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Good afternoon. My name is Sharon Phelps. I want to welcome to you to the nothing about me without me webinar. Thank you for spending your valuable time with us. This webinar is being recorded. A copy of today's presentation and the webinar recording will be available on the Mount Pacific quality health allegation within a couple of days. All phones will be muted during a presentation, and un-muted during the question-and-answer session. You can use the chat box asked questions which will be answered at the end of the presentation. We are privileged to have Dr. Kristen Truman-Allen, chief experience officer from Cheyenne Regional Medical Center as our presenter today. We are also privileged to have representatives from the patients and family advisory Council from the Cheyenne Regional Medical Center joining us too. Before Kristen get started we want to ask if you poll questions and cover a few important items. Jennifer with WebEx can you put up the poll question.

To give Kristen an idea of the audience she had today our poll questions ask about your type of practice and your role. If you have more than one question in your audience, or you represent more than one type of setting, please select other and enter the setting in the short answer box. Hour webinar today [Indiscernible] for continuing nursing education is through the Montana Nursing Association. To receive the credits, please complete the evaluation at the end. Please complete the evaluation even if you are not requesting as your feedback lets us know how doing and provides value and future information about events. It's my pleasure to introduce our speaker, Kristen before we get started can I do a sound check with you to make sure that everyone can hear you.

Dr. Kristen Truman-Allen brings her experience as an emergency nurse, Outward Bound expeditionary learning instructor, and organization development professional into her coaching as a formal healthcare leader. She has earned a Masters degree in nursing education and human organization systems. In 2013, she completed her doctorate in human development focused on professional coaching. Kristen uses metaphor and intuition and coaching as team and individual to help create powerful personal growth. Kristen is the proud mother of four children ages 2-19 and is passionate about living in leading boldly and authentically. She support staff physicians and teams as they transition to the role by helping them tap into their purpose, passion, and their intention to achieve the results they want. Kristen thank you for presenting today. I am turning it to you.

Thank you. It's interesting not to see any faces some appreciative we have a general sense of humor is participating. I thought - - I would like to add a little bit and talk about why I do what I do. It's clear from my background that there is a thread of experience in learning and experiential, and expeditionary background. To me, experience means the story that you tell at the dinner table. Or the story you tell when you are on a run with a friend. We are all about our stories. It is transmitted from person to person. It becomes part of their story too. When I think about patient stories, and my staff and employees stories, what I hope is that five years from

now, whether you are a staff member, or a physician or a family member about the stories of your experience where you are working or where you are receiving care, are positive even if they are coming from a place of suffering. Or from a place of giving. I want those stories to be powerful and meaningful and intentional. I think we have some choice in that. That is where I am coming from in the lens I look through is through a metaphorical lens. A lot of imagery and symbols. That will show up today. You'll have an opportunity to see images on your screen as we move forward and it may not make sense but I will help make it make sense by the time we get through it.

I will watch the chat responses as we go. It is a webinar about engagement. I am hoping we can engage in some conversation both on the phone and in the chat to help everyone learn from each other. I will share my own experiences of things we are doing here at Cheyenne Regional and hopefully evoke your stories too and the things you are doing so we can be sharing those best practices. To begin with, this is a webinar about nothing about me without me. And engaging in patients. I think all of these concepts we talk about today are of value whether you are talking about engaging physicians, engaging staff, engaging leaders, engaging your partner at home, your children. They are universal. I will stay focused on the patient experience, but maybe you will be listening from the other perspective as leaders and as practitioners and as parents, as teachers whatever that looks like. What I hope is by the end of today you will walk away with an understanding of the value of involving patients and their care. You should be able to describe some elements of patient engagement and at least one thing to impact patient engagement. That may be a tactic you are doing that you want to turn up a notch. They may be something that you are learning from another organization as we have this conversation together throughout the next 55 minutes. Or it may be something that is triggering wanting to do research into something different. I am hoping that if nothing else, you find one thing that will change someone's experience. A moment of their experience are creating a movement. Whatever seems like the best focus for you right now.

