

Taking Action: Tools for Self-Care Plan Do Study Act

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CHP Care Coordination

Disease Specific Education

*Educate * Empower * Equip * Enrich*

Develop and implement disease specific education for CHF, COPD, Adult Asthma, HTN, and Diabetes

Goals:

- Complete by 1/31/15
- Begin implementation by 3/1/15
- 50% of active patients receive booklets by 4/1/15, 60% by 5/1/15, and 70% by 6/1/15

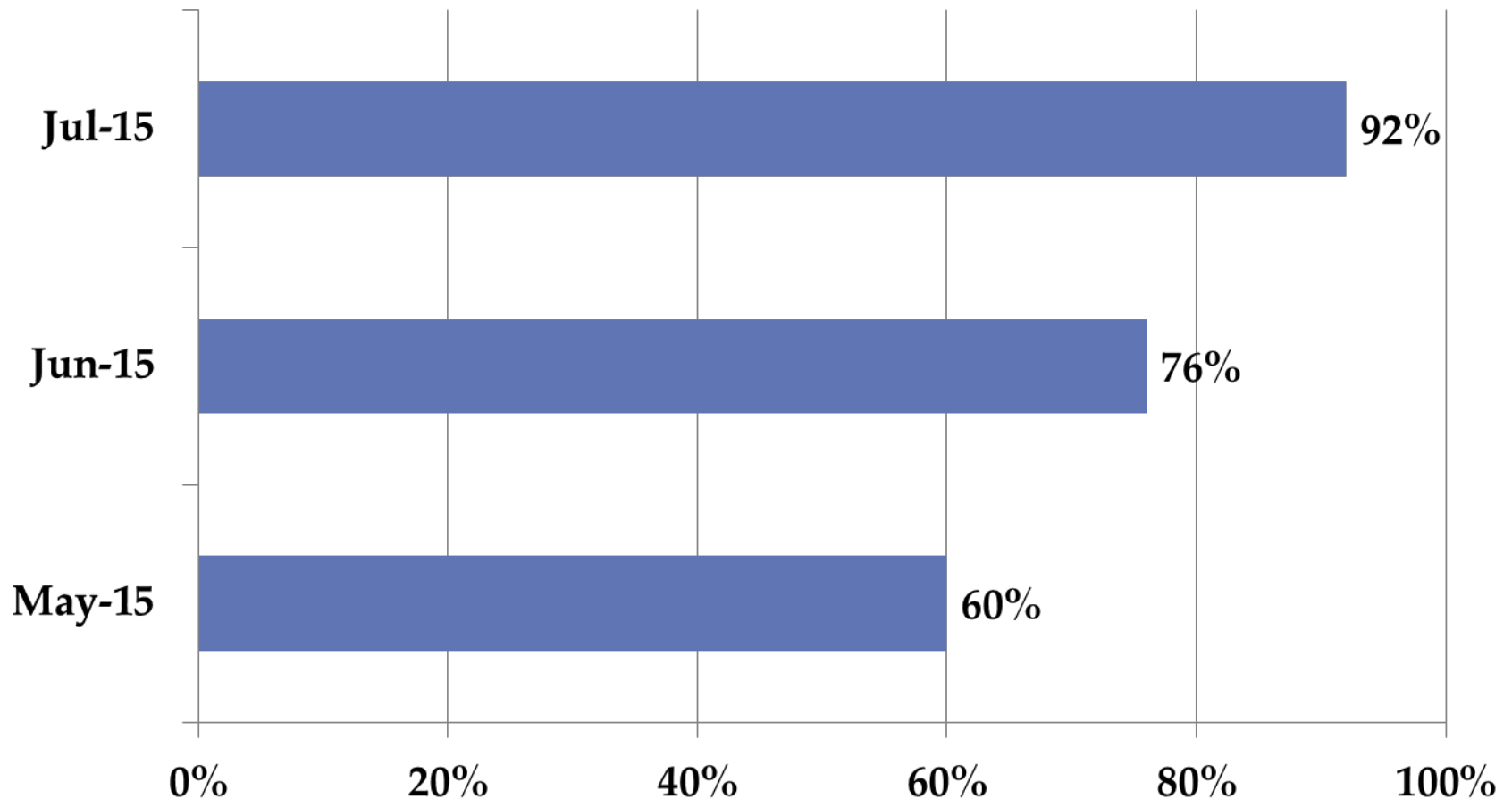
Steps

- Format and draft education
- Obtain permission to utilize materials already in print
- Review of education by appropriate clinical staff
- Coordinate printing with graphics
- Obtain approval from marketing
- Final approval from CMO
- Develop process for delivery, documentation and monitoring
- Educate staff
- Implement process

