

Final Care Coordination Plan

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Previously, the issue of stroke was brought up in the preliminary care coordination plan. Stroke is a significant health care issue that needs established interventions and coordinated care for those that survived a stroke. In addition, these interventions and care coordination plans are also applied to those with an increased risk of developing a stroke. According to the author, “stroke is ranked as the second leading cause of death worldwide with an annual mortality rate of about 5.5 million” (Donker, 2018, pg. 5). With such a high mortality rate worldwide, stroke also comes with the burden of increased morbidity, as survivors can suffer from chronic disabilities.

The final care coordination plan aims to develop patient-centered health interventions with a timeline addressing the three major health issues and community resources. This includes stroke, heart disease, and diabetes. This plan will also include ethical decisions in designing patient-centered health interventions, health policy implications for the coordination and continuum of care, established priorities for a coordinator to successfully implement the plan, evaluate best practices, and align the plans to Healthy People 2030.

Patient-Centered Health Interventions, Timelines and Community Resources

The selected health care problem is stroke. However, two major health diseases increase the risk of stroke significantly. The two major health diseases are heart diseases and diabetes. Each of these health care issues will have patient-centered health interventions with a timeline including community resources that will be discussed.

Stroke

Stroke is the second leading cause of death worldwide. The after-effects can lead to poor quality of life, as the residue of strokes can be a burden. This can include difficulty in speech, walking, and performing daily living activities (Mejia et al., 2016, pg. 630). In addition, suffering from a stroke can increase the risk significant of another stroke. Healthy people 2030 consider

stroke an outcome of poor cardiovascular health (Health People 2030, n.d.). This means heart disease is regarded as a significant health issue. There are different types of strokes, and it's crucial the established patient-centered interventions are based on the cause of the stroke. As patient-centered interventions are established based on the reason, they can help prevent, treat, and manage strokes.

Interventions will be multimodal as different factors will be considered and addressed. Some factors that will be considered are the patient's condition, culture, and the cause of the stroke. The first intervention is to promote a healthy lifestyle through diet and cardiovascular activities (Wafa et al., 2020, pg. 17). The second step would be to follow up with a cardiologist to examine the status of vessels and the risk of occlusion. Patients suffering from an ischemic stroke will need to undergo neurology exams. Nurses would need adequate training and education sessions to diagnose a stroke quickly. As recognition of a stroke to quickly intervene can be lifesaving. Psychosocial, social, and cultural aspects can affect the recovery from a stroke, as stigma can prevent successful recovery, and better psychological and emotional support should be given (Merriman et al., 2019, pg. 9).

Firstly, training and education courses will be provided to nurses and other health care providers in the first month. This training and education can help implement the patient-centered interventions successfully. Implementation of this plan will take three months and evaluate the plan's success with the outcomes of the interventions. Community resources are also available that will aid in the plan's implementation. There's a local support association for stroke survivors, community health workers, and an online platform stroke center (Stroke Support Association, 2021).

Cardiovascular Diseases

Cardiovascular disease is one of the major causes of a stroke, as cardiovascular disease can increase the risk of clots forming in the bloodstream. According to the CDC, the mortality rate is 655,00 yearly in the United States, and one in every four deaths is due to the condition (CDC, 2021). As cardiovascular diseases can form clots which can lead to strokes, preventative measures will be taken to prevent the risk of a stroke. Health people 2030 highlights patient-centered interventions to reduce the risk of a stroke by preventing cardiovascular diseases or managing the condition appropriately. This includes prevention and management through diet and physical activities.

