

5 Diamond Patient Safety Program

5 A's Model for Self Management

2010

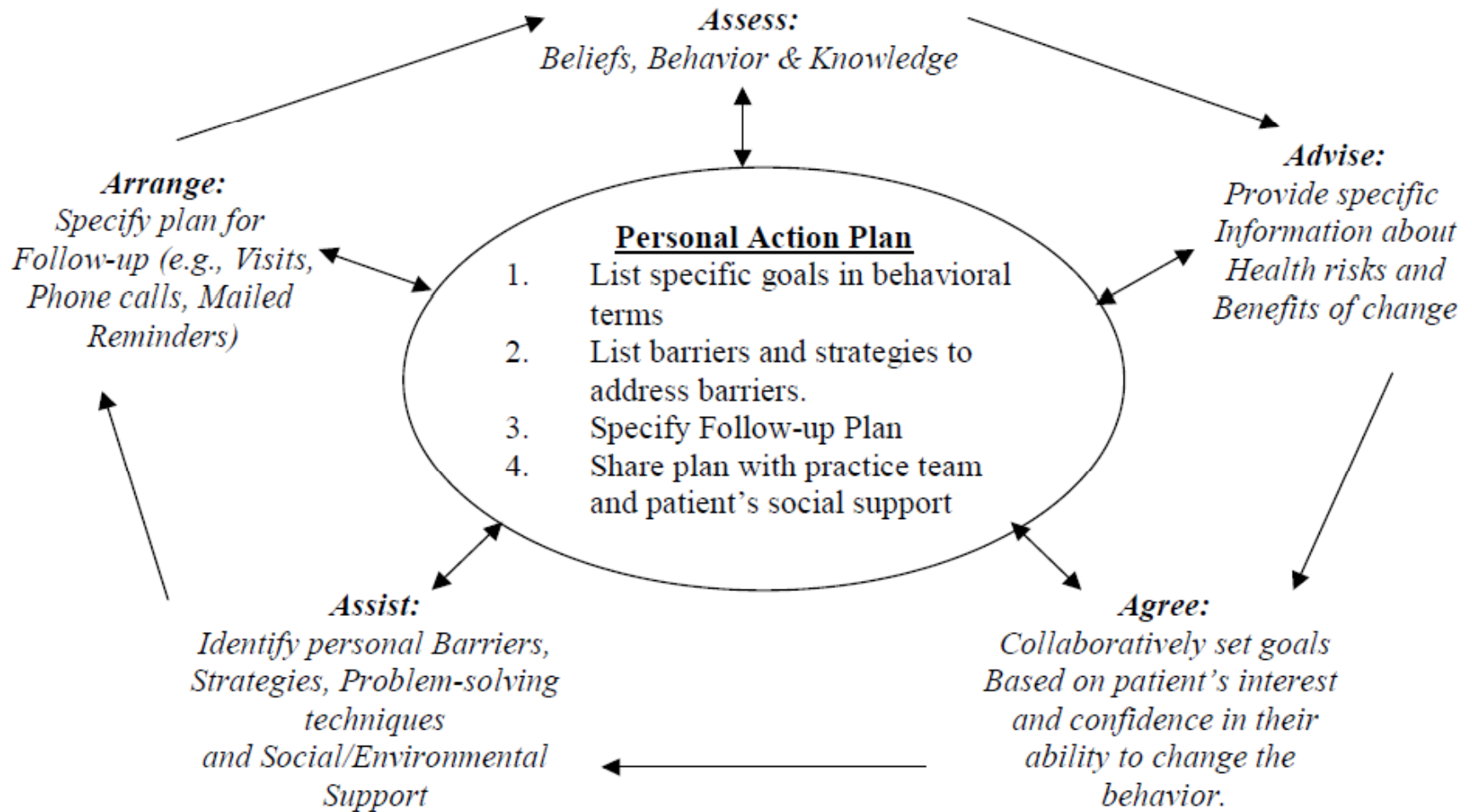
** This presentation was collaboratively developed by the Mid-Atlantic Renal Coalition (MARC) and the ESRD Network of New England for the 5-Diamond Patient Safety Program.*

The 5-Diamond Patient Safety Program is endorsed by the Renal Physicians Association (RPA) and American Nephrology Nurses' Association (ANNA).

5 A's Model for Self-Management

- The Five As is a counseling approach that entails a series of sequential steps to facilitate patient self-management and behavior change (World Health Organization 2004). Each component is utilized at a patient encounter (face-to-face).
 - Assess
 - Advise
 - Agree
 - Assist
 - Arrange

Self-Management Model with 5 A's (Glasgow, et al, 2002; Whitlock, et al, 2002)



5 A's Model: Assess

- Have patient periodically complete valid health behavior surveys and provide them with feedback.
- Try brief behavior survey in a) waiting room, b) on computer.
- Assess patient knowledge about their chronic condition.
- Ask patient, “what about self-management is most important to talk about today?”
- Ask patient, “what are your most challenging barriers?”, recognizing physical, social and economic barriers.
- Provide patient with personalized feedback and results.
- Assess conviction and confidence regarding target behaviors.

5 A's Model: Advise

- Provide personally relevant, specific recommendations for behavior change.
- Relate patient symptoms or lab results to their behavior, recognizing patient's culture or personal illness model.
- Inform patient that behavioral issues are as important as taking medications.
- Provide specific, documented behavior change advice in the form of a prescription.
- Share evidence-based guidelines with patients to encourage their participation.

5 A's Model: Agree

- Use shared decision-making strategies that include collaborative goal setting.
- Have patient develop specific, measurable, feasible self-management goal for behavior change.
- Provide options and choices among possible self-management goals.
- Utilize input from family or spouse, and with support/assistance from caregiver.
- Share perspectives with patient on what is most important short-term goal and agree on a specific target.
- Present evidence on benefits and harms to patient and let them decide on course.

5 A's Model: Assist

- Use effective self-management support strategies that include action planning and problem solving.
- Help patients create specific strategies to address issues of concern to them.
- Help patient develop strategies to address barriers to change (write on Action Plan form).
- Implement patient discussion of self-management action plan a) during PCP visit, b) immediately before or after with nurse.
- Refer patient to evidence based education or behavioral counseling individual or group.

5 A's Model: Assist (cont')

- Elicit patient's views and plans regarding potential resources and support within family and community.
- Use planned interactions to support evidence-based care.
- Give care that patients understand and that fits with their cultural background.
- During follow-up visits, review progress, experience, concerns;
- renegotiate goals and revise action plan.

5 A's Model: Arrange

- Follow-up on action plans.
- Follow-up on referrals.
- Establish two-way communication and partner with community groups to improve services and linkages.
- Give patient copy of SM Action Plan.
- Follow-up call to patient within a week after visit as “booster shot” for SM Action Plan.
- E-mail follow-up or brief letter restating plan and inviting questions.
- Arrange for patient to contact specific community resources that could support their goals.
- Follow-up with goals set in action plan at each non-acute visit.