



# Measuring Acuity and Patient Progress for Youth With Special Health Care Needs in Transition Care Utilizing Nursing Outcomes

Carol Anne Celona DNP, FNP-C

*Doctor of Nursing Practice, New York University, College of Nursing*

Received 2 December 2014; revised 12 May 2015; accepted 17 May 2015

## Key words:

Transition;  
Nursing outcomes  
classification;  
NOC;  
Youth with special health  
care needs;  
YSHCN

Implementation of a nursing outcomes classification system (NOC) for youth with special health care needs (YSHCN) to support a transition care program may help describe the acuity and measure effectiveness of outcomes. Legislation mandates that care for YSHCN demonstrates effective coordination of care that is patient centered and age appropriate. Transition programs are recommended by leading authorities. In order to provide fair and equitable care a universal rating process needs to be implemented to describe the patients' functional status and progress. NOC has the potential to measure patient acuity and outcomes for YSHCN that potentially may guide care needs.

© 2015 Elsevier Inc. All rights reserved.

NURSING OUTCOMES CLASSIFICATION (NOC) for youth with special health care needs (YSHCN) would provide a system of measurement for level of function, acuity and patient progress in transition care. To date, no one functional assessment is proven to give enough comprehensive information for all YSHCN. The NOC will provide a system of measure for acuity for a specific youth population and provide a universal rating process.

YSHCN requires special guidance from health care providers in transition planning. Children and youth with special needs (YSHCN) are defined as adolescents (ages 10–21 years) or young adults (ages 21–24) who were born with physical cognitive, or emotional impairments, or developed at least one such impairment early in life (U.S. Department of Health and Human Services [DHHS], 2013). The population of YSHCN in the United States is significant. Fifteen percent of children in the United States have special health care needs and are categorized as YSHCN (U.S. Department of Health and Human Services [DHHS], 2013). Compounding this number, approximately 22 million children who lacked access to health care will gain health care coverage by 2015 (Affordable Care

Act, 2010). The proportion of these YSHCN who will need transition planning ages 12–17 is 18% (4,581,950), yet only 40% of these youths are receiving the necessary support to effectively transition from pediatric to adult health care (NS-CSHCN, 2009/10). The U.S. Department of Health and Human Services views transition of YSHCN as a priority and thus set a goal of 90% for 2017 of effective communication and care coordination for these youths (Work for Quality, 2013, para 10).

## Nursing Outcomes Classification

Nursing outcomes classification (NOC) offers a way to measure outcomes that is applicable to all patient populations (Moorhead, Johnson, Maas, & Swanson, 2012). NOC builds off a list of indicators that describe client behavior, status of individual, family, or community state, behavior, or perceptions measured along a Likert type scale found in nurses' outcomes (Moorhead et al., pp 2). The authors recommend that the indicators address six domains: (1) health problems requiring referral to other health care providers, (2) medical diagnoses with relative factors such as diabetes, blood glucose control, or congestive heart failure signs and symptoms of fluid overload severity, (3) patient

*E-mail address:* [cacelona@aol.com](mailto:cacelona@aol.com).

**Table 1** Example of a patient assessment using NOC over a 4 year time period.

	Male with diabetes age 13				
	(1) Extremely compromised	(2) Substantially compromised	(3) Moderately compromised	(4) Mildly compromised	(5) Not compromised
NOC					
Practices good health habits (example follows diet)		✓			
Uses effective coping strategies (no emotional outbursts)		✓			
Displays increasing levels of autonomy (example performs FSG independently)	✓				
Performs in school to level of ability	✓				
Observes rules (Shows up to appointments prepared)	✓				

characteristics, such as mobility, anxiety and depression and age specific outcomes, (4) available resources, family financial social living conditions, (5) patient preferences, and preferences are influenced by the patient’s personal perceptions of health, desired health goals and preferences in relation to treatment, religious and cultural beliefs, and (6) treatment potential or measuring effectiveness of interventions such as education, nutrition and safety (Moorhead et al., pp 32). A 5-point scale Likert type scale is used to rate the patient’s status for each of the indicators. In each 5-point scale “1” is severe, and “5” is no condition compromise. In other words (1) extremely compromised, (2) substantially compromised, (3) moderately compromised, (4) mildly compromised, and (5) not compromised (Moorhead et al., pp 34). Overall scores will give the practitioner justification as to how much time and resources are needed to accomplish goals. For example, a 13 year old male with diabetes scores 1 and 2 in the following indicators: practices good health habits; uses effective coping strategies; displays increasing levels of autonomy; performs in school to level of ability; and observes rules (Table 1). This describes a child who is at risk if he tries to manage his medical care without strict supervision. These scores will give the practitioner justification to set up more education type visits and also give a baseline measure for progress over time. Using the same example this child now age 15 score 3 to 4 on the same indicators demonstrating an increase of knowledge and skills

and by age 18 the youth scores all 5 s indicating a prediction of safe transition to adult care (Tables 2 & 3).

### Implementation of Nursing Outcomes Classification

NOC measures attain significantly more information about a patient’s condition than generally captured in routine medical exams. Researchers implemented 36 NOC in an adult cardiac care setting and found interrater reliability of 16 NOC was greater than 75% (Behrenbeck, Timm, Griebenow, & Demmer, 2005). Ten primary care adult outpatient nurse practitioner lead sites measured interrater reliability, criterion-related validity, and sensitivity for 26 NOC items and found consistently scoring NOC (Keenan, Barkauskas, et al., 2003; Keenan, Stocker, et al., 2003). Researchers demonstrated interrater reliability for 36 NOC frequency used in home care (Keenan, Barkauskas, et al., 2003; Keenan, Stocker, et al., 2003). A systematic review of 41 studies looking at the effectiveness of nursing documentation found that the quality of documentation had more positive effects to measuring patient outcomes (Saranto & Kinnunen, 2009). Furthermore, researchers deduced that NOC established for patients with traumatic brain injury gave staff information helpful in identifying patients’ rehabilitation progress (Lunney, McGuire, Endozo, & McIntosh-Waddy, 2010). Cook (2012) used NOC as a standardized nursing language which increased clarity of application with CMS rules especially in areas of activities for daily living and functional status. These studies

**Table 2** Example of a patient assessment using NOC over a 4 year time period.

	Male with diabetes age 15				
	(1) Extremely compromised	(2) Substantially compromised	(3) Moderately compromised	(4) Mildly compromised	(5) Not compromised
NOC					
Practices good health habits (example follows diet)			✓		
Uses effective coping strategies (no emotional outbursts)				✓	
Displays increasing levels of autonomy (example performs FSG independently)			✓		
Performs in school to level of ability			✓		
Observes rules (shows up to appointments prepared)			✓		

Download English Version:

<https://daneshyari.com/en/article/2664255>

Download Persian Version:

<https://daneshyari.com/article/2664255>

[Daneshyari.com](https://daneshyari.com)