

Coordinated Care Plan (CCP) User Guide

Guidelines and examples

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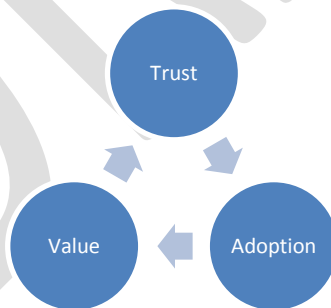
Purpose

This document describes how the coordinated care plan (CCP) template is intended to be used and the purpose of each individual information field that is part of the CCP. A “user” of the CCP could be a care coordinator authoring the plan, a clinician viewing the plan, the patient for whom the plan was made, or an informal caregiver. The descriptions in this guide allow users to have a common understanding of the information contained therein so that these clinical documents can be used consistently and reliably.

Many Health Links continue to develop coordinated care planning processes that define how providers, patients and their families work together to coordinate and deliver care for Health Link patients. The CCP user guide is not meant to impose any particular processes on Health Links nor be a substantive tool to help Health Links develop those processes. However, recognizing that there should be some common aspects of care coordination in place in order for the CCP to be a useful tool, the user guide does suggest some *guiding principles* on using CCPs (noted below). These guiding principles may inform the development of coordinated care planning processes, although for the most part, they simply reflect the work that is underway in many Health Links already.

Guiding Principles for CCPs

When potential users of coordinated care plans (CCPs) trust in their quality, accuracy and reliability, they are more likely to adopt and embed CCPs into their workflow. This creates a positive feedback loop whereby the more CCPs are used, the greater their value, since more frequent use leads to more comprehensive and timely information being captured in CCPs. Comprehensive and timely information furthers users’ trust in CCPs, and the cycle continues. Thus, it is crucial that guiding principles that ensure the integrity of CCPs are agreed upon and shared by all users.



The following are five guiding principles to encourage the trust, use, and value of CCPs:

1. The patient is informed of all information included in the CCP, who has access to the information and how the information is intended to be used.
2. Each CCP is developed with direct input from the patient. CCPs reflect patients’ stated goals, needs and preferences and are written in clear, accessible language, using patients’ own words where possible.
3. CCPs are accessible to patients and the circle of care in any setting where care may be delivered.
4. CCPs are actively used and reliably maintained according to the clinical practices established in each Health Link by all in the circle of care.
5. CCPs are based on current evidence and use generally accepted clinical guidelines.

CCP template information fields

This guide applies to CCP template **version 0-6-2F**.

All sections

Two information fields are common to all sections: 1) “Last verified” and 2) “Last verified by”. They help to establish the authorship of each section as well as the currency of the information in that section.

| Information Field | What it tries to capture | How to fill it out | Examples |
|-------------------------|---|---------------------------------|---------------------------------|
| Last verified | The most recent date on which the information in this section was verified and/or reviewed for accuracy | A date in the format YYYY-MM-DD | 2014-01-18 |
| Last verified by | The name of the individual who most recently verified and/or reviewed this section | Free text | Fred Flintstone Mickey Mouse |

