

NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Effective Use of Behavioral Care Plans

Jennifer Magnani, LICSW

Presentation prepared by: Jennifer Magnani

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What is a Behavioral Care Plan?



What is a Care Plan?

- Historically has referred to a plan of care that is developed with the patient around care goals & needs
- Typically includes things like "check blood sugar 3x daily" or "attend 2 psychiatric appointments in the next 6 months"
- Usually done as part of a program or legal requirement, and are renewed on a fixed time schedule



What is a Behavioral Care Plan?

- Behavioral Care Plans are developed primarily to help staff manage the patient while he/she is receiving care
- By doing so, they also help the patient get optimal care in a more seamless way



Behavioral Care Plans

- Designed to both keep staff and visitors safe, and to streamline pt experience
- Designed to optimize pt care
- Pt is aware of the care plan when feasible. Pt does not assist in its design
- Revised when clinically or behaviorally indicated, and not on a fixed schedule
- Should be subject to periodic review to make sure the plan is still needed, and that no changes need to be made



Why Do We Need Behavioral Care Plans?



Why Care Plans?

- Hospitals & Clinics are accessible, open environments
- High stress circumstances
- Wide range of clientele
- Prolonged waiting times, overcrowding
- Gaps in clear communication
- Patients feel vulnerable and distressed



Why Care Plans?

- Fear of unknown
- Patients can feel powerless
- May feel intimidated by the medical system
- Patients dealing with acute and chronic pain are often less tolerant of the needs of others
- Alcohol and drug impairment decreases impulse control, combined with any of the above



Uses for Behavioral Care Plans

Patients with active behavioral issues

- Loud, verbally aggressive behavior
- Taking a threatening stance
- History of carrying weapons
- History of making other visitors uncomfortable (soliciting money, aggressive flirting, etc)
- Chronically high/intoxicated
- Head trauma (impulse control issues)



Uses for Behavioral Care Plans

Patients who need "special handling"

- Often needed for patients will severe mental illness
 - Pt has paranoid schizophrenia & can't tolerate being in a crowded wait room
 - Pt with mental illness who can't tolerate waiting
- Patient prefers female clinicians
- Patient overuses the wait room or treatment area
- Patient uses the wait room as a day rest center
- Patients who have a difficult time engaging



Behavioral Care Plans at Madison Clinic

- Out of our 2500 patients, only 90 have a care plan. We have only barred 2 clients from care permanently
- Social Workers write & distribute all care plans
- Care Plans are reviewed & signed off on by PCP, front desk, pharmacy, and nursing



Behavioral Care Plan Levels

- Care Plan—"special handling" patients
- STAR Plan—history of aggressive or threatening behavior
- YIPES Plan—history of violence in clinic, history of carrying weapons



Care Plan Construction



Care Plan Format

Patient Care Plan

- 1) Issue
- 2) Key Health Concerns
- 3) Professionals Involved in Patient Care including Professionals outside the Medical Center
- 4) Action Needed/Suggested



Key Components

- Needs to be written down
- Must be legal & ethical
- HIPAA compliant
- Attainable
- Keeps patient/staff safety at the forefront
- Involve medical team
- When appropriate, have patient buy-in
- Must be adhered to by all staff, 100% of the time



Pitfalls to Avoid

- Using a care plan as a "punishment" for a client with whom you are having a conflict or don't like
- Using hearsay to inform the plan
- Using other patient names in the care plan (challenging not to do when the parties have a history of interpersonal violence)
- Ignoring cultural/diversity issues when reviewing the need for and/or design of a care plan



Pitfalls to Avoid

- Expecting too much from the patient who is either mentally ill or chronically high/intoxicated
- Trying to bar visitors who have no history of violence/ criminal activity in your healthcare setting
- Writing too much once staff get used to using care plans, you won't feel as compelled to explain every little thing
- Having too many care plans; staff tend to stop paying attention to them if they are overused



Care Plan Example: "special handling" patient

Bruce is a middle-aged male with a history of mental health issues and a long history of legal issues, including assault, drug charges and armed robbery

- Has remote history of threatening staff on a Harborview psych unit, but this was over 10 years ago
- Can be loud & disruptive when he feels his needs aren't being met, but tends to walk out of clinic rather than continue to argue
- Comes in weekly for wound care



"Bruce," continued

ACTION PLAN

- Be clear, concise and consistent about limits and expectations
- Avoid an audience if possible; patient tends to be less agitated when he is not around multiple people
- Patient responds best to being given options for his care, even when the options appear quite limited
- Page case manager, Jennifer, at pager 555-555 if any issues arise



Care Plan Example—"special handling" patient

Steven is a male in his 20's with paranoid schizophrenia; well known to the clinic, but has never had a reason for a care plan

- Patient found on multiple occasions to be using staff computers in public areas to surf the internet, sometimes for porn
- Patient coming into clinic quite often with no clinical reason to be there. He is homeless, living in a shelter



"Steven," continued

ACTION PLAN:

- Patient must have a clinical reason to be in clinic; if he is observed in the lobby for longer periods of time, please page case manager to assess patient's needs for the day
- If patient is observed using a computer, please remind him they are for staff only and not for patient use; he is banned from using other computers in the hospital due to misuse, so please remind him he can access computers at his local library
- Please alert his case manager, Jennifer of urgent issues, pager 555-5555



Care Plan Example—Some Risk of Violence

Debbie is a middle aged female who has been a pt for years

- Has an ongoing drug addiction issues that results in very erratic presentation
- Care plan developed when pt got angry when meeting with social work & threw a book into the lobby. No one was injured, but a STAR plan was developed
- Pt also wandered back into the clinic treatment area that same week, ostensibly to look for a specific staff member



"Debbie," continued

ACTION PLAN

- Wait times for patient should be kept to a minimum when possible
- If patient needs to wait to be seen, staff should provide a clear indication of when patient is expected to be seen
- Patient benefits from clear limit setting in a calm, firm manner
- Patient is not allowed in the back of the clinic unless escorted by a staff member; if patient does not comply, contact Security
- If patient's behavior escalates, page case manager, Jennifer at pager 555-5555 and/or Security



Care Plan Example—High Risk of Violence

Ralph is a middle-aged male who recently was released from prison for assault; known to the clinic before this prison stay

- Pt previously had a STAR plan as a he had a history of stealing from the lobby
- SW met w/ pt for a routine check in, and pt informed his SW that he had a gun on him & was going to kill himself in the lobby
- Full security/police response; no gun found; YIPES plan developed



"Ralph," continued

ACTION PLAN

- Prior to checking in, patient must first present to HMC Emergency Dept Security to be searched for weapons; patient must present a signed & dated card from Security in order to receive care
- Patient should immediately be escorted back to exam room upon arrival; patient has no history of assault but if he has drugs or alcohol on board, he is disinhibited; patient has assumed threatening stance with staff and behavior is unpredictable



"Ralph," continued

ACTION PLAN

- If Security removes patient from clinic and he returns soon thereafter, security will be called again, patient will be arrested for criminal trespass and this care plan will be revised
- Patient has limited reading skills and needs help with forms, reading and can get frustrated by this; he does not like to acknowledge that he needs help



Questions?

