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# Leveraging Patient Engagement to Improve Health Outcomes

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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.

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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
  - Developed Annotated Bibliography & Evidence Matrix updated quarterly on O'Neil Center website.

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 BEHEARD

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**



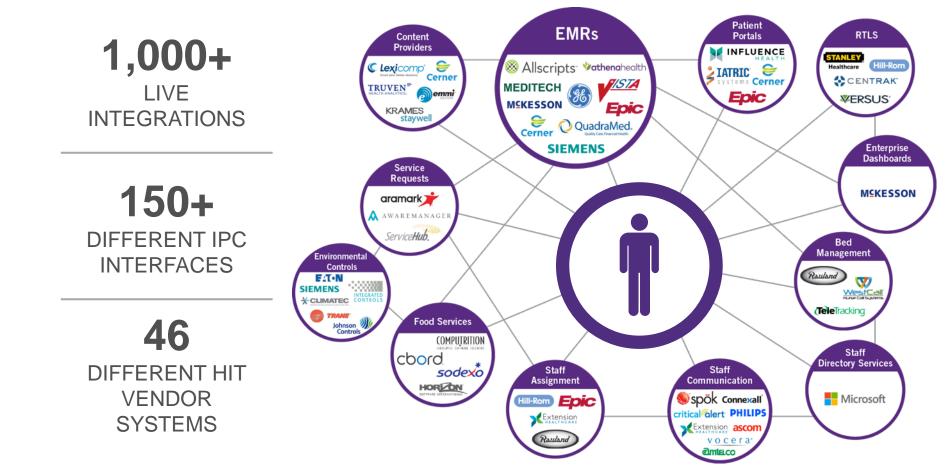
THE VENUES

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**THE WHITE SPACES** 

## **Interoperability & Technology Partners**

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





## 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<sup>TM</sup>**

Uniquely engage each patient with the right information, at the right time, according to his or her individual capacity to engage.



Published Clinical Model



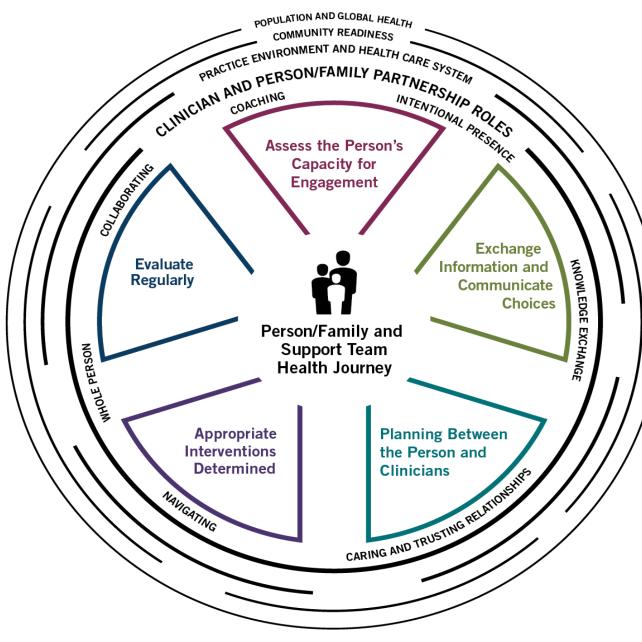
Unique Data and Insights



Cross-Continuum Patient Engagement

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## **Published Clinical Model**



Interactive Care™: A groundbreaking clinical process model that provides healthcare professionals with new skills and workflows to transform care delivery.

