Value of nursing



Care effectiveness



Cost effectiveness

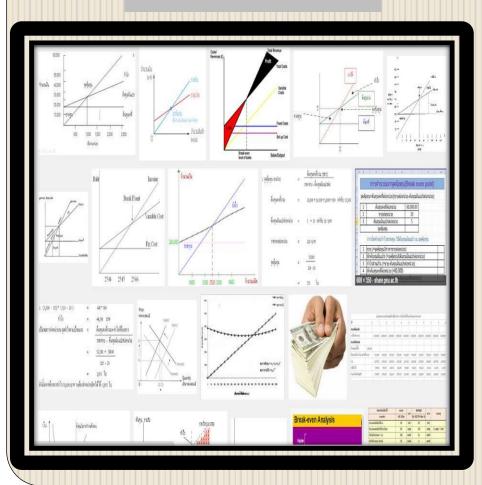
พว.ภรณี ผ่องนพคุณ,RN,MSN

Clinical nurse specialist 7
โรงพยาบาลวัฒโนสถ โรงพยาบาลมะเร็งกรุงเทพ

คุ้มค่า ? คุ้มทุน ?

คุ้มทุน

คุ้มคา





มุมมองของถูกค้า

true move







- สมราคา
- เหนือความคาดหมาย
- พึงพอใจ

เพียงเปิดเบอร์ใหม่ หรือ ย้ายค่ายเบอร์เติมในนามนิติบุคคล



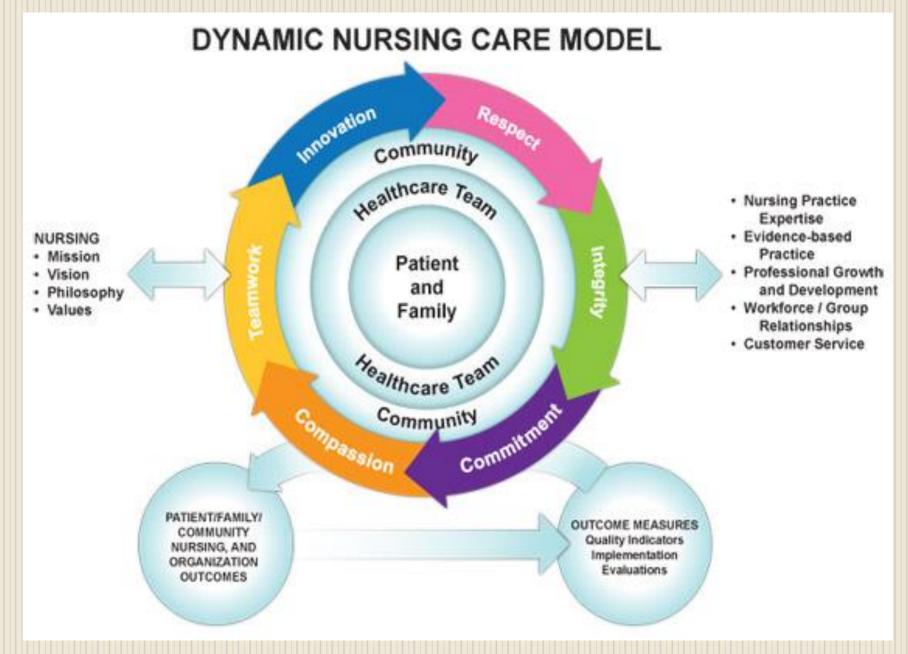
พระองค์ภาเตรียมประทานเสื้อสามารถให้ฮี่โร่ษาวกระบี่

เรื่องโดย Nation TV I ภาพโดย fb: Theerasak Saksritawee 19 ตุลาคม 2558 15:52 น. 41,715 views

