

# Enhancing Health Care Through Communication



**USING SUPPORT TOOLS FOR WORKING  
WITH HEALTH CARE PROFESSIONALS**

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# Who I am



**REGISTERED NURSE:** HSCL, GERIATRICS,  
COMMUNITY CARE

**BUSINESS:** PERSON-CENTERED, CLIENT  
FOCUSED

**COMMUNITY VOLUNTEER:** STARTED AT AGE 12  
AND STILL VOLUNTEERING

**MOM & GRANDMA**

***DISCLAIMER – I HAVE NO AFFILIATION WITH A  
PHARMACEUTICAL, MEDICAL DEVICE OR  
COMMUNICATIONS ORGANIZATION.***

# Objectives



- PRESENTATION OF A NEW TOOL TO FACILITATE COMMUNICATION AT HEALTH RELATED APPOINTMENTS
- DISCUSSION ABOUT GUIDELINES CURRENTLY IN PROGRESS

# Goals of care



- MAXIMIZE INDEPENDENCE
- MAXIMIZE QUALITY OF LIFE
- MAINTAIN OPTIMAL HEALTH
- MINIMIZE/RELIEVE PAIN AND SUFFERING
- SLOW DISEASE PROGRESSION (IF POSSIBLE)

# So why is there a problem?



- DIFFERENT APPROACHES TO CARE
- DIFFERENT PRIORITIES
- DIFFERENT WAYS OF COMMUNICATING “WHAT IS IMPORTANT”
- TIME CONSTRAINTS

# FRUSTRATION!



# Health/Medical Visit Form Process



- ORIGINALLY DEVELOPED AND USED IN SOUTH OKANAGAN IN EARLY 2000'S
- BROUGHT FORWARD 2012/2013 TO PROVINCIAL HSCL RN GROUP WHEN NEED IDENTIFIED
- WORKING GROUP MODIFIED ORIGINAL DOCUMENT
- RESEARCH BASED
- VETTED BY REPRESENTATIVES FROM CLBC, FIRST NATIONS, COMMUNITY PARTNER AGENCIES, PHYSICIANS
- STARTED IMPLEMENTATION JUNE 2015

# Health/Medical Visit Form



- SINGLE SHEET, TWO-SIDED
- FRONT: “BUSINESS SIDE” FOR AT THE APPOINTMENT
- TOP PORTION COMPLETED **PRIOR TO** ATTENDING AN APPOINTMENT
- BOTTOM PORTION COMPLETED **AT THE** APPOINTMENT
- BACK: “INFORMATION SIDE”, HOW TO COMPLETE THE FORM, ETC



### Health/Medical Visit

(see back for instructions and reminders)

Appointment with: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Current medication list attached?

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

PHN: \_\_\_\_\_ DOB: \_\_\_\_\_  
(dd/mm/yyyy)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Individual makes their own health care decisions:

Yes  No

Substitute Decision Maker for Health Care\*:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reason for Visit:**  New concern,  Prescription renewal,  Annual review,  Test results,  
 Forms to be filled out,  Other (i.e. Follow-up, Health care plan/equipment update, Caregiver support/education)

Explain: \_\_\_\_\_

How long has this been a concern? \_\_\_\_\_

How does it affect the individual? \_\_\_\_\_

What makes it better or worse? \_\_\_\_\_

When does it occur (time of day, number of times per day/week)? \_\_\_\_\_

Additional information that may be helpful: (location, quality, severity, setting it occurs) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person completing information: \_\_\_\_\_  
(Please Print) Relationship/Position Contact #

Practitioners to complete, keep copy for chart, and give copy to the Individual / Caregiver

Assessment Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Recommendations/Treatments/Tests/Medications ordered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up visit: \_\_\_\_\_

## Health/Medical Visit – Instructions and Reminders

**Reason for Visit:** This form needs to be completed whenever the Individual is seen in the home, office, clinic or hospital by the following:

