"Public Health Nursing and Politics: Impacting State Public Health Policy"

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Outline/Objectives

- Introduction & Purpose
- Background & Trends:

  - diabetes, academic-community partnerships, & disease management
- Overview of the Case Study Evaluation Study
- Findings & Future Implications: Health Policy/Politics and Evidenced Based Practice
- Q & A

Delaware Population and Christiana Care locations

Bullets indicate Christiana Care locations.

Background

- 80% US Health Expenditures are spent on Chronic Illness
- Diabetes is a leading Cause of Morbidity and Mortality
- Creation of an Academic-Community EBP Partnership
- Public health policy is “ripe” for political impact for public health nursing

The Chronic Illness Challenge

- **Example of Diabetes: 5th leading cause of death in DE's adult population & ranked 9th in the nation for mortality rate**

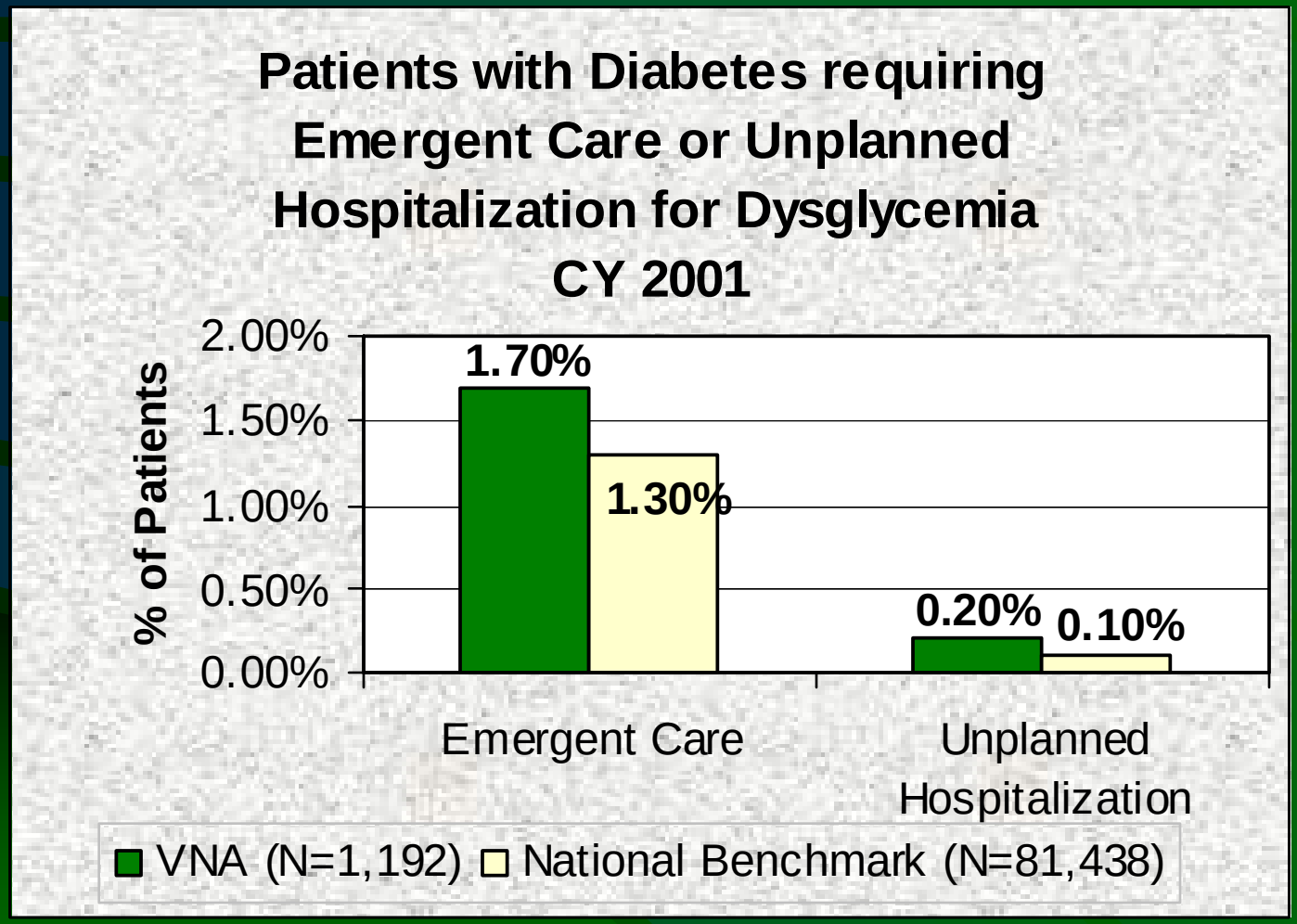
Background/Baseline data

Plan

- Emergent Care & Unplanned Hospitalization was above the national benchmark in 2001
- Home visits for diabetes education are time-consuming
  - Average additional visit time = 25 minutes
- Student nurses typically have an observational clinical experience in home care. This becomes hands-on with policy impact/

Background/Baseline data

National Home Care Benchmark Information* provided by CORE (University of Colorado Outcome Reporting & Enhancement Research Partnership)
*Not Risk Adjusted



"Student Nurses in Action (SNIA)"

A Model Partnership since '93

- *What*
- *Who*
- *When*
- *Where*
- *Other*

Actions/Strategies

Do

Spring 2000 - Spring 2005

- Define roles of partners
  - VNA - Preceptor and clinical site; case managers coordinate care with students
  - Diabetes & Metabolic Diseases Center - Staff & student education, standardized patient knowledge assessment and education program
  - UD - Faculty oversight of senior nursing students
  - Student Nurses - Attend class; achieve >/=80% on post test; provide diabetes instruction to home care patients; coordinate care with VNA case managers

Purpose of Service-Research Program

