

Coordinated Care Conference Facilitator Quick Guide

Pre-Conference

- Meet with the patient to understand his/her strengths, priorities and unmet needs. Work with the patient to identify key people who should be included on the care team (may include current or proposed support and may include family, friends, and informal care providers if the patient expresses interest in their inclusion and consents to their participation) and what is most important to them (their goals)
- In partnership with the patient, determine the care conference modality required (virtual, face-to-face, or combination of both, as well as the location) and clarify areas of focus for the care conference. Discuss where s/he would be most comfortable, and the expected length of the conference.
- Talk with the Referral source (if it was not you) and the Primary Care Provider (PCP) and review the Health Links approach to care, roles and responsibilities, the patient's health status and issues discussed with the patient. Gather information about their perspectives. Request their preferred method of input into the care planning process (discuss care conference options- telephone, teleconference, face-to-face and various places in which this meeting may take place such as the patient's home or the physician's office).
- Contact other members of the care team to review the need for a collaborative care plan and conference. Outline the goals of the meeting and the reason their input is requested.
- Determine if it is best to have a pre-conference call with the care team prior to the conference with the patient, to ensure everyone has the information they need prior to the conference.
- Determine how each person will receive the completed CCP (i.e. ClinicalConnect, fax, mail).
- Set a time and place for a care conference which best meets the needs of various parties including the patient, family, PCP and other care team members.

During the Conference

- Ensure that the meeting space is comfortable for the patient and family (e.g. provide water, comfortable seating, position them in best seat to see and hear all care team members).
- Welcome participants, introduce yourself and describe your role.
- Invite all participants to introduce themselves and their role.
- Explain the purpose of the conference and briefly describe the process which will be followed. Outline how long the meeting will be. Stress the importance of ensuring that the plan is built to support the patient in their identified goals.

- **Ask all care team members** to use language that is understandable by all, including the patient and family (i.e. agree to not use short forms, ensure services are clearly described, etc.).
- Discuss the patient's overall health history pertinent to the issues/goals and their current challenges. Invite further comment or clarification from the patient/family.
- Summarize comments into specific actionable goals, honouring what is important to the patient/client.
- With each specific goal, invite participants to share their perspectives on how, given their individual expertise, resources can be offered to support success. Document points of agreement and/or disagreement.
- Once each goal has been discussed, summarize the discussion and check for accuracy/understanding, noting the agreed upon actions.
- For each action item, identify the individual who will take the lead responsibility and the timeline for implementation of actions.
- Invite patient/family to provide feedback about the conference outcomes and discuss the next steps related to the completion and sharing of the coordinated care plan (CCP).
- Provide contact information and encourage participants to circle back to the care team lead, the single point of contact if any concerns arise.
- Invite all providers to complete a feedback survey if they haven't yet done so for the current quarter (https://www.surveymonkey.com/r/HL_Provider_Feedback).

Post Care Conference

- Document conference, complete CCP and share a copy with each care team member.
- Meet with patient to review the CCP, including action items, and provide them with a copy.
- Assist the patient in completing a feedback survey
(https://www.surveymonkey.com/r/HL_Client_Caregiver_feedback)
- Proceed to monitoring the CCP based on organizational guidelines and what was agreed upon during the conference.
- Watch for these triggers that indicate the need to revisit the CCP, and bring the group back together as appropriate:
 - Crisis event (e.g. suicide)
 - New diagnosis/significant change in health
 - 2 ED visits or unplanned admission in a 3-month period
 - Change in caregiver status