



Chronic Disease Self-Management Program: A Toolkit for Hospitals

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Chronic Disease Self-Management: A Toolkit for Hospitals

Introduction

According to the Centers for Disease Control and Prevention (CDC), 75% of health care costs in the United States are due to chronic conditions. Approximately 133 million Americans (nearly 50%) live with at least one chronic illness, and older adults are likely to have multiple chronic conditions. Coupled with the fact that the fastest growing demographic group in the United States is people age 65 and older (1), identifying strategies to prevent chronic illnesses and improve self-management is key to controlling health care costs and improving quality of life.

The Stanford University Chronic Disease Self-Management Program (CDSMP) is an evidence-based prevention and health promotion program that addresses common issues faced by people with chronic conditions. The program includes six weekly classes that offer information on appropriate exercise, healthful eating and medication usage as well as improving communication with healthcare providers and friends and family. Classes are two and one half hours a week and are held in community settings including senior centers, clinics and senior living facilities.

The CDSMP has been rigorously reviewed through more than 20 years of development and data collection supported by grants from the National Institutes of Health, the Agency for Healthcare Research and Quality and the Center for Disease Control and Prevention. It has been implemented in 43 states and 18 other countries including Canada, Australia, China, Japan, Norway and Great Britain (2).

With healthcare reform on the horizon, hospitals are challenged to come up with ways to minimize potentially preventable readmissions. The CDSMP is a low cost, well-established program with a proven track record in improving exercise compliance, symptom management, communication skills and self-reported overall health.

The following toolkit was developed by Holy Cross Hospital in Silver Spring, Maryland for the Maryland Department of Aging to assist other hospitals in the implementation of CDSMP. The primary audience for this toolkit is hospitals. The secondary audience for this toolkit is community agencies that have implemented CDSMP or are familiar with CDSMP and are seeking partnerships with hospitals. Community staff can distribute this toolkit to hospitals and be available to present their experiences with CDSMP. Tips for community agencies interested in working with hospitals are also included in this toolkit.

Four hospitals were interviewed to gather information to help hospital employees understand the benefits of the program regarding cost savings, reduction in days spent in the hospital and reduction in readmissions. The cost to adopt, implement and sustain the program was also addressed. For ease of implementation, the toolkit contains concise one-page fact sheets that can be shared with hospital staff during the development phase.

(1) 2008 US Census Bureau Population Predictions

(2) National Council on Aging

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Overview of Toolkit

Chronic Disease Self-Management: A Toolkit for Hospitals was designed to help hospitals and community partners address the needs of people with chronic conditions by improving self-management skills. Several hospitals were interviewed to assist in the development of this toolkit. Two of the hospitals had experience organizing CDSMP workshops and the other two hospitals were not offering CDSMP. There were three primary questions asked by hospitals not yet offering CDSMP about outcomes, time and costs:

1. What was the design of the original study and what were the outcomes?
2. How long does it take to adopt and implement CDSMP?
3. How much does it cost to adopt and implement CDSMP including the cost per workshop/participant?

These questions are answered in depth in the Toolkit narrative. They are also addressed in a more concise format in Appendices A – E.

- A) CDSMP Overview Sheet
- B) Why Adopt CDSMP Fact Sheet
- C) Timeline, Phase 1
- D) Timeline, Phase 2
- E) Budget

Hospitals and CDSMP

Preventing *potentially preventable readmissions* is a challenge that all hospitals face in the current health care environment. New Medicare rules will reduce payments to hospitals that have high rates of readmissions and higher-than-average costs for patient care ⁽¹⁾. Follow-up post-discharge may prevent readmissions by providing health education and advice, managing symptoms and medications, and arranging post-discharge follow-up provider care. Holy Cross Hospital cares about patients while they are in the hospital and when they go home. Programs like the CDSMP fill a niche that helps patients gain a greater understanding of their own role in staying well and how to self-manage successfully. Research results have shown that this strategy works to improve healthful behaviors and results in less days spent in the hospital and fewer emergency room visits for patients who complete the program.

Hospitals that offer CDSMP are able to collect data and evaluate program results. Outcome measurement tools that are easy to replicate can be found in Appendices N and O. There is some flexibility in selecting the outcomes to be tracked based on individual hospital's needs. The Stanford University Patient Education website, www.patienteducation.stanford.edu, is an excellent resource for reviewing the kind of outcomes that are commonly collected as well as valid and reliable scales for self-

reporting. Basic analysis of outcomes will show whether or not symptom management and health care utilization has improved by taking the program.

(1) *Medicare Prepares Rule to Penalize Hospitals with High Readmission Rates*, Kaiser Health News in collaboration with the Washington Post, July 30, 2011.

Timeline

The adoption and implementation process for CDSMP has been broken into two phases. The first phase involves the hospital hosting a workshop and does not require a large time commitment on the part of the hospital. This gives the hospital an opportunity to “sample” CDSMP before fully committing to the more involved process of adoption and implementation (Appendix C: Timeline, Phase 1).

A hospital may also decide to start with phase two and skip phase one. Many hospitals have already heard of the tremendous benefits of CDSMP and are ready to adopt and implement the program; they just need the tools to aid in the process. Resources including staff, time and money need to be in place or readily accessible (Appendix D: Timeline, Phase 2).

Budget

The costs for hosting a CDSMP workshop are minimal. The most challenging part is reserving a room once per week for 6 weeks in 2.5-hour time blocks. The marketing plan can be decided between the host site and sponsoring site. The sponsoring site may also help promote the program through flyers and online methods.

The adoption and implementation costs vary depending on several factors. These factors include whether or not the leaders will be reimbursed, the salary and hours per week of the coordinator and whether a grant has been received. It should be noted that a program coordinator should have dedicated time, 20-100%, to work with the program. Additionally, the first year (startup costs) will cost more due to training, licensing, and material fees. Following years will not be as expensive. Overall, CDSMP is not a high cost program to sustain. The approximate cost to run one workshop with 15 participants is \$1,120 or approximately \$75 per participant. The first year cost may be as high as \$53,200, depending on many factors. This includes training two Master Trainers, holding a lay leader training, staffing a 0.5 FTE coordinator, and holding 13 workshops with 15 participants per workshop (Appendix E: Budget).

Phase 1

Phase one involves hosting a CDSMP workshop to gauge interest in the program. Additionally, a hospital may choose to serve only as a referral source and neither host nor adopt CDSMP. For these hospitals, it is suggested to refer potential CDSMP candidates to the local Area Agency on Aging, State Department of Aging, Department of Health and Human Services or other hospitals or community organizations in the area that may offer CDSMP.

Hosting a Workshop

For hospitals with limited staff and resources, hosting a workshop is a great option for meeting the needs of your community. It allows for a “sampling” of CDSMP with a minimal time commitment compared to the adoption and implementation process. There are no costs involved. However, the hosting site needs to provide a room once per week for six weeks for two and one half hours. If deciding to host CDSMP workshops, the hospital needs to work with a partner that has a license to provide workshops. The partner agency may ask the hospital to sign a Memorandum of Understanding that defines the roles of both organizations (Appendix F). The partner agency will provide workshop leaders, may assist with marketing the workshops, provide assistance with supplies, and assist with monitoring workshops. For a list of some licensed agencies in your area, go to the Stanford web site.

Recruitment of Participants

Even if working with a partner agency, hospitals need to identify staff to be responsible for the recruitment of participants for the CDSMP workshop. Suggested staff would be a nurse, a case manager, *potentially preventable readmissions* program staff, etc. This person may also be part of the hospital’s outreach departments such as community health, faith community nursing or health and wellness. A volunteer with a vested interest such as a past CDSMP participant may also be a good source to recruit participants. Ideally, it is most beneficial to have a combination of these sources to recruit participants.

Marketing

The hospital will also need to identify staff or volunteers to be responsible for advertising the program. This will most likely be the same person(s) responsible for recruiting participants. Depending on the organization, there are various ways to advertise. Holy Cross Hospital primarily uses the following means for marketing:

- Flyers and brochures distributed to:
 - Health promoters (health fairs)
 - *Senior Fit* instructors
 - Faith Community nurses
 - Seniors Emergency Department’s nurse practitioner and social worker
 - Community Health Department
 - Holy Cross Hospital website
- *Holy Cross Health* and *Holy Cross Health Today* (for seniors) newsletters published three times per year. The combined circulation of the newsletters is 230,000 households.

Phase 2

A hospital that is ready to begin phase two should have staff available to dedicate adequate time to the roll out the program as well as adequate funding for sustainability, and an understanding of the program so that it fits with the hospital's mission.

Hospital Decides to Adopt CDSMP

Once the decision is made to adopt CDSMP, several steps need to be completed before the actual implementation process begins. These steps include identifying champions to educate the staff about CDSMP and identifying staff members to train as Master Trainers.

Identify Champions

Depending on the structure of the organization, the champion(s) will vary. Champions are necessary to promote the program, identify potential lay leaders, and refer potential candidates to the program. A champion may be a past participant, nurse (hospital or community-based), physician, staff member from the community health/wellness department or anyone passionate about CDSMP that has the time to devote to this process.

Hospital Identifies Staff to Train

Two people must be identified and trained as Master Trainers to begin the adoption of CDSMP. A location offering CDSMP training will then need to be identified. The Stanford Patient Education Research Center website posts upcoming courses hosted by Stanford University. Information can be found at <http://patienteducation.stanford.edu/>. The training consists of 4.5 days. There are three to four trainings scheduled at Stanford University each year. Local Area Agencies on Aging may be another source to find closer facilities offering CDSMP Master Training sessions. Once trained, the Master Trainers must co-facilitate at least two workshops in the first year before being eligible to train leaders to teach a CDSMP workshop.

Training Costs

The costs for training at Stanford are as follows:

- \$1,600 per health professional
- \$900 for a lay person with a chronic disease

Leaders with a chronic condition are preferred. CDSMP evidence-based assumptions noted that lay people with chronic conditions, when given a detailed leader's manual, make the most effective instructors. Also, people with chronic conditions have similar concerns and problems. Costs may be more manageable with the aid of a grant.

After the Master Trainers co-facilitate at least two workshops within the first year of being trained, they can then offer a lay leader training. The training to become a CDSMP lay leader consists of four, six-hour days. A CDSMP program license will need to be purchased prior to holding the lay leader training. The cost for a single Program (10 or fewer workshops per year) is \$500.00 for 3 years and the cost for a single Program (30 or fewer workshops per year) is \$1,000.00 for 3 years. Again, grant funding can be helpful in covering these costs.

The lay leader training consists of four, six-hour days and is facilitated by two Master Trainers. There are several ways to recruit potential leaders. First, past CDSMP participants are an excellent source for future lay leaders. Second, current health and wellness instructors on staff may make good lay leaders. Recruiting from within the hospital is another option. Sometimes continuing education credits (CECs) can be offered and serve as an incentive to take the training. However, ultimately, the participants' desire to take the training should be based on the primary interest of helping others self-manage their chronic disease.

The cost of the lay leader training can vary depending on whether Master Trainers receive reimbursement for facilitating a workshop, whether lunch is provided, etc. A detailed breakdown of the lay leader training costs can be found in Appendix E. The typical cost for four, six-hour training days is approximately \$1,750. This dollar amount includes a stipend for two Master Trainers and materials and food for 15 participants. There should be a minimum of 12 trainees in the group.