My identifiers

This section helps to establish the identity of the patient by providing both basic information about him/her (e.g. name, date of birth, address, etc.) as well as other information that will help the care team understand the patient, such as his/her ethnicity, religion, marital status and living conditions.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-----------------------|--|---------------------------------|--|
| Given name | The patient's given name | Free text | Michael |
| Preferred name | The name by which the patient prefers to be identified | Free text | Mike <i>Do you prefer to be called by a different name?</i> |
| Surname | The patient's surname or family name | Free text | Jones |
| Gender | The patient's identified gender | Choose from the drop-down list | |
| Option | Description | | |
| Male | The patient identifies as a male | | |
| Female | The patient identifies as a female | | |
| Transgender male | The patient identifies as a transgender male | | |
| Transgender female | The patient identifies as a transgender female | | |
| Other | The patient identifies as a gender other than the ones listed | | |
| Decline to answer | The patient declined to answer | | |
| Date of birth | The patient's date of birth | A date in the format YYYY-MM-DD | 1965-10-15 |
| Health Link | The name of the Health Link from which the patient's CCP was created | Free text | Barrie Community |
| Address | The address of the patient's primary residence | Free text | 123 Main Street |
| City | The city of the patient's primary residence | Free text | Ottawa |
| Province | The province of the patient's primary residence | Standard two-letter format | ON |
| Postal code | The postal code of the patient's primary residence | Standard six-character format | A1A1A1 |
| OHIP insured | Whether or not the patient has OHIP coverage | Choose from the drop-down list | |
| Option | Description | | |
| Yes | The patient has OHIP insurance | | |
| No – uninsured | The patient does not have any insurance for core services | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--|--|----------------------------------|----------------------------|
| No – other coverage Decline to answer | The patient has non-OHIP insurance for core services (e.g. RCMP) The patient declined to answer | | |
| Health card # | The patient’s health card number, if they have one, including the version code if applicable | Free text | 0123456789VG |
| Telephone # | The patient’s primary telephone number | Telephone number as XXX-XXX-XXXX | 613-555-1234 |
| Alternate telephone # | An alternate telephone number by which to contact the patient | Telephone number as XXX-XXX-XXXX | 613-555-4321 |
| Email address | The patient’s primary email address | Free text | email@provider.ca |
| Preferred contact by | The method by which the patient prefers to be contacted | Choose from the drop-down list | |
| Option | Description | | |
| Telephone | The patient prefers to be contacted by telephone | | |
| Email | The patient prefers to be contacted by email | | |
| Translator | The patient prefers to be contacted via a translator | | |
| Other | The patient prefers to be contacted by a method other than the ones listed (e.g. mail) | | |
| Decline to answer | The patient declined to answer | | |
| Mother tongue | The patient’s mother tongue | Free text | Arabic |
| Official language | The official language in which the patient is most comfortable | Choose from the drop-down list | |
| Option | Description | | |
| English | English is the official language in which the patient is most comfortable speaking | | |
| French | French is the official language in which the patient is most comfortable speaking | | |
| Neither | The patient is unable to speak in either official language (neither English nor French) | | |
| Decline to answer | The patient declined to answer | | |
| Ethnicity/culture | The patient’s self-identified ethnicity or culture | Free text | Inuit |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---------------------------------|---|--------------------------------|----------------------------|
| Religion or social group | The patient's self-identified religion or social group | Free text | Hindu Freemason |
| Marital status | Said patient's marital status | Choose from the drop-down list | |
| Option | Description | | |
| Never married | The patient has never been married | | |
| Married or common-law | The patient is currently married or in a common-law relationship | | |
| Separated | The patient is separated from his/her spouse | | |
| Divorced | The patient is divorced from his/her spouse | | |
| Widowed | The patient is widowed/a widower | | |
| Decline to answer | The patient declined to answer | | |
| Where I currently live | The patient's current living arrangements | Choose from the drop-down list | |
| Option | Description | | |
| Private dwelling | Residence that is privately owned or leased by the patient | | |
| Assisted living home | Residence that provides support services but no medical monitoring | | |
| Retirement home | Residence that provides care for seniors | | |
| Group home | Residence that provides for persons with developmental disabilities | | |
| Long-term care home | Licensed home providing 24-hour nursing care or supervision | | |
| Hospital | Institution that provides treatment to injured or sick persons | | |
| Hospice | Home for end-of-life care | | |
| Correction centre | Institution that houses offenders serving sentences from 60 days to 2 years | | |
| Shelter | Temporary residence for homeless persons | | |
| Rooming house | Residence where inhabitants share a kitchen and bathroom | | |
| Homeless | Lacking stable, permanent, appropriate housing | | |
| Other | Residence other than the ones listed | | |
| Decline to answer | The patient declined to answer | | |
| People who live with me | Those people with whom the patient currently lives | Choose from the drop-down list | |
| Option | Description | | |
| No one | The patient lives alone | | |
| Partner only | The patient only lives with his/her partner | | |
| Partner and others | The patient lives with his/her partner and others (e.g. children) | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|---|----------------------------------|--|
| Children only | The patient only lives with his/her children | | |
| Parent(s) or guardian(s) | The patient lives with his/her parent(s) or guardian(s) | | |
| Sibling(s) | The patient lives with one or more of his/her siblings | | |
| Other relative(s) | The patient lives with one or more relatives other than the ones listed (e.g. cousin, uncle) | | |
| Others | The patient lives with one or more people other than the ones listed | | |
| Decline to answer | The patient declined to answer | | |
| People who depend on me | Those people who are dependent on the patient (e.g. to whom patient is a caregiver) | Free text | My two children |
| Primary contact | The name of the patient's primary contact (should match what is given in My care team) | Free text | Donald Duck <i>Who is your main "go-to" person who you would want involved in your care?</i> |
| Relationship to me (primary contact) | The relationship to the patient of the primary contact | Free text | Parent |
| Telephone # (primary contact) | The primary contact's primary telephone number | Telephone number as XXX-XXX-XXXX | 416-555-1234 |
| Emergency contact | The name of the patient's emergency contact who is to be contacted when primary contact cannot be reached | Free text | George Jetson <i>In an emergency, if Donald wasn't available, who would you want us to call?</i> |
| Relationship to me (emergency contact) | The relationship to the patient of the emergency contact (e.g. son) | Free text | Cousin |
| Telephone # (emergency contact) | The emergency contact's primary telephone number | Telephone number as XXX-XXX-XXXX | 519-555-1234 |

My care team

This section records the members of the patient's care team, *including both formal and informal caregivers*, and provides some information to describe each member's role in the care team. This section also serves as a "directory" for anyone who may view the care plan. Where possible, individuals should be identified although in some cases it may be more appropriate to identify an organization (e.g. a retail pharmacy). Where

care team members are listed elsewhere in the care plan (e.g. “primary contact”) their name and contact information should be the same as it is listed in this section.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---------------------------------|---|----------------------------------|------------------------------------|
| Name | The name of the particular care team member | Free text | Fred Flintstone |
| Role or relationship | The care team member’s professional role or relationship to the patient – if the care team member has been designated to make decisions on the patient’s behalf if the patient is incapable of making decisions by him or herself, include the fact that they are a substitute decision-maker (SDM) | Free text | Dietitian Parent, SDM Priest |
| Organization | If applicable, the organization with which the care team member is affiliated | Free text | Guelph FHT |
| Telephone # | The care team member’s primary telephone number | Telephone number as XXX-XXX-XXXX | 613-555-1234 |
| Regular care team member | Whether or not the patient sees the care team member at least once a year on a planned basis | Choose from the drop-down list | |
| Option | Description | | |
| Yes | The patient sees the care team member at least once a year on a planned basis | | |
| No | The patient does not see the care team member at least once a year on a planned basis | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|---|--------------------------------|----------------------------|
| Lead care coordinator | A flag to identify which member of the care team is the lead care coordinator and primary author of the coordinated care plan | Check box | |
| I rely on most at home | A flag to identify which member of the care team the patient relies on the most at home or informally – up to patient’s discretion | Check box | |
| The people I rely on most at home are feeling... | An indication of “caregiver burnout” - the ability of informal members of the care team to continue to provide support to the patient | Choose from the drop-down list | |
| Option | Description | | |
| Able to continue | The care team members have no difficulty in continuing to provide care for the patient | | |
| Not satisfied | The care team members are dissatisfied with some aspect of the situation, but are able to continue providing care | | |
| Angry or distrustful | The care team members are angry or distrustful due to some aspect of the situation, but are able to continue providing care | | |
| Unable to continue | The care team members cannot continue providing care to the patient without new supports | | |