- Evaluate effectiveness of home health education intervention on the knowledge & health behaviors of chronically ill clients
- Improve self-management behaviors of chronically ill clients & client satisfaction
- Expand EBP Population-Based Partnerships to improve health policy: access, costs and quality
- Expand education, research & service opportunities for faculty, students, & staff
- Build political networks and state health policy

Research Design

- Pilot Study 1999 (home heath diabetes focused)
- Case Study Evaluation Design 2000-2005 (home, Kids Kamp, Bridging the Gap)
- Ongoing Research & EBP
- Funding- Diabetes Action/Education Foundation & University of DE

Methodology

- Sample (*convenience sample/criteria n=255)*
- Human Subjects Review
- Education Interventions *(VNA Clinical Tools)*
- Data Collection *(VNA Tools, OASIS, Michigan Diabetes & Chronic Illness Tools)*
- Data Analysis *(parametric & nonparametric)*
- Public Policy Outcomes & Other Implications *(Expand to chronically ill, replicate SNIA model, Kids Kamp, DE's Chronic Illness Taskforce HJR 11)*
- Other

Intervention

Diabetes Training:

Staff & student education - 8 hours classroom instruction led by Certified Diabetes Educators, including:

- Community Resources
- Diabetes History
- Glucose Monitoring
- Medications
- Meal Planning
- Foot Care
- Other

Intervention (Cont.)

- Establish a Team of VNA case managers and student nurses to implement diabetes & chronic illness education to home care patients
- Coordination of services, on site mentoring by preceptor to prepare student nurses for home visits & patient instruction & referrals
- Establish evidence-based measures of practice

Intervention (Cont.)

- Staff/Student Educational Preparation *(classroom, field)*
- Certificates Awarded: Ex.Diabetes Education
- Coordination of Services
- Evidenced-Based Measures of Practice
- Public Policy Feedback (i.e., testimony, creation of the Chronic Illness taskforce, etc.) before Other

Data Collection

- MMSE, Michigan Diabetes Tools
- Pretest/Posttest Knowledge Assessment
- Care Profile, Attitude Scale
- Dietary, Activity & Self Management Logs
- VNA Clinical Documentation *(OASIS,Education forms, referrals, MD letter)*

