**Final Care Coordination Plan**

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**Introduction**

Care coordination is an essential attribute of nursing care to attain quality patient care and high clinical outcomes. In addition, it helps in promoting efficient service integration that ensures improved wellbeing and patient satisfaction. In this case, nurses address physiological healing and restoring their wellbeing to promote their quality of life (QoL) (Parsons et al., 2021). The focus of care coordination is the provision of a comprehensive collaborative and recovery-oriented ensure restoration of wellbeing. The care coordination strategy focuses on connecting individual patient requirements with quality and safety criteria for extensive growth. The nursing profession has become a complex affair because of the increased number of diseases and complications; therefore, it calls for a well-coordinated plan that will help address the ever-growing wellbeing issue and come up with evidence-based practices. To achieve this, it is important to comprehend a patient-centered and environmental cause of diseases. This paper focuses on heart disease, a more prevalent and major health concern in the 21st-century in the United States.

**Heart Disease as a Health Concern**

The term "heart disease" refers to various cardiac conditions affecting people irrespective of race, gender, or age. Coronary Artery Disease (CAD) is the most common cardiovascular disease in the United States, affecting blood flow to the heart. A decrease in blood flow to the heart causes a heart attack. According to the CDC, Heart disease is the leading cause of death in the U.S, accounting for about one in every four deaths, equivalent to 25 percent of all fatalities (Murphy et al., 2018). At least one person dies every 36 seconds because of heart disease. According to Murphy et al. (2018), about 655,000 Americans die annually because of heart-related complications. The government spends about $219 billion every year addressing heart diseases (Murphy et al., 2018). Heart-related complications have been on the rise leading to high government expenditure; therefore, the issue need to be addressed and mitigation plans implemented; it will be a significant step toward realizing reduced healthcare costs in the U.S.

**Goals for Addressing the Health Concern**

This plan aims to create awareness and educate the population on best practices fundamental in improving quality of life and reducing risk factors associated with heart diseases—creating awareness in communities to reduce ignorance about heart diseases among the population. The second objective is to create open days purposely to help alienate stigmatization that comes with heart diseases. This will come in collaboration with donors and health workers to offer free check-ups. The check-ups include cholesterol levels, body mass index, and blood pressure among other heart health-related issues. The third objective is to improve the efficiency of the heart diseases department by promoting inter-professional collaboration. Through inter-professional collaboration, healthcare practitioners will provide evidence-based healthcare, thus improving the quality of life for the patients. In addition, it will help create a conducive environment for both the caregivers and patients.

**Patient Health Issues**

Heart diseases are among the most prevalent chronic illnesses with complex treatment methods. No standardized diagnosis leads to the ultimate cure of heart disease, but people can prevent the causing factors. According to Katritsis et al. (2018), changes in people's lifestyles have attributes about 50 percent of heart diseases and related complications in modern times. For instance, in the 21st-century, eating habits have contributed to increased levels of heart-related complications (Katristsis et al., 2018). A health condition that increases the chances includes high blood pressure, unhealthy blood cholesterols levels, diabetes mellitus, and obesity.

On the other hand, the behaviors that increase the risk of heart diseases have been attributed to lack of exercise leading to obesity because of the lives adopted in the contemporary world, such as living in urban areas and office occupations. Secondly, eating a diet high in saturated fats, cholesterol, and trans-fat has also been a risk factor. Other behaviors such as smoking and alcohol consumption are considered risk factors for heart diseases (Katristsis et al., 2018). The issue of heart-related complications in patients is escalated by patient’s failure to: regularly check on their blood pressure levels and the levels of cholesterols.

**Best Practices**

Through the coordination of healthcare practitioners, the rate of heart-related complications can be minimized in the United States. To begin with, people should be encouraged to eat healthy diets while avoiding the consumption of food that has too much cholesterol (Olivieri, 2019). Eating health will be a significant stride in reducing the amount of cholesterol intake in the body. Secondly, encourage people to engage in physical activities. Physical activities help burn extra cholesterols in the body. This will play an essential role in the reduction of heart-related conditions.

The third intervention encourages the population to perform regular check-ups to maintain their blood pressure and cholesterols at acceptable levels. If cholesterols and blood pressure are maintained at an acceptable level, it reduces the risk factors. The fourth intervention is training people and educating people on the dangers of alcohol consumption and smoking as a risk factors of heart diseases. Reduction of smoking and alcohol consumption will help improve the community's health and reduce heart disease risk factors.

Last but not least is to promote cultural competence in healthcare that encourages patients to take the initiatives to go for check-ups. This will play a significant role in motivating and encouraging patients to visit healthcare centers for check-ups combined with improved quality of care (Vegh & Nguyen, 2019).

**Ethical Concerns**

Care coordination is based on an ethical foundation. Patient-centric models are one paradigm that supports ethical practice in care coordination. The patient must be included in the recovery process to guarantee that resources and the multidisciplinary team operate successfully (Cash-Gibson et al., 2019). To ensure coordinated patient care, first, decisions should be patient eccentric (involving the patient). Secondly, it should be collaborative. It should ensure minimum damage to the patient and any action based should be based on ethical principles of non-maleficence and beneficence for best outcomes in the management of heart diseases. In addition, during caregiving, there is a necessity to enhance dignity, integrity, respect, and sensitivity to the basis of differences in the practice of ethical practices.

**Policy Implication**

Care coordination lies under healthcare policies. For instance, the PHI policy (Protected Health Information), which falls under the HIPAA policy, that ensures that patient's information remains confidential for the best healthcare outcome (Rockwern et al., 2021). However, this regulation may prevent healthcare providers engaged in the multidisciplinary team from exchanging some types of patient information classified as PHI. As a result, the care coordination team must guarantee HIPAA compliance to preserve confidential information, privacy, and data.

Other policy implications include protecting patients and access to the affordable treatment act from expanding access to high-quality and safe care. These will ensure patients are guaranteed to get better health outcomes while dealing with heart-related diseases. All these advantages are not only targeted at attaining overall wellbeing but also improving the quality of life. As a result, patients with cardiac disorders will have a better quality of life and wellbeing, leading to positive healthcare outcomes.

**Available Community Resources**

Available community resources are essential in promoting safe and effective coordinated care. Numerous community resources are within the vicinity, which is fundamental in wellbeing promotion. First, there is plenty of natural foods in society ranging from fruits to natural vegetables. This can be used to replace generic industrial food, which has large amounts of cholesterol. This food will promote quality of life and lower the risk factors of heart disease risk factors.

Secondly, there is the availability of recreational grounds and terrains where people can engage in physical activities. These recreational facilities are important as they provide an avenue for recreation and engagement in physical exercise. Lastly, there are plenty of competent social workers devoted to promoting improved quality of life in the population. Coordination with these caregivers will help promote QoL and eliminate the high levels of heart-related complications and diseases (Ortiz, 2019).

**Learning Session Outcomes**

The goals of intervention of heart diseases are in line with the objective of healthcare outcomes intended, thus promoting improved quality of life. The method focuses on an ethical standpoint encompassing smoking cessation, improved diet, and mutually beneficial health outcomes restoration. A major avenue to improving health outcomes is behavioral change, a new lifestyle strategy, and increased physical fitness commitment.

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