



Washington State Health Homes

Care Coordinators Webinar

Goal Setting and Action Planning

February 12, 2015



The Health Action Plan (HAP) establishes:

Client and Care Coordinator prioritized action items

Client identified goals (Long Term and Short Term)

Goal Outcome status

Action Steps



Each client is in charge of their

- Own health;
- Action plans; and
- Whether or not they make lifestyle changes.

Most people desire better health and quality of life

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Coaching and the HAP

- Use your coaching and Motivational Interviewing Training and professional skills to guide the individual to:
 - *Appropriate choices*
 - *Attainable goals*
 - *Action steps*
 - *Improved health*

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Key Skills for health action planning include:

- Active and reflective listening
- Guiding; not directing
- Gain understanding of individual's values and priorities
- Helping each individual identify strengths, abilities and successes
- Collaborate to improve self-efficacy and capacity

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Key Skills for health action planning include:

- Helping the individual start to engage in their health and healthcare by taking an active role in the process
- Demonstrate positive belief in the individual's ability to accomplish the Patient Activation Measure Level-appropriate goals and action steps
- Emphasize stress management and coping skills

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Emphasize Problem Solving

Care Coordination requires solving problems!

Adults learn best by “doing” rather than through reading materials or hearing information.

Working through a problem with a coach increases and enhances retention.



Help the client identify long term and short term goals

Tell me about your health concerns?

Which concerns are having the biggest impact on your life?

Which concerns do you feel you are managing well?

What would you like to do to improve your health?

Explore possible solutions

Ask the client to review possible solutions, but not make a decision just yet ...

Ask the client to identify possible solutions; “do you have any ideas on how you could solve this problem?”

Ask the client if they would like you to share your thoughts and/or provide ideas using Health Home resources.

Ask the client if they would like you to provide additional health education information; if so, review and discuss the information with them at the next visit.

Ask the client how their caregivers and/or family can support them in their plan.

Explore Barriers

- Ambivalence?
- Understanding?
- Support system?
- Energy levels?
- Depression?
- Health literacy?
- Financial?
- Confidence?
- Social Isolation?



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Active and Reflective Listening

- Use active & reflective listening skills
 - What are the client's values?
 - Acknowledge successes and what is right with the client.
 - Encourage client to identify "what are the barriers to change?"



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Long Term Goal

What would they like to happen as a result of their care?

- What would they like be able to do that they can't currently do?
- What is the most important thing they want to achieve related to their chronic disease? For example, client states:
 - "I want to feel better."
 - "I want to be able to travel to Florida for a family reunion next year."
 - "I want to see my grandchildren grow up."
- Connect the Long Term goal with the Short Term Goal(s).

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Short Term Goal

The client identified goal(s) should be specific, measurable, attainable, relevant, and time based and must be mutually agreed upon.

For example:

- Client wants to cut back on smoking over the next three months.
- Client wants to understand how to use her blood pressure medication by the end of March.
- Client wants to be able to communicate with PCP and address questions and concerns at next medical appointment.

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The Health Action Plan

- The HAP is a dynamic tool
 - A road map for the client, their care providers and the care coordinator
 - A record of required and optional screenings.
 - Needs to be updated when there is improvement, decline or a change in the client's care needs/condition.

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Developing an Action Plan

1. Coach the client to select the Action Steps with the least number of barriers and prioritize them.
2. Save the list of Action Steps so alternatives can be tried if the first ones are not successful; reassure client that many problems are not easily solved and may take time and multiple approaches.
3. Use the Goal Setting and Action Planning Worksheet.



Action Steps

The action steps the client and/or the Care Coordinator plan to take to achieve the client's *Short Term Goal*.

- The Care Coordinator (CC) will document planned client, CC, personal care worker and health care provider action steps on the HAP.
- These interventions should be established mutually with the client recognizing the client's abilities and readiness for change and teaching. (Refer to PAM coaching guide for appropriate level of action steps for client to consider).
- The CC will enter the Start Date and Completion Date for each Action Step.

Action Steps Examples

- Care Coordinator to attend PCP appointment with client to review treatment options for COPD.
- Client and Care Coordinator will prepare list of questions to bring to the PCP appointment.
- Review with client and their caregiver the “Three Questions” brochure to help client prioritize needs with MD.
- The AskMe3 Website is located at: <http://www.npsf.org/?page=askme3>

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The Three Questions

- What is my main problem?
- What do I need to do?
- Why is this important for me to do this?



