Leveraging Patient Engagement to Improve Health Outcomes

University of Minnesota
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Define patient and family engagement and understand the state of the science

Describe how the Person Engagement Index® is applied to practice to impact a persons capacity to be engaged in their care

Explore how technology can be leveraged to improve outcomes and impact a persons ability to be engaged in their care
our mission.

To help people take an active role in their health journey.
O’NEIL CENTER
getwell:)network

Advancing the science of patient and family engagement
Research Gaps

The work of the Clinical Advisory Council identified:

• A need for a care delivery model to transform care for clinicians to partner with patients in their care
  – Developed Interactive Care Model© in 2015

• A need for an assessment tool to measure a person’s capacity to engage in their healthcare
  – Developed and tested Person Engagement Index in 2016

• Need for current literature updates on patient and family engagement initiatives
patient engagement defined

“The relationship between patients and health care providers as they work together to promote and support active patient and public involvement in health and health care and to strengthen their influence on health care decisions, at both the individual and collective levels.”

Coulter, 2013
What the Patient Wants…

FOR THEIR VOICE TO BE HEARD
The role of the clinician in creating a different way to engage people in their care

A Mind Shift
“As clinicians, we have conditioned people to be passive recipients of care.”

Bev Johnson, RN Executive Director, Institute for Patient and Family Centered Care
The Patient’s Platform

**THE VENUES**

- Ambulatory Clinics
- Home & Long-Term Care
- Follow-Up

**THE WHITE SPACES**

- Admission
- Discharge
- Referral
- Pharmacy

**THE WHITE SPACES**

- Inpatient & Specialty Care
Interoperability & Technology Partners

Patient-centered interoperability approach brings disparate HIT systems together to impact patient care directly

1,000+ LIVE INTEGRATIONS

150+ DIFFERENT IPC INTERFACES

46 DIFFERENT HIT VENDOR SYSTEMS
What is Precision Engagement?

“The ability to uniquely engage each patient with the right information, at the right time, in the right setting, according to his or her individual capacity to engage.”
PRECISION ENGAGEMENT™

Uniquely engage each patient with the right information, at the right time, according to his or her individual capacity to engage.
Interactive Care™: A groundbreaking clinical process model that provides healthcare professionals with new skills and workflows to transform care delivery.
Assess the Person's Capacity for Engagement

A holistic Person Engagement Index (PEI) measures the factors that influence a person’s capacity to engage in his or her health care.
Assess the Person’s Capacity for Engagement
Measure the factors that influence a person's engagement in his or her care.

I am motivated to take charge of my health care.

- [ ] Strongly Disagree
- [ ] Disagree
- [ ] Neither Agree or Disagree
- [ ] Agree
- [ ] Strongly Agree
PHASE 2

Person/Family and Support Team Health Journey

Exchange Information and Communicate Choices

Assess the Person’s Capacity for Engagement

A holistic Person Engagement Index (PEI) measures the factors that influence a person’s capacity to engage in his or her health care.

Evaluate Regularly

Continuous evaluation of the PEI and clinical outcomes assists in further coaching the person to reach his or her ideal health.

Appropriate Interventions Determined

Jointly determined tools, resources, education, technology and support advance the person in his or her self-care journey.

Planning Between the Person and Clinicians

The person and clinicians collaboratively develop a person-centered, holistic plan based on the person’s specific needs, preferences and resources.

COLLABORATING

NAVIGATING

CARI NG AND TRUSTING RELATIONSHIPS

KNOWLEDGE EXCHANGE
FAMILY PARTNERSHIP ROLES

Exchange Information and Communicate Choices
Decisions are made based on the person's values, beliefs and preferences with the use of decision aids.
PHASE 3

Person/Family and Support Team Health Journey

Planning Between the Person and Clinicians

Assess the Person’s Capacity for Engagement
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Collaborating

Intentional Presence

Coaching

Navigating

Caring and Trusting Relationships

KNOWLEDGE EXCHANGE

NOPE CLINICIANS

PRACTICE ENVIRONMENT AND HEALTH CARE SYSTEM

COMMUNITY READINESS

POPULATION AND GLOBAL HEALTH
Planning Between the Person and Clinicians

The person and clinicians collaboratively develop a person-centered, holistic plan based on the person's specific needs, preferences and resources.
Appropriate Interventions
Determined
Jointly determined tools, resources, education, technology and support advance the person in his or her self-care journey.
Appropriate Interventions Determined
The person receives the right education at the appropriate time to advance his engagement in his health care journey.
PHASE 5

