

Patient Engagement: A Key to Quantify the Impact of Nursing in Care Coordination

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Background

- ❖ Need for Care Coordination
- ❖ RN Care Manager (RNCM) role
- ❖ How do we quantify the RNCM nursing practice?
- ❖ How do we standardize and track patient engagement?

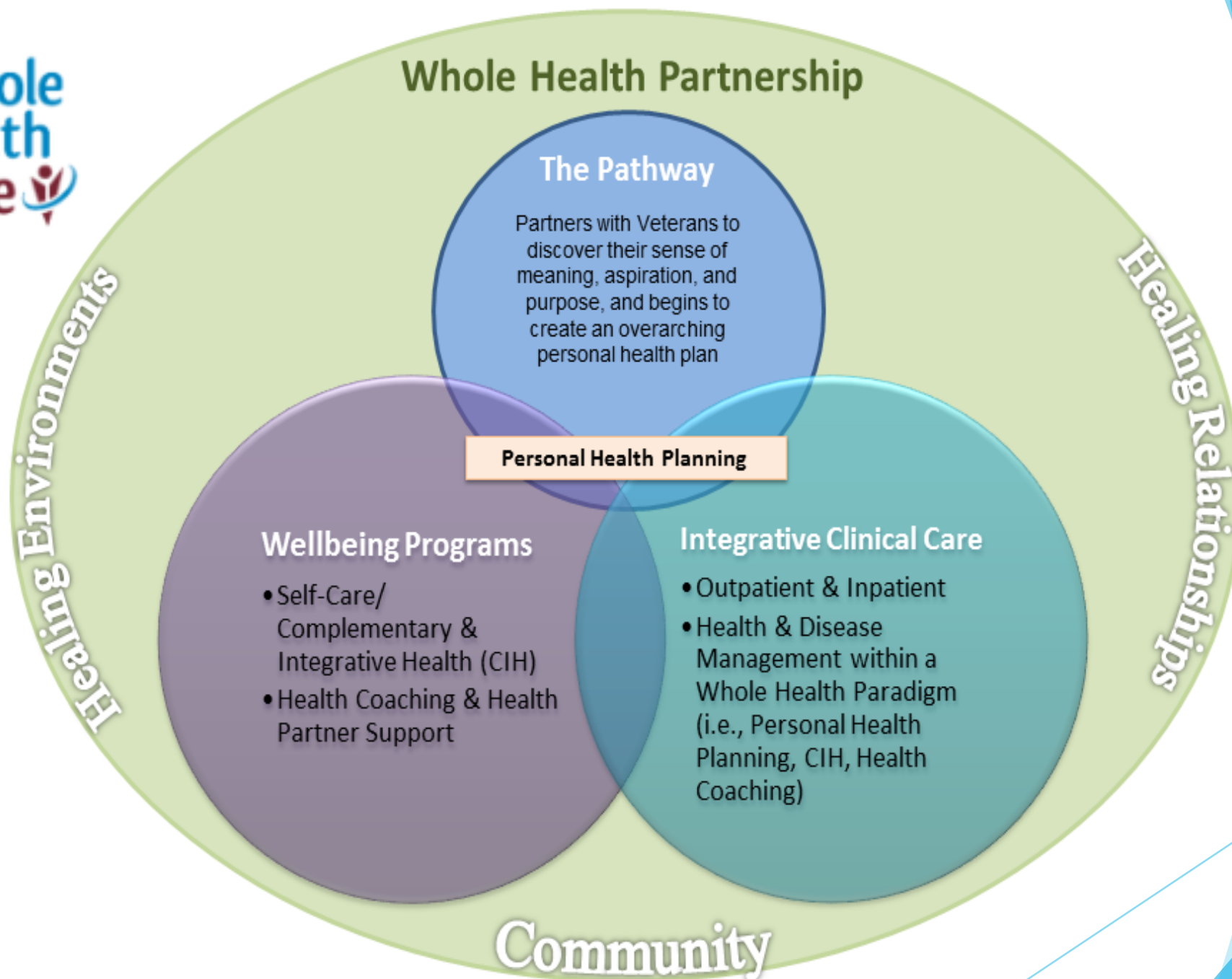


(Google, 2018)

Current State



(Google, 2018)



