South Okanagan Similkameen Division of Family Practice
A GPSC initiative

# INTERDISCIPLINARY CARE CONFERENCE PLANNING GUIDELINES

| 1 MONTH PRIOR TO CONFERENCE | Date complete | Initial |
|---|---|---|
| ❖ Book care conference by faxing Medical Office Asst (MOA) and call to confirm. (This is up to the individual site to decide booking methods). | | |
| ❖ Phone and/or send care conference invite letter and conference input form to family. | | |
| ❖ Place Interdisciplinary Care Conference Revised form 810218 at site for completion of pages 1 & 2 in Staff communication binder. | | |
| ❖ Notify interdisciplinary team members of care conference date and time; including the resident. | | |
| ❖ Participants unable to attend in person a) offer another date OR b) attend by teleconference. | | |

| 1 WEEK PRIOR TO CONFERENCE | Date complete | Initial |
|---|---|---|
| ❖ Confirm physician attendance at care conference (via phone to MOA) | | |
| ❖ Confirm completion of pg 1 & 2 of the Interdisciplinary Team Conference WORKSHEET | | |
| ❖ Send off medication list to pharmacy for review or suggestions if they will not attend. | | |
| ❖ Review response from Family Care Conference Input Form and invite those staff necessary to address concerns | | |
| ❖ Print out RAI outcome scores and review changes to focus on. | | |

| UPDATE THE FOLLOWING | Date complete | Initial |
|---|---|---|
| ❖ Inventory of Personal Belongings | | |
| ❖ Risk agreements | | |
| ❖ All appropriate assessments : Scott's Falls Risk, Braden Scale, etc. | | |
| ❖ Resident picture identification – does a new photo need to be taken to ID resident | | |
| ❖ Resident Day (care aide sheet) | | |
| ❖ All other site specific annual renewal documentations. | | |
| ❖ AGG Alert, Pre-printed Orders, Immunization record, MOST, Least Restraint, | | |

**PREPARE FOR THE IDCC** **(most of these items will be on chart, unless site uses electronic charting)**

| Item | Date complete | Initial |
|---|---|---|
| ❖ Lab work | | |
| ❖ Prepare a medication summary including PRN use and effectiveness of same. | | |
| ❖ Current active care plan | | |
| ❖ RAI assessment outcome comparison (See instructions) | | |
| ❖ Weight loss | | |
| ❖ Wounds | | |
| ❖ Restraints | | |
| ❖ Behaviour (worse/improve) | | |
| ❖ Continence Plan | | |
| ❖ Delirium | | |

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|---|---|---|
| ❖ Falls | | |
| ❖ Mood | | |
| ❖ Pain | | |
| ❖ Current Vital Signs | | |
| ❖ Other (specify). | | |

| **CONFERENCE DAY – BRING** | **Date complete** | **Initial** |
|---|---|---|
| ❖ Resident Chart | | |
| ❖ Care Plan (Current) | | |
| ❖ Physician comments if not attending | | |
| ❖ Pharmacist comments if not attending | | |
| ❖ Resident day (updated) | | |
| ❖ Completed Interdisciplinary Care Conference Revised Form (81021) | | |
| ❖ Instruction sheet on "Leading a care conference" | | |
| ❖ New "MOST" (829641) form for annual renewal. | | |
| ❖ Funeral Services Authorized Persons Contact Form (855066) | | |
| ❖ Current MAR sheets, including PRN. | | |
| ❖ RAI assessment; CAPS; Outcome Scales Comparison. | | |
| ❖ Physician "Guideline for IDCC" | | |
| ❖ Aggressive Alert Assessment Form (if applicable) | | |
| **DURING THE IDCC (20-30 minutes in length)**<br>***"Leading a Care Conference"* document has all the instructions** | | |
| ❖ ***Facilitator***:<br>• talks about purpose of the meeting | | |
| • begins introduction of resident, family and team members. | | |
| • provides brief summary and history of resident's condition, comparing previous to present and focusing on recent & significant changes. | | |
| • invites members of the team to add relevant information or concerns. | | |
| ❖ ***Family*** input or concerns. | | |
| ❖ ***Facilitator*** recaps the previous information/input | | |
| ❖ ***Physician***<br>• summarizes changes in medical condition<br>• discusses future scenarios<br>• reviews medications with ***Pharmacist***<br>• discusses end of life plans; "MOST" | | |
| ❖ ***Facilitator*** reviews the changes to the care plan and provides further instructions. | | |
| ❖ ***Facilitator*** gives family, physician and team members POST CONFERENCE evaluation form to be completed. (if applicable) | | |