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THE JOURNAL OF N	SURSING ADMINISTRATION
Interactive Care M	lodel
A Framework for More Fully	Engaging People in Their Healthcar
Karen Drenkard, PhD, RN, NEA-BC, FAAN	Patricia Deyo, MSN, RN
Ellen Swartwost, PhD, RN, NEA-BC	Michael B. O'Neil Jr, JD, MBA
Transformation of care delivery requires refluin the relationship between the person and dimican model described provides a process to more fully agge patients in their care. Five exchanging in mation and choice, planning, determining inter- tions, and evaluating the effectiveness of engages by experts, implementations for practice, education, policy are explored.	The works in the literature, <sup>44</sup> this new model rethin or care delivery and includes measurement of a person capacity to engage in his/her health. A new care deli form- relationable between people and clinicians to becom partners in care is warranted. <sup>5101</sup> del Health reform placed demands on providers an
With single heilthcare costs and the Patient Pri- tion and Alforduble Core Arc. <sup>1</sup> engaging peop their health is an effective strategy to imporce de- corners. Patient engagement refere to a set of requ- corners. Patient engagement refere to a set of requ- tion engagement refere to a set of requ- noring the set of the set of the set of the set and perotrating repealation health. <sup>2</sup> A new approach is needed to reach the Inst for Haahhazer Improvements' triple and "d D A new approach at lower core. Propher will: to be more active in maintaining their hadits to the thermal care projents and make devisions. At the time, cliniciane need to transition from decision m	tree their care, early evidence reveals that patient outnome in improve'. Creating a system where people actual traditionally is care model that needs on the editors traditionally is care model that needs on the editors and a sequent, with the development of a treatment plan tare expension of the editors of a treatment plan that the experiment of the editors of the editors of the experiment of the editors of the editors and the experiment of the editors of the editors are. Based on 1 key diversel, the model serves as terr framework to translate the "what" of person engagement ment into the "hows." First is the editoral of the ing supplication of the editors of the editor of the editors and the editors of the editors of the editors of the editors and the editors of the editors of the editors of the editors are also a right to be autonomous, and this right and the editors of the editors of the editors of the editors." First is the second-first or the editors of the editors of the editors of the editors of the editors of the editors of the first of the encoder of the editors of the editors of the editors of firsts to a genome development of the editors of the editors of the editors of the encoder of the editors of the editors of the encoder of the editors of the editors of the editors of the editors of the editors of the editors of the editors of the editors of the encoder of the editors of the editors of the editors of the editors of the editors of the editors of the editors of the editors of the editors of th
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**Assess the Person's Capacity** for Engagement A holistic Person Engagement Index (PEI) measures the factors ndex (PEI) measure that influence a person's capacity to engage in his or her health care.



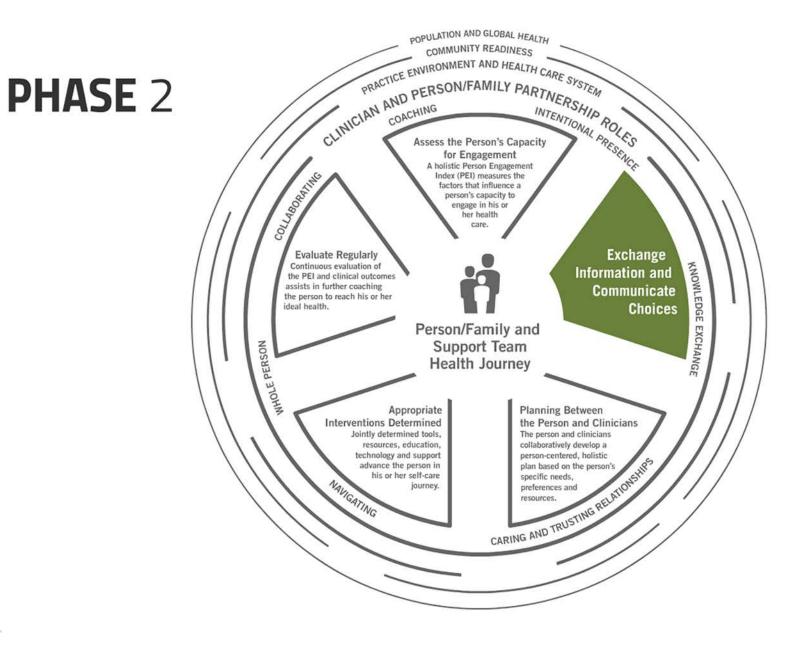
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Assess the Person's Capacity for Engagement Measure the factors that influence a person's engagement in his or her care.