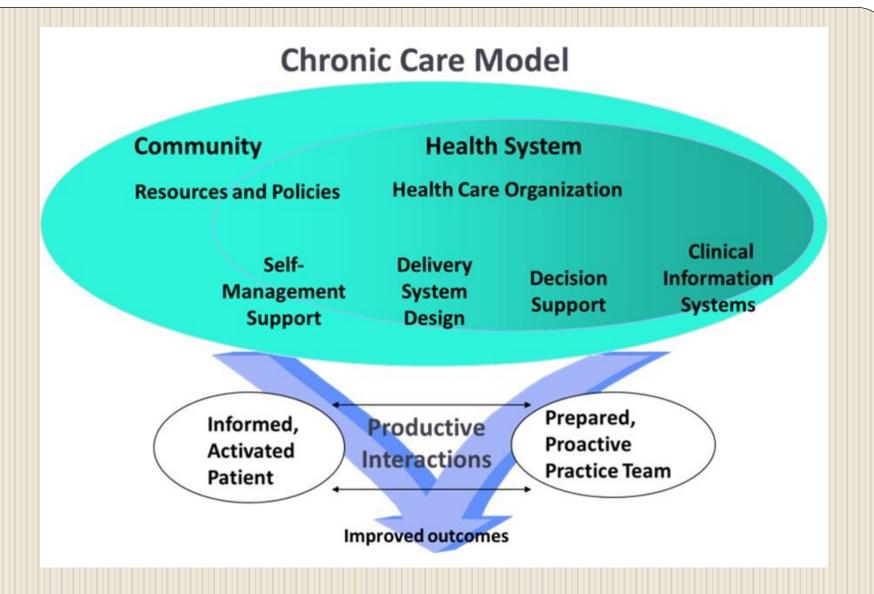
≪ 40.9K ∥ ⊪s

กระบี - พระองค์ภาเตรียมประทานเสื้อสามารถให้ฮีโร่ชาวกระบี ขณะที่เหล่ากาชาดนำแพทย์ตรวจอาการเจ็บหลัง พร้อมเดินทางพบนายกรัฐมนตรี เที่ยวบิน ทีFB 3228 แอร์เอเชีย เย็นนี้





Coleman, E.A., Parry, C., Chalmers, S. & Min, S. (2006).



The Chronic Care Model. Developed by the MacColl Institute, ©ACP-JSIM Journals and Books, reprinted with permission from ACP-ASIM Journals and Books.

Supporting self management

Research report

The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial

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Abstract

Objective: Supporting patients' self care could have a major effect on the management of long-term conditions, which has led to worldwide interest in effective self care interventions. In England, self care support is being developed through the "Expert Patients Programme", which provides lay-led generic courses to improve patients' self care skills. However, the clinical and cost effectiveness of such courses remains unclear.

Methods: Two-arm pragmatic randomised controlled trial design with waiting list control in community settings in England. 629 patients with a wide range of self-defined long-term conditions were studied. The lay-led self care support group involved 6-weekly sessions to teach self care skills. Primary outcomes were self-efficacy, reported energy and routine health services utilisation at 6 months. A cost-effectiveness analysis was also conducted.

Results: Patients receiving immediate course access reported considerably greater self-efficacy and energy at 6-month follow-up, but reported no statistically significant reductions in routine health services utilisation over the same time period. The cost-effectiveness analysis showed that patients receiving immediate course access reported considerably greater health related quality of life, and a small reduction in costs. If a quality adjusted life year was valued at £20 000 (\$39 191; €30 282), there was a 70% probability that the intervention was cost effective.

Conclusions: Lay-led self care support groups are effective in improving self-efficacy and energy levels among patients with long-term conditions, and are likely to be cost effective over 6 months at conventional values of a decision-maker's willingness to pay. They may be a useful addition to current services in the management of long-term conditions.

The case for investing in self care and self management for people living with long term conditions

- Evidence of effectiveness
 - A study of more than 550 systematic reviews, randomized controlled trials and large observational studies concluded that; 'the totality of evidence suggests that supporting self-management can have benefits for people's attitudes and behaviors, quality of life, clinical symptoms and use of healthcare resources.