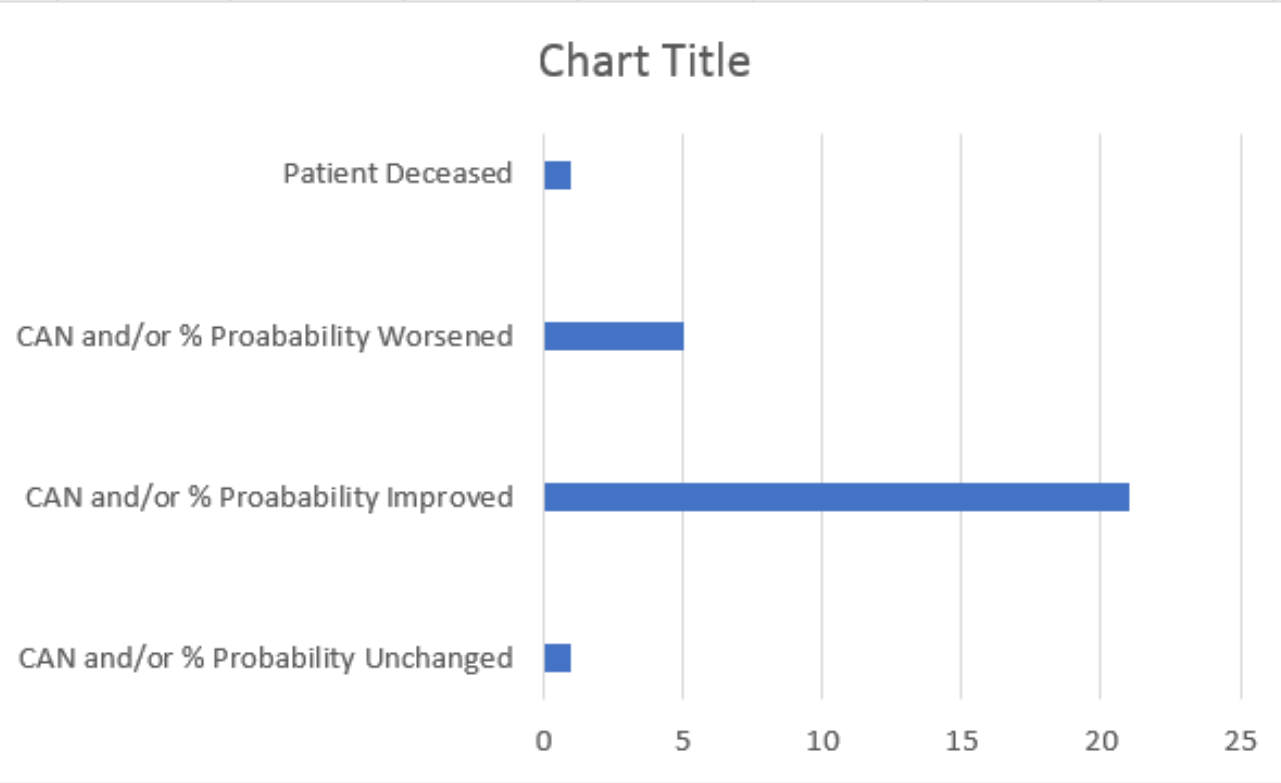
Pilot Overview

- ❖ How to quantify RN Care Manager role in patient outcomes and provide standardization of patient engagement
 - ❖ Huddle board ticket
 - ❖ Evidence-Based: Ambulatory Care Nurse-Sensitive Indicators Series: Patient Engagement as a Nurse-Sensitive Indicator in Ambulatory Care (2016)
- ❖ Work group created
- ❖ Valid and reliable tool adapted from VA MOVE & Smoking Cessation
- ❖ CPRS Template created
- ❖ Three PACT RN Care Manager's piloted 90 days
- ❖ Rolled out to all 15 PACT teams

PATIENT ENGAGEMENT TEMPLATE PILOT

CAN and/or % Probability Unchanged	1
CAN and/or % Probability Improved	21
CAN and/or % Probability Worsened	5
Patient Deceased	1

91% Improvement



INITIAL PATIENT ENGAGEMENT

The Veteran has agreed to work on the following health concern:

How confident are you to make health changes?

Not at all confident Somewhat confident Very confident

What are your barriers to achieving your goal?