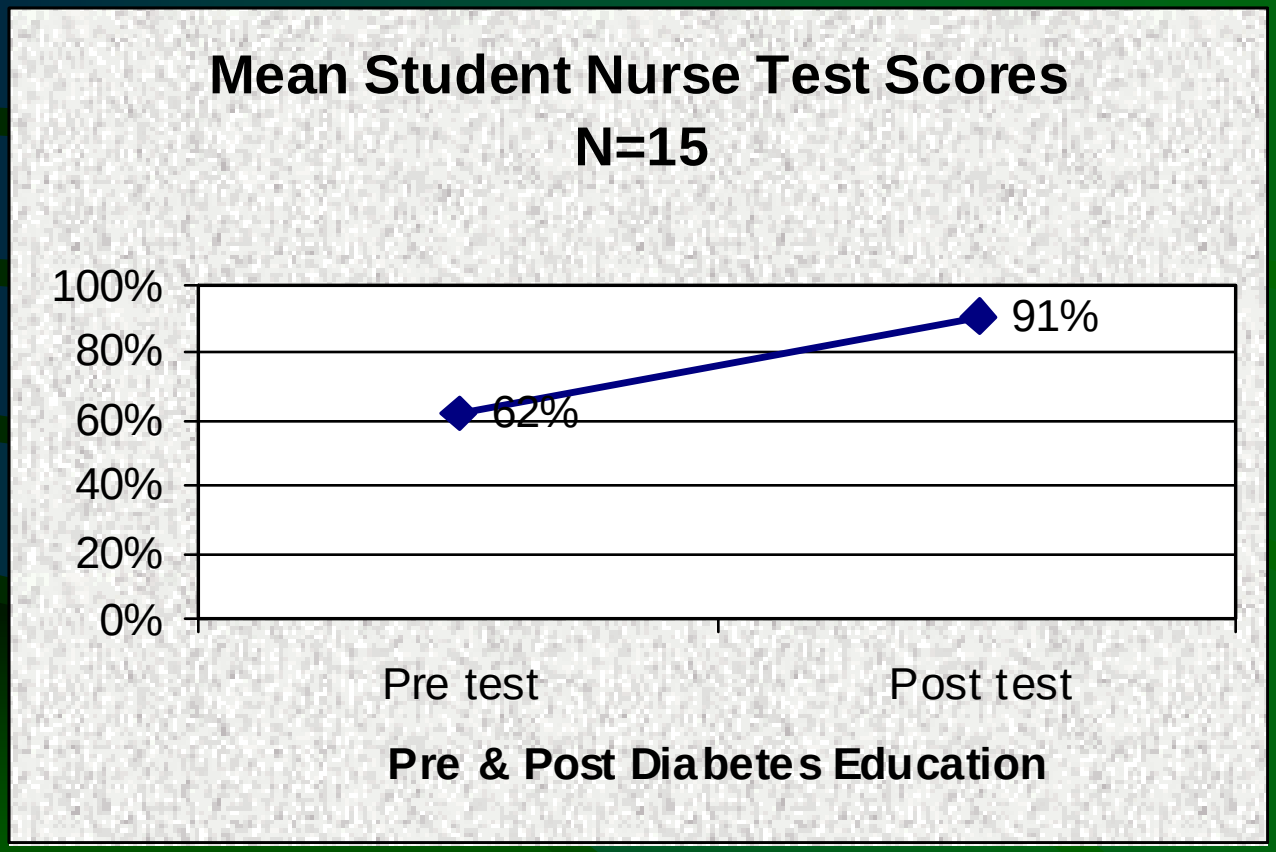
Summary of Results/Findings

Check

- UD Student Nurses demonstrate proficiency in chronic illness Mgt (i.e. diabetes education)!
- UD Student Nurses performed > 400 client education visits, adding value to student education& improving home care nurse productivity (>$500,000 estimated services)!
- Findings - *33% report in self care behaviors, 65% report increase in motivation for self care*
- VNA Patients with diabetes require emergent care and unplanned hospitalization less than national benchmark!

