Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

AHC Media LLC

IN THIS ISSUE

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Video-on-demand provides easy access to visual teaching tool, enhancing education

For best use determine purpose; selection process; ways to promote use

Technology can provide instant access to educational resources. Most institutions have catalogued written materials in a file on their Intranet system, so handouts can readily be given to patients as part of the teaching process. Also, many institutions are working to perfect video-on-demand systems, so a visual education format is available for teaching.

What is the best way to incorporate video-on-demand into patient education? It's important to first determine the purpose of the system.

The Ohio State University Medical Center in Columbus has assembled a team, chaired by **Diane Moyer**, BSN, MS, RN, program director of patient education, to look into implementing a video-on-demand system.

The goal is to have the videos accessible to both inpatients and outpatients. In this way patients and families can watch videos on tests or procedures in advance of coming to the medical center. Also, they can watch videos after discharge when they may be more rested and interested in learning about their disease process or treatment.

EXECUTIVE SUMMARY

Videos provide an important visual element to teaching that many people find is their best learning method. Establishing a video-on-demand system is a good way to make this resource easily available for clinicians in the process of teaching patients. There are many ways to approach the system, and in this issue of *Patient Education Management,* we look at a few, as well as the selection and promotion process.

This will be accomplished by providing access through a patient portal on the Internet. It has not yet been determined if physicians will assign the videos or if patients will have access to all videos on the system. However, the team wants to track the titles of the videos the patient viewed so his or her health care team will know.

The committee helping with the system design determined that access to the video-on-demand system should not be available through the general web site at the medical center, because too much use could crash the server.

Rather than purchase a system from a commercial vendor, the information technology department at the medical center has obtained grant funds to design a system.

Having the capability to show a video to the patient or family when they are available and ready is certainly a benefit, says Moyer. "We have some fixed-channel programming, but staff seldom uses it, because often it is hard to coordinate the show time with the patient's schedule. Having a system that will be accessible for patients and families outside the hospital walls will certainly be useful, and that has been a request of patients and clinicians for some time. Patients are often too sick to want to watch a video while they are here. More care is done on the ambulatory side, so we need to give access to the patient at home," she adds.

At Wellspan Health in York, PA, the video-on-demand system replaced the TV on a cart. No longer did staff have to make arrangements to bring the video to a patient's room for viewing, because the patient could choose the best time for viewing the video.

Staff can view the list of videos which are categorized by diagnosis on the patient education portal on the Intranet. While some units have videos as part of their standard education plan, the video system is mainly an educational resource for clinicians teaching patients, says **Christine Hess**, MEd, patient and family education coordinator at Wellspan Health.

Patients need to be taught in the way they prefer to learn; therefore, the video-on-demand system is a good tool for teaching visual learners, says Hess. Also, clinicians are not limited to unit specific videos they have on hand. Many patients have multiple diagnoses, so even though they are admitted to a cardiac unit, they could require education on diabetes or asthma, as well.

"Nurses know they can pull from a different area to get the information and share it with the patient if needed," says Hess.

Easily included in teaching plan

The video-on-demand system at The Reading (PA) Hospital and Medical Center has made it easier to incorporate videos into teaching plans. Therefore, many titles on the system are mandatory for certain patients. Formerly, a closed circuit TV system was used, but patients were not always available to watch videos when they were scheduled to play.

Teaching plans for such diagnoses as heart failure and COPD have been implemented in support of certain core measures used to track a

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Editorial Questions

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variety of evidence-based standards of care that have been shown to result in improved clinical outcomes.

While reviewing video content from a clinical perspective is important, it also is important to review the content from an educational perspective.

For example, the team for heart failure determined the educational components of the program. **Debra Phillips**, RN, MSN, patient education coordinator, acted as the consultant. Patients are taught with the aid of a 64-page workbook purchased from a commercial vendor that has a multidisciplinary approach to education of heart failure patients. Dietitians, physical therapists, nurses, and other disciplines all use components of the book to teach. Two mandatory videos are included in the program, one on basic concepts of heart failure and the other on how nutrition pertains to the disease.

