

# Care Plans

## What is a Care Plan?

A Care Plan demonstrates the ability to identify patients with high-risk environmental or medical factors, including patients with special health care needs, who will benefit from additional care planning.

## Care Plans should include:

- Self-management goals
- Goals of preventive and chronic illness care
- Action Plans for exacerbations of chronic illness
- End of life plans when appropriate

## Key differences between Action Plans and Care Plans:

- Care Plans emphasize the patient's role in managing their own health:
  - Co-written with the provider, patients and family/caregiver members
  - Comprised of patient-centered elements:
    - Patient goals
    - Steps to reach their goals
    - Barriers to achieving these goals
- Action Plans:
  - Are completed by providers
  - Are comprised of directions

## Types of Care Plans:

- Medical summary/transition summary
- Emergency care plans
- Working care plan

## Key elements of Care Plans:

- Name/DOB
- Parents/guardians
- Primary dx
- Secondary dx
- Original date of plan
- Date of last update

## Key elements of Care Plans cont:

- Main concerns:
  - Current plans/actions
  - Person responsible
  - Date to be completed
- Signatures

## How can you change an Action Plan into a Care Plan?

1. Assess patient goals, as well as potential barriers to treatment
2. Help patient problem solve these barriers
3. Document these on the plan

## 5 A's of Self-Management Support:

- Assess:
  - Assess patient's beliefs, behavior and readiness to change
- Advise:
  - Advise patients by providing specific information about health risks and benefits of change
- Agree:
  - Agree on collaboratively set goals based on patient's confidence in their ability to change the behavior
- Assist:
  - Assist patients with problem-solving by identifying personal barriers, strategies, and support
- Arrange:
  - Arrange a specific follow-up plan

## Guidelines for Goal-Setting:

- Work collaboratively with the family
- Identify goals that are specific and short-term
- Choose goals that are reasonable and achievable
- Start small and build on success
- Provide regular feedback:
  - Phone follow-up
  - Email
  - Face-to-face
- Use salient and frequent external rewards
- Goal-setting discussions and follow-up can be conducted by care team members
- Identify external supports as needed:
  - Public Health
  - Food bank
  - Behavioral Health