

RESEARCH ARTICLE (ORIGINAL) 

National Integrated Continuing Care Network: Difficulties in referral

Rede Nacional de Cuidados Continuados Integrados: Dificuldades na referência
Red Nacional Integrada de Atención Continua: Dificultades en la derivación

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Abstract

Background: Understanding health professionals' literacy when referring to the National Integrated Continuing Care Network (RNCCI) is essential to ensure efficient and adequate access to integrated continuing care.

Objective: Understand the difficulties faced by Doctors, Nurses and Social Workers at ULSLO hospital units who refer users to the RNCCI.

Methodology: Quantitative, observational, descriptive and cross-sectional study using a questionnaire applied in the three hospitals of the Western Lisbon Local Health Unit.

Results: When it comes to user signage, 69.8% of professionals find it difficult to choose the typology and 73.9% consider filling out the computerized system complex. In the referral process, 78.1% of professionals report experiencing difficulties in general. Suggestions for improvement: improve the interoperability of the RNCCI IT system with SClínico and greater coordination between the Discharge Management Team (EGA) and the referring Services.

Conclusion: It is crucial to identify difficulties experienced in referral in order to avoid delays in accessing care. Improvement suggestions provide valuable input to develop strategies to optimize the reference process.

Keywords: delivery of health care, integrated; patient discharge; patient care planning; healthcare models; nursing care; health communication

Resumo

Enquadramento: Compreender a literacia dos profissionais de saúde na referência para a Rede Nacional dos Cuidados Continuados Integrados (RNCCI) é essencial para garantir um acesso eficaz aos cuidados.

Objetivo: Conhecer as dificuldades dos médicos, enfermeiros e assistentes sociais das unidades hospitalares da Unidade Local de Saúde Lisboa Ocidental (ULSLO) que referenciam utentes para a RNCCI.

Metodologia: Estudo quantitativo, observacional, descritivo e transversal com recurso a questionário aplicado nos três hospitais da ULSLO.

Resultados: Na sinalização do utente 69,8% dos profissionais sentem dificuldade na escolha da tipologia, e 73,9% considera o preenchimento do sistema informático complexo. No processo de referência, 78,1% dos profissionais referem sentir dificuldades de forma geral. Sugestões de melhoria: melhorar a interoperabilidade do sistema informático da RNCCI com o SClínico e maior articulação da Equipa de Gestão de Altas (EGA) com os Serviços referenciadores.

Conclusão: É crucial identificar as dificuldades sentidas na referência, de modo a evitar atraso no acesso aos cuidados. As sugestões de melhoria fornecem *inputs* valiosos para desenvolver estratégias na otimização do processo de referência.

Palavras-chave: prestação integrada de cuidados de saúde; alta do paciente; planeamento em saúde; modelos de assistência à saúde; cuidados de enfermagem; comunicação em saúde

Resumen

Marco contextual: Comprender la alfabetización de los profesionales de la salud al referirse a la Red Nacional Integrada de Atención Continua (RNCCI) es esencial para garantizar un acceso eficiente y adecuado a la atención integrada continua.

Objetivo: Comprender las dificultades que enfrentan los médicos, enfermeras y trabajadores sociales de las unidades hospitalarias de la ULSLO que derivan a los usuarios al RNCCI.

Metodología: Estudio cuantitativo, observacional, descriptivo y transversal mediante cuestionario aplicado en los tres hospitales de la Unidad Local de Salud Oeste de Lisboa.

Resultados: En cuanto a la señalización de usuarios, el 69,8% de los profesionales tiene dificultades para elegir la tipología y el 73,9% se plantea rellenar el sistema informatizado complejo. En el proceso de derivación, el 78,1% de los profesionales refiere tener dificultades en general. Sugerecias de mejora: mejorar la interoperabilidad del sistema informático del RNCCI con SClínico y mayor coordinación entre el Equipo de Gestión de Altas (EGA) y los Servicios referentes.

