

Continuity of Care

Community health nurses play a large role in maintaining continuity of care for clients as they transition from acute to outpatient settings. Community health nurses use technology to maintain continuity of care.

Community partnerships are essential to improving and maintaining healthy communities. Community health nurses should facilitate the development of partnerships within the community. These partnerships are important in the attainment of collaborative health outcomes.

EXAMPLES OF PARTNERING ENTITIES

- Individuals
- Families
- Community agencies
- Civic organizations
- Citizen groups
- Educational settings
- Political offices
- Employment bureaus

CHARACTERISTICS OF SUCCESSFUL PARTNERSHIPS

- Shared power
- Shared goals
- Integrity
- Flexibility
- Negotiation

Groups partnering to elicit needed change in the community are more powerful than a nurse working independently with an individual.

Referrals, discharge planning, and case management

- A continuum of care assists in coordinating and providing individualized health care services without disruption. The nurse can follow the client from one level of care to the next to ease the client's transition.
- Community health nurses facilitate continuity of care through case management services. These services include focused supervision for individualized care, follow-up, and referrals to appropriate resources. **Qpcc**
- The establishment of an ongoing relationship between an individual and a health care provider leads to improved health outcomes.

CONSULTATIONS

A consultant is someone who has specialized knowledge and provides expert advice, services, or information.

NURSING ACTIONS

- Initiate necessary consults, or notify the provider of the client's needs so the provider can initiate a consult.
- Seek expertise from health care professionals representing a variety of disciplines.
- Request expert opinions of key community members, agency leaders, and other professionals.
- Seek expertise of other nurses, such as specialty nurses (psychiatric nurse, school nurse, gerontological nurse, diabetes management nurse), or advanced practice nurses (psychiatric mental health nurse practitioner, gerontological nurse practitioner).
- Incorporate recommendations from a consultant into the client's plan of care or program planning for the community.
- Coordinate recommendations from multiple consultants (e.g., providers, advanced practice nurses, pharmacists, dietitians, therapists, and holistic providers) to ensure client safety. **Qs**
- Serve as an expert witness in legal proceedings.
- Serve as a consultant regarding the health care needs of individuals, families, and groups within the community served.

REFERRALS

- Referrals for individuals in acute care settings typically are based on the medical diagnosis or other relevant clinical information. Resources assist in restoring, maintaining, or promoting health.
- The nurse assists in linking the client with community resources, and must have knowledge of individuals and organizations that can serve as resources. The nurse should also use knowledge of types of assistance the client will accept based on client's personal beliefs and values. **Qpcc**
- The nurse educates clients about community resources and self-care measures.

HEALTH CARE SERVICES

- Providers
- Acute-care settings
- Primary care sites
- Health departments
- Transitional and long-term care facilities
- Home care services
- Rehabilitation services
- Physical therapy services
- Occupational therapy services
- Pharmacies

SPECIALTY SERVICE AGENCIES

- Support Services
- Psychological services
- Churches
- Support groups
- Life care planners
- Medical equipment providers
- Health insurance companies
- Meal delivery services
- Transportation services

STEPS IN THE REFERRAL PROCESS

- Engaging in a working relationship with the client
- Establishing criteria for the referral
- Exploring resources
- Accepting the client's decision to use a given resource
- Making the referral
- Facilitating the referral
- Evaluating the outcome

BARRIERS TO THE REFERRAL PROCESS

CLIENT BARRIERS

- Lack of motivation
- Inadequate information about community resources
- Inadequate understanding of the need for referral
- Accessibility needs
- Priorities
- Finances
- Cultural factors

RESOURCE BARRIERS

- Attitudes of health care personnel
- Costs of services
- Physical accessibility of resources
- Time limitations
- Limited expertise working with culturally diverse populations

FOLLOW-UP CONSIDERATIONS

- Monitor for completion of the referral.
- Assess whether referral outcomes were met.
- Determine if the client was satisfied with the referral.