Implementation

While the Stanford programs are relatively low cost, they are not free of charge. If an organization intends to support a program coordinator and lay leaders as well as materials, it must be sure that it has enough long term funding to cover the costs. In addition the program must fit with the mission of the hospital.

All of the following components are needed for program implementation. Following this list is a discussion of each item.

- Program Coordinator
- Master Trainers
- Lay Leaders
- Recruitment
- Training and Monitoring
- Compensation
- Retention
- Program License
- Fidelity Checklist

Program Coordinator

Every organization needs someone who is responsible for the program. This person, the coordinator, is sometimes a Master Trainer. The program coordinator recruits leaders, supervises leaders, arranges

for workshop sites, maintains program fidelity and may conduct program evaluations. The coordinator is also the person that leaders turn to in an emergency.

Depending on how many workshops your hospital will offer each year, the coordinator position can be anything from a 25% time position to a full-time position. This should not just be an add-on for an already busy person. In order to be successful and reduce the number of problems, it is recommended that the position is part of a job description with specific time allocations.

Master Trainers

Master Trainers are responsible for training lay leaders. Every organization does not need Master Trainers. In fact if you are planning on training lay leaders less than twice a year you are probably better off working with a nearby organization and training your leaders together. However, all lay leaders must be trained by Master Trainers. For a lay leader training to take place you will need two Master Trainers. These people may work for your hospital or they may be affiliated with another agency in your area. A list of all currently certified Master Trainers is on the Stanford Patient Education Research Center website's private Trainer section. If you need help finding Master trainers, please contact Stanford at self-management@stanford.edu or 1-800-366-2624.

All Master Trainers must be certified. To become certified, a person must complete a 4.5-day Master Training conducted by two certified T-trainers. These can take place at Stanford University or can be arranged through Stanford to take place anywhere in the world.

In addition to completing training, potential Master Trainers must lead two complete six-week courses for persons with chronic illness. These workshops can be led with a trained leader, a potential Master Trainer, a certified Master Trainer or a T-trainer. Once these requirements have been met, the potential Master Trainer notifies Stanford and they are sent a letter of certification.

If an agency wants to have their own Master Trainers, it is best if they train more than two people, preferably three or four. This way, if one person is not available to train, the hospital will still have the capacity to conduct a lay leader training.

Before sending someone to a Master Training, it is best if the workshops they are to teach for certification are already planned with dates, sites, and recruitment. These workshops should take place within six months of initial training and never more than one year after training. If a potential Master Trainer has not taught one workshop within a year of their Master Training, or two workshops within 18 months, they are no longer eligible to become certified by Stanford as a Master Trainer.

When choosing potential Master Trainers there are several considerations:

- It is best if the person has a chronic condition or has been a caregiver for someone with a chronic condition.
- The person should have experience and be comfortable talking with groups.
- The person must be non-judgmental.
- The person may or may not be a health professional or retired health professional.

- It is best if the Master Trainer is of the same ethnic, racial group as the leaders he or she is going to train.
- If you want men to attend your program, it would be helpful if you recruit male leaders.
- Lay Leaders who have successfully taught several programs can make excellent Master Trainers.
- Master Trainers must have a work schedule that allows taking four days two or three times a year to train leaders.

If Master Trainers do not conduct training as part of their work duties, then they should be paid for their training at the current rate for professional trainers in your area. The same rate should be paid to all Master Trainers, whether volunteer/peer or professional. While it is true that some Master Trainers may do training as volunteers, this should not be an expectation.

Please note that training Master Trainers is a major program expense. To date only about half of the people trained as Master Trainers ever go on to certification. This is a large and expensive loss. Again, care should be taken in choosing Master Trainers and there should be plans for their immediate implementation of the program in place before they undertake training.

Trained Lay Leaders

Implementation of the CDSMP requires two trained lay leaders for each six-week workshop. The leaders are usually non-professionals (peers) with one or more chronic conditions. In some cases they are volunteers receiving no pay but it is suggested that leaders receive a small stipend (\$150 to \$200 for teaching a six-week program).

The job of the leader is to teach a six-week class using a detailed scripted manual. It is not expected that leaders will find community sites, order materials, or recruit participants. They may do all of these things, but if so, they need additional training, and compensation. It is important to recognize and reward the lay leaders' help and be careful not to overwork

Defining a Good Lay Leader

There are many ways of recruiting leaders. Before you recruit, you need to consider what characteristics you want in your leaders.

- Leaders must be literate. They have to be able to read and follow the Leaders' Manual.
- Leaders should reflect the make-up of the community you are serving. Middle class areas should have middle class leaders, Hispanic groups should have Hispanic leaders, rural farm groups should have rural farm leaders, etc. If you have mixed groups, then the leader pairing should be mixed.
- If you're having problems recruiting men, then 30-40 percent of your leaders should be men. Women are generally happy to attend groups with any gender mix of leaders. Men will usually feel more comfortable in a group with one or two male leaders.

- The motivation of leaders to lead should come from the desire to serve others, not to earn money. This is a volunteer position, not a job. Having said this, for some leaders the small stipend they receive is very important and adds value to the time invested.

Be cautious about having the following types of people lead.

1. People whose main focus in life is their chronic condition.
2. People who are super achievers despite their chronic condition and flaunt their achievements. These are the people who have had an amputation and run marathons. They are to be greatly admired but their accomplishment is not something that the ordinary person with an amputation can strive for.
3. People who are judgmental.
4. People who have “found the answer” to their disease and want to share it with the world.
5. People who are too sick to meet the challenge of being present for a six week workshop. Sometimes a chronic condition can become all-consuming and people are too sick to teach effectively. This is a hard one on which to make a judgment call. We have had leaders teach while in chemotherapy, while using supplemental oxygen and certainly in wheel chairs.

In summary, the people you want to be leaders are those successfully living with a chronic condition. They have their good days and their bad days but in general manage their condition well and lead interesting and productive lives.

Leader Recruitment

Now that we have discussed what to look for in a potential leader we will discuss how to recruit them. Recruitment should be an ongoing effort using not one but many strategies simultaneously.

First, decide who you want to recruit. Leaders should be representative of the people in their groups. For example, if you want men to attend, then at least 30 to 40 percent of your leaders should be men. If you are serving an ethnic community, leaders should represent that ethnicity.

- Look around you. You probably know people who would make good leaders. Maybe they go to your church, are friends at work or neighbors.
- Post the opportunity to become a leader at your local volunteer bureau, senior center or community list-serve.
- Talk with people in ongoing support groups.
- Post a notice with your community volunteer center.
- Post the opportunity on your hospital website.
- As you give talks in the community on any subject, mention this opportunity and take the names of people who might be interested.
- Post a notice in the newsletters of voluntary health organizations such as the Arthritis Foundation, Heart Association, Diabetes Association, etc.
- Many local newspapers run free classified ads for volunteers.
- Ask health professionals to ask their favorite patients.
- Post notices in neighborhood newsletters and health clubs in the area that you wish to serve.

- If you live in a rural area, see if you can get a public service announcement on the farm report or any other program that you know is listened to by the participants you want to recruit.
- After you have started offering programs, ask your leaders to watch for people in their classes who might make good leaders. Once these people are identified, have the leader approach them with the idea. If they are interested call them up to further discuss the role of a leader.

It is also a good idea to have several staff people trained to offer workshops. That way if you have to find a leader in a hurry you can send a staff person.

How are Leaders Trained?

Leaders are trained in groups of 10 to 25 over 4 days by certified Master Trainers. The training should never have less or more people than the above numbers. Small trainings do not give a good opportunity for modeling and really learning how the workshop “feels”.

Skilled Master Trainers can handle up to 25 participants but this is the maximum. During the four days, the Lay Leader Trainees experience every activity in the workshop’s six sessions, set and report success on their own action plans, practice teach two activities with a co-leader, and practice handling difficult people in groups. In addition they learn about licenses and the process for becoming certified as a Master Trainer.

The practice teaching is an especially important part of training. It gives the participants practice with the program and an opportunity to gain confidence in delivering the program. In addition it serves as a fidelity check for the hospital. If someone does not do an adequate practice teach the second time through, they should probably not be certified as a lay leader. If most potential lay leaders have major problems with the second practice teach, there is probably a problem with the training.

Because the people coming to training usually have one or more chronic condition, it is best not to make the training days too long. The training is offered over four, six-hour days. These can be four consecutive days but it is probably best to offer the training two days one week and two days the next. Do not spread training out over more than two weeks. To become a leader a candidate must attend **ALL** of the training.

See Appendix G for list of recommended materials and equipment for the lay leader training.

Something to Think About Before Training

Once lay leaders are trained, they must teach within six months. If they wait more than six months to teach they will need to attend a half day re-training. Therefore, it is best if you have courses scheduled and filled before you ever start training lay leaders. By asking potential leaders to commit to a class before they start training, you can be sure that they are actually committed to teaching. Of course you will have some people who will never teach, which can be a challenge. However, this is less of a problem than training leaders you will never use. You should plan on having somewhere between 10% and 25% of the leaders you train never teach. It may be that they did not do well in training, decide that they do not want to teach or become sick. You can use this as a rough rule of thumb when deciding how many leaders to train.

How are Leaders Monitored?

Program fidelity is based largely on the ability of the leaders to deliver the program as designed. For this reason monitoring of the leaders **is a key issue** in program implementation.

1. Leaders always teach in pairs. This is true even if the leaders have a great deal of experience. There are several reasons for this.
 - This is a complex program and often requires two people to be sure that nothing is missed.
 - If there is a problem with one leader (he/she is late, not following protocol) you will often hear about it from the second leader.
 - The leaders act as models for the participants and two leaders provide a greater range of modeling.
 - Leaders support one another. This is especially true if a leader loses their train of thought, goes slightly off track, or there is a difficult participant.
 - By having two leaders, it is easier to deal with difficult workshop participants.
2. The first opportunity for monitoring leaders is during training. If someone is not appropriate during training, is judgmental, always comes late, talks too much, or is very critical of fellow leader trainees, this same behavior will be seen during actual workshops. Master Trainers should work with program coordinators to address potential problems during training.

In addition, each potential leader takes part in two practice teaches during training. There are usually several problems during the first practice teach but by the second, all trainees should be fairly comfortable with what they are supposed to do. If major problems still exist at the time of the second practice teach such as adding material, not following the manual or being inappropriate with participants, then the person should not become a leader.

3. New leaders are best paired with experienced leaders. This should be done whenever possible.
4. Leaders sometimes like to teach with specific other leaders. This is alright and they should be given their choice if possible. Program needs do not always allow this, so it should not be an expectation. It is important that leaders who do not like each other are not paired.
5. After the first session of each new class, it is best to check in with each leader by telephone. In this way you can find out if there were any problems with the site, the participants or the co-leader. If any issues arise, they should be followed-up.
6. Another call can be made to the leaders after the fourth or fifth class. Although, it may seem that these calls are unstructured, it is surprising the number of problems that can be uncovered and resolved.
7. Participants can rate the leaders. The evaluation used by Holy Cross Hospital to rate leaders can be found in Appendix Q.
8. If at all possible, leaders should be directly observed. This is best done at the second or third session so there will be time for leaders to utilize feedback. When observing leaders, use a fidelity checklist such as the one found in the appendices of this toolkit.

