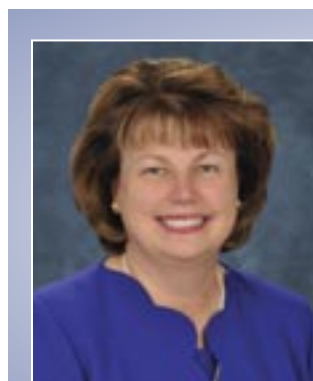## Care Coordination and Transition Management Competencies for Practicing and Student Nurses

Beth Ann Swan, PhD, CRNP, FAAN
Sheila A. Haas, PhD, RN, FAAN

The United States health care system is challenged in its efforts to effectively manage people with complex health care needs from an access, quality, and cost perspective (Agency for Healthcare Research and Quality [AHRQ], 2012; Grundy, Hagan, Hansen, & Grumbach, 2010). To enhance access to quality and cost effective care, the Affordable Care Act (ACA) promotes the use of Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs). In addition, for more than a decade, national reports have called for patient-centric care models as one strategy to improve quality care (Institute of Medicine [IOM], 2001). A 2011 IOM report, *The Future of Nursing*, again called for care that is patient-centric and identified the need to reconsider the roles of health professionals – including RNs – and transform practices related to care coordination and transition management. Coordinating care and managing transitions across multiple providers and settings requires patient-centered interprofessional collaborative (IPC) practice teams, and RNs are ideally positioned to serve in the care coordinator/transition manager role (American Nurses Association [ANA], 2012).

Recognizing the potential of the RN to contribute to enhanced quality, cost effectiveness, and access to care in ambulatory settings, the Board of Directors of the American Academy of Ambulatory Care Nursing (AAACN) created a care coordination and transition management (CCTM) competencies action plan with three phases to delineate RN competencies and develop an education program for care coordina-

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tion and transition management in ambulatory care. The deliverable for Action Phase I was to create a table of evidence; Action Phase II was to develop core competencies for care coordination and transition management dimensions; and Action Phase III was to review the care coordination and transition management dimensions and competencies within each and design a care coordination and transition management role for RNs working with ambulatory care patients with complex chronic illnesses. This work resulted in a core curriculum text to support the development of RNs in ambulatory care settings to fulfill the role of coordinating care and managing transitions. In addition, structured education for each dimension and online education modules are in production.

This groundbreaking text, *Care Coordination and Transition Management Core Curriculum*, contains 13 chapters. The majority of the book is composed of the nine chapters listed below, one for each evidence-based dimension, written

by nurse experts. This compilation is the work of a large number of ambulatory care and acute care nurse leaders representing practice, education, and research.
1. Advocacy
2. Education and engagement of patients and families
3. Coaching and counseling of patients and families
4. Patient-centered care planning
5. Support for self-management

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6. Nursing process (proxy for monitoring and evaluation)
7. Teamwork and collaboration
8. Cross setting communications and care transitions
9. Population health management

There is an introduction chapter, as well as another chapter dedicated to the transition from acute care to ambulatory care and the critical nature of hand-offs in ensuring patient safety and quality of care. There are two chapters devoted to technologies that provide decision support and information systems for all dimensions of care coordination and transition management: one focused on informatics nursing practice and one focused on telehealth nursing practice.

The content in the *CCTM Core Curriculum* is presented in outline format for easy review and reference. Key terms that are defined in the text are captured in the glossary. Given that the CCTM dimensions and model evolved from extant interdisciplinary evidence, many online resources and published references are identified throughout the text and at the end of chapters for further information.