| **POST CONFERENCE** | **Date Complete** | **Initial** |
|---|---|---|
| ❖ Document IDCC occurrence in nurses' progress notes. | | |
| ❖ Update care plan, resident's day sheet, and applicable forms. | | |

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|---|---|---|
| ❖ Return all documents to their appropriate places. | | |
| ❖ If physician not present at care conference, fax any concerns or updates to their office. | | |
| ❖ Update contact forms; ensure signatures on all forms present. | | |
| ❖ If family not present, update them of any changes. | | |
| ❖ Document any changes on shift report communication forms. | | |
| ❖ Complete Care Conference worksheet and file in resident chart. | | |

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Division of Family Practice

Label/stamp

**Reason for Care Conference:** **Date:**______________________________

| | New admit | | Annual | | Change of Condition | | Current<br>BP:______________<br>P:______________<br>WT:______________ |
|---|---|---|---|---|---|---|---|

| Diagnosis relevant to current status | "Medical Orders for Scope of Treatment" (MOST) |
|---|---|
| | |
| | Discussed at meeting ____Yes _____No |

**IF CHANGE IN CONDITION - Describe**

| |
|---|
| |
| |

**ALLERGIES**:___________________________________________________________________

**RECENT CHANGES OR OBSERVATIONS REQUIRING ACTIONS**

| | | |
|---|---|---|
| PHYSICIAN | | |
| PHARMACIST | | |
| NURSES RN- RPN- LPN | | |
| DAYSHIFT CARE AIDES | | |
| EVENING CARE AIDES | | |

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| | CONCERNS / PROGRESS | INITIAL |
|---|---|---|
| NIGHT CARE AIDES | | |
| PT / OT | | |
| DIETARY | | |
| RECREATION | | |
| SOCIAL WORK | | |
| HOUSEKEEPING | | |
| VOLUNTEERS | | |
| OTHER | | |

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**PHYSICIAN REVIEW**

| Item to be reviewed | Care Planned | Initial | Other |
|---|---|---|---|
| Doctor's Orders | | | |
| "MOST" | | | |
| Physician Progress Notes | | | |
| Medications | | | |
| Lab Results | | | |
| Care Plan | | | |
| Restraint policy | | | |
| | | | |

**FACILITY REVIEW**

| Item to be reviewed | Care Planned | Initial | Other |
|---|---|---|---|
| RAI Assessment | | | |
| CAPS & Outcome Scales Comparison | | | |
| Aggressive Alert | | | |
| Resident Day Updated | | | |
| Annual assessments (Fall, Braden, Nutrition, etc) | | | |
| Care Plan revised (Remove resolved issues, add new) | | | |
| Restraints | | | |
| Funeral Services Authorized Persons Contact (855066) | | | |
| Behavior/Issues Related to: | | | |
| Continence Plan | | | |
| Delirium | | | |
| Falls | | | |
| Mood | | | |
| Pain | | | |
| Psychotropic Medication | | | |
| Weight Loss | | | |
| Wounds | | | |
| Other: (Specify) | | | |
| Other: (Specify) | | | |

**In Attendance:**

| Name | Discipline/Relation |
|---|---|
| | |
| | |
| | |
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Issues Discussed:

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Changes to Plan of Care:

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Medication Treatment Changes:

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Family Issues Discussed:

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Nurse's Comments:

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| |

I have been informed of these changes and agree with the plan of care.

| | | |
|---|---|---|
| Physician signature | Physician Name Printed | Date |
| Family / Representative signature | Name Printed | Date |

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| Facility Representative | Name Printed | Date |
|---|---|---|

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| | | | |
|---|---|---|---|
| Admission 10 JUN 08 | Sex | Care Unit PENTCCOKWG | |
| Resident . | Birth Date | Language | Room TCC168 |

