

Care Coordination Open Office Hours: Patient & Family Engagement September 24, 2015 – 2:00 p.m. ET / 1:00 p.m. CT

Laurie: Good afternoon and thanks so much for joining us today on this beautiful Thursday afternoon. I'd like to welcome you to today's Open Office Hours call being brought to you by the Care Coordination and Medication Safety team at Quality Insights Quality Innovation Network. Today's topic is Patient and Family Engagement. My name is Laurie Fink and I am the communication specialist for the Care Coordination Initiative.

Before we get things started, I would like to remind you that all phone lines have been muted and will remain in a listen-only mode for the first part of the session. When we reach the Q&A session, all lines will then be un-muted to allow for questions and some open discussion. Once those participation lines are un-muted, we ask that you do mute your own phone if you're not actively participating in the discussion or asking a question. We also ask that you do not place the call on hold, as then we will all hear your on-hold music.

Please note that this call is being recorded and the recording will be posted on the Quality Insights website, at www.qualityinsights-qin.org. As always, it will be posted under the events tab as an archived event. You will also find all of our previous Open Office Hours calls, the recordings, and slide decks posted on this page as well.

At this time, I will hand things over to the moderator of today's call. That is Nicole Skyer-Brandwene. Nicole is the Quality Insights Adverse Drug Events Network task lead. Nicole?

Nicole: Thanks, Laurie, and thanks, everyone for tuning in again this month. We're really enjoying these calls. I think they're getting better and better from month to month. We appreciate everybody coming back and joining in and also to our new listeners as well.

Our Quality Insights Quality Innovation Network is comprised of five states: West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana. Each state is engaged in the same Medicare Quality Improvement activities we have done in the past, but now all five states are part of the Quality Insights family. We are here today to share information on how to incorporate patient and family engagement concepts and best practices into your care coordination and medication safety work.

AHRQ, the Agency for Healthcare Quality and Research says, study show that when patients are engaged in their healthcare, it can lead to measurable improvements in safety and quality. In your invite and on the slides today, we included a link to the website patientfamilyengagement.org. I think that is on, if I'm not mistaken, the next slide, slide number 3. This site contains a downloadable roadmap for implementing patient and family engagement in healthcare.

I'd like to share five simple actions that clinicians can do from this comprehensive document. Now, remember, these five steps are geared towards clinicians or

physicians/prescribers. Number 1, welcome input and feedback from patients and families. Two, maximize the potential of your patient portal. Three, use teach-back and other proven communication techniques. Four, ask patients what's important to them. Five, contact your professional societies about including patient and family representatives in their meetings and other panels. There are also tips in this document for patients, tips for professional organizations, tips for employers, and other entities. Please be sure to take a look at this document.

At this time, it's my pleasure to introduce our guest speaker today, Denise Boudreau Scott. He's our expert speaker. Her company, Denis B. Scott is passionate about helping healthcare organizations improve the patient, resident, and staff experience. Denise started out as a nursing assistant. She holds a bachelor's of science in gerontology and earned a master's in health administration from Cornell University. She's a former nursing home and assisted living administrator, who decided to take her passion for patient-centered care on the road, literally. She's a sought-after speaker at long-term care and healthcare conferences throughout the United States and even as far as Australia. She is co-author of The Long-Term Care Improvement Guide and chairs many organizations such as the New Jersey Alliance for Culture Change. We are so blessed to have her here with us today.

Without further ado, I'd like to turn the microphone over to Denise, so she can share some of her ideas on successful patient and family engagement. Denise?

Denise: Thanks so much, Nicole. It was a perfect setup. We didn't even arrange that, but the five tips that you shared will be things that I'm actually talking about today. Patient and family engagement in 30 minutes. Where we start with the topic that when I Googled it resulted in 17,100,000 hits. I'd like to start with not a definition, because that would be very predictable, but an answer, an answer that I love from Don Berwick. When asked to define patient-centeredness, he said the ideal definition would be a patient describing the healthcare that they received as, "They give me exactly the help I need and want exactly when and how I need and want it." They give me exactly the help I need and want exactly when and how I need and want it. Notice those words 'want'. Not just what people need, not what we think they need as clinicians and providers, but what they want.