- Dental Hygienist
- Dentist
- Dietitian,
- Nurse
- Nurse Practitioner
- Occupational Therapist
- Physician
- Physiotherapist
- Podiatrist
- Respiratory Therapist
- Speech Language Pathologist
- Specialist, or
- any other health care professional

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### **Reminder Checklist:**

- Bring a new updated form each visit
- Bring a current medication list, including over the counter medications, herbals and naturopathic remedies
- Bring any monitoring forms being used i.e. sleep, blood sugar, seizure or behaviour charts
- Keep a copy of this completed form for the Individual's home file
- Request a copy of test results or medical reports for the Individual's home file
- Obtain permission from the Individual or their Substitute Decision Maker before disclosing information related to the appointment to protect the individual's right to privacy and self-determination. Should this create a concern, contact your manager or CLBC as appropriate.

### **It may be important to share information with:**

- Individual's advocate and/or Substitute Decision Maker
- Other team members that support the Individual (residential and day programs)
- Other health care professionals involved with the Individual

\*Substitute Decision Maker for Health Care: BC law identifies who can make or assist an adult to make a health care decision if it has been demonstrated he/she is unable to do so on their own.

#### **Substitute Decision Makers**

Format:

1. Committee of Person (the authority of this person will be identified in a court order)
2. Representative (the authority limits of this person will be identified in the adult's Representation Agreement)

Informal:

**Temporary Substitute Decision Maker (TSDM)**, the health care provider must choose the **first**, in listed order, of the following who is available and qualifies:

- a. The adult's spouse
- b. The adult's child
- c. The adult's parent
- d. The adult's brother or sister
- e. The adult's grandparent
- f. The adult's grandchild
- g. Anyone else related by birth or adoption to the adult
- h. A close friend of the adult
- i. A person immediately related to the adult by marriage

The Public Guardian and Trustee would be contacted if there is no other suitable substitute decision maker available. BC laws state that a paid caregiver is not eligible to be a TSDM.

#### **References**

Surrey Place Centre & Developmental Disabilities Primary Care Initiative Co-editors (2011). *Today's Visit*. In: *Tools for the primary care of people with developmental disabilities*. Available from: <http://www.surreyplace.on.ca/primary->

# How is it helpful?



- **ENSURES CLEAR COMMUNICATION BETWEEN ALL PARTIES AT HEALTH RELATED APPOINTMENTS**
- **PROVIDES CLEAR DOCUMENTATION OF HEALTH RELATED ISSUES AND FOLLOW UP NEEDED**
- **EASE IN PREPARATION OF REPORTS**
- **FACILITATES CLEAR COMMUNICATION BETWEEN CARE PROVIDERS REGARDING HEALTH APPOINTMENTS AND THEIR OUTCOMES**
- **MINIMIZES RISK OF ERROR IN TRANSCRIBING INSTRUCTIONS**
- **ENSURES RELEVANT INFORMATION IS AVAILABLE AT THE APPOINTMENT**

# Supporting Document



- CURRENTLY IN DRAFT FORM \*NOT FOR RELEASE
- **"SUPPORTING THE INDIVIDUAL TO ACCESS QUALITY HEALTH CARE"** – GUIDELINES FOR SERVICE PROVIDERS FUNDED BY CLBC
- INFORMATION PACKAGE PROVIDING INFORMATION REGARDING THE MEDICAL WORDING THAT CARE PROVIDERS MAY HEAR IN THE COURSE OF THEIR WORK
- INTENDED TO SUPPORT THE CARE PROVIDER TO UNDERSTAND HOW THEIR ROLE INTERSECTS WITH HSCL AND HOW HSCL CAN SUPPORT THEM

# Headings in the document



- ROLES AND EXPECTATIONS
- HEALTH AND MEDICAL INFORMATION
- HEALTH CARE PLAN
- DELEGABLE TASKS
- SPECIFIC CARE GUIDELINES
- EMERGENCY AND HOSPITAL VISITS
- HEALTHY LIFESTYLE AND SELF-CARE
- RESOURCES AVAILABLE
- DEFINITIONS
- REFERENCES

# Questions or Comments?

