

# 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 [Case Conference Checklist for home care](#) 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 [GP 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 home care](#) sheet.

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# Palliative Care Case Conference

Organisation: \_\_\_\_\_

## Planning Checklist - Residential Care

Full name of resident: \_\_\_\_\_ DOB (dd/mm/yy): \_\_\_\_\_

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

Venue: \_\_\_\_\_ Room booked: \_\_\_\_\_

Dial-in telephone number: \_\_\_\_\_ Code: \_\_\_\_\_

Case conference facilitator: \_\_\_\_\_

Goals of case conference:

### 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
Resident & family information		A    D	
Resident & family confirmation		A    D	
GP invitation		A    D	
GP confirmation		A    D	

	Needed	Obtained	N/A
Clinical record (including most recent medication chart)			
Advance care planning document (legal or non-legal)			
Other (specify)			

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# GP Invitation

Organisation: \_\_\_\_\_

## Palliative Care Case Conference

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

Dear Dr, \_\_\_\_\_

A Palliative Care Case Conference is being organized for (Resident/client name):

Resident/client DOB (dd/mm/yy): \_\_\_\_\_

Proposed date (dd/mm/yy): \_\_\_\_\_ Start time: \_\_\_\_\_

Expected duration: \_\_\_\_\_ Venue: \_\_\_\_\_

As an important member of the care team for our resident/client, 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  
Please provide your telephone number: \_\_\_\_\_

Please reschedule so I can attend.  
Proposed alternative date: (dd/mm/yy): \_\_\_\_\_ and Time: \_\_\_\_\_

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

Yours sincerely (name): \_\_\_\_\_

Role: \_\_\_\_\_ Organisation: \_\_\_\_\_

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# GP Confirmation

Organisation: \_\_\_\_\_

## Palliative Care Case Conference

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 with 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

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: \_\_\_\_\_

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 (continued)

**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.

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### 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.

# 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.



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

# Confirmation for you and your family

## Palliative Care Case Conference (continued)

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### 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.

# 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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# Palliative Care Case Conference

Organisation: \_\_\_\_\_

## Summary - Residential Care

Full name of client: \_\_\_\_\_

DOB (dd/mm/yy): \_\_\_\_\_

Purpose of Case Conference: \_\_\_\_\_

### Resident 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: \_\_\_\_\_

Resident 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

# Palliative Care Case Conference

## Summary - Residential Care (continued)

Start time: \_\_\_\_\_

Need (as appropriate): \_\_\_\_\_

Key Issues	Description
<p><b>Advance care plan</b></p> <p>Does this need to be reviewed? Does the person understand their diagnosis/prognosis?</p>	
<p><b>Symptoms</b></p> <p>For example: fatigue, anorexia, pain, nausea, dyspnoea, dysphagia</p>	
<p><b>Social/psychological needs</b></p> <p>For example: isolation, anxiety, depression What supports are being provided? What supports are needed?</p>	
<p><b>Assessments/investigations</b></p> <p>Can the resident manage ADL's (Activities of Daily Living)? Do they need additional support?</p>	
<p><b>Carer/Family issues or needs</b></p>	
<p><b>Other</b></p> <p>For example: general issues, housing issues, financial issues</p>	

# Palliative Care Case Conference

## Summary - Residential Care (continued)

### Agreed Action Plan

Goal	Actions	Key Person(s) Responsible	Description

# Palliative Care Case Conference

## Summary - Residential Care (continued)

Time completed: \_\_\_\_\_

General Practitioner: \_\_\_\_\_

### Tick appropriate box

Original placed in the **resident's** clinical notes

Copy provided to all participants

Copy sent to GP

**Resident's** care plan and assessment reviewed and updated

### Palliative Care Case Conference Facilitator

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_