



## Ambulatory Care Nurse-Sensitive Indicators Series: Patient Engagement as a Nurse-Sensitive Indicator In Ambulatory Care

### EXECUTIVE SUMMARY

- ▶ Ambulatory care registered nurses (RNs) have a pivotal role in educating, encouraging, motivating, and supporting patients to be engaged in their care and achieve their health care goals.
- ▶ To improve health outcomes, patients need to be engaged in attaining these goals.
- ▶ RNs are instrumental in this process and well-controlled studies will demonstrate their impact on helping patient's engage in their care.



Many settings. Multiple roles. One unifying specialty.



Eileen M. Esposito

**T**HE AMERICAN ACADEMY of Ambulatory Care Nursing (AAACN) convened a task force to research, recommend, and/or develop ambulatory care nurse-sensitive indicators (NSI). A group was assembled to examine and develop a patient engagement NSI. Work was done to understand the intricacies of patient engagement as a core value in nursing interactions.

Under the Centers for Medicare & Medicaid Services meaningful use electronic medical record program, patient engagement is associated with the utilization of electronic portals for communication with providers (Blumenthal & Tavenner, 2010). Patient

*EILEEN M. ESPOSITO, DNP, MPA, RN-BC, CPHQ*, is Vice President, Ambulatory Clinical Practice, CHS Physician Partners Network, Catholic Health Services of Long Island, Melville, NY.

*CATHERINE A. RHODES, MSN, APRN, WHNP-BC, RNC-OB, SANE-A*, is Advanced Practice Registered Nurse, The MetroHealth System, Cleveland, OH.

*CATHERINE M. BESTHOFF, DPH(c), MHA, RN, CPHQ*, is Senior Director, Patient Safety and Loss Prevention, MCIC Vermont, New York, NY.

*NENA BONUEL, PhD, RN, CCRN, CNS, ACNS-BC*, is Director, Education Services, Park Plaza Hospital/Plaza Specialty Hospital, Houston, TX; and Nurse Scientist, Center for Professional Excellence, Houston Methodist Hospital, Houston, TX.

engagement measured in this way reflects the percentage of people who communicate with their providers using electronic means but does not represent the patient's engagement in their care, treatment plans, or goal setting activities (Irizarry, DeVito Dabbs, & Curran, 2015). Patient engagement is an increasingly important part of a national strategy to improve health outcomes and enhance health care quality. It is acknowledged as a key component of accountable health care as the United States health delivery system transforms to a more patient-centered approach capable of responding to patient and family needs and preferences (Carman et al., 2013). According to the Institute of Medicine (2014), patient engagement through shared decision making is linked to increased patient satisfaction, better health outcomes, and quality of decisions.

It is proposed patient engagement is a nurse-sensitive indicator given registered nurses' (RN) pivotal role in eliciting discussions with the patient and family on goals of care followed by carefully planned execution of interventions designed to increase patients' involvement in their care, creation of self-determined goals, and other detailed engagement behaviors. This column is part of a series which addresses ambulatory care NSI and proposes patient engagement as one of those measures initially identified in the AAACN *Industry Report* (Start, Matlock, & Mastal, 2016).

### Patient Engagement

Patient engagement, inclusive of not only the patient but family/significant other(s), has been demonstrated to improve health outcomes through activation of patients' desires to become increasingly involved in their health and health care, serve as partners and decision makers in their plan of care, and become authors of self-determined goals (Hibbard & Greene, 2013; Hibbard & Mahoney, 2010). Patients who determine how they will meet the needed steps to achieve improved health outcomes are more likely to actualize those goals (Hibbard & Greene, 2013).

Patient activation is a key factor in achieving patient engagement and the term *patient activation* is often used interchangeably with *patient engagement*

*NOTE:* This column is written by members of the American Academy of Ambulatory Care Nursing (AAACN) and edited by Kitty Shulman, MSN, RN-BC. For more information about the organization, contact: AAACN, East Holly Avenue/Box 56, Pitman, NJ 08071-0056; (856) 256-2300; (800) AMB-NURS; FAX (856) 589-7463; Email: [aaacn@ajj.com](mailto:aaacn@ajj.com); Website: <http://AAACN.org>

in the literature. Patient activation relies on self-efficacy principles and encompasses the degree to which patients are motivated and possess the skill set, knowledge, and confidence to effectively manage their health and health care (Hibbard, Stockard, Mahoney, & Tusler, 2004). The underlying construct of patient activation includes an individual's (patient, family member, significant other, etc.) self-belief and perception of self, and is associated with individual health management (Hibbard & Mahoney, 2010). These characteristics are evident in Nola Pender's mid-range nursing theory of health promotion, which incorporates the Health Promotion Model. This model outlines how an individual's behaviors and experiences influence his or her health outcome. The model draws on the work of Bandura and other social cognitive theorists who identify that people are likely to invest time and effort into goals they value and believe they can attain (Bandura, 1977; Pender, Murdaugh, & Parsons, 2015). Behavioral outcomes include the individual's commitment to a plan of action, which ultimately leads to health-promoting behaviors.

