

Care planning meetings: best practice guidelines for healthcare professionals: an individualised approach to patient participation

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CARE PLANNING MEETINGS

Best Practice Guidelines
for Healthcare Professionals
An Individualised Approach to
Patient Participation



School
of Social Work
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Care Planning Meetings:

Multidisciplinary Team (MDT) Guidelines for best practice (See definitions at the end of the document)

Introduction

This training manual was designed for healthcare professionals and multidisciplinary team members (MDT) to provide guidelines which outline best practice when undertaking Care Planning Meetings (CPMs) with patients/families/carers. It focuses specifically on practice relating to CPMs held with patients who have a cognitive impairment and/or a communication difficulty. The training manual draws on a number of sources namely:

Findings from the Care and Connect Research Project AMNCH/TCD and a PhD thesis using an action research approach.

Best practice guidelines as developed by a working group of social workers in the Age-Related Healthcare Department, AMNCH.

Best practice guidelines as cited within the current research literature.

Guiding Principles for Care Planning Meetings

- The overriding guiding principle is to promote and support the primacy of the patient. CPMs can be a useful way to help patients and family members to share information, clarify goals of care and make decisions. They should provide a safe environment where issues and questions can be raised and appropriate plans of action agreed on.
- CPMs should be viewed as mutually beneficial for patients, families and healthcare professionals.
- CPMs should be used in a proactive way so that issues are anticipated and addressed before they reach a crisis level thus avoiding their use as a crisis intervention tool.

Purpose

Care Planning Meetings can be arranged for a number of reasons including:

1. Promote communication between the patient, their family members and the MDT.
2. Patient/family issues identified/discussed
3. Facilitate decision making
4. Share Information (two-way)
5. Present feedback on patient's present condition/future potential
6. Facilitate discharge planning
7. Educational
8. Arrive at a consensus where different viewpoints exist about outcomes for patients



Timing of Care Planning Meetings

- The purpose of a CPM will largely determine when it takes place e.g., discharge planning and information sharing. It should primarily be responsive to the patient/family needs and/or the Hospital's ability to facilitate the patient's discharge.
- When scheduling CPMs it is important that it is planned sufficiently in advance to facilitate attendance and to allow for all necessary pre-meeting preparation to occur.

Pre-Planning Meeting

There may be occasions when it is helpful to have a MDT pre-meeting.

If so, at pre-meeting:

- Agree/confirm purpose/team's objectives
- Clarify information to be shared at meeting
- Agree team's plan/position
- Agree contingency plan to facilitate varying family/carer responses
- Agree Facilitator and Minute Taker
- Nominate individual to carry out pre-meeting preparation with patient e.g. Social Worker, Facilitator or other nominated person. The nominated individual is given responsibility for giving the Patient Information Booklet to each patient and carrying out all necessary pre-meeting preparation with them.

Length of Care Planning Meeting

- An estimated length of time for the CPM should be discussed prior to the meeting. CPMs should have a maximum time allocation of 1 hour.
- Punctuality of MDT members at CPMs is imperative as it is important to be respectful of patient and family members time commitments.
- Late arrival may mean that issues discussed need to be revisited thereby delaying the duration of the meeting.
- It is also important that normal practice should be that MDT attendees stay for the duration of the CPM. There may however be exceptional circumstances where MDT member participation is required for only part of the CPM; in this situation the patient and their family members should be informed of which MDT members will be leaving the meeting early, and an explanation provided.



Decisions to be made before the Meeting

At MDT Case Conference:

- Agree purpose/agenda for CPM.
- Discuss team's objectives for meeting.
- Decide if there is a need for a pre-meeting prior to CPM.
- Consent should be sought from the patient about who they would like to be invited.
- Agree attendees from the MDT. Consideration should be given to the number of MDT attendees and only those who are essential to the purpose of the CPM should attend so that the patient/family do not feel overwhelmed; this is particularly relevant for patients with significant communication difficulties and should be decided on a case by case basis.
- In particular, attendance of nursing staff at CPMs should be encouraged. Nursing staff are often the MDT member who have had most contact with the patient during their hospital stay, and thus have a vital role to play in supporting patient communication and participation during the CPM.
- Decide if an interpreter is required.
- Agree whether people from external agencies should attend. If so, decide if minutes of the meeting are to be circulated.