I'm going to spend some time today talking about strategy to get people what they want, both patients and their families. First, I would be very remiss in sharing all this information, focus quickly, without making it very, very clear the patient and family engagement is not about programs. It's not about strategies. Maybe you're saying, "Wait. I thought you said we're going to learn some strategies today." You are, but I want to tell you that patient and family engagement is really about a culture that believes in and supports the strategies that we're going to discuss. It's not just about implementing these programs.

It's about thinking about anything and everything you do through the perspective of the patient. It's about doing the right thing even if it's not as convenient for you as a provider. It's a culture of supporting staff that will, in turn, support the patient and family members that they care for. Without this culture, without that commitment, you

can implement program after program, but they will fall apart shortly after they're implemented, or they're going to fail to be embraced and are really on spent ticket manner by staff. You'll have a checklist of patient and family engagement to-dos, it's all checked off, but will it really make a difference to the people you're trying to support.

On the other hand, the good news is, if you create a culture where the entire organization is committed to responding to the voices of consumers, those new strategies and process changes will take hold, and will be complemented by staff that are informally supporting patient and family engagement in countless ways. Think about all the interactions that staff have with patients and residents and family members during a day. You can't script all of those things out. You need people to really be supporting this to a culture that believes in it. Engaging patients and families is not a program. It's going to require a buy-in from all levels of the organization and the willingness to look at all of your work through different lens.

That being said, I want to get into sharing with you two highly effective strategies to help you learn more about what patients and families want and need. I hope that it's very clear now that these will only be successful in a culture that truly believes in the power of them. I chose these two strategies. Once again, out of the 17 million hits that there were in all these different strategies available to look at, I chose these two because I've seen the power of them firsthand in the organizations I work with now as a consultant. Lots of different organizations seen them work. I also saw the power of them as an administrator when I was at a skilled nursing community.

The first strategy is patient and family focus groups. These groups can be just incredible source of information for your organization. Yes, you're doing satisfaction surveys, or at least I hope you are, with patients and family members, but the data from focus groups can help you to dig deeper. These groups can help you identify trends that may be popping up throughout the organization and concerns that you cannot capture online or even the written paper survey.

In the group setting done right, participants are way more likely to share their thoughts and they'll be bouncing ideas off of each other. Even the patients of families with complaints share how grateful they are to have the chance to share their grievances. You're really showing them that the organization cares about them and how they feel, and that you care about how you can improve.

I frequently facilitate focus groups or organizations and one of the things I hear so often from patients and family members that are attending is, I think it's wonderful. They want to know what we think. They're so grateful to share their experience. They always leave feeling better than when they came in because they know their experience that they shared is going to have impact on future patients. Maybe even them as a future patient.

Some tips for conducting focus groups. Invite a representative sample of people to attend, so you can do this with a letter or call to their home or invite them in person. Some people really stress about this, how do we invite people. Basically, I found that the more special that you make people feel about attending, the more likely that they are to

attend. That might be a mix of those calls and letters and inviting them in person, but make it feel special that they were chosen to share their thoughts.

Show that you're going to have private space. This seems like a no-brainer, but you really want to make sure that you have an area where people could talk openly. This is not a meeting that you want to be hosting in your lobby. We want people to be able to speak up and share what's on their mind. You want to be asking questions of curiosity and no judgment. What went well during your time with us, what could have gone better, right? We really want to know the answers to these things. We're not going into any kind of prejudgment about the answers they may think of.

You want to follow up on data that you might already collected from the satisfaction surveys that hopefully you are doing. If something has popped up on those surveys as an issue, ask questions about it. Don't avoid it. This is not just to get positive feedback and pat yourself on the back. This is to find out what's going well and to improve as an organization. Your goal is to dig deeper, get more information from the people that can help you the most; the patients and family members that experience the problem or the good parts firsthand.