### MDS Assessments

| | Previous | Current |
|---|---|---|
| Type | Full assessment | Quarterly Assessment |
| Assessment Reference Date | 14 SEP 12 | 14 DEC 12 |
| Completed By | | |
| Submission Status | C | S |
| RUGs | IB1 0.5742 | IB1 0.5742 |

### Print Reports

| | |
|---|---|
| Current CAPs | 14 DEC 12 |
| Previous CAPs | 14 SEP 12 |
| All Outcomes | 14 DEC 12 |
| All Care Plans | 14 DEC 12 |

### Outcome Scales

| Code | Previous | Current |
|---|---|---|
| Aggressive Behaviour | 1/12 | 0/12 |
| ADL - Long Form | 17/28 | 17/28 |
| ADL - Short Form | 12/16 | 12/16 |
| ADL - Self Performance Hierarchy | 3/6 | 3/6 |
| Changes in Health, End-Stage Disease, S & S | 4/5 | 2/5 |
| Cognitive Performance | 5/6 | 5/6 |
| Depression Rating | 2/14 | 2/14 |
| Pain | 1/3 | 0/3 |
| Pressure Ulcer Risk | 1/8 | 1/8 |
| Social Engagement | 0/6 | 0/6 |

### Assessment Protocol Notes

| | Previous | Current |
|---|---|---|
| Create AP Notes | 14 SEP 12 | 14 DEC 12 |

| Date | Note |
|---|---|
| Created at 15:22:46 in 31ms. | |

## Clinical Assessment Protocols

### A: Functional Performance CAPs

| Assessment Protocol | Previous | Current | CP |
|---|---|---|---|
| ADL1: Prevent decline | No | *Yes | A |
| ADL2: Facilitate Improvemen | Yes | ! No | A |
| Physical Restraints: ability to perform ADLs | No | No | New |
| Physical Restraints: inability to perform ADLs | No | No | New |

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### B: Cognition/Mental Health CAPs

| Assessment Protocol | Previous | Current | CP |
|---|---|---|---|
| Behaviour: Reduce daily occurrences | Yes | No | New |
| Behaviour: reduce daily occurrence | No | No | New |
| Cognitive Loss: prevent decline | No | No | New |
| Cognitive Loss: risk of decline | No | No | New |
| Communication: potential for improvement | No | No | New |
| Communication: prevent decline | Yes | Yes | New |
| Delirium | No | No | New |
| Mood: High Risk | No | No | New |
| Mood: Medium Risk | Yes | Yes | New |

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### C: Social Relationships CAPs

| Assessment Protocol | Previous | Current | CP |
|---|---|---|---|
| Activities | No | No | New |
| Social Relationships | No | No | New |

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### D: Clinical Issues CAPs

| | | | |
|---|---|---|---|
| **Admission** | 10 JUN 08 | **Sex** | |
| **Care Unit** | PENTCCOKWG | | |
| **Birth Date** | | **Language** | |
| **Room** | TCC168 | | |

Resident

| Assessment Protocol | Previous | Current | CP |
|---|---|---|---|
| Appropriate Medications | Yes | ! No | New |
| Bowel Condition: potential for improvement | No | No | A |
| Bowel Condition: prevent decline | Yes | Yes | A |
| Cardio-respiratory Conditions | Yes | ! Yes | A |
| Dehydration: High level | No | No | New |
| Dehydration: Low level | No | No | New |
| Falls: High Risk for future falls | No | No | New |
| Falls: Medium Risk for future falls | No | No | New |
| Feeding Tube: residual cognition | No | No | New |
| Feeding Tube: no cognition | No | No | New |
| Pain: High priority | No | No | New |
| Pain: Medium priority | No | No | New |
| Pressure Ulcers: Risk Factors present | No | No | New |
| Pressure Ulcers: stage 1 present | No | No | New |
| Pressure Ulcers: stage 2 or higher present | No | No | New |
| Undernutrition - high risk | No | No | A |
| Undernutrition - medium risk | No | No | A |
| Urinary Incontinence: facilitate improvement | No | No | New |
| Urinary Incontinence: prevent decline | No | No | New |

