
Writing Activity Care Plans
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Interdisciplinary Care Plans

Interdisciplinary Care Plans

(1) The facility should/must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental & psychosocial needs that are identified in the comprehensive assessment.

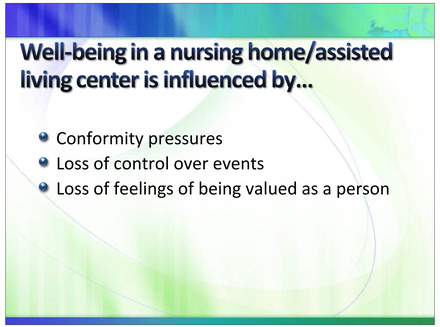
Interdisciplinary Care Planning

The care plan must describe the following:

- The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being

Interdisciplinary Care Planning

- "Highest practicable" is defined as the highest level of functioning and well-being possible, limited only by the individual's presenting functional status and potential for improvement or reduced rate of functional decline.
- Highest practicable is determined through the comprehensive resident assessment by competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.


Well-being in a nursing home/assisted living center is influenced by…
Conformity pressures
Loss of control over events
Loss of feelings of being valued as a person

Well-being in a nursing home/assisted living center is influenced by…

- problems related to facility living and the aging process
- the resident's ability to relate himself and his individual needs to the complex of services and programs
- orientation to the facility's services and help in enabling him to avail himself of them on a continuing basis

Well-being in a nursing home/assisted living center is influenced by…

- maintenance of ties with the community: family, friends, previous group member-ships, visits to family, attendance at family events
- previous life roles or finding substitute roles
- significant changes in resident's life situation, such as preparation for moves within the facility or hospital, roommate changes, transfer (permanent or temporary) to other community facilities

Well-being in a nursing home/assisted living center is influenced by…

Interpersonal & emotional difficulties & problems in social adjustment such as:

- Difficulties in relationships with other residents, family & staff
- Emotional problems connected with or exacerbated by changing physical & mental capacities, concerns about bodily functions, and illnesses

Well-being in a nursing home is influenced by

Problems related to use of the facility's services:

- refusal to follow prescribed medical regimen
- inability or lack of motivation to participate in appropriate activities and programs
- complaints about food, laundry, housekeeping, or other services

Well-being in a nursing home is influenced by

- Behavior which presents problems in management or is disturbing to other residents
- Difficulties in adjusting to current or new routines
- Changes in affect, behavior, or personality such as depression, anxiety, withdrawal, uncontrolled aggression

Assessment

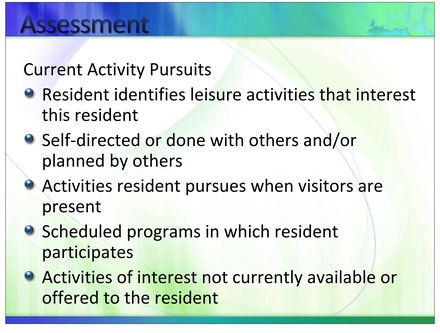
Activity preferences prior to admission

- Passive
- Active
- Outside the home
- Inside the home
- Centered almost entirely on family activities
- Centered almost entirely on non-family activities

Assessment

Activity preferences prior to admission

- Group activities
- Solitary activities
- Involved in community service, volunteer activities
- Athletic
- Non-athletic


Assessment
Current Activity Pursuits
Resident identifies leisure activities that interest this resident
Self-directed or done with others and/or planned by others
Activities resident pursues when visitors are present
Scheduled programs in which resident participates
Activities of interest not currently available or offered to the resident

Assessment

Health Issues that result in reduced activity participation

- Indicators of depression or anxiety
- Use of psychoactive medications
- Functional/mobility or balance problems; physical disability
- Cognitive deficits, including stamina, ability to express self, understand others, make decisions
- Unstable acute/chronic health problem (from record)
- Chronic health conditions, such as incontinence or pain

Assessment

Health Issues that result in reduced activity participation

- Embarrassment or unease due to presence of equipment, such as tubes, oxygen tank, or colostomy bag (from observation, record)
- Receives numerous treatments that limit available time/energy (from record)
- Performs tasks slowly due to reduced energy reserves (observation, record)

Assessment

Environmental or staffing issues that hinder participation

- Physical barriers that prevent the resident from gaining access to the space where the activity is held (observation)
- Need for additional staff responsible for social activities (observation)
- Lack of staff time to involve residents in current activity programs (observation)
- Resident's fragile nature results in feelings of intimidation by staff responsible for the activity (from observation, interviews and record)

Assessment

Unique skills or knowledge the resident has that he or she could pass on to others (from interviews and record)