A mandatory video also is part of the educational process for a Safety First Program initiated in September 2004 to meet The Joint Commission's National Patient Safety Goals 13 and 13A. An educational poster is hung in each patient room, and a handout is included in the admission packet. Nurses use these items to discuss the patient's role in hospital safety. Patients are then asked to watch a video. The video is shown to all patients, unless they have been admitted to the hospital frequently and have viewed the content before — or they refuse to watch.

Due to the fact that the videos generally are part of the curriculum developed by various departments, such as maternal child health, experts in these areas are used to select the videos.

"I am not the expert on all the standards. I am a one-person department for a 665-bed hospital, so I rely on those content experts to do the homework," says Phillips.

When choosing videos, those that are in both English and Spanish are a priority, as well as those that have closed captioning for the hearing impaired. While there is no formal policy for the selection process, the videos do come to Phillips before they are added to the system. She makes sure they do not promote commercial products and the quality is good. If there is time, she will have the multidisciplinary patient education advisory committee and the patient education resource nurse committee review the videos. Sometimes, a patient focus group will be asked to give feedback, as well.

At The Ohio State University Medical Center, the video-on-demand planning committee has a representative from each area that will show videos on the system such as cancer, heart disease, and diabetes. They work with staff from their areas researching what is available and previewing videos. The patient education department helps by providing names of vendors, catalogs, and information on online previewing of content.

Those doing the content review are asked to make sure the videos are not commercial endorsements, the information is based on current practice standards and guidelines, the quality is good, it isn't too long, and it was recently developed. Moyer says the reviewers also must determine if it is applicable to a general audience or if access should be limited to patients on a particular unit.

The cost of the equipment and the maintenance on a video-on-demand system can be costly. That's one reason the IT group at OSU Medical Center is developing a system. Purchasing the video and licensure to use the content on the system can be costly, as well.

That's one reason why it is important to make sure clinicians know about the resources and refer patients to the content, says Moyer. Presently, a group of physicians is waiting for video-on-demand. Yet Moyer suspects she will need to do the usual e-mails and newsletters to get the word out to others that are not aware of the development of the video-on-demand system.

Hess says she uses every chance she gets to educate staff about the video-on-demand system. Twice a month during orientation for new nurses at Wellspan Health, Hess provides information on educational resources — and that is one way word of the video-on-demand system is spread. She also promotes the system on an annual education in-service day, and this year it will be featured during Patient Education Week at a patient education fair.

"The video-on-demand system is well known within the hospital; I just need to make sure the new people coming on board know how to use it. What I do with many students is walk them through it physically," says Hess.

Phillips says she also provides information on the video-on-demand system during nursing orientation, giving details on how to access it and a listing of video titles.

"For the safety program, I tell them one of their tasks during orientation is to go to a room, dial

SOURCES

For more information about effectively making use of video-on-demand for patient education, contact:

- **Christine Hess**, MEd, Patient and Family Education Coordinator, Wellspan Health, 1001 South George St., York, PA 17405. Telephone: (717) 851-5859. E-mail: chess@wellspan.org.
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video-on-demand, and watch the safety video," says Phillips. ■

Breast-feeding success requires knowledge

Teach women how to know when to seek help

Women need to be educated about breast-feeding, says **Melissa Vickers**, MEd, IBCLC, a lactation consultant and La Leche League leader in Huntingdon, TN.

The female body is built to breast-feed, and the milk is designed to meet the nutritional needs of the human infant for proper development, she adds. Yet often breast-feeding is not encouraged or promoted, because it might make mothers who choose to bottle-feed feel guilty. This is the wrong approach to education on breast-feeding, says Vickers.

Clinicians don't worry about guilt when they tell parents to put their babies in properly installed car seats or to lay their babies on their back in a crib. These are health and safety issues, and breast-feeding should be viewed the same way.

"The mother will need to make a decision on her own, but the more support she gets from all aspects of society, the more she will move in that direction," says Vickers.