Conclusión: Es fundamental identificar las dificultades experimentadas en la derivación para evitar retrasos en el acceso a la atención. Las sugerencias de mejora proporcionan aportes valiosos para desarrollar estrategias para optimizar el proceso de referencia.

Palabras clave: prestación integrada de atención de salud; alta del paciente; planificación de atención al paciente; modelos de atención de salud; atención de enfermería; comunicación en salud



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Introduction

The aging of the population is prompting society, and governments in particular, to reflect and discuss the direction to be taken and to identify the most appropriate responses to this issue. In this context, the recognition and appreciation of continuing care has taken on a central role, consolidating it as an essential component of health care. The National Network for Integrated Continuing Care (RNCCI) was born out of the increasingly urgent need to develop an integrated health and social security policy in the field of continuing care. This effort is aimed at meeting the challenges of an aging population, characterized by an increase in the number of older people with growing dependency and chronic illnesses.

The number of people on the waiting list, although increasing in 2022 (Entidade Reguladora da Saúde, 2023), may not reflect the real needs of the population for continuing care. This scenario may underestimate needs by reflecting the delay between referral and actual admission to the RNCCI, reducing the relevance of the referral and encouraging continuity of care in acute hospitals.

The process of referring patients to the RNCCI is a complex and time-consuming challenge that requires coordinated and interdependent intervention between the medical team, the nursing team, and the social worker. This multidisciplinary approach is essential to ensure effective coordination and continuity of care. However, difficulties arise in this process, which is why this research study entitled “National Integrated Continuing Care Network: Difficulties in referral” The study is part of the professional development of the EGA of the hospital units of the Local Health Unit of Lisboa Ocidental (ULSLO), Hospital de São Francisco Xavier (HSFX), Hospital de Egas Moniz (HEM) and Hospital de Santa Cruz (HSC), and aims to contribute to improving the process of patient referral to the RNCCI in hospital settings.

Based on these assumptions, this study aimed to understand the difficulties faced by physicians, nurses, and social workers in the ULSLO hospital units who refer patients to the RNCCI.

Background

Integrated Continuing Care comprises a set of health and social support interventions and is understood as an active and continuous therapeutic and care process. The main aim of this process is to promote the autonomy and stimulate the functionality of dependent individuals through rehabilitation, readaptation, and reintegration into the family, social and professional spheres (Decreto-Lei n.º 101/2006 do Ministério da Saúde, 2006).

According to paragraph 1(a)(b) of Article 5 of Decree-Law 101/2006, integrated continuing care promotes “rehabilitation, readaptation, and social reintegration” and “the provision and maintenance of comfort and quality of life” (Decreto-Lei n.º 101/2006 do Ministério da Saúde, 2006, p. 3858), always focusing on the person from a holistic perspective and ensuring continuity of care.

The RNCCI seeks to integrate health, through hospitals and health centers, with social security and local councils, because only with this integration is it possible to implement an active and continuous process that covers rehabilitation, readaptation and social reintegration (Decreto-Lei n.º 101/2006 do Ministério da Saúde, 2006). The RNCCI guarantees continuity of care, promoting integration between the different levels of health care and social services, and is aimed at people with functional dependence, whether prolonged or temporary, who have advanced or terminal illnesses, with disabilities, and for frail older people. In fact, multidisciplinary and interdisciplinarity are fundamental characteristics of the RNCCI, as well as the principle of proximity, the active participation of users and their families, and shared responsibility in the provision of care (Decreto-Lei n.º 101/2006 do Ministério da Saúde, 2006).

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Integrated continuing care is provided by the RNCCI and consists of inpatient units, outpatient units, hospital teams, and home teams. In this context, in order to be admitted to the RNCCI, it is necessary to draw up the referral process, which is initiated on the computer platform, and teamwork is essential. The health professionals involved in the referral process are physicians, nurses and social workers who, through their skills and different areas of knowledge, have a holistic and personalized view of people and the care they need.

