



## RESEARCH SUMMARY

---

# Effect of a Nurse Care Coordination Program on Quality of Care

### The Aim

A growing number of health care organizations are implementing interventions to improve care coordination among health professionals and organizations because of its association with better quality of care for patients. One increasingly popular intervention is the use of nurse care coordinators who provide additional care and support to patients with complex medical needs, including those with poorly controlled chronic illness, transitioning from hospital to home, or with multiple medical and behavioral health issues. These nurses typically work closely with patients to help coordinate the care delivered by different providers and to help patients actively manage their illnesses.

Although the use of nurse care coordinators is growing, little is known about how they affect patients and staff. This project is evaluating the impact of a nurse care coordinator program on patients' health and care experience, as well as staff interactions and work experiences.

### Anticipated Benefits

This study will provide information about the effects of using nurse care coordinators to improve coordination. If this strategy is shown to improve quality of care for patients and work experiences for staff, health care organizations will be better able to weigh the benefits of adopting this approach to care coordination.

### Our Approach

The CAHPS® team is studying the impact of using a nurse care coordination program at 12 community health centers affiliated with Community Health Center, Inc. (CHC), a private, non-profit, health system that provides comprehensive primary care services in medicine, dentistry, and behavioral health to over 130,000 patients in Connecticut. CHC has a special commitment to the uninsured, underinsured, and special populations such as patients with HIV/AIDS. The research team is conducting a pre-post intervention study, in which changes in process and outcomes measures for six centers using the new program (intervention group) are compared to those for the six centers without the program (control group).

The team is collecting the data for this study using multiple methods, including surveys, information from electronic medical records, and sociometric sensors. To assess patients' experience of care, the team is using the CAHPS Clinician & Group Survey (CG-CAHPS) with the Patient-Centered Medical Home (PCMH) items as well as supplemental items that ask about coordination of care. Patients' health is measured using data from CHC's electronic medical record. To gather information on face-to-face interactions, the staff are wearing sociometric sensors that collect data on the frequency, duration, and patterns of their interactions (e.g., turn-taking, centrality of individuals in the communication network). Data on other staff work experiences are collected using a survey.



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)