

CCD

Guideline for a '*coordination of care dialogue*'

A CCD ensures coordination of and collaboration in the care for clients with psychiatric disorders, their relatives, community mental health teams, inpatient teams, and other professionals for optimal continuation of care.

Constructing shared agreements on care in which both the client and their network can express their side of the story, wishes, longings, and their goals is of the utmost importance for collaborative, transmural, recovery-oriented care.

Introduction of CCD

The purpose of a Coordination of Care Dialogue (CCD) is to ensure proper coordination and cooperation between clients, their relatives, the outpatient team, the inpatient team, and any other involved professionals. During the CCD all relevant tasks related to the treatment are discussed. The outpatient treatment plan has precedence; inpatient interventions have to fit within the treatment plan set out by the outpatient community mental health team (CMHT).

The CCD serves to clarify the needs of care as presented by the client and/or the outpatient team. The client is explicitly invited and supported, whenever necessary, to share care requests, questions, wishes and goals. It is important that the client can share their story, indicate what may help, what they need in the recovery process, and how he/she wants to work on recovery in the clinic. During the CCD, the wishes and goals of relatives should also be articulated.

The essential goal is to improve the quality of the inpatient care, with a high importance placed on shortening its duration. The logistical purpose of the CCD is to determine the discharge date or duration of treatment at an early stage. Determining the discharge date is essential for the proper coordination and continuity of care, and as such is part of the first CCD.

This document presents a substantiated CCD method based on research results in the Netherlands. The method is based on a thorough review of the literature, interviews with experts, 245 telephone and email contacts with outpatient and clinical team staff, a comprehensive document analysis of 28 CCD descriptions from 12 institutions and two open feedback rounds with experts¹ and employees¹ from the inpatient and outpatient mental healthcare sector.

The following persons should be present at a CCD:

- The client;
- The client's relatives (or other persons important to the client);
- The clinical psychiatrist/resident;
- The clinical case manager;
- At least one CMHT case manager (ask for client's preference).

The following persons may, if desired, join the client, their relatives and other participants in the conversation:

- Intern;
- Clinical psychologist;
- Other (in)formal resources;
- (Family) peer expert;
- Client-counselor;
- Secretary.

A CCD held without the presence of the client or relatives has to be an exception. In case of absence, the reason for absence should always be noted. One valid reason to exclude relatives from a CCD can be that the client does not want them to be present.

The first CCD will take place within 24 hours of clinical admission. A follow-up CCD will take place both at regular intervals and additionally at important transitional moments, depending on the duration of stay. Examples of important transitions are a change of medication, a change of duration of stay or a change of ward. A discharge CCD takes place prior to discharge of the client. When admission takes place during a weekend, the first CCD will take place on Monday.

¹ P. Delespaul, J. de Grand, M. Rovers, J.P. van Steensel, J.R. van Veldhuizen, A. Verdonk en M.D. van Vugt.

CCD Guideline

Name department/organization: _____

Preparation CCD

Task	Done by (clinician, planner, secretary, psychiatrist, peer expert, etc.)
Set and confirm a date and time.	
Plan a location.	
Agree on the planning with community mental health team/other professionals.	
Agree on the planning with the inpatient team.	
Brief the client on the CCD.	
Invite relatives. <ul style="list-style-type: none">• Explain the content and goal of the CDD.	
Agree on a chairperson. <ul style="list-style-type: none">• It's a chairperson's responsibility to make sure all the items on the agenda are discussed.	
Preparation of a follow-up CCD:	
Check if there's an up-to-date treatment plan.	
Check if there are up-to-date advance directives. <ul style="list-style-type: none">• Crisis plan, crisis card or WRAP. Check for client's preferences.	
Check for an up-to-date ROM.	
Check for an up-to-date somatic screening.	
Prepare the CCD with the client. <ul style="list-style-type: none">• If preferred by the client, support the client in writing a treatment evaluation in advance of the CCD.	

Agenda topics CCD

Agenda topics CCD on admission:

Acquaintance.

- Make time for questions, sharing emotions, expectations, and wishes during admission.

Assessment.

- Reason for admission (according to CMHT; according to the client).
- Interventions executed by CMHT to prevent admission.
- Diagnostics
 - Aimed primarily at the current crisis.
- Social problems
 - Exacerbating factors.
 - Protective factors.
- Assess (risks of) aggression and suicidality.
- Screening for somatic conditions.
- Involved formal and informal resources.
- Medication.

Admission.