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Goal Setting and Action Planning Worksheet

HEALTH HOME
Goal Setting and Action Planning Worksheet

NAME: _____ DATE: _____

Long Term Goal

Short Term Goal

Describe something you all do now to improve your health

Describe what you will do

1. What you'll do _____
2. Where you'll do it _____
3. The number of times each day / week: _____
4. How long will you commit to doing this: _____

Possible barriers to your success:

Plan to overcome the barriers:

Conviction
How important is it for you to work on the goal you identified above? Check the box which best shows your response.
Not at all convinced 1 2 3 4 5 6 7 8 9 10 Totally convinced

Confidence
How confident are you that you will be successful in reaching the goal you identified above?
Check the box which best shows your response.
Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

Plan for follow-up:

HEALTH HOME GOAL SETTING AND ACTION PLANNING WORKSHEET
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Goal Setting and Action Planning Worksheet

- Use this tool to support the client in establishing an action plan.
 - What can you do now to improve your health?
 - What, where, frequency, duration
 - Possible barriers and plans
 - Conviction and confidence
 - Plan for follow up

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HAP Example: page 1

		Washington State Health Care Authority		CLIENT'S FIRST NAME Robert "Bobby"	CLIENT'S LAST NAME Smith	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE OF BIRTH 04/07/1969	PROVIDER ONE CLIENT ID 999999999WA			
Health Action Plan (HAP)				HEALTH HOME LEAD ORGANIZATION Always There	CARE COORDINATION ORGANIZATION Ever So Helpful	CARE COORDINATOR'S NAME Melody Petramade	HH LEAD ORGANIZATION PHONE 360 111-1111	CARE COORDINATOR'S PHONE 360 111-2222			
DATE OF HAP: BEGIN 01/15/2015	END _____	DATE OPENED IN 01/15/2015	REASON FOR CLOSURE OF THE HAP <input type="checkbox"/> Beneficiary Opted Out <input type="checkbox"/> Death	<input type="checkbox"/> Move to a county that does not have Health Home services <input type="checkbox"/> No longer eligible	<input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)	CLIENT INTRODUCTION Bobby is a single 45 year old male who lives alone. He has a hx of evictions due to symptoms of his schizophrenia including hearing voices, fear of strangers, & sleep disturbance.					
CLIENT'S LONG TERM GOAL Gain better control of his COPD by accessing routine primary and behavioral health care.				DIAGNOSIS (PERTINENT TO HAP) Schizophrenia and Chronic Obstructive Pulmonary Disease (COPD)							
Initial / Annual HAP Required Screenings			Four Month Update Required Screenings			Eight Month Update Required Screenings					
SCREEN	DATE	SCORE/LEVEL	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE/LEVEL	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE/LEVEL	IF NOT COMPLETE, EXPLAIN
PAM	01/15/2015	32.2 / 1		PAM		/ /		PAM		/ /	
CAM		/ /		CAM		/ /		CAM		/ /	
PPAM		/ /		PPAM		/ /		PPAM		/ /	
K6Z ADL	01/20/2015	6		K6Z ADL				K6Z ADL			
PHQ-9	01/20/2015	12		PHQ-9				PHQ-9			
PSG-17				PSG-17				PSG-17			
BMI	01/20/2015	26		BMI				BMI			
OPTIONAL SCREENING SCORES			OPTIONAL SCREENING SCORES			OPTIONAL SCREENING SCORES					
SCREEN	DATE	SCORE		SCREEN	DATE	SCORE		SCREEN	DATE	SCORE	
DAST				DAST				DAST			
GAD-7	01/20/2015	14		GAD-7				GAD-7			
AUDIT				AUDIT				AUDIT			
FALLS RISK				FALLS RISK				FALLS RISK			
PAIN				PAIN				PAIN			
ADDITIONAL COMMENTS Mr Smith's PHQ-9 and GAD-7 scores indicate a need for a mental health assessment. A Peer Support Program is recommended. He reports that his biggest concern is going to the clinic to see a primary care physician.			ADDITIONAL COMMENTS _____			ADDITIONAL COMMENTS _____					


