Component II: Clinical Practice
Module B: Plan of Care and Care Management
Topic 1: Illness and Wellness Continuum

I. **Statement of Purpose**

To acquaint the student with the scope of patient accountability and responsibility in the ambulatory sector.

II. **Terminology**

1. Advocacy
2. Comprehension
3. Continuum
4. Developmental
5. Disposition
6. Health wellness continuum
7. Medicare
8. National patient safety goals
9. Nursing process
10. Paradigm
11. Psychomotor
12. Situational

III. **Performance Standards**

1. Discuss the importance if individualized plan of care
2. Provide an example of coordinated care services
3. List high risk patient populations
4. Categorize funded and supplemental programs which subsidize healthcare costs for patients
5. Define the characteristics of a healthcare advocate

IV. **References**

1. Randol, L. (Ed.), and Baker, John R. (2010). Principles of Ambulatory Medicine (9th Ed.) New York: Lippincott Williams & Wilkins.

2. Editors et al., (2011). The Lippincott Manuel of Nursing Practice, (10th ed.), New York: Lippincott Williams & Wilkins.

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
Objective 1 **Discuss the importance if individualized plan of care** A. All patient care is developed from an individualized plan. 1. Illness – Wellness Continuum. a. Personal lifestyle change focused on self-responsibility b. Engages the whole person – body, mind, emotions and spirit. 2. Comprehensive Approach to Care Management a. Treatment Paradigm 1) Measurement of signs, symptoms & disability b. Wellness Paradigm 1) Measurement of awareness, education & personal growth c. Evaluate Patients State of Health 1) Lifestyle & behavioral awareness a) What you eat, exercise level b) Stress management c) Protection of self from hazards 2) Psychological motivational level a) Learning from the benefits of behavior • Proper eating • Smoking hazards • Reckless behaviors 3) Spiritual being and meaning a) Deepest level of learning b) Depending on personal belief system c) Permeates all levels of the health continuum B. Individualized care appropriate for: age, linguistic, gender, cultural and specific to chief complaint. C. Disease management (e.g., acute, chronic, palliative) 1. Perform health screenings 2. Cognition Impairment a. Health Screenings 1) Prevention a) Lab Value Measurements • Cholesterol, LDH, HDL • Alpha lipid proteins 3. Physical Assessment a. Carotid ultrasound b. Body mass index c. Family history	Maintenance of the Wellness Continuum (Wellness Resource Center, Mill Valley, California, Dr. John Travis) Discuss the financial impact in healthcare on these patients.

d. Genetic predisposition e. Cognition baseline (includes speech) f. Visual Fields – Neuro-Opthamology Assessment 1) Acute – EEG, MRI/CT Scans 2) Palliative – no additional testing D. Gathering, interpreting, prioritizing and trending disease-focused data 1. Acute vs. Chronic a. Assess, Evaluate, Re-Assess after data b. Establish plan of care 2. Chronic vs. Palliative a. Measure data against baseline for changes b. Evaluate assessment against plan of care **Objective 2** **Provide an example of coordinated care services** A. Coordination of care 1. Consultations, referrals, timeliness of care, addressing financial barriers) 2. Patient / Family education a. Disease process a. Expectations of treatment and recovery b. Procedural and testing information 3. Symptom Management a. Seizures precautions b. Medication safety c. Safety guidelines in the home c. Driving / machine operation limits B.. Resource utilization (hospital, community, Internet, government programs) 1. Social Services for initial resource support a. Licensed Clinical Social Worker (LCSW) b. Case Manager c. Community Resources d. Support Groups d. Government Agencies e. County and State Services f. Long and short term care agencies Non-Profit disease specific websites C. Facilitating patient and family participation in the development of the plan of care 1. Individualized for the patient. 2. Understanding of interventions and outcomes 3. Promotes comfort 4. Interventions are in sync with the medical plan	Divide the classroom into three sections and assign

5. Requirements include knowledge of: a. Level of patient education and comprehension b. Assessment of the care environment a. Continuity and access to support network b. Informal contractual agreement between the provider and patient c. Mutual beneficial partnership between the patient, family and health care team D. Facilitating the implementation of the plan of care (e.g., self-management, reduction of lifestyle risks, compliance to plan of care, follow-up, utilization of appropriate level of care) 1. Confirm continuity of patient care a. Establish patient centered goals b. Assess readiness to learn and reduce risky behaviors c. Informational transition plan from high to low levels of acuity a. Promotion and emphasis on behaviors to enhance optimal outcomes b. Validate patient efforts through documentation tools c. Continuity and consistent follow up with scheduled appointments and therapies 1) Compliance with treatment. 2. Patient referrals a. Explain the need for additional referral of specialists therapy or clinical intervention b. Review of insurance parameters and level of authorization required to obtain referral access. c. Contact information provided to referral specialist including: 1) Medical records and other data 2) Purpose of visit and scope of intervention expected 3) Follow up information post referral appointment 4) Documentation from ancillary services; a) Pathology b) Radiology c) Surgical d) Rehabilitation requirements e) Support group/community services E. Evaluate and re-assess plan of care outcomes 1. Re-assess initial plan of care 2. Measure outcomes against initial goals of therapy or	each group a payer type. Do a brief summary listing the qualifications a patient would need to utilize that specific payer type See: www.cms.gov and describe levels of care. Develop four case scenarios and apply the payer for each. Use the case studies at the end of the lesson. List the types of services that each patient in the scenario would receive.

