|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue | Intervention | Desired Outcome | Responsible Team Member | Due date |
| Poor Diabetes control | Restart DM meds | A1C goal is 8.0 | Pt and MD | Oct. 2016 |
| No PCP | Have assigned PCP/geriatrician | Routine visits to PCP | Pt and MD and CHN | July 2016 |
| Gum abscess | Routine dental visits | No recurrence of abscess | Pt and Dentist | Every 6 months to see Dentist |
| Poor Nutrition | Home delivered meals | DM diet | Pt and AAA | Aug. 2016 |
| Child care for Great-grandson, Brandon | Day Care for Brandon 3 days/week vs Brandon stay with his mom and her boyfriend | Mr. Thomas and wife can focus on their health | Pt and his wife; granddaughter (Christy); CHN (Ms. Hughes) | Sept. 2016 |
| House has uneven floors and needs upgrades | Provide safety bars for wife’s mobility | Wife will not fall | Pt and CHN and AAA | Nov. 2016 |
| Low Income and can’t afford meds | Apply for Medicaid | Will get items needed for health – meds, etc. | Pt and CHN and AAA | Aug. 2016 |
| Medication nonadherence | Nurse to teach about meds | Med adherence | Pt and wife and home health nurse | July 2016 |
| Adjustment to illness | Counseling for pt and wife | Improved coping with diabetes | HH nurse to consult HH Social Worker | July 2016 |

Interdisciplinary Plan of Care

Date of IDT meeting: 7/8/2016

Patient’s name: Jim Thomas DOB: 1/1/36

Team Members: Jim Thomas, Dr. Nash, Ms Hughes (CHN), AAA representative, Home Health Liaison/intake nurse