To manage or prevent cardiovascular disease, diet and changes to lifestyle would need to be included in the final care-coordination plan along with interprofessional collaboration to provide patient-centered care (Brandhorst & Longo, 2019, pg. 953). These diet and lifestyle changes will be patient-centered and incorporate the patient's culture. This can include proper culture diet plans with a daily one-hour moderate workout. A balanced nutritional diet and exercise can help manage or prevent cardiovascular diseases. In addition to these lifestyle adjustments, follow-up with the physicians will be needed to evaluate the outcomes. Putting the patients' culture into the patient-centered health intervention is essential because obesity and cardiovascular disease rates are higher in certain communities, races, or ethnicities (Brandhorst & Longo, 2019, pg 954). Other therapeutic and psychological interventions that can be included in the plan could be stress management. Changing a patient's diet and lifestyle can be a stressful intervention, as mediation and psychological therapy can be incorporated into the plan.

As outcomes can't be evaluated on a quick change in lifestyle diet, this plan will take three months, and evaluation will happen in the last month. A change in diet and lifestyle will take time to adjust. It will take three to six months of adjustment to have an accurate outcome of the

interventions to evaluate the effectiveness of the alternations. A few community resources to help aid in these can be the American Heart Association, U.S food and drug administration program, eat for a healthy heart, and local nutritional clubs.

Diabetes

Diabetes is another significant health disease that increases the risk for stroke drastically. According to the CDC, worldwide, the rate of diabetes is growing every year as there are 34.2 million diabetics and 7.3 million undiagnosed (CDC, 2021). With this massive number of diabetes, there's a need for preventative and management interventions and measures to consider. Diabetes can be linked back to cardiovascular disease, like those with diabetes increase the risk for heart disease. Healthy people 2030 proposes and recommends intensive lifestyle interventions with nutrition and self-management as critical interventions (Health People 2030, n.d).

Education is crucial in the self-management of those patients with diabetes, pre-diabetic, and those at higher risk due to genetics, age, race, ethnicity, etc. Diabetes self-management education (DSME) is a professional intervention where nurses, patients, physicians, nutritionists, and other professionals collaborate to educate patients to prepare for a patient-centered lifestyle (Lepard et al., 2017, pg. 15). Other patient-centered health interventions can be taking prescribed medication and monitoring the blood sugar at home. Giving a patient a self of self-control can be beneficial in self-management.

This plan can take three months to implement. The first month will be used to educate the patient on a healthier lifestyle. This can include diet changes and light exercise in their daily routine. Then the other two months, implementation of the knowledge learned from the education session the first month will begin. There's a need to establish and implement culture-

based, patient-centered, and socioeconomic-based interventions to help manage and prevent diabetes in the community (Health People 2030, n.d.). A few community resources that can help in the self-management are nutritionists and dietetics, local nutrition services, and medical clinics for yearly blood work to track your A1C.

Ethical Decisions in Designing Patient-Centered Health Interventions

Designing and implementing a final care coordination plan to help treat, prevent or manage a condition is beneficial for the patient. However, not every patient is interested and interested in patient-centered health interventions. This can raise ethical conflicts with the care coordination plans leading to the need for ethical decision-making. There's the obligation to fulfill the health care access to quality care. An example of a need for an ethical decision in a designed patient-centered intervention is two different treatments of a stroke. There's a thrombolytic treatment and an endovascular intervention, both suitable for the patient. However, in the patients' case, they prefer the endovascular intervention as they read studies and other health care providers recommend it. In this case, an ethical conflict arose due to the patient's wish and the availability of evidence.

Another case is the lifestyle changes of incorporating exercise in their lifestyle. However, some patients with comorbidity like lung diseases prevent from performing these recommended exercises. In this case, questions arise to either change the intervention or modify it and then test it despite its possible adverse effects. Still, the high possibility of positive outcomes creates conflicts in ethical decision-making (DeCamp et al., 2017, pg 371). Another ethical decision and decision-making issue can be related to culture-based for the patient. As some religions like Hinduism, Islam and Judaism often have meat-based foods. However, red meat has a relation to heart disease that can increase the risk of a stroke. The use of a non-protein-rich diet can lead to

complexities. This establishes an ethical decision and decision-making question to where respect the patient's religion and choice to stick to the high meat intake (Lulé et al., 2019, pg. 1).

