



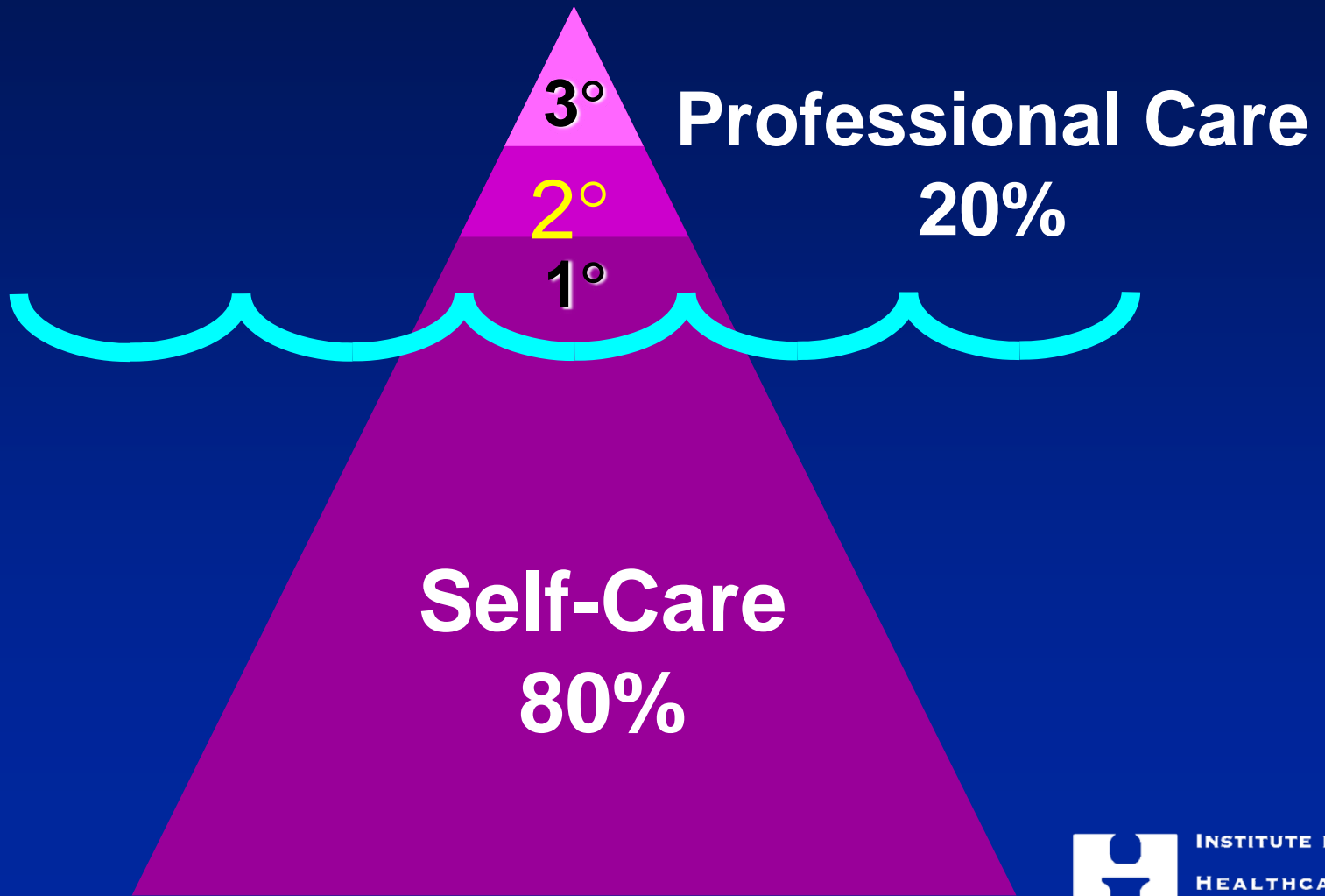
INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

Action Planning Overview and practice

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Hidden Health Care System



Objectives

- Understand the basics of action planning
 - Pre and post test: How important is it to you to integrate action planning into your practice?
- Practice action planning
 - Pre and post test: How confident are you?
- Create a personal action plan to advance your skills over the next two weeks
 - Use the “Planning for Health Changes” form
 - Report out at 1:00 p.m. meeting

Evidence

- There is substantial empirical evidence for self efficacy (confidence) as a reliable predictor of behavior change
- What helps build confidence
 - Skills mastery through action planning— immediate success is more important than the immediate goal
 - Learning from peers, modeling for others, understanding what symptoms mean