Each chapter is organized to include: 1) definition of the competency for the chapter using evidence from literature reviewed and enhanced where necessary by expert opinion; 2) learning outcomes or broad statements of what a learner should be able to do after reading the chapter; 3) learning objectives or specific steps needed to reach the learning outcomes in each chapter; 4) brief introduction to the competency; 5) content outline for the competency; 6) competencies, sets of knowledge, skills, and attitudes that enable a nurse to perform in specific dimensions of the CCTM role; 7) a table of knowledge, skills, and attitudes (KSAs) for the competency that are modeled after the Quality and Safety Education for Nurses (Cronenwett et al., 2007) entry/pre-licensure competencies; and 8) nationally recognized core competencies for interprofessional collaborative practice (American Association of Colleges of Nursing [AACN], 2011) and public health nursing competencies (Quad Council of Public Health Nursing Organizations, 2011) that link with the dimensions and competencies needed for ambulatory care RN care coordination and transition management.

This text is written for practicing nurses and student nurses (soon to be professional nurses) – whether currently practicing or wishing to practice in an ambulatory care registered nurse role, in

a hospital, an extended care facility, a patient's home; a community setting; or in any of the other diverse places where nurses are coordinating care and managing transitions. In the rapidly evolving health care system that includes patient-centered medical homes and accountable care organizations, this one-of-a-kind new text is an indispensable guide to the state of research evidence for care coordination and transition management.

This core resource on care coordination and transition management is ideal for:

1. Learning about care coordination and transition management in acute care, ambulatory care, and community settings.
2. Strengthening and growing your knowledge about care coordination and transition management based on current evidence and research.
2. Developing skills and competencies in care coordination and transition management.
3. Identifying nurses' contributions to patient outcomes.
4. Delineating the value proposition of the RN in the context of interprofessional team-based care.
5. Expanding/enhancing the use of longitudinal care planning for patients across providers of care and settings of care.
6. Preparing faculty to teach in ambulatory care settings, and students to successfully function in ambulatory care settings including patient centered medical homes and accountable care organizations.

AAACN will offer 13 online education modules corresponding to the content in the text. The first module is now available with a focus on introducing the background, significance, and evidence-based development of the CCTM Model and associated dimensions and competencies. The second module will be released in March 2014 with a focus on the advocacy dimension. The third module is scheduled for April 2014 with a focus on the patient-centered care dimension. For the first three modules, participants will be able to access the online education modules along with a PDF version of the associated text chapter. Once the text is published, course participants will receive it as part of their course registration. The published text will be available in May 2014. In June 2014, the remainder of the online education modules will be released.

For more information on registering for the course, please visit the AAACN website at www.aaacn.org/cctm. To learn more about the AAACN initiative, please refer to the article published in the January/February 2013 issue of *Nursing Economic$*, "Developing Ambulatory Care Registered Nurse Competencies for Care Coordination and Transition Management" (Haas, Swan, & Haynes, 2013), and the presentation from the 2013 AAACN Annual Conference, "Ambulatory Care RN Care Coordination Competencies" (Haas, Haynes, & Swan, 2013), which is available through the AAACN Online Library (www.aaacn.org/library). **DN**

References

Agency for Healthcare Research and Quality (AHRQ). (2012). *Coordinating care for adults with complex care needs in the patient-centered medical home: Challenges and solutions.* AHRQ Publication No. 12-0010, 1-53. Rockville, MD: Author.

American Association of Colleges of Nursing (AACN). (2011). Health educators and foundations release competencies and action strategies for interprofessional education. *Journal of Professional Nursing*, *27*(4), 195-196.

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Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., … Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, *55*(3), 122-131.

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NSNA 62ⁿᵈ Annual Convention

Faculty, Consult, and Advisory Schedule Affordable and Effective Continuing Education

Gaylord Opryland Resort and Convention Center • Nashville, TN • April 9-12, 2014

Tuesday, April 8, 2014

4:45 p.m. − 8:00 p.m.
Consultants and Advisors Leadership University Certificate Program Part I

Facilitators: Rebecca Patton, MS, RN; Cheryl Taylor, PhD, RN, FAAN; Dev Persaud, MA, NSNA Director of Finance and Administration; Diane J. Mancino, NSNA Executive Director, EdD, RN, CAE, FAAN

Wednesday, April 9, 2014

7:00 a.m. − 8:30 a.m.
Consultants and Advisors Leadership University Certificate Program Part II

8:30 a.m. − 4:00 p.m.
Faculty Pre-Convention

Advancing Care Excellence for Seniors (ACES)
Come to this ACES full-day workshop and learn the best ways to teach your students how to care for older adults.