EVALUATE REGULARLY

Person/Family and Support Team Health Journey

- Assess the Person's Capacity for Engagement
- Exchange Information and Communicate Choices
- Planning Between the Person and Clinicians
- Appropriate Interventions Determined

COMMUNITY READINESS
PRACTICE ENVIRONMENT AND HEALTH CARE SYSTEM
POPULATION AND GLOBAL HEALTH

Coaching
Intentional Presence
Knowledge Exchange
Whole Person
Navigating
Caring and Trusting Relationships
Collaborating

A holistic Person Engagement Index (PEI) measures the factors that influence a person's capacity to engage in his or her health care. Decisions are made based on the person's values, beliefs and preferences with the use of decision aids.

The person and clinicians collaboratively develop a person-centered, holistic plan based on the person's specific needs, preferences and resources.

Jointly determined tools, resources, education, technology and support advance the person in his or her self-care journey.
Evaluate Regularly
Continuous evaluation of the PEI and critical outcomes assists in further coaching the person to reach his or her ideal health.
Evaluate Regularly

Both the person and clinician are engaged in continuous evaluation of the person’s capacity to engage and his clinical outcomes.
INTERACTIVE CARE MODEL™

Rethinking the person/family/care partner and clinician relationship to better engage people in their health care journey.
Person Engagement Index
## PEI Reliability

<table>
<thead>
<tr>
<th></th>
<th>Cronbach’s Alpha</th>
</tr>
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<tbody>
<tr>
<td>Overall</td>
<td>.896</td>
</tr>
<tr>
<td>Engagement in Healthcare</td>
<td>.885</td>
</tr>
<tr>
<td>Technology Use in Healthcare</td>
<td>.854</td>
</tr>
<tr>
<td>Proactive Approach to Healthcare</td>
<td>.728</td>
</tr>
<tr>
<td>Psychosocial Support</td>
<td>.880</td>
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### Application of PEI Score

Using the assessment index of a person’s capacity to be engaged

<table>
<thead>
<tr>
<th>PEI Score</th>
<th>Exchange information and communicate choices</th>
<th>Planning between person and clinician</th>
<th>Appropriate interventions determined</th>
<th>Evaluate regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>Assess current knowledge and understanding of health status</td>
<td>Start with small, manageable, goals which can be achieved</td>
<td>Educational topics tailored to the individual’s current knowledge level, preferences and values</td>
<td>Incremental improvements can be evaluated through review of documentation in log</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>Can describe healthcare status and shares credible information</td>
<td>Discuss options for healthcare goals</td>
<td>Accesses resources to assist with achieving healthcare goals</td>
<td>Monitoring one’s progress to healthcare goals</td>
</tr>
<tr>
<td>HIGH</td>
<td>Understands healthcare options and good rationale for choices to self-manage health</td>
<td>Sets healthcare goals as part of the healthcare team</td>
<td>Shared decision making for interventions</td>
<td>Maintaining optimal health status based on goals</td>
</tr>
</tbody>
</table>
Purpose of the PEI Practice Cohort

The PEI Practice Cohort convenes organizations committed to demonstrating methods and models that engage persons in their care journey through the innovative application of the PEI for population health. Through shared learning and clinical coaching support, participants generate, implement and evaluate clinical practice applications that transform care and lead to improved outcomes.
Participant Summary

- 9 organizations across the United States
- Inpatient and outpatient demonstration projects
- QI and formal research with IRB approval
- Integration of PEI with clinical record or cloud-based database management
- Inpatient and outpatient settings
  - Television console
  - Ipad

DETAILS

- Populations: COPD, CHF, Joint Replacement, Spine Surgery, Diabetes
- Aim: How are care interventions informed by the PEI scores, specifically PEI subscale scores?
- Outcomes: What outcomes are achieved as a result? (e.g. decreased readmissions, medication adherence, management of risk factors)
PEI Practice Cohort Participants

- Florida Hospital
- Atrium Health
- Medical University of South Carolina
- The University of Alabama at Birmingham
- Kaiser Permanente
- Gunderson Health System
- Sacred Heart Health System
- Emory Healthcare
- Wake Forest Baptist Health
Technology Application in Practice: Workflows that Drive Outcomes
Technology at the Point of Care Transforms Practice

- Empowers patients and families to:
  - Learn more about their condition
  - Set care goals
  - Provide real time feedback
  - Practice self management of chronic conditions
  - Stay connected to providers
  - Receive the right care at the right setting at the right time
- Predicts adverse outcomes and machine learning processing of clinician notes
- Improves empirical outcomes
Improved patient education leads to improved satisfaction with nurse communication