Relevant Health Policy Implications for The Coordination and Continuum of Care

Health care policies can, directly and indirectly, affect care coordination and the continuum of care. The Agency for Healthcare Research and Quality (AHRQ) recommends policy to protect identity, access to health care, and cost of care. The first policy that can affect the coordination of care is the HIPPA act. Coordination of care is the collaboration of other health care professionals in the Patient's care; however, this increases the risk of patient privacy exposure to those not involved in their care. Health care providers should protect patients' identities and information during care coordination (Renee Holt, 2020, pg. 1). Another policy, the affordable care act (ACA), has recommendations for the health disease and the need for Medicaid, treatment plans, and cost-effective care (Khullar & Chokshi, 2018, pg. 17). Affordable health care is critical for patients to receive the help needed for their self-management interventions. ACA impacts the cost of care, affecting coordination and continuum of care. The telemedicine and telehealth policies also control patients' access to online community resources. All of these health policies have their impact on the coordination and continuum of care for the Patient.

Priorities a Care Coordinator Would Establish When Discussing the Plan

There's a need for the care coordinator to establish priorities when discussing the plan with the patient and family members. Some established priorities can be the well-being, safety, and quality of care provided to the patient. However, priorities can change depending on evidence-based practice (EBP). When there's a need to implement a change based EBP, the patients' medical history, culture, and an autonomic decision will be considered. Other priorities

a care coordinator would establish is the cost of health care and education session for the patient and the family members. As it's essential to consider those two aspects, as education for the patients and families will highlight the prevention of a stroke. Further, the need for a change should be called attention to as there's a failure to prevent, treat, or manage as this will result in mortality, morbidity, and other complications (Zhao et al., 2018, pg. 208).

Evaluating The Best Practice and Healthy People 2030

The cause of stroke, cardiovascular diseases, and diabetes are all linked to each other, as one cause the other. Effective patient-centered intervention would need to be used to prevent, treat or manage the current health issues to reduce the risk of a stroke. The best evidence-based practice (EBP) solution during a stroke is to perform carotid interventions (Morris et al., 2017, pg. 24). Health people 2030 focuses on patient-centered care and adopting new EBP in the care to provide a better treatment outcome and recovery (Health People 2030, n.d). The best practice for stroke is the combination of stress management, vascular interventions, thrombolytic, and patient care based on psychosocial, social, and cultural aspects (Lindekleiv et al., 2018, pg. 11). The best EBP to treat, prevent and manage cardiovascular disease can be educated on the alternation of the diets and incorporation of moderate exercise. In addition, the best EBP to prevent and manage diabetes can be exercise, diet alternations, and continuous check-ups to monitor the A1C from the bloodwork.

Healthy people 2030 have identified some key aspects that reduce the mortality rate of stroke occurrence. Their objectives aim to reduce hospital stay, readmission rate, and cost of care. In addition, they aim to increase the quality of care through care coordination plans and collaboration with other health care professionals. Educational session for the patient on the best EBP to treat, prevent and manage their health diseases to prevent or reduce the risk of a stroke

aligns with Healthy People 2030. Thus, the care coordination plan should include healthy people's objectives as revisions. Failure of the best EBP in the care coordination plan to achieve the aim of Healthy people 2030 listed above would need revisions to accomplish those objectives.

References

- Brandhorst, S., & Longo, V. D. (2019). Dietary restrictions and nutrition in the prevention and treatment of cardiovascular disease. *Circulation Research*, *124*(6), 952–965.
<https://doi.org/10.1161/circresaha.118.313352>
- Centers for Disease Control and Prevention. (2022, February 7). *Heart disease facts*. Centers for Disease Control and Prevention. Retrieved from
<https://www.cdc.gov/heartdisease/facts.htm#:~:text=Heart%20Disease%20in%20the%20United%20States&text=One%20person%20dies%20every%2036,United%20States%20from%20cardiovascular%20disease.&>
- Community Resources for survivors of stroke*. Stroke Support Association. (2021, April 19). Retrieved from <https://strokesupportassoc.org/community-resources-for-survivors-of-stroke-2/>.
- DeCamp, M., Pomerantz, D., Cotts, K., Dzung, E., Farber, N., Lehmann, L., Reynolds, P. P., Sulmasy, L. S., & Tilburt, J. (2017). Ethical issues in the design and implementation of population health programs. *Journal of General Internal Medicine*, *33*(3), 370–375.
<https://doi.org/10.1007/s11606-017-4234-4>
- 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>

