



Policy Name: <p style="text-align: center;">DEVELOPMENT. IMPLEMENTATION, AND EVALUATION OF THE CARE PLAN</p>	Policy Number: <p style="text-align: center;">0102</p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date: <p style="text-align: center;">MAY 9, 1996</p>
Reason for Revision: Click on item below and select item from list. <p style="text-align: center;">REVIEWED</p> <p style="text-align: center;">Added point 5</p>	Date Revised: <p style="text-align: center;">March 20, 2019</p> Next Date for Review: <p style="text-align: center;">March 20, 2022</p>
Section: <p style="text-align: center;">Section 01 - Delivery of Care to Residents and Families</p>	Page No: <p style="text-align: center;">Page 1 of 2</p>

Policy

The Purpose of this document is for The Salvation Army Agape Hospice to comply with governing authorities for the development, implementation, and evaluation of the Care Plan.

APPLICABILITY

Registered Nurse (RN), Resident Attendant, Allied Health Professionals

POLICY ELEMENTS

1. The RN who admits a Resident to Agapé Hospice will initiate a detailed care plan, on the day of admission, using the “Resident Care Plan” form, based on the initial assessment. The care plan will be completed in collaboration with the Resident and/or Legal Representative whenever possible.
2. The RN is responsible to complete most of the care plan, in collaboration with the RA and Interdisciplinary Team. This reflects a holistic approach to care.
3. The care plan will address the Resident’s physical, mental, emotional, social, intellectual, and spiritual Health Care needs. The goals of care and necessary interventions will be recorded on the care plan.
4. The care plan will be reviewed every shift by the RN in consultation with the Resident Attendant (RA). It is to be updated with any changes or additions to reflect the status of the resident on that day. Both the RN and the RA will sign the back page of the care plan to indicate that this has been done. The care plan will be put in the Report Binder to allow for quick review and easy access by all RNs and RAs.
5. The Care Plan will be updated during interdisciplinary rounds in addition to point 4, and any changes will be communicated to the resident and/or legal representative by a member of the Interdisciplinary Team.
6. The care plan is part of the legal health record, and will be retained in accordance with legislation.



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DEFINITIONS

Care Plan: A written working document developed by the Interdisciplinary Team that includes a resident's assessment, unmet health care needs, related health care goals and interventions.

REFERENCES

Alberta Health. (2018). Continuing Care Health Services Standards Information Guide. July 2018.

REQUIRED FORMS AND EQUIPMENT REFERENCES

Electronic forms location – FORMS
Hardcopy forms location – Work area file cabinet.
Agape Hospice Care Plan