**Appendix 1: Person-Centred Care Plan – Additional Information for use within DCN (Digital Clinical Notes)**

**Introduction**

The [NHSGGC](https://www.nhsggc.scot/downloads/nhsggc-quality-strategy-the-pursuit-of-healthcare-excellence/) Healthcare Quality Strategy – Pursuit of Excellence outlines our commitment to enable people to share their personal preferences, needs and wishes about their care and treatment. This includes what matters to them in their plan of care, care delivery and in our interactions with them and to involve the people who matter to them in a way that they wish.

Well-designed record keeping systems and processes support effective communication between health and social care professionals and people receiving care.

To date, approaches to the development of record keeping (whether paper or digital) across Scotland have been numerous and of variable quality with internal and external assurance reviews frequently recommending the need for a person-centred approach.

**NHSGGC Core Principles for Person-Centred Care Planning**

Following extensive engagement with staff, patients, family and carers who work and use services within NHSGGC a set of core principles for Person-Centred Care Planning have been developed which should be integral when planning every patient's care individually. These are as follows:

**What is the purpose of a person-centred care plan?**

The purpose of a person-centred care plan is to:

* Describe the care, treatment and interventions that a person should receive, to ensure that they get the **right care at the right time**.
* Provide a record of care and **personal needs, actions and responsibilities.**
* Ensure care planned is **based on best practice and best evidence** to ensure quality care.
* Identify **patient and family involvement** in care
* Provide a structured **multi-professional approach** to the plan of care.
* Provide **quantitative and qualitative information** that can be monitored and measured to assess and evidence quality of care
* Provide **factual information** that can be used in defence of a complaint in a legal context.

**Why do we need to use a person-centred approach?**

Being person-centred is about focusing care on the needs of individual. Ensure that people's preferences, needs and values guide clinical decisions, and provide care that is respectful of and responsive to them. This results in more effective care with better outcomes and experience for people and will improve safety.

Person-Centred Care at its heart means asking, listening and doing what matters to people receiving care, and those who matter to them.

Person-Centred Care will look different for different people and may mean that care is provided in different ways.

This person-centred approach can help in several ways. First and foremost, it can help to establish a relationship, but it also helps you to understand more about the person and the things that are most important to them. With this insight you will be in a better place to work with them to find the best way forward.

**When writing a care plan what principles should be included to make it personalised to the individual?**

* Listen to understand what matters to the individual in the context of their illness or treatment
* Ask who matters and how they wish them to be involved in decision making about their plan of care and provision of care
* Include the preferred approach, tools and resources to support their communication and information needs
* Set realistic aims and goals which are achievable across the whole episode of care
* Reflective of a structured multi-professional approach to the plan of care

**Is there a process that I should follow?**

The order of the individual care dimensions within the Person-Centred Care Plan are structured to follow a logical sequence:

* Breathing, Circulation and Neurological
* Communication and Senses
* Cognitive Status
* Infection Control
* Hydration and Nutrition
* Mobility and Safe Environment
* Personal Hygiene and Oral Health
* Skin and Wound
* Elimination Needs
* Pain Relief
* Sleep and Rest
* Emotional and Well-being

**Is there a systematic approach I should follow to complete the care plan dimensions?**

The Nursing process is a systematic, rational method of planning and providing individualised nursing care.

There are then four main stages to care planning which should be followed systematic in this order:

* Assessment
* Planning
* Implementation
* Evaluation

Although there are four stages, they are not separate, each one overlaps with the other and can be reassessed on an ongoing basis

**What is the purpose of assessment?**

Assessment is an ongoing process. Patient’s care needs should be assessed every time there is a change in their condition, either an improvement or deterioration. All assessment information does not need to be obtained immediately on admission. Often patients are in an anxious state on admission to hospital or are clinically unstable where the priority is to stabilise them and manage their immediate healthcare need. Full assessment of care needs should be made within the first 24 hours after admission.

***In DCN, assessment information is pulled through from previously completed admission documentation to the ongoing Care plan for continuous review.***

**What is the purpose and objective of planning care?**

Care should be planned according to the nature of the care needs identified from assessment, taking account of what matters to them and their individual needs. Realistic, clear, concise and measurable goals, which are based on individual needs and preferences, should be set for patients to achieve and be reviewed daily.

***In DCN, goal planning within the Care Plan~~,~~ is demonstrated by selecting the appropriate goals for the individualised care needs of the patient.***

**How do I set and achieve realistic goals for a patient?**

**What is the purpose of implementation?**

Implementation is where evidence based and best practice interventions are selected to help meet the goals and outcomes that have been planned.

Interventions selected should be based on the unique care needs of the individual taking account of what matters to them. Where a patient does not require any active nursing interventions, it is important that maintaining their own self care needs is encouraged and recorded as such by selecting the appropriate intervention.

***In DCN, Implementation of the nursing process is demonstrated by selecting the appropriate interventions in the Care Plan to meet the planned goals. Additional free-text interventions are available for each dimension of care.***

**What is the purpose of Evaluation?**

All care planned and implemented must have an evaluated outcome. Care provided should be evaluated routinely a minimum of two times per day and this should be outcome focused.

There may be times when we are unable to achieve the goals planned within the timeframe expected. In this case we should

Refine the assessment information to ensure accuracy of the care need. Review the goals to assess if these are still correct and realistic. Consider adapting or adopting different interventions. Finally, explore if additional multidisciplinary and family involvement would be beneficial.

***In DCN, the Evaluation stage of the nursing process is demonstrated by documenting within the Care Plan a short factual summary evaluating the effectiveness and outcome of the planned goals and interventions. For example: Has the care need improved? Has the care need deteriorated?***

**How often should I evaluate care provided to a patient?**

**What should I do if the planned goals are not achieved in the** **timeframe expected?**

The following actions should be considered:

* Refine the assessment information to ensure accuracy of the care need and what matters to the individual
* Review the goal(s) to assess if these are still correct and realistic for the individual to achieve or have these been inappropriately selected or need to change
* Consider adapting or adopting different interventions as an alternative approach or discuss stopping intervention(s)
* Explore if additional multidisciplinary and family involvement would be beneficial

**Resources:**

[EPIC NES](http://www.knowledge.scot.nhs.uk/media/6525401/core%20principles.pdf)

[TURAS Learning resource](https://learn.nes.nhs.scot/)