7.1 Applying the nursing process during case management

Assessment

Clarify the problem by evaluating physical needs, psychosocial issues, functional ability, and financial constraints.

Diagnosis

Determine the cause and precipitating factors.

Identify applicable nursing diagnoses based on assessment findings.

Planning

In conjunction with the interprofessional team, determine the following.

Prioritization of identified problems

Possible outcomes for the client

- Advantages and disadvantages of possible outcomes
- What role each participant will play in assisting the client to achieve desired outcomes
- Potential effect of the plan on the client

Implementation

Contact health care providers.

Provide referral information.

Coordinate all health care services and resources

Evaluation (continued monitoring)

Monitor the client to determine whether services are still needed.

Monitor the care provided by the different facilities, comparing against the following.

- Original projected outcomes
- Physical needs
- Psychosocial needs
- Financial needs
- Client and family satisfaction

DISCHARGE PLANNING

- Discharge planning is an essential component of the continuum of care, and is an ongoing assessment that anticipates the future needs of the client.
- Discharge planning requires ongoing communication between the client, nurse, providers, family, and other members of the interprofessional team. The goal of discharge planning is to enhance the well-being of the client by establishing appropriate options for meeting the health care needs of the client. **Qpcc**
- Discharge planning begins at admission.

CASE MANAGEMENT

- Case management nursing is indicated for a variety of health care settings, and includes the following.
 - Promoting interprofessional services and increased client/family involvement
 - Decreasing cost by improving client outcomes
 - Providing education to optimize health participation
 - Reducing gaps and errors in care
 - Applying evidence-based protocols and pathways
 - Advocating for quality services and client rights
- Collaboration between clients, family members, community resources, payer sources, and health care professionals contributes to successful management of the client's health care needs. **Qtc**
- Case management nurses must possess excellent communication skills in order to facilitate communication among all parties involved. The case management nurse's ability to articulate the needs of the client to various parties can save time and promote successful outcomes.
- Case management nurses can face ethical dilemmas as they liaison between consumers and providers and try to determine the best course of action.
- Legal issues for a case management nurse include making decisions within the legal scope of practice, ensuring referrals are made to providers who are best suited to meet the needs of the client, maintaining confidentiality, and ensuring responsible management of financial charges and spending.
- The nurse uses the nursing process during case management to help the client obtain important services and to treat his condition. **(7.1)**
- The nurse provides a link between all facets of the health care experience. This means coordinating care among providers, nursing staff, physical and occupational therapists, rehabilitation facilities, home health care, and community resources.
- The case manager must be proactive for the client, balancing the effect of the illness against the cost of care. Increased knowledge of disease processes promotes early intervention and facilitates transition from acute to community-based care.
- Use of community agencies contains costs, because the monitoring of clients leads to better disease management.

Technology and community nursing

- Technological advances have led to drastic changes in the delivery of health care. The availability of new technologies results in a disruption of old delivery methods, while simultaneously creating new opportunities.
- Some types of technology can assist with cost control. The nurse should consider the expense of new technology compared to potential cost savings prior to implementation for client care.
- The nurse can use technology as a tool to increase awareness and provide education to clients or to collect data (social media campaigns, electronic surveys, use of health literature databases).
- Technology has had an effect on increasing life expectancy, but also can lead to ethical dilemmas in some situations.
- Nurses must remain informed of new technologies in order to deliver optimal care. The introduction of new technologies can have a significant effect on communities, thus influencing health outcomes.

INFORMATICS AND TELEHEALTH

Informatics

Informatics is the combination of nursing science with information and communication technologies in the delivery of nursing care. **Q**

- Electronic health records (EHR), electronic medical records (EMR), databases, and billing are commonly used within the current health care industry. Hand-held computers and smartphones, geographic information systems, and the Internet all play a role in the delivery of health care.
- Interprofessional teams and clients can hold meetings electronically. Nurses can use chat rooms and asynchronous discussions as alternative delivery methods for client health education, to facilitate support groups, as a mechanism of peer collaboration, or in staff orientations/training.

