

**WEBINAR CHAT NOTES**

April 21, 2020

***Maintaining the Human Experience in a Time of Virtual Connection in Healthcare***

Moderator

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

Panelists

Jennifer Carron, MSOM, CPXP, Executive Director, Patient Experience, Barnes Jewish Hospital

Sven Gierlinger, Chief Experience Officer, Northwell Health

Pam Guler, MHA, FACHE, CPXP, Vice President, Chief Experience Officer, AdventHealth

Benjamin Houge, PX Training, Education, and Coaching (TEC) Advisor, Mayo Clinic

Dr. Julie Kennedy Oehlert, DNP RN, Chief Experience Officer, Vidant Health

Lisa Konzen BSN, MA, RN, CCRN-E, Director, ICU Telemedicine, Barnes Jewish Hospital

Chris Palmer, Assistant Professor of Anesthesiology and Emergency Medicine, Co-Medical

Director, ICU Telemedicine, Washington University School of Medicine

Alpa Vyas, Vice President, Patient Experience, Stanford Health Care

**Question: What challenges have you experienced in addressing the human experience in this way and what have you done to address/ overcome this?**

Jennifer Owen: helping those who don't hear well.

Victoria M.: families without access to technology,

Jennifer Owen: my mother in law had a staff there to help with hearing during a family zoom time.

Richard Satterwhite: we've purchased ipads for inpatients

Victoria M.: HOH pt.'s , older pts and others that dont know how to use apps and technology.

David ga: Probably lack of devices and patient/family inexperience with certain technologies.

Jennifer Owen: As the Chaplain, I'm not currently doing visits in room, so how to connect with residents and get the leadership on board with me doing so

Victoria M.: lack of devices in general.

Kris: Our staff are spending up to an hour to get elderly patients up on the technology to have the video visit

Renee Rieder: We are using daily review of survey comments to understand challenges and creating key words/resources to proactively address.

Stephanie Hillman: Patients saw the opportunities of telehealth long ago...

Denise Schoen: Our ICU staff have been challenged to do the virtual visits so we redeployed teams to specifically support these units. They work in dyads and schedule visits with loved ones to all many to participate.

Pamela Mertz: interested in that telehealth satisfaction survey - mentioned

Richard Satterwhite: we have ipad trainers to assist those who aren't familiar with the technology. For our staff we have two serenity rooms open 24hrs

Pamela Mertz: yes, "webside" manner - interesting new term!

Stephanie Hillman: It's such a time saver.

Sophia: How is the telehealth patient satisfaction survey integrated into care?

Jennifer Owen: the reminders of HIPPA with staff helping residents with televisits

Ashley Egan: kris, our service and care experience group at KP are calling members to walk them through virtual options and setups to help take that task off the frontline staff. members and staff have been so grateful

Linda Biondini: supplies, caregiver support, constant change; nothing else is moving forward

bpatten: How has your resources been directed at supporting the staff themselves?

Liz Glass: @sophia we rolled out telemedicine survey to our amb patients yesterday

Pamela Mertz: how are people dealing with coding for billing for virtual/telehealth visits?

Cherie Solie: competing priorities for resources to invest in devices

Kimberlee Alvari: Press Ganey has some telemedicine questions.

Mendy Goonan: Challenges we have faced is provider, staff and patient education for telehealth visits. There are several teams partnering together to ensure the right resources are available for each stakeholder.

Irene Kesler: No Shows & Cancellations

Kris: @ Ashley, thank you. Our IT teams are helping also. There are only two of us in PX that are able to help, yet we are at home during this time. So, IT is helping and front line staff are still the ones setting up the visits for the clinicians, so it seems they get "stuck" as helpers. Thank you for your suggestion.

Cheryl Lord-Hernandez: How are practices addressing lower numbers of patient visits in clinic?

Liz Glass: @Pamela - sure - we selected Press Ganey's telemedicine survey for virtual visits. it focuses on main sections: access, provider quality, technology

Mendy Goonan: In regards to the question around telehealth surveying. Press Ganey does offer a telemedicine survey tool. We went live with this survey solution about 2 weeks ago and we have already begun sharing this survey data to promote team recognition as well as closing the opportunity gaps.

Pamela Mertz: @Mendy do you share results and improvements with patients and families?

David ga: We are looking at using Press Ganey's telemedicine survey.

Alpa Vyas: We have designed our own survey at Stanford and will be launching a new version in about a month given what we have learned

Pam Bell: We had similar challenges but were finally able to utilize facetime and it has been a "lifesaver" for us

Liz Glass: i think the TH survey is good but i wonder how it will impact CGCAHPS/CAHPS future and how we will be benchmarked for improvement

Mendy Goonan: No, we have not started sharing this survey data with patients and families. We are fully transparent with our medical practice survey data and comments today, but this data is not pulled into that solution.

Mendy Goonan: We use the CGCAHPS survey for our medical practice surveying and transparency.

Liz Glass: we will start sharing TM survey data once it rolls in

Benjamin Houge: @Pamela. Yes! We use the terms "Webside Manner" and Digital Decorum".

David ga: Benjamin, I like "Webside Manner"

Liz Glass: @Mendy - how will you apply CGCAHPS scores for telehealth visits?

Liz Poret-Christ: Benjamin I love digital decorum!

Jennifer Owen: Ben, do you have a policy that describes webside manner and digital decorum?

Mendy Goonan: @Liz - we will not. We will keep that data separate. Two different survey tools. I hope that helps.

Stephanie Hillman: Say "yes"! nice pivot for healthcare

Marnee Downing: love the virtual hug! great idea

Brenda Swanson: This speaks to me personally, because I'm a hugger and I miss all the hugs:)

Benjamin Houge: Jennifer, we have many policies in a few different areas. Asynchronous: Patient Online Services, Mobile Devices, and eConsults. Synchronous: Video Appointments, Consults and Visit.

Jennifer Owen: Ben, how about Spiritual Care?

Denise Schoen: We are also doing heartbeat in a bottle for those who have passed

Jennifer Owen: curious with Chaplains and now for Staff

Donna Manchisi: Virtual hug card, sounds great

Jennifer Owen: heartbeat in a bottle?

Richard Satterwhite: Interaction with virtual platforms is the new normal in healthcare so this is a very welcome conversation.

Denise Schoen: Yes, we copy the patient's heartbeat and put it in a bottle with a message tied with a ribbon

David ga: Are any of you getting your PFAC members involved remotely?

Pamela Mertz: love the use of involving patients and families to learn best practices for telehealth. "check with the customers" for feedback on how to navigate this

Jennifer Owen: I wonder how to do heartbeat in LTC?

April Slowenski: Yes David- I've been in frequent contact with our PFAC through email and they've given input on a lot of things. We are also planning a virtual PFAC meeting in May

T H E B E R Y L  
I N S T I T U T E

Pam Bell: Our PFAC members sent in affirmation and appreciation statements and we had marketing print on posters and we place new ones across the hospital in key locations every week

David ga: April. have your PFAC members worked on any particular initiatives remotely?

Benjamin Houge: David, we did begin forming virtual PFAC prior to COVID-19.

Pamela Mertz: @David ga - we have multiple PFACs across the nation and they are continuing to meet. Love having them help communicate to teams/providers

April Slowenski: Our PFAC helped with the design of our patient Covid Coping Kits

Pam Bell: Our PFAC also provided input on a D/C instruction sheet for positions for CO