Chronic care plan

Form | PHC-FRM-002

Document type	Form
Title	Chronic care plan
Document ID	{{facility.code}}-PHC-FRM-002
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S3 (Primary care practice), criterion S3.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

The written plan for a patient with a chronic condition, with targets, measures and the review interval.

1. How to complete

- Complete with the patient.
- Set the measures and targets.
- Set the review interval and the next recall date.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Condition and diagnosis recorded	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Measures and targets set	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	Review interval set	Yes	[ ]	[ ]	[ ]	Action and who to tell
4	Patient agrees the plan	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.

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E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval