



Wooster Community Hospital Community Care Network Plan of Care

Patient Name: _____

DOB: _____

Patient Goal: _____

Health Coach: _____

Date Enrolled in CCN: _____

Clinical Goal	Action Steps	Date	HC	RN/LPN	Comments
Addressing driving diagnosis					
Secondary diagnosis Goal:					
<input type="checkbox"/> Medication management Goal:	<input type="checkbox"/> Facilitate prescription filling <input type="checkbox"/> Assess knowledge of meds <input type="checkbox"/> Fill pill box as needed <input type="checkbox"/> Teach high risk meds <input type="checkbox"/> Enforce med teaching – use teach back method <input type="checkbox"/> Med reconciliation following Dr. visits <input type="checkbox"/> Med coordination among providers <input type="checkbox"/> Medminder box placed <input type="checkbox"/> Reinforce med regimen				
<input type="checkbox"/> Nutrition needs Goal:	<input type="checkbox"/> Nutrition counseling <input type="checkbox"/> Meal on Wheels <input type="checkbox"/> Food stamps <input type="checkbox"/> Food bank <input type="checkbox"/> Initiate food log <input type="checkbox"/> Watch for dehydration <input type="checkbox"/> Review NA and sugar intake <input type="checkbox"/> Review total caloric intake <input type="checkbox"/> Monitor weight				

<input type="checkbox"/> Durable Medical Equipment Goal:	<input type="checkbox"/> Safety assessment <input type="checkbox"/> Durable medical equip needs identified <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> Smoking Goal:	<input type="checkbox"/> Referral to Smoking Cessation <input type="checkbox"/> Received referral from physician <input type="checkbox"/> Discuss risk of smoking <input type="checkbox"/> Discuss non-smoking aides <input type="checkbox"/> Create a monitoring tool to show progress towards goal <input type="checkbox"/> Create healthy environment <input type="checkbox"/> Cleaning/painting, if needed <input type="checkbox"/> Create diversion tools for client to use when urge occurs				
<input type="checkbox"/> Coordination of ongoing care Goal:	<input type="checkbox"/> Home Health coordination <input type="checkbox"/> Coordination with PT/OT <input type="checkbox"/> Coordination with Passport <input type="checkbox"/> Coordination with patient's family <input type="checkbox"/> Other _____				
Behavioral Health Goals	Action Steps	Date			Comments
<input type="checkbox"/> Depression/ anxiety addressed Goal:	<input type="checkbox"/> Referral to counseling <input type="checkbox"/> Referral/coordination with psychiatry <input type="checkbox"/> Referral to other resources, as needed <input type="checkbox"/> Mini mental test score: _____ <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> Substance dependency addressed Goal:	<input type="checkbox"/> Resources to stop smoking provided to patient <input type="checkbox"/> Referral counseling <input type="checkbox"/> Referral to other resources, as needed _____				

<input type="checkbox"/> Pain addressed Goal:	<input type="checkbox"/> Patient provided tool to track symptoms and pain med intake <input type="checkbox"/> Pain specialty appointment, as needed _____ <input type="checkbox"/> Other _____				
<input type="checkbox"/> Reliable/safe housing Goal:	<input type="checkbox"/> Assess housing needs <input type="checkbox"/> Assess housing safety <input type="checkbox"/> Assess cleanliness/decrease risk of infection <input type="checkbox"/> Other _____				
<input type="checkbox"/> Legal Paperwork/ State IDs completed, as necessary Goal:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> Adequate financial support Goal:	<input type="checkbox"/> Determine eligibility for entitlements <input type="checkbox"/> Accompany patient to Social Services to complete applications <input type="checkbox"/> Patient scheduled with Patient Navigator <input type="checkbox"/> Coach patient on discussing paperwork with physician, if necessary <input type="checkbox"/> Coach patient on seeking work placement, if appropriate <input type="checkbox"/> Assisting on application for medication assistance <input type="checkbox"/> Assist patient on getting to food bank, as needed <input type="checkbox"/> Check about Utilities programs <input type="checkbox"/> Other _____				

<input type="checkbox"/> Financial management Goal:	<input type="checkbox"/> Ask patient their comfort in creating a monthly budget <input type="checkbox"/> Assess income, monthly bills, costs <input type="checkbox"/> Coach patient to create in the context of his/her priorities <input type="checkbox"/> Coach patient on how to communicate with physician about affordability of meds <input type="checkbox"/> Meet with the Patient Navigator <input type="checkbox"/> Other _____				
<input type="checkbox"/> Reliable transportation to provider appointments Goal:	<input type="checkbox"/> Assess insurance to determine transportation options <input type="checkbox"/> Complete applications/phone calls for transportation service <input type="checkbox"/> Coach patient on how to use transportation services <input type="checkbox"/> Skill complete when patient uses service successfully. <input type="checkbox"/> Other _____				
<input type="checkbox"/> Patient displays effective communication with his/her provider Goal:	<input type="checkbox"/> Assess how comfortable patient is discussion health concerns with provider <input type="checkbox"/> Coach patient on making a list of questions for provider <input type="checkbox"/> Coach patient on how to ask questions and listen to answers <input type="checkbox"/> Coach patients on bringing meds with them to provider appointments <input type="checkbox"/> Other _____				