**Avoid:** Nurse as purveyor of “pills & procedures”
- Separate health care case management as a co system nursing function from nursing services, purchased as part of a person’s individual plan
- Consider engagement with nurse practitioners as part of primary care strategy
- Invest significantly in increasing nurses’ specialist knowledge & capacity to act as consultant & teacher

**Remove Health Issues as a Barrier to Real Life**

- Death rate similar to general population
- Excellent health-related supports to development contribute to growth & high expectations
- Significantly decreased utilization of restrictive or expensive health care because of prevention & early intervention

**Outcomes**

- Risk, uncertainty, & difficulty of nurse delegation decisions increase as the stability & competence of a person’s immediate supports decrease
- Promoting continuity, competence, and health intelligence in direct support workers is essential.
- Staff with people at high risk require significant amounts of direct instruction from nurses

**Avoid:** Nurse as agent of compliance & control
- Focus on purpose rather than getting trapped in debates between medical vs rehab models
- Distinguish health care case management from monitoring paperwork compliance
- Practice in terms of principles…
  …nursing role is to reduce restrictive treatments & promote practice that increases people’s options
- …high level of health risk is not, in itself, justification for congregate “placement”

**Focus Intensive Health Care Case Management on those at greatest risk**

- 100% of people served screened annually or after major health event by broker or other capable person
- Screeners trained & certified

**Stability & Competence of Immediate Supports**
- Longevity & level of knowledge of person
- Individualization
- Commitment
- Competence

**Approximate distribution of HRST scores based on +6,000 people with DD**
- Level 1-2: 70%
- Level 3-4: 24%
- Level 5-6: 6%

**Health Care Providers**
- Openness & capability
- Advocacy
- Role
- Consultation
- Teaching

**Person-specific knowledge & skill Person & those closest**

**Practices**
- Practice assessment as a collaborative process that includes a focus on teaching those closest to a person to accurately detect the earliest signs that the person needs additional attention
- Build relationships with health care providers through direct collaboration around specific people, especially people with high potential for improved health.

**Avoid:** Nurse as agent of compliance & control
- Focus on purpose rather than getting trapped in debates between medical vs rehab models
- Distinguish health care case management from monitoring paperwork compliance
- Practice in terms of principles…
  …nursing role is to reduce restrictive treatments & promote practice that increases people’s options
- …high level of health risk is not, in itself, justification for congregate “placement”

**Growth Factors**
- Funding for MA match (maybe from RWJ) establishes cost benefit & justifies ongoing funding as MA card service or waiver benefit.
- Growth will be the responsibility of a not-for-profit agency.

**Possible Futures for Community Nursing in Dane County**
- A Discussion with Karen Green McGowan
  24 May 2006

Connie Lyle O’Brien & John O’Brien, Recorders