Finally, make sure that you follow up with the group. Share with them some of the programs you're working on based on their feedback. Everybody wants to know that their voice made a difference, and the patients and the family that you're interviewing feel no differently.

Focus groups seem like a fairly simple idea, but they're incredibly powerful. I've found even the best organizations that information shared in those groups that people just don't know about, that they're not capturing if you're only doing satisfaction survey. Find out what people truly want by asking them.

The second page in the family engagement strategy I want to share with you is creating a patient and family advisory committee. This group's purpose is to partner a team of people from your organization the patients, residents, family members to improve their overall experience. It's a group that should meet regularly to talk about organizational improvements from their perspectives. Once again, not what we think is best, not us as experts, but from their perspectives. As part of that role, you should also invite to serve in other committees within the organization, because we want to make sure their voice is always being heard and that it's being incorporated into the changes we're making.

As with focus groups, invite people that are represented of the people that you serve. Look at the people that you're serving and make sure that the group that you have is representative of those people. Maybe you're going to choose some people that are part of a focus group and they showed an interest in making things better. You might identify some folks through that. You can also consider inviting people with written letters to you, the good and the bad, because both really serve a valuable purpose.

Recently, Nicole referenced when I was in Australia. I heard a presentation from the CEO of an agent services organization and he shared that they created a family advisory

committee there and that his complaints dropped 90 percent after implementation of that, 90 percent. Wouldn't that be nice to have your complaints drop 90 percent? This committee can be used to review new strategies from a patient and family perspective prior to rolling them out in your organization. They can share feedback on current operations. The organization I told you about with the 90 percent decrease, they had that group interviewing staff members.

Interesting I thought, too, he also shared that in the last year, any staff member that's not worked out and has left or that they have gotten rid of, that he asked the staff, did the family members actually interview that person. Every time, they fail to have that in place. They were not interviewed by family members. Coincidence or is there a connection there? I found that fascinating in addition to that decrease in the complaints.

Family members, patients interviewing staff members helps you to gain insight into what they as customers are looking for in a caregiver. They also show applicants that your organization is different. The applicant experiences firsthand what patient and family engagement is before they're even hired.

Why establish patient and family advisory council? It provides a formal mechanism for receiving and asking on your client, consumer, patient, family member's input. It's not waiting for a letter. It's being proactive in gathering that information, showing people that you're proactive. It's helping ensure that the services that you're offering are really what your patients and families want. Once again, are we spending our time and resources creating things that maybe we think is the right thing, but people in a [inaudible 00:16:29] place don't even want? It strengthens relationships in the greater community outside your four walls and it leaves to increase cooperation between patients, family members, and staff. Everyone sees each other in a new light.

Some tips for establishing a council. Once again, include a mix of both patients and family members, as well as leaders and staff members. There should be a commitment from members that they'll attend and establish amount of meetings. We don't want people not showing up and continuing to stay on the committee. If people aren't coming, they should be replaced with a new member. Provide education at each council meeting. That might vary depending on your current work. What are you all discussing, what's the change that you're thinking about, what's the hot topic that you can discuss that month.

Introduce term limits for members. You want to get as many people as you can from the greater community, but you don't want this group to be too big. Rotating people through term limits helps to get other perspectives and other unique opinions. Ensure that the conversations are checked at the general level. This is not a meeting that we want to be discussing personal issues. You are discussing topics that impact the general population that you serve. For example, the temperature of food being delivered rather than, "I don't like meatloaf and I got meatloaf while I was there."

Both focus groups and advisory councils have the opportunity to make a tremendous impact in your organization. You're going to hear viewpoint that you've not considered

before. You're going to collect ideas and suggestions that staff, honestly, just can't be aware of, because they're not in that position. Obviously, the next step is taking action on all this information that you're going to learn through focus groups and the advisory council.

