thornburg: More support for new clinical staff that graduated "early" and started working immediately with COVID-19 patients. More support overall for healthcare staff.

stephanie hillman: policies/payment for telehealth

Angie M: More short trainings - virtual

Melissa R Thornburg: Assess for any compassion fatigue/vicarious traumatizing and allow staff to recover and heal.

Tiffany Christensen: Leverage the public's attention to end of life planning--help with planning and family conversations about choices

Sue Onsurez: Providing the means for patients to receive telemed (instructions/advanced practice to use,so visit isn't spent teaching) particularly in assisted living, SNF facilities

Julie Piazza: public health partnerships - community wants to help and leverage other settings to help prepare for patient experiences with creativity and innovation

K Ali: patient partners fully engaged on hospital working groups, teams

David Garrett: Further educating staff on the importance of each touch point for patient experience - every interaction matters, every team member matters.

Tiffany Christensen: Come together NOW, before we forget what we have learned, to ask patients, families, staff and clinicians what are the pain points and priorities for change

Naj Wikoff: The National Organization for Arts in Health will be piloting an interactive-online arts activities for clinicians (at a time/artform they choose) to provide them opportunities for self-expression, etc - the idea to use the arts to help them reduce stress in a time and manner that works for them. The idea is to have resource for them they can tap into at any time

Angie M: Collaboration is different now - we actually share in transparency in healthcare with other organizations

Maria Rivera: Tapping on Caregivers hidden talents.

stephanie hillman: payment models that don't so heavily rely on elective surgeries - better payment for preventative medicine

Tiffany Christensen: Keep attention on SELF-CARE for clinicians and staff

Ronald Muecke: suggest / display how doctors should behave - leverage the hero moment.

Linda Sample: We need to collaborate with patients and families, e.g. through PFACs, to understand what patient-provider partnerships look like in the new healthcare landscape.

Alla Borsen: Helping patients, residents, and visitors communicate with each other by helping to make video calls. Communication is the vital!

Linda Sample: Jason, thank you for continuing to create venues for us to learn from one another.

Sandra Holdsworth: The Beryl Institute is doing great work in patient engagement. Thank you for your leadership. Special thanks to all providers.

Question: What topics do you hope we cover as we continue our community briefings?

Pam Bell: tangible support for staff in recovering from the trauma they have experience

Maria Rivera: Healthcare staff well being inside and outside the workplace.

Jerry Painter: Caring for the Caregiver

Dan Blazar: What does visitation look like in the future

Ronald Muecke: Staff Huddle daily message for consistent patient experience results.

Christina Martin: Total wellbeing for staff--mind, body and spirit

stephanie hillman: i agree with Pam and also want to anticipate how we'll draw people to this field

Linda Biondini: What does the new GEMBA look like? Rounding safely.

Kellie Wilson, CPXP: What is working and what isn't working across the country/world. Also, how things are changing in areas that are "re-opening".

Naj Wikoff: How we prepare medical, nursing and other students to thrive in this evolving environment

Melissa R Thornburg: Compassion Fatigue and Vicarious Traumatization. Our healthcare staff are at risk for burnout. I've been working with our staff with all of this and it is so important.

Julie Piazza: definitely compassionate self - care and caring for the caregivers

Karleen Ballmer: Future of hospital volunteer programs

Julie: Things won't be "back to normal" because it no longer exists.

Stephania Pemberton: addressing the needs of underserved populations during this health pandemic

Linda Sample: Provider well-being and care for the caregiver.

Ellie McCarrier: In this new world of everyone wearing masks, how are we still going to show care, concern and compassion to patients and families?

Linda Biondini: Getting back to PI projects

kym allen: How can we teach these skills when students were not able to be in-house

Angie M: PFAC - virtual contribution, caring for the caregivers, virtual visitation, taming the trauma

Jason Wolf: Thank you all as always for a wonderful conversation....

Angie M: resident resiliency

Angie M: Support staff remote engagement

Jason Wolf: Please do let us know how we can be here for and with you...we are because of you!

Ellie McCarrier: Supporting staff and providing outlets for them to unburden their concerns in a format that feels safe for them.

Jason Wolf: Be safe and well. Thanks to all!!