intervention
3. Identify what is beneficial to the patient
1. Evaluate the patients perception of outcomes
2. Adjust the plan of care

Objective 3
List high risk patient populations

A. High risk populations
1. Prone to Health Complications or Breaks in the Health Wellness Continuum
a. Leading Risk Populations
1) Chronic Illness
2) Elderly/Infirmed
3) Obesity
4) Smokers
5) Excessive drinking
6) Reckless behaviors
7) Cognition Impairment
8) Occupational exposure

B. Lifestyle risks
1. Breaks in the Health Wellness Continuum
a. Risky life-styles / behaviors
b. Chemical exposures
c. Denial of symptoms or changes in health

Objective 4
Categorize funded and supplemental programs which subsidize healthcare costs for patients

A. Insurance benefits (e.g., Medicare Part A, B, D, Medicaid, HMO, PPO).
1. Medicare Part A
a. Hospitalization
b. Deductible costs to the patient
2. Medicare Part B
a. Outpatient Care Services
b. Chronic disease conditions qualify for coverage (i.e. renal failure)
3. Medicare Part D
a. Pharmaceuticals
4. Medicaid
a. State Funded Assistance
b. Indigent Care Services
6. HMO
a. Health Maintenance Organization
1) Paid health care by the employer
a) Commercial Policy's
- California Care (HMO)

Sample Teaching Activities

Small group break out discussions

Role playing / interview between patient/health care provider

Practice samples of legal documentation in a clinic setting

Return demonstration of limited focused assessment for various clinical complaints

Practice scenarios for in taking financial information

Word search games or Jeopardy game

2) Coordination of care by medical group gatekeeper 7. PPO d. Preferred Provider Organization e. Paid health care by employer 1) Benefits are 80% paid by employer 2) Patient pays 20% of costs f. Contracted rates of reimbursements 8. Compassionate Release of Pharmacology a. Major distributors provide free to minimal costs for medication 9. Research Study / Protocols a. Eligibility criteria required b. National or drug company regulated 10. Tribal Assistance a. Specific patient populations b. Eligibility criteria requirements 11. Migrant Assistance a. Farm workers b. Eligibility criteria form **Objective 5** **Define the characteristics of a healthcare advocate** A. Advocating for patient (e.g., rights, safety) (C-5) 1. Multiple Types of Advocacy a. Health Care Advocates b. Legal Advocates c. Mental Health d. National Patient Advocate Foundations 2. Focus of Advocacy a. Provide the optimum benefits available to the patient 3. Governmental Services a. Health Insurance Portability & Accountability Act (HIPPA) 1) Established standards for security of health information 2) National Institutes of Health (NIH) a) Conduction and support of medical research 3) Centers for Disease Control a) Protects the health of citizens 4. Patient Rights a. National Patient Bill of Rights 1) California a) Patients have the rights for:	See Review of Rights and Psychiatric Care, J.O.N.A's Health Care Law Ethics and

• Continuous care • Second opinions • Referrals and information • Informed consent • Medical record confidentiality • Emergency medical care • Coverage for pre-existing conditions • Right to file a grievance with health provider • Right to appeal denials • Provisions of health care options b. Psychiatric Bill of Rights	Regulations, 2010, and list types of governmental services.

SAMPLE CASE STUDIES

Case Study-Adult Medicine

Maria, a 28-year-old female, presents to your office approximately 5 weeks pregnant. Her first language is Spanish and she speaks only broken English. Her cousin came with her to translate. This is her first pregnancy. She believes she is current on her shots but has no vaccine or previous health records. She is living with a cousin and has good extended family support, but limited financial support and no transportation or phone. She is excited about the pregnancy and the prospect of being a mother. She reports having a few sexual partners with intermittent use of protection. Maria did mention that her previous doctor had her watching her diet and trying not to eat a lot of sugar but she is unclear as to why.