There's a tremendous amount of information that's out there to help you on this journey. That 17,100,000 websites that you can start with, there's no lack of information, but information is not the only thing you need. You need a commitment to transforming your culture. You have some great resources that are shared on that website that you're looking at now as part of this call. Use those, but once again you need to not only look at it. You need to make the commitment to use it, because all strategies in the world are useless if they're not carried out by a team that truly believes in their benefit.

Commit to implementing at least one idea that you learn today on this call or from those resources that were posted. Commit to giving your patients not only what they need, but what they want. Remember, change is hard. We implement something new, don't expect any of this to be easy, but I promise you, stay at it and it will be well worth it. Once you do succeed, you want to remember to stay committed. Evaluate your progress, plan to continuously improve, because you're not just going to have one focus group one time and never revisit those results, or host one over again, right? This is a continued journey, not a quick sprint to engaging residents and family members.

I thank you for your time today and for the work that each and every one of you do every single day with your patients, residents and family members. I'm going to turn it back over to, I believe, Laurie and Nicole, who are going to open it up to some questions for any one of us.

Nicole: Thank you so much, Denise. Thank you for that great insight. I know it's hard to do it in such a short period of time, but I think you hit on some really important concepts. Hopefully, our listeners have follow-up questions and comments related to that and other things. Before we open up the phone lines, I'm asking everyone to personally mute your phone on your end if you are not speaking to avoid noise on the line. This is very important to prevent disruption to the call. Please, please, please do not place yourself on hold.

I'm going to do things a little bit different this month than we have done in the past because we've gotten more comfortable with these calls now and everybody is always so respectful of other people speaking and other people's time. Rather than going around state by state, I'm just going to say that, go ahead and ask your question. Please identify what state you are calling from, because in addition to Denise, we also have our care coordination team leaders from our QIN network states on the line and we want to give them an opportunity to chime in to support their state partners that they're working with as well if the need arises and the opportunity arises.

I guess at this time, I will say that we will allow you to start asking your questions. You can also type questions into the chat function if you happen to be on the computer as well as on the phone. Why don't we get started? Who's got a question?

Laurie: Nicole, we did have a question submitted for the Q&A online. The question asks, "For the patient family engagement groups including advisory councils, et cetera, have organizations representing voluntary health organizations and the cancers society, Alzheimer's association been involved or invited?"

Denise: Would you like me to take that?

Laurie: From Louisiana. Yeah. That question is from Louisiana.

Denise: Great. Hello, Louisiana. Great question and an excellent point. I would say that the opportunity that you first want to have input from your patients and family members directly. It's wonderful to have a group that works on behalf of those people and they can help provide a perspective, but I think it's even richer to have the perspective of a patient or family members. I want to tell you the danger in doing this is, it's a little bit easier to try to get some lead from the Alzheimer's association or another group. It feels a little bit safer, but you're probably not going to get as deep into the actual changes that your real patients and family members want to see by having someone who's a representative, but hasn't necessarily received care in there.

Not a terrible idea. I would just say your first priority is getting actual recipients of services and care in the organization.

Nicole: Thank you for that question. Do any of our Louisiana team members want to comment at this time or Denise covered it? All right. I'll take that as we can move on. Do we have any other questions on the phone line or in the chat at this time?

Laurie: Hi. This is Laurie again. We did have another question submitted to the chat. It asks, "Does it make a difference in approach to focus an advisory group even the disease process that involves the patient? For example, dementia, cardiac, or COPD."

Denise: Just so I understand the question correctly, does it make sense to focus a particular advisory group on working on like COPD issues and before it?

Laurie: Yes.

