

Flexing Your Core – Domain 5: Care Planning & Collaborative Practice

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Learning Objectives:

- Identify the importance of determining a person's goals for their care at end of life.
- Identify key elements of anticipatory care planning.

Case Study for anticipatory planning

You are caring for Alex, an 80-year-old man with heart disease that lives with his daughter and her husband, who both work full time, and 3 young grandchildren.

Alex currently receives home support for a shower once a week. The home care nurse visits once a month. He has a family physician who he last saw 6 months ago.

He is tired and recently noticed he gets short of breath walking up the stairs but otherwise feels "OK"

Things to ensure are part of a care plan

- ✓ Dynamic – is it changeable, flexible as needs and goals change?
- ✓ Person-centred – is there a focus on the patient or is the patient at the centre of the care?
- ✓ Proactive
- ✓ Shared – power chart notes, sharing with the care team involved with the patient.

Care Plan [sample](#):

- For an older adult or someone in Long Term Care, family & patient concerns.
- Comorbid conditions; history of depression.
- Frailty; PPS.
- Patient goals, values and preferences.
- Psychological, functional, social & environmental review.

To create an anticipatory care plan:

1. What questions do you want to ask Alex?

- Starting by being patient centered - How is he feeling and functioning? Does he have any concerns or level of understanding of his situation rather than just assuming where he is at.
- Does he need more support from health care workers or family?
- Asking about his mental and emotional state of mind.

- What is important to you and to be able to do?
- Safety concerns - the shortness of breath walking up the stairs.
- How is his wellbeing being on his own during the day?
- Do you have any concerns that maybe I can help you with?

2. Which members of the health care team would you want to bring into the care planning discussion?

- Physician.
- Social worker - the psychosocial aspect.
- Spiritual care team if appropriate.
- Physiotherapist to check his endurance level and strength.

3. What issues do you anticipate could happen for Alex?

- Potential for loss of functioning resulting in increased need for care support.
- He may need hospice care and not be able to remain at home.
- Anxiety

Closing note: Would be helpful to see how other settings lay their care plan templates out.