IFAMILY PARTNERSHIP INTENTIONAL PRESENVE

Person's Capacit Engagement Person Engagement 'EI) measures the that influence a n's capacity to gage in his or her health care.

'Family and port Team th Journey Exchange Information and Communicate Choices Decisions are made based on the person's values, beliefs and preferences with the use of decision aids.

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CAR

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.

m



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

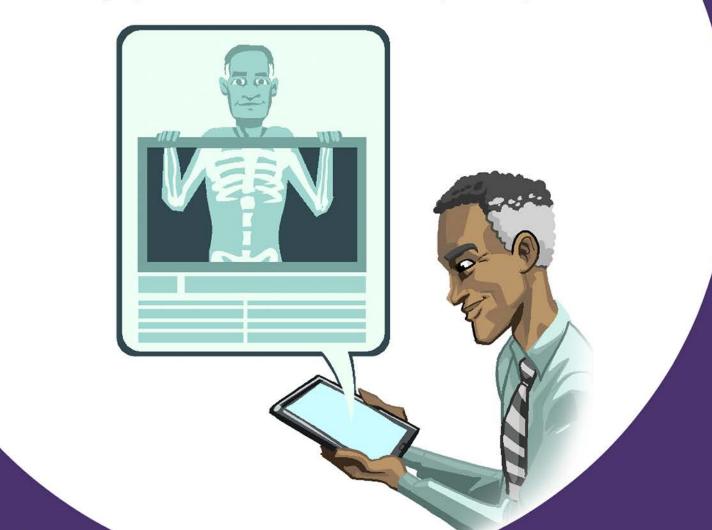
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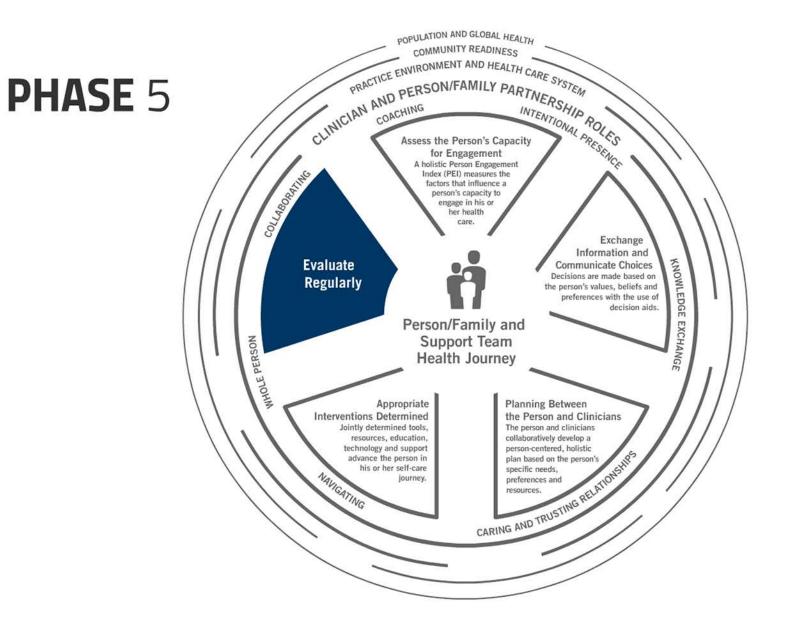
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**Appropriate Interventions Determined** The person receives the right education at the appropriate time to advance his engagement in his health care journey.





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PRACTICE ENTRY

**Evaluate Regularly** Continuous evaluation of the PEI and critical outcomes assists in further coaching the person to reach his or her ideal h<u>ealth.</u> for Engage A holistic Person E Index (PEI) mea: factors that infl person's capa engage in h her healt care.