HAP Example: page 2

		Washington State Health Care Authority		CLIENT'S FIRST NAME Robert "Bobby"	CLIENT'S LAST NAME Smith	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE OF BIRTH 04/07/1969	PROVIDER ONE CLIENT ID 999999999WA			
Health Action Plan (HAP)				HEALTH HOME LEAD ORGANIZATION Always There	CARE COORDINATION ORGANIZATION Ever So Helpful	CARE COORDINATOR'S NAME Melody Petramade	HH LEAD ORGANIZATION PHONE 360 111-1111	CARE COORDINATOR'S PHONE 360 111-2222			
DATE OF HAP: BEGIN 01/15/2015	END _____	DATE OPENED IN 01/15/2015	REASON FOR CLOSURE OF THE HAP <input type="checkbox"/> Beneficiary Opted Out <input type="checkbox"/> Death	<input type="checkbox"/> Move to a county that does not have Health Home services <input type="checkbox"/> No longer eligible	<input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)	CLIENT INTRODUCTION Bobby is a single 45 year old male who lives alone. He has a hx of evictions due to symptoms of his schizophrenia including hearing voices, fear of strangers, & sleep disturbance.					
CLIENT'S LONG TERM GOAL Obtain a primary care physician				Short Term Goal Goal Start Date: _____ Goal End Date: _____		Short Term Goal Goal Start Date: _____ Goal End Date: _____		Short Term Goal Goal Start Date: _____ Goal End Date: _____			
Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue				Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue			
START DATE	COMPLETION DATE	ACTION STEPS		START DATE	COMPLETION DATE	ACTION STEPS		START DATE	COMPLETION DATE	ACTION STEPS	
01/20/2015		01/21/15 1. Melody will refer Bobby to a Peer Support Program and will provide the Peer Support Specialist with the names of three medical clinics near Bobby's home. 01/26/15 2. The Peer Support Specialist will drive Bobby by the three clinics and Bobby will choose which building he likes the best. 02/02/15 3. Melody will schedule an appointment with a physician at the clinic of Bobby's choice. Melody will notify Bobby and Peer Support Specialist of date and time of appointment.									

HAP Example: page 3

 Health Action Plan (HAP)		CLIENT'S FIRST NAME Robert "Bobby"	CLIENT'S LAST NAME Smith	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE OF BIRTH 04/07/1969	PROVIDER OR CLIENT ID 999999999WA		
DATE OF HAP: BEGIN 01/15/2015 END 01/15/2015		HEALTH HOME/LEAD ORGANIZATION Always There		CARE COORDINATOR'S NAME Melody Petrasando		CARE COORDINATOR'S PHONE 360 111 2222		
DATE OF HAP: BEGIN 01/15/2015 END 01/15/2015		CARE COORDINATION ORGANIZATION Ever So Helpful		CARE COORDINATOR'S NAME Melody Petrasando		CARE COORDINATOR'S PHONE 360 111 2222		
Initial / Annual HAP		Four Month Update		Eight Month Update				
Short Term Goal: Obtain a primary care physician Goal Start Date: 01/20/2015 Goal End Date: <input type="text"/> Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Short Term Goal: <input type="text"/> Goal Start Date: <input type="text"/> Goal End Date: <input type="text"/> Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Short Term Goal: <input type="text"/> Goal Start Date: <input type="text"/> Goal End Date: <input type="text"/> Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue				
START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS
01/20/2015		02/03/15 4. Melody will contact the clinic to tell them that Bobby will be visiting the waiting room over the next few weeks. Two times a week for two weeks Bobby and the Peer Support Specialist will sit in the waiting room of the clinic for an incrementally increasing length of time. The first visit will last ten minutes. 02/23/2015 5. Bobby will wash up prior to going to the clinic with the Peer Support Specialist. 02/23/2015 6. Bobby will go to the clinic and his selected primary care physician will meet him in the waiting room for an introduction.						

HAP Example: page 4

 Health Action Plan (HAP)		CLIENT'S FIRST NAME Robert "Bobby"	CLIENT'S LAST NAME Smith	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE OF BIRTH 04/07/1969	PROVIDER OR CLIENT ID 999999999WA		
DATE OF HAP: BEGIN 01/15/2015 END 01/15/2015		HEALTH HOME/LEAD ORGANIZATION Always There		CARE COORDINATOR'S NAME Melody Petrasando		CARE COORDINATOR'S PHONE 360 111 2222		
DATE OF HAP: BEGIN 01/15/2015 END 01/15/2015		CARE COORDINATION ORGANIZATION Ever So Helpful		CARE COORDINATOR'S NAME Melody Petrasando		CARE COORDINATOR'S PHONE 360 111 2222		
Initial / Annual HAP		Four Month Update		Eight Month Update				
Short Term Goal: Obtain a primary care physician Goal Start Date: 01/20/2015 Goal End Date: <input type="text"/> Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Short Term Goal: <input type="text"/> Goal Start Date: <input type="text"/> Goal End Date: <input type="text"/> Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Short Term Goal: <input type="text"/> Goal Start Date: <input type="text"/> Goal End Date: <input type="text"/> Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue				
START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS
01/20/2015		03/02/2015 7. Bobby will wait in the waiting room with his Peer Support Specialist and then go in to the exam room for a brief period of time. During this time his primary care physician will come to the exam room to say hello. 03/04/2015 8. The Peer Support Specialist will transport Bobby to his first appointment and his primary physician will do a brief exam. 03/05/2015 9. Melody will call Bobby after his appointment to check in.						