Communication Strategies for Healthcare Professionals during CPMs

- Patient participation is influenced and increased by the strength of the therapeutic relationship with the MDT. In view of this, it is advisable in so much as is practical, to foster a therapeutic relationship with patients in advance of the CPM.
- Ensure that only one person speaks at a time during the CPM.
- Do not talk over the patient and allow sufficient time to enable the patient to complete what he/she is attempting to say.
- Turn to face the patient when you are speaking to them.
- Address the patient in the first person grammatical i.e. by their name/title/ 'you' or as they wish to be addressed.
- Avoid usage of the third person grammatical i.e. referring to the patient as 'he' or 'she' when they are present.
- Use simple, clear language and avoid the use of medical or other technical (discipline specific) language and if used, an explanation of its meaning should be provided.
- Maintain good eye contact with the patient/family members when you are addressing them.
- Be aware of your tone and clarity of speech when talking.
- Speak to patients in a non-patronising manner.
- Where possible, support patients in their communication.
- Ask patients direct questions as this will promote active participation.

- Check patient and family member understanding throughout.

For example, *'Is that ok?'* and await response or *'Do you understand everything we have been talking about? Would anyone like the information to be explained again?'*

- Be aware of body language and look for signs of distress or that the patient is uncomfortable. If signs of distress are observed in patient body language, try to address this.
- Strive to maintain a conversational style /dialogue format that is two-way.
- Don't overload the patient/family members with too much information. Tailor information provision to each patient's individual needs.
- Try to communicate short pieces of information rather than long, dense pieces of information.
- Use the 'teach back method' – ask the patient to repeat what you have told them in their own words to make sure they understand.

Patient Participation

- In general patients should be given the option to participate. However their level of involvement is likely to be influenced by their cognitive ability. Patients with a mild or moderate cognitive impairment should be encouraged and supported to attend their CPM if it is their wish to do so. The Medical Consultant, in conjunction with the MDT should decide whether it is appropriate/ practical for patients with a more advanced cognitive impairment to attend their CPM.
- Discussion should take place with the patient about which family members/support persons they would like to be invited and patients should nominate which family members they wish to attend.
- If the patient does not want to attend, seek their permission to conduct the CPM with the key family members/support persons that they nominate. If the patient cannot make an informed decision, offer the meeting to the next of kin/key family/support persons who have been identified to receive information and care planning decisions relating to the patient.
- Pre-meeting preparation is extremely important for all patients. However, particular attention should be paid to pre-meeting preparation for patients with a cognitive or communication impairment in order to optimise their participation during their CPM.
- Advice should be sought from a Speech and Language Therapist(SLT) on strategies to support and facilitate the participation of patients with cognitive and communication impairments during their CPM. In certain cases, a joint session with SLT should form part of the patient's preparation for their CPM.



- The patients desire to participate should be determined prior to the meeting. This should include discussing what level of participation and decision-making they are comfortable with and what level of involvement they would like their family members/support person to have.
- In relation to decision-making within the CPM, it is important to try and clarify the patient's preferred style of decision-making: self-determination, shared decision-making, deferred, delegated or proxy decision-making.
- Patients should be given a copy of the Care Planning Meetings Patient Information Booklet to read in sufficient time to enable them understand and remember the content of the booklet.
- The patient should be informed about the purpose of the meeting and the expected attendees.
- A follow-up discussion should take place with the patient where a verbal explanation of the booklet is provided and the patient has an opportunity to voice any questions relating to their CPM.
- The patient should be encouraged to identify any issues/topics they would like to be discussed during their CPM.
- The patient should also be encouraged to write down any questions they would like to ask/would like to be asked, on their behalf during the meeting.
- Use of scaling questions/diagrams can be helpful in eliciting the importance of an issue to a patient and may be a useful tool to help determine their wishes prior to the CPM taking place.
- In so far as is possible, the patient should receive as much information as possible about care options and resources prior to their CPM.
- If relevant, please ensure that the patient brings any communication aids to their CPM.