Leader Compensation

Before talking about how leaders are paid it is important to discuss what they will be paid for. Leaders are expected to show up for classes on time prepared and to teach throughout the full workshop. It is not the job of leaders to find sites, recruit or do publicity. It may be that they volunteer to do these things but this should not be an expectation. Whenever we ask leaders to do extra things such as give a community talk, we always give them a gift card or small stipend. The program was designed to include people with chronic conditions in every level of the program. What and how you pay leaders depends on your organization and its structure. Most organizations do not pay lay leaders.

If your instructors are volunteers training on their own time without pay, it is suggested that they receive a small stipend (e.g. \$150 to \$200) for teaching a six-week workshop, or at a minimum, reimbursement for their travel expenses. **Instructors are required to sign an agreement that states that they will not be paid until they return the required paper work for their class including the surveys, attendance sheets, questionnaires and evaluations.** A sample contract can be found in Appendix H.

Some organizations give the leaders gift cards or gifts. These can be instead of or in addition to monetary compensation.

In all cases it is important that the leaders are treated well and recognized at an annual event because they are key to the success of the program. One of the most costly elements of the program is leader training, so retaining leaders through good management is very important.

How to Retain Leaders

Communication with lay leaders is vital to the success of the program.

- People decide to become leaders for their own unique reasons. The more you know about these reasons, the more you are able to help them meet their expectations. If someone wants to help people like themselves, then they might be the right person to give talks to disease specific organizations. If they need social contact, then they might want to teach more workshops or volunteer extra hours helping with recruitment. If they are students who need a project, then maybe you can have them evaluate some small part of your program.
- Leaders need to feel special. When they call, you should talk with them or call back right away. When they come into the office, stop and talk with them. Send thank you notes, birthday cards and/or holiday cards.
- Have an annual leader get together. You can use this for re-training but can also honor special leaders at a lunch and perhaps provide a small gift like a bag to carry their materials of a gift card.
- If people decide they no longer wish to be leaders, find out why. Do not just accept the first answer such as “I am busy”. Probe a little to find out if there is something about the program that has made them decide this is no longer worth doing. We really need to know these things so we can improve.

Retention of Participants

Several measures help with the retention of participants during a workshop. First, leaders may make weekly calls to the participants to both remind them about the next class session and to see how they are doing with their action plan. Setting an action plan (goal) is an important self-management skill that is taught and reinforced weekly. Second, it is recommended to buddy up the participants each week so they can call one another. This helps to foster friendships and a support system. Finally, the site can post weekly reminders via a flyer or online posting.

In order to ensure the fidelity of the program, phone calls are made to participants that do not complete the workshop. Again, a “completer” is any participant that attends at least four out the six sessions. A participant may drop out because sometimes the workshop is not what the participant expected or a participant’s physical condition worsens during the course of the workshop and he/she is unable to complete the workshop. However, questions regarding workshop convenience (time/location) and lay leader instruction are also necessary to gather information that may help improve the program. See Appendix R for the Participant Drop-Out Phone Call Script.

Content adapted from the Stanford Self-Management Programs 2008, Implementation Manual, pages 7-13

Program License

Before an organization can offer programs it must have a license. The programs are all owned by Stanford University. There are at least four reasons for licensing:

1. Establishes the legal obligations of the organizations offering the program.
2. Protects Stanford’s intellectual property.
3. Allows Stanford to keep track of who is offering the program and forms a network of all licensed organizations.
4. Allows Stanford to easily notify organizations when there are program changes.

The cost of a license is determined by how many programs your organization plans to offer on an annual basis. A basic license for 10 programs a year for three years costs \$500. A license can sometimes be obtained under another entity. For example, Holy Cross Hospital’s license for CDSMP has been obtained through the Maryland Department of Aging.

You can find full information about current license fees and a form to apply for a license at <http://patienteducation.stanford.edu/licensing/>

Content adapted from the Stanford Self-Management Programs 2008, Implementation Manual, page 23.

Please refer to *Implementation Manual, Stanford Self-Management Programs, 2008* at http://patienteducation.stanford.edu/licensing/Implementation_Manual2008.pdf for more specific information regarding implementation.

Fidelity Checklist

As an evidence-based program, upholding fidelity is of the utmost importance. Stanford Patient Education Research Center has set forth very specific guidelines in which to implement this scripted program. This helps to ensure desired outcomes. Every organization should create and manage its own fidelity plan. If an organization is licensed under an entity other than Stanford University, they still need to create and manage a fidelity plan. However, the licensed entity would have oversight of the fidelity plan. The complete *Stanford Self-Management Fidelity Tool Kit, 2010* can be found at http://patienteducation.stanford.edu/licensing/Fidelity_ToolKit2010.pdf

A checklist of all the Fidelity Must Do's can be found in Appendix H of this toolkit. It is suggested that you go through the list and check "YES" for all the things you are now doing and then go back and decide how you can implement the rest of the steps. If unable to implement all the Must Do's right away, you may incorporate them into your Fidelity Plan for the future and make them goals for the near future and long term.

Content adapted from the Stanford Self-Management Fidelity Tool Kit, May 2010

Identifying Potential Internal Referral Sources

Navigation Web

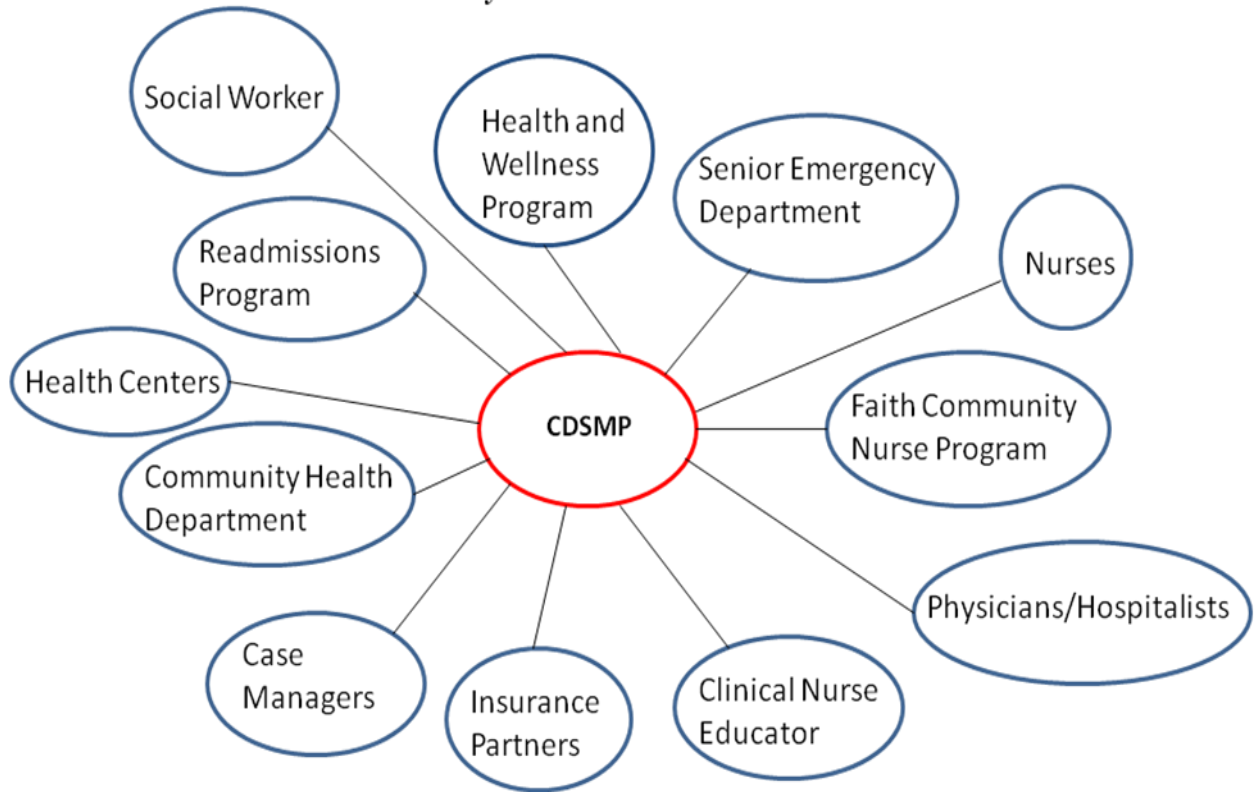
The following navigation web is an excellent resource for identifying potential referral sources within the hospital network for CDSMP workshops. Although it may seem daunting at first glance, choosing 2-3 sources that exemplify your hospital's mission or that you feel will be the most successful is a good way to get started. Identifying a champion from the 2-3 chosen sources can also be beneficial in promoting CDSMP.

The navigation web depicts the numerous potential sources of referrals to CDSMP workshops. Some sources may be relied upon more heavily than others. The ultimate goal is to have a seamless transition for the patient from hospital to community.

This referral process to a community self-management program helps empower people with chronic disease to better manage their disease, to reduce days spent in the hospital and to reduce hospital readmissions. In order for this goal to be achieved, it is necessary for the numerous departments that could potentially refer patients to the program to be aware of the community programs that help to reduce the rate of readmissions. A system for increasing awareness among the various sources might include the program coordinator speaking at department meetings, meeting one on one with directors, and emailing the upcoming workshop schedule.

Navigation Web

Identify Potential Referral Sources



Marketing Materials

There are multiple ways to market CDSMP workshops. Flyers, brochures, and an existing hospital website are relatively inexpensive. The cost for advertising in a local paper may increase costs somewhat but not significantly. The frequency of workshops offered will affect the cost of marketing as well.

Prescription-Like Pad

Holy Cross Hospital has designed a one-page document entitled “Chronic Disease Prevention and Management Classes”. It comes as a pad with pages that can be torn off. There is space to write the name of the patient/participant and diagnosis. The referring person checks a box for the appropriate chronic disease program. Referring persons might include physicians, nurses, case managers, social workers (Appendix J).

Flyer with Registration Form

The sample flyer is a means for advertising a specific workshop. The sample flyer allows the host site to insert dates, times, registration information, and contact person. Include the logo of your organization as well. Also, if you have outside funding, include a logo and tag from the funding source. The sample flyer includes a tag line from the Maryland Department of Aging because Holy Cross Hospital is a recipient of an American Recovery and Reinvestment Act grant (Appendix K).

Brochure

The brochure gives an overview of the program. It does not have specific workshop dates listed, though information is provided on how to find upcoming workshops. The contact information for the site coordinator is also provided. Include which hospital department(s) sponsors the program. Again, the hospital’s logo and logo and tag line from any outside funding agency should be included (Appendix L).

Recruitment Phone Script

Holy Cross Hospital has a *potentially preventable readmissions program* to obtain referrals to CDSMP workshops. After potential candidates are identified, the CDSMP coordinator makes phone calls. If a potential candidate is interested in the program, a flyer with upcoming workshops and a registration form is mailed to the potential candidate (Appendix M).

Holy Cross Hospital Website

Workshops are periodically added to the Holy Cross website at <http://www.holycrosshealth.org/classes-events> as they are scheduled throughout the year. People interested in registering for a workshop are directed to call the Holy Cross Hospital Call Center for registration.

