

Week 9: Purposeful Conversations

Monday

Having purposeful conversations with residents and family members is a best practice and can strengthen admission and care planning processes, increase resident and family participation in care, and reduce avoidable transfers back to the hospital.

Purposeful conversation refers to intentional and meaningful communication that serves

specific objectives or goals. It goes beyond casual chitchat and aims to achieve specific outcomes.

Print and discuss with the team the following resource,

Go to the Hospital or Stay Here. Social services staff or nurses can use this decision guide to facilitate clear and informative conversations of a resident's choice to "Go to the Hospital or Stay Here."

GO TO THE HOSPITAL OR STAY HERE?

A Decision Guide for Patients and Families



Tuesday

End of Life Purposeful Conversations - What are the Residents Wishes?

Do all of your residents have a documented advanced directive? **Review which residents are a full** code, and which are a Do Not Resuscitate (DNR). Discuss how staff know which residents are DNR and what the current process is to communicate this to all staff.

Print and discuss Education on CPR for Residents/ Patients and their Representatives with the clinical team to guide conversations when providing education for residents and their family.

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Advanced directives should be reviewed upon admission, quarterly, and if a change in condition would warrant it. Use this Advance Care Planning Tracking Form to assist with tracking these reviews.

Wednesday

It is often helpful to involve the physician or healthcare provider, in addition to the resident and their family in purposeful conversations during care plan meetings.

You may want to have an ad hoc care plan meeting if a decline in condition is noted. **Discuss with the team the importance of being proactive with change in** **condition.** Consider inviting the physician or nurse practitioner to participate in a care plan meeting to participate in difficult conversations.

Print and discuss <u>A Patient's</u> <u>Guide to Serious Illness</u> <u>Conversations</u> from the Institute for Healthcare Improvement to guide these conversations.

What Matters to Me A Workbook for People with Serious Illness

NAME	
ARIADNE LABS	the conversation project
02021 Arladne Labo and The Conversation Project, an initiative	of the Institute for Healthcare Improvement (IHI)

Advanced care planning for vaccinations is a best practice. The <u>Planning for COVID-19 Care</u> <u>Conversation Tool</u> can assist with having purposeful conversations centered around vaccinations upon admission and at quarterly care plan meetings.

Print and share the same resource with the admissions and clinical care plan team and discuss how it can be incorporated into current practice.

Planning for COVID-19 Care Conversation Tool
This tool can be used to assist in developing a resident plan of care. Complete each field below, using the question prompts to guide your conversation with the resident.
Recident name: Click or top here to enter text. Date: Click or top to enter a date. Recident with Click or top here to enter text. Respectively party of other than encliced; Click or top here to enter text.
Start the Conversation
Seganted dialegue: Even through COVID-19 can make us sick, there are things are can do to protect counsies and others. When loss of proceeds low or get tagebler in one places, genns can spread freen protects to prove. Dotting pool sense is that there are things use can all do takepart consideration deach other wher and healthy. Today of all are to talk to pool about the loss of care you availd want if you ware to get table. It can be an experiment and the sense to a get the sense rule and the sense rule.
After resident agrees to discussion: Everyone who lives in a care facility is at risk for COWD-19. There are signs and symptoms that can be the first clue that you have an infection. The source we can treat scheme, the texts. And hopefacily, the ridder rule will be.
Discuss treatment geals: We want to make sure we are doing things that help you meet your geals. So we want to start by making same we know what you geals are. Some people want to do things if a prevent COVID or endows emplotes. Some people want to fice on things thin will make them comfortable. What are the most important things for you when we talk about COVID treatment?
Resident response: Click or tap here to enter text.
Vaccinations (Complete vaccine history fields prior to conversation)
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Updated COVID-19 vacanation received on: Click or top to enter a date. Click or tap to enter a date.
Resident has: □ Received the updated COVID-19 vaccine Not received the updated COVID-19 vaccine
Influenza vancination received ext Click or tap to enter a date. Presentation vancination received ext Click or tap to enter a date.
Preumonia vaccination received on: Click or tap to enter a data. Shingles/sorter vaccination received on: Click or tap to enter a data.

Friday

Thursday

Disease process education for residents and families is important. It may be appropriate to conduct purposeful conversations regarding palliative care and/or hospice care during these conversations.

Print and share

Identifying Residents Who May be Appropriate for Hospice or Palliative/ Comfort Care Orders to identify residents who may be appropriate for this type of care.



Also, print and share <u>Myths about</u> <u>Palliative and Hospice Care Infographic</u> with your social service and clinical team to guide conversations regarding certain myths about palliative care and hospice.

