CYNOSURE *health*

HEALTH CARE IMPROVES FURTHER AND FASTER WHEN ORGANIZATIONS COLLABORATE. THE CYNOSURE TEAM PROMOTES THE EXCHANGE OF PEER-TO-PEER KNOWLEDGE THAT COMBINES THE "WHAT TO DO" WITH THE "HOW TO DO IT", RELIABLY DAY AFTER DAY.

Patient Engagement and Activation

What is it, why should we care about it and what can we do to improve it?

It seems like everywhere you go in healthcare these days' people are talking about patient engagement activation. Engaging patients in their own care is not only the right thing to do but it is becoming a necessary way to provide healthcare. The 2012 Institute of Medicine report Best Care at Lower Cost: The Path to Continuously Learning Health Care in America lists "engaged, empowered patients" as one of seven characteristics of an effective, efficient, and continuously improving health system. New models of healthcare delivery such as, Accountable Care Organizations, must define, establish, implement, and update processes to promote patient engagement.

What is the difference between engagement and activation? Patient activation is a term that describes the skills and confidence that equip patients to become actively engaged in their healthcare. Patient engagement is a broader concept, including patient activation, the interventions designed to increase it, and the patient behavior that results from it.

Engagement and activation are important because the increased responsibility and financial risk that delivery systems are taking are driving the heightened emphasis on patient centered care and activating patients to be better managers of their own health and health care. The premise is that if patients made more-informed health care choices, were better equipped to manage their own conditions, and chose healthier lifestyles, their health care costs would be decreased. Many studies have determined that informed patients choose less invasive treatment options, use fewer services and require less health care.

The Patient Activation Measure is a validated tool used to score a patient's level of activation. It contains 13 questions that cause the patient to rate their confidence and skills. Statements such as "I know how to prevent problems with my health" and "I am confident that I can tell a doctor my concerns, even when he or she does not ask" are scored by the patient. These score are then complied placing the patient into one of four activation levels.

There is evidence that raising patient activation scores results in improved health outcomes and lower costs. Strategies that support greater patient activation have the potential to affect costs, regardless of the patients' illness burden. Implementing individualized interventions to increase activation such as tailored coaching can be done in our current health care settings.

GAME: LEGO SIMULATION

This hands-on simulation is designed to introduce several basic concepts of the Lean System and the closely related Toyota Production System. * It requires 4 runs (with an optional 5th run); in which LEGO brand block assemblies are produced by 2 operators and shipped by a third person. Total run time is about 60-75 minutes. Discussion time and review may increase the activity time up to 120 minutes. Go to http://www.cynosurehealth.org/wwwroot/userfiles/files/lego_simulation_instructions.pdf to download the game instructions.

More Hospitals Adopting Practices to Reduce ICU-Acquired Delirium and Muscle Weakness
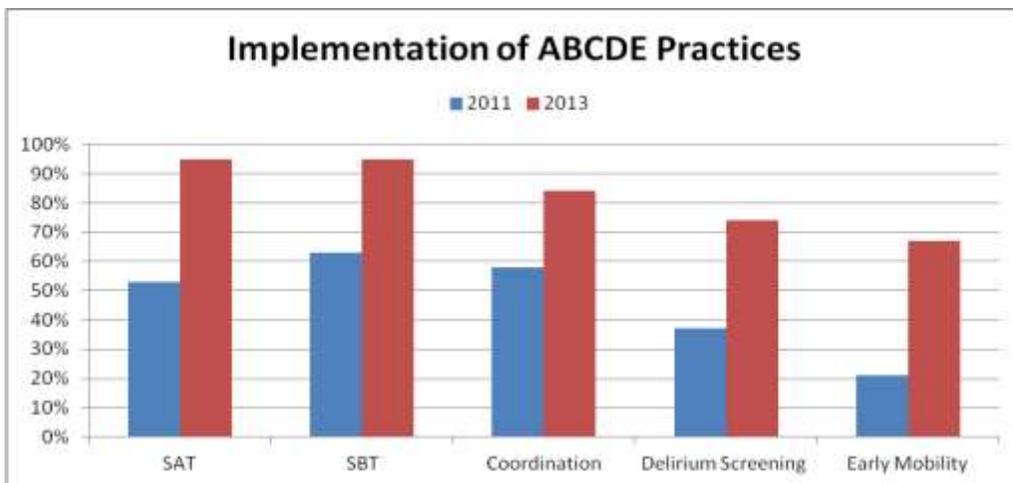
As part of the ICU Clinical Interest Improvement Group, Bay Area hospitals have been working to implement the ABCDE bundle designed to reduce ICU acquired delirium and muscle weakness. Delirium and immobility in ICU patients lead to increased length of stay, increased morbidity and mortality, higher costs of care, and long-term harm, including long-term cognitive and functional deficits. Over the last few years, more attention and awareness has been paid to this important topic.