- Games
- Complex tasks such as knitting, or computer skills
- Topic that might interest others

Assessment

Issues that result in reduced activity participation

- Resident is new to facility or has been in facility long enough to become bored with status quo (from interview, record)
- Psychosocial well-being issues, such as shyness, initiative, and social involvement
- Socially inappropriate behavior
- Indicators of psychosis

Assessment

Issues that result in reduced activity participation

- Feelings of being unwelcome, due to issues such as those already involved in an activity drawing boundaries that are difficult to cross (from observation, interview, record)
- Limited opportunities for resident to get to know others through activities such as shared dining, afternoon refreshments, monthly birthday parties, reminiscence groups (from observation, facility activity calendar)
- Available activities do not correspond to resident's values, attitudes, expectations (from interview, record)
- Long history of unease in joining with others (from interview, record)

Activities Care Planning

- Care planning involves identification of the resident's interests, preferences, and abilities; and any issues, concerns, problems, or needs affecting the resident's involvement/ engagement in activities.
- Is the plan related to activities based upon the goals, interests, and preferences of the resident and reflects the comprehensive assessment.

Care Plan Content

- Includes participation of the resident (if able) or the resident's representative;
- Considers a continuation of life roles, consistent with resident preferences and functional capacity;
- Encourages and supports the development of new interests, hobbies, and skills;
- Identifies activities in the community, if appropriate;
- Includes needed adaptations that address resident conditions and issues affecting activities participation; and
- Identifies how the facility will provide activities to help the resident reach the goal(s) and who is responsible for implementation (e.g., activity staff, CNAs, dietary staff).

Care Plan Goals

Should be based on measurable objectives and focused on desired outcomes (e.g.,

a. engagement in an activity that matches the resident's ability,

b. maintaining attention to the activity for a specified period of time,

c. expressing satisfaction with the activity verbally or non-verbally),

not merely on attendance at a certain number of activities per week.

Care Planning

The care plan should also identify the discipline(s) that will carry out the approaches. For example:

- Notifying residents of preferred activities;
- Transporting residents who need assistance to and from activities (including indoor, outdoor, and outings);
- Providing needed functional assistance (such as toileting and eating assistance); and
- Providing needed supplies or adaptations, such as obtaining and returning audio books, setting up adaptive equipment, etc.

Care Planning

Concepts the facility should have considered in the development of the activities component of the resident's comprehensive care plan include the following, as applicable to the resident:

- A continuation of life roles, consistent with resident preferences and functional capacity (e.g., to continue work or hobbies such as cooking, table setting, repairing small appliances);
- Encouraging and supporting the development of new interests, hobbies, and skills (e.g., training on using the Internet); and
- Connecting with the community, such as places of worship, veterans' groups, volunteer groups, support groups, wellness groups, athletic or educational connections (via outings or invitations to outside groups to visit the facility).

Care Planning, Compliance & Quality Outcomes

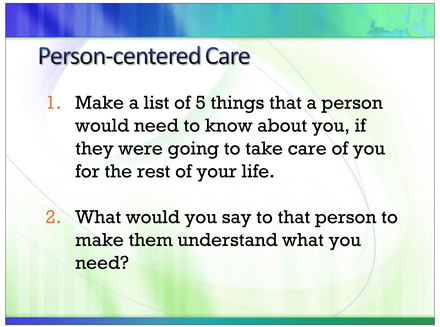
- Is the care plan oriented toward preventing avoidable declines?
- How does the care plan manage risk factors?
- Does the care plan build on resident strengths?
- Does the plan reflect standards of current professional practice?
- Are there measurable goals and treatment outcomes?

Care Planning, Compliance & Quality Outcomes

- Is the resident/representative involved? How? Have wishes been honored? Has sufficient information been given so that an informed choice can be made?
- If resident refuses care, treatment, etc., does the plan reflect alternative means to address the problem?
- Is the Interdisciplinary Care Team expertise used to develop the plan?

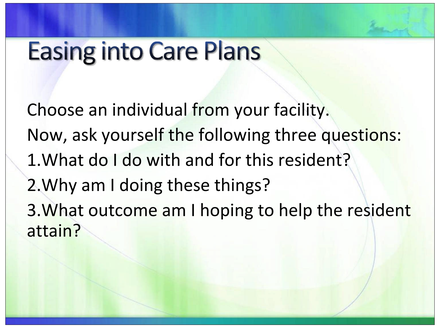
Care Planning, Compliance & Quality Outcomes

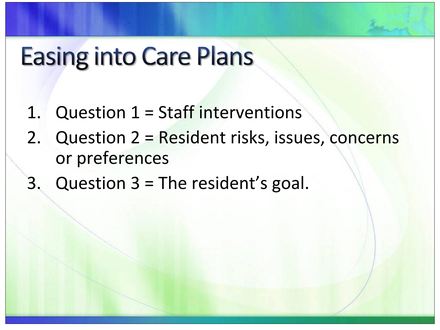
- Are assessment and care planning needs met for new residents prior to MDS completion?
- Are direct-care staff informed and knowledgeable about the care planning goals and interventions? How? What process is used?