So let's talk about why engagement. Mary Koloroutis and Michael Trout wrote a book. That's where this is coming from. Their idea is that the work we do in healthcare is in [Indiscernible] ensuring. We do it through instrumental or tactical technical ways. We have to do it from a relation perspective. If we don't have a relation in connection than all the tactics we do, we can keep doing them but - - is expected, our patients expect us to have quality elements in place. I know what we're doing. They also expect and want for us to care about them and to connect with them. When we talk about why engagement, if they are coming from a place of suffering, they may or may not be able to hear a spirit we have to give them an opportunity to get to their story. We can do some curing, we can do some healing, and healing part we are the experts as practitioners. In healthcare, we are the experts in helping them cope with whatever they are dealing with, their suffering. We can help them except their situation, and we can help them find ways to find meaning. That is our expertise. In the engagement with us with them as partners involving them, we then are trusting that they have the expertise in their life and social situations and bodies. Often times they are telling us you are not listening. This is what I know is going on. I think we need to look into the situation. They are using their own intuition and their own body sensed their own experience, and if we don't listen completely to that, we will miss an opportunity. We could have poor outcomes as a result. If we think about our selfless healers, which everyone on this calling believe the healer. If we are healers and the experts in the healing

process, around coping acceptance and finding meaning, then we have to engage with the patient. Or with their families, in a way to find and help them through that whole entire process. There is trust that has to happen. In the engagement and that relationship, we are moving from the reason that they came in, or what seemed to be the matter, to what matters most our conversation today will be about how to get to what matters most that is where you will have the ultimate commitment. If we establish a connection, then we have a commitment. Then we can get better at using whatever the suffering is. Plus as adults we don't want to be told what to do. So I need to be part of my plan. Otherwise I start to tap into my inner 16-year-old and think you are not the boss of me and you don't know anything about my life. It's more difficult to try to get the outcomes we want.

Let's play with this a little bit and talk about the commitment as a value. There is a financial value. Pending on how we use value, whether it's a return on investment, overall some things happen when we engage our patients as partners. In their own care. It's their life. They are really coming to us for an expert. This is different now than it used to be. 40 years ago, or even some generations as patients right now say tell me what to do and I will do it. I trust you. We are moving away from not to that point of like I really need to be involved in my decision-making. When we engage, we engage in trust and we engage in our loyalty. Loyalty comes up in our likelihood to recommend. We are all I think on this call aware of the global question from a patient survey perspective. Patients, when they trust us they are more likely to recommend us to other people. That translates to a financial impact, but also a full business practice. If I have loyalty at my day, I will tell everyone else about that bank, and they will join me. Then they are committed in a way that they start to tell that other story and pull other people and with them. If the trust is low, then they will - - they may tolerate but look for something else. If we don't have a commitment, and there is no trust and loyalty, then if we are working on a treatment plan, and we are focused on a specific outcome, but you are not committed to the outcome, then the chances of achieving either smoking cessation, or control of my diabetes, or whatever that case whether it's a chronic illness or acute problem, we may not have or get to that positive outcome like we want or like they hoped for. Because there is a different kind of motivation. I'm thinking of an example of I had an opportunity to observe a physician and patient interaction recently. They were - - the patient was - - had come in and seen the cardiologist they were having a conversation about the treatment plan around changing a particular medication. There was multiple conversations that the physician to the brilliant job of listening completely for what was important. They came to an agreement about the treatment plan, and they get up to finish the office visit and they are about to walk out the door, and they do this dance around the office where neither one of them is leaving, and he is listening and the patient is listening. Finally he said, are you not comfortable with our plan? She said no. I want to do this instead. Had he not been in tune to that, and recognize that what was going on in the conversation - - the outcome would not have been what they ultimately wanted it to be. Either she would not have done what they agreed to because she had agreed to it, or she may have not done it right. There could have been some adverse effects. The trust and loyalty and listening and commitment get to our outcomes. In a pretty powerful way. In terms of malpractice, we know the literature tells us that 70% of malpractice cases are not clinical. They are about whether people like us. It's about that connection that is made initially. We see that that connection is made sometimes within the first three sections of an interaction. Where there's a trust to build her a likeness to be able to start to engage in trust and work toward the committee. Does committed. We are engaging with your

