

C-PCLC FACILITY - **WORKPLAN**

Facility Name: _____

SECOND ACTION PERIOD – Palliative Care Power Plan

Date: _____

*Ensure palliative care education and training of facility providers (MD, NP, PA) and staff members, participate in case-based learning, and implement a set of actionable palliative care and treatment guidelines (care plan/ order sets) for identified patients within the cohort that addresses the symptoms and stressors of their illness. **Please complete and submit to your AHS facilitators before the end of your second action period. (By January 2022)***

What is your team’s strategy to implement this initiative in your facility and achieve your stated goals?				
WHAT	HOW	WHO – person/s responsible	WHEN	Feedback/ Progress Review Process
1. Facility Providers & Staff Training	<ul style="list-style-type: none"> • Activate CAPC account for facility and have providers/ staff members register on CAPC and access at least 1 module • 5 facility providers (MD, NP, PA) or staff members per month 	<ul style="list-style-type: none"> • Facility champion to identify 5 facility providers/ staff members per month to access CAPC 	<ul style="list-style-type: none"> • November 2021 • December 2021 • January 2022 • February 2022 	<ul style="list-style-type: none"> • CAPC to track and report monthly on facility engagement <ul style="list-style-type: none"> - Activation of account - Number of facility providers/ staff members per month - Number of CAPC modules accessed
2. Case-based Learning during Open Office Hours	<ul style="list-style-type: none"> • Identify and submit 1 case per month for discussion during Open Office Hours • See Case Summary Form attached 		<ul style="list-style-type: none"> • November 2021 • December 2021 • January 2022 • February 2022 	<ul style="list-style-type: none"> • Complete 1 Case Summary Form per month to Community PCLC coordinator, Lauren Salvatore • Any case not discussed during office hours may be scheduled for discussion with Community PCLC Project Director, Dr. Matti-Orozco
3. <input type="checkbox"/> IDT Palliative Care Plan, <u>OR</u>	<ul style="list-style-type: none"> • Engage multidisciplinary team to develop, create and implement an IDT 		By January 2022	<ul style="list-style-type: none"> • Submit either an IDT Palliative Care Plan or a new Symptom Management Order Set

<p><input type="checkbox"/> PC Order Set – New Symptom Management, specify:</p> <ul style="list-style-type: none">- Pain- Shortness of breath/ dyspnea- Delirium/ agitation	<p>Palliative Care Plan or a new Symptom Management Order Set</p>			
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