CONTINUUM OF CARE

Purpose:

To assure the patient’s needs are met with the appropriate level and type of medical, health, or social services.

Policy:

1. Goals and objectives include, but are not limited to the following:

   - Ensure continuity of care
   - Reduce the rate of re-admissions
   - Ensure appropriate utilization of hospital resources
   - Avoid inappropriate levels of care
   - Reduce hospital length of stay

2. The leadership of LSUHSC plans and provides the necessary resources for the care of patients entering into the system. The development of patient programs and strategic planning is an ongoing process driven by community and regional needs and available resources. Access to the facility, admission, and patient transfer are defined by hospital policy.

3. Patient entry into the system begins with the assessment of the patient by both physician and nursing personnel. Based on this assessment, a patient plan of care is developed. The medical plan of care includes the decision regarding the dispensation of the patient, which may include one or a combination of the following:

   a. admission to an inpatient unit
   b. treatment and discharge with follow-up care scheduled in an appropriate outpatient clinic(s)
   c. consultation to a medical service
   d. referral to another agency to provide services
   e. consultation to hospital based service, i.e., Rehabilitation, Social Services/Case Management
   f. treatment and discharge with no further action needed

4. If LSUHSC has the necessary resources available and is deemed the appropriate setting for meeting the needs of the patient, services are provided. Patients requiring care not available through LSUHSC are appropriately transferred by the medical staff in collaboration with the Case Management department.
5. In order to ensure patient safety, accurate information about the patients’ care, treatment and services, current condition and any recent or anticipated changes must be provided at the time of a patient hand off.

Patient hand offs include, but are not limited to, nursing shift changes, physician transferring complete responsibility for a patient (including on call responsibility), responsibility for staff leaving the unit for a short time, the transfer of the patient from one area of care to another; example: ER to inpatient unit.

6. Department specific policies and procedures for effective hand off communications include the following components:

   a. Interactive communications allowing opportunity for questioning between the giver and receiver of patient information.
   b. Include up to date information regarding the patient’s care, treatment and services, condition and any recent or anticipated changes.
   c. Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.
   d. Verification of the received information, including repeat-back or read-back, as appropriate.
   e. Receiver of the hand off information has an opportunity to review relevant patient historical data, which may include previous care, treatment and services.

7. Prior to discharge the patients’ nurse, Case Manager and physician collaborate to ensure an appropriate plan is developed and implemented to provide for continuity of the patient’s care.

8. To facilitate the continuum of care the following policies and procedures have been developed and implemented:

   a. LSUHSC Hospital Policy

      Transfer of Patients  2.9
      Access to Care        2.11
      Patient Assessment    5.9
      Admission             5.10
      Patient Recall        5.11
      Patient Handoff       5.43
      Medical Record Content 6.5
      Specialty Clinics     5.8
      Utilization Review    2.5

   b. Nursing Policy and Procedure

      Case Management/Coordinated Care  D45
      Discharge Planning (Nurses’ Role)  D47
Emergency Medical Services (EMS) E21
Patient History/Assessment/and Discharge A20
Hand off Documentation H40

c. Department specific policies and procedures as appropriate in meeting patient care needs.

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Administrator

7/20/12
Date

Approved by Clinical Board:  9/19/00, 11/18/03, 1/17/06, 4/21/09, 7/17/12
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