Challenges & Barriers

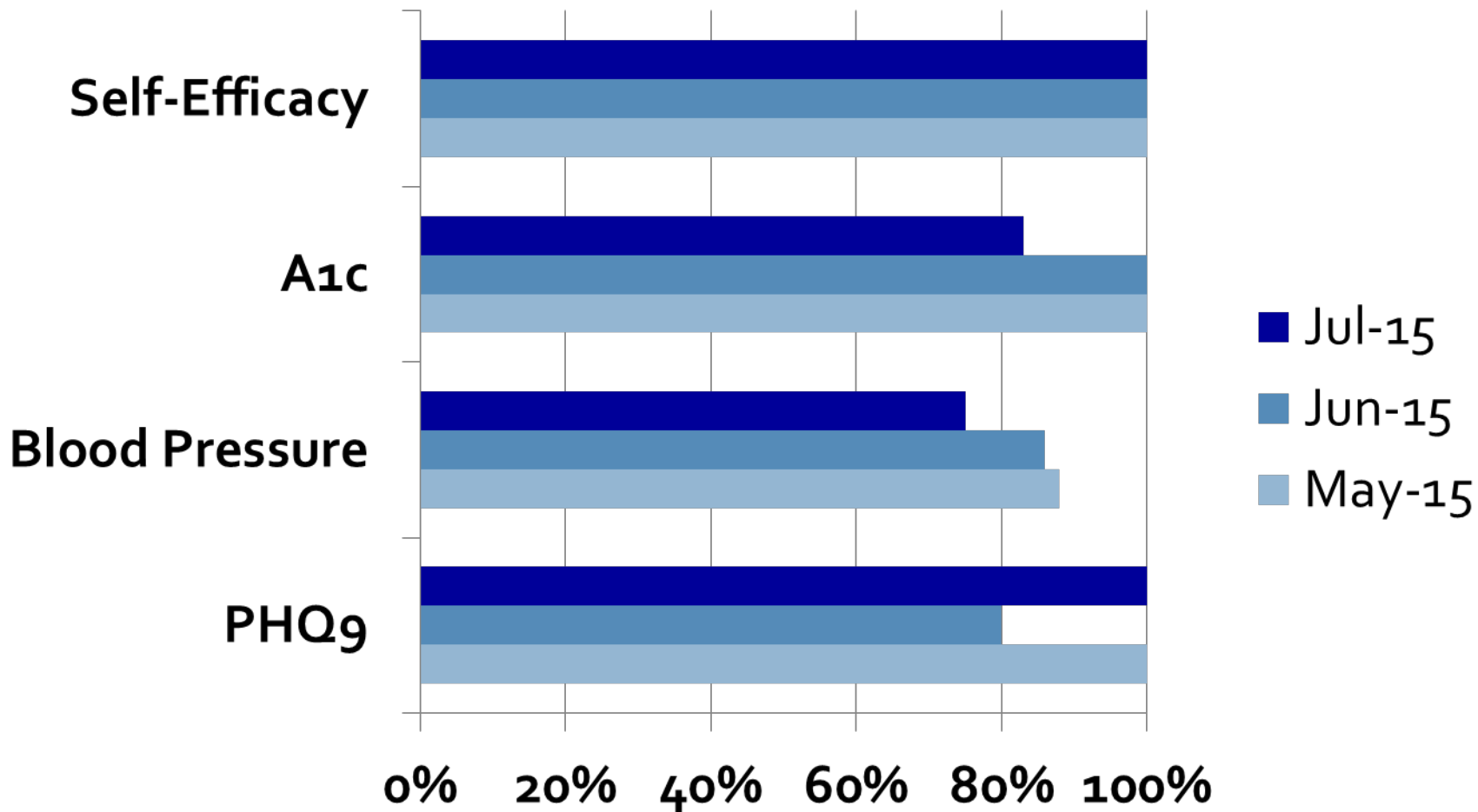
- Numerous revisions required
- Time necessary for review of each draft
- Incorporating ideas from various sources
- Scope of approvals required

Disease Specific Education



Outcomes

Monitoring Improvement



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Care Coordination
Chronic Disease Management

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DIABETES

Self-Care Workbook



Learn how to manage your condition:

- What about the disease process and risks?
- How can medicine, diet, and exercise help?
- What can YOU do to improve your health?

