2014 Gage Awards

Reference #	7485212
Status	Complete
Name of hospital or health system	University of Illinois Hospital and Health Sciences System
Name of project	Chronic Disease Self-Management – A Patient Driven Approach to Better Health
CEO name	Bryan N. Becker, MD, MMM, FACP, FNKF
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
Submitter name (first and last)	David A. Miller, MBA, FACHE
Submitter title	Interim Chief Operating Officer of Ambulatory Care Services, Associate Hospital Director
Submitter email	davidam@uic.edu
Submitter phone	312-996-7627
Project contact person's name (First and Last)	Keir Ringquist, PT, PhD, GCS
Project contact title	Director of Occupational and Physical Therapy/Rehabilitation Program Manager
Project contact email	kringqui@uic.edu
Project contact phone	312-996-3698
Within which of the two categories does your application best align?	Population Health

1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)	Background: Research shows self-management programs are effective in helping people manage their chronic conditions (reference list attached). The goal of our project was to pilot a 6-week self-management workshop at University of Illinois Hospital and Health Sciences System (UIH) in order to better meet the needs of our community. Methods: The workshop was a 6-week, standardized Chronic Disease Self-Management (CDSM) Program. 3 occupational therapists attended the required 4-day training for the 6-week, standardized CDSM Program by Stanford University Patient Education Center. Workshops were held 1x/week for 6 weeks for 2.5 hours/session. Topics covered included decision-making, fall prevention, community resource utilization, nutrition, activity, medication management, stress management, positive thinking, coping, evaluating treatment options, and communicating with physicians. The format of the workshop was interactive, balancing educational topics with opportunities for self-reflection, sharing, brainstorming, receiving/providing social support, and applying problem-solving skills. The workshop objectives were to improve participant self-efficacy for managing health conditions, quality of life, & frequency of healthy behaviors; decrease negative effects of chronic disease; & translate these into improved health of the participant resulting in decreased health care utilization. Our organizational objectives for this project also included: 1) to address health literacy, economic, & insurance barriers in our service area by offering this free program our community, 2) to help decrease hospitalizations, & 3) to obtain preliminary data to support further establishment of this program as a regular offering to the UIH community. Results: Summary from Take Charge of Your Health Workshop Pilot: Participant demographics: # of participants recruited: 25 # of participants who completed at leat 4/6 sessions: 9 UIH patients: 5 Community participants: 3 UI Health employees: 1 Analysis: There were several no shows to the first session and some had to drop out because of unplanned circumstances (e.g. change in schedule, family issues). Weather/snowfall was also a negaitve factor impacting attendance. 9 people actually completed the course. There were several people who attended at least 3 of the 6 sessions – their results were excluded from the data. Outcomes: 8/9 participants demonstrated increased scores on the Chronic Disease Self-Efficacy Scale (1 remained unchanged). The average rate of change was: 4.67% with the highest rate of change being 35.5%. Baseline data was collected related to healthcare utilization, communication with physicians and illness intrusiveness. Follow-up data at 5 months showed a significant decrease in physician visits, emergency room visits, hospitalizations, and total days spent in the hospital (table 1 attached).