Denise: Okay. Yeah, I would say certainly, if you're looking at different programs to roll out to have those people that would be the people receiving and wanting those services or that education, whatever it's going to be that you're thinking about offering. Maybe they help them to create what needs to be offered. Maybe you're going to hear from them what do they need so you know what to offer for those things. Certainly, the tighter that you can break that down ... It might even be that maybe you just do in the emergency department, talking to those folks. If you want, you would buy a certain group or disease, a diagnosis, I should say. I think that would be a wonderful idea to just get you even get deeper and reach for information from that group.

Laurie: What about documentation? Would it be in the patients' goals and the EHR or is it even necessary?

Denise: To document that they're part of it?

Laurie: Right.

Denise: Yeah, I don't see why not. I don't know that's absolutely necessary, but I also don't know why you wouldn't. Someone being engaged certainly not only their own healthcare, but helping to improve the overall organization would be incredible for someone to be part of that and giving back.

Laurie: We have another question. With the length of stay decreasing at skilled nursing facilities rehab, how do you include short-term residents/families in the group?

Denise: That's a great question. Yes – I can answer this one. If you need me again, just let me know. A couple of things you can think about. Maybe having a group, a separate short-term rehab group, you would hear ... obviously they are very different concerns, issues, goals than residents that are living there longer term. Talking to them, perhaps having two different groups might be a really effective way to do that. I have found that short-term patients love to be involved in groups like this, because they've been there long enough to have a good connection with the staff and they love the opportunities to come back and help improve the organization, visit with the people that they formed relationships with. Very often, they want to be part of the group. Once again, it's another great way to serve the community, the larger community.

Laurie: Denise, what's a good way to go about including patient perspective into my facility, philosophy, other than patient satisfaction surveys?

Denise: I'm sorry. Say the beginning of that question again.

Laurie: It asks, "What's a good way to go about including patient perspective into my facility, philosophy, other than by using patient satisfaction surveys?"

Denise: I think those two opportunities I just shared with you, the opportunity to do focus groups. If you're doing satisfaction surveys, that's great, because you can answer really detailed pointed questions. You can ask the general ones of what goes well and what can go better. That's always wonderful to ask. If you have satisfaction surveys, you can really dig deeper into noise at night, right? Maybe that's come up as an issue and you can ask people what times that people are finding those things, what sort of things are happening at night. You can dig a little and more information that you can just can't get from a satisfaction survey alone, and the advisory council as well.

If you want their perspective, you can gather people, maybe what we talked about the council, a longer-term ongoing, but maybe it's also getting people's perspective on the short-term project that you're working and you're going to create this group, the short-term to work on the feedback for one project that you're working on. That's different ways that you can look at creating that.

Nicole: Thank you. Hi, Laurie. This is Nicole. I'll read the next question to give you a little bit of a break.

Laurie: Great.

Nicole: I see a question on the bottom of the Q&A. It says, "Who should be chosen to lead each group? Social worker, or RN, or medical director, or patient, or family? Who does the best job in your experience?" I guess that could be for Denise or for anyone.

Denise: How come you guys get a break? I'm happy to answer unless somebody else wants to chime in.

Nicole: Denise, why don't you go ahead and then we'll see if there's other comments.

Denise: I'm going to answer what I think you all are expecting me to answer, which is it depends. You want someone to chair this group that is capable of doing so. You want someone that is eager to do it. I've had people, for example, that family advisory council that I was talking about that had a 90 percent decrease, they had the family member that complained the most be the one that shared it. I don't know if that's always the right answer in every organization. For some it might be the medical director, the chief medical officer. That's the person that really believes in this. What you don't want is someone who's just doing this because they were forced to do it because it was their assignment. That will get you a checklist, not a change in culture.

Nicole: Thanks. I'm wondering if there's anyone on the line that's had experience with this that might want to share who led their group or how they selected the group leader. Maybe not, but that would be good information that maybe we could talk about with our states and our partners going forward.

Do we have any other questions, Laurie? I'm not seeing any other questions on the chat on my side, but I may not be seeing everything. Is there anyone on the phone that wants to ask a question? No? Nothing at this time? Anything else in the chat, Laurie? Because we can stay on a little bit longer if there are questions.