The RNCCI monitoring system (digital platform) works as a common tool that allows the management of the different levels of coordination available. To create a new episode in the system, it is necessary to enter the patient’s identification data and medical, nursing, and social characterization, as well as to define the type of care proposed, appropriate to their needs.

The information contained in the system, to be filled in by each referrer/team, is essential for the correct monitoring and evaluation by the EGA, which then starts the proposal to join the RNCCI by sending the process

by computer for evaluation by the Local Coordination Team (ECL) of the patient's area of residence. The ECL evaluates the file and checks that the referral criteria are implicit and that the typology chosen is the right one. If the ECL finds any inconsistencies, it returns the file to the EGA for changes and/or updates.

These inconsistencies are the result of the difficulties experienced by professionals in this process, some of which were highlighted in the national literature review. According to Fernandes (2013):

“The exchange of experiences between professionals, the bureaucratization in the referral process, referral situations soon after hospital discharge, the lack of training, the length of the admission process, and the lack of inpatient units close to the patient's home were the main difficulties identified in the patient referral process.” (p. 74)

The study of the difficulties experienced by RNCCI providers (Ordem dos Médicos, 2016) suggests the importance of formulating strategies aimed at improving the collaboration between primary health care, the RNCCI and social security, as well as establishing an efficient flow that favors the mobility of patients in residential facilities for older people.

During this period of updating and re-evaluation of the process, there is a delay in the placement of the patient waiting for a vacancy in the network, with negative consequences both for the patient/family and for the National Health System, since the patient remains hospitalized longer.

Research question

What are the difficulties faced by physicians, nurses and social workers at ULSLO hospital units who refer patients to the RNCCI?

Methodology

Type of study

A quantitative, observational, descriptive, and cross-sectional study was conducted, using the questionnaire “Literacy of health professionals from the Hospital Center of Lisboa Ocidental in referring patients to the RNCCI”.

Study population and sample

The study's target population is composed of around 200 health professionals, including physicians, nurses, and social workers from the RNCCI referral services of the ULSLO hospital units. The services are spread across the three hospitals: at HEM: Neurosurgery, Neurotraumatology, Neurology and Medicine 2 and 4; at HSF: Orthopedics, General Surgery, Medicine 3 and 4; and at HSC: Nephrology, General Surgery, and Cardiothoracic Surgery. The sample was obtained by convenience.

Inclusion criteria

Nurses, physicians, and social workers from the three ULSLO hospital units that refer patients to the RNCCI, who gave informed consent to participate in the study, and

who were present at the facility when the questionnaire was administered.

Data collection instrument

An electronic instrument was used on the Google Forms platform. It was adapted from the questionnaire used by Fernandes (2013), which was previously validated through a pretest and content validation. In addition to this questionnaire, contributions from the literature review and discussions among the researchers of the study were also taken into account. After its creation and before its implementation, a pre-test was carried out with six professionals familiar with the referral process, but who were not part of the study sample. No difficulties or obstacles were encountered in completing the questionnaire. The questionnaire consisted of eight closed-ended questions and one open-ended question to allow the inclusion of other opinions/suggestions. The data were processed and analyzed using descriptive statistics for the closed-ended questions and content analysis for the open-ended question, organizing the data into categories according to Bardin (2015). The questionnaire was designed to provide data on the professionals' knowledge of the referral process to the network, as well as the possible difficulties encountered in the process.

Variables

In this study, independent variables were considered in order to provide a summary characterization of the participants and dependent variables resulting from the specific objectives. The independent variables were the number of participants, the hospital where they work, the professional group to which they belong and their length of service. The dependent variables analyzed were the knowledge of the work of the EGA, the difficulties in choosing the type of care, the complexity of filling in the Gestcare CCI computer system, the difficulty in identifying the referral criteria for the RNCCI, the difficulty in substantiating the assessment of the patient according to the appropriate typology, the difficulty of referral in an advanced stage of hospitalization, the difficulties in the referral process and the type of difficulties and suggestions for improving the referral process.

