Goal Directed Care Planning
Setting up for success in Aged Care

Kate Pascale and Associates
Supporting Proactive and Informed Change
GDCP is a core component of a person centred approach

**Policy & Quality standards:**
- Australian Charter of Healthcare Rights
- Victorian Service Coordination Framework
- **Home Care Packages**/CDC: HCP Program Guidelines
- **HACC:** Common Community Care Standards
- **Commonwealth Home Support Programme:** Draft CHSP Manual
- **Residential Care:** Residential Care Manual
- **Disability:** DHS Standards Policy, NDIA, Services Connect, ISP Guidelines
- **Primary Care:** GP Management Plans / GP MH Treatment Plans
- **Mental Health:** National Standards & Victorian Priorities for MH Reform
- **AOD:** Reducing the A&D Toll & Adult AOD Screening & Assessment Instrument
- **Homelessness:** Victorian Homeless Action Plan, ‘Which way home’
- Accreditation systems (e.g. EQuIP, QIC, ACHS)

Evidence demonstrates that effective GDCP can enhance client’s engagement, satisfaction and outcomes!
What do older people want from Aged Care Services?

- To be asked what I want and what I need
- For staff to listen to what’s important to me
- To feel like a person, not a number or a ‘disease’
- For services to be personalised to match my needs
- Not to have to re-tell my story over and over again
- Information and advice to help me understand my options and make good choices
- Information to be written for me, so that I can understand and use it
- Someone to call if I have questions or need more information

GDCP is how we demonstrate this.
What is a GDCP?

A tool for the CLIENT

Provides a **brief overview** of the client’s current situation; their goals and how you will work together, to achieve those goals.

**Opportunity to:**

- Develop a shared understanding of the client and carer’s goals and priorities
- Clarify roles and responsibilities and reinforce shared accountability / client autonomy
- Provide clients and carers with useful written information
- Provide framework for ongoing monitoring & review.
Are you set up for success?

To embed GDCP effectively and efficiently you need the tools, systems and supports in place to make it work!

1. Whole team approach
2. Appropriate and easy to use template/s
3. Supportive Policies and Procedures
4. Skilled and empowered staff
5. Effective and efficient feedback loops

Refer to ‘Organisational Systems Checklist’ in Chapter 4 of the GDCP toolkit
Making it work

**Most practice staff are experienced care planners, but GDCP requires a new approach**

- Establishing clear expectations
- Strength based assessment
- Person centred goal setting
- Ongoing monitoring and use of the care plan to guide and inform service delivery
Key Challenges for staff

*Understanding why we’re doing this*

- Separating language of goal setting from practice
- Making it meaningful

*Conversation skills:*

- Introducing GDCP
- Actively engaging clients and carers in the GDCP process

*Documentation:*

- Client as key audience
- Strengths based
- Meaningful language
Manager responsibilities

• Ensuring a shared **team approach** and a commitment to **ongoing learning** and collaboration

• **Empowering staff** to use their professional judgement

• Assessment and Care planning **documents** that are simple, streamlined and support your approach

• Opportunities for **ongoing training**, practice review and discussion with others

• Supportive organisational **systems, policies** and procedures
## Goal Directed Care Planning Template

### WHAT DO YOU WANT TO ACHIEVE BY WORKING TOGETHER?

<table>
<thead>
<tr>
<th>CURRENT SITUATION</th>
<th>GOAL</th>
<th>ACTIONS</th>
<th>PERSON RESPONSIBLE</th>
<th>TIMEFRAME</th>
<th>COMPLETED</th>
<th>OUTCOMES</th>
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### Care plan provided to:

- **Client**: Yes / No
- **Family / Carer**: Yes / No
- **Other Staff**: Yes / No
- **Other Services**: Yes / No

**Client Consent**: Yes / No

**Client Acknowledgement**: I understand and agree to this care plan

**Client**: and/or **Carer**: 
Goal Directed Care Planning Template - Option 2

Name:
Date care plan developed:
People involved:

This care plan provides a summary of how we will work together to support you achieve your goals. As we continue working together, we will use your care plan to track our progress and review whether we are meeting your needs.

If you have any questions or require more information about this care plan, please contact:

Name and Role:
Organisation:
Contact Number:

Current Situation

What's Important to you

Client Acknowledgement:
I have been involved in developing this care plan and agree that it provides a summary of how we will work together.
Client Signature:  
and/or Caretaker Signature:
Date for review:

A copy of this care plan has been provided to:

<table>
<thead>
<tr>
<th>Role</th>
<th>Names</th>
<th>Client Consent: Yes / No</th>
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<tbody>
<tr>
<td>Family / Carer</td>
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What do you want to achieve by working together?
Evaluating your practice

GDCP Toolkit includes an evaluation framework and audit tools for:

- GDCP templates
- Completed care plans
- Organisational systems
Thank you

GDCP Toolkit and associated resources are available electronically at:


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