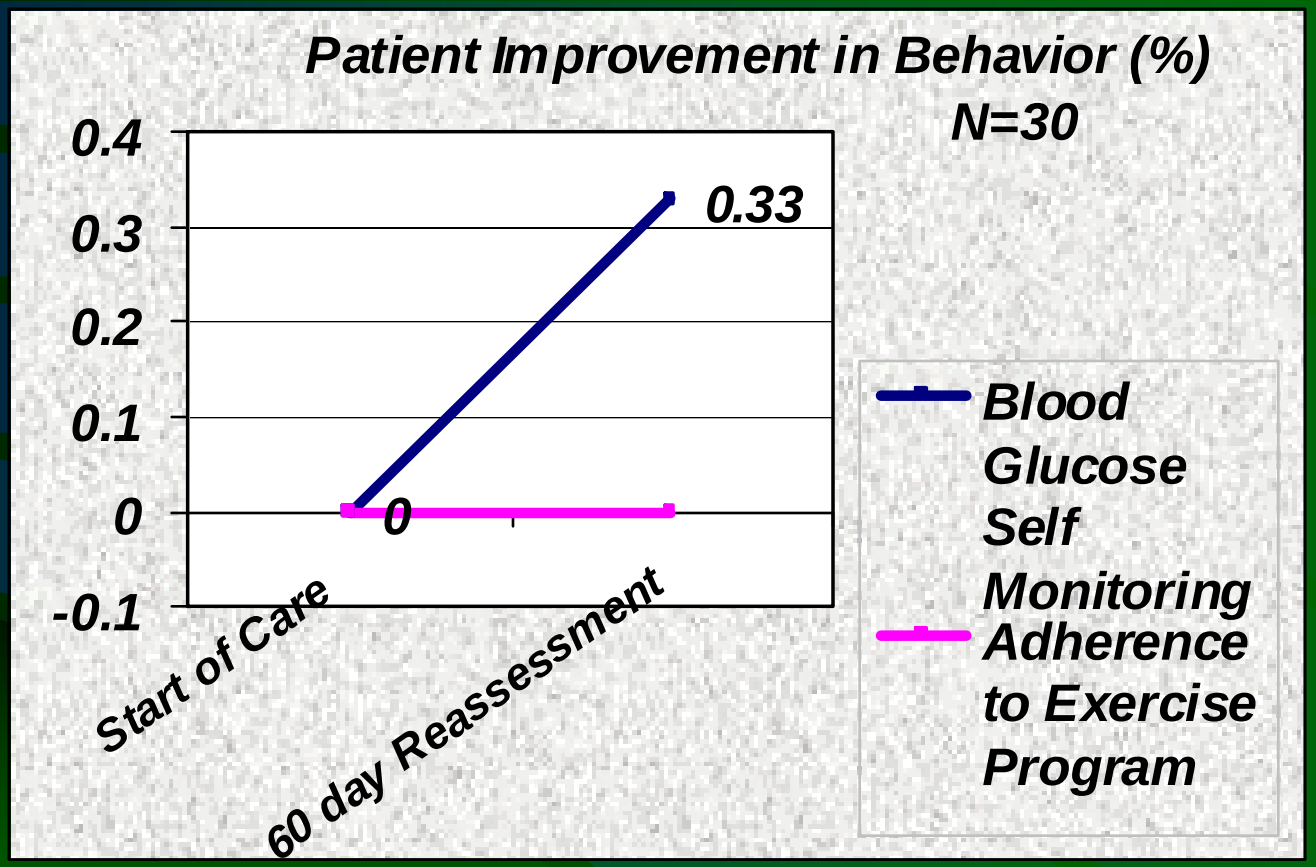
Results - Student Knowledge Assessment

Check



Results - Self Monitoring Logs

Check



Outcomes