patients from a commitment perspective, the likelihood to spend an excessive amount of money and malpractice suits goes down. The same thing for a prevention. Just like the example I shared with you, there could've been an error in how the patient follow through with their medications. There could've been an error if they hadn't at all, and may be used a different medication instead. Also, we prevent errors by engaging and listening completely by finding out what is the problem. The literature that goes back and forth around 15-18 seconds where we interrupt our patients. If we interrupt early on, we start to go down a rabbit hole or even triage or start to diagnose and make a treatment plan to quickly. Whereas dose then we are focused on was the matter is that of listening completely. By the time they are dumped the story and the story is that we get a clear picture of what matters most. Or what really is going on. It may not have been what they were presenting. Another example of that, I was rounding with the physician and patient and observing and doing coaching around the communication. The practitioner had - - they were talking about a medication and discharging the medication. What do I need to do about this particular plan? As the physician listened a little more realize that what was going on for the patient is that they were not there for a prescription, they were there to find out if they were clear to move out of state. Can I go and will I be safe? Had the physician not listen, there could've been an error in what mattered. There could've been an error and I think you can imagine what kinds of things may have happened if we would not have gotten clear as the patient was wanting permission to leave the state and travel, and the physician said no I am not comfortable with that, can we do this first. I think you are not safe. So it prevented in error. Another example of why engagement as - - is important. In terms of salary we talked about reimbursement and a full practice. If you are independent, or your business is independent and word-of-mouth is telling you there is no connection and trust there's no loyalty because there is no quality or engagement, then you will not have a full practice. You will not have a referral base from other people who are sharing that could impact your salary. The salary eventually organizations are going to an individual's will go to payment based on payments a patient's perception of quality. They say the poor in and say we will reimburse you based on the qualifications and quality of care. Patient satisfaction and perception of quality of care are not about whether or not they liked their service necessarily, they are judging us based on whether they perceive that we are providing a quality of care. Based on a lot of things. We understand it is valuable enough to tie it to our reimbursement. This will not be going away and so there's a financial value of engagement in addition to the humanitarian piece of I am a healer I want to make a difference. They all merged together. In terms of time, we save a lot of time if we check to make sure people understand what we are saying me check to make sure they are totally engaged. By making sure, - - here's an example. If I have said you understand - - here are your discharge instructions, here is your treatment. This is what's wrong with you. Patient nods because the practitioner is not it. We didn't validate for sure. Then the next day I get a phone call that says you saw my wife yesterday, and this is what she thinks is happening and I don't know what's going on. There is confusion. We are coming back to the office because this happen is I didn't totally understand. If you are asking questions and engaging asking questions in a way that say something like tell me what you will go home and tell your husband. We talked about a lot of different things. Tell me more about what you are going to share. They can validate the understanding. This will ultimately save them time in the end. No phone calls later, a follow-up visit, outcomes, commitment, we throw around the language of compliance, but it helps us move the conversation away from compliant and moves it into commitment. Compliance means I have a plan you do not comply with. It's regulatory. Commitment means I'm engaged and motivated and committed. At least right now.

We can if we are committed it will save us time in the end chasing around what did or did not happen from a compliance perspective.

What did Tonya say. - - Had you get operation - - patient on per on point. I have to acknowledge there is a reason why I would not commit. I may be in denial. I may not want to admit. I may not be able to afford it or have the resources. There may be a social judgment around me having to control this. I might be more motivated for my instant gratification than I am long-term. Getting to understand what's important to the patient, may be the place you have to start. We will talk about this a little later pick we will come back to that. Because I think what matters most to us in that moment is control of bread - - blood sugar. That what matters most to the patient may be different. Tending to that first to build trust may be the place to start.

We have been talking about why. Why is it important to engage our patients? I want to to engage with me and I know this can be difficult because there are a lot of distractions and we are on a webinar. If we could take a few minutes and graph paper and pen something you can write on. It doesn't have to be larger major just grab something. If you could close your eyes, get situated, and get a sense of where you are sitting and completely present. Take a breath. Notice the things you're thinking about. Notice the sounds you hear. Whatever chaos that may be around you and just get present in your own cocoon for second. With your eyes closed let an object come to your mind. It doesn't matter what it is. Just let the object come to mind. It could be a telephone or four. Let it be. As the object comes to your mind, pay close attention to it. What does it look like? What does it smell like? If you touched it what would it feel like Rex use all your senses. Does it have a taste? Is their movement? Is their texture? Temperature? What is the emotion of the object? Pay really close attention to the details. When you have an object in mind and it is clear to you using all of your senses, I want you to open your eyes and write down the details and language you used to describe it. I can't see - - I can't have you drop because I can't see it. If you could write down the details of the things that you were in tune with, with your object. Write them down. Then once you wrote your list what with that object say to you if you could - - if it could say anything. What would it say? I will give you a couple minutes to do that. We will open up the lines and I would like a couple of volunteers one at a time to share their object and the language they used to describe their object.

