Client Self-Care Plan Implementation Guide

June 2022

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A. What is a Client Self-Care Plan?

A Client Self-Care Plan is a client-centered planning tool that recognizes a client's own strengths, assets, and networks as part of their overall care plan. The plan uses the client's words, goals, and aspirations to develop a plan to achieve ART adherence and viral suppression.

B. Target Population

A Client Self-Care Plan can be integrated into the overall care plan for all clients of a clinic. It is particularly useful for new clients, clients previously lost to care, and clients who have not achieved ART adherence or viral suppression.

C. Core Elements of the Intervention

A strategy for using Client Self-Care Plans in a clinic includes the following core elements.

1. **Training for Relevant Staff** (see Staff Training Section of the manual)

   1.1. Purpose of the Client Self-Care Plan.

   1.2. Developing the Client Self-Care Plan with a client.

   1.3. How to help the client and providers use the Client Self-Care Plan as a living document.

   1.4. How to update and revise the plan with a client.

   1.5. How the Client Self-Care Plan fits into and contributes to the overall care plan for each client.

   1.6. Special considerations for subpopulations.

   1.7. How to embed principles and strategies of motivational interviewing in client self-care planning.

   1.8. How to embed principles and strategies of harm reduction in client self-care planning.

2. **Client Self-Assessment Form**

   2.1. Survey of client's own assets and strengths.

   2.2. Understanding of their family and social networks.

   2.3. Understanding of what (in their words) is important to them and could include prompts such as "favorite quotes", inspiring stories, etc.

2.4. Areas of work they would like to include in their Client Self-Care Plan, including those related to viral suppression and their broader life goals.

3. Client Self-Care Plan Form

3.1. Client goals (in their own words).

3.2. What they can do to help achieve their goals.

3.3. HIV self-care strategy, which might include some or all of the following:

- Adherence to medication and/or other treatment regimens;
- Self-monitoring of physical, mental, and/or emotional health status; and
- Accessing appropriate services and supports.

3.4. Who they can call on (support system) to help them achieve their goals.

3.5. How they will know if their plan is working.

4. Process for Updating the Client Self-Care Plan

4.1. The primary clinic contact, and the client can review and update the plan at regular intervals (e.g., every six months).
4.2. Clients can continually update their plans as they learn what works (and doesn't work) and keep their primary clinic contact informed of the changes.

5. Strategy and System for Integrating the Client Self-Care Plan into Each Client's Overall Care

5.1. The Clients' goals and strategies in their Client Self-Care Plan can be used to motivate clients, to re-energize them when they are feeling down, and to help ensure that the care provided meets the client's needs.

5.2. The Client Self-Care Plan should be integrated into the overall care plan for the client with all primary providers receiving a copy of the plan (with the client's written permission).

5.3. The Client Self-Care Plan should be integrated into the electronic medical record and/or similar systems.

5.4. As applicable, the Client Self-Care Plan should be referenced as part of formal or informal case conferences for or with this client.

6. Method to Assess the Usefulness of Client Self-Care Plans

6.1. To help ensure that Client Self-Care Plans are effective, the clinic should regularly assess the extent to which they:

- Are viewed as useful by clients;
- Are viewed as useful by clinic staff;
- Make clients feel more involved in their own care;
- Make clients feel a greater sense of self-efficacy; and
- Result in better client outcomes.

6.2. An affective assessment will also elicit from clients and staff areas in need of improvement and ideas for improving effectiveness.

6.3. Assessing client and staff feelings on Client Self-Care Plans can be done through client and staff surveys, focus groups, or other means.

6.4. Assessing client outcomes (especially improvements in viral suppression) can be done by reviewing viral suppression rate data.

D. Adaptable Elements of the Intervention

This is not yet an evidence-based intervention. While the high-level elements in the Core Elements section are likely sound and should not require adaption (e.g., 2. Client Self-Assessment Form), the detailed sub-elements (e.g., understanding of their family and social networks) have not been thoroughly tested. Because of this, CQII recommends trying to implement the core elements as outlined in this implementation plan, while noting any adaptions you make and then using continuous quality improvement methods to improve upon this Client Self-Care Plan model over time.