Heart disease and stroke. Heart Disease and Stroke - Healthy People 2030. (n.d.). Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke>

Khullar, D., & Chokshi, D. A. (2018). Can Better Care Coordination Lower Health Care Costs? *JAMA Network Open*, *1*(7). <https://doi.org/10.1001/jamanetworkopen.2018.4295>

Lepard, M. G., Joseph, A. L., Agne, A. A., & Cherrington, A. L. (2017). Diabetes self-management interventions for adults with type 2 diabetes living in rural areas: A systematic literature review. *Current Diabetes Reports*, *15*(6). <https://doi.org/10.1007/s11892-015-0608-3>

Lindekleiv, H., Berge, E., Bruins Slot, K. M. H., & Wardlaw, J. M. (2018). Percutaneous vascular interventions versus intravenous thrombolytic treatment for acute ischaemic stroke. *Cochrane Database of Systematic Reviews*, *2018*(11). <https://doi.org/10.1002/14651858.cd009292.pub2>

Lulé, D., Kübler, A., & Ludolph, A. C. (2019). Ethical principles in patient-centered medical care to support quality of life in amyotrophic lateral sclerosis. *Frontiers in Neurology*, *10*. <https://doi.org/10.3389/fneur.2019.00259>

Mejia, A., Leijten, P., Lachman, J. M., & Parra-Cardona, J. R. (2016). Different strokes for different folks? contrasting approaches to cultural adaptation of parenting interventions. *Prevention Science*, *18*(6), 630–639. <https://doi.org/10.1007/s11121-016-0671-2>

- Merriman, N. A., Sexton, E., McCabe, G., Walsh, M. E., Rohde, D., Gorman, A., Jeffares, I., Donnelly, N.-A., Pender, N., Williams, D. J., Horgan, F., Doyle, F., Wren, M.-A., Bennett, K. E., & Hickey, A. (2019). Addressing cognitive impairment following stroke: Systematic review and meta-analysis of non-randomised controlled studies of psychological interventions. *BMJ Open*, *9*(2). <https://doi.org/10.1136/bmjopen-2018-024429>
- Morris, D. R., Ayabe, K., Inoue, T., Sakai, N., Bulbulia, R., Halliday, A., & Goto, S. (2017). Evidence-based carotid interventions for stroke prevention: State-of-the-art review. *Journal of Atherosclerosis and Thrombosis*, *24*(4), 373–387. <https://doi.org/10.5551/jat.38745>
- Renee Holt, M. J. (2020). *Healthcare compliance and barriers to the implementation of healthcare IT initiatives across the continuum of care*. *Journal of Health Care Finance*. Retrieved from <http://healthfinancejournal.com/index.php/johcf/article/view/198>
- Wafa, H. A., Wolfe, C. D., Bhalla, A., & Wang, Y. (2020). Long-term trends in death and dependence after Ischaemic Strokes: A retrospective cohort study using the South London Stroke Register (SLSR). *PLOS Medicine*, *17*(3). <https://doi.org/10.1371/journal.pmed.1003048>
- Zhao, D., Liu, J., Wang, M., Zhang, X., & Zhou, M. (2018). Epidemiology of Cardiovascular Disease in China: Current features and implications. *Nature Reviews Cardiology*, *16*(4), 203–212. <https://doi.org/10.1038/s41569-018-0119-4>

