Departmental Implementation Form

Social Services

Names of Social Service Assessors: ________________________________
  ________________________________
  ________________________________

Where will the Care Plans be kept?: ________________________________

Where will the Care Plan Tasks be listed?:
  [ ] Paper ADL flow sheet  [ ] Resident bullet card*  [ ] Electronic Point of care  [ ] Stand alone QoL binder  [ ] Other: (Specify) ________________________________

How will the Care Plan tasks be communicated to responsible staff?:
  [ ] Morning Stand Up  [ ] Huddles  [ ] Shift Report  [ ] Hard Copy Notice  [ ] Other: (Specify) ________________________________

Target Dates for Implementation:
  Initial 5 Assessments   ________________________________
  Initial 5 Care Plans   ________________________________
  Evaluation and Review   ________________________________
  Phase 2 Roll Out   ________________________________
  Full Implementation   ________________________________

*Many facilities utilize index cards to record important information about residents history and preferences, QoL tasks can be added to this card.