

COORDINATED CARE PLANNING CHECKLIST

		Activity	Role	Timeline
IDENTIFICATION	Identification	<p>Considerations for identifying people who would benefit most from the Health Links approach to Coordinated Care Planning:</p> <ol style="list-style-type: none"> 1. People living with four or more chronic/high cost conditions, including a focus on mental health, addictions, palliative care, and seniors. 2. Economic characteristics such as low income, median household income, government transfers as a proportion of income, unemployment, etc. 3. Social determinants such as housing, living alone, language, immigration, community and social services etc. 4. People whose care is not well managed. 5. People who engage with multiple sectors. 6. People who have high hospital utilization. 	Anyone	Prior to Interview
	Engagement	<ul style="list-style-type: none"> <input type="checkbox"/> Person who identified individual/family should contact them <input type="checkbox"/> Explain Coordinated Care Planning, Care Conference & role of the Care Team <input type="checkbox"/> Confirm understanding of Coordinated Care Planning and obtain consent (verbal or written on consent form) <input type="checkbox"/> Review Coordinated Care Planning patient/client information sheet <input type="checkbox"/> Pre-populate Coordinated Care Plan (CCP) with available information (e.g., demographics, medical if known) <input type="checkbox"/> Complete a Referral Form or Registration Form <i>*See note</i> <input type="checkbox"/> Identify person(s) to lead Coordinated Care Planning <input type="checkbox"/> Begin to identify Care Team with patient/client <input type="checkbox"/> Schedule patient/client interview and location 	Coordinated Care Plan (CCP) Lead	Prior to Care Conference
INTERVIEW	Client and Family	<ul style="list-style-type: none"> <input type="checkbox"/> Support patient/client to identify their hopes/priorities/goals <input type="checkbox"/> Ask questions to understand the current situation and needs <input type="checkbox"/> Support cultural, safety, spiritual, religious, and language of comfort needs or wishes <input type="checkbox"/> Pre-populate CCP with any additional information (e.g., demographics, what is most important for patient/client) <ul style="list-style-type: none"> ✓ Use the patient/client's own wording <input type="checkbox"/> Develop the Care Team <i>with</i> patient/client <input type="checkbox"/> Establish location and potential timing of care conference 	CCP Lead	Within 7 business days of signing Consent Form

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CARE CONFERENCE	Pre-Care Conference	<ul style="list-style-type: none"> <input type="checkbox"/> Contact Care Team <input type="checkbox"/> Share pre-populated CCP <input type="checkbox"/> Establish date and location <ul style="list-style-type: none"> a) Providers only pre-care conference; if applicable b) Care Conference <input type="checkbox"/> Invite care team to Care Conference; minimum one-week notice <input type="checkbox"/> Leverage OTN or phone for team members who are unable to attend in-person 	CCP Lead	Prior to Care Conference
	Provider Only Care Conference	<ul style="list-style-type: none"> <input type="checkbox"/> Introductions and discussion regarding who is the most appropriate CCP lead ongoing <input type="checkbox"/> Establish shared understanding of Coordinated Care Planning process and goals of patient/client <input type="checkbox"/> Start to brainstorm how each care team may support patient/client, as per information shared by patient/client in the interview 	Care Team facilitated by CCP Lead	Prior to Care Conference
	Care Conference	<ul style="list-style-type: none"> <input type="checkbox"/> Introductions - including who is the CCP Lead <input type="checkbox"/> Explain purpose of care conference <input type="checkbox"/> Review and confirm patient/client's history as well as hopes/priorities/goals <input type="checkbox"/> Develop care plan action items (referrals, investigations, resource provision) <input type="checkbox"/> Document the individual(s) responsible for various action item tasks as well as timelines for completion <input type="checkbox"/> Identify Care Team communication preferences to receive CCP (ClinicalConnect, fax, mail) 	Care Team facilitated by CCP Lead	Within 15 business days post Interview
	Post-Care Conference	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CCP document <input type="checkbox"/> If paper, fax completed CCP and Registration Form to: 1-833-815-5393 <input type="checkbox"/> Share completed CCP with Care Team, including the patient/client 	CCP Lead	Within 5 business days post Care Conference
	Follow-up	<ul style="list-style-type: none"> <input type="checkbox"/> Service provision <input type="checkbox"/> Review and complete action items from Care Conference <input type="checkbox"/> Goal attainment status (progressing, met, changed) <input type="checkbox"/> Evaluate functional status (better, worse, maintaining) <input type="checkbox"/> Discern need for follow up or modified care 	Care Team	Initial follow-up 7 days post Care Conference

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	Follow-up	<ul style="list-style-type: none"> <input type="checkbox"/> Care Team to update CCP Lead with any change of status <input type="checkbox"/> Lead to update CCP document via Health Partner Gateway or paper <input type="checkbox"/> If paper, fax CCP updates with Registration Form to: 1-833-815-5393 <input type="checkbox"/> Communicate change in patient/client status to Care Team and share updated CCP <input type="checkbox"/> Schedule additional Care Conferences; as needed 	CCP Lead	Subsequent follow-up weekly for first month
EVALUATION	Patient Experience	<p>Ask Patient/Client/Family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Would you be willing to answer a few questions about your experiences? <input type="checkbox"/> Provide feedback survey <p>https://www.surveymonkey.com/r/HL_Client_Caregiver_feedback</p> <p>Ask Providers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Would you be willing to answer a few questions about your experiences? <input type="checkbox"/> Provide feedback survey <p>https://www.surveymonkey.com/r/HL_Provider_Feedback</p> <p>Online Feedback Survey:</p> <p>Alternative Options:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If the person would prefer to have a conversation via phone instead of or in addition to completing an online survey, please call 1-855-371-6337 	CCP Lead	Complete survey 2-4 weeks post follow-up

NOTE:

*If the patient/client does not wish to become involved with LHIN Home and Community Care services and would like to have a coordinated care plan, a registration form must be completed INSTEAD of a referral form. A community lead would be identified. E.g. CCP with focus on social determinants of health such as housing.