

*Reference: Psychosocial Clinical Practice Guidelines (1999), pp.52-55.*

### **EVIDENCE**

- Breast Care Nurses improve understanding & provide continuity of care throughout treatment (Level II).
- Appropriate information in referral letters, & other correspondence increases continuity of care & decreases duplication of clinical/diagnostic tests (Level III).
- The identification of a primary care provider, eg. the general practitioner, can be useful in establishing continuity of care (Level IVa).

### **OBJECTIVE**

To provide continuity of care for all women with breast disease throughout their episode of care, by establishing a coordinated, multidisciplinary care team.



## Continuity of Care

### CHECKLIST

- Ask the woman who she would like to coordinate her care, eg. Breast Care Nurse, GP, specialist.
- Document the coordinator of care in medical notes &/or patient held records.
- The coordinator of care should inform the treatment team of psychosocial or medical risk factors that may alter treatment plans.
- Notify the coordinator of care promptly:
  - after each visit to a specialist
  - when there are changes in the treatment plan
  - if interspecialist referrals occur.
- Involve the Breast Care Nurse to provide continuity of care throughout entirety of disease by:
  - reinforcing information
  - acting as advocate for the woman
  - making appropriate referrals for psychosocial support
  - facilitating the flow of information to members of the multidisciplinary team.
- Provide timely letters of referral & reply, with relevant information to members of the treatment team (refer to Psychosocial Clinical Practice Guidelines, 1999, pp.53 & 54).