- Client's goals.
 - Discuss what is necessary for recovery/stabilization.
 - Formulate collaborative treatment goals.
- Treatment goals according to the CMHT.
- Client's expectations for admission.
- Provide information on the inpatient unit.
- Provide information on the options for treatment and therapy.
- Make agreements on the use of coercive measures.
- Discuss the expected duration of stay and discharge date and report it.
- Discuss the terms and conditions governing the return home.

Relatives.

- Inquire about details on relatives and informal resources.
- Assess the relatives' view on the primary problem.
- Assess expectations of the relatives regarding the treatment.
- Assess the current tasks of the relatives.
- Determine a primary contact.
- Determine whom to contact in case of emergency.
- Determine the need for Family Psycho Therapy or other family group
 - Inform on all options.

Assess the domestic situation.

- Assess housemates.
- Assess pets.
- Discuss day/night rhythm.
- Discuss daytime occupation.

Division of tasks.

- Agree on concrete tasks for the client, relatives, CMHT, inpatient team and other professionals.
 - For example clothing, toiletries, (taking over) financial affairs, childcare, and shelter for pets.

Completion.

- Questions and remarks.
- Thank everyone for their presence at the CDD.

Agenda topics follow-up CCD:

Evaluate current situation/effect of current treatment.

- According to the client.
- According to relatives.
- According to inpatient team.
- According to CMHT.
- Discuss whether all assigned tasks have been completed
- If necessary, adjust the treatment.
- If necessary, adjust the duration of treatment.

Evaluate and close the inpatient treatment plan.

- Discuss the achieved goals.
- Discuss the client's emotions concerning the achieved goals.
 - Client satisfaction.
 - Newly learned skills.
- If necessary, adjust the treatment goals.
 - According to the wishes of the client and relatives.
 - According to the wishes of the CMHT and the inpatient team, in consultation with the client and relatives.

Evaluate advance directives.

- If necessary, adjust the crisis plan.
 - According to the wishes and experiences of the client (and relatives).
 - Discuss needs for prevention of future crises and admissions.
 - Discuss what the client has learned from the admission.
 - Discuss the actions that the relatives can undertake to prevent future crises or admissions

Evaluate the use of medication.

- Discuss current experiences (effects, side effects, and method of administration).
- Discuss current experiences by relatives (effects, side effects, and method of administration).
- Discuss current experiences by inpatient and CMHT (effects, side effects, and method of administration).
- Write a prescription.

If they have occurred, evaluate coercive measures

Discuss terms and conditions of discharge.

- According to relatives.
- According to inpatient team.
- According to CMHT.

Involve client and relate to his/her reactions.

Schedule next CCD.

Agenda topics CCD at discharge:

Check and agree on aftercare

- Discuss client needs
- Discuss client needs according to relatives.
- Discuss relatives needs during aftercare.
- Discuss client needs according to inpatient team.
- Discuss treatment possibilities of the CMHT, fitting with the wishes of the client, relatives, and inpatient team.

Asses points of improvement for inpatient team.

- According to the client.
- According to relatives.

Reporting CCD

Task	Done by (clinician, case manager)
<p>Within 24 hours of admission, the first CCD will be reported in the patient file containing:</p> <ul style="list-style-type: none"> • Crisis analysis (general). <ul style="list-style-type: none"> ○ History. ○ Interventions undertaken and results. ○ Goal(s) of client, relatives, clinician, and CMHT. ○ Terms and conditions of discharge. ○ Date of discharge. • Start treatment plan, including goals and arrangements. • If applicable, current advance directives. <ul style="list-style-type: none"> ○ Start crisis card, crisis plan, WRAP, if preferred by the client. <p>The SOAP methodology is advised to report the CCD.</p> <ul style="list-style-type: none"> • Subjective – Circumstances as presented by the client. • Objective – Observations and measurements by the team. • Assessment – diagnosis, symptoms, etiology and risk factors (based on subjective and objective assessment tools). • Plan – Goals and interventions. <p>Don't forget to report:</p> <ul style="list-style-type: none"> • Telephone number contact person • Telephone number case manager. • Absentees, including their reasons for absence. 	
Reporting a follow-up CCD/discharge CCD	Done by (clinician/casemanager)
<ul style="list-style-type: none"> • Evaluation of current situation. • Evaluation of the effect of current treatment. • If necessary, adjust treatment plan. • If preferred by the client, adjust advance directives • Medication. • If applicable; Evaluation of coercive measures. • Evaluation of relatives and resources. • Expected duration of stay. • Discharge conditions (client, clinic, relatives, and CMHT). • Report aftercare agreements. • Adjust date of discharge. • Potential points of improvement for clinic/CMHT. 	