Time Money Motivation Other N/A

Current stage of change:

- Precontemplative-No intention to change at present time
(f/u 6 mo- set PCAS reminder)
- Contemplative-Considering a change
(f/u 30 days, set PCAS task reminder)
- Preparation-Preparation following the decision to change the behavior
(f/u 2 weeks- set PCAS task reminder)
- Action-Currently engaged in behavior change activities
(f/u 30 days, set PCAS task reminder)
- Maintenance-Continuation of changed behavior beyond six months

Action Plan:

- | | |
|--|--|
| <input type="checkbox"/> Nursing appointment | <input type="checkbox"/> Nutrition direct access |
| <input type="checkbox"/> Defer to PCP for PharmD consult | <input type="checkbox"/> Nutrition consult |
| <input type="checkbox"/> DSME class | <input type="checkbox"/> Home Telehealth(HT) consult |
| <input type="checkbox"/> CDSMP class | <input type="checkbox"/> MOVE consult |
| <input type="checkbox"/> Glucometer Education | <input type="checkbox"/> SW consult |
| <input type="checkbox"/> Alc lab ordered | <input type="checkbox"/> TH Pain School |
| <input type="checkbox"/> Smoking Cessation class | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other | <input type="checkbox"/> Defer to PCP for MH consult |

Teach Back Method used to verify patient understanding.

Patient agrees to the plan of care.

Motivational Interviewing principles are applied to empower patient, provide continuous support from the VA team and elicit behavior changes that contribute to positive health outcomes.

Insert
PCAS
link



FOLLOW-UP PATIENT ENGAGEMENT

The following health concern was previously reviewed with the Veteran:

Previous stage of change:

Precontemplative Contemplative Preparation Action Maintenance

Current stage of change:

Precontemplative-No intention to change at present time
(f/u 6 mo- set PCAS reminder)
 Contemplative-Considering a change
(f/u 30 days, set PCAS task reminder)
 Preparation-Preparation following the decision to change the behavior
(f/u 2 weeks- set PCAS task reminder)
 Action-Currently engaged in behavior change activities
(f/u 30 days, set PCAS task reminder)
 Maintenance-Continuation of changed behavior beyond six months

What were your successful behaviors to achieving your goal? N/A

What were the motivating factors that impacted the change:

Information on resources
 Test or lab results
 Nurse education or follow-up
 Education provided by other health care professional
 Other

What were your barriers to achieving your goal?

Time Money Motivation Other N/A

Additional Action Plan Identified:

<input type="checkbox"/> Nursing appointment	<input type="checkbox"/> Nutrition direct access
<input type="checkbox"/> Defer to PCP for PharmD consult	<input type="checkbox"/> Nutrition consult
<input type="checkbox"/> DSME class	<input type="checkbox"/> Home Telehealth(HT) consult
<input type="checkbox"/> CDSMP class	<input type="checkbox"/> MOVE consult
<input type="checkbox"/> Glucometer Education	<input type="checkbox"/> SW consult
<input type="checkbox"/> Alc lab ordered	<input type="checkbox"/> TH Pain School
<input type="checkbox"/> Smoking Cessation class	<input type="checkbox"/> N/A
<input type="checkbox"/> Other	<input type="checkbox"/> Defer to PCP for MH consult

Teach Back Method used to verify patient understanding.

Patient agrees to the plan of care.

Motivational Interviewing principles are applied to empower patient, provide continuous support from the VA team and elicit behavior changes that contribute to positive health outcomes.

Insert
PCAS
link



NOTE DATED: 04/27/2018 12:59

LOCAL TITLE: PACT CARE COORDINATION NOTE (T)

STANDARD TITLE: PACT NOTE

VISIT: 04/27/2018 12:59 VIL PC NURSING 10

-- CARE COORDINATION --

CONTACT TYPE: Telephone

Spoke with: Patient

Patient Identifiers: Full name, Full Social Security #

REASON FOR CONTACT:

DM

Veteran identified the following area as their main health concern:
blood sugars

CAN Score and Probability of Event (1 year potential):

95/67%

ASSESSMENT:

called pt to review recent hospitalization secondary to uncontrolled
DM.

PERSONAL HEALTH GOALS: INITIAL PATIENT ENGAGEMENT

The Veteran has agreed to work on the following health concern: diet

How confident are you to make health changes?

Not at all confident Somewhat confident Very confident

What are your barriers to achieving your goal?