Making a decision to breast-feed begins with good information. Vickers says the United States is a bottle-feeding culture, and that is what children see growing up. Bottle-feeding is a different mindset, she adds. A feeding with a bottle ends when the milk is gone, but the end of a feeding at a mother's breast ends when the baby pulls away from the nipple. The baby is in control of the feeding, says Vickers.

Also, the feeding position is different. Babies bottle-feed lying on their backs, yet when feeding at the breast, babies are turned to face the nipple and lay on their side.

Mothers need to learn how to breast-feed, how to determine how much milk they have, and how to know when to feed the baby, according to Vickers. **(For information on educational materials, see resource list at the end of this article.)**

In addition, women who choose to breast-feed need support from family members, their physicians and nurses, as well as society in general. For example, the father of the baby often is led to believe that being a good parent includes participating in the feeding. Yet caring for babies is also holding them and playing with them, so there are other activities in which a father can participate, she says.

Health care providers need to know how to support, encourage, and help mothers breast-feed successfully. Also, they need to know when they have reached the limits of their training and where to send the mother for help, Vickers says. The International Board of Lactation Consultant Examiners (IBLCE) is the official certifying organization for the International Board Certified Lactation Consultant (IBCLC).

"Unfortunately, anybody can call themselves a lactation consultant, but the IBCLC after someone's name means they've gone through extensive training and have passed a rigorous exam at least once every 10 years, and recertified by continuing education credits at the five-year mark between sitting for the exam," says Vickers.

EXECUTIVE SUMMARY

A lactation consultant makes a case for encouraging women to breast-feed via complete education that includes how to obtain the needed support.

There are also La Leche League leaders and other support people in the community, says Vickers. La Leche League meetings are a good place for women to go for support, because a variety of women attend — some are pregnant, some have newborns, and some toddlers, she adds. **(Read about the ten steps for successful breast-feeding, right.)**

Women don't breast-feed for a number of reasons, and it is good to be able to address these issues. Some believe it will tie them down, some do not find the thought of putting a baby to their breast appealing, and others think it will hurt. Women may be influenced by friends who found bottle-feeding worked best for them, or they may not have received the support they needed when they tried breast-feeding their first child.

The decision must be made by providing women with good information and dispelling myths, says Vickers. For example, many women think they will have sore nipples, but if a baby has correctly latched on, breast-feeding will not hurt. A source of pain is a warning sign that something is wrong, she adds.

To educate women to successfully breast-feed, help them address the problems they foresee, and then empower them by giving them information and instruction so they recognize when they are breast-feeding correctly and when they should seek help, Vickers advises. Also, provide information on where to turn for help.

"Breast-feeding is not just a lifestyle decision — it is a health decision for both the mother and baby. Getting that word out is not easy but it is important," says Vickers.

SOURCES

For more information about educating women about breast-feeding their babies, contact:

- **Melissa Vickers**, MEd, IBCLC, lactation consultant and La Leche League leader, Huntingdon, TN. E-mail: Vickers@aeneas.net.
- International Lactation Consultant Association, Web site: www.ilca.org (Search for a certified lactation consultant by zip code on this Web site.)
- La Leche League International, P.O. Box 4079, Schaumburg, IL 60168-4079. Telephone: (800) 519-7730 or (800) 525-3243. Web site: www.llli.org.

Editor's note: La Leche League has information on its web site that can be used for educational purposes. Following are a few categories listed.

- *Breast Problems and Pain*
- *Feeding Frequency*
- *Nipple Problems*
- *Nutrition specific to breast-feeding mothers*
- *Proper Positioning and Latch*
- *Public Breastfeeding*
- *Working* ■

Steps for best practice in education on breast-feeding

Implementation designates hospitals Baby-Friendly

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization and the United Nations Children's Fund to help medical facilities offer an optimal level of care for lactation. Baby-Friendly USA, a nonprofit organization in East Sandwich, MA, implements the BFHI in the United States.

