



Self-Management and Community Based Care

Timmins

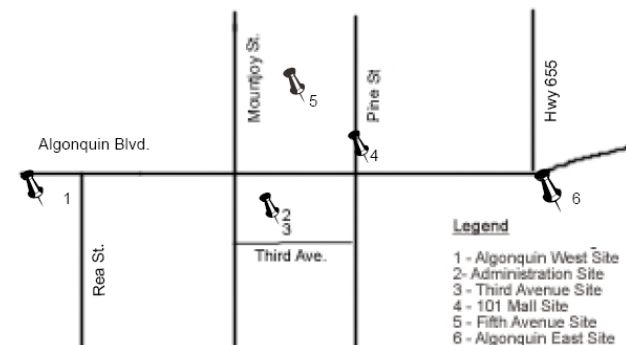
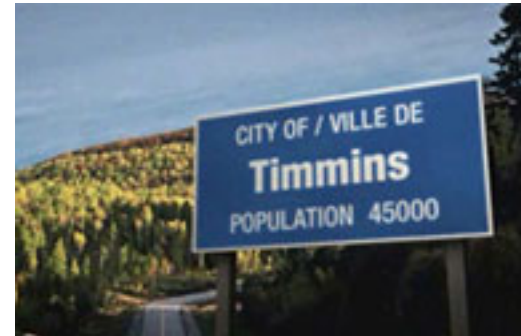


**Family Health Team
Équipe de Santé Familiale**

Elisha Laughren
Health Promoter

[Meet the Team]

- > 18,982 Patients
- > 24 Physicians
- > 21 Physician Staff (12 FTE)
- > 31 Timmins FHT



[Adopting Self-Management]

- Management Support
- Resources
- Training
 - 3 Minute Empowerment Model (to learn motivational interviewing skills) x 2
 - “Helping Patients Succeed” a Self-Management Support Workshop for all staff
- Evaluation

[Self- Management Support]

1:1 Clinical Visits (Patient : Provider)

- Provides education and supportive interventions for patients
- Clearly defined roles and responsibilities for the team
- Planned follow-up care that involves regular assessment of;
 - Progress and Problems
 - Collaborative Goal Setting
 - Problem solving support

* for programs developed to date

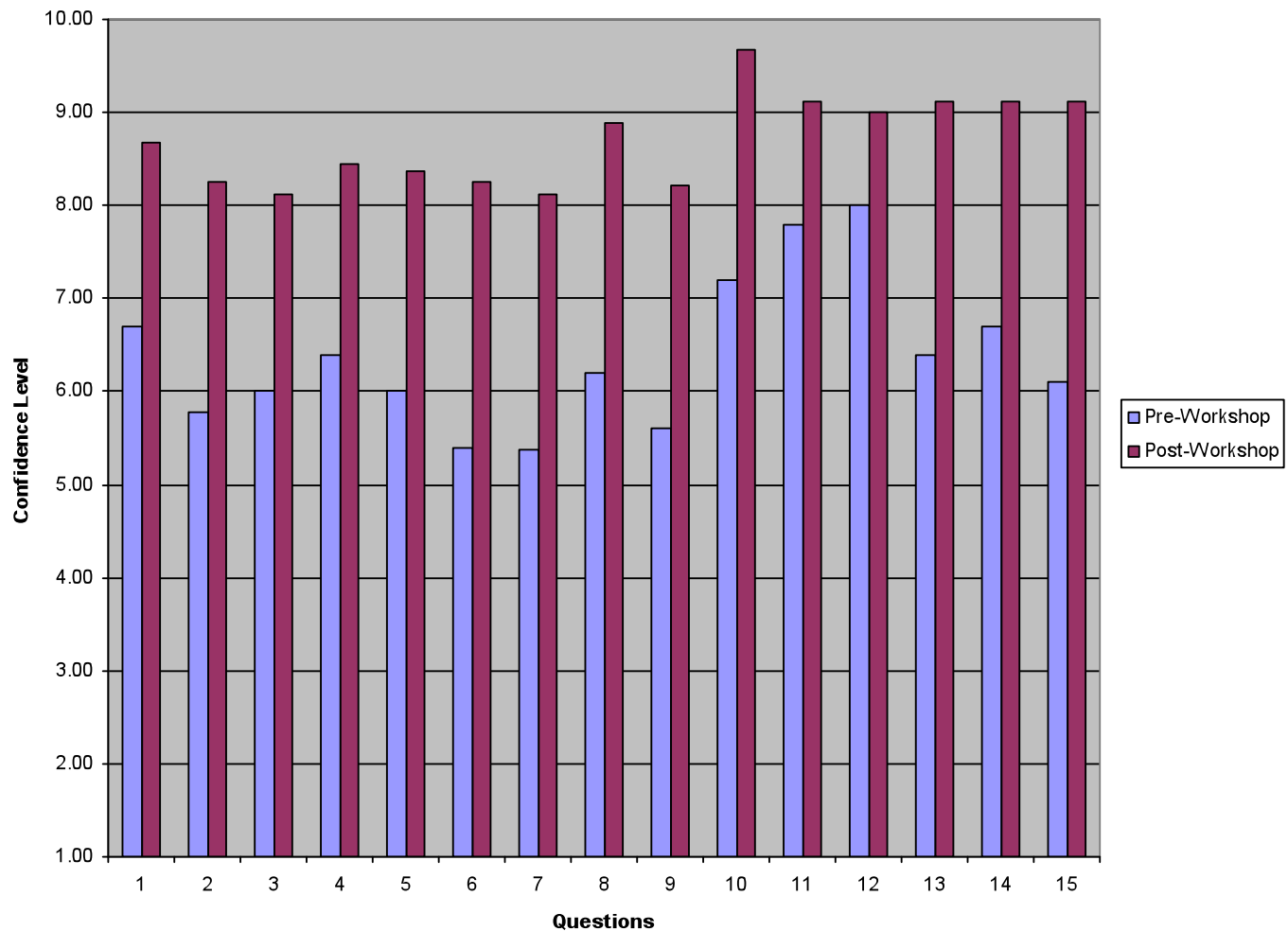
[Self-Management Support]