Telehealth

Telehealth is the delivery of quality health care through the use of technology.

- Telehealth is particularly useful in rural areas. The ability to deliver specialized, skilled nursing through communication systems that transfer information easily between providers improves access to health care.
- Home care services are increasingly using telehealth technologies in the delivery of client care. Emerging technology allows nurses to provide care to clients at home, while working from a central location such as an office or health care agency. However, with the use of telehealth, it is important to balance the use of these services with actual hands-on care. A combination of these services is needed for optimal client outcomes.

- Agencies transmitting or storing electronic health data must take measures to ensure confidentiality and security of client information.
- Telecommunication technologies can transmit physical, audio, and visual data.

PHYSICAL DATA

- Blood pressure
- Weight
- Blood oxygenation
- Blood glucose
- Heart rate
- Temperature
- ECG results

AUDIO DATA

- Voice conversation
- Heart sounds
- Lung sounds
- Bowel sounds

VISUAL DATA

- Images of wounds
- Images of surgical incisions

OTHER USES FOR TECHNOLOGY

- Nurses and the interprofessional team can use technology as an outreach tool to educate the public. For example, public service announcements about intimate partner violence have been used to prevent violence and connect community members with appropriate resources.
- Electronic recordkeeping is widely used in public health to create client clinical records, document services provided, maintain financial records, and for creating and managing organizational plans.

Partnerships with legislative bodies

- Decisions and actions made by legislative bodies can have profound effects on health. Health policy specifically addresses health issues within public policy.
- Laws related to health care regulate licensing, define scope of practice and negligent care, and can outline responsibilities in specific settings, such as in schools or correctional facilities.
- Nurses should know about the process required to develop or amend laws that affect the health of the public.
- To facilitate needed change, it is important for nurses to stay informed of current policy and laws that influence both the health of the community and nursing practice. Nurses also should advocate for policies that protect public health or offer solutions to community problems.
- Nurses can influence individuals who develop policies through professional communication and present evidence-based solutions to address significant health problems.

NURSES' ROLE IN HEALTH POLICY

CHANGE AGENTS: Advocate for needed change at the local, state, or federal level.

LOBBYISTS: Persuade or influence legislators. Individuals or professional nursing associations can participate in the lobbying process.

COALITIONS: Facilitation of goal achievement through the collaboration of two or more groups.

PUBLIC OFFICE: Serving society and advocating for change by influencing policy development through public service.

Application Exercises

1. A nurse is creating partnerships to address health needs within the community. The nurse should be aware that which of the following characteristics must exist for partnerships to be successful? (Select all that apply.)
 - A. Being a leading partner with decision-making authority
 - B. Flexibility among partners when considering new ideas
 - C. Adherence of partners to ethical principles
 - D. Varying goals for the different partners
 - E. Willingness of partners to negotiate roles
2. A nurse is reviewing the various roles of a community health nurse. Which of the following actions is an example of a nurse functioning as a consultant?
 - A. Advocating for federal funding of local health screening programs
 - B. Updating state officials about health needs of the local community
 - C. Facilitating discussion of a client's ongoing needs with an interprofessional team
 - D. Performing health screenings for high blood pressure at a local health fair
3. A case management nurse at an acute care facility is conducting an initial visit with a client to identify needs prior to discharge home. After developing a working relationship with the client, the nurse is engaging in the referral process. Which of the following actions should the nurse take first?
 - A. Monitor the client's satisfaction with the referral.
 - B. Provide the client information to referral agencies.
 - C. Review available resources with the client.
 - D. Identify referrals that the client needs.
4. A nurse developing a community health program is determining barriers to community resource referrals. Which of the following factors should the nurse include as an example of a resource barrier?
 - A. Costs associated with services
 - B. Decreased motivation
 - C. Inadequate knowledge of resources
 - D. Lack of transportation
5. A nurse is working with a client who has systemic lupus erythematosus and recently lost her health insurance. Which of the following actions should the nurse take in the implementation phase of the case management process?
 - A. Coordinating services to meet the client's needs
 - B. Comparing outcomes with original goals
 - C. Determining the client's financial constraints
 - D. Clarifying roles of interprofessional team members

PRACTICE Active Learning Scenario

A nurse manager of a home health agency is preparing an in-service about informatics for a group of newly hired nurses. What should the nurse manager include in this presentation? Use the ATI Active Learning Template: Basic Concept to complete this item.

