

Resident Care Improvement Plan to Promote Wellness and Recovery

ARF Working Group

Resident Care

		Rationale	Action Steps	Expected Completion Date
1	Clients ADL	<ul style="list-style-type: none"> To provide support and promote ADL improvements in identified clients who need this support. 	<ul style="list-style-type: none"> Creation of a daily shower and weekly room clean up log. Staff will document in the log which client has showered or bathed each day. Identified Clients who need reminders or support will be engaged by staff to develop a shower plan. Staff will remind the identified clients to to shower or bathe regularly - provide a shower schedule. Needs and Service plans will be updated to include the plan. Staff will be assigned to help clients organize their rooms and to keep them organized. A weekly linen change plan will be initiated. A log will be kept in the communication book. 	On-going. To be reviewed for effectiveness in 6 months, August 2021.
2	Develop an activity program and offer therapeutic groups.	<ul style="list-style-type: none"> Staff to develop activities that are of interest to the clients Increase social interactions. Involve and encourage clients to participate in activities 	<ul style="list-style-type: none"> Survey clients on types of activities and therapeutic groups they would like to have on the ARF. Identify therapeutic groups (anger management, symptom management and psychoeducation including medications). 	Ongoing

			<ul style="list-style-type: none"> ● Team Leaders to run psychoeducation groups. ● Create a schedule of consistent basic physical activities (stretching, use of gym for table tennis, basketball, use of the courtyard). ● All team members engage with clients in activities. ● Staff will collaborate with activity leaders to organize activities ● Encourage clients to participate in activities and document engagement 	
3	Treatment Follow-up	<ul style="list-style-type: none"> ● To assist clients when they need more support with their medication schedule and/or appointments 	<ul style="list-style-type: none"> ● Identify clients who are not adhering to their treatment plan, and involve the client's team (medical, psychiatrist, and case management) in evaluating the best action and appropriate resources for the client success in the program. 	As needed
4	Development of general living skills	<ul style="list-style-type: none"> ● Certain clients have the potential to learn and improve living skills ● Facility Clients who are capable will learn living skills, e.g. budgeting, grocery shopping, rent payment, taking public transportation and keeping up with doctors appointments provides services to a level that clients do not have the chance to practice general living skills 	<ul style="list-style-type: none"> ● Identify Clients who would benefit and have the potential to learn basic ADL skill building activities. ● Implement the skill building activities with the identified clients. ● Identify and implement groups/activities to build basic living skills for clients who are capable will learn living skills, (e.g. budgeting, grocery shopping, rent payment, taking public transportation and keeping up with doctors appointments) ● All team members engage with clients in activities. 	On-going. To be reviewed for effectiveness in 3 months, May 2021

			<ul style="list-style-type: none"> ● Staff will collaborate with activity leaders to organize activities and create a schedule of activities. 	
5	Substance use	<ul style="list-style-type: none"> ● The facility has clients with co-occurring disorders who are in need of support in their recovery and obtaining community resources 	<ul style="list-style-type: none"> ● Staff to identify clients with co-occurring disorders. ● In collaboration with providers and case managers, identify possible resources and support for the client based on where the client is in the recovery process. ● Use a harm reduction model and interventions. ● Staff to communicate with team to offer helpful resources to recovery ● Staff to encourage clients to attend and participate in recommended groups and activities including community resources. This may include NA, CMA and case management groups. 	Ongoing
6	Needs and Service Plans	<ul style="list-style-type: none"> ● Each client has a Needs and Service Plans to identify care and supervision needs ● Currently client's needs and staff interventions are documented on an as-needed basis. 	<ul style="list-style-type: none"> ● Program certified administrator will collaborate with the client and the team on development of the Needs and Service Plan. ● Team Leaders to review Needs and Service Plans on a monthly basis or as needed when changes in client condition occurs. ● Administrator and Team Leaders will collaborate on updating the Needs and Service plan. ● Staff should review clients Needs and Service plans and implement the care and supervision needed. 	On-going. To be reviewed for effectiveness in 6 months, August 2021.

			<ul style="list-style-type: none"> ● Encourage client participation in the plan and encourage the client to sign the plan. ● Utilize meeting a client where they are at when developing the plan including goals. 	
7	Promote quality of care by providing a non-institutionalized environment (home-like)	<ul style="list-style-type: none"> ● Facility visually lends itself to a more institutionalized vs non- institutionalized setting (hospital or locked facilities visual, standardized bedding, lack of home-like visuals, etc.) 	<ul style="list-style-type: none"> ● Leadership to engage staff in identify changes that possibly be made to the environment to promote a more home like environment <ul style="list-style-type: none"> ○ Paint colors used in rooms and dayrooms. ○ Art work ○ Increase use of bulletin boards for possible display of client projects and art work. ○ Providing different bedding like comforters. (ex: furniture, paint, plants, art work) and ● Identified changes need to take into consideration safety and regulatory requirements. stay within line of existing facility policies ● Leadership to put forth a proposed budget to identify financial impact and needs. 	Ongoing
8	Annual mandatory trainings for staff.	<ul style="list-style-type: none"> ● To provide better client care, staff knowledge needs include, understanding of mental health, co-occurring disorders and wellness and recovery approaches based on best practices. 	<ul style="list-style-type: none"> ● In collaboration with staff, Leadership will identify annual trainings in addition to the regulatory required trainings. Examples of trainings needed annually <ul style="list-style-type: none"> ○ Code of Conduct and Treating Clients with Dignity ○ Resident rights both regulatory and Mental Health Client's rights ○ Client self determination 	Annually

			<ul style="list-style-type: none">o Therapeutic milieu and therapeutic communicationo CPI which includes de-escalation techniqueso Workplace Violence Plano Harm reduction principleso Wellness and recovery approacheso Co-occurring disorders and addiction.	
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