Healthy Lifestyle Sessions

- Self-referral and/or provider referral
- Led by healthcare professionals
- Sessions are educational with added skill development techniques to help the patient learn how to adopt healthy behaviors.
 - Goal setting, problem solving.

Self-Management Support

Living Well
Program



[Self-Management Support]

Diabetic Group Medical Appointments

- Pilot project: charter group December 10
- Partnership program
- Group will determine content of sessions
- Sessions are educational with added skill development techniques to help the patient learn how to adopt healthy behaviors.
 - Goal setting, problem solving.
- Build confidence to deal with their conditions
- Follow-up visits to continually develop skills.

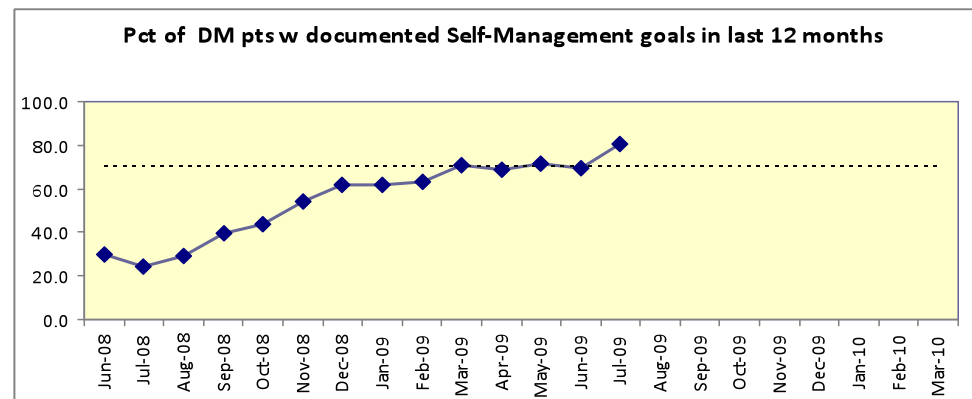
[Self-Management Support]

Patient Orientation Sessions (Welcome to the Team)

- Pilot project: charter group Jan/Feb 2010
- Purpose of sessions:
 - Meet the team
 - Emphasize patients central role as a partner in their own care
 - Make sure the patients have and understand how to navigate within the FHT (providers, programs, how to make an appointment etc.)

Documenting Self-Mgmt

- Develop self-management tools (consistent, measurable and include a confidence level)
- Patient requires a copy
- Needs to be documented with patient chart



[Next steps]

- Self-Management for all patients
- Active follow-up for SMS
- More chart audits to evaluate documented self-management goals
- Additional training for staff

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Any Questions?

www.timminsfht.ca