RELATED CONTENT

- Define informatics.
- Define telehealth.

UNDERLYING PRINCIPLES

- List two types of transmissible physical data.
- List two types of transmissible audio data.
- List two types of transmissible visual data.

NURSING INTERVENTIONS: Include three methods of incorporating technology into health care delivery.

Application Exercises Key

- Shared power must exist for a partnership to be successful.
 - CORRECT:** Flexibility must exist for a partnership to be successful.
 - CORRECT:** Integrity must exist for a partnership to be successful.
 - Shared goals must exist for a partnership to be successful.
 - CORRECT:** Negotiation must exist for a partnership to be successful.

N NCLEX® Connection: Management of Care, Concepts of Management

- The nurse should identify advocacy as a function of a change agent.
 - CORRECT:** Updating officials about community health needs is an example of a nurse functioning as a consultant. Community health nurses serve as a consultant regarding the health care needs of individuals, families, and groups within the community served.
 - The nurse should identify working with an interprofessional team as a function of a case manager.
 - The nurse should identify performing health screening as a function of a caregiver.

N NCLEX® Connection: Management of Care, Performance Improvement (Quality Improvement)

- The nurse should monitor the client's satisfaction with the referral as part of patient-centered care. However, another action must occur first in the referral process.
 - The nurse should provide the client with information to referral agencies to enable the client to access needed services. However, another action must occur first in the referral process.
 - The nurse should review available resources with the client to promote self-determination. However, another action must occur first in the referral process.
 - CORRECT:** Using the nursing process, the first action the nurse should take at this point in the referral process is to assess client needs. After gathering client data, the nurse should identify referrals that the client needs and prioritize plans. This allows the nurse and client to focus on specific needs while moving forward in the referral process.

N NCLEX® Connection: Management of Care, Referrals

- CORRECT:** Costs associated with services are an example of a resource barrier to community referrals.
 - Decreased motivation is an example of a client barrier to community referrals.
 - Inadequate knowledge of resources is an example of a client barrier to community referrals.
 - Lack of transportation is an example of a client barrier to community referrals.

N NCLEX® Connection: Management of Care, Continuity of Care

- CORRECT:** Coordinating services to meet the client's needs is an action the nurse should take in the implementation phase of the case management process.
 - Comparing outcomes with original goals is an action the nurse should take in the evaluation phase of the case management process.
 - Determining the client's financial constraints is an action the nurse should take in the assessment phase of the case management process.
 - Clarifying roles of interprofessional team members is an action the nurse should take in the planning phase of the case management process.

N NCLEX® Connection: Management of Care, Case Management

PRACTICE Answer

Using the ATI Active Learning Template: Basic Concept

RELATED CONTENT

- Informatics: The combination of nursing science with information and communication technologies in the delivery of nursing care
- Telehealth: The delivery of quality health care through the use of technology

UNDERLYING PRINCIPLES

- | | |
|---------------------|----------------------------|
| Physical data | Audio data |
| • Blood pressure | • Voice conversation |
| • Weight | • Heart sounds |
| • Blood oxygenation | • Lung sounds |
| • Blood glucose | • Bowel sounds |
| • Heart rate | Visual data |
| • Temperature | • Wound images |
| • ECG results | • Surgical incision images |

NURSING INTERVENTIONS

- Electronic records, databases, and billing
- Internet availability of health information and education
- Electronic meetings and chat rooms
- Asynchronous discussions
- Web-based support groups
- Electronic orientation/training
- Health care access in rural areas

N NCLEX® Connection: Management of Care, Information Technology