HAP Example: page 1

		Health Action Plan (HAP)		CLIENT'S FIRST NAME: Jordan		CLIENT'S LAST NAME: Smith		MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>		DATE OF BIRTH: 05/30/1956		PROVIDER OR CLIENT ID #: 111111111WA			
HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead			
DATE OF HAP: BEGIN 07/20/2015 END 07/20/2015		DATE OPTED IN: 07/20/2015		CARE COORDINATION ORGANIZATION: Best CCO		CARE COORDINATOR'S NAME: Martha Stewart		CARE COORDINATOR'S PHONE: 306 555-1111		CARE COORDINATOR'S PHONE: 306 555-1111		CARE COORDINATOR'S PHONE: 306 555-1111			
REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Beneficiary Opted Out <input type="checkbox"/> Death <input type="checkbox"/> Move to a county that does not have Health Home services <input type="checkbox"/> No longer eligible		REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)		REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)		REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)		REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)		REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)		REASON FOR CLOSURE OF THE HAP: <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)			
CLIENT'S PRODUCTION: Jordan is a 59 year old woman who has lived a very active life: bicycling, running, and exploring. She wants to overcome her arthritis problems and become active again.															
CLIENT'S LONG TERM GOAL: Jordan wants to go camping on the Olympic Peninsula in the summer of 2016.															
DIAGNOSIS PERTINENT TO HAP: Osteoarthritis in knees and spine. History of bursitis in right shoulder.															
Initial / Annual HAP Required Screenings				Four Month Update Required Screenings				Eight Month Update Required Screenings							
SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN
PAM	07/20/2015	86.3 / 4		PAM	11/23/2015	77.5 / 4		PAM	04/25/2016	82.8 / 4		PAM	04/25/2016	82.8 / 4	
CAM				CAM				CAM				CAM			
PPAM				PPAM				PPAM				PPAM			
KMZ ADL	07/20/2015	4		KMZ ADL	11/23/2015	5		KMZ ADL	04/25/2016	5		KMZ ADL	04/25/2016	5	
PHQ-9	07/20/2015	3		PHQ-9	11/23/2015	3		PHQ-9	04/25/2016	2		PHQ-9	04/25/2016	2	
PSC-17				PSC-17				PSC-17				PSC-17			
BAR	07/20/2015	31		BAR	11/23/2015	30		BAR	04/25/2016	29		BAR	04/25/2016	29	
OPTIONAL SCREENING SCORES				OPTIONAL SCREENING SCORES				OPTIONAL SCREENING SCORES							
SCREEN	DATE	SCORE		SCREEN	DATE	SCORE		SCREEN	DATE	SCORE		SCREEN	DATE	SCORE	
DAST				DAST				DAST				DAST			
GAO-7				GAO-7				GAO-7				GAO-7			
AUDIT				AUDIT				AUDIT				AUDIT			
FALLS RISK	07/20/2015	5		FALLS RISK	11/23/2015	4		FALLS RISK	04/25/2016	4		FALLS RISK	04/25/2016	4	
FAH	07/20/2015	7		FAH	11/23/2015	6		FAH	04/25/2016	5		FAH	04/25/2016	5	
ADDITIONAL COMMENTS: Met for first HAP and goal setting. Jordan reports a moderate level of pain due to arthritis. She reports she is afraid of failure due to her painful joints but is ready to work on achieving her long term goal.				ADDITIONAL COMMENTS: Jordan worked hard in partnership with her personal trainer at the Y. She is beginning to see some progress, especially with weight loss, stamina, pain, and independence with ADL; she can now transfer by herself.				ADDITIONAL COMMENTS: Jordan relates that her pain has decreased. She is able to be more active for longer periods of time. She has established a home exercise program and a program at the Y designed by her trainer. She is planning a brief camping trip in June.							