National Home Care Benchmark Information* provided by CORE (University of Colorado Outcome Reporting & Enhancement Research Partnership)
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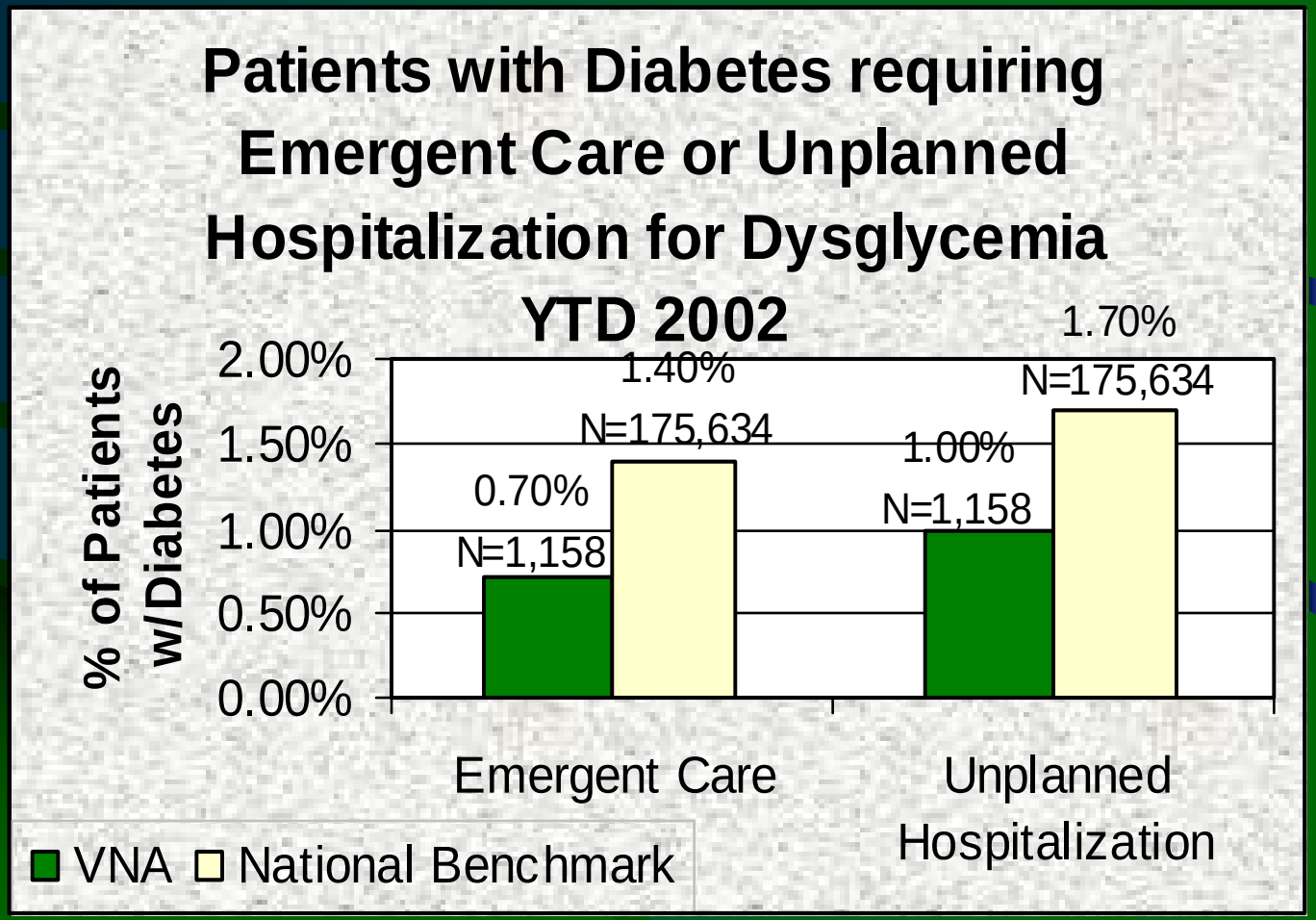
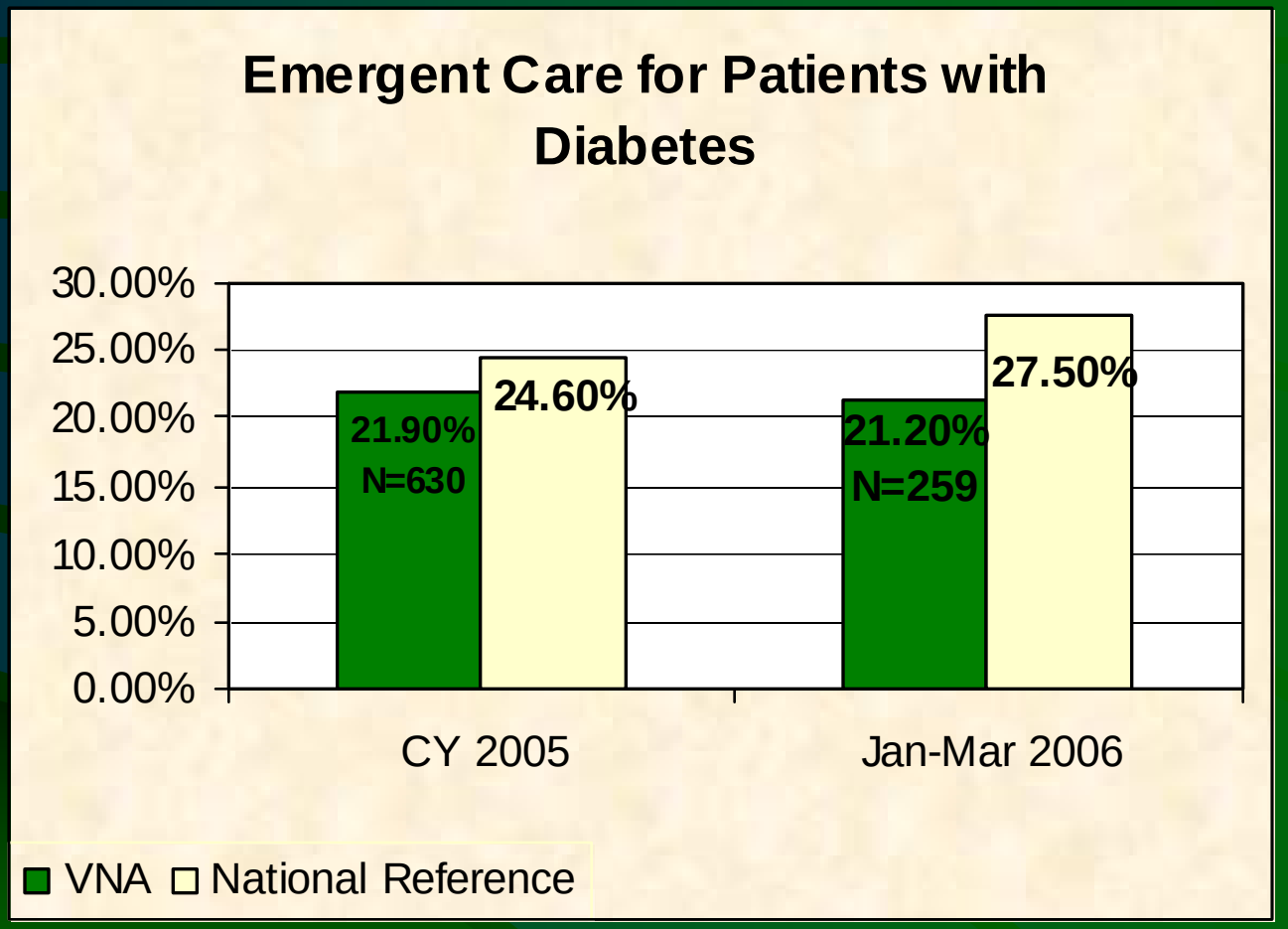