Should you see improved results from one or more adaptations, CQII would be interested in hearing about the adaptations made and the results achieved (see section on contact information in this guide).

E. Length of Time the Intervention is Delivered to Each Client

CQII estimates that the Client Self-Assessment takes approximately 30 minutes to complete for the majority of clients and the Client Self-Care Plan takes another 30 minutes to develop. The time required to implement the plan (including embedding it into the overall care plan for the client), review the plan briefly at each visit/meeting, and revise the plan every six months varies by client. Revisions and updates to the Client Self-Assessment and Client Self-Care Plan generally take less time than developing them initially.

F. Staffing Requirements/Roles and Responsibilities

Since each Ryan White HIV/AIDS Program-funded clinic may have different staffing models or position titles, it is important for each clinic to ask and then answer the following questions:

- Who (positions/roles) is in the best position to work with clients on developing their Client Self-Care Plans?
- Who (positions/roles) can provide support or supervision for staff working with clients on developing Client Self-Care Plans (e.g., MSWs or similar)?
- Who can help with logistics and ensuring that other clinic staff and providers have access to the Client Self-Care Plan (as needed and with permission from the client)?
- Who can help ensure that Client Self-Care Plans are integrated into the electronic medical record and/or other systems?
- Who can help assess the value of Client Self-Care Plans?
- Who can help improve the effectiveness of Client Self-Care Plans?

G. Staff Training

- CQII recommend that the following elements be included in training staff on Client Self-Care Plans. The purpose of the Client Self-Care Plan, including:
    - Better understand what is important to a client
    - Help clients feel a greater sense of ownership and self-efficacy on their care
    - Make better use of the client's own assets and support network
    - Make better use of the client's own expertise
    - Assist in embedding motivational interviewing and harm reduction principles in all aspects of the clinic's work

- The Process of developing of the Client Self-Care Plan with a client.
    - Scheduling time with clients
    - Completing the Client Self-Assessment
    - Completing the Client Self-Care Plan
    - Incorporating the Client Self-Care Plan into the broader care plan for the client
    - Reviewing and updating the Client Self-Care Plan

- How to help the client and providers use the Client Self-Care Plan as a living document

- How to update and revise the plan with a client

- How the Client Self-Care Plan fits into and contributes to the overall care plan for each client

- How the Client Self-Care Plan is embedded into the workflow of the clinic

- Special considerations for subpopulations

- How to embed principles and strategies from motivational interviewing in client self-care planning

- How to embed principles and strategies from harm reduction in client self-care planning

H. Resources Required for Implementing the Intervention

- Staff trained on helping clients develop Client Self-Care Plans and integrating these plans into the broader care plans (see Section G: Staff Training)

- Client Self-Care Assessment (paper version and, ideally an electronic version integrated into the electronic medical record or similar)

- Client Self-Care Plan (paper version and, ideally an electronic version integrated into the electronic medical record or similar)

- System for scheduling and reminders about Client Self-Care Assessments and Plans

- Surveys (can be embedded into broader surveys) to assess the effectiveness from both the perspective of clients and clinic staff

- A method for assessing the extent to which Client Self-Care Plans improve viral suppression rates

I. Implementation

Each clinic's actual implementation plan will be different, but the core pieces of this implementation plan are listed below.

- Understand your current system/workflow by:

    - Determining how many clients your clinic currently sees in a "typical" day
    - Draft your current workflow

        - What is the current workflow from the perspective of a client (from beginning to end)?
            - Is workflow largely standardized or is their lots of variation? If lots of variation, is this good/helpful or would less variation likely result in improvement?
            - How long, on average does each "step" in the workflow take from the client perspective?

        - What is the current workflow from the perspective of care teams (for a "typical" clinic day)?

        - How long, on average, does each member of the care team take on each of their steps (e.g., intake, education, visit with physician, etc.)

