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 Patient Advocacy Community page 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.
Please take a moment to introduce yourself via the chat and let us know where and how you are.
Our Panel

Frank Hrabe
Volunteer Coordinator
Children’s of Alabama

Becky Moldaver
Director, Volunteer and Guest Services
The MetroHealth System

Denise Kelly
Volunteer Coordinator
Sharp HealthCare

Ellil Mathiyan
President
Ostomy Association of Singapore
Our Moderator

Stacy Palmer, CPXP
Senior Vice President & COO
The Beryl Institute
@strobupa | @berylinstitute
The **global community of practice** committed to elevating the human experience in healthcare.

We believe human experience is grounded in experiences of patients & families, those who work in healthcare and the communities they serve.
Changing healthcare by ensuring an unwavering commitment to the HUMAN EXPERIENCE
The New Existence: A Preamble

This moment in our shared history has shifted the foundations of healthcare forever and revealed the cracks and systemic weaknesses of healthcare globally. There is no normal to which we can, or should, return. Rather, we are called upon to co-create a new existence for healthcare.

For this reason, guided by a global steering team and informed by the voices of our community, The Beryl Institute has undertaken The New Existence project. This effort will help to define what this will look like; what it will call on us to do in practice, process and policy; and what it will ask of us as people moving healthcare forward.

Grounded in the strategic lenses that shape the experience framework in healthcare and leading us to our community vision – Human Experience 2030 – a focus on The New Existence will align disparate efforts and ensure the human experience at the heart of healthcare flourishes. It will ultimately steer us through this moment to a future we create together.

The New Existence is built on these foundational agreements:

- This work is born from our common experience in this moment
- We are all humans in healthcare and must recognize and act together on what impacts us
- We insist on equity in healthcare
- We commit to working better together, through and beyond this moment
- We will come out of this crisis as better human beings, organizations and systems
Care Teams
Redefine and advance the integrated nature of and critical role patients and their circle of support play on care teams.

- **Redefine the care team**
  - Identify care team members, including the patient’s family, healthcare providers and the patient’s circle of support.
  - Orient care team members, including the patient, to their roles, responsibilities and benefits of being an active part of the care team.
  - Include a formal care partner as part of the patient’s care team, and consider peer mentors and cultural brokers and partners.

- **Invite and activate partnership**
  - Ensure patients and families co-develop the care plan and are an active part of care team interactions and decision-making discussions.
  - Identify and act on what matters most to patients, families and the patient’s circle of support.
  - Identify and eliminate barriers to effective care team partnership.
  - Encourage patients and families to serve in roles beyond their own care journey.

- **Commit to care team well-being**
  - Celebrate and recognize all those providing and receiving care, and restore joy in work.
  - Monitor and manage trauma, burnout and resilience within all care team members.
  - Acknowledge and reduce the stigma associated with mental and behavioral health for all care team members.

Models of Care & Operations
Co-design systems, processes and behaviors to deliver the best human experience.

- **Co-design intentional, innovative and collaborative systems**
  - Create collaborative systems that integrate principles of quality, safety, engagement and well-being.
  - Use human-centered co-design to ensure consistent and equitable systems that are personalized and inspire confidence.

- **Innovate processes of care to transform behavior**
  - Co-design workflows that promote partnership among patients, families, healthcare professionals and communities.
  - Solicit and act on feedback at each touchpoint regarding outcomes that matter.
  - Develop and apply standardized measures and tools for continuous improvement.

Governance & Leadership
Reimagine, redefine and reshape the essential role of leadership in driving systematic change.

- **Create transparency across the healthcare ecosystem**
  - Commit to an integrated strategy for improving patient experience.
  - Create a culture of trust.
  - Facilitate communication among healthcare, research and advocacy organizations.

- **Restore and nurture confidence**
  - Formalize outreach programs with patients, families, healthcare professionals and communities.
  - Actively seek to understand the concerns, and needs of patients, families, healthcare professionals and communities.
  - Engage all stakeholders in the co-production, design, implementation and evaluation of new and existing initiatives.

- **Transform healthcare in collaboration with diverse voices**
  - Engage networks of diverse community leaders as partners to transform the health of the community.
  - Address the moral and social determinants of health.
  - Take direct action to ensure equity in healthcare.

Policy & Systemic Issues
Advocate for equitable institutional, governmental and payer policies, incentives and funding to drive positive change.

- **Hardwire human partnership in the healthcare ecosystem**
  - Elevate the expertise of patients and the patient’s circle of support.
  - Engage patients, families, healthcare professionals and communities in advocacy.
  - Remove barriers to accessing care.

- **Research, measure and dismantle the structures and systems that lead to disparities**
  - Identify where inequity and bias exist within current policies and processes.
  - Examine the data to understand the disparities that influence experience and outcomes.
  - Dismantle policies and practices that deliver inequitable outcomes.
  - Develop practices that ensure equitable health outcomes.

- **Modernize the surveys and democratize the data**
  - Diversify the ways in which we capture, hear and listen to patient and family voices across care settings.
  - Democratize patient experience survey data to be more transparent, accessible and actionable.
  - Modernize patient experience surveys to capture current and relevant information on patient needs and priorities.
Patient Experience Conference is now ELEVATE PX!

The Global Patient Experience Event

ELEVATE PX is a virtual gathering bringing together the voices of the global community committed to elevating the human experience in healthcare. ELEVATE PX is a dynamic, interactive event connecting experience leaders for learning and sharing and impacting teams throughout healthcare organizations for a Patient Experience Week celebration like no other.
Program Components

- Nine keynotes from around the world
- Six breakout groups offering five 45-min concurrent sessions (30 total)
- Eight Express talks: 15-min sessions from solution providers and PX Collaborative orgs
- Special Interest Community Gatherings

Have a great strategy or practice to share about improving patient experience? Call for submissions for breakout and poster sessions is open through Tuesday, December 1.

Enhancements

- Multiple session time offerings for global participation
- Opportunity for organizational access to keynote sessions with complementary discussion guides
- Live Meet & Greet opportunities with keynote speakers
- Online poster session gallery with live Q&A with authors
- Live video-enabled networking among event participants
- Virtual hospital tours from organizations around the world
- Session viewing and participant networking on the mobile app
- One-to-one connections with PX Marketplace exhibitors through virtual booths
Panel Conversation
Our Panel

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Becky Moldaver
Director, Volunteer Services
Metrohealth Medical Center
What virtual programs have you implemented?
How has your volunteer training changed?
What are some ways to build connections with your volunteers?
How are you recognizing volunteers during this time?
How would you like to see virtual volunteering move forward?
What additional topics should we be discussing at this time or what questions do we have of one another?

(Now as time permits and continued in PX Connect)
THANK YOU, BE SAFE and STAY WELL!