Patient engagement involves active participation by individuals in their health and health care, and can be observed as a set of behaviors by patients, family members, and health professionals working in active partnership guided by a set of organizational policies and procedures that foster collaborative partnerships with providers and provider organizations (Carman et al., 2013). Examples of patient engagement behaviors include individuals setting wellness goals for weight management and physical activity with health care team members, and discussing advanced directives such as health care proxy with family members and actively communicating end-of-life care decisions to a primary care provider. Despite a myriad of patient engagement definitions, approaches, and evolving strategies, when patients are engaged and actively involved in their health care, measurable improvements in health outcomes, safety, and quality of care can be seen (Agency for Healthcare Research and Quality, 2012; Hibbard & Greene, 2013).

### **The Role of Nursing in Patient Engagement**

Ambulatory care RNs are uniquely positioned to further patient engagement interventions and program development and have already begun to incorporate engagement strategies into care systems (Haas & Swan, 2014; Rutherford, 2014). Patient engagement underpinnings are detailed by Sofaer and Schumann (2013) in the Nursing Alliance for Quality Care (NAQC) white paper, *Fostering Successful Patient and Family Engagement: Nursing's Critical Role*. The authors detail engagement strategies including chronic disease self-management and health coaching which are designed to promote and foster self-efficacy and confidence over time. Other strategies include shared decision making and customizing education to suit the preferred learning methods of the patient, taking culture, language, and literacy into consideration.

The use of collaborative communication styles such as motivational interviewing (MI) is essential to promote patient engagement (Sofaer & Schumann,

2013). MI is a patient-centered approach that respects the autonomy of the person while eliciting and strengthening motivation for change (Rollnick, Miller, & Butler, 2008).

Motivational interviewing techniques embedded in interactions with patients include providing information, exploring wishes or expectations of patients, as well as eliciting patients' knowledge and honoring cultural influences. The patient's self-determined goals are discussed and reiterated by the nurse during MI, facilitating behavior changes over time. The use of MI techniques is helpful in encouraging patients to set healthy lifestyle goals. Chronic diseases are often negatively impacted by an unhealthy lifestyle (e.g., poor diet). Employing MI techniques encourages patient engagement to make healthy choices, thus helping the patient focus on positive behavior changes known to impact clinical outcomes over time.

The patient's goals, preferences, cultural influences, and individual circumstances must be incorporated into the longitudinal plan of care which spans sites of service, providers, and time, and serves as the roadmap for both patient and providers (Dykes et al., 2014). It is essential the patient remains at the center of health care decision making to exact the most favorable behavioral outcomes (Sofaer & Schumann, 2013).

### **Patient Engagement Measurement**

The measurement of patient engagement remains in an early stage of development despite a recognized need by many professional nursing organizations including AACN, American Nurses Association, American Academy of Nurses, and NAQC to quantify the impact of nursing on patient engagement. Outcomes of highly engaged and confident patients include changes in health behaviors, health status, functional status, experience of care, and efficiency (Sofaer & Schumann, 2013). Patient engagement measures in the ambulatory care setting may reflect team-based approaches, particularly in primary care, and attention must be given to identifying nursing's influence.

Patient engagement measurement tools fall into a broader category of patient-reported outcome measure (PROM) tools that are given to patients to complete. There are many tools that fall into this category and the two tools often cited related to this effort are the Patient Activation Measure (PAM) (Hibbard, Mahoney, Stockard, & Tusler, 2005) and the My Health Confidence tool by Wasson and Coleman (2014).

The PAM is a well-researched, reliable, validated instrument that has demonstrated applicability across different languages, cultures, demographic groups, and populations with different health status (Hibbard et al., 2004; Hibbard et al., 2005; Hibbard & Greene, 2013). The PAM questionnaire is a set of 13 questions that are answered using yes/no responses that can be rank ordered and indexed. This is referred to as a one-dimensional, probabilistic Guttman-like scale. The tool is scored 0-100 and the quartile in which the patient's responses fall determines his or her stage of engagement.

- Stage 1: Patients are passive, may feel overwhelmed, and do not yet understand their role in the care process.
- Stage 2: Patients are interested but do not yet possess the knowledge or confidence to be more involved in their care.
- Stage 3: Patients are taking steps and actions to improve their health but require coaching and support.
- Stage 4: Patients are fully engaged in their health care and demonstrate confidence in their ability to maintain their health.