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**Supplemental CAPs**

Canadian Institute for Health Information
Institut canadien d'information sur la santé

# Job Aid: RAI-MDS 2.0 Outcome Scales

| Outcome Scales | Description | RAI-MDS 2.0 Assessment Items | Score Range |
|---|---|---|---|
| **DRS**<br>Depression Rating Scale | This scale can be used as a clinical screen for depression.<br><br>Validated against the **Hamilton Depression Rating Scale** (HDRS), the **Cornell Scale for Depression in Dementia** (CSDD) and the **Calgary Depression Scale** (CDS). | Seven Depression Rating Scale items<br>• Negative Statements (E1a)<br>• Persistent Anger (E1d)<br>• Expression of Unrealistic Fears (E1f)<br>• Repetitive Health Complaints (E1h)<br>• Repetitive Anxious Complaints (E1i)<br>• Sad, Pained, Worried Facial Expression (E1l)<br>• Crying, Tearfulness (E1m) | **0–14**<br>A score of 3 or more may indicate a potential or actual problem with depression. |
| **CHESS**<br>Changes in Health, End-Stage Disease and Signs and Symptoms | This scale detects frailty and health instability and was designed to identify residents at risk of serious decline. | Nine CHESS items<br>• Decline in Cognition (B6)<br>• Decline in ADL (G9)<br>• Dehydration (J1c)<br>• Edema (J1g)<br>• Shortness of Breath (J1l)<br>• Vomiting (J1o)<br>• End-Stage Disease (J5c)<br>• Weight Loss (K3a)<br>• Leaving Food Uneaten (K4c) | **0–5**<br>Higher scores indicate higher levels of medical complexity and are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poor self-rated health. |
| **Pain Scale** | This scale summarizes the presence and intensity of pain.<br><br>This scale validates well against the **Visual Analogue Scale.** | Two Pain Scale items<br>• Frequency of Pain (J2a)<br>• Intensity of Pain (J2b) | **0–3**<br>Higher scores indicate a more severe pain experience. |
| **ADL***<br>**Self-Performance Hierarchy Scale**<br>* Activities of Daily Living | This scale reflects the disablement process by grouping ADL performance levels into discrete stages of loss (that is early loss: personal hygiene; middle loss: toileting and locomotion; late loss: eating). | Four ADL Self-Performance Hierarchy Scale items<br>• Personal Hygiene (G1jA)<br>• Toilet Use (G1iA)<br>• Locomotion (G1eA)<br>• Eating (G1hA) | **0–6**<br>Higher scores indicate greater decline (progressive loss) in ADL performance. |
| **ADL Short Form** | This scale provides a measure of the resident's ADL self-performance status based on items that reflect stages of loss (early, middle and late loss). | Four ADL Short Form items<br>• Personal Hygiene (G1jA)<br>• Toilet Use (G1iA)<br>• Locomotion (G1eA)<br>• Eating (G1hA) | **0–16**<br>Higher scores indicate more impairment of self-sufficiency in ADL performance. |
| **ADL Long Form** | This scale provides a measure of the resident's ability to perform ADLs. The ADL Long Form is more sensitive to clinical changes than the other ADL scales. | Seven ADL Long Form items<br>• Mobility in Bed (G1aA)<br>• Transfers (G1bA)<br>• Locomotion (G1eA)<br>• Dressing (G1gA)<br>• Eating (G1hA)<br>• Toilet Use (G1iA)<br>• Personal Hygiene (G1jA) | **0–28**<br>Higher scores indicate more impairment of self-sufficiency in ADL performance. |

