Application of Continuity of Care Service Model in Rehabilitation Nursing of Elderly Patients with Chronic Diseases

Huang Xin
Rehabilitation Center of Shiyan Taihe Hospital, Shiyan, Hubei, China

Abstract: Objective: To observe the effect of implementing the continuity of care service model in the rehabilitation nursing of elderly patients with chronic diseases. Methods: A total of 60 elderly patients with chronic diseases admitted to our hospital from March 2024 to April 2025 were selected as the research subjects and randomly divided into two groups. One group (control group, 30 cases) received routine rehabilitation nursing during out-of-hospital treatment, and the other group (observation group, 30 cases) received the continuity of care service model. The quality of life and compliance of the two groups were observed. Results: The quality of life of the observation group after nursing was higher than that of the control group (P<0.05). The compliance of the observation group was higher than that of the control group (P<0.05). Conclusion: Implementing the continuity of care service model in the rehabilitation nursing of elderly patients with chronic diseases can improve patients' compliance during out-of-hospital treatment and enhance their quality of life.

Keywords: Continuity of Care Service Model; Elderly Chronic Diseases; Rehabilitation Nursing

1. Introduction

Chronic diseases are the main conditions affecting the health of the elderly at present, commonly including hypertension, diabetes, coronary heart disease, etc. There is still a lack of specific radical measures for these diseases, which cannot be cured in a short time, and patients need long-term medication for treatment. Moreover, the control of the disease is related to the patients' own living habits, compliance behavior, etc. [1]. In order to help patients manage the disease more effectively, during out-of-hospital treatment, effective nursing guidance should be carried out according to the characteristics of the patients' diseases. This study mainly observed the effect of the continuity of care service model in the rehabilitation nursing of elderly patients with chronic diseases.

2. Materials and Methods

2.1 General Data

A total of 60 elderly patients with chronic diseases admitted to our hospital from March 2024 to April 2025 were selected as the research subjects and randomly divided into two groups. One group (control group, 30 cases) received routine rehabilitation nursing during out-of-hospital treatment, and the other group (observation group, 30 cases) received the continuity of care service model. In the control group, there were 16 males and 14 females, aged 61-78 years, with an average age of (66.45±1.45) years. The body mass index (BMI) was 21-25 kg/m², with an average of (22.74±1.25) kg/m². In the observation group, there were 17 males and 13 females, aged 62-79 years, with an average age of (22.86±1.45) years. The BMI was 21-25 kg/m², with an average of (22.15±1.35) kg/m². There was no significant difference in baseline data between the two groups (P>0.05).

2.2 Methods

The control group received nursing support in the conventional model during out-of-hospital recovery. Nurses conducted regular telephone follow-ups to understand the patients' condition changes, guided patients to take medications strictly according to the doctor's orders, maintain good living habits, encouraged patients to have a scientific diet, and return to the hospital for reexamination. The observation group received the continuity of care service model, as follows:

(1) Establishment of continuity of care platform: Due to the long treatment cycle of these

patients, an online continuity of care platform based on WeChat or QQ was established, and patients and their families were guided to master the correct use of the continuity of care platform.

(2) Determination of nursing content: Nurses needed to comprehensively assess various aspects of the patients, master the out-of-hospital treatment plan, the patients' own living habits, eating habits, etc., and formulate targeted continuity of care content according to the actual situation of the patients.

(3) Implementation of continuity of care content:

Medication guidance: During each online follow-up, the patients' medication situation was promptly inquired, and whether the patients maintained good medication behavior during out-of-hospital recovery was evaluated, to ensure that they took medications on time and in the correct amount. Patients were encouraged to keep corresponding records during medication and take photos to upload them weekly, so that nurses could accurately grasp the patients' medication situation. Help patients clarify the possible adverse reactions during medication, and inform patients to promptly inform nurses or return to the hospital for examination once abnormal conditions occur.

Life-level guidance: Nurses need to guide the daily life of patients according to the characteristics of their diseases, formulate personalized healthy life guidance lists for patients, and encourage patients to manage their daily life as required by nurses as much as possible in daily life. Maintain a scientific diet, regular work and rest, etc., to avoid unhealthy behavior habits affecting the condition. Especially for patients with diabetes, hypertension, coronary heart disease, etc., nurses need to formulate daily diet plans for patients and strictly manage the intake of various nutrients.

Rehabilitation training: During the weekly online follow-up, the importance of actively carrying out rehabilitation training for promoting recovery was explained in detail to patients, and patients were encouraged to actively carry out rehabilitation training every day. Nurses need to push relevant rehabilitation training videos to patients to ensure that patients can accurately master the content of rehabilitation training.

Psychological guidance: Under the long-term influence of the disease, patients are prone to great psychological pressure. Nurses need to carry out psychological counseling for patients during each online follow-up to help patients maintain a positive and optimistic attitude. Encourage patients to participate in more outdoor activities or other things that can make them relax in daily life, relieve their psychological pressure, and establish confidence in rehabilitation.