Laurie: Here's another question. What are some ways to overcome healthcare worker/provider resistance to patient and family engagement approaches?

Denise: I'm going to ask somebody to take that, because believe it or not [inaudible 00:31:54] that I have a fire alarm going off in the building that I'm talking to you from and I'm exiting right now with hundreds of people. If somebody else could take that, I'd be appreciative.

Nicole: Is there anyone in any of our states that wanted to field that question?

Denise: I'm sorry. If you repeat it again, I'm actually outside now, and I'm not perishing in a building, so I can answer it. Can you just repeat it? I didn't hear it.

- Laurie: Sure. I'll read it again. What are some ways to overcome healthcare worker/provider resistance to patient and family engagement approaches?
- Denise: Engage them in the process. Very often people resist it because they're not part of creating it. If you're engaging people in the process, just like you're going to engage patients and family members, you want to think about that the staff is part of that process as well, how are you engaging people in the changes, and what they want to see. You could even conduct focus groups with staff just the same as you're doing for patients and family members, having to be part of the process.
- People get really annoyed when someone comes along who doesn't do the work that they do, changes the whole process or sets up a whole new system and then says, why am I not part of creating that or making that change. It shouldn't work that way. Sometimes we make it a little bit tougher than we need to.
- First part, really, when I work at organizations I always say that, you're working four steps, and the number one step is awakening people, awakening people to why and how things can be different, and so challenging them, involving them. It's not really [inaudible 00:33:47]. It's not going to be perfect, but if they're part of that process, they're certainly less likely to resist it.
- Nicole: Yes. This is Nicole. I would agree with that, Denise. I know in some of the past projects that I've been fortunate enough to be involved that were related to improving the patient experience in long-term care, especially people with dementia or Alzheimer's, very often the fear is, is that it won't work or the patient will be worse, the resident will fall, or something bad will happen. Once they start to see the improvement in the patient experience and the positive outcome, then the staff are less afraid of the change and really enjoying being part of that experience.
- Denise: Their life becomes just better because their work is more rewarding and it's not so focused on task, and someone is listening to them. The next part of that culture that I talked about in the beginning is, creating that culture with your supporting staff so that they are in turn then supporting the people that are providing services and care and support for.
- Laurie: Denise, do you recommend including a sampling of frontline workers such as CNA, RN or LPN in this group?
- Denise: Yes, absolutely. Absolutely. In the patient advisory council, the ideal is really to have not only patient's family members there, but a few leaders and a few staff that are really part of the process, part of the hands-on care and the work that's happening. Once again, choosing people that have an interest, people that can really cheerlead it and spread the word of what that group is doing and share their input from a staff perspective. It's pretty eye-opening from the viewpoint of that group and hear what family members and what patients and what residents think from their perspective.
- Nicole: Great. Any other questions at this time?

Laurie: We do have another question. Who decides what is ethical or legal or not either that comes from these groups?

Denise: One of the things you really want to consider is setting up guidelines. There's a number of sample charters and so forth and guidelines and the resources that you shared, as well as the 17 million websites that are out there. You can look at setting up what are the parameters of the group. You want to get input and feedback, but they're not necessarily creating a policy and implementing it and no one is looking at that policy. There's still a process that's going to exist. You're really expanding the perspective that you have in creating the policy, the process and so forth. They might come to you with a recommendation saying that this needs to be changed. You might go to them and say here's something we're thinking about changing and what we're looking to do and asking for their input.

Sometimes people worry that's a free-for-all. You have the ability, and should, clearly like you do with any other committee and group, probably, set up parameters of what the expectations are from them and what they can expect from you as the organization.

Nicole: This is Nicole. I just wanted to read a comment from Rebecca Hightower, who's one of our QIN team members in Louisiana. Her recommendation is, make it easy for them to collaborate. I assume she means the patients and the families. Actually, she has a comment and a question. Is there a mechanism for real-time sharing of patient's expressed concerns? Patient may not always share these on discharge surveys or even [Vita 00:38:09] group's male only meet quarterly or periodically. Are there real-time quick ways that can have patients and families express their needs or their concerns? Any ideas on that front?