You are un-muted so people can be conscious about whatever noise they may be making in the background. Do I have a volunteer Rex

This is center. - - Sandra.

Thank you for putting it out there.

My abject - - object is a clay flowerpot. With the daisy unit. It reminded me of summer. I could smell fresh dirt from the flowerpot. Daisy still smell. That was it.

What other kind of language did you used to describe your clay flowerpot?

What other words did you use or would you use? Help us see your clay flowerpot. What color and texture.

It's beige. You can smell the soil. A daisy is a forget-me-not flower with all the little flower petals and the yellow center. Is something in Montana. Will not eat. It reminds me of summer.

Here's what we are doing. I am trusting that your images and all of the words you wrote down or answering a question that I was holding while you are doing your imagery. I did this in a workshop once recently were someone called it a secret ninja brain trick. I was holding the question what does it mean to be engaged? I am trusting that your images are telling me what it means to be engaged. Together we will come up with an element of engagement. In your - - what you described, the things I heard, were fresh, forget-me-not and that sounded powerful. Don't forget me. Center used the center in your language. The deer won't eat me made me think of safety. Now knowing the question I was answering, what do you think the answer to the question is. With your image, what is it like - - what does it mean to be engaged?

To be engaged is to feel the emotions you are having at the time they could be positive or negative. Is that what you're looking for?

It means to be engaged emotional completely in the moment right?

Yes.

It's real to you what's happening at that moment. So there is honoring the realness without judgment.

Right. It's not that someone else is not in a different spot that I am, but at the time, where I was with my eyes closed and I was in my own world at that time.

Thank you.

You are welcome.

Walls would like to share their image and answer the question?

This is Rachel from New Hampshire.

Hello, Rachel.

My image was this really heavy coffee mug. It's white and this classic thing that you would find in an old diner. The words I used were white, smooth, warm inside, cool outside. Deep smell of coffee, and warm and inviting. I was thinking about the engaging piece. I think to be engaged is to also pay attention. Because I think that's what you were getting at in the exercise was to really pay attention and really feel and hear.

And you think that applies both for the patient and practitioner?

Yes. Because I think as important as it is even more important for the practitioner to be engaged. I think the patient has to be activated. In order to really have a good exchange. Which can be a problem if they are in crisis.

Right. I love your language of activated. Especially with your picture of coffee. What I am hearing is you use the word inviting.

Yes.

I think maybe engaging is to be inviting. Would you agree?

Absolutely.

You used warm a lot.

Probably because I'm sitting in a really cold office.

See you are craving for a warm spot.

Yes.

So if a coffee mug would say anything to you, what would it say?

It would say I am inviting you to enjoy with all your senses.

So you can almost take this we were talking about patient engagement but for those of you who were leaders and educators and staff think about what this means to be engaged also.

Yes.

Thank you, Rachel.

Let's do one more.

For those of you who don't want to volunteer on the phone we are going to do one more pic if you could type into the chat, what your answer to the question is what does it mean to be engaged. That would be great.

In chat we haven't entry it looks like from Jenny and Alaska. Her image was a snowball.

Is that you with a snowball? Do you want to talk about it?

We have a large red hen, a snowball. So Katie are you talking or Stephen?

I can't tell which one is which.

I'm going to go back on mute.

Let me capture then some of these things that are coming up in the chat. We have a snowball, we have eyelashes they work together to protect. We are seeing protect is sheltered. Whoever talked about snowball can you add to what the language was.

We are saying being patient in the moment, listening and participating in a genuine matter. Seeing, hearing, feeling what the patient is telling you in a moment. With the red hen was protected sheltered mothering completely. There's wrapping around when you are engaged. If it is complete its whole and its kind and its respectful and it sounds very loving based on the language that you are using.

