Introduction to The New Existence

Jason A. Wolf, Ph.D., CPXP, President & CEO, The Beryl Institute
November 5, 2020

Elevating the Human Experience in Healthcare
Housekeeping

• All participant phone lines are muted.
• Chat pod for sharing of ideas and interacting with the panelists and attendees; not for promoting services and products.
• Receive follow up email tomorrow afternoon with webinar materials and recording.
Our Moderator

Jason A. Wolf, PhD, CPXP
President & CEO
The Beryl Institute
@jasonawolf | @berylinstitute
Taking action for the future of healthcare, grounded in the realities of today

An Introduction & Call to Action
5 November 2020
Please take a moment to **introduce yourself** via the chat and let us know where and how you are.
FOUNDATIONS
Changing healthcare by ensuring an unwavering commitment to the HUMAN EXPERIENCE
As far as we can discern, the sole purpose of human existence is to kindle a light of meaning in the darkness of mere being.

- Carl Jung
There will not be a "new normal" but rather a New Existence for healthcare and human experience

Posted By Jason A. Wolf, PhD, CXP | Monday, May 11, 2020

It is hard to believe that it has been just over eight weeks since the COVID-19 crisis truly hit global proportion. On March 13, with soaring cases in Europe, Asia in lockdown and Africa, Australia and the Americas bracing for the wave, I offered in announcing the reformatting of Patient Experience Conference 2020. "We stand together to tackle this health crisis in a way that ensures the best outcomes, the greatest of dignity and respect, and the human experience it deserves." I know we can say with confidence that in the weeks since that time, while they feel like years, the humanity at the heart of healthcare has shown its true power and unmistakable presence.

What this time has also shown us is that with challenges, we have responded with agility and speed to innovation. We too can also see that things will not be the same for a while and most likely forever. The idea has been proposed by some that we are entering a “new normal,” and while a term easy to grasp, there is nothing “normal” about what we are facing. Normal suggests a new “typical state or condition.” But the moment in which we find ourselves now and the moments to follow will not be steady. They will rapidly evolve and dynamically shift; we will ultimately find ourselves in a New Existence. Existence is not a state, but rather a way of living and being, driven by survival and a commitment to do what is right and true.

In this New Existence much of what we espoused and worked so hard to put in place in healthcare and for the human experience before this crisis will remain essential. At the same time, this moment has revealed cracks and systemic weaknesses for healthcare globally reinforcing the forward thinking that living in a New Existence will take. More so, there are actions that a New Existence has called on us to take already, will ask of us to reinforce and sustain and to create and evolve. For this reason, guided by the voices of our community at The Beryl Institute, we are undertaking the New Existence Project.

This effort is focused on generating what we think a New Existence 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 in moving healthcare forward. The process will be one in which the voices of the community shape the ideas and outcomes. It will be informed by and aligned with the Future of Human Experience 2030 effort currently underway with the Institute. It will be built on the input of an international steering team with validation and input via community conversations and a global survey. It will ultimately work to align disparate efforts in collecting practices and process and advocating for policy and programs that will ensure the human experience at the heart of healthcare remains strong.
There will not be a “new normal” but rather a New Existence for healthcare and human experience

Posted By Jason A. Wolf, PhD, CPXP. Monday, May 11, 2020

It is hard to believe that it has been just over eight weeks since the COVID-19 crisis truly hit global proportion. On March 13, with soaring cases in Europe, Asia in lockdown and Africa, Australia and the Americas bracing for the wave, I offered in announcing the reformatting of Patient Experience Conference 2020, “We stand together to tackle this health crisis in a way that ensures the best outcomes, the greatest of dignity and respect, and the human experience it deserves.” I know we can say with confidence that in the weeks since that time, while they feel like years, the humanity at the heart of healthcare has shown its true power and unmistakable presence.

What this time has also shown us is that with challenges, we have responded with agility and speed to innovation. We too can also see that things will not be the same for a while and most likely forever. The idea has been proposed by some that we are entering a “new normal” and while a term easy to grasp, there is...

