

GSSC Plan of Care Progress Note

Date/Time of visit:

Observations: (ex. Member alert and oriented x3/forgetful and confused, pleasant calm mood. Appearance: well-groomed/unkept, poor historian, cooperative/uncooperative, etc.). Living conditions and support network. Source of information (ex. member, family member name, etc.).

Member-centered goals addressed:

Goal 1: Member will attend MD appts. timely and obtain all prescribed medications from pharmacy.

- **Health promotion/education provided:** Member has missed several appointments in the past. GSSC educated member to the importance of following doctors' orders, recommendations and encouraged to attend appts. Offered to help translate follow-up instructions and set-up a companion or PCA to escort if needed.
- **Member response:** Member happy with this outcome and states she feels better about going to appt. with assistance.
- **Plan (Please include responsible person, date/time of next planned visit):** GSSC to make reminder and follow-up calls to the member to review post appt. instructions and ensure member has obtained medications from pharmacy if ordered. Set- up an escort to attend next appt. with PCP on 10/8/2019. RNCM notified of members progress towards reaching goals.

Goal 2: Member to weigh self-daily, maintain weight log and have a good understanding of appropriate low salt food choices by target date.

- **Health promotion/education provided:** Education provided to the member to weigh self-daily in am prior to eating breakfast and to call PCP if weight is up 2-3 lbs. in one day. Assisted member to create a log and advised to keep near scale for daily documentation. Also educated to follow a low sodium diet, to avoid high salt foods; canned goods, lunch meats and to season foods with no salt alternatives (Mrs. Dash). Reviewed canned goods currently in home and educated to read food labels, attempt to eat less processed foods.
- **Member response:** Member has placed a scale in her kitchen as a reminder to weigh self-daily and agreed to keep a daily log. Member also agreed to not use shaker salt on foods and will have her daughter purchase Mrs. Dash to try instead of salt. Member reports her daughter will make a few prepared dishes that can be reheated.
- **Plan (Please include responsible person, date/time of next planned visit):** GSSC to contact member weekly to review compliance of weight log and diet. Plan to reinforce teaching member to read food labels. RNCM notified of members progress towards reaching goals.

Goal 3: Member will utilize Personal Emergency Response System appropriately and maintain compliance to recommendations for a safe environment by target date.

- **Health promotion/education provided:** GSSC to evaluate and educate member on in-home fall risk factors (scatter rugs, clutter, poor lighting, need for hand rails, grab bars etc. and benefits of using a PERS.
- **Member response:** Member verbalizes understanding and in agreement to remove scatter rugs, clutter and use a PERS.
- **Plan (Please include responsible person, date/time of next planned visit):** GSSC to set-up heavy chore 4hrs. once to assist with removing clutter and packing up scatter rugs. Set-up PERS and follow-up with the member to ensure device is used appropriately and the member has a good understanding of when to use. RNCM notified of members progress towards reaching goals.

Goal 4: Member's home will be maintained clean, free of odors and clutter by target date.

- **Health promotion/education provided:** GSSC educated member to the THP SCO benefits available to assist with housekeeping.
- **Member response:** Member in agreement with HM services.

- **Plan (Please include responsible person, date/time of next planned visit):** GSSC to set-up HM services 2hrs./week to meet member's needs. Follow-up with the member in one week to ensure services are in place and member is happy with plan. Assess living environment for evidence of cleanliness during each in-home visit.

***Add additional goals as needed**