My health

This section records the various factors that may negatively affect the patient’s health ranging from physical and mental conditions to social conditions. This section serves to provide a holistic assessment of the patient’s health by giving brief descriptions of each aspect of their health as well as some chronology by providing dates of health issue onset. Entries in the physical health row should pertain to problems, issues, or concerns of the body as should entries in the mental health row pertain to problems, issues, or concerns of the mind. Social health relates to social determinants of health such as relative income level, relationships with others, or any aspect of a patient’s social history that may indirectly affect impact their health.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-------------------|--------------------------|--------------------|----------------------------|
|-------------------|--------------------------|--------------------|----------------------------|

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-------------------------------|--|--------------------------------|---|
| Description | A plain language description of one of the patient's health issues (it can be related to physical, mental or social health) | Free text | Arthritis |
| Clinical description | A clinical description of the patient's health issues | Free text | Osteoarthritis |
| Date of onset | The approximate month and year the patient first became aware of the issue or was diagnosed with the issue | A date in the format YYYY-MM | 1995-11 |
| Stability | An indication of whether the issue is stable or not – note that this is at the discretion of the care team considering likelihood of deterioration, disease flare, crisis, or other relevant factors | Choose from the drop-down list | |
| Option | Description | | |
| Stable | The patient is stable in regards to the particular health issue | | |
| Unstable | The patient is unstable in regards to the particular health issue | | |
| Notes | Any other notes to explain or contextualize the issue | Free text | ED visits due to pain <i>How severe are your symptoms?</i> <i>What triggers tend to cause your disease to flare?</i> |
| Baseline vitals | | | |
| Height | Height of patient using the specified unit of measure | A number | 1.65 |
| Height unit of measure | The unit of measure of the patient's height | Highlight one unit of measure | |
| Option | Description | | |
| <i>m</i> | Metres | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-----------------------------------|--|--------------------------------|----------------------------|
| <i>in</i> | Inches | | |
| Weight | Weight of patient using either the imperial or metric system – up to provider discretion to pick one and ensure it's noted | A number | 92 |
| Weight unit of measure | The unit of measure of the patient's weight | Highlight one unit of measure | |
| Option | Description | | |
| <i>kg</i> | Kilograms | | |
| <i>lb</i> | Pounds | | |
| HbA1c | Most recent HbA1c test result (a proxy for the average level of blood sugar over time), reported in percent | A number | 6.6 |
| Allergies and intolerances | | | |
| Substance | Name of the compound or factor, which elicits a reaction – if it's a medication follow the naming guidelines in the medication section | Free text | Corn Aspirin |
| Allergy or intolerance | Whether the reaction between the patient and the substance is that of allergy or intolerance | Choose from the drop-down list | |
| Option | Description | | |
| Allergy | Immune system dependant hypersensitivity reaction to said substance | | |
| Intolerance | Inability to digest or dispose of said substance | | |
| Symptoms | A description of which bodily system is most affected by exposure to the substance | Choose from the drop-down list | |
| Option | Description | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-------------------|--|--------------------------------|----------------------------|
| Skin | The skin is primarily affected by said substance | | |
| Respiratory | The respiratory system is primarily affected by said substance | | |
| Gastrointestinal | The stomach and intestines are primarily affected by said substance | | |
| Behavioural | The mental or motor response of the patient is primarily affected by said substance | | |
| Blood | The blood is primarily affected by said substance | | |
| Others | The parts of the body that are primarily affected do not fall under the ones listed | | |
| Severity | The level of danger in regards to the substance allergy or intolerance as perceived by the care team | Choose from the drop-down list | |
| Option | Description | | |
| Mild | Symptoms could be ignored by patient with minimal effort | | |
| Moderate | Symptoms cannot be ignored by patient, but do not limit his/her daily activities | | |
| Severe | Symptoms cannot be ignored by patient, limit his/her daily activities, and require extensive treatment | | |
| Life-threatening | Symptoms endanger patient's life without treatment | | |

