



A care plan in the nursing home setting, or the ISP (Individual Service Plan) for assisted living communities, is a systematic assessment used to assist in the identification of a resident's problems and strengths, the process of setting of goals through the establishment of activities, programs or interventions, and approach needed to support in the accomplishment of the goals. The process should be designed to appeal to his or her personal interests and to enhance the resident's highest attainable level of physical, mental, and psychosocial well-being. Creating a strong care plan is an essential part of the care and experience for our residents.

MASTERING THE CARE PLAN

- 1 Follow Problem/Needs – Goals:** The care plan is most successful when it is designed through a three step structure. Ideally, it could have three separate columns: The “Problem Description, Concern, Need or Strength”, the “Goal/Objective” and the “Approach/Interventions.”
- 2 Person-centered:** A successful care plan first considers the resident for the individual that they are. The voice of the resident needs to be included as much as possible. If they cannot be included in the process, a family member should be reached and if no one is available, past successes or observations should support the process to personalize the plan.

- 3 Therapeutic & hospitality driven:** In nature, the care plan is a clinical process. When applied, it is most successful when taking into account person centered principles and thinking about customer service. Activities is a people business after all and we all like to be treated well.
- 4 Measurable:** The care plan should include measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. This will help the rest of the team and serve as a benchmark for noted improvements or necessary modifications.
- 5 Interdisciplinary:** The care plan is an all-inclusive process that should be limited by the key departments, but it should also include any person or staff in the role of touching or caring for the resident. The feedback from all members should be evaluated and no major decision or changes should be taken without discussion with the rest of the team.
- 6 Regulations, Policies & Procedures:** The care plan process and its iteration should always comply with the organizations policies and procedure, and states & federal regulations. These vary from one location to another, and from one state to another.
- 7 Coding:** Specifically for the SNF setting, it is important to code. Taking this into account during the care planning process will make coding more efficient and easier when needed.
- 8 Evaluation & Improvement:** A care plan or ISP is a work in progress and should be revised based on feedback from the client (direct or observational, the family or other team members).
- 9 The sky is the limit:** A resident's wishes could be simple, however; they may become more challenging at times. As a professional, it is our duty to assist them in operating at their highest functioning level, and to assist and support them in living the most fulfilling life. A person is a person no matter how old.

Linked Senior has created cue cards and other resources to help you, they're available at [linkedsenior.com](https://www.linkedsenior.com). As always, feel free to contact us if you have any questions or want to learn more!