

**Community Briefings and Conversations**

**CHAT NOTES**

May 29, 2020

Jason A. Wolf, Ph.D., CPXP, President & CEO, The Beryl Institute

**Question: What has taken on your greatest need for focus and attention in the last week?**

Jerry Painter: Allowing families to visit.

Katie Heskett: visitor restrictions changing

Kristen Ryan: Ensuring that leadership continue to hear the patient voice

Anne: emotional and mental health support for caregivers and families

Donna Henderson: Patient Directed Visitation and opening up service lines.

Mary: Visitation policies

Renee Rieder: Making sure patients and colleagues feel safe in our hospitals.

Heidi Mason: Employee burnout when we ramp up

kelly parent: reopening and reassuring people it is safe to get nonessential care AND opening up visitation a little

Kellie Wilson, CPXP: Communicating to the community that it is safe to come back for care.

Gina Marie Agosta: How to help leaders regroup their teams through virtual meetings

kim pasquino: taking care of the workforce

Guest 2: restarting safely

Laura Reyes: caregiver morale and well being

Mary Minniti: Ways to engage patients/families in addressing this re-opening

Kim Nailon: Visitor policies, virtual connections with leaders and continued focus on the patients voice

Maureen: Planning for the "New Normal"

Grace I.: Mental health

Leigh Demont: ensuring that we continue to connect with our patients and their families

Jodi: Ensuring patients coming in for elective surgeries feel confident and sage

Cheryl Rogers: leveraging lessons learned to advance and keep emotional balance and support for staff. Financial stability

Carol Majewski: visitor policies and limitations, patient and community confidence

Wendy Arato: burnout amongst staff who are not providers (lots of focus on provider burnout which is important, but seeing others being 'forgotten')

kelly parent: how long do we continue to do health screens for pt/community and staff

Jennifer Gruber: how to return to the work we were doing before the huge changes

Debbie Highfield: Visitor policies and safety

Kellie Wilson, CPXP: Yes, financial security as well.

margie hackett: feel big need to communicate with our post acute partners about what's happening in the hospital and how the governors policies are being followed within and without the hospital walls.

kelly parent: how do we do more with less...layoffs

Shawn Volk: Family Presence & Visitation

Angie M TGH: Stop saying NEW NORM....

Laura Reyes: learning to connect meaningfully through virtual meetings!

margie hackett: worried about opening up and having covid patient numbers rise and I worry that face masks are not worn enough.

stephanie hillman: payment strategies for balancing surgical and medical care

Lisa H: How we move to more telemedicine and remote patient care.

Terry H: @Kelly, we have several colleagues donating PTO to help and we have also limited some of our 3rd party vendor services (certain analytics) to select locations.

Kathryn Empson: Support for care partners; support for health seeking behavior not related to COVID (heart care, diabetes care, cancer care)

Grace I.: Transitioning back from roles that they were assigned to due to the unique situation of COVID care.

Isabela CASTRO: to deal with unpredictability

Angie M TGH: Using virtual technology as tools and not a "for now"

Isabela CASTRO: patients families and workforce

Rita: Virtual visits/ communication/ programming/engagement

Susan Osborne: Supporting the leaders on the front line and staff. Worried about the units that are now in week 10 of this.

margie hackett: focus also now on shift back to my usual job and responsibilities. I have not done anything since early March

Isabela CASTRO: support the community / social disparities

Maysel White: Mental health and well-being of providers

Alla Borsen: Communication will be one of the biggest issues for LTC facilities.

margie hackett: I feel more of a partnership, more of a collaboration between hospital care and SNF care and community care with physicians than ever before...I hope it continues into the future as we struggled to get the community PCPs to partner with the hospitals on the level needed.

**Question: As you review the draft actions for New Existence what general reactions or feedback do you have?**

Anne: excited and eager to see what is shared

Steve Fry: expand into communities (social determinants, in vivo care)

Angie M TGH: Trust = safety

Mary Minniti: If we don't deal with disparities, the health of many populations will continue to be at risk...

Isabela CASTRO: should we name it moral determinants?

Chris M: include mental health concerns related to social determinants

stephanie hillman: this will take great will...has been hard to get orgs to focus on this wholeheartedly

Angie M TGH: without trust there is no safety

Steve Fry: .....in a time of financial scarcity

Angie M TGH: if not now - when?

stephanie hillman: allow patients to inform this more fully

Gayle Squires, MD: Angie M TGH - yes trust=safety. restaurants are also redefining hospitality a safety (as related to trust)

Julie Price: what is touch in?

Lisa H: Helps with the disparity issue.

Jennifer Gruber: patients MUST participate in design

Mary Minniti: Let's remember there is a digital divide we need to address

margie hackett: this may be toughest for the older population who are not on tech devices. perhaps a balance or in home care/visits and telehealth for the younger set.

