

HELPING FAMILIES IN LONG-TERM CARE FACING COMPLEX DECISIONS: Applying the Evidence about Family Meetings from Other Settings

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Drawing from experiences in the palliative/intensive care setting, this article describes three strategies that long-term care (LTC) professionals can use to promote effective family meetings, resulting in an improvement in resident outcomes, resident/family satisfaction and the development of care plans that are consistent with resident/family goals and values. This is especially important in LTC as residents may face complex medical needs/prognostic uncertainties and a reliance on surrogate decision-makers (SDMs).

Strategy 1: Make Family Meetings Part of the Care Process

- Meetings should be proactive (e.g., during admission) and organised at regular intervals appropriate to the resident's health status.
- Incorporate approaches that improve communication and reduce anxiety. (*See techniques outlined in Strategy 3*)

Strategy 2: Use a Step-by-Step Approach Preparation Phase

- Have a thorough understanding of the resident's medical condition, prognosis, treatment plan and decision-making ability. If a SDM is required, staff should be aware of who the person is, advance care planning (ACP) documents and their contents.
- Decide which staff will be present, appointing a lead who has clinical background, good communication skills and experience in leading family meetings.
- Provide meeting information (purpose, time, place) and open the invite to other family members.
- During times of residents' health instability, staff should review/discuss treatment options with involved clinicians (including the option of withdrawing/withholding life-sustaining treatments) before the meeting to prevent conveying conflicting information.

Meeting Phase

- Choose a comfortable/quiet space and build rapport by having family members introduce themselves and share their understanding of the resident's medical issues, prognosis and treatments, before discussing the resident's current health status.

- Encourage family members to ask questions/voice concerns and address them.
- When communicating end-of-life matters, recognise/allow emotional reactions, providing ample discussion time.
- Should there be limited acceptance of a resident's impending death, try to identify the contributing factors (e.g., fear, guilt, etc.) and develop an intervention plan that addresses these.
- Discuss specific goals and plans only when family members are emotionally ready. For medically stable residents, discuss priorities related to comfort, methods to maintain function and ACP. For residents with deteriorating health, discuss issues such as the use of life-prolonging treatments (e.g., feeding tube for weight loss), future hospitalisations, location of future care and the need for additional resources such as hospice care.

Post-Meeting Phase

- Document who was present, what was discussed, decisions made and next steps. Give a copy to family members.
- Conduct a staff debrief so feelings can be shared, peer support given and learning/improvement opportunities discussed. This is especially important in LTC settings because of the close bonds forged between residents and staff.

Strategy 3: Use Communication Techniques that Facilitate Shared Decision-Making

- Assure family members of non-abandonment, patient comfort and support for family decisions.
- Listen/respond to family emotions and elicit the support of SDMs in a shared decision-making process.
- Communicate face-to-face especially for end-of-life matters.
- Identify/respond effectively to verbal/non-verbal communication cues.
- Seek to understand underlying emotions in reactions from the family (i.e., "Do everything you can") and explore the reasons/values behind requests (e.g., guilt) to reach decisions that are truly best for residents.
- Empathise (e.g., "This must be hard for you") and use supportive statements (e.g., "I wish things were different").