HealthLink / Maillon santé

Greater Sudbury/du Grand Sudbury

Coordinated Care Conference & Planning Recommendations

When to call a Coordinated Care Conference?

A Coordinated Care Conference may be scheduled for any of the following reasons:

- The individual is new to the Greater Sudbury Health Link and you are developing their first Coordinated Care Plan (this first care conference will be scheduled by the *Greater Sudbury Health Link Navigator)*.
- There have been significant changes to the individual's health and well-being that require additional planning and collaboration between providers.
- A member of the Care Team believes that the individual is at higher risk of health or social crisis.
- The individual is about to be discharged following a lengthy stay in hospital or another facility.
- Other reasons deemed appropriate by the individual, Lead Care Coordinator and/or members of the Care Team.

Purpose of the Coordinated Care Conference

The Care Conference is coordinated and scheduled by the Greater Sudbury Health Link Navigator or Lead Care Coordinator following discussion and agreement with the individual. It brings together an individual's Care Team to:

1. Create, review or significantly revise the individual's Coordinated Care Plan (CCP).
2. Ensure that all care team members understand and are working towards the individual's wellness goals.
3. Identify any gaps in programs, supports and services required to implement the CCP and achieve the individual's wellness goals.
4. Problem solve for better co-ordination of services.
5. Clarify the roles of each team member, including the individual and family/caregivers.
6. Identify any other service providers who should be added to the care team
7. Re-assess the most capable and appropriate provider to serve as *Lead Care Coordinator*.

Format and Duration

Every attempt should be made to schedule the Care Conference according to the individual's preferences. *The ability of providers to participate, however, will also need to be considered. For example, some providers may have limited availability and be less able to attend Care Conferences in person. Options that you may wish to consider when discussing and scheduling care conferences include:*

- Use of teleconference or a combination of in-person and teleconference meetings.
- Use of the Ontario Telemedicine Network (OTN) – for more information about use of OTN, please contact the program lead at healthlinkinfo@cmha-sm.on.ca.
- A combination of in-person meeting and prior consultation. Individuals may not want to have all members of their care team present for their Care Conference. If care team members are not present at meetings, their contributions to the Coordinated Care Plan should be discussed and received through consultation prior to the in-person meeting (*the Coordinated Care Plan Feedback/Consultation Request* form can be used for this purpose).
- Pre-scheduled times for regular teleconference “check-ins” with all members of the Care Team. These brief “mini care conferences” may help to keep all providers informed at times when an individual’s needs and health status is changing frequently.

It is suggested that Coordinated Care Conferences be between 30 minutes and 1 hour in duration. Meeting length will, however, vary depending on the number of participants and issues being discussed.

Participants

Care Conferences should involve all members of an individual's identified care team (either in-person, via tele/video conference, or through prior consultation). When determining the care team consider the following:

The following are provided as examples only. This is not an exhaustive list of those who may be included on care teams.
Physical Health/Medical Providers, e.g. • Primary Care Provider (the involvement of primary care providers is considered a provincial Health Link priority) • Behavioural Supports Ontario • Community Health Centre Providers (Centre de santé communautaire du Grand Sudbury; Shkagamik-Kwe Health Centre • Greater Sudbury Paramedic Service - Community Paramedicine • Health Sciences North Clinic Providers (Cardiac, Diabetes, etc.) • North East LHIN – Home and Community Care • North East Specialized Geriatric Services • Pharmacist • Réseau ACCESS Network – HIV/Hepatitis Health and Social Services • Sudbury & District Health Unit Clinical Service Providers
Mental Health/Addictions Providers, e.g. • Canadian Mental Health Association-Sudbury/Manitoulin • Health Sciences North Mental Health and Addictions Programs • Monarch Recovery Services • North Bay Regional Health Centre – Mental Health Inpatient Programs • Northern Initiative for Social Action (NISA) • N'Swakamok Native Friendship Centre • Shkagamik-Kwe Health Centre
Social Service Providers, e.g. • City of Greater Sudbury Social Services (Social Support Case Workers; Housing and Homelessness programs) • Children's Aid Society • Homelessness Network providers • March of Dimes • Sudbury Community Service Centre (supports for adults with developmental disabilities)
Justice Service Providers, e.g. • Elizabeth Fry Society • Greater Sudbury Police Services • John Howard Society • Probation/Parole Officers
Informal Care Providers, e.g. • Family members • Friends • Peer Support Workers • Others identified by the individual

Coordinated Care Conference Checklist

The following steps should be considered when planning and facilitating a Coordinated Care Conference:

