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| CARE CONFERENCES | | | | NO. | |
| Purpose: To establish Resident Care plan agenda.  Statement: It is the policy of this facility that resident care plan be designated in an organized manner.  Procedure:   1. The MDS coordinator will: 2. Schedule care conferences. 3. Inform the care plan team of scheduled care conferences and changes in scheduling. 4. Lead the care plan meetings and assist the care plan team to follow the care conference format. 5. The Social Services Director will: 6. Inform residents and family members of scheduled care conferences, and encourage them to attend. 7. Inform the MDS Coordinator of the times residents and family members will be attending. 8. Staff members required to attend the care plan conference are: 9. MDS Coordinator 10. Social Services Director 11. Dietary Director 12. Activities Director 13. Staff members required to attend the care plan conference unless prevented by their work duties are the resident’s : 14. Unit Nurse 15. Nursing Assistant 16. Physical. Occupational, Recreational, or Speech Therapist. 17. Care Conference Format: 18. Bring to the meeting: the resident’s chart, care plan, nursing Assistant care form, and pertinent documents. 19. If family and/or resident is present, introduce yourself and the staff members, and ask if there are concerns, questions, or complaints they wish to discuss first. 20. Review what has happened with the resident since the last assessment. 21. Review recent changes in medications and physician’s orders. 22. Review the nursing care plan, reading each problem statement, and discussing with the team, family, and resident as necessary. 23. Ask staff members to review their department’s care plan. 24. Discuss with the care plan team if additions or changes need to be made to the resident’s care plan. 25. Make sure issues related to falls, restraint’s skin breakdown, psychotropic medications, pain management and weight loss are discussed, and that effective interventions are implemented and documented. | | | | | |
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| CARE CONFERENCES | | | | NO. | |
| 1. Review the resident’s Quality Indicator reports, and address any item that is flagged. Specifically focus on Late-loss ADLs: Bed mobility, transfer, eating, and toilet use. 2. Compare the care plan to the MDS and Nursing Assistant care form to make sure they match. Resolve conflicting information. 3. Date and initial new entries. 4. If changes to the care plan need to be made, cross through the old entries with a yellow marker, date, and initial. 5. Care plans do not need to be completely rewritten with each assessment. They can be edited each time. 6. Reprint the care plan once per year or when a great number of changes have been made. 7. Take notes of the meeting on the Care Conference form, and when discussion of the resident’s care plan is finished, pass the form to those present for signatures. 8. Keep the care conference members focused and from straying from the subject matter by leading them gently but firmly back to the matter at hand. If a member has a pattern of wasting time during the meeting, schedule a private conference to discuss the problem. 9. Address family satisfaction issues immediately, assure family members that information will be given to the Charge Nurse and/or Director of Nursing, and make sure issues are followed up. | | | | | |
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