HAP Example: page 2

		Health Action Plan (HAP)		CLIENT'S FIRST NAME: Jordan		CLIENT'S LAST NAME: Smith		MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>		DATE OF BIRTH: 05/30/1956		PROVIDER OR CLIENT ID #: 111111111WA	
HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead		HEALTH HOME LEAD ORGANIZATION: Statewide Lead	
DATE OF HAP: BEGIN 07/20/2015 END 07/20/2015		DATE OPTED IN: 07/20/2015		CARE COORDINATION ORGANIZATION: Best CCO		CARE COORDINATOR'S NAME: Martha Stewart		CARE COORDINATOR'S PHONE: 306 555-1111		CARE COORDINATOR'S PHONE: 306 555-1111		CARE COORDINATOR'S PHONE: 306 555-1111	
CLIENT'S PRODUCTION: Jordan is a 59 year old woman who has lived a very active life: bicycling, running, and exploring. She wants to overcome her arthritis problems and become active again.													
CLIENT'S LONG TERM GOAL: Jordan wants to go camping on the Olympic Peninsula in the summer of 2016.													
DIAGNOSIS PERTINENT TO HAP: Osteoarthritis in knees and spine. History of bursitis in right shoulder.													
Initial / Annual HAP				Four Month Update				Eight Month Update					
Short Term Goal: Increase walking distance to 1 block a day				Short Term Goal: Join the YWCA and get a personal trainer				Short Term Goal: Gain better control of arthritis and pain					
Goal Start Date: 07/20/2015 Goal End Date: 11/19/2015				Goal Start Date: 11/23/2015 Goal End Date: 03/23/2016				Goal Start Date: 03/24/2016 Goal End Date: 04/25/2016					
Outcome: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue				Outcome: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue				Outcome: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent - life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue					
START DATE	COMPLETION DATE	ACTION STEPS		START DATE	COMPLETION DATE	ACTION STEPS		START DATE	COMPLETION DATE	ACTION STEPS			
07/20/2015	11/19/2015	07/21/2015:	1. Jordan will walk a half of a block daily	11/23/2015	03/23/2016	11/23/2015:	1. Martha will contact the YWCA to see if Jordan can get a free or reduced rate for Jordan's membership. She may contact other agencies, such as the Area Agency on Aging, for other suggestions for subsidizing Jordan's membership. She will call Jordan to inform her of the results of her inquiries.	04/25/2016		04/25/2016:	1. Jordan will make an appointment with her rheumatologist and a pain specialist.		
		07/27/2015:	2. Jordan will add stretching before and after walking			12/01/2015:	2. Jordan will contact the Y to apply for a membership. She will also ask about a personal trainer and schedule an appointment for an assessment and exercise plan.			04/29/2016:	2. Martha will contact Jordan to see if she needs assistance preparing for her visits. She will encourage and assist her as needed to write down her medications and questions for both specialist appointments. She will get the dates for the appointments and ensure that Jordan has transportation and an escort (possibly her paid caregiver) for both appointments.		
		07/30/2015:	3. Martha will call Jordan to ask about her progress and remind her of her next action step.										
		08/04/2015:	4. Jordan will increase walking to 1 block a day.										

HAP Example: page 3

Initial / Annual HAP			Four Month Update			Eight Month Update		
Short Term Goal	Increase walking distance to 1 block a day		Short Term Goal	Join the YWCA and get a personal trainer		Short Term Goal	Gain better control of arthritis and pain	
Goal Start Date	07/20/2015		Goal Start Date	11/23/2015		Goal Start Date	03/24/2016	
Goal End Date	11/19/2015		Goal End Date	03/23/2016		Goal End Date		
Outcomes	<input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Outcomes	<input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue		Outcomes	<input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue	
START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS
			11/25/2015	03/23/2016	appointment with the trainer. 12/15/2015: 4. Jordan will meet with the trainer and begin her prescribed exercise program. She will continue her walking and stretching program as weather permits at home or at the Y.			05/06/2016: 1. Martha will contact Jordan to find out how her appointments went with the two specialists. They will review the HAP to see if any revisions are needed to her existing goal or if a new goal is needed based on what the doctors prescribe.

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Contact Information

- Candace (Candy) Goehring RN MN
 - 360-725-2562
 - goehrcs@dshs.wa.gov

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Certificate of Completion

Goal Setting and Action Planning

presented by Candace Goehring, RN, MN
Office Chief
Office of Service Integration - DSHS

*Webinar aired on: February 12, 2015 in Lacey, Washington
for Health Home Care Coordinators*

Please sign and date this slide to attest that you attended this training Webinar

Your Signature

Date Reviewed

Supervisor's Signature

Date