

## 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"> <li>1. People living with <b>four or more chronic/high cost conditions</b>, including a focus on mental health, addictions, palliative care, and seniors.</li> <li>2. <b>Economic characteristics</b> such as low income, median household income, government transfers as a proportion of income, unemployment, etc.</li> <li>3. <b>Social determinants</b> such as housing, living alone, language, immigration, community and social services etc.</li> <li>4. People whose care is <b>complex</b>.</li> <li>5. People who engage with <b>multiple sectors</b>.</li> <li>6. People who have <b>high hospital utilization</b>.</li> </ol>	Anyone	Prior to Interview
	Engagement	<ul style="list-style-type: none"> <li><input type="checkbox"/> Person who identified individual/family should contact them</li> <li><input type="checkbox"/> Explain Coordinated Care Planning, Care Conference &amp; role of the Care Team</li> <li><input type="checkbox"/> Confirm understanding of Coordinated Care Planning and obtain consent (verbal or written on consent form)</li> <li><input type="checkbox"/> Review Coordinated Care Planning patient/client information sheet</li> <li><input type="checkbox"/> Pre-populate Coordinated Care Plan (CCP) with available information (e.g., demographics, medical if known)</li> <li><input type="checkbox"/> Complete a Referral Form or Registration Form <i>*See note</i></li> <li><input type="checkbox"/> Identify person(s) to lead Coordinated Care Planning</li> <li><input type="checkbox"/> Begin to identify Care Team with patient/client</li> <li><input type="checkbox"/> Schedule patient/client interview and location</li> </ul>	Coordinated Care Plan (CCP) Lead	Prior to Care Conference
INTERVIEW	Client and Family	<ul style="list-style-type: none"> <li><input type="checkbox"/> Support patient/client to identify their hopes/priorities/goals</li> <li><input type="checkbox"/> Ask questions to understand the current situation and needs</li> <li><input type="checkbox"/> Support cultural, safety, spiritual, religious, and language of comfort needs or wishes</li> <li><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"> <li>✓ Use the patient/client's own wording</li> </ul> </li> <li><input type="checkbox"/> Develop the Care Team <i>with</i> patient/client</li> <li><input type="checkbox"/> Establish location and potential timing of care conference</li> </ul>	CCP Lead	Within 7 business days of signing Consent Form

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<b>CARE CONFERENCE</b>	<b>Pre-Care Conference</b>	<input type="checkbox"/> Contact Care Team <input type="checkbox"/> Share pre-populated CCP <input type="checkbox"/> Establish date and location 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
	<b>Provider Only Care Conference</b>	<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
	<b>Care Conference</b>	<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
	<b>Post -Care Conference</b>	<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
	<b>Follow-up</b>	<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	<b>Initial follow-up</b> 7 days post Care Conference

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	<b>Activity</b>		<b>Role</b>	<b>Timeline</b>
	<b>Follow-up</b>	<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	<b>Subsequent follow-up</b> weekly for first month
<b>EVALUATION</b>	<b>Patient Experience</b>	<p><b>Ask Patient/Client/Family:</b></p> <input type="checkbox"/> Would you be willing to answer a few questions about your experiences? <input type="checkbox"/> Provide feedback survey <a href="https://www.surveymonkey.com/r/HL_Client_Caregiver_feedback">https://www.surveymonkey.com/r/HL_Client_Caregiver_feedback</a>	CCP Lead	<b>Complete survey 2-4</b> weeks post follow-up
		<p><b>Ask Providers:</b></p> <input type="checkbox"/> Would you be willing to answer a few questions about your experiences? <input type="checkbox"/> Provide feedback survey <a href="https://www.surveymonkey.com/r/HL_Provider_Feedback">https://www.surveymonkey.com/r/HL_Provider_Feedback</a>		
		<p><b>Online Feedback Survey:</b></p>		
		<p><b>Alternative Options:</b></p> <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		

**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.