



**Building a Bridge to Better Health Coalition
Member Survey Summary
January 28, 2016**

1. ARE YOU AVAILABLE TO ATTEND THE BUILDING A BRIDGE TO BETTER HEALTH COALITION MEETINGS?

Yes	51.4%
No	14.3%
Other	28.6%

Summary of "Other" Responses and Comments

- Available to attend depending on programmatic needs, what is going on at work, when schedule permits
- Meeting conflicts with schedule, other meetings, travel schedule and/or increased workload at job
- No longer able to attend due to position change within company
- More discussion needed from local hospitals about discharge planning or interest in community programs that could assist with this planning.

2. PLEASE SHARE YOUR PREFERRED TIME OF DAY FOR THE BBBHC MEETING.

1st Preference

8:30am – 10:00am	22.9%
10:00am – 11:30am	11.4%
11:00am – 12:30pm	37.1%
Other Time	5.7%

3rd Preference

8:30am – 10:00am	37.1%
10:00am – 11:30am	11.4%
11:00am – 12:30pm	20.0%
Other Time	0%

2nd Preference

8:30am – 10:00am	8.6%
10:00am – 11:30am	42.9%
11:00am – 12:30pm	14.3%
Other Time	5.7%

Other Time Comments

11:30 – 1pm
4:00pm
No preference
3pm
4:00 – 5:30 or 7:30 – 9:00

3. IF THE BBBHC MEETINGS WERE HELD OVER THE LUNCH HOUR, WOULD YOU BE WILLING TO PAY A SMALL FEE FOR A PROVIDED LUNCH?

Yes	80.0%
No	8.6%
Other	2.9%

"Other" Responses

- Water and/or Coffee would be fine instead of lunch; could bring your own small snack.

4. HOW WOULD YOU LIKE TO SEE THE BBBHC MEETINGS STRUCTURED?

Presentation / Program Highlights	80.0%
Updates on Coalition Member's Initiatives	65.7%
Sharing of Successes / Challenges	62.9%
Case Studies (Patient / Family Stories)	42.9%
Workgroup Break Out Time	40.0%
Other - please share your other ideas here.	2.9%

Comments

- Each month bring in a key player in healthcare (HC21, UTMCK, Covenant, Tennova, Summit Medical) to show who participates in BBBHC and what BBBHC seeks to accomplish and then have dialogue on ways that BBBHC and the healthcare player can work together to meet their respective needs and needs of the community.
- Workgroup time at each meeting would accelerate progress.
- Sharing successes would facilitate hope.
- Make each meeting content different.
- Focus our projects so the breakout time is better

5. PLEASE SHARE YOUR PREFERENCE AS TO WHEN THE WORKGROUPS SHOULD MEET

During the BBBHC meeting	28.6%
After the BBBHC meeting	28.6%
Before the BBBHC meeting	17.1%
At a separate time, other than during the BBBHC meeting	11.4%

Comments

- A combination of these based on group needs.
- Either before, after or during, depending on the amount of business at hand.
- At the end of the meeting.
- At separate times, if needed, in addition to the meeting times.

6. WHICH WORKGROUP WOULD BE THE BEST FIT FOR YOUR SKILLS AND INPUT?

Post-Acute	42.9%
Medication Safety	22.9%
I do not want to be part of a workgroup	11.4%
Other	8.6%

Summary of “Other” Responses and Comments

- Floating among workgroups (both Post-Acute and Medication Safety), depending on topic & ability to contribute to discussions.
- Need a Non-Medical Community Resource Group
- Can represent the consumer perspective as well
- Community

7. WHAT SUGGESTIONS DO YOU HAVE TO IMPROVE PRODUCTIVITY FROM THE WORKGROUPS (POST-ACUTE AND MEDICATION SAFETY)?

- Assign tasks to all workgroup members to create more engagement and buy-in from members. Designate a chair and co-chair for each workgroup.
- Strong group leadership
- to support an overarching goal, have focused goals that can be discussed with action items and measurable; potentially monthly or every other month new topics to keep engagement fresh
- Sharing has brought more insight to the group.
- Implement ideas quickly, possible pilot projects between members.
- Needs a true mission – perhaps promoting the actual resources available in the group – not a vehicle for advertising so much but people usually want to be pointed in a direction.
- Find a focus group for middle age adults who will be looking for resources for parents soon and plant the seed for thoughts about their own later years and ask how we could best make info available and what questions to do they have? Hear from children of older parents and the patients about what they need

8. HOW WOULD YOU LIKE TO BE INVOLVED WITH THE BBBHC IN 2016?

Post-Acute Workgroup Member	34.3%
Medication Safety Workgroup Member	25.7%
Other	8.6%
Chair or Co-Chair of a Workgroup	5.7%
Chair or Co-Chair of the BBBHC	2.9%

Other Responses

- As a student
- Community Resource Workgroup Member
- attending meetings, possible guest speaker on select topic

9. PLEASE INDICATE YOUR PREFERRED TOP 3 FOCUS AREAS FOR THE BBBHC IN 2016

- Affect of genetics on healthcare practice and patient care
- Ask how do we reach you
- Ask what folks need to know
- Building means by which to accomplish Medication Safety of post-acute care. I think there are great ideas that are thrown out, but the rubber won't meet the road until there is recognition of the program to get reimbursed for their time and services.
- Care Transitions
- Care Transitions Symposium
- Choices
- Clinical Innovation- Solutions to gaps in patient care
- Communication of community resources.
- Community resources and outcomes
- Continued Safety if discharged home - Follow-up standardized - Tailored and Proactive
- Discharge planning of any facility/provider that accepts public monies for services (Medicaid/Medicare).
- End of life decision-making
- Family awareness to prevent re-hospitalization
- Family support. Many calls come in from families who have had no contact with a discharge planner or social worker. They are desperate for information and resources.
- feedback from focus population
- Further development of coalition resources (website, literature, etc)
- Geriatric Healthcare spending- reducing fraud and abuse (patients unable to manage their own care)
- Getting Services/ideas to patients and families - utilization of people in the room. Maybe come up with a community services/organizations flow chart
- Health Literacy
- Learning about resources in the area for patients and families
- Medication adherence
- Medication management. Again, patients need long-term plan for accurately managing their medications.
- Networking with other providers to learn about continuum of care
- Pilot project with one of the hospitals

- Post acute Care
- Post acute in home wellness initiatives.
- Post-transitional care plans. Patients now are left without care after their 30-day departure from hospital.
- Promoting team based care
- Proper discharge planning for seniors who are homeless. Policies and procedures need to be in place in order to decrease re-admission to the hospital which is what is currently happening.
- Proper discharge planning for seniors who have no support at home. Universal policy and procedures for hospitals in our area. Each hospital handles discharges differently.
- Reduction in rehospitalizations
- Rehospitalization
- Safe and Effective movement of patients through the health care system.
- Shared successes and developing contacts
- Standard communication between levels of care and between healthcare workers
- To have better coordination between hospital discharge, pharmacists and primary care doctors.

10. WHAT BENEFITS HAVE YOU AND/OR YOUR ORGANIZATION RECEIVED AS A RESULT OF PARTICIPATION IN THE BBBHC?

Increased Knowledge of Community Resources	60.0%
Networked / Built Relationships	60.0%
Gained New Ideas for My Organization	25.7%
Formed Partnerships	25.7%

Comments

- Great to know what is out there- great to know there are so many caring people who are focused on preventing readmissions