…the moment in which we find ourselves now and the moments to follow will not be steady. They will rapidly evolve and dynamically shift; we will ultimately find ourselves in a New Existence. Existence is not a state, but rather a way of living and being, driven by survival and a commitment to do what is right and true.

This effort is focused on generating what we think a New Existence 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 in moving healthcare forward. The process will be one in which the voices of the community shape the ideas and outcomes. It will be informed by and aligned with the Future of Human Experience 2030 (FHX2030) effort currently underway with the Institute. It will be built on the input of an international steering team with validation and input via community conversations and a global survey. It will ultimately work to align disparate efforts in collecting practices and process and advocating for policy and programs that will ensure the human experience at the heart of healthcare remains strong.
Planning for The New Existence

Future of Human Experience

New Existence
New Vision/Practices/Resources

PX2020

COVID-19 Resources

Foundational Content
Fundamental Resources on Patient/Human Experience

> 2019 | Q1 20 | Q2 20 | Q3 20 | Q4 20 | 2021 >
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcelo Alvarenga</td>
<td>Hospital Sirio-Libanes</td>
</tr>
<tr>
<td>Nuria Diaz Avendano</td>
<td>Quironsalud</td>
</tr>
<tr>
<td>Rosie Bartel</td>
<td>University of Wisconsin</td>
</tr>
<tr>
<td>Michael Bennick</td>
<td>Yale- New Haven Hospital</td>
</tr>
<tr>
<td>Dexter Borrowman</td>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td>Nicole Cable</td>
<td>Innovacare Health</td>
</tr>
<tr>
<td>Isabela Castro</td>
<td>Rede D’Or Sao Luis</td>
</tr>
<tr>
<td>Irene Chan</td>
<td>SingHealth</td>
</tr>
<tr>
<td>Denise Durgin</td>
<td>Back Bay Leadership</td>
</tr>
<tr>
<td>Kathryn Empson</td>
<td>Livanta</td>
</tr>
<tr>
<td>Rick Evans</td>
<td>New York Presbyterian</td>
</tr>
<tr>
<td>Maria Fernandez</td>
<td>Emory Healthcare</td>
</tr>
<tr>
<td>Sonya Fleming</td>
<td>Catawba Valley Health System</td>
</tr>
<tr>
<td>Bryanna Gallaway</td>
<td>Sutter Health</td>
</tr>
<tr>
<td>Beth Garcia</td>
<td>MD Anderson</td>
</tr>
<tr>
<td>Anne Marie Hadley</td>
<td>NSW Health</td>
</tr>
<tr>
<td>Ana Kernkraut</td>
<td>Albert Einstein</td>
</tr>
<tr>
<td>Joan Kelly</td>
<td>Yale- New Haven Hospital</td>
</tr>
<tr>
<td>Tanya Lord</td>
<td>Foundation for Healthy Communities</td>
</tr>
<tr>
<td>Tammy Marshall</td>
<td>Thrive Senior Living</td>
</tr>
<tr>
<td>David McNally</td>
<td>NHS England and NHS Improvement</td>
</tr>
<tr>
<td>Nikki Montgomery</td>
<td>University Hospitals Rainbow Babies &amp; Children’s</td>
</tr>
<tr>
<td>Kelly Parent</td>
<td>Beaumont</td>
</tr>
<tr>
<td>Kim Pedersen</td>
<td>Marianjoy rehabilitation Hospital</td>
</tr>
<tr>
<td>Muneera Rasheed</td>
<td>Aga Khan Hospital and Medical College Foundation</td>
</tr>
<tr>
<td>Jennifer Purdy</td>
<td>VA</td>
</tr>
<tr>
<td>Tony Serge</td>
<td>Patient Experience Advisor</td>
</tr>
<tr>
<td>Maryanne Sterling</td>
<td>Livpact</td>
</tr>
<tr>
<td>Amy Tufano</td>
<td>Virginia Mason</td>
</tr>
<tr>
<td>Rosanne Zimmerman</td>
<td>Hamilton Health Sciences</td>
</tr>
</tbody>
</table>
Panelists

November 5
11a ET

Rosie Bartel
Nicole Cable
David McNally
Jennifer Purdy

November 5
9p ET

Anne Marie Hadley
Irene Chan
Kathryn Empson

November 10
11a ET
(em português)