- Develop a draft flow chart to visualize:

    - What the workflow looks like (from self-assessment, through updates and revisions)
    - How client self-care planning will be embedded into the day-to-day workflow of the clinic, including the overall care plan for each client (who will do what, when and how will the inclusion of self-care planning change the workflow)

- Develop a draft iterative work plan to have Client Self-Care Plans fully implemented at the clinic in 12-15 weeks (or longer as needed, based on resources and available staff time). Among the items to be included in the work plan are the following:

    - How client self-care planning will be integrated into the workflow at the clinic
    - How the clinic will train staff on helping clients develop their Client Self-Care Plans and integrate Client Self-Care Plans into the overall care plan
    - How client self-care planning will be integrated into the electronic medical record and/or related systems
    - How the Client Self-Care Plan will be shared with others (in accordance with the client's wishes)
    - How the clinic will keep track of timelines/schedules for developing and updating Client Self-Care Plans
    - How the clinic will assess the effectiveness of Client Self-Care Plans
    - How the clinic will improve the effectiveness of Client Self-Care Plans

- Start small testing with a few clients and staff

- Test one or a few of the core elements of the intervention at a time (not trying to implement all of them at once)

- Continuously get feedback from clients and staff on what is (and isn't) working

- Continuously improve the system, process, procedures, and forms used based on the feedback from clients and staff

- The next steps of the implementation plan are based on what you have learned from the previous step (regardless of what your draft iterative work plan says)

CQII recommends that clinics test each of the core elements of the Client Self-Care Plan with a small number of clients and staff before scaling up to the entire clinic. This evidence-based

approach to implementation makes it much more likely this intervention will become well integrated into the overall workflow of the clinic, make the change process easier for clinic staff, and result in better outcomes for clients.

As an example, the first 3 weeks of an approximately 12-week, full-scale implementation and scale-up plan for Client Self-Care Plans might look something like this. Before beginning the implementation of this intervention, it is important to assess readiness and to build-readiness, if needed.

- **Week One.** Develop a Draft Workflow and Process detailing how and when the Client Self-Assessment Form and Client Self-Care Plan will be completed and how they will be implemented, including how the Self-Care Plan will be integrated into the broader care plan for this client.
    - Get feedback on the Draft Workflow and Process
    - Incorporate this feedback into a second draft of the Workflow and Process
- **Week Two.** Test the process using the second draft of the workflow and process to complete the Client Self-Assessment Form with one client.
    - Get feedback from client on using the form including suggestions for improvement
    - Get feedback from the primary clinic contact on using the form, including suggestions for improvement
    - Incorporate feedback to improve both the form itself and the process for completing it
- **Week Three. Retest the Process.**
    - If changes to the form and process were minor, test the Client Self-Assessment Form with three clients with the same primary clinic contact
        - Get feedback from clients on using the form including suggestions for improvement
        - Get feedback from the primary clinic contact on using the form, including suggestions for improvement
        - Incorporate feedback to improve both the form itself and the process for completing it
        - Continue testing the draft Workflow and Process to complete the Client Self-Care Form with one client
            - Get feedback from client on using the form including suggestions for improvement
            - Get feedback from the primary clinic contact on using the form, including suggestions for improvement

        - Incorporate feedback to improve both the form itself and the process for completing it

  - If changes to the form and process were substantial test the Client Self-Assessment Form with one additional client using the same primary clinic contact:
    - Get feedback from client on using the form including suggestions for improvement
    - Get feedback from the primary clinic contact on using the form, including suggestions for improvement
    - Incorporate feedback to improve both the form itself and the process for completing it

J. Data Collection and Reporting

CQII recommends clinics develop systems to collect and analyze the following data.

Process Measures

- % of clients that complete brief survey related to their use of the Client Self-Care plan (can be integrated into a large survey)

Outcome Measures

- **%** of clients that agree or strongly agree that "The Client Self-Care plan is useful"
  - Overall client population
  - Segmented by race, gender identity, housing status, substance use status, and other relevant subpopulations
- **%** of clients that agree or strongly agree that "The Client Self-Care Plan allows me to be more involved in my HIV Treatment"
  - Overall client population
  - Segmented by race, gender identity, housing status, substance use status, and other relevant subpopulations
  - % of clients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year
- **%** of clients that agree or strongly agree that "The Client Self-Care Plan allows me to have more control over my treatment and the outcomes I can achieve"
  - Overall client population
  - Segmented by race, gender identity, housing status, substance use status, and other relevant subpopulations
  - % of clients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year
- **%** of clinic staff that agree or strongly agree that "The Client Self-Care Plan is useful"
- **%** of clinic staff that agree or strongly agree that "Helping clients with a Client Self-Care Plan is a good use of staff time"
- **%** of clinic staff that agree or strongly agree that "the clinic is able to integrate the Client Self-Care Plan into the overall care plan for each client"