Denise: I think one of the things that an organization is not really successful is rounding, although some of the ... Maybe not the best phrase for it, but being out there and talking with people. It's a culture that people are out and speaking with patients, with residents, with family members every day and asking questions. It doesn't have to be a focus group. It doesn't have to be the discharge call. There's opportunity every day to interact with people. It might be in the patient room. It might be in the hallway. It might be in the lobby. It might be in the cafeteria, the opportunities to connect with people in both formal and informal ways to get that feedback.

Nicole: As you're talking and these questions are coming in, I'm getting like the creative juices are flowing, and I'm thinking like a red light, green light sticker after a meal to get patient's feedback about if they like the meal or something like that. Once the ideas start flowing, there's lots of things that we could do on a routine informal basis to solicit feedback and information rather than just waiting for a formal meeting or something like that.

Denise: Part of our challenge as leaders is ... I would just say I used to bite my lip to keep my mouth shut, because part of it is, we don't have to have all the answers. That group, maybe it's gather that group together and say, one of the things we want to know is how do we best get your feedback. We're sitting here today and this is one mechanism, but what's another way that would have worked for you to share your feedback. Maybe

people would have said, you know what, I don't want to be talking with anybody at this point or it would have been great when I was sitting there waiting for a test to have somebody to chat with, or I would have filled out the survey then, or so forth.

If we ask people we're going to find out what works for them and we could try things. You could try a few different mechanisms and see what gets you the most results, what's the most effective method. Maybe it's going to be a few methods and it probably will be.

Nicole: Great discussion. Any other questions at this time? I don't see anything new in the chat on my end, but again I don't see everything. It depends on how the commenter entered it. I see someone has said, from their facility, each person or a facility has a facility advocate that they are assigned on admission and checks in periodically. That's a good idea.

Denise: Love it.

Denise: Resident peers, that residents they're checking in with each other. Maybe it's not only going to be staff to resident directly. Maybe it's a new resident with another resident. Then that resident ambassador is going to come back and share some information. There's always different channels that we can be trying to reach people.

Nicole: Then another commenter is suggesting that a social worker would be a great person to lead a team and collect questions and answers on hot topics.

Denise: I think that's great. Most, absolutely. Once again, I would say, look at the individual more so than the position. Consider that individual and how ... I've had people who've been asked to chair committees because of a position that they were in rather than the person and they didn't believe in the project. It's a really hard project to get off the ground if the person doesn't truly believe in it.

I think, normally, social workers, by the very sheer fact that the work that they do seem like a natural fit. Just be aware of looking at the person rather than the position when you're thinking about who's going to be on these committees and who's going to be sharing them.

Nicole: All right. Laurie, how are we doing? Any questions? Anyone on the phone that wants to speak up? Usually, we're hearing different voices on the phone. So far this month, we haven't heard much in the way of people asking questions by phone. People are shy this month. People are typing in, which is fine. That's fine. Whatever you feel most comfortable. We want you to feel comfortable in the method that you participate.

Laurie: Here's a question. How does an organization get started with engaging patient and families? What are the first steps?

Denise: That roadmap that you all shared on that other slide is very helpful and you can take a look at that to think about some ways for engaging people. Once again, focus groups is a

great easy way to start. It really requires a little bit of time and a little bit of resources. If you use them outside, if you use them internally, not even resources or financial resources, but you can look at the people that have, once again, sent you letters or the people that maybe you've interacted with in some way that you think have feedback, good or bad, that they'd be willing to share and gather that group together.