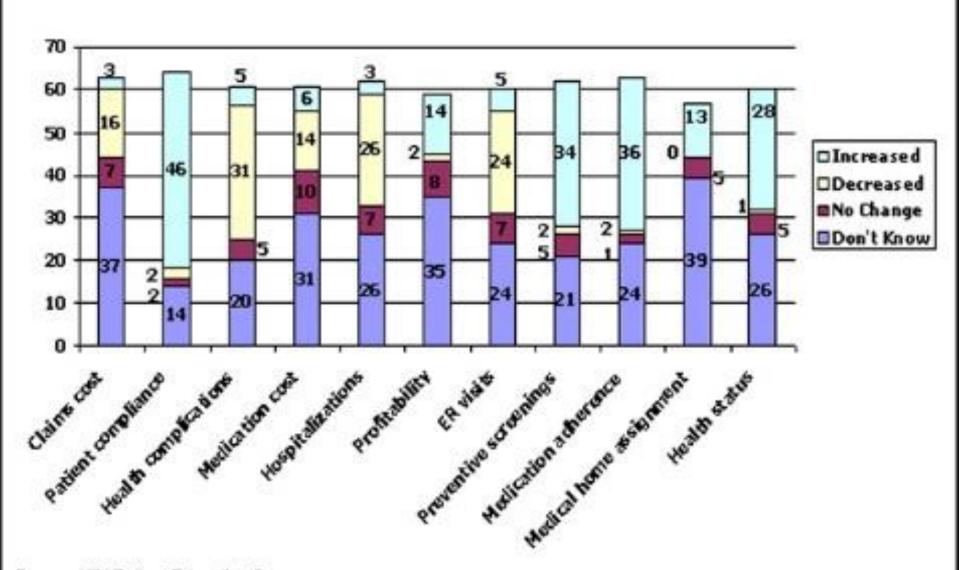
http://www.talkinghealth.org/uploads/The, May 2013

The case for investing in self care and self management for people living with long term conditions

Evidence of effectiveness

- Department of Health internal evaluation of the Expert Patients Program (EPP) demonstrated
- 7% reduction in GP consultations
- 10% reduction in outpatient appointments
- 16% reduction in A&E visits
- 9 % reduction in Physiotherapy appointments
- Improved adherence to treatment and medication
- Reduced unplanned hospital admissions

Impact of Patient Education Programs



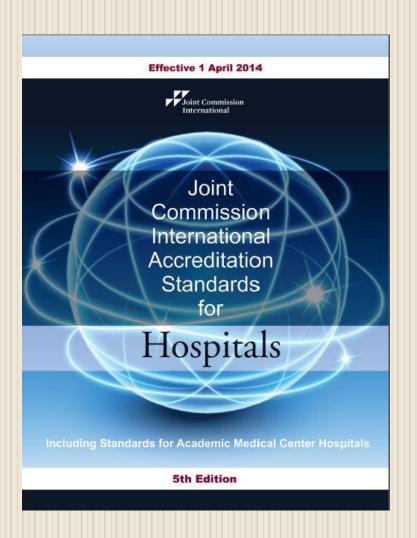
Source: HIN Patient Education Survey

August, 2009



Intended Purpose Respect for patient values/preferences Quality of life Involvement in decision making Dignity Needs/autonomy Coordination/integration of care Overall clinical care Frontline/direct care Ancillary/support services Information/communication/education Clinical status, progress, prognosis	Recipients Patients Characteristics Clinical indications Family/caregivers Characteristics Clinical indications Hormat Verbal, written, or visual material (print/internet) Formal education sessions Individual, group, family counseling Automated telephone, computer-assisted monitoring Manual telephone follow-up Family intervention Alternative site of access to care Simplified dosing	Outcomes Psychosocial Satisfaction Personal growth Confidence/self-perception Control of life/condition Knowledge/understanding of condition or healthcare needs Acquisition of new knowledge Reduced fear/anxiety Ability to discuss issues with health professionals Positive relationship with health professionals Trust in health providers	
 Processes of care Facilitate autonomy/self-care Physical comfort Pain management Activities of daily living Surroundings/environment Emotional support for fear/anxiety Clinical status, treatment, prognosis Impact of illness on self/family Financial impact Involvement of family/friends Accommodation of family/friends Supporting/involving family/friends Recognizing needs of family Transition/continuity Information Coordination/planning Support Making decisions Managing uncertainty Understanding options Prioritizing risk 	Delivery Context Government Federal Provincial Healthcare providers Individual Facility Regional Agency Healthcare enablers Quality councils Agencies Foundations Societies Patients/lay leaders Support groups Community groups	 Specialized packaging Self-monitoring Reminders Appointment or refill reminders Reinforcement or rewards Crisis intervention Direct observation Lay health mentoring Augmented health services Psychological therapy Content Healthcare information Intensity Length of each interaction Degree of interactivity Number of sessions Duration Total length of time 	 Information-seeking capacity Decision-making capacity Motivation Compliance with prescribed or recommended management Clinical Access to care Receipt of appropriate services Quality of medical decision Pain control Functional ability Vitality Less suffering Cure/remission Survival

