

## Palliative Care Committee Minutes

**Date:**

**Members present:**

**Consulting members present:**

**Chairperson:**

**Recorder:**

**Regrets:**

Item Discussed	Discussion Notes	Action & Target Date	Who's responsible
1. <b>Welcome and Attendance</b>			
2. Approval of Minutes from last meeting	Minutes approved by:		
3. Approval of Agenda	Agenda approved by:		
4. Review of Residents  Recommended criteria: A. Outstanding Pain & Symptom Management issues B. PPS scoring: Resident's in Transitional and EOL stages C. RAI coding measures: PSI > 9 and CHESS > 3 scores D. Nutritional and Hydration concerns: poor food/ fluid intake, significant weight changes E. Additional indicators of decline ( <a href="#">WW</a> )			

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<a href="#">Early Identification and Prognostic Indicator Guide</a>			
5. Review of recent Resident deaths			
6. Best Practice Guidelines and Education			
7. Other Business related to Palliative Care in the LTCH			
<b>8. Meeting Close</b>			
<b>Next meeting</b>	Date: Time: Location		

**Meeting Attachments:**

