

Family Collaboration Plan

To document into the medical record:

1. Open progress note
2. Type in .familycollabplan
3. F2 through document to fill out document
 - a. Delete areas of note not applicable.
4. Sign note
5. Put in FYI flag: Behavioral contract
 - a. Note date, time and author of most up to date plan.

Family Collaboration Plan

[PATIENT NAME]

[IDENTIFICATION NUMBER]

This plan is being written to support [PARENT(S)/Guardian/Family NAME(S)] involvement in their child/family members, [PATIENT NAME], care.

Parent/Guardian/Family Member involvement is essential to creating a healing environment and promoting wellness. It is also the priority of the treatment team to maintain a safe and clinically healthy environment for our patients and their families in order to provide the most appropriate and beneficial care. The actions/behaviors of [PARENT(S)/Guardian/Family Member NAME(S)] have significantly impacted the ability of the treatment team to provide that care to the patient and maintain a safe care environment. Recognizing the need for [PARENT(S)/VISITOR NAME(S)] involvement in their child's/family members care the following plan is being implemented to ensure shared understanding of care needs, joint decision making, and maintaining a safe clinical environment for the patient, family, and care team. Through this plan, we hope to support [PARENT(S)/GUARDIAN/FAMILY MEMBER(S)] in engagement in their child's/family members treatment.

Background:

Describe the behavior or behaviors in the care of the above listed patient that resulted in development of this Family Collaborative Agreement:

Describe when these behaviors occurred, who was involved, what those behaviors were, what interventions were offered to address the behaviors and response to those interventions:

Collaborative Care Agreement:

Treatment Team Engagement/Support:

- 1) Treatment Team will update parent/guardian/family members [defined timeframe] for updates and treatment plan changes.

- 2) Treatment Team will hold [time frame] team meetings including family to help facilitate treatment planning and input into care plan.

- 3) Treatment Team will return communications from the family [time frame] to assure continuity of care.

- 4) Additional items to be described here:

Family Engagement:

(delete or add as necessary)

- 1) During the hospitalization, [PARENT(S)/GUARDIAN/FAMILY MEMBER(S)] should see a nurse for support around medical equipment settings. We ask that if you notice something incorrect or needing adjusting that you refrain from touching or altering any medical equipment, and ask for the RN to support the adjustment. This is to assure safety of care provided, as these tasks must be done by the clinical team while your family member is hospitalized.
- 2) [PARENT(S)/GUARDIAN/FAMILY MEMBER] should seek a nurse to help with any medical dressings placed on the patient. Should they wish to perform any measures, comfort or otherwise, collaboration with the medical team should happen prior to any intervention.
- 3) Family and friends are free to take pictures of the patient, they are not allowed to take pictures of other patients on the inpatient unit or in clinic as it is a violation of privacy. It is also necessary that they obtain permission from the staff prior to photographing or taping any of them. (Identify your hospital policy).
- 4) PARENT(S)/GUARDIAN/FAMILY MEMBER will ask for a meeting with treatment team if they feel needs are not being met, in order to maintain a therapeutic environment we ask that you refrain from use of profanity and/or screaming, yelling or threatening the staff. If concerns are not addressed, we ask that you ask the clinical supervisory staff on to help support your needs.
- 5) PARENT(S)/GUARDIAN/FAMILY MEMBER will refrain from interfering with the care [in X way] the nursing staff is providing for the patient or any other patient on the unit.
- 6) PARENT(S)/GUARDIAN/FAMILY MEMBER will refrain from providing any nursing care for the patient without first obtaining consent from her medical team. This includes nursing, physician, respiratory and any other interdisciplinary team member who is assigned to the patient.
- 7) PARENT(S)/GUARDIAN/FAMILY MEMBER will refrain from restricting any team members from entering the patient's room and will not physically interfere with any procedures or comfort measures they deem necessary in caring for the patient.
- 8) To support a therapeutic environment, the following visiting hours will be put in place: Parent/Guardian/Family Member will visit from [Time range; daily or weekdays]. Parent/Guardian/Family Member expected to leave the hospital during these times. 2nd Parent/Guardian/Family Member may visit from [Time range; daily or weekdays].
- 9) It is important that our providers to be able to use medications most appropriate for patient's condition and perform interventions necessary for your family members improvement. While the providers will explain the medications and treatments and answer any relevant questions, should PARENT(S)/GUARDIAN/FAMILY MEMBER not agree to said treatment, the team will meet to discuss options of care which may include transferring of care to other care providers.
- 10) To foster best communication, and support updates of treatment plan we ask that PARENT(S)/GUARDIAN/FAMILY MEMBER provide a written list of questions for the provider team and leave them on the unit. At [defined time] during their day, the medical team will make contact directly by [communication method] to provide responses to these inquiries.
- 11) If PARENT/GUARDIAN/FAMILY MEMBER have any questions concerning the competency of the care being provided, we would ask that they address these concerns with either the Clinical Nurse Director or identified representative. Leadership will round [time frame] to check in with parent/guardian/family member.

12) PARENT/GUARDIAN/FAMILY MEMBER will be permitted to visit from the hours of _____ [DAILY or MONDAY–FRIDAY].

13) [Parent/Guardian/Family Member] keep medical team updated regarding any changes to custody agreements or parenting time, including providing us with supporting court documents. PARENT/GUARDIAN/FAMILY MEMBER will notify medical team when there are changes to your child's physical residence or health insurance coverage.

14) PARENT/GUARDIAN/FAMILY MEMBER will refrain from asking the hospital staff any questions of a personal nature or making any comments to hospital staff of a suggestive or sexual nature. They will also maintain an appropriate physical distance from the clinical staff they encounter and will not make physical contact with staff.

Outcomes of Plan:

1. The treatment team and parent/guardian/family members will meet [time frame] to discuss and update plans.
2. If parent/guardian/family member behavior continues to cause disruption in safe patient care the team will reconvene and discuss safety of continued presence in the hospital, this may result in limitation or suspension of presence in the hospital.

CC:

DPSS Michigan Medicine Security

Office of Clinical Safety

Nurse Manager

Medical Social Worker

Primary Service Attending Physician