**Continued**

# Job Aid: RAI-MDS 2.0 Outcome Scales (Continued)

<table>
<tr><th>Outcome Scales</th><th>Description</th><th>RAI-MDS 2.0 Assessment Items</th><th>Score Range</th></tr>
<tr><td>ISE<br>Index of Social Engagement</td><td>This scale describes the resident’s sense of initiative and social involvement within the facility.</td><td>Six Index of Social Engagement items<br>• At Ease Interacting With Others (F1a)<br>• At Ease Doing Planned or Structured Activities (F1b)<br>• At Ease Doing Self-Initiated Activities (F1c)<br>• Establishes Own Goals (F1d)<br>• Pursues Involvement in the Life of the Facility (F1e)<br>• Accepts Invitations Into Most Group Activities (F1f)</td><td>0–6<br>Higher scores indicate a higher level of social engagement.<br><br>Note: unlike other interRAI scales, higher scores on the ISE are a good thing.</td></tr>
<tr><td>ABS<br>Aggressive Behaviour Scale</td><td>This scale provides a measure of aggressive behaviour.<br><br>The ABS is highly correlated with the Cohen Mansfield Agitation Inventory (CMAI) Aggression Subscale.</td><td>Four Aggressive Behaviour Scale items<br>• Verbally Abusive (E4b)<br>• Physically Abusive (E4c)<br>• Socially Inappropriate/Disruptive Behaviour (E4d)<br>• Resists Care (E4e)</td><td>0–12<br>Higher scores indicate higher levels of aggressive behaviour.</td></tr>
<tr><td>interRAI PURS<br>Pressure Ulcer Risk Scale</td><td>This scale differentiates risk for developing pressure ulcers.</td><td>Seven interRAI Pressure Ulcer Risk Scale items<br>• Bed Mobility Self-Performance (G1aA)<br>• Walk in Room Self-Performance (G1cA)<br>• Bowel Incontinence (H1a)<br>• Shortness of Breath (J1l)<br>• Daily Pain (J2a)<br>• Weight Loss (K3)<br>• History of Resolved Ulcer (M3)</td><td>0–8<br>Higher scores indicate a higher relative risk for developing a pressure ulcer.</td></tr>
<tr><td>CPS<br>Cognitive Performance Scale</td><td>This scale describes the cognitive status of a resident.<br><br>Validated against the Mini-Mental State Examination (MMSE) and the Test for Severe Impairment (TSI)<br><br>The chart illustrates how the RAI-MDS 2.0 CPS scores relate to the MMSE scores.<br>
<table>
<tr><th>CPS Score</th><th>Description</th><th>MMSE Equivalent Average</th></tr>
<tr><td>0</td><td>Intact</td><td>25</td></tr>
<tr><td>1</td><td>Borderline Intact</td><td>22</td></tr>
<tr><td>2</td><td>Mild Impairment</td><td>19</td></tr>
<tr><td>3</td><td>Moderate Impairment</td><td>15</td></tr>
<tr><td>4</td><td>Moderate/Severe Impairment</td><td>7</td></tr>
<tr><td>5</td><td>Severe Impairment</td><td>5</td></tr>
<tr><td>6</td><td>Very Severe Impairment</td><td>1</td></tr>
</table></td><td>Five Cognitive Performance Scale items<br>• Comatose (B1)<br>• Short-Term Memory (B2a)<br>• Cognition Skills for Daily Decision-Making (B4)<br>• Expressive Communication (C4)<br>• Eating (G1hA)</td><td>0–6<br>Higher scores indicate more severe cognitive impairment.</td></tr>
</table>

Interior Health

South Okanagan Similkameen
Division of Family Practice
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Date: ______________________________

Dear: ______________________________

You are invited to attend a Care Conference for:_________________________

at ____________________________________ Room___________________

Date:__________________________________ Time:___________________

As a residential facility, we strive to meet or exceed expectations in our provision of care. Your input as to the needs of your family member will contribute to our efforts in providing quality care. To that end, we hope you will be able to complete the attached form and return it to us as soon as possible.

Even if you will attend this meeting in person, we ask that you provide input to us prior to the meeting. Understanding your concerns prior to the meeting will ensure that we can obtain the information you require from those employees or services with the greatest understanding of your issue. Please complete the attached form or talk to one of the nursing staff at least 1 week before the conference. This information, along with input from other care providers, will be summarized at the collaborative care conference.

These conferences are meant to review only the priority care issues for the resident. A priority care issue is one which affects the resident:

- Immediate safety
- Quality of care- including medications.
- Quality of life
- End of life care and wishes

The allotted time for these conferences is approximately 20-30 minutes. We ask that you schedule a separate appointment time with the residential care manager or the care coordinator to discuss other concerns, including but not limited to:

- Finances
- Supplies
- Laundry issues

We look forward to seeing you at the care conference!