My known, current medications

This section lists current and past medications, providing details such as drug name, method of drug delivery, the pharmacy that provides the drugs, and the prescriber's name. The start dates and change dates create a chronology of the patient's medication usage and how they may have changed over time.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|--|---------------------------------|----------------------------|
| Date of last medication reconciliation | The date on which the most recent medication reconciliation was performed by a qualified member of the care team | A date in the format YYYY-MM-DD | 2013-09-23 |
| Performed by | The name of that qualified member of the care team | Free text | Mickey Mouse |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|---|--------------------------------|---|
| My last medication change was | A plain language description of the most recent change (addition, deletion, modification, etc.) to the patient's medication | Free text | Increase ibuprofen |
| It made me feel | A plain language description of how that change made the patient feel | Choose from the drop-down list | |
| Option | Description | | |
| Better | The medication change made the patient feel better | | |
| Worse | The medication change made the patient feel worse | | |
| About the same | The medication change did not produce an effect that could be detected by the patient | | |
| Aids I use to take my medications | A description of the aids that the patient uses to take his/her medications | Choose from the drop-down list | |
| Option | Description | | |
| Dosette | A container intended for the storage and organization of a patient's medication | | |
| Blister packs | Packaging used for storing and protecting a patient's medication | | |
| Other | Any aids other than the ones listed | | |
| Challenges I have taking medications | A plain language description of the challenges the patient has in taking his/her medications | Free text | I have difficulty remembering to take my medication |
| Drug name | The generic name of the particular medication that the patient is currently taking | Free text | Ibuprofen |
| Dose | The quantity of the particular medication that the patient is currently taking | Number + unit of measurement | 20 mg |
| Route | The route by which the patient takes the particular medication | Choose from the drop-down list | |
| Option | Description | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|--|---------------------------------|-------------------------------------|
| Oral Topical Inhaled Injection | The patient takes the medication by oral means The patient takes the medication by application to a body surface The patient takes the indication by inhalation The patient takes the medication by injection | | |
| Direction | The prescribed method or frequency at which the patient takes the particular medication | Free text | Daily |
| Reason | The reason that the patient was prescribed/directed to take the particular medication | Free text | Pain/arthritis |
| Pharmacy | The pharmacy from which the patient acquired this particular medication | Free text | Rexall, Oak St. |
| Start date | The date that the patient started taking this particular medication | A date in the format YYYY-MM-DD | 2005-02-13 |
| Change date | The date of the most recent change to any aspect of this particular medication | A date in the format YYYY-MM-DD | 2013-05-14 |
| Prescriber | The care team member who prescribed/directed the patient to take this particular medication | Free text | Homer Simpson |
| Special notes or instructions | Any other notes that do not fall into previous categories pertaining to the patient's medications and their use | Free text | Do not take with aspirin or alcohol |

My plan to achieve my goals for care

This section describes the analysis of the current situation and the “care plan” for the patient. The patient informs the plan generally by communicating his or her priorities and concerns about his or her health. More specific goals are articulated below which should represent the agreed upon goals for the patient and care team. Several specific actions to achieve the goals are listed, each with a person responsible for

ensuring the completion of the goal identified. The “My plan for future situations” subsection describes what the patient should do in certain situations, such as a sudden decline in health or function. Finally, there is a sub-section to provide process-related information about the patient’s advanced care planning.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--|--|--------------------|---|
| Care team members who contributed to this plan | The names of all the care team members who directly contributed to the care plan | Free text | Me, Donald Duck, Mickey Mouse, Homer Simpson |
| What is most important to me right now | The single highest priority of the patient both within and outside the context of their health | Free text | Enjoying time with my family <i>What parts of your day do you look forward to the most? What is really important to you and your family?</i> |
| What concerns me most about my healthcare right now | The single greatest concern of the patient within the context of their health | Free text | Being able to afford my prescription medication <i>What is most concerning about the state of your healthcare?</i> |
| What I hope to achieve | The patient’s articulation of his/her key goals (not limited to medicine or healthcare), considering the advice of the care team | Free text | Walk my daughter down the aisle at her wedding on June 30 <i>What are the top 3 things you want to be able to do? What do you want to improve or work on?</i> |
| What we can do to achieve it | The actions that the care team will take to accomplish those goals; i.e. the “follow-up” | Free text | Make an appointment with the physiotherapist and follow exercise regimen <i>What are some steps we can take to work toward this goal?</i> |
| Who will be responsible | The names of care team members who will be responsible for completing the actions described | Free text | Me <i>Who do you want to help you do this?</i> |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--------------------------------------|---|---------------------------------|--|
| Expected outcome | A measurable articulation of the patient's goal | Free text | Weigh 80 kg <i>How will you know when you've achieved your goal?</i> |
| Barriers and challenges | Those barriers or challenges, identified by any care team member that could prevent the patient from reaching his/her goals | Free text | Spouse unwilling to modify diet with me <i>How confident are you that we can do this? What do you think might stop you from getting there?</i> |
| Results achieved so far | A description of the patient's progress towards completing the goal | Free text | Lost 3 kg since March 2013 <i>What progress have you made toward accomplishing this goal?</i> |
| Review date | A future date on which progress on the patient's goals will be assessed by the care team and the patient | A date in the format YYYY-MM-DD | 2013-10-17 |
| My plan for future situations | | | |
| Future situations | A situation that the patient may be faced with, based on their current situation, in the near future | Free text | Severe chest pain <i>What are some future situations that we should plan for?</i> |
| What I will do | Actions that the care team has agreed the patient should do in this situation | Free text | Call 911 |
| What I will not do | Actions that the care team has agreed the patient should not do in this situation | Free text | Do not bathe independently or take Tylenol |
| Who will help me | Those people who will help the patient in this situation and are aware of their inclusion in the plan | Free text | Donald Duck <i>Who are some care team members who will be ready to help you if these things happen?</i> |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|--|----------------------------------|---|
| Telephone # | The primary telephone number(s) for the persons listed to help the patient in this situation | Telephone number as XXX-XXX-XXXX | 613-555-0173 |
| Review date | A future date on which the patient's plan for future situations will be reviewed by the care team and the patient | A date in the format YYYY-MM-DD | 2013-10-26 |
| I have received information about advanced care planning | The patient has been informed by a member of their care team about advanced care planning | Choose from the drop-down list | <i>Is there someone whom you trust to care out your wishes if you are unable to speak for yourself?</i> |
| Option | Description | | |
| Yes | The patient has received information about advanced care planning | | |
| No | The patient has not received information about advanced care planning | | |
| Decline to answer | The patient declined to answer | | |
| I have a completed advanced care plan | Affirmation of whether the patient has an oral or written advance care plan | Choose from the drop-down list | <i>Does your Attorney for Personal Care know your healthcare wishes?</i> |
| Option | Description | | |
| Yes | The patient has a completed advanced care plan | | |
| No | The patient does not have an advanced care plan | | |
| Decline to answer | The patient declined to answer | | |
| My ACP is located here | The physical location of the patient's ACP | Free text | I have a copy in my jewelry box and my daughter has a copy too |
| I have a Power of Attorney (POA) for personal care | The patient has a legal document that gives someone else the right to act on their behalf for care and medical treatment | Choose from the drop-down list | |
| Option | Description | | |
| Yes | The patient has an Attorney for Personal Care | | |
| No | The patient does not have an Attorney for Personal Care | | |
| Decline to answer | The patient declined to answer | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|--|----------------------------------|---|
| My POA document is located here | The physical location of the patient's POA document | Free text | In a drawer at home |
| POA for personal care's name | The name of the Attorney for Personal Care | Free text | Jane Porter |
| Relationship to me | The relationship of the Attorney for Personal Care to the patient | Free text | Father |
| Telephone # | The primary telephone number(s) for the Power of Attorney | Telephone number as XXX-XXX-XXXX | 202-555-0163 |
| As I understand it, my advanced care plan says | The patient's plain speak interpretation of what his/her ACP entails | Free text | I want my life to be prolonged and that I am provided with all life-sustaining treatments applicable to my condition. <i>What is your advanced care plan?</i> |