Vary it. Sometimes groups in the evening work best. Sometimes groups during the day work best. Maybe you want to do one of each. Invite people to share their feedback, patients and family members. You can do those two groups. You can do separately. Sometimes that's helpful and you get very unique answers from family members or from patients and residents when their other loved one isn't in the room. I've also seen them done successfully together. That's an easy way to start this process and you're going to be, once again, amazed by what comes out of that and you'll have something that you can start working on.

Maybe then from that focus group, you'll find out some information that you say, you know what, we want to start the patient and family engagement and advisory council group and look at some of the feedback that we got from that focus group and start with that to the committee.

Nicole: Thank you. I just wanted to add. I know we've kind of been talking and focusing a little bit on the long-term care setting, but really, a lot of these concepts and practices can be applied in many healthcare settings, whether it'd be hospital or home health agencies. The concept of getting patient and family feedback either formally or informally, I think these concepts can be adapted to many different settings, physician office. I didn't want anyone to feel like we were leaving out their practice site or anything like that, because I believe the messages are universal.

The other thing I wanted to point out, and I don't know if we have time to do it, Laurie, but if we can, that would be great, if not, we'll send it out afterwards, is unfortunately we weren't able to get it into the resources before the call, but Denise was kind enough to share a link with us to her blog and a particular blog entry that is amusing, but it also asks some really good questions about ... It makes you think about some really good questions about why are we doing this, what do we want to get out of this, what problems are we trying to solve, those kinds of things.

It's a great blog entry about being in the CIA, actually likening our work to being in the CIA. If we can get that link up into the chat, that would be great. If we can't, then we'll send it out to everybody that's participated in our follow-up email afterwards.

Nicole: There we go. It's already up there.

Laurie: I posted a link in the chat, so if you want to copy and paste it or click on it, it's right there for you.

Nicole: Wonderful. Thank you so much. It is 2:47. We do have a significant number of people still on the line, but we have had some drop off. Why don't we start to wrap up? If we

have any last-minute comments on the phone or last-minute questions in the chat, why don't we address those?

Denise: Nicole, I just would share. Thank you for stating that about, regardless of the setting, it makes sense. I've done focus groups in same-day surgery centers, in drug rehab centers, in the physician offices even, as you said, are a place that you can use this model. It's not really just in a hospital or skills setting.

Mary: Hi, everyone. This is Mary Ellen Jacobs with New Jersey. I just wanted to add that we are thinking along the lines of creating separate patient family groups, but there are other ways, more broader ways, and I'm just bringing this up to get everybody's creative juices flowing, of including families and patients in larger decision-making, like for policy development when it impacts the patient or a family or for any sort of facility changes that impacts the patient or a family, to start to think about when you're getting together to change your policies or when your facility or your organization is starting to change their internal structures, to start to think about bringing those patients and families together to have those conversations, too.

I know that one of our local hospitals has just recently embraced some of the changes recommended by Niche for making all of our their patient rooms private rooms. That was in an effort through patient engagement to help allow the patients and their families to have more privacy, to allow more conversations to occur at the bedside. I'm just bringing that up as something to think about, that they can also be included or the concept of patient family engagement can be included on a much broader sense than just an individual family group.

Nicole: Thank you. That was great. Any other questions at this time? Thank you all for the great discussion here today. If we didn't get to your concern or need more information, you can reach out to your state's care coordination contact. The contact people are up on the slides right now. If you're not on the computer and you're not seeing the slides, you know you can always go to our website, www.qualityinsights-qin.org. Click on Get Local, go to your state and then click Local Assistance, where you'll see the names of all your state contact people.

I wanted to extend a thank you once again to our guest speaker Denise Boudreau Scott today. It was a wonderful discussion and we really appreciate you taking the time out of your busy schedule and that we caught you when you weren't in Australia or Bora Bora or someplace else giving a conference. We're greatly honored to have you here today, and the information was very useful.

Just as a reminder, office hours are scheduled for the fourth Thursday of each month. That means next month, the call will come a little bit earlier, Thursday, October 22nd and 2pm Eastern Time, 1pm Central. Thank you all again and have a wonderful afternoon.