

Key Steps for the Integrated Plan of Care (IPC) process



IPC LEAD

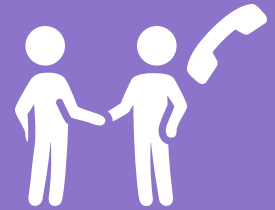
1. Read IPC Lead Onboarding document



2. Watch the 30 minute online IPC process learning module



3. Connect with client and family to establish Orientation Meeting



4. Sign IPC informed consent form



5. Discuss needs and strengths and develop an initial vision statement with the client and family



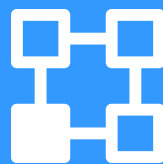
6. Discuss dates and purpose of Part I and II of the Initial Planning Meeting with the client and family



7. Request Service Summaries from all team members and distribute to team



8. Facilitate and lead the Initial Planning Meeting



9. Implement the Integrated Plan of Care



10. Administer and collect client and/or family Perception of Care Measure



11. Review and update the IPC-CANS every 6 months



12. Lead ongoing meetings



13. Attend progress check meetings at Coordinated Access



1. **Read IPC Lead Onboarding Package.**
2. **Watch the 30 minute online IPC process learning module.** You can find the module at <http://coordinatedaccess.ca/community-projects-and-involvement/integrated-plan-of-care-project-2/tools-and-resources/videos-and-training/>

Orientation Meeting

3. **Connect with client and family to establish Orientation Meeting** within the **next five business days**. This meeting can be done in person or by phone.
4. **Sign IPC informed consent form** found in Appendix G of your guide.
5. **Discuss needs and strengths, and develop an initial vision statement with the client and family.** See Appendix H of your guide for support around initial vision statement.
6. **Discuss dates and purpose of Part I and II of the Initial Planning Meeting with the client and family** (see below).
7. **Request Service Summaries from all team members and distribute to the team.** Refer to Appendix I of your guide and distribute to team, including client and/or family and/or supporters. ***Please ensure that informed consent form(s) have been signed.**

Initial Planning Meeting

8. **Facilitate and lead the Initial Planning Meeting.** Within **two business days** of the Orientation Meeting, schedule the Initial Planning Meeting with the client and/or their family and/or supporters and the Integrated Care Team members to be held **within two weeks**.
 - a) **Part I:** Attendance is **OPTIONAL** for client and/or family and/or supporters
 - i. Team introductions, titles, agency, roles
 - ii. Review and discuss Service Summaries
 - b) **Part II**
 - i. Brief overview of Service Summaries (Appendix I)
 - ii. Review recommendations from the Mental Health Committee at Coordinated Access
 - iii. Discuss Team Commitment (refer to Appendix J)
 - iv. Review Tips for an Effective Meeting (refer to Appendix K)
 - v. Develop a comprehensive Integrated Plan of Care (Appendix L)
 - vi. Develop a Crisis Management Strategy (Appendix M)
 - vii. Establish frequency of meeting(once a month for the first six months, at a minimum), regular communications and progress checks
 - viii. Review Conflict Resolution Pathway for Integrated Care Teams (Appendix N)
9. **Implement Integrated Plan of Care** once the initial template is completed. Set meeting date (within one month) for first Integrated Plan of Care Ongoing Meeting to review progress.

Ongoing Meetings

10. **Administer and collect client and/or family Perception of Care Measure** at the first ongoing meeting and every six months (see Appendix O/P).
11. **Review and update the IPC-CANS every six months.**
12. **Lead ongoing meetings** once a month at a minimum for the first six months. ***Please review informed consent form(s) with client prior to every meeting.** Review the Integrated Plan of Care in order to determine progress.
13. **Attend progress check meetings at Coordinated Access** based on the Mental Health Committee's recommendations.