CARONDELET HEALTH CARE CORPORATION

Community Nursing Demonstration Project Will Involve Patients in Their Care

For 2,000 Medicare enrollees in Pima and Santa Cruz counties in Arizona, a community nursing organization (CNO) will open next year to emphasize health promotion, illness prevention, and the development of self-help strategies to maintain their quality of life. The Health Care Financing Administration (HCFA) has chosen Carondelet Health Services, Tucson (a subsidiary of Carondelet Health Care Corporation), as one of four sites for a nurse-coordinated, community-based healthcare delivery model. Carondelet will administer the model with Intergroup of Arizona, a Tucson-based health maintenance organization.

The project's goal is to demonstrate that Medicare patients' care can be delivered and managed in the community. Patient satisfaction, quality of care, and cost will be used to measure the model's effectiveness. HCFA has awarded a separate contract for an independent evaluation of the demonstration, starting with the operational feasibility of each CNO model.

Changes to Medicare

If the four CNO models are successful, they could change how the government funds and provides ambulatory care through Medicare. These changes could include:

- Providing healthcare in the neighborhood or home
- Expanding nurses' and patients' roles and creating a partnership to direct the delivery of healthcare services
- Federal funding of health education and illness prevention strategies

Skills in Nursing Case Management

Carondelet is the only hospital system HCFA selected for the study. "Carondelet's nationally recognized skills in nursing case management and its seven years of experience with community wellness centers made us a natural choice," says Phyllis Ethridge, who is vice president of patient care services at Carondelet St. Mary's

Carondelet's Experience in Nursing Case Management

The nurse case manager emerged in response to a challenge to the nursing department at St. Mary's Hospital and Health Center, Tucson, AZ. In 1985 the vice president of patient care services noted that nurses were frustrated because patients' earlier discharges meant nurses were not seeing the outcomes of care. She suggested nurses find a way to establish a continuum of care.

Working without written job descriptions, new nurse case managers, hired from the hospital's nursing units, had to identify ways of relating to other disciplines, according to Sue Rusch, who spoke at the Catholic Health Association's October conference "Transformation of Nursing Leadership within Catholic Healthcare."

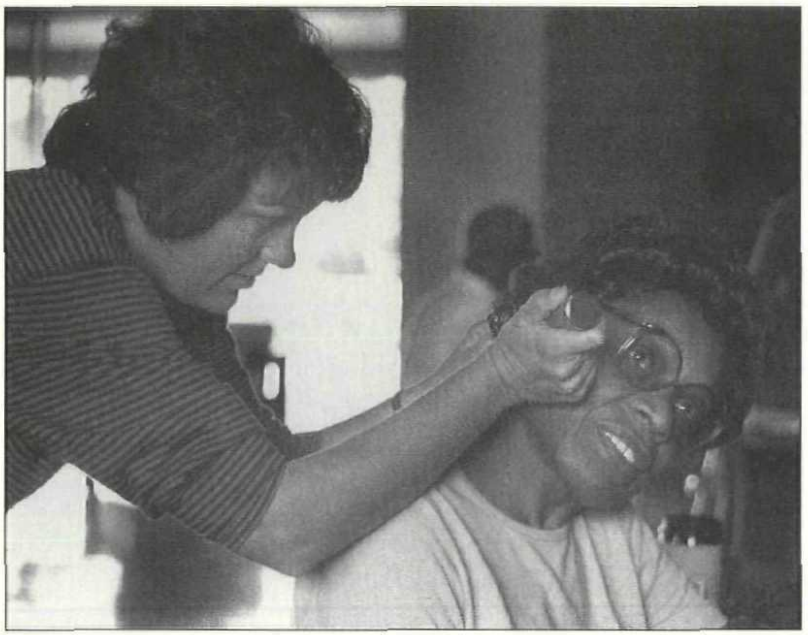
The case managers developed a "needs response" model in which nurses planned individualized care for each client. The model raised issues of control because it required professionals in acute care, long-term care, hospice, and home care—who had always worked separately in the past—to change existing delivery systems and rules, said Rusch, who is administrative director of alternative delivery services and professional nurse case manager at St. Mary's.

In the process healthcare professionals learned to trust one another and to share information about patients. For example, Rusch said case managers were able to give acute care nurses information about a patient's beliefs and responses but then had to rely on the acute care nurse to develop the patient's care plan and to provide information on the patient's stay at discharge.