**SUCCESS STRATEGY**

Committee created by Nurse Managers

- Staff go through a 3 day mandatory training session and receive small recognition upon completion
- Rounding on the units to talk with staff and patients and discuss patient education
- Weekly reports provided by Nurse Managers on unit utilization

**KEY INSIGHTS**

- As a result, this hospital has seen a **55% increase** in completion of prescribed education
- This correlates with a **3.4% improvement** seen in patient satisfaction with nurse communication
Increased patient satisfaction with Nurse Communication across a Health System

Correlation of Health Video Utilization and Nurse Communication
HCAHPS
5 Hospital Health System

KEY INSIGHTS
- As a result, this organization has seen a 12.5% increase in health video utilization
- This correlates with a 16.5% improvement seen in patient satisfaction with nurse communication

Standardized work in follow up of prescribed education and teach back.
Increasing patient satisfaction through education about medications

SUCCESS STRATEGIES

• Through integration with medication orders in EHR, patients are alerted when they have new medications ordered and are encouraged to learn about them.

• Medication teaching is hardwired into the staff’s workflow and verification of medication teaching having been completed is included in the Nurse Manager daily rounding tool.

KEY INSIGHTS

• As a result, this client has seen a **77% increase** in medication education utilization.

• This correlates with a **19% improvement** seen in patient satisfaction with medication teaching.

Medication Education and Patient Engagement
HCAHPS "Staff Describe Medication Side Effects"

<table>
<thead>
<tr>
<th>Initiative Launched April 2015</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Medication Views</th>
<th>HCAHPS &quot;Staff Describe Medication Side Effects&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Mar 2015</td>
<td>6%</td>
<td>44.6%</td>
</tr>
<tr>
<td>April-June 2015</td>
<td>50%</td>
<td>42.3%</td>
</tr>
<tr>
<td>July-Sept 2015</td>
<td>35.3%</td>
<td>71%</td>
</tr>
<tr>
<td>Oct-Dec 2015</td>
<td>48.9%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Jan-Mar 2016</td>
<td>51.1%</td>
<td>81%</td>
</tr>
<tr>
<td>April-June 2016</td>
<td>53.2%</td>
<td>83%</td>
</tr>
<tr>
<td>July-Sept 2016</td>
<td>86%</td>
<td>81%</td>
</tr>
</tbody>
</table>

GWN Medication Education Utilization

- HCAHPS- Side Effects
- GWN Medication Education Utilization
A strategic initiative for a women and children’s service line leads to improved satisfaction with medication teaching

SUCCESS STRATEGIES

- Department of Nursing strategic initiative to increase patient education around Medication Teaching
- Incorporated leader rounding with “just in time” orientation/training
- Top down / bottom up accountability
- Increased visibility of reports on monthly basis to service line leaders and front line staff

KEY INSIGHTS

- As a result, this client saw an increase medication views by 21x
- This correlates with a 18% improvement in patient satisfaction with medication teaching
Taking a standardized approach across a health system has a positive impact on falls rates

SUCCESS STRATEGIES
• Patients are required to watch a fall prevention video as a part of mandatory education
• Patients receive a Call Don’t Fall prompt when the clinical falls risk score is moderate to high risk
• Staff incorporate discussion around the 4 P’s (Pain, Position, Potty and Possessions) with every patient during rounding

KEY INSIGHTS
• As a result, this hospital has seen a **23.5% increase** in falls pathway completion
• This correlates with a **18% decrease** in falls rate with injury from March 2016 through March 2017
Proactively engaging patients through education and awareness helps decrease infection rates

SUCCESS STRATEGIES
- Requiring all patients to complete important patient safety education around hand hygiene and patient safety
- Awareness prompts encouraging patients to ask their care team to wash their hands

KEY INSIGHTS
- This hospital saw a **44% decrease** in CAUTI rates and a **64% decrease** in CLABSI
Impacting outcomes outside the hospital wall through mobile technology

FOCUS AREA SOLUTIONS OUTCOMES

Congestive Heart Failure

Chronic Heart Failure Pathway

• 30-Day Readmission Rates
• Return Visits to the ED
• Decreased office visits
• Symptom Management
  • Weight
  • Medication
• Patient Satisfaction Measures
• Provider Satisfaction Measures
CHANGING THE CONVERSATION
ONE PATIENT AT A TIME
Thank you.

Karen Drenkard PhD, RN, NEA – BC, FAAN

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