

Minnesota Veterans Home Family Council – Minneapolis

Quarterly Care Conference Guidelines for Families

Families are encouraged to participate in the care planning process on a continuous basis. Please keep in mind that if an onsite meeting at the Veterans Home does not work for you, the meeting can easily take place via a conference call.

In addition, at least once per year, you are encouraged to request a copy of your loved one's Care Plan, which will require that you sign a release form. There are a couple different kinds of release forms available, which may be obtained from the Unit Health Information Clerk or the Social Worker. The Veterans Home has procedures in place with regard to requesting a Care Plan. For your reference, their procedures are included as the third page of this Care Conference Guidelines document.

Once you have a copy of the Care Plan, take a few minutes to review it. Make sure that it accurately reflects your loved one's needs, as well as to ensure that staff are caring for your loved one in a way that is consistent with the Care Plan. If you discover any discrepancies of immediate concern, contact the Neighborhood Director for your loved one right away. If it is not an immediate concern, discuss it at the next Care Conference.

The Care Plan is a five-column document that consists of the following standardized areas of focus in regard to your loved one's care.

1. Activities of Daily Living (ADL) – examples include describing the amount of assistance that is needed with activities like bathing, dressing, teeth brushing, and/or need for hip protectors.
2. Behavior – examples include monitoring for agitation, restlessness, pain, and/or to watch for side effects of the medication that has been prescribed to help with these behaviors.
3. Cognition – examples include suggestions about how to best communicate, such as asking “yes/no” questions and allowing time for decision-making, as well as anticipating needs because resident is unable to use the call system.
4. Elimination – examples include the amount of assistance needed for toileting, frequency of toileting, fluid intake, and/or MRSA precautions.
5. Leisure Time Use – examples include the need for 1:1 assistance, an escort to activities, as well as instructions about speaking slowly and introducing oneself to resident using short sentences.
6. Mobility – examples include the degree of assistance needed for transferring, need for a transfer belt, descriptions of resident's mobility behavior, such as his movements are jerky and fast so monitor carefully, and/or when to use a wheelchair.
7. Nutrition/Dehydration – examples include scheduled snacks, fluid intake, choking risk, specific type of diet (ground or pureed), amount of assistance needed with eating, and/or the need to monitor for swallowing problems and aspiration.
8. Pain – examples include instructions regarding how the resident's pain is managed.
9. Psychosocial – examples include keeping family informed of any changes or concerns, as well as inviting family to attend Care Conferences, and/or to support the family members in their ongoing relationship with resident.
10. Safety/Falls – examples include assessment of resident's risk for falls, the degree of assistance that is needed for walking, instructions for transfer belt use, and/or encouraging resident to sit up straight in the chair.
11. Sensory and Communication – examples include instructions about how to speak to resident, such as using a normal tone of voice and to observe for difficulty with listening and eliminating background noises, whether or not resident wears eyeglasses, using signs and gestures or sounds, and/or a description about whether resident can express needs, or not.

12. Skin Integrity – examples include frequency of peri-care, weekly skin exam on bath day, resident's ability to reposition self, observe and report on skin for redness, rashes, or blisters, use of pressure relief mattress noted if used, as well as not allowing resident to sit more than three hours at a time.
13. Sleep – examples include assisting resident with maintaining a consistent routine for retiring and arising, ensuring that room is dark and night light on, and/or to minimize interruptions /disruptions during sleep.

There are a few additional areas of focus in regard to your loved one's care that are not standard, and which may include Rehab Services, Mental Health, Smoking, and a few others. All of these areas of focus are included in the Care Plan as an exception, and not the rule.

Also, at least on an annual basis, review the following at your loved one's Care Conferences.

1. Dental Care Needs and/or Concerns
2. Podiatry Needs and/or Concerns
3. Designated Hospital
4. Designated Funeral Home
5. Insurance Carrier
6. Decision Making Process for Ambulance and 911 Calls
7. Status of Power of Attorney, Living Will, and/or Guardianship
8. Full Code and/or Do Not Resuscitate/Do Not Intubate (DNR/DNI) Status
9. Notification Process – arrangement plans for the time when a loved one dies. This should include a review of the notification process by the Vets Home with the family, and the Funeral Home as well. In addition, the VA's autopsy benefit needs to be explained and understood.

Typically, the quarterly Care Conference is attended by the Social Worker, Dietician, and Recreation Therapist, as well as the Neighborhood Director, RN Manager, or Primary Nurse. It is possible to invite other Vets Home staff to attend your loved one's Care Conference, which will need to be requested by the family in advance. Others that may be invited to attend include the primary HST who provides care for your loved one, the nurse practitioner, physical therapist, and/or mental health specialist. Quarterly Care Conferences are scheduled for about 20 minutes each. If you need more time than that, let the Vets Home staff know in advance. Also, it is best to submit your issues of concern in advance of the Care Conference. Doing so allows staff the time needed to prepare more completely, and keeps the discussion focused, therefore making the best use of your time, as well as that of Vets Home staff. Finally, if the family member or their loved one living at the Vets Home requests an alternate date for the Care Conference, that meeting on an alternate date will most likely be attended by only the social worker and a representative from nursing.

On a related note, for those family members' who have, or may have, a loved one that needs transportation back to the Vets Home from the hospital, there are alternatives to an ambulance. For most families, each ambulance ride incurs a significant expense. However, in the case of an emergency, which must be determined by Vets Home staff, the resident must go by ambulance. So it is important to understand that the option of transportation other than an ambulance is strictly limited to non-emergency events. So, in the case of non-emergency events, there are other transportation services available, at about half the cost of an ambulance. One Vets Home family reported having a good experience with Northland Transportation. They found that Northland could transport your loved one, whether she or he is in a wheelchair, or needs a litter. Apparently the cost was reasonable, and the transporters were respectful.

On another related note, one family discovered that the Minneapolis VA Hospital has a few hospice beds available, which are furnished by the American Legion. This might be a good alternative for some families, particularly those who have a loved one that needs intervention administered by IV while receiving hospice care, which cannot be done at the Vets Home.

Minnesota Veterans Home-Mpls Requesting Copies of Resident Care Plans

Copies of care plans may be requested using the following procedure.

1. The resident or the responsible party shall complete section “A” on the Information Disclosure Request form if the requestor is the resident or the responsible party .

The resident or responsible party shall complete Consent for the Release of Information if the care plan is to be released to a third party.

(Examples – Resident is his/her own responsible party and wants care plan mailed to a daughter.)

(Forms may be obtained from the unit health information clerk or the social worker.)

2. The completed Information Disclosure Request form or Consent for the Release of Information may be given to the unit social worker or unit health information clerk.
3. Copies of the care plan shall be released upon review of the request.
4. The Consent of the Release of Information is valid for one year.
The Information Disclosure Request is valid for the current request.
5. There is no charge for a copy of a care plan.

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