


EDITORIAL

Continuity of Healthcare: A Glance

Florinda Galinha de Sá ¹

 <https://orcid.org/0000-0002-4523-1721>

¹ Adjunct Editor, Nursing School of Lisbon (ESEL), Lisbon; Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Lisbon, Portugal.

Ensuring continuity of care in healthcare requires that the care provided to a person is coordinated and uninterrupted, being traceable regardless of the complexity of the healthcare system and the involvement of different professionals across various care institutions and different stages of the health-disease process. Additionally, in a culture centered on the patient, all people involved in the patient's care, including the patient themselves and their family, communicate and collaborate to plan and coordinate care according to goals established together with healthcare professionals.¹ Continuity of care refers to the delivery of healthcare as a consistent and interconnected process with three key dimensions: relational continuity, informational continuity, and management continuity.² The relational dimension involves establishing an ongoing therapeutic relationship between the patient and the healthcare professional, linking past, present, and future care. The informational dimension relates to the effective and efficient transfer of accumulated knowledge about the patient to connect separate episodes of care. The management dimension reflects the ability to ensure that care from different professionals complements each other and is delivered in a timely manner. There is a consensus within the scientific community that the concept of continuity of care is based on at least two fundamental ideas: continuity over time and individualized care based on the patient's health needs.² However, achieving continuity of care is not always easy, especially when healthcare is fragmented and there is no backup healthcare system to ensure this function. Thus, when continuity is lost, people may not fully understand their health issues, fail to adhere to therapeutic processes, or be unsure which professional to contact when they have problems or questions. In extreme cases, essential information may be lost, compromising the quality of care or putting the patient's safety at risk.

Promoting a safety culture is crucial to reducing incidents in healthcare delivery, with tools ensuring continuity of care playing an increasingly important role.³ Systematic and continuous data collection requires communication based on transparency and efficiency. Information transfer between healthcare professionals is critical for promoting continuity of care. Ensuring continuity in healthcare requires recalling the Direção Geral da Saúde guidelines on health communication, as it is a strategic goal to improve communication safety during care transitions, according to Directive No. 001/2017, which establishes the ISBAR tool to ensure effective communication during healthcare transitions.⁴ The ISBAR technique applies at all levels of care delivery involving transitions. The ISBAR mnemonic is a communication standardization tool that serves as a memory aid:⁴ I – Identification – Clear identification and location of the communicators (sender and receiver) and the patient concerned; S – Situation – Description of the current reason for needing healthcare; B – Background – Description of relevant clinical, nursing, and other relevant facts; A – Assessment – Information about the patient's condition, prescribed medications, non-pharmacological treatments, treatment strategies, and significant health status changes; R – Recommendations – Description of appropriate actions and treatment plan for the patient's clinical situation. Information transfer between healthcare professionals should be prioritized during vulnerable or critical moments of care transitions, with the individuals responsible for information transmission clearly identified (name, category, and role). This transmission should be written and uninterrupted, ensuring clarity and legibility. The World Health Organization's Global Patient Safety Action Plan 2021-2030 emphasizes the importance of leadership in creating a safe environment. This leadership commitment includes several requirements, with one of the key ones being healthcare system

Corresponding author:
Florinda Galinha de Sá
E-mail: fgalinha@esel.pt

How to cite this article: Sá FG. Continuidade do Cuidado em Saúde: Um olhar. Pensar Enf [Internet]. 2024 Dec; 28(1): 4-5. Available from: <https://doi.org/10.71861/pensarenf.v28i1.415>



communication.³ Communication must be transparent and efficient throughout the patient's experience of complex care, ensuring continuity of care across the patient's journey, involving various healthcare professionals. Since improving the quality of healthcare is primarily measured by gains in efficiency and effectiveness, it is indisputable that these gains will only be significant if safety is optimized.^{3,4} Thus, institutions must ensure that their annual training plan includes specific training for all professionals involved in information transfer, including the ISBAR technique. This information transfer process should also be monitored through internal audits.

Recognizing the priority of ensuring safety and quality in healthcare delivery, transdisciplinary teamwork is essential for achieving health outcomes through collaborative work. Care transitions require a transdisciplinary approach to ensure the patient moves safely from one care institution to another and from one healthcare professional to another. Transdisciplinary teamwork also ensures that the most qualified healthcare professional provides care for each issue, preventing duplication or contradictions with the care plan. Transdisciplinary care is particularly important when treatment is complex or involves changing from one care institution to another.

The adoption of a Transitional Care Model has shown reductions in healthcare costs and hospital readmissions, with key components including: screening/surveillance; healthcare professionals; maintaining relationships; involving patients and family caregivers; assessing and managing risks and symptoms; educating and promoting self-management; collaboration; promoting continuity; and promoting coordination.⁵ Although each element is defined separately, it is important to note that they are all interconnected and part of a holistic care process.

Continuity of care impacts the effective use of healthcare services and health outcomes for the population.^{2,5} Patients, especially those with multiple or complex health needs, value continuity of care in terms of forming a long-term, trusting relationship with healthcare professionals. Currently, various strategies in healthcare systems aim to achieve high continuity of care, such as case management, advanced nursing practice, and integrated care.² New healthcare technologies bring transformational changes, enhancing health literacy with the involvement of the patient, family, and society in the health-disease process.

The articles published in issue 28 of the *Pensar Enfermagem Journal of Nursing* address topics intrinsically linked to continuity of care, either by promoting care for different population groups or through the implementation and analysis of services, such as nursing consultations. The focus on health communication as a means of ensuring continuity also emerges in various articles discussing new tools and technologies for community engagement. It is essential to reflect on how promoting safety in healthcare is based on these significant dimensions, challenging the advancement of research and its dissemination in this area.

References

1. McCormack B, McCance T. The Person-Centred Nursing Framework. In book: *Person-centred Nursing Research: Methodology, Methods and Outcomes*, April 2021. https://doi.org/10.1007/978-3-030-27868-7_2
2. Forstner J, Arnold C. Continuity of Care: New Approaches to a Classic Topic of Health Services Research. In: Wensing, M., Ullrich, C. (eds) *Foundations of Health Services Research*. Springer, Cham., 2023. https://doi.org/10.1007/978-3-031-29998-8_21
3. World Health Organization. WHO Global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care. World Health Organization, 2021. <https://iris.who.int/handle/10665/343477>
4. Direção Geral de Saúde. [DGS - Norma nº 001/2017, de 08.02.2017](#). Comunicação eficaz na transição de cuidados de saúde. Direção Geral de Saúde.
5. Hirschman K, Shaid E, McCauley K, Pauly M, Naylor M. Continuity of Care: The Transitional Care Model, *OJIN: The Online Journal of Issues in Nursing* Vol. 20, No. 3, Manuscript 1, September 30, 2015. <https://doi.org/10.3912/OJIN.Vol20No03Man01>