Using the palliAGED palliative care case conference forms

A case conference or family meeting between the person, their family and care providers can help to explain what is happening and to plan care. The palliAGED forms can help.

1. Use the palliAGED case conference checklist for residential care or checklist for support at home to organise a palliative care case conference. Tick off items as they are completed.

2. Speak with the person and their family about the need for a case conference. Provide information on palliative care and case conferences.

3. Involving the person's GP is important. Use the Invitation to invite them to attend, and/or to suggest a suitable time.

4. Closer to the date of the case conference, send a letter confirming details to the person and their family, and send confirmation to the GP.

5. To guide the meeting and to make sure that all steps following the conference are completed use the palliAGED case conference summary for residential care or case conference summary for support at home sheet.

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Planning checklist: Support at home

Palliative care case conference

Organisation:

Full name of client: **DOB (dd/mm/yy):**

Date of case conference (dd/mm/yy): **Time:**

Venue: **Room booked:** ☐

Dial-in telephone number / online link: **Code:**

Case conference facilitator:

Goals of case conference:
*Medicare item codes are claimable where the GP facilitates the meeting.

Name of Care Partner:

Family participants

Name	Role/relationship	Contact details

Health and Care Professionals

Name	Role/relationship	Contact details

Document (tick as appropriate)	Sent	Accepted/declined	N/A
Client & family information	☐	A ☐ D ☐	☐
Client & family confirmation	☐	A ☐ D ☐	☐
GP invitation	☐	A ☐ D ☐	☐
GP confirmation	☐	A ☐ D ☐	☐

	Needed	Obtained	N/A
Clinical summary (including most recent medication chart)	☐	☐	☐
Advance care planning document (legal or non-legal)	☐	☐	☐
Carer document e.g. NAT-C needs assessment form	☐	☐	☐
Other (specify)	☐	☐	☐

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Invitation

Palliative care case conference

Organisation:

To:	**Email/fax number:**
From:	**No. of pages:** (including this page)
Subject: Palliative case conference	**Date sent: (dd/mm/yy):**

Dear _____

A palliative care case conference is being organised for (name):

_____

Date of Birth (dd/mm/yy): _____

Proposed date (dd/mm/yy): _____ **Start time:** _____

Expected duration: _____ **Venue:** _____

As an important member of the care team you are invited to participate.

Reason for case conference:

Please indicate availability to participate in this case conference by ticking one of the options below:

☐ Attending in person ☐ Unable to attend

☐ Attending via teleconference (Microsoft Teams / Zoom / Other):

☐ Please reschedule so I can attend.
Proposed alternative date: (dd/mm/yy): _____ and time: _____

Please email/fax this back to (insert email/fax number): _____

Kind regards (name): _____

Role: _____ **Organisation:** _____

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GP confirmation

Palliative care case conference

Organisation:

To:	**Email/fax number:**
From:	**No. of pages:** (including this page)
Subject: Palliative case conference	**Date sent: (dd/mm/yy):**

Dear Dr _____

Following our recent correspondence with you a palliative care case conference has been organized for: (resident/client name):

_____

Resident/client DOB (dd/mm/yy): _____

Case conference date (dd/mm/yy): _____ **Start time:** _____

Expected duration: _____ **Venue:** _____

If you are joining by teleconference, please dial in using the following telephone number and code:

Telephone: _____ **Code:** _____

Reason for case conference:

Yours sincerely (name): _____

Role: _____ **Organisation:** _____

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Information for you and your family

Organisation:

Palliative care case conferences

It has been suggested that a case conference be held to discuss how you, or your family member might benefit from palliative care. The following explains what this is and why it is important.

Case conference: Case conferences or family meetings are an opportunity to discuss a person's care needs. They ideally include the person (if able to attend), their family and/or their substitute decision-maker, and members of the care team including the doctor.

Palliative care: Palliative care is person- and family-centred care that supports a person to live the best life they can with a life-limiting illness. A life-limiting illness means that the person has little or no prospect of cure and is expected to die. The focus is on quality of life.

Life-limiting illnesses include dementia, advanced heart, kidney, lung or liver disease, cancer, and motor neurone disease.

People can receive palliative care for days or weeks, or for months to years. Older people coming to the end of their life without illness may have some of the same care issues. They can also benefit from the approaches to care taken in palliative care.

Common care issues in palliative care include:

- pain
- dyspnoea (breathing difficulty)
- dysphagia (difficulty swallowing)
- constipation/incontinence (bowel and/or bladder management)
- depression
- delirium (sudden confusion)
- anxiety
- nausea (feel that you want to vomit)
- fatigue (tiredness).

