



Visual Care Planning

Care Planning in a Nursing Home

Upon Admission. When a resident is admitted to a Nursing Home the interdisciplinary team of care givers begins to prepare the resident's plan of care. Information is obtained from a variety of sources including: the resident's admission record, communication with and observation of the resident, and communication with direct care staff, licensed professionals, the resident's physician and family.

The MDS Assessment. After the MDS is completed the interdisciplinary team uses the assessment to help them prepare additional care plans based on both RAP Triggers and responses to MDS questions. For any triggered area the staff determines whether a situation exists that warrants care planning. The care plan is then established to move a resident toward specific goals utilizing interdisciplinary expertise and the resident's strengths.

Implementation. In the implementation phase the plan of care is put into action by staff members who are knowledgeable about the resident's care goals and approaches and who carry out the 'how' and 'why' of resident care.

Evaluation. The care plan goals and interventions are critically reviewed to determine whether the resident has achieved the desired outcome and if they need to be modified to reflect improvements or decline in the resident's status.

The Visual Care Planning Solution

Developed by **Reliable Health Systems, LLC**, the *Visual Care Planning Software* offers an integrated solution that simplifies the creation of customized care plans that address the problems, strengths and needs of each individual resident.

Multiple Care Plan Data-bases.

The care plan data-base included with the software is based on the collection of care plans published by Linda Faber-Czingula. Each care plan is keyed to individual questions of the MDS assessment and can be customized by the facility for its own particular needs.

In addition to the data base included with the software the facility may also add its own data base of care plans. Each care plan can be further customized when it is implemented for a particular resident.

Multiple Selection Criteria. Care plans are selected and created for the resident in one of four ways:

- Care Plans required upon admission.
- Care Plans by Care Plan Category.
- Care Plans based on triggered RAPs.
- Care Plans based on MDS responses.

Creating Care Plans Upon Admission.

Many facilities have a sub-set of care plans that are put into place soon after admission. Depending on the type of admission (Geriatric, Vent, HIV or Dialysis) the system displays a list of applicable care plans. The user selects the appropriate care plans and customizes them based on the strength, needs and problems of the particular resident.

Selecting Care Plans Based on Care Plan Categories.

The system displays all available care plans by category. The user selects the appropriate care plan(s) as appropriate and customizes them for the particular resident.

Selecting Care Plans Based on Triggered RAPs.

The user selects the appropriate resident and the system displays a list of current MDS assessments. The user chooses the appropriate MDS and the system displays the RAPs triggers and the relevant care plans. The user selects the appropriate care plans and customizes them based on the resident's problems, strengths and needs.

Selecting Care Plans Based on MDS responses.

The user specifies the appropriate resident and the system displays the current MDS assessments. The user chooses the appropriate MDS and the system displays a list of suggested care plans. The user selects the appropriate care plans and customizes them for the particular resident.

Viewing and Printing Care Plans.

All care plans contain a description of the problem, goals (including date of onset and where applicable the D/C'd date) and interventions (including the onset date, the relevant disciplines and where applicable the D/C'd date). Care Plans may be viewed on-line or printed and inserted into the medical record. Multiple print formats are available.

Flow sheets. Flow sheets, where applicable, are printed for each discipline. Multiple formats are available.

CCP Review

Language and Platform

The *Visual Care Planning* module is a **Web-based** solution operating within Microsoft Internet Explorer.

Active Server Pages combining HTML, reusable **Active-X** components, **Java** and **Visual Basic** scripting provide a graphical point-and-click user interface.

Select Based on MDS

The data base is Microsoft's **SQL Server** and printing of reports is accomplished with the user-friendly **Crystal Reporting**.

Information

To obtain more information please contact our marketing division or visit our web page at www.ReliableHealth.com.



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Care Plan

Category	MDS	Upon Admission:	PlanType	Source
Cancer	I1p1Y		Long Term	DH
RAFs				
MDS				
Problem				
Risk for excessive weakness and tiredness, weight loss, pain, depression from Cancer.				
Specify type of Cancer: _____				
Goals				
Resident will be able to attend activities daily within the next _____				
Interventions				
Monitor for weakness or tiredness and encourage steps as needed.			Resp. 1	Resp. 2
Administer medication and lab work as ordered, report abnormal results promptly.			Nurse	
Encourage activities of choice.			Nursing	Activities
Report excessive weakness, pain, weight loss, nausea, poor appetite or tiredness to MD.			Nurse	
Encourage 75-100% of diet.			Nursing	
Monitor weight and appetite.			Nursing	
Allow verbalization of feelings and concerns over disease and attempt to resolve concerns.			Nursing	