- % of clients who develop Client Self-Care Plans that achieve viral suppression (percentage of clients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)
  - Overall client population
  - Segmented by race, gender identity, housing status, substance use status, and other relevant subpopulations

K. Implementation in Action: KC CARE Health Center

The intervention team was very excited about implementing self-care plans (SCPs). The ten members were asked to review the possible interventions—their homework was to come back with recommendations on the most appropriate interventions for patients. As part of the process, team members were asked to identify positive and negative aspects of the intervention and make recommendations for changes. KC CARE Health Center is committed to involving staff with direct patient contact in planning activities as they have greater insight into both patient priorities and clinic processes.

KC CARE has been providing healthcare for over 50 years and has been a federally qualified health center (FQHC) since 2015. It has a staff of over 200 and, as a Ryan White HIV/AIDS Program-funded clinic, provides care to approximately 1,200 people with HIV. HIV-related services include: HIV primary care; case management; community outreach; prevention; education; and linkage to care. As part of CQII's create+equity Collaboration, KC CARE selected two interventions to implement, walk in access and the SCPs.

To implement the self-care intervention, the team used the CQII Implementation Guide to start but ultimately charted their own course. The intervention targets patients coming in for walk in care (also a create+equity intervention)—many of whom were re-engaging in care. The intention of the SCP was to provide additional motivation to patients who experienced challenges related to staying in care. Given that the intervention takes place in the waiting room, there is limited time to engage with patients (approximately 15 minutes). A one-page form was developed. After it is filled out, the plan is then scanned into the EMR so that it is accessible to staff. KC CARE staff noted that it is important to have standard labeling of the document in the EMR. Otherwise, it can be difficult for staff to find the document.

KC CARE involved their marketing department in the development of the SCP form. The intervention team wanted to create a document the was engaging and useful to patients—something they could put on their refrigerator and use to track their treatment goals. KC CARE requires that any documents used by the program are vetted by the marketing team so that they reflect the organization's brand. While the document has been positively received, it is important to note that these additional steps can take time, and this should be factored into program planning.

A member of the intervention team (a nurse) provided training to other nurses on staff on how to implement the SCP as part of the walk-in intervention. A challenge has been that the

standard protocol for the walk in intervention is not always followed—the nurses are not always called to engage with the patients when they come into the clinic. If this nurse/patient engagement does not take place, the SCP may not be completed.

While KC CARE is still in the early days of this intervention, they have noted some areas for improvement. Most importantly, they need to develop a strategy for following up with patients with an SCP to see how they are doing. Based on input gained during CQII peer sessions, they are opting toward relying on patient input—asking the patient how regularly they would like to follow up on the SCP. This could be at each appointment, or depending on the patient, more frequently, such as regular monthly calls.

Contact for More Information:
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KC CARE
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Implementation Staff
The following staff members participated in implementing this intervention.
Maryssa Jones
Johny Gonzalez
Krista Palacios-Castrejon
Steven Wilson
Daniel Spachek
Melissa Goslee
Demario Richardson
Richard Romero
Melissa Smith

Resources

- KC CARE SCP form: English & Spanish

L. Assessing Fidelity to the Intervention

As mentioned previously, the core elements of this intervention have not yet been sufficiently tested to ensure that fidelity to them will result in better viral suppression rates for the target population. The core elements, have, however, been developed in consultation with a range of experts including people with HIV and are believed to be best practices.

M. Suggestions for Improving Effectiveness

Improving effectiveness of Client Self-Care Plans starts with reviewing client and staff feelings about Client Self-Care Plans and client outcomes (especially viral suppression rates). Of

particular interest here are areas in need of improvement and ideas for improving effectiveness obtained through client and staff surveys or similar means.
Staff responsible for helping clients with Client Self-Care Plans and clients should always be directly involved in any effort to improve Client Self-Care Plans.
As with the Implementation guidance, CQII recommend that the clinic test any ideas for improvement at as small a scale as feasible (one client, one staff member, one week, etc.) and then scale-up gradually as the clinic has more confidence that that the improvement idea is both feasible and effective.

