

*Decision
Consultation
Form



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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 IAA Unit /Christine Wester, LBSW, MPA (505) 841-5529

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 (your case load) and you were used to his parents making the decisions, but now he is 18/an adult).
- ✓ Make sure Contact information is accurate and current and that he/she is accessible including phone number 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
- ✓ Make 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 were made, support 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 has exercised his/her rights



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
- Deferring or disagreeing does not necessarily mean one lacks capacity
- Exercise a method that indicates when a decision maker has made an informed decision & that IDT is aware

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.

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)

[DDSD Policy on Team Decision Documentation]



- ❖ Used to document medical/health related or clinical decisions whether agreeing or disagreeing
- ❖ Must be used each and every time when disagreeing with or deferring from a medical recommendation
- ❖ Must be used when deferring from aspiration or Comprehensive Aspiration Risk Management Plan (CARMP) recommendation(s)
- ❖ For all health or medical recommendations, the IDT shall use and complete the DCF

Decision Consultation Form (DCF)

[DDSD Policy on Team Decision Documentation]



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
- ❖ Help teams to get into a rhythm/pattern of discussing, educating, bringing in the necessary experts, supporting the decision maker in arriving at an *informed decision*, communicating that choice and advocating for the Individual's to have a quality of life – best interest

Decision Consultation Form (DCF)

[DDSD Policy on Team Decision Documentation]



Once a decision has been made by the healthcare decision maker, the Practitioner/consultant who made the recommendation is notified then the Case Manager files this form along with the report that contains the recommendation.

Relevant support plans should be revised accordingly- especially the Health and Safety Action Plan page of the ISP, Medical healthcare plans, MERP, etc.

*TJF -

The other main
decision form

Team Justification Form (TJF)

[DDSD Policy on Team Decision Documentation]

- ❖ Used when the Team disagrees with a Non-medical Recommendation
- ❖ Must be used each and every time the team disagrees with an Employment recommendation
- ❖ In conjunction to above, IDT must develop goals and state what will be the more preferable alternative to employment (e.g. volunteering)
- ❖ For responding to Community Practice Review (CPR) recommendations or any other non-medical audit



Team Justification Form(TJF)

[DDSD Policy on Team Decision Documentation]



Indicates that the team, through a facilitated process, has given due consideration to a recommendation and as a result, has made a determination.

- ❖ The determination is properly documented on the TJF which includes the pertinent discussion points therefore justifying the determination
- ❖ Use for teams that have determined that a Non-Medical recommendation shall not be implemented

Team Justification Form(TJF)

[DDSD Policy on Team Decision Documentation]



Once the team has made a determination, the Case Manager notifies the entity that made the recommendation (s) then files this form along with the document containing the recommendation.

Relevant supportive documents and plans should be updated to reflect the determination - such as the ISP, activity plan, etc.

For both forms

[DDSD Policy on Team Decision Documentation]



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

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: ascertaining that the information is accurate, sequential and so forth.

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

Drawbacks (we hear about) with using these types of Forms

- ✎ What! another darn form?
- ✎ Here we go again...just one more way to dissect and criticize us
- ✎ Why all the questions - this is going to wear out the decision maker and tire out the team
- ✎ ...Opening up a can of worms

Drawbacks (we hear about) with using these types of Forms

👋 We are meeting'd out

👋 Let's fill out the form and get the meeting over with...!

👋 The plaintiffs are going to be all over us with this one...!!!!

👋 Liability -the "L" word- we are in for a fight if we disagree or if it does not turn out well !

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

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 decisions

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- 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 *supposed* to ask questions and Teams are supposed to have answers: 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
I repeat! 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, therapeutic or clinical recommendations

Healthcare decision maker makes → informed decision

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

Healthcare professional/source who made recommendation is notified of decision, CM files DCF w/report

Update relevant documents

Wrap up

Team Justification Form is for non-medical recommendations

IDT discusses and makes Determination

CM informs entity that made recommendation & files TJF w/report

Update relevant documents

Review *In a Nutshell*



*Resources

Brochures



*Thank You