Warmest Regards,

___________________________________________ _______________

Facility Representative Date

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Care Conference Input Form

Resident Name:___________________________________

____ I am able to attend in person ____ I am unable to attend

____ I am unable to attend but __________________will represent the family (name of the person)

1. **CONTACT UPDATE:** Please fill in the following information so we can compare to the information we have on file.

Next of Kin:______________________________ Phone:_____________________

Power of Attorney:__________________________ Phone:_____________________

Representative:_____________________________ Phone:_____________________

Substitute Decision Maker:____________________ Phone:_____________________

2. **CARE CONCERNS:** For example:
   Falls – My mom has fallen more than usual in the past month
   Behavior – Father doesn't recognize me and becomes angry when I visit

A.______________________________________________________________________

B.______________________________________________________________________

C.______________________________________________________________________

D.______________________________________________________________________

E.______________________________________________________________________

F.______________________________________________________________________

_____________________________________________ _____________________

Family/Representative Date

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**Vision:** To set new standards of excellence in the delivery of health services in the Province of British Columbia
**Our Values:** Quality, Integrity, Respect, and Trust

Care Conference ***Resident/Family Member*** Evaluation Form
DATE:

| Questions | Yes | No | Maybe |
|---|---|---|---|
| 1. a. Were you involved in the planning of the care conference regarding date, time, and participants? | | | |
| b. Were you given enough notice? | | | |
| 2. Were you given clear instruction of where the care conference was to be held? | | | |
| 3. When you arrived at the facility did the staff make you feel welcome? | | | |
| 4. Was the room where the care conference was held suitable and comfortable? | | | |
| 5. Were you introduced to all the team members and their roles? | | | |
| 6. Do you feel the appropriate people attended and/or contributed with a report? | | | |
| 7. Did the team do their best to involve your loved one and/or you in the discussion? | | | |
| 8. Did you feel as though the team listened to all concerns your loved one and/or you expressed? | | | |
| 9. Did the team discuss future care plans with your loved one and/or you? | | | |
| 10. Were all your questions answered and concerns dealt with? | | | |
| 11. Do you feel the time was well spent? Eg. Are you satisfied with the outcomes? | | | |
| 12. Did you feel there was a team approach in the care of your relative? | | | |

***Overall, I found this care conference to be:*** (please circle one)

**Poor** **Fair** **Good** **Excellent**

**Any additional comments or suggestions are appreciated:**

______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

**Would you like a team member to follow up with you?** **Yes** **No** (please circle one)

Contact Information______________________________

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Dear Medical Office Assistants,

To facilitate the care conference process at __site___________ it is imperative to communicate to the frontline staff who are responsible for scheduling and managing a physician's time. We would appreciate your feedback on future scheduling of care conferences.

- What time of day is the easiest for your physician(s) to attend a care conference at a facility? Please check one:

| √ | **Time** | **Details:** |
|---|---|---|
| | 8-10am | |
| | 10am-12pm | |
| | 12-2pm | |
| | 2-4pm | |
| | Other: | |

- If we could schedule your physician to see all of his/her patients in one day, every 3 months, would there be any difficulties with scheduling the office around this?

| **Yes** | **No** | **Details:** |
|---|---|---|
| | | |

Alternately, would you prefer we schedule one or two every couple of weeks?

| **Yes** | **No** | **Details:** |
|---|---|---|
| | | |

- If your physician has attended care conferences in the past, are there any methods of scheduling that have stood out in your mind as being easiest?

| |
|---|
| |

- Which would you prefer; a phone call or a fax; to discuss the date and times of the upcoming care conferences? Please check one:

| **Phone** | **Fax** | **Details:** |
|---|---|---|
| | | |

- Do you think standardizing the care conference methods of booking so that all facilities use the same forms will make it more likely for the physician to attend as it will be easier for you to schedule?

| |
|---|

- Additional Comments:

| |
|---|
| |

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Dear Dr. ________________________

The practice of interdisciplinary representation at residential care conferences is supported by IH.

