For this assessment, you will evaluate the preliminary care coordination plan you developed in Assessment 1 using best practices found in the literature. (Assessment 1 is attached, was written by you)  
  
Demonstration of Proficiency  
  
Competency 1: Adapt care based on patient-centered and person-focused factors.  
Design patient-centered health interventions and timelines for a selected health care problem.  
Competency 2: Collaborate with patients and family to achieve desired outcomes.  
Describe priorities that a care coordinator would establish when discussing the plan with a patient and family member, making changes based upon evidence-based practice.  
Competency 3: Create a satisfying patient experience.  
Use the literature on evaluation as a guide to compare learning session content with best practices, including how to align teaching sessions to the Healthy People 2030 document.  
Competency 4: Defend decisions based on the code of ethics for nursing.  
Consider ethical decisions in designing patient-centered health interventions.  
Competency 5: Explain how health care policies affect patient-centered care.  
Identify relevant health policy implications for the coordination and continuum of care.  
Competency 6: Apply professional, scholarly communication strategies to lead patient-centered care.  
Apply APA formatting to in-text citations and references, exhibiting nearly flawless adherence to APA format.  
Organize content so ideas flow logically with smooth transitions; contains few errors in grammar/punctuation, word choice, and spelling.  
Preparation  
  
In this assessment, you will evaluate the preliminary care coordination plan you developed in Assessment 1 using best practices found in the literature.  
  
To prepare for your assessment, you will research the literature on your selected health care problem. You will describe the priorities that a care coordinator would establish when discussing the plan with a patient and family members. You will identify changes to the plan based upon EBP and discuss how the plan includes elements of Healthy People 2030.  
  
Instructions  
  
For this assessment:  
  
Build on the preliminary plan, developed in Assessment 1, to complete a comprehensive care coordination plan.  
Document Format and Length  
Build on the preliminary plan document you created in Assessment 1. Your final plan should be a scholarly APA-formatted paper, 5–7 pages in length, not including title page and reference list.  
  
Grading Requirements  
Design patient-centered health interventions and timelines for a selected health care problem.  
Address three health care issues.  
Design an intervention for each health issue.  
Identify three community resources for each health intervention.  
Consider ethical decisions in designing patient-centered health interventions.  
Consider the practical effects of specific decisions.  
Include the ethical questions that generate uncertainty about the decisions you have made.  
Identify relevant health policy implications for the coordination and continuum of care.  
Cite specific health policy provisions.  
Describe priorities that a care coordinator would establish when discussing the plan with a patient and family member, making changes based upon evidence-based practice.  
Clearly explain the need for changes to the plan.  
Use the literature on evaluation as a guide to compare learning session content with best practices, including how to align teaching sessions to the Healthy People 2030 document.  
Use the literature on evaluation as guide to compare learning session content with best practices.  
Align teaching sessions to the Healthy People 2030 document.  
Apply APA formatting to in-text citations and references, exhibiting nearly flawless adherence to APA format.  
Organize content so ideas flow logically with smooth transitions; contains few errors in grammar/punctuation, word choice, and spelling.  
Resources:  
Improving Chronic Illness Care. (n.d.). Care coordination: Reducing care fragmentation. <http://www.improvingchroniccare.org/index.php?p=Care_Coordination> s=326  
Improving Chronic Illness Care. (n.d.). Reducing care fragmentation: A toolkit for coordinating care [PDF]. <http://www.improvingchroniccare.org/>  
Quinn, M., Robinson, C., Forman, J., Krein, S. L., & Rosland, A. M. (2017). Survey instruments to assess patient experiences with access and coordination across health care settings: Available and needed measures. Med Care, 55(Supplement 7 1), S84–S91. <http://europepmc.org/articles/PMC5509356>