Marcelo Alvarenga
Isabela Castro
Ana Kernkraut
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late April</td>
<td>Project established and Steering Team invited</td>
</tr>
<tr>
<td>May 11-12</td>
<td>Initial <strong>Steering Team Meetings</strong></td>
</tr>
<tr>
<td>May 14</td>
<td>Meeting data back to Steering Team for review (Feedback due May 20)</td>
</tr>
<tr>
<td>May 15</td>
<td>Community Briefing – Inquiry on Core New Existence Question</td>
</tr>
<tr>
<td>May 20-29</td>
<td>Key themes finalize and build community survey</td>
</tr>
<tr>
<td>May 29</td>
<td>Special Community Briefing – Community Conversation on New Existence</td>
</tr>
<tr>
<td>June 1-12</td>
<td>Global Community Survey – Validating/Contributing to Core Ideas</td>
</tr>
<tr>
<td>June 15-19</td>
<td>Consolidation of feedback and topics</td>
</tr>
<tr>
<td>June 24/29</td>
<td><strong>Steering Team reconvenes</strong> to review model and provide revision feedback</td>
</tr>
<tr>
<td>July 1-26</td>
<td>Review and revisions based on feedback</td>
</tr>
<tr>
<td>July 27/28</td>
<td><strong>Steering Team reconvenes</strong> to review and determine next steps</td>
</tr>
<tr>
<td>Aug 31/Sept 1</td>
<td><strong>Steering Team reconvenes</strong> to review, revised and determine next steps on key actions</td>
</tr>
<tr>
<td>Sept 25</td>
<td>Steering Team working team finalized Key Segment and action revisions</td>
</tr>
<tr>
<td>October 5/6</td>
<td><strong>Steering Team reconvenes</strong> to review and finalize plan</td>
</tr>
<tr>
<td></td>
<td><strong>Introduction and action on New Existence</strong></td>
</tr>
</tbody>
</table>
Community Review and Validation Survey

- Community Briefing: Conversation & pulse survey – May 29
  - 100 participants in person

- Global survey conducted May 29 to June 22
  - 892 participants and 335 completes
  - Representing 15 countries on 6 continents
  - Primary Question: Please rank the following actions associated with New Existence in order of importance by dragging the items in the order you prefer from 1 to 15.
### CARE TEAM

<table>
<thead>
<tr>
<th>Guaranteeing the voices of patients, families and care partners are engaged in care by inviting partnership, ensuring input from diverse voices and seeking to understand what matters to all involved.</th>
<th>1</th>
<th>90.0%</th>
<th>2</th>
<th>98.0%</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizing the essential role of care partners and caregivers who provide support for patients by caring for their needs and addressing the systemic and organizational challenges they face.</td>
<td>6</td>
<td>36.1%</td>
<td>9</td>
<td>87.4%</td>
<td>8</td>
</tr>
<tr>
<td>Caring for the healthcare workforce by addressing issues of stress and trauma, burnout and resilience.</td>
<td>1</td>
<td>80.4%</td>
<td>1</td>
<td>96.8%</td>
<td>2</td>
</tr>
<tr>
<td>Engaging the healthcare workforce by acknowledging contributions and ensuring consistent and genuine appreciation and recognition.</td>
<td>9</td>
<td>37.3%</td>
<td>13</td>
<td>85.1%</td>
<td>10</td>
</tr>
<tr>
<td>Elevating the importance of emotional well-being by committing to both prioritize action on and reduce the stigma associated with mental health.</td>
<td>0</td>
<td>63.4%</td>
<td>4</td>
<td>92.7%</td>
<td>NC</td>
</tr>
<tr>
<td>Establishing thoughtful and sound access and visitation policies by balancing clinical, safety and personal needs, distinguishing the critical role of care partners and acknowledging not all visitors or patients are the same.</td>
<td>12</td>
<td>36.7%</td>
<td>0</td>
<td>88.7%</td>
<td>12</td>
</tr>
</tbody>
</table>

*Expanding partnership and collaboration, between and within healthcare systems in the sharing essential ideas and proven practice and by openly and actively seeking to learn from industries outside healthcare to more effectively address consumers’ needs and drive better outcomes.