Who should attend a case conference?

Staff in residential aged care facilities and providers of home care often meet with families. If possible, the person receiving care should attend, their GP, and any concerned family members or friends.

Your contact for this case conference is:

Name of staff member: **Role:**

Telephone:

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Invitation for you and your family

Palliative care case conference

Organisation:

A palliative care case conference has been organised for:

Name: _____

Date of birth (dd/mm/yy): _____

Case conference date (dd/mm/yy): _____ **Start time:** _____

Location: _____

Please let us know if you can attend. If you would like to join by telephone, let us know and provide a suitable number to contact you.

Your contact for this case conference is:

Name of staff member: _____

Role: _____

Telephone: _____

On the next page you will find information on palliative care and palliative care case conferences

Invitation for you and your family

Palliative care case conference

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Common care issues in palliative care include:

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- constipation/incontinence (bowel and/or bladder management)
- depression
- delirium (sudden confusion)
- anxiety
- nausea (feel that you want to vomit)
- fatigue (tiredness).

Who should attend a case conference?

If possible, the person receiving care should attend, their GP, the broader health team e.g. allied health, and where appropriate the care partner and/or registered supporter.

Confirmation for you and your family

Organisation:

Palliative care case conference

A palliative care case conference has been organised for:

Name of resident/client: _____

Resident/client date of birth (dd/mm/yy): _____

Case conference date (dd/mm/yy): _____ **Start time:** _____

Location: _____

Your involvement in planning care is important. If you are unable to attend in person but would like to join by telephone, please dial in using the following telephone number and code.

Dial-in telephone number: _____ **Code:** _____

Your contact for this case conference is:

Name of staff member: _____

Role: _____

Telephone: _____

Please write down if there are any issues you want to talk about and remember to bring this form with you to the meeting so that this can be included.

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Staff communication sheet

Organisation:

Palliative care case conference

A palliative care case conference has been organised for:

Name of resident/client: _____

Case conference date (dd/mm/yy): _____ **Start time:** _____

Location: _____

As valuable members of the care team your contribution to the case conference is important. Please list below any issues, concerns or suggestions you would like mentioned. Common issues include review of symptoms (e.g. pain, dyspnoea), concerns with nutrition or hydration, family issues, emotional concerns of the resident. If you are available and would like to attend the case conference, please contact the Case Conference Facilitator:

Name of facilitator: _____

Issue, concern or suggestion. Please be as specific as possible.	Designation

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Summary: Support at home

Organisation:

Palliative care case conference

Full name of client:

DOB (dd/mm/yy):

Purpose of case conference:

Client consent/substitute decision-maker (SDM) consent

My care provider has explained the purpose of a case conference and I give permission for my care provider to prepare a case conference. I give permission to the providers listed below to participate in the case conference and discuss my/my family member's medical history, diagnosis, and current needs.

Signature:

Date:

Dial-in telephone number: **Code:**

Client in attendance? Yes ☐ No ☐ **If no, give reason:**

Family members		
Name	**Relationship**	**Attending in person (P) or teleconference (T)**
		☐ P ☐ T
		☐ P ☐ T
		☐ P ☐ T
		☐ P ☐ T
		☐ P ☐ T

Health and care professionals		
Name	**Discipline/position**	**Attending in person (P) or teleconference (T)**
		☐ P ☐ T
		☐ P ☐ T
		☐ P ☐ T
		☐ P ☐ T
		☐ P ☐ T

Summary: Support at home

Palliative care case conference

Start time:

Need (as appropriate):

Key Issues	Description
Advance care plan Does this need to be reviewed? Does the person understand their diagnosis/prognosis?	
Symptoms For example: fatigue, anorexia, pain, nausea, dyspnoea, dysphagia	
Social/psychological needs For example: isolation, anxiety, depression What supports are being provided? What supports are needed?	
Assessments/investigations Can the client manage ADL's (Activities of Daily Living)? Do they need additional support?	
Carer/family issues or needs For example: has a Needs Assessment Tool for Carers (NAT-C) been completed?	
Other For example: general issues, housing issues, financial issues	

Summary: Support at home

Palliative care case conference

Agreed action plan

Goal	Actions	Key person(s) responsible	Description

Summary: Support at home

Palliative care case conference

Time completed:

General practitioner: _____

Tick appropriate box

- ☐ Original placed in the client's clinical notes
- ☐ Copy provided to all participants
- ☐ Copy sent to GP
- ☐ Client's care plan and assessment reviewed and updated

Palliative care case conference facilitator

Name: _____ **Position:** _____

Signature: _____ **Date (dd/mm/yy):** _____