

**WEBINAR CHAT NOTES**

April 30, 2020

***Future of Human Experience 2030: A Dynamic Framework for Healthcare***

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**Question: What ideas/actions do you believe will be most important to the future of human experience in healthcare?**

Cathy Almost BCPSQC: No waiting rooms (virtual alerts or indicators like a restaurant) so that patient time is respected

Susan: Empathy

Nicole Cable: Health plans must come to the table to help improve the human experience

Tiffany Rooks: Planning for pandemics and the impact on patients and families.

Dana B.: building capacity with our patients and their families.

Dianna Seymour: One front door to the health system

Linda Biondini: Virtual connections

Nancy Eller: respecting time and space to allow for care

Sara Frederick: Moving mindsets beyond "clinical quality" to also include human experience.

Karen Byrnes: Cost transparency

Vickie Bamsey: Virtual interactions

Marjorie Nelson: Making Nursing Trifecta care less of a burden and more of a way of doing our jobs

Marcelo Alvarenga: Patient Activation

Emily Tolman: telemedicine

Stephanie: attend to the frontline needs, consider the equity of positions and how everyone is part of it

Jessica Rosa: a more personalized approach to patient encounters

Christy Borck: convenience in scheduling

Christine McCall: Combined functions that cut through silos.

Heather Thompson: Flexibility and resiliency

Julie Raether: Thinking outside the box

Kelly: Telemedicine

Nancy M: maintaining the human relationship as we utilize technology more

Amber Stanley: Patient engagement and activation

Donna Salin: Virtual communication that transcends distance and physical barriers

Christine Majewski: Planning and training for how we engage in telehealth

Sandra M: Flexibility and out of box thinking about how to promote connection and care

Julie S: building connections through virtual platforms

Courtney Bothwell: Online orders / online waiting rooms

Ellie Hubbard: technology working seamlessly

Mark VanderKlipp: More systems-based thinking among administrators

staci albenesius: choice in how to experience us - virtually or physically

Lori Moler: Agility; much less bureaucracy.

Maria Fernandez: Frank and non-defensive action to addressing implicit bias and systemic racism

Darcel Jackson: Compassion, empathy, respect, virtual connections, transparency

Angel Park: Transparency with pricing

Lina Allen: expansions of geriatric care to heal entire families through positively experiencing the passing of their loved ones

Pam Fink: access and virtual communication

Sue Rice: Truly tailor care and communication in the way that is preferred by the health care consumer

James Bergen: Ways to connect personally with potentially limited personal contact (limited visitation policies, more telehealth and less in person)

r: Resilience of health care workers, experience based codesign, partnering with pt and families, transparency, empowerment of patients

Debbie Young: Continue to include the patient in the conversation around processes that are implemented that affect them and their care in our facilities

Marcelo Alvarenga: Emotional, Relational and Communication Skills

Yaqeen Sharrofna: telemedicine using technology and AI

S. Smith: Digital Empathy

Sue Kolanowski: as we become more tech driven, always remembering the importance of human connection/high touch

Cathy Almost BCPSQC: More family and patient communication for those incapacitated- Family part of the discharge team meetings

Liz Poret-Christ: Learning that how you say something is as important as what you say. The ability to communicate with compassion.

Denise Kaetzel: Ways to make telehealth more personal touches and with engagement

Mendy Goonan: A continued focus on employee self-care and resilience.

Dianna Seymour: Focus on Social Determinants of health

Julia: control costs and care driven by insurance

susan Kruger: More sharing of information across platforms within an organization and with separate organizations.

Wendy Huang: Leveraging AI to use behavioral patterns to better serve and anticipate needs and trends

Mary-Ellen: Virtual interactions that honor and enhance the patient experience

Marjorie Nelson: Human Experience best practices in Telehealth

Terry Harrington: Culture of Safety will change - patients may want to become involved with our goals as providers to strive for and achieve 0% error rate

Marcelo Alvarenga: Social Determinants

Kelly O'Brien: Everyone has access to healthcare

Lyudmyla S. Feoktistova: Compassionate Care in the age of telemedicine

Joe Connell: Empowering those we serve as PFAs

Sarah Meinking: digital transformation for a smooth customer journey from the beginning of appointment scheduling to the end of receiving/paying bills, making the entire journey customer focused and easy

Kathleen Ferguson: Integrated services that include healthcare, housing, food security, mental health, addictions

Mendy Goonan: Telehealth and virtual connections

Marcelo Alvarenga: Access

Dawn: Bringing all the participants to the table: Insurance plans, patients, healthcare staff, etc.