Chronic Disease Education

- Disease Process and Risk Factors
- Medicines
- Diet and Nutrition
- Activity and Exercise
- Managing Your Condition
- Action Plan

The Action Plan
is reviewed each
visit

CHF ACTION PLAN

How am I feeling today?

What should I do?

My Symptoms:

- My weight is stable
- I weigh myself daily
- I do not have increased shortness of breath
- I do not have increased swelling

Green Zone
This is a good day for me!



STABLE

My Action:

- I take my medicine as ordered by my doctor
- I eat healthy foods
- I avoid things that make my symptoms worse
- I exercise regularly

My Symptoms:

- I gained 2 pounds or more overnight
- I gained 5 pounds or more in one week
- I have increased swelling in my ankles, legs, or feet
- I have increased shortness of breath
- I need more pillows to sleep
- I have a cough

Yellow Zone
CAUTION



Doctor's # _____

Home Health Nurse #: _____

Nurse Hotline:
746-8773 74-NURSE

My Action:

- I will call my doctor NOW and report my symptoms
- I will follow orders from my doctor

**After normal clinic hours,
go to urgent care clinic.**

My Symptoms:

- My symptoms are worse after calling my doctor and following orders
- I have unrelieved shortness of breath at rest
- I have wheezing or chest tightness at rest

Red Zone
I Need Help NOW!



MEDICAL ALERT

My Action:

- I will call my doctor NOW or have my family call for me
- If I cannot reach the doctor, I will go to urgent care or emergency room.

Call 911 if necessary

A clinic
map is on
the back



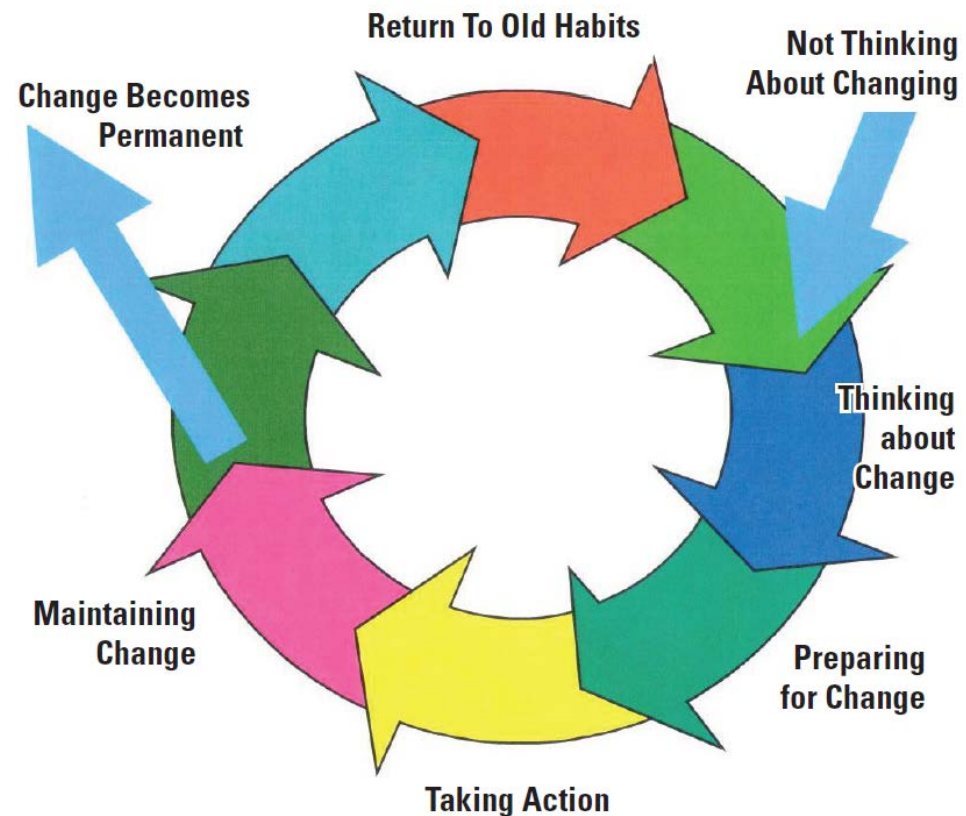
Tool Kit

*Educate * Empower * Equip * Enrich*

- Action Plan
- Education booklets
- Logs
- Scale
- Blood pressure cuff
- Glucometer
- Spacer
- Peak Flow meter

Stages of Change

Adapted from Prochaska & DiClemente



Educate * Empower * Equip * Enrich

Thank You



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