Person/Fam Support Health Jo

## **Evaluate Regularly**

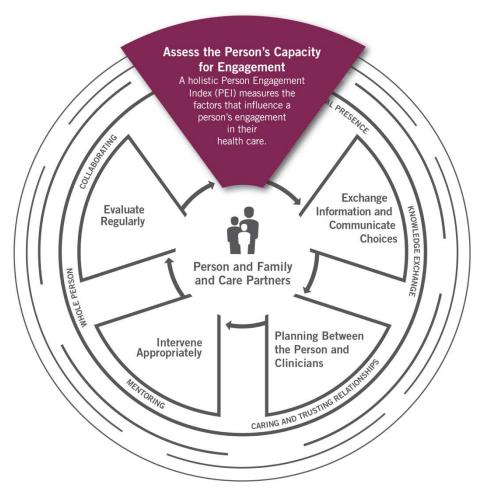
Both the person and clinician are engaged in continuous evaluation of the person's capacity to engage and his clinical outcomes.



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## **INTERACTIVE CARE MODEL**<sup>™</sup>

Rethinking the person/family/care partner and clinician relationship to better engage people in their health care journey.



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# Person Engagement Index

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## **PEI Reliability**

	Cronbach's Alpha
Overall	.896
Engagement in Healthcare	.885
Technology Use in Healthcare	.854
<b>Proactive Approach to Healthcare</b>	.728
Psychosocial Support	.880

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## **Application of PEI Score**

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

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# **PEI Practice Cohort**

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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** 







Medical University of South Carolina









EMORY HEALTHCARE



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# **Technology Application in Practice:** Workflows that Drive Outcomes



# **The Patient's Platform**



THE VENUES

#### THE WHITE SPACES

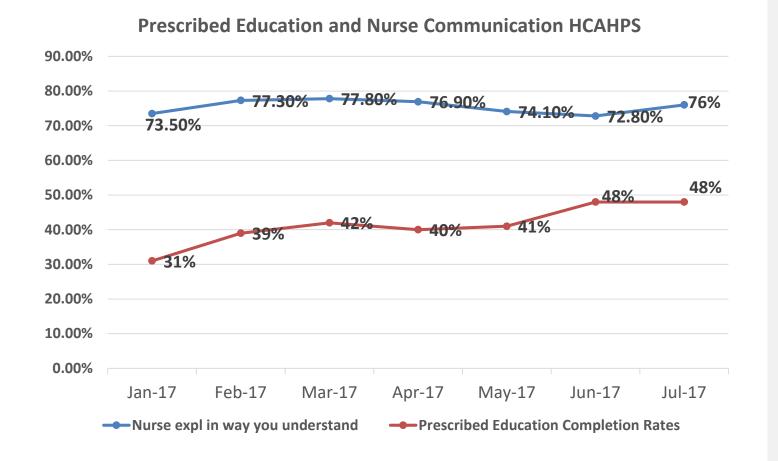
## Technology at the Point of Care Transforms Practice

- 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

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# Improved patient education leads to improved satisfaction with nurse communication



