

PALLIATIVE CARE CONFERENCE: STAFF PLANNING CHECKLIST



Name of Resident:

Date of Palliative Care Conference

Date: ____/____/____ at ____:____ HRS.

DD/MM/YYYY

Location: _____

Room booked (yes/no): _____

Name of the legal decision maker: _____

Does the resident have a Personal Directive (PD)? Yes/No Agent(s): _____

Has a Capacity Assessment been completed? Yes/No Has the PD been enacted? Yes/No

Palliative Care Conference Facilitator: _____

- The Physician or NP responsible for the resident's care and treatment are required for this important care conference
- Any record of advance care planning should inform the legal decision maker and treatment plan, but not be considered consent for treatment.

Frequently Asked Questions

What is a Palliative Care Conference?

- Meeting held between a capable resident (or legal decision maker if incapable) and their healthcare team, which ideally (with permission of the resident) would include their future legal decision maker, and their family
- To prepare a plan of treatment for the resident
- To review wishes about care, treatments, values, beliefs, quality of life
- To provide a safe environment to discuss issues and questions about current, future and end-of-life care

Who needs a Palliative Care Conference?

Residents who have had a significant decline as evidenced by one or more of the following:

- Palliative Performance Scale (PPS) score of <40%
- J5c checked on RAI MDS
- Advance frailty >7 on FRAIL NH tool
- 'No' to the question: "Would you be surprised if the resident died within the next year"

Topics to be covered

- Family concerns
- Current health (e.g., eating, mobility, recreation, pain, breathing, spiritual)
- Disease progression / changes to health and care over next months
- Resident/family wishes for end-of-life care and treatment
- Family support and coping
- Disease Management, Physical, Psychological, Social, End of Life, Bereavement/Grief

How do we plan the Palliative Care Conference?

- Choose a person to organize the conference
- Choose a Facilitator (usually a person in leadership, SW, Manager, Nursing)
- Invite family/legal decision maker and physician or NP to the conference
- Provide the capable resident, family/legal decision maker with **RESIDENT/LEGAL DECISION MAKER/FAMILY QUESTIONNAIRE**
- Let staff know about the conference so they can plan to attend, or can let the Facilitator know if they have any concerns for the resident.

What staff should attend the conference?

- The physician or NP need to attend if at all possible as families prefer them to be there
- People from as many disciplines as possible should come to the conference (e.g., SW, Recreation, Manager, Nursing, HCA, Dietary, Physio, Chaplain)

How do we run the conference?

- Facilitator should collect **RESIDENT/LEGAL DECISION MAKER/FAMILY QUESTIONNAIRE** days **BEFORE** the conference, or if they haven't filled it out allow 5-10 min at the conference
- Facilitator records on **Conference Summary** form **DURING** conference

The Facilitator should:

1. Complete Introductions and explain Purpose of the Conference
2. Ask residents and/or Agent(s) what they know about the resident's current health
3. Review **RESIDENT/LEGAL DECISION MAKER/FAMILY QUESTIONNAIRE**
4. Discuss family concerns from Questionnaire, answer questions
5. Summarize and record on **Plan of Care Conference Summary**

Post-Conference

- Inform team members of plan of care
- Place in chart or in accessible place for team members to review