My situation and lifestyle

This section begins to capture some of the social determinants of health about the patient that will likely impact health and care. Where possible, the impact of the information on the patient's health and care is the focus of the data, rather than the information itself (e.g. impact of income, rather than the magnitude of income).

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-------------------|---|--------------------------------|----------------------------|
| How I work | A description of the patient's involvement (or not) with the labour force | Choose from the drop-down list | |
| Option | Description | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|---|--------------------------------|----------------------------|
| Student | Patient is enrolled in a school or college full-time, or is home-schooled | | |
| Self-employed | Patient's income comes directly from own profession or business | | |
| Full-time | Patient has a formal employer and works 30 hours or more per week | | |
| Part-time/seasonal | Patient has a formal employer and works less than 30 hours per week or only for part of the year | | |
| Volunteer/unpaid | Patient is performing services willingly and without pay | | |
| Unemployed | Patient is without a job either by choice or by circumstance, excepting retirement | | |
| Retired | Patient has left/ceased to work; reasons may include age, personal choice, or legal reasons | | |
| Decline to answer | The patient declined to answer | | |
| How adequate my income is for my health | A measure of the patient's sense of whether or not his/her income impacts his/her health – up to patient's discretion | Choose from the drop-down list | |
| Option | Description | | |
| More than adequate | The patient feels living and health related expenses are easily covered by his/her income | | |
| Adequate | The patient feels living and health related expenses are covered by his/her income | | |
| Less than adequate | The patient feels living and health related expenses are close to being met by his/her income | | |
| Much less than adequate | The patient feels living and health related expenses are not being met by his/her income | | |
| Decline to answer | The patient declined to answer | | |
| Supplementary benefits I receive (select all that apply) | Identifies the supplementary benefits that the patient receives | Choose from the drop-down list | |
| Option | Description | | |
| Private insurance | Insurance plans that are arranged between the patient and a third-party | | |
| ODB | Ontario Drug Benefit – pays most of the cost of prescription drugs for qualifying patients | | |
| ODSP | Ontario Disability Support – provides financial support for qualifying disabled persons in financial need | | |
| Ontario Works | Program that provides financial aid and services for qualifying persons in temporary financial need | | |
| GAINS | Guaranteed Annual Income System – provides financial aid to qualifying seniors | | |
| SSAH | Special Services at Home – provides services and financial aid to families caring for a disabled child | | |
| Veteran's Benefits | Various benefits provided to qualifying military veterans | | |
| GIS | Guaranteed Income Supplement – a federal government supplement for individuals with low income | | |
| I follow my recommended diet | An indication of the patient's sense of compliance with his/her recommended diet | Choose from the drop-down list | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--|---|--------------------------------|----------------------------|
| Option | Description | | |
| Yes | The patient follows his/her recommended diet | | |
| No | The patient does not follow his/her recommended diet | | |
| I don't have one | The patient does not possess a diet recommended by a medical authority | | |
| I don't know | The patient does not know if he/she possesses a recommended diet or, if he/she possesses one, whether he/she follows the recommended diet | | |
| Decline to answer | The patient declined to answer | | |
| How adequate my food is for my health | A measure of the patient's sense of how his/her food source impacts his/her health | Choose from the drop-down list | |
| Option | Description | | |
| More than adequate | The patient feels his/her nutrition requirements are being easily met | | |
| Adequate | The patient feels his/her nutrition requirements are being met | | |
| Less than adequate | The patients feels his/her nutrition requirements are close to being met | | |
| Much less than adequate | The patient feels his/her nutrition requirements are not being met at all | | |
| Decline to answer | The patient declined to answer | | |
| How I travel | A description of the primary day to day mode of transportation for the patient | Choose from the drop-down list | |
| Option | Description | | |
| Independently | The patient is able to travel independently without the aid of another person | | |
| Dependently on friends or family | The patient is able to travel with the help of friends or family | | |
| Dependently on public transit | The patient is able to travel with the help of public transportation services (or a taxi) | | |
| | The patient is able to travel with the help of accessible transit (e.g. Wheel Trans) | | |
| Dependently on accessible transit | The patient declined to answer | | |
| Decline to answer | Some mode of transportation or way of travelling other than the ones listed | | |
| Other | | | |
| How difficult it is to travel | A measure of the patient's sense of how difficult it is for him/her to travel (e.g. to appointments) | Choose from the drop-down list | |
| Option | Description | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--|--|--------------------------------|----------------------------|
| Not at all difficult Somewhat difficult Very difficult Homebound Bedbound Decline to answer | The patient feels he/she has no difficulty travelling The patient feels he/she has some difficulty travelling but it does not affect his/her independence The patient feels he/she has much difficulty travelling and this negatively affects his/her independence The patient is unable to travel outside of his/her home The patient is unable to get out of his/her bed The patient declined to answer | | |
| How difficult it is to read and understand information about my health | A measure of the patient's sense of how difficult it is for him/her to understand written information about their health and/or treatments | Choose from the drop-down list | |
