



A NEW WAY TO THINK ABOUT CARE PLANS

When it comes to how nursing homes write resident care plans, it's time to rethink the whole process. It's time for facilities to move away from traditional care planning to a community model that calls for person-centered care planning.

THE TRADITIONAL WAY

Under the traditional way of care planning, nursing homes follow a medical model. Staff knows the resident by diagnosis (such as dementia or diabetes), and they write the care plan based on what they think is best for the resident's diagnosis. Staff then bases the interventions in the care plan on standards of practice for that diagnosis. Staff writes the care plan in the third person. The problem with that method is that the interventions in the care plan are primarily what the nurses want. Often, the interventions are not effective and, in reality, only state surveyors look at the care plans.

A NEW WAY – PERSON-CENTERED CARE PLANNING

Nursing homes are being urged to adopt a new model of care planning based on the following principles:

- Encourage staff to develop a personal relationship with the resident and family. Staff members are encouraged to think of each resident as a person in addition to focusing on his or her medical problems.
- The resident, family, and staff develop a care plan that reflects what the resident desires. It's no longer just the staff dictating what they think is best for the resident based on a medical diagnosis. The care plan includes unique interventions that meet the needs of that resident. The staff personalizes the interventions to meet the needs of the resident. Staff writes the care plan in first person. Staff members are trained to write the care plan as if the resident is speaking directly to them. The care plan adopts the voice of the resident and expresses his or her needs.

So in a traditional care plan, the problem with Joe, who has dementia, is that he wanders. In a resident-directed care plan, the "problem" is now expressed as Joe's "needs" and says, "I need to walk." By reframing the issue, the resident's need is addressed instead of looking at it as a problem.

In another example, look at Jane, a 72 year-old woman with insulin-dependant diabetes. Jane is well educated, completely alert, and intelligent. In the traditional care plan, Jane's problem is that she is noncompliant with her 1,800 calorie, diabetic diet. In a resident-directed care plan, Jane's needs are expressed as, "I have diabetes, and I take insulin. I am aware of recommended dietary restrictions, and I choose to exercise my right to eat what I enjoy."

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The plan recognizes Jane's need to make reasonable food choices for herself, without arguing constantly with staff.

The care plan identifies the resident's life-long routine and how to continue it in the nursing home. The nursing home is the resident's true home and needs to adapt to each individual. For instance, does a resident like to sleep late in the morning or prefer to take showers in the evening? In the traditional model, the care plan attempts to fit the resident into the facility routine. Nursing assistants are a valuable part of the interdisciplinary team and are present at each care plan conference. Both the resident and his or her primary caregiver, who is usually a certified nursing assistant (CNA), actively participate in the care planning process. The CNA knows the resident best and can provide valuable input into his or her needs. The facility schedules care conferences at the resident's and family's convenience. Conferences are no longer scheduled at the facility's conveniences. Care plan meetings can be held at all different times of the day and night. Facilities that become much more flexible about holding care plan meetings are finding they actually take less time.

So what happens if, for instance, the facility dietitian doesn't work at night or when a care plan meeting will be held? The dietitian can call the family or talk to the resident during the day and leave notes.

How does staff react to such changes? Some nurses resisted the idea of not writing care plans based on a resident's diagnosis and some staff worried about the surveyor response to the new method. But most staff members like the new approach to care planning because it offers solutions that are likely to be successful for residents. And, the reaction of surveyors? By talking to the state health department before changing the care plan process, there won't be any surprises during the next survey.

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