This organization has created 10 steps to promote, protect, and support breast-feeding that health care facilities can follow to be designated a baby-friendly hospital.

The 10 Steps to Successful Breast-feeding:

1. Maintain a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within one hour of birth.
5. Show mothers how to breast-feed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in" — allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breast-feeding.
9. Give no pacifiers or artificial nipples to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them upon discharge from the hospital or clinic.

Baby-Friendly USA has a written report that provides details on how to implement the 10

RESOURCE

For more information about the ten steps for successful breast-feeding, contact:

• Baby-Friendly USA, 327 Quaker Meeting House Road, East Sandwich, MA 02537. Telephone: (508) 888-8092. E-mail: info@babyfriendlyusa.org. Web site: www.babyfriendlyusa.org.

steps. It can be downloaded at: http://www.babyfriendlyusa.org/eng/docs/BFUSAreport.pdf. ■

Pain Awareness Month is good time to reach public

Teach chronic pain sufferers to speak up effectively

The first step for many people living with chronic pain is to speak up and seek help, says **Micke A. Brown**, BSN, RN, director of communications for the American Pain Foundation in Baltimore and past president of the American Society for Pain Management Nursing in Lenexa, KS.

"We sometimes call it a hidden epidemic," she says.

That's because people living with pain that alters their ability to find joy in life or contribute to society at the level they would like remain silent for fear people will think they are not tough enough or they haven't learned how to cope. Yet persistent pain is considered a disease state, she says.

People should report their pain to their health care provider. The American Pain Foundation has many tools on its web site (www.painfoundation.org) that help people articulate the level of their pain and describe what it is like to their physician. For example, there are daily pain charts, pain scales, and sheets to compile questions for health care providers.

It's important for people living with pain to talk about their options with their health care provider. While a variety of medications are appropriate for different pain conditions, other treatment modalities also help with pain, says Brown.

In the field of pain treatment, ways to address pain include medications, rehabilitative techniques, psychosocial support, complementary alternative medicine, injections, infusions, or implantable therapy that might be appropriate depending on the pain disorder. It's important for a person with chronic pain to work with a health care professional to figure out the best treatment plan, Brown says.

"What would work for me may not necessarily work for you even though we may have very similar pain disorders," says Brown.

Referrals are often required to a physical therapist or a pain specialist.

While eradication of pain is the hope of every person suffering from it, often reduced pain is the best result that can be achieved from a treatment plan. One important element of managing pain is determining what might trigger more severe pain, explains Brown. For example, driving long distances may cause pain to flare up; therefore, it would be important to stop along the way to walk around, or a person may need to take breaks at large family functions to rest. If getting into a hot bathtub to relax muscles helps rejuvenate a person, then he or she must take time to do so.

"People must learn about themselves — what they can tolerate and what they can't. They must learn how to work with family, friends, and employers in order to continue to be a productive person," says Brown.

People need to learn to take an active role in their pain management. A well-informed consumer has a better chance of getting more successful care, adds Brown. ■

EXECUTIVE SUMMARY

September is National Pain Awareness Month, a good time to plan a community outreach addressing chronic pain. According to the Baltimore-based American Pain Foundation, 76.5 million Americans report a problem with pain persisting for more than 24 hours, and the number does not account for acute pain. The annual cost of chronic pain in the United States, including healthcare expenses, lost income, and lost productivity is estimated to be $100 billion.

SOURCE

For more information about pain management resources and ideas for educating the public during National Pain Awareness Week, contact:

• **Micke A. Brown**, BSN, RN, Director of Communications, American Pain Foundation, 201 North Charles St., Suite 710, Baltimore, MD 21201-4111. Telephone: (888) 615-7246. E-mail: nbrown@painfoundation.org. Web site: www.painfoundation.org.

Community case managers help patients stay healthy

Program targets at-risk geriatric patients

At- risk geriatric patients with multiple comorbidities and health-related issues are staying healthier and out of the hospital thanks to face-to-face visits from nurse case managers from the Moses Cone Health Med-Link Community Care Management program.