Holy Cross Hospital Newsletters

Holy Cross Health and *Holy Cross Health Today* (for seniors) are printed and online newsletters that advertise community classes offered by Holy Cross Hospital. Combined, they are mailed to 230,000 households three times a year in Montgomery and Prince George’s Counties.

Outcome Measurements

In theory, if a program is implemented as closely as possible per protocol, outcomes should be similar to those of the study. This has been shown to be true in follow-up CDSMP studies referenced at the beginning of this toolkit. However, we know that there are many variables to consider even when implementing an evidence-based program. Consequently, it is wise to collect outcome data on the specific population participating in CDSMP. For this reason, Holy Cross Hospital has begun the steps to collect pre- and post-outcome data specifically related to health status, self-efficacy, physical activity, and healthcare utilization. The outcome measurement questions were obtained from the Stanford Patient Education Research Center, <http://patienteducation.stanford.edu>.

Research instruments specific to CDSMP are available at no cost. Any of the scales can be used without permission. The CDSMP instruments include the following topics: self-management behaviors, self-efficacy, health status, health care utilization, education, and diabetes-specific scales. A variety of scales are offered in both English and Spanish. The focus of the hospital will help determine which scales to choose.

Living Well Survey

The Living Well grant survey collects demographic information. The survey included in this section of the toolkit is from the Maryland Department of Aging. Similar questions are utilized by other organizations as well. Additionally, the Stanford Patient Education Research Center has a sample CDSMP questionnaire for public use at <http://patienteducation.stanford.edu> (Appendix N).

Pre-Outcome Measurement Questionnaire

This questionnaire contains outcome measurement questions relating to health status, self-efficacy, physical activity, and healthcare utilization. These outcome measurement scales were developed by Stanford University for CDSMP. This is just a sample of possible data that might be collected. Other scales are available at <http://patienteducation.stanford.edu/research/>. Ultimately the hospital itself must determine what outcomes it wants to be collected and then choose scales based on their specific needs (Appendix O).

The pre-outcome measurement questionnaire is administered during session one along with the demographic survey. These same questions are administered a second time during session six along with the Holy Cross Hospital evaluation. Finally, this same questionnaire will be administered a third time via a mailing to the participants' home three months post workshop completion.

Post Outcome Measurement Questionnaire

Again, the questions included on the post outcome questionnaire are the same as those on the pre-outcome questionnaire. This questionnaire is administered during session six of the workshop (Appendix O).

Three-Month Post Outcome Measurement Questionnaire

The three-month post-outcome questionnaire contains the same questions as the pre and post outcome measurement tool. Consequently, only the cover letter will be included since the questions have already been included in this toolkit (Appendix O). This three-month post workshop questionnaire will be mailed to completers three months post workshop with an enclosed stamped envelope to be returned to Holy Cross Hospital. A “completer” is considered any participant who attends at least four of the six workshop sessions. The goal of this three-month post workshop assessment is to evaluate if symptom management and physical activity levels are sustained, evaluate self-efficacy and to look at rates of healthcare utilization.

Holy Cross Hospital Evaluation

Holy Cross Hospital uses its own evaluation to collect information pertaining to disease management, symptom management, lay leader effectiveness, important things learned, and goals achieved. Data is also collected regarding where the participant heard about the workshop. This information helps with development of the referral process to CDSMP and where to focus advertising. Finally, the participant is given the opportunity to receive a follow-up phone call to discuss any questions or concerns regarding the program. This ensures program fidelity and aids in a continual improvement process. This evaluation is administered during session six along with the post outcome questionnaire (Appendix Q).

Community Partnerships

Hospital Partnerships

The hospital is a member of the surrounding community. There are many other agencies, private and government, that share similar missions and objectives. Networking and even collaborating with these agencies can bring together a diversity of resources to assist the hospital in publicizing and administering CDSMP workshops. Efforts in researching what partnerships bring value to CDSMP workshops will pay off in increased visibility for the program and an expanded exchange of information. Hospital administration can determine what organizations and agencies it would be beneficial to contact, including local disease specific associations, community centers, colleges and universities, housing agencies, nonprofit organizations serving various low income populations, faith based organizations, and government service agencies.

Partnership with local AAA and Health Department

One very important partnership for the hospital is the local Area Agency on Aging(AAA) and the local Health Department. Some AAAs exist within a health department or other agency. It is important to research community information regarding government services and web sites to determine who to contact regarding the Living Well program within an AAA or health department. Many health departments and AAAs are licensed to provide the CDSMP or have some interplay with disseminating information on the program and providing training. This information may be on their web site. Contacting these agencies to have an information sharing meeting is a good first step. Partnerships with these agencies can result in the following:

1. Sharing of information. The local health department and AAA have information about the incidences of various diseases within the area and other informative data on local government services available to patients being discharged from the hospital.
2. Possible grants. These agencies may obtain federal and other grant monies which can be shared with the hospital as part of a CDSMP local project. Holy Cross Hospital was awarded a grant in the amount of \$40,000 for two years (2010-2012) from the Maryland Department of Aging's American Recovery and Reinvestment Act statewide grant. Matched funding was also obtained from the Holy Cross Hospital Foundation. Other potential sources for grant opportunities include the following: local Area Agency on Aging, local Department of Aging, local Health and Human Services, National Council on Aging, and National Institutes of Health.
3. Sharing of resources. These agencies may provide leaders to co-facilitate the CDSMP workshop series and may provide supplies.
4. Assistance with marketing. These agencies have partners and community connections within the community and may assist with marketing the hospital CDSMP.
5. These agencies may provide assistance with CDSMP fidelity/quality assurance activities, including workshop auditing.
6. These agencies can provide training for leaders or other staff in administering the program, including writing fidelity plans and performing evaluations of the program, etc.
In some instances, the leader training may be less expensive than sending potential leaders to Stanford University for training.
7. These agencies can be part of the hospital advisory council to provide program guidance and advice.
8. These agencies have central access points or referral systems that workshop participants can access for additional assistance, i.e. meals, home energy assistance, options counseling, etc. This assistance can further assure that patients leaving the hospital will not be re-admitted. These agencies will provide material and contact information for the hospital to distribute during or after CDSMP workshops.
9. These agencies may hold a license for the CDSMP and be willing to include the hospital under the license so that the hospital can provide the CDSMP without purchasing a license. A written memorandum of understanding with the AAA or health department related to becoming a licensee may be an avenue to pursue by the hospital.

10. The hospital may decide to make referrals to already existing CDSMP workshops in the community that are being held by local AAAs or the local health department. The schedule of workshops and information on the workshops can be obtained through these agencies.

Potential Host Sites

The chart to follow depicts the agencies that Holy Cross Hospital has had the greatest success with and that also fit into the hospital’s mission. The chart also notes the most appropriate point of contact at each site.

Type of Agency	Point of Contact
Housing Opportunities Commission (HOC)	Resident Counselor or Activities Director
Faith Based (Church Health Ministries)	Parish Nurse
Senior Centers/Community Centers	Program Coordinator
Senior Source	Manager or Health Education Assistant
Health Centers	Director of Outpatient Services
Residential Senior Living Communities	Program Director

Tips for Community Agencies Working with Hospitals

A hospital’s mission often directs the path to community agencies as partners. Holy Cross Hospital exists to support the health ministry of Trinity Health and to be the most trusted provider of health services in our area. Our core values are respect, social justice, compassion, care of the poor and underserved, and excellence.

In the same way, community agencies often choose to partner with organizations with similar goals. Community organizations should try to ascertain a champion within the hospital setting before attending a hospital meeting. If there is not a champion within the hospital, attempt to determine the best department within the hospital to contact through reading hospital newsletters and other hospital community information and researching their web site. Some possible departments to contact include patient education or community outreach departments. Below are some tips for community agencies that work with CDSMP who are interested in working with hospitals.

1. Request a time convenient for hospital staff to present Living Well at a hospital staff meeting.
2. Come prepared to hospital meetings with CDSMP materials and a presentation. Provide adequate written materials on the CDSMP.
3. Align the program presentation with the hospital mission and objectives
4. Present outcome data to the extent that the data is available. At the very least, present Stanford University evidence based studies to show the impact of the program on health outcomes.

5. Inform hospital staff that it costs less to hold a Living Well workshop than provide hospital services to a patient that costs thousands of dollars (Make this cost statement during the presentation).
6. Ask hospital staff to present to you case studies of interest to them or issues/problems they are looking to resolve that the CDSMP may be able to help.
7. Present the credentials of the leaders who do the workshop and talk about the fidelity/quality of the program, including the scripts used to train leaders.
8. Present to hospital staff Living Well case studies or testimonials that demonstrate positive outcomes for workshop participants. Provide some testimonials, if possible, that show that Living Well increased communication between the patient and providers, therefore, increasing better outcomes from medical treatments.
9. Give the staff one phone number for referrals or follow-up questions after a presentation.
10. Be available to return in person to the hospital after the staff has reviewed the material.
11. Offer to train lay leader staff within the hospital to give the workshops in the hospital facility.
12. Be flexible in ways that you can work with the hospital, i.e. assist with marketing, provide leaders to hold workshops, supply materials, provide administrative support to enroll participants, etc.
13. Be flexible in requesting assistance from the hospital staff. Accept any offering of assistance that is presented to you, including marketing assistance, referral or hosting a workshop assistance, providing or paying for supplies, etc.
14. Remember that often building the relationship over time is important before developing a working partnership. Offer to attend hospital events and other functions.
15. When the time is appropriate to partner with the hospital, develop a memorandum of understanding that is customized to the type of relationship that has developed.

Useful Resources

- Patient Education Research Center Stanford University, <http://patienteducation.stanford.edu/>
- National Council on Aging, <http://ncoa.org>
- Maryland Department of Aging, <http://www.aging.maryland.gov>
- Area Agencies on Aging

Appendix A: CDSMP Overview Sheet

Chronic Disease Self-Management Program (CDSMP) Overview

Background

- Developed at the Stanford University Patient Education Research Center as a collaborative research study between Stanford and the Northern California Kaiser Permanente Medical Center
- Results of the five-year study showed that people who took the program, as opposed to people who did not take the program, improved their healthful behaviors and decreased their days in the hospital
- The program is a six-week program, 2.5 hours per week

Healthful Behaviors Addressed by the CDSMP

- Exercise
- Nutrition
- Cognitive symptom management
- Coping skills
- Communication with physicians
- Stress management/relaxation

CDSMP Evidence-Based Assumptions

- People with chronic conditions have similar concerns and problems
- People with chronic conditions must deal not only with the disease, but also with the impact it has on their lives and emotions
- Lay people with chronic conditions, when given a detailed leader's manual, make the most effective instructors
- The process of the program is as important, if not more important, than the subject matter that is taught, i.e. creation and implementation of action plans

Participant Curriculum for the Six-Week Session

- Identifying Common Problems
- Differences between Acute and Chronic Illnesses
- Using Your Mind to Manage Symptoms
- Making an Action Plan
- Dealing with Difficult Emotions
- Intro to Physical Activity and Exercise
- Problem Solving
- Better Breathing
- Pain and Fatigue Management
- Endurance Activities
- Future Plans for Health Care
- Healthy Eating
- Communications Skills
- Medication Usage
- Making Informed Treatment Decisions
- Depression Management
- Positive Thinking
- Guided Imagery
- Working with Your Health Care Professional
- Looking Back and Planning for the Future

Appendix B: Why Adopt CDSMP?