| Option | Description | | |
| Not at all difficult Somewhat difficult Very difficult Decline to answer | The patient has no difficulty in understanding information about his/her health The patient has some difficulty in understanding information about his/her health, but is able to cope The patient is extremely limited in his/her capability to understand information about his/her health The patient declined to answer | | |
| I smoke tobacco | An indication of whether or not the patient currently smokes products containing tobacco | Choose from the drop-down list | |
| Option | Description | | |
| Yes No Decline to answer | The patient smokes products containing tobacco The patient does not smoke products containing tobacco The patient declined to answer | | |
| # of cigarettes/day | The patient's estimate of the number of cigarettes per day he/she smokes | A number | 5 |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--|---|---------------------------------|----------------------------|
| # of pack years | The patient's estimate of the number of pack-years he/she has smoked – Pack years = number of packs smoked per day multiplied by the number of years spent smoking e.g., half a pack per day X 20 years = 10 pack years | A number | 3 |
| Quit date | If applicable, the date that the patient quit smoking, or the date of the most recent quit attempt | A date in the format YYYY-MM-DD | 2013-09-23 |
| I drink alcohol | An indication of whether or not the patient currently uses alcohol | Choose from the drop-down list | |
| Option | Description | | |
| Yes | The patient consumes products containing alcohol | | |
| No | The patient does not consume products containing alcohol | | |
| Decline to answer | The patient declined to answer | | |
| # of drinks in one sitting | The patient's estimate of the highest number of drinks (beer: 341ml/drink, wine: 148ml/drink, spirits: 44ml/drink) he/she has had in one sitting in the last 14 days | A number | 3 |
| # of drinks/week | The patient's estimate of the number of drinks he/she typically has in one week | A number | 5 |
| I have ever used other substances | An indication of whether the patient has ever used other substances beyond alcohol, tobacco, and medications prescribed to him/her | Choose from the drop-down list | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--------------------------|--|--------------------------------|----------------------------|
| Option | Description | | |
| Yes | The patient has used the above described substances | | |
| No | The patient has not used the above described substances | | |
| Decline to answer | The patient declined to answer | | |
| Which | A description of the other substances that the patient has used in the past | Choose from the drop-down list | |
| Option | Description | | |
| Marijuana | The patient has used marijuana, a plant that produces the psychoactive THC, which may distort perception, disrupt cognitive functions and cause loss of motor function | | |
| Cocaine | The patient has used cocaine, a stimulant commonly used in powdered and freebase (crack) forms | | |
| Hallucinogens | The patient has used a hallucinogen, a drug belonging to a class of psychoactive substances that include LSD, ketamine, etc., which may cause hallucinations | | |
| Stimulants | The patient has used a stimulant, a drug belonging to a class of substances that increase alertness, attention, and energy | | |
| Opiates | The patient has used an opiate, a drug belonging to a class of depressant painkillers derived from the opium poppy | | |
| Sedatives | The patient has used a sedative, a drug belonging to a class of substances that induces sedation by reducing irritability or excitement | | |
| Solvents | The patient has used a solvent, a drug belonging to a class of substances that are inhaled by people for their psychoactive effects | | |
| Other | The patient has used any substances other than the ones listed e.g. non-prescribed use of prescription drugs, other people's prescription drugs | | |
| Decline to answer | The patient declined to answer | | |
| How Recently | An indication of how recently the patient has used the substances he or she indicated he or she has used in the past | Choose from the drop-down list | |
| Option | Description | | |
| More than 6 months ago | The patient has used the above indicated substances at some point in time more than 6 months ago | | |
| Within the last 6 months | The patient has used the above indicated substances within the last 6 months | | |
| Decline to answer | The patient declined to answer | | |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--|--|---------------------------------|--|
| I gamble responsibly | An indication of whether the patient, in his or her opinion, has responsible gambling practices | Choose from the drop-down list | |
| Option | Description | | |
| Yes | The patient believes he or she is gambling responsibly (see, for example, the Short Problem Gambling Screener available at www.problemgambling.ca .) | | |
| No | The patient acknowledges that they do not gamble responsibly | | |
| Unsure | The patient is unsure whether they gamble responsibly | | |
| Decline to answer | The patient declined to answer | | |
| More recent date I gambled | The most recent date that the patient has gambled | A date in the format YYYY-MM-DD | 2013-05-13 |
| # days in last 90 days | The patient's estimate of how many days in the last 90 days on which he gambled at least once | A number | 4 |
| I get 30 minutes of physical activity 3x/week | The patient's estimate of whether or not he/she gets the indicated amount of physical activity | Choose from the drop-down list | |
| Option | Description | | |
| Always | The patient always gets the above described amount of exercise | | |
| Sometimes | The patient sometimes gets the above described amount of exercise | | |
| Never – I am unable to | The patient never gets the above described amount of exercise because they're unable to | | |
| Never – I do not want to | The patient never gets the above described amount of exercise because of lack of motivation | | |
| Decline to answer | The patient declined to answer | | |
| Other considerations (e.g. sleep habits) | Any issues that should be brought to the attention of the care team that have not been covered by any of the previous fields | Free text | Only able to get four hours of sleep a day |

