Powell River
Division of Family Practice
A GPSC initiative

Inter-Professional Palliative Checklist Acute - Home

Discharge date: ____________ (GP) **Palliative Discharge Meeting date:** ____________ (Acute PCC)

Cross out from list below if not applicable *List can be filled out during several visits*

Family Physician **Billing Code: 14077**

- ❑ Patient/Family is informed about diagnosis
- ❑ Patient/Family is informed about palliative care/goals of care
- ❑ Advanced Care Planning documents provided to patient/family
- ❑ Patient/Family informed about discharge
- ❑ BC Palliative Care Benefits Programme completed and submitted
- ❑ Home & Community Care referral completed and submitted

	Completed (enclosed)
❑ Discharge medications prescriptions	❑
❑ DNR Form provided to patient/family	❑
❑ Expected Death in the Home form provided to patient/family	❑

Acute Care

Patient Care Coordinator

- ❑ Intake Liaison (HCC) notified about discharge
- ❑ Referral to Social Worker
- ❑ Palliative Discharge Meeting booked. People invited:
  - ❑ Patient/Family Advocate
  - ❑ Family Physician
  - ❑ Acute PCC
  - ❑ Intake Liaison
  - ❑ Acute OT
  - ❑ Case Manager
  - ❑ Social Worker
  - ❑ COPE

Registered Nurse

- ❑ PPS completed
- ❑ ESAS completed
- ❑ Patient/Family trained (e.g. meds/equipment)
- ❑ Unit Clerk informed about discharge

Occupational Therapist

- ❑ House assessment completed date:_______________
- ❑ Bed ordered. Delivery date: ______________________
- ❑ Lift ordered. Delivery date: _______________________
- ❑ Patient information transferred to HCC OT

Unit Clerk (4th Floor)

- ❑ HCC notified prior to discharge about time/date
- ❑ Copy discharge meeting form & docs to patient
- ❑ Ambulance booked. date:___________time:_________
- ❑ Expect. Death at Home form faxed to Funeral Home

Copied and faxed to Home and Community Care

- ❑ ADL Flow sheet from last 7 days
- ❑ Bowel Record
- ❑ Pain assessment information
- ❑ Allied health assessments and Progress Notes
- ❑ Pertinent lab & diagnoses imaging results
- ❑ Medication Record last 48 hs (incl. transfer day)
- ❑ Expected Death in the Home form
- ❑ DNR Form
- ❑ Discharge MAR
- ❑ Physician History and Progress Notes
- ❑ Nurses Notes last 48 hrs (incl. transfer day)
- ❑ Patient & Family Palliative Discharge Meeting Form
- ❑ Wound/Dressing:

  Location:____

  Date last changed: ______________________________

  Products used: _________________________________

  ____

  ____

Home and Community Care (HCC)

RN

- ❑ HCC intake date: ________________________

Social Worker

- ❑ Conducted meeting with patient/family
- ❑ Referred to hospice society
- ❑ Hospice pamphlets provided

Powell River
Division of Family Practice
A GPSC initiative

Patient & Family Palliative Discharge Meeting

This form is developed to guide the Palliative Discharge Meeting with the patient and family/caregivers. The boxes can be ticked off when topics are discussed during the meeting and/or the listed documents are available.

Estimated Discharge date: ____________ **Palliative Discharge Meeting date:** ___________

"Plans can change and patients are always welcome to come back, even after a few hours"

Each item will be discussed or reviewed by the indicated health care provider

Acute Primary Care Coordinator. Name: _____________________ **Telephone:** ___________________

❑ Goal of the meeting: Explain process of discharge and address questions, worries and expectations

- What worries does patient/family/caregivers have? What are the expectations?

❑ Medication Administration. Training Date: ____________Time: ______________________

Physician. Name: ____________________________ **Clinic telephone:**__________________________

❑ Hospital stay: reason for admission, treatment, and reason for discharge

❑ Expected trajectory

❑ End of Life Planning

❑ Medications (including bowel care, pain control and anxiolytics)

❑ Documents signed and completed:

- ❑ DNR (community DNR form)
- ❑ Expected Death At Home Form
- ❑ Hospice Referral Form
- ❑ BC SPICT Palliative Benefits Form
- ❑ HCC Nursing Referral Form

All these documents will be handed to family at discharge

Home and Community Care Intake Liaison. Name: ______________________

❑ Role of Home Care

❑ HCC plan. Services can be adjusted if needed. First Visit: ___________ Schedule: __________

Will be filled out at discharge

Home Care Nurse. Number: 604.485.3310 Local: 4500

❑ Role of HCC Nurse – *contact for problems or changes in care needs at home*

OT. Name: __________________________________**Telephone:**________________________________

❑ Equipment, setup and availability

❑ Equipment home visit. Date: __________Time:__________________

Social Worker. Name: _______________________ **Telephone:** _________________________________

❑ Resources pamphlets along with emotional/spiritual support

❑ Post discharge follow up at home. Date: ____________ Time: _______________

A copy of this form will be provided to the family at discharge by unit clerk

Vancouver CoastalHealth
Promoting wellness. Ensuring care.
SharedCare
Partners for Patients