Why Adopt CDSMP?

This one page sheet was designed with the specific needs of hospitals in mind. It is a quick and effective way to provide an overview of the original Stanford study along with outcomes.

(Results of follow-up studies are included in the appendix of this toolkit for further reference.)

The Division of Family and Community Medicine in the School of Medicine at Stanford University received a five-year research grant from the Federal Agency for Health Care Research and Quality and the State of California Tobacco-Related Diseases office. Study was completed in 1996.

- The purpose of the research was to develop and evaluate a community-based self-management program that assists people with chronic illness.
- It was a randomized controlled trial.
- Over 1,000 participants with heart disease, lung disease, stroke or arthritis participated in the study and were followed for up to three years.
- The following areas were evaluated: health status, health care utilization, self-efficacy, and self-management behaviors.
- Results of the five-year study showed that people who took the program, as opposed to people, who did not take the program, improved their healthful behaviors (exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations) and decreased their days in the hospital.
- Trend was also found toward fewer outpatient visits and hospitalizations.
- Many of these results persisted for as long as three years.
- Six-week program, 2.5 hours per week
- Evidence-based
- Cost savings
- CDSMP results in reductions in healthcare expenditures. (For details, article can be found in the appendices of this toolkit).
- Statistical significance: four studies showed fewer emergency room visits, three studies showed fewer hospitalizations, four studies showed fewer days in the hospital, and two studies showed reductions in outpatient visits.
- CDSMP saves enough money in healthcare in the first year to pay for the program. Evidence also suggests that CDSMP results in more appropriate utilization of healthcare resources.
- Detailed results on follow-up studies can be found <http://patienteducation.stanford.edu/research/>

Appendix C: Timeline, Phase 1

Sample Timeline for Hosting a CDSMP Workshop: Phase 1

	Task	Person Responsible	Date Due
Week 1	Identify a staff member to organize		
Week 2	Decide on dates and times for workshop		
Week 2	Reserve a room for six weeks		
Weeks 3-6	Advertise the workshop		
Weeks 6-12	Hold the workshop		

Appendix D: Timeline, Phase 2

Sample Timeline for Adoption and Implementation of CDSMP: Phase 2

	Task	Person Responsible	Date Due
Year 1			
Months 1-3	Identify a Champion-Educate Staff		
	Identify two people to become CDSMP Master Trainers		
Months 3-6	Identified persons above get trained		
Months 6-12	Master Trainers facilitate two workshops within a one year period		
	Hire a CDSMP coordinator		
	Obtain a license from Stanford University		
Year 2			
Months 1-2	Schedule a CDSMP lay leader training		
	Recruit participants for lay leader training		
Months 2-4	Hold a lay leader training		
	Identify sites to host CDSMP		
	Identify potential referral sources from the hospital (see Navigation Web)		
	Advertise the program and recruit participants for the program		
Months 1-6	Create and manage a fidelity plan (see <i>Stanford Self-Management Fidelity Tool Kit</i> , pages 2-7) http://patienteducation.stanford.edu/licensing/Fidelity_ToolKit2010.pdf		

Appendix E: Budget

CDSMP Sample Budget

Item	Cost per item	Cost per workshop with 15 participants	Per one year with 13 workshops
Master Training			
Health professional	\$1,600		\$3,200 (2)
Lay person with chronic disease	\$900		\$1,800 (2)
Lay Leader Training			
Master Trainer 1	\$600 stipend per training		\$600 per 4 day training (6 hrs each day)
Master Trainer 2	\$600 stipend per training		\$600 per 4 day training (6 hrs each day)
Leader manuals + Books	\$10 per manual + \$18.95		\$150 + \$284.25 = \$434.25
Food	\$600 per 4 day training		\$600
License			
Single Program (10 or fewer workshops per year)	\$500 for 3 years		\$500 for 3 years
Single Program (30 or fewer workshops per year)	\$1,000 for 3 years		\$1,000 for 3 years
Personnel			
	Dependent on hospital budget		
Part-time coordinator 0.5 FTE	\$33/hour		\$33,000
Lay Leader 1	\$375 stipend per workshop	\$375 per workshop (15 hours)	\$4,875
Lay Leader 2	\$375 stipend per workshop	\$375 per workshop (15 hours)	\$4,875
Supplies/Equipment			
Books	\$18.95	\$189.50 (10 completers)	\$2,463.50 (13 workshops, 10 completers per workshop)
Flip charts	\$16.08	\$32.16 (2 flip charts=1 set)	\$96.48 (3 sets of charts)
Dry erase marker kits	\$6.22	\$6.22	\$18.66 (3 kits)
Black permanent markers	\$3.28 (12)	\$0.60 (2)	\$3.28
Folders	\$14 (25)	\$3.50 (2)	\$14
Name tags	\$1.60 (100)	\$1.00	\$9.60 (600)
Refreshments	\$20.00 (each session)	\$120.00	\$1,560
Travel			
	Dependent on hospital budget		
Gas gift card (leaders)	\$30 per leader		\$450 per 15 leaders
Gas card (coordinator)	\$100		\$100
Advertising			
Flyers		\$15	\$195
Miscellaneous			
			\$1,000
Total	Approximately \$75.00 per participant	\$1,117.98	\$53,194.77 includes startup costs

CDSMP Budget Worksheet

Item	Cost per item	Cost per workshop with 15 participants	Per one year with (number) workshops
Master Training			
Health professional	\$	\$	\$
Lay person with chronic disease	\$	\$	\$
Lay Leader Training			
Master Trainer 1	\$	\$	\$
Master Trainer 2	\$	\$	\$
Supplies	\$	\$	\$
Equipment	\$	\$	\$
License			
Single Program (10 or fewer workshops per year)	\$	\$	\$
Single Program (30 or fewer workshops per year)	\$	\$	\$
Personnel			
Part-time coordinator 0.5 FTE	\$	\$	\$
Lay Leader 1	\$	\$	\$
Lay Leader 2	\$	\$	\$
Supplies/Equipment			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Travel			
	\$	\$	\$
Advertising			
	\$	\$	\$
Miscellaneous			
	\$	\$	\$
Total	Per participant:	Per workshop:	Per year:

Appendix F: Memorandum of Understanding

Memorandum of Understanding between

Community agency: _____ and
Hospital: _____

What: Chronic Disease Self-Management Program (CDSMP), Coping: A Journey to Living Well as supplied by various grants and partners

When: _____ (dates and times)

Where: _____ (address of host site)

Community Agency shall:

- Provide overview of CDSMP.
- Work with on-site staff or volunteers on dates and times to schedule CDSMP.
- If cancellation of program occurs, rescheduling needs to be coordinated through CDSMP Coordinator.
- Provide contact information of program facilitators.
- Provide flyers to assist with promotion of CDSMP.
- Email all changes or corrections to host site contact person(s).
- Arrange for two CDSMP leaders to facilitate the six week workshop.
- Supply necessary workshop materials.

Hospital (host site) shall:

- Work with CDSMP Coordinator on dates and times to schedule CDSMP workshop.
- Provide a private room with tables and chairs that comfortably holds 15-18 people. This will include a room reserved once per week for six weeks, 2.5 hour timeframe each week.
- Display informational flyers, posters and sign up forms in prominent locations at your facility.
- Assign a contact person to help with registration and to communicate with CDSMP Coordinator.
- Adhere to the requirements for minimum and maximum enrollment numbers.
- Promote CDSMP in daily announcements or with flyers (whatever is appropriate for your site) leading up to the start of the workshop.
- Greet or assign a volunteer to meet facilitators on your location’s scheduled day.
- Promote CDSMP opportunity in the host location and the surrounding community as possible.
- Make sure registration forms (provided by the Community Agency) are filled out for all participants.

_____	_____	_____
CDSMP Coordinator	Title	Date

_____	_____	_____
Staff Verification (Hospital)	Title	Date

Appendix G: Materials and Equipment for Lay Leader Training

CDSMP Lay Leader Training

What is Needed for Training?

- Two Master Trainers
- A comfortable room where trainers can sit in a circle or opened square with tables in front of them. Be sure that the room is accessible as are the bathrooms and that the chairs are comfortable -- people with chronic diseases will be using them all day for four days.

Equipment/Supplies

- A daily roster sheet to track attendance each day
- Reusable name tags for each trainee and trainer and black felt tip pen
- During practice teaching on the second and fourth days, one additional breakout room is needed with easel and chart pads (if you are training 12 people or less this is not necessary)
- A complete set of prepared charts plus duplicates of charts 5, 6, 7, and 8 for posting throughout training. The format for the charts is an appendix of the Leader's Manual you receive with your license. The charts should each be flip chart size and handwritten.
- A whiteboard, chalkboard, or additional easel with blank flip charts for brainstorming
- Whiteboard markers and eraser
- Blank flip chart paper and markers for trainees to make their charts for Practice Teaching
- An audio/CD player (boom box) for use for playing relaxation CD *"Time for Healing" (the classroom version)*
- Box of tissues
- Water and snacks

Materials for Leader Trainees—1 of each of the following for each trainee

- Photocopy of Chart 2
- Book: *Living a Healthy Life with Chronic Conditions*
- CD: *Time for Healing* – classroom version and/ long version
- *Leader's Manual* in a loose-leaf binder

Materials for Trainees on last day of training

- Leader Evaluation forms—there is no set form and you can evaluate as you like
- Leader certificates of completion (there is no set certificate but it is nice to make a certificate to give to each of your new Leaders)

Food

- Lunch and snacks for leaders and participants

Content adapted from the Stanford Self-Management Programs 2008, Implementation Manual, pages 7-13

Appendix H: Contract



Chronic Disease Self-Management Program

“Coping: A Journey to Living Well” Lay Leader Agreement

(to be completed by both Staff and Volunteer Lay Leaders)

Confidentiality

I understand that anything I hear or see regarding individuals during my work with the *Living Well* Program must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in a termination of my role as a lay leader in the *Living Well* program.

I confirm that the information given in this application form is correct:

Signature: _____ Date: _____

Print Name: _____

PLEASE NOTE:

This agreement **must** be completed prior to attending the CDSMP lay leader training course.

Position: *Living Well* Lay Leader

Name:	
Training date:	

Responsible to: The Local Coordinator

Purpose of role:

To deliver the *Living Well* self-management course at sites selected by Holy Cross Hospital.

Duties

- Deliver a minimum of one six-week *Living Well* course per year.
- Deliver at least one six-week *Living Well* course within six months of completing the CDSMP lay leader training.
- If leader does not facilitate a workshop within six months of training, an update session must be attended prior to facilitating a workshop.
- Return workshop surveys and questionnaires within 48 hours of workshop completion.
- Submit invoice for stipend and program expenses within one week of workshop completion.

***Living Well* lay leader training course**

- Attend *Living Well* lay leader training course for the full four days and successfully complete all training activities.

Living Well is the local implementation of the Chronic Disease Self-Management Program developed by Stanford Patient Education Research Center. For more information about the Chronic Disease Self-Management Program please go to: <http://patienteducation.stanford.edu/programs/cdsmp.html>.

Contract cont.**Living Well Lay Leader Yearly Meetings**

- Attend yearly meetings arranged by your local *Living Well* Coordinator. This will be an opportunity for direct support, supervision and updates. You must attend yearly meetings to remain certified as a *Living Well* Lay Leader.