Carol Swanson: Continue to listen to our patients and move in the direction that they most need and want.

Linda Biondini: Support for mental health: community and caregivers

Susan: People don't equate quality of care with what we equate quality- they relate quality to how we make them FEEL

susan Kruger: Building communication skills into every training program

Gloria Wilkinson: clear and kind communication from health professionals

Marcelo Alvarenga: Continuous Co-Design

Lina Allen: advanced skills in communication as a REQUIREMENT of care givers

Kathryn Trumbull: Voice of the Patient and Family NOT the Media and others never having been there

Aideen: Customization and the quality of the conversation. Not going through the motions but truly listening to the conversation

Mary-Ellen: Linking zero harm with patient experience

Renee Wilson: Leveraging technology to better communicate with patients and their families

David Garrett: Consistency in Empathy, Compassion, Communication & Teamwork - everyone realizing that we are all on the same team. And, that all that matters is what's best for the patient.

Guest: Making home the new primary care setting

Dawn Farina: More personalized experience for patients, telehealth even bigger

Grace I.: Human Experience Excellence in the telehealth environment as well.

Cathy Almost BCPSQC: No 12 hour shifts for hospital workers- this is too long for quality of care to patients

Sandy Rush: Keeping PEX included at the same level of Quality & Safety. We are getting close

Wendy Huang: Yes, mental health! of patients AND families. because mental health of the families affects the mental health of patients

Amy Black: Respect and acknowledge each patient for them as a person and as a diagnosis.

Lina Allen: elimination of healthcare disparities in the US

Lauren M Cotter: Assistant to physician so he/she can see me and engage personal relationship instead of looking into a screen only

Maribeth Graves: First and foremost, address emotional/spiritual well being

Deanna Buelow: Framing process that are best for patients, not what is easier for health care processes

98097: actions that will make our customers feel safe to come back to our hospital

Sandy Rush: Having a patient as the voice of the patient on committees to help with processes for the patients

Nicole Cable: Health plan support social determinants of health...allowing for cell phones to help members telehealth

susan Kruger: Creating a team mentality so that no employee feels less or more important than another.

Wendy Huang: Providing a "safe" environment - not just in the traditional sense of patient safety, but the mental sense

denise durgin: Disrupting insurance in a positive way through co-design and production. Looking at all of the flexibility during this pandemic could provide learnings. Insurance is essential to the PX for providers, patients and families.

Cathy Almost BCPSQC: Increased emotional intelligence training in health care university programs- as a critical competency so that those who it doesn't come naturally to have an opportunity to learn and consider their approach

Nicole Kirchhoffer: Improve population and global health which will in turn alleviate the already overburdened health system.

Renee Wilson: Individualized training and continuous education for healthcare workers beyond their clinical responsibilities-- soft skills, establishing presence, dealing with difficult customers, service recovery, etc.

Maribeth Graves: Prioritize care for our healthcare workers. We push them to the limit and then wonder why they aren't productive and delve into negativity.

Cynthia Mackey: Connecting the Patient Experience in the virtual space

Denise Venditti: making healthcare as accessible and high quality as possible

Wendy Huang: provide more support for families because they help drive decision-making for the patient

Cathy Almost BCPSQC: Patient experience and patient user voice is always heard- dignity and respect, collaboration etc as much as possible

susan Kruger: Standardized measurement of patient experience by insurance carriers

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Vickie Bamsey: Patient focused care delivery, not based on what is convenient for the healthcare providers. Why do the shifts start for nurses at 7a, why are they 12 hours, thinking outside the box for schedules and focusing on resiliency of the health care workers

Steve Fry: Community health extenders with tablets to support individuals' health and activate the community members with improving the environment towards greater health

IRMA: Well being over financial ability to pay

Steve Fry: a network of community health workers will be established as contact tracers. Can expand to address disparities contributing to poor health

Sonya Fleming: Yes - relational / not transactional

Cathy Almost BCPSQC: Patient Activation- empowering the patient to be active in their own care

Deb Petrucelli: Intentional Acts of Kindness create relational processes

Donna Salin: Transparency and meaningful communication

r: Universal Health Care

Grace I.: Being proactive with implementing all that is needed for health Literacy improvement.

Sandy Rush: connecting not only patient indicators but staff experience as well

Cathy Trahiotis: Flattening power line