

## I-Centered Care Plans

Converting the language of a care plan from the third person (Resident will/will not ....) to the first person (I will...) is a powerful way to operationalize a Center's commitment to person-centered care. In an I-Centered care plan, the focus is the resident need that requires help from the care giving team, rather than the problem that the resident presents the team.

For example, a resident who has fallen three times in the past month in her room will trigger for falls and the Center is required to address her risks in the care plan. Staff learned that one time the walker tips fell off, and the other times she was not using her walker because it had been moved and was not within reach. An I-Centered care plan helps us bypass looking at the resident as a "problem" and builds on the resident's strengths, preferences and participation.

	<b>Traditional, 3<sup>rd</sup> Person -</b>	<b>I-Centered, 1<sup>st</sup> Person</b>
Focus Area	Resident is at risk for falls	I like to move around my room on my own.
Goal	Resident has no falls in the next 90 days	I move around my room and use the bathroom safely on my own every day until we review this next quarter or there is a change.
Approach	<ul style="list-style-type: none"> <li>• Remind resident to ask for help</li> <li>• Check rubber feet on walker q shift</li> <li>• Visual check q hr on falls rounds</li> </ul>	<ul style="list-style-type: none"> <li>• I am more confident about my balance when I use my walker; please make sure it is within my reach and safe to use. Please make sure the rubber feet on my walker are positioned properly</li> <li>• Check on me every few hours; be sure to ask me if I have everything I need and if I have been able to get around my own</li> </ul>

With traditional care plans, residents and family can feel excluded because they don't understand the clinical terms, the abbreviations and the regulatory requirements. The purpose of using I-Centered Care Plans is to encourage resident and family participation in shaping and implementing the care plan and to reinforce clinician focus on the person rather than the task.

Changing to an I-Centered format is not an end in itself. It is an outgrowth of the nursing home's commitment to see care from the resident's point of view – enhancing dignity and building on strengths. Consider starting with "Get to Know Me" presentations so that staff can build comfort levels with writing from the resident's perspective.

It is not necessary to write care and treatment goals in the resident's voice unless the resident has something clear to say about how the treatment is provided. You can also add the resident's voice to the clinician's approaches to provide a complete picture. When considering what voice to use, you can ask: Is this important TO the resident? (use the resident's voice) or Is this important FOR the resident? (use the clinician's voice). If you answer 'yes' to both, then the resident's voice can easily be used.