What are your thoughts, comments, or questions on the segment: Care Teams

Corey Kimpson: Stop referring to care partners and support people as visitors!

Nikki Montgomery: Ensuring that patients and caregivers were part of the care team was such an important outcome.

Garrett South: Caring for the caregiver is so critical during these challenging times. We have to show the same compassion for each other, just as we show for our patients/families.

Angelia: I like the intentionality of bringing family into the care team. I work in simulation and see the opportunity to bring all of this into the sim arena.

Sue Rice: This describes how hospice care is currently delivered, via an Interdisciplinary team and with the patient and family at the center.

JB: I love Circle of Support.

stephanie hillman: I appreciate the comprehensive definition of the "team" - long due. I am wondering about calling out building trust b/c that is the foundation of supportive relationships.

Marlee Crankshaw: we are striving to include the patient & family as part of our team. I have serious concerns about how to care for our caregivers that are in the team.

Wendy Leebov: Many mentions of patients. Is there a way to make this apply to long term care such as community residents and for wellness situations—a term that doesn't imply people are sick to avail themselves of services.

Tiffany Christensen: Would love to see a focus on breaking w/ traditional roles in order to provide the best care—we see this a lot w/ COVID19 and it works. to improve clinical flow and improve team satisfaction etc. What c did we learn from having to break with traditional duties/roles and we carry forward into the New Existence?

Lori Strahm: I agree with Corey that we stop referring to care partners as visitors. That considered, our "visitor" restrictions during COVID make it especially difficult to bring these important care partners into the patient care team.

Cindy Lefton: Great job! Staffing is important—and tricky because PX does not own this but without proper/adequate staff it is really hard to create a great PX as we are pulled in so many different directions.
Lori Strahm: *referring to care partners

Sima: Ensuring the right understanding of patient-centeredness among all clinical team members

Nikki Montgomery: Good point, Rosie. We are all primed for greater compassion in this moment.

Lindsey Galli: Agreed Rosie! Patients and family caregivers, formal care partners, are a resource to the healthcare providers

Angelia: Rosie's point is interesting because I believe healthcare has put some institutional boundaries that may discourage care from patient to healthcare workers.

What are your thoughts, comments, or questions on the segment: Governance & Leadership

stephanie hillman: oh - there's trust - great!

Sarah McManus: "What matters to you", this is how our patient advocates approach their encounters and it makes a huge difference!

Shaugato Chakraborty: Transform healthcare in collaboration with diverse voices resonated. Patients voice matter but so do voices at the lowest rung of economic ladder in care provider system. Recently, there was a walkout in a major hospital by porters, cleaners, kitchen cooks who are the least appreciated but most loved by patients

Shaugato Chakraborty: all they wanted was a 2% raise in pay to make ends meet in times of covid

Nikki Montgomery: There are so many factors that go into creating trust, at every part of the medical encounter. In essence, healthcare has to feel like a safe space for all involved.

Sima: Revising the defined strategic priorities by leaders is required. That is important to bring patient experience into the priorities of the healthcare system. Now priorities are more focused on insurers, providers, and suppliers' preferences.

stephanie hillman: @shaugato - that is so important. perhaps the transparency flows also to pay across any system. what multiplier of salary exists between the employees you mention and the execs in that system?

Tiffany Christensen: "This New Existence will not happen if we don't have trust" Thank you, Rosie!

Michelle Batt: transparency is key- totally agree

Angela King: I think to have systematic change, you have to be aware of collaboration at all levels. From hospital to hospital. Within each hospital. Transparency throughout. When a leader can call another leader from another community hospital for help to improve care of the entire community. That is a great place to start.
Christine Kouri: Love the reflection of a statement around equity and inclusion diverse voices.