Angie M TGH: Yes Jennifer patients should be involved in AL

kelly parent: virtual always comes with concern re: equitable care

Gayle Squires, MD: ALSO - tough for those traditionally underserved by healthcare (including POC, lower SES, elderly)

Kathryn Empson: High touch can be frequent access, but virtually (not necessarily physical touch). But access issues become so important.

Angie M TGH: Makes you wonder why we never did before!

Taylor Sewell: Should these action items more explicitly tie to patient experience?

Terry H: We were fortunate that we were just beginning a major transition/improvement process and COVID brought us together and it helped streamline the work even more

Angie M TGH: Remove the red tape!

Lisa H: The rules are ideas we made up. We need to continue to rethink the rules when they don't serve us well.

stephanie hillman: this feels jargon-y

magdalena buen: breaking the status quo

margie hackett: such a push back for innovation when so many need to adjust their patterns and habits. Innovation is here but there is a slow

stephanie hillman: quadruple aim

Gayle Squires, MD: Also using remote monitoring, "guided physicals" to be high touch (without physical touch when necessary)

Jennifer Gruber: need to take it to the next level!

Kathryn Empson: Patients and care, families, and care partners!

Terry H: Public health and education is extremely important though difficult.

Angie M TGH: PFAC's!

Claire: This is key for me as this really dropped off the table

Guest 2: goes hand in hand with understanding the other determinants of health that make up our patients' realities

margie hackett: the more people who understand medicine and healthcare and how it relates to their own family current situation....this is super important. health disparity and understanding is perhaps the greatest block for

Rob: Should be a mutual exchange of ideas and thoughts.

Angie M TGH: Yes - let the patient make some of these decisions for visitation not just the families...just a thought!

Chris M: include end of life parameters

Jennifer Gruber: ESPECIALLY SNF and Rehab setting

stephanie hillman: families aren't visitors...they're family

Dominique Cain: This is extremely important. Not one size fits all.

kelly parent: visitation - how do we get staff to improve their critical thinking

margie hackett: greatest block for readmission prevention/reduction is misunderstanding the health situation

Jennifer Gruber: Hello Home Health and Hospice

Guest 2: Caregiver burnout is largely unaddressed, yet such a huge predictor of outcomes, utilization

stephanie hillman: recovery and building resilience

Angie M TGH: And it can't fall only on Nursing!

Terry H: We hear nurses and doctors are heroes, but there are also techs, transporters, and many more who are not as recognized.

Gayle Squires, MD: for #6 - we can't forget financial support for our frontliners...so many are having salaries cut - one hospital in NYC, 40%

Isabela CASTRO: care giver is key in many ways

Rob: We need to keep visibility of this situation. Again, communication and a mutual exchange.

Angie M TGH: Again, fear needs to be addressed if they won't seek help, transparency and open dialogues

margie hackett: showing compassion and empathy truly helps build trust, even in the tough times and sad times.

Grace Lynam: We need to continue to ask, listen, and deliver!

Cynthia Mackey: Communication is key

Julie Price: addressing honestly

Guest 2: cultural safety and humility

Jennifer Gruber: ALL roles, all care settings

Gayle Squires, MD: transparency!

Grace I.: Proactive Communication

Rob Farrell: Care for the care givers always!

Angie M TGH: If we aren't taken care of - who will take care of the patients and families. Again, if not now then when?

margie hackett: I think our hospital has been doing this all along. I think we have always done this well, but even more so during the pandemic

Rob: A leadership responsibility that sometimes is overlooked.

Terry H: Can't have patients if you don't have care givers.

Mallory Bessolo: without those on the front lines, we are nothing. we have to ensure they are taken care of in all aspects

Laura Reyes: This will be a main focus in healthcare going forward!

kelly parent: look at HIV/AIDS models of taking care of staff in SF, NYC and

Angie M TGH: Also, letting the community know what the needs of the healthcare workers are.

Kellie Wilson, CPXP: I love that we've been more focused on success than pointing out deficits

Rob Farrell: It takes a village....

Angie M TGH: Communication is important.

margie hackett: so many are doing great work and appreciation in a public way is super wonderful and validates your worth at this time

stephanie hillman: worry about the heroes narrative and how to appreciate the whole team that makes great care possible

Brittany Otto: Staff needs to know they matter and that they are appreciated!

Gayle Squires, MD: Physicians are often still vilified

Steve Fry: resist virtuality as the preferred technology, but also provide meaningful digital connection to enhance care experience, improve e-health literacy, and give people command of their records of

Angie M TGH: ALWAYS! Love that TGH does this!

