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):_________

Who currently makes health care decisions? ❑ Resident ❑ SDM

If applicable, name of the legal Substitute Decision Maker (SDM):_________________

If applicable, how was the SDM role confirmed?: ❑ Power of Attorney ❑ Kinship hierarchy ❑ Other

Documentation of the SDM's role (e.g., Power of Attorney, Advance Directive) is on record: ❑ Yes ❑ No

Palliative Care Conference Facilitator:____

PLEASE NOTE:

- If at all possible, the physician responsible for the resident's care and treatment is required for this important care conference.
- Any record of advance care planning should inform the SDM and treatment plan, but not be considered consent for treatment by the health care team.

Frequently Asked Questions

What is a Palliative Care Conference?

- Meeting held between a capable resident (or SDM if incapable) and their healthcare team, which ideally (with permission of the resident) would include their future SDM, and their family
- 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
- To prepare a plan of treatment for the resident

Who needs a Palliative Care Conference?

Residents who have had a significant decline (e.g., as evidenced by one or more of the following):

- Palliative Performance Scale (PPS) score of ≤50%
- Advance frailty >7 on FRAIL NH tool
- 'No' to the question: "Would you be surprised if the resident died within the next year"

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Topics to be covered

- Resident and 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 (e.g., physical, psychological, social, end-of-life, bereavement, and grief considerations)

How do we plan the Palliative Care Conference?

- Choose a person to organize the conference (e.g., usually a Palliative Champion Team member)
- Choose a Facilitator (usually a person in leadership, SW, DOC, Nursing)
- Invite the resident, SDM/family, and physician to the palliative care conference
- Provide the capable resident, family/SDM with **Palliative Care Conference 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 needs to attend if at all possible as residents and families prefer them to be there
- People from as many disciplines as possible should come to the conference (e.g., SW, Recreation, DOC, Nursing, PSW/HCA, Dietary, Physio, Spiritual Care)

How do we run the conference?

- Facilitator should collect **Palliative Care Conference 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 palliative care conference
2. Ask residents and/or SDMs what they know about the resident's current health
3. Review **Palliative Care Conference Questionnaire**
4. Discuss family concerns from Questionnaire and other prompts from the **Conference Summary** form, answer questions
5. Summarize and record on the **Conference Summary** form

Post-Conference

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