My assessed health needs

This section lists the health needs that have been identified by the patient’s providers. This section attempts to capture a more quantitative assessment of the patient’s health using the results obtained by various health assessments. Assessment types will be detailed in the appendix.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|------------------------|---|---------------------------------|---------------------------------------|
| Assessment name | The name of the particular assessment that was conducted for the patient | Free text | LACE (for Hospital re-admission risk) |
| Completed | An indication of whether or not said assessment has ever been completed for the patient | Drop-down list | |
| Option | Description | | |
| Yes | Said assessment has been performed for the patient | | |
| No | Said assessment has not been performed for the patient | | |
| Date Completed | The date that the most recent instance of said assessment was completed | A date in the format YYYY-MM-DD | 2013-05-13 |
| Score | Where applicable, the numerical outcome of said assessment | A number | 3 |
| Actions taken | Where applicable, the actions that were taken by the care team in response to said assessment | Free text | None |

My most recent hospital visit

This section provides some information about the patient’s most recent hospital admission or ED visit. The section tries to capture details about the visit such as any complications that may have arisen during the visit, the attending physician at the time, and any follow-up appointments or advice that may have occurred or been given out respectively.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-------------------|--------------------------|--------------------|----------------------------|
|-------------------|--------------------------|--------------------|----------------------------|

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|--|----------------------------------|---|
| Hospital name | The name of the hospital where the patient most recently visited the ED or was admitted (not meant to capture outpatient visits) | Free text | The Ottawa Hospital <i>Have you been to a hospital or an ED in the past 6 months?</i> |
| Type of visit | The type of hospital visit (e.g. ED visit, admission, etc.) | Choose from the drop-down list | |
| Option | Description | | |
| ED visit only | The patient only visited the ED | | |
| Scheduled admission | The patient was directly admitted into the hospital | | |
| ED visit then admission | The patient visited the ED and then was admitted to the hospital | | |
| Date of visit | The date that the visit started | A date in the format YYYY-MM-DD | 2013-04-13 |
| Date of discharge (if applicable) | The date that the patient left the hospital | A date in the format YYYY-MM-DD | 2013-02-19 |
| Reason for visit | A plain language description of the reason for the visit | Free text | Severe shoulder pain |
| Complications | A plain language description of the complicating issues that may have exacerbated the visit | Free text | I couldn't move my arm |
| Name of hospital physician | The name of the physician most responsible for the patient during the visit | Free text | Homer Simpson |
| Telephone # | The telephone number for said physician | Telephone number as XXX-XXX-XXXX | 613-555-9284 |
| Key advice from hospital physician | A plain language description of the key advice from said physician or a summary of the discharge order | Free text | Increase ibuprofen to 400 mg, 3x daily and start physiotherapy |
| Follow-up appointment made with | The name of the primary care provider with whom a follow-up appointment has been made | Free text | Mickey Mouse |

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--------------------------------------|---|---------------------------------|----------------------------|
| Date of follow-up appointment | The date on which said follow-up appointment is scheduled | A date in the format YYYY-MM-DD | 2013-05-26 |

My other treatments

This section lists common interventions that are related to or may influence the patient’s current health status. This section includes information about the use of equipment, current self-monitoring, any coaching received and other interventions. It is intended to capture primarily medical or clinical activities, whereas the subsequent section is intended to capture activities more related to social health and well-being.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|---|---|---------------------------------|---|
| Significant surgeries and/or implanted devices (e.g. pacemaker, transplant, stent) | A list of surgical devices the patient depends on or significant surgical changes | Free text | Pacemaker Peritoneal dialysis catheter |
| Health education or counselling (e.g. group counselling) | A list of the counselling or education services that the patient is currently receiving | Free text | Diabetes education program |
| Next planned date | The date of the next planned health education or counselling session | A date in the format YYYY-MM-DD | 2014-01-13 |
| Assistive devices (e.g. oxygen cylinder, wheelchair) | A list of the assistive devices that the patient uses | Free text | Uses a walker CPAP machine |
| Self-monitoring routines (e.g. daily home blood pressure readings) | A brief description of the self-monitoring that the patient conducts | Free text | Blood glucose monitoring |
| Other treatments | A brief description of any treatments or interventions that the patient is undertaking or exposed to other than the ones listed | Free text | Acupuncture |