Med-Link provides a geriatric community case management program for Blue Cross' Blue Medicare members in the metropolitan Greensboro, NC, area. A new case management program for employees and dependents covered by Moses Cone Health System's self-insured health plan was added two years ago.

All Med-Link services are free to patients. Blue Medicare pays a per-member per-month fee, and the Moses Cone Health plan pays a flat fee for the employee Med-Link program.

"Patient satisfaction for both programs is greater than 95%, and the program is well known and highly regarded by the local medical community. Med-Link nurses get great satisfaction in knowing they are providing a valuable service and really making a difference in the day-to-day well-being of patients," says **Elizabeth Westwater**, MedLink community care manager director for the Moses Cone health system.

The Med-Link program was developed 10 years ago to provide community case management services for the HMO patients contracted to the Greensboro HealthCare Network, a joint venture between the Moses Cone Health System and Eagle Physicians. Greensboro HealthCare Network is a for-profit organization with risk contracts for Medicare patients.

"Our geriatric community case management services help keep people living at home as long as possible by helping them cope with the medical and psychosocial issues related to aging. We provide medical monitoring, education, support, and advocacy to maintain health, independence, and quality of life," Westwater says.

Patients enrolled in the program tend to stop bouncing in and out of the hospital, Westwater reports.

"However, it's hard to measure outcomes because the needs of these patients are so intense, and it's a chronically declining population," she adds.

The case managers are registered nurses with experience in working with community-based patients. Most have earned their CCM certification. They visit patients in their homes and provide advocacy and support to prevent and manage conditions and situations that place patients at risk for complex medical problems, Westwater says.

Referrals come from physician offices, from the HMO, and by self-referral. In addition, the program has a nurse case manager who visits hospitals in the system to identify patients who are eligible for the program and gets permission for a Med-Link case manager to follow up with them after discharge from home to assess their needs.

Patients who are eligible for the geriatric program live alone with little or no support, have a history of poor management of their conditions, take multiple medications, and have experienced multiple emergency department visits or hospitalizations.

Many of them have difficulties with activities of daily living and a history of non-adherence with disease management treatment plans. Some have catastrophic illnesses, or chronic medical issues, and need help in managing day-to-day activities.

"People in the program have a combination of issues. No patient has all of them or has just one," Westwater says.

When a patient is referred to the program, the case manager reviews his or her available medical information, then calls the patient and conducts a telephone assessment to determine if the patient is eligible for the program.

The case manager conducts an in-home assess-

ment of the patient's medical and psychosocial needs and develops a care plan that defines the most appropriate interventions.

"The care plan identifies long-term and short-term goals and a timeline to achieve them. Patients and their caregivers are asked to incorporate personal goals into the care plan. The case manager updates and modifies the care plan as needed," Westwater says.

After the initial assessment, the case manager assigns a level of care based on the number of issues that need to be addressed, using criteria that define each level of care.

Patients on Level 1 are new referrals or those with multiple needs who need multiple visits a month. Levels 2 and 3 require less intensive management. Patients at Level 4 are being prepared for discharge from the program, and Level 5 indicates discharge.

During the first month of the program, the case manager sees the geriatric patient in the home two or three times, gradually decreasing the home visits to once a month.

"Patients who are receiving geriatric case management typically need to be followed on a long-term basis because of their complex case manage-ment issues. We have a few patients who need just a little help in getting things set up, but most are in the program for an extended time," she says.

Many of the geriatric patients need help with medication procurement or referrals to community resources. For instance, they may need a nurse aide to give them a bath or a referral to a program that can help with meals or provide medication assistance.

"We refer patients to community programs for help with everything from transportation to legal issues to weatherization for their homes. We try to find out their financial status so we can determine if they qualify for Medicaid or other assistance programs," she says.

If patients have complex medical needs and multiple comorbidities, the care managers work with Blue Medicare to set them up with electronic monitoring devices attached to their telephone that alert Blue Medicare when symptoms indicate an exacerbation in their condition.

