

Preliminary Care Coordination Plan

Capella University

NURS-FPX4050

Professor Newton

June, 2022

Care coordination involves deliberately organizing patient care activities and sharing information among all participants concerned with a patient's care to achieve safer and more effective care (*Care coordination. AHRQ*, 2018). For example, care coordination can be an interdisciplinary team's collaboration regarding a patient's treatment plans. Proper care coordination is important as poor coordination can adversely affect patient care outcomes. Another example of care coordination is an improvement on the patient's state made previously by a health care professional (HCP) has to be efficiently forwarded and outlined to HCPs accepting over the patient's care. If the previous HCP fails to convey the patient's status actively, interventions can be unintentionally repeated, proving detrimental. Therefore, poor care coordination can lead to poor patient outcomes and safety. This paper seeks to discuss an analysis of a health concern like stroke and the associated best practice for health improvement. In addition, goals will be established to address stroke and the available community resources for a safe and effective continuum of care.

Analysis of Stroke and the Associated Best Practices for Health Improvement

Stroke is the foremost cause of death in the United States and is a notable cause of severe disability for adults. (CDC, 2022). Stroke has a mortality rate of 5.5 million people annually; this rate shows the danger of having a stroke. In addition, the aftereffects of those that survived the stroke become chronically disabled. (Donkor, 2018. Pg. 4). Strokes are categorized into two major types: ischemic and hemorrhagic (CDC, 2022). An ischemic stroke is usually caused by a clot in a vessel, which reduces the blood flow to the brain. On the other hand, a hemorrhagic stroke can have multiple causes. However, the main reason is the rupture of a blood vessel. (Donkor, 2018, Pg. 5).

When a patient has a stroke, there are best practices for health improvement. Those at high risk for a stroke will have continuously follow up with a cardiologist. In addition, neurological workup would need to be done immediately or continuously for those suspected of having an ischemic stroke or at very high risk of having one. There are best practices for health improvement for those at high risk of stroke, including continuous visits to a neurologist or cardiologist. However, the best practice for health improvement for patients going through a stroke is antiplatelet therapy for an ischemic stroke and surgical interventions for hemorrhagic. Nevertheless, according to the situation of the stroke patient, other medical interventions can be performed to improve patient health (Khaki & Tadi, 2021).

There are multiple factors in the treatment of a stroke patient. Incorporation of the patient's social, psychosocial, and cultural needs would need to be included in the treatment and patient care. The treatment consists of carrying out a positive recovery process and avoiding discomfort. The patient's needs would need to be accommodated and considered as each individual has their cultural background. Patients have different cultures, which can affect the treatment outcomes and the recovery process. Those that share a different culture can react to the treatment differently. However, patients' social and psychosocial aspects would need to be considered in the treatment. This can include their needs for mental support during the healing process. For example, having their loved one's support by their side during treatment or recovery can satisfy their psychosocial factors needs. Therefore, it's absolute to address those needs in these areas.

Specific Goals to be Established to Address Stroke

Specific goals would need to be established to address stroke care to provide the best outcome. **These set goals are for HCP and the stroke patient to achieve to address stroke.** Various

approaches can be used in the care plan to improve the quality of the care delivered to stroke patients. A specific strategy is the computerization and digitization of medication practices (Baatiema et al., 2020, Pg. 450). This strategy can be utilized to create a goal for the organization to ensure it can be measurable. The staff in the facility must enter and save crucial detailed information on the computers of stroke patients to give the best care coordination. Another goal necessary to address stroke treatment is to increase the staff number. Each organization or institute has its required members to run a stroke code. However, it's critical to have an adequate number of health care professionals for the best quality outcome for stroke patients—this includes adequate staffing during treatment and in the recovery stages (Baatiema et al., 2020, Pg. 453). As these goals are set for the health care system to improve the quality of care for the stroke patients, the patients themselves also have specific goals that need to be achieved to help them address their stroke.

Numerous health issues can cause a stroke, and the goal for those at high risk for stroke would need to perform preventative measures. This includes patients that have high cholesterol, hypertension, diabetes, atrial fibrillation, etc., and would need to achieve the goal of performing preventative measures. As this goal is realistic and attainable because it only requires those at increased risk to perform physical activity, diet, low alcohol consumption, smoking cessation, and weight reduction as recommended (Hankey, 2017, pg,39). For example, to achieve this goal of preventative measures, a patient might have to go through a smoking cessation program to achieve cessation within six months. Their established goals are realistic, measurable, and attainable. Stroke patients should be able to establish their goals to address their recovery period and prevent another stroke. Education is to be provided to the patients to reduce their risk factors to avoid another stroke event. Those stroke patients in recovery should include a plan to achieve

their goal of a successful recovery. This can consist of scheduling regular appointments, taking medications as prescribed, healthy dieting, smoking cessation, and performing exercises to maintain a healthy weight, as these goals are needed to be established to address their current stroke health issue.