Registration fee of $100 for the one-day workshop includes: **Continental breakfast, breaks, lunch, and 6 contact hours; two post-workshop webinars (2 contact hours); admission to an NLN pre-Summit workshop (6 contact hours); and eligibility for an NLN recognition award funded by the Hearst Foundation, for a total of 14 contact hours.***

Workshop (generously supported by the Hearst Foundations) provides faculty with a framework that guides the teaching of nursing students to provide competent, individualized, and humanistic care to older adults. This workshop addresses the complexity of decision-making about care for the older adult in a variety of home, institutional, and community-based settings. You will be provided with the tools and strategies needed to incorporate ACES into both classroom and clinical learning experiences. Presented by national experts in nursing curriculum innovation and gerontological nursing with support from the National Student Nurses' Association.

Sponsors: National League for Nursing, New York, NY; National Student Nurses' Association, Brooklyn, NY.

5:45 p.m. − 7:30 p.m.
Opening Ceremony and Keynote Address
What's Your Hunch? Ideas that Changed Nursing and Healthcare

Keynote Speaker: Dr. Gloria Ferraro Donnelly, Professor and Dean, College of Nursing and Health Professions, Drexel University, Philadelphia, PA

Thursday, April 10, 2014

7:45 a.m. − 8:45 a.m.
Coaching and Mentoring Nursing Students

Speaker: Lois Marshall, PhD, RN, Nurse Education consultant and author, "Take Charge of Your Nursing Career," published by Sigma Theta Tau International, Indianapolis, IN (2010)

Sponsor: National Student Nurses' Association, Brooklyn, NY

11:45 a.m. − 3:45 p.m.
Career Development Center in the Exhibit Hall
Volunteers needed.

2:00 p.m. − 4:00 p.m.
Clinical Decision Making Challenges: Strategies for Success

Speakers: Loretta Manning, MSN, RN, GNP, President, I CAN Publishing, Inc., and Lydia Zager, MSN, RN, NEA-BC, Education Consultant, I CAN Publishing, Duluth, GA

Sponsors: Sylvia Rayfield & Associates and I CAN Publishing, Pensacola, FL

4:15 p.m. − 5:45 p.m.
Consultant/Advisor Briefing

Facilitators: Cheryl Taylor, PhD, RN, FAAN, NLN National Consultant, and Rebecca Patton, MSN, RN, ANA National Consultant

Friday, April 11, 2014

8:00 a.m. − 9:30 a.m.
Getting Published: A Prescription for Success

Speaker: Maureen "Shawn" Kennedy, MA, RN, Editor-in-Chief, *American Journal of Nursing,* New York, NY

Sponsor: Wolters Kluwer Health, New York, NY

11:00 a.m. − 12:30 a.m.
50 Shades of Nursing Informatics

Speaker: Dee McGonigle, PhD, RN, CNE, FAAN, ANEF, Director, Virtual Learning Informatics, Professor, Chamberlain College of Nursing

Sponsor: Chamberlain College of Nursing, Columbus, OH

11:00 a.m. − 3:30 p.m.
Career Development Center in the Exhibit Hall
Volunteers needed.

3:00 p.m. − 4:30 p.m.
Helping Students to be a Successful Online Learner

Speaker: Julie McAfooes, MS, RN-BC, CNE, ANEF, Web Development Manager, Chamberlain College of Nursing, Columbus, OH

Sponsor: Chamberlain College of Nursing, Columbus, OH

4:45 p.m. − 6:15 p.m.
Successful Students through Collaboration

Speaker: Barbara Irwin, MSN, RN, Executive Director of Nursing, Kaplan Nursing, Chesterfield, MO

Sponsor: Kaplan Nursing, New York, NY

Saturday, April 12, 2014

8:00 a.m. − 9:30 a.m.
NCSBN's Update: Progress Report on NCSBN Initiatives

Speaker: Nancy Spector, PhD, RN, Director of Regulatory Innovations, NCSBN, Chicago, IL

Sponsor: National Council of State Boards of Nursing, Chicago, IL

9:00 a.m. − 12:00 p.m.
Career Counseling Center in Exhibit Hall
Volunteers needed.

