





## CPCH to:

- 1. Join <u>IH Whole Community Palliative Rounds</u> in closest community to Child's/Family's home when appropriate <u>(complete Palliative SBAR)</u>
- 2. Determine appropriate role for CPCH based on young adult's GOC
- 3. Co-Creation of Collaborative Care Plan with IH and advanced directives and/or IH learning/education needs for PPC support (CPCH to support via ECHO sessions, zoom, debriefs, etc.)
- 4. Establish reciprocal ongoing communication pathway (zoom, rounds, phone, email) and pattern (daily, weekly, monthly) for changes in care plan and ongoing care between both child/family and care providers.
- Establish with the family a key care provider to provide child/family relevant team updates to support consistent messaging and continuity.