Family Participation

- If the patient cannot make an informed decision/does not want to attend offer, with the patient's consent, the meeting to the next of kin/key family/support persons who have been identified to receive information and care planning decisions relating to the patient.
- Family members should also be given a copy of the CPM Patient Information Booklet.
- They should be offered an opportunity to ask any questions they might have relating to the CPM prior to the meeting and encouraged to identify any issues they would like to be discussed.



Facilitation

A skilled facilitator should chair the meeting. Any member of the team who has the relevant skills/experience should be able to facilitate the meeting, however this is usually a role shared between the Social Worker and Senior Medical personnel.

Desirable Skills

- Organisational
- Mediation
- Conflict resolution
- Information giving
- Basic counselling e.g. listening/active listening
- Observation
- Delegation

Tasks of the Meeting Facilitator: pre-meeting

- Invite patient/family, explaining purpose of the meeting.
- Identify a time to meet when all participants can attend and clarify expected duration of CPM.
- Confirm the CPM time and location. Identify and book a suitable room, preferably free of interruptions, tissues should be made available and conducive seating arrangements are recommended.
- Ensure that there are enough chairs.
- Arrange interpreter when required.
- Take minutes or delegate another MDT member to do so.

Tasks of the Meeting Facilitator: in the meeting

Beginning of Meeting

- Thank everyone for attending and the facilitator should introduce him/herself.
- Establish appropriate ground rules e.g. *'We would like to hear from everyone, however we would ask that one person speaks at a time and I will make sure that everyone gets a chance to speak and ask any questions they have'*.
- Indicate the estimated maximum duration of CPM.
- Explain and agree the purpose of the meeting and then confirm with the patient and family that they have the same understanding of the purpose.
- For example, *'We arranged this Care Planning Meeting today to talk about your progress and discharge planning options. Is that your understanding of the purpose of the meeting?'*
- Explain format e.g. MDT give feedback on progress of treatment.
- Encourage patient and their family members to ask questions during the meeting.
- Encourage the patient and their family members to participate during their CPM

During The Meeting

- Check patient and family member understanding.
- Make sure everyone has opportunity to speak and raise any issues and concerns which they might have.
- Allow people time to reflect on what is said.
- Where appropriate acknowledge emotional content of meeting.
- Give people opportunity to express emotions in appropriate and safe way.
- Summarise and acknowledge different points of view while keeping a focus on the agenda and desired outcome.
- Mediate when conflicts arise.
- Where appropriate (e.g., family conflict, patient or family member very distressed) bring meeting to conclusion.
- Emphasise positive outcomes arising from the meeting but also acknowledge areas of disagreement.
- Offer final opportunity for comments, concerns or questions. For example, *'Are there any questions which you had which haven't been answered yet?'*
- Make sure minute taker has noted decisions made and plan agreed.
- Establish need for further meetings.

After the CPM

- Facilitator should stay back after the CPM to check with the patient and their family how they experienced the meeting.
- When necessary, debrief with the patient and/or family members.
- There may be times when it is necessary for the MDT to debrief.

Documentation of the Care Planning Meeting

The written record of the care planning meeting should include the following:

- Who was present, what decisions made, time frame for follow-up and what responsibilities were assigned.
- It is recommended to keep writing to a minimum.
- Further notes can be taken at the discretion of the MDT.
- A summary of the CPM proceedings should be placed in the patient's medical chart.
- Discretion regarding any further documentation can be used depending on the nature of the meeting e.g. high risk discharges.
- The patient and their family should be informed that a record of the meeting is being made and stored. It may be helpful to provide a summary of the main decisions reached to the patient and their family.



Definitions:

For the purpose of this document the following definitions can be applied.

Multi-Disciplinary Team (MDT): Includes doctors, nurses and allied health professionals.

Case Conference: Where MDT meets on a weekly basis to discuss the patient list.

Multi-Disciplinary Care Planning Meeting: involves the patient, family members/carers/support person and members of the MDT in discussions concerning the patient's illness, treatment and plans for their discharge or care outside the hospital.

Family: is defined broadly to reflect the patient's inclusion of important people in their lives, biologically, legally or otherwise related.

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