Rob: Get out of the office and stop crunching numbers to see what your staff is doing and how great of a job they are doing.

Grace Lynam: Transparency is key

Rob Farrell: Staff needs to know the why in order to execute the decision

Chris M: appreciated some communication across our community with multiple different health systems (not just our system). Community feel!

Angie M TGH: and give the why!

Terry H: And to take it a step farther - systems in competitions with others should put aside the competition!

stephanie hillman: this gets at payment and who benefits

Brittany Otto: Yes! Continuity of care!

Jennifer Gruber: reduce duplicative or competing work

Steve Fry: Must collaborate within and among the communities served

Rob: Sharing best practices is huge. Even with competitors.

Angie M TGH: So great to see... I have never seen this before... it bridges the gap in amazing ways... imagine putting the patients first!

kelly parent: there was a great model of interorg collab in Pittsburgh during mrsa epidemic

Rob: It's all about the patient and their families.

Mary Minniti: We can only deal with issues effectively if we work together and build bridges between healthcare orgs but also with community orgs



Guest 2: sharing in the common interest of improving health of communities we serve

margie hackett: there are plenty of patients, lots of people have care needs. we are all collaborating in Montgomery county MD

ISABELA Castro 2: No competitors / not at least in current models

Chris M: yes, most vulnerable.

Gayle Squires, MD: loved seeing this with MSKCC offering to treat other system's inpatient oncology patients, with a promise to not "steal" them

kim pasquino: an underappreciated area

Steve Fry: embedded community institutions eg, faith, schools etc. as health extenders partners

margie hackett: more opportunities for collaboration. must connect with our PAC partners!!

Guest 2: look for opportunities both upstream and downstream from hospital

stephanie hillman: elevate the importance of women who disproportionately work in these spaces

Mary Minniti: A population that is often forgotten

Angie M TGH: If we heal, they need to be SAFE and not be readmitted and families to be armed with information!

Rob Farrell: What about partnering with EMS as well?

kelly parent: and pay for people who work in LTC

Gayle Squires, MD: so much more care needs to be delivered at home, particularly as telehealth increases; can be done in collaboration with home health - collaboration necessary

Julie Price: Especially in covid times

ISABELA Castro 2: Outside the hospital - accountability for their own health, less admissions/ patient activations and empowerment

Angie M TGH: our patients are our community!

margie hackett: love that idea to elevate those working in SNF and Home Health...they are super important and not seen that way by the public

Kellie Wilson, CPXP: Throughout this, we've all been going through it together and we need to build on that and bring in more community voices.

Steve Fry: Essential and formalizing, bring health care to where it is needed- get off the island

stephanie hillman: holistic health - mental, medical, dental

Kathryn Empson: For patients, care partners, and healthcare workforce!

Lisa H: Isn't this is what care is all about?

Maysel White: Treating the whole person is critical

ISABELA Castro 2: psychological safety for all, workforce , patients and families

ISABELA Castro 2: system is responsible

margie hackett: AGREE - Mental Health Stigma is ULTRA IMPORTANT to DIMINISH!!

Angie M TGH: Can do any of the others without this!

margie hackett: each person has a different definition of a positive experience.

Jennifer Gruber: keep trying!

kelly parent: read COMPASSIONOMICS

Steve Fry: through social justice

ISABELA Castro 2: Raise your hand and make a question or share your opinion, no matter where you are

Angie M TGH: I keep saying that people argue respect because it is tied to expectations, we should replace that word with compassion.

Susan Osborne: As we move forward we need to try to stabilize

Gayle Squires, MD: how important is reinforcing that we're pt-oriented, or just do it

Kellie Wilson, CPXP: These are topics that many of us have known are important, but that aren't necessarily talked about in meaningful ways.

stephanie hillman: which are actions versus philosophies to embrace

Julie Price: Most of these could and should be written more clearly.

Julie Price: simple plain english will work best.

Gayle Squires, MD: How do we prioritize, especially given the need for agility?

Lisa H: The fact that we have to talk about how humans are affected by our designs and choices is quite incredible. How did caring for people and building a practice to help them stay healthy get to this point? For profit healthcare is not working.

Rob: Needs to be part of the culture of an organization. Embedded.

karen m anderson: I wonder about our role in political action

Claire: Love the way forward- thank you for putting this together!

Angie M TGH: Would love to see subgroups with Healthcare workers involved in these?

Steve Fry: Provide concepts to people and community organizations so that they may improve and activate for change politically, internal resistance will not be overcome without external pressure

Taylor Sewell: These are all really astute and important actions. But I wonder if there may be a way to more closely tie them to PX specifically. PX is clearly embedded in the DNA of those actions, but I wonder if it would be more impactful and true to Beryl if there was a clear tie to PX.