Procedures

The project was submitted to the Health Ethics Committee, which gave a positive opinion (approval code 2289), and then to the ULSLO Board of Directors, which approved the study. The questionnaire was sent by the authors to the participants' work email addresses with an access link and was available between November 2022 and February 2023. The first phase of the questionnaire included an electronic informed consent, which culminated in a dichotomous question asking whether the participant agreed to participate in the study. If yes, the participant proceeded to the questionnaire. Once completed, the questionnaire was submitted anonymously, as it was not possible to identify participants' email addresses.

The data were organized into tables that allowed for detailed analysis of the variables studied and were securely

stored to ensure anonymity and confidentiality of the data obtained from all participants. Each health professional included in the study was assigned a participant code. All questionnaires were included, even those that did not provide all data. Quantitative statistical analysis was performed using Microsoft Excel and Microsoft Word. Data were analyzed by two researchers. When in doubt, the data were discussed at length and sometimes a third researcher was added to clarify situations and avoid bias.

Results

The total sample consisted of 73 professionals, 53.4% from the HEM, 37% from the HSF, and 9.6% from the HSC. The professional group that participated most were physicians (43.8%), followed by nurses (35.6%) and social workers (20.5%).

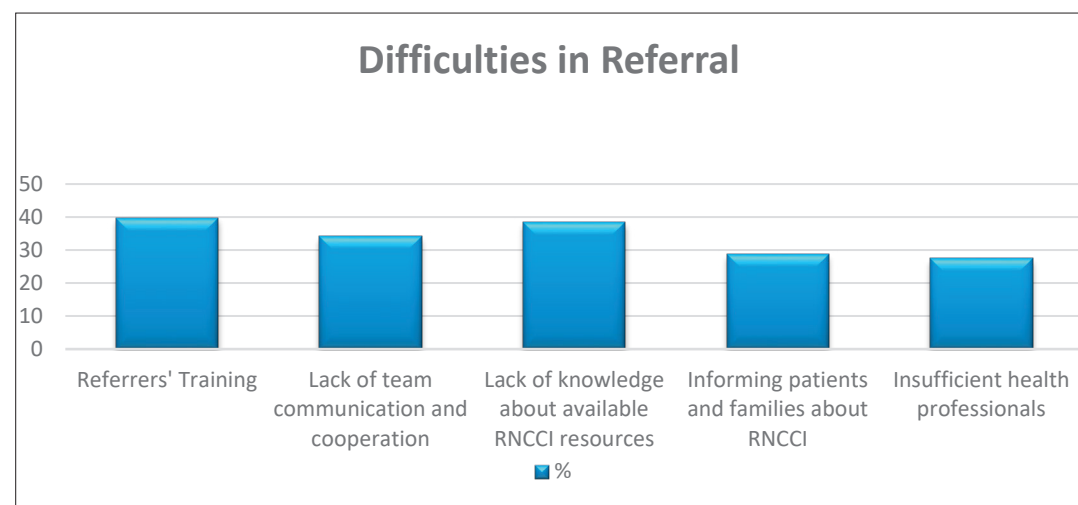
With regard to length of service, the most representative populations were 34.2% with 5 to 15 years and 26% with less than 5 years. Most professionals (76.7%) were aware of the work carried out by the EGA.

The following results were obtained from the objective of learning about the difficulties faced by physicians, nurses, and social workers at the ULSLO hospitals who refer patients to the RNCCI: 69.8% of professionals find it difficult to choose the type of care when referring a patient; 73.9% of professionals consider filling in the computer system to be complex; 65.7% of professionals find it difficult to identify the criteria for referral to the RNCCI and 64.3% find it difficult to substantiate the assessment of the patient according to the appropriate typology; 79.4% of professionals are aware that the process of admission to the network is hampered by the fact that the referral is made at an advanced stage of hospitalization. However, at ULSLO, the EGAs still have to refer patients on the day of discharge and/or the day before.