In February 2013, staff from 21 Californian hospitals participated in a survey designed to compare 2011 to 2013 relative to implementation of ABCDE bundle practices in their ICU and perceptions of teamwork, patient satisfaction, and engagement of staff and leaders.
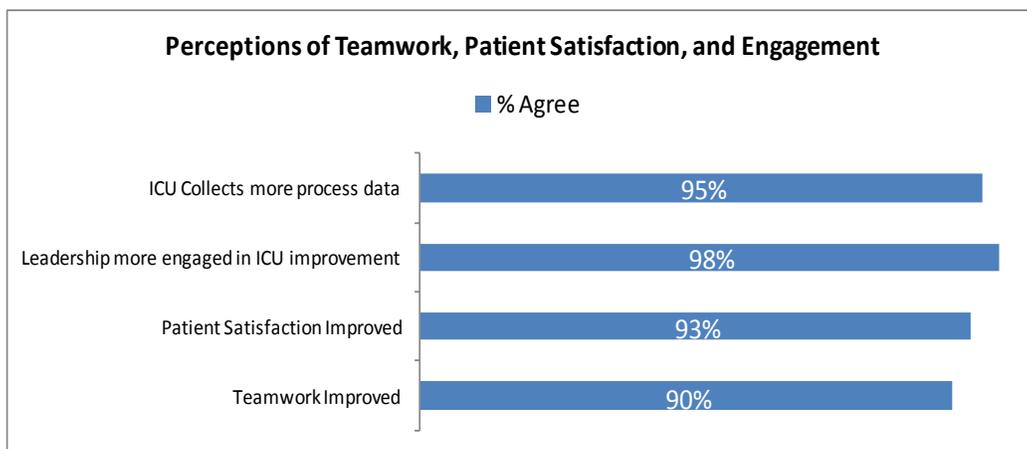
The ABCDE Bundle consists of spontaneous awakening trials (to decrease sedation), spontaneous breathing trials (to wean patients off the vent faster), coordination of awakening and breathing trials, delirium screening, and early progress mobility (to decrease ICU-acquired-muscle weakness).

As of February 2013, ninety-five percent of hospitals have implemented spontaneous awakening and spontaneous breathing trials, compared to 53% and 63%, respectively in 2011. Eighty-four percent of hospitals are currently working on coordinating the efforts of the two interventions to maximize their potential.

Similar progress was seen with delirium screening and monitoring. In 2011, less than one third of the reporting hospitals had implemented a delirium screening process, e.g. CAM-ICU, and none reliably so. Currently, 74% have implemented delirium screening or are in the pilot stages, with an additional 16% in the planning stage. In addition, 67% have implemented an early progressive mobility program, with an additional 21% in the planning stages.

While practices to decrease ICU-acquired delirium and muscle weakness have improved, staff at participating hospitals indicated that patient satisfaction has improved as well. Participants also responded that teamwork among staff in the ICU and interdisciplinary teamwork has improved over the last two years and that leaders in their hospitals are more engaged in ICU improvement efforts.

Many of the hospitals throughout California are working to implement the ABCDE bundle and improve care and outcomes for their ICU patients as shown by the data above. These hospitals are among the early adopters nation-wide and will hopefully pave the way for others to follow.

Two New Models of Providing Care

The SNFist and the Hospital at Home®

What's a SNFist and what do they do?

Most everyone knows that reducing readmissions is a National Improvement Imperative. One of the goals of the Partnership for Patients is to reduce 30 day all cause readmissions by 20% by the end of this year. Those of us who are working closely to reduce readmissions know that the majority of our readmissions come from patients whom we previously discharged to a SNF. When we look to see why these patients are coming back two common themes emerge: inability to obtain necessary orders to treat the patient in the SBF setting or family insistence. A new role has emerged to address both issues called the SNFist. SNFists are like hospitalists but they practice in skilled nursing facilities. SNFists are present. On site at the SNF thus being available to assess and order treatment before the patient's condition worsens. Because they are present they are also far more accessible to families allowing for greater communication and thoughtful goals of care setting.

Another new model of care that is showing promise to improve care while decreasing cost is the hospital at home®. In this model pneumonia, HF, COPD and cellulitis patients who would otherwise been admitted to the hospital are treated in their homes. They receive daily physician visits and one-on –one nursing care for the first 8-24 hours then daily after that. All DME, O2 pharmacy support, radiology and EKGs are taken to the home when needed. A Lifeline devise is placed in the home if no family members are present. Patients are followed until they meet discharge criteria. Using this model outcomes and satisfaction were improved while costs were reduced by approximately 13rd.

The March 20th Cynosure Project Management for Clinicians course was a great success. 75 clinicians joined us in Sacramento for a day packed with interactive discussions and tips for how to plan, execute, and close a project. Group exercises including brainstorming, multi-voting and team development got us out of our seats and created an opportunity to share specific ideas related to project management.

A few comments from several of the attendees:

"This was the most useful seminar I have attended. I will leave having acquired great ideas/suggestions that are practical and useful for my projects now. Thank you."

"I really enjoyed the presentation. I learned so much information that I will be able to use immediately. I especially liked the brainstorming session."

"Very informative, practical. Will be able to apply to my projects and school. Thank you!"

"I enjoyed the seminar last week. I learned so much. I already put the decision making matrix on my white board in my office…..and I have already used it"

If you would like information about future Project Management for Clinician courses, please contact us at www.cynosurehealth.org.

SSI Prevention Webinar

If you missed a recent webinar presented by Sue Barnes, RN, CIC, National Leader Infection Prevention and Control in the Quality and Safety Department, Program Office Kaiser Permanente, then you missed a lot. Sue shared some extremely insightful observations she made when she was invited to provide suggestions to surgical teams who expressed interest in feedback regarding their practices.

Sue was welcomed into the surgical suite by her surgical colleagues and she observed practices and provided constructive feedback to the team. If you are interested in hearing more about this, please go to http://www.cynosurehealth.org/resources/resources/resource.html?id=103 and you will be brought to the audio and slides of Sue's very informative presentation.

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1688 Orvietto Drive
Roseville, CA 95661
www.cynosurehealth.org