	Qualitatively, all participants reported a positive experience with the workshop (table 2 attached). Conclusion: Those that regularly attended the workshop had postive outcomes that improved their health and decreased healthcare utilization. Given these positive results from our pilot study, regular CDSM Programs will be held at UIH.
1A. Attachment, if applicable (Applicable examples include a peer reviewed journal article, other content published in the literature, or a presentation at a national meeting)	ReferencesTables1and2QuantitativeandQualitativeResultsCDSMPilotWinter2013.docx (18k)
2. Describe the methods use in this project. Include where, why, and how the project was accomplished.	Staff occupational therapists attended a 4-day training program in order to facilitate the standardized program, made possible by funding through the Illinois Department of Public Health and training sponsor RUSH University Medical Center. After completion of training, workshop dates were set, and participants were recruited via multiple outpatient therapy centers, on the hospital main website, via flyers, direct therapy or rehabilitation professional referral. The pilot workshop was held at our main hospital, facilitated by three occupational therapists trained in the program. Data was collected via multiple questionnaires pre-workshop, immediately post-workshop, and at 5-month follow-up.
3. Describe the results of the project. What data was used to support improvement results?	Outcomes: Participants who completed the workshop demonstrated an increased score on the Chronic Disease Self-Efficacy Scale (measures taken before workshop participation and immediately following). The average rate of change was: 4.67% with the highest rate of change being 35.5%. Baseline data was collected related to healthcare utilization, communication with physicians and illness intrusiveness. Follow-up data at 5 months was completed on 5/9 participants, those surveyed showed a decrease in physician visits, emergency room visits, hospitalizations, and total days spent in the hospital. (See attached table 1). Qualitatively, all participants reported a positive experience with the workshop and each reported ongoing use of tools/skills learned in the workshop to improve their health. (See attached table 2). Analysis: The Chronic Disease Self-Management Program is an evidence-based program that has proven to have demonstrated positive outcomes related to healthcare utilization, health outcomes and patient self-efficacy. Those that regularly attended the workshop found the workshop helpful in learning skills and developing goal setting habits to improve their health as well as decreased hospitalizations and Emergency Room visits. In particular, feedback regarding participant recruiting, retention, ideal times and days, transit barriers, and marketing methods was particularly useful in supporting subsequent workshop improvements.

3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)	Table3QualitativeResultsFall2013CDSMProgram.docx (18k)

4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?	Based on pilot feedback, a second program workshop was just completed in October/November 2013; while no follow-up data is yet available, qualitative findings are attached (Table 3 attached) and demonstrates continued success of the program. A third workshop will be held in February/March 2014, with the plan for three times per year thereafter. After the initial pilot program, the occupational therapy (OT) practitioners facilitating the workshop met with representatives from stroke, heart failure, sickle cell, rehab, oncology and neurology medical services to promote the program's utility for their patients managing chronic conditions, and also to establish future recruiting channels with direct referrals from these providers. We have made initial contact with our community partner Miles Square Health Center to explore future workshop offerings at community or outreach sites in addition to our main hospital in order to provide more accessible options for many in our service area. Related to this increased collaboration with medical services, occupational therapists were also able to use the perspective gained from the pilot project to support the stroke service in developing self-management initiatives within their acute care practice. The OT trained in CDSM have performed training session for staff on the rehabilitation unit related to self-management techniques that can be utilized to enhance patient education and self-efficacy while on our rehab unit. The insight gained by OTs during the pilot project is also being used to support development of a self-management group therapy provided on the inpatient rehabilitation unit at our hospital. Follow-up education regarding the program was also provided to the outpatient occupational and physical therapy clinic in order to facilitate appropriate and proactive referring for future workshops. The pilot project also promoted collaboration with the academic OT program and raised OT student awareness of self-management initiatives and how such a program could meet client needs within a larger health organization. Also as a result of this pilot project, the workshop leaders have strengthened relationships with our nearby RUSH University Medical Center, which sponsored our facilitator training and both the pilot and subsequent workshop offerings. Together, we are hoping to collaborate to secure future grant funding for the program. Currently, three additional staff OT, as well as one of our past workshop participants, are planning to train in Spring 2014 as workshop facilitators so that we are better staffed to continue providing this workshop within our health system. Two of our facilitators are seeking to certify as master trainers able to train additional workshop facilitators. The implementation of this program can be duplicated by other organizations. Once our two current facilitators become master trainers, they can train others from outside facilities to be able to create their own workshops.

5. Describe how patients, families, and if appropriate, community was included in the work.	This program was designed primarily to serve patients, families, and community members as the target workshop participants. Because it is open to anyone living with or affected by a chronic health condition, several of our patients have attended the workshop together with their family members also enrolled in the workshop. Thus far our program has been marketed primarily to our hospital system service recipients, but is expanding across outreach clinics, through academic occupational therapy programs, main hospital website, and by word-of-mouth through employees, patients, and past program participants in order to broaden community outreach. Feedback from patient, family, and community member workshop participants was collected, throughout the workshop and used to inform planning of future program workshops.
5A. Attachment, if applicable (Applicable attachments include documents created for patients, families, or community members or by them as a result of the project)	FebMar2014CDSMPflyerLastAttachment.pdf (3128k)
Last Update	2013-12-10 12:07:44
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