

*Decision

Consultation

Form

(2015)



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What you should get from this training/
discussion:

- * Decision Makers at the helm
- * Why, when and how to use this form
- * Distinction between this form and the *Team Justification Form*
- * How the Decision and Team Process is key for the effectiveness of this form
- * Why Advocacy is a driving force
- * Quality of life should always be at the forefront

*Who has the right to make Healthcare Decisions

Self Advocate with Capacity



Remember that a non-adjudicated adult makes his/her own decisions starting at 18 years old

If there is a question about the person's capacity, discuss with IDT and look into assessments

2 professionals credentialed to make this type of an evaluation and who is familiar with I/DD one should be the Primary Care Provider (PCP). Seek assistance through Regional Office, APS, etc.

*Who has the right to make Healthcare Decisions

- Power of Attorney: Agent or Attorney in fact, “Healthcare Proxy” Ideal - “Durable” & make sure it is for Healthcare
- Guardian: Full/Plenary; Limited - Healthcare (not to be confused with “Treatment” which refers to Mental Health); Temporary @ 60 days; Guardian ad Litem (interim)
- Surrogate: through the NM Uniform Healthcare Decisions Act* *Please request DDSD Surrogate form from Lisa Storti Manager- Office of Constituent Support (505) 476-8972

Get the necessary paperwork and keep them filed and in order

- ✓ Ascertain that the decision maker falls in one of the above categories (This is especially true, for example, when an individual was a minor upon entering into the Waiver system and you were used to his parents making the decisions, but now he is 18/an adult).
- ✓ Make sure Contact information for the Healthcare Decision Maker is accurate and current and that he/she is accessible including phone numbers and time to call or alternate numbers and designee



Get the necessary paperwork and keep them filed and in order

- ✓ Read the legal document (thoroughly) confirming that the person named has the authority to make healthcare decisions
- ✓ Check that the document is bona fide and current
- ✓ May a copy of the legal document
- ✓ Assure that necessary Waiver documents coincide with this information & are attached



*This is what normally happens...

- *Medical situation occurs, the medical professional explains the condition to the patient and/or Decision maker laying out the prognosis including the “what could go wrong” the risks, benefits, alternatives/options. Or there’s a Doctor’s Order.
- *Decision maker mulls it over and/or talks with trusty family advisors/friends and (hopefully) makes an informed decision
- *Both the medical professional and the Decision maker are operating on the premise that Knowledge is power
- ***Medical team carries out the decision or directive- no document is needed (once the person is identified as the decision maker) other than release forms, disclosure form...**
- **Rarely* is the decision maker *questioned* unless there is real concern about lucidity/capacity or neglect- honor system

*DD Waiver... is a different animal

- *With the DD Waiver there are more checks, balances, re-checks and questions...under the microscope= normalcy within this realm to protect the individual, team, etc.
- *The very nature of the IDT is layered enough for outside entities to want to see if all the steps have been carried out- if all the documents are in order...**ACCOUNTABILITY**
- *Documents should verify that the team has convened, decisions made, supported by IDT & it's person-centered!
- *No conflict of interest, no abuse, neglect or exploitation
- *Show it, Prove it! -Vindication and Justification is the thrust- which is understood as Advocating and protecting the rights
- *Assumptions! that all is in order only when there is proof

* Its about making sure the patient's rights are protected



The Team is at the height of Advocacy, policies are followed, standards provide guidance and are lawful- statute based...and all is documented

- Remember-Although “order” is used, a doctor *really* gives “recommendations”
- By law, an adult has the right to: Follow or refuse any part or all of a medical recommendation
- Ask for a 2nd opinion
- Defer or disagree with some or all of the doctor's orders/recommendations
- Deferring or disagreeing does not necessarily mean one lacks capacity
- Promote a method that indicates when a decision maker has made an informed decision & that IDT is aware of decision

FORMS

the love-hate relationship we have with them

Documenting is a way to capture the team process and state what the decision or determination is.

Caveat  Because it is on paper, does not mean it will not be questioned...maybe the contrary

Still ...it is better to have *a* document and have them question some things, then to have *no* document for them to question everything!

*The theme or thread should hold true throughout with all forms or processes:
The reason for this decision or intervention should be in line with the Individual's Quality of life



*Decision Consultation Form
(DCF)-

The main decision form

Decision Consultation Form (IDCF)

[DDSD Process and Form]



- ❖ This process and form is used when the healthcare decision maker (such as the individual with capacity, guardian, POA/healthcare proxy or surrogate) has concerns; needs more information or has decided not to follow all or part of a health care (health-related) order, recommendation or suggestion (**please review instructions that accompany the Decision Consultation Form**)

Decision Consultation Form (DCF)

[DDSD Process and Form]

❖ This includes

Medical Orders or Recommendations from:

√ PCP, Specialists or licensed medical or healthcare practitioner (e.g. CNP, PA, DDS)



Medical orders are usually for routine care, medications, services or treatment



Medical recommendations include discussion, advice, options, referral, etc. regarding a lifestyle change, procedure, surgery...or end of life decision making



Decision Consultation Form (DCF)

[DDSD Process and Form]

❖ This also includes...



Clinical Recommendations:

Made by a Registered/licensed clinicians who are members of the IDT

or

Made by clinicians who have performed an evaluation
(such as a video fluoroscopy)

Decision Consultation Form (DCF)

❖ This also includes...



