

**Appendix 1.** *A schematic comparison of persons offering special attention to continuity of care*

<b>Constituents/ Role</b>	<b>RN, APN</b>	<b>Contact person</b>	<b>Patient and system navigator [32]</b>	<b>Case manager (see text)</b>
<b>Definition</b>	“A person who has completed a programme of basic nursing education and is qualified and authorised in his/her country to practise nursing in all settings for the promotion of health, prevention of illness, care of the sick and rehabilitation.” [37]	“Health care professional employed in a hospital who is attached and directly involved in the care of the individual patient. The contact person is specially responsible for consolidation of continuity of care during hospitalisation and during the outpatient clinic course.”[38]	No common definition. Barrier-focused.	Many almost identical definitions (see text).  A full-time multidisciplinary, “non-treating”, supportive health care professional, most often a nurse.
<b>Objective</b>	Assist individuals, families, and communities in attaining, maintaining and recovering optimal health and functioning.	Primary objective: direct care, Secondary objective: consolidate the care pathway.	Help patients identify and overcome barriers to (look for) care.	To facilitate care pathway-measurable cost and quality outcomes through an interdisciplinary team within existing medically technological guidelines.
<b>Education</b>	Nurse education. (Educational background for nurses varies widely between countries.)	Usually a nurse or doctor.	No demands.	Health care professional. Most often based on a nurse-education.
<b>Qualification and training with reference to “continuity of care” function?</b>		No standards according to care pathway across-the-continuum component.	Many models use trained community health workers (lay persons) who may be full-time employees or volunteers.	Familiarity with the care pathway and trained in case management components. Prospective CM certification.
<b>Disease /patient population</b>	All/ most diseases treated inside the healthcare system.	Assigned to all patients treated in hospitals.	Most often prevention of diseases and follow up of abnormal screening among poor, vulnerable people.	Assigned to individuals having complex diseases and/or demands.
<b>Setting</b>	Hospital, community, GP, private organisation, etc.	Hospital-based.	Most often community or community-to-hospital.	In-patient, hospital-to-community or community-based.
<b>Activities</b>	Nursing (assessment, planning, implementing, evaluating) according to nurse care plan.	Promote continuity and provide information. Respond to enquiries about disease, treatment, complications, adverse events, etc. (Reactive)	Identifying and solving barriers to care through education, transportation, etc. (Proactive)	Proactively facilitate desired goals by means of nursing processes (=activities) and collaboration, negotiation, education, linking, etc. Different weighting due to setting, disease, outcomes measured, etc.

Constituents/ Role	RN, APN	Contact person	Patient and system navigator [32]	Case manager (see text)
<b>Use of special tools to optimize the care pathway</b>	Standard care plans.	None.	Not standardized. Often “barrier score cards” developed according to purpose. Use of logs.	Not standardized. Often written “interdisciplinary care pathways”, “assessment score cards”, documentation “process/ outcome check lists”.
<b>Barriers:</b>	Time restraints. Primary focus is “direct” care, not the care pathway.  Continuity of care scope is not pointed out for the patient.	Time restraints due to the fact that “contact person”-role is not primary objective. Role specified by Danish Regions but not by law. Diverse patient and provider expectations to role.	Extra person. Access to patients’ records? Lack of education, specialized knowledge, skills, training.	Extra health care professional.
<b>Advantages:</b>	No extra economic burden to the health care system.	The patient knows at whom to direct enquiries. Contact person is not an extra, but a well-known person of the provider team.	Cheaper than a health care professional.	Working full time on coordinating and securing continuity of care. Case manager certification designation is exercise-based[14]. “With most part-time or per diem nursing staff, case managers are the only nurse on the clinical scene who see how each day evolves for each patient.”[12]

RN: Registered nurse

APN: Advanced practice nurse