Rusch noted how the case management program aligns with the current emphasis on primary and preventive care and cost control. As case managers work with families and neighborhoods, they address illness prevention and wellness. An important aspect of their role, Rusch stressed, is to follow up with patients to find out how they are dealing with information received from care givers.

Case management programs control healthcare costs by encouraging patients to seek care before they are very ill, Rusch said. She added that it takes about six months for patients working with a case manager to begin seeking treatment early in the course of an illness. Thus St. Mary's case managers had to develop administrators' trust that the program would save money in time.

Rusch thinks nurse case managers' most important contribution is the support they give patients. Free from any need to control the patient's care decisions, the nurse can be an objective, consistent source of help. The case manager, Rusch said, provides nurturing that balances the high-tech impersonality of healthcare and forestalls the abandonment patients often experience when they must go to several different facilities for treatment.



A nurse at one of Carondelet's wellness centers checks a patient's hearing. Wellness centers will be a major component of the Carondelet community nursing organization.

Hospital, Tucson (see **Box**, p. 58).

The Carondelet CNO will deliver nursing services. Nurses at both the direct care level and at the corporate level will manage the organization. The CNO model will use Carondelet's nursing case management system, 17 community wellness centers, the Carondelet Home Health Agency, private respite care, and the outpatient services of St. Mary's Hospital, as well as of St. Joseph's Hospital in Tucson and Carondelet Holy Cross Hospital in Nogales.

Project Funding

Carondelet will receive $150,000 from HCFA in 1993 to plan and establish the CNO's administrative aspects. Funding for the following three years will complete a $2 million contract to operate and assist in the evaluation of the demonstration project.

Community Advisory Committee

During the planning process, patients will be invited to join a community advisory committee. The patients, in conjunction with the health service providers, are integral to planning the CNO, said Ethridge. She added that Carondelet's CNO design will ensure that healthcare consumers' views are reflected and guarantee patients' active participation in their own care.

Part of the Continuum

Carondelet is looking at the CNO demonstration as an important part of its program to establish an integrated continuum of care. The system is committed to developing a seamless network of services, ensuring high-quality, cost-effective healthcare that creates patient and community partnerships to deliver and maintain healthcare.

As part of this effort, Carondelet is 1 of 14 healthcare organizations in the United States participating in the National Chronic Care Consortium. This group is actively seeking new ways to design, implement, and evaluate integrated healthcare delivery systems.

Other sites HCFA has selected for CNO models are Carle Clinic Association, Urbana, IL; Visiting Nurse Service of New York City; and Living at Home/Block Nurse Program/Metropolitan Visiting Nurse Association of Twin Cities, MN.

System Communicators Gather In St. Louis

Sixteen communicators from Catholic health systems across the country met in St. Louis October 8-9, 1992, to explore common bonds, share information, and delve into the communications aspects of total quality management (TQM).

Four system communicators who served on the Catholic Health Association's (CHA's) Communications Services Committee organized the meeting: Holly Herman, director of corporate communications, Catholic Health Corporation, Omaha; Virginia Pearson, then corporate director of public relations and communications, Sisters of the Sorrowful Mother Ministry Corporation, Milwaukee; Amy Hollis Smessaert, director of communications, Holy Cross Health System, South Bend, IN; and Greg Smith, director of communications, Mercy Health System, Cincinnati.

Recognizing that the goals and challenges of system communicators differ from those in a hospital setting—and that no organization existed to address their unique needs—the group surveyed their colleagues. The responses affirmed the value of system communicators' meeting to trade ideas and explore opportunities to work together.

The forum focused on sharing information and materials. In a round-robin format, participants described their organizations, staffing, areas of expertise, and successful programs. This information was documented and distributed to all participants for future reference.

Staff from CHA's communications services division, who provided administrative support, explained the association's role with system communicators and CHA's publication policies and services.

Gayle Capozzalo, senior vice president of strategic development for the SSM Health Care System, St. Louis, addressed the role of the communicator in TQM efforts, explaining tools and activities communications professionals can develop. Then participants exchanged ideas in a follow-up roundtable discussion.

Participants' evaluations indicate they want to meet again. Communicators cited networking with peers as the most valuable aspect of the meeting. Their comments were supportive: "Much to learn and share among systems." "I have been in many presentations on TQM/CQI—this was tops." "Lots of doable ideas."

Plans are currently under way for a future meeting for communicators at Catholic multi-institutional systems. For more information, contact Amy Hollis Smessaert, 219-233-4225.