

Care Conference Facilitator Checklist

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Pre-Conference

- Familiarize yourself with patient's medical history through chart review.
- Talk with attending/primary treating physician, bedside nurse, and other caregivers to determine key issues to address. These might include (check those that apply):

<input type="checkbox"/> Patient's expressed wishes/values	<input type="checkbox"/> Patient/family satisfaction with current care plan	<input type="checkbox"/> Code Status
<input type="checkbox"/> Patient/family desires or expectations	<input type="checkbox"/> Treatment options and goals of care	<input type="checkbox"/> Pain and symptom management
<input type="checkbox"/> Psychosocial and spiritual issues	<input type="checkbox"/> Transition or discharge plan	<input type="checkbox"/> Other
- Inform patient, family, and Health Care Power of Attorney-POA (if applicable) of need for conference, explain purpose of/reason for conference, provide copy of *Care Conference Brochure*, and seek out best times/days for them to meet.
- Consider whether a pre-conference meeting among caregivers is necessary.
- Set time/place for conference that corresponds with feedback from patient, family, and POA (if applicable) and that accommodates attending/primary treating physician's schedule.
- Invite attending/primary treating physician, bedside nurse, other essential caregivers, patient (if able), family, and POA (if applicable).
 - If large family, invite only 2-3 key spokespersons.
 - If family in disagreement, invite select family members representing differing viewpoints.
 - Attending/primary treating physician, bedside nurse, patient (if able), key family members, and POA (if applicable) must attend.

Conference

- Welcome participants, introduce yourself, and describe your role as facilitator.
- Invite those present to introduce themselves, starting with patient (if present and able), family, and POA (if applicable).
- Explain purpose of/reason for the conference and briefly describe the process that will be followed.
- Set time limits (30-45 minutes maximum) and invite initial questions or comments.
- Discuss patient's overall medical situation and participants' perspectives.

- Invite attending/primary treating physician to describe the medical facts—diagnosis, prognosis, current care plan, patient’s response to current treatments, impending/future treatment decisions, etc. Other caregivers present should also be invited to add to this information as appropriate.
 - Invite patient (if present and able), family, and POA (if applicable) to share their perspectives, focusing especially on the patient’s expressed wishes/values and what they think is best for the patient.
 - Invite caregivers to share their perspectives—this is different from the description of medical facts in that the caregivers should express what they believe is best for the patient given their experience and knowledge of the patient’s situation.
 - Summarize discussion, check for accuracy/understanding, and resolve any disputes before proceeding.
- Discuss key issues with the goal of achieving consensus.
- Outline the issues to be addressed, check for agreement, and add to list as necessary.
 - Discuss issues one-by-one, documenting points of agreement and disagreement.
 - Summarize discussion of each issue, noting what was agreed to and what issues are still outstanding.
 - Check for accuracy and resolve any disputes before proceeding.
- Develop care plan based on discussion and determine next steps.
- Outline clear plan on agreed upon issues, stating what needs to be done, by whom, and when.
 - Determine how and when to address outstanding issues—is another care conference needed, one-on-one physician communication?
 - Assess understanding and agreement about next steps and resolve any disputes before proceeding.
 - Invite patient (if present and able), family, and POA (if applicable) to provide feedback about benefits/concerns of conference.
- Thank participants for attending and adjourn.

Post-Conference

- Debrief with caregivers for 3-5 minutes after patient, family, and POA leave.
- Document proceedings.
- Complete *Care Conference Record* and flag in chart.
 - Attending/primary treating physician writes corresponding progress note and any orders as agreed upon.
 - Send care conference alert to all physicians providing care to patient and other caregivers as appropriate.
- Follow-up with patient, family, and POA (if applicable) no more than 24-hours post-conference.