



Tips for Careworkers: Continuity of Care

What it is: Continuity of care has three main parts:

1. The care provider knows and follows the care of a person, client or resident.
2. There is good exchange of relevant information between different care providers.
3. Different care providers cooperate so that care is connected care.

Why it matters: Continuity of care helps care providers to be aware of a person's preferences and care needs. It also helps with the smooth coordination of a person's care. It is particularly important for the care of a person who may be at the end of life. It also helps care providers to have the information they need so that the person's choices are respected.

What I need to know: Continuity of care can:

- avoid unnecessary hospitalisations
- ensure the older person receives uninterrupted care for their needs
- make sure that important treatments continue when a person is moved to or from a care setting (home, hospital, residential aged care)
- make sure that a person's preferences and needs are considered.

Do

Ask your supervisor about any documents that should accompany a person when transferred between settings.

Do

Talk clearly with the family, carers, nurses and management to ensure you and others are aware of any new goals of care.

Do

Report to nursing/supervisory staff any changes that you notice in the person or requests made by the older person or their family.

Do

Ask your supervisor about the SPIC4ALL tool. This helps you to identify people who are declining in health and might benefit from better supportive and palliative care.

Name:

My reflections:

How do I report to nursing/supervisory staff any changes that I notice or any questions that family members may have?

My notes:

See related palliAGED Practice
Tip Sheets:

Advance Care Planning

End-of-Life Care Pathways

Talking within the Aged Care Team

For references and the latest version of all Tip Sheets visit

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