

Position Statement



**Expert caring makes
a difference®**

Registered Nurse Roles that Facilitate Continuity of Care

September 2008

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, September 2008.

Permission to reproduce this documents is granted. Please recognize CARNA.

College and Association of Registered Nurses of Alberta
11620 – 168 Street
Edmonton, AB T5M 4A6

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)

Fax: 780.452.3276

Email: practice@nurses.ab.ca

Website: www.nurses.ab.ca

Table of Contents

WHAT IS CONTINUITY OF CARE?	2
Three Types of Continuity	2
WHY IS CONTINUITY OF CARE IMPORTANT?.....	3
NURSING SCOPE OF PRACTICE AND CONTINUITY OF CARE	3
Nursing Roles	4
CONCLUSION	6
REFERENCES.....	7

Individuals and families are entitled to care that is respectful and responsive to their needs. The College and Association of Registered Nurses of Alberta (CARNA) believes that registered nurses have the skill, expertise and capacity to take a leadership role in supporting and enhancing client-centred care across the continuum of health-care experiences and services. Some of the roles where registered nurses have taken a leadership role include: nurse navigator, case manager and telehealth nurse. The principles of primary health care can be used as a framework to guide practice for nursing roles that can effectively achieve continuity of care.

This position statement aligns with the key principles outlined in the following CARNA documents: *Nursing Practice Standards* (2003), *Primary Health Care* (2008), *Scope of Practice for Registered Nurses* (2005), *Guidelines for Assignment of Client Care* (2008a) and *Evidence-Informed Staffing for the Delivery of Nursing Care: Guidelines for Registered Nurses* (2008b).

What is Continuity of Care?

Continuity of care as a distinct concept remains elusive in the literature, and other terms such as coordination of care, case management and discharge planning are often used interchangeably with it. Currently, there is a shared understanding that continuity of care is defined by two core elements: care over time (past, present and future); and a focus on the individual client's¹ health needs and personal context.

Continuity of care is often viewed as an outcome of care as experienced by the client throughout the care continuum, while case management and care coordination are considered approaches or models used to achieve continuity of care. Some researchers have reported findings that separate continuity of care into three types: informational, management, and relational/interpersonal. The emphasis on the type of continuity depends on the type and setting of care.

Three Types of Continuity

- **Informational continuity** refers to the efficient and effective transfer of information and accumulated knowledge of the client in order to bridge separate

¹ The term 'client' can refer to patients, residents, families, groups, communities and populations.

care events and ensure current care is appropriate for the client as they move from one care setting to another.

- **Management continuity** refers to a consistent and coherent approach to service provision (care protocols, shared management plans, etc.) to ensure care from multiple providers is connected, orderly, complementary and timely.
- **Relational or interpersonal continuity** refers to an ongoing therapeutic relationship between provider and client that bridges past to current and future care. (Haggerty et al, 2003; Holland & Harris, 2007; Cameron et al, 2006).

Why is Continuity of Care Important?

Staff shortages, increased demand for services, acuity and complexity of the health-care needs of clients, and situations where staff have limited experience have contributed to challenges in achieving continuity of care across the care continuum. (CARNA, 2008a).

Research has demonstrated that continuity of care is associated with improved access to care, improved adherence to prescribed screening and treatment, recognition of unidentified problems, better immunization outcomes, fewer hospitalizations, lower use of emergency rooms, improved client satisfaction and a general reduction in costs. (Lee et al, 2006; Reid et al, 2002; Rosser & Schultz, 2007; van Servellen et al, 2006). The role of the registered nurse is seen as integral to continuity of care.

Nursing Scope of Practice and Continuity of Care

The focus and core of all registered nursing practice is to provide care to clients. Using the nursing process of assessment, diagnosis and planning, implementation and evaluation, registered nurses are skilled and competent professionals who provide holistic nursing care to individuals, families, communities or populations.

In the context of the three types of continuity of care, registered nurses use critical thinking skills and evidence-based judgment to assess a client's needs in a holistic context which includes their life situations as family and community members. With this knowledge, registered nurses plan, communicate and deliver the most appropriate transitions in care in collaboration with clients, their families and other care providers. Using their broad understanding of available resources, registered nurses implement the

plan of care to meet client needs appropriately while optimizing efficiency and effectiveness in the health-care system.

Nursing Roles

There are a variety of current and emerging roles and opportunities to guide and enhance a client's journey through the care continuum. Registered nurses have taken leadership roles as nurse navigators, case managers and telehealth nurses, to name just a few.

Nurse Navigator

Although their role may vary by setting, nurse navigators promote and facilitate continuity of care across care settings and between care providers by sharing information on the client's current situation, plan of care and goals. The registered nurse assists the client in navigating the health-care system through understanding its structure, system and process, and provides them with strategies to work within that system. (CANO, 2006).

Nurse navigators offer support, education, information and resources. Their role is to help clients with complex health needs navigate the health system and access the right services at the right time. A core component of navigation is case management.

In Alberta, registered nurses are practising as nurse navigators in cancer care settings, in primary care networks, and in emergency and cardiology departments among others. For example:

- Breast cancer nurse navigators help facilitate **relational** or **interpersonal continuity** by guiding and supporting newly diagnosed breast cancer clients from initial diagnosis until their initial visit at the cancer centre.
- Cardiac client navigators standardize referral processes and facilitate the transition of clients between care providers and service areas to ensure **management continuity**.

Alberta Health and Wellness is establishing a system-wide patient navigation system, developing a policy on patient navigation and facilitating case management education for navigators (Alberta Government, 2008).

