Care Plan

Prince George Division of Family Practice

1. Preferences

- Advance Directives Eg. MOST
- **Treatment** Agreements
- Vaccination Declined
- **Pharmanet Consents**

4. Patient Resources

Support of family,

Son drives to appoint-

Recovery programs

Eg. Exercise

Home care for

bathing

friends

ment

Habits

Spirituality

Info Disclosure/ Permissions

2. Goals/Targets

- Non-standard Goals Eg. A1C <8
- **CA** Survivorship Eg. Quantitative-Chest xray 1 per yr

5. Planned Actions

- Diet, Exercise, Weight
- **Smoking Cessation**
- Sleep
- Meditation
- Lifestyle discussion

Chronic Pain Plan

Mental Health

Interventions

Assessments

Teaching

Tapering Meds

Eg. Tapering

Eg. CBT goals

Eg. glucose monitoring,

inhaler technique, etc.

Lifestyle discussion

Future Referrals

3. Barriers to Care

- Can't afford meds
- Transportation issues
- Safety concerns/ violence risks
- Low IQ
- Treatment Agreement Adherence (running log)
- Behaviour
- Psvcho social

Uploading to Powerchart

- 1. Go to patient's Care Plan and click "Copy to Clipboard" on the top right. Create a snapshot in the second tab.
- 2. Log into Power Chart.
- 3. Select an appropriate patient encounter. When choosing please consider... **1st priority** – current active inpatient

2nd priority – most recent encounter in local community (Nice to have but not essential -most recent inpatient encounter in local community) **3rd priority** –avoid historical encounter.

- 4. Click on Documents Viewing.
- **5.** Click on Add button (Add+).
- **6.** In the drop down menu, select "Shared Care Plan".
- (or "care plan/advance directive) in Subject. into the blank field.
- - Then paste (ctrl + v) the Care Plan

7. Type "care plan"

6. Auto Populate

(Data "pulled" into the Care Plan if you have entered them in MOIS)

- **Health Conditions**
- Long Term Medications
- Allergies
- Connections
- **Associated Parties** Eg. Emergency Contact
- **Extended benefits**

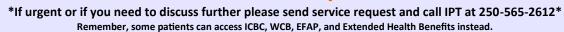
7. Tagging

Patient chart items can be tagged to show on the care plan. Eg. Measures like PHQ9 or **GAD7, Extended Benefits**

from Demographics.

8. <u>Click "Sign".</u> (or the Care Plan will not be viewable by other Users.)

IPT Service Request Guide





- 1. Client demographic info: name, address, phone number, PHN, alternative contact (name, phone, relationship with client)
- 2. Reason for referral/resources needed
- 3. Any known safety concerns/violence risk³
- 4. If known, best times to connect with client, or if a coordinated appointment with clinic is most appropriate
- Priority level

Urgent: 1 day, Semi-Urgent: 1 week, Routine: 2-4 weeks

Please Include your Care Plan, and/or the following in your letter if available:

Mental Health	Social Work	Long Term Case Management	Nursing
Mental Status Exam ⁷	Barriers to accessing resources ³	ADL/IADL	Relevant
PHQ9 ⁷		- Finances ³	assessment
GAD 7 ⁷		- Mobility/Transfers	
Suicidal ideation & plan ⁷		- Frailty (CSHA) ⁷	
		Recent fall history	
		Family support/caregiver burn out ⁴	
		Cognitive assessment (MoCA, MMSE) ⁷	

If home safety: recent fall history, palliative performance scale (PPS), cognitive screen

If acute post-operative orthopedic: type of surgery and date⁷, weight bearing status, post-op precautions/contradictions¹

If wound/pressure injury: location, stage⁷

If chronic pain: consults' Other: relevant assessment