I don't know who specifically said they use the well rising in the water. Thank you for recognizing that this was an animal in the water. It's actually a baby dolphin. I would agree that engagement is graceful. We have - - - warm and relaxed. Got it. We are making a list of elements of engagement. We said, no judgment, warm, inviting, shelter, detected, graceful, present. In the moment, feeling, whole, listening, participating. There's a definite emotional component and a commitment component. Were going to move ahead and share with you the metaphor I played with when I was thinking about engagement. We were talking about engagement and the metaphor came up around the back draft. Metaphors Erin perfect so we will go there a little but I think it will make sense to you. In a back draft if you don't know, which I didn't, there's a fire that is contained and if all the windows and doors are closed in a building and the fires contained, it's a contained system. What is depleted as oxygen. The fire needs oxygen in order to combust and be - - and do its thing. It's a natural element. Some of it leaks out, but in the contained system there's a hunger. There's a starving. And so if you quickly reintroduce oxygen, then by opening a door or window, you get a back draft. You get a fast combustion or huge flash. So what I heard in the conversation about this as a metaphor was the fire is starving. It needs oxygen. In order to reignite or do or to rapidly expand. That is what fire does. We interpret it as negative because it's dangerous and lives are at stake. If you break it down, the words of the fire is starving, it needs oxygen to expand. Then we can take that metaphor and make almost our own sentence or our own prescription for engagement. So if we replace fire and oxygen and say this person who is suffering, or who is here in front of me or maybe it's my employee or my daughter, this person is starving for whatever matters most to them. And so our job is to introduce either a resource or element or medicine depending on context and then commitment, engagement, outcomes will expand rapidly. We can play without a little if I think of my daughter, my eight-year-old who is clear about when she needs attention. So she starving for attention, that's what matters most to her, a connection. So then I need to introduce time or my presence or some wrapping around her. And then her piece or her comfort will expand. Let's say we take a patient who may be is - - I can think of a patient who about a year and half ago was angry and difficult to care for but we couldn't figure out what mattered most. And in interviewing him and being with him I learned about his fears. I knew the patient was starving for life. He was scared to die. He was scared - - there was a back story that was impacting him. What mattered most to him was to be discharged from hospital as soon as possible. We need to introduce resources. Case management, a physician, home health, wound care, as soon as we reintroduced all of those things, we got him discharge that day and his commitment and his trust basically expanded rapidly. Coming from that metaphor of a back

draft, we can create this template that as a leader I can use with my employees as a more - - mother I can use with my children. As a caregiver, I can use as my patients to figure out what are they starving for. What matters most? I have to listen carefully for that. And then I can introduce the element necessary.

In order to do that, and to get to that information what matters most you have to create emotional and physical safety. There has to be an early - - if you listen carefully, be present, and have a stage set. Sometimes you have less than 10 minutes to do that. Patients decide within three minutes. Like I said before, if there is eye contact, kindness, if I ask patients how did you - - how did you know your physician listen to you and they said they made eye contact with me. They did not seem hurried that is creating emotional and physical safety. Even making sure they can get into the building may be the physical safety. Then connecting to something meaningful to them. Once you have known a little better made you don't yet, but you try and learn, maybe their grandchildren are important or may be there [Indiscernible] or maybe they are hunters or you happen to know that they are quilters. Whatever is meaningful to them. Connect to that and make it personal. It's not just clinical. Then listen for what matters most. Then like I said before, making sure they understand. Oftentimes we say teach this back to me. What I find is that patients get uncomfortable with that. They are like I have to perform. As opposed to tell me what you tell your husband or your son. Then they are using their own words as if for someone else to understand, and it seems like a softer way for them to be able to Arctic relate what they know. Without saying tell me what you know. This is how to engage.

In the time we have left what I want to do is talk about how we are engaging. What is important and what matters most to our patients. At Cheyenne Regional Medical Center. Then I want to open up the lines and chat to see what are you doing and listen to each other because we are all doing different things in different settings that are really working. What we have started in - - about three years ago we started patient family advisory Council. We have councilmembers who are part of the workflow committees to be advisors into our processes and systems. To say are we making sense, are we thinking correctly? This is what works for us, but does it work for you as a patient? And they give us they are really engaged and bring things forward that we would not see just like driving back and forth to work every day. You see all the details around you, when someday you look up and say why did that building get there? Has it always been there? I don't know. If I have got someone else in the car with me who says I love that building, if I have never noticed it before, now I notice it and I can reflect on it in a different way. That's how we use the patient family advisory Council. Informing members of the organization and its really powerful. Today we had a Council meeting and they shared what was powerful about that. They loved being heard, and learning information and being able to go into the community and share what they know when questions come up with other people. It influences the storytelling that is going on in the community that starts to begin to change the culture. We do listening sessions. So we have a process in place where if someone has an experience that is not a positive thing but they are sharing at their dinner table, we bring them in and bring the operational leaders and vice presidents whoever needs to be involved to listen to the story. We are truly listening. We have to make sure they are where that this will not be a time where we are explaining processes are justifying treatment or educating them. This is truly their kind to be completely heard. From that, when they are done sharing their story, which is always unbelievably impactful. When they are done sharing their story, then the leaders in the room stay in deliberate to figure out this can't

