GPSC[*] RESIDENTIAL CARE INITIATIVE

GUIDELINES/TIPS: Care Conference Scheduling and Format

April 2017

The Residential Care Initiative (RCI) is a partnership between Interior Health and family doctors.

Care conferences are a key component of patient care in residential care facilities. Scheduling and formatting care conferences in an efficient and consistent way will help to accomplish the RCIs goals of reducing transfers to hospital; and improving quality of care and patient/provider experience. The guidelines below, compiled from feedback received from care homes and doctors, can help.

Please consider circulating this document to all staff who provide care in a residential care setting, and include it in staff training as appropriate.

Scheduling and Formatting Care Conferences

- Assign a single staff member to manage care conference scheduling if possible.
- When faxing, include a direct phone number on the invitation that the doctor can call to schedule the time.
- Consider contacting the physician's office by phone to schedule care conferences if the initial fax does not easily result in a booking. A phone conversation can reduce miscommunication and build good working relationships.
- Request preferred times and mode of communication for scheduling (e.g. email or fax) from doctors and keep the information on file for scheduling purposes. Check in with the doctor periodically to review preferred communication methods and record mutually agreed to changes.
- Schedule the doctor four to eight weeks in advance, especially for those doctors who care for several residents at a variety of care homes.
- Ensure that everyone involved in the scheduling process is aware of the following challenges:
  - It is difficult for doctors to attend care conferences during regular office hours. Office hours are set so they can maintain relative consistency for their mobile patients. Ask the doctor if they have a preferred time of the week for care home visits.
  - Bringing all members of a multi-disciplinary team together at the same time can be challenging. Most care team members are on shift during doctor's office hours, or they have a regularly scheduled day on which they attend the care home (e.g., pharmacists, dietitians).
- Plan to deal with clinical matters at the beginning of the care conference. The doctor can then leave if they need to once clinical issues have been dealt with.
- Great facilitation is key to a successful conference. A skilled facilitator will:
  - ✓ Start the conference by confirming that everyone understands what is to be accomplished
  - ✓ Keep everyone on task and get through the agenda within the allotted time frame
  - ✓ Efficiently prioritize issues as they arise, and suggest that less pressing issues be discussed outside of the scheduled conference time
  - ✓ Ensure all participants are engaged and feel they have been heard
  - ✓ Prompt participants to discuss end-of-life planning, and ensure that everyone is in agreement and understands the directives. If necessary, suggest that the family attend a follow-up appointment at the office of the MRP.
- It is recommended that no more than two or three care conferences be scheduled back to back with the same doctor (unless a physician requests otherwise).

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[*] The GPSC (General Practice Services Committee) is a partnership of the Government of BC and the Doctors of BC

- Scheduling options:
  - *Option A* – In-person attendance by family, MRP, nursing staff, and allied health workers.
  - *Option B* – Virtual attendance by MRP via video (use of consent forms may be required) or telephone conference with the family, nursing staff, and allied health workers.
  - *Option C* – Preconference with allied health workers and nurse. Subsequent reports carried forward to a smaller meeting with the MRP and nurse. The family could attend either or both.
  - *Option D* – Preconference with pharmacy and nurse. Subsequent reports carried forward to care conference with MRP, nursing staff, and allied health workers. The family could attend either or both.

Goals of Care Conferences

1. Review end-of-life planning process including the MOST form, or review the end-of-life plan if it is already in place.
2. Complete a medication review (to be done every 6 months) and sign PPO (preprinted orders) if due.
3. Work as a team to review resident goals (psychosocial, physical care, emotional, spiritual, etc.), and make changes as deemed necessary and appropriate.
4. Review the resident's most recent dietary assessment (doctor may or may not need to be involved in this).
5. Discuss other issues as individually relevant to the resident.

Why do them?

1. Improves care: Problem solving through interdisciplinary conversations can result in more appropriate and better aligned solutions for the resident.
2. Saves time: One well-facilitated conference accomplishes more than multiple calls and/or faxes with each relevant player (family, nurses, care aids, social workers, pharmacist, MRP, etc.).
3. Builds better communication and rapport between the family and team: This ultimately saves time, and can have a positive impact on the resident's quality of life.

Quality Improvement

If challenges persist, or you have ideas or discovered a solution to a reoccurring problem, please document it and inform Jen Bitz, RCI Project Manager. She will continue to pool ideas and work as a hub for RCI participants in an effort for continuous quality improvement.

For more information or if you have questions about the RCI, please contact any of the following:
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