In the process of referring patients to the RNCCI, 78.1% of professionals reported experiencing difficulties in general. Figure 1 shows the type of difficulties experienced by health professionals in percentage terms. The main difficulties experienced are referrers' training and the lack of knowledge about available RNCCI resources.

Figure 1

Graphical representation of the main difficulties faced by professionals



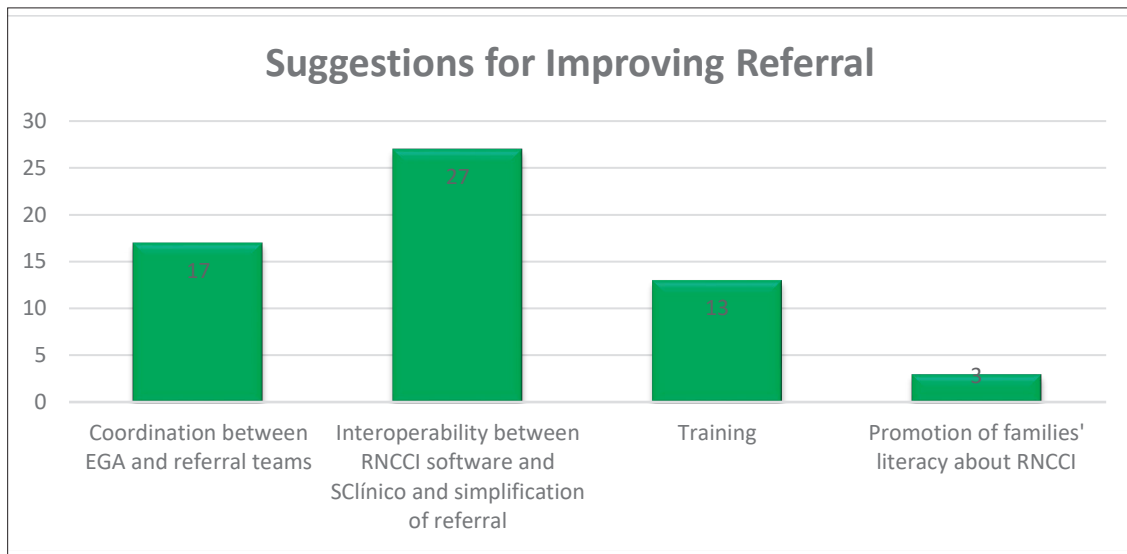
Note. RNCCI = National Network for Integrated Continuing Care.

To overcome difficulties, it is important to present the most representative results of the suggestions made by professionals for improving the referral process. The open-ended question obtained a total of 72 responses.

Only one participant did not answer this question, but the questionnaire was validated for the study. The results were organized into categories and presented in Figure 2 as absolute numbers of responses.

Figure 2

Graphical representation of the distribution of the main suggestions



Note. RNCCI = National Network for Integrated Continuing Care; EGA= Discharge Management Team

The most representative category relates to the interoperability between the RNCCI software and the hospital's IT system, SClínico. It highlights the need to simplify the referral process.

Discussion

The results of this study will be discussed in comparison with national studies conducted in similar contexts and populations/samples. Fernandes (2013) and Guerreiro (2016) identified the lack of adequate training of professionals as a constraint to the proper referral of patients, and the lack of interoperability between the RNCCI and SClínico IT systems as a factor that hinders faster and more efficient referrals.

The work carried out by the EGA is known by 76.7% of the participants, since the teams of each ULSLO hospital have developed procedures to facilitate referral, according to the different specificities of the patients to be referred to the RNCCI. These procedures meet the needs of referrers, whose vision is to improve the accessibility of all patients with criteria for admission to the RNCCI.