N. Tips and Tricks

- Making effective use of Client Self-Care Plans takes time, testing, refining, and the ability to continually monitor and improve
- Ongoing, brief surveys of clients can help you determine if you are on the right track and can provide specific ideas for improvement
- Client Self-Care Plans can help build deeper, more authentic relationships between patient and provider.
- Ursuline Sisters HIV/AIDS Ministry uses a Client Self-Care Plan that allows a client to develop a detailed plan for what they will do (or not do) during specific situations and to practice regular self-care.

O. Contact Information

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212.417.4730 (main)
www.CQII.org

P. References

- **Common Elements in Self-Management of HIV**
- **Institute for Healthcare Improvement: HIV Self-Management and Adherence**
- Ursuline Sisters HIV/AIDs Ministry uses an assessment adapted from the following: Saakvitne, K. W., & Pearlman, L. A. (1996). Transforming the pain: A workbook on vicarious traumatization. New York: W.W. Norton & Company.

Q. Appendices

I. Self-Care Plan Form
II. Self-Care Interview

R. Self Care Interview

Self Care Plan
Melissa Smith, Kansas City CARE Health Center
816-920-1040

HIV primary care, Community outreach, prevention, education, linkage to care, and case management Federally Qualified Health Center in 2015, we had a staff of 113 people. In the intervening six years, we've grown to 215 employees—

What motivated your organization to pick this intervention? Who was involved in the decision (i.e., were patients involved) ?

10 people on intervention team. Gave them all homework on all of the interventions. Positive, negative, will we do it as written.
We had a lot of buy in from team—a lot of enthusiasm

What were your steps to implement it? Did you follow the steps in the guide or were there modifications from the beginning, or at some point?

We charted our own path.
The SC plan we were presented was 6 pages long.
Our other intervention was the walk in clinic. We need the plan to be implemented during this (15 minutes)
We worked with marketing team to make it look pretty (so people could hang on their fridge).

We had a subcommittee on this –two or three people. (including a nurse, who would be implementing a tool.
They created the draft.
Developed content
Sent to marketing team

We have consumers on our task force

How did the guide help you implement the intervention?

What barriers did you experience?

Biggest barrier to patients – coupled with other intervention. It is dependent on walk in appointments. For example, with walk in clinic we have discovered that the procedure is not being followed for walk in – not letting nurses know that there is a patient.
We went live with intervention in middle of January.
We have only done it for one or two people.

What facilitated the process?

CQII was really helpful. Working with coach was important.

Why was team excited.
Team is direct service providers/prevention staff. Really looking to have direct contact with patients. Excited by already
Provided patients additional motivation. Very Empowering. Let's patients guide the discussion.

Has this intervention been thoroughly integrated into your organization? Were there modifications to your original plans?

No. Walk in clinic has been so easy to do.
What we want to do is follow up with the patients as they are doing it.

Was it helpful, are you keeping up with it. Etc.

What resources were necessary? Staff, other?

Staff time – committee.
Resources and marketing department. Lay out templated

Agfter we finalized SCP we held a training with the nurses. One nurse on the committee trained the other two nurses. How to upload it on EMR. And also in response to the questions (how to meet needs).

What we found is that many of patients in cohort had fallen out of case management.

Ideally this intervention would bring people back to case management

Challenge with EMR. They are scanning it in. Just have to name the document. That way the staff can access. Everyone can access.

What are plans on following up with patients?

We don't know at this point. Will ask patient on when to follow up on this.
Next appointment
Should we call

Have a closed cohort of 15 patients.

If you could do it over, what would your organization do differently?

It took way longer to get back from marketing dept (start sooner)
If pairing it with another intervention, make sure that intervention is happening.

KC care standard has to have thorough review of marketing.

We gave them a word doc with all our questions. One page in colors

What recommendations do you have for other organizations wanting to implement this intervention?

Make sure that who ever is going to be implementing SC plan to be part of process. Otherwise we will make a lot of assumptions. Have someone on the team who will deliver it.

We did not have a good plan on how to follow up when we started implementing. We just wanted to get it out there. Figure out before you start.