What do you believe will be the MOST critical area of focus as we look at our new existence fostered by this current health crisis?

Grace I.: Culturally competent care

stephanie hillman: addressing racism

Marie Saunders: Keeping our patients and visitors safe and confident that we are doing that

Mary Kay Fallon: Disparities in healthcare

Anne: supporting and anticipating ongoing demands on healthcare professionals and family caregivers

Phil Eswein: Trust in delivery of healthcare - coming back to onsite services

Mary Kay Fallon: Enhanced communication with patients and families-virtual opportunities

pam bell: communicating to patients and families what we are doing to keep them safe, cleanliness, hand hygiene

Donna Henderson: Person centered care and the new reality for patients and families.

Leonard "Lenny" Christo: balancing the reimbursement landscape with PX considerations.

Carey: Communication

Mary Linda: assessing and responding to our staff

Dan Blazar: Making sure we are addressing our caregivers needs and how to keep them resilient

Katherine Leistico: Patient and family centered care that promotes trust

Tiffany Christensen: Building upon this sense of "we are all in this together" and co-creating new policies and processes that serve everyone better
Carey: yes, taking care of staff!

mimi luechtefeld: Truly connecting with our community and addressing what they need

Grace I.: Culturally Competent Care

Lara Klick: I think our teams are in crisis right now, balancing the commitment to caring for patients while experiencing the same stressors and anxiety the rest of the community is experiencing

stephanie hillman: losing coverage and signing up for new

stephanie hillman: if it's available to them

What actions can and must we take to ensure people feel comfortable and safe in returning to seek care?

Grace I.: Transparent Communication

Donna Henderson: Transparency with the community served

Phil Eswein: Transparent communication, deliver compassion-connected care

Ann D.: Constant communication to the public about what we are doing to keep patients safe.

Anne: listen to and take action on what matters most to those seeking care

Mary Kay Fallon: Ensure we do what we say we are going to do (screening, wear masks, good cleaning, hand washing

Carey: Communication, education

Marie Saunders: Communication

Gina Marie Agosta: We've been creating videos that show the community what our environment looks like now, what we're doing to keep them safe.

Leonard "Lenny" Christo: Guests will be safe when seeing their providers in a face to face setting.

Della Williams: demonstrate cleanliness and communicate what you do
mimi luechtefeld: Utilize every avenue of communication to reach our communication about what we are doing to keep them safe and ask them what they need. Creating more avenues of communication with those we serve.

Katherine Leistico: Ensure our team members are role models in communicating the steps we take to keep them safe. Secondly we must build trusting relationships with the community as a whole

Bonnie L Weiss: Perhaps levels of comfort can be calibrated by and with the knowledge we share with our patients and staff about what we learned to date. fact versus fiction about covid

Tiffany Christensen: Creating clear directions on-site for how to social distance, mask mandates made clear and enforced, no full waiting areas...making sure the reality of the patient flow matched the messages of safety

Grace I.: Effective communication considering diverse literacy levels

Carey: Especially for the deaf and LEP patients/families

Where can and must we focus effort to ensure people feel engaged meaningfully in their care?

Phil Eswein: solicit their input

stephanie hillman: ask them what matters most to them

Anne: provide opportunities for collaboration, using a PDCA/PDSA approach, ensuring functional PFACs

Donna Henderson: Active care partners and discharge information provided from the beginning of the experience

Dan Blazar: Daily patient rounding and follow up discharge phone calls, engaging PFACS

mimi luechtefeld: Being proactive in involving family in the POC. Assuring support people are included in conversations (of course with patients' permission)

Katherine Leistico: Clinicians must practice active listening so patients feel heard. Care model must be collaborative between all disciplines including patient and family

Kim: Rounding on our patients and involving our PFAC virtually.
Lara Klick: We've engaged our PFAC in focus groups and asking them what we can do to better communicate

Kim: @Lara I think this is a great idea. Recently, we started working with our PFAC to help do AIDET validation from home. The members feel so valued and are able to offer their continued perception on how we are communicating with our patients and families.

stephanie hillman: i'll be curious how many jump from orange to blue!

stephanie hillman: i don't think people are encouraged to communicate with their doctors in portals. it's more transactional v. relational

stephanie hillman: would there be opportunities for patients to connect with other patients within the portals?

stephanie hillman: would that be worthwhile/beneficial?

Carey: Huge gap, people still feel more comfortable with the relational model!

stephanie hillman: just listened to the To Care is Human conversation with Dr. Ron Wyatt - highly recommend. Thanks for Tiffany for inviting him into that conversation

### PULSE SURVEY

<table>
<thead>
<tr>
<th>To what extent do you believe discrimination exists in healthcare today?</th>
<th>0% (0)</th>
<th>5.56% (2)</th>
<th>52.7% (19)</th>
<th>41.6% (15)</th>
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<tbody>
<tr>
<td>Not at all</td>
<td>Very little</td>
<td>To some extent</td>
<td>To a great extent</td>
<td></td>
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**What can and must we do to address the issue of inequity and systemic racism in healthcare?**

Donna Henderson: Hold providers accountable, educate educate educate

Anne: become more educated ourselves; build empathy and enhance understanding of other people’s perspectives and experiences

Jamie DiPiazza-Rodriguez: accessible and affordable
mimi luechtefeld: Begin with myself to address my biases. Speak up and provide the opportunity for conversations about discrimination.

Kim: Continue to have open transparent discussion. Holding ourselves and our colleagues accountable. Build on being compassionate servant leaders.

liz Poret-Christ: Teach more compassionate communication skills

Grace I.: Be intentional about our role in steps to addressing the issues, being vulnerable while ready to learn, being compassionate across board.

stephanie hillman: commit to looking at the outcomes by race and ethnicity and then DOING something

Carey: I think the feeling of discrimination and inequities stems from lack of knowledge of cultural differences. Maybe it is not intentional discrimination, just a lack of understanding of cultural differences. More diversity in our PFACS.

Katherine Leistico: It must start from within to recognize our individual biases and hold each other accountable to compassion and respect. We must get feedback directly from the populations of patients we serve

Becky Reisinger: Racism and Health Disparities Resources: https://www.theberylinstitute.org/page/Racism_and_Health_Disparities

Jessica Hoeksema: First and foremost, our healthcare systems must accept and acknowledge that there is a problem.

Carey: More diversity in our PFACS equal more perspectives to identify

Bonnie L Weiss: It would be interesting to learn patients think the difference is between a good/great experience and an unsatisfactory experience. What is the tipping point for a patient.

stephanie hillman: @bonnie - i would venture a guess that it’s around the communication they receive and trusting they know what’s next in their plan of care