

## Interdisciplinary Team Meeting Documentation Format Re-Certification

<u>Social Work</u>	<p>Patient is cared for in a setting of (HOME/SNF/ALF/HH). Current support system is EXPLAIN.</p> <p>Patient has the following Advanced Directives in place: Status of funeral arrangements:</p> <p>Current issues/status: crisis or safety concerns, difficulty coping AS EVIDENCED BY: Include status within the past 2 weeks. Issues with:</p> <ol style="list-style-type: none"> <li>1) mood</li> <li>2) response to illness</li> <li>3) Patient Caregiver ability/willingness to provide care</li> <li>4) Financial issues</li> </ol> <p>Plan: interventions or referral needed: EXPLAIN – may include volunteer services. Resources needed: EXPLAIN</p>
<u>Chaplain</u>	<p>Patient's spiritual history; Patient's current affiliation to a religious community Spiritual or cultural traditions that influence healthcare decisions and funeral planning; Sources of spiritual distress</p> <p>Plan: Interventions or referral needed. Does faith community need to be contacted?</p>
<u>Volunteers</u>	<p>Patient/caregiver requested volunteer services for EXPLAIN.</p> <p>Volunteers have been providing TYPE OF CARE on average HOW OFTEN (x/week). Plan: To continue current volunteer placement and frequency.</p>

### Reisberg Functional Assessment Staging Tool (FAST) - for use with dementia patients

STAGE	SKILL LEVEL
1	No difficulties, either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective word finding difficulties.
3	Decreased job functioning evident to co-worker; difficulty in traveling to new locations. Decreased organizational capacity.*
4	Decreased ability to perform complex tasks (e.g. planning dinner for guests), handling personal finances (forgetting to pay bills), difficulty marketing, etc.
5	Requires assistance in choosing proper clothing to wear for the day, season, or occasion.
6	<ul style="list-style-type: none"> <li>a) Difficulty putting clothing on properly without assistance.</li> <li>b) Unable to bathe properly; e.g. difficulty adjusting bath water temperature) occasionally or more frequently over the past weeks.*</li> <li>c) Inability to handle mechanics of toileting (e.g. forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*</li> <li>d) Urinary incontinence, occasional or more frequently over the past week</li> <li>e) Fecal incontinence, (occasional or more frequently over the past week).</li> </ul>
7	<ul style="list-style-type: none"> <li>a) Ability to speak limited to approximately a half dozen different words or fewer, in the course of an average day or in the course of an intensive interview.</li> <li>b) Speech ability limited to the use of a single intelligible word in an average day or in the course of an interview (the person may repeat the word over and over).</li> <li>c) Ambulatory ability lost (cannot walk without personal assistance).</li> <li>d) Ability to sit up without assistance lost (e.g. the individual will fall over if there are no lateral rests, or arms, on the chair).</li> </ul>

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**Nurse**

er to  
Quickflips to  
document to  
diagnosis

Patient is a AGE y.o. SEX admitted to service on DATE with diagnosis of DIAGNOSIS, under the care of PHYSICIAN. PMH includes: **INCLUDE ALL CO-MORBIDITIES THAT MAY HELP TO SUPPORT HOSPICE LEVEL OF CARE.**

PPS on admission:       % as evidenced by AMBULATION/ TRANSFERS/ SELF-CARE/ INTAKE/ LOC.

FAST on admission (for dementia patients):

Weight on admission:       MAC on admission:       Height :

**Current objective status:**

- 1) current weight and date
- 2) current MAC and date
- 3) FAST (dementia pts only)
- 4) Current PPS%

**Include status within the past 2 weeks. Issues with:**

- 1) medications
- 2) pain
- 3) activity / ADL status decline / % of meal eaten / hrs asleep per 24 hours
- 4) dyspnea / O2 SATS (as applicable)
- 5) worsening of vitals
- 6) change in LOC
- 7) any relevant progression of disease
- 8) any new problems that may or may not require intervention
- 9) safety/falls risk

**Plan:** Any recent referrals or communication with physician. Any change in visit frequencies (increase or decrease in symptoms)

Patient has been receiving home health aide services for TYPE as ordered HOW OFTEN (x/week)

**Plan:** To continue/change current home health aide placement and frequency.

**HHA**

**Palliative  
Performance  
Scale (PPS)**

%	AMBULATION	ACTIVITY and EVIDENCE OF DISEASE	SELF CARE	INTAKE	CONSCIOUS LEVEL
100	FULL	NORMAL ACTIVITY and WORK. NO EVIDENCE OF DISEASE	FULL	NORMAL	FULL
90	FULL	NORMAL ACTIVITY and WORK. NO EVIDENCE OF DISEASE	FULL	NORMAL	FULL
80	FULL	NORMAL ACTIVITY and WORK. SOME EVIDENCE OF DISEASE	FULL	NORMAL OR REDUCED	FULL
70	REDUCED	UNABLE NORMAL JOB WORK. SIGNIFICANT DISEASE	FULL	NORMAL OR REDUCED	FULL
60	REDUCED	UNABLE HOBBY HOUSE WORK. SIGNIFICANT DISEASE	OCCASIONAL ASSISTANCE NECESSARY	NORMAL OR REDUCED	FULL OR CONFUSION
50	MAINLY SIT LIE	UNABLE TO DO ANY WORK. EXTENSIVE DISEASE	CONSIDERABLE ASSISTANCE REQUIRED	NORMAL OR REDUCED	FULL OR CONFUSION
40	MAINLY IN BED	UNABLE TO DO ANY ACTIVITY. EXTENSIVE DISEASE	MAINLY ASSISTANCE	NORMAL OR REDUCED	FULL OR DROWSY -- CONFUSION
30	TOTALLY BEDBOUND	UNABLE TO DO ANY ACTIVITY. EXTENSIVE DISEASE	TOTAL CARE	NORMAL OR REDUCED	FULL OR DROWSY -- CONFUSION
20	TOTALLY BEDBOUND	UNABLE TO DO ANY ACTIVITY. EXTENSIVE DISEASE	TOTAL CARE	MINIMAL TO SIPS	FULL OR DROWSY -- CONFUSION
10	TOTALLY BEDBOUND	UNABLE TO DO ANY ACTIVITY. EXTENSIVE DISEASE	TOTAL CARE	MOUTH CARE ONLY	DROWSY OR COMA -- CONFUSION
0	DEATH				