# Care Plan Options

Facilities who implemented ECS prior to 2016 have the Nursing Care Plans as their default option available. Around 2016 is when we began to offer an alternate module (referred to as the Person-Centered Care Plan module or PCCP). Either option can assist a facility in creating a care plan that addresses the resident's needs and focuses on an overall person-centered approach. Our PCCP module has a focus on the resident's goals and wants, rather than their medical or health conditions. The Nursing Care Plan module focuses solely on a resident's health conditions. Below, we describe both modules, as well as point out the differences between the two. This video does not educate on how to utilize the module, but rather educates a facility's system supervisor on the difference of the two modules so that a decision regarding which module is to be used can be made.

The shift away from health care goals to patient centered goals started a long time ago, but now patient centered care planning has been mandated in Phase 2 of the Final Rule. Nursing homes are now required to develop a care plan that focuses on the resident's goals for admission and desired outcomes. This requires a much deeper culture change than is apparent at first glance. Patient centered care planning is more than converting the existing care plan into the first person or changing the format of the care plan away from nursing diagnoses and evidence-based goals.

As clinicians, we are used to treating medical conditions; but to be patient centered, you have to learn to ask, "what does the resident want from us," instead of "what can we do for the resident's diabetes/stroke/(fill in the blank)." Patient centered care plans recognize that the resident's goals likely have little to do with medical condition and have everything to do with quality of life.

## Nursing Care Plan Module

The Nursing Care Plan module is focused on all medical conditions of a resident. The topics are broken out to address each CAA from the MDS, as well as address most major health conditions broken out by body system. There is "I" language within each of the below topics that can be shifted up into focus so that the care plan is written from the resident's perspective. Bear in mind that "I" care plans are not the same as person-centered.

### Topics Included

| CAA Topics (1-10) | CAA Topics (11-20) | Others |
|---|---|---|
| Delirium | Falls | Spiritual (Pastoral) |
| Cognitive Loss | Nutritional Status | Grieving |
| Visual Function | Feeding Tubes | Adjusting/Coping (Soc Serv) |
| Communication | Dehydration/Fluid Maint | Guardianship (Soc Serv) |
| ADLs/Basic Care Needs | Dental Care | Knowledge/Teaching |
| Urinary Incontinence/ Catheter | Pressure Injury/Skin | Sexual/Reproductive |
| Psychosocial Well-Being | Psychotropic Med Use | Bleeding/Coagulation (Med) |
| Mood State | Physical Restraints | Self Adm. Meds (Med) |

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|---|---|---|
| Behavioral Symptoms<br>Activities | Return to Community Referral<br>Pain | Infection<br>Hospice<br>Post-Surgery<br>CAD (Circ.)<br>CHF (Circ.)<br>Hypertension (Circ.)<br>PVD (Circ.)<br>Pacemaker (Circ.)<br>Anemia<br>COPD (Resp.)<br>Pneumonia (Resp.)<br>COVID-19 (Resp.)<br>Diabetes (Endocrine)<br>Thyroid (Endocrine)<br>Fracture/Trauma (MuscSkel)<br>Mobility<br>CVA/TIA (Neuro.)<br>Alzheimer's (Neuro.)<br>Parkinson's (Neuro.)<br>Sleep Pattern (Neuro.)<br>Seizures (Neuro.)<br>Renal/UTI (Renal)<br>Dialysis/Kidney (Renal)<br>Bowel Elimination (Digestive)<br>GI Discomfort (Digestive)<br>Swallowing (Digestive) |

## Person Centered Care Plan Module

American Data released the Person-Centered Care Plan (PCCP) templates in 2016 to help facilities create care plans that maximize the resident's physical, mental, and psychosocial wellbeing. This module has 15 care plan templates which focus on fulfilling the resident's wishes and goals, and not on managing their medical conditions.

At American Data, we are frequently asked, "Where do I put the GI care plan" or "The surveyor told us the resident needs a sleep care plan, where does that go?" The answer, simply put, is to ask yourself, how was GI (or sleep, or any other issue) determined to be a problem? What was the impact on the resident, and what, if anything, does the resident want to do that he or she can't? Did he decline activities because he does not want to go in public with a colostomy? This changes the focus from an GI care plan to an activity care plan. Does she want to feel rested, but snaps at people because she isn't sleeping well? Why isn't she sleeping well? This could require a Mental Wellbeing or Pain care plan. The point is that our care plans need to shift the focus away from the resident's condition to their quality of life.

How then, do the resident's medical needs fit in? First, consider that many approaches traditionally listed in medically driven care plans are either standards of care, direct the caregiver to follow the prescribed orders of care, or even worse, repeat orders or protocols word for word. If a medical need (e.g., empty colostomy bag and provide site care) isn't

addressed in the PCCP as an approach, the need can surely be found in the physician orders or nursing orders. The patient-centered care plan is just one part of the Comprehensive Care Plan, which includes, among other things, physician orders.

## Topics Included

- Activities
- Basic Care Needs
- Bladder Management
- Dental Care
- Discharge Plan
- Fluid Management
- Memory & Communication
- Mental Wellbeing
- Mobility Enhancement
- Nutrition
- Pain/Comfort
- Safety
- Skin Care
- Social History
- Visual Function