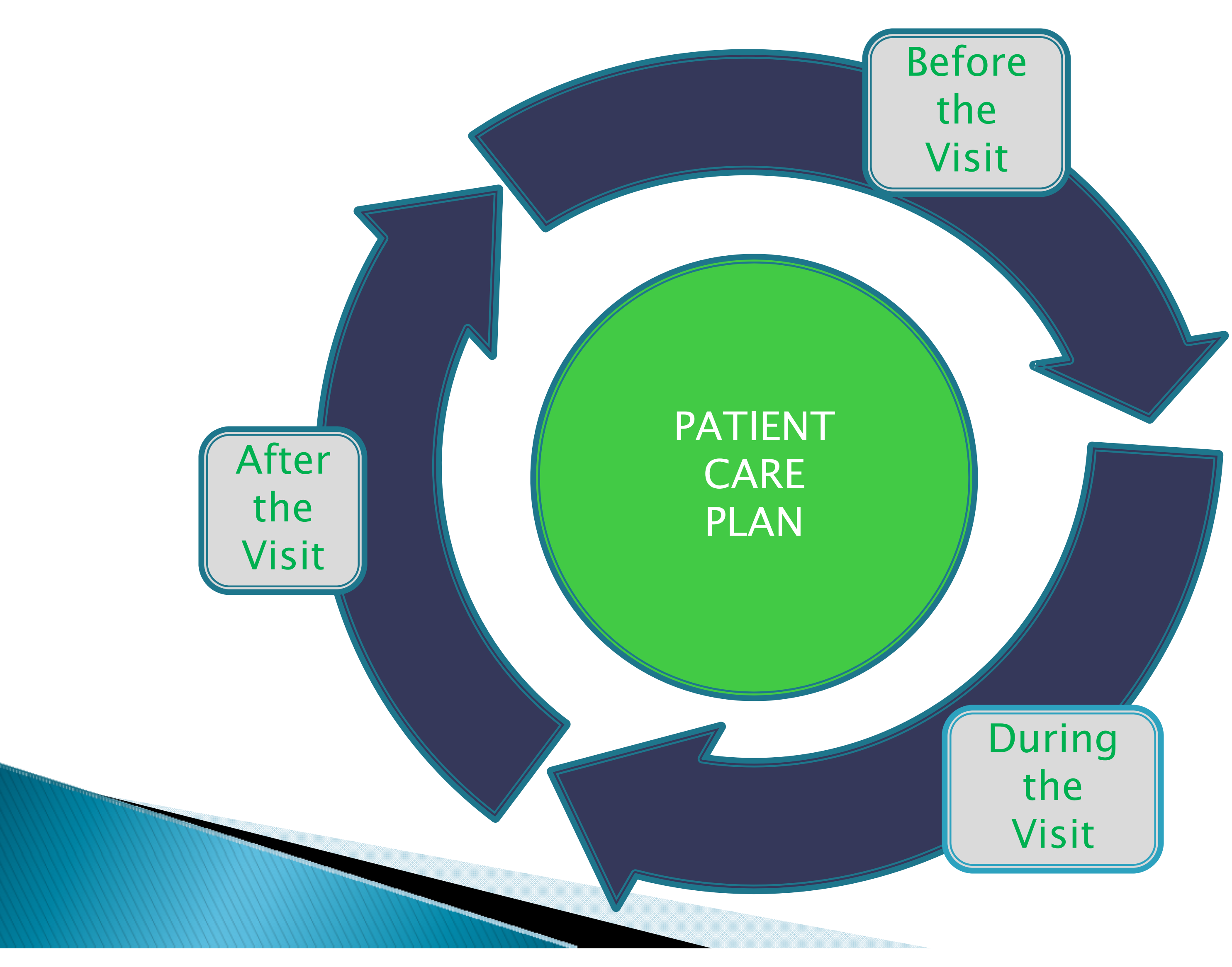
# Incorporating Self Management Goal Setting with Patient Into Appointment Visit

Tricia Lyman, Collaborative Coordinator
Peggy Turner, RN, CDE

# Collaborative Care:
# Cycle of Self Management Support



# Before the Visit

- Ask patients to bring questions, concerns, and health monitoring information
- Care teams often find it useful to hold a brief “huddle” at the beginning of the day to review the patient schedule and prepare for each patient’s visit.

