

Instructions for use and completion of

The Written Plan of Care for the Provision of Health Maintenance Activities:

PURPOSE: To ensure a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with signed orders specifically for that individual written by the following:

- Physician (MD)
- Advanced Practice Registered Nurse (NP)
- Physician's Assistant (PA)

WHEN/HOW TO USE:

- The Written Plan of Care must be completed for each Resident requiring Proxy Caregiver services **AND** must be **updated annually**.

DIRECTIONS FOR COMPLETION OF THE WRITTEN PLAN OF CARE (POC):

The Written Plan of Care is completed and signed by the licensed healthcare professional (LHP) responsible for completing the training and evaluation of skills competency checklists as required by Chapter 111-8-100 Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

A LHP includes a Registered Nurse, Nurse Practitioner, Physician's Assistant, Physician, Pharmacist, Physical, Speech and Occupational Therapists who are functioning within their scopes of licensed practice. NOTE: LPNs are not approved to train Proxy Caregivers and/or sign the Written Plan of Care.

1. Document all information regarding resident name, date of birth, allergies, pertinent diagnosis, diet/restrictions, and disability.
2. Select the type of Health Maintenance Activity (HMA) which will be authorized by the Written Plan of Care
3. HMA(s) Authorized by the Written Plan of Care:
 - Document the specific HMA(s) ordered by the MD, NP or PA indicating the frequency and duration of services
 - For medication administration, attach the current Medication Administration Record (MAR) at the time the POC is written and signed
 - If the HMA is not medication administration, attach the individualized Detailed Care Protocol for the specific HMA to be performed for the Resident
4. Print and sign your name and write in the date the Written Plan of Care is established or renewed

Required Training:

There must be a separate Skills Competency Checklist for each Health Maintenance Activity (HMA) that the Proxy Caregiver (PCG) provides.

- If the HMA does not have an established Training Curriculum and Skills Competency Checklist determined by the Georgia Department of Community Health, the LHP must create a Training Curriculum and Skills Competency Checklist in accordance with accepted standards of care.
- The Training Curriculum must include the components listed in 111-8-100-.05 (1) (a-g) of the Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

NOTE: Medication Administration training and evaluation must be in accordance with the medication administration training curriculum established by the Georgia Department of Community Health along with satisfactory completion of the appropriate Medication Administration Competency Skills Checklist(s)

Prohibited Activities that may NOT be included on the Written Plan of Care:

Proxy Caregivers are **prohibited** from:

- Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication, breaking a scored tablet, crushing a tablet or adding water or other liquid to laxatives and nutritional supplements when such substance preparations are being done in accordance with a specific written prescription;
- Preparing syringes for intravenous injection or the administration of medications intravenously;
- Administering any intravenous medications and the first dose of any subcutaneous or intramuscular injection;
- **Interpreting a "PRN" (as needed) medication order when the order DOES NOT:** 1) identify the resident behaviors/symptoms which would trigger the need for the medication; 2) identify the appropriate dose and spacing between doses, and; 3) is not specifically authorized on the written plan of care;
- Irrigating or debriding agents used in the treatment of skin conditions;
- Performing COMPLEX WOUND CARE as defined in the Rules and Regulations 111-8-100
- Assisting in the administration of sample or over the counter medications where there is no written doctor's order providing amount and dosing instructions;
- Assisting in the administration of any medication to a client without appropriate evidence of a written order signed by an appropriately licensed healthcare professional; and
- Performing any health maintenance activities where the licensed health care professional has determined that either the care required no longer meets the definition of health maintenance activities or the proxy caregiver has not demonstrated the knowledge and skill necessary to perform the HMA(s) safely.

WRITTEN PLAN OF CARE (POC) FOR THE PROVISION OF HEALTH MAINTENANCE ACTIVITIES

Resident _____ and/or their legally authorized representative, has chosen to use Proxy Caregivers to provide the Health Maintenance Activities ordered below. The resident and/or their legally authorized representative have signed an **Informed Consent** that includes the definitions below:

Proxy Caregiver (PCG):

An unlicensed person or a licensed health care facility that has been selected by a disabled individual or a person legally authorized to act on behalf of such individual to serve as such individual's proxy caregiver, provided that such person shall receive training and shall demonstrate the necessary knowledge and skills to perform documented health maintenance activities, including identified specialized procedures for such individual.

Health Maintenance Activities (HMA):

- Those limited activities that but for a disability, a person could reasonably be expected to do for himself or herself after being taught by a licensed health care professional
- Do not include complex directions and do not require complex care, observations or critical decisions
- Can be safely performed, have reasonably precise, unchanging directions and have outcomes or results that are reasonably predictable

Resident Name: _____ **DOB:** _____ **Allergies:** _____

Pertinent Diagnoses: _____ **Diet/Restrictions:** _____

Disability:

Vision/Legally Blind Hearing Dysphagia Memory/Cognitive Impairment Dyspnea with Minimal Exertion Contracture
 Intellectual or Developmental Disability (IDD) Other _____

Health Maintenance Activity (HMA):

Medication Administration Ostomy Care Foley Catheter Care Other: _____

HMA(s) authorized including frequency and duration of services: (Attach MAR, and/or Detailed Care Protocol etc.)

Required Training:

- **Initial** Proxy Caregiver (PCG) training for medication administration will include Georgia Department of Community Health approved curriculum and satisfactory completion of the appropriate Medication Administration Competency Skills Checklists prior to the Proxy Caregiver performing medication administration independently.
- **Initial** PCG training and satisfactory completion of appropriate Skills Competency Checklists for *non-medication HMAs* prior to performing the HMA independently.
- **Training and re-evaluation** of skills and knowledge for Proxy Caregivers to perform the HMA independently must be completed at least **annually** by a licensed healthcare professional and more often if indicated by significant changes in Resident Condition.
- Where a **new medication** is ordered the facility must contact a LHP to ensure that no additional training is required prior to the PCG providing assistance with the **new medication**. The date, time, and the outcome of the contact with the LHP must documented in the individual's record.

NOTE: Document on the *Documentation of Contact with a LHP Regarding New Medications form*. Complete one form per each Resident.

Licensed Healthcare Professional Printed Name:	Licensed Healthcare Professional Signature:	Date POC Established or Renewed:
Licensed Facility Representative Printed Name:	Licensed Facility Representative Signature:	Date Signed:

Documentation of Contacts with a Licensed Healthcare Professional (LHP) Regarding New Medications

Where a new medication is ordered, the facility must contact a Licensed Healthcare Professional (LHP) to ensure that no additional training is required prior to the Proxy Caregiver (PCG) providing assistance with the new medication. The date, time and the outcome of the contact with the LHP must be documented in the individual’s record. (NOTE: Complete one form per each Resident)

Date	Resident Name	New Medication Name	Name of LHP	Additional Training Required		Facility Representative Name Print/Sign
				YES	NO	

Where additional training is required prior to the PCG providing assistance, such training will be provided and documented by a LHP.