Blue Medicare alerts the patient's Med-Link nurse, who then makes an acute home visit.

(For more information contact: ***Elizabeth Westwater****, MedLink Community Care Manager Director, Moses Cone Health System. E-mail: elizabeth.westwater@mosescone.com.)* ■

Customized programs help keep employees healthy

Efforts are tailored to the individual

Focused Health Solutions' customized population management programs have generated a 15.7% net savings on medical claims and 30.8% net savings from medical claims reduction and productivity improvement for large self-insured employers.

The Deerfield, IL-based health management firm contracts with employers to provide wellness/lifestyle and disease management programs for their employees.

"These employers know that by keeping their employees healthy, they save health care costs, reduce absenteeism, and benefit the members as well," says **Randy Granata**, RN, BC, MSN, clinical educator for the company.

The company's disease management programs provide education coaching and health management techniques to individuals with chronic diseases, including cardiovascular disease, hypertension, congestive heart failure, diabetes, asthma, and behavioral health issues.

In addition, the company offers a variety of self-management and personal health coaching programs that focus on managing costly risk factors and prevention of disease.

They are: Start to Stop Smoking; Weight Loss for Life; Reduce the Pressure for anyone with blood pressure above 120/80; Healthy Backs and Necks; Achieving Balance, a stress reduction program; and Exercise for Life for individuals who report less than the recommended 150 minutes of exercise a week.

"In choosing what programs to offer, we looked at the global risk factors that impact chronic diseases and focused on wellness activities that prevent the incidence of chronic disease. We coach employees to improve modifiable health behaviors and focus on prevention before an employee develops a chronic condition," Granata says.

When a company signs on with Focused Health Solutions, its employees are asked to take an online health risk assessment to determine their health care needs and appropriateness for the programs. They are asked if they would like to be contacted by a personal health coach to review the results of the assessment.

The company shares the information it obtains

from the health risk assessments and works with the employees only on the aggregate level; employees' individual information remains confidential.

The health risk assessment asks employees for laboratory values and vital signs such as cholesterol and blood sugar readings, blood pressure readings, and body mass index, along with their activity level, personal lifestyle, and knowledge of healthy behavior.

If the information indicates that the employee already has a chronic disease, the company's integrated service delivery model and technology platform transfer the individual to a disease management program.

"Our model incorporates an assessment of an employee's readiness to change. Our wellness programs use an intensive interactive coaching model that is different from a disease management coaching model. People who are at risk for development of a chronic disease condition participate in weekly coaching sessions in order to improve their health status by changing negative behaviors," Granata says.

The health coaches schedule appointments to speak with the individuals in the program on a weekly basis. In some instances, the employer allows the employee to work with the health coach during working hours.

The coaches work with participants to set three "smart goals" they can meet on a weekly basis and work with employees to develop strategies for reaching the goals.

"'Smart goals' are specific, measurable, achievable realities, and time-bound. Personal health coaches work with each person to set goals that are meaningful for them and that represent small steps to lasting behavioral change," she says.

For instance, a goal might be to walk for 15 minutes a day or to eat additional fruits or vegetables during the week.

Participants receive a "care kit" with tools and educational materials they can use to meet their goals.

"Our goal is to educate the employees about the process of making lasting changes in their lifestyles and to give them the tools to make the changes," she says.

Employees work with a personal health coach for 14 weeks and receive periodic maintenance telephone calls after completing the program.

Depending on an individual's risk factors, he or she may take health risk assessments up to four times a year. This gives the employee the opportunity to participate in an additional coaching program.

For instance, if an individual succeeds with the smoking cessation program and qualifies for the weight loss program, he or she can work on losing weight in the second round of coaching.

*(For more information, contact: **Randy Granata**, RN, BC, MSN, clinical educator, Focused Health Solutions. E-mail: randy.granata@focusedhs.com.)* ■

Prevention is key to influenza pandemic

CMs should help their clients stay healthy

The most important thing that case managers can do in case of a pandemic, or even an outbreak of influenza, is to educate their clients on disease prevention, says **Isela Luna**, RN, PhD, director of nursing at Pima County Health Department in Tucson, AZ.