Health-related Recommendations or Suggestions:

From Oversight Activities such as -

√ Jackson Community Practice Review (CPR)

√ DOH Review

DCF- Keep in Mind

- The Healthcare Decision Maker has the sole responsibility for health related decisions



(IDT does not make informed healthcare decisions)

- Issues of concern are communicated and addressed in a *timely manner*
- IDT members make themselves available for information and answering questions
- Clinical and healthcare resources are identified or provided, if requested
- Informed decisions are *made, documented and honored (implemented)*

Decision Consultation Form (DCF)

[Simply]



To guide and document team discussion in a manner that promotes informed decision making

- ❖ A means of letting the IDT members know what the final decision was regarding a recommendation
- ❖ Helps IDT to get into a rhythm/pattern of discussing, educating, while encouraging healthcare decision maker to consult w/PCP, experts, etc., supporting the decision maker in arriving at an *informed decision* & communicating that decision- IDT advocating & honoring the decision to promote the Individual's quality of life

*TJF -

The other main
decision form

Team Justification Form (TJF)

[DDSD Process and Form]



❖ This process and form is used when the individual w/capacity, guardian, POA...and/or team (usually through a facilitated meeting) has given due consideration to a non-health related recommendation and as a result, has made a determination to:

- a) implement the recommendation
- b) create an action plan, revise ISP in order to implement the plan *or*
- c) Not to implement the recommendation

Team Justification Form (TJF)

[DDSD Process and Form]



- ❖ Use when the Team determines that a Non-health related Recommendation is not in the best interest of the individual
- ❖ Use when it involves an Employment recommendation
- ❖ In conjunction to above, IDT should develop goals and state what will be the more preferable alternative (e.g. volunteering instead of working)
- ❖ For responding to (CPR) recommendations or any other non-medical audit



Case Manager holds the key

CM has ultimate responsibility for the Decision Consultation process & Team Justification Process

- ❖ Convenes the meeting, *if necessary*
- ❖ Assures that the form is completed
- ❖ Instrumental in accessing resources
- ❖ Updates Health and Safety Action Plan Page whenever a DCF is completed
- ❖ Retains the form and files it appropriately
- ❖ Makes sure a copy is available for individual, guardian, pertinent IDT members

For both forms



Although the Case Manager is the one who generates the forms, and helps facilitate, it is through the *team collaboration that these forms are made complete* with all the elements to reflect what has lead up to the final decision.

The member who has been most involved with the situation should be a fulcrum: connecting with CM and ascertaining that the information contained in the form is accurate, sequential and so forth.

For both forms

[DDSD Policy on Team Decision Documentation]



These forms are appropriate for all inter-disciplinary teams who support adults on the DD Waiver (individuals 21 or older who are no longer eligible for EPSDT benefits)

For both forms



It has been suggested that all members are given the form ahead of time to become familiar and do some “prep” work before the actual meeting occurs to discuss the situation or particulars

This can encourage IDT member’s full participation, their careful thought to the issue at hand, research, inviting the experts and resources to attend the meeting. It can move the discussion and team process to efficacy and productivity (as opposed to the mundane, un-involved, unaware, one-way meeting.

*Let's explore some
advocacy concepts

*Advocacy

It does not mean that you agree, but that you support the Individual to choose-based on what s/he believes is Quality of life. Nor is it about your values or what you think the person should do or have

Can we talk about the positives...



- A (potentially) Powerful document that gains momentum as we continue to use it
- Scope of practice –best practice
- In reviewing mortality, taking the risk and making decisions for Quality of Life- gives meaning to the Individual's life
- Comprehensive look and opportunity to truly support the Individual's vision

Can we talk about the positives...



○ Don't use it, you lose it

Promotes Team respect and fosters a solid decision making process

Finally a way to keep us true in documenting a carefully thought out decision

Encourages us to stay with the plan- its when members do not support, understand or they deviate from the plan that gets them in trouble

Can we talk about the positives...



- When there are multiple questions coming at the IDT- they may appear testy, but instead of thinking you are *wrong*- think strong
 - strong in your confidence & advocacy
 - strong in your knowledge of the decision making process
 - strong in exercising the team's professional judgment & common sense

Food for Thought



○ Don't work in Fear !!!

Stop 2nd guessing yourself *all* the time especially in cases involving JCMs - difference between precaution vs phobia
Be confident with utilizing the team's professional judgment

Confident in supporting the Individual, and/or Decision Maker & the team as a whole!

Food for Thought



○ Questions are a necessary feature of Advocacy – don't dread them, anticipate them

Reviewing Entities are *suppose* to ask questions and Teams are suppose to be able to answer them - especially since the Team process involves properly examining the situation (first hand), proposing questions, and exploring solutions → **final decision**

Food for Thought



○ We should ask ourselves questions to make sure we have covered the bases or have considered the pros and cons

Y'all didn't hear me...

We should ask ourselves questions to make sure we have covered the bases or have considered the pros and cons

Food for Thought



○ Keep in mind that each culture may approach healthcare issues differently

Find the best way to broach the topics

Support and advocate- it is crucial

Be aware of decision, participate in the meeting well enough to be able to explain or defend it

Wrap up

* There are 4 main legal decision makers (capacity)

Use Decision Consultation Form for Medical, healthcare or health-related recommendations

Healthcare decision maker makes → informed decision

** *IDT does not make healthcare decisions for the Individual*

CM is responsible for completing the form and files DCF accordingly- makes it available for pertinent IDT members

Update relevant documents

Wrap up

Team Justification Form is for non-health related or non-medical recommendations

IDT discusses and makes Determination

CM completes the TJF and files accordingly

Update relevant documents

Review *In a Nutshell 2015*



*Thank You