Results

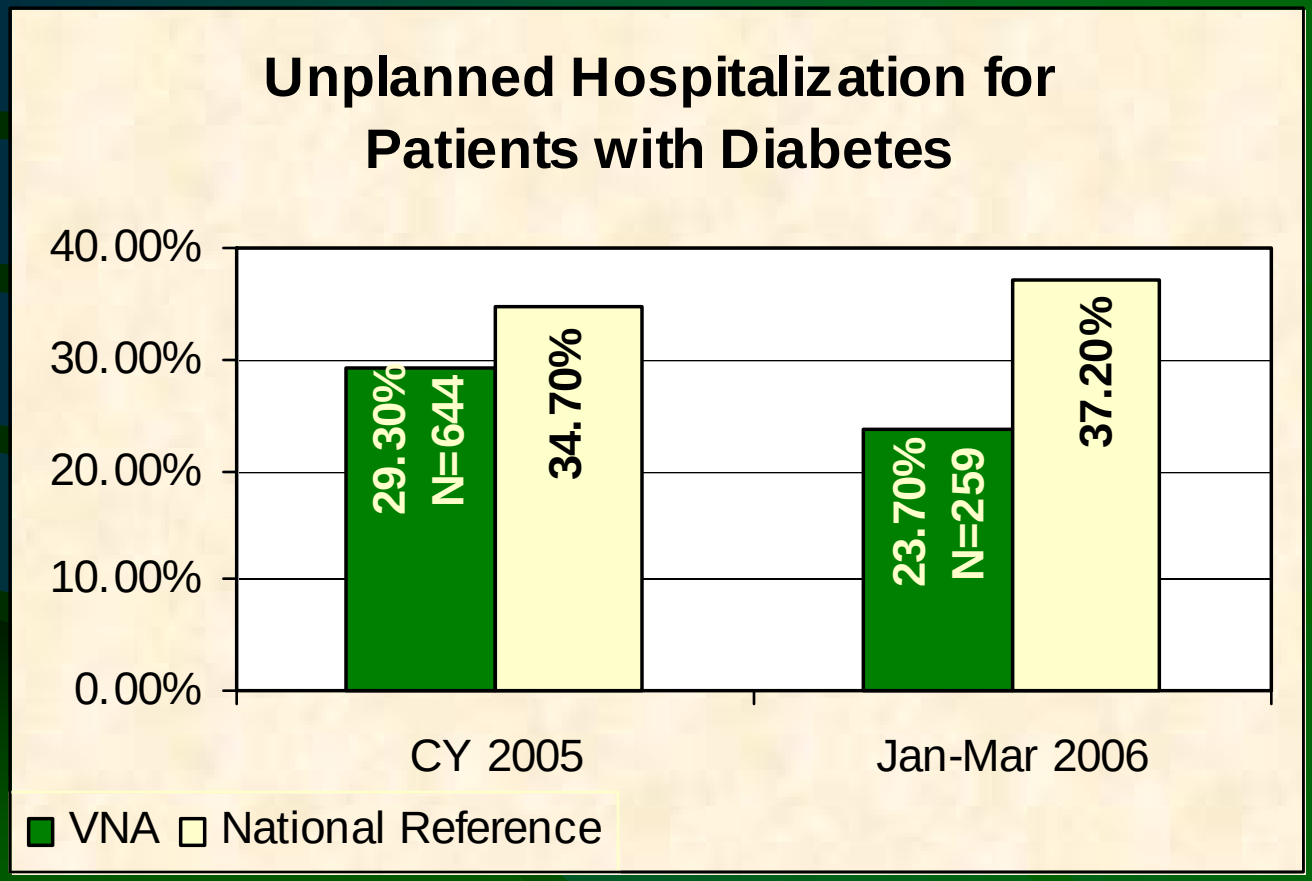
Emergent Care (any reason) for Patients with Diabetes consistently is below the National Reference



Clinical Outcomes provided by Strategic Healthcare Programs

Outcomes

Unplanned hospitalization (any reason) for patients with primary diagnosis of diabetes is consistently below the National Reference.



Clinical Outcomes provided by Strategic Healthcare Programs

PUBLIC POLICY IMPLICATIONS

Act

P.I. as an elected DE State Rep

Introduced HCR 10, a bill to create a taskforce in to explore Chronic Illness and Disease Management in public & private sectors.

www. delaware.gov & others

wwww.thomas.gov

Legislative & Regulatory Processes:
Local, State & National

Bill to Law

- Idea, Drafted Legislation, Assigned a # (HB,SB..), Introduced, Assigned to Committee, Hearings (mark-up), Voted on -→ Other Chamber (Same Process), Vote…
- To Executive Branch: law or veto
- Override as needed passed.

****Regulation**, (see *__**Federal Registry__*)

Example Sub-Committees: Stroke Taskforce

- Prevention & Primordial Care
- Notification & Response of EMS
- Acute & Sub-Acute Care
- Rehabilitation
- Continuous Quality Improvement

Priority Recommendations:

- ***Stroke & Chronic Disease Offices***
- ***Data Sharing & Registry***
- ***Prevention*** *Programs*
- ***Public Awareness & Education Campaign***
- ***Notification & Response of Emergency Medical Services***
- ***Acute Care & Sub-Acute Care***
- ***Rehabilitation***
- ***Academic Service-Research Partnerships***

Lessons Learned

Act

- Preceptor Support of Student Nurses Needs to be Individualized
- Include Physical Therapy Students & Health Policy Students
- Community-Academic partnerships provide excellent resources for nursing research and education
- Expect Client Issues
- Use A Realistic # of Research Tools
- Integrate Public Policy & Political Experiences & Outcome Measures

Path Forward: Chronic Illness & Population Health

- Expand this model for home care student nurse education to include most chronic diseases and multiple health providers *"Bridging the Gap"*
- Include students from other health care disciplines *(clinical nutrition, rehab, health promotion*) to improve patient care
- Addition of Tele-Monitoring to enhance diabetic disease management
- Integrate Hands-On Policy Experiences and Outcome Measures

SUMMARY:
Call For Public Health Nursing and Politics