Legislative guidelines ask that a collaborative care conference be held in the following conditions:

- 6 weeks post admission to residential care
- Annually
- Significant change in status

A significant change is defined as a major change in resident's status that is:

- Not-self-limiting and requires clinical intervention to resolve
- Impacts at least two areas of decline and/or improvement in the resident's health status
- Requires interdisciplinary review and/or revision of the care plan

A Care Conference for has been scheduled at ____________________________ for

Resident: __________________________ Date:___________ Time:__________

Current diagnoses: ________________________________________________________

Reason for conference: ☐ New admit- 6 wks ☐ Annual ☐ Change in Condition

Recent issues/changes to discuss:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

☐ Your MOA confirmed **attendance** ☐ Your MOA confirmed **unable to attend**

If you are unable to attend, please include any comments, changes or concerns that you may have.

Please fax this form to ___________________________ with your reply.

Regards,

____________________________________________ ____________________

Facility Representative Date

____________________________________________ ____________________

Physician Date

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# Physician Guidelines for Care Conferences

❖ **Summarize and Identify changes in resident status from team members and family observations.**

**At present:** Increased frailty? Decreased function? Increased needs?

**Pending:** Anticipated further declines/complications, including death. (How likely is the person to be alive in 3/6/9 months?)

❖ **Review medication in view of current needs and pending declines.**

- Is this medication required for comfort or quality of life?
- Is medication causing side effects or interacting with other medications?
- Should the dose be reduced or discontinued?
- Are medications to prevent long-term complications still warranted?
- If medication changes are made, when should the status be reviewed?

❖ **Review "MOST" and complete document**

- Ask family/resident about expectations for patient care and management of decline; what medical intervention is requested. *(In some instances, further family discussions with MRP in his/her office may be required)*

❖ **Agree on a new care plan.**

*This can be sent to the MRP when making the appointment for the Care Conference. Ensure there is a copy at the care conference for the MRP's reference.*



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# LEADING A CARE CONFERENCE

**Step by step instructions**

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**<u>PURPOSE OF THE CONFERENCE</u>:** (1 minute).
The facilitator of the conference will identify the care conference purpose:
*initial, annual, or change in condition
*review ***expectations of resident's end of life care*** & ***resident's goals of care***
*update the ***care plan*** and review
*meeting process and time frame (20-30 minutes)

**<u>INTRODUCTION OF THE RESIDENT, FAMILY AND TEAM</u>:** (1 minute)

**<u>BRIEF SUMMARY AND HISTORY OF RESIDENT</u>** (3 minutes).
*name & age
*admission date
*diagnosis affecting the current status, past relevant medical history
*<u>start with positive and personal comments about the resident</u>
*recent changes requiring actions (according to RAI outcome scores)
*current end of life wishes (MOST)

**<u>INVITE MEMBERS OF THE TEAM:</u>**
**To add relevant information, questions or concerns**: (4-5 minutes)

a. Nursing
b. OT and PT
c. Dietary
d. Recreation therapy.
e. Social work
f. Others

**<u>FAMILY INPUT RELATED TO CONCERNS</u>** (4 -5 minutes)

**<u>FACILITATOR RECAP</u>** all the previous information/input (1-2 minutes)

**<u>PHYSICIAN SUMMARIZES</u>:** CHANGES IN MEDICAL CONDITION
( 10 minutes) DISCUSSES FUTURE SCENARIOS

This will lead to a) <u>Review of medications (with pharmacist)</u>
b) <u>End of Life discussion/summary and MOST</u>

**<u>FACILITATOR RECAP</u>**
**Review the changes to the *care plan* and further instructions.**

**<u>THANK</u> EVERYONE FOR PARTICIPATING**
(2 minutes).

**********************************************************************

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# CARE AIDE Cheat Sheet

# for

# Completing the Care Conference Worksheet

1. *<u>Write anything that has changed for the resident- **decline**.</u>*

   Eg. The resident needs assistance with all ADL's now.
   Resident needs mechanical lift for all transfers.
   Resident needs more assistance with meals and feeding.
   Resident is incontinent of urine more often- 3-4 X/24 hr; mostly at night.