The quartile or stage in which the patient scores is highly predictive of varied health behaviors and can be used to tailor health care interventions and assess changes (Hibbard, 2009; Hibbard & Gilbert, 2014). In studies using the PAM tool, evidence consistently demonstrates the higher level of activation, the more likely patients will engage in positive self-management behaviors and show improved outcomes (Hibbard, Mahoney, Stock, & Tusler, 2006; Hibbard & Greene, 2013).

Patients who score in the highest quartile (stage 4) on the PAM are determined to have a higher level of activation (and therefore engagement) and can be managed with brief, supportive education and counseling. Patients who score in the lower quartiles or stages 1-3 and have a high disease burden such as with chronic diseases, would be matched with an RN and provider in a team-based care model for more intensive interventions to move the patient to a higher level of engagement (Hibbard & Greene, 2013). The PAM is licensed by Insignia and is available for a nominal fee.

The My Health Confidence tool enables patients to self-assess their confidence in managing and understanding their overall health and disease. The instrument is a simplistic visual scale, does not require answering multiple questions, and is presented in a familiar red, yellow, green scale complemented by happy and frowning faces at the end points. A single question prompts readers to answer what it would take for them to become more confident in their self-care abilities (Wasson & Coleman, 2014). This tool is not presented as a robust, predictive tool like the PAM but is a patient-reported outcome measure tool that has been validated; it is intended to open the conversation with the patient to explore ways in which the patient's confidence in his or her abilities to self-manage can be improved. Information about the My Health Confidence tool can be found at the How's Your Health website ([www.howsyourhealth.org](http://www.howsyourhealth.org)). The website offers patients the opportunity to complete a free, comprehensive self-assessment health profile which can be completed in advance of a health care appointment and shared with providers to guide health discussions between the various providers and the patient.

Other free patient-reported outcome tools include the "conviction and confidence ruler" and the "readiness ruler." The conviction and confidence ruler is presented to patients to rate their conviction for change from 0 (totally unconvinced) to 10 (extremely convinced). Patients can also rate their confidence in accomplishing the change using 0 (totally unconfident)

to 10 (extremely confident). It was adapted from rulers developed by the Rhode Island Chronic Care Collaborative 2003 (Schaefer, Miller, Goldstein, & Simmons, 2009). The readiness ruler is another tool used to direct conversations with patients desiring change. One side of this two-sided tool measures the importance of the change to the patient and the other side measures the patient's confidence to accomplish the change. The scale ranges from 0-10 with 0 being *not important/confident* and 10 being *very important/confident* (Center for Evidence-Based Practices at Case Western Reserve University, 2010).

### Proposed Ambulatory Care NSI Patient Engagement Measure

As the scope of ambulatory care nursing continues to evolve amidst emerging team-based care models and electronic health record interoperability, opportunities exist to define nurse-sensitive patient engagement measures.

It is proposed adult patients (over 18 years old) with one or more chronic diseases would benefit from patient engagement techniques, such as MI, performed by RNs. The impact of the nurse's efforts could be measured through a controlled study using a PROM tool.

*Measure description.* Positive change in the patient's self-reported activation or level of confidence (as measured using a validated PROM or engagement tool) from baseline following education and coaching by an RN using motivational techniques or other methods aimed at enacting patient self-determined goals and improving health outcomes.

*Numerator description.* Number of patients whose PROM demonstrated a positive direction change measure upon repeat score assessment at 6 months.

*Denominator description.* Number of patients who received chronic disease management education and coaching from an RN at least once during the measurement period.

#### *Measurement period.*

- 6 months

#### *Measure exclusions*

- Patients under 18 years of age and adults who lack cognitive capacity to complete the PROM.
- Patients who report top measurement of the PROM tool indicating high engagement or activation.

#### *Methodology*

- Determine baseline by administering validated PROM tool to patients with one or more chronic diseases.
- The RN provides education and coaching using MI techniques and supports the patient in creating self-determined goals.
- The validated PROM tool is re-administered to the patient at 6 months.
- The delta is determined and movement in a positive direction would indicate increased patient engagement.

## Conclusion

More research and studies, such as this proposed study, are needed to determine the influence of the RN on patient engagement. Demonstrating mastery of the behaviors needed to attain improved health outcomes and setting progressive goals to achieve those outcomes is a sign of patient engagement and will be reflected in patient-reported outcome measures.

Ambulatory care RNs have a pivotal role in educating, encouraging, motivating, and supporting patients to be engaged in their care and achieve their health care goals. To improve health outcomes, patients need to be engaged in attaining these goals. RNs are instrumental in this process and well-controlled studies will demonstrate their impact on helping patients engage in their care. \$

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