happen again, what process needs to be in place, or this wasn't a problem, but the perception needs to change which means we have to change XYZ in terms of processes. Whatever that is, we are learning - - we could call it a learning session. We want patients to understand that we are hearing them. So it may be the vice president - - I participate, the patient Representative participates, the Vice President of the department that is effective - - affected as well as a manager or director. The positions if they are involved, case management if they were involved, multidisciplinary. We bring the whole team together so the patient understands we value what you are saying and these are the resources we have in place for you and these are the things we will change. We follow up with a letter in conclusion to let them know, thank you for sharing, we understand this is vulnerable and we would like you to know these are the things we changed as a result of or that we learned as a result of you sharing. We do listening sessions and we do a bedside shift report which is a valuable way to make sure patients are involved. As a best practice many organizations are doing it or trying to. What I learned across the nation from other leaders is that the bedside shift report is difficult to operationalize. They are having trouble with execution. Getting it done all the time. What I hear from patients is that they like to be included in the handoff or the report from person to person because then they know what is being shared. They can add in what's important to them if something got missed. It saves time, errors, and it lets both parties know we are here about you. With you, as opposed to your task. It reinforces the engagement portion. Then leader rounding up patients were we going ask patients what is important to you, are we listening, what do we need to know? In the moment, as opposed to when you get your survey and I get feedback back with a six week lag and I am trying to figure out is there a trend. It's all very important, the HCAHPS, and CGCAHPS. If we can find out what we can do to make a positive experience for you, that is valuable. We can do something about it now and you have to tell your story in a way that you don't want to be telling it to too many people.

Let's open up the lines if we can. I would be curious to make sure there's not any other background noise. Let's try again.

You can chat it as well. I'm trying to keep up with your comments. You can all see each other. So that is good.

If you are jumping in on the line could you say your name and where you are from.

Are we having trouble with audio?

We do have the lines un-mute. If you have sidebar conversations going on, we are picking that up.

Diane you said you are curious about how to engage the patient who claims to not want help. I am thinking - - the question was, what else are you doing to engage her patient? And ensure their voices heard. Or considering nothing about me without me, what are you doing in your organization? Diane can you jump on the line are we able to hear you? I would love to know more.

I actually wrote for Diane. There is about 35 of us sitting in a room. We are in whole film agency - - home health agency in Montana. What I am after is some help with where I have trouble engaging that patient who wants to be left alone. I feel like often times I want more for them than they do.

It's funny I was thinking there is a balance of [Indiscernible] and we cannot want it more. But we can tell them what you want for them I am wondering - - the easiest way for me to answer that is I am curious what is the most important thing for the patient. What do they want? If they don't want help, what do they want? Do you know?

My guess is they want independence, to remain in their home, and don't want to be bothered.

Okay. I wonder if we can - - if the strategy is and all of the language is around helping them be independent. Like your help is really about helping them be independent.

Right.

We are being hypothetical. I'm not having a conversation with the patient so it's hard to know what I'm guessing if you can get to what do they want, and you can focus on what they want, before we focus on what we really want, because it's tricky because we are fixers and helpers. We want them to get better, we are the experts in these are the things that are going to work and we see this may be on a surgical recovery floor. I know when you get up and move if they don't want to move, because they are paying, they are not going to. But if they have a wedding to go to on Saturday, and they want to go to that, then our conversation becomes how to get them there. Right?

Right.

Basically what you are saying is you need to poll off from your patient with their desire is because it's the only thing that will motivate them.

Right. There may be some things in the way, it may be that they might be focused on money and you are focused on treatment. And until we get those other resources are elements. I will flip back to the other slide, we engage with what is most important to them in terms of resources, elements, whatever that is. Their commitment won't expand.