Before the Coordinated Care Conference (Greater Sudbury Health Link Navigator/Lead Care Coordinator)	
☐	Confirm the Care Conference format and participants with the individual.
☐	The GSHL is supporting the engagement of all physicians and primary care providers who are identified as members of care teams. With consent of the individual, please provide their names and contact information to the GSHL Project Lead: healthlinkinfo@cmha-sm.on.ca, 705-675-7252. They will be contacted by our Primary Care Engagement Lead who will inform them of GSHL processes and encourage their participation as a care team member.
☐	Contact all identified providers and invite them to participate as members of the care team. A sample email is provided below to assist with first contact of care team members. This email contains links to information and resources. It also suggests initiating a doodle poll as a first step to scheduling a care conference.
☐	Schedule the time/location/format for the Care Conference – due to the busy schedules of care team members, ***it is strongly recommended that Care Conferences be scheduled as soon as possible following engagement of the individual and receipt of their consent to share information***. Care conferences can be scheduled prior to completing the first draft of the CCP.
☐	Fax (via secure fax) the first draft of the CCP along with the completed consent form to all care team members so that they may come prepared to the conference and/or provide feedback into the CCP through consultation.
☐	Contact the individual to ensure that they understand the goals and expectations for the Care Conference.
At the Coordinated Care Conference (All care team members)	
☐	Introduce participants – include the organization and roles of all participants (All participants).
☐	Provide a brief overview of the purpose of the Care Conference (Greater Sudbury Health Link Navigator/Lead Care Coordinator).
☐	Confirm the individual's consent to share their personal health information amongst members of their care team. The GSHL consent form can be used for this purpose, (available at http://sm.cmha.ca/our-services/greater-sudbury-health-link). Other care team members may require separate consent or release of information documents to be signed.
☐	Summarize the individual's story and experiences, and identify their wellness goals. Include the individual's strengths, efforts and progress, existing supports/coping strategies, and challenges. (Individual/Caregivers/Providers) • Individual/caregivers' perspectives • Reports from providers – qualitative information, clinical/other assessments
☐	Explore solutions and opportunities to address the individual's needs and service gaps and meet the individual's wellness goals (All participants).
☐	Identify the roles of each member of the care team (including the individual) in achieving the individual's wellness goals (All participants).

☐	Identify the most appropriate care team member to assume the role of ongoing Lead Care Coordinator. Ideally, the role will be assumed by the organization/individual who has a good relationship with the individual and is best aligned with the individual's health needs and goals (All participants).
☐	Ensure that all members of the care team understand the process and expectations for communicating changes to the CCP (Greater Sudbury Health Link Navigator/Lead Care Coordinator).
☐	If required, create a schedule for the ongoing communication between care team members (e.g. weekly check-ins via teleconference).
☐	Review and summarize wellness goals, plans, roles and responsibilities.
After the Coordinated Care Conference (Lead Care Coordinator)	
☐	Revise the Coordinated Care Plan as per care team input/feedback.
☐	Review the new CCP with the individual to confirm accuracy and make any necessary revisions.
☐	Provide the individual with a hard copy of their CCP and advise them to bring it with them to all health and social service visits (including the Emergency Department and specialists).
☐	Update the completed Coordinated Care Plan in the Health Partner Gateway for the North East LHIN – Home and Community Care and CHRIS database. Ensure that all Care Team members have final CCP.
☐	Continue with ongoing follow-up including support to individual, communication of CCP updates, and collaboration between Care Team members.

Sample Email/Introduction Script for Greater Sudbury Health Link Navigators and Lead Care Coordinators

Dear (Name of Care Provider),

Through improved coordination of care, the Greater Sudbury Health Link (GSHL) seeks to improve the well-being of Sudbury residents who require a complex range of services and supports. The Greater Sudbury Health Link brings individuals together with their full team of health and community service providers. They work together to identify each individual's unique care goals and make plans to achieve them. Members of care teams may include primary care providers, specialists, allied health professionals, community health and social service providers and other informal caregivers.

I am contacting you because you have been identified as a service provider who is currently supporting or providing care to (name of Greater Sudbury Health Link individual). (Name of Greater Sudbury Health Link individual) has recently become engaged with the GSHL. I am his/her *Greater Sudbury Health Link Navigator/Lead Care Coordinator* and he/she has requested that you become a member of his/her GSHL care team.

As a care team member, we are hoping that you will contribute your perspective to (Name of Greater Sudbury Health Link individual) *Greater Sudbury Health Link Coordinated Care Plan (CCP)*. This can happen in a number of ways: in person at a care conference meeting, via teleconference with other members of the care team, or directly within his care plan. If you agree to be a member of (Name of Greater Sudbury Health Link individual) care team, I will fax you a draft of his/her CCP as well as his/her signed consent to share information.

At this time, we are hoping for the following:

- **Your agreement to participate as a care team member.**
- **Your complete contact information including phone number, email and fax number**
- **Your preferences for contributing to the Coordinated Care Plan – in person at a group meeting, via teleconference at the group meeting or via direct consultation.**
- **Your participation in link to doodle poll in order to determine the best time for a Coordinated Care Conference.**

Please see the resources linked below for additional details about the Greater Sudbury Health Link. You may also contact the project lead c/o Canadian Mental Health Association-Sudbury/Manitoulin, healthlinkinfo@cmha-sm.on.ca, 705-675-7252.

Thank you in advance for your consideration of this request and I look forward to hearing from you at your earliest convenience. Through enhanced care coordination we hope to improve outcomes for individuals and care providers alike.

Sincerely,

(Your name)

Greater Sudbury Health Link Navigator/Lead Care Coordinator

Linked resources:
What is the Greater Sudbury Health Link: Information for Health and Community Service Providers?

The Greater Sudbury Health Link Coordinated Care Plan

For more information or support with Coordinated Care Conferences contact:
Greater Sudbury Health Link
c/o Canadian Mental Health Association-Sudbury/Manitoulin
healthlinkinfo@cmha-sm.on.ca, 705.675.7252
http://sm.cmha.ca/programs-services/greater-sudbury-health-link/