International standard accreditation JCI 5th edition





Standards, Intents, and Measurable Elements

Standard PFE.1

The hospital provides education that supports patient and family participation in care decisions and care processes.

Intent of PFE.1

Hospitals educate patients and families so that they have the knowledge and skills to participate in the patient care processes and care decisions. Each hospital builds education into care processes based on its mission, services provided, and patient population. Education is planned to ensure that every patient is offered the education he or she requires. The hospital chooses how it organizes its educational resources in an efficient and effective manner. Thus, the hospital may choose to appoint an education coordinator or education committee, create an education service, or simply work with all staff to provide education in a coordinated manner.

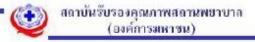
Measurable Elements of PFE.1

- The hospital plans education consistent with its mission, services, and patient population.
- 2. There is an established structure or mechanism for education throughout the hospital.
- 3. The education structure and resources are organized in an effective manner.

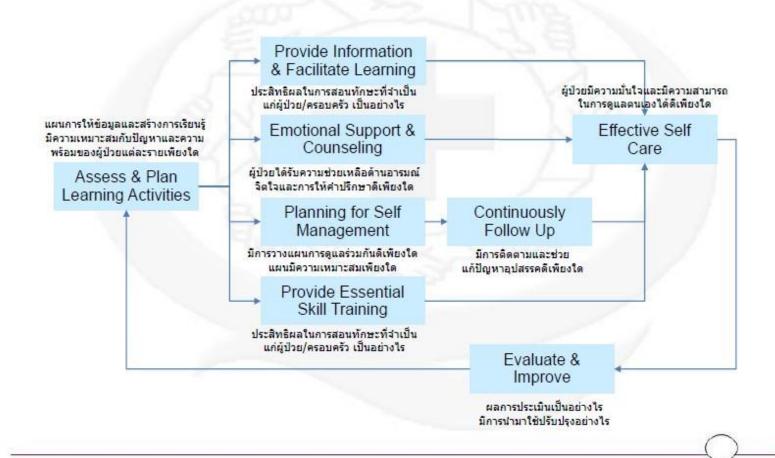


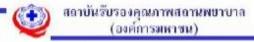
HA Standards Part III

Framework for Evaluation & Sharing

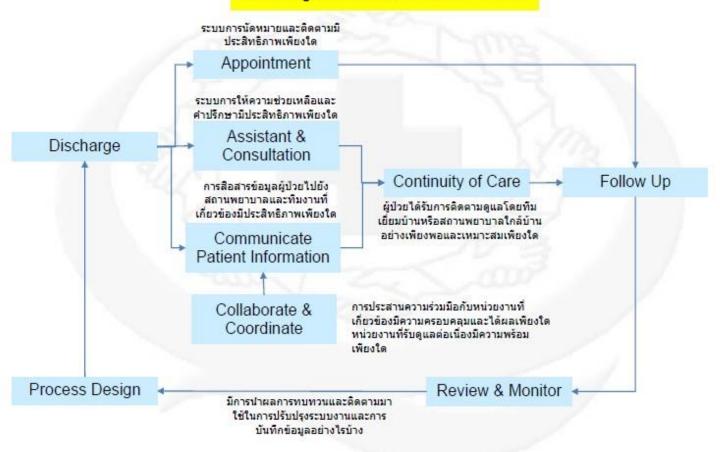


III-5 การให้ข้อมูลแก่ผู้ป่วยและครอบครัว (Information & Empowerment)





III-6 การดูแลต่อเนื่อง (Continuity of Care)



Video

Thank you