Case Manager

A nurse case manager is usually a registered nurse in a health and/or social service practice setting who takes a leadership role in coordinating the case management process. The case manager provides assessment, service planning and implementation, coordination, monitoring, reassessment, advocacy, evaluation of outcomes and discharge planning for clients. The goals of case management are both client-centered and system-centered and include maintaining quality of care while containing costs. (Fraser and Strang, 2004).

Case management is “coordinating care and advocating for specified individuals and patient populations across settings to reduce cost, reduce resource use, improve quality of health care and achieve desired outcomes.” (Bulechek, Butcher, & McCloskey Dochterman, 2008).

In Alberta, registered nurse case managers are practising in acute care settings as well as in community settings such as home care and mental health. The need for case management services in home care, in particular, is expanding rapidly within an environment of health-care reform, an aging population and fiscal constraints. For example:

- Home care nurse case managers ensure **management** and **informational continuity** by working with clients to assess their social and health needs, coordinate in-home care and link to community agencies.

Telehealth Nurse

Telehealth is defined by the Canadian Nurses Association (CNA, 2007) as “the use of information and communication technology to deliver health services, expertise and information over distance.” Nursing practice in telehealth is consistent with the core principles and approach of primary health care, thereby enhancing and supporting client-centred continuity of care. By providing support services across the spectrum of health care, including disease prevention, diagnosis and treatment, telehealth has the capacity to increase timely access to care and to enhance interprofessional and community participation across the continuum of care.

Registered nurses work in telehealth in a variety of settings, including call centres, ambulatory care clinics, emergency departments and educational institutions. In the delivery of telehealth, registered nurses are using information and communication technologies such as telephones, audio and video conferencing, computers and the internet.

Telehealth services that registered nurses provide include, but are not limited to, health assessment and triage, provision of health information, health counseling and teaching. Telephone consultation is “eliciting patient’s concerns, listening and providing support, information, or teaching in response to patient’s stated concerns, over the telephone.” (Bulechek, Butcher, & McCloskey Dochterman, 2008).

Virtual nursing is continuing to expand not only in nursing education but in practice. Registered nurses are providing health information and health counseling via the internet. Registered nurses are also integrating electronic health records into their telehealth practice to assist with **informational continuity**. For example:

- Health Link Alberta is a 24-hour, seven-day-a-week registered nurse telephone consultation and health information service. Highly skilled registered nurses ensure **management continuity** by using care protocols to provide callers with advice and information about health symptoms and concerns that the individual or family member may be experiencing.
- In southern Alberta, a rural telehealth developmental pediatrics clinic operates with an on-site pediatric registered nurse facilitating the videoconference encounter and providing clinical expertise, case management and local cross-sectoral networking to ensure **management continuity**.

Conclusion

In the context of the three types of continuity of care (informational, management and relational), registered nurses across the province are demonstrating on a daily basis the integral role they have in facilitating continuity of care. There are a variety of current and emerging roles and opportunities to guide and enhance a client’s journey through the care continuum. Registered nurses have taken leadership roles as nurse navigators, case managers and telehealth nurses, to name just a few. As technology advances and health care evolves, we will continue to see registered nurses take on new roles to facilitate continuity of care for their clients and families.

References

- Alberta Government. (2008). Health action plan. Status report. Retrieved June 25, 2008, from <http://www.health.alberta.ca/key/health-action-plan-2008.html>.
- Bulechek, G. M., Butcher, H. K., & McCloskey Dochterman, J. (Eds.). (2008). *Nursing interventions classification* (5th ed.). St. Louis, MO: Mosby Elsevier.
- Cameron, B., Bauer, S., Legault, F., Hall, P., Kasprzak, S., Brazil, K., Locke, L., & Weaver, L. (2006). Continuity of care: A framework for community palliative services. *Journal of Palliative Care*, 22(3), 226.
- Canadian Association of Nurses in Oncology. (2006). *Practice standards and competencies for the specialized oncology nurse*. Toronto, ON: Author.
- Canadian Nurses Association. (2007). *Telehealth: The role of the nurse*. Ottawa, ON: Author.
- College and Association of Registered Nurses of Alberta. (2008a). *Guidelines for assignment of client care*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2008b). *Evidence-informed staffing for the delivery of nursing care: Guidelines for registered nurses*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2005). *Scope of practice for registered nurses*. Edmonton, AB: Author.
- Fraser, K. D., & Strang, V. (2004). Decision-making and nurse case management. A philosophical perspective. *Advances in Nursing Science*, 27(1), 32-43.
- Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: A multidisciplinary review. *British Medical Journal*, 327, 1219-1221.
- Holland, D. E. & Harris, M. R. (2007). Discharge planning, transitional care, coordination of care, and continuity of care: Clarifying concepts and terms from the hospital perspective. *Home Health Care Serv Quarterly*. 26(4), 3-19.
- Lee, H., Dolovich, L., Ciliska, D., Hunt, D., Birch, S., Gafni, A., & Nair, K. (2006). The evaluation of the continuity of care at the Group Health Centre, a unique multi-

specialty, multi-disciplinary health service organization. Retrieved July 22, 2008, from http://www.chsrf.ca/final_research/ogc/lee_e.php.

Reid, R., Haggerty, J. L., & McKendry, R. (2002). *Defusing the confusion: Concepts and measures of continuity of healthcare. Final report*. Retrieved August 5, 2008, from <http://www.chspr.ubc.ca/research/patterns/continuity>.

Rosser, W., & Schultz, K. (2007). Promoting continuity of care should be integral to any health care system. *Canadian Medical Association Journal*, 177 (11) 1385-1386.

van Servellen, G., Fongwa, M., & Mockus, E. (2006). Continuity of care and quality care: Outcomes for people experiencing chronic conditions: A literature review. *Nursing and Health Sciences*, 8, 185-195.