Shaugato Chakraborty: @stephanie - What a great question! Just happened yesterday and we were shocked as to how the Execs responded. But it would be good to show the multiplier effect and the work that is done. Little tweaks that they do lead to big impact to experience. Lot of these folks do not have that perspective but need to be shown through data with a soul

Angelia: Appreciate the comment of bringing human experience into member experience; because the insurance aspect is a huge part of healthcare

Erica Steed: One of the most powerful statements made during a virtual townhall meeting by our leadership team was "We are learning together. We also don't know the answer"

Sarah McManus: @AngelaKing - great point! At some point, we have to stop looking at other organizations as competition and to start looking at each other as integral to the health of our patients/communities..

Julia Lemus: something I do is walk around and talk to patients in waiting area and let them know they are safe

What are your thoughts, comments, or questions on the segment: Models of Care & Operations

Ronda: we are struggling with a way to keep the families informed of their loved ones care with these limited visiting hours. There needs to be a paradigm shift with doctors that the daily rounds need to somehow include the family members that can’t be physically present so they can hear and be able to ask questions

Ruth Adedeji: We have integrated the use of video (ipads) on stands and setting up appointment for rounds with families via video.

Gary Jones: We are using ipads and COVID carts for those patients who cannot have family present.

Christine Kouri: here as well we are doing virtual rounds and appointments for inclusion of family

Nancy Hill: Agree with you Ronda. The contact with family is the last thing the provider is doing in their day so can be left off completely. The importance of this contact needs to be escalated in their workflow.

Ginger Dzick: We are moving to multiple virtual formats in our pediatric setting - pre, during, post-visit. Technology is wonderful, until it doesn't work due to issues on one end or the other. We'll keep trying to perfect!

Sarah McManus: Is anyone using EASE to help keep families informed?
Angelia: Appreciate Rosie’s comments always including together.

Marie Saunders: everyone needs to be involved in process design. People doing the job, as well as patients and providers

Michelle Batt: Co-design and Innovation needs to start with revisiting/revising patient/customer expectations as they have been evolving during the pandemic. This will help drive the prioritization of what needs to be done to deliver improvements. Also totally agree with an earlier comment about engaging all stakeholders in this work, including cleaning staff, even your volunteers. So much rich data out there! :)

Marion Moore: Jennifer thank you so much for really speaking to the codesign model

What are your thoughts, comments, or questions on the segment: Policy & Systemic Issues

stephanie hillman: as patients/families come more fully into the hc ecosystem, orgs really need to consider the $ support they offer so that a diversity of people can participate

Nikki Montgomery: I think of this section as a way to make healthcare more stable and consistent for all.

Sarah McManus: Great point Nicole! Results were also an issue if people don’t have access to computers to get into our patient portals

Bill Adams: Trust is very important!

Michelle Batt: Agree @Stephanie! This is my first time commenting on these webinars. Such great value and discussion here. One way to minimize the bias and noise is to build in machine learning/algorithms as you examine the data. Likely some rich data to complement the expert knowledge and predict health outcomes.

Dan Nelson: Healthcare should be the role model, seize the moment!

Julia Lemus: good point David, I think it is so important to work together with different teams for solutions.

Sima: Patient experience is dependent on macro-policies, such as financial support, interest benefits, cost of healthcare, and macro-level objectives of the stakeholders like pharmaceuticals. In this situation, patients are only allowed to contribute to micro-level changes.

stephanie hillman: appreciate how you always create ways for the community knowledge to benefit the whole
How do you believe you can support and use The New Existence for you and your organization...How do you hope others will?

Ginger Dzick: Thanks to all - we will continue to drive this conversation locally at our facility.

Angelia: I a simulation educator and can regularly bring in conversations of patient experience during debriefs.

Angelia: I can also be asking debriefing conversation to healthcare staff of what are you doing to care for yourself and one another

Jill Golde: Impressive and exciting work! Thank you!

Cynthia Prioleau: Great Presentation. Thanks for all of the hard work that went into this. I’m excited about the New Existence that we can all impact.

Cristina Serrao 2: exciting times in the strangest times

Jennifer Purdy, Dept. of Veterans Affairs, VEO: Thanks for providing this platform for the human experience!

Jason Wolf: Thank you all!!!!!