"Prevention, prevention, prevention. That's the most important thing we can do. We need to make sure that everyone we come in contact with is educated about the disease and takes steps to stay healthy," she adds.

In the early weeks of the current H1N1 influenza outbreak, Pima County health officials confirmed more than 113 cases of flu and one death, that of a 13-year-old boy whose family members also contracted the disease.

The health department sent nurses on home visits to test for possible cases of H1N1 influenza in high-risk individuals.

"All of the cases we tested in the homes turned out to be negative. This is good prevention work and it relieved the family members of the person who was sick," she says.

Since there currently is no vaccine available for the H1N1 flu, the most important thing that case managers can do is to help their clients avoid exposure to the disease, says **Connie Commander**, RN-BC, BS, CCM, ABDA, CPUR, president of Commander's Premier Consulting Corp.

Commander has been a national speaker for a pharmaceutical company presenting training for case managers on how to prepare for a pandemic.

"Case managers are really instrumental in educating their clients about infectious disease. It all goes back to the wellness piece that we all promote. The best thing the case managers can do is help prevent people from becoming ill in the first

place," Commander says.

That's what case managers at Hudson Health Plan in Tarrytown, NY, are doing as they talk to their clients, reports **Margaret Leonard**, MS, RN-B, C, FNP, senior vice president for clinical services.

The case managers have been reinforcing information in the health plan's newsletter by educating their clients about the importance of good hand-washing techniques, covering their mouth when they cough, and other preventive measures, she says.

"Throughout the company we're reinforcing those measures. We have put up hand-washing signs and strategically placed bottles of hand sanitizers for our staff to use," she says.

Educate people about keeping their personal space and staying out of crowds if there is an influenza outbreak so they aren't exposed to the disease, Commander says.

First and foremost, educate your clients to stay home from work or school if they feel ill and to contact their doctor if they are exposed to the flu or start experiencing flu-like symptoms, and do the same for your co-workers, she suggests.

When people are exposed to the flu, they have a 48-hour window in which to take an anti-viral medication that will lessen the symptoms, she adds.

Case managers who work with their clients telephonically don't have the ability to take vital signs and view the signs and symptoms the person is experiencing, but they can listen and advise their clients on what steps to take, points out **Catherine M. Mullahy**, RN, BS, CRRN, CCM, president and founder of Mullahy & Associates, a case management training and consulting company.

If your clients report flu symptoms, refer them to their primary care provider, and if you have any sense that they are seriously ill, urge them to go to the emergency department, she says.

Some flu-like symptoms could be due to allergic rhinitis and not a cause for a panic, Mullahy points out.

It is particularly important for case managers to educate chronically ill patients with multiple comorbidities or people who have a catastrophic illness or injury on what to do if a flu outbreak occurs, Commander says.

"Teaching preventive measures may not be the initial focus of the treatment plan, but case managers still need to teach their at-risk patients how to stay healthy and avoid exposure if a flu pandemic occurs. If someone has a chronic illness or is recovering from a catastrophic illness or injury, they certainly don't need to become ill with the flu," she says.

Whether you're a telephonic case manager or someone who sees clients face to face, you can play a valuable role in the case of an influenza outbreak by ensuring that your clients are educated about the disease, its symptoms, and what they can do to lessen their exposure, Mullahy says.

"As part of the health care system, case managers have a responsibility not to be in a panic mode. Their role is to keep their clients informed about the flu and refer them to reliable sources for information," Mullahy says.

This means keeping up to date on bulletins and other information from the Centers for Disease Control and Prevention and your local health department to ensure that the information you are passing on is valid and based on evidence-based practice, she adds.

The initial outbreak of the H1N1 virus in the United States appears to have been mild, but it is an indication that people need to be prepared for future outbreaks that may be more severe, Commander says.

Be aware that a pandemic is likely to have the same impact on your community as a major natural disaster such as a hurricane or an earthquake.