### GOVERNANCE/LEADERSHIP

<table>
<thead>
<tr>
<th>Maintaining open and transparent communication within healthcare organizations, especially between senior leadership and staff by providing consistent sharing of information and opportunity for input from all team members.</th>
<th>4</th>
<th>49.0%</th>
<th>3</th>
<th>94.4%</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening the importance of collaboration and alignment both intra and inter-organizationally by establishing means for greater communication, coordination and cooperation.</td>
<td>10</td>
<td>26.7%</td>
<td>12</td>
<td>77.4%</td>
<td>13</td>
</tr>
<tr>
<td>Inviting communities to learn from and engage in organizational efforts by ensuring open communication and connection and taking clear action to support community needs.</td>
<td>14</td>
<td>31.1%</td>
<td>14</td>
<td>89.3%</td>
<td>15</td>
</tr>
<tr>
<td>Ensuring consumer confidence by addressing the fears and needs of patients, families and our communities.</td>
<td>22</td>
<td>57.1%</td>
<td>6</td>
<td>98.1%</td>
<td>6</td>
</tr>
</tbody>
</table>

### SYSTEMIC ISSUES/POLICY

<table>
<thead>
<tr>
<th>Reinforcing the importance of a commitment to human and patient experience in healthcare by underlining the breadth it encompasses, the structures and practices it requires and the impact it has.</th>
<th>7</th>
<th>49.4%</th>
<th>5</th>
<th>90.1%</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eradicating the underlying implications and imbalanced outcomes driven by health disparities by tackling root cause issues driving social determinants of health and rebuilding trust in the health system.</td>
<td>3</td>
<td>59.4%</td>
<td>6</td>
<td>84.5%</td>
<td>6</td>
</tr>
<tr>
<td>Addressing the critical role of non-hospital care including Long-Term Care and Home Health in the healthcare ecosystem by integrating and elevating the considerations and actions of these organizations into broader community health strategies such as addressing the aged experience and ageism.</td>
<td>15</td>
<td>35.4%</td>
<td>10</td>
<td>64.1%</td>
<td>11</td>
</tr>
</tbody>
</table>

*Advocating, actively and directly, for global and local governmental policies, incentives and funding that actively address health disparities and their impact, support expanded and new means to access care, focus on issues of sustainability, and commitment to caring, health and human experience.

*Reframing how experience is measured from lagging to real-time indicators, ensuring a holistic assessment of safety, quality, service and engagement to demonstrate the value of care.

### MODELS OF CARING/OPERATIONS

<table>
<thead>
<tr>
<th>Rebalancing models of care by creating high touch in, and understanding the implications on outcomes of, a virtual healthcare world that will be more widely accepted and expected.</th>
<th>11</th>
<th>9.0%</th>
<th>15</th>
<th>92.0%</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustaining agility and balancing ongoing improvement with speed to innovation by engaging broad input and reducing complexity.</td>
<td>13</td>
<td>46.4%</td>
<td>7</td>
<td>77.7%</td>
<td>14</td>
</tr>
</tbody>
</table>

---

**SURVEY**  
Mean Rank % in Top 3

**BRIEFING PULSE SURVEY**  
Mean Rank % in Top 3

---

**THE NEW EXISTENCE**

www.theberylinstitute.org
THE NEW EXISTENCE: An Introduction
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
- Invite and activate partnership
- Commit to care team well-being

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

- Create transparency across the healthcare ecosystem
- Restore and nurture confidence
- Transform healthcare in collaboration with diverse voices

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

- Co-design intentional, innovative and collaborative systems
- Innovate processes of care to transform behavior

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

- Hardwire human partnership in the healthcare ecosystem
- Research, measure and dismantle the structures and systems that lead to disparities
- Modernize the surveys and democratize the data
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.
What are your thoughts, comments or questions on the segment: Care Teams
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.
What are your thoughts, comments or questions on the segment: Governance & Leadership
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.
What are your thoughts, comments or questions on the segment: Models of Care & Operations
Policy & Systemic Issues

Advocate for equitable institutional, governmental and payor 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.
  - Deploy 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.
What are your thoughts, comments or questions on the segment: **Policy & Systemic Issues**
Policy & Systemic Issues
Advocate for equitable institutional, governmental and payor 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.
  - Deploy 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.

