

# CARE PLANNING AND COORDINATION

## CHAPTER OBJECTIVES

1. Describe how to help patients and their families formulate and track progress toward goals of care and expected outcomes.
2. List questions that interdisciplinary/interprofessional team members can ask one another during team meetings to keep the plan of care focused on patient- and family-centered outcomes.
3. Describe how to assess for environmental and safety risks and provide suggestions for modifying a patient's environment to minimize safety risks.

**Key Terms:** environmental and safety assessment, expected outcomes, goals of care, Patient and Family Outcomes-Focused Inquiry for Interdisciplinary Teams, plan of care

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## CHAPTER SUMMARY

In palliative care and hospice care, the patient and family (as defined by the patient) are the unit of care, and the plan of care is focused on the patient's and family's goals of care. Helping patients and families identify their own goals requires both skill and a commitment to avoiding the temptation to use the "drop-down menu" goals of care provided in many electronic health records. This chapter explains how to help patients and families identify their own unique goals, how to use a set of key questions to refocus interdisciplinary/interprofessional team meetings on patient- and family-centered outcomes of care, and how to conduct an environmental and safety risk assessment.

In Chapter 5 we explored the concept and practice of shared decision making. While it may seem odd to place the chapter about setting goals of care *after* the chapter on shared decision making, this sequence is intentional. Your work with patients and families is not strictly linear or sequential—care planning and shared decision making occur contemporaneously; the two concepts are inextricably intertwined. However, having an understanding of shared decision making is foundational to understanding care planning and coordination.