# During the Visit

- Collaboratively develop a visit agenda–Standing Orders
- Tasks for each member
  - Receptionists can help my handing them a Self Management Goal Form and Action Plan Sheet
  - Nurses/Medical assistants can ask about patient goals to improve their health and discuss the Self Management Goal Sheet
  - Provider helps patient make action plans that build confidence in their ability to reach these goals can incorporate the care the action form

## Family Health Network of CNY, Inc.

*Diabetes Self Management*

Diabetes is a very serious disease which may cause damage to the blood vessels and nerves leading to the brain, eyes, heart, kidneys, toes and feet.

You, the patient, are the most important person to manage your diabetes. We will guide you and offer support as you manage your diabetes. The following goals will help you gain and maintain diabetic control to reduce damage to your blood vessels and nerves.

| Please choose goals you are willing to work on to better manage your diabetes. | | Yes | No | Achieved |
|---|---|---|---|---|
| | Goal 1:<br>I will work for an HbA1c goal below 7. | | | |
| | Goal 2:<br>I will exercise (walk) ____ minutes _____ days per week. If I notice chest pain, shortness of breath or chest tightness, I will seek medical attention. | | | |
| | Goal 3:<br>I will check my feet daily. If I notice a sore or irritation, I will seek medical attention. | | | |
| | Goal 4:<br>I will follow my diabetic and low fat diet to reduce my blood sugar and cholesterol. | | | |
| | Goal 5:<br>I will try to obtain my ideal body weight.<br>I will lose pounds by my next office visit. | | | |
| | Goal 6:<br>I will take a baby aspirin or enteric coated aspirin every day. | | | |
| | Goal 7:<br>I will stop smoking. | | | |
| 20 / 20 | Goal 8:<br>I will have an eye exam every year or as indicated. | | | |
| | Goal 9:<br>I will check my blood sugar as instructed and will call my nurse or provider if the results are consistently below 70 or above 180. | | | |
| | Goal 10:<br>I will talk about how I feel about having diabetes to family, friends, and/or chaplain. I will attend a Diabetes Support Group or Education class. | | | |
| | Goal 11:<br>Other: | | | |

# Action Plan Form

In writing your action plan, be sure it includes

- What you are going to do,
- How much you are going to do,
- When you are going to do it, and
- How many days a week you are going to do it.

For example: This week, I will walk *(what)* around the block *(how much)* before lunch *(when)* three times *(how many).*

This week I will ____________________________________________(what)

_______________________________________(how much)

____________________________________________(when)

________________________________________(how many)

How confident are you? (0 = not at all confident; 10 = totally confident) __________

[*Just a note: You may want to make copies of this form.*]

| | Check Off | Comments |
|---|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

# After the Visit

- Extend care into the community by linking patients to community programs
- Follow up goal and action form at the next three month visit

