HealthLink
Muskoka HealthLink
Let's Make Healthy Change Happen

Care Conference: Guidelines

Step 2 resource

Agenda for Care Conferences:

The Care Conference will be used to bring together the entire care team to:

1. Review/confirm/revise a Health Link Patient/Client's Coordinated Care Plan
2. Identify any gaps in programs, supports and services required to implement the CCP.
3. Problem solve for better co-ordination of services to address any gaps in programs, supports or services;
4. Clarify of roles of each team member, including the client and family/caregiver
5. Identify any other service providers who should be added to the care team going forward
6. Assign or re-assess the most capable and appropriate provider to serve as System Navigator

Reasons for Scheduling a Care Conference?

- ✓ Initial Care Conference to confirm/review CCP and Care Team Members
- ✓ Follow-up Care Conference (s) when deemed appropriate by System Navigator assigned to Patient/Client
- ✓ To support discharge planning;
- ✓ If client/caregiver is identified at risk and/or unsafe by any care team member;
- ✓ If a potential crisis situation has been identified by any care team member.

Who Should Participate in the Care Conference?

The need for a conference may be identified by:

- ✓ Provider who confirmed eligibility/referred Patient to Health Links and who has initiated the Coordinated Care Plan
- ✓ Provider who is currently designated as System Navigator for the Health Link Patient
- ✓ Any provider who has identified that the client/caregiver is at risk or unsafe or that there is a potential crisis situation.

All members of Patient/client's care team should be included in the care conference. The Care Team includes the Patient/Client and their Family/Caregiver, as well as:

Care Team Members	
Starting Point In-Hospital	Starting Point In Community

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SMMH PEFN, CCAC - TCC and CCC, SASOT, PC* + any other obvious providers (Mental Health, Housing, etc.) HDMH PEFN, CCAC – TCC and CCC, GCT, PC* + any other obvious providers (Mental Health, Housing, etc.)	Primary Care * (FHT, NPLC, Health Hub) CCAC – CCC (if eligible) + any other obvious providers (Mental Health, Housing, etc.) ***If not attached to Primary Care, then include primary care as priority goal in CCP**

Scheduling of Conferences:

A conference should be scheduled within two weeks from the date of request. For clients at risk and/or unsafe, a conference should be scheduled as soon as possible.

Location:

The conference should be held where it is most appropriate for all participants:

- Patient's Care Location or Client's home;
- Primary Care Provider's office;
- CCAC office;
- Another agency's office.

Time Frame:

- Suggested time frame: approximately (30) min in length;
- Dependent on the number of participants and the number of issues to discuss.

Responsibilities:

The individual coordinating the Care Conference is responsible for:

Prior to the Conference:

- Verbally arranges date, place, start and finish time of conference with participants;
- Give reason(s) for conference and discusses with each participant the specific concern(s) to be addressed at the conference.

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At the Conference:

- Act as the host of the care conference;
- Introduce all participants;
- Appoint note-taker;
- State summary of care to date and coordinated care plan;
- Ask the individual participants for verbal reports specific to the purpose of the conference;
- Facilitate group discussion/problem solving;
- Keep group on topic and focused on the purpose of the conference;

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- Summarize final discussions including outcomes, actions to be taken and responsibility of whom;
- Establish method of feedback re implementation of plans (date and time of next conference may be scheduled if appropriate).

After the Conference:

- Send updated CCP and conference notes to all participants;
- Review service provider progress reports to ensure follow-up on action to be taken/outcome.

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