Regular Monitoring

- Following completion of your training, all lay leaders will receive at least one annual workshop monitoring visit to ensure program quality and assist in improving your facilitation skills as a peer leader.

Course Equipment

- To conduct your workshops you will be provided with the equipment, training material and handbooks necessary to deliver *Living Well* courses.

Notice period

- In the event you will be unable to deliver a workshop that you have committed to, please contact your Local Coordinator as soon as possible, so that alternative arrangements can be made.

Compensation and Employment Status

- In consideration of the services to be performed by the Paid Volunteer, Holy Cross Hospital agrees to pay Paid Volunteer \$25 per hour for classroom teaching. Paid Volunteer must submit an invoice for teaching a workshop after the completion of a six-week session using the official invoice template. New lay leaders must teach one 2.5 hour session of the workshop without compensation which is considered part of the lay leader certification process.

Declaration: (Please print name)

I, _____, confirm that I wish become a *Living Well* Lay Leader. I understand and accept the terms and conditions listed above, including record keeping and confidentiality of information relating to course participants.

Signed:**Date:**Local Project Coordinator or *Living Well* trainer**Name:**

Please print

Signed:**Date:**

Appendix I: Fidelity Checklist

Fidelity Checklist-Must Do's

Yes	No	Personnel
		Program Coordinator Qualifications
		Has dedicated time to work with the Stanford Programs (20-100%)
		Has proven administrative and program management experience or aptitude
		Is very familiar with both the Program Fidelity and Program Implementation manuals
		Is familiar with the terms of the license under which your organization is offering the program
		Reports necessary data in timely manner to both Stanford and funding agencies if applicable
		Has observed a Leader or Master Training
		Leader Qualifications
		At least one third of the Leaders are men
		Leaders come from the same communities you are serving
		Are not afraid to speak in front of groups
		Read, write and speak the language of the workshop participants
		Are literate at about 10 th grade level in the language they facilitate workshops
		Are willing to teach course during "off hours—Saturday, evenings, etc." (if applicable to your program)
		Prospective Leaders are able to attend all four (4) days of training and complete two practice teaches during training
		Are available to facilitate a workshop within six months of training
		Are willing to commit to facilitating at least one six-week workshop in the next year
		Are willing and available to attend an update session if they do not train within six months from the original date of training
		Have transportation to get to the site of workshops
		Are willing to facilitate in the communities that you wish to serve
		Are committed to facilitate once a year to remain an active leader
		Are willing to attend a new four-day training if they become inactive
		Are a model of healthy behaviors for participants
		Master Trainers Qualifications
		Read and write the language in which they will be doing training at a 10 th grade school level
		Fluently speak the language in which they will be training
		Can be interviewed by phone or in person before the Master Training so they are clear on expectations and commitments
		Are willing and available to attend a four and one half day Master Training
		Have either led two workshops as a Leader either before coming to Master Training or are willing and available to lead two workshops within one year after Master Training
		Are willing and available to facilitate one four-day Leader training within a year of completing Master Training
		Returned their Master Training certification form to Stanford and have received notice of Certification from Stanford

Yes	No	Personnel
		Lead a full four-day Leader Training at least once a year to remain certified
		Are able to leave their jobs for four days to conduct a Leader Training
		Are willing to teach course during “off hours—Saturday, evenings” (if appropriate)
		Have joined the Stanford training list serve for regular updates
		T-Trainers Qualifications
		Are able to conduct Leader and Master Trainings without reading every word in the manual
		Are able to conduct Leader and Master trainings using paraphrasing and personal stories
		Prospective T-Trainers have conducted at least three Leader Trainings in past two years
		Have approval from the organization for which they work to offer training outside of their area for at least one week a year
		Must offer a Master Training within six months of receiving their T-Training Certification
		Have apprenticed successfully for a full four and one half day Master Training under the supervision of a Certifying T-trainer
		Are committed to offer a Master Training per year to remain certified as T-Trainer
		Have joined the T-Trainer list serve for updates

Yes	No	Fidelity Before Training
		Fidelity Before Leader Training
		Have a Fidelity plan in place
		Apply for, renew, or confirm receipt of your organizations program license
		If operating under another organization’s license, verify with the holder of the license that you may proceed with the training
		If there is no other active Leader in your area you must send two or three individuals to training
		Read the Program Implementation Manual http://patienteducation.stanford.edu/licensing/Implementation_Manual2008.pdf
		Read the Program Fidelity Manual
		Read the Introduction to Stanford Leader Trainings
		Adhere to recommended schedule for Leader trainings (Total of four days: Most recommended two days per week for two weeks)
		Choose times, dates, and location of training
		Secure two Certified Master Trainers who are committed to conduct entire training sessions
		If you are hiring Master Trainers or T-Trainers to conduct your Leader training, visit the Stanford Patient Education Research Center’s website to determine that the Master Trainers or T-Trainers are currently “active” Trainers
		Ask the Trainer when they last conducted a Master training. If more than a year, you should look elsewhere.
		Recruit and Interview potential Leader trainees
		Do not start a Leader Training with less than 12 potential Leaders

Yes	No	Fidelity Before Training
		Ask prospective trainees to review the Stanford website for program overview: (http://patienteducation.stanford.edu/programs/cdsmp.html) or send them a copy
		Ask prospective trainees to read the document Introduction to Stanford Leader Trainings
		Inform participants that their full attendance and participation is required on all training
		Maintain close and timely communication with all those involved in the coordination of the Leader Training
		If training is to be held anywhere except at your site, follow registration protocols and complete travel logistics (including payment of any applicable fees) in a timely manner
		Ensure that by the time your staff and volunteers complete training, you will have series of workshops scheduled and filled with participants so each of them can facilitate within 6 months of completion of training
		Ask trainee(s) to commit leading a scheduled Stanford program workshop within six months of training start date
		Order Workshop books and if you wish, CD's for each participant
		Copy a complete Leader's Manual for each participant
		Include a copy of the agency license from Stanford in each manual
		Prepare a complete set of flip charts. (PowerPoint or overheads may NOT be used)
		Determine the most recent training materials are being used for training (most current version are 3rd edition, <i>Living a Healthier Life with Chronic Conditions</i> book and CDMP manual (2006).
		Fidelity Before Master Trainings
		Allow three to six months to plan
		Apply for, renew, or confirm receipt of your organizations program license
		Review the Stanford website (http://patienteducation.stanford.edu/programs/cdsmp.html) for program overview if you have not done it before and the Training FAQ's in the Tool Kit
		Read the Program Implementation Manual http://patienteducation.stanford.edu/licensing/Implementation_Manual2008.pdf
		Read the Program Fidelity Manual http://patienteducation.stanford.edu
		Complete a Stanford Master Training Request Form (available from the Stanford website)
		Follow the Stanford Patient Education Research Center's Checklist for Master Trainings (obtained upon confirmation of training request)
		Inform participants their full attendance and participation is required on all training days
		Ask trainee to commit leading a scheduled Stanford program workshop within 6 months of their training start date
		Ask prospective trainees to review the Stanford website for program overview (http://patienteducation.stanford.edu/programs/cdsmp.html)

Yes	No	Fidelity Before Training
		Read the Introduction to Stanford Trainings. See Tool Kit and the Stanford website (hyperlink)
		Ask prospective trainees to read the document Introduction to Stanford Trainings
		Make sure all trainees are associated with licensed organizations
		Follow registration protocols and complete travel logistics (including payment of any applicable fees) in a timely manner
		Ensure that by the time your staff and volunteers complete training you will have a series of classes scheduled and participants recruited so that each of the new Master Trainers can facilitate two workshops within six months of completion of Master training
		Confirm that trainee will be able to co-facilitate workshop with another active leader or Master trainer in the area.
		If there is no other active Leader or Master Trainer in your area you must send two individuals to training.
		Have definite plan to hold Leader Trainings within one year of the completion of the Master Training. If training multiple Master Trainers, each must facilitate a Leader Training within one year
		Ask trainee(s) to commit to leading a scheduled Stanford program workshop within six months of training start date
		Prepare Master Trainer Manuals and Leader Manuals for each participant
		Order books and relaxation CDs for each trainee
		Prepare a complete set of charts per the instructions in the Leader manual. PowerPoint presentations or overheads should NOT be used
		Determine the most recent training materials are being used for training (most current version are 3rd edition, <i>Living a Healthier Life with Chronic Conditions</i> book and CDMP manual (2006)

Yes	No	Fidelity During Training
		Fidelity During Leader Trainings
		Have a fidelity plan in place
		Training is at least four six-hour days given over no more than two weeks
		There are no less than 12 nor more than 18 trainees in the group
		Trainees participate in two practice teaching activities during training
		Trainees complete the second practice teaching session and demonstrate a minimum set of core competency as observed by the Master trainer or T-trainer
		Fidelity in Judging Trainee Competence
		<i>Adheres to the curriculum (also includes appropriate presentation of charts)</i>
		Facilitates group contributions particularly in the following types of activities
		Brainstorming
		Action Planning
		Action Plan Feedback
		Problem Solving

Yes	No	Fidelity During Training
		Handles difficult group dynamics and problem participants effectively
		Speaks comfortably in front of a group
		Speaks effectively (firm but non-authoritative tone, moderate volume, accents are fine as long as pronunciation and enunciation is clear to most participants)
		Does not judge people or the choices people make in their lives
		Models activities appropriately
		Sticks to time / agendas
		Listens and incorporates feedback given by Master Trainers
		Works cooperatively with co-leader
		Is consistently respectful to other group members
		Commits to continuing to be healthy
		Fidelity when Counseling Leaders / Master Trainers Out
		Have a fidelity plan in place
		Observe and document problem behaviors. The first practice teach is a good opportunity. However, you can pick up problems at any time. Be sure that you have specific details. You will need these as you do your counseling.
		Counseling is always done in private
		Always be respectful and considerate
		Give the trainee specific reasons and examples of why you are concerned
		Focus on performance, behavior and use of the manual
		Tell the trainee what she/he did well, but also tell her/him clearly how they are expected to improve
		Do not get caught in emotional battles or excuses. Use a broken record approach for example: "I am sorry but you did not follow the manual in either of your practice teaches."
		If in doubt about a trainee, then DO NOT let them continue. It is not kind to the future participants, the trainee or his/her supervisor to "pass" a marginal person
		If you are in doubt, DO NOT ALLOW THE TRAINEE TO LEAD WORKSHOPS !
		Fidelity During Master Training
		Have a fidelity plan in place
		Training must be at least 27 hours usually offered over four and a half days
		Training must be offered by two Certified T-Trainers
		Trainees can successfully give feedback during practice teaching
		Trainees can embrace the underlying philosophy of the program (Self-Management, Self-Determination, Self-Efficacy, Community-Based Health Education)
		Trainees can identify strengths, weaknesses and areas of improvement for each trainee and themselves
		Trainees can facilitate constructive discussion / feedback with peers
		Trainees can think quickly on feet. That is, they are quick to respond to situations that arise and respond in an appropriate manner according to stated guidelines
		Trainees have sound judgment. When faced with a new situation they act in a manner that maintains program fidelity, the confidence of the group and the integrity and safety of the participants
		Trainees demonstrate a clear command of material