Sure.

Sometimes it seems easier said than done.

Of course. Yes.

Sometimes all you can do is show up with love and kindness and wrap around them. And maybe presence is all that's necessary in that moment.

Cindy I am looking at your note about your long-term care patients that are declining care. I wonder if we shift the conversation to commitment, from compliance, what may look different? I don't have the answer but it's a powerful question to consider.

Are you doing - - Lisa we can know those mute let's go ahead and close the lines and just use the chat. If people can just - - thank you for your patience. Only tested this that wasn't happening. I'm wondering are there other things - - other than what I have listed here, that you are doing in your organization?

If you are type them in the chat and we will capture them and put you in touch with other people if we need to. While you are thinking, I will summarize I'm being conscious about time.

This is a picture of a surfer. I told you I use imagery a lot. I asked my 19-year-old and said don't overthink it, give me a metaphor for engagement. What she said was it's like surfing. You can sit on the board, and the water will move you. Or you can listen and understand the water and react to it and do cooler things. I loved it because she did not have any idea why I asked. She got to the elements of I can be passive, and still get something out of it. I can be engaged, listen and understand which is some of the language you guys used, in a way that helps me respond and react and get better outcomes. Engagement really - - nothing about me without me and engaging our patients or our staff for physicians or our relationships, it's about how people experience their lives. And it's about getting results. And getting commitment.

We have a question in chat from Stephen.

I'm wondering if - - it's interesting to me the language of refusing. Because I'm wondering - - we are saying that there is a cancer screening, this is important but we don't know why he either doesn't feel like it's important, are we haven't figured out what's important to him. So if he understands the risk, is their motivation? For him to find more information. Or is their motivation for him to not have more information? I am wondering, is he committed to not knowing for some kind of reason that has more impact to him, fear, whatever it is, that keeps them safer by not knowing. I don't know. It would be an interesting conversation to have and maybe we can have an off-line conversation to go deeper. Sharing your question about will there be a video to share with leadership. This is being recorded. You will have access to it. If that's what you're asking for.

That is correct, Kristen. We will be sending those to the Pacific website. We do not have a video we only have the audio recording. And the transcript.

So as we get close to the close. I want to get a sense of - - I would like to know if you could tell me our objectives were you to find value in patient engagement, patient involvement. Figure out the elements of engagement which we describe as things like participation and warmth and activating and inviting and without judgment and feeling completely. The emotional component in the commitment component. We defined elements of engagement and I wanted to know what action you could take to impact engagement. If in the chat you could quickly type in a take away. What will you do differently. What are you taking away from our conversation today.

What is the story you tell - - will tell when you leave?

Yes. Asking question. Listening for what is most important. And listening for what is not being set. Very powerful. That is really about being in tune and noticing those micro-expressions. Empathetic. Yes. And sometimes - - we are talking about listening and I think it's important to point out that sometimes it's not about taking more time to listen, then people say I only have 10 minutes in a doctor's visit or so many billable hours. A lot of it is how we are being when we are engaging in a conversation. Not necessarily how much time we take. I am giving people time to think. Because they feel like they are in a hurry. You are right, Stephen. You are talking about meeting with them where they are. It will ultimately save time and you because you are not chasing it. Then you are not working harder than they are. Virginia I think body language plays a huge part because you can tell when their body says something different. Just like the example I told you where everyone is saying the physician and patient were doing a dance where they had committed but they are walking around the office and we are like what are they doing right now. There's attunement to make sure - - and picking up on something. This is what your body is saying. This is what you said. Just check in.

You are right. If they do find their needs they will have a better outcome.

It's like a scorecard. We have to get the right information in the moment.

You are going to say something. We are great at 3:00. We committed to one hour. I want to thank you very much for being our presenter today. This was fun to be a part of. I will walk around thinking about what matters most instead of what is the matter. I thank you for bringing that to my attention. I appreciate the time you spent with us today.

Thank you.

Unless you have anything final to say, Kristen. This will be the end of our webinar.

Just contact me if you have questions. I am happy to get you connected to view need to get connected to or bring a process. Thank you so much for your engagement I appreciate it. I could tell people were playing with images and really engage in the conversation. I appreciate that. They key. Have a great day.

You as well. Thank you, Kristen. This concludes our webinar. Thank you all for attending.

[Event Concluded]