Vital signs: BP 124/82, Pulse 84, Resp Rate 12, Height 63", Weight 190 pounds. Blood sugar done in office was 174

1) Identify primary health concerns for Maria.
   (Pregnancy; potential STDs; elevated blood sugar-potential diabetes…)

2) What tests do you anticipate being ordered?
   (HCG, fasting blood sugar, hemoglobin A1C, CBC, Chem panel, STD screening including HIV; varicella titer, rubella titer, Hep B antibodies)

3) Identify Maria's barriers to receiving medical care.
   (Health literacy challenges; language barrier; lack of transportation; limited income; limited communication means i.e.-no phone)

4) Identify teaching needs.
   (Pregnancy; expectations, s/s of concern-when to seek care/call office, visit intervals, need for prenatal vitamins, when to repeat blood work, weight gain expectations,

medications to avoid, etc.; blood sugar management – possible meds, diet, checking blood sugars at home; safe sex practices)

5) Develop a teaching plan, including: consideration of learning barriers, time allotted for each teaching point, learning activities, and how to measure teaching success/retention.

Case Study – Staff Education Need

It has come to the attention of the office that there are inconsistencies in how blood pressures are being taken by all the medical staff. Cuff size, not taking BP on bare arm, using alternative extremity, and inability to perform proper orthostatic blood pressures are all items of concern.

You have 25 medical assistants to educate, from very new to 18 years in practice. Two of the medical assistants have already stated they are not concerned with changing anything as they feel what they are doing is working.

You have a 30-minute slot at the staff meeting later this week to perform this education.

1) How will you prepare for this? (Printed materials, supplies, etc.).
2) How will you manage the resistance?
3) How will you organize your teaching? (Time breakdown, learning station, lecture, demo, etc.)
4) How will you assess effectiveness of education?

Case Study – Adolescent Medicine

Sam is a healthy 16-year-old athlete. He is having increasing reactions to bee stings including significant site swelling, site itching, and facial swelling with his most recent bee sting. Sam is being referred to an Allergist for workup and possible allergy shots for bee sting allergy. At his visit today, the PCP just prescribed an EpiPen 2-Pack to carry at all times. You have been given the job of educating Sam and his father about the EpiPen. Sam and his father are in a hurry to get back to school for practice and seem pre-occupied.

1) What information does Sam need to hear before he leaves the office?(How to recognize signs and symptoms of anaphylaxis; when to use EpiPen; how to use EpiPen)
2) What teaching tools could be used?
3) How will you measure the success of your teaching?

Case Study- Pediatric Medicine

Scenario #1

Call received from mother of 3-year-old child, stating that she is being “so bad”. When asked what behavior the child was showing, mother stated that she was having little urinary accidents in her panties for the last week and was got getting to the bathroom in time to void. Was also

having night time accidents. Child had been completely trained (day and night) for over 6 months without accidents. Child was only having urinary accidents and no trouble with bowel movements, was also complaining of "tummy pain".

1) What additional questions would be appropriate to ask mother regarding her concern?
2) What would be your considerations for the differential diagnosis for this patient? Mother was encouraged to make appointment to rule out urinary tract infection as children in this age group have atypical presentation, often with urinary accidents and tummy pain. On evaluation, urinalysis showed 4+ glucose as well as bacteria. Blood glucose found child's blood sugar to be 389. Child was immediately admitted to the hospital with the diagnosis of Type I diabetes.
3) Upon learning that her child would be admitted to the hospital, what information about the need for hospitalization would be important for the mother to have?
4) What emotions might the mother be experiencing upon learning the diagnosis and what an appropriate strategy is for the ambulatory care nurse.
5) What information could be provided to mother regarding expected toddler behavior vs. illness symptoms?

Scenario #2

Call from mother who reports that 15-month-old child had been seen in Urgent Care three nights previously for "bad cough". Was told there were no abnormal findings on examination at that time and he had a viral illness. Mother calls because she thinks "cough is getting worse".

1) What assessment questions would be important to ask to determine if this child is currently in any respiratory distress? (length of illness, fever, description of cough, s/s of increased work of breathing, color, level of activity, counted respiratory rate while on phone with Advice Nurse)
2) What additional information would be important to know about the child's medical history? (any concurrent medical diagnoses, immunization status)
   Child is reported by mother to be having nasal flaring and substernal retractions. Mother was able to provide a counted respiratory rate of 60. Child had been having fever 103-104 degrees for past 24 – 48 hrs. Poor feeding, only one wet diaper in last 24 hrs. Mother advised to take child to nearest Emergency Room. Child in ER had O2 saturation of 88%, respiratory rate of 64, mild dehydration, chest x-ray showing bilateral pneumonia. Started on nebulizer treatment, IV antibiotics and admitted for evaluation. Discharged home after 72 hours improved and stable.
3) What education to mother would have been important regarding follow-up for continued concerns after initial evaluation in Urgent Care? What parameters could be given to mother to evaluate worsening condition?