Experience

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- 43 clinicians, 228 patients with CHD risk factors
- Clinicians: 45 – 60 minute training
 - 83% completion rates on patients selected
 - 82% say they will continue to use it
- Patients
 - 83% completion; no correlation with education, readiness for change, no. of risk factors etc.
 - 92% recall the plan three weeks later
 - Of these, 75% have taken action
 - More patients with ongoing plans (81%) than one time action plans (66%) carried them out ($P < .06$)

Steps

- 1. Begin with your patient's interests**
- 2. Believe that your patient is motivated to live a long, healthy life**
- 3. Help your patient determine exactly what they might want to change**
- 4. Develop a reasonable, detailed action plan using problem solving as needed**

Core techniques

- With your patient
 - Ask, listen, close the loop (summarize—“Did I hear you correctly?”)
 - Use open-ended questions
 - Curiosity, inquiry, respect, hopefulness
 - Nonjudgmental; willing to go with what the patient is willing to do (“rolling with the resistance”)
- When you talk to your patient
 - Ask permission, tell, ask the patient to close the loop (summarize what you said)

WHAT DOESN'T WORK

- Giving information and advice without having established the patient's level of knowledge, level of concern and interest first
- Taking sides in the patient's ambivalence
 - Warning of the consequences of bad outcomes to influence the patient
 - *“you'll go blind if you don't do what I tell you.”*
 - Urging more willpower
 - *“if you would just try harder...”*
- Caring more than the patient...

Open-ended questions: examples

- “What do you hope for from the visit today?”
- “What questions should we make sure to address today?”
- “What’s the biggest worry you have right now?”
- “Most of the patients I work with have trouble taking their medications regularly. What trouble are you having?”
- “Where would you like to be with _____ 6 months from now?”

More helpful phrases

- “I think you have.....”
- “May I tell you more about....”
- “Can you review for me what we just discussed so I know that I made it understandable?”

Steps

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Detail for Steps 3 and 4

- 1. Zero in on an area for behavior change—must be important to the patient; start with questions**
- 2. Explore relevant beliefs (4 “importance” questions)**
- 3. Establish the details of the action**
 - Be a journalist, listen carefully, limit questions**
 - What, duration, how often, where**
- 4. Determine confidence level**
- 5. Determine barriers and problem solve**
- 6. At every step: close the loop, summarize**

Assessing Importance

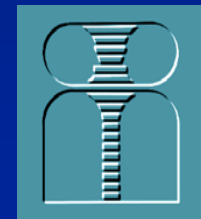
“How important do you think it is to do Kegel exercises?”

Not at all convinced 0 1 2 3 4 5 6 7 8 9 10 Totally convinced

“What makes you say 4?”

“Why 4 and not zero?”

“What would it take to move it to a 6?”



(From Keller and White, 1997; Rollnick, Mason and Butler, 1999)

Establish the details of the action

- Patient: = *I am going to try to walk more this week. (what)*
 - Provider: How many days a week and for how long?
- = *I am going to try to walk every day for 30 minutes*
 - But you said you rarely get out now. How confident are you that you can achieve this?
- = *I would rate it a “4”*
 - Well, what do you think you really could do, without a doubt?
- = *I think I could do 20-minute walks this week. (what, duration)*
- = *I will plan 20-minute walks Monday, Wednesday and Friday this week. (what, duration, how often)*
- = *I will plan 20-minute walks to the mall and back on Monday, Wednesday and Friday this week. (what, duration, how often, where)*
- = *My level of confidence of actually fulfilling this plan of 20 minutes walks to the mall and back on Monday, Wednesday and Friday this week is 7 out of a possible 10. (what, duration, how often, where, confidence rating)*

Problem Solving (for barriers)

1. Identify the problem.
2. List all possible solutions.
3. Pick one.
4. Try it for 2 weeks.
5. If it doesn't work, try another.
6. If that doesn't work, find a resource for ideas.
7. If that doesn't work, accept that the problem may not be solvable now.

Time to Practice

Think of some healthy change you'd like to make, but you just haven't done it yet.

Tips for follow-up

- Try a wide variety of methods, whichever patient prefers (in person, phone, email, groups)
- Make sure follow-up happens, patient trust can be destroyed by missed follow-up
- Use outreach and community opportunities
- Patients will begin to be able to do own follow-up

Resources

- Book: Rollnick et al “Health Behavior Change” 1999.
- Book: Lorig K, Holman, H, Sobel D et al Living a Healthy Life with Chronic Conditions 2 ed, Palo Alto, Bull publishing, 2001
- Bibliography on self-management:
www.improvingchroniccare.org