

**Avoid:** Nurse as purveyor of “pills & procedures”

- Separate health care case management as a DD system nursing function from nursing services, purchased as part of a person’s individual plan
- Consider engagement with nurse practitioners as part of primary care strategy
- Invest significantly in increasing nurses’ specialist knowledge & capacity to act as consultant & teacher

**Remove Health Issues as a Barrier to Real Life**

Purpose

Outcomes

- Death rate similar to general population
- Excellent health-related supports to development contribute to growth & high expectations
- Significantly decreased utilization of restrictive or expensive health care because of prevention & early intervention

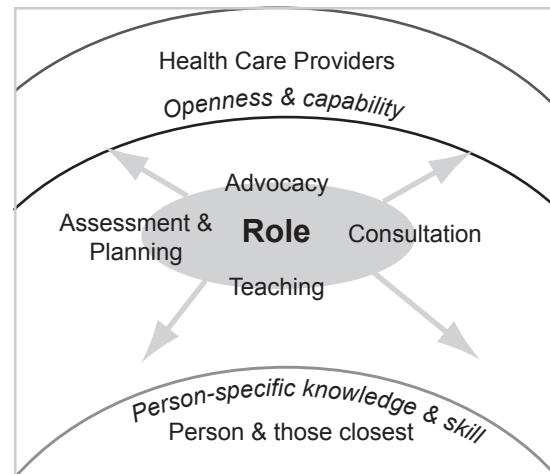
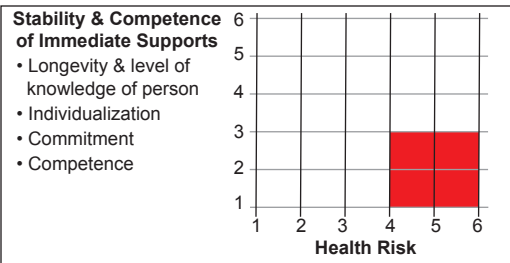
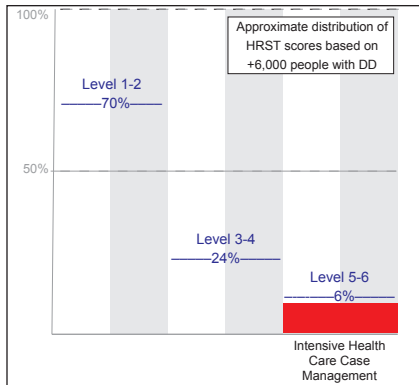
**Avoid:** Nurse as agent of compliance & control

- Focus on purpose rather than getting trapped in debates between medical vs rehab models
- Distinguish health care case management from monitoring paperwork compliance
- Practice in terms of principles...
  - ...nursing role is to reduce restrictive treatments & promote practice that increases people’s options
  - ...high level of health risk is not, in itself, justification for congregate “placement”



This is a **nursing specialty**, requiring specific training & supervised experience. The CDDN certification is a good start. Specialist knowledge and commitment is especially important for people that other health care providers have difficulty seeing with high expectations for good health & development

Focus Intensive Health Care Case Management on those at greatest risk



**Growth Factors**

Funding for MA match (maybe from RWJ) establishes cost benefit & justifies ongoing funding as MA card service or waiver benefit. Growth will be the responsibility of a not-for-profit agency.

- 100% of people served screened annually or after major health event by broker or other capable person
- Screeners trained & certified

- Risk, uncertainty, & difficulty of nurse delegation decisions increase as the stability & competence of a person’s immediate supports decrease
- Promoting continuity, competence, and health intelligence in direct support workers is essential.
- Staff with people at high risk require significant amounts of direct instruction from nurses

- Practice assessment as a collaborative process that includes a focus on teaching those closest to a person to accurately detect the earliest signs that the person needs additional attention
- Build relationships with health care providers through direct collaboration around specific people, especially people with high potential for improved health.

**Possible Futures for Community Nursing in Dane County**

A Discussion with **Karen Green McGowan**

24 May 2006

Connie Lyle O’Brien & John O’Brien, Recorders