



Plan of Care (POC)

The Plan of Care (POC) in CaseTrakker is used to document problems, goals and interventions relevant to the member. It includes early identification of health risks and care management needs in order to help provide continuity of care in the least restrictive settings for the member.

A **Plan of Care** typically includes:

Disease management interventions and Preventive Strategies

Education and Assistance with Advance Directives, Medications, etc.

Utilization of community programs and other resources

Quarterly/Annual reassessments or changes in a member's condition should trigger a review of that member's entire Member File in CaseTrakker. This includes **updating** and **revising** the **POC** as well as their Medications, Medical History, Immunization/Screenings, Advance Directives, etc. When updating and revising a POC, remember to adjust the **Target Date** and **Goal Outcome** fields accordingly.

There should be at least **1 - 3 Problems, Goals and Interventions** documented for each member correlating directly to the **Barrier(s)** selected in the Plan of Care.

More to come on Barriers next Tuesday.

The screenshot shows the 'Plan of Care' interface for a member named Deborah Paige, DOB: 11/02/1944. The interface is organized into three main columns: Problem, Goal, and Intervention. At the top right, there is a 'Status' dropdown menu set to 'Active'. Below the header, the 'Problem' column contains a 'Problem Status' dropdown set to 'Active' and a 'Problem' dropdown set to 'Lack of Screenings/immunizations'. The 'Goal' column contains a 'Goal Type' dropdown set to 'Short-Term', a 'Goal' dropdown set to 'Member will understand importance and update screenings', a 'Target Date' dropdown set to '7/23/2014', and a 'Goal Outcome' dropdown. The 'Intervention' column contains an 'Intervention Status' dropdown set to 'Identified', an 'Intervention' dropdown set to 'Educate Member on screenings that are needed for their age group and gender', and an 'Assigned To' dropdown set to 'Primary Owner'. At the bottom of each column, there are buttons to 'Add a New Goal' and 'Add a New Intervention'.

Plan of Care for ELIZABETH & CHRISTOPHER
DOB: 11/02/1944 Entered By/On: Deborah Paige - 5/15/2014 8:26:27 AM Status: Active

Problem	Goal	Intervention
Problem Status Active	Goal Type Short-Term	Intervention Status Identified
Problem Lack of Screenings/immunizations	Goal Member will understand importance and update screenings	Intervention Educate Member on screenings that are needed for their age group and gender
	Target Date 7/23/2014	Assigned To Primary Owner
	Goal Outcome	+ Add a New Intervention
	+ Add a New Goal	

Other examples:

Problem Status Closed	Goal Type Long-Term	Intervention Status Initiated
Problem Smoking or Tobacco Use	Goal Member will have access to Smoking Cessation Programs, Education and Support	Intervention Assist Member in contacting or locating local smoking cessation support groups or programs
	Target Date 12/23/2014	Assigned To Primary Owner
	Goal Outcome Not Met - Member Declined	+ Add a New Intervention
	+ Add a New Goal	

Problem Status Closed	Goal Type Long-Term	Intervention Status Closed
Problem Medication Barriers	Goal Education Information	Intervention CM to educate Member about the importance of taking medications consistently and explore potential barriers
	Target Date 5/28/2014	Assigned To Primary Owner
	Goal Outcome Met	+ Add a New Intervention
	+ Add a New Goal	

Problem Status Active	Goal Type Short-Term	Intervention Status Identified
Problem Falls	Goal Prevent falls	Intervention Educate Member/Caregiver medications that put member at higher risk for falls
	Target Date 8/29/2014	Assigned To Primary Owner
	Goal Outcome	Add a New Intervention
Add a New Goal		

Problem Status Active	Goal Type Long-Term	Intervention Status Ongoing
Problem Memory Problems	Goal Remain safely in the current environment (MP)	Intervention Assess for safety issues and adequate supervision
	Target Date 8/12/2014	Assigned To Primary Owner
	Goal Outcome	Add a New Intervention
Add a New Goal		

Problem Status Active	Goal Type Long-Term	Intervention Status Identified
Problem Potential for Caregiver Strain	Goal To help caregiver identify stressors and community support resources	Intervention Discuss level of stress Caregiver is experiencing and impact on their health
	Target Date 7/24/2014	Assigned To Primary Owner
	Goal Outcome	Add a New Intervention
Add a New Goal		

Problem Status Active	Goal Type Long-Term	Intervention Status Identified
Problem Potential Risk for Hospitalization/ Institutionalization	Goal Member will remain in their current environment	Intervention Review disease specific signs and symptoms and the importance of early treatment
	Target Date 7/24/2014	Assigned To Primary Owner
	Goal Outcome	Add a New Intervention
Add a New Goal		