2.3 Observation Indicators

(1) Analysis of quality of life: Patients were guided to answer the relevant questions in the World Health Organization Quality of Life-Bref (WHOQOL-BREF) scale before and after nursing, and the scores of each dimension were finally summarized. The higher the score, the better the quality of life.

(2) Comparison of compliance: During each follow-up, nurses evaluated the compliance of patients according to their actual situation, which was divided into three levels: compliant, relatively compliant, and non-compliant.

2.4 Statistical Methods

Relevant data in the study were analyzed using SPSS 25.0 software. Measurement data (including quality of life, etc.) were expressed as mean ± standard deviation ($\bar{x}\pm s$), and counting data were expressed as percentage (%). Chi-square test was used, and ($P<0.05$) indicated that the difference was statistically significant.

3. Results

3.1 Analysis of Quality of Life

The quality of life of the observation group was higher than that of the control group ($P<0.05$), as shown in Table 1.

Table 1. Comparison of Quality of Life between the Two Groups ($\bar{x}\pm s$)

Group	Number of Cases	Physical		Environmental Factor		Social Relationship		Psychological	
		Before Nursing	After Nursing	Before Nursing	After Nursing	Before Nursing	After Nursing	Before Nursing	After Nursing
Observation	30	15.12±1.35	26.35±1.12	16.02±1.05	25.35±1.15	8.01±1.15	14.65±1.18	16.25±1.15	22.65±1.14
Control	30	15.05±1.25	21.05±1.15	16.11±1.16	22.11±1.17	8.03±1.22	11.22±1.12	16.15±1.12	20.26±1.11
t		0.452	23.257	0.357	14.007	0.042	14.585	0.294	8.594

P		0.715	<0.001	0.722	<0.001	0.966	<0.001	0.769	<0.001

3.2 Comparison of Compliance

The compliance of the observation group was higher than that of the control group (P<0.05), as shown in Table 2.

Table 2. Comparison of Compliance between the Two Groups [n, (%)]

Group	Number of Cases	Compliant	Relatively Compliant	Non-compliant	Compliance Rate
Observation	30	17（56.67）	12（40.00）	1（3.33）	29（96.67）
Control	30	12（40.00）	12（40.00）	6（20.00）	24（80.00）
$\chi 2$	-	-	-	-	20.425
P	-	-	-	-	0.001

4. Discussion

The treatment cycle for elderly patients with chronic diseases is long, and patients need long-term medication to control the disease. At the same time, there are many factors affecting the control effect of the disease. The patients' own unhealthy behavior habits or failure to maintain good medication behavior strictly according to the doctor's orders may all lead to changes in the patient's condition[2]. During the out-of-hospital treatment of elderly patients with chronic diseases, carrying out accurate follow-up guidance in all aspects and helping patients clarify the problems that need to be paid attention to during recovery play an important role in helping patients recover.

The continuity of care service model has a high applicability in the nursing of patients with chronic diseases. Making full use of WeChat, QQ, etc., to establish a continuity of care platform and timely providing patients with nursing support in all aspects can ensure the timeliness and effectiveness of continuity of care support[3]. Nurses can timely adjust the continuity of care content according to the actual situation of patients, so that the nursing guidance measures in all aspects meet the actual situation of patients, help patients maintain healthy behavior habits, and indirectly achieve the purpose of managing patients' diseases[4]. In this study, the observation group carried out the continuity of care service model, and the quality of life and compliance were higher than those of the control group with routine nursing, indicating that under this nursing model, providing effective nursing support for patients during out-of-hospital recovery and helping patients clarify various matters that need attention are helpful to increase patients' compliance and improve patients' quality of life. In conclusion, the continuity of care service model can be applied in the rehabilitation nursing of elderly patients with chronic diseases to improve the nursing effect for these patients.

References

[1] Luo Xiaomi, Huang Ruijie, Liang Ying, et al. Study on the influence of traditional Chinese and western medicine combined continuity of care based on medical consortium on the mental health of children with nephrotic syndrome [J]. China Medicine and Pharmacy, 2025, 15(05): 136-140.

[2] Feng Ying, Wang Weining. Application progress of redesigned discharge project model in chronic disease continuity of care [J]. Journal of Nurses Training, 2025, 40(03): 285-289.

[3] Tian Lu. Application effect of medical-nursing combined continuity of care in elderly patients with chronic diseases [J]. Chinese Journal of Civil Medicine, 2025, 37(01): 161-163+170.

[4] Li Qian, Lü Wencong, Zheng Yuan, et al. Chinese translation and reliability and validity test of the brief patient continuity of care assessment questionnaire in patients with chronic diseases [J]. Military Nursing, 2024, 41(09): 72-75.

