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Development of a trauma based continuing care model for enhancing care outcomes in social unrest area: A case study

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Background: Improving care outcomes in trauma patients is regarded as important and linked to an appropriate model of care particularly in social unrest area where there are limited resources and accessibility after discharge. A specific model of continuing care for those trauma survivors is required.

Objective: This participatory action research was aimed to develop the trauma based continuing care model (TCCM) for enhancing care outcomes in trauma patients affected from Social Unrest area.

Method: A three-phase of PAR design was implemented with stakeholders in both hospital and community services related to care for trauma survivors and families. In the first phase, 11 trauma survivors were interviewed and 3 focus group discussions of nurses and related health care staffs were conducted to identify existing system and problems encountered. The second phase consisted of two workshops, involving 20 key informants and allied health staff for the purpose of developing the model. The final phase evaluated the initial effects of the model after implementing with 20 patients by measuring the care process and outcomes such as nurse's satisfaction, patient quality of life, patient's self care ability, caregiver's ability to care. Data were analyzed by using descriptive statistics for care outcomes and content analysis for the care process.

Result: The model consisted of a) trauma care process through a trauma nurse-initiated discharge planning program b) patient- family follow up. With the PAR process, the following steps included 1) preparing the multidisciplinary health care team including patient and family caregivers, 2) organizing the system, identify individual role and function for continuing care 3) collaborating with community support network for patient and family management. The main strategies to drive all process were teamwork involvement, care coordination, and staff education. The model could enhance both health care staff and family caregivers in providing better care. In this study, most patients were able to manage themselves. 20 patients and 10 family caregivers were satisfied with care process and obtained better outcomes such as health status and quality of life. In addition, the developed trauma nurse-initiated discharge planning program was also discussed for further implication.

Conclusion: The key success was derived from trauma nurse-initiated discharge planning process and collaborating with community support network. To enhance the sustainability of the model, care managed by enhancing networking of community nurse, patient and family after discharge is required for further exploration.

Biography

Praneed Songwathana has completed her PhD at the age of 37 years from Medical School, University of Queensland and Fellowship at Griffith University, Australia. She is currently a Director of research center for people with trauma, emergency and disaster. She has published more than 20 papers in both national and international journals h year and serving as an editorial board member of AENJ and Thai Nursing Journal.

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