Time Money Motivation Other N/A

Current stage of change:

- Precontemplative-No intention to change at present time
(f/u 6 mo- set PCAS reminder)
- Contemplative-Considering a change
(f/u 30 days, set PCAS reminder)
- Preparation-Preparation following the decision to change the behavior
(f/u 2 weeks- set PCAS reminder)
- Action-Currently engaged in behavior change activities
(f/u 30 days, set PCAS reminder)
- Maintenance-Continuation of changed behavior beyond six months

Action Plan:

- | | |
|--|--|
| <input type="checkbox"/> Nursing appointment | <input type="checkbox"/> Nutrition direct access |
| <input type="checkbox"/> Defer to PCP for PharmD consult | <input type="checkbox"/> Nutrition consult |
| <input type="checkbox"/> DSME class | <input type="checkbox"/> CCHT consult |
| <input type="checkbox"/> CDSMP class | <input type="checkbox"/> MOVE consult |

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04/27/2018 12:59

** CONTINUED FROM PREVIOUS PAGE **

- Glucometer Education
 Alc lab ordered
 Smoking Cessation class
 Other

- SW consult
 TH Pain School
 N/A
 Defer to PCP for MH consult

- Teach Back Method used to verify patient understanding.
 Patient agrees to the plan of care.

Motivational Interviewing principles are applied to empower patient, provide continuous support from the VA team and elicit behavior changes that contribute to positive health outcomes.

PLAN/FOLLOW-UP:

Forward note to Primary Care Physician for review

FUTURE APPOINTMENTS:

No future appointments.

TIME SPENT: 11-20 Minutes

NOTE DATED: 04/27/2018 11:19
 LOCAL TITLE: PACT CARE COORDINATION NOTE (T)
 STANDARD TITLE: PACT NOTE
 VISIT: 04/27/2018 10:41 VIL PC NURSING 10

-- CARE COORDINATION --

CONTACT TYPE: Telephone
 Spoke with: Patient
 Patient Identifiers: Full name, Full Social Security #

REASON FOR CONTACT:
 DM
 Veteran identified the following area as their main health concern:
 blood sugars and exercise

CAN Score and Probability of Event (1 year potential):
 95/67%

ASSESSMENT:
 called pt to f/u on DM

PERSONAL HEALTH GOALS: FOLLOW-UP PATIENT ENGAGEMENT



The following health concern was previously reviewed with the Veteran:

Previous stage of change:
 Precontemplative Contemplative Preparation Action Maintenance

Current stage of change:
 Precontemplative-No intention to change at present time
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 (f/u 30 days, set PCAS reminder)
 Maintenance-Continuation of changed behavior beyond six months

What were your successful behaviors to achieving your goal? N/A

What were the motivating factors that impacted the change:
 Information on resources
 Test or lab results
 Nurse education or follow-up
 Education provided by other health care professional
 Other



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04/27/2018 11:19 ** CONTINUED FROM PREVIOUS PAGE **

What were your barriers to achieving your goal?
 Time Money Motivation Other N/A

Additional Action Plan Identified:

<input type="checkbox"/> Nursing appointment	<input type="checkbox"/> Nutrition direct access
<input type="checkbox"/> Defer to PCP for PharmD consult	<input type="checkbox"/> Nutrition consult
<input type="checkbox"/> DSME class	<input type="checkbox"/> CCHT consult
<input type="checkbox"/> CDSMP class	<input type="checkbox"/> MOVE consult
<input type="checkbox"/> Glucometer Education	<input type="checkbox"/> SW consult
<input type="checkbox"/> A1c lab ordered	<input type="checkbox"/> TH Pain School
<input type="checkbox"/> Smoking Cessation class	<input type="checkbox"/> N/A
<input type="checkbox"/> Other	<input type="checkbox"/> Defer to PCP for MH consult

Teach Back Method used to verify patient understanding.
 Patient agrees to the plan of care.

Motivational Interviewing principles are applied to empower patient,
 provide continuous support from the VA team and elicit behavior changes that
 contribute to positive health outcomes.

PLAN/FOLLOW-UP:
 Forward note to Primary Care Physician for review

FUTURE APPOINTMENTS:
 No future appointments.

TIME SPENT: 11-20 Minutes

Sustainment Plan



(Google, 2018)

Summary

- ❖ Voice of the Veteran
- ❖ Whole Health practices
- ❖ Elicit positive health outcomes
- ❖ Decrease admissions
- ❖ Cost avoidance
- ❖ Standardize Care Coordination process & documentation
- ❖ Include Patient Engagement in Care Coordination
- ❖ Quantify the RNCM role in patient outcomes



(Google, 2018)

Questions/Comments



(Google, 2018)

References

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