



Today's Date: _____

Guide for Goals of Care
 (following identification of resident for palliative approach to care)

DOMAINS OF CARE	GOALS	ACTIONS
Early Identification	Ensure coordinated team-based support is initiated when resident is identified as in greater need of a palliative approach to care	<input type="checkbox"/> Complete “Early Identification Tool” <input type="checkbox"/> Notify MRP if resident is identified (send form letter if used by this facility) <input type="checkbox"/> Communicate to care team that resident has been identified
Information Sharing and Being a Guide to Family	Ensure that the family/resident have opportunity to discuss the anticipated illness course and the benefits of a palliative approach to care to inform their care plan	<input type="checkbox"/> Choose a care team member to speak with family/resident about changes the care team has noted <input type="checkbox"/> Document wishes and concerns on the Advance Care Planning Notes and Conversation Form (or equivalent) kept in Greensleeve of a resident’s chart <input type="checkbox"/> Encourage family to make an appointment with the resident’s doctor to discuss anticipated illness course, prognosis and MOST <input type="checkbox"/> Consider a family meeting with care team and MRP <input type="checkbox"/> Provide ongoing check-ins with family
Confirming Goals of Care	Ensure that care provided is in keeping with resident’s wishes and values, and is medically appropriate	<input type="checkbox"/> Revisit “Medical Orders for Scope of Treatment” (MOST) <input type="checkbox"/> If MOST designation appears inconsistent with condition notify MRP and encourage family to make an appointment to revisit MOST