1:00 p.m. − 2:30 p.m.
Principles of Balancing Student Rights & Academic Discipline

Speaker: Stephanie Turner, EdD, RN, Assistant Professor, University of Alabama Capstone College of Nursing Tuscaloosa, Alabama

Sponsor: National Student Nurses Association, Brooklyn, NY

2:45 p.m. − 4:15 p.m.
Grant Writing 101: Tips for the Novice

Speaker: Lois Marshall, PhD, RN, Nurse Education consultant, speaker, and author, Miami, FL

Sponsor: National Student Nurses' Association, Brooklyn, NY

4:30 p.m. − 6:00 p.m.
Closing Ceremony and Endnote Address

Speaker: Virginia Trotter Betts, MSN, JD, RN, FAAN, Professor University of Tennessee Health Science Center and ANA Past President

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* This activity has been submitted to the North Carolina Nurses Association for approval to award contact hours. The North Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For complete convention details and to register, visit www.nsna.org and click *Meetings*.

www.facebook.com/NSNAinc   www.twitter.com/NSNAinc

Haas, S., Haynes, T., & Swan, B.A. (2013, April 24). *Ambulatory care RN care coordination competencies.* Presented at the 38th Annual Conference of the American Academy of Ambulatory Care Nursing. Las Vegas, NV. Retrieved from http://www.prolibraries.com/aaacn/?select=session&sessionID=418

Haas, S., Swan, B.A., & Haynes, T. (2013). Developing ambulatory care registered nurse competencies for care coordination and transition management. *Nursing Economic$, 31*(1), 44-49, 43.

Institute of Medicine (IOM). (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, DC: National Academies Press.

Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health.* Washington, DC: National Academies Press.

Quad Council of Public Health Nursing Organizations. (2011). *Quad Council competencies for public health nurses.* Retrieved from http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf

Suggested Readings
Haas, S., & Swan, B.A. (2014). Care coordination models for achieving quality and safety outcomes for patients and families. In G. Lamb (Ed.), *Care coordination: The game changer – How nursing is revolutionizing quality care.* Silver Spring, MD: American Nurses Association.

Haas, S., & Swan, B.A. (in press). Developing the value proposition for the role of the registered nurse in care coordination and transition management in ambulatory care settings. *Nursing Economic$, 32*(2).

NCSBN Promotes Social Media Best Practices for Nurses

The National Council of State Boards of Nursing (NCSBN) offers a variety of resources to educate nurses about professional boundaries in a social networking environment. Nurses may obtain the latest tips on social media best practices through the NCSBN website and Facebook page (www.facebook.com/NCSBNOfficial).

The use of social media is expanding exponentially as the number of social media outlets, platforms, and applications available continue to increase. Nurses use blogs, social networking sites, video sites, and online chat rooms to communicate both personally and professionally with others. NCSBN recognizes that these social and electronic media tools have tremendous potential for strengthening personal relationships and affording nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information.

In light of the proliferation of social networking, as well as the instantaneous nature of this medium, NCSBN's groundbreaking resources are designed to make nurses more cognizant of the potential consequences of disclosing patient-related information via social media. It is vital that nurses remain mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media.

NCSBN created a video, "Social Media Guidelines for Nurses," which offers dramatization of potential scenarios of inappropriate social media use and highlights important concepts about the proper use of social networking in professional situations. A brochure entitled *A Nurse's Guide to the Use of Social Media* is also available for download. Printed copies of the brochure are offered free of charge. **DN**

For more information on these resources and the latest recommendations from NCSBN, please "Like" their Facebook page at www.facebook.com/NCSBNOfficial.