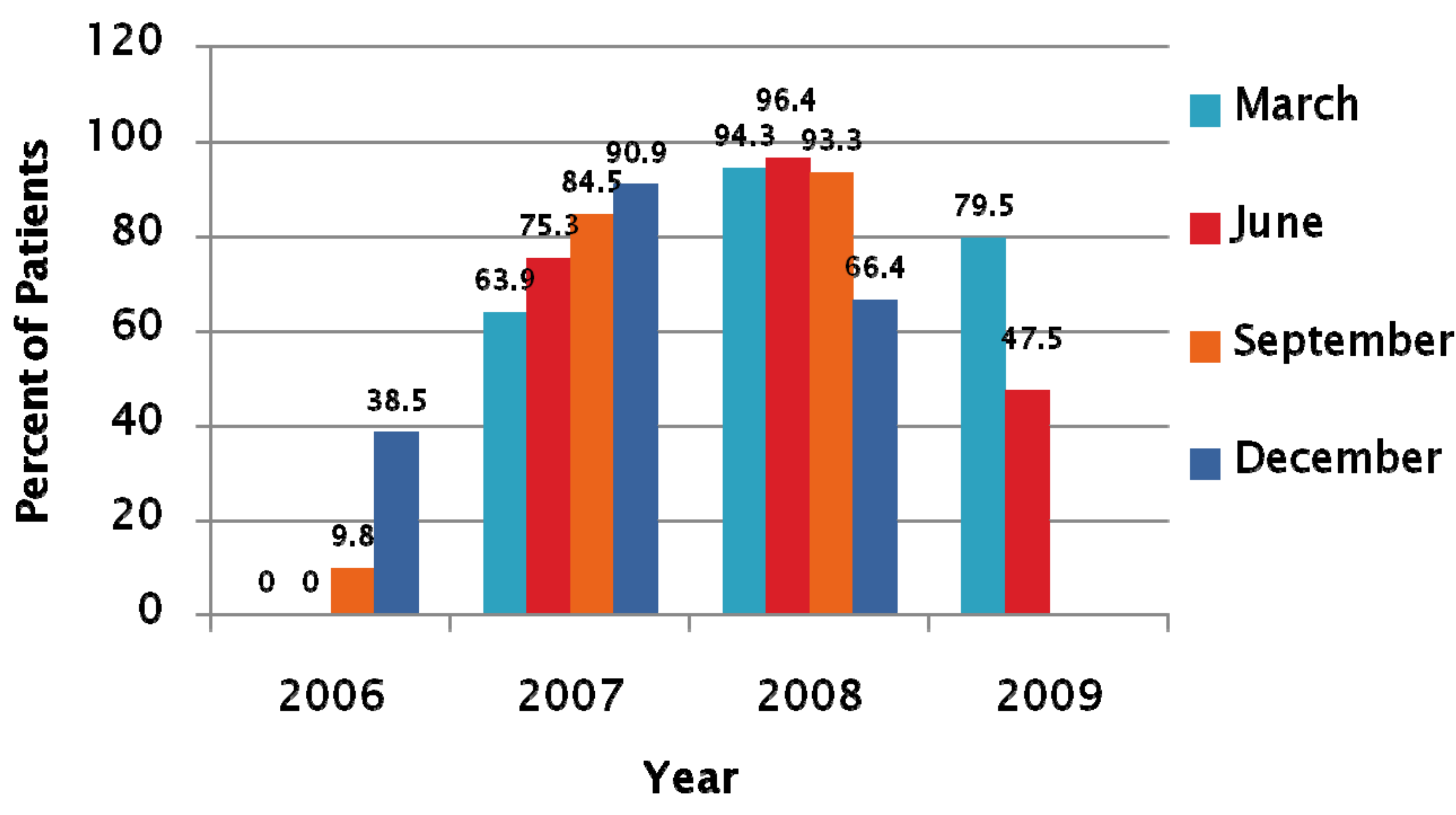
# Before, During, and After the Visit

- Help patients understand their central role in managing their condition and that the entire health care team is there to help

# What we have learned

- Behavioral adjustment is not easy, but giving regular positive reinforcement is helpful
- It really is about the "TEAM"
  - Build a Team
    - Design and train a lead coach for self-management support who will support ongoing staff development of skills
    - Assign responsibility for self-management tasks to all team members, extending the work out from the physician
    - Use daily team huddles to review the schedules of patients charts, anticipate care needs, and enhance the flow of care

# Where are we with Self Management Goal Setting



# Provider Tips For Self Management Goal Setting

- Keep it focused (preferably 1 goal)
- Ask the patient
  - What do **you** want to do about your diabetes?
- Take Time to assess where the patient is at and go for the little goals
  - Baby steps are the stepping stones for Lifestyle Modification
  - Example: Walk to the mailbox
- Don't forget to follow-up at the next visit

# Provider Tips for Self Management Goal Setting

Little Victories

+

Positive Reinforcement

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Better Patient Motivation

# Contact Information

Tricia Lyman
Collaborative Coordinator
tlyman@familyhealthnetwork.org

Peggy Turner, RN, CDE
pturner@familyhealthnetwork.org