My current supports and services

This section describes all the formal and informal supports and services provided to the patient that are more related to the patient’s social health and well-being, as opposed to the preceding section which was focused on medical or clinical activities. This section includes basic information about who the primary contact is and contact information for each support or service, and what and when services were provided.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|--------------------------|--|----------------------------------|----------------------------|
| Contact name | The name of the patient’s primary contact or support/service provider for a particular support/service | Free text | Wily Coyote |
| Organization | If applicable, the name of the organization with which said person is affiliated | Free text | YMCA |
| Services provided | If applicable, a description of the services provided | Free text | Aerobics Class |
| Telephone # | The primary telephone number for the contact | Telephone number as XXX-XXX-XXXX | 613-555-9999 |
| Email address | The primary email address for the contact | Free text | a3347140@drdrb.net |
| Start date | The date on which the patient started using the particular support/service | A date in the format YYYY-MM-DD | 2012-09-21 |

My appointments and referrals

The “Appointments and referrals” section lists the basic information on upcoming health-related appointments. These could include visits to or from formal or informal supports or services or visits to or from care team members.

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|-------------------|--------------------------|--------------------|----------------------------|
|-------------------|--------------------------|--------------------|----------------------------|

| Information Field | What it tries to capture | How to fill it out | Examples and key questions |
|----------------------|--|----------------------------------|----------------------------|
| Date | The date of an upcoming appointment with a member of the care team | A date in the format YYYY-MM-DD | 2013-10-24 |
| Time | The time of said upcoming appointment | 24 hour time in the format hh:mm | 10:15 |
| Provider name | The name of said member of the care team | Free text | Mickey Mouse |
| Purpose | A brief description of the purpose of said appointment | Free text | weight loss follow up |
| Notes | A brief description of any other important context related to said appointment (e.g. information to bring, travel plans, etc.) | Free text | Delilah here at 0900 |

DRAFT

Appendix A: Assessment Types and Examples

Frailty: A measure of the patient's capability of recovering after stress events.

Example: Rockwood Frailty Scale

Health Literacy: A measure of the patient's desire and ability to make use of information that promotes and maintains good health

Example: Test of Function Health Literacy in Adults (TOFHLA), Rapid Estimate of Adult Literacy in Medicine (REALM-SF)

ADL: A measure of the patient's ability to perform basic tasks of everyday living like dressing and eating

Example: InterRAI ADL Hierarchy Scale

IADL: A measure of the patient's ability to perform activities related to independent living like housework and shopping

Example: InterRAI IADL Involvement Scale

Pain: A measure of the amount of pain felt by the patient

Example: InterRAI Pain Scale

Hospital re-admission risk: A measure of the possibility that patients will be readmitted into a hospital within a specified time interval after hospital discharge

Example: LACE, MAPLe

Cognition: A measure of the patient's cognitive ability or impairment

Example: InterRAI Cognitive Performance Scale (CPS), General Practitioner Assessment of Cognition (GPCOG)

Aggressive Behaviour: A measure of the patient's propensity for causing physical or emotional harm to others

Example: Aggressive Behaviour Risk Assessment Tool (ABRAT)

Risk of self-harm: A measure of the patient's likelihood of hurting him or herself

Example: InterRAI Severity of Self-harm (SOS), OCAN Safety to Self

Mood: A measure of the patient's emotional state

Example: InterRAI Depression Rating Scale (DRS), Positive and Negative Affect Schedule (PANAS)

Appendix B: Sample CCP Scenarios

This care plan guide package also includes two hypothetical scenarios: “Daisy Duck” and “Bruce Wayne”. These two try to exemplify two different but likely scenarios, where the first shows a patient with a common chronic disease and the second shows a patient whose care is more focused on treating his mental health. While the “Daisy Duck” scenario includes only one care plan, “Bruce Wayne” contains two, representing a failed first attempt and how the care plan was revised for the subsequent second try.

Each scenario includes a narrative and a care plan. The narrative’s purpose is to allow readers to quickly form a general impression of the patient so that they are able to see how said scenario was mapped to a care plan template. These sample CCP scenarios were created in response to our clinical focus group’s demand for a clearer picture of how a CCP might look like. They are an attempt at approximating real life scenarios so that they can be valuable to the care coordinator while not intending to guide actual care decisions. These scenarios are fictitious cases and are not intended to represent any patient, provider or organization.

The scenarios and care plans do not describe all of the detailed steps required to create the care plans. We expect that these steps will vary greatly between Health Links. However, it has been noted that there are several common stages involved in the creation of a care plan, for example:

- Initially, care plans tend to be “pre-populated” with demographic and basic health and treatment information, often by a nurse, case manager or administrative assistant;
- One or more interviews with the patient are held to try to understand the patient’s goals for care and develop a draft care plan;
- These patient interviews usually occur before and/or after a more comprehensive gathering of a large number of the patient’s care team members in a “case conference” where the draft care plan is developed, discussed and/or confirmed.

More detailed information could be provided about best practices in each of these stages should these be considered valuable additional training tools, and as clear best practices begin to emerge from Health Links.

FILES:

Daisy Duck’s Narrative – “DaisyDuckNarrative v2.docx”

Daisy Duck’s Care Plan – “DaisyDuckCarePlan v5.docx”

Bruce Wayne’s Narrative – “BruceWayneNarrative v4.docx”

Bruce Wayne’s First Care Plan – “BruceWayneFirstCarePlan v5.docx”

Bruce Wayne’s Second Care Plan – “BruceWayneSecondCarePlan v5.docx”