Available Community Resources for a Safe and Effective Continuum of Care

Community resources are necessary for a safe and effective continuum of care for stroke patients. Available resources in the community are important in their recovery. Recovering from a stroke can be lengthy. In addition, with the chronic disabilities that might come along, transition to a normal daily living routine can be difficult. However, the rationale for the need for available community resources is to allow the stroke patients to know there's support after discharge. Therefore, the available community resources to the patient can contribute to a safe and effective continuum of care.

There are numerous resources like organizations that can contribute to their recovery from a stroke. This can include National Stroke Association, American Stroke Foundation, the American Stroke Association, and the stroke network. "Stroke survivors and their caregivers are encouraged to join their local stroke support organization" (Hankey, 2017, pg. 52). A particular local support group in NY is the Grand Strand Health. This group meets monthly, from 3:00 pm to 4:00 pm. A significant part of this group is it provided free blood pressure testing before 3:00 pm. This group is available to stroke survivors, caregivers, and the community. This organization aims to provide information and educational materials connected to stroke recoveries, such as rehabilitation, stroke risk factors, and other therapies that can help in the recovery.

Another group that the American heart association provides is the stroke support group located in Brooklyn, NY. This group is available to all survivors as this group aims to provide education support and address caregiving burdens and emotional support.

A stroke network is a support group with an online platform. It provides stroke-related resources and materials for the survivors and the caregivers. This website also has the advantage of allowing those to ask questions to board-certified experts. This website provides resources that include social connections with other survivors, financial assistance, and educational information.

Being a caregiver of a stroke patient can be stressful and can lead to caregiving burnout. However, community resources can help ease some of the caregiver stress. One way to alleviate caregiver stress is that community resources provide a program to teach caregivers skills to cope with their stress. This results in maintaining a promising relationship with the patients (Koh et al., 2021). Caregiver burden can be considered emotional, psychosocial, or physical. The community can also support the caregiver by providing a program to teach caregiving skills to provide safety for the patient (Yen et al., 2021, Pg. 12310).

Having community resources for the patient and the caregiver is crucial to providing a safe and effective continuum of care. A lack of community care with limited support and community services contributes to a perception of marginalization and abandonment of stroke patients and caregivers following hospital discharge (Hartford et al., 2019, Pg.723).

Resources

- Baatiema, L., de-Graft Aikins, A., Sarfo, F. S., Abimbola, S., Ganle, J. K., & Somerset, S. (2020). Improving the quality of care for people who had a stroke in a low-/middle-income country: A qualitative analysis of Health-Care Professionals' Perspectives. *Health Expectations*, 23(2), 450–460. <https://doi.org/10.1111/hex.13027>
- Care coordination. AHRQ. (2018, August). Retrieved May 12, 2022, from <https://www.ahrq.gov/ncepcr/care/coordination.html>
- Centers for Disease Control and Prevention. (2022, April 5). *Stroke*. Centers for Disease Control and Prevention. Retrieved May 12, 2022, from <https://www.cdc.gov/stroke/index.htm>
- Donkor, E. S. (2018). Stroke in the 21st Century: A Snapshot of the Burden, Epidemiology, and Quality of Life. *Stroke Research and Treatment*, 2018, 1–10. <https://doi.org/10.1155/2018/3238165>
- Hankey, G. (February 2017). *Stroke*. Retrieved from <https://www-proquest-com.library.capella.edu/docview/1867970355?pq-origsite=summon>
- Hartford, W., Lear, S., & Nimmon, L. (2019). Stroke survivors' experiences of team support along their recovery continuum. *BMC health services research*, 19(1), 723. <https://doi.org/10.1186/s12913-019-4533-z>
- Khaki, A. S., & Tadi, P. (2021). *Cerebrovascular Disease* [Statpearls]. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK430927/>
- Yen, S. K., Koh, G. C., Matchar, D. B., Song-Iee Hong, & Bee, C. T. (2021). Examining the influence of social interactions and community resources on caregivers' burden in stroke

settings: A prospective cohort study. *International Journal of Environmental Research and Public Health*, 18(23), 12310. <https://doi-org.library.capella.edu/10.3390/ijerph182312310>