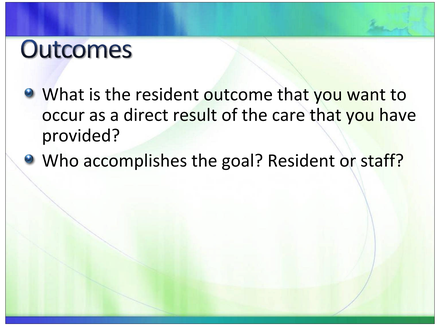

Person-centered Care
1. Make a list of 5 things that a person would need to know about you, if they were going to take care of you for the rest of your life.
2. What would you say to that person to make them understand what you need?

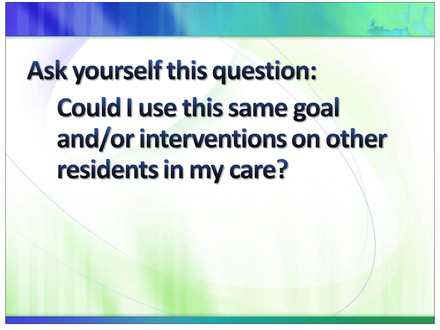
Care Planning

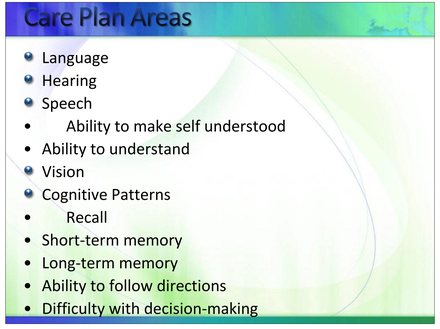
1. Identification of problems, needs, concerns, issues, preferences, strengths
2. Development of goals:
   a. Goal must deal with or address the problem/need that was identified;
   b. Goal must be resident-directed;
   c. Goal must be an observable action task;
   d. Goal must be measurable.
3. Development of interventions/approaches
   a. Must be individualized
   b. Must be specific; consider them specific “assignments” to a staff person

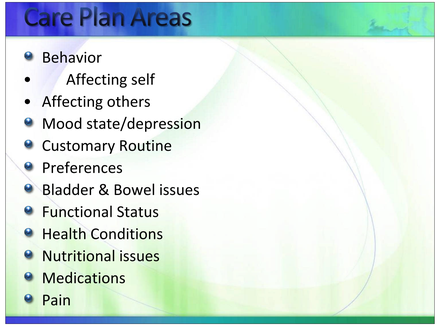

Easing into Care Plans
Choose an individual from your facility.
Now, ask yourself the following three questions:
1.What do I do with and for this resident?
2.Why am I doing these things?
3.What outcome am I hoping to help the resident attain?

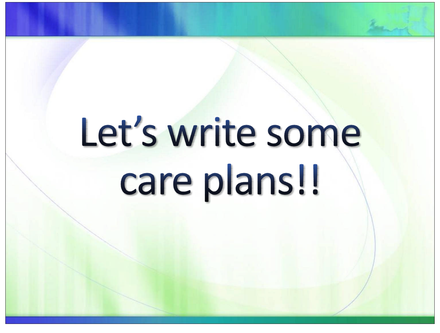

Easing into Care Plans
1. Question 1 = Staff interventions
2. Question 2 = Resident risks, issues, concerns or preferences
3. Question 3 = The resident's goal.


Outcomes
What is the resident outcome that you want to occur as a direct result of the care that you have provided?
Who accomplishes the goal? Resident or staff?


Ask yourself this question:
Could I use this same goal and/or interventions on other residents in my care?


Care Plan Areas
Language
Hearing
Speech
Ability to make self understood
Ability to understand
Vision
Cognitive Patterns
Recall
Short-term memory
Long-term memory
Ability to follow directions
Difficulty with decision-making


Care Plan Areas
Behavior
Affecting self
Affecting others
Mood state/depression
Customary Routine
Preferences
Bladder & Bowel issues
Functional Status
Health Conditions
Nutritional issues
Medications
Pain


Let’s write some
care plans!!

Contact Information

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