Yes	No	Fidelity During Training
		Trainees act as a hyper-model. Almost over model everything so that you see it coming back in practice teachings
		Trainees adhere to training process (minimum and maximum of attendees, follows activities in the manual)
		Trainees understands and agrees with the importance of Program Fidelity

Yes	No	Fidelity After Training
		Fidelity After Leader Training
		All new Leaders facilitate within six months
		If all leaders do not facilitate within six months, there is a short update before they facilitate.
		All Leaders facilitate at least once a year
		After one year of not facilitating leader is re-trained
		Leaders about whom you have concerns do not facilitate workshops
		Fidelity After Master Training
		Master Trainers conduct one leader training a year
		Observe each new master trainer at least once (this can be done by the program coordinator, a T-trainer or an experienced Master Trainer)

Yes	No	Fidelity During Workshops
		Fidelity During Workshops - Physical Environment and Material Resources
		Have the necessary number and quality of educational materials and supplies
		The location of training is appropriate for your population
		Ensure the room/facility is appropriate for training and your population
		Group size is 10-16 participants (for most urban and populated areas)
		Offered two and one half hours a week over six weeks
		There were at least 10 on the first day of the workshop (if less, the class is postponed and people are asked to come to next scheduled workshop)
		Venue is safe, handicap accessible, and available by public transportation
		Fidelity During Workshops - Leader Performance
		Two Leaders teach the workshops (a substitute may be used if necessary)
		Leader (s) are present at all sessions, arrive on time and do not leave early
		Leaders use facilitation techniques appropriately and effectively
		Weekly attendance records are kept
		Names addresses and emails of participants are kept
		Program coordinator talks with every leader between the first and third session of every workshop
		When problems arise, leaders are observed
		Protocol in place for documenting performance problems

Yes	No	Fidelity for Leader and Master Trainer Retention
		Leader and Master Trainer Retention
		Have a mentoring plan
		If the coordinator of the program is not a certified Master Trainer, a Master Trainer or T-Trainer in your area has been identified and formally given the role of “consultant” or “mentor” for your program Leaders as needed.
		In a systematic way Leaders are asked what kind of support they need
		Conduct exit interviews with all Leaders who leave your program or who have not taught for one year or more
		A defined protocol for resolution of potential personality conflicts, communication problems, improper behavior with participants and co-leaders or co-trainers is in place

Yes	No	Fidelity After Workshops
		Fidelity After Workshops
		Track leader activity--how many programs they teach, retention

Content adapted from the Stanford Self-Management Fidelity Tool Kit May 2010, pages 2-7

Appendix J: Prescription Pad

Prescription Pad

Chronic Disease Prevention and Management Classes

Patient/Participant name: _____

Diagnosis or at-risk for: _____

Holy Cross Hospital's Community Health Department offers a variety of classes to help you prevent or manage chronic disease. For more information on these classes including schedules, locations and fees, please call **301-754-8800** or visit www.holycrosshealth.org.

Please check the box for class referral(s).

Chronic Disease Prevention

Diabetes Prevention Program

If you have been diagnosed with pre-diabetes or have been told your blood sugars are higher than normal but not high enough to be diabetes, you may qualify to attend this program. Classes provide nutritional guidance, exercise and the ongoing support needed to lose weight to help prevent or delay the onset of type 2 diabetes. Call for eligibility.

Falls Prevention, Screening and Education

Learn why you are at risk for falling and how to prevent falls.

Heart Failure: A Workshop for Prevention and Recovery

Develop the "must-know" skills that help prevent and manage heart failure. This workshop includes a cooking demonstration and nutrition information, medication management and exercise.

Memory Academy

Learn how memory works, quick strategies to improve memory and basic memory tools. Not intended for people with Alzheimer's disease or dementia.

Senior Fit

Improve your overall fitness level safely and effectively. Weekly classes include cardiovascular endurance, strength training and flexibility exercises taught by certified instructors who have experience working with people age 55+.

Chronic Disease Management

Better Bones

Maintain bone strength while improving overall strength and flexibility through exercise.

Chronic Disease Self-Management

This class, "Coping: A Journey to Living Well", helps participants develop strategies to improve overall health and quality of life. Anyone living with a long-term health condition, such as arthritis, diabetes, asthma, migraine headaches and high blood pressure is welcome to attend with their family, friends, and caregivers.

Diabetes Self-Management

Provides education on a full range of lifestyle and clinical issues related to diabetes, including nutrition, exercise, medications, blood glucose levels and problem solving.

Parkinson's Exercise

This class is designed for people with Parkinson's disease. The exercises promote range of motion, balance, enhanced strength and endurance.

People With Arthritis Can Exercise (PACE)

An exercise class for people with arthritis. Designed to improve range of motion and promote healthy joints. Offered in English and Spanish.

Signature and title: _____ Date: _____

Appendix K: Sample Flyer

Sample Flyer**Coping: A Journey to Living Well**

Site Name
 Street Address
 City, State, zip code

Day: Dates**Time:** _____

Join this six-week program to help you enjoy a healthier life! Learn how to maximize your potential even when a long-term health condition may require you to alter your activities. Discover new ways to break the “symptom cycle.” Living well means COPING with an ongoing health problem such as:

Parkinson’s disease	heart disease	asthma	cancer
arthritis	mild depression	obesity	osteoporosis

Anyone living with a long-term health condition is welcome to attend this workshop. Family members, friends and caregivers are also welcome. Classes are 2.5-hours, once a week for six weeks.

Class Objectives:

- Learn tips on how to be your own healthcare advocate
- Gain a sense of greater self-control over your personal quality of life
- Identify strategies for coping with a long-term health issue
- Build confidence in establishing supportive relationships
- Improve management of symptoms of your chronic health condition(s)

About the Program

The curriculum for this program is evidence-based and was developed by Stanford University with support from Kaiser Permanente. The Community Health Department and Faith Community Nurse Program of Holy Cross Hospital are sponsors. Registration for the class is free of charge.

----- cut here -----

Registration Form: Coping: A Journey to Living Well **Start Date:** (date and time)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Please mail or drop off your registration form to:

Name of site contact person

Title

Site name

Street address

City, state, zip code

Registration: Please contact (name) at (phone number)

The Living Well and Living Well with Diabetes Programs have been made possible by funding under the American Recovery and Reinvestment Act of 2009 and with funds granted to the Maryland Department of Aging by the Federal Administration on Aging.

Appendix L: Brochure

THE UPCOMING CLASS SCHEDULE

Please visit www.holycrosshealth.org

- Click on “Classes and Events”
- Look for “Chronic Disease Self-Management Program”

or

Call 301-754-8800

FOR MORE INFORMATION

Contact:

Kim Crilly, RN, MS

Coordinator

Chronic Disease Self-Management Program

301-312-0817

KCrillyRN@gmail.com

CREDITS

The Chronic Disease Self-Management Program was developed at the Stanford University Patient Education Research Center to improve the lives of people living with chronic conditions.

Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910

The Living Well and Living Well with Diabetes Programs have been made possible by funding under the American Recovery and Reinvestment Act of 2009 and with funds granted to the Maryland Department of Aging by the Federal Administration on Aging.



Don't delay... Register today!



Coping: A Journey to Living Well



**A six week program for adults with
chronic health conditions**

Sponsored by
Faith Community Nurse Program
and
Community Health Education Program



YOU ARE INVITED ON A JOURNEY

Join this six week program to help you enjoy a healthier life! Learn how to maximize your potential even when a chronic health condition may require you to alter your activities. Learn how to break the symptom cycle. Living well means COPING with a chronic health problem such as:

Parkinson's disease	Heart disease
Arthritis	Mild depression
Diabetes	Obesity
Asthma	Lung disease
High blood pressure	Stroke



PURPOSE

The purpose of the "Living Well" program is to assist participants to better manage their chronic condition and to improve quality of life.

ABOUT THE COURSE

Anyone living with a chronic health condition is welcome to attend this workshop. A chronic condition is a lasting medical condition that can be treated but not cured. Family members, friends, and caregivers are also welcome.

Classes are 2 1/2 hours, once a week for six weeks. The program is free.

Participants can expect improved management of symptoms associated with their chronic condition(s) and a sense of greater self-control.

You will learn:

- Strategies for living with a chronic condition and how to deal with frustration, fatigue, pain and isolation
- The meaning of Coping
- Skills to increase confidence in establishing supportive relationships
- How to integrate new techniques and activities into a plan for living well
- How to better work in partnership with your health care team
- How to write your advance directives

ABOUT THE COURSE

Each class offers an opportunity to share with and support fellow participants.



Topics include:

- Exercise
- Nutrition
- Coping skills
- Communication with physicians and other healthcare providers
- Stress management/relaxation
- Setting realistic goals



Appendix M: Recruitment Phone Script

Recruitment Phone Script



Phone Script for Calling Living Well Candidates

Candidate's Name: _____ Date: _____

Hello, my name is _____. I'm calling from Holy Cross Hospital.

May I speak with Mr. /Ms. _____?

The reason for my call is that you have been identified by the hospital as a good candidate for a free six program we offer called Living Well. The program helps participants manage their chronic disease(s). Some examples of a chronic disease are heart disease, cancer, high blood pressure, diabetes, and arthritis. There are other chronic diseases as well. The goals of the workshop are to improve health behaviors and prevent hospital readmissions.

Health behaviors addressed by Living Well include exercise, nutrition, symptom management for pain and fatigue, coping skills, communication with physicians, and stress management. The workshop meets once a week for six weeks. Each session per week is 2.5 hours in length.

Family members and caregivers are also welcome to attend the program with you.

Day and Time: The next program will be held on _____ (day) from _____ - _____ (time).

Dates: The program will start on _____ (date) and end on _____ (date).

Location: Holy Cross Resource Center (located across from the hospital), 9805 Dameron Drive, Silver Spring, MD

Do you have any questions?

Is this a program that you might be interested in attending?

If so, I'd be happy to mail you a flyer and registration form. There is no cost for the program. We strongly recommend that you to attend every session.

If no, please indicate the reason. _____

Thank you for your time.

Flyer and registration form mailed: Yes/No (please circle)

Appendix N: Living Well Grant Survey



Coping: A Journey to Living Well

Welcome

Thank you for taking a few minutes to answer some brief questions. While you may leave any question blank, we encourage you to complete the survey. Summarized information from all participants will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful.

This survey asks for basic information about you. The survey also asks for your name, but it is only for the purpose of matching your information with your attendance. Your name will not be recorded in any database. You may choose to use a nickname or your first name and last initial, instead of your full name, and your Group Leader will record your attendance using the name you have provided.

Your form will be kept confidential. Your responses will not affect any services or programs you are getting. If you have any questions about what is being asked, please ask your Group Leader.

Thank you again for taking a few minutes to complete this important survey.

Living Well Participant Information Survey

Instructions: Please use a pen and print clearly. Mark your choice within the box, like this: X

Your Name/ID #: _____

		/			/				
--	--	---	--	--	---	--	--	--	--

1. What is your date of birth? Month / Day / Year

2. What is your gender?

- Female
 Male

3. Are you of Hispanic, Latino, or Spanish origin?

- Yes
 No
 Unknown

4. What is your race? (Mark all that apply.)

- American Indian or Alaska Native
 Asian or Asian-American
 Black or African-American
 Hawaiian Native or Pacific Islander
 White or Caucasian
 Other: _____

5. Please check the box beside the range that includes your income:

- | | |
|---|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$15,000-\$24,999 |
| <input type="checkbox"/> \$25,000-\$49,999 | <input type="checkbox"/> \$50,000-\$75,000 |
| <input type="checkbox"/> More than \$75,000 | |

Please turn over

Participant Information Survey—continued

Your Name/ID #: _____

6. Is English your first language? Yes No

If No, what language do you speak most often with your family?

7. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)

- Arthritis/ Rheumatic Disease
- Breathing/ Lung Disease (e.g., Asthma, Emphysema, Bronchitis)
- Cancer
- Depression or Anxiety Disorders
- Diabetes
- Heart Disease
- Hypertension (High Blood Pressure)
- Stroke
- Osteoporosis (Low Bone Density)
- Other Chronic Condition: _____
- None (No Chronic Conditions)

8. What is your Zip Code?

--	--	--	--	--

9. Today, how many people live in your household (including yourself)?

--

 (Number of people)

10. Have you ever taken a chronic disease self-management workshop before?

- Yes
- No
- Unsure

Thank you!

Appendix O: Pre-Outcome and Post Outcome Measurement Questionnaire

Pre and Post Outcome Questionnaire



Coping: A Journey to Living Well

Location: _____

Workshop dates: _____

Thank you for taking a few minutes to answer some brief questions related to your chronic disease. While you may leave any question blank, we encourage you to complete the questionnaire. Summarized information from all participants will help us determine the impact of this program on disease self-management.

Please note that participation in any of our programs does not require that you complete this questionnaire. Although voluntary, your participation in this questionnaire is very important. This questionnaire does not require you to give us your name or other identifying information. Should you have any questions or need assistance in filling out the questionnaire, please ask one of the workshop leaders.

Any information that you have provided through this questionnaire will only be reported in a group with others and it will not be possible for you to be identified as an individual in any reporting based on your answers.

For further information or to speak with someone about completing this questionnaire, please call (provide contact information here).

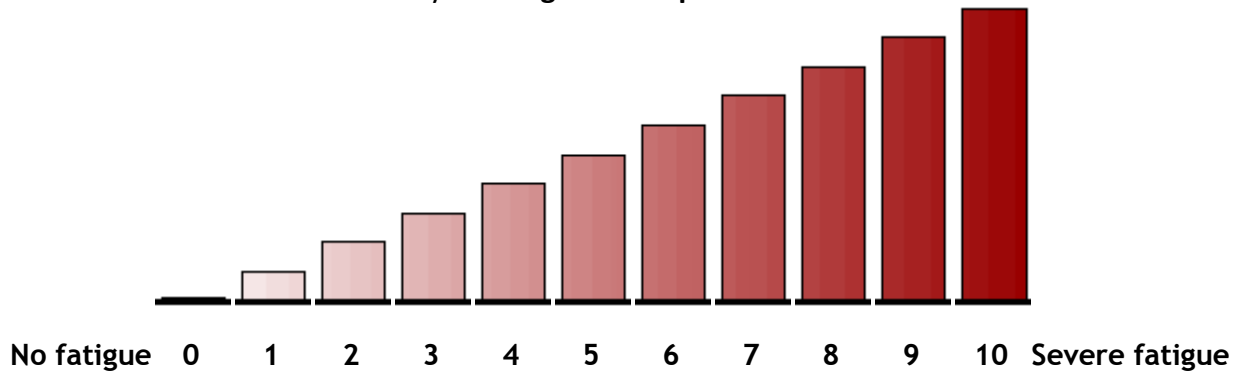
General Health

1. In general, would you say your health is... (circle one number)

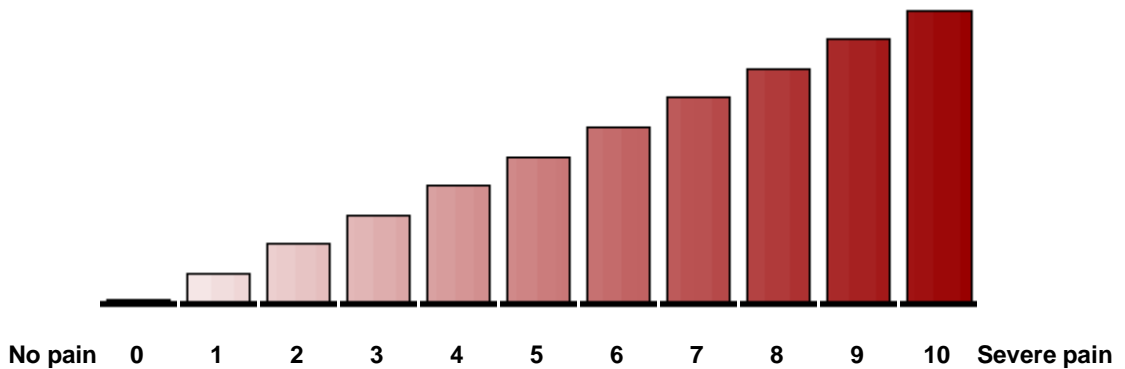
- Excellent1
- Very good2
- Good.....3
- Fair4
- Poor.....5

Symptoms

1. We are interested in learning whether or not you are affected by fatigue. Please *circle* the *number* below that describes your **fatigue** in the **past 2 weeks**:



2. We are interested in learning whether or not you are affected by pain. Please *circle* the *number* below that describes your **pain** in the **past 2 weeks**:



Physical Activities

During the past week, even if it was not a typical week for you, how much **total** time (*for the **entire week***) did you spend on each of the following? (*Please circle **one** number for each question.*)

	None	less than 30 min/wk	30-60 min/wk	1-3 hrs per week	more than 3 hrs/wk
1. Stretching or strengthening exercises (range of motion, using weights, etc.).....	0	1	2	3	4
2. Walk for exercise.....	0	1	2	3	4
3. Swimming or aquatic exercise ..	0	1	2	3	4
4. Bicycling (including stationary exercise bikes).....	0	1	2	3	4
5. Other aerobic exercise equipment (Stairmaster, rowing, skiing machine, etc.)	0	1	2	3	4
6. Other aerobic exercise.....	0	1	2	3	4

Specify: _____

Confidence About Doing Things

For each of the following questions, please *circle* the number that corresponds with your **confidence** that you can do the tasks regularly at the present time.

How confident are you that you can...	Not at all confident	Totally confident
1. Keep the fatigue caused by your disease from interfering with the things you want to do?	1 2 3 4 5 6 7 8 9 10	
2. Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	1 2 3 4 5 6 7 8 9 10	
3. Keep the emotional distress caused by your disease from interfering with the things you want to do?	1 2 3 4 5 6 7 8 9 10	
4. Keep any other symptoms or health problems you have from interfering with the things you want to do?	1 2 3 4 5 6 7 8 9 10	
5. Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	1 2 3 4 5 6 7 8 9 10	
6. Do things other than just taking medication to reduce how much your illness affects your everyday life?	1 2 3 4 5 6 7 8 9 10	

Health Care Utilization

1. In the past 6 months, how many times did you visit a physician? Do **not** include visits while in the hospital or to a hospital emergency room. _____ times
2. In the past 6 months, how many times did you go to a **hospital** emergency room? _____ times
3. How many different **times** did you stay in a hospital **overnight** or longer in the past 6 months? _____ times
4. How many total **nights** did you spend in the hospital in the past 6 months? _____ nights

Appendix P: Three-Month Post Outcome Measurement Questionnaire

Cover letter: Three-Month Post Outcome Questionnaire



Coping: A Journey to Living Well

You are being asked to fill out this questionnaire because you recently participated in a Living Well program. Thank you for taking a few minutes to answer some brief questions related to your chronic disease. While you may leave any question blank, we encourage you to complete the questionnaire. Summarized information from all participants will help us determine the impact of this program on disease self-management.

Please note that participation in any of our programs does not require that you complete this questionnaire. Although voluntary, your participation in this questionnaire is very important. This questionnaire does not require you to give us your name or other identifying information. Should you have any questions or need assistance in filling out the questionnaire, someone will be glad to help. Please call: (provide contact information here)

Once you have completed the questionnaire, please return it in the postage paid envelope provided.

Any information that you have provided through this questionnaire will only be reported in a group with others and it will not be possible for you to be identified as an individual in any reporting based on your answers.

For further information or to speak with someone about completing this questionnaire, please call (provide contact information here).

Appendix Q: Holy Cross Hospital Evaluation

Holy Cross Hospital Evaluation



Coping: A Journey to Living Well

Evaluation

Location: _____

Dates: _____

Based on your participation in the *Coping: A Journey to Living Well* workshop, please place a check in the appropriate response line for the following questions:

	Strongly Agree	Mostly Agree	Don't Agree
I am able to identify strategies for living with a chronic condition	_____	_____	_____
I am able to better manage symptoms of chronic conditions	_____	_____	_____
I am confident in establishing supportive relationships	_____	_____	_____
I am able to create an action plan to make a positive lifestyle change	_____	_____	_____
I am better able to cope with frustration	_____	_____	_____
I am motivated to eat more healthfully	_____	_____	_____
Instructors demonstrated knowledge of workshop topics	_____	_____	_____
I would take another class taught by these instructors	_____	_____	_____

Comments:

Following were the most important things I learned from the workshop:

Following were personal goals that I achieved as a result of the workshop:

Where did you hear about this workshop? Please circle all that apply.

Holy Cross Health (advertising magazine)

Holy Cross website

Friend

Flyer

Received a phone call from the hospital

Physician

Other: _____

- If you would like to receive a follow-up phone call to discuss any questions or concerns you may have regarding the program, please complete the following information:

Name _____ Phone number _____

Please leave this evaluation on the table when you leave. Thank you for attending!

Appendix R: Participant Drop-Out Phone Call Script

Participant Drop-Out Phone Call Script



Chronic Disease Self-Management Program

Date: _____ Name of Person Calling Participant: _____

Name of Participant: _____

Workshop Location: _____ Dates of Workshop: _____

Name of Lay Leaders: _____

Participant Drop-Out Phone Call Script

Greeting: "Hello, I am calling from Holy Cross Hospital and wanted to speak to you about the *Living Well* workshop series you signed up for. I realize that you did not attend all the sessions, but we like to follow-up with everyone so that we can improve how we offer the program. I would like to ask you a couple of questions, and it should not take longer than about 5 minutes. Do you have time to answer my questions?"

1. Was the workshop held at a convenient time and location? YES /NO

If no, is there a time and location that you would have preferred?

2. Sometimes participants don't come back to workshops because the workshop was not what they expected. Was the workshop what you had thought it would be? YES / NO

If no, can you tell us what you were expecting?

3. Did you feel the workshop content and materials related to your personal health condition? YES/NO

If no, can you tell us what you were expecting?

4. Were you satisfied with the quality of workshop leaders? YES / NO

If no, can you tell us specifically what you were not satisfied with?

5. Is there anything else you would like to tell us that could help us improve our program?

Thank you for answering my questions. This concludes the interview.

Additional notes: _____

Appendix S: Review of Findings

http://patienteducation.stanford.edu/research/Review_Findings_CDSMP_Outcomes1%208%2008.pdf

Appendix T: *Can Self-Management Programs Ease Chronic Conditions?*

<http://www.managedcaremag.com/archives/1101/1101.selfcare.html>

Appendix U: Healthy People 2020 Report

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31>