Given the difficulties in identifying referral criteria, in choosing the typology and in the complexity of the software, the ULSLO EGA stresses the need for targeted training for referral teams. It is suggested that specific training on referral criteria and their relationship with rehabilitation potential and continuity of care in the different types of care be included in the integration plans of referrers. Training plays a crucial role in updating information, knowledge and practices. Although it is a right, it is also a duty of the professionals and its success depends on the involvement of the teams. The Code of Ethics for Nurses (Ordem dos Enfermeiros, 2005) states,

in Article 76, that nurses must “practice the profession with appropriate scientific and technical knowledge”. Today's society is constantly changing, especially with the improvement of IT systems. In this context, training adapted to each service can be seen as a strategy to reflect on practices and the specificities of patients and to apply new knowledge to overcome difficulties in the referral process. Guerreiro (2016) identifies the training of nurses as an important step for the proper functioning of the RNCCI, which should begin at the undergraduate level. Guidance for the use of the RNCCI computer system throughout the patient process in the network was issued by Technical Directive No. 1/UMCCI/2010 (UMCCI, 2010), Regulation 50/2017 (Portaria n.º 50/2017 do Trabalho Solidiedade e Segurança Social e Saúde, 2017) and Technical Guidance No. 2/CNCRNCCI/2017 (Comissão Nacional de Coordenação da RNCCI, 2017). Thus, the reality studied suggests that the ease of use of the RNCCI computer system without interoperability with the IT systems used in the hospital (SClínico, CPC HS) has not been achieved and that, although referrals are made, the process remains very bureaucratic (Oliveira, 2018).

In the hospital, referral should be carried out between 48 hours and 72 hours before discharge, in accordance with Ordinance No. 174/2014 of September 10, and the importance of informed consent and an informal caregiver responsible for monitoring the patient throughout the process (UMCCI, 2008; UMCCI, 2010) because a faster process and a more effective approach to presenting the RNCCI optimize this stage (Cunha, 2017). The recommendations of this study indicate that, for a faster patient to the RNCCI and more effective discharge planning, referral to the EGA should be carried out between 24 and 48 hours after hospitalization.

The results obtained were in line with the studies on the RNCCI carried out by Fernandes (2013), Sepúlveda (2013), Guerreiro (2016), Cunha (2017), and Oliveira (2018). However, despite the difficulties presented, the suggestions made by the professionals provided positive feedback on the optimization and effectiveness of the referral process to the RNCCI, which is why training resources should be made available.

In practical terms, the study made it possible to raise the awareness of RNCCI referrers to carry out more effective referrals and careful monitoring of referred patients. This awareness allowed professionals to reflect on the subject, sharing doubts and experiences, with an impact on reducing the average length of stay. In this way, it can be inferred that the study is contributing to more efficient referral of patients, standardization of procedures, health gains, humanization and professional satisfaction.

The study's limitations were the scarcity of scientific literature on the subject in Portugal and the fact that it was only carried out in one hospital in one region of Portugal.

Conclusion

In order to be admitted to the RNCCI, patients must go through a process of referral by the local health units that make up the different levels.

Thus, in accordance with the initial question, it can be concluded that the aim of the study - to find out about the difficulties faced by physicians, nurses, and social workers when referring patients to the RNCCI - was achieved. The difficulties related to the referral process were identified by the participants and complemented with suggestions for improvement, such as: referrers' training, greater coordination between the EGA and the referral services, promoting family literacy about the criteria and nature of the RNCCI, and mobilizing efforts with the services shared by the Ministry of Health to improve the interoperability of the computer system with SClínico and CPC HS.

The results of this study suggest that the procedures for integrating new professionals into the ULSLO, including nurses, physicians, and social workers, should include the criteria for patient flagging and referral to the RNCCI. It is also important to emphasize the importance of timely discharge planning, recommending that referrals to the EGA be made within the first 48 hours of hospitalization. In addition, it is critical to ensure that the referral process is established in advance, ideally between 72 and 48 hours prior to discharge. Clinical records must consistently reflect the patient's capacity and potential for the type of care for which they are being referred. Finally, investment should be encouraged in studies that evaluate the impact of the RNCCI on reducing the average length of stay, thereby contributing to continuous improvement in the quality of care.

Author contributions

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