2. *<u>Write anything that has changed for the resident- **improvement**.</u>*

   Eg. Resident's skin condition on feet has improved- less dry and cracked with regular lotion.
   Eating better at meal times with some supervision from staff.
   Resident is sleeping better in the last 3 weeks.
   Behavior has improved- less physical aggression since Oct. 2/13.

3. *<u>Write anything that has impacted the resident.</u>*

   Eg. Son died 2 months ago and resident seems depressed by tearfulness, reduced socialization & sleeping more.
   UTI last week- less incontinence but still lethargic.

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# New Care Conference Process
# Physician Evaluation

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You have just participated in a new Care Conference process and your feedback is requested. It was designed to be an efficient use of your time. Each presenter was asked to indicate how the resident is doing and to identify changes over time. It is hoped that this would enable you to summarize the resident's status, leading to a medication review and discussion of end-of-life issues.

1) Was time well-used? ___________________________________________

2) Did you feel that you and the family were presented with a clear picture of how the resident was doing and whether there had been significant change?

___________________________________________

___________________________________________

a) What worked well?

___________________________________________

___________________________________________

b) What could have been improved?

___________________________________________

___________________________________________

3) Did you receive all of the information required to help you in a review of medications and end-of-life issues?

___________________________________________

___________________________________________

4) Do you think that the resident/family found this meeting useful?

___________________________________________

___________________________________________

5) Did you find the physician guidelines for IDCC useful? ____________________

Do you have suggestions for further improving the process? ____________________

___________________________________________

___________________________________________

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# Instructions to Print Outcome Report from Goldcare RAI-2.0

*In preparation for an Interdisciplinary Care Conference*

1. Open Goldcare
2. Choose name of the resident
3. Open the file
4. **Outcome Scales** will show up on the next screen

| MDS Assessments | | | | |
|---|---|---|---|---|
| | Previous | | Current | |
| Type | Full assessment | | Quarterly Assessment | |
| Assessment Reference Date | 14 OCT 13 | | 10 JAN 14 | |
| Completed By | ROST7 | | ROST7 | |
| Submission Status | C | | | |
| RUGs | CB2 | 0.7753 | CA1 | 0.6250 |

| Print Reports | |
|---|---|
| Current CAPs | 10 JAN 14 |
| Previous CAPs | 14 OCT 13 |
| All Outcomes | 10 JAN 14 |
| All Care Plans | 10 JAN 14 |

| Outcome Scales | | |
|---|---|---|
| Code | Previous | Current |
| Aggressive Behaviour | 2/12 | 0/12 |
| ADL - Long Form | 23/28 | 9/28 |
| ADL - Short Form | 13/16 | 5/16 |
| ADL - Self Performance Hierarchy | 5/6 | 3/6 |
| Changes in Health, End-Stage Disease, S & S | 2/5 | 1/5 |
| Cognitive Performance | 5/6 | 3/6 |
| Depression Rating | 7/14 | 3/14 |
| Pain | 1/3 | 1/3 |
| Pressure Ulcer Risk | 3/8 | 3/8 |
| Social Engagement | 1/6 | 1/6 |

Assessment Protocol Notes

5. On the left (blue vertical bar) choose the ***"Print"*** at the top of the screen.
6. *__Do not use__* the printer icon at the very top, this will just print a screen shot.

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# Care Conference Team Members Evaluation

**Please assist us in evaluating the care conference in which you participated. This information is critical to our evaluation and should take no longer than 5 to ten minutes. The information will be shared as a collective and no identifying responses will be reported.**

1. **What worked well in the Care Conference?**________________________________________

   ______________________________________________________________________________

   ______________________________________________________________________________

2. **What could have been improved in the Care Conference?**____________________________

   ______________________________________________________________________________

   ______________________________________________________________________________

3. **Did the care conference meet its goal in a timely manner?**

   **Explain**_______________________________________________________________________

   ______________________________________________________________________________

4. **Was this care conference different than previous care conferences that you have attended? If yes, please explain**_________________________________________________

   ______________________________________________________________________________

   ______________________________________________________________________________

5. **How was the worksheet helpful in identifying changes to the resident?** ________________

______________________________________________________________________________

______________________________________________________________________________

*Thank you for your time and cooperation.*

DRAFT