#### SUCCESS STRATEGY

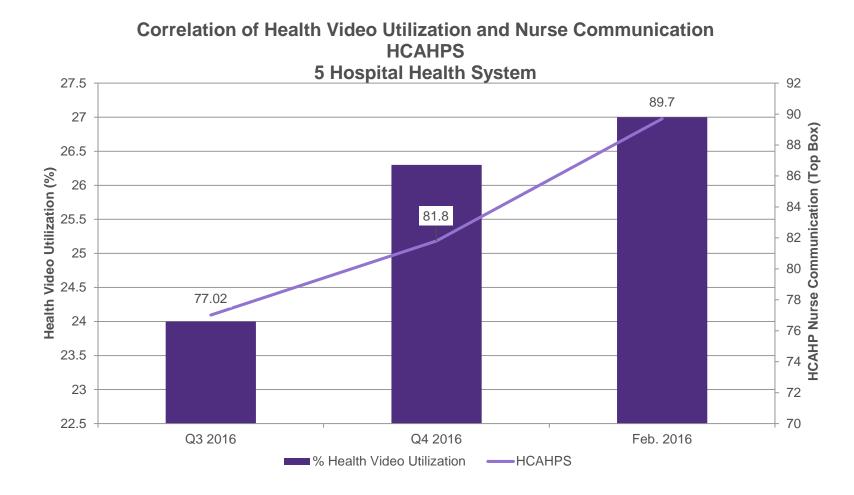
Committee created by Nurse Managers

- 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

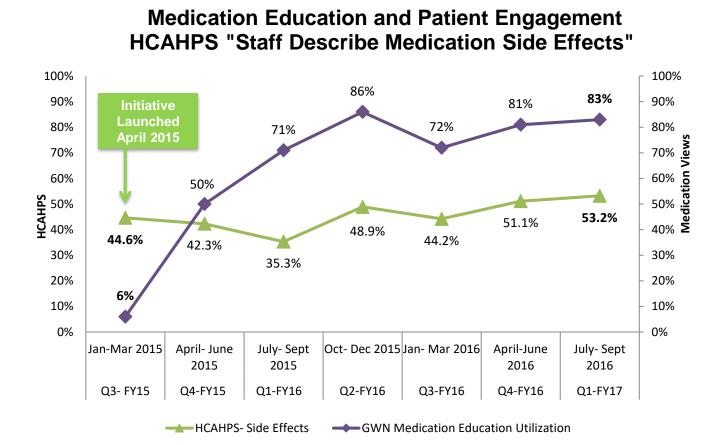


Standardized work in follow up of prescribed education and teach back.

#### **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

## Increasing patient satisfaction through education about medications



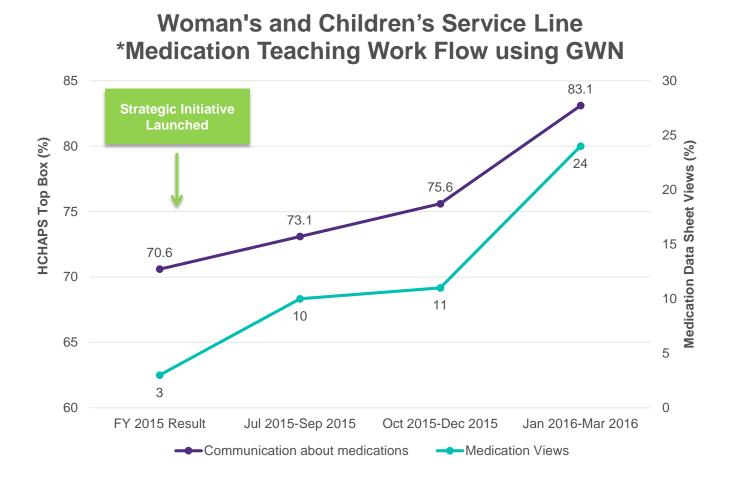
### SUCCESS STRATEGIES

- 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

# A strategic initiative for a women and children's service line leads to improved satisfaction with medication teaching



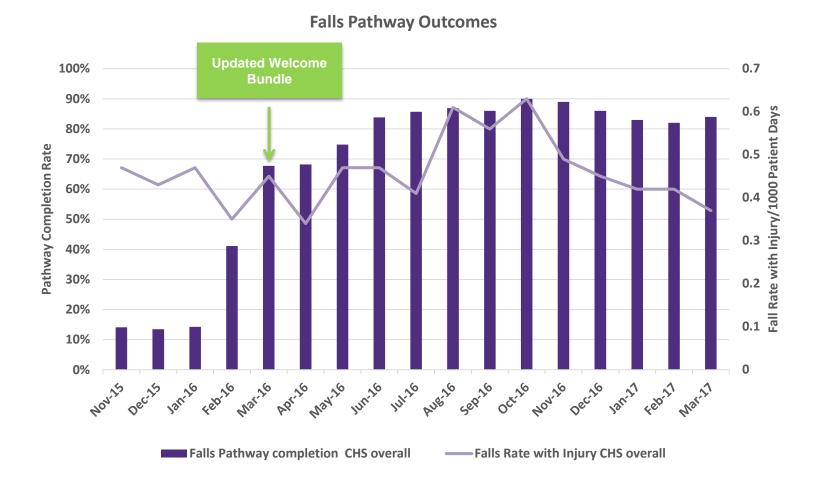
### SUCCESS STRATEGIES

- 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

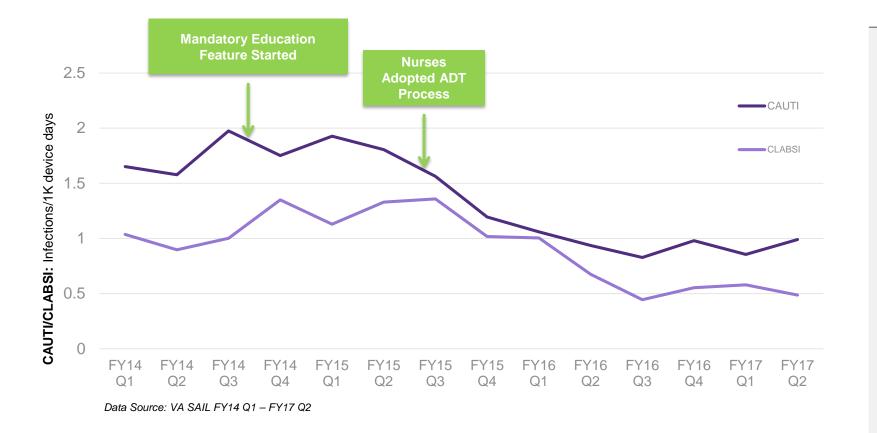
- Patients are required to watch a fall prevention video as a part of mandatory education
- Patients receive a Call Don't Fall prompt when the clinical falls risk score is moderate to high risk
- Staff incorporate discussion around the 4 P's (Pain, Position, Potty and Possessions) with every patient 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 w/ injury from March 2016 through March 2017

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# Proactively engaging patients through education and awareness helps decrease infection rates





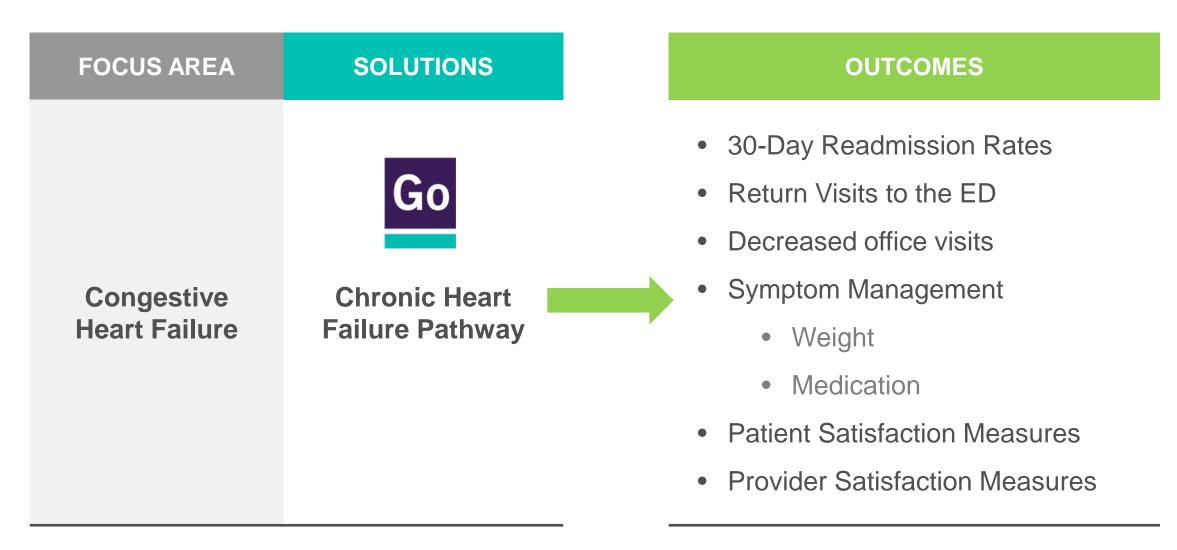
#### SUCCESS STRATEGIES

- 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





# CHANGING THE CONVERSATION ONE PATIENT AT A TIME



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# Thank you.

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