"A pandemic can shut down the infrastructure. Schools and restaurants may be closed, and there may be shortages if the warehouse and delivery people are sick and can't come to work. It all goes back to wellness. We don't want people to get the flu in the first place," she says.

At Hudson Health Plan, the case management team is trying to encourage people to be a little more prepared in case there is a pandemic, Leonard says.

"We don't want people to panic, but we want to get away from the idea that this is no big thing. There were several schools closed down in New York City because of the flu. This is the first time in a long time there has been any reason to take such steps. We all need to be prepared for whatever may come about in the future," she says.

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Take personalized approach to disease management

Interactions are geared to needs of the individual

A customized disease management program for self-insured employers has resulted in an average 36% reduction in total cholesterol levels for employees in the coronary artery disease program, a 21% reduction in hemoglobin A1c levels among individuals in the diabetes program, and a 51% improvement in blood pressure readings for participants in the hypertension program provided by Focused Health Solutions Inc.

"A close working relationship between the RN disease management coaches and the program participants is key to the success of the program. We have made a concerted effort to design our programs in a more patient-central manner and less in a disease-specific manner. Our nurses focus their interactions with participants so they adopt the best practices of self-care and are motivated to improve their health," says **Randy Granata**, RN, BC, MSN, clinical educator for Focused Health Solutions programs.

The RN coaches are experienced clinicians who are trained in listening skills and interviewing techniques.

"The reality is that all patients can choose

CNE instructions/objectives

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a credit letter. When your evaluation is received, a credit letter will be mailed to you.

After reading *Patient Education Management*, health professionals will be able to:

- **identify** management, clinical, educational, and financial issues relevant to patient education;
- **explain** how those issues impact health care educators and patients;
- **describe** practical ways to solve problems that care providers commonly encounter in their daily activities;
- **develop** patient education programs based on existing programs from other facilities. ■

COMING IN FUTURE MONTHS

- Education's role in demand management
- Using photos for patient education
- Education to curb the obesity epidemic
- How support groups contribute to education
- Guiding patient Internet research

CNE Questions

5. A video-on-demand system can be used in the process of patient education in many ways including which of the following?
   A. Outpatient via an Internet portal.
   B. As part of a teaching plan.
   C. As Resource for visual learners.
   D. All of the above.

6. When selecting videos, it is important that they be reviewed from an educational perspective, as well as a content perspective, according to patient education managers. Patient education managers, or other educational experts, as well as content experts should be involved in the selection process.
   A. True
   B. False

7. To breast-feed successfully, mothers should learn which of the following, according to Melissa Vickers, MEd, IBCLC, a lactation consultant and Le Leche League leader in Huntington, TN?
   A. How to position the baby.
   B. How to know when to feed the baby.
   C. Where to get support and guidance.
   D. All of the above.

8. Many times people do not speak up about chronic pain because they fear people will think they are not tough enough or they haven't learned how to cope.
   A. True
   B. False

Answers: 5. D; 6. A; 7. D; 8. A.

whether or not to follow the recommendations of a health care professional. Addressing patient motivation is the key if we want to improve self-care efforts," she says.

When an employee qualifies for a disease management program, he or she works with a disease management nurse who conducts an additional assessment of the employee's overall risk.

The individual's acuity or overall risk level determines the amount of time the nurses spend working with the participant and increases with the acuity of the individual.

The program utilizes an opt-in model, which means that individuals are motivated to participate, she points out.

When employees enroll in one of the disease management programs, a nurse assesses them to determine how well they are doing in terms of self-care and where the gaps in care occur.

The nurse coach obtains the patient's medication program and clinical data, such as laboratory values; determines how well the employee is adhering to his or her treatment plan; assesses behavioral gaps in the area of self-care; and develops a collaborative plan with the employee.

For instance, if the employee has hypertension, the nurse determines if he or she monitors blood pressure regularly. They find out if someone with asthma uses a peak flow monitor regularly, has filled his or her prescription for a short-term reliever medication, and has an asthma action plan. ■