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.

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.

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.

- 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.
LEADING TO…

Human Experience 2030 (HX2030) reflects the insights of the global community of patients, family members, care partners and healthcare professionals that shape a shared vision for the future, identifying six key milestones and points of focus we will work to achieve in the next decade.

FRAMED BY…

The Experience Framework identifies strategic areas through which experience endeavors should be framed and provides a means to evaluate where organizations are excelling or may have opportunities for improvement, offering a practical application to align knowledge, resources and solutions.
### 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.
  - Celebrate and recognize all those providing and receiving care, and restore joy in work.

### 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 strategies to 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.
CALL TO ACTION: An Opportunity to Contribute
The New Existence

Taking action for the future of healthcare, grounded in the realities of today

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

Commit to care team well-being

Submit Care Team Resources

Governance & Leadership

Reimagine, redefine and reshape the essential role of leadership in driving systematic change.
The New Existence - Content Submission Form

The New Existence effort has defined the essential actions that will guide us to healthcare's future. A key part of supporting The New Existence is to identify and align content with each of the stated actions. The process is designed to engage all voices in sourcing relevant resources, practices and content that allow each individual and every organization to best address their unique needs. All approved content will be posted and accessible on The Beryl Institute site.

To begin the submission process please complete the form and acknowledgements below. Once completed you will be taken to the submission page where you can upload content directly to any of the identified actions in The New Existence.

First Name * 

Last Name * 

Professional Title * 

Organization * 

Email Address * 

Acknowledgement - Rights and Permission

I acknowledge the I have the rights and permission to share this content and that in submitting this content represent that its posting in no way infringes on the rights or copyrights of any other individual and/or organization.

> * I acknowledge

Acknowledgement - Editorial Discretion

I acknowledge that The Beryl Institute editorial team will review and approve each posting based on my assertion above and submission does not guarantee this content will appear on The Beryl Institute website. If I am a solution provider/vendor, I also acknowledge that any materials deemed to be sales collateral will not be accepted for publication.

>> * I Acknowledge

Submit
The New Existence - Content Submission

On this page you can submit proposed content directly to any of the action items associated with The New Existence. As you have completed the acknowledgement page, you can submit content to any of the action items listed below.

To submit content, click on the action item and you will be directed to a site where your files or documents can be uploaded. Each action item has a unique uploaded folder so if you look to submit content to multiple actions please be sure you submit items to the associated link. If you wish to submit a link to an online resource we ask you include that link or links in a document and upload to the associated action.

Thank you in advance for your submissions.

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.

Care Teams - 1.1

Identify care team members, including the patient’s family, healthcare providers and the patient’s circle of support.

Upload files

Email address

Associated Key Words

Please provide key words associated with this submission to help in search functionality

Submit
How do you believe you can support and use *The New Existence* for you and your organization... How do you hope others will.
Our Commitment in Moving Forward

We will...

- Ensure the voices of all engaged in healthcare are heard, respected and acted on for what matters to them.
- Advocate for and act to sustain practices, processes, and policies that have supported experience excellence.
- Address the systemic issues that undermine our capacity to support the health and well-being of all global citizens.
- Co-create a future in which new possibilities sprout from the deep roots of human experience.
Taking action for the future of healthcare, grounded in the realities of today

THANK YOU!
Upcoming Offerings

WEBINARS
November 12 | Exploring the Future of Experience Measurement
November 17 | Want to Work in Partnership with Patients? How to Co-produce Improvements with Patients.
December 1 | Innovating the Patient Experience 2020
December 3 | What the Latest Data Tells Us about Engaging Patients through Text
December 10 | If You Build It, They Will Come

PX BOOK CLUB
December 16 | “White Fragility”

CONNECTION CALLS
November 6 | Community Conversation
We invite you to join our growing global community who are passionate about improving the patient experience.

Become a member today at www.theberylinstitute.org
Thank you for participating

www.theberylinstitute.org