

Appropriate Use of Antipsychotics in Long-Term Care

Care Conference Cheat Sheet - What Matter's to You?

Plan before the Care Conference

- Contact personally, by email or phone to set date, time and any pertinent details of care conference.
- Share goal that this meeting is the start of a conversation that will carry throughout the year.
- Keep the meeting to 30 minutes maximum. Plan to start and stop on time.
- Get the team that knows this person at the table for the discussion.
- Substitute decision maker or representative from Section 9 Representation Agreement are mandatory for the care conference to make healthcare and/or personal care decisions.
- Share and address issues before the conference that need to be dealt with. No one at the table should be unprepared with new information that should have been shared as part of a team's routine work.

At the Care Conference Meeting

- Delagate roles, e.g. Director of Care/Nurse to lead the structure, Physician to facilitate, other team members that support this person are present to share the plan.
- Introduce the person, eg. Retired from, avid
- Introduce who is at the table and relationship with
- Use "open" questions, listen and connect
- Try and have them talk about as much as possible.
- Be ready to adapt, listen, watch, adapt, repeat.



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Example Open Ended Questions:

- What would they have been doing 10 years ago on an afternoon like this?
- What would they want us to talk about today?
- What is the most important thing we need to talk about?
- What would you like us to know about your Mother to give her the best care possible? (use if new to care home)
- What changes have you noticed since.....? (not their first care conference)
- How would they want us to support them with......? (Behaviour issue, antipsychotics, lap strap conversation, falls, etc.) Person specific.
- How are you finding it's going for your Mother?

(Much better question than "do you have any concerns?" One seems like there should be concerns, the other gives concerns, compliments and space for anything else, and most importantly we get crucial insight from their decision maker)

- What has your fathers spoken about that he would want to see in his last part of living?
- How much fun/ is he enjoying this part of his life?
- What would he want us to know as he gets frailer? (Avoid; "does he want everything done?")

Additional Notes:

- Please add more questions that build good connection to this list. Listening is the skill that carries the most value for the year ahead.
- Be prepared to be surprised at how much information will be given to match a motivated team at the table.
- Curiosity and listening for connection will add tremendous meaning to the conversation! Be clear about trajectory and prognosis. Have the substitute decision maker or representative ask and talk about this; then they are part of the care team! Remember who this is about. Give them the agenda and they will give it back to you; as trust builds.

Contributions to document:



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- Connect what is coming from these answers with the best person in the room to add further value. The answers to these questions give us the understanding and connection to speak to "milestones" of dementia, what is going to happen next in an organic way that recognizes our roles in planning for a best possible last home, e.g Advanced Care Plan (ACP)/Medical Orders for Scope of Treatment (MOST)
- Get standing orders/ labs done that support what comes from above.
- MOST updated from above conversation.
- Tweak and trim medications that align with new plan.
- Share the notes, resulting documentation with the physician office, e.g. MOST to Health Authority and if applicable share new medications to pharmacist if not present at conference (e.g. medication change).

Please remember and consider:

- Most days the above works very well. Some days it feels like nothing goes or flows, and on those days, give gratitude for who is with us at the table and the understanding that we are doing hard work and each person is there to support each other!
- Motivate and have the staff complete the LEAP and Serious Illness Conversation course. Everyone wins when we share an approach that benefits all involved.